Bundle Trust Board (Public Session) 5 August 2026

Agenda attachments

2026 AGM agenda

Annual Report and Accounts 2025-26

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

CYFARFOD CYFFREDINOL BLYNYDDOL YMDDIRIEDOLAETH BRIFYSGOL GIG GWASANAETHAU AMBIWLANS CYMRU

A gynhelir yn rhithwir drwy Teams Townhall, dydd Iau 30 Gorffennaf 2026 o 09:30-10:45

ANNUAL GENERAL MEETING [AGM] OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

Held via virtually Teams Townhall, Thursday 30 July 2026 from 09:30-10:45

AGENDA

Rhif / No.	Eitem yr agenda / Agenda Item	Yn arwain / Lead	Fformat / Format	Amser / Time
1.	Croeso gan y Cadeirydd / Chair's Welcome	Cadeirydd / Chair	Cyflwyniad / Presentation	09:30 [5 mun/mins]
2.	Trosolwg o'r Adroddiad Blynyddol a Cyfrifon 2025/26 Annual Report and Accounts Overview 2025/2026	Emma Wood	Papur / Paper	
3.	Cyfrifon Ariannol Archwiliedig 2025/26 Audited Financial Accounts 2025/26	Chris Turley	Cyflwyniad / Presentation	09:35 [10 mun/mins]
4.	Adolygiad o 2025/26 In Review of 2025/2026 ▪ Cyllid/Finance (above) ▪ Cyflawni/perfformiad / Delivery/performance ▪ Ansawdd/Quality ▪ Gweithlu/Workforce ▪ Adroddiad atebolrwydd Well-Led / Well-Led (accountability report)	Emma Wood, gyda chyfraniadau gan y Tîm Arweinyddiaeth Weithredol / Emma Wood, with contributions from the Executive Leadership Team	Cyflwyniad / Presentation	09:45 [25 mun/mins]
5.	Edrych ymlaen / Forward Look ▪ IMTP 2026/29 ▪ Cyllid / Finance 2026/29 ▪ Blaenoriaethau CEO/ CEO Priorities 2026/27 o Ansawdd/Quality o Cyllid/Finance o Gweithlu/Workforce	Rachel Marsh Emma Wood, gyda chyfraniadau gan y Tîm Arweinyddiaeth Weithredol /	Cyflwyniad / Presentation	10:10 [15 mun/mins]

	○ Cyflawni/perfformiad Delivery/performance	Emma Wood, with contributions from the Executive Leadership Team		
6.	Cwestiynau gan y cyhoedd / Questions from the Public	Estelle Hitchon	Ar lafar / Verbal	10:25 [20 mins]
CYFARFOD YN CAU / MEETING CLOSE				

Prif gyflwynwyr / Lead Presenters

Enw / Name	Swydd / Position
Colin Dennis	Cadeirydd Bwrdd yr Ymddiriedolaeth a'r Cyfarfod Cyffredinol Blynyddol / Chair of the Trust Board and Annual General Meeting
Emma Wood	Prif Weithredwr / Chief Executive
Lee Brooks	Cyfarwyddwr Gweithredol Gweithrediadau / Executive Director of Operations
Penny Durrant	Cyfarwyddwr Nyrsio Dros Dro / Interim Director of Nursing
Estelle Hitchon	Cyfarwyddwr Partneriaethau ac Ymgysylltu / Director of Partnerships and Engagement
Angela Lewis	Cyfarwyddwr Pobl a Diwylliant / Director of People and Culture
Rachel Marsh	Dirprwy Brif Weithredwr / Deputy Chief Executive
Trish Mills	Cyfarwyddwr Llywodraethu Corfforaethol / Ysgrifenyddes y Bwrdd Director of Corporate Governance/Board Secretary
Jonny Sammut	Cyfarwyddwr Gwasanaethau Digidol / Director of Digital Services
Andy Swinburn	Cyfarwyddwr Gweithredol Parafeddygaeth / Executive Director of Paramedicine
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol / Executive Director of Finance and Corporate Resources

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

Welsh Ambulance Services University NHS Trust

Annual Report and Accounts 2025/26

INTRODUCTION

This Annual Report is part of a suite of documents that provides information about the Welsh Ambulance Services University NHS Trust (the Trust). It will provide the reader with information on our services, the care we provide and what we do to plan, deliver, and improve those services. In addition, it will provide the reader with detail on the Trust's performance and how we responded to changing demands and challenges in 2025/26.

In accordance with the NHS Wales 2025/26 Manual for Accounts and HM Treasury's Financial Reporting Manual, our Annual Report for 2025/26 includes:

Part 1: Performance Report that details how the Trust performed in the year and how we adapted and responded to the system pressures currently impacting our patients and our people.

Part 2: Accountability Report that details the key accountability requirements and our Governance Statement, which provides information about how the Trust manages and controls resources and risks and complies with governance arrangements, staff and remuneration.

Part 3: Financial Statements that detail how the Trust has spent its money and met its obligations. These account for the period ended 31 March 2026 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by the Welsh Ambulances Services NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

A separate Duty of Quality Report for 2025/26 is prepared and the disclosures required in line with the duty of candour reporting are included in this report. Duty of candour is reported regularly to the Quality, Patient Experience and Safety Committee and in the Putting Things Right Reports. This will be included in the publications page of Trust's website in due course.

A separate Welsh Language Standards Annual Report is prepared, encompassing the Trust's compliance with the Welsh Langue Standards and the Welsh Government's More Than Just Words Action Plan. This will be included in the publications page of the Trust's website in due course.

Whilst acronyms are explained in full when they are first used, a glossary is included at Appendix 3 to Part 2 for ease of reference. If you require a version of the Annual Report in printed form, please contact the Director of Corporate Governance / Board Secretary at Trish.Mills@wales.nhs.uk.

Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh. The Welsh Language version of the 2025/26 Annual Report will be available on the Trust's Publications page in due course.

WELCOME MESSAGE FROM THE CHAIR AND CHIEF EXECUTIVE OFFICER

Welcome to the Welsh Ambulance Services University NHS Trust Annual Report for 2025/26. This report brings together more information about our performance, the way we make decisions and how we have managed our resources to deliver the best possible services for the people of Wales.

It is no secret that the emergency and urgent care system, along with much of the NHS across the UK, remains under sustained pressure. However, throughout the year, we have started to see some green shoots of improvement, both within our own organisation and across the wider NHS Wales.

This has also been a seminal year for us in terms of changes to the way Welsh Government measures our performance, and the way we deliver care to our patients. The introduction of the Welsh Government's Ambulance Performance Framework has meant a clearer focus on patient outcomes, while our clinical model transformation has seen us investing in clinical triage to ensure receive the right care for their needs.

Nearly 60% of 999 calls now receive a remote clinical assessment, significantly reducing unnecessary conveyance to hospital and improving patient experience. Our NHS 111 service continues to play a critical role as a national front door to urgent care, supported by ongoing digital innovation. At the same time, we recognise that performance challenges remain, particularly during periods of peak demand, and further improvement is required.

We are grateful to our colleagues across the wider NHS in Wales, where we have seen some important improvements in handover delays, which has improved safety for patients and made for a better experience for our crews. We continue to work with health boards across Wales to support our collective ambition to minimise delays in handing over patients at hospital, and this work will continue to be a focus in 2026/27.

For our Non-Emergency Patient Transport Services, rising demand and increasing complexity have impacted reliability and patient experience this year, something we are actively addressing, working with our commissioners and Welsh Government, and which will remain a priority for the year ahead.

Of course, as well as our focus on clinical care, we need to ensure that we have the right financial stewardship and governance arrangements in place to Our Accountability Report demonstrates the strength of our governance arrangements. The Board has maintained clear oversight of quality, performance, finance and risk, supported by a mature system of internal control. We continue to value the insights provided by Audit Wales and internal audit, which recognise effective leadership and sound governance while supporting continuous improvement. Transparency, learning and accountability remain central to our approach as a public service organisation.

Despite significant operational pressures, the Trust has maintained financial stability during 2025/26, delivering a small surplus and meeting its statutory financial duties. This has been achieved through disciplined financial management and delivery of efficiency savings, while continuing to invest in priority areas including workforce, digital capability, fleet and infrastructure. Our capital programme has supported improvements to our estate and our contribution to the decarbonisation agenda.

We are aware that maintaining a financially balanced organisation is challenging in the current climate and we remain committed to working with partners, commissioners and Welsh Government to ensure we continue to deliver the best value within the funding envelope that we can.

Our staff and volunteers are central to everything we do. We have continued to invest in their wellbeing, development and leadership, recognising the impact that ongoing operational pressures can have on individuals and teams. While progress has been made in strengthening our organisational culture and engagement, we know there is more to do. Supporting our people, reducing absence, and ensuring a positive and inclusive working environment will remain central to our workforce agenda.

As we look to 2026/27, our priorities are clear. We will continue to embed our clinical model, strengthen partnerships across the health and care system, and focus on those actions that will have the greatest impact on patient safety, experience and outcomes.

We recognise that many of the challenges we face are systemic and cannot be addressed in isolation. We remain committed to working closely with Welsh Government, commissioners, health boards and our wider partners to deliver sustainable improvements for the people of Wales.

Finally, we want to thank our staff, volunteers, partners and the communities we serve. Your support, resilience and commitment continue to make a real difference.

With our very best wishes,

Colin Dennis

Chair of the Trust Board

Emma Wood

Chief Executive Officer

REPORT CONTENTS

PART 1: PERFORMANCE REPORT

PERFORMANCE OVERVIEW

Introduction

This Performance Overview aims to provide an integrated quality, patient safety, patient experience, and performance narrative on the Welsh Ambulance Services University NHS Trust (the Trust) for the period 01 April 2025 to 31 March 2026. The Performance Report is produced in line with the requirements of the NHS Wales 2025/26 Manual for Accounts.

Statement from the Chief Executive Officer

Our patients and our people continue to access and work in a health care system which experiences periods of high pressure in hospitals and our communities, with resultant avoidable patient harm and moral injury for our staff. At the March 2026 Trust Board, a patient harm assessment report identified the following overall assessments for the three patient pathways at WAST:

- NHS 111 pathway: potential harm assessed as low, although delays in access to clinical advice may increase exposure to deterioration for a small number of patients
- 999 / Emergency Medical Service pathway: potential harm assessed as medium, primarily driven by sustained system delay and ambulance availability constraints associated with hospital handover delays
- Non-Emergency Patient Transport Service: Potential harm assessed as medium, reflecting operational pressures including short-notice bookings and system cancellations

Levels of patient harm have started to reduce because of actions taken by the Trust and its partners. In 2024 the Trust embarked on a sector leading clinical transformation programme, with the aim of clinically assessing and treating more patients in the remote space and in our communities and targeting the dispatch of physical emergency assets to those patients most in need, who will need conveying to emergency departments. This transformation has been supported by partners, with Welsh Government putting in place the new Ambulance Performance Framework (APF), which the Trust implemented in 2025/26.

Welsh Government has also increased attention on releasing emergency ambulance capacity, requiring health boards to meet the ambulance handover 45 target i.e. a maximum of 45 minutes for an emergency ambulance patient to be handed over at hospitals.

There are positive signs, with reduced patient cancellations, an improving ROSC (return of spontaneous circulation) rate, the highest consult & close rate the Trust has achieved, reduced handover lost hours, largely stable 111 call answering performance and good renal and oncology performance.

The performance overview and the delivery and performance analysis sections of this annual report provide more details. But much remains to be done for the Trust and its partners to deliver the levels of patient safety that we want for the communities we serve. To this end, the Trust has consolidated its 2026-29 Integrated Medium-Term Plan, to free up capacity to support those actions that will have the biggest impact on patients and staff. Particular areas of focus include the 111 digital front end, realising the benefits from the clinical model transformation and increasing the number of completed patient journeys for outpatient appointments.

The Trust continues to work closely with colleagues in Welsh Government and the Joint Commissioning Committee (JCC) on a range of strategic issues and will continue to do so into 2026/27 and beyond. Of note is continued support for, and monitoring of, the ambulance handover 45 initiative, as well as the strategic review of services by the JCC and Health Inspectorate Wales' desktop review which commenced in January 2026.

Finally, I want to reiterate my thanks to all staff and volunteers, blue light partners, commissioners, the private sector and the voluntary sector for their continued support.

Emma Wood
Chief Executive Officer

Areas of responsibility

The Trust provides health care services for people across the whole of Wales, delivering high quality and patient-led clinical care wherever and whenever needed. Services include:

- The 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 111 service: website and a free-to-call service, acts as a first line gateway to a patient's journey within the health and care system providing them with the right advice or referral
- the Trust also supports volunteers: Community First Responders (CFRs), Community Welfare Responders (CWRs) 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.

Our purpose and long-term strategy

The WAST purpose statement is '*To Support, To Serve, To Save*'. This short but powerful statement seeks to describe the organisations core reason for being, uniting all of people towards a common goal.

Our Long-Term Strategic Framework 'Delivering Excellence' sets out the future vision for the organisation up to 2030. The strategy is framed around the transformation of the clinical services model to ensure that patients receive the right advice and care, in the right place, every time. The Trust's has accelerated its ambition during 2025/26 to evolve from a traditional ambulance and transport service. It has moved towards an integrated clinical service which works in collaboration with the health and care system to best meet the needs of patients who contact us through 111, 999 and our non-emergency services in a way which makes the most of the Welsh pound, adding value to the system within which we work. Our long-term strategy will undergo review and refresh during 2026/27.

Summary of 2025/26 Performance

The Trust plays a critical role in supporting the health and wellbeing of the population of Wales by delivering urgent and emergency care services on a national basis. As the sole provider of ambulance services in Wales, the Trust operates at scale across a complex and pressurised healthcare system, responding to life-threatening emergencies, providing clinical advice and triage, supporting planned care through patient transport services, and working closely with partners across health and social care.

This Performance Overview provides a comprehensive narrative account of delivery and performance during 2025/26, setting out the context in which services were delivered, the progress made during the year, and the challenges that continue to require concerted system action.

Throughout 2025/26 the Trust operated within an exceptionally challenging environment. Demand for urgent and emergency care remained consistently high, capacity within acute hospitals was constrained, delayed discharges continued to affect patient flow, and workforce pressures across NHS Wales persisted. These factors combined to place sustained pressure on ambulance services and the wider urgent care system. Despite this, the Trust maintained operational resilience, continued to provide safe care to hundreds of thousands of patients, and progressed significant transformation of its clinical and operational model in line with national policy and strategic ambition.

The year was one of transition and change. The phased introduction of the Welsh Government Ambulance Performance Framework represented a fundamental shift away from the historic reliance on response time targets as the primary indicator of performance. Instead, the framework emphasises clinical harm, patient experience and outcomes, requiring ambulance services and system partners to consider performance through a more patient-centred and clinically meaningful lens. This shift shaped how performance was managed, discussed and assured throughout the year and required a significant cultural change across the Trust and the wider system.

In parallel with this change in the performance framework, the Trust continued to embed its long-term ambition to operate as a clinically led, out-of-hospital urgent and emergency care service. This ambition is central to national policy direction and to the Trust's own strategy, supporting people to receive the right care, in the right place, at the right time. By strengthening clinical assessment, expanding pathways of care and working more closely with community services, the Trust aims to reduce the need for a physical response, reduce avoidable conveyance to hospital, improve patient experience and support a more sustainable urgent care system.

The operating context during 2025/26 cannot be overstated. Rising demand for urgent and emergency care, combined with constraints in hospital capacity and workforce shortages across health and social care, created sustained system pressure. These pressures were reflected in increased ambulance delays, prolonged waits for some patients, and challenges across both emergency and non-emergency services. Similar patterns were observed across health systems in the United Kingdom and beyond, highlighting the systemic nature of these challenges.

Winter planning for 2025/26 focused on demand and capacity modelling, workforce resilience, clinical prioritisation and system flow. Key risks were identified, including sustained service demand, hospital handover delays and workforce pressures, with defined mitigating actions such as strengthened escalation arrangements, enhanced clinical triage, improved coordination through system control centres and targeted investment in additional capacity. The introduction of phase 2 of the ambulance performance framework in 2025/26 was a key mitigation. Despite this context, the Trust maintained organisational stability and robust governance throughout the year. Leadership continuity was sustained following the appointment of a new Chief Executive Officer in October 2025, and the board continued to exercise clear oversight of quality, performance, finance and risk. The Trust remained at routine escalation throughout the year, reflecting its ability to manage pressures within agreed governance arrangements. Financial balance was maintained, and Audit Wales provided positive assurance through its Structured Assessment, recognising effective leadership, strong governance and sound financial management.

A significant development during the year was the introduction of a refreshed patient harm assessment at board level. Implemented in March 2026, this framework enables the Trust to assess performance through a patient safety lens, focusing explicitly on the potential for harm across its core service areas rather than relying solely on proxy indicators such as response times or activity volumes. This approach supports better prioritisation, clearer assurance and more meaningful conversations with system partners about risk and mitigation.

For NHS 111 Wales, potential patient harm was assessed as low. The majority of contacts received through the service relate to lower-acuity conditions, and clinical prioritisation processes are designed to identify and escalate higher-risk presentations. The principal area of risk relates to delays in receiving clinical callbacks during periods of peak demand, particularly at weekends and during seasonal surges. Mitigations include prioritised clinical queues, continuous review of staffing and rostering patterns, enhanced digital access routes and ongoing engagement with commissioners regarding sustainable future capacity.

Emergency Medical Services were assessed as presenting a medium risk of patient harm. This reflects the ongoing impact of ambulance delays associated with hospital handover pressures and prolonged waits for lower-acuity patients in the community. Importantly, the harm assessment also demonstrated evidence of improvement during the year, particularly as hospital handover performance began to recover and ambulance availability increased.

Reducing harm associated with ambulance delays and delayed community response remains a principal organisational priority and is subject to regular board and committee scrutiny.

Non-Emergency Patient Transport Services were also assessed as presenting a medium level of potential harm. This judgement recognised the increasing complexity of demand, extended journey times, and the impact of short-notice cancellations on patient experience.

The Trust has continued to work closely with commissioners and system partners to mitigate these risks, improve reliability and equity of access, and strengthen communication with patients who rely on these services to attend planned and specialist care.

Emergency Medical Services remain the most visible and resource-intensive element of the Trust's delivery model. During 2025/26, the Trust received approximately 549,000 emergency calls, equating to around 420,000 incidents. While overall incident volumes reduced slightly compared with the previous year, demand remained high and continued to exceed available capacity at peak times. This reflected both sustained system pressure and the gradual release of previously unmet demand as hospital handover performance began to improve.

999 call answering performance remained consistently strong throughout the year. Median call answering times remained at approximately one second, with limited variation during periods of increased demand. The Trust retained its Centre of Excellence accreditation for emergency medical dispatch, providing independent assurance regarding the quality, safety and consistency of call handling, triage and control room decision-making.

From July 2025, Emergency Medical Services began operating within the Clinical Model Transformation Programme through Phase One of the Welsh Government Ambulance Performance Framework. This introduced new categories for the most life-threatening emergencies, including Purple Arrest and Red Emergency, and shifted performance monitoring towards clinical outcomes. For Purple Arrest incidents, which include patients in cardiac or respiratory arrest, response performance remained clinically effective.

The Trust has maintained a focus on improving outcomes across the chain of survival, including early recognition, bystander cardiopulmonary resuscitation, defibrillation and advanced life support. Improvements in Return of Spontaneous Circulation (ROSC) rates began to emerge over the second half of 2025. However, this represents the early direction of travel within a longer-term improvement trajectory, with sustained gains expected to be gradual and subject to ongoing variation given the relatively small numbers involved.

Performance for Red Emergency calls was more variable. Response times were affected by ambulance availability, travelling distances and wider system congestion. While national performance expectations were not consistently met, analysis demonstrated that improvements in hospital handover performance and increasing workforce capacity were starting to support recovery. Lower-acuity emergency demand continued to account for the majority of incidents, and during peak winter months some patients experienced extended waits in the community. The Trust has been transparent about these risks and continues to manage delayed community response as a principal organisational risk.

Hospital handover delays continued to exert a significant influence on ambulance availability and patient experience during 2025/26. For much of the year, a substantial proportion of ambulance hours were lost while crews waited outside emergency departments to transfer care. The Welsh Government's ambulance handover 45 programme represented a critical system-wide intervention, supported by updated national handover guidance and an explicit focus on the harm associated with ambulance delays.

Over the course of the year, handover performance showed sustained improvement. Lost ambulance hours reduced, the number of extremely long delays fell, and system understanding of ambulance-related harm increased. While handovers exceeding 45 minutes continued to occur, particularly during periods of peak pressure, the overall trend was positive. Importantly, improved handover performance translated into increased ambulance availability, enabling the Trust to respond to patients who had previously experienced prolonged waits in the community and addressing previously unmet demand.

Clinical model transformation remained a defining feature of performance improvement during the year. The expansion of remote clinical assessment within control rooms enabled a growing proportion of patients to receive timely advice, referral or alternative care without the need for ambulance dispatch. By the end of 2025/26, nearly 60% of all 999 calls received a remote clinical assessment, compared with approximately 30% the previous year, representing a substantial shift in how urgent care is delivered.

Consult and close rates also reached their highest level to date. This reflected improved clinical confidence, enhanced decision-support pathways and a more skilled and experienced clinical workforce. Advanced Paramedic Practitioners and Clinical Navigators played a central role in this improvement, supporting early assessment and directing patients to appropriate community and primary care pathways where clinically safe to do so. This approach reduces unnecessary conveyance, improves patient experience and helps preserve emergency capacity for those most in need.

The Trust continued to expand targeted clinical pathways during 2025/26, focusing on conditions that are among the most common drivers of emergency demand. Falls and respiratory pathways were further developed, supporting earlier intervention, improved clinical outcomes and reduced reliance on emergency department attendance. Community Welfare Responders provided additional support for patients with low-level clinical and social needs, particularly vulnerable individuals and those experiencing environmental or welfare concerns. The majority of patients supported through this model were able to remain safely at home, reducing avoidable conveyance and pressure on emergency departments and urgent care services.

Advanced Paramedic Practitioners were further embedded within Single Points of Access across health boards, strengthening multidisciplinary decision-making and improving alignment between ambulance services, community teams and primary care. While variation in pathway availability and maturity remains across Wales, progress during the year demonstrated the value of closer integration and shared ownership of urgent care demand.

NHS 111 Wales continued to play an increasingly central role in the urgent and emergency care system. For many members of the public, NHS 111 represents the first point of contact when advice or support is required, and the service provides essential clinical triage, navigation and reassurance at scale. During 2025/26, NHS 111 Wales handled over one million telephone calls and supported more than five million interactions via its digital channels.

Telephony demand remained high throughout the year, particularly during evenings, weekends and seasonal surges. The Trust continued to experience challenges in relation to call abandonment and callback waiting times, driven primarily by a mismatch between commissioned staffing levels and peak demand patterns.

Independent modelling confirmed these pressures. While performance against historic benchmarks was not consistently achieved, clinical prioritisation ensured that the most urgent cases received timely assessment and intervention.

A comprehensive re-rostering exercise was undertaken to better align staffing with demand, and the Trust continued to engage with commissioners on the need for sustainable long-term solutions. Productivity improvements among clinical staff helped to mitigate some pressures, and ongoing work focused on reducing avoidable demand and improving access to digital services.

Digital development remained a key priority for NHS 111 Wales. The service's website supported millions of interactions during the year, and the introduction of an artificial intelligence-enabled virtual assistant (Albot) improved access to information and guidance for users.

Work progressed to replace the legacy online symptom checker with a modern solution capable of safer prioritisation and improved integration with telephony services. While further investment is required to fully realise the digital ambition, progress during 2025/26 demonstrated the value of digital innovation in supporting access and system flow.

Non-Emergency Patient Transport Services (NEPTS) play an essential role in supporting patients to access planned and specialist care, including renal dialysis, oncology treatment, outpatient appointments and hospital discharges. During 2025/26, demand for patient transport services continued to rise, driven by demographic change, centralisation of services and increasing patient acuity.

The complexity of NEPTS journeys increased significantly. A growing proportion of patients required stretcher transport, journey distances increased, and appointment schedules became more constrained, reducing operational flexibility. As a result, average journey times increased and available capacity became increasingly stretched. While life-preserving and time-critical journeys, such as renal dialysis and oncology treatment, were prioritised and largely protected, the Trust was unable to meet all eligible demand.

Short-notice cancellations and delays had a detrimental impact on patient experience and were reflected in increased complaint volumes. The Trust acknowledged these issues openly and worked closely with commissioners throughout the year to identify and pursue mitigation options. Areas of focus included demand forecasting, eligibility criteria, commissioning assumptions, patient communication and the exploration of alternative transport solutions. Improving the reliability and experience of NEPTS remains a priority for 2026/27 and we will pursue productivity within existing resource whilst remaining as agile as we can to changing health services across Wales.

Partnership working remained central to delivery across all service areas. The Trust worked collaboratively with Welsh Government, health boards, commissioners, local authorities and third-sector organisations to support urgent and community care reform. Initiatives such as Single Points of Access, Same Day Emergency Care, falls pathways and respiratory services demonstrated the benefits of shared ownership and integrated working, even where variation in implementation remains.

Workforce challenges persisted throughout 2025/26, particularly across frontline clinical services. Recruitment, retention and wellbeing remained key organisational priorities. Targeted actions were taken to strengthen recruitment pipelines, expand training capacity and support staff resilience. The Trust also continued to invest in leadership development and organisational culture, recognising that a supported, skilled and engaged workforce is fundamental to delivering safe and effective care.

Emergency preparedness and business continuity arrangements were reviewed and strengthened, informed by national learning and internal assurance work. The Trust continued to invest in organisational resilience, ensuring that it is equipped to respond effectively to both day-to-day operational pressures and major incidents.

In conclusion, 2025/26 was a year of sustained challenge and meaningful progress for the Welsh Ambulance Services University NHS Trust. Operating within an exceptionally pressurised healthcare system, the Trust continued to deliver essential services to hundreds of thousands of patients while advancing significant clinical and organisational transformation.

While pressures remain evident, particularly where delivery is dependent on wider system flow, the direction of travel is clear. Improvements in hospital handover performance, expanded use of remote clinical assessment, strengthened community pathways and maturing partnerships contributed to reduced patient harm and improved patient experience. The Trust enters 2026/27 with clearer priorities, a strengthened Integrated Medium-Term Plan and growing confidence in its clinical model.

Through continued transparency, collaboration and an unwavering focus on patient safety, the Trust is well positioned to build on the progress made and continue its journey towards delivering high-quality, clinically led urgent and emergency care for the people of Wales.

DELIVERY AND PERFORMANCE ANALYSIS

This section provides commentary on the Trust's key performance measures and a more detailed integrated performance analysis of the Trust's service delivery.

DELIVERING AN EFFECTIVE SERVICE

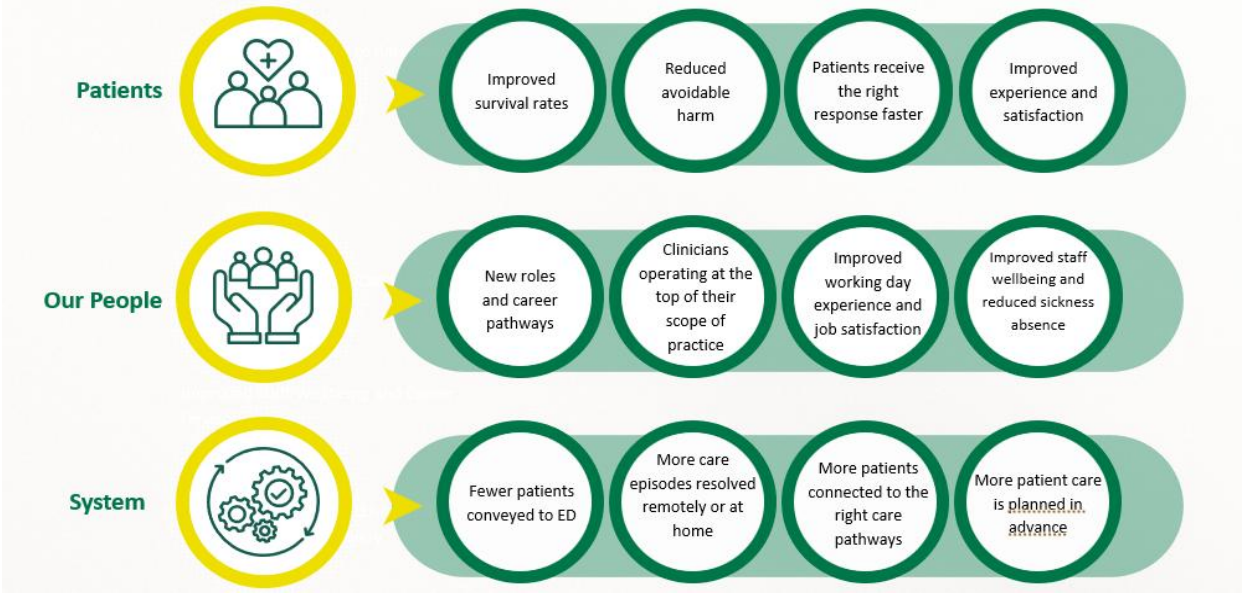
Over the last decade, the Trust has been at the forefront of clinically led pre-hospital emergency and urgent care, with a focus on providing patients with high quality care and service.

In 2024, the Trust launched its ambitious Clinical Model Transformation (CMT) programme which moved forward the existing clinical response model, first introduced in October 2015, to an integrated clinical services model. This move was prompted by a recognition that many patients were not being well served by the existing model of care and that there was a pressing need to ensure the provision of clinically safer services, reducing harm and enabling more people to receive the right care at home or close to home.

The new model brings together three core services - Emergency Medical Services (999), NHS 111 Wales, and Ambulance Care (Non-Emergency Patient Transport Service – or NEPTS) – into an integrated, clinically-led service. The advent of the refreshed model, with its focus on "no wrong door" for patients and equitable access to services based on clinical need, regardless of the method of contacting the ambulance service, is based on a number of key principles:

- clinically led - more clinical input earlier and throughout the patient's journey, with clinical outcomes being the driver for change
- connected - better connections between systems, processes and people to ensure that patients get the right care, no matter what their access point
- care planning - personalised care plans with strong clinical oversight until patients' needs are met
- choice - more options for face-to-face assessments, allowing safe, home treatment and fewer Emergency Department visits
- collaboration - stronger partnerships with national and local health organisations to provide the right care pathways closer to home.

The evolution of the model complements the new Welsh Government ambulance performance framework and is focused on optimising the way care is delivered with a sharper clinical focus, with expected benefits as outlined in the visual below.



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

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

999 Emergency Medical Services

One of the key impacts on delivering Emergency Medical Services (EMS) this year has been the advent of a new ambulance performance framework, the result of a review commissioned by Welsh Government into the appropriateness of the previous framework following a recommendation from the Senedd's Health and Social Care Committee.

The new framework has a clinical focus and, while a time-based metric has been retained for the most critical of calls where patients are in a life-threatening condition, the focus is now very much on the improvement of clinical outcomes. In parallel, and as outlined above, the Trust has also continued to evolve its clinical response model, ensuring that clinical review and assessment come earlier in a patient's journey and that patients receive the clinical support most appropriate to their needs.

While the impact of both the new framework and the refreshed clinical model will be the subject of a full academic evaluation, the early evidence detailed below, together with more detail on both developments, suggests they are having some positive impact. Additionally, the introduction of the ambulance handover 45 initiative by Welsh Government, which requires health boards to release ambulances from Emergency Departments within 45 minutes of arrival, has been a very welcome development. There have been some significant improvements in timeliness of hospital handover in the majority of health board areas, which has improved ambulance availability to respond to patients waiting in the community, although the time lost is still double the time that is built into our rosters which in turn are based on an expected 15-minute handover.

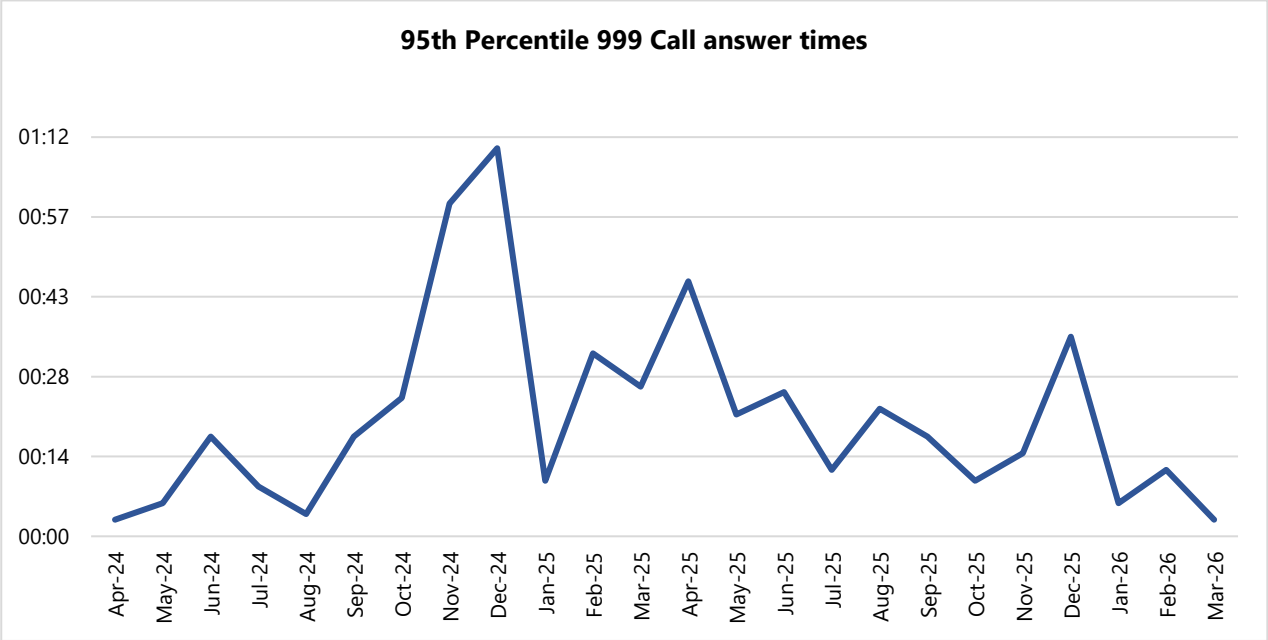
It is that improved ability to respond to waiting patients which both improves clinical safety and outcome for patients. However, it also means that there is not perhaps direct improvement in performance at this stage, as the service responds to previously unmet need. Over time, and as hospital handover reductions become more sustained and universal, there should be a commensurate improvement in performance, aided by further integration and access to community-based services provided by health boards, which will reduce further the level of conveyance to emergency departments, and of course ongoing improvement in the Trust's productivity and efficiency.

The paragraphs below provide more information on EMS performance, which is assessed through a range of response time metrics, clinical indicators, and outcome measures, some of which have changed during the course of this financial year as a result of the introduction of the new ambulance performance framework.

Demand and call answering

In the last 12 months, the Trust received 549,000 999 calls, which related to 420,000 incidents. Incident demand fell by 3% compared to the previous year.

Call answering performance remains positive and compares well with other UK ambulance services. In the last 12 months, the median time to answer calls has been one second, and the graph below shows that there has been some reduction in the longest waits (95th percentile), which stood at 36 seconds in December 2025. The Trust maintained its 'Centre of Excellence' accreditation from the International Academy of Emergency Dispatch, recognising quality use of the Medical Priority Dispatch System for 999 call triage.

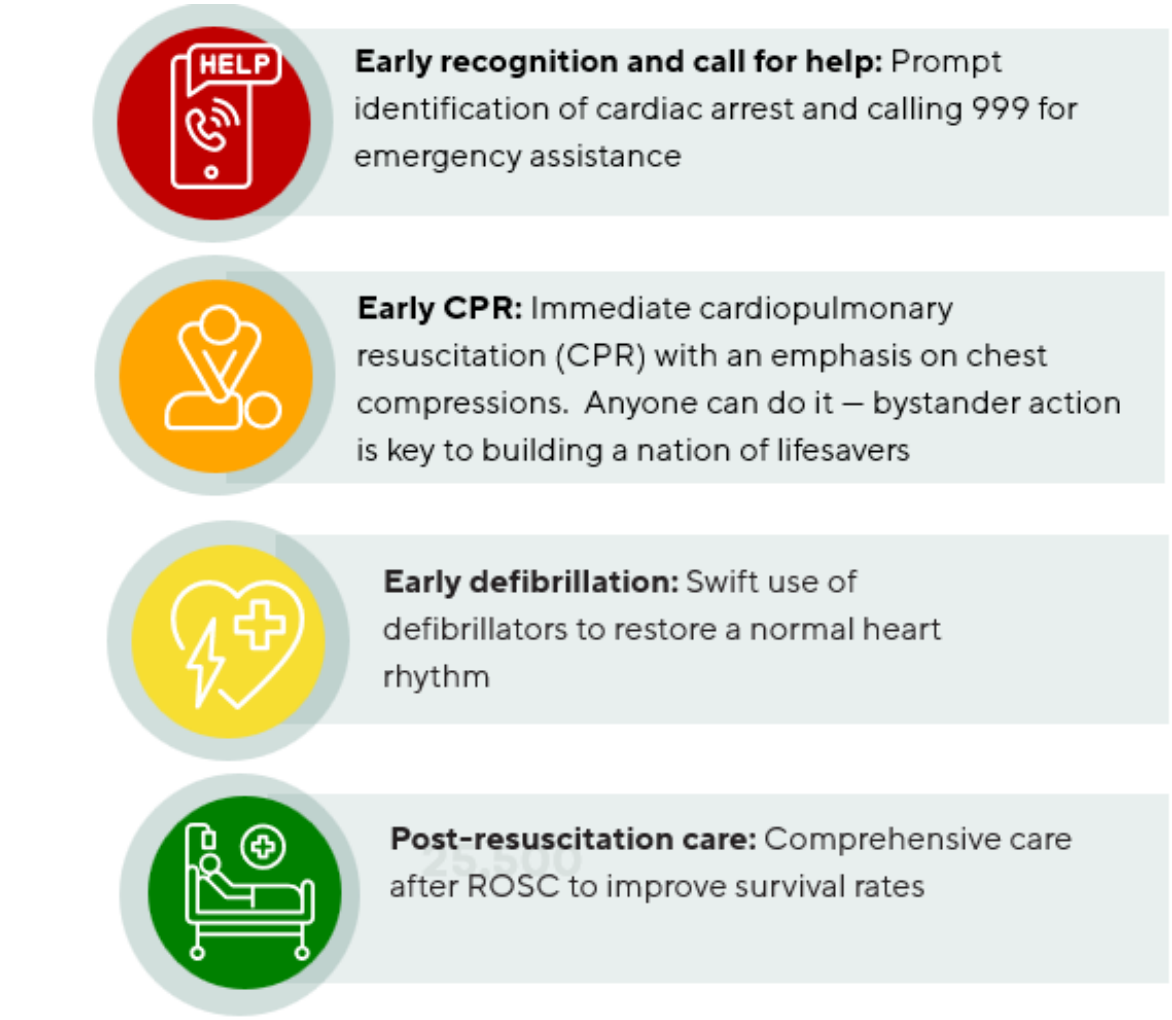


Performance in Purple Arrest and Red Emergency (previously Red) categories

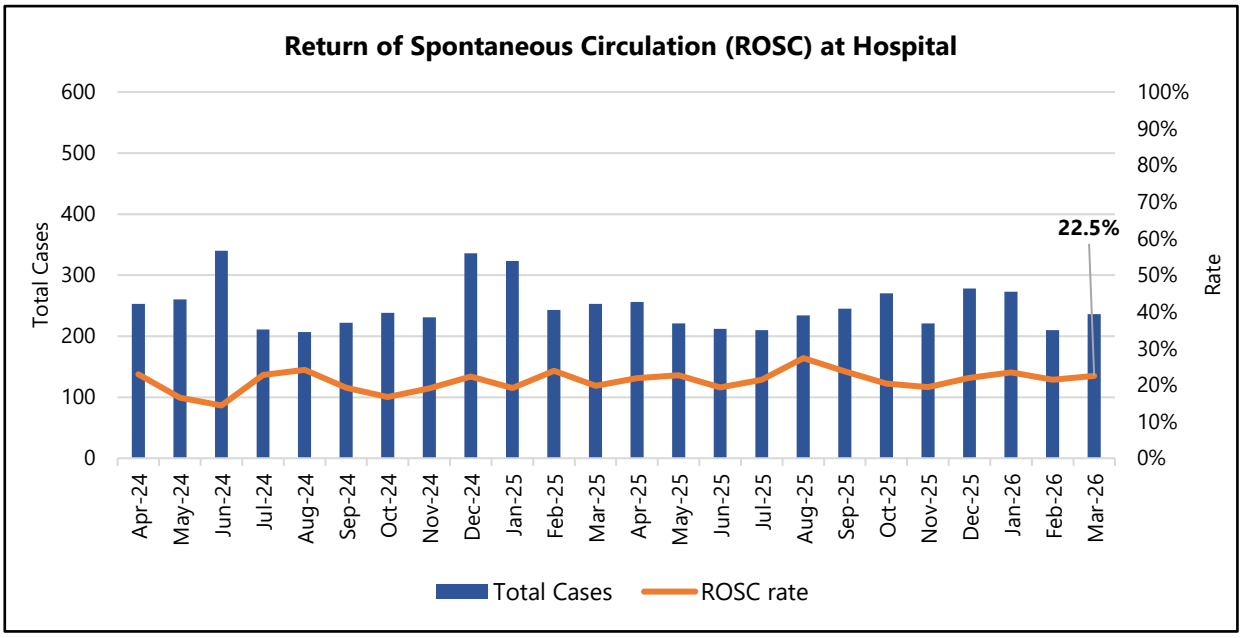
From July 2025, the Purple Arrest and Red Emergency categories were introduced for those in respiratory or cardiac arrest, as part of the new ambulance performance framework.

For patients in cardiac or respiratory arrest, there is clear evidence linking improved outcomes and the chain of survival - a series of critical steps that improve the chances of survival. These steps are outlined in the diagram below and reflect the approach taken to arrest by the Trust. By focusing on this across the system, the expectation is that more lives will be saved. Now that the Trust also incorporates Save a Life Cymru, there is a better opportunity to create "a nation of lifesavers" in Wales through integration of public education programmes encouraging more people to learn cardiopulmonary resuscitation (CPR) and how to use a public access defibrillator.

The Chain of Survival



For Purple Arrest patients, the primary outcome measure is the percentage of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation (ROSC)). Other measures linked to the Chain of Survival include the time to commence CPR and time to defibrillator at scene/patient side.



ROSC rates are higher than they were a number of years ago but have stabilised in the last 2 years, with variation seen each month. The most significant improvement in performance is likely to be achieved through delivery of the whole system out of hospital cardiac arrest plan, ROSC performance is kept under constant scrutiny to understand what more can be done to improve performance, acknowledging that such improvements will be incremental and subject to a number of variables. As the frequency of out of hospital cardiac arrest cases is relatively low, there is variance in the performance on a month-to-month basis, as such it is critical to view this as an overall trend over the longer term.

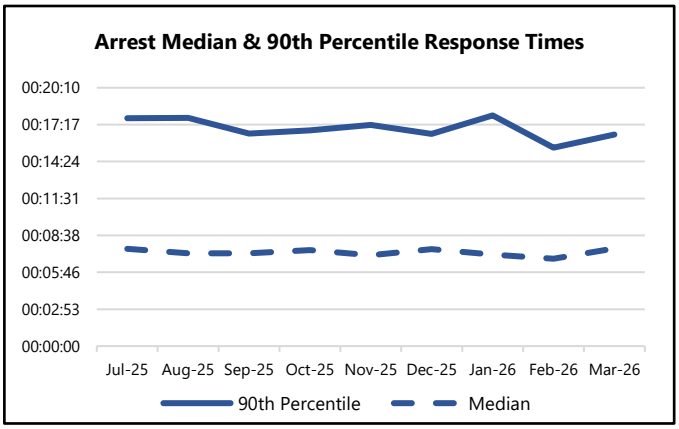
For Red Emergency patients, due to the breadth of presentations within this category, a range of further clinical outcome and indicator measures have been agreed and published from July 2025, including pain scores and oxygen saturation improvement as a result of clinical on-scene treatment and intervention.

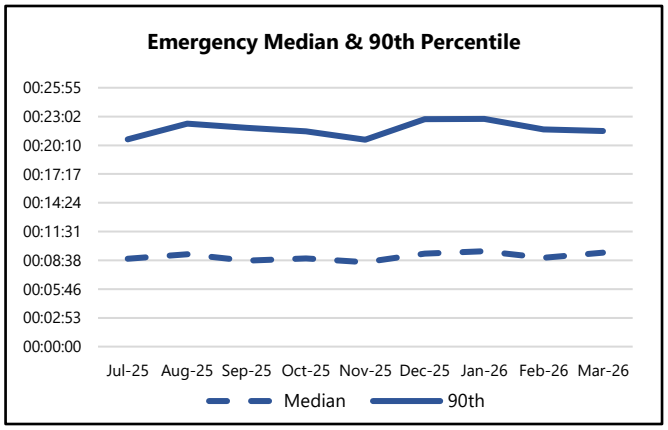
The Purple Arrest and Red Emergency categories are equally prioritised, i.e. there is no distinction between them in terms of time to dispatch. The response times that are monitored for both categories are the same and include a median ambulance response time target range of six to eight minutes and 90% receiving an ambulance response within 20 minutes.

The Trust has responded in a timely way to Purple Arrest incidents, with response times within the target parameters. Despite Purple Arrest and Red Emergency categories being equally prioritised, response times are unfortunately slightly outside target parameters for Red Emergency patients (median of 9 minutes 25 seconds and 90th percentile of 22 minutes 52 seconds in March 2026).

Extensive analysis is ongoing, but to date, the teams have been unable to identify a single cause of this difference. Time to allocation and travel times to Red Emergency calls seem to be longer, and it may therefore be that as the volumes increase, the need for available resources and for them to be in the optimal location becomes more essential. Improvements would then be seen once only once utilisation rates were lower, which will occur when both lost hours are reduced and demand for Emergency Ambulances decreases through the clinical model transformation programme.

In the nine months from July 2025 to March 2026, there were 874 Purple Arrest incidents a month on average, which equated to 2.5% of the total incident volume and 4,722 Red Emergency incidents a month, equating to 13% of incident volume.





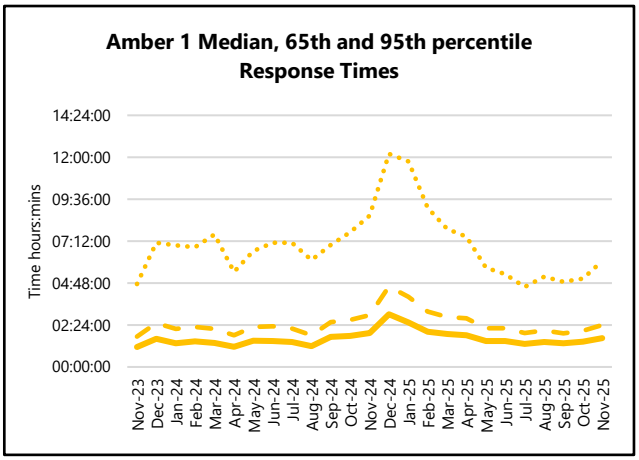
Performance in Amber/Green (now Orange/Yellow/Green) categories

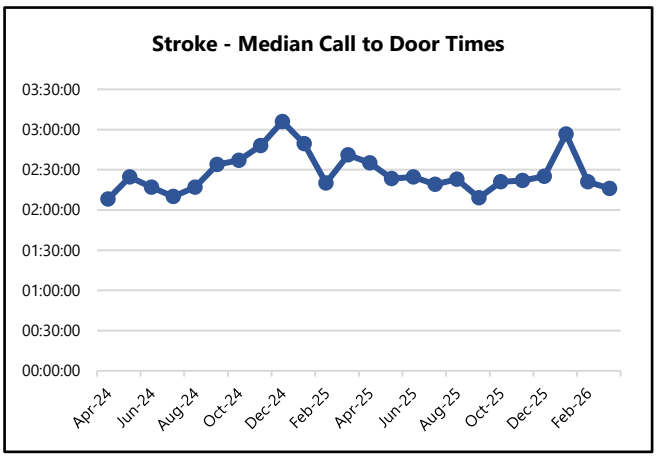
Before December 2025, calls other than Purple Arrest or Red Emergency were prioritised as Amber 1, Amber 2 and Green. Since December 2025 and the introduction of the new ambulance performance framework, the response categories have changed and are Orange (Now), Yellow (Soon) and Green (Planned). In the Trust's new clinical model, remote clinicians work to identify how quickly someone needs a face-to-face assessment (time), what type of clinician is needed (skill) and the reason for a face-to-face attendance (purpose).

The majority of data for this financial year is for responses to the previous categories. These incidents make up the bulk of the Trust's work, with 201,000 or 49% of all incidents in the Amber 1 category in the 12 months to November 2025.

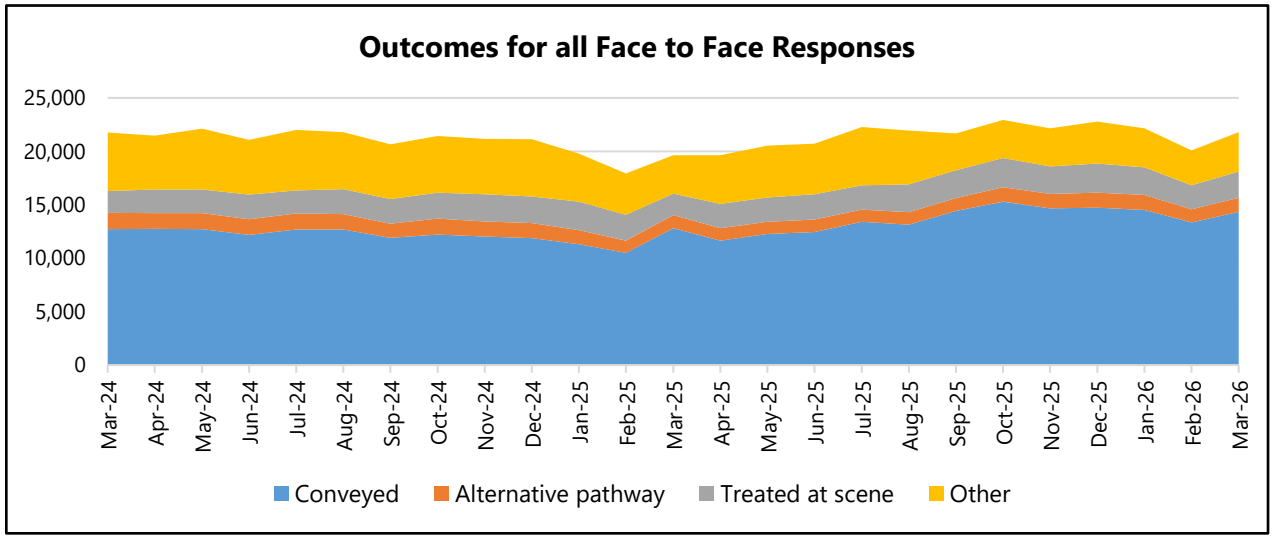
There is no national response time target for these categories of calls, but the Trust has historically modelled on getting to Amber 1 calls within 18 minutes. It is acknowledged that the length of time to respond is far in excess of this and is too long, with the graph below showing that 5% of the patients in the Amber 1 category waited for more than five hours. Patients in the Amber 2 and Green categories wait longer, and response times lengthen for all patients during the winter months, at times of increased demand and system pressure.

Stroke patients may initially be in any one of the categories but, as one of the key clinical indicators, the Trust measures how long it takes from initial call to conveyance to the hospital door, knowing that this is the place where definitive treatment is provided and knowing that time is of the essence. Again, whilst there is no target, an average of 2 hours 22 minutes in November is far longer than the Trust would want. The Trust's risk register reflects this concern and the level of patient harm that these long community waits can bring.



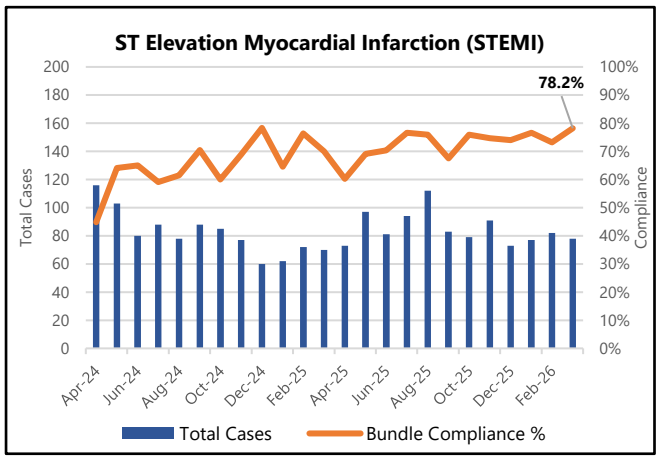


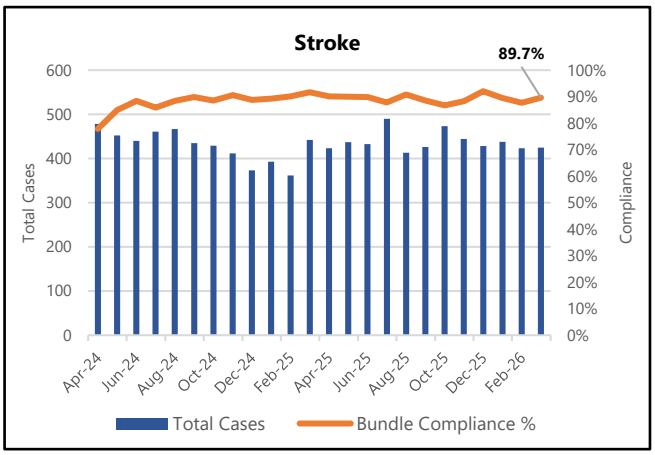
Once a face-to-face resource has been deployed, the proportion of patients who are treated on scene, referred to an alternative community pathway, or conveyed to hospital is monitored. What is currently being seen, as outlined in the graph below, is that numbers of patients conveyed are increasing slightly,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



There is a range of clinical indicators which are monitored to highlight the quality of care provided at scene. As outlined above, some new measures have recently been agreed relating to Red Emergency patients. For other patients, compliance against agreed care bundles is recorded, ensuring that specific groups of patients receive the highest standard of expected care. The graphs below show compliance against the ST Elevated Myocardial Infarction (ADV) and stroke care bundles, which remains below the 95% target.

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



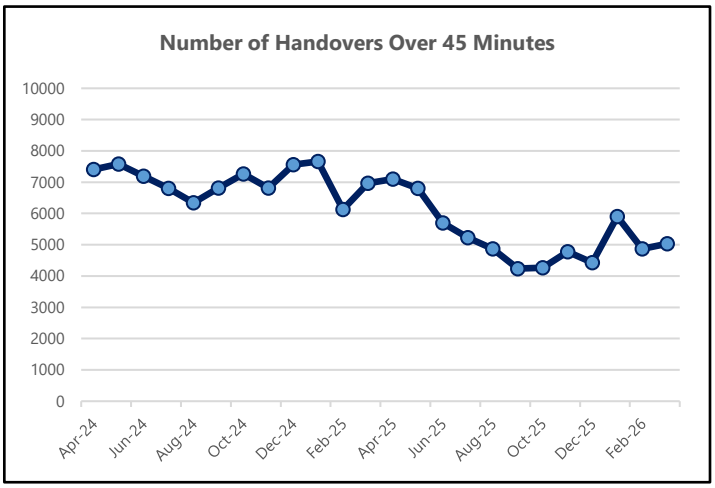


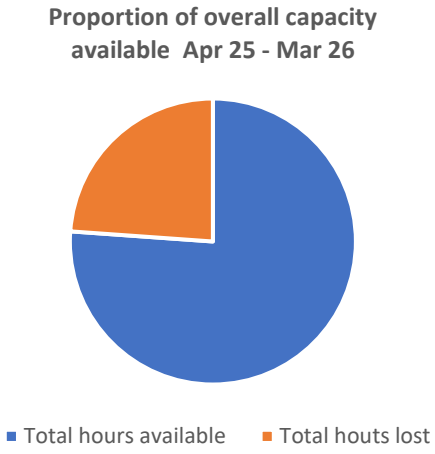
The Trust has taken many mitigating actions, including the evolution of the clinical model, to manage demand, improve efficiency and to reduce the numbers of patients being conveyed unnecessarily to Emergency Departments. However, one of the factors which has been hard to mitigate has been the loss of hours as a result of ambulances waiting to hand over their patients at Emergency Departments.

The Trust's two highest rated risks relate to its inability to reach patients and the harm that is causing (risk 223), as well as delayed access to definitive care as a result of hospital handover delays (risk 224). Improvements in patient flow and a reduction in hospital handover waiting times have been priorities for the Cabinet Secretary and improvements have been seen in a number of areas, leading to a recent reduction in risk 223 for the first time in many years.

Specifically, there is a current imperative to eliminate the numbers of ambulances and patients waiting more than 45 minutes, noting that the updated Welsh Government Ambulance Patient Handover Guidance of January 2026, confirms that hospital handovers should be completed within 15 minutes. Whilst the graph below shows the improvements being made, nevertheless, more than 5000 patients waited more than 45 minutes in an ambulance outside an emergency department in March 2026.

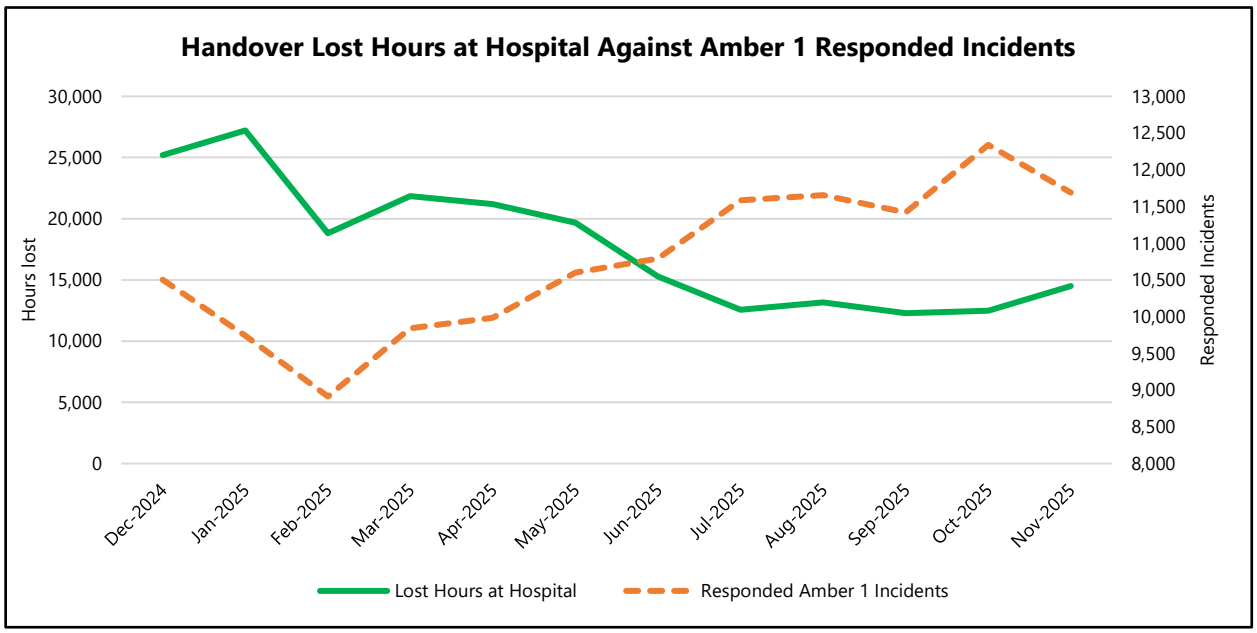
The impact on patient experience and patient care is not the only negative consequence. These extended waits also prevent the ambulances from responding to other patients in the community. Over 12 months, nearly a quarter of all emergency ambulance hours were spent outside an emergency department.





That said, the overall hospital handover improvement is welcome. The key now will be for such improvement to be universal and sustained, which will significantly improve ambulance availability. As mentioned previously, it is important to note that this may not translate immediately to improved ambulance response times, but there is already an increase in capacity to see more patients as shown in the graph below, with the commensurate reduction in ambulance cancellations.

By extension, this provides an opportunity for more patients to be treated at scene, potentially reducing the flow of patients into emergency departments, particularly those who might previously have chosen to cancel an ambulance following a protracted wait and attend under their own steam. Similarly, it reduces the chance of a patient deteriorating such that their clinical outcome is diminished if a timely response can be made. The risks referred to above are reviewed monthly and all mitigating actions both that the Trust are managing and that are being driven in the system, are overseen by the board bi-monthly in a standalone assurance paper.



Remote clinical assessment and decision making

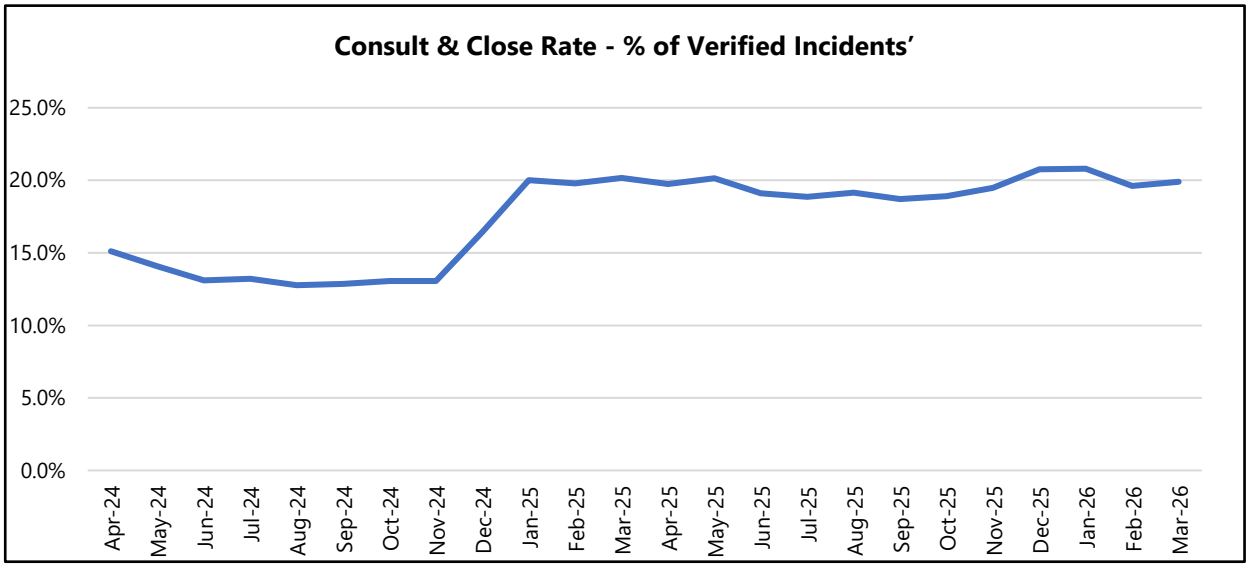
Whilst the Trust has employed and utilised remote clinicians to provide assessment for certain groups of 999 callers for many years, the refreshed Clinical Response Model has placed a greater focus on this element of the pathway.

A proportion of calls is auto dispatched with no remote clinical intervention, notably those for patients in an immediately life threatened condition, with a number of lower acuity calls directed immediately to the remote clinical assessment team.

Clinical Navigators were introduced in December 2024 and these senior clinicians now provide a rapid clinical screen for the remainder of calls (57% of all 999 calls in 12 months Mar 2025 to Feb 2026), using their clinical knowledge and expertise to stream patients to the most appropriate Trust service. They quickly decide if an emergency ambulance is needed right away or if patients require a specialist community response or further remote assessment. In the 10 months since they have been fully operational, they have streamed 57% of calls for further remote clinical assessment.

The total number of calls directed for a remote clinical assessment has therefore increased as a result of this model change, and this allows for further information to be gathered from the patient or caller and for a more appropriate response to be identified to meet their unique needs. Nearly 60% of all 999 calls are now provided with a remote clinical

assessment, up from around 30% a year ago. As a result, more calls than ever are being closed remotely, which reduces demand for emergency ambulance, and directs more patients to appropriate health board pathways, with consult and close rates now routinely above 20%.



Supporting remote clinical assessment, the Trust has created a new volunteer role of Community Welfare Responder (CWR), funded in part (training and support) by temporary grant monies awarded by NHS Charities Together. These responders are tasked with attending incidents as directed by remote-based WAST clinicians. Operating strictly within their defined scope, CWRs perform essential clinical observations and assessments in a direct patient-facing capacity. Additionally, CWRs are prepared to identify and respond to cardiac arrest situations should a patient's condition deteriorate.

Between 1 March 2024 and 30 December 2025, 265 CWR volunteers have been recruited and trained. These 265 CWRs have attended almost 3,000 patients; of those patients attended, 55% (1610) did not require conveyance to hospital. In addition to the data on patient conveyance, there is anecdotal evidence that highlights the valuable ancillary care provided by Community Welfare Responders. Their support extends beyond clinical duties to include feeding and changing babies, assisting with toileting, preparing food and drinks for unwell patients, and offering emotional support and comfort to patients and their loved ones.

The Falls Desk is a service that is currently being piloted in the remote clinical assessment team, having received non-recurrent funding from Welsh Government. It went live on 12 November 2025 and integrates the allocation of falls responders and remote clinical assessments. This initiative aims to enhance patient experience, improve clinical outcomes, reduce long lies, and mitigate the impact on NHS Wales from unnecessary conveyances to Emergency Departments and extended hospital stays.

Resource Coordinators ensure the prompt dispatch of falls responders and volunteers to patients, maximising their utilisation and impact. The clinicians contact the patient or their companions to assist them off the floor safely, provide medication advice, and assess any injuries to inform the optimal clinical response as part of a care plan. Once a falls responder is with the patient, the clinician remotely assesses the patient's clinical needs via video or phone, collaborating with our Advanced Paramedic Practitioners (APPs) embedded in the local health board SPoAs to manage the patient's care as close to home as possible.

Since go live and to the end of December, to the end of March 2026, the Falls Desk has managed over 3,430 incidents. On 3,380 occasions advice was provided to patients who had fallen – 2,528 were provided with advice within two hours of the initial 999 call. This ensured patients were given targeted hydration, nutrition and movement specific advice. 582 patients were provided with support so that they were able to be lifted from the floor, with access to appropriate remote clinical advice provided by the desk.

Care Planning has been introduced as a core component of remote clinical assessment focusing on how the Trust can better hold care while exploring the most effective or available community-based service to support keeping the patient at home. The Care Planning Desk plays an important role in the effective deployment of CWRs. It has been a key part of the Contracts for Innovation Wales project that the Trust has undertaken with Luscii utilising secure clinical solution to aid recording and monitoring of diagnostic results and led the approach to developing the dedicated Falls Desk and Respiratory Desk pilot. Care Planning clinicians are experienced remote clinical advisors who genuinely add value to the patient’s experience by assessing and mitigating clinical risk, offering confidence to patients and their loved ones that they are being supported while alternative pathways are found and, maximising the opportunity for timely appropriate interventions to be deployed by the Trust or health board-based care.

Continuous clinical improvement

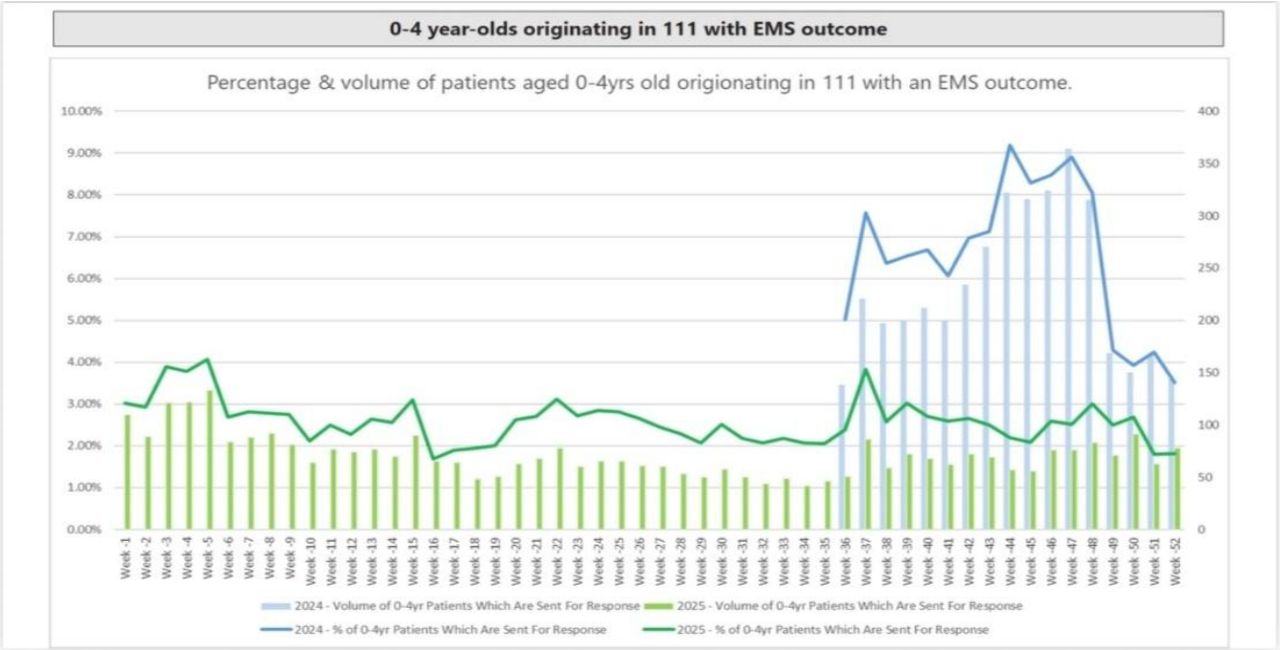
The Trust continually looks for ways in which to improve patient care, outcomes and experience, as described elsewhere in this document.

The Trust looks for ways to better utilise its staff, both changing the mix of skills to better meet individual patient need and optimising the efficient and effective of available staff:

- To support the increase in numbers of remote clinical assessment required as part of the evolved clinical model, the number of generalist remote clinicians has increased by 12 WTE (whole time equivalent) in 2025/26. This has contributed to increased consult and close rates.
- The number of APPs has risen by a further 10 this year. These Master's-level clinicians work both in remote assessment and face-to-face on scene. APP Navigators are now co-located with every health board as part of their single points of access (SPoA), which is allowing a true multi-disciplinary and multi-organisational review and response to more complex calls. With 40% qualified as independent prescribers, the ability of APPs to treat and close an episode of care on scene is significantly enhanced – a 32.6% see and treat rate in the last 12 months. Tests of change have also been undertaken to move to responding APPs being provided with a schedule of planned visits which will increase the numbers of patients they can treat each shift – this went live in February 2026 and will lead to increased see and treat rates.
- A different response model for mental health patients has been piloted, which includes mental health clinicians in control centres, supported in South-East Wales by a mental health clinician in a car. This model has now been evaluated and has now been discontinued on the basis that the Trust cannot evidence sufficient value, with mental health resources to be concentrated in the remote setting were clear evidence does exist. This will be discussed with Welsh Government colleagues to consider potential system wide implications.
- Recognising the diversity of patients accessing ambulance and 111 services and their attendant clinical needs, the Trust has also recruited some specialist clinicians to support clinicians working remotely and, in the field, to offer optimum care. This means increasing the generalist scope of practice of our paramedics and nurses to ensure they are more confident working with patients to access community and primary care-based services where clinically appropriate and available. Specialists include a midwife, respiratory specialist, paediatric specialist and substance misuse specialist.

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

- More than 56,000 incidents per year relate to falls which equates to around 13% of all demand. The Trust commissions St John Ambulance Cymru to provide Level 1 falls response vehicles across Wales and provides a Level 2 service jointly with Aneurin Bevan University Health Board – together these resources respond to around 10,000 of these incidents. Clinical leads are heavily engaged in the Falls workgroup established by the Six Goals Programme and as outlined above, have established a falls desk which is ensuring better utilisation of our responding resources as well as allowing more patients to get off the floor safely through remote support. In addition to improvements seen through the falls desk, in 2025, overall 'attendance at scene' time to falls incidents (by all vehicles) has been achieved within 2 hours for 64% of incidents during the hours of 07.00-19.00hrs, with an ambition to achieve 70%. Discussions with Welsh Government colleagues and commissioners have highlighted the potential for additional focused collaboration to improve outcomes for falls patients which will be a focus for the Trust over the coming months.
- WAST is delivering a coordinated programme to strengthen respiratory pathways across Wales, with a focus on early identification, safe triage, and improved use of community-based care.
- In 2025, the service developed the first Paediatric Respiratory Emergency Prediction (PREP) score to support more accurate assessment of 0–4-year-olds presenting with respiratory distress. The graph highlights the level of reduction that has been seen between the blue line (showing 2024) and the green line (showing 2025).



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

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

Health Board and Swansea University Health Board, considering in particular how the Trust might collaborate on remote clinical assessment.

Forward look

As the Trust looks towards its plan for 2026/27, there are a number of key priorities which will ensure further improvements. The Trust moves into the final year of its Clinical Model Transformation Programme, with a number of remaining actions, including the full integration of its 111 and 999 remote clinicians into one remote integrated care service. This supports the ethos of 'no wrong door' and pooling clinical resource to better service all patients, regardless of the chosen method of contact.

However, the focus is predominantly on how the model is now embedded and ensuring that benefits are fully realised. Edgehill and Swansea Universities have been commissioned to undertake an external review that will be completed over a 2–3-year period. Earlier, interim evaluations will be completed on specific areas of the model, including two on the new ambulance performance framework to be completed in the next 12 months, recognising that it has been introduced initially as a pilot.

There will also be a strong focus on improving productivity, efficiency and value. As an example, work is underway to rebalance the skill mix on Emergency Ambulances which, as well as reducing / containing cost over time, will also maximise the utilisation of the skills of the Trust's new band 5 Emergency Ambulance Practitioners (EAPs).

With an increased emphasis on patient outcomes, it is important that there is collaborative work with Digital Health and Care Wales (DHCW) and others on the design of national data sharing mechanisms and lawful frameworks to enable more robust cross organisational data linking. Such connected intelligence will support the Trust in fully understanding the outcomes of the changes it is making, as well as understanding where there are further opportunities to add value across the wider health and care system, which is why this work is critical for both the Trust and NHS Wales more broadly.

There are some significant opportunities emerging for the Trust to continue to make that system-wide contribution through the creation of more opportunities for strategic dialogue and collaboration with partners and through participation in Welsh Government initiatives such as the Community By Design programme, which affords the Trust an opportunity to contribute to wider, system-based solutions to improve patient outcome and experience.

NHS 111 Wales

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

The NHS 111 Wales digital offer

While recognising that much work and investment is needed to bring the website to a "best in class" standard, the Trust is committed to making incremental improvements to the NHS 111 Wales digital offer, pending decision on future levels of investment.

Discussions are ongoing with Welsh Government and with commissioners around the mechanisms to develop the digital front end into a sustainable service which matches the digital ambitions set out by the Cabinet Secretary and which has the potential to create greater value in the urgent and emergency care system. Non recurrent monies provided each year by Welsh Government have been welcomed.

With a corporate risk identified in relation to adequate maintenance of the digital symptom checkers, the Trust has utilised its discretionary capital to commence a programme of work to identify and implement a compliant and effective Online Symptom Checker tool. Work is progressing well, with the new updated symptom checkers due to go live in June 2026. This will be integrated with the clinically led, Welsh solution software system used for 111 callers (CPSS) which will allow for the prioritisation and streaming of patients to appropriate outcomes, potentially reducing the number of digital interactions in which patients are directed to call 111.

In collaboration with Robotics AI, the Trust has developed a 'chatbot' virtual assistant on the NHS 111 Wales website, which provides immediate responses to user enquiries and streamlines access to information. Accessible in multiple languages, including Welsh, the virtual "AIBot" assistant offers a more interactive and user-centred experience. Since launch, AIBot has supported thousands of user interactions (over 45,000 in the eight months to March 2026), demonstrating strong uptake and engagement, with ongoing performance monitoring and user feedback used to continuously refine content, conversational flows and escalation routes. The solution has also received external recognition, having recently been shortlisted for a national excellence in digital healthcare award, reflecting both its impact and wider relevance across urgent and emergency care.

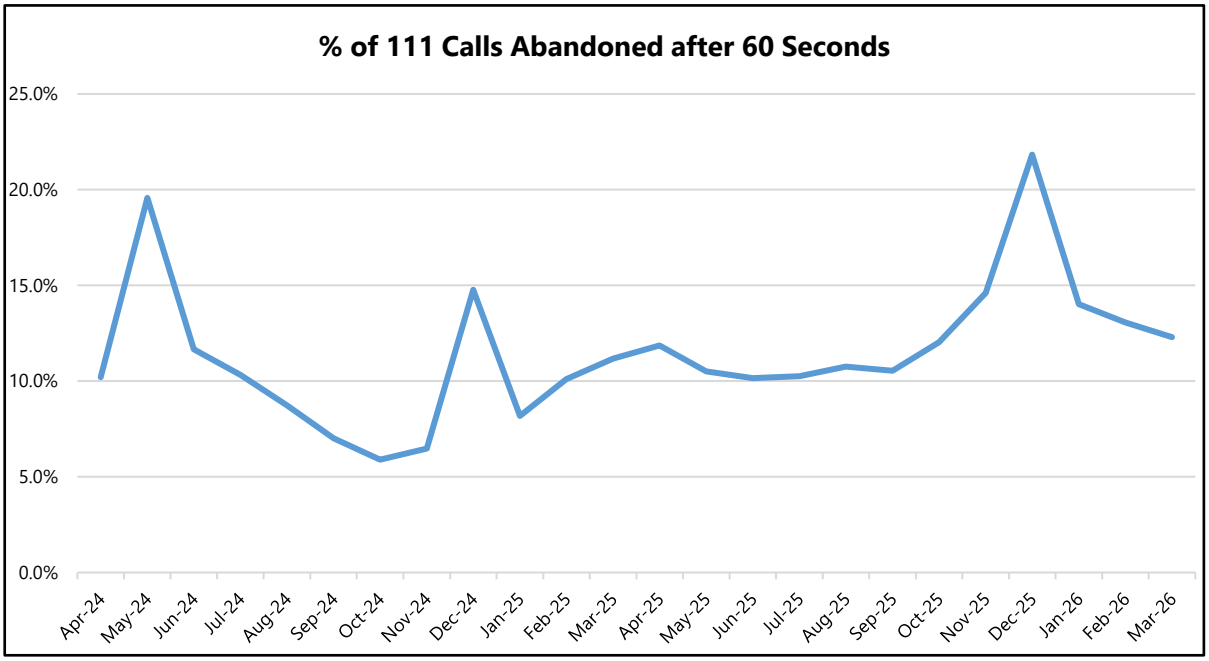
Work is underway to understand the further potential of agentic AI within the confines of the existing NHS 111 Wales website. In addition, Welsh Government support has enabled the Trust to progress WhatsApp integration, replicate NHS 111 Wales web functionality through virtual agent chat interactions, expand language coverage, and explore the redesign and improvement of prescription reordering pathways.

Alongside this delivery, patient feedback is actively being collected and analysed, with more than 1,000 individual pieces of feedback received to-date. This feedback has been mixed, with a significant proportion highlighting positive user experience, speed of access and clarity of information, alongside constructive feedback seeking additional functionality, improved clinical depth and smoother escalation. Many of these requested enhancements are dependent on integration with a modern symptom checker which would unlock more personalised and clinically rich interactions, and this will be enabled once the symptom checkers are live from June 2026.

NHS 111 Wales telephony service

The Trust measures the quality of the service it provides through call answering times, abandonment rates and clinical ring back times. Historically, the nominal target has been to keep abandonment rates to lower than 5%. As can be seen in the chart below, this has rarely been achieved. A full demand and capacity review undertaken by specialist contractors Opta-Shift last year has confirmed that the Trust has insufficient call handlers to achieve this level of performance.

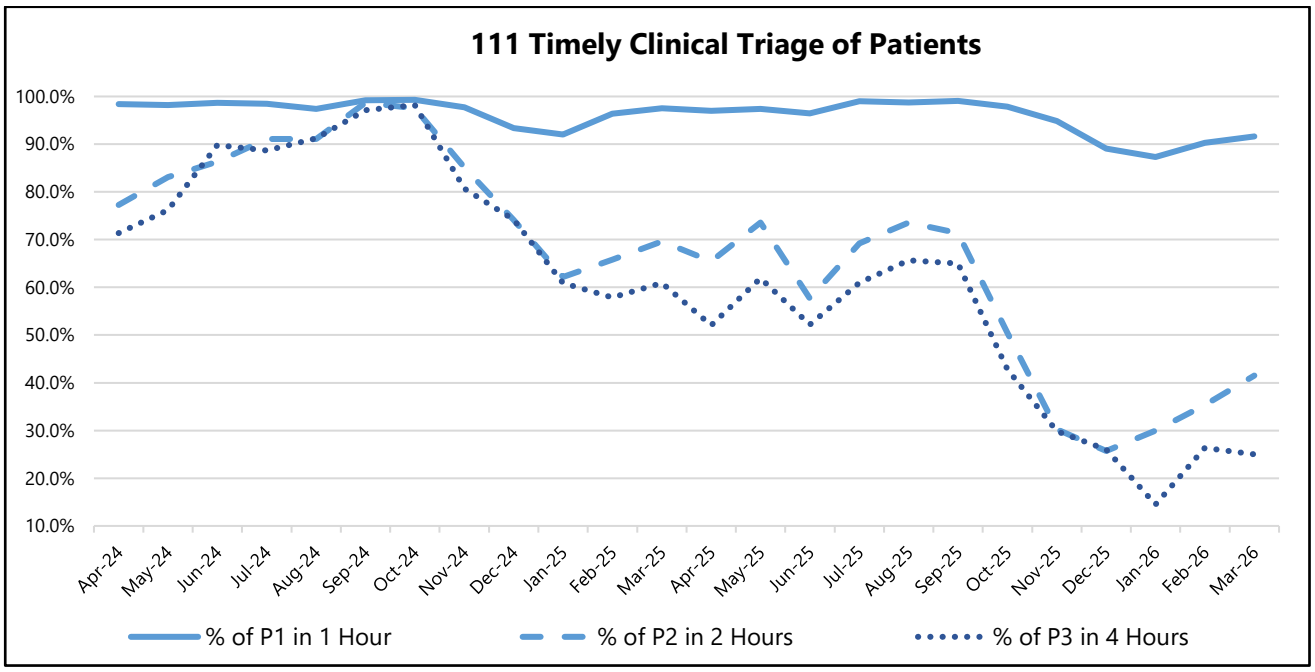
Current commissioned numbers (190 WTE) allow for performance between 10 - 15%, or alternatively, a further 22 WTE call handlers would be required. However, this would still be insufficient to meet the hourly, daily and weekly peaks that are experienced in this service, particularly during bank holidays. With no investment in 2026/27, this is unlikely to be resolved other than exploring further ways of managing demand in other ways, including the use of a digital front end.



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

Other avenues for improvement will also continue to be explored, including how the development of the digital front-end systems could reduce telephony demand.
The Trust has consistently delivered a clinical ring back within one hour for more than 90% of the highest priority patients. However, performance for lower priority calls has deteriorated in recent months, with some patients waiting many hours for a call back as set out in the graph below. Work is underway to better understand the factors influencing performance. Numbers of the highest priority calls have increased and changes in process and productivity are being considered to improve the experience and outcome for patients with lower acuity needs.

Clinicians are undertaking more clinical reviews than ever and there is good productivity from that perspective. This also underlines the need to explore and optimise digital solutions, which could provide an effective and clinically safe alternative for low acuity callers.

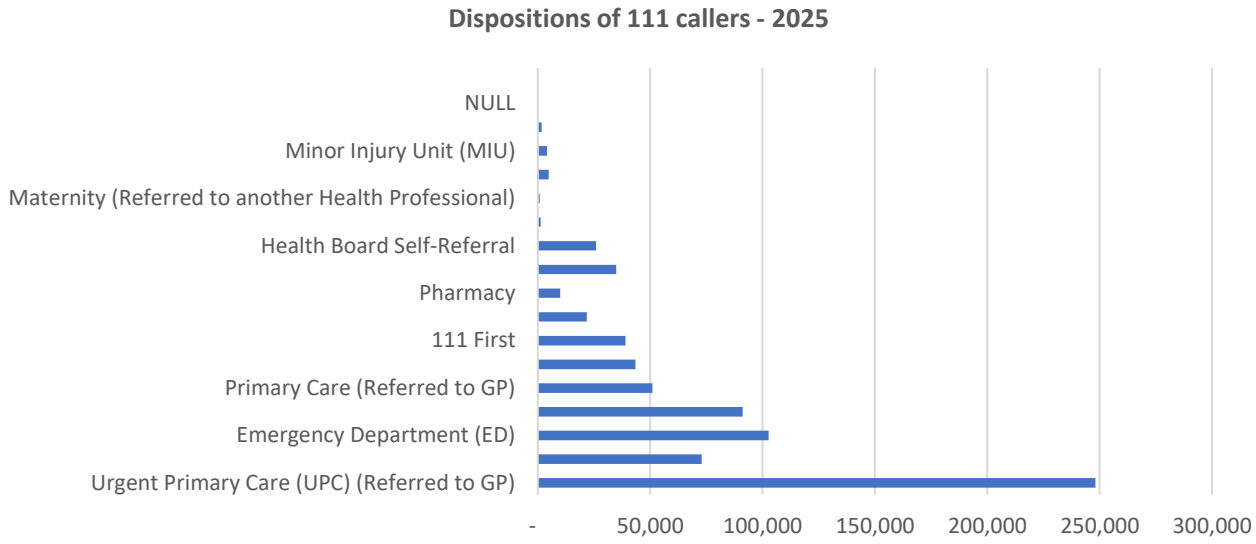


In line with the Trust's evolving clinical services model, from early spring 2026, all remote clinicians, including those who deal with 111 calls and those who deal with 999 calls, will form a new Remote Integrated Care Service (RICS). Clinicians working in this service will be working from a single system that will enable them to support patients based on their clinical presentation and need. This will ensure that the sickest patients are considered consistently across both call types and importantly, will ensure the Trust is better placed to support lower acuity presenting patients access community and alternative care appropriately.

The Trust has also developed capability and capacity to ensure that there is an increase in the scope of practice applied by remote clinicians to better support patients and, as a result of this, support the wider NHS Wales system manage demand more effectively. This includes the previously identified adoption of video call and Community Welfare Responders to support clinical consultation and diagnosis.

Whilst timeliness is a key factor in relation to patient experience and quality, perhaps more important is the extent to which the 111 service is able to effectively and efficiently provide a gateway to the right care for each individual caller.

As the visual below highlights, many callers are directed to urgent primary care services (Out of Hours (OOH)) or to their own primary care practitioners. This is to be expected, as the service was explicitly introduced as a route into OOH services. Around 15% are currently directed to attend an Emergency Department and, whilst this proportion benchmarks well with other UK 111 services, the Trust is working with health boards to find ways of reducing this further and finding more appropriate pathways to maintain patients at home or close to home. This links back to the ambition to increase remote clinicians' scope of practice and use of digital tools to confirm patient self-care plans that could schedule planned follow up access to primary care services or require individuals to self-refer into community-based services, such as community pharmacy.



Three health boards (Swansea Bay University Health Board, Aneurin Bevan University Health Board and Cardiff and Vale UHB) operate a 111 First protocol, whereby agreed categories of patients who would otherwise be directed to the Emergency Department are transferred to their remote clinical assessment teams for further review - in December 3,370 patients were directed to these health board remote teams. Dip sampling has shown that more than three quarters of these patients are successfully managed away from Emergency Department in the three health boards where this is active.

In January 2026, the Trust expanded the criteria for 111 First in Cardiff and Vale University Health Board following successful trials. Those trials showed the volume of patients sent to Emergency Departments could reduce by 40-50%. This approach is being discussed with Aneurin Bevan and Swansea Bay University Health Boards.

Forward look

As the provider of NHS 111 Wales, the Trust recognises the opportunities which the service has for improving patient outcome and experience, as well as smoothing the flow of patients around the system, so that those in need of care receive it at the right time and in the right place. The Trust's IMTP will include a number of priorities including those set out below:

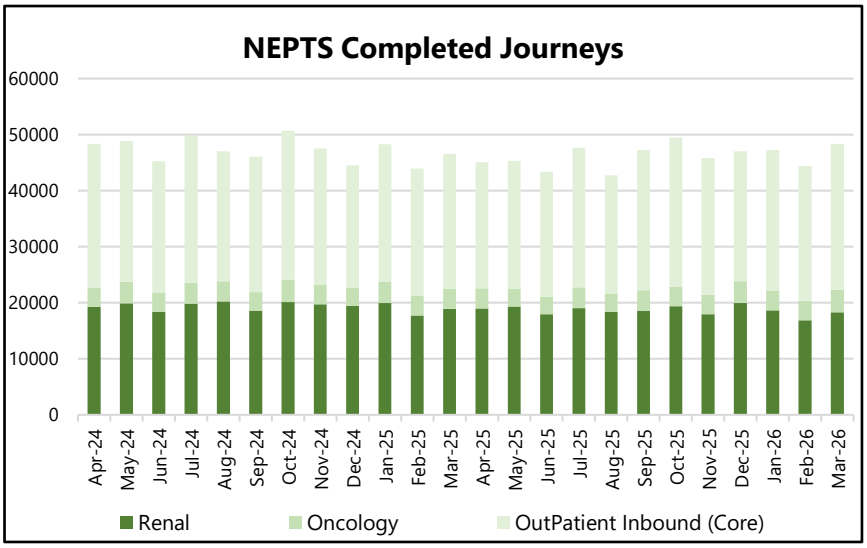
- Where resourcing allows, the Trust will continue to support progress on the establishment of the 111 Wales digital front end as a national, modern gateway for accessing advice and care, helping to enable more effective mechanisms for directing patients to the right care, at the right time. Working collaboratively with partners across NHS Wales, including Digital Health and Care Wales, the Trust will support the articulation of a shared national vision for the future of digital access to urgent and primary care. This includes the potential alignment of the 111 Wales digital front end with the wider 111 service, and, subject to national prioritisation, the coordination of the 111 Wales website with other digital front doors such as the NHS Wales App. These public entry points to the system offer opportunities in future for patient-generated data (e.g. from wearables, health apps, or questionnaires) to also be utilised within the care pathway for more personalised experiences and advice, earlier intervention, and both primary and secondary care prevention.
- As a national provider, the Trust already has a robust Directory of Services (DOS) which is available both internally to our people and directly to the public through the 111 Wales website to offer information and signposting to service users. The Trust is supportive of a single national DOS that can be utilised by all services across Wales and embedded in platforms such as the 111 Wales digital front end and NHS Wales App in order to provide a single-source of truth to the people of Wales in an efficient and credible manner. As such, the Trust is already engaged in the scoping, definition and design of a future national DOS.
- Continuing to improve patient experience and outcomes through a reduction in waiting times for those who call, increased access to alternative pathways such as 111 First, and reducing the numbers of hand-offs including direct booking opportunities and improved collaboration with the clinical support hubs.
- Similarly to the 999 EMS service, linking patient data so that the Trust and its system partners can better understand overall patient outcomes, service utilisation, and system impact is critical, and the Trust is committed to finding a way forward on this in collaboration with partners.

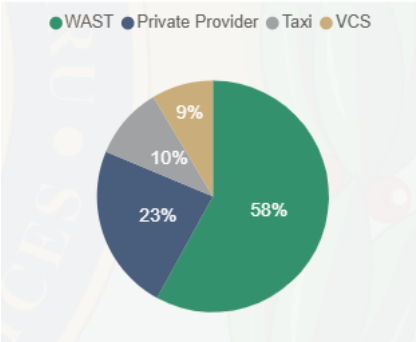
- The Trust will engage fully with the Community by Design programme to explore opportunities for 111 to play a much more integrated role within urgent care.

Non-Emergency Patient Transport Services (NEPTS)

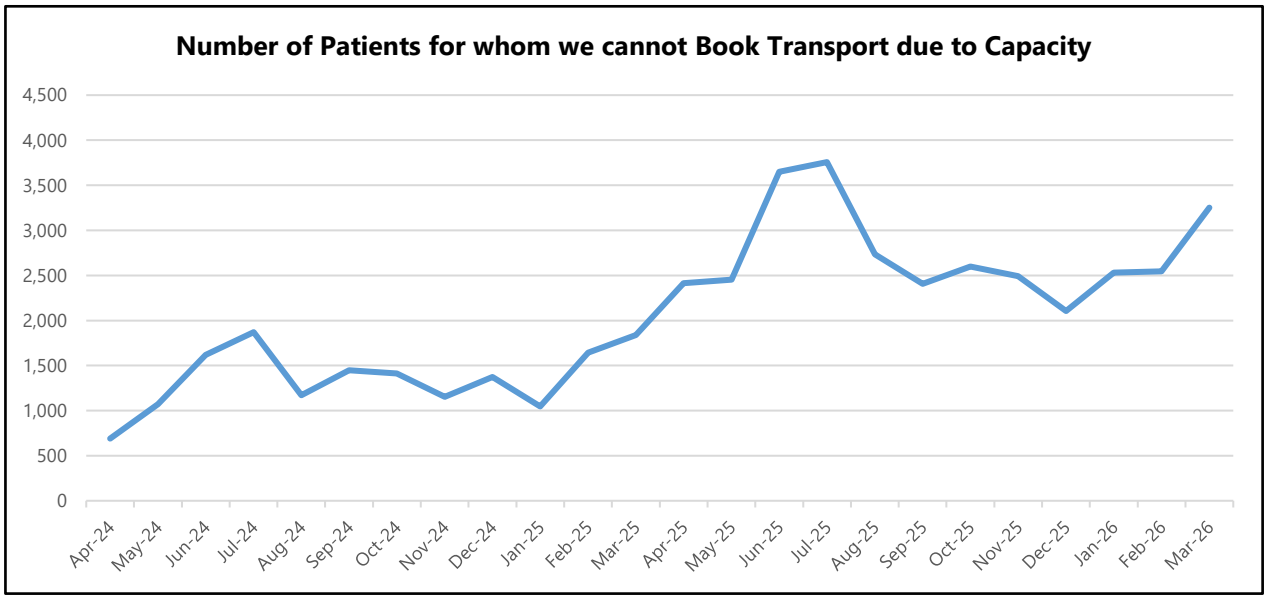
The Trust's Ambulance Care team provides three main areas of service: transport to and from oncology, renal and routine outpatients appointment; discharges and transfers from hospitals; and conveyance of some 999 calls to hospital where the clinical skill set allows.

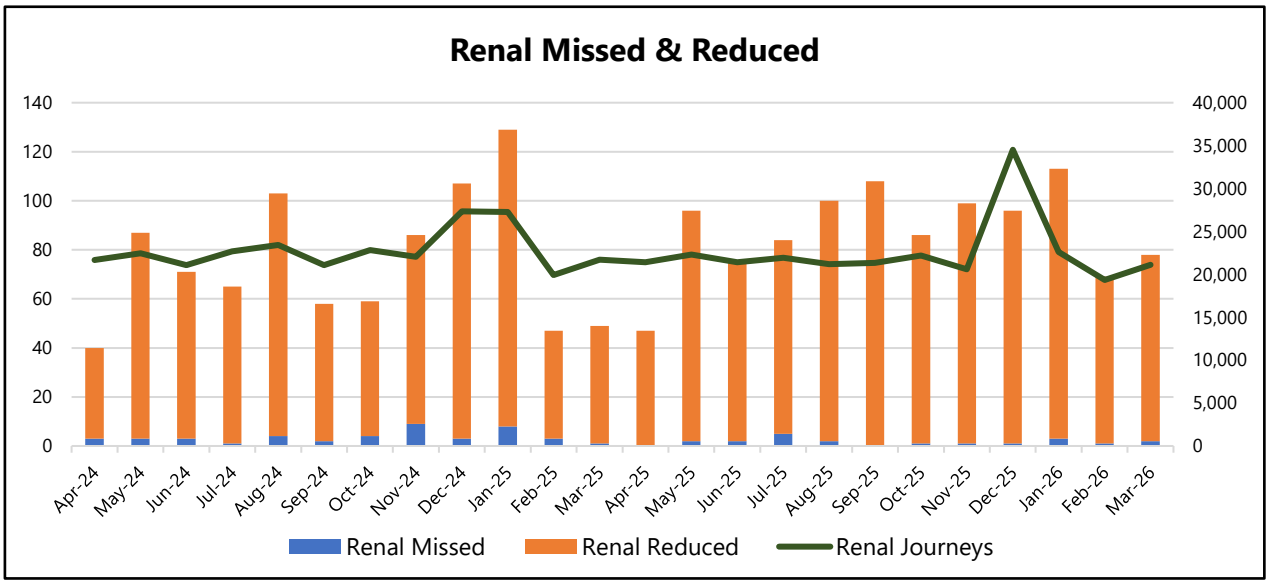
The services support significant numbers of people across Wales, with the graph below showing that circa 46,000 patients are transported to their appointments each month. The service is provided by a range of WAST staff, WAST volunteer car drivers, contracted private providers and taxi services. The private providers are fully commissioned by WAST, with a comprehensive Quality Management Framework in place to ensure services are of a high quality.





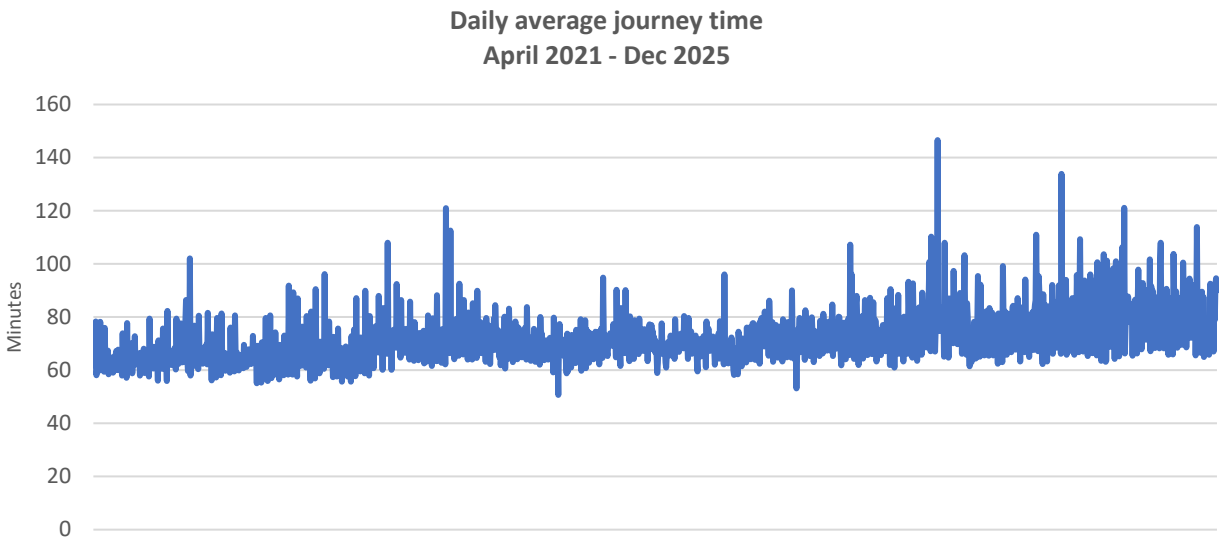
Over the last few years, demand patterns have changed, which has meant that the Trust has been unable to service all of the eligible demand. The result is that there are a number of patients that have their transport cancelled, sometimes at very short notice. This clearly provides a poor patient experience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

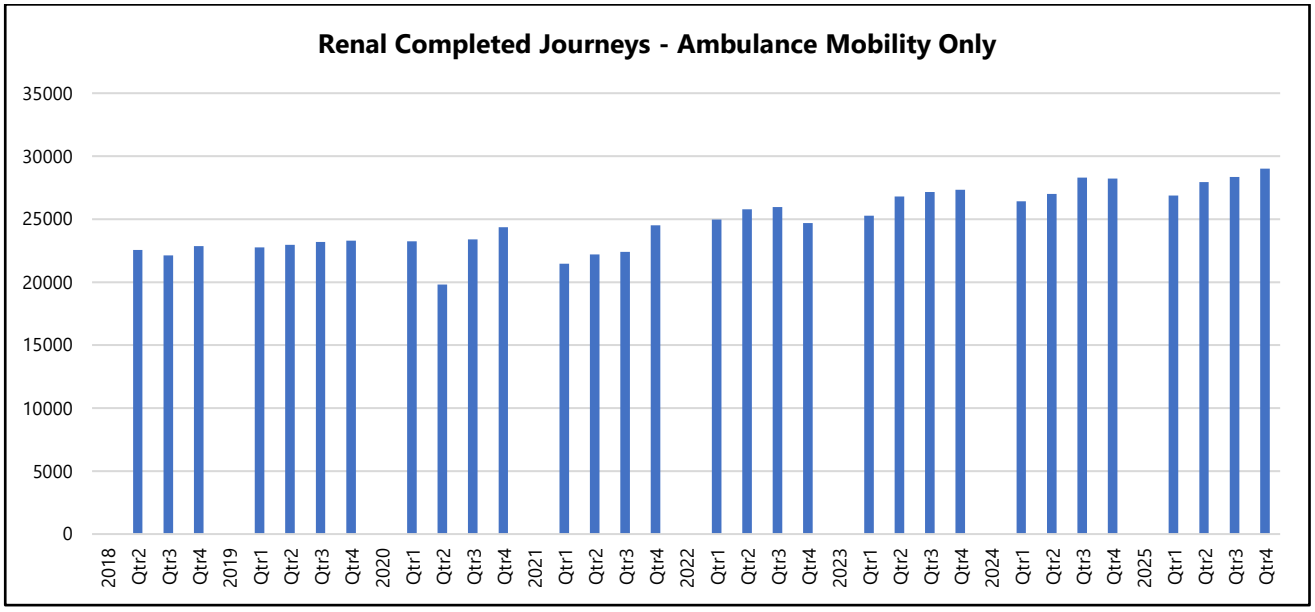




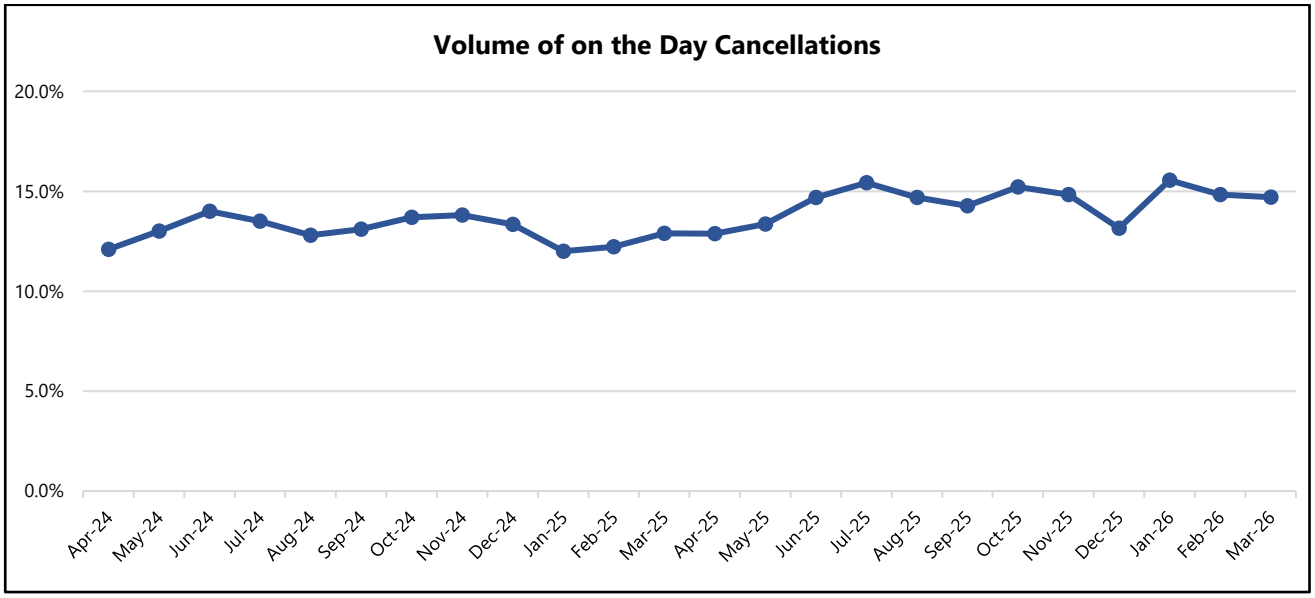
Two of the most significant factors affecting demand have been an increase in the numbers of miles per journey, brought about by centralisation of some services across Wales; and an increase in the acuity of demand, with fewer eligible fully mobile patients and more stretcher patients. As can be seen in the graph below, average journey times have increased from around 60 minutes in 2021 to over 80 minutes in 2025, an increase of 25%. With more than 46,000 journeys per month being undertaken, this is a significant level of additional capacity required.

Since the pandemic fewer patients are transported per vehicle per day. This was originally a function of minimising infection risks but is now something that requires review to increase efficiency and productivity. However, this has to be managed in respect of risk and of further concerns about the length of journeys, with some patients spending many hours being transported as routes become more circuitous. However, the Trust recognises the need for all its services to be as productive as possible, especially where there are known inefficiencies and will seek to address these.





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



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

Key Measure	2019	2025	Difference
Inward Outpatient 1	59.4%	72.9%	13.5%
Inbound Oncology 1	62.4%	78.1%	15.7%
Inbound Renal 1	58.6%	73.9%	15.3%
Outbound Outpatient	77.8%	76.4%	-1.4%
Outbound Oncology	77.1%	79.6%	2.5%
Outbound Renal 1	69.1%	75.1%	6.0%
D&T Advanced	67.5%	80.3%	12.8%
D&T Same Day	97.4%	95.3%	-2.1%

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

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

Quality and safety of services and patient feedback

The Duty of Quality has been a cornerstone to the transformation work the Trust has undertaken over the last couple of years. Through the application of this Duty, the Trust has taken a considered approach to how it could play a greater role as a system partner to reducing the level of harm being experienced by patients. The Trust uses quality and continuous improvement methods to test and implement service improvement at a local and national level, it has adopted a robust approach to securing quality impact assessments that includes the creation of a Clinical Advisory Group to review and recommend adoption and, it has adopted a robust quality management approach to securing organisational assurance on service quality.

The Trust consistently aspires to offer a high-quality emergency and urgent care service. However, it is recognised that there are occasions when those standards of care are not met for too many patients. The previous sections have set out some of the reasons that this has been the case, as well as the corporate level risk the Trust is managing, and the many actions that the Trust has been taking, with system partners, to improve care and outcomes. The Trust has consistently sought to be transparent when supporting families who have not experienced the standard of care it aspires to deliver. This is primarily achieved through the application of the Duty of Candour and the dedicated work of the Trust's Putting Things Right team and clinical colleagues from across the Trust who actively support individual cases.

The experiences captured through the Coroner, Medical Examiner and the Trust's complaints profile illustrate the human reality behind system failure: prolonged pain, suffering, indignity and trauma for patients and families as they wait for care that does not arrive in time. This is shared with the Trust Board and Quality, Patient Experience and Safety (QUEST) Committee through both insights reports and through the use of lived experience sharing by patients, family members and Trust staff to ensure that the human toll of failure always remains a conscious priority.

The Trust is not complacent and recognises that there is much to do to minimise harm and reduce variation to improve the experience and outcome for patients. As indicated above, the board and QUEST Committee have received regular updates on actions taken to mitigate harm, and performance reports regularly generate discussion, scrutiny and challenge on what more can be done in this realm. While some actions are outside the gift of the Trust, many remain within it, and there is significant commitment to continue both to

improve our own services, while working closely with health boards, the JCC and Welsh Government to deliver improvements across the system.

Nationally Reportable Incidents and Complaints

For the period April 2025 to March 2026, the Trust reported 53 Nationally Reportable Incidents (NRI) and in March 2026, 19 were overdue for incident closure. Where an NRI or serious incident is identified that is attributable to another party, it is referred to the respective party under the All-Wales Joint Investigation Framework and, for the period March 2025 to February 2026, there were 139 reported. In most instances these are because of poor availability of resources as a result of delays in transfers of care.

For the period April 2025 to March 2026 the Trust received 1,583 complaints. The majority of these related either to NEPTS and patient transport eligibility criteria or delays in response to 999 and NHS 111 Wales calls.

In March 2025 the Trust received two Public Service Ombudsman Wales Public Interest Reports, the recommendations of which have been accepted.

It is acknowledged as unacceptable that the Trust has not reached the required performance level for concerns for more than 18 months. A Trust recovery plan identified three key areas affecting performance and response times; high complaint volumes resulting from delays in attendance and application of the patient eligibility criteria for patient transport, complexity of investigations having increased as a result of changes to the 999 service model and availability of investigators.

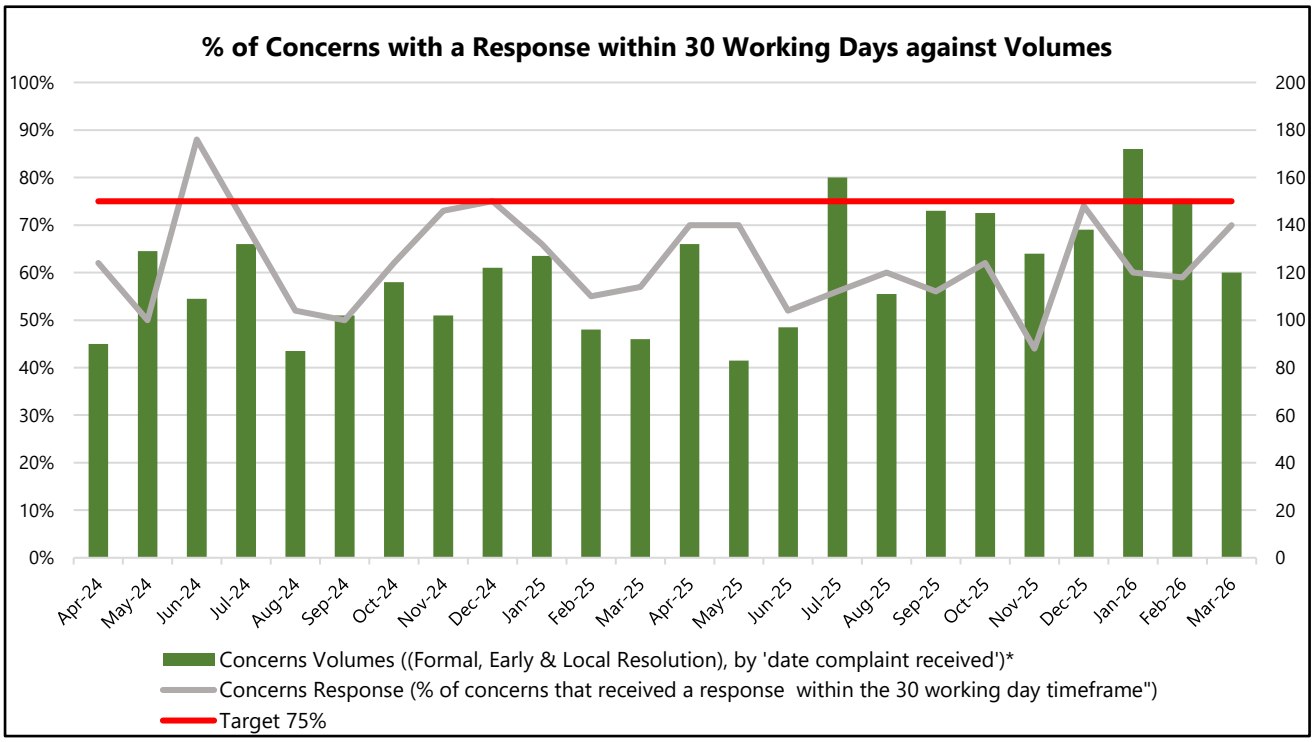
A further concern has been increased sickness absence within the Putting Things Right Team which has required enhanced support from the People and Culture Services team to secure wellbeing and support to colleagues working directly with the individuals and families /carers experiencing these delays.

Key actions being taken to improve performance have included:

- an increased financial allocation to operational teams and the release of senior clinicians from the clinical model transformation and ambulance performance framework implementation to increase investigation capacity

- working with patient transport services to improve call centre scripts and reduce the volume of formal complaints
- the establishment of a concerns management improvement programme board with close monitoring by the Executive Leadership Team, with oversight of improvements being regularly reported to the Quality, Patient Experience and Safety Committee and the board.

Critically for the 999 service, the complaint and incident volume and complexity are in large part driven by delays in responding to patients, either remotely or face to face, due to volume of calls being received or the availability of ambulance crews when they are experiencing delays in transfers of care to hospital colleagues.



Patient experience and quality improvement

Understanding patient experience and using that intelligence to inform services is of the utmost importance, particularly at this time of considerable change in the way services are delivered. Patient experience is included within the scope of recently commissioned academic evaluation of the refreshed clinical model and performance management framework, while the organisation's Patient Experience and Community Involvement (PECI) team continues to secure patient insight through a range of routes.

A recent key area of focus for the PECI and Information Governance teams this year has been securing Information Commissioner's Office approval to adopt SMS (texting) as a route to gaining patient feedback at a scale reflective of the service provided. The organisation has now approved a data privacy impact assessment for the use of SMS in 999 services and is in the final stages of completing one for 111. Work is underway to implement 999 SMS patient experience, and it is anticipated that this will offer significant improvement in the level of insight gained and the opportunity to review this alongside population health analytics to improve service delivery and better understand how WAST can play its part in targeting our approach to reducing health inequalities.

There has also been significant work undertaken to secure improvements in the experience of people using NEPTS. As a result of this work, the specification of newly commissioned patient transport vehicles has changed, and measures introduced to existing fleet that improve the experience of people living with dementia. Work has also been completed to support the NEPTS team working with patients requesting transport who do not meet the eligibility criteria that has reduced the number of complaints received, albeit they remain high – this is also linked to the work on reducing complaints.

Healthcare acquired infection

The Trust has recently reconfigured and recruited to the Infection, Prevention and Control team to secure appropriate specialist advice, including employing a pharmacist to lead on antimicrobial stewardship. Further to completion of a baseline assessment of our approach and the development of a local improvement plan, the team are currently reassessing the Trust position against the Welsh Government IPC Quality Statement and will also do this in line with the pending Code of Practice for Healthcare Acquired infection.
A key area of development over the last year has been the roll-out of powered air purifying respirators to all emergency ambulances and response cars to secure high standards of

respiratory protection for staff and patients in the event of attending a patient with a highly contagious infectious disease or the need to have universal protection in place to respond to a community infectious disease outbreak. The team are also working collaboratively with Public Health Wales and NHS partners to ensure the Trust contributes effectively to the Clostridium Difficile Learning Collaborative with a specific focus on decisions to convey and the associated conveyance actions.

Safeguarding

Safeguarding is integral to the Trust's public accountability and organisational culture. Through established governance arrangements, transparent reporting and active learning, the Trust assures itself that safeguarding responsibilities for both patients and the workforce are being met in line with national requirements and are embedded within our approach to continuous improvement.

The Safeguarding team work closely with the Public Health Wales National Safeguarding Service to secure active engagement with Local Safeguarding Boards and participate directly in Serious Case Reviews where the Trust has been an active Party. The number of Safeguarding Referrals by Trust staff has increased across Vulnerable Adults, Children and Young People over the last year. For Vulnerable Adults, this increase has primarily been driven by referral for care and support and for Children and Young People, this increase has been for individuals considered to be at risk.

DELIVERING IN PARTNERSHIP

As one of very few pan-Wales public bodies, the Trust has a multiplicity of stakeholders, which can make engagement complex and fragmented. The Trust has taken action to prioritise these key relationships given the benefits accrued.

System leadership and effective partnership working

The Trust is commissioned to provide its services by the JCC. The Trust's Chief Executive is invited to attend and participate in committee meetings, regular Director-level provider / JCC performance meetings have recently been established, and colleagues actively participate in the full range of service specific commissioning fora. Commissioners set commissioning intentions for the organisation each year which are reflected in the Trust's plans, with progress against these reported regularly throughout the year.

As a statutory organisation, the Trust participates in a range of system wide programmes: the Chief Executive and Executive Director of Strategy, Planning and Performance sit on the Six Goals Programme Board; the Chief Executive is a member of the newly established Community by Design Programme; and the Trust is represented at a senior level on the Integrated Community Care System National Leadership and Delivery Groups. These provide opportunities for the Trust to participate in and influence system-wide strategy and delivery.

The relationship with commissioners continues at a local level, with Trust colleagues actively contributing to a range of health board structures supporting urgent and emergency care. There has been a recognition that further time is required to develop strategic thinking in relation to the future vision for ambulance and 111 services, and consideration is being given within the JCC as to the most appropriate mechanisms to facilitate this in the future.

The Chief Executive is an active participant and member in the Chief Executive Management team meetings and NHS Leadership Board. As a Category 1 Responder according to Civil Contingencies Act, the Trust sustains its involvement across all four Local Resilience Forums in Wales, and also in other EPRR groups.

Stakeholder engagement and social partnership

While a decade ago the issues of reintegrating the Trust as a key player within the wider health and care system were acute, this is less the case now. The Trust has made good progress in being regarded by many stakeholders as an innovative system partner and, while there is no doubt some way to go, the organisation is in a very different place from where it found itself some 10 years-plus ago.

Over the past few years, the focus of the Trust's stakeholder engagement activity has been both on gaining support for, and understanding of, the evolution of its clinical model, together with an appreciation of the impact the Trust, as one of the very few pan-Wales NHS providers, can have on the wider NHS Wales system with the right level of collaboration. Involvement from the Trust Board was key to shaping this activity and for them to understand the feedback from stakeholders, including Llais, on the clinical model. Board members were able to speak directly to staff at Chief Executive roadshows, long service and other awards events as well as regular board 'walkabout' visits, to get a sense of the support for the model and its impact on staff and patients.

There has been a focus on gaining representation on, and contributing to statutory partnerships, particularly Regional Partnership Boards, which were originally conduits of Integrated Care Fund monies and more recently the Regional Investment Fund. The Trust has benefited from this in terms of both visibility with partners and funding, notably in support of falls and mental health response services. The Trust is now a member of all seven Regional Partnership Boards, holding the Vice-Chair in North Wales.

The Trust also works closely with a number of academic partners, not only in respect of training and education, but also in the research and innovation arena, which reflects the organisation's commitment to embedding university trust status, both in its contribution to research and developing innovation solutions to address challenges, as well as in adopting best practice in its delivery of services.

Supporting staff to pursue their development, whether that is through formal education or in developing their research and innovation ideas, remains central in optimising the benefits that university trust status signifies.

The Trust's relationship with other emergency services is also important, from both a response perspective but also in respect of strategic alliances which can be built upon to support delivery of services to patients. Similarly, the Trust has some strategic partnerships with third sector organisations, such as St John Ambulance Wales, supporting both operational delivery and presenting opportunity for broader collaboration.

For the first time in some years, the Trust Board has recently de-escalated its reputational risk (201), disaggregating the stakeholder and patient experience aspects of the original risk, to more accurately reflect the current position. However, it is recognised that where performance remains fragile and patient experience sub-optimal, the Trust's reputation remains at risk.

The core challenge now is to ensure that the Trust's approach to collaboration, partnership and engagement is focused specifically on a small number of issues which require an acute focus in order to deliver better outcomes for the organisation, its people and the population more broadly.

Given the Trust's existing objectives, its ambitious delivery intentions and its strategic challenges, these more tailored foci for engagement moving forward are likely to include:

- commercial partnerships (both to complement the Trust's commercialisation/financial sustainability agenda, as well as to look at where commercial partnerships may deliver solutions to specific challenges, for example in the digital field)
- academic partnerships (on the research and innovation front, as well as the learning and education and future workforce dimensions)
- public/third sector partnerships (for example, on specific aspects of delivery or infrastructure, and particularly in respect of enhanced engagement with health boards as both delivery partners and commissioners)
- engagement (stakeholder, public and patient) in relation to the Trust's long-term strategy

The Trust continues to invest significant time and energy in strengthening social partnership, delivering a positive impact on workforce engagement and culture. We have established a robust, multi-tiered structure for collaboration across the organisation, starting with Local Partnership Forums where Trade Union Partners (TUPs) and management teams address service-specific issues. This is complemented by the Corporate Partnership Forum, Operational Senior Leadership Team/TUP meetings, and leadership-level forums, all underpinned by governance arrangements. Our Welsh Ambulance Service Partnership Team is our main strategic level partnership forum that meets bi-monthly and reports into the board's People and Culture Committee.

In February 2025, two TUPs co-presented with colleagues from the People & Culture team at the Ambulance Leadership Conference, sharing the Trust's journey to "Walk in Each Other's Shoes", a first for the event. Building on this momentum, March 2025 saw the Trust host its inaugural Social Partnership Conference for managers and TUPs, featuring keynote addresses from the Minister for Culture, Skills and Social Partnership and Shavanah Taj, Trades Union Congress General Secretary. Plans are already underway for similar learning-focused events in 2026, aimed at frontline managers and TUPs.

TUPs play a vital role in Board and Committee meetings, operational task-and-finish groups, case work and project work, ensuring colleagues' voices are consistently represented. While debates and discussions are often robust and challenging, they remain respectful, professional, and constructive, reflecting the strength of our partnership approach.

The People and Culture Committee monitor our principal risk related to maintaining effective and strong TUP relationships at each meeting. Whilst the risk did increase in 2023 and 2024, it has remained at a score of 12 since November 2024.

The Trust is not blind to the residual risk of industrial action moving forward but believes that its much-strengthened TUP relationships will ensure that any action taken on national or, indeed, local issues can be managed effectively, as it was in 2022/23, notwithstanding that any action does pose a patient safety issue.

Pathways of care and broader system integration

The Trust is working collaboratively across the wider urgent and emergency care system to support increased delivery of care closer to home, enabling the rollout of Single Points of Access and implement the national Call Before Dispatch / Call Before Convey programme. These initiatives are designed to reduce unnecessary hospital conveyance and improve patient experience.

However, despite several years of partnership working, progress on community and Emergency Department alternative pathways has been inconsistent. There remains considerable variation across health board areas, particularly regarding acceptance criteria, operating hours and risk appetite. For alternative pathways to be effective in reducing Emergency Department attendances, system-wide consistency is essential. Acceptance criteria must be aligned to patient need, and pathways must be sufficiently robust to support patients with increasingly complex presentations.

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

Women's health plan

Women's health, particularly maternity and neonatal care, remains a critical priority for the Trust. Unplanned maternity and neonatal incidents in out-of-hospital settings present unique vulnerabilities, and the Trust has focused on ensuring timely, clinically appropriate decision-making across urgent and emergency care pathways to support staff and provide safe, compassionate care for women, babies and their families.

The Trust recognises the anxiety that pregnancy, particularly in its early stages, can bring for women and families. Continued focus is to ensure that anyone contacting NHS 111 Wales or 999 is treated with compassion and supported through care pathways that are clinically appropriate, emotionally responsive and tailored to individual need. The Trust is committed to working towards a system where women and families receive the right care, first time, through pathways that are clear, safe and responsive.

This commitment has driven strengthened leadership, governance and clinical focus over the last eighteen months to improve safety, consistency and system integration. The Trust has played an active role in promoting pre-hospital emergency and neonatal safety across Wales, working in partnership with health boards and national stakeholders.

This has included strengthening access to timely clinical advice for frontline teams and service users, improving escalation pathways to support rapid and safe transfer of women and babies when required, and embedding learning through timely and proportionate incident review. Targeted improvements have been delivered in pre-arrival instructions, clinical guidance and professional support for staff, alongside clearer interfaces between urgent care and maternity and neonatal services, contributing to improved equity and consistency of care.

Building on this foundation, the Trust is working with the Welsh Government chief Midwifery Officer to scope a National Maternity Line. This future programme, if commissioned, would improve access to specialist maternity advice, reduce variation in decision-making, and support safer care closer to home, with clear escalation routes for face-to-face or emergency care when clinically required. This approach reflects learning from incidents, reviews and service user feedback, and aligns with wider system efforts to strengthen maternity and neonatal safety.

The Trust also recognises the importance of a whole-pathway approach to women's health. Work aligned to perinatal mental health is being considered alongside maternity and neonatal care, recognising the interaction between mental health, safeguarding, access to services and outcomes for both parent and baby. This includes strengthening awareness, escalation and partnership working to ensure timely and appropriate support for those experiencing perinatal mental health needs.

Overcoming health inequalities

The Trust has worked with Public Health Wales to develop placement opportunities for Public Health Specialist Registrars (SpR). The first SpR was hosted in 2025 and led on several pieces of work including undertaking a baseline assessment of the Trust's approach to population and public health using an assessment tool that has been adopted by UK ambulance services. Recommendations from the SpR have been considered and will inform the evaluation of the Clinical Model Transformation and, how population health analysis is built into future reporting.

A key area of focus in recent months has been considering the development of insight into health determinants that influence the outcomes of patients in the Trust's care. Specifically, the integrated data services team that will secure output area-based analyses to identify possible factors, including deprivation, rurality and ethnicity.

STRENGTHENING THE ORGANISATION

The Trust takes the stability, efficiency and effectiveness of its organisation seriously. The sustainability of the organisation is one of the key tenets underpinning its wellbeing objectives, as required by the Wellbeing of Future Generations Act.

Wellbeing of Future Generations Act

The Trust has celebrated the first anniversary of its pledge to protect the wellbeing of future generations. The Trust's wellbeing objectives were published a year ago under the Wellbeing of Future Generations (Wales) Act 2015, which requires public bodies across Wales to work together to improve the long-term social, economic, environmental and cultural wellbeing of Wales.

The Trust has three wellbeing objectives focused on its role as an employer, a provider of care and as an anchor organisation committed to long-term sustainability. These objectives were developed with staff and Trade Union partners. Key achievements in the Trust's three priority areas over the past year include:

A socially responsible and inclusive employer:

- the Trust held its first social partnership conference to unite senior leaders, Trade Union partners and staff, with an opening address by Jack Sargeant MS, Minister for Culture, Skills and Social Partnership
- the volunteer cohort has grown to nearly 900, including Community First Responders, Community Welfare Responders and Volunteer Car Service Drivers, with several moving into full-time, paid roles as part of its 'Volunteer to Career' approach, providing opportunities for people across Wales
- the Trust pledged to become an Endometriosis Friendly Employer, support staff with the disease and tackle menstrual health taboos in the workplace.

An innovative and sustainable organisation:

- ten fully electric maxus vehicles joined the Trust's fleet, alongside 20 Ford Transit Custom plug-in hybrids thanks to a £22.4 million investment by Welsh Government in cleaner, greener vehicles
- the Trust is trialling drone-delivered defibrillators in partnership with the University of Warwick and SkyBound to explore if they could make a difference to someone in cardiac arrest
- NHS 111 Wales launched Albot, an AI-powered virtual assistant to provide faster, more seamless health advice online as part of broader improvements to the website
- the Trust's work to digitise patient records has been shortlisted for a HSJ Digital Award in the Outstanding Achievement in EPR Implementation and Optimisation category

A pro-active, accessible and equitable care provider:

- the Trust introduced new 999 call categories to ensure patients get the right care for their needs. The changes are in response to new performance measures by Welsh Government and the continued focus on patient outcomes, not solely on response times

- new specialist clinicians have been appointed to support paramedics and nurses in clinical contact centres to deliver remote consultations, enabling more patients to receive care closer to home
- the Trust is now the host organisation for Save a Life Cymru, a programme to promote early CPR and defibrillation and improve accessibility of defibrillators across Wales.

The Trust is building on these objectives within the 2026-29 IMTP. The Trust's 2026-29 IMTP was approved by the Trust Board on the 26 March 2026.

Corporate governance and risk management

The Trust has maintained strong corporate governance and financial control, evidenced by a positive Audit Wales Structured Assessment and by remaining at escalation level one. An independent Board effectiveness review has been commissioned to further strengthen strategic grip and capacity. The Trust has embedded a strong Board-level risk culture, with principal risks linked to strategic objectives and subject to regular oversights. The Trust is developing and embedding a strategic Board Assurance Framework (BAF) and risk appetite statements as part of the 2026/27 strategy refresh. More on these areas of governance are set out in more detail in Part 2 Accountability Report.

Financial position and sustainability

The Trust has a strong record of financial delivery, balancing its budget without the need of any external support for each of the last 10 years. This is underpinned by strong financial management and probity which is evidenced in a range of external evaluations, including the Audit Wales annual Structured Assessments, varying Internal Audit Reports and by having an unqualified opinion on its Annual Accounts.

The Trust developed an ambitious but achievable financial plan for 2025/26 as part of the IMTP, presenting a balanced financial plan but not without some inherent risks, including in relation to savings delivery assumptions. The financial plan was based on a set of key income assumptions along with an ambitious savings target of £8.5m (c3%).

The revenue financial performance at year end for 2025/26 was a surplus of £78k in line with the financial savings plans (£8.5m) that support the IMTP, gross savings of £8.555m was achieved during the year 2025/26, so a small overachievement of £0.055m. One further positive is the level of recurring savings that are now being delivered, which is increasing

year on year. Public Sector Payment Policy was on track with performance of 98.4% for the number, and 98.8% of the value of non-NHS invoices paid within 30 days (target 95%). The 2025/26 capital expenditure limit was set at £33.176m, and the same figure was spent during the year.

Further information can be found in the financial statements in Part 3, which have been prepared on a going concern basis. It is noted that in year Technical Update four issued by Welsh Government on the 5 December 2025 in relation to '2025-26 Discount rates for general provisions, post-employment benefits, financial instruments and leases (under IFRS 16): announcement of rates' was applicable to the Trust.

The Financial Sustainability Programme established in May 2022, was created to deliver financial sustainability, assurance, and oversight to enable the delivery of IMTP objectives. Since its inception, the programme has focused on achieving savings and efficiencies while also identifying opportunities to generate new income. Going forward, it will monitor saving plans and delivery and will consider the outcome of the JCC service review and benchmarking to transform services to be effective, helping plan for future financial years. In January 2024, Akeso Consultancy was engaged to undertake market analysis of commercial opportunities, and by March 2024, the findings were presented to the board.

The recommendations were accepted, and funding was approved to recruit a Head of Commercial Development, who commenced their role in October 2025. Through a dedicated Commercial Steering Committee, the Trust will seek to build trusted and innovative commercial partnerships, create sustainable value, and enable reinvestment in patient care and community wellbeing across Wales. The first 12 months will be spent building capacity with income targets then to be identified for 2027/28 and beyond.

Recent developments have maintained a strong focus on both cost efficiencies and income generation. All 24 recommendations from the 2023 Administrative and Support Review have been implemented or embedded within directorate plans, and the review has been formally closed with endorsement from the FSP Governance Group.

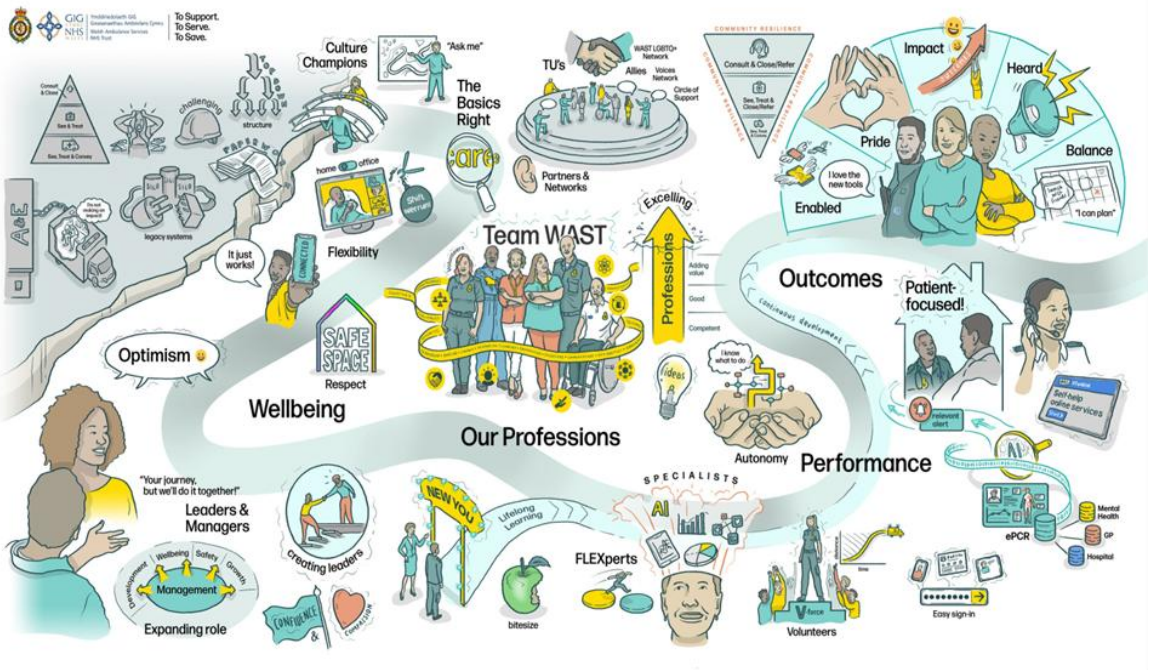
Additionally, a comprehensive organisation-wide Service Review was completed in 2023, engaging more than 50 service areas and generating more than 330 improvement proposals. These recommendations have been structured into four tiers of implementation, supported by governance mechanisms to ensure prioritisation, accountability, and benefits

realisation. A review is currently underway to measure progress against the actions. To strengthen this work, a Project Opportunities Group will soon be established to identify, scope, and assess opportunities for cash-releasing savings, spend avoidance, and additional income generation.

Looking ahead, the next steps include drafting the Commercial Development Plan and finalising Service Review actions by January 2026, holding the inaugural meeting of the Financial Sustainability Programme Commercial Development Group in January 2026, launching the Project Opportunities Group in February 2026, and publishing the Commercial Development Plan in March 2026.

Culture and workforce

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



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

Metric	As at March 2026	Trend	Commentary
People Networks	Membership at more than 1,000 across 10 networks	⟷	Almost a quarter of the workforce is now engaged with the Trust's People Networks. Ten People Networks are in operation to support colleagues who have lived experience or are allies to people who may face disadvantage or discrimination. Having seen the benefits of current networks, this year there has been an appetite to establish a new Welsh Language and Culture Network and a new Veterans Network. A review of the Trust's People Networks is planned for 2026 with the introduction of Executive Sponsors for each network to strengthen the relationship between the networks and the Trust Board to help influence change and improve decision making.
Disciplinary cases	46 open cases	⟷	Consistent with other reporting periods
Formal request for resolution	13 requests	⟷	Consistent with other reporting periods
Turnover	7.75%	⟷	Consistent, indicating improved retention and job satisfaction linked to Our WAST Way and wellbeing initiatives.
Absence (rolling 12 month)	7.92%	⟷	Consistent with previous periods
Absence (in month)	7.47%	↓	Slight downward trend over three months but remains above the planned abstraction rate and is therefore affecting our ability to fully deploy resources. However, this mirrors seasonal pressures (Flu/RSV), with examples of several

Metric	As at March 2026	Trend	Commentary
			health boards and WAST (in some circumstances) already mandating mask wearing to minimise further staff infection. From February 2026 the Occupational Health & Wellbeing Team have moved into the People Services Team which will result in a multi-disciplinary team approach to holistic absence support to managers and employees.
Statutory and mandatory training	91.62%	↑	Slight increase from previous return and remains above Welsh Government target of 85%, reinforcing commitment to learning and regulatory compliance.
PADR (see below)	76.65%	↑	Consistent with previous periods, highlighting need for stronger embedding of performance and development conversations. Slight upward trend but remains below WG 85% target.

Organisational culture

The Trust has worked hard for a number of years to improve its leadership and culture while consolidating its governance to ensure rigour, grip and continuity. One particular facet in which considerable time and resource has been invested is in creating a sexually safe and inclusive culture, where colleagues feel able to speak up. This has led to the Trust becoming a sector-leading organisation in the realm of organisational cultural change.

The Trust has made notable progress in delivering Strategic Equality Plan (SEP) objectives. Workforce diversity has improved, with increases in representation among ethnic minority staff, colleagues with disabilities, LGBTQ+ communities and Welsh speakers. The gender pay gap has reduced to 5.3%, and early analysis of the Workforce Race Equality Standard (WRES) indicates positive changes in the experiences of ethnic minority staff and widening of representation. Gender balance remains strong with women now accounting for 55.6% of the workforce. These achievements have been supported by initiatives focused on

leadership and culture, inclusive recruitment campaigns, and improved access to interpretation and translation services, including British Sign Language.

Despite these achievements, challenges remain, particularly around competing priorities and resource constraints, which can limit engagement with SEP initiatives. Current workforce demographics also present barriers to fully realising the Trust's ambition of becoming a truly inclusive employer and service provider.

The Trust is strengthening its approach to reviewing and shaping culture across the organisation through a structured, evidence-based organisational development process called the "Working Well Together" framework, underpinned by the Cultural Early Warning Score (CEWS) tool. CEWS has been developed in- house and acts as a supportive, interactive guide for managers and teams to collaboratively assess their team culture, addressing key indicators such as engagement, relationship dynamics, change, wellbeing, behavioural concerns, attendance, and other key people metrics. It is now being shared with a number of NHS organisations across Wales to facilitate proactive assessment and tracking of cultural change improvement. The impact of the tool and associated support has been positive when adopted in specific areas of the business and this evidence-based approach of achieving sustainable cultural change at a local level has been welcomed and shared wider. Pilot feedback has shown that using CEWS created space for open, honest conversations, exploring themes or reasons impacting their culture that teams may not have previously had, strengthening shared understanding, increasing buy-in and enabling staff to actively contribute to identifying and addressing cultural concerns and feeling their voice has been heard.

Speaking Up Safely remains an ongoing commitment for the Trust, creating a culture where staff feel empowered to raise concerns safely and confidently. The Speaking Up Safely Annual Report for the period 1 July 2024 to 30 June 2025 shows that 113 concerns were raised, with 56% submitted directly to the Guardian and 44% via the Work in Confidence platform. The NWSSP audit awarded a reasonable assurance rating, reflecting robust governance and processes.

Welsh language

The Trust values and respects our Welsh speaking staff, service users and stakeholders, actively supporting the recruitment, retention, and development of Welsh speakers across the organisation. Delivering bilingual services is fundamental to providing safe, equitable and person-centre care, particularly for those priority groups identified in Mwy na Geiriau / More Than Just Words.

The Trust's Welsh Language Framework, which incorporates the More Than Just Words Action Plan 2022-2027, sets out the Trust's aims and objectives to increase the visibility, accessibility, and everyday day use of Welsh and opportunities for the Welsh language. It also outlines targets to enhance support for Welsh-speaking communities and for our Welsh learners who are developing their language skills.

Strong leadership plays a vital role in advancing this agenda. The board promotes the Welsh language through visible leadership, clear governance arrangements, and integration within strategic planning. It is for this reason that the 'Active Offer' sits alongside the Strategic Equality Plan and takes account of the wider equality, diversity and inclusion work, and the People and Culture Plan with oversight of that plan, and the Welsh Language Standards Annual Report by the board.

Service delivery standards (correspondence and telephone calls) have improved with the introduction of an in-house translation service, as has the ability to quickly translate correspondence, communication platforms and publications more widely and aligning to standards. There is more work to do however on reception services as the first port of call for Welsh speakers.

Policy making standards have improved markedly over the last two years with the introduction of a Welsh Language Policy and integration into the Trust's policy process and has recently been held out by Internal Audit as a substantial assurance objective. An impact assessment for Welsh language features for each Trust policy.

Operational standards compliance (i.e. the use of Welsh internally) is growing stronger each year, with a significant increase in the number of resources available to staff both internally and centrally. 95.96% of staff have self-assessed and recorded their Welsh language skills on the Electronic Staff Record (ESR) system. Staff who assess at level 0 are encouraged to progress to level 1 as they complete Welsh language courses.

There has been a steady increase in the number of service users accessing Welsh language services when calling NHS 111 Wales and NEPTS. Service users are welcomed with a bilingual greeting, followed by our Integrated Voice Response (IVR) system that allows callers to select their preferred language being Welsh or English. During 2023/24 the NHS 111 Wales Service saw a significant increase in performance on Welsh language call answering rising from 18% in 2022/23 to 45%. In 2024/25, performance remained stable at 45.7%. An improvement plan is in place, including targeted recruitment, weekend call handler profiling, and opt-out flexibility for callers. During 2024/25 NEPTS performance on Welsh language call answering was at 77%. A plan is in place to prioritise recruitment of Welsh speakers and align with the broader workforce strategy for 2026/27.

In 2026/27 the Trust will develop its five-year clinical consultation plan aligned to Standard 110. We have worked in partnership with the Welsh Language Commissioner's Office in 2025/26 with a focus on remote clinical care to support a sustainable increase in bilingual service provision.

Welsh speaking investigating officers are now in place should staff wish to have their complaints and disciplinary procedures conducted in Welsh. The intranet Welsh language page has an increasing number of resources for staff with training sessions provided to senior leaders for increasing confidence in the use of Welsh language when conducting meetings. Since the introduction of the mandatory Welsh language awareness course on 1 April 2023, 78% of staff have completed the course. The course is promoted as part of the WAST Welcome Days for new staff and during the promotion of Welsh cultural events.
A new Welsh language beginners' course for EMS staff developed in partnership with the National Centre for Learning Welsh. The course which is tutor led on Teams is tailor-made for staff who want to be able to engage with our Welsh speaking patients at that first point of contact.

Record keeping standards shows good upholding of standards, with 1 complaint being received related to Welsh language in 2025/26. A 2025/26 internal audit on Welsh language returned a reasonable assurance rating on our arrangements to embed Welsh language at the Trust.

Staff engagement

Staff engagement is critical to organisational culture and performance. The 2025 NHS Wales Staff Survey response rate was 43.2%, a continued rise from 35.2% in 2024 and 23.2%

in 2023. This upward trend reflects growing colleague participation and confidence that feedback is being acted upon.

Over the past year, approaches to engagement have been strengthened by:

- building behaviourally informed communication
- closing feedback loops and demonstrating visible impact
- introducing quarterly pulse surveys aligned to Our WAST Way to explore emerging themes and support continuous improvement
- providing directorate-level data to enable targeted local action plans

Pulse surveys will continue to help directorates test the effectiveness of actions and make timely adjustments. Once final survey results are available in quarter 4, the Trust will:

- publish an infographic-style organisational overview
- share detailed analysis with the board, executive team, and Trade Union Partners
- identify priority themes to shape next year's pulse survey cycle and wider engagement activity

A comprehensive board to frontline programme is actively maintained, fostering engagement and transparency throughout the workforce. Promoted through a variety of channels such as ELT road shows, Non-Executive Director (NED) visits, WAST Live sessions, blogs, and vlogs. These ongoing activities ensure strong visibility and direct communication between the board and staff across all levels of the organisation.

The Trust is increasingly concerned about the effect the current work environment is having on our staff, as many have reported feeling exhausted and frustrated, alongside a rise in incidents of abuse from patients and the public. Although issues such as burnout and fatigue have been highlighted before through the staff survey, for example, it is evident that these challenges continue to significantly affect our people's personal lives. For this reason, Health and Wellbeing is a priority, offering practical tools and resources to help both colleagues and managers recognise early signs of stress and burnout, facilitate meaningful wellbeing discussions, and make reasonable adjustments for those with long-term health conditions. More detail is provided in the section below.

Alongside this the Trust has recognised that the level of change within the organisation has been significant. The change approach reflects our commitment to valuing our people, recognising the direct link between colleague experience and patient experience. Poorly managed change increases pressure, uncertainty and burnout but done well, it supports

confidence, wellbeing and sustainable performance. Effective change management is being embedded so that supporting people through change is simply how things are done and not an optional extra.

Rather than relying on a small group of specialists, capability is being built throughout the organisation, equipping leaders and teams to lead and support change locally. These skills and behaviours are embedded within leadership and management framework (Our WAST Way), reinforced through a growing Change Community and supported by a bespoke, practical toolkit. Overall, this approach keeps change simple and accessible, aligned with continuous improvement and project delivery, ensuring change feels inclusive, supportive and sustainable

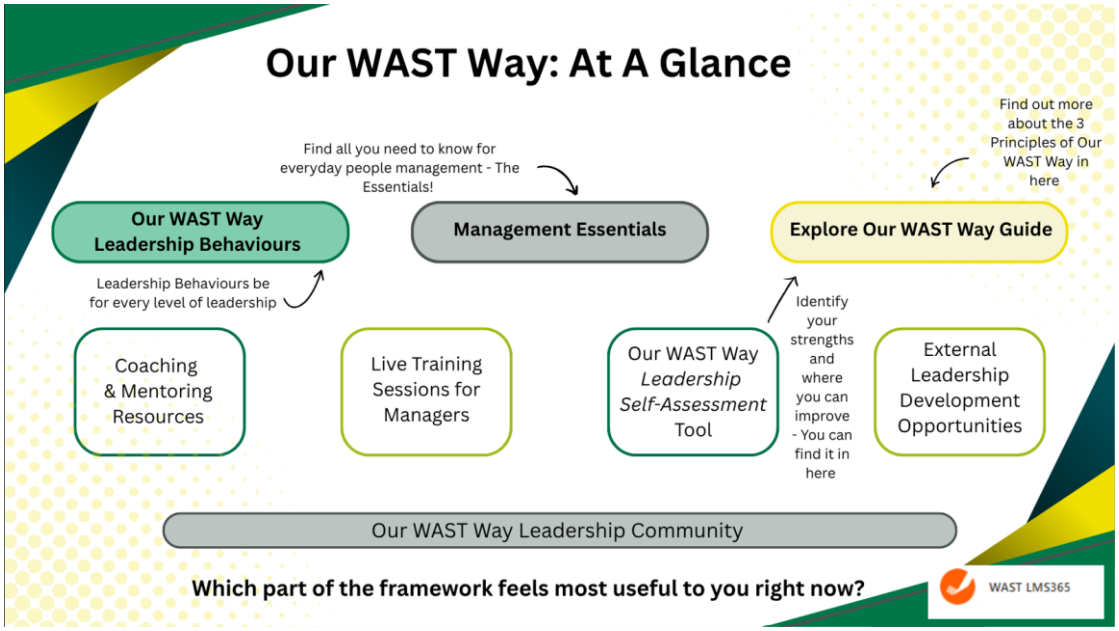
In line with the ambition to be an employer of choice and to enhance the overall employee experience and following the flexible working coaching sessions delivered to the Operations Directorate, between August 2024 and December 2025, a total of 460 flexible working requests were submitted. Of these, 258 have been approved, 9 declined, and 193 remain in progress. together, these steps are building a more open, responsive, and sustained dialogue with colleagues about their experience at work.

Leadership development

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

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

The programme is now progressing to phase two, which will focus on aligning formal learning programmes with the framework and strengthening coaching and mentoring capability across leadership levels.



This leadership succession planning approach focuses on strengthening leadership capability at every level. While formal development programmes remain important and future leaders are continued to be supported through national initiatives such as the Aspiring Director of Operations programme for the ambulance sector, as well as programmes delivered by HEIW, NHS Leadership Academy and Academi Wales, the Trust is also prioritising the connections that make leadership effective. This includes building positive relationships and alignment across the organisation.

Recent work has focused on the ELT, its direct reports, and the wider senior leadership community, including the board, all aligned to Our WAST Way principles. Workshops and engagement sessions have been delivered for senior leaders, focusing on collaboration, trust, and cross-functional working. These sessions have strengthened connections across the senior leadership community, helping to build a united leadership community. This provides individuals with exposure to different approaches, areas of work, and opportunities, which will be vital in developing future talent.

The ability of leaders to have effective and meaningful conversations with their staff is critical to improving well-being and resilience. While Performance Appraisal and Development Review (PADR) completion rates remain below the Welsh Government target of 85%, it is important to ensure that PADRs are meaningful conversations that support development and engagement, rather than being seen purely as a compliance exercise. The organisation's focus is therefore on transforming PADR into a process that genuinely adds value. This work sits within the wider Essential Conversations initiative, which aims to build managers' confidence and capability to have regular, informal conversations with their teams. By embedding routine one-to-one 'check-ins' throughout the year, PADRs will be supported by ongoing dialogue, making the annual review more relevant and impactful. As the new PADR process is designed, socialised and finalised, a pilot is planned for quarter 1 2026/27 with wider organisational roll out planned for quarter 3 2026/27.

In relation to the ongoing development of clinical leadership, the changes to the clinical model and the ambulance performance framework increase the importance of effective clinical leadership to ensure improved performance, safety and outcomes.

One example is the development of clinical navigators. These are senior nurses and paramedics who provide real-time clinical oversight within Emergency Medical Services Coordination Centres and, as set out in section 2 above, play a vital role in critical tasks such as high-acuity call reviews, queue safety assessments, and remote clinical support for frontline crews. By embedding clinical leadership into coordination environments, upfront in the call taking process is just one way the Trust ensures that patient care decisions are guided by experienced clinicians, improving safety and efficiency across the system.

In addition, the clinical model transformation programme is driving structural changes to enhance leadership, performance and accountability. This includes implementing our response to the new performance framework, digitising processes to ensure thorough understanding of how our patients flow through the model.

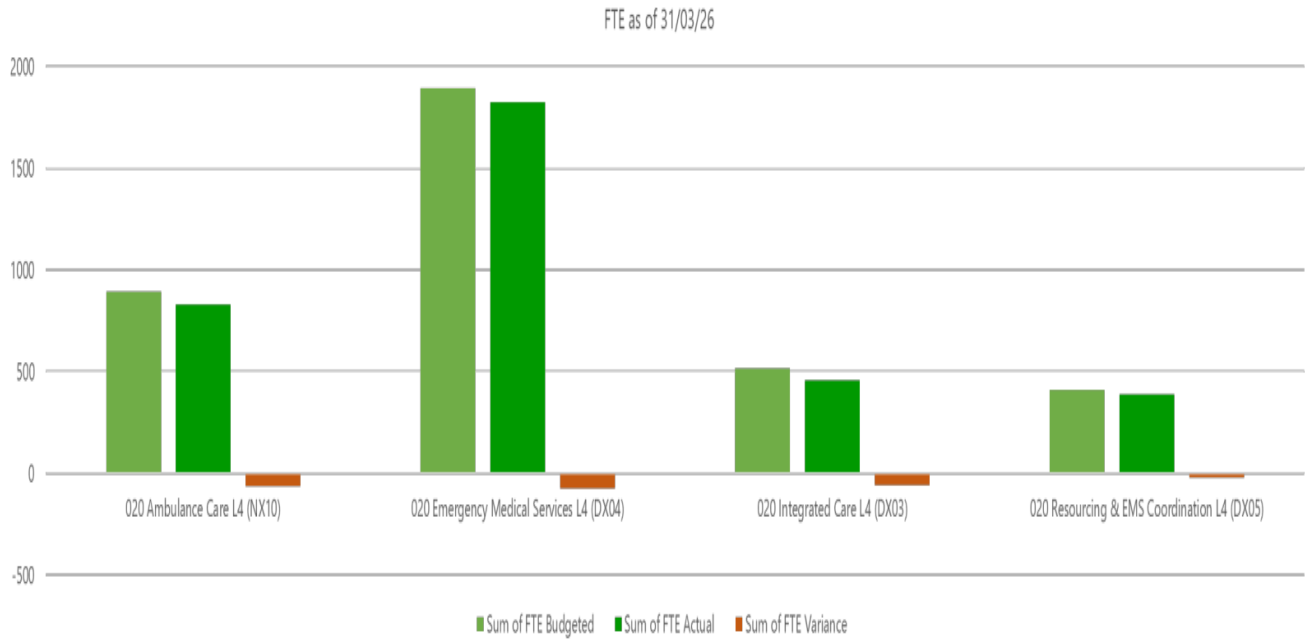
We also see future investment across our clinical workforce to enhance the provision of frontline clinical leadership, with senior clinicians overseeing the development and growth of our workforce, aligning their objectives to our clinical model and, through this, the outcomes within the ambulance performance framework.

All these developments go hand in hand with the education provision to our current and future clinicians. Support from HEIW in areas of work, such as with APPs, has been instrumental in shaping our service provision to be more in line with the evolving patient needs. Education and professional development are central to this strategy. Recent initiatives have addressed gaps in clinical confidence and competence, such as standardising electrocardiogram interpretation training and rolling out AI-assisted diagnostic tools. These programmes not only improve patient outcomes but also empower clinicians to take on leadership roles by equipping them with advanced skills and knowledge. The Trust's commitment to structured continuous professional development and collaboration with universities underscores its long-term vision for sustainable clinical leadership.

Integrating leadership succession planning into Our WAST Way, including mentoring and coaching across leadership levels, will take place starting from 2026/27.

Workforce sustainability

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



In collaboration with the Digital Services Directorate, implemented targeted recruitment and application support initiatives within local Black Asian Minority Ethnic communities have enhanced ethnic diversity across the organisation and its functions.

To address workforce challenges in rural areas, a dedicated Rural Recruitment Task and Finish Group has been established. This looks at creating opportunities for localised recruitment, supporting employment and career progression within rural Welsh communities, and improving retention and stability of the Emergency Ambulance workforce in these regions. The Group has enabled the Trust to identify the main barriers to rural recruitment and to focus actions on these areas, including greater interaction between Workforce Planning, Recruitment and local management teams to specifically target local communities. Within South Gwynedd and North Powys local adverts gauge interest before undertaking engagement with these potential candidates, providing support to help them achieve the required employment pre-requisites for successful selection.

Additionally, a new Recruitment Strategy is currently in development. This strategy will emphasise standardisation and centralisation of recruitment processes across the Trust, inclusive recruitment practices to ensure equity and diversity and strategic attraction and workforce planning to meet future organisational needs. The initial scoping of the strategy is currently underway, with stakeholder engagement due to commence shortly. The aim is for the three-year strategy to be approved and published in quarter 4 26/27, followed by

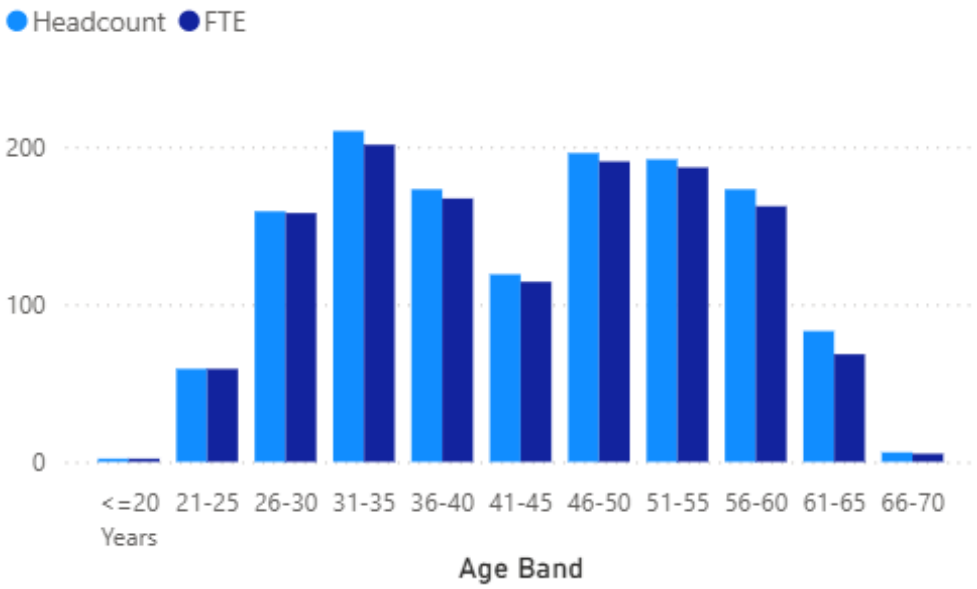
implementation of short-term actions over the following 12 months, and long-term actions across 2028/29 and 2029/30.

The HEIW-funded Retention Lead is approaching the end of a two-year tenure, during which time significant initiatives have been delivered to strengthen staff retention. Key achievements include the design and launch of a Health and Wellbeing Passport and accompanying Manager's Guide, enabling supported conversations and providing clear guidance on reasonable adjustments for colleagues with disabilities.

To enhance onboarding and retention, the Warm WAST Welcome Corporate Digital Handbook has been introduced that brings together essential information on corporate support offers, key policies, people networks, and more, helping new colleagues feel connected, supported, and a sense of belonging from day one.

Retention challenges remain in specific areas, notably among call handlers, where turnover is higher. However, a significant proportion of this movement reflects internal progression into Emergency Medical Service and NEPTS roles, demonstrating positive career development opportunities within the organisation.

Future workforce plans must consider the current age profile of the Emergency Ambulance workforce (including Emergency Medical Technicians (EMT), EAPS, and Paramedic roles), which reflects a broad distribution across age bands. While there is limited visibility of future retirements, historical retirement data across specific roles has been extrapolated to forecast upcoming retirements. The planned retirements within the 56–60 and 61–65 age bands over the coming years will support the reduction of EAP and Paramedic full-time equivalents required to achieve the new emergency ambulance skills mix, which will be achieved over a number of years.



Wellbeing

Within the last 12 months, the Trust launched its Health and Wellbeing Plan, reinforcing a commitment to staff and volunteer wellbeing through a proactive and comprehensive approach. Key developments include enhanced data reporting for assessment and monitoring, and the relaunch of the trauma risk management (TRiM) network to provide peer-based trauma support, supported by ongoing training and expansion of the responder network.

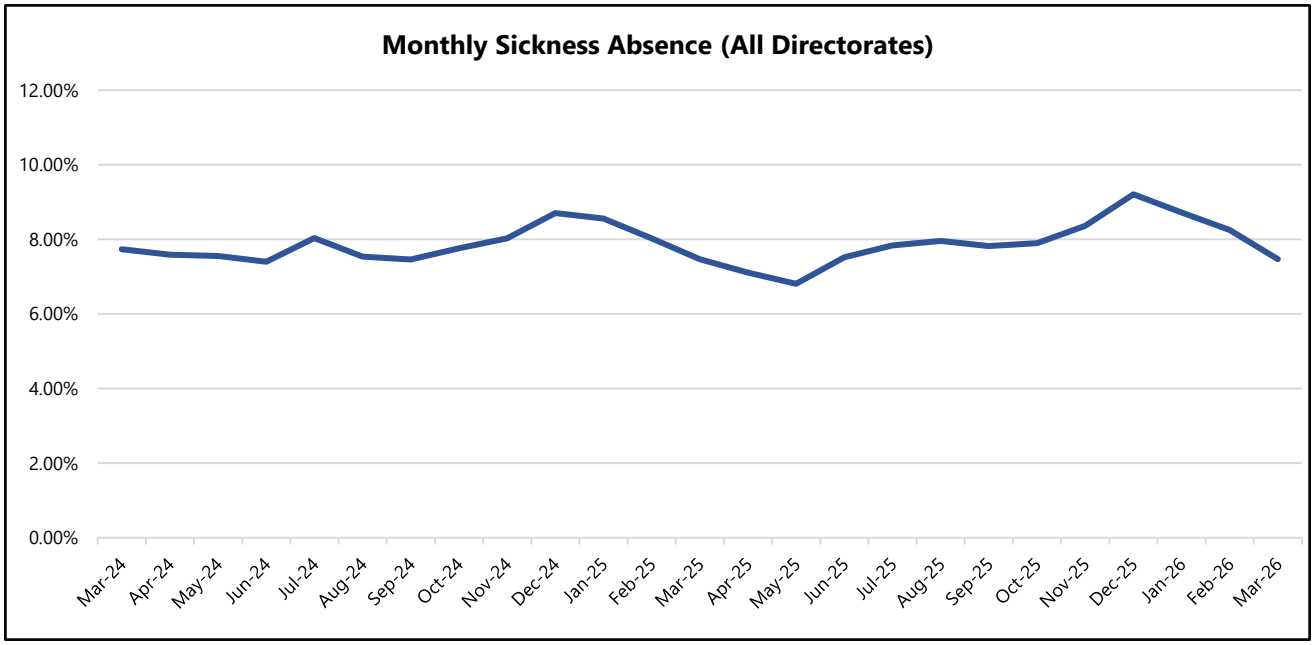
Since its relaunch, the TRiM network has grown to 37 trained responders across the organisation. Demand has increased steadily month on month, reflecting greater organisational awareness and improved confidence in accessing trauma support. Referral volumes rose from 37 at launch in September 2025 to 57 in November, 81 in December, and 65 in January 2026. This upward trend highlights both positive engagement with TRiM and the increasing operational need for timely trauma support. It also underscores the importance of further expanding the responder network to ensure workload is managed safely and sustainably, protecting responders from fatigue and reducing the risk of secondary or vicarious trauma arising from frequent exposure to challenging conversations. Suicide risk training has been integrated within the Wellbeing Team, and a formal suicide risk assessment process is now embedded into our contact structure to address known workforce risk factors. All Occupational Health and Wellbeing staff have completed suicide risk training, and a structured assessment tool is now routinely and consistently applied.

The Employee Assistance Programme (Health Assured) continues to offer confidential counselling, lifestyle and financial advice, alongside physiotherapy referrals and signposting to external agencies, including the TASC (The Ambulance Staff Charity) crisis line where appropriate. EAP usage between February 2025 and January 2026 showed clear peaks in August–October, aligning with wider organisational pressures. Anxiety and low mood were the most common presenting issues, consistent with key drivers of sickness absence across the Trust. More than half of users (57%) chose not to disclose their work area, emphasising the need for strong confidentiality, while those who did disclose were most commonly from clinical contact centres (999/111). Outcomes remain highly positive: 96.7% of individuals in work at the start of therapy stayed in work, and 47.6% of those off work returned by the end of their intervention. This reinforces the EAP's important role in supporting psychological resilience, sustaining work attendance, and improving return-to-work outcomes following mental health–related absence.

Promotional activity has been refreshed across the organisation to raise awareness of available support, and wellbeing drop-ins remain accessible at contact centres, stations, and remote locations on a rotational basis. Looking ahead, bespoke workshops on Workplace Stress and Sleep Management will launch early in 2026, supported by continued engagement and partnership working to ensure timely, comprehensive, and confidential wellbeing support for all staff.

Attendance/sickness

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



A concerted effort by the People Services team supporting operational managers to handle sickness absence cases, manage within the policy framework, increase awareness, improving wellbeing and support as well as training delivery and coaching and mentoring for managers is helping to reduce the figures and efforts continue to further reduce the percentage absence. To support this, the Trust continues to embed a more modern, proactive, and person-centred approach to attendance management. Actions include:

- further embedding compassionate, trauma informed and psychologically safe management practices, ensuring that organisational processes minimise harm and support colleagues' wellbeing

- expanding flexible, personalised work options, including temporary, permanent, and agile working arrangements informed by individual circumstances, to help colleagues remain in work and sustain their employment wherever possible
- using enhanced data and analytics to identify trends, hotspots, and early indicators of wellbeing concerns, enabling more proactive and preventative interventions, including focused deep dives and target action to address root problems
- strengthening health, wellbeing, and early support pathways, including improved signposting, easier access to Occupational Health, Employee Assistance Programmes, and peer support networks
- embedding holistic return to work pathways, with structured support plans, phased returns, wellbeing conversations, and reasonable adjustments tailored to role and condition
- a strategic focus in reducing the number and duration of overrun occurrences within operations. This is balanced by an increase of approval of Time Off In Lieu (TOIL) requests, overall demonstrating a positive impact on colleague health and wellbeing.
- maintaining regular reporting to the Executive Leadership Team, People & Culture Committee and Trust Board, supported by deep dives into specific issues for improved oversight, assurance, and governance
- delivering innovative cultural improvement and employee experience initiatives, with a focus on psychological safety, inclusion, and strengthening team level wellbeing, recognising the strong link between culture, engagement, and reduced absence
- continuing partnership working with trade union partners to address attendance impacting issues such as handover delays, fatigue, workload pressures, and the timely taking of TOIL
- providing robust change management support, ensuring colleagues affected by transformation and restructuring are well supported through clear communication, involvement, and fair processes
- ensuring proactive People Services engagement, including case reviews with senior managers for visibility, consistency, accountability, and the early identification of support needs
- introducing modern managerial capability development, including training in supportive conversations, mental health literacy, and managing complex or long-term health conditions with empathy and confidence.

Sickness absence in the Trust is average for the ambulance sector and caution should be exercised when compared to health board figures because of the different risks of infection and injury in different settings. The sector is high risk for post-traumatic stress disorder (PTSD), mental health and suicide because of the trauma and stress of the role. For example:

- a recent systematic review found that among EMS clinicians (paramedics, ambulance staff, pre-hospital emergency providers), the proportion of deaths due to suicide was 5.2%, more than twice the 2.2% in the general population
- a sector-wide survey of EMS workers suggests very high mental-health burden: many report depression, anxiety, PTSD and "serious suicidal ideation"
- according to data collated by the UK's Association of Ambulance Chief Executives (AACE): male paramedics were quantified as 75% more likely to die by suicide than the national (working) average, i.e. significantly elevated compared with many other jobs

Therefore, it is unsurprising that the primary reason for sickness absence is mental health (3.03%% in December 25), followed by coughs/cold/flu (0.82%) gastro (0.82%), MSK (musculoskeletal) (0.81%), injury/fracture (0.46%) and back problems (0.45%). As noted above, when there is a seasonal surge in infections e.g. colds, flu, RSV (respiratory syncytial virus), this also affects the team directly. Our mental health support offer is covered in the wellbeing section above.

Shift overruns

In previous IMTPs, the Trust has given a commitment to addressing the level of shift overruns within the EMS service, it is known that this is cause of stress and could be a contributor to higher than desired absence levels. In December 2024 there were nearly 3000 shift overruns, with an average overrun time of 41 minutes. In December 2025 this had reduced to around 2400 overruns with an average overrun time of 35 minutes. Whilst this represents some progress in terms of volume and length, the Trust wants to go further. The Trust has implemented a comprehensive, multi-disciplinary approach to tackling operational overruns, prioritising patient care, staff wellbeing, and organisational efficiency. This work is driven by structured governance, regular review meetings, and continuous data analysis, ensuring clear ownership and accountability for every action.

TOIL (time off in lieu)

TOIL remains a high-profile issue in discussions with Trade Union Partners, particularly in relation to staff wellbeing, service delivery, and the risk of industrial action.
The current Resourcing Policy (2014), identified for review through internal audit, is scheduled for update in the coming months. Differing interpretations of the policy have led to disputes, especially regarding staff entitlement to TOIL accrued from mandatory overruns. Notably, more than 60% of TOIL is generated from unplanned extensions to contractual hours, with staff and unions seeking greater flexibility in when TOIL can be taken. It is becoming evident that improvement to hospital handover may not have the direct equivalent impact on reducing overruns.

To address these challenges, a new TOIL process was launched on 15 September 2025, designed to increase flexibility and deliver an additional 11,500 hours per year beyond current approvals. A six-month pilot, starting with EMS, is underway with monthly partnership meetings to review outcomes and ensure consistency in decision-making. Outcomes of the pilot will be monitored through monthly reviews of approvals, declines, staff feedback, and impact on sickness/abstraction rates, and develop a clear position on operational and wellbeing impacts, supported by data on abstraction rates. Early monitored outcomes indicate a positive position with up to 95% of all submitted TOIL approved.

Workforce skill-mix and sustainability

Work continues to support the upskilling of former Band 4 EMT colleagues into Band 5 EAP roles, with all training scheduled for completion by Summer 2026.The desired emergency ambulance skills mix, as agreed by the ELT, was communicated to the organisation in early January 2026. Efforts are underway to align workforce establishment at Band 4 EMT, Band 5 EAP, and Band 6 Paramedic levels in line with this skills mix. However, achieving this balance will require a significant period because of current turnover and progression trends.

With improved retention rates, low vacancy levels within Paramedic roles, and the need to realign the EMS establishment, there is a significantly decreased requirement for newly qualified paramedics (NQPs) within the Trust. Options to accelerate the realignment of EMS roles are being actively explored by the Senior and ELT, who will confirm NQP recruitment numbers for the next intake in early 2026.

The Trust is also committed to increasing urgent care provision with the growth of APPs, ensuring the workforce is more aligned to patient need and strategic direction. Whilst opportunities to grow our APP workforce remain strong, the ELT remains mindful of the current financial envelope, our responsibility to ensure fiscal sustainability and the need to optimise productivity of the current APP cohort.

Agency costs against the total pay figure remains very small and is set out in the staff report in part 2 of this annual report. This is to cover a small number of vacancies, in areas across the Trust which the Trust is having difficulties recruiting into including clinical, digital, fleet and estates. However, it is hoped that some of these agency staff will be replaced by permanent staff in the near future.

Given the uncertainty that remains around some information and communication technology (ICT) funding that has been received on a non-recurrent basis, the Trust continues to utilise agency staff in these roles to deliver the service, which it believes is appropriate given the inability to recruit on a substantive basis.

Human rights, diversity and equality

The Annual Governance Statement in the Accountability Report discloses how the Trust meets its obligations under equality, diversity, and human rights legislation. Refer to the Disclosure Statements and the Modern Slavery Act 2015 statement for further information. There is also additional commentary regarding 'Other Employee Matters' in the Remuneration and Staff Report, within the Accountability Report.

Anti-corruption and anti-bribery

The Annual Governance Statement also includes narrative regarding the Trust's counter fraud arrangements, and the Local Counter Fraud Specialist's relationship with the Audit, Risk and Assurance Committee (ARAC). This narrative can be found in the 'The Control Framework' section of the Accountability Report.

DIGITAL, INNOVATION AND INFRASTRUCTURE

The Trust continues to invest in digital, innovation and infrastructure as key enablers of safe, resilient and sustainable services, with activity strongly aligned to national priorities. This work is supporting service improvement, future readiness and improved access for patients, while strengthening the organisation's operational foundations.

Realising the potential of digital and innovation

The Trust continues to deliver a maturing and ambitious digital and innovation portfolio that is directly improving operational readiness, patient experience, access to care and the overall resilience of our services. Our programmes demonstrate integrity of delivery, strong governance, tangible operational impact and clear alignment with Welsh Government priorities for a digitally enabled and future-ready NHS Wales.

Digital and innovation at the Trust are focused on one clear purpose: improving patient outcomes, staff safety and service resilience at scale. This approach prioritises safe delivery, operational impact and value for public money, moving beyond pilots into embedded, measurable change across urgent and emergency care. The Digital Plan 2024–2029 sets this out over five pillars that underpin our transformation and culture of innovation:

- everyday essentials – ensuring staff have the tools and skills to deliver care confidently and efficiently
- security, safety and cyber – safeguarding systems and data to maintain trust and resilience
- digital pioneers – empowering frontline teams to lead innovation and experimentation
- digital transformation – redesigning pathways and services to improve patient experience and operational efficiency
- data, information and insight – leveraging analytics and AI for better decisions and forecasting

These pillars guide an approach to embedding digital into everyday practice, supporting staff capability, and driving measurable improvements in care and outcomes. Progress against each pillar is reported to the Finance & Performance Committee who provide assurance to the board. In line with the Cabinet Secretary's guidance, the Trust's digital and innovation programme is:

- driving patient choice, accessibility and efficiency through AI-enabled 111 access, SMS cancellation, expanded language support, and digital triage tools

- supporting new models of care, with agentic AI signposting, remote triage, pathway digitisation and automation to reduce avoidable demand
- delivering measurable improvements, including reduced call handling burden, reduced wasted NEPTS journeys, reduced on-scene times, improved cardiac arrest decision support and enhanced equality of access

Collectively, these digital advances demonstrate the Trust's readiness for the future and strong alignment with the priorities for a modern, accessible and innovative NHS Wales. The Trust is actively discussing the digital opportunities it sees with partners across the system with a view to playing a part in system-wide digital solutions to a number of challenges. More detail on the internal controls in the Trust's related cyber security and information governance can be found in Part 2 Accountability Report.

Infrastructure

Estate

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

The Trust's Estates Strategic Outline Programme has been fully endorsed by Welsh Government enabling it to work towards producing a series of business cases to achieve its vision, and it continues to work to consider how best to develop solutions for priority schemes.

The Trust has also supported several large-scale Estates scheme's this financial year, through its discretionary capital allocation; these include a new ambulance station in Dolgellau, significant improvements to the station in Monmouth, enhanced facilities to consolidate integrated care on the Matrix site in Swansea which in turn facilitated the ability to vacate Thanet House, and a new fleet workshop in Bangor. These were all schemes to address long standing estate condition issues. These investments will allow staff to move into fit for purpose buildings.

Fleet replacement programme

The latest Trust Fleet Strategic Outline Programme has been fully endorsed by Welsh Government enabling the Trust to produce annual Business Justification Cases (BJCs) for vehicle replacements.

Early in 2025/26 Welsh Government approved the fleet replacement BJCs for the purchase of 141 vehicles with a cost of c£22.453m; this comprised of 44 emergency ambulances, 12 single responder vehicles, 65 large ambulance care vehicles, 13 smaller ambulance care vehicles, two driver training vehicles, three fleet workshop vehicles and two occupational health vehicles. . The ability to deliver on this, on time and within budget, was in part due to the early approval of the scheme funding which allowed the Trust to secure build slots with the vehicle converters.

Environmental sustainability

WAST produced a Decarbonisation Action Plan (DAP) in response to the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan (NHSW- DSDP). The plan has a range of actions which frame the Trust's decarbonisation response and spans all directorates across the Trust.
Welsh Government, supported by Welsh Government Energy Services (WGES) has refreshed the Strategic Delivery Plan (SDP) which underpins organisation's DAPs. The Trust provided comments on two versions of the document. Version 3 was presented to the National Programme Board and the NHS Leadership Board for endorsement.

The Trust is currently in the process of reviewing the changes required to the DAP in light of the revised SDP. Within the SDP are 25 initiatives across 7 categories. The Trust are named specifically (or within the umbrella of all NHS organisations) in 36 actions.

The Trust is currently considering the methodology for the preparation of the SDP response in the form of a new plan, recognising that the Trust may need to consider some of the specific actions, and the resource implications of supporting these as programmes of work.

Within the refreshed SDP are a series of data metrics. Whilst some of this data may already be collated by the Trust, there are aspects which will require changes to Trust process, or development of mechanisms for capturing newly required data. Once these have been finalised, further consideration will need to be given to the Trust's reporting on this

information. Whilst every attempt will be made to automate data gathering and reporting, it should be noted that this will require time and resource to establish.

Welsh Government has confirmed a change to the previously set public sector carbon reduction targets of 16% reduction by 2025 and 34% reduction by 2030 for carbon emissions. Targets will now focus only on scope 1 and 2 (direct and indirect) emissions and will not include scope 3 (supply chain) emissions. The targeted reduction has been reprofiled to a 41.7% reduction by 2030 across these two categories. This also recognises achievement of the original 16% target reduction between 2018/19 and 2025, with an actual achievement of 17.7%.

Targeted Estates Funding (TEF)
The Trust was successful in obtaining funding for schemes in Abergavenny (£850k) and HART (£156k) this year. Both schemes progressed well with the HART scheme completed in year, and the Abergavenny scheme delivered by the end of the financial year.

Electric and hybrid vehicles
The Trust is in the process of introducing 10 maxus battery electric vehicle (BEV) single responder vehicles, and work is ongoing to evaluate information on battery capacity and range, charging times and performance under response conditions.

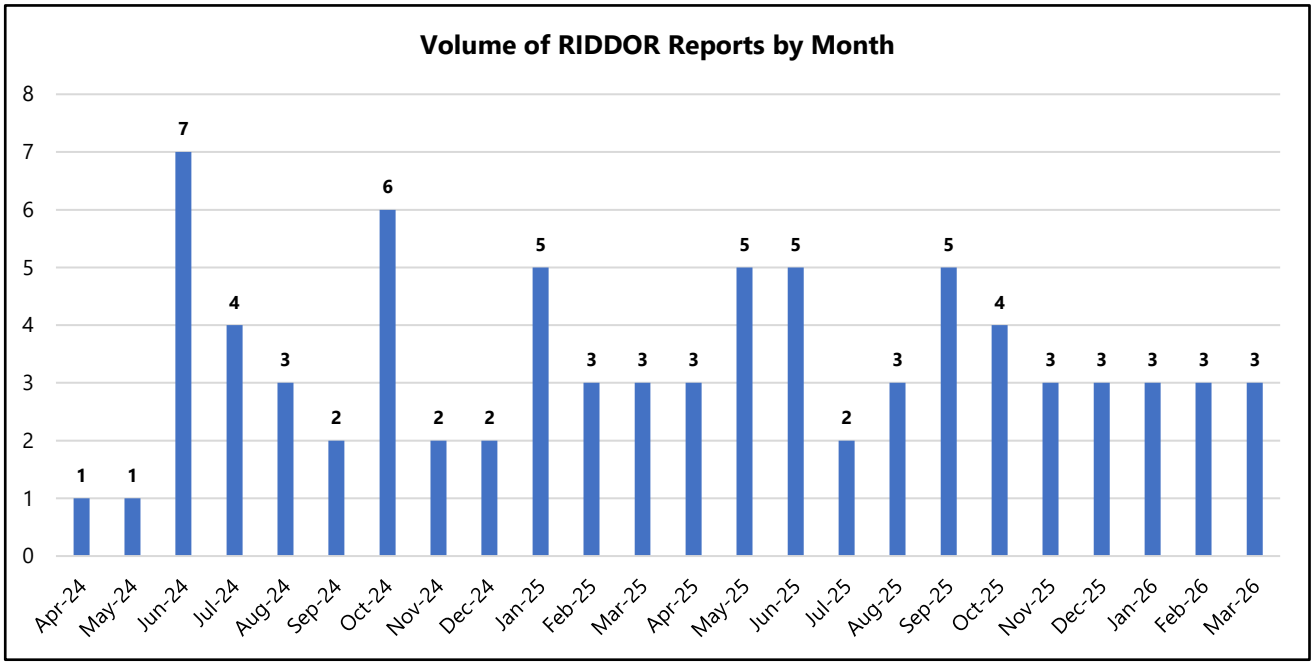
The work on implementation of previous cohorts of plug-in hybrid vehicles continues; given that there is an established mechanism for this implementation from previous vehicle procurement rounds, these have been deemed a success, and the Trust continues to support the roll out of these vehicles. However, as more vehicles are introduced to the service, work is required to assess the additional charging infrastructure required to ensure enough site capacity, allowing for effective use of these vehicles.

EV rapid charging infrastructure
The Trust has experienced some difficulties in the rapid charging market with two of the previous suppliers withdrawing from the market following successful tendering processes. Work is now focusing on installing 22kw chargers across five Trust sites in 2025/26.
Until the Trust is able to develop a programme to install rapid chargers on all major stations, the full-scale rollout of BEV ambulances will remain a significant challenge. It should also be noted that the investment required on certain sites is considerable and there are

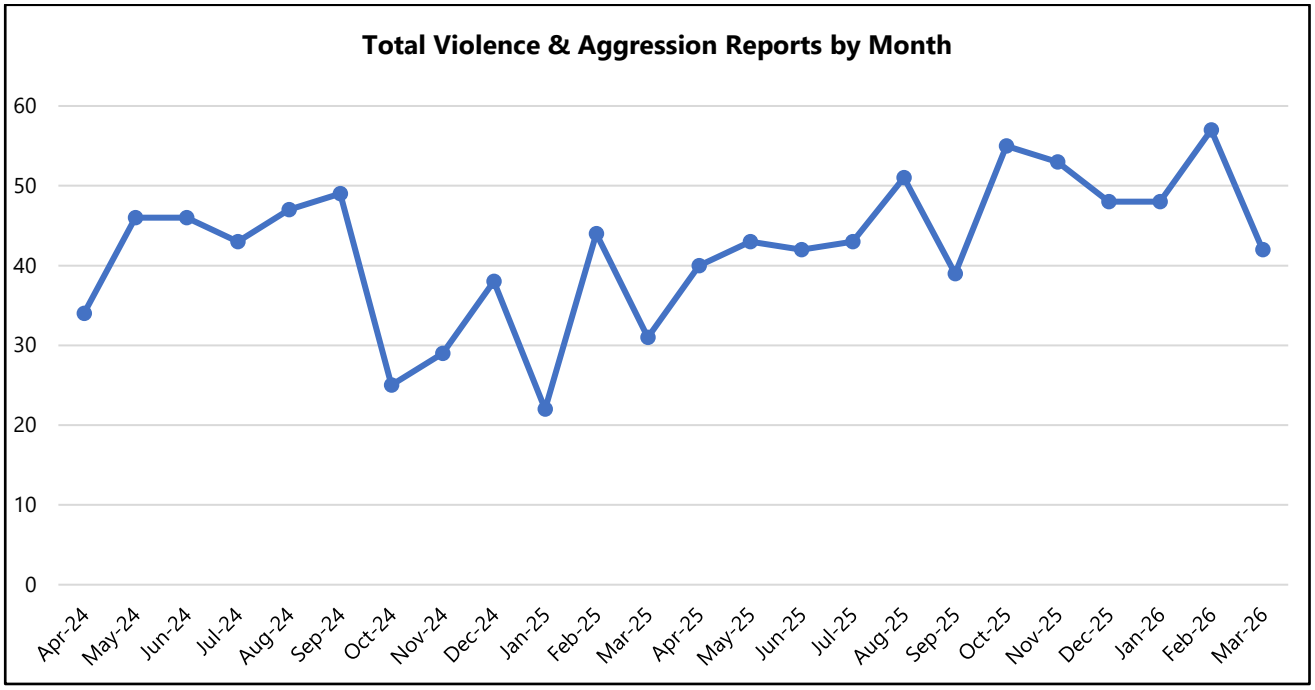
considerable challenges with distribution network operators to arrange and support the upgrades required to the existing infrastructure.

Health & Safety

The two key areas we report on are RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) and violence & aggression. The graphs for 2025/26 are below.



The volume of RIDDOR incidents has been fairly consistent over the past year, averaging 3.5 incidents per month.



The number Violence & Aggression reports received each month has seen a gradually increasing trend since early 2025 and has averaged 47 incidents a month over the past year, compared to 38 the previous year.

IMTP DELIVERY 2025/26

The 2025/26 Integrated Medium-Term Plan (IMTP) set out an ambitious and wide-ranging programme of work, underpinned by a broad set of key organisational priorities, transformational changes and areas of improvement to be delivered across the year. It was developed in line with the five ways of working sustainable development principles of the Wellbeing of Future Generations Act. The Duty of Quality Report for 2025/26 referred to above aligns with the Health and Care Quality Standards in the Quality Framework.

The Trust met the accountability conditions set by Welsh Government as part of its approval of our IMTP, the evidence for which is included in the performance report. These included delivering the objectives set by the Cabinet Secretary for Health and Social Care and the NHS Wales Planning Framework; supporting the principles of equity and social justice; undertaking robust winter planning; implementation of the new ambulance performance framework and commissioning of an evaluation thereof; delivering a community-based falls response service; improving outcomes for individuals in the purple and red categories, and responsiveness for patients in the amber / orange category; strengthening emergency planning; and delivering and sustaining a financially balanced position.

A key area of work prioritised in 2025/26 was the implementation of the new Welsh Government Ambulance Performance Framework (APF). As is illustrated in the performance overview and analysis above, this framework marked a major organisational and system-wide change in how ambulance services are measured and assessed, moving away from a predominant focus on response times towards a more outcomes-based approach that better reflects clinical effectiveness and patient experience.

In addition, the IMTP set out a range of organisation-wide improvements aimed at strengthening ways of working, modernising business processes, and enhancing the effectiveness and consistency of corporate function delivery, to better support frontline services and long-term organisational sustainability. The infographic below provides an overview of some of the organisations key achievements during 2025/26.

MINISTERIAL / SIX GOALS PRIORITIES - 2025/26 PROGRESS OVERVIEW

The Trust continued to work in close collaboration with key partners and system stakeholders to deliver key strategic changes including the Ministerial Priorities and Six Goals Priorities for Urgent and Emergency Care.

Throughout 2025-26, the Trust has remained an active partner contributing across the breadth of the Six Goals Programme., supporting the design, development and implementation of several six goals key initiatives reported through the formal programme structure, including:

- Same Day Emergency Care (SDEC)- the Trust has continued to support health board partners to embed SDEC services and increase the access and flow of 999 patients, helping to reduce demand in hospital emergency departments
- Single Points of Access (SPOA) – the Trust has supported the development and implementation of the health board SPOA models and continued work to increase the flow of appropriate 999 and 111 presenting patients.
- 'clinical consultation before conveyance' - the Trust was an active collaborator with Six Goals to design, develop and test the 'clinical consultation before conveyance' model. This model has been piloted in a number of health boards (including Hywel Dda and Swansea Bay) to route appropriate 999 calls from care homes into the (SPOA services, supporting safe and effective community-based management and reducing avoidable hospital conveyance and admission.
- National falls framework- The Trust has worked closely with system partners and the Six Goals programme to support the development of the national community-based falls framework for Wales, including the specifications for Level 1 Falls Responders and Level 2 Enhanced Falls Responders.
- In addition to this programme-wide collaboration, the Trust has delivered a range of further improvements that contribute to and support the Ministerial and Six Goals priorities. This has included the new Ambulance Performance Framework and the integrated clinical services model which are detailed in the performance analysis section above.

In 2026/27, the Trust will continue to work collaboratively with partners to deliver key Six Goals initiatives, including SPOAs, SDEC and expansion of the 'clinical consultation before conveyance' model.

This work sits alongside our contribution to the Community by Design programme, where we will continue to define and strengthen the Trust's role in supporting community-based care and improving patient outcomes closer to home.

PART 2: ACCOUNTABILITY REPORT

The **Accountability Report** is intended to meet key accountability requirements to the Welsh Government. The requirements of the Accountability Report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of Statutory Instrument 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2008 No 410.

The requirements of the Companies Act 2006 have been adapted for the public sector context as set out in the Government Financial Reporting Manual (FReM). It will, therefore, cover such matters as directors' salaries and other payments, governance arrangements and the audit certificate and report. The Accountability Report will be signed and dated by the Accountable Officer. The Accountability Report consists of three main parts. These are:

- **The Corporate Governance Report**: This Report explains the composition and organisation of the Trust's Board and governance structures and how they support the achievement of the Trust's objectives. The Corporate Governance Report itself is in three main parts: the Directors' Report, the Statement of Accounting Officer's Responsibilities, and the Governance Statement.

- **The Remuneration and Staff Report**: The Remuneration and Staff Report contains information about senior managers' remuneration. It will detail salaries and other payments, the Trust's policy on senior managers' remuneration and whether there were any exit payments or other significant awards to current or former senior managers. In addition, the Remuneration and Staff Report sets out the membership of the Trust's Remuneration Committee, and staff information regarding numbers, composition, and sickness absence, together with expenditure on consultancy and off payroll expenditure.

- **Senedd Cymru/Parliamentary Accountability and Audit Report:** The Parliamentary Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the audit certificate and report.

THE CORPORATE GOVERNANCE REPORT

This corporate governance report details the composition of the Trust's Board and governance structures and how they support the achievement of the Trust's objectives. The report explains the Trust's management and control of resources and the extent to which the Trust complies with and evaluates its own governance requirements.

It is intended to bring together in one place matters relating to governance, risk, and control.

The Corporate Governance Report consists of three main parts which are:

- The Directors' Report.
- The Statement of Accounting Officer's Responsibilities and Statement of Directors' Responsibilities in Respect of the Accounts.
- The Governance Statement.

The Directors' Report

Board Members

The details of the board and other directors who have, or had, authority or responsibility for directing and controlling the major activities of the Trust at any point during the year, and up to the date that the annual report and accounts were approved, are set out below:

Also provided here are roles board members have with respect to committees (for example chair or lead), and statutory or board champion positions.

Voting Members of the Board 2025/26 as at 31 March 2026			
Colin Dennis 	**Trust Board Chair** Remuneration Committee Chair	**Emma Wood** 	**Chief Executive Officer (from 1 October 2025)** Accountable Officer
Jayne Beeslee	**Non-Executive Director** Chair of the Finance and Performance Committee Champion for digital	**Peter Curran**	**Non-Executive Director** Chair of the Audit, Risk and Assurance Committee, Chair of the Charity Committee Champion for armed forces and veterans

Voting Members of the Board 2025/26 as at 31 March 2026

			
Bethan Evans 	**Non-Executive Director** Chair of Quality, Patient Experience and Safety Committee Champion for Welsh Language, Infection Prevention & Control, and Putting Things Right	**Professor Hayley Hutchings** 	**Non-Executive Director** Academic Non-Executive Director, Champion for research
Ceri Jackson 	**Vice-Chair** Chair of the People and Culture Committee, Champion for mental health, older persons and speaking up safely	**Hannah Rowan** 	**Non-Executive Director** Chair of the Academic Partnership Committee Champion for equality
Lee Brooks 	**Executive Director of Operations** Champion for emergency planning	**Rachel Marsh** 	**Executive Director of Strategy, Planning and Performance** **Interim Chief Executive (19 July 2025-30 September 2025)** Joint Executive Lead for the Finance and Performance Committee
Chris Turley 	**Executive Director of Finance and Corporate Resources** Joint Executive Lead for Finance and Performance Committee, Executive lead f Audit, Risk and Assurance Committee. Charity Treasurer Fire safety champion	**Liam Williams** 	**Executive Director of Quality and Nursing** Caldicott Guardian Joint Executive Lead for Quality, Patient Experience and Safety Committee Champion for children and young people, putting things right and violence and aggression

Voting Members of the Board 2025/26 as at 31 March 2026

Andy Swinburn 	**Executive Director of Paramedicine** Joint Executive Lead for Quality, Patient Experience and Safety Committee

Non-Voting Members of the Board 2025/26 as at 31 March 2026

Estelle Hitchon 	**Director of Partnerships and Engagement** Executive Lead for Academic Partnership Committee and Charity Committee	**Carl Kneeshaw** 	**Director of People** Joint Executive Lead for People and Culture Committee, and Executive Lead for Remuneration Committee
Angela Lewis 	**Director of Culture Change** Joint Executive Lead for People and Culture Committee; Champion for Anti-racist Wales Action Plan	**Trish Mills** 	**Director of Corporate Governance/Board Secretary** Champion for Welsh Language
Hugh Parry 	**Trade Union Partner at Trust Board**	**Damon Turner** 	**Trade Union Partner at Trust Board**
Jonny Sammut 	**Director of Digital Services** Senior Information Risk Officer		

Board Members who left Board positions in-year			
Rhiannon Beaumont-Wood 	**Non-Executive Director (Until 8 February 2026)** Champion for children and young people	**Jason Killens** 	**Chief Executive Officer** Accountable Officer (Until 18 July 2025)

Further to the changes reflected in the above tables, there were interim arrangements within the executive team. Following Jason Killens having left the role of Chief Executive on the 18 July 2025, Rachel Marsh was Interim Chief Executive from the 19 July to 30 September 2025. During this time, Estelle Hitchon became Interim Executive Director of Strategy, Planning and Performance. Rachel Marsh and Estelle Hitchon returned to their substantive roles on the 1 October 2025, when Emma Wood started in her role as Chief Executive.

There were other interim arrangements in year within the executive team. Christopher Turley, Executive Director of Finance and Corporate Resources had a planned absence in year from 9 September 2025 until 7 January 2026. During this time Edward Roberts (Interim Assistant Director of Finance) was appointed as Acting Director of Finance and Corporate Resources.

The board skills matrix was updated in 2025/256 with changes to the board as they occurred. The above changes had no detrimental impact on the board or on collective decision-making.

The members of the Trust's Audit, Risk and Assurance Committee during 2025/26 were Peter Curran (Chair) Ceri Jackon, and Rhiannon Beaumont-Wood. Rhiannon Beaumont-Wood left the board on 8 February 2026.

Declarations of Interest

The register of interests for directors can be found on the Trust website Board Members Register of Interests as at 31 March 2026,. The register of interests of Trust decision-makers can be viewed on the Trust Publications page.

Personal Data Related Incidents

Information on personal data related incidents which have been formally reported to the Information Commissioner's Office and "serious untoward incidents" involving data loss or confidentiality breaches are detailed in the governance statement.

Environmental, Social and Community Issues

The Trust is aware of the potential impact its operation has on the environment, and it is committed to, where resources allow:

- ensuring compliance with relevant legislation and Welsh Government Directives
- sharing the Welsh Government's ambition for public bodies to be carbon neutral by 2030
- working in a manner that protects the environment for future generations by ensuring that long-term and short-term environmental issues are considered
- preventing pollution and reducing potential environmental impact
- maintaining its ISO 14001 environmental management accreditation

Cost Allocation and Charging Requirements

The directors confirm that they have complied with the cost allocation and charging requirements set out in His Majesty's Treasury guidance.

Statement of Accountable Officer's Responsibilities

The Accountable Officer is required to confirm that, as far as they are aware, there is no relevant audit information of which the Trust's auditors are unaware, and the Accountable Officer has taken all the steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the Trust's auditors are aware of that information.

The Accountable Officer is also required to confirm that the annual report and accounts as a whole, is fair, balanced, and understandable and that they take personal responsibility for the annual report and accounts and the judgments required for determining that on the whole, it is fair, balanced, and understandable.

Statement

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer to the Trust.

The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

As Accountable Officer, I can confirm that, as far as I am aware, there is no relevant audit information of which the Trust's auditors are unaware and that I have taken all the steps that I ought to have taken to ensure that I and the auditors are aware of relevant audit information.

I can confirm that the annual report and accounts as a whole, is fair, balanced, and understandable, that I take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced, and understandable.

I can confirm that I am responsible for authorising the issue of the financial statements on the date they were certified by the Auditor General for Wales. To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an Accountable Officer.

Emma Wood
Chief Executive Officer
Date: 25 June 2026

Statement of Directors' responsibilities in respect of the Accounts

The directors are required under the National Health Service (Wales) Act 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure of the Trust for that period. In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury
- make judgements and estimates which are responsible and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts

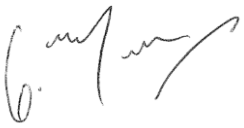
The directors confirm that they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with requirements outlined in the above-mentioned direction by the Welsh Ministers.

By Order of the Board
Signed:

Colin Dennis
Chair of the Trust Board
Date: 25 June 2026

Emma Wood
Chief Executive Officer
Date: 25 June 2026



Christopher Turley
Executive Director of Finance and Corporate Resources
Date: 25 June 2026

The Governance Statement

The Trust Board is accountable for governance, risk management and internal control in the organisation. The Chief Executive, as Accountable Officer of the Trust, has responsibility for maintaining appropriate governance structures and procedures. This includes ensuring that the Trust has a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst also safeguarding the public funds and the organisation's assets. For the year ended 31 March 2026, and through to the date of approval of the annual report and accounts, these have been carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

This governance statement demonstrates how the Trust managed and controlled resources in 2025/26 and the extent to which it complied with its own governance requirements, including how the Trust has monitored and evaluated the effectiveness of these arrangements. In doing so, it brings together all disclosures relating to governance, risk, and control.
The Trust remains at escalation level one (routine arrangements). The Audit Wales Structured Assessment for 2025 found that:

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

The Trust's Governance Framework

Corporate governance is the way in which organisations are directed, controlled and led. It defines relationships and the distribution of rights and responsibilities among those who work with and in the organisation, determines the rules and procedures through which the organisation's objectives are set, and provides the means of attaining those objectives and monitoring performance. Importantly, it defines where accountability lies throughout the organisation.

The corporate governance framework integrates the statutory, regulatory and operating context of the Trust, sets out clear roles, responsibilities and delegations, and provides assurance by supporting the unitary Board through appropriate committee and advisory group oversight and robust internal controls.

Central to the framework are robust assurance processes, including integrated planning, performance management, risk and audit arrangements, which enable the Board to gain confidence in the delivery of strategy, quality and financial sustainability. These arrangements are underpinned by clear values, ethical standards and behaviours, reflecting the Nolan Principles and the Trust's obligations under the duty of quality and duty of candour.

The governance framework places strong emphasis on transparency, public accountability and engagement, ensuring that the Trust conducts its business openly and is accountable to patients, staff, stakeholders and Welsh Government, and that arrangements are in place to support effective Board development, enabling continuous improvement in how governance is exercised.

The Trust's integrated governance programme takes a whole system approach to ensuring these elements work together in practice. It supports the continual review and strengthening of accountability, risk and assurance arrangements, and the embedding of the Quality and Performance Management Framework from floor to board, ensuring alignment between statutory duties, strategic objectives and day to day delivery.

Legal, regulatory and accountability framework

The statutory and regulatory context sets the formal boundaries within which the board operates, including primary legislation, regulations, directions from Welsh Government, NHS Wales frameworks, and relevant codes such as the UK Corporate Governance Code and, from 1

April 2026, NHS Wales Operating and Accountability Framework. It clarifies the board's legal duties, accountability arrangements and assurance requirements.

The Trust has approved standing orders for the regulation of its work and, together with the standing financial instructions and the scheme of reservation and delegation, these provide the regulatory framework for the Trust's business conduct and define its ways of working. There were no changes to standing orders or the scheme of reservation and delegation during the reporting period, other than to board committee terms of reference which are annexed to the standing orders.

Chapter 11 of the standing financial instructions was amended in September 2025 following the introduction of the Procurement Act 2023 and associated subordinate instruments, and the Health Services (Provider Selection Regime) (Wales) Regulations 2025. Chapter 11 was updated in line with the model chapter provided by Welsh Government, with new processes implemented within the Trust and across NHS Wales Shared Services Procurement.

Non-compliance to standing orders is reported to the Audit, Risk and Assurance Committee and Trust Board, with two reports during the reporting period. One was in respect of the correct approval of two employment tribunal cases and the others related to the publication of papers in line with provision 7.4.8 of the standing orders.

The Trust's governance arrangements are designed to translate statutory and regulatory requirements into day to day operating practice. Assurance provided, particularly to board committees on compliance with Welsh Government initiatives and priorities, as well as to statutory and regulatory duties is embedded in committee terms of reference and cycles of business.

Wherever possible, legal and regulatory obligations are codified in the Trust's local policies, or in All-Wales policies which allow for appropriate monitoring and auditing. The Audit, Risk and Assurance Committee have overseen the policy programme during 2025/26 and have noted that the Trust's ambition of reaching a significant number of policies in date during 2025/26 has not been achieved due to a number of competing priorities. The Audit Wales recommendation from their 2025 Structured Assessment is to make the policy review process more efficient and practical and this is the focus for 2026/27.

The Welsh Ambulance Services NHS Trust Charity (registration number 1050084) is registered as a charity with the Charity Commission for England and Wales. The Trust Board acts as the Corporate Trustee of the charity. The Corporate Trustee is responsible for the general control, management, and administration of its charity, as well as setting its strategic aims and objectives. Oversight of the charity is carried out by the Charity Committee. The charity annual report and accounts for 2024/25 have been published on the Trust website here. The Audit Wales Independent Examination report on charitable funds is available in the Corporate Trustee papers from its meeting on 30 January 2026, available here.

Board roles, responsibilities and delegations

The Trust operates through a unitary board, supported by established delegations. Standing orders incorporate the scheme of reservation and delegation of powers and, alongside the standing financial instructions, set out what is reserved to the board and what is delegated, including financial and decision-making responsibilities.

The board is accountable for governance, risk management and internal control, and focuses on:

- **strategy**, setting vision, priorities, goals, resources, and understanding risks to delivery
- **embedding ethical behaviour**, shaping organisational culture and upholding integrity, probity and the Nolan Principles
- **quality**, setting expectations and accountability for high performance, Duty of Quality, and Duty of Candour
- **managing risk**, ensuring robust risk management and internal controls and visibility of principal risks
- **gaining assurance on delivery**, holding to account, and being held to account, for delivery of strategy, performance, culture and behaviours

Board and committee structure

The board comprises the Chair, Vice Chair, six Non-Executive Directors and six Executive Directors. It is supported by five additional non-voting directors and two Trade Union Partner representatives, as set out in the Directors' Report above.

During 2025/26, the board met eight times in public and eight times in private session. Decisions taken in private are reported in subsequent public board meetings, subject to the protection of confidentiality and commercial sensitivity.

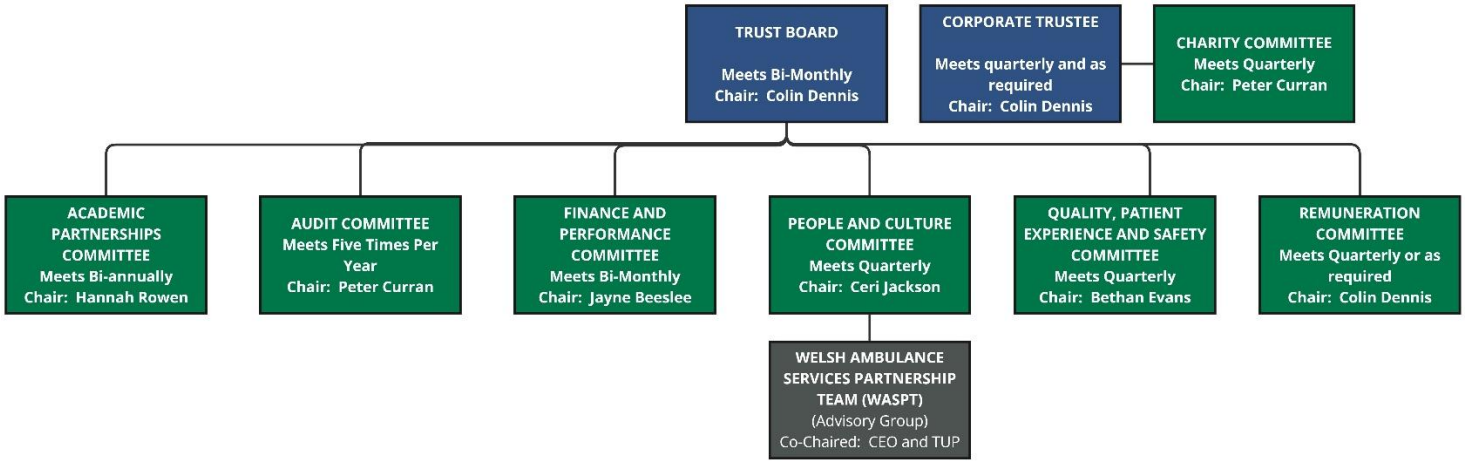
All board and committee meetings were appropriately constituted and quorate, and no scheduled meetings were stood down during the year. Six board meetings were held in person in Cardiff, with members of the public able to observe meetings virtually and submit questions in advance. At the annual general meeting, members of the public were also able to ask questions during the meeting.

Committees were largely facilitated in a hybrid format, with some meetings held virtually via Microsoft Teams. This approach supports the Trust's national remit and enables wider participation across Wales. Members of the public are able to observe these meetings.

Details of board and committee meeting dates and member attendance are included in appendix one and appendix two. Agendas and papers for public meetings are published on the Trust's website seven calendar days in advance. Committee papers, minutes and their AAA highlight report for each meeting are contained in the committee section of the Trust's website.

The board has seven standing committees, each chaired by a Non-Executive Director. Committees support the board by providing advice, gaining assurance, exercising delegated responsibilities, and enabling more detailed scrutiny than is possible at full board meetings. Each committee is supported by an executive director or director lead, who works closely with the committee Chair and the Director of Corporate Governance and Board Secretary on agenda setting, cycle of business planning, and the quality and timeliness of information.

The board and its committee structure is as follows:



The Trust's sole Advisory Group, the Welsh Ambulance Services Partnership Team (WASPT) brings together senior leaders, trade union and professional organisation representatives to discuss national priorities and agree approaches to workforce and health service issues. It provides the formal mechanism for consultation, negotiation and communication between trade unions and the Trust's senior leadership.

The group meets bi-monthly and held six meetings in 2025/26, with each meeting including an informal workshop on topical issues. Operational and corporate forums report into WASPT to enable issues to be addressed locally, allowing WASPT to operate in a more strategic space.

As set out below, each year the committees and advisory group review their effectiveness. The primary outputs of this process are revised terms of reference, improvements to operating arrangements and a committee/group annual report. The annual reports of committees provide the Audit, Risk and Assurance Committee (ARAC) with enough detail for them to assure the board that committees have discharged their responsibilities and are operating effectively.

The 2025/26 annual reports for committees - which can be accessed here - provide details of the remits of each committee. The alert, advise and assure (AAA) highlight reports also at that link set out the work of each of the committees in 2025/26 therefore this has not been duplicated in this annual report. The updated terms of reference of each committee can be viewed here.

The ARAC provides the board and the Accountable Officer with advice and assurance on whether effective arrangements are in place through the design and operation of the Trust's system of assurance to support them in their decision taking, and in discharging their

accountabilities for securing the achievement of the Trust's objectives. The committee's cycle of business is developed to deliver this role and any deviation from the cycle is escalated to the next meeting. In addition to its business as usual work, the ARAC established a sub-group in 2025/26 to undertake an exercise to streamline the committee structure (see further below).

The Remuneration Committee meets in private session. During 2025/26 the Remuneration Committee endorsed re-banding decisions for various roles; received the Chief Executive's objectives and appraisal; endorsed the appointment processes for senior manager posts; endorsed settlement agreement and voluntary early release settlements for approval by Welsh Government; endorsed the annual report remuneration table; reviewed agenda for change and executive salary payment national pay awards and undertook their quality and governance review.

Decision making and assurance processes

The Trust's governance framework includes the systems and processes required for sound decision making, oversight and assurance, including annual business planning through the Integrated Medium-Term Plan (IMTP) and local directorate plans, the Quality and Performance Management Framework, and supporting policies and procedural guidance.

The board's authority is contained in the standing orders, standing financial instructions and the scheme of reservation and delegation. The board delegates authority to the Chief Executive via that scheme, and to the board committees via their terms of reference.

The Chief Executive, as Accountable Officer, has established the Executive Leadership Team (ELT) as the Trust's principal executive decision making body. The ELT supports the Chief Executive in the day-to-day leadership and management of the Trust. Its responsibilities are underpinned by the Accountable Officer's Memorandum and, from 1 April 2026, the domains of the NHS Wales Operating and Accountability Framework.

As part of the integrated governance programme in 2026, the Trust will refresh the governance framework and the structures to which the ELT delegates work. This will strengthen the operation of assurance from floor to board, supporting clear visibility of performance and risk to the Accountable Officer and the board.

Decisions and actions at the board, committees and ELT are recorded through meeting minutes and an action log, which are reviewed and approved at each meeting. Following each committee meeting, a AAA highlight report is prepared and escalated to the board, supporting clear oversight of key risks, issues and assurance. That report is also published on the Trust website to promote timely openness and transparency.

Further details on the working of the board in 2025/26 can be found on our website here, including the biographies of members, dates of meetings, papers, minutes, and recordings of past meetings.

Risk and control framework

The Trust has established an excellent organisational and board-level risk culture, which is firmly embedded in our governance arrangements and aligned to our strategic objectives. Principal risks drive the agenda of our board and committees and are reviewed regularly at the ELT and committee meetings, ensuring robust oversight and informed decision-making. This approach enables early identification, assessment, and effective management of risks, supporting the delivery of safe, high-quality services and compliance with statutory and financial duties.

Our current strength lies in this well-developed risk culture and linkage of risks to strategic objectives. However, there is a need to mature further by developing a strategic board assurance framework that provides a clearer line of sight for the board on risks directly associated with each strategic objective, together with the strength of assurance on controls, and clear mitigations to meet identified gaps. This will enable the board to better understand where assurance is strong and where gaps remain.

The risk management section below provides further detail.

Values, behaviours and culture

The board shapes the culture of the Trust through in a myriad of ways, including how it engages with staff, patients and stakeholders, how it manages its agenda, the nature and balance of board discussions, and where it invests time and resources. Board members are expected to demonstrate the highest ethical standards of integrity and probity and to uphold the Nolan Principles.

Hearing the voices of patients and staff at board and committee meetings remains a core component of meetings and is an important triangulation for the board. Following each meeting a follow up is presented on learning and/or actions from experiences shared.

The board promotes a culture of openness and learning, ensuring that staff understand their role in the effective and high-quality provision of care, and supporting compliance with the duty of quality and duty of candour as set out in the Health and Care (Quality and Engagement) (Wales) Act 2020.

Partnership working also supports the Trust's culture and governance, including the WASPT Advisory Group as the principal partnership forum for engagement with trade unions and professional organisations.

Board effectiveness and development

The board routinely assesses the effectiveness of its governance arrangements and that of its committees and advisory group.

In late 2025 the Good Governance Institute were engaged to conduct a thorough and developmental review of the board's effectiveness to ensure it is positioned to meet the complex challenges of today and the future. This included observations from the Good Governance Institute of board, committee and ELT meetings, interviews with board members, review of documentation and a board survey.

The summary of the Good Governance Institute's report, which will be presented to the board on 30 July 2026, provided that:

> *"Our overall assessment is that the board of WAST is a good board, with the potential to be a really great one. There is clear evidence of maturity, professionalism and a shared commitment to improving patient outcomes. It is well chaired, well supported and operates with a strong sense of collective responsibility, maturity and intent. Importantly, the foundations for high performance are already in place:*
>
> - *A constructive and inclusive culture*
> - *Strong executive cohesion*
> - *Disciplined processes and generally high-quality inputs*

The opportunity at this stage is not fundamental redesign, but targeted refinement, focusing on a relatively small number of structural and behavioural shifts that would materially improve overall governance effectiveness and ultimately patient outcomes."

The full report can be found in the July 2026 board papers available after that date here, and as part of the Integrated Governance Programme in 2026 the Trust will begin to implement the findings and ensure alignment and a golden thread from floor to board.

In addition to the board's review of its quality and governance arrangements, comprehensive reviews were undertaken for each committee during 2025/26. Early in the year the ARAC established a sub-committee to ascertain if further efficiencies to the committee structure could be obtained to enable a more focused, strategic and proportionate governance framework.

The sub-committee developed a number of options which were considered by the ARAC, with the preferred option to reduce the number of committees from seven to six. The recommended approach was to disband the Academic Partnership Committee and redistribute its functions to other committees. This was agreed by the board in January 2026; however, implementation was deferred pending the outcome report from the Good Governance Institute. These recommendations will be taken forward and aligned to the Integrated Governance Programme in 2026.

As indicated above, the annual report from each committee was endorsed by the ARAC on 28 April 2026 and presented to the board at their May 2026 meeting. The ARAC noted completion of the Trust's 2025/26 programme of quality and governance reviews across board committees and endorsed all committee annual reports from 2025/26 ahead of submission to the Trust Board. ARAC was assured that the proportionate, qualitative review approach adopted this year has not identified any new issues requiring escalation beyond those already considered, providing assurance on the effectiveness of committee operation and governance arrangements. ARAC further took assurance from the alignment of this work with a wider programme of governance development, including the externally commissioned review by the Good Governance Institute and a phased approach to implementing any subsequent changes; as referenced above.

The ARAC utilised the National Audit Office effectiveness toolkit for their annual quality and governance review, drawing out for debate areas for improvement on both essential and good practice areas in the toolkit.

The thematic board development programme continued in 2025/26 with a focus on learning, reflection and understanding. Six scheduled sessions were designed to support strategic discussion, shape culture and behaviours, strengthen system and partnership working, enhance knowledge of the regulatory environment, and allow detailed briefing of complex issues ahead of formal meetings. These sessions also include feedback from non-executive directors on visits undertaken. Topics during the year included strategic planning, review of integrated quality and performance reporting, understanding and development of risk appetite statements, value based healthcare, IMTP and financial planning, and the wider political landscape for NHS Wales.

Transparency, accountability and engagement

The Welsh Government Cabinet Secretary for Health and Social Care introduced a series of public accountability meetings in 2025/26 aimed at increasing transparency and public trust in the NHS in Wales. These meetings were an opportunity for the Cabinet Secretary to scrutinise the performance of health bodies and address significant issues including performance and quality of care. The Trust's public accountability meeting took place on 5 March 2026. The evidence submission can be accessed here and the recording of the meeting can be viewed here.

Following that meeting the Cabinet Secretary recognised the professionalism, openness and seriousness with which the board and executive team are approaching the Trust's challenging transformation programme. The discussion acknowledged the sustained pressures across the wider health and care system and confirmed that, despite operating at scale in a highly constrained environment, the Trust remains organisationally stable, financially disciplined and confident in its governance arrangements. The Cabinet Secretary noted progress in the implementation of the new ambulance performance framework and clinical model, with early improvements evident in areas such as patient handover and clinical assessment, while also recognising that outcomes remain fragile and uneven, particularly for lower-acuity patients and those experiencing long waits.

The Cabinet Secretary highlighted the importance of allowing recently implemented changes time to embed and be properly evaluated, emphasising the need for demonstrable impact, learning and course correction where required, especially in relation to patient experience and waiting times. The meeting also reflected the Trust's growing role as a clinically led national system partner, using data, insight and influence to support greater consistency and integration across urgent and emergency care in Wales. In closing, the Cabinet Secretary underlined the Trust's unique system leadership opportunity as a national organisation and reaffirmed expectations that future delivery will focus on consolidating change, strengthening partnership working and continuing to improve outcomes for people across Wales.

In accordance with the Public Bodies (Admissions to Meetings) Act 1960, the Trust is required to meet in public and did so for all public board meetings in 2025/26. Members of the public can observe public meetings and submit questions in advance.

To support openness and accessibility, most committees continued to operate in hybrid format, with some meetings held virtually via Microsoft Teams. Agendas and papers for public sessions are published seven calendar days before meetings. The Trust held its 2025 AGM via Teams on 31 July 2025, and the meeting was livestreamed. The recording is available to watch here.

The Trust also receives assurance and context through engagement in relevant All Wales governance arrangements. The NHS Wales Joint Commissioning Committee is responsible for planning and commissioning emergency ambulance services, including NHS Wales 111, on an all-Wales basis. More information on this is included in the Performance Report above.

The Trust is a member of the NHS Wales Shared Services Partnership Committee, hosted by Velindre NHS Trust, which oversees shared functions across NHS Wales such as procurement, recruitment and legal services.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised, the impact should they be realised, and to manage them efficiently, effectively, and economically.

The system of internal control remains in place for the year ended 31 March 2026 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk

The Trust remains committed to the active and proportionate management of risk as a fundamental component of effective governance, safe service delivery and the achievement of its strategic objectives. Risk management supports informed decision making at all levels and provides clarity on the risks that would prevent us from achieving the Trust's strategic ambition. It enables appropriate challenge by the board on whether risks are being managed, treated and escalated; however, further changes are being made to improve this with the introduction of board specific dashboards and the application of tolerance and risk appetite during 2026/27.

Risk Management Framework and governance

The board is accountable for governance, risk management and internal control. The Chief Executive, as Accountable Officer, has responsibility for ensuring that a sound system of internal control is in place which supports the achievement of the Trust's objectives, while safeguarding public funds and assets. Executive directors are responsible for identification, ownership and management of risks within their portfolios, supported by clear arrangements for escalation, assurance and Board oversight.

The Director of Corporate Governance / Board Secretary leads the design, implementation and continued development of the Trust's risk management framework.

The ARAC provides focused oversight on behalf of the board, including scrutiny of the risk management programme and the development and application of risk appetite statements.

The board and its committees have received regular risk reports in 2025/26, including updates on principal and emerging risks, changes in risk exposure and consideration of mitigating actions. Committees report on debate and discussion on risk in their AAA highlight reports.

The Trust's local, directorate and corporate risks are managed using a combination of RL Datix and local documents. Our 2024/25 risk management internal audit noted that consistency of approach is vital for good risk management and appropriate escalations but also recognised that sound governance was in place to manage these risks absent a workable digital solution.

In 2025/26 work began on the development of an in-house enterprise risk management system. This is being designed to provide a robust, reliable and flexible system to manage local, directorate and corporate risks for each directorate in the Trust, but also to ensure our strategic board assurance framework (BAF) is digitised and can effectively draw intelligence from the higher rated corporate risks to inform risks against strategic objectives. In parallel, training and education on the new system is being developed.

The current BAF continues to set out the Trust's principal risks. Each are mapped to IMTP deliverables against strategic objectives. Key to the next stage of maturity in risk management is the transition from a BAF that primarily links principal risks to the delivery of strategic objectives, to a fully embedded, strategic BAF that supports longer-term board oversight and decision making. Preparatory work is underway, with agreed templates in place and the first of six strategic risks in development. Importantly, the board's increasing focus on the strategic deliverables within the IMTP, and the associated outcome measures for each strategic objective, now provides a stronger foundation from which this work can be taken forward in a measured and proportionate way.

The 2025/26 internal audit on risk management provided for reasonable assurance and notes that, despite the need for stronger alignment to strategic objectives, the BAF nevertheless provides good coverage of the Trust's principal risks and reflect regular review of controls and gaps in assurance. The review recommended closer attention to ensure completed actions translated to controls to mitigate risks.

The 2025 Audit Wales Structured Assessment noted that the Trust's plans to begin to update the long-term strategy in 2026/27 will offer a welcome opportunity to align the strategic BAF with the development of newly shaped strategic objectives.

Overall, while the Trust continues to operate in a highly challenging and risk exposed environment, it is satisfied that its capacity to identify, manage and respond to risk remains appropriate and that the system of internal control provides reasonable assurance in support of effective governance and accountability.

Risk Profile

The Trust's risk profile continues to reflect sustained system wide pressures, particularly in relation to urgent and emergency care performance, patient flow, workforce capacity and wellbeing, cyber and digital resilience, emergency preparedness and statutory compliance. These risks are subject to enhanced scrutiny, regular review and action planning, and identifies where mitigation is dependent on action by system partners.

Further detail on the Trust's principal risks are set out below, however the board's attention and that of the Quality, Patient Experience and Safety Committee has been on risks 223 (The Trust's inability to reach patients in the community causing patient harm and death) and 224 (significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe and effective service for patients). Whilst risk 223 saw a reduction from a score of 25 to 20 in 2025 due to reduced handover delays, there is still variance nationally and the board has agreed that a sustained period of reduction is required to maintain the lower score.

The board receives a report at each meeting on action the Trust is taking to mitigate avoidable patient harm. This allows the board to focus on mitigations in the control of the Trust to mitigate, and what is being managed and influenced from a system perspective.

Higher rated risks relate to cyber security (risk 260) and the Trust's ability to implement learning from the Manchester Arena Inquiry (risk 641). Both remain at a score of 20 and have not reduced during 2025/26. With respect to cyber security, the board and the Finance and Performance Committee scrutinise the actions to reduce this risk, whilst recognising that the current geopolitical environment is quite volatile. Whilst the Trust has implemented recommendations it is able to, the majority of the recommendations as a result of the Manchester Arena Inquiry require significant funding, which is why it remains at this score. However, the Trust has been able to fund some recommendations in 2026/27 and continues discussions with Commissioners on the implementation of remaining recommendations.

A snapshot of risks, their related strategic objectives and risk appetites are set out on the next page, however the full BAF can be viewed in the papers from the 2 March 2026 ARAC meeting which are available here (via accessing the 2 March papers, specifically the 'reading room' links).

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Strategic Objective	Risk Appetite	Risk ID	Risk Title	Q1	Q2	Q3	Q4
1	Open	223	Trust's inability to reach patients in the community causing patient harm and death	25	25	20	20
1	Open	224	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service	25	25	25	25
3	Keen	260	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	20	20	20	20
1	Open	641	The Trust's inability to implement the learning from all relevant Manchester Arena Inquiry (MAI) recommendations impacting its response to a major incident/mass casualty incident	20	20	20	20
2	Open	160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	16	16	16	16
2	Open	558	Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures	15	15	15	15
3	Keen	671	Unauthorised or inappropriate use of AI technologies		16	16	16
6b	Open	542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan	16	16	16	16
5	Open	201a	Relationships with Stakeholders			16	16
4	Open	201b	Poor Patient Experience Affecting Reputation			16	16
5	Open	623	Failure to comply with Data Protection Legislation	15	15	10	
1	Open	620	Symptom Checkers	20	15	15	15
1	Open	594	The Trust's inability to provide a civil contingency response in the event of a major incident and maintain business continuity causing patient harm and death	15	15	15	15
2	Open	163	Maintaining Effective & Strong Trade Union Partnerships	12	12	12	12
4	Open	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	12	12	12	12
6a	Cautious	139	Failure to Deliver our Statutory Financial Duties in accordance with legislation	8	8	8	8
5	Open	201	Damage to Trust reputation following a loss of stakeholder confidence NB: this risk is closed and two new risks (201a and 201b above) developed	20	20		
	Risk achieved target						
	Risk closed from all registers						
	Risk not in existence						

Risk Appetite and tolerance

During 2025/26 the Trust began to embed its risk appetite framework, building on the suite of risk appetite statements agreed by the board and overseen by the ARAC. The statements articulate the level of risk the Trust is willing to accept in pursuit of each strategic objective and provide clarity on where exposure is outside tolerance and requires further action, mitigation or escalation.

Risk appetite was informed by analysis of the Trust's principal risks, board and committee risk reports, performance and quality intelligence, internal audit findings and the external operating environment. The ARAC led detailed scrutiny of draft appetite statements prior to board approval, ensuring that appetite reflects statutory responsibilities, patient safety priorities and the Trust's capacity to mitigate risk within available resources.

The Trust's risk appetite statements can be found here. Risk appetite is being implemented to inform future decision making, prioritisation, and the board's assessment of whether the Trust's risk exposure remains acceptable in the context of quality, patient safety, available resources, delivery expectations and system constraints.

Identification, escalation and management of new and emerging risks

Risks are identified and reviewed through an ongoing process embedded across the organisation. Sources include operational and performance reports, quality and safety monitoring, internal and external audit, incident reporting, serious adverse events, workforce indicators, and engagement with partners and stakeholders.

New and emerging risks are assessed using the Trust's risk assessment methodology and escalated through established governance routes, including directorate governance arrangements, the ELT and the ARAC, with onward escalation to the board and committees where appropriate. Significant new risks are recorded on the corporate risk register and incorporated into the BAF with clearly defined controls, mitigating actions and assurance sources.

During 2025/26, several new and newly evolving risks were identified and escalated through the Trust's governance arrangements, including continued system pressure across urgent and emergency care pathways, heightened cyber security threats and risks relating to sustaining workforce capacity and wellbeing. These risks were assessed, recorded on the BAF, and subject to targeted mitigating actions and enhanced board oversight.

Capability, culture and training

The Trust recognises that effective risk management is dependent on organisational capability, clarity of roles and a positive risk culture. Risk management is undertaken at all levels of the organisation and colleagues are supported through bespoke risk management sessions for teams and induction programmes, as well as basic risk management training enabling them to identify, manage and escalate risks in line with their responsibilities.

Partnership working and stakeholder engagement

Many of the Trust's most significant risks rely on effective partnership working beyond the Trust's direct control. The Trust works closely with system partners, including health boards, NHS Wales bodies and other stakeholders, to ensure shared understanding of risk, coordinated mitigation and alignment of action where risks impact on patient safety, access and service sustainability. This was particularly evident in 2025/26 when risk officers from the Joint Commissioning Committee (JCC) attended our Quality, Patient Experience and Safety Committee to observe the discussion and debate on our highest patient safety risks, which are mirrored in their risk register.

Feedback from patients, the public and stakeholders informs the Trust's risks and the development of mitigating actions, alongside intelligence from quality governance, complaints, concerns and incident reporting.

Continuous improvement

Risk management arrangements continue to evolve as part of the Trust's wider governance and assurance framework with oversight by the ARAC. Learning from internal audit, external review, board and committee scrutiny is used to strengthen risk management processes, improve clarity of reporting and enhance the board's ability to focus on the most significant threats to delivery of the Trust's strategic objectives.

Priorities for 2026/27 include the roll-out of the strategic BAF across all strategic objectives and their reporting to the board and committees aligned with evolving strategic delivery reporting. Development, testing and roll-out of the in-house enterprise risk management system will be taken forward in 2026/27 also.

Emergency preparedness and specialist operations

As a Category One NHS organisation under the Civil Contingencies Act 2004, the Trust has continued throughout 2025/26 to discharge its statutory duties for emergency preparedness, resilience, response and business continuity. Arrangements remain aligned to the NHS Wales Emergency Planning Core Guidance and Welsh Government expectations, ensuring the Trust is prepared to respond to and recover from a wide range of disruptive and emergency events. The Trust submitted its annual 2024/25 Emergency Planning Report to Welsh Government in June 2025, noting the risks set out above and a shift in its assurance position indicating that some Civil Contingency Act 2004 principles were only partially met rather than fully met, reflecting learning from the Manchester Arena Inquiry.

During 2025/26, the Emergency Preparedness, Resilience and Response (EPRR) function has focused on consolidating and embedding improvements arising from national learning and internal assurance activity. Progress has continued in relation to the Manchester Arena Inquiry recommendations, with ongoing engagement across NHS Wales, Welsh Government and Local Resilience Forum (LRF) partners.

Recommendations requiring sustained funding and longer-term delivery remain managed through the Trust's corporate risk framework to ensure appropriate oversight, assurance and executive accountability. A business case for the uplift of the South Wales-based Hazardous Areas Response Team (HART) team was submitted to Welsh Government in quarter 4, with ambition to submit a full business case for a North-based HART team in 2026/27.

Strengthening business continuity management has remained a priority throughout 2025/26. The Trust has continued to embed a consistent, organisation-wide approach to business continuity planning and reporting, supported by the implementation and use of dedicated business continuity software. This has improved the quality, visibility and assurance of business impact analyses and continuity plans across services, supporting the ambition of clearer escalation, improved assurance and greater organisational resilience.

Throughout the year, the Trust has responded to a range of significant incidents and system pressures, which have provided opportunities to test emergency response, command and control arrangements, interoperability and organisational resilience. These events have reinforced the importance of preparedness, training and strong multi-agency working, and have informed organisational learning and improvement activity within the EPRR function. The Trust has remained fully engaged with Local Resilience Forum partners across Wales, contributing to executive planning groups, training programmes and multi-agency exercises. Continued collaboration with Welsh Government and resilience partners has supported the review of the Wales Resilience Framework, which will be analysed and used to create training and exercise packages in 2026/27.

Specialist operational capability has been sustained throughout 2025/26, including HART and Specialist Operational Response Team (SORT) provision. Investment in specialist capabilities has continued to enhance the Trust's ability to respond to complex, high risk incidents, including hazardous materials, major trauma, water rescue and terrorist related events, ensuring preparedness remains aligned to national and regional risk. Currently there are 230 SORT trained staff across WAST with robust plans to reach 290 in 2026/27.

In December 2025, The Trust provided evidence to the Senedd's Public Accounts and Public Administration Committee, focussed on Welsh Government's current preparedness, response structures, and progress since the Covid-19 pandemic to address the gaps identified by the Covid-19 Special Purpose Committee (dissolved on 08 October 2025). This includes its response to the UK Covid Inquiry Module 1 report, implementation of the Module 1 recommendations, and the Welsh Government's role in Exercise Pegasus, a tier one pandemic preparedness exercise. The Committee's report was published in March 2026.

Looking ahead, the Trust recognises that the evolving national resilience landscape, increasing system pressures and the implementation of outstanding Manchester Arena Inquiry recommendations will continue to place demands on EPRR capacity and capability. The Trust will continue to work with Welsh Government, blue-light partners, Local Resilience Forums and NHS colleagues across Wales and the UK to ensure that emergency preparedness arrangements remain effective, proportionate and resilient, and that the Trust remains prepared to respond to any event or circumstance that impacts on the population it serves.

The control framework

Financial governance

The financial governance framework within the Trust provides a structured system through which financial accountability, stewardship and decision-making are exercised in support of the Trust's objectives and statutory duties. It is underpinned by standing financial instructions, the Integrated Medium-Term Plan and the accountability arrangements set by Welsh Government.

Financial governance is embedded through clearly defined roles and responsibilities, with the board retaining overall accountability for financial sustainability and control, supported by the ARAC and the Finance and Performance Committee. This framework ensures that financial planning, budgeting, monitoring and reporting are aligned with strategic priorities and that the use of public funds is lawful, effective and represents value for money.

Operationally, the framework is delivered through robust financial management processes, including budgetary control, financial performance reporting, capital and investment approvals, procurement and contract management, and the maintenance of strong internal controls. Regular reporting provides transparency on performance against plan, delivery of savings and efficiencies through the financial sustainability programme, and emerging financial risks, enabling timely scrutiny and escalation where required.

For several successive years, the financial governance framework has demonstrated robustness, supporting the achievement of a breakeven position and a good record for delivering savings, as noted in the Audit Wales 2025 Structured Assessment that indicated:

> *The Trust manages its finances well to meet its key financial duties during 2024-25. Positively, it is reducing its reliance on non-recurrent savings. Yet the Trust is facing increasingly challenging financial pressures this year which creates risks to achieving its forecast breakeven position. However, there is a need to clarify the affordability of some of the Trust's strategic plans.*

Assurance is strengthened through internal and external audit, compliance with the financial duties placed on NHS bodies in Wales, and integration with the Trust's wider risk and assurance arrangements.

Quality, safety and clinical governance

The Trust remains focussed on sustaining and developing a culture of improving quality across the Trust with regular reporting of quality governance providing assurance to the Quality, Patient Experience and Safety Committee (QUEST). This included the delivery of a Strategic Quality Plan for 2025-2028. The plan is supported by a detailed implementation plan, which aligns with previous Audit Wales Recommendations.

QUEST has raised concerns about delivery risks from deferring activity to later stages of the plan, given ongoing capability and capacity pressures following significant clinical model changes. QUEST will continue to monitor the plan review in 2026/27.

A significant focus of Quality Governance in 2025/26 was the establishment of robust governance arrangements to support recovery of the statutory compliance under Putting Things Right (PTR). As can be seen in the performance report above, performance was below where it should have been and it was an issue escalated to the board by QUEST on several occasions in 2025/26. As a result, a cross directorate programme board was formally established to provide structured oversight, risk management and assurance. The increased governance oversight allowed for improved visibility and transparency of process challenges and the importance of linked data and intelligence to support quality control and improvement. This programme board has been expanded to provide assurance and oversight of the Trust's approach to implementing the new Listening to People Regulations from 1 April 2026.

In September 2024 Audit Wales concluded a follow-up review of the Quality Governance audit conducted in 2022. This included a number of recommendations made in the 2022 audit remaining in progress, and additional recommendations for improvement. All identified actions to address these recommendations were completed in 2025/26.

The Quality Management Group (QMG) has continued to build connections to support an organisational approach to quality improvement and underpin the Trust's Quality Management System. Intelligence platforms within this area have continued to develop and allow us to identify areas of improvement in quality control and quality assurance spaces working together to share information and monitor improvement. The purpose of the forum is to improve cross-organisational working and provide advice for strategic forums, through quality planning and escalation, and through assurance governance frameworks. The QMG reports to the Clinical Quality Governance Group, which is the primary clinical & quality governance forum in the

Trust reporting into the Executive Leadership Team. A key focus area for the forum this year has been the completion of quality assurance self-assessments and the development of quality statements for all organisational departments in order to support forward improvement plans through 2026/27.

Quality Impact Assessments (QIA) are embedded within governance infrastructures and have been pivotal in ensuring that decisions taken around clinical services transformation have been considered across the twelve Health & Care Quality Standards. Clear guidance and support is provided across governance forums to ensure that quality is at the heart of decision making and specialist advice continues to be provided by our quality teams to support leaders across the organisation in considering the impacts of proposals and decisions against these standards.

The Quality Performance Management Framework (QPMF) provides the principles and organisational requirements for a robust quality management system. This framework and the workplan associated with it is monitored by the QPMF Steering Group who provide assurance to the Executive Leadership team. All elements of the organisation across both operational and corporate services have been supported to complete a self-assessment against the framework to develop improvement plans associated with their individual quality management systems.

During 2025/26 work has progressed to establish appropriate information governance and regulatory pathways to enable the Trust to utilise service user data for targeted outreach and experiential intelligence purposes. This included the development of submissions and engagement with the Information Commissioners Office. Governance for this initiative was overseen through the Information Governance Steering Group and QMG.

The Trust develops an annual clinical audit plan in line with national and local priorities. The audit plan is reported to QUEST quarterly, with any deviations in the plan agreed. QUEST in turn assures the Audit, Risk and Assurance Committee that the clinical audit plan is in place and being monitored. The Trust's annual Quality Plan for 2025/26 can be accessed here.

Information governance arrangements (including information security)

Information Governance underpins the Trust's ability to deliver high-quality, safe, and effective care. Ensuring the confidentiality, integrity, and availability of information is fundamental to maintaining trust, supporting digital transformation, and complying with statutory responsibilities.

The Trust operates a robust information governance framework and has a statutory responsibility to ensure that effective governance controls and arrangements are in place, to ensure its information processing is in accordance with the law and associated standards. The framework consists of an established suite of information governance, data protection, and information security policies, procedures, guidance, and processes to inform and guide the organisation to ensure compliance is met in practice. The framework includes monitoring and reporting arrangements, audits, compliance assessments, and improvement initiatives along with incident and risk management processes. The Trust has embedded a culture of continuous improvement across its information governance activities, supported by both internal and external audits. Recommendations from these audits are tracked to completion and used to inform policy updates and training content.

Information security remains a significant risk across NHS Wales, and the Trust continues to develop mitigations for and monitor the associated risk 260 '*A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems'*. With a risk-led approach, the Trust has focused on improving the technology, processes, and people aspects to ensure cyber resilience. A cyber improvement plan is in place and is actively monitored. System risk assessments are routinely undertaken. An Information Security Policy is in place, and training and awareness is actively shared and communicated across the Trust under the Information Security Training Campaign. Regular exercises are conducted to test resilience, refine business continuity plans and staff awareness of cyber threats.

An Information Governance Steering Group is established with executive and senior level membership including the Senior Information Risk Owner, Data Protection Officer, and Caldicott Guardian. The Group receives reports on information governance and data protection matters, developments, and performance. It reports directly to the Executive Leadership Team monthly and provides assurance on the Trust's compliance with relevant information governance standards. Oversight at board level is through the Finance and Performance

Committee, and the board's digital non-executive director works closely with the Digital Director on emerging issues.

The Trust continues to provide annual submissions to the Welsh Information Governance Toolkit. The results of the March 2026 submission are that the Trust is meeting all minimum standards at the point of submission, with eight out of the twelve categories exceeding expectations.

There is an existing risk on the corporate risk register related to failure to comply with data protection and a new risk on the unauthorised or inappropriate use of AI technologies. The risks and mitigation actions continue to be monitored.

Data Protection Impact Assessments (DPIAs) are routinely conducted for new or significantly changed systems and processes involving personal data, with support from the Information Governance Team to ensure proportionality and legal compliance. This has been a focus of the Information Governance Steering Group in 2025/26, and raising the profile of these is a key priority in 2025/26.

The Trust uses the Once for Wales Concerns Management System to capture information governance incidents via the incident reporting module. Reported information governance incidents are reviewed and assessed in accordance with the NHS Wales Guidelines on the Categorisation and Notification of Personal Data Breaches, which provides detailed guidance for assessing and reporting incidents. Any remedial actions are taken where required. Incident figures are reported to the Information Governance Steering Group. Depending on the nature and severity of the incident, the incident reports may be required to be notified to the ICO. During the reporting period of 1 April 2025 to 31 March 2026, three incidents were notified to the ICO. Following notification, one report was rescinded, and no further action has been received from the ICO in relation to the two remaining incidents.

Corporate Governance Code compliance

An assessment against the corporate governance code for central government departments (2017), has been completed using the "Comply" or "Explain" approach. Whilst there is no requirement to comply with all elements of the code, an assessment was undertaken in April 2026 against the main principles as they relate to an NHS public sector organisation in Wales. The results were reviewed by the Audit, Risk and Assurance Committee on 28 April 2026 and the papers for that meeting can be accessed here.

The Trust is satisfied that it is complying with the main principles of and is conducting its business in an open and transparent manner in line with the code. There were no reported/identified departures from the Corporate Governance Code during the 2025/26 reporting year.

Local counter fraud services

The Local Counter Fraud Specialist (LCFS) is an accredited counter fraud professional who delivers both proactive work (e.g., raising fraud awareness, preventing, and deterring fraud) and reactive work to hold those who commit fraud to account (e.g., fraud investigations). The LCFS provides reports to ARAC and the ELT in relation to the quality and effectiveness of all counter fraud bribery and corruption work undertaken.

Counter fraud, bribery and corruption objectives are discussed and reviewed at a strategic level within the organisation. The ARAC is accountable for gaining assurance that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present.

This is achieved through quarterly updates to ARAC from the LCFS; supported by an annual report on counter fraud, bribery and corruption work which complies with the NHS Counter Fraud Authority's guidance in relation to content regarding all applicable standards for fraud, bribery, and corruption; and provides a clear update on progress against work plan objectives.

The ARAC must satisfy itself that the Trust has adequate arrangements in place for countering internal fraud and reviews the outcomes of that work, and acknowledges work completed against presented risks and an agreed work plan. The ARAC reviews and approves the internal counter fraud arrangements on an annual basis.

Planning arrangements

In accordance with expectations from Welsh Government, the Trust submitted its 2025-28 Integrated Medium-Term Plan (IMTP) by 31 March 2025 following its approval by the Board on 27 March 2025. The IMTP 2025-28was approved by Welsh Government on 30 June 2025, subject to Accountability Conditions; which were provided to the Trust on the 28 July 2025.

The IMTP was shaped with internal and external feedback and in line with the NHS Wales Planning Framework 2025-28. This included patient stories, staff surveys and engagement with the Joint Commissioning Committee, the board and other key stakeholders.

Further details on the Trust's IMTP and planning arrangements are set out in the Performance Report contained within the Performance Overview section of the Performance Report.

Disclosure statements

The Trust confirms that in accordance with the requirements of the Governance Statement:

- Control measures are in place to ensure that all the Trust's obligations under equality, diversity and human rights legislation are complied with. The Strategic Equality Plan 2024-2028 sets out the Trust's meaningful commitment to work with staff to help them recognise, promote, and celebrate equality, diversity, and inclusion. This Plan includes the approach to compliance with the Equality Act 2010, the Public Sector Equality Duty, and Socio-Economic Duty. It also outlines how the Trust will ensure the people who use the Trust's services, including those with protected characteristics, have equal access and outcomes. The Plan is available on the Trust's website here: Strategic Equality Plan 2024-2028 Welsh Ambulance Service NHS Trust.

- As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the scheme are in accordance with the scheme rules, and that member pension scheme records are accurately updated in accordance with the timescales detailed in the regulations.

- The Trust undertakes risk assessments and has carbon delivery plans to comply with the emergency preparedness and civil contingency elements of the UKCIP (UK Climate Impacts Programme) 2009 weather projections to meet the Trust's obligations under the Climate Change Act and the Adaptation Reporting Requirements. The Trust has in place a Severe Weather Plan. In addition, the Emergency Preparedness, Resilience and Response (EPRR) team uses intelligence from the Met Office to plan ahead for adverse weather, and weather warnings are a high priority trigger in our weekly consideration of Trust escalation levels.

  The Trust works with partner agencies in our Local Resilience Fora across Wales to inform any multi-agency geographical response and the Emergency Alert system allows for notification and warning in the event of adverse weather threats with risk to life. Planning, training, and exercising are a key aspect of the Trust's Civil Contingency responsibilities as a category one responder. In 2026/27 the Trust will continue to work closely with NHS Wales

partners on adaptation planning and will further develop our Climate Change Adaptation Plan which will ensure a structured, organisation-wide approach to building a comprehensive risk matrix and associated adaptation measures. The approach is deliberately collaborative and is being created with input from colleagues across all directorates, ensuring full organisational engagement, shared ownership, and a robust evidence base. This will enable us to identify, assess and prioritise risks consistently, and to develop proportionate and achievable adaptations that are embedded into business-as-usual planning.

- The Trust had no reported serious untoward incidents during 2025/26 in relation to data security. As set out above, three incidents were notified to the ICO. Following notification, one report was rescinded, and no further action has been received from the ICO in relation to the two remaining incidents.

Quality of data

The quality of data generated and utilised by the Trust's core service areas is considered a collective responsibility but overseen by the Digital Directorate. Through a mature data pipeline and robust processes, the Trust maintains a strong level of data quality throughout. The Trust's Data Quality Policy outlines the importance of maintaining good data quality and clarifies the escalation process for the resolution of any discovered data quality issues.

The recommendations and actions from the Data Quality Internal Audit of October 2024 have been completed and implemented, with the Information Governance Steering Group (which has delegated authority from the Executive Leadership Team) now monitoring data quality related metrics and training progress monthly. Notably, this has included the development and release of a bespoke data quality training & awareness module across the Trust, and the re-establishment of an Information Asset Management Group for data stewards and information system owners.

Following the implementation of the Ambulance Performance Framework (Phases 1 and 2) in 2025, the data supplied by WAST to the Welsh Government as part of the Official Statistics Release has been completely redesigned to align with the new metrics, tested, and quality assured by the Insight & Data Services function of the Digital Directorate. The data behind these submissions are also part of a continuous data quality monitoring process, checking across all dimensions of data quality as 999 and 111 related call and incident data are brought into the Trust's secure, on-premise data warehouse. This exercise can also involve investigation

of data entries at the most granular level, whereby any issues in system, process or reporting can be identified and fixes proposed; demonstrating that data quality within the Trust takes on a full end-to-end and collaborative approach. As such, the Trust retains its status on The Official Statistics (Wales) Order 2017, which is part of the Statistics and Registration Services Act 2007.

More broadly across the Trust, data quality for other information systems and sources is maturing. At the Finance & Performance Committee meeting of November 2025 it was noted that a data reporting error had been identified related to compliance metrics for Putting Things Right (PTR) in the MIQPR. The cause of this error was largely reliance on manual extraction and calculation of data from a third-party system. In recent months, significant data engineering effort has been directed to this area of information, to improve the technical data flow, and allow the metrics to be calculated in a more automated and reliable way, improving confidence in the reporting accuracy for future.

Another notable improvement for data quality maturity within WAST includes the approach by which the new Ambulance Performance Framework metrics were designed collaboratively by subject matter experts from across the Trust (from data, clinical, commissioning, and operational teams). This best practice approach is being adopted by other workstreams of the Clinical Model Transformation programme going forward.

Ministerial Directions

Ministerial Directions are published by Welsh Government as part of their health and social care publications and can be found here. Of the Ministerial Directions published during the period 01 April 2025 to 31 March 2026 none were relevant to the Trust.

Welsh Health Circulars

Welsh Health Circulars provide a streamlined, transparent, and traceable method of communication between NHS Wales and NHS organisations. A number of circulars were received during the year, and these are assigned to a lead director who is responsible for the implementation of required actions. A log of circulars is maintained by the Trust.

NHS Oversight and Escalation Arrangement

Under the NHS Oversight and Escalation Arrangements, Welsh Government meet with Health Inspectorate Wales (HIW) and Audit Wales to discuss the overall assessment of the Trust.

At the most recent tripartite meeting the escalation status of the Trust remained unchanged at 'routine arrangements', a status that has been maintained for a number of years.

Health Inspectorate Wales

There were no HIW reports received in 2025/26, however a local review was commenced in 2026 on several themes including:

- patient flow and handover process, releasing crews quicker/alternative pathways, standardising handover guidance/SOPs
- escalation process
- communication with patients about delays
- leadership presence and governance, reporting, learning and feedback culture, workforce planning and staffing levels, staff wellbeing and support, staff training and development
- data quality and accurate reporting

The outcome report has not been received in this financial year.

Welsh Risk Pool

During 2024 the Welsh Risk Pool (WRP) undertook its annual assessment of the Trust's policies, procedures, and practice as part of its oversight duties. The aim of the assessment was to gather assurance on concerns management and compliance with Putting Things Right Guidance for the WRP Committee, Welsh Government and NHS Wales Performance and Improvement and to provide recommendations to support the organisation in continuous improvement in this important area of governance. The final report was published in February 2025, and the Trust is in the process of implementing the recommendations made within the report which will be tracked and monitored by the QuESt Committee.

The Assessors were confident that the new organisational structure which has been implemented is the right approach for the Trust in respect of its patient safety and Putting Things Right processes. As there remained some outstanding actions from the previous assessment and inconsistency in data, the assurance rating remains as Limited Assurance. However, the Assessors were confident that as the changes being implemented by the Trust take effect, there will be sufficient evidence to increase the assurance rating.

Recommendations were approved by Welsh Risk Pool Committee, with ongoing monitoring, challenge and closure oversight provided by the Trust's Audit, Risk and Assurance Committee.

During the year, there was some slippage against original completion timescales, reflecting sustained demand, operational pressures and capacity constraints across the organisation. Notwithstanding this, most actions have now been completed and agreed for closure, supported by appropriate evidence demonstrating delivery against each recommendation. A small number of actions remain open due to significant dependencies on digital infrastructure and nationally-procured solutions that fall outside the Trust's direct control. To strengthen assurance and accelerate progress, the Trust has established senior-level oversight of digital prioritisation. This provides clearer governance, stronger alignment with IMTP priorities and strategic risks, and enhanced engagement with national partners where system-wide solutions are required.

Internal audit

Internal Audit provides the Accountable Officer and the Trust Board with an independent flow of assurance on the adequacy and effectiveness of the system of internal control. The Accountable Officer commissions a programme of internal audit work, which is delivered in accordance with Global Internal Audit Standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Executive Leadership Team and the Audit, Risk and Assurance Committee and is focussed on areas of significant risk and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control is a function of this risk-based audit programme and contributes to the picture of assurance to the board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period to provide the Head of Internal Audit Annual Opinion. In forming the opinion, the Head of Internal Audit has considered the impact of any audits that have not been fully completed. As in previous years, audit work undertaken at NHS Wales Shared Services Partnership (NWSSP), Digital Health and Care Wales (DHCW), and the NHS Wales Joint Commissioning Committee (JCC), has contributed to, and supports, the overall internal audit opinion for NHS Wales health bodies.

The Head of Internal Audit has concluded:

- + 	The Trust Board can take **reasonable assurance** that arrangement to secure governance, risk management and internal control, withi those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

This conclusion is consistent with the Reasonable Assurance Head of Internal Audit Opinion reported in the Trust's 2024/25 Annual Governance Statement. The 2025/26 reasonable assurance conclusion is derived from 20 Internal Audit reviews.

Internal Audit Assurance Conclusion	Number of Reports
Unsatisfactory Assurance	0
Limited Assurance	0
Reasonable Assurance	17
Substantial Assurance	2
Advisory	1
In progress	0
Total	**20**

For the eighth consecutive year there have been no 'Unsatisfactory Assurance' internal audit reports of Trust business. Of the 20 reports completed in year, none were rated as limited, with the majority of reports being rated as having 'reasonable' assurance.

External audit: Audit Wales

The Auditor General for Wales is the Trust's statutory external auditor. Audit Wales scrutinises the Trust's financial systems and processes, performance management and key risk areas.

Reports are produced by Audit Wales in line with an ARAC approved annual programme of work and include management responses by the Trust for reports which contain recommendations. All Audit Wales reports are considered by the ARAC and, where appropriate, the relevant committee and the board. Their recommendations are subsequently recorded in the Trust's audit recommendations tracker, which is reported to each ARAC meeting to provide assurance on their implementation.

During 2025 Trust conducted the following reviews:

- Structured Assessment 2025 – core assessment
- Structured Assessment 2024 – deep dive review of investment in digital systems
- Urgent and Emergency Care – arrangements for managing demand Welsh Ambulance Services University NHS Trust

Structured Assessment 2025

The key focus of this review was the Trust's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on corporate approach to planning; corporate systems of assurance; board transparency, cohesion, and effectiveness; and corporate approach to financial management.

This Structured Assessment was positive and indicated that the Trust has an effective board, supported by strong and maturing governance and assurance arrangements, a clear planning framework, and sound financial management, while operating in a challenging performance and financial environment with constrained organisational capacity. Its key findings included:

> *We found that the Trust has an effective Board supported by good governance arrangements. Systems for providing the Board with assurance are effective and are being strengthened through further development of the board assurance framework. A new quality plan is being implemented, but its deliverability is likely to be challenging without dedicated funding. The Trust continues to report challenges to the achievement of key performance targets. Changes to how ambulances responses are measured were introduced during 2025, with a greater focus on patient outcomes. However, it is too early to know what impact the changes are having on service quality.*
>
> *The Trust has a clear and approved Integrated Medium-Term Plan (IMTP) and has recently approved a set of wellbeing objectives. It is also undertaking a timely refresh of its long-term strategy. The Trust has a significant number of change programmes underway, with finite capacity to support them. It is therefore pausing the development of some corporate plans and deferring some planned activities to protect capacity for key priorities.*

The Trust manages its finances well to meet its key financial duties during 2024-25. Positively, it is reducing its reliance on non-recurrent savings. Yet, the Trust is facing increasingly challenging financial pressures this year which creates risks to achieving its forecast breakeven position. However, there is a need to clarify the affordability of some of the Trust's strategic plans.

Recommendations related to strengthening policy management, enhancing reporting of the current board assurance framework; clarifying delivery of the quality plan, and reporting issues of timely submission of board and committee papers. All recommendations were accepted and are being monitored by the ARAC. The Audit Wales Structured Assessment report for 2025 is available within the 2 December 2025 ARAC papers, here.

Urgent and Emergency Care – arrangements for managing demand
Whilst fieldwork was undertaken in 2024/25 this report was finalised in April 2025. The report can be accessed here.

It was the second phase of a programme of work focused on several elements of the urgent and emergency care system in Wales. The first phase examined discharge planning and the impact of patient flow on urgent and emergency care covered the health board and local authorities for each of the seven health and social care regions.

The review looked at how the Trust was managing demand for urgent and emergency care services. Specifically, how the Trust was working to reduce conveyance to Emergency Departments and how it supports the treatment of patients in the right place, first time for their needs, where better alternatives to attendance at Emergency Departments exist.

The overall conclusion was that changes to service delivery are leading to improvements in managing urgent and emergency care demand, supported by clear and regularly monitored plans. However, their impact is hindered by limitations in joined up data and access to alternative pathways in health boards as well as by continually high levels of handover delays at Emergency Departments. Recommendations were made to address the accuracy of the 111 Wales website and directories of service.

Audit Wales will provide the final part of their work on urgency and emergency care in Q1 2026/27, taking account of the findings in the first phase and this review.

Modern Slavery Act 2015 – Transparency in Supply Chains

The Trust has signed up to and is fully committed to the Welsh Government Code of Practice Ethical Employment in Supply Chains. This has been established by the Welsh Government to support the development of more ethical supply chains to deliver contracts for the Welsh public sector and third sector organisations in receipt of public funds. The procurement function is a key area for ethical employment in supply chains. This is run by NHS Wales Shared Services Partnership (NWSSP).

Review of effectiveness of the system of internal control

As Accountable Officer for the Trust I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other report.

The Trust has established and maintained a sound system of internal control that supports the achievement of its strategic objectives, safeguards public funds and assets, and ensures compliance with statutory and regulatory requirements. The focus for 2025/26 as can be seen in the performance report has been on the transformation of the clinical model and implementation of the new ambulance performance framework. The Clinical Model Transformation Programme Board was central to this. An Internal Audit review on the management of the programme board in January 2026 looked at whether appropriate assurances and reporting mechanisms were in place and returned reasonable assurance.

The ARAC approves the annual internal audit plan and reviews all audits, reporting to the board and myself as Accountable Officer on its discussions and views on risks and progress against actions to mitigate risks.

The system of internal control is designed to manage, rather than eliminate, the risk of failure to achieve objectives and to provide reasonable, not absolute, assurance of effectiveness. It is underpinned by clear governance and accountability arrangements, effective risk management processes, robust financial and operational controls, and a framework of All-Wales and local policies, procedures, national and clinical guidelines, and delegated authority. The new strategic BAF, providing a line of sight to the board of the risks to achievement of each

strategic objective, alongside assurance reporting to board committees on achievement of deliverables for each strategic objective will further strengthen our risk management framework in 2026/27.

The positive Audit Wales Structured Assessment 2025 and Head of Internal Audit Opinion for 2025 support the robustness of the internal controls at WAST. Assurance on the system of internal control is provided through management reporting directly into the Executive Leadership Team (ELT) thereby highlighting areas requiring improvement. Agreed improvement plans on areas such as concerns management, improvements to processes for policy and risk management, and a refresh of the internal governance structures reporting to the ELT will further strengthen the internal control environment in 2026/27.

Corporate Governance Report conclusion

As Accountable Officer, I conclude that during 2025/26 no significant internal control or governance issues have been identified.

The Trust has operated within a clear governance framework, underpinned by established roles, effective committee structures and assurance processes. Board and committee arrangements have supported appropriate scrutiny, challenge and decision making, with a strong emphasis on transparency, public accountability and ethical standards.

The Trust's risk management framework reflects a mature and embedded risk culture, with principal risks actively owned, debated and escalated through established governance routes. The current board assurance framework (BAF) provides meaningful oversight of principal risks, while recognising that further maturity is required to strengthen the strategic line of sight between objectives, risk, controls and assurance. The planned transition towards a BAF aligned to strategic objectives and risk appetite is therefore appropriately framed as a measured development rather than an accelerated redesign.

The system of internal control has continued to provide reasonable assurance that risks to the achievement of objectives are being managed effectively. This is supported by management reporting, internal and external audit activity, and the work of the Audit, Risk and Assurance Committee in providing independent challenge and assurance to the board and Accountable Officer. The reasonable assurance Head of Internal Audit opinion and the positive Audit Wales Structured Assessment findings reinforce this position. Financial governance arrangements have also remained strong, with the Trust maintaining financial balance and meeting its key financial duties in a highly constrained system environment.

The governance statement highlights areas where further improvement is required, most notably in relation to Putting Things Right. During 2025/26, performance against statutory concerns management requirements was scrutinised closely and escalated by the Quality, Patient Experience and Safety Committee on several occasions. The Board responded by strengthening executive oversight and establishing more structured governance arrangements to improve grip, transparency and assurance. These actions are being monitored and will continue to be a focus for improvement.

The year has been marked by significant organisational change delivered at pace, particularly through the clinical model transformation and the new ambulance performance framework. It is therefore appropriate that the coming period focuses on consolidation, evaluation and targeted improvement. The integrated governance programme, alongside the Good Governance Institute review, will provide an opportunity to strengthen floor to board assurance and support the board's development from a good board to a high performing one, progressed at a pace proportionate to the Trust's routine escalation status and overall organisational stability.

Emma Wood
Chief Executive Officer
Date: 25 June 2026

Accountability Report appendix 1: Board and Committee membership and attendance

The Board has been constituted to comply with the National Health Service (Wales) Act 2006 and the National Health Service Trusts (Membership and Procedure) Regulations 1990 (SI 1990 No. 2024) as amended. In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil a number of champion roles where they act as ambassadors for these matters.

The table below sets out the number of meetings that each Board member has attended during 2025/26 (Committee attendance figures as recorded in Committee Highlight Reports presented to Trust Board).

Name	Position	Board and Committee Record of Attendance (Actual attendance of total held meetings or total meetings available to attend, dependent on appointment dates)
Peter Curran	Non-Executive Director	Trust Board (Public: 8 of 9 Trust Board (Private): 8 of 9 Audit, Risk and Assurance Committee: 5 of 5 Charity Committee: 4 of 4 Finance and Performance Committee: 6 of 6 Remuneration Committee: 7 of 7
Colin Dennis	Trust Board Chair	Trust Board (Public): 8 of 9 Trust Board (Private): 7 of 9 Remuneration Committee: 7 of 7 Quality, Patient Experience & Safety Committee: 1 of 1 [extraordinary]
Emma Wood (Appointed 1 October 2025)	Chief Executive	Trust Board (Public: 4 of 4 (of available meetings) Trust Board (Private: 4 of 4 (of available meetings) Audit Risk and Assurance Committee: 1 of 2 (of available meetings - not a required attendee) Finance & Performance Committee: 1 of 3 (of available meetings - not a required attendee) Quality, Patient Experience & Safety Committee: 1 of 3 (of available meeting not a required attendee) Remuneration Committee: 2 of 2 (of available meetings)
Rhiannon Beaumont-Wood (appointed 11 Novem 2024 – left 8 February 2026)	Non-Executive Director	Trust Board (Public); 5 of 8 (of available meetings) Trust Board (Private): 4 of 7 (of available meetings) Audit, Risk and Assurance Committee: 4 of 4 (of available meetings) Quality, Patient Experience & Safety Committee: 6 of 6 Remuneration Committee: 5 of 6 (of available meetings)
Jayne Beeslee	Non-Executive Director	Trust Board (Public); 7 of 9 Trust Board (Private): 7 of 9 Academic Partnership Committee: 2 of 2 Finance and Performance Committee: 6 of 6 Remuneration Committee: 6 of 7
Bethan Evans	Non-Executive Director	Trust Board (Public): 5 of 9 Trust Board (Closed): 6 of 9 Audit, Risk and Assurance Committee: 1 of 1 [as Chair of QuEST – not a required attendee] Finance and Performance Committee: 5 of 6 People and Culture Committee: 3 of 4 Quality, Patient Experience & Safety Committee: 6 of 6 Remuneration Committee: 4 of 7
Hayley Hutchings	Non-Executive Director	Trust Board (Public); 8 of 9

Name	Position	Board and Committee Record of Attendance (Actual attendance of total held meetings or total meetings available to attend, dependent on appointment dates)
		Trust Board (Private): 9 of 9 Academic Partnership Committee: 2 of 2 People and Culture Committee: 4 of 4 Remuneration Committee: 5 of 7 Audit Risk and Assurance Committee: 1 of 1 [for Quorum – not a required attendee]
Ceri Jackson	Non-Executive Director	Trust Board (Public): 9 of 9 Trust Board (Closed): 9 of 9 Audit, Risk and Assurance Committee: 5 of 5 Charity Committee: 4 of 4 People and Culture Committee: 4 of 4 Quality, Patient Experience & Safety Committee: 5 of 6 Remuneration Committee: 6 of 7
Hannah Rowan	Non-Executive Director	Trust Board (Public): 6 of 9 Trust Board (Closed): 5 of 9 Academic Partnership Committee: 2 of 2 Charity Committee: 2 of 4 People and Culture Committee: 3 of 4 Remuneration Committee: 1 of 7
Jason Killens (left 18 July 2025)	Chief Executive	Trust Board (Public): 4 of 4 (of available meetings) Trust Board (Closed): 2 of 3 (of available meetings) Remuneration Committee: 3 of 3 (of available meetings) Audit Risk and Assurance Committee: 1 of 2 (of available meetings – not a required attendee)
Lee Brooks	Executive Director of Operations	Trust Board (Public): 7 of 9 Trust Board (Closed): 6 of 9 Charity Committee: 3 of 4 Finance and Performance Committee: 4 of 6 People and Culture Committee: 3 of 4 Quality, Patient Experience & Safety Committee: 3 of 6
Carl Kneeshaw	Director of People	Trust Board (Public): 7 of 9 Trust Board (Closed: 7 of 9 Audit, Risk and Assurance Committee: 4 of 5 Academic Partnership Committee: 1 of 2 Finance and Performance Committee: 6 of 6 People and Culture Committee: 4 of 4 Remuneration Committee: 7 of 7
Angela Lewis	Director of Culture Chang	Trust Board (Public): 8 of 9 Trust Board (Closed): 7 of 9 People and Culture Committee: 4 of 4
Estelle Hitchon	Director of Partnerships a Engagement	Trust Board (Public): 8 of 9 Trust Board (Closed): 7 of 9 Academic Partnership Committee: 2 of 2 Audit Risk and Assurance Committee: 1 of 1 [not a required attendee] Charity Committee: 4 of 4 People and Culture Committee: 4 of 4
Rachel Marsh (Interim CEO between 19 July – 1 October 2025)	Executive Director of Strategy, Planning and Performance	Trust Board (Public): 9 of 9 Trust Board (Closed): 9 of 9 Finance and Performance Committee: 1 of 6 [Deputy attended] Quality, Patient Experience & Safety Committee: 4 of 6 Remuneration Committee: 2 of 2 (of available meetings as Interim CEO)
Trish Mills	Director of Corporate Governance / Board Secretary	Trust Board (Public): 9 of 9 Trust Board (Closed): 9 of 9 Academic Partnership Committee: 0 of 2 [Deputy attended] Audit, Risk and Assurance Committee: 5 of 5 Charity Committee: 4 of 4 Finance and Performance Committee: 6 of 6 People and Culture Committee: 4 of 4

Name	Position	Board and Committee Record of Attendance (Actual attendance of total held meetings or total meetings available to attend, dependent on appointment dates)
		Quality, Patient Experience & Safety Committee: 4 of 6 Remuneration Committee: 7 of 7
Jonny Sammut	Director of Digital Service	Trust Board (Public): 8 of 9 Trust Board (Private): 6 of 9 Academic Partnership Committee: 0 of 2 [Deputy attended] Finance and Performance Committee: 5 of 6 Quality, Patient Experience & Safety Committee: 2 of 6 [Deputy attended]
Andy Swinburn	Executive Director of Paramedicine	Trust Board (Public): 8 of 9 Trust Board (Closed): 8 of 9 Academic Partnership Committee: 2 of 2 Charity Committee: 4 of 4 People and Culture Committee: 3 of 4 Quality, Patient Experience & Safety Committee: 5 of 6
Christopher Turley	Executive Director Financ and Corporate Resources	Trust Board (Public): 6 of 9 Trust Board (Closed): 7 of 9 Audit, Risk and Assurance Committee: 4 of 5 Charity Committee: 3 of 4 Finance and Performance Committee: 3 of 6 [Deputy attended] People and Culture Committee: 1 of 4
Liam Williams	Executive Director of Qua and Nursing	Trust Board (Public): 7 of 9 Trust Board (Closed): 6 of 9 Audit, Risk and Assurance Committee: 3 of 5 Finance and Performance Committee: 4 of 6 People and Culture Committee: 0 of 4 [Deputy attended] Quality, Patient Experience & Safety Committee: 6 of 6

Accountability Report appendix 2: Board and Committee meeting dates

The following table sets out the dates of the board and committee meetings held in 2025/26.

Meeting Title [meetings held]	Meeting Dates 2025/26
Trust Board (Public) [9]	7 May 2025 (extraordinary); 29 May 2025; 26 June 2025; 31 July 2025; 25 September 2025; 23 October 2025 (extraordinary); 27 November 2025; 29 January 2026; 26 March 2026
Trust Board (Closed) [9]	29 May 2025; 26 June 2025; 3 July 2025 (extraordinary); July 2025; 25 September 2025; 27 November 2025; 29 January 2026; 26 February 2026 (extraordinary); 26 March 2026
Corporate Trustee [4]	29 May 2025; 31 July 2025; 27 November 2025; 29 January 2026
Academic Partnership Committee [2]	7 October 2025; 6 March 2026
Audit, Risk and Assurance Committee [5]	1 May 2025; 24 June 2025; 2 September 2025; 2 December 2025; 2 March 2026
Charity Committee [4]	2 April 2025; 3 July 2025; 2 October 2025; 13 January 2026
Finance and Performance Committee [6]	20 May 2025; 21 July 2025; 16 September 2025; 18 November 2025; 20 January 2026; 17 March 2026
People and Culture Committee [4]	15 May 2025; 12 August 2025; 13 November 2025; 10 February 2026
Quality, Patient Experience and Safety Committee [6]	9 May 2025; 13 June 2025 (extraordinary); 5 August 202 10 October 2025 (extraordinary); 4 November 2025; 3 February 2026
Remuneration Committee [7]	15 May 2025; 3 June 2025; 11 July 2025; 25 July 2025; 3 September 2025; 4 December 2025; 13 March 2026

Accountability Report Appendix 3: Glossary

ABBREVIATION	TERM
AAA	Alert, Assure, Advise Report
ACA1/2	Ambulance Care Assistant
ADLT	Assistant Directors' Leadership Team
AfC	Agenda for Change
AGM	Annual General Meeting
AMR	Antimicrobial Resistance
APC	Academic Partnership Committee
APF	Ambulance Performance Framework
APPs	Advanced Paramedic Practitioners
AQIs	Ambulance Quality Indicators
ARAC	Audit, Risk and Assurance Committee
ARWAP	Anti Racist Wales Action Plan
BAF	Board Assurance Framework
BI	Business Intelligence
CVUHB	Cardiff and Vale University Health Board
CAS	Clinical Assessment System
CASC	Chief Ambulance Services Commissioner
CC	Charity Committee
CCC	Clinical Contact Centres
CFRs	Community First Responders
CHARU	Cymru High Acuity Response Unit
CIAT	Clinical Intelligence and Assurance Team
COPI	Control of Patient Information Regulations
COSHH	Control of Substances Hazardous to Health
CPD	Continual Professional Development
CPR	Child Practice Reviews
CardioPR	Cardiopulmonary Resuscitation
CMT	Clinical Model Transformation
CRM	Clinical response Model
CRR	Corporate Risk Register
CQGG	Clinical Quality Governance Group
CSD	Clinical Support Desk

ABBREVIATION	TERM
CTP	Clinical Transformation Programme
DAP	Decarbonisation Action Plan
DEEE	Diesel Engine Exhaust Emissions
DPIA	Data Protection Impact Assessment
EAP	Emergency Ambulance Practitioner
EASC	Emergency Ambulance Services Committee
EDs	Emergency Departments
EMS	Emergency Medical Service
EMT	Emergency Medical Technician
ELT	Executive Leadership Team
ePCR	Electronic Patient Care Record
EPRR	Emergency Preparedness Resilience and Response
ESR	Electronic Staff Record
GRS	Global Rostering System
HART	Hazardous Area Response Team
HEIW	Health Education and Improvement Wales
HIW	Health Inspectorate Wales
FPC	Finance and Performance Committee
FReM	Government Financial Reporting Manual
FTE	Full-time Equivalent
HSE	Health and Safety Executive
ICAP	Integrated Commissioning Action Plan
ICO	Information Commissioner's Office
IMTP	Integrated Medium-Term Plan
IPC	Infection Prevention Control
IRP	Incident Response Plan
JCC	Joint Commissioning Committee
JESIP	Joint Emergency Services Interoperability Principles
JIF	Joint Investigations Framework
JOL	Joint Organisational Learning
LCFS	Local Counter Fraud Service
LRF	Local Resilience Forum/Fora
MACA	Military Aid to Civil Authorities

ABBREVIATION	TERM
MAI	Manchester Arena Inquiry
MDS	Minimum Data Set
MHRV	Mental health response vehicle
MIQPR	Monthly Integrated Quality and Performance Report
NEPTS	Non-Emergency Patient Transport Service
NHSDW	NHS Direct Wales
NQP	Newly Qualified Paramedic
NRIs	National Reportable Incidents
NWSSP	NHS Wales Shared Services Partnership
PADRs	Performance and Development Reviews
PCC	People and Culture Committee
PENNA	Patient Experience National Network Awards
PECI	Patient Experience and Community Involvement
PPE	Personal Protective Equipment
PSOW	Public Service Ombudsman for Wales
QIA	Quality Impact Assessment
QMG	Quality Management Group
QPMF	Quality and Performance Management Framework
QuEST	Quality, Patient Experience and Safety Committee
Q1, Q2, Q3, Q4	Quarter (of the financial year)
RemCom	Remuneration Committee
RCRP	Right Care Right Person
RCS	Rapid Clinical Screening
REAP	Resource Escalation Action Plan
RICS	Remote Integrated Care Service
RPE	Respiratory Protective Equipment
RPB	Regional Partnership Boards
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
RIF	Regional Integration Fund
ROSC	Return of spontaneous circulation from cardiac arrest
SCIF	Significant Clinical Incident Forum
SDECs	Same Day Emergency Care Centres

ABBREVIATION	TERM
SI	Statutory Instrument
SOP	Standard Operating Procedure
SORT	Specialist Operational Response Team
STB	Strategic Transformation Board
STEMI	ST segment elevation myocardial infarction
SUS	Speaking Up Safely
The Trust	Welsh Ambulance Services University NHS Trust
TRiM	Trauma and Risk Management
TU	Trade Union
UCRS	Urgent Community Response Service
UCS	Urgent Care Service
UHP	Unit Hour Production
UTS	University Trust Status
WASPT	Welsh Ambulance Services Partnership Team
WHSCC	Welsh Health Specialised Services Committee
WRP	Welsh Risk Pool
WTEs	Whole-time equivalents

REMUNERATION AND STAFF REPORT

The Remuneration and Staff Report contains information about senior managers' remuneration. It will detail salaries and other payments, the Trust's policy on senior managers remuneration and whether there were any exit payments or other significant awards to current or former senior managers.

Remuneration

The definition of senior managers as prescribed by the 2025/26 Manual for Accounts Chapter three is: '*those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments*'.

For the Trust, the senior managers are considered to be the board's members, i.e., the Executive and Non-Executive Directors including the Trust Board Chair and Chief Executive; and five further (non-voting) Directors.

Membership of the Remuneration Committee

The Remuneration Committee is chaired by the Trust Board Chair and comprises all Non-Executive Directors as members. Also in attendance is the Chief Executive, the Director of People and the Board Secretary. Details of those individuals are in the directors' report above.

Remuneration of senior managers

All senior managers' pay, and terms and conditions of service are determined by the Remuneration Committee within the framework set by the Welsh Government. Performance of senior managers is assessed against personal objectives and the overall performance of the Trust. The personal and developmental review (PADR) process sets objectives for the year and assesses individual performance against the objectives. The Trust does not make performance or other related bonus payments.

In keeping with the Welsh Government Circulars on pay for senior managers in NHS Wales for 2025/26, a 3.25% consolidated pay uplift was applied to all pay scales for individuals holding executive and senior posts, effective from 1 April 2025. This pay uplift was agreed in February 2026 and applied retrospectively.

This uplift has been applied to all pay scales, including those senior staff of the Trust who are on individually negotiated spot rates in accordance with the pay Circulars. This uplift is not applicable to Non-Executive Directors.

Duration of contracts and notice periods

The Trust utilises permanent and fixed term contracts of employment as well as secondment opportunities. For other staff, the contractual notice staff are required to give to the Trust, and which staff are entitled to receive, is as follows:

- bands one-six - four weeks
- band seven - eight weeks
- bands eight and nine - 12 weeks

The notice provisions for pay bands one to seven outlined above are the normal periods of notice. However, these provisions do not override the statutory notice requirements the Trust is required to provide its staff. According to length of service, staff may be entitled to a greater period of notice and receive one weeks' notice for each completed year of service up to and including a maximum of 12 weeks' notice after 12 years of continuous employment.

The above does not preclude individuals requesting an earlier release from their post. This does not affect the right of either party to terminate the contract without notice by reason of the conduct of the other party. The Trust may, depending on circumstances, pay salary in lieu of notice.

Non-Executive Directors are appointed by the Welsh Government for fixed term periods.

Senior manager contracts and awards

Details of senior manager contracts are shown in the tables below. There was no payment for early termination to senior managers' contracts during 2025/26.

Remuneration relationship

Details of the Trust's remuneration relationship is set out in Note 10.6 of the 2025/26 annual financial accounts.

Senior managers in post in 2025/26

Name	Position Title	Assignment Category	Start Date in Position	Fixed Term End Date
Jayne Beeslee	Non-Executive Director	Fixed Term	19 August 2024	18 August 2028
Peter Curran	Non-Executive Director	Fixed Term	01 February 2024	31 January 2028
Colin Dennis	Chair	Fixed Term	01 October 2022	30 September 2026
Bethan Evans	Non-Executive Director	Fixed Term	06 December 2019	4 December 2026
Hayley Hutchings	Non-Executive Director	Fixed Term	11 November 2024	10 November 2028
Ceri Jackson	Vice Chair	Fixed Term	1 July 2024[1]	30 June 2028
Hannah Rowan	Non-Executive Director	Fixed Term	01 April 2022	31 March 2030
Lee Brooks	Executive Director of Operations	Permanent	8 July 2019	Not Applicable
Estelle Hitchon	Director of Partnerships and Engagement	Permanent	01 December 2015	Not Applicable
Carl Kneeshaw	Director of People	Permanent	01 November 2024	Not Applicable
Angela Lewis	Director of Culture Change	Fixed Term	12 September 2022	31 October 2026
Rachel Marsh	Director of Strategy Planning & Performance	Permanent	01 November 2019	Not Applicable

[1] Ceri Jackson was appointed as a Non-Executive Director on 01 April 2021 and then as Vice Chair on 01 July 2024

Name	Position Title	Assignment Category	Start Date in Position	Fixed Term End Date
Patricia Mills	Director of Corporate Governance/Board Secretary	Permanent	02 August 2021	Not Applicable
Jonathan Sammut	Director of Digital Services	Permanent	27 September 2023	Not Applicable
Andrew Swinburn	Executive Director of Paramedicine	Permanent	01 December 2021	Not Applicable
Christopher Turley	Executive Director of Finance & Corporate Resources	Permanent	01 February 2020	Not Applicable
Liam Williams	Executive Director of Nursing	Permanent	01 August 2022	Not Applicable
Emma Wood	Chief Executive	Permanent	01 October 2025	Not Applicable

Further details of the contract arrangements of the Trust's senior managers in 2025/26 can be found in the remuneration table (and notes) set out below.

Senior managers filling posts on an interim basis during 2025/26

Additional detail on these interim positions is set out in the directors' report above.

Name	Position Title	Assignment Category	Start Date in Position	End Date
Rachel Marsh	Chief Executive	Interim	19 July 2025	30 September 2025
Estelle Hitchon	Director of Strategy Planning & Performance	Cover	19 July 2025	30 September 2025
Edward Roberts	Acting Director of Finance and Corporate Resources	Acting up	9 September 2025	7 January 2026

Senior managers who left the Trust during 2025/26

Name	Position Title	Assignment Category	Start Date in Position	Leaving Date
Rhiannon Beaumont-Wood	Non-Executive Director	Fixed Term	11 November 2024	08 February 2026
Jason Killens	Chief Executive	Permanent	24 September 2018	18 July 2025

Hutton Report information

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce. This is set out below:

Total Pay and benefits				**£'000**			**£'000**
Chief Executive Total pay and benefits range				**190-195**			**185-190**
Highest paid Director Total pay and benefits range				**190-195**			**185-190**
		2025-26	**2025-26**	**2025-26**	2024-25	2024-25	2024-25
		£	**£**		£	£	
		Chief			Chief		
Total pay and benefits		**Executive**	**Employee**	**Ratio**	Executive	Employee	Ratio
	25th percentile pay ratio	192,500	31,371	**6.14:1**	187,500	30,420	6.16:1
	Median pay	192,500	41,644	**4.62:1**	187,500	38,999	4.81:1
	75th percentile pay ratio	192,500	53,828	**3.58:1**	187,500	53,416	3.51:1
Salary component of total pay and benefits							
	25th percentile pay ratio	192,500	26,999		187,500	26,060	
	Median pay	192,500	33,992		187,500	30,420	
	75th percentile pay ratio	192,500	47,280		187,500	45,637	
		Highest			Highest		
		Paid			Paid		
Total pay and benefits		**Director**	**Employee**	**Ratio**	Director	Employee	Ratio
	25th percentile pay ratio	192,500	31,371	**6.14:1**	187,500	30,420	6.16:1
	Median pay	192,500	41,644	**4.62:1**	187,500	38,999	4.81:1
	75th percentile pay ratio	192,500	53,828	**3.58:1**	187,500	53,416	3.51:1
Salary component of total pay and benefits							
	25th percentile pay ratio	192,500	26,999		187,500	26,060	
	Median pay	192,500	33,992		187,500	30,420	
	75th percentile pay ratio	192,500	47,280		187,500	45,637	

In 2025/26, 0 (2024/25, 0) employees received remuneration in excess of the highest-paid director. Remuneration for all staff ranged from £23,875 to £192,500 (2024/25, £23,970 to £187,500). The all-staff range includes directors with the exception of the highest paid CEO

Director as appropriate and excludes the non-executive directors and excludes pension benefits of all employees. In terms of these disclosures, the Chief Executive is also the highest paid director.

Financial year summary

In keeping with the Welsh Government circulars on pay, included in the calculations for 2025/26 are the 3.6% pay increase for employees covered by Agenda for Change (AfC) and the 3.25% pay increase for employees covered by Executive and Senior Posts (ESP).

10.6.2 Percentage Changes	2024-25 to 2025-26	2023-24 to 2024-25
% Change from previous financial year in respect of Chief Executive	%	%
Salary and allowances	2.7	8.7
Performance pay and bonuses	0	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	2.7	8.7
Performance pay and bonuses	0	0
Average % Change from previous financial year in respect of employees taken as a whole		
Salary and allowances	2.2	7.8
Performance pay and bonuses	0	0

The 2023/24 figures were provided in accordance with the guidance at the time however this did not take into account the 2024/25 Manual for Accounts guidance, which was applied in 2024/25 only. As per the Manual for Accounts, 2025/26 has reverted to the methodology used in 2023/24, whereby the amounts included are following salary sacrifice deductions.

The 8.7% reported in 2024/25 is in relation to the pay award received in 2024/25 based on the mid-point of the band, and the exclusion of salary sacrifice schemes as per the 2024/25 guidance. The 2.7% reported in 2025/26 is the result of a new Chief Executive and the pay award received.

In terms of the average pay per FTE, the 7.8% reported in 2024/25 relates to the agreed pay increases across the organisation, with salary sacrifice schemes excluded as per the 2024/25 guidance. The 2.2% reported in 2025/26 is the result of the pay award received.

Salary and pensions entitlements of senior managers

Remuneration

A) Remuneration

Name and Title	2025-26 Salary £000 (bands of £5000)	2025-26 Salary FTE £000 (bands of £5000)	2025-26 Benefits in Kind £ Rounded to the nearest £100	2025-26 Pension benefits £000 (Bands of £2500) (Note 20)	2025-26 Total £000 (bands of £5000)	2025-26 Total FTE £000 (bands of £5000)	2024-25 Salary £000 (bands of £5000)	2024-25 Salary FTE £000 (bands of £5000)	2024-25 Benefits in Kind £ Rounded to the nearest £100	2024-25 Pension benefits £000 (Bands of £2500) (Note 20)	2024-25 Total £000 (bands of £5000)	2024-25 Total FTE £000 (bands of £5000)
Colin Dennis (Chair)	40-45		-		40-45		40-45		2,000		45-50	
Kevin Davies (Non Executive Director) (Note 1)							0-5		100		0-5	
Anoop Joga Singh (Non Executive Director) (Note 2)							0-5		-		0-5	
Bethan Evans (Non Executive Director)	5-10		400		5-10		5-10		100		5-10	
Ceri Jackson (Non Executive Director / Vice Chair) (Note 3)	20-25		900		20-25		20-25		1,100		20-25	
Hannah Rowan (Non Executive Director)	5-10		100		5-10		5-10		-		5-10	
Peter Curran (Non Executive Director)	5-10		100		5-10		5-10		100		5-10	
Jayne Beeslee (Non Executive Director) (Note 4)	5-10		400		5-10		5-10		200		5-10	
Rhiannon Beaumont-Wood (Non Executive Director) (Note 5)	5-10		400		5-10		0-5		100		0-5	
Hayley Hutchings (Non Executive Director) (Note 6)	5-10		500		5-10		0-5		200		0-5	
Emma Wood (Chief Executive) (Note 7)	95-100		-	30-32.5	125-130							
Jason Killens (Chief Executive) (Note 8)	50-55		700	92.5-95	145-150		175-180		1,400		175-180	
Christopher Turley (Executive Director of Finance & Corporate Resources) (Note 9)	125-130		1,500		125-130		130-135		300	27.5-30	160-165	
Edward Roberts (Acting Director of Finance) (Note 10)	30-35		500	20-22.5	55-60							
Angela Lewis (Director of Culture Change) (Note 11)	75-80	120-125	-	17.5-20	90-95	140-145	95-100	115-120	-	25-27.5	120-125	140-145
Liam Williams (Executive Director of Quality and Nursing) (Note 12)	145-150		-	122.5-125	265-270		130-135		-	10-12.5	140-145	
Estelle Hitchon (Director of Partnerships & Engagement / Interim Executive Director of Strategy, Planning & Performance) (I	115-120		-	50-52.5	170-175		110-115		-	40-42.5	155-160	
Rachel Marsh (Executive Director of Strategy, Planning & Performance / Interim Chief Executive) (Note 14)	130-135		1,100	170-172.5	305-310		115-120		700		115-120	
Lee Brooks (Executive Director of Operations) (Note 15)	125-130		2,200	35-37.5	160-165		120-125		1,500	32.5-35	155-160	
Jonathan Sammut (Director of Digital Services (Note 16)	110-115		3,900		115-120		110-115		3,700		110-115	
Andrew Swinburn (Executive Director of Paramedicine) (Note 17)	145-150		2,600	235-237.5	385-390		120-125		1,700	22.5-25	145-150	
Carl Kneeshaw (Director of People) (Note 18)	120-125		-	30-32.5	150-155		45-50		-	10-12.5	60-65	
Patricia Mills (Director of Corporate Governance / Board Secretary) (Note 19)	115-120		1,100	30-32.5	150-155		105-110		-	27.5-30	130-135	

Note 1 - Kevin Davies left the Trust on 30th September 2024

Note 2 - Anoop Joga Singh left the Trust on 31st August 2024

Note 3 - Ceri Jackson was Non Executive Director until 30th November 2023 and Interim Vice Chair from 1st December 2023. Ceri was appointed as Vice Chair from 1st July 2024

Note 4 - Jayne Beeslee joined the Trust on 19th August 2024

Note 5 - Rhiannon Beaumont-Wood joined the Trust on 11th November 2024 and left the Trust on 8th February 2026. Salary full year equivalent is 5-10 (bands of £5000)

Note 6 - Hayley Hutchings joined the Trust on 11th November 2024

Note 7 - Emma Wood joined the Trust on 1st October 2025, with pension contributions from 22nd October 2025 due to an overlap in employments. Salary full year equivalent is 190-195 (bands of £5000)

Note 8 - Jason Killens left the Trust on 18th July 2025. Salary before a salary sacrifice of £2,748 was 55-60 (bands of £5000). Salary full year equivalent before salary sacrifice was 190-195 (bands of £5000). 2024-25 salary before a salary sacrifice of £9,501 was 185-190 (bands of £5000)

Note 9 - Christopher Turley's salary before a salary sacrifice of £8,312 was 135-140 (bands of £5000). 2024-25 salary before a salary sacrifice of £2,078 was 130-135 (bands of £5000) including £2,518 in terms of annual leave sold

Note 10 - Edward Roberts was appointed Acting Director of Finance between 9th September 2025 and 7th January 2026. Salary before a salary sacrifice of £3,757 was 35-40 (bands of £5000). Salary full year equivalent before salary sacrifice was 110-115 (bands of £5000)

Note 11 - Angela Lewis' role changed from Director of People & Culture to Director of Culture Change from 1st November 2024 on a 0.6 WTE basis (22.5 hours). Salary includes £1,413 in terms of annual leave sold. Salary full year equivalent is 120-125 (bands of £5000)

Note 12 - Liam Williams received a pay increase with effect from 1st June 2025

Note 13 - Estelle Hitchon was appointed Interim Executive Director of Strategy, Planning & Performance between 19th July 2025 and 30th September 2025. Salary full year equivalent was 120-125 (bands of £5000). Estelle's salary includes £2,233 in terms of annual leave sold. 2024-25 salary included £2,162 in terms of annual leave sold

Note 14 - Rachel Marsh was appointed Interim Chief Executive between 19th July 2025 and 30th September 2025. Salary full year equivalent before salary sacrifice was 185-190 (bands of £5000). Rachel's salary before a salary sacrifice of £5,006 was 135-140 (bands of £5000) including £2,355 in terms of annual leave sold. 2024-25 salary before a salary sacrifice of £5,006 was 120-125 (bands of £5000) including £2,281 in terms of 2024-25 annual leave sold and £1,550 in terms of 2023-24 annual leave sold

Note 15 - Lee Brooks' salary before a salary sacrifice of £10,314 was 135-140 (bands of £5000). Pay increase with effect from 4th December 2025. 2024-25 salary before a salary sacrifice of £10,415 was 130-135 (bands of £5000)

Note 16 - Jonathan Sammut's salary before a salary sacrifice of £16,974 was 125-130 (bands of £5000). Pay increase with effect from 13th March 2026. 2024-25 salary before a salary sacrifice of £14,689 was 125-130 (bands of £5000)

Note 17 - Andrew Swinburn salary before a salary sacrifice of £11,555 was 155-160 (bands of £5000) including £3,131 in terms of annual leave sold. Pay increase with effect from 1st June 2025. 2024-25 salary before a salary sacrifice of £11,555 was 135-140 (bands of £5000) including £2,552 in terms of 2024-25 annual leave sold and £2,430 in terms of 2023-24 annual leave sold

Note 18 - Carl Kneeshaw joined the Trust on 1st November 2024, with pension contributions from 4th November 2024 due to an overlap in employments

Note 19 - Patricia Mills' salary before a salary sacrifice of £5,456 was 120-125 (bands of £5000) including £8,560 in terms of lieu of annual leave. Pay increase with effect from 1st August 2025

Note 20 - In line with Disclosure of Senior Managers' Remuneration (Greenbury) 2025 guidance, pension benefits are only included where the calculation results in a positive figure

Note 21 - Payments to past directors Claire Vaughan and Andrew Haywood were made in 2024/25 for £86.79 and £474.02 respectively relating to 2022/23 back pay which was not disclosed previously in a directors' remuneration report, in accordance with the Manual for Accounts

Note 22 - Benefit in kind includes home to work travel and business miles for the Non Executive Directors, and company car for the Directors

Note 23 - Salary for the Chair and Non Executive Directors includes the new fee structure from 1st January 2026

Pension benefits

Name and title	Accrued pension at pension age as at 31/3/26 and related lump sum (bands of £5,000)	Real increase in pension and related lump sum at pension age (bands of £2,500)	Cash Equivalent Transfer Value at 31 March 2026	Cash Equivalent Transfer Value at 31 March 2025	Real increase in Cash Equivalent Transfer Value
	£'000	£'000	£'000	£'000	£'000
Emma Wood (Chief Executive) *	40-45	0-2.5	631	551	24
Jason Killens (Chief Executive)	75-80 plus lump sum of 185-190	2.5-5 plus lump sum of 7.5-10	1,664	1,312	92
Christopher Turley (Executive Director of Finance & Corporate Resources)	60-65 plus lump sum of 155-160	0-2.5 plus lump sum of 0	1,425	1,382	3
Edward Roberts (Acting Director of Finance)	20-25 plus lump sum of 50-55	0-2.5 plus lump sum of 0-2.5	431	358	18
Angela Lewis (Director of Culture Change)	5-10 plus lump sum of 0-5	0-2.5 plus lump sum of 0	140	113	16
Liam Williams (Executive Director of Quality and Nursing)	50-55 plus lump sum of 115-120	5-7.5 plus lump sum of 10-12.5	1,117	953	129
Estelle Hitchon (Director of Partnerships & Engagement)	35-40 plus lump sum of 105-110	2.5-5 plus lump sum of 2.5-5	953	867	56
Rachel Marsh (Executive Director of Strategy, Planning & Performance)	65-70 plus lump sum of 75-80	7.5-10 plus lump sum of 7.5-10	1,243	1,044	165
Lee Brooks (Executive Director of Operations)	45-50	2.5-5	692	639	26
Jonathan Sammut (Director of Digital Services) **	-	-	-	-	-
Andrew Swinburn (Executive Director of Paramedicine)	60-65 plus lump sum of 160-165	10-12.5 plus lump sum of 25-27.5	1,459	1,166	256
Carl Kneeshaw (Director of People) ***	5-10	0-2.5	84	53	15
Patricia Mills (Director of Corporate Governance / Board Secretary)	10-15	0-2.5	198	155	26

*Emma Wood paid pension contributions from 22nd October 2025 due to an overlap in pensionable employments
** Jonathan Sammut chose not to be covered by the pension arrangements during the reporting year
*** Carl Kneeshaw paid pension contributions from 4th November 2024 due to an overlap in pensionable employments

Staff Report

Staff numbers

An analysis of staff numbers by category during 2025/26 are set out below. The figures relate to the average number of employees under contract of service in each week of the financial year, divided by 52 (and rounded to nearest WTE).

These figures have been calculated to include inward secondments and agency staff and to reconcile with the financial accounts.

Category	2025/26	2024/25	2023/24
Additional clinical services	1,957	1,974	2,070
Professional, scientific and technical	2	3	3
Administrative, clerical and board Members	760	690	634
Allied health professionals	1,199	1,162	1,103
Estates and ancillary	70	65	58
Medical and dental	1	1	1
Nursing, midwifery registered	219	196	192
Students	0	0	
Healthcare scientists	0	0	
Total	**4,208**	**4,091**	**4,061**

Staff composition

An analysis of the number of persons of each sex who are senior managers of the Trust as at 31 March 2026, are set out below (excludes secondees out of the Trust). This compares to a Trust wide staff composition of 52% female, 48% male.

Gender	Headcount	%
Female	10	55.6
Male	8	44.4
Total	**18**	**100**

Sickness absence data

	2025/26	2024/25	2023/24
Days lost (long term)	92,024.32	85,949.54	93,684.07
Days lost (short term)	29,003.31	30,280.98	32,961.72
Total days lost	**121,027.62**	**116,230.52**	**126,645.79**
Total staff years	349.38	338.88	338.43
Average working days lost	18.05	17.86	19.43
Total staff employed in period (headcount)	4,519	4,381	4, 354
Total staff employed in period with no absence (headcount)	1,365	1,262	1, 025
Percentage staff with no sick leave	**30.07%**	**28.65%**	24.93%

Note 1: The percentage and total number of staff without absence in the year has been sourced from the standard Electronic Staff Record (ESR) business intelligence (BI) report. With regard to the reporting in relation to the percentage of staff with 'no sickness', the standard BI report excludes new entrants and also bank assignments. Therefore, the number of staff who have had a whole year with no sickness absence is being divided into a smaller number than the total headcount at the end of the year.

The close management of sickness absence in accordance with Trust policy and procedures continues, and the Trust remains broadly aligned with trends across the wider UK ambulance sector.

Sickness absence data reported in the 2024/25 annual report was reported as 7.35%, however this is now corrected to 7.47%. The same sickness absence figure is recorded for March 2026 i.e. 7.47%.

The performance report at part 1 of this annual report sets out the improvements that have been put in place during the 2025/26 year, and which continue to be pursued to ensure there is a focus on reducing sickness absence.

Staff policies applied during the year

The Trust has a comprehensive policy framework which outlines the development, review, and approval of its employment policies and procedures in partnership. Throughout 2025/26 the Trust has continued to develop, review, and update several policies in partnership with trade union colleagues and through staff consultations; aiming to streamline and simplify the Trust's processes further.

All approved employment policies and procedures are equality impact assessed against the nine protected characteristics, with Welsh Language considered additionally to ensure they do not discriminate or disadvantage any individuals. These policies are designed to ensure that equality and diversity considerations are fully integrated into the Trust's recruitment, selection, and employment practices, reflecting the organisational core values and behaviours.

The Trust offers a wide range of employment policies covering areas such as recruitment and selection, training and development, flexible working, health and safety, wellbeing, and infection control. These policies are supported by the Trust's People and Culture Plan and Strategic Equality Plan. Staff can access all employment policies via the Trust's intranet**.**

Other employee/staff matters

Disability Confident employer

As a disability confident employer, we are committed to providing an inclusive and fair recruitment process that ensures disabled applicants are considered equitably for employment.

Applications are shortlisted anonymously, with recruiting managers not made aware of any declared disabilities until the shortlisting stage has been completed, ensuring that decisions are based solely on skills, experience, aptitude and ability and helping to reduce the risk of unconscious bias.

In line with our commitment to the Disability Confident Scheme, we operate a Guaranteed Interview Scheme, offering an interview to disabled applicants who meet the essential criteria for the role. Candidates are encouraged to disclose a disability or long-term health condition so that appropriate reasonable adjustments can be put in place at interview and assessment stages, supporting individuals to demonstrate their full potential.

Speaking Up Safely

As indicated in the performance report, the Trust continues to strengthen its Speaking Up Safely arrangements as part of its commitment to an open, supportive culture where all staff feel empowered to raise concerns. The 2025 Staff Survey demonstrated a positive shift in staff confidence to raise concerns, with colleagues reporting that they feel safer speaking up and more assured that issues raised will be taken seriously and addressed appropriately.

Over the past year, the service has expanded from a single Lead Guardian in June 2024 to a dedicated team of three, including an additional Guardian and a Project Support Manager. This increased capacity has enabled a stronger focus on raising awareness of the various channels that can be used to raise concerns and an improvement in the timeliness of responses to concerns raised. There has also been far more engagement with leaders across the organisation and colleagues in key areas of the business including safeguarding to ensure there is an opportunity to listen, respond, reflect and learn from themes that have been identified. This expansion reflects the Trust's ongoing commitment to encouraging an open, supportive culture where all staff feel empowered to speak up.

Strategic equality objectives

The Trust continues to make good progress against its Strategic Equality Objectives by embedding equality, diversity and inclusion principles across Trust plans, policies and everyday practice. Over the past year, notable progress has been delivered across a number of priority areas:

- *Sexual safety, misogyny and violence against women and girls*
  As part of a Trust-wide awareness-raising campaign to prevent sexual harassment in the workplace, training has been rolled out to staff, including bespoke provision for ambulance sector staff and senior management teams. This training supports individuals to identify sexual harassment and challenge inappropriate behaviours confidently and appropriately. During the year, the Trust formally adopted the All-Wales Anti-Sexual

Harassment Policy and is actively contributing to the development of the national implementation plan through collaboration with the All-Wales People Network.

- *Allyship and active bystander training*
  The Trust has continued to deliver its Allyship and Active Bystander Training to staff and volunteers, reinforcing expected behaviours and supporting a more inclusive organisational culture. Feedback from participants remains consistently positive, with clear examples of staff demonstrating effective active bystander behaviours in the workplace. During the year, this training has also been embedded into corporate induction for new starters to support inclusive behaviours from the point of entry into the Trust. In addition, shorter, targeted modules focusing on specific aspects of inclusion have been incorporated into clinical training days.

- *People Networks and our volunteers*
  Engagement in the Trust's People Networks continues to grow, with almost a quarter of the workforce now involved. This year, three new networks have been established: the Military Network, Dementia Champions Network and Faith Network. People Networks have evolved into self-led groups, driven by individuals who are passionate about raising awareness and improving workforce experience. The Inclusion, Culture and Wellbeing Team continue to provide governance oversight and facilitate cross-network collaboration.

  Throughout the year, People Networks have delivered a wide range of impactful initiatives including:
  - bespoke women's health sessions focussing on hormonal health and menopause
  - support for the National Uniform User Group to encourage more accessible and better fitting uniforms
  - Black History Month celebrations where staff had the opportunity to learn about the lived experience of some key individuals who have overcome challenges in the past to improve the lived for future generations of ethnic minority communities within Wales
  - development of a new Health and Wellbeing Passport for employees to record individual needs and help managers identify appropriate support and reasonable adjustments
  - focus groups to help the Digital Team learn more about how to improve digital accessibility for our workforce and service users

- partnership working with the AACE LGBT Network to develop an information resource to educate ambulance service staff on providing better care to people living with HIV. The Trust has linked with Fast Track Cymru to run a workshop for WAST 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
- preparation to revalidate our Gold Employer Recognition Scheme Award to further enhance our commitment to Armed Forces Communities. This includes building bridges into the workplace for Veterans and supporting our employees who are reservists and Cadet Instructors to help balance their work with their ongoing commitments to the Armed Forces.

- *Financial wellbeing*
  Recognising the pressures of the current economic climate and the impact this can have on mental health and wellbeing, the Trust has continued to support staff through a range of salary sacrifice schemes. Specialist external organisations have also been invited into the Trust to provide education and guidance on financial wellbeing. Alongside this, the Trust has worked with NHS Pensions and NHS Employers to promote information and resources to support staff in planning for retirement.

- *Inclusive recruitment*
  The Trust successfully implemented an inclusive recruitment initiative within the Digital Directorate, which resulted in a significant increase in applications and appointments from candidates from Black, Asian and Minority Ethnic backgrounds. The initiative also led to increased diversity among other successful applicants, including Welsh speakers, LGBTQ+ applicants and people with disabilities. Building on this success, the Trust is now expanding the approach within its contact centres, where there is ongoing recruitment for call handler vacancies.

- *Conferences and events*
  Throughout the year, the Trust has actively engaged in regional and national conferences and events to share learning and adopt best practice in support of its Strategic Equality Objectives. Attendance at events such as Pride Cymru, the Big Halal Expo, Cardiff Mela, the Women's Health Conference, the Anti-Racist Wales Public Sector Leadership Conference, and the NHS Confederation Diversity in Health and Care Partnership has enabled meaningful engagement with service users and stakeholders. These insights continue to inform Trust planning and decision-making. The Trust also hosted the health

zone at the Mastering Diversity event in Cardiff for the second consecutive year, showcasing progress and strengthening networks to further enhance service accessibility and inclusivity.

Further information on the progress made against our Strategic Equality Objectives can be found in our Strategic Equality Plan Annual Report.

Education and development

Education and development in WAST stives to be an inclusive, neuro-affirming experience for colleagues; actively working toward being a Learning Organisation. We have invested in an Essential Skills team to ensure specialist educational support is available to colleagues that works with their professional commitments and develops the skills required to successful develop throughout their working lives. All those involved in the delivery of education are encouraged to develop their educator skill set through a bespoke Education Programme leading to Registration with the Education Workforce Council - this is a requirement for all those delivering regulated qualifications such as our expanding Apprenticeship offer. Learner experience is central to the design, development, delivery, and evaluation of programmes to ensure evidence based and value add can be demonstrated and the impact of learning felt in practice and increased productivity. Colleagues enjoy clear and accessible information about their current learning, pathways on offer and individualised support to assist them plan their careers via a dedicated SharePoint site - Your Best - as part of Our WAST Way People & Culture offer. More on this can be found in the performance report in part 1 of this annual report.

Expenditure on consultancy

Expenditure during 2025/26 in respect of consultancy costs was £715,045 (in 2024/25 it was £583,645.36) across the following areas:

£54,500	Organisation and change management
£128,284	Human Resource, training and education
£92,743	Property and construction
£408,718	Strategy
£30,800	Finance
£715,045	

Expenditure on temporary staff

Expenditure during 2025/26 in respect of temporary staff costs was £0.957m (2024/25 £1.407m). The decrease of £0.450k is largely due to reduction of digital agency staff in post on a non-recurrent basis to assist in the delivery of agreed IMTP deliverables during 2024/25.

Off-payroll engagements

The Trust has a nil return in 2025/26 for off-payroll engagements. This is consistent with that reported in 2024/25.

Exit packages

The Trust has a cost of £330,336 in 2025/ 26 for eight staff exit packages. This compares to a cost of £164,365 in 2024/25. Exit packages are described in Note 10.5 within the financial statements.

Senedd Cymru/Welsh Parliamentary Accountability and Audit Report

The Senedd Cymru/Welsh Parliamentary Accountability and Audit Report provides information on such matters as regularity of expenditure, fees and charges, and the audit certificate and report.

Regularity of expenditure

The Trust is required to ensure regularity of its income and expenditure. Sufficient evidence of the assurance of this has been provided as part of the audit of the accounts process and the audit certificate for the accounts concludes that in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by Welsh Parliament and that the financial transactions recorded in the financial statements conform to the authorities which govern them. The Trust confirms its expenditure for the year is regular.

Fees and charges

The Trust is required by Welsh Government to ensure that the full cost of providing commercial services is passed on in its fees and charges and confirms that proper controls were in place in 2025/26 over how, when and at what level charges were levied. The Trust confirms its fees and charges are in accordance with Welsh Government requirements.

Material remote contingent liabilities

The Trust has no material remote contingent liabilities within its 2025/26 accounts. This is consistent to that reported in 2024/25.

Audit Certificate and Report

The certificate and report of the Auditor General to the Welsh Parliament is attached on the following pages.

The Certificate and independent auditor's report of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Welsh Ambulance Services University NHS Trust for the year ended 31 March 2026 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Cash Flow Statement and the Statement of Changes in Taxpayers' Equity and related notes, including a summary of material accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Welsh Ambulance Services University NHS Trust as at 31 March 2026 and of its surplus for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of financial statements and regularity of public sector bodies in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the trust in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.
Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Welsh Ambulance Services University NHS Trust is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise

explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.
I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers. In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Minsters' directions; and
- the information given in the Performance and Accountability Reports for the financial year for which the financial statements are prepared is consistent with the financial statements and in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Trust and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report, Accountability Report or the Governance Statement.
I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;

- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements
As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records;
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;
- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Trust's ability to continue as a going concern, disclosing as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Trust will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements
My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006. My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements. Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Welsh Ambulance Services University NHS Trust's policies and procedures concerned with:
- identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
- detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
- the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in management override and expenditure recognition;
- Obtaining an understanding of Welsh Ambulance Services University NHS Trust's framework of authority as well as other legal and regulatory frameworks that the Welsh Ambulance Services University NHS Trust operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Welsh Ambulance Services University NHS Trust;
- Obtaining an understanding of related party relationships.

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, the Audit and Risk Ass Committee and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board;
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Welsh Ambulance Services University NHS Trust's controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting
Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor's responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

I have no observations to make on these financial statements.

Adrian Crompton
Auditor General for Wales
26 June 2026

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

PART 3:

FINANCIAL STATEMENTS

Welsh Ambulance Services University NHS Trust

Foreword

These accounts for the period ended 31 March 2026 have been prepared to comply with International Financial Reporting Standards (IFRS) adopted by the European Union, in accordance with HM Treasury's FReM by Welsh Ambulance Services University NHS Trust under schedule 9 section 178 Para 3 (1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers, with the approval of the Treasury, directed.

Statutory background

The Trust was established in 1998. Spread over an area of almost 8,000 square miles and serving a population of over 3 million, our diverse area encompasses tranquil rural retreats, busy seaside resorts and large urban boroughs.

Our varied and modern services are tailor-made for each community's differing environmental and medical needs, from cycles to fast response cars, frontline ambulances and nurses in our control centres.

We attend more than 250,000 emergency calls a year, over 50,000 urgent calls and transport over 1.3 million non-emergency patients to over 200 treatment centres throughout England and Wales.

Our dedicated staff are our biggest asset, and we employ in the region of 4,000 people. Approximately 70% of our workforce is within our emergency medical services which include our Clinical Contact Centres, and around 640 staff work in our Non-Emergency Patient Transport Service (NEPTS). Our patient facing services are also supported by colleagues working within our corporate and support functions (approximately 500 staff) and our valued extended volunteer workforce, including over 1,000 Community First Responders (CFRs) and circa 300 Volunteer Car Drivers.

We operate from over 90 ambulance stations, three main contact centres, three regional offices and three vehicle workshops.

We also have our own National Training College to ensure our staff remain at the top of their game and receive regular professional development.

We provide access to high quality, on-going training, regular continuous professional development opportunities and personal annual development reviews.

We are also provide the NHS Wales 111 service, a 24 hour health advice and information service for the public and the front end call handling and clinical triage elements of the GP out-of-hours services.

Performance Management and Financial Results

Welsh Health Circular WHC/2016/054 replaced WHC/2015/014 'Statutory and Financial Duties of Local Health Boards bnd NHS Trusts' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2025-2026. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-2017.

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4 2(2). Each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to the revenue account. The first assessment of performance against the 3-year statutory duty under Schedules 4 2(1) and 4 2(2) was at the end of 2016-2017, being the first three year period of assessment.

STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2026

	Note	2025-26 £000	2024-25 £000
Revenue from patient care activities	3	334,320	314,362
Other operating revenue	4	10,017	9,229
Operating expenses	5.1	(345,312)	(324,956)
Operating (deficit)/surplus		(975)	(1,365)
Investment revenue	6	1,019	1,400
Other gains and losses	7	318	375
Finance costs	8	(284)	(340)
Retained surplus	2.1.1	78	70
Other Comprehensive Income			
Items that will not be reclassified to net operating costs:			
Net gain/(loss) on revaluation of property, plant and equipment		2,364	243
Net gain / (loss) on revaluation of right of use assets		0	0
Net gain/(loss) on revaluation of intangible assets		0	0
Net gain/(loss) on revaluation of financial assets		0	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0
Impairments and reversals		(1,285)	(436)
Movements in other reserves		0	149
Transfers between reserves		0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0
Reserves eliminated on dissolution		0	0
Sub total		1,079	(44)
Items that may be reclassified subsequently to net operating costs			
Net gain/(loss) on revaluation of financial assets held for sale		0	0
Sub total		0	0
Total other comprehensive income for the year		1,079	(44)
Total comprehensive income for the year		1,157	26

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2026

		Note	31 March 2026	31 March 2025
			£000	£000
Non-current assets	Property, plant and equipment	**13**	**114,988**	100,372
	Right of Use Assets	**13.3**	**8,878**	8,830
	Intangible assets	**14**	**4,011**	3,662
	Trade and other receivables	**17.1**	**16,470**	401
	Other financial assets	**18**	**0**	0
	Total non-current assets		**144,347**	113,265
Current assets	Inventories	**16.1**	**2,308**	2,114
	Trade and other receivables	**17.1**	**15,002**	15,163
	Other financial assets	**18**	**0**	0
	Cash and cash equivalents	**19**	**17,877**	8,036
			35,187	25,313
	Non-current assets held for sale	**13.2**	**0**	0
	Total current assets		**35,187**	25,313
Total assets			**179,534**	138,578
Current liabilities	Trade and other payables	**20**	**(38,987)**	(29,488)
	Borrowings	**21**	**(1,282)**	(1,900)
	Other financial liabilities	**22**	**0**	0
	Provisions	**23**	**(5,619)**	(4,617)
	Total current liabilities		**(45,888)**	(36,005)
Net current assets/(liabilities)			**(10,701)**	(10,692)
Total assets less current liabilities			**133,646**	102,573
Non-current liabilities	Trade and other payables	**20**	**0**	0
	Borrowings	**21**	**(5,215)**	(5,890)
	Other financial liabilities	**22**	**0**	0
	Provisions	**23**	**(24,250)**	(6,580)
	Total non-current liabilities		**(29,465)**	(12,470)
Total assets employed			**104,181**	90,103
Financed by Taxpayers' equity:				
	Public dividend capital		**91,263**	80,343
	Retained earnings		**(1,108)**	(3,294)
	Revaluation reserve		**14,026**	13,054
	Other reserves		**0**	0
	Total taxpayers' equity		**104,181**	90,103

The financial statements were approved by the Board on 25th June 2026 and signed on behalf of the Board by:

Chief Executive: Emma Wood

Date: 25 June 2026

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2025-26	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
Changes in taxpayers' equity for 2025-26				
Balance as at 31 March 2025	80,343	(3,294)	13,054	90,103
NHS Wales Transfer	0	0	0	0
RoU Asset Transitioning Adjustment	0	2,001	0	2,001
Impact of IFRS 16 on PPP/PFI Liability	0	0	0	0
Balance at 1 April 2025	80,343	(1,293)	13,054	92,104
Retained surplus/(deficit) for the year		78		78
Net gain/(loss) on revaluation of property, plant and equipment		0	2,364	2,364
Net gain/(loss) on revaluation of right of use assets		0	0	0
Net gain/(loss) on revaluation of intangible assets		0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0
Impairments and reversals		0	(1,285)	(1,285)
Gain/(Loss) on other reserve movements		0	0	0
Transfers between reserves		107	(107)	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0
Reserves eliminated on dissolution	0	0	0	0
Total in year movement	0	185	972	1,157
New Public Dividend Capital received	10,468			10,468
Public Dividend Capital repaid in year	0			0
Public Dividend Capital extinguished/written off	0			0
PDC Cash Due but not issued	452			452
Other movements in PDC in year	0			0
Balance at 31 March 2026	91,263	(1,108)	14,026	104,181

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF CHANGES IN TAXPAYERS' EQUITY

2024-25 Changes in taxpayers' equity for 2024-25	Public Dividend Capital £000	Retained earnings £000	Revaluation reserve £000	Total £000
Balance at 31 March 2024	79,701	(3,366)	13,100	89,435
NHS Wales Transfer	0	0	0	0
RoU Asset Transitioning Adjustment	0	0	0	0
Balance at 1 April 2024	79,701	(3,366)	13,100	89,435
Retained surplus/(deficit) for the year		70		70
Net gain/(loss) on revaluation of property, plant and equipment		0	243	243
Net gain/(loss) on revaluation of right of use assets		0	0	0
Net gain/(loss) on revaluation of intangible assets		0	0	0
Net gain/(loss) on revaluation of financial assets		0	0	0
Net gain/(loss) on revaluation of PPE and Intangible assets held for sale		0	0	0
Net gain/(loss) on revaluation of financial assets held for sale		0	0	0
Impairments and reversals		0	(436)	(436)
Net Gain/(loss) on Other Reserve		2	147	149
Transfers between reserves		0	0	0
Reclassification adjustment on disposal of available for sale financial assets		0	0	0
Reserves eliminated on dissolution	0	0	0	0
Total in year movement	0	72	(46)	26
New Public Dividend Capital received	5,199			5,199
Public Dividend Capital repaid in year	(4,557)			(4,557)
Public Dividend Capital extinguished/written off	0			0
PDC Cash Due but not issued	0			0
Other movements in PDC in year	0			0
Balance at 31 March 2025	80,343	(3,294)	13,054	90,103

The notes on pages 6 to 76 form part of these accounts.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 31 MARCH 2026

	Note	2025-26 £000	2024-25 £000
Operating surplus/(deficit)	SOCI	(975)	(1,365)
Movements in working capital	30	(12,464)	58
Other cash flow adjustments	31	39,953	22,436
Provisions utilised		(2,040)	(2,432)
Interest paid		(115)	(173)
Net cash inflow (outflow) from operating activities		24,359	18,524
Cash flows from investing activities			
Interest received		1,019	1,400
(Payments) for property, plant and equipment		(25,569)	(22,779)
Proceeds from disposal of property, plant and equipment		318	375
(Payments) for intangible assets		(276)	(3,836)
Proceeds from disposal of intangible assets		0	0
Payments for investments with Welsh Government		0	0
Proceeds from disposals with Welsh Government		0	0
(Payments) for financial assets.		0	0
Proceeds from disposal of financial assets.		0	0
Net cash inflow (outflow) from investing activities		(24,508)	(24,840)
Net cash inflow (outflow) before financing		(149)	(6,316)
Cash flows from financing activities			
Public Dividend Capital received		10,468	5,199
Public Dividend Capital repaid		0	(4,557)
Loans received from Welsh Government		0	0
Loans repaid to Welsh Government		0	0
Other loans received		0	0
Other loans repaid		0	0
Other capital receipts		1,774	0
Capital elements of finance leases and on-SOFP PFI		0	0
Capital element of payments in respect of on-SoFP PFI		0	0
Capital element of payments in respect of Right of Use Assets		(2,252)	(3,375)
Cash transferred (to)/from other NHS Wales bodies		0	0
Net cash inflow (outflow) from financing activities		9,990	(2,733)
Net increase (decrease) in cash and cash equivalents		9,841	(9,049)
Cash [and] cash equivalents at the beginning of the financial year	19	8,036	17,085
Cash [and] cash equivalents at the end of the financial year	19	17,877	8,036

The notes on pages 6 to 76 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of NHS Trusts (NHST) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2025-26 Manual for Accounts. The accounting policies contained in that manual follow the 2025-26 Financial Reporting Manual (FReM), in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the NHST Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the NHST for the purpose of giving a true and fair view has been selected. The particular policies adopted by the NHST are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2 Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3 Revenue

Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration receivable.

From 2018-2019, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FReM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income is received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The Department of Health and Social Care (DHSC) 2023-24 consultation on the NHS Pension Scheme confirmed that the transitional approach that has operated since 2019-20 for employer contributions will continue in 2025-26. From 1 April 2024 an employer rate of 23.7% (23.78% inclusive of the administration charge) will apply. However, the NHS Business Services Authority will continue to only collect 14.38% from NHS Wales employers under their normal monthly payment process to the NHS Pension Scheme. This has a resulted in an increase in the central payments made by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency) from 6.3% to 9.4%.

However, NHS Wales organisations are required to account for **their staff** employer contributions of 23.78% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Other Note within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Trust commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Trust's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5 Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

● it is held for use in delivering services or for administrative purposes;

● it is probable that future economic benefits will flow to, or service potential will be supplied to, NHS Wales organisation;

● it is expected to be used for more than one financial year;

● the cost of the item can be measured reliably; and

● the item has cost of at least £5,000; or

● collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control;

or

● items form part of the initial equipping and setting-up cost of a new building, vehicle or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Income (SoCI).

From 2015-2016, IFRS 13 Fair Value Measurement must be complied with in full. However IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCI. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This ensures that asset carrying values are not materially overstated.

For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs identified are then charged to operating expenses.

1.7 Intangible assets

Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to the NHS organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

● the technical feasibility of completing the intangible asset so that it will be available for use

● the intention to complete the intangible asset and use it

● the ability to use the intangible asset

● how the intangible asset will generate probable future economic benefits

● the availability of adequate technical, financial and other resources to complete the intangible asset and use it

● the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8 Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Trust expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCI. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCI. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings. Right of use (ROU) asset impairments are reflected in ROU liability.

1.9 Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits there from can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCI on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification. Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCI. On disposal, the balance for the asset on the revaluation reserve is transferred to retained earnings.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application, the NHS Trust has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by the NHS Trust in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

The NHS Trust will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.7 instead.

List any other expedients employed by the entity (such as low value 5(b) or 15 on componentisation HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The NHS Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16, the NHS Trust has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

The NHS Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 Welsh Ambulance Services University NHS Trust (the entity) as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The NHS Trust employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset the entity applies a revised rate to the remaining lease liability.

Where existing leases are modified, the NHS Trust must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by the NHS Trust.

1.11.2 Welsh Ambulance Services University NHS Trust (the entity) as lessor (where relevant)

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of the NHS Trust net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the NHS Trust net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where the NHS Trust is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition, the NHS Trust has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

1.12 Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14 Provisions

Provisions are recognised when the NHS Trust has a present legal or constructive obligation as a result of a past event, it is probable that the NHS Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1 Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operate a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participating NHS Wales bodies. The risk sharing option was implemented in both 2024-25 and 2025-26. The WRPS is hosted by Velindre NHS University Trust.

1.14.2 Future Liability Scheme (FLS)

General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GP services in Wales.

In March 2019, the Minister issued a Direction to Velindre University NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

1.15 Financial Instruments

From 2018-2019 IFRS 9 Financial Instruments is applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by the NHS Trust is a change to the calculation basis for bad debt provisions: changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

1.16 Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses.

All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1 Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value' through SoCI; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2 Financial assets at fair value through SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCI. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4 Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCI on de-recognition.

1.16.5 Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the NHS Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the expenditure and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.16.6 Other financial assets

Listed investments are stated at market value. Unlisted investments are included at cost as an approximation to market value. Quoted stocks are included in the balance sheet at mid-market price, and where holdings are subject to bid / offer pricing their valuations are shown on a bid price. The shares are not held for trading and accordingly are classified as available for sale. Other financial assets are classified as available for sale investments carried at fair value within the financial statements.

1.17 Financial liabilities

Financial liabilities are recognised on the SOFP when the NHS Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired. Loans from Welsh Government are recognised at historical cost.

1.17.1 Financial liabilities are initially recognised at fair value through SoCI

Financial liabilities are classified as either financial liabilities at fair value through the SoCI or other financial liabilities.

1.17.2 Financial liabilities at fair value through the SoCI

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCI. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3 Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18 Value Added Tax (VAT)

Most of the activities of NHS Wales organisations are outside the scope of VAT and, in general, output VAT does not apply and input VAT on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output VAT is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19 Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCI. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Trust has no beneficial interest in them. Details of third party assets are given in the Notes to the accounts.

1.21 Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCI on an accruals basis, including losses which would have been made good through insurance cover had the NHS Trust not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The NHS Trust accounts for all losses and special payments gross (including assistance from the WRPS).

The NHS Trust accrues or provides for the best estimate of future payouts for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5-50%, the liability is disclosed as a contingent liability.

1.22 Pooled budget

The NHS Wales organisation has not entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one NHS Wales's organisation. Payments for services provided are accounted for as miscellaneous income. The NHS Wales organisation accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

1.23 Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the WRPS.

1.25 Provisions for legal or constructive obligations for clinical negligence, personal injury & defence costs

The NHS Trust provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the WRPS which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the NHS Trust, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement:

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Contingent Liability
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*
		Contingent Liability for all other estimated expenditure
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

** Defence fee costs are provided for at 25%.*

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of 0.5%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%-94% respectively are held as a provision on the NHS Trust's balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

1.26 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

1.27 Private Finance Initiative (PFI) transactions

The Trust has no PFI arrangements.

1.28 Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Trust, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the NHS Trust. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.29 Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting, dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

For transfers of functions involving NHS Wales Trusts in receipt of PDC the double entry for the fixed asset NBV value and the net movement in assets is PDC.

1.30 Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM:

IFRS14 Regulatory Deferral Accounts -Not UK endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 18 Presentation and Disclosure in Financial Statements - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

IFRS 19 Subsidiaries without Public Accountability: Disclosures - Application required for accounting periods beginning on or after 1 January 2027. Standard is not yet UK endorsed and not yet adopted by the FReM. Early adoption is not permitted.

1.31 Accounting standards issued that have been adopted early

During 2025-26 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.32 Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the Trust has established that as it is the corporate trustee of the Welsh Ambulance Services NHS Trust Charitable Fund it is therefore considered for accounting standards compliance to have control of the Welsh Ambulance Services NHS Trust Charitable Fund as a subsidiary.

The determination of control is an accounting standard test of control and there has been no change to the operation of the Welsh Ambulance Services NHS Trust Charitable Fund or its independence in its management of charitable funds.

However the organisation has with the agreement of the Welsh Government adopted the IAS 27(10) exemption to consolidate. Welsh Government as the ultimate parent of the NHS Wales organisations will disclose the Charitable Accounts in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties notes.

1.33 Subsidiaries

Material entities over which the NHS Trust has the power to exercise control so as to obtain economic or other benefits are classified as subsidiaries and are consolidated. Their income and expenses; gains and losses; assets, liabilities and reserves; and cash flows are consolidated in full into the appropriate financial statement lines. Appropriate adjustments are made on consolidation where the subsidiary's accounting policies are not aligned with the NHS Trust or where the subsidiary's accounting date is before 1 January or after 30 June.

Subsidiaries that are classified as 'held for sale' are measured at the lower of their carrying amount or 'fair value less costs to sell'.

1.34 Borrowing costs

Borrowing costs are recognised as expenses as they are incurred.

1.35 Public Dividend Capital (PDC) and PDC dividend

PDC represents taxpayers' equity in the NHS Trust. At any time the Minister for Health and Social Services with the approval of HM Treasury can issue new PDC to, and require repayments of, PDC from the NHS Trust. PDC is recorded at the value received. As PDC is issued under legislation rather than under contract, it is not treated as an equity financial instrument.

From 1 April 2010 the requirement to pay a public dividend over to the Welsh Government ceased.

2. Financial Performance

2.1 STATUTORY FINANCIAL DUTIES

Under the National Health Services (Wales) Act 2006 the financial obligations of the NHS Trust are contained within Schedules 4 2(1) and 4(2).

The Trust is required to achieve financial breakeven over a rolling 3 year period.

Welsh Health Circular WHC/2016/054 replaced WHC/2015/014 'Statutory and Financial Duties of Local Health Boards and NHS Trusts' and further clarifies the statutory financial duties of NHS Wales bodies.

2.1.1 Financial Duty

	Annual financial performance			**2023-24 to 2025-26 Financial duty**
	2023-24 £000	2024-25 £000	2025-26 £000	**£000**
Retained surplus	85	70	78	**233**
Less Donated asset / grant funded revenue	0	0	0	**0**
Adjusted surplus/ (Deficit)	85	70	78	**233**

The Welsh Ambulance Services University NHS Trust has met its financial duty to break even over the 3 years 2023-24 to 2025-26.

2.1.2 Integrated Medium Term Plan (IMTP)

The NHS Wales Planning Framework for the period 2025-2028 issued to Trusts placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The Trust submitted an Integrated Medium Term Plan for the period 2025-2028 in accordance with NHS Wales Planning Framework.

The Minister for Health and Social Services approval status.

Status	**Approved**
Date	30/06/2025

The Welsh Ambulance Services University NHS Trust has therefore met its statutory duty to have an approved financial plan.

2. Financial Performance (cont)

2.2.1. Capital Resource Limit

Capital Resource Limit	31 March 2026 £000
Gross capital expenditure	33,176
Less: Disposals	0
Less: Donated and Government granted additions	0
Less: Peppercorn leased capital additions	0
Charge against Capital Resource Limit	33,176
Capital Resource Limit	**33,176**
(Over) / Underspend against Capital Resource Allocation	0

The Trust has met the target.

2.3. Creditor payment

The Trust is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The Trust has achieved the following results:

	2025-26	2024-25
Total number of non-NHS bills paid	**51,020**	**53,595**
Total number of non-NHS bills paid within target	**50,221**	**52,380**
Percentage of non-NHS bills paid within target	**98.4%**	**97.7%**

The Trust has met the target.

3. Revenue from patient care activities	2025-26	2024-25
	£000	£000
Local health boards	5,887	5,966
NHSW Joint Commissioning Committee	292,707	275,426
Welsh NHS Trusts	969	899
Welsh Special Health Authorities	0	0
Foundation Trusts	0	0
Other NHS England bodies	168	97
Other NHS Bodies	0	0
Local Authorities	9	1
Welsh Government	34,167	31,546
Welsh Government - Hosted Bodies	0	0
Non NHS:		
Private patient income	0	0
Overseas patients (non-reciprocal)	0	0
Injury Costs Recovery (ICR) Scheme	182	183
Other revenue from activities	231	244
Total	**334,320**	314,362

Injury Cost Recovery (ICR) Scheme income:

	2025-26	2024-25
	%	%
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	24.62	24.45

4. Other operating revenue	2025-26	2024-25
	£000	£000
Income generation	0	0
Patient transport services	0	0
Education, training and research	2,289	2,000
Charitable and other contributions to expenditure	0	0
Receipt of Covid Items free of charge from other NHS Wales Organisations	0	0
Receipt of Covid Items free of charge from other organisations	0	0
Receipt of donations for capital acquisitions	0	0
Receipt of government grants for capital acquisitions	0	0
Right of Use Grant (Peppercorn Lease)	0	0
Non-patient care services to other bodies	0	0
Right of Use Asset Sub-leasing rental income	0	0
Rental revenue from finance leases	0	0
Rental revenue from operating leases	241	336
Other revenue:		
Provision of pathology/microbiology services	0	0
Accommodation and catering charges	0	0
Mortuary fees	0	0
Staff payments for use of cars	89	67
Business unit	0	0
Scheme Pays Reimbursement Notional	0	0
Other	7,398	6,826
Total	**10,017**	9,229
Total Patient Care and Operating Revenue	**344,337**	**323,591**

Other revenue comprises:		
Personal injury benefit scheme (PIBS)	55	738
Hazardous Area Response Team (HART)	2,917	2,773
Other minor services income	2,077	1,597
Funding for impairments (as funds flow monies)	2,300	1,718
Income from asset sales to staff	49	
Total	**7,398**	6,826

5. Operating expenses	**2025-26**	2024-25
5.1 Operating expenses	**£000**	£000
Local Health Boards	**117**	142
Welsh NHS Trusts	**1,191**	1,068
Welsh Special Health Authorities	**0**	0
Goods and services from other NHS bodies	**0**	0
Goods and services from NHSW JCC	**0**	0
Local Authorities	**0**	0
Purchase of healthcare from non-NHS bodies	**13,323**	13,012
Welsh Government	**674**	612
Other NHS Trusts	**0**	0
Directors' costs	**2,074**	1,984
Operational Staff costs	**256,563**	234,153
Single lead employer Staff Trainee Cost	**0**	0
Collaborative Bank Staff Cost	**0**	0
Supplies and services - clinical	**4,813**	5,383
Supplies and services - general	**2,384**	3,014
Consultancy Services	**715**	584
Establishment	**5,106**	5,328
Transport	**17,410**	17,179
Premises	**16,538**	16,691
Impairments and Reversals of Receivables	**0**	0
Depreciation	**15,072**	14,854
Depreciation (RoU Asset)	**2,576**	3,409
Amortisation	**1,066**	1,137
Impairments and reversals of property, plant and equipment	**2,301**	1,653
Fixed asset impairments and reversals (RoU Assets)	**0**	0
Impairments and reversals of intangible assets	**0**	65
Impairments and reversals of financial assets	**0**	0
Impairments and reversals of non current assets held for sale	**0**	0
Audit fees	**215**	202
Other auditors' remuneration	**91**	0
Losses, special payments and irrecoverable debts	**719**	1,665
Research and development	**0**	0
Expense related to short-term leases	**83**	101
Expense related to low-value asset leases (excluding short-term leases)	**0**	0
Other operating expenses	**2,281**	2,720
Total	**345,312**	324,956

5. Operating expenses (continued)

5.2 Losses, special payments and irrecoverable debts:

Charges to operating expenses **Increase/(decrease) in provision for future payments:**	**2025-26** **£000**	2024-25 £000
Clinical negligence;-		
Secondary care	**18,303**	(36)
Primary care	**0**	0
Redress Secondary Care	**(48)**	0
Redress Primary Care	**0**	0
Personal injury	**96**	767
All other losses and special payments	**400**	485
Defence legal fees and other administrative costs	**210**	64
Structured Settlements Welsh Risk Pool	**0**	0
Gross increase/(decrease) in provision for future payments	**18,961**	1,280
Contribution to Welsh Risk Pool	**0**	0
Premium for other insurance arrangements	**0**	0
Irrecoverable debts	**(28)**	60
Less: income received/ due from Welsh Risk Pool	**(18,214)**	325
Total charge	**719**	1,665

Personal injury includes £0.065m in respect of permanent injury benefits.

The contribution to the Welsh Risk Pool risk share is disclosed within Note 5.1.

	2025-26 **£**	2024-25 £
Permanent injury included within personal injury:	**65,214**	727,208

6. Investment revenue	2025-26	2024-25
Rental revenue :	**£000**	£000
PFI/MIM finance lease revenue:		
Planned	**0**	0
Contingent	**0**	0
Other finance lease revenue	**0**	0
Interest revenue:		
Bank accounts	**1,019**	1,400
Other loans and receivables	**0**	0
Impaired financial assets	**0**	0
Other financial assets	**0**	0
Total	**1,019**	1,400

7. Other gains and losses	2025-26	2024-25
	£000	£000
Gain/(loss) on disposal of property, plant and equipment	**0**	0
Gain/(loss) on disposal other than by sale of right of use assets	**0**	0
Gain/(loss) on disposal of intangible assets	**0**	0
Gain/(loss) on disposal of assets held for sale	**318**	375
Gain/(loss) on disposal of financial assets	**0**	0
Gains/(loss) on foreign exchange	**0**	0
Change in fair value of financial assets at fair value through income statement	**0**	0
Change in fair value of financial liabilities at fair value through income statement	**0**	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	**0**	0
Total	**318**	375

8. Finance costs	2025-26	2024-25
	£000	£000
Interest on loans and overdrafts	**0**	0
Interest on obligations under finance leases	**0**	0
Interest on obligations under Right of Use Leases	**115**	173
Interest on obligations under PFI/MIM contracts:		
Main finance cost	**0**	0
Contingent finance cost	**0**	0
Impact of IFRS 16 on PPP/PFI/ MIM contracts	**0**	0
Interest on late payment of commercial debt	**0**	0
Other interest expense	**0**	0
Total interest expense	**115**	173
Provisions unwinding of discount	**169**	167
Periodical Payment Order unwinding of discount	**0**	0
Other finance costs	**0**	0
Total	**284**	**340**

9. Future change to SoCI/Operating Leases

9.1 Trust as lessee

Operating lease payments represent rentals payable by Welsh Ambulance Services University NHS Trust for properties and vehicles outside the scope of IFRS 16.

The periods in which the remaining agreements will expire are shown below:

	2025-26 Low Value & Short Term	2025-26 Other	2025-26 Total	2024-25 Total
Payments recognised as an expense				
	£000	**£000**	**£000**	£000
Minimum lease payments	**83**	**1,190**	**1,273**	1,355
Contingent rents	**0**	**0**	**0**	0
Sub-lease payments	**0**	**0**	**0**	0
Total	**83**	**1,190**	**1,273**	1,355

Total future minimum lease payments	**2025-26**	**2025-26**	**2025-26**	2024-25
Payable:	**£000**	**£000**	**£000**	£000
Not later than one year	**0**	**965**	**965**	853
Between one and five years	**0**	**1,152**	**1,152**	1,233
After 5 years	**0**	**237**	**237**	284
Total	**0**	**2,354**	**2,354**	2,370
Total future sublease payments expected to be received	**0**	**0**	**0**	0

9. Future change to SoCI/Operating Leases (continued)

9.2 Trust as lessor

Main sources of receipts are -
-The Trust leases part of Vantage Point House to Aneurin Bevan NHS Trust in respect of their GP Out of Hours service.
- The Trust recharges out a variable service charge to North Wales Fire Service who reside at the AFSRC site based in Wrexham.

Rental Revenue

Receipts recognised as income	**2025-26**	2024-25
	£000	£000
Rent	**0**	0
Contingent rent	**0**	0
Other	**245**	244
Total rental revenue	**245**	244

Total future minimum lease payments	**2025-26**	2024-25
Receivable:	**£000**	£000
Not later than one year	**245**	244
Between one and five years	**0**	0
After 5 years	**1**	1
Total	**246**	245

10. Employee costs and numbers

10.1 Employee costs Operational Staff	Permanently employed staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	2025-26 £000	2024-25 £000
	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	193,429	146	957	0	0	194,532	181,506
Social security costs	24,167	0	0	0	0	24,167	17,852
Employer contributions to NHS Pensions Scheme	39,905	0	0	0	0	39,905	36,878
Other pension costs	66	0	0	0	0	66	108
Other post-employment benefits	0	0	0	0	0	0	0
Termination benefits	330	0	0	0	0	330	164
Total	**257,897**	**146**	**957**	**0**	**0**	**259,000**	236,508

Of the total above:		
Charged to capital	354	336
Charged to revenue	258,646	236,172
Total	**259,000**	236,508

Net movement in accrued employee benefits (untaken staff leave)	148	82

10.2 Average number of employees	Permanently Employed	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Other Staff	2025-26 Total	2024-25 Total
	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	746	4	10	0	0	760	690
Medical and dental	1	0	0	0	0	1	1
Nursing, midwifery registered	219	0	0	0	0	219	196
Professional, scientific and technical staff	2	0	0	0	0	2	3
Additional Clinical Services	1,957	0	0	0	0	1,957	1,974
Allied Health Professions	1,199	0	0	0	0	1,199	1,162
Healthcare scientists	0	0	0	0	0	0	0
Estates and Ancillary	68	0	2	0	0	70	65
Students	0	0	0	0	0	0	0
Total	**4,192**	**4**	**12**	**0**	**0**	**4,208**	4,091

10.3. Retirements due to ill-health	2025-26	2024-25
Number	5	3
Estimated additional pension costs £	462,360	289,507

This note discloses the number and additional pension costs for individuals who retired early on ill-health grounds during the year. These additional pension costs have been calculated on an average basis and will be borne by the NHS Pension Scheme.

10.4 Employee benefits

Employee benefits refer to non-pay benefits which are not attributable to individual employees, for example group membership of a club. The trust does not operate any employee benefit schemes.

10.5 Reporting of other compensation schemes - exit packages

10.5.1 Exit Packages Costs and Numbers

Exit packages cost band (including any special payment element)	2025-26 Number of compulsory redundancies Whole numbers only	2025-26 Number of other departures Whole numbers only	2025-26 Total number of exit packages Whole numbers only	2025-26 Number of departures where special payments have been made Whole numbers only	2024-25 Total number of exit packages Whole numbers only
less than £10,000	0	2	2	1	0
£10,000 to £25,000	0	1	1	0	3
£25,000 to £50,000	0	2	2	0	1
£50,000 to £100,000	0	2	2	0	1
£100,000 to £150,000	0	1	1	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	8	8	1	5

Exit packages cost band (including any special payment element)	2025-26 Cost of compulsory redundancies £	2025-26 Cost of other departures £	2025-26 Total cost of exit packages £	2025-26 Cost of special element included in exit packages £	2024-25 Total cost of exit packages £
less than £10,000	0	8,209	8,209	7,000	0
£10,000 to £25,000	0	10,360	10,360	0	55,000
£25,000 to £50,000	0	65,506	65,506	0	30,000
£50,000 to £100,000	0	137,607	137,607	0	79,365
£100,000 to £150,000	0	108,654	108,654	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	330,336	330,336	7,000	164,365

Total Exit Costs Paid in Year	Total paid in year 2025-26 £	Total paid in year 2024-25 £
Exit costs paid in year	88,040	53,648
Total	88,040	53,648

This disclosure reports the number and value of exit packages agreed in the year. Note: the expense associated with these departures may have been recognised in part or in full in a previous period.

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS).

Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

10.5 Reporting of other compensation schemes - exit packages continued

10.5.2 Analysis of other departures	2025-26 Agreements Number	2025-26 Total value of agreements £
Type of other departures		
Voluntary redundancies including early retirement contractual costs	6	322,127
Contractual payments in lieu of notice*	0	0
Exit payments following Employment Tribunals or court orders	0	0
Non-contractual payments requiring Welsh Government Approval**	1	7,000
Other please specify	1	1,209
Total	**8**	**330,336**

This disclosure provides detail for the number and value of exit packages agreed in the year.

As a single exit package can be made up of several components each of which will be counted separately in this Note, the total number above will not necessarily match the total numbers in Note 10.5.1 which will be the number of individuals.

**The amount shown above includes one non-contractual severance payments of £7000.
Included within 'Other' above is one contractual payment of £1209 relating to annual leave.

10.6 Fair Pay disclosures

10.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's

Total Pay and benefits			**£'000**			**£'000**
Chief Executive Total pay and benefits range			**190-195**			**185-190**
Highest paid Director Total pay and benefits range			**190-195**			**185-190**

	2025-26	**2025-26**	**2025-26**	2024-25	2024-25	2024-25
	£	**£**		£	£	
Total pay and benefits mid-point	**Chief Executive**	**Employee**	**Ratio**	Chief Executive	Employee	Ratio
25th percentile pay ratio	**192,500**	**31,371**	**6.14:1**	187,500	30,420	6.16:1
Median pay	**192,500**	**41,644**	**4.62:1**	187,500	38,999	4.81:1
75th percentile pay ratio	**192,500**	**53,828**	**3.58:1**	187,500	53,416	3.51:1
Salary component of total pay and benefits						
25th percentile pay ratio	**192,500**	**26,999**		187,500	26,060	
Median pay	**192,500**	**33,992**		187,500	30,420	
75th percentile pay ratio	**192,500**	**47,280**		187,500	45,637	

Total pay and benefits mid-point	**Highest Paid Director**	**Employee**	**Ratio**	Highest Paid Director	Employee	Ratio
25th percentile pay ratio	**192,500**	**31,371**	**6.14:1**	187,500	30,420	6.16:1
Median pay	**192,500**	**41,644**	**4.62:1**	187,500	38,999	4.81:1
75th percentile pay ratio	**192,500**	**53,828**	**3.58:1**	187,500	53,416	3.51:1
Salary component of total pay and benefits						
25th percentile pay ratio	**192,500**	**26,999**		187,500	26,060	
Median pay	**192,500**	**33,992**		187,500	30,420	
75th percentile pay ratio	**192,500**	**47,280**		187,500	45,637	

In 2025-26, 0 (2024-25, 0) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £23,875 to £192,500 (2024-25, £23,970 to £187,500).

The all staff range includes directors with the exception of the highest paid CEO Director as appropriate and excludes the non-executive directors and excludes pension benefits of all employees.

*In terms of these disclosures, the Chief Executive is also the highest paid director.

Financial year summary

In keeping with the Welsh Government circulars on pay, included in the calculations for 2025/26 are the 3.6% pay increase for employees covered by Agenda for Change (AfC) and the 3.25% pay increase for employees covered by Executive and Senior Posts (ESP).

10.6.2 Percentage Changes

	2024-25 to 2025-26	2023-24 to 2024-25
% Change from previous financial year in respect of Chief Executive	**%**	%
Salary and allowances	**2.7**	8.7
Performance pay and bonuses	**0.0**	0.0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	**2.7**	8.7
Performance pay and bonuses	**0.0**	0.0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	**2.2**	7.8
Performance pay and bonuses	**0.0**	0.0

2023/24 figures were provided in accordance with the guidance at the time, however this did not take into account the 2024/25 Manual for Accounts guidance, which was applied in 2024/25 only.

As per the Manual for Accounts, 2025/26 has reverted to the methodology used in 2023/24, whereby the amounts included are following salary sacrifice deductions.

The 8.7% reported in 2024/25 is in relation to the pay award received in 2024/25 based on the mid-point of the band, and the exclusion of salary sacrifice schemes as per the 2024/25 guidance.

The 2.7% reported in 2025/26 is the result of a new Chief Executive and the pay award received.

In terms of the average pay per FTE, the 7.8% reported in 2024/25 relates to the agreed pay increases across the organisation, with salary sacrifice schemes excluded as per the 2024/25 guidance.

The 2.2% reported in 2025/26 is the result of the pay award received.

11. Pensions

PENSION COSTS

Past and present employees are covered by the provisions of the NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both the 1995/2008 and 2015 schemes are accounted for, and the scheme liability valued, as a single combined scheme. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”.

An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2026, is based on valuation data as at 31 March 2024, updated to 31 March 2026 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the Statement by the Actuary, which forms part of the annual NHS Pension Scheme Annual Report and Accounts.

These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (considering recent demographic experience), and to recommend the contribution rate payable by employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2020. The results of this valuation set the employer contribution rate payable from 1 April 2024 to 23.7% of pensionable pay. The core cost cap cost of the scheme was calculated to be outside of the 3% cost cap corridor as at 31 March 2020. However, when the wider economic situation was taken into account through the economic cost cap cost of the scheme, the cost cap corridor was not similarly breached. As a result, there was no impact on the member benefit structure or contribution rates.

The 2024 actuarial valuation is currently being prepared and will be published before new contribution rates are implemented from April 2027.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2025-26 tax year (2024-25 £6,240 and £50,270).

Restrictions on the annual contribution limits were removed on 1st April 2017.

12. Public Sector Payment Policy

12.1 Prompt payment code - measure of compliance

The Welsh Government requires that trusts pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the trust financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery or receipt of a valid invoice, whichever is the later.

	2025-26 Number	**2025-26 £000**	2024-25 Number	2024-25 £000
NHS				
Total bills paid in year	**1,245**	**10,783**	1,580	13,122
Total bills paid within target	**1,183**	**10,343**	1,547	12,774
Percentage of bills paid within target	**95.0%**	**95.9%**	97.9%	97.3%
Non-NHS				
Total bills paid in year	**51,020**	**90,984**	53,595	142,878
Total bills paid within target	**50,221**	**89,869**	52,380	141,256
Percentage of bills paid within target	**98.4%**	**98.8%**	97.7%	98.9%
Total				
Total bills paid in year	**52,265**	**101,767**	55,175	156,000
Total bills paid within target	**51,404**	**100,212**	53,927	154,030
Percentage of bills paid within target	**98.4%**	**98.5%**	97.7%	98.7%

12.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2025-26 £	2024-25 £
Amounts included within finance costs from claims made under legislation	**0**	0
Compensation paid to cover debt recovery costs under legislation	**0**	0
Total	**0**	0

13. Property, plant and equipment :

2025-26	Land	Buildings, excluding dwellings	Dwellings	Assets under construction and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
At 1 April 2025	9,125	31,891	0	18,391	18,877	87,921	15,261	1,025	182,491
Indexation	288	2,370	0	0	0	0	0	0	2,658
Additions - purchased	0	1,297	0	22,773	936	4,029	1,761	115	30,911
Additions - donated	0	0	0	0	0	0	0	0	0
Additions - government granted	0	0	0	0	0	0	0	0	0
Additions - Initial recognition of MIMs funded as	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	1,280	0	(19,179)	2,280	14,649	855	115	0
Revaluation	0	(1,286)	0	0	0	0	0	0	(1,286)
Reversal of impairments	0	1,145	0	0	0	0	0	0	1,145
Impairments	0	(3,518)	0	0	0	(66)	0	0	(3,584)
Reclassified as held for sale	0	0	0	0	(934)	(10,843)	0	0	(11,777)
Disposals other than by sale	0	0	0	0	(198)	(381)	(806)	(132)	(1,517)
At 31 March 2026	9,413	33,179	0	21,985	20,961	95,309	17,071	1,123	199,041
Depreciation									
At 1 April 2025	0	3,701	0	0	13,479	56,490	7,669	780	82,119
Indexation	0	294	0	0	0	0	0	0	294
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(138)	0	0	0	0	0	0	(138)
Reclassified as held for sale	0	0	0	0	(934)	(10,843)	0	0	(11,777)
Disposals other than by sale	0	0	0	0	(198)	(381)	(806)	(132)	(1,517)
Charged during the year	0	1,006	0	0	1,702	10,107	2,189	68	15,072
At 31 March 2026	0	4,863	0	0	14,049	55,373	9,052	716	84,053
Net book value									
At 1 April 2025	9,125	28,190	0	18,391	5,398	31,431	7,592	245	100,372
Net book value									
At 31 March 2026	9,413	28,316	0	21,985	6,912	39,936	8,019	407	114,988
Net book value at 31 March 2026 comprises :									
Purchased	9,413	28,316	0	21,985	6,904	39,889	8,019	407	114,933
Donated	0	0	0	0	8	47	0	0	55
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2026	9,413	28,316	0	21,985	6,912	39,936	8,019	407	114,988
Asset Financing:									
Owned	9,413	28,316	0	21,985	6,912	39,936	8,019	407	114,988
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PPP/PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
At 31 March 2026	9,413	28,316	0	21,985	6,912	39,936	8,019	407	114,988

The net book value of land, buildings and dwellings at 31 March 2026 comprises :

	£000
Freehold	35,300
Long Leasehold	2,429
Short Leasehold	0
Total	37,729

Valuers 'material uncertainty', in valuation. 0

The disclosure relates to the materiality in the valuation report not that of the underlying account.

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. The Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

13. Property, plant and equipment :

2024-25	Land	Buildings, excluding dwellings	Dwellings	Assets under construttion and payments on account	Plant & machinery	Transport Equipment	Information Technology	Furniture and fittings	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000	£000	£000
Cost at 31 March bf	9,199	34,020	0	14,430	20,827	85,505	17,550	1,444	182,975
Classification correction	(18)	(3,432)	0	(104)	(9)	0	0	(347)	(3,910)
At 1 April 2024	9,181	30,588	0	14,326	20,818	85,505	17,550	1,097	179,065
Indexation	98	175	0	0	0	0	0	0	273
Additions - purchased	0	2,723	0	16,343	25	1,005	567	0	20,663
Additions - donated	0	0	0	0	0	0	0	0	0
Additions - government granted	0	0	0	0	0	0	0	0	0
Additions - Initial recognition of MIMs funded ass	0	0	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	338	0	(12,268)	853	8,913	2,143	175	154
Revaluation	(5)	(284)	0	0	0	0	0	0	(289)
Reversal of impairments	0	354	0	0	0	0	0	0	354
Impairments	(149)	(2,003)	0	(10)	0	0	(17)	0	(2,179)
Reclassified as held for sale	0	0	0	0	(1,276)	(7,139)	0	0	(8,415)
Disposals other than by sale	0	0	0	0	(1,543)	(363)	(4,982)	(247)	(7,135)
At 31 March 2025	9,125	31,891	0	18,391	18,877	87,921	15,261	1,025	182,491
Depreciation									
Depreciation at 31 March bf	18	6,311	0	104	14,662	54,229	10,289	1,255	86,868
Classification Correction	(18)	(3,432)	0	(104)	(9)	0	0	(347)	(3,910)
At 1 April 2024	0	2,879	0	0	14,653	54,229	10,289	908	82,958
Indexation	0	30	0	0	0	0	0	0	30
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	1	0	0	(2)	0	0	0	(1)
Revaluation	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	(172)	0	0	0	0	0	0	(172)
Reclassified as held for sale	0	0	0	0	(1,276)	(7,139)	0	0	(8,415)
Disposals other than by sale	0	0	0	0	(1,543)	(363)	(4,982)	(247)	(7,135)
Charged during the year	0	963	0	0	1,647	9,763	2,362	119	14,854
At 31 March 2025	0	3,701	0	0	13,479	56,490	7,669	780	82,119
Net book value									
At 1 April 2024	9,181	27,709	0	14,326	6,165	31,276	7,261	189	96,107
Net book value									
At 31 March 2025	9,125	28,190	0	18,391	5,398	31,431	7,592	245	100,372
Net book value at 31 March 2025 comprises :									
Purchased	9,125	28,190	0	18,391	5,387	31,357	7,592	245	100,287
Donated	0	0	0	0	11	74	0	0	85
Government Granted	0	0	0	0	0	0	0	0	0
At 31 March 2025	9,125	28,190	0	18,391	5,398	31,431	7,592	245	100,372
Asset Financing:									
Owned	9,125	28,190	0	18,391	5,398	31,431	7,592	245	100,372
On-SoFP MIMS Funded PPP contracts	0	0	0	0	0	0	0	0	0
On-SoFP PPP/PFI contracts	0	0	0	0	0	0	0	0	0
PFI residual interest	0	0	0	0	0	0	0	0	0
At 31 March 2025	9,125	28,190	0	18,391	5,398	31,431	7,592	245	100,372

The net book value of land, buildings and dwellings at 31 March 2025 comprises :

	£000
Freehold	35,065
Long Leasehold	2,250
Short Leasehold	0
Total	37,315

Valuers 'material uncertainty', in valuation.	0

The disclosure relates to the materiality in the valuation report not that of the underlying account.

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. The Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

13. Property, plant and equipment :

Disclosures:

i) Donated Assets
Welsh Ambulance Services University NHS Trust has not received any donated assets during the year.

ii) Valuations
The NHS Trust land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

The NHS Trust is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

iii) Asset Lives
Depreciated on a straight line basis over their useful lives as follows:

- Land is not depreciated.
- Assets under construction are not depreciated.
- Buildings useful lives are determined by the Valuation Office Agency.
- Equipment lives range from 3.5 - 9 years.

iv) Compensation
£2.234m was received from Welsh Government in respect of compensation for assets impaired during the year. This includes £1.684m in respect of two buildings which were brought into use during the financial year. The compensation received is included within the income statement.

v) Write Downs
There has been accelerated depreciation of £0.122m during the year.

vi)Open Market Value
The NHS Trust does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period
Assets transferred to held for sale during the year are shown in Note 13. The Net Book Value of assets held for sale are shown in Note 13.2. Assets sold within the financial year are detailed below.

viii) IFRS 13 Fair value measurement
There are no assets requiring Fair Value measurement under IFRS 13.

Gain/(Loss) on Sale

Asset description	Reason for sale	Gain/(Loss) on sale £000
Vehicles	No longer serviceable	**180**
Equipment	No longer serviceable	**138**
		318

13.2 Non-current assets held for sale

	Land	Buildings, including dwellings	Other property plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance b/f 1 April 2025	**0**	**0**	**0**	**0**	**0**	**0**
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by	0	0	0	0	0	0
Balance c/f 31 March 2026	**0**	**0**	**0**	**0**	**0**	**0**
Balance b/f 1 April 2024	0	0	0	0	0	0
Plus assets classified as held for sale in year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in year	0	0	0	0	0	0
Plus reversal of impairments	0	0	0	0	0	0
Less impairment for assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale for reasons other than disposal by	0	0	0	0	0	0
Balance c/f 31 March 2025	0	0	0	0	0	0

Within Note 13 there is cost and accumulated depreciation of £10.843m for Transport and £0.934m for Plant & Machinery reclassified as held for sale during the year. These relate to fully depreciated vehicles and equipment, of which £11.016m have been sold during the year and £2.511m remain within assets held for sale as they did not sell during the year.

Note 7 shows the gain on disposal made during the year from the sale of these assets.

13.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings within the note. Most are individually insignificant, however, one is significant in its own right:

- VPH HQ & Control held under land and buildings NBV at 31 March 2026 £1.897m

Included within the Additions line below is the dilapidations asset value of £1.774m

2025-26	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2025	**0**	**11,822**	**0**	**0**	**0**	**130**	**25,733**	**0**	**37,685**
Additions	7	2,543	0	0	0	0	(80)	0	2,470
Transfer from/into other NHS bodies	0	276	0	0	0	0	0	0	276
Disposals other than by sale	0	(933)	0	0	0	0	(2,640)	0	(3,573)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
At 31 March 2026	**7**	**13,708**	**0**	**0**	**0**	**130**	**23,013**	**0**	**36,858**
Depreciation at 1 April 2025	**0**	**3,995**	**0**	**0**	**0**	**34**	**24,826**	**0**	**28,855**
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	122	0	0	0	0	0	0	122
Disposals other than by sale	0	(933)	0	0	0	0	(2,640)	0	(3,573)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	0	1,704	0	0	0	45	827	0	2,576
At 31 March 2026	**0**	**4,888**	**0**	**0**	**0**	**79**	**23,013**	**0**	**27,980**
Net book value at 1 April 2025	**0**	**7,827**	**0**	**0**	**0**	**96**	**907**	**0**	**8,830**
Net book value at 31 March 2026	**7**	**8,820**	**0**	**0**	**0**	**51**	**0**	**0**	**8,878**

RoU Asset Total Value Split by Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	809	0	0	0	0	0	0	809
NHS Wales Market Value Leases	0	244	0	0	0	0	0	0	244
Other Public Sector Peppercorn Leases	7	323	0	0	0	0	0	0	330
Other Public Sector Market Value Leases	0	1,410	0	0	0	0	0	0	1,410
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	6,034	0	0	0	51	0	0	6,085
Total	7	8,820	0	0	0	51	0	0	8,878

13.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings within the note. Most are individually insignificant, however one is significant in its own right:

- VPH HQ & Control held under land and buildings NBV at 31 March 2025 £2,214k.

2024-25	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2024	**0**	**12,198**	**0**	**0**	**0**	**94**	**25,774**	**0**	**38,066**
Additions	0	(193)	0	0	0	106	(41)	0	(128)
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(183)	0	0	0	(70)	0	0	(253)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
At 31 March 2025	**0**	**11,822**	**0**	**0**	**0**	**130**	**25,733**	**0**	**37,685**
Depreciation at 1 April 2024	**0**	**2,767**	**0**	**0**	**0**	**65**	**22,867**	**0**	**25,699**
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Disposals other than by sale	0	(183)	0	0	0	(70)	0	0	(253)
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	0	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	0	1,411	0	0	0	39	1,959	0	3,409
At 31 March 2025	**0**	**3,995**	**0**	**0**	**0**	**34**	**24,826**	**0**	**28,855**
Net book value at 1 April 2024	**0**	**9,431**	**0**	**0**	**0**	**29**	**2,907**	**0**	**12,367**
Net book value at 31 March 2025	**0**	**7,827**	**0**	**0**	**0**	**96**	**907**	**0**	**8,830**

RoU Asset Total Value Split by Lessor	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	563	0	0	0	0	0	0	563
NHS Wales Market Value Leases	0	397	0	0	0	0	0	0	397
Other Public Sector Peppercorn Leases	0	353	0	0	0	0	0	0	353
Other Public Sector Market Value Leases	0	1,267	0	0	0	0	0	0	1,267
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	5,247	0	0	0	96	907	0	6,250
Total	**0**	**7,827**	**0**	**0**	**0**	**96**	**907**	**0**	**8,830**

13.3 Right of Use Assets continued
Quantitative disclosures

Maturity analysis	2025-26 LAND	2025-26 BUILDINGS	2025-26 OTHER	2025-26 TOTAL	2024-25 Total
Contractual undiscounted cash flows relating to lease liabilities	**£000**	**£000**	**£000**	**£000**	**£000**
Less than 1 year	0	1,344	42	**1,386**	1,988
2-5 years	0	4,142	14	**4,156**	4,353
> 5 years	0	1,324	0	**1,324**	1,745
Less finance charges allocated to future periods	0	(367)	(2)	**(369)**	(296)
Total	**0**	**6,443**	**54**	**6,497**	**7,790**

Lease Liabilities (net of irrecoverable VAT)	**£000**	**£000**
Current	**1,282**	1,900
Non-Current	**5,215**	5,890
Total	**6,497**	**7,790**

Amounts Recognised in Statement of Comprehensive Net Expenditure	**£000**	**£000**
Depreciation	**2,576**	3,409
Impairment	**0**	0
Variable lease payments not included in lease liabilities - Interest expense	**115**	173
Sub-leasing income	**0**	0
Expense related to short-term leases	**83**	101
Expense related to low-value asset leases (excluding short-term leases)	**0**	0

Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)	**£000**	**£000**
Interest expense	**(115)**	(173)
Repayments of principal on leases	**(2,252)**	(3,375)
Total	**(2,367)**	**(3,548)**

The nature of the Trust's leasing activities relates mostly properties used as operational sites, stations and office accommodation. The Airwave lease ceased in June 2025. Vehicles are also leased mainly as pool cars.

The Trust is committed to leases which have not yet commenced at Bangor Workshops and Dolgellau.

14. Intangible assets

2025-26	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	Assets under Construction	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
At 1 April 2025	8,834	0	2,536	0	0	388	11,758
Revaluation		0			0	0	0
Reclassifications	107	0	0	0	0	(107)	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions							
- purchased	300	0	622	0	0	493	1,415
- internally generated	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(2,073)	0	(1,092)	0	0	0	(3,165)
At 31 March 2026	7,168	0	2,066	0	0	774	10,008
Amortisation							
At 1 April 2025	6,457	0	1,639	0	0	0	8,096
Revaluation		0			0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	724	0	342	0	0	0	1,066
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(2,073)	0	(1,092)	0	0	0	(3,165)
Accumulated amortisation at 31 March 2026	5,108	0	889	0	0	0	5,997
Net book value At 1 April 2025	2,377	0	897	0	0	388	3,662
Net book value At 31 March 2026	2,060	0	1,177	0	0	774	4,011
Net book value							
Purchased	2,060	0	1,177	0	0	774	4,011
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
At 31 March 2026	2,060	0	1,177	0	0	774	4,011

14. Intangible assets

2024-25	Computer software purchased	Computer software internally developed	Licenses and trade-marks	Patents	Development expenditure internally generated	Assets under Construction	Total
Cost or valuation	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 31 March bf	10,115	0	4,001	0	0	5,606	19,722
Classification Correction	0	0	0	0	0	(2,808)	(2,808)
At 1 April 2024	10,115	0	4,001	0	0	2,798	16,914
Revaluation		0			0	0	0
Reclassifications	2,135	0	161	0	0	(2,450)	(154)
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	(65)	(65)
Additions							
- purchased	(458)	0	139	0	0	105	(214)
- internally generated	0	0	0	0	0	0	0
- donated	0	0	0	0	0	0	0
- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(2,958)	0	(1,765)	0	0	0	(4,723)
At 31 March 2025	8,834	0	2,536	0	0	388	11,758
Amortisation							
Amortisation at 31 March bf	8,562	0	3,120	0	0	2,808	14,490
Classification Correction	0	0	0	0	0	(2,808)	(2,808)
At 1 April 2024	8,562	0	3,120	0	0	0	11,682
Revaluation		0			0	0	0
Reclassifications	(17)	0	17	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Charged during the year	870	0	267	0	0	0	1,137
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers from/(into) other NHS bodies	0	0	0	0	0	0	0
Disposals other than by sale	(2,958)	0	(1,765)	0	0	0	(4,723)
Accumulated amortisation at 31 March 2025	6,457	0	1,639	0	0	0	8,096
Net book value At 1 April 2024	1,553	0	881	0	0	2,798	5,232
Net book value At 31 March 2025	2,377	0	897	0	0	388	3,662
Net book value							
Purchased	2,377	0	897	0	0	388	3,662
Donated	0	0	0	0	0	0	0
Government granted	0	0	0	0	0	0	0
Internally Generated	0	0	0	0	0	0	0
At 31 March 2025	2,377	0	897	0	0	388	3,662

Classification corrections have been made to the opening cost and accumulated depreciation, in order to comply with the updated Manual for Accounts and to ensure the 2023/24 audited Annual Accounts fully agree to the Trusts Fixed Asset Register for the classification of impairments between cost and accumulated depreciation. The closing Net Book Values disclosed within the 2023/24 audited accounts agreed to the Trusts Fixed Asset Register. The differences identified related to accumulated cost and accumulated depreciation only and did not impact on the overall Net Book Values disclosed.

14. Intangible assets

Disclosures:

i) Donated Assets
Welsh Ambulance Services University NHS Trust has not received any donated intangible assets during the year.

ii) Recognition
Intangible assets acquired separately are initially recognised at fair value.

iii) Asset Lives
The Useful Economic Lives (UEL) of intangible non-current assets are assigned on an individual asset basis.

iv) Additions during the period
There have been additions to purchased software and licenses during the period.

v) Disposals during the period
The disposals made during the period, as shown within Note 14, relate to nil net book value intangibles that have been identified as no longer in use and have been written off.

vi) Transfers into other NHS Bodies
There were no transfers of intangible assets to other NHS bodies during the year.

15. Impairments

Impairments in the period arose from:	2025-26 Property, plant & equipment £000	2025-26 Right of Use Assets £000	2025-26 Intangible assets £000	2025-26 Held for sale assets £000	2025-26 Financial Assets £000	2025-26 Total Asset Impairment £000
Loss or damage from normal operations	66	0	0	0	0	**66**
Abandonment of assets in the course of construction	0	0	0	0	0	**0**
Over specification of assets (Gold Plating)	0	0	0	0	0	**0**
Loss as a result of a catastrophe	0	0	0	0	0	**0**
Unforeseen obsolescence	0	0	0	0	0	**0**
Changes in market price	0	0	0	0	0	**0**
Other	4,665	0	0	0	0	**4,665**
Reversal of impairment	(1,145)	0	0	0	0	**(1,145)**
Total of all impairments	**3,586**	**0**	**0**	**0**	**0**	**3,586**
Analysis of impairments :						
Impairments charged to the Statement of Comprehensive Net Expenditure	2,235	0	0	0	0	2,235
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	1,285	0	0	0	0	1,285
Impairments as a result of a loss of economic value or service potential charged to Statement of Comprehensive Net Expenditure	66	0	0	0	0	66
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	**3,586**	**0**	**0**	**0**	**0**	**3,586**

Impairments in the period arose from:	2024-25 Property, plant & equipment £000	2024-25 Right of Use Assets £000	2024-25 Intangible assets £000	2024-25 Held for sale assets £000	2024-25 Financial Assets £000	2024-25 Total Asset Impairment £000
Loss or damage from normal operations	0	0	0	0	0	0
Abandonment of assets in the course of construction	0	0	65	0	0	65
Over specification of assets (Gold Plating)	0	0	0	0	0	0
Loss as a result of a catastrophe	0	0	0	0	0	0
Unforeseen obsolescence	0	0	0	0	0	0
Changes in market price	1,157	0	0	0	0	1,157
Other	1,286	0	0	0	0	1,286
Reversal of impairment	(354)	0	0	0	0	(354)
Total of all impairments	2,089	0	65	0	0	2,154
Analysis of impairments :						
Impairments charged to the Statement of Comprehensive Net Expenditure	1,653	0	0	0	0	1,653
Impairments as a result of revaluation/indexation charged to Revaluation Reserve	436	0	0	0	0	436
Impairments as a result of a loss of economic value or service potential charged to Statement of Comprehensive Net Expenditure	0	0	65	0	0	65
Right of Use (RoU) asset impairments reflected in RoU Liability	0	0	0	0	0	0
Total	2,089	0	65	0	0	2,154

Included within the above total of £3.587m are the following items:-

- £1.684m relates to the capital spend on building works to leased assets which were deemed by the District Valuer to require impairment, this was charged to operating expenses.

- £0.066m was impaired for vehicles written off, this was charged to operating expenses.

- A review of capital expenditure incurred on Trust buildings, in which the overall individual project capital spend did not exceed £0.5m, identified that a total impairment of £2.982m was required as there were instances where the value of the buildings had not been enhanced. Of this amount, £1.696m was charged to operating expenses and £1.286m was charged to the Revaluation Reserve.

- £1.145m of impairments previously charged to operating expenses were reversed following upward indexation of assets.

16. Inventories

16.1 Inventories

	31 March 2026 £000	31 March 2025 £000
Drugs	157	131
Consumables	1,834	1,728
Energy	0	0
Work in progress	0	0
Other	317	255
Total	**2,308**	2,114
Of which held at net realisable value:	0	0

16.2 Inventories recognised in expenses

	31 March 2026 £000	31 March 2025 £000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	**0**	0

17. Trade and other receivables

17.1 Trade and other receivables

	31 March 2026	31 March 2025
Current	**£000**	£000
Welsh Government	**2,490**	564
NHSW Joint Commissioning Committee	**797**	48
Welsh Health Boards	**844**	1,834
Welsh NHS Trusts	**159**	180
Welsh Special Health Authorities	**85**	16
Non - Welsh Trusts	**103**	61
Other NHS	**19**	29
2019-20 Scheme Pays - Welsh Government Reimbursement	**0**	0
Welsh Risk Pool Claim reimbursement:-		
NHS Wales Secondary Health Sector	**4,325**	5,815
NHS Wales Primary Sector FLS Reimbursement	**0**	0
NHS Wales Redress	**129**	297
Other	**0**	0
Local Authorities	**51**	73
Other receivables	**3,581**	2,540
Provision for impairment of trade receivables	**(205)**	(273)
Pension Prepayments		
NHS Pensions Agency	**0**	0
NEST	**0**	0
Other prepayments	**2,624**	3,979
Accrued income	**0**	0
Right of Use capital receivables	**0**	0
Capital Receivables		
Tangibles capital receivables	**0**	0
Intangibles capital receivables	**0**	0
Other capital prepayments	**0**	0
Sub-total	**15,002**	15,163
Non-current		
Welsh Government	**0**	0
NHSW Joint Commissioning Committee	**0**	0
Welsh Health Boards	**0**	0
Welsh NHS Trusts	**0**	0
Welsh Special Health Authorities	**0**	0
Non - Welsh Trusts	**0**	0
Other NHS	**0**	0
2019-20 Scheme Pays - Welsh Government Reimbursement	**0**	0
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	**16,074**	0
NHS Wales Primary Sector FLS Reimbursement	**0**	0
NHS Wales Redress	**0**	0
Other	**0**	0
Local Authorities	**0**	0
Other receivables	**396**	401
Provision for impairment of trade receivables	**0**	0
Pension Prepayments		
NHS Pensions Agency	**0**	0
NEST	**0**	0
Other prepayments	**0**	0
Accrued income	**0**	0
Right of Use capital receivables	**0**	0
Capital Receivables		
Tangibles capital receivables	**0**	0
Intangibles capital receivables	**0**	0
Other capital prepayments	**0**	0
Sub-total	**16,470**	401
Total trade and other receivables	**31,472**	15,564

The great majority of trade is with other NHS bodies. As NHS bodies are funded by Welsh Government, no credit scoring of them is considered necessary.

The value of trade receivables that are past their payment date but not impaired is £0.250m (£0.823m in 2024-25).

17.2 Receivables past their due date but not impaired

	31 March 2026	31 March 2025
	£000	£000
By up to 3 months	105	478
By 3 to 6 months	23	346
By more than 6 months	122	0
Balance at end of financial year	**250**	824

17.3 Expected Credit Losses (ECL) Allowance for bad and doubtful debts

	31 March 2026	31 March 2025
	£000	£000
Balance at 1 April	(273)	(260)
Transfer to other NHS Wales body	0	0
Provision utilised (Amount written off during the year)	12	23
Provision written back during the year no longer required	0	0
(Increase)/Decrease in provision during year	56	(36)
ECL/Bad debts recovered during year	0	0
Balance at end of financial year	**(205)**	(273)

17.4 Receivables VAT

	31 March 2026	31 March 2025
	£000	£000
Trade receivables	28	33
Other	0	0
Total	**28**	**33**

18. Other financial assets

	31 March 2026 £000	31 March 2025 £000
Current		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans at amortised cost	0	0
Derivatives	0	0
Other (Specify)		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Capital Financial Assets		
Loans at amortised cost	0	0
Right of Use Asset Finance Sublease	0	0
Total	**0**	**0**

	31 March 2026 £000	31 March 2025 £000
Non Current		
Shares and equity type investments		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Deposits	0	0
Loans at amortised cost	0	0
Derivatives	0	0
Other (Specify)		
Held to maturity investments at amortised costs	0	0
At fair value through SOCI	0	0
Available for sale at FV	0	0
Capital Financial Assets		
Loans at amortised cost	0	0
Right of Use Asset Finance Sublease	0	0
Total	**0**	**0**

RoU Sub-leasing income Recognised in Statement of Comprehensive Net Expenditure	**2025-26**	**2024-25**
RoU Sub-leasing income	0	**0**

19. Cash and cash equivalents

	31 March 2026	31 March 2025
	£000	£000
Opening Balance	**8,036**	17,085
Net change in year	**9,841**	(9,049)
Closing Balance	**17,877**	8,036
Made up of:		
Cash with Government Banking Service (GBS)	**17,773**	7,992
Cash with Commercial banks	**104**	44
Cash in hand	**0**	0
Total cash	**17,877**	8,036
Current investments	**0**	0
Cash and cash equivalents as in SoFP	**17,877**	8,036
Bank overdraft - GBS	**0**	0
Bank overdraft - Commercial banks	**0**	0
Cash & cash equivalents as in Statement of Cash Flows	**17,877**	8,036

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are;

Lease Liabilities (ROUA) £2.252m
Lease Liabilities (short-term and low value leases) £0.083m

The movement relates to cash, no comparative information is required by IAS 7 in 2025-26.

20. Trade and other payables at the SoFP Date	31 March 2026	31 March 2025
Current	**£000**	£000
Welsh Government	**2,028**	7
NHSW Joint Commissioning Committee	**0**	319
Welsh Health Boards	**364**	351
Welsh NHS Trusts	**550**	463
Welsh Special Health Authorities	**0**	3
Other NHS	**55**	0
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	**0**	0
VAT payable to HMRC	**0**	139
Other taxes payable to HMRC	**2,526**	2,174
National Insurance contributions payable to HMRC	**2,870**	2,226
Non-NHS trade payables - revenue	**6,567**	7,232
Local Authorities	**38**	47
Overdraft	**0**	0
Rentals due under operating leases	**0**	0
Pensions: staff	**3,344**	3,100
Non NHS Accruals	**8,586**	7,675
Deferred Income:		
Deferred income brought forward	**176**	310
Deferred income additions	**227**	168
Transfer to/from current/non current deferred income	**0**	0
Released to the Income Statement	**(176)**	(302)
Other liabilities - all other payables	**0**	0
Payments on account	**0**	0
Impact of IFRS 16 on SoFP PFI contracts	**0**	0
Right of Use asset payables	**20**	245
Capital asset payables		
Tangibles - Payables	**10,571**	5,229
Intangibles - Payables	**1,241**	102
Obligations under finance leases, HP contracts	**0**	0
Imputed finance lease element of on SoFP PFI contracts	**0**	0
PFI assets – deferred credits	**0**	0
Capital Payments on account	**0**	0
Sub-total	**38,987**	29,488

The Trust aims to pay all invoices within the 30 day period directed by the Welsh Government.

In respect of the Pensions figure shown above, £3.329m relates to the NHS Pension scheme (£3.083m 2024/25) and £0.015m to the NEST pension scheme (£0.017m 2024/25).

20. Trade and other payables at the SoFP Date (cont)

	31 March 2026	31 March 2025
Non-current	**£000**	£000
Welsh Government	**0**	0
NHSW Joint Commissioning Committee	**0**	0
Welsh Health Boards	**0**	0
Welsh NHS Trusts	**0**	0
Welsh Special Health Authorities	**0**	0
Other NHS	**0**	0
Taxation and social security payable / refunds:		
Refunds of taxation by HMRC	**0**	0
VAT payable to HMRC	**0**	0
Other taxes payable to HMRC	**0**	0
National Insurance contributions payable to HMRC	**0**	0
Non-NHS trade payables - revenue	**0**	0
Local Authorities	**0**	0
Overdraft	**0**	0
Rentals due under operating leases	**0**	0
Pensions: staff	**0**	0
Non NHS Accruals	**0**	0
Deferred Income:		
Deferred income brought forward	**0**	0
Deferred income additions	**0**	0
Transfer to/from current/non current deferred income	**0**	0
Released to the Income Statement	**0**	0
Other liabilities - all other payables	**0**	0
Payments on account	**0**	0
Impact of IFRS 16 on SoFP PFI contracts	**0**	0
Right of Use asset payables	**0**	0
Capital asset payables		
Capital Creditors - Tangibles	**0**	0
Capital Creditors - Intangibles	**0**	0
Obligations under finance leases, HP contracts	**0**	0
Imputed finance lease element of on SoFP PFI contracts	**0**	0
PFI assets – deferred credits	**0**	0
Capital Payments on account	**0**	0
Sub-total	**0**	**0**
Total	**38,987**	29,488

20. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled as follows:	**31 March 2026**	31 March 2025
	£000	£000
Between one and two years	**0**	0
Between two and five years	**0**	0
In five years or more	**0**	0
Sub-total	**0**	0

21. Borrowings Current	31 March 2026 £000	31 March 2025 £000
Bank overdraft - Government Banking Service (GBS)	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
Other service concession arrangement liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Other	0	0
RoU Lease Liability	1,282	1,900
Capital Borrowings	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities	0	0
Total	**1,282**	1,900
Non-current		
Bank overdraft - GBS	0	0
Bank overdraft - Commercial bank	0	0
Loans from:		
Welsh Government	0	0
Other entities	0	0
Other service concession arrangement liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Other	0	0
RoU Lease Liability	5,215	5,890
Capital Borrowings	0	0
PFI liabilities:		
Main liability	0	0
Lifecycle replacement received in advance	0	0
Finance lease liabilities	0	0
Total	**5,215**	5,890

21.2 Loan advance/strategic assistance funding

Amounts falling due:	31 March 2026 £000	31 March 2025 £000
In one year or less	0	0
Between one and two years	0	0
Between two and five years	0	0
In five years or more	0	0
Sub-total	**0**	0
Wholly repayable within five years	0	0
Wholly repayable after five years, not by instalments	0	0
Wholly or partially repayable after five years by instalments	0	0
Sub-total	**0**	0
Total repayable after five years by instalments	0	0

The Trust has not received a loan advance or strategic funding from the Welsh Government.

22. Other financial liabilities

	31 March 2026	31 March 2025
Current	**£000**	£000
Financial Guarantees		
At amortised cost	**0**	0
At fair value through SoCI	**0**	0
Derivatives at fair value through SoCI	**0**	0
Other		
At amortised cost	**0**	0
At fair value through SoCI	**0**	0
Total	**0**	0

	31 March 2026	31 March 2025
Non-current	**£000**	£000
Financial Guarantees		
At amortised cost	**0**	0
At fair value through SoCI	**0**	0
Derivatives at fair value through SoCI	**0**	0
Other		
At amortised cost	**0**	0
At fair value through SoCI	**0**	0
Total	**0**	0

23. Provisions

2025-26

Current	At 1 April 2025	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2026
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-										
Secondary Care	1,758	0	(207)	0	0	2,431	(559)	(113)	0	3,310
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	201	0	29	0	0	100	(57)	(148)	0	125
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	1,474	0	0	(50)	0	924	(884)	(577)	168	1,055
All other losses and special payments	0	0	0	0	0	400	(400)	0	0	0
Defence legal fees and other administration	330	0	0	0	0	253	(86)	(215)	0	282
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	16		0	0	0	7	(15)	(1)	1	8
2019-20 Scheme Pays - Reimbursement	0		0	13	0	0	(9)	(3)	0	1
Restructurings	0		0	0	0	0	0	0		0
Other	838		0	0	0	0	0	0		838
Capital provisions										
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Total	4,617	0	(178)	(37)	0	4,115	(2,010)	(1,057)	169	5,619
Non Current										
Clinical negligence:-										
Secondary Care	0	0	0	0	0	15,985	0	0	0	15,985
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	6,489	0	0	50	0	191	(17)	(442)	0	6,271
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	15	0	0	0	0	173	(13)	(1)	0	174
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	41		0	0	0	0	0	(17)	0	24
2019-20 Scheme Pays - Reimbursement	35		0	(13)	0	0	0	0	0	22
Restructurings	0		0	0	0	0	0	0		0
Other	0		0	0	0	0	0	0		0
Capital provisions										
RoU Asset Dilapidations CAME	0		0	0	0	1,774	0	0		1,774
Other Capital Provisions	0		0	0	0	0	0	0		0
Total	6,580	0	0	37	0	18,123	(30)	(460)	0	24,250
TOTAL										
Clinical negligence:-										
Secondary Care	1,758	0	(207)	0	0	18,416	(559)	(113)	0	19,295
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	201	0	29	0	0	100	(57)	(148)	0	125
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	7,963	0	0	0	0	1,115	(901)	(1,019)	168	7,326
All other losses and special payments	0	0	0	0	0	400	(400)	0	0	0
Defence legal fees and other administration	345	0	0	0	0	426	(99)	(216)	0	456
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	57		0	0	0	7	(15)	(18)	1	32
2019-20 Scheme Pays - Reimbursement	35		0	0	0	0	(9)	(3)	0	23
Restructurings	0		0	0	0	0	0	0		0
Other	838		0	0	0	0	0	0		838
Capital provisions										
RoU Asset Dilapidations CAME	0		0	0	0	1,774	0	0		1,774
Other Capital Provisions	0		0	0	0	0	0	0		0
Total	11,197	0	(178)	0	0	22,238	(2,040)	(1,517)	169	29,869

Expected timing of cash flows:

	In year to 31 March 2027	Between 01-Apr-27 to 31 March 2031	Thereafter	Totals
	£000	£000	£000	£000
Clinical negligence:-				
Secondary Care	3,310	15,985	0	19,295
Primary Care	0	0	0	0
Redress Secondary Care	125	0	0	125
Redress Primary Care	0	0	0	0
Personal injury	1,055	2,101	4,170	7,326
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	282	174	0	456
Structured Settlements - WRPS	0	0	0	0
Pensions - former directors	0	0	0	0
Pensions - other staff	8	24	0	32
2019-20 Scheme Pays - Reimbursement	1	5	17	23
Restructuring	0	0	0	0
Other	838	0	0	838
Capital provisions				
RoU Asset Dilapidations CAME	0	934	840	1,774
Other Capital Provisions	0	0	0	0
Total	5,619	19,223	5,027	29,869

"Other" provisions of £0.838m is in relation to the dilapidation of leasehold premises (not covered under IFRS16).

23. Provisions (continued)

2024-25

	At 1 April 2024	Structured settlement cases transferred to Risk Pool	Transfers to creditors	Transfers between current and non current	Transfers (to)/from other NHS body	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2025
Current										
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Clinical negligence:-										
Secondary Care	2,687	0	(105)	0	0	864	(788)	(900)	0	1,758
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	297	0	(32)	0	0	134	(64)	(134)	0	201
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	1,664	0	0	0	0	996	(941)	(411)	166	1,474
All other losses and special payments	0	0	0	0	0	485	(485)	0	0	0
Defence legal fees and other administration	420	0	0	0	0	209	(133)	(166)	0	330
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	18		0	0	0	16	(15)	(4)	1	16
2019-20 Scheme Pays - Reimbursement	0		0	0	0	0	0	0	0	0
Restructurings	0		0	0	0	0	0	0		0
Other	838		0	0	0	0	0	0		838
Capital provisions										
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Total	5,924	0	(137)	0	0	2,704	(2,426)	(1,615)	167	4,617
Non Current										
Clinical negligence:-										
Secondary Care	0	0	0	0	0	0	0	0	0	0
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	0	0	0	0	0	0	0	0	0	0
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	6,307	0	0	0	0	182	0	0	0	6,489
All other losses and special payments	0	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	0	0	0	0	0	21	(6)	0	0	15
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	43		0	0	0	0	0	(2)	0	41
2019-20 Scheme Pays - Reimbursement	37		0	0	0	0	0	(2)	0	35
Restructurings	0		0	0	0	0	0	0		0
Other	0		0	0	0	0	0	0		0
Capital provisions										
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Total	6,387	0	0	0	0	203	(6)	(4)	0	6,580
TOTAL										
Clinical negligence:-										
Secondary Care	2,687	0	(105)	0	0	864	(788)	(900)	0	1,758
Primary Care	0	0	0	0	0	0	0	0	0	0
Redress Secondary Care	297	0	(32)	0	0	134	(64)	(134)	0	201
Redress Primary Care	0	0	0	0	0	0	0	0	0	0
Personal injury	7,971	0	0	0	0	1,178	(941)	(411)	166	7,963
All other losses and special payments	0	0	0	0	0	485	(485)	0	0	0
Defence legal fees and other administration	420	0	0	0	0	230	(139)	(166)	0	345
Structured Settlements - WRPS	0	0	0	0	0	0	0	0	0	0
Pensions relating to: former directors	0		0	0	0	0	0	0	0	0
Pensions relating to: other staff	61		0	0	0	16	(15)	(6)	1	57
2019-20 Scheme Pays - Reimbursement	37		0	0	0	0	0	(2)	0	35
Restructurings	0		0	0	0	0	0	0		0
Other	838		0	0	0	0	0	0		838
Capital provisions										
RoU Asset Dilapidations CAME	0		0	0	0	0	0	0		0
Other Capital Provisions	0		0	0	0	0	0	0		0
Total	12,311	0	(137)	0	0	2,907	(2,432)	(1,619)	167	11,197

24 Contingencies

24.1 Contingent liabilities

Provision has not been made in these accounts for the following amounts:	31 March 2026 £000	31 March 2025 £000
Legal claims for alleged medical or employer negligence;		
Secondary care	11,161	11,298
Primary Care	0	0
Secondary care - Redress	0	0
Primary Care - Redress	0	0
Doubtful debts	0	0
Equal pay cases	0	0
Defence costs	363	291
Other	0	0
Total value of disputed claims	**11,524**	11,589
Less amounts recoverable in the event of claims being successful	**(10,331)**	(10,338)
Net contingent liability	**1,193**	1,251

Other litigation claims could arise in the future due to known incidents. The expenditure which may arise from such claims cannot be determined and no provision has been made for them.

Liability for Permanent Injury Benefit under the NHS Injury Benefit Scheme lies with the employer. Individual claims to the NHS Pensions Agency could arise due to known incidents.

Contingent liabilities includes claims relating to alleged clinical negligence and personal injury.

24.2. Remote contingent liabilities

	31 March 2026 £000	31 March 2025 £000
Guarantees	0	0
Indemnities	0	0
Letters of comfort	0	0
Total	**0**	0

24.3 Contingent assets

	31 March 2026 £000	31 March 2025 £000
None	0	0
	0	0
	0	0
	0	**0**

The Trust has no contingent assets.

25. Capital commitments and Other Service Concession Arrangements

25.1 Capital commitments

Future commitments under capital expenditure contracts not already disclosed as liabilities in the accounts at the statement of financial position sheet date :

	31 March 2026	31 March 2025
	£000	£000
Property, plant and equipment	**6,076**	2,682
Right of Use Assets	**0**	0
Intangible assets	**309**	0
Total	**6,385**	2,682

26. Losses and special payments

Losses and special payments are charged to the Income Statement in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, the payments in this note for settlement and claimant costs are prepared on a cash basis.

Gross loss to the Exchequer

26.1 Number of cases and associated amounts paid out during the financial year

	Amounts paid out during year to 31 March 2026	
	No. of cases	**£**
Clinical negligence:-		
Secondary Care	16	664,266
Primary Care	0	0
Redress Secondary Care	22	65,653
Redress Primary Care	0	0
Personal injury	61	773,604
All other losses and special payments	167	400,005
Total	**266**	**1,903,528**

26.2 Analysis of number of cases and associated amounts paid out during the financial year

Case Type	In year cases in excess of £300,000		Cumulative amount
	L&R Case reference number	**£**	**£**
Cases in excess of £300,000:			
Clinical negligence	21RT4MN0009	401,660	401,660

	Number of cases	**£**	**£**
Sub-total	**1**	**401,660**	**401,660**
All other cases paid in year	265	1,501,868	11,359,464
Total cases paid in year	**266**	**1,903,528**	**11,761,124**

26.3 Analysis of number of cases and associated amounts where no payments were made in financial year

	Number of cases	**£**
Cumulative amount up to £300k	86	1,216,837
Cumulative amount greater than £300k	2	1,606,395
Total	**88**	**2,823,232**

27. Right of Use / Finance leases obligations

27.1 Obligations (as lessee)

Amounts payable under right of use asset leases:

2025-26

	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2026	31 March 2026	31 March 2026	31 March 2026
Minimum lease payments	£000	£000	£000	£000
Within one year	0	1,344	42	**1,386**
Between one and five years	0	4,142	14	**4,156**
After five years	0	1,324	0	**1,324**
Less finance charges allocated to future periods	0	(367)	(2)	**(369)**
Minimum lease payments	**0**	**6,443**	**54**	**6,497**
Included in:				
Current borrowings	0	1,242	40	**1,282**
Non-current borrowings	0	5,201	14	**5,215**
	0	**6,443**	**54**	**6,497**
Present value of minimum lease payments				
Within one year	0	1,242	40	**1,282**
Between one and five years	0	3,941	14	**3,955**
After five years	0	1,260	0	**1,260**
Present value of minimum lease payments	**0**	**6,443**	**54**	**6,497**
Included in:				
Current borrowings	0	1,242	40	**1,282**
Non-current borrowings	0	5,201	14	**5,215**
	0	**6,443**	**54**	**6,497**

A contract was entered into with Airwave during 2007/08 in respect of the National Ambulance Radio Re-procurement Project. This contract was extended a number of times over the years due to the national replacement scheme being delayed. It finally ended in June 2025. This is included within 'Other'.

2024-25	LAND	BUILDINGS	OTHER	TOTAL
	31 March 2025	31 March 2025	31 March 2025	31 March 2025
Minimum lease payments	£000	£000	£000	£000
Within one year	0	1,322	666	1,988
Between one and five years	0	4,298	55	4,353
After five years	0	1,745	0	1,745
Less finance charges allocated to future periods	0	(286)	(10)	(296)
Minimum lease payments	**0**	**7,079**	**711**	**7,790**
Included in:				
Current borrowings	0	1,243	657	**1,900**
Non-current borrowings	0	5,836	54	**5,890**
	0	**7,079**	**711**	**7,790**
Present value of minimum lease payments				
Within one year	0	1,243	657	1,900
Between one and five years	0	4,140	54	4,194
After five years	0	1,696	0	1,696
Present value of minimum lease payments	**0**	**7,079**	**711**	**7,790**
Included in:				
Current borrowings	0	1,243	657	**1,900**
Non-current borrowings	0	5,836	54	**5,890**
	0	**7,079**	**711**	**7,790**

27.2 Right of Use Assets receivables (as lessor)

The Trust did not hold any Right of Use Assets lease receivables, as a lessor, at the balance sheet date.

Amounts receivable under right of use assets:

		31 March 2026	31 March 2025
Gross investment in leases		**£000**	£000
Within one year		**0**	0
Between one and five years		**0**	0
After five years		**0**	0
Less finance charges allocated to future periods		**0**	0
Present value of minimum lease payments		**0**	0
Included in:	Current financial assets	**0**	0
	Non-current financial assets	**0**	0
Total		**0**	0
Present value of minimum lease payments			
Within one year		**0**	0
Between one and five years		**0**	0
After five years		**0**	0
Less finance charges allocated to future periods		**0**	0
Total present value of minimum lease payments		**0**	0
Included in:	Current financial assets	**0**	0
	Non-current financial assets	**0**	0
Total		**0**	0

27.3 Finance Lease Commitment

The Trust is committed to leases which have not yet commenced at Bangor Workshops and Dolgellau.

28 Private Finance Initiatives (PFI) / Public Private Partnerships (PPP)

The Trust has no PFI/PPP schemes.

29. Financial Risk Management

IFRS 7, Derivatives and Other Financial Instruments, requires disclosure of the role that financial instruments have had during the period in creating or changing the risks an entity faces in undertaking its activities.

NHS Trusts are not exposed to the degree of financial risk faced by business entities. Financial instruments play a much more limited role in creating or changing risk than would be typical of the listed companies to which IFRS 7 mainly applies. NHS Trusts have limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day to day operational activities rather than being held to change the risks facing NHS Trusts in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. The Trust treasury activity is subject to review by the Trust's internal auditors.

Liquidity risk
The Trust's net operating costs are incurred under annual service agreements with various Health bodies, which are financed from resources voted annually by parliament. NHS Trusts also largely finance their capital expenditure from funds made available from the Welsh Government under agreed borrowing limits. NHS Trusts are not, therefore, exposed to significant liquidity risks.

Interest-rate risks
The great majority of NHS Trust's financial assets and financial liabilities carry nil or fixed rates of interest. NHS Trusts are not, therefore, exposed to significant interest-rate risk.

Foreign currency risk
NHS Trusts have no or negligible foreign currency income or expenditure and therefore are not exposed to significant foreign currency risk.

Credit Risk
Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures are in receivables from customers as disclosed in the trade and other receivables note.

General
The powers of the Trust to invest and borrow are limited. The Board has determined that in order to maximise income from cash balances held, any balance of cash which is not required will be invested. The Trust does not borrow from the private sector. All other financial instruments are held for the sole purpose of managing the cash flow of the Trust on a day to day basis or arise from the operating activities of the Trust. The management of risks around these financial instruments therefore relates primarily to the Trust's overall arrangements for managing risks to their financial position, rather than the Trust's treasury management procedures.

30. Movements in working capital

	31 March 2026	31 March 2025
	£000	£000
(Increase) / decrease in inventories	(194)	5
(Increase) / decrease in trade and other receivables - non-current	(16,069)	(13)
(Increase) / decrease in trade and other receivables - current	161	2,112
Increase / (decrease) in trade and other payables - non-current	(675)	(2,007)
Increase / (decrease) in trade and other payables - current	8,881	(9,542)
Total	(7,896)	(9,445)
Adjustment for accrual movements in fixed assets - creditors	(6,481)	6,166
Adjustment for accrual movements in fixed assets - debtors	0	0
Adjustment for accrual movements in right of use assets - creditors	1,518	3,331
Adjustment for accrual movements in right of use assets - debtors	0	0
Other adjustments	395	6
Total	(12,464)	58

Included within 'Other' above is PDC due from the Welsh Government of £0.452m

31. Other cash flow adjustments

Other cash flow adjustments	31 March 2026 £000	31 March 2025 £000
Depreciation	17,648	18,263
Amortisation	1,066	1,137
(Gains)/Loss on Disposal	0	0
Impairments and reversals	2,301	1,718
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
NWSSP Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	0	0
Government Grant assets received credited to revenue but non-cash	0	0
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	0	0
Non-cash movements in right of use assets	0	0
Non-cash movements in provisions	18,938	1,318
Total	39,953	22,436

32. Events after reporting period

During April 2026 a new level of board fees was shared with all Welsh NHS CEOs. The decision to increase remuneration rates relates to a wider review of the underlying Welsh Government Remuneration Scheme guidance, the scheme used to ensure the level of fees paid to public office holders (not just those in the Welsh NHS) is transparent and applied consistently. Updates on the review have been a regular topic discussed at CEO and Chair level forums hosted by the Welsh Government.

Agreement to increase the level of fees was made by the Cabinet Secretary for Finance and Welsh Language on 1 December. This was noted by CSHSC on 2 December.
The correspondence to the CEOs confirmed that it had been agreed. The Welsh Government Remuneration Scheme daily rates should increase from the 1 January 2026, a change relating to the 2025-26 pay cycle.

As Ministerial approval was made to implement the change on 1 December 2025 the 2025-26 payment falls within the category of an adjusting post balance sheet event. The value of this was £1780.

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 25th June 2026; the financial statements were then certified by the by the Auditor General for Wales on 26th June 2026.

33. Related Party Transactions

The Welsh Government is regarded as a related party. During the year the Trust has had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely:-

Related Party	Expenditure to related party £000	Income from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Welsh Government	3,170	25,638	2,028	2,038
JCC	0	292,742	0	797
Aneurin Bevan University Health Board	387	691	166	287
Betsi Cadwaladr University Health Board	400	2,055	84	215
Cardiff & Vale University Health Board	85	290	25	85
Cwm Taf Morgannwg University Health Board	108	947	30	146
Hywel Dda University Health Board	116	1,530	25	22
Powys Teaching Health Board	84	100	4	37
Swansea Bay University Health Board	99	659	29	51
Public Health Wales NHS Trust	48	177	0	3
Velindre University NHS Trust	2,228	1,329	549	156
Health Education and Improvement Wales (HEIW)	14	1,024	0	37
Digital Health & Care Wales (DHCW)	1,614	186	0	47
Welsh Local Authorities	2,565	246	38	51
	10,918	**327,614**	**2,978**	**3,972**

The Trust Board is the Corporate Trustee of the Welsh Ambulance Services NHS Trust Charity. All voting members of the Trust can act as a corporate trustee of the Charity. During the year receipts from the Charity amounted to £0.010m (2024/25 £0.010m) with no other transactions being made. Net assets of the Charity amount to £0.701m.

The Welsh Government income shown above includes £2.3m relating to impairment funding, and excludes PDC of £10.920m.

Jason Killens, former Chief Executive (until 18/07/2025), is a Member of the Order St John, Honorary Professor at Swansea University and Chairperson /Company Director of the Association of Ambulance Chief Executives (AACE).

Lee Brooks, Executive Director of Operations, is also a Member of the Order of St John and a Council Member of St John's Ambulance Cymru Gwent Council.

Hayley Hutchings, Non-Executive Director, and Emeritus Professor, Swansea University.

33. Related Party transactions (continued)

A number of the Trust's members have declared interests in related parties.
The register of Declarations of Interest for the Trust's members can be found on the Trust website:
Board Member Register of Interests - Live.xlsx

No other Trust members provided declarations of interest in related parties during the period.

Material transactions between the Trust and related parties disclosed on the register of Declarations of Interest for 2025-26 were as follows (unless already reported on page 71):

	Payments to related party £000	Receipts from related party £000	Amounts owed to related party £000	Amounts due from related party £000
Association of Ambulance Chief Executives	92	16	0	0
St John Ambulance	2,466	0	0	0
Swansea University	54	5	0	0
TOTAL	**2,612**	**21**	**0**	**0**

34. Third party assets

The Trust has no third party assets.

35. Pooled budgets

Welsh Ambulance Services University NHS Trust has no pooled budgets.

36. Operating Segments

IFRS 8 requires organisations to report information about each of its operating segments.

The Trust's primary remit is the provision of Ambulance and Unscheduled Care services throughout Wales and this is viewed as the only segment that is recognisable under this legislation.

The Chief Operating Decision Maker (CODM) is considered to be the Trust Board. The CODM receives a variety of information in a variety of formats dealing with various aspects of ambulance service and NHS Direct Wales performance. The Trust however considers the provision of services to be ultimately generic, in terms of geography and service.

The Trust therefore is deemed to operate as one segment.

37. Other Information

37.1. 9.4% Staff Employer Pension Contributions - Notional Element

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2025 to 31 March 2026. This has been calculated from actual Welsh Government expenditure for the 9.4% staff employer pension contributions between April 2025 and February 2026 alongside Trust data for March 2026.

Transactions include notional expenditure in relation to the 9.4% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	2025-26	2024-25
STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 31 MARCH 2026	**£000**	**£000**
Revenue from patient care activities	15,776	14,577
Operating expenses	15,776	14,577
3. Analysis of gross operating costs		
3. Revenue from patient care activities		
Welsh Government	15,776	14,577
Welsh Government - Hosted Bodies	0	0
4. Other Operating Revenue		
Other	0	0
5.1 Operating expenses		
Directors' costs	121	115
Staff costs	15,655	14,462

Other

37.2 IFRS 17 - Insurance Contract Disclosures

The outcome of the contract review for a range of income contract types applicable to the organisation, did not identify any insurance contracts that fall within the scope of IFRS 17.

STATEMENT OF FINANCIAL POSITION

(Signage as per provision note disclosure)	£000
Liability for incurred claims @ 1 April 2025	0
Liability for remaining payments @ 31 March 2026	0
	0
Arising during year	0
Utiised	0
Reversed unused	0
Movement in Discount Rates	0
	0

STATEMENT OF COMPREHENSIVE NET EXPENDITURE / STATEMENT OF COMPREHENSIVE INCOME

(Signage as per income and expenditure note disclosure)	£000
Insurance Income	0
Insurance expenditure	0

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

NHS TRUSTS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2010 and subsequent financial years in respect of the NHS Wales Trusts in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the NHS Wales Trusts shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year for which the accounts are being prepared, as detailed in the NHS Wales Trust Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the Trust for the year ended 31 March 2010 and subsequent years shall comprise a foreword, an income statement, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied to the NHS Wales Manual for Accounts, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2010 and subsequent years, the account of the Trust shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst Dated : 17.06.2010

1 Please see regulation 3 of the 2009 No 1558(W.153); NATIONAL HEALTH SERVICE, WALES; The National Health Service Trusts (Transfer of Staff, Property Rights and Liabilities)

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

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru

Adroddiad Blynyddol a Chyfrifon 2025/26

CYFLWYNIAD

Mae'r Adroddiad Blynyddol hwn yn rhan o gyfres o ddogfennau sy'n rhoi gwybodaeth am Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru (yr Ymddiriedolaeth). Bydd yn rhoi gwybodaeth i'r darllenydd am ein gwasanaethau, y gofal a ddarparwn a'r hyn a wnawn i gynllunio, darparu a gwella'r gwasanaethau hynny. Yn ogystal, bydd yn rhoi manylion i'r darllenydd am berfformiad yr Ymddiriedolaeth a sut y gwnaethom ymateb i ofynion a heriau newidiol yn 2025/26.

Yn unol â Llawlyfr Cyfrifon GIG Cymru 2025/26 a Llawlyfr Adroddiadau Ariannol Trysorlys EF, mae ein Hadroddiad Blynyddol ar gyfer 2025/26 yn cynnwys y canlynol:

Rhan 1: Adroddiad Perfformiad sy'n manylu ar berfformiad yr Ymddiriedolaeth yn ystod y flwyddyn a sut y gwnaethom addasu ac ymateb i'r pwysau ar y system sy'n effeithio ar ein cleifion a'n pobl ar hyn o bryd.

Rhan 2: Adroddiad Atebolrwydd sy'n manylu ar y gofynion atebolrwydd allweddol a'n Datganiad Llywodraethu, sy'n darparu gwybodaeth am sut mae'r Ymddiriedolaeth yn rheoli adnoddau a risgiau, ac yn cydymffurfio â threfniadau llywodraethu, staff a chydnabyddiaeth ariannol.

Rhan 3: Datganiadau Ariannol sy'n manylu ar sut mae'r Ymddiriedolaeth wedi gwario ei harian a chyflawni ei rhwymedigaethau. Mae'r rhain ar gyfer y cyfnod a ddaeth i ben ar 31 Mawrth 2026 ac wedi'u paratoi i gydymffurfio â Safonau Adrodd Ariannol Rhyngwladol (IFRS) a fabwysiadwyd gan yr Undeb Ewropeaidd, yn unol â Llawlyfr Adroddiadau Ariannol (FReM) Trysorlys EF, gan Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru o dan atodlen 9 adran 178 Para 3 (1) Deddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006 (p.42) yn y ffurf y cyfarwyddodd Gweinidogion Cymru, gyda chymeradwyaeth y Trysorlys.

Mae Adroddiad Dyletswydd Ansawdd ar gyfer 2025/26 wedi'i baratoi ar wahân ac mae'r datgeliadau sy'n ofynnol yn unol â'r ddyletswydd adrodd gonestrwydd wedi'u cynnwys yn yr adroddiad hwn. Adroddir yn rheolaidd ar y ddyletswydd gonestrwydd i'r Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch ac yn yr Adroddiadau Gweithio i Wella. Bydd hyn yn cael ei gynnwys ar dudalen we cyhoeddiadau yr Ymddiriedolaeth maes o law.

Mae Adroddiad Blynyddol Safonau'r Gymraeg yn cael ei baratoi ar wahân, sy'n cwmpasu cydymffurfedd yr Ymddiriedolaeth â Safonau'r Gymraeg a Chynllun Gweithredu Mwy na Geiriau

Llywodraeth Cymru. Bydd hyn yn cael ei gynnwys ar dudalen we cyhoeddiadau yr Ymddiriedolaeth maes o law.

Er bod acronymau'n cael eu hesbonio'n llawn pan gânt eu defnyddio gyntaf, cynhwysir rhestr termau yn Atodiad 3 i Ran 2 er hwylustod. Os oes angen fersiwn printiedig o'r Adroddiad Blynyddol arnoch, cysylltwch â'r Cyfarwyddwr Llywodraethu Corfforaethol / Ysgrifennydd y Bwrdd yn Trish.Mills@wales.nhs.uk.

Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh. Bydd fersiwn Cymraeg Adroddiad Blynyddol 2025/26 ar gael ar dudalen we Cyhoeddiadau yr Ymddiriedolaeth maes o law.

GAIR O GROESO GAN Y CADEIRYDD A'R PRIF SWYDDOG GWEITHREDOL

Croeso i Adroddiad Blynyddol Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru ar gyfer 2025/26. Mae'r adroddiad hwn yn dwyn ynghyd fwy o wybodaeth am ein perfformiad, y ffordd rydym yn gwneud penderfyniadau a sut rydym wedi rheoli ein hadnoddau i ddarparu'r gwasanaethau gorau posibl i bobl Cymru.

Nid yw'n gyfrinach bod y system gofal brys a gofal mewn argyfwng, ynghyd â llawer o'r GIG ledled y DU, yn parhau i fod dan bwysau parhaus. Fodd bynnag, drwy gydol y flwyddyn, rydym wedi dechrau gweld arwyddion o welliant o fewn ein sefydliad ac ar draws GIG Cymru.

Mae hon hefyd wedi bod yn flwyddyn arloesol i ni o ran newidiadau i'r ffordd y mae Llywodraeth Cymru yn mesur ein perfformiad, a'r ffordd rydym yn darparu gofal i'n cleifion. Mae cyflwyno Fframwaith Perfformiad Ambiwlansys Llywodraeth Cymru wedi golygu ffocws cliriach ar ganlyniadau cleifion, tra bod trawsnewid ein model clinigol wedi ein gweld yn buddsoddi mewn brysbennu clinigol i sicrhau eu bod yn derbyn y gofal iawn ar gyfer eu hanghenion.

Mae bron i 60% o alwadau 999 bellach yn derbyn asesiad clinigol o bell, gan leihau cludo diangen i'r ysbyty yn sylweddol a gwella profiad y claf. Mae ein gwasanaeth GIG 111 yn parhau i chwarae rhan hanfodol fel pwynt mynediad cenedlaethol at ofal brys, gyda chefnogaeth arloesedd digidol parhaus. Ar yr un pryd, rydym yn cydnabod bod heriau perfformiad yn parhau, yn enwedig yn ystod cyfnodau o alw uchel, a bod angen gwelliant pellach.

Rydym yn ddiolchgar i'n cydweithwyr ar draws y GIG ehangach yng Nghymru, lle rydym wedi gweld rhai gwelliannau pwysig mewn oedi wrth drosglwyddo cleifion, sydd wedi gwella diogelwch i gleifion ac wedi creu profiad gwell i'n criwiau. Rydym yn parhau i weithio gyda byrddau iechyd ledled Cymru i gefnogi ein huchelgais ar y cyd i leihau oedi wrth drosglwyddo cleifion i'r ysbyty, a bydd y gwaith hwn yn parhau i fod yn ffocws yn 2026/27.

O ran ein Gwasanaethau Cludiant Cleifion Di-frys, mae'r cynnydd yn y galw a chymhlethdod cynyddol yr achosion wedi effeithio ar ddibynadwyedd y gwasanaeth a phrofiad cleifion eleni. Rydym yn mynd ati'n weithredol i fynd i'r afael â hyn, gan weithio'n agos gyda'n comisiynwyr a Llywodraeth Cymru, a bydd hyn yn parhau i fod yn flaenoriaeth allweddol dros y flwyddyn i ddod.

Wrth gwrs, yn ogystal â'n ffocws ar ofal clinigol, mae angen i ni sicrhau bod gennym y trefniadau stiwardiaeth ariannol a llywodraethu cywir ar waith i ddangos cryfder ein trefniadau llywodraethu. Mae'r Bwrdd wedi cynnal goruchwyliaeth glir o ansawdd, perfformiad, cyllid a risg, wedi'i chefnogi gan system aeddfed o reolaeth fewnol. Rydym yn parhau i werthfawrogi'r mewnwelediadau a ddarperir gan Archwilio Cymru ac archwilio mewnol, sy'n cydnabod arweinyddiaeth effeithiol a llywodraethu cadarn wrth gefnogi gwelliant parhaus. Mae tryloywder, dysgu ac atebolrwydd yn parhau i fod yn ganolog i'n dull gweithredu fel sefydliad gwasanaeth cyhoeddus.

Er gwaethaf pwysau gweithredol sylweddol, mae'r Ymddiriedolaeth wedi cynnal sefydlogrwydd ariannol yn ystod 2025/26, gan gyflawni gwarged bach a chyflawni ei dyletswyddau ariannol statudol. Cyflawnwyd hyn drwy reolaeth ariannol ddisgybledig a chyflawni arbedion effeithlonrwydd, gan barhau i fuddsoddi mewn meysydd blaenoriaeth gan gynnwys y gweithlu, gallu digidol, fflyd a seilwaith. Mae ein rhaglen gyfalaf wedi cefnogi gwelliannau i'n hystâd a'n cyfraniad at yr agenda datgarboneiddio.

Rydym yn ymwybodol bod cynnal sefydliad sy'n gytbwys yn ariannol yn heriol yn yr hinsawdd bresennol, ac rydym yn parhau'n ymrwymedig i weithio gyda phartneriaid, comisiynwyr a Llywodraeth Cymru i sicrhau ein bod yn parhau i ddarparu'r gwerth gorau posibl o fewn y cyllid sydd ar gael i ni.

Mae ein staff a'n gwirfoddolwyr yn ganolog i bopeth a wnawn. Rydym wedi parhau i fuddsoddi yn eu llesiant, eu datblygiad a'u harweinyddiaeth, gan gydnabod yr effaith y gall pwysau gweithredol parhaus ei chael ar unigolion a thimau. Er bod cynnydd wedi'i wneud o ran cryfhau ein diwylliant sefydliadol a'n hymgysylltiad, gwyddom fod mwy i'w wneud. Bydd cefnogi ein pobl, lleihau absenoldeb, a sicrhau amgylchedd gwaith cadarnhaol a chynhwysol yn parhau i fod yn ganolog i'n hagenda gweithlu.

Wrth i ni edrych tua 2026/27, mae ein blaenoriaethau'n glir. Byddwn yn parhau i wreiddio ein model clinigol, cryfhau partneriaethau ar draws y system iechyd a gofal, a chanolbwyntio ar y camau gweithredu hynny a fydd â'r effaith fwyaf ar ddiogelwch, profiad a chanlyniadau cleifion.

Rydym yn cydnabod bod llawer o'r heriau sy'n ein hwynebu yn systemig ac na ellir mynd i'r afael â nhw ar eu pen eu hunain. Rydym yn parhau i fod wedi ymrwymo i weithio'n agos gyda Llywodraeth Cymru, comisiynwyr, byrddau iechyd a'n partneriaid ehangach i gyflawni gwelliannau cynaliadwy i bobl Cymru.

Yn olaf, hoffem ddiolch i'n staff, gwirfoddolwyr, partneriaid a'r cymunedau rydyn ni'n eu gwasanaethu. Mae eich cefnogaeth, eich gwydnwch a'ch ymrwymiad yn parhau i wneud gwahaniaeth gwirioneddol.

Gyda'n cofion gorau,

Colin Dennis

Cadeirydd Bwrdd yr Ymddiriedolaeth

Emma Wood

Prif Swyddog Gweithredol

CYNNWYS YR ADRODDIAD

RHAN 1: ADRODDIAD PERFFORMIAD

TROSOLWG O BERFFORMIAD

Cyflwyniad

Nod y Trosolwg o Berfformiad hwn yw darparu adroddiad integredig ar ansawdd, diogelwch cleifion, profiad y claf a pherfformiad Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru (yr Ymddiriedolaeth) ar gyfer y cyfnod rhwng 01 Ebrill 2025 a 31 Mawrth 2026. Cynhyrchir yr Adroddiad Perfformiad yn unol â gofynion Llawlyfr Cyfrifon GIG Cymru 2025/26.

Datganiad gan y Prif Swyddog Gweithredol

Mae ein cleifion a'n pobl yn parhau i gyrchu a gweithio mewn system gofal iechyd sy'n profi cyfnodau o bwysau uchel mewn ysbytai a'n cymunedau, gyda niwed i gleifion y gellir ei osgoi ac anaf moesol i'n staff o ganlyniad. Yng nghyfarfod Bwrdd yr Ymddiriedolaeth ym mis Mawrth 2026, nododd adroddiad asesu niwed i gleifion yr asesiadau cyffredinol canlynol ar gyfer y tri llwybr cleifion yn WAST:

- Llwybr GIG 111: niwed posibl wedi'i asesu fel isel, er y gallai oedi wrth gael cyngor clinigol gynyddu amlygiad i ddirywiad ar gyfer nifer fach o gleifion
- Llwybr 999 / Gwasanaeth Meddygol Brys: niwed posibl wedi'i asesu fel canolig, wedi'i yrru'n bennaf gan oedi parhaus yn y system a chyfyngiadau argaeledd ambiwlansys sy'n gysylltiedig ag oedi wrth drosglwyddo cleifion i'r ysbyty
- Gwasanaeth Cludiant Cleifion Di-frys: Niwed posibl wedi'i asesu fel canolig, gan adlewyrchu pwysau gweithredol gan gynnwys archebion byr rybudd a chansladau system

Mae lefelau niwed i gleifion wedi dechrau lleihau oherwydd camau gweithredu a gymerwyd gan yr Ymddiriedolaeth a'i phartneriaid. Yn 2024, cychwynnodd yr Ymddiriedolaeth ar raglen trawsnewid clinigol sy'n arwain y sector, gyda'r nod o asesu a thrin mwy o gleifion yn glinigol yn y gofod anghysbell ac yn ein cymunedau a thargedu anfon adnoddau brys at y cleifion hynny sydd fwyaf mewn angen, y bydd angen eu cludo i adrannau argyfwng. Mae'r trawsnewidiad hwn wedi cael ei gefnogi gan bartneriaid, gyda Llywodraeth Cymru yn rhoi'r Fframwaith Perfformiad Ambiwlansys newydd ar waith, a weithredwyd gan yr Ymddiriedolaeth yn 2025/26.

Mae Llywodraeth Cymru hefyd wedi rhoi mwy o sylw i ryddhau capasiti ambiwlansys argyfwng, gan ei gwneud yn ofynnol i fyrddau iechyd gyrraedd y targed trosglwyddo ambiwlansys 45, h.y. uchafswm o 45 munud i drosglwyddo claf mewn ambiwlans argyfwng i'r ysbyty.

Mae arwyddion cadarnhaol, gyda llai o achosion o gleifion yn canslo, cyfradd ROSC (adferiad cylchrediad digymell) sy'n gwella, y gyfradd ymgynghori a chau uchaf y mae'r Ymddiriedolaeth wedi'i chyflawni, llai o oriau a gollwyd wrth drosglwyddo, perfformiad ateb galwadau 111 sefydlog i raddau helaeth a pherfformiad da o ran gwasanaethau arennol ac oncoleg.

Mae'r adrannau trosolwg o berfformiad a dadansoddiad o berfformiad a chyflawni yn yr adroddiad blynyddol hwn yn rhoi mwy o fanylion. Ond mae llawer i'w wneud o hyd i'r Ymddiriedolaeth a'i phartneriaid er mwyn cyflawni'r lefelau o ddiogelwch cleifion yr ydym eu heisiau ar gyfer y cymunedau yr ydym yn eu gwasanaethu. I'r perwyl hwn, mae'r Ymddiriedolaeth wedi cydgrynhoi ei Chynllun Tymor Canolig Integredig 2026-29, er mwyn rhyddhau capasiti i gefnogi'r camau gweithredu hynny a fydd â'r effaith fwyaf ar gleifion a staff. Mae meysydd ffocws penodol yn cynnwys pen blaen digidol 111, gwireddu manteision trawsnewid y model clinigol a chynyddu nifer y teithiau cleifion a gwblhawyd ar gyfer apwyntiadau cleifion allanol.

Mae'r Ymddiriedolaeth yn parhau i weithio'n agos gyda chydweithwyr yn Llywodraeth Cymru a'r Cyd-Bwyllgor Comisiynu ar ystod o faterion strategol a bydd yn parhau i wneud hynny yn 2026/27 a thu hwnt. Yn nodedig mae cefnogaeth a monitro parhaus o'r fenter trosglwyddo ambiwlansys 45, yn ogystal a'r adolygiad strategol o wasanaethau gan y Cyd-bwyllgor Comisiynu ac adolygiad bwrdd gwaith Arolygiaeth Gofal Iechyd Cymru a ddechreuodd ym mis Ionawr 2026.

Yn olaf, hoffwn ailadrodd fy niolch i'r holl staff a gwirfoddolwyr, partneriaid golau glas, comisiynwyr, y sector preifat a'r sector gwirfoddol am eu cefnogaeth barhaus.

Emma Wood
Prif Swyddog Gweithredol

Meysydd cyfrifoldeb

Mae'r Ymddiriedolaeth yn darparu gwasanaethau gofal iechyd i bobl ledled Cymru, gan ddarparu gofal clinigol o ansawdd uchel sy'n cael ei arwain gan gleifion lle bynnag a phryd bynnag y bo angen. Mae gwasanaethau'n cynnwys y canlynol:

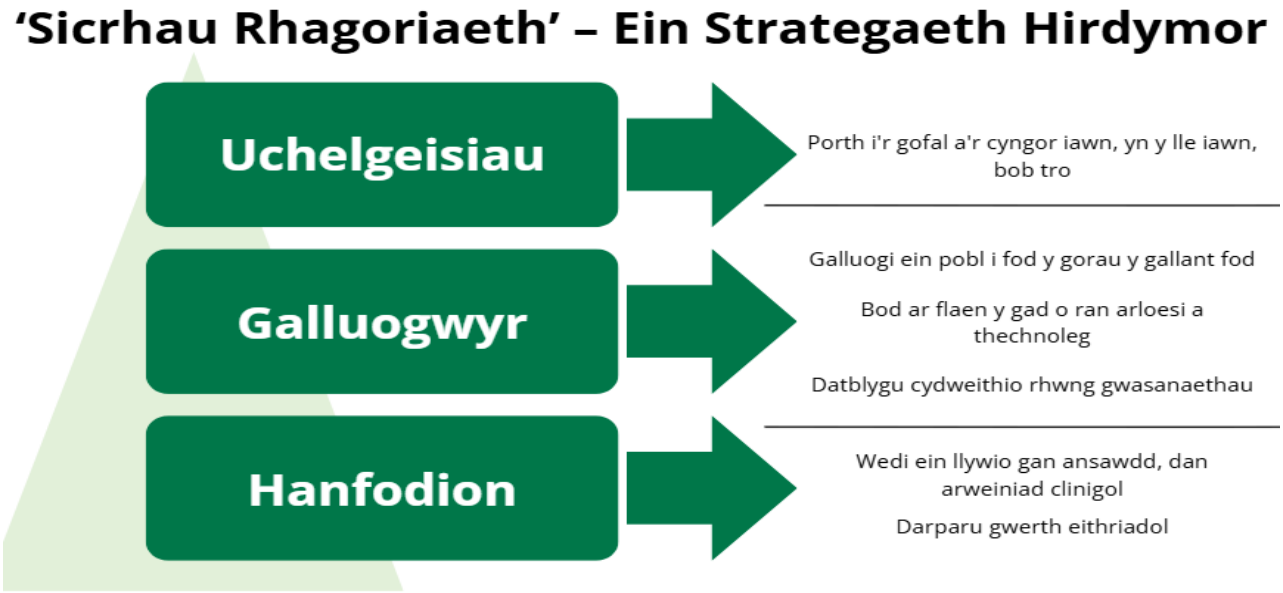
- Gwasanaethau Meddygol Brys (EMS) 999: gan gynnwys ateb galwadau, ymgynghori clinigol o bell, gweld a thrin ac os oes angen, cludo i'r ysbyty neu gyfleuster trin priodol
- Gwasanaeth Cludiant Cleifion Di-frys (a elwir hefyd yn Ofal Ambiwlans): gan gynnwys ateb galwadau, cynllunio teithiau, comisiynu 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 gyd-bwyllgor o'r saith bwrdd iechyd.

Ein diben a'n strategaeth hirdymor

Datganiad pwrpas WAST yw '*I Gefnogi, I Wasanaethu, I Achub*'. Mae'r datganiad byr ond pwerus hwn yn ceisio disgrifio rheswm craidd y sefydliad dros fod, gan uno pawb tuag at nod cyffredin.

Mae ein Fframwaith Strategol Hirdymor 'Sicrhau Rhagoriaeth' yn nodi gweledigaeth y sefydliad ar gyfer y dyfodol hyd at 2030. Mae'r strategaeth wedi'i fframio o amgylch trawsnewid y model gwasanaethau clinigol i sicrhau bod cleifion yn cael y cyngor a gofal iawn, yn y lle iawn, bob tro. Mae'r Ymddiriedolaeth wedi cyflymu ei huchelgais yn ystod 2025/26 i esblygu o wasanaeth ambiwlans a chludiant traddodiadol. Mae wedi symud tuag at wasanaeth clinigol integredig sy'n cydweithio â'r system iechyd a gofal i ddiwallu anghenion cleifion sy'n cysylltu â ni drwy 111, 999 a'n gwasanaethau di-frys yn y ffordd orau bosibl mewn ffordd sy'n gwneud y gorau o'r bunt Gymreig, gan ychwanegu gwerth at y system yr ydym yn gweithio ynddi. Bydd ein strategaeth hirdymor yn cael ei hadolygu a'i hadnewyddu yn ystod 2026/27.



Crynodeb o berfformiad yn 2025/26

Mae'r Ymddiriedolaeth yn chwarae rhan hanfodol wrth gefnogi iechyd a llesiant poblogaeth Cymru drwy ddarparu gwasanaethau gofal brys a gofal mewn argyfwng yn genedlaethol. Fel yr unig ddarparwr gwasanaethau ambiwlans yng Nghymru, mae'r Ymddiriedolaeth yn gweithredu ar raddfa fawr ar draws system gofal iechyd gymhleth a dan bwysau, gan ymateb i argyfyngau sy'n peryglu bywyd, darparu cyngor clinigol a brysbennu, cefnogi gofal wedi'i gynllunio trwy wasanaethau cludiant cleifion, a gweithio'n agos gyda phartneriaid ar draws iechyd a gofal cymdeithasol.

Mae'r trosolwg o berfformiad hwn yn rhoi cyfrif naratif cynhwysfawr o ddarpariaeth a pherfformiad yn ystod 2025/26, gan nodi'r cyd-destun y darparwyd gwasanaethau ynddo, y

cynnydd a wnaed yn ystod y flwyddyn, a'r heriau sy'n parhau i fod angen gweithredu cydlynol gan y system.

Drwy gydol 2025/26 bu'r Ymddiriedolaeth yn gweithredu mewn amgylchedd eithriadol o heriol. Arhosodd y galw am ofal brys a gofal mewn argyfwng yn gyson uchel, roedd capasiti mewn ysbytai acíwt wedi'i gyfyngu, parhaodd rhyddhau cleifion yn hwyr i effeithio ar lif cleifion, a pharhaodd pwysau ar y gweithlu ar draws GIG Cymru. Cyfunodd y ffactorau hyn i roi pwysau parhaus ar wasanaethau ambiwlans a'r system gofal brys ehangach. Er gwaethaf hyn, cynhaliodd yr Ymddiriedolaeth wydnwch gweithredol, parhaodd i ddarparu gofal diogel i gannoedd o filoedd o gleifion, a chynnyddodd drawsnewidiad sylweddol o'i model clinigol a gweithredol yn unol â pholisi cenedlaethol ac uchelgais strategol.

Roedd y flwyddyn yn un o drawsnewid a newid. Roedd cyflwyniad graddol Fframwaith Perfformiad Ambiwlansys Llywodraeth Cymru yn cynrychioli symudiad sylfaenol i ffwrdd o'r ddibyniaeth hanesyddol ar dargedau amser ymateb fel y prif ddangosydd perfformiad. Yn hytrach, mae'r fframwaith yn rhoi pwyslais ar niwed clinigol, profiad y claf a chanlyniadau i gleifion, gan ei gwneud yn ofynnol i wasanaethau ambiwlans a phartneriaid system asesu perfformiad drwy safbwynt sy'n canolbwyntio'n fwy ar y claf ac sydd â mwy o ystyr clinigol. Fe wnaeth y newid hwn lunio sut y cafodd perfformiad ei reoli, ei drafod a'i sicrhau drwy gydol y flwyddyn ac roedd yn gofyn am newid diwylliannol sylweddol ar draws yr Ymddiriedolaeth a'r system ehangach.

Ochr yn ochr â'r newid hwn yn y fframwaith perfformiad, parhaodd yr Ymddiriedolaeth i wreiddio ei huchelgais hirdymor i weithredu fel gwasanaeth gofal brys a gofal mewn argyfwng y tu allan i'r ysbyty dan arweiniad clinigol. Mae'r uchelgais hon yn ganolog i gyfeiriad polisi cenedlaethol ac i strategaeth yr Ymddiriedolaeth ei hun, gan gefnogi pobl i dderbyn y gofal iawn, yn y lle iawn, ar yr amser iawn. Drwy gryfhau asesiadau clinigol, ehangu llwybrau gofal a gweithio'n agosach gyda gwasanaethau cymunedol, mae'r Ymddiriedolaeth yn anelu at leihau'r angen am ymateb corfforol, lleihau cludo cleifion i'r ysbyty y gellir ei osgoi, gwella profiad cleifion a chefnogi system gofal brys fwy cynaliadwy.

Ni ellir gorbwysleisio'r cyd-destun gweithredu yn ystod 2025/26. Creodd y galw cynyddol am ofal brys a gofal mewn argyfwng, ynghyd â chyfyngiadau yng nghapasiti ysbytai a phrinder gweithlu ar draws iechyd a gofal cymdeithasol, bwysau parhaus ar y system. Adlewyrchwyd y pwysau hyn mewn oedi cynyddol mewn ambiwlansys, arosiadau hir i rai cleifion, a heriau ar draws gwasanaethau brys a gwasanaethau di-frys. Gwelwyd patrymau tebyg ar draws systemau iechyd yn y Deyrnas Unedig a thu hwnt, gan amlygu natur systemig yr heriau hyn.

Canolbwyntiodd y gwaith cynllunio ar gyfer y gaeaf yn 2025/26 ar fodelu galw a chapasiti, gwydnwch y gweithlu, blaenoriaethu clinigol a llif y system. Nodwyd risgiau allweddol, gan gynnwys galw parhaus am wasanaethau, oedi wrth drosglwyddo cleifion i ysbytai a phwysau ar y gweithlu, gyda chamau lliniaru wedi'u diffinio megis trefniadau uwchgyfeirio cryfach, blaenoriaethu cleifion clinigol gwell, cydgysylltu gwell trwy ganolfannau rheoli systemau a buddsoddiad wedi'i dargedu mewn capasiti ychwanegol. Roedd cyflwyno cam 2 o fframwaith perfformiad ambiwlansys yn 2025/26 yn fesur lliniaru allweddol. Er gwaethaf y cyd-destun hwn, cynhaliodd yr Ymddiriedolaeth sefydlogrwydd sefydliadol a llywodraethu cadarn drwy gydol y flwyddyn. Cynhaliwyd parhad arweinyddiaeth yn dilyn penodi Prif Swyddog Gweithredol newydd ym mis Hydref 2025, a pharhaodd y bwrdd i oruchwylio ansawdd, perfformiad, cyllid a risg yn glir. Parhaodd yr Ymddiriedolaeth i gynyddu'r sefyllfa'n rheolaidd drwy gydol y flwyddyn, gan adlewyrchu ei gallu i reoli pwysau o fewn trefniadau llywodraethu y cytunwyd arnynt. Cynhaliwyd cydbwysedd ariannol, a rhoddodd Archwilio Cymru sicrwydd cadarnhaol drwy ei asesiad strwythuredig, gan gydnabod arweinyddiaeth effeithiol, llywodraethu cryf a rheolaeth ariannol gadarn.

Datblygiad arwyddocaol yn ystod y flwyddyn oedd cyflwyno asesiad niwed i gleifion wedi'i adnewyddu ar lefel y bwrdd. Wedi'i weithredu ym mis Mawrth 2026, mae'r fframwaith hwn yn galluogi'r Ymddiriedolaeth i asesu perfformiad drwy lens diogelwch cleifion, gan ganolbwyntio'n benodol ar y potensial am niwed ar draws ei meysydd gwasanaeth craidd yn hytrach na dibynnu'n llwyr ar ddangosyddion dirprwyol fel amseroedd ymateb neu lefelau gweithgaredd. Mae'r dull hwn yn cefnogi blaenoriaethu gwell, sicrwydd cliriach a sgyrsiau mwy ystyrlon gyda phartneriaid system ynghylch risg a lliniaru.

Ar gyfer GIG 111 Cymru, aseswyd bod y niwed posibl i gleifion yn isel. Mae mwyafrif y cysylltiadau a dderbynnir drwy'r gwasanaeth yn ymwneud â chyflyrau aciwtedd is, ac mae prosesau blaenoriaethu clinigol wedi'u cynllunio i nodi ac uwchgyfeirio cyflwyniadau risg uwch. Y prif faes risg yw oedi wrth dderbyn galwadau clinigol yn ôl yn ystod cyfnodau o alw uchel, yn enwedig ar benwythnosau ac yn ystod ymchwyddiadau tymhorol. Mae'r mesurau lliniaru yn cynnwys ciwiau clinigol wedi'u blaenoriaethu, adolygiad parhaus o batrymau staffio a rhestrau dyletswyddau, a llwybrau mynediad digidol gwell ac ymgysylltiad parhaus â chomisiynwyr ynghylch capasiti cynaliadwy yn y dyfodol.

Aseswyd bod Gwasanaethau Meddygol Brys yn cyflwyno risg ganolig o niwed i gleifion. Mae hyn yn adlewyrchu effaith barhaus oediadau ambiwlansys sy'n gysylltiedig â phwysau trosglwyddo i'r ysbyty ac arosiadau hir i gleifion aciwtedd is yn y gymuned. Yn bwysig,

dangosodd yr asesiad niwed dystiolaeth o welliant hefyd yn ystod y flwyddyn, yn enwedig wrth i berfformiad trosglwyddo i'r ysbyty ddechrau gwella a bod argaeledd ambiwlansys wedi cynyddu.

Mae lleihau'r niwed sy'n gysylltiedig ag oedi ambiwlansys ac oedi mewn ymateb cymunedol yn parhau i fod yn flaenoriaeth sefydliadol bwysig ac mae'n destun craffu rheolaidd gan y bwrdd a'r pwyllgorau.

Aseswyd hefyd fod y Gwasanaethau Cludiant Cleifion Di-frys yn cyflwyno lefel ganolig o niwed posibl. Roedd y dyfarniad hwn yn cydnabod cymhlethdod cynyddol y galw, amseroedd teithio estynedig, ac effaith canslo ar fyr rybudd ar brofiad cleifion.

Mae'r Ymddiriedolaeth wedi parhau i weithio'n agos gyda chomisiynwyr a phartneriaid system i liniaru'r risgiau hyn, gwella dibynadwyedd a mynediad cyfartal, a chryfhau cyfathrebu â chleifion sy'n dibynnu ar y gwasanaethau hyn i fynychu gofal wedi'i gynllunio a gofal arbenigol.

Mae'r Gwasanaethau Meddygol Brys yn parhau i fod yr elfen fwyaf amlwg a'r un sy'n defnyddio'r mwyaf o adnoddau yn fodel darparu'r Ymddiriedolaeth. Yn ystod 2025/26, derbyniodd yr Ymddiriedolaeth tua 549,000 o alwadau brys, sy'n cyfateb i tua 420,000 o ddigwyddiadau. Er bod nifer y digwyddiadau cyffredinol wedi gostwng ychydig o'i gymharu â'r flwyddyn flaenorol, arhosodd y galw'n uchel ac yn parhau i fod yn fwy na'r capasiti sydd ar gael ar adegau prysur. Roedd hyn yn adlewyrchu pwysau parhaus ar y system a'r rhyddhad graddol o alw nas diwallwyd o'r blaen wrth i berfformiad trosglwyddo i'r ysbyty ddechrau gwella.

Arhosodd perfformiad ateb galwadau 999 yn gyson gryf drwy gydol y flwyddyn. Arhosodd amseroedd canolrifol ateb galwadau tua un eiliad, gydag amrywiad cyfyngedig yn ystod cyfnodau o alw cynyddol. Cadwodd yr Ymddiriedolaeth ei hachrediad Canolfan Ragoriaeth ar gyfer anfon adnoddau i alwadau meddygol brys, gan ddarparu sicrwydd annibynnol ynghylch ansawdd, diogelwch a chysondeb trin galwadau, blaenoriaethu a gwneud penderfyniadau yn yr ystafell reoli.

O fis Gorffennaf 2025 ymlaen, dechreuodd y Gwasanaethau Meddygol Brys weithredu o fewn y Rhaglen Trawsnewid Model Clinigol drwy Gam Un o Fframwaith Perfformiad Ambiwlansys Llywodraeth Cymru. Cyflwynodd hyn gategorïau newydd ar gyfer yr argyfyngau mwyaf difrifol sy'n bygwth bywyd, gan gynnwys Porffor – Ataliad, a Choch – Argyfwng, a symudodd fonitro perfformiad tuag at ganlyniadau clinigol. Ar gyfer

digwyddiadau Porffor – Ataliad, sy'n cynnwys cleifion mewn ataliad y galon neu ataliad anadlol, arhosodd perfformiad ymateb yn effeithiol yn glinigol.

Mae'r Ymddiriedolaeth wedi cynnal ffocws ar wella canlyniadau ar draws y gadwyn oroesi, gan gynnwys cydnabyddiaeth gynnar, adfywio cardiopwlmonaidd gan wylwyr, diffibrilio a chymorth bywyd uwch. Dechreuodd gwelliannau yng nghyfraddau Adferiad Cylchrediad Digymell (ROSC) ddod i'r amlwg dros ail hanner 2025. Fodd bynnag, mae hyn yn cynrychioli cyfeiriad cynnar y daith o fewn llwybr gwelliant tymor hwy, gyda disgwyl i enillion cynaliadwy fod yn raddol ac yn destun amrywiad parhaus o ystyried y niferoedd cymharol fach dan sylw.

Roedd perfformiad ar gyfer galwadau Coch – Argyfwng yn fwy amrywiol. Cafodd amseroedd ymateb eu heffeithio gan argaeledd ambiwlansys, pellteroedd teithio a thagfeydd ehangach yn y system. Er na chyflawnwyd disgwyliadau perfformiad cenedlaethol yn gyson, dangosodd dadansoddiad fod gwelliannau ym mherfformiad trosglwyddo i'r ysbyty a chynyddu capasiti'r gweithlu yn dechrau cefnogi adferiad. Parhaodd y galw brys o aciwtedd is i gyfrif am y rhan fwyaf o ddigwyddiadau, ac yn ystod misoedd prysur y gaeaf profodd rhai cleifion arosiadau hir yn y gymuned. Mae'r Ymddiriedolaeth wedi bod yn dryloyw ynglŷn â'r risgiau hyn ac yn parhau i reoli oedi mewn ymateb cymunedol fel prif risg sefydliadol.

Parhaodd oedi wrth drosglwyddo cleifion i gael dylanwad sylweddol ar argaeledd ambiwlansys a phrofiad cleifion yn ystod 2025/26. Am lawer o'r flwyddyn, collwyd cyfran sylweddol o oriau ambiwlans tra bod criwiau'n aros y tu allan i adrannau argyfwng i drosglwyddo gofal. Roedd rhaglen trosglwyddo ambiwlansys 45 Llywodraeth Cymru yn cynrychioli ymyrraeth hollbwysig ar draws y system, wedi'i chefnogi gan ganllawiau trosglwyddo cenedlaethol wedi'u diweddaru.

Dros gyfnod y flwyddyn, dangosodd perfformiad trosglwyddo welliant cynaliadwy. Gostyngodd nifer yr oriau ambiwlans a gollwyd, gostyngodd nifer yr oediadau hir iawn, a chynyddodd dealltwriaeth y system o niwed sy'n gysylltiedig ag ambiwlansys. Er bod trosglwyddiadau dros 45 munud yn parhau i ddigwydd, yn enwedig yn ystod cyfnodau o bwysau uchel, roedd y duedd gyffredinol yn gadarnhaol. Yn bwysig, arweiniodd perfformiad trosglwyddo gwell at fwy o argaeledd ambiwlansys, gan alluogi'r Ymddiriedolaeth i ymateb i gleifion a oedd wedi profi arosiadau hir yn y gymuned yn flaenorol ac ymdrin â'r galw nas diwallwyd o'r blaen.

Parhaodd trawsnewid model clinigol i fod yn nodwedd ddiffiniol o welliant perfformiad yn ystod y flwyddyn. Galluogodd ehangu asesiadau clinigol o bell o fewn ystafelloedd rheoli

gyfran gynyddol o gleifion i dderbyn cyngor, atgyfeiriad neu ofal amgen prydlonheb yr angen i anfon ambiwlans. Erbyn diwedd 2025/26, roedd bron i 60% o'r holl alwadau 999 wedi derbyn asesiad clinigol o bell, o'i gymharu â thua 30% y flwyddyn flaenorol, sy'n cynrychioli newid sylweddol yn y ffordd y darperir gofal brys.

Cyrhaeddodd cyfraddau ymgynghori a chau eu lefel uchaf hyd yma hefyd. Roedd hyn yn adlewyrchu hyder clinigol gwell, llwybrau cefnogi penderfyniadau gwell a gweithlu clinigol mwy medrus a phrofiadol. Chwaraeodd Uwch Ymarferwyr Parafeddygol a Llywyr Clinigol rôl ganolog yn y gwelliant hwn, gan gefnogi asesiad cynnar a chyfeirio cleifion at lwybrau gofal cymunedol a sylfaenol priodol lle bo'n glinigol ddiogel gwneud hynny. Mae'r dull hwn yn lleihau cludo diangen, yn gwella profiad y claf ac yn helpu i gadw capasiti brys i'r rhai sydd fwyaf mewn angen.

Parhaodd yr Ymddiriedolaeth i ehangu llwybrau clinigol wedi'u targedu yn ystod 2025/26, gan ganolbwyntio ar gyflyrau sydd ymhlith y ffactorau mwyaf cyffredin sy'n achosi galw brys. Datblygwyd llwybrau cwympiadau a llwybrau anadlu ymhellach, gan gefnogi ymyrraeth gynharach, canlyniadau clinigol gwell a llai o ddibyniaeth ar bresenoldeb yn yr adran argyfwng. Darparodd Ymatebwyr Lles Cymunedol gymorth ychwanegol i gleifion ag anghenion clinigol a chymdeithasol lefel isel, yn enwedig unigolion agored i niwed a'r rhai sydd â phryderon amgylcheddol neu les. Roedd mwyafrif y cleifion a gefnogwyd drwy'r model hwn yn gallu aros yn ddiogel gartref, gan leihau cludo cleifion y gellid ei osgoi a'r pwysau ar adrannau argyfwnga gwasanaethau gofal brys.

Cafodd Uwch Ymarferwyr Parafeddygol eu gwreiddio ymhellach o fewn gwasanaethau Un Pwynt Mynediad ar draws byrddau iechyd, gan gryfhau gwneud penderfyniadau amlddisgyblaethol a gwella aliniad rhwng gwasanaethau ambiwlans, timau cymunedol a gofal sylfaenol. Er bod amrywiad yn argaeledd ac aeddfedrwydd llwybrau gofal yn parhau ledled Cymru, dangosodd cynnydd yn ystod y flwyddyn werth integreiddio agosach a pherchnogaeth a rennir o'r galw am ofal brys.

Parhaodd GIG 111 Cymru i chwarae rhan gynyddol ganolog yn y system gofal brys a gofal mewn argyfwng. I lawer o aelodau'r cyhoedd, GIG 111 yw'r pwynt cyswllt cyntaf pan fo angen cyngor neu gymorth, ac mae'r gwasanaeth yn darparu brysbennu clinigol hanfodol, llywio a sicrwydd ar raddfa fawr. Yn ystod 2025/26, ymdriniodd GIG 111 Cymru â dros filiwn o alwadau ffôn a chefnogodd fwy na phum miliwn o ryngweithiadau trwy ei sianeli digidol.

Parhaodd y galw am deleffoni i fod yn uchel drwy gydol y flwyddyn, yn enwedig gyda'r nos, yn ystod penwythnosau ac ymchwyddiadau tymhorol. Parhaodd yr Ymddiriedolaeth i brofi heriau ynglŷn â gadael galwadau ac amseroedd aros am alwadau yn ôl, a oedd yn bennaf

oherwydd anghydweddiad rhwng lefelau staffio a gomisiynwyd a phatrymau galw yn ystod cyfnodau prysur.

Cadarnhaodd modelu annibynnol y pwysau hyn. Er na chyflawnwyd perfformiad yn erbyn meincnodau hanesyddol yn gyson, sicrhaodd blaenoriaethu clinigol fod yr achosion mwyaf brys yn cael asesiad ac ymyrraeth brydlon.

Cynhaliwyd ymarfer ail-drefnu rhestrau dyletswyddau cynhwysfawr i alinio staffio yn well â'r galw, a pharhaodd yr Ymddiriedolaeth i ymgysylltu â chomisiynwyr ynghylch yr angen am ddatrysiadau hirdymor cynaliadwy. Helpodd gwelliannau cynhyrchiant ymhlith staff clinigol i liniaru rhywfaint o bwysau, ac roedd gwaith parhaus yn canolbwyntio ar leihau galw y gellir ei osgoi a gwella mynediad at wasanaethau digidol.

Roedd datblygiad digidol yn parhau i fod yn flaenoriaeth allweddol i GIG 111 Cymru. Cefnogodd gwefan y gwasanaeth filiynau o ryngweithiadau yn ystod y flwyddyn, a gwellodd cyflwyno cynorthwyydd rhithwir wedi'i alluogi gan ddeallusrwydd artiffisial (Albot) fynediad defnyddwyr at wybodaeth a chyngor.

Aeth gwaith yn ei flaen i ddisodli'r gwiriwr symptomau ar-lein traddodiadol gyda datrysiad modern sy'n gallu blaenoriaethu mewn ffordd fwy diogel ac integreiddio gwell â gwasanaethau teleffoni. Er bod angen buddsoddiad pellach i wireddu'r uchelgais ddigidol yn llawn, dangosodd cynnydd yn ystod 2025/26 werth arloesedd digidol wrth gefnogi mynediad a llif systemau.

Mae Gwasanaethau Cludiant Cleifion Di-frys (NEPTS) yn chwarae rhan hanfodol wrth gefnogi cleifion i gael mynediad at ofal wedi'i gynllunio a gofal arbenigol, gan gynnwys dialysis arennol, triniaeth oncoleg, apwyntiadau cleifion allanol a rhyddhau cleifion o'r ysbyty. Yn ystod 2025/26, parhaodd y galw am wasanaethau cludo cleifion i gynyddu, wedi'i yrru gan newid demograffig, canoli gwasanaethau a chynnydd mewn aciwtedd cleifion.

Cynyddodd cymhlethdod teithiau NEPTS yn sylweddol. Roedd angen cludiant ar stretsier ar gyfran gynyddol o gleifion, cynyddodd pellteroedd teithio, a daeth amserlenni apwyntiadau yn fwy cyfyngedig, gan leihau hyblygrwydd gweithredol. O ganlyniad, cynyddodd amseroedd teithio cyfartalog a daeth y capasiti oedd ar gael yn fwyfwy dan straen. Er bod teithiau sy'n achub bywydau ac amser critigol, fel dialysis arennol a thriniaeth oncoleg, wedi'u blaenoriaethu a'u diogelu i raddau helaeth, nid oedd yr Ymddiriedolaeth yn gallu bodloni'r holl alw cymwys.

Effeithiodd achosion canslo ar fyr rybudd ac oedi'n andwyol ar brofiad cleifion, a gwelwyd cynnydd yn nifer y cwynion o ganlyniad. Cydnabu'r Ymddiriedolaeth y materion hyn yn agored a gweithiodd yn agos gyda chomisiynwyr drwy gydol y flwyddyn i nodi ac ystyried opsiynau lliniaru. Roedd y meysydd ffocws yn cynnwys rhagweld galw, meini prawf cymhwysedd, rhagdybiaethau comisiynu, cyfathrebu â chleifion ac archwilio datrysiadau trafnidiaeth amgen. Mae gwella dibynadwyedd a phrofiad NEPTS yn parhau i fod yn flaenoriaeth ar gyfer 2026/27 a byddwn yn ystyried cynhyrchiant o fewn yr adnoddau presennol gan barhau i fod mor hyblyg â phosibl i newid gwasanaethau iechyd ledled Cymru.

Roedd gweithio mewn partneriaeth yn parhau i fod yn ganolog i'r ddarpariaeth ar draws pob maes gwasanaeth. Cydweithiodd yr Ymddiriedolaeth â Llywodraeth Cymru, byrddau iechyd, comisiynwyr, awdurdodau lleol a sefydliadau'r trydydd sector i gefnogi diwygio gofal brys a gofal cymunedol. Dangosodd mentrau fel Un Pwynt Mynediad, Gofal Argyfwng yr Un Diwrnod, llwybrau cwympiadau a gwasanaethau anadlol fanteision perchnogaeth a rennir a gweithio integredig, hyd yn oed lle mae amrywiad yn y gweithrediad yn parhau.

Parhaodd heriau i'r gweithlu drwy gydol 2025/26, yn enwedig ar draws gwasanaethau clinigol rheng flaen. Roedd recriwtio, cadw staff a llesiant yn parhau i fod yn flaenoriaethau allweddol i'r sefydliad. Cymerwyd camau gweithredu wedi'u targedu i gryfhau llwybrau recriwtio, ehangu capasiti hyfforddi a chefnogi gwydnwch staff. Parhaodd yr Ymddiriedolaeth hefyd i fuddsoddi mewn datblygu arweinyddiaeth a diwylliant sefydliadol, gan gydnabod bod gweithlu medrus, sy'n cael ei gefnogi ac sy'n ymgysylltiedig yn allweddol i ddarparu gofal diogel ac effeithiol.

Adolygwyd a chryfhawyd trefniadau parodrwydd am argyfyngau a pharhad busnes, wedi'u llywio gan ddysgu cenedlaethol a gwaith sicrwydd mewnol. Parhaodd yr Ymddiriedolaeth i fuddsoddi mewn gwydnwch sefydliadol, gan sicrhau ei bod wedi'i chyfarparu i ymateb yn effeithiol i bwysau gweithredol o ddydd i ddydd a digwyddiadau mawr.

I gloi, roedd 2025/26 yn flwyddyn o her barhaus a chynnydd ystyrlon i Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru. Gan weithredu o fewn system gofal iechyd dan bwysau eithriadol, parhaodd yr Ymddiriedolaeth i ddarparu gwasanaethau hanfodol i gannoedd o filoedd o gleifion wrth hyrwyddo trawsnewid clinigol a sefydliadol sylweddol.

Er bod pwysau'n parhau i fod yn amlwg, yn enwedig lle mae'r ddarpariaeth yn dibynnu ar lif system ehangach, mae cyfeiriad teithio yn glir. Cyfrannodd gwelliannau mewn perfformiad trosglwyddo cleifion i'r ysbyty, defnydd ehangach o asesiadau clinigol o bell, llwybrau cymunedol cryfach a phartneriaethau sy'n aeddfedu at leihau niwed i gleifion a gwella

profiad cleifion. Mae'r Ymddiriedolaeth yn dechrau 2026/27 gyda blaenoriaethau cliriach, Cynllun Tymor Canolig Integredig cryfach a hyder cynyddol yn ei model clinigol.

Drwy dryloywder a chydweithio parhaus, a ffocws diysgog ar ddiogelwch cleifion, mae'r Ymddiriedolaeth mewn sefyllfa dda i adeiladu ar y cynnydd a wnaed a pharhau â'i thaith tuag at ddarparu gofal brys a gofal mewn argyfwng o ansawdd uchel, dan arweiniad clinigol, i bobl Cymru.

DADANSODDIAD O BERFFORMIAD A CHYFLAWNI

Mae'r adran hon yn rhoi sylwebaeth ar fesurau perfformiad allweddol yr Ymddiriedolaeth a dadansoddiad o berfformiad integredig manylach o ddarpariaeth gwasanaethau'r Ymddiriedolaeth.

CYFLWYNO GWASANAETH EFFEITHIOL

Dros y degawd diwethaf, mae'r Ymddiriedolaeth wedi bod ar flaen y gad o ran gofal brys a gofal mewn argyfwng cyn mynd i'r ysbyty dan arweiniad clinigol, gyda ffocws ar ddarparu gofal a gwasanaeth o ansawdd uchel i gleifion.

Yn 2024, lansiodd yr Ymddiriedolaeth ei rhaglen Trawsnewid Model Clinigol uchelgeisiol a symudodd y model ymateb clinigol presennol, a gyflwynwyd gyntaf ym mis Hydref 2015, ymlaen i fodel gwasanaethau clinigol integredig. Ysgogwyd y symudiad hwn gan gydnabyddiaeth nad oedd llawer o gleifion yn cael eu gwasanaethu'n dda gan y model gofal presennol a bod angen dybryd i sicrhau bod gwasanaethau mwy diogel yn glinigol yn cael eu darparu, gan leihau niwed a galluogi mwy o bobl i dderbyn y gofal cywir gartref neu'n nes at y cartref.

Mae'r model newydd yn dwyn ynghyd dri gwasanaeth craidd - Gwasanaethau Meddygol Brys (999), GIG 111 Cymru, a Gofal Ambiwlans (Gwasanaeth Cludiant Cleifion Di-frys – neu NEPTS) yn un gwasanaeth integredig, dan arweiniad clinigol. Mae cyflwyno'r model newydd, gyda'i ffocws ar ddull "dim drws anghywir" i gleifion a mynediad cyfartal at wasanaethau yn seiliedig ar angen clinigol, waeth beth fo'r dull o gysylltu â'r gwasanaeth ambiwlans, yn seiliedig ar nifer o egwyddorion allweddol, sef:

- dan arweiniad clinigol - mwy o fewnbwn clinigol yn gynharach a thrwy gydol taith y claf, gyda chanlyniadau clinigol yn ysgogi newid
- yn gysylltiedig - cysylltiadau gwell rhwng systemau, prosesau a phobl i sicrhau bod cleifion yn cael y gofal cywir, ni waeth beth yw eu pwynt mynediad
- cynllunio gofal - cynlluniau gofal personol gyda goruchwyliaeth glinigol gref nes bod anghenion cleifion yn cael eu diwallu
- dewis - mwy o opsiynau ar gyfer asesiadau wyneb yn wyneb, gan ganiatáu triniaeth ddiogel gartref a llai o ymweliadau ag Adrannau Argyfwng
- cydweithio - partneriaethau cryfach gyda sefydliadau iechyd cenedlaethol a lleol i ddarparu'r llwybrau gofal cywir yn nes at y cartref.

Mae esblygiad y model yn ategu fframwaith perfformiad ambiwlansys newydd Llywodraeth Cymru ac mae'n canolbwyntio ar optimeiddio'r ffordd y darperir gofal gyda ffocws clinigol mwy craff, gyda'r manteision disgwyliedig fel yr amlinellir yn y ddelwedd isod.

Mae modelu hirdymor yn dangos, wrth i'r model gwreiddio a dangos ei fanteision, y dylai'r cydbwysedd adnoddau allu ailgalibro, fel bod mwy o adnoddau'n cael eu cyfeirio at y pwyntiau mynediad yn GIG 111 Cymru, 999 a gofal ambiwlans a dewisiadau eraill yn lle ymateb wyneb yn wyneb, gyda'r posibilrwydd y bydd llai o ofyniad am ambiwlansys argyfwng. Fodd bynnag, mae'n debygol y bydd yn cymryd cyfnod hir i'r amnewid adnoddau hwn gael ei wireddu'n llawn a bydd angen ei gydbwyso â gallu'r Ymddiriedolaeth i gynnal ymateb i ddigwyddiad mawr neu anafusion torfol.

Isod mae rhagor o wybodaeth am sut mae'r Ymddiriedolaeth yn canolbwyntio ar wella mynediad at wasanaethau clinigol, o ran prydlondeb, diogelwch ac effeithiolrwydd, trwy ei fodel ymateb clinigol wedi'i adnewyddu, yn ogystal â manylion mwy manwl ar berfformiad gwasanaethau unigol a'r profiad a'r canlyniadau a gyflawnwyd i gleifion.

Gwasanaethau Meddygol Brys 999

Un o'r prif effeithiau ar ddarparu gwasanaethau meddygol brys eleni fu cyflwyno fframwaith perfformiad ambiwlansys newydd, canlyniad adolygiad a gomisiynwyd gan Lywodraeth Cymru i briodoldeb y fframwaith blaenorol yn dilyn argymhelliad gan Bwyllgor Iechyd a Gofal Cymdeithasol y Senedd.

Mae gan y fframwaith newydd ffocws clinigol ac, er bod metrig sy'n seiliedig ar amser wedi'i gadw ar gyfer y galwadau mwyaf critigol lle mae cleifion mewn cyflwr sy'n peryglu bywyd, mae'r ffocws bellach yn gryf ar wella canlyniadau clinigol. Ochr yn ochr â hynny, ac fel yr amlinellwyd uchod, mae'r Ymddiriedolaeth hefyd wedi parhau i esblygu ei model ymateb clinigol, gan sicrhau bod adolygiad ac asesiad clinigol yn digwydd yn gynharach yn nhaith y claf a bod cleifion yn derbyn y gefnogaeth glinigol sydd fwyaf priodol i'w hanghenion.

Er y bydd effaith y fframwaith newydd a'r model clinigol wedi'i adnewyddu yn destun gwerthusiad academaidd llawn, mae'r dystiolaeth gynnar a nodir isod, ynghyd â mwy o fanylion am y ddau ddatblygiad, yn awgrymu eu bod yn cael rhywfaint o effaith gadarnhaol. Yn ogystal, mae cyflwyno'r fenter trosglwyddo ambiwlansys 45 gan Lywodraeth Cymru, sy'n ei gwneud yn ofynnol i fyrddau iechyd ryddhau ambiwlansys o Adrannau Argyfwng o fewn 45 munud i gyrraedd, wedi bod yn ddatblygiad i'w groesawu. Bu rhai gwelliannau sylweddol o ran prydlondeb trosglwyddo cleifion o'r ysbyty yn y rhan fwyaf o ardaloedd y byrddau iechyd, sydd wedi gwella argaeledd ambiwlansys i ymateb i gleifion sy'n aros yn y gymuned, er bod yr amser a gollir yn parhau i fod ddwywaith yr amser sydd wedi'i gynnwys yn ein rhestrau dyletswyddau sydd yn eu tro yn seiliedig ar drosglwyddiad disgwyliedig o 15 munud.

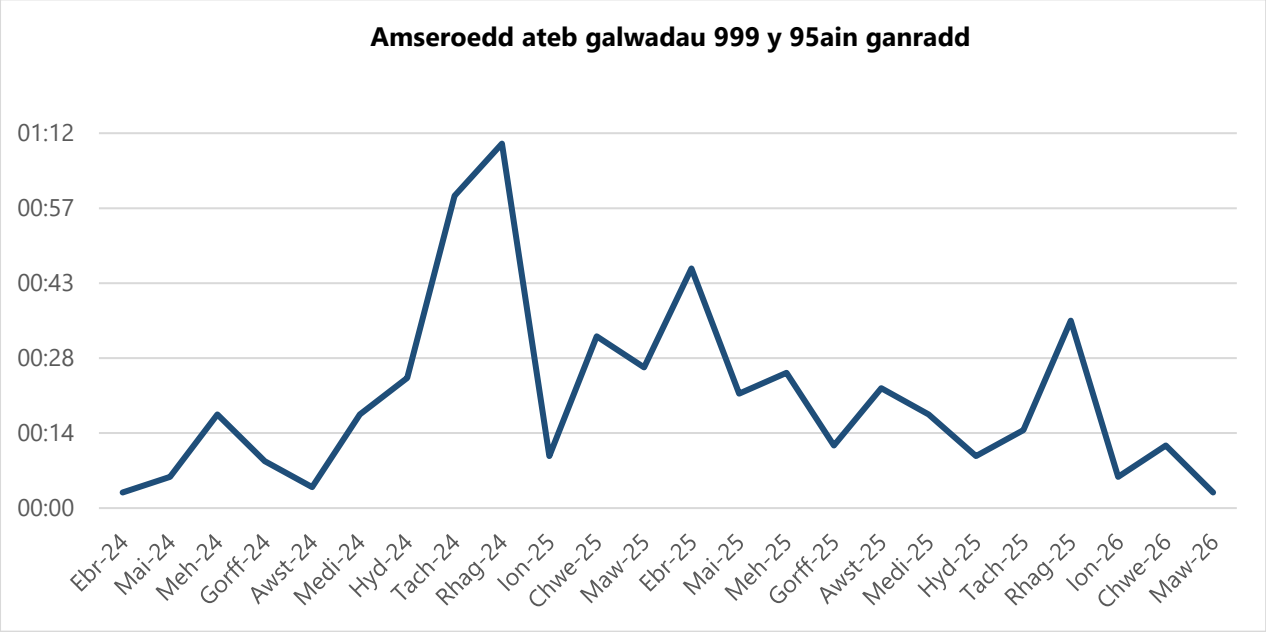
Y gallu gwell hwnnw i ymateb i gleifion sy'n aros sy'n gwella diogelwch clinigol a chanlyniadau i gleifion. Fodd bynnag, mae hefyd yn golygu nad oes gwelliant uniongyrchol o bosibl mewn perfformiad ar hyn o bryd, gan fod y gwasanaeth yn ymateb i angen nas diwallwyd o'r blaen. Dros amser, ac wrth i welliannau mewn amseroedd trosglwyddo cleifion mewn ysbytai ddod yn fwy cynaliadwy a chyson ar draws Cymru, dylai hyn arwain at welliant cyfatebol mewn perfformiad. Bydd hyn yn cael ei gefnogi gan integreiddio pellach a gwell mynediad at wasanaethau cymunedol a ddarperir gan fyrddau iechyd, a fydd yn lleihau ymhellach nifer y cleifion sy'n cael eu cludo i adrannau argyfwng. Wrth gwrs, bydd gwelliannau parhaus yng nghynhyrchiant ac effeithlonrwydd yr Ymddiriedolaeth hefyd yn cyfrannu at hyn.

Mae'r paragraffau isod yn rhoi rhagor o wybodaeth am berfformiad y Gwasanaethau Ambiwlans, a asesir drwy ystod o fetrigau amser ymateb, dangosyddion clinigol, a mesurau canlyniad, y mae rhai ohonynt wedi newid yn ystod y flwyddyn ariannol hon o ganlyniad i gyflwyno'r fframwaith perfformiad ambiwlansys newydd.

Galw ac ateb galwadau

Yn ystod y 12 mis diwethaf, derbyniodd yr Ymddiriedolaeth 549,000 o alwadau i 999, a oedd yn ymwneud â 420,000 o ddigwyddiadau. Gostyngodd y galw am ddigwyddiadau 3% o'i gymharu â'r flwyddyn flaenorol.

Mae perfformiad ateb galwadau yn parhau i fod yn gadarnhaol ac yn cymharu'n dda â gwasanaethau ambiwlans eraill y DU. Yn ystod y 12 mis diwethaf, yr amser canolrifol i ateb galwadau fu un eiliad, ac mae'r graff isod yn dangos bod peth gostyngiad wedi bod yn yr amseroedd aros hiraf (95ain ganradd), a oedd yn 36 eiliad ym mis Rhagfyr 2025. Cynhaliodd yr Ymddiriedolaeth ei hachrediad 'Canolfan Ragoriaeth' gan yr International Academy of Emergency Dispatch, gan gydnabod defnydd o safon o'r System Anfon â Blaenoriaeth Feddygol ar gyfer brysbennu galwadau 999.

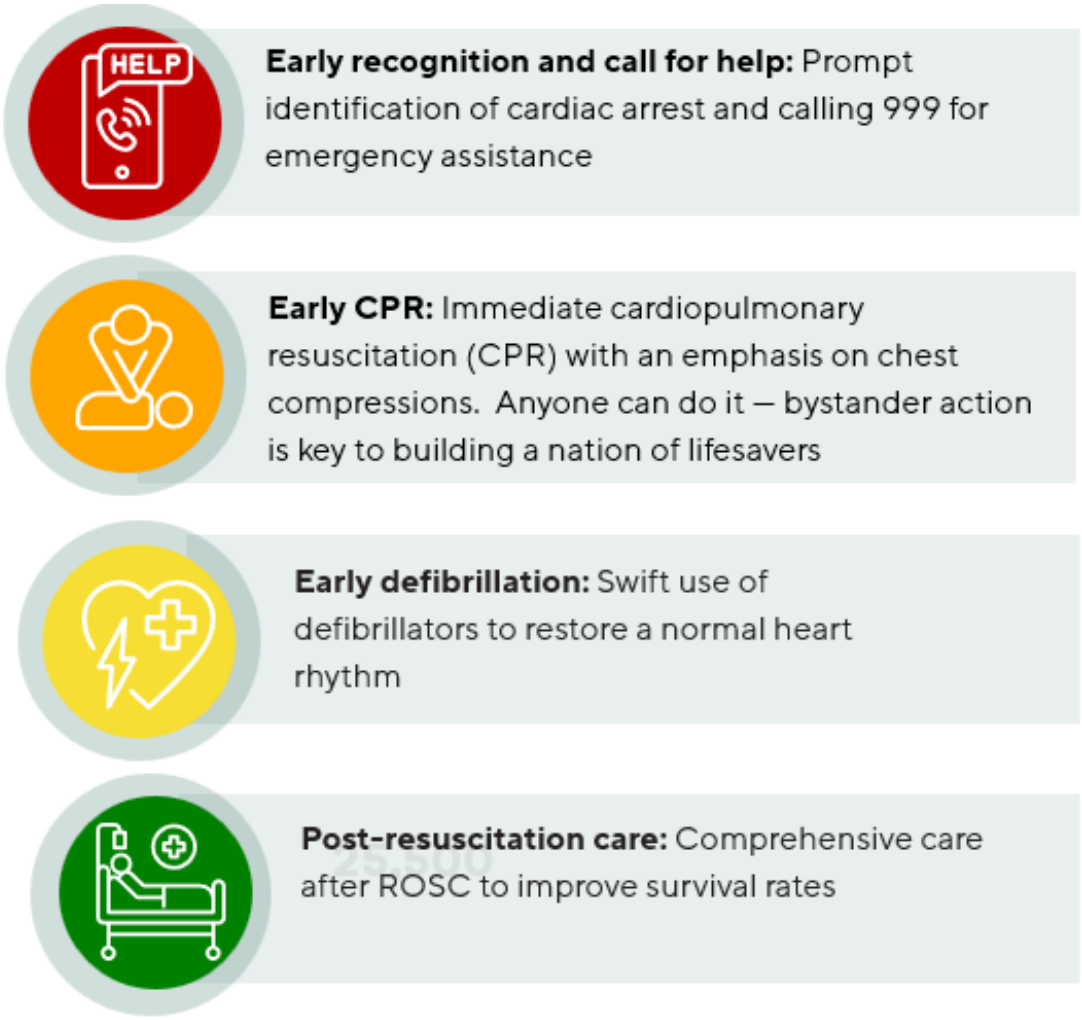


Perfformiad yng Nghategorïau Porffor – Ataliad a Choch – Argyfwng (Coch yn flaenorol)

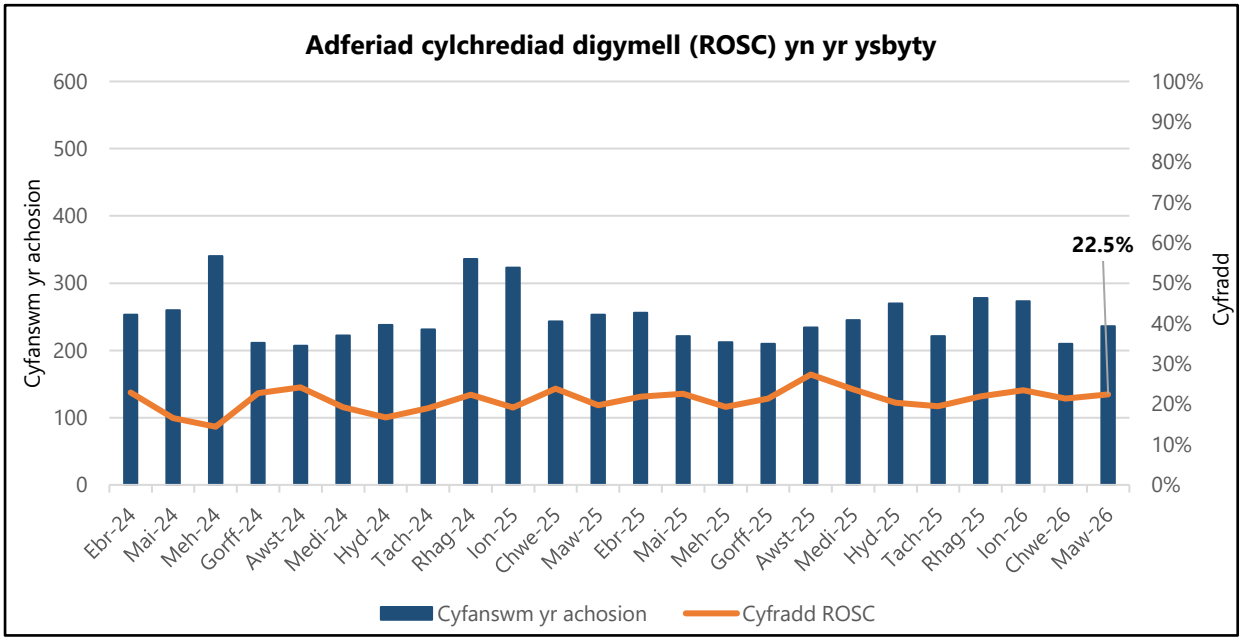
O fis Gorffennaf 2025 ymlaen, cyflwynwyd y categorïau Porffor – Ataliad a Choch – Argyfwng ar gyfer y rhai sydd mewn ataliad anadlol neu ataliad y galon, fel rhan o fframwaith perfformiad ambiwlansys newydd. I gleifion sydd wedi cael ataliad y galon neu ataliad anadlol, mae tystiolaeth glir yn cysylltu canlyniadau gwell a'r gadwyn oroesi – cyfres o gamau hanfodol sy'n gwella siawns o oroesi. Mae'r camau hyn wedi'u hamlinellu yn y diagram isod ac maent yn adlewyrchu'r dull gweithredu a gymerwyd gan yr Ymddiriedolaeth o ran ataliadau. Drwy ganolbwyntio ar hyn ar draws y system, y disgwyl yw y bydd mwy o fywydau'n cael eu hachub. Nawr bod yr Ymddiriedolaeth hefyd yn cynnwys Achub Bywyd Cymru, mae cyfle gwell i greu “cenedl o achubwyr bywydau” yng Nghymru trwy integreiddio

rhaglenni addysg gyhoeddus sy'n annog mwy o bobl i ddysgu adfywio cardiopwlmonaidd (CPR) a sut i ddefnyddio diffibriliwr mynediad cyhoeddus.

Y Gadwyn Oroesi



Ar gyfer cleifion Porffor – Ataliad, y prif fesur ar gyfer canlyniadau yw canran y bobl sy'n cael curiad calon wedi'i adfer ar ôl cyfnod o ataliad y galon a gedwir wedyn tan gyrraedd yr ysbyty (adferiad cylchrediad digymell (ROSC)). Mae mesurau eraill sy'n gysylltiedig â'r Gadwyn Oroesi yn cynnwys yr amser mae'n ei gymryd i ddechrau rhoi CPR a'r amser i ddefnyddio diffibriliwr yn y lleoliad/ochr y claf.



Mae cyfraddau ROSC yn uwch nag yr oeddent nifer o flynyddoedd yn ôl ond maent wedi sefydlogi yn ystod y ddwy flynedd ddiwethaf, gydag amrywiad i'w weld bob mis. Mae'n debyg y cyflawnir y gwelliant mwyaf arwyddocaol mewn perfformiad drwy gyflwyno cynllun ataliad y galon y tu allan i'r ysbyty ar gyfer y system gyfan, ac mae perfformiad ROSC dan graffu cyson i ddeall beth arall y gellir ei wneud i wella perfformiad, gan gydnabod y bydd gwelliannau o'r fath yn raddol ac yn amodol ar nifer o newidynnau. Gan fod amlder achosion o ataliad y galon y tu allan i'r ysbyty yn gymharol isel, mae amrywiad yn y perfformiad o fis i fis, felly mae'n hanfodol ystyried hyn fel tuedd gyffredinol dros y tymor hwy.

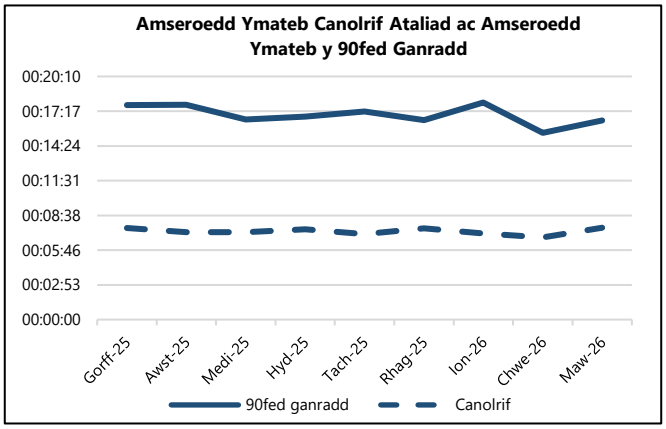
Ar gyfer cleifion yn y categori Coch – Argyfwng, oherwydd ehangder y cyflwyniadau o fewn y categori hwn, mae ystod o fesurau canlyniad clinigol a dangosyddion pellach wedi'u cytuno a'u cyhoeddi o fis Gorffennaf 2025, gan gynnwys sgoriau poen a gwelliant dirlawnder ocsigen o ganlyniad i driniaeth ac ymyrraeth glinigol ar y safle.

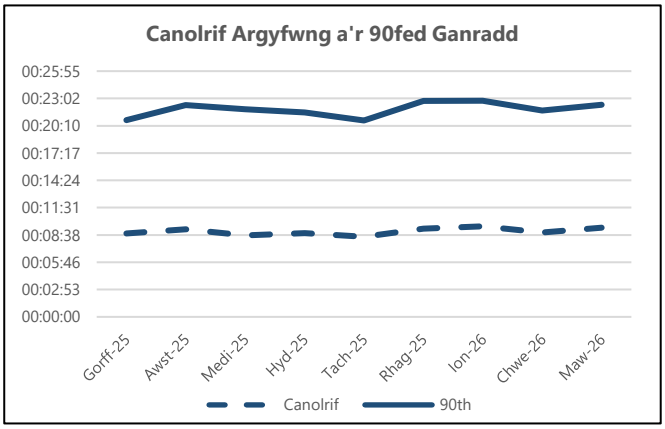
Mae'r categorïau Porffor – Ataliad a Choch – Argyfwng yn cael blaenoriaeth gyfartal, h.y. nid oes gwahaniaeth rhyngddynt o ran amser i anfon adnodd. Mae'r amseroedd ymateb sy'n cael eu monitro ar gyfer y ddau gategori yr un fath ac yn cynnwys ystod darged amser ymateb canolrifol ambiwlansys o chwech i wyth munud, a 90% yn derbyn ymateb ambiwlans o fewn 20 munud.

Mae'r Ymddiriedolaeth wedi ymateb yn brydlon i ddigwyddiadau Porffor – Ataliad, gydag amseroedd ymateb o fewn y paramedrau targed. Er bod categorïau Porffor – Ataliad a Choch – Argyfwng yn cael eu blaenoriaethu'n gyfartal, yn anffodus mae amseroedd ymateb ychydig y tu allan i'r paramedrau targed ar gyfer cleifion yn y categori Coch – Ataliad (canolrif o 9 munud 25 eiliad a 90ain ganradd o 22 munud 52 eiliad ym mis Mawrth 2026).

Mae dadansoddiad helaeth yn parhau, ond hyd yn hyn, nid yw'r timau wedi gallu nodi un achos dros y gwahaniaeth hwn. Mae'n ymddangos bod amser i ddyrannu ac amseroedd teithio i alwadau Coch – Argyfwng yn hirach, ac felly mae'n bosibl, wrth i'r niferoedd gynyddu, fod yr angen am adnoddau sydd ar gael a'u bod yn y lleoliad gorau posibl yn dod yn fwy hanfodol. Yna byddai gwelliannau i'w gweld unwaith yn unig unwaith y byddai cyfraddau defnyddio yn is, a fydd yn digwydd pan fydd oriau a gollwyd yn cael eu lleihau a'r galw am Ambiwlansys Argyfwng yn lleihau trwy'r rhaglen trawsnewid model clinigol.

Yn y naw mis o fis Gorffennaf 2025 i fis Mawrth 2026, roedd 874 o ddigwyddiadau Porffor – Ataliad y mis ar gyfartaledd, a oedd yn cyfateb i 2.5% o gyfanswm y digwyddiadau a 4,722 o ddigwyddiadau Coch – Argyfwng y mis, sy'n cyfateb i 13% o gyfaint y digwyddiadau.





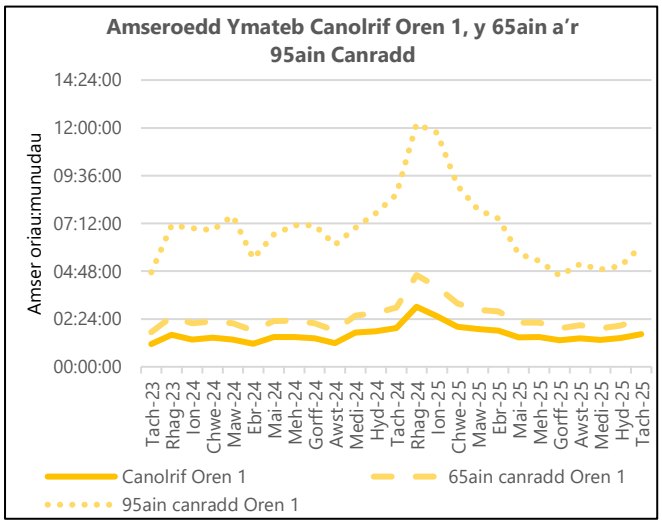
Perfformiad yn y categorïau Oren/Gwyrdd (bellach Oren/Melyn/Gwyrdd)

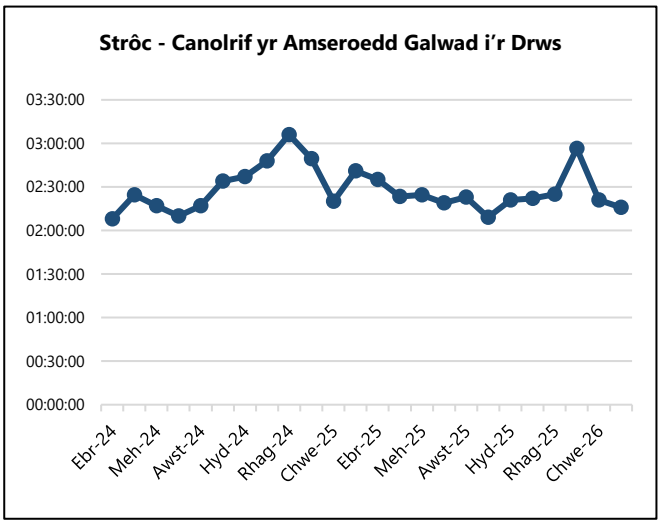
Cyn mis Rhagfyr 2025, roedd galwadau heblaw am Borffor – Ataliad neu Goch – Argyfwng yn cael blaenoriaeth fel Oren 1, Oren 2 a Gwyrdd. Ers mis Rhagfyr 2025 a chyflwyniad fframwaith perfformiad ambiwlansys newydd, mae'r categorïau ymateb wedi newid a bellach yn Oren (Nawr), Melyn (Yn fuan) a Gwyrdd (Wedi'i gynllunio). Ym model clinigol newydd yr Ymddiriedolaeth, mae clinigwyr o bell yn gweithio i nodi pa mor gyflym y mae angen asesiad wyneb yn wyneb ar rywun (amser), pa fath o glinigydd sydd ei angen (sgìl) a'r rheswm dros fynychu wyneb yn wyneb (pwrpas).

Mae mwyafrif o'r data ar gyfer y flwyddyn ariannol hon ar gyfer ymatebion i'r categorïau blaenorol. Y digwyddiadau hyn sy'n ffurfio'r rhan fwyaf o waith yr Ymddiriedolaeth, gyda 201,000 neu 49% o'r holl ddigwyddiadau yn y categori Oren 1 yn y 12 mis hyd at fis Tachwedd 2025.

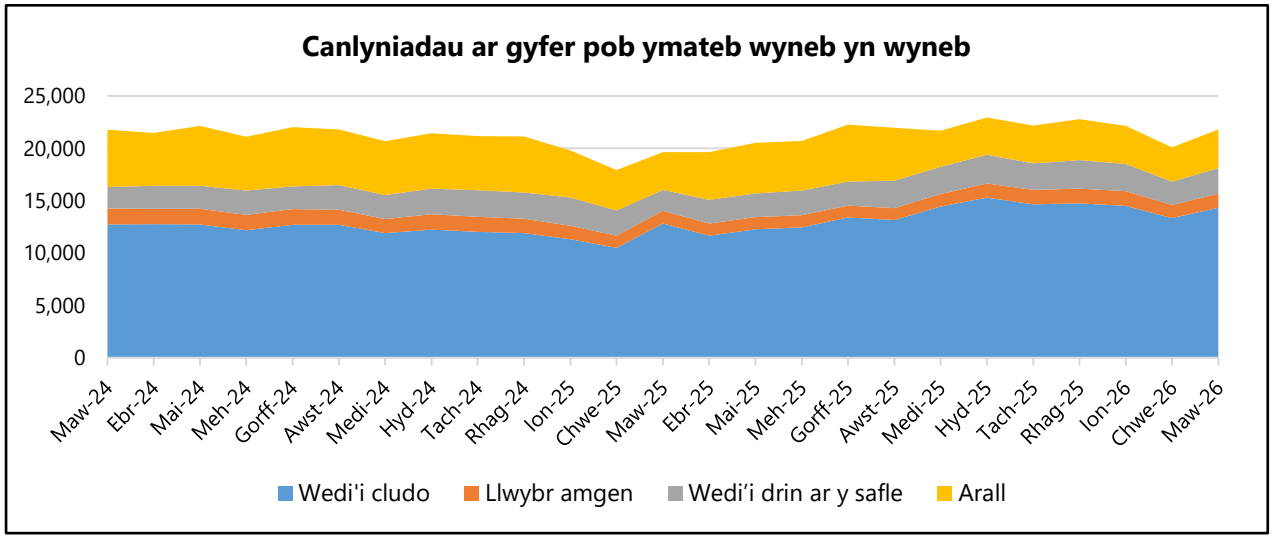
Nid oes targed amser ymateb cenedlaethol ar gyfer y categorïau hyn o alwadau, ond yn hanesyddol mae'r Ymddiriedolaeth wedi modelu ar gyrraedd galwadau Oren 1 o fewn 18 munud. Cydnabyddir bod yr amser a gymerir i ymateb ymhell y tu hwnt i hyn ac yn rhy hir, gyda'r graff isod yn dangos bod 5% o'r cleifion yn y categori Oren 1 wedi aros am fwy na phum awr. Mae cleifion yn y categorïau Oren 2 a Gwyrdd yn aros yn hirach, ac mae amseroedd ymateb yn ymestyn i bob claf yn ystod misoedd y gaeaf, ar adegau o alw cynyddol a phwysau ar y system.

Gall cleifion strôc fod yn unrhyw un o'r categorïau i ddechrau ond, fel un o'r dangosyddion clinigol allweddol, mae'r Ymddiriedolaeth yn mesur yr amser y mae'n ei gymryd o'r alwad gychwynnol i gludo i ddrws yr ysbyty, gan wybod mai dyma'r lle mae triniaeth bendant yn cael ei darparu a gwybod bod amser yn hanfodol. Unwaith eto, er nad oes targed, mae cyfartaledd o 2 awr 22 munud ym mis Tachwedd yn llawer hirach nag y byddai'r Ymddiriedolaeth ei eisiau. Mae cofrestr risg yr Ymddiriedolaeth yn adlewyrchu'r pryder hwn a lef el y niwed i gleifion y gall yr arosiadau hir hyn yn y gymuned ei achosi.





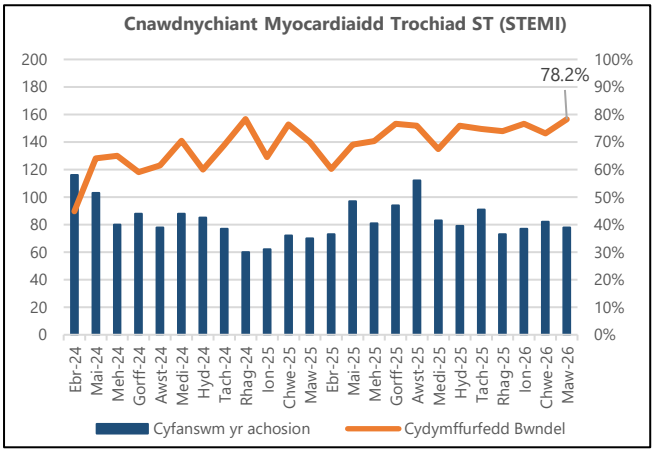
Unwaith y bydd adnodd wyneb yn wyneb wedi'i anfon, mae cyfran y cleifion sy'n cael eu trin ar y safle, eu hatgyfeirio at lwybr cymunedol amgen, neu eu cludo i'r ysbyty yn cael ei monitro. Yr hyn a welir ar hyn o bryd, fel yr amlinellir yn y graff isod, yw bod nifer y cleifion sy'n cael eu cludo yn cynyddu ychydig, ac mae hyn o ganlyniad i oedi llai wrth drosglwyddo cleifion i'r ysbyty, gan arwain at fwy o ymatebion ar y safle a llai o ganslo ambiwlansys. Dros amser, wrth i nifer y trosglwyddiadau i'r ysbyty barhau i leihau ac wrth i'r model clinigol barhau i esblygu, disgwylir y bydd y gyfran yn newid, gyda mwy yn cael eu trin yn y fan a'r lle neu'n cael eu hatgyfeirio at lwybrau amgen.

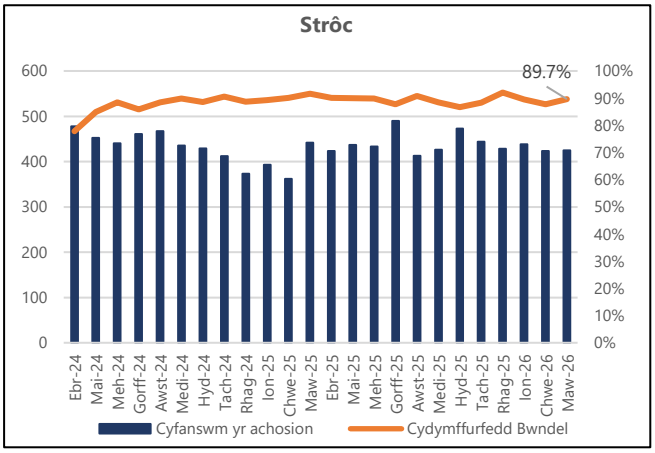


Mae yna ystod o ddangosyddion clinigol sy'n cael eu monitro i amlygu ansawdd y gofal a ddarperir yn y fan a'r lle Fel yr amlinellwyd uchod, cytunwyd ar rai mesurau newydd yn ddiweddar sy'n ymwneud â chleifion Coch – Argyfwng. Ar gyfer cleifion eraill, cofnodir cydymffurfiaeth yn erbyn bwndeli gofal y cytunwyd arnynt, gan sicrhau bod grwpiau penodol o gleifion yn derbyn y safon uchaf o ofal disgwyliedig. Mae'r graffiau isod yn dangos cydymffurfiaeth yn erbyn y bwndeli gofal Cnawdnychiant Myocardiaidd Trochiad ST (ADV) a strôc, sy'n parhau i fod islaw'r targed o 95%.

Mae'r amrywiant yn cael ei achosi'n bennaf gan glinigwyr yn dogfennu gwybodaeth allweddol mewn meysydd testun naratif yn hytrach nag mewn meysydd Cofnod Clinigol Claf electronig (ePCR) strwythuredig, sy'n golygu nad yw camau gweithredu y maent wedi'u cymryd yn cael eu cyfrif tuag at gydymffurfiaeth â Dangosyddion Clinigol. I fynd i'r afael â hyn, mae newidiadau i'r ePCR ar y gweill i'w gwneud hi'n haws i staff. Mae Tîm Dysgu a Datblygu'r Ymddiriedolaeth a'r Uwch Barafeddygon yn atgyfnerthu'r angen i ddefnyddio meysydd strwythuredig yn hytrach na dibynnu ar naratif. Bydd archwiliad clinigol yn parhau i

gael ei ddefnyddio fel offeryn ar gyfer adolygiad mwy manwl i gadarnhau bod dogfennaeth well yn adlewyrchu gofal gwirioneddol.



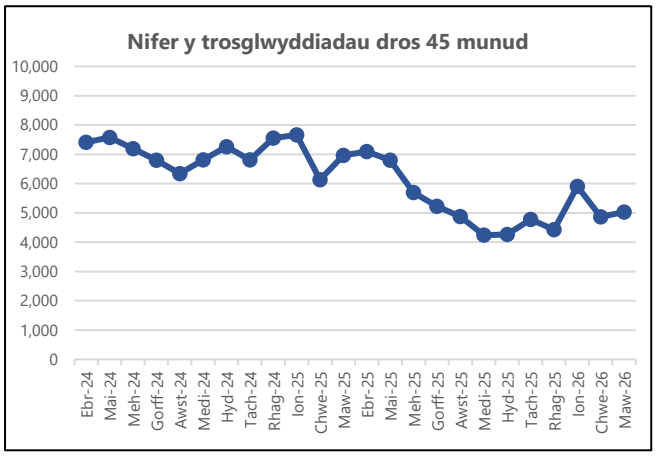


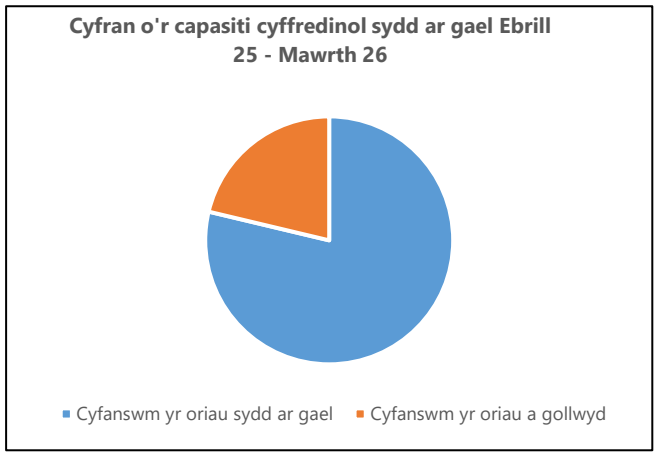
Mae'r Ymddiriedolaeth wedi cymryd llawer o gamau lliniaru, gan gynnwys esblygu'r model clinigol, i reoli'r galw, gwella effeithlonrwydd a lleihau nifer y cleifion sy'n cael eu cludo'n ddiangen i adrannau argyfwng. Fodd bynnag, un o'r ffactorau sydd wedi bod yn anodd ei liniaru yw'r oriau a gollwyd o ganlyniad i ambiwlansys yn aros i drosglwyddo eu cleifion mewn adrannau argyfwng.

Mae dau risg uchaf yr Ymddiriedolaeth yn ymwneud â'i hanallu i gyrraedd cleifion a'r niwed y mae hynny'n ei achosi (risg 223), yn ogystal ag oedi wrth gael mynediad at ofal pendant o ganlyniad i oedi wrth drosglwyddo cleifion i'r ysbyty (risg 224). Mae gwelliannau yn llif cleifion a gostyngiad yn amseroedd aros trosglwyddo cleifion i'r ysbyty wedi bod yn flaenoriaethau i Ysgrifennydd y Cabinet ac mae gwelliannau wedi'u gweld mewn nifer o feysydd, gan arwain at ostyngiad diweddar mewn risg 223 am y tro cyntaf ers blynyddoedd lawer.

Yn benodol, mae yna reidrwydd ar hyn o bryd i ddileu nifer yr ambiwlansys a'r cleifion sy'n aros mwy na 45 munud, gan nodi bod Canllawiau Trosglwyddo Cleifion Ambiwlans Llywodraeth Cymru, a gyhoeddwyd ym mis Ionawr 2026, yn cadarnhau y dylid cwblhau trosglwyddiadau o'r ysbytyo fewn 15 munud. Er bod y graff isod yn dangos y gwelliannau sy'n cael eu gwneud, serch hynny, arhosodd mwy na 5000 o gleifion am fwy na 45 munud mewn ambiwlans y tu allan i adran argyfwng ym mis Mawrth 2026.

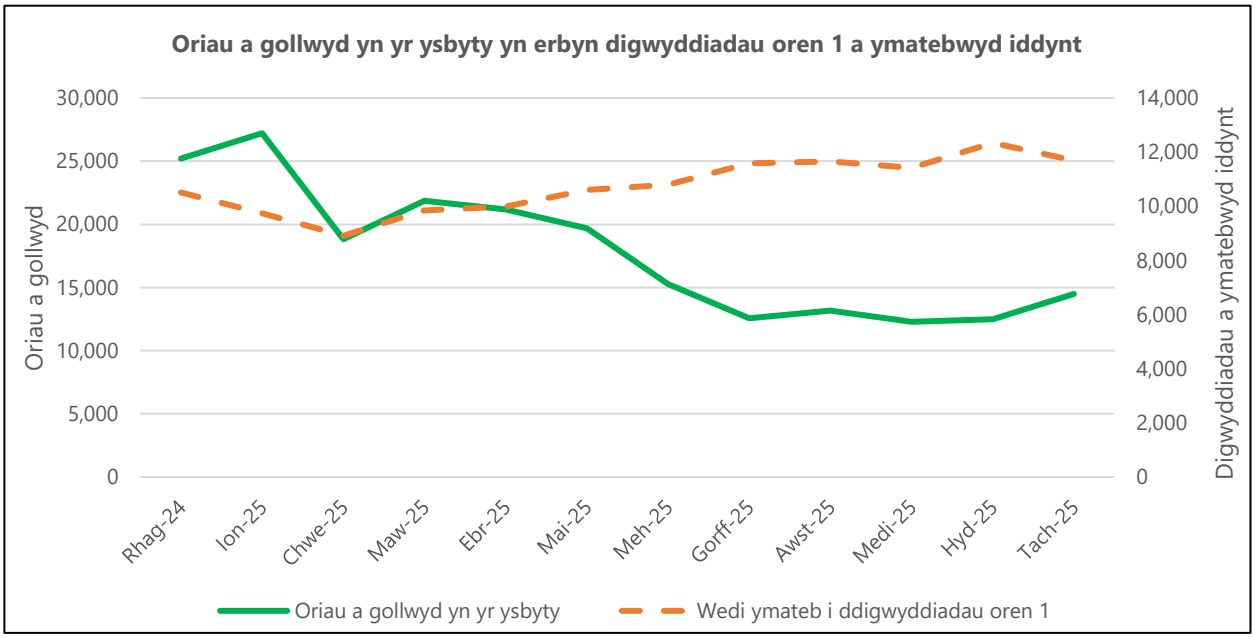
Nid yr effaith ar brofiad cleifion a gofal cleifion yw'r unig ganlyniad negyddol. Mae'r arosiadau hir hyn hefyd yn atal yr ambiwlansys rhag ymateb i gleifion eraill yn y gymuned. Dros 12 mis, treuliwyd bron i chwarter o holl oriau ambiwlansys argyfwng y tu allan i adran argyfwng.





Wedi dweud hynny, mae'r gwelliant cyffredinol o ran trosglwyddo i'r ysbyty i'w groesawu. Yr hyn sy'n bwysig nawr yw sicrhau bod gwelliant o'r fath yn gyffredinol ac yn gynaliadwy, a fydd yn gwella argaeledd ambiwlansys yn sylweddol. Fel y soniwyd yn flaenorol, mae'n bwysig nodi efallai na fydd hyn yn trosi ar unwaith i amseroedd ymateb ambiwlansys gwell, ond mae cynnydd eisoes yn y capasiti i weld mwy o gleifion fel y dangosir yn y graff isod, gyda'r gostyngiad cyfatebol yn nifer yr ambiwlansys sy'n cael eu canslo.

Drwy estyniad, mae hyn yn rhoi cyfle i fwy o gleifion gael eu trin yn y fan a'r lle, gan leihau llif y cleifion i adrannau argyfwng o bosibl, yn enwedig y rhai a allai fod wedi dewis canslo ambiwlans yn flaenorol ar ôl aros yn hir a mynychu ar eu pen eu hunain. Yn yr un modd, mae'n lleihau'r perygl o i glaf ddirywio i'r graddau y caiff eu canlyniad clinigol ei beryglu, os gellir sicrhau ymateb prydlon. Caiff y risgiau y cyfeirir atynt uchod eu hadolygu'n fisol a chaiff yr holl gamau lliniaru, y mae'r Ymddiriedolaeth yn eu rheoli a'r rhai sy'n cael eu gyrru yn y system, eu goruchwylio gan y bwrdd bob deufis mewn papur sicrwydd annibynnol.



Asesiad clinigol a gwneud penderfyniadau o bell

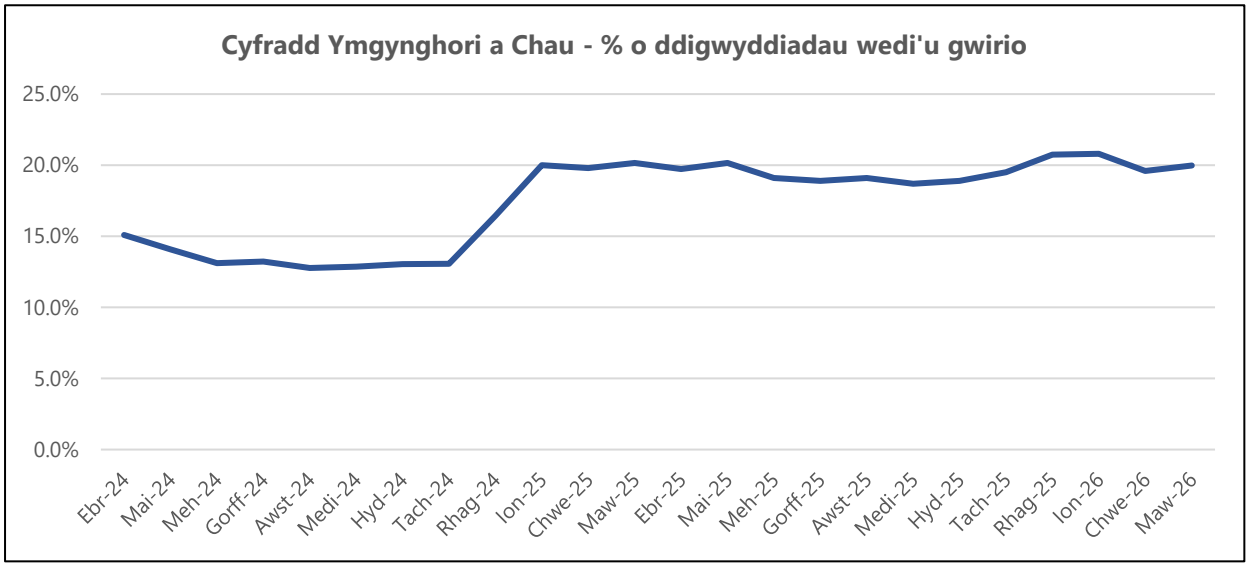
Er bod yr Ymddiriedolaeth wedi cyflogi a defnyddio clinigwyr o bell i ddarparu asesiad i rai grwpiau o alwyr 999 ers blynyddoedd lawer, mae'r Model Ymateb Clinigol wedi'i ddiweddaru wedi rhoi mwy o ffocws ar yr elfen hon o'r llwybr.

Mae cyfran o alwadau'n cael eu hanfon yn awtomatig heb ymyrraeth glinigol o bell, yn enwedig y rhai ar gyfer cleifion mewn cyflwr lle mae perygl uniongyrchol i fywyd, gyda nifer o alwadau aciwtedd is yn cael eu cyfeirio ar unwaith at y tîm asesu clinigol o bell.

Cyflwynwyd Llywiwyr Clinigol ym mis Rhagfyr 2024 ac mae'r clinigwyr uwch hyn bellach yn darparu sgrinio clinigol cyflym ar gyfer gweddill y galwadau (57% o'r holl alwadau 999 yn ystod y 12 mis rhwng mis Mawrth 2025 a mis Chwefror 2026), gan ddefnyddio eu gwybodaeth a'u harbenigedd clinigol i ffrydio cleifion i'r gwasanaeth Ymddiriedolaeth mwyaf priodol. Maent yn penderfynu'n gyflym a oes angen ambiwlans argyfwng ar unwaith neu a oes angen ymateb cymunedol arbenigol neu asesiad pellach o bell ar gleifion. Yn y 10 mis ers iddyn nhw fod yn gwbl weithredol, maen nhw wedi ffrydio 57% o alwadau ar gyfer asesiad clinigol pellach o bell.

Felly mae cyfanswm y galwadau a gyfeiriwyd ar gyfer asesiad clinigol o bell wedi cynyddu o ganlyniad i'r newid model hwn, ac mae hyn yn caniatáu casglu rhagor o wybodaeth gan y claf neu'r galwr ac i ymateb mwy priodol gael ei nodi i ddiwallu eu hanghenion unigryw.

Mae bron i 60% o'r holl alwadau 999 bellach yn cael eu darparu gydag asesiad clinigol o bell, i fyny o tua 30% flwyddyn yn ôl. O ganlyniad, mae mwy o alwadau nag erioed yn cael eu cau o bell, sy'n lleihau'r galw am ambiwlansys argyfwng, ac yn cyfeirio mwy o gleifion at lwybrau priodol y bwrdd iechyd, gyda chyfraddau ymgynghori a chau bellach yn uwch na 20% yn rheolaidd.



Gan gefnogi asesiad clinigol o bell, mae'r Ymddiriedolaeth wedi creu rôl wirfoddol newydd sef Ymatebwr Lles Cymunedol, a ariennir yn rhannol (hyfforddiant a chefnogaeth) gan arian grant dros dro a ddyfarnwyd gan NHS Charities Together. Mae'r ymatebwyr hyn yn cael eu hanfon i ddigwyddiadau yn unol â chyfarwyddyd clinigwyr WAST sy'n gweithio o bell. Gan weithredu o fewn eu cwmpas diffiniedig, mae Ymatebwyr Lles Cymunedol yn cynnal arsylwadau ac asesiadau clinigol hanfodol mewn swyddogaeth sy'n wynebu'r claf yn uniongyrchol. Yn ogystal, mae Ymatebwyr Lles Cymunedol wedi'u paratoi i nodi ac ymateb i sefyllfaoedd ataliad y galon pe bai cyflwr claf yn dirywio.

Rhwng 1 Mawrth 2024 a 30 Rhagfyr 2025, mae 265 o wirfoddolwyr Ymatebwr Lles Cymunedol wedi cael eu recriwtio a'u hyfforddi. Mae'r 265 o Ganolfannau Cyswllt Clinigol hyn wedi mynychu bron i 3,000 o gleifion; o'r cleifion hynny a fynychwyd, nid oedd angen cludo 55% (1610) ohonynt i'r ysbyty. Yn ogystal â'r data ar gludo cleifion, mae tystiolaeth anecdotaidd sy'n amlygu'r gofal ategol gwerthfawr a ddarperir gan Ymatebwyr Lles Cymunedol. Mae eu cefnogaeth yn ymestyn y tu hwnt i ddyletswyddau clinigol i gynnwys bwydo a newid babanod, cynorthwyo gyda mynd i'r toiled, paratoi bwyd a diodydd ar gyfer cleifion sy'n sâl, a chynnig cefnogaeth emosiynol a chysur i gleifion a'u hanwyliaid.

Mae'r Ddesg Cwympiadau yn wasanaeth sy'n cael ei dreialu ar hyn o bryd yn y tîm asesu clinigol o bell, ar ôl derbyn cyllid anghylchol gan Lywodraeth Cymru. Aeth yn fyw ar 12 Tachwedd 2025 ac mae'n integreiddio dyrannu ymatebwyr cwympiadau ac asesiadau clinigol o bell. Nod y fenter hon yw gwella profiad cleifion, gwella canlyniadau clinigol, lleihau cyfnodau hir yn gorwedd ar y llawr, a lliniaru'r effaith ar GIG Cymru o gludo cleifion i adrannau argyfwng yn ddiangen ac arosiadau estynedig yn yr ysbyty.

Mae Cydgysylltwyr Adnoddau yn sicrhau bod ymatebwyr cwympiadau a gwirfoddolwyr yn cael eu hanfon yn brydlon at gleifion, gan wneud y mwyaf o'u defnydd a'u heffaith. Mae'r clinigwyr yn cysylltu â'r claf neu ei gymdeithion i'w cynorthwyo oddi ar y llawr yn ddiogel, rhoi cyngor ar feddyginiaeth, ac asesu unrhyw anafiadau i lywio'r ymateb clinigol gorau posibl fel rhan o gynllun gofal. Unwaith y bydd ymatebwr cwympiadau gyda'r claf, mae'r clinigwr yn asesu anghenion clinigol y claf o bell trwy fideo neu ffôn, gan gydweithio â'n Huwch Ymarferwyr Parafeddygol sydd wedi'u gwreiddio yn un pwynt mynediad y bwrdd iechyd lleol i reoli gofal y claf mor agos i'w gartref â phosibl.

Ers mynd yn fyw ddiwedd mis Rhagfyr, hyd at ddiwedd mis Mawrth 2026, mae'r Ddesg Cwympiadau wedi rheoli dros 3,430 o ddigwyddiadau. Ar 3,380 o achlysuron, rhoddwyd cyngor i gleifion a oedd wedi cwympo – rhoddwyd cyngor i 2,528 o'r rhain o fewn dwy awr i'r alwad 999 gychwynnol. Sicrhaodd hyn fod cleifion yn cael cyngor wedi'i dargedu ar hydradiad, maeth a symudiad. Darparwyd cefnogaeth i 582 o gleifion fel y gallent gael eu codi o'r llawr, gyda mynediad at gyngor clinigol priodol o bell a ddarparwyd gan y ddesg.

Mae Cynllunio Gofal wedi'i gyflwyno fel elfen graidd o asesiad clinigol o bell gan ganolbwyntio ar sut y gall yr Ymddiriedolaeth gynnal gofal yn well wrth archwilio'r gwasanaeth cymunedol mwyaf effeithiol neu sydd ar gael i gefnogi cadw'r claf gartref. Mae'r Ddesg Cynllunio Gofal yn chwarae rhan bwysig yn y defnydd effeithiol o Ymatebwr Lles Cymunedol. Mae wedi bod yn rhan allweddol o brosiect Contractau ar gyfer Arloesi Cymru y mae'r Ymddiriedolaeth wedi'i ymgymryd ag ef gyda Luscii gan ddefnyddio datrysiad clinigol diogel i gynorthwyo cofnodi a monitro canlyniadau diagnostig, ac arweiniodd y dull o ddatblygu'r cynllun peilot Desg Cwympiadau a Desg Anadlol bwrpasol.
Mae clinigwyr Cynllunio Gofal yn gynghorwyr clinigol profiadol o bell sy'n ychwanegu gwerth gwirioneddol at brofiad y claf drwy asesu a lliniaru risg glinigol, gan gynnig hyder i gleifion a'u hanwyliaid eu bod yn cael eu cefnogi tra bod llwybrau amgen yn cael eu canfod a, gan wneud y mwyaf o'r cyfle i ymyriadau priodol prydlon gael eu defnyddio gan yr Ymddiriedolaeth neu ofal sy'n seiliedig ar y bwrdd iechyd.

Gwelliant clinigol parhaus

Mae'r Ymddiriedolaeth yn chwilio'n barhaus am ffyrdd o wella gofal, canlyniadau a phrofiad y claf, fel y disgrifir mewn man arall yn y ddogfen hon.

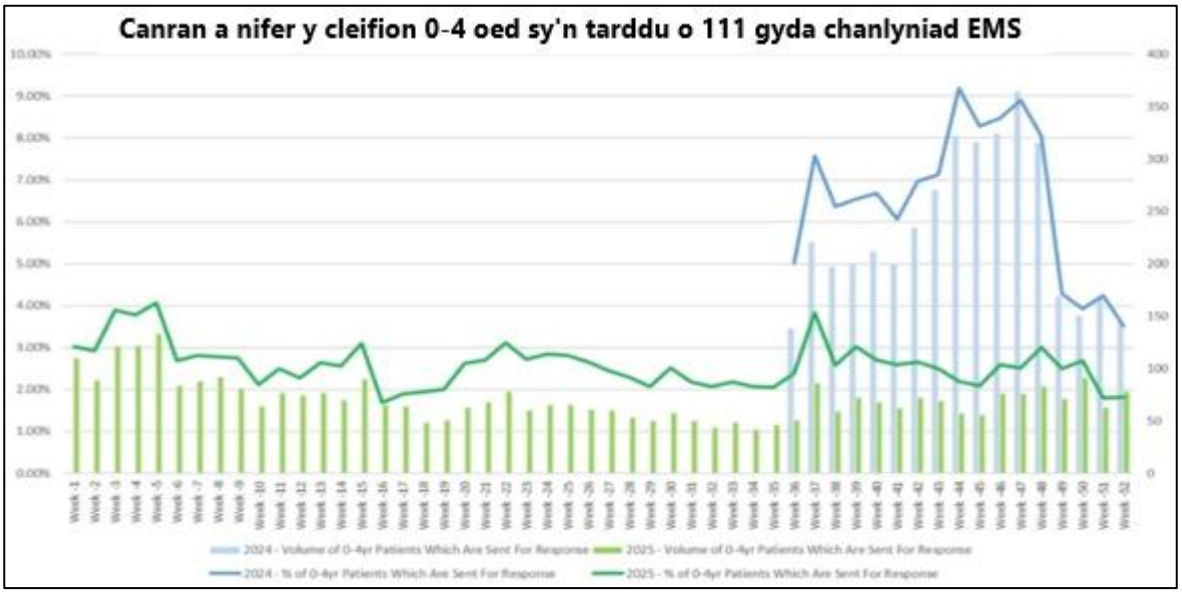
Mae'r Ymddiriedolaeth yn chwilio am ffyrdd o ddefnyddio ei staff yn well, gan newid y cymysgedd o sgiliau i ddiwallu anghenion cleifion unigol yn well a gwneud y staff sydd ar gael yn fwy effeithlon ac effeithiol:

- Er mwyn cefnogi'r cynnydd yn nifer yr asesiadau clinigol o bell sy'n ofynnol fel rhan o'r model clinigol esblygedig, mae nifer y clinigwyr cyffredinol o bell wedi cynyddu gan 12 o staff CALl (cyfwerth ag amser llawn) yn 2025/26. Mae hyn wedi cyfrannu at gyfraddau ymgynghori a chau uwch.
- Mae nifer yr Uwch Ymarferwyr Parafeddygol wedi codi gan 10 ychwanegol eleni. Mae'r clinigwyr lefel Meistr hyn yn gweithio mewn lleoliadau asesu o bell ac wyneb yn wyneb ar y safle. Mae Llyw-wyr Uwch Ymarferwyr Parafeddygol bellach wedi'u cydleoli â phob bwrdd iechyd fel rhan o'u un pwynt mynediad, sy'n caniatáu adolygiad ac ymateb gwirioneddol amlddisgyblaethol ac aml-sefydliadol i alwadau mwy cymhleth. Gyda 40% wedi cymhwyso fel presgripsiynwyr annibynnol, mae gallu Uwch Ymarferwyr Parafeddygol i drin a chau cyfnod gofal ar y safle wedi gwella'n sylweddol – cyfradd gweld a thrin o 32.6% yn y 12 mis diwethaf. Mae profion newid hefyd wedi'u cynnal i symud tuag at ddarparu amserlen o ymweliadau wedi'u cynllunio i Uwch Ymarferwyr Parafeddygol sy'n ymateb, a fydd yn cynyddu nifer y cleifion y gallant eu trin fesul sifft – aeth hyn yn fyw ym mis Chwefror 2026 a bydd yn arwain at gynnydd yn y cyfraddau gweld a thrin.
- Treialwyd model ymateb gwahanol ar gyfer cleifion iechyd meddwl, sy'n cynnwys clinigwyr iechyd meddwl mewn canolfannau rheoli, gyda chefnogaeth yn Ne-ddwyrain Cymru gan glinigwr iechyd meddwl mewn car. Mae'r model hwn bellach wedi'i werthuso ac wedi'i ddiddymu ar y sail na all yr Ymddiriedolaeth ddangos tystiolaeth o werth digonol, gydag adnoddau iechyd meddwl i'w canolbwyntio yn y lleoliad anghysbell lle mae tystiolaeth glir yn bodoli. Bydd hyn yn cael ei drafod gyda chydweithwyr yn Llywodraeth Cymru i ystyried goblygiadau posibl ar draws y system.
- Gan gydnabod amrywiaeth y cleifion sy'n defnyddio gwasanaethau ambiwlans ac 111 a'u hanghenion clinigol cysylltiedig, mae'r Ymddiriedolaeth hefyd wedi recriwtio rhai clinigwyr arbenigol i gefnogi clinigwyr sy'n gweithio o bell ac yn y maes i gynnig y gofal gorau posibl. Mae hyn yn golygu cynyddu cwmpas ymarfer cyffredinol ein parafeddygon a'n nyrsys er mwyn sicrhau eu bod yn fwy hyderus yn gweithio gyda chleifion i gael

mynediad at wasanaethau cymunedol a gofal sylfaenol lle bo'n briodol yn glinigol ac ar gael. Mae arbenigwr yn cynnwys bydwraig, arbenigwr anadlol, arbenigwr pediatrig ac arbenigwr camddefnyddio sylweddau.

Mae dadansoddiad o'r galw am wasanaethau 999 yn dangos bod y nifer uchaf o alwadau gan gleifion sydd wedi cwympo, sydd ag anawsterau anadlu neu sydd â phoen yn y frest. Mae ein timau clinigol yn parhau i weithio ar wella gwasanaethau i'r grwpiau hyn o gleifion, gan ganolbwyntio'n benodol ar sut y gellir osgoi cludo i'r ysbyty lle bo'n briodol:

- Mae dros 56,000 o ddigwyddiadau'r flwyddyn yn ymwneud â chwympiadau, sy'n cyfateb i tua 13% o'r holl alw. Mae'r Ymddiriedolaeth yn comisiynu Ambiwlans Sant Ioan Cymru i ddarparu cerbydau ymateb i gwympiadau Lefel 1 ledled Cymru ac yn darparu gwasanaeth Lefel 2 ar y cyd â Bwrdd Iechyd Prifysgol Aneurin Bevan – gyda'i gilydd mae'r adnoddau hyn yn ymateb i tua 10,000 o'r digwyddiadau hyn. Mae arweinwyr clinigol yn ymwneud yn helaeth â'r grŵp gwaith Cwympiadau a sefydlwyd gan y Rhaglen Chwe Nod ac fel yr amlinellwyd uchod, maent wedi sefydlu desg cwympiadau sy'n sicrhau gwell defnydd o'n hadnoddau ymateb yn ogystal â chaniatáu i fwy o gleifion godi o'r llawr yn ddiogel trwy gymorth o bell. Yn ogystal â gwelliannau a welwyd drwy'r ddesg cwympiadau, yn 2025, cyflawnwyd amser 'presenoldeb yn y lleoliad' cyffredinol i ddigwyddiadau cwympiadau (gan bob cerbyd) o fewn 2 awr ar gyfer 64% o ddigwyddiadau rhwng 07.00 a 19.00, gyda'r nod o gyflawni 70%. Mae trafodaethau gyda chydweithwyr a chomisiynwyr Llywodraeth Cymru wedi amlygu'r potensial ar gyfer cydweithio gyda mwy pwrpasol i wella canlyniadau i gleifion sy'n cwympo, a fydd yn ffocws i'r Ymddiriedolaeth dros y misoedd nesaf.
- Mae WAST yn cyflwyno rhaglen gydlynol i gryfhau llwybrau anadlol ledled Cymru, gyda ffocws ar adnabod yn gynnar, blaenoriaethu cleifion yn ddiogel, a gwell defnydd o ofal yn y gymuned.
- Yn 2025, datblygodd y gwasanaeth y sgôr Rhagfynegi Argyfwng Anadlol Pediatrig cyntaf i gefnogi asesiad mwy cywir o blant 0–4 oed sy'n cyflwyno â thrallod anadlol. Mae'r graff yn amlygu lefel y gostyngiad a welwyd rhwng y llinell las (yn dangos 2024) a'r llinell werdd (yn dangos 2025).



- Er mwyn lleihau nifer yr achosion sy'n cael eu huwchgyfeirio'n ddiangen i 999, mae GIG 111 Cymru wedi gweithredu ymyriadau wedi'u targedu gan gynnwys gwelliannau i'r System Blaenoriaethu a Ffrydio Clinigol (CPSS) (offeryn brysbennu clinigol, a ddefnyddir gan ein derbynwyr galwadau i ffrydio galwadau llai cymhleth i'r gwasanaeth cywir heb yr angen i ddefnyddio clinigwr), cryfhau dilysu clinigol cyn trosglwyddo, gwella hyfforddiant staff gan Arweinwyr Clinigol Arbenigol, a diweddaru prosesau trosglwyddo ysbytai rhwng 111 a 999.
- Mae'r Ymddiriedolaeth wedi cyflwyno offer hunanreoli, gan alluogi clinigwyr i ddod â chyfnodau gofal i ben yn ddiogel gyda chyngor hunanofal.
- O fis Chwefror 2026 ymlaen, mae desg anadlol bwrpasol yn cael ei threialu i gydlynu cleifion sy'n cyflwyno ag anawsterau anadlu a chefnogi ehangu a chyd-ddatblygu llwybrau anadlol penodol i'r bwrdd iechyd.
- Ym Mwrdd Iechyd Prifysgol Betsi Cadwaladr, bydd Uwch Ymarferwyr Parafeddygol hefyd yn dechrau treial o brofion pwynt gofal ar gyfer haint a amheuir, gan gefnogi mynediad cynyddol at lwybrau methiant y galon, wardiau rhithwir, a thriniaeth sy'n dechrau yn y gymuned

Mae cydweithio â phartneriaid system, ac yn benodol â byrddau iechyd, yn hanfodol i sicrhau'r canlyniadau gorau i gleifion, yn enwedig wrth i'r Ymddiriedolaeth geisio dod o hyd i lwybrau amgen ac osgoi cludo diangen i'r ysbyty. Mae'r Ymddiriedolaeth wedi gweithio'n agos iawn gyda'r Rhaglen Chwe Nod a byrddau iechyd – gan gael ein cynrychioli ar bob un o grwpiau'r rhaglen – Un Pwynt Mynediad, Gofal Brys yr un Diwrnod, Ymgynghoriad Clinigol cyn Cludo a gwasanaethau Cwympiadau. Mae'r Ymddiriedolaeth wedi cyd-arwain nifer o weithdai rhanbarthol gyda Bwrdd Iechyd Prifysgol Hywel Dda a Bwrdd Iechyd Prifysgol

Abertawe, gan ystyried yn benodol sut y gallai'r Ymddiriedolaeth gydweithio ar asesiadau clinigol o bell.

Edrych ymlaen

Wrth i'r Ymddiriedolaeth edrych tuag at ei chynllun ar gyfer 2026/27, mae nifer o flaenoriaethau allweddol a fydd yn sicrhau gwelliannau pellach. Mae'r Ymddiriedolaeth yn symud i flwyddyn olaf ei Rhaglen Trawsnewid Model Clinigol, gyda nifer o gamau gweithredu yn weddill, gan gynnwys integreiddio ei chlinigwyr o bell 111 a 999 yn llawn i un gwasanaeth gofal integredig o bell. Mae hyn yn cefnogi ethos 'dim drws anghywir' a rhannu adnoddau clinigol i wasanaethu pob claf yn well, waeth beth fo'r dull cysylltu a ddewisir.

Fodd bynnag, y ffocws yn bennaf yw sut mae'r model wedi'i wreiddio bellach a sicrhau bod manteision yn cael eu gwireddu'n llawn. Mae Prifysgol Edgehill a Phrifysgol Abertawe wedi cael comisiwn i gynnal adolygiad allanol a fydd yn cael ei gwblhau dros gyfnod o 2 i 3 blynedd. Yn gynharach, bydd gwerthusiadau dros dro yn cael eu cwblhau ar feysydd penodol o'r model, gan gynnwys dau ar y fframwaith perfformiad ambiwlansys newydd i'w cwblhau yn ystod y 12 mis nesaf, gan gydnabod ei fod wedi'i gyflwyno'n wreiddiol fel cynllun peilot.

Bydd ffocws cryf hefyd ar wella cynhyrchiant, effeithlonrwydd a gwerth. Fel enghraifft, mae gwaith ar y gweill i ailgydbwyso'r cymysgedd sgiliau ar Ambiwlansys Argyfwng a fydd, yn ogystal â lleihau / rheoli cost dros amser, hefyd yn gwneud y defnydd mwyaf posibl o sgiliau Ymarferwyr Ambiwlans Argyfwng band 5 newydd yr Ymddiriedolaeth.

Gyda mwy o bwyslais ar ganlyniadau i gleifion, mae'n bwysig bod gwaith cydweithredol gydag Iechyd a Gofal Digidol Cymru (IGDC) a sefydliadau eraill ar ddylunio mecanweithiau rhannu data cenedlaethol a fframweithiau cyfreithiol i alluogi cysylltu data traws-sefydliadol mwy cadarn. Bydd gwybodaeth gysylltiedig o'r fath yn cefnogi'r Ymddiriedolaeth i ddeall canlyniadau'r newidiadau y mae'n eu gwneud yn llawn, yn ogystal â deall ble mae cyfleoedd pellach i ychwanegu gwerth ar draws y system iechyd a gofal ehangach, a dyna pam mae'r gwaith hwn yn hanfodol i WAST a GIG Cymru yn ehangach.

Mae rhai cyfleoedd sylweddol yn dod i'r amlwg i'r Ymddiriedolaeth barhau i wneud y cyfraniad hwnnw ar draws y system drwy greu mwy o gyfleoedd ar gyfer deialog strategol a chydweithio â phartneriaid a thrwy gymryd rhan mewn mentrau Llywodraeth Cymru fel y

rhaglen Gymunedol o'r Cychwyn, sy'n rhoi cyfle i'r Ymddiriedolaeth gyfrannu at ddatrysiadau ehangach, sy'n seiliedig ar y system, i wella canlyniad a phrofiad cleifion.

GIG 111 Cymru

I lawer o gleifion, eu pwynt cyswllt cyntaf gyda gofal brys neu ofal mewn argyfwng yw'r gwasanaeth 111, gyda 5.3 miliwn o ymweliadau â'r wefan a mwy nag un filiwn o alwadau ffôn yn ystod y 12 mis diwethaf.

Cynnig digidol GIG 111 Cymru

Er ei bod yn cydnabod bod angen llawer o waith a buddsoddiad i ddod â'r wefan i safon "orau yn ei dosbarth", mae'r Ymddiriedolaeth wedi ymrwymo i wneud gwelliannau cynyddrannol i gynnig digidol GIG 111 Cymru, gan ddibynnu ar benderfyniad ar lefelau buddsoddiad yn y dyfodol.

Mae trafodaethau'n parhau gyda Llywodraeth Cymru a chomisiynwyr ynghylch y mecanweithiau i ddatblygu'r pen blaen digidol yn wasanaeth cynaliadwy sy'n cyd-fynd â'r uchelgeisiau digidol a nodwyd gan Ysgrifennydd y Cabinet ac sydd â'r potensial i greu mwy o werth yn y system gofal brys a gofal mewn argyfwng. Mae arian achlysurol a ddarperir bob blwyddyn gan Lywodraeth Cymru wedi cael ei groesawu.

Gyda risg gorfforaethol wedi'i nodi mewn perthynas â chynnal a chadw digonol y gwirwyr symptomau digidol, mae'r Ymddiriedolaeth wedi defnyddio ei chyfalaf dewisol i gychwyn rhaglen waith i nodi a gweithredu offeryn Gwirio Symptomau Ar-lein cydymffurfiol ac effeithiol. Mae'r gwaith yn mynd rhagddo'n dda, gyda'r gwirwyr symptomau newydd wedi'u diweddaru i fod i fynd yn fyw ym mis Mehefin 2026. Bydd hyn yn cael ei integreiddio â'r system feddalwedd datrysiadau Gymreig dan arweiniad clinigol a ddefnyddir ar gyfer galwyr i 111 (CPSS) a fydd yn caniatáu blaenoriaethu a ffrydio cleifion i ganlyniadau priodol, gan leihau o bosibl nifer y rhyngweithiadau digidol lle mae cleifion yn cael eu cyfeirio i ffonio 111.

Ar y cyd â Robotics AI, mae'r Ymddiriedolaeth wedi datblygu bot sgwrsio, sef cynorthwyydd rhithwir ar wefan GIG 111 Cymru, sy'n darparu ymatebion uniongyrchol i ymholiadau defnyddwyr ac yn symleiddio mynediad at wybodaeth. Ar gael mewn sawl iaith, gan gynnwys y Gymraeg, mae'r cynorthwyydd rhithwir "AlBot" yn cynnig profiad mwy rhyngweithiol sy'n canolbwyntio ar y defnyddiwr. Ers ei lansio, mae AlBot wedi cefnogi miloedd o ryngweithiadau defnyddwyr (dros 45,000 yn yr wyth mis hyd at fis Mawrth 2026),

gan ddangos bod y defnyddwyr wedi manteisio ar y gwasanaeth ac wedi ymgysylltu'n dda, gyda monitro perfformiad parhaus ac adborth gan ddefnyddwyr yn cael ei ddefnyddio i fireinio cynnwys, llifau sgwrsio a llwybrau uwchgyfeirio'n barhaus. Mae'r datrysiad hefyd wedi derbyn cydnabyddiaeth allanol, ar ôl cyrraedd rhestr fer yn ddiweddar ar gyfer gwobr rhagoriaeth genedlaethol mewn gofal iechyd digidol, gan adlewyrchu ei effaith a'i berthnasedd ehangach ar draws gofal brys a gofal mewn argyfwng.

Mae gwaith ar y gweill i ddeall potensial pellach deallusrwydd artiffisial asiantaidd o fewn cyfyngiadau gwefan bresennol GIG 111 Cymru. Yn ogystal, mae cefnogaeth gan Lywodraeth Cymru wedi galluogi'r Ymddiriedolaeth i barhau a'i gwaith o integreiddio WhatsApp, efelychu swyddogaethau gwe GIG 111 Cymru trwy ryngweithiadau asiant sgwrsio rhithwir, ehangu'r cwmpas iaith, ac archwilio ailgynllunio a gwella llwybrau ail-archebu presgripsiynau.

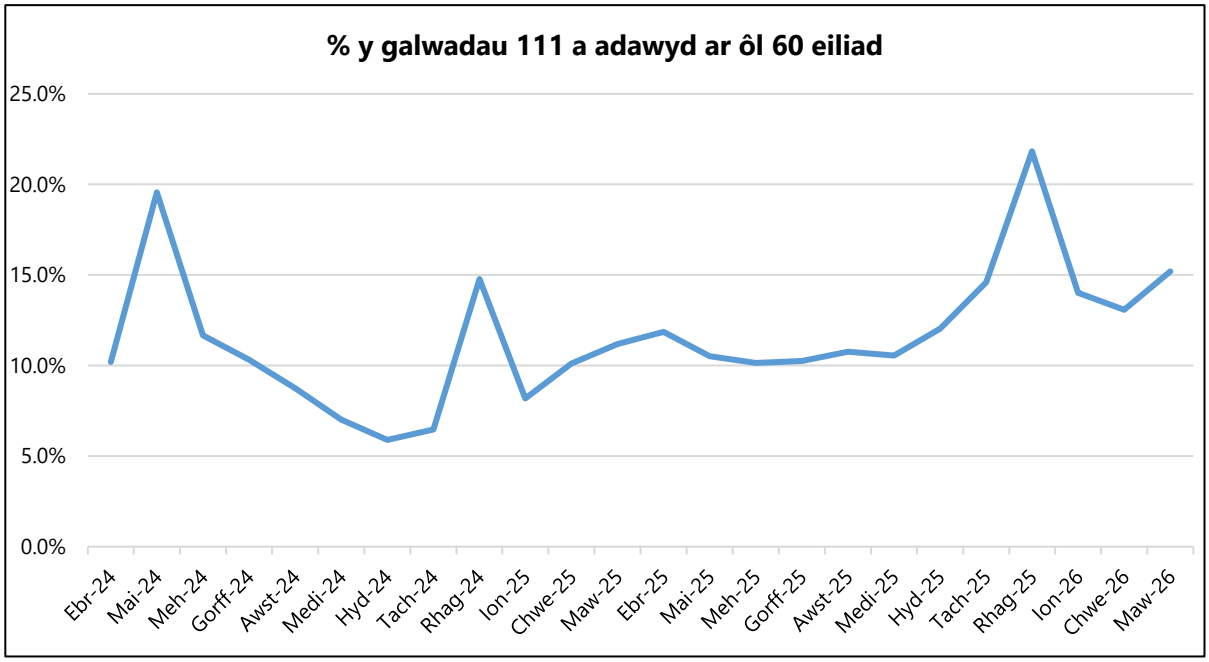
Ochr yn ochr â'r ddarpariaeth hon, mae adborth cleifion yn cael ei gasglu a'i ddadansoddi'n weithredol, gyda mwy na 1,000 o ddarnau unigol o adborth wedi'u derbyn hyd yn hyn. Mae'r adborth hwn wedi bod yn gymysg, gyda chyfran sylweddol yn tynnu sylw at brofiad cadarnhaol y defnyddiwr, cyflymder mynediad ac eglurder gwybodaeth, ochr yn ochr ag adborth adeiladol yn ceisio ymarferoldeb ychwanegol, dyfnder clinigol gwell ac uwchgyfeirio llyfnach. Mae llawer o'r gwelliannau gofynnol hyn yn dibynnu ar integreiddio â gwiriwr symptomau modern a fyddai'n datgloi rhyngweithiadau mwy personol a chyfoethog yn glinigol, a bydd hyn yn cael ei alluogi unwaith y bydd y gwirwyr symptomau ar waith o fis Mehefin 2026.

Gwasanaeth teleffoni GIG 111 Cymru

Mae'r Ymddiriedolaeth yn mesur ansawdd y gwasanaeth y mae'n ei ddarparu drwy amseroedd ateb galwadau, gadael galwadau ac amseroedd ffonio'n ôl clinigol. Yn hanesyddol, y targed enwol fu cadw cyfraddau gadael yn is na 5%. Fel y gwelir yn y siart isod, anaml y mae hyn wedi cael ei gyflawni. Mae adolygiad llawn o'r galw a'r capasiti a gynhaliwyd gan yr ymgynghorwyr arbenigol Opta-Shift y llynedd wedi cadarnhau nad oes gan yr Ymddiriedolaeth ddigon o drinwyr galwadau i gyflawni'r lefel hon o berfformiad.

Mae'r niferoedd a gomisiynwyd cyfredol (190 CALl) yn caniatáu perfformiad rhwng 10 - 15%, neu fel arall, byddai angen 22 o drinwyr galwadau CALl ychwanegol. Fodd bynnag, byddai hyn yn dal yn annigonol i ymdopi â'r oriau brig o awr i awr, yn ddyddiol ac yn wythnosol a brofir yn y gwasanaeth hwn, yn enwedig yn ystod gwyliau banc. Heb unrhyw fuddsoddiad

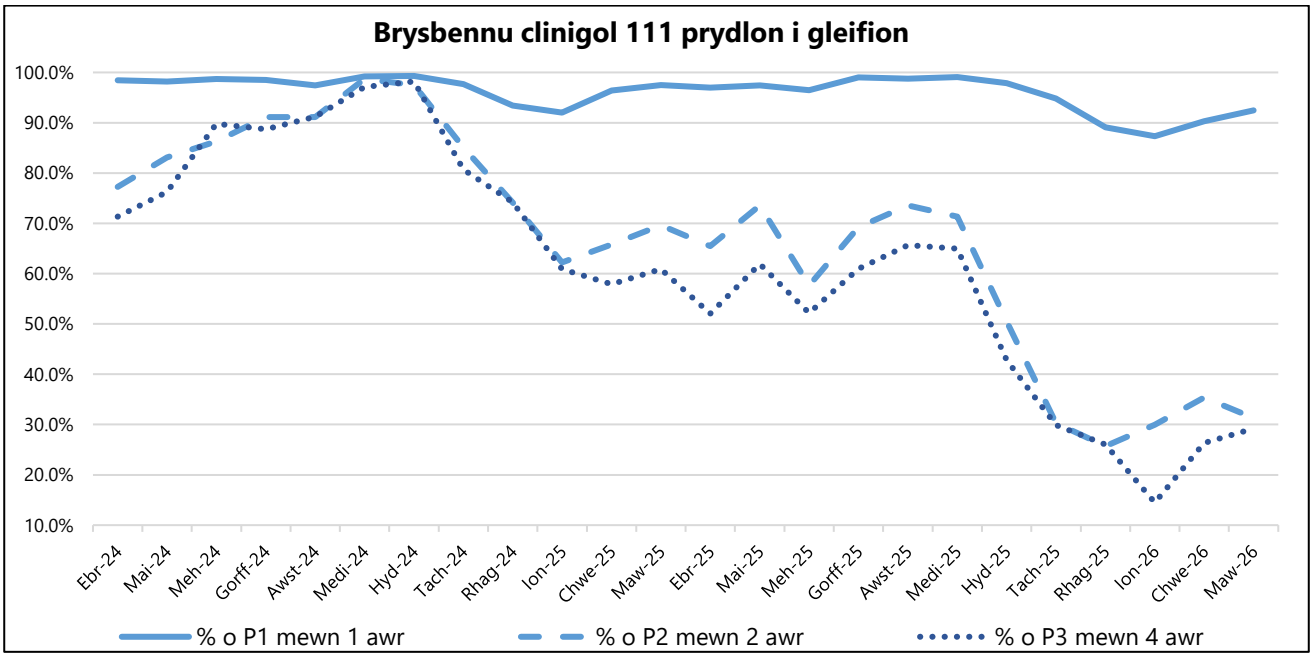
yn 2026/27, mae'n annhebygol y bydd hyn yn cael ei ddatrys heblaw archwilio ffyrdd pellach o reoli'r galw mewn ffyrdd eraill, gan gynnwys defnyddio pen blaen digidol.



Mae'r Ymddiriedolaeth yn edrych yn weithredol ar yr hyn y gellir ei wneud o ran prosesau a chynhyrchiant o fewn y cwmpas costau comisiynu presennol i wella perfformiad ac ar hyn o bryd mae'n cynnal ymarfer ail-drefnu rhestrau dyletswyddau llawn o fewn y gwasanaeth 111, a fydd yn gweld patrymau sifft sy'n cyd fynd yn well â'r galw disgwyliedig ac yn darparu profiad gwaith gwell i'n pobl, gan leihau lefelau absenoldeb. Bydd hyn wedi'i gwblhau erbyn dechrau 2026/27. Mae trafodaethau'n parhau gyda chomisiynwyr ynghylch mesur perfformiad priodol yn y dyfodol.

Bydd llwybrau eraill ar gyfer gwella hefyd yn parhau i gael eu harchwilio, gan gynnwys sut y gallai datblygu'r systemau blaen digidol leihau'r galw am deleffoni.
Mae'r Ymddiriedolaeth wedi darparu galwad glinigol yn ôl o fewn awr yn gyson i fwy na 90% o'r cleifion â'r flaenoriaeth uchaf. Fodd bynnag, mae perfformiad ar gyfer galwadau blaenoriaeth is wedi dirywio yn ystod y misoedd diwethaf, gyda rhai cleifion yn aros oriau lawer am alwad yn ôl fel y nodir yn y graff isod. Mae gwaith ar y gweill i ddeall yn well y ffactorau sy'n dylanwadu ar berfformiad. Mae nifer y galwadau â'r flaenoriaeth uchaf wedi cynyddu ac mae newidiadau mewn proses a chynhyrchiant yn cael eu hystyried i wella'r profiad a'r canlyniad i gleifion ag anghenion aciwtedd is.

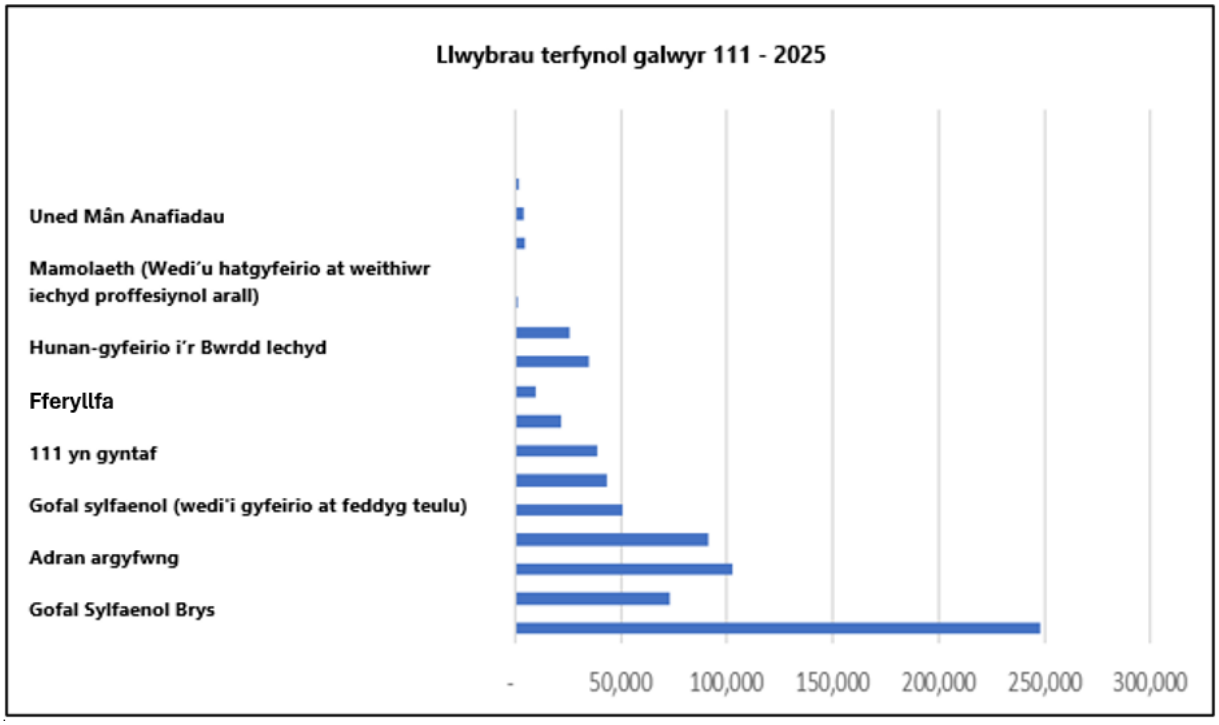
Mae clinigwyr yn cynnal mwy o adolygiadau clinigol nag erioed ac mae cynhyrchiant da o'r safbwynt hwnnw. Mae hyn hefyd yn pwysleisio'r angen i archwilio ac optimeiddio datrysiadau digidol, a allai ddarparu dewis arall effeithiol a diogel yn glinigol i alwyr aciwtedd isel.



Yn unol â model gwasanaethau clinigol esblygol yr Ymddiriedolaeth, o ddechrau gwanwyn 2026, bydd yr holl glinigwyr o bell, gan gynnwys y rhai sy'n delio â galwadau 111 a'r rhai sy'n delio â galwadau 999, yn ffurfio Gwasanaeth Gofal Integredig o Bell(RICS) newydd. Bydd clinigwyr sy'n gweithio yn y gwasanaeth hwn yn defnyddio un system fydd yn eu galluogi i gefnogi cleifion yn ôl eu cyflwyniad clinigol a'u hanghenion. Bydd hyn yn sicrhau bod y cleifion mwyaf sâl yn cael eu hystyried yn gyson ar draws y ddau fath o alwad ac, yn bwysicach fyth, y bydd yr Ymddiriedolaeth mewn gwell sefyllfa i gefnogi cleifion ag aciwtedd is i gael mynediad at ofal cymunedol a gwasanaethau gofal amgen yn briodol.

Mae'r Ymddiriedolaeth hefyd wedi datblygu gallu a chapasiti i sicrhau bod cynnydd yng nghwmpas yr ymarfer a gymhwysir gan glinigwyr o bell i gefnogi cleifion yn well ac, o ganlyniad i hyn, cefnogi system ehangach GIG Cymru i reoli'r galw yn fwy effeithiol. Mae hyn yn cynnwys mabwysiadu galwadau fideo ac Ymatebwyr Lles Cymunedol a nodwyd yn flaenorol i gefnogi ymgynghori clinigol a diagnosis.

Er bod prydlondeb yn ffactor allweddol mewn perthynas â phrofiad ac ansawdd cleifion, efallai mai'r peth pwysicach yw'r graddau y mae'r gwasanaeth 111 yn gallu darparu porth yn effeithiol ac yn effeithlon i'r gofal cywir i bob galwr unigol. Fel y mae'r ddelwedd isod yn ei ddangos, mae llawer o alwyr yn cael eu cyfeirio at wasanaethau gofal sylfaenol brys (Y Tu Allan i Oriau) neu at eu hymarferwyr gofal sylfaenol eu hunain. Mae hyn i'w ddisgwyl, gan fod y gwasanaeth wedi'i gyflwyno'n benodol fel llwybr i wasanaethau y tu allan i oriau. Ar hyn o bryd mae tua 15% yn cael eu cyfeirio i fynychu Adran Argyfwng ac, er bod y gyfran hon yn cyfateb yn dda i wasanaethau 111 eraill y DU, mae'r Ymddiriedolaeth yn gweithio gyda byrddau iechyd i ddod o hyd i ffyrdd o leihau hyn ymhellach a dod o hyd i lwybrau mwy priodol i gadw cleifion gartref neu'n nes at adref. Mae hyn yn cysylltu'n ôl â'r uchelgais i gynyddu cwmpas ymarfer clinigwyr o bell a'u defnydd o offer digidol i gadarnhau cynlluniau hunanofal cleifion a allai drefnu mynediad dilynol wedi'i gynllunio i wasanaethau gofal sylfaenol neu ei gwneud yn ofynnol i unigolion hunangyfeirio at wasanaethau cymunedol, fel fferyllfa gymunedol.



Mae tri bwrdd iechyd (Bwrdd Iechyd Prifysgol Bae Abertawe, Bwrdd Iechyd Prifysgol Aneurin Bevan a BIP Caerdydd a'r Fro) yn gweithredu protocol 111 yn Gyntaf, lle mae categorïau cytunedig o gleifion a fyddai fel arall yn cael eu cyfeirio at yr adran argyfwng yn cael eu trosglwyddo i'w timau asesu clinigol o bell i'w hadolygu ymhellach - ym mis Rhagfyr cyfeiriwyd 3,370 o gleifion at y timau o bell hyn o'r byrddau iechyd. Mae samplu ar hap wedi

dangos bod mwy na thri chwarter o'r cleifion hyn yn cael eu rheoli'n llwyddiannus y tu allan i'r adran argyfwng yn y tri bwrdd iechyd lle mae hyn yn weithredol.

Ym mis Ionawr 2026, ehangodd yr Ymddiriedolaeth y meini prawf ar gyfer 111 yn Gyntaf ym Mwrdd Iechyd Prifysgol Caerdydd a'r Fro yn dilyn treialon llwyddiannus. Dangosodd y treialon hynny y gallai nifer y cleifion a anfonir i adrannau argyfwng leihau gan 40-50%. Mae'r dull hwn yn cael ei drafod gyda Byrddau Iechyd Aneurin Bevan a Bae Abertawe.

Edrych ymlaen

Fel darparwr GIG 111 Cymru, mae'r Ymddiriedolaeth yn cydnabod y cyfleoedd sydd gan y gwasanaeth i wella canlyniadau a phrofiad cleifion, yn ogystal â llyfnhau llif cleifion o amgylch y system, fel bod y rhai sydd angen gofal yn ei dderbyn ar yr amser iawn ac yn y lle iawn. Bydd Cynllun Tymor Canolig Integredig yr Ymddiriedolaeth yn cynnwys nifer o flaenoriaethau gan gynnwys y rhai a nodir isod:

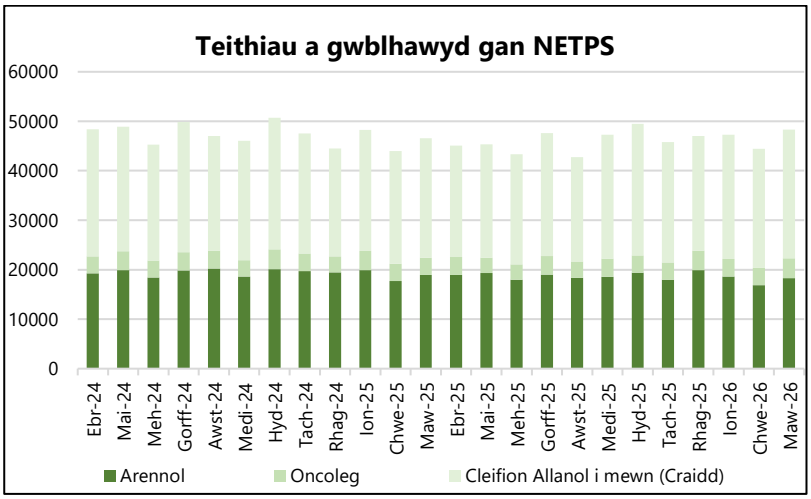
- Lle mae adnoddau'n caniatáu, bydd yr Ymddiriedolaeth yn parhau i gefnogi cynnydd ar sefydlu pen blaen digidol 111 Cymru fel porth cenedlaethol, modern ar gyfer cael mynediad at gyngor a gofal, gan helpu i alluogi mecanweithiau mwy effeithiol ar gyfer cyfeirio cleifion at y gofal cywir, ar yr amser iawn. Gan weithio ar y cyd â phartneriaid ar draws GIG Cymru, gan gynnwys Iechyd Digidol a Gofal Cymru, bydd yr Ymddiriedolaeth yn cefnogi mynegiant gweledigaeth genedlaethol a rennir ar gyfer dyfodol mynediad digidol at ofal brys a gofal sylfaenol. Mae hyn yn cynnwys y posibilrwydd o alinio pen blaen digidol 111 Cymru â'r gwasanaeth 111 ehangach, ac, yn amodol ar flaenoriaethu cenedlaethol, cydlynu gwefan 111 Cymru â drysau blaen digidol eraill fel Ap GIG Cymru. Mae'r pwyntiau mynediad cyhoeddus hyn i'r system yn cynnig cyfleoedd yn y dyfodol i ddata a gynhyrchir gan gleifion (e.e. o ddyfeisiau gwisgadwy, apiau iechyd, neu holiaduron) gael ei ddefnyddio hefyd o fewn y llwybr gofal ar gyfer profiadau a chyngor mwy personol, ymyrraeth gynharach, ac atal gofal sylfaenol ac eilaidd.
- Fel darparwr cenedlaethol, mae gan yr Ymddiriedolaeth gyfeiriadur gwasanaethau cadarn eisoes sydd ar gael yn fewnol i'n pobl ac yn uniongyrchol i'r cyhoedd trwy wefan 111 Cymru i gynnig gwybodaeth a chyfeirio i ddefnyddwyr gwasanaeth. Mae'r Ymddiriedolaeth yn cefnogi un cyfeiriadur gwasanaethau cenedlaethol y gellir ei ddefnyddio gan bob gwasanaeth ledled Cymru a'i fewnosod mewn llwyfannau fel pen blaen digidol 111 Cymru ac Ap GIG Cymru er mwyn darparu un ffynhonnell wirionedd i bobl Cymru mewn modd effeithlon a chredadwy. Felly, mae'r Ymddiriedolaeth eisoes yn ymwneud â chwmpasu, diffinio a dylunio cyfeiriadur gwasanaethau cenedlaethol yn y dyfodol.

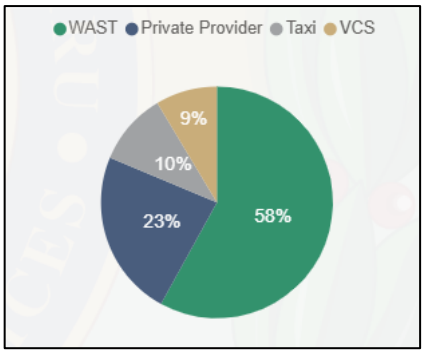
- Parhau i wella profiad a chanlyniadau cleifion drwy leihau amseroedd aros i'r rhai sy'n ffonio, cynyddu mynediad at lwybrau amgen fel 111 yn Gyntaf, a lleihau nifer y trosglwyddiadau gan gynnwys cyfleoedd archebu uniongyrchol a chydweithio gwell â'r hybiau cymorth clinigol.
- Yn yr un modd â'r gwasanaeth meddygol brys (EMS) 999, mae cysylltu data cleifion fel y gall yr Ymddiriedolaeth a'i phartneriaid system ddeall canlyniadau cyffredinol cleifion, defnydd o wasanaethau ac effaith y system yn well yn hanfodol, ac mae'r Ymddiriedolaeth wedi ymrwymo i ddod o hyd i ffordd ymlaen ar hyn mewn cydweithrediad â phartneriaid.
- Bydd yr Ymddiriedolaeth yn ymgysylltu'n llawn â'r rhaglen Gymunedol o'r Cychwyn i archwilio cyfleoedd i 111 chwarae rhan llawer mwy integredig o fewn gofal brys.

Gwasanaethau Cludiant Cleifion Di-frys (NEPTS)

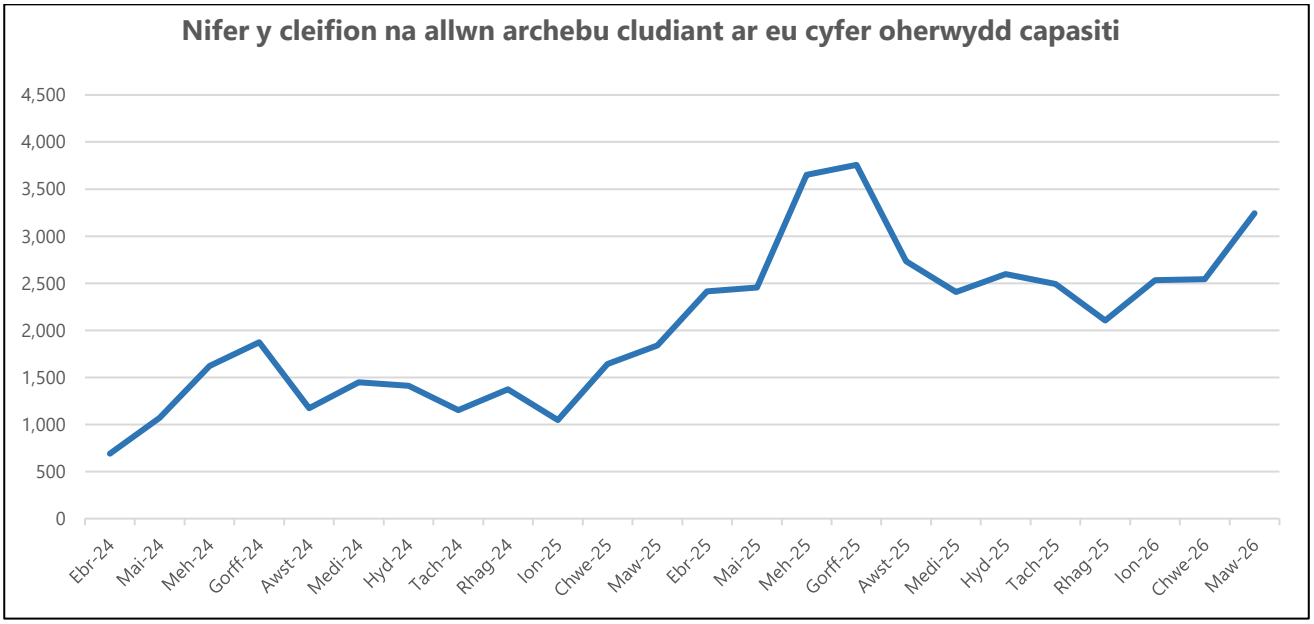
Mae tîm Gofal Ambiwlans yr Ymddiriedolaeth yn darparu tair prif faes gwasanaeth: cludiant i, ac yn ôl o, apwyntiadau oncoleg, arennol ac apwyntiadau cleifion allanol arferol; rhyddhau a throsglwyddo o ysbytai; a chludo rhai galwadau 999 i'r ysbyty lle mae'r set sgiliau clinigol yn caniatáu.

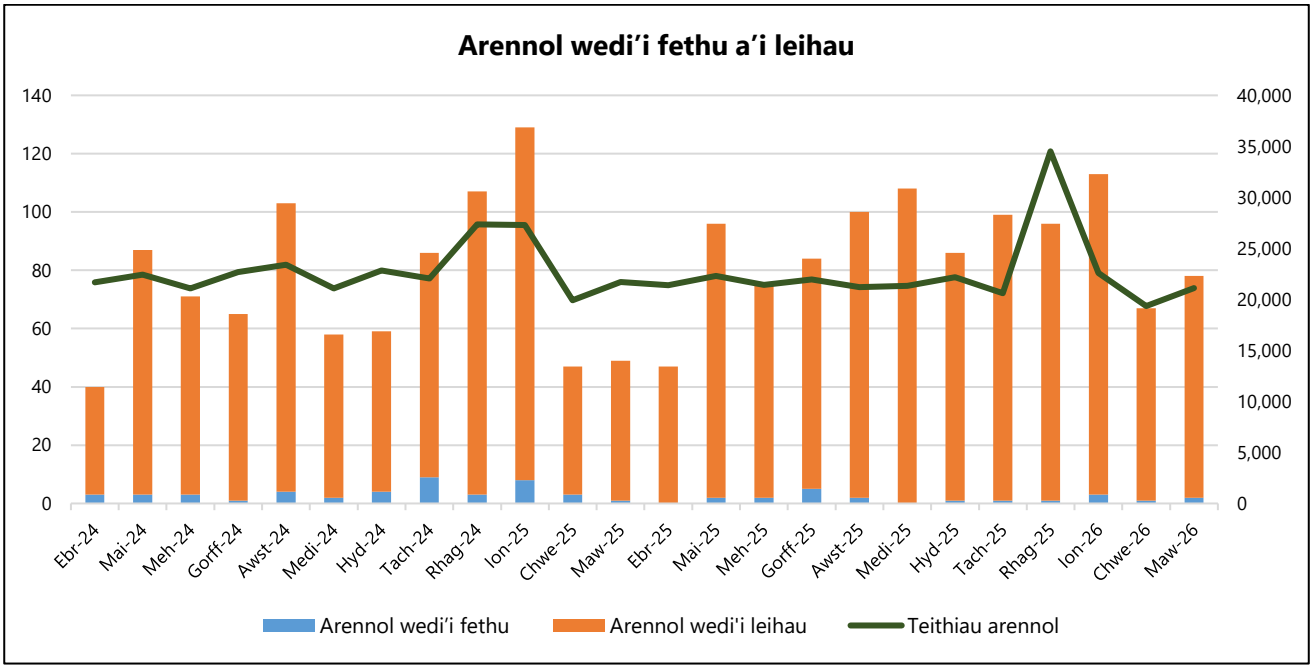
Mae'r gwasanaethau'n cefnogi nifer sylweddol o bobl ledled Cymru, gyda'r graff isod yn dangos bod tua 46,000 o gleifion yn cael eu cludo i'w hapwyntiadau bob mis. Darperir y gwasanaeth gan amrywiaeth o staff WAST, gyrwyr ceir gwirfoddol WAST, darparwyr preifat dan gontract a gwasanaethau tacsi. Mae'r darparwyr preifat wedi'u comisiynu'n llawn gan WAST, gyda Fframwaith Rheoli Ansawdd cynhwysfawr ar waith i sicrhau bod gwasanaethau o ansawdd uchel.





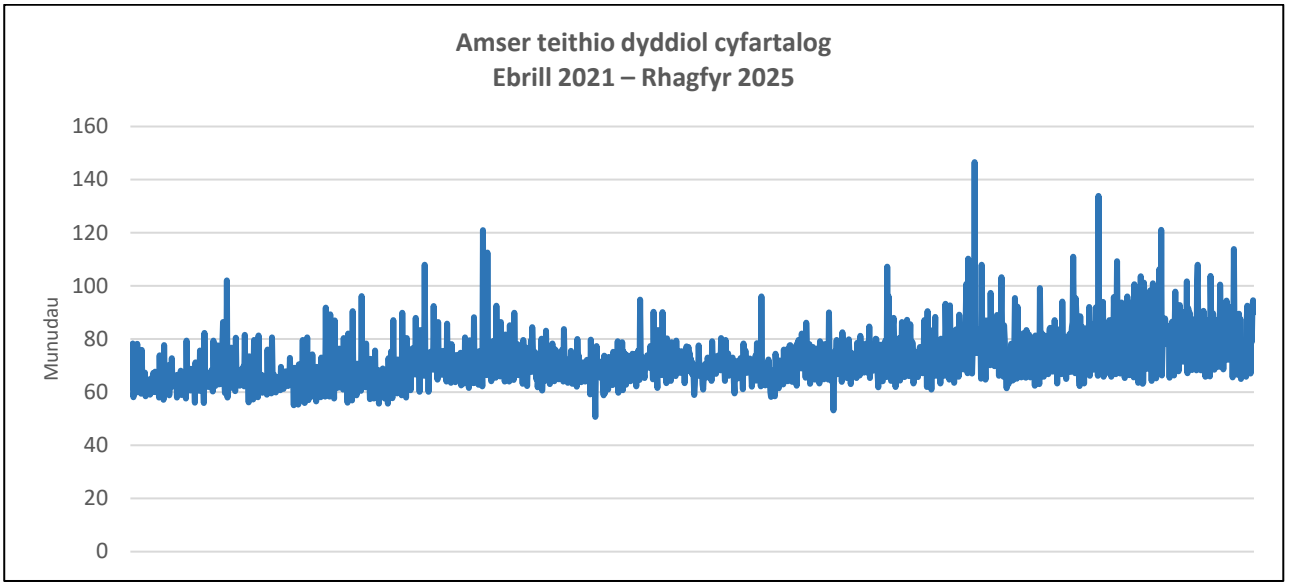
Dros yr ychydig flynyddoedd diwethaf, mae patrymau galw wedi newid, sydd wedi golygu nad yw'r Ymddiriedolaeth wedi gallu gwasanaethu'r holl alw cymwys. Y canlyniad yw bod nifer o gleifion sy'n cael eu cludiant wedi'i ganslo, weithiau ar fyr rybudd iawn. Mae hyn yn amlwg yn darparu profiad gwael i gleifion ac mae ganddo hefyd y potensial i effeithio ar ganlyniadau iechyd cleifion os na all cleifion gael mynediad at y gofal eilaidd sydd ei angen arnynt. Heb ddata cysylltiedig, nid yw'r Ymddiriedolaeth bob amser yn gallu canfod y canlyniadau, ond mae'n monitro unrhyw achosion o ganslo ar gyfer cleifion arennol – gydag apwyntiadau arennol yn cael blaenoriaeth, mae'r rhain yn parhau i fod yn fach iawn o ran nifer. Rydym hefyd yn gwybod bod cwynion am ein gwasanaethau NEPTS wedi cynyddu'n sylweddol yn ystod y flwyddyn ddiwethaf neu fwy, rhywbeth sy'n destun pryder ac sy'n cael ei fonitro am themâu a thueddiadau.

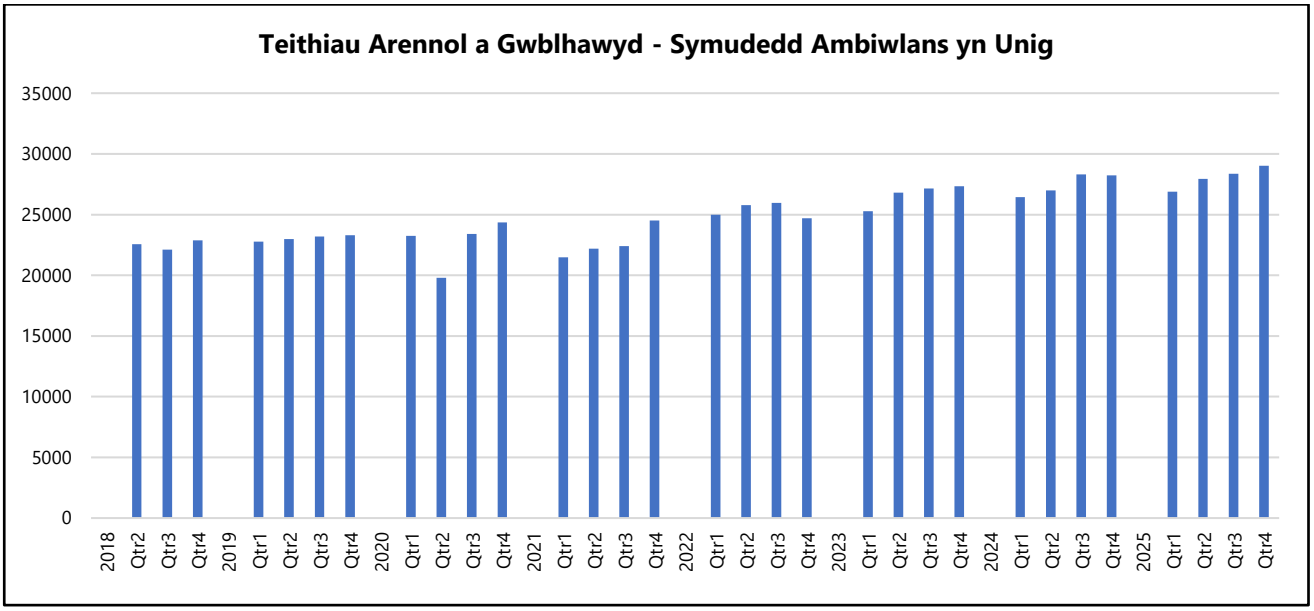




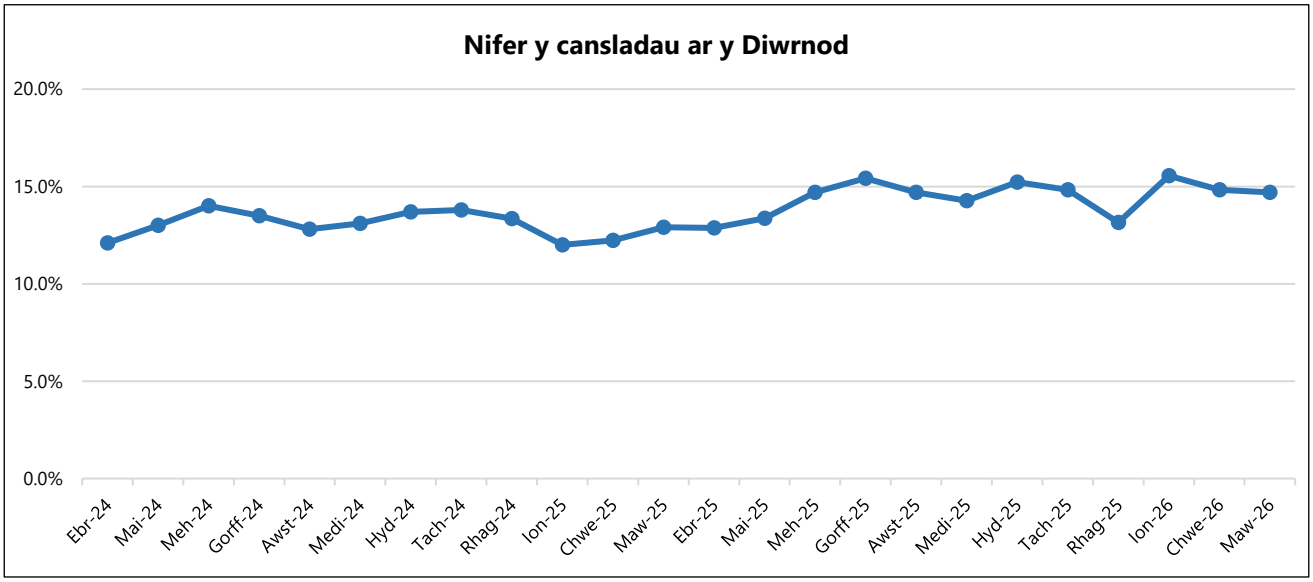
Dau o'r ffactorau mwyaf arwyddocaol sy'n effeithio ar y galw yw cynnydd yn nifer y milltiroedd fesul taith, a ddaeth yn sgil canoli rhai gwasanaethau ledled Cymru; a chynnydd yn lefel difrifoldeb y galw, gyda llai o gleifion cymwys sy'n gallu teithio'n llawn a mwy o gleifion ar stretsier. Fel y gwelir yn y graff isod, mae amseroedd teithio cyfartalog wedi cynyddu o tua 60 munud yn 2021 i dros 80 munud yn 2025, cynnydd o 25%. Gyda mwy na 46,000 o deithiau y mis, mae hwn yn lefel sylweddol o gapasiti ychwanegol sydd ei angen.

Ers y pandemig mae llai o gleifion yn cael eu cludo fesul cerbyd y dydd. Swyddogaeth o leihau risgiau haint oedd hyn yn wreiddiol ond mae bellach yn rhywbeth sydd angen ei adolygu i gynyddu effeithlonrwydd a chynhyrchiant. Fodd bynnag, rhaid rheoli hyn o ran risg a phryderon pellach ynghylch hyd y teithiau, gan fod rhai cleifion yn treulio oriau lawer yn cael eu cludo wrth i'r llwybrau ddod yn fwy cylchdroadol. Fodd bynnag, mae'r Ymddiriedolaeth yn cydnabod yr angen i'w holl wasanaethau fod mor gynhyrchiol â phosibl, yn enwedig lle mae aneffeithlonrwydd hysbys a bydd yn ceisio mynd i'r afael â'r rhain.





Mae yna ffactorau hefyd sy'n effeithio ar gapasiti, a'r pwysicaf ohonynt yw nifer y teithiau sydd wedi'u cynllunio ac nad oes eu hangen wedyn. Yn aml, mae hyn o ganlyniad i ganslo apwyntiadau ysbyty a pheidio â hysbysu'r gwasanaeth NEPTS ymlaen llaw. Mae lefel yr achosion o ganslo ar y diwrnod ar hyn o bryd yn 15% o'r holl deithiau a gynlluniwyd, a phe bai'n cael ei leihau, byddai hynny'n darparu capasiti ychwanegol i ymdopi â galw heb ei ddiwallu.



Er gwaethaf y problemau hyn, mae perfformiad yn erbyn dangosyddion prydlondeb gwasanaeth bellach yn gyson uwch nag ar unrhyw adeg ers creu gwasanaeth NEPTS. Mae'r tabl isod yn dangos perfformiad yn erbyn y safonau allweddol ar gyfer 2025 a 2019; mae'r uchafbwynt gwyrdd yn dynodi mesurau sydd uwchlaw'r safonau gwasanaeth disgwyliedig.

Mesur Allweddol	2019	2025	Gwahaniaeth
Cleifion Allanol i Mewn 1	59.4%	72.9%	13.5%
Oncoleg i Mewn 1	62.4%	78.1%	15.7%
Arennol i Mewn 1	58.6%	73.9%	15.3%
Cleifion Allanol Allan	77.8%	76.4%	-1.4%
Oncoleg Allan	77.1%	79.6%	2.5%
Arennol Allan 1	69.1%	75.1%	6.0%
D&T Uwch	67.5%	80.3%	12.8%
D&T yr un Diwrnod	97.4%	95.3%	-2.1%

Mae angen gweithredu i wella'r gwasanaeth y mae'r Ymddiriedolaeth wedi'i gomisiynu i'w ddarparu o ran ei gallu i ddiwallu'r galw ac i leihau'r lefel annerbyniol o achosion o ganslo. Mae'r Ymddiriedolaeth yn gweithio'n agos iawn gyda chomisiynwyr a byrddau iechyd trwy Grŵp Sicrwydd Cyflawni y Cyd-bwyllgor Comisiynu i gyflawni'r perfformiad gorau posibl i'r claf. Mae'r camau gweithredu sydd wedi'u cymryd neu sy'n cael eu cymryd yn cynnwys y canlynol:

- Ail-drefnu rhestrau dyletswyddau holl adnoddau'r Ymddiriedolaeth, er mwyn paru sifftiau'n well â'r galw. Mae ail-drefnu rhestrau dyletswydd yn gymhleth ac yn sensitif ac felly mae'r Ymddiriedolaeth yn defnyddio partner allanol i weithio drwy'r manylion, gan gynnwys defnyddio nifer o weithgorau staff i ddod i gytundeb terfynol. Nododd modelu y gallai'r Ymddiriedolaeth wneud cynnydd effeithlonrwydd o +354 o deithiau cleifion yr wythnos neu 18,458 y flwyddyn tra hefyd yn cynhyrchu patrymau sifftiau ymarferol i'n pobl. Mae'n debygol y bydd y rhestrau dyletswyddau newydd yn cael eu gweithredu yn Ch1 2026/27.
- Eleni gwelwyd cyflwyno negeseuon SMS, sy'n caniatáu i'r Ymddiriedolaeth gysylltu â chleifion os yw eu cludiant yn mynd i gael ei ganslo, gan ddarparu profiad gwell i gleifion. Mae gwaith yn parhau i wneud hwn yn wasanaeth negeseuon dwyffordd, gan ganiatáu i gleifion ganslo eu cludiant yn hawdd.
- Mewn partneriaeth â Bwrdd Iechyd Prifysgol Hywel Dda, mae gwaith wedi'i wneud i alinio a chysylltu system cleifion allanol y bwrdd iechyd â system yr Ymddiriedolaeth. Mae hyn wedi caniatáu i'r Ymddiriedolaeth nodi apwyntiadau ysbyty sydd wedi'u canslo ac felly ganslo trefniadau cludiant mewn pryd i ailddyrannu adnoddau. Yn ystod y 5 mis cyntaf o weithredu, mae cyfanswm o 413 o deithiau wedi gallu cael eu canslo mewn pryd i ddefnyddio adnoddau mewn mannau eraill. Bydd gwaith yn parhau i gyflwyno hyn, os yn bosibl, i bob bwrdd iechyd.
- Mae modelu wedi'i wneud ar nifer o opsiynau i leihau'r nifer o achosion o ganslo, a fydd yn cael eu trafod yn fanylach gyda chomisiynwyr. Mae cyfleoedd i'r Ymddiriedolaeth a'r byrddau iechyd yn cynnwys lleihau cymhwysedd i gleifion sy'n gallu cerdded, gan ganiatáu mwy o gapasiti i gleifion y mae'n rhaid eu cludo mewn ambiwlans; llacio meini prawf perfformiad; lleihau amser segur cerbydau NEPTS aros a dychwelyd; blaenoriaethu cleifion a gludir gan WAST mewn clinigau; a lleihau teithiau sy'n cael eu canslo ar y diwrnod.
- Byddai'n amserol adolygu meini prawf cymhwysedd NEPTS, ond cydnabyddir mai mater i Lywodraeth Cymru a'r Comisiynwyr yw hyn. Yn ogystal, byddai'n fuddiol nodi effaith cynlluniau'r byrddau iechyd i gynyddu'r defnydd o apwyntiadau digidol a rhithwir. Yn y cyfamser, bydd yr Ymddiriedolaeth yn parhau i weithio ar gynyddu cynhyrchiant a lleihau aneffeithlonrwydd.

Ansawdd a diogelwch gwasanaethau ac adborth cleifion

Mae'r Ddyletswydd Ansawdd wedi bod yn gonglfaen i'r gwaith trawsnewid y mae'r Ymddiriedolaeth wedi'i wneud dros y ddwy flynedd ddiwethaf. Drwy gymhwyso'r Ddyletswydd hon, mae'r Ymddiriedolaeth wedi mabwysiadu dull ystyriol o ran sut y gallai chwarae rhan fwy fel partner system i leihau lefel y niwed y mae cleifion yn ei brofi. Mae'r Ymddiriedolaeth yn defnyddio dulliau ansawdd a gwelliant parhaus i brofi a gweithredu gwelliant gwasanaeth ar lefel leol a chenedlaethol, mae wedi mabwysiadu dull cadarn o sicrhau asesiadau effaith ansawdd sy'n cynnwys creu Grŵp Ymgynghorol Clinigol i adolygu ac argymell mabwysiadu, ac mae wedi mabwysiadu dull rheoli ansawdd cadarn o sicrhau sicrwydd sefydliadol ar ansawdd gwasanaeth.

Mae'r Ymddiriedolaeth yn anelu'n gyson at gynnig gwasanaeth gofal brys a gofal mewn argyfwng o ansawdd uchel. Fodd bynnag, cydnabyddir bod achlysuron pan nad yw'r safonau gofal hynny'n cael eu bodloni ar gyfer gormod o gleifion. Mae'r adrannau blaenorol wedi nodi rhai o'r rhesymau pam fod hyn wedi digwydd, yn ogystal â'r risg ar lefel gorfforaethol y mae'r Ymddiriedolaeth yn ei rheoli, a'r nifer o gamau y mae'r Ymddiriedolaeth wedi bod yn eu cymryd, gyda phartneriaid system, i wella gofal a chanlyniadau.
Mae'r Ymddiriedolaeth wedi ceisio'n gyson fod yn dryloyw wrth gefnogi teuluoedd nad ydynt wedi profi'r safon gofal y mae'n anelu at ei darparu. Cyflawnir hyn yn bennaf drwy gymhwyso'r Ddyletswydd Gonestrwydd a gwaith ymroddedig tîm Gweithio i Wella'r Ymddiriedolaeth a chydweithwyr clinigol o bob cwr o'r Ymddiriedolaeth sy'n cefnogi achosion unigol yn weithredol.

Mae'r profiadau a gasglwyd drwy broffil cwynion y Crwner, yr Archwiliwr Meddygol a'r Ymddiriedolaeth yn dangos y realiti dynol y tu ôl i fethiant system: poen, dioddefaint, gwarth a thrawma hirfaith i gleifion a theuluoedd wrth iddynt aros am ofal nad yw'n cyrraedd mewn pryd. Rhennir hyn gyda Bwrdd yr Ymddiriedolaeth a'r Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch (QUEST) drwy adroddiadau mewnwelediadau a thrwy rannu profiadau byw gan gleifion, aelodau o'r teulu a staff yr Ymddiriedolaeth i sicrhau bod y doll ddynol o fethiant bob amser yn flaenoriaeth ymwybodol.

Nid yw'r Ymddiriedolaeth yn hunanfodlon ac mae'n cydnabod bod llawer i'w wneud i leihau niwed a lleihau amrywiad er mwyn gwella'r profiad a'r canlyniad i gleifion. Fel y nodwyd uchod, mae'r bwrdd a Phwyllgor QUEST wedi derbyn diweddariadau rheolaidd ar gamau a gymerwyd i liniaru niwed, ac mae adroddiadau perfformiad yn rheolaidd yn cynhyrchu

trafodaeth, craffu a her ynghylch beth arall y gellir ei wneud yn y maes hwn. Er bod rhai camau gweithredu y tu allan i rodd yr Ymddiriedolaeth, mae llawer yn parhau o fewn iddi, ac mae ymrwymiad sylweddol i barhau i wella ein gwasanaethau ein hunain, wrth weithio'n agos gyda byrddau iechyd, y Cyd-bwyllgor Comisiynu a Llywodraeth Cymru i gyflawni gwelliannau ar draws y system.

Digwyddiadau Adroddadwy Cenedlaethol a Chwynion

Ar gyfer y cyfnod rhwng mis Ebrill 2025 a mis Mawrth 2026, adroddodd yr Ymddiriedolaeth am 53 o ddigwyddiadau adroddadwy cenedlaethol ac ym mis Mawrth 2026, roedd 19 yn hwyr i'w cau. Pan nodir digwyddiadau adroddadwy cenedlaethol neu ddigwyddiad difrifol y gellir ei briodoli i barti arall, caiff ei gyfeirio at y parti perthnasol o dan Fframwaith Ymchwilio ar y Cyd Cymru Gyfan ac, ar gyfer y cyfnod rhwng mis Mawrth 2025 a mis Chwefror 2026, adroddwyd am 139 o ddigwyddiadau. Yn y rhan fwyaf o achosion, mae'r rhain oherwydd diffyg adnoddau o ganlyniad i oedi wrth drosglwyddo gofal.

Ar gyfer y cyfnod rhwng mis Ebrill 2025 a mis Mawrth 2026 derbyniodd yr Ymddiriedolaeth 1,583 o gwynion. Roedd y rhan fwyaf o'r rhain yn ymwneud naill ai â NEPTS a meini prawf cymhwysedd cludiant cleifion neu oedi wrth ymateb i alwadau 999 a GIG 111 Cymru.

Ym mis Mawrth 2025 derbyniodd yr Ymddiriedolaeth ddau Adroddiad Buddiant Cyhoeddus gan Ombwdsmon Gwasanaeth Cyhoeddus Cymru, ac mae eu hargymhellion wedi cael eu derbyn.

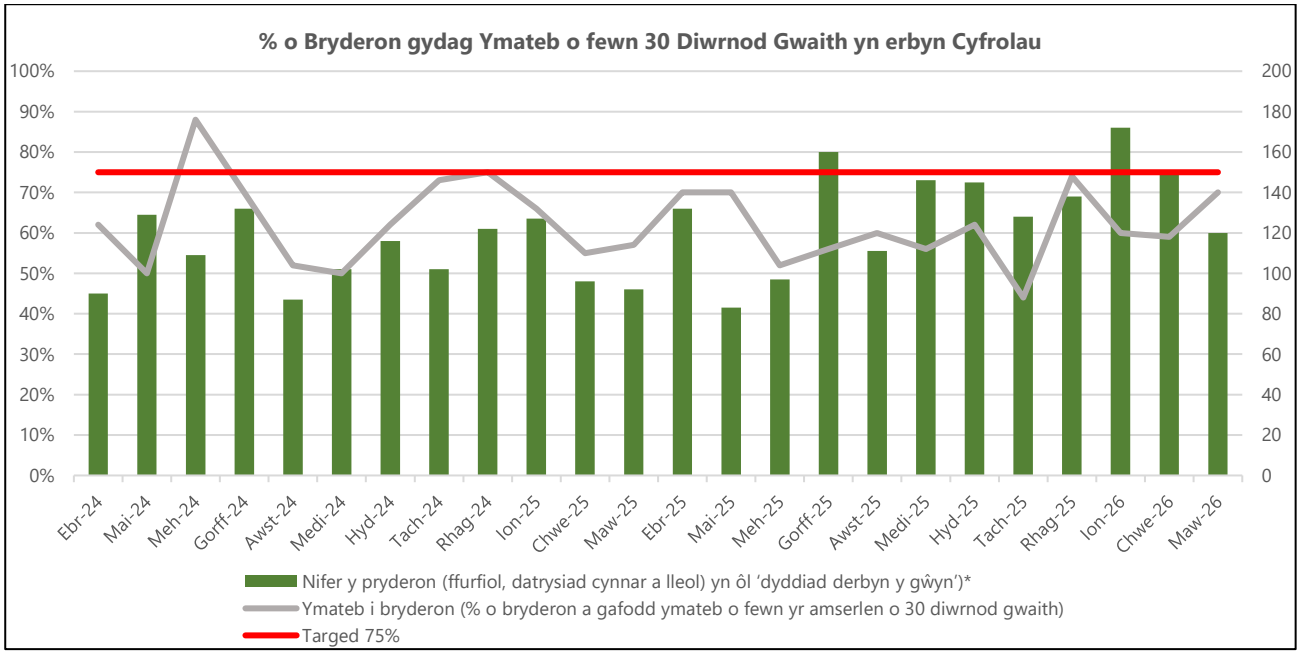
Cydnabyddir ei bod yn annerbyniol nad yw'r Ymddiriedolaeth wedi cyrraedd y lefel perfformiad ofynnol ar gyfer pryderon ers dros 18 mis. Nododd cynllun adfer yr Ymddiriedolaeth tri maes allweddol sy'n effeithio ar berfformiad ac amseroedd ymateb; niferoedd uchel o gwynion yn deillio o oedi wrth fynychu a chymhwyso meini prawf cymhwysedd cleifion ar gyfer cludo cleifion, cymhlethdod ymchwiliadau wedi cynyddu o ganlyniad i newidiadau i'r model gwasanaeth 999 ac argaeledd ymchwilwyr.

Pryder pellach yw cynnydd mewn absenoldeb salwch o fewn y Tîm Gweithio i Wella, sydd wedi golygu bod angen mwy o gefnogaeth gan y tîm Gwasanaethau Pobl a Diwylliant i sicrhau lles a chefnogaeth i gydweithwyr sy'n gweithio'n uniongyrchol gyda'r unigolion a'r teuluoedd/gofalwyr sy'n profi'r oedi hyn.

Mae camau allweddol sy'n cael eu cymryd i wella perfformiad wedi cynnwys y canlynol:

- dyraniad ariannol cynyddol i dimau gweithredol a rhyddhau uwch glinigwyr o weithredu trawsnewid model clinigol a fframwaith perfformiad ambiwlansys i gynyddu capasiti ymchwilio
- gweithio gyda gwasanaethau cludo cleifion i wella sgriptiau canolfannau galwadau a lleihau nifer y cwynion ffurfiol
- sefydlu bwrdd rhaglen gwella rheoli pryderon gyda monitro agos gan y Tîm Arwain Gweithredol, gyda goruchwyliaeth o welliannau yn cael ei hadrodd yn rheolaidd i'r Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch a'r bwrdd.

Yn hollbwysig i'r gwasanaeth 999, mae nifer a chymhlethdod y cwynion a'r digwyddiadau yn cael eu gyrru i raddau helaeth gan oedi wrth ymateb i gleifion, naill ai o bell neu wyneb yn wyneb, oherwydd nifer y galwadau sy'n cael eu derbyn neu argaeledd criwiau ambiwlans pan fyddant yn profi oedi wrth drosglwyddo gofal i gydweithwyr yn yr ysbyty.



Profiad y claf a gwella ansawdd

Mae deall profiad cleifion a defnyddio'r wybodaeth honno i lywio gwasanaethau o'r pwys mwyaf, yn enwedig ar yr adeg hon o newid sylweddol yn y ffordd y mae gwasanaethau'n cael eu darparu. Mae profiad cleifion wedi'i gynnwys o fewn cwmpas gwerthusiad academaidd a gomisiynwyd yn ddiweddar o'r model clinigol a'r fframwaith rheoli perfformiad wedi'i adnewyddu, tra bod tîm Profiad y Claf a Chynnwys y Gymuned (PECI) y sefydliad yn parhau i sicrhau mewnwelediad cleifion trwy amrywiaeth o lwybrau.

Maes ffocws allweddol diweddar i'r timau PECI a Llywodraethu Gwybodaeth eleni fu sicrhau cymeradwyaeth Swyddfa'r Comisiynydd Gwybodaeth i fabwysiadu SMS (negeseuon testun) fel llwybr i gael adborth gan gleifion ar raddfa sy'n adlewyrchu'r gwasanaeth a ddarperir. Mae'r sefydliad bellach wedi cymeradwyo asesiad o'r effaith ar breifatrwydd data ar gyfer defnyddio negeseuon testun mewn gwasanaethau 999 ac mae yng nghyfnodau olaf cwblhau un ar gyfer 111. Mae gwaith ar y gweill i weithredu profiad cleifion SMS 999, a rhagwelir y bydd hyn yn cynnig gwelliant sylweddol yn lefel y mewnwelediad a geir a'r cyfle i adolygu hyn ochr yn ochr â dadansoddeg iechyd y boblogaeth i wella'r ddarpariaeth gwasanaethau a deall yn well sut y gall WAST chwarae ei ran wrth dargedu ein dull o leihau anghydraddoldebau iechyd.

Mae gwaith sylweddol hefyd wedi'i wneud i sicrhau gwelliannau ym mhrofiad pobl sy'n defnyddio NEPTS. O ganlyniad i'r gwaith hwn, mae manyleb cerbydau cludo cleifion sydd newydd eu comisiynu wedi newid, a mesurau wedi'u cyflwyno i'r fflyd bresennol sy'n gwella profiad pobl sy'n byw gyda dementia. Mae gwaith hefyd wedi'i gwblhau i gefnogi'r tîm NEPTS sy'n gweithio gyda chleifion sy'n gofyn am gludiant nad ydynt yn bodloni'r meini prawf cymhwysedd, ac mae hyn wedi lleihau nifer y cwynion a dderbynnir, er eu bod yn parhau i fod yn uchel – mae hyn hefyd yn gysylltiedig â'r gwaith ar leihau cwynion.

Haint sy'n gysylltiedig â gofal iechyd

Yn ddiweddar, mae'r Ymddiriedolaeth wedi ailgyflunio a recriwtio i'r tîm Atal a Rheoli Heintiau i sicrhau cyngor arbenigol priodol, gan gynnwys cyflogi fferyllydd i arwain ar stiwardiaeth gwrthficrobaidd. Yn dilyn cwblhau asesiad sylfaenol o'n dull gweithredu a datblygu cynllun gwella lleol, mae'r tîm wrthi'n ailasesu sefyllfa'r Ymddiriedolaeth yn erbyn Datganiad Ansawdd Atal a Rheoli Heintiau Llywodraeth Cymru, a byddant hefyd yn gwneud hyn yn unol â'r Cod Ymarfer sydd ar ddod ar gyfer heintiau a ddaliwyd wrth gael gofal iechyd.
Un maes allweddol o ddatblygiad dros y flwyddyn ddiwethaf fu cyflwyno anadlyddion puro aer pwerus i bob ambiwlans argyfwng a char ymateb er mwyn sicrhau safonau uchel o amddiffyniad anadlol i staff a chleifion rhag ofn y bydd angen mynychu claf â chlefyd hynod heintus neu'r angen i gael amddiffyniad cyffredinol ar waith i ymateb i achosion o glefyd heintus cymunedol. Mae'r tîm hefyd yn gweithio ar y cyd ag Iechyd Cyhoeddus Cymru a phartneriaid y GIG i sicrhau bod yr Ymddiriedolaeth yn cyfrannu'n effeithiol at y Rhaglen Ddysgu Gydweithredol Clostridium Difficile gyda ffocws penodol ar benderfyniadau i drosglwyddo a'r camau trosglwyddo cysylltiedig.

Diogelu

Mae diogelu yn rhan annatod o atebolrwydd cyhoeddus a diwylliant sefydliadol yr Ymddiriedolaeth. Drwy drefniadau llywodraethu sefydledig, adrodd tryloyw a dysgu gweithredol, mae'r Ymddiriedolaeth yn sicrhau ei hun bod cyfrifoldebau diogelu ar gyfer cleifion a'r gweithlu yn cael eu cyflawni yn unol â gofynion cenedlaethol ac wedi'u gwreiddio yn ein dull o wella'n barhaus.

Mae'r tîm Diogelu yn gweithio'n agos gyda Gwasanaeth Diogelu Cenedlaethol Iechyd Cyhoeddus Cymru i sicrhau ymgysylltiad gweithredol â Byrddau Diogelu Lleol a chymryd rhan uniongyrchol mewn adolygiadau achosion difrifol lle mae'r Ymddiriedolaeth wedi bod yn barti gweithredol. Mae nifer yr Atgyfeiriadau Diogelu gan staff yr Ymddiriedolaeth wedi cynyddu ar draws Oedolion, Plant a Phobl Ifanc sy'n Agored i Niwed dros y flwyddyn ddiwethaf. I Oedolion Agored i Niwed, mae'r cynnydd hwn wedi'i yrru'n bennaf gan atgyfeiriadau ar gyfer gofal a chymorth ac i Blant a Phobl Ifanc, mae'r cynnydd hwn wedi bod ar gyfer unigolion yr ystyrir eu bod mewn perygl.

CYFLAWNI MEWN PARTNERIAETH

Fel un o ychydig iawn o gyrff cyhoeddus ledled Cymru, mae gan yr Ymddiriedolaeth lu o randdeiliaid, a all wneud ymgysylltu'n gymhleth ac yn dameidiog. Mae'r Ymddiriedolaeth wedi cymryd camau i flaenoriaethu'r perthnasoedd allweddol hyn o ystyried y manteision a gronnwyd.

Arweinyddiaeth systemau a gwaith partneriaeth effeithiol

Mae'r Ymddiriedolaeth wedi'i chomisiynu i ddarparu ei gwasanaethau gan y Cyd-bwyllgor Comisiynu. Gwahoddir Prif Weithredwr yr Ymddiriedolaeth i fynychu a chymryd rhan mewn cyfarfodydd pwyllgorau, mae cyfarfodydd perfformiad darparwyr / Cyd-bwyllgor Comisiynu rheolaidd ar lefel Cyfarwyddwr wedi'u sefydlu'n ddiweddar, ac mae cydweithwyr yn cymryd rhan weithredol yn yr ystod lawn o fforymau comisiynu penodol i wasanaethau. Mae comisiynwyr yn gosod bwriadau comisiynu ar gyfer y sefydliad bob blwyddyn a adlewyrchir yng nghynlluniau'r Ymddiriedolaeth, gyda chynnydd yn erbyn y rhain yn cael ei adrodd yn rheolaidd drwy gydol y flwyddyn.
Fel sefydliad statudol, mae'r Ymddiriedolaeth yn cymryd rhan mewn amrywiaeth o raglenni ar draws y system: mae'r Prif Weithredwr a'r Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad yn eistedd ar Fwrdd y Rhaglen Chwe Nod; mae'r Prif Weithredwr yn aelod o'r Rhaglen Gymunedol o'r Cychwyn sydd newydd ei sefydlu; ac mae'r

Ymddiriedolaeth wedi'i chynrychioli ar lefel uwch ar Grwpiau Arweinyddiaeth a Chyflawni Cenedlaethol y System Gofal Cymunedol Integredig. Mae'r rhain yn darparu cyfleoedd i'r Ymddiriedolaeth gymryd rhan mewn strategaeth a chyflawniad ar draws y system a dylanwadu arni.

Mae'r berthynas â chomisiynwyr yn parhau ar lefel leol, gyda chydweithwyr yr Ymddiriedolaeth yn cyfrannu'n weithredol at amrywiaeth o strwythurau'r byrddau iechyd sy'n cefnogi gofal brys ac argyfwng. Bu cydnabyddiaeth bod angen rhagor o amser i ddatblygu meddwl strategol mewn perthynas â'r weledigaeth ar gyfer gwasanaethau ambiwlans ac 111 yn y dyfodol, ac mae ystyriaeth yn cael ei rhoi o fewn y Cyd-bwyllgor Comisiynu ynghylch y mecanweithiau mwyaf priodol i hwyluso hyn yn y dyfodol.

Mae'r Prif Weithredwr yn gyfranogwr ac yn aelod gweithredol yng nghyfarfodydd tîm Rheoli'r Prif Weithredwr a Bwrdd Arweinyddiaeth y GIG. Fel Ymatebwr Categori 1 yn ôl y Ddeddf Argyfyngau Sifil, mae'r Ymddiriedolaeth yn cynnal ei chyfranogiad ar draws y pedwar Fforwm Lleol Cymru Gydnerth, a hefyd mewn grwpiau Parodrwydd, Gwydnwch ac Ymateb Brys eraill.

Ymgysylltu â rhanddeiliaid a phartneriaeth gymdeithasol

Er bod problemau ailintegreiddio'r Ymddiriedolaeth fel sefydliad allweddol o fewn y system iechyd a gofal ehangach yn ddifrifol ddegawd yn ôl, nid yw hynny mor wir erbyn hyn. Mae'r Ymddiriedolaeth wedi gwneud cynnydd da o ran cael ei hystyried gan lawer o randdeiliaid fel partner system arloesol ac, er nad oes amheuaeth bod peth pellter i fynd, mae'r sefydliad mewn lle gwahanol iawn o'i gymharu â lle'r oedd tua 10 mlynedd yn ôl.

Dros yr ychydig flynyddoedd diwethaf, mae ffocws gweithgaredd ymgysylltu â rhanddeiliaid yr Ymddiriedolaeth wedi bod ar ennill cefnogaeth a dealltwriaeth o esblygiad ei model clinigol, ynghyd â gwerthfawrogiad o'r effaith y gall yr Ymddiriedolaeth, fel un o'r ychydig iawn o ddarparwyr GIG ledled Cymru, ei chael ar system ehangach GIG Cymru gyda'r lefel gywir o gydweithio. Roedd cyfranogiad Bwrdd yr Ymddiriedolaeth yn allweddol i lunio'r gweithgaredd hwn ac iddynt ddeall yr adborth gan randdeiliaid, gan gynnwys Llais, ar y model clinigol. Roedd aelodau'r Bwrdd yn gallu siarad yn uniongyrchol â staff mewn sioeau teithiol y Prif Swyddog Gweithredol, digwyddiadau gwasanaeth hir a digwyddiadau gwobrwyo eraill yn ogystal ag ymweliadau rheolaidd y bwrdd, er mwyn cael syniad o'r gefnogaeth i'r model a'i effaith ar staff a chleifion.

Bu ffocws ar ennill cynrychiolaeth ar bartneriaethau statudol, a chyfrannu atynt, yn enwedig Byrddau Partneriaeth Rhanbarthol, a oedd yn wreiddiol yn gyfrwng arian y Gronfa Gofal Integredig ac yn fwy diweddar y Gronfa Integreiddio Rhanbarthol. Mae'r Ymddiriedolaeth wedi elwa o hyn o ran gweledded gyda phartneriaid a chyllid, yn enwedig i gefnogi cwympiadau a gwasanaethau ymateb iechyd meddwl. Mae'r Ymddiriedolaeth bellach yn aelod o bob un o'r saith Bwrdd Partneriaeth Rhanbarthol, gan ddal y swydd o Is-gadeirydd yng Ngogledd Cymru.

Mae'r Ymddiriedolaeth hefyd yn gweithio'n agos gyda nifer o bartneriaid academaidd, nid yn unig o ran hyfforddiant ac addysg, ond hefyd ym maes ymchwil ac arloesi, sy'n adlewyrchu ymrwymiad y sefydliad i wreiddio statws ymddiriedolaeth brifysgol, yn ei gyfraniad at ymchwil a datblygu atebion arloesi i fynd i'r afael â heriau, yn ogystal â mabwysiadu arfer gorau wrth ddarparu gwasanaethau.

Mae cefnogi staff i ddilyn eu datblygiad, boed hynny drwy addysg ffurfiol neu wrth ddatblygu eu syniadau ymchwil ac arloesi, yn parhau i fod yn ganolog wrth wneud y gorau o'r manteision y mae statws ymddiriedolaeth brifysgol yn eu golygu.

Mae perthynas yr Ymddiriedolaeth â gwasanaethau brys eraill hefyd yn bwysig, o safbwynt ymateb ond hefyd o ran cynghreiriau strategol y gellir adeiladu arnynt i gefnogi darparu gwasanaethau i gleifion. Yn yr un modd, mae gan yr Ymddiriedolaeth rai partneriaethau strategol â sefydliadau'r trydydd sector, fel Ambiwlans Sant Ioan Cymru, sy'n cefnogi darpariaeth weithredol ac yn cyflwyno cyfle ar gyfer cydweithio ehangach.

Am y tro cyntaf ers rhai blynyddoedd, mae Bwrdd yr Ymddiriedolaeth wedi lleihau ei risg i enw da yn ddiweddar (201), gan ddadgrynhoi agweddau profiad rhanddeiliaid a chleifion y risg wreiddiol, er mwyn adlewyrchu'r sefyllfa bresennol yn fwy cywir. Fodd bynnag, cydnabyddir, lle mae perfformiad yn parhau i fod yn fregus a phrofiad cleifion yn is-optimaidd, fod enw da'r Ymddiriedolaeth yn parhau i fod mewn perygl.

Yr her graidd nawr yw sicrhau bod dull yr Ymddiriedolaeth o gydweithio, partneriaeth ac ymgysylltu yn canolbwyntio'n benodol ar nifer fach o faterion sydd angen ffocws llym er mwyn cyflawni canlyniadau gwell i'r sefydliad, ei bobl a'r boblogaeth yn ehangach.

O ystyried amcanion presennol yr Ymddiriedolaeth, ei bwriadau cyflawni uchelgeisiol a'i heriau strategol, mae'n debygol y bydd y ffocysau mwy pwrpasol hyn ar gyfer ymgysylltu yn y dyfodol yn cynnwys y canlynol:

- partneriaethau masnachol (i ategu agenda masnacheiddio/cynaliadwyedd ariannol yr Ymddiriedolaeth, yn ogystal ag edrych ar ble y gall partneriaethau masnachol ddarparu datrysiadau i heriau penodol, er enghraifft yn y maes digidol)
- partneriaethau academaidd (ar yr ochr ymchwil ac arloesi, yn ogystal â'r dimensiynau dysgu ac addysg a gweithlu'r dyfodol)
- partneriaethau rhwng y sector cyhoeddus a'r trydydd sector (er enghraifft, ar agweddau penodol ar gyflawni neu seilwaith, ac yn enwedig o ran ymgysylltu'n well â byrddau iechyd fel partneriaid cyflawni a chomisiynwyr)
- ymgysylltu (â rhanddeiliaid, y cyhoedd a chleifion) mewn perthynas â strategaeth hirdymor yr Ymddiriedolaeth

Mae'r Ymddiriedolaeth yn parhau i fuddsoddi amser ac egni sylweddol i gryfhau partneriaeth gymdeithasol, gan gael effaith gadarnhaol ar ymgysylltiad a diwylliant y gweithlu. Rydym wedi sefydlu strwythur cadarn, aml-haenog ar gyfer cydweithio ar draws y sefydliad, gan ddechrau gyda Fforymau Partneriaeth Lleol lle mae Partneriaid Undebau Llafur a thimau rheoli yn mynd i'r afael â materion penodol i wasanaethau. Mae hyn yn cael ei ategu gan y Fforwm Partneriaeth Gorfforaethol, cyfarfodydd yr Uwch Dîm Arwain Gweithredol/Partner Undeb Llafur, a fforymau lefel arweinyddiaeth, i gyd wedi'u hategu gan drefniadau llywodraethu. Ein Tîm Partneriaeth Gwasanaeth Ambiwlans Cymru yw ein prif fforwm partneriaeth lefel strategol sy'n cyfarfod bob deufis ac yn adrodd i Bwyllgor Pobl a Diwylliant y bwrdd.

Ym mis Chwefror 2025, cyflwynodd dau Bartner Undeb Llafur ar y cyd â chydweithwyr o'r tîm Pobl a Diwylliant yng Nghynhadledd Arweinyddiaeth Ambiwlans, gan rannu taith yr Ymddiriedolaeth i "Gerdded yn Esgidiau Ei Gilydd", y tro cyntaf i'r digwyddiad ei wneud. Gan adeiladu ar y momentwm hwn, cynhaliodd yr Ymddiriedolaeth ei Chynhadledd Partneriaeth Gymdeithasol gyntaf erioed ar gyfer rheolwyr a Phartneriaid Undebau Llafur ym mis Mawrth 2025, gyda chyfeiriadau allweddol gan y Gweinidog dros Ddiwylliant, Sgiliau a Phartneriaeth Gymdeithasol a Shavanah Taj, Ysgrifennydd Cyffredinol Cyngres yr Undebau Llafur. Mae cynlluniau eisoes ar y gweill ar gyfer digwyddiadau tebyg sy'n canolbwyntio ar ddysgu yn 2026, wedi'u hanelu at reolwyr rheng flaen a Phartneriaid Undebau Llafur.

Mae Partneriaid Undebau Llafur yn chwarae rhan hanfodol mewn cyfarfodydd y Bwrdd a'r Pwyllgorau, grwpiau tasg a gorffen gweithredol, gwaith achos a gwaith prosiect, gan sicrhau bod lleisiau cydweithwyr yn cael eu cynrychioli'n gyson. Er bod dadleuon a thrafodaethau yn aml yn gadarn ac yn heriol, maent yn parhau i fod yn barchus, yn broffesiynol ac yn adeiladol, gan adlewyrchu cryfder ein dull partneriaeth.
Mae'r Pwyllgor Pobl a Diwylliant yn monitro ein prif risg sy'n gysylltiedig â chynnal perthnasoedd Partneriaid Undebau Llafur effeithiol a chryf ym mhob cyfarfod. Er i'r risg gynyddu yn 2023 a 2024, mae wedi aros ar sgôr o 12 ers mis Tachwedd 2024.

Nid yw'r Ymddiriedolaeth yn ddall i'r risg weddilliol o weithredu diwydiannol yn y dyfodol ond mae'n credu y bydd ei pherthnasoedd Partneriaid Undebau Llafur wedi'u cryfhau'n llawer yn sicrhau y gellir rheoli unrhyw gamau a gymerir ar faterion cenedlaethol neu, yn wir, lleol yn effeithiol, fel yr oedd yn 2022/23, er gwaethaf y ffaith bod unrhyw gamau'n peri problem diogelwch cleifion.

Llwybrau gofal ac integreiddio systemau ehangach

Mae'r Ymddiriedolaeth yn gweithio ar y cyd ar draws y system gofal brys a gofal mewn argyfwng ehangach i gefnogi mwy o ddarpariaeth gofal yn nes at adref, gan alluogi cyflwyno gwasanaethau un pwynt mynediad a gweithredu'r rhaglen Galw Cyn Anfon / Galw Cyn Cludo genedlaethol. Mae'r mentrau hyn wedi'u cynllunio i leihau cludiant diangen i'r ysbyty a gwella profiadau cleifion.

Fodd bynnag, er gwaethaf sawl blwyddyn o weithio mewn partneriaeth, mae cynnydd ar lwybrau amgen cymunedol ac Adrannau Argyfwng wedi bod yn anghyson. Mae amrywiad sylweddol yn parhau ar draws ardaloedd byrddau iechyd, yn enwedig o ran meini prawf derbyn, oriau agor a pharodrwydd i dderbyn risg. Er mwyn i lwybrau amgen fod yn effeithiol wrth leihau nifer y bobl sy'n mynychu Adrannau Argyfwng, mae cysondeb ar draws y system yn hanfodol. Rhaid i feini prawf derbyn fod yn gydnaws ag anghenion cleifion, a rhaid i lwybrau gofal fod yn ddigon cadarn i gefnogi cleifion â chyflwyniadau cynyddol gymhleth.

Gobeithir y bydd mwy o gydweithio â byrddau iechyd yn y flwyddyn nesaf, ynghyd â mwy o gyfle ar gyfer trafodaeth strategol, trwy fecanweithiau'r Cyd-bwyllgor Comisiynu, gwell rhyngweithio rhwng swyddogion gweithredol a byrddau iechyd a chyfranogiad mewn mentrau fel Cymunedol o'r Cychwyn, yn gweld newid sylweddol yng nghysondeb ac argaeledd llwybrau cymunedol ledled Cymru, a fydd yn galluogi cleifion i lifo'n fwy di-dor i'r llwybr gofal mwyaf priodol.

Cynllun iechyd menywod

Mae iechyd menywod, yn enwedig gofal mamolaeth a newyddenedigol, yn parhau i fod yn flaenoriaeth hollbwysig i'r Ymddiriedolaeth. Mae digwyddiadau mamolaeth a newyddenedigol heb eu cynllunio mewn lleoliadau y tu allan i'r ysbyty yn cyflwyno gwendidau unigryw, ac mae'r Ymddiriedolaeth wedi canolbwyntio ar sicrhau gwneud penderfyniadau prydlon a phriodol yn glinigol ar draws llwybrau gofal brys ac argyfwng i gefnogi staff a darparu gofal diogel a thosturiol i fenywod, babanod a'u teuluoedd.

Mae'r Ymddiriedolaeth yn cydnabod y pryder y gall beichiogrwydd, yn enwedig yn ei gamau cynnar, ei achosi i fenywod a theuluoedd. Y ffocws parhaus yw sicrhau bod unrhyw un sy'n cysylltu â GIG 111 Cymru neu 999 yn cael ei drin â thrugaredd a'i gefnogi trwy lwybrau gofal sy'n briodol yn glinigol, yn ymatebol yn emosiynol ac wedi'u teilwra i anghenion unigol. Mae'r Ymddiriedolaeth wedi ymrwymo i weithio tuag at system lle mae menywod a theuluoedd yn derbyn y gofal cywir, y tro cyntaf, trwy lwybrau sy'n glir, yn ddiogel ac yn ymatebol.

Mae'r ymrwymiad hwn wedi sbarduno arweinyddiaeth, llywodraethu a ffocws clinigol cryfach dros y deunaw mis diwethaf i wella diogelwch, cysondeb ac integreiddio systemau. Mae'r Ymddiriedolaeth wedi chwarae rhan weithredol yn hyrwyddo diogelwch argyfwng cyn mynd i'r ysbyty a diogelwch newyddenedigol ledled Cymru, gan weithio mewn partneriaeth â byrddau iechyd a rhanddeiliaid cenedlaethol.

Mae hyn wedi cynnwys cryfhau mynediad at gyngor clinigol prydlon ar gyfer timau rheng flaen a defnyddwyr gwasanaeth, gwella llwybrau uwchgyfeirio i gefnogi trosglwyddo menywod a babanod yn gyflym ac yn ddiogel pan fo angen, a gwreiddio dysgu trwy adolygu digwyddiadau yn brydlon ac yn gymesur. Mae gwelliannau wedi'u cyflawni mewn cyfarwyddiadau cyn cyrraedd, canllawiau clinigol a chefnogaeth broffesiynol i staff, ochr yn ochr â rhyngwynebau cliriach rhwng gofal brys a gwasanaethau mamolaeth a newyddenedigol, gan gyfrannu at well cydraddoldeb a chysondeb gofal.

Gan adeiladu ar y sylfaen hon, mae'r Ymddiriedolaeth yn gweithio gyda Phrif Swyddog Bydwreigiaeth Llywodraeth Cymru i gwmpasu Llinell Famolaeth Genedlaethol. Byddai'r rhaglen hon yn y dyfodol, os caiff ei chomisiynu, yn gwella mynediad at gyngor mamolaeth arbenigol, yn lleihau amrywiad mewn gwneud penderfyniadau, ac yn cefnogi gofal mwy diogel yn nes at adref, gyda llwybrau uwchgyfeirio clir ar gyfer gofal wyneb yn wyneb neu

frys pan fo angen clinigol. Mae'r dull hwn yn adlewyrchu dysgu o ddigwyddiadau, adolygiadau ac adborth defnyddwyr gwasanaeth, ac yn cyd-fynd ag ymdrechion system ehangach i gryfhau diogelwch mamolaeth a newyddenedigol.

Mae'r Ymddiriedolaeth hefyd yn cydnabod pwysigrwydd dull llwybr cyfan ar gyfer iechyd menywod. Mae gwaith sy'n gysylltiedig ag iechyd meddwl amenedigol yn cael ei ystyried ochr yn ochr â gofal mamolaeth a newyddenedigol, gan gydnabod y rhyngweithio rhwng iechyd meddwl, diogelu, mynediad at wasanaethau a chanlyniadau i'r rhiant a'r baban. Mae hyn yn cynnwys cryfhau ymwybyddiaeth, cynyddu gofal a gweithio mewn partneriaeth i sicrhau cefnogaeth brydlon a phriodol i'r rhai sy'n profi anghenion iechyd meddwl amenedigol.

Goresgyn anghydraddoldebau iechyd

Mae'r Ymddiriedolaeth wedi gweithio gydag Iechyd Cyhoeddus Cymru i ddatblygu cyfleoedd lleoli ar gyfer Cofrestrwyr Arbenigol Iechyd Cyhoeddus. Cynhaliwyd y Gofrestrwyr Arbenigol cyntaf yn 2025 ac arweiniodd ar sawl darn o waith gan gynnwys cynnal asesiad sylfaenol o ddull yr Ymddiriedolaeth o ymdrin ag iechyd y boblogaeth a'r cyhoedd gan ddefnyddio offeryn asesu sydd wedi'i fabwysiadu gan wasanaethau ambiwlans y DU. Mae argymhellion o'r Gofrestr Arbenigol wedi'u hystyried a byddant yn llywio'r gwerthusiad o'r Trawsnewidiad Model Clinigol a sut mae dadansoddiadau iechyd y boblogaeth yn cael eu gwreiddio mewn adroddiadau yn y dyfodol.

Maes allweddol o ffocws yn ystod y misoedd diwethaf fu ystyried datblygu mewnwelediad i benderfynyddion iechyd sy'n dylanwadu ar ganlyniadau cleifion yng ngofal yr Ymddiriedolaeth. Yn benodol, y tîm gwasanaethau data integredig a fydd yn sicrhau dadansoddiadau sy'n seiliedig ar ardaloedd allbwn i nodi ffactorau posibl, gan gynnwys amddifadedd, natur wledig ac ethnigrwydd.

CRYFHAU'R SEFYDLIAD

Mae'r Ymddiriedolaeth yn cymryd sefydlogrwydd, effeithlonrwydd ac effeithiolrwydd ei sefydliad o ddifrif. Mae cynaliadwyedd y sefydliad yn un o'r egwyddorion allweddol sy'n sail i'w amcanion lles, fel sy'n ofynnol gan Ddeddf Llesiant Cenedlaethau'r Dyfodol.

Deddf Llesiant Cenedlaethau'r Dyfodol

Mae'r Ymddiriedolaeth wedi dathlu pen-blwydd cyntaf ei hadduned i ddiogelu llesiant cenedlaethau'r dyfodol. Cyhoeddwyd amcanion llesiant yr Ymddiriedolaeth flwyddyn yn ôl o dan Ddeddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015, sy'n ei gwneud yn ofynnol i gyrff cyhoeddus ledled Cymru gydweithio i wella llesiant cymdeithasol, economaidd, amgylcheddol a diwylliannol hirdymor Cymru.

Mae gan yr Ymddiriedolaeth dri amcan llesiant sy'n canolbwyntio ar ei rôl fel cyflogwr, darparwr gofal ac fel sefydliad angor sydd wedi ymrwymo i gynaliadwyedd hirdymor. Datblygwyd yr amcanion hyn gyda staff a phartneriaid Undebau Llafur. Mae cyflawniadau allweddol yn nhri maes blaenoriaeth yr Ymddiriedolaeth dros y flwyddyn ddiwethaf yn cynnwys:

Cyflogwr sy'n gymdeithasol gyfrifol a chynhwysol:

- cynhaliodd yr Ymddiriedolaeth ei chynhadledd partneriaeth gymdeithasol gyntaf i ddod ag uwch arweinwyr, partneriaid Undebau Llafur a staff at ei gilydd, gydag anerchiad agoriadol gan Jack Sargeant AS, Gweinidog Diwylliant, Sgiliau a Phartneriaeth Gymdeithasol.
- mae ei garfan wirfoddolwyr wedi tyfu i bron i 900, gan gynnwys Ymatebwyr Cyntaf yn y Gymuned, Ymatebwyr Lles Cymunedol a Gyrwyr Gwasanaeth Ceir Gwirfoddol, gyda nifer yn symud i rolau llawn amser, â thâl fel rhan o'i dull 'O Wirfoddoli i Yrfa', gan ddarparu cyfleoedd i bobl ledled Cymru.
- addawodd yr Ymddiriedolaeth ddod yn Gyflogwr sy'n Ystyriol o Endometriosis, cefnogi staff sydd â'r clefyd a mynd i'r afael â thabŵs iechyd mislif yn y gweithle.

Sefydliad arloesol a chynaliadwy:

- ymunodd deg cerbyd holl-drydanol Maxus â fflyd yr Ymddiriedolaeth, ochr yn ochr ag 20 o gerbydau hybrid plygio i mewn Ford Transit Custom diolch i fuddsoddiad o £22.4 miliwn gan Lywodraeth Cymru mewn cerbydau glanach a mwy gwyrdd.

- mae'r Ymddiriedolaeth yn treialu diffibrilwyr a ddanfonir gan ddrôn mewn partneriaeth â Phrifysgol Warwick a SkyBound i archwilio a allent wneud gwahaniaeth i rywun sydd wedi cael ataliad y galon
- lansiodd GIG 111 Cymru Albot, cynorthwyydd rhithwir sy'n cael ei bweru gan ddeallusrwydd artiffisial i ddarparu cyngor iechyd cyflymach a mwy di-dor ar-lein fel rhan o welliannau ehangach i'r wefan
- mae gwaith yr Ymddiriedolaeth i ddigideiddio cofnodion cleifion wedi cyrraedd rhestr fer Gwobr Ddigidol HSJ yn y categori Cyflawniad Rhagorol mewn Gweithredu ac Optimeiddio Cofnod Electronig am Gleifion.

Darparwr gofal rhagweithiol, hygyrch a theg:

- cyflwynodd yr Ymddiriedolaeth gategorïau galwadau 999 newydd i sicrhau bod cleifion yn cael y gofal cywir ar gyfer eu hanghenion mae'r newidiadau mewn ymateb i fesuriadau perfformiad newydd gan Lywodraeth Cymru a'r ffocws parhaus ar ganlyniadau i gleifion, ac nid yn unig ar amseroedd ymateb
- mae clinigwyr arbenigol newydd wedi cael eu penodi i gefnogi parafeddygon a nyrsys mewn canolfannau cyswllt clinigol i gynnal ymgynghoriadau o bell, gan alluogi mwy o gleifion i dderbyn gofal yn nes at y cartref
- yr Ymddiriedolaeth bellach yw'r sefydliad sy'n cynnal Achub Bywyd Cymru, rhaglen i hyrwyddo CPR cynnar a diffibrilio a gwella hygyrchedd diffibrilwyr ledled Cymru.

Mae'r Ymddiriedolaeth yn adeiladu ar yr amcanion hyn yn ei Chynllun Tymor Canolig Integredig 2026-29. Cymeradwywyd Cynllun Tymor Canolig Integredig 2026-29 yr Ymddiriedolaeth gan Fwrdd yr Ymddiriedolaeth ar 26 Mawrth 2026.

Llywodraethu corfforaethol a rheoli risg

Mae'r Ymddiriedolaeth wedi cynnal llywodraethu corfforaethol a rheolaeth ariannol gref, fel y dangosir gan asesiad strwythuredig cadarnhaol gan Archwilio Cymru a thrwy aros ar lefel uwchgyfeirio un. Mae adolygiad effeithiolrwydd annibynnol o'r Bwrdd wedi'i gomisiynu i gryfhau gafael strategol a chapasiti ymhellach. Mae'r Ymddiriedolaeth wedi wreiddio diwylliant risg cryf ar lefel y Bwrdd, gyda'r prif risgiau'n gysylltiedig ag amcanion strategol ac yn destun goruchwyliaeth reolaidd. Mae'r Ymddiriedolaeth yn datblygu ac yn gwreiddio Fframwaith Sicrwydd y Bwrdd strategol a datganiadau
parodrwydd i dderbyn risg fel rhan o adnewyddu strategaeth 2026/27. Mae rhagor o fanylion am y meysydd llywodraethu hyn wedi'u nodi yn Rhan 2 o'r Adroddiad Atebolrwydd.

Sefyllfa ariannol a chynaliadwyedd

Mae gan yr Ymddiriedolaeth hanes cryf o gyflawniad ariannol, gan gydbwyso ei chyllideb heb yr angen am unrhyw gefnogaeth allanol ar gyfer pob un o'r 10 mlynedd diwethaf. Mae hyn wedi'i ategu gan reolaeth ariannol gref a chywirdeb sy'n amlwg mewn amrywiaeth o werthusiadau allanol, gan gynnwys Asesiadau Strwythuredig blynyddol Archwilio Cymru, amrywiol Adroddiadau Archwilio Mewnol a thrwy gael barn ddiamod ar ei Gyfrifon Blynyddol.

Datblygodd yr Ymddiriedolaeth gynllun ariannol uchelgeisiol ond cyraeddadwy ar gyfer 2025/26 fel rhan o'r Cynllun Tymor Canolig Integredig, gan gyflwyno cynllun ariannol cytbwys ond nid heb rai risgiau cynhenid, gan gynnwys mewn perthynas â rhagdybiaethau ynghylch cyflawni arbedion. Roedd y cynllun ariannol yn seiliedig ar set o dybiaethau incwm allweddol ynghyd â tharged arbedion uchelgeisiol o £8.5m (tua 3%).

Roedd perfformiad ariannol refeniw ar ddiwedd y flwyddyn ar gyfer 2025/26 yn warged o £78mil yn unol â'r cynlluniau arbedion ariannol (£8.5m) sy'n cefnogi'r Cynllun Tymor Canolig Integredig, cyflawnwyd arbedion gros o £8.555m yn ystod y flwyddyn 2025/26, felly gorgyflawniad bach o £0.055m. Un peth cadarnhaol arall yw lefel yr arbedion cylchol sy'n cael eu cyflawni nawr, sy'n cynyddu o flwyddyn i flwyddyn. Roedd Polisi Taliadau'r Sector Cyhoeddus ar y trywydd iawn, gyda pherfformiad o 98.4% ar gyfer nifer, a 98.8% ar gyfer gwerth, yr anfonebau nad ydynt yn ymwneud â'r GIG a dalwyd o fewn 30 diwrnod (targed o 95%).
Gosodwyd terfyn gwariant cyfalaf 2025/26 ar £33.176m, a gwariwyd yr un ffigur yn ystod y flwyddyn.

Mae rhagor o wybodaeth ar gael yn y datganiadau ariannol yn Rhan 3, sydd wedi'u paratoi ar sail busnes gweithredol. Nodwyd bod y pedwerydd Diweddariad Technegol a gyhoeddwyd yn ystod y flwyddyn gan Lywodraeth Cymru ar 5 Rhagfyr 2025 mewn perthynas â 'chyfraddau disgownt 2025-26 ar gyfer darpariaethau cyffredinol, buddion ôl-gyflogaeth, offerynnau ariannol a lesoedd (o dan IFRS 16): cyhoeddi cyfraddau', yn berthnasol i'r Ymddiriedolaeth.

Crëwyd y Rhaglen Cynaliadwyedd Ariannol a sefydlwyd ym mis Mai 2022 i ddarparu cynaliadwyedd ariannol, sicrwydd a goruchwyliaeth er mwyn galluogi cyflawni amcanion y Cynllun Tymor Canolig Integredig. Ers ei sefydlu, mae'r rhaglen wedi canolbwyntio ar gyflawni arbedion ac effeithlonrwydd tra hefyd yn nodi cyfleoedd i gynhyrchu incwm

newydd. Wrth symud ymlaen, bydd yn monitro cynlluniau arbed a chyflawniad ac yn ystyried canlyniad adolygiad gwasanaeth a meincnodi'r Cyd-bwyllgor Comisiynu i drawsnewid gwasanaethau i fod yn effeithiol, gan helpu i gynllunio ar gyfer blynyddoedd ariannol y dyfodol.
Ym mis Ionawr 2024, cyflogwyd Akeso Consultancy i gynnal dadansoddiad marchnadoedd o gyfleoedd masnachol, ac erbyn mis Mawrth 2024, cyflwynwyd y canfyddiadau i'r bwrdd.

Derbyniwyd yr argymhellion, a chymeradwywyd cyllid i recriwtio Pennaeth Datblygu Masnachol, a ddechreuodd yn ei rôl ym mis Hydref 2025. Drwy Bwyllgor Llywio Masnachol pwrpasol, bydd yr Ymddiriedolaeth yn ceisio meithrin partneriaethau masnachol dibynadwy ac arloesol, creu gwerth cynaliadwy, a galluogi ailfuddsoddi mewn gofal cleifion a lles cymunedol ledled Cymru. Bydd y 12 mis cyntaf yn cael eu treulio yn meithrin capasiti gyda thargedau incwm i'w nodi wedyn ar gyfer 2027/28 a thu hwnt.

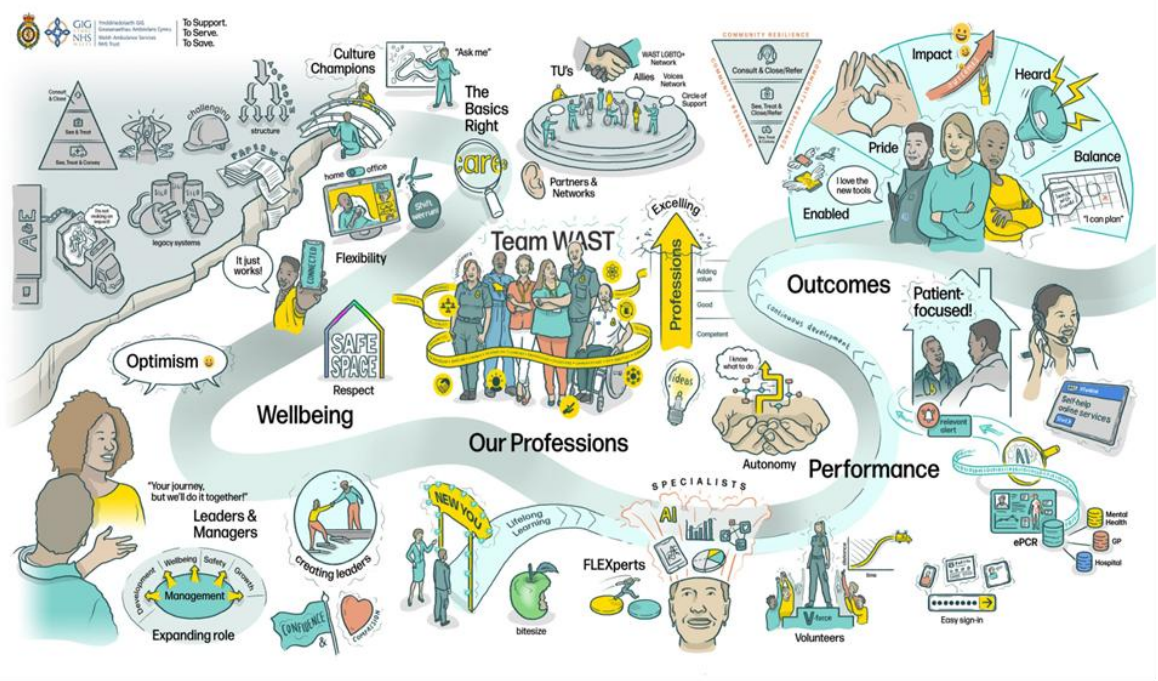
Mae datblygiadau diweddar wedi cynnal ffocws cryf ar effeithlonrwydd cost a chynhyrchu incwm. Mae pob un o'r 24 argymhelliad o Adolygiad Gweinyddol a Chymorth 2023 wedi'u gweithredu neu eu gwreiddio yng nghynlluniau'r cyfarwyddiaethau, ac mae'r adolygiad wedi'i gau'n ffurfiol gyda chymeradwyaeth gan y Grŵp Llywodraethu FSP.

Yn ogystal, cwblhawyd Adolygiad Gwasanaeth cynhwysfawr ar draws y sefydliad yn 2023, gan ymgysylltu â mwy na 50 o feysydd gwasanaeth a chynhyrchu mwy na 330 o gynigion gwella. Mae'r argymhellion hyn wedi'u strwythuro'n bedair haen o weithredu, wedi'u cefnogi gan fecanweithiau llywodraethu i sicrhau blaenoriaethu, atebolrwydd a gwireddu buddion. Mae adolygiad ar y gweill ar hyn o bryd i fesur cynnydd yn erbyn y camau gweithredu. Er mwyn cryfhau'r gwaith hwn, bydd Grŵp Cyfleoedd Prosiect yn cael ei sefydlu'n fuan i nodi, cwmpasu ac asesu cyfleoedd ar gyfer arbedion sy'n rhyddhau arian parod, osgoi gwariant ac yn cynhyrchu incwm ychwanegol.

Wrth edrych ymlaen, mae'r camau nesaf yn cynnwys drafftio'r Cynllun Datblygu Masnachol a chwblhau camau gweithredu'r Adolygiad Gwasanaeth erbyn mis Ionawr 2026, cynnal cyfarfod cyntaf Grŵp Datblygu Masnachol y Rhaglen Cynaliadwyedd Ariannol ym mis Ionawr 2026, lansio'r Grŵp Cyfleoedd Prosiect ym mis Chwefror 2026, a chyhoeddi'r Cynllun Datblygu Masnachol ym mis Mawrth 2026.

Diwylliant a'r gweithlu

Mae Cynllun Pobl a Diwylliant y sefydliad yn adlewyrchu uchelgais yr Ymddiriedolaeth i greu diwylliant cadarnhaol, cynhwysol a pherfformiad uchel lle mae cydweithwyr yn teimlo eu bod yn cael eu gwerthfawrogi a'u cefnogi.



I fesur cynnydd, adolygir dangosyddion allweddol sy'n dangos effaith y cynllun. Mae'r data diweddaraf (Rhagfyr 2025) yn tynnu sylw at y canlyniadau canlynol, gyda rhai manylion pellach wedi'u darparu yn yr adrannau canlynol o'r pecyn tystiolaeth hwn:

Metrig	Mawrth 2026	Tuedd	Sylwebaeth
Rhwydweithiau Pobl	Aelodaeth yn fwy na 1,000 ar draws 10 o rwydweithiau	⟺	Mae bron i chwarter y gweithlu bellach yn ymwneud â Rhwydweithiau Pobl yr Ymddiriedolaeth. Mae deg o Rwydweithiau Pobl ar waith i gefnogi cydweithwyr sydd â phrofiad byw neu sy'n gynghreiriaid i bobl a allai wynebu anfantais neu wahaniaethu. Ar ôl gweld manteision y rhwydweithiau presennol, eleni bu awydd i sefydlu Rhwydwaith Iaith a Diwylliant Cymraeg newydd a Rhwydwaith Cyn-filwyr newydd. Mae adolygiad o Rwydweithiau Pobl yr Ymddiriedolaeth wedi'i gynllunio ar gyfer 2026

Metrig	Mawrth 2026	Tuedd	Sylwebaeth
			gyda chyflwyniad Noddwyr Gweithredol ar gyfer pob rhwydwaith i gryfhau'r berthynas rhwng y rhwydweithiau a Bwrdd yr Ymddiriedolaeth i helpu i ddylanwadu ar newid a gwella gwneud penderfyniadau.
Achosion disgyblu	46 o achosion agored	⟷	Yn gyson â chyfnodau adrodd eraill
Cais ffurfiol am ddatrysiad	13 o geisiadau	⟷	Yn gyson â chyfnodau adrodd eraill
Trosiant staff	7.75%	⟷	Yn gyson, sy'n dynodi gwell cadw staff a boddhad swydd sy'n gysylltiedig ag Ein Ffordd WAST a mentrau lles.
Absenoldeb (12 mis treigl)	7.92%	⟷	Yn gyson â chyfnodau blaenorol
Absenoldeb (mewn mis)	7.47%	↓	Tuedd fach ar i lawr dros dri mis ond mae'n parhau i fod uwchlaw'r gyfradd tynnu dŵr a gynlluniwyd ac felly mae'n effeithio ar ein gallu i ddefnyddio adnoddau'n llawn. Fodd bynnag, mae hyn yn adlewyrchu pwysau tymhorol (ffliŵ/feirws syncytiol anadlol (RSV)), gydag enghreifftiau o sawl bwrdd iechyd a WAST (mewn rhai amgylchiadau) eisoes yn gorchymyn gwisgo masgiau i leihau haint pellach i staff. O fis Chwefror 2026 ymlaen, bydd y Tîm Iechyd Galwedigaethol a Lles wedi symud i'r Tîm Gwasanaethau Pobl, a fydd yn arwain at ddull tîm amlddisgyblaethol o gefnogi absenoldeb cyfannol i reolwyr a gweithwyr.
Hyfforddiant statudol a gorfodol	91.62%	↑	Cynnydd bach o'i gymharu â'r dychwelid data blaenorol ac mae'n parhau i fod uwchlaw targed Llywodraeth Cymru o 85%, gan atgyfnerthu'r

Metrig	Mawrth 2026	Tuedd	Sylwebaeth
			ymrwymiad i ddysgu a chydymffurfiaeth reoleiddiol.
AGDP (gweler isod)	76.65%		Yn gyson â chyfnodau blaenorol, gan amlygu'r angen i wreiddio sgyrsiau perfformiad a datblygu yn gryfach. Tuedd fach ar i fyny ond yn parhau i fod islaw targed 85% LIC.

Diwylliant sefydliadol

Mae'r Ymddiriedolaeth wedi gweithio'n galed ers nifer o flynyddoedd i wella ei harweinyddiaeth a'i diwylliant wrth gydgrynhoi ei llywodraethiant i sicrhau trylwyredd, gafael a pharhad. Un agwedd benodol lle mae cryn dipyn o amser ac adnoddau wedi'i fuddsoddi yw creu diwylliant sydd yn ddiogel yn rhywiol ac yn gynhwysol, lle mae cydweithwyr yn teimlo eu bod yn gallu lleisio barn. Mae hyn wedi arwain at yr Ymddiriedolaeth yn dod yn sefydliad blaenllaw yn y sector ym maes newid diwylliannol sefydliadol.

Mae'r Ymddiriedolaeth wedi gwneud cynnydd nodedig o ran cyflawni amcanion y Cynllun Cydraddoldeb Strategol. Mae amrywiaeth y gweithlu wedi gwella, gyda chynnydd mewn cynrychiolaeth ymhlith staff lleiafrifoedd ethnig, cydweithwyr ag anableddau, cymunedau LHDTC+ a siaradwyr Cymraeg. Mae'r bwlch cyflog rhwng y rhywiau wedi lleihau i 5.3%, ac mae dadansoddiad cynnar o Safon Cydraddoldeb Hil y Gweithlu yn dangos newidiadau cadarnhaol ym mhrofiadau staff lleiafrifoedd ethnig ac ehangu cynrychiolaeth. Mae cydbwysedd rhywedd yn parhau'n gryf, gyda menywod bellach yn cyfrif am 55.6% o'r gweithlu. Mae'r cyflawniadau hyn wedi cael eu cefnogi gan fentrau sy'n canolbwyntio ar arweinyddiaeth a diwylliant, ymgyrchoedd recriwtio cynhwysol, a mynediad gwell at wasanaethau cyfieithu ar y pryd a chyfieithu, gan gynnwys Iaith Arwyddion Prydain.

Er gwaethaf y cyflawniadau hyn, mae heriau'n parhau, yn enwedig o ran blaenoriaethau cystadleuol a chyfyngiadau adnoddau, a all gyfyngu ar ymgysylltiad â mentrau'r Cynllun Cydraddoldeb Strategol. Mae demograffeg bresennol y gweithlu hefyd yn peri rhwystrau i wireddu uchelgais yr Ymddiriedolaeth yn llawn o ddod yn gyflogwr a darparwr gwasanaeth gwirioneddol gynhwysol.

Mae'r Ymddiriedolaeth yn cryfhau ei dull o adolygu a llunio diwylliant ar draws y sefydliad drwy broses datblygu sefydliadol strwythuredig, sy'n seiliedig ar dystiolaeth, sef y fframwaith "Gweithio'n Dda Gyda'n Gilydd", wedi'i ategu gan yr offeryn Sgôr Rhybudd Cynnar Diwylliannol (CEWS). Mae CEWS wedi'i ddatblygu'n fewnol ac mae'n gweithredu fel canllaw cefnogol a rhyngweithiol i reolwyr a thimau asesu diwylliant eu tîm ar y cyd, gan fynd i'r afael â dangosyddion allweddol fel ymgysylltiad, dynameg perthnasoedd, newid, lles, pryderon ymddygiad, presenoldeb, a metrigau allweddol eraill am bobl. Mae bellach yn cael ei rannu â nifer o sefydliadau'r GIG ledled Cymru i hwyluso asesiad rhagweithiol ac olrhain gwelliant mewn newid diwylliannol. Mae effaith yr offeryn a'r gefnogaeth gysylltiedig wedi bod yn gadarnhaol pan gaiff ei fabwysiadu mewn meysydd penodol o'r busnes ac mae'r dull hwn sy'n seiliedig ar dystiolaeth o gyflawni newid diwylliannol cynaliadwy ar lefel leol wedi'i groesawu a'i rannu'n ehangach. Mae adborth gan y cynllun peilot wedi dangos bod defnyddio CEWS wedi creu lle ar gyfer sgyrsiau agored a gonest, gan archwilio themâu neu resymau sy'n effeithio ar eu diwylliant nad oedd gan dimau o bosibl o'r blaen, gan gryfhau dealltwriaeth a rennir, cynyddu cefnogaeth a galluogi staff i gyfrannu'n weithredol at nodi a mynd i'r afael â phryderon diwylliannol a theimlo bod eu llais wedi'i glywed.

Mae Codi Llais heb Ofn yn parhau i fod yn ymrwymiad parhaus i'r Ymddiriedolaeth, gan greu diwylliant lle mae staff yn teimlo eu bod wedi'u grymuso i godi pryderon yn ddiogel ac yn hyderus. Mae Adroddiad Blynyddol Codi Llais heb Ofn ar gyfer y cyfnod 1 Gorffennaf 2024 i 30 Mehefin 2025 yn dangos bod 113 o bryderon wedi'u codi, gyda 56% wedi'u cyflwyno'n uniongyrchol i'r Gwarcheidwad a 44% drwy'r platfform Gweithio'n Hyderus. Dyfarnodd archwiliad PCGC sgôr sicrwydd rhesymol, gan adlewyrchu llywodraethu a phrosesau cadarn.

Y Gymraeg

Mae'r Ymddiriedolaeth yn gwerthfawrogi ac yn parchu ein staff, defnyddwyr gwasanaethau a rhanddeiliaid sy'n siarad Cymraeg, gan gefnogi'n weithredol recriwtio, cadw a datblygu siaradwyr Cymraeg ar draws y sefydliad. Mae darparu gwasanaethau dwyieithog yn hanfodol i ddarparu gofal diogel, cyfartal ac sy'n canolbwyntio ar y person, yn enwedig i'r grwpiau blaenoriaeth hynny a nodwyd yng nghynllun Mwy na Geiriau.

Mae Fframwaith Iaith yr Ymddiriedolaeth, sy'n gwreiddio Cynllun Gweithredu Mwy na Geiriau 2022-2027, yn nodi nodau ac amcanion yr Ymddiriedolaeth i gynyddu gweledigedd, hygyrchedd, a defnydd beunyddiol o'r Gymraeg a chyfleoedd ar gyfer y Gymraeg. Mae

hefyd yn amlinellu targedau i wella cefnogaeth i gymunedau sy'n siarad Cymraeg ac i'n dysgwyr Cymraeg sy'n datblygu eu sgiliau iaith.

Mae arweinyddiaeth gref yn chwarae rhan hanfodol wrth hyrwyddo'r agenda hon. Mae'r bwrdd yn hyrwyddo'r Gymraeg drwy arweinyddiaeth weladwy, trefniadau llywodraethu clir, ac integreiddio o fewn cynllunio strategol. Am y rheswm hwn y mae'r 'Cynnig Rhagweithiol' yn eistedd ochr yn ochr â'r Cynllun Cydraddoldeb Strategol ac yn ystyried y gwaith cydraddoldeb, amrywiaeth a chynhwysiant ehangach, a'r Cynllun Pobl a Diwylliant gyda goruchwyliaeth o'r cynllun hwnnw, ac Adroddiad Blynyddol Safonau'r Gymraeg gan y bwrdd.

Mae safonau darparu gwasanaethau (gohebiaeth a galwadau ffôn) wedi gwella yn dilyn cyflwyno gwasanaeth cyfieithu mewnol, yn ogystal â'r gallu i gyfieithu gohebiaeth, llwyfannau cyfathrebu a chyhoeddiadau'n gyflym ac yn ehangach a chyd-fynd â safonau. Mae mwy o waith i'w wneud fodd bynnag ar wasanaethau derbynfa fel y man galw cyntaf i siaradwyr Cymraeg.

Mae safonau llunio polisïau wedi gwella'n sylweddol dros y ddwy flynedd ddiwethaf gyda chyflwyno Polisi Iaith Gymraeg a'i integreiddio i broses bolisi'r Ymddiriedolaeth ac yn ddiweddar fe'i cynhaliwyd gan archwiliad mewnol fel amcan sicrwydd sylweddol. Asesiad o'r effaith ar y Gymraeg ar gyfer pob polisi Ymddiriedolaeth.

Mae cydymffurfedd â safonau gweithredol (h.y. defnyddio'r Gymraeg yn fewnol) yn cryfhau bob blwyddyn, gyda chynnydd sylweddol yn nifer yr adnoddau sydd ar gael i staff yn fewnol ac yn ganolog. Mae 95.96% o staff wedi hunanasesu a chofnodi eu sgiliau iaith Gymraeg ar y system Cofnod Staff Electronig (ESR). Anogir staff sy'n asesu ar lefel 0 i symud ymlaen i lefel 1 wrth iddynt gwblhau cyrsiau iaith Gymraeg.
Bu cynnydd cyson yn nifer y defnyddwyr gwasanaeth sy'n defnyddio gwasanaethau Cymraeg wrth ffonio GIG 111 Cymru a NEPTS. Caiff defnyddwyr gwasanaeth eu croesawu gyda chyfarchiad dwyieithog, ac yna ein system Ymateb Llais Integredig sy'n caniatáu i alwyr ddewis yr iaith sydd well ganddynt, sef Cymraeg neu Saesneg. Yn ystod 2023/24 gwelodd Gwasanaeth GIG 111 Cymru gynnydd sylweddol ym mherfformiad ateb galwadau yn y Gymraeg gan godi o 18% yn 2022/23 i 45%. Yn 2024/25, arhosodd perfformiad yn sefydlog ar 45.7%. Mae cynllun gwella ar waith, sy'n cynnwys recriwtio wedi'i dargedu, proffilio galwyr a staffio dros y penwythnos, a hyblygrwydd optio allan i alwyr. Yn ystod 2024/25 roedd perfformiad NEPTS ar ateb galwadau yn y Gymraeg yn 77%. Mae cynllun ar waith i

flaenoriaethu recriwtio siaradwyr Cymraeg a'i alinio â'r strategaeth gweithlu ehangach ar gyfer 2026/27.

Yn 2026/27 bydd yr Ymddiriedolaeth yn datblygu ei chynllun ymgynghori clinigol pum mlynedd yn unol â Safon 110. Rydym wedi gweithio mewn partneriaeth â Swyddfa Comisiynydd y Gymraeg yn 2025/26 gyda ffocws ar ofal clinigol o bell i gefnogi cynnydd cynaliadwy mewn darpariaeth gwasanaeth dwyieithog.

Mae swyddogion ymchwilio sy'n siarad Cymraeg bellach ar gael pe bai staff yn dymuno i'w cwynion a'u gweithdrefnau disgyblu gael eu cynnal drwy gyfrwng y Gymraeg. Mae gan dudalen Gymraeg y fewnrwyd nifer gynyddol o adnoddau i staff gyda sesiynau hyfforddi yn cael eu darparu i uwch arweinwyr i gynyddu hyder wrth ddefnyddio'r Gymraeg wrth gynnal cyfarfodydd. Ers cyflwyno'r cyrsiau ymwybyddiaeth o'r Gymraeg gorfodol ar 1 Ebrill 2023, mae 78% o staff wedi cwblhau'r cwrs. Caiff y cwrs ei hyrwyddo fel rhan o Ddiwrnodau Croeso WAST ar gyfer staff newydd ac yn ystod hyrwyddo digwyddiadau diwylliannol Cymru.
Mae cwrs Cymraeg i ddechreuwyr newydd ar gyfer staff y Gwasanaethau Meddygol Brys wedi cael ei ddatblygu mewn partneriaeth â'r Ganolfan Dysgu Cymraeg Genedlaethol. Mae'r cwrs, sy'n cael ei arwain gan diwtor ar Teams, wedi'i deilwra ar gyfer staff sydd eisiau gallu ymgysylltu â'n cleifion sy'n siarad Cymraeg yn y pwynt cyswllt cyntaf hwnnw.

Mae safonau cadw cofnodion yn dangos bod safonau'n cael eu cynnal yn dda, gydag 1 gŵyn wedi'i derbyn yn ymwneud â'r iaith Gymraeg yn 2025/26. Dychwelodd archwiliad mewnol 2025/26 ar yr iaith Gymraeg sgôr sicrwydd rhesymol ar ein trefniadau i wreiddio'r iaith Gymraeg yn yr Ymddiriedolaeth.

Ymgysylltu â staff

Mae ymgysylltu â staff yn hanfodol i ddiwylliant a pherfformiad sefydliadol. Roedd cyfradd ymateb Arolwg Staff GIG Cymru 2025 yn 43.2%, cynnydd parhaus o 35.2% yn 2024 a 23.2% yn 2023. Mae'r duedd ar i fyny hon yn adlewyrchu cyfranogiad cynyddol cydweithwyr a hyder bod adborth yn cael ei weithredu.

Dros y flwyddyn ddiwethaf, mae dulliau ymgysylltu wedi cael eu cryfhau drwy wneud y canlynol:

- datblygu cyfathrebu sy'n ystyriol o ymddygiad
- cau dolenni adborth a dangos effaith weladwy

- cyflwyno arolygon pwls chwarterol sy'n cyd-fynd ag Ein Ffordd WAST i archwilio themâu sy'n dod i'r amlwg a chefnogi gwelliant parhaus
- darparu data ar lefel cyfarwyddiaeth i alluogi cynlluniau gweithredu lleol wedi'u targedu

Bydd arolygon pwls yn parhau i helpu cyfarwyddiaethau i brofi effeithiolrwydd camau gweithredu a gwneud addasiadau prydlon. Unwaith y bydd canlyniadau terfynol yr arolwg ar gael yn chwarter 4, bydd yr Ymddiriedolaeth yn gwneud y canlynol:

- cyhoeddi trosolwg sefydliadol ar ffurf ffeithlun
- rhannu dadansoddiad manwl gyda'r bwrdd, y tîm gweithredol, a Phartneriaid Undebau Llafur
- nodi themâu blaenoriaeth i lunio cylch arolwg pwls y flwyddyn nesaf a gweithgaredd ymgysylltu ehangach

Cynhelir rhaglen gynhwysfawr o'r bwrdd i'r rheng flaen yn weithredol, gan feithrin ymgysylltiad a thryloywder ledled y gweithlu. Wedi'i hyrwyddo trwy amrywiaeth o sianeli megis sioeau teithiol y Tîm Arwain Gweithredol, ymweliadau gan Gyfarwyddwyr Anweithredol, sesiynau WAST Live, blogiau a blogiau fideo. Mae'r gweithgareddau parhaus hyn yn sicrhau gweledegd cryf a chyfathrebu uniongyrchol rhwng y bwrdd a'r staff ar draws pob lefel o'r sefydliad.

Mae'r Ymddiriedolaeth yn gynyddol bryderus am yr effaith y mae'r amgylchedd gwaith presennol yn ei chael ar ein staff, gan fod llawer wedi nodi eu bod yn teimlo'n flinedig ac yn rhwystredig, ochr yn ochr â chynnydd mewn achosion o gam-drin gan gleifion a'r cyhoedd. Er bod materion fel diffygiad a lludded wedi cael eu hamlygu o'r blaen drwy'r arolwg staff, er enghraifft, mae'n amlwg bod yr heriau hyn yn parhau i effeithio'n sylweddol ar fywydau personol ein pobl. Am y rheswm hwn, mae Iechyd a Llesiant yn flaenoriaeth, gan gynnig offer ac adnoddau ymarferol i helpu cydweithwyr a rheolwyr i adnabod arwyddion cynnar o straen a diffygiad, hwyluso trafodaethau lles ystyrlon, a gwneud addasiadau rhesymol i'r bobl sydd â chyflyrau iechyd hirdymor. Darperir mwy o fanylion yn yr adran isod.

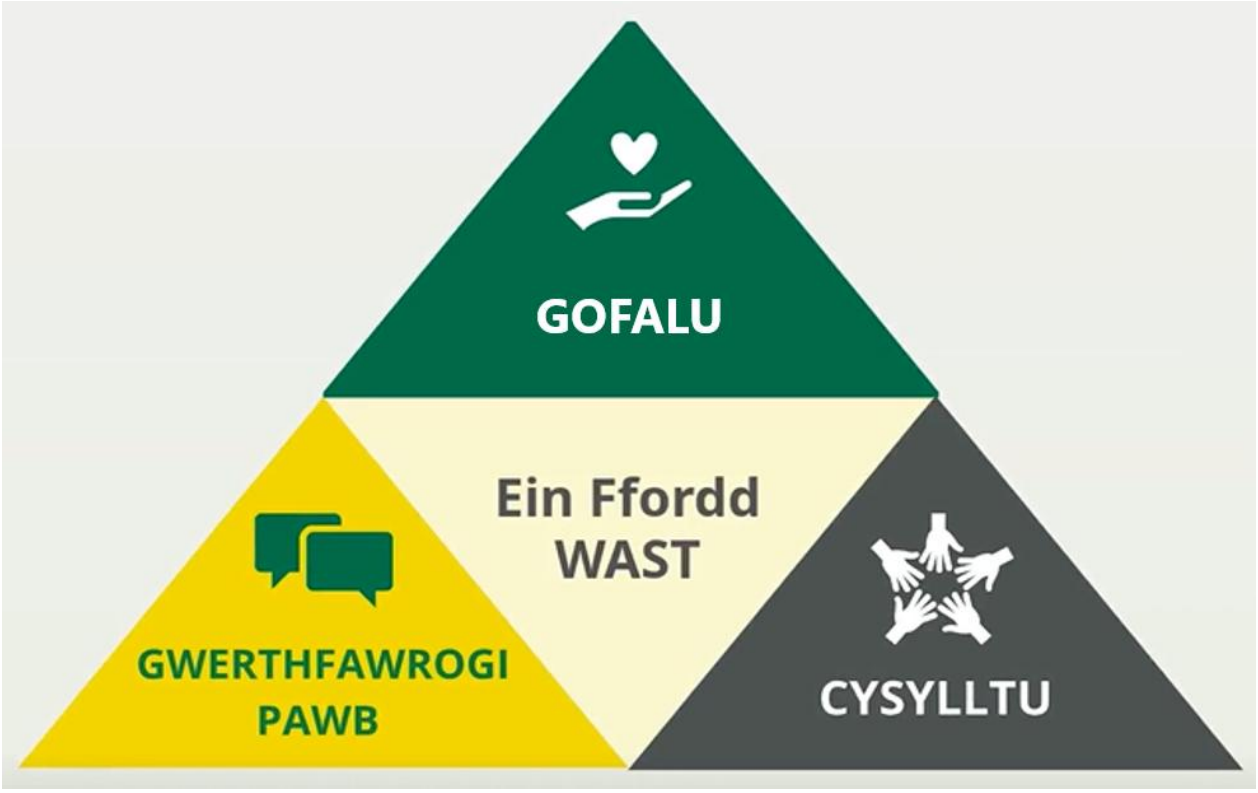
Ochr yn ochr â hyn, mae'r Ymddiriedolaeth wedi cydnabod bod y lefel o newid o fewn y sefydliad wedi bod yn sylweddol. Mae'r dull newid yn adlewyrchu ein hymrwymiad i werthfawrogi ein pobl, gan gydnabod y cysylltiad uniongyrchol rhwng profiad cydweithwyr a phrofiad cleifion. Mae newid sy'n cael ei reoli'n wael yn cynyddu pwysau, ansicrwydd a diffygiad ond os caiff ei wneud yn dda, mae'n cefnogi hyder, lles a pherfformiad cynaliadwy. Mae newid sy'n cael ei reoli'n effeithiol yn cael ei wreiddio fel bod cefnogi pobl trwy newid yn syml yn sut mae pethau'n cael eu gwneud ac nid yn ychwanegiad dewisol.

Yn hytrach na dibynnu ar grŵp bach o arbenigwyr, mae gallu yn cael ei adeiladu ledled y sefydliad, gan gyfarparu arweinwyr a thimau i arwain a chefnogi newid yn lleol. Mae'r sgiliau a'r ymddygiadau hyn wedi'u gwreiddio yn fframwaith arweinyddiaeth a rheolaeth (Ein Ffordd WAST), ac wedi'u hatgyfnerthu trwy Gymuned Newid sy'n tyfu a'u cefnogi gan becyn cymorth ymarferol, pwrpasol. Yn gyffredinol, mae'r dull hwn yn cadw newid yn syml ac yn hygyrch, wedi'i alinio â gwelliant parhaus a chyflawni prosiectau, gan sicrhau bod newid yn teimlo'n gynhwysol, yn gefnogol ac yn gynaliadwy

Yn unol â'r uchelgais i fod yn gyflogwr o ddewis ac i wella profiad cyffredinol y gweithiwr ac yn dilyn y sesiynau hyfforddi gweithio hyblyg a gyflwynwyd i'r Gyfarwyddiaeth Gweithrediadau, rhwng mis Awst 2024 a mis Rhagfyr 2025, cyflwynwyd cyfanswm o 460 o geisiadau gweithio hyblyg. O'r rhain, mae 258 wedi'u cymeradwyo, 9 wedi'u gwrthod, ac mae 193 yn parhau i gael eu prosesu. Gyda'i gilydd, mae'r camau hyn yn meithrin deialog fwy agored, ymatebol a chynaliadwy gyda chydweithwyr am eu profiad yn y gwaith.

Datblygu arweinyddiaeth

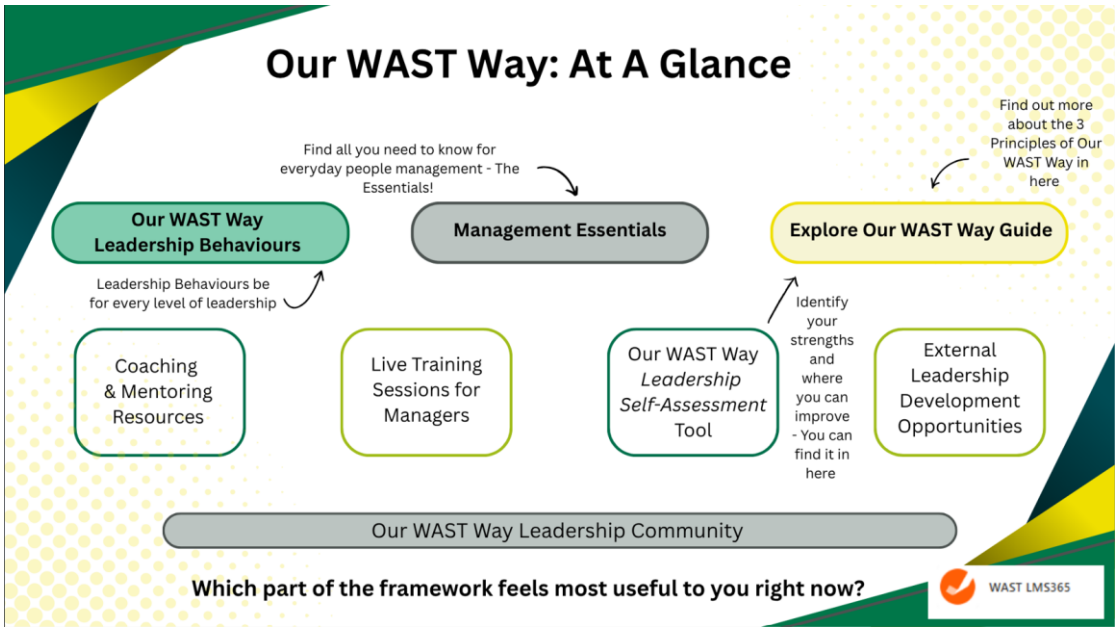
Lansiodd yr Ymddiriedolaeth ei fframwaith arweinyddiaeth a rheolaeth newydd, *Ein Ffordd WAST*, ym mis Mai 2025, sydd wedi'i adeiladu ar egwyddorion Gofal, Cysylltu, a Gwerthfawrogi Pawb. Mae'n adlewyrchu safonau arweinyddiaeth cenedlaethol a'r hyn y mae



staff yr Ymddiriedolaeth wedi dweud sydd bwysicaf. Canolbwyntiodd Cam Un ar wreiddio'r fframwaith drwy gyflwyno offer ymarferol i gefnogi arweinyddiaeth bob dydd.

Mae'r cyflenwad yn ystod y flwyddyn eisoes wedi dangos tyniant cadarnhaol. Mae mwy na 280 o gydweithwyr wedi cwblhau'r llyfryn rhyngweithiol a'r offeryn hunanasesu, mae dros 130 wedi cael mynediad at Hanfodion Rheoli, a dros 500 wedi mynychu dysgu byw drwy Ein Ffordd WAST a Sgyrsiau Hanfodol. Ochr yn ochr â hyn, mae'r Gymuned Arweinyddiaeth bellach wedi tyfu i bron i 400 o gydweithwyr, gan ddangos awydd clir am ddysgu a chysylltiad ar y cyd. Mae'r lefel hon o ymgysylltiad ystyrlon yn dangos bod y fframwaith yn apelio at gydweithwyr ac eisoes yn helpu i feithrin sgyrsiau mwy hyderus, arfer arweinyddiaeth mwy cyson, a diwylliant mwy cysylltiedig.

Mae'r rhaglen bellach yn symud ymlaen i gam dau, a fydd yn canolbwyntio ar alinio rhaglenni dysgu ffurfiol â'r fframwaith a chryfhau gallu hyfforddi a mentora ar draws lefelau arweinyddiaeth.



Mae'r dull cynllunio olyniaeth arweinyddiaeth hwn yn canolbwyntio ar gryfhau gallu arweinyddiaeth ar bob lefel. Er bod rhaglenni datblygu ffurfiol yn parhau i fod yn bwysig a bod arweinwyr y dyfodol yn parhau i gael eu cefnogi trwy fentrau cenedlaethol fel y rhaglen Cyfarwyddwr Gweithrediadau Uchelgeisiol ar gyfer y sector ambiwlans, yn ogystal â rhaglenni a gyflwynir gan AaGIC, Academi Arweinyddiaeth y GIG ac Academi Cymru, mae'r

Ymddiriedolaeth hefyd yn blaenoriaethu'r cysylltiadau sy'n gwneud arweinyddiaeth yn effeithiol. Mae hyn yn cynnwys meithrin perthnasoedd cadarnhaol a chydlyniad ar draws y sefydliad.

Mae gwaith diweddar wedi canolbwyntio ar y Tîm Arwain Gweithredol, ei adroddiadau uniongyrchol, a'r gymuned uwch arweinyddiaeth ehangach, gan gynnwys y bwrdd, i gyd yn cyd-fynd ag egwyddorion Ein Ffordd WAST. Mae gweithdai a sesiynau ymgysylltu wedi'u cynnal ar gyfer uwch arweinwyr, gan ganolbwyntio ar gydweithio, ymddiriedaeth a gweithio traws-swyddogaethol. Mae'r sesiynau hyn wedi cryfhau cysylltiadau ar draws y gymuned uwch arweinyddiaeth, gan helpu i adeiladu cymuned arweinyddiaeth unedig. Mae hyn yn rhoi cyfle i unigolion weld gwahanol ddulliau, meysydd gwaith a chyfleoedd, a fydd yn hanfodol wrth ddatblygu talent yn y dyfodol.

Mae gallu arweinwyr i gael sgyrsiau effeithiol ac ystyrlon gyda'u staff yn hanfodol i wella lles a gwydnwch. Er bod cyfraddau cwblhau Adolygiadau Gwerthuso a Datblygu Perfformiad (AGDP) yn parhau i fod islaw targed Llywodraeth Cymru o 85%, mae'n bwysig sicrhau bod sgyrsiau AGDP yn rhai ystyrlon sy'n cefnogi datblygiad ac ymgysylltu, yn hytrach na chael eu gweld yn unig fel ymarfer cydymffurfio.

Felly, ffocws y sefydliad yw trawsnewid AGDP yn broses sy'n ychwanegu gwerth go iawn. Mae'r gwaith hwn yn rhan o'r fenter Sgyrsiau Hanfodol ehangach, sy'n anelu at feithrin hyder a gallu rheolwyr i gael sgyrsiau rheolaidd ac anffurfiol gyda'u timau. Drwy wreiddio sgyrsiau dal i fyny un-i-un rheolaidd drwy gydol y flwyddyn, bydd y broses AGDP yn cael ei chefnogi gan ddeialog barhaus, gan wneud yr adolygiad blynyddol yn fwy perthnasol ac effeithiol. Wrth i'r broses AGDP newydd gael ei dylunio, ei chymdeithasu a'i chwblhau, mae cynllun peilot wedi'i gynllunio ar gyfer chwarter 1 2026/27 gyda chyflwyniad sefydliadol ehangach wedi'i gynllunio ar gyfer chwarter 3 2026/27.

Mewn perthynas â datblygiad parhaus arweinyddiaeth glinigol, mae'r newidiadau i'r model clinigol a'r fframwaith perfformiad ambiwlansys yn cynyddu pwysigrwydd arweinyddiaeth glinigol effeithiol i sicrhau perfformiad, diogelwch a chanlyniadau gwell.

Un enghraifft yw datblygu llyw-wyr clinigol. Nyrsys uwch a pharafeddygon yw'r rhain sy'n darparu goruchwyliaeth glinigol amser real o fewn Canolfannau Cydgysylltu'r Gwasanaethau Meddygol Brys ac, fel y nodir yn adran 2 uchod, yn chwarae rhan hanfodol mewn tasgau hanfodol megis adolygiadau o alwadau aciwtedd uchel, asesiadau diogelwch ciwiau, a

chymorth clinigol o bell i griwiau rheng flaen. Drwy wreiddio arweinyddiaeth glinigol mewn amgylcheddau cydgysylltu, dim ond un ffordd y mae'r Ymddiriedolaeth yn sicrhau bod penderfyniadau gofal cleifion yn cael eu harwain gan glinigwyr profiadol yw bod yn uniongyrchol yn y broses o dderbyn galwadau, gan wella diogelwch ac effeithlonrwydd ar draws y system.

Yn ogystal, mae'r rhaglen trawsnewid model clinigol yn gyrru newidiadau strwythurol i wella arweinyddiaeth, perfformiad ac atebolrwydd. Mae hyn yn cynnwys gweithredu ein hymateb i'r fframwaith perfformiad newydd, digideiddio prosesau i sicrhau dealltwriaeth drylwyr o sut mae ein cleifion yn llifo trwy'r model.

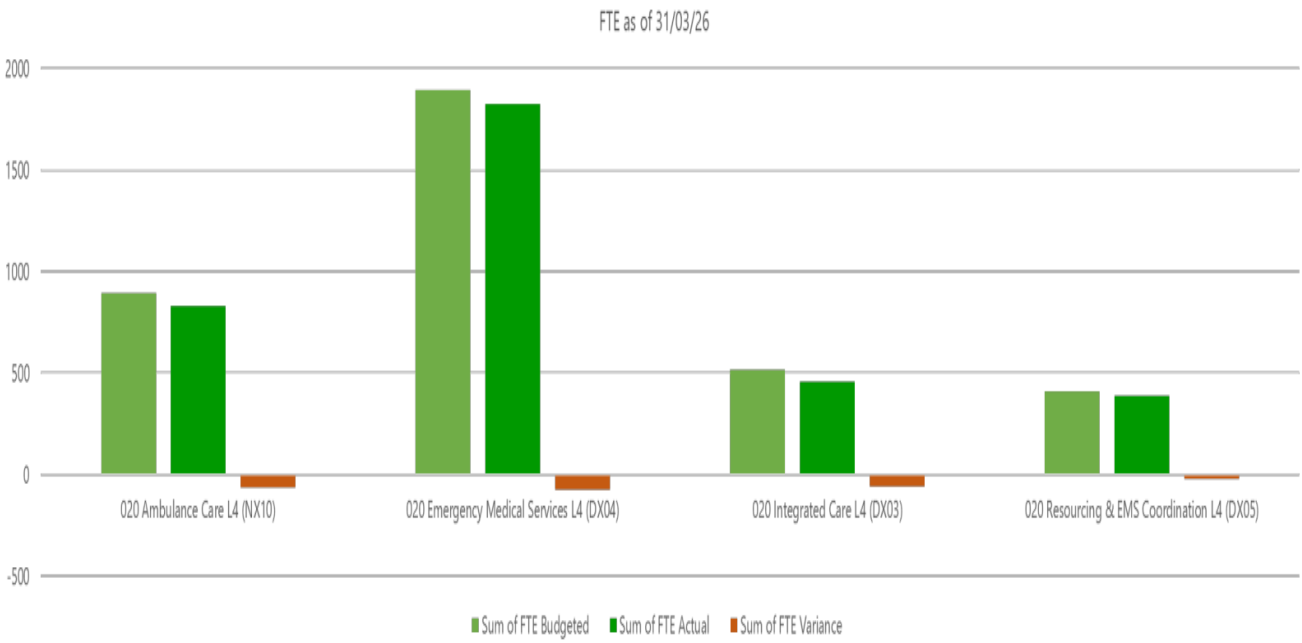
Rydym hefyd yn gweld buddsoddiad yn y dyfodol ar draws ein gweithlu clinigol i wella'r ddarpariaeth o arweinyddiaeth glinigol rheng flaen, gyda chlinigwyr uwch yn goruchwylio datblygiad a thwf ein gweithlu, gan alinio eu hamcanion â'n model clinigol a, thrwy hyn, y canlyniadau o fewn y fframwaith perfformiad ambiwlansys.

Mae'r holl ddatblygiadau hyn yn mynd law yn llaw â'r ddarpariaeth addysg i'n clinigwyr presennol a'n clinigwyr yn y dyfodol. Mae cefnogaeth gan AaGIC mewn meysydd gwaith, fel gydag Uwch Ymarferwyr Parafeddygol, wedi bod yn allweddol wrth lunio ein darpariaeth gwasanaeth i alinio'n well ag anghenion esblygol cleifion. Mae addysg a datblygiad proffesiynol yn ganolog i'r strategaeth hon. Mae mentrau diweddar wedi mynd i'r afael â bylchau mewn hyder a chymhwysedd clinigol, megis safoni hyfforddiant dehongli electrocardiogramau a chyflwyno offer diagnostig â chymorth deallusrwydd artiffisial. Mae'r rhaglenni hyn nid yn unig yn gwella canlyniadau i gleifion ond maent hefyd yn grymuso clinigwyr i ymgymryd â rolau arweinyddiaeth trwy eu harfogi â sgiliau a gwybodaeth uwch. Mae ymrwymiad yr Ymddiriedolaeth i ddatblygiad proffesiynol parhaus strwythuredig a chydweithio â phrifysgolion yn amlygu ei gweledigaeth hirdymor ar gyfer arweinyddiaeth glinigol gynaliadwy.

Bydd integreiddio cynllunio olyniaeth arweinyddiaeth i Ein Ffordd WAST, gan gynnwys mentora a hyfforddi ar draws lefelau arweinyddiaeth, yn digwydd o 2026/27 ymlaen.

Cynaliadwyedd y gweithlu

Mae gweithgarwch recriwtio staff yn parhau i fod yn flaenoriaeth allweddol ar draws yr Ymddiriedolaeth i sicrhau bod y nifer cywir o staff mewn swydd i ddarparu gwasanaethau. Mae'r ddelwedd isod yn dangos lefelau'r swyddi gwag mewn gwasanaethau rheng flaen.



Mewn cydweithrediad â'r Gyfarwyddiaeth Gwasanaethau Digidol, mae mentrau recriwtio a chefnogi ceisiadau wedi'u targedu a weithredwyd o fewn cymunedau Du, Asiaidd ac ethnig leiafrifol lleol wedi gwella amrywiaeth ethnig ar draws y sefydliad a'i swyddogaethau.

Er mwyn mynd i'r afael â heriau'r gweithlu mewn ardaloedd gwledig, mae Grŵp Gorchwyl a Gorffen Recriwtio Gwledig pwrpasol wedi'i sefydlu. Mae'r grŵp hwn yn edrych ar greu cyfleoedd ar gyfer recriwtio lleol, cefnogi cyflogaeth a datblygiad gyrfa o fewn cymunedau gwledig Cymru, a gwella cadw a sefydlogrwydd gweithlu Ambiwlansys Argyfwng yn y rhanbarthau hyn. Mae'r Grŵp wedi galluogi'r Ymddiriedolaeth i nodi'r prif rwystrau i recriwtio mewn ardaloedd gwledig ac i ganolbwyntio camau gweithredu ar y meysydd hyn, gan gynnwys mwy o ryngweithio rhwng Cynllunio'r Gweithlu, Recriwtio a thimau rheoli lleol i dargedu cymunedau lleol yn benodol. O fewn De Gwynedd a Gogledd Powys, mae hysbysebion lleol yn mesur diddordeb cyn ymgysylltu â'r ymgeiswyr posibl hyn, gan ddarparu cefnogaeth i'w helpu i gyflawni'r rhagofynion cyflogaeth gofynnol ar gyfer dewis llwyddiannus.

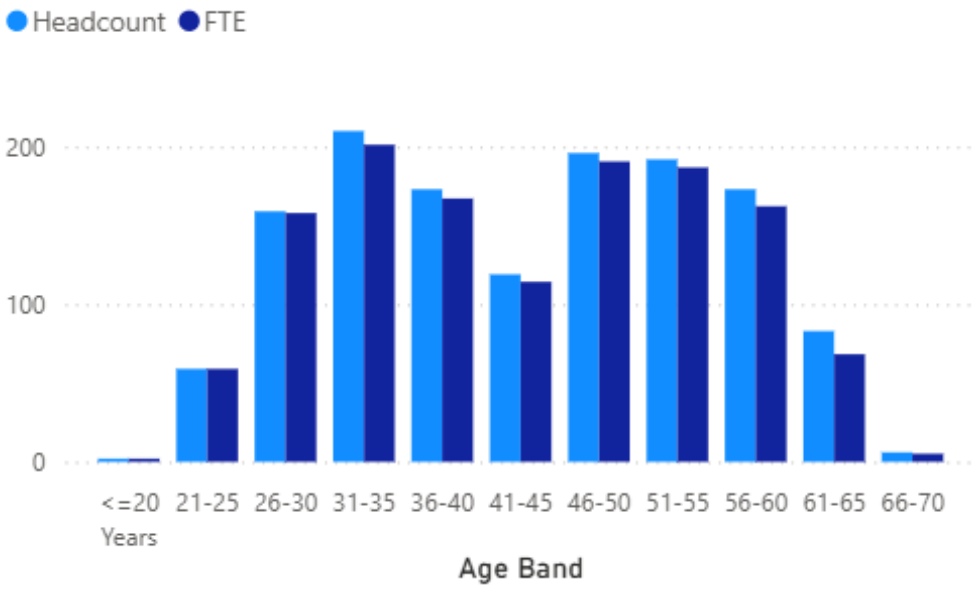
Yn ogystal, mae Strategaeth Recriwtio newydd yn cael ei datblygu ar hyn o bryd. Bydd y strategaeth hon yn pwysleisio safoni a chanoli prosesau recriwtio ar draws yr Ymddiriedolaeth, arferion recriwtio cynhwysol i sicrhau cydraddoldeb ac amrywiaeth a chynllunio gweithlu a denu'n strategol i ddiwallu anghenion sefydliadol yn y dyfodol. Mae cwmpas cychwynnol y strategaeth ar y gweill ar hyn o bryd, a disgwylir i ymgysylltu â rhanddeiliaid ddechrau cyn bo hir. Y nod yw cymeradwyo a chyhoeddi'r strategaeth tair blynedd yn chwarter 4 26/27, ac yna gweithredu camau gweithredu tymor byr dros y 12 mis canlynol, a chamau gweithredu tymor hir ar draws 2028/29 a 2029/30.

Mae Arweinydd Cadw Staff a ariennir gan AaGIC yn agosáu at ddiwedd cyfnod dwy flynedd, ac yn ystod y cyfnod hwnnw mae mentrau sylweddol wedi'u cyflwyno i gryfhau cadw staff. Mae cyflawniadau allweddol yn cynnwys dylunio a lansio Pasbort Iechyd a Lles a Chanllaw Rheolwr cysylltiedig, gan alluogi sgyrsiau â chymorth a darparu canllawiau clir ar addasiadau rhesymol i gydweithwyr ag anableddau.

Er mwyn gwella'r broses o ymsefydlu a chadw staff, cyflwynwyd Llawlyfr Digidol Corfforaethol Croeso Cynnes WAST sy'n dwyn ynghyd wybodaeth hanfodol am gynigion cymorth corfforaethol, polisïau allweddol, rhwydweithiau pobl, a mwy, gan helpu cydweithwyr newydd i deimlo eu bod wedi'u cysylltu, eu bod yn cael eu cefnogi, a theimlad o berthyn o'r diwrnod cyntaf.

Mae heriau cadw staff yn parhau mewn meysydd penodol, yn enwedig ymhlith trinwyr galwadau, lle mae'r trosiant yn uwch. Fodd bynnag, mae cyfran sylweddol o'r symudiad hwn yn adlewyrchu dilyniant mewnol i rolau'r Gwasanaeth Meddygol Brys a NEPTS, gan ddangos cyfleoedd datblygu gyrfa cadarnhaol o fewn y sefydliad.

Rhaid i gynlluniau gweithlu yn y dyfodol ystyried proffil oedran presennol gweithlu Ambiwlansys Brys (gan gynnwys rolau Technegwyr Meddygol Brys, Ymarferwyr Ambiwlans Brys, a Pharafeddyg), sy'n adlewyrchu dosbarthiad eang ar draws bandiau oedran. Er bod gweledegdd cyfyngedig o ymddeoliadau yn y dyfodol, mae data ymddeol hanesyddol ar draws rolau penodol wedi'i allosod i ragweld ymddeoliadau sydd ar ddod. Bydd yr ymddeoliadau arfaethedig o fewn y bandiau oedran 56–60 a 61–65 dros y blynyddoedd nesaf yn cefnogi'r gostyngiad yn nifer y swyddi Ymarferwyr Ambiwlans Argyfwng a'r Parafeddygon cyfwerth ag amser llawn sy'n ofynnol i gyflawni'r cymysgedd sgiliau ambiwlans brys newydd, a fydd yn cael ei gyflawni dros nifer o flynyddoedd.



Llesiant

O fewn y 12 mis diwethaf, lansiodd yr Ymddiriedolaeth ei Chynllun Iechyd a Lles, gan atgyfnerthu ymrwymiad i les staff a gwirfoddolwyr trwy ddull rhagweithiol a chynhwysfawr. Mae datblygiadau allweddol yn cynnwys adrodd data gwell ar gyfer asesu a monitro, ac ail-lansio'r rhwydwaith rheoli risg trawma (TRiM) i ddarparu cefnogaeth trawma gan gymheiriaid, gyda chefnogaeth hyfforddiant parhaus ac ehangu'r rhwydwaith ymatebwyr.

Ers ei ail-lansio, mae rhwydwaith TRiM wedi tyfu i 37 o ymatebwyr hyfforddedig ar draws y sefydliad. Mae'r galw wedi cynyddu'n gyson o fis i fis, gan adlewyrchu ymwybyddiaeth sefydliadol fwy a hyder gwell wrth gael mynediad at gymorth trawma. Cododd nifer yr atgyfeiriadau o 37 adeg y lansiad ym mis Medi 2025 i 57 ym mis Tachwedd, 81 ym mis Rhagfyr, a 65 ym mis Ionawr 2026. Mae'r duedd ar i fyny hon yn amlygu ymgysylltiad cadarnhaol â TRiM a'r angen gweithredol cynyddol am gefnogaeth brydlon ar gyfer trawma. Mae hefyd yn tynnu sylw at bwysigrwydd ehangu'r rhwydwaith ymatebwyr ymhellach i sicrhau bod llwyth gwaith yn cael ei reoli'n ddiogel ac yn gynaliadwy, gan amddiffyn ymatebwyr rhag blinder a lleihau'r risg o drawma eilaidd neu ddirprwyol sy'n deillio o fod yn agored i sgyrsiau heriol yn aml.
Mae hyfforddiant risg hunanladdiad wedi'i integreiddio o fewn y Tîm Lles, ac mae proses asesu risg hunanladdiad ffurfiol bellach wedi'i wreiddio yn ein strwythur cyswllt i fynd i'r afael â ffactorau risg hysbys yn y gweithlu. Mae pob aelod o staff Iechyd Galwedigaethol a

Lles wedi cwblhau hyfforddiant risg hunanladdiad, ac mae offeryn asesu strwythuredig bellach yn cael ei gymhwyso'n rheolaidd ac yn gyson.

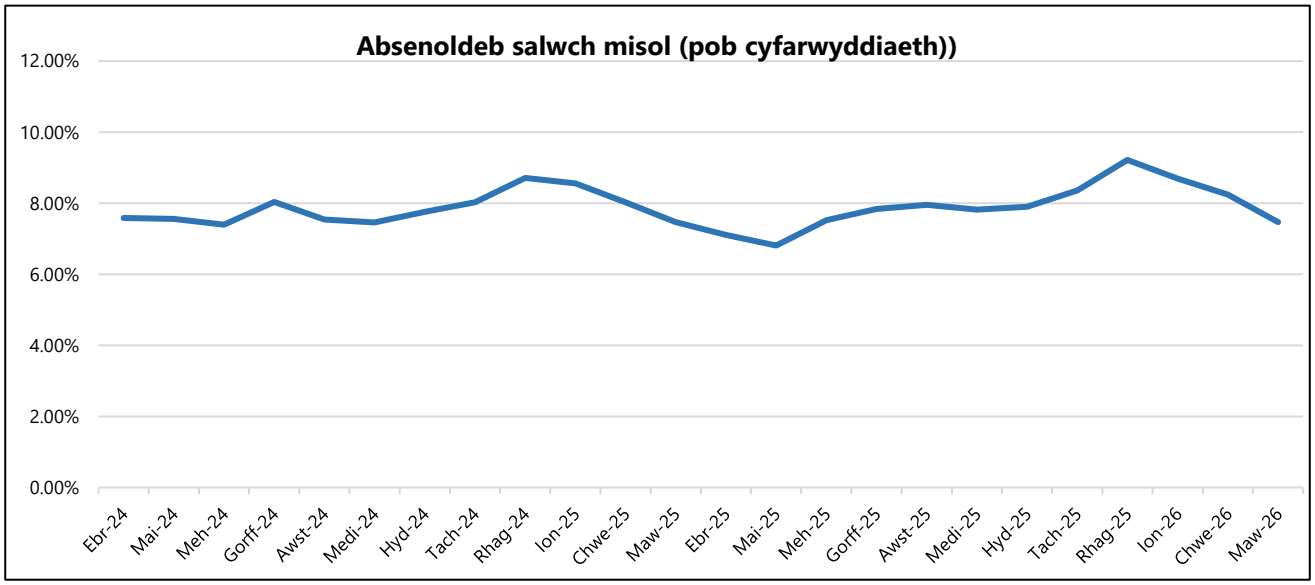
Mae'r Rhaglen Cymorth i Weithwyr (Health Assured) yn parhau i gynnig cwnsela cyfrinachol, cyngor ar ffordd o fyw ac ariannol, ochr yn ochr ag atgyfeiriadau ffisiotherapi a chyfeirio at asiantaethau allanol, gan gynnwys llinell argyfwng TASC (The Ambulance Staff Charity) lle bo'n briodol. Dangosodd y defnydd o'r Rhaglen Cymorth i Weithwyr rhwng mis Chwefror 2025 a mis Ionawr 2026 uchafbwyntiau clir rhwng mis Awst a mis Hydref, gan gyd-fynd â phwysau sefydliadol ehangach. Gorbryder a hwyliau isel oedd y problemau mwyaf cyffredin a gyflwynwyd, yn gyson â'r prif ffactorau sy'n achosi absenoldeb oherwydd salwch ar draws yr Ymddiriedolaeth. Dewisodd mwy na hanner y defnyddwyr (57%) beidio â datgelu eu maes gwaith, gan bwysleisio'r angen am gyfrinachedd cryf, tra bod y rhai a ddatgelodd yn fwyaf cyffredin o ganolfannau cyswllt clinigol (999/111). Mae'r canlyniadau'n parhau i fod yn gadarnhaol iawn: Arhosodd 96.7% o unigolion a oedd mewn gwaith ar ddechrau'r therapi mewn gwaith, a dychwelodd 47.6% o'r rhai a oedd i ffwrdd o'r gwaith erbyn diwedd eu hymyrraeth. Mae hyn yn atgyfnerthu rôl bwysig y Rhaglen Cymorth i Weithwyr wrth gefnogi gwydnwch seicolegol, cynnal presenoldeb yn y gwaith, a gwella canlyniadau dychwelyd i'r gwaith yn dilyn absenoldeb sy'n gysylltiedig ag iechyd meddwl.

Mae gweithgaredd hyrwyddo wedi cael ei adnewyddu ar draws y sefydliad i godi ymwybyddiaeth o'r gefnogaeth sydd ar gael, ac mae sesiynau galw heibio lles yn parhau i fod ar gael mewn canolfannau cyswllt, gorsafoedd, a lleoliadau anghysbell ar sail gylchdroadol. Wrth edrych ymlaen, bydd gweithdai pwrpasol ar Reoli Straen yn y Gweithle a Chwsg yn lansio ddechrau 2026, wedi'u cefnogi gan ymgysylltu a gweithio mewn partneriaeth barhaus i sicrhau cefnogaeth lles brydlon, gynhwysfawr a chyfrinachol i'r holl staff.

Presenoldeb/salwch

Ym mis Mawrth 2022, cyflwynodd WAST ddull rheoli prosiectau strwythuredig ar gyfer absenoldeb oherwydd salwch gyda saith ffrwd waith yn nodi camau gweithredu a gweithgareddau rhagweithiol ac adweithiol i dargedu absenoldeb ar draws y sefydliad. O ganlyniad, mae absenoldeb wedi gostwng o uchafbwynt o bron i 12.5% ym mis Rhagfyr 2021 i 9.18% ym mis Rhagfyr 2025 gyda'r absenoldeb sefydliadol isaf ym mis Mai 2025 sef 6.81%. Fodd bynnag, mae'n bwysig nodi bod y gwasanaeth EMS yn 7.87% ym mis Rhagfyr 2025 sy'n gadarnhaol o ystyried yr heriau system ac amgylcheddol parhaus y mae ein criwiau rheng flaen yn eu profi. Mae patrwm yr absenoldeb yn dilyn yr un llinellau tuedd flwyddyn ar ôl

blwyddyn gydag uchafbwyntiau ym mis Rhagfyr/mis Ionawr, mis Gorffennaf/mis Awst ac uchafbwynt llai tua mis Mawrth. Eleni mae ffliw/annwyd/Covid cynnar yn effeithio'n uniongyrchol ar y tîm. Ar draws yr Ymddiriedolaeth mae salwch hirdymor yn 6.24% ar hyn o bryd, tymor byr yn 2.94%.



Mae ymdrech gydlynol gan y tîm Gwasanaethau Pobl sy'n cefnogi rheolwyr gweithredol i ymdrin ag achosion o absenoldeb oherwydd salwch, rheoli o fewn fframwaith y polisi, cynyddu ymwybyddiaeth, gwella lles a chefnogaeth yn ogystal â darparu hyfforddi a mentora i reolwyr yn helpu i leihau'r ffigurau ac mae ymdrechion yn parhau i leihau canran yr absenoldeb ymhellach. I gefnogi hyn, mae'r Ymddiriedolaeth yn parhau i wreiddio dull mwy modern, rhagweithiol o reoli presenoldeb sy'n canolbwyntio ar yr unigolyn. Mae'r camau gweithredu'n cynnwys:

- gwreiddio arferion rheoli tosturiol ymhellach, sy'n wybodus am drawma ac sy'n ddiogel yn seicolegol, gan sicrhau bod prosesau sefydliadol yn lleihau niwed ac yn cefnogi llesiant cydweithwyr
- ehangu opsiynau gweithio hyblyg, personol, gan gynnwys trefniadau gweithio dros dro, parhaol ac ystwyth sy'n cael eu llywio gan amgylchiadau unigol, i helpu cydweithwyr i aros yn y gwaith a chynnal eu cyflogaeth lle bynnag y bo modd
- defnyddio data a dadansoddeg gwell i nodi tueddiadau, mannau problemus, a dangosyddion cynnar o bryderon llesiant, gan alluogi ymyriadau mwy rhagweithiol ac ataliol, gan gynnwys ymchwilio'n fanwl ac wedi'u targedu i fynd i'r afael â phroblemau sylfaenol

- cryfhau llwybrau iechyd, lleisiant a chymorth cynnar, gan gynnwys gwell cyfeirio, mynediad haws at Iechyd Galwedigaethol, Rhaglenni Cymorth i Weithwyr, a rhwydweithiau cymorth gan gymheiriaid
- gwreiddio llwybrau dychwelyd i'r gwaith cyfannol, gyda chynlluniau cymorth strwythuredig, dychweliadau graddol, sgyrsiau llesiant, ac addasiadau rhesymol wedi'u teilwra i'r rôl a'r cyflwr
- ffocws strategol ar leihau nifer a hyd yr achosion o sifftiau'n gor-redeg o fewn gweithrediadau. Mae hyn yn cael ei gydbwyso gan gynnydd mewn cymeradwyaeth ar gyfer ceisiadau am amser i ffwrdd yn lle tâl (TOIL), sy'n dangos effaith gadarnhaol ar iechyd a llesiant cydweithwyr ar y cyfan.
- cynnal adroddiadau rheolaidd i'r Tîm Arwain Gweithredol, y Pwyllgor Pobl a Diwylliant a Bwrdd yr Ymddiriedolaeth, gyda chefnogaeth ymchwiliadau manwl i faterion penodol er mwyn gwella goruchwyliaeth, sicrwydd a llywodraethu
- cyflwyno mentrau arloesol ar gyfer gwella diwylliannol a phrofiad gweithwyr, gyda ffocws ar ddiogelwch seicolegol, cynhwysiant, a chryfhau llesiant ar lefel tîm, gan gydnabod y cysylltiad cryf rhwng diwylliant, ymgysylltiad, a llai o absenoldeb
- parhau i weithio mewn partneriaeth â phartneriaid undebau llafur i fynd i'r afael â materion sy'n effeithio ar bresenoldeb megis oedi wrth drosglwyddo, blinder, pwysau llwyth gwaith, a chymryd TOIL yn brydlon
- darparu cefnogaeth gadarn i reoli newid, gan sicrhau bod cydweithwyr yr effeithir arnynt gan drawsnewid ac ailstrwythuro yn cael eu cefnogi'n dda trwy gyfathrebu clir, cynnwys, a phrosesau teg
- sicrhau ymgysylltiad rhagweithiol â Gwasanaethau Pobl, gan gynnwys adolygiadau achosion gydag uwch reolwyr er mwyn sicrhau gweledededd, cysondeb, atebolrwydd, ac adnabod anghenion cymorth yn gynnar
- cyflwyno datblygu galluoedd rheoli modern, gan gynnwys hyfforddiant mewn sgyrsiau cefnogol, llythrennedd iechyd meddwl, a rheoli cyflyrau iechyd cymhleth neu hirdymor gydag empathi a hyder.

Mae absenoldeb salwch yn yr Ymddiriedolaeth yn gyfartalog ar gyfer y sector ambiwlans a dylid bod yn ofalus o'i gymharu â ffigurau'r byrddau iechyd oherwydd y gwahanol risgiau o haint ac anaf mewn gwahanol leoliadau. Mae'r sector yn risg uchel o ran anhwylder straen ôl-drawmatig (PTSD), iechyd meddwl a hunanladdiad oherwydd y trawma a'r straen sy'n gysylltiedig â'r rôl. Er enghraifft:

- canfu adolygiad systematig diweddar fod cyfran y marwolaethau oherwydd hunanladdiad ymhlith clinigwyr EMS (parafeddygon, staff ambiwlans, darparwyr brys cyn-ysbyty), mwy na dwywaith y 2.2% yn y boblogaeth gyffredinol
- mae arolwg ledled y sector o weithwyr EMS yn awgrymu baich iechyd meddwl uchel iawn: mae llawer yn nodi iselder, pryder, PTSD a "syniad hunanladdol difrifol"
- yn ôl data a gasglwyd gan Gymdeithas Prif Weithredwyr Ambiwlansys y DU (AACE): nodwyd bod parafeddygon gwrywaidd 75% yn fwy tebygol o farw trwy hunanladdiad na'r cyfartaledd cenedlaethol (gweithiol), h.y. yn sylweddol uwch o'i gymharu â llawer o swyddi eraill

Felly, nid yw'n syndod mai'r prif reswm dros absenoldeb oherwydd salwch yw iechyd meddwl (3.03% ym mis Rhagfyr 25), ac yna peswch/anwyd/fliw (0.82%) gastro (0.82%), MSK (cyhyrysgerbydol) (0.81%), anaf/torasgwrn (0.46%) a phroblemau cefn (0.45%). Fel y nodwyd uchod, pan fydd cynnydd tymhorol mewn heintiau e.e. annwyd, ffliw, RSV (firws syncytial anadlol), mae hyn hefyd yn effeithio'n uniongyrchol ar y tîm. Mae ein cynnig cymorth iechyd meddwl wedi'i gynnwys yn yr adran lles uchod.

Sifftiau'n gor-redeg

Mewn Cynlluniau Tymor Canolig Integredig blaenorol, mae'r Ymddiriedolaeth wedi ymrwymo i fynd i'r afael â lefel y sifftiau'n gor-redeg o fewn y gwasanaeth EMS, mae'n hysbys bod hyn yn achos straen a gallai fod yn cyfrannu at lefelau absenoldeb uwch na'r disgwyl. Ym mis Rhagfyr 2024 roedd bron i 3000 o shifftiau wedi gor-redeg, gydag amser gor-redeg cyfartalog o 41 munud. Ym mis Rhagfyr 2025 roedd hyn wedi gostwng i tua 2400 o sifftiau'n gor-redeg gydag amser gor-redeg cyfartalog o 35 munud. Er bod hyn yn cynrychioli rhywfaint o gynnydd o ran niferoedd a hyd, mae'r Ymddiriedolaeth eisiau mynd ymhellach.

Mae'r Ymddiriedolaeth wedi gweithredu dull cynhwysfawr, amlddisgyblaethol o fynd i'r afael â sifftiau gweithredol yn gor-redeg, gan flaenoriaethu gofal cleifion, lles staff ac effeithlonrwydd sefydliadol. Mae'r gwaith hwn yn cael ei yrru gan lywodraethu strwythuredig, cyfarfodydd adolygu rheolaidd, a dadansoddi data parhaus, gan sicrhau perchnogaeth ac atebolrwydd clir ar gyfer pob gweithred.

Amser i ffwrdd yn lle tâl (TOIL)

Mae TOIL yn parhau i fod yn fater proffil uchel mewn trafodaethau gyda Phartneriaid Undebau Llafur, yn enwedig mewn perthynas â lles staff, darparu gwasanaethau, a'r risg o weithredu diwydiannol.

Mae'r Polisi Adnoddau cyfredol (2014), a nodwyd i'w adolygu drwy archwiliad mewnol, wedi'i drefnu i'w ddiweddaru yn y misoedd nesaf. Mae dehongliadau gwahanol o'r polisi wedi arwain at anghydfodau, yn enwedig ynghylch hawl staff i TOIL a gronnwyd o sifftiau'n gor-redeg gorfodol. Yn arbennig, mae mwy na 60% o TOIL yn cael ei gynhyrchu o estyniadau heb eu cynllunio i oriau contractiol, gyda staff ac undebau llafur yn ceisio mwy o hyblygrwydd o ran pryd y gellir cymryd TOIL. Mae'n dod yn amlwg nad yw gwelliant i drosglwyddo cleifion i ysbytai o bosibl yn cael yr effaith uniongyrchol gyfatebol ar leihau gorwariant.

Er mwyn mynd i'r afael â'r heriau hyn, lansiwyd proses TOIL newydd ar 15 Medi 2025, a gynlluniwyd i gynyddu hyblygrwydd a chyflawni 11,500 awr ychwanegol y flwyddyn y tu hwnt i'r cymeradwyaethau presennol. Mae cynllun peilot chwe mis, gan ddechrau gydag EMS, ar y gweill gyda chyfarfodydd partneriaeth misol i adolygu canlyniadau a sicrhau cysondeb wrth wneud penderfyniadau.
Bydd canlyniadau'r cynllun peilot yn cael eu monitro drwy adolygiadau misol o gymeradwyaethau, gwrthodiadau, adborth staff, ac effaith ar gyfraddau salwch/tyniadau, a datblygu safbwynt clir ar effeithiau gweithredol a lles, wedi'i ategu gan ddata ar gyfraddau tyniadau. Mae canlyniadau cynnar a fonitrwyd yn dangos sefyllfa gadarnhaol gyda hyd at 95% o'r holl TOIL a gyflwynwyd wedi'u cymeradwyo.

Cymysgedd sgiliau'r gweithlu a chynaliadwyedd

Mae gwaith yn parhau i gefnogi uwchsgilio cyn-gyweithwyr Technegwyr Meddygol Brys Band 4 i rolau Ymarferwyr Ambiwlans Brys Band 5, gyda'r holl hyfforddiant wedi'i drefnu i'w gwblhau erbyn Haf 2026. Cafodd y gymysgedd sgiliau ambiwlans brys a ddymunir, fel y cytunwyd gan y Tîm Arwain Gweithredol, ei gyfleu i'r sefydliad ddechrau mis Ionawr 2026. Mae ymdrechion ar y gweill i alinio sefydliad y gweithlu ar lefelau Technegwyr Meddygol Brys Band 4, Ymarferwyr Ambiwlans Brys Band 5, a Pharafeddyg Band 6 yn unol â'r cymysgedd sgiliau hwn. Fodd bynnag, bydd cyflawni'r cydbwysedd hwn yn gofyn am gyfnod sylweddol oherwydd y tueddiadau trosiant a chynnydd presennol.

Gyda chyfraddau cadw gwell, lefelau swyddi gwag isel o fewn rolau Parafeddygon, a'r angen i ail-alinio sefydliad y Gwasanaethau Meddygol Brys, mae gofyniad sylweddol is am barafeddygon newydd gymhwyso o fewn yr Ymddiriedolaeth. Mae opsiynau i gyflymu'r broses o adlinio rolau EMS yn cael eu harchwilio'n weithredol gan yr Uwch Swyddog a'r Tîm Arwain Gweithredol, a fydd yn cadarnhau niferoedd recriwtio parafeddygon newydd gymhwyso ar gyfer y cyfnod nesaf ddechrau 2026.

Mae'r Ymddiriedolaeth hefyd wedi ymrwymo i gynyddu'r ddarpariaeth gofal brys gyda thwf Uwch Ymarferwyr Parafeddygol, gan sicrhau bod y gweithlu wedi'i alinio'n fwy ag anghenion cleifion a chyfeiriad strategol. Er bod cyfleoedd i dyfu ein gweithlu Uwch Ymarferwyr Parafeddygol yn parhau i fod yn gryf, mae'r Tîm Arwain Gweithredol yn parhau i fod yn ymwybodol o'r amlen ariannol bresennol, ein cyfrifoldeb i sicrhau cynaliadwyedd ariannol a'r angen i wneud y gorau o gynhyrchiant y garfan Uwch Ymarferwyr Parafeddygol bresennol.

Mae costau asiantaeth yn erbyn cyfanswm y ffigur cyflog yn parhau i fod yn fach iawn, ac fe'u nodir yn adroddiad y staff yn rhan 2 o'r adroddiad blynyddol hwn. Mae hyn i gwmpasu nifer fach o swyddi gwag, mewn meysydd ar draws yr Ymddiriedolaeth y mae'r Ymddiriedolaeth yn cael anhawster recriwtio iddynt gan gynnwys clinigol, digidol, fflyd ac ystadau. Fodd bynnag, gobeithir y bydd rhai o'r staff asiantaeth hwn yn cael eu disodli gan staff parhaol yn y dyfodol agos.

O ystyried yr ansicrwydd sy'n parhau ynghylch rhywfaint o gyllid technoleg gwybodaeth a chyfathrebu (TGCh) sydd wedi'i dderbyn ar sail anghylchol, mae'r Ymddiriedolaeth yn parhau i ddefnyddio staff asiantaeth yn y rolau hyn i ddarparu'r gwasanaeth, ac mae'n credu bod hynny'n briodol o ystyried yr anallu i recriwtio ar sail sylweddol.

Hawliau dynol, amrywiaeth a chydraddoldeb

Mae'r Datganiad Llywodraethu Blynyddol yn yr Adroddiad Atebolrwydd yn datgelu sut mae'r Ymddiriedolaeth yn bodloni ei rhwymedigaethau o dan ddeddfwriaeth cydraddoldeb, amrywiaeth a hawliau dynol. Cyfeiriwch at y Datganiadau Datgelu a'r datganiad o dan Ddeddf Caethwasiaeth Fodern 2015 am ragor o wybodaeth. Mae sylwebaeth ychwanegol hefyd ynghylch 'Materion Eraill Gweithwyr' yn yr Adroddiad ar Dâl Cydnabyddiaeth a Staff, yn yr Adroddiad Atebolrwydd.

Gwrth-lygredd a gwrth-lwgrwobrwyo

Mae'r Datganiad Llywodraethu Blynyddol hefyd yn cynnwys adroddiad ynghylch trefniadau atal twyll yr Ymddiriedolaeth, a pherthynas yr Arbenigwr Atal Twyll Lleol â'r Pwyllgor Archwilio, Risg a Sicrwydd (ARAC). Mae'r adroddiad hwn i'w weld yn adran 'Y Fframwaith Rheoli' yr Adroddiad Atebolrwydd.

DIGIDOL, ARLOESEDD A SEILWAITH

Mae'r Ymddiriedolaeth yn parhau i fuddsoddi mewn digidol, arloesedd a seilwaith fel galluogwyr allweddol ar gyfer gwasanaethau diogel, gwydn a chynaliadwy, gyda gweithgaredd wedi'i alinio'n gryf â blaenoriaethau cenedlaethol. Mae'r gwaith hwn yn cefnogi gwella gwasanaethau, parodrwydd ar gyfer y dyfodol a mynediad gwell i gleifion, wrth gryfhau sylfeini gweithredol y sefydliad.

Gwireddu potensial digidol ac arloesedd

Mae'r Ymddiriedolaeth yn parhau i ddarparu portffolio digidol ac arloesi sy'n aeddfedu ac yn uchelgeisiol sy'n gwella parodrwydd gweithredol, profiad cleifion, mynediad at ofal a gwydnwch cyffredinol ein gwasanaethau yn uniongyrchol. Mae ein rhaglenni'n dangos uniondeb darpariaeth, llywodraethu cryf, effaith weithredol pendant ac aliniad clir â blaenoriaethau Llywodraeth Cymru ar gyfer GIG Cymru sydd wedi'i alluogi'n ddigidol ac sy'n barod ar gyfer y dyfodol.

Mae digidol ac arloesi yn yr Ymddiriedolaeth yn canolbwyntio ar un pwrpas clir: gwella canlyniadau i gleifion, diogelwch staff a gwydnwch gwasanaethau ar raddfa fawr. Mae'r dull hwn yn blaenoriaethu darpariaeth ddiogel, effaith weithredol a gwerth am arian cyhoeddus, gan symud y tu hwnt i gynlluniau peilot i newid mesuradwy, mewnosodedig ar draws gofal brys a gofal mewn argyfwng. Mae Cynllun Digidol 2024–2029 yn nodi hyn dros bum colofn sy'n sail i'n trawsnewidiad a'n diwylliant o arloesi:

- hanfodion bob dydd – sicrhau bod gan staff yr offer a'r sgiliau i ddarparu gofal yn hyderus ac yn effeithlon
- diogeledd, diogelwch a seiber – diogelu systemau a data i gynnal ymddiriedaeth a gwydnwch
- arloeswyr digidol – grymuso timau rheng flaen i arwain arloesedd ac arbrofi
- trawsnewid digidol – ailgynllunio llwybrau a gwasanaethau i wella profiad cleifion ac effeithlonrwydd gweithredol
- data, gwybodaeth a mewnwelediad – defnyddio dadansoddeg a deallusrwydd artiffisial ar gyfer penderfyniadau a rhagolygon gwell

Mae'r pileri hyn yn arwain dull o wreiddio digidol mewn ymarfer bob dydd, cefnogi gallu staff, a gyrru gwelliannau mesuradwy mewn gofal a chanlyniadau. Adroddir ar gynnydd yn erbyn pob colofn i'r Pwyllgor Cyllid a Pherfformiad sy'n rhoi sicrwydd i'r bwrdd. Yn unol â chanllawiau Ysgrifennydd y Cabinet, rhaglen ddigidol ac arloesi'r Ymddiriedolaeth yw:

- gyrru dewis, hygyrchedd ac effeithlonrwydd cleifion drwy fynediad 111 wedi'i alluogi gan ddeallusrwydd artiffisial, canslo drwy neges destun, cefnogaeth iaith estynedig, ac offer brysbennu digidol
- cefnogi modelau gofal newydd, gyda chyfeirio deallusrwydd artiffisial asiantaidd, brysbennu o bell, digideiddio llwybrau ac awtomeiddio i leihau'r galw y gellir ei osgoi
- cyflawni gwelliannau mesuradwy, gan gynnwys llai o faich trin galwadau, llai o deithiau NEPTS yn cael eu gwastraffu, llai o amser ar y safle, gwell cefnogaeth i benderfyniadau ar ataliad y galon a chydraddoldeb mynediad gwell

Gyda'i gilydd, mae'r datblygiadau digidol hyn yn dangos parodrwydd yr Ymddiriedolaeth ar gyfer y dyfodol a chydymffurfedd gref â'r blaenoriaethau ar gyfer GIG Cymru modern, hygyrch ac arloesol. Mae'r Ymddiriedolaeth yn trafod yn weithredol y cyfleoedd digidol y mae'n eu gweld gyda phartneriaid ar draws y system gyda'r bwriad o chwarae rhan mewn atebion digidol ar draws y system i nifer o heriau.
Mae rhagor o fanylion am y rheolaethau mewnol ym maes seiberddiogelwch a llywodraethu gwybodaeth cysylltiedig yr Ymddiriedolaeth i'w gweld yn Rhan 2 o'r Adroddiad Atebolrwydd.

Seilwaith

Ystadau

Yn fwy diweddar, mae'r Ymddiriedolaeth wedi canolbwyntio ar amgylcheddau Canolfannau Cyswllt Clinigol ochr yn ochr â nifer o welliannau i orsafoedd ambiwlans, i gefnogi ymhellach uchelgeisiau'r model trawsnewid clinigol. Mae hyn yn sicrhau y gall yr Ymddiriedolaeth weithio tuag at gael yr adeiladau a'r cerbydau cywir yn y lle iawn i'n staff ddarparu'r gofal gorau a mwyaf diogel ledled Cymru.

Mae Rhaglen Amlinellol Strategol Ystadau'r Ymddiriedolaeth wedi'i chymeradwyo'n llawn gan Lywodraeth Cymru, gan ei galluogi i weithio tuag at gynhyrchu cyfres o achosion busnes i gyflawni ei gweledigaeth, ac mae'n parhau i weithio i ystyried y ffordd orau o ddatblygu atebion ar gyfer cynlluniau blaenoriaeth.

Mae'r Ymddiriedolaeth hefyd wedi cefnogi nifer o gynlluniau Ystadau ar raddfa fawr yn ystod y flwyddyn ariannol hon, trwy ei dyraniad cyfalaf dewisol; mae'r rhain yn cynnwys gorsaf ambiwlans newydd yn Nolgellau, gwelliannau sylweddol i'r orsaf yn Nhrefynwy, cyfleusterau gwell i gydgrynhoi gofal integredig ar safle Matrix yn Abertawe a hwylusodd y gallu i adael Tŷ Thanet, a gweithdy fflyd newydd ym Mangor. Roedd y rhain i gyd yn

gynlluniau i fynd i'r afael â phroblemau cyflwr ystadau hirhoedlog. Bydd y buddsoddiadau hyn yn caniatáu i staff symud i adeiladau addas at y diben.

Rhaglen amnewid fflyd

Mae Rhaglen Amlinellol Strategol Fflyd ddiweddaraf yr Ymddiriedolaeth wedi cael ei chymeradwyo'n llawn gan Lywodraeth Cymru, gan alluogi'r Ymddiriedolaeth i gynhyrchu Achosion Cyfiawnhad Busnes blynyddol ar gyfer amnewid cerbydau.

Yn gynnar yn 2025/26, cymeradwyodd Llywodraeth Cymru'r Achos Cyfiawnhad Busnes newydd ar gyfer y fflyd ar gyfer prynu 141 o gerbydau gyda chost o tua £22.453m; roedd hyn yn cynnwys 44 o ambiwlansys argyfwng, 12 o gerbydau ymatebwr sengl, 65 o gerbydau gofal ambiwlans mawr, 13 o gerbydau gofal ambiwlans llai, dau gerbyd hyfforddi gyrwyr, tri cherbyd gweithdy fflyd a dau gerbyd iechyd galwedigaethol. Roedd y gallu i gyflawni hyn, ar amser ac o fewn y gyllideb, yn rhannol oherwydd cymeradwyaeth gynnar cyllid y cynllun a ganiataodd i'r Ymddiriedolaeth sicrhau slotiau adeiladu gyda'r trawsnewidwyr cerbydau.

Cynaliadwyedd amgylcheddol

Cynhyrchodd WAST Gynllun Gweithredu Datgarboneiddio mewn ymateb i Gynllun Cyflawni Strategol Datgarboneiddio GIG Cymru. Mae gan y cynllun ystod o gamau gweithredu sy'n amlinellu ymateb yr Ymddiriedolaeth i ddatgarboneiddio ac mae'n cwmpasu pob cyfarwyddiaeth ar draws yr Ymddiriedolaeth.
Mae Llywodraeth Cymru, gyda chefnogaeth Gwasanaethau Ynni Llywodraeth Cymru, wedi adnewyddu'r Cynllun Cyflawni Strategol sy'n sail i Gynlluniau Cyflawni Strategol y sefydliadau. Rhoddodd yr Ymddiriedolaeth sylwadau ar ddwy fersiwn o'r ddogfen. Cyflwynwyd Fersiwn 3 i'r Bwrdd Rhaglen Genedlaethol a Bwrdd Arweinyddiaeth y GIG i'w gymeradwyo.

Ar hyn o bryd mae'r Ymddiriedolaeth yn y broses o adolygu'r newidiadau sydd eu hangen i'r Cynllun Gweithredu Datgarboneiddio yng ngoleuni'r Cynllun Cyflawni Strategol diwygiedig. O fewn y Cynllun Cyflawni Strategol mae 25 o fentrau ar draws 7 categori. Mae'r Ymddiriedolaeth wedi'u henwi'n benodol (neu o fewn ymbarél holl sefydliadau'r GIG) mewn 36 o gamau gweithredu.

Ar hyn o bryd mae'r Ymddiriedolaeth yn ystyried y fethodoleg ar gyfer paratoi ymateb y Cynllun Cyflawni Strategol ar ffurf cynllun newydd, gan gydnabod y gallai fod angen i'r

Ymddiriedolaeth ystyried rhai o'r camau gweithredu penodol, a'r goblygiadau adnoddau o gefnogi'r rhain fel rhaglenni gwaith.

O fewn y Cynllun Cyflawni Strategol wedi'i adnewyddu mae cyfres o fetrigau data. Er y gallai rhywfaint o'r data hwn fod wedi'i gasglu gan yr Ymddiriedolaeth eisoes, mae agweddau a fydd yn gofyn am newidiadau i broses yr Ymddiriedolaeth, neu ddatblygu mecanweithiau ar gyfer casglu data newydd ei angen. Unwaith y bydd y rhain wedi'u cwblhau, bydd angen rhoi ystyriaeth bellach i adrodd yr Ymddiriedolaeth ar yr wybodaeth hon. Er y gwneir pob ymdrech i awtomeiddio casglu ac adrodd data, dylid nodi y bydd hyn yn gofyn am amser ac adnoddau i'w sefydlu.

Mae Llywodraeth Cymru wedi cadarnhau newid i'r targedau lleihau carbon a osodwyd yn flaenorol ar gyfer y sector cyhoeddus, sef gostyngiad o 16% erbyn 2025 a gostyngiad o 34% erbyn 2030 ar gyfer allyriadau carbon. Bydd targedau bellach yn canolbwyntio ar allyriadau cwmpas 1 a 2 (uniongyrchol ac anuniongyrchol) yn unig ac ni fyddant yn cynnwys allyriadau cwmpas 3 (cadwyn gyflenwi). Mae'r gostyngiad wedi'i dargedu wedi'i ailbroffilio i ostyngiad o 41.7% erbyn 2030 ar draws y ddau gategori hyn. Mae hyn hefyd yn cydnabod cyflawniad y targed gwreiddiol o 16% o ostyngiad rhwng 2018/19 a 2025, gyda chyflawniad gwirioneddol o 17.7%.

Cronfa Ystadau Wedi'i Thargedu (TEF)
Llwyddodd yr Ymddiriedolaeth i gael cyllid ar gyfer cynlluniau yn y Fenni (£850mil) a HART (£156mil) eleni. Aeth y ddau gynllun ymlaen yn dda gyda chynllun HART wedi'i gwblhau yn ystod y flwyddyn, a chynllun y Fenni wedi'i gyflawni erbyn diwedd y flwyddyn ariannol.

Cerbydau trydan a hybrid
Mae'r Ymddiriedolaeth yn y broses o gyflwyno 10 cerbyd ymateb unigol trydanol â batri (BEV) Maxus, ac mae gwaith yn mynd rhagddo i werthuso gwybodaeth am gapasiti a chyfnodau batri, amseroedd gwefru a pherfformiad o dan amodau ymateb.

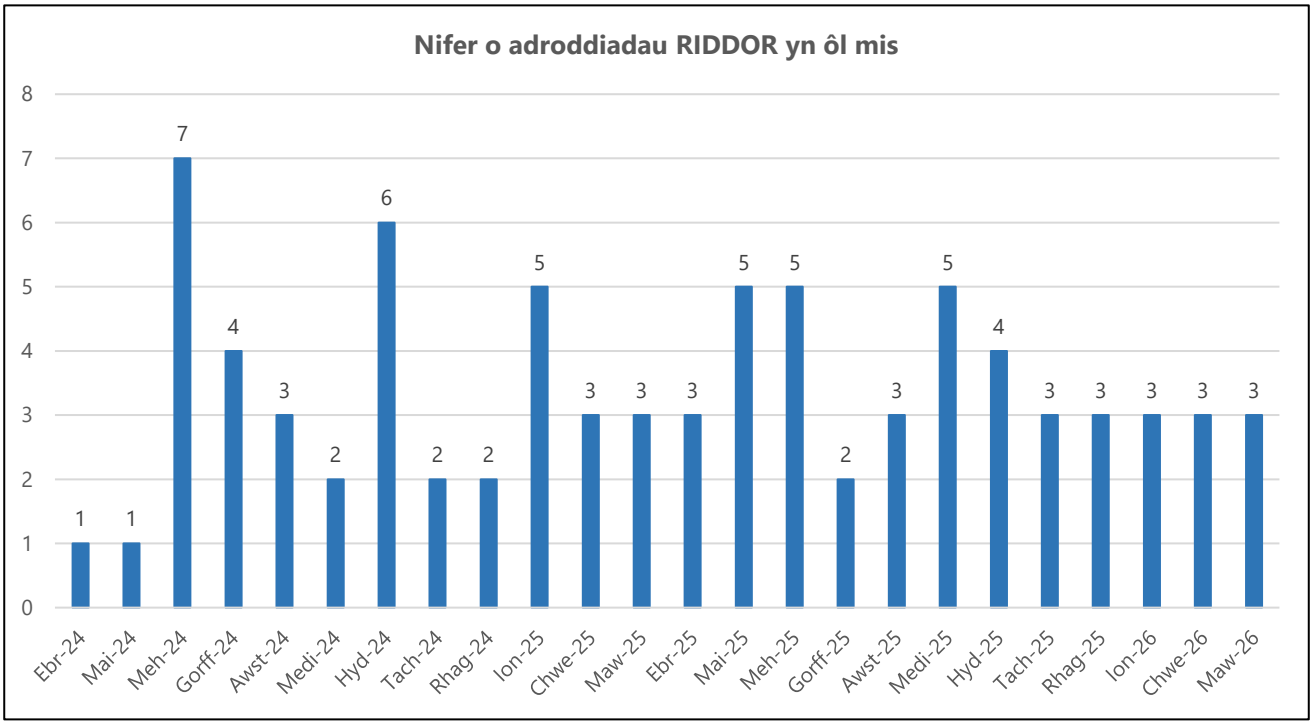
Mae'r gwaith ar weithredu carfanau blaenorol o gerbydau hybrid plygio i mewn yn parhau; o ystyried bod mecanwaith sefydledig ar gyfer y gweithrediad hwn o rowndiau caffael cerbydau blaenorol, mae'r rhain wedi cael eu hystyried yn llwyddiant, ac mae'r Ymddiriedolaeth yn parhau i gefnogi cyflwyno'r cerbydau hyn. Fodd bynnag, wrth i fwy o gerbydau gael eu cyflwyno i'r gwasanaeth, mae angen gwaith i asesu'r seilwaith gwefru

ychwanegol sydd ei angen i sicrhau digon o gapasiti ar y safle, gan ganiatáu defnydd effeithiol o'r cerbydau hyn.

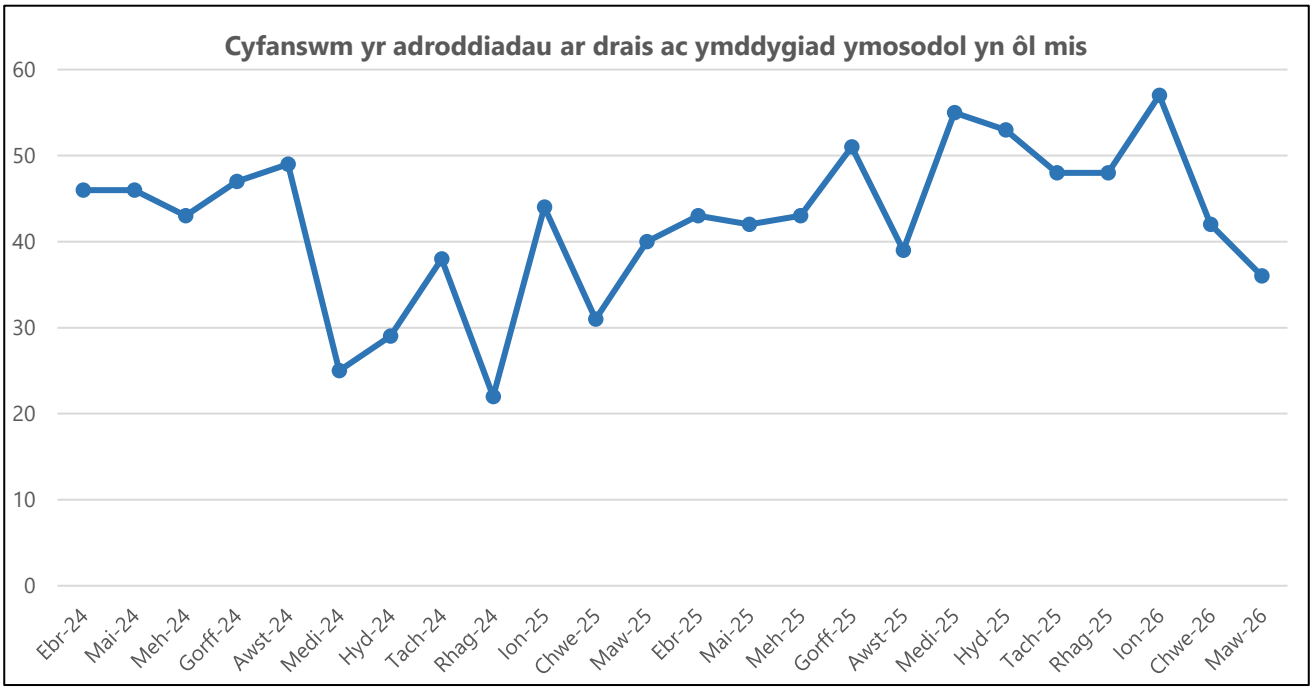
Seilwaith gwefru cyflym cerbydau trydan
Mae'r Ymddiriedolaeth wedi profi rhai anawsterau yn y farchnad gwefru cyflym gyda dau o'r cyflenwyr blaenorol yn tynnu'n ôl o'r farchnad yn dilyn prosesau tendro llwyddiannus. Mae'r gwaith bellach yn canolbwyntio ar osod gwefrwyr 22kw ar draws pum safle'r Ymddiriedolaeth yn 2025/26.
Nes bod yr Ymddiriedolaeth yn gallu datblygu rhaglen i osod gwefrwyr cyflym ym mhob prif orsaf, bydd cyflwyno ambiwlansys BEV ar raddfa lawn yn parhau i fod yn her sylweddol. Dylid nodi hefyd fod y buddsoddiad sydd ei angen ar rai safleoedd yn sylweddol a bod heriau sylweddol gyda gweithredwyr rhwydweithiau dosbarthu i drefnu a chefnogi'r uwchraddio sydd ei angen i'r seilwaith presennol.

Iechyd a Diogelwch

Y ddau faes allweddol yr ydym yn adrodd arnynt yw RIDDOR (Rheoliadau Adrodd ar Anafiadau, Clefydau a Digwyddiadau Peryglus 2013) a thrais ac ymddygiad ymosodol. Mae'r graffiau ar gyfer 2025/26 isod.



Mae nifer y digwyddiadau RIDDOR wedi bod yn weddol gyson dros y flwyddyn ddiwethaf, gyda chyfartaledd o 3.5 digwyddiad y mis.



Mae nifer yr adroddiadau am drais ac ymddygiad ymosodol a dderbynnir bob mis wedi gweld tueddiad sy'n cynyddu'n raddol ers dechrau 2025 ac mae wedi bod yn gyfartaledd o 47 o ddigwyddiadau'r mis dros y flwyddyn ddiwethaf, o'i gymharu â 38 y flwyddyn flaenorol.

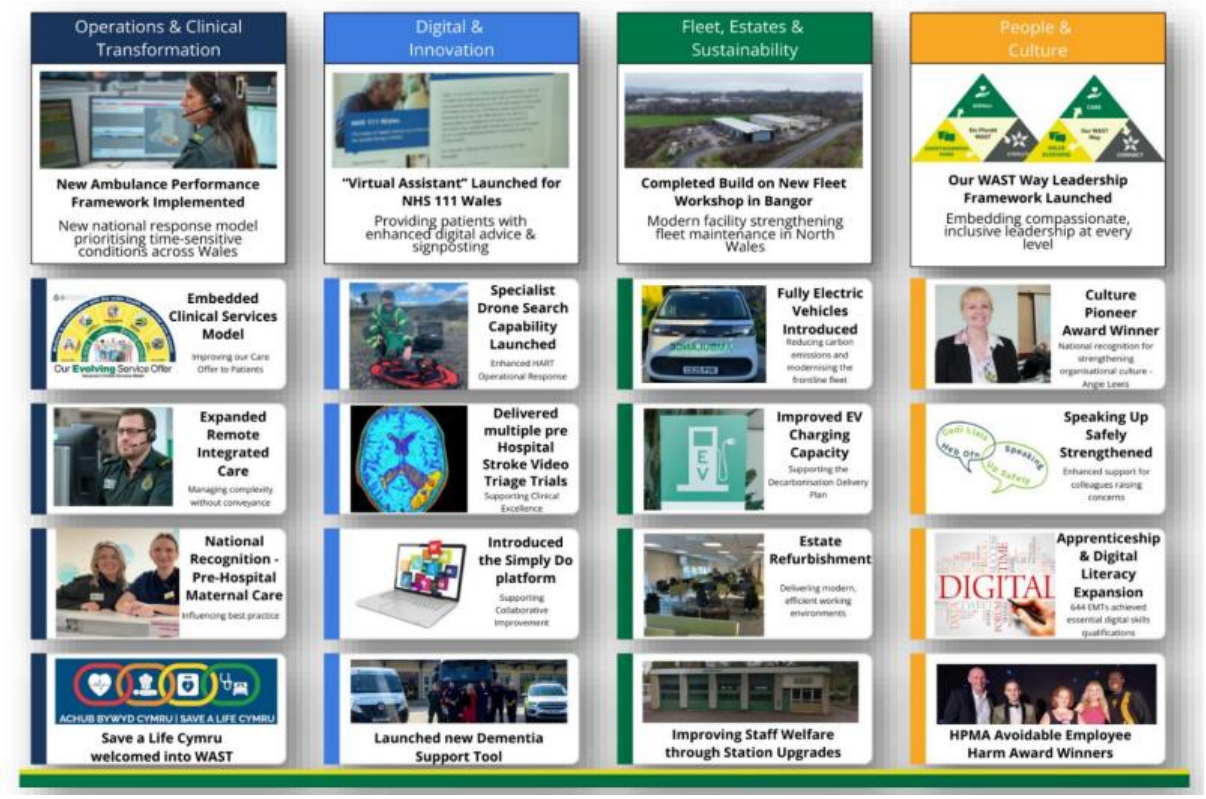
CYFLWYNO CYNLLUN TYMOR CANOLIG INTEGREDIG 2025/26

Nododd Cynllun Tymor Canolig Integredig 2025/26 raglen waith uchelgeisiol ac eang ei chwmpas, wedi'i hategu gan set eang o flaenoriaethau sefydliadol allweddol, newidiadau trawsnewidiol a meysydd gwella i'w cyflawni drwy gydol y flwyddyn. Fe'i datblygwyd yn unol â phum ffordd o weithio egwyddorion datblygu cynaliadwy Deddf Llesiant Cenedlaethau'r Dyfodol. Mae'r Adroddiad Dyletswydd Ansawdd ar gyfer 2025/26 y cyfeirir ato uchod yn cyd-fynd â'r Safonau Ansawdd Iechyd a Gofal yn y Fframwaith Ansawdd.

Bodlonodd yr Ymddiriedolaeth yr amodau atebolrwydd a osodwyd gan Lywodraeth Cymru fel rhan o'i chymeradwyaeth o'n Cynllun Tymor Canolig Integredig, y mae'r dystiolaeth ar ei gyfer wedi'i chynnwys yn yr adroddiad perfformiad. Roedd y rhain yn cynnwys cyflawni'r amcanion a osodwyd gan Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol a Fframwaith Cynllunio GIG Cymru; cefnogi egwyddorion ecwiti a chyfiawnder cymdeithasol;

ymgymryd â chynllunio cadarn ar gyfer y gaeaf; gweithredu fframwaith perfformiad ambiwlansys newydd a chomisiynu gwerthusiad ohono; darparu gwasanaeth ymateb i gwympiadau yn y gymuned; gwella canlyniadau i unigolion yn y categorïau porffor a choch, ac ymatebolrwydd i gleifion yn y categori oren; cryfhau cynllunio at argyfyngau; a chyflawni a chynnal sefyllfa ariannol gytbwys.
Un maes gwaith allweddol a flaenoriaethwyd yn 2025/26 oedd gweithredu Fframwaith Perfformiad Ambiwlansys newydd Llywodraeth Cymru. Fel y dangosir yn y trosolwg a'r dadansoddiad o berfformiad uchod, roedd y fframwaith hwn yn nodi newid mawr ar draws y sefydliad ac ar draws y system yn y ffordd y mae gwasanaethau ambiwlans yn cael eu mesur a'u hasesu, gan symud i ffwrdd o ffocws pennaf ar amseroedd ymateb tuag at ddull sy'n fwy seiliedig ar ganlyniadau sy'n adlewyrchu effeithiolrwydd clinigol a phrofiad cleifion yn well.

Yn ogystal, nododd y Cynllun Tymor Canolig Integredig ystod o welliannau ar draws y sefydliad gyda'r nod o gryfhau ffyrdd o weithio, moderneiddio prosesau busnes, a gwella effeithiolrwydd a chysondeb cyflawni swyddogaethau corfforaethol, er mwyn cefnogi gwasanaethau rheng flaen a chynaliadwyedd sefydliadol hirdymor yn well. Mae'r ffeithlun isod yn rhoi trosolwg o rai o gyflawniadau allweddol y sefydliad yn ystod 2025/26.



BLAENORIAETHAU GWEINIDOGOL / CHWE NOD - TROSOLWG O GYNYDD 2025/26

Parhaodd yr Ymddiriedolaeth i gydweithio'n agos â phartneriaid allweddol a rhanddeiliaid system i gyflawni newidiadau strategol allweddol gan gynnwys y Blaenoriaethau Gweinidogol a'r Chwe Blaenoriaeth Nod ar gyfer Gofal Brys a Gofal mewn Argyfwng.

Drwy gydol 2025-26, mae'r Ymddiriedolaeth wedi parhau i fod yn bartner gweithredol sy'n cyfrannu ar draws ehangder y Rhaglen Chwe Nod, gan gefnogi dylunio, datblygu a gweithredu nifer o fentrau allweddol chwe nod a adroddwyd trwy strwythur ffurfiol y rhaglen, gan gynnwys y canlynol:

- Gofal Brys yr Un Diwrnod - mae'r Ymddiriedolaeth wedi parhau i gefnogi partneriaid byrddau iechyd i wreiddio gwasanaethau gofal brys yr un diwrnod a chynyddu mynediad a llif cleifion 999, gan helpu i leihau'r galw mewn adrannau argyfwng ysbytai.
- Un Pwynt Mynediad – mae'r Ymddiriedolaeth wedi cefnogi datblygiad a gweithrediad modelau un pwynt mynediad y bwrdd iechyd ac wedi parhau i weithio i gynyddu llif y cleifion priodol sy'n cyflwyno 999 ac 111.
- 'ymgynghoriad clinigol cyn trosglwyddo' - roedd yr Ymddiriedolaeth yn gydweithredwr gweithredol gyda'r rhaglen Chwe Nod i ddylunio, datblygu a phrofi'r model 'ymgynghoriad clinigol cyn trosglwyddo'. Mae'r model hwn wedi'i dreialu mewn nifer o fyrddau iechyd (gan gynnwys Hywel Dda a Bae Abertawe) i gyfeirio galwadau 999 priodol o gartrefi gofal i'r (gwasanaethau un pwynt mynediad), gan gefnogi rheolaeth ddiogel ac effeithiol yn y gymuned a lleihau cludo a derbyn cleifion i'r ysbyty y gellir eu hosgoi.
- Fframwaith cwympiadau cenedlaethol - mae'r Ymddiriedolaeth wedi gweithio'n agos gyda phartneriaid system a'r rhaglen Chwe Nod i gefnogi datblygiad fframwaith cwympiadau cymunedol cenedlaethol Cymru, gan gynnwys y manylebau ar gyfer Ymatebwyr Cwympiadau Lefel 1 ac Ymatebwyr Cwympiadau Uwch Lefel 2.
- Yn ogystal â'r cydweithrediad hwn ar draws y rhaglen, mae'r Ymddiriedolaeth wedi cyflawni ystod o welliannau pellach sy'n cyfrannu at ac yn cefnogi blaenoriaethau gweinidogol a'r Chwe Nod. Mae hyn wedi cynnwys y Fframwaith Perfformiad Ambiwlansys newydd a'r model gwasanaethau clinigol integredig a nodir yn yr adran dadansoddi perfformiad uchod.

Yn 2026/27, bydd yr Ymddiriedolaeth yn parhau i gydweithio â phartneriaid i gyflawni mentrau allweddol y Chwe Nod, gan gynnwys gwasanaethau un pwynt mynediad, gofal brys yr un diwrnod ac ehangu'r model 'ymgynghori clinigol cyn trosglwyddo'.

Mae'r gwaith hwn yn eistedd ochr yn ochr â'n cyfraniad at y rhaglen Cymunedol o'r Cychwyn, lle byddwn yn parhau i ddiffinio a chryfhau rôl yr Ymddiriedolaeth wrth gefnogi gofal yn y gymuned a gwella canlyniadau i gleifion yn nes at y cartref.

RHAN 2: ADRODDIAD ATEBOLRWYDD

Bwriad yr **Adroddiad Atebolrwydd** yw bodloni gofynion atebolrwydd allweddol i Lywodraeth Cymru. Mae gofynion yr Adroddiad Atebolrwydd yn seiliedig ar y materion y mae'n ofynnol ymdrin â hwy mewn Adroddiad Cyfarwyddwyr, fel y nodir ym Mhennod 5 o Ran 15 Deddf Cwmnïau 2006 ac Atodlen 7 o Offeryn Statudol 2008 Rhif 410, ac mewn Adroddiad ar Dâl Cydnabyddiaeth, fel y nodir ym Mhennod 6 o Ddeddf Cwmnïau 2006 ac Atodlen 8 o OS 2008 Rhif 410.

Mae gofynion Deddf Cwmnïau 2006 wedi'u haddasu ar gyfer cyd-destun y sector cyhoeddus fel y nodir yn Llawlyfr Adroddiadau Ariannol y Llywodraeth (FReM). Bydd felly'n ymdrin â materion fel cyflogau cyfarwyddwyr a thaliadau eraill, trefniadau llywodraethu a'r dystysgrif ac adroddiad archwilio. Caiff yr Adroddiad Atebolrwydd ei lofnodi a'i ddyddio gan y Swyddog Atebol. Mae tair prif ran i'r Adroddiad Atebolrwydd. Y rhain yw:

- **Yr Adroddiad Llywodraethu Corfforaethol**: Mae'r Adroddiad hwn yn esbonio cyfansoddiad a threfniadaeth Bwrdd a strwythurau llywodraethu'r Ymddiriedolaeth a sut maent yn cefnogi cyflawni amcanion yr Ymddiriedolaeth. Mae tair prif ran i'r Adroddiad Llywodraethu Corfforaethol ei hun: Adroddiad y Cyfarwyddwyr, y Datganiad o Gyfrifoldebau'r Swyddog Cyfrifyddu a'r Datganiad Llywodraethu.

- **Yr Adroddiad ar Dâl Cydnabyddiaeth a Staff**: Mae'r Adroddiad ar Dâl Cydnabyddiaeth a Staff yn cynnwys gwybodaeth am dâl cydnabyddiaeth uwch reolwyr. Bydd yn manylu ar gyflogau a thaliadau eraill, polisi'r Ymddiriedolaeth ar dâl cydnabyddiaeth i uwch reolwyr ac a oedd unrhyw daliadau ymadael neu ddyfarniadau arwyddocaol eraill i uwch reolwyr presennol neu gyn-uwch reolwyr. Yn ogystal, mae'r Adroddiad ar Dâl Cydnabyddiaeth a Staff yn nodi aelodaeth Pwyllgor Tâl Cydnabyddiaeth yr Ymddiriedolaeth, a gwybodaeth staff o ran niferoedd, cyfansoddiad ac absenoldeb oherwydd salwch, ynghyd â gwariant ar ymgynghoriaeth a gwariant oddi ar y gyflogres.

- **Yr Adroddiad Atebolrwydd ac Archwilio Senedd Cymru:** Mae'r Adroddiad Atebolrwydd ac Archwilio Seneddol yn darparu gwybodaeth am faterion fel rheoleidd-dra gwariant, ffioedd a thaliadau, a'r dystysgrif ac adroddiad archwilio.

YR ADRODDIAD LLYWODRAETHU CORFFORAETHOL

Mae'r adroddiad llywodraethu corfforaethol hwn yn manylu ar gyfansoddiad Bwrdd a strwythurau llywodraethu'r Ymddiriedolaeth a sut y maent yn cefnogi cyflawni amcanion yr Ymddiriedolaeth. Mae'r adroddiad yn egluro sut mae'r Ymddiriedolaeth yn rheoli adnoddau ac i ba raddau y mae'r Ymddiriedolaeth yn cydymffurfio â'i gofynion llywodraethu ei hun ac yn eu gwerthuso.

Y bwriad yw dwyn ynghyd mewn un man faterion sy'n ymwneud â llywodraethu, risg a rheolaeth.

Mae tair prif ran i'r Adroddiad Llywodraethu Corfforaethol, sef:

- Adroddiad y Cyfarwyddwyr.
- Y Datganiad o Gyfrifoldebau'r Swyddog Cyfrifyddu a'r Datganiad o Gyfrifoldebau'r Cyfarwyddwyr mewn Perthynas â'r Cyfrifon.
- Y Datganiad Llywodraethu.

Adroddiad y Cyfarwyddwyr

Aelodau'r Bwrdd

Mae manylion y bwrdd a chyfarwyddwyr eraill sydd ag, neu a oedd ag, awdurdod neu gyfrifoldeb dros gyfarwyddo a rheoli prif weithgareddau'r Ymddiriedolaeth ar unrhyw adeg yn ystod y flwyddyn, a hyd at y dyddiad y cymeradwywyd yr adroddiad blynyddol a'r cyfrifon, wedi'u nodi isod:

Hefyd, darperir yma rolau sydd gan aelodau'r bwrdd mewn perthynas â phwyllgorau (er enghraifft cadeirydd neu arweinydd), a swyddi statudol neu swyddi hyrwyddwr y bwrdd.

Aelodau o'r Bwrdd 2025/26 â Phleidlais ar 31 Mawrth 2026			
Colin Dennis	**Cadeirydd Bwrdd yr Ymddiriedolaeth** Cadeirydd y Pwyllgor Tâl Cydnabyddiaeth	**Emma Wood**	**Prif Swyddog Gweithredol (o 1 Hydref 2025)** Swyddog Atebol

Aelodau o'r Bwrdd 2025/26 â Phleidlais ar 31 Mawrth 2026

Jayne Beeslee 	**Cyfarwyddwr Anweithredol** Cadeirydd y Pwyllgor Cyllid a Pherfformiad Hyrwyddwr digidol	**Peter Curran** 	**Cyfarwyddwr Anweithredol** Cadeirydd y Pwyllgor Archwilio, Risg a Sicrwydd, Cadeirydd y Pwyllgor Elusen, Hyrwyddwr dros y lluoedd arfog a chyn-filwyr
Bethan Evans 	**Cyfarwyddwr Anweithredol** Cadeirydd y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch Hyrwyddwr y Gymraeg, Atal a Rheoli Heintiau, a Gweithio i Wella	**Yr Athro Hayley Hutchings** 	**Cyfarwyddwr Anweithredol** Cyfarwyddwr Anweithredol Academaidd, Hyrwyddwr Ymchwil
Ceri Jackson 	**Is-gadeirydd** Cadeirydd y Pwyllgor Pobl a Diwylliant, Hyrwyddwr dros iechyd meddwl, pobl hŷn a chodi llais heb ofn	**Hannah Rowan** 	**Cyfarwyddwr Anweithredol** Cadeirydd y Pwyllgor Partneriaeth Academaidd Hyrwyddwr dros gydraddoldeb
Lee Brooks 	**Cyfarwyddwr Gweithredol Gweithrediadau** Hyrwyddwr ar gyfer cynllunio at argyfyngau	**Rachel Marsh** 	**Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad** **Prif Weithredwr Dros dro (19 Gorffennaf 2025-30 Medi 2025)** Arweinydd Gweithredol ar y Cyd ar gyfer y Pwyllgor Cyllid a Pherfformia
Chris Turley 	**Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol** Arweinydd Gweithredol ar y Cyd ar gyfer y Pwyllgor Cyllid a Pherfformiad, Arweinydd Gweithredol ar gyfer y Pwyllgor Archwilio, Risg a Sicrwydd. Trysorydd yr Elusen Hyrwyddwr diogelwch tân	**Liam Williams** 	**Cyfarwyddwr Gweithredol Ansawd a Nyrsio** Gwarcheidwad Caldicott Arweinydd Gweithredol ar y Cyd y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch Hyrwyddwr dros blant a phobl ifanc, gweithio i wella a thrais ac ymddygiad ymosodol

Aelodau o'r Bwrdd 2025/26 â Phleidlais ar 31 Mawrth 2026

Andy Swinburn 	**Cyfarwyddwr Gweithredol Parafeddygaeth** Arweinydd Gweithredol ar y Cyd y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch

Aelodau o'r Bwrdd 2025/26 heb Bleidlais ar 31 Mawrth 2026

Estelle Hitchon 	**Cyfarwyddwr Partneriaethau ac Ymgysylltu** Arweinydd Gweithredol y Pwyllgor Partneriaeth Academaidd a'r Pwyllgor Elusen	**Carl Kneeshaw** 	**Cyfarwyddwr Pobl** Arweinydd Gweithredol ar y Cyd y Pwyllgor Pobl a Diwylliant a'r Pwyllgor Tâl Cydnabyddiaeth
Angela Lewis 	**Cyfarwyddwr Diwylliant Newid** Arweinydd Gweithredol ar y Cyd y Pwyllgor Pobl a Diwylliant; Hyrwyddwr Cynllun Gweithredu Gwrth-hiliol Cymru	**Trish Mills** 	**Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd** Hyrwyddwr y Gymraeg
Hugh Parry 	**Partner Undeb Llafur ym Mwrdd yr Ymddiriedolaeth**	**Damon Turner** 	**Undeb Llafur Partner ym Mwrdd yr Ymddiriedolaeth**
Jonny Sammut 	**Cyfarwyddwr Digidol Gwasanaethau** Uwch Swyddog Risg Gwybodaeth		

Aelodau'r Bwrdd a adawodd swyddi'r Bwrdd yn ystod y flwyddyn			
Rhiannon Beaumont-Wood 	**Cyfarwyddwr Anweithredol (Tan 8 Chwefror 2024)** Hyrwyddwyr dros blant a phobl ifanc	**Jason Killens** 	**Prif Swyddog Gweithredol** Swyddog Cyfrifol (hyd at 18 Gorffennaf 2025)

Yn ogystal â'r newidiadau a adlewyrchir yn y tablau uchod, roedd trefniadau dros dro o fewn y tîm gweithredol. Ar ôl i Jason Killens adael ei rôl fel Prif Weithredwr ar 18 Gorffennaf 2025, Rachel Marsh oedd y Prif Weithredwr Dros dro o 19 Gorffennaf i 30 Medi 2025. Yn ystod y cyfnod hwn, daeth Estelle Hitchon yn Gyfarwyddwr Gweithredol Dros dro Strategaeth, Cynllunio a Pherfformiad. Dychwelodd Rachel Marsh ac Estelle Hitchon i'w rolau parhaol ar 1 Hydref 2025, pan ddechreuodd Emma Wood yn ei rôl fel Prif Weithredwr.

Roedd trefniadau dros dro eraill yn ystod y flwyddyn o fewn y tîm gweithredol. Roedd gan Christopher Turley, Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol, absenoldeb wedi'i gynllunio yn ystod y flwyddyn o 9 Medi 2025 tan 7 Ionawr 2026. Yn ystod y cyfnod hwn, penodwyd Edward Roberts (Cyfarwyddwr Cynorthwyol Cyllid Dros dro) yn Gyfarwyddwr Cyllid ac Adnoddau Corfforaethol Dros dro.

Diweddarwyd matrics sgiliau'r bwrdd yn 2025/256 gyda newidiadau i'r bwrdd wrth iddynt ddigwydd. Ni chafodd y newidiadau uchod unrhyw effaith andwyol ar y bwrdd nac ar wneud penderfyniadau ar y cyd.

Aelodau Pwyllgor Archwilio, Risg a Sicrwydd yr Ymddiriedolaeth yn ystod 2025/26 oedd Peter Curran (Cadeirydd), Ceri Jackon, a Rhiannon Beaumont-Wood. Gadawodd Rhiannon Beaumont-Wood y bwrdd ar 8 Chwefror 2026.

Datganiadau o Fuddiant

Gellir dod o hyd i'r gofrestr buddiannau ar gyfer cyfarwyddwyr ar wefan yr Ymddiriedolaeth Cofrestr Buddiannau Aelodau'r Bwrdd ar 31 Mawrth 2026. Gellir gweld y gofrestr buddiannau y rhai sy'n gwneud penderfyniadau'r Ymddiriedolaeth ar dudalen Cyhoeddiadau'r Ymddiriedolaeth.

Digwyddiadau sy'n Gysylltiedig â Data Personol

Rhoddir gwybodaeth am ddigwyddiadau sy'n ymwneud â data personol sydd wedi'u hadrodd yn ffurfiol i Swyddfa'r Comisiynydd Gwybodaeth a "digwyddiadau anffafriol difrifol" yn ymwneud â cholli data neu dorri cyfrinachedd yn y datganiad llywodraethu blynyddol.

Materion Amgylcheddol, Cymdeithasol a Chymunedol

Mae'r Ymddiriedolaeth yn ymwybodol o effaith bosibl ei gweithrediad ar yr amgylchedd ac mae wedi ymrwymo i wneud y canlynol lle mae adnoddau'n caniatáu:

- sicrhau cydymffurfedd â'r holl ddeddfwriaeth berthnasol a Chyfarwyddebau Llywodraeth Cymru
- rhannu uchelgais Llywodraeth Cymru i gyrff cyhoeddus fod yn garbon niwtral erbyn 2030
- gweithio mewn modd sy'n diogelu'r amgylchedd ar gyfer cenedlaethau'r dyfodol drwy sicrhau bod materion amgylcheddol hirdymor a byrdymor yn cael eu hystyried
- atal llygredd a lleihau'r effaith amgylcheddol bosibl
- cynnal ei achrediad rheoli amgylcheddol ISO 14001

Gofynion Dyrannu Costau a Chodi Tâl

Mae'r cyfarwyddwyr yn cadarnhau eu bod wedi cydymffurfio â'r gofynion dyrannu costau a chodi tâl a nodir yng nghanllawiau Trysorlys Ei Fawrhydi.

Datganiad o Gyfrifoldebau'r Swyddog Atebol

Mae'n ofynnol i'r Swyddog Atebol gadarnhau, hyd y gwyddant, nad oes unrhyw wybodaeth archwilio berthnasol nad yw archwilwyr yr Ymddiriedolaeth yn ymwybodol ohoni, a bod y Swyddog Atebol wedi cymryd yr holl gamau y dylai fod wedi'u cymryd i wneud ei hun yn ymwybodol o unrhyw wybodaeth archwilio berthnasol ac i sefydlu bod archwilwyr yr Ymddiriedolaeth yn ymwybodol o'r wybodaeth honno.

Hefyd, mae'n ofynnol i'r Swyddog Atebol gadarnhau bod yr adroddiad blynyddol a'r cyfrifon yn eu cyfanrwydd yn deg, yn gytbwys ac yn ddealladwy a'u bod yn cymryd cyfrifoldeb personol am yr adroddiad blynyddol a'r cyfrifon a'r dyfarniadau sydd eu hangen ar gyfer penderfynu ei fod yn deg, yn gytbwys ac yn ddealladwy ar y cyfan.

Datganiad

Mae Gweinidogion Cymru wedi cyfarwyddo mai'r Prif Weithredwr ddylai fod yn Swyddog Atebol i'r Ymddiriedolaeth.

Mae cyfrifoldebau perthnasol Swyddogion Atebol, gan gynnwys eu cyfrifoldeb am briodoldeb a chysondeb y cyllid cyhoeddus maen nhw'n atebol amdano, ac am gadw cofnodion priodol, yn cael eu manylu ym Memorandwm y Swyddog Atebol a gyhoeddwyd gan Lywodraeth Cymru.

Fel Swyddog Atebol, gallaf gadarnhau, hyd y gwn i, nad oes unrhyw wybodaeth archwilio berthnasol nad yw archwilwyr yr Ymddiriedolaeth yn ymwybodol ohoni a'm bod wedi cymryd yr holl gamau y dylwn fod wedi'u cymryd i sicrhau fy mod i a'r archwilwyr yn ymwybodol o wybodaeth archwilio berthnasol.

Cadarnhaf fod yr adroddiad blynyddol a chyfrifon yn eu cyfanrwydd yn deg, yn gytbwys ac yn ddealladwy ac fy mod yn cymryd cyfrifoldeb personol am yr adroddiad blynyddol a'r cyfrifon a'r dyfarniadau sy'n ofynnol ar gyfer penderfynu ei fod yn deg, yn gytbwys ac yn ddealladwy.

Gallaf gadarnhau fy mod yn gyfrifol am awdurdodi cyhoeddi'r datganiadau ariannol ar y dyddiad y cawsant eu hardystio gan Archwilydd Cyffredinol Cymru. Hyd eithaf fy ngwybodaeth a'm cred, rwyf wedi cyflawni'n briodol y cyfrifoldebau a nodwyd yn y llythyr sy'n fy mhenodi fel Swyddog Atebol.

Emma Wood
Prif Swyddog Gweithredol
Dyddiad: 25 Mehefin 2026

Datganiad o gyfrifoldebau'r Cyfarwyddwr ynglŷn â'r Cyfrifon

Mae'n ofynnol i'r cyfarwyddwyr, o dan Ddeddf Gwasanaeth Iechyd Gwladol (Cymru) 2006, baratoi cyfrifon ar gyfer pob blwyddyn ariannol. Mae Gweinidogion Cymru, gyda chymeradwyaeth y Trysorlys, yn rhoi cyfarwyddyd y dylai'r cyfrifon hyn roi darlun cywir a theg o sefyllfa ariannol yr Ymddiriedolaeth ac o incwm a gwariant yr Ymddiriedolaeth ar gyfer y cyfnod hwnnw. Wrth baratoi'r cyfrifon hyn, mae'n ofynnol i'r cyfarwyddwyr wneud y canlynol:

- cymhwyso ar sail gyson egwyddorion cyfrifyddu a osodwyd gan Weinidogion Cymru gyda chymeradwyaeth y Trysorlys
- gwneud dyfarniadau ac amcangyfrifon sy'n gyfrifol ac yn ddarbodus
- datgan p'un a ddilynwyd safonau cyfrifyddu perthnasol, yn amodol ar unrhyw wyriadau perthnasol a ddatgelwyd ac a esboniwyd yn yr adroddiadau

Mae'r cyfarwyddwyr yn cadarnhau eu bod nhw wedi cydymffurfio â'r gofynion uchod wrth baratoi'r cyfrifon.

Mae'r cyfarwyddwyr yn gyfrifol am gadw cofnodion cyfrifyddu cywir, sy'n datgelu gyda chywirdeb rhesymol sefyllfa ariannol yr awdurdod ar unrhyw adeg, a'u galluogi i sicrhau bod y cyfrifon yn cydymffurfio â gofynion a amlinellir yn y cyfarwyddyd uchod gan Weinidogion Cymru.

Drwy Orchymyn y Bwrdd
Llofnod:

Colin Dennis
Cadeirydd Bwrdd yr Ymddiriedolaeth
Dyddiad: 25 Mehefin 2026

Emma Wood
Prif Swyddog Gweithredol
Dyddiad: 25 Mehefin 2026

Christopher Turley
Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol
Dyddiad: 25 Mehefin 2026

Y Datganiad Llywodraethu

Mae Bwrdd yr Ymddiriedolaeth yn atebol am lywodraethu, rheoli risg a rheolaeth fewnol yn y sefydliad. Mae Prif Weithredwr, fel Swyddog Atebol yr Ymddiriedolaeth yn gyfrifol am gynnal strwythurau a gweithdrefnau llywodraethu priodol. Mae hyn yn cynnwys sicrhau bod gan yr Ymddiriedolaeth system gadarn o reolaeth fewnol sy'n cefnogi'r gwaith o gyflawni polisïau, nodau ac amcanion y sefydliad, tra hefyd yn diogelu arian cyhoeddus ac asedau'r sefydliad. Ar gyfer y flwyddyn a ddaeth i ben 31 Mawrth 2026 a hyd at ddyddiad cymeradwyo'r adroddiad blynyddol a chyfrifon, mae'r rhain wedi'u cyflawni yn unol â'r cyfrifoldebau a bennwyd gan Swyddog Atebol GIG Cymru.

Mae'r datganiad llywodraethu hwn yn dangos sut gwnaeth yr Ymddiriedolaeth reoli adnoddau yn 2025/26 ac i ba raddau y gwnaeth gydymffurfio â'i gofynion llywodraethu ein hunain, gan gynnwys sut mae'r Ymddiriedolaeth wedi monitro a gwerthuso effeithiolrwydd y trefniadau hyn. Wrth wneud hynny, mae'n dwyn ynghyd yr holl ddatgeliadau sy'n ymwneud â llywodraethu, risg a rheoli.
Mae'r Ymddiriedolaeth yn parhau i fod ar lefel uwchgyfeirio un (trefniadau arferol). Canfu Asesiad Strwythuredig Archwilio Cymru ar gyfer 2025 fod:

- mae gan yr Ymddiriedolaeth Fwrdd effeithiol a gefnogir gan drefniadau llywodraethu da
- mae systemau ar gyfer rhoi sicrwydd i'r bwrdd yn effeithiol ac yn cael eu cryfhau trwy ddatblygu'r fframwaith sicrwydd y bwrdd ymhellach
- mae cynllun ansawdd newydd yn cael ei weithredu
- mae'r Ymddiriedolaeth yn parhau i adrodd am heriau i gyflawni targedau perfformiad allweddol
- cyflwynwyd newidiadau i sut mae ymatebion ambiwlansys yn cael eu mesur yn ystod 2025, gyda mwy o ffocws ar ganlyniadau i gleifion; fodd bynnag, mae'n rhy gynnar i wybod pa effaith y mae'r newidiadau'n ei chael ar ansawdd gwasanaeth
- mae gan yr Ymddiriedolaeth Gynllun Tymor Canolig Integredig clir a chymeradwy ac mae wedi cymeradwyo set o amcanion llesiant; mae hefyd yn cynnal adnewyddiad prydlon o'i strategaeth hirdymor
- mae gan yr Ymddiriedolaeth nifer sylweddol o raglenni newid ar y gweill, gyda chapasiti cyfyngedig i'w cefnogi - felly mae'n oedi datblygiad rhai cynlluniau corfforaethol ac yn gohirio rhai gweithgareddau a gynlluniwyd i ddiogelu capasiti ar gyfer blaenoriaethau allweddol.
- rheolodd yr Ymddiriedolaeth ei harian yn dda i gyflawni ei dyletswyddau ariannol allweddol yn ystod 2024-25

- ar nodyn cadarnhaol, mae'n lleihau ei ddibyniaeth ar gynilo anghylchol; fodd bynnag, mae'r Ymddiriedolaeth yn wynebu pwysau ariannol cynyddol heriol eleni sy'n creu risgiau i gyflawni ei sefyllfa adennill costau a ragwelwyd. Mae angen egluro fforddiadwyedd rhai o gynlluniau strategol yr Ymddiriedolaeth.

Fframwaith Llywodraethu'r Ymddiriedolaeth

Llywodraethu corfforaethol yw'r ffordd y mae sefydliadau'n cael eu cyfarwyddo, eu rheoli a'u harwain. Mae'n diffinio perthnasoedd a dosbarthiad hawliau a chyfrifoldebau ymhlith y rhai sy'n gweithio gyda'r sefydliad ac ynddo, yn pennu'r rheolau a'r gweithdrefnau y mae amcanion y sefydliad yn cael eu gosod drwyddynt, ac yn darparu'r modd o gyflawni'r amcanion hynny a monitro perfformiad. Yn bwysig, mae'n diffinio ble mae atebolrwydd yn gorwedd ledled y sefydliad.

Mae'r fframwaith llywodraethu corfforaethol yn integreiddio cyd-destun statudol, rheoleiddiol a gweithredol yr Ymddiriedolaeth, yn nodi rolau, cyfrifoldebau a dirprwyaethau clir, ac yn darparu sicrwydd drwy gefnogi'r Bwrdd unedol drwy oruchwyliaeth briodol gan bwyllgorau a grwpiau cynghori a rheolaethau mewnol cadarn.

Yn ganolog i'r fframwaith mae prosesau sicrwydd cadarn, gan gynnwys cynllunio integredig, rheoli perfformiad, risg ac archwilio, sy'n galluogi'r Bwrdd i ennill hyder yn y modd y cyflawnir strategaeth, ansawdd a chynaliadwyedd ariannol. Mae'r trefniadau hyn wedi'u hategu gan werthoedd clir, safonau moesegol ac ymddygiadau, sy'n adlewyrchu Egwyddorion Nolan a rhwymedigaethau'r Ymddiriedolaeth o dan y ddyletswydd ansawdd a'r ddyletswydd gonestrwydd.

Mae'r fframwaith llywodraethu yn rhoi pwyslais cryf ar dryloywder, atebolrwydd cyhoeddus ac ymgysylltu, gan sicrhau bod yr Ymddiriedolaeth yn cynnal ei busnes yn agored ac yn atebol i gleifion, staff, rhanddeiliaid a Llywodraeth Cymru, a bod trefniadau ar waith i gefnogi datblygiad effeithiol y Bwrdd, gan alluogi gwelliant parhaus yn y ffordd y caiff llywodraethu ei arfer.

Mae rhaglen lywodraethu integredig yr Ymddiriedolaeth yn mabwysiadu dull system gyfan i sicrhau bod yr elfennau hyn yn gweithio gyda'i gilydd yn ymarferol. Mae'n cefnogi'r adolygiad parhaus a'r cryfhau o drefniadau atebolrwydd, risg a sicrwydd, a'r broses o wreiddio'r

Fframwaith Rheoli Ansawdd a Pherfformiad o'r llawr i'r bwrdd, gan sicrhau cysylltu rhwng dyletswyddau statudol, amcanion strategol a chyflawniad o ddydd i ddydd.

Fframwaith cyfreithiol, rheoleiddiol ac atebolrwydd

Mae'r cyd-destun statudol a rheoleiddiol yn gosod y ffiniau ffurfiol y mae'r bwrdd yn gweithredu oddi mewn iddynt, gan gynnwys deddfwriaeth sylfaenol, rheoliadau, cyfarwyddiadau gan Lywodraeth Cymru, fframweithiau GIG Cymru, a chodau perthnasol megis Cod Llywodraethu Corfforaethol y DU ac, o 1 Ebrill 2026, Fframwaith Gweithredu ac Atebolrwydd GIG Cymru. Mae'n egluro dyletswyddau cyfreithiol y bwrdd, trefniadau atebolrwydd a gofynion sicrwydd.

Mae'r Ymddiriedolaeth wedi cymeradwyo rheolau sefydlog ar gyfer rheoleiddio ei gwaith ac, ynghyd â'r cyfarwyddiadau ariannol sefydlog a'r cynllun cadw a dirprwyo, mae'r rhain yn darparu'r fframwaith rheoleiddio ar gyfer ymddygiad busnes yr Ymddiriedolaeth ac yn diffinio ei ffyrdd o weithio. Ni wnaed unrhyw newidiadau i'r rheolau sefydlog na'r cynllun cadw a dirprwyo yn ystod y cyfnod adrodd, ac eithrio cylch gorchwyl pwyllgorau'r bwrdd sydd wedi'u hatodi i'r rheolau sefydlog.

Diwygiwyd Pennod 11 o'r cyfarwyddiadau ariannol sefydlog ym mis Medi 2025 yn dilyn cyflwyno Deddf Caffael 2023 ac offerynnau israddol cysylltiedig, a Rheoliadau Gwasanaethau Iechyd (Cyfundrefn Dewis Darparwyr) (Cymru) 2025. Diweddarwyd Pennod 11 yn unol â'r bennod fodel a ddarparwyd gan Lywodraeth Cymru, gyda phrosesau newydd yn cael eu gweithredu o fewn yr Ymddiriedolaeth ac ar draws Caffael Cydwasanaethau GIG Cymru.

Adroddir am ddiffyg cydymffurfio â rheolau sefydlog i'r Pwyllgor Archwilio, Risg a Sicrwydd a Bwrdd yr Ymddiriedolaeth, gyda dau adroddiad yn ystod y cyfnod adrodd. Roedd un yn ymwneud â chymeradwyaeth gywir dau achos tribiwnlys cyflogaeth a'r lleill yn ymwneud â chyhoeddi papurau yn unol â darpariaeth 7.4.8 o'r rheolau sefydlog.

Mae trefniadau llywodraethu'r Ymddiriedolaeth wedi'u cynllunio i drosi gofynion statudol a rheoleiddiol yn arferion gweithredu o ddydd i ddydd. Mae sicrwydd a ddarperir, yn enwedig i bwyllgorau'r bwrdd ynghylch cydymffurfedd â mentrau a blaenoriaethau Llywodraeth Cymru, yn ogystal â dyletswyddau statudol a rheoleiddiol, wedi'i wreiddio yng nghylchoedd gorchwyl a chylchoedd busnes y pwyllgorau.

Lle bynnag y bo modd, mae rhwymedigaethau cyfreithiol a rheoleiddiol wedi'u codio ym mholisïau lleol yr Ymddiriedolaeth, neu ym mholisïau Cymru Gyfan sy'n caniatáu monitro ac archwilio priodol. Mae'r Pwyllgor Archwilio, Risg a Sicrwydd wedi goruchwylio'r rhaglen bolisi yn ystod 2025/26 ac wedi nodi nad yw uchelgais yr Ymddiriedolaeth o gyrraedd nifer sylweddol o bolisïau mewn grym yn ystod 2025/26 wedi'i chyflawni oherwydd nifer o flaenoriaethau cystadleuol. Argymhelliad Archwilio Cymru o'u Hasesiad Strwythuredig 2025 yw gwneud y broses adolygu polisi yn fwy effeithlon ac ymarferol a dyma'r ffocws ar gyfer 2026/27.

Mae Welsh Ambulance Services NHS Trust Charity (rhif cofrestru 1050084) wedi'i chofrestru fel elusen gyda Chomisiwn Elusennau Cymru a Lloegr. Mae Bwrdd yr Ymddiriedolaeth yn gweithredu fel Ymddiriedolwr Corfforaethol yr elusen. Mae'r Ymddiriedolwr Corfforaethol yn gyfrifol am reolaeth, rheoli a gweinyddu ei elusen yn gyffredinol, yn ogystal â gosod ei nodau a'i hamcanion strategol. Y Pwyllgor Elusen sy'n goruchwylio'r elusen. Cyhoeddwyd adroddiad blynyddol a chyfrifon yr elusen ar gyfer 2024/25 ar wefan yr Ymddiriedolaeth yma. Mae adroddiad Archwiliad Annibynnol Archwilio Cymru ar gronfeydd elusennol ar gael ym mhapurau'r Ymddiriedolwyr Corfforaethol o'i gyfarfod ar 30 Ionawr 2026, sydd ar gael yma.

Rôlau, cyfrifoldebau a dirprwyaethau'r bwrdd

Mae'r Ymddiriedolaeth yn gweithredu drwy fwrdd unedol, gyda chefnogaeth dirprwyaethau sefydledig. Mae rheolau sefydlog yn gwreiddio'r cynllun ar gyfer cadw a dirprwyo pwerau ac, ochr yn ochr â'r cyfarwyddiadau ariannol sefydlog, yn nodi beth sydd wedi'i gadw i'r bwrdd a beth sydd wedi'i ddirprwyo, gan gynnwys cyfrifoldebau ariannol a chyfrifoldebau gwneud penderfyniadau.

Mae'r bwrdd yn atebol am lywodraethu, rheoli risg a rheolaeth fewnol, ac yn canolbwyntio ar y canlynol:

- **strategaeth**, gosod gweledigaeth, blaenoriaethau, nodau, adnoddau, a deall risgiau i gyflawni
- **gwreiddio ymddygiad moesegol**, llunio diwylliant sefydliadol a chynnal uniondeb, cywirdeb ac Egwyddorion Nolan
- **ansawdd**, gosod disgwyliadau ac atebolrwydd am berfformiad uchel, y Ddyletswydd Ansawdd, a'r Ddyletswydd Gonestrwydd
- **rheoli risg**, sicrhau rheolaeth risg gadarn a rheolaethau mewnol a gweledegd y prif risgiau
- **cael sicrwydd ynghylch cyflawni**, gan ddwyn i gyfrif, a bod yn atebol am gyflawni strategaeth, perfformiad, diwylliant ac ymddygiadau

Strwythur y bwrdd a phwyllgorau

Mae'r bwrdd yn cynnwys y Cadeirydd, yr Is-gadeirydd, chwe Chyfarwyddwr Anweithredol a chwe Chyfarwyddwr Gweithredol. Fe'i cefnogir gan bum cyfarwyddwr ychwanegol heb bleidlais a dau gynrychiolydd Partner Undebau Llafur, fel y nodir yn Adroddiad y Cyfarwyddwyr uchod.

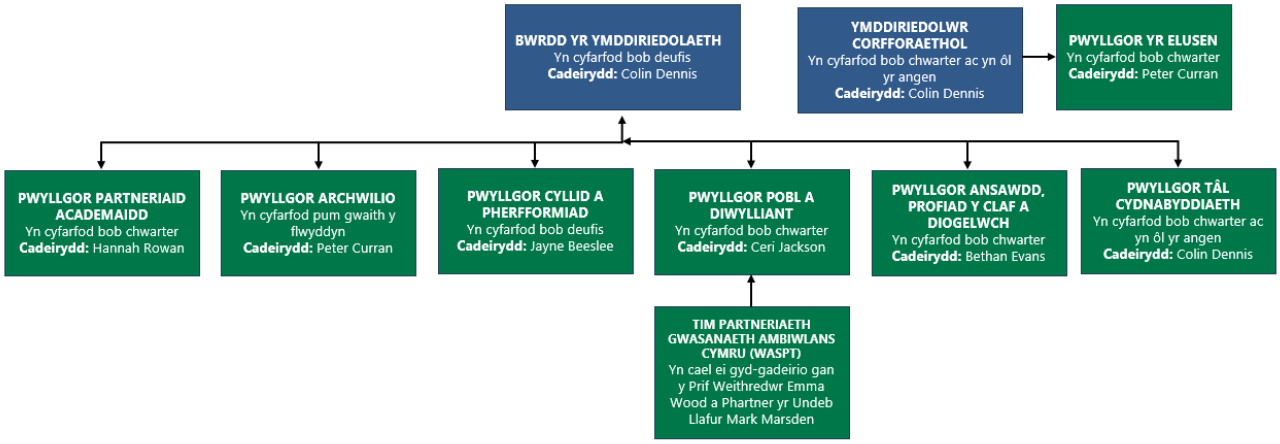
Yn ystod 2025/26, cyfarfu'r bwrdd wyth gwaith yn gyhoeddus ac wyth gwaith mewn sesiwn breifat. Adroddir ar benderfyniadau a wneir yn breifat mewn cyfarfodydd cyhoeddus dilynol o'r bwrdd, yn amodol ar ddiogelu cyfrinachedd a sensitifrwydd masnachol.

Roedd pob cyfarfod bwrdd a phwyllgor wedi'i gynnull yn briodol ac yn cwrdd â'r cworwm, ac ni chanslwyd unrhyw gyfarfodydd a drefnwyd yn ystod y flwyddyn. Cynhaliwyd chwe chyfarfod bwrdd wyneb yn wyneb yng Nghaerdydd, gyda'r cyhoedd yn gallu gwylio cyfarfodydd yn rhithwir a chyflwyno cwestiynau ymlaen llaw. Yn y cyfarfod cyffredinol blynyddol, roedd aelodau'r cyhoedd hefyd yn gallu gofyn cwestiynau yn ystod y cyfarfod.

Hwyluswyd pwyllgorau i raddau helaeth mewn fformat hybrid, gyda rhai cyfarfodydd yn cael eu cynnal yn rhithwir drwy Microsoft Teams. Mae'r dull hwn yn cefnogi cylch gwaith cenedlaethol yr Ymddiriedolaeth ac yn galluogi cyfranogiad ehangach ledled Cymru. Mae aelodau'r cyhoedd yn gallu arsylwi'r cyfarfodydd hyn.

Mae manylion dyddiadau cyfarfodydd y bwrdd a'r pwyllgorau a phresenoldeb yr aelodau wedi'u cynnwys yn atodiad un ac atodiad dau. Cyhoeddir agendâu a phapurau ar gyfer cyfarfodydd cyhoeddus ar wefan yr Ymddiriedolaeth saith diwrnod calendr ymlaen llaw. Mae papurau'r pwyllgor, cofnodion a'u hadroddiadau crynhoi cynnydd AAA ar gyfer pob cyfarfod wedi'u cynnwys yn adran y pwyllgorau ar wefan yr Ymddiriedolaeth.

Mae gan y bwrdd saith pwyllgor sefydlog, pob un dan gadeiryddiaeth Cyfarwyddwr Anweithredol. Mae pwyllgorau'n cefnogi'r bwrdd drwy roi cyngor, cael sicrwydd, arfer cyfrifoldebau dirprwyedig, a galluogi craffu mwy manwl nag sy'n bosibl mewn cyfarfodydd bwrdd llawn. Cefnogir pob pwyllgor gan gyfarwyddwr gweithredol neu gyfarwyddwr arweiniol, sy'n gweithio'n agos gyda Chadeirydd y pwyllgor a'r Cyfarwyddwr Llywodraethu Corfforaethol ac Ysgrifennydd y Bwrdd ar osod yr agenda, cylch cynllunio busnes, ac ansawdd a phrydlondeb gwybodaeth. Mae strwythur y bwrdd a'i bwyllgorau fel a ganlyn:



Mae unig Grŵp Cynghori'r Ymddiriedolaeth, Tîm Partneriaeth Gwasanaethau Ambiwlans Cymru (WASPT), yn dwyn ynghyd uwch arweinwyr, cynrychiolwyr undebau llafur a sefydliadau proffesiynol i drafod blaenoriaethau cenedlaethol a chytuno ar ddulliau o ymdrin â materion y gweithlu a'r gwasanaeth iechyd. Mae'n darparu'r mecanwaith ffurfiol ar gyfer ymgynghori, negodi a chyfathrebu rhwng yr undebau llafur ac uwch arweinwyr yr Ymddiriedolaeth.

Mae'r grŵp yn cyfarfod bob deufis a chynhaliodd chwe chyfarfod yn 2025/26, gyda phob cyfarfod yn cynnwys gweithdy anffurfiol ar faterion prydlon. Mae fforymau gweithredol a chorfforaethol yn adrodd i WASPT i alluogi mynd i'r afael â materion yn lleol, gan ganiatáu i WASPT weithredu mewn gofod mwy strategol.

Fel y nodir isod, bob blwyddyn mae'r pwyllgorau a'r grŵp cynghori yn adolygu eu heffeithiolrwydd. Prif allbynnau'r broses hon yw cylch gorchwyl diwygiedig, gwelliannau i drefniadau gweithredu ac adroddiad blynyddol pwyllgor/grŵp. Mae adroddiadau blynyddol y pwyllgorau yn rhoi digon o fanylion i'r Pwyllgor Archwilio, Risg a Sicrwydd (ARAC) er mwyn iddynt allu sicrhau'r bwrdd bod y pwyllgorau wedi cyflawni eu cyfrifoldebau ac yn gweithredu'n effeithiol.

Mae adroddiadau blynyddol 2025/26 ar gyfer pwyllgorau - y gellir cael mynediad atynt yma - yn darparu manylion am gylch gwaith pob pwyllgor. Mae'r adroddiadau crynhoi cynnydd rhybuddio, cynghori a sicrhau (AAA) hefyd yn y ddolen honno yn nodi gwaith pob un o'r

pwyllgorau yn 2025/26, felly nid yw hyn wedi'i ddyblygu yn yr adroddiad blynyddol hwn. Gellir gweld cylch gorchwyl wedi'i ddiweddaru pob pwyllgor yma.

Mae ARAC yn rhoi cyngor a sicrwydd i'r bwrdd a'r Swyddog Atebol ynghylch a oes trefniadau effeithiol ar waith trwy ddylunio a gweithredu system sicrwydd yr Ymddiriedolaeth i'w cefnogi yn eu prosesau gwneud penderfyniadau, ac wrth gyflawni eu cyfrifoldebau am sicrhau cyflawniad amcanion yr Ymddiriedolaeth. Datblygir cylch busnes y pwyllgor i gyflawni'r rôl hon a chaiff unrhyw wyriad o'r cylch ei uwchgyfeirio i'r cyfarfod nesaf. Yn ogystal â'i waith busnes fel arfer, sefydlodd is-grŵp ARAC yn 2025/26 i gynnal ymarfer i symleiddio strwythur y pwyllgor (gweler ymhellach isod).

Mae'r Pwyllgor Tâl Cydnabyddiaeth yn cyfarfod mewn sesiwn breifat. Yn ystod 2025/26, cymeradwyodd y Pwyllgor Tâl Cydnabyddiaeth benderfyniadau ail-fandio ar gyfer amrywiol rolau; derbyniodd amcanion a gwerthusiad y Prif Weithredwr; cymeradwyodd y prosesau penodi ar gyfer swyddi uwch reolwyr; cymeradwyodd gytundeb setliad a setliadau rhyddhau cynnar gwirfoddol i'w cymeradwyo gan Lywodraeth Cymru; cymeradwyodd y tabl tâl cydnabyddiaeth yn yr adroddiad blynyddol; adolygodd yr agenda ar gyfer newid a dyfarniadau cyflog cenedlaethol taliadau cyflog gweithredol a chynhaliodd eu hadolygiad ansawdd a llywodraethu.

Prosesau gwneud penderfyniadau a sicrwydd

Mae fframwaith llywodraethu'r Ymddiriedolaeth yn cynnwys y systemau a'r prosesau sy'n ofynnol ar gyfer gwneud penderfyniadau cadarn, goruchwylio a sicrwydd, gan gynnwys cynllunio busnes blynyddol drwy'r Cynllun Tymor Canolig Integredig a chynlluniau cyfarwyddiaethau lleol, y Fframwaith Rheoli Ansawdd a Pherfformiad, a pholisïau a chanllawiau gweithdrefnol ategol.

Mae awdurdod y bwrdd wedi'i gynnwys yn y rheolau sefydlog, y cyfarwyddiadau ariannol sefydlog a'r cynllun cadw a dirprwyo. Mae'r bwrdd yn dirprwyo awdurdod i'r Prif Weithredwr drwy'r cynllun hwnnw, ac i bwyllgorau'r bwrdd drwy eu cylch gorchwyl.

Mae'r Prif Weithredwr, fel Swyddog Atebol, wedi sefydlu'r Tîm Arwain Gweithredol fel prif gorff gwneud penderfyniadau gweithredol yr Ymddiriedolaeth. Mae'r Tîm Arwain Gweithredol yn cefnogi'r Prif Weithredwr yn arweinyddiaeth a rheolaeth yr Ymddiriedolaeth o ddydd i ddydd. Mae ei gyfrifoldebau wedi'u hategu gan Femorandwm y Swyddog Atebol a meysydd Fframwaith Gweithredu ac Atebolrwydd GIG Cymru o 1 Ebrill 2026.

Fel rhan o'r rhaglen llywodraethu integredig yn 2026, bydd yr Ymddiriedolaeth yn adnewyddu'r fframwaith llywodraethu a'r strwythurau y mae dirprwyon y Tîm Arwain Gweithredol yn gweithio iddynt. Bydd hyn yn cryfhau gweithrediad sicrwydd o'r llawr i'r bwrdd, gan gefnogi gweledegdd clir o berfformiad a risg i'r Swyddog Atebol a'r bwrdd.

Cofnodir penderfyniadau a chamau gweithredu yn y bwrdd, pwyllgorau a'r Tîm Arwain Gweithredol trwy gofnodion cyfarfodydd a log camau gweithredu, sy'n cael eu hadolygu a'u cymeradwyo ym mhob cyfarfod. Yn dilyn pob cyfarfod pwyllgor, paratoir adroddiad ar y prif bwyntiau AAA a'i uwchgyfeirio i'r bwrdd, gan gefnogi goruchwyliaeth glir o risgiau, materion a sicrwydd allweddol. Mae'r adroddiad hwnnw hefyd wedi'i gyhoeddi ar wefan yr Ymddiriedolaeth i hyrwyddo diffuantrwydd a thryloywder prydlon.

Mae rhagor o fanylion am waith y bwrdd yn 2025/26 ar gael ar ein gwefan yma, gan gynnwys bywgraffiadau aelodau, dyddiadau cyfarfodydd, papurau, cofnodion, a recordiadau o gyfarfodydd blaenorol.

Y fframwaith risg a rheoli

Mae'r Ymddiriedolaeth wedi sefydlu diwylliant risg rhagorol ar lefel sefydliadol a bwrdd, sydd wedi'i wreiddio'n gadarn yn ein trefniadau llywodraethu ac wedi'i alinio â'n hamcanion strategol. Mae risgiau pennaf yn llywio agenda ein bwrdd a'n pwyllgorau ac yn cael eu hadolygu'n rheolaidd yng nghyfarfodydd y Tîm Arwain Gweithredol a'r pwyllgorau, gan sicrhau goruchwyliaeth gadarn a gwneud penderfyniadau gwybodus. Mae'r dull hwn yn galluogi adnabod risgiau'n gynnar, asesu a rheoli risgiau'n effeithiol, gan gefnogi darparu gwasanaethau diogel o ansawdd uchel a chydymffurfio â dyletswyddau statudol ac ariannol.

Mae ein cryfder presennol yn gorwedd yn y diwylliant risg datblygedig hwn a'r cysylltiad rhwng risgiau ag amcanion strategol. Fodd bynnag, mae angen aeddfedu ymhellach drwy ddatblygu fframwaith sicrwydd y bwrdd strategol sy'n rhoi golwg gliriach i'r bwrdd ar risgiau sy'n gysylltiedig yn uniongyrchol â phob amcan strategol, ynghyd â chryfder y sicrwydd ar reolaethau, a lliniariadau clir i lenwi bylchau a nodwyd. Bydd hyn yn galluogi'r bwrdd i ddeall yn well ble mae sicrwydd yn gryf a ble mae bylchau'n parhau.

Mae'r adran rheoli risg isod yn rhoi rhagor o fanylion.

Gwerthoedd, ymddygiadau a diwylliant

Mae'r bwrdd yn llunio diwylliant yr Ymddiriedolaeth mewn amrywiaeth o ffyrdd, gan gynnwys sut mae'n ymgysylltu â staff, cleifion a rhanddeiliaid, sut mae'n rheoli ei agenda, natur a chydbwysedd trafodaethau'r bwrdd, a ble mae'n buddsoddi amser ac adnoddau. Disgwylir i aelodau'r bwrdd ddangos y safonau moesegol uchaf o ran uniondeb a chywirdeb a chynnal Egwyddorion Nolan.

Mae clywed lleisiau cleifion a staff yng nghyfarfodydd y bwrdd a'r pwyllgorau yn parhau i fod yn elfen graidd o gyfarfodydd ac yn ffordd bwysig o driongli gwybodaeth i'r bwrdd. Yn dilyn pob cyfarfod, cyflwynir dilyniant ar yr hyn a ddysgwyd a/neu gamau gweithredu o brofiadau a rannwyd.

Mae'r bwrdd yn hyrwyddo diwylliant o ddiffuantrwydd a dysgu, gan sicrhau bod staff yn deall eu rôl yn y ddarpariaeth gofal effeithiol ac o ansawdd uchel, a chefnogi cydymffurfedd â'r ddyletswydd ansawdd a'r ddyletswydd gonestrwydd fel y nodir yn Neddf Iechyd a Gofal (Ansawdd ac Ymgysylltu) (Cymru) 2020.

Mae gweithio mewn partneriaeth hefyd yn cefnogi diwylliant a llywodraethiant yr Ymddiriedolaeth, gan gynnwys Grŵp Ymgynghorol WASPT fel y prif fforwm partneriaeth ar gyfer ymgysylltu ag undebau llafur a sefydliadau proffesiynol.

Effeithiolrwydd a datblygu'r bwrdd

Mae'r bwrdd yn asesu effeithiolrwydd ei drefniadau llywodraethu a threfniadau ei bwyllgorau a'i grŵp cynghori yn rheolaidd.

Ddiwedd 2025, cyflogwyd y sefydliad Good Governance Institute i gynnal adolygiad trylwyr a datblygiadol o effeithiolrwydd y bwrdd er mwyn sicrhau ei fod mewn sefyllfa dda i ymdopi â heriau cymhleth heddiw a'r dyfodol. Roedd hyn yn cynnwys arsylwadau gan y sefydliad Good Governance Institute o gyfarfodydd y bwrdd, y pwyllgor a'r Tîm Arwain Gweithredol, cyfweliadau ag aelodau'r bwrdd, adolygiad o ddogfennaeth ac arolwg bwrdd.

Nododd crynodeb adroddiad y sefydliad Good Governance Institute, a gyflwynir i'r bwrdd ar 30 Gorffennaf 2026, fod:

"Ein hasesiad cyffredinol yw bod bwrdd WAST yn fwrdd da, gyda'r potensial i fod yn un gwirioneddol wych. Mae tystiolaeth glir o aeddfedrwydd, proffesiynoldeb ac ymrwymiad ar y cyd i wella canlyniadau cleifion. Mae wedi'i gadeirio'n dda, yn cael ei gefnogi'n dda ac yn gweithredu gydag ymdeimlad cryf o gyfrifoldeb ar y cyd, aeddfedrwydd a bwriad. Yn bwysig, mae'r sylfeini ar gyfer perfformiad uchel eisoes yn eu lle:

- *Diwylliant adeiladol a chynhwysol*
- *Cydlyniant gweithredol cryf*
- *Prosesau disgybledig a mewnbynnau o ansawdd uchel yn gyffredinol*

"Nid ailgynllunio sylfaenol yw'r cyfle ar hyn o bryd, ond yn hytrach mireinio wedi'i dargedu, gan ganolbwyntio ar nifer gymharol fach o newidiadau strwythurol ac ymddygiadol a fyddai'n gwella effeithiolrwydd llywodraethu yn gyffredinol, ac yn y pen draw, ganlyniadau i gleifion."

Gellir dod o hyd i'r adroddiad llawn ym mhapurau'r bwrdd ar gyfer mis Gorffennaf 2026 sydd ar gael ar ôl y dyddiad hwnnw yma, ac fel rhan o'r Rhaglen Llywodraethu Integredig yn 2026 bydd yr Ymddiriedolaeth yn dechrau gweithredu'r canfyddiadau ac yn sicrhau aliniad ac edau aur o'r llawr i'r bwrdd.

Yn ogystal ag adolygiad y bwrdd o'i drefniadau ansawdd a llywodraethu, cynhaliwyd adolygiadau cynhwysfawr ar gyfer pob pwyllgor yn ystod 2025/26. Yn gynnar yn y flwyddyn, sefydlodd ARAC is-bwyllgor i ganfod a ellid sicrhau effeithlonrwydd pellach i strwythur y pwyllgorau er mwyn galluogi fframwaith llywodraethu mwy ffocws, strategol a chymesur.

Datblygodd yr is-bwyllgor nifer o opsiynau a ystyriwyd gan ARAC, gyda'r opsiwn a ffefrir yn lleihau nifer y pwyllgorau o saith i chwech. Y dull a argymhellwyd oedd diddymu'r Pwyllgor Partneriaeth Academaidd ac ailddosbarthu ei swyddogaethau i bwyllgorau eraill. Cytunwyd ar hyn gan y bwrdd ym mis Ionawr 2026; fodd bynnag, gohiriwyd y gweithrediad tra'n disgwyl adroddiad canlyniad y sefydliad Good Governance Institute. Bydd yr argymhellion hyn yn cael eu datblygu a'u halinio â'r Rhaglen Llywodraethu Integredig yn 2026.

Fel y nodwyd uchod, cymeradwywyd yr adroddiad blynyddol gan bob pwyllgor gan ARAC ar 28 Ebrill 2026 a'i gyflwyno i'r bwrdd yn eu cyfarfod ym mis Mai 2026. Nododd ARAC fod rhaglen 2025/26 yr Ymddiriedolaeth o adolygiadau ansawdd a llywodraethu ar draws pwyllgorau'r bwrdd wedi'i chwblhau a chymeradwyodd bob adroddiad blynyddol pwyllgor o 2025/26 cyn eu cyflwyno i Fwrdd yr Ymddiriedolaeth. Rhoddodd ARAC sicrwydd nad yw'r dull adolygu ansoddol, cymesur a fabwysiadwyd eleni wedi nodi unrhyw faterion newydd y mae angen eu

huwchgyfeirio y tu hwnt i'r rhai a ystyriwyd eisoes, gan roi sicrwydd ynghylch effeithiolrwydd gweithrediad y pwyllgor a'r trefniadau llywodraethu. Cymerodd ARAC sicrwydd pellach o aliniad y gwaith hwn â rhaglen ehangach o ddatblygu llywodraethu, gan gynnwys yr adolygiad a gomisiynwyd yn allanol gan y sefydliad Good Governance Institute a dull graddol o weithredu unrhyw newidiadau dilynol; fel y cyfeiriwyd ato uchod.

Defnyddiodd ARAC becyn cymorth effeithiolrwydd y Swyddfa Archwilio Genedlaethol ar gyfer eu hadolygiad ansawdd a llywodraethu blynyddol, gan dynnu sylw at feysydd i'w gwella ar feysydd hanfodol ac arfer da yn y pecyn cymorth.

Parhaodd y rhaglen datblygu'r bwrdd thematig yn 2025/26 gyda ffocws ar ddysgu, myfyrio a deall. Cynlluniwyd chwe sesiwn wedi'u hamserlennu i gefnogi trafodaeth strategol, llunio diwylliant ac ymddygiadau, cryfhau gweithio mewn systemau a phartneriaethau, gwella gwybodaeth am yr amgylchedd rheoleiddio, a chaniatáu briffio manwl ar faterion cymhleth cyn cyfarfodydd ffurfiol. Mae'r sesiynau hyn hefyd yn cynnwys adborth gan gyfarwyddwyr anweithredol ar ymweliadau a gynhaliwyd. Roedd y pynciau yn ystod y flwyddyn yn cynnwys cynllunio strategol, adolygu adrodd integredig ar ansawdd a pherfformiad, deall a datblygu datganiadau parodrwydd i dderbyn risg, gofal iechyd yn seiliedig ar werth, cynllun tymor canolig integredig a chynllunio ariannol, a'r dirwedd wleidyddol ehangach ar gyfer GIG Cymru.

Tryloywder, atebolrwydd ac ymgysylltu

Cyflwynodd Ysgrifennydd Cabinet Llywodraeth Cymru dros Iechyd a Gofal Cymdeithasol gyfres o gyfarfodydd atebolrwydd cyhoeddus yn 2025/26 gyda'r nod o gynyddu tryloywder ac ymddiriedaeth y cyhoedd yn y GIG yng Nghymru. Roedd y cyfarfodydd hyn yn gyfle i Ysgrifennydd y Cabinet graffu ar berfformiad cyrff iechyd a mynd i'r afael â materion arwyddocaol gan gynnwys perfformiad ac ansawdd gofal. Cynhaliwyd cyfarfod atebolrwydd cyhoeddus yr Ymddiriedolaeth ar 5 Mawrth 2026. Mae'r cyflwyniad tystiolaeth ar gael yma a gellir gwylio recordiad y cyfarfod yma.

Yn dilyn y cyfarfod hwnnw, cydnabu Ysgrifennydd y Cabinet y proffesiynoldeb, y didwylledd a'r difrifoldeb y mae'r bwrdd a'r tîm gweithredol yn ymdrin â rhaglen drawsnewid heriol yr Ymddiriedolaeth. Cydnabu'r drafodaeth y pwysau parhaus ar draws y system iechyd a gofal ehangach a chadarnhaodd, er gwaethaf gweithredu ar raddfa fawr mewn amgylchedd cyfyngedig iawn, fod yr Ymddiriedolaeth yn parhau i fod yn sefydlog yn sefydliadol, yn ddisgybledig yn ariannol ac yn hyderus yn ei threfniadau llywodraethu. Nododd Ysgrifennydd y Cabinet gynnydd wrth weithredu fframwaith perfformiad ambiwlansys newydd a'r model

clinigol, gyda gwelliannau cynnar yn amlwg mewn meysydd fel trosglwyddo cleifion ac asesiad clinigol, gan gydnabod hefyd fod canlyniadau'n parhau i fod yn fregus ac yn anwastad, yn enwedig i gleifion â lefel is o aciwtedd a'r rhai sy'n profi arosiadau hir.

Pwysleisiodd Ysgrifennydd y Cabinet bwysigrwydd caniatáu amser i'r newidiadau a weithredwyd yn ddiweddar wreiddio a chael eu gwerthuso'n briodol, gan bwysleisio'r angen am effaith amlwg, dysgu a chywiro cwrs lle bo angen, yn enwedig mewn perthynas â phrofiad cleifion ac amseroedd aros. Roedd y cyfarfod hefyd yn adlewyrchu rôl gynyddol yr Ymddiriedolaeth fel partner system genedlaethol dan arweiniad clinigol, gan ddefnyddio data, mewnwelediad a dylanwad i gefnogi mwy o gysondeb ac integreiddio ar draws gofal brys a gofal mewn argyfwng yng Nghymru. Wrth gloi, amlygodd Ysgrifennydd y Cabinet gyfle unigryw'r Ymddiriedolaeth i arwain y system fel sefydliad cenedlaethol ac ailddatganodd ddisgwyliadau y bydd y ddarpariaeth yn y dyfodol yn canolbwyntio ar gydgrynhoi newid, cryfhau gweithio mewn partneriaeth a pharhau i wella canlyniadau i bobl ledled Cymru.

Yn unol â Deddf Cyrff Cyhoeddus (Derbyniadau i Gyfarfodydd) 1960, mae'n ofynnol i'r Ymddiriedolaeth gyfarfod yn gyhoeddus ac fe wnaeth hynny ar gyfer pob cyfarfod bwrdd cyhoeddus yn 2025/26. Gall aelodau'r cyhoedd gwylio cyfarfodydd cyhoeddus a chyflwyno cwestiynau ymlaen llaw.

Er mwyn cefnogi didwylledd a hygyrchedd, parhaodd y rhan fwyaf o bwyllgorau i weithredu mewn fformat hybrid, gyda rhai cyfarfodydd yn cael eu cynnal yn rhithwir drwy Microsoft Teams. Cyhoeddir agendâu a phapurau ar gyfer sesiynau cyhoeddus saith diwrnod calendr cyn cyfarfodydd. Cynhaliodd yr Ymddiriedolaeth ei Chyfarfod Cyffredinol Blynyddol 2025 drwy Teams ar 31 Gorffennaf 2025, a chafodd y cyfarfod ei ffrydio'n fyw. Mae'r recordiad ar gael i'w wylio yma.

Mae'r Ymddiriedolaeth hefyd yn derbyn sicrwydd a chyd-destun drwy ymgysylltu â threfniadau llywodraethu perthnasol Cymru Gyfan. Mae Cyd-bwyllgor Comisiynu GIG Cymru GIG Cymru yn gyfrifol am gynllunio a chomisiynu gwasanaethau ambiwlans brys, gan gynnwys GIG 111 Cymru, ar sail Cymru gyfan. Mae rhagor o wybodaeth am hyn wedi'i chynnwys yn yr Adroddiad Perfformiad uchod.

Mae'r Ymddiriedolaeth yn aelod o Bwyllgor Partneriaeth Cydwasanaethau GIG Cymru, a gynhelir gan Ymddiriedolaeth GIG Felindre, sy'n goruchwylio swyddogaethau a rennir ar draws GIG Cymru megis caffael, recriwtio a gwasanaethau cyfreithiol.

Diben y system rheolaeth fewnol

Cynlluniwyd y system rheolaeth fewnol i reoli risg i lefel resymol, yn hytrach na dileu pob risg; felly dim ond sicrwydd rhesymol ac nid absoliwt o effeithiolrwydd y gall ei roi.

Mae'r system rheolaeth fewnol yn seiliedig ar broses barhaus a luniwyd i nodi a blaenoriaethu'r risgiau i gyflawni'r polisïau, nodau ac amcanion, i werthuso'r tebygolrwydd y bydd y risgiau hynny'n cael eu gwireddu, yr effaith pe baent yn cael eu gwireddu, ac i'w rheoli'n effeithlon, yn effeithiol a darbodus.

Mae'r system rheolaeth fewnol yn parhau yn ei lle ar gyfer y flwyddyn a ddaeth i ben 31 Mawrth 2026 a hyd at ddyddiad cymeradwyo'r Adroddiad Blynyddol a Chyfrifon.

Y gallu i ymdrin â risg

Mae'r Ymddiriedolaeth yn parhau i fod wedi ymrwymo i reoli risg yn weithredol ac yn gymesur fel elfen sylfaenol o lywodraethu effeithiol, darparu gwasanaethau diogel a chyflawni ei hamcanion strategol. Mae rheoli risg yn cefnogi gwneud penderfyniadau gwybodus ar bob lefel ac yn rhoi eglurder ar y risgiau a fyddai'n ein hatal rhag cyflawni uchelgais strategol yr Ymddiriedolaeth. Mae'n galluogi'r Bwrdd i herio'n briodol a yw risgiau'n cael eu rheoli, eu trin a'u huwchgyfeirio; fodd bynnag, mae newidiadau pellach yn cael eu gweithredu i wella hyn drwy gyflwyno dangosfyrddau penodol i'r Bwrdd a chymhwyso goddefgarwch a pharodrwydd i dderbyn risg yn ystod 2026/27.

Fframwaith Rheoli Risg a llywodraethu

Mae'r bwrdd yn atebol am lywodraethu, rheoli risg a rheolaeth fewnol. Mae gan y Prif Weithredwr, fel y Swyddog Atebol, gyfrifoldeb am sicrhau bod system gadarn o reolaeth fewnol ar waith sy'n cefnogi cyflawniad amcanion yr Ymddiriedolaeth, gan ddiogelu arian ac asedau cyhoeddus. Mae cyfarwyddwyr gweithredol yn gyfrifol am nodi, bod yn gyfrifol am, a rheoli risgiau o fewn eu portffolios, wedi'u cefnogi gan drefniadau clir ar gyfer uwchgyfeirio, sicrwydd a goruchwyliaeth y Bwrdd.

Mae Cyfarwyddwr Llywodraethu Corfforaethol / Ysgrifennydd y Bwrdd yn arwain y gwaith o ddylunio, gweithredu a datblygu fframwaith rheoli risg yr Ymddiriedolaeth yn barhaus.

Mae ARAC yn darparu goruchwyliaeth bwrpasol ar ran y bwrdd, gan gynnwys craffu ar y rhaglen rheoli risg a datblygu a chymhwyso datganiadau parodrwydd i dderbyn risg. Mae'r bwrdd a'i bwyllgorau wedi derbyn adroddiadau risg rheolaidd yn 2025/26, gan gynnwys y diweddaraf ar y prif risgiau a'r risgiau sy'n dod i'r amlwg, newidiadau mewn amlygiad i risg ac ystyriaeth o gamau lliniaru. Mae pwyllgorau'n adrodd ar ddadl a thrafodaeth ar risg yn eu hadroddiadau crynhoi cynnydd AAA.

Rheolir risgiau lleol, cyfarwyddiaethol a chorfforaethol yr Ymddiriedolaeth gan ddefnyddio cyfuniad o RL Datix a dogfennau lleol. Nododd ein harchwiliad mewnol rheoli risg 2024/25 fod cysondeb o ran dull yn hanfodol ar gyfer rheoli risg da ac uwchgyfeirio priodol ond cydnabu hefyd fod llywodraethu cadarn ar waith i reoli'r risgiau hyn yn absenoldeb datrysiad digidol ymarferol.

Yn 2025/26 dechreuwyd gwaith ar ddatblygu system rheoli risg menter fewnol. Mae hyn yn cael ei gynllunio i ddarparu system gadarn, ddibynadwy a hyblyg i reoli risgiau lleol, cyfarwyddiaethol a chorfforaethol ar gyfer pob cyfarwyddiaeth yn yr Ymddiriedolaeth, ond hefyd i sicrhau bod ein fframwaith sicrwydd bwrdd strategol wedi'i ddigideiddio a'i fod yn gallu tynnu gwybodaeth yn effeithiol o'r risgiau corfforaethol sydd â sgôr uwch i lywio risgiau yn erbyn amcanion strategol. Ochr yn ochr â hynny, mae hyfforddiant ac addysg ar y system newydd yn cael ei ddatblygu.

Mae'r fframwaith sicrwydd y bwrdd cyfredol yn parhau i nodi prif risgiau'r Ymddiriedolaeth. Mae pob un wedi'i fapio i gyflawniadau'r cynllun tymor canolig integredig yn erbyn amcanion strategol. Yr allwedd i'r cam nesaf o aeddfedrwydd mewn rheoli risg yw'r newid o fframwaith sicrwydd y bwrdd sy'n cysylltu prif risgiau yn bennaf â chyflawni amcanion strategol, i fframwaith sicrwydd y bwrdd strategol sydd wedi'i wreiddio'n llawn ac yn cefnogi goruchwyliaeth a gwneud penderfyniadau tymor hwy gan y bwrdd. Mae gwaith paratoi ar y gweill, gyda thempledi y cytunwyd arnynt ar waith a'r cyntaf o chwe risg strategol yn cael eu datblygu. Yn bwysig, mae ffocws cynyddol y bwrdd ar y cyflawniadau strategol o fewn y cynllun tymor canolig integredig, a'r mesurau canlyniadau cysylltiedig ar gyfer pob amcan strategol, bellach yn darparu sylfaen gryfach y gellir bwrw ymlaen â'r gwaith hwn mewn ffordd fesuradwy a chymesur.

Darparodd archwiliad mewnol 2025/26 ar reoli risg sicrwydd rhesymol ac mae'n nodi, er gwaethaf yr angen am aliniad cryfach ag amcanion strategol, fod fframwaith sicrwydd y bwrdd yn darparu sylw da i brif risgiau'r Ymddiriedolaeth ac yn adlewyrchu adolygiad rheolaidd o reolaethau a bylchau mewn sicrwydd. Argymhellodd yr adolygiad roi mwy o sylw er mwyn sicrhau bod camau gweithredu a gwblhawyd yn cael eu trosi'n reolaethau i liniaru risgiau.

Nododd Asesiad Strwythuredig Archwilio Cymru 2025 y bydd cynlluniau'r Ymddiriedolaeth i ddechrau diweddaru'r strategaeth hirdymor yn 2026/27 yn cynnig cyfle i'w groesawu i alinio fframwaith sicrwydd y bwrdd strategol â datblygiad amcanion strategol newydd eu llunio.

At ei gilydd, er bod yr Ymddiriedolaeth yn parhau i weithredu mewn amgylchedd heriol iawn ac agored i risg, mae'n fodlon bod ei gallu i nodi, rheoli ac ymateb i risg yn parhau i fod yn briodol a bod y system rheolaeth fewnol yn darparu sicrwydd rhesymol i gefnogi llywodraethu ac atebolrwydd effeithiol.

Proffil Risg

Mae proffil risg yr Ymddiriedolaeth yn parhau i adlewyrchu pwysau parhaus ar draws y system, yn enwedig mewn perthynas â pherfformiad gofal brys a gofal mewn argyfwng, llif cleifion, capasiti a llesiant y gweithlu, gwydnwch seiber a digidol, parodrwydd ar gyfer argyfyngau a chydymffurfedd statudol. Mae'r risgiau hyn yn destun craffu manylach, adolygiad rheolaidd a chynllunio gweithredu, ac yn nodi lle mae lliniaru yn ddibynnol ar gamau gweithredu gan bartneriaid system.

Nodir manylion pellach am brif risgiau'r Ymddiriedolaeth isod, fodd bynnag, mae sylw'r bwrdd a sylw'r Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch wedi bod ar risgiau 223 (Anallu'r Ymddiriedolaeth i gyrraedd cleifion yn y gymuned gan achosi niwed i gleifion a marwolaeth) a 224 (Mae oedi sylweddol wrth drosglwyddo gofal y tu allan i adrannau damweiniau ac achosion brys yn effeithio ar oedi mynediad at ofal pendant ac yn effeithio ar allu'r Ymddiriedolaeth i ddarparu gwasanaeth diogel ac effeithiol i gleifion). Er bod risg 223 wedi gweld gostyngiad o sgôr o 25 i 20 yn 2025 oherwydd llai o oedi wrth drosglwyddo, mae amrywiad o hyd yn genedlaethol ac mae'r bwrdd wedi cytuno bod angen cyfnod parhaus o ostyngiad i gynnal y sgôr is.

Mae'r bwrdd yn derbyn adroddiad ym mhob cyfarfod ar y camau y mae'r Ymddiriedolaeth yn eu cymryd i liniaru niwed y gellir ei osgoi i gleifion. Mae hyn yn caniatáu i'r bwrdd

ganolbwyntio ar fesurau lliniaru o fewn gallu'r Ymddiriedolaeth a'r hyn sy'n cael ei reoli a dylanwadu o safbwynt system.

Mae risgiau â sgôr uwch yn ymwneud â seiberddiogelwch (risg 260) a gallu'r Ymddiriedolaeth i weithredu gwersi o Ymchwiliad Arena Manceinion (risg 641). Mae'r ddau yn parhau ar sgôr o 20 ac nid ydynt wedi gostwng yn ystod 2025/26. O ran seiberddiogelwch, mae'r bwrdd a'r Pwyllgor Cyllid a Pherfformiad yn craffu ar y camau gweithredu i leihau'r risg hon, gan gydnabod bod yr amgylchedd geo-wleidyddol presennol yn eithaf anwadal. Er bod yr Ymddiriedolaeth wedi gweithredu'r argymhellion y mae'n gallu eu gwneud, mae angen cyllid sylweddol ar y rhan fwyaf o'r argymhellion o ganlyniad i Ymchwiliad Arena Manceinion, a dyna pam ei bod yn parhau ar y sgôr hon. Fodd bynnag, mae'r Ymddiriedolaeth wedi gallu ariannu rhai argymhellion yn 2026/27 ac mae'n parhau i drafod â Chomisiynwyr ar weithredu'r argymhellion sy'n weddill.

Mae cipolwg ar y risgiau, eu hamcanion strategol cysylltiedig a'u harchwaeth am risg wedi'u nodi ar y dudalen nesaf, fodd bynnag gellir gweld Fframwaith Sicrwydd y Bwrdd llawn yn y papurau o gyfarfod ARAC ar 2 Mawrth 2026 sydd ar gael yma (trwy gael mynediad at bapurau 2 Mawrth, yn benodol y dolenni adran adnoddau).

Mae gweddill y dudalen hon wedi'i gadael yn wag yn fwriadol

Yr Amcan Strategol	Parodrwydd i Dderbyn Risg	Rhif Adnabod Risg	Teitl Risg	Chwarter 1	Ch2	C3	Chwarter 4
1	Agored	223	Anallu'r Ymddiriedolaeth i gyrraedd cleifion yn y gymuned gan achosi niwed a marwolaeth i gleifion.	25	25	20	20
1	Agored	224	Mae oedi sylweddol wrth drosglwyddo y tu allan i adrannau damweiniau ac achosion brys yn effeithio ar oedi wrth fanteisio ar ofal diffiniol ac mae'n effeithio ar allu'r Ymddiriedolaeth i ddarparu gwasanaeth diogel ac effeithiol	25	25	25	25
3	Awyddus	260	Ymosodiad seiber sylweddol a pharhaus ar WAST, GIG Cymru a rhwydweithiau rhyngddibynnol gan arwain at wadu gwasanaeth a cholli systemau critigol	20	20	20	20
1	Agored	641	Anallu'r Ymddiriedolaeth i weithredu'r hyn a ddysgwyd o holl argymhellion perthnasol Ymchwiliad Arena Manceinion sy'n effeithio ar ei hymateb i ddigwyddiad mawr/digwyddiad anafiadau torfol	20	20	20	20
2	Agored	160	Cyfraddau absenoldeb uchel yn effeithio ar ddiogelwch cleifion, lles staff a gallu'r ymddiriedolaeth i ddarparu gwasanaeth diogel ac effeithiol	16	16	16	16
2	Agored	558	Dirywiad yn iechyd a lles staff o ganlyniad i bwysau mewnol ac allanol ar y system	15	15	15	15
3	Awyddus	671	Defnydd heb awdurdod neu amhriodol o dechnolegau deallusrwydd artiffisial		16	16	16
6b	Agored	542	Methiant i gyflawni Cynllun Strategol ar Ddatgarboneiddio GIG Cymru Llywodraeth Cymru	16	16	16	16
5	Agored	201a	Perthnasoedd â Rhanddeiliaid			16	16
4	Agored	201b	Profiad gwael i gleifion yn effeithio ar enw da			16	16
5	Agored	623	Methiant i gydymffurfio â Deddfwriaeth Diogelu Data	15	15	10	
1	Agored	620	Gwirwyr Symptomau	20	15	15	15
1	Agored	594	Anallu'r Ymddiriedolaeth i ddarparu ymateb sifil wrth gefn os bydd digwyddiad mawr a chynnal parhad busnes sy'n achosi niwed a marwolaeth i gleifion	15	15	15	15
2	Agored	163	Cynnal partneriaethau Undebau Llafur effeithiol a chryf	12	12	12	12
4	Agored	100	Methiant i berswadio'r Cyd-bwyllgor Comisiynu/Byrddau Iechyd ynghylch uchelgeisiau WAST a dod i gytundeb ar gamau gweithredu i sicrhau lefelau priodol o ddiogelwch a phrofiad cleifion	12	12	12	12
6a	Pwyllog	139	Methu â Chyflawni ein Dyletswyddau Ariannol Statudol yn unol â deddfwriaeth	8	8	8	8
5	Agored	201	Niwed i enw da'r Ymddiriedolaeth yn dilyn colli hyder rhanddeiliaid. Noder: mae'r risg hon wedi'i chau a datblygwyd dau risg newydd (201a a 201b uchod)	20	20		
	Targed risg wedi'i gyflawni						
	Risg wedi'i chau o bob cofrestr						
	Risg ddim yn bodoli						

Parodrwydd i Dderbyn Risg a goddefgarwch

Yn ystod 2025/26 dechreuodd yr Ymddiriedolaeth wreiddio ei fframwaith parodrwydd i dderbyn risg, gan adeiladu ar y gyfres o ddatganiadau parodrwydd i dderbyn risg a gytunwyd gan y bwrdd ac a oruchwyliwyd gan ARAC. Mae'r datganiadau'n mynegi lefel y risg y mae'r Ymddiriedolaeth yn fodlon ei derbyn wrth fynd ar drywydd pob amcan strategol ac yn rhoi eglurder ynghylch ble mae amlygiad y tu hwnt i'r goddefgarwch ac sydd angen camau gweithredu, lliniaru neu uwchgyfeirio ymhellach.

Cafodd y parodrwydd i dderbyn risg ei lywio gan ddadansoddiad o brif risgiau'r Ymddiriedolaeth, adroddiadau risg y bwrdd a'r pwyllgorau, gwybodaeth am berfformiad ac ansawdd, canfyddiadau archwilio mewnol a'r amgylchedd gweithredu allanol. Arweiniodd y pwyllgor ARAC graffu manwl ar ddatganiadau parodrwydd i dderbyn risg drafft cyn eu cymeradwyo gan y bwrdd, gan sicrhau bod y parodrwydd i dderbyn risg yn adlewyrchu cyfrifoldebau statudol, blaenoriaethau diogelwch cleifion a gallu'r Ymddiriedolaeth i liniaru risg o fewn yr adnoddau sydd ar gael.

Mae datganiadau parodrwydd i dderbyn risg yr Ymddiriedolaeth i'w gweld yma. Mae parodrwydd i dderbyn risg yn cael ei rhoi ar waith i lywio gwneud penderfyniadau yn y dyfodol, blaenoriaethu, ac asesiad y bwrdd ynghylch a yw amlygiad risg yr Ymddiriedolaeth yn parhau i fod yn dderbyniol yng nghyd-destun ansawdd, diogelwch cleifion, adnoddau sydd ar gael, disgwyliadau cyflawni a chyfyngiadau system.

Adnabod, uwchgyfeirio a rheoli risgiau newydd a risgiau sy'n dod i'r amlwg

Caiff risgiau eu nodi a'u hadolygu drwy broses barhaus sydd wedi'i wreiddio ar draws y sefydliad. Mae ffynonellau'n cynnwys adroddiadau gweithredol a pherfformiad, monitro ansawdd a diogelwch, archwilio mewnol ac allanol, adrodd ar ddigwyddiadau, digwyddiadau niweidiol difrifol, dangosyddion gweithlu, ac ymgysylltu â phartneriaid a rhanddeiliaid.

Caiff risgiau newydd a risgiau sy'n dod i'r amlwg eu hasesu gan ddefnyddio methodoleg asesu risg yr Ymddiriedolaeth a'u huwchgyfeirio trwy lwybrau llywodraethu sefydledig, gan gynnwys trefniadau llywodraethu cyfarwyddiaethau, y Tîm Arwain Gweithredol a'r Pwyllgor Archwilio a Risg, gan eu huwchgyfeirio i'r bwrdd a phwyllgorau lle bo'n briodol. Mae risgiau newydd sylweddol yn cael eu cofnodi ar y gofrestr risg gorfforaethol a'u gwreiddio yn fframwaith sicrwydd y bwrdd gyda rheolaethau, camau lliniaru a ffynonellau sicrwydd wedi'u diffinio'n glir.

Yn ystod 2025/26, nodwyd a chynyddwyd nifer o risgiau newydd a risgiau oedd yn esblygu o'r newydd drwy drefniadau llywodraethu'r Ymddiriedolaeth, gan gynnwys pwysau parhaus ar y system ar draws llwybrau gofal brys a gofal mewn argyfwng, bygythiadau seiberddiogelwch cynyddol a risgiau sy'n ymwneud â chynnal capasiti a llesiant y gweithlu. Aseswyd y risgiau hyn, cofnodwyd nhw ar fframwaith sicrwydd y bwrdd, ac roedden nhw'n destun camau lliniaru wedi'u targedu a goruchwyliaeth well gan y bwrdd.

Gallu, diwylliant a hyfforddiant

Mae'r Ymddiriedolaeth yn cydnabod bod rheoli risg effeithiol yn dibynnu ar allu sefydliadol, eglurder rolau a diwylliant risg cadarnhaol. Cynhelir rheoli risg ar bob lefel o'r sefydliad a chefnogir cydweithwyr trwy sesiynau rheoli risg pwrpasol ar gyfer timau a rhaglenni ymsefydlu, yn ogystal â hyfforddiant rheoli risg sylfaenol sy'n eu galluogi i nodi, rheoli ac uwchgyfeirio risgiau yn unol â'u cyfrifoldebau.

Gweithio mewn partneriaeth ac ymgysylltu â rhanddeiliaid

Mae llawer o risgiau mwyaf arwyddocaol yr Ymddiriedolaeth yn dibynnu ar waith partneriaeth effeithiol y tu hwnt i reolaeth uniongyrchol yr Ymddiriedolaeth. Mae'r Ymddiriedolaeth yn gweithio'n agos gyda phartneriaid system, gan gynnwys byrddau iechyd, cyrff GIG Cymru a rhanddeiliaid eraill, i sicrhau dealltwriaeth gyffredin o risg, lliniaru cydgysylltiedig ac alinio camau gweithredu lle mae risgiau'n effeithio ar ddiogelwch cleifion, mynediad a chynaliadwyedd gwasanaethau. Roedd hyn yn arbennig o amlwg yn 2025/26 pan fynychodd swyddogion risg o'r Cyd-bwyllgor Comisiynu ein Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch i arsylwi'r drafodaeth a'r ddadl ar ein risgiau diogelwch cleifion uchaf, a adlewyrchir yn eu cofrestr risg.

Mae adborth gan gleifion, y cyhoedd a rhanddeiliaid yn llywio risgiau'r Ymddiriedolaeth a datblygiad camau lliniaru, ochr yn ochr â gwybodaeth o lywodraethu ansawdd, cwynion, pryderon ac adrodd ar ddigwyddiadau.

Gwelliant parhaus

Mae trefniadau rheoli risg yn parhau i esblygu fel rhan o fframwaith llywodraethu a sicrwydd ehangach yr Ymddiriedolaeth dan oruchwyliaeth y pwyllgor ARAC. Defnyddir dysgu o archwilio

mewnol, adolygiad allanol, craffu gan y bwrdd a phwyllgorau i gryfhau prosesau rheoli risg, gwella eglurder adrodd a gwella gallu'r bwrdd i ganolbwyntio ar y bygythiadau mwyaf arwyddocaol i gyflawni amcanion strategol yr Ymddiriedolaeth.

Mae blaenoriaethau ar gyfer 2026/27 yn cynnwys cyflwyno fframwaith strategol y bwrdd ar draws yr holl amcanion strategol a'u hadroddiadau i'r bwrdd a'r pwyllgorau yn unol ag adrodd ar gyflawni strategol sy'n esblygu. Bydd datblygu, profi a chyflwyno'r system rheoli risg menter fewnol yn cael ei symud ymlaen yn 2026/27 hefyd.

Parodrwydd am argyfwng a gweithrediadau arbenigol

Fel sefydliad GIG Categori Un o dan Ddeddf Argyfyngau Sifil 2004, mae'r Ymddiriedolaeth wedi parhau drwy gydol 2025/26 i gyflawni ei dyletswyddau statudol ar gyfer parodrwydd ar gyfer argyfyngau, gwydnwch, ymateb a pharhad busnes. Mae'r trefniadau'n parhau i fod yn gyson â Chanllawiau Craidd Cynllunio at Argyfyngau GIG Cymru a disgwyliadau Llywodraeth Cymru, gan sicrhau bod yr Ymddiriedolaeth yn barod i ymateb i ac adfer ar ôl ystod eang o ddigwyddiadau aflonyddgar ac argyfwng. Cyflwynodd yr Ymddiriedolaeth ei Hadroddiad Cynllunio at Argyfyngau blynyddol 2024/25 i Lywodraeth Cymru ym mis Mehefin 2025, gan nodi'r risgiau a nodir uchod a newid yn ei safbwynt sicrwydd a oedd yn dangos mai dim ond yn rhannol y cyflawnwyd rhai egwyddorion Deddf Argyfyngau Sifil 2004 yn hytrach na'u cyflawni'n llawn, gan adlewyrchu'r hyn a ddysgwyd o Ymchwiliad Arena Manceinion.

Yn ystod 2025/26, mae'r swyddogaeth Parodrwydd, Gwydnwch ac Ymateb i Argyfwng wedi canolbwyntio ar gydgrynhoi a gwreiddio gwelliannau sy'n deillio o ddysgu cenedlaethol a gweithgaredd sicrwydd mewnol. Mae cynnydd wedi parhau mewn perthynas ag argymhellion Ymchwiliad Arena Manceinion, gydag ymgysylltiad parhaus ar draws GIG Cymru, Llywodraeth Cymru a phartneriaid y Fforwm Gwydnwch Lleol.

Mae argymhellion sy'n gofyn am gyllid cynaliadwy a chyflawniad tymor hwy yn parhau i gael eu rheoli drwy fframwaith risg corfforaethol yr Ymddiriedolaeth i sicrhau goruchwyliaeth, sicrwydd ac atebolrwydd gweithredol priodol. Cyflwynwyd achos busnes ar gyfer cynyddu capasiti'r Tîm Ymateb i Ardaloedd Peryglus (HART) yn Ne Cymru i Lywodraeth Cymru yn chwarter 4, gyda'r uchelgais i gyflwyno achos busnes llawn ar gyfer tîm HART yn y Gogledd yn 2026/27.

Mae cryfhau rheoli parhad busnes wedi parhau i fod yn flaenoriaeth drwy gydol 2025/26. Mae'r Ymddiriedolaeth wedi parhau i wreiddio dull cyson, ar draws y sefydliad, o gynllunio ac adrodd

ar barhad busnes, wedi'i gefnogi gan weithredu a defnyddio meddalwedd parhad busnes pwrpasol. Mae hyn wedi gwella ansawdd, gweledegd a sicrwydd dadansoddiadau effaith busnes a chynlluniau parhad ar draws gwasanaethau, gan gefnogi'r uchelgais o uwchgyfeirio cliriach, gwell sicrwydd a mwy o wydnwch sefydliadol.

Drwy gydol y flwyddyn, mae'r Ymddiriedolaeth wedi ymateb i amrywiaeth o ddigwyddiadau sylweddol a phwysau ar systemau, sydd wedi rhoi cyfleoedd i brofi ymateb brys, trefniadau gorchymyn a rheoli, gallu i ryngweithredu a gwydnwch sefydliadol. Mae'r digwyddiadau hyn wedi atgyfnerthu pwysigrwydd parodrwydd, hyfforddiant a gwaith amlasiantaeth cryf, ac wedi llywio gweithgaredd dysgu a gwella sefydliadol o fewn swyddogaeth parodrwydd, gwydnwch ac ymateb brys.
Mae'r Ymddiriedolaeth wedi parhau i ymgysylltu'n llawn â phartneriaid Fforwm Gwydnwch Lleol ledled Cymru, gan gyfrannu at grwpiau cynllunio gweithredol, rhaglenni hyfforddi ac ymarferion amlasiantaeth. Mae cydweithio parhaus â Llywodraeth Cymru a phartneriaid gwydnwch wedi cefnogi adolygiad Fframwaith Gwydnwch Cymru, a fydd yn cael ei ddadansoddi a'i ddefnyddio i greu pecynnau hyfforddi ac ymarfer yn 2026/27.

Mae gallu gweithredol arbenigol wedi'i gynnal drwy gydol 2025/26, gan gynnwys darpariaeth y Tîm HART a Thîm Ymateb Gweithredol Arbenigol (SORT). Mae buddsoddi mewn galluoedd arbenigol wedi parhau i wella gallu'r Ymddiriedolaeth i ymateb i ddigwyddiadau cymhleth, risg uchel, gan gynnwys deunyddiau peryglus, trawma mawr, achub o ddŵr a digwyddiadau sy'n gysylltiedig â therfysgaeth, gan sicrhau bod parodrwydd yn parhau i fod yn gydnaws â risg genedlaethol a rhanbarthol. Ar hyn o bryd mae 230 o staff wedi'u hyfforddi mewn SORT ar draws WAST, gyda chynlluniau cadarn i gyrraedd 290 yn 2026/27.

Ym mis Rhagfyr 2025, darparodd yr Ymddiriedolaeth dystiolaeth i Bwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus y Senedd, gan ganolbwyntio ar baratoadau presennol Llywodraeth Cymru, strwythurau ymateb, a chynnydd ers pandemig COVID-19 i fynd i'r afael â'r bylchau a nodwyd gan y Pwyllgor Diben Arbennig COVID-19 (a ddiddymwyd ar 08 Hydref 2025). Mae hyn yn cynnwys ei ymateb i adroddiad Modiwl 1 Ymchwiliad i COVID-19 y DU, gweithredu argymhellion Modiwl 1, a rôl Llywodraeth Cymru yn Ymarfer Pegasus, ymarfer parodrwydd ar gyfer pandemig haen un. Cyhoeddwyd adroddiad y Pwyllgor ym mis Mawrth 2026.

Wrth edrych ymlaen, mae'r Ymddiriedolaeth yn cydnabod y bydd y dirwedd gwydnwch genedlaethol sy'n esblygu, y pwysau cynyddol ar y system, a gweithredu'r argymhellion sy'n

weddill o Ymchwiliad Arena Manceinion yn parhau i roi pwysau ar gapasiti a gallu parodrwydd, gwydnwch ac ymateb brys. Bydd yr Ymddiriedolaeth yn parhau i weithio gyda Llywodraeth Cymru, partneriaid golau glas, Fforymau Gwydnwch Lleol a chydweithwyr y GIG ledled Cymru a'r DU i sicrhau bod trefniadau parodrwydd ar gyfer argyfyngau yn parhau i fod yn effeithiol, yn gymesur ac yn wydn, a bod yr Ymddiriedolaeth yn parhau i fod yn barod i ymateb i unrhyw ddigwyddiad neu amgylchiad sy'n effeithio ar y boblogaeth y mae'n ei gwasanaethu.

Y fframwaith rheoli

Llywodraethu ariannol

Mae'r fframwaith llywodraethu ariannol o fewn yr Ymddiriedolaeth yn darparu system strwythuredig lle mae atebolrwydd ariannol, stiwardiaeth a gwneud penderfyniadau yn cael eu harfer i gefnogi amcanion a dyletswyddau statudol yr Ymddiriedolaeth. Mae wedi'i ategu gan gyfarwyddiadau ariannol sefydlog, y Cynllun Tymor Canolig Integredig a'r trefniadau atebolrwydd a osodwyd gan Lywodraeth Cymru.

Mae llywodraethu ariannol wedi'i wreiddio trwy rolau a chyfrifoldebau sydd wedi'u diffinio'n glir, gyda'r bwrdd yn cadw atebolrwydd cyffredinol am gynaliadwyedd a rheolaeth ariannol, a chefnogaeth gan y Pwyllgor Archwilio a Rheoli Ariannol a'r Pwyllgor Cyllid a Pherfformiad. Mae'r fframwaith hwn yn sicrhau bod cynllunio ariannol, cyllidebu, monitro ac adrodd yn cyd-fynd â blaenoriaethau strategol a bod y defnydd o arian cyhoeddus yn gyfreithlon, yn effeithiol ac yn cynrychioli gwerth am arian.

Yn weithredol, mae'r fframwaith yn cael ei gyflawni drwy brosesau rheoli ariannol cadarn, gan gynnwys rheolaeth gyllidebol, adrodd ar berfformiad ariannol, cymeradwyo cyfalaf a buddsoddiadau, rheoli caffael a chontractau, a chynnal rheolaethau mewnol cryf. Mae adrodd rheolaidd yn darparu tryloywder ar berfformiad yn erbyn y cynllun, cyflawni arbedion ac effeithlonrwydd drwy'r rhaglen cynaliadwyedd ariannol, a risgiau ariannol sy'n dod i'r amlwg, gan alluogi craffu ac uwchgyfeirio prydlon lle bo angen.

Am sawl blwyddyn yn olynol, mae'r fframwaith llywodraethu ariannol wedi dangos cadernid, gan gefnogi cyflawni sefyllfa o adennill costau a hanes da o ran cyflawni arbedion, fel y nodwyd yn Asesiad Strwythuredig Archwilio Cymru 2025, a nododd:

> *Mae'r Ymddiriedolaeth yn rheoli ei gyllid yn dda i gyflawni ei dyletswyddau ariannol allweddol yn ystod 2024-25. Yn gadarnhaol, mae'n lleihau ei dibyniaeth ar arbedion afreolaidd. Ac eto, mae'r Ymddiriedolaeth yn wynebu*

pwysau ariannol cynyddol heriol eleni sy'n creu risgiau i sicrhau ei sefyllfa ragweledig o adennill costau. Fodd bynnag, mae angen egluro fforddiadwyedd rhai o gynlluniau strategol yr Ymddiriedolaeth.

Caiff sicrwydd ei atgyfnerthu drwy archwiliadau mewnol ac allanol, cydymffurfio â'r dyletswyddau ariannol a osodir ar gyrff y GIG yng Nghymru, ac integreiddio â threfniadau ehangach yr Ymddiriedolaeth ar gyfer risg a sicrwydd.

Ansawdd, diogelwch a llywodraethu clinigol

Mae'r Ymddiriedolaeth yn parhau i ganolbwyntio ar gynnal a datblygu diwylliant o wella ansawdd ar draws yr Ymddiriedolaeth gydag adrodd rheolaidd ar lywodraethu ansawdd yn rhoi sicrwydd i'r Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch (QUEST). Roedd hyn yn cynnwys cyflawni Cynllun Ansawdd Strategol ar gyfer 2025-2028. Cefnogir y cynllun gan gynllun gweithredu manwl, sy'n cyd-fynd ag Argymhellion blaenorol Archwilio Cymru.

Mae QUEST wedi codi pryderon ynghylch risgiau cyflawni sy'n deillio o ohirio gweithgaredd i gamau diweddarach y cynllun, o ystyried y pwysau parhaus ar allu a chapasiti yn dilyn newidiadau sylweddol i'r model clinigol. Bydd QUEST yn parhau i fonitro adolygiad y cynllun yn 2026/27.

Yn ystod 2025/26, roedd ffocws sylweddol ar lywodraethu ansawdd ar sefydlu trefniadau llywodraethu cadarn i gefnogi'r gwaith o adfer cydymffurfedd statudol o dan Weithio i Wella. Fel y gwelir yn yr adroddiad perfformiad uchod, roedd perfformiad islaw lle dylai fod wedi bod ac roedd yn fater a gafodd ei uwchgyfeirio i'r bwrdd gan QUEST ar sawl achlysur yn 2025/26. O ganlyniad, sefydlwyd bwrdd rhaglen traws-gyfarwyddiaeth yn ffurfiol i ddarparu goruchwyliaeth strwythuredig, rheoli risg a sicrwydd. Roedd y goruchwyliaeth lywodraethol gynyddol yn caniatáu gwell gweledded a thryloywder o ran heriau prosesau a phwysigrwydd data a deallusrwydd cysylltiedig i gefnogi rheoli a gwella ansawdd. Mae'r bwrdd rhaglen hwn wedi'i ehangu i roi sicrwydd a goruchwyliaeth o ddull yr Ymddiriedolaeth o weithredu'r Rheoliadau Gwrando ar Bobl newydd o 1 Ebrill 2026.

Ym mis Medi 2024, cwblhaodd Archwilio Cymru adolygiad dilynol o'r archwiliad Llywodraethu Ansawdd a gynhaliwyd yn 2022. Roedd hyn yn cynnwys nifer o argymhellion a wnaed yn archwiliad 2022 sy'n parhau i fod ar y gweill, ac argymhellion ychwanegol ar gyfer gwella. Cwblhawyd yr holl gamau gweithredu a nodwyd i fynd i'r afael â'r argymhellion hyn yn 2025/26.

Mae'r Grŵp Rheoli Ansawdd wedi parhau i feithrin cysylltiadau i gefnogi dull sefydliadol o wella ansawdd ac ategu System Rheoli Ansawdd yr Ymddiriedolaeth. Mae llwyfannau gwybodaeth yn y maes hwn wedi parhau i ddatblygu ac yn caniatáu inni nodi meysydd i'w gwella mewn mannau rheoli ansawdd a sicrhau ansawdd gan gydweithio i rannu gwybodaeth a monitro gwelliant. Diben y fforwm yw gwella gweithio traws-sefydliadol a darparu cyngor ar gyfer fforymau strategol, trwy gynllunio a chyfeirio at faterion ansawdd, a thrwy fframweithiau llywodraethu sicrwydd. Mae'r Grŵp Rheoli Ansawdd Clinigol yn adrodd i'r Grŵp Llywodraethu Ansawdd Clinigol, sef y prif fforwm llywodraethu clinigol ac ansawdd yn yr Ymddiriedolaeth sy'n adrodd i'r Tîm Arwain Gweithredol. Mae cwblhau hunanasesiadau sicrwydd ansawdd a datblygu datganiadau ansawdd ar gyfer holl adrannau'r sefydliad wedi bod yn ffocws allweddol i'r fforwm yn ystod y flwyddyn hon, er mwyn cefnogi cynlluniau gwella yn y dyfodol hyd at 2026/27.

Mae Asesiadau o'r Effaith ar Ansawdd wedi'u gwreiddio o fewn seilweithiau llywodraethu ac maent wedi bod yn allweddol wrth sicrhau bod penderfyniadau a gymerwyd ynghylch trawsnewid gwasanaethau clinigol wedi'u hystyried ar draws y deuddeg Safon Ansawdd Iechyd a Gofal. Darperir canllawiau a chefnogaeth glir ar draws fforymau llywodraethu i sicrhau bod ansawdd wrth wraidd gwneud penderfyniadau ac mae cyngor arbenigol yn parhau i gael ei ddarparu gan ein timau ansawdd i gefnogi arweinwyr ar draws y sefydliad wrth ystyried effeithiau cynigion a phenderfyniadau yn erbyn y safonau hyn.

Mae'r Fframwaith Rheoli Perfformiad Ansawdd yn darparu'r egwyddorion a'r gofynion sefydliadol ar gyfer system rheoli ansawdd gadarn. Mae'r fframwaith hwn a'r cynllun gwaith sy'n gysylltiedig ag ef yn cael ei fonitro gan y Grŵp Llywio'r Fframwaith Rheoli Perfformiad Ansawdd sy'n rhoi sicrwydd i'r Tîm Arwain Gweithredol. Mae pob elfen o'r sefydliad ar draws gwasanaethau gweithredol a chorfforaethol wedi cael cefnogaeth i gwblhau hunanasesiad yn erbyn y fframwaith i ddatblygu cynlluniau gwella sy'n gysylltiedig â'u systemau rheoli ansawdd unigol.

Yn ystod 2025/26 mae gwaith wedi symud ymlaen i sefydlu llwybrau llywodraethu a rheoleiddio gwybodaeth priodol i alluogi'r Ymddiriedolaeth i ddefnyddio data defnyddwyr gwasanaeth at ddibenion allgymorth wedi'u targedu a deallusrwydd profiadol. Roedd hyn yn cynnwys datblygu cyflwyniadau ac ymgysylltu â Swyddfa'r Comisiynydd Gwybodaeth. Goruchwyliwyd llywodraethu'r fenter hon drwy'r Grŵp Llywio Llywodraethu Gwybodaeth a'r Grŵp Rheoli Gwybodaeth.

Mae'r Ymddiriedolaeth yn datblygu cynllun archwilio clinigol blynyddol yn unol â blaenoriaethau cenedlaethol a lleol. Adroddir ar y cynllun archwilio i QUEST bob chwarter, gan gytuno ar unrhyw wyriadau yn y cynllun. Yn ei dro, mae QUEST yn rhoi sicrwydd i'r Pwyllgor Archwilio, Risg a Sicrwydd bod y cynllun archwilio clinigol ar waith ac yn cael ei fonitro. Mae Cynllun Ansawdd Blynyddol yr Ymddiriedolaeth ar gyfer 2025/26 ar gael yma.

Trefniadau llywodraethu gwybodaeth (gan gynnwys diogelwch gwybodaeth)
Mae Llywodraethu Gwybodaeth yn sail i allu'r Ymddiriedolaeth i ddarparu gofal o ansawdd uchel, diogel ac effeithiol. Mae sicrhau cyfrinachedd, uniondeb ac argaeledd gwybodaeth yn hanfodol i gynnal ymddiriedaeth, cefnogi trawsnewid digidol a chydymffurfio â chyfrifoldebau statudol.

Mae'r Ymddiriedolaeth yn gweithredu fframwaith llywodraethu gwybodaeth cadarn ac mae ganddi gyfrifoldeb statudol i sicrhau bod rheolaethau a threfniadau llywodraethu effeithiol ar waith, i sicrhau ei bod yn prosesu gwybodaeth yn unol â'r gyfraith a safonau cysylltiedig. Mae'r fframwaith yn cynnwys cyfres sefydledig o bolisïau, gweithdrefnau, canllawiau, a phrosesau llywodraethu gwybodaeth, diogelu data a diogelwch gwybodaeth i hysbysu ac arwain y sefydliad i sicrhau y bodlonir cydymffurfedd yn ymarferol. Mae'r fframwaith yn cynnwys trefniadau monitro ac adrodd, archwiliadau, asesiadau cydymffurfio, a mentrau gwella ynghyd â phrosesau rheoli digwyddiadau a risg. Mae'r Ymddiriedolaeth wedi wreiddio diwylliant o welliant parhaus ar draws ei gweithgareddau llywodraethu gwybodaeth, wedi'i gefnogi gan archwiliadau mewnol ac allanol. Caiff argymhellion o'r archwiliadau hyn eu holrhain hyd at eu cwblhau a'u defnyddio i lywio diweddariadau polisi a chynnwys hyfforddiant.

Mae diogelwch gwybodaeth yn parhau i fod yn risg sylweddol ar draws GIG Cymru, ac mae'r Ymddiriedolaeth yn parhau i ddatblygu mesurau lliniaru ar gyfer a monitro'r risg cysylltiedig 260 '*Ymosodiad seiber sylweddol a pharhaus ar WAST, GIG Cymru a rhwydweithiau rhyngddibynnol sy'n arwain at wrthod gwasanaeth a cholli systemau critigol*'. Gyda dull a arweinir gan risg, mae'r Ymddiriedolaeth wedi canolbwyntio ar wella'r agweddau technoleg, prosesau a phobl er mwyn sicrhau seibergadernid. Mae cynllun gwella seiber ar waith ac yn cael ei fonitro'n weithredol. Cynhelir asesiadau risg system yn rheolaidd. Mae Polisi Diogelwch Gwybodaeth ar waith, a chaiff hyfforddiant ac ymwybyddiaeth eu rhannu a'u cyfathrebu'n weithredol ar draws yr Ymddiriedolaeth o dan yr Ymgyrch Hyfforddiant Diogelwch Gwybodaeth. Cynhelir ymarferion rheolaidd i brofi gwytnwch, mireinio cynlluniau parhad busnes ac ymwybyddiaeth staff o fygythiadau seiber.

Sefydlwyd Grŵp Llywio Llywodraethu Gwybodaeth gydag aelodaeth ar lefel weithredol ac uwch gan gynnwys yr Uwch Berchennog Risg Gwybodaeth, y Swyddog Diogelu Data, a Gwarcheidwad Caldicott. Mae'r Grŵp yn derbyn adroddiadau ar faterion, datblygiadau a pherfformiad llywodraethu gwybodaeth a diogelu data. Mae'n adrodd yn uniongyrchol i'r Tîm Arwain Gweithredol bob mis ac yn rhoi sicrwydd ynghylch cydymffurfedd yr Ymddiriedolaeth â safonau llywodraethu gwybodaeth perthnasol. Mae goruchwyliaeth ar lefel y bwrdd drwy'r Pwyllgor Cyllid a Pherfformiad, ac mae cyfarwyddwr anweithredol digidol y bwrdd yn gweithio'n agos gyda'r Cyfarwyddwr Digidol ar faterion sy'n dod i'r amlwg.

Mae'r Ymddiriedolaeth yn parhau i ddarparu cyflwyniadau blynyddol i Becyn Cymorth Llywodraethu Gwybodaeth Cymru. Canlyniadau cyflwyniad Mawrth 2026 yw bod yr Ymddiriedolaeth yn bodloni'r holl safonau gofynnol ar adeg y cyflwyniad, gydag wyth allan o'r deuddeg categori yn rhagori ar ddisgwyliadau.

Mae risg bresennol ar y gofrestr risg gorfforaethol sy'n gysylltiedig â methu â chydymffurfio â diogelu data a risg newydd ar ddefnydd anawdurdodedig neu amhriodol o dechnolegau deallusrwydd artiffisial. Mae'r risgiau a'r camau lliniaru yn parhau i gael eu monitro.

Cynhelir Asesiadau Effaith Diogelu Data yn rheolaidd ar gyfer systemau a phrosesau newydd neu sydd wedi newid yn sylweddol sy'n cynnwys data personol, gyda chefnogaeth gan y Tîm Llywodraethu Gwybodaeth i sicrhau cymesuredd a chydymffurfedd cyfreithiol. Mae hyn wedi bod yn ffocws i'r Grŵp Llywio Llywodraethu Gwybodaeth yn 2025/26, ac mae codi proffil y rhain yn flaenoriaeth allweddol yn 2025/26.

Mae'r Ymddiriedolaeth yn defnyddio System Rheoli Pryderon Unwaith i Gymru i gasglu digwyddiadau llywodraethu gwybodaeth drwy'r modiwl adrodd am ddigwyddiadau. Mae digwyddiadau llywodraethu gwybodaeth a adroddir yn cael eu hadolygu a'u hasesu yn unol â Chanllawiau GIG Cymru ar Gategoreiddio a Hysbysu Toriadau Data Personol, sy'n darparu canllawiau manwl ar gyfer asesu ac adrodd am ddigwyddiadau. Cymerir unrhyw gamau adferol yn ôl y gofyn. Caiff y ffigurau digwyddiadau eu hadrodd i'r Grŵp Llywio Llywodraethu Gwybodaeth. Gan ddibynnu ar natur a difrifoldeb y digwyddiad, efallai y bydd angen rhoi gwybod i Swyddfa'r Comisiynydd Gwybodaeth am yr adroddiadau am ddigwyddiadau. Yn ystod y cyfnod adrodd 1 Ebrill 2025 i 31 Mawrth 2026, hysbyswyd Swyddfa'r Comisiynydd Gwybodaeth am dri digwyddiad. Yn dilyn hysbysiad, cafodd un adroddiad ei ddirymu, ac ni

dderbyniwyd unrhyw gamau pellach gan Swddfa'r Comisiynydd Gwybodaeth mewn perthynas â'r ddau ddigwyddiad sy'n weddill.

Cydymffurfio â'r Cod Llywodraethu Corfforaethol

Mae asesiad yn erbyn y cod llywodraethu corfforaethol ar gyfer adrannau llywodraeth ganolog (2017) wedi'i gwblhau gan ddefnyddio'r dull "Cydymffurfio" neu "Egluro". Er nad oes unrhyw ofyniad i gydymffurfio â holl elfennau'r cod, cynhaliwyd asesiad ym mis Ebrill 2026 yn ôl y prif egwyddorion fel y maent yn ymwneud â sefydliad sector cyhoeddus y GIG yng Nghymru. Adolygwyd y canlyniadau gan y Pwyllgor Archwilio, Risg a Sicrwydd ar 28 Ebrill 2026 a gellir gweld y papurau ar gyfer y cyfarfod hwnnw yma.

Mae'r Ymddiriedolaeth yn fodlon ei bod yn cydymffurfio â phrif egwyddorion y Cod ac yn cynnal ei busnes mewn modd agored a thryloyw yn unol â'r cod. Ni adroddwyd/rhoddwyd gwybod am unrhyw wyriadau oddi wrth y Cod Llywodraethu Corfforaethol yn ystod y flwyddyn adrodd 2025/26.

Gwasanaethau atal twyll lleol

Mae'r Arbenigwr Atal Twyll Lleol yn weithiwr proffesiynol gwrth-dwyll achrededig sy'n darparu gwaith rhagweithiol (ee. codi ymwybyddiaeth o dwyll, atal a rhwystro twyll) a gwaith ymatebol i ddwyn y rhai sy'n cyflawni twyll i gyfrif (ee. ymchwiliadau twyll). Mae'r Arbenigwr Atal Twyll Lleol yn darparu adroddiadau i ARAC a'r Tîm Arwain Gweithredol mewn perthynas ag ansawdd ac effeithiolrwydd yr holl waith atal twyll, llwgrwobrwyo a llygredd yr ymgymerir ag ef.

Caiff amcanion gwrth-dwyll, llwgrwobrwyo a llygredd eu trafod a'u hadolygu ar lefel strategol o fewn y sefydliad. Mae ARAC yn atebol am gael sicrwydd bod dulliau rheolaeth a rheoli digonol ar waith mewn perthynas â gwrth-dwyll, llwgrwobrwyo a llygredd.

Caiff hyn ei gyflawni drwy ddiweddariadau chwarterol i ARAC gan yr Arbenigwr Atal Twyll Lleol, a ategir gan adroddiad blynyddol ar waith atal twyll, llwgrwobrwyo a llygredd sy'n cydymffurfio â chanllawiau Awdurdod Atal Twyll y GIG mewn perthynas â chynnwys yr holl safonau perthnasol ar gyfer twyll, llwgrwobrwyo a llygredd; ac yn rhoi diweddariad clir ar gynnydd yn erbyn amcanion y cynllun gwaith.

Rhaid i ARAC fodloni ei hun bod gan yr Ymddiriedolaeth drefniadau digonol ar waith ar gyfer atal twyll mewnol ac adolygu canlyniadau'r gwaith hwnnw, a chydnabod gwaith a gwblhawyd yn erbyn risgiau a gyflwynwyd a chynllun gwaith cytûn. Mae ARAC yn adolygu ac yn cymeradwyo'r trefniadau gwrth-dwyll mewnol yn flynyddol.

Trefniadau cynllunio

Yn unol â disgwyliadau Llywodraeth Cymru, cyflwynodd yr Ymddiriedolaeth ei Chynllun Tymor Canolig Integredig 2025-28 erbyn 31 Mawrth 2025 ar ôl iddo gael ei gymeradwyo gan y Bwrdd ar 27 Mawrth 2025. Cymeradwywyd y Cynllun Tymor Canolig Integredig 2025-28 gan Lywodraeth Cymru ar 30 Mehefin 2025, yn amodol ar Amodau Atebolrwydd; a ddarparwyd i'r Ymddiriedolaeth ar 28 Gorffennaf 2025.

Cafodd y Cynllun Tymor Canolig Integredig ei lunio gydag adborth mewnol ac allanol ac yn unol â Fframwaith Cynllunio GIG Cymru 2025-28. Roedd hyn yn cynnwys straeon cleifion, arolygon staff ac ymgysylltu â'r Cyd-bwyllgor Comisiynu, y bwrdd a rhanddeiliaid allweddol eraill.

Mae rhagor o fanylion am Gynllun Tymor Canolig Integredig a threfniadau cynllunio'r Ymddiriedolaeth wedi'u nodi yn yr Adroddiad Perfformiad a gynhwysir yn adran Trosolwg Perfformiad yr Adroddiad Perfformiad.

Datganiadau datgelu

Mae'r Ymddiriedolaeth yn cadarnhau, yn unol â gofynion y Datganiad Llywodraethu bod:

- Mesurau rheoli ar waith i sicrhau y cydymffurfir â holl rwymedigaethau'r Ymddiriedolaeth o dan ddeddfwriaeth cydraddoldeb, amrywiaeth a hawliau dynol. Mae Cynllun Cydraddoldeb Strategol 2024-2028 yn nodi ymrwymiad ystyrlon yr Ymddiriedolaeth i weithio gyda staff i'w helpu i nodi, hyrwyddo a dathlu cydraddoldeb, amrywiaeth a chynhwysiant. Mae'r Cynllun hwn yn cynnwys y dull o gydymffurfio â Deddf Cydraddoldeb 2010, Dyletswydd Cydraddoldeb y Sector Cyhoeddus, a Dyletswydd Economaidd-Gymdeithasol. Mae hefyd yn amlinellu sut y bydd yr Ymddiriedolaeth yn sicrhau bod y bobl sy'n defnyddio gwasanaethau'r Ymddiriedolaeth, gan gynnwys y rhai â nodweddion gwarchodedig, yn cael mynediad a chanlyniadau cyfartal. Mae'r Cynllun ar gael ar wefan yr Ymddiriedolaeth yma: Cynllun Cydraddoldeb Strategol 2024-2028 Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru.

- Fel cyflogwr gyda staff sydd â hawl i aelodaeth o Gynllun Pensiwn y GIG, mae mesurau rheoli ar waith i sicrhau y cydymffurfir â holl rwymedigaethau'r cyflogwr a gynhwysir yn rheoliadau'r cynllun. Mae hyn yn cynnwys sicrhau bod didyniadau cyflog, cyfraniadau'r

cyflogwr a thaliadau i'r cynllun yn digwydd yn unol â rheolau'r cynllun, a bod cofnodion aelodau yn cael eu diweddaru'n gywir yn unol â'r amserlenni a nodir yn y Rheoliadau.

- Mae'r Ymddiriedolaeth yn cynnal asesiadau risg ac mae ganddi gynlluniau cyflawni carbon i gydymffurfio ag elfennau parodrwydd ar gyfer argyfwng ac argyfyngau sifil posibl o ragamcanion tywydd 2009 UKCIP (Rhaglen Effeithiau Hinsawdd y DU) i fodloni rhwymedigaethau'r Ymddiriedolaeth o dan y Ddeddf Newid yn yr Hinsawdd a'r Gofynion Adrodd ar Addasiadau. Mae gan yr Ymddiriedolaeth Gynllun Tywydd Garw ar waith. Yn ogystal, mae tîm Parodrwydd, Gwydnwch ac Ymateb Brys yn defnyddio gwybodaeth gan y Swyddfa Dywydd i gynllunio ymlaen llaw ar gyfer tywydd garw, ac mae rhybuddion tywydd yn sbardun blaenoriaeth uchel yn ein hystyriaeth wythnosol o godi lefelau rhybudd yr Ymddiriedolaeth.

  Mae'r Ymddiriedolaeth yn gweithio gydag asiantaethau partner yn ein Fforymau Cydnerth Lleol i lywio unrhyw ymateb daearyddol aml-asiantaeth ac mae'r system Rhybudd Brys yn caniatáu ar gyfer hysbysu a rhybuddio os bydd tywydd garw yn bygwth bywyd. Mae cynllunio, hyfforddi ac ymarfer yn agwedd allweddol ar gyfrifoldebau'r Ymddiriedolaeth ar gyfer Argyfyngau Sifil Posibl fel ymatebydd categori un. Yn 2026/27 bydd yr Ymddiriedolaeth yn parhau i weithio'n agos gyda phartneriaid GIG Cymru ar gynllunio addasiadau a byddwn yn datblygu ymhellach ein Cynllun Ymaddasu ar gyfer Newid Hinsawdd a fydd yn sicrhau dull strwythuredig, sefydliad-gyfan o adeiladu matrics risg cynhwysfawr a mesurau addasu cysylltiedig. Mae'r dull yn fwriadol gydweithredol ac yn cael ei greu gyda mewnbwn gan gydweithwyr ar draws pob cyfarwyddiaeth, gan sicrhau ymgysylltiad sefydliadol llawn, perchnogaeth a rennir, a sylfaen dystiolaeth gadarn. Bydd hyn yn ein galluogi i nodi, asesu a blaenoriaethu risgiau'n gyson, ac i ddatblygu addasiadau cymesur a chyraeddadwy sydd wedi'u gwreiddio mewn cynllunio busnes fel arfer.

- Nid oedd yr Ymddiriedolaeth wedi adrodd am unrhyw ddigwyddiadau anffafriol difrifol yn ystod 2025/26 mewn perthynas â diogelwch data. Fel y nodir uchod, hysbyswyd Swyddfa'r Comisiynydd Gwybodaeth am dri digwyddiad. Yn dilyn hysbysiad, cafodd un adroddiad ei ddirymu, ac ni dderbyniwyd unrhyw gamau pellach gan Swddfa'r Comisiynydd Gwybodaeth mewn perthynas â'r ddau ddigwyddiad sy'n weddill.

<u>Ansawdd y data</u>

Ystyrir bod ansawdd y data a gynhyrchir ac a ddefnyddir gan feysydd gwasanaeth craidd yr Ymddiriedolaeth yn gyfrifoldeb ar y cyd, ond yn cael ei oruchwylio gan y Gyfarwyddiaeth

Ddigidol. Trwy biblinell ddata aeddfed a phrosesau cadarn, mae'r Ymddiriedolaeth yn cynnal lefel gref o ansawdd data drwyddi draw. Mae Polisi Ansawdd Data'r Ymddiriedolaeth yn amlinellu pwysigrwydd cynnal ansawdd data da ac yn egluro'r broses uwchgyfeirio ar gyfer datrys unrhyw faterion ansawdd data a ddarganfuwyd.

Mae'r argymhellion a'r camau gweithredu o Archwiliad Mewnol Ansawdd Data mis Hydref 2024 wedi'u cwblhau a'u gweithredu, gyda'r Grŵp Llywio Llywodraethu Gwybodaeth (sydd ag awdurdod dirprwyedig gan y Tîm Arwain Gweithredol) bellach yn monitro metrigau sy'n gysylltiedig ag ansawdd data a chynnydd hyfforddiant yn fisol. Yn nodedig, mae hyn wedi cynnwys datblygu a rhyddhau modiwl hyfforddiant ac ymwybyddiaeth ansawdd data pwrpasol ar draws yr Ymddiriedolaeth, ac ailsefydlu Grŵp Rheoli Asedau Gwybodaeth ar gyfer stiwardiaid data a pherchnogion systemau gwybodaeth.

Yn dilyn gweithredu Fframwaith Perfformiad Ambiwlansys (Camau gweithredu 1 a 2) yn 2025, mae'r data a gyflenwyd gan WAST i Lywodraeth Cymru fel rhan o'r Datganiad Ystadegau Swyddogol wedi'i ailgynllunio'n llwyr i alinio â'r metrigau newydd, wedi'i brofi, a'i ansawdd wedi'i sicrhau gan swyddogaeth Gwasanaethau Mewnwelediad a Data'r Gyfarwyddiaeth Digidol. Mae'r data y tu ôl i'r cyflwyniadau hyn hefyd yn rhan o broses barhaus o fonitro ansawdd data, gan wirio ar draws pob dimensiwn o ansawdd data wrth i ddata galwadau a digwyddiadau sy'n gysylltiedig â 999 ac 111 gael eu dwyn i warws data diogel, ar y safle'r Ymddiriedolaeth. Gall yr ymarfer hwn hefyd gynnwys ymchwilio o gofnodion data ar y lefel fwyaf gronynnog, lle gellir nodi unrhyw broblemau yn y system, proses neu adroddiadau a chynnig atebion; gan ddangos bod ansawdd data o fewn yr Ymddiriedolaeth yn mabwysiadu dull cyd-weithredu llawn o'r dechrau i'r diwedd. Felly, mae'r Ymddiriedolaeth yn cadw ei statws ar Orchymyn Ystadegau Swyddogol (Cymru) 2017, sy'n rhan o Ddeddf Ystadegau a Gwasanaethau Cofrestru 2007.

Yn ehangach ar draws yr Ymddiriedolaeth, mae ansawdd data ar gyfer systemau a ffynonellau gwybodaeth eraill yn aeddfedu. Yng nghyfarfod y Pwyllgor Cyllid a Pherfformiad ym mis Tachwedd 2025, nodwyd bod gwall adrodd data wedi'i ganfod yn gysylltiedig â metrigau cydymffurfio ar gyfer Gweithio i Wella yn yr adroddiad MIQPR. Achos y gwall hwn oedd dibynnu'n bennaf ar echdynnu â llaw a chyfrifo data o system trydydd parti. Yn ystod y misoedd diwethaf, mae ymdrech sylweddol ym maes peirianneg data wedi'i gyfeirio at y maes gwybodaeth hwn, er mwyn gwella llif data technegol a galluogi'r metrigau i gael eu cyfrifo mewn ffordd fwy awtomataidd a dibynadwy, gan wella hyder yng nghywirdeb yr adroddiadau yn y dyfodol.

Mae gwelliant nodedig arall o ran aeddfedrwydd ansawdd data o fewn WAST yn cynnwys y dull y cafodd metrigau Fframwaith Perfformiad Ambiwlansys newydd eu cynllunio ar y cyd gan arbenigwyr pwnc o bob cwr o'r Ymddiriedolaeth (o dimau data, clinigol, comisiynu a gweithredol). Mae'r dull arfer gorau hwn yn cael ei fabwysiadu gan ffrydiau gwaith eraill y rhaglen Trawsnewid Model Clinigol yn y dyfodol.

Cyfarwyddiadau Gweinidogol

Cyhoeddir Cyfarwyddiadau Gweinidogol gan Lywodraeth Cymru fel rhan o'u cyhoeddiadau iechyd a gofal cymdeithasol a gellir eu gweld yma. O'r Cyfarwyddiadau Gweinidogol a gyhoeddwyd yn ystod y cyfnod 01 Ebrill 2025 i 31 Mawrth 2026 nid oedd yr un ohonynt yn berthnasol i'r Ymddiriedolaeth.

Cylchlythyrau Iechyd Cymru

Mae Cylchlythyrau Iechyd Cymru yn darparu dull cyfathrebu symlach, tryloyw ac olrheiniadwy rhwng GIG Cymru a sefydliadau'r GIG. Cafwyd nifer o gylchlythyrau yn ystod y flwyddyn ac mae'r rhain wedi'u dyrannu i gyfarwyddwr arweiniol sy'n gyfrifol am roi'r camau gofynnol ar waith. Mae'r Ymddiriedolaeth yn cadw cofnod o gylchlythyrau.

Trefniant Goruchwylio ac Uwchgyfeirio'r GIG

O dan Drefniadau Goruchwylio ac Uwchgyfeirio'r GIG, mae Llywodraeth Cymru yn cyfarfod ag Arolygiaeth Iechyd Cymru (AGIC) ac Archwilio Cymru i drafod yr asesiad cyffredinol o'r Ymddiriedolaeth.

Yn y cyfarfod teirochrog diweddaraf, arhosodd statws uwchgyfeirio'r Ymddiriedolaeth yr un fath ar 'drefniadau arferol', statws sydd wedi'i gynnal ers nifer o flynyddoedd .

Arolygiaeth Gofal Iechyd Cymru

Ni dderbyniwyd unrhyw adroddiadau AGIC yn 2025/26, fodd bynnag, cychwynnwyd adolygiad lleol yn 2026 ar sawl thema gan gynnwys:

- llif cleifion a'r broses drosglwyddo, rhyddhau criwiau'n gyflymach/llwybrau amgen, safoni canllawiau trosglwyddo/trefniadau gweithredu safonol
- y broses uwchgyfeirio
- cyfathrebu â chleifion ynghylch oediadau

- presenoldeb arweinyddiaeth a llywodraethu, diwylliant adrodd, dysgu ac adborth, cynllunio'r gweithlu a lefelau staffio, llesiant a chefnogaeth staff, hyfforddiant a datblygiad staff
- ansawdd data ac adrodd cywir

Nid yw'r adroddiad canlyniad wedi dod i law yn y flwyddyn ariannol hon.

Cronfa Risg Cymru

Yn ystod 2024, cynhaliodd Cronfa Risg Cymru ei hasesiad blynyddol o bolisïau, gweithdrefnau ac arferion yr Ymddiriedolaeth fel rhan o'i dyletswyddau goruchwylio. Nod yr asesiad oedd casglu sicrwydd ynghylch rheoli pryderon a chydymffurfedd â Chanllawiau Gweithio i Wella ar gyfer y Pwyllgor Cronfa Risg Cymru, Llywodraeth Cymru a Pherfformiad a Gwella GIG Cymru a darparu argymhellion i gefnogi'r sefydliad i wella'n barhaus yn y maes llywodraethu pwysig hwn. Cyhoeddwyd yr adroddiad terfynol ym mis Chwefror 2025, ac mae'r Ymddiriedolaeth wrthi'n gweithredu'r argymhellion a wnaed yn yr adroddiad a fydd yn cael eu holrhain a'u monitro gan y Pwyllgor QuESt.

Roedd yr Aseswyr yn hyderus mai'r strwythur sefydliadol newydd sydd wedi'i weithredu yw'r dull cywir i'r Ymddiriedolaeth o ran ei phrosesau diogelwch cleifion a Gweithio i Wella. Gan fod rhai camau gweithredu heb eu cymryd o'r asesiad blaenorol ac anghysondeb yn y data, mae'r sgôr sicrwydd yn parhau i fod yn Sicrwydd Cyfyngedig. Fodd bynnag, roedd yr Aseswyr yn hyderus, wrth i'r newidiadau sy'n cael eu gweithredu gan yr Ymddiriedolaeth ddod i rym, y bydd digon o dystiolaeth i gynyddu'r sgôr sicrwydd.

Cymeradwywyd argymhellion gan Bwyllgor Cronfa Risg Cymru, gyda goruchwyliaeth barhaus o'r gwaith o fonitro, herio a chau yn cael ei darparu gan Bwyllgor Archwilio, Risg a Sicrwydd yr Ymddiriedolaeth.

Yn ystod y flwyddyn, bu rhywfaint o lithriad yn erbyn yr amserlenni cwblhau gwreiddiol, gan adlewyrchu galw parhaus, pwysau gweithredol a chyfyngiadau capasiti ar draws y sefydliad. Er gwaethaf hyn, mae'r rhan fwyaf o'r camau gweithredu bellach wedi'u cwblhau a'u cytuno i'w cau, wedi'u cefnogi gan dystiolaeth briodol sy'n dangos eu bod wedi'u cyflawni yn erbyn pob argymhelliad.
Mae nifer fach o gamau gweithredu yn parhau i fod ar agor oherwydd dibyniaethau sylweddol ar seilwaith digidol a datrysiadau a gaffaelir yn genedlaethol sydd y tu hwnt i reolaeth uniongyrchol yr Ymddiriedolaeth. Er mwyn cryfhau sicrwydd a chyflymu cynnydd, mae'r

Ymddiriedolaeth wedi sefydlu goruchwyliaeth lefel uwch o flaenoriaethu digidol. Mae hyn yn darparu llywodraethu cliriach, aliniad cryfach â blaenoriaethau a risgiau strategol y Cynllun Tymor Canolig Integredig, ac ymgysylltiad gwell â phartneriaid cenedlaethol lle mae angen datrysiadau ar draws y system.

Archwilio mewnol

Mae Archwilio Mewnol yn rhoi llif annibynnol o sicrwydd i'r Swyddog Atebol a Bwrdd yr Ymddiriedolaeth ynghylch digonolrwydd ac effeithiolrwydd y system rheolaeth fewnol. Mae'r Swyddog Atebol yn comisiynu rhaglen o waith archwilio mewnol, a gyflawnir yn unol â Safonau Archwilio Mewnol Byd-eang gan Bartneriaeth Cydwasanaethau GIG Cymru Cytunir y gwaith hwn gyda'r Tîm Arwain Gweithredol a'r Pwyllgor Archwilio, Risg a Sicrwydd ac mae'n canolbwyntio ar feysydd risg sylweddol a blaenoriaethau gwella lleol.

Mae barn gyffredinol y Pennaeth Archwilio Mewnol ar lywodraethu, rheoli risg a rheolaeth yn un o swyddogaethau'r rhaglen archwilio hon sy'n seiliedig ar risg ac mae'n cyfrannu at y darlun o sicrwydd i'r bwrdd wrth adolygu effeithiolrwydd a chefnogi ein hymgyrch ar gyfer gwelliant parhaus.

Mae'r Pennaeth Archwilio Mewnol yn fodlon y bu digon o sylw i archwiliadau mewnol yn ystod y cyfnod adrodd i roi Barn Flynyddol y Pennaeth Archwilio Mewnol. Wrth lunio'r farn, mae'r Pennaeth Archwilio Mewnol wedi ystyried effaith unrhyw archwiliadau nad ydynt wedi'u cwblhau'n llawn. Fel yn y blynyddoedd blaenorol, mae gwaith archwilio a wnaed ym Mhartneriaeth Cydwasanaethau GIG Cymru, Iechyd a Gofal Digidol Cymru, a Chyd-bwyllgor Comisiynu GIG Cymru, wedi cyfrannu at, ac yn cefnogi, y farn archwilio fewnol gyffredinol ar gyfer cyrff iechyd GIG Cymru.

Mae'r Pennaeth Archwilio Mewnol wedi dod i'r casgliad:

- + 	Gall Bwrdd yr Ymddiriedolaeth gymryd **sicrwydd rhesymol** bod y trefniadau sydd ar waith i sicrhau llywodraethu, rheoli risg a rheolaeth fewnol, yn y meysydd hynny sy'n cael eu hadolygu, wedi cynllunio'n addas a'u cymhwyso'n effeithiol. Mae rhai materion angen sylw rheolwyr wrth gynllunio rheolaeth neu gydymffurfedd, gydag effaith isel i gymedrol ar amlygiad i risg gweddilliol, hyd nes cânt eu datrys.

Mae'r casgliad hwn yn gyson â Barn Sicrwydd Rhesymol y Pennaeth Archwilio Mewnol a adroddwyd yn Natganiad Llywodraethu Blynyddol 2024/25 yr Ymddiriedolaeth. Mae casgliad sicrwydd rhesymol 2025/26 yn deillio o 20 o adolygiadau Archwilio Mewnol.

Casgliad Sicrwydd Archwilio Mewnol	Nifer yr Adroddiadau
Sicrwydd Anfoddhaol	0
Sicrwydd Cyfyngedig	0
Sicrwydd Rhesymol	17
Sicrwydd Sylweddol	2
Cynghorol	1
Yn mynd rhagddo	0
Cyfanswm	**20**

Am yr wythfed flwyddyn yn olynol, ni chafwyd unrhyw adroddiadau archwilio mewnol 'Sicrwydd Anfoddhaol' o fusnes yr Ymddiriedolaeth. O'r 20 adroddiad a gwblhawyd yn ystod y flwyddyn, ni chafodd yr un ohonynt eu graddio fel rhai cyfyngedig, gyda'r rhan fwyaf o'r adroddiadau wedi'u graddio fel rhai â sicrwydd 'rhesymol'.

Archwiliad allanol: Archwilio Cymru

Archwilydd Cyffredinol Cymru yw archwilydd allanol statudol yr Ymddiriedolaeth. Mae Archwilio Cymru yn craffu ar systemau a phrosesau ariannol, rheoli perfformiad a meysydd risg allweddol yr Ymddiriedolaeth.

Caiff adroddiadau eu llunio gan Archwilio Cymru yn unol â rhaglen waith blynyddol a gymeradwyir gan ARAC ac maent yn cynnwys ymatebion rheolwyr gan yr Ymddiriedolaeth ar gyfer adroddiadau sy'n cynnwys argymhellion. Ystyrir holl adroddiadau Archwilio Cymru gan y pwyllgor ARAC a, lle bo'n briodol, y pwyllgor perthnasol a'r bwrdd. Mae eu hargymhellion yn cael eu cofnodi wedyn yn nhraciwr argymhellion archwilio'r Ymddiriedolaeth, a adroddir i bob cyfarfod pwyllgor ARAC i roi sicrwydd ar eu gweithrediad.
Yn ystod 2025 cynhaliodd yr Ymddiriedolaeth yr adolygiadau canlynol:

- Asesiad Strwythuredig 2025 – asesiad craidd
- Asesiad Strwythuredig 2024 – adolygiad manwl o fuddsoddiad mewn systemau digidol

- Gofal Brys a Gofal mewn Argyfwng – trefniadau ar gyfer rheoli'r galw Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru

Asesiad Strwythuredig 2025
Ffocws allweddol yr adolygiad hwn oedd trefniadau corfforaethol yr Ymddiriedolaeth ar gyfer sicrhau bod adnoddau'n cael eu defnyddio'n effeithlon, yn effeithiol ac yn economaidd, gyda ffocws penodol ar ddull corfforaethol o gynllunio; systemau sicrwydd corfforaethol; tryloywder, cydlyniant ac effeithiolrwydd y bwrdd; a dull corfforaethol o reoli cyllid.

Roedd yr Asesiad Strwythuredig hwn yn gadarnhaol ac yn dangos bod gan yr Ymddiriedolaeth fwrdd effeithiol, wedi'i gefnogi gan drefniadau llywodraethu a sicrwydd cryf ac aeddfed, fframwaith cynllunio clir, a rheolaeth ariannol gadarn, wrth weithredu mewn amgylchedd perfformiad ac ariannol heriol gyda chapasiti sefydliadol cyfyngedig. Roedd ei ganfyddiadau allweddol yn cynnwys y canlynol:

> *Canfuwyd gennym fod gan yr Ymddiriedolaeth Fwrdd effeithiol wedi'i gefnogi gan drefniadau llywodraethu da. Mae systemau ar gyfer rhoi sicrwydd i'r Bwrdd yn effeithiol ac yn cael eu cryfhau trwy ddatblygiad pellach o fframwaith sicrwydd y bwrdd. Mae cynllun ansawdd newydd yn cael ei roi ar waith, ond mae'r gallu i'w gyflawni yn debygol o fod yn anodd heb gyllid pwrpasol. Mae'r Ymddiriedolaeth yn parhau i adrodd heriau o ran bodloni targedau perfformiad allweddol. Cyflwynwyd newidiadau i'r ffordd y mesurir ymatebion ambiwlansys yn ystod 2025, â mwy o bwyslais ar ganlyniadau cleifion. Fodd bynnag, mae'n rhy gynnar gwybod pa effaith mae'r newidiadau yn ei chael ar ansawdd y gwasanaeth.*
>
> *Mae gan yr Ymddiriedolaeth Gynllun Tymor Canolig Integredig eglur ac wedi'i gymeradwyo ac wedi cymeradwyo cyfres o amcanion llesiant yn ddiweddar. Mae hefyd yn cynnal adnewyddiad prydlon o'i strategaeth hirdymor. Mae gan yr Ymddiriedolaeth nifer sylweddol o raglenni newid ar y gweill, â chapasiti cyfyngedig i'w cefnogi. Mae'n oedi datblygiad rhai cynlluniau corfforedig felly ac yn gohirio rhai gweithgareddau a gynlluniwyd i ddiogelu capasiti ar gyfer blaenoriaethau allweddol.*
>
> *Mae'r Ymddiriedolaeth yn rheoli ei gyllid yn dda i gyflawni ei dyletswyddau ariannol allweddol yn ystod 2024-25. Yn gadarnhaol, mae'n lleihau ei dibyniaeth*

ar arbedion afreolaidd. Ac eto, mae'r Ymddiriedolaeth yn wynebu pwysau ariannol cynyddol heriol eleni sy'n creu risgiau i sicrhau ei sefyllfa ragweledig o adennill costau. Fodd bynnag, mae angen egluro fforddiadwyedd rhai o gynlluniau strategol yr Ymddiriedolaeth.

Argymhellion yn ymwneud â chryfhau rheolaeth polisïau, gwella'r modd o adrodd ar y fframwaith sicrwydd bwrdd presennol; egluro darpariaeth y cynllun ansawdd, ac adrodd ar faterion yn ymwneud â phrydlondeb cyflwyno papurau bwrdd a phwyllgorau. Derbyniwyd yr holl argymhellion ac maent yn cael eu monitro gan y pwyllgor ARAC. Mae adroddiad Asesiad Strwythuredig Archwilio Cymru ar gyfer 2025 ar gael ym mhapurau ARAC 2 Rhagfyr 2025, yma

Gofal Brys a Gofal mewn Argyfwng WAST –trefniadau ar gyfer rheoli'r galw
Er bod gwaith maes wedi'i wneud yn 2024/25, cwblhawyd yr adroddiad hwn ym mis Ebrill 2025. Gellir gweld yr adroddiad llawn yma.

Dyma oedd ail gam rhaglen waith a oedd yn canolbwyntio ar sawl elfen o'r system gofal brys a gofal mewn argyfwng yng Nghymru. Archwiliodd y cam cyntaf gynllunio rhyddhau cleifion ac effaith llif cleifion ar ofal brys a gofal mewn argyfwng, gan gwmpasu'r bwrdd iechyd a'r awdurdodau lleol ar gyfer pob un o'r saith rhanbarth iechyd a gofal cymdeithasol.

Edrychodd yr adolygiad ar sut roedd yr Ymddiriedolaeth yn rheoli'r galw am wasanaethau gofal brys a gofal mewn argyfwng. Yn benodol, sut roedd yr Ymddiriedolaeth yn gweithio i leihau cludo cleifion i adrannau argyfwng a sut mae'n cefnogi trin cleifion yn y lle iawn, y tro cyntaf ar gyfer eu hanghenion, lle mae dewisiadau amgen gwell yn bodoli yn lle mynychu adrannau argyfwng.

Y casgliad cyffredinol oedd bod newidiadau i ddarpariaeth gwasanaethau yn arwain at welliannau wrth reoli'r galw am ofal brys a gofal mewn argyfwng, wedi'i gefnogi gan gynlluniau clir sy'n cael eu monitro'n rheolaidd. Fodd bynnag, mae eu heffaith yn cael ei rhwystro gan gyfyngiadau mewn data cydgysylltiedig a mynediad at lwybrau amgen mewn byrddau iechyd yn ogystal â lefelau uchel parhaus o oedi wrth drosglwyddo cleifion yn Adrannau Argyfwng Gwnaed argymhellion i fynd i'r afael â chywirdeb gwefan 111 Cymru a chyfeiriaduron gwasanaethau.

Bydd Archwilio Cymru yn darparu rhan olaf eu gwaith ar ofal brys a gofal mewn argyfwng yn Ch1 2026/27, gan ystyried y canfyddiadau yn y cam cyntaf a'r adolygiad hwn.

Deddf Caethwasiaeth Fodern 2015 – Tryloywder mewn Cadwyni Cyflenwi

Mae'r Ymddiriedolaeth wedi ymrwymo i God Ymarfer Cyflogaeth Foesegol Llywodraeth Cymru mewn Cadwyni Cyflenwi ac mae wedi ymrwymo'n llwyr iddo. Mae hwn wedi'i sefydlu gan Lywodraeth Cymru i gefnogi datblygiad cadwyni cyflenwi mwy moesegol i gyflawni contractau ar gyfer y sector cyhoeddus yng Nghymru a sefydliadau trydydd sector sy'n derbyn arian cyhoeddus. Mae'r swyddogaeth gaffael yn faes allweddol ar gyfer cyflogaeth foesegol mewn cadwyni cyflenwi. Mae hwn yn cael ei redeg gan Bartneriaeth Cydwasanaethau GIG Cymru (PCGC).

Adolygiad o effeithiolrwydd y system rheoli mewnol

Fel y Swyddog Atebol yr Ymddiriedolaeth, rwyf yn gyfrifol am adolygu effeithiolrwydd y system rheolaeth fewnol. Mae fy adolygiad o'r system rheolaeth fewnol wedi'i seilio ar waith yr archwilwyr mewnol, a'r swyddogion gweithredol yn y sefydliad, sy'n gyfrifol am ddatblygu a chynnal y fframwaith rheolaeth fewnol, ac ar sylwadau gan yr archwilwyr allanol yn eu llythyr archwilio ac mewn adroddiadau eraill.

Mae'r Ymddiriedolaeth wedi sefydlu a chynnal system gadarn o reolaeth fewnol sy'n cefnogi cyflawni ei hamcanion strategol, yn diogelu arian ac asedau cyhoeddus, ac yn sicrhau cydymffurfedd â gofynion statudol a rheoleiddiol. Y ffocws ar gyfer 2025/26, fel y gwelir yn yr adroddiad perfformiad, fu trawsnewid y model clinigol a gweithredu fframwaith perfformiad ambiwlansys newydd. Roedd Bwrdd y Rhaglen Trawsnewid Model Clinigol yn ganolog i hyn. Edrychodd adolygiad Archwilio Mewnol ar reolaeth bwrdd y rhaglen ym mis Ionawr 2026 ar a oedd sicrwydd a mecanweithiau adrodd priodol ar waith ac a ddychwelodd sicrwydd rhesymol.

Mae'r pwyllgor ARAC yn cymeradwyo'r cynllun archwilio mewnol blynyddol ac yn adolygu'r holl archwiliadau, gan adrodd i'r bwrdd a minnau fel Swyddog Atebol ar ei drafodaethau a'i safbwyntiau ar risgiau a chynnydd yn erbyn camau gweithredu i liniaru risgiau.

Mae'r system rheolaeth fewnol wedi'i chynllunio i reoli, yn hytrach na dileu, y risg o fethu â chyflawni amcanion ac i ddarparu sicrwydd rhesymol, nid absoliwt, o effeithiolrwydd. Mae wedi'i ategu gan drefniadau llywodraethu ac atebolrwydd clir, prosesau rheoli risg effeithiol, rheolaethau ariannol a gweithredol cadarn, a fframwaith o bolisïau, gweithdrefnau, canllawiau cenedlaethol a chlinigol, ac awdurdod dirprwyedig Cymru gyfan a lleol. Bydd Fframwaith Sicrwydd y Bwrdd strategol newydd, sy'n darparu llinell weledd i'r bwrdd o'r risgiau i gyflawni

pob amcan strategol, ynghyd ag adroddiadau sicrwydd i bwyllgorau'r bwrdd ar gyflawni'r allbynnau cysylltiedig, yn cryfhau ymhellach ein fframwaith rheoli risg yn 2026/27.

Mae Asesiad Strwythuredig cadarnhaol Archwilio Cymru 2025 a Barn Pennaeth Archwilio Mewnol ar gyfer 2025 yn cefnogi cadernid y rheolaethau mewnol yn WAST. Darperir sicrwydd ar y system rheolaeth fewnol drwy adrodd gan reolwyr yn uniongyrchol i'r Tîm Arwain Gweithredol gan amlygu meysydd sydd angen eu gwella. Bydd cynlluniau gwella y cytunwyd arnynt mewn meysydd fel rheoli pryderon, gwelliannau i brosesau ar gyfer polisi a rheoli risg, ac adnewyddu'r strwythurau llywodraethu mewnol sy'n adrodd i'r Tîm Gweithredol Ariannol yn cryfhau'r amgylchedd rheoli mewnol ymhellach yn 2026/27.

Casgliad yr Adroddiad Llywodraethu Corfforaethol

Fel y Swyddog Atebol, rwy'n dod i'r casgliad nad oes unrhyw faterion rheolaeth fewnol na llywodraethu sylweddol wedi'u nodi yn ystod 2025/26.

Mae'r Ymddiriedolaeth wedi gweithredu o fewn fframwaith llywodraethu clir, wedi'i ategu gan rolau sefydledig, strwythurau pwyllgor effeithiol a phrosesau sicrwydd. Mae trefniadau'r bwrdd a'r pwyllgorau wedi cefnogi craffu, herio a gwneud penderfyniadau priodol, gyda phwyslais cryf ar dryloywder, atebolrwydd cyhoeddus a safonau moesegol.

Mae fframwaith rheoli risg yr Ymddiriedolaeth yn adlewyrchu diwylliant risg aeddfed ac wedi'i wreiddio'n gadarn, gyda risgiau allweddol yn cael eu perchenogi, eu trafod a'u huwchgyfeirio'n weithredol drwy lwybrau llywodraethu sefydledig. Mae fframwaith sicrwydd y bwrdd presennol yn darparu goruchwyliaeth ystyrlon o'r prif risgiau, gan gydnabod bod angen aeddfedrwydd pellach i gryfhau'r llinell weledigaeth strategol rhwng amcanion, risg, rheolaethau a sicrwydd. Felly mae'r newid arfaethedig tuag at fframwaith sicrwydd y Bwrdd sydd wedi'u halinio ag amcanion strategol a pharodrwydd i dderbyn risg wedi'i fframio'n briodol fel datblygiad mesuredig yn hytrach nag ailgynllunio cyflymach.

Mae'r system rheolaeth fewnol wedi parhau i roi sicrwydd rhesymol bod risgiau i gyflawni amcanion yn cael eu rheoli'n effeithiol. Cefnogir hyn gan adroddiadau rheoli, gweithgaredd archwilio mewnol ac allanol, a gwaith y Pwyllgor Archwilio, Risg a Sicrwydd wrth ddarparu her a sicrwydd annibynnol i'r bwrdd a'r Swyddog Atebol. Mae barn sicrwydd rhesymol Pennaeth Archwilio Mewnol a chanfyddiadau asesiad strwythuredig cadarnhaol archwilio cymru yn atgyfnerthu'r sefyllfa hon. Mae trefniadau llywodraethu ariannol hefyd wedi parhau'n gryf, gyda'r Ymddiriedolaeth yn cynnal cydbwysedd ariannol ac yn cyflawni ei dyletswyddau ariannol allweddol mewn amgylchedd system hynod gyfyngedig.

Mae'r datganiad llywodraethu yn amlygu meysydd lle mae angen gwelliant pellach, yn fwyaf nodedig mewn perthynas â Gweithio i Wella. Yn ystod 2025/26, cafodd perfformiad yn erbyn gofynion statudol rheoli pryderon ei graffu'n fanwl a'i uwchgyfeirio gan y Pwyllgor Ansawdd, Profiad y Claf a Diogelwch ar sawl achlysur. Ymatebodd y Bwrdd drwy gryfhau goruchwyliaeth weithredol a sefydlu trefniadau llywodraethu mwy strwythuredig i wella gafael, tryloywder a sicrwydd. Mae'r camau gweithredu hyn yn cael eu monitro a byddant yn parhau i fod yn ffocws ar gyfer gwelliant.

Mae'r flwyddyn wedi'i nodweddu gan newid sefydliadol sylweddol a gyflawnwyd ar gyflymder, yn enwedig drwy drawsnewid y model clinigol a'r fframwaith perfformiad ambiwlansys newydd. Felly mae'n briodol bod y cyfnod nesaf yn canolbwyntio ar gydgrynhoi, gwerthuso a gwelliant wedi'i dargedu. Bydd y rhaglen lywodraethu integredig, ochr yn ochr ag adolygiad y sefydliad Good Governance Institute, yn rhoi cyfle i gryfhau sicrwydd o'r llawr i'r bwrdd a chefnogi datblygu'r bwrdd o fod yn fwrdd da i un sy'n perfformio'n dda, gan symud ymlaen ar gyflymder sy'n gymesur â statws uwchgyfeirio arferol yr Ymddiriedolaeth a sefydlogrwydd cyffredinol y sefydliad.

Emma Wood
Prif Swyddog Gweithredol
Dyddiad: 25 Mehefin 2026

Atodiad 1 yr Adroddiad Atebolrwydd: Aelodaeth a phresenoldeb y Bwrdd a'r Pwyllgorau

Mae'r Bwrdd wedi'i gyfansoddi i gydymffurfio â Deddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006 a Rheoliadau Ymddiriedolaethau'r Gwasanaeth Iechyd Gwladol (Aelodaeth a Gweithdrefn) 1990 (OS 1990 Rhif 2024) fel y'u diwygiwyd. Yn ogystal â'r cyfrifoldebau a'r atebolrwydd sydd wedi'u cyflwyno yn y telerau ac amodau penodi, mae aelodau'r Bwrdd yn cyflawni nifer o rolau hyrwyddo hefyd ac yn gweithredu fel llysgenhadon ar gyfer y materion hyn.

Mae'r tabl isod yn nodi nifer y cyfarfodydd y mae pob aelod o'r Bwrdd wedi'u mynychu yn ystod 2025/26 (ffigurau presenoldeb y Pwyllgor fel y'u cofnodwyd yn Adroddiadau Crynhoi Cynnydd y Pwyllgor a gyflwynwyd i Fwrdd yr Ymddiriedolaeth).

Enw	Swydd	Cofnod Presenoldeb y Bwrdd a'i Bwyllgorau (Presenoldeb gwirioneddol cyfanswm y cyfarfodydd a gynhaliw neu gyfanswm y cyfarfodydd a oedd ar gael i'w mynychu, yn dibynnu ar ddyddiadau penodi)
Peter Curran	Cyfarwyddwr Anweithred	Bwrdd yr Ymddiriedolaeth (Cyhoeddus: 8 allan o 9 Bwrdd yr Ymddiriedolaeth (Preifat): 8 allan o 9 Pwyllgor Archwilio, Risg a Sicrwydd: 5 allan o 5 Pwyllgor Elusennau: 4 allan o 4 Pwyllgor Cyllid a Pherfformiad: 6 allan o 6 Y Pwyllgor Tâl Cydnabyddiaeth: 7 allan o 7
Colin Dennis	Cadeirydd Bwrdd yr Ymddiriedolaeth	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 8 allan o 9 Bwrdd yr Ymddiriedolaeth (Preifat): 7 allan o 9 Y Pwyllgor Tâl Cydnabyddiaeth: 7 allan o 7 Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch: 1 o 1 [arbennig]
Emma Wood (Penodwyd 1 Hydref 2025)	Prif Weithredwr	Bwrdd yr Ymddiriedolaeth (Cyhoeddus: 4 allan o 4 (o gyfarfodydd sydd ar ga Bwrdd yr Ymddiriedolaeth (Preifat): 4 o 4 (o gyfarfodydd sydd ar gael) Pwyllgor Archwilio, Risg a Sicrwydd 1 o 2 (o gyfarfodydd sydd ar gael - ddim fynychwr angenrheidiol) Y Pwyllgor Cyllid a Pherfformiad: 1 o 3 (o gyfarfodydd sydd ar gael - ddim yr fynychwr angenrheidiol) Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch: 1 o 3 (o gyfarfodydd sydd gael – ddim yn fynychwr angenrheidiol) Y Pwyllgor Tâl Cydnabyddiaeth: 2 allan o 2 (o gyfarfodydd sydd ar gael)
Rhiannon Beaumont-Wood (penodwyd 11 Tachwe 2024 – gadawodd 8 Chwefror 2026)	Cyfarwyddwr Anweithred	Bwrdd yr Ymddiriedolaeth (Cyhoeddus); 5 o 8 (o gyfarfodydd sydd ar gael) Bwrdd yr Ymddiriedolaeth (Preifat): 4 o 7 (o gyfarfodydd sydd ar gael) Pwyllgor Archwilio, Risg a Sicrwydd: 4 o 4 (o gyfarfodydd sydd ar gael) Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch: 6 allan o 6 Y Pwyllgor Tâl Cydnabyddiaeth: 5 o 6 (o gyfarfodydd sydd ar gael)
Jayne Beeslee	Cyfarwyddwr Anweithred	Bwrdd yr Ymddiriedolaeth (Cyhoeddus); 7 o 9 Bwrdd yr Ymddiriedolaeth (Preifat): 7 allan o 9 Y Pwyllgor Partneriaeth Academaidd: 2 allan o 2 Pwyllgor Cyllid a Pherfformiad: 6 allan o 6 Y Pwyllgor Tâl Cydnabyddiaeth: 6 allan o 7
Bethan Evans	Cyfarwyddwr Anweithred	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 5 allan o 9 Bwrdd yr Ymddiriedolaeth (Caeedig): 6 allan o 9 Pwyllgor Archwilio, Risg a Sicrwydd: 1 o 1 [fel Cadeirydd QuEST – ddim yn fynychwr angenrheidiol] Pwyllgor Cyllid a Pherfformiad: 5 allan o 6 Y Pwyllgor Pobl a Diwylliant: 3 o 4 Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch: 6 allan o 6

Enw	Swydd	Cofnod Presenoldeb y Bwrdd a'i Bwyllgorau (Presenoldeb gwirioneddol cyfanswm y cyfarfodydd a gynhaliw neu gyfanswm y cyfarfodydd a oedd ar gael i'w mynychu, yn dibynnu ar ddyddiadau penodi)
		Y Pwyllgor Tâl Cydnabyddiaeth: 4 allan o 7
Hayley Hutchings	Cyfarwyddwr Anweithred	Bwrdd yr Ymddiriedolaeth (Cyhoeddus); 8 o 9 Bwrdd yr Ymddiriedolaeth (Preifat): 9 allan o 9 Y Pwyllgor Partneriaeth Academaidd: 2 allan o 2 Y Pwyllgor Pobl a Diwylliant: 4 allan o 4 Y Pwyllgor Tâl Cydnabyddiaeth: 5 allan o 7 Pwyllgor Archwilio, Risg a Sicrwydd 1 o 1 [ar gyfer Cworwm – ddim yn fynych angenrheidiol]
Ceri Jackson	Cyfarwyddwr Anweithred	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 9 allan o 9 Bwrdd yr Ymddiriedolaeth (Caeedig): 9 allan o 9 Pwyllgor Archwilio, Risg a Sicrwydd: 5 allan o 5 Pwyllgor Elusennau: 4 allan o 4 Y Pwyllgor Pobl a Diwylliant: 4 allan o 4 Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch: 5 allan o 6 Y Pwyllgor Tâl Cydnabyddiaeth: 6 allan o 7
Hannah Rowan	Cyfarwyddwr Anweithred	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 6 allan o 9 Bwrdd yr Ymddiriedolaeth (Caeedig): 5 allan o 9 Y Pwyllgor Partneriaeth Academaidd: 2 allan o 2 Pwyllgor Elusen: 2 allan o 4 Y Pwyllgor Pobl a Diwylliant: 3 allan o 4 Y Pwyllgor Tâl Cydnabyddiaeth: 1 o 7
Jason Killens (gadawodd ar 18 Gorffennaf 2025)	Prif Weithredwr	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 4 o 4 (o gyfarfodydd sydd ar gael) Bwrdd yr Ymddiriedolaeth (Caeedig): 2 allan o 3 (o gyfarfodydd sydd ar gael) Y Pwyllgor Tâl Cydnabyddiaeth: 3 allan o 3 (o gyfarfodydd sydd ar gael) Pwyllgor Archwilio, Risg a Sicrwydd 1 o 2 (o gyfarfodydd sydd ar gael – ddim yn fynychwr angenrheidiol)
Lee Brooks	Cyfarwyddwr Gweithredo Gweithrediadau	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 7 allan o 9 Bwrdd yr Ymddiriedolaeth (Caeedig): 6 allan o 9 Pwyllgor Elusen: 3 allan o 4 Pwyllgor Cyllid a Pherfformiad: 4 allan o 6 Y Pwyllgor Pobl a Diwylliant: 3 o 4 Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch: 3 allan o 6
Carl Kneeshaw	Cyfarwyddwr Pobl	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 7 allan o 9 Bwrdd yr Ymddiriedolaeth (Caeedig: 7 allan o 9 Pwyllgor Archwilio, Risg a Sicrwydd: 4 allan o 5 Y Pwyllgor Partneriaeth Academaidd: 1 allan o 2 Pwyllgor Cyllid a Pherfformiad: 6 allan o 6 Y Pwyllgor Pobl a Diwylliant: 4 allan o 4 Y Pwyllgor Tâl Cydnabyddiaeth: 7 allan o 7
Angela Lewis	Cyfarwyddwr Newid Diwylliant	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 8 allan o 9 Bwrdd yr Ymddiriedolaeth (Caeedig): 7 allan o 9 Y Pwyllgor Pobl a Diwylliant: 4 allan o 4
Estelle Hitchon	Cyfarwyddwr Partneriaeth ac Ymgysylltu	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 8 allan o 9 Bwrdd yr Ymddiriedolaeth (Caeedig): 7 allan o 9 Y Pwyllgor Partneriaeth Academaidd: 2 allan o 2 Pwyllgor Archwilio, Risg a Sicrwydd 1 o 1 [ddim yn fynychwr angenrheidiol] Pwyllgor Elusen: 4 allan o 4 Y Pwyllgor Pobl a Diwylliant: 4 allan o 4
Rachel Marsh (Prif Swyddog Gweithredol Dros dro rhwng 21 19 Gorffenna 1 Hydref 2025)	Cyfarwyddwr Gweithredo Strategaeth, Cynllunio a Pherfformiad	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 9 allan o 9 Bwrdd yr Ymddiriedolaeth (Caeedig): 9 allan o 9 Pwyllgor Cyllid a Pherfformiad: 1 o 6 [Mynychodd y Dirprwy] Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch: 4 allan o 6 Y Pwyllgor Tâl Cydnabyddiaeth: 2 o 2 (o gyfarfodydd sydd ar gael fel Prif Swyddog Gweithredol Dros dro)
Trish Mills	Cyfarwyddwr Llywodraeth Corfforaethol / Ysgrifennydd y Bwrdd	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 9 allan o 9 Bwrdd yr Ymddiriedolaeth (Caeedig): 9 allan o 9 Y Pwyllgor Partneriaeth Academaidd: 0 o 2 [Mynychodd y Dirprwy]

Enw	Swydd	Cofnod Presenoldeb y Bwrdd a'i Bwyllgorau (Presenoldeb gwirioneddol cyfanswm y cyfarfodydd a gynhaliw neu gyfanswm y cyfarfodydd a oedd ar gael i'w mynychu, yn dibynnu ar ddyddiadau penodi)
		Pwyllgor Archwilio, Risg a Sicrwydd: 5 allan o 5 Pwyllgor Elusennau: 4 allan o 4 Pwyllgor Cyllid a Pherfformiad: 6 allan o 6 Y Pwyllgor Pobl a Diwylliant: 4 allan o 4 Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch: 4 allan o 6 Y Pwyllgor Tâl Cydnabyddiaeth: 7 allan o 7
Jonny Sammut	Cyfarwyddwr Gwasanaeth Digidol	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 8 allan o 9 Bwrdd yr Ymddiriedolaeth (Preifat): 6 allan o 9 Y Pwyllgor Partneriaeth Academaidd: 0 o 2 [Mynychodd y Dirprwy] Pwyllgor Cyllid a Pherfformiad: 5 allan o 6 Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch: 2 o 6 [Mynychodd y Dirprwy]
Andy Swinburn	Cyfarwyddwr Gweithredo Parafeddygaeth	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 8 allan o 9 Bwrdd yr Ymddiriedolaeth (Caeedig): 8 allan o 9 Y Pwyllgor Partneriaeth Academaidd: 2 allan o 2 Pwyllgor Elusen: 4 allan o 4 Y Pwyllgor Pobl a Diwylliant: 3 o 4 Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch: 5 allan o 6
Christopher Turley	Cyfarwyddwr Gweithredo Cyllid ac Adnoddau Corfforaethol	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 6 allan o 9 Bwrdd yr Ymddiriedolaeth (Caeedig): 7 allan o 9 Pwyllgor Archwilio, Risg a Sicrwydd: 4 allan o 5 Pwyllgor Elusen: 3 allan o 4 Pwyllgor Cyllid a Pherfformiad: 3 o 6 [Mynychodd y Dirprwy] Y Pwyllgor Pobl a Diwylliant: 1 allan o 4
Liam Williams	Cyfarwyddwr Gweithredo Ansawdd a Nyrsio	Bwrdd yr Ymddiriedolaeth (Cyhoeddus): 7 allan o 9 Bwrdd yr Ymddiriedolaeth (Caeedig): 6 allan o 9 Pwyllgor Archwilio, Risg a Sicrwydd: 3 allan o 5 Pwyllgor Cyllid a Pherfformiad: 4 allan o 6 Y Pwyllgor Pobl a Diwylliant: 0 o 4 [Mynychodd y Dirprwy] Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch: 6 allan o 6

Atodiad 2 yr Adroddiad Atebolrwydd: Dyddiadau cyfarfodydd y Bwrdd a'r Pwyllgorau

Mae'r Tabl canlynol yn nodi dyddiadau holl gyfarfodydd y bwrdd a'r pwyllgorau a gynhaliwyd yn 2025/26.

Teitl y Cyfarfod [cyfarfodydd a gynhaliwyd]	Dyddiadau Cyfarfodydd 2025/26
Bwrdd yr Ymddiriedolaeth (Cyhoeddus) [9]	7 Mai 2025 (eithriadol); 29 Mai 2025; 26 Mehefin 2025; 3 Gorffennaf 2025; 25 Medi 2025; 23 Hydref 2025 (eithriadol); 27 Tachwedd 2025; 29 Ionawr 2026; 26 Mawrth 2026
Bwrdd yr Ymddiriedolaeth (Caeedig) [9]	29 Mai 2025; 26 Mehefin 2025; 3 Gorffennaf 2025 (eithriadol); 31 Gorffennaf 2025; 25 Medi 2025; 27 Tachwedd 2025; 29 Ionawr 2026; 26 Chwefror 2026 (eithriadol); 26 Mawrth 2026
Ymddiriedolwr Corfforaethol [4]	29 Mai 2025; 31 Gorffennaf 2025; 27 Tachwedd 2025; 29 Ionawr 2026
Y Pwyllgor Partneriaethau Academaidd [2]	7 Hydref 2025; 6 Mawrth 2025
Y Pyllgor Archwilio, Risg a Sicrwydd [5]	1 Mai 2025; 24 Mehefin 2025; 2 Medi 2025; 2 Rhagfyr 2025; 2 Mawrth 2026
Y Pwyllgor Elusen [4]	2 Ebrill 2025; 3 Gorffennaf 2025; 2 Hydref 2025; 13 Ionawr 2026
Y Pwyllgor Cyllid a Pherfformiad [6]	20 Mai 2025; 21 Gorffennaf 2025; 16 Medi 2025; 18 Tachwedd 2025; 20 Ionawr 2026; 17 Mawrth 2026
Y Pwyllgor Pobl a Diwylliant [4]	15 Mai 2025; 12 Awst 2025; 13 Tachwedd 2025; 10 Chwefror 2026
Y Pwyllgor Ansawdd, Profiad y Claf a Diogelwch [6]	9 Mai 2025; 13 Mehefin 2025 (eithriadol); 5 Awst 2025; 1 Hydref 2025 (eithriadol); 4 Tachwedd 2025; 3 Chwefror 2026
Y Pwyllgor Tâl Cydnabyddiaeth [7]	15 Mai 2025; 3 Mehefin 2025; 11 Gorffennaf 2025; 25 Gorffennaf 2025; 3 Medi 2025; 4 Rhagfyr 2025; 13 Mawr 2026

Atodiad 3 yr Adroddiad Atebolrwydd: Rhestr Termau

BYRFODD	TERM
AAA	Adroddiad Rhybuddio, Cynghori a Sicrhau
ACA1/2	Cynorthwy-ydd Gofal Ambiwlans
ADLT	Tîm Arweinyddiaeth y Cyfarwyddwyr Cynorthwyol
AfC	Agenda ar gyfer Newid
AGM	Cyfarfod Cyffredinol Blynyddol
AMR	Ymwrthedd Gwrthficrobaidd
APC	Y Pwyllgor Partneriaethau Academaidd
APF	Fframwaith Perfformiad Ambiwlans
APPs	Uwch Ymarferwyr Parafeddygol
AQIs	Dangosyddion Ansawdd Ambiwlansys
ARAC	Pwyllgor Archwilio, Risg a Sicrwydd
ARWAP	Cynllun Gweithredu Cymru Wrth-hiliol
BAF	Fframwaith Sicrwydd y Bwrdd
BI	Gwybodaeth Busnes
BIPCF	Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
CAS	System Asesu Clinigol
CASC	Prif Gomisiynydd y Gwasanaethau Ambiwlans
CC	Y Pwyllgor Elusen
CCC	Canolfannau Cyswllt Clinigol
CFRs	Ymatebwyr Cyntaf yn y Gymuned
CHARU	Uned Ymateb Aciwtedd Uchel Cymru
CIAT	Tîm Deallusrwydd a Sicrwydd Clinigol
COPI	Rheoliadau Rheoli Gwybodaeth Cleifion
COSHH	Rheoli Sylweddau Peryglus i Iechyd
DPP	Datblygiad Proffesiynol Parhaus
CPR	Adolygiad Ymarfer Plant
CardioPR	Adfywio Cardio-pwlmonaidd
CMT	Trawsnewid Model Clinigol
CRM	Model Ymateb Clinigol
CRR	Y Gofrestr Risg Gorfforaethol
CQGG	Grŵp Llywodraethu Ansawdd Clinigol
CSD	Desg Gymorth Clinigol

BYRFODD	TERM
CTP	Rhaglen Drawsnewid Clinigol
DAP	Cynllun Gweithredu Datgarboneiddio
DEEE	Allyriadau Egsôst Injan Diesel
DPIA	Asesiad o'r Effaith ar Ddiogelu Data
EAP	Ymarferydd Ambiwlans Argyfwng
EASC	Pwyllgor Gwasanaethau Ambiwlans Brys
EDs	Adrannau Argyfwng
EMS	Gwasanaeth Meddygol Brys
EMT	Technegydd Meddygol Brys
ELT	Tîm Arwain Gweithredol
ePCR	Cofnod Gofal Cleifion Electronig
EPRR	Parodrwydd, Gwydnwch ac Ymateb i Argyfwng
ESR	Cofnod Staff Electronig
GRS	System Amserlennu Hollgynhwysol
HART	Tîm Ymateb i Ardaloedd Peryglus
AaGIC	Addysg a Gwella Iechyd Cymru
AGIC	Arolygiaeth Gofal Iechyd Cymru
FPC	Y Pwyllgor Cyllid a Pherfformiad
FReM	Llawlyfr Adroddiadau Ariannol y Llywodraeth
FTE	Cyfwerth ag Amser Llawn
AGID (HSE)	Awdurdod Gweithredol Iechyd a Diogelwch
ICAP	Cynllun Gweithredu Comisiynu Integredig
SCG	Swyddfa'r Comisiynydd Gwybodaeth
IMTP	Cynllun Tymor Canolig Integredig
IPC	Atal a Rheoli Heintiau
IRP	Cynllun Ymateb i Ddigwyddiad
JCC	Cydbwyllgor Comisiynu
JESIP	Cyd-Egwyddorion Rhyngweithrededd Gwasanaethau Brys
JIF	Fframwaith Ymchwiliadau ar y Cyd
JOL	Dysgu Sefydliadol ar y Cyd
LCFS	Y Gwasanaeth Atal Twyll Lleol
LRF	Fforwm/Fforymau Lleol Cymru Gydnerth
MACA	Cymorth Milwrol i Awdurdodau Sifil

BYRFODD	TERM
MAI	Ymchwiliad Arena Manceinion
MDS	Set Ddata Sylfaenol
MHRV	Cerbyd ymateb iechyd meddwl
MIQPR	Adroddiad Ansawdd a Pherfformiad Integredig Misol
NEPTS	Gwasanaeth Cludiant Cleifion Di-frys
NHSDW	Galw Iechyd Cymru
NQP	Parafeddyg Newydd Gymhwyso
NRIs	Digwyddiadau Adroddadwy Cenedlaethol
PCGC	Partneriaeth Cydwasanaethau GIG Cymru
PADRs	Adolygiadau Perfformiad a Datblygu
PCC	Y Pwyllgor Pobl a Diwylliant
PENNA	Gwobrau Rhwydwaith Cenedlaethol Profiad y Claf
PECI	Profiad y Claf a Chynnwys y Gymuned
PPE	Cyfarpar Diogelu Personol
OGCC	Ombwdsmon Gwasanaethau Cyhoeddus Cymru
QIA	Asesiad o'r Effaith ar Ansawdd
QMG	Grŵp Rheoli Ansawdd
QPMF	Fframwaith Ansawdd a Rheoli Perfformiad
QuEST	Y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch
Ch1, Ch2, Ch3, Ch4	Chwarter (y flwyddyn ariannol)
RemCom	Y Pwyllgor Tâl Cydnabyddiaeth
RCRP	Gofal Cywir, y Person Cywir
RCS	Sgrinio Clinigol Cyflym
REAP	Cynllun Gweithredu Uwchgyfeirio Adnoddau
RICS	Gwasanaeth Gofal Integredig o Bell
RPE	Cyfarpar Diogelu Anadlol
RPB	Byrddau Partneriaeth Rhanbarthol
RIDDOR	Rheoliadau Adrodd ar Anafiadau, Clefydau neu Ddigwyddiadau Peryglus 2013
RIF	Cronfa Integreiddio Rhanbarthol
ROSC	Adferiad cylchrediad digymell yn sgil ataliad y galon
SCIF	Fforwm Digwyddiadau Clinigol Sylweddol

BYRFODD	TERM
SDECs	Canolfannau Gofal Brys yr Un Diwrnod
OS	Offeryn Statudol
SOP	Gweithdrefn Weithredu Safonol
SORT	Tîm Ymateb Gweithredol Arbenigol
STB	Bwrdd Trawsnewid Strategol
STEMI	Cnawdnychiant myocardiaidd â dyrchafiad segment ST
SUS	Codi Llais heb Ofn
Yr Ymddiriedolaeth	Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
TRiM	Trawma a Rheoli Risg
TU	Undeb Llafur
UCRS	Gwasanaeth Ymateb Brys yn y Gymuned
UCS	Gwasanaeth Gofal Brys
UHP	Cynhyrchiant Oriau Uned
UTS	Statws Ymddiriedolaeth Brifysgol
WASPT	Tîm Partneriaeth Gwasanaethau Ambiwlans Cymru
WHSCC	Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru
WRP	Cronfa Risg Cymru
CALI	Cyfwerth ag Amser Cyflawn

ADRODDIAD AR DÂL CYDNABYDDIAETH A STAFF

Mae'r Adroddiad ar Dâl Cydnabyddiaeth a Staff yn cynnwys gwybodaeth am dâl cydnabyddiaeth uwch reolwyr. Bydd yn manylu ar gyflogau a thaliadau eraill, polisi'r Ymddiriedolaeth ar dâl cydnabyddiaeth i uwch reolwyr ac a oedd unrhyw daliadau ymadael neu ddyfarniadau arwyddocaol eraill i uwch reolwyr presennol neu gyn-reolwyr.

Tâl

Y diffiniad o uwch reolwyr fel y'i rhagnodir gan y Llawlyfr Cyfrifon 2025/26 Pennod tri yw: '*yr unigolion hynny mewn swyddi uwch sydd ag awdurdod neu gyfrifoldeb am gyfarwyddo neu reoli prif weithgareddau corff y GIG. Mae hyn yn golygu'r rhai sy'n dylanwadu ar benderfyniadau'r endid yn ei gyfanrwydd yn hytrach na phenderfyniadau cyfarwyddiaethau neu adrannau unigol'*.

Ar gyfer yr Ymddiriedolaeth, ystyrir mai'r uwch reolwyr yw aelodau'r bwrdd, h.y., y Cyfarwyddwyr Gweithredol ac Anweithredol gan gynnwys y Cadeirydd Bwrdd yr Ymddiriedolaeth a'r Prif Weithredwr; a phum Cyfarwyddwr pellach (heb hawliau pleidleisio).

Aelodaeth y Pwyllgor Tâl Cydnabyddiaeth

Cadeirydd Bwrdd yr Ymddiriedolaeth sy'n cadeirio'r Pwyllgor Tâl Cydnabyddiaeth ac mae'n cynnwys yr holl Gyfarwyddwyr Anweithredol fel aelodau. Hefyd yn bresennol mae'r Prif Weithredwr, y Cyfarwyddwr Pobl ac Ysgrifennydd y Bwrdd. Mae manylion yr unigolion hynny wedi'u cynnwys yn adroddiad y cyfarwyddwyr uchod.

Tâl cydnabyddiaeth uwch reolwyr

Mae holl gyflogau a thelerau ac amodau gwasanaeth yr uwch reolwyr yn cael eu pennu gan y Pwyllgor Tâl Cydnabyddiaeth o fewn y fframwaith a bennwyd gan Lywodraeth Cymru. Asesir perfformiad uwch reolwyr yn erbyn amcanion personol a pherfformiad cyffredinol yr Ymddiriedolaeth. Mae'r broses adolygiad gwerthuso a datblygu personol (AGDP) yn gosod amcanion ar gyfer y flwyddyn ac yn asesu perfformiad unigol yn erbyn yr amcanion. Nid yw'r Ymddiriedolaeth yn gwneud taliadau bonws perfformiad na thaliadau bonws cysylltiedig eraill.

Yn unol â Chylchlythyrau Llywodraeth Cymru ar gyflogau uwch reolwyr yn GIG Cymru ar gyfer 2025/26, cymhwyswyd codiad cyflog cyfunol o 3.25% i holl raddfeydd cyflog ar gyfer unigolion mewn swyddi gweithredol ac uwch, yn weithredol o 1 Ebrill 2025. Cytunwyd ar y codiad cyflog hwn ym mis Chwefror 2026 a'i gymhwyso'n ôl-weithredol.

Mae'r codiad hwn wedi'i gymhwyso i bob graddfa gyflog, gan gynnwys staff uwch yr Ymddiriedolaeth sydd ar gyfraddau yn y fan a'r lle a drafodir yn unigol yn unol â'r Cylchlythyrau cyflog. Nid yw'r codiad hwn yn berthnasol i Gyfarwyddwyr Anweithredol.

Hyd contractau a chyfnodau rhybudd

Mae'r Ymddiriedolaeth yn defnyddio contractau cyflogaeth parhaol a chyfnod penodol yn ogystal â chyfleoedd secondiad. Ar gyfer aelodau staff eraill, mae'r rhybudd cytundebol y mae'n ofynnol i staff ei roi i'r Ymddiriedolaeth, ac y mae gan staff hawl i'w gael, fel a ganlyn:

- bandiau un-chwech - pedair wythnos
- band saith - wyth wythnos
- bandiau wyth a naw - 12 wythnos

Y darpariaethau rhybudd ar gyfer bandiau cyflog un i saith a amlinellir uchod yw'r cyfnodau rhybudd arferol. Fodd bynnag, nid yw'r darpariaethau hyn yn diystyru'r gofynion rhybudd statudol y mae'n ofynnol i'r Ymddiriedolaeth eu rhoi i'w staff. Yn ôl hyd gwasanaeth, efallai y bydd gan staff hawl i gyfnod rhybudd hwy a chael un wythnos o rybudd am bob blwyddyn o wasanaeth a gwblhawyd hyd at a chan gynnwys 12 wythnos o rybudd ar ôl 12 mlynedd o gyflogaeth barhaus.

Nid yw'r uchod yn atal unigolion rhag gwneud cais i adael yn gynharach. Nid yw hyn yn effeithio ar hawl y naill barti na'r llall i derfynu'r contract heb rybudd oherwydd ymddygiad y parti arall. Gall yr Ymddiriedolaeth, yn dibynnu ar yr amgylchiadau, dalu cyflog yn lle rhybudd.

Penodir Cyfarwyddwyr Anweithredol gan Lywodraeth Cymru am gyfnodau tymor penodol.

Contractau a dyfarniadau uwch reolwyr

Dangosir manylion contractau uwch reolwyr yn y tablau isod. Nid oedd unrhyw daliad am derfynu contractau uwch reolwyr yn gynnar yn ystod 2025/26.

Perthynas tâl cydnabyddiaeth

Nodir manylion perthynas tâl cydnabyddiaeth ariannol yr Ymddiriedolaeth yn Nodyn 10.6 o gyfrifon ariannol blynyddol 2025/26.

Uwch reolwyr mewn swydd 2025/26

Enw	Teitl y Swydd	Categori Penodi	Dyddiad Dechrau yn y Swydd	Dyddiad Gorffen Dyddiad Gorffen
Jayne Beeslee	Cyfarwyddwr Anweithredol	Cyfnod Penodol	19 Awst 2024	18 Awst 2028
Peter Curran	Cyfarwyddwr Anweithredol	Dyddiad Gorffen	01 Chwefror 2024	31 Ionawr 2028
Colin Dennis	Cadeirydd	Dyddiad Gorffen	01 Hydref 2022	30 Medi 2026
Bethan Evans	Cyfarwyddwr Anweithredol	Dyddiad Gorffen	06 Rhagfyr 2019	4 Rhagfyr 2026
Hayley Hutchings	Cyfarwyddwr Anweithredol	Cyfnod Penodol	11 Tachwedd 2024	10 Tachwedd 2028
Ceri Jackson	Is-gadeirydd	Cyfnod Penodol	1 Gorffennaf 2024[1]	30 Mehefin 2028
Hannah Rowan	Cyfarwyddwr Anweithredol	Cyfnod Penodol	01 Ebrill 2022	31 Mawrth 2030
Lee Brooks	Cyfarwyddwr Gweithredol Gweithrediadau	Parhaol	8 Gorffennaf 2019	Ddim yn berthnasol
Estelle Hitchon	Cyfarwyddwr Partneriaethau ac Ymgysylltu	Parhaol	01 Rhagfyr 2015	Ddim yn berthnasol
Carl Kneeshaw	Cyfarwyddwr Pobl	Parhaol	01 Tachwedd 2024	Ddim yn berthnasol
Angela Lewis	Cyfarwyddwr Newid Diwylliant	Cyfnod Penodol	12 Medi 2022	31 Hydref 2026

[1] Penodwyd Ceri Jackson yn Gyfarwyddwr Anweithredol ar 1 Ebrill 2021 ac yna'n Is-gadeirydd ar 1 Gorffennaf 2024.

Enw	Teitl y Swydd	Categori Penodi	Dyddiad Dechrau yn y Swydd	Dyddiad Gorffen Dyddiad Gorffen
Rachel Marsh	Cyfarwyddwr Strategaeth, Cynllunio a Pherfformiad	Parhaol	1 Tachwedd 2019	Ddim yn berthnasol
Patricia Mills	Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd	Parhaol	02 Awst 2021	Ddim yn berthnasol
Jonathan Sammut	Cyfarwyddwr Gwasanaethau Digidol	Parhaol	27 Medi 2023	Ddim yn berthnasol
Andrew Swinburn	Cyfarwyddwr Gweithredol Parafeddygaeth	Parhaol	01 Rhagfyr 2021	Ddim yn berthnasol
Christopher Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol	Parhaol	01 Chwefror 2020	Ddim yn berthnasol
Liam Williams	Cyfarwyddwr Gweithredol Nyrsio	Parhaol	01 Awst 2022	Ddim yn berthnasol
Emma Wood	Prif Weithredwr	Parhaol	01 Hydref 2025	Ddim yn berthnasol

Ceir rhagor o fanylion am drefniadau contract uwch reolwyr yr Ymddiriedolaeth yn 2025/26 yn y tabl tâl cydnabyddiaeth (a'r nodiadau) a nodir isod.

Uwch reolwyr yn llenwi swyddi dros dro yn ystod 2025/26

Mae manylion ychwanegol am y swyddi dros dro hyn wedi'u nodi yn adroddiad y cyfarwyddwyr uchod.

Enw	Teitl y Swydd	Categori Penodi	Dyddiad Dechrau yn y Swydd	Dyddiad Gorffen
Rachel Marsh	Prif Weithredwr	Dros Dro	19 Gorffennaf 2025	30 Medi 2025
Estelle Hitchon	Cyfarwyddwr Strategaeth, Cynllunio a Pherfformiad	Clawr	19 Gorffennaf 2025	30 Medi 2025
Edward Roberts	Cyfarwyddwr Cyllid ac Adnoddau Corfforaethol Dros dro	Dros dro	9 Medi 2025	7 Ionawr 2026

Uwch reolwyr a adawodd yr Ymddiriedolaeth yn ystod 2025/26

Enw	Teitl y Swydd	Categori Penodi	Dyddiad Dechrau yn y Swydd	Dyddiad Gadael
Rhiannon Beaumont-Wood	Cyfarwyddwr Anweithredol	Cyfnod Penodol	11 Tachwedd 2024	08 Chwefror 2026
Jason Killens	Prif Weithredwr	Parhaol	24 Medi 2018	18 Gorffennaf 2025

Gwybodaeth am Adroddiad Hutton

Mae'n ofynnol i gyrff adrodd ddatgelu'r berthynas rhwng tâl cydnabyddiaeth y cyfarwyddwr neu'r cyflogai sy'n cael y cyflog uchaf yn eu sefydliad a thâl ar y 25ain canradd, y canolrif a'r 75ain canradd o dâl cydnabyddiaeth gweithlu'r sefydliad. Mae hyn wedi'i nodi isod:

Total Pay and benefits				**£'000**			**£'000**
Chief Executive Total pay and benefits range				**190-195**			**185-190**
Highest paid Director Total pay and benefits range				**190-195**			**185-190**
		2025-26	**2025-26**	**2025-26**	2024-25	2024-25	2024-25
		£	**£**		£	£	
Total pay and benefits		**Chief Executive**	**Employee**	**Ratio**	Chief Executive	Employee	Ratio
	25th percentile pay ratio	192,500	31,371	**6.14:1**	187,500	30,420	6.16:1
	Median pay	192,500	41,644	**4.62:1**	187,500	38,999	4.81:1
	75th percentile pay ratio	192,500	53,828	**3.58:1**	187,500	53,416	3.51:1
Salary component of total pay and benefits							
	25th percentile pay ratio	192,500	26,999		187,500	26,060	
	Median pay	192,500	33,992		187,500	30,420	
	75th percentile pay ratio	192,500	47,280		187,500	45,637	
		Highest Paid			Highest Paid		
Total pay and benefits		**Director**	**Employee**	**Ratio**	Director	Employee	Ratio
	25th percentile pay ratio	192,500	31,371	**6.14:1**	187,500	30,420	6.16:1
	Median pay	192,500	41,644	**4.62:1**	187,500	38,999	4.81:1
	75th percentile pay ratio	192,500	53,828	**3.58:1**	187,500	53,416	3.51:1
Salary component of total pay and benefits							
	25th percentile pay ratio	192,500	26,999		187,500	26,060	
	Median pay	192,500	33,992		187,500	30,420	
	75th percentile pay ratio	192,500	47,280		187,500	45,637	

Yn 2025/26, derbyniodd 0 (2024/25, 0) o aelodau staff dâl cydnabyddiaeth a oedd yn uwch na thâl y cyfarwyddwr ar y cyflog uchaf. Roedd y tâl cydnabyddiaeth ar gyfer pob aelod staff yn amrywio o £23,875 i £192,500 (2024/25, £23,970 i £187,500). Mae'r ystod staff cyfan

yn cynnwys cyfarwyddwyr ac eithrio'r Prif Swyddog Gweithredol Cyfarwyddwr â'r cyflog uchaf fel y bo'n briodol ac nid yw'n cynnwys y cyfarwyddwyr anweithredol ac nid yw'n cynnwys buddion pensiwn yr holl weithwyr. O ran y datgeliadau hyn, y Prif Weithredwr hefyd yw'r cyfarwyddwr â'r cyflog uchaf.

Crynodeb o'r flwyddyn ariannol

Yn unol â chylchlythyrau Llywodraeth Cymru ar gyflogau, mae'r cyfrifiadau ar gyfer 2025/26 yn cynnwys cynnydd cyflog o 3.6% i weithwyr sy'n dod o dan Agenda ar gyfer Newid a chynnydd cyflog o 3.25% i weithwyr sy'n dod o dan Swyddi Gweithredol a Swyddi Uwch.

10.6.2 Percentage Changes	**2024-25 to 2025-26**	2023-24 to 2024-25
% Change from previous financial year in respect of Chief Executive	**%**	%
Salary and allowances	**2.7**	8.7
Performance pay and bonuses	**0**	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	**2.7**	8.7
Performance pay and bonuses	**0**	0
Average % Change from previous financial year in respect of employees taken as a whole		
Salary and allowances	**2.2**	7.8
Performance pay and bonuses	**0**	0

Darparwyd ffigurau 2023/24 yn unol â'r canllawiau ar y pryd, fodd bynnag, nid oedd hyn yn ystyried canllawiau Llawlyfr Cyfrifon 2024/25, a gymhwyswyd yn 2024/25 yn unig. Yn unol â'r Llawlyfr ar gyfer Cyfrifon, mae 2025/26 wedi dychwelyd i'r fethodoleg a ddefnyddiwyd yn 2023/24, lle mae'r symiau a gynhwysir yn dilyn didyniadau aberthu cyflog.

Mae'r 8.7% a adroddwyd yn 2024/25 mewn perthynas â'r dyfarniad cyflog a dderbyniwyd yn 2024/25 yn seiliedig ar bwynt canol y band, a'r eithriad o gynlluniau aberthu cyflog yn unol â'r canllawiau ar gyfer 2024/25. Mae'r 2.7% a adroddwyd yn 2025/26 yn ganlyniad i Brif Weithredwr newydd a'r dyfarniad cyflog a dderbyniwyd.

O ran y cyflog cyfartalog CALl, mae'r 7.8% a adroddwyd yn 2024/25 yn ymwneud â'r codiadau cyflog y cytunwyd arnynt ar draws y sefydliad, gyda chynlluniau aberthu cyflog wedi'u heithrio yn unol â chanllawiau 2024/25. Mae'r 2.2% a adroddwyd yn 2025/26 yn ganlyniad i'r dyfarniad cyflog a dderbyniwyd.

Hawliau cyflog a phensiynau uwch reolwyr

Tâl

A) Remuneration

Name and Title	2025-26 Salary £000 (bands of £5000)	2025-26 Salary FTE £000 (bands of £5000)	2025-26 Benefits in Kind £ Rounded to the nearest £100	2025-26 Pension benefits £000 (Bands of £2500) (Note 20)	2025-26 Total £000 (bands of £5000)	2025-26 Total FTE £000 (bands of £5000)	2024-25 Salary £000 (bands of £5000)	2024-25 Salary FTE £000 (bands of £5000)	2024-25 Benefits in Kind £ Rounded to the nearest £100	2024-25 Pension benefits £000 (Bands of £2500) (Note 20)	2024-25 Total £000 (bands of £5000)	2024-25 Total FTE £000 (bands of £5000)
Colin Dennis (Chair)	40-45		-		40-45		40-45		2,000		45-50	
Kevin Davies (Non Executive Director) (Note 1)							0-5		100		0-5	
Anoop Joga Singh (Non Executive Director) (Note 2)							0-5		-		0-5	
Bethan Evans (Non Executive Director)	5-10		400		5-10		5-10		100		5-10	
Ceri Jackson (Non Executive Director / Vice Chair) (Note 3)	20-25		900		20-25		20-25		1,100		20-25	
Hannah Rowan (Non Executive Director)	5-10		100		5-10		5-10		-		5-10	
Peter Curran (Non Executive Director)	5-10		100		5-10		5-10		100		5-10	
Jayne Beeslee (Non Executive Director) (Note 4)	5-10		400		5-10		5-10		200		5-10	
Rhiannon Beaumont-Wood (Non Executive Director) (Note 5)	5-10		400		5-10		0-5		100		0-5	
Hayley Hutchings (Non Executive Director) (Note 6)	5-10		500		5-10		0-5		200		0-5	
Emma Wood (Chief Executive) (Note 7)	95-100		-	30-32.5	125-130							
Jason Killens (Chief Executive) (Note 8)	50-55		700	92.5-95	145-150		175-180		1,400		175-180	
Christopher Turley (Executive Director of Finance & Corporate Resources) (Note 9)	125-130		1,500		125-130		130-135		300	27.5-30	160-165	
Edward Roberts (Acting Director of Finance) (Note 10)	30-35		500	20-22.5	55-60							
Angela Lewis (Director of Culture Change) (Note 11)	75-80	120-125	-	17.5-20	90-95	140-145	95-100	115-120	-	25-27.5	120-125	140-145
Liam Williams (Executive Director of Quality and Nursing) (Note 12)	145-150		-	122.5-125	265-270		130-135		-	10-12.5	140-145	
Estelle Hitchon (Director of Partnerships & Engagement / Interim Executive Director of Strategy, Planning & Performance) (I	115-120		-	50-52.5	170-175		110-115		-	40-42.5	155-160	
Rachel Marsh (Executive Director of Strategy, Planning & Performance / Interim Chief Executive) (Note 14)	130-135		1,100	170-172.5	305-310		115-120		700		115-120	
Lee Brooks (Executive Director of Operations) (Note 15)	125-130		2,200	35-37.5	160-165		120-125		1,500	32.5-35	155-160	
Jonathan Sammut (Director of Digital Services (Note 16)	110-115		3,900		115-120		110-115		3,700		110-115	
Andrew Swinburn (Executive Director of Paramedicine) (Note 17)	145-150		2,600	235-237.5	385-390		120-125		1,700	22.5-25	145-150	
Carl Kneeshaw (Director of People) (Note 18)	120-125		-	30-32.5	150-155		45-50		-	10-12.5	60-65	
Patricia Mills (Director of Corporate Governance / Board Secretary) (Note 19)	115-120		1,100	30-32.5	150-155		105-110		-	27.5-30	130-135	

Note 1 - Kevin Davies left the Trust on 30th September 2024

Note 2 - Anoop Joga Singh left the Trust on 31st August 2024

Note 3 - Ceri Jackson was Non Executive Director until 30th November 2023 and Interim Vice Chair from 1st December 2023. Ceri was appointed as Vice Chair from 1st July 2024

Note 4 - Jayne Beeslee joined the Trust on 19th August 2024

Note 5 - Rhiannon Beaumont-Wood joined the Trust on 11th November 2024 and left the Trust on 8th February 2026. Salary full year equivalent is 5-10 (bands of £5000)

Note 6 - Hayley Hutchings joined the Trust on 11th November 2024

Note 7 - Emma Wood joined the Trust on 1st October 2025, with pension contributions from 22nd October 2025 due to an overlap in employments. Salary full year equivalent is 190-195 (bands of £5000)

Note 8 - Jason Killens left the Trust on 18th July 2025. Salary before a salary sacrifice of £2,748 was 55-60 (bands of £5000). Salary full year equivalent before salary sacrifice was 190-195 (bands of £5000). 2024-25 salary before a salary sacrifice of £9,501 was 185-190 (bands of £5000)

Note 9 - Christopher Turley's salary before a salary sacrifice of £8,312 was 135-140 (bands of £5000). 2024-25 salary before a salary sacrifice of £2,078 was 130-135 (bands of £5000) including £2,518 in terms of annual leave sold

Note 10 - Edward Roberts was appointed Acting Director of Finance between 9th September 2025 and 7th January 2026. Salary before a salary sacrifice of £3,757 was 35-40 (bands of £5000). Salary full year equivalent before salary sacrifice was 110-115 (bands of £5000)

Note 11 - Angela Lewis' role changed from Director of People & Culture to Director of Culture Change from 1st November 2024 on a 0.6 WTE basis (22.5 hours). Salary includes £1,413 in terms of annual leave sold. Salary full year equivalent is 120-125 (bands of £5000)

Note 12 - Liam Williams received a pay increase with effect from 1st June 2025

Note 13 - Estelle Hitchon was appointed Interim Executive Director of Strategy, Planning & Performance between 19th July 2025 and 30th September 2025. Salary full year equivalent was 120-125 (bands of £5000). Estelle's salary includes £2,233 in terms of annual leave sold. 2024-25 salary included £2,162 in terms of annual leave sold

Note 14 - Rachel Marsh was appointed Interim Chief Executive between 19th July 2025 and 30th September 2025. Salary full year equivalent before salary sacrifice was 185-190 (bands of £5000). Rachel's salary before a salary sacrifice of £5,006 was 135-140 (bands of £5000) including £2,355 in terms of annual leave sold. 2024-25 salary before a salary sacrifice of £5,006 was 120-125 (bands of £5000) including £2,281 in terms of 2024-25 annual leave sold and £1,550 in terms of 2023-24 annual leave sold

Note 15 - Lee Brooks' salary before a salary sacrifice of £10,314 was 135-140 (bands of £5000). Pay increase with effect from 4th December 2025. 2024-25 salary before a salary sacrifice of £10,415 was 130-135 (bands of £5000)

Note 16 - Jonathan Sammut's salary before a salary sacrifice of £16,974 was 125-130 (bands of £5000). Pay increase with effect from 13th March 2026. 2024-25 salary before a salary sacrifice of £14,689 was 125-130 (bands of £5000)

Note 17 - Andrew Swinburn salary before a salary sacrifice of £11,555 was 155-160 (bands of £5000) including £3,131 in terms of annual leave sold. Pay increase with effect from 1st June 2025. 2024-25 salary before a salary sacrifice of £11,555 was 135-140 (bands of £5000) including £2,552 in terms of 2024-25 annual leave sold and £2,430 in terms of 2023-24 annual leave sold

Note 18 - Carl Kneeshaw joined the Trust on 1st November 2024, with pension contributions from 4th November 2024 due to an overlap in employments

Note 19 - Patricia Mills' salary before a salary sacrifice of £5,456 was 120-125 (bands of £5000) including £8,560 in terms of lieu of annual leave. Pay increase with effect from 1st August 2025

Note 20 - In line with Disclosure of Senior Managers' Remuneration (Greenbury) 2025 guidance, pension benefits are only included where the calculation results in a positive figure

Note 21 - Payments to past directors Claire Vaughan and Andrew Haywood were made in 2024/25 for £86.79 and £474.02 respectively relating to 2022/23 back pay which was not disclosed previously in a directors' remuneration report, in accordance with the Manual for Accounts

Note 22 - Benefit in kind includes home to work travel and business miles for the Non Executive Directors, and company car for the Directors

Note 23 - Salary for the Chair and Non Executive Directors includes the new fee structure from 1st January 2026

Buddiannau pensiwn

Name and title	Accrued pension at pension age as at 31/3/26 and related lump sum (bands of £5,000) £'000	Real increase in pension and related lump sum at pension age (bands of £2,500) £'000	Cash Equivalent Transfer Value at 31 March 2026 £'000	Cash Equivalent Transfer Value at 31 March 2025 £'000	Real increase in Cash Equivalent Transfer Value £'000
Emma Wood (Chief Executive) *	40-45	0-2.5	631	551	24
Jason Killens (Chief Executive)	75-80 plus lump sum of 185-190	2.5-5 plus lump sum of 7.5-10	1,664	1,312	92
Christopher Turley (Executive Director of Finance & Corporate Resources)	60-65 plus lump sum of 155-160	0-2.5 plus lump sum of 0	1,425	1,382	3
Edward Roberts (Acting Director of Finance)	20-25 plus lump sum of 50-55	0-2.5 plus lump sum of 0-2.5	431	358	18
Angela Lewis (Director of Culture Change)	5-10 plus lump sum of 0-5	0-2.5 plus lump sum of 0	140	113	16
Liam Williams (Executive Director of Quality and Nursing)	50-55 plus lump sum of 115-120	5-7.5 plus lump sum of 10-12.5	1,117	953	129
Estelle Hitchon (Director of Partnerships & Engagement)	35-40 plus lump sum of 105-110	2.5-5 plus lump sum of 2.5-5	953	867	56
Rachel Marsh (Executive Director of Strategy, Planning & Performance)	65-70 plus lump sum of 75-80	7.5-10 plus lump sum of 7.5-10	1,243	1,044	165
Lee Brooks (Executive Director of Operations)	45-50	2.5-5	692	639	26
Jonathan Sammut (Director of Digital Services) **	-	-	-	-	-
Andrew Swinburn (Executive Director of Paramedicine)	60-65 plus lump sum of 160-165	10-12.5 plus lump sum of 25-27.5	1,459	1,166	256
Carl Kneeshaw (Director of People) ***	5-10	0-2.5	84	53	15
Patricia Mills (Director of Corporate Governance / Board Secretary)	10-15	0-2.5	198	155	26

*Emma Wood paid pension contributions from 22nd October 2025 due to an overlap in pensionable employments
** Jonathan Sammut chose not to be covered by the pension arrangements during the reporting year
*** Carl Kneeshaw paid pension contributions from 4th November 2024 due to an overlap in pensionable employments

Adroddiad Staff

Niferoedd staff

Mae dadansoddiad o niferoedd staff yn ôl categori yn ystod 2025/26 wedi'i nodi isod. Mae'r ffigurau'n ymwneud â nifer cyfartalog y cyflogeion o dan gontract gwasanaeth ym mhob wythnos o'r flwyddyn ariannol, wedi'i rannu â 52 (a'i dalgrynnu i'r CALl agosaf).

Cyfrifwyd y ffigurau hyn i gynnwys secondiadau o'r tu allan a staff asiantaeth ac i gysoni â'r cyfrifon ariannol.

Categori	2025/26	2024/25	2023/24
Gwasanaethau clinigol ychwanegol	1,957	1,974	2,070
Staff proffesiynol, gwyddonol a thechnegol	2	3	3
Staff gweinyddol, clerigol ac aelodau'r bwrdd	760	690	634
Gweithwyr Proffesiynol Perthynol i Iechyd	1,199	1,162	1,103
Staff ystadau ac ategol	70	65	58
Meddygol a deintyddol	1	1	1
Nyrsys, bydwragedd cofrestredig	219	196	192
Myfyrwyr	0	0	
Gwyddonwyr gofal iechyd	0	0	
Cyfanswm	**4,208**	**4,091**	**4,061**

Cyfansoddiad staff

Nodir dadansoddiad o nifer y bobl o bob rhyw sy'n uwch reolwyr yr Ymddiriedolaeth ar 31 Mawrth 2026 isod (ac eithrio'r rhai a secondiwyd allan o'r Ymddiriedolaeth). Mae hyn yn cymharu â chyfansoddiad staff yr Ymddiriedolaeth gyfan o 52% o fenywod, 48% o ddynion.

Rhywedd	Nifer y bobl	%
Menyw	10	55.6
Dyn	8	44.4
Cyfanswm	**18**	**100**

Data absenoldeb oherwydd salwch

	2025/26	2024/25	2023/24
Diwrnodau a gollwyd (hirdymor)	92,024.32	85,949.54	93,684.07
Diwrnodau a gollwyd (tymor byr)	29,003.31	30,280.98	32,961.72
Cyfanswm y diwrnodau a gollwyd	**121,027.62**	**116,230.52**	**126,645.79**
Cyfanswm y blynyddoedd staff	349.38	338.88	338.43
Diwrnodau gwaith cyfartalog a gollwyd	18.05	17.86	19.43
Cyfanswm y staff a gyflogwyd yn ystod y cyfnod (nifer y bobl)	4,519	4,381	4, 354
Cyfanswm y staff a gyflogwyd yn ystod y cyfnod na fuont yn absennol (nifer y bobl)	1,365	1,262	1, 025
Canran y staff na fuont yn absennol oherwydd salwch	**30.07%**	**28.65%**	24.93%

Nodyn 1: Mae canran a chyfanswm nifer y staff na fuont yn absennol yn ystod y flwyddyn wedi dod o adroddiad safonol gwybodaeth busnes (BI) y Cofnod Staff Electronig (ESR). O ran yr adrodd mewn perthynas â chanran y staff sydd â 'dim salwch', nid yw'r adroddiad Gwybodaeth Busnes safonol yn cynnwys newydd-ddyfodiaid a hefyd penodiadau banc. Felly, mae nifer y staff sydd wedi cael blwyddyn gyfan heb unrhyw absenoldeb oherwydd salwch yn cael ei rannu'n nifer llai na chyfanswm y cyfrif pennau ar ddiwedd y flwyddyn.

Mae'r rheolaeth agos o absenoldeb oherwydd salwch yn unol â pholisi a gweithdrefnau'r Ymddiriedolaeth yn parhau, ac mae'r Ymddiriedolaeth yn parhau i fod yn gyson â thueddiadau ar draws sector ambiwlans ehangach y DU.

Adroddwyd bod data absenoldeb salwch a adroddwyd yn adroddiad blynyddol 2024/25 yn 7.35%, fodd bynnag mae hyn bellach wedi'i gywiro i 7.47%. Cofnodwyd yr un ffigur absenoldeb oherwydd salwch ar gyfer mis Mawrth 2026, sef 7.47%.

Mae'r adroddiad perfformiad yn rhan 1 o'r adroddiad blynyddol hwn yn nodi'r gwelliannau a roddwyd ar waith yn ystod y flwyddyn 2025/26 ac sy'n parhau i gael eu dilyn i sicrhau bod ffocws ar leihau absenoldeb oherwydd salwch.

Polisïau staff a gymhwyswyd yn ystod y flwyddyn

Mae gan yr Ymddiriedolaeth fframwaith polisi cynhwysfawr sy'n amlinellu datblygiad, adolygiad a chymeradwyaeth ei pholisïau a'i gweithdrefnau cyflogaeth mewn partneriaeth. Drwy gydol 2025/26 mae'r Ymddiriedolaeth wedi parhau i ddatblygu, adolygu a diweddaru nifer o bolisïau mewn partneriaeth â chydweithwyr yn yr undeb llafur a thrwy ymgynghoriadau staff; gyda'r nod o symleiddio prosesau'r Ymddiriedolaeth ymhellach.

Caiff yr holl bolisïau a gweithdrefnau cyflogaeth cymeradwy eu hasesu o ran effaith cydraddoldeb yn erbyn y naw nodwedd warchodedig, gyda'r Gymraeg yn cael ei hystyried hefyd i sicrhau nad ydynt yn gwahaniaethu nac yn anfantais i unrhyw unigolion. Mae'r polisïau hyn wedi'u cynllunio i sicrhau bod ystyriaethau cydraddoldeb ac amrywiaeth yn cael eu hintegreiddio'n llawn i arferion recriwtio, dethol a chyflogaeth yr Ymddiriedolaeth, gan adlewyrchu gwerthoedd craidd ac ymddygiadau'r sefydliad.

Mae'r Ymddiriedolaeth yn cynnig ystod eang o bolisïau cyflogaeth sy'n cwmpasu meysydd fel recriwtio a dethol, hyfforddi a datblygu, gweithio hyblyg, iechyd a diogelwch, lles, a rheoli heintiau. Cefnogir y polisïau hyn gan Gynllun Pobl a Diwylliant a Chynllun Cydraddoldeb Strategol yr Ymddiriedolaeth. Gall staff gael mynediad at bob polisi cyflogaeth drwy fewnrwyd yr Ymddiriedolaeth**.**

Materion gweithwyr/staff eraill

Cyflogwr Hyderus o ran Anabledd

Fel cyflogwr sy'n hyderus o ran anabledd, rydym wedi ymrwymo i ddarparu proses recriwtio gynhwysol a theg sy'n sicrhau bod ymgeiswyr anabl yn cael eu hystyried yn deg ar gyfer cyflogaeth.

Caiff ceisiadau ar gyfer swyddi eu rhestru'n ddienw, ac ni chaiff rheolwyr recriwtio eu hysbysu am unrhyw anableddau a ddatganwyd nes bod y cam llunio rhestr fer wedi'i gwblhau, gan sicrhau bod penderfyniadau'n seiliedig yn unig ar sgiliau, profiad, dawn a gallu a helpu i leihau'r risg o ragfarn anymwybodol.

Yn unol â'n hymrwymiad i'r Cynllun Hyderus o ran Anabledd, rydym yn gweithredu Cynllun Cyfweliad Gwarantedig, gan gynnig cyfweliad i ymgeiswyr anabl sy'n bodloni'r meini prawf hanfodol ar gyfer y rôl. Anogir ymgeiswyr i ddatgelu anabledd neu gyflwr iechyd hirdymor fel y gellir rhoi addasiadau rhesymol priodol ar waith yn ystod y cyfweliadau a'r asesiadau, gan gefnogi unigolion i ddangos eu potensial llawn.

Codi Llais heb Ofn

Fel y nodwyd yn yr adroddiad perfformiad, mae'r Ymddiriedolaeth yn parhau i gryfhau ei threfniadau Codi Llais heb Ofn fel rhan o'i hymrwymiad i ddiwylliant agored a chefnogol lle mae'r holl staff yn teimlo eu bod wedi'u grymuso i godi pryderon. Dangosodd Arolwg Staff 2025 newid cadarnhaol yn hyder staff i godi pryderon, gyda chydweithwyr yn nodi eu bod yn teimlo'n fwy diogel yn codi eu llais ac yn fwy sicr y bydd materion a godir yn cael eu cymryd o ddifrif a'u trin yn briodol.

Dros y flwyddyn ddiwethaf, mae'r gwasanaeth wedi ehangu o un Prif Warcheidwad ym mis Mehefin 2024 i dîm ymroddedig o dri, gan gynnwys Gwarcheidwad ychwanegol a Rheolwr Cymorth Prosiect. Mae'r capasiti cynyddol hwn wedi galluogi ffocws cryfach ar godi ymwybyddiaeth o'r gwahanol sianeli y gellir eu defnyddio i godi pryderon a gwelliant yn prydlondeb ymateb i bryderon a godwyd. Mae llawer mwy o ymgysylltu hefyd wedi bod ag arweinwyr ar draws y sefydliad a chydweithwyr mewn meysydd allweddol o'r busnes gan gynnwys diogelu er mwyn sicrhau bod cyfle i wrando, ymateb, myfyrio a dysgu o'r themâu a nodwyd. Mae'r camau hyn yn adlewyrchu ymrwymiad parhaus yr Ymddiriedolaeth i annog diwylliant agored a chefnogol lle mae'r holl staff yn teimlo eu bod wedi'u grymuso i godi llais.

Amcanion cydraddoldeb strategol

Mae'r Ymddiriedolaeth yn parhau i wneud cynnydd da yn erbyn ei Hamcanion Cydraddoldeb Strategol drwy wreiddio egwyddorion cydraddoldeb, amrywiaeth a chynhwysiant ar draws cynlluniau, polisïau ac arferion bob dydd yr Ymddiriedolaeth. Dros y

flwyddyn ddiwethaf, mae cynnydd nodedig wedi'i wneud ar draws nifer o feysydd blaenoriaeth:

- *Diogelwch rhywiol, casineb at fenywod a thrais yn erbyn menywod a merched*
  Fel rhan o ymgyrch codi ymwybyddiaeth ledled yr Ymddiriedolaeth i atal aflonyddu rhywiol yn y gweithle, mae hyfforddiant wedi'i gyflwyno i staff, gan gynnwys darpariaeth bwrpasol ar gyfer staff y sector ambiwlans a thimau uwch reoli. Mae'r hyfforddiant hwn yn cefnogi unigolion i adnabod aflonyddu rhywiol a herio ymddygiadau amhriodol yn hyderus ac yn briodol. Yn ystod y flwyddyn, mabwysiadodd yr Ymddiriedolaeth yn ffurfiol Bolisi Gwrth-Aflonyddu Rhywiol Cymru Gyfan ac mae'n cyfrannu'n weithredol at ddatblygiad y cynllun gweithredu cenedlaethol trwy gydweithio â Rhwydwaith Pobl Cymru Gyfan.

- *Hyfforddiant cynghreiriad a hyfforddiant gwylwyr gweithredol*
  Mae'r Ymddiriedolaeth wedi parhau i ddarparu ei Hyfforddiant Cynghreiriad a Hyfforddiant Gwylwyr Gweithredol i staff a gwirfoddolwyr, gan atgyfnerthu ymddygiadau disgwyliedig a chefnogi diwylliant sefydliadol mwy cynhwysol. Mae adborth gan gyfranogwyr yn parhau i fod yn gadarnhaol yn gyson, gydag enghreifftiau clir o staff yn dangos ymddygiadau gwylwyr gweithredol effeithiol yn y gweithle. Yn ystod y flwyddyn, mae'r hyfforddiant hwn hefyd wedi'i wreiddio yn y broses ymsefydlu corfforaethol ar gyfer staff newydd i gefnogi ymddygiadau cynhwysol o'r adeg y byddant yn ymuno â'r Ymddiriedolaeth. Yn ogystal, mae modiwlau byrrach, wedi'u targedu sy'n canolbwyntio ar agweddau penodol ar gynhwysiant wedi'u gwreiddio mewn diwrnodau hyfforddiant clinigol.

- *Rhwydweithiau Pobl a'n gwirfoddolwyr*
  Mae ymgysylltiad â Rhwydweithiau Pobl yr Ymddiriedolaeth yn parhau i dyfu, gyda bron i chwarter y gweithlu bellach yn cymryd rhan. Eleni, mae tri rhwydwaith newydd wedi'u sefydlu: y Rhwydwaith Milwrol, Rhwydwaith Hyrwyddwyr Dementia a Rhwydwaith Ffydd. Mae Rhwydweithiau Pobl wedi esblygu'n grwpiau hunanarweiniedig, wedi'u gyrru gan unigolion sy'n angerddol am godi ymwybyddiaeth a gwella profiad y gweithlu. Mae'r Tîm Cynhwysiant, Diwylliant a Lles yn parhau i ddarparu goruchwyliaeth llywodraethu a hwyluso cydweithio traws-rwydweithiau.

  Drwy gydol y flwyddyn, mae Rhwydweithiau Pobl wedi cyflwyno ystod eang o fentrau effeithiol gan gynnwys y canlynol:

- sesiynau iechyd menywod pwrpasol yn canolbwyntio ar iechyd hormonaidd a'r menopos
- cefnogaeth i'r Grŵp Defnyddwyr Gwisgoedd Cenedlaethol i annog gwisgoedd mwy hygyrch sy'n ffitio'n well
- Dathliadau Mis Hanes Pobl Dduon lle cafodd staff gyfle i ddysgu am brofiadau bywyd rhai unigolion allweddol sydd wedi goresgyn heriau yn y gorffennol i wella bywydau cenedlaethau'r dyfodol o gymunedau lleiafrifoedd ethnig yng Nghymru
- datblygu Pasbort Iechyd a Lles newydd i weithwyr gofnodi anghenion unigol a helpu rheolwyr i nodi cefnogaeth briodol ac addasiadau rhesymol
- grwpiau ffocws i helpu'r Tîm Digidol i ddysgu mwy am sut i wella hygyrchedd digidol ar gyfer ein gweithlu a defnyddwyr ein gwasanaethau
- gweithio mewn partneriaeth â Rhwydwaith LHDT AACE i ddatblygu adnodd gwybodaeth i addysgu staff y gwasanaeth ambiwlans ar ddarparu gofal gwell i bobl sy'n byw gyda HIV. Mae'r Ymddiriedolaeth wedi cysylltu â Fast Track Cymru i gynnal gweithdy i staff WAST 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
- paratoi i ail-ddilysu ein Gwobr Cynllun Cydnabod Cyflogwyr Aur i wella ymhellach ein hymrwymiad i Gymunedau'r Lluoedd Arfog. Mae hyn yn cynnwys adeiladu pontydd i'r gweithle i Gyn-filwyr a chefnogi ein gweithwyr sy'n filwyr wrth gefn ac yn Hyfforddwyr Cadetiaid i helpu i gydbwyso eu gwaith â'u hymrwymiadau parhaus i'r Lluoedd Arfog.

- *Llesiant ariannol*
  Gan gydnabod pwysau'r hinsawdd economaidd bresennol a'r effaith y gall hyn ei chael ar iechyd meddwl a llesiant, mae'r Ymddiriedolaeth wedi parhau i gefnogi staff drwy ystod o gynlluniau aberthu cyflog. Mae sefydliadau allanol arbenigol hefyd wedi cael eu gwahodd i'r Ymddiriedolaeth i ddarparu addysg ac arweiniad ar lesiant ariannol. Ochr yn ochr â hyn, mae'r Ymddiriedolaeth wedi gweithio gyda Phensiynau'r GIG a Chyflogwyr y GIG i hyrwyddo gwybodaeth ac adnoddau i gefnogi staff wrth gynllunio ar gyfer ymddeoliad.

- *Recriwtio cynhwysol*
  Llwyddodd yr Ymddiriedolaeth i weithredu menter recriwtio gynhwysol o fewn y Gyfarwyddiaeth Digidol, a arweiniodd at gynnydd sylweddol mewn ceisiadau a phenodiadau gan ymgeiswyr o gefndiroedd Du, Asiaidd ac ethnig leiafrifol. Arweiniodd y

fenter hefyd at fwy o amrywiaeth ymhlith ymgeiswyr llwyddiannus eraill, gan gynnwys siaradwyr Cymraeg, ymgeiswyr LHDTC+ a phobl ag anableddau. Gan adeiladu ar y llwyddiant hwn, mae'r Ymddiriedolaeth bellach yn ehangu'r dull o fewn ei chanolfannau cyswllt, lle mae recriwtio parhaus ar gyfer swyddi gwag trinwyr galwadau.

- *Cynadleddau a digwyddiadau*
  Drwy gydol y flwyddyn, mae'r Ymddiriedolaeth wedi cymryd rhan weithredol mewn cynadleddau a digwyddiadau rhanbarthol a chenedlaethol i rannu dysgu a mabwysiadu arfer gorau i gefnogi ei Hamcanion Cydraddoldeb Strategol. Mae mynychu digwyddiadau fel Pride Cymru, yr Expo Halal Mawr, Mela Caerdydd, Cynhadledd Iechyd Menywod, Cynhadledd Arweinyddiaeth Sector Cyhoeddus Cymru Wrth-hiliol, a Phartneriaeth Amrywiaeth mewn Iechyd a Gofal Cydffederasiwn y GIG wedi galluogi ymgysylltiad ystyrlon â defnyddwyr gwasanaethau a rhanddeiliaid. Mae'r mewnwelediadau hyn yn parhau i lywio cynllunio a gwneud penderfyniadau'r Ymddiriedolaeth. Cynhaliodd yr Ymddiriedolaeth hefyd yr ardal iechyd yn y digwyddiad Meistroli Amrywiaeth yng Nghaerdydd am yr ail flwyddyn yn olynol, gan arddangos cynnydd a chryfhau rhwydweithiau i wella hygyrchedd a chynhwysiant gwasanaethau ymhellach.

Mae rhagor o wybodaeth am y cynnydd a wnaed yn erbyn ein Hamcanion Cydraddoldeb Strategol ar gael yn ein Hadroddiad Blynyddol ar y Cynllun Cydraddoldeb Strategol.

Addysg a datblygiad

Mae addysg a datblygiad yn WAST yn anelu at fod yn brofiad cynhwysol a niwro-gadarnhaol i gydweithwyr; yn gweithio'n weithredol tuag at fod yn sefydliad sy'n dysgu. Rydym wedi buddsoddi mewn tîm Sgiliau Hanfodol i sicrhau bod cymorth addysgol arbenigol ar gael i gydweithwyr sy'n gweithio gyda'u hymrwymiadau proffesiynol ac yn datblygu'r sgiliau sydd eu hangen i ddatblygu'n llwyddiannus drwy gydol eu bywydau gwaith. Anogir pawb sy'n ymwneud â darparu addysg i ddatblygu eu set sgiliau addysg trwy Raglen Addysg bwrpasol sy'n arwain at gofrestru gyda'r Cyngor y Gweithlu Addysg - mae hyn yn ofyniad i bawb sy'n darparu cymwysterau rheoleiddiedig fel ein cynnig Prentisiaeth sy'n ehangu. Mae profiad y dysgwr yn ganolog i ddylunio, datblygu, cyflwyno a gwerthuso rhaglenni er mwyn sicrhau y gellir dangos bod tystiolaeth yn seiliedig ar waith ac ychwanegu gwerth, a bod effaith y dysgu yn cael ei theimlo yn ymarferol a bod cynhyrchiant yn cynyddu. Mae cydweithwyr yn mwynhau gwybodaeth glir a hygyrch am eu dysgu cyfredol,

llwybrau sydd ar gael a chymorth unigol i'w cynorthwyo i gynllunio eu gyrfaoedd trwy wefan SharePoint bwrpasol - Eich Gorau - fel rhan o'n cynnig Pobl a Diwylliant Ein Ffordd WAST. Mae rhagor o wybodaeth am hyn i'w chael yn yr adroddiad perfformiad yn rhan 1 o'r adroddiad blynyddol hwn.

Gwariant ar ymgynghoriaeth

Y gwariant yn ystod 2025/26 mewn perthynas â chostau ymgynghori oedd £715,045 (yn 2024/25 roedd yn £583,645.36) ar draws y meysydd canlynol:

£54,500	Trefniadaeth a rheoli newid
£128,284	Adnoddau Dynol, hyfforddiant ac addysg
£92,743	Eiddo ac adeiladu
£408,718	Strategaeth
£30,800	Cyllid
£715,045	

Gwariant ar staff dros dro

Y gwariant yn ystod 2025/26 mewn perthynas â chostau staff dros dro oedd £0.957m (2024/25 £1.407m). Mae'r gostyngiad o £0.450mil yn bennaf oherwydd gostyngiad yn nifer y staff asiantaethau digidol sydd mewn swyddi nad ydynt yn rheolaidd i gynorthwyo i gyflawni'r hyn y cytunwyd arno ar gyfer y Cynllun Tymor Canolig Integredig yn ystod 2024/25.

Ymrwymiadau oddi ar y gyflogres

Nid oes gan yr Ymddiriedolaeth unrhyw elw yn 2025/26 ar gyfer ymrwymiadau oddi ar y gyflogres. Mae hyn yn gyson â'r hyn a adroddwyd yn 2024/25.

Pecynnau ymadael

Mae gan yr Ymddiriedolaeth gost o £330,336 yn 2025/26 ar gyfer wyth pecyn ymadael i staff yr Ymddiriedolaeth. Mae hyn yn cymharu â chost o £164,365 yn 2024/25. Disgrifir pecynnau ymadael yn Nodyn 10.5 yn y datganiadau ariannol.

Adroddiad Atebolrwydd ac Archwilio Senedd Cymru

Mae Adroddiad Atebolrwydd ac Archwilio Senedd Cymru yn darparu gwybodaeth am faterion fel rheoleidd-dra gwariant, ffioedd a thaliadau, a'r dystysgrif archwilio a'r adroddiad.

Rheoleidd-dra'r gwariant

Mae'n ofynnol i'r Ymddiriedolaeth sicrhau rheoleidd-dra ei hincwm a'i gwariant. Darparwyd tystiolaeth ddigonol o sicrwydd hyn fel rhan o'r archwiliad o'r broses gyfrifon a daw'r dystysgrif archwilio ar gyfer y cyfrifon i'r casgliad bod y gwariant a'r incwm yn y datganiadau ariannol, ym mhob ffordd berthnasol, wedi'u cymhwyso at y dibenion a fwriadwyd gan Senedd Cymru a bod y trafodion ariannol a gofnodwyd yn y datganiadau ariannol yn cydymffurfio â'r awdurdodau sy'n eu llywodraethu. Mae'r Ymddiriedolaeth yn cadarnhau bod ei gwariant ar gyfer y flwyddyn yn rheolaidd.

Ffioedd a thaliadau

Mae Llywodraeth Cymru yn ei gwneud yn ofynnol i'r Ymddiriedolaeth sicrhau bod cost lawn darparu gwasanaethau masnachol yn cael ei throsglwyddo yn ei ffioedd a'i thaliadau ac mae'n cadarnhau bod rheolaethau priodol ar waith yn 2025/26 ynghylch sut, pryd ac ar ba lefel y codwyd taliadau. Mae'r Ymddiriedolaeth yn cadarnhau bod ei ffioedd a'i thaliadau yn unol â gofynion Llywodraeth Cymru.

Rhwymedigaethau digwyddiadol materol o bell

Nid oes gan yr Ymddiriedolaeth unrhyw rwymedigaethau digwyddiadol materol o bell o fewn ei chyfrifon ar gyfer 2025/26. Mae hyn yn gyson â'r hyn a adroddwyd yn 2024/25.

Tystysgrif ac Adroddiad Archwilio

Mae tystysgrif ac adroddiad yr Archwilydd Cyffredinol i Senedd Cymru wedi'u hatodi ar y tudalennau a ganlyn.

Tystysgrif ac adroddiad archwilydd annibynnol Archwilydd Cyffredinol Cymru i'r Senedd

Barn ar y datganiadau ariannol

Rwyf yn ardystio fy mod wedi archwilio datganiadau ariannol Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru ar gyfer y flwyddyn a ddaeth i ben ar 31 Mawrth 2026, dan Adran 61 Deddf Archwilio Cyhoeddus (Cymru) 2004.

Mae'r rhain yn cynnwys y Datganiad o Wariant Cynhwysfawr, y Datganiad o Sefyllfa Ariannol, y Datganiad o Lifoedd Arian, y Datganiad o Newidiadau yn Ecwiti Trethdalwyr a'r nodiadau cysylltiedig, gan gynnwys crynodeb o bolisïau cyfrifyddu perthnasol.

Y fframwaith adrodd ariannol a ddefnyddiwyd wrth eu paratoi yw'r gyfraith berthnasol a safonau cyfrifyddu rhyngwladol a fabwysiadwyd gan y Deyrnas Unedig fel y'u dehonglir a'u haddasir gan Lawlyfr Adroddiadau Ariannol Trysorlys Ei Fawrhydi.

Yn fy marn i, ym mhob ffordd berthnasol, mae'r datganiadau ariannol:

- yn rhoi darlun gwir a theg o amgylchiadau Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru ar 31 Mawrth 2026, ac o'i gwarged ar gyfer y flwyddyn a ddaeth i ben bryd hynny;
- wedi'u paratoi'n briodol yn unol â safonau cyfrifyddu rhyngwladol a fabwysiadwyd yn y DU fel y cawsant eu dehongli a'u haddasu gan Lawlyfr Adroddiadau Ariannol Trysorlys EF; ac
- wedi'u paratoi yn briodol yn unol â Deddf Gwasanaeth Iechyd Gwladol (Cymru) 2006 a'r cyfarwyddiadau a wnaed dan y ddeddf honno gan Weinidogion Cymru.

Barn am reoleidd-dra

Yn fy marn i, ym mhob ystyr berthnasol, mae'r gwariant a'r incwm yn y datganiadau ariannol wedi'u defnyddio at y dibenion a fwriadwyd gan y Senedd, ac mae'r trafodion ariannol a gofnodwyd yn y datganiadau ariannol yn cydymffurfio â'r awdurdodau sy'n eu rheoli.

Sail barn

Cynhaliais fy archwiliad yn unol â chyfraith berthnasol a Safonau Rhyngwladol ar Archwilio yn y DU (ISAs (DU)) a Nodyn Ymarfer 10 'Archwiliad o ddatganiadau ariannol endidau'r sector cyhoeddus yn y Deyrnas Unedig'. Disgrifir fy nghyfrifoldebau o dan y safonau hynny ymhellach yn adran cyfrifoldebau'r archwilydd am archwilio datganiadau ariannol fy nhystysgrif.

Rwyf fi a'm staff yn annibynnol o'r ymddiriedolaeth ac yn gweithredu'n unol â'r gofynion moesegol sy'n berthnasol i'm harchwiliad o'r datganiadau ariannol yn y DU, gan gynnwys Safonau Moesegol y Cyngor Adrodd Ariannol, ac rwyf wedi cyflawni fy nghyfrifoldebau moesegol eraill yn unol â'r gofynion hyn. Credaf fod y dystiolaeth archwilio a gefais yn ddigonol ac yn briodol i ddarparu sail ar gyfer fy marnau.

Casgliadau sy'n ymwneud â busnes hyfyw

Wrth archwilio'r datganiadau ariannol, rwyf wedi dod i'r casgliad ei bod yn briodol defnyddio sail cyfrifyddu busnes hyfyw wrth baratoi'r datganiadau ariannol.
Yn seiliedig ar y gwaith yr wyf wedi'i gyflawni, nid wyf wedi nodi unrhyw ansicrwydd perthnasol yn ymwneud â digwyddiadau neu amodau a allai, yn unigol neu ar y cyd, fwrw amheuaeth sylweddol ar allu'r corff i barhau i fabwysiadu'r sail busnes hyfyw o gyfrifo am gyfnod o o leiaf ddeuddeg mis o'r adeg yr awdurdodir cyhoeddi'r datganiadau ariannol.

Disgrifir fy nghyfrifoldebau i a chyfrifoldebau'r cyfarwyddwyr mewn perthynas â busnes hyfyw yn adrannau perthnasol y dystysgrif hon.

Mae sail busnes hyfyw cyfrifyddu Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru a fabwysiadwyd wrth ystyried y gofynion a nodir yn Llawlyfr Adroddiadau Ariannol y Llywodraeth Trysorlys EF, sy'n ei gwneud yn ofynnol i endidau fabwysiadu sail busnes hyfyw cyfrifyddu wrth baratoi'r datganiadau ariannol lle y rhagwelir y bydd y gwasanaethau a ddarperir ganddynt yn parhau i'r dyfodol.

Rhagor o wybodaeth

Mae'r wybodaeth arall yn cynnwys yr wybodaeth a gynhwysir yn yr adroddiad blynyddol heblaw'r datganiadau ariannol ac adroddiad fy archwilydd ar hynny. Mae'r Prif Weithredwr yn gyfrifol am yr wybodaeth arall sydd yn yr adroddiad blynyddol. Nid yw fy marn ar y datganiadau ariannol yn cynnwys yr wybodaeth arall a, heblaw i'r graddau a nodir yn

ddiamwys fel arall yn fy adroddiad, nid wyf yn mynegi unrhyw fath o gasgliad sicrwydd ar hynny. Fy nghyfrifoldeb i yw darllen yr wybodaeth arall ac, wrth wneud hynny, ystyried a yw'r wybodaeth arall yn sylweddol anghyson â'r datganiadau ariannol neu'r wybodaeth a gafwyd yn ystod yr archwiliad, neu a yw'n ymddangos fel arall ei bod wedi'i chamddatgan yn sylweddol. Os byddaf yn nodi anghysondebau perthnasol o'r fath neu gamddatganiadau perthnasol ymddangosiadol, mae'n ofynnol i mi benderfynu a yw hyn yn arwain at gamddatganiad perthnasol yn y datganiadau ariannol eu hunain. Os dof i'r casgliad, ar sail y gwaith yr wyf wedi'i gyflawni, fod yna gamddatganiad sylweddol o'r wybodaeth arall hon, mae'n ofynnol i mi adrodd y ffaith honno.
Nid oes gennyf ddim i'w adrodd am hyn.

Barn am faterion eraill

Yn fy marn i, mae'r rhan o'r adroddiad ar dâl cydnabyddiaeth sydd i'w harchwilio wedi'i pharatoi'n briodol, yn unol â Deddf Gwasanaeth Iechyd (Cymru) 2006, a chyfarwyddiadau a wnaed gan Weinidogion Cymru; Yn fy marn i, yn seiliedig ar y gwaith a wnaed yn ystod fy archwiliad:

- mae'r rhannau o'r Adroddiad Atebolrwydd sy'n destun archwiliad wedi'u paratoi'n briodol yn unol â Deddf Gwasanaeth Iechyd Gwladol (Cymru) 2006 a'r cyfarwyddiadau a wnaed o dan hynny gan gyfarwyddiadau Gweinidogion Cymru; ac
- mae'r wybodaeth a roddir yn yr Adroddiadau Perfformiad ac Atebolrwydd ar gyfer y flwyddyn ariannol y mae'r datganiadau ariannol yn cael eu paratoi ar ei chyfer, yn gyson â'r datganiadau ariannol ac yn unol â chanllawiau Gweinidogion Cymru.

Ystyriaethau yr wyf yn adrodd arnynt fel eithriad

Yng ngoleuni gwybodaeth a dealltwriaeth yr Ymddiriedolaeth a'i hamgylchedd a gafwyd yn ystod yr archwiliad, nid wyf wedi nodi camddatganiadau perthnasol yn yr Adroddiad Perfformiad, yr Adroddiad Atebolrwydd na'r Datganiad Llywodraethu.
Nid oes gennyf unrhyw sylwadau i'w gwneud ar y materion canlynol, y cyflwynaf adroddiad ichi arnynt os, yn fy marn i:

- nad wyf wedi derbyn yr holl wybodaeth ac esboniadau sydd eu hangen arnaf ar gyfer fy archwiliad
- na chadwyd cofnodion cyfrifyddu digonol, neu ni dderbyniwyd ffurflenni sy'n ddigonol ar gyfer fy archwiliad gan ganghennau nad ymwelodd fy nhîm â hwy;
- nad yw'r datganiadau ariannol a'r rhan o'r Adroddiad Atebolrwydd a archwiliwyd yn gyson â'r cofnodion a'r ffurflenni cyfrifyddu;

- na ddatgelwyd gwybodaeth a bennir gan Drysorlys EF neu Weinidogion Cymru ynghylch tâl a thrafodion eraill;
- na wneir datgeliadau penodol o daliadau a nodir gan Lawlyfr Adroddiadau Ariannol y Llywodraeth Trysorlys EF neu nid yw rhannau o'r Adroddiad ar Dâl Cydnabyddiaeth sydd i'w harchwilio yn cyd-fynd â'r cofnodion a'r ffurflenni cyfrifyddu; neu
- nad yw'r Datganiad Llywodraethu yn adlewyrchu cydymffurfedd â chanllawiau Trysorlys Ei Fawryhdi

Cyfrifoldebau'r Cyfarwyddwyr a'r Prif Weithredwr am y datganiadau ariannol
Fel yr eglurir yn llawnach yn y Datganiadau o Gyfrifoldebau'r Cyfarwyddwyr a'r Prif Weithredwr, mae'r Cyfarwyddwyr a'r Prif Weithredwr yn gyfrifol am y canlynol:

- gynnal cofnodion cyfrifyddu digonol;
- paratoi datganiadau ariannol ac adroddiad blynyddol yn unol â'r fframwaith adrodd ariannol cymwys ac am fod yn fodlon eu bod yn rhoi darlun cywir a theg;
- sicrhau bod yr adroddiad blynyddol a'r datganiadau ariannol yn eu cyfanrwydd yn deg, yn gytbwys ac yn ddealladwy;
- sicrhau rheoleidd-dra trafodion ariannol;
- rheolaethau mewnol y mae'r Cyfarwyddwyr a'r Prif Weithredwr yn penderfynu eu bod yn angenrheidiol i alluogi paratoi datganiadau ariannol sy'n rhydd o gamddatganiadau perthnasol, boed hynny oherwydd twyll neu gamgymeriad; ac
- asesu gallu'r Ymddiriedolaeth i barhau fel busnes gweithredol, gan ddatgelu fel y bo'n berthnasol, faterion sy'n ymwneud â busnes gweithredol a defnyddio sail cyfrifyddu busnes gweithredol oni bai bod y Cyfarwyddwyr a'r Prif Weithredwr yn rhagweld na fydd y gwasanaethau a ddarperir gan yr Ymddiriedolaeth yn parhau i gael eu darparu yn y dyfodol.

Cyfrifoldebau'r Archwilydd am archwilio'r datganiadau ariannol
Fy nghyfrifoldeb i yw archwilio, ardystio ac adrodd ar y datganiadau ariannol yn unol â Deddf Gwasanaeth Iechyd Gwladol (Cymru) 2006. Fy amcanion i yw cael sicrwydd rhesymol ynghylch a yw'r datganiadau ariannol yn gyffredinol yn rhydd o gamddatganiadau perthnasol, boed hynny o ganlyniad i dwyll neu wall, a chyhoeddi tystysgrif sy'n cynnwys fy marn.

Mae sicrwydd rhesymol yn lefel uchel o sicrwydd, ond nid yw'n gwarantu y bydd archwiliad a gynhelir yn unol ag ISAs (DU) bob amser yn darganfod camddatganiad perthnasol pan fydd yn bodoli. Gall camddatganiadau godi o ganlyniad i dwyll neu wall ac fe'u hystyrir yn berthnasol os gellid disgwyl iddynt yn rhesymol, yn unigol neu yn eu cyfanrwydd, ddylanwadu ar benderfyniadau economaidd defnyddwyr a wneir ar sail y datganiadau ariannol hyn.
Mae afreoleidd-dra, gan gynnwys twyll, yn enghreifftiau o ddiffyg cydymffurfio â chyfreithiau a rheoliadau. Rwy'n cynllunio gweithdrefnau yn unol â'm cyfrifoldebau, a amlinellwyd uchod, i ganfod camddatganiadau perthnasol mewn perthynas ag afreoleidd-dra, gan gynnwys twyll.

Roedd fy ngweithdrefnau yn cynnwys y canlynol:

- Holi rheolwyr, y pennaeth archwilio mewnol a'r rhai oedd yn gyfrifol am lywodraethu, gan gynnwys cael ac adolygu dogfennaeth ategol yn ymwneud â pholisïau a gweithdrefnau Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru sy'n ymwneud â'r canlynol;
- nodi, gwerthuso a chydymffurfio â chyfreithiau a rheoliadau a pha un a oeddent yn ymwybodol o unrhyw achosion o ddiffyg cydymffurfio;
- canfod ac ymateb i risgiau o dwyll ac a ydynt yn gwybod am unrhyw dwyll gwirioneddol, twyll a amheuir neu dwyll honedig; a
- y rheolaethau mewnol a sefydlwyd i liniaru risgiau sy'n ymwneud â thwyll neu ddiffyg cydymffurfio â chyfreithiau a rheoliadau.
- Ystyried fel tîm archwilio sut a ble y gallai twyll ddigwydd yn y datganiadau ariannol ac unrhyw ddangosyddion posibl o dwyll. Fel rhan o'r drafodaeth hon, nodais y posibilrwydd o dwyll wrth ddiystyru rheolwyr a chydnabod gwariant;
- Cael dealltwriaeth o fframwaith awdurdod Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru, yn ogystal â fframweithiau cyfreithiol a rheoleiddiol eraill y mae Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru yn gweithredu ynddynt, gan ganolbwyntio ar y cyfreithiau a'r rheoliadau hynny a gafodd effaith uniongyrchol ar y datganiadau ariannol neu a gafodd effaith sylfaenol ar weithrediadau Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru;
- Cael dealltwriaeth o berthnasoedd parti cysylltiedig.

Yn ogystal â'r uchod, roedd fy ngweithdrefnau i ymateb i risgiau a nodwyd yn cynnwys y canlynol:

- adolygu datgeliadau'r datganiadau ariannol a phrofi dogfennau ategol i asesu cydymffurfedd â'r cyfreithiau a'r rheoliadau perthnasol a drafodwyd uchod;
- holi'r rheolwyr, y Pwyllgor Archwilio a Sicrwydd Risg a chynghorwyr cyfreithiol ynghylch ymgyfreitha a hawliadau gwirioneddol a phosibl;
- darllen cofnodion cyfarfodydd y rhai sy'n gyfrifol am lywodraethu a'r Bwrdd;
- wrth ymdrin â'r risg o dwyll wrth i reolwyr ddiystyru rheolaethau, profi priodoldeb cofnodion mewn dyddlyfrau ac addasiadau eraill; asesu a yw'r dyfarniadau a wnaed wrth wneud amcangyfrifon cyfrifyddu yn arwydd o ragfarn bosibl; a gwerthuso sail resymegol busnes unrhyw drafodion sylweddol sy'n anarferol neu y tu allan i gwrs arferol y busnes.

Cyfathrebais hefyd gyfreithiau a rheoliadau perthnasol a nodwyd a risgiau twyll posibl i bob aelod o'r tîm archwilio ac arhosais yn effro i unrhyw arwyddion o dwyll neu ddiffyg cydymffurfio â chyfreithiau a rheoliadau drwy gydol yr archwiliad.

Mae i ba raddau y mae fy ngweithdrefnau'n gallu canfod afreoleidd-dra, gan gynnwys twyll yn cael ei effeithio gan yr anhawster cynhenid i ganfod afreoleidd-dra, effeithiolrwydd rheolaethau Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru a natur, amseriad a graddau'r gweithdrefnau archwilio a gyflawnwyd.

Mae disgrifiad pellach o gyfrifoldebau'r archwilydd am archwilio'r datganiadau ariannol ar wefan y Cyngor Adrodd Ariannol, www.frc.org.uk/auditorsresponsibilities. Mae'r disgrifiad hwn yn rhan o fy adroddiad fel archwilydd.

Cyfrifoldebau archwilwyr eraill

Mae hefyd yn ofynnol i mi gael digon o dystiolaeth i roi sicrwydd rhesymol bod y gwariant a'r incwm a gofnodwyd yn y datganiadau ariannol wedi'u cymhwyso at y dibenion a fwriadwyd gan y Senedd a bod y trafodion ariannol a gofnodwyd yn y datganiadau ariannol yn cydymffurfio â'r awdurdodau sy'n eu llywodraethu.

Rwy'n cyfathrebu â'r rhai sy'n gyfrifol am lywodraethu ynghylch, ymhlith materion eraill, cwmpas ac amseriad arfaethedig yr archwiliad a chanfyddiadau arwyddocaol yr archwiliad, gan gynnwys unrhyw ddiffygion sylweddol mewn rheolaeth fewnol a nodaf yn ystod fy archwiliad.

Adroddiad

Nid oes gennyf unrhyw sylwadau i'w gwneud ar y datganiadau ariannol hyn.

Adrian Crompton
Archwilydd Cyffredinol Cymru
26 Mehefin 2026

1 Capital Quarter
Stryd Tyndall
Caerdydd
CF10 4BZ

RHAN 3:

DATGANIADAU ARIANNOL

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru

Rhagair

Mae'r cyfrifon hyn ar gyfer y cyfnod a ddaeth i ben ar 31 Mawrth 2026 wedi'u paratoi i gydymffurfio â Safonau Adrodd Ariannol Rhyngwladol (IFRS) a fabwysiadwyd gan yr Undeb Ewropeaidd, yn unol â Llawlyfr Adroddiadau Ariannol (FReM) Trysorlys EF, gan Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru o dan atodlen 9 adran 178 Para 3 (1) Deddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006 (p.42) yn y ffurf y cyfarwyddodd Gweinidogion Cymru, gyda chymeradwyaeth y Trysorlys.

Cefndir statudol

Sefydlwyd yr Ymddiriedolaeth ym 1998. Rydym yn gwasanaethu ardal o ryw 8,000 milltir sgwâr sydd â phoblogaeth o fwy na 3 miliwn ac mae ein hardal amrywiol yn cwmpasu encilion gwledig tawel, cyrchfannau glan môr prysur a bwrdeistrefi trefol mawr.

Mae ein gwasanaethau amrywiol a modern wedi'u teilwra'n benodol ar gyfer gwahanol anghenion amgylcheddol a meddygol pob cymuned, o feiciau i geir ymateb cyflym, ambiwlansys rheng flaen a nyrsys yn ein canolfannau rheoli.

Rydym yn ateb mwy na 250,000 o alwadau mewn argyfwng bob blwyddyn, dros 50,000 o alwadau brys ac yn cludo dros 1.3 miliwn o gleifion nad ydynt yn achosion mewn argyfwng i dros 200 o ganolfannau triniaeth ledled Cymru a Lloegr.

Ein staff ymroddedig yw ein hased mwyaf, ac rydym yn cyflogi tua 4,000 o bobl. Mae tua 70% o'n gweithlu yn ein gwasanaethau meddygol brys sy'n cynnwys ein Canolfannau Cyswllt Clinigol, ac mae tua 640 o staff yn gweithio yn ein Gwasanaeth Cludiant Cleifion Di-frys (NEPTS). Mae ein gwasanaethau sy'n delio â chleifion hefyd yn cael eu cefnogi gan gydweithwyr sy'n gweithio o fewn ein swyddogaethau corfforaethol a chymorth (tua 500 o staff) a'n gweithlu gwirfoddol estynedig gwerthfawr, gan gynnwys dros 1,000 o Ymatebwyr Cyntaf yn y Gymuned (CFRs) a thua 300 o Yrwyr Ceir Gwirfoddol.

Rydym yn gweithredu o dros 90 o orsafoedd ambiwlans, tair prif ganolfan gyswllt, tair swyddfa ranbarthol a thri gweithdy cerbydau.

Mae gennym hefyd ein Coleg Hyfforddi Cenedlaethol ein hunain i sicrhau bod ein staff yn aros ar frig eu proffesiwn ac yn derbyn datblygiad proffesiynol rheolaidd.

Rydym yn cynnig hyfforddiant parhaus o ansawdd uchel, cyfleoedd datblygiad proffesiynol parhaus rheolaidd ac adolygiadau datblygiad personol blynyddol.

Rydym hefyd yn darparu gwasanaeth 111 GIG Cymru, sef gwasanaeth cyngor a gwybodaeth iechyd 24 awr y dydd i'r cyhoedd ac elfennau ateb galwadau llinell flaen a brysbennu clinigol gwasanaethau meddygon teulu y tu allan i oriau.

Rheoli Perfformiad a Chanlyniadau Ariannol

Disodlodd Cylchlythyr Iechyd Cymru WHC/2016/054 WHC/2015/014 'Dyletswyddau Statudol ac Ariannol Byrddau Iechyd Lleol ac Ymddiriedolaethau'r GIG' ac mae'n egluro ymhellach ddyletswyddau ariannol statudol cyrff GIG Cymru ac mae'n weithredol ar gyfer 2025-2026. Mae'r ddyletswydd ariannol flynyddol wedi'i dirymu ac mae'r ddyletswydd adennill costau statudol wedi dychwelyd i ddyletswydd tair blynedd, gyda'r asesiad cyntaf o'r ddyletswydd hon yn 2016-2017.

O dan Ddeddf y Gwasanaethau Iechyd Gwladol (Cymru) 2006, mae rhwymedigaethau ariannol Ymddiriedolaeth y GIG wedi'u cynnwys yn Atodlenni 4 2(1) a 4 2(2). Rhaid i bob ymddiriedolaeth y GIG sicrhau nad yw ei refeniw yn llai na digon, gan ystyried un flwyddyn ariannol gydag un arall, i gwrdd â gwariant y gellir ei godi'n briodol ar y cyfrif refeniw. Roedd yr asesiad cyntaf o berfformiad yn erbyn y ddyletswydd statudol 3 blynedd o dan Atodlenni 4 2(1) a 4 2(2) ar ddiwedd 2016-2017, sef y cyfnod asesu tair blynedd cyntaf.