Bundle Trust Board (Open Session) 25 September 2025

Agenda attachments

ITEM 0 Cymru TB Agenda 25 September 2025
ITEM 0 Open Trust Board Agenda 25 September 2025.
2025-09-25_Trust Board (Open Session)_Agenda

0 09:30 - OPENING ITEMS

1 Chair's Welcome, Apologies and Quorum

2 Declarations of Interest
ITEM 02 Board Member Register of Interests Updated 22 August 2025

3 Minutes of the Last Meeting and AGM
3.1 31 July 2025
3.2 AGM Minutes 31 July 2025
ITEM 03.1 2025-07-31 Draft Trust Board Minutes2
ITEM 03.2 - Draft AGM Minutes 31 July 25

4 Action Log & Matters Arising
ITEM 04 Action Log

5 09:35 - Chair and Vice Chair's Report
ITEM 05 Chair's and Vice-Chair's Report to Board - September 2025

6 09:45 - Interim Chief Executive's Report
ITEM 06 CEO Trust Board Report Sept 2025

7 10:05 - Questions from Members of the public

7.1 FOR APPROVAL, ASSURANCE AND DISCUSSION

8 10:15 - Patient Story
Patient Story - Taylor's Story. Taylor describes an experience of trying to access clinical help for her grandmother out of hours. Her experience relates to contact with 111 Wales, GP out of hours and 999.
8.1 Follow up on previous patient story - Dylan's story

9 10:45 - Actions to Mitigate Avoidable Patient Harm
ITEM 09 Patient Harm Realtime Mitigations September 2025 V2
ITEM 09.1 Patient Harm 20250915

10 11:05 - Risk Management and Board Assurance Framework
10.1 Risk Management Policy
ITEM 10 Executive Summary Risk Management Report Trust Board 250925
ITEM 10.1 Risk Management Policy v2.0 260825
ITEM 10.2 Annex 5 - Trending Data - March 2023-July 25

10.1 11:15 - COMFORT BREAK

11 11:30 - Monthly Integrated Quality and Performance Report (MIQPR)
ITEM 11 MIQPR
ITEM 11.1 MIQPR TB July August 2025

12 11:45 - Integrated Medium Term Plan (IMTP) Delivery/Assurance - Update
ITEM 12 2509 - Executive Summary - IMTP Delivery Assurance Q2 2526
ITEM 12.1 Appendix A - 2507 - CMT Programme Highlight Report
ITEM 12.2 Appendix B - IMTP Cabinet Secretary Priorities

13 11:55 - Finance Update Month 5, 2025/26
ITEM 13 Finance Report Month 5 25-26 Final

14 12:10 - Speaking up Safely Update - September 2025
ITEM 14 SUS Annual Report 2425 TB250925
ITEM 14.1 Speaking Up Safely Annual Report 2425 for People and Culture 23 July 2025

15 12:20 - Governance Report
ITEM 15 Governance report Sep 2025

16 12:30 - Board Committee Reports

16.1 05 August 2025 - Quality, Patient Safety and Experience Committee
16.1a Safeguarding Annual Report 2024/25 (iBabs reading room)
ITEM 16.1 Quest Committee Highlight Report August 2025

16.2 12 August 2025 - People and Culture Committee
16.2 12 August 2025 - People and Culture Committee
16.2a Strategic Equality Plan Annual Report 2024/25
16.2b Annual Gender Pay Gap Report 2024/25
16.2c Annual Workforce Equality Monitoring Report 2024/25
16.2d Welsh Language Annual Report 2024/25- To be presented Bilingually.
16.2e Annual Health and Safety report 2024/25 (iBabs reading room)

ITEM 16.2 People and Culture Committee AAA Highlight Report 12 August 2025
ITEM 16.2a SEP Annual Report 2024 2025
ITEM 16.2a1 WELSH SEP Annual Report 2024 2025
ITEM 16.2b Gender Pay Gap 2024 2025
ITEM 16.2b1 WELSH Gender Pay Gap 2024 2025
ITEM 16.2c Workforce Equality Monitoring Report 2024-2025
ITEM 16.2c1 WELSH Workforce Equality Monitoring Report 2024-2025
ITEM 16.2d Report from PCC Welsh Language Standards Annual Report 2024-25
ITEM 16.2d1 Adroddiad Blynyddol Safonau'r Gymraeg 2024-25
ITEM 16.2d2 Welsh Language Standards Annual Report 2024-25
ITEM 16.2d3 - More than just words Action Plan 2022-27 Year 3 Progress Report

16.3 02 September 2025 - Audit, Risk and Assurance Committee
16.3a SFI Changes for approval
16.3b Updated Chapter 11 (WG)

ITEM 16.3 ARAC AAA Report 2 September 2025
ITEM 16.3a - SFI Tracked changes to Chapter 11
ITEM 16.3b Annex 2 - Updated Chapter 11 as issued by Welsh Government

16.4 25 July and 03 September 2025 - Remuneration Committee
16.4 Combined 25 July and 03 September 2025 - Remuneration Committee

ITEM 16.4 Remuneration Committee AAA Report 25 July and 3 September 2025 Public Board (2)

16.5 16 September 2025 - Finance and Performance Committee

ITEM 16.5 Finance and Performance Committee Highlight Report September 2025

16.6 CONSENT ITEMS

17 Minutes of Board Committees
17.1 - 15 May 2025 - People and Culture Committee
17.2 - 13 June 2025 - Quality, Patient Safety and Experience Committee
17.3 - 24 June 2025 - Audit, Risk and Assurance Committee
17.4 - 21 July 2025 - Finance and Performance Committee

ITEM 17.1 2025-05-15 OPEN Confirmed Minutes People & Culture Committee
ITEM 17.2 2025-06-13 confirmed QUEST Open Minutes
ITEM 17.3 2025-06-24 ARAC OPEN Minutes
ITEM 17.4 2025-07-21 OPEN FPC Minutes

17.1 13:00 - CLOSING ITEMS

18 Reflections and Summary of Decisions/Actions

19 Any Other Business

20 Exclusion of the press and members of the public
To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).

21 Date & Time of the Next Meeting: 27 November 2025

22 Acronyms

ITEM 22 Acronyms 2025

Hyd y cyfarfod:	08:50	Statws yr agenda:	BWRDD AGORED YR YMDDIRIEDOLAETH - 25 Medi 2025					Dyddiad cau ar gyfer papurau: 16 Medi 2025	
Amser	**Munudau a neilltuwyd**	**Agendum**	**Teitl**	**Eitem ar gyfer**	**Cais am eitem gan**	**Fformat**	**Papur a baratowyd gan**	**Eitem wedi'i chyflwyno gan**	**Cydweithwyr i'w cynnwys**
			EITEMAU AGOR						
		1	Croeso gan y Cadeirydd, Ymddiheuriadau a Chworwm	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	
		2	Datganiadau o Fuddiant	I ddatgan gwrthdaro	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	
09:30	00:05	3	Cofnodion y Cyfarfod Diwethaf: 3.1 31 Gorffennaf 2025 3.2 Cofnodion y Cyfarfod Cyffredinol Blynyddol 31 Gorffennaf 2025	Cymeradwyaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	
		4	Cofnodion Gweithredu a Materion sy'n Codi	Trafodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	
09:35	00:10	5	Adroddiad y Cadeirydd a'r Is-gadeirydd	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd, Is-gadeirydd	Alex Payne
09:45	00:20	6	Adroddiad y Prif Weithredwr Dros dro	Gwybodaeth	Sefydlog	Papur	Swyddfa'r Prif Swyddog Gweithredol	Rachel Marsh	Keith Ellingham
10:05	00:10	7	Cwestiynau gan aelodau'r cyhoedd	Gwybodaeth	Sefydlog	Ar lafar	Partneriaethau	Estelle Hitchon	
			EITEMAU AT GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH						
10:15	00:30	8	Stori Claf - I'w gadarnhau 8.1 Dilyn i fyny ar stori claf flaenorol - stori Dylan - I'w gadarnhau	Trafodaeth	Sefydlog	Ar lafar	QPSE	Liam Williams	Leanne Hawker
10:45	00:20	9	Camau i Liniaru Niwed Cleifion y Gellir ei Osgoi	Sicrwydd	Sefydlog	Papur	SPP	Rachel Marsh	Hugh Bennett
11:05	00:10	10	Fframwaith Rheoli Risg a Sicrwydd y Bwrdd 10.1 Polisi Rheoli Risg	Sicrwydd Cymeradwyaeth	Sefydlog	Papur	CorGov	Trish Mills	Julie Boalch
11:15	00:15		EGWYL						
11:30	00:15	11	Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR)	Sicrwydd	Sefydlog	Papur	SPP	Estelle Hitchon	Hugh Bennett, Mark Thomas, Georgia Tizzard, Melanie O'Connor
11:45	00:10	12	Cyflawni/Sicrwydd y Cynllun Tymor Canolig Integredig - Diweddariad	Sicrwydd	CoB	Papur	SPP	Estelle Hitchon	Alex Crawford
11:55	00:15	13	Diweddariad Newid Targed Cyfnod 2	I'w Gymeradwyo	Yn ôl yr angen	Papur	SPP	Lee Brooks	Hugh Bennett James Houston
12:10	00:15	14	Diweddariad Cyllid Mis 5, 2025/26	Sicrwydd	Sefydlog	Papur	FinCor	Edward Roberts	Edward Roberts
12:25	00:10	15	Diweddariad Codi Llais heb Ofn - Medi 2025	Sicrwydd	CoB	Papur	Pobl	Angela Lewis	Sarah Parry
12:35	00:10	16	Adroddiad Llywodraethu	Cymeradwyaeth	Yn ôl y gofyn.	Papur	CorGov	Trish Mills	Alex Payne, Steve Owen
		17	Adroddiadau Pwyllgorau'r Bwrdd:	Sicrwydd	Sefydlog	Papur	CorGov		
		17.1	05 Awst 2025 - Pwyllgor Ansawdd, Diogelwch a Phrofiad y Claf 17.1a Adroddiad Blynyddol Diogelu 2024/25	Sicrwydd	Sefydlog	Papur	CorGov	Bethan Evans	
12:45	00:30	17.2	12 Awst 2025 - Y Pwyllgor Pobl a Diwylliant 17.2a Adroddiad Blynyddol y Cynllun Cydraddoldeb Strategol 2024/25 17.2b Adroddiad Monitro Cydraddoldeb y Gweithlu 2024/25 17.2c Adroddiad Blynyddol Bwlch Cyflog rhwng y Rhywiau 2024/25 17.2d Adroddiad Blynyddol Safonau'r Gymraeg 2024/25 - I'w gyflwyno'n ddwyieithog. 17.2e Adroddiad Iechyd a Diogelwch blynyddol 2024/25	Sicrwydd Cymeradwyaeth Cymeradwyaeth Cymeradwyaeth Cymeradwyaeth Gwybodaeth	Sefydlog	Papur	CorGov	Ceri Jackson Angela Lewis Melfyn Hughes	Sarah Davies
		17.3	02 Medi 2025 - Y Pwyllgor Archwilio, Risg a Sicrwydd Newidiadau Cyfarwyddiadau Ariannol Sefydlog i'w cymeradwyo	Sicrwydd	Sefydlog	Papur	CorGov	Peter Curran	
		17.4	03 Medi 2025 - Y Pwyllgor Tâl Cydnabyddiaeth	Sicrwydd	Sefydlog	Papur	CorGov	Ceri Jackson	
		17.5	16 Medi 2025: Y Pwyllgor Cyllid a Pherfformiad	Sicrwydd	Sefydlog	Papur	CorGov	Jayne Beeslee	
			EITEMAU CYDSYNIO At ddibenion gwybodaeth yn unig y mae'r eitemau canlynol. Os bydd aelod yn dymuno trafod unrhyw un o'r eitemau hyn, gofynnir iddo/iddi hysbysu'r Cadeirydd fel y gellir neilltuo amser i wneud hynny.						

13:15	00:00	18	Cofnodion Pwyllgorau'r Bwrdd: 01 Mai 2025 - Y Pwyllgor Pobl a Diwylliant 13 Mehefin 2025 - Y Pwyllgor Ansawdd, Diogelwch a Phrofiad y Claf 24 Mehefin 2025 - Y Pwyllgor Archwilio, Risg a Sicrwydd 21 Gorffennaf 2025 - Y Pwyllgor Cyllid a Pherfformiad	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd
		19	15 Gorffennaf 2025 - Adroddiad Uchafbwyntiau'r Cyd-bwyllgor Comisiynu	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd
			EITEMAU CAU					
		20	Myfyrdodau a Chrynodeb o Benderfyniadau/Camau Gweithredu	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd
		21	Unrhyw Fater Arall	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd
13:15	00:05	22	Gwahardd y wasg ac aelodau'r cyhoedd. Gwahodd y wasg a'r cyhoedd i adael y cyfarfod oherwydd natur gyfrinachol y busnes sydd ar fin cael ei drafod (yn unol ag Adran 1(2) o Ddeddf Cyrff Cyhoeddus (Derbyn i Gyfarfodydd) 1960).	Cymeradwyaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd
		23	Dyddiad ac Amser y Cyfarfod Nesaf: 27 Tachwedd 2025	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd
		24	Acronymau	Gwybodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd
13:20	**03:50**		**DIWEDD Y CYFARFOD**					

PRIF GYFLWYNWYR

Enw	Swydd
Jayne Beeslee	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Cyllid a Pherfformiad
Lee Brooks	Cyfarwyddwr Gweithredol Gweithrediadau
Peter Curran	Cyfarwyddwr Anweithredol a Chadeirydd ARAC
Ceri Jackson	Cyfarwyddwr Anweithredol ac Is-gadeirydd Bwrdd yr Ymddiriedolaeth
Bethan Evans	Cyfarwyddwr Anweithredol, Cadeirydd QuEST
Estelle Hitchon	Cyfarwyddwr Partneriaethau ac Ymgysylltu
Ceri Jackson	Cyfarwyddwr Anweithredol, Is-gadeirydd y Bwrdd a Chadeirydd PCC
Rachel Marsh	Prif Weithredwr Dros Dro
Trish Mills	Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol
Liam Williams	Cyfarwyddwr Gweithredol, Ansawdd a Nyrsio

Length of Meeting:	03:35	Agenda Status:	OPEN TRUST BOARD - 25 September 2025 [VICE-CHAIR]					Deadline for papers: 16 September 2025	
Time	**Mins allotted**	**Agendum**	**Title**	**Item for**	**Item requested by**	**Format**	**Paper prepared by**	**Item presented by**	**Colleagues to cc**
			OPENING ITEMS						
		1	Chair's Welcome, Apologies and Quorum	Information	Standing	Verbal	n/a	Chair	
		2	Declarations of Interest	To State Conflicts	Standing	Verbal	n/a	Chair	
09:30	00:05	3	Minutes of the Last Meeting: 3.1 31 July 2025 3.2 AGM Minutes 31 July 2025	Approval	Standing	Paper	n/a	Chair	
		4	Action Log & Matters Arising	Discussion	Standing	Paper	n/a	Chair	
09:35	00:10	5	Chair and Vice Chair's Report	Information	Standing	Paper	CorGov	Chair, Vice Chair	Alex Payne
09:45	00:20	6	Interim Chief Executive's Report	Information	Standing	Paper	CEO Office	Rachel Marsh	Keith Ellingham
10:05	00:10	7	Questions from Members of the public	Information	Standing	Verbal	Partnerships	Estelle Hitchon	
			FOR APPROVAL, ASSURANCE AND DISCUSSION						
10:15	00:30	8	Patient Story - Taylor's Story. Taylor describes an experience of trying to access clinical help for her grandmother out of hours. Her experience relates to contact with 111 Wales, GP out of hours and 999. 8.1 Follow up on previous patient story - Dylan's story (Verbal Update)	Discussion	Standing	Verbal	QPSE	Liam Williams	Leanne Hawker
10:45	00:20	9	Actions to Mitigate Avoidable Patient Harm	Assurance	Standing	Paper	SPP	Rachel Marsh	Hugh Bennett
11:05	00:10	10	Risk Management and Board Assurance Framework 10.1 Risk Management Policy	Assurance Approval	Standing	Paper	CorGov	Trish Mills	Julie Boalch
11:15	00:15		COMFORT BREAK						
11:30	00:15	11	Monthly Integrated Quality and Performance Report (MIQPR)	Assurance	Standing	Paper	SPP	Estelle Hitchon	Hugh Bennett, Mark Thomas, Georgia Tizzard, Melanie O'Connor
11:45	00:10	12	Integrated Medium Term Plan (IMTP) Delivery/Assurance - Update	Assurance	CoB	Paper	SPP	Estelle Hitchon	Alex Crawford
11:55	00:15	13	Finance Update Month 5, 2025/26	Assurance	Standing	Paper	FinCor	Ed Roberts	Edward Roberts
12:10	00:10	14	Speaking up Safely Update - September 2025	Assurance	CoB	Paper	People	Angela Lewis	Sarah Parry
12:20	00:10	15	Governance Report	Assurance	As required.	Paper	CorGov	Trish Mills	Alex Payne, Steve Owen
		16	Board Committee Reports:	Assurance	Standing	Paper	CorGov		
		16.1	05 August 2025 - Quality, Patient Safety and Experience Committee 16.1a Safeguarding Annual Report 2024/25 (iBabs reading room)	Assurance	Standing	Paper	CorGov	Bethan Evans	
12:30	00:30	16.2	16.2 12 August 2025 - People and Culture Committee 16.2a Strategic Equality Plan Annual Report 2024/25 16.2b Annual Gender Pay Gap Report 2024/25 16.2c Annual Workforce Equality Monitoring Report 2024/25 16.2d Welsh Language Annual Report 2024/25- To be presented Bilingually. 16.2e Annual Health and Safety report 2024/25 (iBabs reading room)	Assurance Approval Approval Approval Approval Information	Standing	Paper	CorGov	Ceri Jackson Angela Lewis Melfyn Hughes	Sarah Davies
		16.3	02 September 2025 - Audit, Risk and Assurance Committee 16.3a SFI Changes for approval 16.3b Updated Chapter 11 (WG)	Assurance Approval	Standing	Paper	CorGov	Peter Curran	
		16.4	Combined 25 July and 03 September 2025 - Remuneration Committee	Assurance	Standing	Paper	CorGov	Ceri Jackson	
		16.5	16 September 2025 - Finance and Performance Committee	Assurance	Standing	Paper	CorGov	Jayne Beeslee	
			CONSENT ITEMS The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.						

13:00	00:00	17	Minutes of Board Committees: 15 May 2025 - People and Culture Committee 13 June 2025 - Quality, Patient Safety and Experience Committee 24 June 2025 - Audit, Risk and Assurance Committee 21 July 2025 - Finance and Performance Committee	Information	Standing	Paper	CorGov	Chair
			CLOSING ITEMS					
		18	Reflections and Summary of Decisions/Actions	Discussion	Standing	Verbal	n/a	Chair
		19	Any Other Business	Discussion	Standing	Verbal	n/a	Chair
13:00	00:05	20	Exclusion of the press and members of the public. To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).	Approval	Standing	Verbal	n/a	Chair
		21	Date & Time of the Next Meeting: 27 November 2025	Information	Standing	Verbal	n/a	Chair
		22	Acronyms	Information	Standing	Paper	n/a	Chair
13:05	**03:35**		**CLOSE**					

LEAD PRESENTERS

Name	Position
Jayne Beeslee	Non-Executive Director, Chair of Finance and Performance Committee
Lee Brooks	Executive Director of Operations
Peter Curran	Non - Executive Director, and Chair of ARAC
Ceri Jackson	Non- Executive Director and Vice Chair of the Trust Board
Bethan Evans	Non-Executive Director, Chair of QuEST
Estelle Hitchon	Director of Partnerships and Engagement
Ceri Jackson	Non - Executive Director, Vice Chair and Chair of PCC
Rachel Marsh	Interim Chief Executive
Trish Mills	Director of Corporate Governance/Board Secretary
Ed Roberts	Interim Deputy Director of Finance
Liam Williams	Executive Director, Quality and Nursing

Agenda Trust Board (Open Session)

Date	25/09/2025
Time	9:30 - 13:05
Location	Cardiff
Chair	Ceri Jackson

0	**OPENING ITEMS**
9:30	
1	**Chair's Welcome, Apologies and Quorum**
2	**Declarations of Interest**
3	**Minutes of the Last Meeting and AGM**
	3.1 31 July 2025
	3.2 AGM Minutes 31 July 2025
4	**Action Log & Matters Arising**
5	**Chair and Vice Chair's Report**
9:35	
6	**Interim Chief Executive's Report**
9:45	
7	**Questions from Members of the public**
10:05	
7.1	**FOR APPROVAL, ASSURANCE AND DISCUSSION**
8	**Patient Story**
10:15	Patient Story - Taylor's Story. Taylor describes an experience of trying to access clinical help for her grandmother out of hours. Her experience relates to contact with 111 Wales, GP out of hours and 999.
	8.1 Follow up on previous patient story - Dylan's story
9	**Actions to Mitigate Avoidable Patient Harm**
10:45	
10	**Risk Management and Board Assurance Framework**
11:05	10.1 Risk Management Policy
10.1	**COMFORT BREAK**

11:15

11 Monthly Integrated Quality and Performance Report (MIQPR)

11:30

12 Integrated Medium Term Plan (IMTP) Delivery/Assurance – Update

11:45

13 Finance Update Month 5, 2025/26

11:55

14 Speaking up Safely Update – September 2025

12:10

15 Governance Report

12:20

16 Board Committee Reports

12:30

16.1 05 August 2025 – Quality, Patient Safety and Experience Committee

16.1a Safeguarding Annual Report 2024/25 (iBabs reading room)

16.2 12 August 2025 – People and Culture Committee

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16.2a Strategic Equality Plan Annual Report 2024/25
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16.2d Welsh Language Annual Report 2024/25– To be presented Bilingually.
16.2e Annual Health and Safety report 2024/25 (iBabs reading room)

16.3 02 September 2025 – Audit, Risk and Assurance Committee

16.3a SFI Changes for approval
16.3b Updated Chapter 11 (WG)

16.4 25 July and 03 September 2025 – Remuneration Committee

16.4 Combined 25 July and 03 September 2025 – Remuneration Committee

16.5 16 September 2025 – Finance and Performance Committee – To Follow

16.6 CONSENT ITEMS

17 Minutes of Board Committees

17.1 – 15 May 2025 – People and Culture Committee
17.2 – 13 June 2025 – Quality, Patient Safety and Experience Committee
17.3 – 24 June 2025 – Audit, Risk and Assurance Committee
17.4 – 21 July 2025 – Finance and Performance Committee

17.1 CLOSING ITEMS

13:00

18 Reflections and Summary of Decisions/Actions

19 Any Other Business

20 Exclusion of the press and members of the public

To invite the Press and Public to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).

21 Date & Time of the Next Meeting: 27 November 2025

22 Acronyms

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

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
EVANS, Bethan [continued]	**Non-Executive Director** * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	*Directorships*	*27 April 2022*		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glyncornel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
		Company Director - Glamorgan Care Ltd	Directorships	25 October 2024		
		Company Director - The Mountains Care Ltd	Directorships	09 December 2024		
		Company Director - Alexandra House Care Ltd	Directorships	24 June 2024		
		Company Director - Alexandra House Property Ltd	Directorships	24 June 2024		
		Company Director - My Choice Healthcare Seven Ltd	Directorships	22 October 2024		
		Company Director - Danygraig Property Ltd	Directorships	10 December 2024		
		Company Director - The Mountains Property Ltd	Directorships	09 December 2024		
HUTCHINGS, Hayley	**Non-Executive Director** * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee		Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995	31 May 2025
HITCHON, Estelle	**Director of Partnerships and Engagement**	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025		
JACKSON, Ceri	**Non-Executive Director & Vice Chair of the Trust Board** * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KILLENS, Jason	**Chief Executive**	Honorary Professor - Swansea University	Personal or Departmental Sponsorship	2019	31 May 2025	18 July 2025
		Emeritus Professor - Swansea University	Non-Financial Professional	31 May 2025		
		Chairperson – Association of Ambulance Chief Executives (AACE)	Non-Financial Professional	September 2024		
		Company Director of the Association of Ambulance Chief Executives (AACE), Co No. (07761209)	Directorships	September 2024		
		Officer of the Order of St John	Any Other Interest	January 2024		
		Member of the Order of St John	Any Other Interest	2009	2024	
KNEESHAW, Carl	**Director of People**	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
LEWIS, Angela	**Director of Culture Change**	Nil Declaration				
MARSH, Rachel	**Executive Director of Strategy, Planning and Performance**	Nil Declaration				
MILLS, Patricia (Trish)	**Director of Corporate Governance/ Board Secretary**	Nil Declaration				
PARRY, Hugh	**Trade Union Partner**	Nil Declaration				
ROWAN, Hannah	**Non-Executive Director** * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
		Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
SAMMUT, Jonathan (Jonny)	**Director of Digital Services [appointed 26.09.2023]**	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel – Digital Health	Any Other Interest	05 July 2023	2 June 2025	
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Chair of BCS Hub Wales	Any Other Interest	20 June 2025		
SWINBURN, Andrew (Andy)	**Executive Director of Paramedicine**	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	**Executive Director of Finance and Corporate Resources**	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	**Trade Union Partner**	Nil Declaration				
WILLIAMS, Liam	**Executive Director of Quality and Nursing [from 01 August 2022]**	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		
		Vice Chair - Royal College of Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	03 February 2025		

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

MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD, HELD on THURSDAY 31 JULY 2025 MEETING HELD AT THE CARDIFF MAKE READY DEPOT AND VIA TEAMS

Meeting started at 11:00

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Rhiannon Beaumont-Wood	Non-Executive Director
Jayne Beeslee	Non-Executive Director (Virtual)
Hugh Bennett	Assistant Director, Commissioning and Performance
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director
Professor Hayley Hutchings	Non-Executive Director
Ceri Jackson	Vice Chair and Non-Executive Director
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
Rachel Marsh	Interim Chief Executive Officer
Trish Mills	Director of Corporate Governance/Board Secretary
Hannah Rowan	Non-Executive Director (Virtual)
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Hugh Parry	Trade Union Partner
Damon Turner	Trade Union Partner

ATTENDEES:

Meshack Ezeadim	Aspiring Board Member
Mark Horrigan	Clinical Navigator (Item 71/25 only)
Fflur Jones	Audit Wales (Item 79/25 only)
Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager
Alyson Thomas	Chief Executive, Llais
Rachel Williams	British Sign Language (BSL) (Left during Item 79/25)
Njal Sion Curlett	British Sign Language (BSL) (Left during Item 79/25)

APOLOGIES:

Estelle Hitchon	Director of Partnerships and Engagement
Angela Mutlow	Director of Operations, Llais
Liam Williams	Executive Director of Quality and Nursing

68/25 WELCOME AND APOLOGIES FOR ABSENCE

The Chair reiterated that the Board meeting was part of the overall scrutiny and assurance process with much of the detailed work undertaken in the Committees, that met prior to the Trust Board, and that Committee AAA highlight reports, which featured later in the agenda, together with committee minutes, all added to the overall assurance and scrutiny process.

Welcome and Apologies:
The Chair welcomed all to the meeting, apologies were received from Estelle Hitchon, Angela Mutlow and Liam Williams.

Declarations of Interest:
The Board noted that all declarations of interest were formally recorded on the Trust's Register of Interests and no new declarations were declared.

Minutes
The minutes of the Board meetings held on 29 May 2025 and 26 June 2025 were confirmed as correct record.

Action Log

Action 46/25: Chief Executive's Report - *Rachel Marsh to share the personas with Rhiannon Beaumont-Wood for feedback and views*. To remain open.

Action 46/25a: Chief Executive's Report - *Jason Killens to share dialogue from the upcoming meeting with the Cabinet Secretary regarding Violence and Aggression against staff.* On 25 June 2025, Jason met the Cabinet Secretary for Health and Social Care in his role as Chair of the Association of Ambulance Chief Executives (AACE) to discuss recent data that AACE had released relating to the increasing violence and aggression ambulance workers across the UK are subject to. Similar meetings are scheduled with the Health Ministers of the other UK nations. They discussed what more can be done to prevent assaults from occurring and the role Welsh Government can play in that regard. The Cabinet Secretary was very sympathetic to the challenge the Trust, and the wider sector faced and pledged his support and assistance. Action Closed.

Action 49/25: Actions to Mitigate Avoidable Patient Harm in the context of extreme and sustained pressure across Urgent and Emergency Care - *Immediate Release Compliance: It was suggested to include this topic in the Agenda for the next meeting of the Cabinet Secretary's Task and Finish Group to address the challenges related to Immediate Release Requests and their impact on patient harm, and that it was given due attention and integrated into the broader improvement efforts.* Action Closed.

The Board RESOLVED TO:

1. **Note the declarations of interest on the Trust's Register of Interests.**
2. **Note the apologies of Estelle Hitchon, Angela Mutlow and Liam Williams.**
3. **Approve the minutes of 29 May 2025 and 26 June 2025.**
4. **Note the update on the actions as described.**

69/25 CHAIR AND VICE CHAIR'S REPORT

The Chair presented the report with further updates as follows.

Ceri Jackson commented that her visit to Vantage Point House the week following the implementation of the new framework was both positive and productive. She observed that staff demonstrated a thorough understanding of the changes.

The Chair recounted on the time he spent time at Ty Elwy, noting call handlers had adapted to the new performance targets as part of standard business operations. Staff feedback indicated that the training provided was of an excellent standard.

The Chair added that the Trust had recently held two of its Long Service Award ceremonies; these were part of a series of three events conducted at different geographical locations across Wales. These ceremonies recognised individuals with the King's Medal for Long Service and Meritorious Conduct, as well as those achieving 20, 30, and 40 years of service with the Trust. The events were very well attended by colleagues, friends, and family.

The Board RESOLVED To note the update.

70/25 INTERIM CHIEF EXECUTIVE'S REPORT

Rachel Marsh presented the report which provided awareness of the Chief Executive's activities up to Friday 18 July 2025 and key service issues since the last Trust Board meeting held on 29 of May 2025. She drew attention to the following areas:

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

2. On 01 July 2025, the Trust went live with its new approach to high-priority incident responses. The current red category was replaced by three new classifications: Purple Arrest, Red Emergency, and RCS0.

3. ISO 14001 was an internationally agreed environmental standard that sets out the requirements for an environmental management system. The Trust was

the only ambulance service in the UK to have achieved ISO14001 accreditation for all of its activities and has held it for nine years.

4. Senior leaders attended the Southwest Wales, regional, joint Hywel Dda, Swansea Bay University Health Board and WAST all day workshop setting out the approaches to Remote access clinical care and single points of access.

5. Despite exceptional efforts, progress within the Digital Front-End workstream has been impacted by delays to key deliverables. The implementation of the Virtual Assistant for the NHS111 Wales website was deferred to early July due to the time required to address Information Governance requirements, despite earlier completion of both the security assessment and Data Protection Impact Assessment. The Virtual Assistant was now go-live ready, with launch confirmed on 09 July 2025.

6. The Trust has surpassed the 85% minimum threshold for Information Governance training compliance, with staff across the organisation up to date with either the Electronic Staff Register or Learning Management System 365 modules.

7. Recognition was given to staff members who had received long service awards, with a special mention to Mike Jenkins, Gill Pleming, and Cari Jones, each of whom had completed 40 years of dedicated service to the Trust.

Bethan Evans referenced the self-assessment exercise conducted to evaluate compliance with Welsh Language Standards, noting that 33 managers from across the Trust had provided responses and requested additional information. Trish Mills indicated that the Welsh Language Annual Report being submitted to the People and Culture Committee would contain further details. Trish Mills further stated there were plans to continue developing this compliance moving forward.

In response to an inquiry regarding the selection of clinical indicators, Andy Swinburn clarified that a workshop was conducted to determine appropriate measures of quality of care. The intent was to identify indicators spanning various aspects of quality, such as pain management, which will continue to be reviewed and refined over time.

Regarding the relocation of staff from Thanet House to Matrix House, it was asked whether any feedback had been received from staff. Chris Turley responded that he was not aware of any concerns, while Rachel Marsh noted that a staff group had been set up with robust mechanisms in place to facilitate communication and address any issues.

The Chair noted the launch of video consultations, allowing clinicians to perform remote visual assessments. This new feature complements, rather than replaces, in-

person care and was designed to enhance decision-making and access for patients in remote or limited-mobility situations.

Ceri Jackson asked whether, regarding Save a Life Cymru (SaLC), there could be an opportunity for a committee or board to review the strategic and operational context, as this could help advance the Trust's goals through this collaboration. Andy Swinburn noted that since SaLC began collaborating with the Trust, they have contributed an extensive to-do list, which has now been incorporated into the Trust's priorities. He proposed that it may be beneficial to provide an update on the integration of SaLC's work with the Trust's initiatives at a future Board Development Day.

Andy Swinburn informed the Board that he and Liam Williams have been invited by Welsh Government to participate in the Wait 45 Taskforce, a group focused on improving ambulance handover times. At this time, the Trust will be the first ambulance service to implement the Chain of Survival as a cardiac arrest measure instead of using a time-based response metric for patients with severe conditions requiring emergency services.

Jonny Sammut informed the Board that the Windows 11 update was scheduled for release in October this year. The pilot installation was proceeding as planned, with no issues reported to date.

The Board RESOLVED To note the update.

71/25 STAFF STORY

Lee Brooks introduced Mark Horrigan, the Clinical Lead in EMS Coordination, who has played a pivotal role in shaping the Clinical Navigators, a key component of this phase of the Clinical Model Transformation.

Mark Horrigan delivered a PowerPoint presentation to the Board, beginning with an overview of his experience in ambulance services and including his current role as Clinical Lead for Emergency Medical Services Coordination (EMSC).

In terms of developing the Clinical Navigator (CN) role Mark Horrigan stated that feasibility tests for clinical screening as Business as Usual began in late 2023, starting with one Health Board, then expanding regionally and Trust-wide. The Organisational Change Policy improved alignment with EMSC after the Trust received extra funding.

The responsibilities and functions of the role were defined, a job description was written, and the position was titled Clinical Navigator. Recruitment began with more than 75 applicants. Of these, 55 were shortlisted for interviews and clinical assessments. Ultimately, 29 candidates were successful.

Mark referred to the Advanced Questionnaire Module (AQM) a Computer Aided Dispatch (CAD) feature developed and tested to host the tasks performed by the team, with the aim of standardising clinical documentation for Clinical Navigators, including automated CAD commands.

Interim Standard Operating Procedure (SOP) sections were prepared for the initial go-live in November 2024. Subsequently, a comprehensive SOP has been developed and received approval from the appropriate governance groups.

Training: In November 2024, 20 staff members completed training, with additional candidates from external organisations scheduled to join in January 2025. The programme included one week of clinical induction and in-house training led by the clinical leadership team and internal subject matter experts, followed by participation in external courses and a mentorship period eventually leading to sign-off.

Mark outlined the phases of implementation for the CN role which commenced on 18 November 2024 with the realignment of Back Up requests and Remote Clinical Support from the Clinical Support Desk to CN's through to the implementation of Phase 1 of the Clinical Model Transformation on 01 July 2025.

There have been several challenges which Mark outlined below:

During the early stages of Rapid Clinical Screening (RCS) in the Summer of 2024, a Locality Manager had not yet been appointed. As a result, the EMSC Reconfiguration was underway with operational support provided by the Operations Directorate team, senior EMSC Leadership, and corporate services.

ICT changes were made to improve processes for staff and patients and enhance data capture, resulting in effects on other areas. Although thorough testing was conducted, certain interactions involving CAD and other users only became apparent after deployment in the live system.

There has been increased demand on the Team because of complaints, concerns, Senior Case Incident Forum (SCIF)s, and adverse incidents. Most cases were addressed according to procedure through a range of channels.

Data Challenges – The current dashboard measured screening time from when an incident entered the queue to AQM completion, but this does not reflect when screening starts, as AQM was a retrospective record. Since 01 July 2025, a step has been added to track patient wait times until clinical review begins by a CN.

Mark concluded his presentation with a summary of the latest Advanced Questionnaire Module (AQM) data for the Board's attention.

Bethan Evans asked Mark to outline some of the principal direct and measurable benefits for patients resulting from the introduction of the Clinical Navigator role and the Clinical Model Transformation. Mark Horrigan stated there had been a positive impact, with the average review time for patients identified for Rapid Clinical Screening (RCS) being five minutes and thirty seconds. This approach enabled patients to be directed to the appropriate care pathway, thereby optimising ambulance availability in situations where ambulances were urgently required.

Rhiannon Beaumont-Wood asked about job satisfaction in the Clinical Navigator role. Mark Horrigan provided positive feedback, noting that staff members have expressed strong appreciation for the position.

Hayley Hutchings asked about patient perceptions of the role. Mark Horrigan said there was no data, as the role operated in the background without patient feedback. Hugh Bennett noted the Trust plans to collect this information in the future.

Alyson Thomas noted that most concerns were related to learning, with some key lessons identified from complaints, and asked whether this constituted an issue. Mark reported that few issues were found to be directly associated with the Team.

The Chair expressed appreciation to Mark for his comprehensive and informative presentation.

Update on previous patient story

Rachel Marsh provided an update regarding Mr Maxwell's account of his wife's death, which had previously been presented to the Board and was recently reviewed at the Joint Commissioning Committee (JCC) meeting. The ongoing distress experienced by Mr Maxwell and his son during the prolonged wait for an ambulance was evident. This case highlighted a significant risk faced by the JCC, the challenge for the Trust in ensuring timely patient response. The JCC found that this account offered valuable insight into the severity of the risk, underscoring the necessity for continued collaborative discussions with Health Board colleagues to enhance service delivery.

The Board RESOLVED To:

1. **Note the staff story and acknowledge the work undertaken by Clinical Navigators.**
2. **Note the update on the previous patient story.**

ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE

Rachel Marsh updated the Board on the following areas:

The Trust continued to take many actions to mitigate patient harm, at a strategic, tactical and operational level, which were reported through to committees and Trust Board in a variety of reports e.g. Integrated Medium Term Plan (IMTP) Assurance Report, Monthly Integrated Quality & Performance Report, and the Quality, Patient Experience and Safety Committee agendas.

The Trust went live, as planned, on phase one of the new Ambulance Performance Framework on 01 July 2025. On 17 July 2025 the Cabinet Secretary announced phase two with a back stop delivery date of 01 December 2025.

The Trust achieved a 19%-20% consult & close range in Q1, five percentage points higher than the highest rate the Trust has previously achieved, and consistent with the 2023 EMS Demand & Capacity Review modelling. The switching on of Remote Clinical Screening (RCS) and the increased patient flow into Integrated Care marked a "cultural shift" for the Trust away from traditional dispatch to remote care and community care.

There was a material reduction in hospital handover lost hours in June 2025 to 15,278 compared to 22,229 in the same month last year. Whilst too early to officially report, July appears to have sustained a trend of comparative improvement.

Patient cancellations of ambulances were reducing and the automatic Clinical Safety Plan "can't sends" have been switched off. The Trust has seen a 28% reduction which was moving in the right direction.

The Chair commented it was encouraging to observe that the anticipated benefits have materialised, particularly regarding the significant reduction in lost hours. Nevertheless, it was recognised that progress in this area remained necessary.

The Board expressed concern about patients in the amber and green category and asked if there were any extra steps to look after these patients. Lee Brooks emphasised that all patients received attention, ensuring early clinician involvement to prevent avoidable harm. Rapid Clinical Screening proved crucial, supported by the Clinical Support Desk (CSD), which predominantly focused on 999 calls and oversaw patients awaiting a response. Additionally, the 111 service manages cases where patients have urgent or non-urgent needs. The integration of these two services, through Integrated Care, aimed to optimise resources and opportunities within the Trust.

Additionally Lee Brooks commented that a dedicated support desk existed to assist patients in respective locations, including at home. A key factor in achieving these outcomes has been the development of pathways in collaboration with Health Boards.

Lee Brooks added that regarding patients who have experienced falls, it was recognised that further improvements can be made to expedite care; ongoing discussions with the Welsh Government were exploring initiatives to enhance services for these individuals.

Andy Swinburn stated that the Trust was shifting its approach regarding time sensitive outcomes. The current process involved identifying and isolating patients classified as time sensitive for immediate management, while interventions for other patients were determined based on what was most appropriate for their clinical outcomes.

Rachel Marsh added that the Cabinet Secretary has commenced a series of meetings to ensure collaboration across the system with one focus being on hospital handover delays.

The Board RESOLVED To:

1. **NOTE that the Trust's clinical model transformation was beginning to take effect.**
2. **NOTE there has been a material reduction in hospital handover lost hours.**
3. **NOTE that whilst these were positives, the continued level of avoidable patient harm in the 999-emergency care pathway remained too high.**
4. **NOTE the continued need for Health Boards to further reduce hospital handover lost hours, including reaching the 45-minute target expected by the Cabinet Secretary by October 2025, and for the Trust to support Health Boards in achieving this by continuing to evolve its clinical model.**

72/25 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Trish Mills presented the report, with the Board taking assurance that each of the principal risks have been reviewed in line with the agreed schedule detailed at Annex 3 of the report and that the Executive Leadership Team (ELT) approved the principal risk activity on 09 July 2025 having considered the review of each risk undertaken throughout June 2025 by Risk Owners and the Assistant Director Leadership Team (ADLT).

Risks 223 (*the Trust's inability to reach patients in the community causing patient harm and death*) and Risk 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 & effective service for patients) remain at the highest score of 25. These two risks continue to be dynamically reviewed.

Risk 558 *Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures,* Risk 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* and Risk 623 *Failure to comply with Data Protection Legislation* all remain unchanged this period and static at a score of 15 (3x5).

The Board RESOLVED To Consider and discuss the contents of the report and:

1. **Receive assurance on the review and attention to the principal risks, their review at ELT and at relevant Committees.**
2. **Note the ratings and mitigating actions for each principal risk.**

75/25 MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD

Hugh Bennett presented the report as read noting that a detailed discussion on this report had taken place at the Finance and Performance Committee meeting on 21 July 2025.

In terms of average jobs per shift he had looked at emergency ambulances achieving 2.89 jobs per shift in June adding that conversations were ongoing to consider what might be a possible benchmark consideration.

Rhiannon Beaumont-Wood asked when the 111 report which was due momentarily would be available and what information it would provide. Hugh stated that the report was received today, and he not yet had a chance to consider the information within it. Hugh added that interim presentation slides have been provided to the Commissioner indicating that the Trust could potentially implement substantial changes to its management of 111 rosters. Specifically, there may be an opportunity to transition from self-serve scheduling to more structured, fixed rosters, while acknowledging the limitations imposed by current resource constraints. He further mentioned a session taking place at a future JCC meeting where the 111 report would be discussed and added that staff engagement was also being conducted by the Trust.

Members noted the increase in sickness rates and asked if it was an issue. Carl Kneeshaw explained this was seasonal and was not a cause for concern.

Ceri Jackson queried if the data quality issues would be resolved by the Autumn. Hugh Bennett advised that the timeframe on phase 2 was ambitious due to capacity issues and would continue to get resources to ensure this was a priority. Rachel

Marsh explained that the Trust will consider any options for additional capacity and provide a more definitive answer at the next meeting.

In terms of the Immediate Release (IR) Policy and Protocols, it was asked whether, with the new Performance Framework and the new categories, would there be a need to revisit this. Lee Brooks commented that as part of phase 1 IR was one of the reviews conducted in time of 01 July and will be conducted for the Phase 2 go live.

Alyson Thomas inquired whether the Trust monitored both the frequency of Non-Emergency Patient Transport Services (NEPTS) journey cancellations and their impact on patients. Hugh Bennett commented that the activity was measured but the impact on the patient was more challenging to measure beyond a patient survey. Lee Brooks advised that NEPTS activity was increasing, particularly among renal patients. He reported that recent changes, such as lower speed limits, have resulted in longer average journey times in some areas.

The Chair reflected that a families and friends test had shown that 92% of service users had rated it as good; and this was a reflection of how important this service was.

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

76/25 INTEGRATED MEDIUM TERM PLAN (IMTP) DELIVERY/ASSURANCE END OF YEAR REPORT

Hugh Bennett updated the Board on the following points:

1. The Clinical Model Transformation (CMT) programme was progressing at pace, with a recent successful launch of phase one of the new Ambulance Performance Framework on 1 July, described as a monumental effort.

2. The programme was RAG-rated yellow (cautionary) due to the rapid pace of change and the significant demand on staff, with concerns about potential burnout and the need for ongoing prioritisation. This was an improvement from amber in the previous period.

3. Progress on Cabinet Secretary priorities was good, with no red-rated items reported. The priorities were being tracked and reported alongside the CMT and Directorate Integrated Medium Term Plan (IMTP) actions.

Regarding SO5 (Being Quality Driven and Clinically Led), Rhiannon Beaumont-Wood observed that the IMTP objectives listed in this section had low Delivery Confidence and were RAG rated as Red and inquired whether this warranted concern. Rachel Marsh responded that this would be evaluated, with an update to be provided on the timing of any reprofiling and an assessment of the risks associated with not meeting these objectives as originally planned.

The Board RESOLVED To:

1. **Agree to the proposed approach to reporting on strategic outcomes and benefits.**
2. **Note the CMT programme end of Q1 position.**
3. **Note the Directorate-led IMTP end of Q1 position.**
4. **Note the Q1 position for the Cabinet Secretary's priorities set out in the 2025-26 planning framework.**

77/25 FINANCIAL PERFORMANCE MONTH THREE 2025/26

Chris Turley presented the update noting it had been the subject of a detailed discussion at the last Finance and Performance Committee (FPC) meeting on 21 July 2025

The key points identified were:

1. The Trust was now reporting a year to date revenue deficit (£197k) for month 3, 2025/26. The main reasons for this shift were two external factors: a reduction in expected income and an increase in spend, particularly related to the Welsh Risk Pool (WRP). The FPC took assurance that the Trust was managing this effectively. What was clear given the above was that the current risk of the Trust not achieving its breakeven target and forecast this financial year had significantly increased in month 3.

2. In line with the balanced financial plan approved as part of the submitted 2025-28 IMTP, the Trust was currently continuing to forecast a breakeven position for the 2025/26 financial year end. However, the risks of not achieving this have increased this month.

3. Capital expenditure plans were being finalised with plans to fully achieve in year.

4. In line with the financial plans that support the IMTP, gross savings of £2.137m have been achieved in month 3 against a target of £2.073m.

Peter Curran advised that the Trust needed to recognise that it was in a deficit position which hopefully would reduce over time and acknowledged the financial assurance given by management.

Jayne Beeslee appreciated the early alert to the deficit at the FPC meeting and endorsed the prudent approach to recognise this, noting there were external factors in play.

The Chair commented that, over the past two years, the Trust has absorbed additional costs and faced increasing savings targets each year, resulting in progressively greater financial pressures. Nonetheless, it was commendable that the Trust has consistently maintained a balanced position annually despite these challenges.

The Board RESOLVED To:

1. **Note and gained assurance in relation to the Month 3 revenue financial position and performance of the Trust as of 30 June 2025. Specifically noting the revied year to date revenue position and the impact on the Trust's forecast and in year financial risk of delivery.**
2. **Note the delivery of the 2025/26 core savings plan, and the context of this within the overall financial position of the Trust.**
3. **Note the capital programme for 2025/26.**
4. **Note the Month 3 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

79/25 WAST URGENT AND EMERGENCY CARE – ARRANGEMENTS FOR MANAGING DEMAND REPORT

Fflur Jones explained that the Trust continued to make a range of positive changes to manage urgent emergency care demands that focused on community based care and reducing unnecessary conveyance where possible.

Key developments included the expansion of the clinical desk, deployment of advanced paramedic practitioners, and the introduction of rapid clinical screening and clinical navigators, which have increased remote resolution of 999 calls. Early signs from Connected Support Cymru were also promising.

However, the impact of these changes was continually limited by systemic challenges including long handover delays, fragmented data systems and varying access to alternative pathways across Health Board areas.

The report also identified persistent challenges that the Trust must continue to address:

1. Severe handover delays at Emergency Departments, with only 16% of patients handed over within the 15-minute target in February 2025.
2. A lack of joined-up data between the Trust and Health Boards, which limited the ability to track the full patient journey and evaluate the effectiveness of alternative pathways.

3. Inconsistent access to alternative services such as Same Day Emergency Care and Urgent Primary Care Centres, which undermined the Trust's ability to divert patients from Emergency Departments.

The report made two key recommendations:

1. That the Trust work with partners to ensure the accuracy of information on the 111 Wales website, particularly the symptom checker and contact details.
2. That the Trust collaborate with health boards to maintain accurate and up-to-date directories of service, ensuring staff can reliably access and refer to alternative care pathways.

Rhiannon Beaumont-Wood requested clarification regarding paragraph 63 of the report, which noted that certain alternatives to the Emergency Department such as direct referral to specialised units, may be reluctant to accept referrals from paramedics. Fflur Jones noted that this matter was identified across the Health Boards and the Trust itself during various discussions she had conducted. Andy Swinburn provided an explanation where guidance indicated that some services may be unwilling to accept for example, a falls patient with a head injury unless prior intervention had been performed on the patient. He also mentioned that the Wait 45 Task Force, comprised of senior clinicians, would examine such issues.

Ceri Jackson asked for progress on part three of the report. Fflur Jones shared that internal discussions were underway to produce a national summary, focusing on issues identified during discharge planning and demand management, particularly regarding harm from unscheduled care. Ongoing talks will also address data alignment and potential next steps. There was no set date yet when the report would be ready.

The Chair noted that effective integration between the Trust and the broader healthcare system was essential. However, some areas of the system may not fully recognise the capabilities and clinical direction of the Trust. As a result, certain service providers may be hesitant to accept recommendations from the Trust, perceiving the ambulance service in a more traditional role rather than as a modern, clinically focused unit.

The Board RESOLVED To receive the report for assurance.

80/25 GOVERNANCE REPORT

Trish Mills presented the report which outlined the Chair's Action's taken since the last Board meeting and corresponding ratifications required, the use of the Trust Seal, decisions made in private session and any other governance matters.

The Board received and noted the contents of the report.

The Board RESOLVED To:

1. **NOTE the ratification of the Chair's Action in private session on 29 May 2025 and to NOTE the use of the Trust Seal which was applied on the 26 June 2025 to the lease documentation for the Dolgellau Ambulance Station.**
2. **NOTE the approval of the 2025/26 Annual Reports and Accounts for 2024/25 and to NOTE the decisions made in private since the meeting held on the 29 May 2025.**
3. **APPROVE the Welsh Ambulance Services Partnership Team (WASPT) terms of reference for 2025/26, as endorsed at the WASPT meeting held on 30 May 2025.**

81/25 BOARD COMMITTEE REPORTS

The following Board Committee reports were presented to the Board for noting:

3 June 2025 and 11 July 2025 - Remuneration Committee
Colin Dennis advised there were no further updates to add to the report.

13 June 2025 - Quality, Patient Safety and Experience Committee
Bethan Evans advised there was only one item on the report. The Committee held an extraordinary meeting to receive the 2024/25 Duty of Quality Annual Report for endorsement ahead of approval at Trust Board on 26 June 2025.

24 June 2025 - Audit, Risk and Assurance Committee (included the Head of Internal Audit Opinion)
Peter Curran updated the Board on the following areas:

Several Internal Audit reviews were completed during the quarter and presented to the Committee.

Regarding the implemented recommendations on the Audit Tracker, the Trust's closure rate in quarter 3 2024/25 of 67.9% was higher than the All-Wales average of 65.1%.

The Trust continued to progress its Integrated Governance Programme, which aimed to streamline and unify governance structures and practices from 'floor to board.'

21 July 2025 - Finance and Performance Committee
Jayne Beeslee updated the Board as follows:

Emergency Preparedness, Resilience and Response (EPRR) - Board members will note in paragraph 15 of this AAA that the Trust has shifted its assurance position in the EPRR submission to WG, indicating that some Civil Contingency Act 2004 (CCA)

principles were only partially met rather than fully met, reflecting learning from the Manchester Arena Inquiry (MAI).

The bi-monthly update on the Financial Sustainability Programme (FSP) was provided which outlined the current position.

The Digital Key Performance Indicators relating to data and analytics, ICT systems, digital services, projects and programmes, and details on the progress against the Digital Plan were presented.

82/25 MINUTES OF BOARD AND OTHER COMMITTEES

The Board received the following minutes:

1 May 2025 - Audit, Risk and Assurance Committee
20 May 2025- Finance and Performance Committee
20 May 2025 JCC Highlight Report

The Board RESOLVED To Receive the following minutes: 1 May 2025 - Audit, Risk and Assurance Committee, 20 May 2025- Finance and Performance Committee and 20 May 2025 JCC Highlight Report.

83/25 ANY OTHER BUSINESS

There was none.

84/25 EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC – 31 JULY 2025

Members of the Press and Public were invited to leave the meeting because of the confidential nature of the business about to be transacted (pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960).

Date of next meeting: 25 September 2025

Meeting closed at 14:10

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

MINUTES OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST ANNUAL GENERAL MEETING 2025

Meeting held on **31 July 2025 at 09:30**

Held via Teams Townhall and You Tube

The following were in attendance:

Colin Dennis	Chair of the Trust Board
Rachel Marsh	Interim Chief Executive
Rhiannon Beaumont-Wood	Non-Executive Director
Hugh Bennett	Interim Deputy Director Strategy, Planning and Performance
Lee Brooks	Executive Director of Operations
Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director
Hayley Hutchings	Non-Executive Director
Ceri Jackson	Vice Chair and Non-Executive Director
Carl Kneeshaw	Director of People
Angie Lewis	Director of Culture
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner
Hannah Rowan	Non-Executive Director
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

Apologies

Estelle Hitchon	Director of Partnerships and Engagement

Other Attendees:

Meshack Ezeadim	Aspiring Board Member
Kate Evans	Welsh Language Translator
Alex Payne	Corporate Governance Manager
Rachel Wiliams	British Sign Language Interpreter
Njal Sion Curlett	British Sign Language Interpreter

1. Chair's Welcome

1.1 The Chair, Colin Dennis welcomed all to the Meeting and gave an outline of the agenda. He reminded attendees that it was an open meeting, and any questions from the public were welcomed.

1.2 The Minutes of the AGM held on 27 September 2024 were noted as a correct record as they had been approved at the Trust Board meeting held on 29 November 2024 and were presented for information.

2. Annual Report and Accounts Overview 2024/25

Chris Turley provided an overview and gave more details on the areas below:

2.1 The draft accounts had been formally submitted to Audit Wales on 02 May 2025 with all statutory financial duties being met and in line with the revised timescales for 2024/25.

2.2 The accounts were presented and approved at the Audit, Risk and Assurance Committee on 24 June 2025 and Trust Board on 26 June 2025; and subsequently signed off by the Auditor General for Wales on 27 June 2025.

2.3 A retained surplus for the year of £0.070m was achieved and was effectively a balanced position. Chris Turley then gave a breakdown of income and expenditure for the year 2024/25.

2.4 From a revenue spend perspective, the vast majority (73%) was on staff costs, details of the remainder were given in a graphical presentation.

2.5 The Trust expended Capital Investment funds of £20.321 million (including IFRS16 leases funding), thereby utilising 100% of the Trust's Welsh Government set Capital Expenditure Limit.

2.6 The Trust achieved the Public Sector Payments Policy (PSPP) of 97.7% within 30 days against the 95% target.

2.7 An unqualified and clean audit opinion was issued on the accounts by Audit Wales and were not subjected to any other regulatory opinion.

3. Chief Executive's year in review

3.1 The Interim Chief Executive, Rachel Marsh opened by thanking on behalf of the Executive Leadership Team, all staff for their sterling work over the past year.

3.2 During the past year the Trust had faced several challenges and also gained several achievements which were illustrated in more detail by way of a PowerPoint presentation.

3.3 In terms of highlights from the performance outputs of last year Lee Brooks, the Executive Director of Operations, provided a presentation which included detail on the following areas:

3.4 Non-Emergency Patient transport Services (NEPTS). There had been a significant improvement with this service particularly in timeliness and quality.

3.5 Recently, demand, especially for dialysis patients has risen with longer journeys as a consequence of service redesign and greater patient complexity which has unfortunately led to some cancelled journeys.

3.6 Since February 2025 patients were now able to cancel journeys via reminder texts which will reduce last minute cancellations and resource loss.

3.7 The Trust has enhanced its provider quality using the three Q Welsh ambulance quality standard awards which has led to a safer and better equipped fleet, as now all vehicles have improved patient chairs, more manual handling equipment and Automated External Defibrillators.

3.8 In terms of the 111 Wales service, demand for this service has steadily increased over the past year. The Trust did not achieve the 5% call abandonment rate target for any month during the last year. The Trust was actively engaging in rostering practices and demand modelling to optimise and evaluate efficiency and capacity in this area.

3.9 Additional resources have been employed in a more integrated way to mitigate avoidable harm. Throughout the Winter and continuing into the present time some of the 111 call handling team has been allocated to manage activity originating from 999 calls allowing triage using the new call streaming technology. This approach was to ensure patient safety during waiting periods and has proven to be effective.

3.10 The clinician call back target was consistently met for the highest category of 111 calls through the past 12 months, demonstrating a positive performance even through the system transition period. Remote clinicians were now conducting a higher number of assessments than previously.

3.11 In respect of consult and close, the target of 17% for 999 calls was consistently met during the last four months.

3.12 The Trust continues to collaborate with Health Boards to develop patient pathways and minimise unnecessary conveyance to Emergency Departments.

3.13 With regards to the 999 service, 65% of 999 calls were answered within two seconds throughout the year.

3.14 Red Performance: Although the 65% target has not been achieved, the Trust has responded to more patients within eight minutes. The Trust still reached over 4,300 more patients compared to the previous year. A primary factor affecting response times was the sustained increase in the number of hospital handover delays.

Andy Swinburn, Executive Director of Paramedicine, continued the presentation highlighting the following areas particularly focused around the work to improve the quality of care and clinical care to patients.

3.15 The Trust has continued to demonstrate and improve on the requirements of the Duty of Candour.

3.16 The Trust has revised its Quality and Performance Framework to better support the Quality and Health and Care Standards of 2023.

3.17 A revised Strategic Quality Plan has been implemented with a focus on impacting on population health and value based healthcare.

3.18 An Annual Quality Conference has been introduced to enable all areas across the Trust to increase their capability and capacity to support the quality management system.

3.19 The Trust has grown its networks in the community by listening and identifying any barriers.

3.20 Quality Impact Assessments have continued to be embedded in some of the Trust's key strategic decisions to ensure the Trust was always acting in the best interests of the patient.

3.21 A series of annual reports of key strategies were published such as Safeguarding and Health and Welfare.

3.22 The level of patient harm remained too high, and there had been a slight increase in the number of patients waiting outside Emergency Departments for more than hour.

3.23 The introduction of the Clinical Navigator role, as part of the Clinical Model Transformation has had a positive impact on the number of ambulance cancellations and the Trust's ability to respond to patients.

3.24 The Trust has enhanced its ability to detect patients' clinical deterioration whilst awaiting a response.

3.25 There was greater access to the Welsh Clinical Portal to facilitate better patient identification.

3.26 Feedback from patients has highlighted several areas for improvement; A requirement to increase access to services, address any unmet needs and expectations, reasons for cancellation of appointments, clinical treatment and assessment and staff attitude and behaviour.

3.27 Key Clinical Indicators like the Return of Spontaneous Circulation (ROSC) and the care packages for stroke patients were measured through performance metrics. These metrics were crucial for assessing the effectiveness of interventions and ensuring high-quality patient care. There has been improvement with ROSC (24.2%) and the stroke care bundle (91.6%) has improved especially around the detection and means of identifying a stroke.

The Director of People, Carl Kneeshaw continued the presentation from the staff perspective:

3.28 The growth of the Advanced Paramedic Practitioner role has continued with the target of 120, although not achieved in the 2024/25 timeframe, has since been achieved.

3.29 Staff retention efforts has led to lower turnover rates. The Trust concentrated on identifying reasons for departures and improved induction and onboarding to create a safe, supportive environment for new staff.

3.30 The Trust implemented attendance and health plans as part of the People and Culture Plan, resulting in a stronger workforce and a March 2025 absence rate of 7.44%, the lowest in two years.

3.31 Lower sickness absence has improved operational resilience, enabling the Trust to increase ambulance production and meet demand efficiently. Stable staffing has kept vacancy rates and abstraction levels low, clearly showing how People and Culture priorities support effective service delivery.

3.32 Personal Appraisal and Development Review (PADR) - PADR completion for the year was 82.4%, slightly below the 85% target.

Angela Lewis, Director of Culture Change, continued the presentation highlighting the following areas:

3.33 A full time Freedom to Speak Up Guardian was appointed which provided an additional route for staff to raise concerns and also to reinforce the Trust's commitment to creating a strong speaking up culture.

3.34 The Trust's Strategic and Quality objectives were implemented which had shaped and driven the Trust's approach to inclusion.

3.35 The Trust's Seven people networks were implemented, and this reporting period saw the launch of the Black Ethnic Minority network.

3.36 The Trust's Change Community, which consists of staff trained in formal change management techniques, remained active. This was intended to encourage the Trust to consider how changes affect staff and to ensure appropriate support was provided.

3.37 NHS Wales staff survey. There had been a notable increase in the numbers taking part in this survey.

Trish Mills, Director of Corporate Governance/Board Secretary, continued the presentation highlighting the following areas focusing on the Trust's Accountability Report:

3.38 The Accountability Report highlighted the pivotal roles and responsibilities of the Chair, Colin Dennis, and the Accountable Officer and Chief Executive, Jason Killens, and provided transparency and insight into how decisions were made and implemented by the Trust.

3.39 There was a strong commitment to excellence and quality which has been shown through the detailed work of the Committees and Advisory Group. Robust and structured annual reviews of the Board's effectiveness have been conducted, demonstrating a dedication to continuous improvement and accountability.

3.40 The Accountability Report also included details about the Board's membership, its declarations of interests, and Members' remuneration which was illustrated in the section under the Remuneration Report.

3.41 All the Board and Committee meetings were held as scheduled in the year and were quorate and were supported by well attended and engaging Board Development sessions throughout the year.

3.42 In respect of risks the accountability report sets out how the Trust actively and effectively manages risk to successfully deliver its services and achieve the strategic objectives.

3.43 The Trust's Escalation Status remained at routine arrangements throughout the year, and the Head of Internal Audit opinion reported that the Board could take reasonable assurance on its governance and risk arrangements.

3.44 The 2024 Structured Assessment from Audit Wales was positive and found that the Trust's corporate arrangements supported good governance and efficient use of resources.

3.45 In terms of the Staff Report, this highlighted the comprehensive efforts the Trust was making to foster a safe and inclusive work environment. Initiatives like speaking up safely, WAST voices networks and allyship training, and focusing on equality, diversity, and inclusion continued to be developed to create a supportive workplace culture.

3.46 The Trust will continue to enhance its governance with a focus on integrated assurance frameworks, improved support for report writers and consistent high quality board and committee papers. The board visit standard operating procedure will remain a key tool for board members to triangulate assurance and promote visible leadership.

4. Forward Look

Rachel Marsh, Interim Chief Executive Officer provided a presentation on the Forward Look for the Trust:

4.1 The Integrated Medium Term Plan follows the "Delivering Excellence" long-term strategy approved in 2019, aiming to transform the Trust from a traditional ambulance service into a reliable provider of high-quality care. The focus was on ensuring patients receive appropriate advice and care near home, supported by key enablers such as empowering staff, driving innovation and technology, and collaborating with partners.

4.2 The plan for 2025-28 has three areas of focus: Improvement for patients and transform the way care is delivered, to improve working environments for staff, and to create a sustainable organisation.

4.3 Transforming Care for Patients, Integrated Clinical Services Model - This outlines the clinical model, which extends well beyond emergency ambulances. The offering now included a growing online digital advice service, expanded remote integrated care, and a range of community-focused responses. In addition to the emergency response capability, the Trust also provides health transport services. By delivering services in this manner, the Trust aims to achieve better integration and collaboration, treat patients within their communities, alleviate pressure on hospitals, and implement more preventative care strategies.

4.4 Online Digital Advice Service – The Trust has enhanced the 111 website and recently launched a virtual assistant technology. The Trust encourages users to engage with this new feature and share their feedback for further improvement.

4.5 Remote Integrated Care Offer – This involved clinicians operating from dedicated control centres, where both the number of clinicians and the range of specialists available has been increased. Clinical specialists within these contact centres were further supported by

a growing team of Community Welfare Responders, volunteers who assist patients in their homes and relay important information about patient needs back to the clinical teams.

4.6 Urgent Community Response initiatives aim to expand the range of methods used to assist patients within local communities. For instance, the Trust has increased its employment of Advanced Paramedic Practitioners and palliative care specialists serving the community. The Trust continues to deliver a comprehensive falls service in partnership with St John Ambulance Cymru. Additionally, a new Mental Health Response Vehicle has been introduced this year in southeast Wales as part of a pilot project that will be evaluated over the coming months.

4.7 Emergency Response, as of 01 July 2025, the Trust has implemented a new emergency response performance framework with an emphasis on clinical outcomes and the chain of survival, particularly for patients experiencing cardiac or respiratory arrest. This initiative will support the Trust's efforts to work collaboratively on a national level, ensuring comprehensive CPR training and the rapid deployment of defibrillators, with the ultimate goal of improving patient outcomes.

4.8 The Health Transport service involves staff who provide transport across different areas of the system. This service is being adapted to allow for scheduling, so that more tasks can be planned rather than handled on an unscheduled basis.

4.9 Staff working environments – The People and Culture plan focuses on three core areas: culture, capacity, and capability. In terms of culture the Trust was reinforcing a speak-up culture that values every voice and encourages sharing concerns and ideas to improve patient and staff experiences. For capacity, the Trust was embedding inclusive recruitment to attract diverse talent, especially from ethnic minorities. Under capability, the WAST Way leadership initiative and essential conversations training were being introduced to support compassionate, inclusive leadership across the Trust.

4.10 Another focus was the Digital Plan, which involved investing in digital services such as enhancing the 111 website and collaborating with partners to safely share data and identify where the Trust's services were most effective.

4.11 Regarding the Fleet, the Trust has initiated the replacement of vehicles and recently announced a substantial capital investment to support this process. Efforts were underway to integrate hybrid and electric vehicles into our single responder and NEPTS vehicles where feasible. These measures will contribute to reducing the Trust's environmental impact.

4.12 The plan is supported by a balanced financial plan, which was approved by the Trust Board as part of its submission of the IMTP. This strategy incorporates funding uplifts as agreed

across NHS Wales; however, it requires the Trust to achieve substantial savings, amounting to £8.5 million.

5. Questions from the public

Angela Lewis confirmed that two questions had been received.

5.1 *Please can the Board outline the plans for the majority of paramedic graduates who do not have posts and please can the Board also comment on what the plan and communication there has been with Health Education and Improvement Wales (HEIW) in 2025/26 as this lack of posts appears to have been a surprise for the 2025/26 new graduate cohort.*

5.2 Carl Kneeshaw stated that due to changes in skill mix, working patterns, and financial conditions in the NHS, the Trust was currently unable to offer newly qualified paramedic positions to several recent graduates from Welsh universities. Work was ongoing with HEIW, NHS Wales partner organisations, and other health sector bodies, including the military, to explore potential alternative opportunities.

5.3 *Regarding performance indicators and response times were there different targets for urban and rural.* Lee Brooks explained there were no separate response measures as it was a national target.

5. Closure

The Chair extended his thanks to all who had attended the meeting.

Meeting closed at 10:15 am

ACTION LOG

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
46/25	29 May 2025	Chief Executive's Report	Rachel Marsh to share the personas with Rhiannon Beaumont-Wood for feedback and views.	Rachel Marsh	31 July 2025	Update for 25 September meeting Verbal Update - Details sent to Rhiannon Beaumont-Wood by e mail from James Houston on 4 September 2025	Complete
56/25	29 May 2025	Partnerships and Engagement Report May 2025	Estelle Hitchon to include stakeholder mapping and identification of strategic influence gaps in the next report.	Estelle Hitchon	13 November 2025	Update for 25 September meeting Note, this action is entered on the Forward Planner for the November Board meeting	Not Due
75/25	31 July 2025	Monthly Integrated Performance Report	A query arose about the additional capacity required for Phase 2. Rachel Marsh explained that the Trust was considering all options for additional capacity and agreed to agreed to provide a more definite answer at the next meeting.	Rachel Marsh Hugh Bennett	25 September 2025	Update for 25 September meeting Verbal Update	Open
76/25	31 July 2025	Integrated Medium Term Pan	Regarding SO5 (Being Quality Driven and Clinically Led), Rhiannon Beaumont-Wood observed that the IMTP objectives listed in this section had low Delivery Confidence and were RAG rated as Red and inquired whether this warranted concern. Rachel Marsh responded that this would be evaluated, with an update to be provided on the timing of any reprofiling and an assessment of the risks associated with not meeting these objectives as originally planned.	Hugh Bennett Liam Williams	25 September 2025	Update for 25 September meeting The delivery dates have been reprofiled, the following actions will be taken: •Directorate planning session with QSPE on 17th September 2025 to look at current and future IMTP priorities •There is a discussion at ELT away days on 9/10 September about future IMTP focus and priorities to consider delivery confidence in directorate led deliverables •IMTP planning over next 6 months to re-frame priorities against risks	Complete

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

Agenda Item No.	05

REPORT TITLE

Chair and Vice-Chair's Report – September 2025

MEETING

Name of meeting	Trust Board
Date of meeting	25 September 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Colin Dennis, Chair of the Trust Board Ceri Jackson, Vice Chair of the Trust Board
Author(s) of report	Alex Payne, Corporate Governance Manager

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

CHAIR'S REPORT

1. I would like to extend my sincere gratitude to Rachel Marsh, who has been in post as Interim Chief Executive since the 19 July 2025. Rachel will return to her substantive position as Executive Director of Strategy, Planning and Performance on the 01 October 2025, when the Trust welcomes Emma Wood as the incoming Chief Executive.

2. The Trust Board met on the 19 September 2025 for board development activity where members discussed the Trust's risk appetite statements. At this meeting we also received a presentation from an external specialist on diesel fumes, and a presentation on value-based healthcare, lead by the Executive Director of Quality and Nursing.

3. Since our last meeting I have been busy, with the following activity: -

    - Regular meetings and briefings with Rachel Marsh, Interim Chief Executive, and other Executives;
    - Regular meetings with Ceri Jackson, Vice-Chair;
    - Panel membership of the WAST Live events on the 01 August and 28 August;
    - Attended a meeting of the People and Culture Committee on the 12 August;
    - Attended a meeting of the NHS Wales body Chairs Peer Group on the 26 August;
    - Visited staff at Vantage Point House on the 29 August;
    - Chaired a meeting of the Remuneration Committee on the 03 September;
    - Attended a meeting of the Regional Leadership Board for North Wales on the 05 September;
    - Attended a meeting of the Finance and Performance Committee on the 16 September;
    - Attended a meeting of the NHS Confederation all members, Chairs' group;
    - Routine meetings with Trade Union Partners;
    - Routine meetings with Internal Audit;
    - Routine meetings with Audit Wales;
    - Routine monthly meetings with Non-Executive Director colleagues.

VICE-CHAIR'S REPORT

4. Since our last meeting I have been busy with the following activity: -

   - Formally met with Meshack Ezeadim, the Trust's Aspiring Board Member;
   - Attended Quality, Patient Experience and Safety Committee meeting on the 05 August;
   - Chaired a meeting of the People and Culture Committee on the 12 August;
   - Attended the Vice-Chair's Peer Group on the 13 August and 10 September;
   - Attended the Audit, Risk and Assurance Committee on the 02 September;
   - Attended the Remuneration Committee on the 03 September;
   - Attended the Board Development Day on the 19 September;
   - Held routine meetings with people and culture colleagues and Trust executives;
   - Held routine meetings with the Trust's Mental Health Lead;
   - Routine meetings with Trade Union Partners;
   - Routine monthly meetings with non-executive director colleagues.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Trust Board is requested to:

1. Receive and note the report.

ADDITIONAL PAPER(S)

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

n/a

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.	
Does this paper require an impact assessment	☒ No ☐ Yes

If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
25 September 2025	Trust Board

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

Agenda Item No.	6

REPORT TITLE

CHIEF EXECUTIVE REPORT: SEPTEMBER 2025

MEETING

Name of meeting	Trust Board
Date of meeting	25 September 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Rachel Marsh, Interim Chief Executive
Author(s) of report	Rachel Marsh, Interim Chief Executive

PURPOSE OF REPORT

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

REPORT SUMMARY:

[See writing and presentation guidance here to inform this section]
This report is presented to the Trust Board to provide awareness of the Interim Chief Executive's activities and key service issues since the last Trust Board meeting held on the 31st of July 2025. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section
The Trust Board is requested to note the contents of this report.

ADDITIONAL PAPER(S)

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

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
25th September 2025	Trust Board

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since my last report dated 31st of July 2025.

BACKGROUND

2. This report is presented to the Trust Board to provide awareness of the Interim Chief Executive's activities and key service issues. It is intended that this report will provide a useful briefing on current issues and is structured by directorate function.

ASSESSMENT

3. CHIEF EXECUTIVE

- Since the last Trust Board meeting, examples of items of note include:

- Attending meetings with key stakeholders such as NHS Wales CEOs, the Director General of NHS Wales, Blue Light Service Leaders, Trade Union Partners, Commissioners, JCC and senior elected representatives.
- I visited VPH, meeting colleagues from all operational areas to listen to their experiences, recognise achievements and understand current challenges. The discussions provided valuable insight into operational pressures and opportunities for improvement.
- I attended Bennet Street station in Bridgend for a ride out with the NEPTS team to gain first-hand insight into their daily operations and the challenges they face. This provided an opportunity to observe patient journeys, understand logistical complexities, and appreciate the professionalism and dedication of staff in delivering safe and timely transport.
- I participated in a BBC briefing regarding the introduction of the new ambulance performance framework and metrics. I set out the context for the changes and emphasised the focus on patient outcomes, including a call for action on CPR and access to defibrillators.
- I visited the Matrix Training Centre to meet educators and trainees, observe development activity, and understand current capability-building priorities. I thanked teams for their commitment.

- I attended a meeting hosted by the Cabinet Secretary who brought together NHS CEOs and Welsh Government officials to discuss shared priorities including winter preparedness and the development of integrated services in our communities.
- I hosted Emily Roche, Director of Urgent & Emergency Care at the Department of Health & Social Care. The visit enabled us to showcase our services, share learning on UEC pathways and discuss opportunities for collaboration and best-practice exchange; we agreed to maintain regular contact on shared priorities.

OPERATIONS DIRECTORATE

NEPTS Cleric System and Hywel Dda Patient Administration System Connectivity

1. The link between the Cleric system and the Hywel Dda PAS is now complete and in operation. This connection facilitates cross checking of systems to identify patients who have transport booked, but are no longer attending their appointment due to cancellation, date/time change or a change in patient circumstances. In a week of operation, we have identified almost 50 journeys where a patient's healthcare appointment has changed, and they no longer require the transport that was booked. It is highly likely that a resource would have been dispatched to complete this journey without this information.

2. Rollout to additional Health Board areas will be explored following completion of further refinement with Hywel Dda.

EAP Training

3. EAP training continues to progress well. The table below provides an overview of the current status of staff who have completed their training.

4. A new course is scheduled to begin on Monday, 1st September 2025, with 42 staff allocated to attend. This intake is reflected in the highlighted figures above. Overall, the courses are running smoothly, with strong uptake across all three regions. While a few staff have withdrawn at short notice due to sickness and other unforeseen circumstances, participation remains positive. Additional staff have also booked onto courses following the completion of their end-point assessments.

Total number of EMT's who have applied foe EMT's applied	504
Total EMT 2 staff trained to date	
Matrix	70
Pentwyn	71
Ty Elwyn	77
	218
Next course starts 01.09.25 across the Trust	42
Toatl number of EMT 3 staff trained	**37**

5. There are further courses scheduled for 06th October & 11th November and both courses currently have 45 staff booked on. Therefore, by the end of the current calendar year a total of 387 staff (including EMT3) will have completed the training and qualified as EAPs.

6. While we continue to support the release of staff to attend EAP training, this does have an impact on UHP. To mitigate this, we are staggering staff release across service areas to minimise disruption. However, in areas already experiencing low UHP due to other abstractions, releasing staff for EAP training can exacerbate the situation.

7. The upcoming winter UHP position is a concern, and we will continue to manage this by targeting staff release strategically to avoid overburdening any single area. Additionally, ongoing work around the Financial Savings Plans and overtime allocation will help to offset the impact of staff release for training.

Video Consultation

8. On the 8th of July video consultation was introduced to clinicians working on the 111 CAD system, joining those clinicians on the CSD CAD who already had access. Video consultation is designed to support the triaging process by enabling clinicians to visually assess a patient's condition. This visual interaction enhances clinical judgement and supports critical thinking, helping clinicians determine the most appropriate pathway. Since the launch, there have been 329 episodes of Video Consultation activations. Within CSD 754 video consultations were completed (this was the highest amount since records began in Sep 22). In total there were 1,083 Video consultations completed.

Manchester Arena Inquiry

9. We continue to await a formal outcome following our August 2024 submission, noting that the anticipated timeline has not been met. In the meantime, we are progressing further discussions with commissioners, including an additional scrutiny session

scheduled for the end of September. The new timeline advised is to anticipate an outcome in November 2025.

FINANCE AND CORPORATE RESOURCES

10. The finance team continue to support the delivery of the financial plan for the 2025/26 financial year as detailed in the submitted version of WASTs IMTP and MDS (Minimum Data Sets), following Trust Board approval in March 2025. Delegated budgets were set at the opening of the financial year in core finance systems and formal budget delegation meetings between the Executive Director of Finance & Corporate Resources, Chief Executive and all Executive Directors has now concluded.

11. Despite the year-to-date financial position being one of a small deficit, the finance team continues to play a key part in the delivery and recovery of the 2025/26 financial plan to a forecast year end balanced position. The team continue to provide finance support to the developments identified in the IMTP, supporting the savings programmes identified for 2025/26 and are also key to re-purposing of the Financial Sustainability Programme (FSP) to shape future financial years savings schemes and vision.

12. Two of the agreed objectives for the finance team for the 2025/26 financial year continues to be rolled out and include:

13. developing our digitalisation of WAST financial performance and monitoring for budget holders using dashboards and Qliksense tools.

14. developing a programme of enhanced finance training for budget holders and non-finance managers, with this also running in parallel to the above where documentation has been shared to all budget holders.

15. The Finance Team continues to participate in the NHS Wales Finance Academy programme (Finance Operating Model) to review all job families to ensure future proofing of services and delivery. Programme for the job families of Finance, Business Partnering, and Management Accounts, Financial Accounting and Director and Deputy of Finance have concluded to date, with the next stage of this to develop implementation plans to drive this ambition forward. Next steps will be a collaborative workshop with finance teams from Digital Healthcare Wales (DHCW), Health Education and Improvement Wales (HEIW), NHS Wales Shared Services Partnership (NWSSP) and Public Health Wales (PHW).

16. Work continues to progress well with the development of the PLIC system, and local modelling is being undertaken with comparison to the NHS England model. Work will

continue around the development of costing other elements outside the NHS England model, including 111 and Ambulance Care.

Capital Development

17. A brief update on a number of the new and ongoing capital schemes this financial year is provided below:

18. New Dolgellau Ambulance Station – The landlord is in the process of completing the preliminary work on site by mid-September. The contractor will start work in mid-October, and the current programme is that this will be completed by mid-March 2025.

19. Monmouth Ambulance Station – at the time of writing, this scheme is currently out to tender. The business case and contract award is expected to be presented to the Trust Board in September for approval.

20. Bangor Fleet Workshop – following Trust Board approval in July, work has now commenced on site and is due to be completed by the end of the financial year.

21. Thanet House relocation to Matrix One, Swansea – at the time of writing, this scheme is currently out to tender. The business case and contract award is expected to be presented to the Trust Board in September for approval.

22. Abergavenny (Targeted Estates Funding - TEF) – at the time of writing, this scheme is currently out to tender. The business case and contract award is expected to be presented to the Trust Board in September for approval.

23. HART Heating System (Targeted Estates Funding - TEF) – at the time of writing, this scheme is currently out to tender. The Executive Leadership Team will be asked to approve the business case in September.

24. Infrastructure for placement of hybrid and full electric vehicles – work continues on a programme of works for further EV infrastructure across the Trust estate. Charging capacity has now been installed at Welshpool.

Estates, Environmental and Facilities

EFPMS

25. The 2024/25 Estates & Facilities Performance Management System Report has been submitted to NWSSP. An update on the 2024/25 submission has been provided in the

Estates Condition Paper, submitted to Finance & Performance Committee for discussion on 16th September.

26. We await final all Wales report and dashboard to be produced but preliminary data suggests that the Trust has seen a reduction in backlog maintenance costs of c.25% across all risk categories.

27. We intend to go to the market in Q3 to undertake a new whole estate building condition survey (3 or 4 facets) to update the source data provided in 2021 when the surveys were last completed, this will allow us to provide an updated accurate picture going forward.

28. **Fire Safety Audit**

29. NWSSP Audit team continue to the review the Trust's Fire Safety compliance with all field work completed and all documentation requested has been provided. We are waiting on NWSSP confirming a date for a debrief meeting prior to submission of the draft audit report.

ISO14001

30. The 2025 audit was conducted in the Central & West region during July with the following sites audited: - HART, Bryncethin, Neath, Carmarthen, Tenby, Pembroke Dock, Aberystwyth and Newtown Ambulance Stations.

31. The audit was successfully passed with three minor non-conformities raised and one opportunity for improvement highlighted.

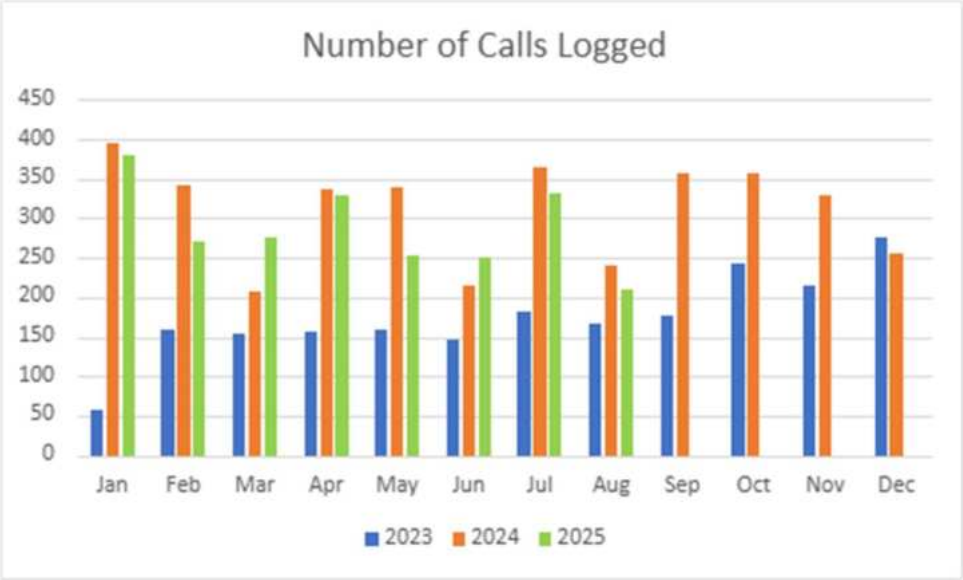
Waste & Utility Update

32. The annual 2024/25 Waste & Utility Update paper was due to be submitted to Finance & Performance Committee.

33. Energy consumption and costs across the Trust's estate remained stable when compared to 2023/24. Waste produced and associated costs increased compared to 2023/24, but overall recycling rates increased by 15% following the introduction of the Workplace Recycling Regulations in April 2024.

Estates Helpdesk

34. Updated with August 2025 data:



July 2025 Summary
Total Number of Helpdesk Calls Logged – 331
Top 4 Categories: -
- Access Cards 141
- Vehicle Chargers 33
- Electrical 34
- Plumbing 20

August 2025 Summary
Total Number of Helpdesk Calls Logged – 211
Top 4 Categories: -
- Access Cards 27
- Plumbing 27
- Vehicle Chargers 27
- Electrical 26

Fleet

35. Following Trust Board approval at its last meeting in January 2025, a revised Fleet Procurement Strategy for 2025-30 was formally submitted to Welsh Government on 31st January. The strategy included a BJC for the vehicle replacement programme for 2025/26.

36. Confirmation has since been received from WG that the WAST vehicle replacement programme BJC for 2025/26 was fully funded and we are to receive the requested £22.452m to replace 142 vehicles, as follows:

- 44 Emergency Ambulances
- These are Mercedes Box body Emergency Ambulances. The chassis are ordered, and the conversion work begins in October, through to January 2026.

- 12 Single Response Vehicles
- Thes are plug in petrol hybrid vehicles based on the Ford Transit Custom as per that procured in 2024/25. The vans are now with the nominated contractor ready to be converted into an SRV.

- 65 Large Ambulance Care vehicles. (30 wheel-chair accessible and 35 Stretcher bearing)

- Following a successful tender process the contract for the conversion of these vehicles has been awarded. The base vans have been built and the first of them went to the contractor during August. The conversion process will begin in earnest later in the year as per the schedule provided by the contractor.

- 13 small Ambulance Care vehicles, a combination of cars and minibus type vehicles.

- The vehicles have all been ordered using a Crown Commercial Services purchasing framework, facilitating a "one stop shop" with Ford and their Special Vehicles Operations division. All 13 vehicles are Battery Electric Vehicles (BEVs) with zero tail pipe emissions.

- 2 Occupational Health vehicles
- These vehicles are also BEVs with zero tail pipe emissions. They are based on the same Ford chassis as the Ambulance Care small car, this will ensure continuity for fleet with regards to tooling and training. The same applies to the 3 fleet support vehicles that will also be Fords.

- 3 Fleet support vehicles
- These vehicles are also BEVs

- 1 Hazardous Area Response Team (HART)
- After reviewing HART's requirement for this type of vehicle and the advancement in communications technology, the decision has been made not to replace the current vehicle this financial year.

- 2 large Driver Training Vehicles.
- The chassis were purchased during 20224/25 and are about to be converted to the proven and converted into the driver training assets that we have come accustomed to.

37. Work also now continues at pace in relation to the 2026/27 planned vehicle replacement programme and subsequent BJC into Welsh Government for funding consideration, in line with that included in the above 2025-30 refreshed strategic outlook.

CORPORATE GOVERNANCE

38. The 2025/26 Internal Audit Plan continues to progress well with one change to the programme, which was agreed by the Audit, Risk and Assurance Committee (ARAC) in September. To date, final reports have been received for two internal audits completed during 2025/26 Quarter 1: Manchester Arena Inquiry – Substantial Assurance, Organisational Change Policy – Reasonable Assurance. The ARAC AAA report for this meeting provides details for these reports.

39. The 2025/26 Policy Work Programme continues to be progressed. At the end of September 2025, 50% of Trust-owned policies are within review date compliance, a significantly improved position from the 14% reported in 2023. Notwithstanding this, ARAC were advised that the anticipated trajectory may slow in Quarters 3 and 4. Updates will continue to be provided to ARAC for oversight.

40. In addition to the Trust Board Declarations of Interest Register, which is refreshed and published annually each March and updated throughout the year to reflect any new amendments, between July and September 2025, the annual update of the 2025 Declarations of Interest Register for Decision Makers (Band 8a and above) was undertaken. That register will shortly be updated and published on the Trust's website.

41. During August 2025, the Trust jointly hosted a stand at the 2025 National Eisteddfod held in Wrexham. Our participation was coordinated by the Welsh Language Services Manager, with involvement and attendance by colleagues from Volunteer Service (Operations Directorate), Recruitment Team (People and Culture Directorate), and Public Engagement and Community Involvement (PECI) Team (Quality and Nursing Directorate). The event enabled promotion of the Trust's commitment to the Welsh language and culture, raising awareness regarding the wide variety of potential career opportunities within the organisation and our desire to recruit more Welsh speakers, and providing basic lifesaving skills (BLS) demonstrations to increase awareness and confidence regarding appropriate and effective use of Automated External Defibrillators (AEDs) in the community.

42. In line with the strategic objective to enable our people to be the best they can be, the Corporate Governance Directorate has six specific IMTP deliverables related to the Welsh language. Work has been completed to engage with staff to ensure that their ESR Welsh language competencies are up to date. ESR Welsh language competency data has been obtained from which a heat map has been created and will inform a gap analysis of bilingual provision across the Trust. The next steps planned are to engage with priority service areas that deal with patients and the public directly to identify ways in which our bilingual service provision can be strengthened.

43. In conjunction with the above, discussions are also taking place regarding the Trust's compliance with the Welsh Language Standard 110, which relates to providing a five-year plan on clinical consultations in the medium of Welsh, and our ambition to capitalise on the excellent work in NHS 111 Wales by extending this to our evolving remote care model.

44. The Corporate Governance Team has been instrumental in the development of the Community of Corporate Governance Community Practice which aims to bring together corporate governance professionals in the NHS in Wales and share best practice. The community's inaugural Corporate Governance Conference will take place on 24 October.

45. We are delighted to have appointed a Risk Manager to the team. Daniel King joined us this month and will lead on a number of essential service improvements in the risk portfolio.

46. New report templates were rolled out in August following a period of consultation and adjustment. These were accompanied by writing and presentation guidance. Whilst there may be some reports coming through on the older templates over the coming months, the intention is that these will be phased out by 1 April.

Covid-19 Inquiry Update

Statement Variances

47. A comprehensive exercise has been undertaken to analyse variances in witness statements from Module 3 of the Inquiry, comparing our practices with those of other ambulance services and public health bodies, using privileged access as a core participant. This confirmed broad alignment with sector practices and identified a small number of enhancements for inclusion in our pandemic plan. The exercise provided assurance that key decisions made during the pandemic remain appropriate and prompted valuable reflection, reinforcing the lasting impact of the pandemic and the importance of continued organisational learning.

Risks

48. The latest review of the Pandemic Governance Group risk register marks a significant milestone, with all seven risks now de-escalated to their target scores. Originally rated high due to the complexity and sensitivity of the inquiry response, robust controls, mitigations, and governance oversight have been applied throughout the lifecycle of these risks.

Costs

49. Total Inquiry expenditure to date is £261,622.16. Costs throughout 2024–25 were significantly lower than anticipated at just over £37,500. No legal costs have been incurred so far in 2025-26, although modest expenses are expected as further legal advice is sought in relation to confidentiality matters and the forthcoming release of the Module 2B and Module 3 reports. All costs have been absorbed internally, with no external funding received. The substantial internal resource commitment in time and effort by colleagues in addition to their core responsibilities represents a substantial hidden cost.

Lessons Learned

50. A focused review is underway examining our organisational response to the public inquiry, distinct from the pandemic response. The findings will be integrated into the Trust's new Post Incident Procedure.

Inquiry Reports

51. Dates for the release of the Module 2B and Module 3 reports have not been confirmed; however, both are expected in the Autumn 2025.

Senedd Special Purpose Committee

52. The Committee commissioned Nottingham Trent University to assess gaps in the Welsh Government's response to Module 1 highlighting improvements needed in resilience structures, decision-making, data sharing, cross-border coordination, and community involvement. The Committee has since been dissolved and responsibility has transferred to the Public Accounts and Administration Committee, which has limited short-term capacity to progress this work.

53. While the Module 1 recommendations are primarily aimed at government level preparedness, they may have implications for the Trust through regional resilience forums (LRFs). The future trajectory of this work remains uncertain, though it may influence ongoing calls for a separate Welsh public inquiry.

54. The Trust will actively participate in the upcoming Tier One national pandemic preparedness exercise, known as *Exercise Pegasus*, scheduled for November 2025. This exercise will inform the First Minister's winter 2026 statement to the Senedd on Wales' preparedness, and our participation will contribute to the broader assurance of readiness across the sector.

Pandemic Governance Group (PGG) Work Programme

55. An Assurance Report evidences successful delivery of the 2024/25 work programme against the PGG Terms of Reference. The 2025/26 programme builds on progress made and reflects a shift in focus aligned with the evolving context of the public inquiry.

STRATEGY, PLANNING AND TRANSFORMATION

Commissioning & Performance

56. The Commissioning & Performance Team supported the development and submission of the Trust's Winter Preparedness report for the Cab Sec. The team continues to focus on quality & performance management, in particular, through the Q&PMF Steering Group, which works with each directorate to develop directorate plans, balanced scorecards, and clear reporting arrangements. The MIQPR continues to be produced with a major amendment from 01 July, with the introduction of Purple (Arrest) and Red (Emergency). The MIQPR will be reviewed in the second half of the year, in collaboration with committee chairs. September's F&P Committee also includes a report on the ASIs to consider whether the committee has sufficient assurance on the publication of these metrics.

57. The team has continued to support Phase 1 and Phase 2 of the Ambulance Performance Framework, producing the month one report to the Welsh Government, supporting the development of the definitions and delivering and developing the respective monitoring & assurance plans.

58. There was an IQPD meeting in August. This is the main accountability mechanism with WG. This meeting was positive, with some grounds for optimism based on the Trust's clinical transformation and handover reduction, but the real test will come through this winter. The commissioning interface is stable, with requests from the Director of Commissioning for Ambulance Services & 111 being serviced promptly.

59. The team has undertaken a significant amount of work on forecasting & modelling through the Summer, including: 111 winter demand & capacity modelling (ditto EMSC), end-of-shift policy modelling and shift change over, NEPTS modelling for re-roster, forecasting and modelling for 111 roster practice review and delivering forecasting & modelling internal audit recommendations.

60. Finally, the team has provided a high level of support to the EA Skills Mix project, including modelling and developing options and recommendations.

Strategy Planning & Transformation

61. The Strategy team continue to support planning and delivery of workshops related to key initiatives to progress our Clinical Services Model. This has included facilitating a development session for the Clinical Consultation Before Conveyance (CCBC) initiative in collaboration with Six Goals, JCC and Health Boards. A follow-up workshop session is also being planned with Swansea Bay and Hywel Dda to take forward the aspirations to embed a 'regional approach' for remote integrated care.

62. Work is continuing in preparation for the refresh of the Trust's Long-Term Strategy. An all-day strategy session is being prepared for the Board Development session at the end of October, in collaboration with the Future Generations Commissioners' team, to explore long-term thinking and horizon scanning exercises for board members.

63. The Strategy team also leads, with the Director of Partnerships & Engagement, the Clinical Model Transformation (CMT) Programme Partnership & Engagement work stream. A fuller update is provided in the respective section of this report; however, key pieces of work have included the communications, and engagement plans for Phase 2 of the Ambulance Performance Framework changes, the development of a detailed CMT Information pack and proposals to refresh the Transformation Delivery Network.

64. The Planning team has seen some changes in the last two months, not only with the Executive Director of Strategy Planning and Performance stepping up to the Interim Chief Executive role but also we have said goodbye to our Senior Planning & Performance Business Partner, Deborah Kingsbury, who has commenced in the role of Assistant Director of Commissioning Ambulance & 111 services at the NHS Wales Joint Commissioning Committee (NWJCC). Deb has been a member of the directorate for over 10 years and whilst she will be missed, we benefit from her knowledge and experience in the commissioning role, and we wish her well. The Assistant Director of Planning and Transformation will also be starting a new role with NWJCC from 1st October as the Deputy Director of Planning and Programmes. We are currently recruiting to both roles, with the former role now being known as Head of Planning. The directorate has also made an appointment to the Senior Project Manager for Financial Sustainability (Richard Baxter) as the Trust renews its commitment to the Financial Sustainability Programme.

65. As these changes in the team occur and whilst recruitment is ongoing, there is a need to focus on some key priorities. At this time of year, the focus returns to developing the next iteration of WAST's IMTP for 2026-29 as the number one priority for the Planning Team. This IMTP will bring us closer to the final years of the current long-term strategy and is being developed during an interesting time for Wales as there will be a Senedd election in 2026. During September, the team will be undertaking planning sessions with the 9x directorates across the Trust and working with ELT to set the

strategic direction for the next 3 years in the context of the potential future environment in which the Trust will be operating. Collaborative IMTP sessions are then set up with senior leaders, stakeholders and the Board through October to December.

66. Another priority for the Planning and Strategy teams has been working with health boards and the Six Goals programme team on key areas of work at national and local level. The teams have engaged with the W45 workshops in each health board, emanating from the ambulance handover clinical taskforce and MAG recommendations. The team is also engaged in national work around Stroke and regional work to develop an Outline Business Case for the Llantrisant Health Park diagnostic and surgical treatment centre in Cwm Taf Morgannwg.

67. The CMT Programme is making good progress, with continuing work to deliver a strong and consistent 'brand' identity for the new Integrated Clinical Services Model. Capacity has presented challenges to this work in recent months, however a new appointment within the Strategy Team has seen work moving forwards at pace. A CMT Manager's Information Pack has been created and was approved by the September CMT Board to support managers during the ongoing changes. This pack aims to present key messages in a meaningful and consistent way to support a shared understanding of the Integrated Clinical Services Model. Alongside this, work to re-energise the Transformation Delivery Network (TDN) has also progressed, with an agreement to trial the network for two quarters to gauge the level of engagement and to gather feedback on the form and function of the network. Patient personas are also being refreshed to align with the new call categories, using symptom/condition specific scenarios to truly demonstrate the impact of the new integrated model on patient care.

68. Governance of the programme remains strong as we continue to build on our digital solution. Power BI dashboards have now been developed by risk and issue management and will shortly be rolled out across the programme, support meaningful and accurate conversations around risk management and mitigations. The team has also recently refreshed the Programme Definition Document (PDD), making significant revisions to reflect the evolving nature of the programme. Four out of five CMT workstreams now have approved Quality Impact Assessments (QIAs), reflecting our continuing commitment to ensuring Quality is central to strategic development and decision making. The remaining QIA for the Remote Integrated Care workstream is schedule for approval at the next Clinical Quality Governance Group (CQGG). Additionally, a QIA and EQIA have been developed to support the implementation of Phase 2 call flow changes aligned to the new Ambulance Performance Framework. These two documents are scheduled for review and approval through exceptional Clinical Advisory Group (CAG) and CQGG meetings, to ensure readiness for phase 2 go-live.

69. Alongside priority work to be organisationally ready for the introduction of Phase 2 call flow changes, across CMT workstreams, the focus is on pre-Winter activities to align phased implementation of our Integrated Clinical Services Model with those developments that will be most impactful over the winter period. Across Urgent Community Response and Remote Integrated Care (RICS), priority areas include the introduction of an APP scheduling model and dedicated Falls Desk, alongside preparations for the upcoming RSV season in integrated care. Building on learning from last year, RICS is leading work on improving the management of paediatric breathing difficulties presentations, ensuring children and families receive timely, effective care.

70. Finally, as we commence planning activities for the IMTP 26-29, the Transformation team has been working closely with the Planning team on the upcoming planning cycle to ensure joined up, collaborative work around directorate led planning and programme planning.

CLINICAL DIRECTORATE

71. The first of the w45 accelerated improvement workshops took place with Welsh Government, CTMUHB, NHS P&I and 6 Goals representatives, alongside Andy Swinburn and local representatives from Performance and Planning, Operations and Clinical colleagues.

72. The day proved to be a productive discussion with widespread interaction between all parties, clear ownership of the challenges, which has been reflected within the existing improvements.

73. Further workshops are set to take place in each HB area over subsequent weeks.

74. The DVSA announced some new additions to the driving theory test last.
week.

75. From September questions on CPR and the use of defibrillators will be included in the Driving Theory Tests across the UK. This work was led and instigated by Professor Len Nokes of Save a Life Cymru but is a collaborative project with Save a Life for Scotland, Resus Council UK and Northern Ireland Ambulance Service.
Len is now a Senior Independent Advisor for OHCA in the WAST transformation workstream, he and the SALC team transitioned to WAST on 1st July.

76. The Clinical Intelligence and Assurance Team (CIAT) is leading the development of a comprehensive suite of clinically driven performance indicators. These measures will

provide the Trust with assurance and insight into the quality and consistency of pre-hospital care delivered by our clinicians.

77. The indicators will be informed by data recorded by WAST clinicians through the electronic Patient Clinical Record (ePCR) system and will underpin a robust, outcomes-focused performance monitoring framework. Significant progress has been made, and it is anticipated that meaningful data outputs from some of these indicators will be available within the next quarter.

ePCR User Interface Update

78. CIAT has also played a central role in the enhancement of the ePCR user interface. Working in close collaboration with senior clinicians, Digital Services, and the Chief Clinical Information Officer, a redesigned, more intuitive interface is under development.

79. The project has now progressed from the design phase to development. A joint meeting between WAST and TERRAFIX is scheduled for this month, at which a progress update and demonstration will be provided to WAST.

DIGITAL SERVICES

Recruitment

80. Recruitment is progressing well in the directorate with lots of applications to vacant roles. We are also pleased to have some internal promotion success as part of our recent recruitment rounds. In August 2025, colleagues from both People and Culture alongside Digital joined forces to run a Digital Recruitment Workshop with people from Black, Asian, Minority Ethnic Backgrounds. This workshop provided an opportunity to learn about current opportunities within the directorate and understand more about the application process including practical tips on TRAC (the system used for applying for jobs) and staff benefits available.

EPCR

81. We are excited to announce that the refresh of the Electronic Patient Care Record (ePCR) application has been formally approved. This milestone follows extensive collaboration with our users and stakeholders, whose insights have been instrumental in shaping the future of ePCR. We are also making feedback more accessible, with both support and suggestions features being available from directly within the application dashboard.

ICT Projects

82. Ongoing work on the relocation of backend network and hardware systems from the old **Llanfairfechan site to Ty Elwy** is nearing completion, with only a few systems still pending transfer. Additionally, the migration of the **999 C3 connection broker and Remote Desktop servers** was completed on 26th and 27th August for core 999 control sites, while migrations for other staff cohorts are continuing as part of business-as-usual operations.

Clinical Safety

83. Through collaboration across Digital teams, work has commenced on rebuilding the Airway Compliance Log report in Power BI to restore effective reporting and enable assurance of the quality of clinical practice. The updated dashboard will form part of a broader clinician-level metrics programme, offering more accurate and insightful data to individuals for professional development conversations.

New Performance Framework Reporting

84. In August we saw the first data release of the new Call Category metrics (Arrest and Emergency) for the new Performance Framework – reflecting data from 1st to 31st July following the Call Flow Phase 1 changes. These metrics were reported to Welsh Government for publication as part of their Official Statistics, and to the JCC for publication under the Ambulance Service Indicators (ASIs). Both the Official Statistics and ASIs have been reported in the same manner, every month, for several years – meaning these changes required significant effort from the data and analytics team and careful quality assurance. This first release represents a milestone in the evolving way the WAST's emergency services will be measured and a significant step towards outcomes focused reporting. Further data and reporting changes are in development as part of the Call Flow Phase 2 project, which will see additional changes to the Official Stats and ASI publications in coming months.

Information Governance

85. We recently led an awareness session on Information Governance and Transformation to colleagues in our Strategy, Planning and Performance Directorate including Project Managers and Project Support Officers. The session provided a comprehensive awareness briefing on key information governance principles and their application in project work across WAST. This is important to ensure Information Governance is baked into project work from the start and everyone is aware of their responsibilities, it can also provide an opportunity to challenge ourselves to consider processes and user needs much earlier on in a project. The session included foundational principles, legal frameworks, Data Protection Impact Assessments, procurement, governance and communication, training and assurance. We endeavour to continue developing our IG

awareness offer which includes an AI fluency course currently in development with education colleagues.

Drones

86. We were delighted to showcase a HART drone demo on 26th August 2025 to the Operations Directorate Senior Leadership Team. This was organised and run by Scott Hanson from Digital Services (HART Drone Project Lead) alongside Mark Williams (HART paramedic and HART Drone Pilot). Mark demonstrated the thermal imagery and zooming capabilities by locating a mannequin that had been placed in a nearby covered woodland with a thermal pack attached. Scott demonstrated both our in-house live streaming portal within the HART Command Support Unit, alongside the capability to stream this to the Operational Deployment Unit (ODU). This in-house portal was developed by Neil Miles (Senior Technical Engineer – ICT). Alongside the demonstration, the project team shared an update on the work done to date to prepare the HART Drone for live deployment in the coming months.

111 Digital Front end

87. Work continues to progress well in the 111 Digital Front End workstream of the Clinical Model Transformation Programme, which includes work to secure onward investment. The launch of the Virtual Assistant has attracted attention both nationally and internationally, and it has recently been named "Albot" following a competition with WAST staff. An initial kick-off meeting has taken place to explore how we proceed with modernising our content management system, which will enable better accessibility and functionality in the future. Finally, our symptom checker contract has now been signed, and implementation work will progress. This is a significant milestone in the redevelopment of our online symptom checkers, providing a more accessible and equitable online service.

Digital Transformation and Innovation

88. A series of sprint meetings to design the Digital Transformation Innovation Programme (DTIP) group have continued and will conclude early Autumn. Work done to date includes front door mapping and identifying the routes in alongside key stakeholders, journey mapping to understand the user experience better, exploration of triage points and early scoping of prioritisation. This work will now pause until the new Head of Digital Business Change and Benefits has been recruited to ensure their ownership in implementing the new mechanisms.

89. As part of our Phase 1 evaluation of the Copilot pilot we received 70 evaluation forms which is great engagement from those in the pilot group. This feedback is being developed into requirements for creating an ongoing education package to meet the needs of our workforce. As our Business Analysts are recruited, deep dive work will

commence in the Autumn which will progress the development of meaningful and safe use-cases, our AI policy and influence our automation scale up opportunities. This work will bring efficiencies to WAST and free up time for higher value work.

PARTNERSHIPS AND ENGAGEMENT

90. Communicating the changes to the Ambulance Performance Framework continues to be a key priority for the directorate. The Trust received positive feedback from internal and external stakeholders regarding the approach and materials for phase one (i.e. introduction of Purple Arrest and Red Emergency categories, and associated performance metrics), which will now inform the approach for phase two, i.e. new 'Orange: time sensitive' and 'Yellow: assess and respond' categories, which will replace the existing Amber category when implemented over winter. A filming opportunity with BBC Wales, designed to bring the changes to life, generated fair and fact-based news coverage of the first set of monthly performance metrics. More broadly, a detailed Clinical Model Transformation Information pack, designed to explain all the changes across the programme, is in development and nearing completion.

91. On the organisation's efforts to improve cardiac arrest survival rates, an announcement by the Driver and Vehicle Standards Agency (DVSA) about new theory test questions on CPR and defibrillation generated extensive media coverage nationally. The initiative is a collaboration between the DVSA, the Resuscitation Council UK, and the Save a Life programmes in Scotland, Northern Ireland, and Wales, the latter being hosted by the Welsh Ambulance Service. The directorate's Communications Manager for Save a Life Cymru continues to develop a refreshed communications plan aligned to the Cabinet Secretary's ambition to create a 'nation of lifesavers', recognising the organisational commitment to increasing the contribution and significance of bystander CPR.

92. The directorate successfully delivered two Long Service Award ceremonies in July. Both events were well attended and once again benefited from the support of local dignitaries, including the Lord Lieutenant and the High Sheriff of the respective areas (North and South Wales). These ceremonies continue to provide an important opportunity to recognise and celebrate the dedication and commitment of long-serving colleagues.

93. The directorate is also progressing a range of initiatives to strengthen internal communications. In partnership with our Digital colleagues, the team is exploring the enhanced use of Microsoft platforms to provide more targeted and relevant content for staff, tailored to their specific job roles. This work aims to ensure that information is more accessible, engaging and aligned with colleagues' day-to-day needs. The directorate is also working closely with Digital Health and Care Wales and Trust colleagues to improve the accessibility of documents hosted on the Trust's website. This includes a comprehensive refresh of existing content, as well as enhancements to

the 'Contact Us' section, to ensure information is clearer, more user-friendly, and fully compliant with accessibility standards.

94. With the announcement of the appointment of new Chief Executive, Emma Wood, the Communications Team has been working on a range of communications to introduce the CEO to the organisation, as well as working through an anticipated programme of more systemised internal communications in preparation for her start. Similarly, the Director of Partnerships and Engagement is working with the CEO on shaping an early approach to engagement to ensure relationships with key stakeholders are established as early as possible in her tenure.

95. The Director of Partnerships and Engagement has stepped in as interim Executive Director of Strategy, Planning and Performance until early October while Rachel Marsh is the Interim Chief Executive.

PEOPLE AND CULTURE DIRECTORATE

Avoidable Harm

96. The People Services Team have been shortlisted for a Healthcare People Management Association (HPMA) award for the work undertaken on avoidable harm, Developing and Embedding a Culture of Compassionate Practice. A submission was completed and forwarded for judging, and we are delighted to share that we are one of three organisations shortlisted for the award. The awards dinner will be held on the evening of the HPMA conference in Birmingham on 20th November. There is still much work to do on this agenda across WAST but being shortlisted for this award recognises our achievements to date.

Staff Survey

97. In line with our commitment to amplifying colleague voice, we've delivered the second pulse survey focusing on three priority themes from the 2024 Staff Survey aligned to *Our WAST Way*. Results from the first pulse survey have been shared with directorates to support local review and action planning.

98. Commenced preparation for the 2025 survey, including a robust communications and engagement plan and an incentive scheme to encourage participation. This year, our dual focus is to increase participation rates and see tangible improvements in key priority areas: colleague wellbeing and burnout, meaningful 1:1 conversations with managers and involvement in change. We are also strengthening the 'voice into action' feedback loop to demonstrate the impact of staff input through initiatives such as *We Said, We Did*.

Promoting Sexual Safety across the Organisation

99. Our rollout of the multi-level training programme continues to gain momentum, with a growing number of staff having completed the general awareness training to date. Taking on board the feedback from attendees for further training, we have commissioned bespoke training from Connect Futures on specific sexual safety topics such as the manosphere, sexism within social media and systemic sexism. Two of these virtual sessions have already been provided to staff with good rates of attendance and positive feedback received. The next steps in our sexual safety programme of work will be to promote the new All Wales Anti-Sexual Harassment Policy to ensure a consistent approach to preventing sexual harassment in the workplace and dealing with concerns raised.

Preventing Discrimination in the Workplace and Creating Allyship

100. Our Sexual Safety General Awareness Session, our Allyship and Active Bystander Training and our Transgender Awareness Training is now being rolled out to our new starters within our contact centres as part of their induction programme. This programme will be rolled out across Wales over the next 18 months, and existing call centre staff will also be invited to attend this training.

Culture Transformation

101. We're proud to share that WAST has been shortlisted for a *Culture Pioneers* award, recognising the excellent cultural transformation work led by Angie Lewis, Director of Culture Change. This reflects the significant progress we are making in creating a more positive, engaging and inclusive culture across the organisation.

Workforce Planning and Recruitment

102. The recruitment team ran a very successful graduate recruitment event at Liberty Stadium, Swansea in June. Initially, 21 graduates were offered roles with a further 2 cohorts appointed on two year fixed term contracts. The creation of the Band 5 EAP role has led to a reduction in the numbers of NQPs required within the organisation. We are working with HEIW and the Universities to establish the new commissioning requirements for numbers of students for the next 3-5 years.

Team Capacity

103. The new Head of People Services, Bev Flood is joining the team on 15th September. Bev has a public and private sector background, and we look forward to her joining us. We have also made an offer to a candidate for the Head of Workforce Planning, Systems and Recruitment and we are expecting them to join in November.

Occupational Health

104. Occupational health and peer vaccinators are getting ready to start the staff flu campaign in October; we have sought advice from the PHW behavioural science team to help influence our campaign, and by adopting their principles of making vaccination NEAR - Normal Easy Attractive & Routine. Weekly drop-in clinics will be available at each OH base every Tuesday, and every other Friday. Peer led clinics will be advertised locally within teams / areas and a number of SLA / agreements are underway for staff to receive their vaccine within health boards, also.

Paramedic Science Graduation

105. On July 22nd, our 2022 cohort of EMTs following the Work Based Learning route to registration graduated with their BSc Paramedic Science awards in a fantastic celebration of their achievements at Swansea University. Karl Merrett was part of that cohort, and his posthumous award was poignantly marked on the day. Many of those graduating this year were in the first WAST Higher Apprenticeship programme initiated in 2020 – a true example of enabling social mobility within the workplace that demonstrates the Trust commitment to strengthening the communities we serve by providing rich careers across Wales.

Inclusive Recruitment Initiative

106. Another workshop was held by our Digital Team to attract applications from people from Black, Asian, Minority Ethnic backgrounds into digital roles. We saw an increase in attendees at this workshop and more workshops are planned over the coming months as our digital recruitment programme progresses. The impact of our previous workshops is still demonstrating positive results with a previous workshop attendee being shortlisted for an upcoming vacancy. As this inclusive recruitment initiative gains momentum, the Trust has also seen more questions being raised by staff and members of the public who are not from Black, Asian and Minority Ethnic. As a result, the Trust has liaised with Trade Union Partners and will also offer the opportunity for staff with other protected characteristics to attend similar workshops to learn more about our recruitment opportunities.

Workforce Race Equality Standard (WRES) Report

107. The Trust has performed well against the NHS Wales WRES with improvements made over the year against all objectives. Welsh Government have commented in national meetings on the exemplary approach that WAST is taking to implement the Anti-Racist Wales Action Plan. In the 2025 WRES Report, our efforts to recruit more Black, Asian

and Minority Ethnic staff have been recognised along with a noticeable reduction in the likelihood of ethnic minority staff being subject to disciplinary procedures in the workplace.

Developing the whole WAST workforce

108. The Essential Skills team is making excellent progress with widening our Apprenticeship offer and was joined in August by Vicky Thomas who joins from our market leading partner, Skills Academy Wales. In house, we are developing an offering to pace call handling and patient journey careers in Ambulance Care. This will join the established Associate Ambulance Practitioner programme with its newly added Level 3 route designed to support our Trainee EMTs during the first year of their practice. Externally, the team are supporting WAST colleagues to access Higher Apprenticeships in Project Management and Data Analytics. In the classroom, the team deliver Mentoring, Numeracy, Communication Digital Literacy and will be opening enrolment to Digital Skills for Business in November.

109. Current demand for Induction programmes has led to a request for additional Operational Instructors to come forward for development. 33 Paramedics from across the country responded to the call to action and a number of them will be selected by mid-September to commence development. Their programme includes qualifications that will enable them to hold dual registration with the Education workforce Council and therefore practice as educators within the workplace.

110. A significant amount of co-production to support our wide range of Subject Matter Experts has been a focus over the summer. New packages have been released on Learn365 to support Driving and Clinical curricula as well as specialist Safeguarding and Health & Safety offerings. Work is drawing to a close on the refined Newly Qualified Paramedic Preceptorship, Consolidation and Autonomous Practice programme, making the 2-year post-registration development programme a broader and ultimately more supportive experience for our NQPs. Developments, co-produced with Clinical Directorate colleagues, on ECG, Advanced and Difficult Airway and Resuscitation education programmes are well progressed and will be available to our EMT, EAP and Paramedic colleagues during the autumn.

111. HEIW have completed withdrawal of the C1 provision arrangement with Swansea University and has transferred it to WAST – this opens a range of opportunities for the future, with initial focus on supporting student paramedics to achieve their C1 licence requirements in a timely manner.

Our WAST Way – Update Since Launch

112. Since launching Our WAST Way in May 2025, we've seen positive initial engagement with the framework and its supporting content.

Key highlights:

- Over 200 staff have accessed the digital resources.
- 226 colleagues attended Our WAST Way Applied sessions.
- A Leadership Community has been established on MS Teams with 240 members, supporting peer learning and sharing of good practice.
- The Essential Conversations programme has been piloted and refined, with full rollout planned for autumn 2025.

Next steps:

- Autumn delivery of 'Essential Conversations' to wider cohort of people managers.
- October symposium for Band 8a+ leaders who missed the June event.
- Phase 2 will focus on integration into PADR, expanding peer learning opportunities, and aligning leadership development pathways.

Change Management:

113. Building on our work to increase organisational change management capacity and capability, we've successfully recruited a dedicated Change Manager, strengthening our ability to embed principles of effective change management throughout the Trust and demonstrating a clear commitment to prioritising the people impact of change initiatives and ensuring colleagues are supported through transformation. We've also refreshed and expanded the Change Management SharePoint hub with new and updated tools, shaped by colleague feedback, to provide more accessible and practical resources for managers and teams.

TRiM Training

114. The rollout of the new Trauma Risk Management (TRiM) training package is scheduled to commence from September. It will be offered to existing responders, in conjunction with the recruitment of additional TRiM responders within the peer network. Duty managers and corporate personnel are also encouraged to participate in the training to enhance their understanding of both the updated package and its integrated application. The digital team has developed a dedicated training app that facilitates ongoing education and demonstrations as required. Upon completing the training,

TRiM responders will be granted access to the live application, which supports the confidential assignment and management of calls and support sessions. The Wellbeing team has reported positive feedback from station promotions of the TRiM launch, resulting in strong engagement and uptake for the scheduled training sessions.

RECOMMENDATION

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

NEXT STEPS

5. The Trust Board are invited to discuss and note the contents of this report.

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

AGENDA ITEM No	9
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

ACTIONS TO MITIGATE AVOIDABLE PATIENT HARM IN THE CONTEXT OF EXTREME AND SUSTAINED PRESSURE ACROSS URGENT AND EMERGENCY CARE

MEETING	Trust Board
DATE	25th September 2025
EXECUTIVE	Rachel Marsh, Interim Chief Executive
AUTHOR	Mark Thomas, Commissioning and Performance Manager
CONTACT	Rachel.Marsh3@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Trust continues to take many actions to mitigate patient harm, at a strategic, tactical and operational level, which are reported through to committees and Trust Board in a variety of reports e.g. IMTP Assurance Report, Monthly Integrated Quality & Performance Report, QuEST committee agendas etc.
2. The Trust went live, as planned, on phase one of the new 999 emergency pathway clinical categories (Arrest, Emergency and Rapid Clinical Screening (RCS0), of the new Ambulance Performance Framework, on 01 July 2025. On 17 July 2025, the Cabinet Secretary announced phase two (Time Sensitive, Assess & Response and Planned Response) with a back stop delivery date of 01 December 2025.
3. *Appendix 1* contains the patient harm mitigations one-page scorecard. This is the third scorecard that contains the impact of clinical model changes switched on during winter 2024/25.
4. Key headline patient harm mitigation metrics for Q2 2025/26 include:
    - The Trust is responding to more Arrest and Emergency categorised incidents within 6-8 minutes.
    - Patient cancellations are reducing and automatic Clinical Safety Plan "can't sends" have been switched off;
    - The Trust achieved a 20% consult & close rate in August 2025. This is a

material increase on the previous pre-rapid clinical screening change of 15%;

- There was a material reduction in hospital handover lost hours over the past three months, with 13,160 hours being lost in August 2025 compared to 17,540 in August 2024.
- Whilst this reduction is very welcome, it is by no means universal. Our ambition is to see all health boards reduce handover to levels which improve patient experience and outcomes, and which are sustainable, so that there are solid foundations from which to continue to improve urgent and emergency care services.

RECOMMENDATIONS

Trust Board is asked to:

- **NOTE** the initial impact of the Trust's clinical model evolution.
- **NOTE** that there has been a material reduction in hospital handover lost hours.
- **NOTE** the need to continue to carefully monitor patient experience and outcomes.
- **NOTE** the need for all health boards to further reduce hospital handover lost hours, including reaching the 45-minute target expected by the Cabinet Secretary by October 2025, and for the Trust to support health boards in achieving this by continuing to evolve its clinical model.

KEY ISSUES/IMPLICATIONS

As outlined in the Executive Summary above.

REPORT APPROVAL ROUTE

Date	Meeting
17 September-25	**Director of Partnerships & Engagement/Interim Executive Director of Strategy, Planning and Performance**
25 September-25	**Trust Board**

REPORT APPENDICES

Appendix 1 – Patient Harm Mitigations Dashboard

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	x	Financial Implications	x
Environmental/Sustainability	x	Legal Implications	x

Estate	x	Patient Safety/Safeguarding	x
Ethical Matters	x	Risks (Inc. Reputational)	x
Health Improvement	x	Socio Economic Duty	x
Health and Safety	x	TU Partner Consultation	x

SITUATION

1. Pressure continues within the NHS Wales urgent and emergency care system. There are some early signs of improvement in handover and patient flow in some parts of Wales, with a need for this to become a more universal position and on a sustainable basis.

2. This report provides Trust Board with a patient harm mitigations dashboard.

BACKGROUND

3. The 28 July 2022 Trust Board received the first iteration of a report and actions to mitigate real time avoidable patient harm which has then been updated for every Board meeting.

4. At its September 2024 meeting Trust Board received a closure report for the patient mitigations action plan and agreed to receive just the patient harm scorecard going forward.

5. The Trust continues to take many actions to mitigate patient harm, at a strategic, tactical and operational level, which are reported through to committees and Trust Board in a variety of reports e.g. IMTP Assurance Report, Monthly Integrated Quality & Performance Report, QuEST committee agendas etc.

6. The Trust went live, as planned, on phase one of the new Ambulance Performance Framework on the 01 July 2025. On the 17 July 2025 the Cabinet Secretary announced phase two with a back stop delivery date of 01 December 2025.

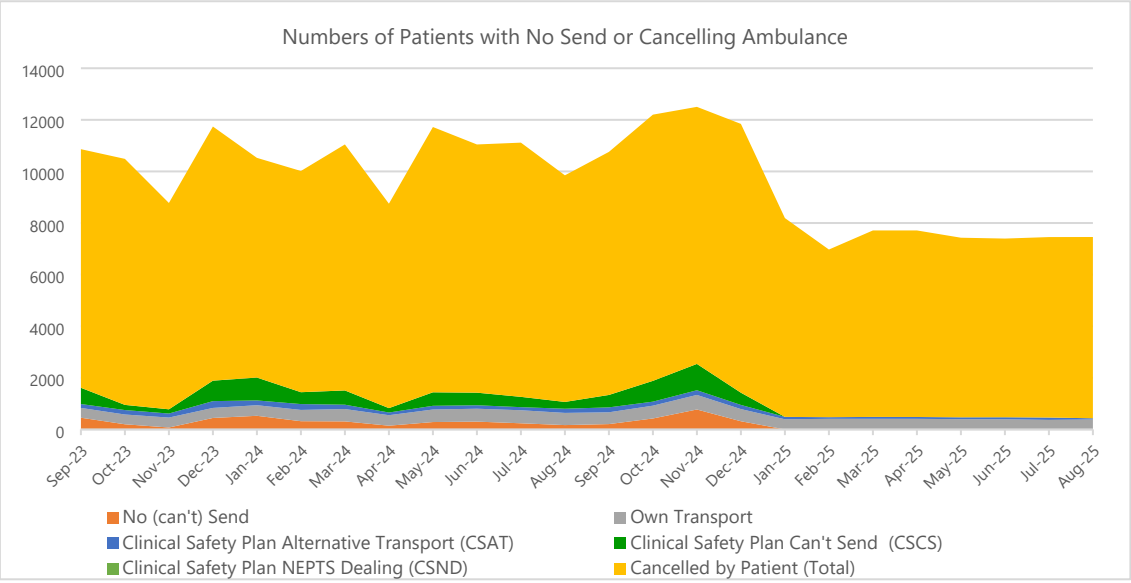
ASSESSMENT

7. *Appendix 1* contains a simplified patient harm mitigations dashboard. These metrics indicate, although declining, a continuing level of patient harm, for example:

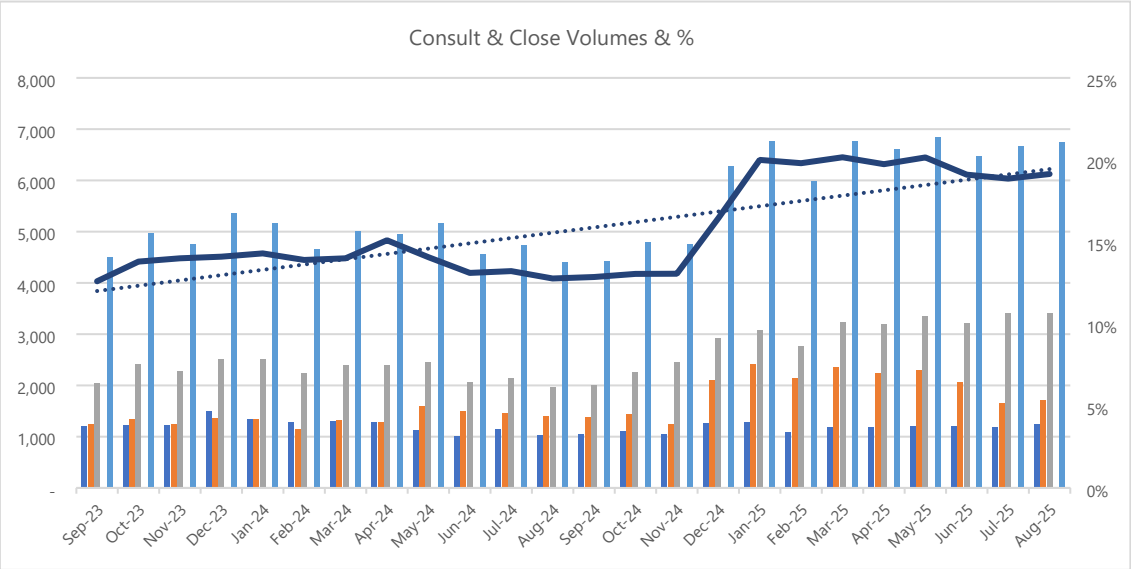
    - 416, 364 and 355 patients were estimated to have come to severe harm outside EDs in June, July and August 2025 respectively because of extended handover times;

8. There are a number of positives connected to the Clinical Model Transformation Programme-

    - There was only one Clinical Safety Plan "can't send" during August 2025, as a result of the introduction of Remote Clinical Screening (RCS) and a change in the plan from the automatic deployment of "can't sends" at higher levels of the plan to a last resort at the discretion of the strategic commander.
    - Similarly, there was a 32% reduction in patient cancellations (pre-arrival) (see graph overleaf), over the last quarter, compared with the same period during 2024, which the Trust believes is attributable to the implementation of RCS; and
    - An increase in the ROSC compliance rate to 27.4% in August 2025.



9. As previously reported, the switching on of RCS has driven more patient flow into Integrated Care i.e. remote telephony triage, which in turn is leading to a higher consult & close rate, as illustrated in the following graph:



10. The Trust achieved a 19.1% consult & close figure in August 2025, six percentage points higher than the rate recorded during the same month last year, and consistent with the 2023 EMS Demand & Capacity Review modelling. The switching on of RCS and the increased patient flow into Integrated Care marks a "cultural shift" for the Trust away from traditional dispatch to more remote and community care.

11. The final stage of rapid clinical screening, RCS0, was switched on as part of the Arrest and Emergency categories go-live on 01 July 2025. The Trust put in place a suite of internal quality, safety and performance reporting for the go-live and submitted a week one and month one assurance report to the Director of Commissioning for 111 & Ambulance Services and to Welsh Government. Median

response times for the first two months in both the Arrest and Emergency categories are positive, with a more meaningful analysis and interpretation of the data being possible over time as a longer run of data becomes available.

12. On 17 July 2025 the Cabinet Secretary announced phase two of the Ambulance Performance Framework with a back stop date of delivery by 01 December 2025. Phase two will involve the introduction of three new categories:

    - **'Orange: time sensitive'**– for conditions needing a fast response and care from ambulance clinicians before transport to hospital for specialist care, such as a stroke;
    - **'Yellow: assess and respond'**– for conditions which require further clinical assessment to determine the best pathway of care, such as a person suffering from abdominal pain who may be suitable to stay at home or may need further investigations; and
    - '**Green: planned response'**– for conditions such as a blocked catheter which may require community care or planned transport to urgent care services.

13. Phase two will be more complex/transformative than phase one, moving away from the final disposition/outcome being an MPDS code to one determined through the remote clinical assessment process e.g. ideal response.

14. There was a material reduction in hospital handover lost hours in August 2025 to 13,160 compared to 17,540 in the same month last year. This continues a sustained level of month on month improvement evident since May 2025. The Trust is aware of targeted actions at some sites in Wales which may be positively impacting patient flow, and therefore patient handover at the emergency department. However, a seasonal impact may also be contributing to improvement. Only time will now tell if the reduction is sustainable over the longer term as activity will inevitably pick up as we emerge from summer into autumn and winter. It is important to stress, that while there is improvement within this area, these improvements are not universal across Wales at this stage. The taskforce established in response to the Ministerial Advisory Group (MAG) on NHS Wales Performance & Productivity which include a recommendation to reduce handover waits to 45 minutes, continues to meet, with representation from the Trust.

15. The Trust received winter planning guidance from Welsh Government in July 2025. There is no specific requirement for the Trust to produce its own plan, but it will feed into the regional self-assessments that are required ensuring a system-wide approach to winter planning in which the needs and actions of the Trust are reflected. The primary focus for the Trust this winter will be implementing phase two of the Ambulance Performance Framework as detailed above, along with established practices, which are already underway, e.g. festive season planning, forecasting and modelling, capacity management etc.

16. In conclusion, there are some positive indicators in the Patient Harm Mitigations Dashboard over the last quarter, in particular, reduced patient cancellations, an increased consult and close rate and hospital handover reduction. On 01 July 2025 the Trust went live as planned with the new Arrest and Emergency categories and has switched on the final part of rapid clinical screening, RCS0. The Trust has a clear strategic plan for winter i.e. phase two of the Ambulance Performance Framework and there is a much stronger focus by health boards on hospital handover reduction. The Trust will need to continue to monitor the effect of these changes through the scorecard throughout the rest of the year to assess the impact on levels of patient harm.

RECOMMENDATIONS

Trust Board is asked to:

- **NOTE** the initial impact of the Trust's clinical model evolution.
- **NOTE** that there has been a material reduction in hospital handover lost hours.
- **NOTE** the need to continue to carefully monitor patient experience and outcomes.
- **NOTE** the need for all health boards to further reduce hospital handover lost hours, including reaching the 45-minute target expected by the Cabinet Secretary by October 2025, and for the Trust to support health boards in achieving this by continuing to evolve its clinical model.

Patient Harm Mitigation Indicators Dashboard

Top Monthly Indicators	Target 2025/26	Jun-25	Jul-25	Aug-25	2 Year Average	RAG
Our Patients						
Volume of Red Responded Incidents in 8 Minutes	·	2,547			2,483	
Volume of Amber 1 Responded Incidents	↑	10,793	11,584	11,652	10,876	R
Can't Send & Cancelled by Patient Volumes	↓	5,953	5,816	5,822	8,386	G
Our People						
Sickness Absence *(all staff)*	6.0%	7.49%	7.82%	N/A	8.06%	R
Number of Shift Overruns	↓	3,441	3,551	3,501	3,870	G
Total EMS Resource (all types) UHP	95%	94%	94%	94%	96.44%	A
Value						
% of Conveying Production Lost Due to Handover Lost Hours	7.81%	16.0%	12.7%	13.4%	22.1%	R
% of 111 Demand Referred to ED	↓	15.99%	16.26%	15.59%	14.67%	R
% of EMS Demand Conveyed to ED	↓	36.81%	37.94%	N/A	35.77%	G
Average Jobs per Shift (All Vehicles)	·	2.74	2.83	2.36	2.40	A

Top Monthly Indicators	Target 2025/26	Jun-25	Jul-25	Aug-25	2 Year Average	RAG
Partnerships / System Contribution						
Successful Consult & Close Outcome	17.0%	19.10%	18.86%	19.10%	15.72%	G
% of EMS Verified Demand Accessing SDECs	↑	0.7%	0.6%	0.4%	0.51%	G
Number of Handover Lost Hours	7,500	15,278	12,565	13,160	21,094	R
Number of Patient Handovers > 45 mins	0	5,702	5,225	4,874	6,857	R
Number of Patient Handovers > 1 hour	0	4,625	4,054	3,945	5,785	R
Number of Patient Handovers > 4 hour	0	1,163	862	1,020	1,819	R
Immediate Released (Old Red) Declined	0	3			6	
Immediate Released (Arrest) Declined	0		0	0		G
Immediate Released (EMERG) Declined	0		1	1		G
Immediate Released (Amber 1) Declined	0	190	122	236	326	R
Patients Estimated to be coming to Severe Harm (from long ED wait)	0	416	365	355	521	R
Joint Investigation Framework Incidents Referred to Health Boards	0	18	12	6	14	R

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)

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

Agenda Item No.	10

REPORT TITLE

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING

Name of meeting	Trust Board
Date of meeting	25 September 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Governance / Board Secretary
Author(s) of report	Julie Boalch, Assistant Director of Corporate Governance & Risk

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks.

2. The Board can take assurance that each of the principal risks have been reviewed in line with the agreed schedule detailed at Annex 3 and that the Executive Leadership Team (ELT) approved the principal risk activity on 27 August 2025 undertaken by Risk Owners.

3. The report outlines the broader discussions across the senior leadership teams and the Committees on the higher rated risks and signposts the Board accordingly. The Risk Owners have an opportunity to further add to the narrative within the report and detail of any

assurances or escalations during the meeting and Committee Chairs will also contribute to this as appropriate, drawing from the Alert, Advise, Assure reports (AAA).

4. Members are asked to note that there has been a reduction in score for **Risk 160** (*high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service)* from 20 (5x4) to 16 (4x4). It is recognised that the rolling annual figures for sickness since March 2022 are reducing year on year and therefore a reduction in the score is appropriate. This will be closely monitored by the People & Culture Directorate and Executive Leadership Team.

5. A **new Artificial Intelligence (AI) Risk** has been developed and approved for inclusion on the Corporate Risk Register, by the ELT, at a score of 16 (4x4) with a target of 8 (2x4). The full detail of the risk will be included in the next Trust Board Risk Report.

6. Whilst there have been no other material changes to the principal risks during this period the report foreshadows an increase in score for **Risk 139** (*Failure to Deliver our Statutory Financial Duties* which currently remains unchanged at a score of 8 (2x4).

7. The Risk Management Policy was endorsed by the Audit, Risk and Assurance Committee on 02 September and is before the Board today with that committee's AAA for approval. There have been no material changes made to the Policy this year.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Trust Board is requested to:

1. Consider and discuss the contents of the report.

2. Receive assurance on the review and attention to the principal risks, their review at the Executive Leadership Team and at relevant Committees.

3. Note the ratings and mitigating actions for each principal risk.

ADDITIONAL PAPER(S)

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

1. The Trust Board is requested to receive the following:
   a. Annex 1 - Summary table describing the Trust's Principal Risks.
   b. Annex 2 – Scoring Matrix
   c. Annex 3 – Frequency of Risk Review
   d. Annex 4 – Board Assurance Framework (Ibabs Reading Room)
   e. Annex 5 – Principal Risk Trending Data

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
See Annex 1.

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

Where a strategic decision is being sought, an Equality Impact Assessment must accompany this paper. You may need to do other impact assessments also so please refer to this signpost document here for further details.	
Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
27 August 2025	Executive Leadership Team
16 September 2025	Finance & Performance Committee
25 September 2025	Trust Board

SITUATION

1. The purpose of the report is to provide a progress report in respect of the management of the Trust's principal risks.

BACKGROUND

2. Principal risks are allocated to appropriate Directors to drive the reviews and actions to mitigate the Trust's principal risks. In addition to directorate reviews there are formal risk review discussions with the Assistant Directors Leadership Team (ADLT) and the Executive Leadership Team (ELT) in relation to risk escalation, changes in ratings, and any new risks for inclusion on the Corporate Risk Register (CRR).

3. This report highlights the focus that is maintained on management of these risks, not only because of risk discussions in the various forums but also because of broader attention to planned mitigations across the system.

ASSESSMENT

Principal Risks

4. The ELT approved the principal risk activity on 27 August 2025 having considered the review of each risk undertaken throughout the period by Risk Owners.

5. A summary table of these risks is set out in Annex 1 with a detailed description of each contained within the Board Assurance Framework (BAF) at Annex 4. All updates are highlighted in blue on the BAF.

6. The more detailed description contained within the BAF provides the Board with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the scoring matrix in Annex 2.

7. Each of the risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3 with continual and dynamic focus on the highest rated risks scoring 15-25. Attention has been given to the risk ratings of each principal risk and the mitigating actions identified and taken to ensure that risks achieve their target score. This is in addition to the standard and regular review of all controls, assurances, and any gaps.

8. The Trust's highest rated **Risks 223** *the Trust's inability to reach patients in the community causing patient harm and death* and **Risk 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*, remain static at the highest score of 25. The score is not based on the volume of cases of catastrophic harm; it is based on any one individual that experiences avoidable harm. The quality dimension of each of these risks will always be a challenging one to reduce whilst patients and the Trust are experiencing delays in the way in which they currently are.

9. Whilst reducing, handover delays continue to present patient safety risks which means the risk remains at the highest possible level and reflects the enduring impact of significant ambulance handover delays at Emergency Departments and timely access to definitive care.

10. The strategic implications for the Trust are considerable, with patient harm, deterioration, and poor experience continuing to generate regulatory scrutiny, including through Prevention of Future Deaths reports.

11. The Trust has embedded an internal control environment, underpinned by real-time clinical and operational oversight through the Operational Delivery Unit (ODU), the Clinical Safety Plan (CSP), and system level escalation mechanisms such as Resource Escalation Action Plan (REAP) and national risk huddles. These controls are further supported by structured assurance mechanisms including internal and external incident reporting, compliance monitoring, and governance review processes.

12. Phase one of the Trust's Clinical Transformation Model - specifically the introduction of Code Changes for response - has now gone live, representing a key milestone in the delivery of an enhanced clinical model aligned to patient acuity, workforce capability, and risk reduction. In parallel, early adoption of the Wait 45 handover standard by some Health Boards represents a positive step toward reducing avoidable patient harm by supporting more timely transfers of care and improving the overall experience for patients awaiting treatment.

13. While the Trust continues to demonstrate high levels of internal assurance, recent national focus on care standards and system performance provides a welcome opportunity to strengthen consistency and improve the effectiveness of wider system responses. Historic variation in adherence to national handover standards and the delivery of improvement plans has limited the extent to which the Trust can mitigate this risk through internal controls alone. However, increasing national scrutiny, greater transparency, and a shift toward more integrated, system based accountability present a clear opportunity to improve consistency and collective impact across organisational boundaries.

14. Strategic mitigation remains focused on both internal transformation and system-wide influence. The Trust continues to engage proactively with national and regional programmes - including the Six Goals for Urgent and Emergency Care - to support shared learning, alignment of expectations, and strengthened collective ownership of outcomes.

15. The Audit Wales report into the effectiveness of unscheduled care arrangements across NHS Wales provides a critical external perspective on whole system performance and identifies further levers to drive national consistency and accountability. Achieving the target risk score will ultimately rely on sustained partnership working, improved operational alignment across organisations, and the embedding of nationally agreed standards into routine delivery at every level of the system.

16. The number of lost hours due to handover delays remains significant reported at 15,278 in July. That said, the drop in handover lost hours in June and onwards in July demonstrates some improvement across key hospital sites in reducing handover delays. Whilst this marks positive and welcome progress towards the 45-minute handover ambition, this downwards trajectory must continue to be sustained over a longer period of time prior to any consideration of a reduction in risk score. Whilst reducing, handover delays continue to present patient safety risks and extended waits in the community with a deteriorating performance impact being outside of what is acceptable to deliver a safe emergency service.

17. The risks continue to be reported to the Trust Board, with a focus on the actions to mitigate these two risks that are within its control, and these are highlighted in the avoidable harm dashboard which is presented at each Board meeting. Further mitigations and transformative actions are described in the Integrated Medium Term Plan (IMTP) and are presented to committees and Trust Board in a variety of reports e.g. IMTP Assurance Report and described in the Monthly Integrated Quality & Performance Report to address these risks.

18. The Quality, Patient Experience and Safety Committee (QuEST) reviewed both risks at its meeting in August 2025 with the Agenda items reflecting the controls and mitigations discussed at this meeting. These risks continue to be escalated to the Board via the meeting's Alert, Assure and Advise (AAA) report.

19. **Risk 160** *High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service*, has reduced in score from 20 (5x4) to 16 (4x4) reflecting that the rolling annual figures for sickness since March 2022 are reducing year on year and therefore a reduction in the score is appropriate. This will be closely monitored by the People & Culture team and Executive Leadership Team.

20. **Risk 201** *A loss of stakeholder confidence that damages the Trust's reputation*, remains static at a score of 20 (4x5) given that many of the mitigations are outside the Trust's control. The risk acknowledges the tension in the reputational risk that while the Trust has positive relationships with stakeholders, the patient experience remains poor due to harm in the community. The risk may be split into two risks; a stakeholder risk and a patient experience reputational risk. This approach aims to address the different aspects of reputation and ensure the risk is accurately profiled.

21. **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* remains static at a score of 20 (4x5) due to the escalated world conflicts and recent increase in targeted cyber-attacks. The risk is reviewed in closed sessions of committees and Trust Board given that the specific detail and planned mitigations of this risk are of a sensitive and security based nature. The high level detail of the risk and its rating is included in open session; however, the full detail is not included in Annex 4. The will be discussed in closed session of Trust Board today and was considered by the closed meeting of the Audit, Risk & Assurance Committee (ARAC) on 02 September 2025 and the Finance &

Performance Committee (FPC) on 16 September 2025 when the score was fully tested and approved.

22. **Risk 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* remains static at a score of 20 (4x5). This risk is taken in open session of the Board in full transparency. However, members will note that the actions to address individual recommendations are not included in detail in the BAF extract. This is for reasons of sensitivity and security.

23. **Risk 542** *Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan* remains static at a score of 16 (4x4). Work is underway to reposition the risk utilising the new approach to separate controls, assurances and gaps into internal and external themes and categories; those that the Trust manages and those that it monitors. Each of the assurances against the controls will be described over three lines of assurance.

24. **Risk 558** *Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures,* **Risk 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* and **Risk 623** *Failure to comply with Data Protection Legislation* all remain unchanged this period and static at a score of 15 (3x5).

25. **Risk 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* and **Risk 163** *Maintaining Effective & Strong Trade Union Partnerships* remain unchanged at a score of 12 (3x4).

26. **Risk 139** *Failure to Deliver our Statutory Financial Duties* remains unchanged at a score of 8 (2x4) during this period; however, the Executive Director of Finance and Corporate Services has foreshadowed that this risk is likely to increase in the near future given the financial position.

27. A dashboard describing principal risk score trends and movement over time has been produced and is attached at Annex 5. A heat map of these risks will be developed once work commences to map these risks to the overarching strategic risks in development; those that will prevent the Trust from achieving its strategic objectives.

28. The trend data demonstrates that where a risk has achieved target or been fully mitigated then these are either removed from the corporate risk register or de-escalated to directorate risk registers for ongoing monitoring.

<u>Risk Management Policy</u>

29. The Risk Management Policy has been reviewed with no material changes made to the Policy this year. The Audit, Risk and Assurance Committee endorsed the policy on 02 September 2025, and it is attached to their AAA for this board meeting to approve. The

next review is scheduled for September 2026 and will be updated to reflect any amendments to the Trust's risk management processes.

RECOMMENDATION

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

NEXT STEPS

31. A detailed review of each principal risk is underway with the outcome reported to the ELT on 15 October 2025 for discussion and approval of the activity.

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
223 QuEST	The Trust's inability to reach patients in the community causing patient harm and death.	**IF** significant internal and external system pressures continue **THEN** there is a risk of an inability and/or a delay in ambulances reaching patients in the community **RESULTING IN** patient harm and death	Executive Director of Operations	**25 (5x5)** ➡
224 QuEST	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.	**IF** patients are significantly delayed in ambulances outside A&E departments **THEN** there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised **RESULTING IN** patients potentially coming to harm and a poor patient experience	Executive Director of Quality & Nursing	**25 (5x5)** ➡
201 PCC	A loss of stakeholder confidence that damages the Trust's reputation.	**IF** there is an inability of the Trust to deliver its core services because of system or organisational pressures **THEN** there will be a loss of stakeholder confidence in the Trust **RESULTING IN** a lack of stakeholder support for the Trust's long term strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny	Director of Partnerships & Engagement	**20 (4x5)** ➡
260 FPC	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems.	**IF** there is a large-scale cyber-attack on WAST, NHS Wales and interdependent networks which shuts down the IT network and there are insufficient information security arrangements in place	Director of Digital Services	**20 (4x5)** ➡

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		THEN there is a risk of a significant information security incident **RESULTING IN** a partial or total interruption in WAST's ability to deliver essential services, loss or theft of personal/patient data and patient harm or loss of life		
641 FPC	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	**IF** the Trust has not fully implemented the MAI recommendations AND a major incident or mass casualty incident is declared **THEN** there is a RISK that the Trust's Incident Response will be suboptimal **RESULTING IN** avoidable patient harm and/or death, detriment to staff wellbeing, reputational damage and potentially expose the Trust to legal liability	Executive Director of Operations	**20 (4x4)** ➡
NEW **FPC**	Unauthorised or Inappropriate use of AI technologies	**IF** staff use Gen-AI tools such as ChatGPT, Co-Pilot or other AI enable platforms outside of approved organisational channels or without appropriate governance **THEN** information passed into, accessed by, or returned by the AI tools may breach information security and data protection controls, and use of the output may breach transparency, medical device, equality, Welsh Language and ethical requirements **RESULTING IN** potential breach of confidentiality and data protection law, data, damage to Trust, and non-		**16 (4x4)**

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		compliance with other legislation, regulation and standards.		
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service.	**IF** there are high levels of absence **THEN** there is a risk that there is a reduced resource capacity **RESULTING IN** an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Director of People & Culture	**16 (4x4)** ↓ **20 (5x4)**
542 FPC	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Action Plan	**IF** there is a lack of resources and available technology and infrastructure **THEN** there will be a failure to deliver the commitments outlined in the action plan and within the Welsh Government timelines **RESULTING IN** negative environmental and social impacts causing and reputational damage	Executive Director of Finance & Corporate Resources	**16 (4x4)** →
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	**IF** significant internal and external system pressures continue **THEN** there is a risk of a significant deterioration in staff health and wellbeing within WAST **RESULTING IN** increased sickness levels, staff burnout, poor staff and patient experience and patient harm	Director of People & Culture	**15 (3x5)** →
594 FPC	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.	**IF** a major incident or mass casualty incident is declared **THEN** there is a risk that the Trust cannot provide its pre-determined attendance as set out in the Incident Response Plan and provide an effective, timely or safe response to patients	Executive Director of Operations	**15 (3x5)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		RESULTING IN catastrophic harm (death) and a breach of the Trust's legal obligation as a Category 1 responder under the Civil Contingency Act 2004.		
623 FPC	Failure to comply with Data Protection Legislation	**IF** the Trust fails to comply with and demonstrate it is meeting the accountability requirements under the Data Protection Act, the UK General Data Protection Regulation (GDPR) and the Common Law Duty of Confidentiality **THEN** the Trust will breach its legal obligations and potentially cause the personal or sensitive data to be compromised, lost, or inappropriately used **RESULTING IN** unauthorised data breaches/loss, financial or compensatory penalties, an increased regulatory scrutiny or enforcement as well as stakeholder mistrust and reputational damage.	Director of Digital Services	**15 (3x5)** ➡
100 FPC	Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience.	**IF** WAST fails to persuade JCC/Health Boards about WAST ambitions **THEN** there is a risk of a delay or failure to receive funding and support **RESULTING IN** a catastrophic impact on services to patients and staff and key outcomes within the IMTP not being delivered	Executive Director of Strategy Planning & Performance	**12 (3x4)** ➡
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	**IF** the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and	Director of People & Culture	**12 (3x4)** ➡

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		trust and (early) engagement is not maintained **THEN** there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised **RESULTING IN** a negative impact on colleague experience and/or services to patients.		
139 FPC	Failure to Deliver our Statutory Financial Duties in accordance with legislation.	**IF** the Trust does: • not achieve financial breakeven and/or • does not meet the planning framework requirements and/or • does not work within the EFL and/or • fails to meet the 95% PSPP target and/or • does not receive an agreement with commissioners on funding (linked to 458) **THEN** there is a risk that the Trust will fail to achieve all its statutory financial obligations and the requirements as set out within the Standing Financial Instructions (SFIs) **RESULTING IN** potential interventions by the regulators, qualified accounts and impact on delivery of services and reputational damage	Executive Director of Finance & Corporate Resources	**8 (2x4)** →

Annex 2 - Risk Scoring Matrix

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Safety & Well-being - Patients/ Staff/Public	Minimal injury requiring no/minimal intervention or treatment. No time off work. Physical injury to self/others that requires no treatment or first aid. Minimum psychological impact requiring no support. Low vulnerability to abuse or exploitation - needs no intervention. Category 1 pressure ulcer.	Minor injury or illness, requiring minor intervention. Requires time off work for >3 days Increased hospital stay 1-3 days. Slight physical injury to self/others that may require first aid. Emotional distress requiring minimal intervention. Increased vulnerability to abuse or exploitation, low level intervention. Category 2 pressure ulcer.	Moderate injury/professional intervention. Requires time off work 4-14 days. Increased hospital stay 4-15 days. RIDDOR/Agency reportable incident. Impacts on a small number of patients. Physical injury to self/others requiring medical treatment. Psychological distress requiring formal intervention by MH professionals. Vulnerability to abuse or exploitation requiring increased intervention. Category 3 pressure ulcer.	Major injury leading to long-term disability. Requires time off work >14 days. Increased hospital stay >15 days. RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. Patient mismanagement, long-term effects. Significant physical harm to self or others. Significant psychological distress needing specialist intervention. Vulnerability to abuse or exploitation requiring high levels of intervention. Category 4 pressure ulcer.	Incident leading to death. RIDDOR Reportable. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/ Complaints/ Assurance/ Patient Outcomes	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment/service suboptimal. Formal complaint (Stage 1). Local resolution. Single failure of internal standards. Minor implications for patient safety. Reduced performance.	Treatment/service has significantly reduced effectiveness. Formal complaint (Stage 2). Escalation. Local resolution (poss. independent review). Repeated failure of internal standards. Major patient safety implications.	Non-compliance with national standards with significant risk to patients. Multiple complaints/independent review. Low achievement of performance/delivery requirements. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety. Inquest/ombudsman/inquiry. Gross failure to meet national standards/requirements.
Workforce/ Organisational Development/ Staffing/ Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/service due to lack of staff. Unsafe staffing level (>1 day)/competence. Low staff morale. Poor staff attendance for mandatory/key professional training.	Uncertain delivery of key objective/ service due to lack/loss of staff. Unsafe staffing level (>5 days)/competence. Very low staff morale. Significant numbers of staff not attending mandatory/key professional training.	Non-delivery of key objective/service due to loss of several key staff. Ongoing unsafe staffing levels or competence/skill mix. No staff attending mandatory/professional training.
Statutory Duty, Regulation, Mandatory Requirements	No or minimal impact or breach of guidance/statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty. Challenging external recommendations/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/ delivery requirements. Critical report.	Multiple breaches in statutory duty. Zero performance rating. Prosecution. Severely critical report. Total system change needed.
Adverse Publicity or Reputation	Rumours. Low level negative social media. Potential for public concern.	ocal media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.	Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.	National media coverage <3 days, service well below reasonable public expectation. Prolonged negative social media, reported in national media, long-term reduction in public confidence & trust. Increased scrutiny: inspectorates, regulatory bodies and WG.	National/social media coverage >3 days, service well below reasonable public expectation. Extensive, prolonged social media. MP/MS questions in House/Senedd. Total loss of public confidence/trust. Escalation of scrutiny status by WG.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national targets.10-25 per cent over project budget. Schedule slippage. Key objectives not met.	>25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Stability & Impact of Litigation	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5-1.0% of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification. Claim(s) >£1 million. Loss of contract/payment by results.
Service/ Business Interruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas in a location, possible flow to other locations.	Loss/interruption of >1 week. All operational areas of a location compromised, other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.
Environment/Estate/ Infrastructure	Minimal or no impact on environment/service/property.	Minor impact on environment/ service/property.	Moderate impact on environment/ service/property.	Major impact on environment/ service/property.	Catastrophic impact on environment/service/property.
Health Inequalities/ Equity	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Highly Unlikely: Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely: Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Likely: It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Highly Likely: Will probably happen/recur, but not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain: Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25

Annex 3 - Frequency of Risk Review

Risk Score	Review Frequency	Risk Rating
15 – 25 Red	Review monthly	High
8 – 12 Amber	Review quarterly	Medium
1 – 6 Green	Review every 6 months	Low

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

Risk Management Policy

Policy Number:	107	**Version No:**	V2.0 (2025)	**Supersedes:**	V1.0 (2024)
Date of Approval:		**Review Date:**	Annually from date of approval	**Impact Assessments Completed:**	Yes
Classification of Document:	Corporate	**Type of Document:**	Policy	**Approved by:**	Trust Board
Brief Summary of Document:	The Risk Management Policy sets out the roles and responsibilities for risk management and the Board Assurance Framework				
Scope:	This Policy applies to all staff that are directly employed by WAST and encompasses Non-Executive Directors, bank staff, volunteers, contractors, and all those that it has legal responsibility for such as students and trainees.				
To be read in conjunction with:	Risk Management Guidelines (October 2023) Board Assurance Framework Guidance (April 2023)				
Owned By	Trust Board				
Policy Lead: **Trade Union Lead:**	Julie Boalch Hugh Parry	**Job Title:**	Assistant Director of Corporate Governance & Risk Trade Union Partner		
Director:	Trish Mills	**Job Title:**	Director of Corporate Governance / Board Secretary		

Version Control Sheet

Version	Date	Author	Summary of Changes
0.1	31/07/22	Julie Boalch	New Policy
0.2	08/09/22	Julie Boalch	Minor amendments following Policy Group discussion
0.3	08/01/23	Julie Boalch	Review and amendment of whole Policy following consultation period
0.4	10/01/23	Julie Boalch	Further redrafting based on comments received in consultation.
0.5	23/10/23	M Stoicheci	Review of sections
0.6	31/10/23	Julie Boalch	Prepare draft 2.5 for onward review and governance
0.7	17/11/23	Trish Mills	Review of sections
0.8	15/12/23	Julie Boalch	Formatting, enhancing three lines of defence model, risk appetite and statements section, the BAF section and adding Duty of Quality to introduction and BAF section. Updated auditing and monitoring section.
0.9	19/12/23	Julie Boalch	Front cover, who policy applies to, to be read in conjunction with, 3.4 included monitoring, treatment and acceptance of risk, updated 3rd line of defence definition
0.10	04/01/24	Julie Boalch	Minor update following Policy Group i.e. Trist instead of Trust. No material changes
0.11	13/02/24	Julie Boalch	Version control updated to reflect new policy. Section on strategic objectives strengthened to align to LTS.
0.12	21/02/24	Julie Boalch	Separated out the Risk reporting structure from the Roles and Responsibilities section 6. Created a new section 7.
0.13	18/03/24	Julie Boalch	Addition of volunteers to scope
1.0	28/03/24	Julie Boalch	Finalise front cover post approval at Trust Board and inclusion of University to WAST name and new logos
2.0	30/06/25	Lisa Trounce / Julie Boalch	No material changes other than updates to the name of the Audit, Risk & Assurance Committee and Director and Assistant Director of Corporate Governance titles.
Keywords	Risk, Risk Appetite, Risk Management, Risk Assessment		

Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
EqIA / Welsh Language	30/08/22	Julie Boalch, Melfyn Hughes, Hugh Parry
EqIA / Welsh Language	02/12/23	Julie Boalch, Hugh Parry, Kathryn Cobley

Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
Policy Group	08/09/22	Review prior to consultation
Policy Group	23/01/23	Review post consultation
Policy Group	04/01/24	Review following further update
Trade Union Partners Team	TBC	Recommend for approval
Assistant Directors Leadership Team	TBC	Recommend for approval
Executive Leadership Team	TBC	Recommend for approval
Audit Committee	01/03/24	Recommend for approval
Trust Board	28/03/24	Approval
Policy Group	30/06/25	Recommend for approval
Assistant Directors Leadership Team	10/07/25	Recommend for approval
Audit, Risk & Assurance Committee	02/09/25	For Endorsement
Trust Board	TBA	For Approval

Disclaimer
If the review date of this document has passed, please ensure that the version you are using is the most up to date either by contacting the document author or by emailing AMB_Policies@wales.nhs.uk

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1. INTRODUCTION AND AIM

Risk is inherent in everything we do to deliver high quality services. Effective and meaningful risk management remains as important as ever in taking a balanced view to managing opportunity and risk (HM Government, Orange Book, 2020).

The Welsh Ambulance Services NHS University Trust (WAST) governing documents, the Standing Orders, set out the requirements that the Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of Trust business, its governance, and the effective management of the organisation's risks in pursuance of its aims and objectives. It shall set out clearly the various sources of assurance, and where and when that assurance will be provided, in accordance with any requirements determined by the Welsh Ministers.

The Trust is also guided by its legal responsibility outlined in the Health and Social Care (Quality and Engagement) (Wales) Act 2020 to ensure that there is an effective quality management system embedded across all areas of the Trust.

Risk is a vital component of this quality management system, and, in line with the Health and Care Quality standards 2023, the Trust has a responsibility to prioritise and implement a Risk Management Framework that enables the identification and monitoring of risks, and where possible, reduces or prevents risks to safety and ensuring it delivers a safe and high quality service.

The Trust is fully committed to fulfilling its obligations under the Duty of Quality by setting the highest standard of quality in everything it does, by embedding quality in its decision making and in managing the risks associated in the delivery of its services.

The purpose of this policy is to set out the roles and responsibilities for risk management and internal control at WAST and to maintain a robust risk management framework that ensures risks are effectively addressed.

It will:

- Set out the approach to risk management within the Risk Management Framework.
- Set out respective responsibilities for strategic and operational risk management for the Board and staff throughout the organisation.
- Ensure that risk management is an integral and positive part of the Trust's culture.
- Ensure that the Trust meets its legal obligations in respect of risk management.

- Minimise the impact of risks, adverse incidents, and complaints by effective risk identification, prioritisation, treatment, and management.
- Maintain a risk management framework, which provides assurance to the Board that strategic and operational risks are being managed effectively.

2. SCOPE

This Risk Management Policy applies to all staff that are directly employed by WAST and encompasses Non-Executive Directors, bank staff, volunteers and contractors and all those that it has legal responsibility for.

It is intended to cover all the potential risks that the organisation could be exposed to and must be read in conjunction with the Risk Management Guidelines (October 2023) Procedure and the Board Assurance Framework Guidance (April 2023) that have been produced as subordinate adjuncts to this Policy.

3. RISK MANAGEMENT

3.1. What is Risk Management

Risk Management improves performance, encourages innovation, and supports the achievement of the Trust strategic objectives.

It consists of a defined series of steps which help us understand risks and their impact. It is the process of assessment, analysis, and management taken to minimise the likelihood of a risk materialising and reducing the potential impact it may have if it does.

Good risk management awareness and practice at all levels is a critical success factor for the Trust and needs to be seen as integral in every function, service, and area.

3.2. Types of Risk

Strategic Risks are those risks that could impact upon the delivery of the Trust's strategic objectives as outlined in its long-term strategy, Delivering Excellence 2030, and which need to be raised and monitored by the Executive Leadership Team (ELT) and the Board.

Principal (Corporate) Risks are risks that are escalated to the Corporate Risk Register (CRR) from the Directorate Risk Register (DRR) dependent on scoring or whether they are cross directorate risks Plan and require a corporate response. These are reviewed and monitored by the Assistant Directors Leadership Team (ADLT), the ELT, Board Committees, and the Board.

Operational (Service and Directorate) Risks are key risks that could affect the quality, safety or delivery of services and are managed by individual Directorates and their local teams. If necessary, these can be escalated through the risk reporting structure for inclusion on the CRR.

Project risks are risks that could cause doubt about the ability to deliver a project on time, within budget and to quality. These are monitored and reported through the Project and Programme Boards.

3.3. Recording and Reporting

The purpose of risk recording and reporting is to enable the Trust to manage risk and mitigating actions as well as communicate risk management activities and outcomes across the organisation, provide information for decision making, meet governance requirements and support the Board in meeting its responsibilities.

It is important that risks are included on a register in order that they can be escalated if necessary and managed at higher level.

3.4. Risk Appetite

The Trust recognises, as a healthcare provider, that risks will inevitably occur while providing the right care and treatment to patients at the right time, as well as in enabling and empowering our staff, managing its finances and resources, and striving to continue to be a quality driven and innovative service.

Risk appetite is defined as the amount and type of risk that the Trust is prepared to take in pursuit of its strategic objectives. It enables the Trust to strike the balance between innovation or opportunities and the threats that are an inevitable part of delivering any service.

The Trust's Risk Appetite should be aligned to its long-term strategy (Delivering Excellence 2030) to enable the organisation to prioritise those risks that are most relevant to achieving its objectives.

The Board is committed to developing a suite of Risk Appetite statements within its risk transformation programme, as essential components of the Trust's risk management framework. These will set out and describe the level of acceptable risk that it is willing to take in pursuit of better outcomes for our patients and local communities as well as for our staff and in working with our partners and stakeholders.

This will be achieved by considering the external and internal environments that it operates in, by establishing a positive risk culture and ensuring a robust risk management framework is in place to monitor, manage and mitigate risk. The result will be the provision of a framework for managers to operate within that includes a risk-based approach to decision making at all levels of the organisation.

Decisions on accepting risks may be influenced by the following:

- The likely consequences are insignificant and/or the risk has a very low possibility of occurring.
- A higher risk consequence is outweighed by the chance of a much larger benefit if the risk is appropriately managed.
- The potential financial costs of minimising the risk outweigh the costs that would arise if the risk event occurred.
- Treating the risk may lead to further unacceptable risks in other ways.
- It is reasonable to accept a risk that under normal circumstances would be unacceptable if the risks or all other alternatives, including doing nothing, is even greater.

Whilst risk is inherent in many of the Trust's activities, it has zero appetite to accept risks that materially impair the ability to deliver services to a high standard of safety and quality including physical and/or psychological harm) of its patients, workforce, and the public, and its reputation or those that may cause any loss of confidence with its stakeholders.

The Trust may accept some risks if the cost of mitigation is too high or if the risk is deemed to be within acceptable limits. In such circumstances, ongoing monitoring is essential to detect any changes and prompt a reassessment of the risk.

3.5. Board Assurance Framework

The Board Assurance Framework (BAF) is an integral part of the system of internal control and contains the strategic risks It summarises the controls and assurances that are in place, any gaps in these and the actions to mitigate them. The BAF provide a basis upon which the Board will identify, monitor, and evaluate risks which impact up its strategic objectives.

The BAF is a key source of evidence that links the Trust's strategic objectives to risk and assurance, and one of the tools that the Board will use in discharging its overall responsibility for internal control.

It will be developed through the following key steps:

- The Board agrees its strategic objectives, as set out in the Long Term Strategy, which are delivered through the Integrated Medium Term Plan (IMTP process) and aligned to the BAF.

- The ELT, with the support of the Head of Risk/Deputy Board Secretary, will identify the principal risks that may threaten the achievement of the Trust's objectives; these risks will then be discussed and approved by the Board.

- Once agreed by the ELT the completed BAF will be presented to the Trust Board for scrutiny and approval at all regular meetings.

The Trust is embarking on a maturity journey of the BAF which relies on risk appetite statements being aligned to it to inform decisions about its strategic direction and objectives and will have due regard for the requirements of the Duty of Quality.

3.6. The Trust's Strategic Objectives

The Trust's six strategic objectives as described in the long-term strategy are detailed below:

3.7. Risk Management Procedure

The full risk management process is articulated in the Risk Management Guidance (aligned to ISO31000) which supports this Risk Management Policy by explaining in detail how to manage risk in particular:

- Types of Risk (Strategic, Principal and Directorate)
- Risk Assessment
- Risk Identification
- Articulation of Risk (Title, summary description, controls, assurances, gaps, actions)
- Risk Analysis and Assessment
- Risk Treatment
- Monitoring and Review
- Recording and Reporting (Datix, BAF)
- Escalation/De-escalation of Risks
- Review of Risks
- Risk Scoring
- Risk Training
- Definitions

4. STATUTORY AND REGULATORY REQUIREMENTS

The Trust's governing documents, the Standing Orders, require the Trust to have a Risk Management Framework in place. The Chief Executive Officer, as Accountable Officer, has overall responsibility for ensuring that the Trust has an effective risk management framework and system of internal control; however, Directors have a responsibility for the ownership and management of principal and operational risks within their own portfolios.

This Policy is the overarching document for implementing the Risk Management requirements and is intended to meet all legal and internal requirements.

5. RISK MANAGEMENT ORGANISATIONAL STRUCTURE

5.1. The Three Lines of Defence in Effective Risk Management and Control

Apart from internal and external audit, the Trust has the freedom to decide on where it receives its assurance from. The Board, Audit, Risk & Assurance Committee (ARAC) and ELT will determine the source of assurance it needs and from a wide range of sources.

The three lines of defence model is a risk management framework that is designed to create a system of checks and balances, promote transparency, accountability, and ensure the Trust takes a structured and effective approach to risk management. By clearly setting responsibilities and oversight functions, this model will help the Trust to prevent and detect risks early.

Each line of defence has a distinct role in creating a positive environment for risk management and control across the Trust. The three lines are described below:

First line: This is operational management assurance where day to day operations take place.

Second line: This is where the oversight of management activity takes place and is separate from those responsible for delivery. It provides guidance, monitoring, and independent assessment of risk management processes but it is not independent of the Trust's management chain.

Third line: This relates to independent and external bodies that are separate and detached from the Trust that operate autonomously which ensures transparency, credibility, and impartiality. These are mandated and commissioned. The principal aim of this type of assurance activity, such as internal audit, Audit Wales, and Health Inspectorate Wales (HIW) is not only to assure the Board, but also to provide assurance to the public and other stakeholders.

Whilst there is a wide range of assurance activities within the Trust, in determining its programme of assurance, the Board will need to ensure that they are making the best use of the information they have available to them.

The table below describes the types of assurance the Trust will receive in each of the three lines of defence.

First line of defence	Second line of defence	Third line of defence
• Evidence of delegation of responsibility through line management arrangements • Compliance with PADRs • Compliance with policies, procedures, strategies, and frameworks • Incident reporting and thematic reviews • Performance reports • Finance reports • Compliance with risk management processes and systems	• Quality, Performance Management Framework • Strategic Transformation Board • Local Delivery Plans • Key metrics • Audit Tracker • Clinical audit • Speaking Up Safely Guardians • Risk management • Local counter fraud • Quality standards self-assessment • Pulse surveys	• NHS Staff satisfaction survey • Patient feedback • Audit Wales Structured Assessment • Auditing of accounts Trust and Charity • WG monitoring status. • Commissioned/peer review reports. • HIW inspection report • WG reviews • Regulator visits • Accreditation schemes

	• NIS Toolkit • Annual report • Equality impact assessments • Welsh language standards compliance • Governance codes • PIRs • Systems of integrated governance	• Llais • Various Commissioners • Public service ombudsman • HSE

6. ROLES AND RESPONSIBILITIES

The section below describes the respective risk management duties for individual staff members.

6.1. Chief Executive

The Chief Executive is the Accountable Officer of WAST and has overall accountability and responsibility for ensuring it meets its statutory and legal requirements and adheres to guidance issued by the Welsh Government in respect of Governance. This responsibility encompasses risk management, health and safety, quality, financial and organisational controls, and governance.

The Chief Executive has overall accountability and responsibility for ensuring that the Trust maintains an up-to-date Risk Management and Board Assurance Framework that is endorsed by the Board.

In addition, the Chief Executive will:

- Ensure that there is a framework in place which provides assurance to the Board in relation to the management of risk and internal control.
- Ensure that risk issues are considered at each level of business planning from the corporate process to the setting of staff objectives.
- Have in place an effective system of risk management and internal control.
- Set out the Trust's commitment to the risk management principles, which is a legal requirement under the Health and Safety at Work Act 1974 and the National Health Service (Wales) Act 2006.

6.2. Director of Corporate Governance / Board Secretary

The Director of Corporate Governance is responsible for the effective management of, and compliance with, this Policy. This includes:

- Work closely with the Chair, Chief Executive, Chair of the Audit, Risk & Assurance Committee and Executive Directors to implement and maintain the Risk Management Policy and BAF and related processes, ensuring that effective governance systems are in place.
- Work with the Board to develop a shared understanding of the risks to the Trust's strategic objectives.
- Develop and communicate the Board's risk awareness, appetite, and tolerance.
- Lead and participate in risk management oversight at the highest level, covering all risks across the organisation, on a Trust basis.
- Work closely with the Chief Executive and Directors to support the development and maintenance of Corporate and Directorate level risk registers.
- Develop and oversee the effective execution of the BAF and ensure effective processes are embedded to rigorously manage the risks therein.
- Monitor the action plans and the processes for risk reporting to the Board and relevant Committees.
- Develop and implement the Trust's Risk Management Policy and BAF.
- Ensure the Policy is approved as part of the Governance framework by the Trust Board.
- Ensure that the document is accessible to all relevant staff, cascaded appropriately across the Trust and is reviewed in a timely manner.

6.3. Directors

The Directors are responsible for the effective management of and compliance with this policy within their Directorate.

Each Director is accountable for the delivery of their area of responsibility and will therefore ensure that the systems, policies, and people are in place to manage, eliminate or transfer the key risks related to the Trust's strategic objectives.

Specifically, they will:

- Communicate to their directorate the Board's strategic objectives and ensure that directorate, service and individual objectives and risk reporting are aligned to these.
- Ensure that a forum for discussing risk and risk management is maintained within their area which will encourage integration of risk management.
- Co-ordinate risk management processes to encompass risk assessments, incident reporting, the investigation of incidents/near misses and the management of the risk register.
- Ensure there is a system for monitoring the application of risk management within their area and that risks are treated in accordance with the risk grading guidance contained in this document.
- Provide reports to the appropriate committee of the Board that will contribute to the monitoring and auditing of risk.
- Assess and communicate the risk related training needs of their staff and ensure staff attend relevant mandatory and local training programmes.
- Ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of incident reporting.
- Ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post and those key objectives are reflected in the individual performance review/staff appraisal process.

Executive Directors are also responsible for ensuring that the BAF and the risk management reporting timetable are delivered to the Board.

6.4. Assistant Director of Corporate Governance & Risk and Risk Team

The Assistant Director of Corporate Governance & Risk will act as the Trust's operational gatekeeper with the responsibility for providing guidance, advice, and support for the process of risk management on behalf of the Trust.

The Risk Team are responsible for co-ordinating the Trust's operational and strategic risks, including the Corporate Risk Register and the BAF. The team has a remit to work with Executives and Managers to co-ordinate, integrate, oversee, and support the risk management agenda, ensuring that risk management principles are embedded across the Trust.

The team will also coordinate the Risk Management Internal Audit process.

On a quarterly basis they will receive from the ADLT risks for potential inclusion on the Corporate Risk Register, as well as updates on those risks already being managed on the Corporate Risk Register. The team also provides training and support for WASTs individuals and teams engaged in Risk Management.

6.5. Head of Service/ Service Managers/ Locality Managers/ Duty Operations Managers

Each Directorate operates within the First Line of Defence. They are responsible for risks within their areas of operation and providing assurance to the Executive Leadership Team on the operational management and any support required in relation to the management of risk.

The identification and management of risk requires the active engagement and involvement of staff at all levels. This First Line of Defence recognises that staff are best placed to understand the risks relevant to their areas of responsibility and that the identification and management of risk requires the active engagement and involvement of operational teams.

Therefore, staff must be supported and enabled to manage these risks, within a structured risk management framework, and Managers are expected to take an active lead to ensure that risk management is embedded into the way their service or team operates.

They will update existing risks, consider new risks for inclusion, and escalate any extreme risks, utilising, where required, specialist input from individuals/teams within the first line of defence. These are presented to the ADLT and ELT for review and decision respectively.

6.6. Line Managers

Managers must ensure that their staff understand and implement this Policy and supporting processes, ensuring that staff are provided with the education and training to enable them to do so, thus reducing the risk of misinterpretation.

In addition, ensuring that new members of staff that join the Trust are made aware of the policy process and associated documents at local induction, and how to access the Policy.

Managers must be fully conversant with the Trust's approach to risk management and governance. They will support the application of this Policy and its related processes and participate in the monitoring and auditing process.

6.7. All Staff

All members of staff are accountable for maintaining risk awareness, identifying, and reporting risks as appropriate to their line manager. More specifically they will:

- Accept personal responsibility for maintaining a safe environment, which includes being aware of their duty under legislation to take reasonable care of their own safety and all others that may be affected by the Trust's business.
- Report all incidents/accidents and near misses and comply with the Trust's incident and near miss reporting procedures.
- Be responsible for attending mandatory and relevant education and training events.
- Participate in the risk management system, including the risk assessments within their area of work and the notification to their line manager of any perceived risk which may not have been assessed.
- Be aware of and comply with the Trust's Risk Management Policy, processes, and associated procedures.

6.8. Central Corporate Functions

Central Corporate Functions such as Corporate Governance, Patient Safety and Putting Things Right, Health and Safety, Capital Estates and Facilities, Finance Directorate, People Services Directorate, Occupational Health etc all operate within the First Line of

Defence. They will assist clinicians and managers by providing risk related advice and support specific to their area of responsibility.

6.9. Local Counter Fraud Services.

The Trust's Local Counter Fraud Specialist (LCFS) provides assurance to the Audit Committee regarding risks relating to fraud and/or corruption. The Trust's Annual Counter Fraud Work Plan, as agreed by the Audit Committee, identifies the arrangements for managing and mitigating risks because of fraud and/or corruption. Where such issues are identified they are investigated by the LCFS and then reported to the Audit Committee as appropriate. The LCFS works with the Head of Risk/Deputy Board Secretary to review any fraud or corruption risks. Such risks are referred to the relevant risk register for the Finance Directorate and are then escalated through the Trust's escalation process**.**

6.10. Health and Safety Team

The Health and Safety Team will be responsible for providing advice where a risk is related to Health and Safety. These types of issues are closely linked with risk management and specialist Health & Safety advisers can assist with the conduct of specific and/or specialist assessments.

7. RISK MANAGEMENT REPORTING STRUCTURE

7.1. The Board

Executive Directors and Non-Executive Directors share responsibility for the success of WAST, including the effective management of risk, and compliance with relevant legislation. In relation to risk management, the Board is responsible for:

- Articulating the Strategic Objectives for the organisation.
- Protecting the reputation of the organisation.
- Providing leadership on the management of risk.
- Approving the risk appetite for the organisation.
- Ensuring the approach to risk management is consistently applied.
- Ensuring that assurances demonstrate that risk has been identified, assessed and all reasonable steps taken to manage it effectively and appropriately.
- Reviewing the BAF (strategic risks) and the high scored corporate risks (scored 15 and above) at each meeting.
- Endorsing risk related disclosure documents.
- Approving the Risk Management Policy on an annual basis.

7.2. Audit, Risk & Assurance Committee

The Audit, Risk & Assurance Committee has a specific role in relation to reviewing the effectiveness of the Risk Management Policy and the Board Assurance Framework by reviewing the adequacy and effectiveness of:

- A system of internal control and risk management.
- All risk and control related disclosure statements (particularly the Annual Governance Statement), prior to endorsement by the Board.
- The structures, processes, and responsibilities for identifying and managing clinical and non-clinical risks facing the organisation.
- The Trust's Corporate Risk Register and the adequacy of the scrutiny of risks by assigned Committees.
- The underlying assurance processes that indicate the degree of achievement of strategic objectives
- the systems and processes for the identification, management, escalation, and monitoring of risks.
- BAF and the appropriateness of disclosure documents.

7.3. Board Committees

The Committees of the Board all have a role to play in ensuring effective risk management. They will, through the scrutiny inherent in their committee activity, provide onwards assurance to the Board in relation to their elements of the BAF.

They will:

- Receive and scrutinise corporate risks and provide onward assurance to the Board in relation to risks assigned to them for oversight and scrutiny.
- Receive updates on actions taken to mitigate the risks and provide feedback and challenge to risk owners on these and any further actions required.

7.4. Executive Leadership Team

The Executive Leadership Team undertake the following duties:

- Promote a culture within the Trust which encourages open and honest reporting of risk with local responsibility and accountability.
- Provide a forum for the discussion of key risk management issues within the Trust.
- Ensure appropriate actions are applied to both clinical and non-clinical risks Trust wide.

- Enable risks which cannot be dealt with locally to be escalated, discussed, and prioritised.
- Ensure Directorate Risk Registers are appropriately rated and agreeing action plans to control them.
- Review the risks on the CRR to determine whether any of them will impact on the Trust's Strategic Objectives, and if so, adding the risk to the BAF.
- Review the BAF before presenting it to the Board.
- Advise the Board of exceptional risks to the Trust and any financial implications of these risks.
- Review and monitor the implementation of the Risk Management Policy.
- Ensure that all appropriate and relevant requirements are met to enable the Chief Executive to sign the Annual Governance Statement.
- Approve documentation relevant to the implementation of the Risk Management Policy.

These duties have the aim of providing assurance to the Board that there is an effective system of risk management across the organisation.

7.5. Assistant Directors Leadership Team

The Assistant Directors Leadership Team (ADLT) are responsible for risks within their areas of operation and providing assurance to the ELT on the operational management and any support required in relation to the management of risk.

The ADLT will review updates to existing risks, consider new risks for inclusion and escalate any extreme risks to the relevant Executive Director with responsibility for that risk and the ELT, utilising, where required, specialist input from the Risk Owner and individuals/teams. This framework is managed by the Risk Team for presentation by Directors throughout the governance structure.

7.6. Internal Auditors

Internal Auditors operate as the 3rd Line of Defence. Internal Audit Services, provided by NHS Wales Shared Services Partnership, through a risk-based programme of work, will provide the Trust with independent assurance in respect of the adequacy of the systems of internal control across a range of financial and business areas in accordance with the standards of good practice contained within the NHS Internal Audit Manual. They will also review the effectiveness of risk management arrangements as part of their programme of audits and reviews, reporting findings to the Audit Committee as appropriate.

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EqIA) was carried out to ensure this policy maintained the Trust's equality standards. The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010), Human Rights and the Welsh Language. Evidence gathered by undertaking an initial screening has indicated that a full EqIA is not required.

9. TRAINING

The effectiveness of managing risk within the Trust relies upon the knowledge of staff, patients and public regarding risk identification and reporting.

It is important that all staff are aware of their responsibilities regarding risk management and the identification and management of risk must be a core competency of the personal appraisal and development review.

A range of training and education relating to risk management will be available aimed at the specific needs of staff members and will follow a tiered approach to enable personnel to meet their Risk Management responsibilities outlined in this policy.

Level One – Risk Management Awareness. This will be provided to all staff on induction, as part of Core Mandatory Training, and will be repeated on ESR every 2 years. The intended learning outcomes are to understand what risk is, what risk management is, how a risk is reported and how the organisation's risk culture operates.

Level Two – Practical Risk Management. This level of training is targeted for any employee undertaking risk management as part of their primary or secondary roles, and for Team Leaders/Managers/Departmental Heads. Line Managers and Directors have a specific role to play in identifying candidates for this training, ideally in prelude to assuming a risk facing role, but if not then as soon as practicable after taking up a role. Level Two training does not require repetition, though this does not mean that additional risk related training and education should not be identified through PADRs. This training will be in two parts:

- Part 1. To understand the risk management framework including the risk management policy, the associated procedures, the BAF, the corporate risk register, risk appetite, risk culture, and roles and responsibilities.

- Part 2. To understand the risk management process including context, risk versus issue and incidents. Risk assessment, risk tolerance, risk scoring, risk treatments, escalation, communication, monitoring, and review.

Level Three – Board Level Risk Management Awareness. This level of training is designed for Board Members. It will be provided on induction and, to meet governance requirements, it must be repeated every two years thereafter. Level Three training will be sourced by the Board Secretary and scheduled within the rhythm of board meetings. The training aim is to provide Members with an understanding of the risk management framework, with specific emphasis on the operational risk management approach; the risk management policy; 'setting the tone' and risk culture; risk appetite; the CRR and the BAF.

Non-Specific Training and Support. It is recognised that, in addition to these three levels of specified training, there may emerge a need for non-specific risk management training and support. Where this is applicable the Risk team can discuss the training need and either signpost to external sources of training/education or provide a bespoke training event for individuals, directorates, or small groups.

Where required the education and training programmes can also be extended to our independent contractor colleagues to support their responsibilities in the management of risk and safety.

Risk management training or awareness will be provided to all staff and further details are included in the associated Risk Management and Board Assurance Framework Procedure.

All Managers must ensure:

- That all members of staff receive sufficient training to fulfil their individual duties, to ensure compliance with this policy, and to understand the importance of identifying and controlling risks.
- That adequate risk assessment training is given to appropriate members of staff in their specific duties as defined within the Risk Management and BAF Procedure.
- It is essential that risk assessments are completed by competent members of staff, who have sufficient experience of the working procedures and have received the appropriate training.

10. AUDIT AND MONITORING

There is a requirement of all staff to comply with the provisions of this Policy and, where requested, to demonstrate such compliance.

Monitoring, compliance, and the effective implementation of this Policy will be considered through the ADLT, ELT and from feedback from the Risk Owners and Executive Directors which will ultimately support the risk maturity of the Trust.

All Risk Leads/Heads of Service will regularly monitor to ensure that measures to control risks are being fully implemented and remain effective. This includes the regular and continual review of risk assessments and risk registers, in accordance with the frequency set out in the Risk Assessment Procedure.

The regular review of the CRR and BAF will be undertaken and reported to each meeting of the Trust Board.

Internal Audit will undertake an annual review of the Risk Management within the Trust as part of its annual audit plan.

Audit Wales will consider the effectiveness of the Trust's Risk Management Framework within its annual Structured Assessment.

This Policy will be formally reviewed every year, or sooner should there be any service or legislative changes that require an earlier review to be undertaken.

11. HELP AND SUPPORT

Risk Management support and guidance is available from the Risk Team within the Corporate Governance Directorate.

Assurance Committee	(All)

Sum of Current risk score			Period									
Directorate	**Risk ID**	**Risk Title**	**Mar-23**	**Jul-23**	**Sep-23**	**Nov-23**	**Mar-24**	**Jun-24**	**Sep-24**	**Nov-24**	**Mar-25**	**Jul-25**
Digital Services	**260**	A significant and sustained cyber-attack on WAST, NHS Wales and interdependent networks resulting in denial of service and loss of critical systems	15	15	15	15	15	15	15	15	20	20
	623	Failure to comply with Data Protection Legislation						15	15	15	15	15
	543	Major disruptive incident resulting in a loss of critical IT systems	15	15	15	15	15					
Finance and Corporate Resources	**139**	Failure to Deliver our Statutory Financial Duties in accordance with legislation	16	16	16	16	8	8	8	8	8	8
	542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan						16	16	16	16	16
	458	A confirmed commitment from JCC and/or Welsh Government is required in relation to funding for recurrent costs of commissioning	16	16	16	16	16					
Operations	**223**	Trust's inability to reach patients in the community causing patient harm and death	25	25	25	25	25	25	25	25	25	25
	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	15	20	20	15	15	15
	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
	245	Failure to have sufficient capacity at an alternative site for EMS Clinical Contact Centres (CCCs) which could cause a breach of Statutory Business Continuity regulations	16	8								
	244	Estates accommodation capacity limitations impacting on EMS Clinical Contact Centre's (CCC) ability to provide a safe and effective service	12									
Partnership and Engagement	**201**	Damage to Trust reputation following a loss of stakeholder confidence	20	20	20	20	20	20	20	20	20	20
People & Culture	**160**	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	20	20	20	20	20	20	20	20	20	20
	163	Maintaining Effective & Strong Trade Union Partnerships	12	16	16	16	20	16	16	12	12	12
	558	Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures	15	15	15	15	15	15	15	15	15	15
	557	Potential impact on services as a result of Industrial Action	16	16								
Quality & Nursing	**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	25	25	25	25	25	25
	199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	15	15	15	10						
Strategy, Planning & Performance	**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	12	12	12	12	12	12
	424	Prioritisation or Availability of Resources to Deliver the Trust's IMTP	12	16	16	16	16	12	8			
	283	Failure to implement the EMS Operational Transformation Programme	12	12	12	12	12					

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

Agenda Item No.	11

REPORT TITLE

Monthly Integrated Quality Performance Report

MEETING

Name of meeting	Trust Board
Date of meeting	25th September 2025
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

Executive sponsor	Estelle Hitchon - Interim Director of Strategy, Planning & Performance
Author(s) of report	Mark Thomas - Commissioning & Performance Manager Melanie O'Connor - Senior Performance Analyst

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **July/August 2025.**

2. The report aims to provide an integrated view of quality and performance, so is made available to all three committees to give that overview, with more specific and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators.

3. There are a few acknowledged data quality issues within the report e.g. APP data. There is a clear executive focus on Phase 2 of the Ambulance Performance Framework, so this is the current priority, but additional capacity is being sought for the Insight and Data Services function. Some additional capacity is already in place and further positions are due to be filled following interviews which took place in early September 2025. The pressures on IDS are being actively managed through a CMT workplan.

4. The new Purple Arrest and Red Emergency categories went live, as planned, on 01 July 2025 and data from the first month of reporting is contained within this report.

5. The Trust saw 13,160 hours lost to handover during August 2025, compared to 17,540 lost hours in August 2024. This follows on from significant month-on-month reductions seen during June and July 2025 pan-Wales. Whilst this reduction is very welcome, it is by no means universal and the ambition is for all health boards to reduce handover to levels which improve patient experience and outcomes and which are sustainable.

6. 111 call handling performance has stabilised post-delivery of the new 111 CAS, but the service did not achieve the 5% abandonment rate in August 2025.

7. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance is varied, with only oncology journeys remaining above target in August 2025.

8. The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People and Culture Plan.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Trust Board is requested to:

1. **Consider the July/August 2025** Integrated Quality and Performance Report and actions being taken and determine whether:
    a. The report provides sufficient assurance.
    b. Whether further information, scrutiny or assurance are required, or

c. Further remedial actions are to be undertaken through Executives.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room
1. Annex 1 - Monthly Integrated Quality and Performance Dashboard

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
223 - The Trust's inability to reach patients in the community causing patient harm and death 224 - 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 & Effective Service for Patients 160 - High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service 558 - Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences 100 - Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience

139 - Failure to deliver our Statutory Financial Duties in accordance with Legislation

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
17.09.2025	Estelle Hitchon - Interim Director of Strategy, Planning and Performance
24.09.2025	Executive Leadership Team

SITUATION

1. The purpose of this report is to provide senior decision-makers within the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **July/August 2025.**

2. The report aims to provide an integrated view of quality and performance, so is made available to all three committees, to give that overview, with more specific

and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators:-

BACKGROUND

3. This Integrated Quality and Performance Report contains information on key indicators at a highly summarised level, which aim to demonstrate how the Trust is performing across four integrated areas of focus:

   - Our Patients (Quality, Safety and Patient Experience).
   - Our People;
   - Finance and Value; and
   - Partnerships and System Contribution

4. As previously agreed, the metrics which form part of this Board report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust's plans (IMTP) and strategies. A Board development session was held in April 2025 at which the annual review was undertaken. It was noted that there will be some changes to metrics during 2025/26, aligned to the new performance framework announced by the Cabinet Secretary. No other specific changes were requested, but the Board did discuss a number of areas where it was felt development and progress could be made in terms of the MIQPR and 'what good looks like' reporting. At other levels of the organisation, work continues in terms of developing appropriate metrics which can be used to measure quality and performance against our four domains.

5. Following more recent discussions with the Chair of this committee, and with others, a session will be convened later in the autumn to discuss with committee chairs the format of the MIQPR from the next financial year, as the organisation and its metrics evolve.

ASSESSMENT

<u>Our Patients – Quality, Safety and Patient Experience</u>

6. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.

7. **999** call answering times during August 2025 saw the 95th percentile increasing to 23 seconds, compared to 12 seconds in July 2025. However, the 65th percentile and median performance times remained consistently good. Work is currently being undertaken on demand and capacity analysis of 999 call demand.

8. **111 call answering performance has minimally decreased over recent weeks,** with the call abandonment rate for August 2025 being 10.8%, and therefore not achieving the 5% target. 111 demand in August 2025 did see a 3% increase compared to August 2024. In addition, the external rostering review suggests there is a demand and capacity gap within the current funded establishment, and the Trust is therefore unlikely to reach performance without an increase in its workforce (including efficiencies).

9. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 98.8%. Response times for lower priority calls continued to show an improvement, increasing to 73.6% and 65.7% for P2CT and P3CT respectively.

10. **Ambulance Response** (safety / patient experience): On 1 July 2025, our new ambulance response model was implemented, and two new response categories replaced the previous (old) Red category. The new categories are Arrest (Purple), for cardiac and respiratory arrests, and Emergency (Red), for major trauma and other incidents where patients are at significant risk of cardiac or respiratory arrest if they do not receive a rapid response. In August 2025, there were 819 purple calls to the ambulance service, around 2.3% of all calls, and 4,380 (Emerg) red calls, around 12.5% of all calls. The median response times for purple and red calls were 7 minutes 15 seconds and 9 minutes 15 seconds respectively, which were both positive at this early stage.

    The Amber 1 median in August 2025 was 1 hour and 25 minutes and the Amber 1 95th percentile was 5 hours 9 minutes. The Clinical Safety Plan and CHARUs will protect Arrest and Emergency demand, but Amber is where the impact of handover lost hours is felt i.e. there is a strong correlation. Amber 1 response times have seen a significant improvement in recent months, in line with the fall in the number of hours lost to handover. However, these response times still remain too high and have a known impact on avoidable patient harm. Amber will be replaced by the Orange (Now) and Yellow (Soon) categories in quarter three of this year. The changes are designed to improve patient safety and patient outcomes by better stratifying patient demand.

11. Traditionally, the main factors which affect response times are demand and capacity (recruitment and lost hours). EMS production has been good, and

handover lost hours have significantly improved; with this improvement particularly feeding through into the Amber categories' performance. Health Boards are implementing new actions in order to further reduce handover lost hours. The Trust's main focus is to continue to implement a material change in how it responds to patient demand by evolving its clinical model through the Clinical Model Transformation (CMT) programme. Areas of focus for 2025/26 include: -

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

12. As above, the level of lost hours to **handover outside Emergency Departments** remains a critical component of long waiting times and patient safety incidents. 13,160 hours were lost during August 2025; a 25% reduction compared to August 2024. This follows on from significant month-on-month reductions seen during June and July 2025 pan-Wales. Whilst this reduction is very welcome, it is by no means universal, with Betsi Cadwaladr health board remaining significantly high, with 6,156 hours being lost within the health board during August 2025. The ambition is for all health boards to reduce handover to levels which improve patient experience and outcomes and which are sustainable. WG has re-iterated to health boards the critical importance of improvements in this area and the reduction of all over 45-minute waits was a recommendation from the recent Ministerial Advisory Group on Performance and Productivity. The W45 initiative would see handover lost hours reduce to approximately what the EMS rosters are designed to cope with.

13. **Ambulance Care (Patient Experience)**: Oncology performance in August 2025 was 76.98%, achieving the 70% target. Renal performance dropped slightly below target, achieving 69.12% and advanced Discharge and Transfer journey performance also dropped to 79% (95% target), with this primarily being an issue with capacity. Same day Discharge and Transfer journey performance was also below the 95% target at 94%. Overall demand for NEPTS continues to increase and is now above pre-pandemic levels. The Trust has a comprehensive health transport transformation workstream in place, which includes delivering a range of efficiencies and improvements. The Trust is currently re-rostering NEPTS

transport which will better align available capacity with changing demand patterns (on target). This is proving complex and difficult but will be delivered.

14. **National Reportable Incidents (NRIs) / Concerns Response**: the Trust reported three NRIs to the NHS Executive in August 2025, fewer than during July 2025 (4), and six serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In August 2025 complaint response times improved to 83%, compared to the 53% recorded in July 2025, thereby achieving the 75% target. However, a PTR recovery plan remains in place, recognising that cases continue to be complex.

15. **Clinical outcomes**: The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 90.8% in August 2025, increasing from the previous month, but remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system, and this improvement is clearly being seen in most of the clinical indicators. The Return to Spontaneous Circulation (ROSC) compliance rate increased to 27.4% in August 2025 compared to 21.4% in July 2025, which is a positive increase since the implementation of the new clinical response model.

16. For August 2025, the Trust saw call to hospital door times of two hours and 27 minutes for stroke patients and two hours and thirty minutes for STEMI. Clearly these times remain too long and are representative of the longer Amber response times, because of the pressures and issues outlined earlier within this report, notwithstanding recent improvements in hours lost to handover.

17. In August 2025, 5,822 patients **cancelled** their ambulance (this figure excludes patients who refused treatment), which is a significant reduction on previous levels. This reduction is likely to be the impact of switching on RCS although caution is required at this stage, as a longer run of data is required in order to properly evaluate the changes made. The Trust changed its Clinical Safety Plan in December, removing the "can't send" application, with the option remaining at the strategic commander's discretion in the new plan.

<u>Our People (workforce resourcing, experience, and safety)</u>

18. **Hours Produced**: The Trust produced 118,756 Ambulance Response unit hours during August 2025 and delivered an emergency ambulance unit hours production (UHP) of 90%, remaining below the 95% target (This will be a product of abstractions being above benchmark and the current vacancy factor).

19. **Response Abstractions:** EMS abstraction levels decreased minimally to 33.65% during August 2025 but remained above the 30% benchmark figure. Response sickness abstractions stood at 7.89% (benchmark 5.99%).

20. **Trust sickness absence:** the Trust's overall sickness percentage was 7.82% in July 2025, up on the 7.49% recorded in June 2025, which is in line with seasonal factors. Actions within the IMTP concentrate on staff well-being with an aim to reduce this level to the IMTP ambition of 6%.

21. **Staff training and PADRs:** PADR rates did not achieve the 85% target in August 2025 but did increase slightly to 75.53%. Compliance for Statutory and Mandatory training decreased slightly to 84.95% marginally failing to achieve the 85% target.

22. **People & Culture Plan**: the Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team will undertake a round of pan-Wales CEO Roadshows in mid-October 2025.

Finance & Value

23. **Financial Balance**: the reported outturn performance at Month 5 is a deficit of £0.229m with a forecast to the year-end of breakeven. The Trust is forecasting the achievement of both its External Financing Limit and its Capital Expenditure Limit.

Partnerships & System Contribution

24. The consult & close rate was 19.1% in August 2025, a slight increase from the previous month but continuing to achieve the IMTP ambition (and Welsh Government target) of 17%.

25. Same Day Emergency Care (SDEC) centres continue to see only a low level of ambulance activity.

RECOMMENDATION

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

NEXT STEPS

For 111, key next steps include preparing for winter (forecasting, recruitment/production, respiratory offer, digital offer) and acting on the findings from the roster practice review.

For the 999-emergency care pathway, similarly, the focus is now on winter, which will include the usual business as usual preparations, but also the planned major transformation change of moving to the new Orange (Now), Yellow (Soon) and Green (Planned) categories.

For Ambulance Care, the focus will be on ensuring sufficient capacity is available for the predicted increase in planned care i.e. supporting health boards with the required transport on this, the NEPTS re-roster and options for how the Trust can reduce cancellations as a result of the Capacity Management Plan.

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

July / August 2025

Annex 1 – Top Indicator Dashboard

GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services University NHS Trust

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

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Target 2025/26	Jun-25	Jul-25	Aug-25	2 Year Average	RAG
Our Patients						
Timeliness Indicators						
NHS111 Call Handling Abandonment Rates	< 5%	10.1%	10.3%	10.8%	9.4%	R
111 Clinical Triage Call Back Time (P1)	90%	96.5%	99.0%	98.8%	97.6%	G
999 Call Answer Times 95th Percentile	00:06	00:26	00:12	00:23	00:22	R
Arrest (Purple) Median	6-8 Minutes	N/A	07:35	07:15	N/A	G
Emerg. (Red) Median	6-8 Minutes	N/A	08:47	09:15	N/A	R
999 Amber 1 Median	00:18	01:29	01:19	01:25	01:36	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	76.3%	75.6%	77.0%	74.0%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	80.0%	83.0%	79.3%	79.7%	R
Clinical Outcomes / Quality Indicators						
Return of Spontaneous Circulation (ROSC)	Increasing Trend	19.3%	21.4%	27.4%	20.1%	G
Stroke Patients with Appropriate Care	95%	89.8%	87.8%	90.8%	84.6%	A
Stroke Call to Hospital Door Times	Reduction Trend	02:24	02:19	02:27	02:25	R
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	70.4%	76.6%	75.9%	59.7%	R
National Reportable Incidents reports (NRI)		8	4	3	4	
Can't Send & Cancelled by Patient Volumes	Reduction Trend	5,953	5,816	5,822	8,386	G
Concerns Response within 30 Days	75%	89%	53%	83%	59%	G
Enactment of the Duty of Candour Total		10	6	0	5	
Our People						
Capacity						
Hours Produced for Emergency Ambulances	95-100%	91%	90%	90%	93%	A

Top Monthly Indicators	Target 2025/26	Jun-25	Jul-25	Aug-25	2 Year Average	RAG
Health & Well-being						
Sickness Absence *(all staff)*	6.0%	7.49%	7.82%	N/A	8.06%	R
Mental Health Absence Rates	Reduction Trend	2.58%	2.78%	N/A	2.47%	R
Staff Turnover Rate	Reduction Trend	8.44%	8.23%	8.15%	8.53%	G
Statutory & Mandatory Training	>85%	88.05%	88.98%	84.95%	83.30%	G
PADR/Medical Appraisal	>85%	81.81%	75.46%	75.53%	74.33%	A
Number of Shift Overruns	Reduction Trend	3,441	3,551	3,501	3,837	R
Inclusion & Engagement / Culture						
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	2.53%	2.19%	2.00%	1.9%	R
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	100%	G
EMS Utilisation Metric (CHARU)	Increasing Trend	26.6%	25.3%	25.5%	28%	R
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.74	2.83	2.36	2.40	R
NEPTS on the Day Cancellations	Reduction Trend	14.7%	15.4%	14.7%	13%	A
Partnerships / System Contribution						
Inverting the Triangle						
Successful Consult & Close Outcome	17.0%	19.1%	18.9%	19.1%	15.7%	G
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	10.09%	9.58%	9.55%	11.1%	G
Number of Handover Lost Hours	7,500	15,278	12,565	13,160	21,093	R
NHS111						
NHS111 Dental Calls	Increasing Trend	8,749	8,803	8,920	8,000	G
Consult & Close Volumes by NHS111	Increasing Trend	2,238	2,175	2,365	1,414	A

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)

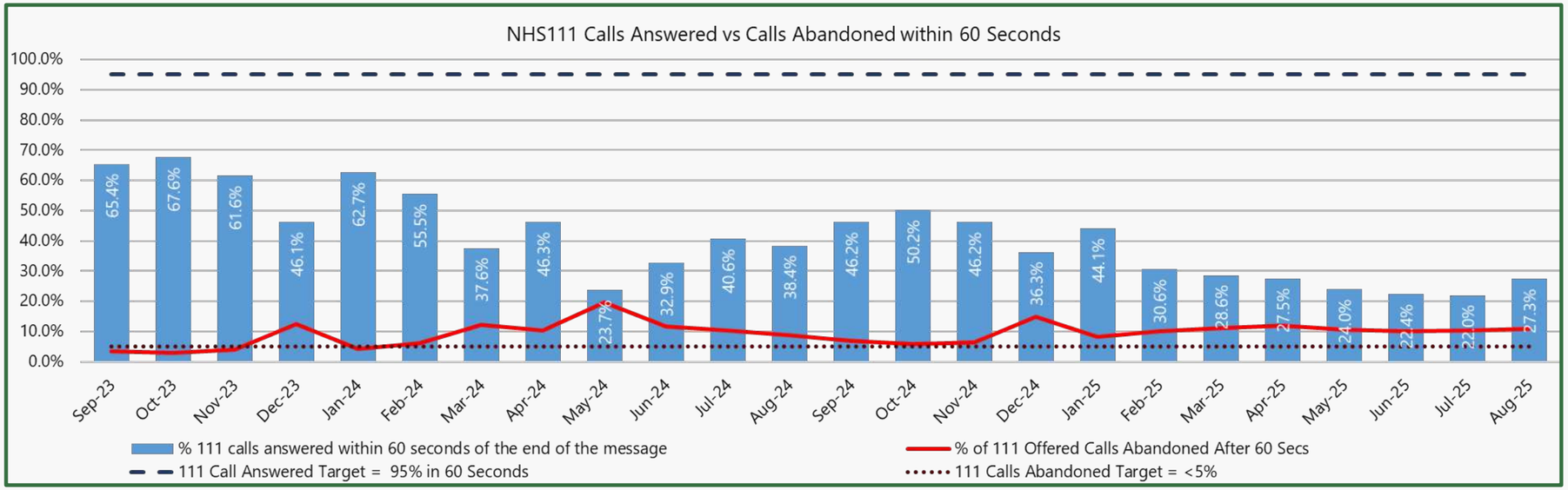
Our Patients: Quality, Patient Safety & Experience
111 Call Answering/Abandoned Performance Indicators

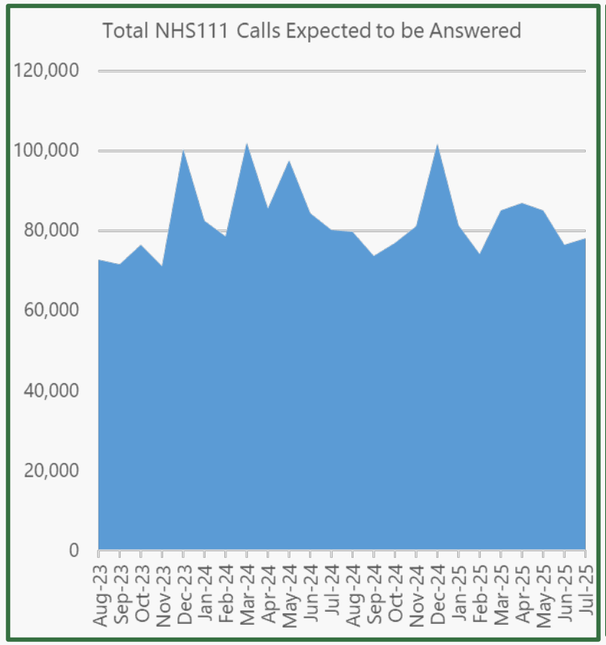
(Responsible Officer: Lee Brooks)

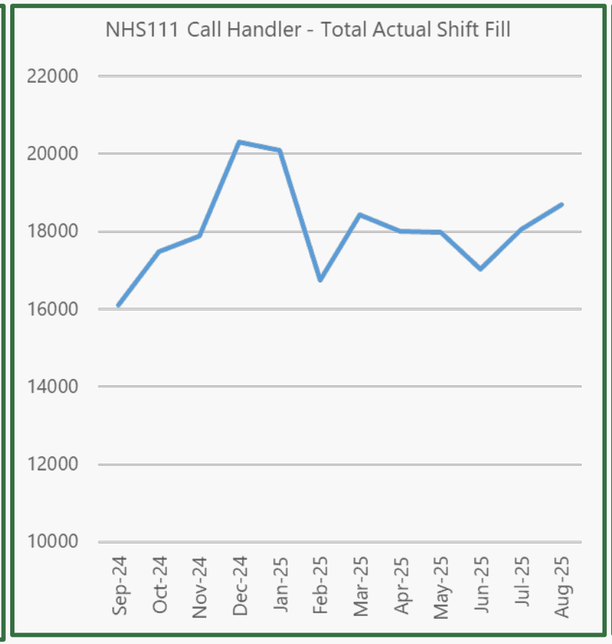
Abandonment Rate
R

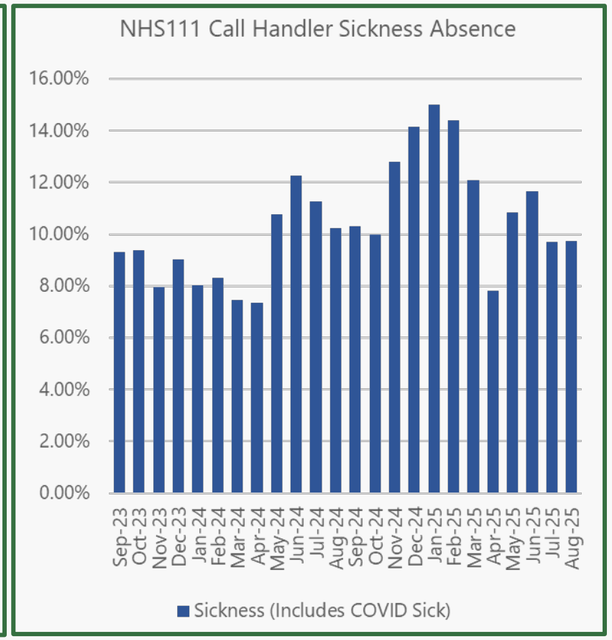
FPC

Influencing Factors – Demand and Call Handling Hours Produced









Analysis

The 111-call abandonment rate increased slightly to 10.8% in August 2025 from 10.3% in July 2025. The percentage of 111 calls answered within 60 seconds increased from 22% in July 2025 to 27.3% in August 2025 but continues to remain significantly below the 95% target.

This call answer rate of 27.3% in August 2025 is the third lowest seen in the past two years and is significantly below the 65.9% recorded in August 2023. This is at a time when UHP capacity for call handlers has increased slightly and is higher than the levels seen in August 2024.

However, the external rostering review suggests there is a demand and capacity gap within the current funded establishment, and the Trust is therefore unlikely to achieve the performance targets without an increased workforce.

Remedial Plans and Actions

Key actions include:

Actions have been undertaken to try and improve the call handling resourcing position through the summer; this includes an active recruitment plan.

A 111-re-roster pre-work review, is underway, that takes account of the increased demand the Trust is seeing; what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.

The 111-re-roster project is also considered a key response to improving sickness levels i.e. more workable patterns.

Actions are underway to increase the utilisation of virtual queuing and review the way patients who are re-accessing for the same care episode could be managed differently.

Expected Performance Trajectory

We would expect to see performance levels improve slightly during the autumn if abstraction levels continue to fall.

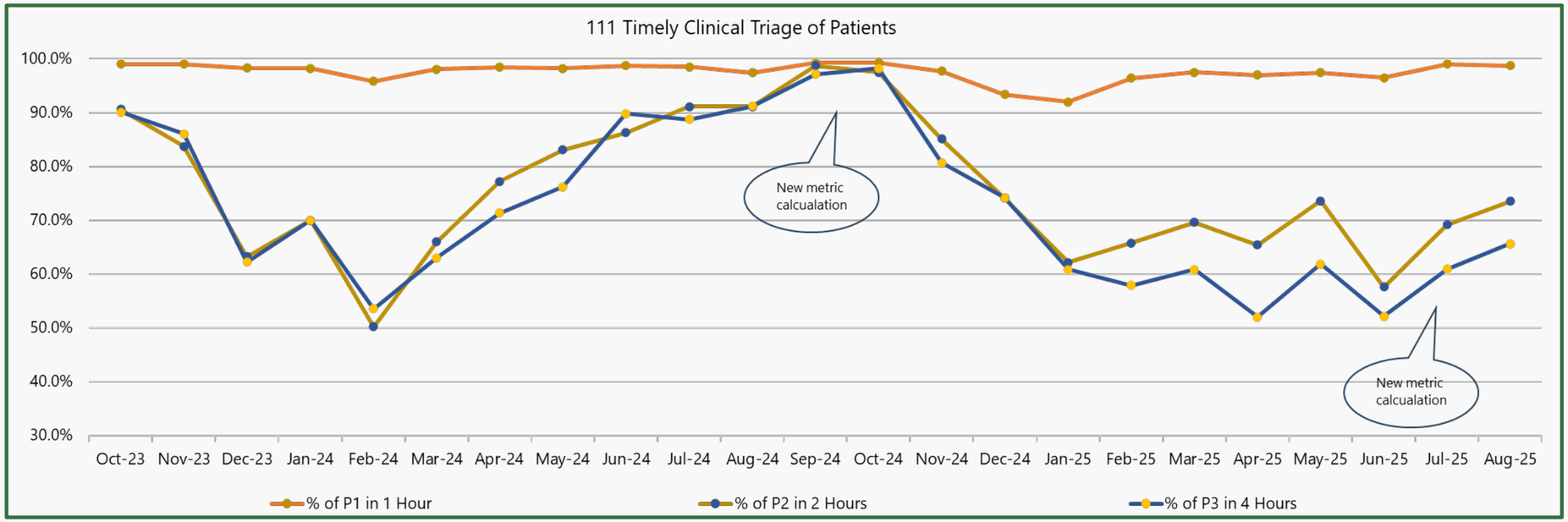
Our Patients: Quality, Safety & Patient Experience
111 Clinical Assessment Start Time Performance Indicators

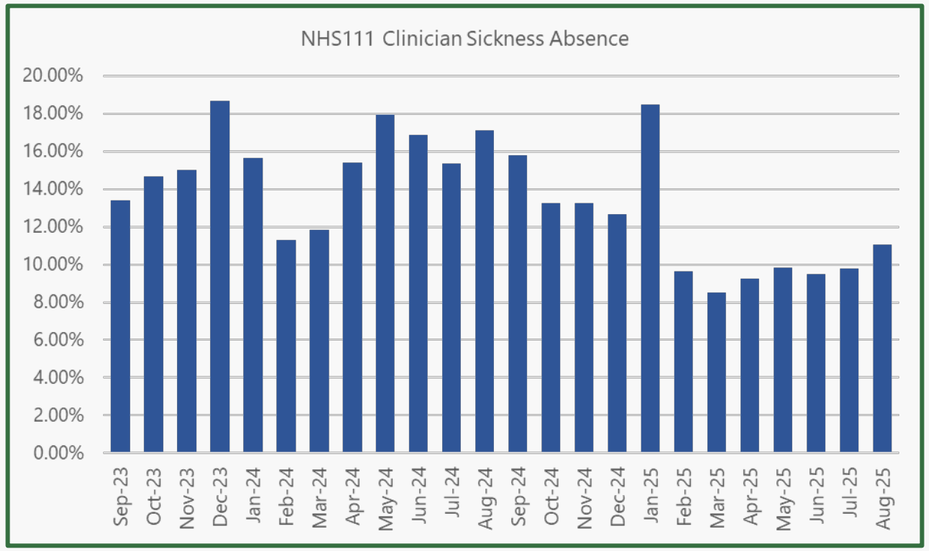
(Responsible Officer: Lee Brooks)

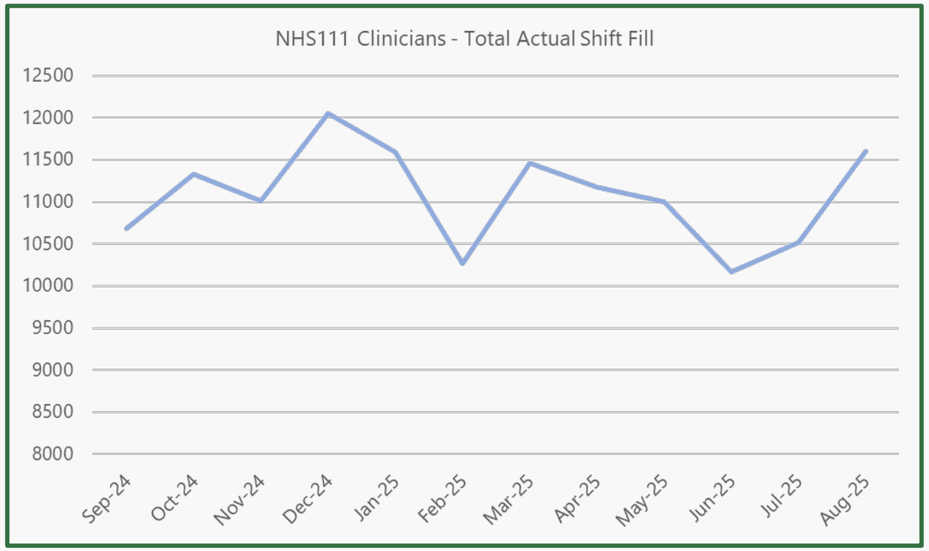
P1CT
G

FPC

Influencing Factors – Demand and Clinical Hours Produced







Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 98.8% in August 2025.

Ring back times for lower category calls increased during August 2025, with P2CT calls at 73.6% and P3CT at 65.7%.

Number of clinician hours produced increased slightly, from 10,519 hours in July 2025 to 11,604 hours in August 2025. However, they remain below those being produced during the first half of the year.

Remedial Plans and Actions

The key actions include:

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

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

The P1-P3 metric calculation has changed. Previously it was when the Trust called back, now it is when the patient answers.

Expected Performance Trajectory

It is likely we will see performance levels improve slightly during the autumn however the external rostering review suggests there is a demand and capacity gap within the current funded establishment, and the Trust is therefore unlikely to reach performance without an increased workforce.

Our Patients: Quality, Safety & Patient Experience
999 Call Performance Indicators

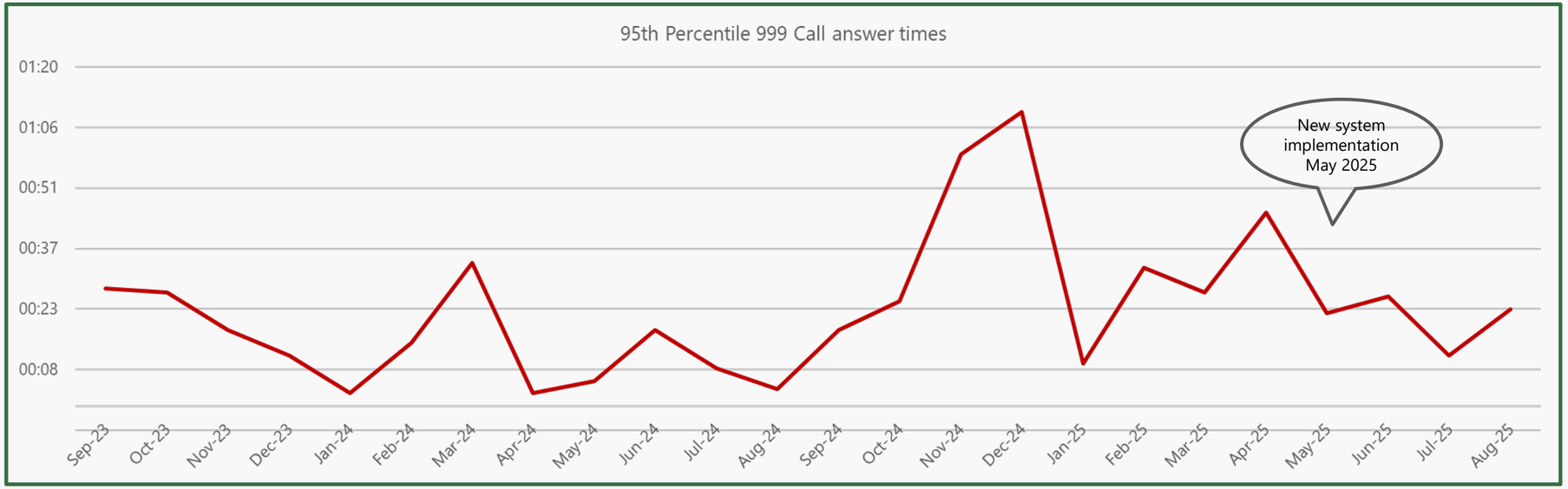
(Responsible Officer: Lee Brooks)

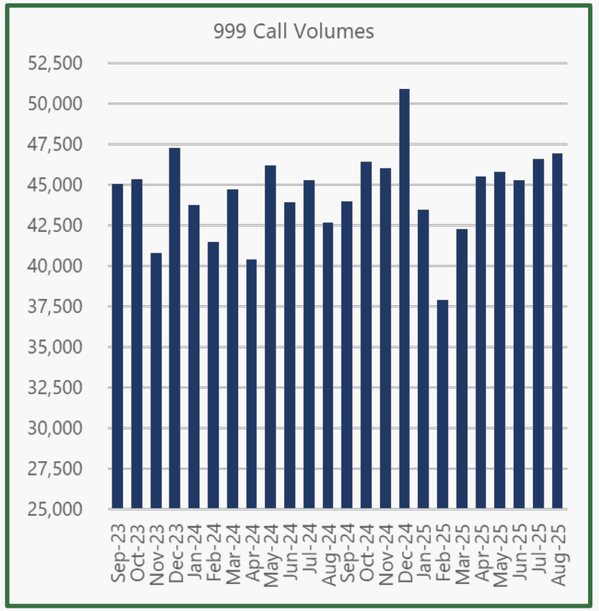
R

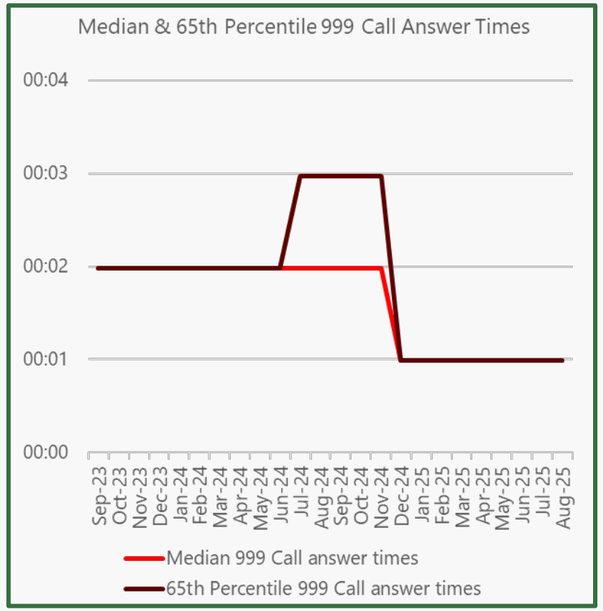
FPC

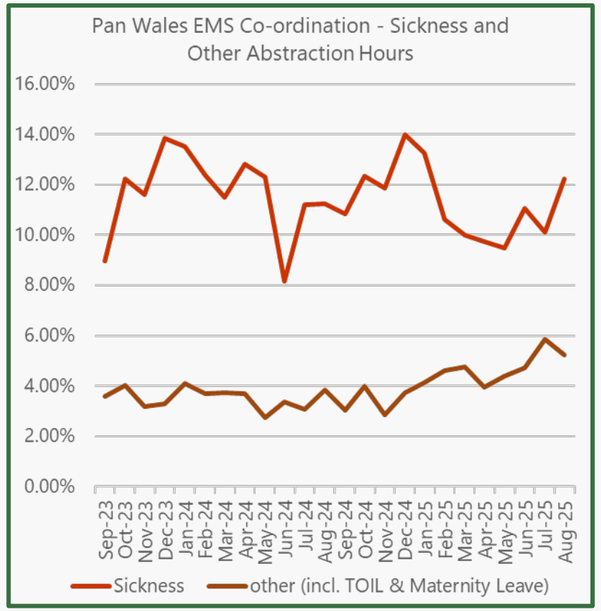
CI

Influencing Factors – Demand and Hours Produced









Analysis

The 95th percentile 999 call answering performance increased, rising to 23 seconds in August 2025, and remaining above the 6 second target; however, the median call answer time for the 999-service has been consistently good at 1 second. The new system is now aligned with reporting and is signed off.

There was a minimal increase in demand during August 2025 to 46,951 calls from 46,610 in July 2025.

UHP for the month of August was at 90% and sickness levels saw an increase, from 10.10% in July 2025 to 12.24% in August 2025.

Remedial Plans and Actions

- Currently 10.45 above establishment with EMDs and Call Handlers at 99.45WTE. Training ongoing with 5, who are due to go-live at the end of September. A further training cohort will commence on September 8th.
- Work is ongoing to identify what is contributing to high sickness via the Managing Attendance at Work Policy and attrition via the recruitment and selection processes.

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

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

Expected Performance Trajectory

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

Our Patients: Quality, Safety & Patient Experience
Arrest Purple Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

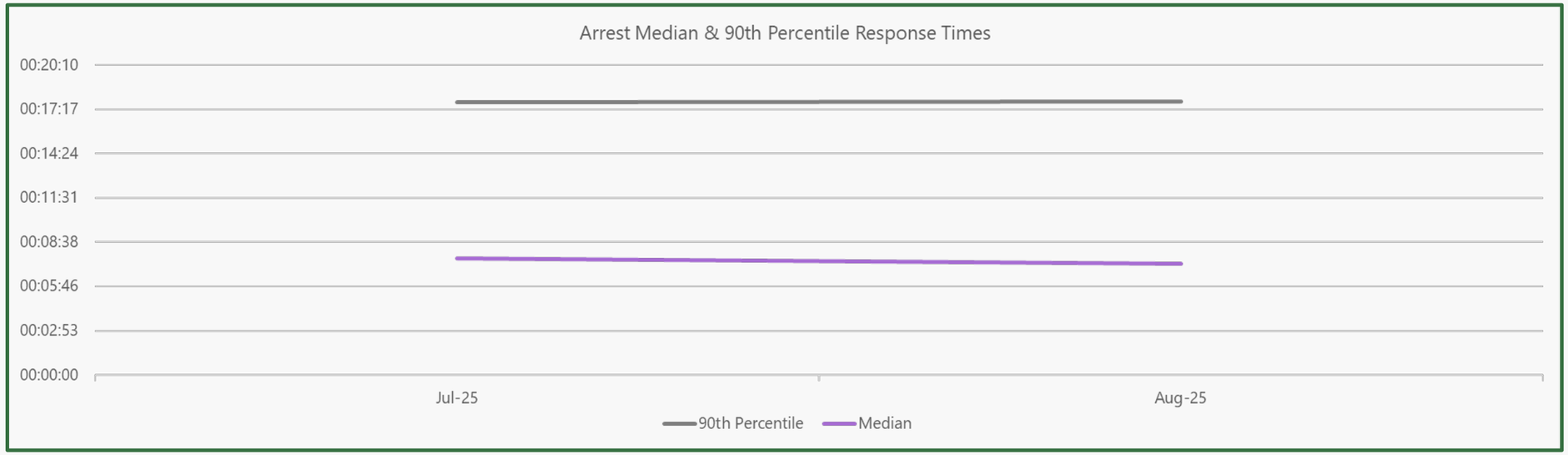
(Responsible Officer: Lee Brooks)

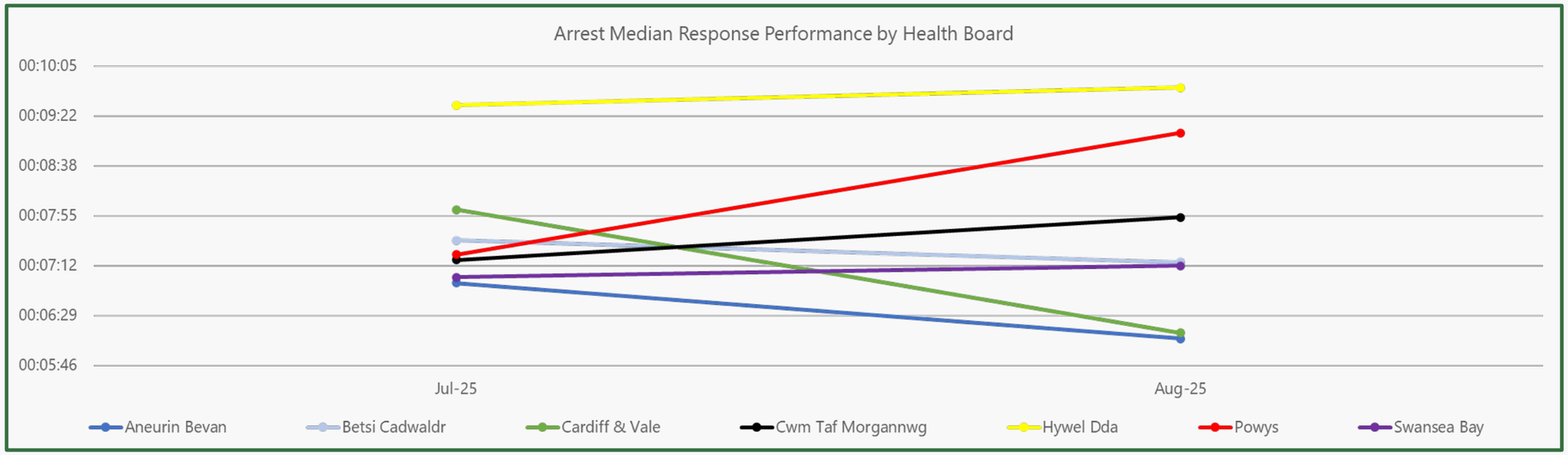
G

CI

QUEST

FPC





Analysis

On 1 July, our new ambulance response model was implemented, and two new response categories replaced the previous (old) Red category. The new categories are Arrest(Purple), for cardiac and respiratory arrests, and Emergency (Red), for major trauma and other incidents where patients are at significant risk of cardiac or respiratory arrest if they do not receive a rapid response.

In August there were 819 Arrest (purple) calls received, around 2.3% of all calls.

The median response times for Arrest (purple) was 7 minutes 15 seconds. Aneurin Bevan had the lowest median time of 6 minutes and 9 seconds and Hywel Dda had the highest at 9 minutes and 46 seconds.

The 90th percentile response time for Arrest (purple) calls was 17 minutes 49 seconds. For which, Cardiff and Vale had the lowest time of 12 minutes and 44 seconds, and Powys had the highest at 26 minutes and 23 seconds.

For both Arrest (purple) and Emerg (red) calls the median and 90th percentile response time targets are 6-8 minutes and 20 minutes, respectively.

Our Patients: Quality, Safety & Patient Experience
Arrest Purple Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

CI

QUEST

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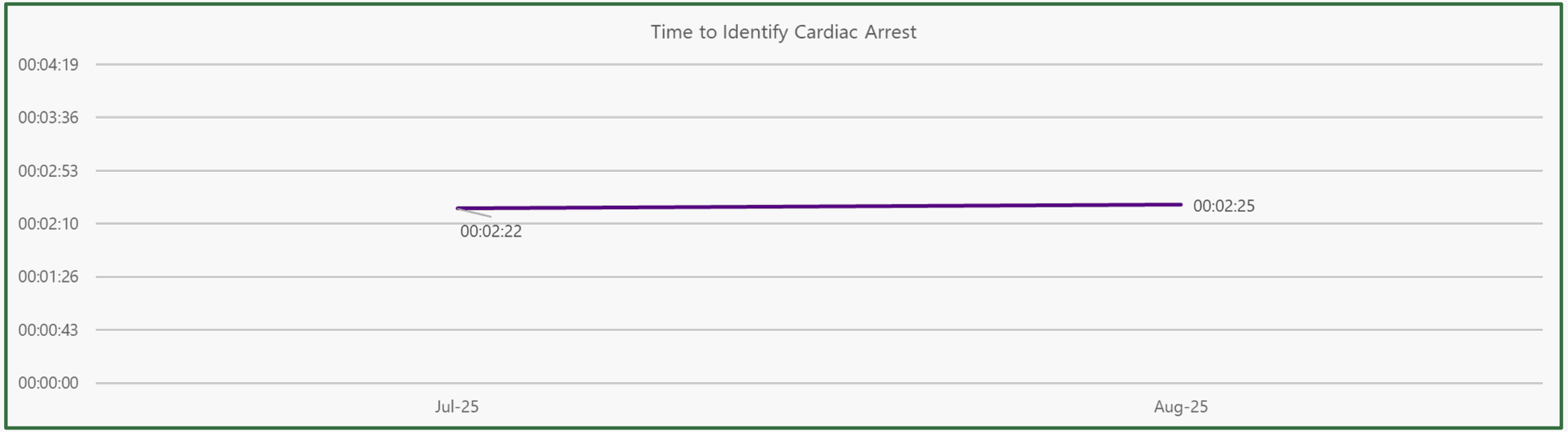

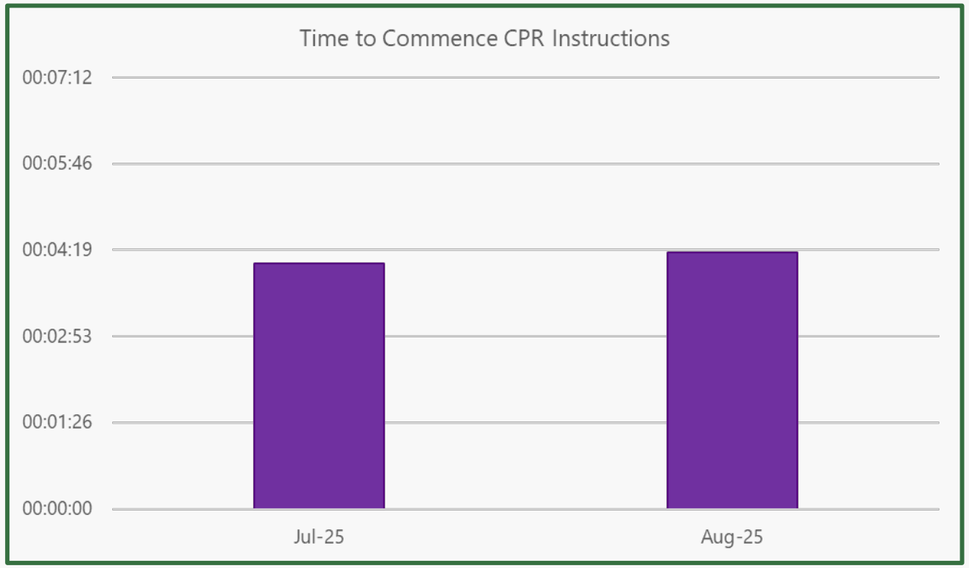

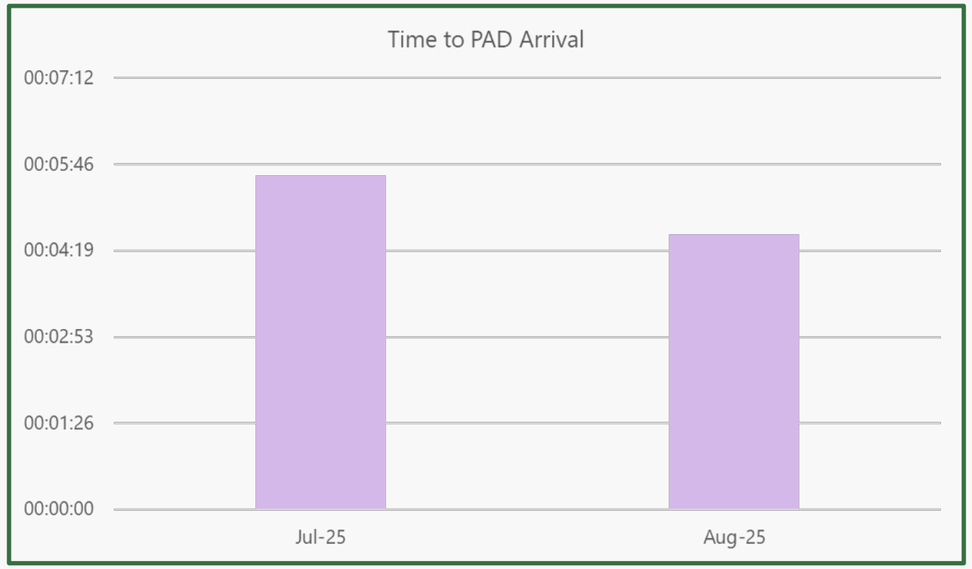

Analysis

As part of the go live on Purple (Arrest) more measures have been introduced to help better understand and manage the chain of survival.

In August 2025, the:
Average Median time to identify cardiac arrest was 2 minutes and 25 seconds.

Average Median time to commence CPR instructions was 4 minutes and 17 seconds.

Average (Median) time for a defibrillator (PAD) arrival to scene was 4 minutes and 36 seconds. A decrease from July (5 minutes and 35 seconds).

Our Patients: Quality, Safety & Patient Experience
RED EMERG Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

R

QUEST

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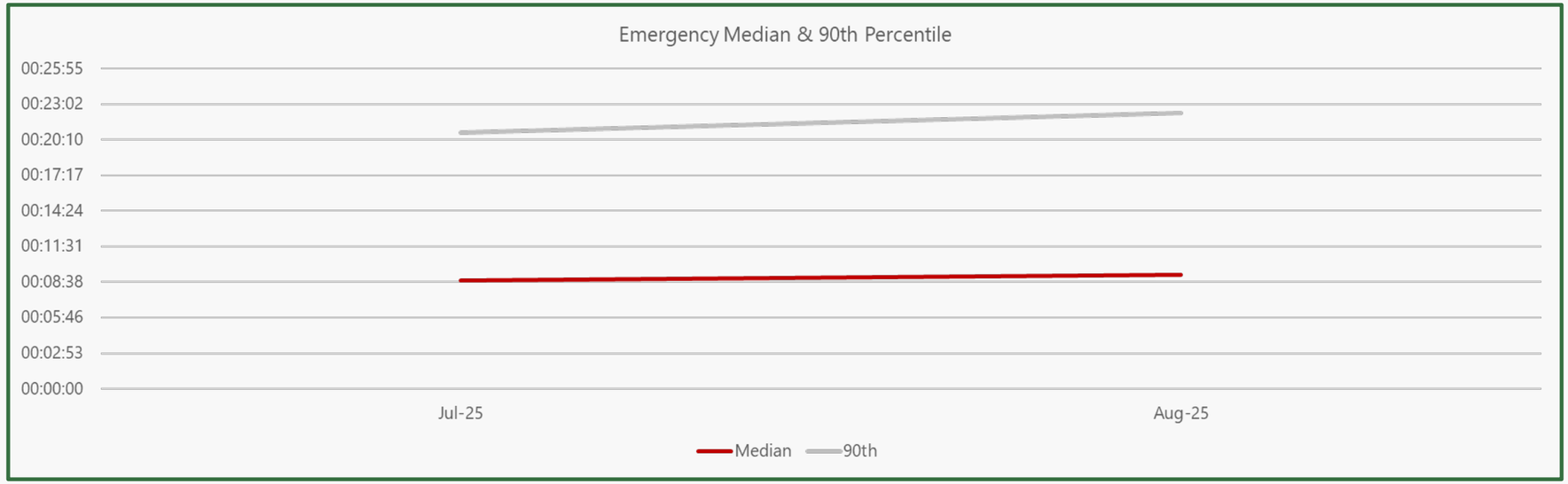
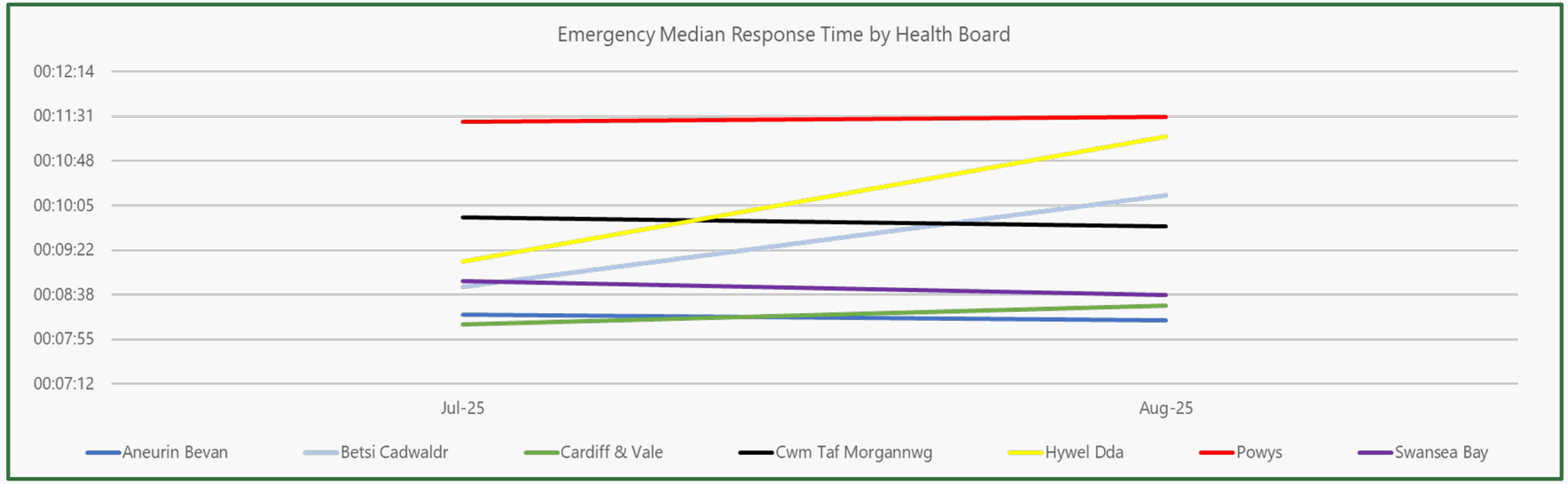




Analysis

In August 2025 there were 4,380 Emerg (red) calls, around 12.5% of all calls.

The median response time in August 2025 for Emerg (red) was 9 minutes 15 seconds. Aneurin Bevan health board had the lowest median time of 8 minutes and 14 seconds, and Powys had the highest at 11 minutes and 31 seconds.

For Emerg calls, 90th percentile response times was 22 minutes 20 seconds. For which, Cardiff and Vale had the lowest time of 17 minutes and 17 seconds, and Powys had the highest at 32 minutes and 25 seconds.

For both Arrest (purple) and Emerg (red) calls the median and 90th percentile response time targets are 6-8 minutes and 20 minutes, respectively.

Remedial Plans & Actions

Purple (Arrest) is performing better than the Trust modelled, but Red (Emergency) is performance worse than the Trust modelled. A small divergence between Purple and Red was expected, but the divergence is bigger than expected. The Trust is currently undertaking a deep dive on its month one data to look at what may be causing this.

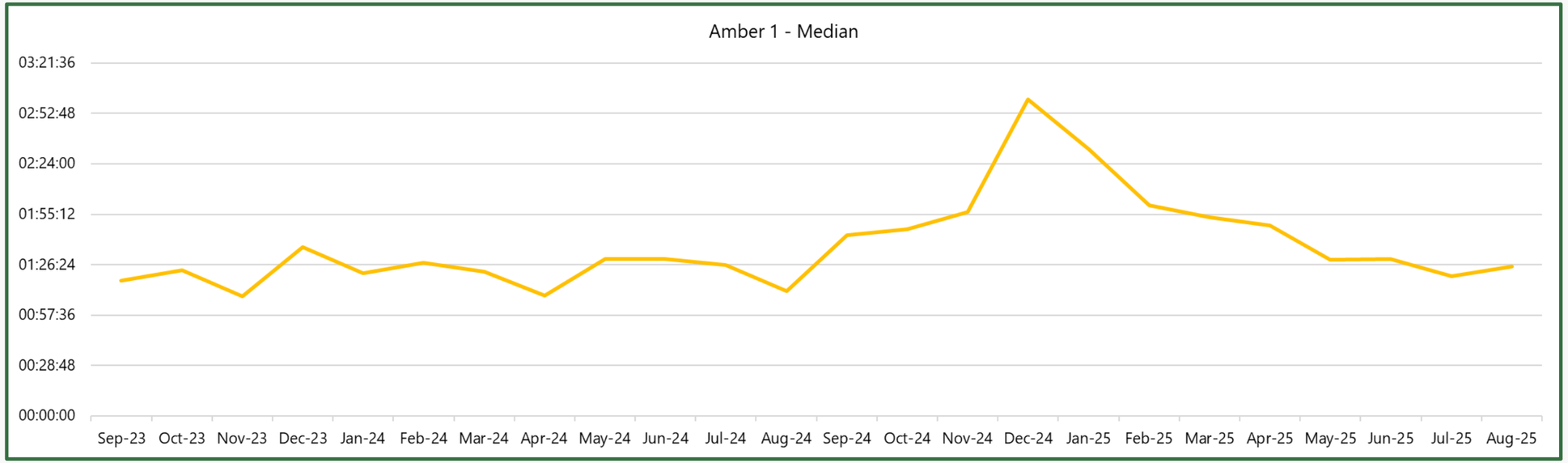
Our Patients: Quality, Safety & Patient Experience
Amber Performance Indicators

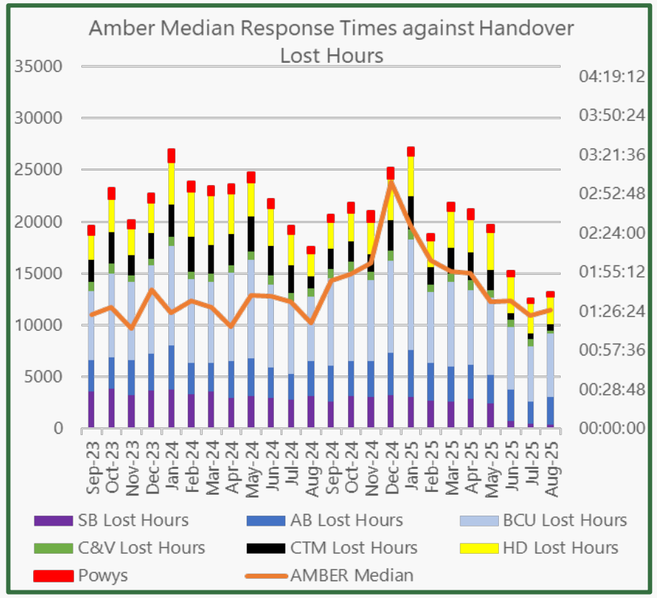
(Responsible Officer: Lee Brooks)

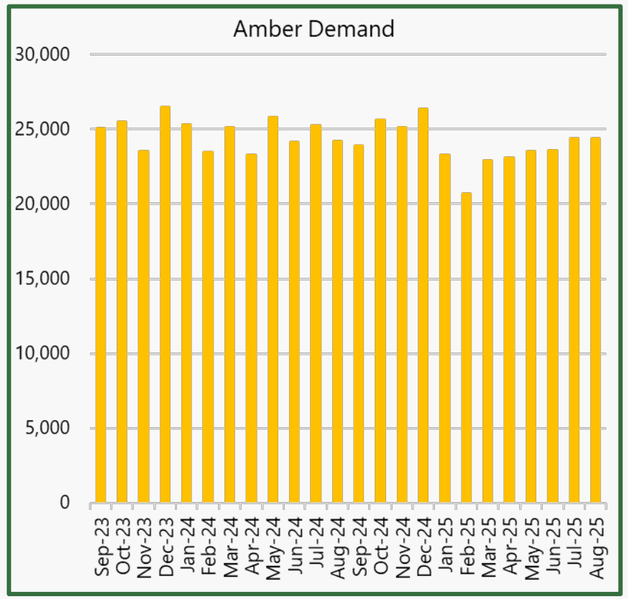
R

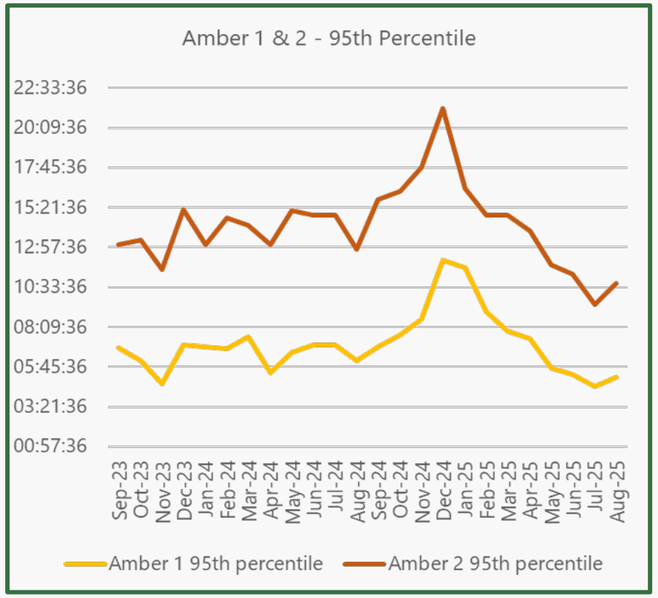
FPC
CI
QUEST

Influencing Factors – Demand, Hours Produced and Hours Lost









Analysis

The Amber 1 median performance time increased during August 2025 to 1 hour and 25 minutes. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile also increased during August 2025 to 5 hours 9 minutes, up from 4 hours 34 minutes in July 2025. However, this time remains below the 2-year average figure of 7 hours 8 minutes.

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

Remedial Plans and Actions

Welsh Government has recently announced further changes to the Ambulance Performance Framework that will affect the existing Amber category at the of 2025.

Expected Performance Trajectory

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

Our Patients: Quality, Safety & Patient Experience

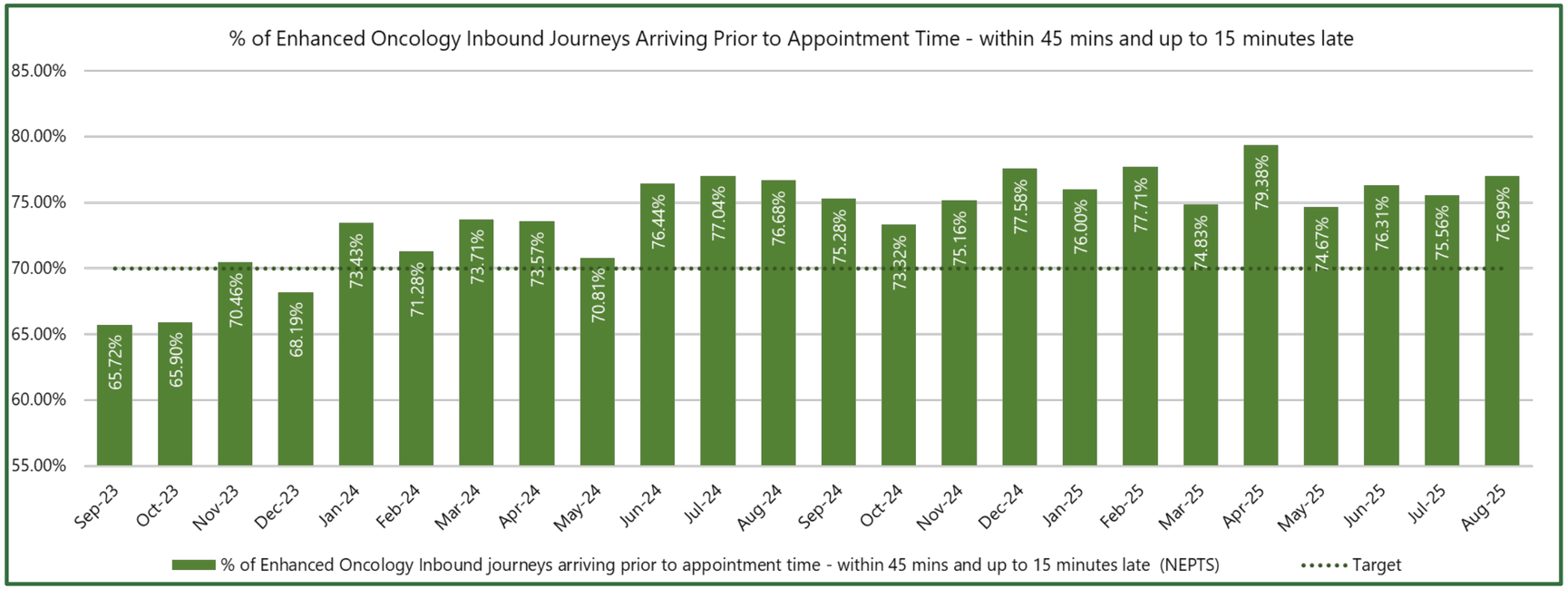
Patient Experience – Influencing Ambulance Care Indicators

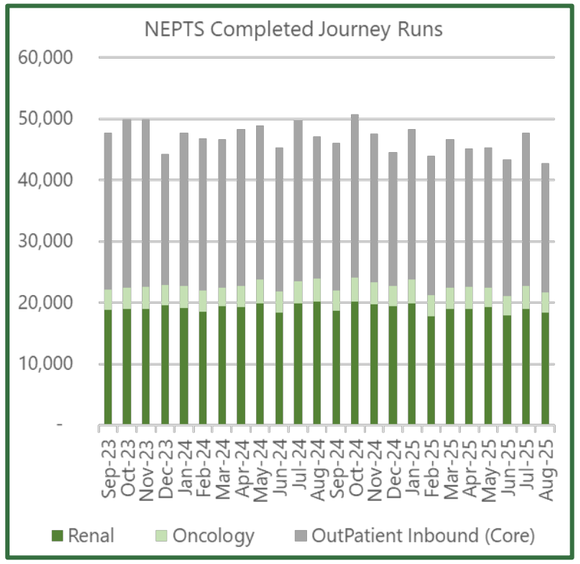
(Responsible Officer: Lee Brooks)

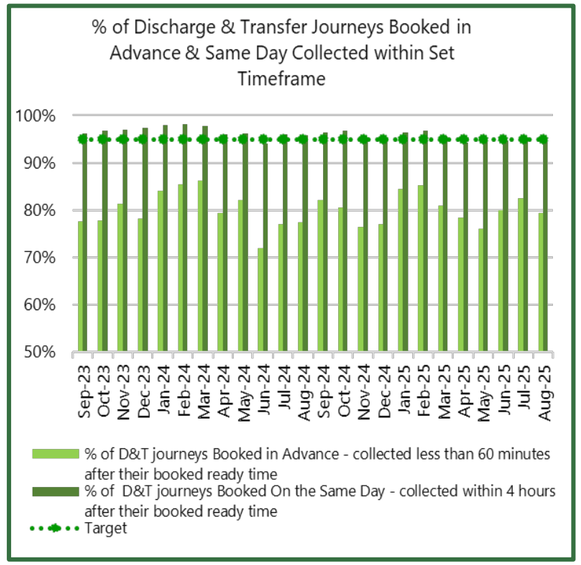
D&T	Oncology	Welsh Calls
R	G	R

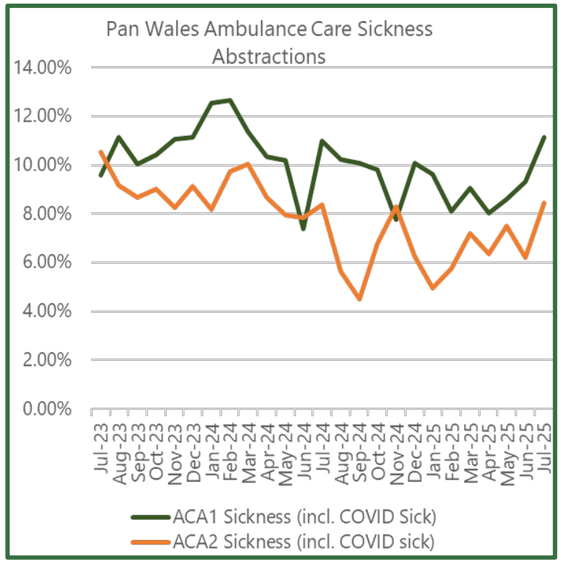
FPC

CI









Analysis

76.9% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time in August 2025, once again achieving the 70% target.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment decreased in August 2025 to 79% and remains below the 95% target. Discharge and Transfer journeys booked on the same day achieved 94% in August 2025, dropping just below the target (95%).

Renal journeys arriving within 30 minutes prior to their appointment time decreased from 70.7% in July 2025 to 69.1% in August 2025 and marginally falls below the agreed performance standard of 70% for only the third time in the past 12 months.

Call volumes answered decreased to 14,629 calls during August 2025, from 16,088 in July 2025; but the average speed of call answering improved from 10 minutes to 7 minutes 30 seconds.

ACA1 sickness remains above the 5.99% target, at 11.15% and ACA2 sickness also remains above the 5.99% target at 8.45% in July 2025.

Remedial Plans and Actions

Oncology performance continues to be in excess of the service standards nationally, however there is some regional variation to this. Work is underway in the areas where performance is lower to address the underlying reasons for this. However, it is unlikely that significant inroads will be made until the completion of the NEPTS roster review.

Performance on advanced discharges and transfers has been challenged through the quarter. This has been addressed by the team and has begun to recover. It is important to note that this measure was always deemed aspirational and requires a shift in booking practice by Health Boards for this to be achieved.

Sickness levels have seen an increase during the quarter, with long term sickness within ACA1 cohort being a feature. Actions have been put in place across the service areas to increase focus on this area.

Expected Performance Trajectory

An improvement to sickness absence levels and advanced discharge and transfer is anticipated within the next quarter. Oncology performance is above the standard nationally and expected to sustain this.

Our Patients: Quality, Safety & Patient Experience Clinical Indicators

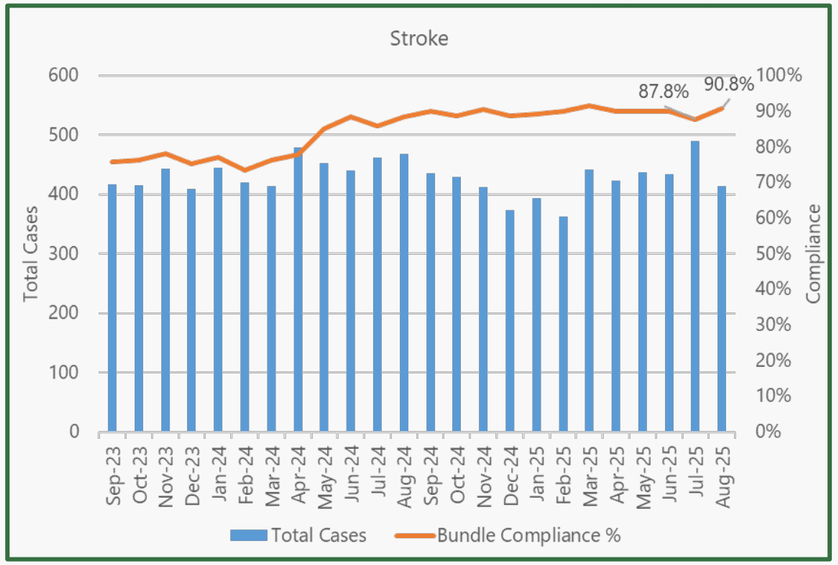
Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care and Time-Based metrics.

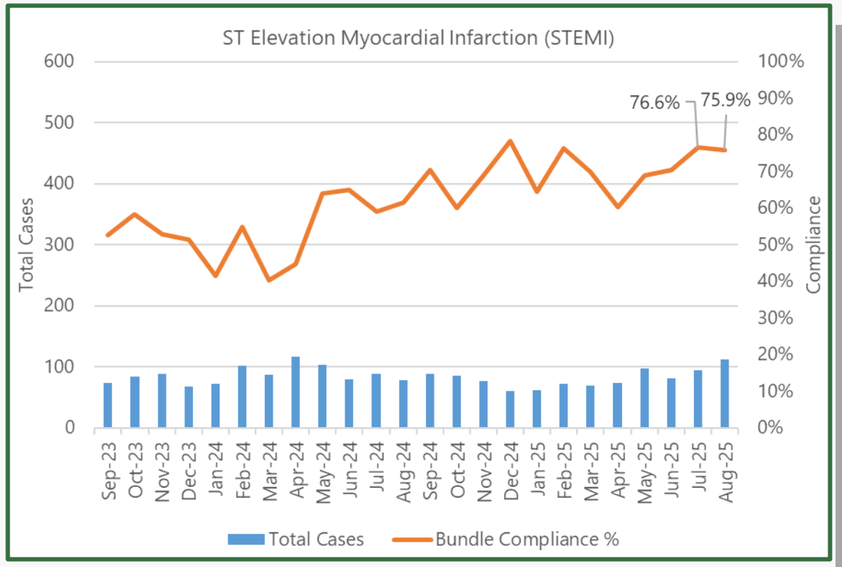
Stroke	Stroke Call to Door	STEMI
A	R	R

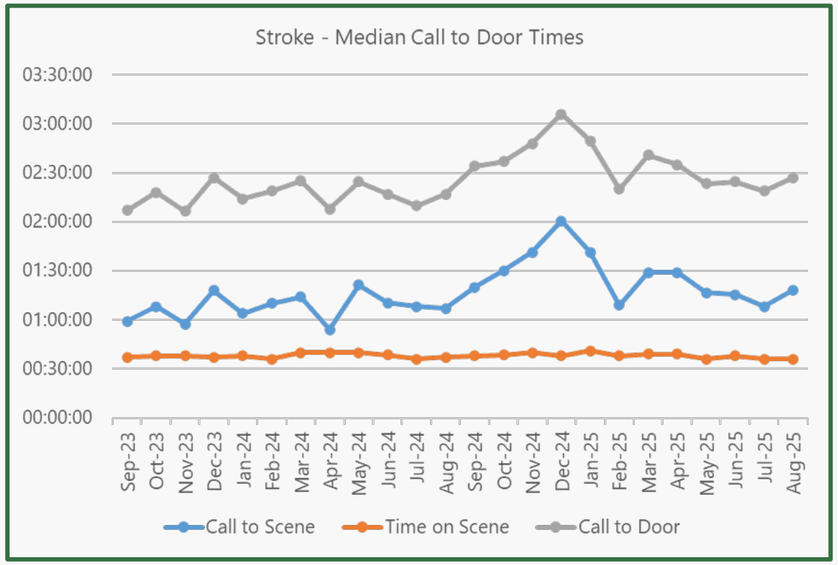
Self-Assessment: Strength of Internal Control: Moderate

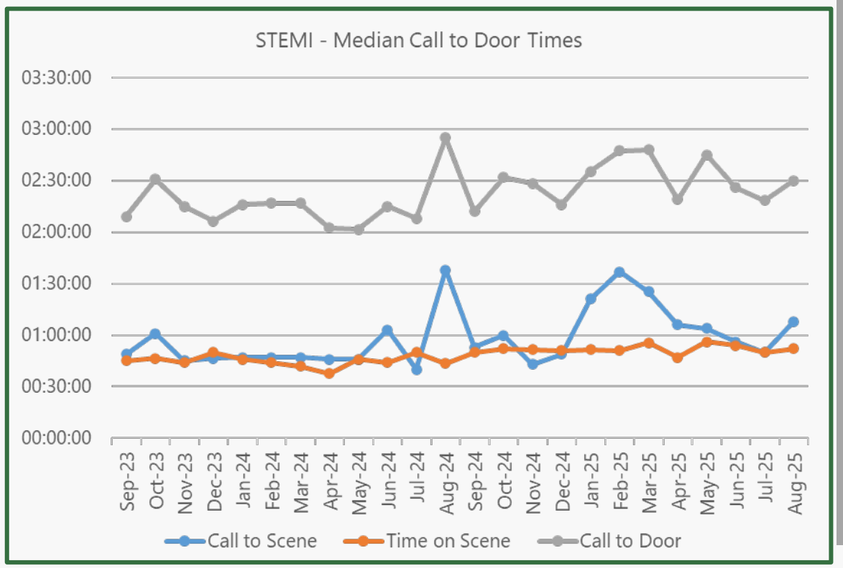
QUEST

(Responsible Officer: Andy Swinburn)









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

Stroke – 90.8% - performance has consistently remained at or above 85% since May 2024. There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance.

STEMI (heart attack) – 75.9%, a significant improvement from 76.6% in July 2025. There has been an increase in compliance across all elements of the care bundle. The number of cases remained low (112) therefore, increasing the volatility of the compliance data so this could be natural variance.

Call to door times for Stroke – call to door times increased marginally for stroke in August (02:27:00). All three elements of the bundle have seen consistency on time.

Call to door times for STEMI – Call to door time has increased since last month (02:30:00).

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

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

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

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

Our Patients: Quality, Safety & Patient Experience Clinical Indicators

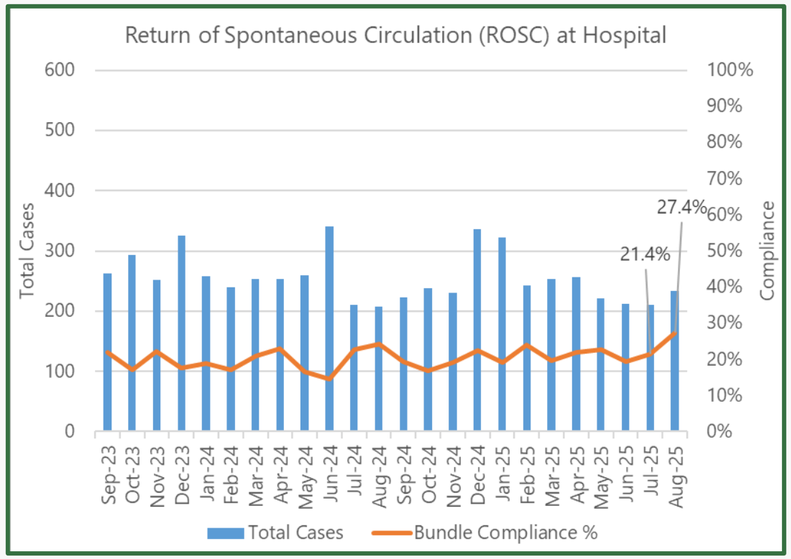
Return of Spontaneous Circulation, Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (#NOF)

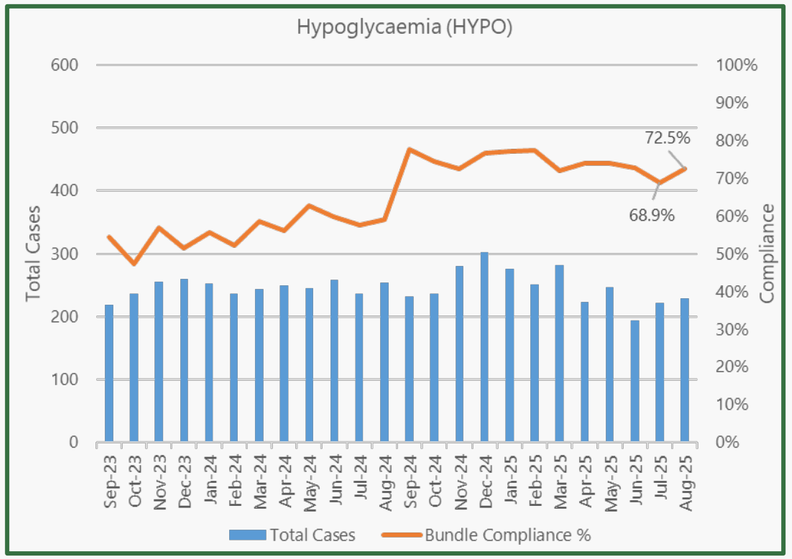
(Responsible Officer: Andy Swinburn)

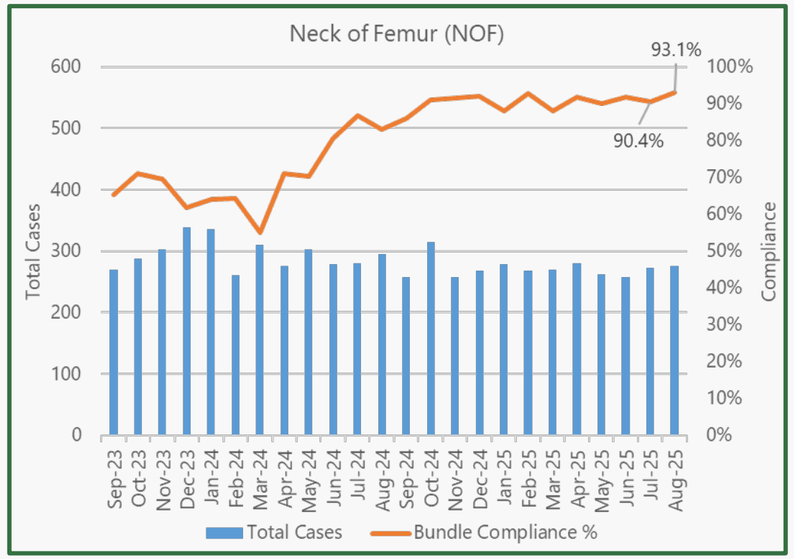
ROSC
G

Self-Assessment: Strength of Internal Control: Moderate

QUEST







#NOF Call 2 Door in development

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

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 27.4%, an increase from 21.4% in July. An update was made to the ROSC coding scripting which affected the data from July 2024. This resulted in a step change with August 2024 being the highest since ePCR was implemented. A 'nudge' to improve documentation for specific fields including outcome was implemented in October 2024. Low case numbers means a volatile percentage dataset.

Hypoglycaemia (diabetic patients with low blood glucose) – 72.5%, an increase from last month (68.9%). Compliance has remained quite static through Q2, although there has been a slight drop in compliance across the bundle.

Fractured Neck of Femur (hip fracture) – 93.1%, a slight increase in performance from July. Only a slight increase in compliance which is evident across the care bundle.

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

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

Our Patients: Quality, Safety & Patient Experience
Patient National Reportable Incidents & Duty of Candour

(Responsible Officer: Liam Williams)

Concerns.

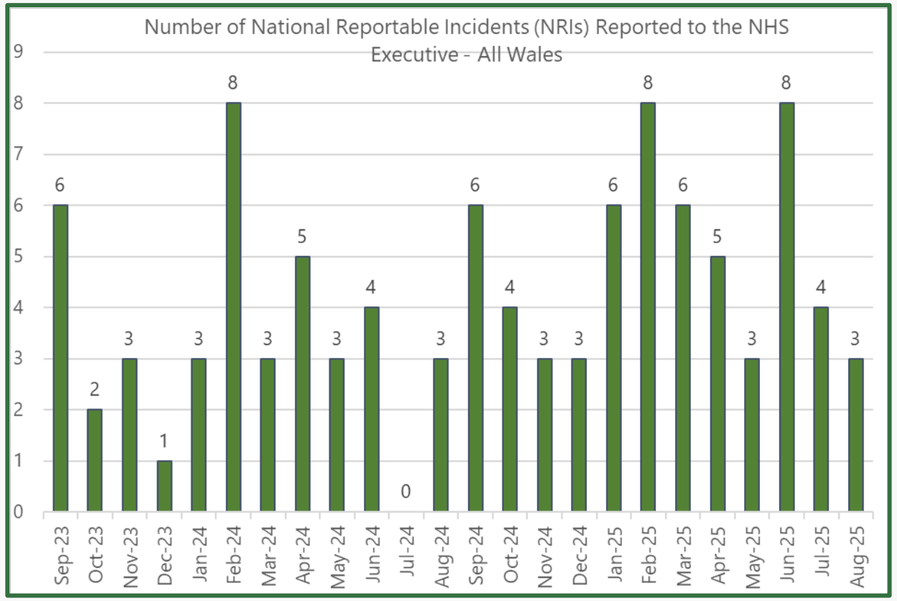
G

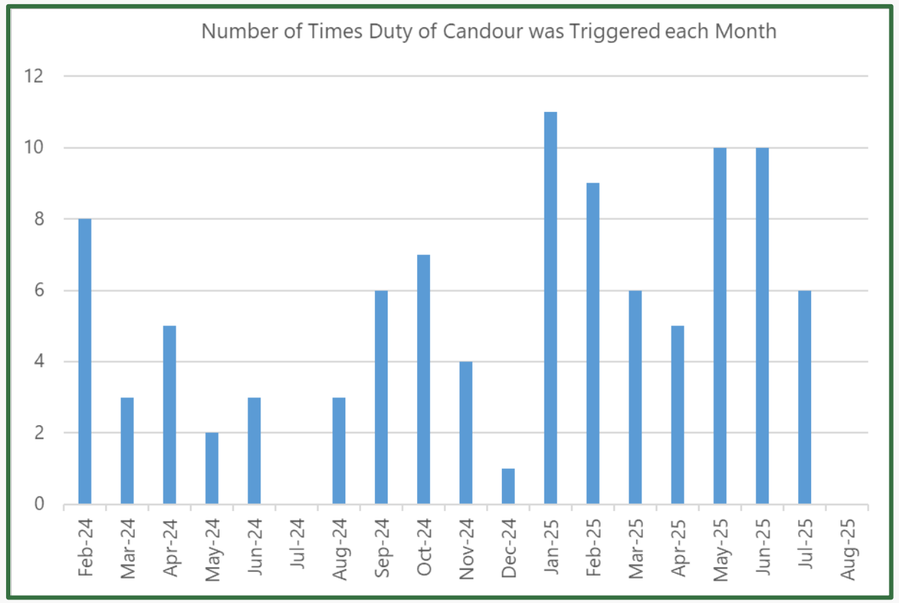
Self-Assessment: Strength of Internal Control: Moderate

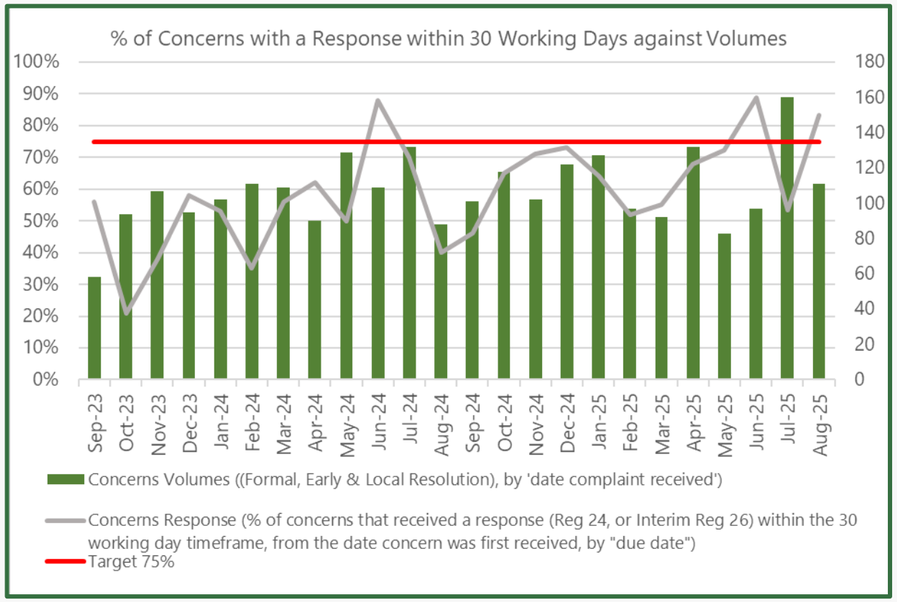
QUEST

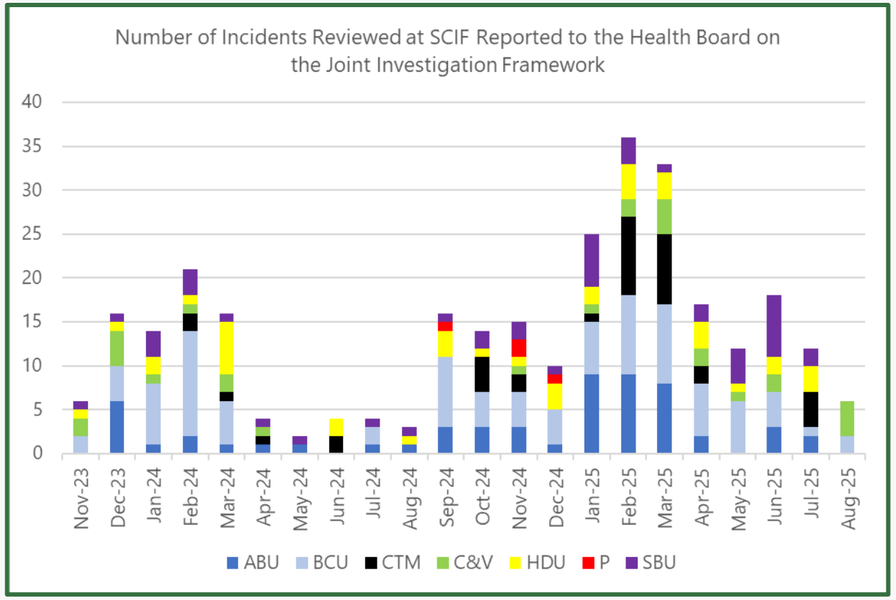
Health & Care Standard
Health - Safe Care / Timely Care

Responses Indicators









Analysis
Compliance with the 30 working day complaints target has increased in August to 83.3% and is now above the 75% target. The Trust has been ordered to pay fines to some affected patients by the PSOW.

The Trust also has received its highest number of complaints in August in comparison to the previous two years. This high volume has been driven by the number of cancellations under the Ambulance Care Service Capacity Management Plan.

The Serious Case Incident Forum agreed for 3 incidents to be reported as NRIs, mostly relating to call management issues.

Remedial Plans and Actions
A Putting Things Right and Legal Services Recovery Plan has been developed to address the number of overdue concerns (complaints and incidents). This is being monitored through our internal governance structure and reported on in QuESt Committee.

Expected Performance Trajectory
As service areas focus on reducing the number of open overdue complaints, it is expected that the 30-working day performance will decrease. This is predicted to last until the number of open in-date complaints makes up the majority of open cases and, depending on the success of Recovery Plan actions, may take many months before it picks up again.

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

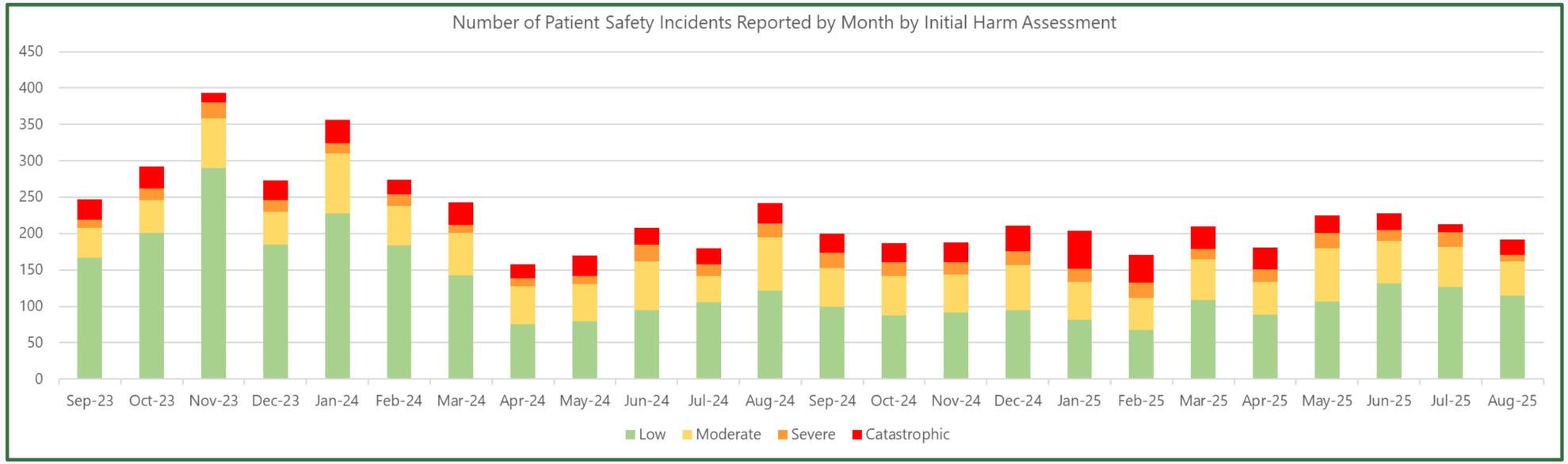
Our Patients: Quality, Safety & Patient Experience
Patient & People Safety Indicators

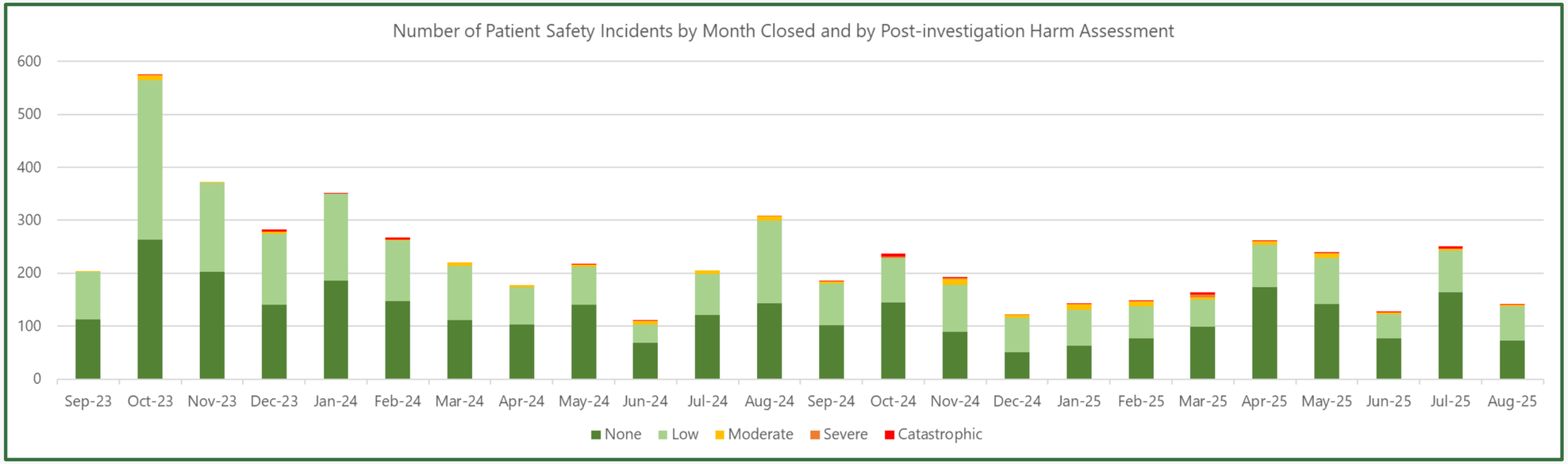
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care





Analysis
Incident reporting volumes remain stable and incident closure rate has deceased in August. The volume of closed incidents, does however, remain lower than the volume of reported incidents each month, meaning the overall total of open records continues to increase.

Near miss reporting is being encouraged during daily operational meetings to ensure we learn from all opportunities. Closed incidents continue to demonstrate that validated levels of severe or catastrophic harm remain consistently low.

NRIs that have been closed with NHS Performance & Improvement have improved again in comparison to the previous month

Remedial Plans and Actions
Incident closures are being monitored through Quality Management Group.

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

Data source: Datix

Our Patients: Quality, Safety & Patient Experience
Coroners, Mortality and Ombudsmen Indicators

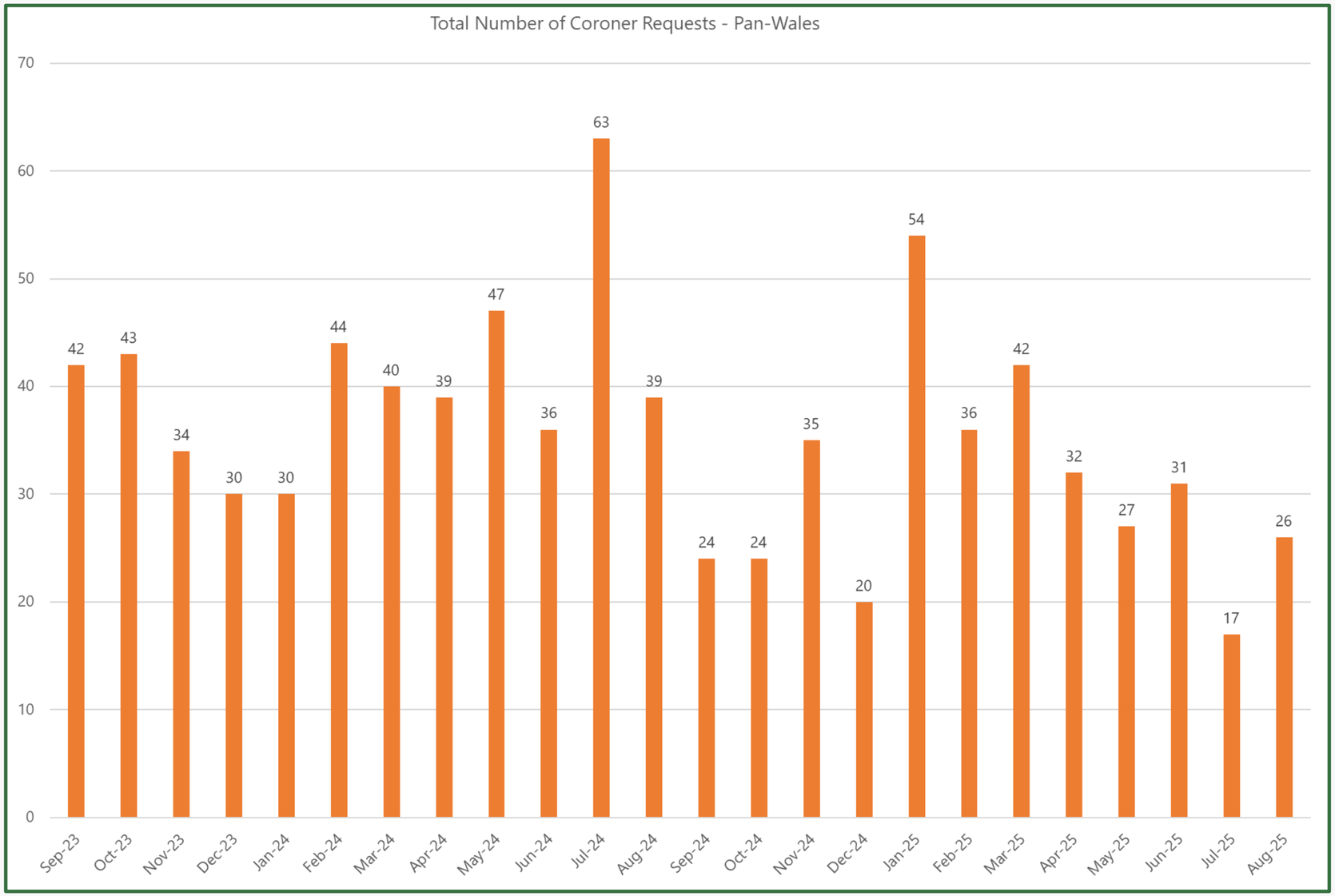
(Responsible Officer: Liam Williams)

Coroners Self-Assessment: Strength of Internal Control: Moderate

Mortality Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care



Analysis

The number of coroner approaches has increased slightly on last month and is lower than the previous year's approaches, allowing opportunity to continue focusing on overdue statement requests.

Inquest cases continue to present with increased complexity and large numbers of statements and witnesses being called. These factors combined makes this an area of continued pressure across Trust services and for the individual staff involved in representing the organisation.

Medical Examiner Level 1 triage occurs regularly, ensuring prompt recognition of cases where learning and/or potential harm are identified. The Level 2 Medical Examiner Learning Panel is now effectively reviewing the management and learning from cases although continues to operate retrospectively, reflecting the competing operational demands on senior clinical capacity.

Remedial Plans and Actions

A Putting Things Right and Legal Services Recovery Plan has been developed to address the number of overdue concerns (complaints and incidents). This is being monitored through our internal governance structure and reported on in QuESt Committee.

Expected Performance Trajectory

- Coroner activity will continue to be monitored and delays in statement gathering escalated and prioritised internally as appropriate.
- Cross directorate teams continue to work together to ensure cases are prioritised, and the coroner is provided with estimated times of completion.
- The ability to provide senior review of Medical Examiner feedback cases will depend on availability of the appropriate professional attendance at Learning Panel.

Mortality Reviews Data source: Internal Web Application

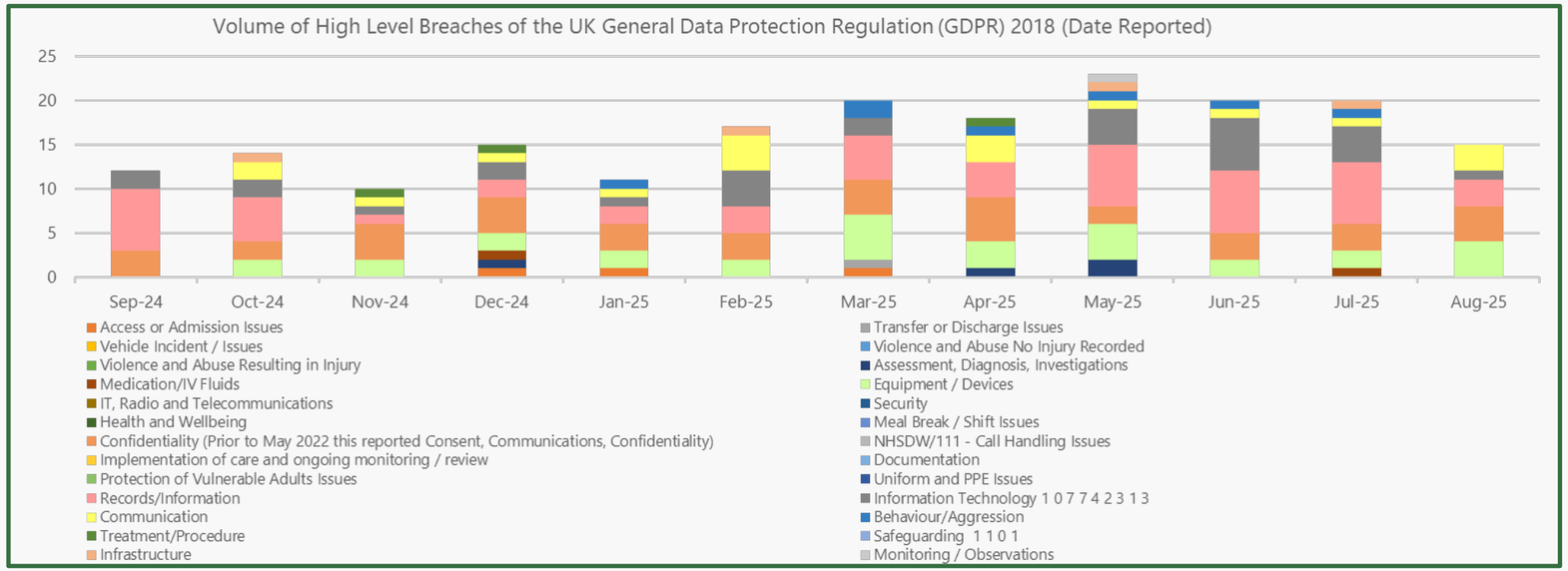
Our Patients: Quality, Safety & Patient Experience Safeguarding, Data Governance & Public Engagement Indicators

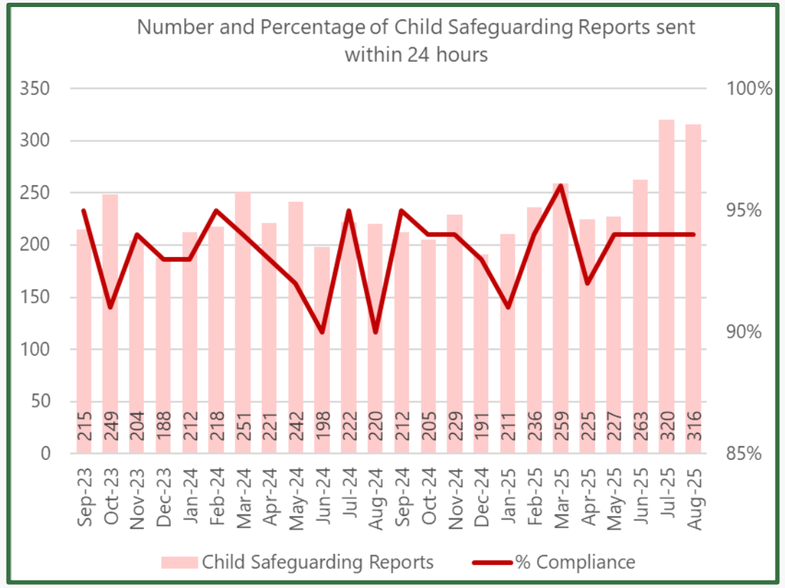
(Responsible Officers: Jonny Sammut & Liam Williams)

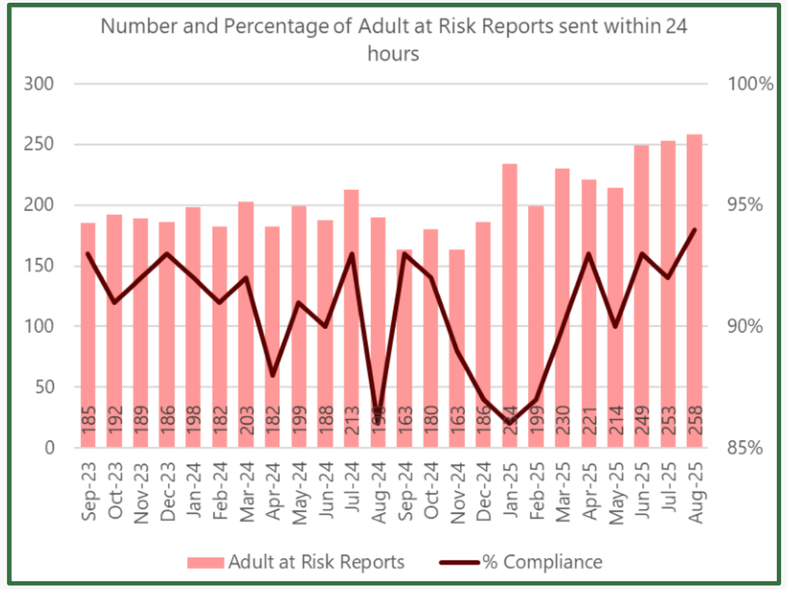
Health & Care Standard
Health – Safe Care

Self-Assessment: Strength of Internal Control: Strong

PCC







Analysis

Safeguarding: In August 2025 WAST colleagues submitted a total of 258 Adult at Risk Reports, 94% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 861 reports were shared with local authorities across Wales during this reporting period. There have been 316 Child Safeguarding Reports submitted in August 2025, 94% of these were processed within 24 hours.

Data Governance: In August 2025, there were 15 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 15 breaches, 3 related to Records/Information, 4 IG/Confidentiality, 3 Communication, 4 Equipment, and 1 Information Technology.

Remedial Plans and Actions

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

Data Governance: During the reporting period, of the 15-information governance related incidents reported on Datix, no incidents were reported to the Information Commissioner's Office (ICO). The IG Team continues to monitor, and review reported incidents where applicable.

Expected Performance Trajectory

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

Data Governance: The IG Toolkit submission was completed on 31st March 2025. The next iteration of the IG Toolkit has now opened for FY25/26 submissions.

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

Safeguarding Data source: Doc Works

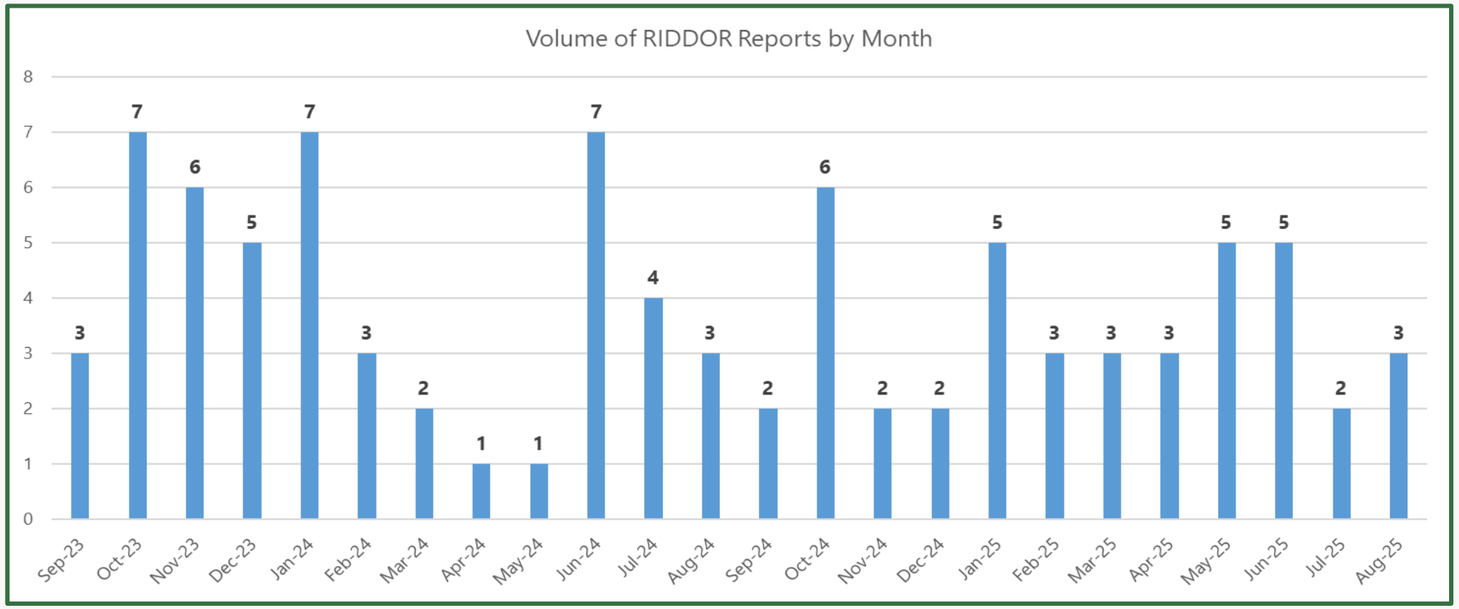
Our Patients: Quality, Safety & Patient Experience
Health & Safety (RIDDORS) Indicators

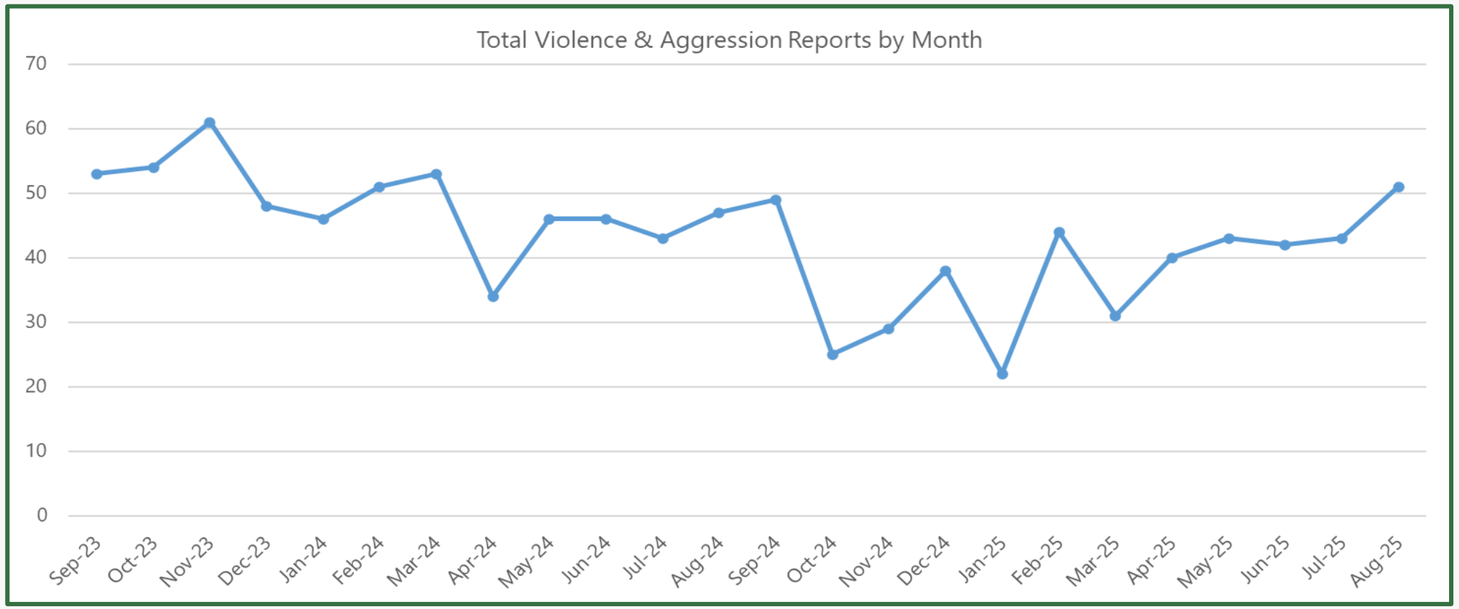
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care





Analysis

RIDDOR: There were 3 incidents requiring reporting under RIDDOR during August 2025 all were for an injuries requiring over 7 days of work.

- 33% of the RIDDOR's were submitted within the HSE reporting timelines, the main reason for not reporting in time was seen to be the late reporting of incidents onto Datix
- 3 RIDDORs reported during the month were as a result of manual handling incident whilst handling patients. 1 resulted from the use of a carry chair on the stairs of a patient's home and another happened when using a lift to load a patient onto a vehicle.

Violence and Aggression:

- A total of 51 incidents have been reported of V&A in August
- There was an increase in the number of Aggressive/Threatening behaviour.
- 5 Physical Assault on staff was reported during the month with incidents of verbal assault that included swearing.

Remedial Plans and Actions

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

Violence and Aggression: The use of appropriate Hashtags to flag incidents of verbal aggression within the Trust call centres is being progressed to provide a greater understanding of the verbal abuse experienced by staff.

Expected Performance Trajectory

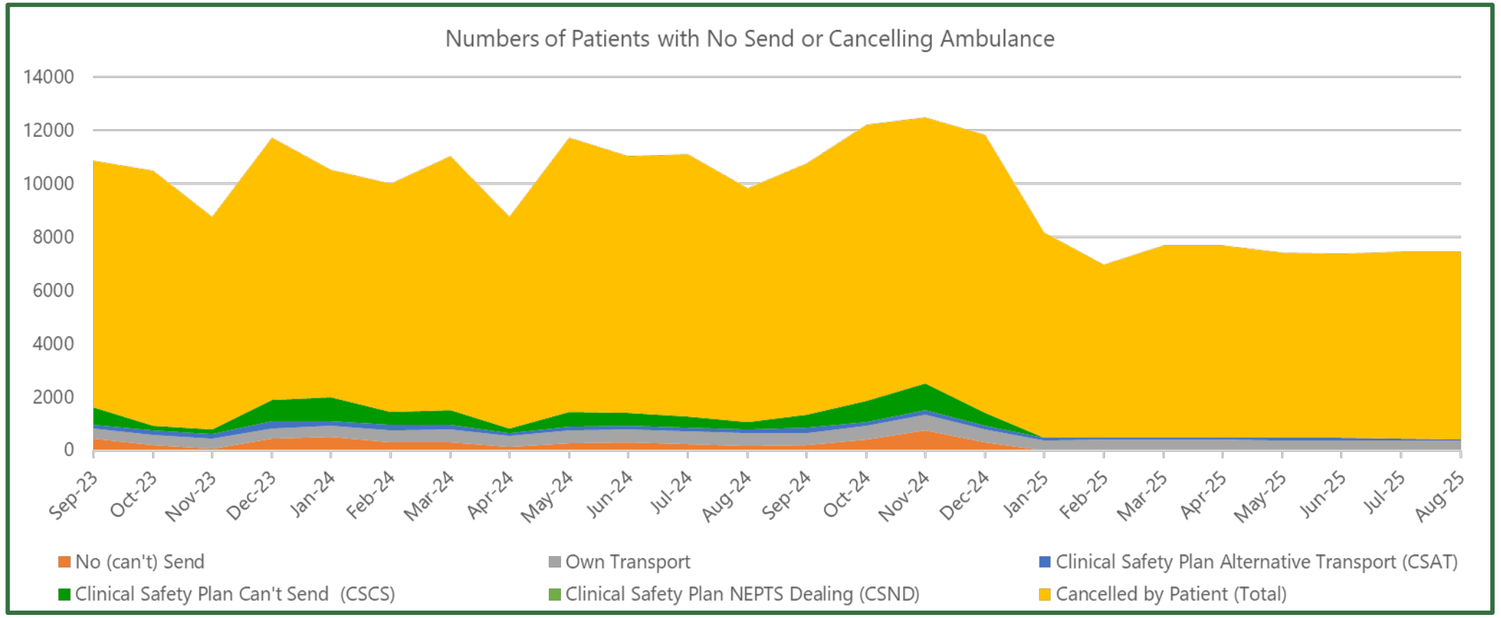
RIDDOR: The actions arising out of the recent deep dive into manual handling incidents aim to address the issues identified in the manual handling incidents this month.

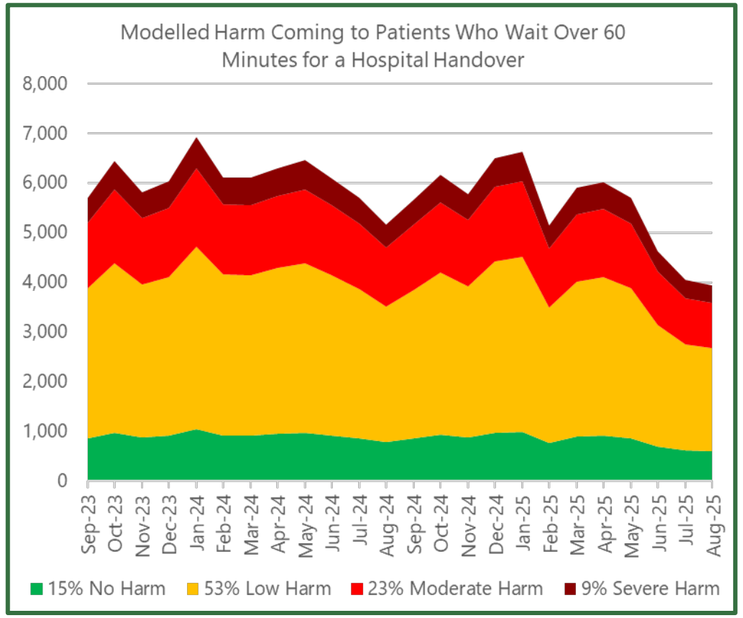
Violence and Aggression: It is expected that the number of verbal V&A incidents will increase over the next few months as a result of increased awareness of reporting mechanisms within the call centre teams.

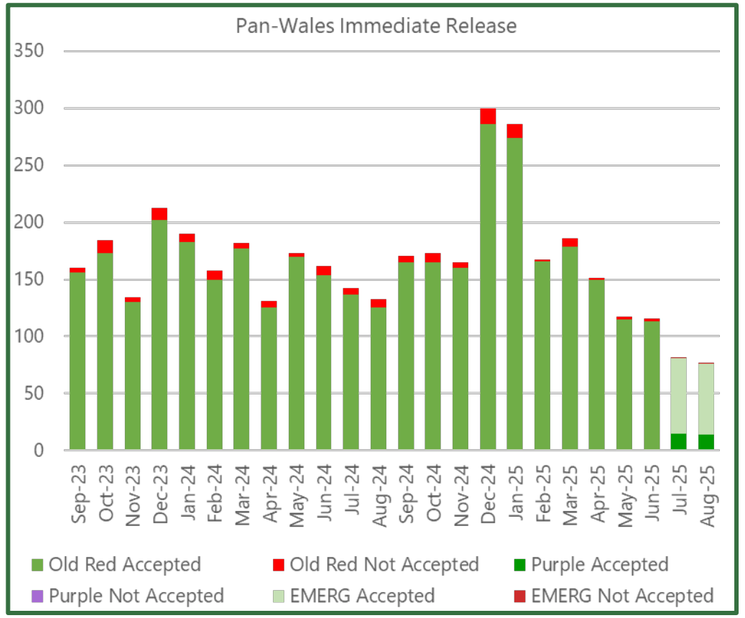
Data source: Datix

Our Patients: Quality, Safety & Patient Experience
Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn) G QUEST







Analysis

In August 2025, 45 ambulances were stopped due to Clinical Safety Plan alternative transport (CSPT). In addition, 7,028 ambulances were cancelled by patients (including patients refusing treatment at scene) an increase from the 6,996 in July 2025. There has been a downward trend in patient cancellations since December 2024 which the Trust believes is connected to the implementation of Rapid Clinical Screening during the winter.

There were 431 requests made to Health Board EDs for immediate release of Arrest, Emergency or Amber 1 calls in August 2025. Of these 14 were accepted and released in the Arrest category, with none not being accepted, 62 were accepted in the Emerg category, with 1 not accepted and 118 ambulances were released to respond to Amber 1 calls, but 236 were not.

The graph in the bottom left shows the estimated level of patient harm during August 2025. Of the 3,945 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume that 15% (592 patients) would experience no harm, 53% (2,091 patients) would experience low harm, 23% (907 patients) would experience moderate harm and 9% (355 patients) would experience severe harm.

In August 2025 CSP levels for the Trust were:

Remedial Plans and Actions

Immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Arrest and Emerg Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings had been paused as the Trust moves into the new commissioning arrangements with new arrangements expected later this year. The WG target for 2025/26 has a target of no handovers of more than 45 minutes.

Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trust's ability to respond to demand.

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

Our Patients: Quality, Safety & Patient Experience
Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care

August 2025		
NEPTS (221 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	87
Were you happy with the transport you received?	85	94
999 (6 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	82
The 999-call taker who answered your call explained what was going to happen next.	85	100
The length of time I waited for an ambulance to arrive was acceptable.	85	70
111 (13 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	63
Did you follow the advice given to you by NHS 111 Wales?	85	75
Would you consider using NHS 111 Wales again?	85	57
WAST Overall - Friends & Family Test How was your overall experience with the service today?	Ranked from very poor to very good.	
o Ambulance care	91.12% Good	5.33% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	57.14% Good	42.86% Poor
o EMS (including CSD)	80.00% Good	0.00% Poor
o NHS 111 Wales Online	50.00% Good	18.18% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis

During August 2025, PECI attended 13 community engagement opportunities, engaging with approximately 922 people.

Engagement this month included attending the Denbigh & Flint Show, offering an opportunity to engage with rural and farming communities and attending the National Eisteddfod in Wrexham, offering an opportunity to engage with young people - especially those who use Welsh as a first language.
We also continued to attend several sessions organised by Food Fun Wales school summer holiday enrichment programme where we visited schools is socially deprived areas of Cardiff and spoke to pupils attending about appropriate use of 999, what happens when you call 999 & demonstrated lifesaving skills that pupils can do while help is on its way.

Throughout August we continued to make available 4 patient experience surveys covering the Trust's main service delivery areas. Engagement and survey outcomes remain largely consistent and tell us that people continue to be very concerned about response times in the community and frustrated at hospital handover delays.

- 111 callers have told us that they experienced long waits for call backs.
- NEPTS users told us that overall, they continue to be happy with the transport they receive but experience delays when waiting for their transport home following their appointment.

Remedial Plans and Actions

Work is underway to enact the findings of the service review in relation to public and patient engagement
The ICO responded to our DPIA with 7 recommendations which were presented to IGSG who gave permission to continue working on the recommendations.

Expected Performance Trajectory

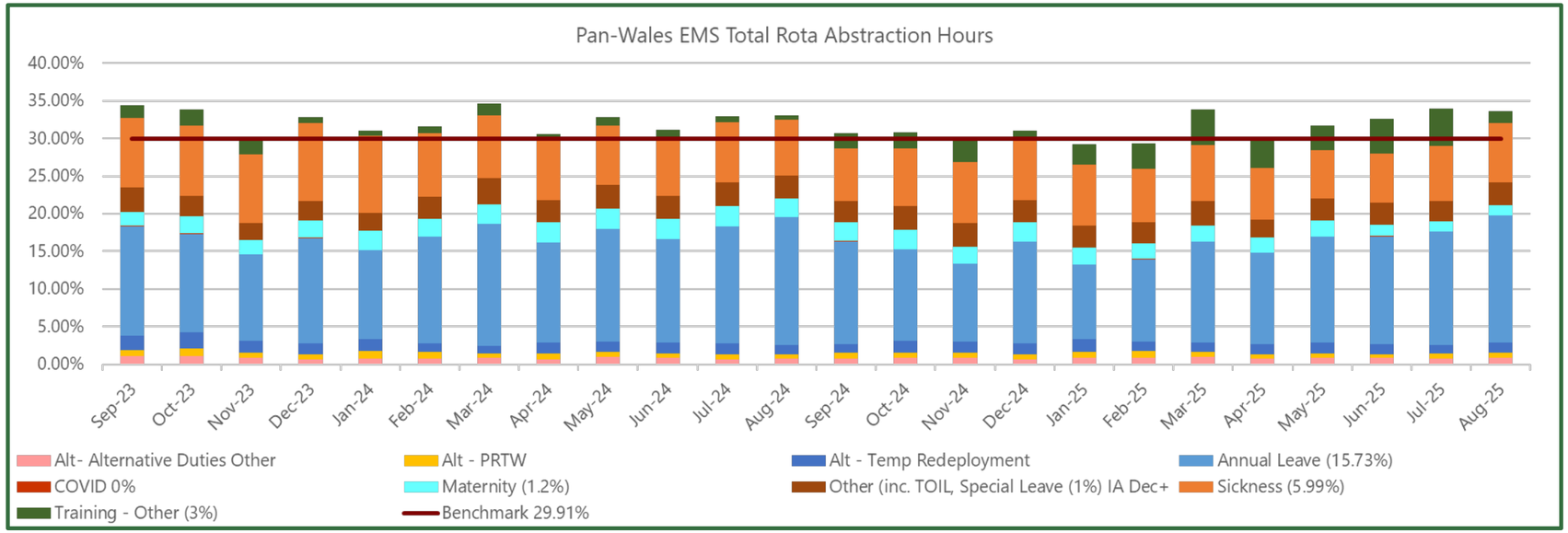
Vacancies and the work to enact the recommendations of the service review will have some impact on team capacity over the coming months.

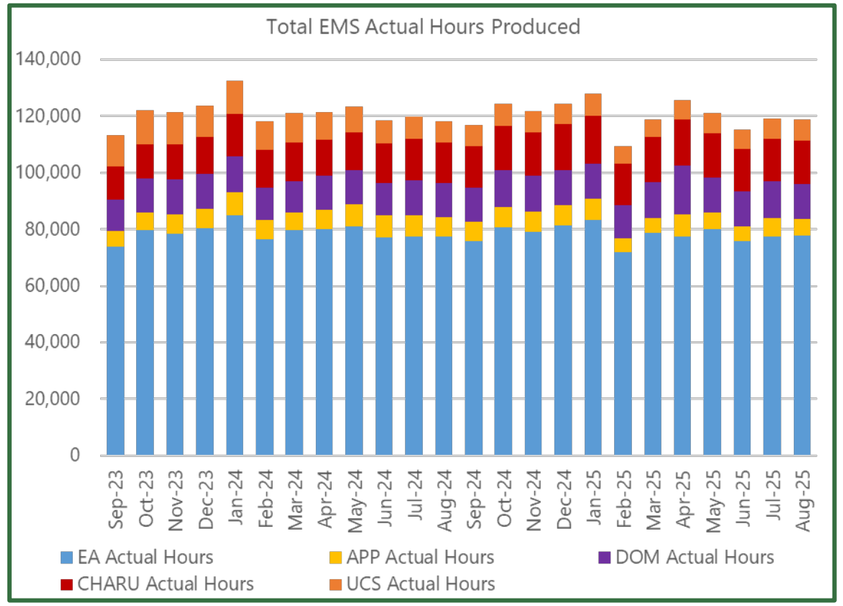
Our People
Capacity - Ambulance Abstractions and Production Indicators

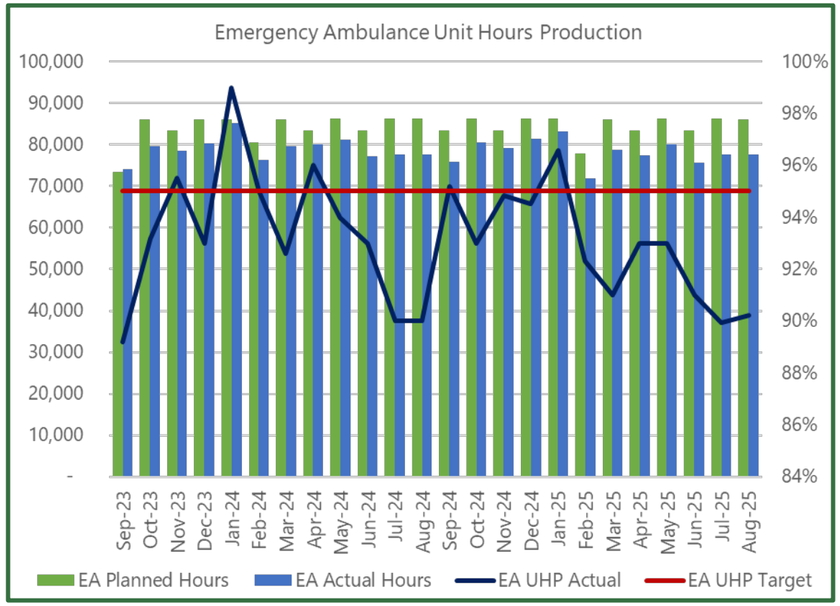
(Responsible Officer: Lee Brooks)

EA Production
A

CI PCC FPC







Analysis

Monthly abstractions from the rosters are key to managing the number of hours the Trust produces, as are the total number of staff in post. August 2025, saw total EMS abstractions (excluding Induction Training) of 33.65%. This was a minimal decrease on the 33.98% recorded in July 2025 and remains above the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 16.89% followed by sickness at 7.89%.

The total EMS hours produced is a key metric for patient safety. The Trust produced 118,756 hours during August 2025; a slight increase compared to the 118,091 hours produced during August 2024. The Trust is delivering good levels of production.

Emergency Ambulance Unit Hours Production (UHP) achieved 90% in August 2025 which equated to 77,712 Actual Hours.

In August 2025 CHARU UHP was 84% against the full roll out requirement.

Remedial Plans and Actions

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

Expected Performance Trajectory

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

Our People
Capacity - Sickness Absence Indicators

(Responsible Officer: Carl Kneeshaw)

Sickness	Mental Health
R	R

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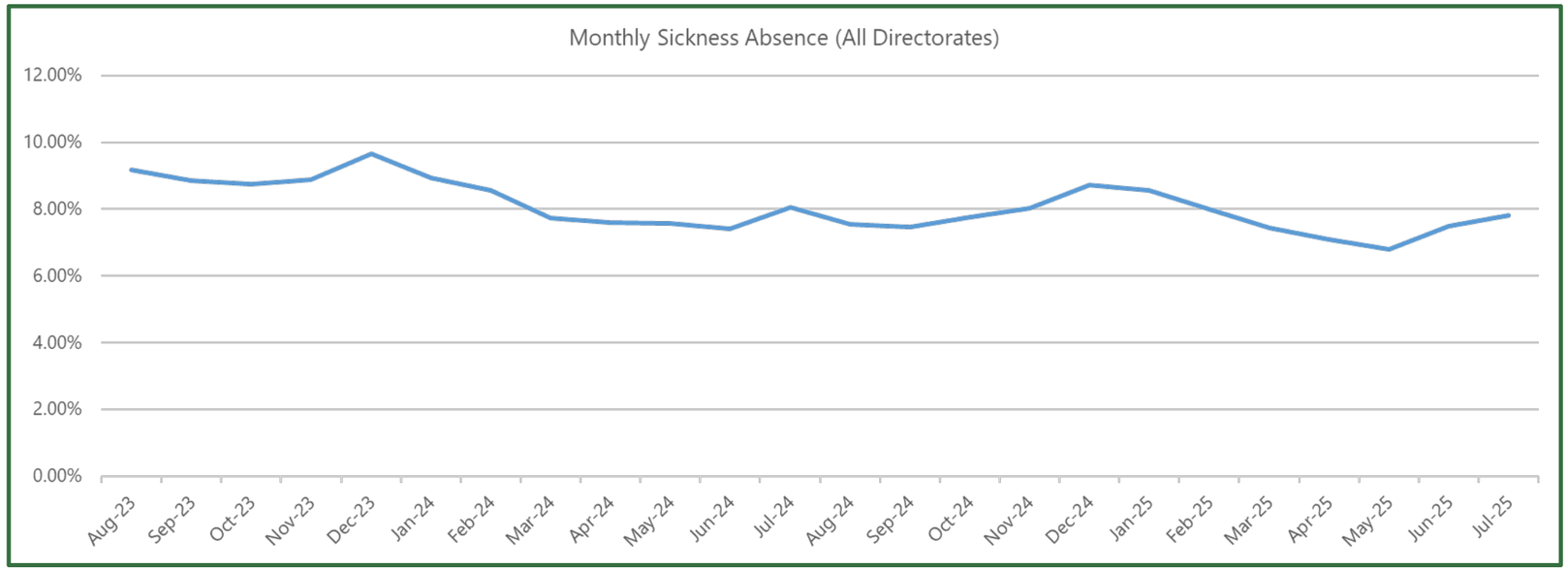
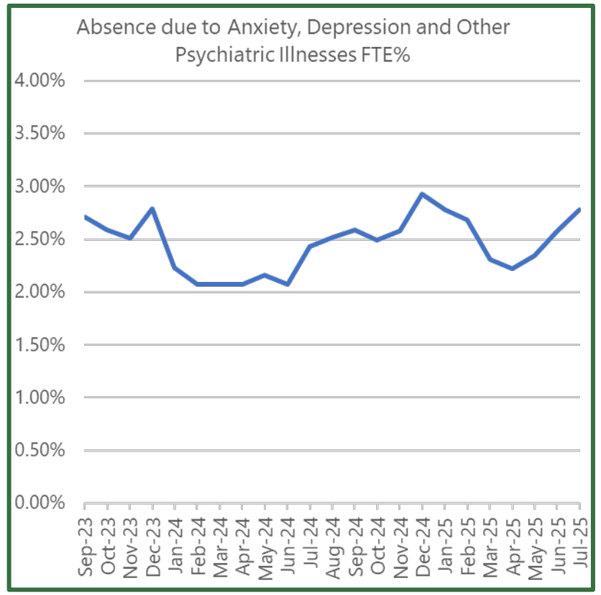
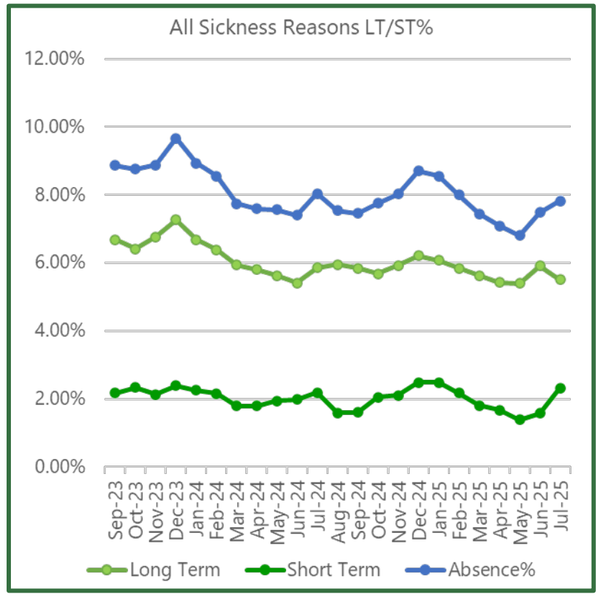
CI





Jul-25	
Average working days lost per FTE (Annual)	
17.62 days	
Single month Absence %	
7.82%	
Long Term	**Short Term**
5.50%	2.32%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.78%	0.74%

July 2025



Analysis

There was a slight increase in overall sickness absence rates between June 2025 and July 2025, rising from 7.49% to 7.82%. Long term absence decreased from 5.91% in June 2025 to 5.50 % in July 2025, while short-term absence increased slightly to 2.32% (June 2025 - 1.58%).

The highest reasons for absence in July 2025 were Anxiety/ Stress/ Depression, other musculoskeletal problems, injury fracture and gastrointestinal problems. Absence due to Mental Health increased slightly from 2.58% in June 2025 to 2.78% in July 2025.

WAST Occupational Health continue to meet national KPIs set by the All-Wales Occupational Health standards and scope of practice, which states the 1st offered appointment date will be within 29 calendar days of the date referral received. The waiting time for a management referral in July was 11.2 days.

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

Remedial Plans and Actions

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

Expected Performance Trajectory

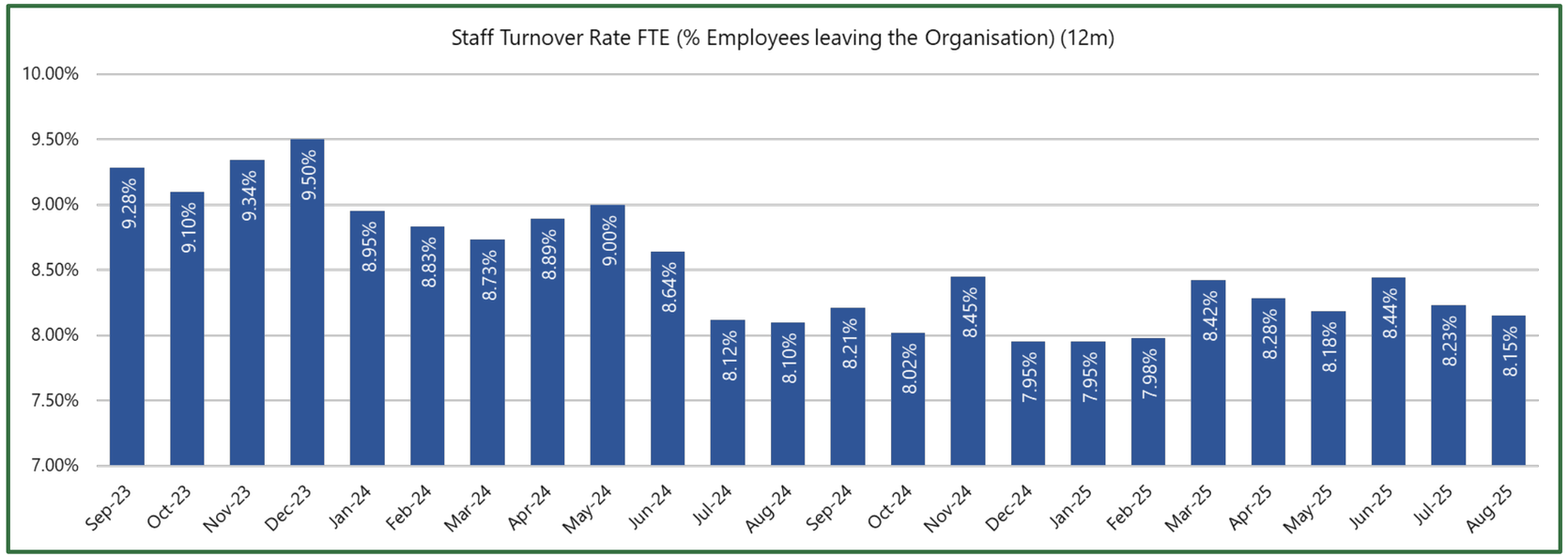
The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but the Trust is unlikely to achieve the 6% target for the year.

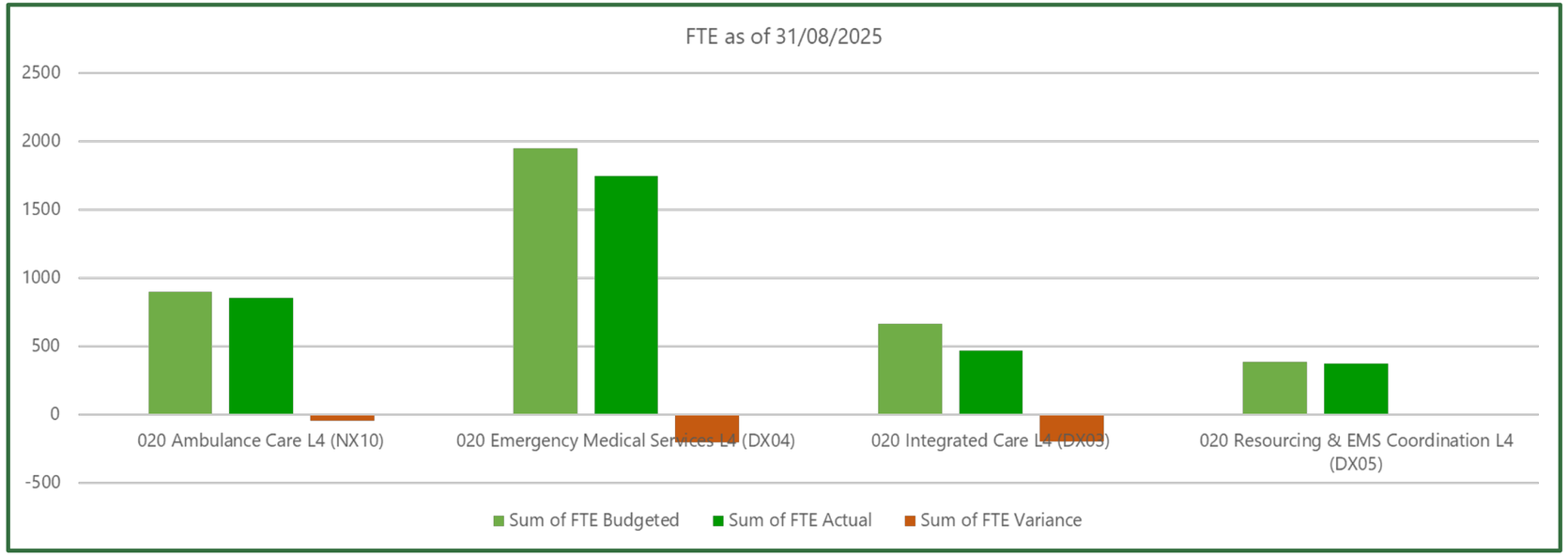
*NB: Sickness data will always be reported one month in arrears

Our People
Capacity – Staff Turnover

(Responsible Officer: Carl Kneeshaw)

G





Analysis

The staff turnover rate in August 2025 was 8.15%, minimally decreasing from 8.23% in July 2025. August saw 35 leavers (27.78 FTE). Of those leaving, the greatest number were Operational and included;

- Ambulance Care Assistants/Patient Transport Drivers (6 people)
- Call Operators (5 people)
- Paramedics (4 people)
- Staff Nurses (4 people)
- Technician (4 people)

Current trends are being monitored via the leaver's questionnaires; however, these are not mandatory.

In August, this was partially compensated by 36 joiners (33.89 FTE). A headcount of 32 people into Operational roles and 4 people into Corporate roles , the top including:

- Staff nurse (12 people)
- Paramedic (4 people)
- Clerical Worker (3 people)
- Emergency Call Handler (3 people)

Remedial Plans and Actions

- Discussions around the future skill mix of our EMS workforce are ongoing, this could have considerable impact on the EMS workforce going forward. However, sufficient training capacity has been planned during 2025-26 to enable the trust to recruit any staff into the organisation, regardless of what grade that may be.

Expected Performance Trajectory

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

Our People
Capability - PADR and Training Rates Indicators

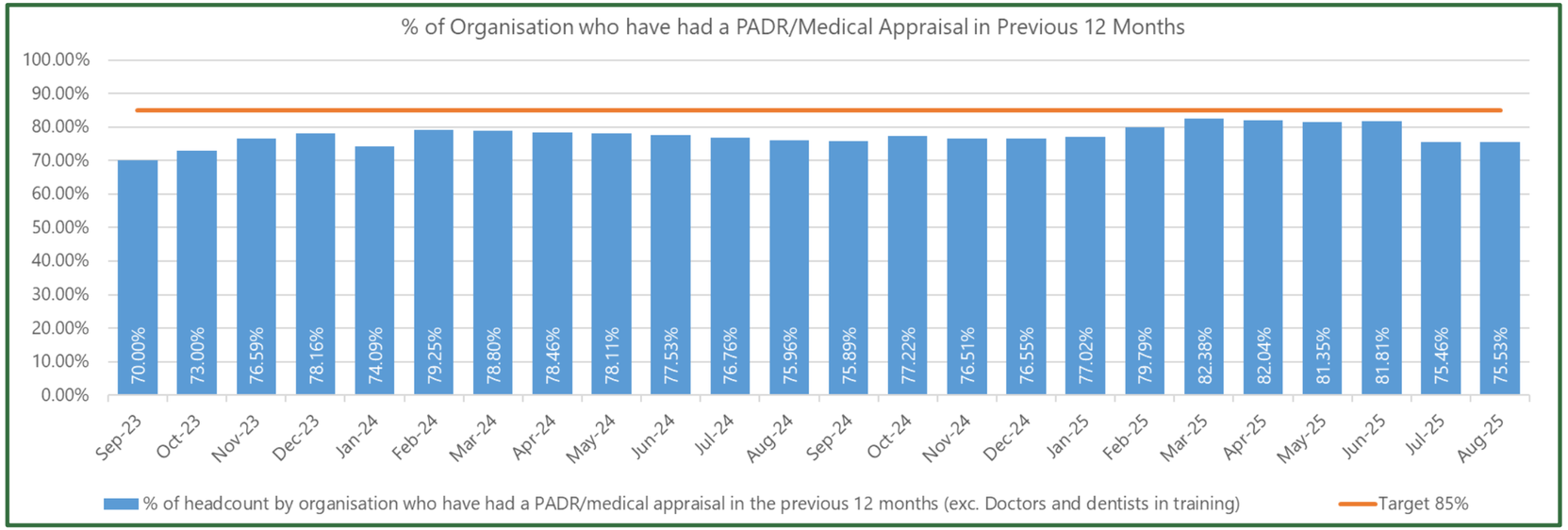
(Responsible Officer: Angela Lewis)

PADR	Stat & Mand
A	G

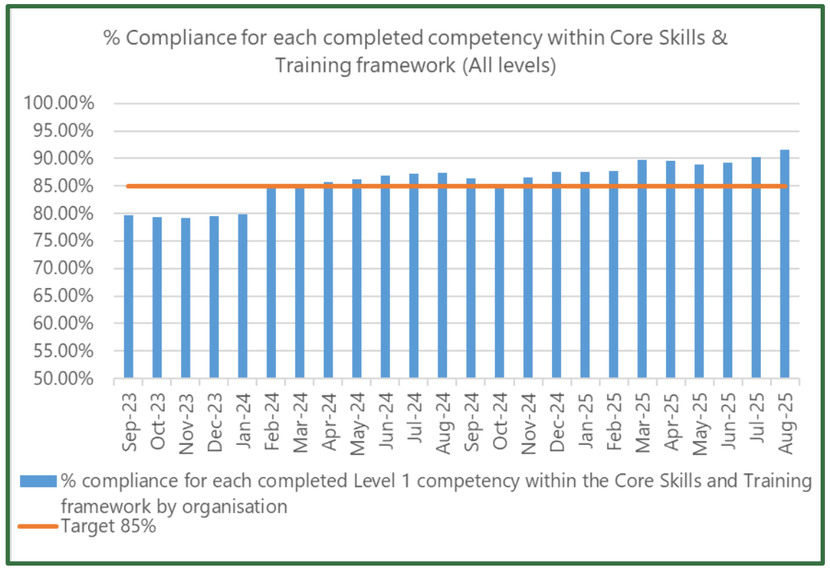
CI PCC

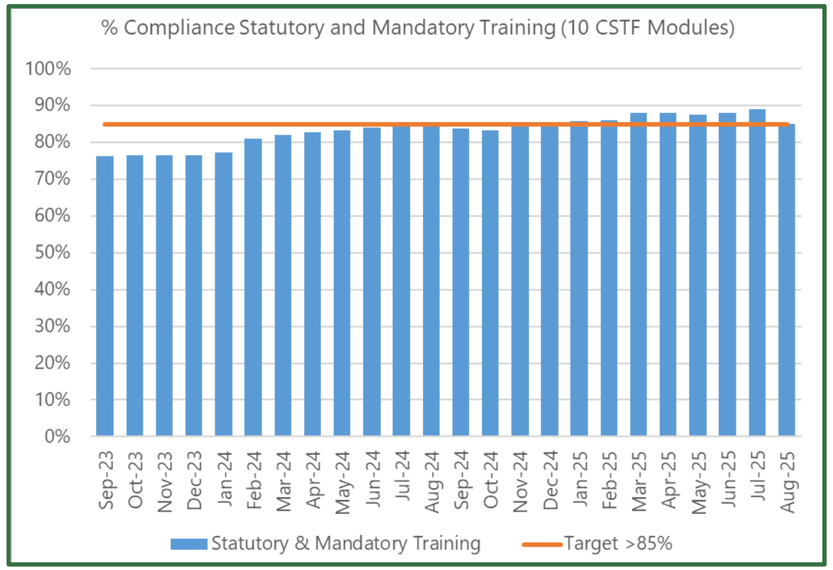
Health & Care Standard Health – Staff & Resources

Self-Assessment: Strength of Internal Control: Strong



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





Analysis

PADR rates (excluding pay progression meetings) minimally increased from 75.46% in July 2025 to 75.53% in August 2025 and remain close the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In August 2025 Statutory & Mandatory Training rates reported a combined compliance of 84.95% dropping below the 85% target for the first time in eight months.

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

Remedial Plans and Actions

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

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

Expected Performance Trajectory

Performance is improving as compliance has risen.

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

Data source: ESR

Our People
Health and Well-being – Shift Overruns

(Responsible Officer: Angela Lewis)

Overruns
R

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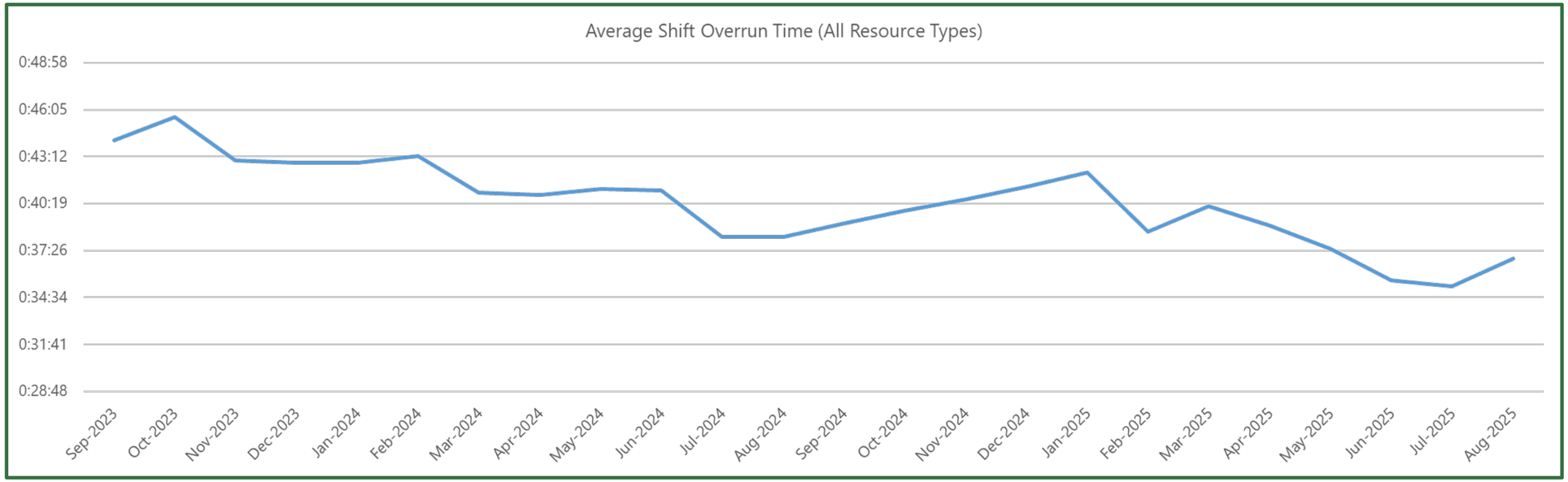
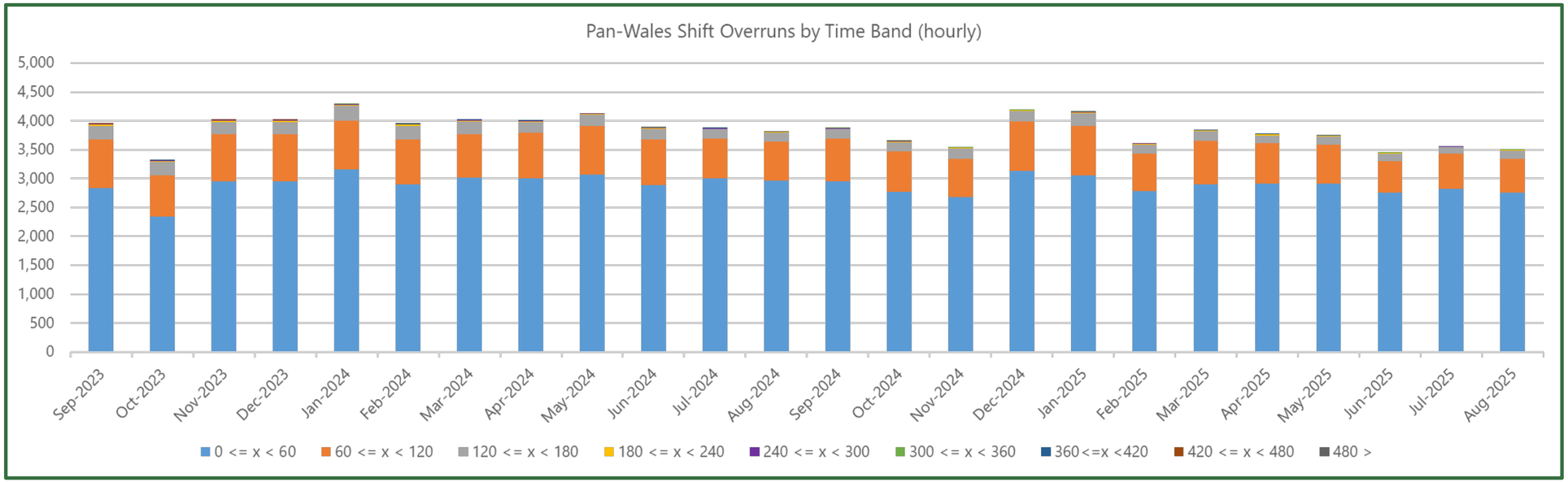




Analysis

There were 3,737 shift overruns during August 2025.

The average overrun figure for August 2025 was 36 minutes and 58 seconds, a slight increase from July 2025 (35 minutes 14 seconds). The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 76.7% of the total. 18.6% fall within the 61 to 120-minute category, 4.2% in the 121 to 180-minute category, 0.4% in the 181 to 240-minute category and 0.1% in the 241 minutes and over category.

Remedial Plans and Actions

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

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

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

Expected Performance Trajectory

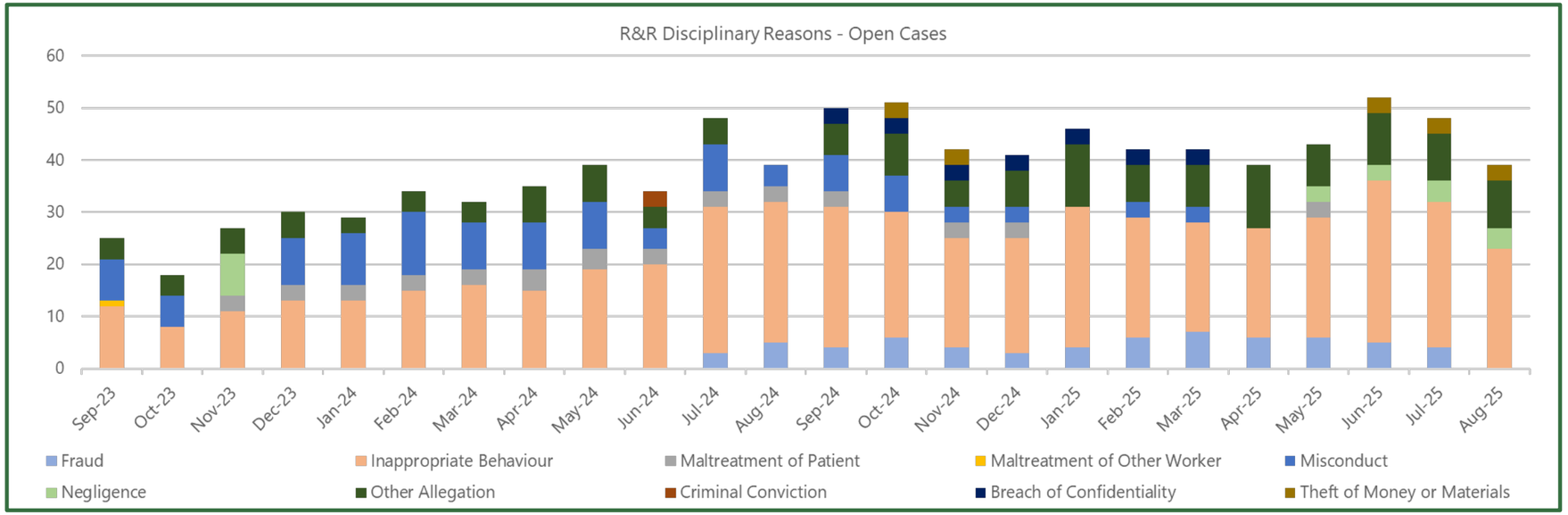
Overruns correlate with handover lost hours and may begin to decrease as handover times continue to reduce.

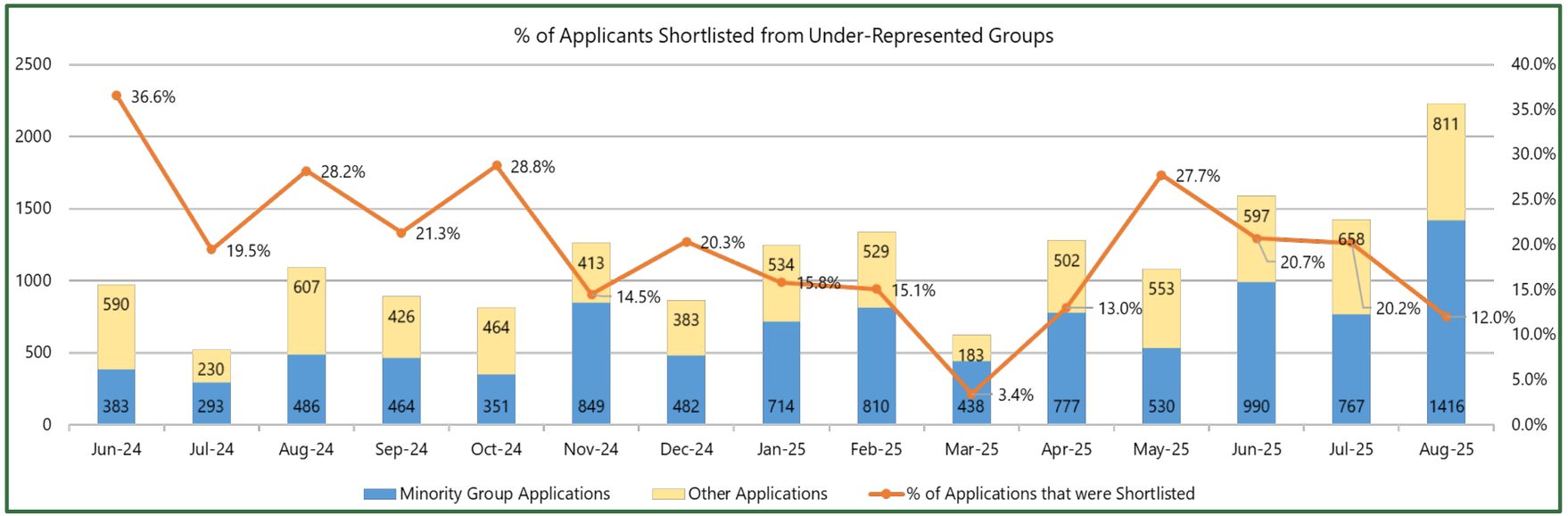
Our People
Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment: Strength of Internal Control: Moderate

PCC





Analysis

There were 42 open formal disciplinary cases recorded at the end of August 2025, compared to 51 in July 2025. Of these Disciplinary cases, 55% are due to allegations of inappropriate behaviour.

There were 13 open formal Respect and Resolution cases in August 2025, a slight decrease from 22 reported in July 2025. (Previous increase due to R&Rs in relation to Roster Reviews).

The bottom graph shows that in August 2025, 2,227 job applications were processed, and 430 interviews planned.

Of the 2,227 applications, a total of 1,416 were from under-represented groups with 1,061 in the category of Ethnicity, 204 within Disability and 151 identifying within Sexual Orientation.

In August 2025, 12% (n=170) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a decrease from the 20.2% in July 2025.

Remedial Plans and Actions

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

Applications: Work continues with the digital directorate and the ED&I team to host recruitment workshops for Black, Asian and Ethnically diverse applicants and unconscious bias training for the managers as well as interviewers for our annual Graduate Paramedic recruitment. Support workshops for applicants that have a protected characteristic that have been invited to interview for the Graduate Paramedic position have been established, with a plan to role out to other recruitment areas across the Trust.

Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.

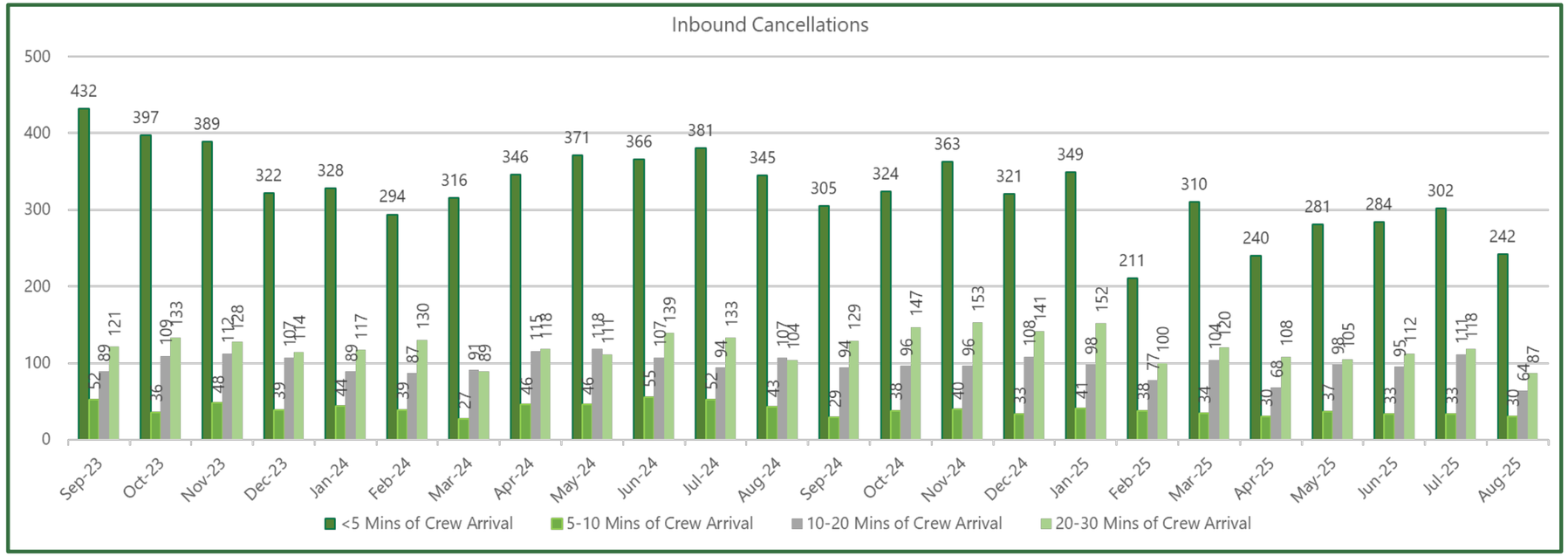
Finance, Resources and Value
Value: Ambulance Care Indicators

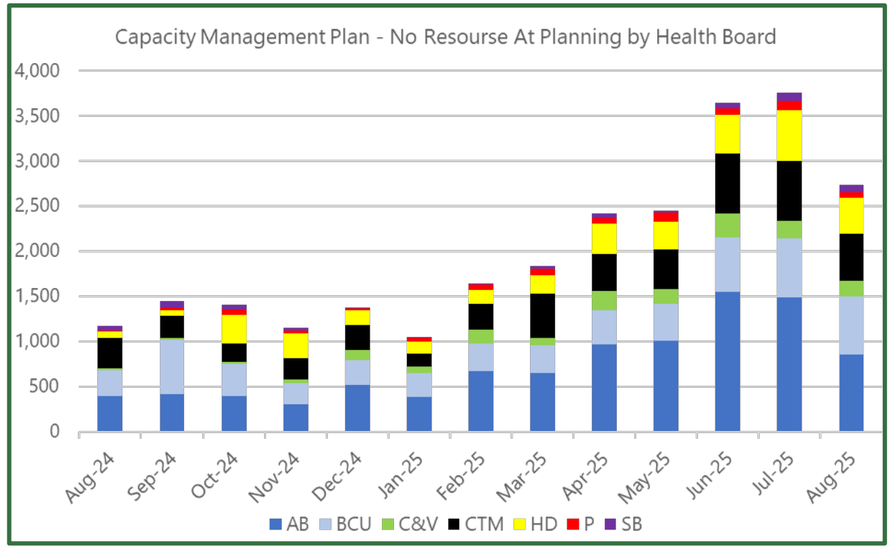
(Responsible Officer: Lee Brooks)

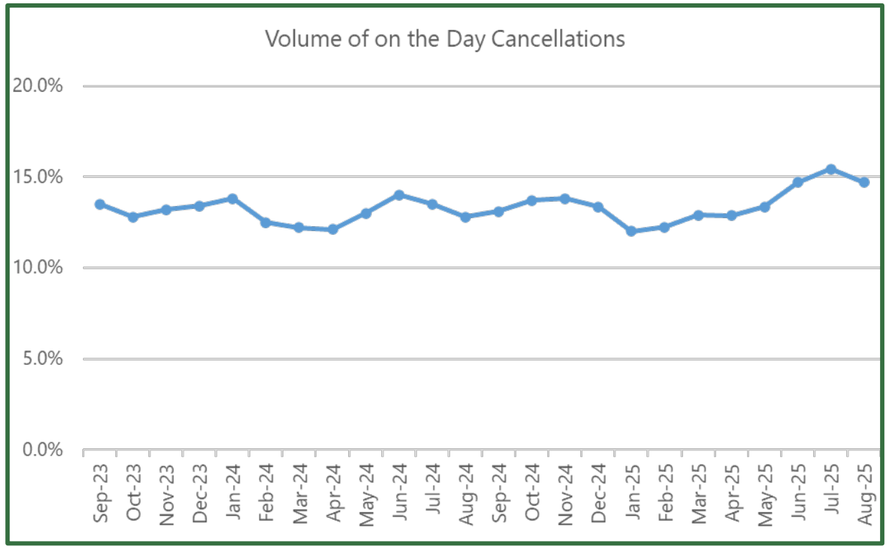
Cancellations

A

FPC







Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in August 2025 to 242, compared to 302 in July 2025. The total number of cancellations within 30 minutes also decreased from 564 in July 2025 to 423 in August 2025.

Same day cancellations decreased slightly in August 2025 to 14.7% compared to July 2025 (15.4%).

Capacity Management Plan (CMP) cancellations decreased from 3,757 in July 2025 to 2,734 in August 2025.

Remedial Plans and Actions

The work with Hywel Dda to connect patient management systems went live in August. The process is still in live testing but expected to roll out as BAU in September. Although still in its infancy, a very small reduction in cancellations has been observed.

The biggest challenge and risk to the service lies in the level of capacity management cancellations. Focused work has commenced in Aneurin Bevan and a significant decrease in cancellations has been observed. Similar work will commence in BCU through September.

Expected Performance Trajectory

It is anticipated that CMP cancellations will continue to reduce in September.

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

Finance, Resources and Value
Value - Finance Indicators

(Responsible Interim Officer: Ed Ringrose)

G

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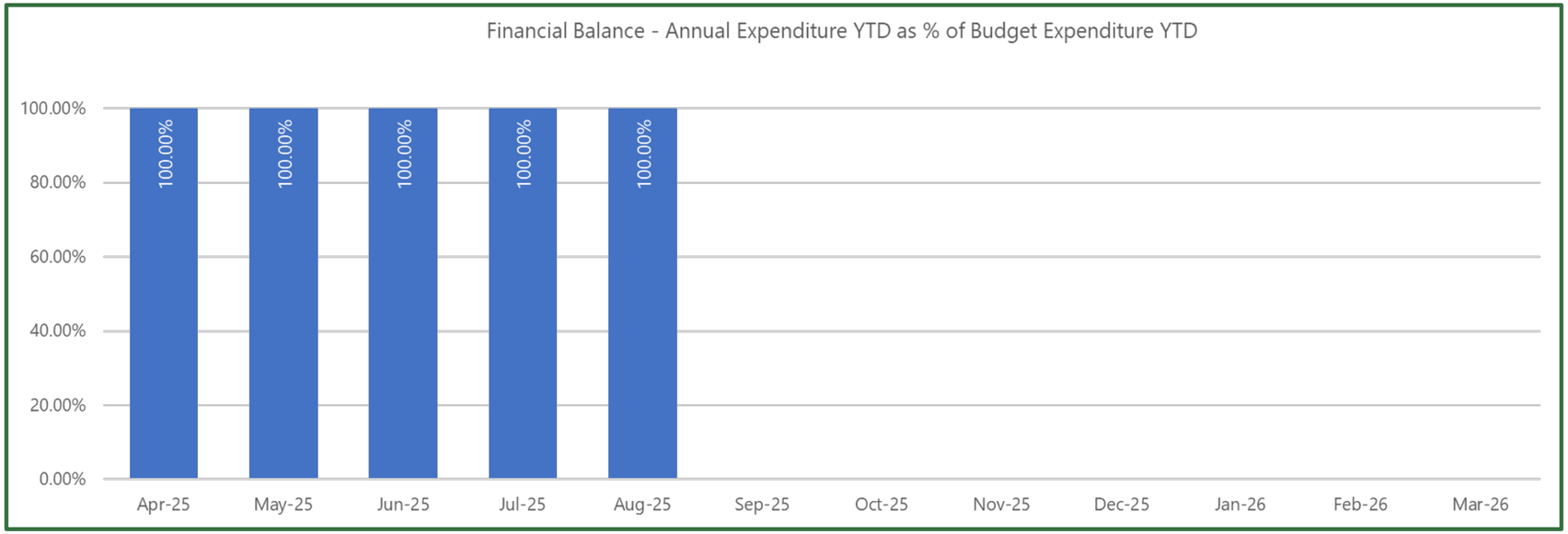
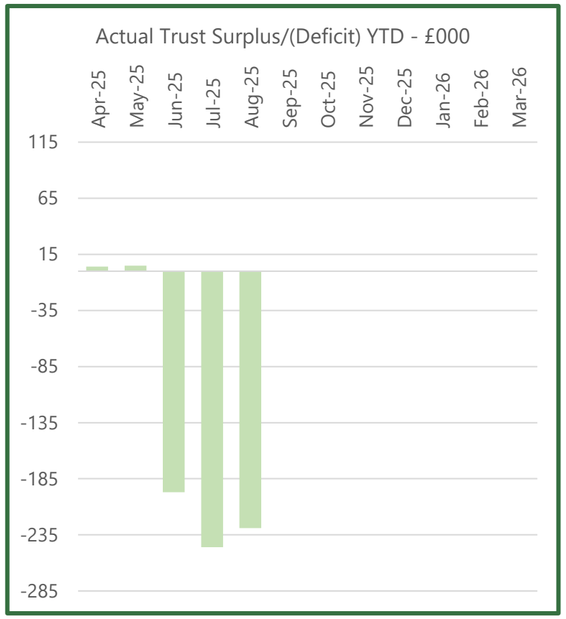
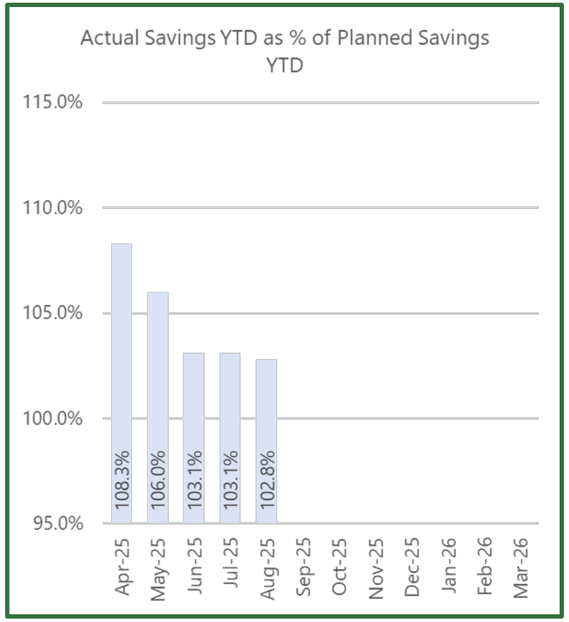
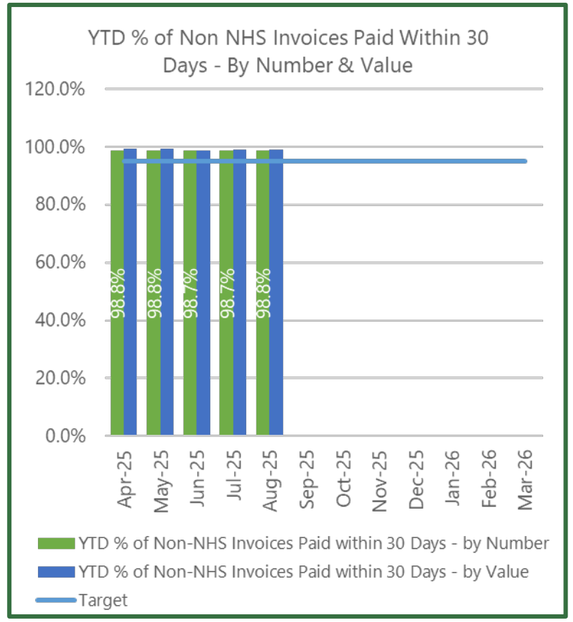








Analysis

The reported outturn performance at Month 5 is a deficit of £0.229m, with a forecast to the yearend of breakeven.

For Month 5 the Trust is reporting planned savings of £3.486m and actual savings of £3.582m (an achievement rate of 102.8%).

The Trust's cumulative performance against PSPP as at Month 5 is 98.8% against a target of 95%.

At Month 5 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

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

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

Expected Performance Trajectory

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

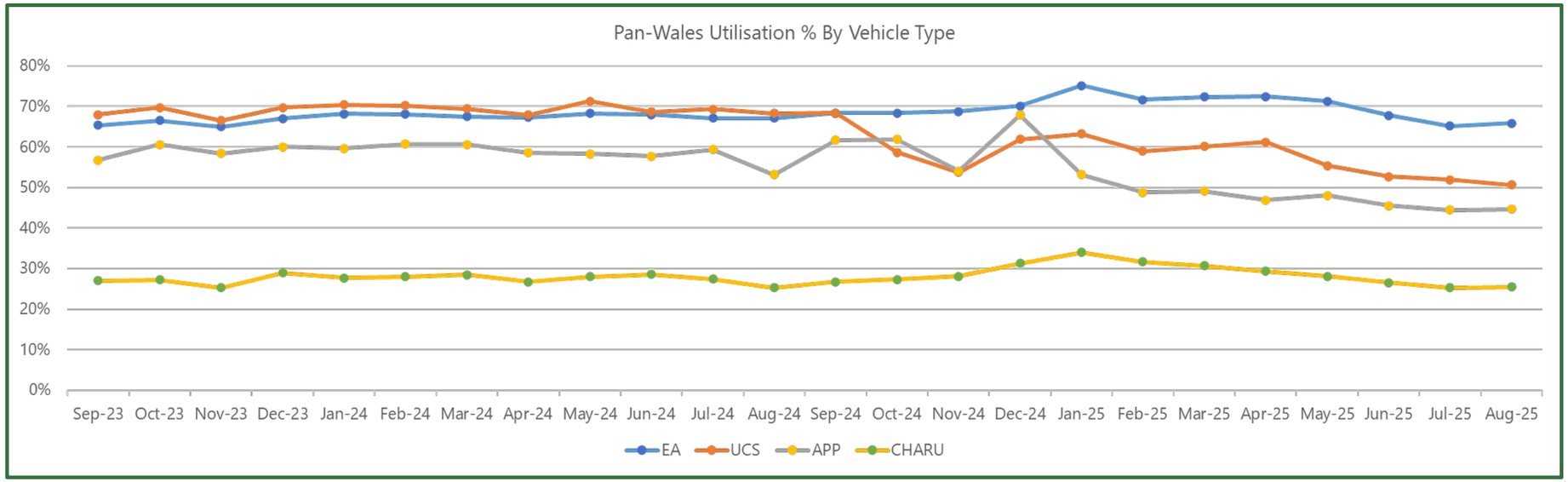
Finance, Resources and Value
EMS Utilisation

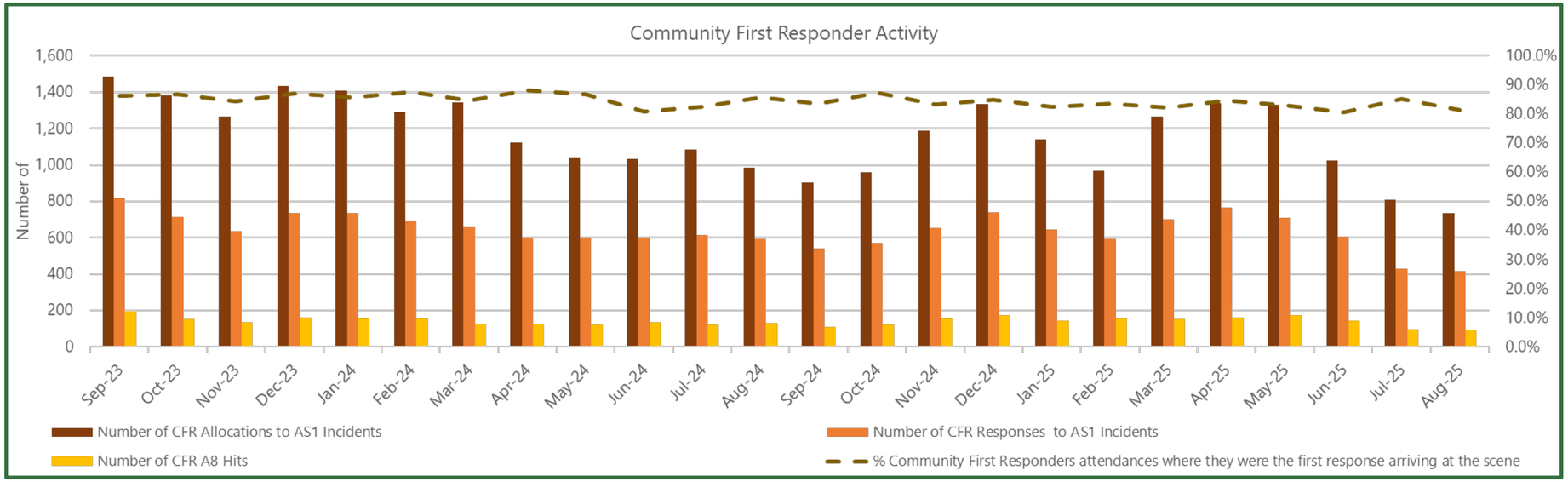
(Responsible Officer: Lee Brooks)

CHARU Utilisation R

FPC

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





Analysis

Pan Wales Utilisation metrics in August 2025 were 51.7% for all vehicles types, a minimal increase from 51% in July 2025. EA saw the highest rate during the month at 65.9%, an increase and returning to an upward trend for the beginning of the year. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

CFR data collation is under review due to the new Assemble system going live in June 2025. At present hours for which a CFR volunteers are entered manually by the individual, however, there is work ongoing to connect this to the current CAD system from which they are dispatched to appropriate call codes. From the data available, in August we can see that CFRs were allocated to 734 EMS incidents and responded to 417. In August 2025 81.3% Community First Responders attendances where they were the first response arriving at the scene.

Remedial Plans and Actions

EA and UCS jobs per shift is fundamentally a product of handover delays.

For APPs, the APP Recruitment Task & Finish Group will give a focus on further improvement, in particular, improved information and a re-roster.

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

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

Expected Performance Trajectory

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

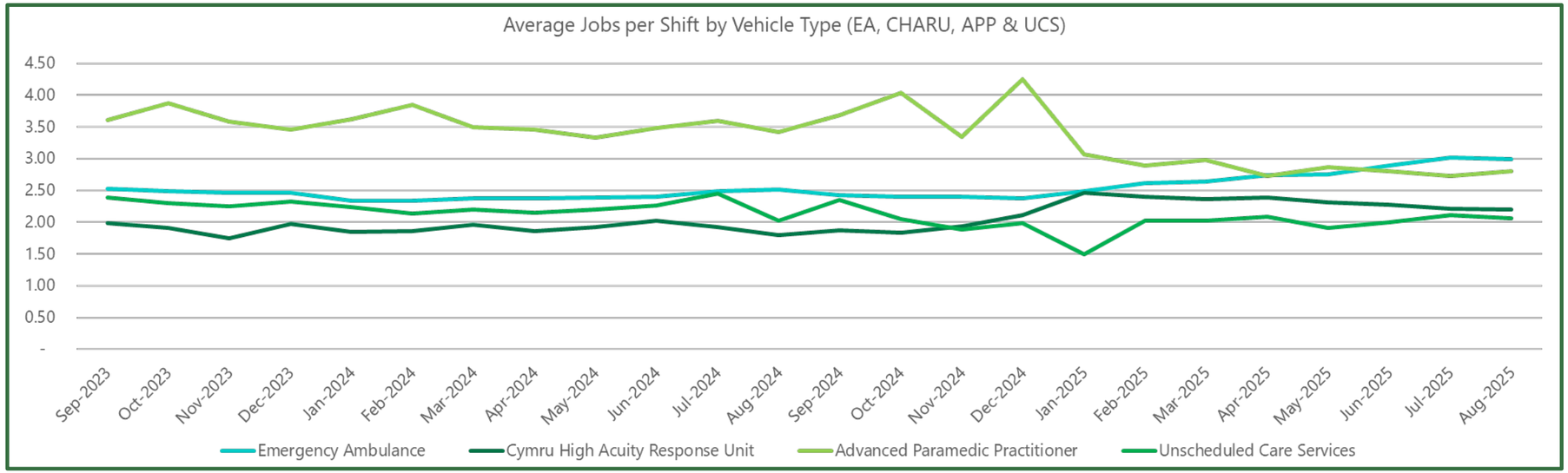
Finance, Resources and Value
Average Job/Shift Times

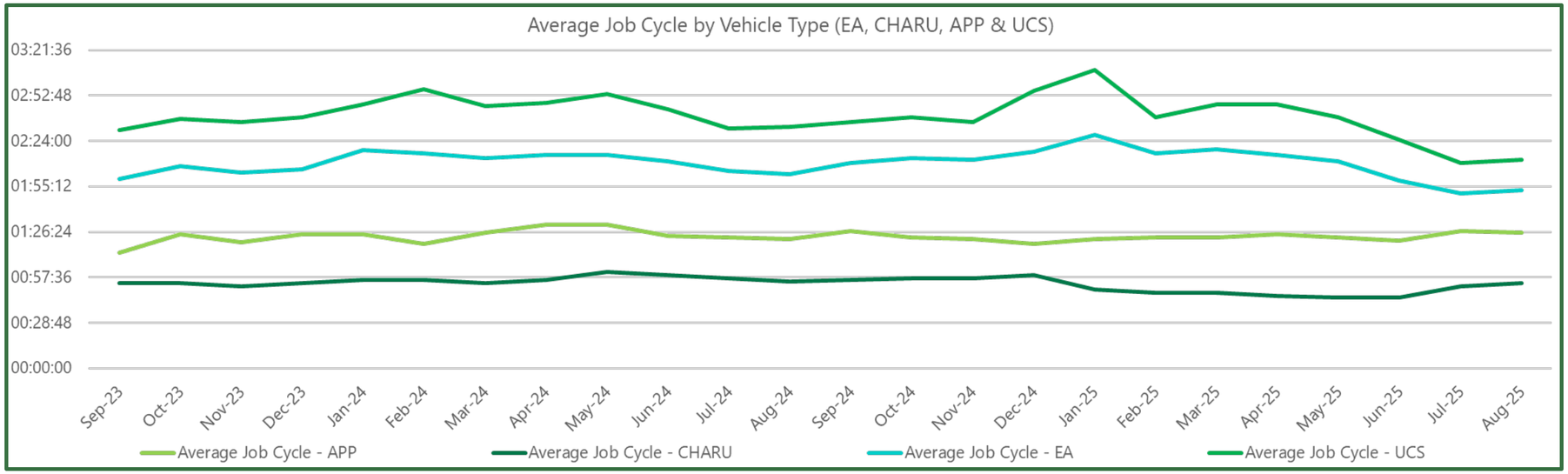
(Responsible Officer: Lee Brooks)

Jobs Per Shift
R

FPC

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





Analysis

Overall average jobs per shift was 2.36 in August 2025, a decrease from July 2025 (2.83). EAs averaged 3 jobs per shift and UCS crews 2.07. Discussions with ORH indicate that 3.02 jobs per shift for EAs is higher than might be expected with the current levels of handover, with a definite upward trend as handover lost hours have come down.

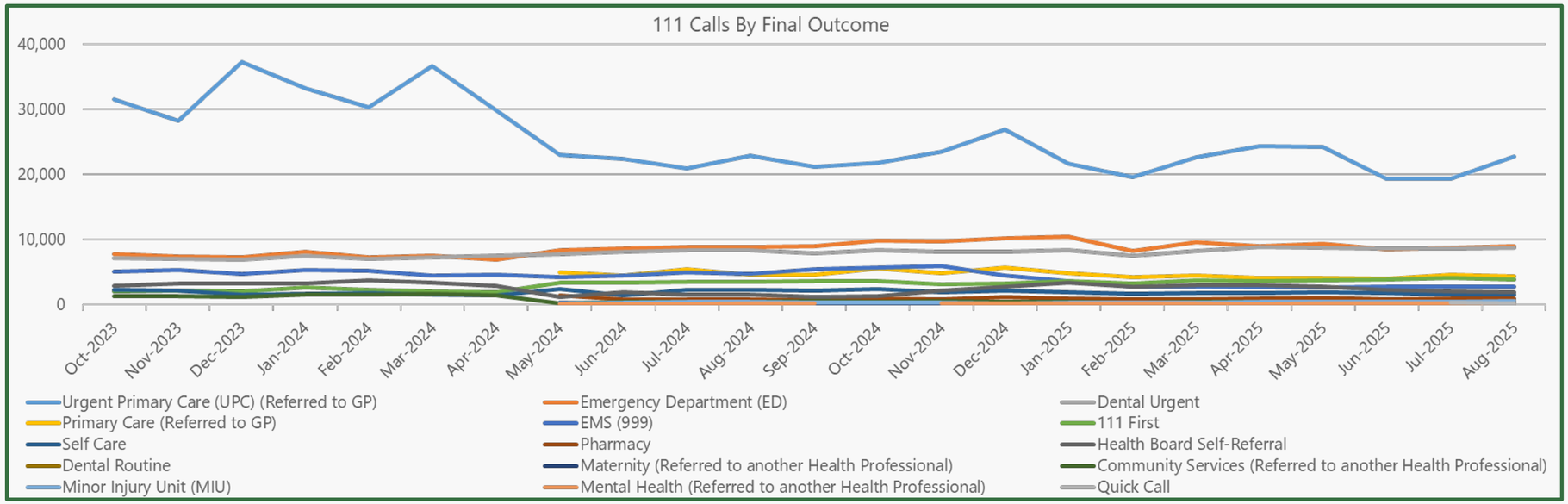
APPs attended on average 2.81 jobs per shift and CHARU's 2.20. However, both sets of data need to be reviewed. The current priority is phase 2 of the Ambulance Performance Framework, with further capacity being recruited into to support the Insight & Data Services function.

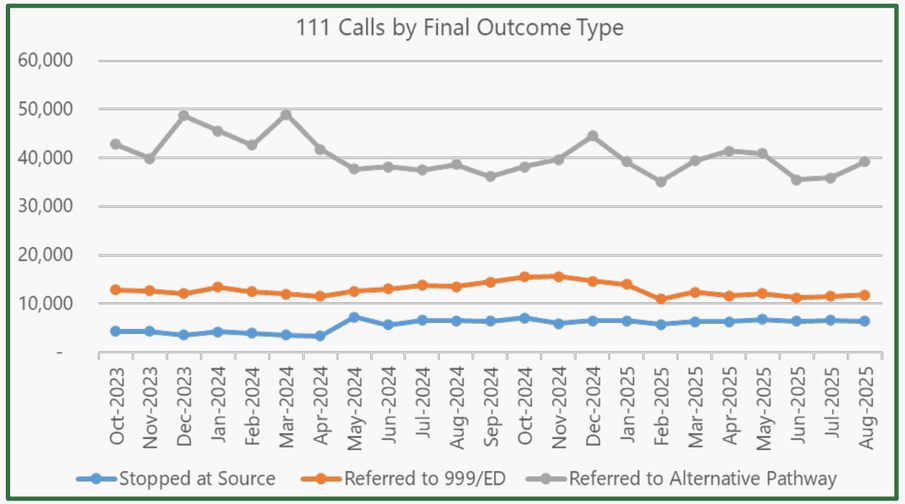
As demonstrated in the bottom graph, the average job cycle increased slightly in August 2025 for EAs (1 hours 53 minutes) and UCS (2 hours 12 minutes) and CHARU (54 minutes .
APPs (1 hour 26 minutes) a minimal decrease from the previous month.

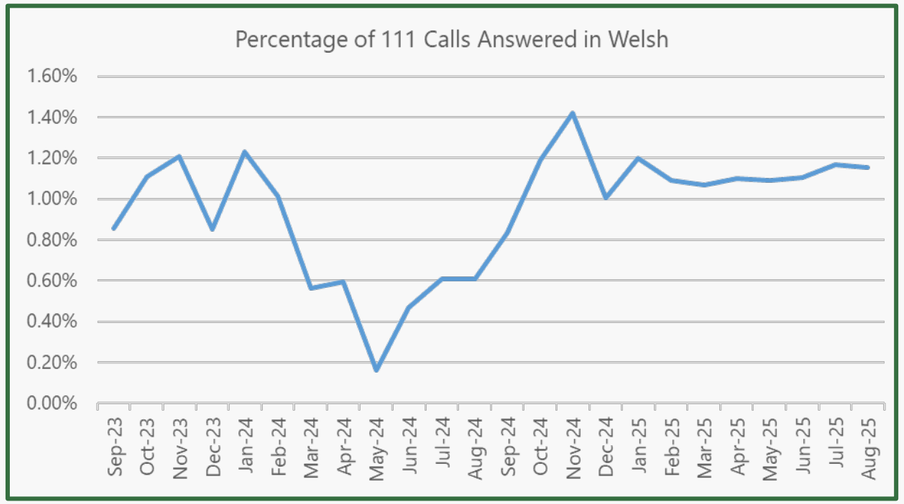
Partnerships / System Contribution
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators
Influencing Factors – Demand and Clinical Hours Produced

Dental	C&C Volumes	FPC
G	A	

(Responsible Officer: Lee Brooks)







Analysis

During August 2025, 57,446 calls were allocated into the 14 categories displayed in the graph opposite; an increase compared to the 54,060 seen during July 2025. However, data quality issues within 111 reporting have been addressed.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 37.07% of all calls during August 2025, but there has been a material drop since the implementation of the new 111CAS system.

As the bottom left graph highlights, in August 2025, 6,427 calls were 'Stopped at Source', with no onward referral, a slight decrease from 6,624 in July 2025. 11,779 calls were referred to 999/ED in August 2025.

The percentage of 111 calls answered in Welsh decreased slightly from 1.17% in July 2025 to 1.15% in August 2025. This equated to 67.5% of all 111 calls being offered in Welsh being answered.

Remedial Plans and Actions

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

Expected Performance Trajectory

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

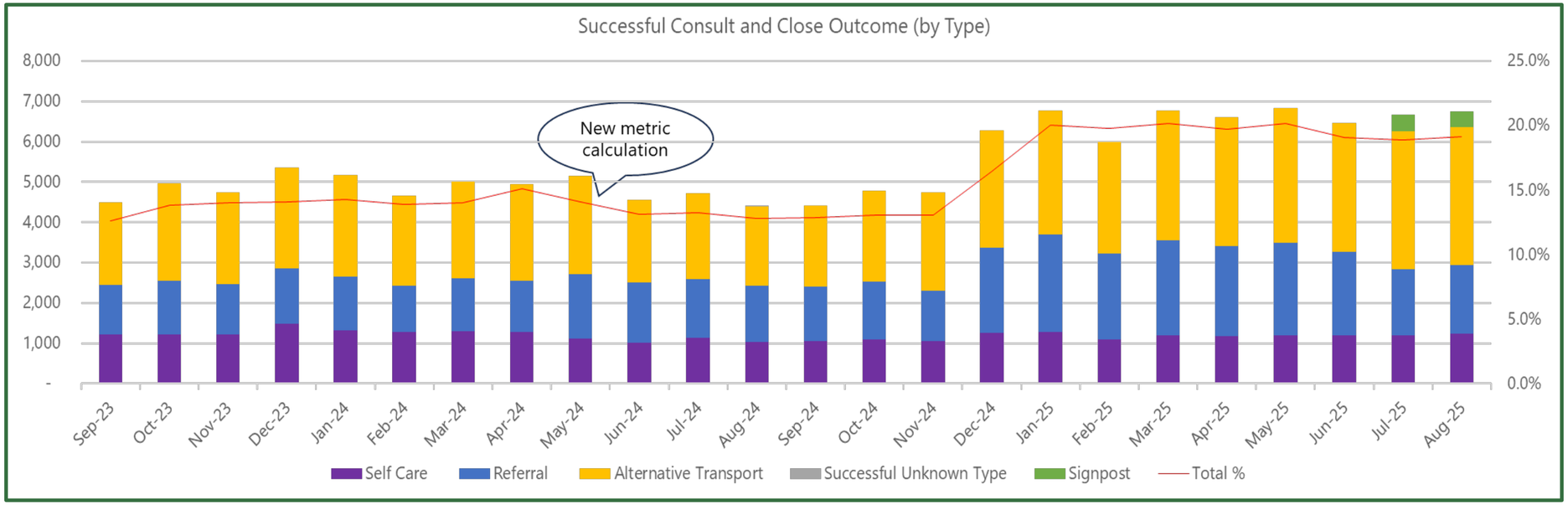
Partnerships / System Contribution
Consult & Close Indicators

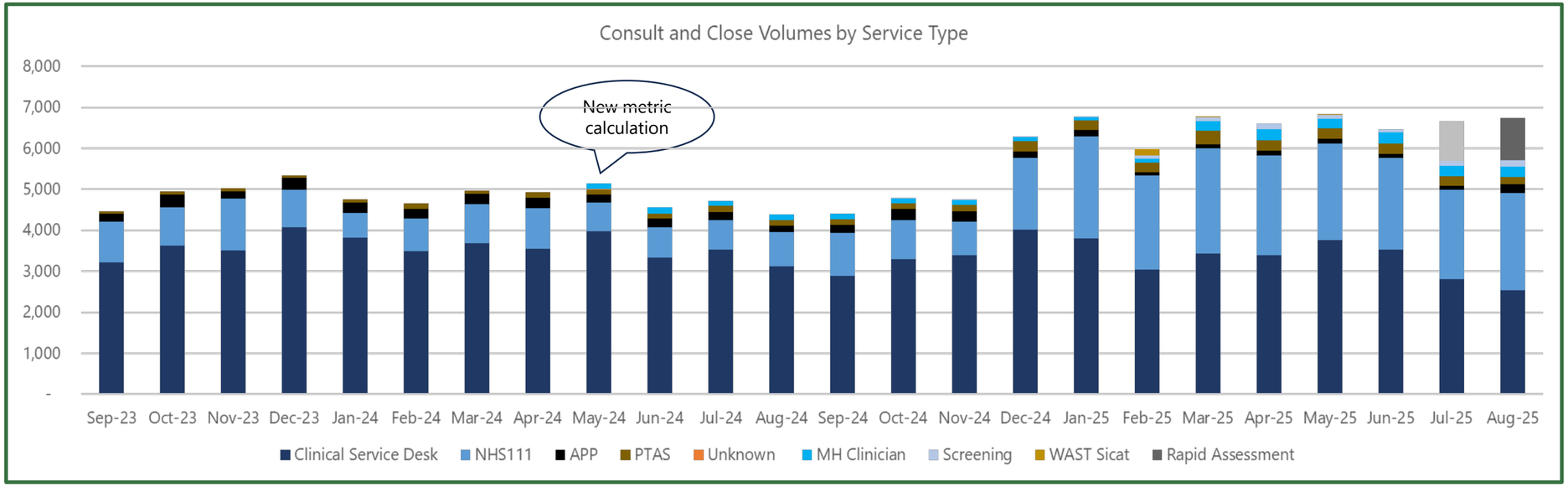
(Responsible Officer: Lee Brooks)

C&C Outcomes

G

FPC





Analysis

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

Contributions from Clinical Service Desk (CSD) (7.22%), NHS111 (6.72%), WAST APP (0.63%), Health Boards using Physician Triage and Streaming Service (PTAS) (0.47%), Mental Health Clinician (0.72%), Screening (0.43%) and Rapid Assessment (2.95%) achieved 19.1% in August 2025, a minimal increase of 0.05% compared to July 2025, and still achieving the 17% IMTP ambition for the eighth consecutive month. In August 2025, the number of 999 calls resulting in a Consult and Close outcome was 6,745, up from 4,396 in August 2024.

Of the calls successfully closed in August 2025, 85 patients received an outcome of self-care; 952 patients were referred to other services (including to Minor Injury Units and SDEC), 998 were advised to seek alternative transport services to acquire treatment and 330 were signposted.

Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support.
- Implementation of 15 recommendations from commissioner review.

Expected Performance Trajectory

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

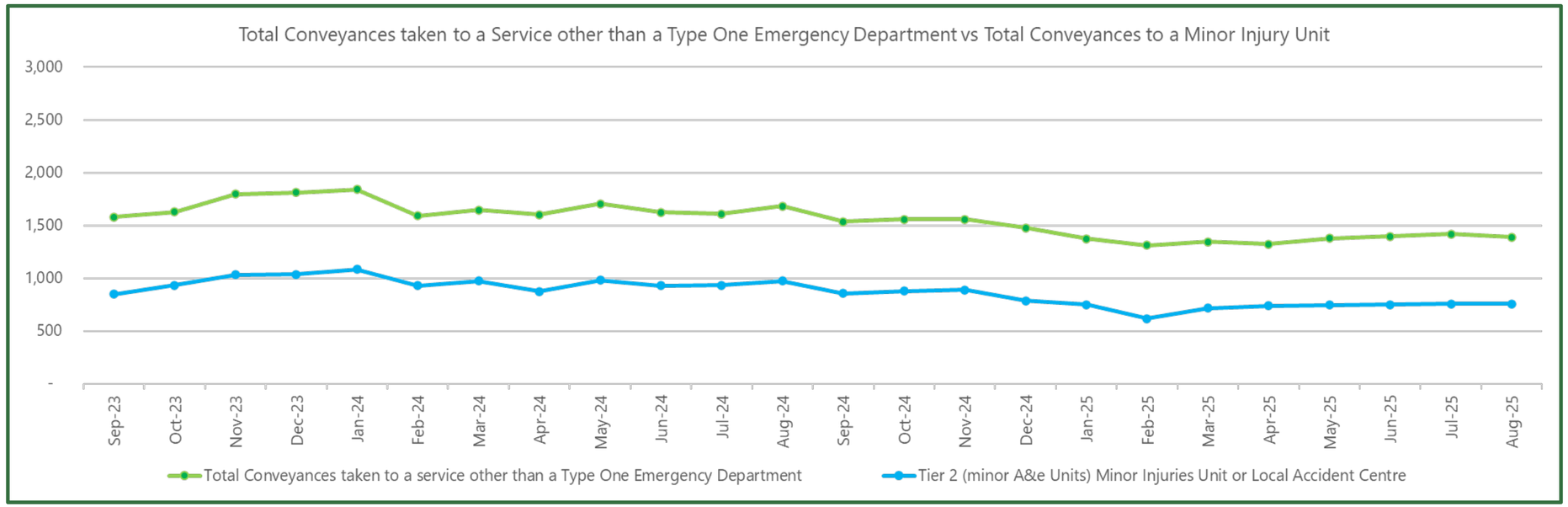
Partnerships / System Contribution
Conveyance to ED Indicators

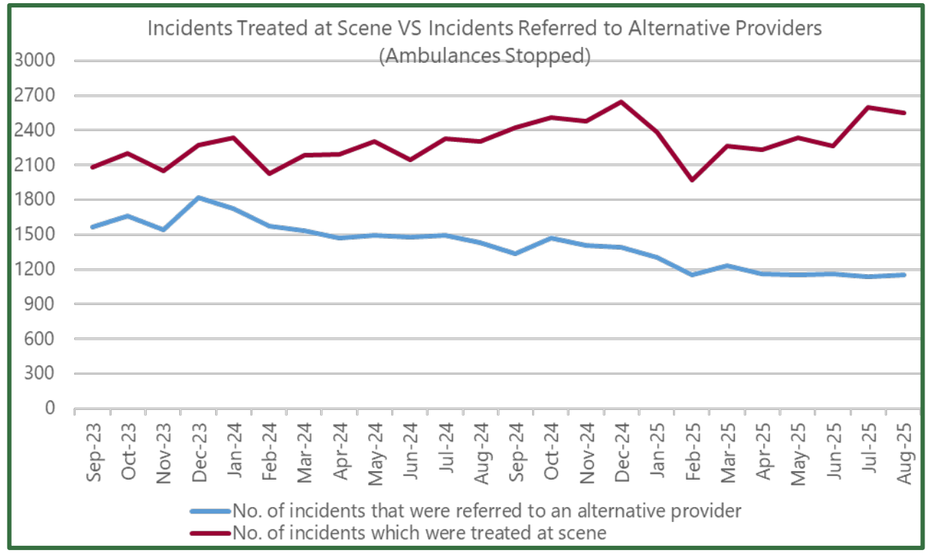
(Responsible Officer: Andy Swinburn)

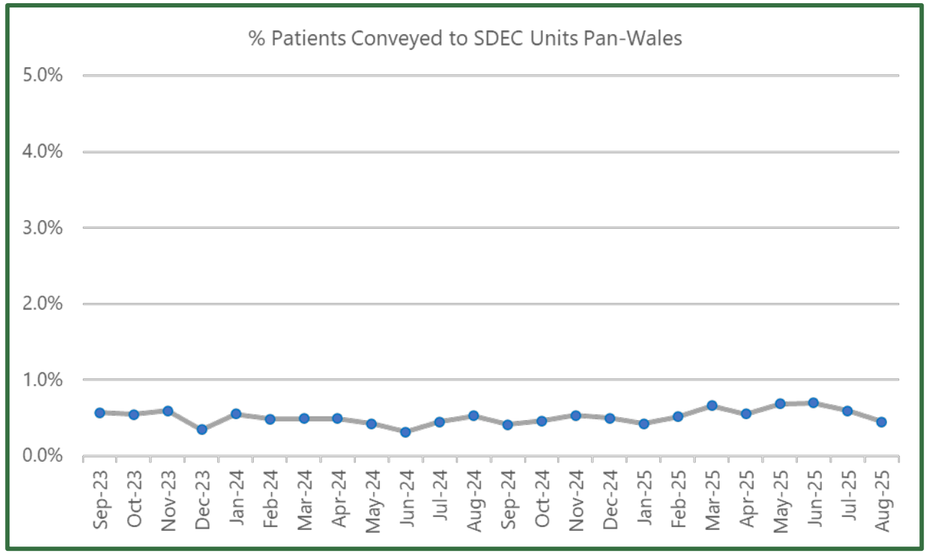
Conveyances
G
FPC

Ministerial Measure

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







Analysis

In August 2025 9.55% of patients (1,387) were conveyed to a service other than a Type One ED. 5.2% (757) were conveyed to a Tier two Minor Injuries Unit or Local Accident Centre while 37.34% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers decreased, from 3,728 in July 2025 to 3,703 in August 2025.

Percentage of patients conveyed to SDEC units decreased in August 2025 to 0.44% from 0.59% the previous month.

Taxi conveyance has remained consistent for the past 12 months, averaging 829 per month to hospitals.

Remedial Plans and Actions

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

Expected Performance Trajectory

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

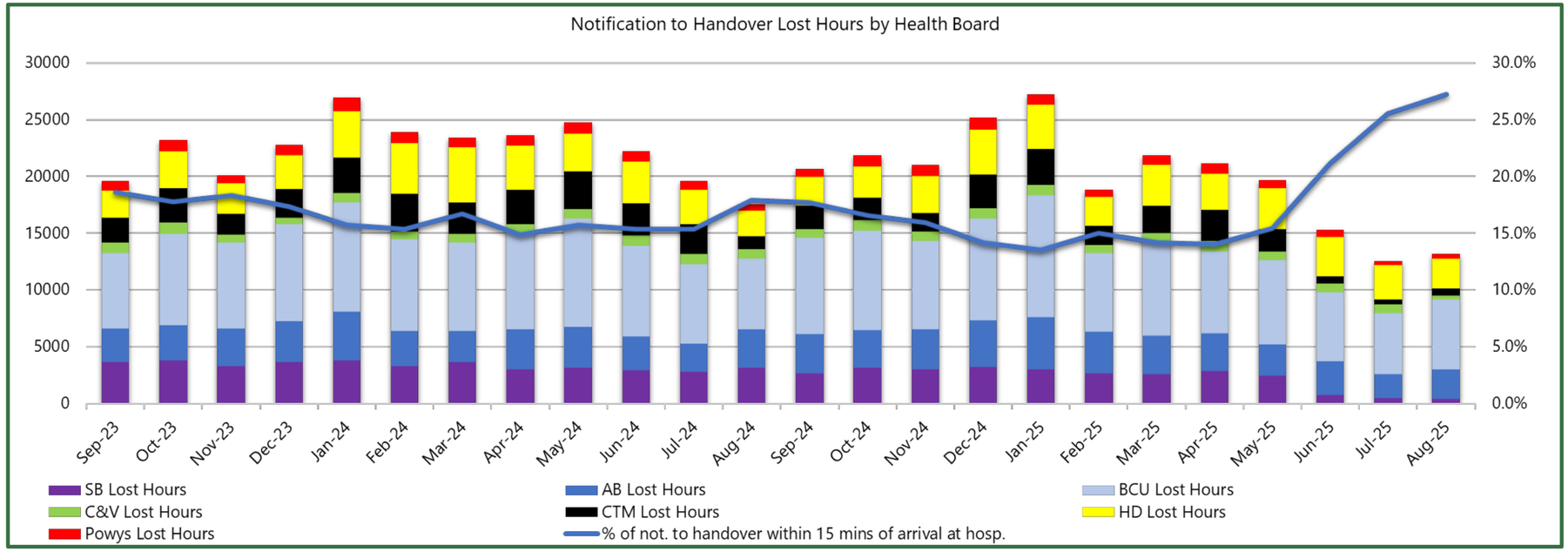
Partnerships / System Contribution Handover Indicators

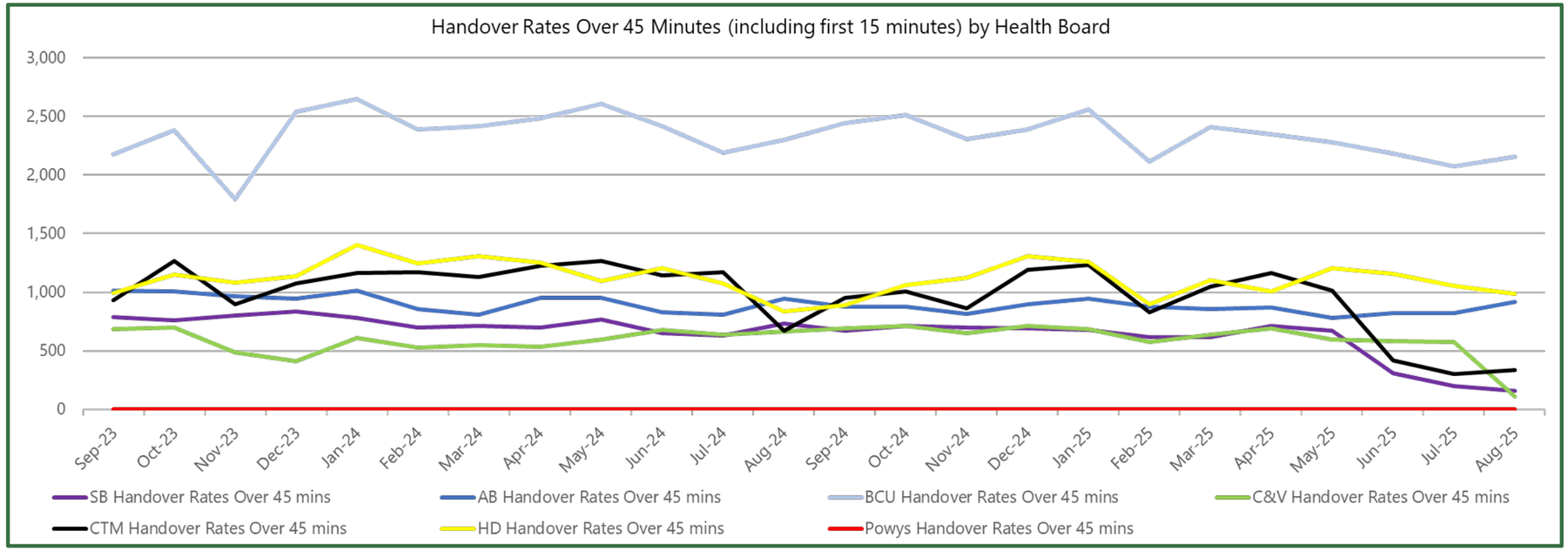
(Responsible Officer: Health Boards)

Lost Hours
R

CI

QUEST





Analysis

238,500 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Sep-24 to Aug-25), compared to 267,742 hours over the same timeframe the previous year. There were 13,160 hours lost in August 2025, which is 24.97% lower than the 17,570 hours lost during August 2024 and is the second lowest monthly figure since July 2021. Three health boards have seen further reductions, compared to last month, particularly Cardiff & Vale (56.78%), Hywel Dda (12.35%) and Swansea Bay (19.88%).

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

- Grange University Hospital (ABUHB) at 2,591 lost hours
- Ysbyty Maelor Hospital (BCUHB) at 2,549 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,285 lost hours
- Glangwilli Hospital (HDUHB) at 1,222 lost hours
- Ysbyty Glan Clwyd (BCUHB) at 1,219 lost hours

Notification to handover lost hours averaged 424 hours per day during August 2025 (31 days) compared to 405 hours per day (31 days) in July 2025.

In August 2025, the Trust could have responded to approximately 4,151 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

Remedial Plans and Actions

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

Expected Performance Trajectory

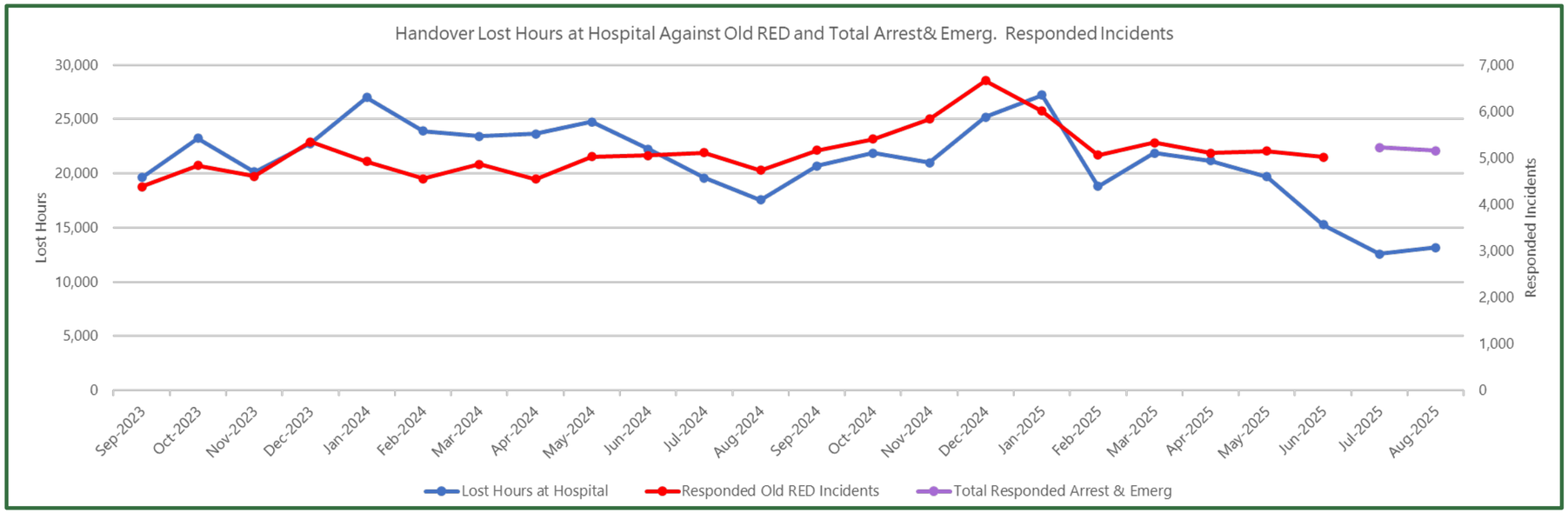
The likely expected ambition from Welsh Government is no waits over 45 minutes. W45 workshops currently being facilitated with each health board by NHSWales Performance & Improvement (previously the NHS Executive).

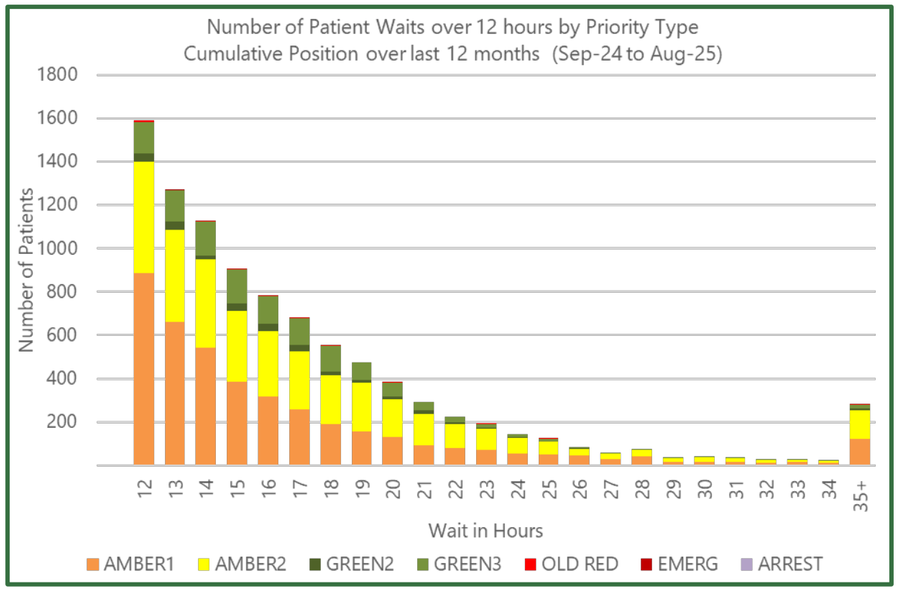
Partnerships / System Contribution

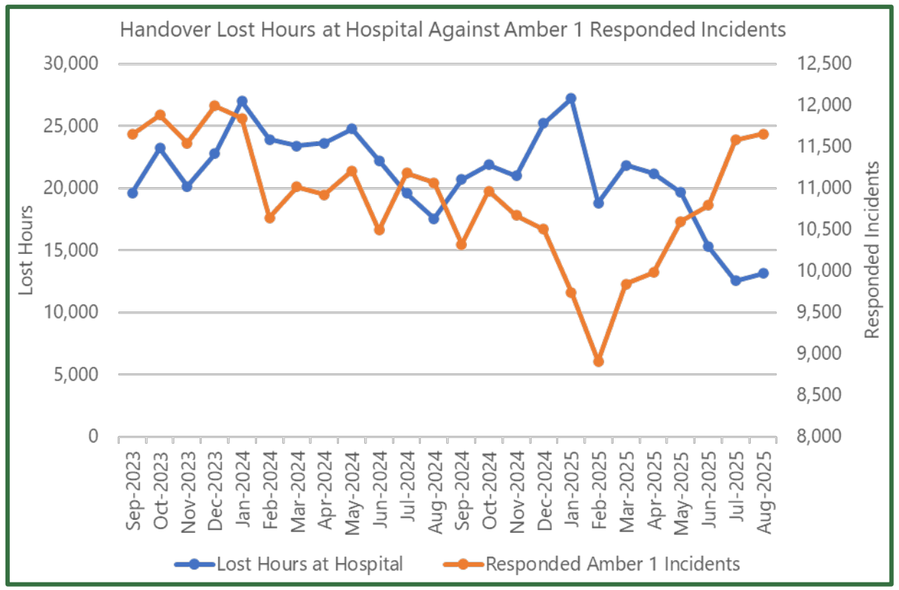
Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

CI QUEST







Analysis

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

The bottom right graph illustrates, that there is also a correlation between lost hours decreasing and Amber 1 incidents being responded to.

In August 2025, 363 patients waited over 12 hours for an ambulance response.

Remedial Plans and Actions

NHSWales Performance & Improvement is currently leading on health board workshops on handover improvement, in line with the W45 ambition by by October 2025.

Expected Performance Trajectory

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

**NB: Data correct at time of abstraction*

Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	CTM / CTMHB	Cwm Taf Morgannwg Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	ROSC	Return Of Spontaneous Circulation
AOM	Area Operations Manager	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	RRV	Rapid Response Vehicle
APP	Advanced Paramedic Practitioner	DAG	Delivery & Assurance Group	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
AQI	Ambulance Quality Indicator	D&T	Discharge & Transfer	HR	Human resources	NRI	Nationally Reportable Incident	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	DU	Delivery Unit	HSE	Health and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CASC	Chief Ambulance Services Commissioner	EAP	Emergency Ambulance Practitioner	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	ED	Emergency Department	IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	TU	Trade Union
CCP	Complex Case Panel	ELT	Executive Leadership Team	IPR	Integrated Performance Report	OH	Occupational Health	UCA	Unscheduled Care Assistant
CEO	Chief Executive Officer	EMD	Emergency Medical Department	JCC	Joint Commissioning Committee	P / PHB	Powys / Powys Health Board	UCS	Unscheduled Care System
CFR	Community First Responder	EMS	Emergency Medical services	KPI	Key Performance Indicator	PCR / PCRs	Patient Care Record(s)	UHP	Unit Hours Production
CI	Clinical Indicator	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	U/A RTB	Unavailable – return to Base
CHARU	Cymru High Acuity Response Unit	FTE	Full Time Equivalent	MACA	Military Aid to the Civil Authority	PECI	Patient Engagement & community Involvement	VPH	Vantage Point House (Cwmbran)
COOs	Chief Operating Officers	GDPR	General Data Protection Regulations	MIU	Minor Injury Unit	POD	Patient Offload department	WAST	Welsh Ambulance Services University NHS Trust
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	PPLH	Post Production Lost Hours	WG	Welsh Government
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PSPP	Public Sector Purchase Programme	WIIN	WAST Improvement & Innovation Network
CMT	Clinical Model Transformation	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	QPSE	Quality, Patient Safety & Experience		
CSD	Clinical Service Desk	HCP	Health Care Professional	NEWS	National Early Warning Score	RCS	Rapid Clinical Screening		
CSP	Clinical Safety Plan	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	RICS	Remote Integrated Care Service		

Definition of Indicators

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

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

Agenda Item No.	12

REPORT TITLE

IMTP Delivery and Assurance Update

MEETING

Name of meeting	Trust Board
Date of meeting	25 September 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Estelle Hitchon, Interim Executive Director of Strategy Planning & Performance
Author(s) of report	Alexander Crawford, Assistant Director of Planning & Performance Heather Holden, Head of Transformation Katherine Abbott, Planning & Performance Business Office

PURPOSE OF REPORT

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

REPORT SUMMARY:

1. The purpose of this report is to provide the Board with an interim Q2 position for IMTP delivery and assurance for the 2025/26 year of the 2025-28 IMTP.

2. This paper provides a position for the Clinical Model Transformation (CMT) programme, and Cabinet Secretary's Priorities for NHS Wales set out in the 2025-26 NHS Wales Planning Framework.

3. Directorate led IMTP delivery end of Q1 position was reported into the July Board. An interim Q2 position has not yet been through the established governance route of Integrated Strategic Planning & Development Group and Strategic Transformation Board due to timing, and therefore the next update will be available at the November 2025 meeting as an end of Q2 position. However, included in this report are some updates on queries raised at the last Trust Board meeting on some of the Strategic Objective 5 (SO5) deliverables.

4. Finance & Performance Committee received this report on 16 September 2025 and were assured by the update. The Committee was also informed that there are live and ongoing discussions about the delivery confidence of IMTP deliverables given some of the in-year updates to the original plan (e.g. phase 2 Ambulance Performance Framework, Wait 45 projects, and other Six Goals for Urgent and Emergency Care workstreams that WAST is critical to). This will therefore address not only the query raised against SO5 delivery but a wider consideration of the entire Q3 and Q4 delivery across all strategic objectives.

5. This report will set out in detail how the Clinical Model Transformation programme continues to deliver significant evolution of our clinical response model, now in line with the new Ambulance Performance Framework announced in March.

6. The WAST IMTP for 2025-28 was approved by Trust Board on 27 March 2025 and submitted to Welsh Government on 31 March 2025. Welsh Government approved the IMTP on 30 June 2025, with accountability conditions following on 28 July 2025. The report will confirm the accountability conditions and how these are being addressed.

7. The key elements of the IMTP delivery are programme led delivery and directorate led delivery. Programme led delivery includes the Clinical Model Transformation Programme and the Financial Sustainability Programme (FSP). The FSP is re-establishing its governance mechanism with a new Steering Group established which will meet on 11 September 2025 to then report into Strategic Transformation Board and through this report into FPC and the Board from November 2025.

8. The SBAR below sets out an update against the Clinical Model Transformation Programme. The programme remains YELLOW (cautionary) due to the pace and volume of work ongoing including Call Flow phase 2 CAD changes, governance arrangements for new workstreams and focus around the new Ambulance Performance Framework driving capacity challenges.

9. Appendix A is a detailed programme assurance report for CMT. Appendix B is the update against Q2 (interim position) milestones to meet Cabinet Secretary priorities.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Board is requested to:

1. **Note** the CMT programme interim Q2 position;
2. **Note** the specific update on Directorate led deliverables for SO5 and ongoing live discussions about delivery confidence across the IMTP portfolio;
3. **Note** the interim Q2 position for the Cabinet Secretary's priorities

ADDITIONAL PAPER(S)

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

The Board is requested to receive the following:

1. Appendix A – 25076 - CMT Programme Highlight Report
2. Appendix B - Assurance against the Cabinet Secretary's priorities

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [link to objectives and what good looks like]	
☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be

☒ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
424 - Directorate level risk on IMTP delivery

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
11 August 2025	Strategic Transformation Board
16 September 2025	Finance & Performance Committee

SITUATION

1. The purpose of this paper is to provide the Board with an interim Q2 position for IMTP delivery and assurance for the 2025/26 year of the 2025-28 IMTP.

BACKGROUND

2. The WAST IMTP for 2025-28 was approved by Trust Board on 27 March 2025 and submitted to Welsh Government on 31 March 2025. Welsh Government approved the IMTP on 30 June 2025, with accountability conditions following on 28 July 2025.

3. The Trust's accountability conditions include:

2.1 Delivery of the objectives stated in the letter from Cabinet Secretary for Health and Social Care sent on 3rd July 2025, which include (where applicable):

Delivering the key Welsh Government priorities for the NHS:

a. Reducing waiting times (including Handover Delays)
b. Reducing Pathways of Care delays
c. Improving women's health services

Strengthening how we run the NHS:

a. Modernising leadership and culture
b. Getting better at regional working
c. Improving openness, accountability and collaboration

Getting services ready for the future:

a. More effective prevention of ill health
b. Putting more services into the community
c. Realising the potential of digital and innovation

2.2 Delivering the priorities and enabling actions set out the in the NHS Wales Planning Framework 2025-28.

2.3 Supporting Wales's ambition to become a Marmot nation, by embedding the principles of equity and social justice into actions and values.

2.4 Undertaking robust winter planning preparations with partners, which align to the key actions set by the Cabinet Secretary for Health and Social Care and clearly identify risks and mitigating actions ahead of winter 25/26.

2.5 Ensuring the workforce actions in your plan translate into delivery requirement. This should include a significant reduction in variable and agency pay.

2.6 Successfully launching and monitoring the Trust's clinical response model following the implementation of the new Welsh Government Emergency Ambulance Performance Framework, supported by the commissioning of a robust evaluation.

2.7 Providing further assurance on your plans to deliver effective community-based falls response services, in line with the national framework and Welsh Government key performance indicators (KPIs).

2.8 In addition to improvements made by health boards against the 45-minute ambulance patient handover target, contributing to improved outcomes for individuals in the purple and red categories, and delivering improved responsiveness for patients in the 'amber' / 'orange' category in particular.

2.9 Confirming, with supporting evidence, the strengthening of emergency planning during the year, reflecting a broad range of risks and planning contingencies.

2.10 Delivering and sustaining a financially balanced position, through:

a. Demonstrating delivery, in full, of the planned level of savings that underpin the trust's financially balanced plan
b. Demonstrating actions that are being taken to mitigate any in-year pressures that may arise
c. Ensuring delivery of the financially balanced plan that the organisation has approved
d. Identifying and delivering actions that positively improve the trust's recurrent position for 26/27 and beyond

2.11 We will address these conditions as set out in the following table:

No.	Accountability Condition	How being addressed
3.1	Delivering the key Welsh Government priorities for the NHS: a. Reducing waiting times (including Handover Delays) b. Reducing Pathways of Care delays c. Improving women's health services	• The Clinical Model Transformation programme includes key programmes of work to ensure WAST is playing its part in the reduction of handover delays and access to pathways of care. • WAST is a key partner in the Six Goals for Urgent & Emergency Care programme nationally and at Health Board level. • WAST is a key partner around the table of the clinically led Handover Task Force and playing its part in working with Health Boards to introduce the zero tolerance 45minute standard for ambulance handovers (known as W45). • Having permanently secured the lead midwife post in this year's IMTP we continue to be engaged with the WG MatNeo programme and developing the dedicated labour line as part of RICS subject to funding.
	Strengthening how we run the NHS: a. Modernising leadership and culture b. Getting better at regional working c. Improving openness, accountability and collaboration	• Our WAST Way has been launched focussed on leadership and culture. Further focus around culture expected through the next IMTP planning round. • WAST is engaged with all Health Board Strategic Service Change and regional planning groups. • WAST has responded to its own reputation audits and worked on improving how it collaborates across the system and through the Joint Commissioning Committee WAST is represented on the Collaborative Commissioning Leadership Group.
	Getting services ready for the future: a. More effective prevention of ill health b. Putting more services into the community c. Realising the potential of digital and innovation	• Section 5.3 below sets out our position on Population Health. • Our Clinical Model Transformation Programme and Digital plan seek to both reduce conveyance, enabling more care at or close to home, and through accessing community pathways, and using digital technology as the forefront of how people are able to access our services and how we deliver and support our services.
3.2	Delivering the priorities and enabling actions set out the in the NHS Wales Planning Framework 2025-28.	• An update is provided in Appendix B
3.3	Supporting Wales's ambition to become a Marmot nation, by embedding the principles of equity and social justice into actions and values.	• WAST is committed to tackling health inequalities although there are difficulties in delivering our population health plan due to capacity, data linkage etc. There also remain challenges in rural areas due to recruitment and geography, but the Trust is unerring in its commitment to equity and social justice through its Wellbeing Objectives. • WAST uses both EQIAs and QIAs to focus its planning and programme delivery to ensure equity is taken into account in planning and strategic decision making.
3.4	Undertaking robust winter planning preparations with partners, which align to the key actions set by the Cabinet Secretary for Health and Social Care and clearly identify risks and mitigating actions ahead of winter 25/26.	• Winter plans have been developed with a key focus around delivery of the Ambulance Performance Framework.
3.5	Ensuring the workforce actions in your plan translate into delivery requirement. This should include a significant reduction in variable and agency pay.	• WAST has committed to no agency spend in frontline service delivery (albeit noting that the Plurality Model for NEPTS commissions 3rd party provision).

No.	Accountability Condition	How being addressed
3.6	Successfully launching and monitoring the Trust's clinical response model following the implementation of the new Welsh Government Emergency Ambulance Performance Framework, supported by the commissioning of a robust evaluation.	• An update is provided in this report.
3.7	Providing further assurance on your plans to deliver effective community-based falls response services, in line with the national framework and Welsh Government key performance indicators (KPIs).	• Updates on Falls & Frailty are provided through the Clinical Model Transformation Programme reporting Appendix A and ministerial priorities at Appendix B.
3.8	In addition to improvements made by health boards against the 45-minute ambulance patient handover target, contributing to improved outcomes for individuals in the purple and red categories, and delivering improved responsiveness for patients in the 'amber' / 'orange' category in particular.	• Updates on this work is provided in Appendix A.
3.9	Confirming, with supporting evidence, the strengthening of emergency planning during the year, reflecting a broad range of risks and planning contingencies.	• WAST continues to develop its EPRR responses and working with commissioners on the recommendations of the Manchester Arena Inquiry. • The rollout of the Special Operations Response Teams (SORT) continues as part of our major incident provision, and the Trust has funded and trained additional Communications Tactical Advisors (CTA) to support effective radio network utilisation.
3.10	Delivering and sustaining a financially balanced position, through: a. Demonstrating delivery, in full, of the planned level of savings that underpin the trust's financially balanced plan b. Demonstrating actions that are being taken to mitigate any in-year pressures that may arise c. Ensuring delivery of the financially balanced plan that the organisation has approved d. Identifying and delivering actions that positively improve the trust's recurrent position for 26/27 and beyond	• Forecast year end projections are an overall breakeven position based on current assumptions but with a under recovery on recurrent schemes and over recovery of non-recurrent schemes of £0.255m. • 33.9% of the 25/26 overall plan value of £8.5m has been achieved YTD • Section 6 below updates on the next steps for the Financial Sustainability Programme aimed at delivering sustainability over the course of the 2026-29 IMTP.

Ministerial priorities

Appendix B sets out how we are progressing against the ministerial priorities set out in the last NHS Planning Framework. Good progress is being made, in line with commitments in the IMTP, with **no RED** status deliverables.

ASSESSMENT

4. Clinical Model Transformation (CMT) Programme Key Issues/Implications

3.1 The interim Q2 position has been summarised within the main SBAR and the complete assurance report included as Appendix A.

3.2 The CMT programme continues to strengthen its approach to programme management using digital applications including SharePoint and MS Project/Planner. The transition from MS Excel to central programme control logs held in SharePoint (e.g. risks and issues) has enabled the **introduction of Power BI for risk and issue management at programme-level**. The proposed dashboard will be presented to CMT Board in September, and subject to approval, will be formally launched and rolled out across CMT workstreams.

3.3 Additionally, the transition to MS Project/Planner for all workstream plans will enable approved dependency mapping and the Transformation Support Office (TSO) have **initiated work to dependency map milestones across CMT workstreams including mapping inter-workstream, and wider dependencies**. Once mapped, MS Project/Planner functionality will enable these to be managed dynamically.

3.4 Progress on Quality Impact Assessments (QIAs) remains a priority. To date, **QIAs have been approved for four of the five core workstreams**, with the remaining QIA for Remote Integrated Care due for Clinical Quality Governance Group (CQGG) review imminently. Additionally, a QIA for the implementation of Phase 2 call flow changes aligned with the new Ambulance Performance Framework has been completed and will be considered by an exceptional Clinical Advisory Group on the 10th September, before onward submission to CQGG for formal approval.

3.5 A review of the Programme Definition Document (PDD) and the CMT Board's Terms of Reference has also been completed with significant updates to the PDD to reflect the evolving programme. **The PDD has been reviewed and updated collaboratively through the CMT Board and will be presented to Strategic Transformation Board in September for formal approval**.

3.6 A **dedicated session with Executive Sponsors and Senior Responsible Owners was completed in July to finalise Logic-Benefits Maps (LBMs) for each Workstream Scorecards**. Following revisions, Workstream Scorecards were presented to the CMT Board and formally approved as a first iteration (subject to minor revisions). The Insights and Data Services (IDS) team are currently reviewing the scorecards to determine the availability of key metrics. The programme Benefits Realisation Plan will now be developed with the aim to submit to CMT Board in October.

3.7 The proposal to **Executive Finance Group (EFG) for a modest additional investment in the TSO (and the performance and commissioning team) was agreed in late September.** This investment will facilitate adjustments to the current structure – expanding the skill mix and introducing senior project management capacity – **to align with the complexity and scale of the programme**.

3.8 Finally, the programme team are currently preparing for an audit of the CMT programme (formal initiation anticipated in Q3). All programme documentation is being reviewed to ensure completeness with an action to prioritise any outstanding Workstream Definition Documents and Terms of Reference requiring review.

4 Directorate Led delivery

4.1. During Quarter 1 the Planning Team has **developed a digitised system for Directorate Plans**, working with Directorate leads to transition to a live platform through MS365. This provides a dynamic single source of information that is more streamlined, user friendly and through greater visibility will support greater interdependency planning across the organisation. **This is now in place across most directorates**, giving clear line of sight to IMTP directorate led activity, CMT programme activity and directorate level plans and core business to enable resource, workforce and strategic planning. Power BI and further automations will enable reporting for end of Q2.

4.2. There were some specific queries raised about delivery confidence and changes to timelines in the IMTP for directorate led plans at the July Trust Board meeting. During Q2 a deliverable review and change process has been signed off by STB to ensure changes to existing or development of new in year programme and directorate led deliverables are clearly sighted at Strategic Transformation Board, and map through to Committee and Board reporting as required.

4.3. For the specific queries raised in July Trust Board related to SO5 (Being quality driven and clinically led) the latest updates are provided in the table below. Strategy Planning & Performance Team are meeting with Executive Director of Quality and Nursing to discuss remedial actions and the risk this poses in order to update the Board. Despite changes to the timelines, delivery confidence was still reported as low in Q1, therefore this is being reassessed. A directorate

planning session is planned for 17 September 2025 to look at current and future priorities for the directorate as part of the IMTP planning process for next year.

Deliverable	Status	New delivery qtr	Original delivery qtr	Progress summary
Draft Population Health Plan, approved.	Red	Qtr 3	Qtr 1	Delayed due to lack of resource QuESt received assurance on the development of a Draft Population Health Plan and health inequalities maturity matrix. The draft plan supports delivery of the Trust's strategic objectives and compliance with the Health & Care Quality Standards 2023
Updated health inequalities maturity matrix for reducing impact	Red	Qtr 3	Qtr 1	Delays caused by lack of resource (dedicated post ended 31/3/25) QuESt received assurance on the development of a draft Population Health Plan and health inequalities maturity matrix, which align with the Trust's strategic objectives and the 2023 Health & Care Quality Standards.
Developing the data engineering & modelling around harm (patient harm)	Red	Qtr 4	Qtr 1	RED for Q1 delivery whilst scope and resource availability is reviewed.
Always On and Duty of Quality reporting	Red	Qtr 4	Qtr 4	Internal Always On project is continuing - impacted by IDS capacity and shifting priorities for CMT. Expected deadline for Datix reporting in Always On dashboard has been impacted by the failure to achieve reporting from CAD to meet CMT go live on 1st July. External Always on being explored by Quality Assurance Team this will include a narrative report in addition to access to the Always on Dashboard. MIQPR reports submitted to board are now translated and shared with comms for inclusion on the website for easy access.

Deliverable	Status	New delivery qtr	Original delivery qtr	Progress summary
				Consideration to translated Always On dashboards now being discussed at QPM steering group. IDS capacity to support either the development of the reporting or a semantic environment for QSPE intelligence leads to self serve report generation. Both of which are impacted by IDS capacity and conflicting Trust priorities. MIQPR development is a deliverable for the Commissioning and Performance team.
Develop WAST Health and Safety Plan incorporating further improvements to legislative compliance with existing and emerging legislation	Red	Qtr 3	Qtr 1	Due to capacity constraints, delivery has shifted from Q1 to Q3 2025, with the strategy being driven via NARSF in September. A Manual Handling Deep Dive has been completed, and its recommendations will be incorporated into the Health & Safety Strategy, which is now in draft. The strategy will also embed a culture change process and ensure legislative compliance through process reviews. Completion and approval are targeted for Q3.

4.4. There are live and ongoing discussions about the delivery confidence of IMTP deliverables across the entire portfolio given some of the in-year updates to the original plan requiring significant resource input from all directorates (e.g. phase 2 Ambulance Performance Framework, Wait 45 projects, and other Six Goals for Urgent and Emergency Care workstreams that WAST is critical to). This will therefore address not only the query raised against SO5 delivery but a wider consideration of the entire Q3 and Q4 delivery across all strategic objectives.

5. Financial Sustainability Programme (FSP)

5.1. Following the last update to the FPC on this programme in July 2025, a Senior Project Manager has been appointed to drive forward the growing body of work to support ongoing financial sustainability and efficiency, and a Governance Steering Group has been stood up from 8th September 2025.

5.2. Progress has been made in the following areas:

- **Administrative Review:** ADLT has closed down a number of actions to meet the recommendations of the Administrative and Support Services Review
- **Service Review:** Implementation planning for the Services Review will be undertaken alongside IMTP and Directorate Planning to embed FSP in directorate plans to ensure ownership and delivery of agreed efficiency activity.
- **Commercial Development:** The trust new Head of Commercial Development is due to commence on Monday 6th October. Following the on boarding process we expect progress around this area.
- **Skills Mix:** An options paper has been presented to the Executive Leadership Team, detailing nine potential configurations for crew composition. Each option was assessed against key criteria including clinical effectiveness, operational feasibility, cost implications, and strategic alignment.

5.3. A full update on FSP will be made at the next Board meeting in November.

RECOMMENDATION

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

NEXT STEPS

7. An update on the end of quarter position for all deliverables will be provided at the November Board meeting together with available outcomes metrics.

Welsh Ambulance Services University NHS Trust

Clinical Model Transformation (CMT) Programme Highlight Report

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

Clinical Model Transformation (CMT) Programme Highlight Report
Released: 30th July 2025

Transformation Support Office

Content

- **Programme Management Update**
  - **Quality Impact Assessment Update**
- **Workstream & Enabling Group Updates**
- **Appendices** – Workstream Highlight Reports

Use hyperlinked headers to navigate to each section

Programme Management Highlights

Programme Management Update

Developing our programme vision:

- Final revisions being made to our **Clinical Services Model Information Pack** before wider circulation, along with the updated **'Service Model Blueprint'**; due to be presented at CMT Board (Sep-25) for approval.

→

- ❑ **Patient personas in development**; agreement to reframe into condition specific profiles to better demonstrate the integration of services.

Establishing the CMT Programme Delivery & Assurance Arrangements:

Benefits realisation: Workstream Logic-Benefits Mapping complete and Workstream Scorecards reviewed with SROs at collaborative workshop on the 14/07. **Scorecards approved by CMT Board (Jul-25)** subject to minor revisions.

→

- ❑ **Benefits realisation:** Final refinements to workstream scorecards and discussion with IDS team around development.
- ❑ **Digitising our assurance approach:** Development of Power BI dashboards for some elements of reporting (was delayed due to ICT capacity but will be revisited).
- ❑ Work to be initiated to **dependency map milestones across CMT workstreams including mapping inter-workstream, and wider dependencies**.

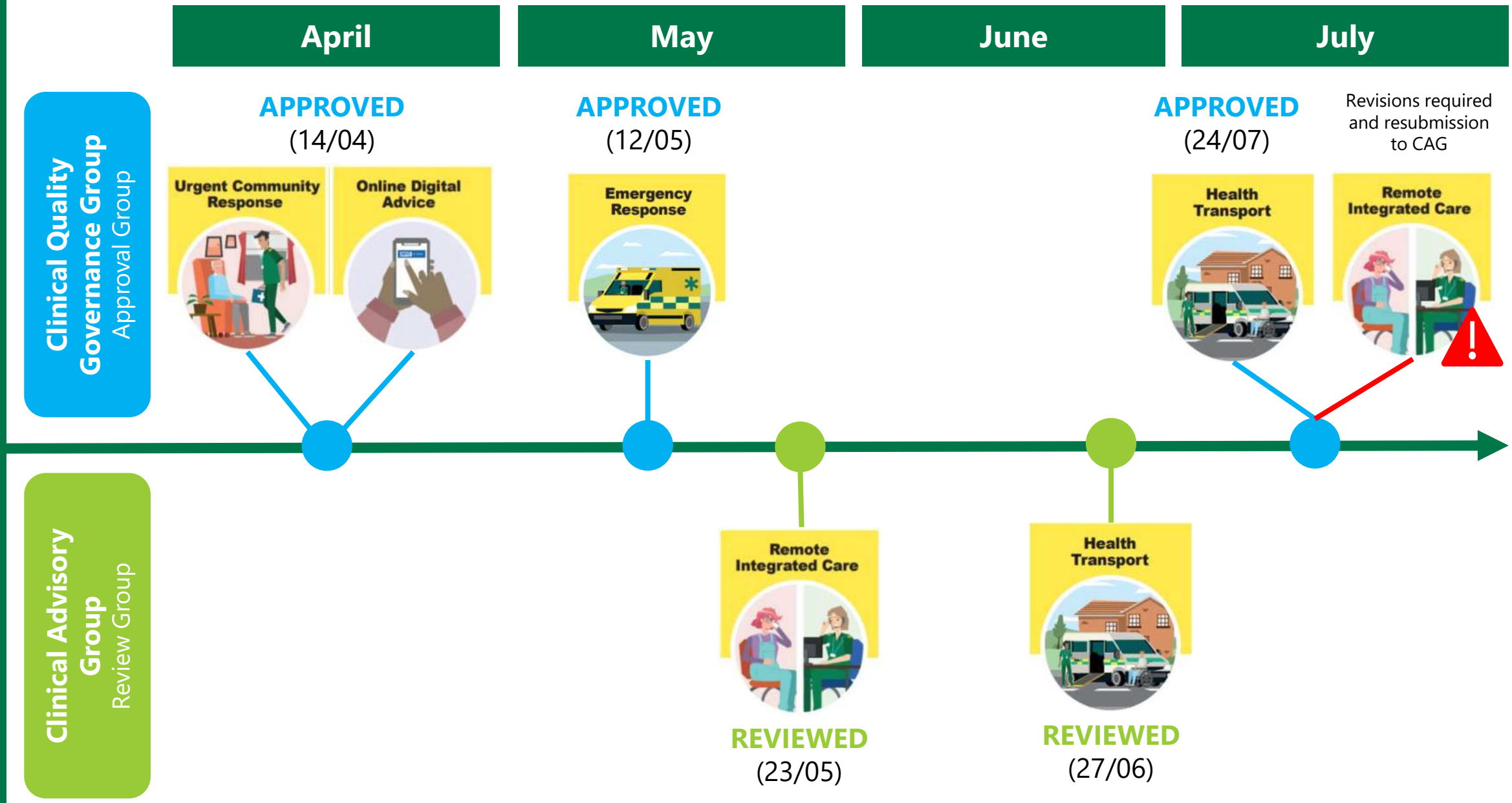
Developing formal programme documentation and audit readiness:

- **Workstream QIAs developed and timeline for CAG/CQGG submission confirmed**; see next slide.
- Programme Definition Document (V2) developed and circulated to CMT Board members for comments and feedback; due to be presented at CMT Board (Sep-25) for approval.

→

- ❑ **Benefits Realisation Plan** to be developed.
- ❑ **Audit readiness:** Outcome of the CMT programme 'health check' is being considered and incorporated into the CMT programme management plan.

QIA Update



The Remote Integrated Care QIA was considered by CQGG on 24th July with a request for further review and refinement. The group asked for the QIA to be resubmitted to CAG for further consideration, prior to resubmission to CQGG for formal approval. Revised timescales TBC but aiming for CQGG resubmission on the 16th September.

Status	Description	Characteristics
Green	Project is on track and progressing well, meeting or exceeding expectations in terms of schedule, budget, quality, and objectives. **Action Required:** No immediate action is necessary, but ongoing monitoring and regular reporting are still required to ensure the project maintains its positive trajectory.	• Project milestones and deliverables are being achieved as planned. • Risks and issues are under control or adequately mitigated. • The project is progressing within the defined timeline and budget. • Key performance indicators are being met or surpassed.
Yellow	Provides an early warning that challenges or barriers are anticipated, but are not yet impacting on progress. **Action Required:** Close monitoring of factors anticipated to impact on progress, contingency planning, and reprioritisation if appropriate.	• Workload reprioritisation has been required to keep the project on track i.e. the impact has been transferred. • The project remains on track overall, however there are notable issues or risks or amber/red statuses recorded against key enablers, or interdependent projects that may impact over time. • The project remains on track overall but there may be moderate slippage against some tasks or actions.
Amber	An amber status signifies a cautionary state, indicating that the project is encountering challenges or potential risks that need attention to prevent further escalation. **Action Required:** Close monitoring of the project, proactive measures to mitigate risks, and corrective actions to address identified issues should be taken promptly to prevent further deterioration.	• Some project objectives are not being met as planned. • Certain milestones are at risk of being missed. • There are notable issues or risks that could impact project success if not addressed promptly. • Project performance or progress is below expectations but can be recovered with timely actions.
Red	A red status indicates a critical situation where the activity is significantly behind schedule, over budget, or facing major issues that jeopardize its success. **Action Required:** Immediate attention and intervention are necessary to address the issues and bring the project back on track.	• Major project objectives are not being met. • Critical milestones are consistently missed. • Key deliverables are incomplete or of poor quality. • Significant risks or issues are unresolved, and their impact on the project is severe.

RAG Status Definitions

CMT Programme Update

Report Date:	Programme RAG	Previous RAG	For Noting:	Senior Responsible Owner:	Lee Brooks *(interim)*
Jul-25	Yellow	Yellow	**Call Flow Phase 2:** 1-Dec go-live (Cab Sec expectation) is dependent on MIS (CAD supplier) delivering required changes, with definitions needed by mid-Aug. If delivery slips, the earliest alternative go-live date is likely to be Feb-25, presenting reputational and resource risks (escalated to the programme risk register). **Emergency Response Workstream Delivery and Assurance Arrangements:** Refreshed governance arrangements were agreed for the ERS workstream to recognise the inclusion of the Out-of-Hospital Cardiac Arrest (OHCA) improvement plan into the programme. **RICS CAD Options:** The Board endorsed the implementation of a single clinical queue across both CADs, providing greater operational flexibility. This option has capital and revenue cost implications and is unlikely to be delivered for winter (due to conflicting MIS priorities), with Q4 implementation more realistic. The paper will now be presented to Capital Management Board to consider funding.	**Programme Manager:**	Heather Holden

CORE CMT WORKSTREAM UPDATE

Workstream	RAG Status	RAG Trend	Summary Position
Digital Front-End	Green	↑	**Virtual Assistant Implementation:** A soft launch of the NHS111 Wales Virtual Assistant went live on 9 July. Metrics from the soft launch will be analysed using the supplier's GPT model to categorise public queries, informing future website and service development. **Symptom Checker (CPSS) Funding and Procurement:** Funding has been approved by Trust Board for the web-based Call Prioritisation Streaming System (CPSS). The single tender procurement process is progressing as planned. Monitoring and notification to Welsh Government is required before full implementation. Initial planning meetings are being arranged, and supplier impact assessments (DPIA and Cloud Security Assessment) are pending issue. **Business Case Development:** The workstream is awaiting a Welsh Government funding decision for broader website development.
Remote Integrated Care	Amber	↓	**Care Planning Function:** A priorities paper was presented to the RICS Board (17 July), focusing on training refresh and potential recruitment. Discussions continue on the future of the Remote Monitoring Solution, particularly funding for its use in urgent and emergency care. Next steps include communications, training refreshers to strengthen clinician confidence, and shaping future recruitment. **New Call Flows & Categories:** RCS0 implementation (1 July) was successfully delivered with supporting communications, training, and SOPs completed. **CPSS Strengthening and Evaluation:** The RICS Board endorsed a proposal to expand the CPSS Winter Desk function, focusing on integration with call handling, infrastructure, training, and data. Delivery is paused due to resource and governance constraints but remains a priority for review in Q4. **Alignment of CSD and 111:** Amber status reflects risks relating to CAD options. A final proposal for clinician terms and conditions is with Trade Union Partners for review (decision expected by Sep-25). Option 3 for CAD development has been agreed, with a paper to define resource and timeframes. A telephony migration plan is in place with a projected go-live of 27 August, following training. Work continues to produce SOPs for a centralised Remote Integrated Care Team. **CMT Board Notes:** The Board endorsed the implementation of a single clinical queue across both CADs, providing greater operational flexibility. This option has capital and revenue cost implications and is unlikely to be delivered for winter (due to conflicting MIS priorities), with Q4 implementation more realistic. The paper will now be presented to Capital Management Board to test the ability for funding. Executive Finance Group is also considering a potential +12FTE in integrated care to support Care Planning functions alleviating some of the prioritisation requirements; further update expected towards the end of August.

CMT Programme Update

Workstream	RAG Status	RAG Trend	Summary Position
Urgent Community Response	**Yellow**	↔	**UCR Scheduling:** Implementation options have been finalised and were presented to the CMT Board (Jul-25); further operational discussion required. **Falls & Frailty Response Model:** Emergency Ambulance Practitioners can now undertake community falls referrals, and proposals have been submitted to optimise resources for urgent falls response and explore winter collaboration opportunities. A SOP for volunteers and falls responders has been drafted, but the lack of device funding and delays in updating the Falls Dashboard continue to impact national reporting, with escalation requested. **Tasking Optimisation:** Recruitment of a third Mental Health Practitioner is underway. The v2 Mental Health Response Vehicle (MHRV) Power BI dashboard is operational, but v3 development is paused, impacting performance metric reporting. A pilot evaluation report has been completed, and RCDM Train the Trainer courses are planned. Work continues to review Single Point of Access (SPoA) and to establish a CTAS Task & Finish group by late August. **Advanced Practice Delivery Group:** Recruitment targets have been met (130.7 FTE) with expansion focused on Betsi Cadwaladr, Powys, and Hywel Dda areas. Palliative care phase 3 recruitment is progressing, and interest from Aneurin Bevan and Hywel Dda APPs is strong. Workforce modelling is underway to define optimal APP numbers. The RCDM education package has been approved, and dashboard development is under review with IDS. **CMT Board Notes:** The UCR Scheduling Options paper was presented to the Board with an action for further operational discussion outside the meeting.
Emergency Response	**Green**	↔	**Metrics and Reporting:** AQM reporting has now been delivered and is being reviewed by the project team. **Call Flow Prioritisation – CAD Developments:** New call categories went live on 1 July with a smooth transition and positive early feedback. An issue log has been established to track and resolve minor teething issues, and a further CAD update is planned to enhance reporting and address residual issues (19/08 aim). **Data Definitions and Monitoring:** Initial priority reports and logic are operational, supporting the new call flow framework. Further refinement of definitions is ongoing to ensure accuracy, with an external reporting deadline to Welsh Government on 11 August. **Communications and Training:** Extensive training was delivered ahead of go-live, and stakeholder communications, including the Ambulance Performance Framework explainer, were well received. Stakeholder feedback is being collated to inform any future updates. **CMT Board Notes:** Revised governance arrangements were agreed for the Emergency Response Workstream that recognise the incorporation of the Out-of-Hospital Cardiac Arrest (OHCA) improvement plan. The ERS workstream will recognise two distinct elements: 1) Operationally-led changes and 2) Clinically-led changes. Lee Brooks and Ceri Griffiths will lead the operational elements, which include Rapid Clinical Screening, Call Flow Implementation (Phase 2), and HCP Call Flows, whilst Andy Swinburn and Greg Lloyd will lead the OHCA elements. Progress will be reported to the CMT Board via two highlight reports aligned to the Emergency Response Workstream. Call Flow Implementation (Phase 1) and Rapid Clinical Screening will be transitioning to business-as-usual over the next reporting period, with the ongoing management of the Call Flow Issue Log transitioning to the Call Flow Implementation (Phase 2) group. These changes will be reflected in future ERS workstream reporting.
Health Transport	**Green**	↔	**Access to Planned Transport:** the project is progressing, with manual processes for patient transfers being formalised and a Cleric software update awaited (expected October). An interim workaround is in development, subject to DPIA approval. **Transfer & Discharge:** agreement between workstream and programme SRO that this project is out of scope of 'Health Transport' and will be managed through the Ops IMTP Assurance route, supported by Integrated Strategic Planning & Development Group (ISPD).

CMT Programme Update

ENABLING GROUP UPDATES			
Group	**RAG Status**	**RAG Trend**	**Summary Position**
Quality & Performance Metrics	**Green**	↔	• Board was advised that no issues required escalation. • Revised definitions for Arrest/Emergency/RCS0 have been approved, and the first week of data reporting is complete. Associated monitoring and assurance plans are in place, including development of local authority-level reporting. • Board was assured that CMT Scorecards are progressing and will be shared at the next Board *(approved 28/07)*. The CMT evaluation supplier has been shortlisted, with resource implications now factored into IDS priorities. Data reporting following the 1 July go-live is delivering outputs as planned, with strong progress against the Monitoring and Assurance Plan.
Change Management	**Yellow**	↔	• Board was alerted to the continuing risk of **change saturation** in parts of the organisation, creating potential staff disengagement and capacity challenges. • Board was advised of positive engagement activity following the recent Hive Survey, with staff reporting improved involvement in decision-making. Further focus will be placed on communicating when influence is limited. • Board was assured that change leads are now embedded across all workstreams and that external change management training is scheduled for the Autumn to strengthen capability.
Partnerships & Engagement	**Green**	↔	• Board was advised of the successful delivery of a comprehensive communications campaign supporting the Welsh Government changes to the Ambulance Performance Framework effective from 1 July. This included external stakeholder briefings, public-facing materials, media engagement, and internal communications resources tailored to different staff groups. • Following the transfer of the internal communications portfolio to the workstream in June, integration work is progressing, and the internal communications plan is under review. • Board was assured that engagement with Llais continues to be positive, with support expressed for both the communications approach and Clinical Services Model proposals. No new risks were identified this period.

APPENDICES

Workstream Highlight Reports (HLR2s)

Produced for the CMT Board on the 28th July 2025

Navigation

Working in collaboration with the wider health and social care system
Online Digital Advice
Remote Integrated Care
Urgent Community Response
Emergency Response
Health Transport
Non-Urgent Health Query
Urgent Health Care Need
Life-Threatening Illness Or Injury
Health Related Transport Need
Service Offer
Health Need
Health Need
Service Offer

Digital Front-End Workstream

Executive Sponsor: Jonny Sammut

Senior Responsible Owner: Jonathan Turnbull-Ross

Digital Front-End Workstream Update

Report Date:	Current RAG	Previous RAG	For Noting:	Executive Sponsor:	Jonny Sammut
Jul-25	Green	Amber	Soft launch of Virtual Assistant deployed on the NHS111 Wales Website. Funding agreed for the development of the new web-based symptom checkers.	SRO:	Ceri Griffiths

Task / Milestone	RAG Status	RAG Trend	Current Position	Forward View
Virtual Assistant Implementation	Green	↑	• A soft launch for the Virtual Assistant was deployed on the NHS111 Wales website on the 9th July. • Internal Communications are live on Siren, including a poll to name the Virtual Assistant featuring the top 5 options.	• Metrics from the soft launch to be reviewed, using the supplier's existing GPT model to thematically categorise the questions being asked by the public. This thematic analysis will give a richer understanding of the concerns/queries that patients are directing to the Virtual Assistant, assisting in conversations around further web and service development.
Symptom Checker Funding Decision	Green	↑	• Funding agreed at Trust Board to proceed **with the purchase of a web-based version of Call Prioritisation Streaming Service (CPSS).** • **Procurement Pathway for Single Tender Procurement** is progressing as expected. • **Paused** - Quotes requested **for external independent commercial advice** on CPSS Intellectual Property expectation that this will cost up to £15,000. • Monitoring and Return Notification will be required to Welsh Government to proceed; to be completed.	• Initial Implementation meeting to be arranged to initiate work. • Impact Assessments (DPIA and Cloud Security Assessment) to be sent out to Supplier.
Business Case Development	Yellow	↔	• Outstanding the Welsh Government decision for website funding based on the business case.	-
Project Management	Green	↔	-	**Project Group to be initiated and Project Plan developed** for Symptom Checker Implementation. This will formally report into the Digital Front End Workstream.

Digital Front-End Workstream – Programme-level Risk

Risk Ref:	RISK-137	Responsible Group:	CMT Board	Risk Category:	Technological	Risk Owner:	Jonny Sammut

Risk Title:	**Lack of early and structured engagement with Digital leading to unclear requirements and unrealistic delivery expectations**
Risk Description:	**IF** there is a lack of clarity around digital requirements, or Digital colleagues are not proactively engaged in programme design. **THEN** there will be a lack of strategic coordination of digital requirements. **RESULTING IN** 1 - Digital requirements not clearly defined at the right time, leading to misaligned stakeholder expectations. 2 - Inadequate time built in for technical discovery, solution design, development, testing, and deployment. 3 - Project plans assuming Digital capacity without formal agreement, increasing risk to delivery timelines and quality. 4 - Poor coordination of user needs, technical requirements, and third-party supplier input, resulting in fragmented delivery. 5 - Unreasonable and unplanned expectations placed on ICT, IDS, Information Governance, and Cyber Security teams. 6 - The 'delivery clock' starting before all digital, system, and process requirements are confirmed, compressing timelines and increasing risk of failure or rework. 7 - Lack of capacity within digital to move from Minimum Viable Product (MVP) to product development and optimisation.
Existing Controls:	1 - Prioritisation of IDS and digital delivery requests through the DTIP group (when created), ad-hoc until then in various groups ensuring alignment with organisational priorities, (including via the CMT metrics group although this is predominately IDS). 2 - Early engagement of Digital Services via representation in programme governance and workstream planning discussions. 3 - Digital requirements mapping led by the Assistant Director of Digital Services: Digital Transformation & Innovation, providing a baseline and tracking evolving needs. 4 - Clear change control process in place for introducing or modifying digital elements to avoid uncontrolled scope creep. 5 - Workstream-level plans developed and maintained in MS Project, shared with all stakeholders to ensure visibility of interdependencies and resource impact. 6 - Third-party digital supplier dependencies identified and logged to support proactive coordination and avoid last-minute requests.
Planned Mitigation:	1 - Ongoing review process to be embedded to review digital requirements emerging across the programme (Head of Transformation to be included in SPP Digital Plan touchpoints). 2 - MS Project plans to be reviewed regularly with "Digital Dependency" tag used to flag key activities. 3 - Risk to be presented to CMT Board with an ask for all Board members to commit to early engagement with Digital Services, including in third party supplier discussions. 4 - Information Governance training and awareness session planned with the Transformation Support Office to raise the profile of IG/DPIA requirements to support early consideration in project design.

Risk Approach	Opening Score			Current Score		
	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score
Mitigate	5	3	**15**	5	3	**15**

Actions Required:	1. Review the risk and consider the current risk score

Remote Integrated Care Service Workstream

Executive Sponsor: Liam Williams

Senior Responsible Owner: Pete Brown

Remote Integrated Care Workstream Update

Report Date:	Current RAG	Previous RAG	For Noting:	Executive Sponsor:	Liam Williams
July-25	**Amber**	**Yellow**	RAG Status to escalated to Amber due to raised risk around the feasibility of implementing CAD options by November. Groups to move into delivery of the proposed options specifically around Care Planning and CPSS Expansion decision to endorse direction of travel but not progress yet. Will review proposal in Q4 to determine feasibility.	**SRO:**	Pete Brown
Scope:	Phase 2 of Remote Integrated Care Service developments which fall under the Clinical Model Transformation (CMT) Programme Board.				

Task / Milestone	Status	RAG Trend	Current Position	Forward View
Care Planning Function	**Yellow**	↑	• Priorities paper presented to RICS Board (17.07) outlining the focus and next steps for the Care Planning function. • Ongoing discussions underway to formulate a refresh in training and potential recruitment. • **Decision required:** future for Remote Monitoring Solution, especially around funding element in utilising RMS in Urgent/Emergency Care.	• Following approval of Priorities paper, begin discussions and communications around the focus for Care Planning Clinicians, plan and deploy training refreshers to strengthen confidence in Care Planning Clinicians and shape future intakes.
New Call Flows & Categories	**Green**	↔	• RCS0 implementation (01.07) successful and operational within Integrated Care. Development of communications, training, and SOPs completed and distributed with a seamless implementation.	• Representatives to be present at the Emergency Response Workstream meetings for **Phase 2.** Exploration into workflows, requirements, etc.
Strengthening, Application, and Evaluation of CPSS	**Yellow**	↔	• Proposal brought to the RICS Board (17.07) recommending that there is an expansion of the CPSS ***Winter Desk*** Function focusing on integration with the 999 Call Handling System, Technical and Operational Infrastructure, Training Programmes, and Data elements. Board have noted and received the proposal, endorsed the principles outlined as a direction of travel, noting no delivery path yet required due to restrictions relating to resource capacity and governance, licensing, etc.	• Continue to shape and implement the RICS Support Desk to further support the Winter Desk initiative. • CPSS Expansion paper to be revisited when resource capacity is in a better position to deliver. Will be reviewed in Q4 to understand operationalisation.
Alignment of CSD and 111	**Amber**	↓	• **Amber status due to risk raised around the CAD Options.** • Final proposal for Terms and Conditions for all Clinicians across IC is currently with Trade Union Partners for review, with an aim to reach agreement by September 2025. • CAD Options paper to shared and this will be used to shape the development of the SOPs. Board have agreed Option 3 (preferred option) for CAD and will be developing a paper outlining resource required and timeframes and how this work aligns with the Phase 2 of Emergency Response Workstream. • Telephony migration plan devised in conjunction with Trade Union Partners with a projected Go Live date of **27th August** following two weeks of training.	• Process Project Group to undertake a helicopter view to produce SOPs for one centralised Remote Integrated Care Team. • Paper to be drafted and shared outlining the next steps of CAD Options.

RICS Workstream Board – What was covered?

- CAD Options & Risk
- Care Planning Priorities
- Respiratory Offer
- Mental Health Offer
- Care Traffic Controller Day
- RICS Support Desk
- SPOA Position
- West Wales Project
- WCP Funding Paper
- CPSS Expansion Proposal
- SCW Review Response
- Priorities
- Integrated Care Structures
- Audit & Education Structures
- Advancing Clinical Practice
- Clinical Supervision
- Telephony Migration
- Appointment Scheduling
- SOP Development
- Call Categories: Phase 2
- Remote Monitoring Solutions
- Project Interdependencies
- RICS Project Group Delivery

RICS Enabling Deliverables

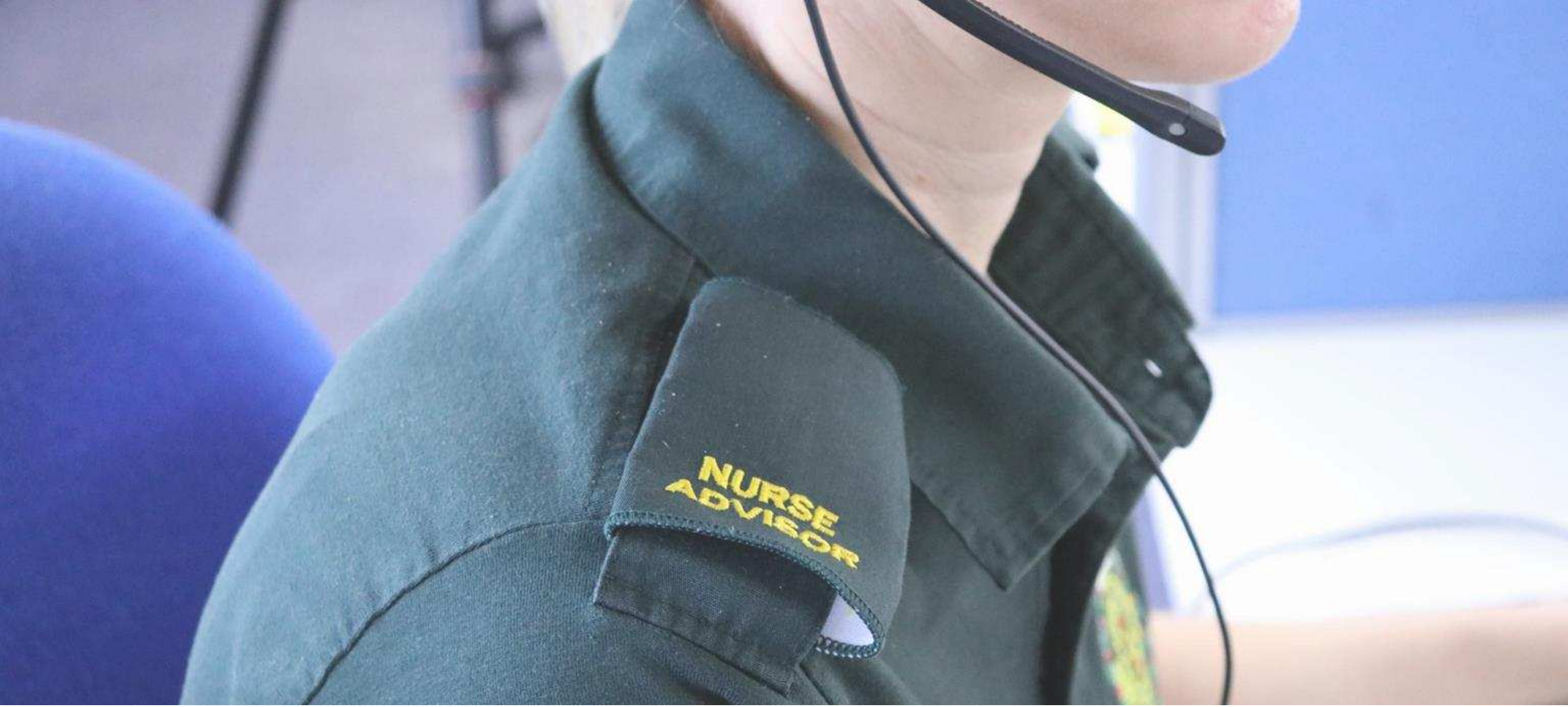
Report Date:	Remote Integrated Care **Enabling Deliverables**	For Noting:
July-25		The following key milestones and deliverables, while not directly reporting into the CMT governance structure, are critical enablers for broader transformational outcomes and are therefore important to highlight
Scope:	Phase 2 of Remote Integrated Care Service developments which **do not** fall under the Clinical Model Transformation (CMT) Programme Board however are key enablers for delivering objectives relating to Remote Integrated Care.	

Task / Milestone	RAG	Update
Integrated Care Structures	**Amber**	• **Amber:** delivery delay relating to **Audit and Education OCP** specifically. Education OCP now moving into consultation phase and original plan was to have this completed in Summer 25. • The Senior and Middle Management structure is now entering a transition phase. • The First Line Management Co-Design sessions provided valuable insights into evolving roles and upcoming consultation phase. • Progress is underway in relation to Audit Structures with recent advertisement for CPSS Quality Auditors under the Operations Quality Team marks another step forward in strengthening our quality assurance and creating the structures required.
Video Functionality across Integrated Care	**Complete**	• **Tuesday 8th July 2025** saw Video Functionality introduced across NHS 111 Wales to ensure all Integrated Care Clinicians have access to Video Functionality to strengthen clinical decision making. • Monitoring and evaluation of usage will be embedded into Operational performance monitoring.
Appointment Scheduling in Integrated Care	**Green**	• Establishing links with **Urgent Community Response Workstream** to cohesively bring together interdependencies across Workstreams with representatives from each Workstream present in various project groups/boards. • Collaborative shaping of scope, workflows, and resourcing, to explore sustainable solutions of utilising Urgent Community Response services deployed from Integrated Care.
Mental Health Offer	**Yellow**	• **Yellow:** Early Warning status due to original plan to deliver offer to CMT in July Board however this will not be achieved. Principles outlined however further refinement and consultation required. • Paper to be presented at upcoming RICS Board (17th July) outlining next steps in the Remote Mental Health space. • Pending approval, the next steps would include progression with the proposed recommendations.
Respiratory Offer	**Green**	• Overview paper presented to the CMT Fortnightly Executive Catch Up outlining proposed respiratory offer aims to better manage and address this seasonal surge, ensuring that patients receive timely and effective care. • Plan and implemented the proposed recommendations and offers within the paper.
Single Points of Access (SPoA)	**Amber**	• **Amber:** due to the pace of change from External factors. • An overview of the current position of SPoAs across Wales was drafted following Clinical Model Transformation Board (CMT) agreeing that oversight for delivery would be placed within the Remote integrated Care Service (RICS) project but recognised this work would require contributions from a range of areas. • A centralised TEAMS Channel has been created to support a collaborative approach to manoeuvring through SPoA development.

RICS Workstream Board Next Steps

The following points are the areas of focus for the next **4 weeks** and the planned outputs to be presented at the next Remote Integrated Care Board. Note this does not include the reporting of progress of deliverables underway.

Area of Focus	Deliverable Outputs Presented at Next Board
Single CAD	Solutions and next steps following escalation of the risk into CMT Board
Telephony Migration	Complete telephony migration by the scheduled go-live date, providing reflections on implementation to the Board.
Care Planning	Focus on resetting and reprioritising care planning, including completing CAD infrastructure with three queues, conducting a training gap analysis, and starting staff training. Full 'go-live' may not occur within the sprint, but foundational work will be completed.
	Remote Monitoring: Develop a plan for remote monitoring, including scoping, how it is used across Wales, procurement options, and timelines, aiming to present a paper at next board.
SOPs	Ongoing review and development of SOPs for both transformation initiatives and the broader set of SOPs, with nominated leads reviewing and updating as needed. A prioritisation to be completed.
Clinical Offers	Firm up offers for paediatrics, respiratory, and mental health, and progress the Clinical Supervision Workshop.
Care Traffic Control Day	Delivery and evaluation of the Care Traffic Control Day (6th August)
Structures	Implementation of Senior and Middle Management Structures
	Consultation phase with 1st Line Management Structure
	Consultation phase with Education Teams in current CSD and 111
SCW	Review reports and comments on response



Remote Integrated Care Service (RICS) Risk Escalation

Risk Ref:	RISK-139	Responsible Group:	Remote Integrated Care Board	Oversight Group:	CMT Programme Board

Risk Title:	**Feasibility of CAD Options Delivery Pre-Winter**
Risk Description:	**IF** the focus for MIS (supplier) is to deliver Phase 2 of Call Categories by October. **THEN** there will be insufficient capacity to deliver proposed options for CAD to bring CSD and 111 into RICS by November. The single Integrated Care Team will need to operate with the current systems. **RESULTING IN** clinical safety concerns and issues, operational productivity impact, and a poor culture across Integrated Care. Patients will not be effectively prioritised, ineffectual manual processes will be required to move patients across CADs, leading to patient data becoming lost and poor reporting.
Mitigations:	1. A formal paper is required to outline the preferred option development, timing and the shape of the work. 2. External supplier discussions to map feasibility. 3. Organisational prioritisation of objective delivery.

Risk Approach	Current Score			Target Score		
	Likelihood	Consequence	Risk Score	Likelihood	Consequence	Risk Score
Mitigate	5	4	20			

Recommendation / Actions Required (from Oversight Group):	1. Due to the high score, the Workstream Board has reported the risk to the CMT Board to agree that this will be transferred to the CMT Board. 2. Risk Score ≥20 (high impact/high likelihood) 3. Need for Additional Resources or Authority

Urgent Community Response Service Workstream

Executive Sponsor: Andy Swinburn

Senior Responsible Owner: Sonia Thompson

Urgent Community Response Workstream Update

Report Date:	Current RAG	Previous RAG	For Noting:	Executive Sponsor:	Andy Swinburn
Jul-25	Yellow	Yellow	Scheduling - Implementation Options Paper to be presented at CMT Board in July Falls & Frailty - **Delays in updating the Falls Dashboard with the requested additional data continue to impact WAST's ability to deliver the required national reporting.** Tasking Optimisation - MHRV dashboard work paused, which could delay getting accurate data for the evaluation. RCDM Course scheduled for Q2/3. Looking to set up CTAS T & F group. ACPDG - Full APP establishment has been achieved, totalling 130.7 FTE. Organisational approval received for (RCDM) education package.	SRO:	Sonia Thompson

Project/Working Group	RAG Status	RAG Trend	Summary Position
UCR Scheduling	Green	↔	• Implementation Options Paper to be presented at CMT Board in July.
Falls & Frailty Response Model	Yellow	↔	• Confirmation received from Learning & Development that Emergency Ambulance Practitioner can undertake a community falls referral. • Paper submitted to the UCR Board proposing optimisation of existing resources to enhance urgent falls response and explore additional provisions or winter collaboration opportunities. • ePCR SOP drafted for volunteers and falls responders. **No funding currently available for devices.** • **Delays in updating the Falls Dashboard with the requested additional data continue to impact WAST's ability to deliver the required national reporting. Requested this issue is escalated to UCR Work Stream Board.**
Tasking Optimisation	Yellow	↓	• Approval given to recruit 3rd MHP, recruitment process ongoing. • MHRV Power BI dashboard v2 now operational via Launchpad. Development work on v3 currently paused following decision at CMT Metrics Group. Noted as issue and escalated to Tasking Optimisation and workstream SRO. Will impact collation of performance-related metrics. • MHRV Pilot Evaluation Document and CMT Executive Summary written, to be discussed at Tasking Optimisation meeting. • RCDM Train the Trainer course scheduled for July, with courses planned for Q2/3 • Reviewing the SPoA (Single Point of Access) framework and aligning the expectations with our current workstream. • Discussed setting up a CTAS T&F group; plan to bring ToR to next Tasking Optimisation meeting with a provisional start date of 22 August.
Advanced Practice Delivery Group	Green	↑	• Recent recruitment has enabled the achievement of the full establishment for this year, set at 130.7 FTE. This year's recruitment was focussed in the Betsi Cadwaladr, Powys and Hywel Dda Health Board areas. • Palliative phase 3 recruitment (focused on expanding into new areas); interest currently from Hywel Dda and Aneurin Bevan Health Board areas. Significant interest from qualified APPs to join this specialism. • Initial APP Roster Review Governance Group meeting held on 19 June, with subsequent meetings scheduled for 18 July. Workforce modelling currently being undertaken to determine the desired no of APPs in each specialism across all areas. TU rep requested yet to be confirmed. • APP Remote Clinical Decision-Making (RCDM) education package endorsed by the CPAS and approved by both CQGG and SOT. • Luke Watkins (Clinical Development Lead) has written a paper on UCR Dashboard, which was discussed at Tasking Optimisation. Further discussions to be held with IDS.

Emergency Response Service Workstream

Executive Sponsor: Lee Brooks

Senior Responsible Owner: Greg Lloyd

Emergency Response Workstream Update

Report Date:	Current RAG	Previous RAG	For Noting:	Executive Sponsor:	Lee Brooks
Jun-25	Green	Yellow	**Training CAD to be updated with new DCR codes by 05/06.**	SRO:	Greg Lloyd
		Scope:	This initiative streamlines the clinical triage process for the most critical emergency calls (Arrest, Emergency and RCS0), enabling faster escalation, improved patient outcomes, and enhanced operational efficiency across frontline services.		

Task / Milestone	RAG Status	RAG Trend	Current Position	Next Steps
Rapid Clinical Screening: Metrics and Reporting	Amber	↓	• **AQM reporting remains outstanding** (currently an IDS team priority) presenting a barrier to effective evaluation of Rapid Clinical Screening (RCS).	• Implement AQM reporting once work completed by IDS
Call Flow Prioritisation: CAD Developments	Green	↔	• The **training CAD was successfully updated** with new call categories on 22/05. • DCR Group approved vital changes for implementation, with **code updates scheduled for 05/06.**	• AQM review to be completed in readiness for new changes. • IDS Team to commence Reporting Metrics required for go-live in July.
Call Flow Prioritisation: Data Definitions and Monitoring and Assurance Arrangements	Green	↔	• Data Definitions and Monitoring and Assurance Arrangements documents reviewed for support / approval at Project Group (22/04), CMT Metrics Group (23/04), CMT Board (06/05) and CQGG (12/05). • Documents received by Joint Commissioning Committee for review and submitted to Welsh Government (30/05).	• Expected approval to proceed with Call Flow Prioritisation Project from Welsh Government
Call Flow Prioritisation: Operational and Training Arrangements	Green	↔	• **Emergency Ambulance Performance Framework Explainer** received final approval, ensuring a unified understanding across stakeholders. • Training SWAY document for Integrated Care including staff category explanations in progress for delivery in June.	• Self-directed training to be published on Siren • Associated **policies and procedures** for EMSC and Integrated Care are being updated and will soon be signed off. • Comprehensive **Go-Live Implementation Plan** is in development to ensure a coordinated rollout.
Emergency Response: Project Management Documentation	Green	↔	• **Project plan has been digitised** and shared with Emergency Response Workstream members to ensure alignment and visibility. • QIA v9 approved by CQGG (12/05).	

Health Transport Workstream

Executive Sponsor: Lee Brooks

Senior Responsible Owner: Mark Harris

Health Transport Workstream Update

Report Date:	Current RAG	Previous RAG	For Noting:	Executive Sponsor:	Lee Brooks
Jul-25	Green	Green	• QIA for Health Transport approved with positive feedback at CQGG • ToR for ATPC approved by HT Board • Board acknowledged the realignment of Transfer & Discharge project from Health Transport to BAU IMTP • Two issues raised: - Cleric patch-fix to include holding area for white calls. Options paper for interim process being drafted. - Additional development request for MIS (electronic Passover of WHITE calls) will require funding to be identified	SRO:	Mark Harris

Project/Working Group	In Scope	RAG Status	RAG Trend	Summary Position
Access to Planned Transport	Develop a pathway process from RICs	Green	N/A	• Terms of Reference approved at Board for the project • Formalising the process of manually transferring a patient from the call stack to Ambulance Care for taxi transport to be arranged by the NEPTS team has started, along with identifying the quality checks that will be needed for reporting. • Awaiting software update from Cleric for bookings to go into a Health Transport 'holding area'. Advised October but date TBC by Cleric. Options paper being drafted for interim process . DPIA to be signed off prior to a 'workaround' going live. • Two new issues raised • Opportunities for inclusion within Health Transport to be identified
	Identify additional routes of call origin	Green	N/A	
Transfer & Discharge	Board acknowledged the realignment of the Transfer & Discharge project from Health Transport to operationally-led IMTP delivery.			There will be no future reports to CMT for Transfer and Discharge. This will be monitored through Ops IMTP Assurance Meetings, with onward reporting into Strategic Transformation Board (STB) via the Integrated Strategic Planning and Development Group (ISPD).

Appendix B

Assurance against the Cabinet Secretary's priorities 2025/26

BACKGROUND

WAST submitted four templates covering plans against four of the Cabinet Secretary's priorities for NHS Wales. These covered:

- **Timely Access to Care**
- **Prevention**
- **Community Capacity**
- **Mental Health**

We did not submit a template in relation to Women's Health as the delivery expectations in the NHS Wales Planning Framework were very much around health board run Women's Health Hubs. However, we provide progress to Welsh Government through IQPD and JET meetings on our plan for maternity and neonatal support to our clinical teams, having permanently appointed our lead midwife this year.

ASSESSMENT

The following table sets out the key areas for WAST against the priorities, and the milestones to be achieved so far during Q2 (interim position). The table sets out what was committed to for the year against each priority (Area for WAST column), Q1 and Q2 specific milestones, RAG status of each deliverable and summary progress. From end Q2 the report will aim to include progress against trajectories set out in the templates.

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	RAG (Delivery)	Progress
Timely Access to Care	**Ambulance Target Review & Call Categorisation** Respond to the outcome of the Welsh Government-led Task & Finish group to determine the appropriateness of the current Red 8-minute target.	• Ambulance Target Review complete with a formal mandate from Welsh Government • MIS configuration of Arrest category • Dual reporting for Ambulance Target Review go-live (subject to confirmed recommendation)	• Implementation of Purple ARREST category • Development and roll-out of revised performance reporting in line with agreed KPIs		• Completed and gone live 01 July 25.
	Rapid Clinical Screening Transition to a clinically prioritised emergency response model with early clinical input to improve the accuracy of prioritisation, providing more timely response to the most critically unwell patients	• Implement RCS0 call category	• Post implementation evaluation / lessons learnt • Adoption of High Risk Markers data (Q2/Q3) (dependent upon high risk marker work)		• AQM reporting remains outstanding (currently an IDS team priority) presenting a barrier to effective evaluation of Rapid Clinical Screening (RCS).
	RICS Strengthen and expand the use of the Call Prioritisation Streaming System (CPSS) enabling call handlers to provide safe, effective advice and referrals to a broader range of calls Design and implement processes and policies to deliver an effective integrated care clinical team including revisions to SOPs, alignment of terms and conditions, strengthened quality and safety governance arrangements, and implementation of a Home and Remote Working Model to enhance service delivery and support seamless collaboration	• Complete evaluation of Winter Desk • Implement a sustainable solution to the Winter Desk Test of Change • Strengthen Quality and Safety Governance arrangements • Define processes for single Integrated Care Clinical team and replace 52 SOPs • Align terms and conditions for clinical teams	• Implement a sustainable solution to the Winter Desk Test of Change • Complete formal evaluation of CPSS • Strengthen Quality and Safety Governance arrangements		• Review of winter desk completed with proposals for establishment of a permanent desk presented. • Continue to shape and implement the RICS Support Desk to further support the Winter Desk initiative. • CPSS Expansion paper to be revisited when resource capacity is in a better position to deliver. Will be reviewed in Q4 to understand operationalisation. • Progress is underway in relation to Audit Structures with recent advertisement for CPSS Quality Auditors under the Operations Quality Team marks another step forward in strengthening our quality assurance and creating the structures required.

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	RAG (Delivery)	Progress
	Transfer & Discharge Service Model Engage with commissioners to develop a Transfer & Discharge service model appropriate to Health Board & strategic service development needs - including opportunities to implement a Transfer Clinical Hub (subject to external funding)	• Agree the internal vision for Transfer & Discharge aligned with the national direction of travel • Work with six goals team to integrate NEPTS processes into system wide discharge planning •	• Develop a proposal for the WAST Transfer & Discharge model for internal agreement • Engage via JCC with Health Boards on options for future model, aligned to EMS, NEPTS and ACCTS commissioning intentions • Work with six goals team to integrate NEPTS processes into system wide discharge planning		• Currently paused – moved from CMT to own workstream. New SRO and Project lead required due to staff moving on.
	Non-Emergency Patient Transport Service (NEPTS) Continued development of the service to ensure the right capacity is in place to meet demand to support planned care and cancer services.	• Data and insights to improve co-ordination and decision making with health boards throughout 25/26.	• Roster review completed		• Initial modelling on 3 options from ORH. Total mobile looking at roster patterns. Next steps planning against resources.
Population Health and Prevention	**NHS 111 Wales website**: the website will provide information and advice to support people to access the right part of the health system or self-care, preventing escalation of care unnecessarily.	• Deliver and evaluate the initial proof of concept for the Virtual Assistant (navigation of the A-Z Directory (funded).	• Scoping and feasibility (further development would require additional investment)		• Yellow Outline Business Case submission provided to Welsh Government. Decision pending.
	NHS111.Wales Improvement Deploy a Virtual Assistant integrated with Robotics AI to empower patients with the tools and information needed to manage their health needs more autonomously, enhancing accessibility and supporting self-care.		• Virtual assistant deployed		• Green A soft launch for the Virtual Assistant was deployed on the NHS111 Wales website on the 9th July.
	Online Symptom Checker (OSC) Identify and implement an effective Online Symptom Checker tool to		• Online symptom checkers secured		• Online symptom checker -Trust Board approved direct award, enabling us to move forward on

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	RAG (Delivery)	Progress
	enhance patient access to timely, accurate advice				the single tender action process. Pending funding agreement.
	Falls services: Objectives are to lift patients at the earliest opportunity to prevent deterioration and avoid hospital conveyance where safe and appropriate to do so. Where hospital conveyance is required the aim is to convey in a timely manner to prevent further deterioration. By the end of FY25/26: Optimise the current Falls Level One Service in line with Health Board specifications and remit, National Falls Framework, and WAST Falls Response to provide an effective and safe Falls Service across Wales. We will also develop the subsequent transformational amendments to Falls incident management and deployment (including RICS, RCS, Care Planning, and UCR Hubs) to ensure patient safety. By the end of FY27/28: Deploy and optimise a Falls Level Two Service in collaboration with Health Boards, and in line with the National Falls Framework and Trust Level Two Specification including subsequent transformational amendments to Falls incident management and deployment (including RICS, RCS, Care Planning, and UCR Hubs) to ensure patient safety.	• L1 - Identify data availability regarding National Falls Framework Metrics (conveyance, response, community, resource, and HB data) • L2 - Continue assessing developing Level One service to begin drafting Level Two specification	Presentation of L1 options and benefits Present evaluation and options for sustainability of L2 services going forward		• Delays in updating the Falls Dashboard with the requested additional data continue to impact WAST's ability to deliver the required national reporting. • Paper submitted to the UCR Board proposing optimisation of existing resources to enhance urgent falls response and explore additional provisions or winter collaboration opportunities. • Ongoing discussions through W45 Health Board workshops about the Falls and Frailty resources required to support the W45 initiative pre-hospital and the offer available in WAST.

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	RAG (Delivery)	Progress
Building Community Capacity	**APP Navigators** By the end of FY26/27: Deliver an APP Navigator in every Health Board, fully integrated into Health Board MDT hubs to enhance collaboration, optimise resource allocation, and ensure a consistent, equitable service offer across all seven Health Boards. To deliver this, a roster review will also be conducted to support efficient deployment and service consistency.	• Engagement with HBs to identify opportunities to co-locate APP Navigators in MDT hubs	• APP Navigator operating in every Health Board • Integration with Health Board MDT Hubs		• APP Navigators embedded in all health boards, ongoing collaborative work. • APP Remote Clinical Decision-Making (RCDM) education package endorsed by the CPAS and approved by both CQGG and SOT.
	Care Planning Explore opportunities to schedule care through the planned deployment of internal responders including Community Welfare Responders, Falls, Mental Health, and Advanced Paramedic Practitioners etc, including expanding volunteer and community response resource i.e. Community Welfare Responders (CWRs) as required.	• Implement Care Planning capability • Expand volunteer and community resource numbers including CWRs	• Implement Appointment Scheduling and Deployment of CWRs / Falls / MHRVs / APP / etc. • Expand volunteer and community resource numbers including CWRs		• Implementation Options Paper to be presented at CMT Board in July (outcome to be confirmed in end of Quarter 2 update) • Priorities paper presented to RICS Board (17.07) outlining the focus and next steps for the Care Planning function. • Ongoing discussions underway to formulate a refresh in training and potential recruitment. • Funding requirement.
	End of Life Care By the end of FY27/28: In collaboration with Health Board Specialist Palliative Care Teams, integrate Palliative Care Paramedics (PCPs) into the Advanced Practice portfolio and deploy a PCP in every Health Board, fully operationalising PCPs within our commissioned service offer to deliver an equitable, patient-centred, and specialised palliative care service	• Secure funding pathway with Marie Curie (3-5 year funding) and establish shared vision, and baseline metrics for performance monitoring and evaluation • Secure palliative care training pathway with Swansea and Cardiff SPCT • First cohort of Trainee Advanced Paramedic Practitioners (TAPPs) to complete palliative care training pathway (Swansea and Cardiff)	• Second cohort of Trainee Advanced Paramedic Practitioners (TAPPs) to complete palliative care training pathway (Swansea and Cardiff)Engage with further HB Specialist Palliative Care Teams to establish additional training pathways • Agree a Fleet model for PCPs (currently operating in unmarked vehicles, however alternative models need to be explored)		• Phase 1 and 2 of Marie Curie funding bid complete. • Ongoing work with Swansea University regards palliative care training and APP recruitment • Palliative phase 3 recruitment (focused on expanding into new areas); interest currently from Hywel Dda and Aneurin Bevan Health Board areas. Significant interest from qualified APPs to join this specialism.

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	RAG (Delivery)	Progress
					• Fleet programme incorporates plans for single responder vehicles.
	CTAS (formerly PTAS) By the end of FY26/27: Deliver a Clinical Triage Assessment Service (CTAS) in every Health Board to facilitate direct patient access to remote specialist clinical care (e.g. physiotherapists). Collaborate with Health Boards to implement an integrated model that enhances patient access and delivers a consistent, equitable service across all seven Health Boards.	• Development of MoUs with Health Boards • System integration / interoperability to enable the dynamic transfer of patients • Development if inclusion/exclusion criteria and ability to identify suitable patients	• TBC based on further development of model		• Ongoing collaboration with Health Boards seeking sign off for governance documentation to enable CTAS further. • Reviewing the SPoA (Single Point of Access) framework and aligning the expectations with our current workstream. • Discussed setting up a CTAS T&F group; plan to bring ToR to next Tasking Optimisation meeting with a provisional start date of 22 August.
Mental Health Access	As part of our remote integrated care offer we will explore opportunities to schedule care through the planned deployment of internal responders including Mental Health By the end of FY26/27: we aim to evaluate and optimise the Mental Health Response Vehicle (MHRV) blended model and expand across Wales as part of a wider developing mental health service offer.	• Implement care planning capability • Quality measures confirmed • Performance metrics, and service offer defined - MHRV Logic Model approved	• Implement appointment scheduling and deployment of MHRVs		• Paper on MH offer to be presented at upcoming RICS Board (17th July) outlining next steps in the Remote Mental Health space. • Pending approval, the next steps would include progression with the proposed recommendations. • Approval given to recruit 3rd MHP, recruitment process ongoing. • MHRV Power BI dashboard v2 now operational via Launchpad. Development work on v3 currently paused following decision at CMT Metrics Group. Noted as issue and escalated to Tasking Optimisation and workstream SRO. Will impact collation of performance-related metrics.

Cabinet Secretary Priority	Area for WAST	Milestones Q1	Milestones Q2	RAG (Delivery)	Progress
					• MHRV Pilot Evaluation Document and CMT Executive Summary written, to be discussed at Tasking Optimisation meeting.

The Board is requested to:

- **Note** the interim Q2 position for the Cabinet Secretary's priorities set out in the 2025-28 planning framework.

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

Agenda Item No.	13

REPORT TITLE

Financial Performance as at Month 5 – 2025/26

MEETING

Name of meeting	Trust Board
Date of meeting	25th September 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Edward Roberts (Acting Director of Finance)
Author(s) of report	Steph Taylor (Assistant Head of Capital Planning)

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. This paper presents to the Board the latest Financial Performance Report of the 2025/26 financial year, the reported position as at Month 5 (August 2025).

2. The Board is asked to review, comment, note and receive assurance on the financial position and 2025/26 outlook and forecast of the Trust, noting the risks to in year delivery in doing so.

3. Key highlights from the report for the Board to note are:
   - The Trust is now reporting a revenue year to date deficit of £229k. For month 5 (August 25) reported a small in month surplus of £17k;
   - In line with the balanced financial plan approved as part of the submitted 2025-28 IMTP, the Trust is currently forecasting to breakeven by the 2025/26 financial year end;
   - Capital expenditure plans continue to be progressed with plans to fully achieve in year;
   - In line with the financial plans that support the IMTP, gross savings of £3.582m have been achieved in month 5 against a target of £3.486m;
   - Public Sector Payment Policy is on track with performance, against a target of 95%, of 98.8% for the number, and 99.1% of the value of non-NHS invoices paid within 30 days.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Board is requested to:

1. **Note** and gain **assurance** in relation to the Month 5 revenue financial position and performance of the Trust as at 31st August 2025.

2. **Note** the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust.

3. **Note** the capital programme for 2025/26.

4. **Note** the Month 5 Welsh Government monitoring returns submission (as required by WG).

ADDITIONAL PAPER(S)

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

The Board is requested to receive the following:

1. Monitoring return submitted to Welsh Government for month 5 – as required by WG (iBabs Reading Room)

2. Monitoring return letter submitted to Welsh Government for month 5 – as required by WG (iBabs Reading Room)

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

Where relevant note the local, directorate, corporate or BAF risk number
Insert

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
16th September 2025	F&PC - presentation on M05 financial position

SITUATION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 31st August 2025 (Month 5 2025/26), along with an update on the 2025/26 capital programme.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for 2025/26** (1st April 2025 – 31st August 2025) are that:

   - The cumulative revenue financial position reported is an **overspend against budget of £0.229m**, based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2025/26. The underlying year-end forecast for 2025/26 is currently a balanced position;

   - In line with the financial plans that supported the submitted Annual Plan within the IMTP for this financial year, gross savings of **£3.582m** have been achieved against a target of **£3.486m**;

   - Public Sector Payment Policy is on track with **performance, against a target of 95%, of 98.8% for the number, and 99.1% of the value** of non-NHS invoices paid within 30 days.

3. Whilst any adverse I reporting of the year to date financial position is not welcomed, the month 5 surplus of £17k does represent an improvement from that originally forecasted at month 4. This does give some positive signs for future months and the Trust's ability to further improve the month-on-month position and potentially recover it before the year end.

4. This has in part been achieved through the delay in the timing of some elements of additional unavoidable costs, some further improvements in variable pay spends, reduced sickness absence rates and the start of some impact of reduced handover delays (albeit mostly efficiency gains rather than cost reduction). The Trust's Executive Finance Group (EFG) met again on 27th August to further explore choices to ensure a breakeven position is achieved by financial year end. . Further updates on the ability to do so will be regularly provided through various leadership groups, committees and Boards.

5. Given some of the above, we have again at this stage not reflected any change to the year-end forecast, which remains at breakeven and one we will continue to do all that we possibly can to achieve. This is also in part to seek to ensure some consistency across NHS Wales in terms of how some of the external pressures continue to be treated.

6. As we know, no plan, forecast or reported delivery at this stage of the financial year is risk free. The risks included in the Welsh Government Monitoring Return at Month 5 are set in line with the submitted IMTP and summarised later in this report. Accepting that it is still relatively early in the financial year, as we go through the next few months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place. However, given that as discussed above these risks now do reflect an element of the financial shortfall.

ASSESSMENT

REVENUE FINANCIAL PERFORMANCE – MONTH 5 2025/26

7. The table below presents an overview of the financial position for the period 1st April 2025 to 31st August 2025.

Revenue Financial Position for the period 1st April - 31st August				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-327,147	-134,362	-134,148	215
Expenditure				
Pay	244,116	100,273	99,599	-674
Non-pay	63,237	24,995	25,539	543
Total pay & non-pay expenditure	307,353	125,268	125,138	-131
Depreciation & Impairments / interest payable & receivable	19,795	9,094	9,239	145
Total	**0**	**0**	**229**	**229**

Income

8. Reported Income against the initial budget set to Month 5 shows an underachievement of **£0.215m**.

Pay Costs

9. Overall, the total pay variance at Month 5 is an underspend of **£0.674m**.

Non-pay Costs

10. The overall non-pay position at Month 5 is an overspend of **£0.543m**. In addition, for reporting purposes Depreciation, Impairment and interest is excluded from the above figure, overspend of **£0.145m,** hence the total overspend to budget of **£0.229m**.

Savings

11. As above, the 2025/26 financial plan identifies that a minimum of **£8.500m** of planned savings (including Income generation) are required to achieve financial balance in 2025/26, this equates to c2.7% of the Trusts discretionary income. Of this, **£6.225m** is recurrent and **£2.275m** is currently deemed non recurrent.

12. Month 5 in month performance was, plan of £0.689m and £0.697m achieved, therefore an overachievement of £0.008m (recurrent underachievement of £0.031m and non-recurrent overachievement of £0.039m, as per the below table.

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Recurrent Schemes / Themes	6,225	500	469	-31	2,538	2,444	-94	6,225	5,997	-228
Non Recurrent Schemes / Themes	2,275	190	228	39	948	1,138	190	2,275	2,503	228
Overall Total	**8,500**	**689**	**697**	**8**	**3,486**	**3,582**	**97**	**8,500**	**8,500**	**0**

**Please note figures are rounded to the nearest whole number*

13. The split between savings and net income generation as at month 5 is shown on the below table.

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Savings (Cash releasing and Cost Aviodance)	8,350	685	693	8	3,465	3,561	97	8,350	8,450	100
Net Income Generation	150	4	4	0	21	21	0	150	50	-100
Accountancy Gains	0	0	0	0	0	0	0	0	0	0
Overall Total	**8,500**	**689**	**697**	**8**	**3,486**	**3,582**	**97**	**8,500**	**8,500**	**0**

14. ***Appendix 1*** provides the overall detail for Month 5 by theme. This is now further split over recurring and non-recurring schemes

Financial Performance by Directorate

15. Whilst there is an overall year to date deficit reported at Month 5, there are also some small variances between Directorates, as shown in the table below, when compared to the budgets set at the outset of the financial year. Some of this is

driven by staffing vacancies. These are fairly minor in nature, but they will be continued to be closely monitored.

Financial position by Directorate @ 31st August	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
Directorate					
Operations Directorate	223,226	91,426	90,784	-642	-0.7%
Chief Executive Directorate	2,163	956	955	-1	-0.1%
Board Secretary	701	283	282	-1	-0.3%
Partnerships & Engagement Directorate	636	246	245	-1	-0.3%
Finance and Corporate Resources Directorate	36,632	14,469	14,939	470	3.3%
Planning and Performance Directorate	2,956	1,210	1,189	-20	-1.7%
Quality, Safety and Patient Experience Directorate	7,319	2,988	2,920	-69	-2.3%
Digital Directorate	16,308	6,066	5,973	-92	-1.5%
People and Culture	6,503	2,611	2,540	-71	-2.7%
Medical & Clinical Services Directorate	6,524	2,534	2,557	24	0.9%
Trust Reserves	1,438	328	482	154	46.9%
Trust Income (mainly JCC)	-304,407	-123,116	-122,638	478	0.4%
Overall Trust Position	**0**	**0**	**229**	**229**	

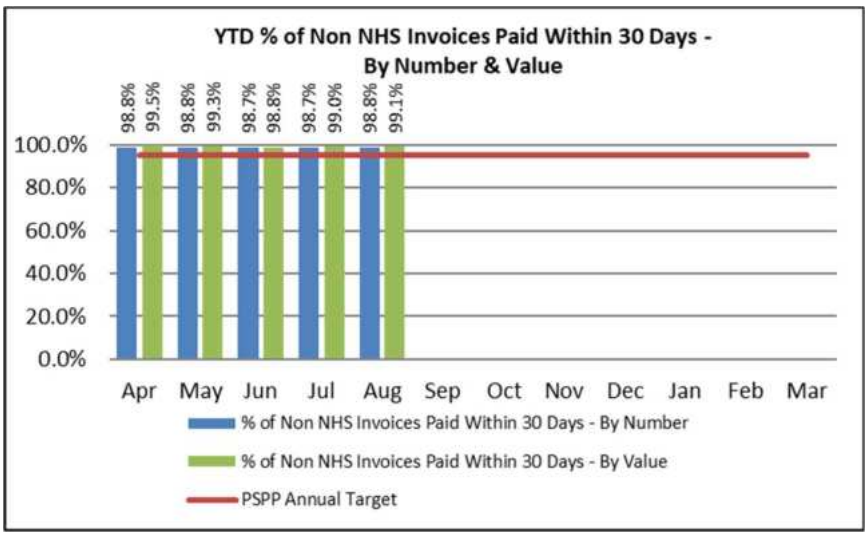
16. A brief commentary on significant key variances above is as follows:-

- Most directorates either underspending or broadly in line with budget plan for Month 5 with the exception of Trust reserves, Finance and Corporate Resources and Trust income. It is through these areas that the previously highlighted main drivers of the current YTD position are reported, as follows:
- Core budgets set for **Finance and Corporate resources** at opening of the financial year are broadly balanced with the exclusion of the current cost pressure around Welsh Risk Pool (WRP) as follows.
    i. **Forecasted Increase:** The forecast spend in relation to the Welsh Risk Pool has increased by £42 million across Wales, over and above the £36 million already included in organisational plans. This leaves a balance to be covered across NHS Wales under the risk share agreement.
    ii. **Provisions and Cases:** At the end of March last year, there were £1.7 billion of provisions for 1,100 cases across NHS Wales. The increase in forecasted losses is attributed to additional court dates being opened up, possibly due to a backlog from COVID-19. This has led to more trials being booked earlier in the year, limiting the scope for settlements to move.
    iii. **Impact of Personal Injury Discount Rate:** The change in the personal injury discount rate in January was expected to shift claimant preference towards periodic payment orders rather than lump sums. However, this shift has not been observed, with some cases potentially settling for significantly higher amounts than forecasted.

- Core budgets set for **Income** at the opening of the 2025/26 financial year included two main components
  1. Income from main commissioner (JCC) for core services provision of EMS, Ambulance Care and 111 related services
  2. Income from WG for the increased costs of the changes to Employers National Insurance from April 2025 which is where a cost pressure has emerged since Month 3.
     i. The rate of employer's National Insurance Contributions (NICs) increased by 1.2%, bringing it to 15%. The Employer's NI Secondary Threshold also decreased from £9,100 to £5,000.
     ii. Impact on WAST was a cost increase of c£4.69m and this was included in the opening financial plan with assumed full income coverage from WG.
     iii. Discussions in Deputy Directors of Finance in June 2025 via WG updates had flagged a potential funding shortfall of c7% (WAST risk of £0.330m) for NHS Wales organisations and hence based on this M3 ¼ of this (£0.082m) was included in the M3 financial reported position.
     iv. Further correspondence then received from WG in July 2025 identified a much larger shortfall figure of c25% (c£1.2m) based on the full NHS Wales funding allocated for Employers NI, due to UK treasury funding being far less than the public sector costs.
     v. This has resulted in the Trust only being able to invoice WG for £3.540m.

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

17. Public Sector Payment Policy (PSPP) compliance to Month 5 was **98.8%** against the **95%** WG target set for non-NHS invoices by number and **99.1%** by value.



2025-26 INITIAL CAPITAL PROGRAMME

18. As we are still in the relative early stages of the financial year the discretionary capital programme and resulting cashflows continue to be progressed.

19. At Month 5, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2025/26 is **£30.190m**. This includes **£24.242m** of All Wales Approved schemes and **£5.948m** for Discretionary schemes.

20. There is no suggestion at this stage of the financial year that this value will not be spent in full.

	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
ESMCP - Control Room Solutions	71	421
MDVS	0	72
Special Operational Response Teams (SORT) Enhancement Equipment	0	290
Welsh Ambulance Services NHS Trust – Vehicle Replacement Programme – 2025-26	2,239	22,452
TEF - Infrastructure	29	300
TEF - Decarbonisation	29	707
Sub Total	**2,367**	**24,242**
Discretionary:		
I.T.	252	1,149
Equipment	46	250
Statutory Compliance	0	0
Estates	(162)	4,350
Other	11	180
Unallocated Discretionary Capital	0	19
Sub Total	**147**	**5,948**
Total	**2,514**	**30,190**
Less NBV reinvested		
Total Funding from WG	**2,514**	**30,190**

RISKS AND ASSUMPTIONS

21. As we progress through the financial year, we will continue to review the risks to ensure that the level of likelihood is assessed along with the financial value. Depending on the outcome of some of the issues highlighted elsewhere in this report, we may continue to move towards higher risks having to be reported, alongside ensuring that Trust Board and the Finance & Performance Committee remain fully appraised of such risks and any mitigating actions.

22. There are a number of risks that need to be documented within this reported financial position, which aligns to that fully described within the financial plan submitted as part of the IMTP.

23. It continues however that the risk of not achieving financial balance this financial year has significantly increased since the outset of the financial year. Whilst there continue to be further elements of mitigation that we can reasonably expect to be delivered between now and the end of the financial year, and we continue to explore any and all opportunities for more in this regard, it would not be reasonable at this stage to expect all of this to be able to be absorbed, and certainly not without some potential service impacts. This does all mean that we will then further have to deliver a reduced spend and manage existing plans to ensure that the Trust can continue to forecast a year end break even. Currently it would have to be stated that there is a high risk of this not being achievable, however, positively the Trust has in month, based on the work detailed above reduced this risk down to **£0.400m** from the previously reported £1.000m.

24. A low risk has been included around any JCC additional, in year, saving request. This is currently low at present; however, this is on the basis that the Trust has had no further direct contact from the JCC on any further ask. However, the Trust acknowledges this could be an increased risk should such an in-year request be made. It remains that our current breakeven forecast assumes the current level of core funding and savings (which are significant and challenging as they stand), supported as such by the JCC in our IMTP and financial plan, and in part is following the Trust receiving no additional funding for the Band 4 to 5 technician grade re-banding.

25. Given the pressures the Trust feels every winter, the Trust has included a figure of **£1.000m** to cover any unfunded winter pressures; this has been deemed as a low risk, based on support provided from Commissioners over recent years.

26. The risk associated with the increase in handover delays (increase in overrun costs, due to HB reducing services) is included as **£1.500m** (low risk).

27. The unquantified risk associated with the Manchester Arena Inquiry has now been excluded, however specifically from a finance only lens. Subsequent recommendations, both Capital and Revenue costs have been identified and if this recommendation is to be taken forward additional funding would be required in order to deliver. As previously noted, this has always been less of a financial risk, as only if funding were made available would the costs transpire. However, the risks to the services are much more than financial.

28. Full consideration and management of all these risks will clearly be high on the agenda for the Trust Board and its relevant Committees, including Finance and Quality Committees. Alongside this, the risk of non-delivery of statutory financial duties continues to be included on the Trust's Corporate Risk Register.

RECOMMENDATION

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

It is recommended that the Board:

- **Note** and gain **assurance** in relation to the Month 5 revenue financial position and performance of the Trust as at 31st August 2025.
- **Note** the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust.
- **Note** the capital programme for 2025/26.
- **Note** the Month 5 Welsh Government monitoring returns submission (as required by WG).

NEXT STEPS

30. Monitor the ongoing revenue and capital position over the remaining months of the year linking in with key stakeholders, to ensure delivery to plan.
31. Continue to closely monitor the risks and ensure plans are developed to ensure the Trust can meet its statutory duties.

Appendix 1

The first table is the total savings delivery, which is then broken down into that being delivered recurrently and non-recurrently in the subsequent two tables.

Welsh Ambulance Services NHS Trust

Savings Performance by Theme 25-26

Reporting Month 5

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprentice Income	50	4	4	0	21	21	0	50	50	0
Balance Sheet Flexibility	200	0	0	0	50	50	0	200	200	0
Commercialisation Opportunities	100	0	0	0	0	0	0	100	0	-100
Disposals	250	20	20	0	40	40	0	250	250	0
End of Shift Overrun	100	9	9	0	45	43	-2	100	98	-2
Fuel	230	20	61	41	99	293	194	230	448	218
Interest Receivable	516	43	-11	-54	215	69	-146	516	220	-296
Non Pay Local Schemes - Corporate	914	64	50	-13	318	265	-53	914	913	-1
Non Pay Local Schemes - Operations	650	54	50	-4	265	218	-47	650	603	-47
Pay Cost Management (Variable / Net Vacancies) - Operations	3,140	277	277	-1	1,469	1,429	-40	3,140	3,140	0
Pay Vacancy Management - Corporate	2,275	190	228	39	948	1,138	190	2,275	2,503	228
Pay Vacancy Management - Corporate 25-26	75	8	8	0	16	16	0	75	75	0
Totals	**8,500**	**689**	**697**	**8**	**3,486**	**3,582**	**97**	**8,500**	**8,500**	**0**

Savings Performance by Theme 25-26 - Recurrent

Reporting Month 5

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprentice Income	50	4	4	0	21	21	0	50	50	0
Balance Sheet Flexibility	200	0	0	0	50	50	0	200	200	0
Commercialisation Opportunities	100	0	0	0	0	0	0	100	0	-100
Disposals	250	20	20	0	40	40	0	250	250	0
End of Shift Overrun	100	9	9	0	45	43	-2	100	98	-2
Fuel	230	20	61	41	99	293	194	230	448	218
Interest Receivable	516	43	-11	-54	215	69	-146	516	220	-296
Non Pay Local Schemes - Corporate	914	64	50	-13	318	265	-53	914	913	-1
Non Pay Local Schemes - Operations	650	54	50	-4	265	218	-47	650	603	-47
Pay Cost Management (Variable / Net Vacancies) - Operations	3,140	277	277	-1	1,469	1,429	-40	3,140	3,140	0
Pay Vacancy Management - Corporate	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate 25-26	75	8	8	0	16	16	0	75	75	0
Totals	**6,225**	**500**	**469**	**-31**	**2,538**	**2,444**	**-94**	**6,225**	**5,997**	**-228**

Savings Performance by Theme 25-26 - Non Recurrent

Reporting Month 5

	Annual	In Month			Cumulative			Forecast		
	Plan £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Apprentice Income	0	0	0	0	0	0	0	0	0	0
Balance Sheet Flexibility	0	0	0	0	0	0	0	0	0	0
Commercialisation Opportunities	0	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	0	0	0	0	0	0
End of Shift Overrun	0	0	0	0	0	0	0	0	0	0
Fuel	0	0	0	0	0	0	0	0	0	0
Interest Receivable	0	0	0	0	0	0	0	0	0	0
Non Pay Local Schemes - Corporate	0	0	0	0	0	0	0	0	0	0
Non Pay Local Schemes - Operations	0	0	0	0	0	0	0	0	0	0
Pay Cost Management (Variable / Net Vacancies) - Operations	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate	2,275	190	228	39	948	1,138	190	2,275	2,503	228
Pay Vacancy Management - Corporate 25-26	0	0	0	0	0	0	0	0	0	0
Totals	**2,275**	**190**	**228**	**39**	**948**	**1,138**	**190**	**2,275**	**2,503**	**228**

Please note figures are rounded to the nearest whole number

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

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

Speaking Up Safely Annual Report 2024-2025

MEETING	Trust Board
DATE	25th September 2025
EXECUTIVE	Angela Lewis - Director for Culture Change
AUTHOR	Dr. Catherine Goodwin – Asst. Director, Culture, Inclusion and Wellbeing
CONTACT	catherine.goodwin@wales.nhs.uk

EXECUTIVE SUMMARY

This executive summary provides an overview of the key activities, outcomes, and future directions outlined in the Speaking Up Safely (SUS) Annual Report for the period 1st July 2024 to 30th June 2025. The report reflects the Welsh Ambulance Services University NHS Trust's (WAST) commitment to a culture where staff feel empowered to raise concerns safely and confidently.

Key Highlights

- Appointment of a full-time Lead Guardian in June 2024
- Strong national collaboration with other NHS Wales Guardians.
- Extensive awareness campaigns including CEO roadshows and National Speak Up Month.
- 113 concerns raised, with 56% directly to the Guardian and 44% via Work in Confidence.
- Reasonable assurance rating from NWSSP audit.
- Increased engagement with People Networks and Culture Champions.

Themes and Trends

- Most concerns related to inappropriate behaviours, bullying, and wellbeing.
- Concerns raised by a diverse range of staff groups, with operations colleagues most represented.
- Increased openness post-contact with the Guardian, indicating growing trust.
- Key barriers include fear of retribution, perceived bias, and confidentiality concerns.
- Lessons Learned forum held to share insights and improve processes.

Future Priorities

- Expand the Guardian team and enhance leadership development through Our WAST Way.
- Improve feedback mechanisms and develop detriment risk assessments.
- Strengthen confidentiality practices and support for protected groups.
- Continue collaboration with internal teams to embed a culture of continuous improvement.

Recommendation: The Board are asked to **NOTE** the contents of the report and support the Trust-wide integration of the Speaking Up Safely (SUS) principles into leadership development, confidentiality practices, and equity and inclusion strategies. This unified approach will help normalise speaking up and listening as a leadership behaviour, reduce barriers to raising concerns, and ensure that all staff feel safe, respected, and heard.

KEY ISSUES/IMPLICATIONS

The first year of the Speaking Up Safely initiative has laid a strong foundation for cultural transformation within WAST. Continued investment in awareness, leadership, and trust-building will be essential to sustain momentum and ensure that all staff feel safe and supported in raising concerns.

REPORT APPROVAL ROUTE

ELT 30th July 2025
PCC 12th August 2025

REPORT APPENDICES

Appendix A: Speaking Up Safely Annual Report 2024-2025

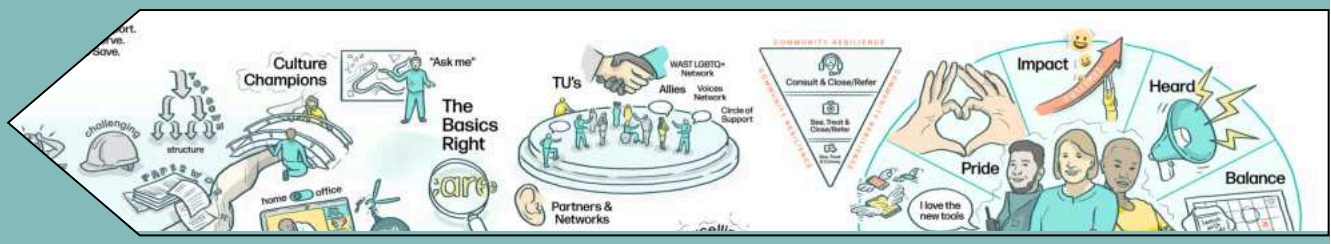
REPORT CHECKLIST

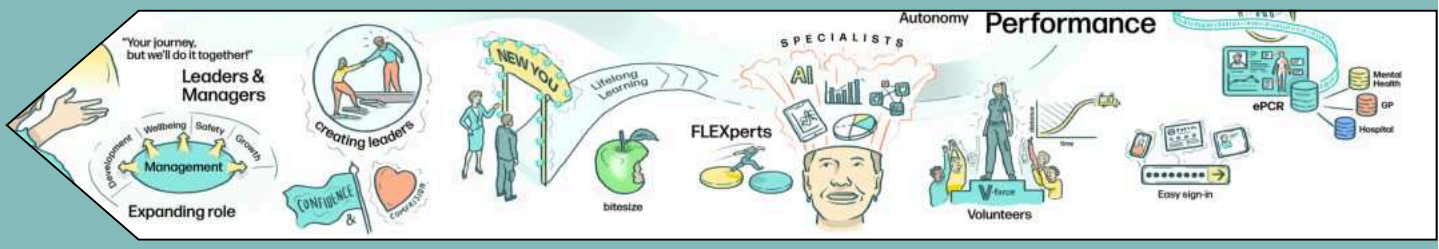
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	N/A	Financial Implications	YES
Environmental/Sustainability	N/A	Legal Implications	YES
Estate	N/A	Patient Safety/Safeguarding	YES
Ethical Matters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

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

SPEAKING UP SAFELY

ANNUAL REPORT:
1ST JULY 2024 - 30TH JUNE 2025





DR CATHERINE GOODWIN
CATHERINE.GOODWIN@WALES.NHS.UK

EXECUTIVE SUMMARY

Speaking Up Safely (SUS) was formally introduced to WAST with the appointment of our lead Guardian a year ago – the first in Wales. Since that time, the team has expanded, reflecting our commitment to ensuring a speaking up safely culture to promote the development of high-performing teams and exemplary patient care. As our first SUS Annual Report, this document provides us with an opportunity to reflect on key activities, impacts and outcomes of this work.

It is important to consider this report in the context of the wider public service cultural landscape, and recommendations from enquiries like the Thirlwall Inquiry and Welsh Fire Service reports for example. All of which emphasise the importance of a speaking up safely culture throughout an organisation to not only enhance employee experience but also ensure exemplary patient experience and care. At Welsh Ambulance Services University NHS Trust, we are committed to creating this culture as outlined in our People and Culture Plan.

During the last year we were audited by NWSSP. The Speaking Up Safely audit was to review the implementation of the Speaking Up Safely framework, outlined in the Welsh Health Circular in 2023, and assess its impact in promoting a culture that enables staff to raise concerns. This is the framework that organisations, departments and teams are required to follow in order to establish and sustain a culture where no individual will suffer victimisation or detrimental treatment as a result of speaking up, and where organisations learn and improve as result of listening and responding to concerns raised.

We are also pleased that this first audit resulted in reasonable assurance and we plan to continue to build awareness of Speaking Up. Another key driver will be increasing confidence in addressing potential issues early through leadership development with the introduction of our Leadership and Management framework 'Our WAST Way'.

MESSAGE FROM OUR BOARD CHAMPIONS

"Creating an environment where individuals feel empowered to voice their concerns without fear of retribution is not only crucial for the wellbeing of our staff but also for maintaining the highest standards of patient care. By encouraging open communication and addressing issues proactively, we build trust and integrity within our organisation. Such a culture is foundational to our People and Culture Plan, reflecting our commitment to a supportive and transparent workplace."

Angie Lewis, Director of Culture Change

"Speaking up safely within WAST remains a key priority for us, it is imperative that every member of staff and every volunteer feels confident and supported in voicing their concerns. Thank you to everyone who has contributed to transforming our speaking up safely culture, we have made progress, but we know we have some way to go across our widely dispersed workforce. Speaking up safely not only safeguards the wellbeing of our workforce but it also directly contributes to the delivery of exceptional patient care and service. By actively listening and addressing concerns , we create an environment of trust, respect and continuous improvement."

Ceri Jackson, Non-Executive Director & Vice Chair

SPEAKING UP SAFELY

In June 2024, the Trust employed a full-time Lead Guardian, who has been instrumental in leading the implementation of the Speaking Up Safely process across the organisation. This individual brought a wealth of experience from NHS England, which has significantly benefited the Trust. The team has continued to grow with a Project Support Manager and additional Guardian joining the team later this year.

Nationally, the Trust has forged strong connections across NHS Wales, establishing robust relationships with other Guardians working in Wales. Monthly meetings have expanded to include most NHS Wales organisations. These discussions have highlighted that WAST is at the forefront of the Speaking Up Safely space, having secured a dedicated Guardian on a permanent basis and expanded the team.

Throughout the year, the team have taken significant steps to raise awareness and encourage a culture of openness. In October 2024, the Guardian shared information about the Speaking Up Safely (SUS) initiative during the CEO roadshows, engaging with numerous colleagues. The Guardian also spent meaningful time with colleagues from EMSC and NHS111 and dedicated a day at The Grange Hospital to provide space for open and transparent conversations where people are located.

CEO Roadshows - October 2024

SPEAKING UP SAFELY

November saw the Guardian working closely with first-year university students, providing confidential time for them to share their experiences and understand WAST's goals for a speaking up culture. This engagement reinforced the Trust's commitment to supporting all staff and volunteers, including those at the beginning of their careers.

In 2025 the Speaking Up Safely process was audited by NWSSP, and received a rating of reasonable assurance, reinforcing the sound foundations that have been built by the team over the last year.

Efforts to raise awareness of the Speaking Up Safely process have been extensive throughout the year. This includes promoting National 'Speak Up Month' in October, which centred on the theme 'The Power of Listening'. To implement this theme, virtual drop-in sessions were organised throughout the month to complement the sessions provided at the CEO roadshows. Additionally, a campaign on our SharePoint page featured videos, surveys, testimonials, and pledges. Although the ESR eLearning modules are not mandatory, they are available for everyone to complete. There are mixed views about mandating training, with some believing that raising awareness through other routes may be more beneficial.

A Speaking Up Safely culture is more than the Guardian team and in May 2025, the Trust launched 'Our WAST Way', aimed at defining how the organisation leads and manages by creating a shared approach to developing confident and capable leaders at every level. This initiative is based on three key principles: Care, Connect, and Value Everyone. The launch of 'Our WAST Way' aligns seamlessly with Speaking Up Safely awareness, ensuring our leaders feel confident eliciting, receiving and providing feedback and addressing concerns effectively when they are raised. WAST has also developed a workforce standards process to further boost rapid access to expertise for managers when faced with concerns.

SPEAKING UP SAFELY

A system has been developed to record themes, trends, and critical data for each case submitted to SUS. However, as the ultimate goal remains for everyone to feel confident in raising concerns within their local teams and for managers to feel empowered to listen to feedback and act on concerns, not all concerns will be or should be captured by the Guardian. One example of this is the number of Sexual Safety concerns reported across the organisation has increased, but this is not the most common reason for concerns being raised with the Guardian. This may be an indication that confidence has increased in responding to concerns like this along other routes, such as with line managers, people services, TU partners and our safeguarding colleagues.

A Lessons Learned forum has been established and regular meetings take place with people services, safeguarding, and patient safety teams to ensure that learning is appropriately shared.

Recognising that individuals with protected characteristics are more likely to have workplace concerns, the Guardian has actively engaged with our People Networks to dismantle barriers for those in vulnerable minorities. Stronger links have been forged with Culture Champions and Network Leads, ensuring that all Culture Champions have received training on SUS and know how to guide those they support. Spotlights were created for network members and Non-Executive Directors, and the Guardian continues to participate in these network meetings to provide ongoing awareness and support.

OVERVIEW OF CONCERNS

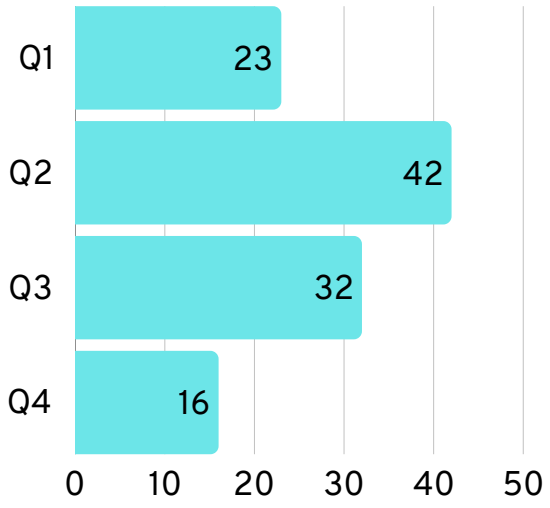
After the introduction of our Lead Guardian in June 2024, the following data looks at the 12 month period that followed July 2024 to June 2025. It is essential to create a baseline of reporting that can be accurately measured on an ongoing basis and the information below provides the first annual look at the data of the Speaking Up Safely process. The aim is to provide an overview of the concerns for the past year, to highlight the volume and nature of the concerns, whilst maintaining confidentiality.

There were 113 concerns raised through Speak Up Safely in the last 12 months. The concerns came in through a variety of channels available to our staff. Of the concerns raised 63 (56%) were raised to a Guardian directly whether that be through the Guardian email address, a personal email address, phone call or a face to face conversation. The remaining 50 (44%) came through Work in Confidence (WIC) system.

From the numbers provided in the graph to the right, it can be seen that Q2 running from October to December had the highest number of concerns raised. This notable rise came in the month of **October** with 23 concerns raised in the month alone, the highest of the year. This was to be expected with the promotional activity in October for **'Speak Up' month**. Alongside the time dedicated at the CEO Roadshows in the same month.

The decline experienced in Q4 is thought to be an effect of a temporary decrease in dedicated resource. This resulted in a delayed response experienced by those raising a concern for a short period of time. Which highlights the importance of raising awareness, accessibility and maintaining a consistent service.

Q1 - July, August, September
Q2 - October, November, December
Q3 - January, February, March
Q4 - April, May, June



STAFF GROUPS

As expected, where the concernee has disclosed the information, given they are the largest staff group, most concerns are either raised from within the operations staff group about operational staff. The Guardian is now also recording in which directorate the concern is located, as concerns are being raised where the concernee is not in the same directorate.

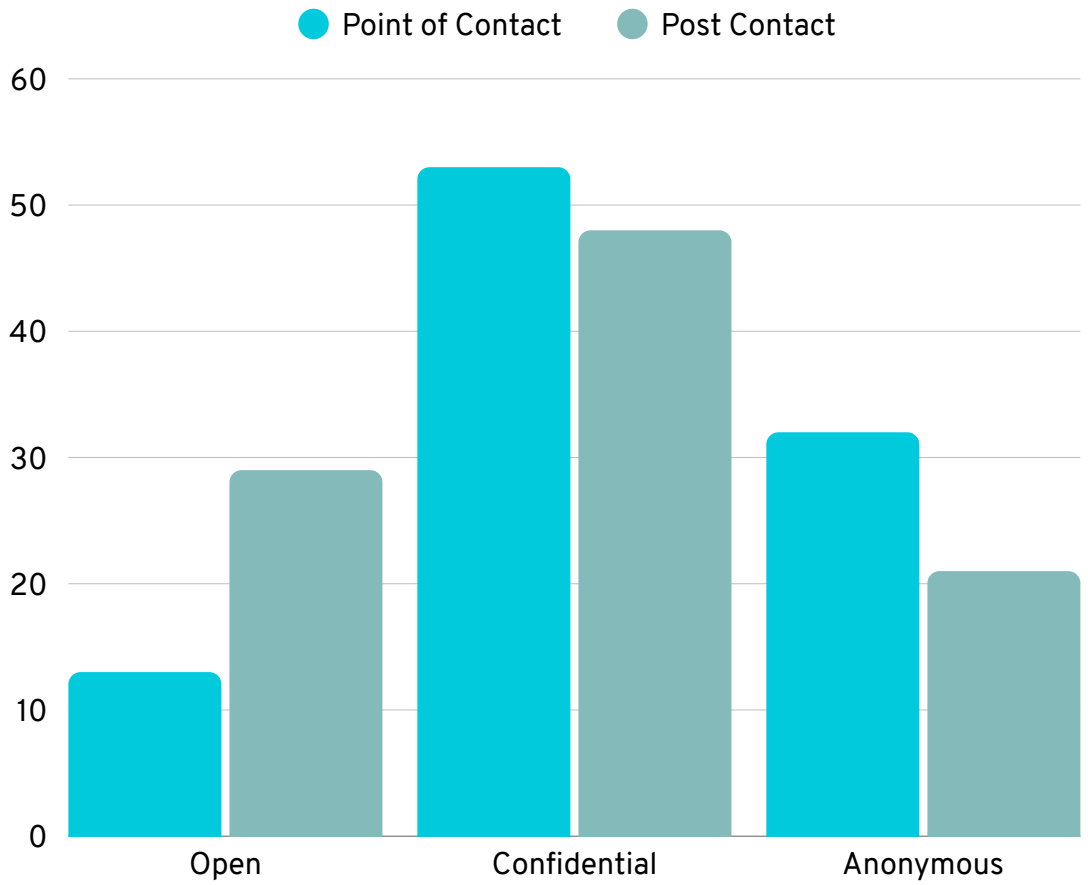
Of the professional groups that have been identified during the process of colleagues Speaking Up, the weighting is split quite evenly between Additional Clinical Services and Allied Health Professionals. There have also been concerns raised by Admin and Clerical staff over this annual period.

There are 28 cases where the professional group of the the person speaking up has not been identified as this information is voluntarily given by those who wish to disclose.

CONFIDENTIALITY

Ensuring an open Speaking Up Safely culture is a key aspiration of the Trust and implementing the Speaking Up process a crucial objective to achieve this. Building trust and ensuring confidentiality when concerns are raised is at the forefront of the Guardian's mind.

As the graph below shows, both confidential and anonymous cases reduced after first point of contact with a noticeable increase in open cases post contact; meaning once the Guardian had built a rapport and explained the process, people felt more confident being open about their identity.

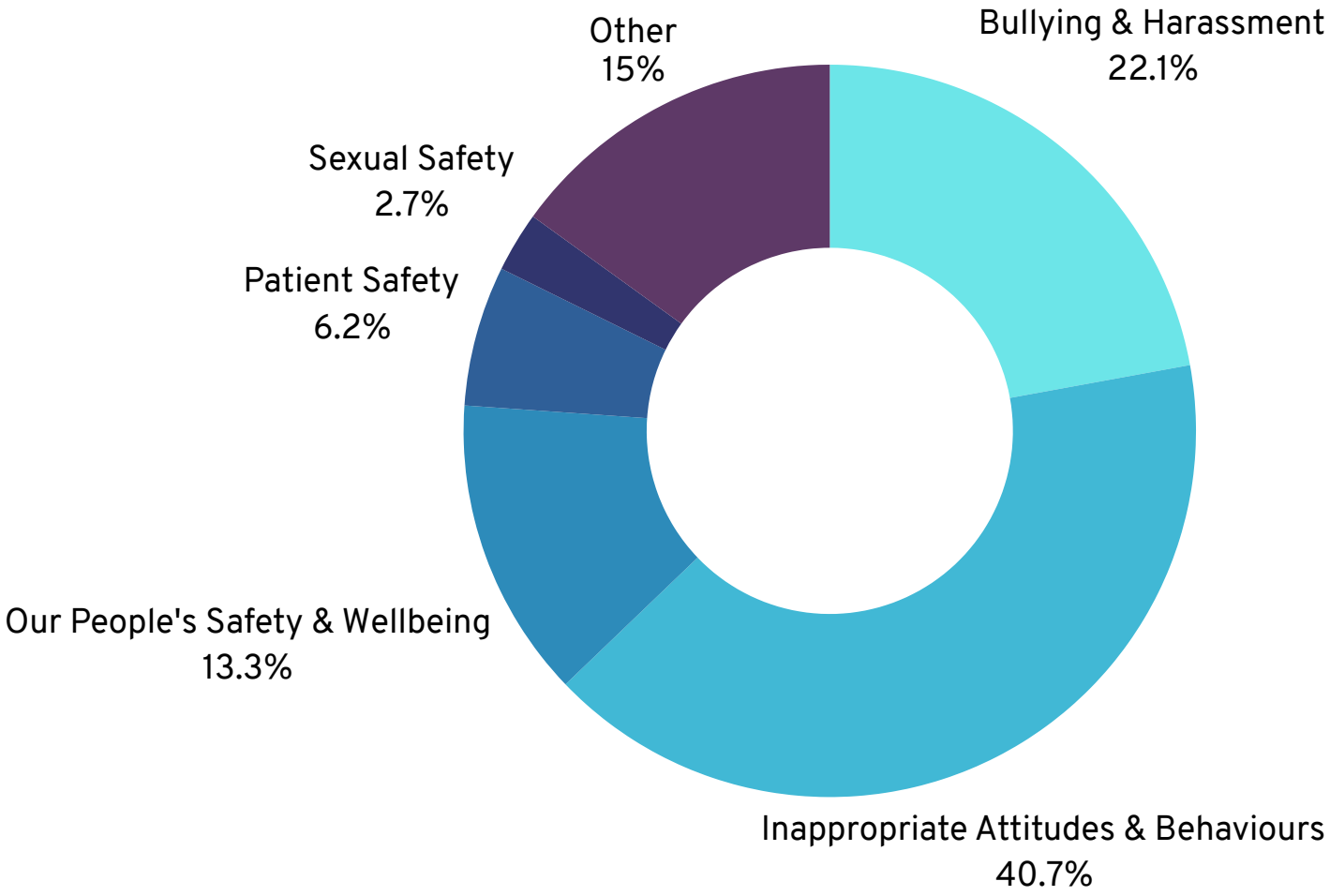


Confidentiality is an area of improvement for the Trust, patient confidentiality is seen as non negotiable and we need to move to a culture where colleague confidentiality is known to be respected by continuing to build trust in our teams.

REASONS

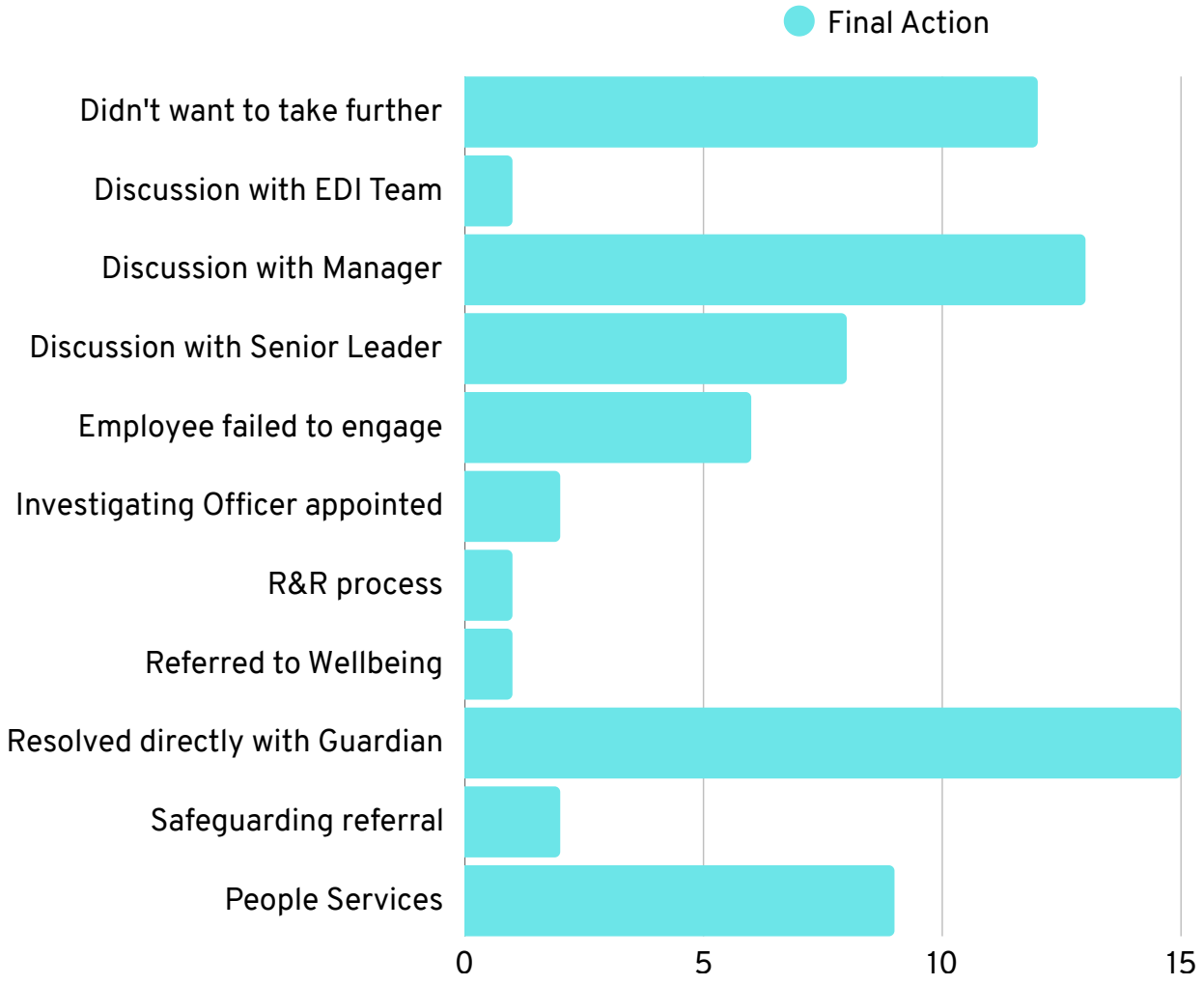
The National Guardians Office report on the type of concern that is raised and the reason it has been brought to the Speaking Up process.

The following diagram demonstrates that the main type of concern reported to Speaking up Safely continues to be incivility between colleagues, shown with high levels of bullying & harassment and inappropriate attitudes and behaviours. Cases with an element of sexual safety are less prevalent. There has however been an increase in concerns associated with our people's safety and wellbeing.



CASES

Over the course of the 12 month reporting period, 70 cases brought through Speaking Up Safely during these 12 months are now closed.



The graph above shows the final action advised on the closure of these cases, with the most common closures being that the concern has been resolved directly with our Guardian, alongside a discussion taking place with an appropriate manager, both accounting for 19% each.

However, people not wanting to take it forward at 18% and the member of staff failing to engage after raising the concern at 9%, when treated collectively it would suggest lack of engagement at 27% being the biggest reason for closure potentially related to trust in the process.

KEY THEMES

Key themes that have been experienced over the past 12 months include:

- An assumption that **no action** will take place after Speaking Up.
  - The Guardian is drawing up a set of KPIs to ensure clear feed back loops and updates are in place even if there has been no change. Once a concern closes, a questionnaire is sent to establish what works well and what we could do better. The Lessons Learned forum also builds on improving employee experience

- Perceived **bias** in disciplinary hearings.
  - The introduction of a formal Workplace Standards process will help ensure consistency and transparency in these matters. Our WAST Way includes modules on understanding unconscious bias.

- A **fear of retribution** from peers and managers, leading to them not feeling comfortable to speak out
  - We have drafted a detriment risk assessment and will begin to pilot it in the coming months.

- Leaders and TUs not always knowing **how to escalate concerns and therefore directing people to** SUS inappropriately.
  - SUS was developed in partnership and we recognise that we need to spend more time raising awareness with our leaders and TU partners that may have not been involved at an early stage.

- **Delays** in disciplinary investigations related to concerns that have been raised through SUS.
  - We have enhanced our focus and employed additional resource.

- **Breaches in confidentiality** that lead to potential detriment.
  - We realise we need to work on increasing colleague confidentiality to the same level as patient confidentiality.

- **Incivility** in our organisation.
  - Our WAST Way has now launched with core sessions on essential conversations.

LOOKING AHEAD

As we look towards the future, we are determined to further embed Speaking Up Safely (SUS) culture throughout WAST. Our journey over the past year has laid a strong foundation, and the year ahead promises to be one of growth, resilience and commitment.

Our first priority is to ensure the seamless integration of a speaking up safely culture into all facets of the organisation. This means that every team member, regardless of their role or position, feels empowered to voice their concerns and confident that they will be heard and addressed.

In the year to come, we are putting a spotlight on improving the feedback received from our staff, particularly from those who have raised concerns. This initiative will be closely linked with our ongoing efforts to understand and mitigate any potential detriment that staff members may experience when speaking up.

To bolster our efforts, we are expanding the Speaking Up Safely team. This expansion is not just about increasing numbers; it is about building a resilient team that can support our broader objectives of leadership development and psychological safety.

We recognise that confidentiality is paramount. Just as patient confidentiality is non-negotiable, so too must be the confidentiality of our colleagues.

We are also dedicated to dismantling barriers for individuals with protected characteristics. By forging stronger links with our Culture Champions, Network Leads, and engaging actively with our People Networks, we aim to ensure that every voice, especially those from vulnerable minorities, is heard and valued.

Our commitment to a speaking up safely culture is collaborative. We will continue to work closely with people services, safeguarding, and patient safety teams, sharing lessons learned and creating an environment of continuous improvement.

CONCLUSION

In conclusion, there has been significant improvement in the Speaking Up Safely process over the past 12 months, following the appointment of the Lead Guardian, with an increased promotion of the service that is being offered to all colleagues in the organisation.

Overall, the service has been positively received by colleagues and managers have been increasingly receptive and respectful to conversations with the Guardian, after initial hesitancy. Recognising that most concerns are in relation to how we are to each other, the launch of Our WAST Way should help to improve the quality of conversations as we move to more collective and collaborative leadership.

‘I felt safe, respected , heard and validated’.

‘I appreciated the genuine care and compassion shown by the Guardian’.

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

Agenda Item No.	15

REPORT TITLE

Governance Report – September 2025

MEETING

Name of meeting	Trust Board
Date of meeting	25 September 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

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

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. This report sets out where applicable the **Chair's Action's** taken since the last Board meeting and corresponding ratifications required**, use of the Trust Seal**, **decisions made in private session and any other governance matters**. There have been no decisions made by Chair's Action since the last meeting of the Trust Board.

2. **Use of the Trust Seal**
   The Trust Seal was applied on 31 July 2025 to the lease documentation for the Business Case for a new Fleet Workshop in Bangor.

3. **Decisions in Private Session**
   The decisions made in private since 31 July 2025 are as follows: -

3.1 The Board resolved to approve the business case and approve the award of the contract for the construction of the Bangor Fleet Workshop Facility and approved the affixing of the Trust seal to the lease documentation.

3.2 The approval of the proposal to provide transport to support the delivery of 200,000 additional planned care appointments in 2025/26.

4. **Other Governance Matters**

4.1 Amendment to Trust Board Minutes dated 29 May 2025: The Board committee highlight reports included information from the Quality, Patient Experience, and Safety Committee (QuEST) report dated 9 May 2025 indicating that the Strategic Quality Plan 2025-27 was recommended for Board approval. The resolution in the original Board minutes did not specifically state the Board's approval; therefore, the minutes have been updated to record the Board's approval of the Strategic Quality Plan 2025-27.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section
The Board is requested to note the contents of the report.

ADDITIONAL PAPER(S)

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

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [link to standards]		
☐ Safe	☐ Timely	☒ Effective
☒ Efficient	☐ Equitable	☐ Person Centred
Quality Enablers (select all that apply) [link to standards]		
☐ Leadership	☐ Workforce	☐ Culture

☒ Information	☐ Learning Improvement and Research	☐ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
25 September 2025	Trust Board

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

QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

The papers for this meeting can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	25 September 2025
Committee Meeting Date	05 August 2025
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. Following concerns raised at the last meeting, a refreshed **Putting Things Right & Legal Services Performance Organisational Recovery Plan** was developed collaboratively to address structural and staffing changes alongside system and process improvements aimed at restoring performance. Recent changes to the clinical model have increased the complexity of investigations and ongoing recruitment challenges have meant audit and investigation capacity has not increased as planned, further complicating the ability to manage complaints and coronial workloads effectively.

2. Some improvement actions have long lead in times and benefits are difficult to forecast, meaning timeliness related performance is expected to improve gradually over the coming year.

3. The Committee were not assured by the deliverability of the plan as outlined, not doubting the commitment or effort of staff, but expressing apprehension considering the pressures that the Trust is operating in, the complexity staff face, and the likelihood that complexity will increase with ongoing service diversification and transformation. Members emphasised the need to continually review staff support and training needs.

4. The Executive Director of Nursing & Quality noted that the Executive Leadership Team will closely monitor the plan over the coming months. – which was welcomed by Committee Members.

5. Members were assured that:

   - There is a prioritisation approach taken to actions based on what is achievable, with a focus on managing complexity from the Clinical Model Transformation and ensuring proportionate approaches to reported incidents.

- Workstreams are being managed across directorates, with audit and clinical capacity being built in relevant teams to support the process, such as audit and remote care.

ADVISE

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

6. Committee received a **Patient Story** from Sophie who is a Learning Disability Lived-Advisor with WAST and also has a mental health condition. She lives independently and sits on several groups and panels which represent and advocate for the learning disability community. Sophie is a regular user of the NHS 111 Wales Service, accessing by phone and online. She describes mostly favourable many experiences when contacting the 111 service but finds the frequent long waits for a return call frustrating at times. When she's been referred to hospital by 111 Wales, she finds it difficult as there is no direct transport and taxi costs are prohibitively high, and ambulances can take up to 12 hours to arrive. Sophie feels that the language used by 111 Wales is often complex and full of jargon and not learning disability friendly.

   Sophie describes a positive experience of using 111 Wales Press 2 during a mental health crisis episode; however, she finds the disjointed way in which mental health services work creates barriers to access, particularly for those with a learning disability.

   The Patient Experience & Community Involvement (PECI) team emphasised the importance of continued improvements such as the new learning disability register that can flag callers with learning disabilities to call takers and clinicians, regardless of self-identification and that ongoing staff training is focussed on making reasonable adjustments, especially regarding language, tone, and pace, acknowledging the challenges of telephony based communication. Ongoing and future developments, including integration with WhatsApp, expanding the virtual agent to ambulance care for appointment management, and exploring web chat capabilities, all aimed at providing more accessible care channels. QuEST noted that the first attempt at recruiting an LD Advanced Clinical Practitioner to support the Trust in this work had not been successful and that the team were confident more proactive market engagement undertaken would secure a successful candidate.

   The team highlighted the ongoing work to address transport challenges for individuals with learning disabilities with collaboration with third sector and community transport services to share available support with Learning Disability groups.

   The Committee extended their gratitude to Sophie for sharing her story so honesty, as this open feedback provides an opportunity to continue to drive forward service improvements.

7. The Committee received an update following the deeply moving **patient story from Mr and Mrs Cope concerning their son, Dylan,** which was received by the committee and Trust Board in May 2025. Lucie Jones, Head of Patient Safety, Concerns and Learning was commended by Members for the powerful and sensitive way she discussed Dylan's story at the WAST Q Event recently to ensure future improvements are made from such tragic circumstances. An All Wales sepsis safety netting leaflet has been developed by NHS Wales Shared Services through work with Dylan's family and Aneurin Bevan University Health Board.

8. The Committee received the **Operational Update for Q1 2025/26,** which members noted demonstrated a strong focus on quality and improving services for patients, and the level of change and transformation throughout. The report highlighted that handover delays are continuing a downward trend, which has resulted in reduced wait times for Amber response calls. Additionally, the Trust recently de-escalated to REAP level one, attributed in part to these improvements. related to investigations (concerns, coroner inquiries etc) include complexity in patient call flows involving multiple touchpoints has added significant lines of inquiry and investigation, making backlog resolution more challenging.

9. The **Annual Infection and Prevention Control Report 2024/25** was deferred.

10. Members' **reflections** included that the lighter agenda allowed for deeper focus on the Putting Things Right Report and the associated Recovery Plan, enabling more probing and challenging questions from Non-Executive Directors and robust scrutiny and assurance. Members praised the quality of reports, presentations and the strong Chairing was noted. Members' appreciated the transparency and early sight of strategic work, and acknowledged the significant risks being managed by the Trust.

11. The committee **met briefly in private** to approve the minutes of the May 2025 private session and receive a confidential risk report.

ASSURE

(Detail here any areas of assurance the Committee has received)

12. The **Monthly Integrated Performance Report (MIQPR)** was received, setting out the metrics for June 2025. Members noted that the board will receive and discuss the MIQPR at its meeting in September 2025. Performance related to Putting Things Right is reported separately below. Of note:
    - The Trust lost 15,278 hours to hospital handover delays in June 2025, one of the lowest levels in four years but still a significant operational challenge impacting response capacity and as such, inevitably leading to incidents of avoidable harm.
    - The Trust reported eight National Reportable Incidents in June 2025. Complaint response times against national definition improved to 88%, compared to a two-year average of 57%. Notwithstanding this, a PTR recovery plan has been received for the overdue open complaints.

13. The committee received an update on the revised **Ambulance Performance Framework**, highlighting the introduction of new outcome focused metrics for cardiac arrest and high-risk calls, with distinct clinical indicators and response targets. The committee welcomed the focus on clinical outcomes, robust data analysis, and alignment with national standards. Members were pleased to hear that the launch went well on 1 July 2025, which was supported by cross directorate working, and that there are no known patient safety incidents directly attributed to the changes in call categorisations known at this stage. Work is underway to prepare for the go-live of Phase II of the framework for what is currently the amber and green categories.

14. Members received an update on the **Ministerial Advisory Group Wait 45 Taskforce**, highlighting the focus on system improvement and pathway improvement, with workshops scheduled for each Health Board and a meeting with the Cabinet Secretary on 15th September 2025; the outcome of which will be

a focus of the next meeting. Members noted a significant cultural shift towards shared accountability and executive oversight, with improved collaboration between organisations. The Taskforce is also addressing direct admission pathways for key clinical conditions and emphasising the importance of whole system flow, including social care and community discharge. While there is optimism about the current momentum and leadership, the Committee acknowledged the need to ensure sustainability of improvements through winter and in the face of further operational pressures.

15. The **Putting Things Right (PTR) Report** for Q1 2025-26 was received. Members were assured on the learning, deep dives undertaken, the data driven insights and the intelligence being interpreted which are critical to assurance. Some of the areas of poor performance will be addressed in the PTR recovery plan above, but of note for the board:

    - The increase in concerns related to patient waits and the increase in Non-Emergency Patient Care Service cancellations. Renal and Oncology patients are not affected.
    - The performance challenges associated with delays in PTR responses and inquest statements have led to the Trust being issued with five Schedule 5 notices from a regional Coroner's office for the first time.
    - The external backdrop is concerning and the delay in providing statements and evidence to the Coroner's office risks financial and reputational penalties.
    - The distressing impact for all patients and families awaiting investigation findings or inquests is acknowledged and the Trust extends apologies to all affected.
    - The Trust has received a Section 27 Public Services Ombudsman report. All recommendations have been accepted and completed and, the actions taken by the Trust to enhance future safety are outlined in the learning section of this report on high risk overdoses.
    - The Chair will provide an assurance report to the Audit, Risk & Assurance Committee (ARAC) regarding low harm and near misses, noting that the focus is currently on the incidents that have taken place and that have been reported and that this type of proactive reporting is being built through the Clinical Model Transformation.

16. The **Annual Safeguarding Report 2024/25** was approved. The Committee praised the report's clarity and evidence of strong partnership working and noted the increase in internal safeguarding allegations being reported were indicative of a positive cultural shift within the organisation.

17. The **Clinical Audit Plan and Action Tracker update for Q1 2025/26** was received with no escalations.

18. Members received a presentation on the **Clinical Plan for 2025-2030** redevelopment which includes an innovative, interactive format to enhance user engagement. Next steps will be engagement with the ELT considering prioritisation of digital work, consideration of the Welsh Language and alignment with other Trust documents.

19. The **Internal audit on Start of Shift Procedure** was presented. The audit assessed the effectiveness of the procedure for preparing vehicles and ensuring availability of key equipment and medicines at shift start within Emergency Medical Services (EMS) and Ambulance Care. The audit rated two objectives as reasonable assurance, three as limited, and one as substantial, with several medium and high priority recommendations raised. The actions will be monitored by this committee.

20. The **Emergency Communication Nurse System Implementation Internal Audit Report** was received. The audit highlighting significant audit backlogs, with over 400 audits pending, and issues with monitoring and compliance. Members were assured of the plans to address these concerns with additional auditors and improved processes.

21. An update was received on the **Audit tracker** with 63% (40% last quarter) of committee related internal audit actions due in quarter were closed in quarter. The committee was assured that appropriate plans were in place to address those actions overdue. There were 30% of external audit recommendations closed in quarter. 17 of 32 Welsh Risk Pool open recommendations relating to the backlog of investigations and concerns have had revised dates during this period.

RISKS

Risks Discussed:

The Trust's two highest scoring **risks 223:** the Trust's inability to reach patients in the community causing patient harm and death and **risk 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 remain unchanged at a score of 25.

Members were appraised of the new approach to these risks, separating internal controls (what the Trust can manage) from external factors (what it can only monitor and influence), and aligning them to strategic objectives and draft risk appetite statements. Members welcomed the new format which maps controls to three lines of assurance lines and includes high level actions, with more detailed operational action plans monitored at a directorate level.

The risks reflect positive trends in the reduced handover delays, the new ambulance performance frameworks, the national Wait 45 Task Force, and phase 1 and 2 of the new clinical model. In addition to complaints, coroners' Schedule 5 notifications, recruitment and audit capacity issues all of which was discussed throughout the meeting.

New Risks Identified:

The significant risk related to the Trust's ability to manage the overdue investigations and audit processes and relating to the need to put more scrutiny on the Putting Things Right recovery plan and the wider organisational impacts was raised, and it was noted that the risk is currently being articulated and navigating governance.

COMMITTEE AGENDA FOR MEETING		
Operations Directorate Quarterly Report for Q1 2025-26	Patient story and Updates	Monthly Integrated Quality and Performance Report and annual review of metrics
Revised Performance Framework	Ministerial Advisory Group Wait 45 Taskforce	Putting Things Right Q1 2025-26 Report with Organisational Recovery Plan
Annual Safeguarding Report 2024-25	Annual Infection and Prevention Control Report 2024-25 *Deferred*	Clinical Audit Plan and Action Tracker Q1 2025-26
Clinical Audit Plan progress update	Risk management and BAF	Audit tracker Q1 2025-26
Internal Audit – Start of Shift Procedure	Internal Audit – Emergency	Audit Wales: Urgent and Emergency

	Communication Nurse System Implementation	Care Report Arrangement for Managing Demand – WAST (consent item)

COMMITTEE ATTENDANCE					
NAME	9 MAY 2025	13 JUN 2025	5 AUG 2025	4 NOV 2025	3 FEB 2026
Bethan Evans (Chair)					
Ceri Jackson					
Rhiannon Beaumont-Woods					
Liam Williams					
Andy Swinburn			Jonathan Chippendale		
Lee Brooks	Peter Brown				
Rachel Marsh			Hugh Bennett		
Jonny Sammut	Keith Williams				
Trish Mills		Trish Mills			
Mark Marsden					
Hugh Parry					
Henry Garrard					

	Attended
	Deputy attended
	Apologies received
	No longer member

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

PEOPLE AND CULTURE COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

The papers for this meeting can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	25 September 2025
Committee Meeting Date	12 August 2025
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. No alerts arose from this meeting.

ADVISE

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

2. The committee heard from colleagues in the **Operations Directorate – Sonia Thompson, Ferdi Lashari, Ceri Wheeler and Paul Greatorex - regarding the facilitation of Quality and Support Days**. Quality and Support Days within the Operations Directorate are fostering direct engagement between managers and frontline staff, enabling real-time feedback and addressing operational and well-being concerns. Initially introduced to respond to safety issues, the initiative now covers themes such as health and safety, equipment use and staff welfare, with tailored approaches across EMS, Ambulance Care, and Integrated Care. Feedback is shared with staff on progress through a You Said We Did approach.

   Staff feedback has been positive, highlighting improved morale, communication, and confidence in raising issues. The initiative has helped break down silos and reinforced the dual role of managers as leaders and sources of support.

   The committee noted the importance of ensuring these days are seen as genuine opportunities for open dialogue. Triangulating insights from these sessions with other engagement activities was recognised as valuable for organisational development. Members commended the initiative as a meaningful tool for staff engagement, operational improvement, and cultural development.

3. The **report from the Director of Culture Change** and the **Director of People** was received with the following of particular note:

   - Due to funding and workforce planning constraints, only 21 of 80 newly qualified paramedics (NQPs) were initially offered roles, later increased to 52 through fixed-term contracts. This placed the Trust among the better-performing organisations in terms of intake who are all in an oversupply of NQPs. Concerns were raised about future recruitment pipelines. The Trust is working with partners including HEIW and NHS England to manage the situation. Alternative roles and internal movement are being explored to support newly qualified paramedics and maintain workforce balance. The committee will receive regular updates on workforce planning and the impact on newly qualified paramedics.
   - Participation in the Aspiring Board Members Programme was noted, with positive feedback on the induction meeting and the contribution of aspiring members in challenging and enriching discussions on people and culture. Our member, Meshak Ezeadim attended today's meeting.
   - The Trust received recognition for its anti-racist action plan and the digital team was shortlisted for the HSJ Digital Award.
   - Reference was made to the upcoming Mastering Diversity Conference that is taking place in September where colleagues from across WAST will be hosting the "health zone"
   - The initial phase of the Skills Mix Task and Finish Group has concluded. Further work is underway on quality improvement and EDI assessment, with updates expected by the end of August. Assurance was sought that financial pressures would not compromise frontline skill mix or care quality. It was confirmed that any changes would be clinically assessed, discussed with trade union partners, and follow governance processes. Mitigation strategies include seeking savings elsewhere, commercialising functions, and promoting internal progression to protect care quality.

   It was noted that despite challenges, the report shows progress in shifting culture and embedding WAST behaviours and values Whilst culture change is often difficult to measure and there will be setbacks on occasion and these can be used for learning and improvement.

4. The **Q1 Operational Update** highlighted ongoing work to reduce shift overruns, which remains a priority. Internal measures are being explored in collaboration with Trade Union Partners, while external factors such as hospital handover delays continue to pose challenges. The Wait-45 initiative is expected to support progress. Concerns were raised about the pace of improvement and the need for more visible internal action, with recognition of the complexity of the issue and the importance of both internal and system-wide solutions. Members noted that the refurbishment at Llangunnor site had been completed and that the new Ty Elwy site had been officially opened on 12 June 2025 with the new Lifex control room solution implemented.

5. **Reflections** on the meeting focused on the quality and effectiveness of the papers, with participants noting that concise and well-written reports from the People and Culture Directorate enabled meaningful discussion and assurance. The Chair and others highlighted the value of intentional agenda structuring, which helped connect topics such as health and safety and EDI and noted that the deep dive into the violence and aggression risk was especially important. There was consensus

that the meeting allowed valuable contributions, avoided information overload, and that the staff story presentation provided a practical example of positive impact, demonstrating the benefits of hearing directly from staff about initiatives that make a difference.

ASSURE

(Detail here any areas of assurance the Committee has received)

6. The Board received metrics on violence and aggression as part of the MIQPR at each meeting. This committee undertook a deep dive on **violence and aggression** against staff remains a significant concern, particularly in contact centres, where most incidents are verbal.

   - Under-reporting is an issue; there is a plan to pilot a #code system to simplify incident logging. Although data shows moderate and severe harm incidents are low and declining, vigilance is needed due to potential under-reporting.
   - Priorities include improving reporting mechanisms, ensuring timely and effective post-incident support, enhancing role-specific and flexible training, and extending support to volunteers and remote workers. Structured training for managers to conduct post-incident debriefs is in development.
   - Staff feedback highlights the importance of visible leadership, prompt follow-up, and relevant training.
   - The Trust is actively involved in national policy refreshes and benchmarking and is monitoring the impact of system changes such as Right Care Right Person on incident patterns.

   The committee reinforced the need for a clear internal zero-tolerance message, proactive support for staff, and equipping managers to recognise and respond to the cumulative effects of repeated incidents.

7. The Committee scrutinises performance across several metrics within its remit. Whilst the Board receives the **Monthly Integrated Quality and Performance Report** (MIQPR), there are a range of additional metrics this committee receives, including wider **People and Culture Plan Metrics**. Given this, the following areas of assurance will be of interest to the Board noting the context our people are operating in and the good progress despite this:

   - The first pulse (HIVE) survey received a 9 percent response rate and 843 free-text comments, providing valuable qualitative feedback. Results highlighted mixed experiences with regular conversations reinforcing the need for ongoing work on essential conversations, and involvement in decision-making remaining an area for improvement. The survey will serve as a baseline for future rounds, with efforts underway to improve engagement, address workload concerns, and ensure staff feedback informs planning and cultural progress. Plans are in place to increase engagement for future surveys.
   - There was Trust wide reduction in sickness absence in May – the lowest since March 2021, however June saw an increase to 7.50%. Members recognised that sickness metrics are closely monitored and used alongside qualitative feedback to inform organisational health and

improvement actions.

- Staff turnover remains stable with a steady decrease since January.
- There was a slight decrease in PADR completion rates due to a pause for implementing Our WAST Way, but the process is being reviewed to ensure meaningful conversations and alignment with personal development
- Once again there has been an increase in statutory and mandatory training compliance (88%, against a Welsh Government target of 85%).

8. The following **2024/25 equality, diversity and inclusion related annual reports** were presented at the meeting.

- The Strategic Equality Plan Annual Report (at Annex 1).
- The Annual Gender Pay Gap Report (at Annex 2)
- The Annual Workforce Equality Monitoring Report (at Annex 3)
- The Welsh Language Annual Report (at Annex 4).

All four annual reports were endorsed by the committee and will be presented to the Board in September for approval, alongside key achievements, learning and forward plans. Progress was noted in staff engagement, leadership focus and the impact of staff networks, with continued attention needed on intersectionality, organisational culture and inclusion. The gender pay gap report prompted discussion on data limitations and support for all gender identities, while barriers to senior roles for women were linked to organisational factors. The Welsh Language Standards Annual Report showed positive developments, and work is underway to develop the clinical consultation plan, with completion targeted for Q4.

9. The **Cultural Themes and Trends** report and **Speaking Up Safely Annual Report 2024/25** were received (the latter in the reading room[1] at Annex 5). These provided insights into several areas including:

- Employee relations and disciplinary cases, which showed a downward trend from the previous period.
- A spike of 26 new Requests for Resolution linked to the roster reviews in April 2025.
- Less than 1% of new cases included sexual safety concerns; however, of the 71 current disciplinary cases only 18% include a sexual safety element which is down from 35% previously.
- An improvement in moving on conversations due to the new initiative.
- The speaking up safely concerns showed a reduction in the number of concerns raised with 48 in the first half of 2025 which is down from 60 previously.

[1] This digital reading room hosts documents for additional information of Board members, not essential for scrutiny or decision-making. Access to the reading room is through the documents/shared folder in Ibabs' main menu. Documents in the reading room will not be posted on the Trust's website with board papers, but copies can be accessed through the link to this committee papers above.

- Members reflected positively on the Trust's progress to foster a culture where staff feel safe and confident to raise concerns including appointing full-time Lead Guardian, national collaboration, awareness campaigns, and addressing concerns related to workplace behavior and wellbeing.

10. The Welsh Ambulance Services Partnership Team (WASPT) is the Board's local partnership advisory forum. The **WASPT highlight report** sets out the ongoing projects, upcoming challenges, and the steps being taken to address them in partnership. The following was noted from the May and July 2025 WASPT meeting:

    - There are indications from TU Partners that industrial action with a focus on ambulance service members is likely because of the 2025/26 NHS Pay Review Body recommendations, confirming a 3.6% consolidated pay increase for Agenda for Change staff. Not all ballots are closed, and further updates will be provided as matters progress.
    - The ACAS action plan was progressing with some items delayed due to resource constraints, including the publication of Welsh Government e-learning materials and development of case studies. Planning is underway for a WAST partnership conference later in the year.
    - Since 1 July, UCS crews have begun co-responding to the highest acuity calls - purple arrest - providing basic life support and becoming first on scene in about half of the 30 incidents, with positive outcomes and improved confidence due to revised dispatch protocols and safety measures. Ongoing discussions continue about future UCS roles and their integration with ambulance care services.
    - Discussions continue in WASPT and in the Senior Leadership Team/Trade Union Partner forum regarding TOIL and overruns, with working groups formed to focus on these issues.
    - A deep dive was conducted on risk 558 - deterioration of staff health and wellbeing in the face of continued system pressures because of workplace experiences – with particular focus on whether, from Trade Union colleagues' perspectives it was framed accurately and constructively.
    - The 2024/25 Social Partnership Report, the first of its kind, was received by the committee.

11. The **People Development Plan** continues to progress well as part of the Trust's People and Culture Plan, supporting University Trust Status and long-term workforce sustainability. Key developments include the launch of a Learner Management System, mapping of professional groups and progression ladders, and delivery of Trust wide programmes such as leadership training, coaching qualifications and expanded apprenticeships. Staff engagement has been strong, with feedback highlighting the need for individual development plans, equitable CPD access and clearer progression routes. The next phase will pilot development plans, finalise professional group frameworks and identify transferable skills to support internal mobility. The committee endorsed the next phase and commended the approach.

12. The **End of Season Flu Report for 2024/25** provided a summary of vaccination uptake, engagement levels and key lessons to inform the Trust's 2025/26 campaign. There was a 28.9% vaccination rate, which was lower than the previous year, and a 35.2% engagement rate, possibly influenced by the use of flu voucher incentives. CEO Roadshows again proved effective in facilitating staff vaccinations and will be retained in future campaigns. Positive feedback from WAST Volunteers supports continuing vaccine access for this group. Key issues identified include inconsistent attendance at

campaign meetings, limited availability of regional flu leads, a mid-campaign vaccine change, and challenges with data input and peer vaccinator numbers. Members heard how these insights have shaped improvements for the next campaign which begins in October.

13. The **Q1 Audit Tracker** was reviewed and the Committee noted that whilst no actions were closed this quarter, members were satisfied that the extensions were necessary and that the risks raised in the reports were not exacerbated by further extensions.

14. In the private session the committee reviewed progress against eight **suspensions over four months,** which is an increase from seven reported in the last quarter. Three cases are with the **Employment Tribunal** (same as the previous quarter). Members were assured on actions in place to manage these cases.

15. The committee received the **cycle of business monitoring and committee priority report**. The Workforce Race Equality Standard and Revalidation and Registration reports have been deferred to November 2025. Committee priorities around equality, diversity and inclusion, and people development were evident throughout the meeting.

RISKS

Risks Discussed:

Committee received a deep dive on Directorate Risk 400 *Violence and Aggression Against Staff* which highlighted ongoing challenges, especially under reporting in Clinical Contact Centres, and emphasised the need for improved incident reporting, targeted training, and timely post incident support.

The committee discussed four relevant risks, all of which were reviewed during the period and previously presented to the Trust Board in July. Further consideration is scheduled by the Executive Leadership Team on 27 August. Members noted that the risks inform agenda setting and that discussions throughout the meeting aligned with the key areas of each risk:

- Risk 160 (high absence rates) remains static at 20 but is expected to reduce in the next review.
- Risk 201 (reputational harm) remains at 20, with plans for a detailed review in August to consider separating stakeholder confidence and patient experience into distinct risks.
- Risk 163 (Trade Union partnerships) remains at 12 and was reviewed by the Welsh Ambulance Partnership Forum in May.
- Risk 558 (staff health and wellbeing) remains at 15 and was considered by the Welsh Ambulance Partnership Forum in July.

New Risks Identified: No new risks identified at this meeting for the register.

COMMITTEE AGENDA FOR MEETING		
Directors Update	Operations Quarterly Report Q1	Staff Story and Staff Story Update
People and Culture Metrics	MIQPR	Violence and Aggression Deep Dive
People Development Plan Progress	End of Season Flu Campaign Report	WASPT Highlight Report and Terms of Reference
Cultural Themes and Trends Report	Speaking Up Safely Annual Report	Strategic Equality Reports (SEP annual report; annual gender pay gap report; annual workforce equality monitoring report)
Welsh Language Annual Report	Risk Management and BAF	Audit Tracker Q1
Cycle of Business and Monitoring Reports	WASPT Minutes and Social Partnership Report	Committee AAA from May 2025

COMMITTEE ATTENDANCE				
Name	**15 May 2025**	**12 August 2025**	**13 November 2025**	**10 February 2026**
Ceri Jackson				
Bethan Evans				
Hayley Hutchings				
Hannah Rowan				
Angela Lewis				
Carl Kneeshaw				
Chris Turley				
Lee Brooks	From item 6	Sonia Thompson		
Liam Williams	Penny Durrant	Penny Durrant		
Estelle Hitchon				
Andy Swinburn		Greg Lloyd		
Alex Crawford		James Houston		
Trish Mills				
Damon Turner				
Marcus Viggers				
Christian Fox				
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member

Welsh Ambulance Services University NHS Trust

Strategic Equality Plan Annual Report 2024-2025

GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services University NHS Trust

AMB_Inclusion@wales.nhs.uk

Introduction

Welcome to Welsh Ambulance Services University NHS Trust Annual Report on our Strategic Equality Plan for 2024-2025.

This report outlines the progress we have made over the past year to achieve the Trust's Strategic Equality Objectives and the steps taken to address the inequity experienced by our staff and service users to help us be more inclusive of all who come into contact with the Trust.

Our Strategic Equality Objectives

- Design Equitable Services
- Lead by Example
- Be an Employer of Choice
- Create Allyship

Growing our People Networks

We have continued to develop our People Networks to offer support to our colleagues with a protected characteristic. Our People Networks are open to all colleagues, including allies. They offer a safe space for colleagues to share their experiences without judgement. Our members also help to attend and promote key events within the workplace and out in our communities to help raise awareness of the challenges that people with a protected characteristic may face in their everyday life.

A snapshot of each of our People Networks can be found on the following pages.

LGBTQ+ People Network

96
Members

This number has remained relatively static, and more work can be done to try and increase membership. The Network is primarily led by the Network Chair.

Bronze Award

With the support of the Network, the Trust was awarded a Bronze Employer Stonewall Award in May 2024 and has climbed over 100 spaces in the UK Workplace Equality Index to rank 118th out of 246 organisations. The Trust will continue to seek partnerships with organisations who can help us to drive improvements for our LGBTQ+ communities.

Celebrating Pride

During 2024 the Network supported the Trust to attend multiple Pride events across Wales, including Aberystwyth, Swansea, Cardiff and Wrexham. These events provided an opportunity for LGBTQ+ staff and volunteers to celebrate their diversity with pride whilst also engaging with the community to seek feedback about LGBTQ+ experiences and expectations of using our services.

The Network continues to be an active member of the National Ambulance LGBT+ Network which meets quarterly.

Chairs of LGBTQ+ Networks across NHS Wales also met this year to discuss more collaboration on joint initiatives to improve the experiences of LGBTQ+ people.

Rhwydwaith LGBTQ+ Network

BEAM People Network

Established in July 2024

6 Members

- Participated in Race Equality Week Five Day Challenge in February 2025.
- Attended Big Halal Expo in Cardiff in February 2025 which attracted over 3000 attendees.
- Held first Iftar event in WAST in March 2025 to raise awareness and celebrate Ramadan with Muslim and non-Muslim colleagues.
- Trust membership established with Race Equality Matters.
- Regular monthly network meetings.
- Network members on the interview panel at the Trust's annual graduate paramedic recruitment event to help bring more diversity to the recruitment process.
- Networking with the National Ambulance Black Minority Ethnic Forum.

Carer Peer Support Network

NETWORK MEMBERSHIP

Network membership grew by **137%** during 2024

Rhwydwaith Gofalwyr

Carers Network

2023

2024

2024 CELEBRATION EVENTS

April 2024 Raising awareness of the Carers Leave Act 2023

June 2024 Carers Network celebrated its 1st anniversary

November 2024 Carer Confident Level 1 Award

NETWORK ACTIVITY

March
WEBINAR
Promoting Carers Rights and the Carers Leave Act 2023

April
CELEBRATION EVENT
Carers Wales, Carers Leave Act celebration in the Senedd

September
PEOPLE NETWORKS
New look page developed on Siren

November
CARERS RIGHTS DAY
Learning session with Carers Wales

BITEZISE LEARNING VIDEOS

- Support at Home
- Introduction to Caring
- Carers Active April Campaign
- Personal Independence Payment (PIP)
- Carers Needs Assessment
- Carers Passport

NETWORK INVITED TO FEEDBACK ON

- Draft EQIA Policy
- Track the Act
- Uniform Survey
- Refusal to treat

Purple Space Disability Network

WAST PURPLE SPACE

Nothing About Us Without Us

Network Growth

200%

Network Collaboration

Disability History Month Events

Raising Awareness of Neurodiversity

Listening Circle Launch

- Support from Purple Space to explore network identity, objectives and inclusion
- Members agreed branding of the network to promote unity and visibility across the Trust
- Created safe spaces for colleagues to share experiences and concerns
- Focused sessions on neurodiversity lived experiences of colleagues
- Partnership working with Wales Council for Deaf to host Deaf awareness sessions

Women’s People Network

105 Members

New Sub-group established to focus on matters affecting women in the workplace:

Imposter Syndrome
Career Progression
Baby Loss Awareness

Series of Women’s Health Information Sessions delivered throughout the year focussing on:

Menopause
Endometriosis
Vaginal Health

Network Member appointed as the Trust Rep on the **National Uniform User Steering Group** to help drive forward improvements to women’s uniforms

WAST Voices Network

WAST VOICES

OUR PEOPLE, OUR NETWORK, OUR VOICES

2024 –2025

99 WAST VOICES ADVOCATES

WAST VOICES IS AN INCLUSIVE COMMUNITY THAT EMBRACES SURVIVOR LEADERSHIP, INCLUSION AND CULTURAL GROWTH

EVERYONE HAS A VOICE!

THE NETWORK PROVIDES ACCESS TO SAFE LISTENING SPACES, DEVELOPMENT OPPORTUNITIES, MENTORING AND GUEST SPEAKER SESSIONS.

BOOK COMPETITION	Increasing understanding of equity, diversity and inclusion
CAMPAIGNS AND CO-PRODUCTION	Raise awareness, engage and drive action
EVENTS	Explore challenging topics, build connections and foster engagement
INFORMATION SHARING	Enhance knowledge to improve decision-making

4

BOOK COMPETITIONS
Engaging over 100 colleagues

8

CAMPAIGNS
Love-bombing, Domestic Violence, Sexual Safety, Ramadan, LGBTQ+

4

EVENTS
International Men's Day, Emotional Health, A&E Staff Engagement Roadshows

ENHANCING KNOWLEDGE
EDI Spotlight, Black History Month, Race Equality, Islamophobia, BSL, Older People, LGBTQ+ History Month, Allyship, Being an Active Bystander

Welsh Language and Culture

753 (17%)

Welsh Speaking Staff
(Level 3 and above)

Up 1% since the previous year

Cymraeg

New Welsh Language Network

- Established in January 2025
- 18 Members
- Promote Welsh language and culture across the Trust
- Working in partnership with other NHS Wales Welsh Language Networks to represent the Trust at the National Eisteddfod in Wrexham 2025

Welsh Language Advisory group

- Increased links with EDI Steering Group to ensure that Welsh Language is treated the same as other protected characteristics within Wales
- Joint working with the Head of Inclusion and Engagement on inclusive initiatives
- Oversees the Welsh Language Standards Statutory Report

Growing our Culture Champions Network

The **Culture Champions Network** continues to lead by example, creating a **more inclusive workplace** where allyship and positive behaviours are part of everyday interactions. The network is helping to shape a workplace where equality, diversity, and inclusion are valued and actively promoted.

Culture Champions play a hands-on role in **driving cultural change** by encouraging open conversations about workplace culture, challenging negative behaviours, and supporting colleagues in creating a more respectful and welcoming environment. To strengthen their impact, champions are taking part in allyship training and other development opportunities, including the **Demystifying Culture workshop**. These sessions provide a space for important discussions what needs to change within our workplace culture and how champions can influence that change in their roles.

A **regular newsletter** for Culture Champions also focuses on key cultural issues, with recent editions providing a **spotlight on Civility in Healthcare, Equity, Diversity and Inclusion and Speaking Up Safely.** These newsletters have been well received and are now shared with senior leaders and non-executive directors. By learning and developing together, our Culture Champions build confidence to have important conversations and act as a positive, supportive network.

Leadership and Culture

Developing Inclusive Leadership and Management

We have been developing a new Leadership and Management Behaviours and Development Framework (Our WAST Way) to improve workplace culture at WAST. Launching in Spring 2025, this framework defines the leadership behaviours needed to create a more compassionate, inclusive, and collaborative workplace. It is based on evidence from the NHS and other sectors, demonstrating that this type of leadership leads to better outcomes for staff, teams, and patients.

The framework reflects the changing expectations of leaders in public service, including ethical and legislative responsibilities to promote a positive and inclusive culture. Engagement in the development of this framework included input from over 350 leaders and managers, to ensure it aligns with staff needs.

Management Essentials

Work has been underway on the development of Management Essentials. This programme provides managers with the skills, knowledge, and behaviours needed to lead effectively and inclusively. It offers:

- Clear expectations of a manager's role, focusing on both what they do and how they do it.
- Access to policies and guidance to ensure fair and consistent people management.
- On-demand resources to support managers in handling sensitive conversations, addressing inappropriate behaviour, and encouraging staff to speak up.
- Workshops and training to build confidence in leadership, allyship, and building an inclusive culture.

This programme will help to improve employee experience, engagement, and inclusion, supporting managers in creating a workplace where all staff feel valued and empowered.

Leadership and Culture

Leadership Symposiums – Driving Cultural Change

Twice yearly, we bring around 150 senior leaders together to discuss key leadership and cultural issues. Recent symposiums have focused on compassionate leadership, psychological safety, and speaking truth to power.

These discussions help leaders shape a culture where staff feel safe, supported, and heard. These symposiums are vital in embedding inclusive leadership and allyship, ensuring that our senior leaders are actively role-modelling the behaviours we need to improve our workplace culture.

Executive Leadership Team (ELT) 360-Degree Feedback

In 2024, our Executive Leadership Team (ELT) undertook a 360-degree feedback process, gathering insights from senior leaders, trade union partners, and external stakeholders. This has increased awareness of the impact of leadership and the importance of role-modelling a compassionate, inclusive, and collaborative approach.

The process is also helping to strengthen relationships across leadership levels and with Trade Union Partners (TUPs). Feedback and development sessions have been held jointly, building trust, collaboration, and shared decision-making. A key outcome has been closer engagement with TUPs, reinforcing more inclusive and effective leadership across the organisation.

Leadership and Culture

Strengthening Social Partnership

Over the past year, we have strengthened our partnership with TUPs, working together to improve staff engagement and workplace culture. Progress includes:

- Early engagement with TUPs on policy development and service design, ensuring staff voices shape key decisions.
- Reflective practice in meetings, improving trust, respect, and collaboration.
- The 'Walking in Each Other's Shoes' development programme, enhancing understanding between managers and Trade Unions.
- Proactive partnership working, ensuring managers engage with TUPs before major changes.

There is now more focus on open dialogue and TUPs and leaders, and this is helping to build a more inclusive and accountable leadership culture. While differences remain, there is now a greater focus on shared purpose, improving outcomes for staff, patients, and communities.

Ambulance Leadership Forum 2025

In March 2025 the prestigious Ambulance Leadership Forum (ALF) took place, hosted by the Association of Ambulance Chief Executives (AACE). As a highly respected annual conference, ALF brings together key stakeholders—including managers, leaders, policymakers, academics, and partners—who are committed to advancing the UK ambulance sector.

As Chair of AACE, our CEO, Jason Killens, had the honour of hosting this esteemed event, which included presenting the Outstanding Service Awards. These awards recognise exceptional contributions within the sector, and we were proud to celebrate three colleagues from Team WAST who received this prestigious recognition:

Jonathan Davies, Locality Manager – Outstanding Welfare and Wellbeing Champion

Tamara Williams, Health Board Clinical Lead – Outstanding Contribution to Cultural Improvement

Kayleigh Wheeler, Operations Manager Ambulance Care – Excellence in the field of Diversity

In addition to these accolades, several of our colleagues were invited to present on key topics throughout the event, further showcasing the Trust's leadership and expertise.

Supporting and Developing our Workforce

Supporting our Workforce's Health and Wellbeing

Our Occupational Health and Wellbeing Team have developed a new Health and Wellbeing Plan for our workforce alongside a revised Occupational Health Policy and an Occupational Immunisation and Screening Policy.

Part of this work has seen the introduction of a Health Surveillance Programme, and a new digital tool to increase accessibility for our staff and line managers to support services. We have also launched a new health diagnostic tool to provide health checks for staff aged 45 and over.

Improving the Personal Appraisal and Development Review (PADR) Process

We are reviewing the PADR process to ensure it reflects our commitment to a compassionate, inclusive, and collaborative workplace. Rather than being a tick-box exercise, PADRs will focus more on meaningful development conversations. This year, we have been gathering feedback from staff, managers, and best practices across the sector, with further insights being collected from our Culture Champions network. Changes will be implemented in Autumn 2025, ensuring the process is fair, engaging, and supportive for all staff.

Team Cultural Reviews

In 2024, we conducted cultural reviews in three services. These reviews ensure staff voices are heard and help to drive meaningful change by:

- Giving staff a voice in shaping workplace culture.
- Addressing concerns raised by staff and trade unions to create a fairer work environment.
- Embedding transparency and continuous improvement into leadership decisions.
- Encouraging allyship and collaboration, strengthening relationships between teams.

Sexual Safety

Building on our campaign to promote sexual safety within the Trust we have developed a multi-level training plan designed to target different staff groups to raise awareness and eliminate sexual harassment within the Trust.

Level 1	The first level of training targets staff of all levels. The EDI Team have worked with our WAST Voices Network, TUs, and our People Services Team to co-design a bespoke sexual safety awareness session which will be rolled out to all staff from April 2025 onwards.
Level 2	Building upon the general awareness training, a more detailed session targeted at line managers has been developed and will be targeted to managers within key operational areas where sexual safety concerns have been raised from April 2025 onwards.
Level 3	Specialist training for People Services Team, TUPs, Safeguarding and other key members of staff whose role may involve investigation of sexual safety concerns in the workplace. This session will be delivered by NWSSP's Legal and Risk Team who developed the training in partnership with the AACE Sexual Safety Lead.
Level 4	Specialist training delivered by external experts in the sexual harassment field at internal development days.
Level 5	Sharing and learning from best practice at national conferences and events. Within the past six months, the Trust's Sexual Safety Lead has worked alongside the UK Ambulance Sector Sexual Safety Lead to develop and deliver a series of workshops and webinars to staff across the UK.

Sexual Safety

Examples of the specialist training provided to our workforce in 2024-2025:

- ✓ London Metropolitan University Session on 'The Impact of Pornography', Dr Fiona Vera-Gray
- ✓ Julie Stone, Ethics Consultant, 'Professional Boundaries' session delivered at the Operational Development Day
- ✓ Support for those involved with complex cases (Catherine Goodwin, WAST)
- ✓ Sexual Safety & Safeguarding (Raynor Griffiths, NMC)
- ✓ The Rise of Extreme Misogyny & Incel Activity (Gemma Howlett, University of Cumbria)
- ✓ Preparing for the Worker Protection Act (Helen Badger, Browne Jacobson)
- ✓ The Role of the Regulator (Hugh Tregoning, HCPC)
- ✓ We need to talk about AI (Karen Chummun, NHS England)
- ✓ Sexual Safety & Neurodiversity (Hannah Bragg, SWAST)
- ✓ Empowering Voices: The experiences of Muslim Women (NHS Muslim Women's Network)

Sharing Best Practice

Dr Catherine Goodwin, Assistant Director of Inclusion, Culture and Wellbeing and Clinical Psychologist at WAST has worked with the AACE National Sexual Safety Lead to deliver the following sessions in 2024-2025:

- ➢ Workshop at the National Public Sector Leaders Sexual Safety Conference
- ➢ HPMA Webinar on Navigating the Complexities of Workplace Sexual Safety Cases and understanding the impact upon people professionals

Allyship and Active Bystander Training

Allyship and Active Bystander Training

The Trust continues to roll out its Allyship and Active Bystander Training to staff. This award-winning training intervention was developed in-house specifically to relate to staff working within the healthcare sector. The full-day programme aims to provide an in-depth awareness and learning to understand the challenges faced by people within minority and protected groups, and those who are vulnerable or are disadvantaged. Practical approaches to bystander intervention are promoted to staff to encourage more people to eliminate discriminatory behaviours and promote equity for all.

Colleagues rate this training

4.67 out of 5 stars

90% of attendees **learned a great deal** or a lot

92% of attendees **will use what they have learnt** in the workplace **every day** or often

100% of attendees said that the training **met their expectations**

100% of attendees would **recommend the training** to others

Allyship and Active Bystander Training

HPMA Cymru Award

The Trust won a HPMA Cymru Award 2024 for its Bystander to Upstander initiative, which was designed not only to raise awareness among staff of equality, diversity, and inclusion but give them practical tools to challenge discrimination and inappropriate behaviours.

"By equipping staff not only with knowledge but the practical skills to safely intervene in a problematic situation, we're transforming from passive bystanders to pro-active upstanders."

Paola Spiteri, Retention Lead

"Creating a diverse and culturally aware workforce that demonstrates respect, empathy and understanding for others is a priority. And when everyone can bring their whole self to work, it helps us to deliver the best possible service to the people of Wales"

Angela Lewis,
Director of Culture Change

It is one of many initiatives and programmatic changes introduced by the organisation in the last couple of years to promote a culture of inclusion.

More than 200 staff across the Trust have completed the Allyship and Active Bystander training since May 2023.

Advancing Equality, Eliminating Discrimination and Creating Allyship

Reasonable Adjustments Training

Our People Services Team continue to develop and roll out bitesize training for line managers and one of these focuses on reasonable adjustments in the workplace. This year, this session was digitalised and incorporated into the Our WAST Way programme to help us deliver this training to more line managers.

Listening to our BSL Service Users

The experience of a patient whose first language, BSL was captured through collaboration with their Llais advocate. The story highlighted communication barriers which continue to affect access to NHS services by those whose first language is not English. This story was presented to the All-Wales Digital Stories Network and at QuEST Committee. Work to improve our communication with BSL service users in underway and will form part of our plans to implement the All Wales Accessible Information and Communication Standards.

Advancing Equality, Eliminating Discrimination and Creating Allyship

International Women's Day

The Trust celebrated International Women's Day 2024, celebrating the social, economic, cultural, and political achievements of women. The day also marks a call to action for accelerating women's equality.

"International Women's Day is a fantastic opportunity to celebrate the contribution of women across our organisation, whether as employees or volunteers. "So many women juggle more than one role, as workers, breadwinners, partners, parents, caregivers, and much more besides. "This is our opportunity to thank them for everything they do, in and outside of work and to wish all women a very happy, safe and peaceful International Women's Day."

Estelle Hitchon, Director of Partnerships and Engagement

Supporting People with IBD

As part of our commitment to supporting colleagues with disabilities and long-term health conditions, the Trust's Purple Space Disability Network is collaborating with Crohn's and Colitis UK to deliver awareness sessions on inflammatory bowel disease (IBD). This will provide valuable insights into living and working with conditions such as Crohn's disease and ulcerative colitis. By raising awareness, we aim to improve workplace support, promote open conversations, and ensure that staff affected by IBD feel heard and supported in their roles. Additionally, this awareness is crucial for our frontline staff, as it enhances understanding of the challenges faced by patients with IBD. Many individuals with Crohn's or colitis may experience urgent medical needs, and hidden symptoms.

Citizen Voice - People & Community Network

103 Network members

This is a multi-stakeholder network to support the collective development, awareness and promotion of positive service user experience, accessibility and inclusion within our services.

Plans have been made to grow the Network with a focus on:

- **age**
- **geographic location**
- **diversity, equity and inclusion**
- **Welsh language**

An action plan has been drafted to include engaging with young people in formal and informal education and using population health data to highlight key geographic areas across Wales.

People & Community Voice Group

In recent months the group undertook an annual effectiveness review to ensure a clear vision of reflection, learning and improvement to capture the Trust's aim of meaningful engagement as set out by the Trust's strategic goals.

Feedback from one of our Network members:

"If the Service really wants volunteer 'advisers', it has to be a two-way relationship and not just a title."

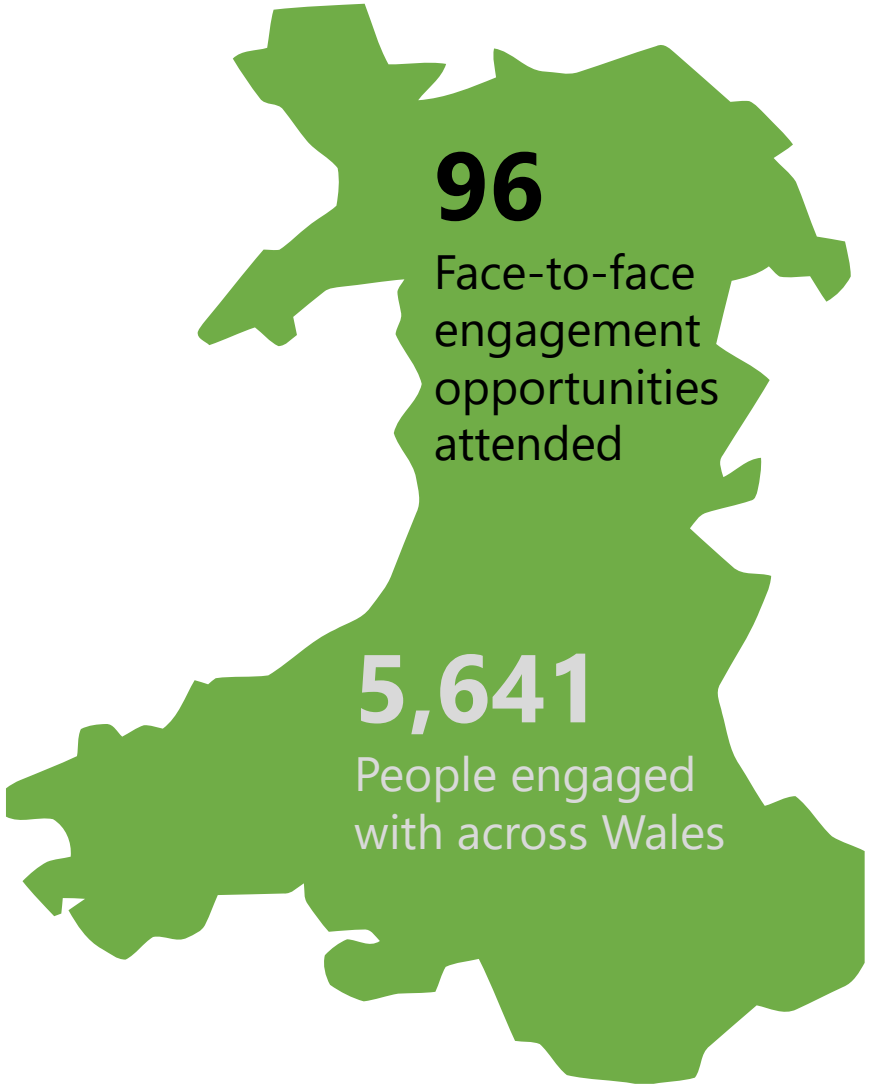
After an open, discussion with the group, it became clear that more needs to be done for these meetings to provide the most value for Network members and the Trust.

The Principles of Co-production

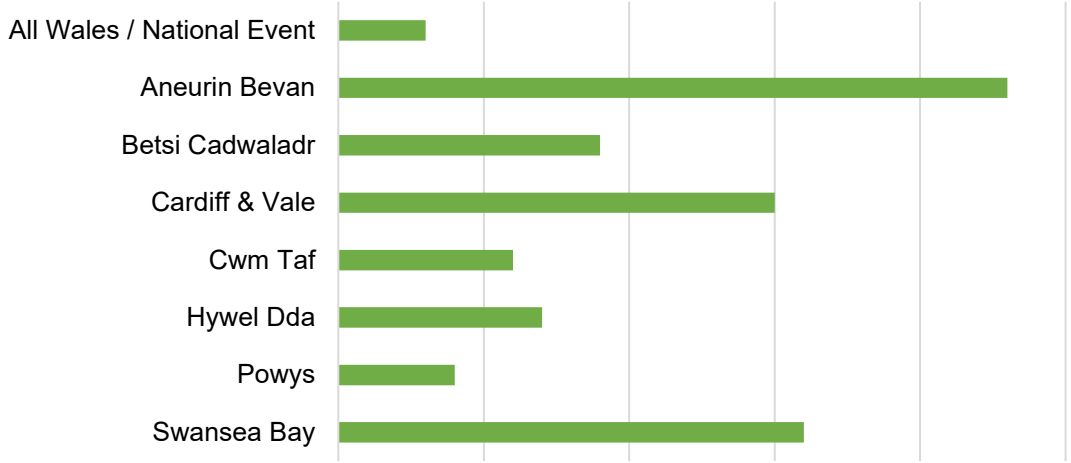
We will grow the Network and develop the People & Community Voice Group in accordance with the **five principles of co-production**, as defined by the Co-Production Network for Wales.

Rhwydwaith Cydgynhyrchu Cymru
Co-production Network for Wales
Pawb gyda'i gilydd
All in this together

Community Involvement & Co-production

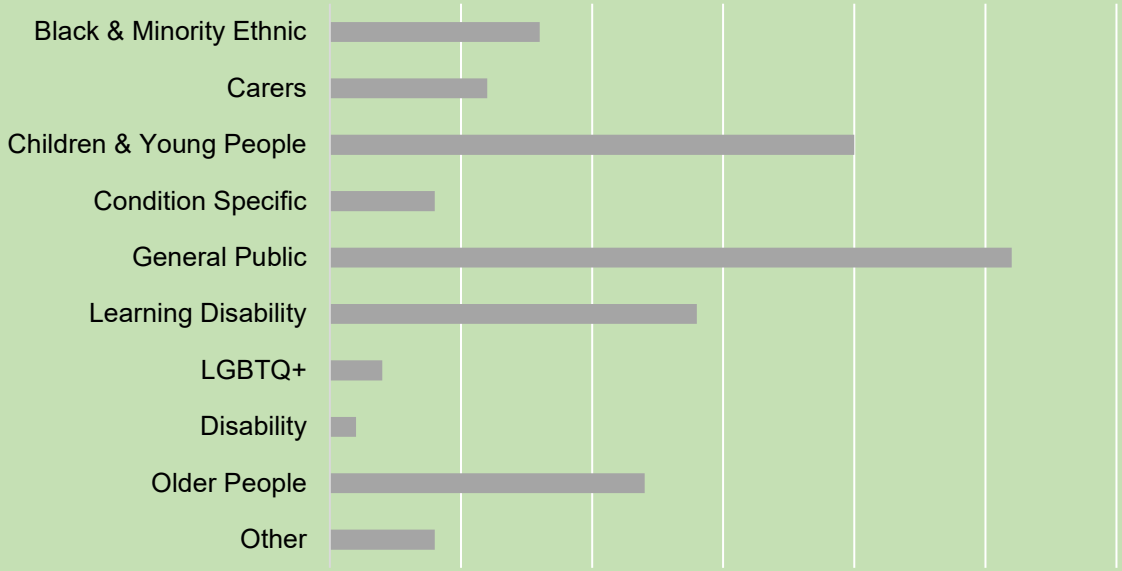


The Patient Experience and Community Involvement (PECI) Team attended 96 face-to-face engagement opportunities across Wales, engaging with 5,641 people. They listened to people's experiences of using Trust services, captured public sentiment and asked people to tell us what matters most to them if they should ever need to use our services in the future.



We covered all Health Board areas across Wales, with an increased number in Betsi Cadwaladr and Hywel Dda, which have been areas where we needed to increase our reach. This was also highlighted as an action in the recent PECI Internal audit.

Community Involvement & Co-production



Experiences and feedback, captured through our engagement with communities continued to cover a large cross section of the population.

Targeted engagement with groups known to experience health inequalities, barriers to accessing health care and those who have poorer health outcomes continued. This ensure that the voices of the most vulnerable in society had an opportunity to share their views and experiences.

Support for Autistic, Learning Disability and Neurodiverse patients across Wales

Pain assessment for patients who are autistic and/or have a learning disability is a consistent theme from experience feedback. Patients have told the Trust that it is vitally important for staff to understand their individual needs when on-scene, and this year we have introduced a new function on our electronic patient clinical record (ePCR) system. The new 'Needs' tab prompts responders and clinicians to ask if a patient has a learning disability, is autistic, or is neurodiverse. These options then reconfigure ePCR pages with further prompts around accommodations and adjustments when taking observations. These new prompts focus on communication difficulties TEACH mnemonic, (Time, Environment, Attitude, Communication, Help) reminding responders of the adjustments and accommodations that communities have told us that we need to make. Responders can access additional supporting information relating to a patient, such as the Improvement Cymru Health Profile, and reveals additional prompts and tools for assessing pain.

We have continued to talk and work with people with a learning disability, carers, family and professionals, listening to experiences and how we can best support people. We have co-produced resources to help improve people's access and a Learning Disability 'Celebration Day' for the public, patients, carers and families in the Aneurin Bevan region was held in October 2024.

"This exciting development not only puts the themes of 15 years of patient experience data at the heart of front-line service delivery improvement but also enters WAST into a new era of data collection around communities, which can help begin to address the health inequalities they experience when accessing health services."

Matt James, PECI Coordinator

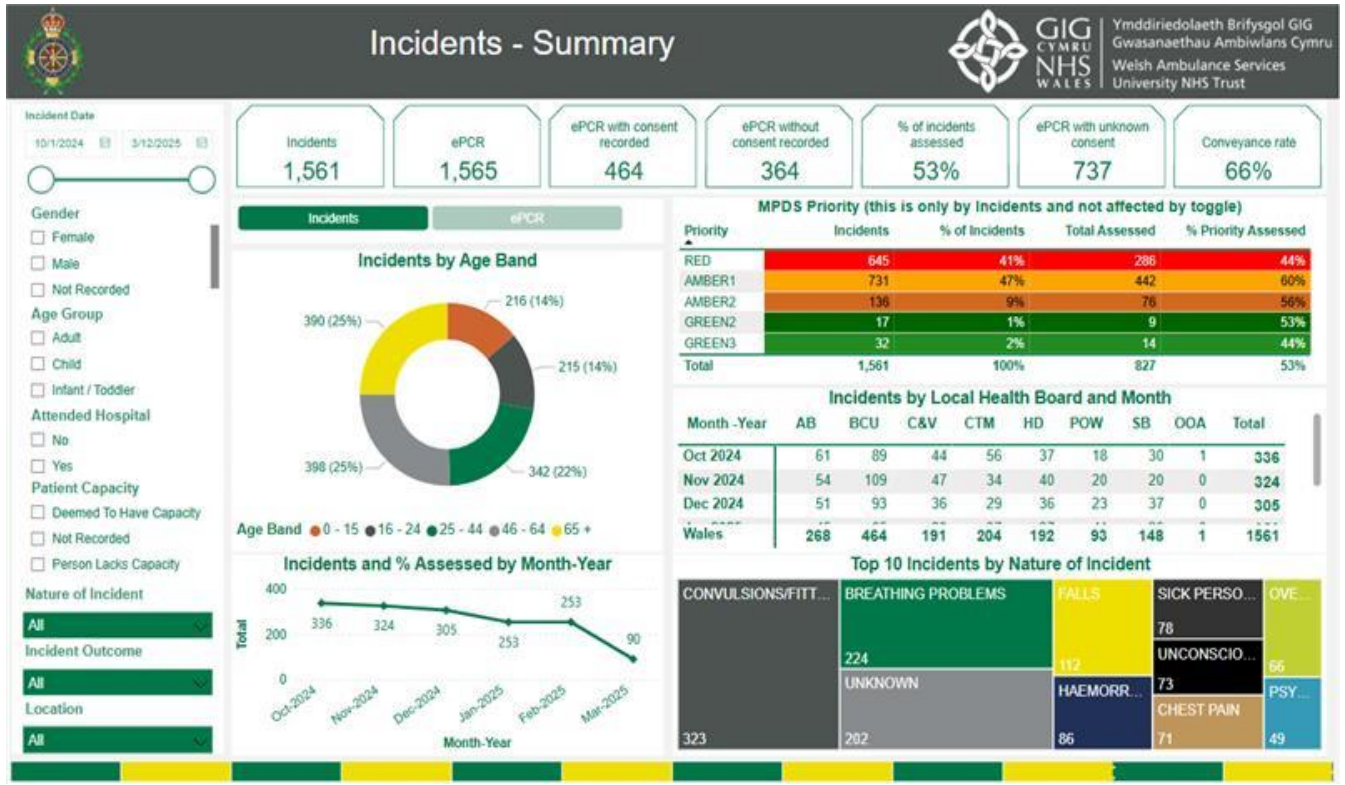
NHS Wales Performance Framework
Performance Measure Learning Disabilities

Learning Disabilities Dashboard

The dashboard went live on 1st October 2024, and reports on data of a patients' additional need. The dashboard sorts data according to demographics (age range, gender) and other categories such as incident closure type and call prioritisation.

Between 1 October '24 – 31 March '25, there have been 1,696 ePCR records where an additional need has been recorded. Convulsions/fitting and breathing problems have been the top two nature of incidents recorded. This data is valuable in understanding the wider national picture of health amongst the learning disability population and the impact on patient experience.

Experience data has informed agreement from Welsh Government to reshape some resourcing to appoint an Advanced Clinical Practitioner for Learning Disability to inform and improve our service model for people with learning disabilities and complex needs.



Engaging with our Dementia Community

The Trust engaged with different dementia groups and communities across Wales, helping us to educate people about our dementia work. We offer familiarisation opportunities so people can come inside our vehicles and look around. This helps us to identify issues which people affected by dementia have when inside our environments. Feedback from dementia communities has led to the introduction of many improvements, including:

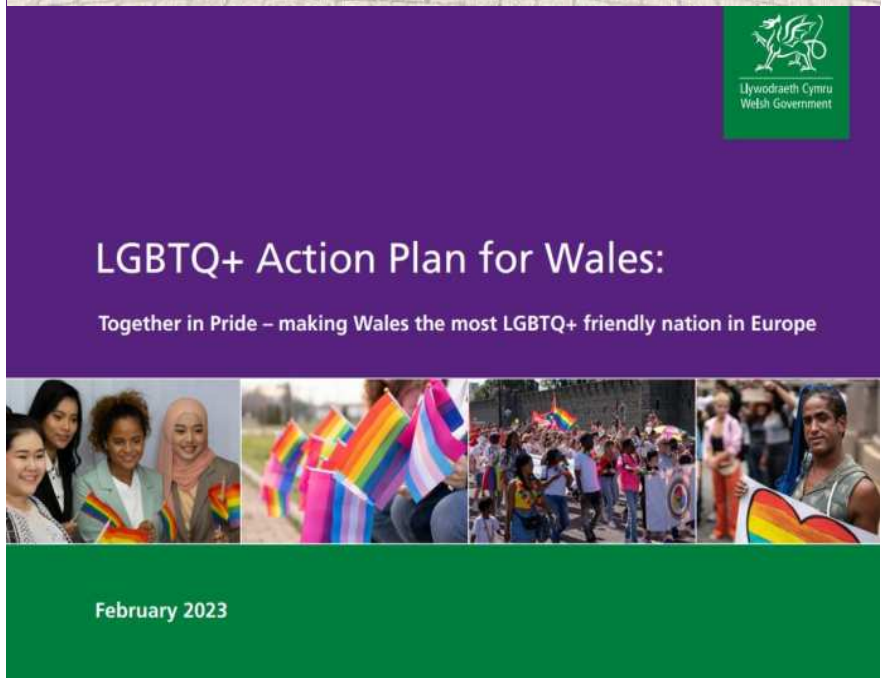
- A project in Ceredigion, co-designed by the local dementia community which has introduced pictures of areas of local beauty inside the vehicles, as well as genre specific music and activity booklets to support patients on ambulance transport.
- Using reminiscence therapy with people living with dementia to demonstrate a positive impact on patient experiences especially with patients who are distressed or agitated when in our care. There is evidence of improved transfers of care and opportunities to create meaningful relationships and moments using music and distraction for an improved patient experience.
- The development of a Patient Activity Toolkit, available to all staff, which will benefit anyone requiring distraction or occupation when in our care.

Engaging with our LGBTQ+ Communities

Over the past six months we have engaged with LGBTQ+ communities at various Pride events across Wales to seek feedback about LGBTQ+ experiences and expectations of using our services. This engagement supports Welsh Government's **LGBTQ+ Action Plan for Wales** vision to improve health outcomes for all LGBTQ+ people, specifically Action 5: *Involve LGBTQ+ communities in designing public services* and Action 18: *Understand and Improve experience of LGBTQ+ people in the health and social care sectors*.

As a result of this engagement, the Network Chair will work with the AACE National LGBT+ Network to update existing CPD resource around HIV & AIDS and develop a new Mental Health CPD resource to educate and help ambulance service staff provide better care to people living with HIV. To help with this, our LGBTQ+ Network Co-Chair has linked with Fast Track Cymru to run a workshop for WAST staff around HIV awareness, the ambition to end HIV transmission in Wales by 2030, and preventative medication such as PrEP and PEP and the U=U campaign.

In addition, LGBTQ+ History Month was celebrated within the Trust again this February with a series of local events across Wales promoted to staff alongside national online webinar events.



Engaging with our Ethnic Minority Communities

A central goal of the Welsh Government's **Anti-Racist Wales Action Plan** is reducing health inequalities experienced by Black, Asian and Minority Ethnic people and ensuring their voices are heard in shaping decisions about services. The PECI Team continue to work closely with the Trust's Equity, Diversity and Inclusion Team to embed the actions of this plan across the Trust. Research data tells us that people from minority ethnic backgrounds and deprived areas continue to face challenges such as accessing care late, experiencing longer waits and have worse health outcomes. The Trust has participated in the HEAR 1 and 2 research studies which focused on the use of interpretation services by asylum seekers and refugees in primary and emergency healthcare in Wales and now forms part of the British Medical Association (BMA) Refugee and asylum seeker patient health toolkit.

WAST Welcome Pack

We implemented an improvement project to reduce the number of steps to access the WAST welcome pack. The welcome pack has been promoted to communities at all relevant engagement events attended. We have also produced a new instruction leaflet to help people better understand how to access this new resource.

Helping to create an Anti-Racist Wales

Ramadan and Iftar Event

In March, the BEAM People Network hosted the Trust's first Iftar event at our headquarters in Newport. This event was well attended with representation from our Trust Board, including Non-Executive Directors, and provided an opportunity to learn about Ramadan and the breaking of the fast. Staff and volunteers were invited to share traditional food with our Muslim colleagues and watch prayers. The Secretary General for the Muslim Council of Wales also attended and delivered a talk about Ramadan. Attendees were appreciative of the event and commented on how much they learned about Muslim culture which will help us create allyship and a better understand the needs of our Muslim colleagues and service users.

Mela Event

We have continued to engage with minority ethnic communities across Wales by attending several events, including Cardiff Mela, Wales's biggest multicultural celebration. We spoke to people about what matters most to them when using ambulance services. People told us that having information available in their own language is vital, especially in a healthcare emergency. People also said that NHS services understanding the different cultural needs of communities is central to improving overall experiences.

Big Halal Expo

In February, the Trust attended the Big Halal Expo event in Cardiff to engage with Muslim communities. This event saw approximately 3000 visitors throughout the day where staff worked with children to practice CPR skills, listened to service user experiences, and promoted volunteering and recruitment opportunities within the Trust.

Helping to create an Anti-Racist Wales

NHS Muslim Women's Network

The Trust has welcomed members of the NHS Muslim Women's Network into WAST to share their experiences of bias and discrimination. Two of these network members work within other Ambulance Trusts and were able to connect with our workforce to help them understand the impact of institutional racism. To build upon this work and to help us attract a more ethnic diverse workforce and support existing Black, Asian and Minority Ethnic staff in the workplace, we have made links with the NHS Shuri Network, an NHS and care network of women from minority ethnic groups in digital health who are challenging the system to take action and supporting women from ethnic minorities to succeed in their careers.

NHS MUSLIM NETWORK

Maternity Skin Tone Initiative

Our Midwife Local Safety Champion has arranged black skin tone simulation mannequins to enhance training for childbirth. This includes a birth simulator mannequin, neonatal mannequins, adult CPR mannequins, a suture kit and IV arm. Our Public Health Registrar has analysed population data to identify areas with high numbers of ethnic minority emergency care births and as a result, these mannequins will be added to our training suites in Swansea, Cardiff and Newport. The training resources will also be loaned out to other areas to ensure that all staff have an opportunity to train with black skin tone simulation mannequins.

Workforce Diversity Report 2024-2025

We are pleased to see some improvements to our overall workforce diversity with small increases the number of ethnic minority staff, staff with a disability and those who are LGBTQ+.

This year, we have reviewed our Recruitment and Selection Policy which includes detailed guidance on eliminating unconscious bias throughout the recruitment process to help us improve our workforce diversity. The policy also encourages diverse interview panels and positive action.

We have also accepted the recommendations outlined in the Workforce Race Equality Standard Report for 2024 which has helped us to focus our efforts on increasing support for our Black, Asian and Minority Ethnic colleagues and those who wish to join the Trust.

A full copy of our workforce diversity report can be found in the appendices.

> Staff from Black Asian and Minority Ethnic backgrounds increased from 1.36% to 1.63%

> Staff with a disability increased from 6.75% to 7.94%

> Staff who identify as LGB+ increased from 5.6% to 5.72%

> Women increased from 50% to 50.5%

Workforce Race Equality Standard Report 2024

In June 2024, NHS Wales published its first Workforce Race Equality Standard (WRES) Report which analysed data from the NHS Staff Survey, the Electronic Staff Record System, and disciplinary cases.

The data highlights areas within the Trust which require attention. The following recommendations ask us to focus on three key areas where Black, Asian and Minority Ethnic colleagues are being disproportionately impacted in comparison to White colleagues

1. **Low levels of Black, Asian and Minority Ethnic Staff recruitment into WAST**
2. **Likelihood of staff being appointed after shortlisting**
3. **Likelihood of staff being put through disciplinary process**

In response to the report findings, we have implemented the following actions:

- Undertaken a review of a number of workforce policies through an anti-racist lens. These have included:
  - Recruitment and Selection Policy
  - All Wales Disciplinary Policy
  - Flexible Working Policy
- Implemented an Inclusive Recruitment initiative within our Digital Team.
- Appointed three Investigating Officers who will assess the need for disciplinary action involving Black, Asian and Minority Ethnic colleagues.
- Developed and delivered people development initiatives to raise awareness of the discrimination and to encourage more inclusive workplace cultures.

Workforce Diversity

Digital Team Inclusive Recruitment

To address the lack of ethnic diversity within our workforce following the findings of the WRES Report, we have implemented an initiative within our Digital Team. We reached out to ethnically diverse communities to help target our recruitment promotion. The wording on job advertisements was amended and we strategically promoted the vacancies on various platforms to reach more diverse applicants. For the purposes of the data below, we have used the acronym BAME to denote Black, Asian and Minority Ethnic applicants.

3 x Unconscious Bias Training Sessions delivered to 6 Recruiting Managers covering the following:

- Setting the scene – a summary of WAST workforce diversity
- Unconscious bias and how it affects recruitment
- Group discussion – identifying personal unconscious bias and recognising the challenges and barriers that applicants may face
- Diverse interview panels
- Further advice and support

2 x workshops for BAME applicants

- Meet the Team
- TRAC Recruitment Process
- Q&A

19 Vacancies

131 Interviews held **57 (43.5%) BAME** applicants

1270 Applications received

1005 (79%) from **BAME** applicants

19 Offers made **5 (26%)** to **BAME** applicants

1 Workshop **attendee** successfully **appointed** to a vacancy within our **Estates Team**

Workforce Diversity

Our efforts to improve ethnic workforce diversity in the Digital Team Inclusive Recruitment Initiative also had a positive impact upon applicants with other protected characteristics:

Disability

89 (7%) Applicants with a disability

9 (7%) Interviewed

4 (21%) Positions offered

Welsh Speakers

44 (3.5%) Welsh speaking applicants

8 (6%) Interviewed

2 (10.5%) Positions offered

LGBTQ+

40 (3%) LGBTQ+ applicants

7 (5%) Interviewed

1 (5%) Positions offered

Next Steps

- Continue to encourage compassionate leadership principles and introduce cultural interventions to encourage a more inclusive workplace
- Roll out unconscious bias training to recruitment managers and offer support to diverse applicants who may be disadvantaged
- Work with Swansea University to offer support to graduate paramedic students with a protected characteristic at our annual recruitment event
- Explore options to introduce and internal gateway review of disciplinary cases
- Provide support for women and other minority groups to progress into senior management roles

Gender Pay Gap 2024-2025

We are pleased to see our gender pay gap decrease slightly over the past year to **5.3%**.

In comparison to other UK Ambulance Trusts, the Welsh Ambulance Service is performing well. However, we recognise that our gender pay gap is still mainly caused by a disproportionate number of men within our most senior roles, and a disproportionate ratio of female-male employees working part-time contracted hours.

We will continue to support our female colleagues in the workplace to seek career progression opportunities. In the coming months, we will support our female operational leaders to participate in a national scheme for aspiring operational directors to encourage a more equal representation of female directors in the future. We are also introducing a number of senior professional roles within our clinical teams which we hope will attract more female applicants.

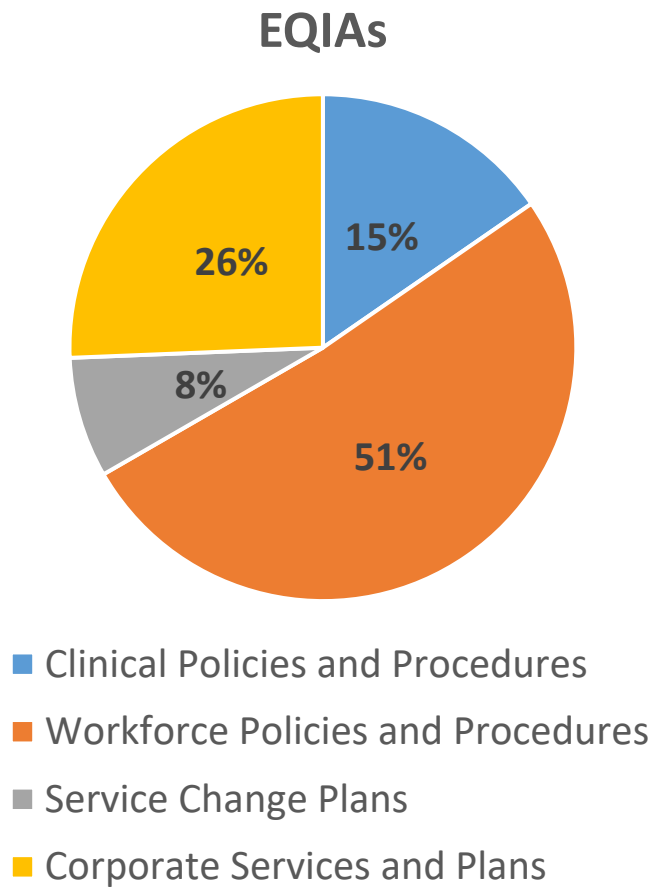
Down

from 5.6 to

5.3%

Equality Impact Assessments EQIA

Within 2024-2025 the Trust has completed 39 equality impact assessments



EQIAs which were of particular relevance to our SEP objectives included:

- **Integrated Medium Term Plan** – ensures that EDI is embedded in everything that we do and we will attempt to increase equity and fairness for all and eliminate discrimination.
- **Clinical Model Transformation Plan** – helps us to plan future services which meet the needs of individuals and supports the Wellbeing of Future Generations Goals.
- **Digital Plan** – focus on digital poverty and digital literacy, particularly amongst our ageing population.
- **Welsh Language Policy** – ensures that we continue to increase our capacity to deliver services through the medium of Welsh and that we treat Welsh no less favourably than English.
- **Violence Against Women, Domestic Abuse and Sexual Violence Policy** – aims to support women who are vulnerable and eliminate discrimination.
- **Recruitment and Selection Policy** – encourages an inclusive approach to fair and unbiased approach to recruitment to improve workforce diversity.

New Director of Culture Change

We have increased capacity in the leadership of our People and Culture Directorate by splitting our Director of People and Culture role into two separate posts – A Director of People Service and a Director of Culture Change. Angela Lewis, who held the former combined director role has been appointed as our new Director of Culture Change. This change in role allows for more prioritisation on equity, diversity and inclusion and we now have additional focus and resource at executive level which ensures that equity, diversity and inclusion is threaded through all of our committee meetings and at Trust Board.

Raising the profile of initiatives at an executive level has enabled the Board members to fully embrace their key responsibilities and achieve their personal equity, diversity and inclusion objectives and we are seeing an increase in the involvement of all Board members in supporting events, such as our Iftar event and Pride parades. Promoting our channels for speaking up safely and creating psychological safety remains a priority for the Trust and as a result, themes around equity, diversity and inclusion have been identified and reported to the Non-Executive Directors and the Chief Executive Officer regularly via the Director of Culture feedback reports. Spotlights on culture are also being held during our Executive Leadership Team meetings which have a focus on the equity, diversity and inclusion themes identified.

Equity, Diversity and Inclusion Steering Group

We have strengthened our Equity, Diversity and Inclusion Steering Group throughout the year with the appointment of a new Chair, Angela Lewis, Director or Culture Change and Executive Equity, Diversity and Inclusion Champion. This group has been formalised to improve scrutiny and provide assurance by reporting routes into the Executive Leadership Team and People and Culture Committee. The group consists of stakeholders to represent each directorate and the Board.

The Chair has taken an active role in motivating our networks and encouraging their development. After meeting with each of the networks, the Chair has been instrumental in raising the profile of our people networks at Board level which has seen an increase in attendance at network events and recognition for the awareness raising and support that they provide to staff.

Looking Ahead to 2025-2026

To build upon the work already undertaken we have developed our Equity, Diversity and Inclusion Steering Group which will oversee action plans across the Trust which include many actions to help us achieve our Strategic Equality Plan Objectives. Next year we will focus upon the following areas:

- Our sponsors will support our Aspiring Board Member to learn and flourish within the health sector to encourage more representation on our Board from minority ethnic backgrounds.
- Review our current procedures for accessing timely and quality interpretation and translation services for service users who do not speak English. This will be conducted in line with the All Wales Accessible Information and Communication Standards.
- Monitor the implementation of the Clinical Model Transformation Programme to ensure that any changes to service delivery are accessible and improve the health and wellbeing of our service users.
- Provide staff with access to a suite of sexual safety training with a focus on specific topics such as sexism within social media to educate staff and prevent sexual harassment.
- Host the Health Zone at the Mastering Diversity Conference in Cardiff to showcase exemplary practice and leadership culture and to learn from best practice across Wales.

A copy of our Strategic Equality Plan 2024-2028 can be found here:

https://ambulance.nhs.wales/about-us/treating-people-fairly-our-strategic-equality-plan-2020-2024/

Looking Ahead to 2025-2026

- Undertake a workshop with staff who have completed the Allyship and Active Bystander training programme to assess the impact it has made upon their confidence to increase allyship to help eliminate discrimination and disadvantage.
- Adopt and roll out the Anti-racist Wales mandatory e-learning training module to help make it more meaningful for ambulance colleagues.
- Ensure that all line managers undertake the basic elements of Our WAST Way management and leadership training by completing the Regular Check-ins and Crucial Conversations training.
- Support and encourage diversity in the recruitment activity for large scale graduate paramedics and executive appointments and continue to offer supportive professional development opportunities to those in post.
- Work towards achieving Employer Carer Confident Level 2 and support unpaid carers by implementing developing a Carer's Policy and flexible working solutions.
- Introduce a disability passport scheme for staff within a disability to help implement appropriate reasonable adjustments in the workplace.

Please contact a member of the team to learn more about our Equity, Diversity and Inclusion Action Plan for 2025-2026:

AMB_Inclusion@wales.nhs.uk

Our Reflections

Reflecting on the progress made over the past year, we are confident that our Strategic Equality Plan Objectives are relevant to the challenges we face in providing emergency healthcare services to the population in Wales.

Building upon our People and Culture Plan objectives which focus on improving our workplace culture, capacity and capabilities, our Strategic Equality Objectives continue to be threaded through the Trust's strategic plans, including our IMTP, Quality Plan, Clinical Model Transformation Programme and our Wellbeing of Future Generation Wellbeing Objectives.

We will continue to ensure that equity, diversity and inclusion are at the heart of our plans to ensure that our services meet the needs of individual service users and are focused upon person-centred healthcare. We are pleased to see how far we have come as an organisation to create a fair and inclusive service for our servicer users, staff and stakeholders over the past year.

Contact Us

For further information on our Strategic Equality Plan and how we are meeting our objectives, please contact the Team by emailing

AMB_Inclusion@wales.nhs.uk

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cy

Cynllun Cydraddoldeb Strategol Adroddiad Blynyddol 2024-2025

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

AMB_Inclusion@wales.nhs.uk

Cyflwyniad

Croeso i Adroddiad Blynyddol Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru ar ein Cynllun Cydraddoldeb Strategol ar gyfer 2024-2025.

Mae'r adroddiad hwn yn amlinellu'r cynnydd a wnaethom dros y flwyddyn ddiwethaf i gyflawni Amcanion Cydraddoldeb Strategol yr Ymddiriedolaeth a'r camau a gymerwyd i fynd i'r afael â'r anghydraddoldeb a brofir gan ein staff a defnyddwyr gwasanaeth i'n helpu i fod yn fwy cynhwysol o bawb sy'n dod i gysylltiad â'r Ymddiriedolaeth.

Ein Hamcanion Cydraddoldeb Strategol

- Dylunio Gwasanaethau Teg
- Arwain trwy Esiampl
- Bod yn Gyflogwr o Ddewis
- Creu Cynghreiriaeth

Tyfu ein Rhwydweithiau Pobl

Rydym wedi parhau i ddatblygu ein Rhwydweithiau Pobl i gynnig cefnogaeth i'n cydweithwyr sydd â nodwedd warchodedig. Mae ein Rhwydweithiau Pobl ar agor i bob cydweithiwr, gan gynnwys cynghreiriaid. Maent yn cynnig lle diogel i gydweithwyr rannu eu profiadau heb farn. Mae ein haelodau hefyd yn helpu i fynychu a hyrwyddo digwyddiadau allweddol yn y gweithle ac allan yn ein cymunedau i helpu i godi ymwybyddiaeth o'r heriau y gall pobl â nodwedd warchodedig eu hwynebu yn eu bywydau bob dydd.

Mae cipolwg ar bob un o'n Rhwydweithiau Pobl i'w weld ar y tudalennau canlynol.

Rhwydwaith Pobl

96
Aelodau

Mae'r nifer hwn wedi aros yn gymharol sefydlog, a gellir gwneud mwy o waith i geisio cynyddu aelodaeth. Cadeirydd y Rhwydwaith sy'n arwain y Rhwydwaith yn bennaf.

Dathlu Balchder

Rhwydwaith LGBTQ+ Network

Yn ystod 2024, cefnogwyd yr Ymddiriedolaeth gan y Rhwydwaith i fynychu nifer o ddigwyddiadau Pride ledled Cymru, gan gynnwys Aberystwyth, Abertawe, Caerdydd a Wrecsam. Roedd y digwyddiadau hyn yn gyfle i staff a gwirfoddolwyr LHDTC+ ddathlu eu hamrywiaeth gyda balchder tra hefyd yn ymgysylltu â'r gymuned i geisio adborth am brofiadau a disgwyliadau LHDTC+ o ddefnyddio ein gwasanaethau.

Mae'r Rhwydwaith yn parhau i fod yn aelod gweithredol o'r Rhwydwaith Ambiwlans LHDT+ Cenedlaethol sy'n cyfarfod yn chwarterol.

Cyfarfu Cadeiryddion Rhwydweithiau LHDTC+ ar draws GIG Cymru eleni hefyd i drafod mwy o gydweithio ar fentrau ar y cyd i wella profiadau pobl LHDTC+.

Gwobr Efydd

Gyda chefnogaeth y Rhwydwaith, dyfarnwyd Gwobr Efydd Cyflogwr Stonewall i'r Ymddiriedolaeth ym mis Mai 2024 ac mae wedi dringo dros 100 o leoedd ym Mynegai Cydraddoldeb yn y Gweithle'r DU i safle 118 allan o 246 o sefydliadau. Bydd yr Ymddiriedolaeth yn parhau i chwilio am bartneriaethau â sefydliadau a all ein helpu i sbarduno gwelliannau ar gyfer ein cymunedau LHDTC+.

Rhwydwaith Pobl BEAM

Sefydlwyd ym mis Gorffennaf 2024

6 Aelod

- Cymerodd ran yn Her Pum Diwrnod Wythnos Cydraddoldeb Hiliol ym mis Chwefror 2025.
- Mynychodd yr Expo Halal Mawr yng Nghaerdydd ym mis Chwefror 2025 a ddenodd dros 3000 o fynychwyr.
- Cynhaliodd y ddigwyddiad Iftar cyntaf yn WAST ym mis Mawrth 2025 i godi ymwybyddiaeth a dathlu Ramadan gyda chydweithwyr Mwslimaidd a rhai nad ydynt yn Fwslimiaid.
- Sefydlodd aelodaeth yr Ymddiriedolaeth gyda Race Equality Matters ym mis Mai 2025.
- Cyfarfodydd rhwydwaith misol rheolaidd.
- Aelodau'r rhwydwaith ar y panel cyfweld yn nigwyddiad recriwtio parafeddygon graddedig blynyddol yr Ymddiriedolaeth i helpu i ddod â mwy o amrywiaeth i'r broses recriwtio.
- Rhwydweithio gyda Fforwm Du ac Ethnig Lejafrifol yr Ambiwlans Cenedlaethol.

Rhwydwaith Cymorth Cyfoedion i Ofalwyr

AELODAETH RHWYDWAITH

Tyfodd aelodaeth y rhwydwaith **137%** yn ystod 2024

Rhwydwaith Gofalwyr

Carers Network

2023

2024

DIGWYDDIADAU DATHLU 2024

Ebrill 2024 Codi ymwybyddiaeth o Ddeddf Absenoldeb Gofalwyr 2023

Mehefin 2024 Dathlodd Rhwydwaith Gofalwyr ei ben-blwydd cyntaf

Tachwedd 2024 Gwobr Lefel 1 Hyderus o ran Gofalwyr

GWEITHGAREDD Y RHWYDWAITH

Mawrth

GWEMINAR

Hyrwyddo Hawliau Gofalwyr a Deddf Absenoldeb Gofalwyr 2023

Ebrill

DIGWYDDIAD DATHLU

Gofalwyr Cymru, dathliad Deddf Absenoldeb Gofalwyr yn y Senedd

Medi.

RHWYDWEITHIAU POBL

Tudalen ar ei newydd wedd wedi'i ddatblygu ar Siren

Tachwedd

DIWRNOD HAWLIAU GOFALWYR

Sesiwn ddysgu gyda Gofalwyr Cymru

FIDEOS DYSGU BYR

- Cymorth yn y Gartref
- Cyflwyniad i Ofalu
- Ymgyrch Gofalwyr Ebrill Egnïol
- Y Taliad Annibyniaeth Bersonol
- Asesiad Anghenion Gofalwyr
- Pasbort Gofalwyr

GWAHODDIR Y RHWYDWAITH I ROI ADRODDIAD AR

- Polisi Drafft Asesiad o'r Effaith ar Gydraddoldeb
- Tracio'r Ddeddf
- Arolwg Gwisg
- Gwrthod rhoi triniaeth

Rhwydwaith Anabledd Purple Space

Dim byd Amdanom Ni Hebddon Ni

Twf y Rhwydwaith

200%

Cydweithredu rhwng Rhwydweithiau

Digwyddiadau Mis Hanes Anabledd

Codi Ymwybyddiaeth o Niwroamrywiaeth

Lansio Cylch Gwrando

- Cymorth gan Purple Space i archwilio hunaniaeth, amcanion a chynhwysiant y rhwydwaith
- Cytunodd yr aelodau ar frandio'r rhwydwaith i hyrwyddo undod a gweleded ar draws yr Ymddiriedolaeth
- Creu mannau diogel i gydweithwyr rannu profiadau a phryderon
- Sesiynau wedi'u ffocysu ar brofiadau byw niwroamrywiaeth cydweithwyr
- Gweithio mewn partneriaeth â Chyngor Cymru i Bobl Fyddar i gynnal sesiynau ymwybyddiaeth o fod yn fyddar

Rhwydwaith Pobl Menywod

105 o Aelodau

Is-grŵp newydd wedi'i sefydlu i ganolbwyntio ar faterion sy'n effeithio ar fenywod yn y gweithle:

Syndrom y ffugiwr
Camu ymlaen yn eich gyrfa
Wythnos Ymwybyddiaeth Colli Babanod

Cyfres o Sesiynau Gwybodaeth Iechyd Menywod a gyflwynir drwy gydol y flwyddyn yn canolbwyntio ar:

Menopos
Endometriosis
Iechyd y wain

Aelod o'r Rhwydwaith wedi'i benodi'n Gynrychiolydd yr Ymddiriedolaeth ar y **Grŵp Llywio Defnyddwyr Gwisgoedd Cenedlaethol** i helpu i yrru gwelliannau ymlaen i wisgoedd menywod

Rhwydwaith Lleisiau WAST

WAST VOICES

OUR PEOPLE, OUR NETWORK, OUR VOICES

2024 –2025

99 o EIRIOLWYR LLEISIAU WAST

MAE LLEISIAU WAST YN GYMUNED GYNHWYSOL SY'N COFLEIDIO ARWEINYDDIAETH GOROESWYR, CYNHWYSIANT A THWF DIWYLLIANNOL.

MAE GAN BAWB LAIS!

MAE'R RHWYDWAITH YN DARPARU MYNEDIAD AT FANNAU GWRANDO DIOGEL, CYFLEOEDD DATBLYGU, MENTORA A SESIYNAU SIARADWYR GWADD.

CYSTADLEUAETH LLYFRAU	Cynyddu dealltwriaeth o degwch, amrywiaeth a chynhwysiant
YMGYRCHOEDD A CYDGYNHYRCHU	Codi ymwybyddiaeth, ymgysylltu a gyrru gweithredu
DIGWYDDIADAU	Archwilio pynciau heriol, adeiladu cysylltiadau a meithrin ymgysylltiad
RHANNU GWYBODAETH	Gwella gwybodaeth i wella gwneud penderfyniadau

4

CYSTADLEUAETH LLYFRAU

Gan ymgysylltu â dros 100 o gydweithwyr

8

YMGYRCH

Bomio â chariad, trais domestig, diogelwch rhywiol, Ramadan, LHDTC+

4

DIGWYDDIAD

Diwrnod Rhyngwladol y Dynion, Iechyd Emosiynol, Sioeau Teithiol Ymgysylltu Staff A&E

GWELLA GWYBODAETH

Goleuni ar Gydraddoldeb, Amrywiaeth a Chynhwysiant, Mis Hanes Pobl Dduon, Cydraddoldeb Hiliol, Islamoffobia, Iaith Arwyddion Prydain, Pobl Hŷn, Mis Hanes LHDTC+, Cynghreiriaeth, Bod yn Wylwyr Gweithredol

Y Gymraeg a Diwylliant

753 (17%)

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

I fyny 1% ers y llynedd

Cymraeg

Rhwydwaith Cymraeg

- Sefydlwyd ym mis Ionawr 2025
- 18 Aelod
- Hyrwyddo'r iaith a'r diwylliant Cymraeg ar draws yr Ymddiriedolaeth
- Gweithio mewn partneriaeth â Rhwydweithiau Cymraeg eraill GIG Cymru i gynrychioli'r Ymddiriedolaeth yn yr Eisteddfod Genedlaethol yn Wrecsam 2025

Grŵp Cynghori'r Gymraeg

- Cysylltiadau cynyddol â Grŵp Llywio Cydraddoldeb, Amrywiaeth a Chynhwysiant i sicrhau bod y Gymraeg yn cael ei thrin yr un fath â nodweddion gwarchodedig eraill yng Nghymru
- Gweithio ar y cyd â Phennaeth Cynhwysiant ac Ymgysylltu ar fentrau cynhwysol
- Yn goruchwylio Adroddiad Statudol Safonau'r Gymraeg

Tyfu ein Rhwydwaith Hyrwyddwyr Diwylliant

Mae’r **Rhwydwaith Hyrwyddwyr Diwylliant** yn parhau i arwain trwy esiampl, gan greu gweithle mwy cynhwysol lle mae cynghreiriad ac ymddygiadau cadarnhaol yn rhan o ryngweithiadau bob dydd. Mae'r rhwydwaith yn helpu i lunio gweithle lle mae cydraddoldeb, amrywiaeth a chynhwysiant yn cael eu gwerthfawrogi a'u hyrwyddo'n weithredol.

Mae Hyrwyddwyr Diwylliant yn chwarae rhan ymarferol wrth **yrru newid diwylliannol** drwy annog sgyrsiau agored am ddiwylliant y gweithle, herio ymddygiadau negyddol, a chefnogi cydweithwyr i greu amgylchedd mwy parchus a chroesawgar. Er mwyn cryfhau eu heffaith, mae hyrwyddwyr yn cymryd rhan mewn hyfforddiant cynghreiriad a chyfleoedd datblygu eraill, gan gynnwys y **gweithdy Chwalu Hud Diwylliant**. Mae'r sesiynau hyn yn darparu lle ar gyfer trafodaethau pwysig ynghylch beth sydd angen newid o fewn diwylliant ein gweithle a sut y gall hyrwyddwyr ddylanwadu ar y newid hwnnw yn eu rolau.

Mae **cylchlythyr rheolaidd** ar gyfer Hyrwyddwyr Diwylliant hefyd yn canolbwyntio ar faterion diwylliannol allweddol, gyda rhifynnau diweddar yn rhoi **sylw ar Gwrteisi mewn Gofal Iechyd, Tegwch, Amrywiaeth a Chynhwysiant a Chodi Llais heb Ofn.** Mae'r cylchlythyrau hyn wedi cael derbyniad da ac maent bellach yn cael eu rhannu ag uwch arweinwyr a chyfarwyddwyr anweithredol. Drwy ddysgu a datblygu gyda'n gilydd, mae ein Hyrwyddwyr Diwylliant yn meithrin hyder i gael sgyrsiau pwysig a gweithredu fel rhwydwaith cadarnhaol a chefnogol.

Arweinyddiaeth a Diwylliant

Datblygu Arweinyddiaeth a Rheolaeth Gynhwysol

Rydym wedi bod yn datblygu Fframwaith Ymddygiadau a Datblygu Arweinyddiaeth a Rheolaeth newydd (Ein Ffordd WAST) i wella diwylliant y gweithle yn WAST. Gan lansio yng ngwanwyn 2025, mae'r fframwaith hwn yn diffinio'r ymddygiadau arweinyddiaeth sydd eu hangen i greu gweithle mwy tosturiol, cynhwysol a chydweithredol. Mae'n seiliedig ar dystiolaeth o'r GIG a sectorau eraill, gan ddangos bod y math hwn o arweinyddiaeth yn arwain at ganlyniadau gwell i staff, timau a chleifion.

Mae'r fframwaith yn adlewyrchu disgwyliadau newidiol arweinwyr mewn gwasanaeth cyhoeddus, gan gynnwys cyfrifoldebau moesegol a deddfwriaethol i hyrwyddo diwylliant cadarnhaol a chynhwysol. Roedd ymgysylltu â datblygiad y fframwaith hwn yn cynnwys mewnbwn gan dros 350 o arweinwyr a rheolwyr, er mwyn sicrhau ei fod yn cyd-fynd ag anghenion staff.

Hanfodion Rheoli

Mae gwaith wedi bod ar y gweill ar ddatblygu Hanfodion Rheoli. Mae'r rhaglen hon yn rhoi'r sgiliau, yr wybodaeth a'r ymddygiadau sydd eu hangen ar reolwyr i arwain yn effeithiol ac yn gynhwysol. Mae’n cynnig:

- Disgwyliadau clir o rôl rheolwr, gan ganolbwyntio ar yr hyn maen nhw'n ei wneud a sut maen nhw'n ei wneud.
- Mynediad at bolisïau a chanllawiau i sicrhau rheoli pobl yn deg ac yn gyson.
- Adnoddau ar gais i gefnogi rheolwyr i ymdrin â sgyrsiau sensitif, mynd i'r afael ag ymddygiad amhriodol, ac annog staff i siarad i fyny.
- Gweithdai a hyfforddiant i feithrin hyder mewn arweinyddiaeth, cynghreiriaeth, ac adeiladu diwylliant cynhwysol.

Bydd y rhaglen hon yn helpu i wella profiad, ymgysylltiad a chynhwysiant gweithwyr, gan gefnogi rheolwyr i greu gweithle lle mae'r holl staff yn teimlo eu bod yn cael eu gwerthfawrogi a'u grymuso.

Arweinyddiaeth a Diwylliant

Symposiwm Arweinyddiaeth – Gyrru Newid Diwylliannol

Ddwywaith y flwyddyn, rydym yn dod â thua 150 o uwch arweinwyr ynghyd i drafod materion allweddol arweinyddiaeth a diwylliannol. Mae symposia diweddar wedi canolbwyntio ar arweinyddiaeth dosturiol, diogelwch seicolegol, a dweud y gwir wrth bobl mewn grym.

Mae'r trafodaethau hyn yn helpu arweinwyr i lunio diwylliant lle mae staff yn teimlo'n ddiogel, yn cael eu cefnogi, a'u clywed. Mae'r symposia hyn yn hanfodol wrth ymgorffori arweinyddiaeth gynhwysol a chynghreiriaeth, gan sicrhau bod ein huwch arweinwyr yn weithredol yn modelu'r ymddygiadau sydd eu hangen arnom i wella ein diwylliant gweithle.

Adborth 360 Gradd y Tîm Arwain Gweithredol

Yn 2024, cynhaliodd ein Tîm Arwain Gweithredol broses adborth 360 gradd, gan gasglu mewnwelediadau gan uwch arweinwyr, partneriaid undebau llafur, a rhanddeiliaid allanol. Mae hyn wedi cynyddu ymwybyddiaeth o effaith arweinyddiaeth a phwysigrwydd dangos dull tosturiol, cynhwysol a chydweithredol.

Mae'r broses hefyd yn helpu i gryfhau perthnasoedd ar draws lefelau arweinyddiaeth a chyda Phartneriaid Undebau Llafur. Cynhaliwyd sesiynau adborth a datblygu ar y cyd, gan feithrin ymddiriedaeth, cydweithio a gwneud penderfyniadau ar y cyd. Un canlyniad allweddol fu ymgysylltu'n agosach â Phartneriaid Undebau Llafur, gan atgyfnerthu arweinyddiaeth fwy cynhwysol ac effeithiol ar draws y sefydliad.

Arweinyddiaeth a Diwylliant

Cryfhau Partneriaeth Gymdeithasol

Dros y flwyddyn ddiwethaf, rydym wedi cryfhau ein partneriaeth â Phartneriaid Undebau Llafur, gan gydweithio i wella ymgysylltiad staff a diwylliant y gweithle. Mae cynnydd yn cynnwys:

- Ymgysylltu cynnar â Phartneriaid Undebau Llafur ar ddatblygu polisïau a dylunio gwasanaethau, gan sicrhau bod lleisiau staff yn llywio penderfyniadau allweddol.
- Ymarfer myfyriol mewn cyfarfodydd, gwella ymddiriedaeth, parch a chydweithio.
- Y rhaglen ddatblygu 'Cerdded yn Esgidiau Ein Gilydd', gan wella dealltwriaeth rhwng rheolwyr ac Undebau Llafur.
- Gweithio mewn partneriaeth yn rhagweithiol, gan sicrhau bod rheolwyr yn ymgysylltu â Phartneriaid Undebau Llafur cyn newidiadau mawr.

Bellach mae mwy o ffocws ar ddeialog agored a Phartneriaid Undebau Llafur ac arweinwyr, ac mae hyn yn helpu i adeiladu diwylliant arweinyddiaeth mwy cynhwysol ac atebol. Er bod gwahaniaethau'n parhau, mae mwy o ffocws bellach ar bwrpas cyffredin, gan wella canlyniadau i staff, cleifion a chymunedau.

Fforwm Arweinyddiaeth Ambiwlans 2025

Ym mis Mawrth 2025 cynhaliwyd Fforwm Arweinyddiaeth Ambiwlansys mawreddog, a gynhaliwyd gan Gymdeithas Prif Weithredwyr Ambiwlansys (AACE). Fel cynhadledd flynyddol uchel ei pharch, mae Fforwm Arweinyddiaeth Ambiwlansys yn dwyn ynghyd randdeiliaid allweddol—gan gynnwys rheolwyr, arweinwyr, llunwyr polisi, academyddion a phartneriaid—sydd wedi ymrwymo i ddatblygu sector ambiwlans y DU.

Fel Cadeirydd AACE, cafodd ein Prif Swyddog Gweithredol, Jason Killens, yr anrhydedd o gynnal y digwyddiad uchel ei barch hwn, a oedd yn cynnwys cyflwyno'r Gwobrau Gwasanaeth Rhagorol. Mae'r gwobrau hyn yn cydnabod cyfraniadau eithriadol o fewn y sector, ac roeddem yn falch o ddathlu tri chydweithiwr o Dîm WAST a dderbyniodd y gydnabyddiaeth fawreddog hon:

Jonathan Davies, Rheolwr Ardal – Hyrwyddwr Llesiant Rhagorol

Tamara Williams, Arweinydd Clinigol y Bwrdd Iechyd – Cyfraniad Rhagorol at Welliant Diwylliannol

Kayleigh Wheeler, Rheolwr Gweithrediadau Gofal Ambiwlans – Rhagoriaeth ym maes Amrywiaeth

Yn ogystal â'r anrhydeddau hyn, gwahoddwyd nifer o'n cydweithwyr i gyflwyno ar bynciau allweddol drwy gydol y digwyddiad, gan arddangos ymhellach arweinyddiaeth ac arbenigedd yr Ymddiriedolaeth.

Cefnogi a Datblygu ein Gweithlu

Cefnogi Iechyd a Llesiant ein Gweithlu

Mae ein Tîm Iechyd a Llesiant Galwedigaethol wedi datblygu Cynllun Iechyd a Llesiant newydd ar gyfer ein gweithlu ochr yn ochr â Pholisi Iechyd Galwedigaethol diwygiedig a Pholisi Imiwneiddio a Sgrinio Galwedigaethol.

Rhan o'r gwaith hwn yw cyflwyno Rhaglen Gwyliadwriaeth Iechyd, ac offeryn digidol newydd sy'n cynyddu hygyrchedd i'n staff a'n rheolwyr llinell i wasanaethau cymorth. Rydym hefyd wedi lansio teclyn diagnostig iechyd newydd i ddarparu archwiliadau iechyd i staff 45 oed a hŷn.

Gwella'r Broses Adolygiad Gwerthuso a Datblygu Personol (AGDP)

Rydym yn adolygu'r broses AGDP i sicrhau ei bod yn adlewyrchu ein hymrwymiad i weithle tosturiol, cynhwysol a chydweithredol. Yn hytrach na bod yn ymarfer ticio blychau, bydd adolygiadau AGDP yn canolbwyntio mwy ar sgyrsiau datblygu ystyrlon. Eleni, rydym wedi bod yn casglu adborth gan staff, rheolwyr, ac arferion gorau ar draws y sector, gyda mewnwelediadau pellach yn cael eu casglu gan ein rhwydwaith Hyrwyddwyr Diwylliant. Bydd newidiadau’n cael eu gweithredu yn hydref 2025, gan sicrhau bod y broses yn deg, yn ddiddorol, ac yn gefnogol i’r holl staff.

Adolygiadau Diwylliannol Tîm

Yn 2024, cynhaliom adolygiadau diwylliannol mewn tri gwasanaeth. Mae'r adolygiadau hyn yn sicrhau bod lleisiau staff yn cael eu clywed ac yn helpu i ysgogi newid ystyrlon drwy:

- Rhoi llais i staff wrth lunio diwylliant y gweithle.
- Mynd i’r afael â phryderon a godwyd gan staff ac undebau llafur er mwyn creu amgylchedd gwaith tecach.
- Ymgorffori tryloywder a gwelliant parhaus mewn penderfyniadau arweinyddiaeth.
- Annog cynghreiriaeth a chydweithio, gan gryfhau perthnasoedd rhwng timau.

Diogelwch Rhywiol

Gan adeiladu ar ein hymgyrch i hyrwyddo diogelwch rhywiol o fewn yr Ymddiriedolaeth, rydym wedi datblygu cynllun hyfforddi aml-lefel a gynlluniwyd i dargedu gwahanol grwpiau staff i godi ymwybyddiaeth a dileu aflonyddu rhywiol o fewn yr Ymddiriedolaeth.

Lefel 1	Mae'r lefel gyntaf o hyfforddiant yn targedu staff o bob lefel. Mae'r Tîm Cydraddoldeb, Amrywiaeth a Chynhwysiant wedi gweithio gyda'n Rhwydwaith Lleisiau WAST, Undebau Llafur, a'n Tîm Gwasanaethau Pobl i gyd-ddylunio sesiwn ymwybyddiaeth diogelwch rhywiol bwrpasol a fydd yn cael ei chyflwyno i'r holl staff o fis Ebrill 2025 ymlaen.
Lefel 2	Gan adeiladu ar yr hyfforddiant ymwybyddiaeth cyffredinol, mae sesiwn fanylach wedi'i thargedu at reolwyr llinell wedi'i datblygu a bydd yn cael ei thargedu at reolwyr o fewn meysydd gweithredol allweddol lle mae pryderon diogelwch rhywiol wedi'u codi o fis Ebrill 2025 ymlaen.
Lefel 3	Hyfforddiant arbenigol ar gyfer y Tîm Gwasanaethau Pobl, Partneriaethau Undebau Llafur, Diogelu ac aelodau allweddol eraill o staff y gallai eu rôl gynnwys ymchwilio i bryderon diogelwch rhywiol yn y gweithle. Bydd y sesiwn hon yn cael ei chyflwyno gan Dîm Cyfreithiol a Risg PCGC a ddatblygodd yr hyfforddiant mewn partneriaeth ag Arweinydd Diogelwch Rhywiol AACE.
Lefel 4	Hyfforddiant arbenigol a ddarperir gan arbenigwyr allanol ym maes aflonyddu rhywiol mewn diwrnodau datblygu mewnol.
Lefel 5	Rhannu a dysgu o arfer gorau mewn cynadleddau a digwyddiadau cenedlaethol. O fewn y chwe mis diwethaf, mae Arweinydd Diogelwch Rhywiol yr Ymddiriedolaeth wedi gweithio ochr yn ochr ag Arweinydd Diogelwch Rhywiol Sector Ambiwlans y DU i ddatblygu a chyflwyno cyfres o weithdai a gweminarau i staff ledled y DU.

Diogelwch Rhywiol

Enghreifftiau o'r hyfforddiant arbenigol a ddarparwyd i'n gweithlu yn 2024-2025:

- ✓ Sesiwn Prifysgol Fetropolitan Llundain ar 'Effaith Pornograffi', Dr Fiona Vera-Gray
- ✓ Julie Stone, Ymgynghorydd Moeseg, sesiwn 'Ffiniau Proffesiynol' a gyflwynwyd yn y Diwrnod Datblygu Gweithredol
- ✓ Cymorth i'r rhai sy'n ymwneud ag achosion cymhleth (Catherine Goodwin, WAST)
- ✓ Diogelwch a Diogelu Rhywiol (Raynor Griffiths, y Cyngor Nyrsio a Bydwreigiaeth)
- ✓ Cynnydd Casineb at Fenywod Eithafol a Gweithgaredd Incel (Gemma Howlett, Prifysgol Cumbria)
- ✓ Paratoi ar gyfer y Ddeddf Diogelu Gweithwyr (Helen Badger, Browne Jacobson)
- ✓ Rôl y Rheoleiddiwr (Hugh Tregoning, Y Cyngor Proffesiynau Gofal ac Iechyd)
- ✓ Mae angen i ni siarad am ddeallusrwydd artiffisial (Karen Chummun, GIG Lloegr)
- ✓ Diogelwch Rhywiol a Niwroamrywiaeth (Hannah Bragg, SWAST)
- ✓ Grymuso Lleisiau: Profiadau Menywod Mwslimaidd (Rhwydwaith Menywod Mwslimaidd y GIG)

Rhannu arfer gorau

Mae Dr Catherine Goodwin, Cyfarwyddwr Cynorthwyol Cynhwysiant, Diwylliant a Llesiant a Seicolegydd Clinigol yn WAST wedi gweithio gydag Arweinydd Diogelwch Rhywiol Cenedlaethol AACE i gyflwyno'r sesiynau canlynol yn 2024-2025:

- ➢ Gweithdy yng Nghynhadledd Diogelwch Rhywiol Arweinwyr y Sector Cyhoeddus Cenedlaethol
- ➢ Gweminar HPMA ar Lywio Cymhlethdodau Achosion Diogelwch Rhywiol yn y Gweithle a deall yr effaith ar weithwyr proffesiynol pobl

Hyfforddiant Cynghreiriad a Hyfforddiant Gwylwyr Gweithredol

Hyfforddiant Cynghreiriad a Hyfforddiant Gwylwyr Gweithredol

Mae'r Ymddiriedolaeth yn parhau i gyflwyno ei Hyfforddiant Cynghreiriad a Gwylwyr Gweithredol i staff. Datblygwyd yr ymyrraeth hyfforddi arobryn hon yn fewnol yn benodol i ymwneud â staff sy'n gweithio yn y sector gofal iechyd. Nod y rhaglen undydd yw darparu ymwybyddiaeth a dysgu manwl i ddeall yr heriau y mae pobl o fewn grwpiau lleiafrifol a gwarchodedig, a'r rhai sy'n agored i niwed neu dan anfantais, yn eu hwynebu. Mae dulliau ymarferol o ymyrryd gan bobl sy'n sefyll o gwmpas yn cael eu hyrwyddo i staff i annog mwy o bobl i ddileu ymddygiadau gwahaniaethol a hyrwyddo cydraddoldeb i bawb.

Mae cydweithwyr yn rhoi sgôr o **4.67** allan o 5 seren i'r hyfforddiant hwn

Dysgodd 90% o'r mynychwyr **gryn dipyn** neu lawer iawn

Bydd **92%** o'r mynychwyr **yn defnyddio'r hyn maen nhw wedi'i ddysgu** yn y gweithle **bob dydd** neu'n aml

Dywedodd **100%** o'r mynychwyr fod yr hyfforddiant wedi **bodloni eu disgwyliadau**

Byddai **100%** o'r mynychwyr yn **argymell yr hyfforddiant** i eraill

Hyfforddiant Cynghreiriad a Hyfforddiant Gwylwyr Gweithredol

Gwobr HPMA Cymru

Enillodd yr Ymddiriedolaeth Wobr HPMA Cymru 2024 am ei menter Gwyliwr i Ymyrrwr, a luniwyd nid yn unig i godi ymwybyddiaeth ymhlith staff o gydraddoldeb, amrywiaeth a chynhwysiant ond hefyd i roi arfau ymarferol iddynt herio gwahaniaethu ac ymddygiad amhriodol.

"Mae creu gweithlu amrywiol a diwylliannol ymwybodol sy'n dangos parch, empathi a dealltwriaeth at eraill yn flaenoriaeth. A phan all pawb ddod â'u hunan i gyd i'r gwaith, mae'n ein helpu ni i ddarparu'r gwasanaeth gorau posib i bobl Cymru"

Angela Lewis,
Cyfarwyddwr Newid Diwylliant

Trwy ddarparu staff nid yn unig â'r wybodaeth ond y sgiliau ymarferol i ymyrryd yn ddiogel mewn sefyllfa broblemus, rydym yn trawsnewid o wylwyr goddefol i ymyrwyr rhagweithiol."

Paola Spiteri, Arweinydd Cadw

Mae'n un o nifer o fentrau a newidiadau rhaglennol a gyflwynwyd gan y sefydliad yn ystod y ddwy flynedd ddiwethaf i hyrwyddo diwylliant o gynhwysiant.

Mae mwy na 200 o staff ar draws yr Ymddiriedolaeth wedi cwblhau'r hyfforddiant Cynghreiriaeth a Gwylwyr Gweithredol ers mis Mai 2023.

Hyrwyddo Cydraddoldeb, Dileu Gwahaniaethu a Chreu Cynghreiriaeth

Hyfforddiant Addasiadau Rhesymol

Mae ein Tîm Gwasanaethau Pobl yn parhau i ddatblygu a chyflwyno hyfforddiant byr i reolwyr llinell ac mae un o'r rhain yn canolbwyntio ar addasiadau rhesymol yn y gweithle. Eleni, cafodd y sesiwn hon ei digideiddio a'i hymgorffori yn rhaglen Ein Ffordd WAST i'n helpu i gyflwyno'r hyfforddiant hwn i fwy o reolwyr llinell.

Gwrando ar ein Defnyddwyr Gwasanaeth Iaith Arwyddion Prydain

Profiad claf y cafodd ei iaith gyntaf, Iaith Arwyddion Prydain, ei gofnodi trwy gydweithio â'u heiriolwr Llais. Tynnodd y stori sylw at rwystrau cyfathrebu sy'n parhau i effeithio ar fynediad at wasanaethau'r GIG gan y rhai nad Saesneg yw eu hiaith gyntaf. Cyflwynwyd y stori hon i Rwydwaith Straeon Digidol Cymru Gyfan ac ym Mhwyllgor Ansawdd, Profiad a Diogelwch. Mae gwaith i wella ein cyfathrebu â defnyddwyr gwasanaeth Iaith Arwyddion Prydain ar y gweill a bydd yn rhan o'n cynlluniau i weithredu Safonau Gwybodaeth a Chyfathrebu Hygyrch Cymru Gyfan.

Hyrwyddo Cydraddoldeb, Dileu Gwahaniaethu a Chreu Cynghreiriaeth

International Women's Day

Dathlodd yr Ymddiriedolaeth Diwrnod Rhyngwladol y Menywod 2024, sy'n dathlu cyflawniadau cymdeithasol, economaidd, diwylliannol a gwleidyddol menywod. Mae'r diwrnod hefyd yn nodi galwad i weithredu ar gyflymu cydraddoldeb menywod.

"Mae Diwrnod Rhyngwladol y Menywod yn gyfle gwych i ddathlu cyfraniad menywod ar draws ein sefydliad, boed fel gweithwyr neu wirfoddolwyr. "Mae cynifer o fenywod yn jyglo mwy nag un rôl, fel gweithwyr, enillwyr bara, partneriaid, rhieni, gofalwyr, a llawer mwy ar ben hynny. "Dyma ein cyfle i ddiolch iddyn nhw am bopeth maen nhw'n ei wneud, yn y gwaith a thu allan iddo, ac i ddymuno Diwrnod Rhyngwladol y Menywod hapus, diogel a heddychlon iawn i bob menyw."

Estelle Hitchon, Cyfarwyddwr Partneriaethau ac Ymgysylltu

Cefnogi Pobl â Chlefyd Llid y Coluddyn

Fel rhan o'n hymrwymiad i gefnogi cydweithwyr ag anableddau a chyflyrau iechyd hirdymor, mae Rhwydwaith Anabledd Gofod Porffor yr Ymddiriedolaeth yn cydweithio â Chlefyd Crohn a Cholitis y DU i gyflwyno sesiynau ymwybyddiaeth ar glefyd llid y coluddyn (IBD). Bydd hyn yn rhoi cipolwg gwerthfawr ar fyw a gweithio gyda chyflyrau fel clefyd Crohn a cholitis briwiol. Drwy godi ymwybyddiaeth, ein nod yw gwella cefnogaeth yn y gweithle, hyrwyddo sgyrsiau agored, a sicrhau bod staff yr effeithir arnynt gan IBD yn teimlo eu bod yn cael eu clywed a'u cefnogi yn eu rolau. Yn ogystal, mae'r ymwybyddiaeth hon yn hanfodol i'n staff rheng flaen, gan ei bod yn gwella dealltwriaeth o'r heriau y mae cleifion ag IBD yn eu hwynebu. Gall llawer o unigolion â chlefyd Crohn neu golitis brofi anghenion meddygol brys, a symptomau cudd.

Llais y Dinesydd - Rhwydwaith Pobl a’r Gymuned

103 o Aelodau Rhwydwaith

Rhwydwaith aml-randdeiliaid yw hwn i gefnogi datblygiad, ymwybyddiaeth a hyrwyddo ar y cyd o brofiad cadarnhaol defnyddwyr gwasanaeth, hygyrchedd a chynhwysiant o fewn ein gwasanaethau.

Mae cynlluniau wedi'u gwneud i ehangu'r Rhwydwaith gyda ffocws ar:

- **oedran**
- **lleoliad daearyddol**
- **amrywiaeth, tegwch a chynhwysiant**
- **Y Gymraeg**

Mae cynllun gweithredu wedi'i ddrafftio i gynnwys ymgysylltu â phobl ifanc mewn addysg ffurfiol ac anffurfiol a defnyddio data iechyd y boblogaeth i amlygu ardaloedd daearyddol allweddol ledled Cymru.

Grŵp Llais y Bobl a’r Gymuned
Yn ystod y misoedd diwethaf, cynhaliodd y grŵp adolygiad effeithiolrwydd blynyddol i sicrhau gweledigaeth glir o fyfyrio, dysgu a gwella er mwyn cyflawni nod yr Ymddiriedolaeth o ymgysylltu ystyrlon fel y'i nodir gan nodau strategol yr Ymddiriedolaeth.

Adborth gan un o aelodau ein Rhwydwaith:

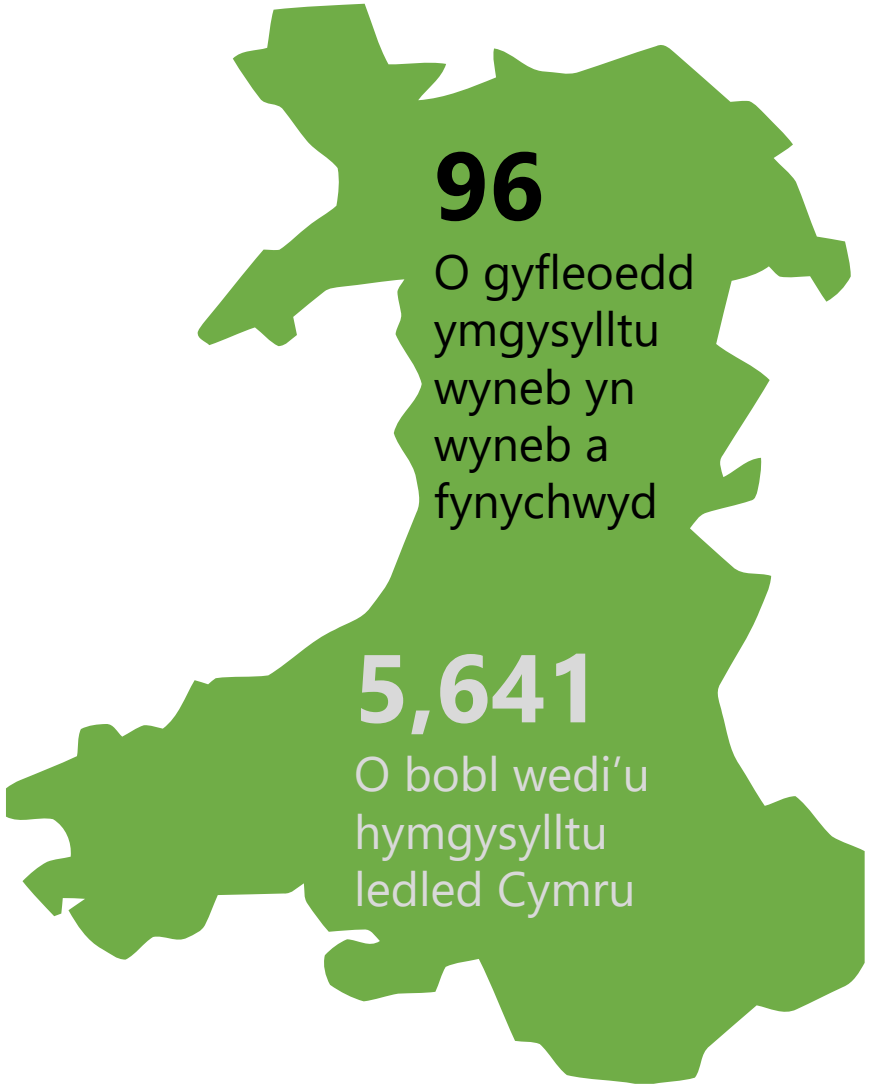
> *“Os yw’r Gwasanaeth wir eisiau ‘cynghorwyr’ gwirfoddol, mae’n rhaid iddi fod yn berthynas ddwyffordd ac nid dim ond teitl.”*

Ar ôl trafodaeth agored gyda'r grŵp, daeth yn amlwg bod angen gwneud mwy er mwyn i'r cyfarfodydd hyn ddarparu'r gwerth mwyaf i aelodau'r Rhwydwaith a'r Ymddiriedolaeth.

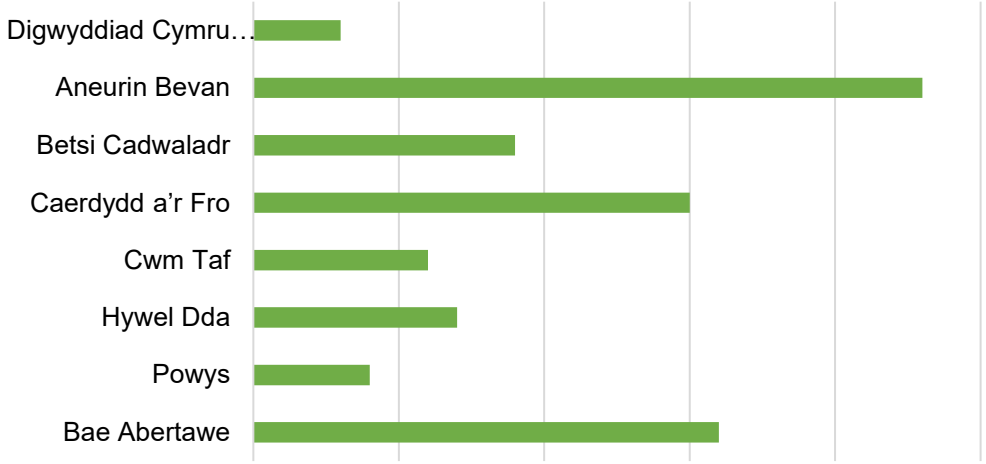
Egwyddorion Cyd-gynhyrchu
Byddwn yn tyfu'r Rhwydwaith ac yn datblygu'r Grŵp Llais y Bobl a’r Gymuned yn unol â **phum egwyddor cyd-gynhyrchu**, fel y'u diffinnir gan Rwydwaith Cyd-gynhyrchu Cymru.

Rhwydwaith Cydgynhyrchu Cymru
Co-production Network for Wales
Pawb gyda'i gilydd
All in this together

Ymglymiad Cymunedol a Chyd-gynhyrchu

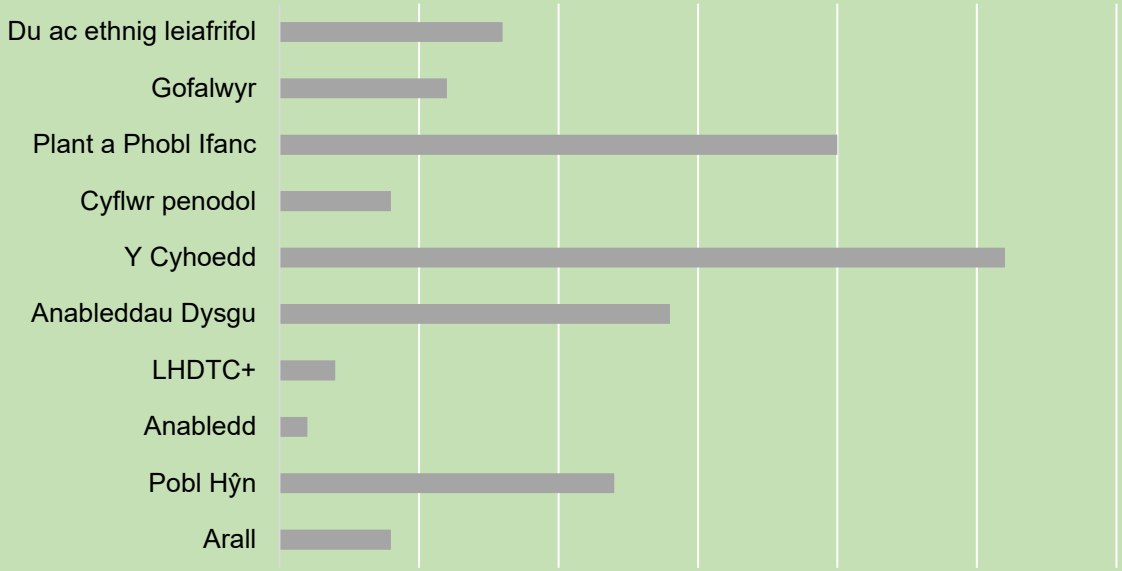


Mynychodd y Tîm Profiad y Claf a Chynnwys y Gymuned (PECI) 96 o gyfleoedd ymgysylltu wyneb yn wyneb ledled Cymru, gan ymgysylltu â 5,641 o bobl. Fe wnaethon nhw wrando ar brofiadau pobl o ddefnyddio gwasanaethau'r Ymddiriedolaeth, casglu teimladau'r cyhoedd a gofyn i bobl ddweud wrthym beth sydd bwysicaf iddyn nhw pe bydden nhw byth angen defnyddio ein gwasanaethau yn y dyfodol.



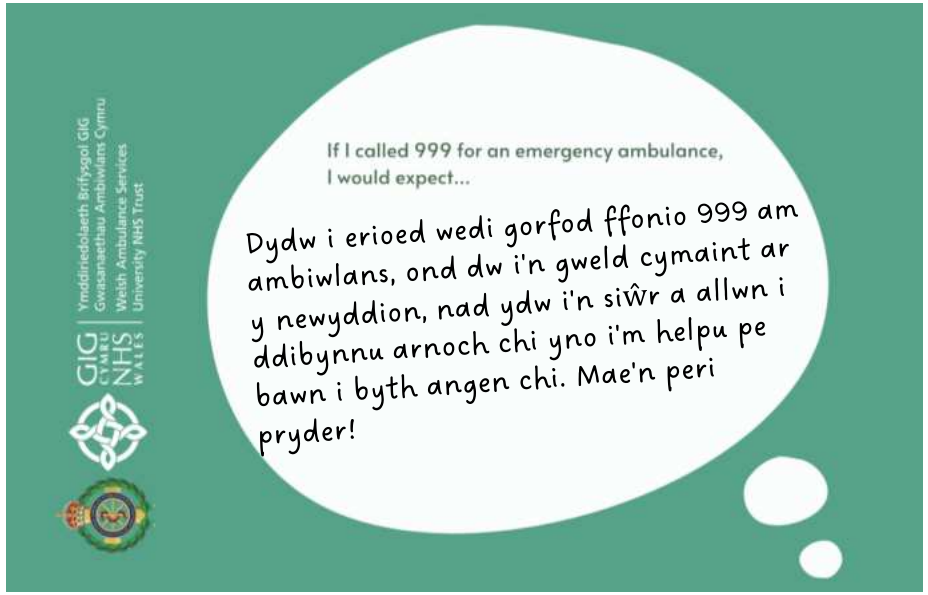
Fe wnaethon ni wasanaethu pob ardal Bwrdd Iechyd ledled Cymru, gyda nifer cynyddol yn Betsi Cadwaladr a Hywel Dda, sef ardaloedd lle roedd angen i ni gynyddu ein cyrhaeddiad. Tynnwyd sylw at hyn hefyd fel cam gweithredu yn archwiliad mewnol PECI diweddar.

Ymglymiad Cymunedol a Chyd-gynhyrchu



Parhaodd profiadau ac adborth, a gasglwyd trwy ein hymgysylltiad â chymunedau, i gwmpasu trawsdoriad mawr o'r boblogaeth.

Parhaodd yr ymgysylltiad wedi'i dargedu â grwpiau y gwyddys eu bod yn profi anghydraddoldebau iechyd, rhwystrau i gael mynediad at ofal iechyd a'r rhai sydd â chanlyniadau iechyd gwaeth. Mae hyn yn sicrhau bod lleisiau'r rhai mwyaf agored i niwed yn y gymdeithas yn cael cyfle i rannu eu barn a'u profiadau.



Cymorth i gleifion Awtistig, ag Anabledd Dysgu a Niwroamrywiol ledled Cymru

Mae asesu poen ar gyfer cleifion sy'n awtistig a/neu sydd ag anabledd dysgu yn thema gyson o adborth o brofiad. Mae cleifion wedi dweud wrth yr Ymddiriedolaeth ei bod yn hanfodol bwysig i staff ddeall eu hanghenion unigol pan fyddant ar y safle, ac eleni rydym wedi cyflwyno swyddogaeth newydd ar ein system cofnod clinigol cleifion electronig (ePCR). Mae'r tab 'Anghenion' newydd yn annog ymatebwyr a chlinigwyr i ofyn a oes gan glaf anabledd dysgu, a yw'n awtistig, neu a yw'n niwroamrywiol. Yna mae'r opsiynau hyn yn ail-gyflunio tudalennau ePCR gyda chyfarwyddiadau pellach ynghylch cymwysiadau ac addasiadau wrth gymryd arsylwadau. Mae'r awgrymiadau newydd hyn yn canolbwyntio ar anawsterau cyfathrebu, gyda’r cofair TEACH (yn Saesneg yn sefyll am Amser, Amgylchedd, Agwedd, Cyfathrebu, Cymorth) gan atgoffa ymatebwyr am yr addasiadau a'r newidiadau y mae cymunedau wedi dweud wrthym fod angen i ni eu gwneud. Gall ymatebwyr gael mynediad at wybodaeth ategol ychwanegol sy'n ymwneud â chlaf, fel Proffil Iechyd Gwelliant Cymru, ac mae'n datgelu awgrymiadau ac offer ychwanegol ar gyfer asesu poen.

Rydym wedi parhau i siarad a gweithio gyda phobl ag anabledd dysgu, gofalwyr, teulu a gweithwyr proffesiynol, gan wrando ar brofiadau a sut y gallwn ni gefnogi pobl orau. Rydym wedi cyd-gynhyrchu adnoddau i helpu i wella mynediad pobl, a chynhaliwyd 'Diwrnod Dathlu' Anabledd Dysgu i'r cyhoedd, cleifion, gofalwyr a theuluoedd yn rhanbarth Aneurin Bevan ym mis Hydref 2024.

"Mae'r datblygiad cyffrous hwn nid yn unig yn rhoi themâu 15 mlynedd o ddata profiad cleifion wrth wraidd gwella darpariaeth gwasanaethau rheng flaen ond mae hefyd yn mynd â WAST i gyfnod newydd o gasglu data o amgylch cymunedau, a all helpu i ddechrau mynd i'r afael â'r anghydraddoldebau iechyd y maent yn eu profi wrth gael mynediad at wasanaethau iechyd."

Matt James, Cydlynydd PECI

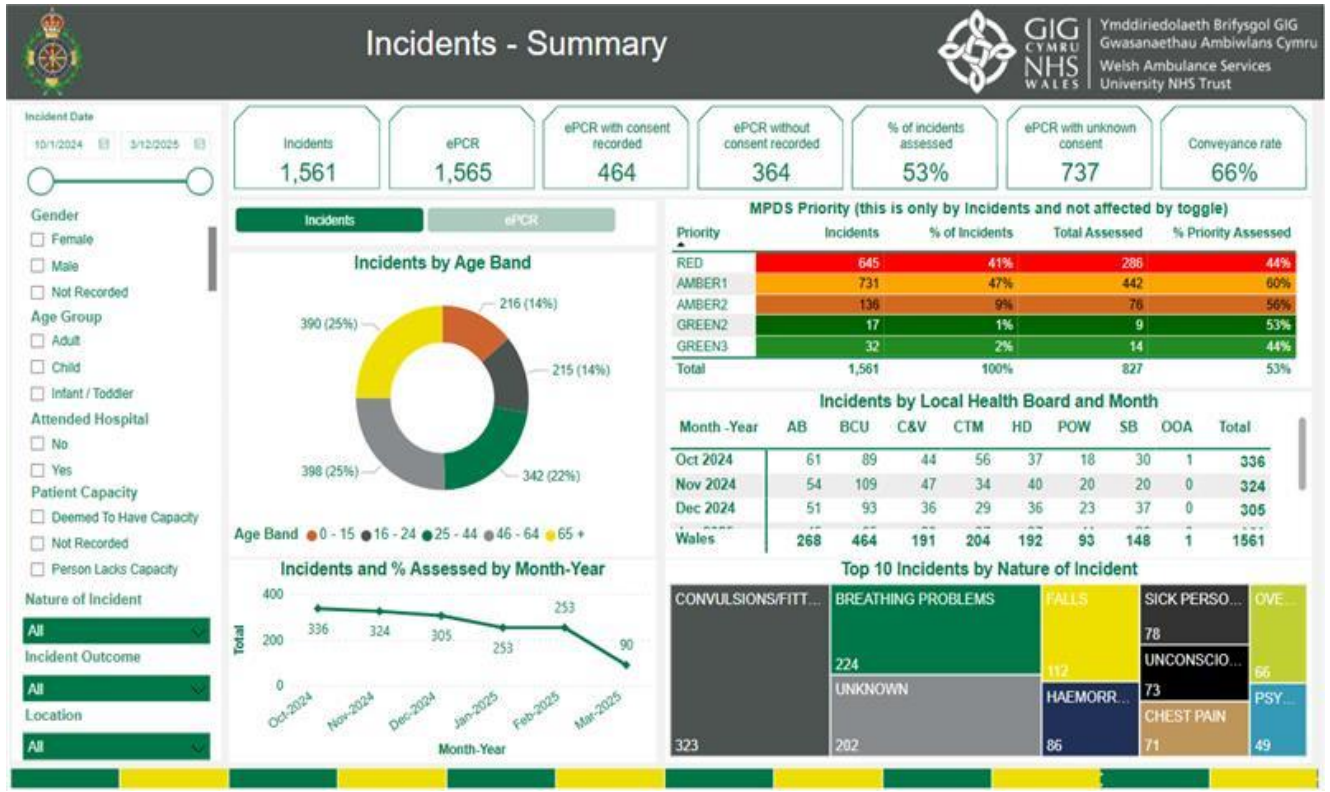
Fframwaith Perfformiad GIG Cymru
Mesur Perfformiad Anableddau Dysgu

Dangosfwrdd Anableddau Dysgu

Aeth y dangosfwrdd yn fyw ar 1 Hydref 2024, ac mae'n adrodd ar ddata am anghenion ychwanegol cleifion. Mae'r dangosfwrdd yn trefnu data yn ôl demograffeg (ystod oedran, rhyw) a chategorïau eraill megis math o gau digwyddiad a blaenoriaethu galwadau.

Rhwng 1 Hydref 2024 a 31 Mawrth 2025, bu 1,696 o gofnodion ePCR lle cofnodwyd angen ychwanegol. Confylsiynau/ffitio a phroblemau anadlu fu'r ddau brif ddigwyddiad a gofnodwyd. Mae'r data hwn yn werthfawr wrth ddeall y darlun cenedlaethol ehangach o iechyd ymhlith y boblogaeth ag anabledd dysgu a'r effaith ar brofiad cleifion.

Mae data o brofiadauwedi llywio cytundeb gan Lywodraeth Cymru i ail-lunio rhai adnoddau i benodi Uwch Ymarferydd Clinigol ar gyfer Anabledd Dysgu i lywio a gwella ein model gwasanaeth ar gyfer y bobl ag anableddau dysgu ac anghenion cymhleth.



Ymgysylltu â’n Cymuned Dementia

Mae'r Ymddiriedolaeth yn ymgysylltu gyda gwahanol grwpiau a chymunedau dementia ledled Cymru, gan ein helpu i addysgu pobl am ein gwaith dementia. Rydym yn cynnig cyfleoedd ymgyfarwyddo fel bod pobl yn gallu dod i mewn i'n cerbydau ac edrych o gwmpas. Mae hyn yn ein helpu i nodi problemau sydd gan y bobl sy’n cael eu heffeithio gan ddementia yn ein hamgylcheddau. Mae adborth gan gymunedau dementia wedi arwain at gyflwyno llawer o welliannau, gan gynnwys:

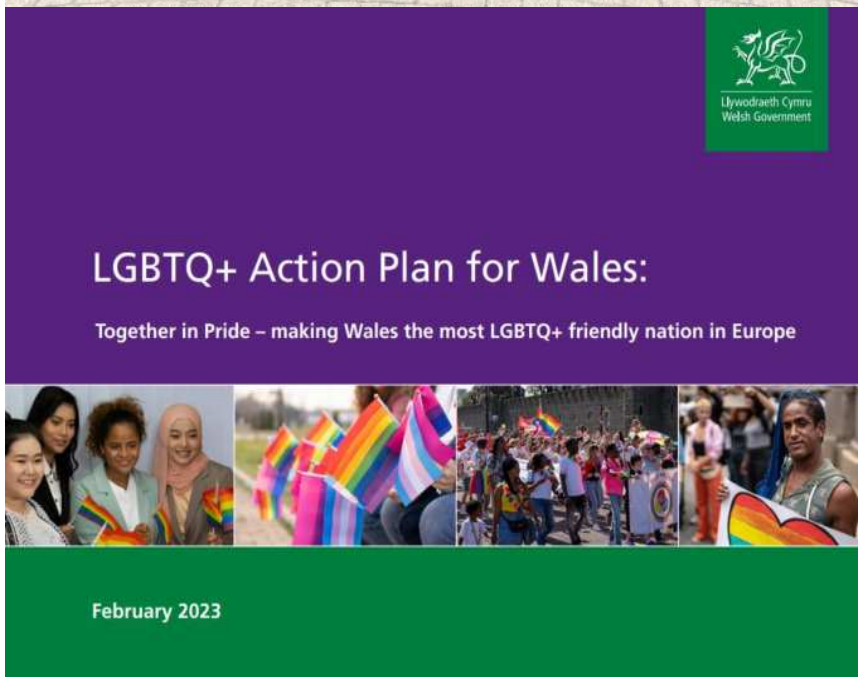
- Prosiect yng Ngheredigion, a gyd-ddyluniwyd gan y gymuned dementia leol, sydd wedi cyflwyno lluniau o ardaloedd o harddwch lleol y tu mewn i'r cerbydau, yn ogystal â llyfrynnau cerddoriaeth a gweithgareddau penodol i genres i gefnogi cleifion ar gludiant ambiwlans.
- Defnyddio therapi hel atgofion gyda phobl sy'n byw gyda dementia i ddangos effaith gadarnhaol ar brofiadau cleifion, yn enwedig gyda chleifion sy'n ofidus neu'n gynhyrfus pan fyddant yn ein gofal. Mae tystiolaeth o welliant mewn trosglwyddiadau gofal a chyfleoedd i greu perthnasoedd a momentau ystyrlon gan ddefnyddio cerddoriaeth a thynnu sylw er mwyn gwella profiad y claf.
- Datblygu Pecyn Cymorth Gweithgareddau Cleifion, sydd ar gael i'r holl staff, a fydd o fudd i unrhyw un sydd angen gwrthdyniad neu weithgaredd pan fyddant yn ein gofal.

Ymgysylltu â'n Cymunedau LHTDC+

Dros y chwe mis diwethaf rydym wedi ymgysylltu â chymunedau LHDTC+ mewn amrywiol ddigwyddiadau Pride ledled Cymru i geisio adborth am brofiadau a disgwyliadau LHDTC+ o ddefnyddio ein gwasanaethau. Mae'r ymgysylltiad hwn yn cefnogi gweledigaeth **Cynllun Gweithredu LHDTC+ ar gyfer Cymru** Llywodraeth Cymru i wella canlyniadau iechyd i bob person LHDTC+, yn benodol Cam Gweithredu 5: *Cynnwys cymunedau LHDTC+ wrth ddylunio gwasanaethau cyhoeddus* a Cham Gweithredu 18: *Deall a gwella profiad pobl LHDTC+ yn y sectorau iechyd a gofal cymdeithasol.*

O ganlyniad i'r ymgysylltiad hwn, bydd Cadeirydd y Rhwydwaith yn gweithio gyda Rhwydwaith Cenedlaethol LHDT+ AACE i ddiweddaru'r adnodd DPP presennol o amgylch HIV ac AIDS a datblygu adnodd DPP Iechyd Meddwl newydd i addysgu a helpu staff y gwasanaeth ambiwlans i ddarparu gofal gwell i bobl sy'n byw gyda HIV. I helpu gyda hyn, mae Cyd-gadeirydd ein Rhwydwaith LHDTC+ wedi cysylltu â Fast Track Cymru i gynnal gweithdy i staff WAST ynghylch ymwybyddiaeth o HIV, yr uchelgais i ddod â throsglwyddo HIV i ben yng Nghymru erbyn 2030, a meddyginiaeth ataliol fel PrEP a PEP a'r ymgyrch U=U.

Yn ogystal, dathlwyd Mis Hanes LHDTC+ o fewn yr Ymddiriedolaeth eto ym mis Chwefror gyda chyfres o ddigwyddiadau lleol ledled Cymru a hyrwyddwyd i staff ochr yn ochr â digwyddiadau gweminar cenedlaethol ar-lein.



Ymgysylltu â'n Cymunedau Ethnig Leiafrifol

Nod canolog [Cynllun Gweithredu Cymru Wrth-hiliol](#) Llywodraeth Cymru yw lleihau anghydraddoldebau iechyd a brofir gan bobl Dduon, Asiaidd a Ethnig Leiafrifol ac yn sicrhau bod eu lleisiau'n cael eu clywed wrth lunio penderfyniadau ynglŷn â gwasanaethau. Mae'r Tîm PECI yn parhau i weithio'n agos gyda Thîm Cydraddoldeb a Chynhwysiant yr Ymddiriedolaeth i ymgorffori camau gweithredu y cynllun hwn ar draws yr Ymddiriedolaeth. Mae data ymchwil yn dweud wrthym fod pobl o gefndiroedd ethnig leiafrifol ac ardaloedd o amddifadedd yn parhau i wynebu heriau fel cael mynediad at ofal yn hwyr, profi arosiadau hwy a chael canlyniadau iechyd gwaeth. Mae'r Ymddiriedolaeth wedi cymryd rhan yn astudiaethau ymchwil HEAR 1 a 2 a oedd yn canolbwyntio ar y defnydd o wasanaethau cyfieithu gan geiswyr lloches a ffoaduriaid mewn gofal iechyd sylfaenol ac argyfwng yng Nghymru ac mae bellach yn rhan o becyn cymorth iechyd cleifion ffoaduriaid a cheiswyr lloches Cymdeithas Feddygol Prydain (BMA).

Pecyn Croeso WAST

Fe wnaethon ni weithredu prosiect gwella i leihaunifer y camau i gael mynediad at becyn croeso WAST. Mae'r pecyn croeso wedi cael ei hyrwyddo i gymunedau ym mhob digwyddiad ymgysylltu perthnasol a fynychwyd. Rydym hefyd wedi cynhyrchu taflen gyfarwyddiadau newydd i helpu pobl i ddeall yn well sut i gael mynediad at yr adnodd newydd hwn.

Helpu i greu Cymru Wrth-Hiliol

Digwyddiad Ramadan ac Iftar

Ym mis Mawrth, cynhaliodd Rhwydwaith Pobl BEAM ddigwyddiad Iftar cyntaf yr Ymddiriedolaeth yn ein pencadlys yng Nghasnewydd. Daeth nifer dda i'r digwyddiad hwn gyda chynrychiolaeth o'n Bwrdd Ymddiriedolaeth, gan gynnwys Cyfarwyddwyr Anweithredol, a rhoddodd gyfle i ddysgu am Ramadan a thorri'r ympryd. Gwahoddwyd staff a gwirfoddolwyr i rannu bwyd traddodiadol gyda'n cydweithwyr Mwslimaidd a gwylio gweddïau. Roedd Ysgrifennydd Cyffredinol Cyngor Mwslimiaid Cymru hefyd yn bresennol a rhoddodd anerchiad am Ramadan. Roedd y mynychwyr yn gwerthfawrogi'r digwyddiad a gwnaethant sylwadau ar faint a ddysgon nhw am ddiwylliant Mwslimaidd a fydd yn ein helpu i greu cynghreiriaeth a deall anghenion ein cydweithwyr Mwslimaidd a defnyddwyr gwasanaeth yn well.

Digwyddiad Mela

Rydym wedi parhau i ymgysylltu â chymunedau ethnig leiafrifol ledled Cymru drwy fynychu sawl digwyddiad, gan gynnwys Mela Caerdydd, dathliad amlddiwylliannol mwyaf Cymru. Fe siaradon ni â phobl am yr hyn sydd bwysicaf iddyn nhw wrth ddefnyddio gwasanaethau ambiwlans. Dywedodd pobl wrthym fod cael gwybodaeth ar gael yn eu hiaith eu hunain yn hanfodol, yn enwedig mewn argyfwng gofal iechyd. Dywedodd pobl hefyd fod gwasanaethau'r GIG yn deall anghenion diwylliannol gwahanol cymunedau yn ganolog i wella profiadau cyffredinol.

Expo Mawr Halal

Ym mis Chwefror, mynychodd yr Ymddiriedolaeth y digwyddiad Expo Halal Mawr yng Nghaerdydd i ymgysylltu â chymunedau Mwslimaidd. Gwelodd y digwyddiad hwn tua 3000 o ymwelwyr drwy gydol y dydd lle bu staff yn gweithio gyda phlant i ymarfer sgiliau CPR, yn gwrando ar brofiadau defnyddwyr gwasanaeth, ac yn hyrwyddo cyfleoedd gwirfoddoli a recriwtio o fewn yr Ymddiriedolaeth.

Helpu i greu Cymru Wrth-Hiliol

Rhwydwaith Menywod Mwslimaidd y GIG

Mae'r Ymddiriedolaeth wedi croesawu aelodau o Rwydwaith Menywod Mwslimaidd y GIG i WAST i rannu eu profiadau o ragfarn a gwahaniaethu. Mae dau o'r aelodau rhwydwaith hyn yn gweithio o fewn Ymddiriedolaethau Ambiwlans eraill ac roeddent yn gallu cysylltu â'n gweithlu i'w helpu i ddeall effaith hiliaeth sefydliadol. Er mwyn adeiladu ar y gwaith hwn ac i'n helpu i ddenu gweithlu mwy amrywiol o ran ethnigrwydd a chefnogi staff Du, Asiaidd ac ethnig leiafrifol presennol yn y gweithle, rydym wedi gwneud cysylltiadau â Rhwydwaith Shuri'r GIG, rhwydwaith GIG a gofal o fenywod o grwpiau ethnig leiafrifol mewn iechyd digidol sy'n herio'r system i gymryd camau gweithredu a chefnogi menywod o leiafrifoedd ethnig i lwyddo yn eu gyrfaoedd.

NHS MUSLIM NETWORK

Menter Tôn Croen Mamolaeth

Mae ein Hyrwyddwr Diogelwch Lleol Bydwragedd wedi trefnu i gaffael modelau efelychu tôn croen du i wella hyfforddiant ar gyfer genedigaeth. Mae hyn yn cynnwys model efelychu genedigaeth, modelau newyddenedigol, modelau CPR oedolion, pecyn gwnïo a braich fewnwythiennol. Mae ein Cofrestrydd Iechyd Cyhoeddus wedi dadansoddi data poblogaeth i nodi'r ardaloedd â'r nifer uchel o enedigaethau gofal brys ethnig leafrifol ac o ganlyniad, bydd y modelau hyn yn cael eu hychwanegu at ein hystafelloedd hyfforddi yn Abertawe, Caerdydd a Chasnewydd. Bydd yr adnoddau hyfforddi hefyd yn cael eu benthyg i feysydd eraill i sicrhau bod cyfle i bob aelod o staff hyfforddi gyda modelau efelychu tôn croen du.

Adroddiad Amrywiaeth y Gweithlu 2024-2025

Rydym yn falch o weld rhai gwelliannau i amrywiaeth gyffredinol ein gweithlu gyda chynnydd bach yn nifer y staff o leiafrifoedd ethnig, staff ag anabledd a staff LHDTC+.

Eleni, rydym wedi adolygu ein Polisi Recriwtio a Dethol sy'n cynnwys canllawiau manwl ar ddileu rhagfarn ddiarwybod drwy gydol y broses recriwtio i'n helpu i wella amrywiaeth ein gweithlu. Mae'r polisi hefyd yn annog paneli cyfweld amrywiol a chamau cadarnhaol.

Rydym hefyd wedi derbyn yr argymhellion a amlinellwyd yn Adroddiad Safon Cydraddoldeb Hiliol y Gweithlu ar gyfer 2024 sydd wedi ein helpu i ganolbwyntio ein hymdrechion ar gynyddu cefnogaeth i'n cydweithwyr Du, Asiaidd ac ethnig leiafrifol a'r rhai sy'n dymuno ymuno â'r Ymddiriedolaeth.

Mae copi llawn o'n hadroddiad amrywiaeth y gweithlu i'w weld yn yr atodiadau.

Cynyddodd nifer y staff Du, Asiaidd ac ethnig leiafrifol o 1.36% i 1.63%

Cynyddodd nifer y menywod o 50% i 50.5%

Cynyddodd nifer y staff ag anabledd o 6.75% i 7.94%

Cynyddodd nifer y staff sy'n nodi eu bod yn LHD+ o 5.6% i 5.72%

Adroddiad Safon Cydraddoldeb Hiliol y Gweithlu 2024

Ym mis Mehefin 2024, cyhoeddodd GIG Cymru ei Adroddiad Safon Cydraddoldeb Hiliol y Gweithlu (WRES) cyntaf a oedd yn dadansoddi data o Arolwg Staff y GIG, y System Cofnodion Staff Electronig, ac achosion disgyblu.

Mae'r data'n tynnu sylw at feysydd o fewn yr Ymddiriedolaeth sydd angen sylw. Mae'r argymhellion canlynol yn gofyn inni ganolbwyntio ar dri maes allweddol lle mae cydweithwyr Du, Asiaidd ac ethnic leiafrifol yn cael eu heffeithio'n anghymesur o'i gymharu â chydweithwyr Gwyn

1. **Lefelau isel o recriwtio staff Du, Asiaidd ac ethnig leiafrifol i WAST**
2. **Tebygolrwydd penodi staff ar ôl llunio rhestr fer**
3. **Tebygolrwydd y bydd staff yn cael eu rhoi drwy broses ddisgyblu**

Mewn ymateb i ganfyddiadau'r adroddiad, rydym wedi rhoi'r camau canlynol ar waith:

- Wedi cynnal adolygiad o nifer o bolisïau gweithlu drwy lens gwrth-hiliol. Mae'r rhain wedi cynnwys:
  - Polisi Recriwtio a Dethol
  - Polisi Disgyblu Cymru Gyfan
  - Polisi Gweithio Hyblyg
- Wedi gweithredu menter Recriwtio Cynhwysol o fewn ein Tîm Digidol.
- Wedi penodi tri Swyddog Ymchwilio a fydd yn asesu'r angen am gamau disgyblu yn erbyn cydweithwyr Duon, Asiaidd ac ethnig leiafrifol.
- Datblygu a chyflwyno mentrau datblygu pobl i godi ymwybyddiaeth o'r gwahaniaethu ac i annog diwylliannau gweithle mwy cynhwysol.

Amrywiaeth y Gweithlu

Recriwtio Cynhwysol y Tîm Digidol

Er mwyn mynd i'r afael â'r diffyg amrywiaeth ethnig o fewn ein gweithlu yn dilyn canfyddiadau Adroddiad WRES, rydym wedi gweithredu menter o fewn ein Tîm Digidol. Fe wnaethon ni estyn allan at gymunedau ethnig amrywiol i helpu i wella ein hymgyrch recriwtio. Diwygiwyd y geiriad ar hysbysebion swyddi ac fe wnaethom hyrwyddo'r swyddi gwag yn strategol ar wahanol lwyfannau i gyrraedd ymgeiswyr mwy amrywiol. At ddibenion y data isod, rydym wedi defnyddio'r acronym BAME i ddynodi ymgeiswyr Du, Asiaidd ac ethnig leiafrifol.

3 Sesiwn Hyfforddi Rhagfarn Ddiarwybod a gyflwynwyd i 6 Rheolwr Recriwtio yn cwmpasu'r canlynol:

- Cyflwyno'r cefndir – crynodeb o amrywiaeth y gweithlu WAST
- Rhagfarn ddiarwybod a sut mae'n effeithio ar recriwtio
- Trafodaeth grŵp – nodi rhagfarn ddiarwybod bersonol a chydnabod yr heriau a'r rhwystrau y gall ymgeiswyr eu hwynebu
- Paneli cyfweld amrywiol
- Cyngor a chymorth bellach

2 weithdy ar gyfer ymgeiswyr BAME

- Cwrdd â'r Tîm
- Proses Recriwtio TRAC
- Sesiwn Holi ac Ateb

19 o Swyddi Gwag

Cynhaliwyd **131 o gyfweliadau** **57 (43.5%)** o ymgeiswyr **BAME**

Derbyniwyd **1270 o geisiadau**

1005 (79%) gan ymgeiswyr **BAME**

19 o gynigion wedi'u gwneud **5 (26%)** i ymgeiswyr **BAME**

1 mynychwr gweithdy wedi'i **benodi'n** llwyddiannus i swydd wag o fewn ein **Tîm Ystadau**

Amrywiaeth y Gweithlu

Cafodd ein hymdrechion i wella amrywiaeth y gweithlu ethnig ym Menter Recriwtio Cynhwysol y Tîm Digidol effaith gadarnhaol hefyd ar ymgeiswyr â nodweddion gwarchodedig eraill:

Anabledd

89 (7%) o ymgeiswyr ag anabledd

9 (7%) wedi cael cyfweliad

4 (21%) swydd wedi'u cynnig

Siaradwyr Cymraeg

44 (3.5%) o ymgeiswyr sy'n siarad Cymraeg

8 (6%) wedi cael cyfweliad

2 (10.5%) swydd wedi'u cynnig

LHDTC+

40 (3%) o ymgeiswyr LHDTC+

7 (5%) wedi cael cyfweliad

1 (5%) swyddi wedi'i chynnig

Y Camau Nesaf

- Parhau i annog egwyddorion arweinyddiaeth dosturiol a chyflwyno ymyriadau diwylliannol i annog gweithle mwy cynhwysol
- Cyflwyno hyfforddiant rhagfarn ddiarwybod i reolwyr recriwtio a chynnig cefnogaeth i ymgeiswyr amrywiol a allai fod dan anfantais
- Gweithio gyda Phrifysgol Abertawe i gynnig cefnogaeth i fyfyrwyr parafeddygol graddedig â nodwedd warchodedig yn ein digwyddiad recriwtio blynyddol
- Archwilio opsiynau i gyflwyno adolygiad porth mewnol o achosion disgyblu
- Darparu cefnogaeth i fenywod a grwpiau lleiafrifol eraill i symud ymlaen i rolau uwch reoli

Adroddiad Bwlch Cyflog Rhwng y Rhywiau 2024-2025

Rydym yn falch o weld ein bwlch cyflog rhwng y rhywiau wedi lleihau ychydig dros y flwyddyn ddiwethaf i **5.3%**.

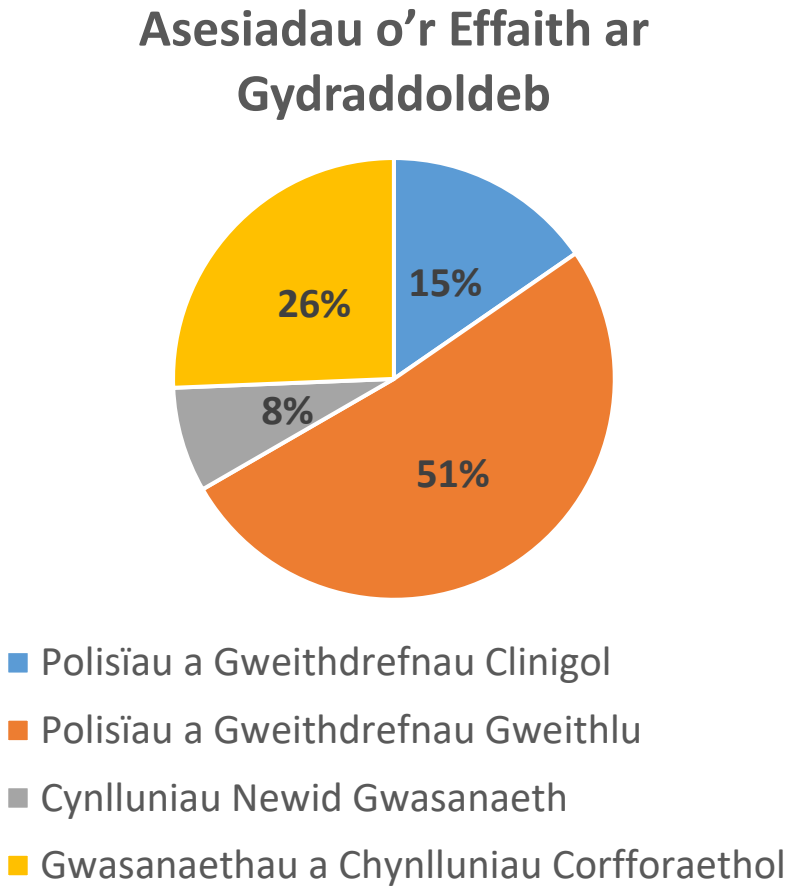
O'i gymharu ag Ymddiriedolaethau Ambiwlans eraill y DU, mae Gwasanaeth Ambiwlans Cymru yn perfformio'n dda. Fodd bynnag, rydym yn cydnabod bod ein bwlch cyflog rhwng y rhywiau yn parhau i gael ei achosi'n bennaf gan nifer anghymesur o ddynion yn ein rolau uchaf, a chymhareb anghymesur o weithwyr benywaidd-gwrywaidd sy'n gweithio oriau contract rhan-amser.

Byddwn yn parhau i gefnogi ein cydweithwyr benywaidd yn y gweithle i chwilio am gyfleoedd i ddatblygu gyrfa. Yn ystod y misoedd nesaf, byddwn yn cefnogi ein harweinwyr gweithredol benywaidd i gymryd rhan mewn cynllun cenedlaethol ar gyfer cyfarwyddwyr gweithredol uchelgeisiol er mwyn annog cynrychiolaeth fwy cyfartal o gyfarwyddwyr benywaidd yn y dyfodol. Rydym hefyd yn cyflwyno nifer o rolau proffesiynol uwch o fewn ein timau clinigol a gobeithiwn y byddant yn denu mwy o ymgeiswyr benywaidd.

I lawr o 5.6 i **5.3%**

Asesiadau o’r Effaith ar Gydraddoldeb

O fewn 2024-2025 mae'r Ymddiriedolaeth wedi cwblhau 39 asesiad o’r effaith ar gydraddoldeb



Roedd yr Asesiadau o’r Effaith ar Gydraddoldeb a oedd o berthnasedd arbennig i amcanion ein Cynllun Cydraddoldeb Strategol yn cynnwys:

- **Cynllun Tymor Canolig Integredig** – yn sicrhau bod Cydraddoldeb, Amrywiaeth a Chynhwysiant wedi'i wreiddio ym mhopeth a wnawn a byddwn yn ceisio cynyddu cydraddoldeb a thegwch i bawb a dileu gwahaniaethu.
- **Cynllun Trawsnewid y Model Clinigol** – yn ein helpu i gynllunio gwasanaethau yn y dyfodol sy'n diwallu anghenion unigolion ac yn cefnogi Nodau Llesiant Cenedlaethau'r Dyfodol.
- **Cynllun Digidol** – canolwynt ar dlodi digidol a llythrennedd digidol, yn enwedig ymhlith ein poblogaeth sy'n heneiddio.
- **Polisi y Gymraeg** – yn sicrhau ein bod yn parhau i gynyddu ein gallu i ddarparu gwasanaethau drwy gyfrwng y Gymraeg ac nad ydym yn trin y Gymraeg yn llai ffafriol na'r Saesneg.
- **Polisi Trais yn Erbyn Menywod, Cam-drin Domestig a Thrais Rhywiol** – y nod yw cefnogi menywod sy'n agored i niwed a dileu gwahaniaethu.
- **Polisi Recriwtio a Dethol** – yn annog dull cynhwysol o recriwtio’n deg ac yn ddiduedd er mwyn gwella amrywiaeth y gweithlu.

Cyfarwyddwr Newid Diwylliant Newydd

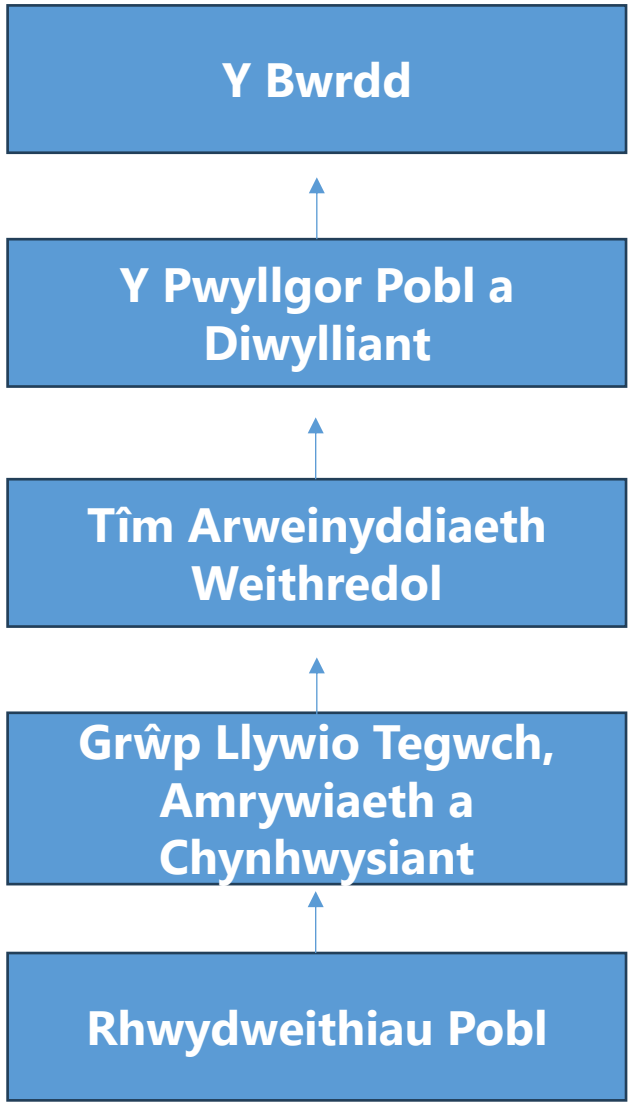
Rydym wedi cynyddu capasiti arweinyddiaeth ein Cyfarwyddiaeth Pobl a Diwylliant drwy rannu ein rôl Cyfarwyddwr Pobl a Diwylliant yn ddwy swydd ar wahân – Cyfarwyddwr Gwasanaeth Pobl a Chyfarwyddwr Newid Diwylliant. Mae Angela Lewis, a oedd yn dal y rôl gyfarwyddwr cyfunol flaenorol, wedi cael ei phenodi fel y Cyfarwyddwr Newid Diwylliant newydd. Mae'r newid rôl hwn yn caniatáu i roi mwy o flaenoriaeth i degwch, amrywiaeth a chynhwysiant ac mae gennym bellach ffocws ac adnoddau ychwanegol ar lefel weithredol sy'n sicrhau bod tegwch, amrywiaeth a chynhwysiant yn cael eu plethu drwy ein holl gyfarfodydd pwyllgor ac ar Fwrdd yr Ymddiriedolaeth.

Mae codi proffil mentrau ar lefel weithredol wedi galluogi aelodau'r Bwrdd i gofleidio eu cyfrifoldebau allweddol yn llawn a chyflawni eu hamcanion tegwch, amrywiaeth a chynhwysiant personol ac rydym yn gweld cynnydd yng nghyfranogiad holl aelodau'r Bwrdd wrth gefnogi digwyddiadau, fel ein digwyddiad Iftar a gorymdeithiau Pride. Mae hyrwyddo ein sianeli ar gyfer codi llais heb ofn a chreu diogelwch seicolegol yn parhau i fod yn flaenoriaeth i'r Ymddiriedolaeth ac o ganlyniad, mae themâu ynghylch tegwch, amrywiaeth a chynhwysiant wedi'u nodi a'u hadrodd i'r Cyfarwyddwyr Anweithredol a'r Prif Swyddog Gweithredol yn rheolaidd trwy adroddiadau adborth y Cyfarwyddwr Diwylliant. Cynhelir sbotolau ar ddiwylliant hefyd yn ystod cyfarfodydd ein Tîm Arwain Gweithredol sy'n canolbwyntio ar y themâu tegwch, amrywiaeth a chynhwysiant a nodwyd.

Grŵp Llywio Tegwch, Amrywiaeth a Chynhwysiant;

Rydym wedi cryfhau ein Grŵp Llywio Tegwch, Amrywiaeth a Chynhwysiant drwy gydol y flwyddyn gyda phenodiad Cadeirydd newydd, Angela Lewis, Cyfarwyddwr Newid Diwylliant a Hyrwyddwr Gweithredol Tegwch, Amrywiaeth a Chynhwysiant. Mae'r grŵp hwn wedi'i ffurfioli i wella craffu a rhoi sicrwydd drwy adrodd ar lwybrau i'r Tîm Arwain Gweithredol a'r Pwyllgor Pobl a Diwylliant. Mae'r grŵp yn cynnwys rhanddeiliaid i gynrychioli pob cyfarwyddiaeth a'r Bwrdd.

Mae'r Cadeirydd wedi cymryd rhan weithredol wrth ysgogi ein rhwydweithiau ac annog eu datblygiad. Ar ôl cyfarfod â phob un o'r rhwydweithiau, mae'r Cadeirydd wedi bod yn allweddol wrth godi proffil ein rhwydweithiau pobl ar lefel y Bwrdd, sydd wedi gweld cynnydd yn nifer y bobl sy'n mynychu digwyddiadau rhwydwaith a chydnabyddiaeth am y gwaith codi ymwybyddiaeth a'r gefnogaeth y maent yn ei darparu i staff..



Edrych i’r dyfodol yn 2025-2026

Er mwyn adeiladu ar y gwaith sydd eisoes wedi'i wneud, rydym wedi datblygu ein Grŵp Llywio Tegwch, Amrywiaeth a Chynhwysiant a fydd yn goruchwylio cynlluniau gweithredu ar draws yr Ymddiriedolaeth sy'n cynnwys llawer o gamau gweithredu i'n helpu i gyflawni Amcanion ein Cynllun Cydraddoldeb Strategol. Y flwyddyn nesaf byddwn yn canolbwyntio ar y meysydd canlynol:

- Bydd ein noddwyr yn cefnogi ein Darpar Aelod Bwrdd i ddysgu a ffynnu o fewn y sector iechyd er mwyn annog mwy o gynrychiolaeth ar ein Bwrdd o gefndiroedd ethnig leiafrifol.
- Adolygu ein gweithdrefnau presennol ar gyfer cael mynediad at wasanaethau dehongli a chyfieithu amserol ac o ansawdd uchel i ddefnyddwyr gwasanaeth nad ydynt yn siarad Saesneg. Bydd hyn yn cael ei gynnal yn unol â Safonau Cymru Gyfan ar gyfer Darparu Gwybodaeth a Chyfathrebu Hygyrch.
- Monitro gweithrediad y Rhaglen Trawsnewid y Model Clinigol i sicrhau bod unrhyw newidiadau i'r ddarpariaeth o wasanaethau yn hygyrch ac yn gwella iechyd a lles ein defnyddwyr gwasanaeth.
- Darparu mynediad i staff at gyfres o hyfforddiant diogelwch rhywiol gyda ffocws ar bynciau penodol fel rhywiaeth o fewn cyfryngau cymdeithasol i addysgu staff ac atal aflonyddu rhywiol.
- Cynnal y Parth Iechyd yng Nghynhadledd Meistroli Amrywiaeth yng Nghaerdydd i arddangos arfer a diwylliant arweinyddiaeth enghreifftiol ac i ddysgu o arfer gorau ledled Cymru.

Mae copi o’n Cynllun Cydraddoldeb Strategol 2024-2028 ar gael yma:

https://ambiwlans.gig.cymru/gwybodaeth/trin-pobl-yn-deg/

Edrych i’r dyfodol yn 2025-2026

- Cynnal gweithdy gyda staff sydd wedi cwblhau'r rhaglen hyfforddi Cynghreiriaeth a Gwylwyr Gweithredol i asesu'r effaith y mae wedi'i chael ar eu hyder i gynyddu cynghreiriaeth i helpu i ddileu gwahaniaethu ac anfantais.
- Mabwysiadu a chyflwyno modiwl hyfforddi e-ddysgu gorfodol Cymru Wrth-hiliol i helpu i'w wneud yn fwy ystyrlon i gydweithwyr ambiwlans.
- Sicrhau bod pob rheolwr llinell yn ymgymryd ag elfennau sylfaenol hyfforddiant rheoli ac arweinyddiaeth Ein Ffordd WAST drwy gwblhau'r hyfforddiant un i un a Sgyrsiau Hanfodol.
- Cefnogi ac annog amrywiaeth yn y gweithgaredd recriwtio ar gyfer parafeddygon graddedig ar raddfa fawr a phenodiadau gweithredol a pharhau i gynnig cyfleoedd datblygiad proffesiynol cefnogol i'r rhai mewn swydd.
- Gweithio tuag at gyflawni Cyflogwr Hyderus o ran Gofalwyr Lefel 2 a chefnogi gofalwyr di-dâl drwy weithredu Polisi Gofalwyr a datrysiadau gweithio hyblyg.
- Cyflwyno cynllun pasbort anabledd ar gyfer staff o fewn maes anabledd i helpu i weithredu addasiadau rhesymol priodol yn y gweithle.

Cysylltwch ag aelod o'r tîm i ddysgu mwy am ein Cynllun Gweithredu Tegwch, Amrywiaeth a Chynhwysiant ar gyfer 2025-2026:

AMB_Inclusion@wales.nhs.uk

Ein Casgliadau

Wrth fyfyrio ar y cynnydd a wnaed dros y flwyddyn ddiwethaf, rydym yn hyderus bod Amcanion ein Cynllun Cydraddoldeb Strategol yn berthnasol i'r heriau sy'n ein hwynebu wrth ddarparu gwasanaethau gofal iechyd brys i'r boblogaeth yng Nghymru.

Gan adeiladu ar amcanion ein Cynllun Pobl a Diwylliant sy'n canolbwyntio ar wella diwylliant, capasiti a galluoedd ein gweithle, mae ein Hamcanion Cydraddoldeb Strategol yn parhau i gael eu hymgorffori yng nghynlluniau strategol yr Ymddiriedolaethau, gan gynnwys ein Cynllun Tymor Canolig Integredig, Cynllun Ansawdd, Rhaglen Trawsnewid y Model Clinigol a'n Hamcanion Llesiant Cenedlaethau'r Dyfodol.

Byddwn yn parhau i sicrhau bod tegwch, amrywiaeth a chynhwysiant wrth wraidd ein cynlluniau i sicrhau bod ein gwasanaethau'n diwallu anghenion defnyddwyr gwasanaeth unigol ac yn canolbwyntio ar ofal iechyd sy'n canolbwyntio ar yr unigolyn. Rydym yn falch o weld pa mor bell yr ydym wedi dod fel sefydliad i greu gwasanaeth teg a chynhwysol ar gyfer ein defnyddwyr gwasanaeth, staff a rhanddeiliaid yn ystod y flwyddyn ddiwethaf.

Cysylltwch â Ni

Am ragor o wybodaeth am ein Cynllun Cydraddoldeb Strategol a sut rydym yn cyflawni ein hamcanion, cysylltwch â'r Tîm drwy anfon neges e-bost at

AMB_Inclusion@wales.nhs.uk

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

Gender Pay Gap Report

2024-2025

Take ownership

Broaden our understanding

Respect others

Show belief in each other

Practice ethically

Continually improve our service

Be inclusive of the whole team

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Introduction

Snapshot data

About mean and median

Quartile Data

Trend over time

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Introduction

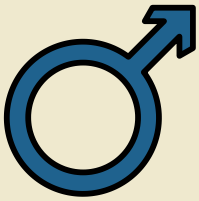
The gender pay gap reporting requirements are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people the Welsh Ambulance Services University NHS Trust must publish and report specific information about our gender pay gap both on our own website and the Government's website.

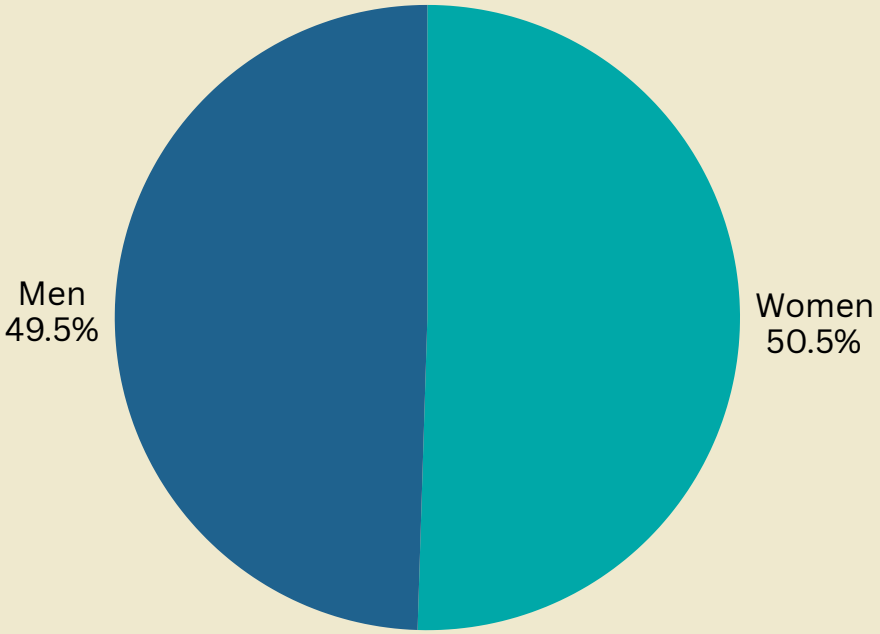
It is important to recognise and understand that the gender pay gap differs from equal pay. Equal pay means that men and women in the same employment performing 'equal work' must receive 'equal pay', as set out in the Equality Act 2010. It is unlawful to pay people unequally because of their gender. The NHS Agenda for Change job evaluation process evaluates the job and not the post holder. This job evaluation process looks at the job without any reference to gender or any other protected characteristic so equal pay is assured.

The gender pay gap is the difference between the average earnings of men and women across an organisation.

This data is provided as an annual snapshot of the gender pay gap between 1st April 2024 and 31st March 2025.

On the 31st March 2025, the Welsh Ambulance Service employed 2417 women and 2372 men, therefore approximately 50.5% of the workforce were female and 49.5% were male. (This figure is inclusive of our substantive and bank staff members).





Snapshot data as of 31 March 2025

Women's mean hourly rate is 5.3% lower than men's. On average, women are paid an hourly rate of £19.92 in comparison to men who are paid £21.04.

In other words when comparing mean hourly rates, women get paid 94.7p for every £1 that men get paid.

Women's median hourly rate is 3.9% lower than men's. The median hourly rate of pay for women is £18.63 in comparison to men which is £19.38

In other words when comparing median hourly rates, women get paid 96.10p for every £1 that men get paid.

No bonus payments were made therefore there is no mean or median bonus gender pay gap to report on bonus payments.

About mean and median

The mean hourly rate is the average hourly wage across the entire organisation, so the mean gender pay gap is a measure of the difference between women's mean hourly wage and men's mean hourly wage.

The median hourly rate is calculated by ranking all employees from the highest paid to the lowest paid, and taking the hourly wage of the person in the middle; so, the median gender pay gap is the difference between women's median hourly wage and men's median hourly wage.

Quartile Data

Pay quartiles are calculated by splitting all employees in the organisation into four even groups according to their level of pay. Looking at the proportion of women in each quartile gives an indication of women's representation at different levels of the organisation.

Quartile 1: Lower Quartile

52.21%	♀
47.79%	♂

52% of the Lower Quartile are Women

Quartile 2: Lower Middle Quartile

55.34%	♀
44.66%	♂

55% of the Lower Middle Quartile are Women

Quartile 3: Upper Middle Quartile

49.82%	♀
50.18%	♂

50% of the Upper Middle Quartile are Women

Quartile 4: Upper Quartile

43.09%	♀
56.91%	♂

43% of the Upper Quartile are Women

Working Patterns

This table shows the ratios of male to female employees split between those working part time and full time. There is an important difference in the part time/ full time split for males and females supporting the hypothesis that more women choose part time roles, and this is likely to be a reflection of caregiving responsibilities.

Gender	Female	Male
Part time	756 (16%)	520 (11%)
Full Time	1654 (35%)	1835 (38%)

This table demonstrates the ratio of male to female across the different pay bands in the organisation. In general, our differences across the pay bands are relatively small in terms of percentage. With the exception of bands 3, 4, 6 and 8B, we have more men in each other pay band which is indicative of the gender pay gap across the Trust, particularly within our higher paid bands.

Pay Band	Female	Male
Other	0.23%	0.29%
Band 2	0.90%	1.22%
Band 3	15.25%	11.93%
Band 4	4.17%	1.99%
Band 5	11.17%	12.38%
Band 6	12.75%	12.32%
Band 7	4.29%	5.68%
Band 8a	1.35%	1.85%
Band 8b	0.59%	0.56%
Band 8c	0.32%	0.38%
Band 8d	0.18%	0.20%

Trend over time

When comparing the annual data over time, there is little fluctuation amongst the gender pay gap. We continue to work smarter to understand what is causing this gap and consider what we can do to reduce and eventually eliminate this gap in the future.

	Womens mean hourly rate as % lower than men's.	Women's mean hourly rate for every £1 that men get paid.	Women's median hourly rate as % lower than men's.	Women's median hourly rate for every £1 men get paid.
2017-2018	5.3%	95p	11.2%	89p
2018-2019	4.7%	95p	8.9%	91p
2019-2020	5.5%	94p	9.9%	90p
2020-2021	5.2%	95p	7.94%	92p
2021-2022	6.7%	93p	7.29%	93p
2022-2023	5.4%	95p	6.3%	94p
2023-2024	5.6%	95p	6.0%	93p
2024-2025	5.3%	95p	3.9%	96p

Conclusion

When developing initiatives, it is essential to remember that we are many things and have different individual experiences. For example, women from ethnic minorities, women with a disability, and gay or trans women will have very different experiences. We need to be conscious of these unique experiences and intersectionality.

We continue the journey of improvement. We need to continue to embed our actions to improve the gender pay gap, promoting culture change and encouraging better employee experience across the Trust. Objectives have been set within our Strategic Equality Plan for 2024-2028 to ensure that we continue to work towards closing the gender pay gap.

Only together may we begin to peel back the layers of inequalities

Make WAST a truly inclusive organisation

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

Adroddiad Bwlch Cyflog Rhwng y Rhywiau

2024-2025

Cymryd perchnogaeth

Ehangu ein dealltwriaeth

Parchu eraill

Dangos Cred yn ein gilydd

Ymarfer bod yn Foesegol

Gwella ein gwasanaeth yn barhaus

Bod yn gynhwysol o'r tîm cyfan

Tabl Cynnwys

Cyflwyniad

Ciplun o ddata

Ynghylch cymedr a chanolrif

Data chwartel

Tuedd dros amser

Casgliad

Cyflwyniad

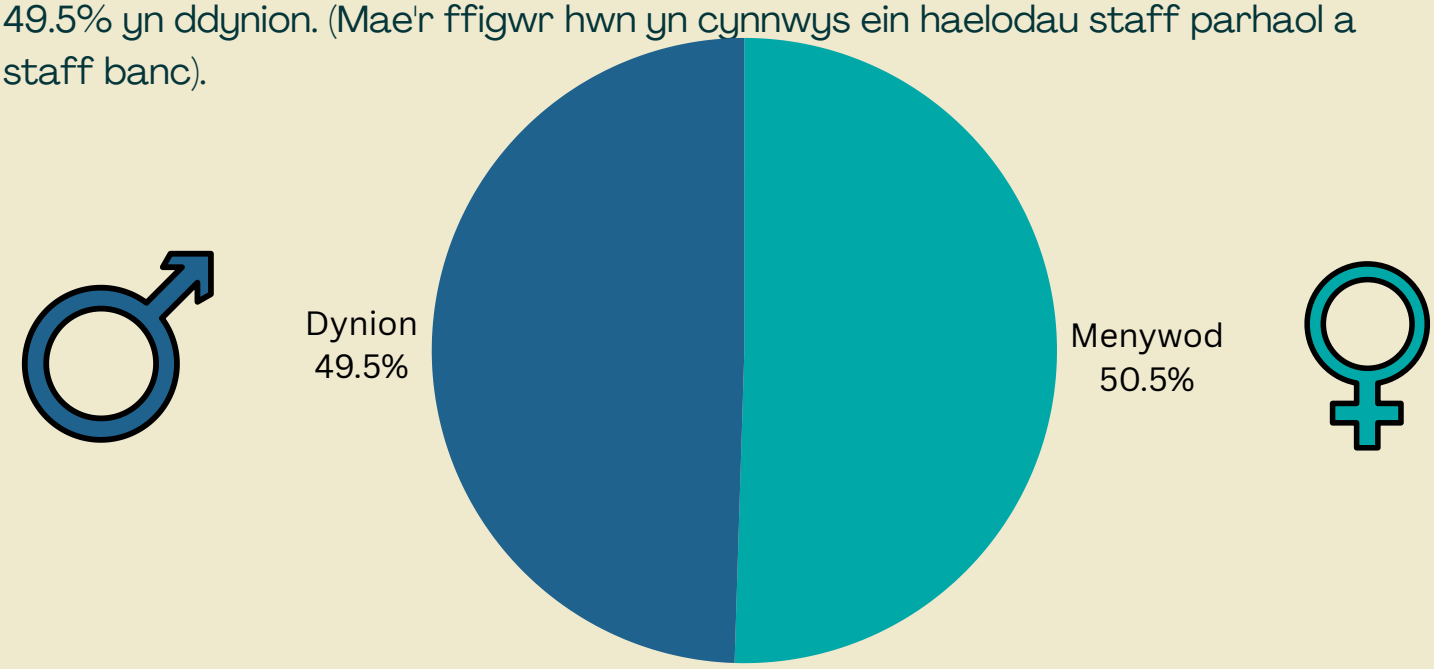
Amlinellir y gofynion adrodd ar y bwlch cyflog rhwng y rhywiau yn Rheoliadau Deddf Cydraddoldeb 2010 (Gwybodaeth Bwlch Cyflog Rhwng y Rhywiau) 2017. Fel sefydliad sy'n cyflogi mwy na 250 o bobl mae'n rhaid i Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru gyhoeddi ac adrodd ar wybodaeth benodol am ein bwlch cyflog rhwng y rhywiau ar ein gwefan ein hunain ac ar wefan y Llywodraeth.

Mae'n bwysig cydnabod a deall bod y bwlch cyflog rhwng y rhywiau yn wahanol i gyflog cyfartal. Mae cyflog cyfartal yn golygu bod yn rhaid i ddynion a menywod yn yr un gyflogaeth sy'n cyflawni 'gwaith cyfartal' gael 'cyflog cyfartal', fel y nodir yn y Ddeddf Cydraddoldeb 2010. Mae'n anghyfreithlon rhoi cyflog anghyfartal i bobl oherwydd eu rhyw. Mae proses gwerthuso swyddi Agenda ar gyfer Newid y GIG yn gwerthuso'r swydd ac nid deiliad y swydd. Mae'r broses gwerthuso swydd hon yn edrych ar y swydd heb unrhyw gyfeiriad at ryw nac unrhyw nodwedd warchodedig arall felly mae cyflog cyfartal yn cael ei sicrhau.

Y bwlch cyflog rhwng y rhywiau yw'r gwahaniaeth rhwng enillion cyfartalog dynion a menywod ar draws sefydliad.

Darperir y data hwn fel ciplun blynyddol o'r bwlch cyflog rhwng y rhywiau rhwng 1 Ebrill 2024 a 31 Mawrth 2025.

Ar 31 Mawrth 2025, roedd Gwasanaeth Ambiwlans Cymru yn cyflogi 2417 o fenywod a 2372 o ddynion, felly roedd tua 50.5% o'r gweithlu yn fenywod a 49.5% yn ddynion. (Mae'r ffigwr hwn yn cynnwys ein haelodau staff parhaol a staff banc).



Ciplun o ddata ar 31 Mawrth 2025

Mae cyfradd gymedrig fesul awr menywod 5.3% yn is na chyfradd dynion. Ar gyfartaledd, telir cyfradd fesul awr o £19.92 i fenywod o gymharu â dynion sy'n cael eu talu £21.04.

Mewn geiriau eraill, wrth gymharu cyfraddau cymedrig fesul awr, mae menywod yn cael eu talu 94.7c am bob £1 y mae dynion yn cael eu talu.

Mae cyfradd canolrifol fesul awr menywod 3.9% yn is na chyfradd dynion. Y gyfradd canolrifol fesul awr ar gyfer menywod yw £18.63 o gymharu â dynion, sef £19.38.

Mewn geiriau eraill, wrth gymharu cyfraddau canolrifol fesul awr, mae menywod yn cael eu talu 96.10c am bob £1 y mae dynion yn cael eu talu.

Ni wnaed unrhyw daliadau bonws felly nid oes unrhyw fwlch cyflog bonws cymedrig na chanolrif rhwng y rhywiau i'w adrodd ar daliadau bonws.

Ynghylch cymedr a chanolrif

Y gyfradd gymedrig fesul awr yw'r cyflog fesul awr ar gyfartaledd ar draws y sefydliad cyfan, felly mae'r bwlch cyflog cymedrig rhwng y rhywiau yn fesur o'r gwahaniaeth rhwng cyflog cymedrig fesul awrmenywod a chyflog cymedrig fesul awr dynion.

Cyfrifir y gyfradd ganolrifol fesul awr trwy restru pob gweithiwr yn nhrefn y cyflog uchaf i'r cyflog isaf, a chymryd cyflog fesul awr y person yn y canol; felly y bwlch cyflog canolrifol rhwng y rhywiau yw'r gwahaniaeth rhwng cyflog canolrifol fesul awr menywod a chyflog canolrifol fesul awr dynion.

Data Chwartel

Cyfrifir chwarteli cyflog drwy rannu holl weithwyr y sefydliad yn bedwar grŵp cyfartal yn ôl lefel eu cyflog. Mae edrych ar y gyfran o fenywod ym mhob chwartel yn rhoi syniad o gynrychiolaeth menywod ar wahanol lefelau o'r sefydliad.

Chwartel 1: Chwartel isaf

52.21%	♀
47.79%	♂

Mae 52% o'r chwartel isaf yn fenywod

Chwartel 2: Chwartel canol isaf

55.34%	♀
44.66%	♂

Mae 55% o'r chwartel canol isaf yn fenywod

Quartile 3: Chwartel canol uchaf

49.82%	♀
50.18%	♂

Mae 50% o'r chwartel uchaf yn fenywod

Chwartel 4: Chwartel uchaf

43.09%	♀
56.91%	♂

Mae 43% o'r chwartel isaf yn fenywod

Patrymau gwaith

Mae'r tabl hwn yn dangos cymarebau gweithwyr gwrywaidd i fenywaidd wedi'u rhannu rhwng y rhai sy'n gweithio'n rhan amser ac yn llawn amser. Mae gwahaniaeth pwysig yn y rhaniad rhan amser/llawn amser ar gyfer gwrywod a benywod sy'n cefnogi'r ddamcaniaeth bod mwy o fenywod yn dewis rolau rhan amser, ac mae hyn yn debygol o fod yn adlewyrchiad o gyfrifoldebau gofalu.

Rhywedd	Benyw	Gwryw
Rhan amser	756 (16%)	520 (11%)
Llawn amser	1654 (35%)	1835 (38%)

Mae'r tabl hwn yn dangos y gymhareb o wrywod i fenywod ar draws y gwahanol fandiau cyflog yn y sefydliad. Yn gyffredinol, mae ein gwahaniaethau ar draws y bandiau cyflog yn gymharol fach o ran canran. Ac eithrio bandiau 3, 4, 6 ac 8B, mae gennym fwy o ddynion ym mhob band cyflog arall sy'n arwydd o'r bwlch cyflog rhwng y rhywiau ar draws yr Ymddiriedolaeth, yn enwedig o fewn ein bandiau cyflog uwch.

Band Cyflog	Benyw	Gwryw
Arall	0.23%	0.29%
Band 2	0.90%	1.22%
Band 3	15.25%	11.93%
Band 4	4.17%	1.99%
Band 5	11.17%	12.38%
Band 6	12.75%	12.32%
Band 7	4.29%	5.68%
Band 8a	1.35%	1.85%
Band 8b	0.59%	0.56%
Band 8c	0.32%	0.38%
Band 8d	0.18%	0.20%

Tuedd dros amser

Wrth gymharu'r data blynyddol dros amser, mae ychydig o amrywiad ymhlith y bwlch cyflog rhwng y rhywiau. Rydym yn parhau i weithio'n gallach i ddeall beth sy'n achosi'r bwlch hwn ac ystyried beth y gallwn ei wneud i leihau'r bwlch hwn ac yn y pen draw ei ddileu yn y dyfodol.

	Cyfradd gymedrig fesul awr menywod fel % yn is na chyfradd dynion.	Cyfradd gymedrig fesul awr menywod ar gyfer pob £1 y mae dynion yn cael eu talu.	Cyfradd ganolrifol fesul awr menywod fel % yn is na chyfradd dynion.	Cyfradd ganolrifolfesul awr menywod ar gyfer pob £1 y mae dynion yn cael eu talu.
2017-2018	5.3%	95c	11.2%	89c
2018-2019	4.7%	95c	8.9%	91c
2019-2020	5.5%	94c	9.9%	90c
2020-2021	5.2%	95c	7.94%	92c
2021-2022	6.7%	93c	7.29%	93c
2022-2023	5.4%	95c	6.3%	94c
2023-2024	5.6%	95c	6.0%	93c
2024-2025	5.3%	95c	3.9%	96c

Casgliad

Wrth ddatblygu mentrau, mae'n hanfodol cofio ein bod yn llawer o bethau a bod gennym brofiadau unigol gwahanol. Er enghraifft, bydd menywod o leiafrifoedd ethnig, menywod ag anabledd, a menywod hoyw neu drawsrywiol yn cael profiadau gwahanol iawn. Mae angen inni fod yn ymwybodol o'r profiadau unigryw hyn a'r croestoriadedd.

Rydym yn parhau gyda'r daith o welliant. Mae angen i ni barhau i ymgorffori ein camau gweithredu i wella'r bwlch cyflog rhwng y rhywiau, hyrwyddo newid diwylliannol ac annog gwell profiad i weithwyr ar draws yr Ymddiriedolaeth. Mae amcanion wedi'u pennu yn ein Cynllun Cydraddoldeb Strategol ar gyfer 2024-2028 i sicrhau ein bod yn parhau i weithio tuag at gau'r bwlch cyflog rhwng y rhywiau.

Dim ond gyda'n gilydd y gallwn ddechrau pilio'r haenau o anghydraddoldebau yn ôl

100%

Gwneud WAST yn sefydliad gwirioneddol gynhwysol

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

WORKFORCE EQUALITY MONITORING REPORT 2024-2025

Take ownership

Broaden our understanding

Respect others

Show belief in each other

Practice ethically

Continually improve our service

Be inclusive of the whole team

Table of Contents

- Introduction
- Background
- Equality data of current workforce
- Equality data of people who have joined and left the Trust

Introduction

We are pleased to present the Welsh Ambulance University NHS Services Trust's Workforce Equality Monitoring Report for 2024-2025

This report provides equality monitoring data in line with the requirements of the Equality Act 2010 and the Public Sector Equality Duty.

Background

The Equality Act 2010 and Public Sector Equality Duty require all public bodies to produce an annual report by 31st March each year. Public bodies should demonstrate in their annual reports to what extent they have been able to meet the three main objectives of the Duty. These are:

- To eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- To advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- To foster good relations between people who share a protected characteristic and people who do not share it.

The annual report also provides public bodies with the opportunity to:

- Monitor and review progress;
- Monitor and review the effectiveness and appropriateness of arrangements;
- Review objectives and processes in light of new legislation and other new developments;
- Engage with stakeholders around these issues, providing partners and the public with transparency.

Welsh Ambulance Service University NHS Trust has published its Strategic Equality Plan Annual Report which outlines our achievements and the progress made towards meeting the objectives of the Public Sector Equality Duty. This report can be found on our website.

This report provides information on our workforce data. This allows us to look at the diversity of our workforce which can be used to identify gaps and areas for improvement. We recognise that in order to fully understand and meet the needs of our service users, our workforce needs to be reflective of the population we serve.

EQUALITY DATA

The information in this report provides a breakdown of our workforce equality data in the following areas:

- Staff in post and their protected characteristics
- Working pattern broken down by sex
- Staff who have joined the Trust with a protected characteristic
- Staff who have left the Trust with a protected characteristic

It is important to note that the data included in this report uses the data stored in our electronic staff record system. It is entirely voluntary for individual members of staff to choose whether they wish to upload this data to their personal records. Upon analysis of the data held on our system, we know that there are many members of staff who have not provided personal data on the equality monitoring section of their staff records.

Data capture is an area that has been identified for improvement. The Trust acknowledges that it must do more to increase employee confidence in sharing this data, in providing assurance to staff on how the data will be used and ensuring confidentiality.

The data provided in this report is based on the total headcount of staff as at 31st March 2024 which was 4434. Please note that this figure does not include our bank members of staff.

EQUALITY DATA

"Staff from Black Asian and Minority Ethnic backgrounds increased from 1.36% to 1.63%"

"Women increased from 50% to 50.5%"

"Staff with a disability increased from 6.75% to 7.94%"

"Staff who identify as LGB+ increased from 5.6% to 5.72%"

Please note: The ESR system currently does not have the data fields to allow for the collection of data on gender reassignment or gender identity. The Trust has requested that any new systems allow the collation of gender identity status. Plans are already underway nationally to replace the current ESR system

Banding and Contracts by Gender

Further information on gender can be found in our Gender Pay Gap report 2023-2024

Pay band	Female %	Male %
Band 2	0.90%	1.22%
Band 3	15.25%	11.93%
Band 4	4.17%	1.99%
Band 5	11.17%	12.38%
Band 6	12.75%	12.32%
Band 7	4.29%	5.68%
Band 8A	1.35%	1.85%
Band 8B	0.59%	0.56%
Band 8C	0.32%	0.38%
Band 8D	0.18%	0.20%
Other	0.23%	0.29%

Contact Type	Female %	Male %
Unspecified	0. 00%	0. 00%
Part Time	16%	11%
Full Time	35%	38%

Age

Age Band	Headcount	%	FTE
<=20 Years	45	1.01%	42.87
21-25	292	6.59%	283.54
26-30	480	10.83%	466.56
31-35	550	12.4%	513.38
36-40	530	11.95%	497.49
41-45	418	9.43%	392.43
46-50	526	11.86%	503.98
51-55	625	14.1%	592.92
56-60	546	12.31%	493.07
61-65	347	7.83%	277.22
66-70	62	1.4%	46.09
>=71 Years	13	0.29%	9.11
Grand Total	4434	100.00%	4118.7

Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	113	2.55	106.64
Divorced	279	6.29	251.2
Legally Separated	59	1.33	54.38
Married	2,042	46.05	1866.6
Single	1,588	35.81	1511.1
Unknown	276	6.22	257.9
Unspecified	46	1.04	44.01
Widowed	31	0.7	26.81
Grand Total	4434	100.00	4118.7

Religion and Belief

Religion and Belief	Headcount	%	FTE
Atheism	1120	25.26	1066.3
Buddhism	13	0.29	12.14
Christianity	1856	41.86	1706.7
Hinduism	0	0	0
Islam	12	0.27	12
Judaism	1	0.02	1.00
Sikhism	0	0	0
Not Disclosed	728	16.42	682.24
Other	509	11.48	478.63
Unspecified	195	4.4	159.63
Grand Total	4434	100.00	4118.7

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	80	1.8	77.63
Gay or Lesbian	165	3.72	159.04
Heterosexual or Straight	3,623	81.71	3377.22
Not Disclosed	361	8.14	335.96
Other sexual orientation not listed	9	0.2	9
Undecided	8	0.18	7.3
Unspecified	188	4.24	152.52
Grand Total	4434	100.00	4118.7

Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	3,355	75.67%	3148.8
B White - Irish	27	0.61%	23.78
C White - Any other White background	64	1.44%	61.36
C2 White Northern Irish	2	0.05%	2
C3 White Unspecified	40	0.90%	35.12
CA White English	35	0.79%	31.08
CB White Scottish	1	0.02%	1
CC White Welsh	388	8.75%	347.09
CX White Mixed	1	0.02%	1
CY White Other European	4	0.09%	3.8
D Mixed - White & Black Caribbean	4	0.09%	4
E Mixed - White & Black African	3	0.07%	2.4
F Mixed - White & Asian	12	0.27%	11.64
G Mixed - Any other mixed background	11	0.25%	9.88
GC Mixed - Black & White	1	0.02%	1
GD Mixed - Chinese & White	1	0.02%	0.61
GF Mixed - Other/Unspecified	1	0.02%	1
H Asian or Asian British - Indian	4	0.09%	4
J Asian or Asian British - Pakistani	4	0.09%	4
K Asian or Asian British - Bangladeshi	1	0.02%	1
L Asian or Asian British - Any other Asian background	2	0.05%	2
LH Asian British	1	0.02%	1
M Black or Black British - Caribbean	3	0.07%	2.84
N Black or Black British - African	12	0.27%	11.2
R Chinese	3	0.07%	2.1
S Any Other Ethnic Group	6	0.14%	6
SE Other Specified	2	0.05%	1.45
Unspecified	215	4.85%	179.64
Z Not Stated	230	5.19%	216.87
Grand Total	4434	100.00%	4118.7

Disability

Disability Flag	Headcount	%	FTE
No	3,473	78.33	3248.78
Not Declared	325	7.33	297.81
Prefer Not To Answer	21	0.47	19.45
Unspecified	263	5.93	223.36
Yes	352	7.94	329.27
Grand Total	4434	100.00	4118.7

People who have joined the Trust

Between 1st April 2024 - 31st March 2025, 49 staff were appointed to positions within the Trust.

37% were Female
63% were Male

6.1% identified as LGB+

4.1% were from Black, Asian Minority Ethnic background

12.2% had a disability.

People who have left the Trust

Between 1st April 2024 - 31st March 2025, 391 people left the Trust.

46.5% were female

6.9% identified as LGB+

3.6% were from Black, Asian Minority Ethnic background

7.4% had a disability.

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

ADRODDIAD MONITRO CYDRADDOLDEB Y GWEITHLU 2024-2025

Cymryd perchnogaeth

Ehangu ein dealltwriaeth

Parchu eraill

Dangos Cred yn ein gilydd

Ymarfer bod yn Foesegol

Gwella ein gwasanaeth yn barhaus

Bod yn gynhwysol o'r tîm cyfan

Tabl Cynnwys

- Cyflwyniad
- Cefndir
- Data cydraddoldeb y gweithlu presennol
- Data cydraddoldeb y bobl sydd wedi ymuno â'r Ymddiriedolaeth ac sydd wedi gadael

Cyflwyniad

Mae'n bleser gennym gyflwyno Adroddiad Monitro Cydraddoldeb y Gweithlu Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru ar gyfer 2024-2025.

Mae'r adroddiad hwn yn darparu data monitro cydraddoldeb yn unol â gofynion Deddf Cydraddoldeb 2010 a Dyletswydd Cydraddoldeb y Sector Cyhoeddus.

Cefndir

Mae’r Ddeddf Cydraddoldeb 2010 a Dyletswydd Cydraddoldeb y Sector Cyhoeddus yn ei gwneud yn ofynnol i bob corff cyhoeddus gynhyrchu adroddiad blynyddol erbyn 31 Mawrth bob blwyddyn. Dylai cyrff cyhoeddus ddangos yn eu hadroddiadau blynyddol i ba raddau y maent wedi gallu bodloni tri phrif amcan y Ddyletswydd. Mae’r rhain fel a ganlyn:

- Cael gwared ar wahaniaethu anghyfreithlon, aflonyddu, erledigaeth ac unrhyw ymddygiad arall a waherddir gan y Ddeddf;
- Hyrwyddo cydraddoldeb cyfle rhwng y bobl sy'n rhannu nodwedd warchodedig a'r rhai nad ydynt; a
- Meithrin perthnasoedd da rhwng y bobl sy'n rhannu nodwedd warchodedig a'r rhai nad ydynt.

Mae’r adroddiad blynyddol hefyd yn rhoi cyfle i gyrff cyhoeddus:

- Monitro ac adolygu cynnydd;
- Monitro ac adolygu effeithiolrwydd a phriodoldeb trefniadau;
- Adolygu amcanion a phrosesau yng ngoleuni deddfwriaeth newydd a datblygiadau newydd eraill;
- Ymgysylltu â rhanddeiliaid ynghylch y materion hyn, gan ddarparu tryloywder i bartneriaid a’r cyhoedd.

Mae Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru wedi cyhoeddi Adroddiad Blynyddol ei Chynllun Cydraddoldeb Strategol sy'n amlinellu ein cyflawniadau a'r cynnydd a wnaed tuag at gyflawni amcanion Dyletswydd Cydraddoldeb y Sector Cyhoeddus. Gellir dod o hyd i’r adroddiad hwn ar ein gwefan.

Mae'r adroddiad hwn yn rhoi gwybodaeth am ein data gweithlu. Mae hyn yn ein galluogi i edrych ar amrywiaeth ein gweithlu y gellir ei ddefnyddio i nodi bylchau a meysydd i'w gwella. Rydym yn cydnabod bod angen i'n gweithlu adlewyrchu'r boblogaeth yr ydym yn ei gwasanaethu er mwyn deall a diwallu anghenion ein defnyddwyr gwasanaeth yn llawn.

DATA CYDRADDOLDEB

Mae’r wybodaeth yn yr adroddiad hwn yn rhoi dadansoddiad o’n data cydraddoldeb gweithlu yn y meysydd canlynol:

- Staff mewn swydd a'u nodweddion gwarchodedig
- Patrwm gwaith wedi'i ddadansoddi yn ôl rhyw
- Staff sydd wedi ymuno â'r Ymddiriedolaeth gyda nodwedd warchodedig
- Staff sydd wedi gadael yr Ymddiriedolaeth gyda nodwedd gwarchodedig

Mae'n bwysig nodi bod y data a gynhwysir yn yr adroddiad hwn yn defnyddio'r data sydd wedi'i storio yn ein system cofnodion staff electronig. Mae’n gwbl wirfoddol i aelodau unigol o staff ddewis a ydynt am lanlwytho’r data hwn i’w cofnodion personol. Ar ôl dadansoddi'r data a gedwir ar ein system, rydym yn gwybod bod llawer o aelodau staff nad ydynt wedi darparu data personol yn yr adran monitro cydraddoldeb yn eu cofnodion staff.

Mae casglu data yn faes sydd wedi’i nodi ar gyfer gwella. Mae'r Ymddiriedolaeth yn cydnabod y dylai wneud mwy i gynyddu hyder gweithwyr wrth rannu'r data hwn a darparu sicrwydd i'r staff ar sut y bydd y data yn cael ei ddefnyddio a sicrhau preifatrwydd.

Mae’r data a ddarperir yn yr adroddiad hwn yn seiliedig ar gyfanswm nifer y staff ar 31 Mawrth 2024 sef 4434. Sylwer nad yw'r ffigur hwn yn cynnwys ein haelodau staff banc.

DATA CYDRADDOLDEB

“Cynyddodd nifer y staff Du, Asiaidd ac ethnig leiafrifol o 1.36% i 1.63%”

Cynyddodd nifer y menywod o 50% i 50.5%

“Cynyddodd nifer y staff ag anabledd o 6.75% i 7.94%”

“Cynyddodd nifer y staff sy’n nodi eu bod yn LHD+ o 5.6% i 5.72%”

Noder: Ar hyn o bryd nid oes gan y system ESR y meysydd data i ganiatáu ar gyfer casglu data ar ailbennu rhywedd neu hunaniaeth rhywedd. Mae'r Ymddiriedolaeth wedi gofyn i unrhyw systemau newydd ganiatáu casglu statws hunaniaeth rhywedd. Mae cynlluniau eisoes ar y gweill yn genedlaethol i ddisodli'r system ESR bresennol.

Bandiau cyflog a Chontractau yn ôl Rhyw

Ceir rhagor o wybodaeth am ryw yn ein hadroddiad Bwlch Cyflog rhwng y Rhywiau 2023-2024

Pay band	% Benyw	% Gwryw
Band 2	0.90%	1.22%
Band 3	15.25%	11.93%
Band 4	4.17%	1.99%
Band 5	11.17%	12.38%
Band 6	12.75%	12.32%
Band 7	4.29%	5.68%
Band 8A	1.35%	1.85%
Band 8B	0.59%	0.56%
Band 8C	0.32%	0.38%
Band 8D	0.18%	0.20%
Arall	0.23%	0.29%

Math o gontract	% Benyw	% Gwyrw
Amhenodol	0. 00%	0. 00%
Rhan amser	16%	11%
Amser llawn	35%	38%

Oedran

Band oedran	Nifer o bobl	%	CALI
<=20 oed	45	1.01%	42.87
21-25	292	6.59%	283.54
26-30	480	10.83%	466.56
31-35	550	12.4%	513.38
36-40	530	11.95%	497.49
41-45	418	9.43%	392.43
46-50	526	11.86%	503.98
51-55	625	14.1%	592.92
56-60	546	12.31%	493.07
61-65	347	7.83%	277.22
66-70	62	1.4%	46.09
>=71 oed	13	0.29%	9.11
Cyfanswm terfynol	4434	100.00%	4118.7

Statws priodasol

Statws priodasol	Nifer o bobl	%	CALI
Partneriaeth sifil	113	2.55	106.64
Wedi ysgaru	279	6.29	251.2
Wedi gwahanu'n gyfreithiol	59	1.33	54.38
Priod	2,042	46.05	1866.6
Sengl	1,588	35.81	1511.1
Anhysbys	276	6.22	257.9
Amhenodol	46	1.04	44.01
Gweddw	31	0.7	26.81
Cyfanswm terfynol	4434	100.00	4118.7

Crefydd a Chred

Crefydd a Chred	Nifer o bobl	%	CALI
Anffyddiaeth	1120	25.26	1066.3
Bwdhaeth	13	0.29	12.14
Cristnogaeth	1856	41.86	1706.7
Hindŵaeth	0	0	0
Islam	12	0.27	12
Iddewiaeth	1	0.02	1.00
Siciaeth	0	0	0
Heb ddatgan	728	16.42	682.24
Arall	509	11.48	478.63
Amhenodol	195	4.4	159.63
Cyfanswm terfynol	4434	100.00	4118.7

Cyfeiriadedd Rhywiol

Cyfeiriadedd Rhywiol	Nifer o bobl	%	CALI
Deurywiol	80	1.8	77.63
Hoyw neu Lesbiaidd	165	3.72	159.04
Heterorywiol neu Syth	3,623	81.71	3377.22
Heb ddatgan	361	8.14	335.96
Cyfeiriadedd rhywiol arall nad yw wedi'i restru	9	0.2	9
Heb benderfynu	8	0.18	7.3
Amhenodol	188	4.24	152.52
Cyfanswm terfynol	4434	100.00	4118.7

Ethnigrwydd

Grŵp Ethnig	Nifer o bobl	%	CALI
A Gwyn - Prydeinig	3,355	75.67%	3148.8
B Gwyn – Gwyddelig	27	0.61%	23.78
C Gwyn – unrhyw gefndir Gwyn arall	64	1.44%	61.36
C2 Gwyn Gwyddel/Gwyddeles o Ogledd Iwerddon	2	0.05%	2
C3 Gwyn Amhenodol	40	0.90%	35.12
CA Gwyn Seisnig	35	0.79%	31.08
CB Gwyn Albanaidd	1	0.02%	1
CC Gwyn Cymreig	388	8.75%	347.09
CX Gwyn Cymysg	1	0.02%	1
CY Gwyn Ewropeaidd Arall	4	0.09%	3.8
D Cymysg – Gwyn a Du Caribïaidd	4	0.09%	4
E Cymysg – Gwyn a Du Affricanaidd	3	0.07%	2.4
F Cymysg – Gwyn ac Asiaidd	12	0.27%	11.64
G Cymysg – Unrhyw gefndir cymysg arall	11	0.25%	9.88
GC Cymysg - Du a Gwyn	1	0.02%	1
GD Cymysg - Tsieineaidd a Gwyn	1	0.02%	0.61
GF Cymysg - Arall/Amhenodol	1	0.02%	1
H Asiaidd neu Asiaidd Prydeinig – Indiaidd	4	0.09%	4
J Asiaidd neu Asiaidd Prydeinig – Pacistanaidd	4	0.09%	4
K Asiaidd neu Asiaidd Prydeinig – Bangladeshaidd	1	0.02%	1
L Asiaidd neu Asiaidd Prydeinig – unrhyw gefndir Asiaidd arall	2	0.05%	2
LH Asiaidd Prydeinig	1	0.02%	1
M Du neu Ddu Prydeinig – Caribïaidd	3	0.07%	2.84
N Du neu Ddu Prydeinig – Affricanaidd	12	0.27%	11.2
R Tsieineaidd	3	0.07%	2.1
S Unrhyw grŵp ethnig arall	6	0.14%	6
SE Arall Penodedig	2	0.05%	1.45
Amhenodol	215	4.85%	179.64
Z Heb ei nodi	230	5.19%	216.87
Cyfanswm terfynol	4434	100.00%	4118.7

Anabledd

Baner anabledd	Nifer o bobl	%	CALl
Dim anabledd	3,473	78.33	3248.78
Heb ddatgan	325	7.33	297.81
Mae'n well gen i beidio ag ateb	21	0.47	19.45
Amhenodol	263	5.93	223.36
Oed	352	7.94	329.27
Cyfanswm terfynol	4434	100.00	4118.7

Pobl sydd wedi ymuno â'r Ymddiriedolaeth

Rhwng 1 Ebrill 2024 a 31 Mawrth 2025, penodwyd 49 o staff i swyddi o fewn yr Ymddiriedolaeth.

Roedd 37% yn fenywod
Roedd 63% yn ddynion

Dywedodd 6.1% eu bod yn LHD+

Roedd 4.1% o gefndir Du, Asiaidd ac ethnig leiafrifol

Roedd gan 12.2% anabledd.

Pobl sydd wedi gadael yr Ymddiriedolaeth

Rhwng 1 Ebrill 2024 a 31 Mawrth 2025, gadawodd 391 o bobl yr Ymddiriedolaeth.

Roedd 46.5% yn fenywod

Dywedodd 6.9% eu bod yn LHD+

Roedd 3.6% o gefndir Du, Asiaidd ac ethnig leiafrifol

Roedd gan 7.4% anabledd.

AGENDA ITEM No	16
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

WELSH LANGUAGE STANDARDS ANNUAL REPORT 2024-25

MEETING	People and Culture Committee
DATE	12 August 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Melfyn Hughes, Welsh Language Services Manager
CONTACT	Melfyn Hughes Melfyn.Hughes@wales.nhs.uk

EXECUTIVE SUMMARY

1. WAST presents its sixth annual report on compliance with the Welsh Language Standards. This year's report reflects continued progress in embedding the Welsh language across services, governance, and culture. The People and Culture Committee is asked to note key developments, challenges, and improvement plans, particularly in relation to call handling performance, governance alignment, and digital service provision.

2. Key issues to draw out from the annual report include:

   - There was a significant performance increase in **111 Welsh language call handling** 2023/24, with Welsh language call answering rising from 18% to 45%. In 2024/25, performance remained stable at 45.7%, with a slight increase in total Welsh calls answered (8,444 vs. 8,099). However, Welsh language demand remains low (just over 1% of total 111 calls). An improvement plan is in place, including targeted recruitment, weekend call handler profiling, and opt-out flexibility for callers.

   - **NEPTS call handling** performance declined from 89% in 2023/24 to 77% in 2024/25. This is attributed to a reduction in Welsh-speaking call takers. A plan is in place to prioritise recruitment of Welsh speakers and align with the broader workforce strategy for 2026/27.

   - There have been improvements to **governance and strategic alignment**, with the Welsh Language Advisory Group now reporting to the EDI Steering Group, which in turn reports to the Executive Leadership Team. The People and Culture Committee approved the Trust's first Welsh Language Policy in 2024/25. The revised governance structure ensures alignment with the Strategic Equality Plan

and the Welsh Government More than Just Words Action Plan. Additionally, the Welsh Language Services Manager participates in an NHS Wales group that primarily focuses on compliance but also discusses topics relevant to More Than Just Words.

- Since its launch in September 2023 the **in-house translation service** has translated over 948,000 words. It has enabled compliance across correspondence, signage, forms, and digital content. The service uses NHS Wales Shared Services Partnership's translation memory software, improving consistency and turnaround times

- The **111 Wales website** continues to face challenges. While a virtual assistant now supports Welsh, the symptom checker content was not updated in Welsh during 2024/25 due to lack of funding. A business case has been submitted to Welsh Government for long-term funding and medical-grade Welsh translations

3. In 2024/25, the Trust implemented a **Welsh Language Standards Compliance Baseline** focused on four key areas: correspondence, document publication, signage, and reception services. Compliance was assessed through a combination of translation service audits and a Trust-wide self-assessment survey conducted in April 2025. Areas of good compliance include the standards related to correspondence, publishing documents and signage, with areas for improvement being reception services. The compliance baseline will continue with the same standards in 2025/26 to build on the work already started and will be promoted across the Trust, with a focus on celebrating good practice and supporting continuous improvement.

4. A Trust-wide **self-assessment** was conducted in April 2025 to evaluate compliance with the Welsh Language Service Delivery Standards, building on the 2023/24 compliance baseline. Whilst there was a relatively modest take up, there was good compliance linked to bilingual staffing, proactive planning, awareness of the Standards, and use of the in-house translation service. This self-assessment will become an annual exercise, enabling year-on-year comparison, evidence-based improvement, and cross-directorate learning.

5. **Looking ahead**, the Trust has a number of IMTP deliverables for 2025/26 including a focus on Welsh language competencies on ESR to inform a gap analysis across all service areas. This will guide targeted engagement with frontline teams to assess and improve Welsh language service provision. In line with Standard 110, a Welsh Language Clinical Consultation Plan will be developed to enhance the Trust's capacity to deliver clinical consultations in Welsh.

RECOMMENDATION

6. The People and Culture Committee are asked to:

   i) Endorse the annual report and recommend for approval by the Board and for publishing the report on the Trust's website.
   ii) Receive the year 3 'More Than Just Words' Action Plan progress report for assurance.

KEY ISSUES/IMPLICATIONS
See above

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Welsh Language Advisory Group	9 July 2025	For comments and feedback
Executive Leadership Team	1 August 2025	For comments and feedback
People and Culture Committee	12 August 2025	For endorsement

REPORT CHECKLIST

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

REPORT APPENDICES & ANNEXES
Annex 1: Welsh Language Standards Annual Report 2024-2025
Annex 2: More than just words Action Plan 2022-27 Year 3 Progress Report

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

YMDDIRIEDOLAETH BRIFYSGOL GIG GWASANAETHAU AMBIWLANS CYMRU

ADRODDIAD BLYNYDDOL SAFONAU'R GYMRAEG 2024-2025

Cynnwys

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Rhagair

Croeso!

Fel Cadeirydd a Phrif Weithredwr Dros dro Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru ('WAST' / 'yr Ymddiriedolaeth'), rydym yn falch o gyflwyno ein chweched adroddiad blynyddol ar weithredu Safonau'r Gymraeg.

Mae Mesur y Gymraeg (Cymru) 2011 yn darparu fframwaith cyfreithiol clir sy'n ei gwneud yn ofynnol i WAST, ynghyd â chyrff eraill yn y sector cyhoeddus, gydymffurfio â Safonau penodol sy'n ymwneud â'r Gymraeg. Yn fwy na rhwymedigaeth statudol, mae'n cynnig cyfle gwerthfawr i gryfhau a gwella ansawdd ac argaeledd ein gwasanaethau drwy gyfrwng y Gymraeg.

Mae'r adroddiad hwn yn dathlu'r cynnydd sylweddol a wnaethom yn ystod blwyddyn drawsnewidiol. Yn 2024/25, fe wnaethom lansio ein Polisi Iaith Gymraeg cyntaf, ymgorffori gwasanaeth cyfieithu, a chynyddu gweledded a chlywadwyedd y Gymraeg ar draws y sefydliad. Mae'r datblygiadau hyn yn adlewyrchu ein hymrwymiad cynyddol i wneud y Gymraeg yn rhan naturiol a gweladwy o fywyd beunyddiol yn WAST, i'n staff a'r cymunedau rydym yn eu gwasanaethu.

Rydym yn parhau i adeiladu ar egwyddorion 'Mwy na geiriau' a'r 'Cynnig Rhagweithiol' hy. sicrhau y gall pobl gael mynediad at wasanaethau Cymraeg heb orfod gofyn. Mae'r egwyddorion hyn bellach wedi'u plethu drwy ein dull gweithredu, gan ddylanwadu ar gyflawniad gweithredol a chynllunio strategol.

Gan edrych ymlaen, mae ein Cynllun Tymor Canolig Integredig ar gyfer 2025/26 yn nodi cyflawniadau clir ar gyfer y Gymraeg, gan gynnwys ymrwymiad i gryfhau ein llinell sylfaen ddwyieithog a datblygu Cynllun Ymgynghori Clinigol pum mlynedd ar gyfer y Gymraeg. Bydd y newid diwylliannol rydym yn ei feithrin, lle mae defnyddio'r Gymraeg yn cael ei annog a'i ddisgwyl, yn sbarduno gwelliannau pellach yn y ffordd yr ydym yn bodloni'r Safonau ac yn gwasanaethu ein poblogaeth. Mae ein Hamcanion Llesiant yn cynnig cyfle pwerus i gymryd golwg hirdymor ar sut rydym yn amddiffyn ac yn hyrwyddo ein hiaith a'n diwylliant cenedlaethol a byddant yn arwain ac yn ysbrydoli ein cynnydd yn y blynyddoedd i ddod.

Rydym wedi gwerthfawrogi ein cydweithrediad parhaus â Chomisiynydd y Gymraeg wrth nodi datrysiadau sy'n ymarferol ac yn uchelgeisiol, gan gefnogi hawliau siaradwyr a dysgwyr y Gymraeg fel ei gilydd. Moment allweddol yn y daith hon oedd

y sesiwn datblygu'r iaith Gymraeg a gyflwynwyd i'r Bwrdd ym mis Rhagfyr 2024, a gadarnhaodd bwysigrwydd gofal iaith gyntaf, yn enwedig ar adegau o boen, straen, neu fregusrwydd. O ganlyniad, mae newidiadau bach ond pwerus fel dechrau a gorffen cyfarfodydd yn y Gymraeg a defnyddio'r Gymraeg mewn cyfathrebu bob dydd yn dod yn fwy cyffredin ar draws y sefydliad.

Edrychwn ymlaen at adeiladu ar y momentwm hwn wrth i ni barhau i greu gweithle a gwasanaeth sy'n adlewyrchu natur ddwyieithog ein cenedl yn wirioneddol.

Colin Dennis
Cadeirydd

Rachel Marsh
Prif Swyddog Gweithredol Dros dro

1. Cyflwyniad

Dyma'r chweched Adroddiad Blynyddol sy'n dangos sut mae Safonau'r Gymraeg wedi cael eu gweithredu.

Ar 30 Mai 2019, symudodd yr Ymddiriedolaeth o weithredu ei Chynllun Iaith Gymraeg o dan Ddeddf yr Iaith Gymraeg 1993 i weithredu Safonau'r Gymraeg fel rhan o Fesur y Gymraeg (Cymru) 2011.

Mae'r Ymddiriedolaeth wedi parhau i ymateb yn gadarnhaol i Safonau'r Gymraeg gan ei bod yn rhoi cyfle i atgyfnerthu a gwella ansawdd ac argaeledd ei gwasanaethau trwy gyfrwng y Gymraeg.

2. Amdanom ni

Mae'r Ymddiriedolaeth yn darparu gwasanaethau gofal iechyd i bobl ledled Cymru, gan ddarparu gofal clinigol o ansawdd uchel sy'n cael ei arwain gan gleifion lle bynnag a phryd bynnag y bo angen.

Mae'r gwasanaethau'n cynnwys y canlynol:

- Y gwasanaethau ambiwlans brys golau glas: gan gynnwys cymryd galwadau, ymgynghori clinigol o bell, gweld a thrin ac, os oes angen, cludo i ysbyty priodol neu gyfleuster trin priodol.

- Gofal Ambiwlans: gan gynnwys cymryd galwadau, cynllunio teithiau, comisiynu gwasanaethau, mynd â chleifion i apwyntiadau ysbyty ac oddi yno, a'u trosglwyddo rhwng ysbytai a chyfleusterau trin.

- Y gwasanaeth 111: gwefan a gwasanaeth ffôn rhad ac am ddim, sy'n borth llinell gyntaf i daith glaf o fewn y system iechyd a gofal, gan roi'r cyngor neu'r atgyfeiriad iawn i'r claf.

- Mae'r Ymddiriedolaeth hefyd yn cefnogi gwirfoddolwyr: Ymatebwr Cyntaf yn y Gymuned, Ymatebwyr Lles Cymunedol ac Ymatebwyr mewn Lifrai i ddarparu

adnoddau ymateb ychwanegol ar gyfer galwadau brys a gwasanaeth ceir gwirfoddol i gynorthwyo â chludo cleifion i apwyntiadau wedi'u trefnu.

3. Cefndir Safonau'r Gymraeg

O dan Fesur y Gymraeg (Cymru) 2011, mae'n ofynnol i bob sefydliad gwasanaeth cyhoeddus yng Nghymru gydymffurfio â dyletswyddau iaith, sy'n sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg. Mae'r dyletswyddau'n annog hybu'r Gymraeg, y defnydd o'r Gymraeg o fewn gweinyddiaeth fewnol ac yn ei gwneud yn ofynnol bod darpariaeth yn cael ei gwneud ar gyfer hygyrchedd y Gymraeg i'r cyhoedd.

Mae adran 44 o fesur 2011 yn caniatáu i Gomisiynydd y Gymraeg ddyroddi hysbysiad cydymffurfio sy'n ei gwneud yn ofynnol i gorff gydymffurfio ag un neu ragor o safonau sy'n benodol gymwys iddo. Yna cyflwynwyd Rheoliadau Safonau'r Gymraeg (Rhif 7) 2018 i sefydliadau'r sector iechyd yng Nghymru.

4. Cynllun Gweithredu Mwy na geiriau 2022-27

Ers lansio **Cynllun Gweithredu Mwy na Geiriau 2022-27** Llywodraeth Cymru yn 2022, mae'r Ymddiriedolaeth wedi ymrwymo i gyflawni'r camau hynny fel bod y 'cynnig rhagweithiol' yn rhan annatod o ansawdd gwasanaethau a chyflawni gwasanaethau ar draws yr Ymddiriedolaeth lle mae gwasanaethau'n cael eu darparu yn Gymraeg heb i rywun orfod gofyn amdano. Mae'n gyfrifoldeb ar bawb sy'n darparu gwasanaethau gofal i bobl a'u teuluoedd ledled Cymru i ddarparu'r cynnig rhagweithiol. Mae hyn yn cynnwys gwasanaethau iechyd, gwasanaethau gofal cymdeithasol a gwasanaethau cymdeithasol. Yn ystod cyfnod adrodd yr adroddiad hwn mae ein Hamcanion Cydraddoldeb Strategol newydd ar gyfer 2024-2028 wedi cael eu datblygu fel nodau trosfwaol ar gyfer yr Ymddiriedolaeth mewn perthynas â chydraddoldeb, amrywiaeth a chynhwysiant. O fewn yr Ymddiriedolaeth, mae'r

cysylltiad â'n gofynion y Gymraeg yn allweddol, ac mae ein strwythurau llywodraethu diwygiedig yn cyd-fynd â hyn. Rydym wedi datblygu cynllun gweithredu sy'n cefnogi'r Cynllun Cydraddoldeb Strategol ac sy'n cyd-fynd â chynllun gweithredu Mwy na geiriau ac yn ychwanegol ato.

5. Atebolrwydd a Chymorth

5.1 Arweinwyr a Hyrwyddwyr y Gymraeg

Ochr yn ochr â Rheolwr Gwasanaethau'r Gymraeg yr Ymddiriedolaeth, y Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd yr Ymddiriedolaeth, Trish Mills yw'r arweinydd gweithredol dros y Gymraeg, ac mae hi wedi bod yn allweddol wrth hyrwyddo datblygu Fframwaith y Gymraeg sy'n sicrhau bod strwythur, trylwyredd, llywodraethu a chysondeb er mwyn datblygu'r Gymraeg ledled yr Ymddiriedolaeth sy'n cwmpasu cydymffurfedd â gofynion statudol Safonau'r Gymraeg a chyflawni'r camau gweithredu o fewn Cynllun Gweithredu Mwy na geiriau 2022-27.

Mae Trish hefyd wedi bod yn arwain y gwaith o agor sgyrsiau mewn cyfarfodydd a gohebiaeth gan ddefnyddio Cymraeg sylfaenol. Yn ogystal, mae gan Fwrdd yr Ymddiriedolaeth Gyfarwyddwr Anweithredol, sef Bethan Evans sy'n gweithredu fel Cyfarwyddwr Anweithredol Hyrwyddwr Iaith Gymraeg y Bwrdd ac sydd wedi bod yn ymwneud â hyrwyddo'r Gymraeg o fewn yr Ymddiriedolaeth i'n staff ac yn allanol i'n defnyddwyr gwasanaeth trwy lwyfannau cyfryngau cymdeithasol yr Ymddiriedolaeth. Mae Bethan yn siaradwr Cymraeg rhugl ac mae ei chefnogaeth a'i her yn y maes hwn wedi bod yn amhrisiadwy.

Trish Mills
Cyfarwyddwr Llywodraethu Corfforaethol/ Ysgrifennydd y Bwrdd

Bethan Evans
Cyfarwyddwr Anweithredol

5.2 Grŵp Cynghori'r Gymraeg

Mae WAST wedi sefydlu Grŵp Cynghori'r Gymraeg sy'n adrodd i'r Grŵp Llywio Cydraddoldeb, Amrywiaeth a Chynhwysiant i gryfhau'r aliniad â'r Cynllun Cydraddoldeb Strategol. Mae'r Grŵp Llywio hwnnw'n adrodd yn uniongyrchol i'r Tîm Arwain Gweithredol ac mae'n cael ei gadeirio gan Gyfarwyddwr Newid Diwylliant, Angie Lewis. Roedd hwn yn gam pwysig i ymgorffori cydymffurfedd drwy newid y diwylliant a'r agweddau tuag at y Gymraeg. Mae ein polisi a'n fframwaith wedi'u strwythuro fel hyn yn gyffredinol.

Mae'r Grŵp Cynghori'r Gymraeg hwn yn darparu mecanwaith ar gyfer adolygu agweddau ar Safonau'r Gymraeg ac i sicrhau bod gwasanaeth boddhaol yn cael ei gynnal i bob claf ac aelod o'r cyhoedd sy'n defnyddio gwasanaethau'r Ymddiriedolaeth.

Yn ystod y cyfnod adrodd, mae'r Grŵp wedi cynyddu ei gysylltiadau â Grŵp Llywio Cydraddoldeb, Amrywiaeth a Chynhwysiant yr Ymddiriedolaeth i sicrhau bod y Gymraeg yn cael ei thrin yr un fath â nodweddion gwarchodedig eraill yng Nghymru, ynghyd â gweithio ar y cyd â'r Pennaeth Cynhwysiant ac Ymgysylltu ar fentrau cynhwysol.

5.3 Y Pwyllgor Pobl a Diwylliant

Mae Pwyllgor Pobl a Diwylliant yr Ymddiriedolaeth yn rhoi sicrwydd i'r Bwrdd o'i drefniadau arwain o ran y Gymraeg, ac yn monitro cynnydd ac yn ceisio sicrwydd bod yr Ymddiriedolaeth yn cyflawni ei chyfrifoldebau statudol mewn perthynas â Safonau'r Gymraeg.

Mae'r Pwyllgor yn adolygu ac yn cymeradwyo'r adroddiad blynyddol i'w gymeradwyo gan y Bwrdd ac mae ganddo oruchwyliaeth o Ddangosyddion Perfformiad Allweddol y Gymraeg sy'n gysylltiedig â'r Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR) (Gwasanaeth 111 a NEPTS sy'n dod o dan bortffolio Gofal Ambiwlans), ac o dan gynllun gweithredu'r Cynllun Cydraddoldeb Strategol. Mae hefyd yn hyrwyddo ac yn cefnogi'r newid diwylliannol sy'n cyd-fynd â'r cynnig rhagweithiol fel ffordd o gryfhau cydymffurfedd â Safonau. Yn 2024/25 cymeradwyodd y pwyllgor Bolisi'r Gymraeg cyntaf yr Ymddiriedolaeth.

5.4 Bwrdd yr Ymddiriedolaeth

Cyfrifoldeb pennaf y Bwrdd dros y Gymraeg yw adolygu a chymeradwyo'r adroddiad blynyddol a goruchwylio dangosyddion perfformiad allweddol y Gymraeg sy'n gysylltiedig â'r MIQPR (111 a NEPTS) ac o dan y Cynllun Cydraddoldeb Strategol trwy'r Pwyllgor Pobl a Diwylliant.

5.5 Trefn Gwyno

Derbynnir pryderon ynghylch cydymffurfio â Safonau'r Gymraeg mewn nifer o ffyrdd, gan gynnwys yn uniongyrchol i'r Prif Swyddog Gweithredol neu Reolwr Gwasanaethau'r Gymraeg. Ymchwilir i bob cwyn a dderbynnir a darperir ymateb yn nodi unrhyw gamau unioni gofynnol. Rhoddir sylw i faterion sy'n ymwneud â diogelwch cleifion o dan y Rheoliadau Gweithio i Wella.

Os oes gan aelod o'r cyhoedd bryder ynghylch profiad diweddar o ddefnyddio gwasanaethau Cymraeg yr Ymddiriedolaeth, gallant gofrestru eu pryder drwy'r Tîm Gweithio i Wella, fodd bynnag, bydd dolen benodol ar gyfer pryderon ynghylch y Gymraeg yn cael ei datblygu yn 2025/26.

Gellir gweld manylion y cwynion a dderbyniwyd gan yr Ymddiriedolaeth mewn perthynas â'r Gymraeg yn Adran 9.

Y SAFONAU

Caiff cydymffurfedd â safonau'r Gymraeg ei chategoreiddio i'r meysydd cydymffurfio a ganlyn:

- Cyflenwi Gwasanaethau
- Llunio Polisi
- Gweithrediadau
- Cadw Cofnodion

Yn ystod 2024/25, defnyddiwyd arolwg hunanasesu cydymffurfedd â safonau'r Gymraeg i gasglu data ar gydymffurfedd â'r Safonau Cyflenwi Gwasanaethau, gan gynnwys y safonau penodol hynny a amlygwyd yn adroddiad 2023/24 i gael sylw arbennig wrth ddatblygu ein gwaelodlin cydymffurfedd yn ymwneud â Gohebiaeth, Cyhoeddi Dogfennau a Ffurflenni, Arwyddion a Gwasanaethau Derbynfa.

6. Safonau Cyflenwi Gwasanaethau (Safonau 1 – 77)

Mae'r set hon o safonau yn nodi sut y mae'n ofynnol i'r Ymddiriedolaeth ddefnyddio'r Gymraeg mewn gwahanol sefyllfaoedd fel y gall siaradwyr Cymraeg gael mynediad dirwystr at wasanaethau Cymraeg; er enghraifft, wrth anfon gohebiaeth, delio â galwadau ffôn, darparu gwasanaethau ar-lein neu wyneb yn wyneb.

6.1 Gohebiaeth (Safonau 1 – 7)

Yn 2023/24 fe wnaethom ymrwymo i ddiweddaru'r canllawiau cyfredol ar ohebiaeth a'u cyfathrebu i'n staff; Cynhyrchu canllawiau ar reoli ceisiadau cyfieithu a sicrhau bod hyn ar gael ar dudalen SharePoint Safonau'r Gymraeg; A sicrhau bod Canllawiau Brand Corfforaethol yr Ymddiriedolaeth yn adlewyrchu gofynion Safonau'r Gymraeg i gefnogi a galluogi cydymffurfedd.

Nodwyd y meini prawf ar gyfer cydymffurfio yn y maes hwn fel a ganlyn:

- Bydd gohebiaeth a dderbynnir yn y Gymraeg gan aelod o'r cyhoedd yn derbyn ymateb yn y Gymraeg, oni bai bod y gohebydd wedi nodi fel arall.
- Bydd penawdau llythyrau, llofnodion e-bost, negeseuon allan o'r swyddfa ac unrhyw hunaniaeth gorfforaethol yn ddwyieithog.
- Dylai pob e-bost gynnwys y datganiad canlynol:

  R*ydym yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg - byddwn yn ymateb yn gyfartal i'r ddwy ac yn ateb yn eich dewis iaith heb oedi.*

  We welcome correspondence in Welsh and English - we will respond equally to both and will reply in your language of choice without delay.

Defnyddiodd yr Ymddiriedolaeth ddull cyson o ran cydymffurfio â'r safonau hyn. Diweddarwyd Canllawiau Brand yr Ymddiriedolaeth i adlewyrchu'r fformat cywir ar gyfer papur pennawd dwyieithog a llofnodion e-bost, gan nodi bod yr unigolyn yn 'croesawu gohebiaeth yn y Gymraeg neu'r Saesneg'. - Yna postiwyd y canllawiau hyn ar fewnrwyd yr Ymddiriedolaeth (Siren) a'u cysylltu â thudalen SharePoint Safonau'r Gymraeg. Roedd staff hefyd yn gallu cael mynediad at dempled pennawd llythyr a thempled llofnod e-bost o dudalen SharePoint bwrpasol.

Dangosodd canlyniadau o adolygid o gydymffurfedd lefel uchel o gydymffurfedd mewn perthynas â'r safonau gohebiaeth pan dderbyniwyd gohebiaeth yn y Gymraeg drwy ymholiadau'r Cyfryngau, Pryderon, ceisiadau Deddf Rhyddid Gwybodaeth, llythyrau a anfonwyd yn uniongyrchol at y Prif Swyddog Gweithredol, ac ymholiadau

a dderbyniwyd gan swyddfa Comisiynydd y Gymraeg - darparwyd ymateb yn y Gymraeg ym mhob un o'r sefyllfaoedd hyn.

Er mwyn rhoi sicrwydd ychwanegol o ran cydymffurfedd â'r safonau gohebiaeth, bydd fideo byr yn amlinellu'r gofynion cydymffurfio yn cael ei greu a'i wneud ar gael i'n staff yn ystod 2025/26.

6.2 Galwadau Ffôn (Safonau 8 – 20)

Nid yw Safonau'r Gymraeg yn gosod unrhyw ofyniad cyfreithiol i ateb galwadau 999 yn Gymraeg. O dan Reoliadau Safonau'r Gymraeg (Rhif 7) 2018, Paragraff 35: Nid yw safonau 8 i 10 a 13 i 16 yn gymwys i alwadau a wneir i'r rhif ffôn 999.

Mae galwyr i'r Gwasanaeth 111 a Gofal Ambiwlans yn derbyn cyfarchiad dwyieithog wedi'i recordio ac yna dewis iaith o'r Gymraeg neu'r Saesneg. Mae dewis iaith y Gymraeg ar gyfer NEPTS yn cael ei gofnodi ar y system Cleric a dewis iaith ar gyfer y Gwasanaeth 111 yn cael ei gofnodi ar y system C3/CAD (Dosbarthu â Chymorth Clinigol).

Mae ateb galwadau yn y Gymraeg ar gyfer y Gwasanaeth 111 wedi'u cynnwys yn yr Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR) a adroddir i'r Bwrdd. Mae'r rhain ac ateb galwadau Gofal Ambiwlans yn cael eu hamlygu'n fwy penodol yn y paragraffau canlynol.

6.2.1 Adolygiad Gwasanaeth GIG 111 Cymru

Yn ystod 2023/24, adroddwyd am gynnydd sylweddol mewn perfformiad yng nghanran y galwadau GIG 111 Cymru a atebwyd yn y Gymraeg o 18% yn 2022/23 i 45%. Yn ystod 2024/25, arhosodd nifer y galwadau a oedd yn gofyn am y gwasanaeth Cymraeg hwn yn isel fel yr adroddwyd yn 2023/24 (llai nag 1% o'r holl alwadau 111); fodd bynnag, mae tîm arweinyddiaeth y Gwasanaeth 111 yn cydnabod pwysigrwydd y gwasanaeth y mae'n ei ddarparu.

O ganlyniad, mae'r Cynllun Gwella Iaith sy'n parhau (a nodir isod) yn cael ei adolygu a'i addasu'n gyson i gynnal lefelau perfformiad presennol a gwella ymhellach nifer y cleifion sy'n gallu derbyn gwasanaeth yn y Gymraeg os mai dyma eu dewis.

Cyfradd galw ac ateb galwadau Cymraeg Gwasanaeth GIG 111 Cymru 2024-2025

Galw am y Gymraeg	Cyfanswm y galwadau a atebwyd ar gyfer 111	Galwadau Cymraeg a Gynigiwyd	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y galwadau a atebwyd yn Gymraeg
01/04/24 – 31/03/25	815,562	18,462	8,444	45.7%
01/04/23 – 31/03/24	843,464	17,792	8,099	45.5%

Dros y flwyddyn ddiwethaf, cyflwynwyd sawl menter newydd sydd wedi arwain at gynnydd bach ond amlwg yn nifer y galwadau a atebwyd yn y Gymraeg o'i gymharu â'r flwyddyn flaenorol. Un newid arwyddocaol, a weithredwyd ym mis Mehefin 2025, oedd cyflwyno opsiwn newydd i alwyr dewis peidio ag aros am alwad sy'n siarad Cymraeg ar ôl amser trothwy o 15 munud. Mae hyn yn caniatáu i alwyr ddewis ailymuno â'r ciw Saesneg os yw'n well ganddynt, gan roi'r hyblygrwydd iddynt benderfynu a ydynt am aros am driniwr galwadau sy'n siarad Cymraeg ai peidio.

Ar ben hynny, yn dilyn dadansoddiad manwl o weithgarwch galwadau Cymraeg, rydym wedi mabwysiadu proses newydd ar gyfer dydd Sadwrn, dydd Sul, a Gwyliau Banc rhwng 8:00am a 2:00pm. Yn ystod yr amseroedd brig hyn, rydym wedi addasu proffiliau dau driniwr galwadau sy'n siarad Cymraeg fel eu bod nhw'n rheoli galwadau sy'n cyflwyno'r Gymraeg yn unig. Mae'r addasiad hwn wedi ein galluogi i ymdrin yn effeithlon â'r nifer uwch o alwadau Cymraeg yn ystod y cyfnodau prysur hyn, gan arwain at gynnydd nodedig yn y gyfradd ateb yn y Gymraeg.

Mae recriwtio wedi'i dargedu ar gyfer trinwyr galwadau sy'n siarad Cymraeg hefyd wedi bod yn gymharol lwyddiannus, gan helpu i gynnal y gyfradd ateb galwadau Cymraeg. Yn ogystal, mae cefnogaeth barhaus i staff drwy sesiynau ymwybyddiaeth o'r Gymraeg a hyfforddiant sy'n gysylltiedig â galwadau sy'n cyflwyno yn y Gymraeg. O ganlyniad, rydym wedi gweld gostyngiad yn nifer y cwynion am y Gymraeg i'r gwasanaeth, fel y gwelir yn Adran 9.

Mae'r ffocws ar berfformiad cyfradd ateb galwadau Cymru yn parhau i fod yn uchel ymhlith tîm arwain gweithredol 111. Mae'r mentrau hyn yn rhan o'r ymdrechion parhaus i ddarparu'r gwasanaeth gorau posibl i'n galwyr sy'n siarad Cymraeg. Drwy barhau i deilwra ein dull yn 2025/26 a thu hwnt i ddiwallu eu hanghenion, y nod yw gwella eu profiad a sicrhau eu bod yn derbyn gwasanaeth amserol ac effeithiol.

6.2.2 Gofal Ambiwlans

Cyfradd galw ac ateb galwadau Cymraeg Gofal Ambiwlans 2024-2025

Galw am y Gymraeg	Cyfanswm y galwadau a atebwyd ar gyfer NEPTS	Galwadau Cymraeg a Gynigiwyd	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y galwadau a atebwyd yn Gymraeg
01/04/24 – 31/03/25	215,353	4,294	4,327	77%
01/04/23 – 31/03/24	232,442	3,951	3,923	89%

Croesewir pawb sy'n galw i'n Canolfan Alwadau Cludiant Cleifion Difrys gyda chyfarchiad dwyieithog, ac yna ein system Ymateb Llais Integredig (IVR) sy'n caniatáu i alwyr ddewis eu dewis iaith, sef Cymraeg neu Saesneg o'r pwynt hwn. Yn dibynnu ar eu dewis bydd pob neges yn cael ei chyflwyno yn eu dewis iaith.

Caiff galwyr sy'n siarad Cymraeg eu cyfeirio trwy'r Ymateb Llais Integredig (IVR) i'n Trinwyr Galwadau sy'n siarad Cymraeg. Os yw ein Derbynwyr Galwadau sy'n siarad Cymraeg yn brysur gyda galwyr eraill, mae'r galwr yn cael ei ailgyfeirio i'r derbyniwr galwadau Cymraeg neu Saesneg nesaf sydd ar gael i osgoi amser aros diangen. Mae'n bwysig nid yn unig darparu profiad galwadau Cymraeg llawn ond hefyd sicrhau nad oes unrhyw oedi hir yn digwydd os yw pob un o'n derbynwyr galwadau Cymraeg yn delio â galwadau eraill.

Pan fydd galwyr yn cysylltu â NEPTS byddant yn cael Asesiad o Anghenion y Claf sef set strwythuredig o gwestiynau wedi'u cynllunio i bennu anghenion a gofynion meddygol pob claf sy'n teithio gyda NEPTS. Y tu hwnt i nodi'r anghenion penodol ar gyfer taith benodol, mae'r asesiad o anghenion y claf hefyd yn asesu cymhwysedd y claf i gael cludiant, gan sicrhau bod blaenoriaeth yn cael ei rhoi i'r rhai sydd ag angen meddygol penodol.

Wedi'i integreiddio o fewn system Cleric, cynhyrchir y PNA yn awtomatig pan fydd manylion cleifion yn cael eu nodi ar gyfer cais archebu newydd. Mae ei fformat anunionlin yn golygu nad yw'r cwestiynau'n dilyn dilyniant sefydlog; yn lle hynny, mae pob cwestiwn yn cael ei gynhyrchu'n ddeinamig yn seiliedig ar yr ymateb i'r un blaenorol. Mae'r dull addasol hwn yn caniatáu llwybrau lluosog wedi'u teilwra i ofynion a chymhwysedd unigryw'r claf.

Mae'r asesiad o anghenion y claf wedi'i gyfieithu'n broffesiynol ac yn cael ei ddiwygio'n gyson, ac mae'r cyfieithiadau Cymraeg bob amser yn cael eu diweddaru i'w defnyddio gan ein derbynwyr galwadau sy'n siarad Cymraeg.

Rydym wedi ymrwymo i gynyddu nifer y derbynwyr galwadau sy'n siarad Cymraeg yng Nghanolfan Gyswllt Cludiant Di-frys drwy flaenoriaethu recriwtio siaradwyr Cymraeg pryd bynnag y bo modd. Er mai ein nod yw llenwi swyddi wag ar gyfer derbynwyr galwadau gydag ymgeiswyr sy'n siarad Cymraeg, gall hyn fod yn heriol oherwydd y nifer gyfyngedig o ymgeiswyr sy'n siarad Cymraeg.

6.3 Cyfarfodydd (Safonau 21 – 30)

Pan fydd yr Ymddiriedolaeth yn trefnu cyfarfod ag aelod/neu aelodau o'r cyhoedd, gofynnir i'r rhai sy'n mynychu a ydynt yn dymuno defnyddio'r Gymraeg yn y cyfarfod. Lle mae unigolion yn mynegi awydd i ddefnyddio'r Gymraeg mewn cyfarfod, bydd yr Ymddiriedolaeth yn parchu ac yn darparu ar gyfer y dewis hwnnw. Mae gan

gyfarfodydd y Bwrdd aelodau sy'n siarad Cymraeg yn bresennol, ac mae holl gyfarfodydd y Bwrdd yn cael eu ffrydio'n fyw trwy Teams.

Gwahoddir y cyhoedd i ymuno ar Microsoft Teams i wrando ar uwch arweinwyr yn trafod y Cynllun Tymor Canolig Integredig, sy'n nodi nodau ac uchelgeisiau allweddol y sefydliad ar gyfer y tair blynedd nesaf.

Yn allweddol i gynllun 2025-2028 mae esblygiad model clinigol yr Ymddiriedolaeth a'i nod i ddarparu'r gofal neu'r cyngor iawn, yn y lle iawn, bob tro.

Dywedodd Colin Dennis, Cadeirydd Gwasanaethau Ambiwlans Cymru: "Mae cyfarfodydd bwrdd yn gyfle i ddysgu am ein gwasanaeth ambiwlans ac i ddeall y prosesau y tu ôl i'r penderfyniadau sy'n cael eu gwneud gan y Bwrdd.

"Maen nhw hefyd yn gyfle i glywed yn uniongyrchol am y gwaith sy'n digwydd yma a sut i wella pethau i'n pobl a'n cleifion, yn ogystal â gofyn cwestiynau i'r rhai sy'n gwneud y penderfyniadau."

Cliciwch ar y ddolen mewn sylwadau i ddarganfod mwy a sut i ofyn cwestiwn i'r Bwrdd.

The Welsh Ambulance Service is preparing to host its bi-monthly Board meeting.

You are invited to join on Microsoft Teams to hear senior leaders discuss the Integrated Medium-Term Plan, which sets out the organisation's key aims and ambitions for the next three years

Colin Dennis, Chair of the Welsh Ambulance Service, said: "Board meetings are an opportunity to really learn about our ambulance service and to understand the processes behind the decisions being made by the Board.

"They're also an opportunity to hear first-hand about the work that's happening here and how to improve things for our people and our patients, as well as put questions to its decision-makers."

Click the link in comments to find out more and how to pose a question to the Board.

Anfonir gwahoddiadau ar gyfer cyfarfodydd Bwrdd yr Ymddiriedolaeth at ein partneriaid yn ddwyieithog drwy e-bost ynghyd â chyfryngau cymdeithasol a dolenni'r wefan, sydd ill dau hefyd yn ddwyieithog.

Mae holl agendâu cyfarfodydd Bwrdd yr Ymddiriedolaeth ar gael yn Gymraeg. Cyflwynwyd Adroddiad Blynyddol Safonau'r Gymraeg 2023-24 yr Ymddiriedolaeth yn ddwyieithog yng nghyfarfod Bwrdd yr Ymddiriedolaeth ym mis Medi 2024, fel y bydd yr adroddiad hwn yn ddiweddarach yn y flwyddyn.

6.4 Digwyddiadau Cyhoeddus (Safonau 31 – 32)

Mewn perthynas â gwasanaethau wyneb yn wyneb a gynigir yn ystod digwyddiad, bydd gwahoddiad neu hysbyseb y digwyddiad yn gofyn i bersonau ein hysbysu os ydynt yn dymuno defnyddio'r Gymraeg. Lle mae hyn yn digwydd, byddwn yn darparu gwasanaeth cyfieithu yn y digwyddiad. Rydym yn ymdrechu i sicrhau bod pob gwahoddiad a hysbysiad i'r cyhoedd yn ddwyieithog.

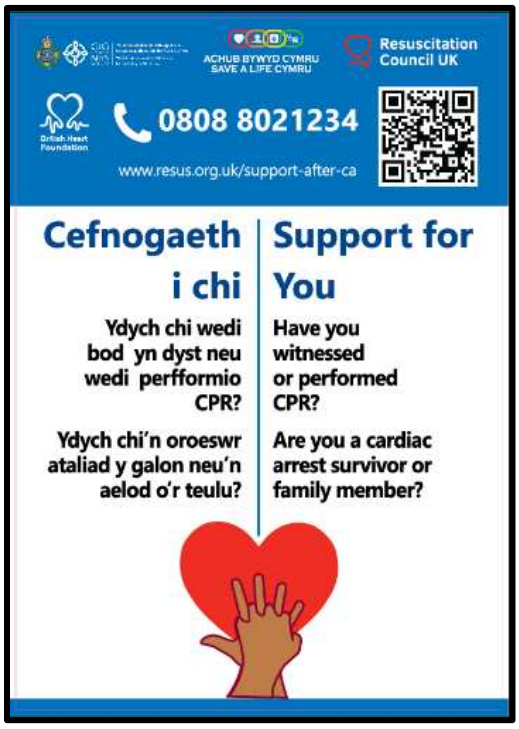
<u>Profiad y Claf a Chynnwys y Gymuned</u>
Fel rhan o fodel ymgysylltu parhaus tîm Profiad y Claf a Chynnwys y Gymuned (PECI), mae WAST wedi mynychu sawl digwyddiad ymgysylltu cyhoeddus a chymunedol ledled Cymru. Mae'r tîm PECI yn darparu gwybodaeth am y gwasanaethau a ddarperir gan WAST ynghyd ag adnoddau hygyrch sy'n benodol i oedran a demograffig. Mae'r holl ddeunydd a gynhyrchir yn ddwyieithog a rhoddir dolenni i bobl i roi eu hadborth yn eu dewis iaith.

<u>Ap Hwb Golau Glas</u>
Wedi'i ddylunio gan WAST, Mae ap Hwb Golau Glas, adnodd addysgol dwyieithog a gynlluniwyd ar gyfer plant 7–12 oed, wedi lansio ei chweched gêm yn ddiweddar, *CPR*, gyda'r nod o gynyddu ymwybyddiaeth a gwella hyder a sgiliau achub bywyd ymhlith pobl ifanc. Mae'r ychwanegiad newydd hwn yn ategu'r gyfres bresennol o gemau, sy'n cynnwys *7 Gwiriad Pwysig*, *Gwisgo i Fyny*, cwis, *Anfon*, a *Galw 999*.

Er bod WAST eisoes yn ymgysylltu ag ysgolion a grwpiau cymunedol yn bersonol, gall cyrraedd pob person ifanc fod yn heriol. Mae'r dull digidol hwn yn darparu ffordd gyffrous a rhyngweithiol o addysgu plant am rôl y gwasanaethau brys. Mae'r gemau'n caniatáu i chwaraewyr gamu i wahanol rolau, profi gwahanol agweddau ar ymateb brys, a dysgu pryd mae'n briodol ffonio 999.

Cymorth ar ôl CPR

Mae Achub Bywyd Cymru a WAST wedi cydweithio â rhanddeiliaid allweddol ledled y DU i gynhyrchu adnodd ar-lein, sy'n cynnwys yr holl adnoddau cymorth sydd ar gael ledled y DU. Mae'r dudalen we wedi'i chynnal gan Gyngor Dadebru'r DU, sydd wedi'u lleoli yn Llundain https://www.resus.org.uk/public-resource/support-after-cardiac-arrest.



Bydd gan bob Bwrdd lechyd yng Nghymru dudalen ddwyieithog yn cyfeirio at yr adnodd. Mae gan y dudalen we gymorth ar ôl CPR adran ar wahân ar gyfer Cymru, sy'n cyfeirio at gynnwys dwyieithog. Mae llinellau cymorth

wedi'u lleoli y tu allan i Gymru, ond mae ganddyn nhw broses ar waith i sicrhau y gall siaradwyr Cymraeg barhau â'u sgwrs yn y Gymraeg, os ydynt yn dymuno gwneud hynny. Bydd y prosiect hwn yn asesu gofynion y trinwyr galwadau, gan gynnwys yr wybodaeth a'r iaith sydd eu hangen, a bydd yn helpu i lunio gwasanaethau'r dyfodol yng Nghymru.

Rhwydwaith Pobl a'r Gymuned

Mae cynllun gweithredu i dyfu Rhwydwaith Pobl a'r Gymuned yr Ymddiriedolaethau wedi'i lunio gyda ffocws ar y canlynol:

- oedran
- lleoliad daearyddol
- amrywiaeth, tegwch a chynhwysiant
- Y Gymraeg

Mae'r Cynllun Gweithredu wedi'i ddrafftio i gynnwys ymgysylltu â phobl ifanc mewn addysg ffurfiol ac anffurfiol a defnyddio data iechyd y boblogaeth o ardaloedd daearyddol allweddol ledled Cymru. Ein bwriad yw tyfu'r Rhwydwaith yn unol â phum egwyddor cyd-gynhyrchu, fel y'u diffinnir gan Rwydwaith Cyd-gynhyrchu Cymru.

6.5 Dogfennau a Ffurflenni (Safonau 36 - 38)

Yn 2023/24 fe wnaethom ymrwymo i sicrhau y byddai pob aelod o staff yn ymwybodol o'r angen i gynhyrchu gwybodaeth i'r cyhoedd yn y Gymraeg a'r Saesneg. Byddai canllawiau cyfredol ar ddelio â chynhyrchu a chyhoeddi dogfennau yn cael eu diweddaru; Byddai canllawiau ar reoli ceisiadau am gyfieithu ar gael ar dudalen SharePoint Safonau'r Gymraeg; Byddai gweithdrefn asesu yn cael ei datblygu ar gyfer y gofyniad i gyfieithu dogfen gan ystyried y pwnc a disgwyliadau'r gynulleidfa; Yn ogystal, byddai pob dogfen a ffurflen a gynhyrchir yn cael eu dylunio a'u fformatio'n fewnol yn y ddwy iaith ar yr un pryd.

Ers dechrau mis Medi 2023, mae gan yr Ymddiriedolaeth wasanaeth cyfieithu mewnol pwrpasol, sydd ar gael i'r holl staff yn rhad ac am ddim trwy gyfrif e-bost a blwch negeseuon e-bost cyffredinol. Yn ogystal, mae canllawiau ar gyfer staff ynghylch sut i gyrchu a chyflwyno gwaith i'w gyfieithu bellach ar gael ar ein safle SharePoint. Mae'r cyfleuster hwn wedi bod yn allweddol i alluogi cydymffurfedd â'r safonau ynglŷn â dogfennau a ffurflenni.

Dangosodd canlyniadau adolygiad o ddogfennau a gyhoeddwyd ar wefan yr Ymddiriedolaeth yn ystod 2024/25 lefel uchel o gydymffurfedd â chyhoeddi dogfennau'r Ymddiriedolaeth yn y Gymraeg megis Strategaethau a Chynlluniau ee. Cynllun Tymor Canolig Integredig 2024/25 ac Adroddiadau Blynyddol ee. Adroddiad Blynyddol WAST 2022-2027.

Fel y nodwyd uchod, er mwyn cynorthwyo meysydd gwasanaeth i benderfynu a oes angen cyhoeddi dogfennau'n ddwyieithog, bydd angen datblygu proses asesu yn ystod 2025/26, a fydd yn asesu dogfennau yn seiliedig ar: a yw pwnc y ddogfen yn awgrymu y dylid ei chynhyrchu yn y Gymraeg, neu a yw'r gynulleidfa ddisgwyliedig, a'u disgwyliadau, yn awgrymu y dylid cynhyrchu'r ddogfen yn y Gymraeg a chofnodi'r penderfyniadau a wneir yn dilyn yr asesiad.

Lle bynnag y bo modd, cyhoeddir dogfennau'r Ymddiriedolaeth yn y Gymraeg a'r Saesneg ar wefan yr Ymddiriedolaeth. Mae Adroddiad Blynyddol a Chyfrifon yr Ymddiriedolaeth ac Adroddiad Blynyddol Safonau'r Gymraeg yn cynnwys datganiad yn y fersiwn Saesneg o'r adroddiad bod fersiwn Cymraeg o'r adroddiad ar gael. Yn ystod 2025/26, bydd awduron cyhoeddiadau yn cael eu hatgoffa o'r gofyniad hwn drwy ein gwasanaeth cyfieithu pan fydd cyhoeddiadau wedi'u cyfieithu yn cael eu dychwelyd i'r awdur a thrwy hyrwyddo ein canllawiau safonau'r Gymraeg ar gyhoeddiadau.

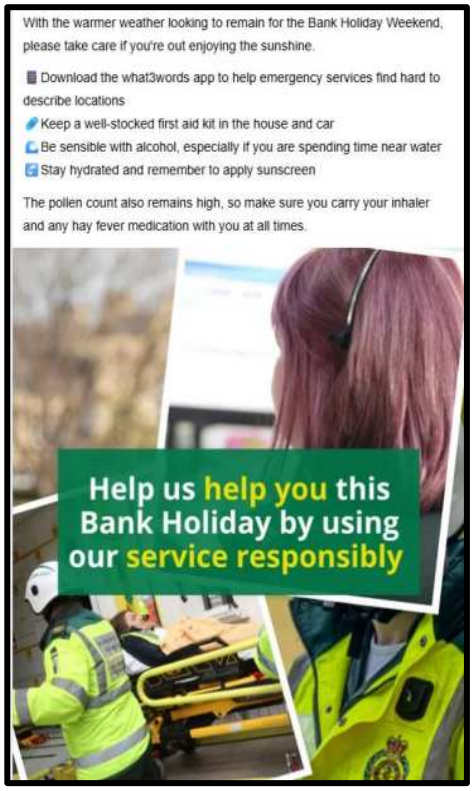
Ffurflen peidio â thrawsgludo cleifion

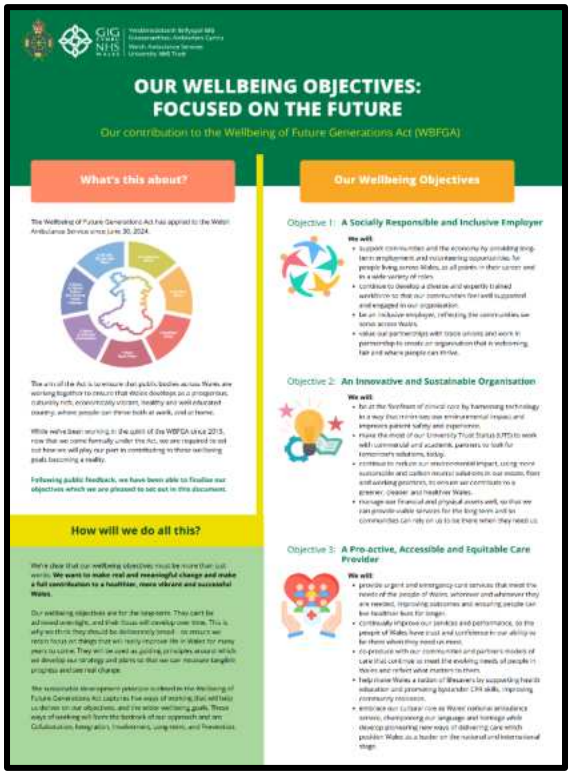
Er mwyn sicrhau bod ein cleifion sy'n siarad Cymraeg yn gallu derbyn fersiynau Cymraeg o ddogfennaeth WAST, crëwyd fersiwn Cymraeg o'n ffurflen peidio â thrawsgludo cleifion. Rhaid cwblhau ffurflen peidio â thrawsgludo ar gyfer pob claf nad yw'n cael ei gludo i'r ysbyty yn dilyn presenoldeb WAST. Mae'n rhoi gwybodaeth allweddol i gleifion, perthnasau a gofalwyr y gellir gyfeirio ati ar ôl i staff WAST adael y lleoliad. Mae'r ffurflen yn rhan o gofnod iechyd y claf ac o ganlyniad rhaid i'r clinigwr ei chwblhau yn Saesneg. Bydd y fersiwn Gymraeg o'r ffurflen yn cefnogi ein staff sy'n siarad Cymraeg ac yn cynorthwyo ein cleifion sy'n siarad Cymraeg a'u gofalwyr yn ystod yr ymgynghoriad rhyddhau.

6.6 Deunydd cyhoeddusrwydd a Hysbysebu (Safonau 33 – 34)

Mae unrhyw ddeunydd cyhoeddusrwydd neu hysbysebu y mae'r Ymddiriedolaeth yn ei gynhyrchu ar gyfer y cyhoedd bellach ar gael yn Gymraeg ac yn Saesneg. Datblygwyd a hyrwyddwyd yr ymgyrch gyhoeddusrwydd dwyieithog a ddangosir isod drwy gyfryngau cymdeithasol ar gyfer aelodau'r cyhoedd mewn perthynas â

chadw'n ddiogel dros wyliau banc, ynghyd â hyrwyddo Amcanion Llesiant yr Ymddiriedolaeth: Canolbwyntio ar y Dyfodol.





6.7 Gwefannau a Gwasanaethau Ar-lein (Safonau 39 – 43)

Mae gennym ddwy wefan, sef gwefan Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru, a gwefan 111 Cymru, yr ydym yn ei gweithredu fel darparwr a gomisiynwyd o 111 ledled Cymru. Mae rhai o'r heriau sy'n gysylltiedig â'r gwefannau hyn wedi'u nodi isod.

6.7.1 Gwefan GIG 111 Cymru

Mae gwefan GIG 111 Cymru yn gweithredu ei chyfrifon cyfryngau cymdeithasol Facebook (FB) Cymraeg a Saesneg ei hun.

Metrig	FB NHS 111 Wales	FB GIG 111 Cymru
Cyrhaeddiad	132,294	2,467
Ymweliadau â thudalen	12,655	318
Rhyngweithiadau â'r cynnwys	4,262	90
Dilynwyr	7,014	106

Gwirwyr Symptomau Gwefan 111

Mae gwirwyr symptomau yn caniatáu i ddefnyddwyr gwefan 111 Cymru wirio eu symptomau a derbyn cyngor ar-lein ar beth i'w wneud nesaf. Nid oedd cyllid ac adnoddau ar gael ar gyfer cyfieithiadau gradd feddygol o'r gwiriwr symptomau yn 2024/25, felly ni ddiweddarwyd yr wybodaeth yn y Gymraeg yn ystod y cyfnod adrodd. Cydnabu'r Ymddiriedolaeth y risg yr oedd gwirwyr symptomau sydd allan o ddyddiad yn ei hachosi ac felly datblygodd a chyflwynodd y risg i'r Bwrdd, gyda manylion camau lliniaru yn cael eu dilyn.

Mae'r Ymddiriedolaeth yn ystyried ei bod yn flaenoriaeth diweddaru'r gwirwyr symptomau Saesneg er mwyn sicrhau diogelwch cleifion. Ar ddechrau 2025/26 cymeradwywyd cyllid i sicrhau bod hyn yn digwydd yn gyflym. Ochr yn ochr â hynny, mae achos busnes wedi'i ddatblygu sy'n ceisio cyllid gan Lywodraeth Cymru ar gyfer y wefan (gweler isod) ac mae hyn yn cynnwys y gofyniad am gyfieithiadau gradd feddygol o'r gwirwyr symptomau.

Datblygu gwefan GIG 111 Cymru

Fel y nodir uchod, mae sgyrsiau parhaus i sicrhau cyllid hirdymor pwrpasol ar gyfer gwefan GIG 111 Cymru, ei phensaernïaeth, cynhyrchu cynnwys, rheolaeth, neu sicrwydd clinigol. O ystyried safbwynt Llywodraeth Cymru ar ddigidol yn gyntaf, cyflwyno ap GIG Cymru, a'r effaith y gallai gwefan addas at y diben ei chynnig yn y dyfodol, mae'r diffyg cyllid yn parhau i gynrychioli risg a her sylweddol.

Er bod y sefyllfa hon wedi aros yr un fath ers yr adroddiad diwethaf, mae WAST wedi adeiladu ar y gwaith darganfod blaenorol, i lywio creu achos busnes ar gyfer Llywodraeth Cymru. Mae'r achos busnes hwn a'r cyfathrebu parhaus â Llywodraeth Cymru yn nodi gweledigaeth glir ar gyfer dyfodol mynediad digidol ac integreiddio ar gyfer GIG 111 ar-lein, sy'n cynnwys y gofyniad am gyfieithiad Cymraeg ar gyfer cynnwys sydd wedi'i gynnwys ynddo.

Cynorthwyydd Rhithwir

Mae WAST wedi cyflwyno 'cynorthwyydd rhithwir' eleni ar ei wefan 111, gan ganiatáu i ddefnyddwyr ofyn cwestiynau a chael ymateb o'r wefan bresennol. Mae'r cynorthwyydd rhithwir hwn yn gallu deall ac ymateb yn y Gymraeg a bydd yn cychwyn y rhyngweithio yn y Gymraeg os yw togl y wefan wedi'i ddefnyddio i ddewis y Gymraeg.

6.8 Cyfryngau cymdeithasol (Safonau 45 – 46)

Mae'r Ymddiriedolaeth yn gweithredu cyfrifon cyfryngau cymdeithasol Cymraeg a Saesneg ar wahân ar gyfer Facebook a Twitter. Mae pob postiad Saesneg yn cael ei atgynhyrchu yn y Gymraeg yn rheolaidd.

Cyfrifon Cyfryngau Cymdeithasol Dwyieithog: Data (01 Ebrill 2024 i 31 Mawrth 2025)
O ran ein cydymffurfedd â'r safonau sy'n ymwneud â chyfryngau cymdeithasol, ers yr adroddiad blynyddol blaenorol mae rhai llwyfannau cyfryngau cymdeithasol wedi newid eu dadansoddeg. Mewn ymateb mae'r Ymddiriedolaeth wedi newid ei llwyfan amserlennu a'i safbwynt ar X (Twitter gynt). Nod yr Ymddiriedolaeth yw parhau i ddefnyddio'r platfform amserlennu presennol, a ddylai ein galluogi i gynnal cysondeb mewn dadansoddeg a galluogi cymariaethau ystyrlon â data blaenorol. Bydd y parhad hwn yn cefnogi ein hymdrechion i nodi cyfleoedd i wella ymgysylltiad drwy ein llwyfannau cyfryngau cymdeithasol.

X (Twitter gynt)
Ym mis Tachwedd 2024, gwnaeth WAST y penderfyniad i gyfyngu ei weithgarwch ar X i rybuddio a hysbysu yn unig. Bydd hyn yn cynnwys postio pan fydd y gwasanaeth wedi datgan BCI neu Ddigwyddiad Critigol neu pan fydd yn profi galw cynyddol ee. oherwydd oedi wrth drosglwyddo neu lif o alwadau i 999/111 ac rydym yn cael trafferth cyrraedd cleifion mewn modd amserol. Am y rheswm hwn, ynghyd ag anhygyrchedd dadansoddeg X ers newid Twitter i X, y data canlynol yw'r cyfan sydd ar gael.

	@Ambiwlans_Cymru	@WelshAmbulance
Cyfanswm y dilynwyr	398	23.6mil

Facebook

	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services NHS Trust
Cyfanswm y dilynwyr	284	38,761
Ymweliadau â thudalen	1,296	149,359
Cyfanswm y cyrhaeddiad	8,635	1,029,694
Rhyngweithiadau â'r cynnwys	240	75,440
Y nifer sy'n agor dolenni	15	13,147

Instagram

	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services NHS Trust
Cyfanswm y dilynwyr	42	4,885
Cyrhaeddiad	22	26,497

Yn flaenorol, roedd y prif gyfrif Instagram yn ddwyieithog. Fodd bynnag, ers mis Ionawr 2025, rydym wedi cael dau gyfrif ar wahân ar gyfer y Gymraeg a'r Saesneg.

LinkedIn

Y platfform hwn yw ein hunig gyfrif dwyieithog sydd ar ôl. Fodd bynnag, rydym yn gwahanu postiadau i'r Gymraeg a'r Saesneg felly nid yw un iaith yn cael ei ffafrio. Dim ond dadansoddeg o flwyddyn yn ôl y mae'n ei ganiatáu. Yr unig ystadegau sydd ar gael yw'r rhai o **01 Mehefin 2024 i 31 Mawrth 2025.**

	WAST
Cyfanswm y dilynwyr	6,994
Argraffiadau	227,307
Ymweliadau â thudalennau	7,009

6.9 Arwyddion a Hysbysiadau (Safonau 47 - 49)

Yn 2023/24 fe wnaethom ymrwymo i ddatblygu canllawiau ar gyfer y timau Ystadau a Fflyd ar ddylunio ac arddangos arwyddion a hysbysiadau dwyieithog (roedd hyn yn cynnwys yr angen i'r timau Ystadau a Fflyd wirio gydag aelodau Tîm y Gymraeg ar ddelweddau a gynhyrchwyd o unrhyw arwyddion arfaethedig cyn eu cynhyrchu a'u defnyddio); Sicrhau bod Canllawiau Brand Corfforaethol yr Ymddiriedolaeth yn adlewyrchu gofynion Safonau'r Gymraeg er mwyn sicrhau cydymffurfedd ag arwyddion a hysbysiadau yn ddwyieithog, gyda'r Gymraeg wedi'i lleoli fel ei bod yn debygol o gael ei darllen yn gyntaf.

Dangosodd canlyniadau'r arolwg hunanasesu a dderbyniwyd gan ein Hadran Ystadau fod cydymffurfedd uchel â'r safonau sy'n ymwneud ag arwyddion ac ychwanegodd sicrwydd, lle mae angen arwyddion, fod yr holl arwyddion adeiladau, arwyddion statudol ac arwyddion cyfeiriadol ar gael yn y Gymraeg, gyda'r cyfieithiad Cymraeg

wedi'i leoli fel ei bod yn debygol y caiff ei ddarllen yn gyntaf. Mae ystadau'n ymgysylltu'n rheolaidd â Thîm y Gymraeg i gymeradwyo arwyddion dwyieithog a'u defnyddio'n gywir.

I gael sicrwydd ychwanegol yn 2025/25, bydd Ystadau'n cael canllawiau defnyddiol ar arwyddion dwyieithog a ddatblygwyd gan Gomisiynydd y Gymraeg.

Yn ystod y cyfnod adrodd, cynhyrchwyd arwyddion mewnol newydd ar gyfer Canolfan Gyfathrebu Gwasanaethau Meddygol Brys newydd yr Ymddiriedolaeth yn Nhŷ Elwy, Llanelwy fel y dangosir isod. Yn ogystal, er mwyn hyrwyddo cyngor arbed ynni i'n staff, gosodwyd arwyddion dwyieithog 'Ewch yn Wyrdd' ym mhob un o adeiladau'r Ymddiriedolaeth.

6.10 Gwasanaethau'r Dderbynfa (Safonau 50 - 53)

Er mwyn deall yn llawn ein gofyniad cydymffurfio ar ddarparu gwasanaethau derbynfa yn y Gymraeg, yn ystod 2024/25 cynhaliodd y Tîm Ystadau hunanasesiad o safleoedd yr Ymddiriedolaeth sy'n cynnig gwasanaeth derbynfa.

Dangosodd canlyniadau'r adolygiad a gynhaliwyd gan y Tîm Ystadau fod ein gallu i ddarparu gwasanaeth derbynfa Cymraeg yn ein prif safleoedd yn isel oherwydd staff nad ydynt yn siarad Cymraeg yn gweithio yn y mannau derbynfa hynny. Ystyriwyd bod sgiliau iaith Gymraeg yn ddymunol ar gyfer swydd derbynfa a hysbysebwyd yn ystod y cyfnod adrodd.

Yn 2025/26 mae ein Hadran Ystadau yn bwriadu creu rhestr o bwyntiau cyswllt y gall staff gysylltu â nhw os bydd angen darparu gwasanaeth derbynfa neu os bydd angen ymateb yn y Gymraeg i ymholiad cyhoeddus wrth fynd i mewn i'n hadeiladau. Yn

ogystal, bydd Tîm y Gymraeg yn cefnogi'r aelodau staff hynny sy'n gweithio yn ein derbynfeydd i ddatblygu eu sgiliau iaith Gymraeg trwy gwrs 'Cyfarfod a Chyfarch' i Ddechreuwyr yn y Gymraeg.

Mae cardiau adnabod / mynediad yr ymddiriedolaeth (sy'n cynnwys teitlau swyddi staff a logo WAST) yn ddwyieithog.

6.11 Dyfarnu Contractau (Safonau 57 - 59)

Caiff gwahoddiadau i dendro eu cyhoeddi'n ddwyieithog os yw pwnc y gwahoddiad i dendro yn awgrymu y dylid ei gynhyrchu yn Gymraeg, neu os yw'r gynulleidfa a ragwelir, a'u disgwyliadau, yn awgrymu y dylid cynhyrchu'r testun yn Gymraeg. Gellir cyflwyno tendrau yn Gymraeg, ac na fydd tendr a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol na thendr a gyflwynir yn Saesneg.

Yn ystod y cyfnod adrodd hwn, ni chyhoeddwyd unrhyw geisiadau am dendrau neu gontractau yn Gymraeg ac ni dderbyniwyd yr un yn Gymraeg.

6.12 Hunaniaeth Gorfforaethol (Safon 62)

Ar 1 Ebrill 2024, dyfarnwyd statws Ymddiriedolaeth Brifysgol i'r Ymddiriedolaeth ac o ganlyniad diweddarwyd logo GIG Cymru i adlewyrchu hyn. Dyfarnwyd statws Ymddiriedolaeth y Brifysgol gan Lywodraeth Cymru i gydnabod ein hymrwymiad i hyrwyddo ymchwil ac arloesedd a datblygu'r gweithlu presennol a'r dyfodol.

Yn dilyn diweddaru'r logo a Bathodyn y Goron GIG Cymru yr Ymddiriedolaeth yn 2024, fe wnaethom barhau i fod wedi ymrwymo i sicrhau bod yr holl asedau ffisegol a digidol yn adlewyrchu'r brandio newydd. Mae ein gwefan a'n sianeli cyfryngau cymdeithasol bellach yn defnyddio'r brandio newydd.

Uchafbwynt nodedig ar gyfer 2024-25 oedd bathu darn arian coffa newydd yn cynnwys Bathodyn y Goron wedi'i ddiweddaru, a fydd yn cael ei gyflwyno yng Ngwobrau Gwasanaeth Hir yn 2025/26.

7. Safonau Llunio Polisi (Safonau 69 – 77)

Mae pob polisi newydd a diwygiedig a weithredir gan yr Ymddiriedolaeth yn destun Asesiad Effaith Cydraddoldeb. Mae’r Gymraeg yn faes cydraddoldeb safonol a gofynnir i staff sy’n llunio polisïau newydd neu ddiwygiedig ystyried yr effeithiau cadarnhaol a/neu negyddol a allai ddeillio o’r polisi hwnnw ar y Gymraeg. Mae cefnogaeth gan y Rheolwr Gwasanaethau’r Gymraeg ar gael i unrhyw gydweithiwr sy'n cwblhau Asesiad Effaith Cydraddoldeb ac mae'n weithdrefn safonol ar gyfer pob polisi newydd a diwygiedig.

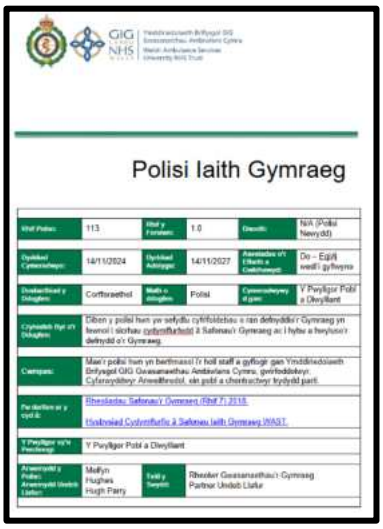
Mae Grŵp Polisi'r Ymddiriedolaeth yn goruchwylio'r prosesau llywodraethu wrth adolygu polisïau newydd neu ddiwygiedig, ac mae Bwrdd yr Ymddiriedolaeth / pwyllgorau perthnasol yn derbyn sicrwydd bod Asesiad o’r Effaith ar Gydraddoldeb wedi'i gwblhau wrth gymeradwyo polisïau a neilltuwyd.

Yn ystod y cyfnod adrodd, cymeradwywyd cyfanswm o 26 o bolisïau a oedd yn eiddo i'r Ymddiriedolaeth (o'i gymharu ag 11 polisi yn 2023/24) - ac roedd gan bob un ohonynt Asesiad o’r Effaith ar Gydraddoldeb cysylltiedig a oedd wedi'i adolygu a'i lofnodi gan Bennaeth Cynhwysiant ac Ymgysylltu'r Ymddiriedolaeth.

8. Safonau Gweithredu (Safonau 79 - 114)

Mae'r set hon o Safonau Gweithredol yn ymdrin â'r ffordd y mae'r Ymddiriedolaeth yn defnyddio'r Gymraeg yn fewnol ac yn rhoi'r hawl i weithwyr dderbyn gwasanaethau Gwasanaethau Pobl yn eu dewis iaith.

8.1 Polisi ar y defnydd mewnol o’r Gymraeg (Safon 79)


Polisi Iaith Gymraeg

Rhif Polisi:	113	Rhif y Fersiwn:	1.0	Gwerth:	N/A (Polisi Newydd)
Dyddiad Cymeradwyo:	14/11/2024	Dyddiad Adolygu:	14/11/2027	Asesiadau o'r Effaith a Cydraddoldeb:	Do – Eglirir wedi'i gyflwyno
Dosbarthiad y Dolagiau:	Corfforaethol	Math o Polisi:	Polisi	Cymeradwywyr Allanol:	Y Pwyllgor Pobl a Diwylliant
Crynodeb Byr o'r Dolagiau:	Diben y polisi hwn yw sefydlu cyfrifoldebau a rôn defnyddio'r Gymraeg yn fewnol i sicrhau cydymffurfiaeth â Safonau'r Gymraeg ac i hybu a hwylusu'r defnydd o'r Gymraeg.				
Campau:	Mae'r polisi hwn yn berthnasol i'r holl staff a gyflogir gan Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru, gorfoddolwyr, Cyfarwyddiaeth Anweithredol, ein pobl a cheintwyr trydydd parti.				
Perthnasedd y Cyd-ds:	Rheoliadau Safonau'r Gymraeg (Rhif 7) 2018. Hysbysiad Cydymffurfio â Safonau Iaith Gymraeg WAST.				
Y Pwyllgor neu'r Panelwaith:	Y Pwyllgor Pobl a Diwylliant				
Arweinydd y Polisi: Arweinydd Uwchlu Llafur:	Mallyn Hughes Hugh Parry	Teitl y Swydd:	Rheolwr Gwasanaethau'r Gymraeg Partner Uwchlu Llafur		

Fel rhan o Fframwaith y Gymraeg newydd yr Ymddiriedolaeth, yn ystod 2023/24 fe wnaethom ddatblygu Polisi Iaith Gymraeg newydd, a gymeradwywyd gan y Bwrdd, sy'n disgrifio'r camau y bydd yr Ymddiriedolaeth yn eu cymryd i feithrin ethos dwyieithog o fewn y sefydliad. Yn ogystal, mae’r polisi’n nodi meysydd Safonau’r Gymraeg y mae’n rhaid i’n pobl gydymffurfio â nhw, tra’n esbonio pam mae’r rhain yn bwysig i ni yn WAST a sut maent yn alinio i ddarparu Cynnig Rhagweithiol i’n pobl a’n cleifion. Hyrwyddwyd y Polisi Iaith Gymraeg newydd ar draws y sefydliad drwy ein sianel newyddion mewnol Siren. Yn ystod 2024/25 roedd

Tîm y Gymraeg yn bwriadu cymryd rhan yn Sioe Deithiol y Prif Swyddog Gweithredol a drefnir ddwywaith y flwyddyn ac sy'n ymweld â lleoliadau ledled Cymru i ymgysylltu â staff. Y bwriad oedd cael carwsél ym mhob digwyddiad i hyrwyddo mentrau iaith Gymraeg a chodi ymwybyddiaeth o Bolisi'r Gymraeg yr Ymddiriedolaeth a Safonau'r Gymraeg.

Gwobr y Gymraeg

Fel ffordd o hyrwyddo'r Gymraeg yn fewnol yn y sefydliad, rydym wedi cyflwyno 'Gwobr y Gymraeg' fel un o'r categorïau ar gyfer Gwobrau Staff Blynyddol yr Ymddiriedolaeth. Mae'r wobr yn cydnabod staff sydd wedi helpu i hyrwyddo'r Gymraeg a gwella darpariaeth ddwyieithog mewn gofal iechyd.

Fel rhan o wobrau staff eleni, derbyniwyd tri enwebiad cryf. Tîm y gwasanaeth 111 oedd enillydd Gwobr y Gymraeg am eu gwaith yn gwella perfformiad y gwasanaeth wrth ateb galwadau i'r gwasanaeth yn y Gymraeg. Cafodd Caitlin Davies, Anfonwr Meddygol Brys 999 ganmoliaeth uchel am ei gwaith wrth ddelio â chleifion yn y Gymraeg.

Hwb Iaith

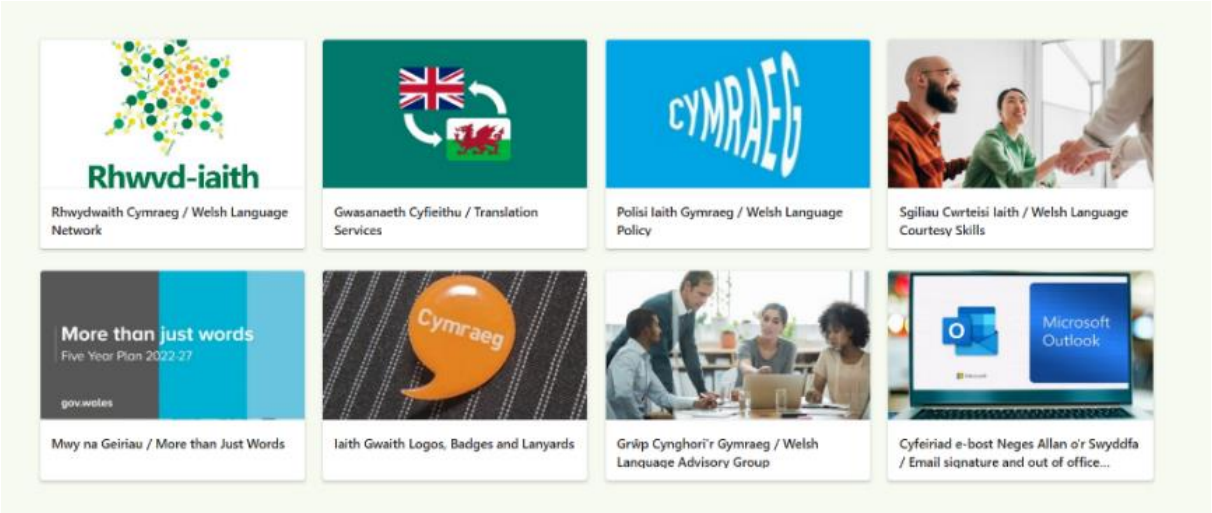
Mae Tîm y Gymraeg wedi bod yn diweddaru gwefan SharePoint gyda gwybodaeth gynhwysfawr am y Gymraeg. Drwy gydol 2024/25, ehangodd y tîm yr adnoddau sydd ar gael ar y wefan yn sylweddol, gan gwmpasu canllawiau a phwysigrwydd darparu gwasanaethau gofal iechyd trwy gyfrwng y Gymraeg.

Safonau'r Gymraeg / Welsh Language Standards
nhswales365.sharepoint.com
Beth yw Safonau'r Gymraeg a pham maen nhw'n bwysig?
What are the Welsh Language Standards and why are they important?

Canllawiau Cyflym / Quick Guides
nhswales365.sharepoint.com
Yr hyn a disgwylir gan bob aelod o staff.
What we expect from every member of staff.

Dysgu Cymraeg / Learning Welsh
nhswales365.sharepoint.com
You can start learning Welsh by following these online taster courses that are tailored for the Health Care sector.

Mae safle SharePoint bellach yn gwasanaethu fel canolfan ganolog ar gyfer y newyddion, y digwyddiadau a'r datblygiadau diweddaraf sy'n ymwneud â'r Gymraeg o fewn yr Ymddiriedolaeth.



Rhwydwaith Cymraeg

Sefydlwyd Rhwydwaith Cymraeg newydd yr Ymddiriedolaeth, 'Rhwyd-iaith', yn ystod y cyfnod adrodd i ddarparu fforwm agored a thryloyw i staff yn WAST sy'n cefnogi defnydd a thwf y Gymraeg a diwylliant o fewn y sefydliad.

Mae'r Rhwydwaith Cymraeg yn eistedd ochr yn ochr â'n rhwydweithiau pobl eraill yn WAST ac yn cyfrannu at ddiwylliant ehangach o gynhwysiant.

8.2 Dogfennau Cyflogaeth (Safonau 80 – 82)

Ar gais, byddwn yn darparu dogfennau sy'n ymwneud â chyflogaeth i'w darparu yn Gymraeg hy: dogfennau sy'n amlinellu anghenion neu ofynion hyfforddi; dogfennau sy'n amlinellu amcanion perfformiad; dogfennau sy'n amlinellu neu'n cofnodi cynllun gyrfa; ffurflenni sy'n cofnodi ac yn awdurdodi gwyliau blynyddol; ffurflenni sy'n cofnodi ac yn awdurdodi absenoldebau o'r gwaith a ffurflenni sy'n cofnodi ac yn awdurdodi oriau gwaith hyblyg. Yn ystod y cyfnod adrodd ni dderbyniwyd unrhyw geisiadau o'r fath gan staff.

Rydym hefyd wedi sicrhau bod y dogfennau canlynol wedi'u cyfieithu pe bai unrhyw aelod o staff yn dymuno eu derbyn trwy gyfrwng y Gymraeg: llythyrau newid oriau, estyniadau secondiad a chytundeb cyflogaeth. Lle mae Partneriaeth Cydwasanaethau GIG Cymru (PCGC) yn cyhoeddi contractau cyflogaeth (drwy'r broses recriwtio o fewn TRAC), caiff y rhain eu cyhoeddi'n rheolaidd yn Gymraeg ac yn Saesneg.

8.3 Prosesau Cysylltiadau â Chyflogeion (Safonau 83 – 88)

Mae proses yr Ymddiriedolaeth o ddelio â chwynion staff a'r weithdrefn ddisgyblu yn y Gymraeg wedi'i chryfhau drwy ddiweddaru cofrestr Swyddogion Ymchwilio yr Ymddiriedolaeth gyda manylion ein siaradwyr Cymraeg – mae hyn yn galluogi cynnal ymchwiliad yn y Gymraeg os gofynnir amdano. Yn ystod y cyfnod adrodd ni dderbyniwyd unrhyw geisiadau am Swyddog Ymchwilio sy'n siarad Cymraeg.

8.4 Recriwtio a Phenodi (Safonau 106 – 109)

Defnyddir siartiau llif canllaw/proses i gynorthwyo rheolwyr cyn i unrhyw swydd gael ei hysbysebu. Mae'r broses yn darparu manylion gwasanaethau cyfieithu yn ogystal â rhywfaint o eiriad hysbyseb safonol a swydd ddisgrifiad i gynorthwyo rheolwyr. Mae ein gwasanaeth cyfieithu mewnol wedi'i sefydlu i gefnogi anghenion cyfieithu'r Ymddiriedolaeth.

Mae'r ffurflen asesu a gyflwynwyd gennym i bob rheolwr ei llenwi er mwyn helpu i asesu'r gofynion o ran y Gymraeg ar gyfer swyddi yn parhau i gael ei defnyddio. Mae hyn yn rhan o nifer o bwyntiau gwirio eraill, cyn rhyddhau post ar gyfer hysbyseb.

8.5 Asesu a chofnodi sgiliau iaith Gymraeg ar draws y gweithlu (Safonau 96 a 116 Safon Cadw Cofnodion)

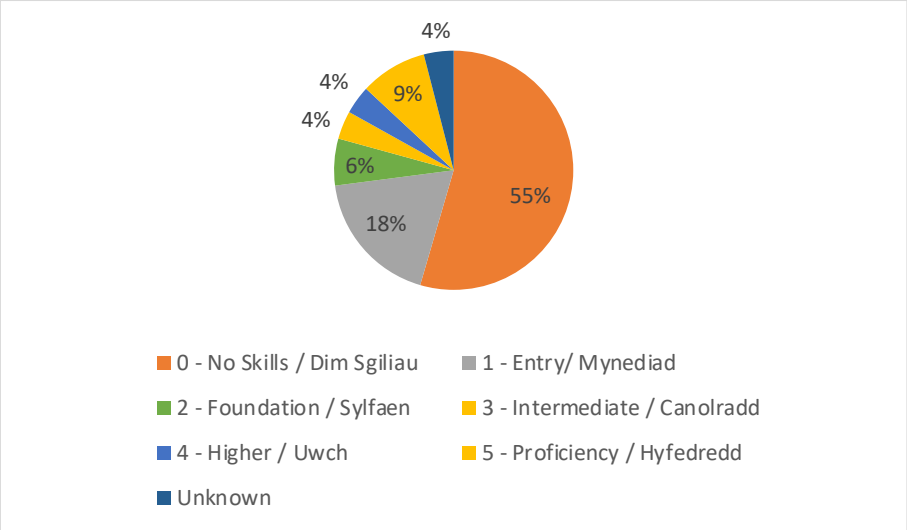
O gyfanswm o 4,427 o aelodau staff, mae 4,248 (95.96%) wedi hunanasesu a chofnodi eu sgiliau iaith Gymraeg ar y system Cofnod Staff Electronig (ESR). Mae hwn yn gynnydd ar y 3,949 aelod o staff (91.48%) a gofnodwyd yn 2023/24.

Mae'r sgiliau gwrando/siarad Cymraeg a gofnodwyd ar yr ESR fesul cyfarwyddiaeth (ar 31 Mawrth 2025) fel a ganlyn:

Cyfarwyddiaeth	Angenrheidiol	Cyflawni	% Cydymffurfedd
Prif Weithredwr	19	17	89.47%
Llywodraethu Corfforaethol	8	8	100%
Digidol	75	74	98.67%
Cyllid ac Adnoddau Corfforaethol	120	120	100%
Clinigol	86	86	100%
Gweithrediadau	3847	3674	95.50%
Partneriaethau ac Ymgysylltu	12	12	100.00%
Pobl a Diwylliant	112	112	100%
Ansawdd, Diogelwch a Phrofiad y Claf	127	127	100%
Strategaeth, Cynllunio a Pherfformiad	21	18	85.71%

8.6 Sgiliau Iaith Gymraeg y Proffil Staff – Gwrando/Siarad

0 - Dim Sgiliau	1 - Mynediad	2 - Sylfaen	3 - Canolradd	4 – Uwch	5 - Hyfedredd	Anhysbys	Cyfanswm terfynol
2414	816	280	169	170	401	178	4428



Fel rhan o'n cyflawniadau'r Cynllun Tymor Canolig Integredig ar gyfer 2025/26, byddwn yn ymgysylltu â'n staff i sicrhau bod eu cymwyseddau iaith Gymraeg ESR yn gyfredol, bydd hyn yn helpu i lywio dadansoddiad bylchau i bennu lefel bresennol y sgiliau iaith Gymraeg ar draws yr Ymddiriedolaeth ym mhob maes gwasanaeth. Yn dilyn dadansoddiad o'r bylchau, cynhelir gwaith ymgysylltu â'r meysydd gwasanaeth blaenoriaeth hynny sy'n delio â chleifion a'r cyhoedd yn uniongyrchol, ar alluoedd sgiliau iaith Gymraeg yr unigolion yn eu timau er mwyn nodi'r anghenion darpariaeth gwasanaeth iaith Gymraeg cyfredol.

Hyfedredd yn y Gymraeg fesul Cyfarwyddiaeth

Cyfarwyddiaeth	Canolradd	Uwch	Hyfedredd
Prif Weithredwr	1	1	0
Llywodraethu Corfforaethol	0	0	2
Digidol	1	1	6
Cyllid ac Adnoddau Corfforaethol	1	7	11
Clinigol	1	2	7
Gweithrediadau	153	151	356
Partneriaethau ac Ymgysylltu	0	2	0
Pobl a Diwylliant	4	2	8
Ansawdd, Diogelwch a Phrofiad y Claf	8	4	10
Strategaeth, Cynllunio a Pherfformiad	0	0	1
Cyfanswm	**169**	**170**	**401**

Ar ddiwedd mis Mawrth 2025, cofnodwyd bod 740 o aelodau staff yn rhugl yn y Gymraeg (o'i gymharu â 701 yn 2023/24). Mae hyn yn cyfateb i 17% o'r rhai sydd wedi cofrestru eu sgiliau Cymraeg (o'i gymharu â 16% yn 2023/24).

Er mwyn cynyddu sgiliau Cymraeg ein gweithlu yn 2024/25 byddwn yn parhau i hyrwyddo'r cwrs Cymraeg sy'n benodol ar gyfer dechreuwyr i'r GIG sydd ar gael i'n staff drwy'r Ganolfan Dysgu Cymraeg Genedlaethol ynghyd â'n cwrs ESR Ymwybyddiaeth Iaith Gymraeg gorfodol.

8.7 Swyddi Newydd a Gwag (Safon Cadw Cofnodion 117)

Mae'r tabl isod yn cadarnhau'r swyddi a hysbysebwyd rhwng 1 Ebrill 2023 a 31 Mawrth 2024.

Oherwydd bod gan wasanaeth cyfieithu'r Ymddiriedolaeth fynediad at feddalwedd cof cyfieithu PCGC, gwnaed arbedion effeithlonrwydd o ran sicrhau bod pob swydd ddisgrifiad yn cael ei gyfieithu i'r Gymraeg.. Mae gan y Gyfarwyddiaeth Gwasanaethau Pobl brosesau ar waith i reolwyr recriwtio anfon disgrifiadau swyddi cymeradwy i Wasanaeth Cyfieithu mewnol yr Ymddiriedolaeth.

Categori	Nifer y swyddi wedi'u categoreiddio		Canran y swyddi a hysbysebwyd	
	2024-25	2023-24	2024-25	2023-24
Sgiliau Cymraeg yn hanfodol	2	4	0.47%	1.3%
Sgiliau Cymraeg yn ddymunol	420	292	99%	98%
Bydd angen dysgu sgiliau Cymraeg pan benodir rhywun i'r swydd	0	0	0%	0%
Nid yw sgiliau Cymraeg yn angenrheidiol	0	0	0%	0%

Yn dilyn y gofynion ar gyfer asesu swydd newydd neu swydd wag o ran yr angen am sgiliau iaith Gymraeg, barnwyd bod sgiliau iaith Gymraeg yn hanfodol lle bo'n bosibl ar gyfer swyddi Derbynwyr Galwadau Band 2 y Gwasanaeth Cludiant Cleifion Di-frys (NEPTS). Mae cyfanswm o 21 o dderbynwyr galwadau NEPTS, ac mae chwech ohonynt yn siaradwyr Cymraeg.

Mae cyfweliadau swyddi ar gyfer swyddi gwag wedi cael eu hwyluso yn y Gymraeg mewn ymateb i geisiadau gan ymgeiswyr.

8.8 Hyfforddiant (Safon 97)

Mae'r tabl isod yn dangos y cyfleoedd a ddarperir gan yr Ymddiriedolaeth i'n staff dderbyn hyfforddiant yn y Gymraeg yn y meysydd canlynol, os yw hyfforddiant o'r fath ar gael yn Saesneg: recriwtio a chyfweld; rheoli perfformiad; gweithdrefnau cwynion a disgyblu; sefydlu; delio â'r cyhoedd; ac iechyd a diogelwch.

Math o Hyfforddiant	Nifer a ofynnodd am fersiwn Gymraeg o'r cwrs	Nifer a fynychodd fersiwn Saesneg y cwrs	Canran a fynychodd y fersiwn Gymraeg
Gweithdrefnau Cwyno a Disgyblu	0	298	0
Sefydlu	0	512	0
Iechyd a Diogelwch	0	61	0

Mae pob 'Diwrnod Croeso WAST' lle mae aelodau newydd o staff yn cael eu cyflwyno i'r Ymddiriedolaeth yn cynnwys elfen o'r Gymraeg (cyfarch yn cael ei ddarparu'n ddwyieithog, fideo ymddygiadau WAST Cymraeg, cyfeiriad at safonau'r Gymraeg a deunyddiau dysgu, gyda rhai ohonynt yn cael eu cyflwyno yn Gymraeg. Ni dderbyniwyd unrhyw geisiadau yn ystod y cyfnod i ddarparu ein sesiwn sefydlu corfforaethol yn y Gymraeg.

Fel yn y flwyddyn adrodd flaenorol, cyflwynwyd cyrsiau Rheoli'n Ddiogel ac Arwain yn Ddiogel IOSH yn Saesneg gan fod y cyrsiau hyn yn gyrsiau hyfforddi achrededig gan IOSH, ac nid ydynt ar gael yn y Gymraeg gan fod y cynnwys yn cael ei ddarparu'n allanol.

Mae'r cyrsiau ESR canlynol ar gael i'n bobl yn y Gymraeg:

- Colled Synhwyraidd
- Gwneud i Bob Cyswllt Gyfrif
- Trais yn erbyn Menywod, Cam-drin Domestig, a Thrais
- Cyflwyniad i Sgoriau Rhybudd Cynnar Cenedlaethol (RRAILS)
- Asesiad A - E (RRAILS)
- Ymwybyddiaeth o Ofalwyr
- Hyfforddiant Olrhain Cysylltiadau Covid-19

Cwblhaodd 153 aelod o staff y cwrs Trais yn Erbyn Menywod, Cam-drin Domestig a Thrais yn y Gymraeg. Ni chwblhawyd unrhyw gwrs arall yn y Gymraeg.

8.9 Hyfforddiant i Wella Sgiliau Iaith Gymraeg (Safonau 99 - 101)

Mae'r modiwl ar-lein 'Croeso Cymraeg Gwaith' wedi bod yn allweddol i'r Ymddiriedolaeth wrth gefnogi staff sydd ar ddechrau eu taith i ddysgu Cymraeg. Cwblhaodd cyfanswm o 16 aelod o staff (o'i gymharu â 9 yn 2023/24) fodiwl e-ddysgu i ddechreuwyr yn y Gymraeg a hwyluswyd gan y Ganolfan Dysgu Cymraeg Genedlaethol.

Fel rhan o'r gwaith i ddatblygu'r Cynllun Gweithlu Strategol rydym yn ymgysylltu â'r Ganolfan Dysgu Cymraeg Genedlaethol ynglŷn â datblygu sesiynau hyder yn y Gymraeg ar gyfer staff yr Ymddiriedolaeth a hoffai gynyddu eu hyder i siarad Cymraeg gyda defnyddwyr ein gwasanaethau.

8.10 Hyfforddiant Ymwybyddiaeth o'r Gymraeg (Safonau 102 – 103)

Mae 'diwrnodau Croeso' yr Ymddiriedolaeth yn cynnwys ymwybyddiaeth o'r Gymraeg. Yn ystod y cyfnod adrodd, cyflawnodd cyfanswm o 512 aelod o staff (o'i gymharu â 407 yn 2023/24) yr hyfforddiant hwn.

Ers cyflwyno'r cwrs ymwybyddiaeth o'r Gymraeg gorfodol ar 01 Ebrill 2023, hyd at 31 Mawrth 2025, mae 70.93% o staff yr Ymddiriedolaeth (o'i gymharu â 61.13% yn 2023/24) wedi cwblhau'r cwrs. Byddwn yn parhau i hyrwyddo'r hyfforddiant dros y flwyddyn nesaf i gynyddu nifer y staff sy'n cwblhau'r hyfforddiant i gyflawni cydymffurfiaeth o leiaf 90%.

8.11 Hyrwyddo'r Gymraeg

Yn ystod y cyfnod adrodd hyrwyddwyd y Gymraeg yn ystod Dydd Gŵyl Dewi a Dydd Miwsig Cymru.

Yn ogystal, datblygwyd fideos YouTube sgiliau cwrteisi iaith yn y Gymraeg gan Dîm y Gymraeg yr Ymddiriedolaeth a'u hyrwyddo i'n pobl drwy wefan SharePoint yr Ymddiriedolaeth.

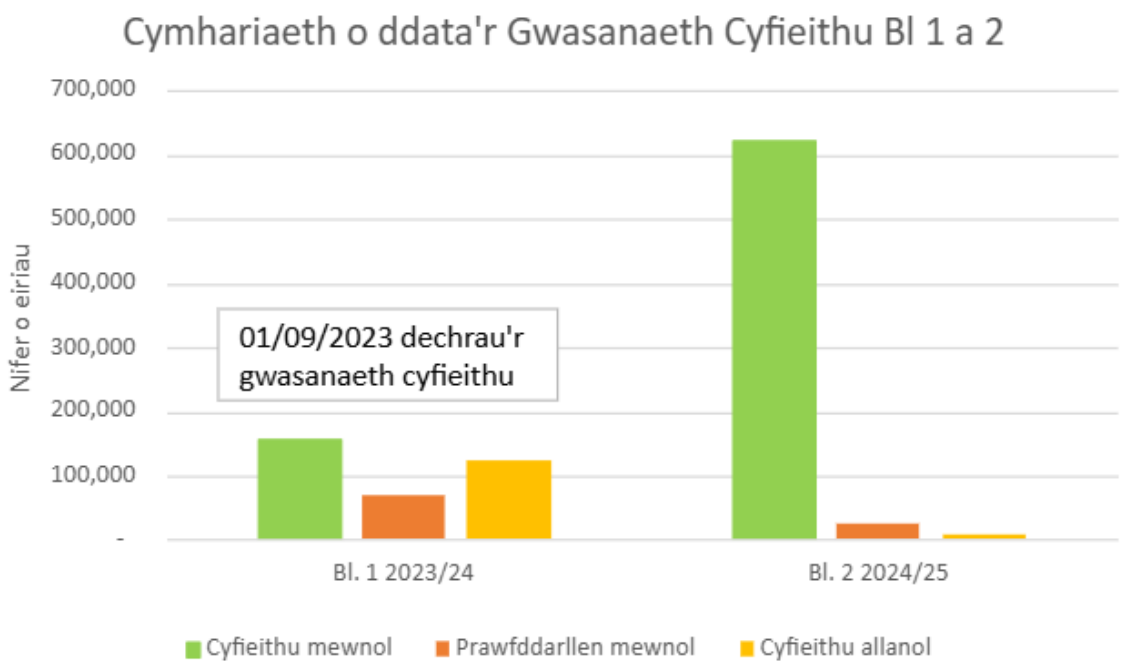
8.12 Ein Gwasanaeth Cyfieithu

Ers sefydlu Gwasanaeth Cyfieithu'r Ymddiriedolaeth ym mis Medi 2023, mae wedi mynd o nerth i nerth, gan gyfieithu dros 948,825 o eiriau. Mae'r ddarpariaeth hon yn ffactor allweddol sy'n galluogi cydymffurfio â llawer o'r safonau ee gohebiaeth, dogfennau, ffurflenni, arwyddion, cyfryngau cymdeithasol a chynnwys gwe.

Mae gan y Gwasanaeth Cyfieithu fynediad a rennir at feddalwedd cof cyfieithu Partneriaeth Cydwasanaethau GIG Cymru (PCGC). Mae'r feddalwedd hon wedi gwella cysondeb ac yn cyflymu'r broses gyfieithu, gan ganiatáu mwy o amser i brawfddarllen dogfennau ac wrth weithio ar brosiectau ailadroddus fel swydd disgrifiadau, diweddaru polisïau neu adroddiadau blynyddol. Mae hefyd yn helpu i gynnal cywirdeb a chysondeb terminoleg ar draws y prosiectau mawr hyn.

Mae manteision cael mynediad at gof mor helaeth hefyd yn cynnwys cael mynediad at gronfeydd termau a rennir i gynorthwyo gyda dogfennau technegol neu feddygol, newidiadau wedi'u holrhain i amlygu ble mae newid wedi digwydd i arbed amser i'r cyfieithydd wrth chwilio am y golygiad neu'r diweddariad i destun. Mae'n caniatáu amseroedd dychwelyd cyflymach na fyddai'n bosibl heb y cof a thechnoleg cyfieithu peirianyddol.

Mae'r graff isod yn dangos y cynnydd yn y galw am nifer y geiriau a gyfieithwyd gan y gwasanaeth cyfieithu ynghyd â'r gostyngiad yn y defnydd o ddarparwyr gwasanaethau cyfieithu allanol.



Mae Blwyddyn 1 yn cynrychioli cychwyn y gwasanaeth ym mis Medi 2023 ac mae Blwyddyn 2 yn cynrychioli blwyddyn lawn gyntaf y gwasanaeth o weithredu.

9. Cwynion (Safon Cadw Cofnodion 115)

Isod, ceir rhestr o'r cwynion a dderbyniwyd yn ystod 2024/25 ynghyd â chrynodeb o'r camau a gymerwyd. Yn ystod y cyfnod adrodd, derbyniwyd cyfanswm o ddau gŵyn:

Rhif	Cwyn	Ymateb a'r cam gweithredu
1	Ym mis Mehefin 2024 derbyniwyd cwyn gan Aelod o'r Senedd ar ran ei etholwr nad oedd yn gallu cael ei alwad i Wasanaeth 111 GIG Cymru ei thrin yn y Gymraeg. Roedd yr achwynydd wedi cysylltu â'r Gwasanaeth 111 ac wedi dewis yr opsiwn Cymraeg. Ar ôl aros am oddeutu 15 munud, derbyniodd yr achwynydd neges llais yn nodi nad oedd aelod o staff oedd yn siarad Cymraeg ar gael i ateb eu galwad a throsglwyddwyd eu galwad i'r gwasanaeth Saesneg.	Cysylltwyd â'r achwynydd ac ymddiheurwyd am ddiffyg argaeledd Derbynnydd Galwadau oedd yn siarad Cymraeg ar yr union adeg ei alwad i'r Gwasanaeth 111.

2	Ym mis Awst 2024, derbyniwyd cwyn drwy PTR_Concern@wast.uk gan aelod o'r cyhoedd nad oedd yn gallu cael eu galwad i Wasanaeth 111 GIG Cymru ei thrin yn y Gymraeg. Dywedodd yr achwynydd y dylai gwasanaeth Cymraeg fod ar gael i'r henoed nad ydynt o reidrwydd yn gyfforddus yn siarad Saesneg.	Cysylltwyd â'r achwynydd gan y gwasanaeth 111 ac ymddiheurwyd ynghyd â manylion ymchwiliad a gynhaliwyd a ddaeth i'r casgliad bod pob un o'r 4 triniwr galwadau a oedd yn siarad Cymraeg ar adeg galwad yr achwynydd yn delio â galwadau eraill ar y pryd ac, er mwyn osgoi unrhyw oedi pellach wrth ateb eu galwad, bod eu galwad wedi'i thynnu o'r ciw gan y system a'i rhoi i'r asiant nesaf oedd ar gael nad oedd yn gallu siarad Cymraeg.

10. Edrych Ymlaen - Blaenoriaethau ar gyfer 2025-2026

Fel rhan o'n cyflawniadau'r Cynllun Tymor Canolig Integredig ar gyfer 2025/26, byddwn yn ymgysylltu â'n staff i sicrhau bod eu cymwyseddau iaith Gymraeg ESR yn gyfredol, bydd hyn yn helpu i lywio dadansoddiad bylchau i bennu lefel bresennol y sgiliau iaith Gymraeg ar draws yr Ymddiriedolaeth ym mhob maes gwasanaeth. Yn dilyn dadansoddiad o'r bylchau, cynhelir gwaith ymgysylltu â'r meysydd gwasanaeth blaenoriaeth hynny sy'n delio â chleifion a'r cyhoedd yn uniongyrchol ar alluoedd sgiliau iaith Gymraeg yr unigolion yn eu timau er mwyn nodi'r anghenion darpariaeth gwasanaeth iaith Gymraeg cyfredol.

Yn ogystal, fel y nodwyd yn ein Cynllun Tymor Canolig Integredig 2025-2028, bydd yr Ymddiriedolaeth yn datblygu Cynllun Ymgynghori Clinigol yn y Gymraeg yn unol â Safon 110. Bydd hyn yn nodi'r camau gweithredu a fydd yn cynyddu gallu'r Ymddiriedolaeth i gynnig a chynnal ymgynghoriadau clinigol yn y Gymraeg.

Byddwn yn ehangu ein llinell sylfaen cydymffurfio â safonau'r Gymraeg a fydd yn cael ei hyrwyddo ar draws yr Ymddiriedolaeth ac yn dathlu enghreifftiau o arfer da.

Bydd cwrs Cymraeg i ddechreuwyr newydd ar gyfer staff y Gwasanaethau Meddygol Brys yn cael ei ddatblygu mewn partneriaeth â'r Ganolfan Dysgu Cymraeg Genedlaethol. Bydd y cwrs yn gwrs wedi'i deilwra dan arweiniad tiwtor ar Teams ar gyfer staff sydd eisiau gallu ymgysylltu â'n cleifion sy'n siarad Cymraeg ar y pwynt cyswllt cyntaf hwnnw.

Bydd Tîm y Gymraeg yr Ymddiriedolaeth yn rhan o gyfres o ddigwyddiadau wedi'u cynllunio i hyrwyddo'r Gymraeg i staff yr Ymddiriedolaeth ac i'r cyhoedd drwy weithgareddau ymgysylltu digidol ac wyneb yn wyneb ee. yr Eisteddfod Genedlaethol, Wrecsam.

Mae'r Pwyllgor Cyllid a Pherfformiad a'r Bwrdd yr Ymddiriedolaeth yn goruchwylio'r targedau i'w gyflawni yn y Cynllun Tymor Canolig Integredig bob deufis.

Gwybodaeth Bellach

I gael rhagor o wybodaeth am Safonau'r Gymraeg, cysylltwch â:

Melfyn Hughes
Rheolwr Gwasanaethau'r Gymraeg

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

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

WELSH LANGUAGE STANDARDS ANNUAL REPORT 2024-2025

Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh

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Foreword

Croeso! Welcome!

As Chair and Interim Chief Executive of the Welsh Ambulance Services University NHS Trust ('WAST' / 'the Trust'), we are proud to present our sixth annual report on the implementation of the Welsh Language Standards.

The Welsh Language (Wales) Measure 2011 provides a clear legal framework requiring WAST, along with other public sector bodies, to comply with specific Standards relating to the Welsh language. More than a statutory obligation, it offers a valuable opportunity to strengthen and enhance the quality and availability of our services through the medium of Welsh.

This report celebrates the significant progress we have made during what has been a transformative year. In 2024/25, we launched our first Welsh Language Policy, embedded a translation service, and increased the visibility and audibility of the Welsh language across the organisation. These developments reflect our deepening commitment to making Welsh a natural and visible part of daily life in WAST, for our staff and the communities we serve.

We continue to build on the principles of 'More than Just Words' and the 'Active Offer' i.e. ensuring people can access Welsh language services without needing to ask. These principles are now woven through our approach, influencing both operational delivery and strategic planning.

Looking ahead, our Integrated Medium-Term Plan (IMTP) for 2025/26 sets clear Welsh language deliverables, including a commitment to strengthen our bilingual baseline and develop a 5-year Welsh Language Clinical Consultation Plan. The cultural shift we are fostering, where using Welsh is encouraged and expected, will further drive improvements in how we meet the Standards and serve our population. Our Wellbeing Objectives offer a powerful opportunity to take a long-term view of how we protect and promote our national language and culture and will guide and inspire our progress in the years ahead.

We have valued our continued collaboration with the Welsh Language Commissioner in identifying solutions that are both practical and ambitious, supporting the rights of Welsh speakers and learners alike. A key moment in this journey was the Welsh language development session delivered to the Board in December 2024, which reaffirmed the importance of first-language care, especially at times of pain, stress, or vulnerability. As a result, small yet powerful changes such as beginning and ending

meetings in Welsh and using Cymraeg in everyday communication are becoming more widespread across the organisation.

We look forward to building on this momentum as we continue to create a workplace and service that truly reflect the bilingual nature of our nation.

Colin Dennis
Chair

Rachel Marsh
Interim Chief Executive Officer

1. Introduction

This is the sixth Annual Report showcasing how the Welsh Language Standards have been implemented.

On 30 May 2019, the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing Welsh Language Standards as part of the Welsh Language (Wales) Measure 2011.

The Trust has continued to respond positively to the Welsh Language Standards as it provides an opportunity to reinforce and to improve the quality and availability of its services through the medium of Welsh.

2. About Us

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

Services include:

- The blue light emergency ambulance services: including call taking, remote clinical consultation, see and treat and if necessary, conveyance to an appropriate hospital or appropriate treating facility.

- Ambulance Care: including call taking, journey planning, service commissioning, taking patients to and from hospital appointments and transferring them between hospitals and treating facilities.

- The 111 service: website and a free-to-call service, acts as a first line gateway to a patient's journey within the health and care system providing them with the right advice or referral.

- The Trust also supports volunteers: Community First Responders (CFRs), Community Welfare Responders (CWRs) s and Uniformed Responders to provide additional response resource to emergency calls and a Volunteer Car Service to aid patient transport to planned appointments.

3. Background to the Welsh Language Standards

Under the Welsh Language (Wales) Measure 2011, all public service organisations in Wales are required to comply with language duties, which ensure that the Welsh language is not treated less favourably than the English language. The duties encourage promotion of the Welsh language, the use of Welsh within internal administration and require that provision is made for the accessibility of Welsh to the public.

Section 44 of the 2011 measure permits the Welsh Language Commissioner to issue a compliance notice, requiring a body to comply with one or more standards specifically applicable to it. The Welsh Language Standards (No.7) Regulations 2018 were then introduced to the health sector organisations in Wales.

4. More than just words 2022-27 Action Plan

Since the launch of the Welsh Government's **More than just words 2022-27 Action Plan** in 2022, the Trust has been committed to delivering those actions so that the 'active offer' is an integral part of service quality and service delivery across the Trust where services are provided in Welsh without someone having to ask for it. It is the responsibility of everyone who provides care services for people and their families across Wales to deliver the active offer. This includes health services, social care services and social services. During the reporting period of this report our new Strategic Equality Objectives for 2024-2028 have been developed as overarching aims for the Trust in relation to equality, diversity and inclusion (EDI). Within the Trust, the link to our Welsh language requirements is key, and our revised governance structures align to this. We have developed an action plan that supports the Strategic Equality Plan (SEP) and that is aligned to and in addition to the More Than Just Words action plan.

5. Accountability and Support

5.1 Welsh Language Leads and Champions

Alongside the Trust's Welsh Language Services Manager, the Trust's Director of Corporate Governance/Board Secretary, Trish Mills is the executive lead for the Welsh language and has been instrumental in championing the development of a new Welsh Language Framework that ensures there is structure, rigour, governance, and consistency for the development of the Welsh language throughout the Trust that encompasses compliance with the statutory requirements of Welsh Language Standards and delivery of the actions within the More than just words 2022-27 Action Plan. Trish has also been leading in opening conversations in meetings and correspondence in basic Welsh.

In addition, the Trust Board has a Non-Executive Director, Bethan Evans who is the Board's Non-Executive Director Welsh Language Champion and has been involved in promoting the Welsh Language within the Trust to our staff and externally to our service users via the Trust's social media platforms. Bethan is a fluent Welsh speaker and her support and challenge in this area has been invaluable.

Trish Mills
Director of Corporate Governance/Board Secretary

Bethan Evans
Non-Executive Director

5.2 Welsh Language Advisory Group

WAST has established a Welsh Language Advisory Group (WLAG) that reports into the Equality, Diversity Inclusion (EDI) Steering Group to strengthen alignment to the SEP. That Steering Group reports directly to the Executive Leadership Team and is chaired by the Director of Culture Change, Angie Lewis. This was an important step to embed compliance by shifting the culture and attitudes towards Welsh language. Our policy and our framework are generally geared this way.

The Welsh Language Advisory Group provides a mechanism for reviewing aspects of the Welsh Language Standards and to ensure that a satisfactory service is maintained for all patients and members of the public who use the Trust's services.

During the reporting period the Group has increased its links with the Trust's EDI Steering Group to ensure that the Welsh language is treated the same as other protected characteristics within Wales, together with joint working with Head of inclusion and engagement on inclusive initiatives.

5.3 People and Culture Committee

The Trust's People and Culture Committee provides assurance to the Board of its leadership arrangements with respect to the Welsh language, and monitors progress and seeks assurance that the Trust is discharging its statutory responsibilities in relation to the Welsh Language Standards.

The Committee reviews and endorses the annual report for approval by the Board and has oversight of Welsh language KPIs (Key Performance Indicators) related to the Monthly Integrated Quality and Performance Report (MIQPR) (111 Service and NEPTS which comes under the portfolio of Ambulance Care), and under the Strategic Equality Plan (SEP) action plan. It also promotes and supports the cultural change aligned to the active offer as a way of strengthening Standards compliance. In 2024/25 the committee approved the Trust's first Welsh Language Policy.

5.4 Trust Board

The ultimate responsibility of the Board for the Welsh language is to review and approve the annual report and to have oversight of Welsh language KPIs related to the MIQPR (111 and NEPTS) and under the Strategic Equality Plan (SEP) via the People and Culture Committee.

5.5 Complaints Procedure

Concerns received in relation to compliance with the Welsh Language Standards are received in a number of ways, including directly to the CEO or the Welsh Language Services Manager. All complaints received are investigated, and a response provided identifying any required corrective action. Issues relating to patient safety are addressed under the Putting Things Right Regulations.

If a member of the public has a concern regarding a recent experience of using the Trust's Welsh language services, they can register their concern via the Putting Things Right Team, however a specific Welsh language concerns link will be developed in 2025/26.

Details of the complaints received by the Trust in relation to the Welsh language can found in Section 9.

THE STANDARDS

Compliance with the Welsh language standards is categorised into the following areas of compliance:

- Service Delivery
- Policy Making
- Operations
- Record Keeping

During 2024/25 a Welsh language standards self-assessment compliance survey was used to gather data on compliance with the Service Delivery Standards including those specific standards that were highlighted in the 2023/24 report for special attention when developing our compliance baseline relating to Correspondence, Publishing Documents and Forms, Signage and Reception Services.

6. Service Delivery Standards (Standards 1 – 77)

This set of standards identifies how the Trust is required to use the Welsh language in different situations so that Welsh speakers can have unhindered access to Welsh language services; for example, when sending correspondence, dealing with telephone calls, providing on-line or face-to-face services.

6.1 Correspondence (Standards 1 – 7)

In 2023/24 we committed to update the current guidelines on correspondence and communicate to staff; Produce guidance on the management of translation requests

and make this available on the Welsh Language Standards SharePoint page; And to ensure that the Trust's Corporate Brand Guidelines reflect the requirements of the Welsh Language Standards to support and enable compliance.

The criteria for compliance in this area was identified as:

- Correspondence received in Welsh from a member of the public, will receive a response in Welsh, unless the correspondent has stated otherwise.
- Letterheads, email signatures, out of office messages and any corporate identity will be bilingual.
- All emails to include the following statement:

  R*ydym yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg - byddwn yn ymateb yn gyfartal i'r ddwy ac yn ateb yn eich dewis iaith heb oedi.*

  We welcome correspondence in Welsh and English - we will respond equally to both and will reply in your language of choice without delay.

The Trust applied a consistent approach in relation to compliance with these standards. The Trust's Brand Guidelines were updated to reflect the correct format for bilingual headed paper and email signatures, noting that the individual 'welcomes correspondence in Welsh or English'. - These guidelines were then posted on the Trust's intranet (Siren) and linked to the Welsh Language Standards SharePoint page. Staff were also able to access a letter headed template and email signature template from a dedicated SharePoint page.

Results from compliance review indicated a high level of compliance in relation to the correspondence standards when correspondence was received in Welsh via Media enquiries, Concerns, Freedom of Information Act (FOIA) requests, letters sent directly to the Chief Executive Officer (CEO), and enquiries received from the office of the Welsh Language Commissioner - in all these situations a Welsh language response was provided.

In order to provide additional assurance to compliance with the correspondence standards a bitesize video outlining the compliance requirements will be created and made available to our staff during 2025/26.

6.2 Telephone Calls (Standards 8 – 20)

The Welsh Language Standards places no legal requirement to answer 999 calls in Welsh. Under The Welsh Language Standards (No. 7) Regulations 2018 Paragraph 35:

Standards 8 to 10 and 13 to 16 do not apply to calls made to the 999 telephone number.

Callers to both the 111 Service and to Ambulance Care receive a recorded bilingual greeting followed by a language preference choice of Welsh or English. Welsh language preference for NEPTS is recorded on the Cleric system and language choice for the 111 Service are recorded on the C3/CAD (Clinical Aided Dispatch) system.

Welsh language call answering for the 111 Service is captured within the Monthly Integrated Quality and Performance Report (MIQPR) reported to the Board. These and Ambulance Care call answering are drawn out more particularly in the following paragraphs.

6.2.1 NHS Wales 111 Service Review

During 2023/24, a significant increase in performance was reported in the percentage of NHS 111 Wales calls being answered in Welsh, from 18% in 2022/23 to 45%. During 2024/25 there was a slight increase, however the number of calls requesting this Welsh language service remain low at just over 1% of all 111 calls; however, the 111 Service leadership team recognises the importance of the service it provides.

As a result, the ongoing Welsh Language Improvement Plan (detailed below) is constantly being reviewed and modified to sustain current performance levels and further improve the numbers of patients able to receive a service in Welsh if this is their preference.

NHS Wales 111 Service Welsh Language Call demand and answer rate 2024-2025

Welsh language demand	Total answered calls for 111	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/24 – 31/03/25	815,562	18,462	8,444	45.7%
01/04/23 – 31/03/24	843,464	17,792	8,099	45.5%

Over the past year, several new initiatives have been introduced that have led to a small but noticeable increase in the number of calls answered in Welsh compared to the previous year. One significant change, implemented in June 2025, was the introduction of a new option for callers to opt-out of waiting for a Welsh-speaking call after a 15-minute threshold. This allows callers the choice to rejoin the English queue if they prefer, giving them the flexibility to decide if they want to wait for a Welsh speaking call handler or not.

Moreover, after conducting an in-depth analysis of Welsh call activity, a new process is in place for Saturdays, Sundays, and Bank Holidays between 8:00 am and 2:00 pm. During these peak times, the profiles of two Welsh-speaking call handlers is adjusted so that they exclusively manage Welsh-presenting calls. This adjustment has enabled the service to efficiently handle a higher volume of Welsh calls during these busy periods, resulting in a notable increase in the Welsh language answer rate.

Targeted recruitment for Welsh-speaking call handlers has also been relatively successful, helping to sustain the Welsh answer call rate. Additionally, there is ongoing support for staff through Welsh language awareness sessions and training related to Welsh-presenting calls. As a result, there has been a reduction in Welsh language complaints into the service, as can be seen in Section 9.

The focus on the performance of the Welsh answer call rate remains high among the 111 operational leadership team. These initiatives are part of the ongoing efforts to provide the best possible service to our Welsh-speaking callers. By continuing to tailor this approach in 2025/26 and beyond to meet their needs, the aim is to enhance their experience and ensure they receive timely and effective service.

6.2.2 Ambulance Care (Non-Emergency Patient Transport Service – NEPTS)

Ambulance Care Welsh Language Call demand and answer rate 2024-2025

Welsh language demand	Total answered calls for NEPTS	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/24 – 31/03/25	215,353	4,294	4,327	77%
01/04/23 – 31/03/24	232,442	3,951	3,923	89%

All callers to our Non-Emergency Patient Transport Call Centre are welcomed with a bilingual greeting, followed by our Integrated Voice Response (IVR) system - allowing callers to select their preferred language being English or Welsh from this point. Depending on their selection, all messages will be presented in their selected language.

Welsh callers are directed through the IVR to our Welsh speaking call takers. If our Welsh speaking call takers are busy with other callers, the caller is re-routed to the next available English or Welsh call taker to avoid unnecessary waiting time. It is important not only to provide a full Welsh call experience but to also ensure that no prolonged delays occurs if all our Welsh call takers are dealing with other calls.

When callers contact NEPTS they will undergo a Patient Needs Assessment (PNA) which is a structured set of questions designed to determine the medical needs and requirements of each patient traveling with NEPTS. Beyond identifying the specific needs for a given journey, the PNA also assesses the patient's eligibility for transport, ensuring priority is given to those with a defined medical necessity.

Integrated within the Cleric system, the PNA is automatically generated when patient details are entered for a new booking request. Its non-linear format means that the questions do not follow a fixed sequence; instead, each question is dynamically generated based on the response to the previous one. This adaptive approach allows for multiple pathways tailored to the patient's unique requirements and eligibility.

The PNA has been professionally translated and is constantly revised, and the Welsh translations are always updated for use by our Welsh speaking call takers.

The services are committed to increasing the number of Welsh speaking call takers in the Non-Emergency Transport Call Centre by prioritising the recruitment of Welsh speakers whenever possible. While the goal is to recruit Welsh speaking candidates to call taking positions, this can be challenging due to the limited availability of Welsh Speaking applicants. The work planned for 2026/27 to support the wider WAST workforce strategy to attract and retain Welsh speakers will benefit NEPTS.

6.3 Meetings (Standards 21 – 30)

When the Trust arranges a meeting with a member/or members of the public, attendees will be asked if they wish to use the Welsh language at the meeting. Where individuals express a desire to use Welsh at a meeting, the Trust will respect and accommodate that preference. Board meetings have members present who speak Welsh, and all meetings of the Board are livestreamed via Microsoft Teams.

Trust Board meeting invitations to our partners are sent out bilingually via email along with social media and the website links, which are both also bilingual.

All Trust Board meeting agendas are available in Welsh. The Trust's 2023-24 Welsh Language Standards Annual Report was presented bilingually at the meeting of the Trust Board in September 2024, as will this report later in the year.

6.4 Public Events (Standards 31 – 32)

In relation to face to face services offered at an event, the event's invitation or advertisement will ask persons to inform us if they wish to use the Welsh language. Where this occurs, we will provide a translation service at the event. We endeavour to ensure all invitations and notices to the public are bilingual.

Patient Experience & Community Involvement

As part of the Patient Experience and Community Involvement (PECI) team's continuous engagement model, WAST has attended various public engagement and community events across Wales. The PECI team provide information about the services provided by WAST along with age and demographic specific accessible resources. All material produced is bilingual and people are supplied with links to provide their feedback in the language of their choice.

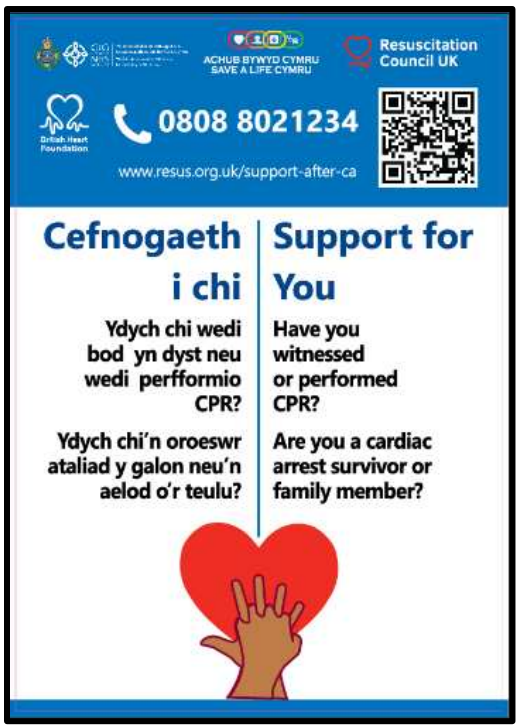
Blue Light Hub App

Designed by WAST the Blue Light Hub App, a bilingual educational resource designed for children aged 7–12, has recently launched its sixth game, *CPR*, aimed at increasing awareness and improving confidence and life-saving skills among young people. This new addition complements the existing suite of games, which includes *7 Important Checks*, *Dress Up*, a quiz, *Dispatch*, and *Calling 999*.

While WAST already engages with schools and community groups in person, reaching all young people can be challenging. This digital approach provides an exciting and interactive way to teach children about the role of emergency services. The games allow players to step into various roles, experience different aspects of emergency response, and learn when it's appropriate to call 999.

Post CPR Support

Save a Life Cymru and WAST have collaboratively worked with key stakeholders throughout the UK to produce an online resource, which hosts all available support resources throughout the UK. The web page is hosted by Resuscitation Council UK, who are based in London https://www.resus.org.uk/public-resource/support-after-cardiac-arrest.



All Health Boards in Wales will have a bilingual page signposting to the resource. The post CPR support web page has a separate section for Wales, which signposts to bilingual content. Help lines are based outside of Wales, however, have a process in place to ensure Welsh speakers can continue their conversation in Welsh, if they wish to do so. This project will assess the call handlers' requirements, including knowledge and language needed and will help shape future services within Wales.

People & Community Network

An action plan to grow the Trusts' People and Community Network have been made with a focus on:

- age
- geographic location
- diversity, equity, and inclusion
- Welsh language

The Action Plan has been drafted to include engaging with young people in formal and informal education and using population health data from geographic areas across Wales. Our intention is to grow the Network in accordance with the five principles of co-production, as defined by the Co-Production Network for Wales.

6.5 Documents and Forms (Standards 36 - 38)

In 2023/24 we committed to ensuring that all members of staff would be made aware of the need to produce information for the public in both Welsh and English.

Current guidelines on dealing with producing and publishing documents would be updated; Guidance on managing requests for translation would be made available on the Welsh Language Standards SharePoint page; An assessment procedure would be developed for the requirement for the translation of a document that takes into account the subject matter and the expectations of the audience; Additionally, that all documents and forms that are produced would be internally designed and formatted in both languages at the same time.

Since the beginning of September 2023, the Trust has had a dedicated in-house translation service, which is available to all staff free of charge through a generic email account and mailbox. In addition, guidance for staff on accessing and submitting work for translation has been made available on our SharePoint site. This facility has been a key enabler of compliance with the standards, related to documents and forms.

Results from a review of published documents on the Trust's website during 2024/25 indicated a high level of compliance with the publication of Trust documents in Welsh such as Strategies and Plans e.g. IMTP 2022-2027 and Annual Reports e.g. WAST Annual Report 2024/25.

As stated above, to assist service areas with the decision for a need for bilingual publication an assessment process will need to be developed during 2025/26, that will assess documents based on: if the subject matter of the document suggests that it should be produced in Welsh, or if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh and the subsequent decisions made following the assessment to be recorded.

Wherever possible, Trust documents are published in Welsh and English on the Trust's website. The Trust's Annual Report and Accounts and the Welsh Language Standards Annual Report carry a statement in the English version of the reports that a version is available in Welsh. During 2025/26 authors of publication will be reminded of this requirement via our translation service when translated publications are returned to the author and via promotion of our Welsh language standards guidance on publications.

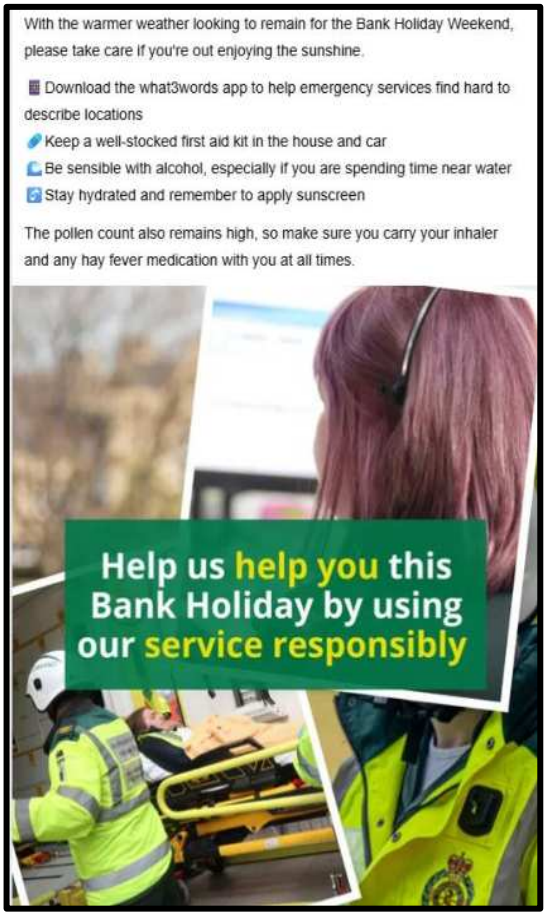
Patient non-conveyance form

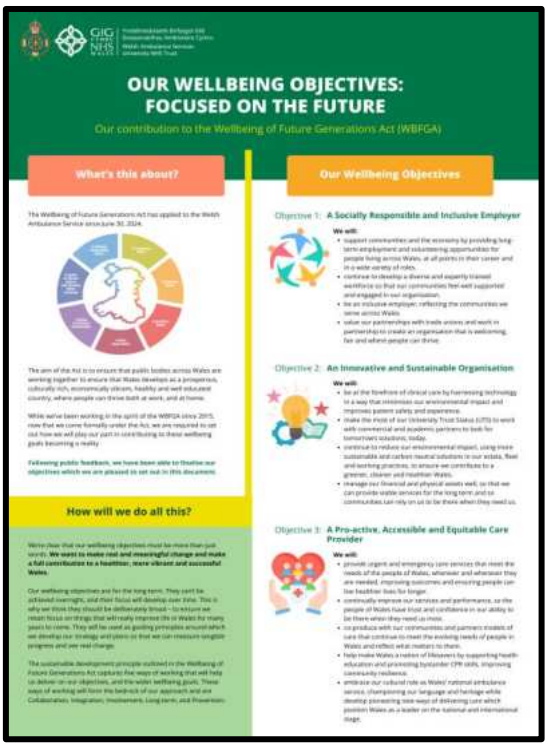
In order to ensure that our Welsh speaking patients are able to receive Welsh versions of WAST documentation a Welsh language version of our patient non-conveyence form was created. A non-conveyance form must be completed for every patient who is not conveyed to hospital following a WAST attendance. It provides

patients, realtives and carers with key information which can be referred to once WAST staff have left the scene. The form is part of the patient's health record and as result must be completed by the clinician in English. The Welsh language version of the form will support our Welsh speaking staff and aid our Welsh speaking patients and their carers during the discharge consulation.

6.6 Publicity and Advertising Material (Standards 33 – 34)

Any publicity or advertising material that the Trust produces for the public is now available in both English and Welsh. The bilingual publicity campaign shown below was developed and promoted via social media for members of the public in relation to keeping safe over the bank holidays, together with promotion of the Trust's Wellbeing Objectives: Focused on the Future.





6.7 Websites and Online Services (Standards 39 – 43)

We have two websites, the Welsh Ambulances Services University NHS Trust website, and the 111 Wales website which we operate as the commissioned provider of 111 across Wales. Some of the challenges associated with these websites are set out below.

6.7.1 NHS Wales 111 Website

The NHS 111 Wales website operates its own Welsh and English social media Facebook (FB) accounts.

Metric	NHS 111 Wales FB	GIG 111 Cymru FB
Reach	132,294	2,467
Page visits	12,655	318
Content interactions	4,262	90
Followers	7,014	106

111 Website Symptom Checkers

Symptom checkers allow users of the 111 Wales website to check their symptoms and receive online advice on what to do next. Funding and resourcing for medical-grade translations of the symptom checker was not available in 2024/25, therefore the information was not updated in Welsh during the reporting period. The Trust recognised the risk that out-of-date symptom checkers posed and as such developed and presented the risk to the Board, with details of mitigating actions being pursued.

The Trust considers it a priority to update the English symptom checkers to ensure patient safety. At the beginning of 2025/26 funding was approved to ensure that this happens at pace. In parallel, a business case has been developed seeking Welsh Government funding for the website (see below) and this includes the requirement for medical-grade translations of the symptom checkers.

NHS Wales 111 Website development

As set out above, there are ongoing conversations to secure dedicated long-term funding for the NHS 111 Wales website, its architecture, content generation, management, or clinical assurances. Given the Welsh Government's position on digital-first, the introduction of the Welsh NHS App, and the future impact a fit-for-purpose website could offer, the lack of funding continues to represent a significant risk and challenge.

Whilst this position has remained unchanged since the last report, WAST has built upon the previous discovery work, to inform the creation of a business case for Welsh Government. This business case and ongoing communication with Welsh Government sets out a clear vision for the future of digital access and integration for NHS 111 online, which includes the requirement of Welsh language translation for content contained within.

Virtual Assistant

WAST has rolled out a 'virtual assistant' this year on its 111 website, allowing for users to ask questions and gain a response from the existing website. This virtual assistant is able to understand and respond in Welsh and will start the interaction in Welsh if the website toggle has been used to select Welsh Language.

6.8 Social Media (Standards 45 – 46)

The Trust operates separate Welsh language and English social media accounts for Facebook and Twitter. Each English post is replicated in Welsh routinely.

Bilingual Social Media Accounts: Data (01 April 2024 to 31 March 2025)

In relation to our compliance with the standards related to social media, since the previous annual report some social media platforms have changed their analytics. In response the Trust has changed its scheduling platform and stance on X (formally Twitter). The Trust aims to continue using the current scheduling platform, which should allow us to maintain consistency in analytics and enable meaningful comparisons with previous data. This continuity will support our efforts to identify opportunities for improving engagement via our social media platforms.

X (formally Twitter

In November 2024, WAST took the decision to limit its activity on X to warning and informing only. This will include posting when the service has declared a BCI or Critical Incident or is experiencing increasing demand e.g. from handover delays or an influx of calls to 999/111 and we are struggling to reach patients in a timely manner. For this reason, coupled with the inaccessibility of X analytics since the changeover of Twitter to X, the following data is all that is available.

	@Ambiwlans_Cymru	@WelshAmbulance
Total followers	398	23.6k

Facebook

	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services University NHS Trust
Total followers	284	38,761
Page visits	1,296	149,359
Total reach	8,635	1,029,694

Content interactions	240	75,440
Link clicks	15	13,147

Instagram

	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services University NHS Trust
Total followers	42	4,885
Reach	22	26,497

Previously the main Instagram account was bilingual. However, since January 2025, we have had two separate accounts for Welsh and English.

LinkedIn

This platform is our only remaining bilingual account. However, we separate posts into Welsh and English so not one language is favoured. It only allows analytics from 1 year ago. The only stats available are from **01 June 2024 to 31 March 2025.**

	WAST
Total followers	6,994
Impressions	227,307
Page views	7,009

6.9 Signs and Notices (Standards 47 - 49)

In 2023/24 we committed to develop guidelines for Estates and Fleet on the design and displaying of bilingual signs and notices (this included the need for Estates and Fleet to check with members of the Welsh Language Team on visuals produced of any proposed signage prior to their manufacture and use); and also ensure that the Trust Corporate Brand Guidelines reflected the requirements of the Welsh Language Standards to ensure compliance with signs and notices, being bilingual, with the Welsh positioned so that it is likely to be read first.

Results from the self-assessment survey received from our Estates Department indicated compliance with the standards relating signage was high and added assurance that where signage is needed, all building signage, statutory signage and directional signage is made available in Welsh, with the Welsh translation positioned

so that it is likely to be read first. Estates regularly engage with the Welsh Language Team for the approval and correct use of bilingual signage.

For additional assurance in 2025/25 Estates will be provided with useful guidance on bilingual signage that has been developed by the Welsh Language Commissioner.

During the reporting period new internal signage was produced for the Trust's new Emergency Medical Service Communication Centre in Tŷ Elwy, St Asaph as shown below. In addition, as to promote energy saving advice to our staff bilingual 'Think Green' signage was installed for in all of the Trust's buildings.

6.10 Reception Services (Standards 50 - 53)

In order to fully understand our compliance requirement on the provision of reception services in Welsh, during 2024/25 the Estates Team undertook a self-assessment of Trust sites which offer a reception service.

Results from the review carried out by the Estates Team indicated that our ability to provide a Welsh language reception service at our main sites was low due to non-Welsh speaking staff working in those reception areas. Welsh language skills were deemed desirable for a reception post advertised during the reporting period.

In 2025/26 our Estates Department intend to create a list of points of contact whom staff can contact in the event of delivering a reception service or needing to respond in Welsh to a public enquiry at entry to our buildings. In addition, the Welsh Language Team will support those members of staff working in our reception areas to develop their Welsh language skills via a Welsh Language Beginner 'Meet and Greet' course.

Trust identification / access cards (which include staff job titles and the WAST logo) are bilingual.

6.11 Awarding Contracts (Standards 57 - 59)

Invitations to tender are published bilingually if the subject matter of the invitation to tender suggests that it should be produced in Welsh, or if the anticipated audience, and their expectations, suggests that the text should be produced in Welsh. Tenders may be submitted in Welsh, and a tender submitted in Welsh will be treated no less favourably than a tender submitted in English.

During this reporting period, no requests for tenders or contracts were issued in Welsh and none were received in Welsh.

6.12 Corporate Identity (Standard 62)

On 1 April 2024, the Trust was granted University Trust status and as a result our NHS Wales logo was updated to reflect this. The University Trust status was granted by Welsh Government in recognition of our commitment to drive research and innovation and develop the current and future workforce. Following the update of the Trust's NHS Wales logo and Crown Badge in 2024, we remain committed to ensuring that all physical and digital assets reflect the new branding. Our website and social media channels now use the new branding.

A notable highlight for 2024-25 was the minting of a new commemorative coin featuring the updated Crown Badge, which will be presented at the Long Service Awards in 2025/26

7. Policy Making Standards (Standards 69 – 77)

All new and revised policies implemented by the Trust are subject to an Equality Impact Assessment (EqIA). Welsh language is a standard equality strand and staff formulating new or revised policies are asked to consider the positive and/or negative impacts that could result from that policy for the Welsh language. Support from the Welsh Language Services Manager is available to any colleague completing an EqIA and is a standard procedure for all new and revised policies.

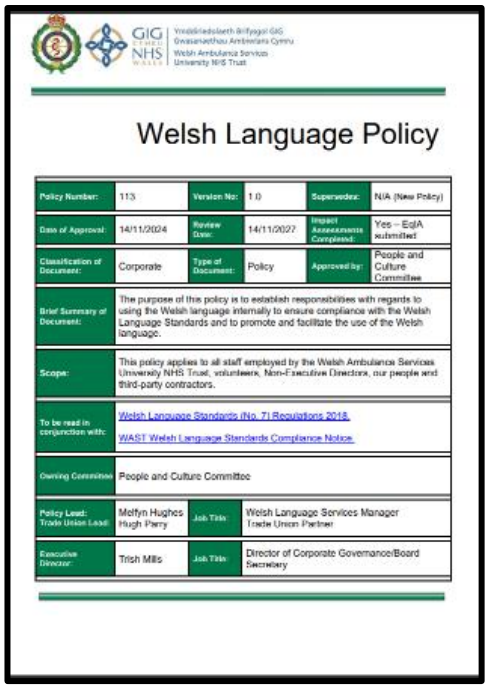
The Trust's Policy Group has oversight of the governance processes in the review of new or revised policies, and Trust Board / relevant committees receives assurance that an EqIA has been completed when approving assigned policies.

During the reporting period, a total of 26 Trust-owned policies were approved (compared to 11 policies in 2023/24) - all of which had an accompanying EqIA that had been reviewed and signed off by the Trust's Head of Inclusion and Engagement.

8. Operational Standards (Standards 79 – 114)

This set of Operational Standards deals with the way in which the Trust uses the Welsh language internally and gives employees the right to receive People Services in their chosen language.

8.1 Policy on the Internal Use of Welsh (Standard 79)



Welsh Language Policy

Policy Number:	113	Version No:	1.0	Supersedes:	N/A (New Policy)
Date of Approval:	14/11/2024	Review Date:	14/11/2027	Impact Assessments Completed:	Yes – EqIA submitted
Classification of Document:	Corporate	Type of Document:	Policy	Approved by:	People and Culture Committee
Brief Summary of Document:	The purpose of this policy is to establish responsibilities with regards to using the Welsh language internally to ensure compliance with the Welsh Language Standards and to promote and facilitate the use of the Welsh language.				
Scope:	This policy applies to all staff employed by the Welsh Ambulance Services University NHS Trust, volunteers, Non-Executive Directors, our people and third-party contractors.				
To be read in conjunction with:	Welsh Language Standards (No. 7) Regulations 2018. WAST Welsh Language Standards Compliance Notice.				
Owning Committee:	People and Culture Committee				
Policy Lead: Trade Union Lead:	Melfyn Hughes Hugh Parry	Job Title:	Welsh Language Services Manager Trade Union Partner		
Executive Director:	Trish Mills	Job Title:	Director of Corporate Governance/Board Secretary		

As part of the Trust's new Welsh Language Framework During 2023/24 we developed, and the board approved a new Welsh Language Policy that describes the steps the Trust will take to foster a bilingual ethos within the organisation. In addition, the policy sets out the areas of the Welsh Language Standards that our people must comply with, whilst explaining why these are important to us at WAST and how they align to providing an Active Offer to our people and our patients. The Trust's new Welsh Language Policy was promoted across the organisation via our internal news channel Siren. During 2024/25 the Welsh Language Team were planning to participate in the Chief Executive Officer (CEO) Roadshow which is arranged bi-annually and visits locations across Wales to engage with staff. The intention was to have a carousel at each event to promote Welsh language initiatives and raise awareness of the Trust's Welsh Language Policy and the Welsh Language Standards.

Welsh Language Award

As a way to promote the Welsh language internally within the organisation, we have introduced the 'Welsh Language Award' as one of the categories for the Trust's Annual Staff Awards. The award recognises staff who have helped to promote the Welsh Language and improve bilingual provision in healthcare.

As part of this year's staff awards, three strong nominations were received. The 111 service Team was the winner of the Welsh Language Award for their work in improving the performance of the service in answering calls to the service receive in Welsh. Caitlin Davies, 999 Emergency Medical Dispatcher was highly commended for her work when dealing with patients in Welsh.

Hwb Iaith

The Welsh Language Team have been updating the SharePoint website with comprehensive Welsh language information. Throughout 2024/25, the team significantly expanded the resources available on the site, covering guidelines and the importance of providing healthcare services through the medium of Welsh.

The SharePoint site now serves as a central hub for the latest news, events, and developments related to the Welsh language within the Trust.

Welsh Language network

The Trust's new Welsh Language Network 'Rhwyd-iaith' was set up during the reporting period to provide an open and transparent forum for staff in WAST who support the use and growth of the Welsh language and culture within the organisation.

The Welsh Language Network sits alongside our other people networks at WAST and contributes to a wider culture of inclusion.

8.2 Employment Documents (Standards 80 – 82)

Upon request we supply employment related documents to be supplied in Welsh, i.e.: documents that outline training needs or requirements; documents that outline performance objectives; documents that outline or record a career plan; forms that record and authorise annual leave; forms that record and authorise absences from work and forms that record and authorise flexible working hours. In the reporting period no such requests were received from staff.

We have also ensured that the following documents have been translated should any member of staff wish to receive them through the medium of Welsh: change of hours letters, secondment extensions, and contract of employment. Where NHS Wales Shared Services Partnership (NWSSP) issues contracts of employment (via the recruitment process within TRAC), these are routinely issued in both Welsh and English.

8.3 Employee Relations Processes (Standards 83 – 88)

The Trust's process in dealing with staff complaints and disciplinary procedure in Welsh has been strengthened by updating the Trust's Investigating Officer (IO)

register with details of our Welsh speakers – this enables an investigation to be conducted in Welsh should it be requested. During the reporting period no requests were received for a Welsh speaking Investigating Officer.

8.4 Recruiting and Appointing (Standards 106 – 109)

Guidance/process flow charts are used to assist managers prior to any post being advertised. The process provides details of translation services as well as some standard advert and job description wording to assist managers. Our internal translation service has been established to support the Trust's translation needs. The assessment form we introduced for all managers to complete to help assess Welsh language requirement for posts continues to be utilised. This forms part of a number of other check points, prior to a post being released for advert.

8.5 Assessing and Recording Welsh Language Skills across the Workforce (Standard 96 and 116 (Record Keeping Standard)

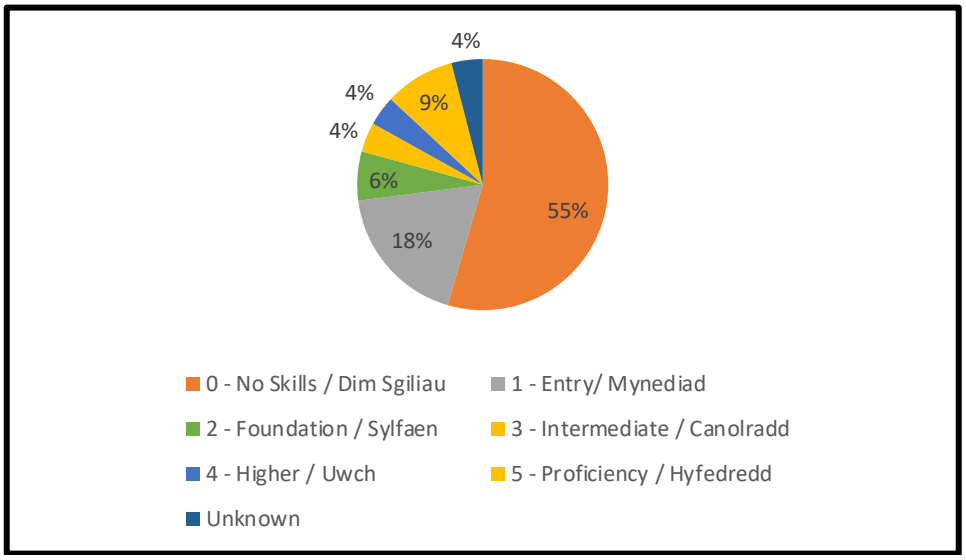
From a total of 4,427 members of staff, 4,248 (95.96%) have self-assessed and recorded their Welsh language skills on the Electronic Staff Record (ESR) system. This is an increase on the 3,949 members of staff (91.48%) recorded in 2023/24.

The Welsh language listening/speaking skills recorded on ESR per directorate (as of 31 March 2025) were as follows:

Directorate	Required	Achieved	Compliance %
Chief Executive	19	17	89.47%
Corporate Governance	8	8	100%
Digital	75	74	98.67%
Finance & Corporate Resources	120	120	100%
Clinical	86	86	100%
Operations	3847	3674	95.50%
Partnerships & Engagement	12	12	100.00%
People & Culture	112	112	100%
Quality, Safety & Patient Experience	127	127	100%
Strategy, Planning & Performance	21	18	85.71%

8.6 Welsh Language Skills of Staff Profile – Listening/Speaking

0 - No Skills	1 - Entry	2 - Foundation	3 - Intermediate	4 - Higher	5 - Proficiency	Unknown	Grand Total
2414	816	280	169	170	401	178	4428



As part of our IMTP deliverables for 2025/26 we will be engaging with our staff to ensure that their ESR Welsh language competencies are up to date, this will help inform a gap analysis to determine the current level of Welsh Language skills across the Trust in each service area. Following the gab analysis, engagement work will be carried out with those priority service areas that deal with patients and the public directly, on the Welsh language skills abilities of individuals within their teams to identify current Welsh language service provision needs.

Welsh Language proficiency per Directorate

Directorate	Intermediate	Higher	Proficiency
Chief Executive	1	1	0
Corporate Governance	0	0	2
Digital	1	1	6
Finance & Corporate Resources	1	7	11
Clinical	1	2	7
Operations	153	151	356
Partnerships & Engagement	0	2	0
People & Culture	4	2	8
Quality, Safety & Patient Experience	8	4	10
Strategy, Planning & Performance	0	0	1
Grand Total	**169**	**170**	**401**

At the end of March 2025, 740 staff members (compared to 701 in 2023/24) were recorded to have Welsh fluency. This equates to 17% of those who have registered their Welsh language skills (compared to 16% in 2023/24).

In order to increase the Welsh language skills of our workforce in 2024/25 we will continue promoting the NHS specific Welsh language beginners' course that is available to our staff via the National Centre for Learning Welsh together with our mandatory ESR Welsh Language Awareness course.

8.7 New and Vacant Posts (Record Keeping Standard 117)

The table below confirms posts advertised between 1 April 2023 and 31 March 2024.

Due to the Trust's translations service having access to NWSSP's translation memory software there have been efficiencies made in ensuring that all job descriptions are translated into Welsh. The People Services Directorate have processes in place for recruiting managers to send approved job descriptions to the Trust internal Translation Service.

Category	Number of posts categorised		Percentage of posts advertised	
	2024-25	2023-24	2024-25	2023-24
Welsh language Essential	2	4	0.47%	1.3%
Welsh language Desirable	420	292	99%	98%
Welsh language skills need to be learnt when appointed to the post	0	0	0%	0%
Welsh language skills are not necessary	0	0	0%	0%

Following the requirements for a new or vacant post to be assessed regarding the need for Welsh language skills, the Non-Emergency Patient Transport Service (NEPTS) Band 2 Call Taker posts were deemed where possible to be Welsh language essential. There are a total of 21 NEPTS call takers, six of whom are Welsh speakers.

Job interviews for vacant posts have been facilitated in Welsh in response to requests from applicants.

8.8 Training (Standard 97)

The table below demonstrates opportunities provided by the Trust for our staff to receive training in Welsh in the following areas, if such training is available in English: recruitment and interviewing; performance management; complaints and disciplinary procedures; induction; dealing with the public; and health and safety.

Type of Training	# requesting Welsh version of the course	# attending English version of the course	% attending Welsh version
Complaints and Disciplinary Procedures	0	298	0
Induction	0	512	0
Health and Safety	0	61	0

Every 'WAST Welcome Day' where new members of staff are introduced to the Trust has an element of Welsh within it: greeting delivered bilingually, Welsh WAST behaviours video, reference to the Welsh Language Standards, and learning materials some of which are delivered in Welsh. No requests were received during the period for our corporate induction to be provided in Welsh.

As in the previous reporting year, the IOSH Managing Safely and Leading Safely courses were delivered in English as these courses are IOSH accredited training courses, and not available in Welsh as the content is provided externally.

The following ESR courses are available to our people in Welsh:

- Sensory Loss
- Make Every Contact Count (MECC)
- Violence Against Women, Domestic Abuse and Violence
- An Introduction to NEWS (RRAILS)
- A - E Assessment (RRAILS)
- Carer Awareness
- Covid - 19 Contact Tracing Training

153 members of staff completed the Violence Against Women, Domestic Abuse and Violence course in Welsh. No other courses were completed in Welsh.

8.9 Training to Improve Welsh Language Skills (Standards 99 - 101)

The online module 'Croeso Cymraeg Gwaith' has been key to the Trust in supporting staff who are at the beginning of their journey to learn Welsh. A total of 16 members of staff (compared to 9 in 2023/24) completed Welsh language beginners e-learning module facilitated by the National Centre for Learning Welsh.

As part of the work in the development of the Strategic Workforce Plan, we are engaging with the National Centre for Learning Welsh regarding the developing Welsh language confidence sessions for Trust staff who would like to increase their confidence in speaking Welsh with our service users.

8.10 Welsh Language Awareness Training (Standards 102 – 103)

The Trust's 'Welcome days' include Welsh language awareness. During the reporting period, a total of 512 members of staff (compared to 407 in 2023/24) undertook this training.

Since the introduction of the mandatory Welsh language awareness course on 01 April 2023, as of 31 March 2025, 70.93% of Trust staff (compared to 61.13% in 2023/24) have completed the course. We will continue to promote the training over the next year to increase the numbers of staff completing the training to achieve a minimum of 90% compliance.

8.11 Promoting the Welsh Language

During the reporting period the Welsh language was promoted during Dydd Gwyl Dewi/St David's Day and Dydd Miwsig Cymru/Welsh Language Music Day.

In addition, Welsh language courtesy skills YouTube videos were developed by the Trust's Welsh Language Team and promoted to our people via the Trust's SharePoint site.

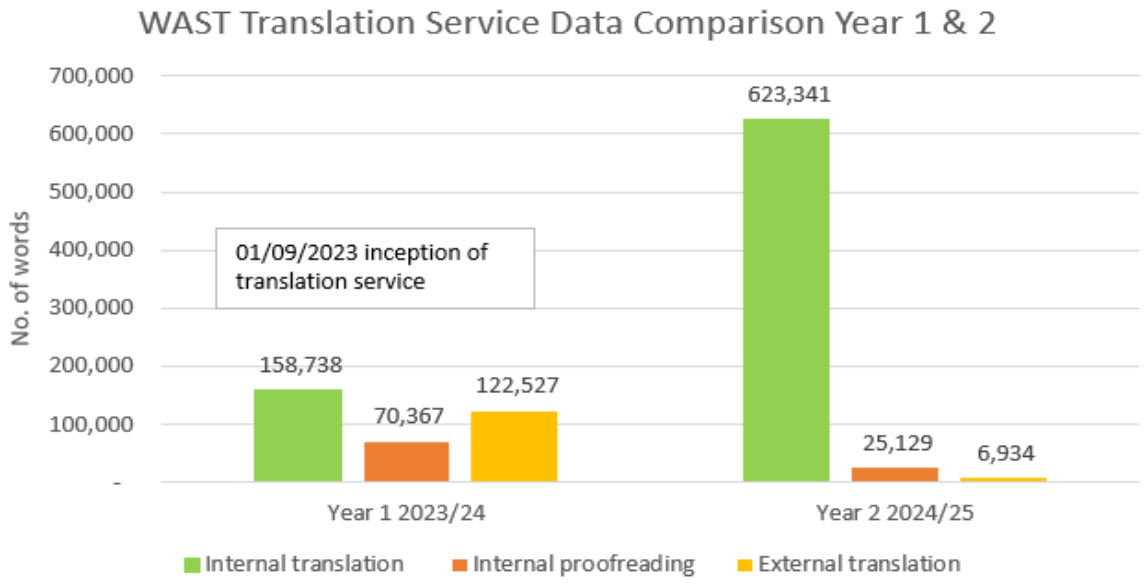
8.12 Our Translation Service

Since the Trust's Translation Service was established in September 2023, it has gone from strength to strength, translating over 948,825 words. This provision is a key enabler of compliance with many of the standards e.g. correspondence, documents, forms, signage, social media and web content.

The Translation Service has shared access to NHS Wales Shared Services Partnership's (NWSSP) translation memory software. This software has improved consistency and expedites the translation process, allowing more time to proof-read documents and in repetitive projects such as job descriptions, policy updates or annual reports. It also helps maintain terminology accuracy and consistency across these large-scale projects.

The benefits of having access to such an extensive memory also include accessing shared term bases to aid with technical or medical documents, tracked changes to highlight where a change has occurred to save the translator time in searching for the edit or update to a text. It allows for quicker turnaround times that would not be possible without the memory and machine translation technology.

The graph below demonstrates the increase in the demand for the number of words translated by the translation service together with the decrease in the use of external translation service providers.



Year 1 represents the inception of the service in September 2023 and Year 2 represents the service's first full year in operation.

9. Complaints (Record Keeping Standard 115)

Below, is a list of complaints received during 2024/25 along with a summary of the actions taken. During the reporting period, a total of two complaints were received:

No.	Complaint	Response and action
1	In June 2024 complaint received from Member of the Senedd on behalf of his constituent who was unable to have their call to the NHS Wales 111 Service dealt with in Welsh. Complainant had contacted the 111 Service and selected the Welsh language option. After waiting an estimated time of 15 minutes the complainant received a voice message indicting that there was no Welsh speaking staff member available to take their call and their call was transferred to the English service.	Complainant contacted and an apology was provided for the non-availability of a Welsh speaking Call Taker at the precise time of their call to the 111 Service.
2	In August 2024 Complaint received via PTR_Concern@wast.uk from member of the public who was unable to have their call to the NHS Wales 111 Service dealt with in Welsh. Complainant stated that a Welsh language service should be available for the elderly who aren't necessarily comfortable speaking English.	Complainant was contacted by the 111 service and an apology was provided together with details of an investigation that was carried out which concluded that all of the 4 Welsh-speaking call handlers at the time of the complainant's call were dealing with other calls at the time and that in order to avoid any further delay in answering their call, their call had been removed from the queue by the system and given to the next available agent who was unable to speak Welsh.

10. Looking Ahead - Priorities for 2025-2026

As part of our IMTP deliverables for 2025/26 we will be engaging with our staff to ensure that their ESR Welsh language competencies are up to date, this will help inform a gap analysis to determine the current level of Welsh Language skills across the Trust in each service area. Following the gab analysis, engagement work will be carried out with those priority service areas that deal with patients and the public directly on the Welsh language skills abilities of individuals within their teams to identify current Welsh language service provision needs.

In addition, as noted within our IMTP 2025-2028, the Trust will develop a Welsh Language Clinical Consultation Plan in accordance with Standard 110. This will set out the actions that will increase the Trust's ability to offer and undertake clinical consultations in Welsh.

We will expand our Welsh language standards compliance baseline which will be promoted across the Trust and celebrate examples of good practice.

A new Welsh language beginners' course for EMS staff will be developed in partnership with the National Centre for Learning Welsh. The course will be a tailor-made tutor led course on Teams for staff who want to be able to engage with our Welsh speaking patients at that first point of contact.

The Trust's Welsh Language Team will be involved in a series of planned events to promote the Welsh language to Trust staff and to the public via digital and in person engagement activities e.g. National Eisteddfod, Wrexham.

The Finance and Performance Committee and the Trust Board have oversight of these IMTP deliverables on a bi-monthly basis.

Further Information

For further information on the Welsh Language Standards please contact:

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Welsh Language Services Manager

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Delivering the Actions in the 'More than Just Words' Plan 2022-27:

For the period April 2024 – March 2025

Organisation	**Welsh Ambulance Services University NHS Trust**

Completed by:	**Melfyn Hughes**	**Date: 28 July 2025**

KEY DATA:	**When citing any statistics / data, please provide a corresponding reporting date / time period.**
Welsh Language Skills of staff	From a total of **4,427** members of staff **4,248 (95.96%)** have recorded their Welsh language skills on ESR. **17%** (an increase of 1% from 2023/24) of our workforce have Welsh fluency. This equates to **740** of those who have registered their Welsh language skills.
Number of staff completing training	**Welsh Language Awareness Course: 70%**
Patient / Service User Surveys e.g. secret shopper surveys	Survey to be carried out at the National Eisteddfod, Wrexham 2025

Ref	Description of Short Term and Medium-Term Action	Guidance for completing the response	Lead Accountability	Progress Report for 2024/25 (reporting period 1/4/24 – 31/3/25): What new and additional activities were delivered during 2024/25?	Examples of good practice / work done in partnership.
Culture and Leadership					
3	There is an expectation that those colleagues in leadership roles will take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use. *(Medium term)*	Welsh Government will shortly commission a new provider for the Leading in a Bilingual Country Programme. No further response needed at this stage – unless there are specific examples of how outputs from the Leading in a Bilingual Country Programme are continuing to make a difference to leadership roles in the organisation; and / or there have been leadership programmes / training that have been delivered by health and social care bodies focusing specifically on leadership in a bilingual context.	Chairs and Chief Executives of health and social care Bodies. Our Board seeks to improve their Welsh language skills where possible and promote the Welsh language across the organisation to staff and beyond.	In February 2025 as part of the Trust's Board Development Programme the Trust's Welsh Language Services Manager facilitated a session on the importance of the Welsh language in healthcare that featured a patient story highlighting the significance of the Welsh language in delivering effective healthcare.	During 2024/25 we have developed a new Welsh Language Policy that describes the steps the Trust will take to foster a bilingual ethos within the organisation as well as provide guidance on compliance with the Welsh Language Standards, and the implementation of Welsh Government's 'Mwy na geiriau/More than just words' action plan. The new Welsh Language policy was promoted across the organisation via our internal news channel Siren.
Theme 1: Welsh language planning and policies including data					
6	Develop tools to support mainstreaming Welsh Language considerations into planning and policies especially in the priority areas and high levels of interactions with services. This to	Welsh Government has been working collaboratively with the Office of the Welsh Language Commissioner to establish a new strategic Health Forum with the	Welsh Government / Health and Social Care bodies	All new and revised policies implemented by the Trust are subject to an Equality Impact Assessment (EqIA). Welsh language is a standard equality strand and	

	include establishing Welsh language care pathways for vulnerable individuals in identified priority groups such as older people, children, mental health, speech therapy, learning difficulties, and stroke services. (*Long term*)	health sector aimed at improving clinical care services through the medium of Welsh. Welsh Government Welsh Language Impact Assessment (WLIA) Masterclasses to be held with all teams in Health, Social Care and Early years Group to help embed to help embed the Welsh language into policies. Welsh Government is also amending WLIA guidance to include a greater focus on MTJW. Health and Social Care bodies are asked to provide evidence of Welsh language care pathways for priority groups particularly, or any new mainstreaming tools.		staff formulating new or revised policies are asked to consider the positive and/or negative impacts that could result from that policy for the Welsh language. Support from the Welsh Language Services Manager is available to any colleague completing an EqIA and is a standard procedure for all new and revised policies. Trust's policy process has oversight of the governance processes in the review of new or revised policies, and the relevant board committee is assured that the EqIA has been completed when approving their assigned policies.	
8	An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care	Health and social care bodies should provide an overview of how they are currently collecting and collating data on the language skills of all staff (as well as key data for the reporting period).	HEIW / SCW / DHCW / health and social care bodies including Independent primary care contractors.	**4,248 (95.96%)** have recorded their Welsh language skills on ESR.	Workforce Welsh language skills statistics inclusion in the Trust Welsh Language Standard Annual report.

	sectors including services that are provided in Welsh *(Medium term)*				
10	That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance inform the work of the relevant regulators and inspectorate as appropriate (*Short term*)	The HEIW Workforce Planning for the Welsh Language Guidance has been published. Health and social care bodies should provide examples of how this guidance has been used across different settings / policies.	HEIW / Social Care Wales	As part of our commitment to the More Than Just Words Action Plan to ensure that our service users receive services in their language of choice, a dedicated Welsh language workstream has been developed as part of the overall WAST Strategic Workforce Plan in order to develop our Welsh Language Recruitment Strategy.	
Theme 2: Supporting and developing the Welsh language skills of the current and future workforce					
13	Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close	Health and social care bodies should provide examples of how they have identified workforce skills, where the gaps exist, and whether they have plans in place to address them.	Health and social care bodies, HEIW and SCW	We will weave this action point within our Strategic Workforce Plan to ensure that Welsh language skill gaps are filled in our future workforce.	Delivery of the commitments to the WG More than just words action plan - to complete our Strategic Workforce Plan which contains a Welsh language workstream where work will progress via a Welsh language skills gap analysis

	working with HEIW and SCW. *(Medium term)*				followed by training and development initiatives and recruitment strategies.
14	We will expect all NHS and social care colleagues to follow a language 'awareness 'course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we will expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training. *(Medium term)*	Health and social care bodies should provide key data on take up of Welsh Language Awareness Courses. This includes data on providing the course as part of the induction process.	Health and social care bodies	Since the introduction of the mandatory Welsh language awareness course on 1st April 2023, it is recorded that **70%** of Trust staff have successfully completed the course. We will continue to promote the training over the next year to increase the numbers of staff completing the training to 90%.	The Trust's 'Welcome days' includes Welsh language awareness and a total of **512** staff undertook this training during the reporting period.
16	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities *(Medium term – guidance to be developed and shared in the short term)*	All health and social care bodies to provide an update on work being taken forwards to define Welsh language skills required in all job adverts, as well as key data on whether posts are being advertised as Welsh desirable and Welsh essential.	Health and social care bodies	As part of the JE process Welsh language assessment requirement for all posts is carried out via the use of Welsh Language Skills Assessment Tool for managers. By completing the form, managers determine whether roles need to be advertised with Welsh as an essential or a desirable skill or if no Welsh skills are required. A copy of this Assessment Form must be emailed to the HR Hub once completed. The	Guidance on this on a national level would be welcomed. WAST are supportive of the principle of greater definition of Welsh language skills requirements in job adverts and job descriptions.

				information provided within this document will be used for reporting purposes and will form part of the recruitment audit process	
17	Gradual introduction of a minimum "courtesy" level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh. *(Short term- introduction)*	National Centre for Learning Welsh to provide data on the new courtesy course (as part of the health and social care scheme) and take up across the organisations. Health and social care bodies to also provide information on other courtesy courses being developed (not by the National Centre for Learning Welsh) delivered locally, and key data on take up.	National Centre for Learning Welsh Health and social care bodies	The online module 'Croeso Cymraeg Gwaith' has been key to us as a Trust in supporting staff who are at the beginning of their journey to learn Welsh. Chair and managers are encouraged to using their Welsh language courtesy skills at internal and at meetings that open to the public.	The Welsh Language Team have developed bite sized videos for staff to develop their Welsh language courtesy skills.
18	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) *(Medium term)*	Health boards to provide an update on work to support the delivery of Standard 110, and how they are increasing the use of Welsh across clinical settings.	Health and social care bodies	Delivery of the commitments to the WG More than just words action plan - to complete our Strategic Workforce Plan which contains a Welsh language workstream where work will progress via a Welsh language skills gap analysis followed by training and development initiatives and recruitment strategies.	Welsh language beginner course for our EMS staff currently being developed in partnership with the Centre for Learning Welsh.
20	Careers Wales / HEIW and SCW to promote the importance and opportunities Welsh language skills can provide within careers in health and social care utilising	HEIW to provide information on Tregyrfa, including data on numbers accessing the site. HEIW to also provide information on roadshows	Careers Wales / HEIW and SCW / health and care bodies	All engagement activities undertaken are reporting internally to QUEST Committee and to welsh	

	the Tregyrfa portal resources and through roadshows and engagement sessions with young people. *(Short/medium term)*	and engagement events held with educational institutions. Careers Wales to provide information on initiatives promoting the importance of Welsh language skills in health and social care careers, including data on attendee numbers for any events / roadshows / engagement sessions. Health and care bodies to provide information on roadshows and engagement with young people, including data on attendee numbers.		government through Bi-annual reports. ITEM 14.1 PECI Bi-Annual Report October 2024 - March 2025 Annex 2.pdf	
Theme 3: Sharing best practice and an enabling approach					
29	We will collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. *(Short term)*	Health and social care bodies should provide examples of where and how they have shared good practice, including internally as well as with other organisations. Health and social care bodies to also provide information on whether they have used Hwb Iaith to share good practice. They should also provide evidence of utilising the Research and Innovation Hubs and if not explain why.	Welsh Government / Welsh language officers	The Trust has access to NWSSP's translation memory software. which has a wealth of NHS translation memory and terminology to assist our internal translator be able to work effectively and efficiently	We will collaborate further with NHS Wales bodies to share learnings with one another to improve services. Further to the best practice already noted for this action point, and outside of the quarterly meeting with the Welsh Government, Welsh Language Officers throughout the NHS meet quarterly with one another to share problems, remedies and to discuss general issues. Officers have an MS Teams group chat for discussion and

					collaboration. This cross-organisational team-working is an incredible asset and has been beneficial to us
30	We will use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we will bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages. *(Short term)*	Health and social care bodies should provide specific examples of where and how the principles of the Bilingual Toolkit has been used.	DHCW / health and social care bodies	The NHS 111 Wales website is bilingual.	NHS 111 Wales has introduced a new virtual assistant to help website users get the right health advice, fast. The AI-powered assistant, which is available in multiple languages, scans the website for information and advice based on prompts from the patient.
32	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes. *(Short term)*	Health and social care bodies to provide information on examples of good practice shared as part of existing networks, awards and events.	Welsh Government, Health and social care bodies	We will attend national meetings, when held. The Welsh Language Group, which includes Welsh language leads from directorates across the organisation, meet quarterly to discuss compliance, challenges and best practice with the Welsh Language Standards and the More Than Just Words Action Plan. Our Welsh Language Services Manager is also part of an NHS Wales Welsh Language Managers group. While this group focuses more on compliance with the	Our Welsh Language Services Manager is part of the NHS Wales wide Welsh Language Officer meetings with Welsh Government, where best practice and common challenges are shared.

				Welsh Language Standards, the discussions are often relevant to More Than Just Words.	
35	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the Iaith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing Iaith Gwaith badges or lanyards. In our ICT systems we'll also capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding / resources to enable this to be delivered.) (*Short term*)	Health and social care bodies to update on work being taken forwards to support and promote the identification of Welsh speaking staff – including any work in relation to digital systems locally. DHCW to update on work happening at a national level to support this agenda.	Welsh Government / DHCW / health and social care bodies	Working Welsh Teams background is available to staff. The "Iaith Gwaith" (orange badge) resources (lanyards and badges) continue to be freely available to staff who speak or are learning Welsh and staff are encouraged to adopt these for use in a digital environment, such as in email signatures and on Teams backdrops. We will be working with our operational teams to identify ways to display markers for our Welsh speaking staff to enable our service users to identify them. The 111 service CAS (Clinical Assessment Software) IT system can capture language selection. However, this relies on agents completing this field as it's not mandatory.	Iaith Gwaith resources are accessible via our Welsh Language team.
37	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i	Health and social care bodies and NWSSP to update on work being taken forwards to develop and support the implementation of these resources.	Welsh Government / health and social care bodies / NWSSP	We are currently participating in the pilot project with NWSSP to	We have identified with NWSSP that a working group with Welsh Government and Social Care Wales needs to be created to create a high

	Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability. *(Short term- joint working on developing standard terms)*			share a translation memory system which helps with: 1) Quality of translations and using consistent terminology, and 2) Working together on collation of terminology, translation capacity and capability.	standard terminological corpus. We would wish for Welsh Government to lead on this piece of work to integrate to Byd Term Cymru which is hosted by Welsh Government and encourage conversations about this to happen during 2025/26.
42	All health bodies and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan.	All health bodies and local authorities to list the person responsible for ensuring delivery of the actions.	All health bodies and local authorities	Board Secretary appointed as person to be responsible for ensuring delivery on the actions and targets set in the plan.	
43	More than just words progress monitoring: Provide a written update on progress with actions on a 12 month basis *(First Annual Report – Summer 2023)*	Welsh Government will provide the update on this action.	All accountable organisations listed in this plan	The MTJW annual report reviewed by the Trust's Welsh Language Advisory group and senior managers.	

Completed form to be returned by no later than: 1 September 2025

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

AUDIT, RISK AND ASSURANCE COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	25 September 2025
Committee Meeting Date	02 September 2025
Chair	Peter Curran

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The revised **Standing Financial Instructions** (SFIs) were reviewed by the committee and are **before the board at this meeting for approval**. Amendments were made to Chapter 11 (procurement section) of the SFIs by Welsh Government in response to the Procurement Act 2023 and the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and their associated subordinate instruments. The changes align with broader governmental objectives, such as the Future Generations Act, aiming to embed well-being and sustainability into procurement decisions. The NHS Wales Shared Services Procurement team have now introduced new processes to ensure the Trust's procurement processes align with the legislation and the SFIs. The Trust is working with procurement to embed the internal processes with further training, where required, being developed.

2. Oversight of **near miss and low harm intelligence reporting** sits with the Quality, Patient Experience and Safety Committee (QuEST). ARAC receives annual assurance, similar to the approach taken with the Speaking Up Safety report, aligned with HFMA guidance. The latest assurance report from the Chair of QuEST provided only limited assurance, citing ongoing challenges within the Putting Things Right (PTR) Team to progress cultural work necessary to improve near miss reporting. Specifically, the PTR team are dealing with continued high levels of demand resulting from system pressures and increased investigation complexity. ARAC noted comments from the Executive Director of Quality and Nursing that the immediate priority is the PTR recovery plan to improve statutory and regulatory compliance. As a result, improvements in near miss and low harm reporting may not be forthcoming in the short term. ARAC has asked QuEST to keep this issue under active review and ensure it is not lost within the wider PTR recovery work. An update will be provided in six months, rather than waiting for the annual assurance cycle.

3. The **Risk Management Policy** was endorsed for approval by Trust Board. There were non-material updates to the policy.

ADVISE

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

4. A **pre-meet** was held with Audit Wales, Internal Audit and the committee Non-Executive Directors ahead of the meeting.

5. Following its 2024/25 effectiveness review, this committee (ARAC) initiated a **strategic assessment of the Trust's governance framework** to ensure it remains proportionate, aligned and fit for purpose. This is also a committee priority for 2025/26. This work responds to concerns around committee structure, meeting volume and increasing Non-Executive Directors in attendance, particularly for quoracy. The aim is to streamline oversight while maintaining assurance. Early mapping against strategic objectives suggests minimal change to the People and Culture, QUEST, Charity and Remuneration Committees, with more substantive proposals under consideration for the Finance and Performance Committee and ARAC. Pending options being presented to ARAC in December, which may include transferring the remit of the Academic Performance Committee (APC) to other committees, APC will continue to meet through 2025/26 to oversee the research portfolio and support the embedding of the Health Care Research Wales governance framework. ARAC agreed that the term "effectiveness reviews" be replaced with "quality and governance reviews," going forward to better illustrate their purpose.

6. The **All-Wales Audit Committee Chair's (AWACC) highlight report** was received, looking back at the activity over the last year. Peter Curran, Chair of ARAC, has taken over the Chair of AWACC for 12 months and will consider a reset to the committee's approach following a survey of Members and their expectations for its remit.

7. Members **reflected** that the meeting was open and lively, with recognition of ongoing maturity in risk management and integrated governance. The quality and succinctness of the reports were highlighted as supporting effective discussion, and there was acknowledgment of visible progress in audit work and governance. Overall, the session was viewed as very positive, with clear advancements in key areas, and with effective chairing.

ASSURE

(Detail here any areas of assurance the Committee has received)

8. **Audit Wales** confirmed that the main annual accounts audit had been completed and presented at the previous committee meeting, with no issues identified, and the Trust was commended for achieving a balanced financial position and strong financial management. The 2025/26 Structured Assessment is underway, with the deep dive for 2025/26 being a review of the arrangements to manage estates (due to be reported in March 2026). A review of NEPTS is also planned for later in the year. The deep dive review of investment in digital systems to support service resilience and transformation is also underway, with the Trust recently completing a self-assessment to inform the work. It is anticipated that the Structured Assessment and the Unscheduled Care Output Report will be available for the December ARAC meeting. A helpful link for board members with respect to cost savings arrangements was shared and is here for reference: Cost Savings Arrangements: A Checklist for NHS Board Members.

9. **Internal Audit** reported good progress against the 2025/26 plan with all KPIs showing as green. The following changes to the plan were agreed by the committee:

   (a) The scope of the capital provision audit has now been confirmed as a focus on the Ambulance Replacement Programme.

   (b) The audit planned for Remote Clinical Support will be replaced with a review of the Clinical Prioritisation and Assessment Software (CPAS) Group (the governance and workflow). This is due to the number of high-level changes currently flowing through CPAS with the implementation of the Clinical Model Transformation Programme. The Remote Clinical Support audit will take place in Q1 2026/27. Members were assured that these changes were appropriate.

10. The following Internal Audit reviews were completed during the quarter and presented to the Committee. Members reviewed the action plans that accompanied the audits and were assured they were appropriate and timely.

- **111 Website – Limited Assurance**. This is the last audit for the 2024/25 audit plan and had been delayed due to resourcing issues. It was taken in closed session due to the sensitive nature of management actions. The purpose of the review was to assess whether the 111 Wales website enables secure and effective provision of patient services. Members noted that the business case for recurrent resources has been submitted to Welsh Government and is key for several of the mitigations in a recently developed corporate risk for the website. The Finance and Performance Committee will discuss the audit in more detail at their September meeting.

- **Manchester Arena Inquiry – Substantial Assurance**. The purpose of this review was to review the progress made by the Trust to address and learn from the recommendations raised from the Manchester Arena Inquiry; and to assess the governance and reporting arrangements established, including a validation exercise to support the closure of actions.

  One medium-priority recommendation relating to MIST training was considered appropriate and will be monitored via the tracker by the Finance and Performance Committee. ARAC was able to take substantial assurance from the approach adopted by the team undertaking work connected to the MAI recommendations, including their logging of activity, approvals by relevant and necessary fora, and the evidence retained in support of concluding recommendations. Eighteen recommendations requiring financial investment have been referred to the Joint Commissioning Committee (JCC), with further discussions planned in the coming months. Members noted that the Trust remains at risk should a major incident occur before funding decisions are made, as some recommendations cannot be implemented without additional resources.

- **Organisational Change – Reasonable Assurance**. The purpose of this review was to evaluate the processes in place within the Trust to effectively manage organisational change. The audit found that organisational change processes are developing but need clearer guidance, better planning, consistent application, and improved monitoring. A high-priority finding and several medium-priority findings were accepted by management, with appropriate actions planned.

The importance of embedding lessons learned and benefits realisation through regular post-change reviews was emphasised, as was the need to view organisational change through a risk lens, highlighting the cumulative impact of multiple changes (both transformational and business-as-usual) on staff and the organisation. A heatmap is in development to visualise where change is concentrated and its potential risks. Members heard that the new tracker and checklist will help triangulate data and enable early, proactive mitigation of risks, such as increased staff turnover or attendance issues linked to change. People partners will play a key role in sharing information and identifying early warning signs. The People and Culture Committee will have oversight of these audit actions.

11. The Trust continues to progress its **Integrated Governance Programme**, which aims to streamline and unify governance structures and practices from 'floor to board'. Following the initial framework and tiering principles presented to ARAC in March 2025, the programme has moved into its next phase, focusing on practical tools and cultural improvements to enhance governance consistency, clarity, and accountability across the organisation.

    New front covers and SBARN templates were well received by the committee as was the writing and presentation guidance. The committee reviewed and endorsed the outline of the Accountability, Assurance and Governance Handbook which is a new resource for the Trust. This Q3 deliverable brings together, for the first time, a comprehensive view of our governance, risk and assurance arrangements, and provides practical tools and guidance to strengthen governance capability across all levels.

12. The committee received annual assurance from the Chair of the People and Culture Committee (PCC) regarding the Trust's **Speaking Up Safely** framework**.** Similar to the near miss report above, oversight of Speaking Up Safely sits with PCC, with annual assurance provided to ARAC aligned to HFMA guidance. This report demonstrated significant progress in embedding a culture that enables staff and volunteers to raise concerns confidentially, supported by the appointment of a full-time lead Guardian. The committee took assurance from the robust processes in place, and the ongoing commitment to further develop the framework, while recognising that achieving sustainable culture change is a long-term ambition. The committee will continue to monitor progress through regular reporting and engagement with the lead Guardian and People and Culture Committee.

13. The Trust's **policy work programme for 2025–26** has been revised from 62 to 55 policies following the deferral of seven items due to team capacity and interdependencies. While the original compliance target was 95% by March 2026, current projections suggest an achievable rate of 85%, with further review planned in Quarter 3. Notwithstanding the current slippage in the programme, the committee noted that progress remains positive, with compliance improving from 14% in September 2023 to a projected 50% in Quarter 3. ARAC will receive an update on that trajectory in December.

14. In May 2025 the board received a list of **changes to operating arrangements** for the board and its committees following the 2024/25 effectiveness reviews. There has been good progress, and no escalations were made.

15. The **Losses and Special Payments** were reviewed for the period from 01 April – 31 July 2025 and noted as being -£1.812 million. This relates to actual payments made, less the reimbursements received from the Welsh Risk Pool and does not relate to any adjustments made to the provision. During the four-month period to July 2025 the reimbursements received exceeded payment made by £1.812m.

16. The committee received the **Q1 2025/26 Audit Tracker** update. While the closure rate for internal audit actions fell to 23 percent (from 51 percent in Q4), there was positive progress in actions being closed on time and fewer revised deadlines, indicating more realistic initial timeframes. Forty-five percent of external audit recommendations were closed during the quarter. Twelve internal audit actions reached their final revised deadlines. Directors or deputies attended to confirm these dates are achievable and that associated risks are not worsening. One action, relating to 111 Commissioning, was closed during the meeting

17. The committee's **cycle of business monitoring report** was reviewed with no matters to escalate.

18. In private session the Committee received **the Local Counter Fraud** update report for the period 01 April 2025 to 31 July 2025. This report included a summary report from the NHS Counter Fraud Authority (NHSCFA) engagement visit in March 2025 and a related action plan. This engagement report provided assurance to the committee on the proposed actions to be completed by the Local Counter Fraud Service to address the NHSCFA recommendations from this visit. The counter fraud update included a summary of ongoing investigations: 11 cases have been closed in this period, with seven new referrals having been received. Additionally, **the tender update and single tender awards** were also received in private session, as was the audit tracker related to the Technical Resilience and Cyber Security Internal Audit recommendations.

RISK MANAGEMENT

19. The risk report was received which describes key elements of the **2025/26 risk management work programme** for committee's oversight. Members were assured in respect of the **Trust's principal risks** with no material changes this period. The full Board Assurance Framework (BAF) is available in the reading room.

20. Triangulation of the Manchester Arena Inquiry (MAI) Internal Audit Report against **Risks 594 and 641** were included noting ongoing discussions with the Joint Commissioning Committee to resolve the outstanding recommendations from the MAI Inquiry. Similarly, the Organisational Change Internal Audit Report was contextualised against **Risks 160, 163 and 558** in relation to sickness absence, trade union relationships, staff wellbeing and burnout seen as key factors in change management.

21. Members were assured that, despite multiple issues including patient harm and broader reputational and stakeholder risks, affecting the high rated score of **Risk 201**, these areas will be disaggregated into separate risks for more accurate scoring and future management. **Risk 542** will be presented utilising the new manage and monitor template at the December 2025 meeting.

22. In private session, Members received assurance on the detail of **Risk 620** and **Risk 260** noting that there were no material changes during this period. A focus on the likelihood score for both risks will be included at the closed FPC in September 2025.

23. The six **risk appetite statements** will be presented at the Board Development Day on 19 September 2025 ahead of Board approval.

24. Members welcomed Dan King, the Trust's **new Risk Manager** who is supporting the enterprise risk management programme and is exploring options for a new electronic risk management system for 2026/27.

COMMITTEE AGENDA FOR MEETING IN JUNE		
Standing Financial Instructions Changes	Internal Audit: - Progress report - MAI Audit - OCP Audit - Amendments to 25/25 plan	Audit Wales Update Report
Risk Management and BAF	Risk Management Policy	2025/26 effectiveness reviews
Integrated Governance Programme	Mid year review of changes to board and committee operating arrangements	Audit tracker
Bi-annual policy report	Assurance to ARAC on Speaking Up Safely Framework	Assurance to ARAC on Near Misses
Losses and special payments		

COMMITTEE ATTENDANCE						
Name	**1 May 2025[1]**	**24 Jun 2025[2]**	**2 Sep 2025**	**2 Dec 2025**	**2 Mar 2026**	
Peter Curran						
Ceri Jackson						
Rhiannon Beaumont-Wood						
Chris Turley						
Audit Wales	Fflur Jones	Fflur Jones	Fflur Jones			
Julie Boalch						
Judith Bryce	Jon Sweet		Pete Brown			
Christian Fox						
Carl Kneeshaw						
Osian Lloyd						
Trish Mills						
Liam Williams		Wendy Herbert				
Carl Window						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] The chairs of the Finance and Performance Committee (Jayne Beeslee) and QUEST (Bethan Evans) were in attendance for the committee effectiveness reviews

[2] Jason Killens, CEO, joined for the presentation and endorsement of the annual report and audited accounts

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General Information and

11.1 Procurement Services

11.1.1 While the Chief Executive is ultimately responsible for procurement, the service is delivered by NHS Wales Shared Services Partnership (NWSSP) Procurement Services ("**Procurement Services**").

11.1.2 Procurement staff employed by NWSSP provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with the Trust. Where the term Procurement staff'procurement staff' or department'department' is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of NWSSP Procurement Department, for example pharmacyServices, e.g.; 'Pharmacy' and works'Works', who undertake procurement on a devolved basis.

11.2 Policies and procedures

Procedures

11.2.1 NWSSP Procurement Services shall, on behalf of the Trust, maintain detailed policies and procedures for all aspects of procurement, including tendering and contracting processes. The policies and procedures shall comply with these SFIs, the NWSSP Procurement Manual, (existing and the Contract Notification Arrangements, future revised), and the Revised General Consent to enter Individual Contracts [included as Schedule 1 of these SFIs.

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11.2.2 The Chief Executive is ultimately responsible for ensuring that the Trust's Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

11.2.3 ~~NWSSP~~NWSSP's Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures are:

- ~~Are~~ kept up to date;
- ~~Conform~~conform to statutory requirements and regulations;
- ~~Adhere~~adhere to guidance issued by the Welsh Ministers; and
- ~~Are~~are consistent with the principles of sustainable development.

11.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

11.3 Legislation Governing Public Procurement

11.3.1 Legislation governs public sector procurement in the UK. From the 24 February 2025, the Procurement Act 2023 and associated subordinate instruments (together "**the 2023 Act**") and the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and associated subordinate instruments (together "**the PSR Wales Regulations**") are the key pieces of legislation which governs public sector procurement in the UK. The PSR Wales Regulations only apply to certain health services ("**In-Scope Health Services**") and further detail these can be found in the Welsh Government's statutory guidance titled "Health service procurement: statutory guidance". Goods and services which are not In-Scope Health Services ("**Goods and Non-Health Services**") fall within the scope of the 2023 Act. `

11.3.2 Where specific instruction relates only to procurements undertaken under the PSR Wales Regulations, the words **'In-Scope Health Services Only'** will appear at the start of the instruction paragraph. Where specific instruction relates only to procurements undertaken under the 2023 Act, the words **'Goods and Non-Health Services Only'** will appear at the start of the instruction paragraph. If such references do not appear at the start of the instruction paragraph, all information detailed is applicable to the procurement regimes under both the PSR Wales Regulations and the 2023 Act, save for any bracketed instruction reference following a phrase to either regimes applicability. Any instruction or summary of legislation in the Trust's SFIs is neither legal advice nor statutory guidance, is not intended to be exhaustive nor an authoritative statement of the law, nor is it intended to override

existing legal obligations applicable to the Trust. The law is subject to constant change and the Trust should seek its own legal advice as appropriate.

11.3.3 **'Goods and Non-Health Services Only'** The 2023 Act governs the procurement of Goods and Non-Health Services. The Welsh Government's Policy Framework and the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act also govern this area. A key objective of the legislation is to establish a flexible, accessible and equitable framework for public procurement in Wales that maximises social, economic, environmental and cultural outcomes for communities across Wales. Legislation, policy, and guidance setting out procedures and requirements for awarding all forms of regulated contracts shall have effect as if incorporated in the Trust's SFIs. **In the event of any conflict between what is contained in the 2023 Act and the Trust's SFIs, the former shall prevail.**

11.3.4 **'In Scope Health Services Only'** The PSR Wales Regulations governs the procurement of In-Scope Health Services. Under this legislation, relevant organisations to which the PSR Wales Regulations apply must also have regard to the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act. They must also have regard to the statutory guidance issued by the Welsh Government which sets out how the PSR Wales Regulations should be adopted. One of the key objectives of this legislation is to ensure there is more flexibility when selecting providers for health services, with competitive tendering being one tool for the Trust to use when it is of benefit; alongside other routes that may be more proportionate, and which better enable the development of stable partnerships and the delivery of collaborative care. Legislation, policy, and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the Trust's SFIs. **In the event of any conflict between what is contained in the PSR Wales Regulations and the Trust's SFIs, the former shall prevail.**

11.3.5 All Directors and their staff are responsible for ensuring that all legal requirements in the area of public procurement are understood and fully complied with. The provisions set out in the 2023 Act, the PSR Wales Regulations, Welsh Procurement Policy Notices and all associated subordinate instruments are the model upon which all procurement exercises should be based.

11.3.6 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed

between the Trust's and Procurement Services e.g., engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

11.3.7 All other relevant legislation, guidance and policy documents must also be observed, including but not limited to the following:

- Social Partnership and Public Procurement (Wales) Act 2023
- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.
- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'
- The Welsh Government Procurement Policy Framework, including:
  - Wales Procurement Policy Notes (extant at the time of undertaking the procurement exercise)
  - The Wales Procurement Policy Statement (WPPS) (section 14 of the Procurement Act 2023)

11.4 Procurement Principles and Objectives

11.~~3~~4.1. The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by the Trust to perform its functions, and furthermore embrace all building, equipment, consumables, and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

~~11.3.2 The main legal and governing principles guiding public procurement and which are incorporated into these SFIs are:~~

- ~~Transparency: public bodies should ensure that there is openness and clarity on procurement processes and how they are implemented;~~
- ~~Non-discrimination: public bodies may not discriminate between suppliers or products on grounds of their origin;~~
- ~~Equal treatment: suppliers should be treated fairly and without discrimination, including in particular equality of opportunity and access to information;~~
- ~~Proportionality: requirements and conditions in the procurement should be reasonable in proportion to the object of procurement and measures taken should not go beyond what is necessary;~~
- ~~Legality: public bodies must conform to European Community and other legal requirements;~~
- ~~Integrity: there should be no corruption or collusion with suppliers or others;~~
- ~~Effectiveness and efficiency: public bodies should meet the commercial, regulatory and socio-economic goals of government in a balanced manner appropriate to the procurement requirement;~~
- ~~Efficiency: procurement processes should be carried out as cost effectively as possible and secure value for money.~~

~~11.4 Legislation Governing Public Procurement~~

~~11.4.1 There are a range of EU Directives which set out the EU legal framework for public procurement. These EU Directives have been implemented into UK law by statutory regulations which govern public sector procurement, the primary statutory regulations in Wales being 'The Public Contracts Regulations 2015 No. 102.' From 1 January 2021, all aspects of EU law in respect of the EU Directives relating to public procurement, except where expressly stated otherwise by domestic legislation, will continue to govern public sector procurement, although further amendments or developments of EU related procurement law following this will not be incorporated into domestic law. The Welsh Government policy framework and the~~

~~Wales Procurement Policy Statement (WPPS) also govern this area. One of the key objectives of governing legislation is to ensure public procurement markets are open and that there is free movement of supplies, services and works. Legislation, policy and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the Trust's SFIs.~~

~~11.4.2 The main Regulations (the Public Contracts Regulations 2015 No. 102) cover the whole field of procurement, including thresholds above which special and demanding procurement protocols and legal requirements apply. All Directors and their staff are responsible for seeing that those Regulations are understood and fully implemented. The protocols set out in the Regulations, and any Procurement Policy Notices, are the model upon which all formal procurement shall be based.~~

~~11.4.3 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between the Trust and Procurement Services e.g. Engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.~~

~~11.4.4 Other relevant legislation and policy include:~~

- ~~The Well-being of Future Generations (Wales) Act 2015~~
- ~~Welsh Language (Wales) Measure 2011~~
- ~~Modern Slavery Act 2015~~

11.4.2 **'Goods and Non-Health Services Only'** The legal and governing principles guiding 'covered procurement' under the 2023 Act, and incorporated into these SFIs include but are not limited to the following:

- Having regard to the objectives of delivering value for money; maximising public benefit; sharing information for the purpose of allowing suppliers and others to understand the authority's procurement policies and decisions; acting, and being seen to act, with integrity; and removing or reducing the barriers faced by SMEs.
- Ensuring equal treatment by treating suppliers the same, unless differences between the suppliers justify different treatment (and where different treatment of suppliers is justified, to take all reasonable steps to make sure

the different treatment does not put a supplier at an unfair advantage or disadvantage).

11.4.3 **'In Scope Health Services Only'** The legal and governing principles guiding procurement of In-Scope Health Services under the PSR Wales Regulations, and incorporated into these SFIs include but is not limited to the Trust doing the following:

- Making decisions in the best interests of people who use the service by acting with a view to (1) securing the needs of the people who use the services; (2) improving the quality of the services; (3) improving efficiency in the provision of the services;
- Acting transparently, fairly, and proportionately;
- Having regard to the Welsh Government's Health service procurement: statutory guidance; and
- Having regard to the~~Bribery Act 2010~~
- ~~Equality Act 2010~~
- ~~Welsh Government's Code of Practice for Ethical Employment in Supply Chains.~~
- ~~The Producer Responsibility Obligations (Packaging Waste) Regulations 2007~~
    - ~~Welsh Government 'Towards zero waste: our waste strategy'~~
    - ~~The Welsh Government Policy Framework~~
- ~~The~~ Wales Procurement Policy Statement ~~(WPPS)~~published under section 14 of the 2023 Act.

11.5 Procurement Procedures

11.5.1 To ~~ensure~~ help towards ensuring that the Trust is ~~fully~~ compliant with ~~UK Procurement Regulations,~~

~~EU Procurement Directives~~the legislation governing public sector procurement in the UK, and Welsh Ministers' guidance and policy, the Trust shall, through ~~NWSSP~~ Procurement Services, ensure that it shall have procedures that set out:

a) ~~Requirements~~requirements for, and exceptions to, formal competitive tendering ~~requirements;~~(**'Goods and Non-Health Services Only'**);
b) ~~Tendering~~tendering processes including post tender discussions;
c) ~~Requirements~~requirements and exceptions to obtaining quotations~~;~~ (**'Goods and Non-~~Evaluation~~Health Services Only')**;
d) evaluation and scoring methodologies; and
e) ~~Approval~~approval of firms for providing goods and services.

11.5.2 All procurement procedures ~~shall reflect~~must comply with all relevant legislation, the Welsh Ministers' guidance and the Trust's delegation arrangements and approval processes.

11.6 ~~Procurement Consent and~~ Notification to Welsh Government and consent from the Welsh Ministers

11.6.1 ~~Paragraph 14(2) of Schedule 3 to the National Health Service (Wales) Act 2006 allows the Trust to:~~

- ~~Acquire and dispose of property;~~
- ~~Enter into contracts; and~~
- ~~Accept gifts of property (including property to be held on trust, either for the general or any specific purposes of the NHS trust or for any purpose relating to the health service).~~

~~11.6.2~~ **Schedule 1** details the requirement ~~process for contract~~and notification ~~for Trusts.~~process for entering into contracts.

11.6.2 The provisions of Schedule 1 do not remove the requirement for the Trust to comply with Standing Orders, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

Planning

11.7 Sustainable Procurement

11.7.41 To further nurture the Welsh economy, and in support of social, environmental and, economic regeneration, Trustsand cultural goals in Wales, the Trust must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible. The principles of the Well-being of Future Generations (Wales) Act 2015 (WBFGA 2015) and within the legislative framework. The principles of the Well-being of Future Generations (Wales) Act 2015 ("**the WBFG Act 2015**") should be adopted at the earliest stage of procurement planning. Procurement solutions must be developed embracing the five ways of working described within the Act and capture how they will deliver against the seven goals set out in the Act.

11.7.2 The WBFGA 2015 requires that bodies listed under the Act must operate in a manner that embraces sustainability. The Act requires public bodies in WalesFor example, the WBFG Act 2015 requires affected public bodies to act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. The WBFG Act 2015 also provides for a shared purpose through seven well-being goals for Wales which are indivisible from each other and explain what is meant by the wellbeing of Wales.

to think about the long-term impact of their decisions, to work better with
people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.

11.7.3 The 7 Wellbeingseven well-being goals are:

- a prosperous Wales;
- a resilient Wales;
- a healthier Wales;

- a more equal Wales;
- a Wales of cohesive communities;
- a Wales of vibrant culture and thriving Welsh language; and
- a globally responsible Wales.

11.~~These goals have been put~~7.4 The WBFG Act 2015 puts in place a "sustainable development principle" which tells relevant public bodies how to ~~improve the social, economic, environmental, and cultural~~go about meeting their well-being ~~of Wales.~~

~~11.7.4 Public~~duty. Such bodies need to make sure that when making their decisions they take into account the impact they could have on people living ~~their lives~~ in Wales now and in the future. The WBFG Act ~~expects them~~2015 includes five principles that those public bodies need to~~:~~ think about to show they have applied the sustainable development principle, which by way of brief summary are as follows:

- ~~work together better~~
- ~~involve~~Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives;
- Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies;
- The importance of involving people ~~reflecting~~with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of ~~our communities~~the area which the body serves;
- ~~look~~The importance of balancing short-term needs with the need to safeguard the long-term ~~as well as focusing on now~~
- ~~take action to try~~needs; and ~~stop~~
- How acting to prevent problems occurring or getting worse ~~- or even stop them happening in the first place.~~may help public bodies meet their objectives.

11.7.5 The Trust is required to consider the ~~Welsh Government Guidance on Ethical Procurement and the new Code of Practice on Ethical Employment in supply chains which~~Welsh Government Guidance on Ethical Employment Practices in Public Sector Supply Chains and the Code of Practice on ethical employment in supply chains which

includes aims to commit public, private and third sector organisations to a set of actions that tackle illegal and unfair employment practices including blacklisting,designed to eliminate modern slavery and living wage.
support ethical employment practices.

11.7.6 The Trust shall make use of the tools developed by Value WalesWelsh Government Commercial Delivery team in implementing the principles of the WBFGAWBFG Act 2015. -The Trust shall benchmark its performance against the WBFGAWBFG Act 2015. ForAs detailed in WPPN 005, for the procurement of all contracts over £25,000, the Trust shallTrust's are required to take into account ofthe social, economic and, environmental issues when making procurement decisionsand cultural goals in the WBFG Act 2015 using the Sustainable Risk Assessment Template (Sustainable Risk Assessment Template (SRA).

11.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

11.8.1 In accordance with the 'covered procurement' objectives in the 2023 Act, Welsh GovernmentGovernment's commitments policyare set out in the current WPPS and subsequent versions of this statementthe WPPS, the Trust shall ensure that it provides opportunities for these organisationsSMEs, TSOs and SFBs to quote or tender for its business.
contracts.

11.9 Planning Procurements

11.9.1 The Trust must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks and requirements governing public procurement and the requirement of open competition..

11.9.2 Depending on the value of the procurement, aA process of planning theall procurement exercises must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders., depending on the value, risk and complexity of the procurement). The purpose of a planning phase is to determine:

- the likely financial value of the procurement, ,including whole life cost;
- the likely 'route to market' which will consider the legislative and policy framework set out above.;
- Thethe availability of funding to be able to award a contract following a successful procurement process.; and
- Thatthat the procurement follows current legislative and policy frameworks including Value Based Procurement.

11.9.3 The procurement specification should factor in the 4four principles of prudent healthcare:

- Equalequal partners through co-production;
- Carecare for those with the greatest health need first;
- Dodo only what is needed; and
- Reducereduce inappropriate variation.

For **'Goods and Non-Health Services Only'** Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. For **'In Scope Health Services Only'** Value Based Healthcare should be considered under the Key Criteria 'Value' where this is appropriate and applicable.

Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement. (and is also a core objective of the 2023 Act).

11.9.4 Where free of charge services are made available to the Trust, NWSSP Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that the Trust does not unintentionally commit itself to a single provider or longer-term commitment. Regular reports on free of charge services provided to the Trust should be submitted by the Board Secretary to the Audit Committee.

11.9.5 Trusts are required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

Joint or Collaborative Initiatives

11.9.6 Specialist advice should be obtained from Welsh GovernmentGovernment's Health and Social Care Finance department, and the opinions of NWSSP Procurement Services and NWSSP Legal and Risk prior to external opinion being sought, where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

11.10 Procurement Process

11.10.1 Where there is a requirement for goods or services, the manager must source those goods or services from the Trust'sTrusts's approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as National Procurement Servicethose provided by the Welsh Government Commercial Delivery team, NHS Supply Chain

or Crown Commercial Services. -The use of suitable Welsh frameworks (where access is permissible) shall take precedence over frameworks led by ~~Public Sector Bodies~~public sector bodies outside of Wales.

11.10.2 **'Goods and Non-Health Services Only' -** In the absence of an existing suitable procurement framework to source the required item, a competition must be ~~run~~operated in accordance with the table below. ~~Trust's~~The Trust must ensure the value of their requirement considers cumulative spend across the Trust for like requirements and opportunity for collaboration with other ~~Trusts and Health Boards~~NHS Wales organisations:

TABLE 'Goods and Non-Health Services Only'

Goods/Services/Works Whole Life Cost Contract value **(figures excl. VAT)**	**Minimum competition** (1)	**Form of Contract**
Below £5,000	Evidence of value for money has been achieved	Purchase Order
£5,000 - £24,999	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
£25,000 plus to the prevailing Procurement Act 2023 threshold (2)	Advertised open call for competition. Minimum of 4 tenders received if available	Formal contract and Purchase Order
Over the prevailing Procurement Act 2023 threshold	Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route	Formal contract and Purchase Order
Contracts above £1 million	Welsh Government notification required (3)	Formal contract and Purchase Order

(1) Subject to the existence of suitable suppliers
(2) The Procurement Act 2023 - Schedule 1 – threshold amounts (3) In accordance with the requirements set out in Schedule 1.

11.
11.10.310.3 **'In Scope Health Services Only'** - In the absence of an existing suitable procurement framework to source the required item, Trusts are required to follow the most appropriate and proportionate procurement process as set out under the PSR Wales Regulations and the health service procurement: statutory guidance. Trusts should note that one of the key objectives of these regulations are to provide more flexibility when selecting providers for health services with competitive tendering being one tool for Trusts to use when it is of benefit; alongside other routes that may be more proportionate, with a view to enabling the development of stable supplier partnerships and the delivery of collaborative care. Legislation, policy, and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the Trust's SFIs.

11.10.4 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

Competition Requirements

11.11 Procurement Thresholds

11.11.1 **'Goods and Non-Health Services Only'** The following table summarisesTrust must consider the minimum thresholds for quotes and competitive tendering arrangements when undertaking a procurement. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in EU Procurement Directives and UK Procurement Regulations.Schedule 1 of the 2023 Act.

~~Goods/Services/Works Whole Life Cost Contract value (excl. VAT)~~	~~Minimum competition[1]~~	~~Form of Contract~~
~~<£5,000~~	~~Evidence of value for money has been achieved~~	~~Purchase Order~~
~~>£5,000 - <£25,000~~	~~Evidence of 3 written quotations~~	~~Simple Form of Contract/Purchase Order~~
~~>£25,000 – Prevailing OJEU threshold~~	~~Advertised open call for competition. Minimum of 4 tenders received if available.~~	~~Formal contract and Purchase Order~~
~~>OJEU threshold~~	~~Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route.~~	~~Formal contract and Purchase Order~~
~~Contracts above £1 million~~	~~Welsh Government approval required[2]~~	~~Formal contract and Purchase Order~~

~~[1] subject to the existence of suitable suppliers~~

~~[2] in accordance with the requirements set out in SO 11.6.~~

11.11.2 **'Goods and Non-Health Services Only'** Advice from the Procurement Services must be sought for all requirements in excess of £5,000~~.~~ (excluding VAT).

11.11.3 **'Goods and Non-Health Services Only'** The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid

these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].

~~to risk of legal challenge and could result in disciplinary action against an individual[s].~~

11.11.4 **'Goods and Non-Health Services Only'** Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000~~,~~ (excluding VAT), must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 (excluding VAT) and require competition.

11.11.5 **'In Scope Health Services Only'** There is no minimum threshold for application of the PSR Wales Regulations.

11.12 Designing Competitions

11.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- ~~Required~~required timescales are achievable.
- ~~Specifications~~specifications are drafted which:
  - are fit for inclusion in competition documents; ~~o~~
  - are drafted in a manner encouraging innovation by the market; o are capable of being responded to and do not narrow competition; ~~o~~
  - deliver in line with legislative and policy frameworks; o include robust performance measures to effectively measure and manage supplier performance; and
  - consider the ability of the market to deliver.

11.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider health and social care communities. **'Goods and Non-Health Services Only',** under the 2023 Act there is a requirement to set and publish at least 3 Key Performance Indicators (KPI's) for contracts above

£5m, and to publish a notice on these at least annually during the term of the contract (note: this does not apply to 'light touch regime' contracts).

11.12.3 **'Goods and Non-Health Services Only'** Criteria for selecting suppliers and achieving an award recommendation must:

11.12.3 be evaluated on the basis of the "Most Advantageous Tender", which provides contracting authorities with greater flexibility to take into account wider social and environmental issues where that is decided to be relevant for the best solution. Such criteria must:

- be appropriately weighted in consideration of quality/price;;
- consider cost of change where relevant;
- be transparent and proportionate;
- deliver value for money outcomes;
- fully explore complexity/risk; and
- consider whole life cost.costs, including (where appropriate) the cost of change and / or end of life costs.

11.12.4 **'In-Scope Health Services Only'** Criteria for selecting suppliers and achieving an award recommendation must follow (where applicable) the provisions in the PSR Wales Regulations, regarding:

- Key Criteria (regulation 6);
- Basic Selection Criteria (regulation 22); and
- Exclusions (regulations 25 and 26)

Trusts are required to ensure the appropriate criteria is set with regards the selected procurement process, as set out under the PSR Wales Regulations and Health service procurement: statutory guidance".

11.13 Single Quotation Application (SQA) or Single Tender Application (STA) - 'Goods and Non-Health Services Only'

11.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing

requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- ~~Follow~~follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);
- ~~A~~a technical compatibility issue which needs to be met e.g~~.~~., specific equipment required, or compliance with a warranty cover clause;
- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- ~~When~~when joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all~~-~~-Wales competition/National strategy.

11.13.2 Procurement Services must be consulted prior to any such application being submitted for approval. The ~~Executive~~ Director of Finance ~~and Corporate Resources~~ must approve such applications up to £25,000, the Chief Executive or designated deputy, and ~~Executive~~ Director of Finance ~~and Corporate Resources~~, are required to approve applications exceeding £25,000. A register must be kept for monitoring purposes and all single tender actions must be reported to the Audit Committee.

11.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and ~~Executive~~ Director of Finance ~~and Corporate Resources~~, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:

- ~~Robust~~robust justification is provided;
- ~~A~~a value for money test has been undertaken;

- ~~N~~no bias towards a particular supplier;
- ~~Future~~future competitive processes are not adversely affected;
- ~~N~~no distortion of the market is intended;
- ~~A~~an acceptable level of assurance is available before presentation for approval in line with the ~~Trust~~Trust's Scheme of Delegation; and
    - ~~A~~an "or equivalent" test has been considered proving the request is justified.

11.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the Trust has already entered into an arrangement directly.

11.13.5 As SQA~~/ STAs~~ or STA are only used in exceptional circumstances~~,~~ the Trust, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, ~~Executive~~ Director of Finance ~~and Corporate Resources~~ or NWSSP Director of Procurement Services to prevent ~~recurrence~~repeated inappropriate use of SQA or STA by the Trust.

11.13.6 The Audit Committee may consider further steps to be appropriate, such as:

- ~~Instruct~~instruct a representative of the Trust to attend Audit Committee;
- ~~Escalate~~escalate to the Board;
- ~~Request~~request an internal Audit Review;
- ~~Request~~request further training; or
- ~~Take~~take internal disciplinary action.

11.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. The Procurement Manual details schedule of departures from SQA/STA where competition not possible.

11.13.8 For performance monitoring purposes, the NWSSP Procurement ServiceServices will retain a central register of all such activity including SQA/STAsSTA's not endorsed by Procurement Services or any exceptional matters.

11.14 Disposals

- 'Goods and Non-Health Services Only'

11.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.

11.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g.
., Waste Electrical and Electronic Equipment (WEEE)) and the procedures of the Trust making use of any agreements covering the disposal of such items.

11.14.3 The Trust must obtain the best possible market price.

Approval & Award

11.15 Evaluation, Approval and Award

11.15.1 The evaluation of procurement competitions via quotation or tender, must be undertaken by a minimum of 2 evaluators from within the operational service of the Trust. Evaluation Teamsteams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.

11.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.

11.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.

11.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.

11.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

Implementation & Contract Management

11.16 Contract Management

11.16.1 Contract ~~Management~~management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money. The relevant budget holder shall oversee and manage each contract on behalf of the Trust so as to ensure that these implicit obligations are met. This contract management will include:

- ~~Retaining~~retaining accurate records;
- ~~Monitoring~~monitoring contract performance measures;
- ~~Engaging~~engaging suppliers to ensure performance delivery;
- ~~Implementing~~implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and
- ~~Permitting~~permitting stage payments as part of a formally agreed implementation/delivery plan which must be supported by written evidence issued by the budget holder.

11.16.2 Contract management on All Wales contracts will be provided by ~~NWSSP~~ Procurement Services.

11.16.3 Advice on ~~best practice on~~ Contract Management best practice is available from ~~NWSSP~~ Procurement Services.

11.17 Extending and Varying Contracts

11.17.1 **'Goods and Non-Health Services Only'**

11.17.1.1 Extending, modifying, or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g~~.~~., scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

~~11.17.2 If there is no such provision, the Public Contracts Regulations 2015 define such limitations.~~

~~11.17.3 The Public Contracts Regulations 2015 provide further constraints on this matter, under which modifications/variations/extensions are capped at 50% of the original award value.~~

~~11.17.4~~11.17.1.2 If there is no such provision, the 2023 Act defines such limitations. Further information on contract modifications can be found in sections 74-77 of the 2023 Act and in Guidance: Contract Modifications.

11.17.2 **'In-Scope Health Services Only'**

11.17.2.1 Modification of the scope of an existing contract is possible if the modification is clearly and unambiguously provided for in the original contract or framework agreement documents, or the original contract was awarded under Direct Award Process 1 and the modification does not render the contract 'materially different' in character.

11.17.2.2 If provisions set out in 11.17.2.1 are not met, the PSR Wales Regulations define limitations concerning modifications of contracts as being, the modification must be:

- solely a change in the identity of the provider however continues to meet the basic selection criteria, and there are no other considerable changes to the contract; or
- made in response to external factors beyond the control of the 'relevant authority' (as defined under section 10A of the National Health Service (Wales) 2006), and the provider, for example changes in patient or service user volume; changes in prices in accordance with a formula provided for in the contract documents and neither of these modifications render the contract or framework agreement materially different in character; or
- made at the discretion of the relevant authority and does not render the contract or framework agreement materially different in character and the cumulative change in the estimated lifetime value of the contract or framework agreement is under £500,000 or is under 25% of the estimated lifetime value.

11.17.3 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

11.17.~~5~~4 If there was no provision to extend, further approvals are required from the Trust budget holder and the ~~local~~Trust's Head of Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

11.17.~~6~~5 This ensures an appropriate identification and assessment of potential risks to the ~~Trusts~~Trust's compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

11.17.~~7~~6 The budget holder must seek advice from ~~NWSSP~~ Procurement Services in advance of committing further expenditure to ensure the contract is reflective of

requirements. The budget holder must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

Transactional Processes

11.18 Requisitioning

11.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. –The budget holder will source those goods **('Goods and Non-Health Services Only')** or services from the approved catalogue. -Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as ~~National Procurement Service~~those managed by Welsh Government Commercial Delivery team, NHS Supply Chain or Crown Commercial Services.

11.18.2 Where a required item is not on catalogue or on framework contract~~,~~ the budget manager shall request the ~~NWSSP~~ Procurement Services to undertake quotation / tendering exercises **('Goods and Non-Health Services Only')** on their behalf in line with SFI
11.11 thresholds~~.~~
('Goods and Non-Health Services Only').

11.18.3 All orders for goods **('Goods and Non-Health Services Only')** and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.19 No Purchase Order, No Pay

11.19.1 The Trust will ensure compliance with the 'No Purchase Order, No Pay' policy, the All-Wales policy which was introduced to ensure that Procure to Pay continues to provide worldhigh-class services on a 'Once for Wales' basis.

11.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.20 Official Orders orders

11.20.1 Official Orders, issued following approved requisition and sourcing, must:

a) Be consecutively numbered;

b) State the Trust'sTrust's terms and conditions of trade.

b)

11.20.2 Official Orders will be issued on behalf of the Trust by NWSSP Procurement Services.

SCHEDULE 1

12. HEALTH CARE AGREEMENTS AND GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The Chief Executive is responsible for ensuring the Trust enters into suitable Health Care Agreements (or Individual Patient Commissioning Agreements, where appropriate) for its provision of health care services.

12.1.2 All Health Care Agreements should aim to implement the agreed priorities contained within the Integrated Medium Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

The standardsThis schedule included as "General Consent to enter individual contracts" replaces all previous versions of Schedule 1 and should be read in conjunction with the revised Model Standing Financial Instructions (SFI's) issued in relation to Chapter 11 for Local Health Boards and NHS Trusts and Chapter 12 for Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW).

PROCESSES FOR NHS WALES CONTRACTS, AND INTERESTS IN PROPERTY

- Paragraph 13 of service quality expected;
- The relevant quality, governance and risk frameworks and plans;
- The relevant national service framework (if any);
- The provision of reliable information on quality, volume and cost of service; and
- That the agreements are based on integrated care pathways.

12.1.3 All agreements must be in accordance with the functions conferred on the Trust by the Welsh Ministers.

12.2 Statutory provisions

TheSchedule 2 to the National Health Service (Wales) Act 2006 (c. 42) enables NHS Trusts to commission certain healthcare services. Section 7 sets out the definition of

an NHS contract, being an arrangement under which one health service body arranges for the provision to it by another of goods or services which it reasonably requires for the purposes of its functions. It also provides a definition of a health service body.states as follows:

12.3 Reports*"(1) Subject* to **Board on** *sub-paragraph (3), a Local Health* **Care Agreements (HCAs)**

12.3.1 The Chief Executive will need to ensure that regular reports are provided to the Board detailing performance, quality and associated financial implications of all health care agreements. These reports will be linked to, and consistent with, other Board reports on quality and financial performance.

11. PROCUREMENT AND CONTRACTING

Any instruction or summary of legislation in this chapter of the Trust's SFIs is neither legal advice nor statutory guidance, is not intended to be exhaustive, nor an authoritative statement of the law, nor is it intended to override existing legal obligations applicable to the Trust. The law is subject to constant change and the Trust should seek its own legal advice as appropriate as well as consult with NHS Wales Shared Services Partnership (NWSSP) Procurement Services.

In the event of any conflict between what is contained in legislation and the Trust's SFIs, the former shall prevail.

General Information

11.1 Procurement Services

11.1.1 While the Chief Executive is ultimately responsible for procurement, the service is delivered by NHS Wales Shared Services Partnership (NWSSP) Procurement Services ("**Procurement Services**").

11.1.2 Procurement staff employed by NWSSP provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with the Trust. Where the term 'procurement staff' or 'department' is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of Procurement Services, e.g.; 'Pharmacy' and 'Works', who undertake procurement on a devolved basis.

11.2 Policies and Procedures

11.2.1 Procurement Services shall, on behalf of the Trust maintain detailed policies and procedures for all aspects of procurement, including tendering and contracting processes. The policies and procedures shall comply with these SFIs, the NWSSP Procurement Manual (existing and future revised), and the Revised General Consent to enter Individual Contracts [included as Schedule 1 of these SFIs].

11.2.2 The Chief Executive is ultimately responsible for ensuring that the Trust's Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

11.2.3 NWSSP's Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures are:

- kept up to date;
- conform to statutory requirements and regulations;
- adhere to guidance issued by the Welsh Ministers; and
- are consistent with the principles of sustainable development.

11.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

11.3 Legislation Governing Public Procurement

11.3.1 Legislation governs public sector procurement in the UK. From the 24 February 2025, the Procurement Act 2023 and associated subordinate instruments (together "**the 2023 Act**") and the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and associated subordinate instruments (together "**the PSR Wales Regulations**") are the key pieces of legislation which governs public sector procurement in the UK. The PSR Wales Regulations only apply to certain health services ("**In-Scope Health Services**") and further detail these can be found in the Welsh Government's statutory guidance titled "Health service procurement: statutory guidance". Goods and services which are not In-Scope Health Services ("**Goods and Non-Health Services**") fall within the scope of the 2023 Act. `

11.3.2 Where specific instruction relates only to procurements undertaken under the PSR Wales Regulations, the words **'In-Scope Health Services Only'** will appear at the start of the instruction paragraph. Where specific instruction relates only to procurements undertaken under the 2023 Act, the words **'Goods and Non-Health Services Only'** will appear at the start of the instruction paragraph. If such references do not appear at the start of the instruction paragraph, all information detailed is applicable to the procurement regimes under both the PSR Wales Regulations and the 2023 Act, save for any bracketed instruction reference following a phrase to either regimes applicability. Any instruction or summary of legislation in the Trust's SFIs is neither legal advice nor statutory guidance, is not intended to be exhaustive nor an authoritative statement of the law, nor is it intended to override existing legal obligations applicable to the Trust. The law is subject to constant change and the Trust should seek its own legal advice as appropriate.

11.3.3 **'Goods and Non-Health Services Only'** The 2023 Act governs the procurement of Goods and Non-Health Services. The Welsh Government's Policy Framework and the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act also govern this area. A key objective of the legislation is to establish a flexible, accessible and equitable framework for public procurement in Wales that maximises social, economic, environmental and cultural outcomes for communities

across Wales. Legislation, policy, and guidance setting out procedures and requirements for awarding all forms of regulated contracts shall have effect as if incorporated in the Trust's SFIs. **In the event of any conflict between what is contained in the 2023 Act and the Trust's SFIs, the former shall prevail.**

11.3.4 **'In Scope Health Services Only'** The PSR Wales Regulations governs the procurement of In-Scope Health Services. Under this legislation, relevant organisations to which the PSR Wales Regulations apply must also have regard to the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act. They must also have regard to the statutory guidance issued by the Welsh Government which sets out how the PSR Wales Regulations should be adopted. One of the key objectives of this legislation is to ensure there is more flexibility when selecting providers for health services, with competitive tendering being one tool for the Trust to use when it is of benefit; alongside other routes that may be more proportionate, and which better enable the development of stable partnerships and the delivery of collaborative care. Legislation, policy, and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the Trust's SFIs. **In the event of any conflict between what is contained in the PSR Wales Regulations and the Trust's SFIs, the former shall prevail.**

11.3.5 All Directors and their staff are responsible for ensuring that all legal requirements in the area of public procurement are understood and fully complied with. The provisions set out in the 2023 Act, the PSR Wales Regulations, Welsh Procurement Policy Notices and all associated subordinate instruments are the model upon which all procurement exercises should be based.

11.3.6 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between the Trust's and Procurement Services e.g., engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.

11.3.7 All other relevant legislation, guidance and policy documents must also be observed, including but not limited to the following:

- Social Partnership and Public Procurement (Wales) Act 2023
- The Well-being of Future Generations (Wales) Act 2015
- Welsh Language (Wales) Measure 2011
- Modern Slavery Act 2015
- Bribery Act 2010
- Equality Act 2010
- Welsh Government's Code of Practice for Ethical Employment in Supply Chains.

- The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
- Welsh Government 'Towards zero waste: our waste strategy'
- The Welsh Government Procurement Policy Framework, including:
    - Wales Procurement Policy Notes (extant at the time of undertaking the procurement exercise)
    - The Wales Procurement Policy Statement (WPPS) (section 14 of the Procurement Act 2023)

11.4 Procurement Principles and Objectives

11.4.1. The term "procurement" embraces the complete process from planning, sourcing to taking delivery of all works, goods and services required by the Trust to perform its functions, and furthermore embrace all building, equipment, consumables, and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

11.4.2 **'Goods and Non-Health Services Only'** The legal and governing principles guiding 'covered procurement' under the 2023 Act, and incorporated into these SFIs include but are not limited to the following:

- Having regard to the objectives of delivering value for money; maximising public benefit; sharing information for the purpose of allowing suppliers and others to understand the authority's procurement policies and decisions; acting, and being seen to act, with integrity; and removing or reducing the barriers faced by SMEs.
- Ensuring equal treatment by treating suppliers the same, unless differences between the suppliers justify different treatment (and where different treatment of suppliers is justified, to take all reasonable steps to make sure the different treatment does not put a supplier at an unfair advantage or disadvantage).

11.4.3 **'In Scope Health Services Only'** The legal and governing principles guiding procurement of In-Scope Health Services under the PSR Wales Regulations, and incorporated into these SFIs include but is not limited to the Trust doing the following:

- Making decisions in the best interests of people who use the service by acting with a view to (1) securing the needs of the people who use the services; (2) improving the quality of the services; (3) improving efficiency in the provision of the services;
- Acting transparently, fairly, and proportionately;
- Having regard to the Welsh Government's Health service procurement: statutory guidance; and

- Having regard to the Wales Procurement Policy Statement published under section 14 of the 2023 Act.

11.5 Procurement Procedures

11.5.1 To help towards ensuring that the Trust is compliant with the legislation governing public sector procurement in the UK, and Welsh Ministers' guidance and policy, the Trust shall, through Procurement Services, ensure that it shall have procedures that set out:

a) requirements for, and exceptions to, formal competitive tendering (**'Goods and Non-Health Services Only'**);
b) tendering processes including post tender discussions;
c) requirements and exceptions to obtaining quotations (**'Goods and Non-Health Services Only')**;
d) evaluation and scoring methodologies; and
e) approval of firms for providing goods and services.

11.5.2 All procurement procedures must comply with all relevant legislation, the Welsh Ministers' guidance and the Trust's delegation arrangements and approval processes.

11.6 Notification to Welsh Government and consent from the Welsh Ministers

11.6.1 **Schedule 1** details the requirement and notification process for entering into contracts.

11.6.2 The provisions of Schedule 1 do not remove the requirement for the Trust to comply with Standing Orders, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

Planning

11.7 Sustainable Procurement

11.7.1 To further nurture the Welsh economy and in support of social, environmental, economic and cultural goals in Wales, the Trust must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible and within the legislative framework. The principles of the Well-being of Future Generations (Wales) Act 2015 ("**the WBFG Act 2015**") should be adopted at the earliest stage of procurement planning.

11.7.2 For example, the WBFG Act 2015 requires affected public bodies to act in a manner which seeks to ensure that the needs of the present are met without

compromising the ability of future generations to meet their own needs. The WBFG Act 2015 also provides for a shared purpose through seven well-being goals for Wales which are indivisible from each other and explain what is meant by the well-being of Wales.

11.7.3 The seven well-being goals are:

- a prosperous Wales;
- a resilient Wales;
- a healthier Wales;
- a more equal Wales;
- a Wales of cohesive communities;
- a Wales of vibrant culture and thriving Welsh language; and
- a globally responsible Wales.

11.7.4 The WBFG Act 2015 puts in place a "sustainable development principle" which tells relevant public bodies how to go about meeting their well-being duty. Such bodies need to make sure that when making their decisions they take into account the impact they could have on people living in Wales now and in the future. The WBFG Act 2015 includes five principles that those public bodies need to think about to show they have applied the sustainable development principle, which by way of brief summary are as follows:

- Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives;
- Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies;
- The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves;
- The importance of balancing short-term needs with the need to safeguard the long-term needs; and
- How acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

11.7.5 The Trust is required to consider the Welsh Government Guidance on Ethical Employment Practices in Public Sector Supply Chains and the Code of Practice on ethical employment in supply chains which includes aims to commit public, private and third sector organisations to a set of actions designed to eliminate modern slavery and support ethical employment practices.

11.7.6 The Trust shall make use of the tools developed by Welsh Government Commercial Delivery team in implementing the principles of the WBFG Act 2015. The Trust shall benchmark its performance against the WBFG Act 2015. As detailed in WPPN 005, for the procurement of all contracts over £25,000, Trust's are required to take into account the social, economic, environmental and cultural goals in the WBFG Act 2015 using the Sustainable Risk Assessment Template (SRA).

11.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

11.8.1 In accordance with the 'covered procurement' objectives in the 2023 Act, Welsh Government's commitments are set out in the current and subsequent versions of the WPPS, the Trust shall ensure that it provides opportunities for SMEs, TSOs and SFBs to quote or tender for contracts.

11.9 Planning Procurements

11.9.1 The Trust must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks and requirements governing public procurement.

11.9.2 A process of planning all procurement exercises must be undertaken with the Procurement Services and appropriate representative from the service and other appropriate stakeholders, depending on the value, risk and complexity of the procurement). The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost;
- the likely 'route to market' which will consider the legislative and policy framework set out above;
- the availability of funding to be able to award a contract following a successful procurement process; and
- that the procurement follows current legislative and policy frameworks including Value Based Procurement.

11.9.3 The procurement specification should factor in the four principles of prudent healthcare:

- equal partners through co-production;
- care for those with the greatest health need first;
- do only what is needed; and
- reduce inappropriate variation.

For **‘Goods and Non-Health Services Only’** Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. For **‘In Scope Health Services Only’** Value Based Healthcare should be considered under the Key Criteria ‘Value’ where this is appropriate and applicable. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement (and is also a core objective of the 2023 Act).

11.9.4 Where free of charge services are made available to the Trust, Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of pilot activity to ensure that the Trust does not unintentionally commit itself to a single provider or longer-term commitment. Regular reports on free of charge services provided to the Trust should be submitted by the Board Secretary to the Audit Committee.

11.9.5 Trusts are required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

Joint or Collaborative Initiatives

11.9.6 Specialist advice should be obtained from Welsh Government’s Health and Social Care Finance department, and the opinions of Procurement Services and NWSSP Legal and Risk prior to external opinion being sought, where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

11.10 Procurement Process

11.10.1 Where there is a requirement for goods or services, the manager must source those goods or services from the Trusts’s approved catalogue. Where a required item is not included within the catalogue, advice must be sought from Procurement Services on opportunities to source those goods or services through public sector contract framework, such as those provided by the Welsh Government Commercial Delivery team, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks (where access is permissible) shall take precedence over frameworks led by public sector bodies outside of Wales.

11.10.2 **‘Goods and Non-Health Services Only’ -** In the absence of an existing suitable procurement framework to source the required item, a competition must be operated in accordance with the table below. The Trust must ensure the value of their requirement considers cumulative spend across the Trust for like requirements and opportunity for collaboration with other NHS Wales organisations**:**

TABLE 'Goods and Non-Health Services Only'

Goods/Services/Works Whole Life Cost Contract value **(figures excl. VAT)**	**Minimum competition** (1)	**Form of Contract**
Below £5,000	Evidence of value for money has been achieved	Purchase Order
£5,000 - £24,999	Evidence of 3 written quotations	Simple Form of Contract/Purchase Order
£25,000 plus to the prevailing Procurement Act 2023 threshold (2)	Advertised open call for competition. Minimum of 4 tenders received if available	Formal contract and Purchase Order
Over the prevailing Procurement Act 2023 threshold	Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route	Formal contract and Purchase Order
Contracts above £1 million	Welsh Government notification required (3)	Formal contract and Purchase Order

(1) Subject to the existence of suitable suppliers
(2) The Procurement Act 2023 - Schedule 1 – threshold amounts
(3) In accordance with the requirements set out in Schedule 1.

11.10.3 **'In Scope Health Services Only'** - In the absence of an existing suitable procurement framework to source the required item, Trusts are required to follow the most appropriate and proportionate procurement process as set out under the PSR Wales Regulations and the health service procurement: statutory guidance. Trusts should note that one of the key objectives of these regulations are to provide more flexibility when selecting providers for health services with competitive tendering being one tool for Trusts to use when it is of benefit; alongside other routes that may be more proportionate, with a view to enabling the development of stable supplier partnerships and the delivery of collaborative care. Legislation, policy, and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the Trust's SFIs.

11.10.4 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

Competition Requirements

11.11 Procurement Thresholds

11.11.1 **'Goods and Non-Health Services Only'** The Trust must consider the minimum thresholds for quotes and competitive tendering arrangements when undertaking a procurement. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in Schedule 1 of the 2023 Act.

11.11.2 **'Goods and Non-Health Services Only'** Advice from the Procurement Services must be sought for all requirements in excess of £5,000 (excluding VAT).

11.11.3 **'Goods and Non-Health Services Only'** The deliberate sub-dividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].

11.11.4 **'Goods and Non-Health Services Only'** Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000 (excluding VAT), must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 (excluding VAT) and require competition.

11.11.5 **'In Scope Health Services Only'** There is no minimum threshold for application of the PSR Wales Regulations.

11.12 Designing Competitions

11.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:

- required timescales are achievable.
- specifications are drafted which:
    - are fit for inclusion in competition documents;
    - are drafted in a manner encouraging innovation by the market;
    - are capable of being responded to and do not narrow competition;
    - deliver in line with legislative and policy frameworks;
    - include robust performance measures to effectively measure and manage supplier performance; and
    - consider the ability of the market to deliver.

11.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider

health and social care communities. **'Goods and Non-Health Services Only',** under the 2023 Act there is a requirement to set and publish at least 3 Key Performance Indicators (KPI's) for contracts above £5m, and to publish a notice on these at least annually during the term of the contract (note: this does not apply to 'light touch regime' contracts).

11.12.3 **'Goods and Non-Health Services Only'** Criteria for selecting suppliers and achieving an award recommendation must be evaluated on the basis of the "Most Advantageous Tender", which provides contracting authorities with greater flexibility to take into account wider social and environmental issues where that is decided to be relevant for the best solution. Such criteria must:

- be appropriately weighted;
- be transparent and proportionate;
- deliver value for money outcomes;
- fully explore complexity/risk; and
- consider whole life costs, including (where appropriate) the cost of change and / or end of life costs.

11.12.4 **'In-Scope Health Services Only'** Criteria for selecting suppliers and achieving an award recommendation must follow (where applicable) the provisions in the PSR Wales Regulations, regarding:

- Key Criteria (regulation 6);
- Basic Selection Criteria (regulation 22); and
- Exclusions (regulations 25 and 26)

Trusts are required to ensure the appropriate criteria is set with regards the selected procurement process, as set out under the PSR Wales Regulations and Health service procurement: statutory guidance".

11.13 Single Quotation Application (SQA) or Single Tender Application (STA) - 'Goods and Non-Health Services Only'

11.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);

- a technical compatibility issue which needs to be met e.g., specific equipment required, or compliance with a warranty cover clause;
- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- when joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all-Wales competition/National strategy.

11.13.2 Procurement Services must be consulted prior to any such application being submitted for approval. The Director of Finance must approve such applications up to £25,000, the Chief Executive or designated deputy, and Director of Finance, are required to approve applications exceeding £25,000. A register must be kept for monitoring purposes and all single tender actions must be reported to the Audit Committee.

11.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and Director of Finance, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:

- robust justification is provided;
- a value for money test has been undertaken;
- no bias towards a particular supplier;
- future competitive processes are not adversely affected;
- no distortion of the market is intended;
- an acceptable level of assurance is available before presentation for approval in line with the Trust's Scheme of Delegation; and
- an "or equivalent" test has been considered proving the request is justified.

11.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the Trust has already entered into an arrangement directly.

11.13.5 As SQA or STA are only used in exceptional circumstances the Trust, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, Director of Finance or NWSSP Director of Procurement Services to prevent repeated inappropriate use of SQA or STA by the Trust.

11.13.6 The Audit Committee may consider further steps to be appropriate, such as:

- instruct a representative of the Trust to attend Audit Committee;

- escalate to the Board;
- request an internal Audit Review;
- request further training; or
- take internal disciplinary action.

11.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. The Procurement Manual details schedule of departures from SQA/STA where competition not possible.

11.13.8 For performance monitoring purposes, Procurement Services will retain a central register of all such activity including SQA/STA's not endorsed by Procurement Services or any exceptional matters.

11.14 Disposals - 'Goods and Non-Health Services Only'

11.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.

11.14.2 Obsolete or condemned articles and stores, which may be disposed of in accordance with applicable regulations and law at the prevailing time (e.g., Waste Electrical and Electronic Equipment (WEEE)) and the procedures of the Trust making use of any agreements covering the disposal of such items.

11.14.3 The Trust must obtain the best possible market price.

Approval & Award

11.15 Evaluation, Approval and Award

11.15.1 The evaluation of procurement competitions must be undertaken by a minimum of 2 evaluators from within the operational service of the Trust. Evaluation teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.

11.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.

11.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.

11.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.

11.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

Implementation & Contract Management

11.16 Contract Management

11.16.1 Contract management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money. The relevant budget holder shall oversee and manage each contract on behalf of the Trust so as to ensure that these implicit obligations are met. This contract management will include:

- retaining accurate records;
- monitoring contract performance measures;
- engaging suppliers to ensure performance delivery;
- implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and
- permitting stage payments as part of a formally agreed implementation/delivery plan which must be supported by written evidence issued by the budget holder.

11.16.2 Contract management on All Wales contracts will be provided by Procurement Services.

11.16.3 Advice on Contract Management best practice is available from Procurement Services.

11.17 Extending and Varying Contracts

11.17.1 **'Goods and Non-Health Services Only'**

11.17.1.1 Extending, modifying, or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g., scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.

11.17.1.2 If there is no such provision, the 2023 Act defines such limitations. Further information on contract modifications can be found in sections 74-77 of the 2023 Act and in Guidance: Contract Modifications.

11.17.2 **'In-Scope Health Services Only'**

11.17.2.1 Modification of the scope of an existing contract is possible if the modification is clearly and unambiguously provided for in the original contract or framework agreement documents, or the original contract was awarded under Direct Award Process 1 and the modification does not render the contract 'materially different' in character.

11.17.2.2 If provisions set out in 11.17.2.1 are not met, the PSR Wales Regulations define limitations concerning modifications of contracts as being, the modification must be:

- solely a change in the identity of the provider however continues to meet the basic selection criteria, and there are no other considerable changes to the contract; or
- made in response to external factors beyond the control of the 'relevant authority' (as defined under section 10A of the National Health Service (Wales) 2006), and the provider, for example changes in patient or service user volume; changes in prices in accordance with a formula provided for in the contract documents and neither of these modifications render the contract or framework agreement materially different in character; or
- made at the discretion of the relevant authority and does not render the contract or framework agreement materially different in character and the cumulative change in the estimated lifetime value of the contract or framework agreement is under £500,000 or is under 25% of the estimated lifetime value.

11.17.3 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

11.17.4 If there was no provision to extend, further approvals are required from the Trust budget holder and the Trust's Head of Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

11.17.5 This ensures an appropriate identification and assessment of potential risks to the Trust's compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

11.17.6 The budget holder must seek advice from Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The budget holder must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

Transactional Processes

11.18 Requisitioning

11.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the Trust. The budget holder will source those goods (**'Goods and Non-Health Services Only'**) or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract framework, such as those managed by Welsh Government Commercial Delivery team, NHS Supply Chain or Crown Commercial Services.

11.18.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the Procurement Services to undertake quotation / tendering exercises (**'Goods and Non-Health Services Only'**) on their behalf in line with SFI 11.11 thresholds (**'Goods and Non-Health Services Only'**).

11.18.3 All orders for goods (**'Goods and Non-Health Services Only'**) and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.19 No Purchase Order, No Pay

11.19.1 The Trust will ensure compliance with the 'No Purchase Order, No Pay' policy, the All-Wales policy which was introduced to ensure that Procure to Pay continues to provide high-class services on a 'Once for Wales' basis.

11.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.20 Official orders

11.20.1 Official Orders, issued following approved requisition and sourcing, must:

a) Be consecutively numbered;

b) State the Trust's terms and conditions of trade.

11.20.2 Official Orders will be issued on behalf of the Trust by Procurement Services.

SCHEDULE 1

GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS

This schedule included as "General Consent to enter individual contracts" replaces all previous versions of Schedule 1 and should be read in conjunction with the revised Model Standing Financial Instructions (SFI's) issued in relation to Chapter 11 for Local Health Boards and NHS Trusts and Chapter 12 for Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW).

PROCESSES FOR NHS WALES CONTRACTS, AND INTERESTS IN PROPERTY

Paragraph 13 of Schedule 2 to the National Health Service (Wales) Act 2006 states as follows:

"(1) Subject to sub-paragraph (3), a Local Health Board may do anything which appears to it to be necessary or expedient for the purposes of or in connection with its functions.

(2) In particular it may—

(a) acquire and dispose of property,
(b) enter into contracts,
(c) accept gifts of property (including property to be held on trust, either for the general or any specific purposes of the Local Health Board or for any purposes relating to the health service).

(3) A Local Health Board may not do anything mentioned in sub-paragraph (2) without the consent of the Welsh Ministers (which may be given in general terms covering one or more descriptions of case)."

Section 10.1 of the NHS Wales Infrastructure Investment Guidance issued on 22 October 2018 ("**the Investment Guidance**") includes the following in relation to Local Health Boards:

"Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.

Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process are included in Welsh Health Circular WHC(2015)031. Organisations should ensure

that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements."

This is also to be regarded as being applicable to HEIW and DHCW, which were both established after the two WHC's mentioned above were issued.

Section 10.2 of the Investment Guidance includes the following in relation to Trusts:

"Whilst formal Cabinet Secretary consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above."

Section 11 of the Investment Guidance also includes provision as to disposals and property protocols.

Welsh Health Circular WHC (2015) 031 issued 22 June 2015 includes arrangements for consent to acquire or dispose of a lease in property (where not covered by any business case approval process.

That WHC is also to be regarded as being applicable to HEIW and DHCW in the same way as it applies to LHBs.

Entering into contracts

This schedule confirms to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisition or disposal of a lease or any interest in property are delegated to the Director General, Health Social Care and Early Years.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Cabinet Secretary for Health and Social Care on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

Accordingly, any issues relevant to the exercise of the Cabinet Secretary for Health, and Social Care's consent will, as a matter of course, be drawn to his attention.

The process which NHS Wales bodies entering into contracts must follow is:

- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSCEY prior to tendering for the contract;
- All eligible LHB and HEIW and DHCW contracts >£1m in total to be submitted to the Director General HSCEY for consent prior to award;

- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSCEY for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSCEY for notification prior to award.

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

i) Contracts of employment between LHBs, HEIW, or DHCW and their staff;

ii) Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs, HEIW, or DHCW;

iii) Out of Hours contracts;

iv) All NHS contracts; that is where one health services body contracts with another health service body;

(v) Contracts entered into by HEIW for services which are the consequences of annual commissioning approved by the Cabinet Secretary e.g. annual education and training commissioning also do not require further Ministerial notification or consent; and

(vi) Contracts between £500k - £1 million (for noting) and £1 million + (for approval).

a) Wales Public Sector Framework Agreements e.g., Frameworks established by the Welsh Government's Commercial Delivery team or NWSSP (not exhaustive) – no written approval required to award contracts under these Frameworks through a direct award or mini competition.

b) Third-Party Public-Sector Framework Agreements e.g., Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award. Approval will however be required for award of contracts under these Framework Agreements through mini-competition or where the specification of the product/service required is modified from that stated within the Framework Agreement.

For non-capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team : Robert.Eveleigh@gov.wales

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

REMUNERATION COMMITTEE TO PUBLIC TRUST BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. Meetings of the Remuneration Committee are held in private session.

Trust Board Meeting Date	25 September 2025
Committee Meeting Date	25 July and 3 September 2025
Chair	Colin Dennis

KEY ESCALATION AND DISCUSSION POINTS

ALERT
(Key issues/risk for the Board's attention)

1. No alerts from either meeting.

ADVISE
(Areas of on-going monitoring, approvals, decisions, or new developments to be communicated)

2. Members were updated at the 3 September meeting on the **start date for the new CEO, Emma Wood**. Emma's induction programme has been developed for her start date of 1 October.
3. On 25 July the Committee considered and approved the recommendation to appoint the Director of Partnerships and Engagement to **cover the position of Executive Director of Strategy, Planning and Performance** on an interim basis, with effect from 19 July 2025 for a period of up to 6 months. This is aligned with the recruitment of the new Chief Executive Officer (CEO) and the interim arrangement agreed previously by the Remuneration Committee on 11 July 2025. A business case has been submitted to Welsh Government for the interim uplift from ESP Band 8 to ESP Band 9.
4. On 3 September the Committee endorsed **acting up arrangements for the Executive Director of Finance and Corporate Resources** during his upcoming short absence.

Executive and Senior Pay (ESP)

5. At the July and September meetings the committee received matters relating to ESP as follows:
   (a) On 25 July the Committee received the outcome of the review and re-evaluation of the Director of Corporate Governance/Board Secretary and the Executive Director of Operations job descriptions that had been updated and submitted to WG for the JESP process. The Committee approved the banding outcome for the Director of Corporate Governance/Board Secretary from the minimum of ESP Band 7 to the minimum of ESP Band 8, effective from 1 August 2025, and noted that the Executive Director of Operations role was reaffirmed as ESP Band 11.

(b) A report on the evaluation of Executive and Senior Posts has now been finalised, and WG is preparing an action plan in response. Once this report is received by the Trust details will be shared with the Committee. This work is intended to strengthen recruitment and retention and sits alongside a Welsh Government-led refresh of the senior pay framework and related leadership standards.

(c) No decision has yet been made by WG on the ESP pay award from 1 April 2025.

ASSURE

(Areas of assurance the Committee has received)

6. The committee has within its remit the approval of settlement arrangement prior to submission to Welsh Government, and at the 3 September meeting received the **annual settlement agreement report** for 2024/25. As reported in the Trust's Annual Report and Accounts for 2024/25 there were five settlement agreements relating to exit packages for the period, totalling £164,365. The Committee's cycle of business will be adjusted to generate this report earlier for 2025/26.

7. The committee were assured that the **annual board member eligibility checks** had been completed for 2025 with no issues to escalate to the board.

RISKS

Risks Discussed: Risks related to retention and recruitment of ESP roles as set out above.

AGENDA 25 JULY	
Interim appointment to Executive Director of Strategy, Planning and Performance	JESP job re-evaluation for roles of Executive Director of Operations and Director of Corporate Governance / Board Secretary
AGENDA 3 SEPTEMBER	
CEO recruitment update	Annual settlement agreement report 2024-25
Update on executive and senior pay – evaluation of JESP banding/positions	

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COMMITTEE ATTENDANCE						
Name	**15 May 2025[1]**	**3 June 2025[2]**	**11 July 2025[3]**	**25 July 2025[4]**	**3 Sept 2025**	
Colin Dennis						
Rhiannon Beaumont Wood						
Peter Curran						
Bethan Evans						
Prof. Hayley Hutchings						
Ceri Jackson						
Hannah Rowan						
Jayne Beeslee						
Jason Killens						
Carl Kneeshaw						
Rachel Marsh						
Trish Mills				Recused for JD item		
Hugh Parry						
Damon Turner						

	Attended
	Sent Deputy
	Apologies
	No longer a member.

[1] Extraordinary meeting
[2] Jason Killens was recused for the discussion on the CEO's outturn position for 2024/25
[3] Extraordinary meeting
[4] Extraordinary meeting

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Welsh Ambulance Services University NHS Trust

FINANCE AND PERFORMANCE COMMITTEE
HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report. The papers for these meetings can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	25 September 2025
Committee Meeting Date	16 September 2025
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

Phase 2 of the Ambulance Performance Framework

1. An extraordinary public board meeting has been arranged for 23 October 2025 to consider go-live for phase 2 of the Ambulance Performance Framework. At the FPC meeting today members received an update on internal arrangements in place to implement and pilot the second phase of changes ahead of the board considering an endorsement of go-live alongside the Quality Impact Assessment (QIA) and Equality Impact Assessment (EqIA) at that October meeting. Ahead of the extraordinary board meeting, an extraordinary meeting of the Quality, Patient Experience and Safety Committee (QUEST) will be held to consider the QIA and EqIA.

2. The board will recall that on 1st July 2025, the Trust successfully implemented the Phase 1 changes to the Framework for a 12-month pilot period. This involved replacing the previous 'Red' category with a new 'Purple Arrest', 'Red Emergency' and 'RCS0' call categories. This change was undertaken to provide greater emphasis on clinical outcomes over time-based targets, with a bundle of measures related to the 'Chain of Survival'. Upon announcement of the Phase 1 changes the Welsh Government (WG) led Ambulance Target Review group reconvened to review the remaining Amber and Green categories. Following consideration of the available clinical evidence and evidence relating to what matters most to patients & staff, the review group concluded new categories were required to replace the current Amber and Green categories. These three new response categories, which will complement the phase one changes are set out below and are planned to go-live on 1 December:

Category	Descriptor	Types of Complaint
ORANGE NOW	Refers to incidents likely to need diagnostics and transport to hospital or specialist care e.g. a person in stroke or heart attack	Stroke Heart attack
YELLOW SOON	Refers to incidents where further clinical assessment to support clinician decision making (remote or face to face) is required for discharge at	Abdominal pain

	scene and/or an alternative pathway, and/or planned transport to a treating facility.	
GREEN PLANNED	Refers to incidents where there is high potential for the ambulance service to manage the care episode in its entirety or in collaboration with a community service or planned care provider.	Chest infection Palliative care Mental health Urinary tract infection

Alongside the face-to-face response categories, Rapid Clinical Screening already in place will be supported by the addition of RCS1, RCS2, and RCS3 as well as RCS0.

3. There was constructive and wide-ranging discussion on the arrangements for go-live for phase two, and the following points are of note for board's attention:

   (a) Clinical outcomes for the measures referenced are still evolving. However, a persistent challenge remains due to the lack of a unified medical record system across the wider healthcare landscape. WAST continues to rely on available data sources, primarily the ePCR and proxy measures for quality, as well as being alert to reports via the concerns and Putting Things Right processes. The recent signing of a Joint Controller Agreement with Health Bodies and DHCW marks a positive step towards securing pathway based data analysis that demonstrates clinical impact and patient outcomes. Members emphasised the importance of transparency and a shared ambition to improve patient outcomes.
   (b) A staff survey has been issued to gather feedback on the changes introduced during phase one. This input will help assess organisational and staff readiness for phase two.
   (c) Executives expressed confidence that the changes to the CAD remain on track for go-live. The statement of works has been central to recent discussions, with the next milestone on 8 October offering a further opportunity to confirm readiness. A go-live checklist will be in place as it was for phase one.
   (d) Although no additional financial investment is being sought for the Clinical Model Transformation (CMT) (noting internal capital allocation for the single instance of CAD for the Remote Integrated Care Service), members discussed the associated opportunity costs and the need to ensure appropriate use of resources, including fleet. Data parameters are currently being developed to support future reviews of demand, capacity and skills mix following the pilot.
   (e) A query was raised about progressing to phase two without first evaluating both the delivery and clinical risks arising from phase one. Committee was assured that external evaluation was being finalised based on the model being designed as a single, integrated approach. The timeline recognised Welsh Government requirements. The evaluation will also share insights throughout the pilot and complements the clinical flows implemented since November 2024.

4. Members endorsed the paper for onward submission to the October Extraordinary board, but that this is subject to the QIA and EqIA being reviewed by QUEST. Finalisation of these impact assessments may lead to changes, and those that are material should be drawn out for the committee members and the board.

ADVISE

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

5. Chairs of committees will meet with executives in the autumn for a discussion on **revisions to the Monthly Integrated Quality and Performance Report** (MIQPR). The potential to incorporate statistical process charts (SPC) to clearly illustrate variances and use of co-pilot to produce these was canvassed.

6. An update was provided on the **'Wait 45' initiative**. The national handover taskforce continues with WAST represented, to oversee the recommendation from an independent Ministerial Advisory Group that no ambulance handover should exceed 45 minutes by 1 October. Although handover delays are reducing, 12,565 hours were still lost during July 2025. Examples of prolonged waits at Emergency Departments were shared, including instances of 19 and 29 hours this last week although all Health Boards have reported reductions. The Wait 45 initiative aims to reduce lost handover hours to a level that aligns with EMS rosters and enables improvements in performance and patient care.

7. Members received the **Ambulance Service Indicators (ASIs)** noting the focus on quality elements of service delivery. The importance of how this data informs planning, resource allocation, population health and prevention strategies was highlighted.

8. Members **reflected** that the meeting was characterised by open, robust, and constructive discussion, particularly on the Ambulance Performance Framework, where additional time was deliberately allocated to ensure thorough scrutiny and effective decision-making. The meeting was seen as providing strong assurance on key issues, with an emphasis on the value of certainty - even when facing challenges - and the importance of balancing ambition with realism as the organisation continues its transformation and performance improvement journey.

ASSURE

(Detail here assurance items the Committee receives)

The following items will also be presented to board at their 25 September meeting however members may benefit from the following points of discussion from the committee:

9. With respect to the **financial position for months 4 and 5 2025/26.** The month 4 position was noted, and the committee took assurance from the update. The Trust is reporting a revenue year to date deficit of £246K for month 4 2025/26. The committee reflected on the risks discussed and escalated to the Board following the July meeting but heard that the Trust is currently forecasting to breakeven by the 2025/26 financial year end. This position is one of high risk of delivery, however. The cumulative year to date month 5 revenue position reported is an overspend against budget of £0.229m. The Capital Plan for month 5 is progressing with current planned expenditure in year of £30.190m. Gross savings which have been achieved are £3.582m against a year to date target of £3.486m. The primary risks at month 5 continue to be the additional costs for increased National Insurance contributions, and the increase in costs for the Welsh Risk Pool; as reported to the Board in July. The need for realistic income generation targets was emphasised for 2026/27.

The committee discussed the use of vacancy delays as a method for achieving non-recurrent savings. While holding vacancies can generate short-term financial benefits, these are not always sustainable due to ongoing staff turnover. A natural recruitment lag of around three months typically contributes to these savings without impacting organisational capacity unless deliberately planned. Some current vacancies are linked to skill mix reviews rather than savings measures, with plans in place to reduce them, although some will continue into the next financial year. The recruitment control panel ensures vacancies are assessed against organisational priorities, risk and statutory duties before being filled. Members acknowledged the financial value of vacancy management but emphasised the need to balance this with service delivery and workforce pressures.

10. With respect to the **Monthly Integrated Quality and Performance Report** (MIQPR) for July. This is the first scorecard to include the new categories of Arrest (Purple), for cardiac and respiratory arrests, and Emergency (Red). Of note for the board:

    - Members reiterated that the July hours lost to handover, whilst significantly beneath what we have seen for some years, is still resulting in avoidable harm that is difficult to currently mitigate against.
    - The Chair of QUEST noted that a PTR recovery plan in place and that QUEST will be closely monitoring that, particularly its impact on concerns response.
    - The decline in 111 response times despite expectations for improvement was raised. It was however noted that whilst not achieving target performance is better than the model suggests given the current capacity. On the resources currently in place it is unlikely that a 5% abandonment rate will be reached without further investment.

11. The Committee received the **Integrated Medium Term Plan (IMTP) Delivery and Assurance Report** for Q2 2025/26 with a key focus on the CMT which has a yellow (cautionary) status. The digital front end has moved from amber to green which was welcomed. WG had provided detailed feedback on the IMTP which was positive. That feedback drew out areas where low delivery confidence was noted, and the next report will review those areas and seek to draw through a recalibration and prioritisation of the 2025/26 plan. This was a topic of discussion at the recent executive team away day.

The following items were only presented to this committee, and assurance is provided to the board as follows:

12. The **Manchester Arena Inquiry (MAI) internal audit** report looked at the governance and reporting arrangement established, including a validation exercise to support the closure of action and received substantial assurance. This was welcomed and the team commended. A more detailed discussion on the MAI submission to Commissioners and delays to the timeline thereof were discussed in closed session.

13. The **Digital KPIs** relating to data and analytics, ICT systems, digital services, projects & programmes, and details on the progress against the Digital Plan were presented. Of note:

    - Strong digital recruitment activity
    - The launch of the 111 virtual agent "albot" with over 10,000 chats and ongoing evaluation
    - Positive submission for the Audit Wales Digital Review self-assessment, with most scores in the "agree" or "strongly agree" range.

- Data warehouse load failures are low (1–2 per month), which is within best practice
- As noted above, the NDR joint controller agreement has been signed, though further work is needed on public engagement and opt-out processes.

Members welcomed the focus on digital as transformation, not just service, and encouraged continued support for this direction.

14. The **Information Governance (IG) Report** highlighted key updates, which included alerts regarding ongoing review of the data breaches log, a new corporate AI risk and AI steering group in development, and ICO 999 survey advice under review. Members commended the highest ever IG mandatory training rate (89.61%), ongoing cyber improvement work, and a temporary rise in dormant accounts, and the plan to reduce them. Both physical and online records management are challenging given volumes. There is a records management plan in place for the physical records, and a developing plan for online records management.

15. The **Environmental, Decarbonisation and Sustainability update** was received. Welsh Government are reviewing the Strategic Delivery Plan, which will impact our Decarbonisation Action Plan. Key challenges include the EV charging rapid charging network due to market instability. Members were assured with the Trust's re-accreditation of ISO 14001 Environmental Management.

16. The **estates condition and backlog maintenance** update for 2024/25 period was received. The committee noted that there has been a continued reduction in backlog costs due to targeted investment in priority areas, such as roof replacements and successful capital and Estates Facilities Advisory Board funding bids. The positive impact of these improvements on the working environment was noted and the Estates Team were commended for their work.

17. In **closed session** members received an update on the MAI recommendations timeline, cyber KPIs, cyber audit actions and the cyber risk 260. The limited assurance 111 Website Internal Audit was also received. The closed session also received an update the forthcoming board approvals for key estate schemes in Monmouth, Matrix House and Abergavenny. All items taken in closed session were done on the basis of commercial or security sensitivity and will be reported to the open session of the board in due course.

18. The **audit tracker for Q1** was reviewed and the committee was assured that actions were on track, and all extensions of dates were appropriate and realistic.

19. The **committee's annual priorities** were reviewed and are progressing well. The cycle of business monitoring report noted that the Value Based Healthcare Report, is the subject of a board development session later this week.

RISKS

The committee received the **Risk and Board Assurance Framework report** noting that all risks have undergone their quarterly review, with no material changes to scores.

The inclusion of a **new risk** on the register relating to the use of Artificial Intelligence (AI) tools was noted and the **Risk 542** Decarbonisation is in development and will likely be presented at the January 2026

meeting on the new template.

Triangulation of the Manchester Arena Inquiry (MAI) Internal Audit Report against **Risks 594 and 641** was included noting ongoing discussions with the Joint Commissioning Committee to resolve the outstanding recommendations from the MAI Inquiry.

Additional risks were discussed throughout including **financial risks** and **Phase Two** of the Ambulance Performance Framework risks which are noted in the sections above.

In private session, Members received assurance on the detail of **Risk 260** noting that there were no material changes during this period.

COMMITTEE AGENDA FOR MEETING		
Financial position M4 and M5 2025/26	Phase 3 Ambulance Performance Framework and W45 assurance update	MIQPR
Ambulance Service Indicators	Digital reporting	Information governance report
Manchester Arena Inquiry Internal Audit Report	IMTP progress report	Environmental, decarbonisation and sustainability update
Estates condition and backlog maintenance update	Risk management and BAF	Audit tracker Q1
Committee cycle and priorities update		

COMMITTEE ATTENDANCE						
Name	**20 May 2025**	**21 Jul 2025**	**16 Sep 2025**	**18 Nov 2025**	**20 Jan 2026**	**17 Mar 2026**
Jayne Beeslee (Chair)						
Bethan Evans						
Peter Curran			[1]			
Chris Turley			Ed Roberts			
Rachel Marsh	Hugh Bennett	Hugh Bennett	Estelle Hitchon			
Lee Brooks						
Liam Williams	Wendy Herbert	Wendy Herbert				
Carl Kneeshaw						
Jonny Sammut			From 1022			
Trish Mills						
Hugh Parry						
Damon Turner						

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] Peter Curran left the meeting at 10.25. Rhiannon Beaumon-Wood joined at 10.30 and was counted towards quorum.

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

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

Members:

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

Prescribed Attendees:

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

Attendees:

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

Observers:

Skye Banks	Compliance & Assurance Administrator (virtual)

Apologies:

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

1. WELCOME AND APOLOGIES

1.1 The Chair welcomed members and apologies were noted.

2. DECLARATIONS OF INTEREST

2.1 No interests were declared.

The Committee RESOLVED TO: No new declarations were declared.

3 MINUTES FROM THE PREVIOUS MEETING

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

The Committee RESOLVED TO:
To approve the Minutes of the People and Culture Committee held on 18 February 2025.

4. ACTION LOG AND MATTERS ARISING

4.1 The Action Log was discussed and updated.

5. DIRECTOR UPDATE (COMBINED REPORT)

5.1 Angie Lewis provided a Director Update focusing on several key areas. Angie announced the launch of a SharePoint page for change management tools and techniques, encouraging committee members to explore this resource. Additionally, Angie highlighted the development and rollout of training on sexual safety and sexual harassment by Kathryn Cobley and Hayley Jones Dunne, noting a well-attended session with Trade Union Partners. Angie also mentioned the upcoming launch of our WAST Way development programme on 28 May 2025, which will provide an interactive platform for identifying development channels and leadership focus for everyone.

5.2 Carl Kneeshaw provided an update on several key areas and announced the successful recruitment into the Essential Skills team, which aims to enhance colleague experience and invest in people by offering expertise in literacy, numeracy, digital literacy, mentoring and coaching. The team is looking to recruit additional colleagues, including a bilingual essential skills tutor and a digital skills trainer. Carl discussed the launch of a health diagnostic pilot programme focusing on cardiovascular disease awareness and prevention for staff aged 46 and above, which includes face-to-face consultations and personalised health reports. Carl mentioned ongoing work related to shift overruns and the financial challenges the organisation is facing, highlighting efforts to address these issues, including a report on the skills mix on emergency ambulances due at the end of May 2025.

5.3 Ceri Jackson asked Carl Kneeshaw two questions regarding the staff wellbeing initiative. First, Ceri enquired if the initiative was linked with any charities, such as the Stroke Association, which could provide helpful resources. Second, Ceri asked about the percentage of staff that fall within the 46+ age group targeted by the health diagnostic programme. Carl responded that while he did not have the exact percentage, a significant proportion of staff fall within this age bracket. He also mentioned that the initiative includes signposting to other charities and support services, and that the team will bring back data on the uptake of the programme to a future meeting.

5.4 The discussion emphasised the Non-Executive Directors (NEDs) participation in various events and initiatives within the Directorate to provide useful context and engagement opportunities. Ceri Jackson suggested inviting NEDs to events such as leadership symposiums. Angie mentioned that our 'WAST Way' launch would be virtual, with face-to-face sessions on crucial conversations and effective check-ins, encouraging NEDs to engage with colleagues and practice skills. Angie highlighted that by participating in development activities with colleagues this would provide valuable insights into the effectiveness of the training and specific communications would be sent to NEDs to encourage their attendance. Hayley Hutchings added that NEDs had already been invited to some research and innovation events.

The Committee RESOLVED to: The report was noted.

6. STAFF STORY – MANDY McWATT – IMPACT OF MENOPAUSE

6.1 Jacqueline McWatt, known as Mandy, is an Emergency Ambulance Practitioner (EAP) at Newtown ambulance station with 14 years' experience at the Trust. Mandy's menopause journey began after a hysterectomy at 29, leading to perimenopause systems in her late 30's. Despite these challenges, Mandy joined the Trust at 48 and faced difficulties during training, including memory issues, stress, hot flushes, mood swings and concentration problems. Mandy's

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

6.2 Hayley Hutchings enquired about support for staff experiencing menopause symptoms, Mandy suggested posters and awareness materials could be provided. Kathryn Cobley mentioned the All Wales Menopause Policy and efforts to raise awareness and provide training.

6.3 Estelle Hitchon expressed gratitude for Mandy's positivity and commitment, adding that several Executive Leadership Team (ELT) members have also experienced menopause and highlighted the role of Trade Union Partners in raising awareness.

6.4 Damon Turner congratulated Mandy on her EAP course and encouraged further progression, clarifying that the EAP role decision was made by members, not the trade unions, and mentioned trade union efforts to provide sanitary products for staff.

6.5 Andy Swinburn shared personal reflections on the importance of menopause awareness and encouraged Mandy to consider her professional development within the Trust. Mandy was encouraged not to discount her long-standing aspiration to become a paramedic merely because of her age, which she felt was now a barrier to commencing training.

6.6 Angie and Carl thanked Mandy for her bravery in sharing her story, emphasising the importance of amplifying employee voices, staff awareness and promoting inclusion and continuous learning within the organisation.

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

7. OPERATIONS REPORT Q4 2024/2025

7.1 Lee Brooks highlighted key points in his Operations Report. The Community Welfare Responder Project presentation at the Ambulance Leadership Forum (ALF) conference garnered regional interest. The Specialist Operations Response Team (SORT) expansion filled two band 7 posts, including a senior paramedic. Four scrutiny sessions for the Manchester Arena Inquiry are complete, with feedback expected by August 2025, and four actions will be managed through the corporate risk process. Emergency Medical Services (EMS) sickness absence rates have decreased due to consistent policy application and departmental improvements. Positive feedback was received post-winter for the EMSC restructure, with a formal review planned. The Organisational Change Process for Advanced Paramedic Practitioners is complete, and the team has transitioned to the Clinical Directorate. Turnover for band 3 entry level roles remains high due to the challenging nature of call handling. Emergency Ambulance Practitioner training has progressed well, with most participants completing the programme. The Glangwilli end of shift pod has been redeployed to reduce shift overruns and improve meal breaks. The Non-Emergency Patient Transport Service (NEPTS) roster review is ongoing, with the team actively responding to feedback.

7.2 Ceri Jackson asked Lee Brooks about the sickness trajectory and specific challenges in certain areas. Lee explained that while the overall organisational sickness rate is improving, specific areas like EMSC and Integrated Care still face challenges, which are consistent across these areas and not unique to specific sites. He emphasised the importance of a cultural shift towards keeping people at work rather than managing non-attendance and highlighted improvements in the working environment and management practices.

7.3 Estelle Hitchon asked about preparing new recruits for the challenging nature of call handling roles. Lee Brooks acknowledged the difficulty of the role, and the efforts made to improve recruitment processes, including open sessions and different testing methods. Despite these attempts, some recruits still find the role unsuitable after starting. Lee suggested that future convergence of call handling protocols might offer more rewarding experiences for call handlers, potentially improving job satisfaction and retention.

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

8. NHS STAFF SURVEY AND ACTION PLAN

8.1 The NHS Staff Survey discussion highlighted several key takeaways and decisions. Priority areas identified included addressing burnout and wellbeing, ensuring regular meaningful check-ins with managers and increasing staff involvement in change and decision making.

8.2 Directorate level data was shared with leads to develop actions in response to local themes. Free text responses revealed issues such as the volume of competing priorities, the emotional toll on staff, the need for consistent development pathways and the impact of barriers and positive role models on shaping culture.

8.3 There was a sharp rise in reports of abuse from patients and the public, highlighting the need to understand the gap between informal sharing in the survey and formal reporting. Only 30% of colleagues felt involved in decisions affecting their work, indicating a need to build mechanisms to support people to feel heard.

8.4 A robust communication and engagement plan was proposed to ensure visibility and connection between staff feedback and actions taken. Leadership development will focus on improving engagement and communication with staff, ensuring consistent practices across the organisation. It was emphasised that there is a responsibility on both the organisation to support staff and on individuals to flag concerns.

The Committee RESOLVED to:

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

9. INTERNAL AUDIT REPORT: SPEAKING UP SAFELY

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

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

9.2 Angela Lewis provided context on the adoption of the Speaking Up Safely framework, highlighting that the Trust is the only organisation in Wales to fully adopt the NHS England model by appointing a guardian. Angela emphasised the continuous process of identifying and addressing gaps, the importance of triangulating data while maintaining confidentiality and ensuring themes are identified and addressed appropriately.

9.3 Ceri Jackson reflected on the challenges of auditing the Speaking Up Safely process, noting that due to the sensitivity of the information and the reliance on individuals' willingness to share, it's not feasible to capture everything in a single report. Ceri emphasised that assurance should come from ongoing engagement with senior leaders and the visibility of actions taken in response to concerns. Ceri also highlighted the difficulty of auditing cultural change, suggesting that indicators such as reduced sickness absence, lower turnover, and greater openness among staff may better reflect progress, even if they fall outside traditional audit measures.

The Committee RESOLVED to: The report was noted.

10. WASPT HIGHLIGHT REPORT – 28 MARCH 2025

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

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

11. PEOPLE AND CULTURE PLAN METRICS UPDATE AND WORKFORCE

11.1 Carl Kneeshaw discussed the People and Culture Plan metrics, noting that overall attendance is slowly improving due to cultural initiatives and upskilling line managers. There has been a slight increase in turnover this quarter, primarily due to retirements, not dissatisfaction with work. The health and well-being plan emphasises proactive support to keep staff at work through various initiatives.

11.2 Damon Turner raised concerns about the increase in safeguarding allegations and the influence of external agencies, questioning potential delays. Carl acknowledged these external influences and emphasised the organisation's efforts to ensure cases progress appropriately, using a multidisciplinary team approach to support line managers.

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

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

11.1 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)

11.1.1 The MIQPR report included several key elements relevant to the committee. It highlighted extreme lost hours driven by handover delays, with efforts underway to address shift overruns through initiatives like the Glangwili scheme and facilitated working groups.

11.1.2 March 2025 saw high sickness abstractions, likely due to end-of-year leave uptakes, and overall sickness rates are being monitored with interventions aimed at improving attendance.

11.1.3 Ongoing work to improve efficiency in the NEPTS includes a focus on demand and capacity review and roster improvements.

11.1.4 There was a slight increase in turnover noted, primarily due to higher than average retirement rates, this trend is attributed to the workforce profile and individuals choosing to retire earlier or pursue second careers post the Covid-19 pandemic.

11.1.5 An increase in PADR completion rates is reflected for March 2025 (82.38%). This represents the highest recorded rate within the dataset PADR.

11.1.6 The report also mentioned the need to connect data on violence and aggression to ensure alignment with reported figures and staff survey insights.

11.1.7 The has been an increase in statutory and mandatory training compliance (87.4% against a Welsh Government target of 85%). As at 31 March 2025, 90.44% of colleagues required to attend Mandatory In-Service Training (MIST) had done so.

11.1.8 There has been an increase in the formal employee relations cases, particularly related to safeguarding indicating that staff feel more empowered to escalate concerns.

11.1.9 Additionally, upcoming changes to categorisation and reporting will start from 01 July 2025, in line with the implementation of the revised ambulance performance framework.

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

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

12.1 Lee Brooks introduced the volunteering report, noting he had omitted the supplementary report on quality and support day. This supplementary report includes more details about people and compliance components, with plans to gather experiential input from managers and staff for a future meeting.

12.2 Jenny Wilson highlighted significant achievements in the volunteer strategy over the past four years, including the development of the Community Welfare Responder role, the transition to a holistic volunteer service, and the implementation of a volunteer pathway. Other accomplishments include the expansion of St John Volunteer alternative responder schemes, the launch of a new volunteer management system, and the reintroduction of volunteer conferences post Covid-19. Jenny noted a significant increase in volunteer car drivers and the development of the volunteer car service oncology project.

12.3 The Committee praised the comprehensive and impactful volunteer strategy, emphasising the professionalism and passion of the volunteers. Kathryn Cobley highlighted the invaluable support volunteers provide at various events, and there was a brief mention of the need to explore how the volunteer strategy fits within the broader Integrated Medium Term Plan (IMTP) and the importance of securing funding for volunteer initiatives. Lee Brooks addressed the integration of the volunteer strategy with broader organisational planning, moving towards embedding volunteering within the overall People and Culture Plan.

12.4 Future plans include exploring cross directorate volunteer opportunities, developing a volunteer policy, reviewing the drug formulary for Community First Responders, and creating a volunteer-to-career pathway. The discussion emphasised the importance of demonstrating the return on investment for volunteer roles to secure funding and highlighted the positive feedback from volunteers regarding the new volunteer management system. Overall, the

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

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

The Committee RESOLVED to: The report was noted.

13. STRATEGY EQUALITY PLAN – 6 MONTHLY PROGRESS UPDATE

13.1 Angie Lewis introduced the six-monthly Strategic Equality Plan (SEP) progress update to provide better visibility of the work being done on the equality, diversity and inclusion agenda, which is part of regular reporting to the Welsh Government and preparation for the annual report. Kathryn Cobley highlighted key achievements, including significant progress in sexual safety training with general awareness sessions and detailed half-day sessions for managers, increased activity and membership in people networks, and a successful inclusive recruitment initiative by the digital team that increased workforce diversity.

13.2 Kathryn Cobley mentioned next steps, such as increasing training delivery, supporting upcoming recruitment events and preparing the annual report for August 2025. Angie Lewis added that they are awaiting feedback from the Welsh Government and emphasised efforts to mitigate risks related to resources and capacity, ensuring the inclusion agenda is integrated across the organisation.

13.3 Estelle Hitchon enquired about broader lessons from the inclusive recruitment initiative, and Kathryn responded by highlighting the success of workshops for potential applicants, targeted outreach to minority communities and clarity in job adverts. The discussion also addressed recruitment challenges for paramedics, noting the need to promote various career opportunities within the ambulance service and collaborate with universities to improve diversity in paramedic recruitment.

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

14. ANNUAL HEALTH & SAFETY REPORT

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

14.2 Christian Fox commented that partnership working with the Health and Safety Team has improved significantly, highlighting stronger ties and collaboration, particularly due to regular meetings between Nicola White and Hugh Parry.

The Committee RESOLVED that:

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

15. INTERNAL AUDIT REPORT: OCCUPATIONAL HEALTH AND WELLBEING SUPPORT

15.1 Carl Kneeshaw and Felicity Quance both emphasised the value of the Occupational Health and Wellbeing Internal Audit for improving processes and fostering a proactive health and well-being culture.

15.2 Carl confirmed that work is progressing to mitigate the identified actions, with several already completed, and the focus is now on using data to inform service engagement and proactive measures.

15.3 Felicity added that the audit report was accepted, recommendations acknowledged, and that the Trust is committed to ensuring appropriate health and wellbeing needs for staff while encouraging service uptake.

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

16. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

16.1 The four risks within the remit of this Committee were discussed and whilst the data was presented to the Trust Board in March 2025, the risks have all been reviewed during this period with the activity due to be considered by the Executive Leadership Team on 21 May 2025.

16.2 Risk 160: High Absence Rates
High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service – remains static at a score of 20 (5x4) despite there being a significant reduction in absence levels. The Assistant Directors Leadership Team will undertake a deep dive of the risk on 28 May 2025 as part of a revised approach to risk.

16.3 Risk 201: Reputation
Damage to the Trust's reputation following a loss of stakeholder confidence which remains at a score of 20 (4x5). The tension in the reputational risk was noted that while the Trust has positive relationships with stakeholders, the patient experience remains poor due to harm in the community. A deep dive will be conducted on the risk over the summer to consider splitting it into a stakeholder risk and a patient experience reputational risk. This approach aims to address the different aspects of reputation and ensure the risk is accurately profiled. It is likely that this will be the last time that the committee will see this risk in this way.

16.4 Risk 163: Maintaining Effective and Strong TU Partnership
Maintaining effective and strong Trade Union partnerships remains unchanged at a score of 12 (3x4) has been closely reviewed the risk in advance of a discussion at the Trust's partnership team meeting in May 2025 to determine if any additional mitigation is needed and to evaluate its movement over time. It was acknowledged that while relationships are good, there are considerations such as the National Pay Award and the upcoming change in senior leadership which could impact on stability. It was noted that WASPT will look at this more closely.

16.5 Risk: 558: Deterioration of Staff Health and Wellbeing
Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences remains unchanged at a score of 15 (3x5).

16.6 New Risks Identified: No new risks identified at this meeting for the register.

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

17. AUDIT TRACKER: Q4 2024-2025 REPORTING

17.1 Trish Mills reported a significant improvement in audit actions, with 75% now closed compared to the previous quarter's 17%. Trish attributed this progress to the dedication and tenacity of the team members involved. Additionally, there are no actions currently past their due date.

17.2 Trish provided details on how the team approached items from Audit Wales under the review of workforce planning arrangements. The committee received assurance and noted the rationale for closing the Audit Wales Review of workforce planning arrangements recommendations, acknowledging the substantial progress made

The Committee RESOLVED to:

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

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

18.1 Trish Mills reported that the Audit. Risk and Assurance Committee (ARAC) received the Effectiveness Review Report endorsed the changes and challenged the team to streamline committees by addressing feedback on the volume of papers, meeting length and presentations. The committee will explore ways to improve efficiency in Q1 and Q2, with potential opportunities for streamlining in the Academic Partnership Committee.

18.2 Estelle Hitchon highlighted the uncertainty over the coming year due to factors such as a new Chief Executive Officer, potential industrial action and an upcoming election. Estelle emphasised maintaining focus on key areas such as working positively with trade unions, culture, work and safety while remaining

adaptable to changing circumstances. Trish Mills advised against setting too many priorities for the committee, suggesting a focus on existing areas like quality of patient safety and experience, and continuing progress in equality, diversity and inclusion (EDI).

18.3 Angie Lewis stressed the importance of not overloading the committee with priorities, suggesting a focus on the people and culture plan, IMTP and local delivery plans, with an intense focus on EDI and career development pathways. Carl Kneeshaw mentioned the need to revamp the people and culture plan, focusing on strategic intent and triangulating areas of progress, while remaining agile. Alex Crawford suggested keeping an eye on wellbeing objectives, aligning with the committee's focus areas.

18.4 Overall, the discussion emphasised maintaining focus on existing priorities, particularly EDI and the development of people, while being prepared to adapt to changes and revamp the people and culture plan. Ceri summarised that the focus should be on integrating priorities into the people and culture plan without adding significant new areas of work, considering legislative compliance and the political landscape.

The Committee RESOLVED to:

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

19. WASPT MINUTES – JANUARY 2025 MEETING

19.1 Received.

20. COMMITTEE HIGHLIGHT REPORT – 18 FEBRUARY 2025 MEETING

20.1 Received.

21. REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

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

21.2 Trish Mills acknowledged the significant progress made particularly in closing 75% of the internal audit actions, a substantial improvement from the previous quarter.

21.3 The committee discussed the importance of maintaining focus on existing priorities such as EDI and the development of people, while being prepared to adapt to changes and revamp the people and culture plan.

21.4 They committee considered integrating well-being objectives into the reporting structure to ensure alignment with the committee's focus areas without creating additional work. Emphasis was placed on lifting the committee's focus to a more strategic level, ensuring that priorities align with the people and culture plan and IMTP. Overall, the reflections centred on acknowledging progress, maintaining focus on existing priorities, integrating well-being objectives and ensuring a strategic focus.

ACTIONS:

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

22. ANY OTHER BUSINESS

22.1 None declared.

23. DATE OF THE NEXT MEETING

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

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

WELSH AMBULANCE SERVICES NHS TRUST

MINUTES OF THE OPEN SESSION OF THE EXTRAORDINARY MEETING OF THE QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HELD ON 13 JUNE 2025 VIA TEAMS

Meeting started at 09:30

PRESENT:

Bethan Evans	Non-Executive Director
Ceri Jackson	Non-Executive Director and Vice Chair of the Board
Rhiannon Beaumont-Wood	Non-Executive Director

IN ATTENDANCE:

Claire Appleton	Assistant Director of Putting Things Right
Kate Blackmore	Assistant Director of Quality Governance
Julie Boalch	Assistant Director of Corporate Governance and Risk
Jonathan Chippendale	Consultant Paramedic
Penny Durrant	Deputy Director of Nursing, Quality and Governance
Leanne Hawker	Head of Patient Experience & Community Involvement
Sarah Harland	Corporate Governance Officer
Jason Killens	Chief Executive Officer
Mark Marsden	Trade Union Partner
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Steve Owen	Corporate Governance Officer
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Felicity Quance	Internal Audit
Andy Swinburn	Executive Director of Paramedicine
Liam Williams	Executive Director of Quality and Nursing

APOLOGIES:

Lee Brooks	Executive Director of Operations
Wendy Herbert	Deputy Director of Quality and Nursing
Trish Mills	Director of Corporate Governance/ Board Secretary
Jonny Sammut	Director of Digital Services

42/25 PROCEDURAL MATTERS

Declarations of Interest

There were no other declarations of interest to those already in the register of interests.

Apologies

Apologies were recorded from Lee Brooks, Wendy Herbert, Trish Mills and Jonny Sammut.

The Committee RESOLVED To:

(1) Note there were no other declarations of interest other than those already on the register.
(2) Note the apologies recorded for Lee Brooks, Wendy Herbert, Trish Mills and Jonny Sammut

43/25 DUTY OF QUALITY ANNUAL REPORT 2024/25

Liam Williams advised the committee that Kate Blackmore has led colleagues from across the Trust to create the report. The report has been reviewed by Executives individually and by the Executive Leadership Team and agreed upon at the Clinical Quality Governance Group. It was now presented for endorsement prior to submission for approval to the Trust Board for publication.

Kate Blackmore commented that following the publication of last year's first Duty of Quality Annual Report, feedback was sought from the NHS Executive Quality team and the Chair of the National Reference Group for the Duty of Quality. Both provided highly positive feedback on the initial report. The reference group reconvened to review all Duty of Quality annual reports across NHS Wales prior to generating this year's report. The team adhered to a similar format and incorporated guidance from the Communications Team regarding the accessibility of the report on the website. It was recommended that the Sway platform be used instead of publishing a PDF to better support accessibility tools. Consequently, the 2024/25report appears slightly different from the 2032/24 report.

Kate added that the team used the Health and Care Quality Standard self-assessment to generate content against the twelve Health and Care Quality Standards for this year's report. Additionally, content from the Integrated Medium Term Plan (IMTP) was used to outline the Trust’s intentions with a quality perspective for the next twelve months, providing a comprehensive report that included reflection, assessment, and forward-looking goals.

The Committee noted that whilst the Duty of Candour reporting will be incorporated into the Annual Putting Things Right Report for 2024/25, which will be published in October, the Duty of Quality report content was aligned with this activity as it helps the Trust hear the citizen’s voice and produces opportunities to learn and drive improvement. The annual report has been produced using Sway to ensure the Trust meets its accessibility requirements when published on the website.

Ceri Jackson noted the challenges of making the report accessible to the public while meeting requirements. Feedback indicated reports were too long, often exceeding 50 pages. Kate Blackmore noted that initial drafts were shorter, but converting to Sway made them longer. She will continue efforts to keep reports as concise as possible while covering the full scope of quality duties.

Ceri Jackson added that the Trust's focus on digital and prioritisation, were fundamental to the Trust's work and priorities, particularly in collaboration with partners. As priorities were considered for the upcoming year, she asked how the Trust could ensure it was making informed and effective decisions concerning these areas. Liam Wiliams commented that the IMTP has a level of investment that has been made available for this financial year to strengthen the approach to data and digital.

Ceri Jackson raised another query regarding Equality, Diversity and Inclusion (EDI) which she considered to be an overarching theme but would appreciate any additional insights on this subject. Kate Blackmore added that the team had collaborated closely with the EDI team to identify key elements that would align with the Equitable standard. Over the next 12 months, the aim was to enhance accessibility by promoting resources more effectively, beyond just publishing them in committee papers.

Rhiannon Beaumont-Wood remarked on the importance of leveraging this report to foster a sense of pride among staff and enhance their contributions. This included discussions on data, clinical care bundles, and reporting. Additionally, she emphasised the need to collaborate with partners to improve accessibility.

Kate Blackmore explained that the Trust was preparing to launch the quality hub and introduce the Life QI tool, along with new software tools designed to enhance efficiency. From clinical compliance to bundle work, steps have been taken to reframe the electronic Patient Care Record (ePCR) for improved usability. The Duty of Quality page will feature a promotional piece to motivate staff to take assurance and pride in this significant journey.

Liam Williams added that the work completed to build the Clinical Model Transformation Programme has been carried out ensuring close cooperation with NHS partners across Wales. This work led to the cabinet secretary's agreement on the change to the Red Code set, involving collaboration across health boards, policy groups, and NHS service leadership areas.

Bethan Evans stated that she would send an email after the meeting with specific examples of how the Trust could frame things differently to be more accessible to the public. She suggested emphasising the importance of collaboration and co-production in the strategy, noting that this was fundamental to future success. Strengthening this section might better engage partners and clarify the significance of these efforts.

In addition, at the conclusion of the report addressed to the public and the patient reference group, a succinct summary might provide a more refined closing. This summary could emphasise the Trust's accomplishments over the past year while recognising the tasks that lie ahead, reaffirming dedication to patient safety and our aspiration to develop a high-quality, responsive emergency service.

In conclusion, Bethan Evans added that effective report writing required the clear communication of objectives and achievements. Including a final summary could help provide a more consistent ending.

Kate Blackmore stated that the Sway document in today's pack was updated, but the narrative Word document annex was not as the papers were already submitted.

The committee reviewed, commented in detail, endorsed and supported the onward transmission to the Board following a final review.

Jason Killens commented it was an excellent piece of work that showcased the wide range of the Trust's achievements. The journey undertaken and the exceptional efforts of everyone involved was clear.

Bethan Evans expressed her gratitude for the leadership provided by Jason Killens, noting that this would be his final attendance at the Quest meeting.

Jason Killens expressed his gratitude to Bethan and all members of the committee for their exceptional contributions to the Trust. This committee faced considerable challenges, managing extensive content and activities with remarkable dedication.

The Committee RESOLVED To review, comment on and endorse the Duty of Quality Annual Report 2024/25, subject to a final check, for onward approval at Trust Board.

Date of Next meeting: 5 August 2025

Meeting concluded at 10:15

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

WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

MINUTES OF THE OPEN MEETING OF THE AUDIT, RISK AND ASSURANCE COMMITTEE OF THE WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST HELD ON TUESDAY 24 JUNE 2025 IN CARDIFF MRD AND VIA TEAMS

Meeting Commenced at 09:45

PRESENT:

Peter Curran	Non-Executive Director and Committee Chair
Rhiannon Beaumont-Wood	Non-Executive Director
Ceri Jackson	Non-Executive Director

IN ATTENDANCE:

Jason Killens	Chief Executive Officer (Item 13)
Hugh Bennett	Assistant Director, Commissioning & Performance (Item 5.2.3)
Julie Boalch	Assistant Director of Corporate Governance and Risk
Judith Bryce	Assistant Director of Operations
Christian Fox	Trade Union Partner
Fflur Jones	Audit Wales
Sarah Harland	Corporate Governance Officer
Wendy Herbert	Assistant Director of Quality and Nursing
Osian Lloyd	Head of Internal Audit, NWSSP
Amy Lord	Audit Wales (Item 13)
Trish Mills	Director of Corporate Governance/Trust Board Secretary
Jason Killens	Chief Executive Officer (Item 13)
Carl Kneeshaw	Director of People
Alex Payne	Corporate Governance Manager
Jessica Price	Head of Financial Accounting
Felicity Quance	Deputy Head of Internal Audit, NWSSP
Ed Roberts	Interim Assistant Director of Finance
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Yvonne Thomas	Audit Wales (Item 13)
Carl Window	Local Counter Fraud Manager

APOLOGIES:

Christian Fox	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

1. WELCOME, APOLOGIES AND QUORUM

1.1 The Chair warmly welcomed everyone to the meeting of the Audit Risk and Assurance Committee (ARAC). The Chair thanked everyone who contributed to the reports, acknowledging the excellent standard of work.

1.2 Apologies were received from Christian Fox and Liam Williams, and it was acknowledged Wendy Herbert would be deputising in Liam absence.

1.3 Sarah Harland was welcomed in her capacity of the new Corporate Governance Officer providing secretariat support to the Audit Risk and Assurance Committee moving forward.

1.4 It was confirmed the meeting was Quorate.

The Committee RESOLVED to:

(1) Noted the apologies from Christian Fox and Liam Williams, and it was acknowledged Wendy Herbert would be deputising in Liam absence.

(2) Noted Sarah Harland's role as the new Corporate Governance Officer providing secretariat support to the Audit Risk and Assurance Committee moving forward.

2. DECLARATIONS OF INTEREST

2.1 For transparency and to avoid any potential conflicts of interest, the Chair advised of a change in status at Kaplan International College, he is now a substantive member of the governing body. Trust Board, rather than an interim member, and was congratulated by the Committee for this.

2.2 There were no further declarations of interests recorded other than those listed on the Register of Interests.

The Committee RESOLVED to: Noted the Chair's change in status at Kaplan International College, and that there were no further Declarations of Interests recorded other than those listed on the Register of Interests.

3. MINUTES OF THE LAST MEETING 01 MAY 2025

2.3 The Minutes of the ARAC held on 01 May 2025 were approved.

The Committee RESOLVED to: Approved the Minutes of 01 May 2025.

4.1 ACTION LOG AND MATTERS ARISING

4.1.1 ***Action 20/25*** *01 May 2025 Annual Trust Board and Committee Effectiveness Review 2024/2025 (All Committees) Ceri Jackson requested further details on the governance process in terms of EqIA's. It was agreed that Trish Mills would provide further guidance on the completion of EqIAs as a substantive item at the next meeting.* Trish Mills provided an update on the Equality Impact Assessment (EQIA) process. The goal is to integrate impact assessments early in strategy or policy development to highlight their value. New

document front covers now include a section asking if an impact assessment is required, with hyperlinks to relevant documents. There was a discussion about incorporating the Well-being of Future Generations Act into the impact assessments, aiming to embed long-term considerations. The importance of conducting these assessments properly was emphasised, with a suggestion to review their effectiveness next year.

The Committee RESOLVED to: Noted the update on the actions as described.

4.2 COMMITTEE AAA REPORT

4.2.1 The Committee AAA report dated 01 May 2025 was received.

The Committee RESOLVED to: Noted the AAA Report of 01 May 2025.

5. INTERNAL AUDIT REPORTS

5.1 ANNUAL HEAD OF INTERNAL AUDIT OPINION 2024/25

5.1.1 Osian Lloyd presented the 2024/25 Annual Internal Audit Opinion, which concluded with a reasonable assurance rating. The report confirmed that 20 reviews were completed, two with substantial assurance, 13 reasonable, four limited and one advisory. The Internal Audit Plan was delivered as agreed, and all service performance indicators presented as green by year end; which reflects strong collaboration between Internal Audit and management within the Trust. The Committee was assured that sufficient work had been undertaken to support the opinion, which contributes to the Board's understanding of Governance, Risk Management and Internal Control.

5.1.2 The Chair acknowledged the improvement in Performance Indicators and confirmed that the one outstanding report had already been factored into the Annual Opinion. Trish Mills noted that she has recently introduced a new template to support Equality Impact Assessments (EqIAs), which encourages early engagement and highlights links to Data Protection and Environmental Impact Assessments. Trish also highlighted efforts to align with the Wellbeing of Future Generations Act.

5.1.3 Rhiannon Beaumont-Wood raised the need for a more strategic approach to patient experience and community involvement. Wendy Herbert confirmed a Strategic Plan is in place, supported by a new Service User Framework and Action Plan, with internal delivery under review to better reflect patient voice.

The Committee RESOLVED to:

(1) Noted The 2024/25 Head of Internal Audit Opinion.

(2) Members were reasonably assured that sufficient audit work was undertaken during the year to be able to give an overall Opinion in line with the requirements of the Public Sector Internal Audit Standards.

5.2 INTERNAL AUDIT REPORTS

5.2.1 The following Internal Audits were completed during the quarter and presented to the Committee. Members reviewed the management actions that accompanied the Audits and were assured they were appropriate and timely. There is one review that was slightly delayed (111 Wales Website) which is in draft format and will be presented to the next meeting.

5.2.1 Follow Up Audit on 2024/2025 (reasonable assurance)

5.2.1.1 Felicity Quance presented the Follow-Up Audit Report, confirming that all 18 tested recommendations were correctly marked as complete, despite some requiring additional evidence. The Trust's Q3 2024/25 closure rate of 67.9% exceeds the All-Wales average of 65.1%. A new approach will see follow up audits conducted quarterly rather than annually.

5.2.1.2 The Trust is trialling a new Tracker system with Digital Health and Care Wales, and a Counter Fraud Tracker, launched in April, and will be reviewed at the next ARAC Committee meeting. Trish Mills praised the work of Alex Payne and Lisa Trounce in progressing closures and stressed the importance of timely and well evidenced action completion. Carl Window suggested biannual updates for the Counter Fraud Tracker but agreed to present it quarterly if preferred.

5.2.2 Contract Management Advisory Report (no assurance rating applied)

5.2.2.1 Felicity Quance presented the all-Wales advisory review on Contract Management, which identified six common improvement areas across NHS organisations. The Trust was the only body with a Contract Register in place, although still developing. Due to resource constraints, a centralised register will not be pursued, and directorate level registers will be maintained instead. Strong practices were acknowledged in high-risk areas such as Digital and Finance & Corporate Resources Directorates.

5.2.2.2 Chris Turley welcomed the report, acknowledging the timing challenges and the need to strengthen Contract Management culture. Chris referenced the joint Siren Notice and governance note to be issued to reinforce responsibilities. Trish Mills acknowledged the importance of the report and emphasised the need for improvements within contract management processes, highlighting the significance of addressing the recommendations provided in the report to enhance the overall efficiency and effectiveness of contract management within the organisation.

5.2.2.3 Carl Window raised concerns about relying solely on managers to uphold contract responsibilities and the missed opportunity of a centralised register, particularly for managing procurement fraud risk. Carl questioned how awareness and compliance would be measured. Felicity Quance confirmed the topic will remain on the agenda and stated that many staff already have Contract Management duties embedded in their roles. ARAC agreed to revisit progress in nine months.

5.2.3 Seasonal Modelling and Forecasting (reasonable assurance)

5.2.3.1 Felicity Quance presented the audit focused on winter resilience planning. There were seven medium priority findings. Key issues included weak documentation, unclear ownership and the absence of a formal post implementation review or evaluation against IMTP priorities. The Forecasting and Modelling Group, established during COVID-19, is now permanent but requires clearer Terms of Reference and stronger meeting administration.

5.2.3.2 Hugh Bennett acknowledged the findings, noting strong culture but limited process capacity, and welcomed the audit's insights. He and Trish Mills agreed that the actions outlined will help build a more robust framework. Rhiannon Beaumont-Wood and Ceri Jackson stressed the need for appropriate tools and clarity on capacity. The Chair raised concerns about assurance and feasibility based on the comments from Hugh Bennett; which prompted request for Hugh to revisit capacity discussions with Rachel Marsh, the Executive owner of this audit and the related management actions

5.2.2.3 Chris Turley cautioned against discussing resourcing in this forum and emphasised managing within existing budgets. Hugh Bennett agreed and proposed further discussion outside the meeting. The Committee noted that the need for formal evaluation is a recurring audit theme and asked the Finance and Performance Committee, who will receive the report in July, to consider its role in overseeing such evaluations. Further clarity on capacity will be revisited in September.

5.2.4 Start of Shift Procedure (limited assurance)

5.2.4.1 The Committee reviewed the Start of Shift Procedure Report, which assessed compliance with the SOP covering vehicle preparation and equipment availability. While vehicle checks are being completed, the audit found limited evidence of consistent recording and reporting, largely due to operational pressures and time constraints. Four of six objectives were rated as reasonable or substantial, with three rated limited, and five management actions were raised.

5.2.4.2 To address the findings, the existing Vehicle Accident Management Task and Finish Group will expand its scope to develop a more efficient system for recording checks and update the SOP accordingly. Judith Bryce and Rhiannon Beaumont-Wood supported the changes, highlighting the need for improved evidence and accessibility. Damon Turner linked the challenges to wider system pressures, including hospital delays. The Committee welcomed the assurance that progress will be monitored through the Senior Operations Team and reported to the Senior Leadership Team.

5.2.5 Emergency Communications Nurse System Implementation (reasonable assurance)

5.2.5.1 The Committee reviewed the Emergency Communications Nurse System Implementation Audit (ECNS), which received a reasonable assurance rating. Three objectives were rated reasonable and two limited, with key issues including a backlog of over 400 audits, limited clinician monitoring and no post-implementation review. The absence of formal

evaluation and escalation processes could impact accreditation. These findings reflect a broader theme seen in previous audits, highlighting the need to pause and assess project outcomes.

5.2.5.2 Management acknowledged the issues and confirmed that the onboarding of six new auditors in Q2, along with improved processes, will help address them. Judith Bryce and Wendy Herbert highlighted progress since 2021 and confirmed that most expected benefits were realised, though a full evaluation is still needed. Felicity Quance and Osian Lloyd emphasised the importance of structured benefits realisation across projects. Oversight of the audit actions sits with the Finance and Performance Committee, which will receive the report in July. ARAC has asked the Committee to further consider its role in monitoring post implementation evaluations across the Trust.

5.2.6 Capital Systems (reasonable assurance)

5.2.6.1 Felicity Quance presented the Capital Systems Internal Audit Report, which received a reasonable assurance rating. While most controls were effective, the audit identified one high and four medium priority findings. These included undocumented procedures, issues with contract management, and non-compliance with Declarations of Interest, particularly involving NWSSP Procurement Officers. Chris Turley welcomed the assurance level but expressed concern over potential delays in contract signing due to one of the recommendations and called for a pragmatic application of this, if required. Chris confirmed the Trust had already fulfilled its responsibilities within the required management action, including sharing the findings with NWSSP to support compliance improvements.

The Committee RESOLVED to:

(1) Noted the following Internal Audit reports: Follow Up Audit 2024/25; Contract Management Advisory Report; Seasonal Modelling and Forecasting; Start of Shift Procedure. Emergency Nurse Communications System Implementation; and Capital Systems.

(2) It was agreed that the Committee schedule a follow up to the Contract Management Advisory Report in 6-9 months' time, to ensure that the suggested actions in the report, particularly those involving shared services are being addressed.

(3) Seasonal Modelling and Forecasting - Hugh Bennett to discuss with Rachel Marsh and clarify position and resource requirements.

6. AUDIT WALES REPORTS

6.1 Audit Wales Update Report

6.1.1 Fflur Jones provided an update on the Performance Audit, stating that the completed Urgent and Emergency Care Review was included in the update. Fflur added that fieldwork for the Structured Assessment and Deep Dive would begin shortly, with fieldwork for Estates and the local review scheduled to start later in the year.

6.1.2 Trish Mills stated that the Audit Wales Cost Saving Arrangements Checklist – a Checklist for NHS Board Members has been added to the Trust Board Induction Pack and would be circulated to the Non-Executive Directors. Trish also added that Estelle Hitchon is reconvening the Task and Finish Group in September to work on operationalising the Wellbeing objectives, using the framework from the Wellbeing of Future Generations Report.

The Committee RESOLVED to:

(1) Received the Audit Wales update report.
(2) Noted The 2025/26 Structured Assessment brief has been agreed and work is underway, with the deep dive for 2025/26 being a review of the arrangements to manage estates (due to be reported in March 2026).
(3) Noted The 2024/25 deep dive review of investment in digital systems to support service resilience and transformation is due to be reported to ARAC in November, using it as a framework to re-convene the Task and Finish group in September.
(4) The Committee agreed that an action would be taken by Trish Mills to circulate the Cost Saving Arrangements Checklist – A Checklist for NHS Board Members, to the Non-Executive Directors. The Committee noted that the Audit Wales Checklist is included within the Trust Board Induction Pack.

6.2 Urgent and Emergency Care Report

6.2.1 Fflur Jones presented the Urgent and Emergency Care Report, highlighting the Trust's efforts to manage demand through community based care and reduced hospital transportation. Despite progress, issues such as handover delays, inconsistent access to services and fragmented data persist. Fflur advised that she provide a realistic date for the completion of the National View Report on Collaboration Handover between organisations.

6.2.2 The 111 Wales Website needs urgent updates, and collaboration with Health Boards must improve. Ceri Jackson emphasised better communication, data integration and public engagement. The Committee requested follow up on the National View Report on Collaboration Handover and clarification on the "no send" approach.

6.2.3 The report examined Urgent and Emergency Care in three parts: flow out of hospital (not applicable to the Trust), accessing urgent and emergency care, and national arrangements and leadership structures.

6.2.4 The Committee acknowledged the Trust's positive changes but stressed the need for collaboration with Health Boards to address systemic challenges and improve patient outcomes. The Committee expressed concern about patients harmed by handover delays and the need for urgent action and acknowledged the need for a formal engagement plan and integrated data to improve patient pathways. The Committee also

acknowledged Health Boards legal responsibility to trigger the Duty of Candour for patients harmed by handover delays and suggested using available data for future audits.

The Committee RESOLVED to:

(1) Took assurance from the Urgent and Emergency Care Review
(2) Fflur Jones to provide a realistic date for the completion of the National View Report on Collaboration Handover between organisations.
(3) Fflur Jones to double check the report's reference to the "no send" approach and confirm whether it accurately reflects the current status.

7. RISK MANAGEMENT REPORT

7.1 The Committee received the 2025/26 Risk Report, confirming no material changes to principal risks. Discussion focused on the repositioning of Risks 223 and 224, separating internal and external controls and introducing effectiveness scoring. This new approach, already improving discussions on Risk 223, may be applied to other such as the Decarbonisation Risk.

7.2 Risk appetite statements are being finalised, and a strategic Board Assurance Framework is in development. Julie Boach reported that interviews for a new Risk Manager are scheduled for 11 July with the aim of supporting the enterprise Risk Management Programme and to explore Digital Solutions for Risk Management as key pieces of work within their role.

7.3 New dashboards have been developed, and the Committee supported flexibility in the work programme timings as new processes are tested.

The Committee RESOLVED to:

(1) Consider and discuss the contents of the Report.
(2) Received assurance on progress of the 2025/26 work programme and timelines.
(3) Noted the development of Risk Appetite Statements.
(4) Noted the next steps in relation to a Digital Risk Management solutions.
(5) Received assurance on the review and attention to the principal risks, including their review at ADLT, ELT and at relevant Committees.
(6) Noted the ratings and mitigating actions for each principal risk.

8. AUDIT TRACKER UPDATE - Q4 2024/25 T

8.1 The Committee acknowledged strong Q4 progress on the Audit Tracker, with 51% of internal and 85% of external audit actions closed. Four ePCR audit actions, now under the Digital Directorate, remain open but are being actively addressed following a recent review. Trish Mills and Osian Lloyd confirmed a phased approach to the implementation of recommendations from the audit, which involves prioritising and addressing the recommendations in stages to ensure a manageable and effective implementation process. i, with further detail to be shared at the next meeting.

The Committee RESOLVED to:

(1) Noted the progress made in closing audit actions in Quarter 4.
(2) Noted the ELT's decision to remove the option of a third revised deadline
(3) Received assurance that the management actions for the audits within the purview of this Committee (at Annex 1), and overall (at Annex 2), are being effectively and appropriately managed, closed off in quarter or clarity provided on dates which have moved and rationale.
(4) It was agreed a detailed progress update on the Electronic Patient Clinical Records (ePCRs) actions will be scheduled for the Committee's September 2025 Forward Planner.

9. LOSSES AND SPECIAL PAYMENTS

9.1 The Committee reviewed the Losses and Special Payments Report, which included full year data for 2024/25 and early figures for 2025/26. Total net losses for 2024/25 were £0.668 million, and -£1.248 million for April/May 2025. Chris Turley confirmed the report was standard and accurate, and the Chair expressed satisfaction. The Committee emphasised the importance of learning from these incidents and maintaining strong processes to prevent future losses.

The Committee RESOLVED to:
Noted the Losses and Special Payment Report for 1 April – 31 May 2025.

10. NHS WALES NO PO NO PAY POLICY

10.1 Edward Roberts presented revisions to the NHS Wales No PO No Pay Policy, including a new minimum exception list, updated objectives referencing late payment fees and removal of escalation tables to allow local processes. The policy will go to the Finance and Performance Committee for approval. Trish Mills clarified that while the ARAC can't approve financial policies, it can approve financial procedures and advised that the terms of reference for ARAC would be updated to ensure that the governance route for such business was clear.

The Committee RESOLVED to:

(1) The Committee received and accepted the changes to the national Policy;
(2) Noted that the Policy is to go to the Finance and Performance Committee for Approval.

11. INTEGRATED GOVERNANCE PROGRAMME

11.1 Trish Mills highlighted key aspects of the Integrated Governance Programme. In Q1, standardised templates will be launched on 1 August, followed by a six-month review. Q2 will focus on a meeting etiquette policy and minute formatting. Q3 will introduce an assurance and accountability handbook, while Q4 will explore AI tools, with some elements continuing into the next year. Trish emphasised the goal of embedding good Governance throughout the organisation.

11.2 In response to the Chair's question about resourcing, Trish Mills acknowledged constraints but noted that efforts were concentrated on high impact initiatives. Rhiannon Beaumont-Wood supported the programme's ambition, urging it to be seen as an enabler. Trish agreed, stressing the importance of communicating benefits. Ceri Jackson emphasised accessibility compliance, and Trish confirmed that feedback is being gathered, with Julie Boach and Alex Payne leading the consultation.

The Committee RESOLVED to:
Received assurance on progress of the programme and noted the timelines for the 2025/26 deliverables.

12. NON-COMPLIANCE WITH STANDING ORDERS

12.1 Trish Mills reported an internal oversight in authorising an Employment Tribunal settlement due to a misinterpretation of financial tables. The Remuneration Committee has since approved it retrospectively and the position will be reported to the Trust Board. Carl Kneeshaw clarified that the wrong delegation criteria were applied; the payment should have followed the ex-gratia process, requiring approval from the Chief Executive, Remuneration Committee and Welsh Government. Carl assured the Committee that future cases will follow the correct procedure.

The Committee RESOLVED to:

(1) Noted the position with non-compliance against Standing Order and mitigating actions taken regarding the non-compliance reported to the Remuneration Committee in June 2025.
(2) Noted that the Trust Board will be notified via the ARAC AAA report.

13.1 2024-25 ANNUAL ACCOUNTS, ANNUAL REPORT AND RECOMMENDATIONS TO TRUST BOARD

13.1.1 <u>2024-25 Annual Audit Accounts</u>
The Chair expressed gratitude to the staff for their work on the Annual Report and Accounts, emphasising the high standard necessary for Audit Wales scrutiny and approval. Chris Turley highlighted key points from the Annual Accounts, noting that the official deadline for NHS bodies certified accounts is the end of the month, earlier than last year. Draft accounts were submitted by 2 May, showing a surplus of £70,000 for the year. Income for the year was just over £325 million, reflecting significant growth, and expenditure nearly matched income, resulting in the £70,000 surplus. The accounts included compliance with the public sector payment policy and a capital element.

13.1.2 Amy Lord summarised the audit findings, stating an unqualified audit opinion is intended, subject to the signed Letter of Representation. No significant issues or uncorrected misstatements were found, and improvements from the previous year were noted. The Auditor General is expected to sign the accounts on 27 June, ahead of the 30 June deadline. Jason Killens expressed pride in the Finance Team's work and emphasised the significance of securing a clean audit opinion, given the organisation's growth. The Chair

praised Audit Wales for their pragmatic approach and to the Finance Team for their professionalism and competence.

13.1.3 The following formalities were undertaken:

- The Audit Risk and Assurance Committee endorsed the Trust's Annual Accounts 2024/25 for approval by the Trust Board on 26 June.
- The Letter of Representation, the Appendix to the Audit Report, was also endorsed by the Committee for signature on 26 June by Jason Killens and the Chair.

13.2 <u>2024-25 Annual Report</u>

13.2.1 Trish Mills presented the draft Annual Report, comprising the respective Performance and Accountability Reports developed in line with the Manual for Accounts. The report has been reviewed by the Trust Board, with feedback from Audit Wales and Welsh Government addressed. While the Duty of Quality Report was presented separately, Quality Governance is referenced. Final updates are pending, including the Auditor General's Opinion and the Remuneration Table, with the Statement of Directors' Responsibilities to be signed post-approval.

13.2.2 Ceri Jackson praised the report's clarity and balance, suggesting a shorter, easy-read version to improve accessibility and public engagement. Trish Mills agreed, highlighting its value to stakeholders such job applicants and the effort involved in translation. This will be considered for the 2025-26 annual report preparation.

13.2.3 Rhiannon Beaumont-Wood supported the idea of an easy read version and recommended highlighting partnership impacts and sharing content with partners to ensure collaboration. Trish Mills confirmed flexibility in content, though some elements are prescribed, and highlighted the challenge of balancing design and translation resources.

13.2.4 The Chair confirmed the Audit Risk and Assurance Committee's endorsement of the report for Trust Board approval.

The Committee RESOLVED to:

(1) Endorsed the Trust's Annual Accounts 2024/25 for formal approval by the Trust Board at its meeting on 26 June 2025.

(2) Endorsed the Letter of Representation, the Appendix to the Audit Report, for signature on 26 June by Jason Killens.

(3) Endorsed the 2024-25 Annual Report for formal approval by the Trust Board at its meeting on 26 June 2025.

14. COMMITTEE MONITORING REPORT AND PRIORITIES UPDATE 2025-26

14.1 The Committee's Cycle of Business Monitoring Report and Priorities update were received.

The Committee RESOLVED to:
Noted the Cycle of Business Monitoring Report and Cycle of Business Notes.

15. REFLECTIONS

15.1 The Committee acknowledged the high standard and quality of work and presentations, reflecting the professionalism and dedication of the staff involved. The Committee emphasised the importance of collaborative effort and the professionalism demonstrated by all participants, highlighting the effective teamwork across different roles and departments. Members acknowledged the difficulty in achieving a balance between detail and conciseness in the reports and congratulated all contributors for striking this balance effectively, making the reports both comprehensive and accessible.

16. ANY OTHER BUSINESS

16.1 None

17. Date of next meeting:

17.1 **Tuesday 2 September 2025**

Meeting concluded at 14:40

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

MINUTES OF THE MEETING OF THE FINANCE AND PERFORMANCE COMMITTEE (OPEN SESSION) HELD ON 21 JULY 2025 IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS

Meeting started at 09:30

PRESENT:

Jayne Beeslee	Non-Executive Director and Chair
Peter Curran	Non-Executive Director (Left during Item 55/25)
Bethan Evans	Non-Executive Director

IN ATTENDANCE:

Rhiannon Beaumont-Wood	Non-Executive Director (Left during item 50/25)
Hugh Bennett	Assistant Director, Commissioning and Performance
Lee Brooks	Executive Director of Operations
Jason Collins	Head of Financial Management
Colin Dennis	Chair of the Trust Board
Fflur Jones	Audit Wales
Sarah Harland	Corporate Governance Officer
Wendy Herbert	Assistant Director of Quality and Nursing
Carl Kneeshaw	Director of People
Osian Lloyd	Head of Internal Audit
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jonny Sammut	Director of Digital Services
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner

APOLOGIES:

Rachel Marsh	Interim Chief Executive
Liam Williams	Executive Director of Quality and Nursing

45/25 PROCEDURAL MATTERS

Jayne Beeslee welcomed all to the meeting and reminded attendees that the meeting was being audio recorded. Members noted that any declarations of interest were contained within the Trust's Register of Interests.

Minutes: The minutes of the open session held on 20 May 2025 were considered by the Committee and confirmed as a correct record.

Matters Arising: Estelle Hitchon commented she would temporarily carry out the duties of the Executive Director of Strategy, Planning and Performance, pending Remuneration Committee approval, and clarified she was not a regular Committee member.

Action Log: Action 33/25: Integrated Medium Term Plan delivery/Assurance - End of Year report. *It was agreed that a highlight report from the Clinical Model Transformation (CMT) programme would be beneficial for the Committee to provide better oversight, instead of including it in the paper which covered a broad range of topics and making it easier to understand its impact on strategic objectives. Hugh Bennett agreed to explore this to use existing information to meet the request without creating additional reports.* The CMT programme highlight report is included with the papers. Action closed.

Action 33/25a: Integrated Medium Term Plan delivery/Assurance - End of Year report. *The committee acknowledged that the Cabinet Secretary's priorities were already monitored within existing work streams and rather than duplicate work it was proposed that a RAG rating system, against these priorities, would be incorporated into the next update to make it easier to identify areas needing attention and help focus the committee's attention on specific areas.* This information was incorporated in the report. Action closed.

Action 24/25: *Peter Curran raised a point regarding the average jobs per shift metric, which was currently classified as amber. Given its significant impact on patient harm, Hugh Bennett agreed to review the methodology used to classify the metrics and either amend it to red or provide an explanation for the current classification at the next meeting*. Hugh Bennett responded that he would need to investigate further, noting that the metric in question is average jobs per shift by all vehicle types. He suggested it would be useful to split out the data, particularly focusing on Emergency Ambulances (EA) for its correlation with handover. He observed an upward trend in EA jobs per shift but noticed a significant drop in apps, which he did not immediately understand, and stated he would investigate the connection further and provide an update before the next meeting. Action to remain open.

Action 39/25: report on Commissioning: *The report was not considered during the meeting given it was received after publication. It was agreed that the report would be circulated to the committee following the meeting and included at the next meeting for endorsement.* The report was circulated by e mail to committee members and included in today's papers. Action closed.

Action 40/25: Risk Management and Board Assurance Framework - *It was agreed to undertake a deep dive on the Decarbonisation Risk (Risk 542) in readiness for the next*

meeting which will include a detailed review of the controls and mitigations. This action was discussed offline at a meeting involving, Jayne Beeslee, Peter Curran and Chris Turley. Action closed.

Committee Highlight Report: The Committee highlight report dated 20 May 2025 was received.

The Committee RESOLVED TO:

(1) Approve the minutes of the Finance and Performance Committee held on 20 May 2025.
(2) Consider the Action log and noted the update as described above.
(3) Receive the Committee highlight report dated 20 May 2025.

46/25 OPERATIONS UPDATE

Lee Brooks highlighted key points from the Operations Report: -

1. Handover delays have significantly decreased, with June showing the lowest lost hours in some time. This improvement was being closely monitored, especially at the Royal Glamorgan and Morriston hospitals, where targeted actions have been implemented.

2. Multi Agency Incident Transfer (MAIT), which enabled electronic transfer of Computer Aided Dispatch (CAD) incidents between services, went live with two police agencies in mid-June. There was early positive staff feedback, and it was anticipated this move will reduce telephony activity between agencies.

3. The team was providing planned support to Yorkshire Ambulance Service while they transitioned their 999 triage system. The Trust was handling 100–150 calls per day for Yorkshire, and members were assured that this support has not negatively impacted performance.

4. There has been a slight improvement in sickness rates in Emergency Medical Services Contact Centres (EMSCC) since the last quarter's update, following workshops conducted by the EMSCC leadership team, Trade Union partners, and people services.

5. Emergency Ambulance Practitioner (EAP) training continued to progress well, there were a total of 40 staff currently on courses, and a further 174 staff due to complete the course prior to the end of the year.

6. On 01 July 2025, the Trust went live with its new approach to high-priority incident responses. The current red category was replaced by three new classifications: Purple Arrest, Red Emergency, and Red Category 0 (RCS0). As part of this transition, Urgent Care Service (UCS) began responding to Purple calls. They will act as first and

co-response resource, like Community First Responders, to deliver Basic Life Support (BLS). Emergency Medical Services (EMS) will continue to be dispatched.

The Chair congratulated Lee Brooks and the team for the successful launch of the new performance framework, recognising the significant effort required across the Trust, including clinical and digital teams. She also acknowledged the positive development regarding the utilisation of UCS staff, recalling previous discussions with team members who were eager for increased involvement. Furthermore, she extended congratulations to Laura Charles for receiving the King's Medal.

Peter Curran asked about the MAIT system, specifically whether it was linked to the Emergency Services Network, and inquired about the potential benefits of expanding it. Lee Brooks clarified that the MAIT system was slightly disconnected from the broader Emergency Services Network programme and confirmed there were significant benefits, including reduced telephony activity by enabling electronic transfers and improved, auditable communication directly within the CAD.

The Chair raised a question about the level of confidence that the new Taskforce focused on the 45-minute handover target would gain the necessary traction to keep all Health Boards in Wales focused, especially given recent improvements and potential momentum. Lee Brooks advised that the Taskforce has recently been convened. He emphasised that while there has been a reduction in handover delays, it was important not to become complacent.

The Committee RESOLVED To note the update.

47/25 FINANCIAL POSITION FOR MONTH TWO 2025/26 AND MONTH THREE 2025/26

MONTH TWO 2025/26

The paper providing the financial update to Month 2 was noted, but Chris Turley requested that the Committee focus on the updated position as at Month 3, given some of the challenges that had emerged over the last week or so.

MONTH THREE 2025/26

An update was given by Chris Turley who provided the Committee with details in the following areas:

1. Chris advised the Committee of some emerging external financial risks. He reported that for the first time in a long period, the year-to-date financial position showed an emerging overspend/deficit of just under £200k, moving from a previously balanced position. The main reasons for this shift were two external factors: a reduction in expected income and an increase in spend, particularly related to the Welsh Risk Pool (WRP).

2. The WRP has substantially increased its previous forecast of in year spend, which, if it materialises would require an increased contribution from all Welsh NHS bodies. For the Trust this could require an increased contribution of c£829K in year.

3. Furthermore, Welsh Government (WG) has recently advised that it was not able to cover the full costs associated with the increase in employers' National Insurance contributions (NICs). This was due to a gap in the funding provided for this from the UK Treasury for the public sector in Wales. This gap for the Trust, which at month three was estimated at c£300k could now be over £1m in year, based on updated detail received in month.

4. These challenges may worsen finances over the year, possibly resulting in a deficit forecast by month four. The Trust plans to use its contingency fund to offset some impact, but if both issues persist, total in-year pressure could reach £2M.

5. Chris Turley added that the Executive Leadership Team (ELT) will be discussing possible mitigations in the coming weeks and will continue to discuss the issues with WG and NWSSP to understand the extent of the additional costs, particularly with reference to the WRP.

6. Despite these pressures, the forecast for the end of quarter one remained to break even, but the risk of not achieving this has increased significantly.

7. The capital plan was on track, and savings targets were being slightly overachieved, but these internal achievements have not fully offset the external pressures.

Peter Curran commented that compared to last year, the financial situation was much riskier, with more variables and unknowns now present. He expressed concern about the unexpected increase in WRP costs and highlighted the difficulty of operating without clear financial information, referencing the NIC funding gap as a challenging factor.

Peter Curran inquired if, in a worst-case scenario, were there times in the year where planned spending could be withheld or delayed mitigating the deficit. Chris Turley confirmed ELT will be working through all options, including reviewing planned increases that have not yet materialised and considering slippage or stopping certain expenditures. He added that contingency funds have been used to offset some pressures.

Wendy Herbert expressed disappointment about the late increase in WRP costs and asked if this would impact the legal team. Chris did not yet know the likely detailed impact of this as yet but acknowledged the point and advised more information was being requested.

The Committee appreciated early sight of the risk and were assured the Trust was taking all appropriate action. It further noted that such a position for the Trust, in recent years was unprecedented.

The Chair acknowledged that the Committee was confident the situation was being managed appropriately and supported the current approach. Further details may need to

be addressed in the AAA report for the Trust Board, as they will expect this matter to have been thoroughly examined by this Committee.

The Committee RESOLVED To:

1. **Note and gain assurance in relation to the Month 2 revenue financial position and performance of the Trust as at 31 May 2025.**
2. **Note the delivery of the 2025/26 savings plan, and the context of this within the overall financial position of the Trust.**
3. **Note the capital programme for 2025/26.**
4. **Note the Month 2 Welsh Government monitoring returns submission included within *Appendices 1 – 2* (as required by WG).**

48/25 FINANCIAL SUSTAINABILITY PROGRAMME (FSP) UPDATE

Carl Kneeshaw presented the report and updated the Committee on the following points:

1. Early performance against a savings target of £8.5m showed a slight overachievement, but there remains a reliance on non-recurrent savings.

2. Recruitment for the Head of Commercial Development position has concluded. This role was responsible for income generation and commercial initiatives, and was aligned with the Financial Sustainability Programme (FSP).

3. A Task and Finish Group has been established with Trade Union partners to develop recommendations for Emergency Ambulance crew composition. An options paper has been submitted to ELT, with a further iteration to come back shortly.

4. An administration and support review was initiated in 2023 however capacity constraints, staff turnover, and competing priorities have delayed progress.

5. A service review has led to 16 mini business cases following a comprehensive review across 50+ service areas. A tiered implementation model and governance structure has been agreed.

Peter Curran inquired whether there was an expectation of income or return on investment from the Head of Commercial Development role within the current year, or if benefits were anticipated in the following year. Chris Turley clarified that no significant income from this role had been assumed in the current year's financial plan, so there was no risk to the plan if immediate returns were not realised.

The Chair commented that the appointment for the new Head of Commercial Development was later than expected, making it crucial to set clear objectives so they can start effectively and present viable options quickly. Financial sustainability remained a Committee priority; so timely, comprehensive updates were essential.

The Committee RESOLVED To Note the report.

49/25 REPORT ON COMMISSIONING

Hugh Bennett provided a brief commissioning update, stating that the governance of the JCC (Joint Commissioning Committee) remained fluid. He noted that while formal governance was still developing at the JCC, there were established informal working relationships and strong internal governance within their own organisation.

The Committee RESOLVED To Note the continuing development of the new commissioning arrangements within the JCC.

50/25 INTEGRATED MEDIUM TERM PLAN (IMTP) PROGRESS REPORT

Hugh Bennett updated the Committee on the following:

1. The Clinical Model Transformation (CMT) programme was progressing at pace, with a recent successful launch of phase one of the new Ambulance Performance Framework on 1 July, described as a monumental effort.
2. The programme was RAG-rated yellow (cautionary) due to the rapid pace of change and the significant demand on staff, with concerns about potential burnout and the need for ongoing prioritisation. This was an improvement from amber in the previous period.
3. Five balanced scorecards for benefits and outcomes have been developed for the programme, supported by more detailed logic benefits maps.
4. Internal feedback has led to improvements in communications and digital tools, and the programme was now using Microsoft Project and Planner for better management.

It was noted that progress on Cabinet Secretary priorities was good, with no red-rated items reported. The priorities were being tracked and reported alongside the CMT and Directorate Integrated Medium Term Plan (IMTP) actions.

With respect to the Directorate-Led IMTP Deliverables, quarter one saw 12 deliverables, three were complete, three were on target, one was yellow, and five were red. The red items were due to capacity issues and have been reprogrammed to later in the year, which was considered reasonable. Strategic Objective 2 (enabling our people to be the best they can be) deliverables were reviewed in detail, with seven green, three yellow, and one amber status, with no reds.

The Committee asked about the two red items in the digital front end section of the report, specifically questioning whether these were temporary short-term issues due to delays and if there was confidence that the reasons for them being red would be resolved. Jonny Sammut responded by clarifying the current status of the virtual assistant and symptom checker projects, indicating that both had progressed and their risk status had improved.

The Committee agreed that assurance against 'what good looks like' within the IMTP will be presented bi-annually, commencing at the September meeting. The Committee acknowledged the positive progress made to date, while emphasising the importance of maintaining momentum and avoiding complacency, particularly as Phase 2 of the framework was introduced.

Jonny Sammut wanted the Committee to acknowledge the significant effort and cost contributed by staff, especially those in corporate services, in supporting the CMT's work. While this may not be clearly stated in the report, he emphasised the importance of recognising this contribution. Hugh Bennett confirmed a RAG rating summary for each of the CMT, IMTP deliverables, and Cabinet Secretary priorities would be provided for the Board's information.

The Chair found the high-level synopsis valuable, as it offered key insights into overall programme progress and maintained a strategic outlook. The Committee should continue monitoring workloads to prevent burnout, supporting executives in prioritising tasks since not everything can be achieved at once. It was encouraging to see Cabinet Secretary's priorities reflected. The Committee agreed the proposed approach to reporting on strategic outcomes and benefits, in line with the report recommendations.

The Committee RESOLVED To:

1. **Agree to the proposed approach to reporting on strategic outcomes and benefits;**
2. **Note the CMT programme end of Q1 position.**
3. **Note the Directorate-led IMTP end of Q1 position.**
4. **Note the Q1 position for the Cabinet Secretary's priorities set out in the 2025-26 planning framework.**
5. **Advise of any further assurance needed for the Board.**

51/25 MONTHLY INTEGRATED QUALITY PERFORMANCE REPORT (MIQPR)

Hugh Bennett provided an update:

1. He reported June's Red 8-minute performance at 50.7% and noted improvement in the Amber One median to one hour and 29 minutes, compared to the 12-month average of one hour and 51 minutes, attributing this to reduced handover delays.

2. He highlighted that handover hours dropped to 15,278, the lowest in four years, but emphasised this was still nearly three times higher than what rosters can handle.

3. He also mentioned that while Emergency Ambulance production was at 95%, it had dipped slightly and would be monitored.

4. It was noted that 111 call handling performance has stabilised, but the Trust did not achieve the 5% abandonment rate in June 2025, with performance decreasing slightly to 10% from 10.5% in May 2025.

A discussion followed on why average jobs per shift (all resource types) remained below expectations despite reduced handover delays. It was acknowledged that this metric was influenced by multiple factors including resource type, training abstractions, vacancies, and operational changes. An upward trend in the average jobs per shift for emergency ambulances was noted, but it was agreed that further analysis, was needed to better understand the correlation. Hugh Bennett agreed that he would investigate further, noting that the metric in question was average jobs per shift by all vehicle types. He suggested it would be useful to split out the data, particularly focusing on Emergency Ambulances (EA) for its correlation with handover.

The Committee RESOLVED To consider and took assurance from the May 2025 / June 2025 Integrated Quality & Performance Report and actions being taken.

52/25 QUALITY PERFORMANCE MANAGEMENT FRAMEWORK – LOGIC BENEFITS MAP

Hugh Bennett explained that the purpose of this report was to obtain approval from the Committee for the Quality Performance Management Framework (QPMF Logic Benefit Map [LBM]).

Hugh Bennett explained that the benefits map was created to address the question of what success looks like for the QPMF. He described the map as starting with inputs and moving through activities, outputs, outcomes, benefits, benefit measures, and impact.

The Chair queried if it was suitable for this document to be over two pages, as there was a lot of detailed information. The framework purpose and assumptions could serve as a cover sheet, leaving just the map on a single page. As more arrows appear, particularly on the right side, the layout becomes confusing. Hugh Bennett added that the benefits map was best viewed on A3 paper due to its detailed content. He explained that benefits maps often featured complex, non-linear connections such as audit assurance linking to multiple elements.

Trish Mills suggested that as the QPMF Steering Group progressed this year, it would be useful to review and streamline some groups and categories, since several benefit measures overlap, hence the multiple arrows.

The Chair added that balancing an accurate map with the Framework was challenging without duplicating existing work. At this stage she was not comfortable approving the LBM at this stage and recognised the substantial effort in this strong first draft and suggest the QPMF steering group addressed the amendments raised.

In terms of the QPMF benefits map and the benefits measures it was agreed that further work would be done to clarify the flows between inputs, activities, outputs and benefits. It was agreed that the QPMF Steering Group would consider this in further detail and that Hugh Bennett would provide an update at the next meeting following discussion at the QPMG Steering Group The Committee acknowledged that this was a strong first version

that would be refined over time. Assurance was provided to the Committee on governance structures and processes for feedback loops, audits and tracking benefits.

The Committee RESOLVED To:

1. **Consider the contents the Q&PMF 2025-28 LBM.**
2. **Identify any further amendments.**
3. **Consider the Quality Performance Management Framework – Logic Benefits Map noting it would be considered and endorsed by the QPMF Steering Group for Committee approval going forward.**

53/25 ANNUAL HAZARDOUS AREA RESPONSE TEAM (HART) – KEY PERFORMANCE INDICATORS (KPI) REPORT

Lee Brooks opened with an update on the Manchester Arena Inquiry (MAI) report. The Trust submitted its response to Welsh Government (WG) and the Joint Commissioning Committee (JCC) in August 2024. Commissioners reviewed these reports in March and April 2025, and feedback was expected in August. Some recommendations have been delayed, as previously reported to the Trust Board.

Lee Brooks presented the Annual Hazard Area Response Team (HART) Key Performance Indicator (KPI) report for Q4. Assurance meetings with Commissioners had taken place in March and April, allowing scrutiny of the Trust's submission, and feedback from Commissioners was expected in August. He acknowledged some slippage on recommendations, previously covered at Trust Board, and noted that an internal audit was underway to review governance arrangements.

Lee Brooks explained that the annual WG return for HART and specialist teams was a KPI report based on a provided template, covering activity numbers and team composition.

Notably, on 08 March 2025, HART was unable to provide full team cover due to short-notice absences. This incident highlighted the importance of the MAI recommendation to increase the HART team size from six to eight operatives to enhance resilience.

It was noted that funding was received to increase the Special Operations Response Team (SORT) capacity from 150 to about 290 operatives. Procurement for equipment has been achieved at lower than anticipated costs, but there have been challenges with vehicle procurement. The training programme to reach the new SORT staffing level was expected to be completed within the calendar year.

The Committee RESOLVED to Note the Annual Hazardous Area Response Team (HART) – Key Performance Indicators (KPI) Report.

54/25 BUSINESS CONTINUITY ANNUAL REPORT – 2024/25

Lee Brooks reported that the Business Continuity (BC) Annual Report demonstrated the Trust's compliance with the Civil Contingency Act 2004, the adoption of a new governance structure for Business Continuity, and the rollout of new BC software.

The main change this year was the rollout of new BC software, which would provide auditable business impact assessments and continuity plans, replacing the current paper-based process. The new system will offer dashboards and improved oversight, and its implementation was expected this year.

He added that once visibility increased, follow-up work may be needed, and the report included current completion rates for business impact assessments and continuity plans, with more work required for visibility.

The Committee RESOLVED To Note the Business Continuity Annual report 2024/25.

55/25 WELSH GOVERNMENT ANNUAL EMERGENCY PLANNING REPORT

1. Lee Brooks stated that the annual Welsh Government EPRR (Emergency Preparedness, Resilience and Response) report was submitted each year.
2. The report included updates on key national inquiries, progress against last year's priorities, and set out the current year's priorities.
3. He highlighted the incorporation of the Charter for Families Bereaved by Public Tragedy into Trust documentation, including the incident response plan, command policy, and debriefing process.
4. Progress was reported on the MAI (with 68 recommendations completed and 18 requiring financial investment, now monitored as a corporate risk), the Grenfell Inquiry and improvements in communications and tactical advisor training.
5. SORT growth and embedding remained a priority, with BC structures and software rollout ongoing.
6. The COVID Inquiry was pending, especially Module 3 outcomes.
7. A new focus this year was developing the role of volunteers in major incidents, with progress expected in engaging volunteers.
8. A robust programme of training and exercising had taken place; however, it identified a need for more frontline staff exercising.

The Committee RESOLVED To Note the Welsh Government Annual Emergency Planning Report.

56/25 RESOURCE ESCALATION ACTION PLAN

Lee Brooks advised that the Resource Escalation Action Plan (REAP) document has been reviewed both as part of its annual cycle and to prepare for the 01 July 2025 changes, with adjustments made to triggers to align with the new clinical model and to support the direction of the service, such as consolidating remote clinicians under single triggers.

The changes were described as self-explanatory, and a further review was anticipated to coincide with phase two of the ambulance performance framework, which will require another update to ensure triggers remained current. The next version of REAP will be developed in the coming months to complement these ongoing changes.

The Chair queried what steps could be taken if access to software was not possible due to a cyber-attack. Jonny Sammut explained that the Trust has a catastrophic outage recovery plan for total system failures, with multiple failover options to switch networks and restore service. The cloud-hosted Business Continuity Management System was intentionally kept separate from the Trust, allowing continued access even if there was a complete outage.

Bethan Evans raised a question about the number of SORT staff in post, observing that the South region appeared underrepresented compared to other regions. Lee Brooks updated the Committee on current numbers: North, 76, Central and West, 93 and South, 73. He added that the Trust was moving toward a staff count of 290. He remained reasonably confident that this goal will be achieved. Once the target staffing was attained, the focus will shift to understanding how many staff members were on duty at any given time and their locations, to help ensure an even distribution.

Regarding the Emergency Preparedness report, members noticed that the response options were limited to simply 'yes' or 'no.' In the Trust's case, it selected 'no,' but provided additional context explaining that some criteria were partially met, which seemed entirely reasonable. Given that this approach highlighted existing gaps and resource challenges was any specific feedback or response from WG upon their review of the report expected.

Lee Brooks commented there should be no surprise to WG about this report. The Team completing the report carefully evaluated its position to ensure consistency and challenged itself throughout the process.

The Chair emphasised that, from her perspective, the key consideration was not the reaction but rather whether the Trust's response was justifiable.

RESOLVED: The Committee RESOLVED To

1. Note the revised Resource Escalation Action Plan.

2. Confirm it was assured that a robust annual review of EPRR plans and activities has been undertaken, and to inform the Trust Board of its assurance.

57/25 DIGITAL REPORTING

Jonny Sammut gave an update on the report.:

Highlights

1. Recruitment across Digital was progressing well.
2. There has been a successful soft launch of the NHS 111 Wales Virtual Assistant chatbot, supporting multilingual access and improved user experience.

3. A technical go-live of video consultation for 111 clinicians took place on 8 July.
4. Phase 2 of the Microsoft Copilot pilot began on 01 July, with 150 licences distributed.
5. A refresh of the Electronic Patient Care record (ePCR) application was in development, aiming to reduce on-scene times and improve data quality.
6. The Cyber Resilience Unit audit has been completed.
7. There was a significant contribution by the digital team to the go-live of new call categories on 01 July.

Lowlights

8. The iPad replacement programme was paused pending agreement on a charitable donation scheme for existing devices.
9. Video Compliance Progress was delayed due to competing priorities.
10. Enhanced Interactive Voice response (IVR) (111) was deprioritised due to the Clinical Model Transformation (CMT) development demands.
11. The Reporting of new 999 Computer Aided Dispatch (CAD) metrics was currently reliant on a temporary solution; a full CAD upgrade was still unplanned.

Red Flags

12. Sustained pressure on the Information Governance (IG) team due to urgent demand from across the CMT programme.
13. All-Wales data sharing via the National Data Resource (NDR) remained unresolved, with legal and regulatory risks under active review by the Trust's Data Protection Officer (DPO) and IG team.
14. Unknown requirements for 2025/26 and 2026/27 under the CMT programme posed a capacity risk to the Digital Directorate, potentially impacting delivery of the local Digital Plan.

Jonny Sammut presented a deep dive into the digital plan, which was structured around five pillars: everyday essentials, digital pioneers, digital transformation, security/safety/cyber, and data.

Jonny described the digital team's structure and highlighted 2025/26 priorities, including iPad replacement, automation, Windows 11 upgrade, AI/innovation lab, emergency services network upgrades, electronic patient record improvements, smart stations, and national data resource collaboration.

He commented on the EMS server improvement programme, the development of an AI policy and ethics panel, and the launch of an innovation lab and mobile digital support hub for direct engagement with crews. Jonny also referenced the ongoing development of the MIQPR always-on report and stressed maintaining core digital services, including system uptime and resilience measures.

Jonny Sammut explained that the Trust was conducting a digital transformation self-assessment to inform the Audit Wales digital deep dive. The self-assessment included a series of questions, and members were invited to provide comments and feedback. The submission deadline was in August, with results being reported at the next meeting for transparency.

Bethan Evans said the digital report was clear, praised the Trust's digital transformation goals, and highlighted the impressive ePCR visuals and "help desk on wheels" concept. She noted these will greatly enhance the Trust's digital capabilities.

The Chair welcomed the report the update regarding AI and the current work being undertaken in this area. Additionally, on behalf of the Committee she extended formal congratulations to Jonny on his appointment as Chair of the Wales hub of the British Computer Society.

The Committee RESOLVED To Note the contents of the report, the Digital Directorate Deep Dive and the trends in the metrics presented.

58/25 INFORMATION GOVERNANCE REPORT

An update was given by Jonny Sammut:

1. Two projects progressed without initial Information Governance (IG) involvement; however, internal procedures identified this and paused their advancement to ensure appropriate support.
2. He highlighted ongoing AI risk management, noting a drafted notice on generative AI and the need for an NHS Wales-wide policy, given the proliferation of large language models.
3. Two accounts were compromised via a password spray attack, but multi-factor authentication prevented any network access or data compromise.
4. The phased reintroduction of copy and paste for ePCR was approved, aiming to improve usability, with close monitoring before broader rollout.
5. Mandatory IG training compliance reached over 90%. A series of letters were being sent to anyone whose training was 6 months or older with locality, managers being copied.
6. The 111 Wales website privacy policy was fully reviewed to support the virtual agent launch.

While it was assuring to see the compliance rate of IG training improve, the Chair inquired about the confidence levels that early involvement was recognised. Jonny Sammut was confident that the Trust has established the appropriate processes both at the IG and procurement levels. Each of these processes and procedures references IG, which encouraged early engagement. The existing processes were robust and going forward, the plan was to develop a broader IG awareness initiative beyond formal IG training with the aim to provide greater context for why these practices were important.

The Committee RESOLVED To Note the report.

59/25 RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

The Committee received the Risk and Board Assurance Framework (BAF) report noting that all risks have undergone their quarterly review, with no changes in scores. It was

emphasised that the highest rated risks were considered when setting the agenda ensuring that these were integrated into the papers and discussions throughout the meeting.

The current BAF was updated recently and reviewed by the ELT, with all risks reviewed within their designated timeframes. For the cyber risk (risk 260), detailed information was kept in the closed session due to sensitivity, but high-level details were included in the open paper.

The Committee acknowledged that Risk 542 (Decarbonisation) was a complex and multifaceted risk and challenging to mitigate given its nature and external dependencies; however, there was an aspiration to reduce this from a score of 16 to 8. Non-Executive Directors met with management recently to review this risk, and the ambition was to reframe it to focus on what was within the Trust's control.

The Committee RESOLVED To Note:

1. **The contents of the report.**
2. **The controls in place against the risks.**
3. **The actions described to further mitigate the risk.**

60/25 INTERNAL AUDIT REPORTS

The following Internal Audit reports were presented:

Capital Systems – Reasonable Assurance: Chris Turley stated that the capital systems internal audit received reasonable assurance and noted that every aspect of the audit had at least reasonable assurance. He mentioned that most recommendations were already completed, and that the management responses were provided. Osian Lloyd added that issues around interactions with procurement were a common theme across Wales and not entirely within the Trust's control.

Contract Management – Advisory Report: Chris Turley commented that the advisory report format was more beneficial than a different approach would have been. He confirmed the report was discussed at the Audit Risk and Assurance Committee (ARAC) and that the advisory format was appropriate. The main actions for the Trust arising from this had either been actioned or were in progress.

Emergency Communication Nurse System (ECNS) Implementation – Reasonable Assurance: Lee Brooks highlighted the need for better understanding and completion of benefits realisation. He emphasised that while there was evidence of benefit consideration, the report reinforced the importance of this process across all programmes of work.

Forecasting & Modelling – Reasonable Assurance: Hugh Bennett advised that the forecasting and modelling internal audit found reasonable structures in place and a strong culture of forecasting and modelling within the Trust. He acknowledged the need to tighten processes, which was already recognised at the start of the audit, and confirmed there were a series of agreed recommendations to deliver.

Members noted that the audit reports had been presented by Internal Audit at the June ARAC meeting. All actions will be tracked for oversight by this committee

The Committee RESOLVED To note the following reports: Capital Systems, Contract Management, Emergency Communication Nurse System (ECNS) Implementation, and Forecasting & Modelling.

61/25 POLICIES FOR APPROVAL

NHS Wales No Purchase Order No Pay Policy: Chris Turley explained that the No Purchase Order, No Pay Policy was a national NHS Wales policy requiring invoices to have a purchase order before payment. He stated the Committee was being asked to approve minor amendments to the policy, which had already been reviewed by the ARAC.

The Committee approved the updates to the NHS Wales No Purchase Order No Pay Policy.

The Committee RESOLVED To approve the NHS Wales No Purchase Order No Pay Policy.

62/25 AUDIT WALES URGENT AND EMERGENCY CARE – ARRANGEMENTS FOR MANAGING DEMAND REPORT

Lee Brooks presented the report which provided a timely and comprehensive assessment of the Trust's response to ongoing pressures in urgent and emergency care and confirmed that robust plans were in place and beginning to deliver improvements. It was particularly relevant as the Trust continued to advance its Clinical Model Transformation Programme and work towards a more integrated model of care.

Key developments included the expansion of the clinical desk, deployment of advanced paramedic practitioners, and the introduction of rapid clinical screening and clinical navigators, which have increased remote resolution of 999 calls. Early signs from Connected Support Cymru were also promising. However, challenges persisted, particularly (at the time of the audit fieldwork) severe handover delays, fragmented data sharing with health boards, and inconsistent access to alternative care pathways.

The report also identified persistent challenges that the Trust must continue to address:

1. Severe handover delays at Emergency Departments, with only 16% of patients handed over within the 15-minute target in February 2025.
2. A lack of joined-up data between the Trust and health boards, which limited the ability to track the full patient journey and evaluate the effectiveness of alternative pathways.
3. Inconsistent access to alternative services such as Same Day Emergency Care and Urgent Primary Care Centres, which undermined the Trust's ability to divert patients from Emergency Departments.

To support continued progress, the report made two key recommendations:

1. That the Trust work with partners to ensure the accuracy of information on the 111 Wales website, particularly the symptom checker and contact details.
2. That the Trust collaborate with health boards to maintain accurate and up-to-date directories of service, ensuring staff can reliably access and refer to alternative care pathways.

The Trust has accepted both recommendations and have already taken steps to address them. Business cases have been drafted to improve governance and digital infrastructure, and discussions with Welsh Government were ongoing to secure the necessary funding and support.

In conclusion, this report affirmed that the Trust was on the right path. It validated the direction of the Clinical Model Transformation Programme and reinforced the importance of continued collaboration with partners across the health and care system. By addressing the challenges identified and implementing the recommendations the Trust can further reduce avoidable harm and deliver a more integrated and resilient urgent and emergency care service for the people of Wales.

Fflur Jones concurred with Lee Brooks' summary, acknowledging the constructive discussions that occurred during fieldwork and clearance. She emphasised the Trust's proactive approach, stating that the report accurately represented the Trust's initiatives and its ongoing commitment to exerting influence where appropriate.

Hugh Bennett raised a minor detail within the report. It referred to a hospital conveyance rate of approximately 60%, based on 999 calls. To clarify, he believed this figure pertained specifically to responded incidents.

The Committee RESOLVED To note the Audit Wales Urgent And Emergency Care – Arrangements For Managing Demand Report.

63/25 COMMITTEE CYCLE OF BUSINESS MONITORING REPORT AND PRIORITIES UPDATE

Trish Mills advised the Committee the Committee's annual priorities were reviewed and were progressing well. The Cycle of Business Monitoring Report noted that the Value Based Healthcare Report, due in May 205 has been deferred and will be the subject of a Board Development session to draw out the issues as they relate to the Trust, as agreed with the Chair and Liam Williams.

The Committee RESOLVED To note the update.

64/25 REFLECTION: SUMMARY OF DECISIONS AND ACTIONS

The Committee reflected that this meeting was a good example of where complex reports and business can be presented clearly and in such a way which draws out the pertinent elements, and there was a good balance of such matters at this meeting. Additionally, the

Chair reflected the positive impact of the new Ambulance Performance Framework and that the early notice of the financial risks, as highlighted in the alert section, was important. Jonny Sammut was congratulated for his recent appointment as the Chair of the BCS (Chartered Institute for IT) in Wales.

Meeting concluded at 13:30

Date of Next Meeting: 16 September 2025

ACRONYMS BUSTER

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
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
CRM	Clinical response Model
CRR	Corporate Risk Register
CQGG	Clinical Quality Governance Group
CSD	Clinical Support Desk
CTP	Clinical Transformation Programme
DAP	Decarbonisation Action Plan

ACRONYMS BUSTER

ABBREVIATION	TERM
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
MAI	Manchester Arena Inquiry

ACRONYMS BUSTER

ABBREVIATION	TERM
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

ACRONYMS BUSTER

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