Bundle Trust Board (Public Session) 24 September 2026

Agenda attachments
- 00 Agenda Cymraeg
- 00 Agenda English

0 09:30 - OPENING ITEMS

1 Chair's welcome, apologies and quorum

2 Declarations of interest
- Item 02 Board Member Register of Interests - Updated 15 September 2026

3 Minutes of the previous meeting: 30 July 2026
- Item 03 2026-07-30 Public Trust Board Minutes draft

4 Action log and matters arising
- Item 04 Action Log

5 09:35 - Chair and Vice-Chair's report
- Item 05 Chair and Vice-Chair Report - September 2026

6 09:40 - Chief Executive's report
- Item 06 Chief Executive's report

7 09:55 - Questions from members of the public

7.1 FOR APPROVAL, ASSURANCE AND DISCUSSION

8 10:00 - Staff experience: Sophia Seabourne (Inclusive Workspace)

8.1 10:30 - Previous story follow up: Lucy Burrows on behalf of AJ

9 10:35 - Finance report month 5 2026/27
Item 09 Annex 2 Month 05 2026-26 WAST Monitoring Return is available to view in the Reading Room
- Item 09 Finance report Month 5 26-27
- Item 09 Annex 1 WAST M5 2026-27 Day 9

9.1 10:45 - COMFORT BREAK

10 11:00 - Monthly Integrated Quality and Performance Report (MIQPR)
- Item 10 MIQPR June-July 2026
- Item 10 Annex 1 MIQPR June-July 2026

11 11:15 - Risk Management and Board Assurance Framework report
- Item 11Risk Management Report
- Item 11 Annex 2 Trending Data - August 2026

12 11:25 - Board committee AAA highlight reports

12.1 6 August 2026: Quality, Patient Experience and Safety Committee
- Item 12.1 Quest Committee Highlight Report August 2026

12.2 11 August 2026: People and Culture Committee
12.2.1 Welsh Language Annual Report 2025/26
12.2.2 Strategic Equality Plan Annual Report 2025/26
12.2.3 Speaking up Safely Annual Report
- Item 12.2 People and Culture Committee AAA Highlight Report 11 August 2026
- Item 12.2.1 Annex 1 Adroddiad Blynyddol Safonau'r Gymraeg 2025-26
- Item 12.2.1 Annex 1 Welsh Language Standards Annual Report 2025-26
- Item 12.2.2 Annex 2 CYMRAEG Strategic Equality Plan Annual Report 2025 2026
- Item 12.2.2 Annex 2 Strategic Equality Plan Annual Report 2025 2026

Item 12.2.2 Annex 2.1 CYMRAEG Gender Pay Gap 2025 2026
Item 12.2.2 Annex 2.1 Gender Pay Gap 2025 2026
Item 12.2.2 Annex 2.2 CYMRAEG Workforce Equality Monitoring Report 2025-2026
Item 12.2.2 Annex 2.2 Workforce Equality Monitoring Report 2025-2026
Item 12.2.3 Annex 3 Speaking Up Safely Annual Report 2025-26

12.3 3 September 2026: Audit, Risk and Assurance Committee
12.3.1 Scheme of Reservation and Delegation amendments
Item 12.3 ARAC AAA Report 3 September 2026
Item 12.3 Annex 1 Scheme Reservation and Delegation of Powers Schedule 1
Item 12.3 Annex 2 Strategic Reporting and Assurance Framework

12.4 15 September 2026: Finance and Performance Committee
Item 12.4 Finance and Performance Committee Highlight Report 15 September 2026

13 11:55 - Governance report
Item 14 Governance Report September 2026 draft

13.1 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.

13.2 12:00 - CLOSING ITEMS

14 Reflections

15 Any other business

16 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).

17 Date and time of next meeting: 26 November 2026 at 9.30am

18 Acronyms
Item 18 Acronyms

Hyd y cyfarfod:	02:35	Statws yr agenda:	BWRDD CYHOEDDUS YR YMDDIRIEDOLAETH: 24 Medi 2026				Dyddiad cau ar gyfer papurau: 15 Medi 2026	
Amser	**Munudau a neilltuwyd**	**Agendum**	**Teitl**	**Eitem ar gyfer**	**Cais am eitem gan**	**Fformat**	**Papur wedi'i baratoi 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	Ddim yn berthnasol
		2	Datganiadau o Fuddiant	I ddatgan gwrthdaro	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
09:30	00:05	3	Cofnodion y cyfarfodydd blaenorol 30 Gorffennaf 2026 (Cadarnhad o ddileu recordiad/trawsgrifiad y cyfarfod blaenorol)	Cymeradwyaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		4	Cofnodion Gweithredu a materion sy'n codi	Trafodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	AnnaMaria Williams
09:35	00:05	5	Adroddiad y Cadeirydd a'r Is-gadeirydd	Gwybodaeth	Sefydlog	Papur	CorGov	Cadeirydd, Is-gadeirydd	Alex Payne
09:40	00:15	6	Adroddiad y Prif Weithredwr	Gwybodaeth	Sefydlog	Papur	Swyddfa'r Prif Swyddog Gweithredol	Emma Wood	Keith Ellingham
09:55	00:05	7	Cwestiynau gan aelodau'r cyhoedd	Trafodaeth	Sefydlog	Ar lafar	Partneriaethau	Estelle Hitchon	Ddim yn berthnasol
			EITEMAU AT GYFER CYMERADWYAETH, SICRWYDD A THRAFODAETH						
10:00	00:30	8	Profiad y Claf: Sophia Seabourne (Gweithle Cydweithredol)	Trafodaeth	Sefydlog	Cyflwyniad	QSPE	Andy Swinburn	Alison Kelly, Leanne Hawker
10:30	00:05	8.1	Diweddariad ar y stori flaenorol:Lucy Burrows ar ran AJ	Trafodaeth	Sefydlog	Ar lafar	QSPE	Angie Lewis	Sarah Parry, Charllie Bosher
10:35	00:10	9	Adroddiad ariannol mis 5 2026/27	Sicrwydd	Sefydlog	Papur	FinCor	Chris Turley	Ed Roberts
10:45	00:15		Egwyl						
11:00	00:15	10	Adroddiad Ansawdd a Pherfformiad Integredig Misol	Sicrwydd	Sefydlog	Papur	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Georgia Tizzard, Melanie O'Connor
11:15	00:10	11	Adroddiad Fframwaith Rheoli Risg a Sicrwydd y Bwrdd	Sicrwydd	Cynllunydd Ymlaen	Papur	CorGov	Trish Mills	Julie Boalch
		12	Adroddiadau pwysleisio pwyllgor bwrdd AAA	Sicrwydd	Sefydlog	Papur	CorGov	Amrywiol	n/a
		12.1	6 Awst 2026: Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch	Sicrwydd	Sefydlog	Papur	CorGov	Bethan Evans	Sarah Harland
11:25	00:30	12.2	11 Awst 2026: Pwyllgor Pobl a Diwylliant 12.2.1 Adroddiad Blynyddol ar y Gymraeg 2025/26 12.2.2 Adroddiad Blynyddol Cynllun Cydraddoldeb Strategol 2025/26 12.2.3 Adroddiad Blynyddol Siarad i Fyny yn Ddiogel	Sicrwydd	Sefydlog	Papur	CorGov	Ceri Jackson	Sarah Harland
		12.3	3 Medi 2026: Pwyllgor Archwilio, Risg a Sicrwydd 12.3.1 Diwygiadau i'r Cynllun Cadw a Datganoli	Sicrwydd	Sefydlog	Papur	CorGov	Peter Curran	Sarah Harland
		12.4	15 Medi 2026: Pwyllgor Cyllid a Perfformiad	Sicrwydd	Sefydlog	Papur	CorGov	Jayne Beeslee	Sarah Harland
11:55	00:05	13	Adroddiad Llywodraethu	Cymeradwyaeth	Sefydlog	Papur	CorGov	Trish Mills	Alex Payne
			EITEMAU CYDSYNIAD 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. Nid oes unrhyw eitemau cydsyniad						
			EITEMAU CAU						
		14	Casgliadau	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		15	Unrhyw fater arall	Trafodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
12:00	00:05	16	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	Ddim yn berthnasol
		17	Dyddiad ac amser y cyfarfod nesaf: 26 Tachwedd 2026 am 9.30yb	Gwybodaeth	Sefydlog	Ar lafar	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
		19	Acronymau	Gwybodaeth	Sefydlog	Papur	Ddim yn berthnasol	Cadeirydd	Ddim yn berthnasol
12:05	**02:35**		**DIWEDD Y CYFARFOD**						

PRIF GYFLWYNWYR

Enw	**Swydd**
Ceri Jackson	Is-Gadeirydd Bwrdd y Ymddiriedolaeth, Cyfarwyddwr Anweithredol, Cadeirydd Pwyllgor Pobl a Diwylliant
Emma Wood	Prif Weithredwr
Jayne Beeslee	Cyfarwyddwr Anweithredol; Cadeirydd y Pwyllgor Cyllid a Pherfformiad
Peter Curran	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Archwilio, Risg a Sicrwydd
Bethan Evans	Cyfarwyddwr Anweithredol, Cadeirydd y Pwyllgor Ansawdd, Profiad Cleifion a Diogelwch
Estelle Hitchon	Cyfarwyddwr Partneriaethau ac Ymgysylltu
Angela Lewis	Cyfarwyddwr Pobl a Diwylliant
Rachel Marsh	Dirprwy Brif Weithredwr
Trish Mills	Cyfarwyddwr Llywodraethu Corfforaethol/Ysgrifennydd y Bwrdd
Chris Turley	Cyfarwyddwr Gweithredol Cyllid ac Adnoddau Corfforaethol

Length of Meeting:	02:35	Agenda Status:	PUBLIC TRUST BOARD: 24 September 2026 (VPH)					Deadline for papers: 15 September 2026	
Time	**Mins allotted**	**Agendum**	**Title**	**Item for**	**Item requested by**	**Format**	**Paper prepared by**	**Item presented by**	**Colleagues to cc**
			OPENING ITEMS						
09:30	00:05	1	Chair's welcome, apologies and quorum	Information	Standing	Verbal	n/a	Chair	n/a
		2	Declarations of interest	To State Conflicts	Standing	Verbal	n/a	Chair	n/a
		3	Minutes of the previous meeting: 30 July 2026	Approval	Standing	Paper	n/a	Chair	n/a
		4	Action log and matters arising	Discussion	Standing	Paper	n/a	Chair	AnnaMaria Williams
09:35	00:05	5	Chair and Vice-Chair's report	Information	Standing	Paper	CorGov	Chair, Vice Chair	Alex Payne
09:40	00:15	6	Chief Executive's report	Information	Standing	Paper	CEO Office	Emma Wood	Keith Ellingham
09:55	00:05	7	Questions from members of the public	Discussion	Standing	Verbal	Partnerships	Estelle Hitchon	n/a
			FOR APPROVAL, ASSURANCE AND DISCUSSION						
10:00	00:30	8	Staff experience: Sophia Seabourne (Inclusive Workspace)	Assurance	Standing	Presentation	QSPE	Angie Lewis	Sarah Parry, Charlie Bosher
10:30	00:05	8.1	Previous story follow up: Lucy Burrows on behalf of AJ	Assurance	Standing	Verbal	QSPE	Andy Swinburn	Alison Kelly, Leanne Hawker
10:35	00:10	9	Finance report month 5 2026/27	Assurance	Standing	Paper	FinCor	Chris Turley	Ed Roberts
10:45	00:15		COMFORT BREAK						
11:00	00:15	10	Monthly Integrated Quality and Performance Report (MIQPR)	Assurance	Standing	Paper	SPP	Rachel Marsh	Hugh Bennett, Mark Thomas, Georgia Tizzard, Melanie O'Connor
11:15	00:10	11	Risk Management and Board Assurnce Framework report	Assurance	Forward planner	Paper	CorGov	Trish Mills	Julie Boalch
11:25	00:30	12	Board committee AAA highlight reports	Assurance	Standing	Paper	CorGov	Various	n/a
		12.1	6 August 2026: Quality, Patient Experience and Safety Committee	Assurance	Standing	Paper	CorGov	Bethan Evans	Sarah Harland
		12.2	11 August 2026: People and Culture Committee 12.2.1 Welsh Language Annual Report 2025/26 12.2.2 Strategic Equality Plan Annual Report 2025/26 12.2.3 Speaking up Safely Annual Report	Approval	Standing	Paper	CorGov	Ceri Jackson	Sarah Harland
		12.3	3 September 2026: Audit, Risk and Assurance Committee 12.3.1 Scheme of Reservation and Delegation amendments	Approval	Standing	Paper	CorGov	Peter Curran	Sarah Harland
		12.4	15 September 2026: Finance and Performance Committee	Assurance	Standing	Paper	CorGov	Jayne Beeslee	Sarah Harland
11:55	00:05	13	Governance report	Approval	Standing	Paper	CorGov	Trish Mills	Alex Payne
			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. There are no consent items						
			CLOSING ITEMS						
12:00	00:05	14	Reflections	Discussion	Standing	Verbal	n/a	Chair	n/a
		15	Any other business	Discussion	Standing	Verbal	n/a	Chair	n/a
		16	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	n/a
		17	Date and time of next meeting: 26 November 2026 at 9.30am	Information	Standing	Verbal	n/a	Chair	n/a
		18	Acronyms	Information	Standing	Paper	n/a	Chair	n/a
12:05	**02:35**		**CLOSE**						

LEAD PRESENTERS

Name	Position
Ceri Jackson	Vice Chair of the Trust Board, Non- Executive Director, Chair of People and Culture Committee
Emma Wood	Chief Executive
Jayne Beeslee	Non-Executive Director, Chair of Finance and Performance Committee
Peter Curran	Non-Executive Director, Chair of the Audit, Risk and Assurance Committee
Bethan Evans	Non-Executive Director, Chair of the Quality, Patient Experience and Safety Committee
Estelle Hitchon	Director of Partnerships & Engagement
Angie Lewis	Director of Culture Change
Rachel Marsh	Deputy Chief Executive
Trish Mills	Director of Corporate Governance/Board Secretary
Chris Turley	Executive Director of Finance and Corporate Resources

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Date Left Trust
AHMAD, Umar Afthab DR	**Non-Executive Director** * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	GP Partner at Plains View Surgery, Nottingham	Financial Interest	2014		
		Primary Care Network Clinical Director for Arrow Health, Nottingham	Financial Interest	2019		
		Non-executive Director (appointed company director) for Primary Integrated Community Services Ltd, Nottingham and small shareholder [Company number 08763136]	Financial Interest	2023 and 2016		
		Owner and company director of Travel Jab Guru Ltd – online medical travel advice [Company number 14685908]	Financial Interest	2023		
		Local Medical Committee Member	Financial Interest	2019		
		Nottingham Integrated Care Board Cardiovascular Disease and Stroke Prevention Clinical Design Authority Lead	Financial Interest	2025		
		Associate Non-executive Director Nottinghamshire University Hospital Trust (non-voting member of the board)	Financial Interest	2024		
BEESLEE, Jayne	**Non-Executive Director** * Chair of Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Employment fro interim assignments via Public Sector Resourcing (an agency) regarding the rev iew of major UK Government programmes (remunerated nex of tax via an umberella company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Governor on the Finance and General Purposes Committee of Cardiff and Cale Further Education College	Non-Financial Personal	01 February 2024		
		Fellow Chartered Institute of Personnel and Development	Non-Financial Personal	01 April 2006		
BROOKS, Lee	**Executive Director of Operations**	Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Cmgr FCMI - Chartered Manager and Fellow of Chartered Management Institute (UK)	Loyalty			
		CPMgr FIML - Certified Practising Manager and Fellow of Institute of Managers and Leaders (Aus/NZ)	Loyalty			
CURRAN, Peter	**Non-Executive Director** * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
		Trustee of Action for Children Pension Board	Position in Charity or Voluntary Organisation	22 May 2023		
		Company Director - Action for Children [04764232]	Directorships	01 February 2021		
		Company Director - Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Chair - Taff Housing Association	Any Other Interest	17 July 2025		
		Member of Governing Body / Independent Member – Kaplan International Colleges UK Ltd [05268303	Non-Financial Professional	01 March 2024		
		Independent Member - Kaplan Open Learning (including member of the Audit & Risk Committee)	Directorships	21 March 2024		
DENNIS, Colin	**Chair of Trust Board and Non-Executive Director** * Chair of Remuneration Committee	Group Chair of South Central Ambulance Service NHS Foundation Trust and South East Coast Ambulance Service NHS Foundation Trust	Directorships	27 March 2026		
		Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation	26 March 2024		
		Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships	26 March 2024		
		Company Director - Green Square Estates Ltd [8719365]	Directorships	26 March 2024		
DURRANT, Penny	**Deputy Director of Nursing, Quality and Governance**	Nil Declaration		30 May 2026		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Date Left Trust
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		
		Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	Directorships	27 April 2022		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glyncornel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
		Company Director - Glamorgan Care Ltd	Directorships	25 October 2024		
		Company Director - The Mountains Care Ltd	Directorships	09 December 2024		
		Company Director - Alexandra House Care Ltd	Directorships	24 June 2024		
		Company Director - Alexandra House Property Ltd	Directorships	24 June 2024		
		Company Director - My Choice Healthcare Seven Ltd	Directorships	22 October 2024		
		Company Director - Danygraig Property Ltd	Directorships	10 December 2024		
		Company Director - The Mountains Property Ltd	Directorships	09 December 2024		
		Longhope Property Ltd	Directorships	12 February 2026		
		My Choice Healthcare England Ltd	Directorships	26 August 2025		
		My Choice Healthcare Ltd	Directorships	26 August 2025		
		Glyncornel Care Ltd	Directorships	16 August 2022		
HITCHON, Estelle	**Director of Partnerships and Engagement**	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025		
HUTCHINGS, Hayley	**Non-Executive Director** * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Emeritus Professor, Swansea University	Non-Financial Professional	31 May 2025		
		Consultant Advisor to the FASAR Trial, Nottingham Trent University	Financial Interest	25 March 2026		
		Charity Trustee, UK Paruresis Trust	Non-Financial Personal	24-Aug-26		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Date Left Trust
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		
KNEESHAW, Carl	**Director of People**	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		28 June 2026
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
LEWIS, Angela	**Director of Culture Change**	Chartered Fellow of the CIPD		2005		
MARSH, Rachel	**Deputy Chief Executive/Executive Director of Strategy, Planning and Performance**	Nil Declaration				
MILLS, Patricia (Trish)	**Director of Corporate Governance/ Board Secretary**	Nil Declaration				
PARRY, Hugh	**Trade Union Partner**	Nil Declaration				
ROWAN, Hannah	**Non-Executive Director** * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
SAMMUT, Jonathan (Jonny)	**Director of Digital Services [appointed 26.09.2023]**	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Chair of BCS Hub Wales	Any Other Interest	20 June 2025		
		Co-opted into the BCS Community Board	Any Other Interest	12 August 2025	11 August 2026	
		Co-opted into the BCS Community Board	Any Other Interest	11 August 2026	(until 17 June 2028)	
		CHIME (College of Healthcare Information Management Executives) Digital Health Fellowship - UK Cohort 2026	Non-Financial Professional	07 May 2026		
		Author of the book: '*Working With AI, Not Against It*' ~ commerically published and generates royalty income from sales.	Financial Interest	24 February 2026		
		Family member appointed to a post within Digital Directorate but will not be line managed by Director [appointment accepted 24/07/2026]	Any Other Interest	24 July 2026		
SWINBURN, Andrew (Andy)	**Executive Director of Paramedicine**	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	**Executive Director of Finance and Corporate Resources**	Nil Declaration				
TURNER, Damon	**Trade Union Partner**	Nil Declaration				
WILLIAMS, Liam	**Executive Director of Quality and Nursing [from 01 August 2022]**	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		29-May-26
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		
		Vice Chair - Royal College of Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	03 February 2025		
WOOD, Emma	**Chief Executive (from 01 October 2025)**	Chartered Fellow of CIPD (Chartered Institute of Personnel and Development)	Non-Financial Professional	2000		
		Member of Yoga Professional Alliance	Non-Financial Personal	July 2025		
		Part-time Yoga Teacher at Burnham Swim and Sports Academy Leisure Centre	Financial Interest	July 2025		
		Sub/Relief Yoga Teacher at Omni Studio, Worle, North Somerset	Financial Interest	04 April 2026		
		Board Director, Association of Ambulance Chief Executives (AACE)	Non-Financial Professional	August 2026		

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

MINUTES OF THE PUBLIC MEETING OF
WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST, TRUST BOARD
ON THURSDAY 30 JULY 2026
HELD IN THE CARDIFF MAKE READY DEPOT AND VIA TEAMS

The recording of this meeting can be viewed here

The meeting started at 11.40am

PRESENT:

Colin Dennis	Chair of the Trust Board *(chair of the meeting to 2pm, item 11)*
Ceri Jackson	Non-Executive Director *(chair of the meeting from 2pm, item 11, deputising for Colin Dennis)*
Emma Wood	Chief Executive Officer
Dr Umar Ahmad	Non-Executive Director
Jayne Beeslee	Non-Executive Director
Lee Brooks	Executive Director of Operations
Bethan Evans	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Professor Hayley Hutchings	Non-Executive Director
Angela Lewis	Director of Culture Change *(to 1pm, item 10)*
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner
Hannah Rowan	Non-Executive Director
Jonny Sammut	Director of Digital
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources

APOLOGIES:

Peter Curran	Non-Executive Director
Rachel Marsh	Deputy Chief Executive
Damon Turner	Trade Union Partner

DRAFT

OPENING ITEMS

1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

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

2. DECLARATIONS OF INTEREST

2.1 There were no other declarations recorded.

3. MINUTES OF PREVIOUS MEETINGS

3.1 The minutes of the public meetings of the Trust Board held on 28 May 2026 and 25 June 2026 were received and approved.

4. ACTION LOG AND MATTERS ARISING

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

5. CHAIR AND VICE CHAIR'S REPORT

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

5.1 The report was received and noted by the board.

6. CHIEF EXECUTIVE'S REPORT

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

6.1 The report was received and noted by the board.

6.2 Members sought clarity on the plans for a Fire Service training facility in North Wales and were advised that a business case and plans had been developed for this, however funding had not yet been secured. The Fire Service was actively seeking funding, with the facility expected to be delivered within three years. Discussions had taken place regarding potential use of the facility by blue-light partners, including opportunities to align with collaborative work being undertaken in North Wales.

6.3 Members asked about Handover 45 plans for the year and confidence levels in health board partners achieving the 95% compliance targets. They were advised that health boards had shared and agreed winter plans with the Trust, representing a collaborative approach, with some plans including additional clinical capacity to support patient handovers and optimism that the 95% target can be achieved.

6.4 The current level of scrutiny and engagement from NHS Wales Performance & Improvement regarding Handover 45 was noted as significant, with expectations and risks clearly articulated to health boards and an increased national focus on this. Further time was needed to assess the effectiveness of the plans and greater clarity was needed regarding consequences, should the agreed plans not be implemented by health boards.

6.5 Members welcomed the increased engagement of NHS Wales and Welsh Government in addressing handover delays, noting that the national approach felt more coordinated. Members noted the ultimate objective is for 15-minute handovers given current rates of lost ambulance hours remained significantly above the levels within the Trust's planning assumptions.

6.6 Members welcomed the national and collaborative work underway to address violence and aggression towards NHS staff and discussed further action that could be taken to increase public awareness and to meet the Trust's duty of care. Assurance was provided that the issue is receiving ongoing organisational focus, with a paper being presented at the next People and Culture Committee bringing together the various strands of work aimed at reducing moral injury and supporting staff wellbeing.

6.7 Members were further assured that abusive, offensive or harassing behaviour towards staff is unacceptable, and that work had commenced to consider potential approaches to managing repeated abusive behaviour, with learnings to be shared to inform wider organisational policy development and practice. Ongoing concerns raised by both staff and trade unions had been acknowledged, alongside the need to balance staff protection with the risks associated with callers who may have underlying clinical or mental health needs.

7. QUESTIONS FROM MEMBERS OF THE PUBLIC

7.1 There were no questions received.

ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

8. PATIENT EXPERIENCE: AJ'S STORY

Leanne Hawker joined the meeting at 12.08

8.1 The board welcomed Leanne Hawker to the meeting, who introduced a video recording of AJ's story, presented on his behalf by Lucy Burrows, his mother.

8.2 AJ is a young boy who lives with a range of physical and neurodiverse conditions. On 10 March 2026, Lucy contacted the Patient Experience Team to formally commend the Emergency Medical Services crew who attended an incident involving her son. In her feedback, Lucy highlighted the crew's exceptional communication skills, empathy, professionalism and specifically noted their ability to adapt their approach to meet AJ's individual needs. The attending staff demonstrated a highly patient-centred approach; their sensitivity and effective communication significantly contributed to a positive experience during what could otherwise have been a distressing situation. AJ's story illustrated how the clinicians' approach to AJ's needs had built trust with the family and resulted in what the family described as exceptional care.

8.3 Members reflected on the significant impact of compassionate, person-centred care and the lasting benefits this can have on patient confidence and future healthcare interactions. Members discussed the behaviours demonstrated by the crew, including the clinicians' understanding of neurodiversity and individual communication needs, noting that these can be developed through education and awareness. The clinicians themselves attributed their approach to both training and increased exposure to diverse patient groups. The importance of creating neuro-affirming learning environments and equipping staff with the skills to adapt their approach to different patients was noted.

8.4 Members welcomed ongoing work to improve the capture and dissemination of compliments about staff and experiences, acknowledging this as a source of organisational learning and a means of recognising staff contributions. The importance of celebrating excellent care in supporting staff morale and engagement was recognised, with positive feedback received frequently evidencing staff going above and beyond for patients. The Chair thanked Ms Burrows for sharing AJ's story with the board.

Leanne Hawker left the meeting at 12.28

8.5 PREVIOUS STORY FOLLOW UP: STAFF EXPERIENCE, NIC ANDERSON

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

8.6 Members noted the learnings from Ms Anderson's patient story, and her continuing significant contribution to the Trust. Members were advised that Ms Anderson will present at the Leadership Connect conference in September 2026 on the theme of 'Civility Saves Lives'.

9. GOOD GOVERNANCE INSTITUTE (GGi) OUTCOME REPORT

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

9.1 Members received the report, noting its conclusion that the Trust is operating from a strong governance foundation and with the potential to further enhance board effectiveness, with no fundamental deficiencies identified. GGi's overall assessment is that this is a good board with the potential to be a really great one.

9.2 Strengths noted included board culture, use of patient and staff voices, governance processes, executive collegiality and increasing maturity of risk and assurance arrangements.

9.3 The report included focused improvements that would help the board operate with greater clarity, confidence and impact, identifying six priority areas and 28 recommendations. These focused on committee effectiveness, strategy-led governance, strengthened assurance arrangements, improved board reporting, digital and data maturity, and enhanced board development.

9.4 Members were assured that many recommendations aligned with improvement work already underway and provided external validation of the Trust's direction. Members were advised that a more focused programme of board development will allow for further development of the board's digital, data and future readiness and space will be created for more protected board time to allow for strategic discussion and future planning. The recommendations would ensure that the board continues to receive robust assurance rather than reassurance, while maintaining visibility of key organisational risks.

9.5 The accelerating pace of technological change and the growing importance of digital was seen as critical for organisational infrastructure. The importance of the Finance and Performance Committee's deeper understanding of supplier relationships from both commercial and

resilience perspectives, and the board developing the capability, understanding and oversight required to govern digital, data, AI, supplier resilience and technology risks was highlighted.

9.6 Members were advised that an implementation plan would be developed and presented through the Audit, Risk and Assurance Committee in September. The plan will distinguish between actions with defined delivery timelines and longer-term cultural and behavioural changes and will identify clear success factors and measurable outcomes. The focus will be on meaningful improvement rather than simply completing activities, while also considering resource implications.

The board endorsed the six priority improvement areas identified by the report:

- **Reset committee structures and ways of working**
- **Re-anchor strategy as the primary organising principle**
- **Simplify and strengthen assurance routes below Executive Leadership Team**
- **Improve quality and insight of reporting**
- **Strengthen board capability in digital and future readiness**
- **Create protected space for strategic thinking and Board development**

The board agreed that:

- **Implementation of the recommendations should be progressed through the Trust's integrated governance programme, recognising the significant alignment between the review findings and existing improvement activity**
- **Oversight of implementation should be provided through the Audit and Risk Assurance Committee, with regular progress reports provided to the board.**

10. FINANCE REPORT MONTH 3 2026/27

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

10.1 The board received the finance report and noted and gained assurance in relation to the Month 3 revenue financial position and performance of the Trust as at 30 June 2026. The board noted the delivery of the 2026/27 savings plan, and the context of this within the overall financial position of the Trust, noted the initial capital programme for 2026/27 and noted the Month 3 Welsh Government monitoring return submission.

10.2 Members were advised that the report received detailed scrutiny at the Finance & Performance Committee meeting on 21 July 2026 as noted in

their AAA report. Members were provided with assurance that performance against the balanced financial plan and budget approved by the Board in March was currently being maintained and was aligned with delivering the approved financial position.

10.3 Members noted the risks, pressures and mitigating factors outlined in the report, as well as the key areas of focus for future financial forecasts, including delivery of the savings programme, managing in-year cost pressures, assessing the sustainability of early efficiencies and the continued role of contingencies. Members were assured that, while the financial challenges and risks remain significant and require continued focus, scrutiny and management throughout the year, the Trust remained on track to deliver its financial plan, albeit within an increasingly challenging financial environment.

10.4 Members discussed delivery of the Trust's £9 million savings programme and ongoing discussions regarding Welsh Risk Pool funding, noting that the savings were critical to the organisation's longer-term financial sustainability. Members noted Finance and Performance Committee had received assurance that the planned savings were predominantly recurrent rather than one-off in-year measures and welcomed the Trust's focus on delivering recurrent efficiencies to support longer-term financial resilience.

11. INTEGRATED MEDIUM-TERM PLAN Q1 2026/27

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

11.1 The board received the Integrated Medium-Term Plan (IMTP) for Q1 2026/27, noting the progress reported and the 31 of 47 deliverables currently rated as green, the one completed deliverable and that there were no deliverables rated as red. Whilst overall progress remained positive, ten deliverables were being monitored and four were assessed as having low delivery confidence, primarily due to organisational capacity and system dependencies.

11.2 Members were advised of a significant governance change that will take place from Q2, with IMTP assurance routed through the relevant committees aligned to each strategic objective and the board retaining oversight through a consolidated overview report.

11.3 Members were advised that, as set out in their AAA report, Finance and Performance Committee had welcomed the revised IMTP report, noting that it was more coherent, visual and strategically focused and a significant step forward in strengthening committee oversight, assurance and grip on

delivery. The clearer alignment between strategic objectives, performance reporting and accountability was well-received.

11.4 Members agreed that the report represented a significant evolution from previous formats and aligned closely with the objectives of the Integrated Governance Programme and the GGi recommendations, with stronger links between strategic objectives, delivery and assurance. Members noted that the report provided enhanced support for the board's ambition to focus on strategic delivery, outcomes and risk, whilst enabling committees to undertake more detailed scrutiny.

12. MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)

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

12.1 The board received the MIQPR report for May and June 2026, noting that the report had been significantly refreshed and was now structured around the Trust's six strategic objectives, with stronger alignment between performance reporting and strategic objectives. The report was enhanced through greater use of statistical process control (SPC) charts and performance trajectories.

12.2 Members acknowledged that 18 of the 39 key indicators remained red-rated, with ongoing challenges in many areas. Members were provided with assurance that corrective actions and improvement plans were in place and performance drivers understood, alongside awareness that a number of dependencies remained outside the Trust's direct control.

12.3 Members were updated on the Clinical Model Transformation (CMT) benefits realisation programme and were advised that governance arrangements had now been established, and the programme had moved into a structured delivery phase. Six priority workstreams focused on areas including clinical navigation, response prioritisation, call-to-door performance, on-scene times and dispatch optimisation were outlined, with good engagement and early progress reported. Risks relating to capacity, analytical support, operational pressures and the complexity of measuring benefits remain, and the next phase will focus on defining measurable improvements and benefits, with outputs informing productivity, benefits realisation and winter planning.

12.4 In response to questions regarding stroke and ST-segment elevation myocardial infarction (STEMI) call-to-door performance, members were advised that the principal challenge remained reducing call-to-scene times, with ambulance availability and hospital handover delays being significant contributing factors. Work to reduce on-scene delays, streamline STEMI

pathways and strengthen clinical prioritisation processes was ongoing, as well as further work to improve early identification and prioritisation of time-critical patients.

12.5 The importance of improved ambulance availability in supporting better performance across time-critical pathways was discussed, with the achievement of Handover 45 standards expected to increase operational capacity, reduce community waits and help reduce patient harm.

12.6 Members agreed that there was a need to better understand what could realistically be achieved through quality improvement activity and the benefits that would deliver, alongside the improvements that are within the Trust's control. An action was agreed for the following to be reviewed and for feedback to be provided at the next board meeting:

- The elements of stroke and STEMI call-to-door performance that are within the Trust's control
- The improvement work that is currently underway
- The anticipated benefits and impact of those interventions

12.7 Members discussed metrics in the report on Advanced Paramedic Practitioners (APPs), noting that performance remained below the levels originally anticipated and seeking assurance on whether the remedial actions currently proposed would deliver the level of improvement required, as well as whether the Trust should consider any additional actions. Members were advised that recent detailed analysis had provided much greater insight into the factors contributing to reduced APP utilisation, including issues relating to dispatch processes and deployment arrangements, and outlined corrective actions including changes to clinical selection pathways and the introduction of APP scheduling. It was anticipated that these interventions would improve productivity and the organisation now had a clearer understanding of both the causes of deterioration and the actions required to address them.

12.8 Members welcomed the greater use of SPCs in reports; it was suggested that developing a set of agreed rules for interpreting the charts would help to understand meaningful changes in trends. An action was taken for a date to be agreed for the rearranged board development session on SPC charts to be delivered by Rachel Marsh.

13. BOARD COMMITTEE AAA HIGHLIGHT REPORTS

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

13.1 23 June 2026: Audit, Risk and Assurance Committee

13.1.1 The highlight report was noted.

13.2 21 July 2026: Finance and Performance Committee

13.2.1 Members noted the highlight report and were advised that the committee had reviewed a number of internal audit reports which provided reasonable assurance and informed future thinking regarding infrastructure and governance arrangements. The committee reviewed strategic risks, including decarbonisation, and supported the ongoing development of the associated risk framework. Members were assured that the committee continued to focus on delivery, financial sustainability and the oversight of strategic performance.

14. GOVERNANCE REPORT

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

14.1 The board noted the report.

The board approved the application of the Trust Seal on the Lease Renewal in relation to Unit 14 Vale Park, Colomendy Industrial Estate, Denbigh, LL16 5TA. The relevant parties to the document were David Douglas Jones and the Trust.

CLOSING ITEMS

15. REFLECTIONS

15.1 Members reflected on the powerful impact of the patient story presented at the meeting and the value of learning from positive experiences as well as from areas requiring improvement.

15.2 Members reflected on the board's effectiveness, welcoming progress towards more strategic, insight-focused reporting whilst emphasising the need to maintain appropriate assurance and scrutiny. The balance between celebrating organisational successes and addressing ongoing performance challenges was recognised, with members reaffirming their commitment to continuous improvement and effective governance.

16. ANY OTHER BUSINESS

16.1 There was no other business.

17. EXCLUSION OF THE PRESS AND MEMBERS OF THE PUBLIC

17.1 The board resolved that, pursuant to Section 1(2) of the Public Bodies (Admission to Meetings) Act 1960), the press and public be invited to leave the meeting because of the confidential nature of the business about to be transacted.

18. DATE AND TIME OF THE NEXT MEETING

18.1 The next meeting will be held on 24 September 2026 at 9.30am

The meeting closed at 2.22pm

ACTION LOG
WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST BOARD

Minute Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
12.6 - 30/07	30 July 2026	Monthly Integrated Quality and Performance Report (MIQPR)	An action was agreed for the following to be reviewed and feedback to be provided at the next board meeting.: - The elements of stroke and STEMI call-to-door performance that are within the Trust's control. - The improvement work currently underway. - The anticipated benefits and impact of those interventions.	Andy Swinburn	24 September 2026	Update from Andy Swinburn 14 September 2026 The review identified that the principal elements of Stroke and STEMI call-to-door performance within the Trust's control relate to call categorisation, clinical prioritisation, dispatch and response capacity, Healthcare Professional call flows and the effective operation of the Ambulance Performance Framework. Current improvement work includes targeted review of pathways for Stroke and STEMI patients through the Benefits Realisation Programme, redesign of Healthcare Professional referral routes, optimisation of Orange 'Now' triage activity, and continued embedding of the Ambulance Performance Framework and wider Clinical Model Transformation Programme. The anticipated impact is improved prioritisation of high-acuity patients, reduced avoidable delays, more efficient utilisation of response resources, improved call-to-door times and enhanced patient outcomes for time-critical conditions. On this basis, this action is proposed for closure.	Complete
12.8 - 30/07	30 July 2026	Monthly Integrated Quality and Performance Report (MIQPR)	An action was taken for a date to be agreed for the rearranged board development session on SPC charts to be delivered by Rachel Marsh.	Trish Mills	24 September 2026	Update 8 September 2026 This session has been reorganised for after board on 24 September 2026. Suggest closure on this basis/subject to the session being held after the meeting, as planned.	Complete

Agenda Item No.	5

REPORT TITLE

Chair and Vice-Chair's report: September 2026

MEETING

Name of meeting	Trust Board
Date of meeting	24 September 2026
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. As I step down as Chair of the Trust Board, I would like to express my sincere gratitude to everyone who has supported the organisation over the past four years. It has been a privilege to work alongside such dedicated colleagues and partners, whose commitment to improving care for the people of Wales continues to inspire me. While challenges remain, I am proud of what we have achieved together and am confident that the Trust is well placed for the future. I wish the new Chair every success as they assume the role 1 October 2026 and continue this important work.

2. Since our last meeting I have been busy with the following activity: -
   - Regular meetings and briefings Emma Wood, Chief Executive, and other executives
   - Chaired a meeting of the Corporate Trustee on 11 August
   - Attended the NHS Wales chairs well-led workshop on the 14 August
   - Attended the NHS Wales chairs peer group on the 25 August and 22 September
   - Attended the WAST Live on 27 August
   - Met the incoming Chair of the Trust Board, Phil Berrington, on 15 August
   - Regular communication with Ceri Jackson, Vice-Chair
   - 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

3. Since our last meeting I have been busy with the following activity: -
   - Attended a meeting of the Quality, Patient Experience and Safety Committee on 6 August
   - Chaired a meeting of the People and Culture Committee on 11 August
   - Attended a meeting of the Corporate Trustee on 11 August
   - Attended a meeting of the sub-group of the Audit, Risk and Assurance Committee (ARAC) members on 14 August
   - Visited colleagues at the Hazardous Area Response Team unit in Bridgend on 18 August
   - Visited colleagued at The Grange emergency department on 29 August
   - Attended a meeting of the ARAC members with internal and external auditors on 1 September
   - Attended an ARAC meeting on 3 September
   - Held routine meetings with the Chair of the Trust Board
   - Held routine meetings with people and culture colleagues and Trust executives
   - Held routine meetings with the Trust's Speaking Up Safely Guardian
   - Routine monthly meetings with non-executive director colleagues

- Jayne Beeslee attended the NHS Wales Vice-Chair's Peer Group on 8 September on my behalf.

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 & Research	☐ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	

Agenda Item No.	6

REPORT TITLE

Chief Executive Report: September 2026

MEETING

Name of meeting	Trust Board
Date of meeting	24 September 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Emma Wood, Chief Executive Officer
Author(s) of report	Emma Wood, Chief Executive 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 is presented to the Trust Board to provide awareness of the Chief Executive's activities and key service issues since the last Trust Board meeting held on 30 July 2026. It is intended that this report will provide a strategic briefing as linked to our strategic objectives.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Trust Board is requested to:

1. Discuss and note the content 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

The report references updates which relate to the following risks.

Risk 223 The Trust's inability to reach patients in the community, causing patient harm and death.

Risk 224 Significant handover of care delays outside accident and emergency Departments impact on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients.

Risk 700 Failure to deliver the statutory requirements of the revised concerns regulations and accompanying 'Listening to People' guidance.

Risk 620 Related to online symptom checkers.

Risk 163 Maintaining effective and strong Trade Union relationships.

Risk 201a Relationships with stakeholders.

Risk 680 Deteriorating employee experience and workforce capacity due to underinvestment in people and organisational culture.

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	n/a

SITUATION

1. This report provides an update to the Trust Board on recent key activities, matters of interest and material issues since the last report dated 30 July 2026.

BACKGROUND

2. This report is presented to the Trust Board to provide awareness of the Chief Executive's activities and strategic issues relevant to the Trust. For assurance the Board is asked to note:

- WAST remains Tier 1 under the new accountability framework;
- The IMTP and financial plan has been approved by Welsh Government;
- Financial stewardship is strong with a breakeven position at month 5;
- Winter preparedness and planning is underway;
- WAST continues to participate in national programmes of work and policy direction;
- WAST continues to progress its cultural and leadership development work with a focus on civility and setting a Just and Learning culture:
- Our People teams have been nominated for two UK Business Culture awards. A demonstration of the strength of our cultural work and programmes;
- WAST continues to improve internal governance with a new Digital Oversight Group which will oversee digital demand and capacity and prioritise digital requirements;
- The Concerns Management Improvement Programme is embedding but the programme provides moderate assurance to Executives. Whilst governance arrangements and organisational grip have improved, sustainable recovery has not yet been demonstrated.

ASSESSMENT

3. **Strategic update**

3.1 IMTP approval

3.1.1 Welsh Government has formally approved the Trust's 2026-29 Integrated Medium Term Plan (IMTP) and 2026-27 Financial Plan. This is a proud organisational achievement, and I would like to extend my thanks to all colleagues who contributed to the development of the plan. We will shortly receive the trusts Accountability Conditions for 2026/27 along with formal feedback to help guide and shape the development of next year's plan.

3.1.2 We are already looking ahead to next year and early planning has commenced to start the development and prioritisation of next year's IMTP and financial plan.

3.1.3 The Clinical Model Transformation programme continues to focus on delivering the key year 3 priorities, alongside productivity improvements and benefit realisation activities.

3.1.4 The digital front end work stream continues at pace with good progress in the development and testing of the new Online Symptom Checkers and NHS 111 Wales WhatsApp service. A new online resource has been launched to provide access to a wide range of support services for cardiac arrest survivors, family members, carers, and members of the public who have witnessed or provided assistance during a cardiac arrest event.

3.2 **NHS Wales Performance & Improvement accountability meeting**

3.2.1 This month Executives met NHS Wales Performance & Improvement for our second accountability meeting. The NHS Wales Performance & Improvement review provided strong assurance regarding WAST's overall position, in line with the Trust's Tier 1 status. The meeting was constructive and supportive, with recognition of WAST's preparedness, governance maturity and improvement trajectory.

3.2.2 Discussions focused on winter readiness, delivery of Handover 45, commissioning arrangements, operational performance and major event preparedness (Euro 2028 and Tour de France Cymru).

3.2.3 The Trust demonstrated improving clinical outcomes, including cardiac arrest, stroke and STEMI performance, with NHS Wales Performance & Improvement recognising the benefits emerging from the clinical model and ambulance performance framework. A consistent theme throughout the meeting was the critical importance of reducing hospital handover delays, with Handover 45 identified as the single greatest opportunity to improve patient outcomes and ambulance responsiveness. The risks to patient harm were noted in this context and a model provided which demonstrated the improved timeliness and access to care on delivery of Handover 45 particularly for patients in the Orange NOW categories. Significantly many hours for the longest waits could be reduced if Handover 45 was met and further improvements made on delivery of the 15 minute handover. Our next accountability meeting will be scheduled for January 2027.

3.3 **Mid-Year Accountability meeting**

3.3.1 The NHS Wales accountability meetings are the mechanism through which Welsh Government holds NHS organisations to account for their financial position, operational performance, quality of services and governance arrangements. Each NHS organisation participates in two accountability meetings annually. The first is a formal accountability meeting, chaired by the Director General for Health, Care and Prevention, and the Trust's next meeting is scheduled for 29 October 2026. The second is the public accountability meeting, chaired by the Cabinet Secretary for Health and Social Care; the Trust's next public accountability meeting is scheduled for 27 April 2027.

3.3.2 The October meeting will focus on key achievements over the previous six months, together with the principal risks to delivery during the remainder of the year across operational performance, quality, workforce, finance and planning, and well-led arrangements.

4. National programmes

4.1 **Community by Design – Urgent and Same Day care pillar**

4.1.1 The Community by Design Programme is moving rapidly from vision and design into implementation by strengthening stakeholder engagement and aligning activity across the three workstreams of Prevention and Population Health Management, Chronic Conditions Management and Urgent and Same Day Care. The Urgent and Same Day Care programme has continued to make progress in developing a national, community-focused model of care. A model has been explored at a clinical, operational and system engagement exercise which WAST supported. The output will be consolidated for review at the Community by Design Programme Board and we anticipate it will be considered further at a Community by Design engagement event scheduled for early October.

4.1.2 The Urgent and Same Day Care programme is now aligned to the Urgent and Emergency Board to ensure that work is not duplicated. WAST's CEO is Vice Chair of the board. The board seeks to promote system-wide collaboration, innovation and reduction of variation and take assurance on system performance against the national urgent and emergency care plan priorities. These priorities form part of the national urgent and emergency care improvement plan and has a specific emphasis and focus on improving ambulance handover delays (Handover 45), eliminating 12-hour waits in emergency departments and tackling corridor care by improving whole-system flow and timely discharge.

4.2 **Welsh Government Policy Framework for Emergency and Acute Care 2030**

4.2.1 Welsh Government has commenced stakeholder engagement on the development of a new Emergency and Acute Care 2030 Policy Framework, which will replace the concluded *Six Goals for Urgent and Emergency Care* policy. Stakeholders are being asked to actively contribute evidence, insight and practical experience to help shape the framework to inform priorities over the next 4- and 10-year horizons.

4.2.2 The Chief Operating Officer, Chief Clinical Officer and Chief Executive met with Welsh Government to offer some insights. Our core messages were:

- Place patients before organisational boundaries;
- Reduce unwarranted variation across Wales;
- Focus on whole-system outcomes, rather than organisational targets;
- Scale innovation and best practice;
- Improve accountability for delivery;
- Shift resources to out of hospital settings.

5. System Performance and Urgent & Emergency Care delivery

5.1 **Handover 45 Programme**

5.1.1 WAST continues to work closely with N NHS Wales Performance & Improvement and all Health Boards to support delivery of the Handover 45 programme, which aims to reduce ambulance handover delays and increase ambulance availability for patients in the community. The Trust has played a role in the development of local implementation plans, supporting a range of actions including but not limited to pathway redesign, accessing Single Points of Access (SPoA), same day emergency care (SDEC) utilisation and clinical navigation.

5.1.2 Health Boards have submitted trajectories which, in most cases, target achievement of 95% of ambulance handovers within 45 minutes ahead of winter, with NHS Wales Performance & Improvement expecting these standards to be maintained throughout the winter period.

5.1.3 Whilst ambulance hours lost to handover delays are lower during 2026 than in the preceding two years, current levels remain significantly above the assumptions built into the Trust's operating model, reinforcing the importance of sustained whole-system delivery of Handover 45 throughout the forthcoming winter period.



6. Operations

6.1 Non-Emergency Patients Transport Service (NEPTS) Improvement Programme

6.1.1 The Trust continues to progress its NEPTS Improvement Programme, with proposals for changes to the way eligibility is applied representing a key element of a broader programme designed to improve sustainability, capacity utilisation and patient access. This is in part due to the rising demand for NEPTS which exceeds the resources available to the service. The programme is supported through dedicated workstreams covering eligibility, efficiency, workforce, digital improvement and reporting, with governance provided through the NEPTS Improvement Board.

6.1.2 During the period, significant work has been undertaken with Llais to develop an engagement approach on the proposals to change the way eligibility is applied, working in line with national guidelines. A suite of engagement materials has been developed, offering a range of feedback mechanisms and the proposals are currently out to patient and public engagement for a six week period.

6.1.3 Feedback is being reviewed regularly and will be used to inform the final decision-making process. Llais colleagues continue to be involved to ensure that patient voice is properly considered and so that the Board can take assurance that final decisions take full account of the feedback received.

6.2 **Winter Preparedness 2026/27**

6.2.1 The Trust has continued to develop its Winter Preparedness Plan in line with NHS Wales Performance & Improvement requirements for completion in September. The plan brings together actions across operational delivery, workforce resilience, demand management, patient flow, business continuity and escalation arrangements, drawing on existing productivity, transformation and benefits realisation programmes already underway across the organisation.

6.2.2 Whilst planning remains on track, successful delivery will be heavily dependent on the wider health and social care system, particularly ambulance handover performance, SPoA availability, discharge processes, community capacity and urgent and emergency care flow.

6.2.3 A key area of focus has been the development of an enhanced winter assurance dashboard, intended to provide greater visibility of system demand, ambulance availability, handover performance, workforce resilience, escalation status and delivery of key interventions throughout the winter period. Through this dashboard both Joint Commissioning Committee and NHS Wales Performance & Improvement will be able to review our performance and support earlier identification of emerging risks. This will enable more proactive operational and executive oversight.

7. Local engagement

7.1 Following an Executive-to-Executive meeting with Powys Teaching University Health Board, we agreed to hold a joint falls symposium which took place this month. Bringing colleagues together to share learning and explore different approaches is an important part of improving the care we provide to people who have fallen. The ambition remains spreading the learning from this symposium across all health boards to get closer to a national offer and response to our fallers.

7.2 Since the last reported period I have continued with the CEO 'tea break' talks visiting Matrix House, Swansea Station, Llangunnor Control and completed a ride out with colleagues in Newport.

7.3 Next month the formal CEO road shows will take place in Pontypridd, Wrexham and Carmarthen. This year the CEO road shows will include regional winners of the WAST Awards, with categories aligned to Our WAST Way: Care, Connect and Value Everyone, alongside Team of the Year, Unsung Hero, Making an Impact, the Gail Williams Award for Clinical

Excellence and the CEO Award. We received a fantastic response, with more than 200 nominations submitted.

8. People and Culture

8.1 We saw our first Leaders Connect conference this month with over 140 colleagues joining an online event which focused on civility, leadership behaviours and their impact on culture, colleague experience and patient. An insightful afternoon spent with three key-note speakers who shared their insights and gave great tips for how to be better leaders driving inclusive and high performing cultures.

8.2 Work progressing on our approach to preventing sexual harassment and preparing for forthcoming legislative changes, supported by partnership working across Wales. In addition, a new Just and Learning Culture Forum has been established to support organisational learning and tackle issues such as workplace incivility, while recent Trade Union partnership development days have strengthened collaborative working between managers and staff representatives.

8.3 We continue to invest in developing the skills, wellbeing and future capability of our workforce. External quality assurance activity has confirmed the high standard of WAST's education provision, and we are delighted to have been invited to lead UK ambulance service curriculum development work for Future Quals, recognising the strength of our national reputation in this area.

8.4 Research partnerships with Bangor and Cardiff Universities continue to develop, with proposals being prepared for Bangor University's Research Fair in November. Alongside this, the Trust is exploring a number of service-based research projects focused on workforce wellbeing, including understanding the factors that influence colleague experience, resilience and wellbeing, and identifying evidence-based interventions that can better support our people.

8.5 WAST also showcased its work on diversity, disability inclusion and psychological safety at the Mastering Diversity Conference and presented our cultural assessment tools developed with Trade Union colleagues and operational leaders at the Emergency Services Show.

8.6 And finally, WAST have been shortlisted for two UK Business culture awards - Best Public Sector Organisation for Business Culture and Best Employee voice initiative for Business Culture. The Award ceremony takes place in November.

9. Quality and Safety

9.1 Concerns Management Improvement Programme

9.1.1 The Concerns Management Improvement Programme has transitioned from an initial recovery phase into a more structured improvement programme, with strengthened governance, revised workstreams and enhanced oversight arrangements now established. Progress has been made in reducing the legacy backlog, consolidating programme actions and improving data extraction and reporting capability through Datix Cymru, providing a stronger foundation for assurance and learning.

9.1.2 The programme currently provides moderate assurance. Whilst governance arrangements and organisational grip have improved, sustainable recovery has not yet been demonstrated. Performance remains under pressure, with case closure rates continuing to fall below incoming demand, creating a risk of future backlog growth and deterioration in performance. Key risks relate to organisational capacity, workforce readiness, leadership continuity, data maturity and wider system pressures which continue to impact delivery pace.

9.1.3 Continued organisational support will be required to translate current recovery activity into sustained improvement and compliance with the Listening to People requirements.

9.2 Strategic Quality Plan 2025-2028 Mid-Point Review

9.2.1 A midpoint review of the Strategic Quality Plan has concluded that the Strategy remains deliverable and continues to provide a strong framework for quality improvement; however, implementation arrangements have been refreshed to improve focus, reduce duplication and strengthen accountability for delivery. The revised plan aligns more closely with the Duty of Quality, NHS Wales accountability requirements and Quality Management System maturity ambitions.

9.2.2 Significant progress has been achieved during the first phase of delivery, including the establishment of quality governance infrastructure, development of quality intelligence and dashboard capabilities, enhanced patient experience measurement, strengthened Datix governance arrangements, improved accessibility of patient information, and the introduction of quality improvement and benefits realisation methodologies. These developments provide a strong foundation for delivery over the remainder of the Strategy period.

9.2.3 The review has streamlined implementation arrangements by removing duplication with existing programmes, refocusing population health activity, embedding value-based healthcare principles across workstreams, and strengthening the use of patient and public insight to inform organisational decision-making. Residual risks remain around population health expertise, analytical capability and competing organisational priorities, which will continue to be monitored through established governance arrangements.

10. **Digital Update**

10.1 The Digital team have delivered an important milestone in the development of the Trust's digital governance arrangements with the successful launch of the Digital Oversight Group (DOG). This represents a significant step forward in establishing a transparent, structured, and organisation-wide approach to managing digital demand and workload.

10.2 The inaugural Digital Request Prioritisation Forum (DRPF) successfully reviewed and prioritised requests from across the Trust, demonstrating both the effectiveness of the new process and the commitment of colleagues to collaborative decision-making.

10.3 Together, DOG and DRPF provide a robust governance framework that strengthens assurance, improves visibility of digital demand, and ensures that resources and investment are directed towards areas of greatest organisational benefit. The new arrangements also embed clinical safety, information governance, cybersecurity, and benefits realisation within decision-making from the outset.

10.4 Most importantly, these governance arrangements create a clear line of sight between digital investment and Trust priorities, helping to ensure that every digital initiative delivers meaningful value for our people, our patients, and the communities we serve.

10.5 The launch of the newly redesigned Flu Campaign Management Application provides a single, reliable source of information for the management of this year's flu campaign, supporting improved planning, oversight and reporting at both local and national levels. By enabling real-time visibility of uptake, reducing administrative burden and improving the quality of campaign data, the application will help the Trust to target resources effectively and respond proactively to emerging challenges. As winter pressures continue to place significant demands on healthcare services, the system will support WAST's commitment to protecting its workforce, maintaining operational capacity and delivering high-quality care to the people of Wales.

11. Colleague updates

11.1 Last month the board agreed to create a Chief Clinical Officer (CCO) role following changes in the Executive team. This officer will provide a single executive clinical voice at Board level, bringing together nursing, midwifery medical, paramedic and wider clinical leadership to strengthen patient-centred decision making, quality, safety and organisational performance. The role is designed to improve alignment between clinical practice, patient safety, quality improvement, organisational learning and governance, while reducing duplication and increasing resilience across essential services. I am delighted to announce Andy Swinburn our current Executive Director of Paramedicine will hold this role.

11.2 Today is also the last Board meeting for our Chair Colin Dennis and Director of Culture change Angie Lewis. I would like to thank both for their contributions to WAST, the Board, colleagues and our patients. Both leave an incredible legacy behind them and will be missed by the Trust.

RECOMMENDATION(S)

12. The recommendations are as set out on the front cover above.

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

Agenda Item No. 9

REPORT TITLE

Financial Performance as at Month 5 – 2026/27

MEETING

Name of meeting	Trust Board
Date of meeting	24 September 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Chris Turley, Executive Director of Finance & Corporate Resources
Author(s) of report	Edward Roberts, Interim Assistant Director of Finance Steph Taylor, Deputy Head of Financial Business Intelligence & 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 2026/27 financial year, the reported position as at Month 5 (August 2026).

2. The Board is asked to review, comment, note and receive assurance on the financial position and 2026/27 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 reporting a breakeven position for month 5 2026/27, but the assumptions made in doing so need to be noted;
   - Capital expenditure plans continue to be progressed, with plans to fully achieve in year;
   - In line with the balanced financial plan approved as part of the submitted 2025-28 IMTP, the Trust continues to forecast a breakeven position by the 2026/27 financial year end;
   - In line with the financial plans that support the IMTP, gross savings of £3.865m have been achieved in month 5 against a target of £3.368m; and
   - Public Sector Payment Policy is on track with performance, against a target of 95%, of 98.2% for the number, whilst slightly off track in terms of value at 92.7% 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 31 August 2026;
2. **Note** the delivery of the 2026/27 savings plan, and the context of this within the overall financial position of the Trust;
3. **Note** the capital programme for 2026/27; and
4. **Note** the Month 5 Welsh Government monitoring return 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:
Annex 1 Monitoring return submitted to Welsh Government for month 5,– as required by WG
Annex 2 Monitoring return letter submitted to Welsh Government for month 5, as required by WG

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	n/a

SITUATION

1. This report provides the Board with a summary of the revenue financial performance of the Trust as at 31 August 2026 (Month 5 2026/27), along with a brief update on the 2026/27 capital programme.

BACKGROUND

2. The key points to note in relation to the **delivery of the Statutory Financial Targets for 2025/26** (1 April 2026 – 31 August 2026) are that:

   - The revenue financial position reported is **breakeven,** based on some key assumptions consistent with that within the IMTP financial plan and the Board approved budget for 2026/27. The underlying year-end forecast for 2026/27 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 **£3.865m** have been achieved against a target of **£3.368m**;
   - Public Sector Payment Policy is on track with performance**, against a target of 95%, of 98.2% for the number,** whilst slightly off track in terms of value at **92.7% of the value** of non-NHS invoices paid within 30 days.

4. At the planning stage of the 2026/27 financial year the Trust assumed it would need to cover in full, the emerging cost pressure of the increase in the Welsh Risk Pool (WRP) costs. As such, the Trust strove to identify savings to cover the whole £2.355m estimated cost increase, as part of the original £9.000m total savings requirement. However, following the submission of the plan, Welsh Government (WG) confirmed that if organisations could deliver a balanced position other than for the WRP element then WG would fund this pressure. As such, the Trust is now assuming cover for this. This, therefore, is the basis of both the year to date and forecast financial position, and the residual in year savings delivery required, which now aligns to that which was identified as deliverable at the outset of the financial year (£7.800m).

5. In terms of the current reported position, this is further compounded by the cost pressure and volatility that has emerged following the completion of the plan in relation to fuel price increases, primarily due to the impact of the conflict in the Middle East. Should prices remain as high as they have been throughout the financial year, this would translate into a c.£1.500m additional cost pressure not recognised in the original financial plan.

6. Whilst reporting and forecasting a balanced position therefore, which is clearly encouraging, it is key to also note the following assumptions which have been made in reporting this current and forecast position:

   - The ability to deliver a minimum of £7.800m in savings in year.

   - Assumed financial cover from WG for the increased WRP costs – at a value of £2.355m.

   - No other developments, enhancements or cost increases not currently funded within budgets will be able to be progressed until a confirmed funding source for them is found, or an agreed equivalent value of cost is stopped or reduced elsewhere.

   - The ability to manage any other in year cost pressures as they arrive, within the small contingency the Trust continues to hold, as per the IMTP / 2026/27 financial plan.

   - Income assumptions in opening financial plan are fully funded via commissioners and Welsh Government (i.e. pay awards / Employers National Insurance increases)

7. 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. As we go through the next few months these will continue to be scrutinised and amended accordingly, with mitigations and management plans in place.

ASSESSMENT

REVENUE FINANCIAL PERFORMANCE – MONTH 5 2026/27

8. The table below presents an overview of the financial position for the period 1 April 2026 to 31 August 2026.

Revenue Financial Position for the period 1st April - 31st August				
	Annual Budget	Year to date		
		Budget	Actual	Variance
	£000	£000	£000	£000
Income	-343,488	-142,859	-143,118	-258
Expenditure				
Pay	252,854	104,216	103,465	-751
Non-pay	65,111	25,886	26,883	997
Total pay & non-pay expenditure	317,965	130,102	130,348	246
Depreciation & Impairments / interest payable & receivable	25,523	12,758	12,770	12
Total	0	0	0	0

Income

9. Reported Income against the initial budget set to Month 5 shows an overachievement of **£0.258m**.

Pay Costs

10. Overall, the total pay variance at Month 5 is an underspend of **£0.751m**.

Non-pay Costs

11. The non-pay position at Month 5 is an overspend of **£0.997m**. In addition, for reporting purposes Depreciation, Impairment and Interest is excluded from the above figure, which overspent by **£0.012m,** hence the total overspend to budget of **£1.009m**.

Savings

12. As above, the original 2026/27 financial plan identified that a minimum of £9.000m of planned savings (including income generation) were likely to be required to achieve financial balance in 2026/27. However, as detailed above, following the cover for the WRP being provided by WG, the initially unidentified savings of £1.200m are now assumed not to be delivered in the current financial year, with work progressing to ensure this can be further delivered recurringly.

13. Month 5 in month performance was, plan of £0.669m and £0.886m achieved, therefore an overachievement of £0.216m (as per the below table).

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
BX01-Chief Executive Directorate	107	5	5	0	27	23	-4	107	107	0
BX02-Corporate Governance	39	1	1	0	5	5	0	39	39	0
CX01-Partnerships & Engagement Directorate	40	3	3	0	17	16	-1	40	39	-1
DX01-Operations Directorate	4,337	381	464	83	1,968	2,072	104	4,337	4,405	68
FX01-Finance and Corporate Resources Directorate	1,064	94	125	31	432	487	55	1,064	1,132	68
HX01-Planning and Performance Directorate	267	26	26	-1	82	170	87	267	299	32
JX01-Quality, Safety and Patient Experience Directorate	420	35	83	48	175	224	49	420	472	52
KX01-Digital Directorate	720	60	85	25	300	413	113	720	761	41
PX01-People and Culture Directorate	402	30	60	30	194	332	137	402	559	157
RR01-Trust Reserves	20	2	2	0	8	8	0	20	20	0
UX01-Medical & Clinical Services Directorate	384	32	32	0	160	115	-45	384	339	-45
Totals	**7,800**	**669**	**886**	**216**	**3,368**	**3,865**	**496**	**7,800**	**8,172**	**372**

**Please note figures are rounded to the nearest whole number*

14. ***Appendix 1*** provides the overall detail for Month 5 by theme.

Financial Performance by Directorate

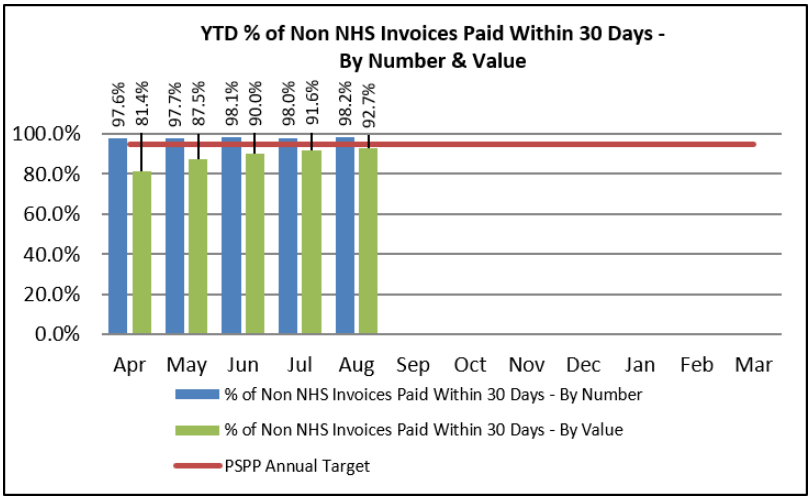
15. Whilst there is a breakeven position at Month 5, there are some small variances between Directorates, as shown in the table below, when compared to the budgets set at the outset of the financial year. These are fairly minor in nature, but they will be continued to be closely monitored.

Financial position by Directorate @ 31st August	Annual Budget	Year to date			
		Budget	Actual	Variance	Tolerance 5%
	£000	£000	£000	£000	%
Directorate					
Operations Directorate	227,189	93,971	94,041	70	0.1%
Chief Executive Directorate	2,189	937	924	-13	-1.4%
Board Secretary	781	322	320	-2	-0.6%
Partnerships & Engagement Directorate	716	280	246	-34	-12.2%
Finance and Corporate Resources Directorate	38,597	16,307	16,501	194	1.2%
Planning and Performance Directorate	3,242	1,396	1,291	-105	-7.5%
Quality, Safety and Patient Experience Directorate	8,370	3,461	3,320	-141	-4.1%
Digital Directorate	17,306	6,655	6,502	-153	-2.3%
People and Culture	7,006	2,648	2,552	-96	-3.6%
Medical & Clinical Services Directorate	6,783	2,744	2,737	-7	-0.2%
Trust Reserves	3,788	-365	-78	287	78.6%
Trust Income (mainly JCC)	-315,967	-128,356	-128,356	-0	0.0%
Overall Trust Position	**0**	**0**	**0**	**0**	

PUBLIC SECTOR PAYMENT POLICY PERFORMANCE (PSPP)

16. Public Sector Payment Policy (PSPP) compliance to Month 5 was **98.2%** against the **95%** WG target set for non-NHS invoices by number and **92.7%** by value.

17. Whilst the number is in line with the target, due to a payment processing issue, one large value invoice failed to process correctly in month 1, resulting in the 30 day target for value being missed. Due to the cumulative nature of this, it is expected that this delivery will recover as we progress through the rest of the financial year.



2026-27 CAPITAL PROGRAMME

18. The discretionary capital programme and resulting budgets have been finalised, and work is ongoing to go through the required tendering processes to commence work on these schemes. A number of these have now been presented to and endorsed by F&PC as part of a separate paper, with, where needed a separate paper being presented to Trust Board today, for approval of the contract award, business case or both.

19. At Month 5, the Trust's approved Capital Expenditure Limit (CEL) set by and agreed with WG for 2026/27 is **£31.428m**. This includes **£24.633m** of All Wales Approved schemes and **£6.795m** for Discretionary schemes.

	Actual £'000	Plan £'000
All Wales Capital Programme: Schemes:		
ESMCP - Control Room Solutions	0	181
MDVS	0	100
Welsh Ambulance Services NHS Trust – Vehicle Replacement Programme – 2026-27	2,668	23,110
TEF - Infrastructure	23	517
TEF - Decarbonisation	0	225
Digital Backlog Funding 2026-27	0	500
Sub Total	**2,691**	**24,633**
Discretionary:		
I.T.	151	985
Equipment	573	1,160
Statutory Compliance	0	0
Estates	219	3,950
Other	18	400
Unallocated Discretionary Capital	0	300
Sub Total	**961**	**6,795**
Total	**3,652**	**31,428**

RISKS AND ASSUMPTIONS

20. At present, it is considered that there are no medium or high likelihood risks as reported to WG. However, as the financial year progresses, the Trust will continue to review both the likelihood and financial value of risks. Depending on the outcome of issues highlighted, higher risks may need to be reported in due course. This will also inform a further review of risk 139 in the BAF.

21. However, 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.

22. Given the pressures the Trust is already experiencing in relation to the conflict in the Middle East, a risk of **£0.300m** has been included around further increases in energy prices. While the Shared Services forecast indicated a reduction for WAST, this was based on energy baskets already secured, which have increased again. In addition, the Trust has a number of sites outside this supply arrangement, including one high-usage site where costs are recharged by the landlord and are therefore more heavily impacted by rate increases. The Trust will continue to monitor this area as it moves into the higher-usage months.

23. At this stage it is prudent to include a risk of the WRP funding not being provided by Welsh Government, as such a risk has been included for the full amount of **£2.355m**. However, given the assurance from WG that if we achieve our forecast, it will be covered in full, this is a low risk.

24. In addition to the current forecast around the Risk Pool, given the additional work being undertaken and the change in methodologies being applied by the courts, an unquantified low risk has been included.

25. As noted above, there are currently no individually assessed high financial risks. However, when this is considered alongside continuing significant service pressures and the likely need to balance financial risk against patient safety, quality and experience, it remains clear, as set out in the IMTP, that 2026/27 is likely to be another challenging financial year. This remains the case despite the initially reported Month 5 financial performance and the assumptions underpinning it.

RECOMMENDATION

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

NEXT STEPS

27. Monitor the ongoing revenue and capital position as we move through 2026/27, linking in with key stakeholders, to ensure delivery to plan.

28. Continue to closely monitor 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.

Savings Performance by Theme 26-27

Reporting Month 5

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income Commercialisation Opportunities	150	17	0	-17	33	0	-33	150	59	-91
Non Pay Estates Efficiencies - Corporate	135	11	11	0	57	52	-5	135	135	0
Non Pay Fleet Efficiencies - Corporate	250	21	0	-21	104	33	-71	250	169	-81
Non Pay Local Schemes - Corporate	471	39	31	-8	196	144	-53	471	330	-141
Non Pay Local Schemes - Operations	915	70	80	10	306	351	45	915	924	9
Non Pay Local Schemes - Operations Contract Reviews	415	30	78	48	199	199	0	415	415	0
Non Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Agency Reduction	89	7	7	0	37	37	0	89	89	0
Pay Cost Management (Variable Cost reductions) - Operations	1,100	96	96	0	430	430	0	1,100	1,100	0
Pay End of Shift Overrun - Operations	110	9	34	25	47	106	59	110	169	59
Pay Skill Mix Modernisation - Operations	500	42	42	0	210	210	0	500	500	0
Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate	2,368	193	371	179	972	1,527	554	2,368	2,985	617
Pay Vacancy Management - Operations	1,297	134	134	0	776	776	0	1,297	1,297	0
Totals	**7,800**	**669**	**886**	**216**	**3,368**	**3,865**	**496**	**7,800**	**8,172**	**372**

Savings Performance by Theme 26-27 - Recurrent

Reporting Month 5

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income Commercialisation Opportunities	150	17	0	-17	33	0	-33	150	59	-91
Non Pay Estates Efficiencies - Corporate	135	11	11	0	57	52	-5	135	135	0
Non Pay Fleet Efficiencies - Corporate	250	21	0	-21	104	33	-71	250	169	-81
Non Pay Local Schemes - Corporate	471	39	31	-8	196	144	-53	471	330	-141
Non Pay Local Schemes - Operations	915	70	80	10	306	351	45	915	924	9
Non Pay Local Schemes - Operations Contract Reviews	415	30	78	48	199	199	0	415	415	0
Non Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Agency Reduction	89	7	7	0	37	37	0	89	89	0
Pay Cost Management (Variable Cost reductions) - Operations	1,100	96	96	0	430	430	0	1,100	1,100	0
Pay End of Shift Overrun - Operations	110	9	34	25	47	106	59	110	169	59
Pay Skill Mix Modernisation - Operations	500	42	42	0	210	210	0	500	500	0
Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate	2,368	193	371	179	972	1,527	554	2,368	2,985	617
Pay Vacancy Management - Operations	1,297	134	134	0	776	776	0	1,297	1,297	0
Totals	**7,800**	**669**	**886**	**216**	**3,368**	**3,865**	**496**	**7,800**	**8,172**	**372**

Savings Performance by Theme 26-27 - Non Recurrent

Reporting Month 5

	Annual	In Month			Cumulative			Forecast		
	Plan	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Income Commercialisation Opportunities	0	0	0	0	0	0	0	0	0	0
Non Pay Estates Efficiencies - Corporate	0	0	0	0	0	0	0	0	0	0
Non Pay Fleet Efficiencies - Corporate	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
Non Pay Local Schemes - Operations Contract Reviews	0	0	0	0	0	0	0	0	0	0
Non Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Agency Reduction	0	0	0	0	0	0	0	0	0	0
Pay Cost Management (Variable Cost reductions) - Operations	0	0	0	0	0	0	0	0	0	0
Pay End of Shift Overrun - Operations	0	0	0	0	0	0	0	0	0	0
Pay Skill Mix Modernisation - Operations	0	0	0	0	0	0	0	0	0	0
Pay Unallocated Balance - to be further identified Qtr 1 26/27	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Corporate	0	0	0	0	0	0	0	0	0	0
Pay Vacancy Management - Operations	0	0	0	0	0	0	0	0	0	0
Totals	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Please note figures are rounded to the nearest whole number

VALIDATION SUMMARY 2026-27

Your organisation is showing as :	WELSH AMBULANCE TRUST
Period is showing :	AUG 26
TABLE A : MOVEMENT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE A2: RISKS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B : MONTHLY POSITIONS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE B3 : PAY & AGENCY/LOCUM	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C, C1 & C2 : SAVINGS SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE C3 : TRACKER	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E : RESOURCE LIMITS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE E1 : INVOICED INCOME	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE F : STATEMENT OF FINANCIAL POSITION	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE G : MONTHLY CASHFLOW	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE I : CAPITAL RESOURCE / EXPENDITURE LIMIT	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE J: CAPITAL IN YEAR SCHEMES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE K : CAPITAL DISPOSALS	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE M : GENERAL MEDICAL SERVICES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE N : GENERAL DENTAL SERVICES	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TABLE P: IFRS 16	WELSH AMBULANCE TRUST IS CURRENTLY SHOWING 0 ERRORS FOR THIS TABLE
TOTAL ERRORS FOR YOUR AUG 26 RETURN IS	**YOUR RETURN HAS ZERO ERRORS**

Welsh Ambulance Trust

Period : **Aug 26**

Summary Of Main Financial Performance

Revenue Performance

		Actual YTD £'000	Annual Forecast £'000
1	Under / (Over) Performance	0	0

Welsh Ambulance Trust **Period : Aug 26**

Table A - Movement of Opening Financial Plan to Forecast Outturn

This Table is currently showing 0 errors

Line 12 should reflect the corresponding amounts included within the latest IMTP/AOP submission to WG
Lines 1 - 12 should not be adjusted after Month 1

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-3,746	0	-3,746	-3,746
2	Cost Pressures (Negative Value)	-13,533	0	-13,533	-13,533
3	Allocation Letter Revenue Funding Uplift / WG RRL / WG Income Uplift	5,124	0	5,124	5,124
4	Other Income Uplift / (Reduction)	3,155	0	3,155	3,155
5	RRL Profile - phasing only (in-year effect should total nil /Column C)	0	0	0	0
6	Planned (Finalised) Green and Amber Savings Plan	7,650	0	7,650	7,650
7	Planned (Finalised) Net Income Generation	150	0	150	150
8	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
9	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
10		0	0		
11	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	1,200	0	1,200	1,200
12	**Opening IMTP / Annual Operating Plan**	**0**	**0**	**0**	**0**
13	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-1,200	0	-1,200	-1,200
14	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
15	Other Movement in Month 1 Planned & In Year Net Income Generation	-91	0	-91	-91
16	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	463	0	463	463
17	Additional In Year Identified Savings - Forecast	0	0	0	0
18	Variance to Planned RRL	0	0		
19	Additional In Year & Movement in Planned Welsh Government Funding & Other Income (Positive Value - additional)	0	0		
20	In Year Accountancy Gains	0	0	0	0
21	Unplanned Spend Reductions	2,358	0	2,358	2,358
22	Unplanned Cost Pressures	-1,530	-830	-700	-700
23	Planned Mitigations Yet To Be Finalised	0	0	0	0
24	Unplanned Additional Required Mitigations Yet To Be Finalised	0	0	0	0
25	Other	0	0	0	0
26		0	0		
27		0	0		
28		0	0		
29		0	0		
30		0	0		
31		0	0		
32		0	0		
33		0	0		
34		0	0		
35	**Forecast Outturn (- Deficit / + Surplus)**	**0**	**-830**	**830**	**830**

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-312	-312	-312	-312	-312	-312	-312	-312	-312	-312	-312	-314	-1,560	-3,746
2	-1,104	-995	-1,055	-1,191	-1,181	-1,142	-1,150	-1,151	-1,151	-1,149	-1,136	-1,129	-5,525	-13,533
3	427	427	427	427	427	427	427	427	427	427	427	427	2,135	5,124
4	263	263	263	263	263	263	263	263	263	263	263	263	1,315	3,155
5												0	0	0
6	726	617	677	663	653	614	622	623	623	621	609	603	3,335	7,650
7	0	0	0	17	17	17	17	17	17	17	17	17	33	150
8													0	0
9													0	0
10													0	0
11				133	133	133	133	133	133	133	133	133	267	1,200
12	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
13	0	0	0	-133	-133	-133	-133	-133	-133	-133	-133	-133	-267	-1,200
14													0	0
15	0	0	0	-17	-17	-8	-17	-17	-17	0	0	0	-33	-91
16	8	73	42	173	233	12	-19	-16	-24	-17	-4	1	530	463
17	0	0	0	0	0	0	0	0	0	0	0	0	0	0
18													0	0
19	196	-196											0	0
20	0	0	0	0	0	0	0	0	0	0	0	0	0	0
21	0	368	124	208	208	208	207	207	207	207	207	207	908	2,358
22	-204	-245	-166	-231	-291	-79	-38	-41	-32	-57	-70	-75	-1,137	-1,530
23	0	0	0	0	0	0	0	0	0	0	0	0	0	0
24	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26													0	0
27													0	0
28													0	0
29													0	0
30													0	0
31													0	0
32													0	0
33													0	0
34													0	0
35	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

TABLE A : Movement of Opening Financial Plan to Forecast Outturn

Monthly Positions (- Deficit / + Surplus) reconciles to Table B Monthly Positions	Ok
Recurring & Non Recurring Analysis of In Year items is not greater than In Year items	Ok
FYE of Recurring items are greater than, or equal to, the In Year Recurring amount	Ok
FYE of Recurring items only reported against Recurring items	Ok
Has Organisation name being selected	Ok

Welsh Ambulance Trust **Period : Aug 26**

Table A1 - In Year Material Recurrent Analysis Impacting on Underlying Position ((>£200k for Trusts/SHA and >£500k for HBs)

A. In Year Recurrent Unplanned Cost Pressure Analysis (Re: Table A Line 22)

	Description	SoCNE/SoCNI Expenditure Catgeory	Service Area	Theme	In Year Recurring Impact £000 (-value)	FYE Recurring Impact £000 (-value)
1	Fuel cost pressures	Provider Services - Non Pay (excluding drugs & depreciation)	Commissioned Services (as Provider)	Macro economic inflation	-500	-500
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
				Total	**-500**	**-500**

B. In Year Recurrent Unplanned Spend Reduction Analysis (Re: Table A Line 21)

	Description	SoCNE/SoCNI Expenditure Catgeory	Service Area	Theme	In Year Recurring Impact £000 (+value)	FYE Recurring Impact £000 (+value)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
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32						
33						
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36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
				Total	0	0

C. In Year Recurrent Income benefit/ Reduction Analysis (Re: Table A Line 18 & 19)

	Description	Service Area	Theme	In Year Recurring Impact £000 (+Benefit/-Reduction)	FYE Recurring Impact £000 (+Benefit/-Reduction)
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
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22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
			Total	0	0

Welsh Ambulance Trust

Period : **Aug 26**

This Table is currently showing 0 errors

	Table A2 - Overview Of Key Risks & Opportunities	FORECAST YEAR END £'000	Likelihood
	Pressures Not Assumed in the Forecast Outturn (Negative Values):		
1	Continuing Healthcare		
2	Out of Area Mental Health Placements		
3	Primary Care Drugs		
4	Secondary Care Drugs including NICE		
5	Joint Commissioning Committee - Outturn Risk		
6	Joint Commissioning Committee - Contract Performance		
7	Energy prices	(300)	Low
8	Failure to break even resulting in the Trust not meeting the requirements to access the c	(2,355)	Low
9	WRP contribution increases above current forecast, and this not being supportable by WG		Low
10			
11			
12			
13			
14			
15			
16			
17			
18	**Benefits Assumed in the Forecast Outturn at Risk (Negative Values):**		
19	Under delivery of Amber Schemes included in Outturn via Tracker		
20	Non Delivery of Planned Mitigations Yet To Be Finalised		
21	Non Delivery of Unplanned Additional Required Mitigations Yet To Be Finalised		
22	GMS Ring Fenced Allocation Underspend Potential Claw back		
23	Dental Ring Fenced Allocation Underspend Potential Claw back		
24			
25			
26			
27	**Total Risks**	(2,655)	
	Opportunities Not Factored into the Forecast Outturn (Positive Values)		
28			
29			
30			
31			
32			
33			
34			
35	**Total Further Opportunities**	0	
36	**Current Reported Forecast Outturn**	0	
37	**Worst Case Outturn Scenario**	(2,655)	
38	**Best Case Outturn Scenario (Opportunities Only)**	0	

Welsh Ambulance Trust

Table B - Monthly Positions **Period :** Aug 26

This Table is currently showing 0 errors

	A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Revenue Resource Limit	Actual/F'cast													0	0
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast													0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	624	634	595	604	543	543	543	543	542	542	542	542	3,000	6,797
4	JCC Income	Actual/F'cast	24,914	24,708	25,352	24,680	25,343	26,030	26,030	26,030	26,028	26,228	26,228	26,328	124,997	307,899
5	Welsh Government Income (Non RRL)	Actual/F'cast	1,314	1,373	1,343	6,797	1,924	1,818	1,818	1,818	1,818	1,818	1,817	1,817	12,751	25,475
6	Other Income	Actual/F'cast	341	450	395	793	390	179	179	178	178	178	178	178	2,369	3,617
7	**Income Total**		**27,193**	**27,165**	**27,685**	**32,874**	**28,200**	**28,570**	**28,570**	**28,569**	**28,566**	**28,766**	**28,765**	**28,865**	**143,117**	**343,788**
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast													0	0
9	Primary Care - Drugs & Appliances	Actual/F'cast													0	0
10	Provided Services - Pay	Actual/F'cast	20,509	20,761	21,045	20,586	20,564	21,083	20,942	21,046	21,053	21,250	21,290	21,425	103,465	251,554
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	4,025	4,060	4,043	4,323	4,576	4,601	4,741	4,638	4,629	4,632	4,590	4,554	21,027	53,412
12	Secondary Care - Drugs	Actual/F'cast	53	48	35	47	55	49	49	49	49	49	49	50	238	582
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast													0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast													0	0
16	Other Private & Voluntary Sector	Actual/F'cast	1,016	1,015	1,007	1,029	1,039	967	967	967	967	967	968	968	5,106	11,877
17	Joint Financing and Other	Actual/F'cast													0	0
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	314	(83)	161	128	133	126	126	126	126	126	126	126	653	1,535
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast	(91)	(95)	(76)	(71)	(71)	(86)	(85)	(85)	(85)	(85)	(85)	(85)	(404)	(1,000)
21	Total Interest Payable - (Trust Only)	Actual/F'cast	20	20	20	20	20	20	20	19	19	19	19	19	100	235
22	Depreciation	Actual/F'cast	1,382	1,479	1,479	1,960	1,887	1,888	1,888	1,888	1,887	1,887	1,887	1,887	8,187	21,399
23	Impairments	Actual/F'cast	0	0	0	4,889	0	0	0	0	0	0	0	0	4,889	4,889
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit\Loss Disposal of Assets	Actual/F'cast	(35)	(40)	(29)	(37)	(3)	(78)	(78)	(79)	(79)	(79)	(79)	(79)	(144)	(695)
26	**Cost - Total**	Actual/F'cast	**27,193**	**27,165**	**27,685**	**32,874**	**28,200**	**28,570**	**28,570**	**28,569**	**28,566**	**28,766**	**28,765**	**28,865**	**143,117**	**343,788**
27	**Net surplus/ (deficit)**	Actual/F'cast	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

B. Assessment of Financial Forecast Positions

Year-to-date (YTD)	£'000	
28 . Actual YTD surplus/ (deficit)	0	
29. Actual YTD surplus/ (deficit) last n	0	
30. Current month actual surplus/ (de	0	
		Trend
31. Average monthly surplus/ (deficit)	0	▼
32. YTD /remaining months	0	

Full-year surplus/ (deficit) scenarios	£'000
33. Extrapolated Scenario	0
34. Year to Date Trend Scenario	0

C. Depreciation & Impairments

			1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Forecast year-end position
	Depreciation															
41	Owned Asset Baseline Provider Depreciation	Actual/F'cast	1,382	1,260	1,261	1,181	1,271	1,271	1,271	1,271	1,271	1,271	1,270	1,270	6,355	15,250
42	Owned Asset Strategic Depreciation	Actual/F'cast				472	473	471	472	472	472	472	472	473	945	4,249
43	Owned Asset Accelerated Depreciation	Actual/F'cast				4	3	4	4	3	4	3	4	3	7	32
44	Donated Asset Depreciation	Actual/F'cast				3	4	4	4	3	3	3	3	3	7	30
45	IFRS16 ROU Depreciation	Actual/F'cast		219	217	284	120	121	120	121	120	121	122	122	840	1,687
46	IFRS16 ROU Peppercorn Depreciation	Actual/F'cast				17	17	17	17	17	17	17	16	16	34	151
47	**Total**		**1,382**	**1,479**	**1,479**	**1,960**	**1,888**	**1,888**	**1,888**	**1,887**	**1,887**	**1,887**	**1,887**	**1,887**	**8,188**	**21,399**
	Impairments															
48	Owned Asset Impairments	Actual/F'cast				4,889									4,889	4,889
49	Owned Asset Impairments Reversals (negative values)	Actual/F'cast													0	0
50	IFRS16 ROU Impairments	Actual/F'cast													0	0
51	**Total**		**0**	**0**	**0**	**4,889**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**4,889**	**4,889**

D. Accountancy Gains

			1	2	3	4	5	6	7	8	9	10	11	12		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
52	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**

E. Committed Reserves & Contingencies

			1	2	3	4	5	6	7	8	9	10	11	12		
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
	List of all Committed Reserves & Contingencies inc above in Section A. Please specify Row number in description.															
53		F'cast													0	0
54		F'cast													0	0
55		F'cast													0	0
56		F'cast													0	0
57		F'cast													0	0
58		F'cast													0	0
59		F'cast													0	0
60		F'cast													0	0
61		F'cast													0	0
62		F'cast													0	0
63		F'cast													0	0
64		F'cast													0	0
65		F'cast													0	0
66		F'cast													0	0
67		F'cast													0	0
68		F'cast													0	0
69		F'cast													0	0
70		F'cast													0	0
71		F'cast													0	0
72		F'cast													0	0
73		F'cast													0	0
74		F'cast													0	0
75		F'cast													0	0
76		F'cast													0	0
77		F'cast													0	0
78		F'cast													0	0
79		F'cast													0	0
80		F'cast													0	0
81	**Total**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
		Phasing	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

Welsh Ambulance Trust

Table B1 - SOCNE / SOCNI Movement

Period : Aug 26

This table needs completing monthly from Month 2

Ref

TABLE B: MONTHLY POSITIONS - MONTHLY MOVEMENT ANALYSIS

Income & Expenditure Categories	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Total
Revenue Resource Limit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Capital Donation / Government Grant Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Welsh NHS Local Health Boards & Trusts Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
JCC Income	0.0	0.0	0.0	0.0	(0.3)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Welsh Government Income (Non RRL)	0.0	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.3**
Other Income	0.0	0.0	0.0	0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.4**
Total Income	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.7**
Primary Care Contractor (excl. drugs, incl. NRL expenditure)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Primary Care - Drugs & Appliances	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Provided Services - Pay	0.0	0.0	0.0	0.0	(0.3)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	**(1.2)**
Provider Services - Non Pay (excluding drugs & depreciation)	0.0	0.0	0.0	0.0	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	**2.0**
Secondary Care - Drugs	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.0)	0.0	(0.0)	(0.0)	(0.0)	0.0	**0.0**
Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Continuing Care and Funded Nursing Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Other Private & Voluntary Sector	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	**(0.3)**
Joint Financing and Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Losses, Special Payments and Irrecovarable Debts	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.2**
Exceptional (Income) / Costs - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Total Interest Receivable - (Trust Only)	0.0	0.0	0.0	0.0	0.0	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	**0.0**
Total Interest Payable - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Depreciation	0.0	0.0	0.0	0.0	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Impairments	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Uncommitted Reserves & Contingencies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Profit\Loss Disposal of Assets	0.0	0.0	0.0	0.0	0.1	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	**0.0**
Total Expenditure	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.1**	**0.7**
Forecast Outturn	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

VARIANCE ANALYSIS £'m

v PMA	v PMF	v PMFYF
0.0	0.0	0.0
0.0	0.0	0.0
(0.1)	0.0	0.0
0.7	(0.3)	0.0
(4.9)	0.1	0.3
(0.4)	0.2	0.4
(4.7)	**0.0**	**0.7**
0.0	0.0	0.0
0.0	0.0	0.0
(0.0)	(0.3)	(1.2)
0.3	0.2	2.0
0.0	0.0	0.0
0.0	0.0	0.0
0.0	0.0	0.0
0.0	0.0	0.0
0.0	0.0	(0.3)
0.0	0.0	0.0
0.0	0.0	0.2
0.0	0.0	0.0
0.0	0.0	0.0
0.0	0.0	0.0
(0.1)	(0.0)	0.0
(4.9)	0.0	0.0
0.0	0.0	0.0
0.0	0.1	0.0
(4.7)	**0.0**	**0.7**
0.0	**0.0**	**0.0**

VARIANCE ANALYSIS %

v PMA	v PMF	v PMFYF
0.0%	0.0%	0.0%
0.0%	0.0%	0.0%
-10.1%	0.0%	0.1%
2.7%	-1.3%	0.0%
-71.7%	7.0%	2.1%
-50.8%	146.8%	34.2%
-14.2%	**0.1%**	**0.3%**
0.0%	0.0%	0.0%
0.0%	0.0%	0.0%
-0.1%	-1.5%	-0.8%
5.9%	4.5%	6.5%
17.0%	10.0%	0.0%
0.0%	0.0%	0.0%
0.0%	0.0%	0.0%
0.0%	0.0%	0.0%
1.0%	3.2%	-3.6%
0.0%	0.0%	0.0%
3.9%	22.0%	19.8%
0.0%	0.0%	0.0%
0.0%	-15.5%	0.0%
0.0%	0.0%	0.0%
-3.7%	-0.1%	0.0%
-100.0%	0.0%	0.0%
0.0%	0.0%	0.0%
-91.9%	-95.7%	0.0%
-14.2%	**0.1%**	**0.3%**
0.0%	**0.0%**	**0.0%**

TABLE B: MONTHLY POSITIONS - PRIOR MONTH

Income & Expenditure Categories	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Total	Forecast
Revenue Resource Limit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Capital Donation / Government Grant Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Welsh NHS Local Health Boards & Trusts Income	0.6	0.6	0.6	0.6	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	**6.8**	**3.8**
JCC Income	24.9	24.7	25.4	24.7	25.7	26.0	26.0	26.0	26.0	26.2	26.2	26.3	**307.9**	**182.6**
Welsh Government Income (Non RRL)	1.3	1.4	1.3	6.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	**25.2**	**12.6**
Other Income	0.3	0.5	0.4	0.8	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	**3.2**	**1.1**
Total Income	**27.2**	**27.2**	**27.7**	**32.9**	**28.2**	**28.5**	**28.5**	**28.5**	**28.5**	**28.7**	**28.7**	**28.8**	**343.1**	**200.0**
Primary Care Contractor (excl. drugs, incl. NRL expenditure)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Primary Care - Drugs & Appliances	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Provided Services - Pay	20.5	20.8	21.0	20.6	20.9	21.2	21.1	21.2	21.2	21.4	21.4	21.6	**252.8**	**149.0**
Provider Services - Non Pay (excluding drugs & depreciation)	4.0	4.1	4.0	4.3	4.4	4.3	4.5	4.4	4.4	4.4	4.3	4.3	**51.4**	**30.6**
Secondary Care - Drugs	0.1	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	**0.6**	**0.3**
Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Continuing Care and Funded Nursing Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Other Private & Voluntary Sector	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	**12.1**	**7.1**
Joint Financing and Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Losses, Special Payments and Irrecovarable Debts	0.3	(0.1)	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	**1.4**	**0.8**
Exceptional (Income) / Costs - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Total Interest Receivable - (Trust Only)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	**(1.0)**	**(0.6)**
Total Interest Payable - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.2**	**0.1**
Depreciation	1.4	1.5	1.5	2.0	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	**21.4**	**13.2**
Impairments	0.0	0.0	0.0	4.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**4.9**	**0.0**
Uncommitted Reserves & Contingencies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**	**0.0**
Profit\Loss Disposal of Assets	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	**(0.7)**	**(0.5)**
Total Expenditure	**27.2**	**27.2**	**27.7**	**32.9**	**28.2**	**28.5**	**28.5**	**28.5**	**28.5**	**28.7**	**28.7**	**28.8**	**343.1**	**200.0**
Forecast Outturn	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

PMA = Prior Month Actuals
PMF = Prior Month Forecast
PMFYF = Prior Month Full Year Forecast

The 'Current Month' figures would come from the from the existing Table B:

TABLE B: MONTHLY POSITIONS - CURRENT MONTH

Income & Expenditure Categories	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Total
Revenue Resource Limit	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Capital Donation / Government Grant Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Welsh NHS Local Health Boards & Trusts Income	0.6	0.6	0.6	0.6	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5	**6.8**
JCC Income	24.9	24.7	25.4	24.7	25.3	26.0	26.0	26.0	26.0	26.2	26.2	26.3	**307.9**
Welsh Government Income (Non RRL)	1.3	1.4	1.3	6.8	1.9	1.8	1.8	1.8	1.8	1.8	1.8	1.8	**25.5**
Other Income	0.3	0.5	0.4	0.8	0.4	0.2	0.2	0.2	0.2	0.2	0.2	0.2	**3.6**
Total Income	**27.2**	**27.2**	**27.7**	**32.9**	**28.2**	**28.6**	**28.6**	**28.6**	**28.6**	**28.8**	**28.8**	**28.9**	**343.8**
Primary Care Contractor (excl. drugs, incl. NRL expenditure)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Primary Care - Drugs & Appliances	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Provided Services - Pay	20.5	20.8	21.0	20.6	20.6	21.1	20.9	21.0	21.1	21.3	21.3	21.4	**251.6**
Provider Services - Non Pay (excluding drugs & depreciation)	4.0	4.1	4.0	4.3	4.6	4.6	4.7	4.6	4.6	4.6	4.6	4.6	**53.4**
Secondary Care - Drugs	0.1	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1	**0.6**
Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Continuing Care and Funded Nursing Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Other Private & Voluntary Sector	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0	**11.9**
Joint Financing and Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Losses, Special Payments and Irrecovarable Debts	0.3	(0.1)	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	**1.5**
Exceptional (Income) / Costs - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Total Interest Receivable - (Trust Only)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	**(1.0)**
Total Interest Payable - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.2**
Depreciation	1.4	1.5	1.5	2.0	1.9	1.9	1.9	1.9	1.9	1.9	1.9	1.9	**21.4**
Impairments	0.0	0.0	0.0	4.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**4.9**
Uncommitted Reserves & Contingencies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
Profit\Loss Disposal of Assets	(0.0)	(0.0)	(0.0)	(0.0)	(0.0)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	**(0.7)**
Total Expenditure	**27.2**	**27.2**	**27.7**	**32.9**	**28.2**	**28.6**	**28.6**	**28.6**	**28.6**	**28.8**	**28.8**	**28.9**	**343.8**
Forecast Outturn	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**

Welsh Ambulance Trust

Table B2 - Movements from Opening Expenditure Plan **Period :** Aug 26

	Section A: Primary Care Contractor (excluding drugs, including non resource limited expenditure)		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000	In Year Recurring Impact £'000	FYE Recurring Impact £'000
1	Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)														0	0		
2	Remove Red, Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)														0	0		
3	Latest Month Actual / Forecast	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
4	**Variation From Opening Annual Plan**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
	Explanation of Variation:																	
5	Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/Fcast													0	0		
6	Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
7	Accountancy Gains	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
8	Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/Fcast													0	0		
9	Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/Fcast													0	0		
10	Virements of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/Fcast													0	0		
11	Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
12	Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
13	Other (Positive or Negative Value) - (b/d required in narrative)	Actual/Fcast													0	0		
14	**Total Variation Explanation**	Actual/Fcast	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
15	**Check Variation Fully Explained:**		**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**				

	Section B: Primary Care - Drugs & Appliances		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000	In Year Recurring Impact £'000	FYE Recurring Impact £'000
16	Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)														0	0		
17	Remove Red, Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)														0	0		
18	Latest Month Actual / Forecast	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
19	**Variation From Opening Annual Plan**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
	Explanation of Variation:																	
20	Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/Fcast													0	0		
21	Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
22	Accountancy Gains	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
23	Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/Fcast													0	0		
24	Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/Fcast													0	0		
25	Virements of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/Fcast													0	0		
26	Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
27	Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
28	Other (Positive or Negative Value) - (b/d required in narrative)	Actual/Fcast													0	0		
29	**Total Variation Explanation**	Actual/Fcast	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
30	**Check Variation Fully Explained:**		**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**				

	Section C: Provided Services - Pay		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000	In Year Recurring Impact £'000	FYE Recurring Impact £'000
31	Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)		20,900	20,900	20,900	20,920	20,920	20,920	20,941	20,941	20,941	20,962	20,961	20,961	104,540	251,167		
32	Remove Red, Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)					67	67	67	67	67	67	67	67	67	133	600		
33	Latest Month Actual / Forecast	Actual/Fcast	20,509	20,761	21,045	20,586	20,564	21,083	20,942	21,046	21,053	21,250	21,290	21,425	103,465	251,554		
34	**Variation From Opening Annual Plan**		**(391)**	**(139)**	**145**	**(401)**	**(423)**	**96**	**(66)**	**38**	**45**	**221**	**262**	**397**	**(1,209)**	**(213)**		
	Explanation of Variation:																	
35	Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/Fcast				40	133	57	57	57	57	56	56	56	173	569		
36	Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/Fcast	(54)	(99)	(89)	(168)	(204)	(46)	(9)	(9)	0	0	0	0	(613)	(676)		
37	Accountancy Gains	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
38	Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/Fcast													0	0		
39	Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/Fcast				198	44	20	13	18	7	7	20	26	242	350		
40	Virements of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/Fcast	(337)	(40)	234	(471)	(396)	65	(127)	(26)	(19)	158	187	315	(1,019)	(456)		
41	Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
42	Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
43	Other (Positive or Negative Value) - (b/d required in narrative)	Actual/Fcast													0	0		
44	**Total Variation Explanation**	Actual/Fcast	**(391)**	**(139)**	**145**	**(401)**	**(423)**	**96**	**(66)**	**38**	**45**	**221**	**262**	**397**	**(1,209)**	**(213)**		
45	**Check Variation Fully Explained:**		**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**				

	Section D: Provider Services - Non Pay (excluding drugs & depreciation)		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000	In Year Recurring Impact £'000	FYE Recurring Impact £'000
46	Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)		4,108	4,108	4,108	4,087	4,087	4,087	4,066	4,066	4,066	4,046	4,047	4,048	20,498	48,925		
47	Remove Red, Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)					67	67	67	67	67	67	67	67	67	133	600		
48	Latest Month Actual / Forecast	Actual/Fcast	4,025	4,060	4,043	4,323	4,576	4,601	4,741	4,638	4,629	4,632	4,590	4,554	21,027	53,412		
49	**Variation From Opening Annual Plan**		**(83)**	**(48)**	**(65)**	**169**	**422**	**447**	**608**	**505**	**496**	**519**	**476**	**440**	**395**	**3,888**		
	Explanation of Variation:																	
50	Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/Fcast			168	168	252	252	252	252	252	252	252	252	589	2,355		
51	Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/Fcast	46	25	47	(6)	(29)	34	27	25	24	17	4	(1)	84	214		
52	Accountancy Gains	Actual/Fcast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
53	Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/Fcast													0	0		
54	Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/Fcast	204	245	166	33	247	59	25	25	25	50	50	49	895	1,179	700	700
55	Virements of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/Fcast	(333)	(318)	(447)	(26)	(48)	102	303	203	194	200	170	140	(1,173)	139		
56	Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
57	Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
58	Other (Positive or Negative Value) - (b/d required in narrative)	Actual/Fcast													0	0		
59	**Total Variation Explanation**	Actual/Fcast	**(83)**	**(48)**	**(65)**	**169**	**422**	**447**	**608**	**505**	**496**	**519**	**476**	**440**	**395**	**3,888**		

60	Check Variation Fully Explained:	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok	ok			

	Section E: Secondary Care - Drugs		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000	In Year Recurring Impact £'000	FYE Recurring Impact £'000
61	Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)		50	50	50	50	50	50	50	50	50	50	50	50	250	600		
62	Remove Red, Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)														0	0		
63	Latest Month Actual / Forecast	Actual/F'cast	53	48	35	47	55	49	49	49	49	49	49	50	238	582		
64	**Variation From Opening Annual Plan**		**3**	**(2)**	**(15)**	**(3)**	**5**	**(1)**	**(1)**	**(1)**	**(1)**	**(1)**	**(1)**	**0**	**(12)**	**(18)**		
	Explanation of Variation:																	
65	Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/F'cast													0	0		
66	Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
67	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
68	Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/F'cast													0	0		
69	Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/F'cast													0	0		
70	Virements of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/F'cast	3	(2)	(15)	(3)	5	(1)	(1)	(1)	(1)	(1)	(1)	0	(12)	(18)		
71	Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
72	Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
73	Other (Positive or Negative Value) - (b/d required in narrative)	Actual/F'cast													0	0		
74	**Total Variation Explanation**	Actual/F'cast	**3**	**(2)**	**(15)**	**(3)**	**5**	**(1)**	**(1)**	**(1)**	**(1)**	**(1)**	**(1)**	**0**	**(12)**	**(18)**		
75	**Check Variation Fully Explained:**		**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**				

	Section F: Healthcare Services Provided by Other NHS Bodies		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000	In Year Recurring Impact £'000	FYE Recurring Impact £'000
76	Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)														0	0		
77	Remove Red, Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)														0	0		
78	Latest Month Actual / Forecast	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
79	**Variation From Opening Annual Plan**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
	Explanation of Variation:																	
80	Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/F'cast													0	0		
81	Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
82	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
83	Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/F'cast													0	0		
84	Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/F'cast													0	0		
85	Virements of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/F'cast													0	0		
86	Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
87	Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
88	Other (Positive or Negative Value) - (b/d required in narrative)	Actual/F'cast													0	0		
89	**Total Variation Explanation**	Actual/F'cast	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
90	**Check Variation Fully Explained:**		**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**				

	Section G: Non Healthcare Services Provided by Other NHS Bodies		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000	In Year Recurring Impact £'000	FYE Recurring Impact £'000
91	Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)														0	0		
92	Remove Red, Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)														0	0		
93	Latest Month Actual / Forecast	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
94	**Variation From Opening Annual Plan**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
	Explanation of Variation:																	
95	Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/F'cast													0	0		
96	Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
97	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
98	Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/F'cast													0	0		
99	Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/F'cast													0	0		
100	Virements of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/F'cast													0	0		
101	Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
102	Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
103	Other (Positive or Negative Value) - (b/d required in narrative)	Actual/F'cast													0	0		
104	**Total Variation Explanation**	Actual/F'cast	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
105	**Check Variation Fully Explained:**		**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**				

	Section H: Continuing Care and Funded Nursing Care		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000	In Year Recurring Impact £'000	FYE Recurring Impact £'000
106	Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)														0	0		
107	Remove Red, Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)														0	0		
108	Latest Month Actual / Forecast	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
109	**Variation From Opening Annual Plan**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
	Explanation of Variation:																	
110	Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/F'cast													0	0		
111	Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
112	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
113	Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/F'cast													0	0		
114	Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/F'cast													0	0		
115	Virements of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/F'cast													0	0		
116	Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
117	Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0		
118	Other (Positive or Negative Value) - (b/d required in narrative)	Actual/F'cast													0	0		
119	**Total Variation Explanation**	Actual/F'cast	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
120	**Check Variation Fully Explained:**		**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**				

	Section I: Other Private & Voluntary Sector		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000		In Year Recurring Impact £'000	FYE Recurring Impact £'000
121	Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)		958	958	958	958	958	958	958	958	958	958	958	958	4,792	11,500			
122	Remove Red, Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)														0	0			
123	Latest Month Actual / Forecast	Actual/F'cast	1,016	1,015	1,007	1,029	1,039	967	967	967	967	967	968	968	5,106	11,877			
124	**Variation From Opening Annual Plan**		**58**	**57**	**49**	**71**	**81**	**9**	**9**	**9**	**9**	**9**	**10**	**10**	**314**	**377**			
	Explanation of Variation:																		
125	Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/F'cast		11	12	13	82	13	14	12	13	12	13	12	118	207			
126	Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
127	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
128	Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/F'cast													0	0			
129	Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/F'cast													0	0			
130	Virements of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/F'cast	58	46	37	58	(2)	(4)	(5)	(3)	(4)	(3)	(3)	(2)	196	170			
131	Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0			
132	Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0			
133	Other (Positive or Negative Value) - (b/d required in narrative)	Actual/F'cast													0	0			
134	**Total Variation Explanation**	Actual/F'cast	**58**	**57**	**49**	**71**	**81**	**9**	**9**	**9**	**9**	**9**	**10**	**10**	**314**	**377**			
135	**Check Variation Fully Explained:**		**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**					

	Section J: Joint Financing and Other		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000		In Year Recurring Impact £'000	FYE Recurring Impact £'000
136	Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)														0	0			
137	Remove Red, Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)														0	0			
138	Latest Month Actual / Forecast	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
139	**Variation From Opening Annual Plan**		**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**			
	Explanation of Variation:																		
140	Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/F'cast													0	0			
141	Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
142	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
143	Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/F'cast													0	0			
144	Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/F'cast													0	0			
145	Virements of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/F'cast													0	0			
146	Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0			
147	Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0			
148	Other (Positive or Negative Value) - (b/d required in narrative)	Actual/F'cast													0	0			
149	**Total Variation Explanation**	Actual/F'cast	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**			
150	**Check Variation Fully Explained:**		**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**					

	Section K: Losses, Special Payments and Irrecoverable Debts		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000		In Year Recurring Impact £'000	FYE Recurring Impact £'000
151	Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)		314	311	311	311	311	311	310	310	310	310	310	310	1,558	3,729			
152	Remove Red, Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value) - Not Applicable														0	0			
153	Latest Month Actual / Forecast	Actual/F'cast	314	(83)	161	128	133	126	126	126	126	126	126	128	653	1,535			
154	**Variation From Opening Annual Plan**		**0**	**(394)**	**(150)**	**(183)**	**(178)**	**(185)**	**(184)**	**(184)**	**(184)**	**(184)**	**(184)**	**(184)**	**(905)**	**(2,194)**			
	Explanation of Variation:																		
155	Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/F'cast													0	0			
156	Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes) - Not Applicable	Actual/F'cast													0	0			
157	Accountancy Gains - Not Applicable	Actual/F'cast													0	0			
158	Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/F'cast		(368)	(124)	(208)	(208)	(208)	(207)	(207)	(207)	(207)	(207)	(207)	(905)	(2,358)		(2,358)	(2,358)
159	Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/F'cast													0	0			
160	Virements of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/F'cast		(26)	(26)	25	30	23	23	23	23	23	23	23	3	164			
161	Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0			
162	Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast													0	0			
163	Other (Positive or Negative Value) - (b/d required in narrative)	Actual/F'cast													0	0			
164	**Total Variation Explanation**	Actual/F'cast	**0**	**(394)**	**(150)**	**(183)**	**(178)**	**(185)**	**(184)**	**(184)**	**(184)**	**(184)**	**(184)**	**(184)**	**(905)**	**(2,194)**			
165	**Check Variation Fully Explained:**		**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**					

	Section L: Total Analysis		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000		In Year Recurring Impact £'000	FYE Recurring Impact £'000
166	Annual Plan (plus finalised savings identified at month 1) - Fixed after month 1 (Positive Value)		26,330	26,327	26,327	26,326	26,326	26,326	26,325	26,325	26,325	26,326	26,326	26,327	**131,638**	**315,920**			
167	Remove Red, Pipeline and Planning Assumptions - Fixed after month 1 (Positive Value)		0	0	0	133	133	133	133	133	133	133	133	133	**267**	**1,200**			
168	Latest Month Actual / Forecast	Actual/F'cast	25,917	25,801	26,291	26,113	26,367	26,826	26,825	26,826	26,824	27,024	27,023	27,123	**130,489**	**318,960**			
169	**Variation From Opening Annual Plan**		**(413)**	**(526)**	**(36)**	**(347)**	**(93)**	**366**	**366**	**367**	**365**	**564**	**563**	**663**	**(1,416)**	**1,840**			
	Explanation of Variation:																		
170	Additional Spend Associated with In Year Funding / Income above plan (Positive Value)	Actual/F'cast	0	11	180	221	468	322	323	321	322	320	321	320	**880**	**3,131**			
171	Savings Delivery (i.e. M1 schemes movements to plan plus additional In Year schemes)	Actual/F'cast	(8)	(73)	(42)	(173)	(233)	(12)	19	16	24	17	4	(1)	**(530)**	**(463)**			
172	Accountancy Gains	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**			
173	Unplanned Spend Reductions (i.e. re-assessment of original planned spend assumption) (Negative Value)	Actual/F'cast	0	(368)	(124)	(208)	(208)	(208)	(207)	(207)	(207)	(207)	(207)	(207)	**(905)**	**(2,358)**		(2,358)	(2,358)
174	Unplanned Cost Pressures (b/d required in narrative) (Positive Value)	Actual/F'cast	204	245	166	231	291	79	36	41	32	57	70	75	**1,137**	**1,530**		700	700
175	Virements of Planned (included in annual plan line above) Spend Between Categories or Periods (Positive or Negative values)	Actual/F'cast	(609)	(341)	(217)	(418)	(410)	185	193	196	193	377	375	476	**(1,996)**	**0**	ok		
176	Planned Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**		0	0
177	Unplanned additional required Mitigations Yet To Be Finalised (assumed in future month spend) (Negative Value)	F'cast	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**		0	0
178	Other (Positive or Negative Value) - (b/d required in narrative)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**		0	0
179	**Total Variation Explanation**	Actual/F'cast	**(413)**	**(526)**	**(36)**	**(347)**	**(93)**	**366**	**366**	**367**	**365**	**564**	**563**	**663**	**(1,416)**	**1,840**			
180	**Check Variation Fully Explained:**		**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**					

181	**Check: The planned assumed mitigations yet to be identified profiles agrees with Line 11 of Table A**		**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**	**ok**					

Welsh Ambulance Trust

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This Table is currently showing 0 errors

Table B3 - Pay Expenditure Analysis

A - Pay Expenditure

REF	TYPE	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	3,763	3,732	3,827	3,762	3,780	3,864	3,838	3,857	3,859	3,895	3,902	3,927	**18,864**	**46,006**
2	Medical & Dental	13	16	16	16	16	16	16	16	16	16	16	16	**77**	**189**
3	Nursing & Midwifery Registered	1,327	1,380	1,341	1,302	1,349	1,363	1,354	1,361	1,361	1,374	1,377	1,384	**6,699**	**16,273**
4	Prof Scientific & Technical	16	14	16	16	16	16	16	16	16	16	16	17	**78**	**191**
5	Additional Clinical Services	7,954	8,087	8,210	8,052	8,105	8,181	8,125	8,167	8,169	8,245	8,262	8,314	**40,408**	**97,871**
6	Allied Health Professionals	7,188	7,277	7,389	7,203	7,065	7,388	7,340	7,375	7,378	7,447	7,460	7,508	**36,122**	**88,018**
7	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
8	Estates & Ancillary	248	255	246	235	233	255	253	254	254	257	257	259	**1,217**	**3,006**
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
10	**TOTAL PAY EXPENDITURE**	**20,509**	**20,761**	**21,045**	**20,586**	**20,564**	**21,083**	**20,942**	**21,046**	**21,053**	**21,250**	**21,290**	**21,425**	**103,465**	**251,554**

Analysis of Pay Expenditure

11	**LHB Provided Services - Pay**	20,509	20,761	21,045	20,586	20,564	21,083	20,942	21,046	21,053	21,250	21,290	21,425	**103,465**	**251,554**
12	**Other Services (incl. Primary Care) - Pay**													**0**	**0**
13	**Total - Pay**	**20,509**	**20,761**	**21,045**	**20,586**	**20,564**	**21,083**	**20,942**	**21,046**	**21,053**	**21,250**	**21,290**	**21,425**	**103,465**	**251,554**

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff

REF	TYPE	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Administrative, Clerical & Board Members	(5)												**(5)**	**(5)**
2	Medical & Dental													**0**	**0**
3	Nursing & Midwifery Registered													**0**	**0**
4	Prof Scientific & Technical													**0**	**0**
5	Additional Clinical Services	4	1											**5**	**5**
6	Allied Health Professionals													**0**	**0**
7	Healthcare Scientists													**0**	**0**
8	Estates & Ancillary	7	14											**21**	**21**
9	Students													**0**	**0**
10	**TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE**	**6**	**15**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**21**	**21**
11	**Agency/Locum (premium) % of pay**	**0.0%**	**0.1%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**	**0.0%**

C - Agency / Locum (premium) Expenditure - Analysed by Reason for Using Agency/Locum (premium)

REF	REASON	1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Vacancy	6	15											**21**	**21**
2	Maternity/Paternity/Adoption Leave													**0**	**0**
3	Special Leave (Paid) – inc. compassionate leave, interview													**0**	**0**
4	Special Leave (Unpaid)													**0**	**0**
5	Study Leave/Examinations													**0**	**0**
6	Additional Activity (Winter Pressures/Site Pressures)													**0**	**0**
7	Annual Leave													**0**	**0**
8	Sickness													**0**	**0**
9	Restricted Duties													**0**	**0**
10	Jury Service													**0**	**0**
11	WLI													**0**	**0**
12	Exclusion (Suspension)													**0**	**0**
														0	**0**
13	**TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE**	**6**	**15**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**21**	**21**

Welsh Ambulance Trust

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Table C - Identified Expenditure Savings Schemes (Excludes Income Generation & Accountancy Gains)

This Table is currently showing 0 errors

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	Pay	Budget/Plan	506	469	523	493	481	431	443	430	428	427	418	415	2,472	5,464		5,464	0			
2		Actual/F'cast	560	568	612	660	685	477	451	438	428	427	418	415	3,086	6,140	50.26%	6,140	0	0	6,140	6,140
3		Variance	54	99	89	168	204	46	9	9	0	(0)	0	0	613	676	*24.81%*	676	0			
4	Non-Pay	Budget/Plan	220	148	154	171	172	183	180	194	196	195	191	188	863	2,186		2,186	0			
5		Actual/F'cast	173	122	106	176	201	149	152	169	171	178	187	188	779	1,973	39.47%	1,973	0	0	1,973	1,973
6		Variance	(46)	(25)	(47)	6	29	(34)	(27)	(25)	(24)	(17)	(4)	1	(84)	(214)	*(9.73%)*	-214	0			
7	Primary Care - Drugs & Appliances	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
8		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
10	Secondary Care Drugs	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
11		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
12		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
13	CHC/FNC	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
14		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
16	Primary Care Contractor	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
20		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
21		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
34	Total	Budget/Plan	726	617	677	663	653	614	622	623	623	621	609	603	3,335	7,650		7,650	0			
35		Actual/F'cast	734	690	719	837	886	626	603	607	599	605	605	604	3,865	8,113		8,113	0	0	8,113	8,113
36		Variance	8	73	42	173	233	12	(19)	(16)	(24)	(17)	(4)	1	530	463		463	0			
37	Variance in month		1.10%	11.87%	6.25%	26.13%	35.66%	1.96%	(3.03%)	(2.55%)	(3.93%)	(2.66%)	(0.66%)	0.15%	15.88%							
38	In month achievement against FY forecast		9.04%	8.50%	8.86%	10.31%	10.92%	7.71%	7.44%	7.49%	7.38%	7.45%	7.45%	7.44%								

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Table C1- Savings Schemes Pay Analysis

		Month	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			£'000	£'000	£'000	£'000	
1	Pay - General & Substantive	Budget/Plan	418	381	411	380	369	319	330	317	316	315	306	303	1,958	4,165	4,165	0			
2		Actual/F'cast	468	474	489	534	548	364	339	326	316	315	306	303	2,513	4,782	4,782	0	0	4,782	4,782
3		Variance	50	94	78	154	179	46	9	9	0	(0)	0	0	554	617	617	0			
4	Pay - Variable	Budget/Plan	81	81	105	105	105	105	105	105	104	104	105	105	477	1,210	1,210	0			
5		Actual/F'cast	85	86	116	119	130	105	105	105	104	104	105	105	536	1,269	1,269	0	0	1,269	1,269
6		Variance	4	5	11	14	25	0	0	0	0	0	0	0	59	59	59	0			
7	Pay - Agency	Budget/Plan	7	7	7	7	7	7	7	7	7	7	7	7	37	89	89	0			
8		Actual/F'cast	7	7	7	7	7	7	7	7	7	7	7	7	37	89	89	0	0	89	89
9		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10	Total	Budget/Plan	506	469	523	493	481	431	443	430	428	427	418	415	2,472	5,464	5,464	0			
11		Actual/F'cast	560	568	612	660	685	477	451	438	428	427	418	415	3,086	6,140	6,140	0	0	6,140	6,140
12		Variance	54	99	89	168	204	46	9	9	0	(0)	0	0	613	676	676	0			

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Table C4 Section A- Accountancy Gains

			1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1	Pay	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Non-Pay	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Primary Care - Drugs & Appliances	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Secondary Care Drugs	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
5	CHC/FNC	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Primary Care Contractor	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
7	Healthcare Services Provided by Other Healthboards	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Non-healthcare Services Provided by Other Healthboards	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Other Private & Voluntary Sector	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Joint Financing & Other	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Total	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table C4 Section B - Accountancy Gains by Pay Analysis

	Month		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD	Full-year forecast
1	Pay - General & Substantive	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
2	Pay - Variable	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Pay - Agency	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0
4	Total	Actual only	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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Table D - Income/Expenditure Assumptions

Annual Forecast

	LHB/Trust	Contracted Income	Non Contracted Income	Total Income	Contracted Expenditure	Non Contracted Expenditure	Total Expenditure
		£'000	£'000	£'000	£'000	£'000	£'000
1	Swansea Bay University	481	210	**691**	0	129	**129**
2	Aneurin Bevan University	684	202	**886**	0	182	**182**
3	Betsi Cadwaladr University	1,281	623	**1,904**	94	320	**414**
4	Cardiff & Vale University	0	290	**290**	0	85	**85**
5	Cwm Taf Morgannwg University	0	845	**845**	0	98	**98**
6	Hywel Dda University	1,422	88	**1,510**	0	90	**90**
7	Powys	0	100	**100**	0	84	**84**
8	Public Health Wales	0	84	**84**	2	0	**2**
9	Velindre	1,037	0	**1,037**	1,075	1,512	**2,587**
10	DHCW	223	0	**223**	1,811	0	**1,811**
11	Welsh Ambulance Services			**0**			**0**
12	JCC	307,761	0	**307,761**	0	0	**0**
13	HEIW	496	273	**769**	0	4	**4**
14	NHS Wales Performance and Improvement			**0**			**0**
15	**Total**	**313,385**	**2,715**	**316,100**	**2,982**	**2,504**	**5,486**

Welsh Ambulance Trust

This Table is currently showing 0 errors

Period : Aug 26

	Table E - Resource Limits	STATUS OF ISSUED RESOURCE LIMIT ITEMS				Total Revenue Resource Limit	Recurring (R) or Non Recurring	Total Revenue Drawing Limit	Total Capital Resource Limit	Total Capital Drawing Limit	WG Contact and Date Item First Entered Into
	1. BASE ALLOCATION	HCHS £'000	Pharmacy £'000	Dental £'000	GMS £'000	£'000	(NR)	£'000	£'000	£'000	Table
1	**LATEST ALLOCATION LETTER/SCHEDULE REF:**										
2	**Total Confirmed Funding**					0					
	2. ANTICIPATED ALLOCATIONS										
3	Owned Asset Baseline Provider Depreciation					0					
4	Owned Asset Strategic Depreciation					0					
5	Owned Asset Accelerated Depreciation					0					
6	Donated Asset Depreciation					0					
7	IFRS16 ROU Depreciation					0					
8	IFRS16 ROU Peppercorn Depreciation					0					
9	Owned Asset Impairments					0					
10	Owned Asset Impairments Reversals					0					
11	IFRS16 Impairments					0					
12	Removal of Donated Assets / Government Grant Receipts					0					
13	Removal of IFRS-16 Leases (Revenue)					0					
14	Real Living Wage (Care Homes)					0					
15	WRP Forecast Contribution					0					
16						0					
17						0					
18						0					
19						0					
20						0					
21						0					
22						0					
23						0					
24						0					
25						0					
26						0					
27						0					
28						0					
29						0					
30						0					
31						0					
32						0					
33						0					
34						0					
35						0					
36						0					
37						0					
38						0					
39						0					
40						0					
41						0					
42						0					
43						0					
44						0					
45						0					
46						0					
47						0					
48						0					
49						0					
50						0					
51						0					
52						0					
53						0					
54						0					
55						0					
56						0					
57						0					
58						0					
59	Revenue Working Balances Request					0					
60	Capital Working Balances Request					0					
61	Capital IFRS16 Leases Working Balances Request					0					
62	**Total Anticipated Funding**	0	0	0	0	0		0	0	0	
	3. TOTAL RESOURCES & BUDGET RECONCILIATION										
63	Confirmed Resources Per 1. above	0	0	0	0	0		0	0	0	
64	Anticipated Resources Per 2. above	0	0	0	0	0		0	0	0	
65	**Total Resources**	0	0	0	0	0		0	0	0	

Welsh Ambulance Trust

Period : Aug 26

This Table is currently showing 0 errors

Table E1 - Invoiced Income Streams - TRUSTS ONLY

Ref		Swansea Bay ULHB	Aneurin Bevan ULHB	Betsi Cadwaladr ULHB	Cardiff & Vale ULHB	Cwm Taf Morgannwg ULHB	Hywel Dda ULHB	Powys LHB	Public Health Wales NHS Trust	Welsh Ambulance NHS Trust	Velindre NHS Trust	NWSSP	DHCW	HEIW	WG	JCC	Other (please specify)	Total	WG Contact, date item first entered into table and whether any invoice has been raised.
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1	**Agreed full year income**	691	886	1,904	290	845	1,510	100	84		1,037		223	769	8,740	307,761	2,213	**327,053**	
	Details of Anticipated Income																		
2	Owned Asset Baseline Provider Depreciation																	**0**	
3	Owned Asset Strategic Depreciation														4,249			**4,249**	Non cash August
4	Owned Asset Accelerated Depreciation														32			**32**	Non cash August
5	Donated Asset Depreciation														30			**30**	Non cash August
6	IFRS16 ROU Depreciation														(716)			**(716)**	Non cash August includes 84k of unapproved
7	IFRS16 ROU Peppercorn Depreciation														151			**151**	Non cash August
8	Owned Asset Impairments														4,889			**4,889**	Non cash August
9	Owned Asset Impairments Reversals																	**0**	
10	IFRS16 Impairments																	**0**	
11	Removal of IFRS-16 Leases (Revenue)														(1,330)			**(1,330)**	Repayment of IFRS monies based on latest estimates
12	Real Living Wage (Care Homes)																	**0**	
13	WRP Forecast Contribution														(674)			**(674)**	WRP Recovery
14	Pay award														7,949			**7,949**	PAY AWARD ASSUMED INCOME
15	ESR Support														454			**454**	ESR SUPPORT
16	PIBS														1,445			**1,445**	Email to JS 31/07/26
17	Pay award - Band 3														256			**256**	paid in Aug 26 backdated to Apr 26
18																		**0**	
19																		**0**	
20																		**0**	
21																		**0**	
22																		**0**	
23																		**0**	
24																		**0**	
25																		**0**	
26																		**0**	
27																		**0**	
28																		**0**	
29																		**0**	
30																		**0**	
31																		**0**	
32																		**0**	
33																		**0**	
34																		**0**	
35																		**0**	
36	**Total Income**	**691**	**886**	**1,904**	**290**	**845**	**1,510**	**100**	**84**	**0**	**1,037**	**0**	**223**	**769**	**25,475**	**307,761**	**2,213**	**343,788**	



Welsh Ambulance Trust

Period : Aug 26

This table needs completing monthly from Month: 3

This Table is currently showing 0 errors

	Table F - Statement of Financial Position For Monthly Period	Opening Balance Beginning of Apr 26	Closing Balance End of Aug 26	Forecast Closing Balance End of Mar 27
	Non-Current Assets	**£'000**	**£'000**	**£'000**
1	Property, plant and equipment	123,866	115,798	135,294
2	Intangible assets	4,011	2,712	2,612
3	Trade and other receivables	16,470	388	400
4	Other financial assets	0	0	0
5	**Non-Current Assets sub total**	**144,347**	**118,898**	**138,306**
	Current Assets			
6	Inventories	2,308	2,307	2,200
7	Trade and other receivables	15,002	21,213	17,000
8	Other financial assets	0	0	0
9	Cash and cash equivalents	17,877	6,336	326
10	Non-current assets classified as held for sale	0	0	0
11	**Current Assets sub total**	**35,187**	**29,856**	**19,526**
12	**TOTAL ASSETS**	**179,534**	**148,754**	**157,832**
	Current Liabilities			
13	Trade and other payables	38,987	24,406	21,267
14	Borrowings (Trust Only)	1,282	1,278	3,000
15	Other financial liabilities	0	0	0
16	Provisions	5,619	6,194	6,194
17	**Current Liabilities sub total**	**45,888**	**31,878**	**30,461**
18	**NET ASSETS LESS CURRENT LIABILITIES**	**133,646**	**116,876**	**127,371**
	Non-Current Liabilities			
19	Trade and other payables	0	0	0
20	Borrowings (Trust Only)	5,215	4,536	5,000
21	Other financial liabilities	0	0	0
22	Provisions	24,250	8,161	8,161
23	**Non-Current Liabilities sub total**	**29,465**	**12,697**	**13,161**
24	**TOTAL ASSETS EMPLOYED**	**104,181**	**104,179**	**114,210**
	FINANCED BY: Taxpayers' Equity			
25	General Fund	0	0	0
26	Revaluation Reserve	14,026	14,024	14,026
27	PDC (Trust only)	91,263	91,263	101,292
28	Retained earnings (Trust Only)	(1,108)	(1,108)	(1,108)
29	Other reserve	0	0	0
30	**Total Taxpayers' Equity**	**104,181**	**104,179**	**114,210**

	EXPLANATION OF ALL PROVISIONS	Opening Balance Beginning of Apr 26	Closing Balance End of Aug 26	Closing Balance End of Mar 27
31	Clinical Negligence	19,295	3,678	3,678
32	Personal Injury and special payments	775	608	608
33	Personal Injury-PIBS	6,551	6,816	6,816
34	Defence legal fees and other administration	456	388	388
35	Pensions-other staff PIBS	32	34	34
36	Redress	125	205	205
37	Restructurings	0	0	0
38	Other	2,635	2,626	2,626
39				
40	**Total Provisions**	**29,869**	**14,355**	**14,355**

	ANALYSIS OF WELSH NHS RECEIVABLES (current month)	£'000
41	Welsh NHS Receivables Aged 0 - 10 weeks	588
42	Welsh NHS Receivables Aged 11 - 16 weeks	8
43	Welsh NHS Receivables Aged 17 weeks and over	0

	ANALYSIS OF TRADE & OTHER PAYABLES (opening, current & closing)	£'000	£'000	£'000
44	Capital	11,812	1,560	8,210
45	Revenue	27,175	22,846	13,057

	ANALYSIS OF CASH (opening, current & closing)	£'000	£'000	£'000
46	Capital	11,812	1,560	50
47	Revenue	6,065	4,776	276

Welsh Ambulance Trust

Period : Aug 26

This Table is currently showing 0 errors

This table needs completing monthly from Month: 2

Table G - Monthly Cashflow Forecast

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	Total £'000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NRL) - LHB & SHA only													0
2	WG Revenue Funding - Non Resource Limited Cash (NRL) - LHB & SHA only													0
3	WG Revenue Funding - Other (e.g. invoices)	1,701	3	2,725	1,086	3	117	9,139	3	3	1,182	9,203	2,330	27,495
4	WG Capital Funding - Cash Limit - LHB & SHA only													0
5	Income from other Welsh NHS Organisations	25,417	25,535	28,644	26,034	25,894	27,082	26,634	26,635	26,635	26,635	26,635	26,635	318,415
6	Short Term Loans - Trust only													0
7	PDC - Trust only	0	0		0	0	0	0	0	10,000	0	3,730	0	13,730
8	Interest Receivable - Trust only	91	96	74	71	71	70	70	70	70	70	70	70	893
9	Sale of Assets	35	40	29	37	3	78	78	79	79	79	79	79	695
10	Other - (Specify in narrative)	468	268	883	236	1,346	553	512	512	512	512	512	511	6,825
11	TOTAL RECEIPTS	**27,712**	**25,942**	**32,355**	**27,464**	**27,317**	**27,900**	**36,433**	**27,299**	**37,299**	**28,478**	**40,229**	**29,625**	**368,053**
	PAYMENTS													
12	Primary Care Services : General Medical Services													0
13	Primary Care Services : Pharmacy Services													0
14	Primary Care Services : Prescribed Drugs & Appliances													0
15	Primary Care Services : General Dental Services													0
16	Non Resource Limited Payments													0
17	Salaries and Wages	20,392	20,548	20,637	20,473	20,155	21,099	21,375	21,375	21,375	21,375	21,375	21,375	251,554
18	Non Pay Expenditure	9,570	8,219	6,811	8,044	4,937	7,797	7,798	7,798	7,798	7,798	7,798	7,798	92,166
19	Short Term Loan Repayment - Trust only													0
20	PDC Repayment - Trust only	0											0	0
21	Capital Payment	4,371	3,767	1,195	1,736	1,219	1,611	2,448	3,317	4,290	5,408	5,375	6,888	41,625
22	Other items (Specify in narrative)	130	0	0	129	0	0	0	0	0	0	0	0	259
23	TOTAL PAYMENTS	**34,463**	**32,534**	**28,643**	**30,382**	**26,311**	**30,507**	**31,621**	**32,490**	**33,463**	**34,581**	**34,548**	**36,061**	**385,604**
24	Net cash inflow/outflow	(6,751)	(6,592)	3,712	(2,918)	1,006	(2,607)	4,812	(5,191)	3,836	(6,103)	5,681	(6,436)	
25	Balance b/f	17,877	11,126	4,534	8,246	5,328	6,334	3,727	8,539	3,348	7,184	1,081	6,762	
26	Balance c/f	11,126	4,534	8,246	5,328	6,334	3,727	8,539	3,348	7,184	1,081	6,762	326	

Welsh Ambulance Trust

Period : Aug 26

This table needs completing on a quarterly basis

Table H - PSPP

NOTE: Data to 1 decimal place

30 DAY COMPLIANCE

	PROMPT PAYMENT OF INVOICE PERFORMANCE	Target %	ACTUAL Q1 Actual %	ACTUAL Q1 Variance %	ACTUAL Q2 Actual %	ACTUAL Q2 Variance %	ACTUAL Q3 Actual %	ACTUAL Q3 Variance %	ACTUAL Q4 Actual %	ACTUAL Q4 Variance %	YEAR TO DATE Actual %	YEAR TO DATE Variance %	FORECAST YEAR END Forecast %	FORECAST YEAR END Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%	84.1%	-10.9%		-95.0%		-95.0%		-95.0%	84.1%	-10.9%	95.0%	0.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%	83.7%	-11.3%		-95.0%		-95.0%		-95.0%	83.7%	-11.3%	95.0%	0.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	90.0%	-5.0%		-95.0%		-95.0%		-95.0%	90.0%	-5.0%	95.0%	0.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	98.1%	3.1%		-95.0%		-95.0%		-95.0%	98.1%	3.1%	98.1%	3.1%

10 DAY COMPLIANCE

	PROMPT PAYMENT OF INVOICE PERFORMANCE		ACTUAL Q1 Actual %		ACTUAL Q2 Actual %		ACTUAL Q3 Actual %		ACTUAL Q4 Actual %		YEAR TO DATE Actual %		FORECAST YEAR END Actual %	
5	% of NHS Invoices Paid Within 10 Days - By Value		3.9%								3.9%		50.0%	
6	% of NHS Invoices Paid Within 10 Days - By Number		9.3%								9.3%		50.0%	
7	% of Non NHS Invoices Paid Within 10 Days - By Value		37.0%								37.0%		50.0%	
8	% of Non NHS Invoices Paid Within 10 Days - By Number		49.6%								49.6%		50.0%	

Welsh Ambulance Trust

Period : Aug 26

This Table is currently showing 0 errors

Table I - 2026-27 Capital Resource / Expenditure Limit Management

£'000	31,428
Approved CRL / CEL issued at :	25/8/26

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	Gross expenditure						
	All Wales Capital Programme:						
	Schemes:						
1	ESMCP - Control Room Solutions	0	0	0	181	181	0
2	MDVS	0	0	0	100	100	0
3	Welsh Ambulance Services NHS Trust – Vehicle Replacement Programme – 2026-27	2,668	2,668	0	23,110	23,110	0
4	TEF - Infrastructure	23	23	0	517	517	0
5	TEF - Decarbonisation	0	0	0	225	225	0
6	Digital Backlog Funding 2026-27	0	0	0	500	500	0
7				0			0
8				0			0
9				0			0
10				0			0
11				0			0
12				0			0
13				0			0
14				0			0
15				0			0
16				0			0
17				0			0
18				0			0
19				0			0
20				0			0
21				0			0
22				0			0
23				0			0
24				0			0
25				0			0
26				0			0
27				0			0
28				0			0
29				0			0
30				0			0
31				0			0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	**Sub Total**	**2,691**	**2,691**	**0**	**24,633**	**24,633**	**0**
	Discretionary:						
43	I.T.	151	151	0	985	985	0
44	Equipment	573	573	0	1,160	1,160	0
45	Statutory Compliance	0	0	0	0	0	0
46	Estates	219	219	0	3,950	3,950	0
47	Mental Health	0	0	0	0	0	0
48	Other	18	18	0	700	700	0
49	**Sub Total**	**961**	**961**	**0**	**6,795**	**6,795**	**0**

	Other (Including IFRS 16 Leases) Schemes:						
50				0			0
51				0			0
52				0			0
53				0			0
54				0			0
55				0			0
56				0			0
57				0			0
58				0			0
59				0			0
60				0			0
61				0			0
62				0			0
63				0			0
64				0			0
65				0			0
66				0			0
67				0			0
68				0			0
69				0			0
70	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
71	**Total Expenditure**	**3,652**	**3,652**	**0**	**31,428**	**31,428**	**0**
	Less: **Capital grants & Capital AME (e.g. dilapidations):**						
72				0			0
73				0			0
74				0			0
75				0			0
76				0			0
77	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
	Donations:						
78				0			0
79	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
	Asset Disposals:						
80				0			0
81				0			0
82				0			0
83				0			0
84				0			0
85				0			0
86				0			0
87				0			0
88				0			0
89				0			0
90				0			0
91	**Sub Total**	**0**	**0**	**0**	**0**	**0**	**0**
92	***Technical Adjustments***			**0**			**0**
93	**CHARGE AGAINST CRL / CEL**	**3,652**	**3,652**	**0**	**31,428**	**31,428**	**0**
94	**PERFORMANCE AGAINST CRL / CEL (Under)/Over**		**(27,776)**			**0**	

Welsh Ambulance Trust

Period : Aug 26

This Table is currently showing 0 error

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast Min. £'000	In Year Forecast Max. £'000	Capital Expenditure Monthly Profile April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	Total £'000	Risk Level
1	ESMCP - Control Room Solutions	A WILLIAMS	181	181	0	0	0	0	0	48	0	115	0	18	0	0	0	181	Low
2	MDVS	A WILLIAMS	100	100	0	0	0	0	0	0	0	0	0	0	0	100	0	100	Low
3	Welsh Ambulance Services NHS Trust – Vehicle Replacem	D HOLMES	23,110	23,110	105	478	571	844	670	500	1,000	2,000	3,000	4,000	4,000	5,942	2,668	23,110	Low
4	TEF - Infrastructure	R DAVIES	517	517	0	0	20	3	0	27	10	100	100	100	100	57	23	517	Low
5	TEF - Decarbonisation	R DAVIES	225	225	0	0	0	0	0	20	20	50	50	50	35	0	0	225	Low
6	Digital Backlog Funding 2026-27	A WILLIAMS	500	500					0	71	71	71	71	71	71	74	0	500	Low
7																	0	0	
8																	0	0	
9																	0	0	
10																	0	0	
11																	0	0	
12																	0	0	
13																	0	0	
14																	0	0	
15																	0	0	
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34																	0	0	
35																	0	0	
36																	0	0	
37																	0	0	
38																	0	0	
39																	0	0	
40																	0	0	
41																	0	0	
42	**Sub Total**		24,633	24,633	105	478	591	847	670	666	1,101	2,336	3,221	4,239	4,206	6,173	2,691	24,633	
	Discretionary:																		
43	I.T.	A WILLIAMS	985	985	24	45	56	17	9	119	119	119	119	119	119	120	151	985	Low
44	Equipment	D HOLMES	1,160	1,160	64	74	14	88	333	15	15	362	50	50	50	45	573	1,160	Low
45	Statutory Compliance	R DAVIES	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low
46	Estates	R DAVIES	3,950	3,950	15	123	(1)	78	4	36	400	400	800	800	800	495	219	3,950	Low
47	Mental Health	n/a	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low
48	Other	E ROBERTS	700	700	0	7	4	4	3	14	13	100	100	200	200	55	18	700	Low
49	**Sub Total**		6,795	6,795	103	249	73	187	349	184	547	981	1,069	1,169	1,169	715	961	6,795	
	Other Schemes (Including IFRS 16 Leases):																		
50																	0	0	
51																	0	0	
52																	0	0	
53																	0	0	
54																	0	0	
55																	0	0	
56																	0	0	
57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61																	0	0	
62																	0	0	
63																	0	0	
64																	0	0	
65																	0	0	
66																	0	0	
67																	0	0	
68																	0	0	
69																	0	0	
70	**Sub Total**		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
71	**Total Capital Expenditure**		31,428	31,428	208	727	664	1,034	1,019	850	1,648	3,317	4,290	5,408	5,375	6,888	3,652	31,428	

Welsh Ambulance Trust

Period : Aug 26

Table K - Capital Disposals

This Table is currently showing 0 errors

A: In Year Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 26)	MM/YY (text format, e.g. Apr 26)	MM/YY (text format, e.g. Feb 27)	£'000	£'000	£'000	£'000	
1	Disposals	n/a	n/a	26-27	0	695	0	695	
2								0	
3								0	
4								0	
5								0	
6								0	
7								0	
8								0	
9								0	
10								0	
11								0	
12								0	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				0	695	0	695	

B: Future Years Disposal of Assets

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. April 27	MM/YY (text format, e.g. April 27)	MM/YY (text format, e.g. Feb 28)	£'000	£'000	£'000	£'000	
20								0	
21								0	
22								0	
23								0	
24								0	
25								0	
26								0	
27								0	
28								0	
29								0	
30								0	
31								0	
32								0	
33								0	
34								0	
35								0	
36								0	
37								0	
38								0	
	Total for future years				0	0	0	0	

Welsh Ambulance Trust

Period: Aug 26

11 weeks before end of Aug 26 = 15 June 2026

17 weeks before end of Aug 26 = 04 May 2026

Table L - Debtors Schedule

Debtor	Inv #	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date	Comments
HYWEL DDA LHB	145654	19 May 2026	2580.00	2,580.00	Yes, valid entry for period	2,580.00		15 September 2026	Pending approval - Trust chasing payment
HYWEL DDA LHB	145656	19 May 2026	3872.20	3,872.20	Yes, valid entry for period	3,872.20		15 September 2026	PAID
HYWEL DDA LHB	145695	28 May 2026	648.00	648.00	Yes, valid entry for period	648.00		24 September 2026	Pending approval - Trust chasing payment
HYWEL DDA LHB	145734	09 June 2026	1207.00	1,207.00	Yes, valid entry for period	1,207.00		06 October 2026	PAID
			8,307.20	**8,307.20**		**8,307.20**	**0.00**		

Invoices paid since the end of the month	5,079.20	0.00
Total outstanding as per MR submission date	**3,228.00**	**0.00**

Welsh Ambulance Trust

Period : Aug 26

Table M - General Medical Services

This Table is currently showing 0 errors

Table to be completed from Q1 / Month: 3

Operating Expenditure - ring fenced GMS budget

SUMMARY OF GENERAL MEDICAL SERVICES FINANCIAL POSITION	LINE NO.	WG Allocation £000's	Current Plan £000's	Forecast Outturn £000's	Variance £000's	Year to Date £000's
Global Sum	1					
Practice support payment	2					
Total Global Sum and MPIG	3				0	0
QIF Aspiration Payments	4					
QIF Achievement Payments	5					
QIF - Access Achievement Payments	6					
Total Quality	7				0	0
Direct Supplementary Services (To equal data in Section A (i) Line 31)	8				0	
National Supplementary Services (To equal data in Section A (ii) Line 41)	9				0	
Local Supplementary Services (To equal data in Section A (iii) Line 94)	10				0	
Total Supplementary Services (To equal data in section A Line 94)	11		0	0	0	0
LHB Administered (To equal data in Section B Line 109)	12				0	
Premises (To equal data in section C Line 138)	13				0	
IM & T	14				0	
Out of Hours (including OOHDF)	15				0	
Dispensing (To equal data in Line 154)	16				0	
Community by Design (To equal data in Line 157)	17				0	
Total	18	0	0	0	0	0

SUPPLEMENTARY INFORMATION

Directed Enhanced Services *Section A (i)*	LINE NO.	£000's	£000's	£000's	£000's	£000's
Childhood Immunisation Scheme	19				0	
Mental Health	20				0	
Influenza & Pneumococcal Immunisations Scheme	21				0	
Services for Violent Patients	22				0	
Minor Surgery Fees	23				0	
MENU of Agreed DSS						
Asylum Seekers & Refugees	24				0	
Care of Diabetes	25				0	
Care Homes	26				0	
Extended Surgery Opening	27				0	
Gender Identity	28				0	
Homeless	29				0	
Oral Anticoagulation with Warfarin	30				0	
TOTAL Supplementary Services (must equal line 8)	31		0	0	0	0

National Supplementary Services **A (ii)**	LINE NO.	£000's	£000's	£000's	£000's	£000's
INR Monitoring	32				0	
Shared care drug monitoring (Near Patient Testing)	33				0	
Drug Misuse	34				0	
IUCD	35				0	
Alcohol misuse	36				0	
Depression	37				0	
Minor injury services	38				0	
Diabetes	39				0	
Services to the homeless	40				0	
TOTAL National Supplementary Services (must equal line 9)	41		0	0	0	0

Local Supplementary Services A (iii)	LINE NO.	£000's	£000's	£000's	£000's	£000's
ADHD	42				0	
Asylum Seekers & Refugees	43				0	
Cardiology	44				0	
Care Homes	45				0	
Care of Diabetes	46				0	
Chiropody	47				0	
Counselling	48				0	
Depo - Provera (including Implanon & Nexplanon)	49				0	
Dermatology	50				0	
Dietetics	51				0	
DOAC/NOAC	52				0	
Drugs Misuse	53				0	
Extended Minor Surgery	54				0	
Gonaderlins	55				0	
Homeless	56				0	
HPV Vaccinations	57				0	
Immunisations (inc Pertussis excluding DES - Childhood Imm & Influenza & Pneumococcal	58				0	
Learning Disabilities	59				0	
Lithium / INR Monitoring	60				0	
Local Development Schemes	61				0	
Mental Health	62				0	
Minor Injuries	63				0	
MMR	64				0	
Multiple Sclerosis	65				0	
Muscular Skeletal	66				0	
Nursing Homes	67				0	
Orthopaedic (Upper Limb GPwSi/Clinical Assessments)	68				0	
Osteopathy	69				0	
Phlebotomy	70				0	
Physiotherapy (inc MT3)	71				0	
Referral Management	72				0	
Respiratory (inc COPD)	73				0	
Ring Pessaries	74				0	
Sexual Health Services	75				0	
Shared Care	76				0	
Smoking Cessation	77				0	
Substance Misuse	78				0	
Suturing	79				0	
Swine Flu	80				0	
Transport/Ambulance costs	81				0	
Vasectomy	82				0	
Weight Loss Clinic (inc Exercise Referral)	83				0	
Wound Care	84				0	
Zoladex	85				0	
	86				0	
	87				0	
	88				0	
	89				0	
	90				0	
	91				0	
	92				0	
	93				0	
TOTAL Local Supplementary Services (must equal line 10)	94		0	0	0	0
TOTAL Supplementary Services (must equal line 11)	95		0	0	0	0

GENERAL MEDICAL SERVICES
Operating Expenditure

LHB Administered *Section B*	LINE NO.	WG £000's	Current Plan £000's	Forecast £000's	Variance £000's	Year to Date £000's
Seniority	96					
Doctors Retention Scheme Payments	97					
Locum Allowances consists of adoptive, paternity & maternity	98					
Locum Allowances : Cover for Sick Leave	99					
Locum Allowances : Cover For Suspended Doctors	100					
Prolonged Study Leave	101					
Recruitment and Retention (including Golden Hello)	102					
Appraisal - Appraiser Costs	103					
Primary Care Development Scheme	104					
Partnership Premium - GP partners	105					
Partnership Premium - Non GP Partners	106					
Supply of syringes & needles	107					
Other (please provide detail below, this should reconcile to line 128)	108					
TOTAL LHB Administered (must equal line 12)	109				0	0

Analysis of Other Payments (line 108)	LINE NO.	£000's	£000's	£000's	£000's	£000's
Additional Managed Practice costs **(costs in excess of Global Sum/MPIG)**	110					
CRB checks	111					
GP Locum payments	112					
LHB Locality group costs	113					
Managing Practice costs **(LHB employed staff working in GP practices to improve GP services)**	114					
Primary Care Initiatives	115					
Salaried GP costs	116					
Stationery & Distribution	117					
Training	118					
Translation fees	119					
COVID vaccination payments to GP practices	120					
	121					
	122					
	123					
	124					
	125					
	126					
	127					
TOTAL of Other Payments (must equal line 108)	128					0

Premises *Section C*	LINE NO.	£000's	£000's	£000's	£000's	£000's
Notional Rents	129					
Actual Rents: Health Centres	130					
Actual Rents: Others	131					
Cost Rent	132					
Clinical Waste/ Trade Refuse	133					
Rates, Water, sewerage etc	134					
Health Centre Charges	135					
Improvement Grants	136					
All other Premises (please detail below which should reconcile to line 146)	137					
TOTAL Premises (must equal line 13)	138				0	0

Analysis of Other Premises (Line 137)	LINE NO.	£000's	£000's	£000's	£000's	£000's
	139					
	140					
	141					
	142					
	143					
	144					
	145					
TOTAL of Other Premises (must equal line 137)	146					0

Memorandum item

Supplementary Services included above but in dispute with LMC (TOTAL)	147					
Supplementary Services included above but not yet formally agreed LMC	148					

GENERAL MEDICAL SERVICES
Dispensing

		WG	Current Plan	Forecast	Variance	Year to Date
Dispensing Data	LINE NO.	£000's	£000's	£000's	£000's	£000's
Cost of Drugs and Appliances, after discounts and plus container allowance (and plus VAT where applicable)						
Dispensing Doctors	149					
Prescribing Medical Practitioners - Personal Administration	150					
Dispensing Service Quality Payment	151					
Professional Fees and on-cost						
Dispensing Doctors	152					
Prescribing Medical Practitioners - Personal Administration	153					
TOTAL DISPENSING DATA (must equal line 16)	154				0	0

GENERAL MEDICAL SERVICES
Community by Design

Directed Collaborative Services	LINE NO.	£000's	£000's	£000's	£000's	£000's
Workforce fund	155				0	
Change Fund	156				0	
TOTAL Directed Collaborative Services (must equal line 17)	157		0	0	0	0

Welsh Ambulance Trust

Period : Aug 26

Table N - General Dental Services

This Table is currently showing 0 errors

Table to be completed from Q1 / Month: 3

Operating Expenditure from the revenue allocation for the dental contract

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	**LINE NO.**	**£000's**	**£000's**	**£000's**	**£000's**	**£000's**
Gross Contract Value - Personal Dental Services	1				0	
Gross Contract Values Personal Dental Services for Orthodontic Provision	2				0	
Gross Contract Value - General Dental Services	3				0	
Emergency Dental Services (inc Out of Hours)	4				0	
Additional Access	5				0	
Business Rates	6				0	
Domiciliary Services	7				0	
Maternity/Sickness etc.	8				0	
Sedation services including GA	9				0	
Seniority payments	10				0	
Employer's Superannuation	11				0	
Oral surgery	12				0	
OTHER **(PLEASE DETAIL BELOW)**	13				0	
TOTAL DENTAL SERVICES EXPENDITURE	14		0	0	0	0

OTHER (PLEASE DETAIL BELOW) - Activities / expenditure not included in a GDS contract and / or PDS agreement. This includes payments made under other arrangements e.g. GA under an SLA and D2S, plus other or one off payments such as dental nurse training	**LINE NO.**		**£000's**	**£000's**	**£000's**	**£000's**
Financial Recoveries/ clawbacks	15					
Emergency Dental Services (inc Out of Hours)	16					
Additional Access	17					
Sedation services including GA	18					
Continuing professional development	19					
Occupational Health / Hepatitis B	20					
Gwen Am Byth - Oral Health in care homes	21					
Refund of patient charges	22					
Design to Smile	23					
Other Community Dental Services	24					
Dental Foundation Training/Vocational Training	25					
DBS/CRB checks	26					
Health Board staff costs associated with the delivery / monitoring of the dental contract	27					
Oral Surgery	28					
Orthodontics	29					
Special care dentistry e.g. WHC/2015/002	30					
Oral Health Promotion/Education	31					
	32					
	33					
	34					
	35					
	36					
	37					
	38					
	39					
	40					
	41					
	42					
	43					
TOTAL OTHER (must equal line 13)	44			0		0

RECEIPTS

TOTAL DENTAL SERVICES INCOME (Enter as a negative value)	45				0	

Welsh Ambulance Trust

Period Aug 26

Table O - Ringfenced

This table needs to be completed from month 3

Table A: Allocation Paper Table B1 (26/27 Protected and Ring Fenced Allocations)		WG Annual Allocation	Current Plan	1 April	2 May	3 June	4 July	5 August	6 September	7 October	8 November	9 December	10 January	11 February	12 March	Total YTD	Total Annual	Total Variance against WG Allocation (+over/-under spend)	
				Expenditure (£000s) - Variance (-deficit/+surplus)															
Learning Disabilities (£70.6m)	Plan															0	0		ok
	Actual/Forecast - not yet committed															0	0		
	Actual/Forecast - committed															0	0		
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Mental Health Services (£804.4m)	Plan															0	0		ok
	Actual/Forecast - not yet committed															0	0		
	Actual/Forecast - committed															0	0		
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Palliative care/ Bereavement/ Hospice (£9.0m)	Plan															0	0		ok
	Actual/Forecast - not yet committed															0	0		
	Actual/Forecast - committed															0	0		
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Genomics for Precision Medicine Strategy (£18.9m)	Plan															0	0		ok
	Actual/Forecast - not yet committed															0	0		
	Actual/Forecast - committed															0	0		
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Regional Integration Fund (incorporating previously allocated ICF), plus £1m Carers Funding (£132.9m)	Plan															0	0		ok
	Actual/Forecast - not yet committed															0	0		
	Actual/Forecast - committed															0	0		
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Further Faster (£12.0m)	Plan															0	0		ok
	Actual/Forecast - not yet committed															0	0		
	Actual/Forecast - committed															0	0		
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Urgent & Emergency Care (£17.5m)	Plan															0	0		ok
	Actual/Forecast - not yet committed															0	0		
	Actual/Forecast - committed															0	0		
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Urgent & Emergency Care (Velindre Trust SDEC element) (£0.9m)	Plan															0	0		ok
	Actual/Forecast - not yet committed															0	0		
	Actual/Forecast - committed															0	0		
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Table B : Additional In-Year (26/27 Anticipated & Allocated)		WG Annual Allocation	Current Plan	April	May	June	July	August	September	October	November	December	January	February	March	Total YTD	Total Annual	Total Variance against WG Allocation (+over/-under spend)	
				Expenditure (£000s) - Variance (-deficit/+surplus)															
Mental Health Allocations	Plan															0	0		ok
	Actual/Forecast - not yet committed															0	0		
	Actual/Forecast - committed															0	0		
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Planned Care	Plan															0	0		ok
	Actual/Forecast - not yet committed															0	0		
	Actual/Forecast - committed															0	0		
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Spare	Plan															0	0		ok
	Actual/Forecast - not yet committed															0	0		
	Actual/Forecast - committed															0	0		
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Spare	Plan															0	0		ok
	Actual/Forecast - not yet committed															0	0		
	Actual/Forecast - committed															0	0		
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Spare	Plan															0	0		ok
	Actual/Forecast - not yet committed															0	0		
	Actual/Forecast - committed															0	0		
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

List below which allocations have been included in the In-Year Plan Sections (state if received or anticipated)

Mental Health Allocations (Confirm in below text 'Allocated' or 'Anticipated')	£000s
Total	0

Planned Care (Confirm in below text 'Allocated' or 'Anticipated')	£000s
Total	0

Spare (Confirm in below text 'Allocated' or 'Anticipated')	£000s
Total	0

Spare (Confirm in below text 'Allocated' or 'Anticipated')	£000s
Total	0

Spare (Confirm in below text 'Allocated' or 'Anticipated')	£000s
Total	0

Welsh Ambulance Trust

Period: Aug 26

This Table is currently showing 0 errors

Table P - IFRS16 & CAME - Dilapidations

Table to be completed from Q1 / Month 3:

		Lease Payments Exc. Interest & VAT (Value to be repaid to WG)	Interest	IFRS16 ROU Depreciation	IFRS16 ROU Peppercorn Depreciation
		£000	£000	£000	£000
1	Existing leases prior to 2026/27	1,282	104	1,603	143
2	26/27 New/Renewal - Approved	0	0	0	0
3	**Total Approved**	**1,282**	**104**	**1,603**	**143**
4	26/27 New/Renewal - Unapproved	48	32	84	8
5	**Total Approved/Unapproved**	**1,330**	**136**	**1,687**	**151**

		£000
6	CAME Dilapidations	218

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

Agenda Item No.	10

REPORT TITLE

Monthly Integrated Quality Performance Report –June/July 2026

MEETING

Name of meeting	Trust Board
Date of meeting	24 September 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Rachel Marsh - Deputy Chief Executive
Author(s) of report	Hugh Bennett - Assistant Director Commissioning & Performance Mark Thomas - Performance Manager (WAST & Modelling) Melanie O'Connor - Principal Performance Analyst Aimee Hill - 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. This report presents the June/July 2026 Monthly Integrated Quality and Performance Report, supported by the detailed dashboard at Annex 1.

2. The overall RAG profile remains challenging, with 18 indicators rated red overall.

3. The central pattern remains one of interdependency between patient access, ambulance response, hospital handover, workforce capacity, productivity and wider system flow. Improvement in one area is unlikely to be fully realised without sustained delivery across the others.

4. There are areas of improvement since the previous report. Handover lost hours reduced to 9,929 in July, the lowest level since June 2021; 111 abandonment improved to 15%; NEPTS oncology performance remains above ambition; financial balance has been maintained; and statutory and mandatory training and turnover remain comparatively stable.

5. These improvements do not yet translate into consistent delivery against all ambitions. The highest-risk areas for Board consideration remain Emergency and Orange response performance, stroke and STEMI call-to-door times, hospital handover and H45 delivery, EMS unit hours production, sickness absence, PADR completion, APP productivity, consult and close performance, NEPTS cancellations and concerns/Joint Investigation Framework performance.

6. The Clinical Model Transformation Programme has been reprioritised for winter. Delivery is focused on additional remote clinical capacity through the respiratory desk; improving how patients are referred through local Single Points of Access (SPOAs); improving Advanced Paramedic Practitioner (APP) deployment and utilisation within the existing resource; maintaining the additional falls response vehicles funded this year; and optimising the flow of 999 calls from assessment through to response. These priorities are supported by stronger performance evaluation and benefits tracking.

7. The CMT reprioritisation concentrates limited transformation capacity on the changes most likely to improve patient flow, winter resilience, clinical outcomes and operational productivity, with a clearer basis for testing whether activity is translating into measurable impact.

8. A number of material improvements remain dependent on wider system action, particularly health board delivery of H45 trajectories, sustained improvement in urgent and emergency care flow, alternative pathway availability and the release of operational capacity back into the ambulance system.

9. The trajectories included in this iteration should continue to be treated as developing assumptions rather than definitive forecasts. Further work is required to strengthen the link between actions, milestones, expected impact and measurable delivery dates.

10. The report therefore presents a mixed assurance position: the key drivers are understood, there is clearer programme focus for winter, and some indicators are improving, but several core measures remain below ambition and delivery continues to rely on both internal execution and wider system commitments.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Trust Board is requested to:

1. Consider the June/July 2026 Integrated Quality and Performance Report and actions being taken and determine whether:
   - The report provides sufficient assurance;
   - Whether further information, scrutiny or assurance are required; or
   - 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

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

Risk 223 The Trust's inability to reach patients in the community causing patient harm and death

Risk 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

Risk 160 High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service

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

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

Risk 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
3 September 2026	Hugh Bennett – Assistant Director Commissioning & Performance
8 September 2026	Rachel Marsh - Deputy Chief Executive
9 September 2026	Executive Leadership Team

SITUATION

1. The purpose of this report is to provide the Board with an integrated view of performance against the 39 agreed key measures across Our Patients, Our People, Value and Partnerships/System Contribution. This report covers June and July 2026 and should be read alongside the detailed dashboard at Annex 1.

BACKGROUND

2. The Monthly Integrated Quality and Performance Report continues to evolve. Forecast trajectories are included for selected measures; further modelling is required before reliable forecasts can be presented for operational response measures following implementation of the new clinical model.

3. Three indicators remain under development or review:

- **Neck of femur fracture call-to-door time:** following further Executive consideration, it is proposed that this measure is removed from the public Board dashboard for 2026/27. Clinical improvement and analytical capacity will instead focus on stroke and ST-elevation myocardial infarction (STEMI) call-to-door performance, with the neck of femur measure revisited as part of planning for 2027/28.

- **Time to Integrated Care — Remote Integrated Care Service (RICS), 90th percentile:** delivery has slipped from the timetable reported in July. A working group has been established to finalise the measure's definition and secure agreement within the Trust and with commissioners. Once approved, approximately two weeks will be required to prepare the measure for reporting; it is expected to be available for the next Board meeting.

- **National Patient Reported Experience Measure:** the composite measure reported through the Welsh Government Beacon dashboard is based on very small response numbers and is not yet considered sufficiently representative for Board assurance. The introduction of SMS surveys has taken longer than planned because of system and information-governance dependencies. Go-live for the 999 survey is expected during September, after which extension to 111 will be explored.

4. The main assessment is structured around the Trust's six strategic objectives. This is intended to help the Board consider performance, actions, risks and interdependencies through the lens of the organisation's agreed strategic framework.

5. **Clinical Model Transformation Programme update**

The Clinical Model Transformation (CMT) Programme has been reprioritised for winter to concentrate limited delivery capacity on the changes most likely to improve patient flow, operational productivity and winter resilience. Four programme priorities have been agreed: deliver the respiratory model, including additional remote clinical capacity through a dedicated respiratory desk; test a proactive referral model into health board Single Points of Access (SPOAs) to reduce the number of patients waiting for remote clinical assessment; improve Advanced Paramedic Practitioner (APP) deployment and utilisation within the existing resource; and continue work to improve the flow of 999 calls, including breathing difficulties, Orange-category demand, time spent at scene, time from call to hospital arrival, clinical navigation and dispatch. In addition, the additional falls response vehicles funded this year will remain a winter priority, providing a more appropriate response for patients who have fallen, supporting care in the community where clinically appropriate and helping to preserve emergency ambulance capacity for higher-acuity demand.

Remote clinical capacity and stronger performance, evaluation and benefits realisation arrangements are the principal enablers. Stable activity is being transferred into business as usual with clear ownership, while lower-priority or unaffordable work is being paused to protect delivery capacity through winter.

A New Year review will use evidence from winter to decide which interventions should be expanded, adapted, stopped or restarted, and to agree the next improvement priorities through the Trust's clinical improvement governance arrangements.

ASSESSMENT

6. **SO1: Providing the right care or advice, in the right place, every time**

Emergency and urgent ambulance response: current position. Time-critical and urgent ambulance outcomes and response times remain below ambition across several parts of the pathway. Return of spontaneous circulation following cardiac arrest remains below the 25% ambition; average times from the initial call to arrival at hospital for stroke and ST-elevation myocardial infarction patients remain materially above the 1 hour 30-minute ambition; and response times for Emergency and Orange-category calls remain challenged. Performance is affected by the availability of ambulance hours, demand, hospital handover delays, the continuing development of the new clinical model and wider patient flow across the health system.

Actions and dependencies. The reprioritised Clinical Model Transformation Programme is the main improvement route. It focuses on respiratory presentations, the flow of calls through the service, clinical navigation, remote assessment, referral through Single Points of Access and use of Advanced Paramedic Practitioners. Work to improve outcomes following cardiac arrest also continues. The full benefits depend on health boards reducing handovers over 45 minutes and improving wider urgent and emergency care flow.

NHS 111. The proportion of callers who ended their call before it was answered (call abandonment rate) improved from 16.1% in June to 15.0% in July, reaching the upper limit of the modelled operating range. However, higher demand, longer average call-handling times and staff time unavailable for call handling continue to constrain capacity.

Actions. Recruitment, revised rosters, greater use of the virtual queue, review of repeat callers for the same episode of care, and improvements to the Clinical Advice Line remain under Executive oversight with a clear action plan in place.

Non-Emergency Patient Transport Service. Transport for oncology patients remains above ambition, but only 72.7% of planned discharge and transfer journeys were collected within 60 minutes of their booked time, against a 95% ambition. Performance is affected by when journeys are booked and the capacity available at those times. Improvement is being pursued through the service improvement programme and discussions with health boards.

7. **SO2: Enabling our people to be the best they can be**

   Current position. Workforce capacity remains a material constraint on patient access and operational resilience. The Trust produced 86% of planned Emergency Medical Service ambulance hours in July against the 95% ambition — 116,549 actual hours compared with 136,229 planned. Sickness absence was 8.17%, including 5.9% long-term absence, and remains above the 6% ambition. Performance appraisal and development review (PADR) completion was 73.47% and has remained below the long-term average for 13 consecutive months. More stable measures include staff turnover remaining below target and statutory and mandatory training remaining above target.

   Actions. Recruitment, options for additional overtime during winter, tighter management of staff time away from operational duties, roster changes, occupational health support and the performance appraisal refresh remain the principal controls. Current forecasts do not yet show that the ambulance-hours, sickness or appraisal ambitions will be achieved.

8. **SO3: Being at the forefront of innovation and technology**

   Current position. This remains the strongest-performing strategic objective, with continued use of the NHS 111 Wales virtual assistant, online symptom checkers and webchat. Reporting now needs to demonstrate whether these digital channels reduce telephone demand, improve outcomes and experience, and increase productivity.

   Actions. Online symptom checkers and the virtual assistant are moving into routine service management. Alongside this, the Joint Commissioning Committee is working with the Trust on the future digital access model and the benefits expected from it.

9. **SO4: Developing services in collaboration**

   Current position. This objective is dominated by patient flow across the wider health system and the Trust's reliance on partner organisations. Ambulance hours lost while crews waited to hand patients over at hospitals reduced to 9,929 in July, the lowest monthly figure since June 2021 and a marked improvement from 13,874 in June. Despite this progress, 3,840 handovers still took longer than 45 minutes, against the Welsh Government ambition of none. The remaining delay was estimated to have prevented the Trust from responding to approximately 3,132 additional patients. Health boards have now provided plans showing how

they intend to reduce handovers over 45 minutes; progress will be monitored through the monthly Operations Performance, Demand and Capacity meeting.

Pathway indicators. The proportion of 999 incidents resolved through telephone assessment without an ambulance being sent (consult and close) has improved over the longer term but fell to 15.8% in July, below the 22% ambition. The proportion of verified incidents conveyed to a major emergency department was 35.1%, above the modelled ambition of 30%, while 10.3% of incidents were treated at scene. Together, these measures show that further improvement is needed so more patients can be safely managed by telephone, at scene or through community and alternative services. The Clinical Model Transformation priorities on Single Points of Access, respiratory care, Advanced Paramedic Practitioner deployment and remote clinical assessment are intended to support this shift.

Actions and dependencies. The Trust continues to support health board improvement work, escalate concerns through Executive routes and monitor delivery against plans to reduce handovers over 45 minutes. Within the Trust's control, the Clinical Model Transformation work on Single Points of Access, respiratory pathways, Advanced Paramedic Practitioner utilisation, clinical navigation and call flow is intended to reduce avoidable conveyance and improve access to community services. However, the full benefits for response times, productivity and patient experience depend on health boards sustaining reductions in handover delay and ensuring that alternative pathways are consistently available and responsive.

10. **SO5: Being quality driven and clinically led**

Current position. This objective should be read alongside the access, response and patient-flow position described under SO1 and SO4. Longer ambulance response times, delayed access to definitive care and extended hospital handovers increase the risk of patient harm and contribute to reportable incidents, complaints, investigations undertaken jointly with health boards, and cases where the Trust must formally apologise and explain what has happened under the Duty of Candour. July recorded five National Reportable Incidents. Joint investigations remain above ambition, with more cases requiring involvement from other NHS Wales organisations as hospital handover performance has deteriorated. Compliance with complaint response times was 67.5%, and two Duty of Candour cases missed the requirement for written follow-up within five working days. Evidence on patient experience remains limited pending implementation of the 999 text-message survey.

Actions and dependencies. The Concerns Management Improvement Programme is focused on resolving concerns earlier, clarifying ownership, improving tracking and reporting, and ensuring lessons lead to change. Controls for approving Duty of Candour correspondence are also being strengthened. These actions improve how the Trust responds and learns when care falls short, but reducing the underlying number of quality and safety events also depends on faster ambulance responses, fewer hospital handovers over 45 minutes and better patient flow across the wider system.

11. **SO6: Delivering exceptional value**

Current position. The Trust was financially on plan at Month 4, but value must also be assessed through the effective use of staff and vehicles, patient flow and the sustainability of workforce arrangements. Emergency ambulances completed an average of 3.16 jobs per shift in July, continuing an improvement seen since April 2025 as hospital handover delays reduced and vehicles became available sooner. The measure requires further review to ensure it reflects meaningful efficiency and does not encourage activity at the expense of appropriate care. Advanced Paramedic Practitioners completed an average of 2.43 jobs per shift against the 4.75 ambition, indicating that this specialist clinical capacity is not yet being deployed as effectively as intended.

Actions and dependencies. Improving how Advanced Paramedic Practitioners are deployed and used within the existing resource has been prioritised within the winter Clinical Model Transformation portfolio. The immediate work will align capacity with demand and geography, improve allocation of suitable patients and increase community-based care. The digital scheduling solution has been deferred until after winter and the previously modelled improvement forecast should therefore be treated as provisional. Investment has supported additional falls response vehicles, which will remain a winter priority. These vehicles provide a more appropriate response for patients who have fallen, support care in the community where clinically appropriate and help preserve emergency ambulance capacity for higher-acuity calls. In the Non-Emergency Patient Transport Service, 18.4% of planned activity was cancelled in July against an ambition below 10%. The improvement programme is addressing rosters, capacity, booking and planning, demand management and digital links, although cancellations by patients and hospitals remain partly outside the Trust's control. These changes are important to delivering the 2% productivity improvement commitment in the 2026/27 Integrated Medium Term Plan while maintaining financial balance and sufficient operational capacity.

OVERALL CONCLUSION

12. The overall position remains mixed. The principal drivers of performance are understood and improvement actions are in place across patient access, the new clinical model, NHS 111, non-emergency patient transport, concerns management, workforce, productivity and hospital handovers. Since the previous report, the Clinical Model Transformation Programme has been focused more tightly on winter delivery, with emphasis on respiratory care, referrals through Single Points of Access, Advanced Paramedic Practitioner utilisation, call flow, remote clinical capacity and measurement of benefits. This provides a clearer internal route for addressing several of the issues described in the dashboard. However, several core measures remain below ambition, and the most material improvements continue to depend on sustained delivery by both the Trust and its wider system partners.

RECOMMENDATION(S)

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

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

Monthly Integrated Quality & Performance Report

June/ July 2026
Annex 1 – Top Indicator Dashboard

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

Version 1.0
September 2026

by Commissioning & Performance Team

Delivering on our Strategic objectives

Overall strategic objective profile

STRATEGIC OBJECTIVE	DESCRIPTOR	RED	AMBER	GREEN	TBD	MOA
SO1 – Our Patients	Significant performance challenges	7	3	4	2	0
SO2 – Our People	Mixed performance	2	1	3	0	0
SO3 – Innovation & Digital Transformation	Strong performance	0	0	1	0	1
SO4 – Partnerships & System Contribution	Significant performance challenges	4	0	0	0	1
SO5 – Quality, Safety & Patient Experience	Mixed performance	3	1	0	0	1
SO6 – Finance, Resources & Value	Mixed performance	2	0	2	0	0

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

Since May/June: red indicators remain at 18 overall, with movement between objectives

SO1 | Patient measures
Red 8→7; amber +1; TBD unchanged

SO4 | System contribution
Red 5→4; one fewer indicator in scope

SO5 | Quality & safety
Red +2; amber +1; green –1; TBD –2

SO2, SO3 and SO6 unchanged

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Ambition 2026/27	May-26	Jun-26	Jul-26	2 Year Average	RAG
Our Patients (SO1&5)						
Return of Spontaneous Circulation (ROSC)	25-30%*	22.1%	20.3%	23.4%	21.6%	A
Stroke Call to Hospital Door Times	01:30	02:32	02:43	02:14	02:28	R
STEMI Call to Hospital Door Times	01:30	02:46	02:35	02:27	02:34	R
NOF Call to Hospital Door Times						
Arrest (Purple) Median	6-8 Minutes*	07:45	07:42	07:39	N/A	G
Arrest (Purple) 90th	<20 Minutes	18:00	18:20	18:27	N/A	G
Emerg. (Red) Median	6-8 Minutes*	09:12	09:32	09:13	N/A	R
Emerg. (Red) 90th	<20 Minutes	22:39	23:14	22:07	N/A	R
Now (Orange) Median	<60 Minutes	01:22	01:29	01:05	N/A	A
Time to Integrated Care RICS 1 90th Percentile	<60 Minutes					
Can't Send & Cancelled by Patient Volumes	<5,770	6,109	6,288	5,905	6,837	A
NHS111 Call Handling Abandonment Rates	<10-15%	19.7%	16.1%	15.0%	12.4%	G
Renal Repeat Cancellation +	Zero	N/A	N/A	8	N/A	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	>70%	72.8%	74.2%	75.3%	76.6%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	>95%	72.7%	67.6%	72.7%	77.6%	R
% of 111 call presented in Welsh, Answered in Welsh	>70%	51.3%	58.0%	43.2%	58.7%	R
National Patient Reported Experience Measure (average overall experience score)	85%					
Concerns Response within 30 Days	>75%			67.50%		R
Enactment of the Duty of Candour Total	100%	100%	100%	0%	N/A	R
National Reportable Incidents reports (NRI)	MOA	12	2	5	5	MOA
Joint Investigation Framework Referrals to HBs	<7	10	15	N/A	13	R

Top Monthly Indicators	Ambition 2026/27	May-26	Jun-26	Jul-26	2 Year Average	RAG
Our People (SO2)						
% of Under-represented Groups Offered	>7%	34.4%	26.7%	12.5%	N/A	G
EMS Hours Produced (Against Planned)	95%	87%	87%	86%	86%	A
Sickness Absence *(all staff)*	<6%*	7.62%	7.70%	8.17%	7.91%	R
Staff Turnover Rate	<10%*	8.36%	8.32%	8.42%	8.11%	G
PADR/Medical Appraisal	>85%	74.63%	73.67%	73.47%	73.83%	R
Statutory & Mandatory Training	>85%	89.52%	89.31%	89.08%	86.97%	G
Finance & Value (SO6)						
Average Jobs per Shift (EA)	>2.3	3.06	3.02	3.16	2.79	G
Average Jobs per Shift (APP)	4.75	2.59	2.59	2.43	2.93	R
NEPTS Activity Cancelled (by CMP, Patients & HBs)	<10%	18.3%	19.3%	18%	17.7%	R
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	100%	G
Partnerships / System Contribution (SO3&4)						
Number of Patients using Albot	MOA	5,263	5,286	5,328	N/A	MOA
Webchats as a % of Web Site Hits	>1.35%	1.51%	1.51%	1.65%	N/A	G
111 Outcomes (999 & ED)	MOA	15.4%	17.0%	16.4%	18.9%	MOA
Successful Consult & Close Outcome	>22%	17.2%	17.1%	15.8%	18.1%	R
% See & Treat & Alternative pathways (of verified activity)	>20%	9.59%	10.03%	10.30%	10.56%	R
Number of Handover Lost Hours	<6000	14,057	13,874	9,929	17,109	R
Number of Handovers over 45 mins	Zero*	4,597	4,612	3,681	5,444	R

RAG Indicates -

TBD: Status cannot be calculated (To Be Determined)

MOA – Measure of Activity

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

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

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

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

+ 4 weekly data

Activity at a glance

Demand across 111, 999 and non-emergency patient transport

111

97,253

CALL DEMAND

111 activity	
Website Visits	323,162
Albot Usage	5,328
Completed Symptom Checkers	9,226
Call Demand	97,253
999 / ED	9,203

Digital and telephone demand indicators

999

46,436

CALLS

999 calls & incidents	
999 Calls	46,436
Verified Incidents	36,949
Arrest Incidents	975
Emerg Incidents	5,069
Now Incidents	12,811
Soon Incidents	5,110
Planned Incidents	1,456
Cancelled by Patient	5,456
Consult & Close	5,851
See & Treat	3,715
Conveyed	12,692

Emergency activity and outcomes

NEPTS

46,242

COMPLETED JOURNEYS

NEPTS	
Completed Journeys	46,242

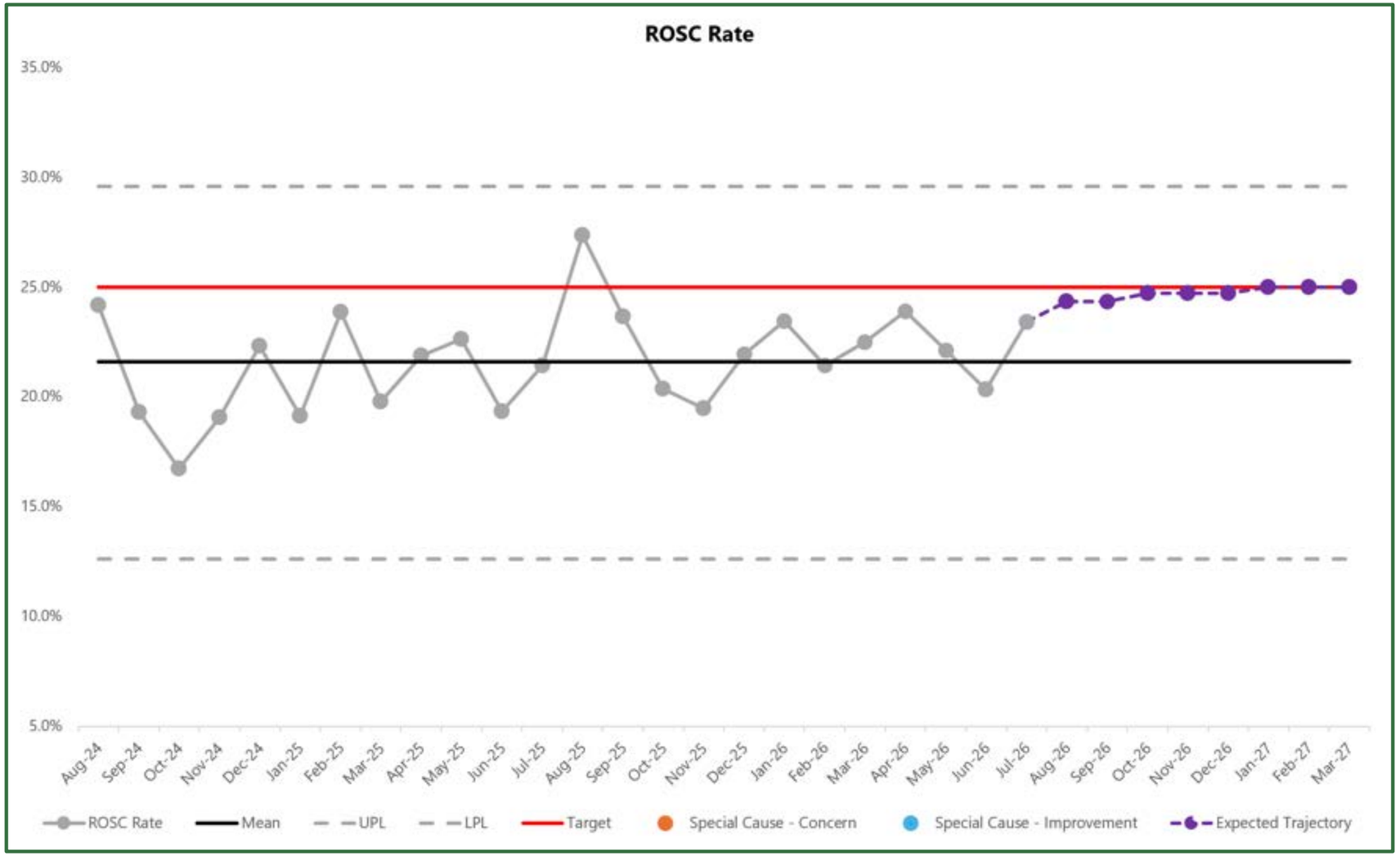
Non-emergency patient transport activity

Our Patients

Return of Spontaneous Circulation (ROSC)

Strategic Objective 1

ROSC
A



Analysis

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 23.4% in July 2026.

The ROSC SP chart shows the mean remains below the 25% target, the system and process will not reliably deliver the ambition, and improvement action is required.

Improvement Plans and Actions

The Trust has in place an Improving Out of Hospital Cardiac Arrest Workstream. This includes work on early recognition and call for help, early CPR, early defibrillation, ALS & post resus and data & analytics with all actions rated green (on target) currently, except for data & analytics. Data linking between the Trust and health boards is also a key required improvement to understand patient outcomes.

The CMT Benefits Workstream has establishing a Data Linking Task & Finish Group, to help provide an increased focus in this area and resolve data linking on the cardiac arrest patient pathway, but also on other key pathways for the Trust. The Director of Commissioning for Ambulance Services & 111 has offered to sit on this T&F to help open doors in the wider health care system. The work of this group is currently paused due to capacity issues, but this is being further considered.

Expected Performance Trajectory

The purple line on the graph shows the predicted trajectory over the next six months, which is expected to rise by 0.25% per quarter and be achieving the target by year end. Understanding the regular variation that is seen, this should be seen as more of a trend line.

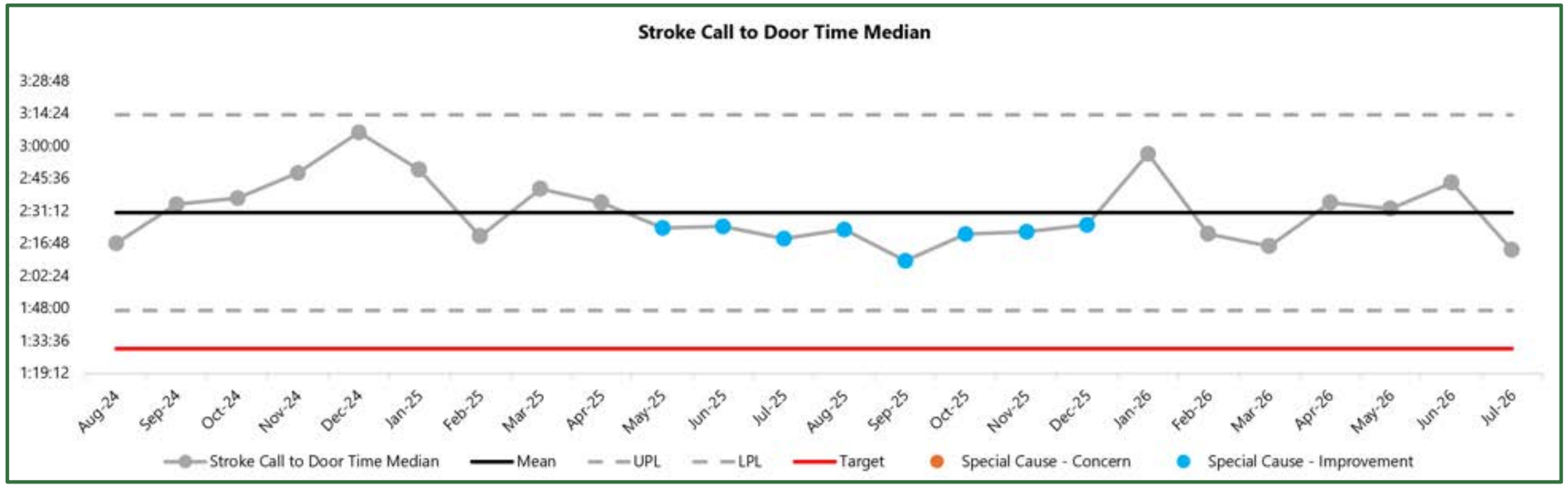
Our Patients

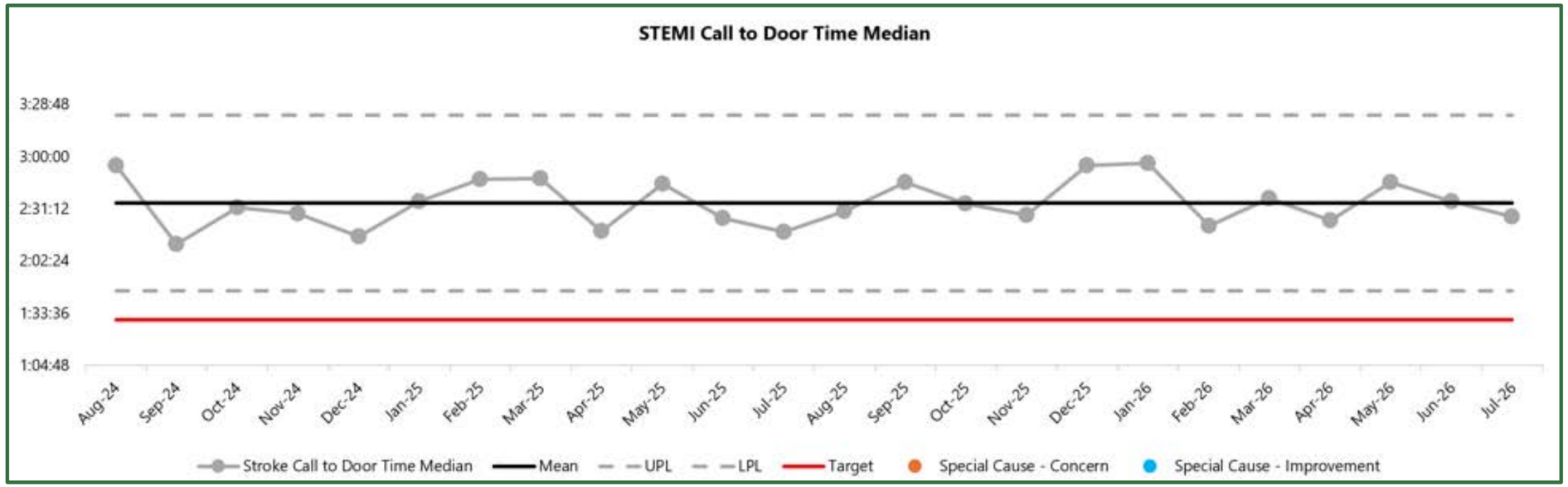
Stroke & ST-elevation myocardial infarction (STEMI) patients

Time-Based metrics

Strategic Objective 1

Stroke Call to Door	STEMI Call to Door
R	R





Analysis:

Stroke call-to-door times show special cause improvement during mid–late 2025; however, recent data has returned to common cause variation around the mean of 2 hours 30 mins.

STEMI call-to-door times demonstrate predominantly common cause variation, with performance fluctuating around the mean of 2 hours 34 mins.

For both pathways, the processes remain stable but will not deliver the ambition of 1 hour 30 mins, and process improvement is required.

Remedial Plans and Actions:

The Trust's ambition is to improve the call to door times to 1.5 hours. The CMT Benefits Workstream has set up its structures for the third year of the CMT programme, in particular, the Call Categorisation (3) Patient Flow Task & Finish Group, which includes call to door times.

Expected Performance Trajectory:

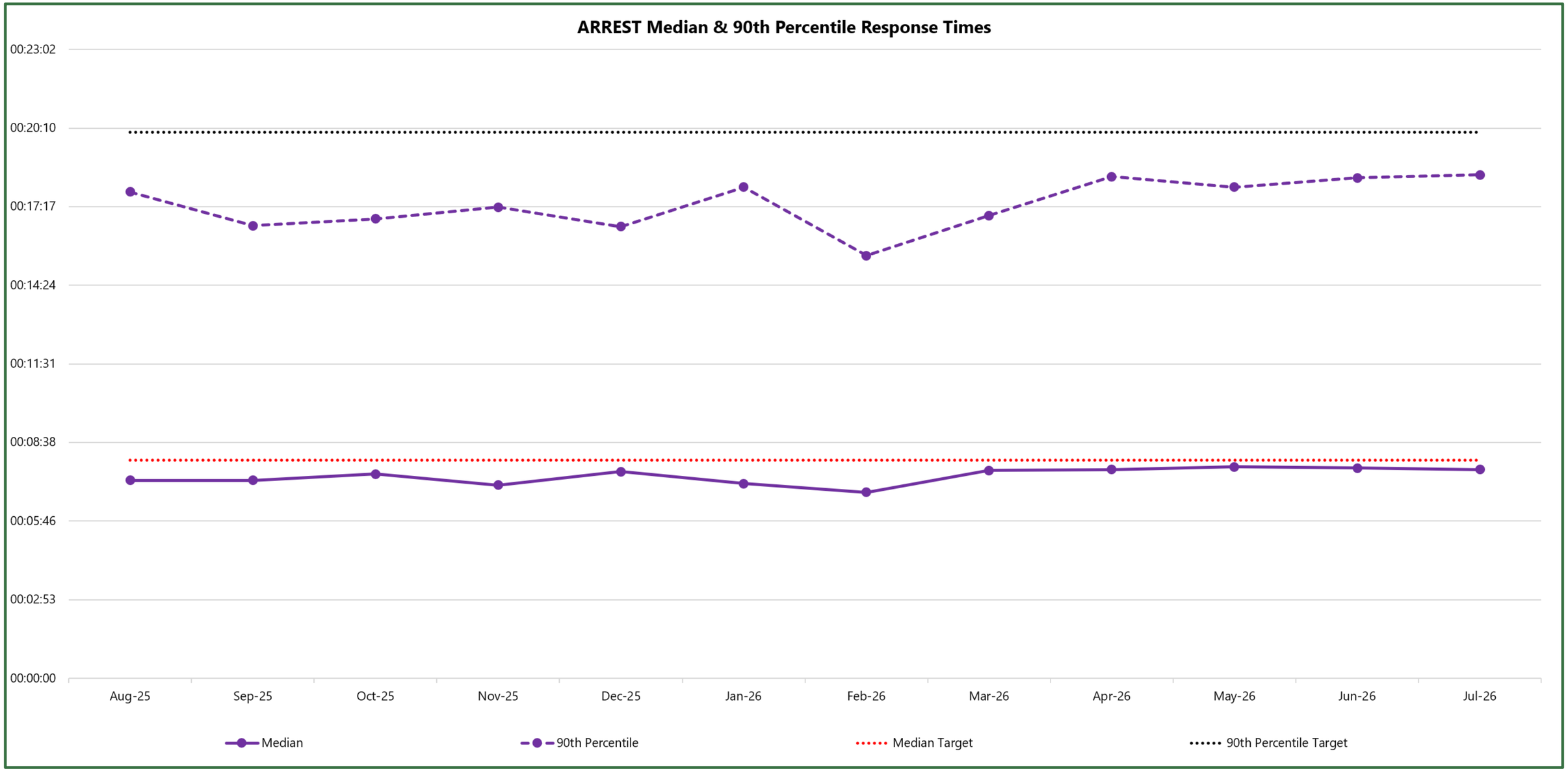
Modelling call to door times is complex so is not yet available for this iteration of the revised MIQPR. The aim is to model all the Call Categorisation (3) improvements, plus H45 compliance, as part of the Trusts' approach to winter planning. Initial modelling has been completed and discussed at ELT. Further modelling is planed, following a retune of the simulation software to the new model.

Our Patients

Arrest (Purple) Indicators

Strategic Objective 1

Arrest Median	Arrest 90th
G	G

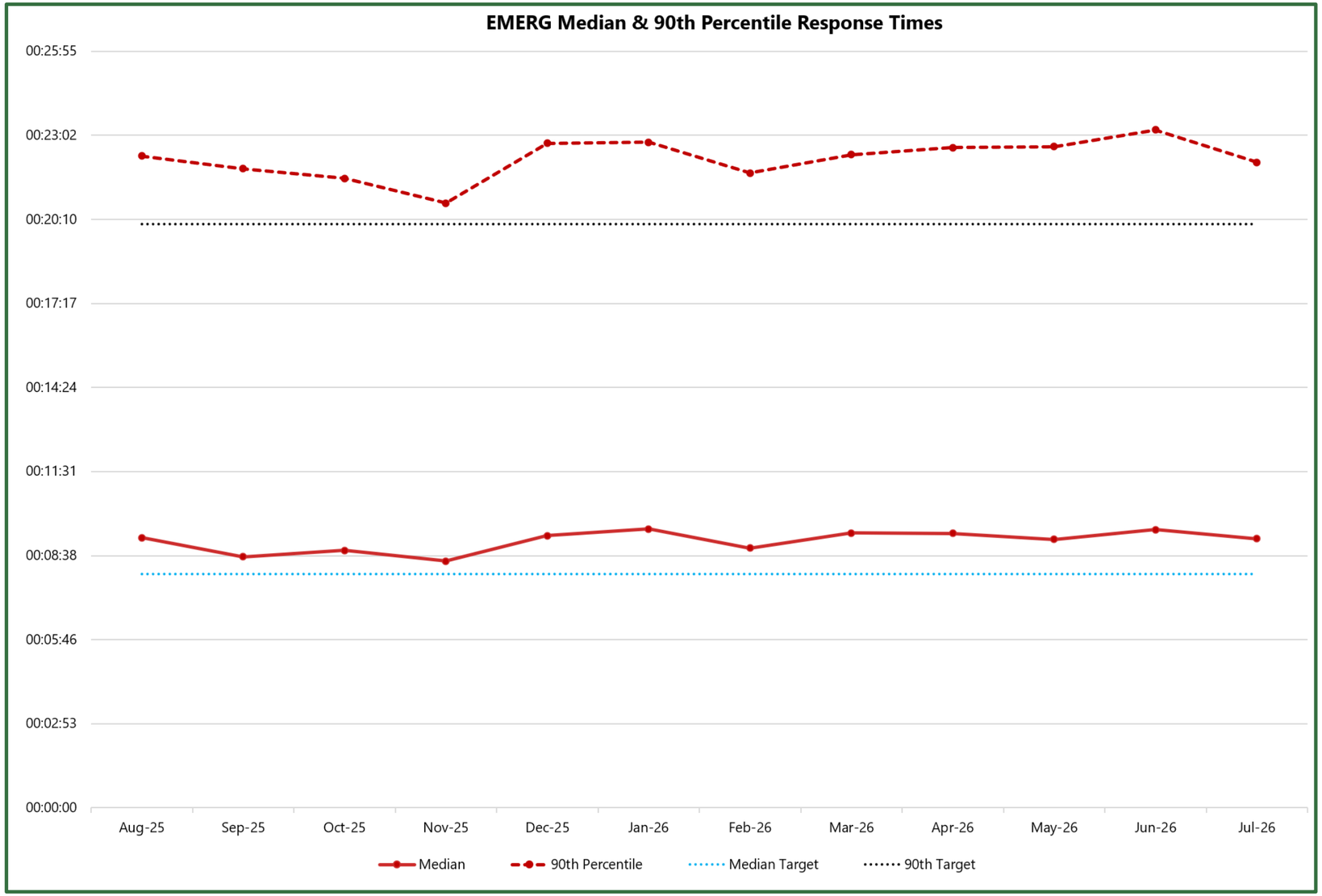


Our Patients

Emerg (Red) Performance Indicators

Strategic Objective 1

Emerg Median	Emerg 90th
R	R



Analysis

In July 2026 there were 5,069 Emerg (Red) incidents, which accounted for 13.7% of all verified incidents. Response times are not achieving performance targets.

The median response time in July 2026 for Emerg incidents was 9 minutes 13 seconds. Cardiff and Vale health board had the lowest median time of 8 minutes and 16 seconds, and Powys had the highest at 11 minutes and 33 seconds.

For Emerg calls, the 90th percentile response time was 22 minutes 7 seconds. Cardiff and Vale had the lowest time of 17 minutes and 32 seconds, and Powys had the highest at 31 minutes and 58 seconds.

Remedial Plans & Actions

As part of the Clinical Model Transformation Programme, a Call Categorisation (3) Flow Optimisation Task & Finish Group has been set up to work on improving the patient flows through the new model, in advance of winter.

Two of the six workstreams in this task & finish group are relevant to this indicator 1) breathing difficulties and 6) RCS/Clinical Navigators. The aim is to increase the number of RCSO incidents which are sent for further clinical assessment in RICS, thereby reducing the Emerg demand. Solutions lie both in improving and streamlining processes, but also about reviewing clinical navigator capacity. Delivery of H45 will also be a key contributory factor.

Expected Performance Trajectory

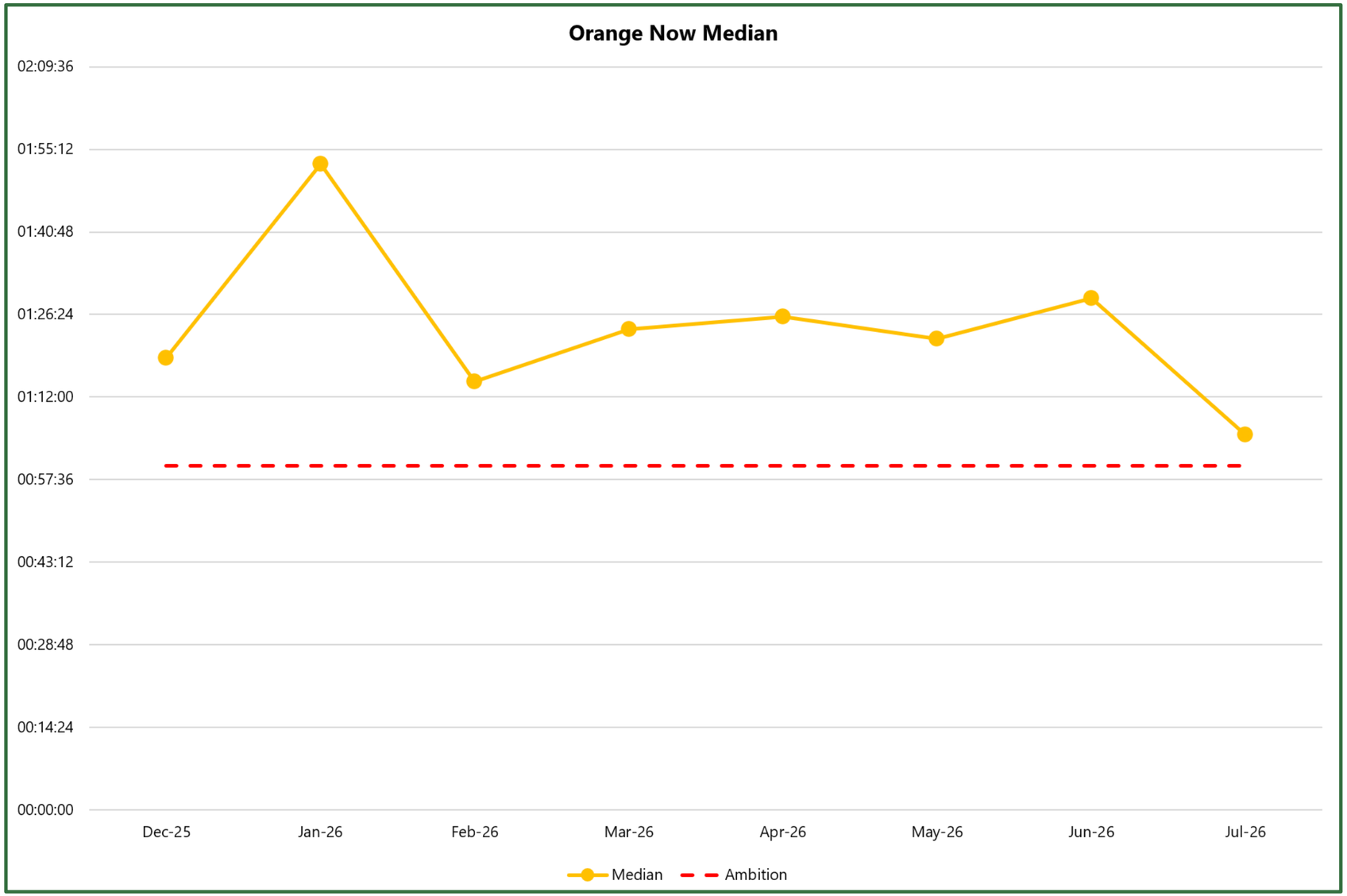
An expected trajectory will be included once the simulation software has been retuned to the new model. This is due in the Autumn and in advance of winter.

Our Patients

Orange (Now) Performance Indicator

Strategic Objective 1

Now Median
A



Analysis

The median response time in July 2026 for Orange (Now) incidents was 1 hour 5 minutes 29 seconds. Betsi Cadwaladr health board had the lowest median time of 46 minutes and 28 seconds, and Swansea Bay had the highest at 1 hours 28 minutes and 6 seconds.

Remedial Plans and Actions

There are three key main ways of improving Orange Now performance: demand reduction, improved UHP and reduced handover delays.

- The CMT programme workstream on call categorisation is working to reduce over-triage into the orange now category
- the Trust is focused on abstractions management and the recruitment trajectory for EMS (see slide on EMS Hours produced)
- The Trust has engaged with NHS P&I health board required workshops on H45.

Expected Performance Trajectory

The Trust's commissioned level of production (its rosters) are designed to cope with 6,000 hours of handover lost hours. The application of H45 would see the level of hospital lost hours to be close to this level, estimated to be 6,000-7,000 hours, depending on the level of conveyance.

Modelling recently undertaken suggested that if total time at hospital was reduced to 42 minutes, the Orange median response time would reduce to under 50 minutes and therefore achieve the WAST ambition of under 1-hour.

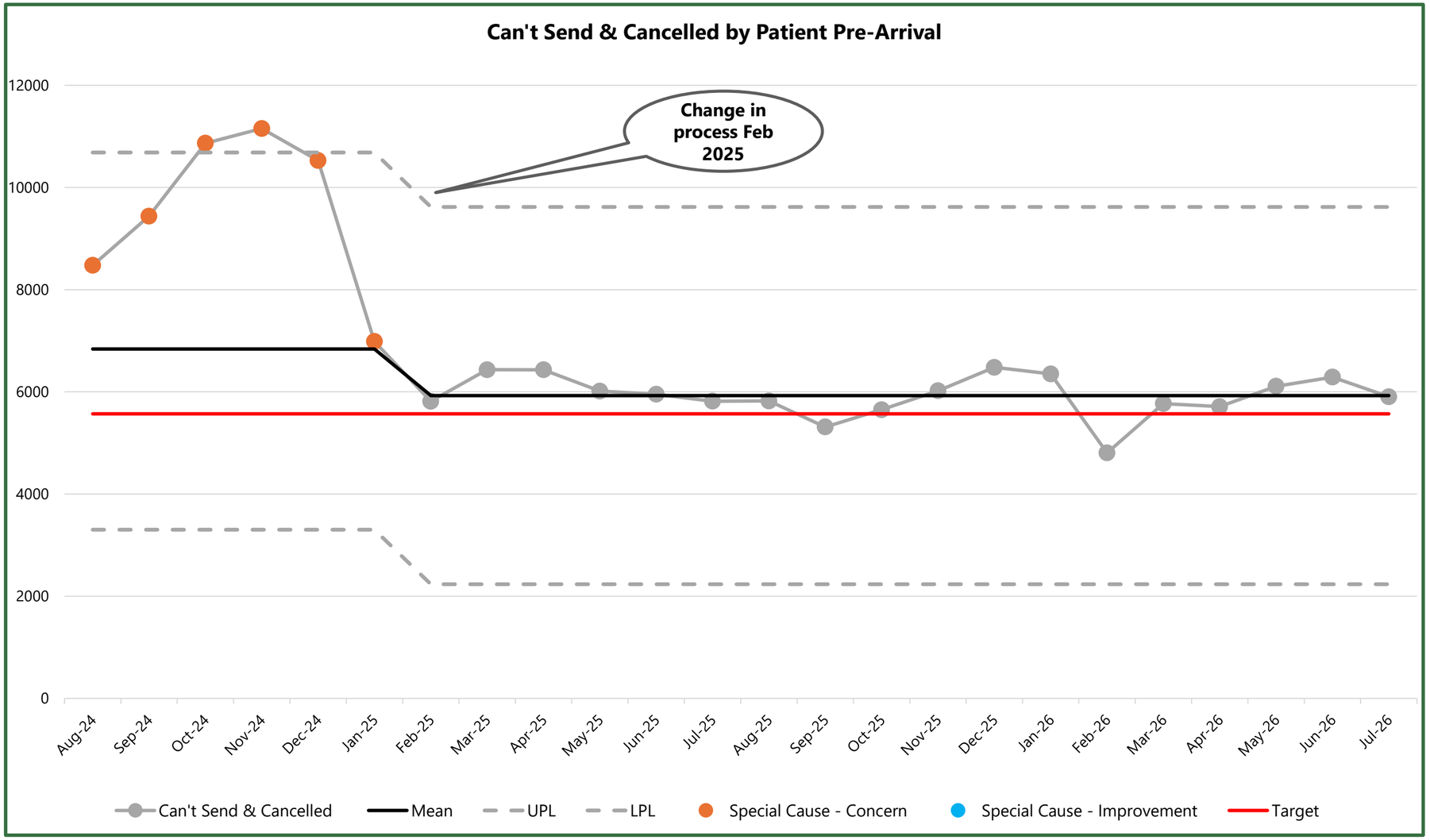
The modelling was also carried out based on H45, which indicated that Orange median response times would remain at just above the 1-hour threshold.

Our Patients

No Send or Patient Cancellations

Strategic Objective 1

Can't Send
A



Analysis

5,456 ambulances were cancelled by patients in July 2026. Patient cancellations have remained relatively static since early 2025, following a significant reduction from figures seen during 2024, which the Trust believes is due to the implementation of Rapid Clinical Screening during the winter of 24/25.

The SPC chart shows that we will not routinely deliver on our ambition for the number of cancellations.

Remedial Plans and Actions

One of the workstreams of the CMT programme is to improve messaging and communications with patients who have rung 999, which is designed to support this metric. Whilst elements of the programme have been paused to concentrate on other areas of the programme over winter, SMS messaging has been turned on to ensure callers know whether they are in the queue for an ambulance or waiting for a clinical ring back. Improvements in H45 will also assist.

Expected Performance Trajectory

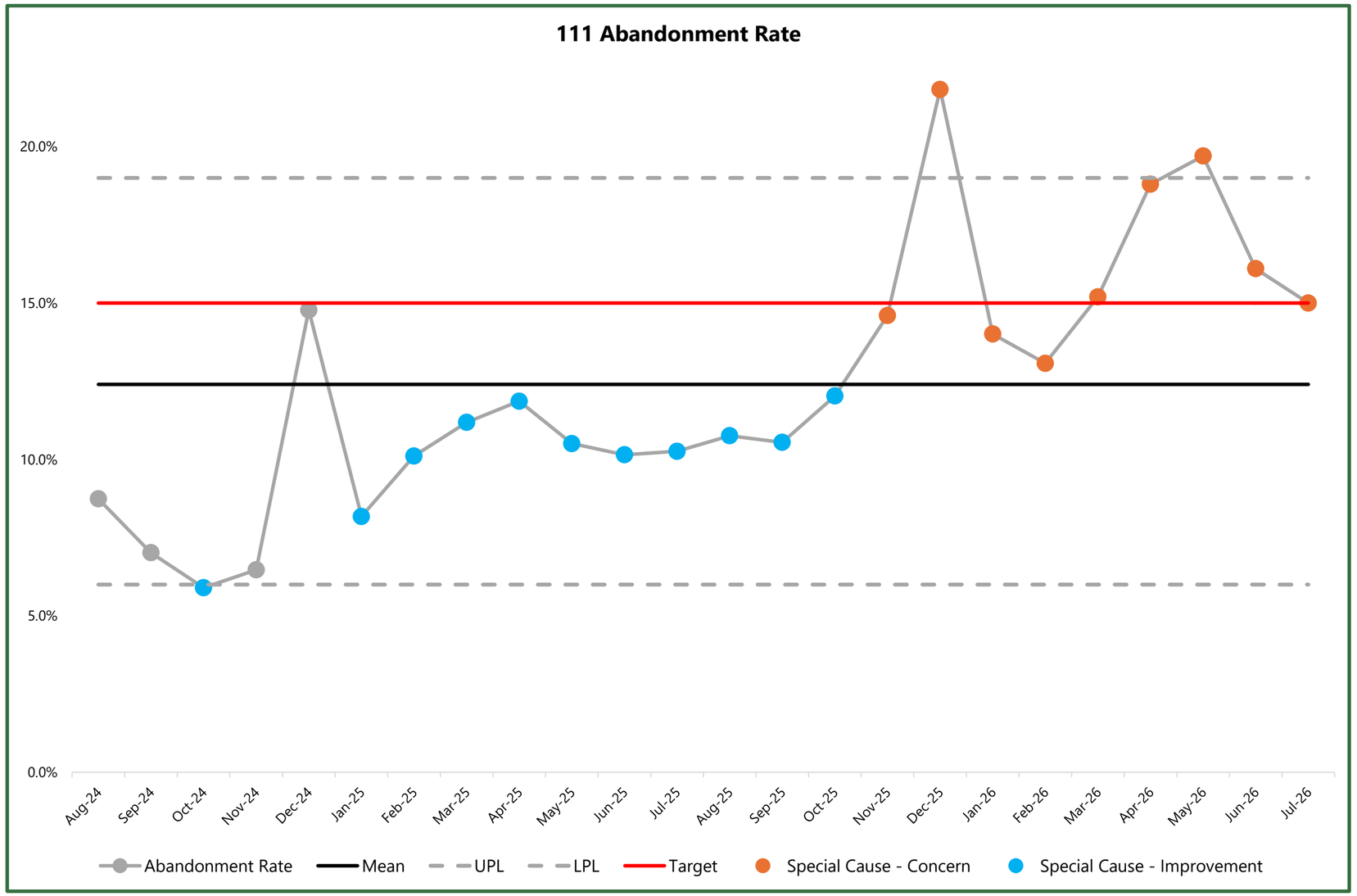
The Trust Board ambition is to reduce cancellations to <5,770, linked to the further transformation work on-going through the CMT Programme and the delivery of H45 by all health boards. It is difficult to put a trajectory on this, but the winter plan is predicated on delivery of both of these, so by December 2026.

Our Patients

111 Call Abandonment Performance Indicators

Strategic Objective 1

Abandonment Rate
G



Analysis

The 111-call abandonment rate improved to 15% in July 2026, which hit the Trust Board ambition. However, we have seen a deterioration in performance since October 2025 with special cause variation seen..

Two main factors are driving this special cause variation. Firstly, call demand has increased and has been higher every month in 2026 compared to the same month in 2025. Average Handling Times (AHT) have also increased in recent months. During 2024/25 AHT was below 9.5 minutes, but in early 2026 it has risen to around 10 minutes. This means a reduction in the number of calls handled per hour. This is linked potentially to changes in complexity, but also to increases in the use of the Clinical Advice Line (CAL). All these factors combined with increased abstraction rates has seen a clear deterioration in 111 performance during 2026.

Remedial Plans and Actions

Key actions were taken to improve the call handling resourcing position through the summer; this included an active recruitment plan. A 111-re-roster review is underway, with new rosters expected to be in place by the Autumn, which should help reduce sickness and turnover. Actions are also 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. The Trust is also working on new processes around the use of the Clinical Advice Line (CAL) by call handlers, linked to clinician performance, but also aimed at improving call handler productivity by reducing CAL wait times. Shift fill is in the high eighties and low nineties and also remains an area of focus. A comprehensive paper outlining the issues has been discussed by the ELT with a range of actions agreed, which will be monitored at this level.

Expected Performance Trajectory

The independent modelling indicates that the Trust should expect to see a performance range of 10%-15% based on the current commissioned establishment. Actions now in place are designed to bring performance back towards the ambition.

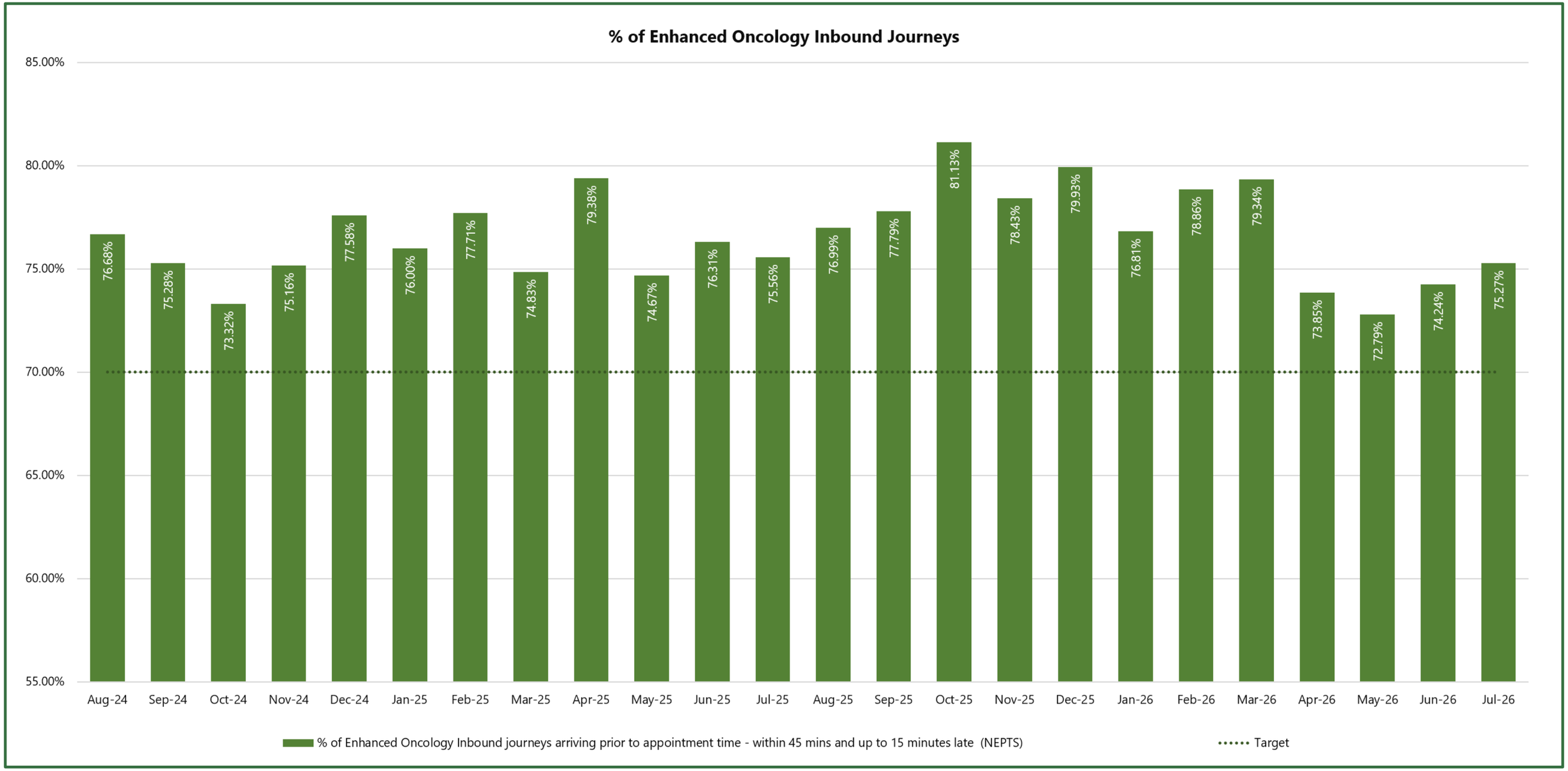
Our Patients

Ambulance Care Indicators - Oncology

Strategic Objective 1

Oncology

G

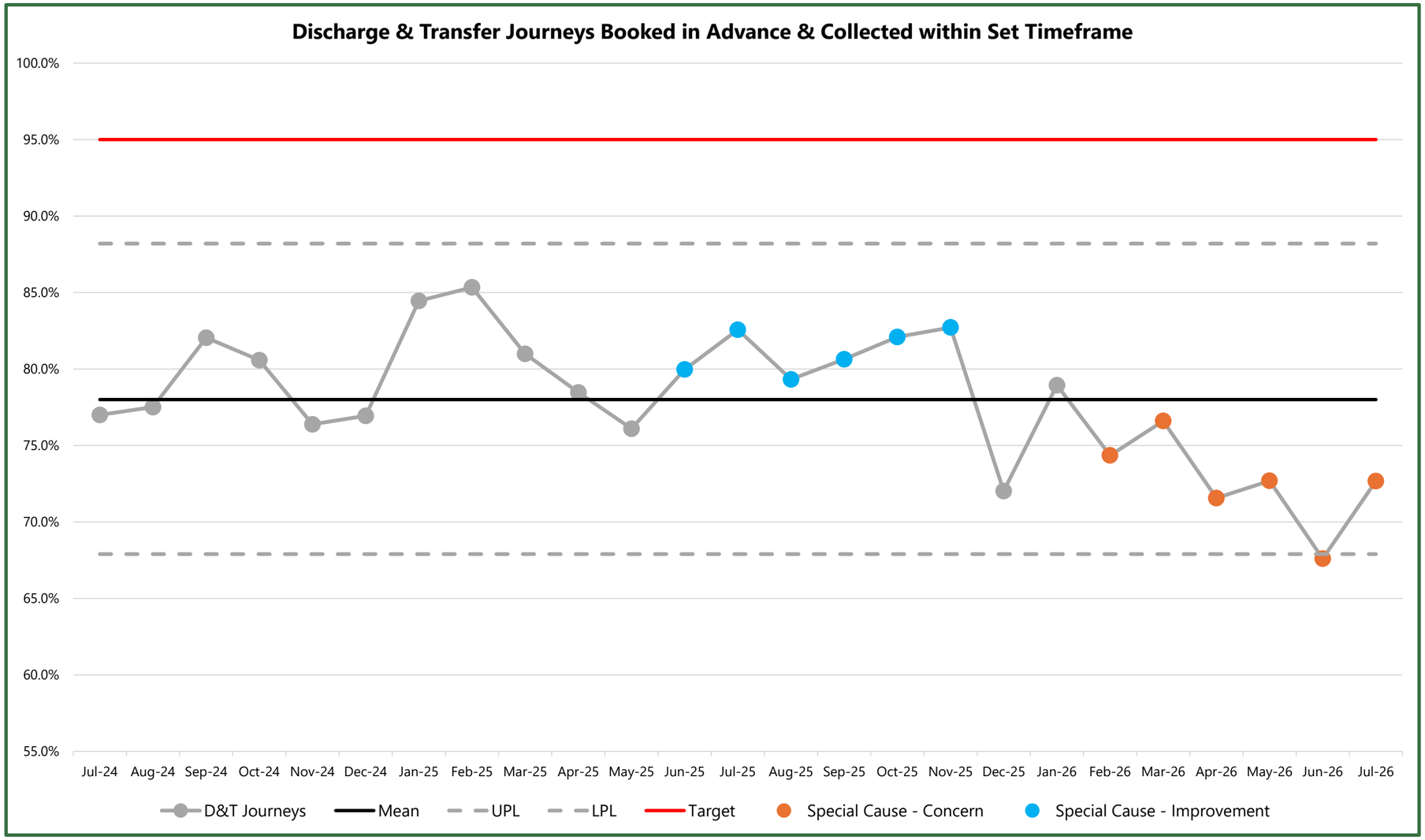


Our Patients

Ambulance Care Indicators – Discharge & Transfers

Strategic Objective 1

Advanced D&T
R



Analysis

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment was at 72.7% in July. The SPC shows there has been a clear deterioration in performance over the past 6 months, with the data point for June 2026 falling below the lower process limit and showing special cause variation which is cause for concern.

Part of this dip in performance has been due to an increase in early bookings in certain parts of Wales, increasing demand without the resources required at that time

Remedial Plans and Actions

Local discussions with the relevant Health Boards about resource re-profiling have been commenced. To date, no consensus has been reached on these, as resources available later in the day are still required. Some amendments to the resource planning approach have been made, but further progress needs to be made via health board discussions.

Expected Performance Trajectory

At present, until the issues with the health board are resolved, performance is expected to remain where it has been.

Our Patients
Patient Experience Surveys

Strategic Objective 5

National Patient Reported Experience Measure

Under development

Analysis
Analysis will be provided once the planned expansion of experiential measures goes live.

Remedial Plans & Actions
The planned expansion of experiential reach out through the introduction of SMS survey in 999 and 111 services was expected to have gone live by now, however, an MPDS update and the associated information governance around this plus one difficult remaining information governance issue has delayed the go live. However, go live is expected on the 999 SMS this month (September. Once it is live in the 999 environment, the Trust can go onto explore the 111 SMS.

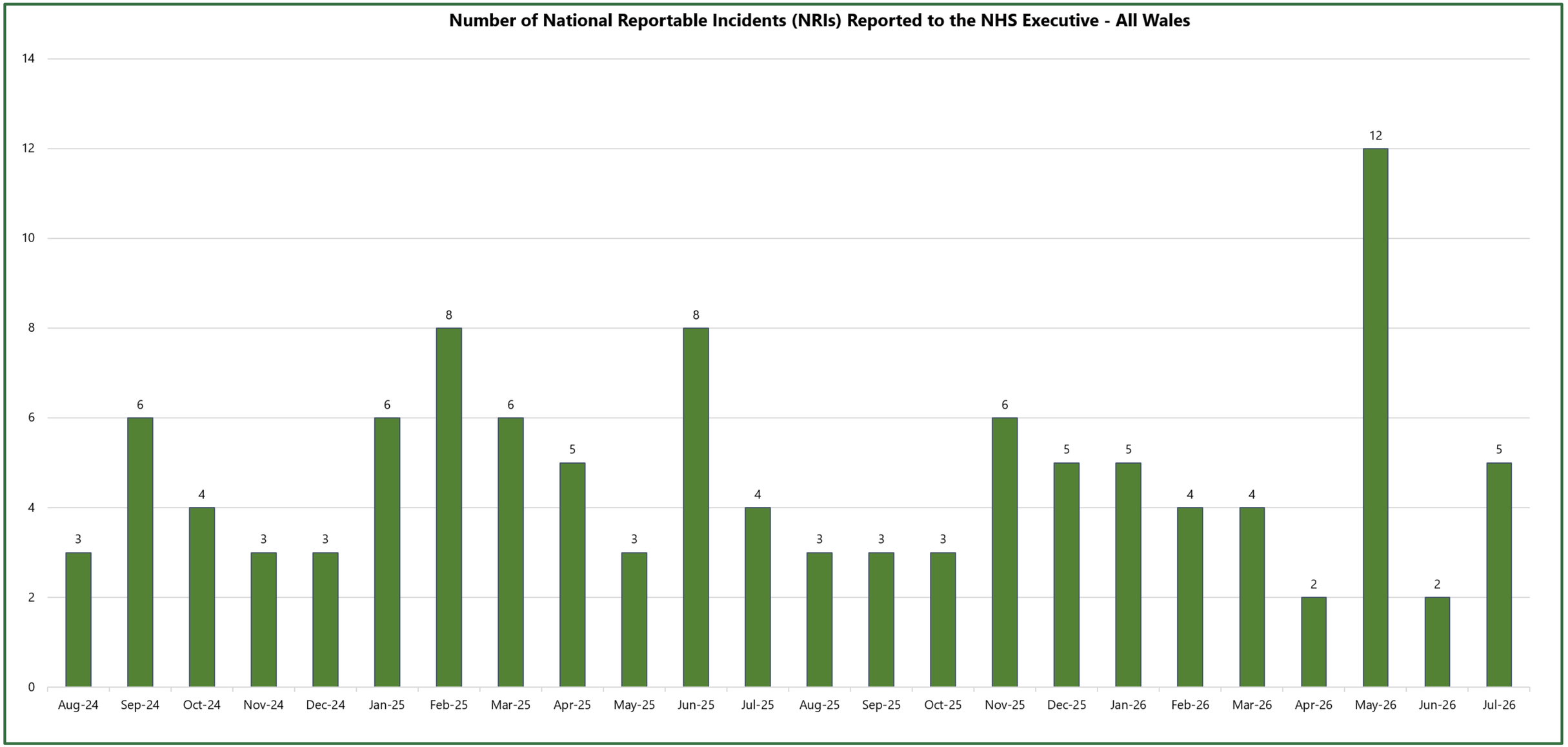
Expected Performance Trajectory
The expansion of survey approaches is expected to provide richer and more experiential intelligence improving the Trust's ability to identify themes and target improvement activity. However, the introduction of revised Patient Needs assessment, may result in a short-term deterioration in some experiential measures as service delivery and public expectations adjust.

Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents

Strategic Objective 5

NRIs
MOA



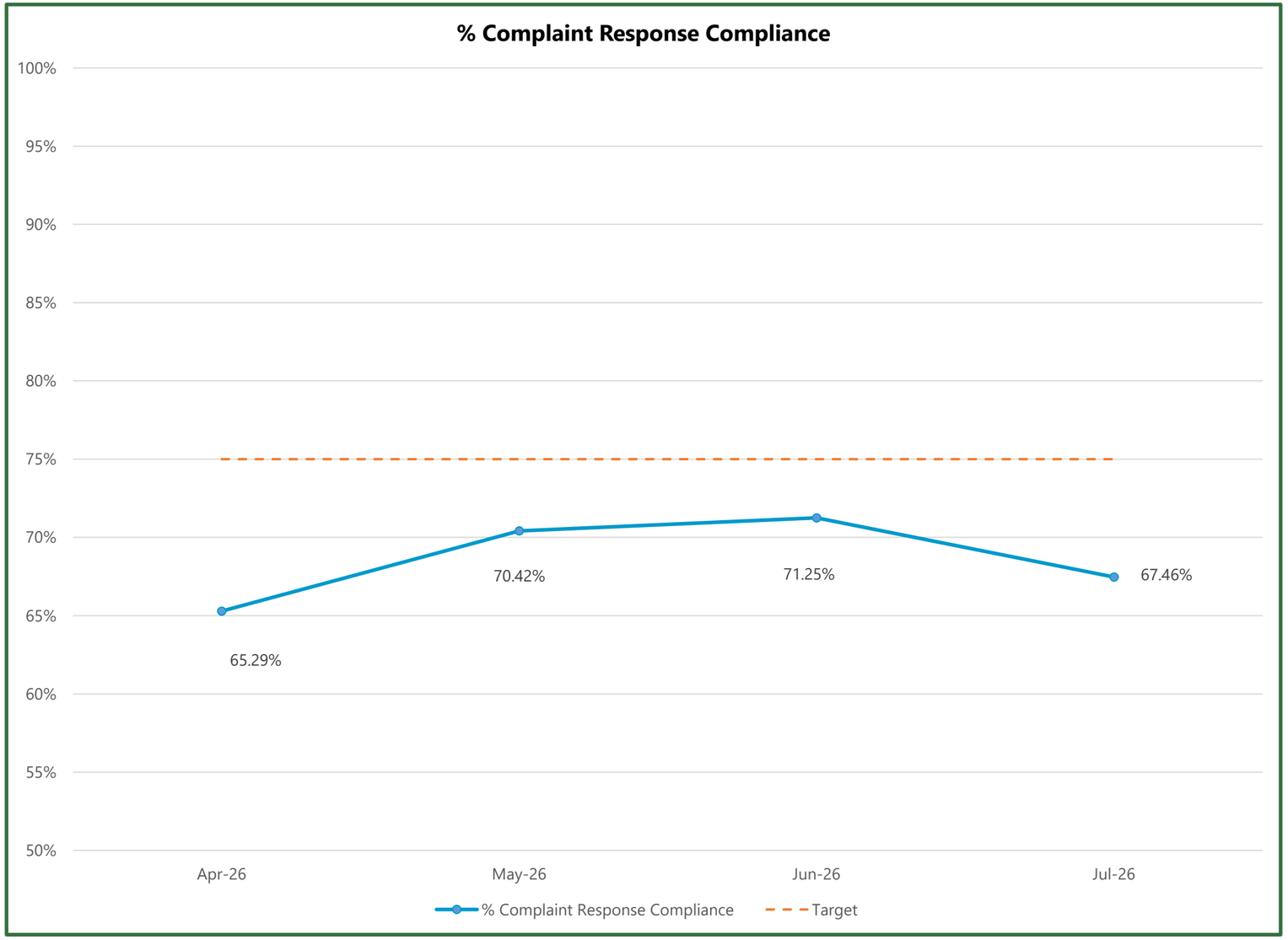
*NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change

Our Patients: Quality, Safety & Patient Experience

Concerns

Strategic Objective 5

A



Analysis

Under the Listening to People (LtP) Regulations, complaints are monitored across a range of response pathways and timescales, including early resolution and formal responses within 30, 60, 90 and 120 days. The compliance metric presented reflects performance based on the month a complaint was received, not the month it was resolved; therefore, the reported position should be interpreted as a point-in-time measure, recognising that a proportion of currently open complaints may remain within their agreed response timeframe and may subsequently achieve compliance when closed, resulting in retrospective improvement to the reported compliance rate.

Remedial Plans and Actions

The Trust continues to progress a comprehensive Concerns Improvement Programme. The programme is designed not only to improve compliance with statutory response times but also to enhance the experience of patients and families through more timely, compassionate and person-centred responses. Progress of this programme is monitored and assured through the Strategic Transformation Board.

The key priorities are:

i. Continue the Early Resolution Sprint and embed consistent, timely management of Stage 1 concerns.

ii. Finalise and implement the Early Resolution SOP, together with clear service ownership, referral and coordination arrangements.

iii. Progress the central tracker, MS Forms automation and Power BI reporting to strengthen operational oversight and programme assurance.

iv. Finalise national and local performance measures and align reporting with Beacon and MIQPR requirements (the definitive dashboard of metrics will be going to STB on 05 October).

v. Progress the Learning Framework through governance and formal approval.

vi. Use evidence and learning from the current sprint to identify and prioritise focus areas for the second sprint.

Expected Performance Trajectory

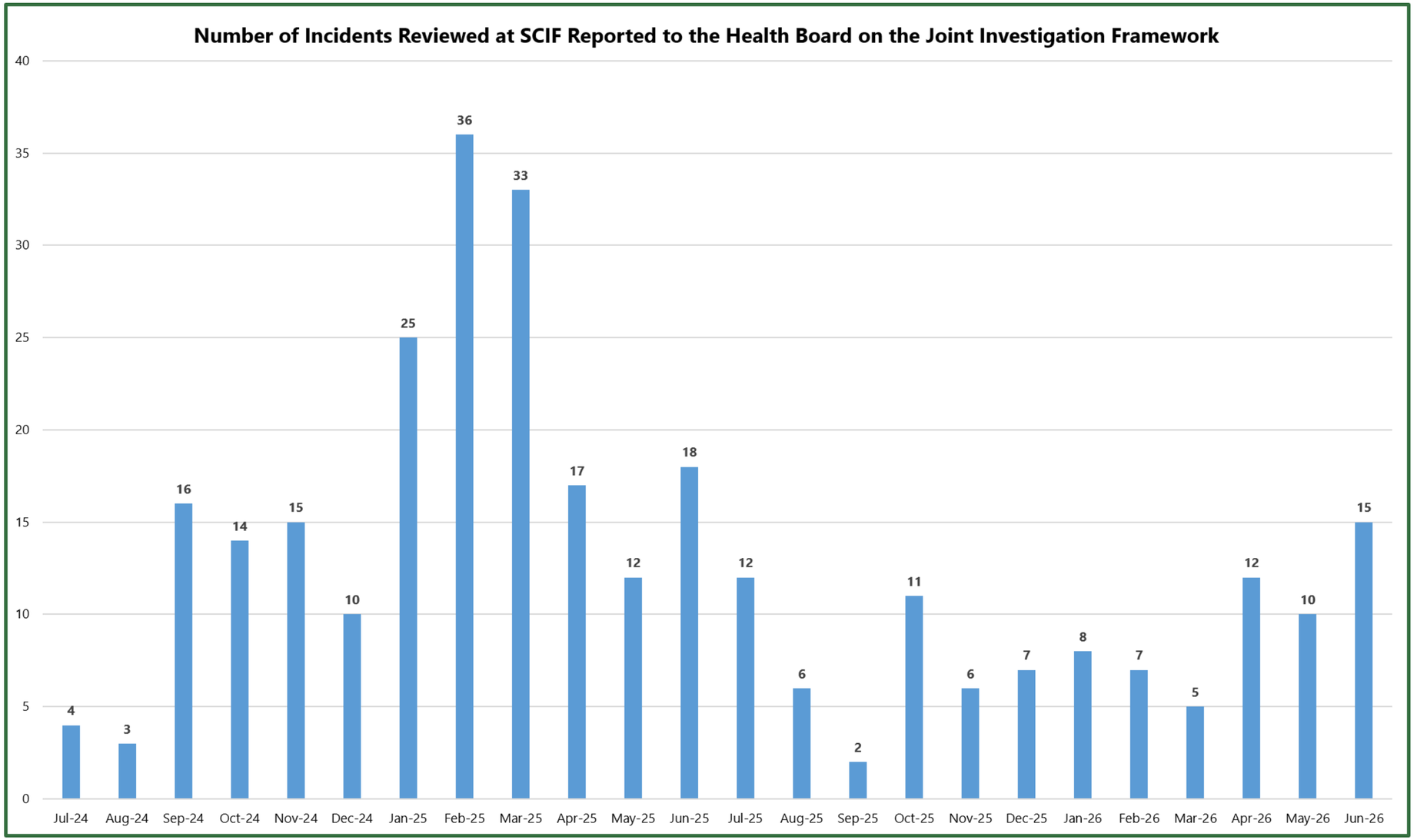
Performance trajectories remain to be agreed for these metrics.

Our Patients

Joint Investigation Framework

Strategic Objective 5

JIF
R



Analysis
The number of investigations needing to be shared with other NHS Wales organisations has increased this month, reflective of deteriorating performance in hospital handover times.

Remedial Plans and Actions
The ambition is to reduce the number of JIF referrals to seven, which is based on what the Trust thinks will be the level, if handover reduction is achieved i.e. H45.

The Trust has engaged with NHS P&I and supported workshops on handover reduction and H45 compliance, with health boards. The Trust is now in receipt of specific H45 compliance trajectories from health boards and will start reporting health board performance against these, in the monthly Operations Performance, Demand & Capacity meeting.

Expected Performance Trajectory
It is difficult for the Trust to set a trajectory for this indicator, as H45 is a health board responsibility each health board has its own trajectory for H45 compliance, so the Trust would anticipate a downward trajectory in SCIFs reported to health boards, with the ambition of seven per month being delivered in Q4 2026/27.

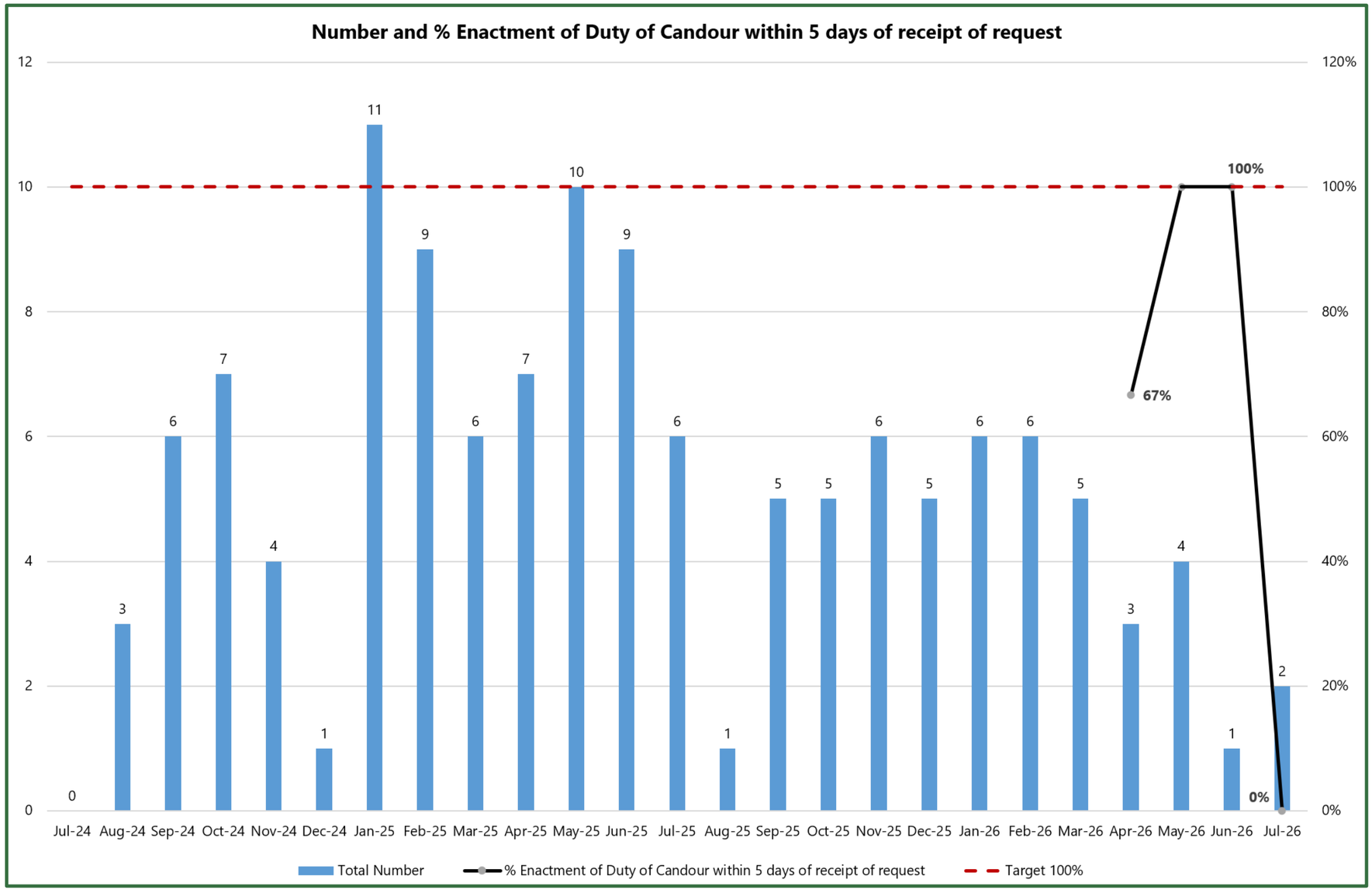
**NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change*

Our Patients

Duty of Candour

Strategic Objective 5

R



Analysis

During July 2026, the Patient Safety Team successfully contacted two patients/families to enact the statutory Duty of Candour. Neither person received their written follow-up letter within 5 working days of the in-person notification.

1 letter was issued a day overdue, the other, 5 days overdue.

Large shifts in percentage performance are caused due to the low case volume numbers.

Remedial Plans and Actions

Improvements are being made to the correspondence approval process so that statutory deadlines are more clearly visible.

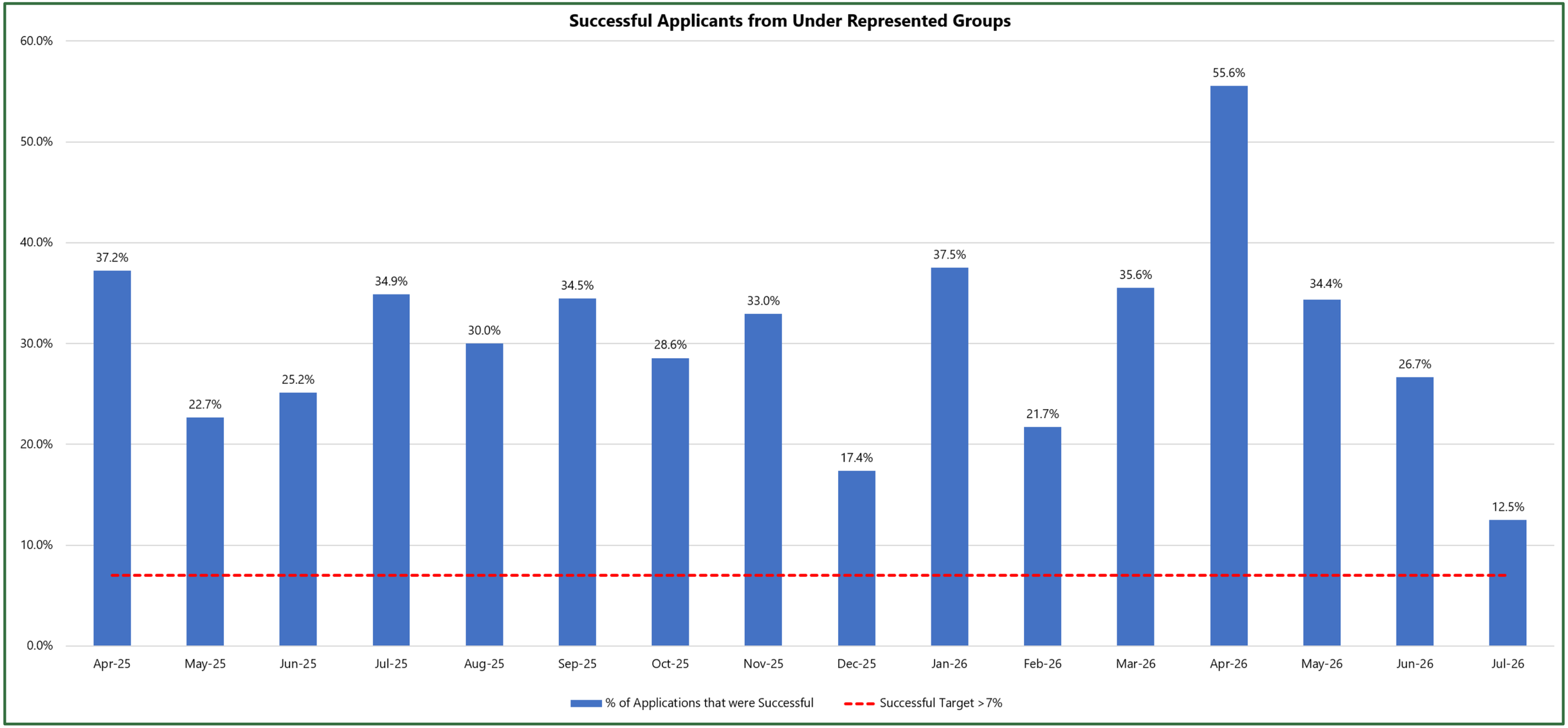
**NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change*

Our People

Successful Applicants from Under-Represented Groups

Strategic Objective 2

G



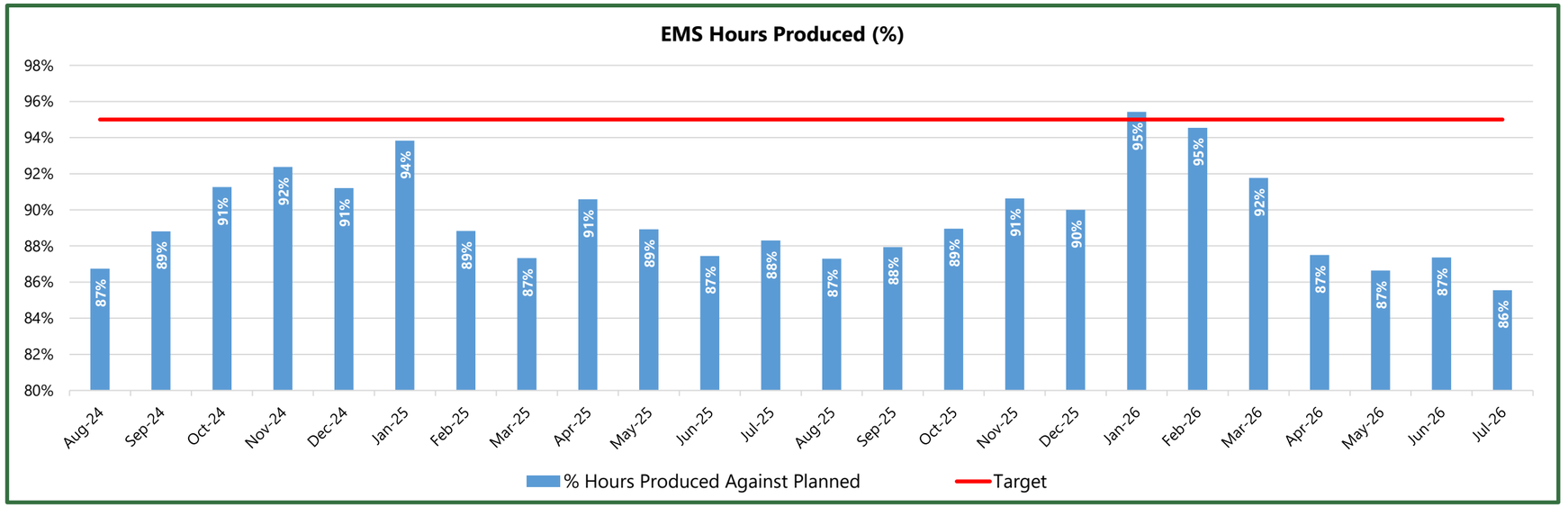
Caveat: Candidate may represent multiple categories

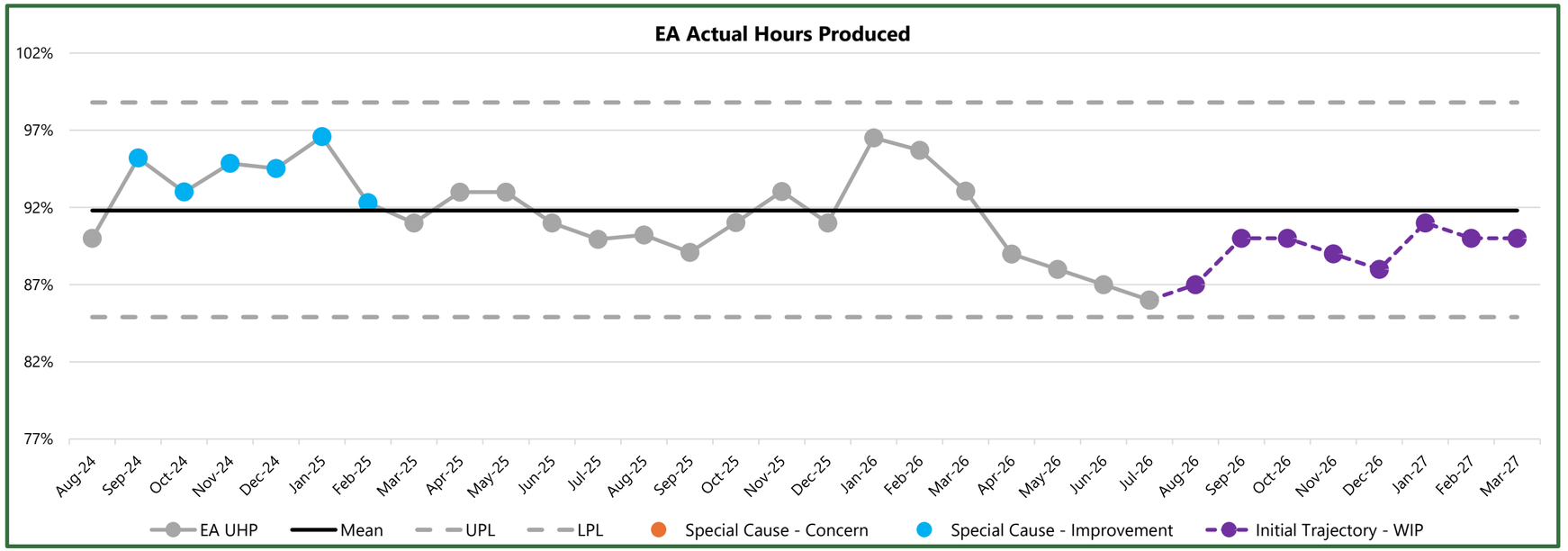
Our People

EMS Hours Production Indicators

EMS Production
A

Strategic Objective 2





Analysis

The total EMS hours produced is a key metric for patient safety. The SPC chart for EA hours highlights that over the past two years this metric has shown normal cause variation.

EMS Hours Produced achieved 86% in July 2026 which equated to 116,549 Actual Hours, against a planned total of 136,229, and remained below the 95% target, with reduced overtime availability linked to financial constraints a factor, together with a vacancy factor and higher than required abstraction levels.

Remedial Plans and Actions

Recruitment into vacant posts continues, with a number of cohorts of new EMTs due to commence over the next few months. It is expected that vacancies will be minimal in the last quarter of the year. Discussions have taken place within the ELT to review whether additional overtime might be available across the winter months to increase hours produced.

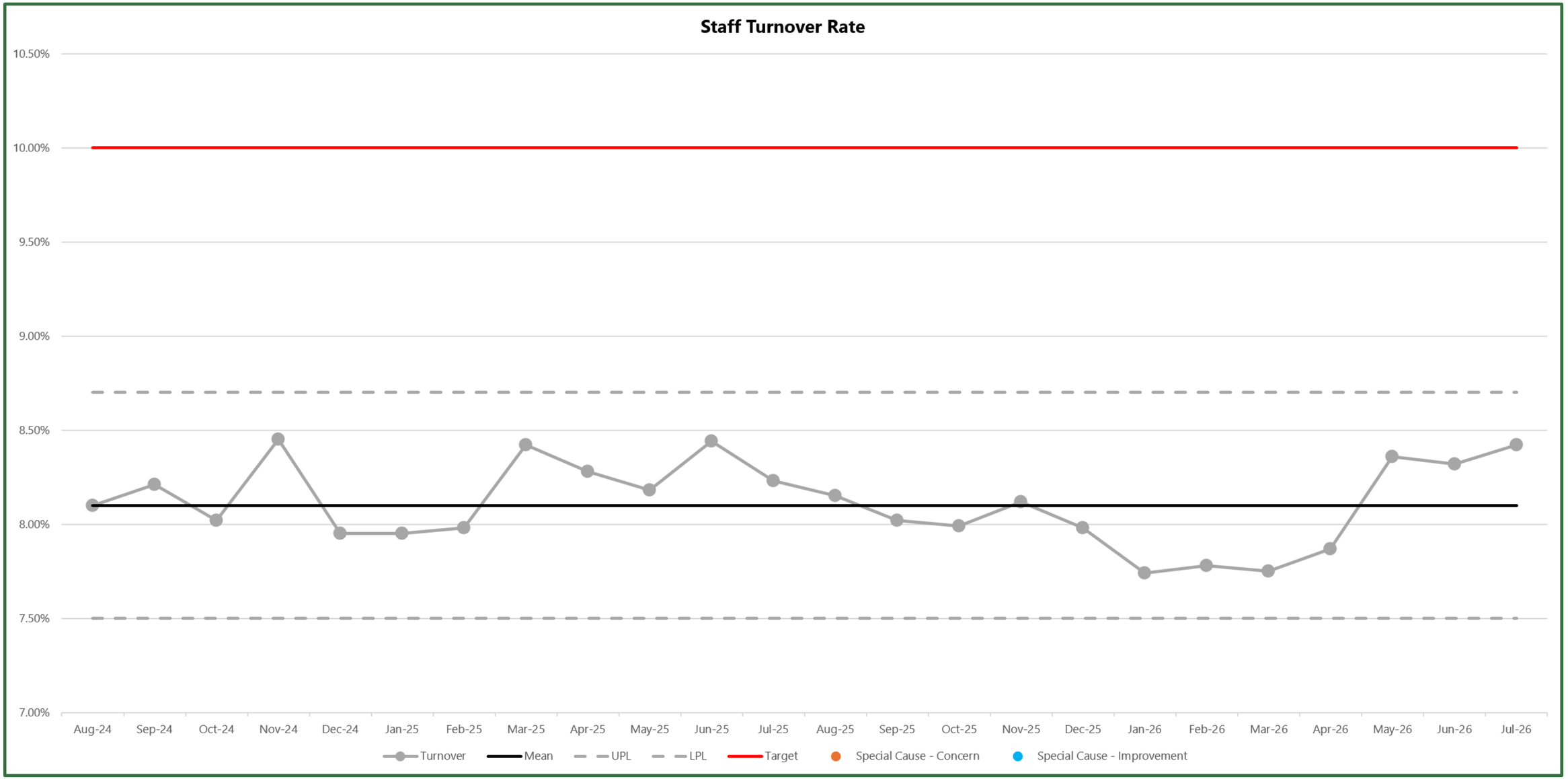
Expected Performance Trajectory

The purple trajectory is the initial trajectory modelled. This is currently under review by Operations SLT further to the discussions on potential use of overtime.

Our People
Turnover Indicators

Strategic Objective 2

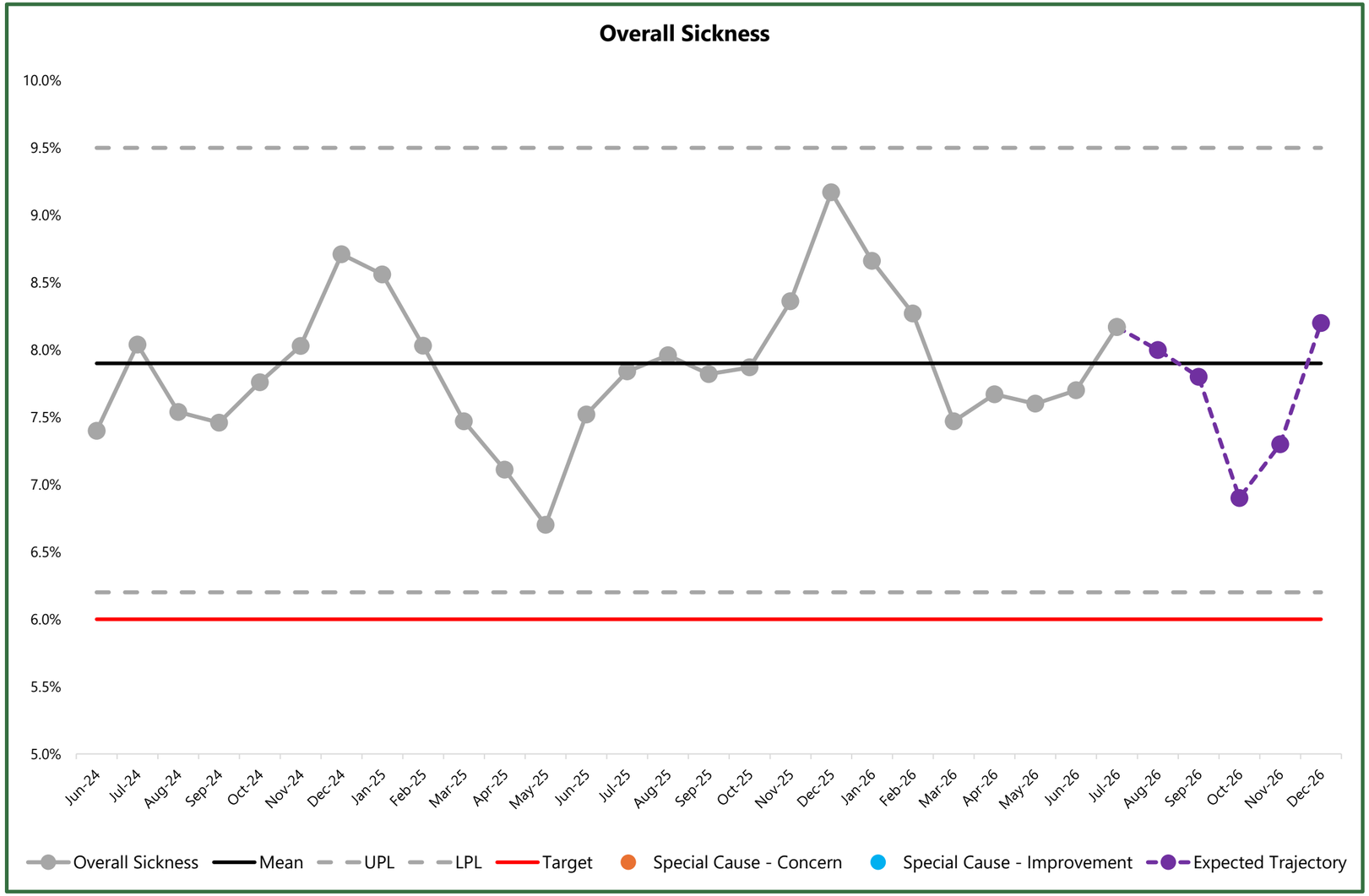
Turnover
G



Our People
Sickness Absence

Strategic Objective 2

Sickness
R



Analysis

Sickness levels in July 2026 were at 8.17%. Long term absence was at 5.9%, and short-term absence was at 2.28%.

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

The SPC chart shows that sickness levels show normal cause variation from month to month. The SPC chart demonstrates that the organisation will not achieve its ambition of 6& target without improvement actions taking effect.

Remedial Plans and Actions

- Our Occupational Health Service Manager continues to offer specialised consultation to managers for sensitive and complex situations.
- The OH/Wellbeing team's work is guided by the Health and Wellbeing Plan 2025-29, with a focus on strengthening workplace relationships, enhancing organisational awareness on trauma, and addressing key health and wellbeing challenges while continuing to provide individual support.
- Ongoing enhancements to the OPAS management information system are improving the reliability and validity of service data.
- New 111 rosters are expected to go live which will improve staff experience
- There are also expected changes to the rest break policy and the approach to managing overruns in EMS, all of which are anticipated to have a positive effect on overall sickness levels.

Expected performance

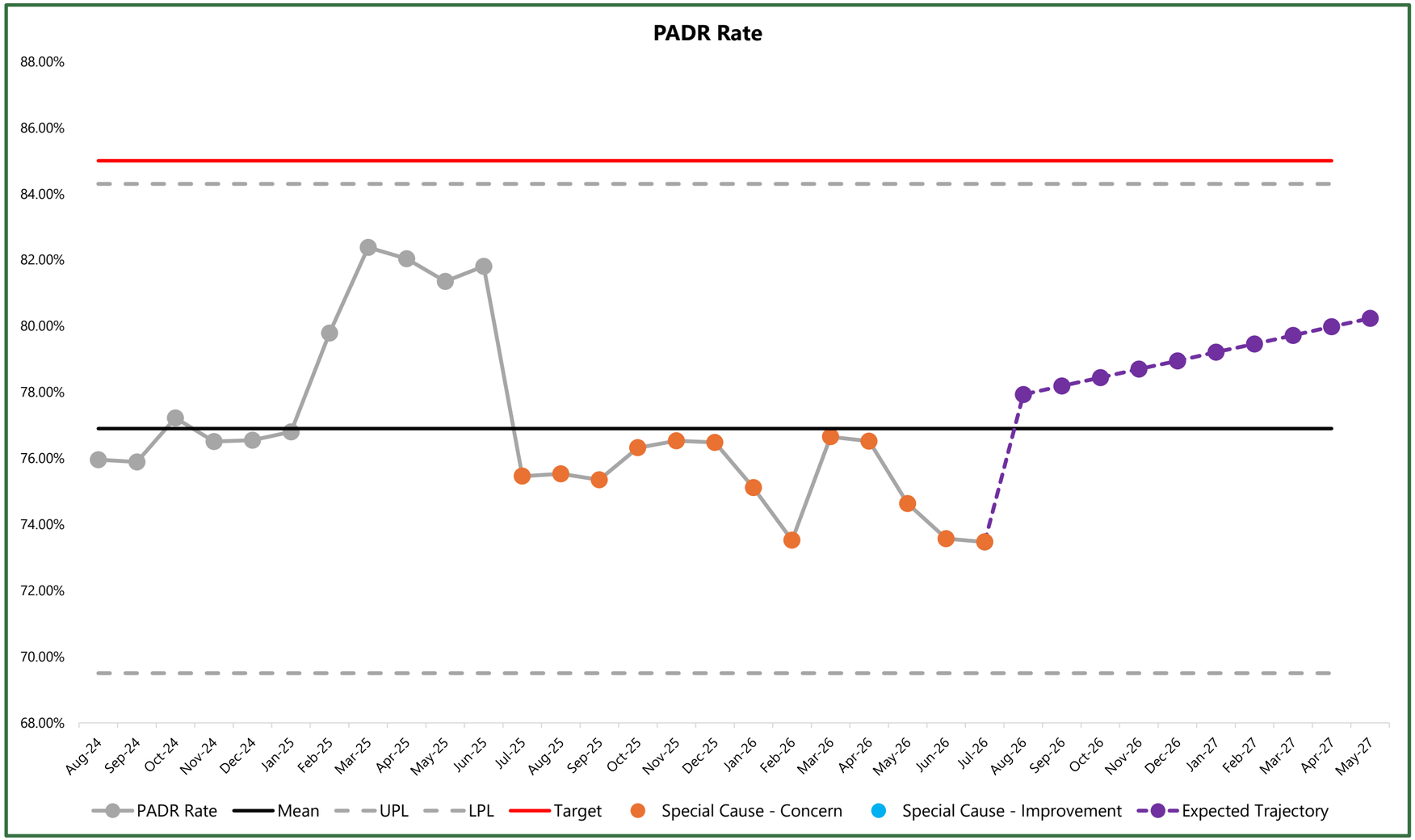
The purple line indicates expected trajectory over the remainder of the year, with sickness expected to follow normal seasonal patterns during the summer months but then decrease from September 2026 as changes to rosters, and potential changes to rest break policy and approaches to reducing overruns take effect. This is not yet demonstrating an ability to achieve the 6% ambition.

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

Our People
PADR

Strategic Objective 2

PADR
R



Analysis

PADR rates were at 73.47% in July 2026 and remain below the 85% target.

PADR rates have shown as a special cause concern since July 2025, with 13 consecutive months falling below the mean. The target will not be achieved without specific improvement action.

Remedial Plans and Actions

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

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

Expected Improvement

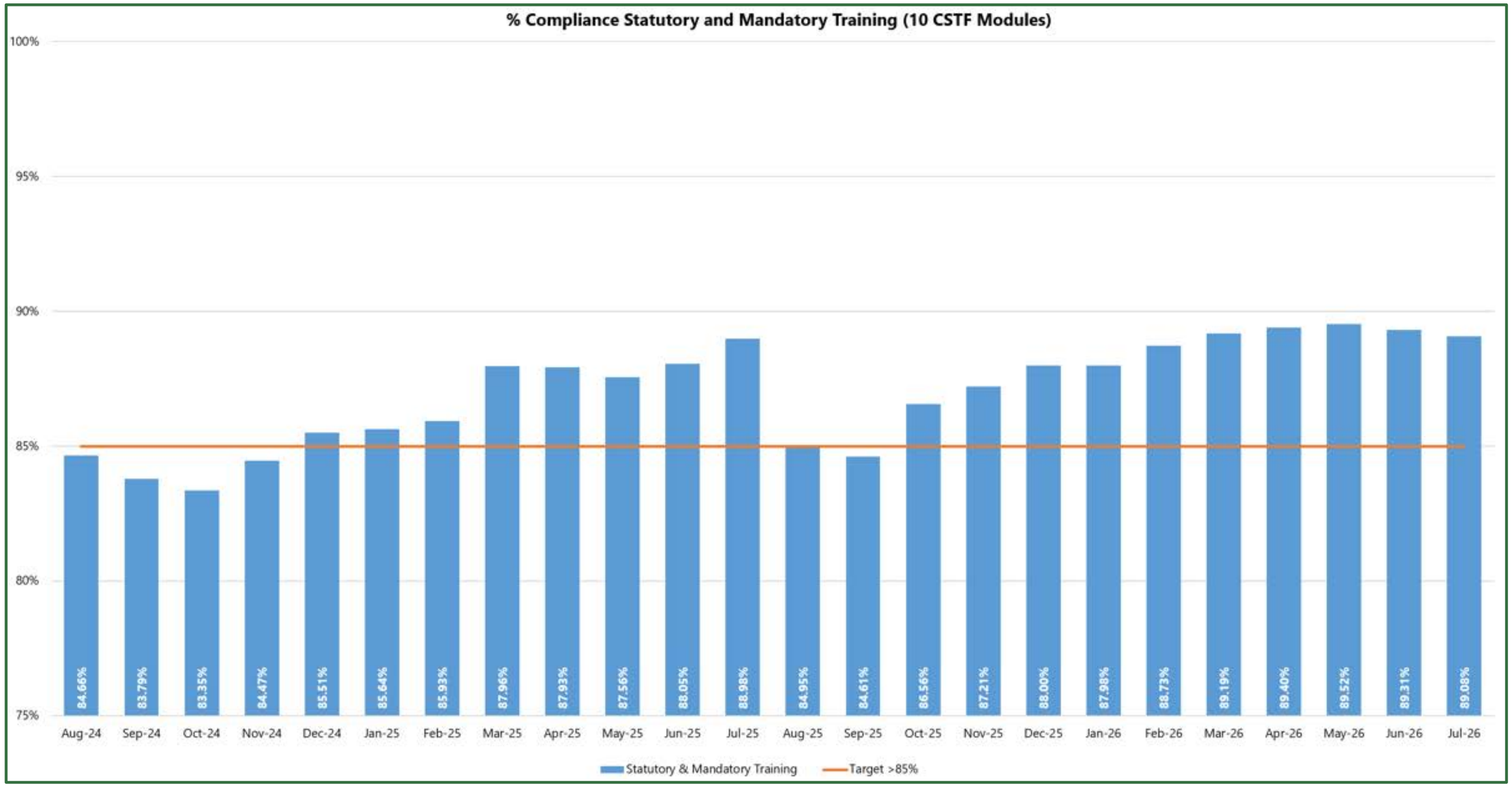
The purple line denotes the expected trajectory during the rest of the year, with rates anticipated to improve as awareness increases and momentum is maintained throughout the year with continued communication.

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

Our People
Training Rates Indicators

Strategic Objective 2

Stat & Mand
G

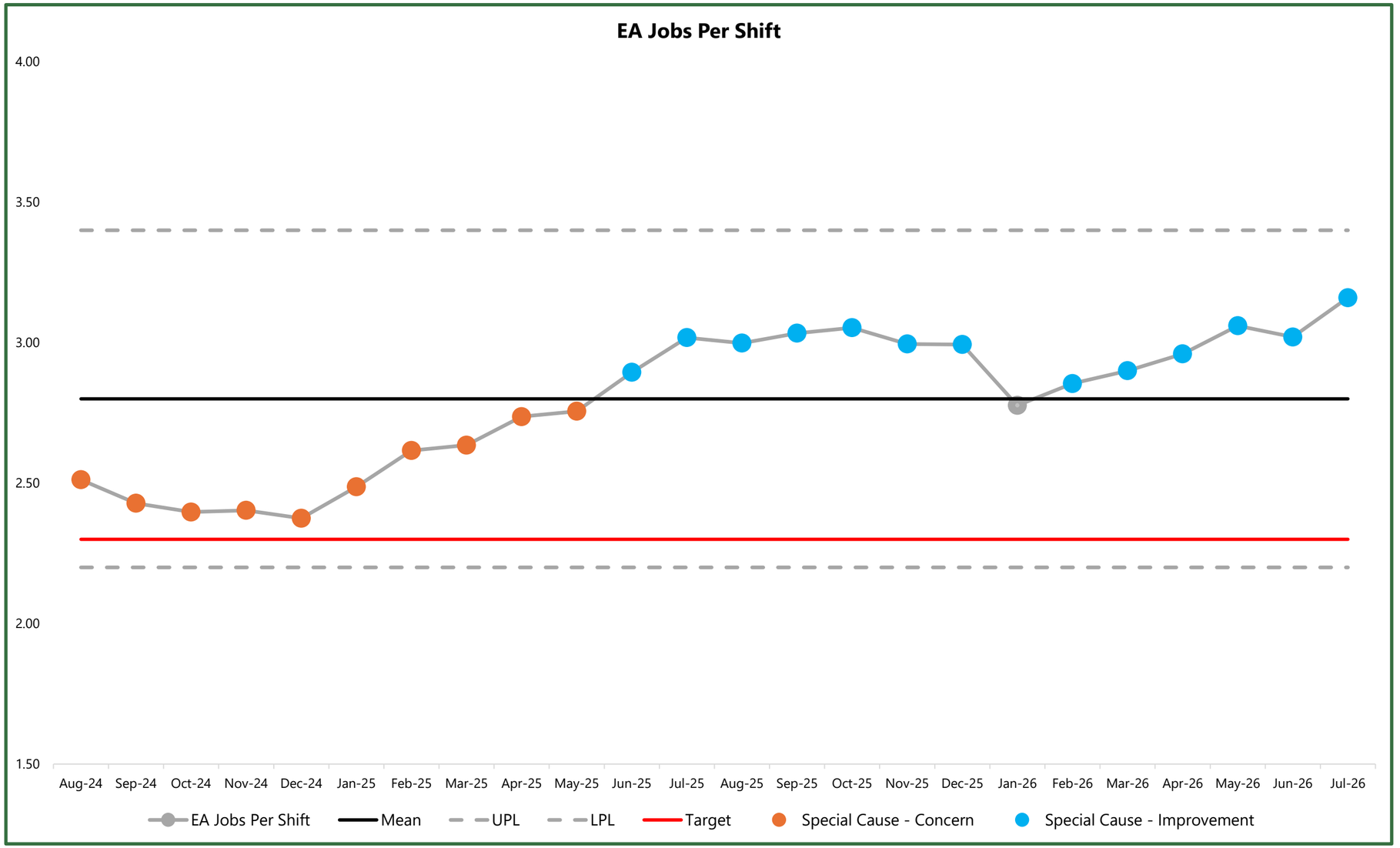


Finance, Resources and Value

EA Average Jobs Per Shift

Strategic Objective 6

EA Jobs Per Shift
G



Analysis
Overall, EAs averaged 3.16 jobs per shift during July 2026. The independently modelled ambition for this metric has been set at 2.3 jobs per shift or above.

The SPC chart shows that there has been a sustained increase in the number of jobs per shift being carried out by EAs linked to reduced hospital handover times.

Remedial Plans and Actions
Further consideration needs to be given to this metric as performance is actually better than target here. See below.

Expected Performance
The ambition for this metric is based on the 2023 EMS Demand & Capacity Review, which produced a rate of 2.3 jobs per shift or above, based on reduced handover lost hours of 7,000. A lower rate actually means more ambulances are available to respond.

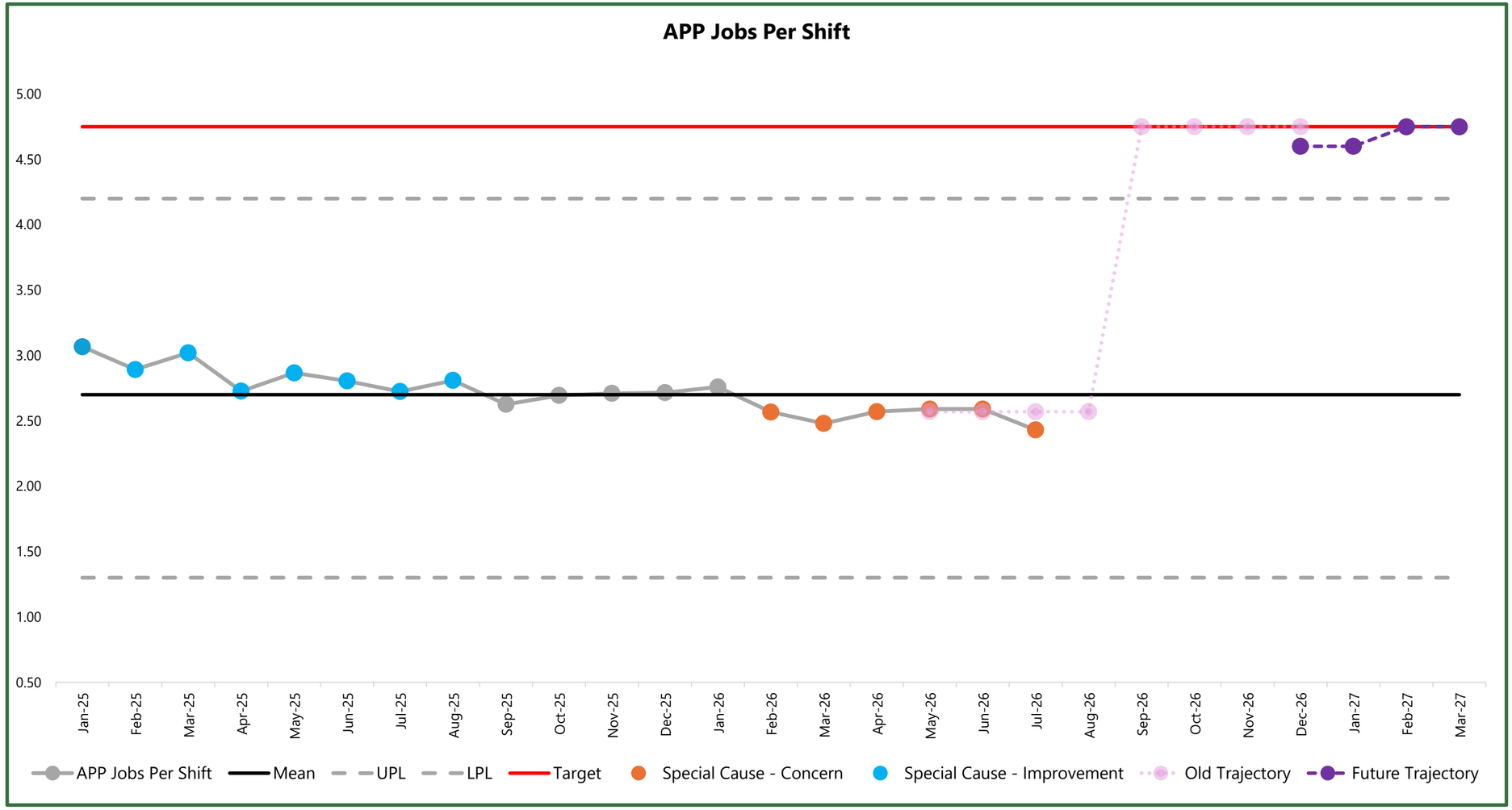
The Trust has already exceeded this ambition and if health boards can deliver further reductions on handover lost hours and the Trust works on improved job cycle productivity on the aspects it controls, further improvement should be possible. For this metric, further consideration needs to be given to the ambition, potentially linked to modelling.

Finance, Resources and Value

APP Average Jobs Per Shift

Strategic Objective 6

APP Jobs Per Shift
R



Analysis

APPs attended an average of 2.43 jobs per shift during July 2026. The SPC chart shows a there has been a deterioration in this metric from early 2025, with a sustained run of points below the mean from February 2026. Performance is currently well below the target (4.75) — indicating the current system will not meet our ambition without improvement actions.

Remedial Plans and Actions

There are two key actions underway for APPs
a) scheduling (that is responding to the code set they are designed to focus on), and
b) the APP re-roster, which is due to take place in in Q1 + Q2 this year.

Expected Performance Improvement

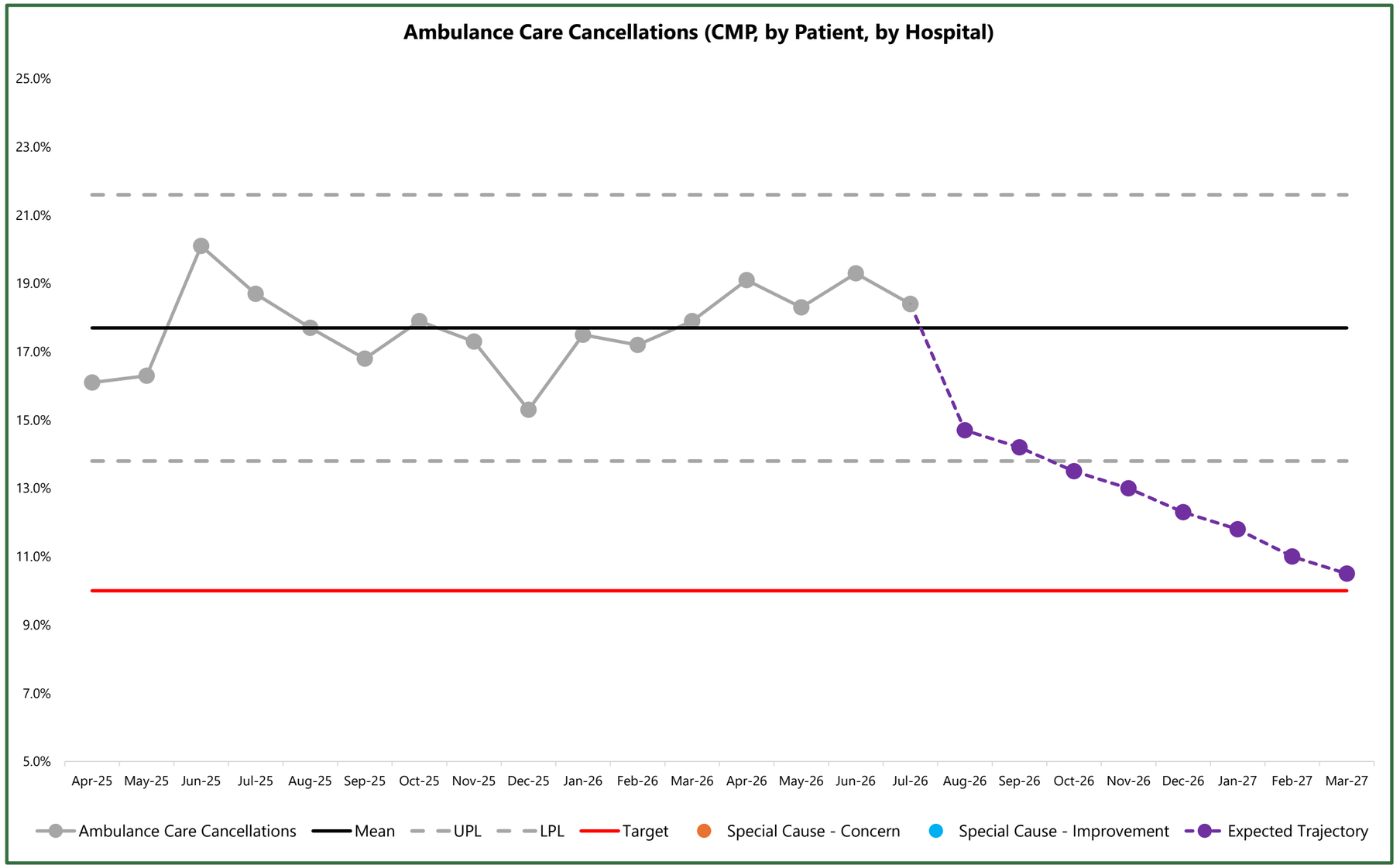
Both a) + b) above are expected to be in place by 01 December, in line with the Winter Plan. Advanced simulation software has been used to develop the new APP rosters. The lilac future trajectory line, was the original improvement trajectory, with the purple trajectory line, representing a revised one, based on a delay in a planned change to the CAD to facilitate the scheduling. The modelling indicates a step change in jobs per shift as a result of the new rosters and scheduling.

Finance, Resources and Value

Ambulance Care Indicators

Strategic Objective 6

NEPTS Activity Cancelled
R



Analysis

The chart shows that Ambulance Care cancellations, although above target, have been within normal process limits over the past 12 months.

The expected trajectory (purple line) indicates a predicted sustained improvement in cancellation performance over the next 12 months.

Remedial Plans and Actions

As the Ambulance Care service works to fully define the benefits of the actions set out in the NEPTS Improvement Programme, the trajectory provided should be considered a developing ambition for now.

Capacity Management Plan improvements will be driven by increased available capacity due to re-rostering and improvements in efficiency and reductions in demand through adjustments to journey booking and planning processes.

Booking cancelled by others (patients and hospitals) are not fully in the direct control of WAST and will require a change in patient behaviour and Health Board process. Digital improvements such as system integration and additional messaging will also be key.

Expected Performance Improvement

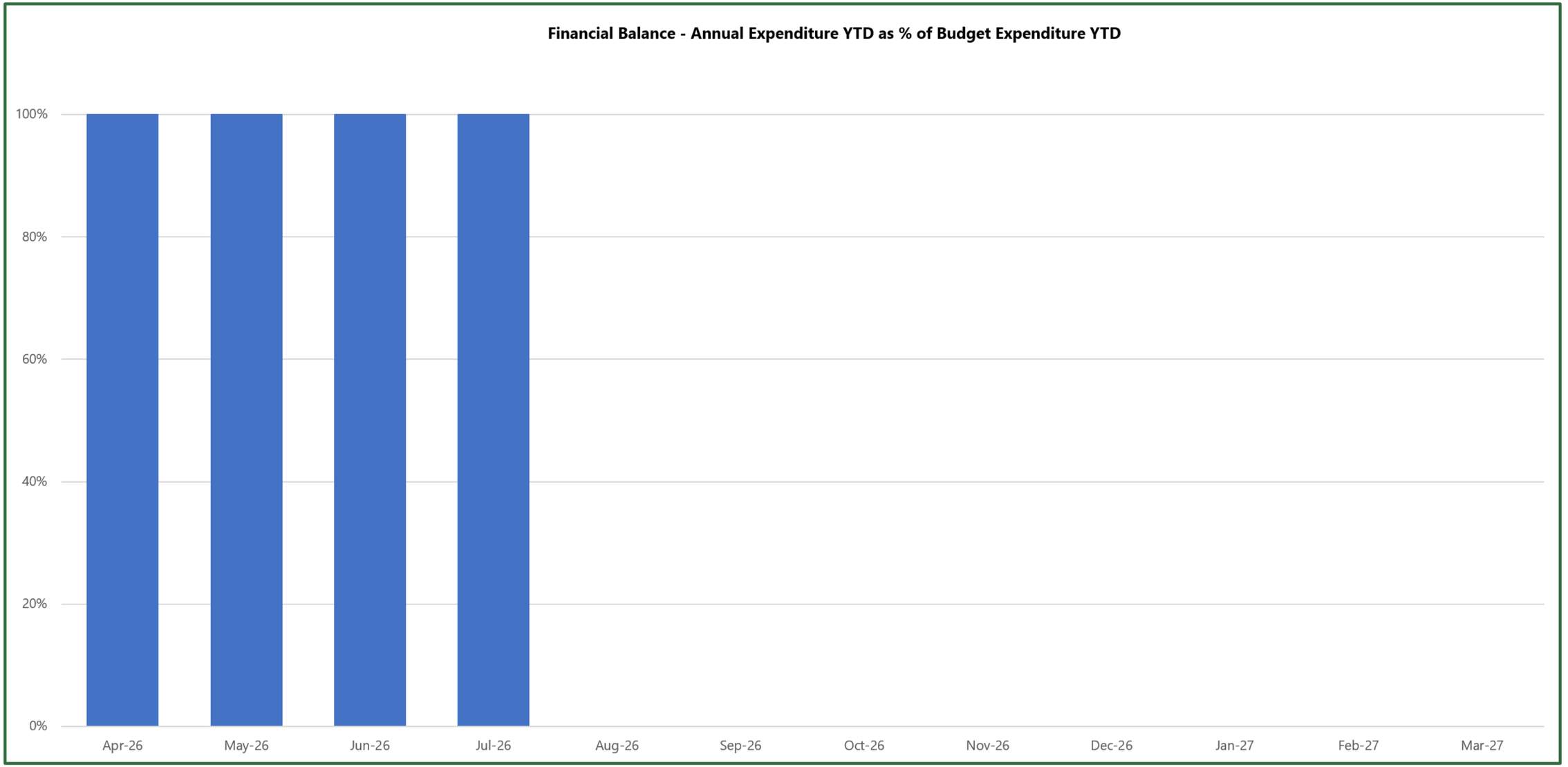
The chart illustrates the expected performance improvement, but the ambition of moving from 19% to less than 10%, needs to be reconsidered, in the light of a revised metric for this indicator.

Finance, Resources and Value

Financial Balance

Strategic Objective 6

Balance
G

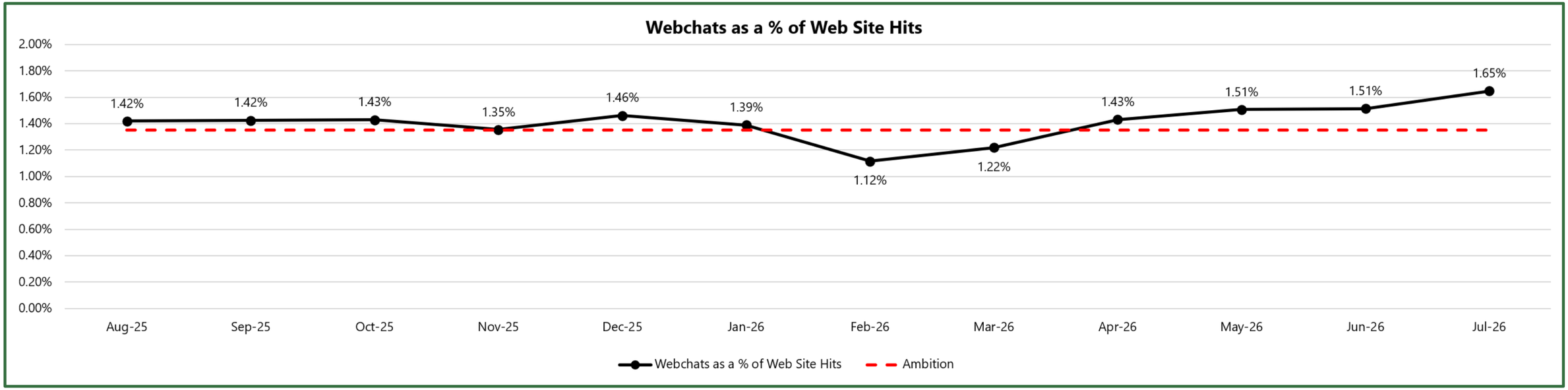


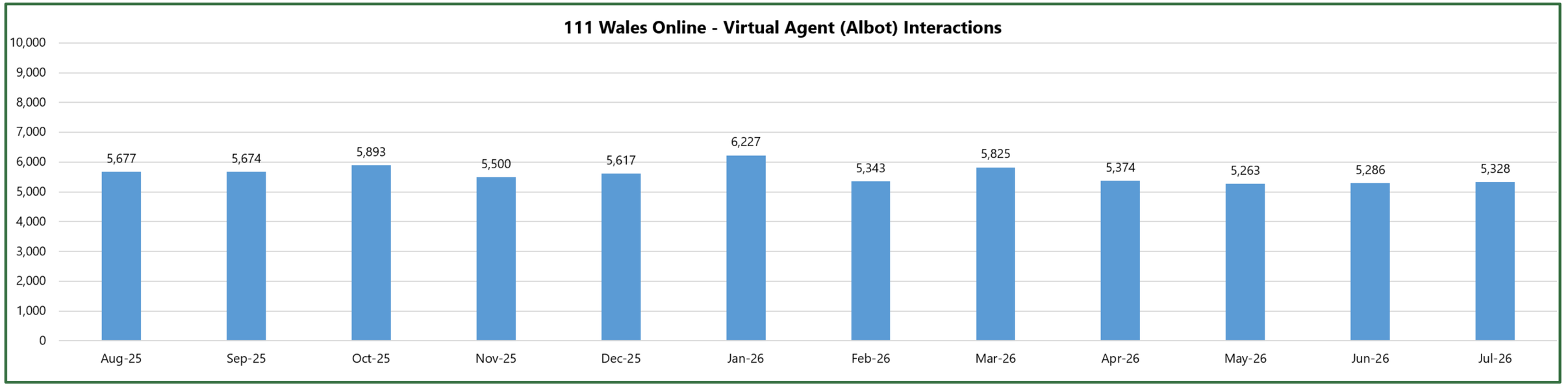
Partnerships / System Contribution

Albot and Web Chats

Strategic Objective 3

Web Chats	Albot
G	MOA



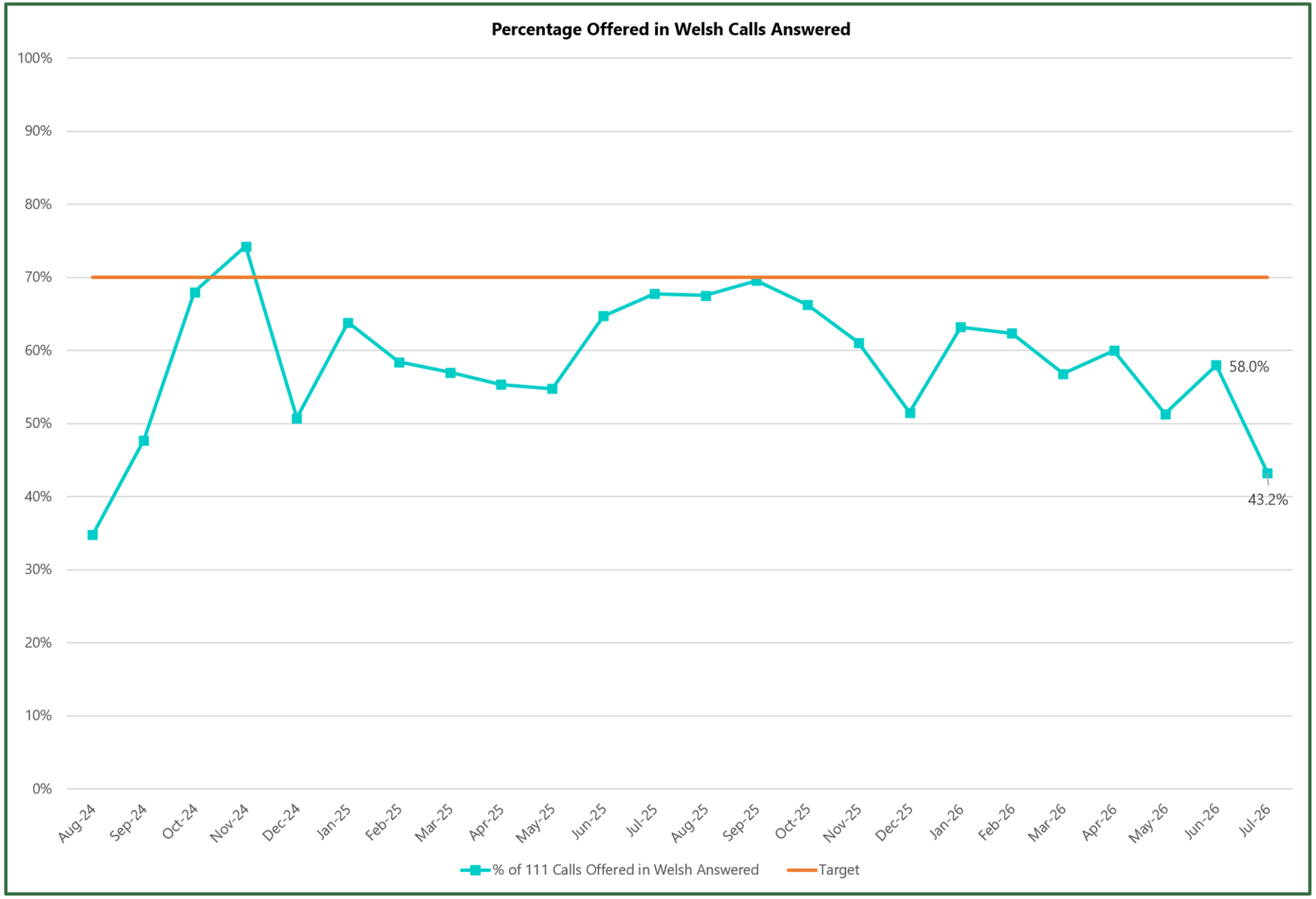


Partnerships / System Contribution

NHS111 Outcomes and Welsh Calls

Strategic Objective 1

R



Analysis

In July 2026, the total number of Welsh calls offered was 1,984 calls, 858 of these were answered, equating to 43.2%. This remains below the 70% ambition and has remained below target since November 2024.

Remedial Plans and Actions

See the plans and actions for calls abandoned and 60 seconds in previous slides.

Expected Performance Trajectory

The independent modelling indicates that the Trust should expect to see a performance range of 10%-15% based on the current commissioned establishment. Modelling is not currently available to demonstrate the expected answer rate in Welsh, and further exploration with our modelling partners is underway to determine whether this target is achievable. Board will be appraised of this further information once available.

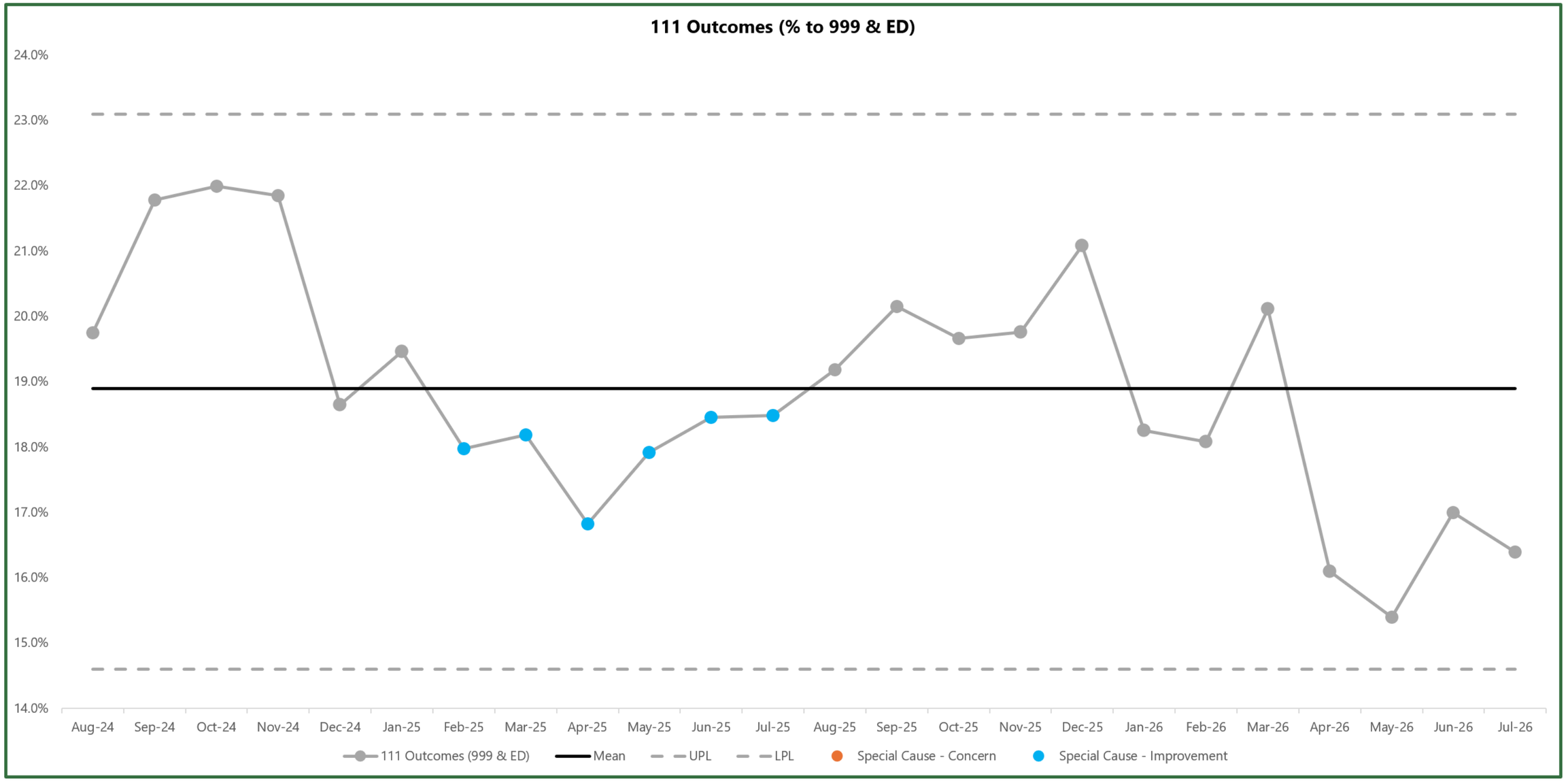
Partnerships / System Contribution

NHS111 Outcomes

Strategic Objective 4

111 Outcomes

MOA

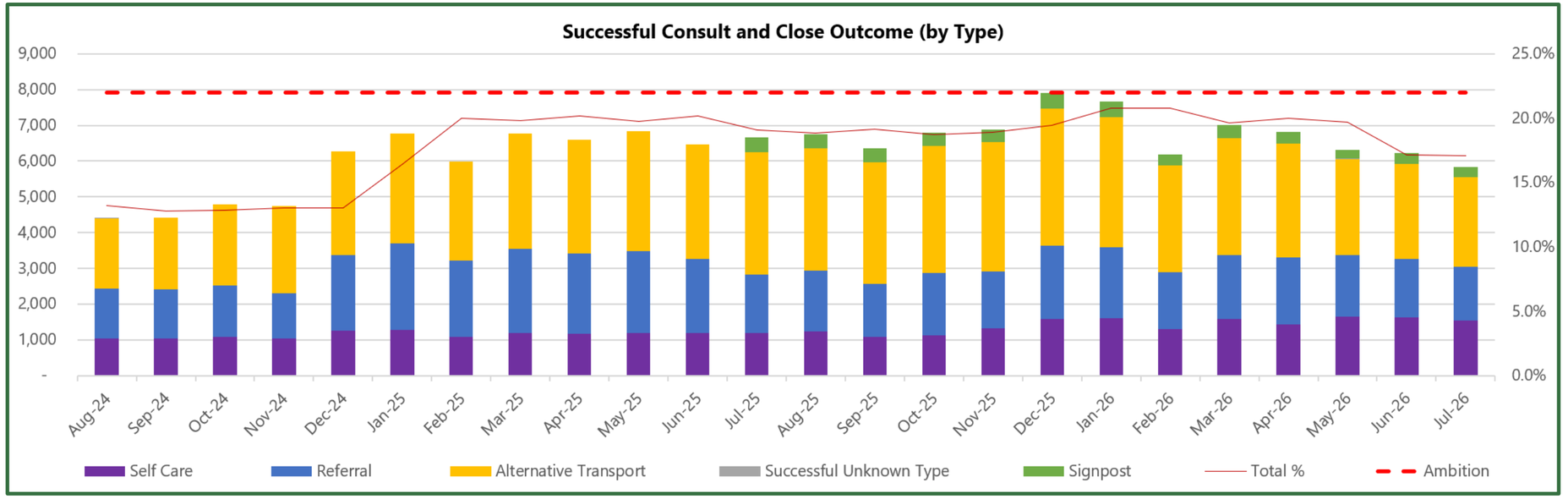


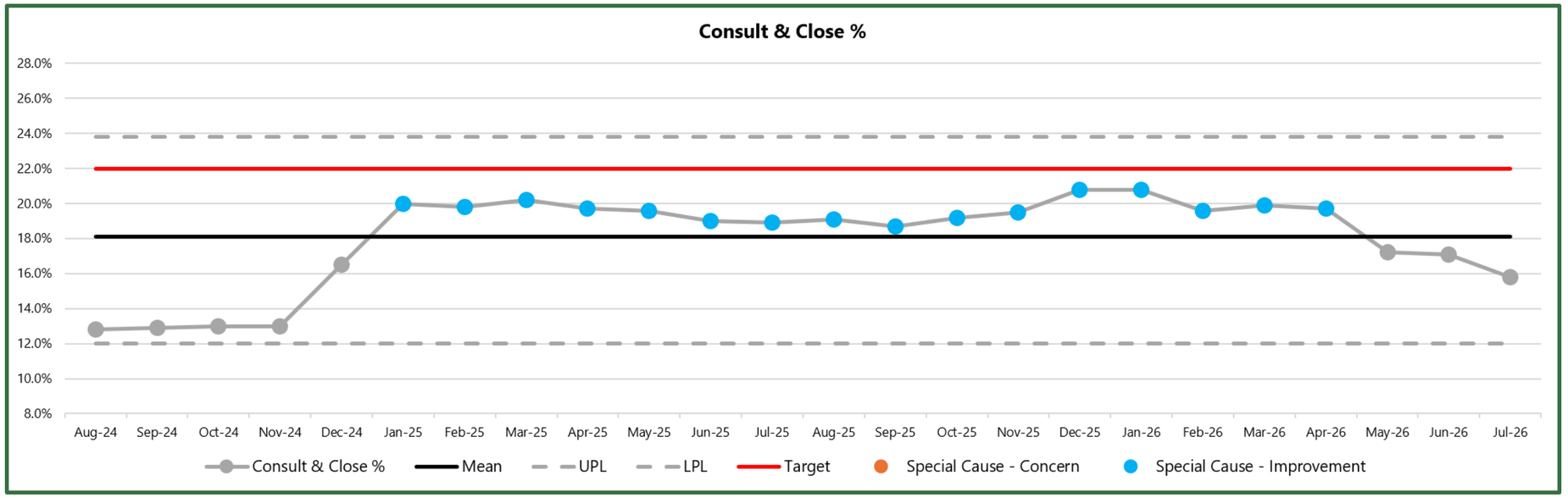
Partnerships / System Contribution

Consult & Close Indicators

Strategic Objective 4

C&C Outcomes: R





Analysis

A new **Consult and Close** definition was agreed with the JCC Director of Commissioning in May 2025 with reporting recommencing in June 2025 after backdating data collation to May 2024.

The SPC chart highlights a system improvement over the last year, with 16 consecutive data points exceeding the mean, indicating a sustained pattern of improvement in this metric, although performance has dropped below the mean the past three months, falling to 15.8% in July 2026.

Remedial Plans and Actions

The likely cause of the fall in the consult & close rate is the move to the RICS single queue and also taxi use recording/taxi use, connected to available budget. The AD Commissioning & Performance will undertake a series of meetings with expert staff during September, with the aim of resolving these data issues in advance of winter.

Expected Performance Trajectory

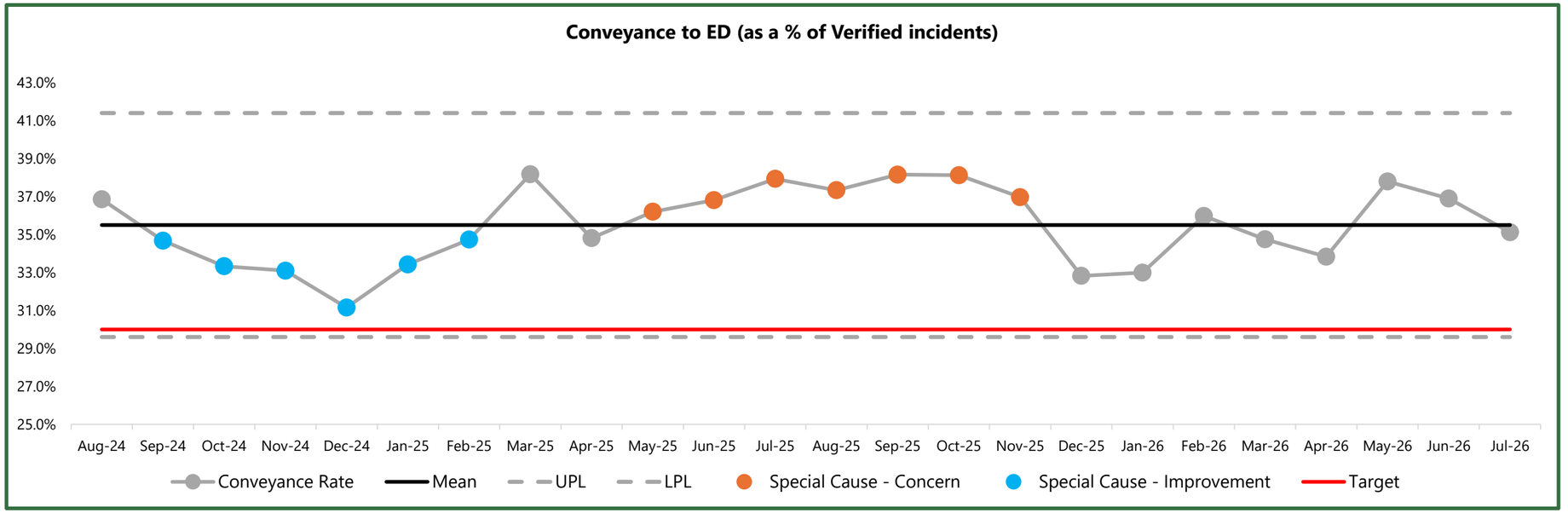
The independently modelled ambition is 22%. A trajectory is now dependent on the work to be undertaken in September as above.

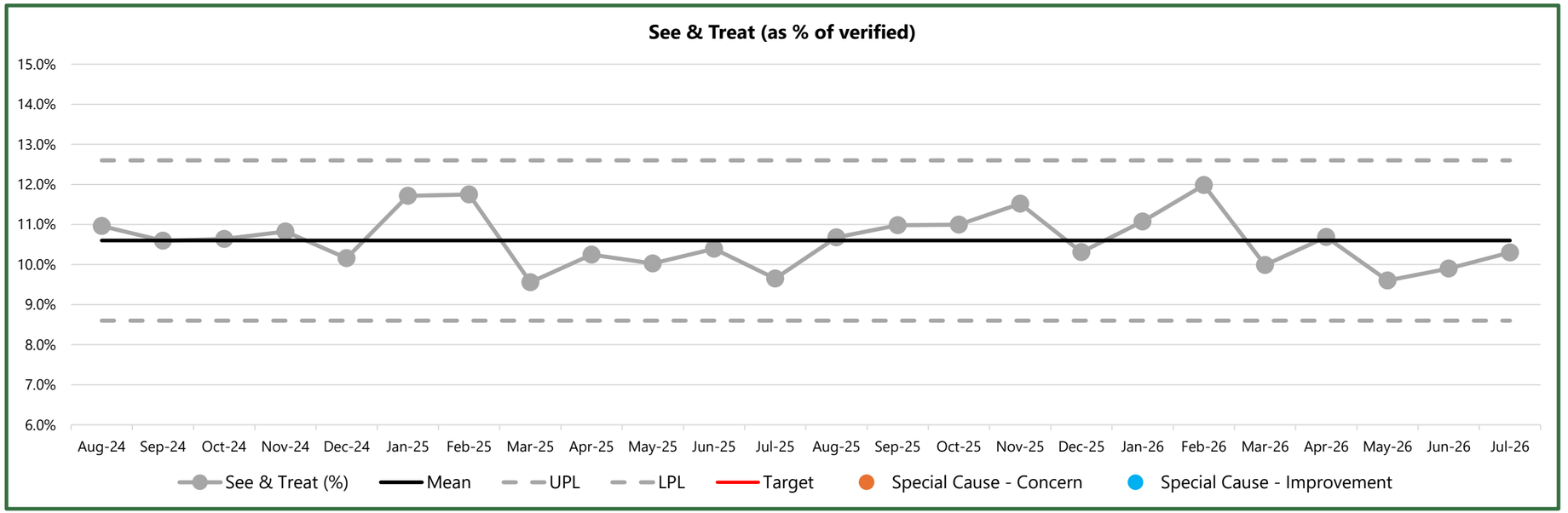
Partnerships / System Contribution

Conveyance to ED/See & Treat Indicators

Strategic Objective 4

Conveyed to ED	% See & Treat
R	R





Analysis

The SPC shows a period of special-cause deterioration in mid-2025, with a sustained run of points above the mean indicating higher conveyance rates. However, this was not sustained, and performance returned to its historical average, although the last two months has seen a return to monthly figures above the 2-year mean.

These conveyance rates remain above the 30% ambition (an independently modelled benchmark), meaning the system is not currently able to deliver the ambition.

The number of incidents treated at scene and referred to alternative pathways have both remained stable over the past year.

Remedial Plans and Actions

Transformation actions include continuing to work towards the 22% consult & close benchmark, improving see & treat rates through APP re-rostering & scheduling and health board support through SPOAs and alternative pathways.

Expected Performance Improvement

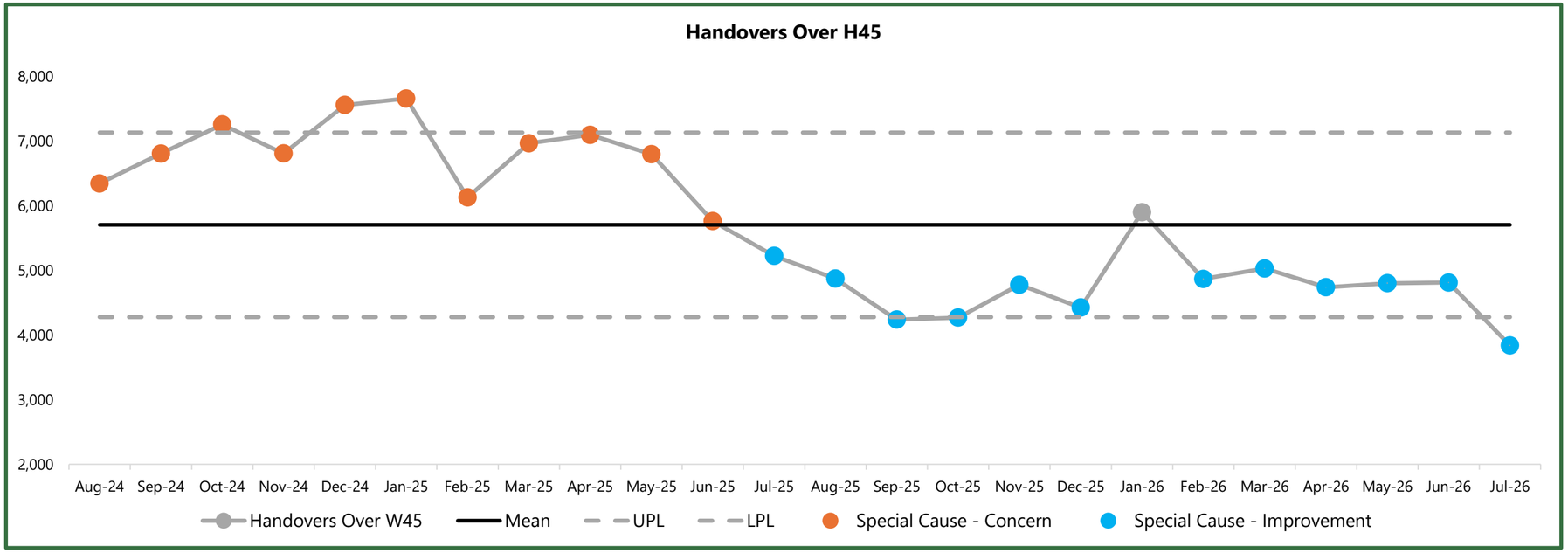
The 2023 Demand & Capacity Review, modelled a position of 30%, if all transformation changes are successfully implemented and H45 delivered.

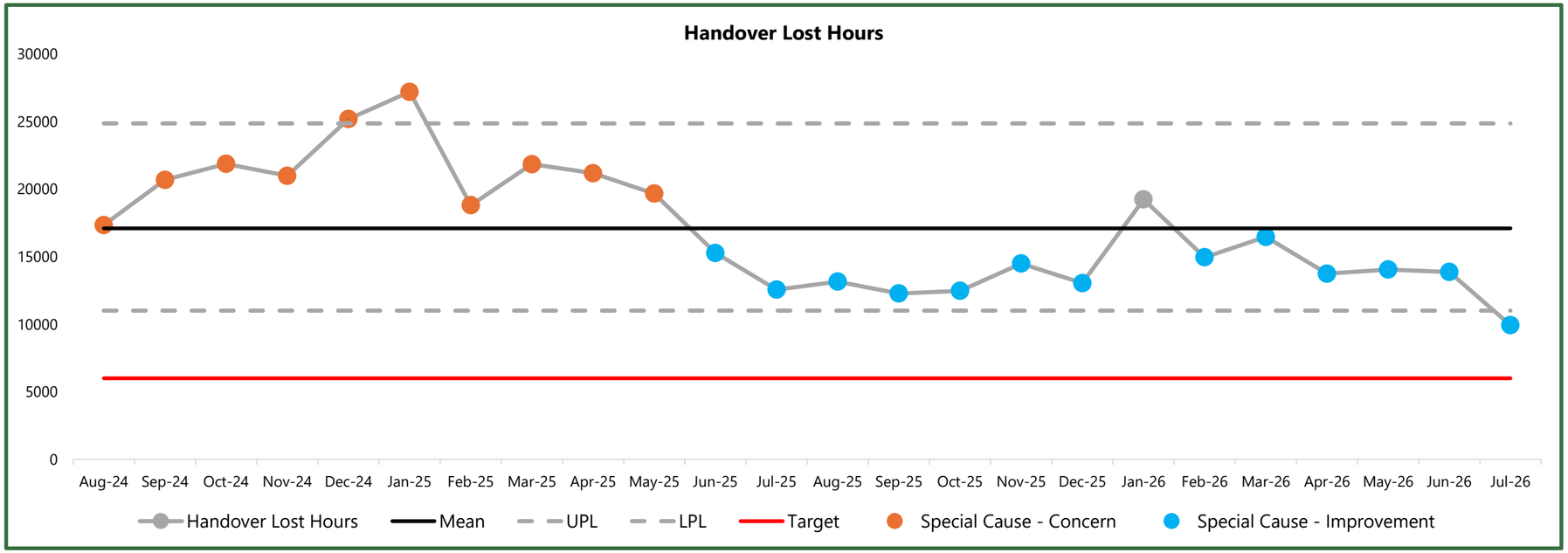
Partnerships / System Contribution

Handover Indicators

Strategic Objective 4

H45	Lost Hours
R	R





Analysis

here were 9,929 hours lost in July 2026, which is the lowest figure recorded since June 2021.

In relation to the H45 target, the chart shows there was a sustained improvement in performance between April 2025 and December 2025, with variation remaining below the mean for seven consecutive months. However, although the number of handovers over 45 minutes has seen a slight increase over the past few months it remains significantly lower than numbers seen during the past few years.

The lower SPC chart shows there has also been a sustained improvement in handover since May 2025, with all bar one data point below the mean since this time. However, as the chart indicates, this is a metric that has still failed to achieve its target over the past two years.

In July 2026, the Trust could have responded to approximately 3,132 more patients if handovers were reduced to the target level, 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, and plans are in place in every health board to reduce to zero over 45 min waits.

Expected Performance Trajectory

The expected ambition from Welsh Government is no waits over 45 minutes. Improvement plans have been developed by health boards, including trajectories. The Trust has been supplied with these, and these will now be monitored going forward.

Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	D&T	Discharge & Transfer	KPI	Key Performance Indicator	ROSC	Return Of Spontaneous Circulation
APP	Advanced Paramedic Practitioner	EA	Emergency Ambulance	LtP	Listening to People (previously PTR)	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
BAU	Business As Usual	ED	Emergency Department	LTS	Long Term Strategy	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	ELT	Executive Leadership Team	NEPTS	Non-Emergency Patient Transport Services	SDEC	Same Day Emergency Care
C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	EMS	Emergency Medical Services	NHS	National Health Service	SLT	Senior Leadership Team
CAD	Computer Aided Dispatch	EMTs	Emergency Medical Technicians	NOF	Neck Of Femur	SPC	Statistical Process Control Chart
CHARU	Cymru High Acuity Response Unit	ePCR	Electronic Patient Care Record	NRI	Nationally Reportable Incident	SPOA	Single Point of Access
CI	Clinical Indicator	FTE	Full Time Equivalent	OH	Occupational Health	STEMI	ST segment Evaluation Myocardial Infarction
CIAG	Clinical Intelligence & Assurance Group	HB	Health Board	P / PHB	Powys / Powys Health Board	T&F	Task and Finish
CMP	Capacity Management Plan	HCP	Health Care Professional	PDAR	Personal Appraisal Development Review	UHP	Unit Hours Production
CMT	Clinical Model Transformation	HD / HDHB	Hywel Dda / Hywel Dda Health Board	PECI	Patient Engagement & community Involvement	WAST	Welsh Ambulance Services University NHS Trust
CSD	Clinical Service Desk	IMTP	Integrated Medium-Term Plan	PTR	Putting Things Right	WG	Welsh Government
CSP	Clinical Safety Plan	JCC	Joint Commissioning Committee	RCS	Rapid Clinical Screening	YTD	Year To Date
CTM / CTMHB	Cwm Taf Morgannwg Health Board	JIF	Joint Investigation Framework	RICS	Remote Integrated Care Service		

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

Agenda Item No.	11

REPORT TITLE

Risk Management and Board Assurance Framework Report

MEETING

Name of meeting	Trust Board
Date of meeting	24 September 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

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

PURPOSE OF REPORT

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

REPORT SUMMARY

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

Principal Risks

1. This report provides assurance on the management of the Trust's two reputational risks, which the board retains oversight of, reflecting the scope of these risks which extends beyond organisational engagement.

2. **Risk 201a**, *Relationships with Stakeholders*, remains static at 16 (4x4), with a target score of 12 (3x4). The risk reflects the potential for diminished confidence in the Trust amongst key stakeholders arising from financial pressures, transformation activity and performance scrutiny are factors affecting stakeholder confidence. A sustained reduction in stakeholder confidence could adversely affect the Trust's reputation

3. **Risk 201b**, *Poor Patient Experience Affecting Organisational Reputation*, remains static at 16 (4x4), with a target score of 8 (2x4). Patient experience is one of the key determinants of quality of the care provided by the Trust and directly influences public confidence in our services. Where patient expectations are not met, there is potential for increased complaints, adverse feedback, public concern and negative media attention, which may impact the reputation of the Trust.

4. The Audit, Risk and Assurance Committee (ARAC) continues to receive assurance on the oversight and management of each of the Trust's principal risks, including the two principal reputational risks before the board today. This includes scrutiny of risk controls, assurance arrangements and mitigation plans together with consideration of whether existing actions are sufficient to reduce exposure to an acceptable level. A summary of the current position for all risks is provided in Annex 1 for information.

Risk Trending Data

5. A dashboard illustrating principal risk score trends and movement over time is provided at Annex 2 for information. The trend data describes risks that have achieved their target score, been fully mitigated, or been closed. Where appropriate, risks have subsequently been removed from the corporate risk register, de-escalated to a directorate risk register for ongoing monitoring, or closed from all registers.

6. The lack of movement across several risks warrants further consideration, as this may indicate that planned actions are either not being implemented as intended or are not delivering the anticipated reduction in risk exposure. This issue will be explored further through Executive Leadership Team (ELT) discussions in October 2026. The introduction of risk tolerance thresholds linked to Board approved risk appetite will also provide a more sophisticated means of assessing the effectiveness of controls and mitigations, enabling future reporting to focus not only on changes in risk scores but also on whether risks remain within acceptable levels of exposure.

Risk Management Work Programme 2026/27

7. Good progress has been made in developing the key components of the Trust's future risk management and assurance framework, including:

    - Design and development of the new Electronic Risk Management (ERM) system
    - Development of a strategic Board Assurance Framework (BAF)
    - Development of a strategic BAF template
    - Development of a BAF dashboard for Board level reporting
    - Development of a suite of strategic risks aligned to strategic objectives
    - Development of thresholds and tolerances aligned to the Trust's approved Risk Appetite Statements
    - Mapping of principal risks to strategic objectives

8. Outputs from this work were considered by the ARAC Sub-Group in August 2026 and by the committee in September 2026, providing valuable challenge and feedback to inform the next phase of development. Discussion with the ELT is scheduled for October 2026 to confirm and endorse the proposed direction of travel, with a board development session scheduled for 17 December 2026.

9. The strategic BAF, overarching board dashboard and suite of associated strategic risks are expected to be implemented towards the end of quarter 3. The piloting of the ERM system with the Corporate Governance and People Services risks is expected early October 2026 and will provide an opportunity to test and refine the new arrangements ahead of wider organisational implementation.

10. Taken together, this work represents a significant step towards a more integrated and strategically focused approach to risk management and assurance, strengthening oversight, transparency and decision-making across the Trust.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Trust Board is requested to:

1. Receive and discuss the Trust's two principal reputational risks relating to stakeholder relationships and patient experience;
2. Receive assurance on the effectiveness of the arrangements in place to manage and monitor the Trust's principal reputational risks; and
3. Note the progress made in developing the Trust's future risk management and assurance framework including the strategic Board Assurance Framework, risk appetite tolerances and Electronic Risk Management system.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance here regarding materiality and use of the Reading Room
The Trust Board is requested to receive the following: **Annex 1** Summary table **Annex 2** Risk Trending Data **Annex 3** Board Assurance Framework extract

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
12 August 2026	Executive Leadership Team
3 September 2026	Audit, Risk and Assurance Committee

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	Chief Clinical Officer	**25 (5x5)** →
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 **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	Director of Digital Services	**20 (4x5)** →

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 (4x5)** →
201a Trust Board	Relationships with Stakeholders	**IF** the organisation fails to engage key stakeholders (Welsh Government, Audit Wales, Internal Audit, HIW, Health Boards and Local Authorities) in a meaningful and transparent way **THEN** there will be a lack of stakeholder confidence in our ability to deliver our strategic objectives and system wide goals **RESULTING IN** a weakened strategic influence, impact on funding streams, or escalation arrangements	Director of Partnerships & Engagement	**16 (4x4)** →
201b Trust Board	Poor Patient Experience Affecting Organisational Reputation	**IF** a patient receives a poor experience from the Trust; the Trust receives negative regulatory reports or adverse media scrutiny **THEN** there is a risk that public confidence in the organisation may decline and scrutiny from regulators and oversight bodies may intensify **RESULTING IN** reputational damage that undermines confidence in the Trust's ability to deliver safe, high-quality care and achieve its strategic objectives	Chief Clinical Officer	**16 (4x4)** →

671 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-compliance with other legislation, regulation and standards.	Director of Digital	**16 (4x4)** →
680 PCC	Failure to prioritise people capability and organisational culture could result in deteriorating Employee Experience, reduced wellbeing and absence.	**IF** insufficient focus on people capability and organisational culture **THEN** will lead to a poor employee experience, low morale, burnout, fatigue, reduced wellbeing and increased sickness absence **RESULTING IN** Adversely impacted workforce capacity, patient safety and the Trust's ability to deliver safe and effective ambulance services	Chief People Officer	**16 (4x4)** →

690 FPC	SAR and Disclosure of Records Compliance	**IF** records requests from patients, the public or staff are not processed consistently, correctly or in a timely manner **THEN** inappropriate withholding of information or disclosures may occur, and statutory timeframes may not be met **RESULTING IN** non-compliance with UK GDPR requirements, possible financial penalty, data breaches, and complaints causing negative patient or staff impact and reputational damage	Director of Digital	**16 (4x4)** 
NEW 700 QuEST	Failure to implement and deliver the statutory requirements of the revised Concerns Regulations and accompanying 'Listening to People' Guidance.	**IF** The Trust is unable to sustainably reduce and manage the current concerns backlog whilst implementing and meeting the statutory requirements of the revised Concerns Regulations and associated Listening to People Guidance **THEN** The Trust is unable to meet its statutory and regulatory obligations or demonstrate effective quality governance, organisational learning and improvement **RESULTING IN** Regulatory escalation, increased external scrutiny, reputational and financial impacts, reduced confidence among patients, staff, partners and regulators, poorer patient and staff experience, and missed opportunities to learn and improve.	Chief Clinical Officer	**16 (4x4)**

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 **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.	Executive Director of Operations	**15 (3x5)** →
NEW 706 QuEST	The Trust's inability to maintain preparedness for a pandemic response causing patient harm and death	**IF** the Trust is unable to maintain preparedness for a response to a pandemic **THEN** there is a risk of inability to respond to patients in the community **RESULTING IN** patient harm and death.	Executive Director of Operations	**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	Deputy Chief Executive	**12 (3x4)** →

NEW 708 QuEST	Failure to secure timely access to patients in locked or inaccessible premises due to unclear inter agency responsibilities and absence of enforceable escalation arrangements	**IF** there is inconsistent inter agency agreement, mobilisation behaviour, and escalation arrangements between Ambulance, Police and Fire & Rescue Services regarding responsibility for gaining entry to premises, including variability arising from the application of the 'Right Care, Right Person' initiative beyond mental health presentations, and no consistently enforceable mechanism to resolve disputed agency responsibility at scene **THEN** there is a risk of delay or failure in gaining timely access to patients in locked or inaccessible properties, leaving ambulance crews unable to provide welfare or clinical assessment or treatment despite reasonable belief of risk to life, **RESULTING IN** delayed clinical assessment and treatment, inability to confirm patient welfare, patient deterioration or death, increased serious incidents, coronial and regulatory scrutiny, moral injury and professional risk to staff, legal and reputational risk to the Trust, and unsafe expectations being placed on ambulance staff who do not hold statutory powers of entry.	Executive Director of Operations	**8 (2x4)** **20 (5x4)**

Annex 3 – Board Assurance Framework (Extract)

Risk ID 201a	Relationships with Stakeholders		Date of Review:	06/08/2026	TREND	16 (4x4)
			Date of Next Review:	06/09/2026	➡	

IF The organisation fails to engage key stakeholders (Welsh Government, Audit Wales, Internal Audit, HIW, Health Boards and Local Authorities, NHS P&I and JCC) in a meaningful and transparent way	**THEN** there will be a lack of stakeholder confidence in our ability to delivery our strategic objectives and system wide goals	**RESULTING IN** weakened strategic influence, impact on funding streams or escalation arrangements

	Likelihood	Consequence	Score
Inherent			
Current	4	4	16
Target	3	4	12

Strategic Objective: Four - Developing services in collaboration

EXECUTIVE OWNER	Director of Partnerships and Engagement	**ASSURANCE COMMITTEE**	Trust Board

Risk Commentary

The challenges of the financial position for 26/27 and the difficult choices that we are having to make as a result of that work represent a significant reputational risk. *There is clearly a greater focus by the new Government on performance which could represent a risk.* Effective stakeholder relationships are critical to the Trust's ability to deliver its IMTP commitments and system-wide goals. It is particularly important that we consolidate relationships with Health Boards, JCC and NHS P&I, as well as new government and civil service and policy leads.

The Trust operates within a complex system environment with financial pressures (linked to risk 139), transformation initiatives and performance scrutiny affecting stakeholder confidence. Failure to sustain proactive engagement and transparent reporting may result in increased oversight, constrained funding flexibility and diminished system influence along with reduced stakeholder engagement and support in transformation goals. This risk is linked to risk 100 and risk 139. Oversight of this risk will sit with the Trust Board rather than the People & Culture Committee as the scope of these risks extends beyond staff engagement.

CONTROLS	**ASSURANCES**
1. Web based resource for Politicians published	1. Consistency of available data and core documents
2. Engagement on redevelopment of LTS – work with stakeholders.	2. Stakeholder mapping underway as of May 2026. **Planning in place**
3. Strategic Engagement Framework in place	1. Focus on IMTP priorities that require stakeholder engagement (e.g. commercial partnerships, academic partnerships and LTS). **The framework is being updated into a formal strategy.**
4. Balanced Financial Plan 2026/27	2. Financial monitoring reports
5. Regular engagement meetings with Welsh Government and partners	3. Strategic engagement tracking
6. Audit and regulatory engagement processes	4. HIW Reports (E) and third line of assurance on processes
7. New Accountability and Operating Framework NHS Wales	5. NHS P&I reporting
8. Board reporting and public transparency	6. Board reporting on engagement priorities. Welsh Government performance discussions, NHS Wales Joint Commissioning Committee reports (E)
9. New engagement plan for new key stakeholders developed for ELT	7. Engagement approach implementation and executive level scrutiny
10. Individual professional relationships built up over time	8. Continuity and trust over time
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Operational/Executive consistency of messaging	1. No consistent way of gathering information in consistent stakeholder engagement – this gap is unlikely to be easily closed.
2. Reliance on individual relationships rather than formalised frameworks	2. This gap is unlikely to be easily closed as the continuity, and trust is lost if individuals move on
3. Limited formal evaluation of stakeholder confidence levels	3. Difficult to evaluate as it will be variable over time and by stakeholder – unlikely to be easily closed as there isn't a universal perspective – it is personal reputation versus organisational impact
4. Financial savings may result in reputational risk	4. No gap in assurance as assurances are robust

Actions to reduce risk score or address gaps in controls and assurances	**Action Owner**	**By When**	**Progress Notes:**
1. Align engagement reporting to IMTP milestones and approved partnership reporting to Board	DoP&E	Routine BAU Quarterly reporting as per IMTP reporting	Reported through IMTP routes (commercial, academic partnerships) Political – partnership will be reported twice a year to Board in May and November
2. Approach to management of stakeholders and creation of strategic opportunities for dialogue and discussion	DoP&E	End Q2 26/27	**This action was discussed by the ELT in July 2026, and work is underway on engagement strategy further developing the existing framework.**
3. Managing political environment and any changes resulting from this	DoP&E	Routine BAU	Sharpened focus due to this being an election year. **Written to FM and HM and also engagement via the NHS Confed.**

Risk ID 201b	Poor Patient Experience Affecting Organisational Reputation		Date of Review:	03/08/2026	TREND	16 (4x4)
			Date of Next Review:	03/09/2026	➡	

IF	THEN	RESULTING IN
A patient receives a poor experience from the Trust; the Trust receives negative regulatory reports or adverse media scrutiny	There is a risk that public confidence in the organisation may decline and scrutiny from regulators and oversight bodies may intensify	Reputational damage that undermines confidence in the Trust's ability to deliver safe, high-quality care and achieve its strategic objectives

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	4	4	16
Target	2	4	8

Strategic Objective: Five Being quality driven and clinically led

EXECUTIVE OWNER	Director of Quality & Nursing (Interim)	ASSURANCE COMMITTEE	Trust Board

Risk Commentary

Following the introduction of measures to address this risk, patient feedback, compliments learning and patient stories are demonstrating sustained positive outcomes. These arrangements support the identification and sharing of good practice, strengthen clinical leadership and contribute to public confidence. Performance has remained consistently above the 85% benchmark. Patient experience is one of the key determinants of quality of the care provided by the organisation. The Trust continues to operate within a high-demand environment where system pressures, transformation initiatives and service redesign create variability in experience.

The Trust is triangulating intelligence from various information sources across the organisation such as Freedom of Information, PECI, SCIFs and PTR complaints and concerns data to identify emerging themes. However, there remains risk exposure where learning is delayed or where operational performance impacts the patient journey.

This risk is closely linked to risks 223 and 224, as effective control of those operational and performance risks will directly influence patient experience and reputational exposure. The expectation is that there will always be a relatively high residual risk which will be influenced by wider system pressures, such as delays in responding and handover delays. Despite robust training, continuous improvement process in the Trust there will be constraints such as staff sickness levels, variability in demand, external pressures including end to end care pathways particularly if there are no consistent pathways across Wales. Public perceptions may not always align with the Trust's delivery model. Additionally, high profile reputational incidents will impact the ability to fully mitigate this risk.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Corporate Governance oversight via QuEST and Board	1. Regular patient experience reporting to Committees and Board (minutes and papers)
2. Listening to People framework, PTR arrangements and recovery trajectories.	2. Recovery trajectories and implementation of Listening to People monitored through relevant governance groups
3. Education and training and organisational learning programmes focussed on supporting quality and safety, patient experience and statutory duties.	3. Workforce education compliance data
4. Triangulation of data from FOI, PECI, SCIF, concerns and incidents to identify themes and opportunities for improvement.	4. Function of QMG and QuEST with representatives responsible for sharing with relevant areas.
5. Learning from death, incidents, complaints and safety review processes	5. Active engagement in processes by Head of Patient Experience and Community Involvement
6. Media management and communications protocols	6. Trust Policies and engagement procedures led by Director of Partnerships and Engagement
7. Public reporting through MIQPR and Board papers	7. MIQPR Dashboard and Beacon Dashboard
8. **Patient and public experience stories are regularly reviewed through Trust governance arrangements to inform service improvement.**	8. **Patient Story Tracker which provides evidence based for learning, QI and Assurance**
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Variability in how learning from complaints is embedded operationally	1. Limited analytics to identify emerging patient experience themes and trends
2. Complexity arising from the transition to Listening to People, including the need to manage cases under both legacy and new statutory frameworks.	2. Lag in external reporting cycles reducing real-time assurance
3. Limited real time patient experience dashboarding	3. Limited measures to assess the impact of improvement actions on patient experience.
4. Workforce pressures impacting service consistency	4. Variable assurance maturity across directorates
5. Limited ability to mitigate patient experience risks arising from wider system pressures, including ambulance response and hospital handover delays. – see Risks 223/224	5. Variable application of patient experience considerations in service redesign and organisational change.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When	Progress Notes:
1. Strengthen mechanisms for sharing real time patient experience data across the Trust to manage expectations, providing clear communication	Head of Patient Experience & Community Involvement	~~BAU operational work~~ **30 September 2026**	• Trust staff can view compliments sent in by members of the public on its 'Staff Compliments' page on Siren, promoting a one location for all compliments. Regular internal promotion to encourage colleagues to share their compliment cards and emails with the Peoples Experience Team so they can be accurately recorded. • We are using the Care Opinion platform as an additional tool to receive external, transparent feedback that is then mapped to internal data for a more holistic view of experiences. • We are utilising QR codes 'Listening to People' response/resolution letters, on Ambulance Care transport vehicles and in the back of several Emergency Ambulance vehicles to collect feedback immediately, ensuring experiences are fresh. • **03/08/26 The Task and Finish Group will support a consistent WAST-wide approach to managing public feedback, strengthening reporting accuracy and identifying resulting themes.**
2. Thematic learning from concerns and compliments to be embedded across directorates and translated into operational Improvement.	Assistant Director of Operations and Support Heads of Service (QMG Link)	August 2026	• Compliments thematic learning is reported to QMG. Forms part of always on reporting. • Complaints discussion to be scheduled.
3. Implementation of the Always On Reporting principles in line with the new listening to patients' statutory regulations and the mandatory peoples experience framework.	Assistant Director of Quality Governance	August 2026	Underway. Work to be done on wider quality elements.
4. Implementation of multiple feedback channels to capture real time experience data to link to Civica enabling real time reporting.	Experience and Insights Manager	~~May 2026~~ **Complete**	• Progress in the roll out of SMS text messaging (for 999) callers along with supportive QR Codes in the backs of ambulance vehicles to capture experiences. Dashboards in development ready for June 2026. Real time experience surveys will be on EPCRs for feedback from crews. • **Public feedback channels are in place and promoted to the public, with consistent reporting across the multiple routes available. Control 8**
5. Targeted engagement work to continue through community engagement processes and patient story development to improve understanding of patient experience and inform service improvement.	Head of Patient Experience & Community Involvement	~~April 2026~~ commenced **30 September 2026**	• Internal commissioning arrangements are in place with more effective targeted community engagement taking place. • Through the 'Listening to People' Framework the Peoples Experience Team and Listening to People team have been aligning their work to support listening discussions and triage cases where consideration to a person's needs may be better met through completing a patient story. The approach through patient storytelling from the Peoples Experience team is providing both a restorative intervention and a learning opportunity for the Trust. • **Linked to the PECI OCP; the next stage is expected to commence on 1st September 2026. Once fully embedded in the commissioning model, this will become business as usual.**

6. Patient/Public experience stories are presented and discussed at Trust Board; QuEST (Quality Committee) and Quality Management Group, these stories are linked to reflect wider experience data recorded through various engagement channels.	Head of Patient Experience & Community Involvement	~~Ongoing BAU~~ **30 September 2026**	• Linking individual patient stories with wider experience data (i.e. surveys, complaints, and incident reports) involves integrating qualitative, emotional narratives with quantitative metrics to provide a comprehensive, actionable picture of healthcare quality. This process is using stories to explain the "why" behind trends and presenting a human-centric insight. • Tracker has been implemented as a directorate deliverable as part of an ongoing improvement to demonstrate how intelligence is utilised to improve, drive change and benefit patients and staff outcomes. • **03/08/26 Work is progressing to increase the volume of stories from complaints and compliments, identify their source, and align with the national approach to storytelling. This is linked to Action 5.**

Committee	Directorate	Risk ID	Risk Title	Strategic Objective	Risk Appetite	Mar-25	Jul-25	Aug-25	Sept-25	Oct-25	Nov-25	Dec-25	Jan-25	Feb-26	Apr-26	May-26	Aug-26	Risk ID
Quest	Operations	223	Trust's inability to reach patients in the community causing patient harm and death	1	Open	25	25	25	25	25	25	20	20	20	20	25	25	223
Quest	Clinical & Quality	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	1	Open	25	25	25	25	25	25	25	25	25	25	25	25	224
FPC	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		TBC	20	20	20	20	20	20	20	20	20	20	20	20	260
FPC	Operations	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	1	Open	20	20	20	20	20	20	20	20	20	20	20	20	641
PCC	People & Culture	160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	2	Open	20	20	20	16	16	16	16	16	16				160
FPC	Digital Services	671	Unauthorised or inappropriate use of AI technologies		TBC				16	16	16	16	16	16	16	16	16	671
FPC	Finance and Corporate Resources	542	Failure to deliver the Welsh Government NHS Wales Decarbonisation Strategic Delivery Plan	6b	Open	16	16	16	16	16	16	16	16	16	16	16	16	542
Trust Board	Partnership and Engagement	201a	Relationships with Stakeholders	4	Open						16	16	16	16	16	16	16	201a
Trust Board	Clinical & Quality	201b	Poor Patient Experience Affecting Reputation	5	Open						16	16	16	16	16	16	16	201b
Quest	Clinical & Quality	706	The Trust's inability to maintain preparedness for a pandemic response causing patient harm and death	1	Open												16	706
Quest	Clinical & Quality	700	Failure to implement and deliver the statutory requirements of the revised Concerns Regulations and accompanying 'Listening to People' Guidance.	1	Open												15	700
PCC	People & Culture	680	Deteriorating Employee Experience and Workforce Capacity due to underinvestment in people and organisational culture	4	Open										16	16	16	680
FPC	Operations	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	1	Open	15	15	15	15	15	15	15	15	15	15	15	15	594
PCC	People & Culture	558	Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures	2	Open	15	15	15	15	15	15	15	15	15				558
Quest	Digital Services	620	Symptom Checkers	1	Open	20	15	15	15	15	15	15	15	15	15	15	15	620
FPC	Digital Services	690	SAR and Disclosure of Records Compliance		TBC										16	16	16	690
PCC	People & Culture	163	Maintaining Effective & Strong Trade Union Partnerships	2	Open	12	12	12	12	12	12	12	12	12	12	12	12	163
FPC	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	4	Open	12	12	12	12	12	12	12	12	12	12	12	12	100
FPC	Finance and Corporate Resources	139	Failure to Deliver our Statutory Financial Duties in accordance with legislation	6a	Cautious	8	8	8	8	8	8	8	8	8	8	12	12	139
Quest	Clinical & Quality	708	Failure to secure timely access to patients in locked or inaccessible premises due to unclear inter agency responsibilities and absence of enforceable escalation arrangements	1	Open												8	708

	Risk achieved target score and de-escalated to directorate level for ongoing monitoring
	Risk closed from all registers
	Risk not in existence

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	24 September 2026
Committee Meeting Date	06 August 2026
Chair	Bethan Evans

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. There were no alerts received.

ADVISE

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

2. **Members heard from Anna Jenkins, regarding the experience of her neighbour, Mario Jolazza**, following a stroke, in early December 2025 during which the wait time for an emergency ambulance was approximately 2 hours. Anna reflected on the contrast between services, describing the ambulance response as inflexible and highly scripted, which limited effective communication, while the fire service acted quickly.

   The committee received assurance that patient and family lived experiences continue to be used as a key source of organisational intelligence, complementing traditional performance metrics and is informing service improvement. Learning arising from this case is informing the call to door programme's work on delays for time-critical patients, including those presenting with stroke and for STEMI patients.

   Members discussed arrangements and challenged whether mitigations in place were sufficient to reduce the risks associated with delayed responses, particularly where self-conveyance is not feasible particularly in rural areas and sought assurance regarding the mitigations in place to reduce risks associated with delayed responses. Assurance was provided that a range of improvement initiatives are underway to improve early identification, clinical prioritisation, operational performance and patient outcomes.

The committee considered the use of ambulance estimated time of arrivals (ETA) information and the challenges faced by rural communities. Members noted that the Joint Commissioning Committee (JCC) continues to maintain oversight of rural urgent and emergency care, with further emergency care and further engagement planned to better understand community experiences, and expectations regarding emergency care responses. Members thanked Anna and Mario for allowing us to hear their experience.

3. Members noted the significant breadth and scale of **operational delivery in Q1**, including a strengthened focus on listening to people and improving the early resolution of concerns and complaints. The committee also recognised the value of patient and family lived experience as a source of organisational intelligence to inform learning and service improvement. Progress was noted in relation to compliance with ECNS and CPSS audit programmes, development of the National Operations Coordination Centre (NOCC), development of the Welsh Language Clinical Consultations Plan, falls response arrangements and winter planning, implementation of the Handover 45 programme, gap analysis against the national risk register (EPRR), and the reduction of outstanding Datix investigations.

4. **Members reflected** positively on the continued development and maturity of committee business, noting stronger alignment between strategic priorities, intended outcomes and the assurance received. The committee also noted the ongoing impact of workforce, digital, data and analytical capacity constraints on delivery, recognising these as common themes across several agenda items. Despite these challenges and the scale of organisational change underway, members acknowledged the commitment of staff and the organisation's continued delivery of high-quality patient care. The committee further welcomed the openness and transparency reflected in reports and discussions, recognising the importance of maintaining a balanced approach that highlights both achievements and areas requiring further improvement.

ASSURE

(Detail here any areas of assurance the Committee has received)

5. Members received the integrated **Concerns, Patient Safety and Legal Services Report** and noted a partial assurance position. While improvements were reported in Learning from Events reporting, Duty of Candour compliance and overdue investigations, members noted ongoing challenges within complaints management, with increased volumes and overdue complaints following implementation of revised national guidance. The committee was assured that recovery plans were in place and that work continued to strengthen performance, reporting and organisational learning to support sustainable improvement.

6. Related to the above, the **Concerns Management Improvement Programme Progress Report** showed that, whilst progress had been achieved through the recovery programme and implementation of Listening to People Regulations, sustainable recovery had not yet been achieved and delivery remained fragile. Non-Executive Directors sought assurance on the trajectory for improvement and the likely pace of recovery and were advised that recovery activity remained a significant priority for the Strategic Transformation Board, into which this programme reports, and

was subject to regular scrutiny with Executive Directors actively driving early and sustained improvement.

7. The committee received the first iteration of the revised **Monthly Integrated Performance Report** (MIQPR) for QuEST, which brings together the board-level dashboard and committee-specific quality and patient safety metrics. Members welcomed the inclusion of additional measures relating to quality, safety and patient experience, whilst recognising that further refinement may be required as reporting arrangements mature. Discussion considered whether the report provides sufficient visibility of quality outcomes across all services, particularly NHS 111 and NEPTS, and emphasised the importance of ensuring the dashboard supports effective scrutiny rather than expanding the volume of information reported. NHS 111 patient experience data were reviewed, with members noting relatively low satisfaction levels but also recognising the limitations of the small survey sample size. The committee highlighted the need to better understand the drivers of patient dissatisfaction and agreed that NHS 111 should remain under consideration for a future deep dive once more robust data are available, while maintaining focus on the planned review of patient waiting times. Members also discussed how improvements relating to stroke and myocardial infarction pathways would be tracked, noting that emerging workstreams will include expected benefits and improvement trajectories to support future oversight. Overall, assurance was received from the report, with continued development of outcome measures, particularly for non-EMS services, identified as an area for ongoing improvement.

8. The **Strategic Quality Plan 2025/28** midpoint review was received, and members acknowledged that revisions to the implementation plan had improved deliverability whilst maintaining the original strategic ambition and intent. This reflected the increasing maturity of the Trust's quality management arrangements, with a stronger focus on measurable quality outcomes, benefits realisation, accountability and alignment with statutory and regulatory requirements. Members were advised that risks associated with consolidation and discontinuation of actions had been considered, with resources refocused on areas of greatest impact. Members were assured on governance oversight arrangements and that the implementation plan would remain under active review to ensure resources were focused on areas of greatest impact and to respond to emerging risks, changing priorities and organisational capacity.

9. The committee received an update on delivery of the **Clinical Audit Plan for Quarter 1**, including activity carried forward from Quarter 4 of the previous year. Members noted good progress across a range of audits, including work relating to trauma in older adults, open fractures and co-amoxiclav use, alongside significant additional activity undertaken in response to organisational priorities, intelligence requests and developments associated with the new clinical model. The committee was assured that the audit programme remains sufficiently flexible to respond to emerging risks, incidents and clinician-led proposals, whilst recognising some dependency on the Electronic Patient Clinical Record (ePCR) refresh for completion of certain audits. Members welcomed the successful recruitment to strengthen audit capacity and noted that no areas currently require escalation. Assurance was received that the Clinical Audit Plan is progressing broadly as intended, remains responsive to emerging priorities, and that findings from previous audits continue to be monitored and acted upon.

10. Members received an update on delivery of the **2026/27 Infection Prevention and Control (IPC) Work Plan** and were assured that good progress is being made across governance, policy development, audit arrangements and decontamination activities. Members noted the completion of a policy mapping exercise, strengthened governance arrangements through the IPC Strategic Group and the development

of an overarching IPC Strategy. Risks relating to infrastructure limitations, workforce and training capacity, and the absence of funded mobile resource decontamination units were highlighted; however, members were assured that mitigating actions were in place and that the programme continued to demonstrate reasonable assurance and progress against delivery objectives. Further work on more regular metrics coming through the MIQPR will be progressed by Q4.

11. The new **Healthcare Inspectorate Wales Engagement Process** was received, and members were assured that the Trust's existing governance arrangements broadly align with the framework's requirements.

12. The **Q1 Audit Tracker** report focused on high priority actions or actions from limited assurance audits that were on their final revised date. One outstanding high-priority internal audit action relating to clinical equipment was highlighted with progress being made towards implementation and to manage the associated risk. No escalations are required to the board. Members received assurance from Audit Risk and Assurance Committee that all findings arising from the **CPAS Internal Audit** had been accepted and appropriate management actions agreed.

13. The **Cycle of Business** monitoring report was received and proposed amendments discussed including incorporation of the Mental Health, Safeguarding and Infection Prevention and Control annual reports within the Annual Quality Report, changes to committee level metrics reporting, and the transfer of oversight of the Patient Harm Intelligence Dashboard from Trust Board to committee. Members supported opportunities to streamline reporting and reduce duplication whilst maintaining robust oversight of patient safety outcomes, noting further work undertaken to review patient harm indicators ahead of the next meeting, and ensure the most meaningful measures are reflected within the MIQPR and wider assurance framework.

RISKS

Risks Discussed:

The committee reviewed the most recent risk report on **risk 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).

Whilst Risk 223 had increased in score from 20 (4x5) to 25 (5x5) members were assured that the risk and score is subject to regular scrutiny through the Operations Senior Leadership Team using data and logging rationale. While recognising ongoing initiatives to mitigate impacts of extended handover, including implementation of the Handover 45 programme, members noted that sustained improvement had not yet been demonstrated and that significant capacity continues to be lost through handover delays. The principal drivers of this risk are system-wide patient flow challenges extending beyond the direct control of the Trust.

Risk 224 remains static in score at 25. Whilst improvement activity is underway, the impact on patient harm outcomes is subject to a longer reporting lag and therefore the current risk score remains appropriate pending evidence of sustained improvement over time.

New Risks Identified: Members noted that several new risks are navigating Trust governance within this reporting cycle which will be considered by the Executive Leadership Team on 12 August 2026. These include:
Risk 700 – Listening to People Regulations, proposed score of 16 (4x4)
Risk 706 – Pandemic Response, proposed score of 15 (3x5); and
Risk 708 – Access to Property, proposed score 20 (5x4).

COMMITTEE AGENDA FOR MEETING		
Patient experience of Anna Jenkins	Operations directorate Q1 report	Strategic Quality Plan 2025/28 mid-point review
Concerns, Patient Safety and Legal Services report April – May 2026	Concerns management improvement programme progress report	MIQPR
Clinical Audit Plan update Q1 26/27	Infection Prevention and Control (IPC) work plan update	New NHS Wales Engagement Process
Risk management and BAF	Audit tracker	Cycle of business monitoring report

COMMITTEE ATTENDANCE				
NAME	**07 May 2026**	**06 August 2026**	**05 November 2026**	**04 February 2026**
Bethan Evans (Chair)				
Ceri Jackson				
Dr Umar Ahmad				
Liam Williams	Penny Durrant			
Andy Swinburn		Jonathan Chippendale		
Penny Durrant[1]				
Lee Brooks				
Rachel Marsh				
Trish Mills				
Mark Marsden				
Hugh Parry				
Henry Garrard				

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] Penny Durrant, interim Director of Nursing, member since July 2026

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	24 September 2026
Committee Meeting Date	11 August 2026
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT (Alert the Board to areas of attention)

The committee endorsed several annual reports at this meeting. The following are before the board for approval at its September meeting:

1. The committee endorsed the **Welsh Language Annual Report 2025/26** for board approval and that appears at Annex 1. The report shows that there has been significant progress in strengthening Welsh language services, workforce capability and compliance with the Welsh Language Standards. The committee recognised the growing maturity of the organisation's approach, with progress increasingly driven by a focus on patient experience and person-centred care rather than compliance alone. Members described the recently approved five year clinical consultation plan as an ambitious development that will support the integration of Welsh language provision into clinical services in the NHS 111 Wales service in particular.

2. The committee endorsed the **Strategic Equality Plan Annual Report 2025/26**, which included the Workforce Diversity Report and Gender Pay Gap Report – all reports attached for the board for approval at Annex 2. Members noted continued progress in improving workforce diversity, reducing inequalities, narrowing the gender pay gap and strengthening inclusion across the organisation. Members welcomed the increasing focus on outcomes, lived experience and evaluation, alongside the growing contribution of staff networks to organisational learning and colleague experience. The committee supported the proposed review of the Strategic Equality Plan objectives to ensure alignment with emerging Welsh Government requirements, organisational priorities and future equality, diversity and inclusion (EDI) ambitions. Overall, members were assured that progress continues to be made and endorsed further work to embed EDI objectives within wider

organisational planning, performance and assurance arrangements.

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

3. The committee received **a staff experience story** from Chayesteh Azadegan (Chay), Professional Practice Educator in the Integrated Care Service, who shared a personal journey of resilience, professional growth and career transformation. The discussion provided valuable insight into the importance of inclusion, belonging, staff support networks and opportunities for development in enabling colleagues to thrive and contribute to service improvement.

   The committee reflected on themes of workforce representation, visible role models, psychological safety and support for colleagues with additional learning needs and neurodiversity. Members recognised the importance of creating an inclusive environment where individuals feel confident to seek support and access reasonable adjustments. The discussion reinforced the Trust's commitment to staff wellbeing, engagement and development, and the role these play in supporting positive organisational culture and improved outcomes for patients and communities. Members thanked Chay for sharing her story so openly and passionately.

4. The following **policies were approved** by Chair's Action on 12 May and were ratified at this meeting: Disciplinary Policy; Improving Performance at Work Policy; Occupational Change Policy; and All Wales Employment Break Scheme. The Violence and Aggression Policy was approved at today's meeting.

5. The **report from the Director of Culture Change** was received and included that 62 newly qualified paramedics have been offered roles, with the first cohort of 21 due to join in September. Additionally, 554 staff have successfully completed the Emergency Ambulance Practitioner Induction Programme and 532 achieving an ILM Level 3 mentoring qualification. Members also welcomed improvements in workforce representation, growth in staff engagement and networks, and external recognition for colleagues and the Trust's Speaking Up Safely approach, which has been recognised by Welsh Government as good practice. The committee received assurance regarding the breadth of workforce development, wellbeing and inclusion activity underway, including research into stress and burnout within Clinical Contact Centres. While welcoming the progress achieved, members noted ongoing challenges relating to workforce and leadership capacity, operational pressures, recruitment and skills mix, and financial constraints, which continue to impact opportunities for staff development and require ongoing management.

6. The committee received the **Operations Directorate Q1 update,** and members welcomed early positive outcomes from the dispatch optimisation (tethering) programme, which aims to reduce shift overruns, improve workforce experience and support staff wellbeing. The committee noted that the programme is being rolled out further, with benefits expected to be monitored through reductions in overruns and consideration of wider wellbeing indicators over time. Workforce wellbeing and attendance challenges within EMS and Integrated Care services were discussed, particularly within contact centre environments where sickness absence remains above desired levels. Assurance was

provided that improving attendance, wellbeing and workforce experience remains a key organisational priority.

7. Members **reflected** positively on progress across several strategic areas and recognised the contribution of the specialist teams leading this work. The importance of agenda, reporting and presentation streamlining to support meaningful scrutiny, reduce duplication, and strengthen alignment between strategic objectives, delivery metrics and outcomes was highlighted.

   The Chair, on behalf of the committee, thanked Angela Lewis for her service, contribution and commitment to the Trust, and acknowledged her leadership and support of the people agenda, wishing her every success for the future.

ASSURE (Detail here any areas of assurance the Committee has received)

8. The committee considered the Q1 **workforce performance, culture and people metrics** across several reports including the People and Culture Plan metrics report, the workforce scorecard, the People and Culture Committee focused MIQPR, and the Cultural Themes and Trends Report. The MIQPR sets out the board level performance measures linked to Strategic Objective 2 – enabling our people to be the best they can be – which are % of successful applicants recruited from under-represented groups; % of 111 calls presented in Welsh, answered in Welsh; staff sickness; staff turnover; PADR rates; and statutory and mandatory training completion

   The committee also reviewed several other metrics related to the above and to the People and Culture Plan noting:

   - workforce indicators remain broadly stable, although challenges remain in relation to sickness absence in some operational areas (as noted above in the operational report regarding EMS sickness)

   - an increase in employee relations activity and formal resolution cases, recognising that this may reflect greater confidence amongst staff to raise concerns and a maturing speaking up culture. The importance of developing management capability to address issues at an earlier stage and ensuring consistency of approach across the organisation was highlighted

   - declining PADR completion rates, noting however there is an upward trajectory expected by the next meeting and more detail on the revised PADR pilot, which has received positive early feedback for being more meaningful and focused on quality conversations

   - the relationship between staff wellbeing, attendance and the working environment, including mental health-related absence, welfare facilities and workplace culture. While recognising that wellbeing is influenced by a range of factors, members noted the importance of leadership, management support and team culture, alongside the physical working environment, in supporting staff experience and attendance

- positive performance in several areas, including job evaluation, staff in post against establishment, reduced shift overruns and the inclusion of new measures relating to volunteers and flu vaccination uptake.

- improved quality and response rates of the enhanced Moving On data, which is providing a richer source of intelligence on workforce experience, retention and organisational culture

Taking these reports collectively, the committee received assurance with positive indicators relating to occupational health performance, staff in post against establishment, reductions in shift overruns, staff engagement, speaking up culture, inclusion and the availability of increasingly rich workforce intelligence.

A recurring theme throughout the discussion was the need to strengthen the alignment between strategic objectives, delivery plans, performance measures and assurance reporting. The committee recognised that there remains duplication across several workforce reports and supported the development of a more integrated approach to performance and assurance reporting.

9. The committee received assurance from the **2025/26 Speaking Up Safely report** (provided as Annex 3 to this highlight report) and noted continued progress in strengthening a culture where staff feel able to raise concerns. The committee reflected on the wider cultural themes arising from the report, recognising that confidence in speaking up depends not only on staff feeling able to raise concerns, but also on seeing that concerns are responded to appropriately, lead to meaningful action and result in visible organisational learning. Discussion also considered the relationship between speaking up activity, employee relations cases and wider cultural indicators, noting that increased reporting may reflect growing confidence amongst staff to challenge unacceptable behaviours and raise concerns.

   The committee welcomed ongoing work to strengthen support for individuals who raise concerns and mitigate the risk of detriment. Members emphasised the importance of leadership behaviours, management capability and effective communication in creating psychologically safe working environments and enabling concerns to be addressed as close to source as possible. Overall, the committee received assurance that positive progress continues to be made, whilst recognising the need for sustained focus on organisational learning, leadership development and demonstrating the impact of speaking up on service improvement and culture.

10. The committee received assurance from the **2025/26 Health, Safety and Violence & Aggression Report**, noting continued improvements in health and safety governance, compliance and risk management. Members welcomed evidence of a stronger reporting culture, with increased incident reporting accompanied by a reduction in more serious incidents. The committee noted that health and safety culture, violence and aggression, and diesel fume exposure remain key areas of focus and received assurance that improvement activity is in place. Members also recognised the close links between health and safety, staff wellbeing and organisational culture, and supported opportunities to strengthen routine performance reporting and assurance arrangements. Further work is

underway to include a wider selection of health, safety and violence and aggression metrics for regular review by this committee.

11. The committee noted that **2025/26 flu vaccination uptake** remained broadly stable compared to the previous year, despite challenges relating to vaccine supply, administration processes and reduced engagement across some staff groups. Members recognised the peer vaccinator model as a key contributor to campaign performance and supported its continued use and expansion in 2026/27. The committee also endorsed a more targeted, risk-based approach to future campaigns, focusing efforts on frontline operational, patient-facing and clinical contact centre staff to support workforce resilience, alongside continued work to improve vaccine accessibility, strengthen partnership arrangements and address operational issues identified during the previous campaign.

12. Members received an update from the **Welsh Ambulance Services Partnership Forum**, the Board's local partnership advisory forum, noting positive feedback on the revised roadshow format, discussion regarding organisational finances and retire and return arrangements, and ongoing progress in delivering actions arising from the Staff Survey and ACAS Action Plan. Members were assured that constructive partnership working continues to support delivery and engagement across these key areas.

13. The **Q4 Audit Tracker** report noted one action on its final revised date, with members being satisfied as to the mitigations in place to close the action in the coming weeks.

RISKS

Risks Discussed: There were no material changes to Risk 680 and Risk 163 during the period. Work on the strategic risk aligned to strategic objective 2 will continue with the People Services team in October 2026 as the new Chief People Officer takes up post. The progress will be included in a future risk report.

New Risks Identified: No new risks identified at this meeting for the register.

COMMITTEE AGENDA FOR MEETING		
Directors update	Operations quarterly report Q1	Staff experience and staff experience update
People and culture plan metrics and workforce scorecard	MIQPR	Speaking up safely annual report 2025/26
Cultural themes and trends report January – June 2026	Strategy equality plan annual report 2025/26	Welsh language annual report
Health, safety, violence and aggression annual report 2025/26	End of season flu campaign 2025/26	WASPT highlight report April 2026
Risk management and BAF	Audit Tracker	Violence and aggression policy

COMMITTEE ATTENDANCE				
Name	**5 May 2026**	**11 August 2026**		
Ceri Jackson (Chair)				

COMMITTEE ATTENDANCE				
Name	**5 May 2026**	**11 August 2026**		
Bethan Evans				
Hayley Hutchings				
Hannah Rowan				
Lee Brooks				
Penny Durrant		Ceri Griffiths		
Tim Cahalane				
Christian Fox				
Estelle Hitchon				
James Houston				
Jo Kelso				
Carl Kneeshaw				
Angela Lewis				
Trish Mills				
Lizzie O'Shea				
Andy Swinburn		Jonathan Chippendale		
Chris Turley				
Damon Turner				
Liam Williams				
Marcus Viggers				
WASPT Co-Chair	Mark Marsden	Mark Marsden		

	Attended
	Deputy attended
	Apologies received
	No longer member


Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust
YMDDIRIEDOLAETH
BRIFYSGOL GIG GWASANAETHAU
AMBIWLANS CYMRU
ADRODDIAD BLYNYDDOL
SAFONAU'R GYMRAEG
2025-2026

Cynnwys

1. Cyflwyniad 5

2. Amdano'r Ymddiriedolaeth 5

3. Cefndir Safonau'r Gymraeg (y 'Safonau') 6

4. Cynllun Gweithredu Mwy na geiriau 2022-27 6

5. Atebolrwydd a chymorth 6

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6. Safonau cyflenwi gwasanaethau (Safonau 1 – 77) 10

7. Safonau llunio polisi (Safonau 69 – 77) 32

8. Safonau gweithredu (Safonau 79 – 114) 33

9. Cwynion (Safon Cadw Cofnodion 115) 51

10. Edrych ymlaen - blaenoriaethau ar gyfer 2026-2027 52

Croeso!

Fel Cadeirydd a Phrif Weithredwr Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru (‘WAST’ / ‘yr Ymddiriedolaeth’), rydym yn falch o gyflwyno ein seithfed adroddiad blynyddol ar weithredu Safonau’r Gymraeg.

Mae Mesur y Gymraeg (Cymru) 2011 yn darparu'r fframwaith statudol sy'n ei gwneud yn ofynnol i'r Ymddiriedolaeth gydymffurfio â Safonau'r Gymraeg. Y tu hwnt i gydymffurfio, mae'r Ymddiriedolaeth yn gweld y Mesur fel cyfle i gryfhau ansawdd a hygyrchedd gwasanaethau drwy'r Gymraeg. Mae cynnydd yn parhau drwy Fframwaith Iaith Gymraeg yr Ymddiriedolaeth, yn unol â *Chynllun Gweithredu Mwy na geiriau 2022–2027*, gan gynnwys datblygu strategaeth recriwtio iaith Gymraeg.

Mae arweinyddiaeth gref gan y bwrdd yn sail i'r gwaith hwn, gyda llywodraethu clir, integreiddio strategol, a goruchwyliaeth o'r Cynllun Cydraddoldeb Strategol, y Cynllun Pobl a Diwylliant, cynnig rhagweithiol yr Ymddiriedolaeth, ac Adroddiad Blynyddol Safonau'r Gymraeg. Mae Safonau Darparu Gwasanaethau wedi gwella, wedi'u cefnogi gan gyflwyno gwasanaeth cyfieithu mewnol, gan wella cyflymder a chysondeb gohebiaeth a chyfathrebu dwyieithog. Mae gwelliant pellach wedi'i gynllunio ar gyfer gwasanaethau derbynfa fel pwynt mynediad allweddol i siaradwyr Cymraeg.

Mae cynnydd sylweddol wedi'i wneud o ran Polisi a Safonau Gweithredu. Mae pob polisi’r Ymddiriedolaeth bellach yn cynnwys asesiadau o’r effaith ar y Gymraeg, ac mae 97% o’r staff wedi cofnodi eu sgiliau iaith Gymraeg ar y Cofnod Staff Electronig (ESR). Mae mynediad at wasanaethau Cymraeg yn parhau i gynyddu, gyda 62% o alwadau GIG 111 Cymru a gynigiwyd yn y Gymraeg yn cael eu hateb yn y Gymraeg. Bydd cynllun ymgynghori pum mlynedd yr Ymddiriedolaeth yn cael ei gyhoeddi yn unol â Safon 110 yn ystod chwarter 2 o 2026/27, gyda chefnogaeth gwaith partneriaeth a Swyddfa Comisiynydd y Gymraeg.

Mae gallu staff wedi’i gryfhau drwy swyddogion ymchwilio sy’n siarad Cymraeg, adnoddau mewnrwyd estynedig, hyfforddiant ymwybyddiaeth o’r Gymraeg gorfodol (79% wedi’i gwblhau), a chwrs Cymraeg i ddechreuwyr newydd ar gyfer staff y Gwasanaeth Meddygol Brys. Rhoddodd archwiliad mewnol yn ystod y cyfnod adrodd

sicrwydd rhesymol o gydymffurfedd yr Ymddiriedolaeth â Safonau'r Gymraeg a nododd feysydd i'w gwella ymhellach.

Mae'r Bwrdd yn edrych ymlaen at barhau i gefnogi'r Gymraeg, gan sicrhau o leiaf fod cwrteisi Cymraeg yn rhan o'i gyfarfodydd, a bod aelodau'r cyhoedd a staff sy'n dymuno cyfathrebu â'r Bwrdd yn Gymraeg yn gallu gwneud hynny yn unol â'r cynnig rhagweithiol.



Colin Dennis
Cadeirydd



Emma Wood
Prif Swyddog Gweithredol

1. Cyflwyniad

Dyma'r seithfed Adroddiad Blynyddol sy'n dangos sut mae Safonau'r Gymraeg wedi cael eu gweithredu o fewn y sefydliad.

Ar 30 Mai 2019, symudodd yr Ymddiriedolaeth o weithredu ei Chynllun Iaith Gymraeg o dan Ddeddf yr Iaith Gymraeg 1993 i weithredu Safonau'r Gymraeg fel rhan o Fesur y Gymraeg (Cymru) 2011.

Mae'r Ymddiriedolaeth wedi parhau i ymateb yn gadarnhaol i Safonau'r Gymraeg gan ei bod yn rhoi cyfle i atgyfnerthu a gwella ansawdd ac argaeledd ei gwasanaethau trwy gyfrwng y Gymraeg.

2. Amdano'r Ymddiriedolaeth

Mae'r Ymddiriedolaeth yn darparu gwasanaethau gofal iechyd i bobl ledled Cymru, gan ddarparu gofal clinigol o ansawdd uchel sy'n cael ei arwain gan gleifion 24 awr y dydd, 7 diwrnod yr wythnos. Mae gwasanaethau'n cynnwys y canlynol:

- Gwasanaethau Meddygol Brys (EMS) 999: gan gynnwys ateb galwadau, ymgynghori clinigol o bell, gweld a thrin ac os oes angen, cludo i'r ysbyty neu gyfleuster trin priodol
- Y Gwasanaeth Cludiant Cleifion Di-frys (a elwir hefyd yn Ofal Ambiwlans): gan gynnwys ateb galwadau, cynllunio teithiau, comisiynu gwasanaethau, cludo cleifion i apwyntiadau ysbyty ac oddi yno a'u trosglwyddo rhwng ysbytai a chyfleusterau trin
- Y gwasanaeth 111: gwefan a gwasanaeth ffôn rhad ac am ddim, sy'n borth llinell gyntaf i daith glaf o fewn y system iechyd a gofal, gan roi'r cyngor neu'r atgyfeiriad iawn i'r claf
- Mae'r Ymddiriedolaeth hefyd yn cefnogi gwirfoddolwyr: Ymatebwr Cyntaf yn y Gymuned, Ymatebwyr Lles Cymunedol ac ymatebwyr mewn lifrai i ddarparu adnoddau ymateb ychwanegol ar gyfer galwadau brys a gwasanaeth ceir gwirfoddol i gynorthwyo â chludo cleifion i apwyntiadau wedi'u trefnu.

Mae'r Ymddiriedolaeth yn wasanaeth a gomisiynwyd ar gyfer EMS, GIG 111 Cymru a Gofal Ambiwlans trwy Gyd-bwyllgor Comisiynu GIG Cymru. Mae'r Cyd-bwyllgor Comisiynu yn gydbwyllgor o'r saith bwrdd iechyd.

3. Cefndir Safonau'r Gymraeg (y 'Safonau')

O dan Fesur y Gymraeg (Cymru) 2011, mae'n ofynnol i bob sefydliad gwasanaeth cyhoeddus yng Nghymru gydymffurfio â dyletswyddau iaith, sy'n sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg. Mae'r dyletswyddau'n annog hybu'r Gymraeg, y defnydd o'r Gymraeg o fewn gweinyddiaeth fewnol ac yn ei gwneud yn ofynnol bod darpariaeth yn cael ei gwneud ar gyfer hygyrchedd y Gymraeg i'r cyhoedd.

Mae adran 44 o fesur 2011 yn caniatáu i Gomisiynydd y Gymraeg ddyroddi hysbysiad cydymffurfio sy'n ei gwneud yn ofynnol i gorff gydymffurfio ag un neu ragor o Safonau sy'n benodol gymwys iddo. Yna cyflwynwyd Rheoliadau Safonau'r Gymraeg (Rhif 7) 2018 i sefydliadau'r sector iechyd yng Nghymru.

4. Cynllun Gweithredu Mwy na geiriau 2022-27

Ers lansio **Cynllun Gweithredu Mwy na geiriau 2022-27** Llywodraeth Cymru yn 2022, mae'r Ymddiriedolaeth wedi ymrwymo i gyflawni'r camau hynny fel bod y 'cynnig rhagweithiol' yn rhan annatod o ansawdd gwasanaethau a chyflawni gwasanaethau ar draws yr Ymddiriedolaeth lle mae gwasanaethau'n cael eu darparu yn Gymraeg heb i rywun orfod gofyn amdano. Mae'n gyfrifoldeb ar bawb sy'n darparu gwasanaethau gofal i bobl a'u teuluoedd ledled Cymru i ddarparu'r cynnig rhagweithiol. Mae hyn yn cynnwys gwasanaethau iechyd, gwasanaethau gofal cymdeithasol a gwasanaethau cymdeithasol.

O fewn yr Ymddiriedolaeth, mae'r cysylltiad â'i gofynion o ran y Gymraeg yn allweddol, ac mae ei threfniadau llywodraethu diwygiedig yn adlewyrchu hynny. Mae'r Ymddiriedolaeth wedi datblygu cynllun gweithredu sy'n cefnogi'r Cynllun Cydraddoldeb Strategol ac sy'n cyd-fynd â chynllun gweithredu Mwy na geiriau 2022-27, ac sy'n ychwanegol ato.

5. Atebolrwydd a chymorth

5.1 Arweinwyr a Hyrwyddwyr y Gymraeg

Ochr yn ochr â Rheolwr Gwasanaethau'r Gymraeg yr Ymddiriedolaeth, mae Cyfarwyddwr Llywodraethu Corfforaethol ac Ysgrifennydd y Bwrdd yr

Ymddiriedolaeth, Trish Mills, yn gweithredu fel yr arweinydd gweithredol ar gyfer Gwasanaethau'r Gymraeg. Mae'r rôl hon yn darparu arweinyddiaeth a sicrwydd bod strwythurau cryf, llywodraethu a chysondeb ar waith i gefnogi datblygiad y Gymraeg ar draws yr Ymddiriedolaeth. Mae hyn yn cynnwys sicrhau cydymffurfedd â'r Safonau statudol a goruchwylio cyflawniad camau gweithredu o fewn Cynllun Gweithredu Mwy na geiriau 2022–27. Mae Trish hefyd wedi chwarae rhan allweddol wrth hyrwyddo defnydd bob dydd o'r Gymraeg drwy agor cyfarfodydd a gohebiaeth yn ddwyieithog gan ddefnyddio Cymraeg sylfaenol.

Rachel Marsh, Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad, yw arweinydd gweithredol rhwydwaith iaith Gymraeg yr Ymddiriedolaeth, *Rhwyd-iaith* . Yn rhinwedd y rôl hon, mae wedi arwain a chefnogi'r gwaith o ddatblygu'r fframwaith Cymraeg yn weithredol, gan gyfrannu at wreiddio'r Gymraeg ymhellach ym mhob rhan o'r sefydliad.

Mae Bwrdd yr Ymddiriedolaeth yn cael ei gefnogi gan Gyfarwyddwr Anweithredol a Hyrwyddwr y Gymraeg, sef Bethan Evans. Mae Bethan wedi bod yn allweddol wrth hyrwyddo'r Gymraeg yn fewnol ymhlith staff ac yn allanol gyda defnyddwyr gwasanaeth, gan gynnwys trwy lwyfannau cyfryngau cymdeithasol yr Ymddiriedolaeth. Fel siaradwr Cymraeg rhugl, mae eiriolaeth, cefnogaeth a her adeiladol Bethan yn y maes hwn wedi bod yn hynod werthfawr.



Trish Mills
Cyfarwyddwr Llywodraethu Corfforaethol / Ysgrifennydd y Bwrdd



Bethan Evans
Cyfarwyddwr Anweithredol



Rachel Marsh
Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad

5.2 Grŵp Cynghori'r Gymraeg

Mae'r Ymddiriedolaeth wedi sefydlu Grŵp Cynghori'r Gymraeg, sy'n adrodd i'r Grŵp Llywio Cydraddoldeb, Amrywiaeth a Chynhwysiant, i gryfhau'r aliniad â'r Cynllun Cydraddoldeb Strategol. Mae'r Grŵp Llywio hwnnw'n adrodd yn uniongyrchol i'r Tîm Arwain Gweithredol ac mae'n cael ei gadeirio gan y Cyfarwyddwr Newid Diwylliant, Angie Lewis. Roedd hwn yn gam pwysig i wreiddio cydymffurfedd drwy newid y diwylliant a'r agweddau tuag at y Gymraeg. Mae polisi a fframwaith yr Ymddiriedolaeth wedi'u strwythuro fel hyn yn gyffredinol.

Mae Grŵp Cynghori'r Gymraeg hwn yn darparu mecanwaith ar gyfer adolygu agweddau ar y Safonau, ac i sicrhau bod gwasanaeth boddhaol yn cael ei gynnal i bob claf ac aelod o'r cyhoedd sy'n defnyddio gwasanaethau'r Ymddiriedolaeth.

Nododd yr archwiliad mewnol ar y Safonau yn 2025/26 feysydd i'w gwella yn ymwneud â chysondeb monitro a gwreiddio safonau ar draws gwasanaethau, effeithiolrwydd Grŵp Cynghori'r Gymraeg, a chofnodi cwynion am y Gymraeg.

Mewn ymateb, mae'r Ymddiriedolaeth yn cryfhau trefniadau goruchwylio a llywodraethu. Mae hyn yn cynnwys adolygu cylch gorchwyl ac aelodaeth y grŵp cynghori fel rhan o newidiadau ehangach i drefniadau llywodraethu integredig, cyflwyno rhaglen gyfarfodydd fwy strwythuredig, a gwella lefelau presenoldeb ac atebolrwydd.

5.3 Y Pwyllgor Pobl a Diwylliant

Mae Pwyllgor Pobl a Diwylliant yr Ymddiriedolaeth yn rhoi sicrwydd i'r bwrdd o'i drefniadau arwain o ran y Gymraeg, ac yn monitro cynnydd ac yn ceisio sicrwydd bod yr Ymddiriedolaeth yn cyflawni ei chyfrifoldebau statudol mewn perthynas â'r Safonau.

Mae'r Pwyllgor yn adolygu ac yn cymeradwyo'r adroddiad blynyddol i'w gymeradwyo gan y Bwrdd ac mae ganddo oruchwyliaeth o Ddangosyddion Perfformiad Allweddol y Gymraeg sy'n gysylltiedig â'r Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR – gan gynnwys y gwasanaeth GIG 111 Cymru a'r Gwasanaeth Cludiant Cleifion Di-frys (NEPTS) sy'n dod o dan bortffolio Gweithrediadau (Gofal Ambiwlans), ac o dan gynllun gweithredu'r Cynllun Cydraddoldeb Strategol. Mae hefyd yn hyrwyddo ac yn cefnogi'r newid diwylliannol sy'n cyd-fynd â'r cynnig rhagweithiol fel ffordd o gryfhau cydymffurfedd â'r Safonau.

5.4 Bwrdd yr Ymddiriedolaeth

Cyfrifoldeb pennaf y bwrdd dros y Gymraeg yw adolygu a chymeradwyo'r adroddiad blynyddol a goruchwylio dangosyddion perfformiad allweddol y Gymraeg sy'n gysylltiedig â'r MIQPR (GIG 111 Cymru a NEPTS), ac o dan y Cynllun Cydraddoldeb Strategol trwy'r Pwyllgor Pobl a Diwylliant.

5.5 Trefn gwyno

Mae nifer o lwybrau ar gael i gyflwyno pryderon ynghylch cydymffurfedd â'r Safonau, gan gynnwys cysylltu'n uniongyrchol â'r Prif Weithredwr neu Reolwr Gwasanaethau Cymraeg. Ymchwilir i bob cwyn a dderbynnir a darperir ymateb yn nodi unrhyw gamau unioni gofynnol. Rhoddir sylw i faterion sy'n ymwneud â diogelwch cleifion o dan y Rheoliadau Gwrando ar Bobl.

Os oes gan aelod o'r cyhoedd bryder ynghylch profiad diweddar o ddefnyddio gwasanaethau Cymraeg yr Ymddiriedolaeth , gallant gofrestru eu pryder drwy anfon neges e-bost at y Tîm Gwrando ar Bobl: amb_WASTListeningtopeople@wales.nhs.uk

Nododd yr archwiliad mewnol o'r Safonau ar gyfer 2025/26 fod y trefniadau ar gyfer cofnodi cwynion yn ymwneud â'r Gymraeg yn faes i'w wella. Mae gwaith ar y gweill i roi dull gweithredu cyson ar waith ar gyfer cofnodi ac adrodd ar bob cwyn sy'n ymwneud â'r Gymraeg ar Datix, gan gynnwys y rhai a allai eisoes fod wedi'u datrys yn lleol, er mwyn sicrhau bod gan yr Ymddiriedolaeth ddarlun cynhwysfawr o'r materion sy'n codi. Bydd yr wybodaeth hon yn cryfhau dysgu sefydliadol, yn gwella goruchwyliaeth, ac yn cefnogi sicrwydd parhaus o gydymffurfedd.

Mae manylion y cwynion a dderbyniwyd gan yr Ymddiriedolaeth yn ystod 2025/26 mewn perthynas â'r Gymraeg i'w gweld yn Adran 9.

SAFONAU'R GYMRAEG

Caiff cydymffurfedd â'r Safonau ei gategoreiddio i'r meysydd cydymffurfio a ganlyn:

- Cyflenwi Gwasanaethau
- Llunio Polisi
- Gweithrediadau
- Cadw Cofnodion

Yn ystod 2025/26, cwblhaodd yr Ymddiriedolaeth hunanasesiad Swyddfa Comisiynydd y Gymraeg o'i chydymffurfedd â'r Safonau. Amlinellir isod y lefelau cydymffurfio sy'n deillio o hyn ar gyfer Safonau unigol, neu grwpiau o Safonau, ynghyd â meysydd arfaethedig ar gyfer gwella.

6. Safonau cyflenwi gwasanaethau (Safonau 1 – 77)

Mae'r set hon o safonau yn nodi sut y mae'n ofynnol i'r Ymddiriedolaeth ddefnyddio'r Gymraeg mewn gwahanol sefyllfaoedd fel y gall siaradwyr Cymraeg gael mynediad dirwystr at wasanaethau Cymraeg; er enghraifft, wrth anfon gohebiaeth, delio â galwadau ffôn, darparu gwasanaethau ar-lein neu wyneb yn wyneb.

6.1 Gohebiaeth (Safonau 1 – 7)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd ganolig ar gyfer Safonau 1–6 (gohebu â'r cyhoedd yn Gymraeg) a Safon 7 (gan gynnwys datganiad sy'n croesawu gohebiaeth yn Gymraeg ac yn cadarnhau na fydd gohebu yn Gymraeg yn arwain at oedi).

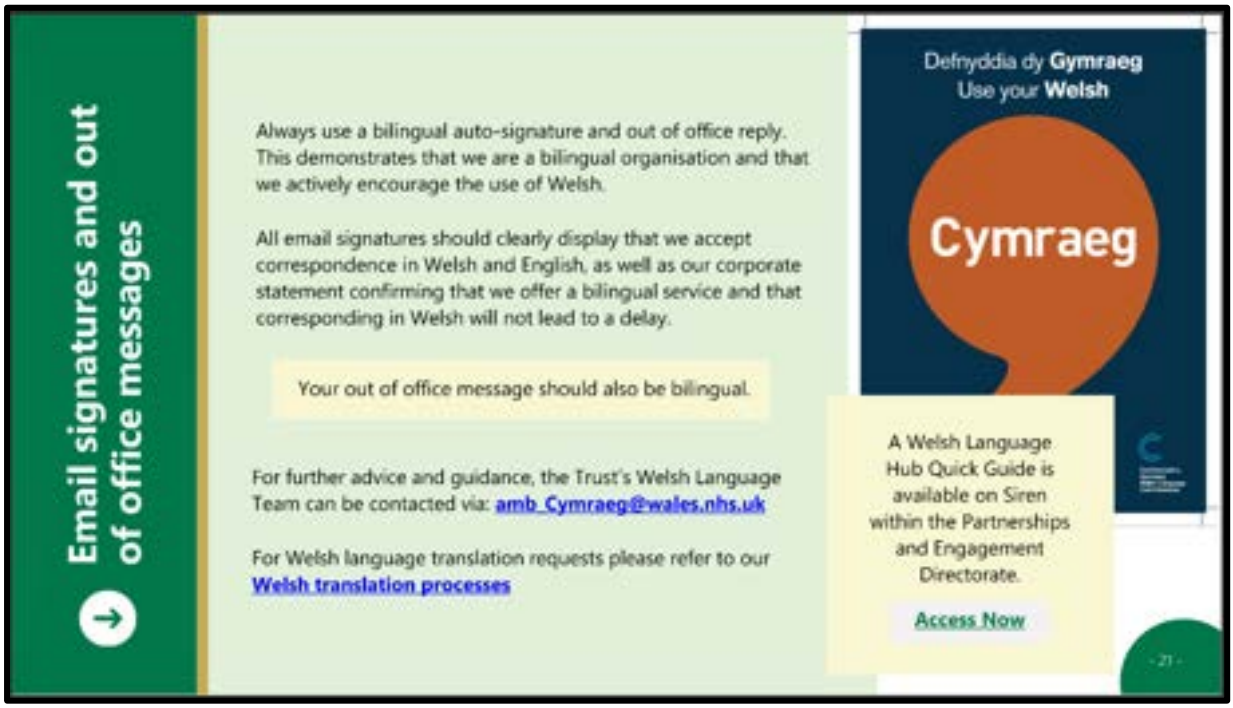
Mae gwasanaeth Cyfieithu'r Ymddiriedolaeth a sefydlwyd ym mis Medi 2023 yn darparu cefnogaeth ar gyfer gohebiaeth yn y Gymraeg gyda'r cyhoedd. Yn dilyn adolygiad o'r gwaith cyfieithu a wnaed gan wasanaeth cyfieithu mewnol yr Ymddiriedolaeth yn ystod 2025/26, darparwyd gohebiaeth yn Gymraeg ar gais yn y categorïau canlynol:

- Ceisiadau Rhyddid Gwybodaeth;
- Gohebiaeth partneriaeth;
- Llythyrau Gwrando ar Bobl;
- Gohebiaeth a gyhoeddwyd ar ran y Prif Weithredwr; a
- Gohebiaeth â Swyddfa Comisiynydd y Gymraeg.

Yn ystod y cyfnod adrodd, cafodd Canllawiau Brand yr Ymddiriedolaeth eu diweddaru i gynnwys adran benodol ar y Gymraeg, gan ddarparu canllawiau ar ddefnyddio llofnodion e-bost dwyieithog a negeseuon y tu allan i'r swyddfa. Yna

postiwyd y canllawiau hyn ar fewnrwyd yr Ymddiriedolaeth (Siren) a'u cysylltu â thudalen SharePoint y Safonau.

Yn ogystal, ym mis Ionawr 2026 adolygwyd a diweddarwyd yr holl bwyntiau mynediad cyhoeddus i wasanaethau a gyhoeddwyd ar wefan yr Ymddiriedolaeth i sicrhau bod yr opsiwn i gyfathrebu yn y Gymraeg yn glir.



Camau gweithredu pellach a gynlluniwyd

Bydd hysbysiad gan y gyfarwyddiaeth i'r sefydliad ehangach yn atgoffa cydweithwyr o'r Safonau a'r gofynion cysylltiedig wrth eu gweithredu yn ymarferol, ac yn gofyn iddynt ddarparu tystiolaeth o gydymffurfedd yn rhagweithiol i Reolwr Gwasanaethau'r Gymraeg er mwyn iddi gael ei chofnodi a'i defnyddio i lywio'r sicrwydd a roddir i'r Bwrdd.

Er mwyn codi ymwybyddiaeth ymhellach, hyrwyddo cydymffurfedd, a chael tystiolaeth i roi sicrwydd ychwanegol, bydd canllaw fideo byr yn helpu i hysbysu staff a gwirfoddolwyr.

Bwriedir cynnal ymarfer cwsmer cudd ar gyfer gwasanaethau dwyieithog yn ystod 2026/27 er mwyn darparu asesiad annibynnol a gwrthrychol o gydymffurfedd yr Ymddiriedolaeth â'r Safonau sy'n ymwneud â gohebiaeth. Bydd yr ymarfer yn cael ei

hwyluso gan Dîm Ymgysylltu â'r Cyhoedd yr Ymddiriedolaeth, gan weithio gydag aelodau o'r Rhwydwaith Pobl a'r Gymuned.

Yn ogystal, bydd archwiliadau chwarterol a monitro parhaus yn cael eu cynnal gan Reolwr Gwasanaethau'r Gymraeg drwy gydol 2026/27 i sicrhau cydymffurfedd â Safon 7 a chanllawiau brand yr Ymddiriedolaeth.

6.2 Galwadau ffôn (Safonau 8 – 20)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau perthnasol 8-20 (Gwasanaethau ffôn ar gael yn y Gymraeg); gan nodi nad yw'r Safonau'n gosod unrhyw ofyniad cyfreithiol i ateb galwadau 999 yn Gymraeg. O dan Reoliadau Safonau'r Gymraeg (Rhif 7) 2018, Paragraff 35: Nid yw safonau 8 i 10, a 13 i 16, yn gymwys i alwadau a wneir i'r rhif ffôn 999.

Yn ystod 2025/26, datblygodd a gweithredodd yr Ymddiriedolaeth linell ffôn derbynfa bwrpasol, gyda phrif rifau gweinyddol a derbynfa'r Ymddiriedolaeth wedi'u rhestru isod yn cael eu cyfeirio trwy blatfform Finesse. Mae hyn yn sicrhau bod galwyr yn cael cynnig dewislen ddwyieithog ar y pwynt cyswllt cyntaf:

- Tŷ Vantage Point, Cwmbrân: 01633 62 62 62
- Matrix, Abertawe: 01792 562 900
- Tŷ Elwy, Llanelwy 01745 532 900
- Gweinyddiaeth 111: 01792 776 252
- Tŷ Merton, Caerdydd: 02921 707 700

Yn ogystal, ar gyfer staff sy'n ateb galwadau ffôn mewn derbynfeydd a lleoliadau eraill (ac eithrio GIG 111 Cymru a NEPTS), mae cardiau desg "Sut i Ateb y Ffôn" yn cynnwys geirfa safonol wedi'u datblygu. Mae'r rhain yn cynnwys ymadroddion Cymraeg syml i gefnogi cyfarch galwyr a thrin galwadau'n ddwyieithog, gan helpu i gynnal cydymffurfedd â Safonau 17 a 18. Cafodd y cardiau geirfa desg eu hyrwyddo a'u dosbarthu i staff yn Sioeau Teithiol y Prif Weithredwyr a gynhaliwyd ym mis Ebrill a mis Hydref 2025.



Mae llinellau ffôn Gwasanaeth GIG 111 Cymru, NEPTS, a'r Tîm Gwrando ar Bobl (Gweithio i Wella yn gynt) i gyd yn gweithredu'n ddwyieithog. Mae galwyr i GIG 111 Cymru a NEPTS yn cael eu cyfarch â neges ddwyieithog wedi'i recordio, ac yna opsiwn i ddewis eu hiaith, naill ai Cymraeg neu Saesneg. Mae llinell ffôn dwyieithog ar gael i ganslo teithiau NEPTS ar 0300 1311 1390. Mae llinell ffôn Gwrando ar Bobl ar 0300 321 3211 hefyd yn ddwyieithog, ac mae galwyr yn gallu gadael neges ar y llinell honno hefyd. Mae ateb galwadau yn y Gymraeg o fewn Gwasanaeth 111 GIG Cymru yn cael ei fonitro a'i adrodd drwy'r Adroddiad Ansawdd a Pherfformiad Integredig Misol (MIQPR) i'r bwrdd. Mae data perfformiad ar gyfer ateb galwadau GIG 111 Cymru a NEPTS yn cael eu harchwilio'n fanylach yn adrannau canlynol yr adroddiad hwn.

Mae rhifau ffôn y gwasanaethau a restrir ar wefan yr Ymddiriedolaeth wedi cael eu hadolygu a'u diweddaru i sicrhau bod y fersiynau Cymraeg a Saesneg yn cyfateb.

Camau gweithredu pellach a gynlluniwyd

Er mwyn cryfhau cydymffurfedd, monitro a goruchwyliaeth ymhellach, mae'r Ymddiriedolaeth yn archwilio posibilrwydd cofnodi dewisiadau galwyr ar gyfer y gwasanaeth Cymraeg o fewn sgript trin -galwadau Cisco yn ystod 2026/27. Bydd hyn yn cefnogi dadansoddiad gwell o'r galw am y Gymraeg, yn gwella monitro gweithgaredd galwadau, ac yn helpu i nodi cyfleoedd i gryfhau cydymffurfedd a darpariaeth gwasanaeth.

Mae cronfa o staff sy'n siarad Cymraeg yn cael ei sefydlu er mwyn cefnogi adrannau eraill pan fo angen, yn enwedig ar gyfer galwadau ffôn byr lle nad oes angen cyfieithydd ar y pryd.

Er mwyn darparu sicrwydd, mae Rheolwr Gwasanaethau'r Gymraeg yn bwriadu cynnal archwiliad o system teleffoni'r Ymddiriedolaeth (ac eithrio galwadau 999) i sicrhau cydymffurfedd â'r Safonau.

6.2.1 GIG 111 Cymru – Adolygiad o'r gwasanaeth

Rhwng mis Ebrill 2025 a mis Mawrth 2026, adroddodd Gwasanaeth 111 GIG Cymru am welliant sylweddol yng nghyfran y galwadau a atebwyd yn y Gymraeg, gan gynyddu o 45% i 62% (cynnydd o 17% o'i gymharu â'r flwyddyn flaenorol).

Nifer y galwadau Cymraeg i'r Gwasanaeth GIG 111 Cymru a'r gyfradd ateb 2025-26

Dyddiad	Galwadau Cymraeg a gynigiwyd	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y galwadau a atebwyd yn Gymraeg
01/04/25 – 31/03/26	18,282	11,165	62%
01/04/24 – 31/03/25	18,462	8,444	45%

Dros y flwyddyn ddiwethaf, cyflwynwyd sawl menter sydd wedi cyfrannu at gynnydd amlwg yn nifer y galwadau a atebwyd yn y Gymraeg o'i gymharu â'r flwyddyn flaenorol. Un newid arwyddocaol, a weithredwyd ym mis Mehefin 2025, oedd cyflwyno opsiwn i alwyr dewis peidio ag aros am driniwr galwadau sy'n siarad

Cymraeg ar ôl 15 munud. Mae hyn yn caniatáu i alwyr ailymuno â'r ciw Saesneg os yw'n well ganddynt, gan roi'r hyblygrwydd iddynt benderfynu a ydynt am barhau i aros am driniwr galwadau sy'n siarad Cymraeg.

Yn dilyn dadansoddiad pellach o batrymau galwadau Cymraeg, ac oherwydd bod y galw am y gwasanaeth Cymraeg ar ei uchaf yn ystod penwythnosau a Gwyliau Banc, mae'r gwasanaeth wedi ymestyn yr oriau y mae trinwyr galwadau Cymraeg penodedig ar gael, o 08:00–14:00 i 08:00–16:00.

Yn ystod yr amseroedd brig hyn, mae proffiliau dau driniwr galwadau sy'n siarad Cymraeg yn cael eu haddasu fel eu bod yn rheoli galwadau sy'n cyflwyno yn Gymraeg yn unig. Mae hyn wedi galluogi'r gwasanaeth i drin nifer uwch o alwadau Cymraeg yn ystod cyfnodau prysur, gan gyfrannu at gyfradd ateb well yn y Gymraeg.

Mae recriwtio wedi'i dargedu ar gyfer trinwyr galwadau sy'n siarad Cymraeg hefyd wedi bod yn gymharol lwyddiannus, gan helpu i gynnal y gyfradd ateb galwadau Cymraeg. Yn ogystal, mae staff yn parhau i gael eu cefnogi drwy sesiynau ymwybyddiaeth o'r Gymraeg a hyfforddiant ar drin galwadau sy'n cyflwyno yn y Gymraeg. O ganlyniad, mae nifer y cwynion Cymraeg a dderbyniwyd gan y gwasanaeth wedi lleihau, ni dderbyniwyd unrhyw gwynion ffurfiol am y Gymraeg yn ystod y cyfnod hwn.

Mae perfformiad yn erbyn y gyfradd ateb yn y Gymraeg yn parhau i fod yn ffocws allweddol i dîm arwain gweithredol GIG 111 Cymru. Mae'r mentrau hyn yn ffurfio rhan o'r ymroddiad parhaus i ddarparu'r gwasanaeth gorau posibl i alwyr sy'n siarad Cymraeg. Drwy barhau i deilwra'r dull hwn, y nod yw gwella profiad galwyr a sicrhau eu bod yn derbyn cymorth prydlon ac effeithiol.

Yn 2026, bydd Gwasanaeth GIG 111 Cymru yn lansio ei gynllun pum mlynedd newydd ar gyfer darparu ymgynghori clinigol drwy gyfrwng y Gymraeg. Bydd y cynllun yn nodi uchelgeisiau a chyflawniadau allweddol manwl mewn perthynas â'r Gymraeg. Bydd yn cynnwys trin galwadau mewnol/111 yn ogystal â gwasanaethau clinigol 111.

6.2.2 Gwasanaeth Cludiant Cleifion Di-frys

Nifer y galwadau Cymraeg i NEPTS a'r gyfradd ateb 2025-26

Galw am y Gymraeg	Galwadau Cymraeg a gynigiwyd	Cyfanswm y galwadau a atebwyd yn Gymraeg	% y galwadau a atebwyd yn Gymraeg
01/04/25 – 31/03/26	3,545	2,638	74%
01/04/24 – 31/03/25	4,294	4,327	77%

Pan fydd galwyr yn cysylltu â NEPTS byddant yn cwblhau Asesiad o Anghenion y Claf sef set strwythuredig o gwestiynau wedi'u cynllunio i bennu anghenion a gofynion meddygol pob claf sy'n teithio gyda NEPTS. Mae'r asesiad wedi'i gyfieithu'n broffesiynol, caiff ei adolygu a'i ddiweddaru'n rheolaidd, ac mae'r fersiynau Cymraeg yn cael eu diweddaru'n barhaus er mwyn i dderbynwyr galwadau Cymraeg NEPTS allu eu defnyddio.

Dosbarthwyd cardiau geirfa desg i staff yng nghanolfan galwadau NEPTS er mwyn sicrhau bod staff trin galwadau yn gallu cefnogi cleifion Cymraeg eu hiaith yn hyderus ac yn gyson. Mae hyn yn helpu i gasglu gwybodaeth yn gywir, lleihau camddealltwriaethau a gwella profiad cyffredinol y claf drwy ddarparu gwasanaethau yn ei ddewis iaith.

6.3 Cyfarfodydd (Safonau 21 – 30)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd isel ar gyfer Safonau 21-22 a 26-30 (Cynnal cyfarfodydd yn y Gymraeg). Cynhelir y mwyafrif helaeth o gyfarfodydd, yn enwedig cyfarfodydd ffurfiol y bwrdd, pwyllgorau a phwyllgorau mewnol, yn Saesneg.

Cyhoeddir gwahoddiadau i gyfarfodydd Bwrdd yr Ymddiriedolaeth i bartneriaid a rhanddeiliaid yn ddwyieithog drwy e-bost, gyda gwybodaeth ategol hefyd yn cael ei rhannu'n ddwyieithog drwy gyfryngau cymdeithasol a gwefan yr Ymddiriedolaeth.

Mae holl gyfarfodydd Bwrdd yr Ymddiriedolaeth a'r agendâu cysylltiedig ar gael yn Gymraeg, ac mae Adroddiad Blynyddol Safonau'r Ymddiriedolaeth yn cael ei gyflwyno'n ddwyieithog yng nghyfarfodydd Bwrdd yr Ymddiriedolaeth. Lle y bo modd, cynhyrchir cyflwyniadau sleidiau a ddefnyddir yn y Cyfarfod Cyffredinol Blynyddol yn ddwyieithog hefyd.

Mae cefndir corfforaethol dwyieithog newydd wedi'i greu ar gyfer Teams ac mae ar gael i staff ar SharePoint.





Camau gweithredu pellach a gynlluniwyd

Yn ystod 2026/27 byddwn yn gwreiddio ystyriaethau'r Gymraeg mewn cynllunio cyfarfodydd a chyflwyniadau arferol drwy sefydlu dull clir a chyson o gasglu dewisiadau iaith ymlaen llaw. Yn ystod y cyfnod gwahodd, gofynnir i fynychwyr y cyfarfod a ydynt yn dymuno defnyddio'r Gymraeg, a cheisir cadarnhad gan siaradwyr gwadd cyn cyfarfodydd ynghylch a ydynt yn bwriadu cyflwyno yn y Gymraeg.

Ochr yn ochr â hynny, bydd yr Ymddiriedolaeth yn hyrwyddo mynediad at wasanaethau cyfieithu ar y pryd a'u defnyddio er mwyn cynyddu ymwybyddiaeth ac i sicrhau bod y canllawiau dylunio dwyieithog (https://www.comisiynyddygymraeg.cymru/media/pzedsr4l/dylunio-dwyieithog-bilingual-design.pdf) a ddarperir gan Swyddfa Comisiynydd y Gymraeg yn hygyrch ac yn cael eu deall yn eang. Lle y bo modd, bydd Tîm y Gymraeg yr Ymddiriedolaeth yn cefnogi creu cyflwyniadau gyda sleidiau dwyieithog i alluogi cyfranogiad cynhwysol ac atgyfnerthu ymrwymiad yr Ymddiriedolaeth i arferion gwaith dwyieithog.

6.4 Digwyddiadau cyhoeddus (Safonau 31 – 32)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 31-32 (Cynnal digwyddiadau cyhoeddus yn y Gymraeg).

Mae digwyddiadau ymgysylltu â'r cyhoedd yn cael eu cydlynu gan y Tîm Profiad y Claf a Chynnwys y Gymuned ac yn cael eu cyfathrebu'n ddwyieithog, gydag adnoddau dwyieithog ar gael i gefnogi cyfranogwyr. Rheolwr Gwasanaethau'r Gymraeg sy'n cydlynu cyfranogiad yr Ymddiriedolaeth mewn digwyddiadau fel yr Eisteddfod.

Eisteddfod Genedlaethol Wrecsam 2025
Cymerodd yr Ymddiriedolaeth ran yn yr Eisteddfod Genedlaethol 2025 yn Wrecsam fel rhan o stondin GIG Cymru a ariannwyd ar y cyd, gyda chefnogaeth Llywodraeth Cymru a sefydliadau GIG Cymru a oedd yn cymryd rhan. Roedd mynychu'r Eisteddfod yn gyfle gwerthfawr i ymgysylltu'n uniongyrchol â'r cyhoedd, codi ymwybyddiaeth o wasanaethau'r Ymddiriedolaeth, a hyrwyddo'r Gymraeg a'r diwylliant mewn ffordd gadarnhaol.

Amlygodd adborth gan staff a mynychwyr gydlynu gweithredol cryf, ymgysylltiad cyhoeddus ystyrlon, a gwaith tîm cadarnhaol drwy gydol y digwyddiad. Bu Jeremy Miles AS, cyn Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol, hefyd yn ymweld â stondin y GIG. Wrth ymgysylltu â staff a chymryd rhan mewn hyfforddiant CPR, helpodd i godi proffil presenoldeb yr Ymddiriedolaeth yn y digwyddiad ac i amlygu ei chyfraniad.





Gan fod gwirfoddolwyr bellach yn cefnogi nifer gynyddol o ddigwyddiadau, mae angen cynyddol i sicrhau bod digon o staff sy'n siarad Cymraeg ar gael i ddarparu cefnogaeth iaith briodol. I fynd i'r afael â hyn, mae'r Ymddiriedolaeth yn archwilio

sefydlu cronfa o staff sy'n siarad Cymraeg y gellir cysylltu â nhw i gynorthwyo mewn digwyddiadau ymgysylltu â'r cyhoedd yn ôl yr angen.

Lle bynnag y derbynnir adborth cadarnhaol, caiff hwn ei rannu'n fewnol i ddarparu canllawiau pellach a hyrwyddo arfer da.

6.5 Dogfennau a ffurflenni (Safonau 36 - 38)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 36-38 (Cyhoeddir dogfennau a ffurflenni yn y Gymraeg).

Ers dechrau mis Medi 2023, mae gan yr Ymddiriedolaeth wasanaeth cyfieithu mewnol pwrpasol, sydd ar gael i'r holl staff trwy gyfrif e-bost a blwch negeseuon e-bost cyffredinol.

Yn ogystal, mae canllawiau ar gyfer staff ynghylch sut i gyrchu a chyflwyno gwaith i'w gyfieithu bellach ar gael ar safle SharePoint yr Ymddiriedolaeth. Mae'r cyfleuster hwn wedi bod yn allweddol i alluogi cydymffurfedd â'r Safonau o ran dogfennau a ffurflenni.

Dogfennau'r Ymddiriedolaeth
Dangosodd adolygiad o'r dogfennau a gyhoeddwyd ar wefan yr Ymddiriedolaeth yn ystod 2025 gydymffurfedd o 100% â'r gofynion cyhoeddi yn y Gymraeg ar gyfer dogfennau corfforaethol allweddol yr Ymddiriedolaeth, gan gynnwys strategaethau a chynlluniau. Mae hyn yn cynrychioli gwelliant sylweddol o'i gymharu â chydymffurfedd o 78% a adroddwyd yn 2024, gan ddangos trefniadau llywodraethu cryfach ac ymrwymiad parhaus i sicrhau bod gwybodaeth ar gael yn ddwyieithog yn unol â'r Safonau gofynnol.

Ffurflenni'r Ymddiriedolaeth
Mae sawl ffurflen ar gyfer y cyhoedd bellach ar gael yn y Gymraeg, gan wella hygyrchedd a chefnogi ymrwymiad yr Ymddiriedolaeth i ddarparu gwasanaethau dwyieithog. Mae'r rhain yn cynnwys ffurflen adborth NEPTS, ffurflen canslo cludiant NEPTS, ffurflen adborth gwasanaethau dwyieithog, a ffurflen gyflwyno Gwrando ar Bobl. Mae sicrhau bod y ffurflenni allweddol hyn ar gael yn y Gymraeg yn helpu i sicrhau y gall aelodau'r cyhoedd ymgysylltu â gwasanaethau'r Ymddiriedolaeth yn hyderus ac yn eu dewis iaith.

Camau gweithredu pellach a gynlluniwyd

Er mwyn cryfhau cydymffurfiaeth ymhellach, bydd yr Ymddiriedolaeth yn adolygu a mireinio ei phroses asesu er mwyn helpu awduron dogfennau i benderfynu pa ddogfennau neu ffurflenni y dylid eu darparu yn Gymraeg.

Yn ogystal, bydd y Rheolwr Gwasanaethau Cymraeg yn ymgysylltu â Thîm Cyfathrebu'r Ymddiriedolaeth i archwilio'r posibilrwydd o gynnwys meini prawf ar gyfer cyfieithu i'r Gymraeg o fewn Canllawiau Brand yr Ymddiriedolaeth o ran dogfennau a ffurflenni.

6.6 Deunydd cyhoeddusrwydd a hysbysebu (Safonau 33 – 34)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 33-34 (Deunyddiau cyhoeddusrwydd a hysbysebu a gynhyrchwyd yn y Gymraeg).

Mae'r holl ddeunyddiau cyhoeddusrwydd a hysbysebu a gynhyrchir gan yr Ymddiriedolaeth ar gyfer y cyhoedd bellach ar gael yn ddwyieithog, yn Gymraeg ac yn Saesneg. Mae hyn yn cynnwys datganiadau i'r wasg, cynnwys ar draws holl lwyfannau cyfryngau cymdeithasol yr Ymddiriedolaeth, a deunyddiau i'r wefan.

Yn ystod y cyfnod rhwng 1 Ebrill 2025 a 31 Mawrth 2026, cyhoeddodd yr Ymddiriedolaeth 70 o ddatganiadau i'r wasg dwyieithog, gan ddangos cydymffurfedd parhaus â'r Safonau.

Datblygwyd cyhoeddusrwydd i esbonio Model Ymateb Clinigol newydd yr Ymddiriedolaeth, gan amlygu newidiadau i sut mae galwadau 999 i Wasanaeth Ambiwlans Cymru yn cael eu rheoli. Er mwyn sicrhau hygyrchedd a hyrwyddo dealltwriaeth ar draws pob cymuned, cynhyrchwyd a chyhoeddwyd cyfres o fideos YouTube yn y Gymraeg a'r Saesneg. Gellir eu gwylio yma ac yma.

Darperir enghraifft arall o weithgarwch cyhoeddusrwydd dwyieithog yn ystod y cyfnod hwn isod, yn ymwneud â hyrwyddo cyfleoedd gyrwyr ceir gwirfoddol a Model Ymateb newydd yr Ymddiriedolaeth.





Mae'r adnoddau dwyieithog hyn yn helpu i sicrhau cyfathrebu clir â'r cyhoedd ac yn adlewyrchu ymrwymiad yr Ymddiriedolaeth i ddarparu gwybodaeth yn unol â dewis iaith yr unigolyn.

6.7 Gwefannau a gwasanaethau ar-lein (Safonau 39 – 43)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 39-43 (Gwefannau a gwasanaethau digidol cyhoeddus (gan gynnwys apiau) ar gael yn Gymraeg).

Mae gan yr Ymddiriedolaeth ddwy wefan, sef gwefan Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru, a gwefan GIG 111 Cymru, yr ydym yn ei gweithredu fel darparwr a gomisiynwyd o 111 ledled Cymru. Mae rhai o'r heriau sy'n gysylltiedig â'r gwefannau hyn, a'r camau gweithredu pellach a gynlluniwyd, wedi'u nodi isod.

6.7.1 Gwefan GIG 111 Cymru

Gwirwyr Symptomau Ar-lein GIG 111 Cymru
Fel rhan o ailddatblygiad parhaus gwefan GIG 111 Cymru, mae gwirwyr symptomau newydd yn cael eu gweithredu ar hyn o bryd i wella cywirdeb clinigol, defnyddioldeb a diogelwch cleifion. Elfen allweddol o'r gwaith hwn yw cryfhau'r ddarpariaeth Gymraeg i sicrhau bod y Gymraeg wedi'i gwreiddio o fewn mynediad digidol at ofal.

Mae'r gwirwyr symptomau'n cael eu cynllunio i gefnogi cynnwys Cymraeg o safon glinigol o'r cychwyn cyntaf, gan sicrhau bod yr wybodaeth yn Gymraeg yn gywir, â sicrwydd clinigol, ac yn cael ei diweddaru ochr yn ochr â'r cynnwys Saesneg. Bydd y dull hwn yn dileu'r risg flaenorol sy'n gysylltiedig â chynnwys Cymraeg yn mynd yn anghyfredol a bydd yn sicrhau cydraddoldeb rhwng ieithoedd wrth i'r gwirwyr symptomau gael eu diweddaru neu eu datblygu. Disgwylir y bydd y gwaith hwn yn cael ei gwblhau erbyn mis Gorffennaf 2026.

Mae gweithredu'r gwirwyr symptomau newydd yn cynrychioli cam sylweddol ymlaen wrth gryfhau'r ddarpariaeth ddigidol Gymraeg. Bydd hyn yn helpu i sicrhau bod siaradwyr Cymraeg yn gallu cael mynediad diogel at gyngor ac arweiniad ar-lein yn eu hiaith o ddewis, heb wynebu oedi na bod dan anfantais o gymharu â defnyddwyr eraill. Mae'r gwaith hwn yn cefnogi'n uniongyrchol ymrwymiad yr Ymddiriedolaeth i'r Safonau, y cynnig rhagweithiol, a darparu gwasanaethau digidol dwyieithog teg a chyfartal i bobl Cymru.

Datblygu Gwefan GIG 111 Cymru
Mae cyllid bellach wedi'i sicrhau i gefnogi cam nesaf datblygu gwasanaeth ar-lein GIG 111 Cymru. Mae gwaith ar y gweill gyda chomisiynwyr a rhanddeiliaid allweddol i gytuno ar y cynllun ar gyfer datblygu'r gwasanaeth yn y dyfodol, y trefniadau gweithredu a'r map ffordd cyflawni, gan ganolbwyntio ar wella profiad y defnyddiwr, hygyrchedd, a darpariaeth gwasanaethau digidol dwyieithog.

Un o brif ffocysau'r ailddatblygiad yw gwella cydraddoldeb rhwng cynnwys digidol Cymraeg a Saesneg, gan leihau'r risg na fydd gwybodaeth Gymraeg yn cael ei chadw'n gyfredol pan fydd cynnwys clinigol yn newid. Mae'r dull hwn yn cefnogi diogelwch cleifion ac yn atgyfnerthu ymrwymiad yr Ymddiriedolaeth i ddarparu mynediad cyfartal at gyngor ac arweiniad ar-lein yn unol â dewis iaith y claf.

Cynorthwyydd Rhithwir (AlBot)
Mae'r cynorthwyydd rhithwir 'AlBot' ar gael ar wefan GIG 111 Cymru ac yn cefnogi rhyngweithio yn y Gymraeg, gan alluogi defnyddwyr i ofyn cwestiynau a derbyn ymatebion yn y Gymraeg (pan fydd y defnyddiwr wedi dewis y Gymraeg fel ei ddewis iaith). Gan adeiladu ar y gallu hwn, cyflwynwyd cynllun peilot pedair wythnos o wasanaeth asiant byw i ategu'r ymatebion awtomataidd, gan ddarparu llwybr i ddefnyddwyr gael cymorth gan gynghorydd go iawn pan fo angen. Cefnogodd y dull hwn well hygyrchedd a pharhad i ddefnyddwyr sy'n siarad Cymraeg, yn enwedig lle

mae ymholiadau'n fwy cymhleth neu angen sicrwydd, gan gynnal cydraddoldeb rhwng gwasanaethau Cymraeg a Saesneg.



O 1/8/25 i 31/3/26 bu 42mil o ryngweithiadau gydag AlBot, gan gynnwys 72 yn y Gymraeg. Bydd yr Ymddiriedolaeth yn parhau i fonitro'r rhyngweithiadau hyn yn 2026/27

Ap Hwb Golau Glas

Mae ap Hwb Golau Glas, a ddatblygwyd gan yr Ymddiriedolaeth, yn adnodd addysgol dwyieithog ar gyfer plant 7 i 12 oed, sydd wedi'i gynllunio i godi ymwybyddiaeth ac i feithrin hyder a sgiliau achub bywyd ymhlith pobl ifanc.

Rhwng 1 Ebrill 2025 a 31 Mawrth 2026, gosodwyd ap Hwb Golau Glas ar **558** o ddyfeisiau Android a **206** o ddyfeisiau iOS. Ers ei lansio, mae'r ap wedi'i osod 14,908 o weithiau ar ddyfeisiau Android a 5,594 o weithiau ar ddyfeisiau iOS. Mae'r ffigurau hyn yn cynnwys achosion lle mae defnyddwyr wedi ailosod yr ap eu dyfais. Gan nad oes unrhyw ddata ar lefel-defnyddiwr yn cael eu casglu drwy'r ap, nid yw'n bosibl darparu gwybodaeth benodol am y defnydd o'r Gymraeg.

6.8 Cyfryngau cymdeithasol (Safonau 45 – 46)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 45-46 (nid yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg ar gyfryngau cymdeithasol).

Tystiolaeth i gefnogi'r asesiad

Mae'r Ymddiriedolaeth yn gweithredu cyfrifon cyfryngau cymdeithasol Cymraeg a Saesneg ar wahân ar gyfer Facebook, X ac Instagram. Mae pob postiad Saesneg yn cael ei atgynhyrchu yn y Gymraeg yn rheolaidd. LinkedIn yw'r unig gyfrif dwyieithog o hyd.

Cyfrifon cyfryngau cymdeithasol dwyieithog: data (01 Ebrill 2025 i 31 Mawrth 2026)

Mae'r Ymddiriedolaeth yn gweithredu cyfrifon cyfryngau cymdeithasol Cymraeg a Saesneg ar wahân ar gyfer Facebook, X ac Instagram. Mae pob postiad Saesneg yn cael ei atgynhyrchu yn y Gymraeg yn rheolaidd. LinkedIn yw'r unig gyfrif dwyieithog o hyd.

X

Ym mis Tachwedd 2024, gwnaeth yr Ymddiriedolaeth y penderfyniad i gyfyngu ei weithgarwch ar X i gyhoeddi negeseuon rhybuddio a darparu gwybodaeth yn unig. Nid yw'r Ymddiriedolaeth wedi cyhoeddi unrhyw bostiadau ar y platfform hwn ers 31 Rhagfyr 2024, a'r tro diwethaf iddi rannu cynnwys oedd 16 Tachwedd 2025. Nid yw'r Ymddiriedolaeth wedi ildio ei henw defnyddiwr ar X, gan nad yw am i unrhyw un allu dynwared yr Ymddiriedolaeth ar y platfform. Ar adegau o alw uchel, mae'n bosibl y bydd yr Ymddiriedolaeth yn ailystyried defnyddio'r platfform i gyhoeddi negeseuon brys, ond fel arfer Facebook ac Instagram yw'r prif sianeli a ddefnyddir at y diben hwn. Am y rheswm hwn, ynghyd ag anhygyrchedd dadansoddeg X ers newid Twitter i X, y data canlynol yw'r cyfan sydd ar gael.

	@Ambiwlans_Cymru	@WelshAmbulance
Cyfanswm y dilynwyr	383	23,000

Facebook

	Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services University NHS Trust
Cyfanswm y dilynwyr	316	42,620
Ymweliadau â thudalen	1,734	141,676
Cyfanswm y cyrhaeddiad	29,177	7,517,518
Rhyngweithiadau â'r cynnwys	442	52,905
Y nifer sy'n agor dolenni	14	17

Instagram

	Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services University NHS Trust
Cyfanswm y dilynwyr	42	5,894
Cyrhaeddiad	22	286,399

Ers mis Ionawr 2025, rydym wedi cael dau gyfrif ar wahân ar gyfer y Gymraeg a'r Saesneg. Mae ymgysylltiad ar y cyfrif Cymraeg wedi tyfu, er ei fod wedi bod yn araf iawn o'i gymharu â'r Saesneg.

LinkedIn

Y platfform hwn yw unig gyfrif dwyieithog yr Ymddiriedolaeth lle mae postiadau Cymraeg a Saesneg yn cael eu postio gyda'i gilydd ar yr un dudalen ond fel postiadau unigol.

	WAST
Cyfanswm y dilynwyr	8,761
Argraffiadau	300,909
Ymweliadau â thudalennau	4,083

Mae gwefan GIG 111 Cymru yn gweithredu ei chyfrifon cyfryngau cymdeithasol Facebook (FB) Cymraeg a Saesneg ei hun.

Metrig	FB NHS 111 Wales	FB GIG 111 Cymru
Nifer yr ymweliadau	3,698,268	10,636
Ymweliadau â thudalen	9,815	432
Rhyngweithiadau â'r cynnwys	2,008	72
Dilynwyr	7,071	106

Camau gweithredu pellach a gynlluniwyd

Bydd rheolwyr gwasanaethau a Rheolwr Gwasanaethau'r Gymraeg yn monitro cydymffurfedd â'r safon hon yn rheolaidd, gyda gweithgarwch yn cael ei adrodd yn rheolaidd i Grŵp Cynghori'r Gymraeg o leiaf ddwywaith y flwyddyn.

6.9 Arwyddion a hysbysiadau (Safonau 47 - 49)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 47-49 (Mae arwyddion yn cael eu harddangos yn y Gymraeg).

Ystadau'r Ymddiriedolaeth
Mae pob prosiect adeiladu ac adnewyddu newydd ar draws ystâd yr Ymddiriedolaeth yn cynnwys gosod arwyddion dwyieithog newydd. Mae'r arwyddion hyn yn cael eu hadolygu a'u gwirio o ran ansawdd gan Dîm y Gymraeg i sicrhau cywirdeb, cysondeb a chydymffurfedd â'r Safonau.

Mae arwyddion dwyieithog wedi'u gosod yn y safleoedd canlynol:

- Tŷ Bannau (Pencadlys Rhanbarthol)
- Gorsaf Ambiwlans Castell-nedd
- Gorsaf Ambiwlans Abertawe
- Gorsaf Ambiwlans Gorseinon
- Gorsaf Ambiwlans Glynrhedynog

- Gorsaf Ambiwlans Ystradgynlais

Isod mae enghreifftiau o arwyddion mewnol dwyieithog a osodwyd yn y safleoedd hyn, sy'n dangos ymrwymiad parhaus yr Ymddiriedolaeth i amgylchedd dwyieithog.









Pan fo angen arwyddion a hysbysiadau dros dro neu ad hoc ar safleoedd yr Ymddiriedolaeth, mae Tîm y Gymraeg yn gweithio mewn partneriaeth â'r Tîm Ystadau i ddatblygu cyfres o dempledi dwyieithog y gellir eu hargraffu. Bydd y rhain yn ei gwneud yn hawdd i staff argraffu ac arddangos arwyddion a hysbysiadau dros dro sy'n cydymffurfio yn eu gweithleoedd pan fo angen, gan sicrhau bod gwybodaeth ddwyieithog yn parhau i gael ei darparu ledled yr ystâd.

Fflyd yr Ymddiriedolaeth

Prynwyd 44 o Ambiwlansys Argyfwng gyda brandio dwyieithog.



Yn ogystal, prynwyd 65 o gerbydau di-frys a 15 o gerbydau ymateb sengl gyda brandio dwyieithog.

Camau gweithredu pellach a gynlluniwyd

Bydd arwyddion ar draws y sefydliad a'i gerbydau yn cael eu hadolygu a'u monitro'n barhaus.

6.10 Gwasanaethau derbynfa (Safonau 50 - 53)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel o ddim sicrwydd ar gyfer Safonau 50-53 (gwasanaethau derbynfa Cymraeg).

Er bod prosesau recriwtio'r Ymddiriedolaeth yn annog ceisiadau'n weithredol gan ymgeiswyr sy'n siarad Saesneg a Chymraeg, nid oes unrhyw siaradwyr Cymraeg mewn rolau derbynfa pwrpasol o fewn yr Ymddiriedolaeth ar hyn o bryd.

Camau gweithredu pellach a gynlluniwyd

Mewn ymateb i'r sefyllfa hon, mae'r Ymddiriedolaeth yn adolygu'r holl opsiynau sydd ar gael i sicrhau darpariaeth y Gymraeg mewn mannau derbyn lle bo angen. Mae hyn yn cynnwys gweithio gyda thimau ym mhob lleoliad i nodi staff a all ddarparu cefnogaeth yn Gymraeg pan fo angen. Byddwn hefyd yn datblygu rhestr o bwyntiau cyswllt dynodedig i gefnogi darparu gwasanaethau derbynfa neu ymateb i ymholiadau'r cyhoedd yn Gymraeg wrth bwyntiau mynediad i adeiladau.

I gefnogi'r dull hwn, mae cardiau geirfa desg *"Sut i Ateb y Ffôn"* wedi'u dosbarthu i ardaloedd derbynfa. Yn ogystal, mae sesiwn sgiliau cwrteisi iaith Gymraeg newydd wedi'i datblygu ar gyfer staff sy'n gweithio mewn derbynfeydd ar draws safleoedd yr Ymddiriedolaeth, gyda chynlluniau i hwyluso'r sesiynau hyn yn ystod 2026/27.

6.11 Dyfarnu contractau (Safonau 57 - 59)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 57-59 (Mae prosesau ar gyfer dyfarnu grantiau a chontractau yn sicrhau nad yw'r Gymraeg yn cael ei thrin yn llai ffafriol na'r Saesneg)

Caiff gwahoddiadau i dendro eu cyhoeddi'n ddwyieithog os yw pwnc y gwahoddiad i dendro yn awgrymu y dylid ei gynhyrchu yn Gymraeg, neu os yw'r gynulleidfa a ragwelir, a'u disgwyliadau, yn awgrymu y dylid cynhyrchu'r testun yn Gymraeg. Gellir cyflwyno tendrau yn Gymraeg, ac na fydd tendr a gyflwynir yn Gymraeg yn cael ei drin yn llai ffafriol na thendr a gyflwynir yn Saesneg.

Yn ystod y cyfnod adrodd hwn, ni chyhoeddwyd unrhyw geisiadau am dendrau neu gontractau yn Gymraeg, ac ni dderbyniwyd yr un yn Gymraeg.

Camau gweithredu pellach a gynlluniwyd

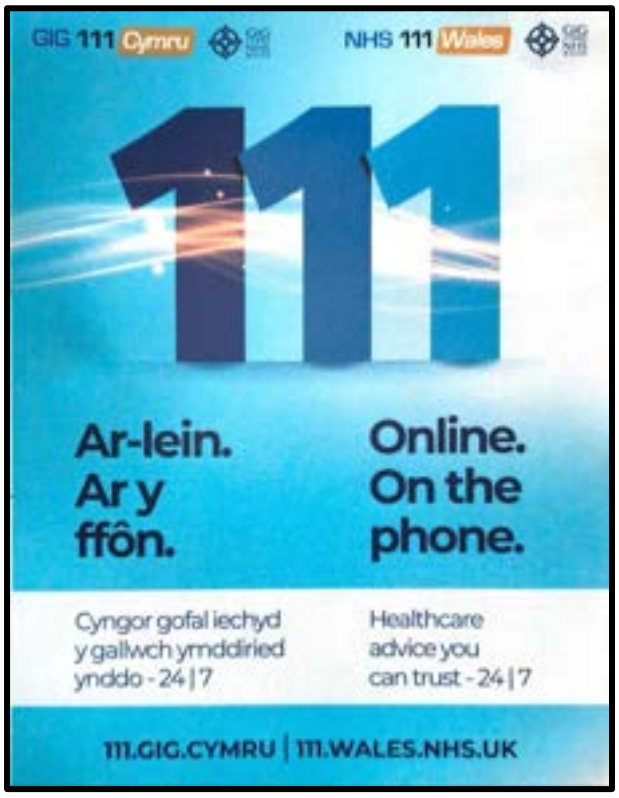
Ar gyfer 2026/27, mae Partneriaeth Cydwasanaethau GIG Cymru (PCGC) yn datblygu Offeryn Asesu Caffael y Gymraeg i'w ddefnyddio gan reolwyr contractau wrth gynnal asesiad o ofynion y Gymraeg ar gyfer unrhyw gontractau a ddyfernir sydd â gwerth cyffredinol sy'n fwy na £5,000.

6.12 Hyrwyddo gwasanaethau cyfrwng Cymraeg (Safonau 60 – 61)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 60-61 ar gyfer hyrwyddo defnyddio gwasanaethau cyfrwng Cymraeg yr Ymddiriedolaeth.

Mae'r holl gyhoeddusrwydd ar gyfer gwasanaeth GIG 111 Cymru yn cael ei wneud yn ddwyieithog ar hysbysebion teledu, fideo ar alw a thaflenni.



Camau gweithredu pellach a gynlluniwyd

Hyrwyddo ymhellach wasanaethau presennol yr Ymddiriedolaeth sy'n cynnig gwasanaeth Cymraeg a sicrhau bod y cyhoedd yn ymwybodol eu bod yn gallu cysylltu â'r gwasanaethau hyn yn Gymraeg.

6.13 Hunaniaeth gorfforaethol (Safon 62)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer safon 62 (Hunaniaeth gorfforaethol yn Gymraeg).



Ar 1 Ebrill 2024, dyfarnwyd statws Ymddiriedolaeth Brifysgol i'r Ymddiriedolaeth ac o ganlyniad diweddarwyd logo GIG Cymru yr Ymddiriedolaeth i adlewyrchu hyn. Uchafbwynt nodedig oedd bathu darn arian coffa newydd yn dwyn Bathodyn y Goron wedi'i ddiweddaru, a gyflwynwyd yng Ngwobrau Gwasanaeth Hir yn 2025/26.

6.14 Darparu cyrsiau addysgol yn Gymraeg (Safon 63)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer safon 63 (Darparu cyrsiau addysgol yn Gymraeg).

Mae Restart a Heart (RSAH) Live yn ddigwyddiad ar-lein 12 awr sy'n cael ei ffrydio'n fyw i ystafelloedd dosbarth. Mae amserlen o ddigwyddiadau yn caniatáu i'r athrawon ddewis pa adran / iaith maen nhw am ei gwylio. At ei gilydd, ledled y DU, cymerodd 101,000 o blant ran yn y digwyddiad RSAH Live. O'r rheini, roedd 27,000 o ysgolion yng Nghymru. Dyma'r fenter gyntaf o'i bath yn y DU ac mae Achub Bywyd Cymru wedi sicrhau bod cynnwys ar gael yn y Gymraeg, sydd yn gam mawr ymlaen ynddo'i hun ar gyfer digwyddiad mor genedlaethol.

Camau gweithredu pellach a gynlluniwyd

Nodi staff sy'n siarad Cymraeg o fewn y sefydliad y gellid cysylltu â nhw i gefnogi darparu hyfforddiant yn y Gymraeg.

6.15 Gwneir cyhoeddiadau dros system annerch gyhoeddus yn Gymraeg a gwneir y cyhoeddiad yn Gymraeg yn gyntaf (Safon 64).

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer safon 64.

Mae'r safon hon yn berthnasol i gerbydau'r Ymddiriedolaeth a weithgynhyrchwyd ar ôl 30 Mai 2019 sydd â system rhybudd sain pan fydd cerbyd yn bacio'n ôl. Mae pob cerbyd perthnasol yr Ymddiriedolaeth wedi'i gyfarparu â neges rhybuddio sain ddwyieithog sy'n chwarae pan fydd y cerbyd yn bacio'n ôl, gan sicrhau bod cerddwyr yn derbyn rhybuddion diogelwch clir a hygyrch yn Gymraeg a Saesneg. Mae hyn yn cefnogi cydymffurfedd â'r Safonau wrth hyrwyddo diogelwch y cyhoedd ar draws gweithrediadau'r Ymddiriedolaeth.

Camau gweithredu pellach a gynlluniwyd

Bydd Rheolwr Gwasanaethau'r Gymraeg yn parhau i weithio'n agos gyda'r Pennaeth Fflyd i sicrhau cydymffurfedd â'r Safonau mewn perthynas â cherbydau'r Ymddiriedolaeth.

7. Safonau llunio polisi (Safonau 69 – 77)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 69-74; a dim sicrwydd ar gyfer Safonau 75-77 ar gyfer ymchwil a gomisiynwyd neu a gynhaliwyd i ystyried yr effeithiau ar y Gymraeg.

Grŵp Polisi'r Ymddiriedolaeth sy'n gyfrifol am oruchwylio'r broses lywodraethu sy'n ymwneud â datblygu a diwygio polisïau. Mae Bwrdd yr Ymddiriedolaeth a'r pwyllgorau perthnasol yn derbyn sicrwydd bod asesiad o'r effaith ar gydraddoldeb wedi'i gwblhau wrth gymeradwyo polisïau a neilltuwyd. Mae Rheolwr Gwasanaethau'r Gymraeg yn aelod craidd o Grŵp Polisi'r Ymddiriedolaeth i roi cyngor a sicrhau bod y Safonau'n cael eu dilyn er mwyn rhoi sicrwydd.

Mae pob polisi newydd a diwygiedig a gyflwynir i'r Grŵp Polisi yn cael ei ategu gan asesiad o'r effaith ar gydraddoldeb wedi'i gwblhau sy'n ystyried yr effeithiau posibl ar y Gymraeg. Rhaid i'r asesiadau o'r effaith ar gydraddoldeb sy'n ategu polisïau fod wedi'u cynnal mewn partneriaeth â'r Partner Undeb Llafur a enwir, gyda'r fersiwn derfynol yn cael ei hadolygu a'i chymeradwyo gan Bennaeth Cynhwysiant ac Ymgysylltu. Ni dderbynnir unrhyw bolisïau i'w cyflwyno i'r Grŵp Polisi heb asesiad o'r effaith ar gydraddoldeb wedi'i gymeradwyo.

Daeth archwiliad mewnol Safonau 2025/26, a gynhaliwyd gan PCCG, i'r casgliad bod y polisïau a'r gweithdrefnau presennol yn darparu cefnogaeth ddigonol i sicrhau bod y Safonau'n cael eu cymhwyso'n gyson, gan arwain at sicrwydd sylweddol.

Camau gweithredu pellach a gynlluniwyd

Mae gan Reolwr Gwasanaethau'r Gymraeg fynediad at Draciwr Polisïau'r Ymddiriedolaeth ac mae'n darparu cyngor ac arweiniad ynghylch polisïau y mae angen iddynt fod ar gael yn Gymraeg.

Ar adeg ysgrifennu, roedd polisi ymchwil a datblygu yn cael ei ddatblygu. Bydd Rheolwr Gwasanaethau'r Gymraeg yn gweithio gyda'r arweinydd polisi i sicrhau bod ystyriaethau o ran y Gymraeg yn cael eu cynnwys.

Bydd Rheolwr Gwasanaethau'r Gymraeg yn ymgysylltu â meysydd gwasanaeth yr Ymddiriedolaeth sy'n ymwneud â chomisiynu ymchwil i sicrhau bod yr effaith ar y Gymraeg yn cael ei hystyried.

8. Safonau gweithredu (Safonau 79 – 114)

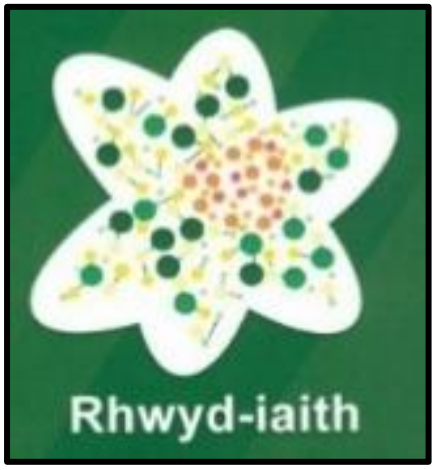
Mae'r set hon o Safonau Gweithredol yn ymdrin â'r ffordd y mae'r Ymddiriedolaeth yn defnyddio'r Gymraeg yn fewnol ac yn rhoi'r hawl i weithwyr dderbyn gwasanaethau Gwasanaethau Pobl yn eu dewis iaith.

8.1 Polisi ar y defnydd mewnol o'r Gymraeg (Safon 79)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer safon 79.

Datblygwyd Polisi'r Gymraeg yr Ymddiriedolaeth yn ystod 2024/25 a'i gymeradwyo'n ffurfiol ym mis Tachwedd 2024. Mae'r polisi'n nodi'r Safonau y mae'n ofynnol i staff gydymffurfio â nhw, gan egluro eu pwysigrwydd i Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru a sut maen nhw'n cefnogi cyflwyno Cynnig Rhagweithiol i staff a chleifion.



Un o'r camau allweddol a ddeilliodd o'r polisi oedd sefydlu Rhwydwaith y Gymraeg. Lansiwyd Rhwydwaith y Gymraeg yr Ymddiriedolaeth, *Rhwyd-iaith*, yn ystod y cyfnod adrodd i ddarparu fforwm agored a thryloyw i staff sy'n cefnogi'n weithredol defnydd, gweledded a thwf y Gymraeg a diwylliant o fewn y sefydliad.

Mae Rhwydwaith y Gymraeg yn eistedd ochr yn ochr â rhwydweithiau staff eraill yr Ymddiriedolaeth ac yn cyfrannu at ddiwylliant ehangach o gynhwysiant a pherthyn ar draws yr Ymddiriedolaeth. Mae gan y rhwydwaith 48 o aelodau ar hyn o bryd. Mae Rachel Marsh, Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad, wedi'i phenodi'n noddwr gweithredol ar gyfer *Rhwyd-iaith*, gan ddarparu cefnogaeth ac eiriolaeth i uwch arweinwyr ar gyfer ei waith.

Sioeau Teithiol y Prif Swyddog Gweithredol



Yn ystod 2025/26, cymerodd Tîm y Gymraeg ran yn Sioeau Teithiol y Prif Swyddog Gweithredol ledled Cymru i ymgysylltu â staff i hyrwyddo mentrau iaith Gymraeg a chodi ymwybyddiaeth o Bolisi'r Gymraeg yr Ymddiriedolaeth. Roedd staff yn gallu cofrestru ar gyfer y digwyddiad drwy lenwi ffurflen gofrestru ddwyieithog.

Camau gweithredu pellach a gynlluniwyd

Fel cam gweithredu pellach ar gyfer y flwyddyn nesaf, bydd yr Ymddiriedolaeth yn hyrwyddo diwylliant lle mae'r Gymraeg yn cael ei chydnabod fel cyfrifoldeb pawb. Bydd hyn yn cael ei gefnogi drwy gyflwyno ymgyrchoedd ymwybyddiaeth mewnol wedi'u targedu, gan gynnwys mentrau fel Wythnos y Gymraeg a Diwrnod Shwmae, i gynyddu gweledded a defnydd bob dydd ymhlith staff. Yn ogystal, bydd arferion da yn cael eu hatgyfnerthu drwy rannu straeon llwyddiant ac astudiaethau achos yn rheolaidd sy'n amlygu gwasanaethau sy'n darparu gofal yn llwyddiannus drwy gyfrwng y Gymraeg, gyda'r nod o annog mabwysiadu'r arferion hyn yn ehangach ar draws yr Ymddiriedolaeth.

8.2 Dogfennau Cyflogaeth (Safonau 80 – 81)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 80-81.

Mae contractau cyflogaeth ar gael yn y Gymraeg drwy TRAC/ESR.

Mae ffurflen gais yr Ymddiriedolaeth yn cynnwys cwestiwn am ddewis iaith. Yn ogystal, mae gwahoddiadau i gyfweliadau yn rhoi opsiwn i ymgeiswyr ofyn am eu cyfweliad yn y Gymraeg. Pan fo angen, caiff gwasanaethau cyfieithu eu trefnu. Dyma'r arfer safonol, a chyhoeddir pob canlyniad yn y Gymraeg drwy system Trac pan gyflwynir y cais yn y Gymraeg.

Camau gweithredu pellach a gynlluniwyd

Mae proses Adolygiad Gwerthuso a Datblygu Personol (AGDP) yr Ymddiriedolaeth yn cael ei hadolygu ar hyn o bryd. Pan fydd wedi'i gwblhau, bydd yr holl ddogfennaeth sy'n ymwneud â'r AGDP ar gael yn y Gymraeg. Mae Rheolwr Gwasanaethau'r Gymraeg yr Ymddiriedolaeth yn aelod o Grŵp Adolygu Canllawiau AGDP Rhanddeiliaid.

8.3 Polisïau mewnol sydd ar gael yn Gymraeg (Safon 82)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd isel ar gyfer safon 82.

Mae Rheolwr Gwasanaethau'r Gymraeg yn adolygu ac yn rhoi cyngor yn rheolaidd i lywio asesiadau o'r effaith ar gydraddoldeb ar gyfer polisïau ac yn cynghori ynghylch a oes angen i bolisïau sy'n eiddo i'r Ymddiriedolaethau fod ar gael yn y Gymraeg hefyd – mae hyn yn ymwneud yn bennaf â nifer fach o bolisïau sy'n ymwneud â'r gweithlu. Mae holl bolisïau GIG Cymru yn cael eu cyflenwi gan Uned Cyflogwyr GIG Cymru yn y Gymraeg a'r Saesneg, a chyhoeddir y ddwy fersiwn yn fewnol gan yr Ymddiriedolaeth. Darperir y canllawiau canlynol i Arweinwyr Polisi sydd naill ai'n datblygu neu'n adolygu polisi sy'n eiddo i'r Ymddiriedolaeth:
Mae'n ofynnol i'r Ymddiriedolaeth gyhoeddi sawl polisi yn Gymraeg; yn enwedig y rhai sy'n ymwneud â'r canlynol:

- *ymddygiad yn y gweithle;*
- *iechyd a lles yn y gwaith;*
- *cyflogau neu fuddion yn y gweithle;*
- *rheoli perfformiad;*
- *absenoldeb o'r gwaith;*
- *amodau gwaith;*
- *patrymau gweithio.*

Camau gweithredu pellach a gynlluniwyd

Hyrwyddo'r uchod yn ystod cyfarfodydd y Grŵp Polisi yn ystod 2026/27

8.4 Prosesau cysylltiadau cyflogeion (Safonau 83 – 88)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 83-88.

Yn ystod 2025/26, cryfhaodd yr Ymddiriedolaeth ei threfniadau ar gyfer rheoli cwynion staff a gweithdrefnau disgyblu yn y Gymraeg drwy ddatblygu Gweithdrefn Weithredu Safonol ar gyfer ymdrin â chwynion a phryderon a godwyd gan staff.

Mae'r weithdrefn gweithredu safonol yn nodi gofynion clir i sicrhau cydymffurfedd o ran y Gymraeg, gan gynnwys:

- Y dewis i brosesau cwyno a disgyblu cael eu cynnal drwy gyfrwng y Gymraeg;
- Dyrannu swyddogion ymchwilio, cynrychiolwyr Gwasanaethau Pobl, cadeiryddion a chofnodwyr pan fo angen;
- Llwybr uwchgyfeirio sefydledig at yr Arweinydd Busnes Pobl a Rheolwr Gwasanaethau'r Gymraeg ar gyfer cymorth cyfieithu;
- Gofyniad gorfodol i ddefnyddio geiriad dwyieithog safonol;
- Cadw gohebiaeth Gymraeg a Saesneg ar ffeil yr achos;
- Darparu llythyrau penderfyniad yn Gymraeg; a defnyddio gwasanaethau cyfieithu ar gyfer gohebiaeth sy'n dod i mewn ac yn mynd allan pan fo angen.

Ni dderbyniwyd unrhyw geisiadau gan staff i gynnal cyfweliadau ymchwiliad disgyblu na gwrandawiadau disgyblu yn Gymraeg yn ystod y cyfnod adrodd.
Er mwyn cryfhau llywodraethu a sicrwydd mewn perthynas â chydymffurfedd â'r Safonau, mae maes data ychwanegol wedi'i gyflwyno o fewn y traciwr Cysylltiadau Cyflogeion i gofnodi a ofynnir am gynnal gwrandawiadau yn Gymraeg.

Mae'r Ymddiriedolaeth yn cefnogi *Codi Llais heb Ofn* drwy sicrhau bod yr holl gyfathrebiadau a phosteri ar gael yn ddwyieithog. Mae cymorth cyfieithu ar gael drwy wasanaeth cyfieithu'r Ymddiriedolaeth, gyda chymorth ychwanegol yn cael ei ddarparu gan Reolwr Cymorth Prosiect sy'n siarad Cymraeg a Gwarcheidwad sy'n siarad Cymraeg. Pan fo angen, gellir trefnu cyfieithydd Cymraeg annibynnol hefyd i sicrhau bod staff yn gallu codi pryderon yn hyderus yn eu dewis iaith.

Camau gweithredu pellach a gynlluniwyd

Bydd colofn ychwanegol yn cael ei hychwanegu at y traciwr Cysylltiadau Cyflogeion i gofnodi pryd y gofynnir i wrandawiadau gael eu cynnal yn Gymraeg, er mwyn sicrhau gwell monitro a chefnogi'r gwaith o hyrwyddo'r opsiwn hwn ymhellach.

8.5 Darparu meddalwedd ar gyfer gwirio sillafu a gramadeg y Gymraeg i staff (Safon 89)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer safon 89.

Mae meddalwedd gwirio sillafu, gramadeg a geiriadur Cysgliad/Cysill ar gael i'r holl staff ar gais gan y Ddesg Gymorth Gwybodaeth, Cyfathrebu a Thechnoleg (TGCh).

Camau gweithredu pellach a gynlluniwyd

Hyrwyddo, drwy Hwb Iaith Gymraeg yr Ymddiriedolaeth, canllawiau clir ar sut y gall staff gael mynediad at Cysgliad/Cysill a'i ddefnyddio'n effeithiol.

8.6 Cael mewnrwyd sydd ar gael yn Gymraeg, ac sy'n darparu gwasanaethau a deunyddiau cymorth i gynorthwyo staff i ddefnyddio'r Gymraeg (Safonau 90-95)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 90-95.

Mae tudalen gartref y fewnrwyd yn cynnwys tab dewis iaith sy'n cyfeirio defnyddwyr at fersiwn Gymraeg y fewnrwyd. Mae Hwb Iaith Gymraeg dynodedig yn darparu gwybodaeth gynhwysfawr, gan gynnwys cyrsiau dysgu Cymraeg ar-lein, sgiliau cwrteisi yn y Gymraeg, a chanllawiau ar gydymffurfio â'r Safonau.



Camau gweithredu pellach a gynlluniwyd

Gan fod y fewnrwyd staff yn sianel allweddol ar gyfer rhannu gwybodaeth weithredol hanfodol, mae'r Ymddiriedolaeth yn gweithio i gynyddu argaeledd cynnwys Cymraeg sy'n ymwneud â gwasanaethau cymorth i staff, gan gynnwys llesiant staff.

8.7 Darparu geiriad i staff ar gyfer llofnodion e-bost a negeseuon allan o'r swyddfa yn y Gymraeg (Safon 104)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer safon 104.

Mae Tîm y Gymraeg yr Ymddiriedolaeth yn parhau i gefnogi staff yn weithredol drwy eu helpu i ddefnyddio'r Gymraeg yn eu cyfathrebiadau dyddiol, gan gynnwys llofnodion e-bost a negeseuon allan o'r swyddfa wedi'u teilwra.

Yn ogystal, mae templedi llofnod e-bost dwyieithog cymeradwy wedi'u cynnwys yng Nghanllawiau Brand Corfforaethol 2026 wedi'u diweddaru, gan gefnogi cysondeb, proffesiynoldeb a chydymffurfedd â'r Safonau ar draws holl gyfathrebiadau e-bost yr Ymddiriedolaeth.

Camau gweithredu pellach a gynlluniwyd

Er mwyn cryfhau trefniadau monitro, bydd dull gweithredu strwythuredig yn cael ei ddatblygu a fydd yn cynnwys archwiliadau rheolaidd a gwiriadau ar hap o lofnodion e-bost a negeseuon allan o'r swyddfa staff, er mwyn sicrhau eu bod yn cydymffurfio â'r templedi dwyieithog cymeradwy a chanllawiau brand corfforaethol. Bydd y dull hwn yn cael ei gefnogi gan aelodau Grŵp Cynghori'r Gymraeg a Rhwydwaith Cymraeg, a fydd yn chwarae rhan weithredol wrth hyrwyddo cydymffurfedd, nodi arfer da, ac amlygu meysydd i'w gwella.

8.8 Recriwtio a phenodi (Safonau 106 – 109)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 106 – 109.

Mae'n ofynnol i reolwyr lenwi ffurflen Asesiad Iaith Gymraeg ar gyfer pob swydd i benderfynu ar y lefel sgiliau iaith Gymraeg briodol. Mae'r ffurflen hon ynghlwm wrth yr hysbyseb swydd, ac mae'r categori sgiliau gofynnol wedi'i nodi'n glir yn nhestun yr hysbyseb er mwyn sicrhau tryloywder i ymgeiswyr.

Cyhoeddir pob hysbyseb swydd yn ddwyieithog yn y Gymraeg a'r Saesneg, gyda'r gofyniad sgiliau iaith Gymraeg wedi'i nodi'n glir. Fel safon, mae hysbysebion hefyd yn nodi y gellir cyflwyno ceisiadau yn y Gymraeg ac na fydd ceisiadau a gyflwynir yn y Gymraeg yn cael eu trin yn llai ffafriol na'r rhai a gyflwynir yn Saesneg.
Mae pob ffurflen gais, deunydd canllaw, gwybodaeth am gyfweliadau, a disgrifiadau swyddi ar gael yn Gymraeg a'r Saesneg, gan sicrhau cydraddoldeb a mynediad cyfartal drwy gydol y broses recriwtio. Caiff ymgeiswyr wybod am ganlyniadau'r broses recriwtio ar yr un pryd, ni waeth ym mha iaith y cyflwynwyd eu cais.

Fel rhan o gyflawniadau Cynllun Tymor Canolig Integredig yr Ymddiriedolaeth ar gyfer 2025/26, cynhaliwyd ymgysylltiad ar draws y sefydliad i sicrhau bod cymwyseddau iaith Gymraeg a gofnodwyd ar y Cofnodion Electronig (ESR) yn gywir ac yn gyfredol. Galluogodd hyn gwblhau dadansoddiad bwlch i sefydlu lefel bresennol sgiliau iaith Gymraeg ar draws meysydd gwasanaeth. Yn dilyn y dadansoddiad hwn, cynhaliwyd ymgysylltu targedig â gwasanaethau blaenoriaeth sydd â chysylltiad uniongyrchol â chleifion a'r cyhoedd. Canolbwyntiodd y gwaith hwn ar ddeall gallu'r gweithlu i ddefnyddio'r Gymraeg o fewn timau, nodi'r ddarpariaeth sydd eisoes ar waith, ac amlygu meysydd lle gallai fod angen capasiti ychwanegol neu ddatblygiad pellach.

Camau gweithredu pellach a gynlluniwyd

Mae proses yr Ymddiriedolaeth ar gyfer cefnogi rheolwyr recriwtio i benderfynu ar y lefel briodol o sgiliau Cymraeg ar gyfer swyddi o fewn yr Ymddiriedolaeth wedi'i diweddaru'n ddiweddar, a bydd yn cael ei gweithredu ar sail beilot o fis Mehefin 2026. Bydd y cyfnod peilot hwn yn ein galluogi i gasglu adborth, asesu effeithiolrwydd y dull diwygiedig, a sicrhau ei fod yn bodloni anghenion gweithredol a gofynion cydymffurfio. Cynhelir adolygiad ffurfiol ym mis Medi, ac ar ôl hynny bydd y broses yn cael ei gweithredu'n llawn ar draws yr Ymddiriedolaeth.

Yn ogystal, yn ystod 2026/27, bydd Strategaeth Recriwtio Iaith Gymraeg yn cael ei datblygu i ymgorffori gofynion iaith Gymraeg ymhellach ym mhrosesau recriwtio'r Ymddiriedolaeth. Bydd hyn yn cynnwys denu ymgeiswyr sy'n siarad Cymraeg yn weithredol a chefnogi staff presennol i ddatblygu eu sgiliau iaith, gan sicrhau bod gwasanaethau cyfrwng Cymraeg o ansawdd uchel yn cael eu darparu.

8.9 Darparu hyfforddiant (yn y Gymraeg) ar ddefnyddio'r Gymraeg yn effeithiol mewn cyfarfodydd, cyfweliadau, gweithdrefnau cwynion a disgyblu (Safon 8.9)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd isel ar gyfer safon 98.

Yn ystod 2025/26, cefnogodd Reolwr Gwasanaethau'r Gymraeg allu'r Ymddiriedolaeth i ddarparu gwasanaethau drwy gyfrwng y Gymraeg drwy roi cyngor a chymorth i staff. Roedd hyn yn cynnwys hwyluso sesiynau hyfforddi iaith Gymraeg, darparu cefnogaeth un i un i uwch arweinwyr ar ddefnyddio ymadroddion Cymraeg priodol wrth gadeirio cyfarfodydd a sut i ddefnyddio gwasanaethau cyfieithu ar y pryd i sicrhau cydymffurfedd â'r Safonau.

Camau gweithredu pellach a gynlluniwyd

Gan adeiladu ar y cynnydd hwn, bydd camau gweithredu yn 2026/27 yn canolbwyntio ar gryfhau a ffurfioli cyfleoedd hyfforddi. Bydd cydweithio pellach yn cael ei archwilio gyda Thiwtor Sgiliau Hanfodol yr Ymddiriedolaeth i asesu'r potensial ar gyfer cyflwyno sesiynau hyfforddi yn y Gymraeg wedi'u teilwra'n fewnol, wedi'u targedu at rolau ac anghenion gwasanaeth penodol.

Ochr yn ochr â hynny, bydd opsiynau i ymgysylltu â darparwyr hyfforddiant allanol yn cael eu hystyried lle mae angen cyrsiau iaith Gymraeg ychwanegol neu arbenigol. Bydd y dull cyfunol hwn yn helpu i ehangu mynediad at hyfforddiant, gwella hyder wrth ddefnyddio'r Gymraeg mewn lleoliadau gweithredol a ffurfiol, a chefnogi nod tymor hwy'r Ymddiriedolaeth o gynyddu'r gallu i ddarparu gwasanaethau drwy gyfrwng y Gymraeg ar draws y gweithlu.

8.10 Asesu a chofnodi sgiliau iaith Gymraeg ar draws y gweithlu (Safonau 96 a 116 (Safon Cadw Cofnodion)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer Safonau 96 a 116.

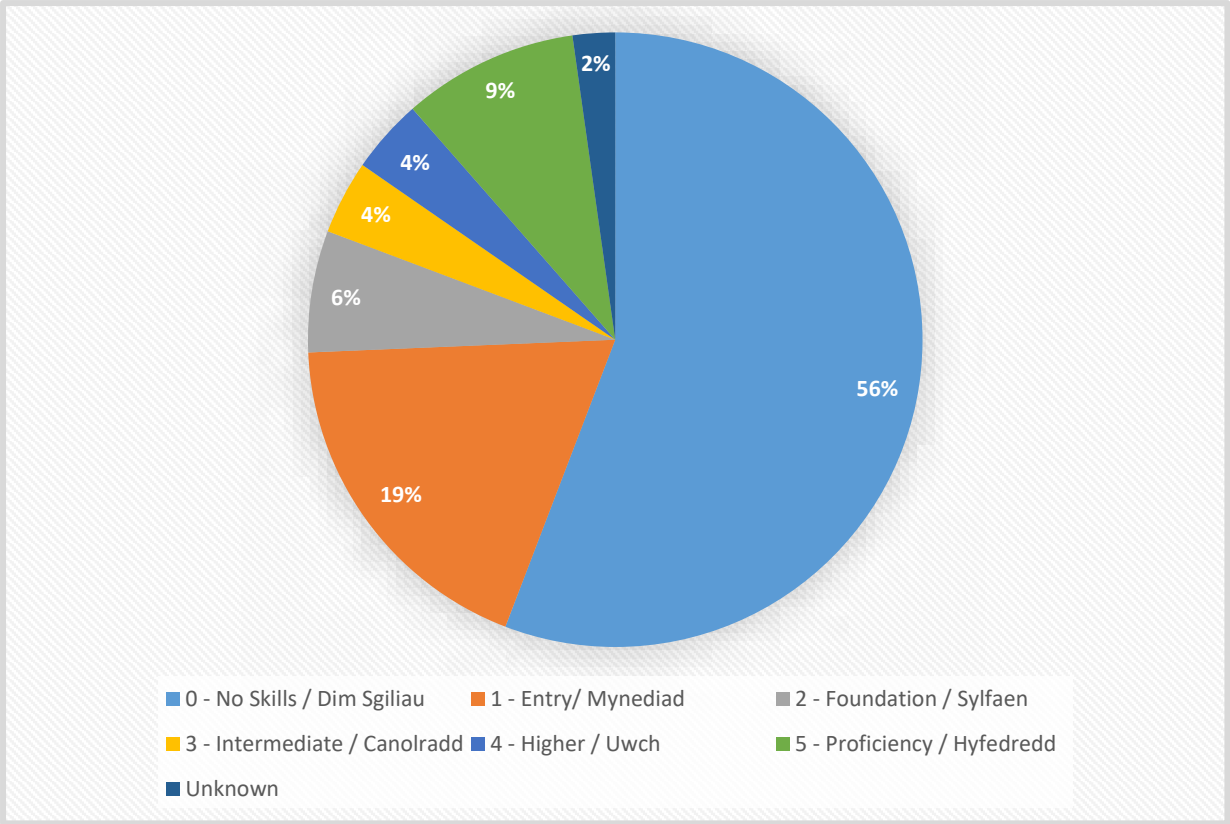
O gyfanswm o 4,579 o aelodau staff, mae 4,477 (97.77%) wedi hunanasesu a chofnodi eu sgiliau iaith Gymraeg ar y system ESR.

Mae'r sgiliau gwrando/siarad Cymraeg a gofnodwyd ar y system ESR fesul cyfarwyddiaeth (ar 31 Mawrth 2026) fel a ganlyn:

Cyfarwyddiaeth	Angenrheidiol	Wedi'i gyflawni	% Cydymffurfedd
Prif Weithredwr	18	17	94.44%
Llywodraethu Corfforaethol	12	12	100%
Digidol	91	91	100%
Cyllid ac Adnoddau Corfforaethol	160	160	100%
Meddygol a Chlinigol	92	92	100%
Gweithrediadau	3,923	3,823	97.45%
Partneriaethau ac Ymgysylltu	14	14	100.00%
Pobl a Diwylliant	112	112	100%
Ansawdd, Diogelwch a Phrofiad y Claf	133	133	100%
Strategaeth, Cynllunio a Pherfformiad	24	23	95.83%

8.11 Sgiliau Iaith Gymraeg y Proffil Staff – Gwrando/Siarad

0 - Dim Sgiliau	1 - Mynediad	2 - Sylfaen	3 - Canolradd	4 - Uwch	5 - Hyfedredd	Anhysbys	Cyfanswm Terfynol
2556	848	293	178	179	423	102	4,579



Hyfedredd yn y Gymraeg fesul cyfarwyddiaeth

Cyfarwyddiaeth	Canolradd	Uwch	Hyfedredd
Prif Weithredwr	1	1	0
Llywodraethu Corfforaethol	0	0	2
Digidol	1	1	9
Cyllid ac Adnoddau Corfforaethol	2	8	10
Meddygol a Chlinigol	2	1	9
Gweithrediadau	157	159	374
Partneriaethau ac Ymgysylltu	0	2	1
Pobl a Diwylliant	5	3	8
Ansawdd, Diogelwch a Phrofiad y Claf	10	4	9
Strategaeth, Cynllunio a Pherfformiad	0	0	1
Cyfanswm Terfynol	**178**	**179**	**423**

Ar ddiwedd mis Mawrth 2026, cofnodwyd bod 780 o aelodau staff yn rhugl yn y Gymraeg (o'i gymharu â 740 yn 2024/25). Mae hyn yn cyfateb i 17% o'r rhai sydd wedi cofrestru eu sgiliau Cymraeg (17% yn 2024/25).

Camau gweithredu pellach a gynlluniwyd

Er mwyn cynyddu sgiliau Cymraeg gweithlu'r Ymddiriedolaeth yn 2026/27 bydd yr Ymddiriedolaeth yn parhau i hyrwyddo'r cwrs Cymraeg sy'n benodol ar gyfer dechreuwyr i'r GIG sydd ar gael i staff yr Ymddiriedolaeth drwy'r Ganolfan Dysgu Cymraeg Genedlaethol ynghyd â chwrs ESR Ymwybyddiaeth Iaith Gymraeg gorfodol yr Ymddiriedolaeth.

8.12 Swyddi newydd a swydi gwag (Safon Cadw Cofnodion 117)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd uchel ar gyfer safon 117.

Mae mynediad gwasanaeth cyfieithu'r Ymddiriedolaeth at feddalwedd cof cyfieithu Partneriaeth Cydwasanaethau GIG Cymru wedi arwain at arbedion effeithlonrwydd sylweddol wrth sicrhau bod pob swydd-ddisgrifiad yn cael ei gyfieithu i'r Gymraeg. Mae gan y Gyfarwyddiaeth Gwasanaethau Pobl brosesau ar waith i reolwyr recriwtio anfon swydd-ddisgrifiadau cymeradwy at Wasanaeth Cyfieithu mewnol yr Ymddiriedolaeth.

Mae'r tabl isod yn cadarnhau'r swyddi a hysbysebwyd rhwng 1 Ebrill 2025 a 31 Mawrth 2026.

Cyfanswm nifer y swyddi gwag a hysbysebwyd 01/04/2025 - 31/03/2026 320

Categori	Nifer y swyddi wedi'u categoreiddio		Canran y swyddi a hysbysebwyd	
	2025-26	2024-25	2025-26	2024-25
Sgiliau Cymraeg yn hanfodol	2	2	0.63%	0.47%
Sgiliau Cymraeg yn ddymunol	315	420	98%	99%

Disgwylir i ddeiliad y swydd ddysgu'r sgiliau Cymraeg gofynnol ar ôl cael ei benodi i'r post	1	0	0.31%	0%
Nid yw sgiliau iaith Gymraeg yn angenrheidiol	2	0	0.63%	0%

Swyddi lle mae'r Gymraeg yn hanfodol yn cynnwys:

- Triniwr Galwadau NEPTS - Band 2
- Tiwtor Sgiliau Hanfodol – Band 5

Mae cyfweliadau swyddi ar gyfer swyddi gwag wedi cael eu hwyluso yn y Gymraeg mewn ymateb i geisiadau gan ymgeiswyr.

Camau gweithredu pellach a gynlluniwyd

Bydd yr Ymddiriedolaeth yn cryfhau ei dull gweithredu ymhellach drwy ddadansoddi'r data a gofnodwyd er mwyn nodi tueddiadau, patrymau a bylchau yn y broses o ddynodi swyddi lle mae'r Gymraeg yn hanfodol neu'n ddymunol. Bydd hyn yn cefnogi dealltwriaeth fwy strategol o anghenion y gweithlu ac yn sicrhau bod gofynion y Gymraeg yn cyd-fynd â'r galw am wasanaethau nawr ac yn y dyfodol.

8.13 Hyfforddiant (Safon 97)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer safon 97.

Ymsefydlu corfforaethol

Mae *Diwrnodau Croeso* yr Ymddiriedolaeth yn cynnwys elfen ymwybyddiaeth o'r Gymraeg bwrpasol. Yn ystod y cyfnod adrodd, cwblhaodd cyfanswm o 494 o aelodau staff yr hyfforddiant hwn. Ni dderbyniwyd unrhyw geisiadau yn ystod y cyfnod adrodd i gyflwyno'r sesiynau ymsefydlu corfforaethol yn gyfan gwbl yn Gymraeg.

Cyrsiau ar ESR sydd wedi'u cwblhau gan staff yr Ymddiriedolaeth yn y Gymraeg:

Cwrs	Wedi'i gwblhau
Gwneud i Bob Cyswllt Gyfrif	2
Trais yn erbyn menywod, cam-drin domestig, a thrais	73
Ymwybyddiaeth o'r Gymraeg (Mwy na geiriau)	1,026

Camau gweithredu pellach a gynlluniwyd

Bydd yr Ymddiriedolaeth yn ymchwilio i ba gyrsiau ESR a chyrsiau mewnol ychwanegol i'n staff y gellid eu cynnig yn y Gymraeg.

Mae llawlyfr digidol 'Croeso Cynnes WAST' yn elfen ganolog o gyfnod ymsefydlu corfforaethol newydd yr Ymddiriedolaeth, a gynlluniwyd i roi cyflwyniad cyson, cefnogol a hygyrch i'r sefydliad i bob dechreuwr newydd.

Bydd y fformat digidol yn disodli'r dull ymsefydlu corfforaethol presennol a gyflwynir drwy Microsoft Teams, gan ddarparu datrysiad mwy strwythuredig a chynaliadwy; fodd bynnag, ni fydd yn disodli sesiynau ymsefydlu lleol, a fydd yn parhau i chwarae rhan hanfodol wrth gefnogi staff o fewn eu timau a'u lleoliadau penodol.

Mae'r llawlyfr digidol ar hyn o bryd yn mynd i mewn i'w gyfnod peilot cyn ei lansio arfaethedig ddiwedd mis Mawrth 2026. Yn dilyn y cynllun peilot, bydd gwaith yn dechrau ar y fersiwn Gymraeg i sicrhau bod y llawlyfr yn gwbl ddwyieithog ac yn darparu profiad cynhwysol a hygyrch i'r holl staff.

8.14 Hyfforddiant i wella sgiliau iaith Gymraeg (Safonau 99 - 101)

Asesiad o sicrwydd

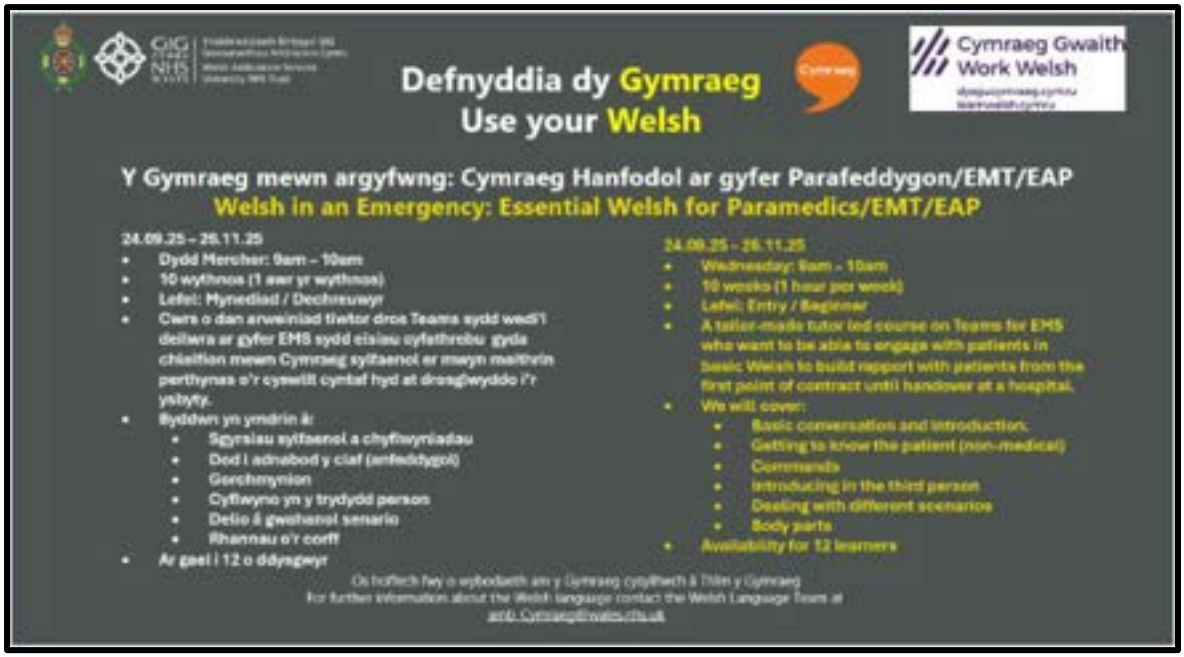
Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 99 -101.

Yn ystod y cyfnod adrodd, cwblhaodd 31 o aelodau staff y cyrsiau iaith Gymraeg newydd a oedd ar gael i staff yn ystod 2025/26 i helpu i ddatblygu eu sgiliau iaith Gymraeg. Roedd y rhain yn cynnwys y Cwrs Croeso, sy'n rhan o strategaeth *Mwy na Geiriau* Llywodraeth Cymru a'r cwrs blasu 10 awr ar y Gymraeg.

Cwrs Cymraeg i ddechreuwyr ar gyfer staff EMS

Ym mis Medi 2025, lansiodd yr Ymddiriedolaeth gwrs dysgu Cymraeg peilot ar gyfer Parafeddygon a Thechnegwyr Ymateb Brys, *"Y Gymraeg mewn Argyfwng: Cymraeg Hanfodol ar gyfer Parafeddygon."* Cynhaliwyd y cwrs mynediad 10 wythnos hwn ar-lein drwy Microsoft Teams gan Diwtor Cymraeg Gwaith, a chafodd ei hyrwyddo drwy Dîm Dysgu a Datblygu'r Ymddiriedolaeth. Cwblhaodd wyth aelod o staff EMS y cwrs, a oedd â'r nod o helpu staff i ddefnyddio'r Gymraeg yn ymarferol i feithrin perthynas â chleifion o'r cyswllt cyntaf hyd at drosglwyddo i'r ysbyty.

Amlygwyd effaith y cwrs pan lwyddodd parafeddyg i ddefnyddio'r Gymraeg i gyfathrebu â chlaf oedrannus â dementia a oedd yn siarad Cymraeg yn unig, gan roi sicrwydd a chysur iddo. Ymatebodd y claf a'i theulu'n gadarnhaol i hyn, gan amlygu gwerth yr hyfforddiant o ran gwella profiad y claf.



Cefnogi staff EMS yr Ymddiriedolaeth

Mae set o gardiau annog Cymraeg wedi'u datblygu i gefnogi staff EMS i gychwyn cyfathrebu clir ac effeithiol â chleifion sy'n siarad Cymraeg ar y pwynt cyswllt cyntaf. Mae'r cardiau annog hyn wedi'u cynllunio i feithrin hyder, cefnogi cysur cleifion, a helpu i sicrhau bod anghenion iaith yn cael eu nodi a'u parchu o ddechrau'r gofal.





Camau gweithredu pellach a gynlluniwyd

Yn ystod 2026/27, byddwn yn canolbwyntio ar ehangu cyfleoedd i staff ymgysylltu â'r Gymraeg drwy gynyddu'r ddarpariaeth o Gyrsiau Croeso a rhaglenni meithrin hyder drwy'r cwrs Dysgu Cymraeg. Bydd y cyrsiau hyn wedi'u hanelu at unigolion sydd ar

ddechrau eu taith iaith, gan eu cefnogi i ddatblygu sgiliau sylfaenol, meithrin hyder wrth ddefnyddio'r Gymraeg yn y gweithle, ac annog mwy o ddefnydd o'r iaith o ddydd i ddydd ar draws gwasanaethau.

8.15 Hyfforddiant Ymwybyddiaeth o'r Gymraeg (Safonau 102 – 103)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd canolig ar gyfer Safonau 102-103.

Ers cyflwyno'r cwrs ymwybyddiaeth o'r Gymraeg gorfodol ar 1 Ebrill 2023, roedd 79.30% o staff wedi cwblhau hyfforddiant hyd at 31 Mawrth 2026 o'i gymharu â 70% yn 2024/25.

Camau gweithredu pellach a gynlluniwyd

Bydd yr Ymddiriedolaeth yn parhau i hyrwyddo'r cwrs yn weithredol dros y flwyddyn nesaf i gynyddu cyfraddau cwblhau a chyflawni lefel cydymffurfedd o leiaf 90%. Bydd camau gweithredu i gefnogi hyn yn cynnwys cyfathrebu wedi'i dargedu at staff rhagorol, adrodd cydymffurfedd i reolwyr yn rheolaidd, atgyfnerthu gofynion hyfforddi trwy brosesau sefydlu ac adnewyddu, a mwy o oruchwyliaeth reoli i gefnogi cwblhau amserol.

8.15 Hyrwyddo'r Gymraeg

Yn ystod y cyfnod adrodd, hyrwyddwyd y Gymraeg yn weithredol drwy ddigwyddiadau cenedlaethol a diwylliannol allweddol, gan gynnwys Dydd Gŵyl Dewi a Dydd Miwsig Cymru. Hyrwyddwyd y dathliadau hyn ar draws y rhwydwaith staff Cymraeg, *Rhwyd-iaith*, gan helpu i gynyddu ymgysylltiad, codi ymwybyddiaeth, ac annog cyfranogiad ymhlith staff wrth ddathlu'r Gymraeg a'r diwylliant o fewn yr Ymddiriedolaeth.

Yn ogystal, datblygodd Tîm y Gymraeg yr Ymddiriedolaeth gyfres o fideos YouTube ar sgiliau cwrteisi Cymraeg, a gafodd eu hyrwyddo i staff drwy safle SharePoint yr Ymddiriedolaeth. Mae'r adnoddau hyn yn cefnogi staff i feithrin hyder wrth ddefnyddio'r Gymraeg yn ystod rhyngweithiadau bob dydd ac yn atgyfnerthu ymhellach ymrwymiad yr Ymddiriedolaeth i normaleiddio ac annog defnyddio'r Gymraeg yn y gweithle.

8.16 Cynllun Ymgynghori Clinigol (Safon 110)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd isel ar gyfer safon 110.

Roedd datblygu cynllun ymgynghori clinigol pum mlynedd diwygiedig yn un o brif dargedau i'w cyflawni yng Nghynllun Tymor Canolig Integredig yr Ymddiriedolaeth ar gyfer 2025/26. Arweiniodd cyflwyno model clinigol newydd yr Ymddiriedolaeth yn ddiweddar, gyda cham 1 wedi'i weithredu ar 1 Gorffennaf 2025 a cham 2 wedi'i drefnu ar gyfer 1 Rhagfyr 2025, at benderfyniad i ohirio datblygiad y cynllun er mwyn sicrhau ystyriaeth briodol o'r newidiadau.

Uchelgais y cynllun 2026-2031 yw cynnal ffocws cryf ar drinwyr galwadau GIG 111 Cymru, gan wreiddio clinigwyr 111/RICS a'r cynnig digidol 111 hefyd. Mae ymgysylltu â Swyddfa Comisiynydd y Gymraeg ddiwedd 2025 wedi arwain at newid yn safbwynt y Comisiynydd mewn perthynas â'r Ymddiriedolaeth, gan gydnabod bod cynyddu'r cynnig gweithredol yn fwy tebygol o gael ei gyflawni drwy drinwyr galwadau a'r cynnig digidol.

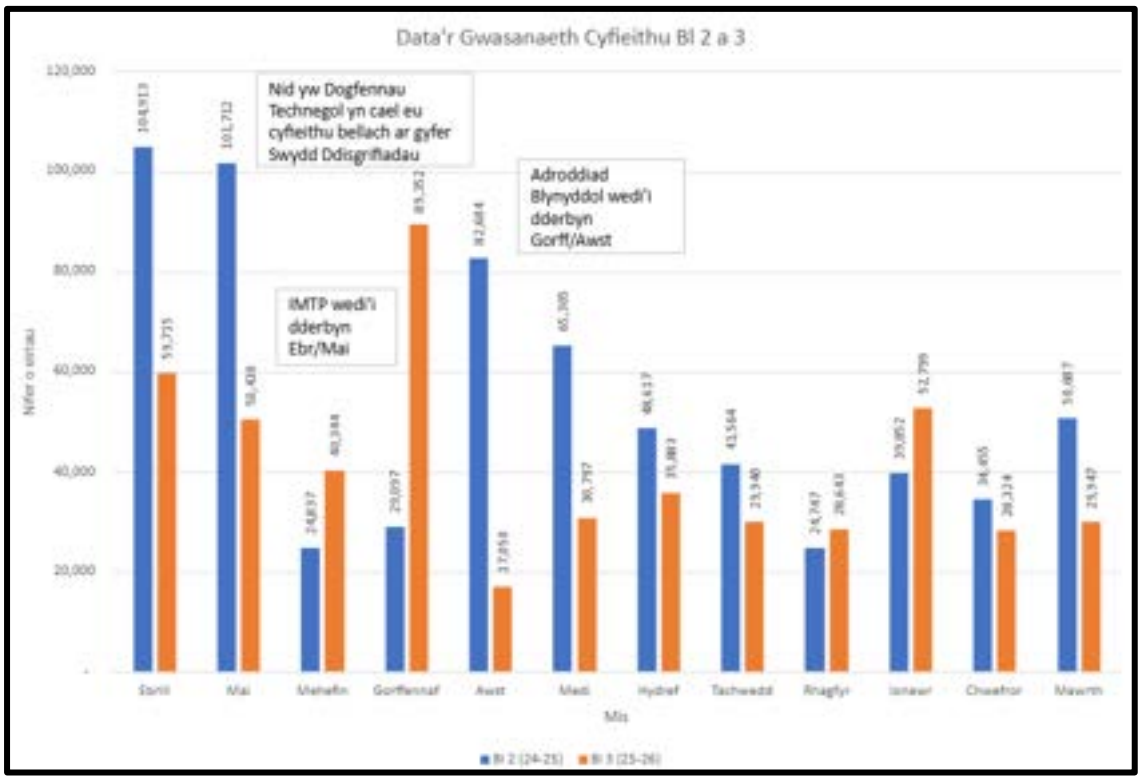
Camau gweithredu pellach a gynlluniwyd

I gwblhau cynllun 2026-2031, mae Asesiad o'r Effaith ar Ansawdd ac Asesiad o'r Effaith ar Gydraddoldeb yn cael eu hystyried gan fforymau ansawdd a chlinigol yr Ymddiriedolaeth cyn symud y ddogfen yn ei blaen drwy'r broses gymeradwyo ffurfiol. Ar ôl ei gymeradwyo, bydd y cynllun yn cael ei gyhoeddi ar wefan yr Ymddiriedolaeth.

8.17 Ein Gwasanaeth Cyfieithu

Ers sefydlu Gwasanaeth Cyfieithu'r Ymddiriedolaeth ym mis Medi 2023, mae wedi mynd o nerth i nerth ac mae'n alluogwr allweddol wrth sicrhau cydymffurfedd â llawer o'r Safonau e.e. gohebiaeth, dogfennau, ffurflenni, arwyddion, cyfryngau cymdeithasol a chynnwys gwe.

Mae'r graff isod yn dangos y cynnydd yn y galw am nifer y geiriau a gyfieithwyd gan y gwasanaeth cyfieithu ynghyd â'r gostyngiad yn y defnydd o ddarparwyr gwasanaethau cyfieithu allanol.



Mae'r data yn y graff uchod yn cymharu ail a thrydedd flwyddyn lawn o weithredu'r Gwasanaeth Cyfieithu ac yn dangos bod gweithgarwch yn gyson uwch ym Mlwyddyn 2, gyda chynnydd nodedig ym misoedd Ebrill, Mai a Medi o ganlyniad i gyfieithu adroddiadau blynyddol. Mae Blwyddyn 3 yn dangos cyfrif geiriau misol is ond mwy cyson, gan ddilyn patrymau tymhorol tebyg iawn gyda chyfnodau tawelach tua diwedd y flwyddyn. At ei gilydd, mae'r gymhariaeth yn amlygu sut mae'r galw wedi sefydlogi wrth i'r gwasanaeth aeddfedu dros ei ddwy flynedd gyntaf.

9. Cwynion (Safon Cadw Cofnodion 115)

Asesiad o sicrwydd

Canlyniad hunanasesiad yr Ymddiriedolaeth oedd lefel sicrwydd ganolig ar gyfer safon 115 wrth gofnodi nifer y cwynion a dderbyniwyd yn ymwneud â chydymffurfedd â'r Safonau.

Yn ystod y cyfnod adrodd, derbyniwyd un gŵyn drwy Gomisiynydd y Gymraeg. Oherwydd nad oedd digon o wybodaeth wedi'i darparu gan y Comisiynydd, nid oedd yr Ymddiriedolaeth yn gallu ymchwilio'n llawn i'r pryder na'i symud ymlaen, ac fe gaewyd y gŵyn wedi hynny.

Mae pob cwyn a dderbynnir gan neu drwy Gomisiynydd y Gymraeg yn cael ei chofnodi ar Datix. Yn ogystal, mae traciwr pwrpasol ar gyfer cwynion wedi'i ddatblygu i gofnodi, monitro a goruchwylio'r broses o drin pryderon yn amserol ac yn effeithiol, gan sicrhau eu bod yn cael sylw mor brydlon, priodol a chyson â phosibl.

Camau gweithredu pellach a gynlluniwyd

Fel y nodwyd yn adran 5.5, mae camau gweithredu ar y gweill i weithredu dull cyson o gasglu ac adrodd ar bob cwyn, gan gynnwys y rhai a ddatryswyd yn lleol, drwy Datix.

10. Edrych ymlaen - blaenoriaethau ar gyfer 2026-2027

Mae'r camau gweithredu a gynlluniwyd ar gyfer 2026/27 wedi'u manylu drwy gydol yr adroddiad blynyddol hwn.

Bydd datblygu'r gweithlu yn alluogwr allweddol yn ystod 2026/27, gyda ffocws penodol ar ddatblygu Strategaeth Recriwtio Iaith Gymraeg i gefnogi denu, cadw a defnyddio staff sy'n siarad Cymraeg yn effeithiol ar draws yr Ymddiriedolaeth.

Bydd yr Ymddiriedolaeth yn cwblhau ac yn cyhoeddi ei Chynllun Ymgynghori Clinigol 5 mlynedd (2026–2031), yn unol â Safon y Gymraeg 110.

Bwriedir cynnal ymarfer cwsmer cudd ar gyfer gwasanaethau dwyieithog yn ystod 2026/27 er mwyn darparu asesiad annibynnol a gwrthrychol o gydymffurfedd yr Ymddiriedolaeth â'r Safonau sy'n ymwneud â gohebiaeth.

Gwybodaeth bellach

I gael rhagor o wybodaeth am Safonau'r Gymraeg, cysylltwch â:

Melfyn Hughes
Rheolwr Gwasanaethau'r Gymraeg

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru
Tŷ Elwy
Ffordd Richard Davies
Llanelwy
Sir Ddinbych
LL17 0LJ
E-bost: Melfyn.hughes@wales.nhs.uk


Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
University NHS Trust
WELSH AMBULANCE SERVICES
UNIVERSITY NHS TRUST
WELSH LANGUAGE
STANDARDS
ANNUAL REPORT
2025-2026
Mae'r ddogfen hon ar gael yn Gymraeg / This document is available in Welsh

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Foreword

Croeso! Welcome!

As Chair and Chief Executive of the Welsh Ambulance Services University NHS Trust ('WAST' / 'the Trust'), we are proud to present our seventh annual report on the implementation of the Welsh Language Standards.

The Welsh Language (Wales) Measure 2011 provides the statutory framework requiring the Trust to comply with Welsh Language Standards. Beyond compliance, the Trust views the Measure as an opportunity to strengthen service quality and accessibility through Welsh. Progress continues through the Trust's Welsh Language Framework, aligned with the *More than just words Action Plan 2022–2027*, including the development of a Welsh language recruitment strategy.

Strong board leadership underpins this work, with clear governance, strategic integration, and oversight of the Strategic Equality Plan, People and Culture Plan, the Trust's active offer, and the Welsh Language Standards Annual Report. Service Delivery Standards have improved, supported by the introduction of an in-house translation service, enhancing the speed and consistency of bilingual correspondence and communications. Further improvement is planned for reception services as a key access point for Welsh speakers.

Significant progress has been made in Policy and Operational Standards. All Trust policies now include Welsh language impact assessments, and 97% of staff have recorded their Welsh language skills on the Electronic Staff Record (ESR). Access to Welsh language services continues to increase, with 62% of NHS 111 Wales calls offered in Welsh answered in Welsh. The Trust's five-year clinical consultation plan will be published in line with Standard 110 in quarter 2 of 2026/27, supported by partnership working with the Welsh Language Commissioner's Office.

Staff capability has been strengthened through Welsh speaking investigating officers, expanded intranet resources, mandatory Welsh language awareness training (79% completion), and a new beginner Welsh course for Emergency Medical Service (EMS) staff. An internal audit during the reporting period provided reasonable assurance of the Trust's compliance with the Welsh Language Standards and identified areas for further improvement.

The board looks forward to continuing its support of the Welsh language, ensuring that, at a minimum, meeting courtesies are observed in Welsh and that where members of the public or staff wish to communicate to the board in Welsh that they are able to do so in line with the active offer.



Colin Dennis
Chair



Emma Wood
Chief Executive Officer

1. Introduction

This is the seventh Annual Report showcasing how the Welsh Language Standards have been implemented within the organisation.

On 30 May 2019, the Trust moved from implementing its Welsh Language Scheme, under the Welsh Language Act 1993, to implementing the Welsh Language Standards as part of the Welsh Language (Wales) Measure 2011.

The Trust has continued to respond positively to the Welsh Language Standards as it provides an opportunity to reinforce and to improve the quality and availability of its services through the medium of Welsh.

About the Trust

The Trust provides health care services for people across the whole of Wales, delivering high quality and patient-led clinical care 24/7. Services include:

- The 999 Emergency Medical Services (EMS): including call taking, remote clinical consultation, see and treat and if necessary, conveyance to an appropriate hospital or treating facility
- Non-Emergency Patient Transport Service (also referred to as Ambulance Care): including call taking, journey planning, service commissioning, taking patients to and from hospital appointments and transferring them between hospitals and treating facilities
- The NHS111 Wales Service: website and a free-to-call service, acts as a first line gateway to a patient's journey within the health and care system providing them with the right advice or referral
- The Trust also supports volunteers: Community First Responders (CFRs), Community Welfare Responders (CWRs) and uniformed responders to provide additional response resource to emergency calls and a Volunteer Car Service to aid patient transport to planned appointment.

The Trust is a commissioned service for EMS, NHS 111 Wales and Ambulance Care via the NHS Wales Joint Commissioning Committee (JCC). The JCC is a joint committee of the seven health boards.

3. Background to the Welsh Language Standards (the 'Standards')

Under the Welsh Language (Wales) Measure 2011, all public service organisations in Wales are required to comply with language duties, which ensure that the Welsh language is not treated less favourably than the English language. The duties encourage promotion of the Welsh language, the use of Welsh within internal administration and require that provision is made for the accessibility of Welsh to the public.

Section 44 of the 2011 measure permits the Welsh Language Commissioner to issue a compliance notice, requiring a body to comply with one or more Standards specifically applicable to it. The Welsh Language Standards (No.7) Regulations 2018 were then introduced to the health sector organisations in Wales.

4. More than just words 2022-27 Action Plan

Since the launch of the Welsh Government's **More than just words 2022-27 Action Plan** in 2022, the Trust has been committed to delivering those actions so that the 'active offer' is an integral part of service quality and service delivery across the Trust where services are provided in Welsh without someone having to ask for it. It is the responsibility of everyone who provides care services for people and their families across Wales to deliver the active offer. This includes health services, social care services and social services.

Within the Trust, the link to its Welsh language requirements is key, and its revised governance structures align to this. The Trust has developed an action plan that supports the Strategic Equality Plan (SEP) and that is aligned to and in addition to the More than just words 2022-27 Action Plan.

5. Accountability and Support

5.1 Welsh Language Leads and Champions

Alongside the Trust's Welsh Language Services Manager, the Trust's Director of Corporate Governance and Board Secretary, Trish Mills, acts as the executive lead for Welsh Language Services. This role provides leadership and assurance that strong structures, governance and consistency are in place to support the development of the Welsh language across the Trust. This includes ensuring compliance with the

statutory Standards and overseeing delivery of actions within the More than just words 2022–27 Action Plan. Trish has also played a key role in promoting the everyday use of Welsh by opening meetings and correspondence bilingually using basic Welsh.

Rachel Marsh, Executive Director for Strategy, Planning and Performance, is the executive lead for the Trust's Welsh language network, *Rhwyd-iaith*. In this capacity, she has actively championed the development of the Welsh language framework to further embed the language across the organisation.

In addition, the Trust Board is supported by a Non-Executive Director Welsh Language Champion, Bethan Evans. Bethan has been instrumental in promoting the Welsh language both internally among staff and externally with service users, including through the Trust's social media platforms. As a fluent Welsh speaker, Bethan's advocacy, support and constructive challenge in this area have been invaluable.



Trish Mills
Director of Corporate Governance/
Board Secretary



Bethan Evans
Non-Executive Director



Rachel Marsh
Executive Director of Strategy, Planning and Performance

5.2 Welsh Language Advisory Group

The Trust has established a Welsh Language Advisory Group (WLAG), which reports into the Equality, Diversity and Inclusion (EDI) Steering Group, to strengthen alignment to the Strategic Equality Plan. That Steering Group reports directly to the Executive Leadership Team (ELT) and is chaired by the Director of Culture Change, Angie Lewis. This was an important step to embed compliance, by shifting the culture and attitudes towards Welsh language. The Trust's policy and framework are generally geared this way.

The Welsh Language Advisory Group provides a mechanism for reviewing aspects of the Standards, and to ensure that a satisfactory service is maintained for all patients and members of the public who use the Trust's services.

The internal audit on the Standards in 2025/26 identified areas for improvement relating to the consistency of monitoring and embedding standards across services, the effectiveness of the Welsh Language Advisory Group, and the recording of Welsh language complaints.

In response, the Trust is strengthening oversight and governance arrangements. This includes reviewing the advisory group's terms of reference and membership as part of wider integrated governance changes, introducing a more structured meeting schedule, and improving attendance and accountability.

5.3 People and Culture Committee

The Trust's People and Culture Committee provide assurance to the board of its leadership arrangements with respect to the Welsh language, and monitors progress and seeks assurance that the Trust is discharging its statutory responsibilities in relation to the Standards.

The Committee reviews and endorses the annual report for approval by the board and has oversight of Welsh language Key Performance Indicators (KPIs) related to the Monthly Integrated Quality and Performance Report (MIQPR) - including NHS 111 Wales Service, and Non-Emergency Patient Transport Service (NEPTS) which comes under the portfolio of Operations (Ambulance Care), and under the Strategic Equality Plan action plan. It also promotes and supports the cultural change aligned to the active offer as a way of strengthening compliance with the Standards.

5.4 Trust Board

The ultimate responsibility of the board for the Welsh language is to review and approve the annual report and to have oversight of Welsh language KPIs related to the MIQPR (NHS 111 Wales and NEPTS), and under the Strategic Equality Plan via the People and Culture Committee.

5.5 Complaints Procedure

Concerns received in relation to compliance with the Standards can be received in several ways, including directly to the Chief Executive or the Welsh Language Services

Manager. All complaints received are investigated, and a response provided identifying any required corrective action. Issues relating to patient safety are addressed under the Listening to People Regulations.

If a member of the public has a concern regarding a recent experience of using the Trust's Welsh language services, they can register their concern via the Listening to People Team: amb_WASTListeningtopeople@wales.nhs.uk

The 2025/26 Standards internal audit identified the recording of Welsh language complaints as an area for improvement. Action is underway to implement a consistent approach to the capturing and reporting of all Welsh language related complaints on Datix, including those that may have already been resolved locally to ensure the Trust has a rich picture. This intelligence will strengthen organisational learning, improve oversight, and support ongoing assurance of compliance.

Details of the complaints received by the Trust during 2025/26 in relation to the Welsh language can be found in Section 9.

THE WELSH LANGUAGE STANDARDS

Compliance with the Standards is categorised into the following areas of compliance:

- Service Delivery
- Policy Making
- Operations
- Record Keeping

During 2025/26, the Trust completed a Welsh Language Commissioner's Office self-assessment of the Trust's compliance with the Standards. The resulting levels of compliance for individual Standards, or groups of Standards, along with planned areas for improvement, are outlined below.

6. Service Delivery Standards (Standards 1 – 77)

This set of standards identifies how the Trust is required to use the Welsh language in different situations so that Welsh speakers can have unhindered access to Welsh

language services; for example, when sending correspondence, dealing with telephone calls, providing on-line or face-to-face services.

6.1 Correspondence (Standards 1 – 7)

Assessed Assurance

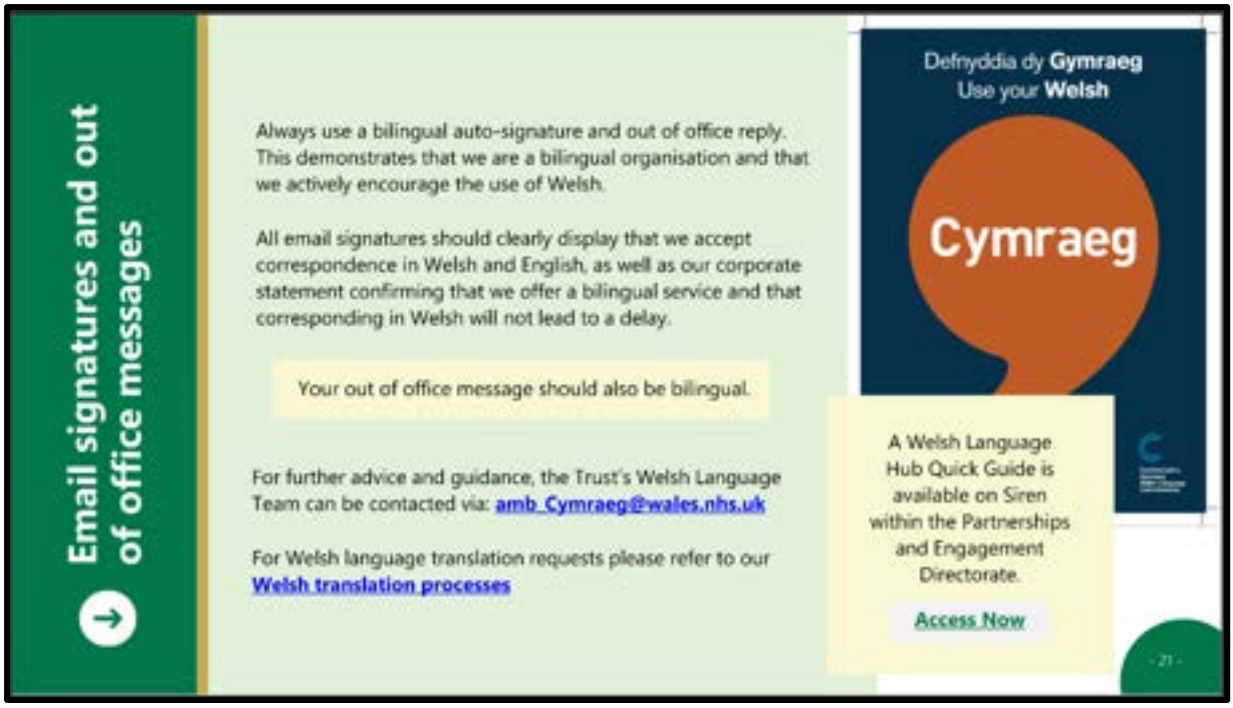
The Trust self-assessed at a medium level of assurance for Standards 1-6 (corresponding with the public in Welsh), and standard 7 (including a statement welcoming Welsh correspondence and that correspondence in Welsh will not lead to a delay).

The Trust's Translation service established in September 2023 provides support for Welsh language correspondence with the public. Following a review of translation work undertaken by the Trust's internal translation service during 2025/26, where Welsh language correspondence was requested, this was provided across the following categories:

- Freedom of Information (FOI) requests;
- Partnership correspondence;
- Listening to People letters;
- Correspondence issued on behalf of the Chief Executive; and
- Correspondence with the Welsh Language Commissioner's Office (WLCO).

During the reporting period the Trust's Brand Guidelines were updated with a dedicated section to the Welsh language that included guidance on bilingual email signatures, and out of office messages. These guidelines were then posted on the Trust's intranet (Siren) and linked to the Standards SharePoint page.

In addition, in January 2026 all public access points to services published on the Trust website were reviewed and updated to ensure that the option to communicate in Welsh was clear.



Further Actions Planned

A directorate notice to the wider organisation will remind colleagues of the Standards and associated requirements in practice, and to request that evidence of compliance be supplied proactively to the Welsh Language Services Manager so that this can be recorded and used to inform assurance to the board.

To raise awareness further, promote compliance, and obtain evidence to provide additional assurance, a bite-size video guide will help inform staff and volunteers.

A Bilingual Services Mystery Shopper exercise is proposed for 2026/27 to provide an objective assessment of the Trust's compliance with the Standards relating to correspondence. The exercise will be facilitated by the Trust's Public Engagement Team, working with members of the People and Community Network.

In addition, quarterly audits and continuous monitoring will be undertaken by the Welsh Language Services Manager throughout 2026/27 to ensure compliance with Standard 7 and the Trust's brand guidelines.

6.2 Telephone Calls (Standards 8 – 20)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for applicable Standards 8-20 (Telephone services available in Welsh); Noting that the Standards places no legal requirement to answer 999 calls in Welsh. Under The Welsh Language Standards (No. 7) Regulations 2018 Paragraph 35: Standards 8 to 10, and 13 to 16, do not apply to calls made to the 999 telephone number.

During 2025/26, the Trust developed and implemented a dedicated reception telephone line, with the Trust's main administrative and reception numbers listed below routed through the Finesse platform. This ensures that callers are offered a bilingual menu at the first point of contact:

- Vantage Point House, Cwmbran: 01633 62 62 62
- Matrix, Swansea: 01792 562 900
- Tŷ Elwy, St Asaph: 01745 532 900
- 111 Administration: 01792 776 252
- Merton House, Cardiff: 02921 707 700

In addition, for staff answering telephone calls in reception areas and other locations (excluding NHS 111 Wales and NEPTS), "How to Answer the Phone" desk tent prompt cards have been developed. These include simple Welsh phrases to support bilingual greetings and call handling, helping to maintain compliance with Standards 17 and 18. The desk-tent prompt cards were promoted and distributed to staff at the Chief Executive Roadshows held in April and October 2025.



The NHS 111 Wales Service, NEPTS, and the Listening to People Team (previously Putting Things Right) telephone lines all operate on a bilingual basis. Callers to both NHS 111 Wales and NEPTS are greeted with a recorded bilingual message, followed by an option to select their preferred language, either Welsh or English. The NEPTS transport cancellation line 0300 1311 1390 is bilingual; as is the Listening to People telephone line 0300 321 3211 where callers are also able to leave a message.
Welsh language call answering within the NHS 111 Wales Service is monitored and reported through the Monthly Integrated Quality and Performance Report (MIQPR) to the board. Performance data for both NHS 111 Wales and NEPTS call answering is explored in further detail in the following sections of this report.

Telephone numbers of services listed on the Trust's website have been reviewed and updated to ensure that the Welsh and English versions correlate.

Further Actions Planned

To further strengthen compliance, monitoring and oversight, the Trust is exploring the feasibility of capturing Welsh language menu selections within the Cisco call-handling script during 2026/27. This will support improved analysis of Welsh

language demand, enhance monitoring of call activity, and help identify opportunities to strengthen compliance and service provision.

A 'bank' of Welsh speaking staff who could support other departments when required for quick telephone call interactions that may not necessitate an interpreter, is in the process of being developed.

For assurance, the Welsh Language Services Manager is planning to undertake an audit of the Trust's telephony system (with the exception of 999 calls) to ensure compliance with the Standards.

6.2.1 NHS 111 Wales - Service Review

Between April 2025 and March 2026, NHS 111 Wales Service reported a significant improvement in the proportion of calls answered in Welsh, increasing from 45% to 62% (a rise of 17% compared with the previous year).

NHS 111 Wales Service Welsh Language call demand and answer rate 2025-26

Date	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/25 – 31/03/26	18,282	11,165	62%
01/04/24 – 31/03/25	18,462	8,444	45%

Over the past year, several initiatives have been introduced that have contributed to a noticeable increase in the number of calls answered in Welsh compared with the previous year. One significant change, implemented in June 2025, was the introduction of an option for callers to opt out of waiting for a Welsh-speaking call handler after 15 minutes. This allows callers to rejoin the English queue if they prefer, giving them the flexibility to decide whether to continue waiting for a Welsh-speaking call handler.

Following further review of Welsh-language call activity, the period over Saturdays, Sundays and Bank Holidays when Welsh call demand is at its highest the service has extended the cover for exclusive Welsh Language Call handlers only from 0800-1400 to 0800-1600 hours.

During these peak times, the profiles of two Welsh speaking call handlers are adjusted so they manage Welsh-presenting calls exclusively. This has enabled the service to handle a higher volume of Welsh language calls during busy periods, contributing to an improved Welsh language answer rate.

Targeted recruitment of Welsh speaking call handlers has also been relatively successful, helping to sustain the Welsh language answer rate. In addition, staff continue to be supported through Welsh language awareness sessions and training on handling Welsh-presenting calls. As a result, the number of Welsh language complaints received by the service has reduced, no Welsh language formal complaints were received during this period.

Performance against the Welsh-language answer rate remains a key focus for the NHS 111 Wales operational leadership team. These initiatives form part of the ongoing commitment to provide the best possible service to Welsh speaking callers. By continuing to tailor this approach the aim is to enhance callers' experience and ensure they receive timely and effective support.

In 2026, the NHS 111 Wales Service will launch its new five-year Welsh Clinical Consultation Plan. The plan will set out ambitions and detailed key deliverables in relation to the Welsh language. It will cover 111 inbound/call handling as well as 111 clinical services.

6.2.2 Non-Emergency Patient Transport Service

NEPTS Welsh Language Call demand and answer rate 2025-2026

Welsh language demand	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/25 – 31/03/26	3,545	2,638	74%
01/04/24 – 31/03/25	4,294	4,327	77%

When callers contact NEPTS they undergo a Patient Needs Assessment (PNA), which is a structured set of questions designed to determine the medical needs and requirements of each patient traveling with NEPTS. The PNA has been professionally translated, is regularly reviewed and revised, and the Welsh translations are always updated for use by the NEPTS Welsh speaking call takers.

Telephone desk-tent prompt cards were issued to the NEPTS Call Centre staff to ensure call handlers can confidently and consistently support Welsh speaking patients, enabling accurate information gathering, reducing misunderstandings, and improving the overall patient experience by delivering services in the patient's preferred language.

6.3 Meetings (Standards 21 – 30)

Assessed Assurance

The Trust self-assessed at a low level of assurance for Standards 21-22 and 26-30 (Conducting meetings in Welsh). The great majority of meetings, particularly formal board, committee and internal committee meetings, are held in English.

Trust Board meeting invitations to partners and stakeholders are issued bilingually via email, with supporting information also shared bilingually through social media and the Trust's website. All Trust Board meetings, agendas are available in Welsh, and the Trust's Standards Annual Report is presented bilingually at Trust Board meetings. Where possible, slide presentations used at the Annual General Meeting are also produced bilingually.



A new bilingual corporate Teams background has been created and available to staff on SharePoint.



Further Actions Planned

During 2026/27 we will be embedding Welsh language considerations into routine meeting and presentation planning by establishing a clear and consistent approach to capturing language preferences in advance. At the invitation stage, meeting attendees will be asked whether they wish to use Welsh, and confirmation sought from guest speakers ahead of meetings as to whether they intend to present in Welsh.

In parallel, access and use of simultaneous translation services will be promoted actively the Trust to increase awareness and to ensure that the bilingual design guidance (https://www.welshlanguagecommissioner.wales/media/niknstqs/bilingual-design-guide-eng.pdf) supplied by the Welsh Language Commissioner's Office is accessible and widely understood. Where possible, the Trust's Welsh Language Team will support the creation of presentations with bilingual slides to enable inclusive participation and reinforce the Trust's commitment to bilingual working practices.

6.4 Public Events (Standards 31 – 32)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 31-32 (Conducting public events in Welsh).

Public engagement events are coordinated by the Patient Experience & Community Involvement Team and are communicated bilingually, with bilingual resources made available to support participants. The Welsh Language Services Manager coordinates the Trust's involvement in events such as the Eisteddfod.

Eisteddfod Genedlaethol Wrecsam 2025

The Trust participated in the National Eisteddfod 2025 in Wrexham as part of a jointly funded NHS Wales stand, supported by Welsh Government and participating NHS Wales organisations. Attendance at the Eisteddfod provided a valuable opportunity to engage directly with the public, raise awareness of the Trust's services, and positively promote the Welsh language and culture.

Feedback from both staff and attendees highlighted strong operational coordination, meaningful public engagement, and positive team working throughout the event. The NHS stand was also visited by Jeremy Miles MS, Former Cabinet Secretary for Health and Social Care, who engaged with staff and took part in CPR training, further reinforcing the visibility and impact of the Trust's presence at the event.





As an increasing number of events are now supported by volunteers, there is a growing need to ensure sufficient Welsh speaking staff are available to provide appropriate language support. To address this, the Trust is exploring establishment of a 'bank' of Welsh speaking staff who can be approached to assist at public engagement events as required.

Wherever positive feedback is received, this is shared internally to provide further guidance and promote good practice.

6.5 Documents and Forms (Standards 36 - 38)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 36-38 (Documents and forms are published in Welsh).

Since the beginning of September 2023, the Trust has had a dedicated in-house translation service, which is available to all staff through a generic email account and mailbox.

In addition, guidance for staff on accessing and submitting work for translation has been made available on the Trust's SharePoint site. This facility has been a key enabler of compliance with the Standards, related to documents and forms.

The Trust's Documents

A review of documents published on the Trust's website during 2025 showed 100% compliance with Welsh language publication requirements for key Trust documents, including strategies and plans. This represents a significant improvement compared with 78% compliance reported in 2024, demonstrating strengthened governance arrangements and a continued commitment to ensuring information is made available bilingually in line with required Standards.

The Trust's Forms

Several public facing forms are now available in Welsh, improving accessibility and supporting the Trust's commitment to bilingual service provision. These include the NEPTS feedback form, the NEPTS transport cancellation form, the bilingual services feedback form, and the Listening to People submission form. Making these key forms available in Welsh helps ensure that members of the public can engage with Trust services confidently and in their language of choice.

Further Actions Planned

To further strengthen compliance the Trust will be refreshing its assessment process to enable document authors to assess whether a document or form is required to be made available in Welsh.

In addition, the Welsh Language Services Manager will be engaging with the Trust's Communications Team to explore whether criteria for Welsh translation could be included within the Trust Brand Guidelines in respect of documents and forms.

6.6 Publicity and Advertising Material (Standards 33 – 34)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 33-34 (Publicity and advertising materials produced in Welsh).

All publicity and advertising material produced by the Trust for the public is now made available bilingually in Welsh and English. This includes press releases, content across all Trust social media platforms, and website material.

During the period 1 April 2025 to 31 March 2026, the Trust published 70 bilingual news releases, demonstrating continued compliance with the Standards.

Publicity was developed to explain the Trust's new Clinical Response Model, highlighting changes to how 999 calls to the Welsh Ambulance Services University NHS Trust are managed. To ensure accessibility and promote understanding across all communities, a series of YouTube videos was produced and published in both Welsh and English. They can be viewed here and here.

Another example of bilingual publicity activity during this period is provided below, relating to the promotion of volunteer car driver opportunities and the Trust's new Response Model.





These bilingual resources support clear public communication and reinforce the Trust's commitment to providing information in the language of choice.

6.7 Websites and Online Services (Standards 39 – 43)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 39-43 (Websites and public digital services (including apps) are in Welsh).

The Trust has two websites, the Welsh Ambulances Services University NHS Trust website, and the NHS 111 Wales website which we operate as the commissioned provider of 111 across Wales. Some of the challenges associated with these websites, and the further actions planned, are set out below.

6.7.1 NHS 111 Wales Website

NHS 111 Wales Online Symptom Checkers
As part of the ongoing redevelopment of the NHS 111 Wales website, new symptom checkers are currently being implemented to improve clinical accuracy, usability, and patient safety. A key element of this work is the strengthening of Welsh-language provision to ensure that the language is embedded within digital access to care.

The symptom checkers are being designed to support medical-grade Welsh translations from the outset, ensuring that Welsh-language content is accurate, clinically assured, and kept in step with English updates. This approach will remove the previous risk associated with Welsh content becoming out of date and will ensure parity between languages as the symptom checkers are updated or expanded. It is expected that work will be completed by July 2026.

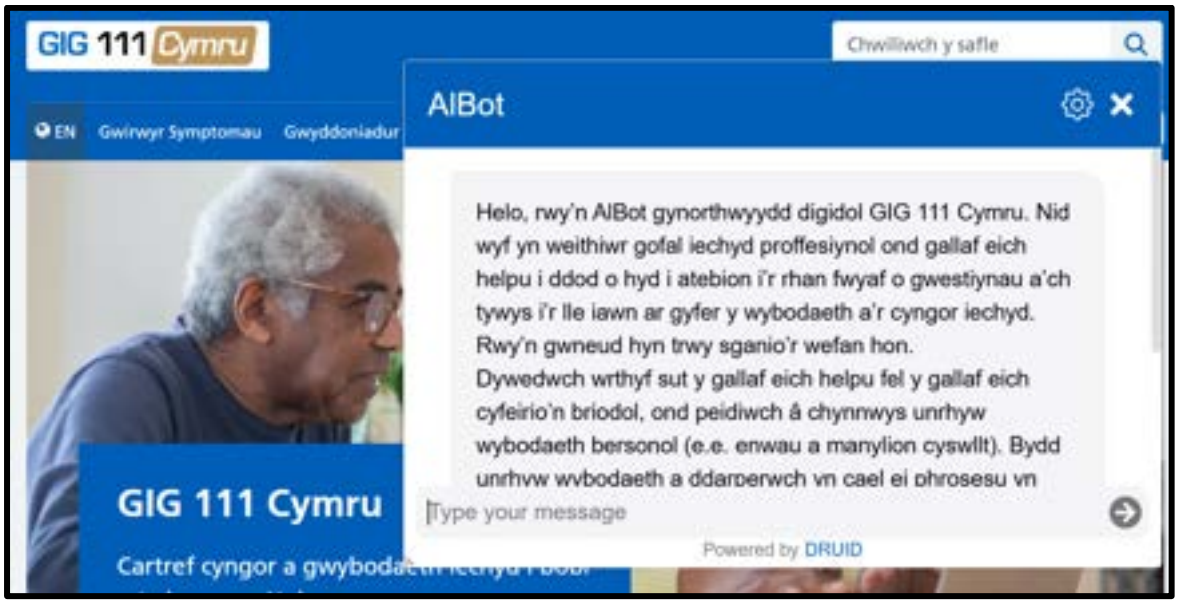
The implementation of the new symptom checkers represents a significant step forward in digital Welsh-language provision, helping to ensure that Welsh-speaking users can safely access online advice and guidance in their language of choice, without delay or disadvantage. This work directly supports the Trust's commitment to the Standards, the active offer, and the delivery of equitable, bilingual digital services for the population of Wales.

NHS 111 Wales Website development
Funding has now been secured to support the next phase of development of the NHS 111 Wales online service. Work is underway with commissioners and key stakeholders to agree the future rebuild plan, implementation approach and delivery roadmap, with a focus on improving user experience, accessibility and bilingual digital services.

A key focus of the redevelopment is improving parity between Welsh and English digital content, reducing the risk of Welsh language information becoming outdated where clinical content changes. This approach supports patient safety and reinforces the Trust's commitment to providing equitable access to online advice and guidance in a patient's language of choice.

Virtual Assistant ('AIBot')

The virtual assistant 'AIBot' is available on the NHS 111 Wales website and supports Welsh-language interaction, enabling users to ask questions and receive responses in Welsh (where Welsh is selected as the preferred language). Building on this capability, a live agent pilot (4-week pilot) was introduced to complement automated responses, providing a pathway for users to be supported by a human advisor where required. This approach supported improved accessibility and continuity for Welsh speaking users, particularly where queries are more complex or require reassurance, while maintaining parity between Welsh and English language services.



From 1/8/25 to 31/3/26 there have been 42,000 interactions with Albot, including 72 in Welsh. The Trust will continue to monitor these interactions in 2026/27

Blue Light Hub App

Designed by the Trust the Blue Light Hub App, is a bilingual educational resource designed for children aged 7–12, aimed at increasing awareness and improving confidence and life-saving skills among young people.

Between 1 April 2025 and 31 March 2026, the Blue Light Hub App was installed by **558** Android users and **206** iOS users. Since its launch, the app has been installed a total of 14,908 times on Android and 5,594 times on iOS. These figures include installations by users who may have reinstalled the app. As no bespoke user-level usage data is collected through the app, it is not possible to provide specific insights relating to Welsh language usage.

6.8 Social Media (Standards 45 – 46)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 45-46 (Welsh language is not treated less favourably than English on social media).

Evidence to Support Assessment

The Trust operates separate Welsh language and English social media accounts for Facebook, X and Instagram. Each English post is replicated in Welsh routinely. LinkedIn remains the only bilingual account.

Bilingual Social Media Accounts: Data (01 April 2025 to 31 March 2026)

The Trust operates separate Welsh language and English social media accounts for Facebook, X and Instagram. Each English post is replicated in Welsh routinely. LinkedIn remains the only bilingual account.

X

In November 2024, the Trust took the decision to limit its activity on X to warning and informing only. The Trust has not posted to this platform since 31 December 2024, and its last share was 16 November 2025. The Trust has not relinquished its X handle as it does not want anyone impersonating the Trust. In times of extreme demand, the Trust may revisit the platform to post urgent messaging, but this is usually reserved for Facebook and Instagram. For this reason, coupled with the inaccessibility of X analytics since the changeover of Twitter to X, the following data is all that is available.

	@Ambiwlans_Cymru	@WelshAmbulance
Total followers	383	23,000

Facebook

	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services University NHS Trust
Total followers	316	42,620
Page visits	1,734	141,676
Total reach	29,177	7,517,518
Content interactions	442	52,905
Link clicks	14	17

Instagram

	Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru	Welsh Ambulance Services University NHS Trust
Total followers	42	5,894
Reach	22	286,399

Since January 2025, we have had two separate accounts for Welsh and English. Engagement on the Welsh language account has grown, although it's been very slow in comparison to the English.

LinkedIn

This platform is the Trust's only bilingual account where both Welsh and English posts are posted together on the same page but as individual posts.

	WAST
Total followers	8,761
Impressions	300,909
Page views	4,083

The NHS 111 Wales website operates its own Welsh and English social media Facebook (FB) accounts.

Metric	NHS 111 Wales FB	GIG 111 Cymru FB
Views	3,698,268	10,636

Metric	NHS 111 Wales FB	GIG 111 Cymru FB
Page visits	9,815	432
Content interactions	2,008	72
Followers	7,071	106

Further Actions Planned

Compliance with this standard will be monitored regularly by both service managers and the Welsh Language Services Manager, with activity reported routinely to the Welsh Language Advisory Group on at least a bi-annual basis.

6.9 Signs and Notices (Standards 47 - 49)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 47-49 (Signs are displayed in Welsh.

The Trust's Estates
All new builds and refurbishment projects across the Trust's estate include the installation of new bilingual signage. This signage is reviewed and quality checked by the Welsh Language Team to ensure accuracy, consistency, and compliance with the Standards.

Bilingual signage has been installed at the following sites:

- Beacon House (Regional Headquarters)
- Neath Ambulance Station
- Swansea Ambulance Station
- Gorseinon Ambulance Station
- Ferndale Ambulance Station
- Ystradgynlais Ambulance Station

Below are examples of bilingual internal signage installed at these sites, demonstrating the Trust's ongoing commitment to a bilingual environment.



For occasions where temporary or ad hoc signage and notices are required at Trust sites, the Welsh Language Team is working in partnership with the Estates Team to develop a suite of printable bilingual templates. These will enable staff to easily print and display compliant temporary signs and notices in their workplaces as needed, ensuring continued provision of bilingual information across the estate.

The Trust's Fleet

44 Emergency Ambulances purchased with bilingual a livery package.



In addition, 65 non-emergency vehicles and 15 single response vehicles purchased with a bilingual livery.

Further Actions Planned

Signage across the organisation and its vehicles will be reviewed and monitored on an ongoing basis.

6.10 Reception Services (Standards 50 - 53)

Assessed Assurance

The Trust self-assessed at a level of no assurance for Standards 50-53 (Welsh language reception services).

Despite the Trust's recruitment processes in actively encouraging applications from both English and Welsh speaking candidates, there are currently no Welsh speakers undertaking dedicated reception roles within the Trust.

Further Action Planned

In response to this situation, the Trust is reviewing all available options to ensure Welsh language provision at reception points where required. This includes working with teams at each location to identify staff who can provide Welsh language support when needed. We will also develop a list of designated points of contact to support the delivery of reception services or respond to public enquiries in Welsh at building entry points.

To support this approach, *"How to Answer the Phone"* desk tent prompt cards have been distributed to reception areas. In addition, a new Welsh language courtesy skills session has been developed for staff working in reception areas across Trust sites, with plans to facilitate these sessions during 2026/27.

6.11 Awarding Contracts (Standards 57 - 59)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 57-59 (Processes for awarding grants and contracts ensure that the Welsh language is not treated less favourably than the English language)

Invitations to tender are published bilingually if the subject matter of the invitation to tender suggests that it should be produced in Welsh, or if the anticipated audience, and their expectations, suggests that the text should be produced in Welsh. Tenders may be submitted in Welsh, and a tender submitted in Welsh will be treated no less favourably than a tender submitted in English.

During this reporting period, no requests for tenders or contracts were issued in Welsh, and none were received in Welsh.

Further Actions Planned

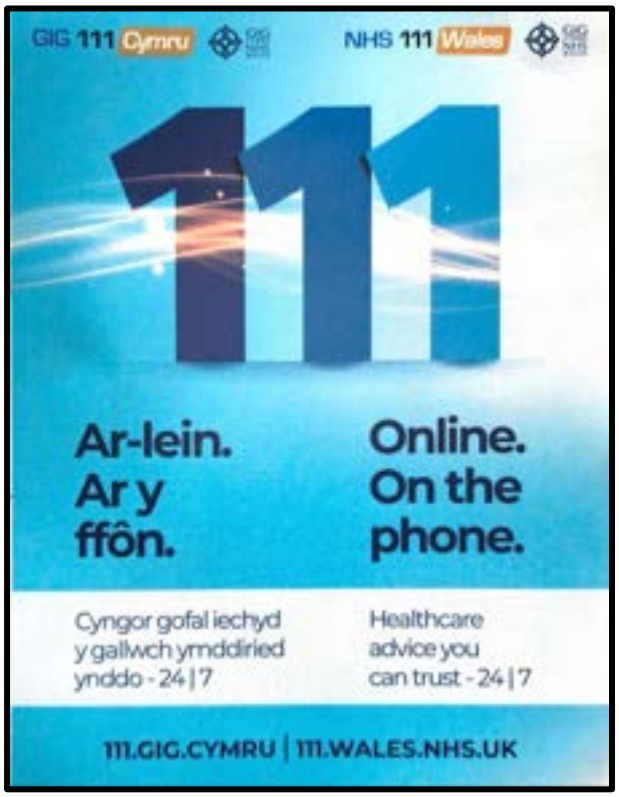
For 2026/27, the NHS Wales Shared Services Partnership (NWSSP) is creating a Welsh Language Procurement Assessment Tool for use by contract managers when completing an assessment of Welsh language requirements for any contracts that would be awarded with an overall value exceeding £5,000

6.12 Promoting Welsh Medium Services (Standards 60 – 61)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 60-61 for promoting the use of the Trust's Welsh medium services.

All publicity for the NHS 111 Wales service is carried out bilingually on TV advertisements, video on demand and leaflets.



Further Actions Planned

Further promotion of the Trust's existing services which offer a Welsh language service and ensure it is known that the public is able to contact these services in Welsh.

6.13 Corporate Identity (Standard 62)

Assessed Assurance

The Trust self-assessed at a high level of assurance for standard 62 (Corporate identity is in Welsh).

On 1 April 2024, the Trust was granted University Trust status and as a result the Trust's NHS Wales logo was updated to reflect this. A notable highlight was the minting of a new commemorative coin featuring the updated Crown Badge, which was presented at the Long Service Awards in 2025/26.



6.14 Providing educational courses in Welsh (standard 63)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for standard 63 (Providing educational courses in Welsh).

Restart a Heart (RSAH) Live is a 12hr online event that is live streamed to classrooms. A timetable of events allows the teachers to choose which section / language they wish to watch. In total, UK wide, 101,000 children engaged with RSAH Live. Of those, 27,000 were from schools in Wales. This initiative is the first of its kind in the UK and Save a Life Cymru (SaLC) have ensured that content in Welsh is available, this in itself is a big step forward for such a national event.

Further Actions Planned

Identify Welsh speaking staff within the organisation who could potentially be approached to support training in Welsh.

6.15 Announcements over a public address system are made in Welsh and the announcement is made in Welsh first (Standard 64).

Assessed Assurance

The Trust self-assessed at a high level of assurance for standard 64.

This standard applies to Trust vehicles manufactured after 30 May 2019 that are fitted with an audible reversing warning system. All applicable Trust vehicles are

equipped with a bilingual audio warning message that activates when the vehicle is reversing, ensuring pedestrians receive clear and accessible safety warnings in both Welsh and English. This supports compliance with The Standards while promoting public safety across Trust operations.

Further Action Planned

The Welsh Language Services Manager will continue to work closely with the Head of Fleet to ensure compliance with the Standards in respect of Trust vehicles.

7. Policy Making Standards (Standards 69 – 77)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 69-74; and no assurance for Standards 75-77 for research commissioned or conducted to consider the effects on the Welsh language.

The Trust's Policy Group has oversight of the policy governance process for new and revised policies. The Trust Board and relevant committees receive assurance that an EqIA has been completed when approving assigned policies. The Welsh Language Services Manager is a core member of the Trust Policy Group to provide advice and ensure that Standards are adhered to provide assurance.

All new and revised policies submitted to Policy Group are accompanied by a completed Equality Impact Assessment (EqIA) which includes consideration of the potential impacts on the Welsh language. EqIAs accompanying policies must have been undertaken in partnership with the named Trade Union Partner, with the final version reviewed and signed off by the Head of Inclusion and Engagement. No policies are accepted for submission to Policy Group without an approved EqIA.

The 2025/26 Standards internal audit conducted by NWSSP, concluded that current policies and procedures adequately support the consistent application of the Standards, resulting in substantial assurance.

Further Actions Planned

The Welsh Language Services Manager has access to the Trust's Policy Tracker and provides advice and guidance regarding policies which need to be made available in Welsh.

At the time of writing, a research and development policy was in development. The Welsh Language Services Manager will work with the policy lead to ensure that Welsh language considerations are included.

The Welsh Language Services Manager will engage with the Trust's service areas that are involved in the commissioning of research to ensure that a Welsh language impact is considered.

8. Operational Standards (Standards 79 – 114)

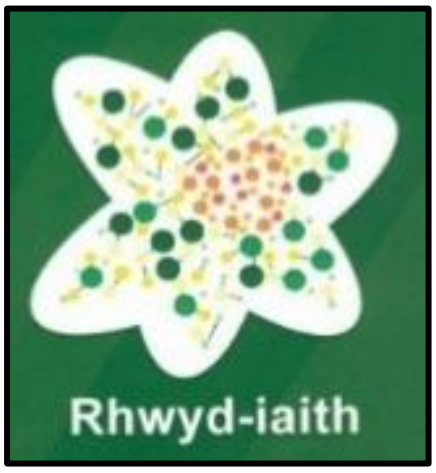
This set of Operational Standards deals with the way in which the Trust uses the Welsh language internally and gives employees the right to receive People Services in their chosen language.

8.1 Policy on the Internal Use of Welsh (Standard 79)

Assessed Assurance

The Trust self-assessed at a high level of assurance for standard 79.

The Trust's Welsh Language Policy was developed during 2024/25 and formally approved in November 2024. The policy sets out the Standards that staff are required to comply with, explaining their importance to the Welsh Ambulance Services University NHS Trust and how they support the delivery of an Active Offer to both staff and patients.



A key action arising from the policy was the establishment of a Welsh Language Network. The Trust's Welsh Language Network, *Rhwyd-iaith*, was launched during the reporting period to provide an open and transparent forum for staff who actively support the use, visibility, and growth of the Welsh language and culture within the organisation. The Welsh Language Network sits alongside the Trust's other staff networks and contributes to a wider culture of inclusion and belonging across the Trust. The network currently has 48 members. Rachel Marsh, Executive Director of Strategy, Planning and Performance, has been appointed as the executive sponsor for *Rhwyd-iaith*, providing senior leadership support and advocacy for its work.

Chief Executive Officer (CEO) Roadshows



During 2025/26 the Welsh Language Team participated in the CEO Roadshows across Wales to engage with staff to promote Welsh language initiatives and raise awareness of the Trust's Welsh Language Policy. Staff were able to register for the event via a bilingual registration form.

Further Actions Planned

As a further action for the coming year, the Trust will promote a culture in which the Welsh language is recognised as everyone's responsibility. This will be supported through the delivery of targeted internal awareness campaigns, including initiatives such as Welsh Language Week and Diwrnod Shwmae, to increase visibility and everyday use among staff. In addition, good practice will be reinforced through the regular sharing of success stories and case studies highlighting services that successfully deliver care in Welsh, with the aim of encouraging wider adoption across the Trust.

8.2 Employment Documents (Standards 80 – 81)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 80-81. Employment contracts are available in Welsh through TRAC/ESR.

The Trust's application form includes a question about preferred language. Additionally, interview invitations provide an option for candidates to request their interview in Welsh. Where required, translation services are arranged. This is standard

practice, and all outcomes are issued in Welsh via the Trac system when the application was submitted in Welsh.

Further Actions Planned

The Trust's Personal Appraisal Development Review (PADR) process is currently being reviewed. When finalised all documentation relating to PADRs will made available in Welsh. The Trust's Welsh Language Services Manager is a member of the Stakeholder PADR Guidance Review Group.

8.3 Internal policies are available in Welsh (Standard 82)

Assessed Assurance

The Trust self-assessed at a low level of assurance for standard 82.

The Welsh Language Services Manager routinely reviews and provides advice to inform policy equality impact assessments and advises on whether Trust-owned policies need to also be available in Welsh – this mainly relates to a handful of workforce-related policies. All NHS Wales policies are supplied by the NHS Wales Employers Unit in both Welsh and English, and both versions published internally by the Trust. The following guidance is provided to Policy Leads who are either developing or reviewing a Trust-owned policy:
The Trust is required to publish several policies in Welsh; particularly those that relate to the following:

- *behaviour in the workplace;*
- *health and well-being at work;*
- *salaries or workplace benefits;*
- *performance management;*
- *absence from work;*
- *working conditions;*
- *work patterns.*

Further Actions Planned

Promotion of the above during the Policy Group meetings during 2026/27

8.4 Employee Relations Processes (Standards 83 – 88)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 83-88.

During 2025/26, the Trust strengthened its arrangements for managing staff complaints and disciplinary procedures in Welsh through the development of a Standard Operating Procedure (SOP) for handling complaints and concerns raised by staff. The SOP sets out clear requirements to ensure Welsh language compliance, including:

- The option for complaint and disciplinary processes to be conducted through the medium of Welsh;
- Allocation of Welsh speaking investigating officers, People Services representatives, chairs and note-takers where required;
- An established escalation route to the People Business Leader and the Welsh Language Services Manager for translation support;
- A mandatory requirement for the use of standard bilingual wording;
- Retention of both Welsh and English correspondence on the case file;
- Provision of decision letters in Welsh; and Engagement of translation services for both incoming and outgoing correspondence where required.

No requests were received from staff for disciplinary investigation interviews or disciplinary hearings to be conducted in Welsh during the reporting period.
To strengthen governance and assurance in relation to compliance with the Standards, an additional data field has been introduced within the Employee Relations tracker to capture whether hearings are requested to be conducted in Welsh.

The Trust supports the *Speaking Up Safely* approach by ensuring all communications and posters are available bilingually. Translation support is accessible through the Trust's translation service, with additional support provided by a Welsh speaking Project Support Manager and a Welsh speaking Guardian. Where required, an independent Welsh language translator can also be arranged to ensure staff are able to raise concerns confidently in their preferred language.

Further Actions Planned

An additional column will be added to the Employee Relations tracker to record whether hearings are requested to be held in Welsh so that recording of these can be improved and, where appropriate, the process further promoted.

8.5 Provide software for checking Welsh spelling and grammar for staff (Standard 89)

Assessed Assurance

The Trust self-assessed at a high level of assurance for standard 89.

Cysgliad/Cysill Welsh spellcheck, grammar check and dictionary software is available to all staff upon request from the Information, Communication and Technology (ICT) Helpdesk.

Further Actions Planned

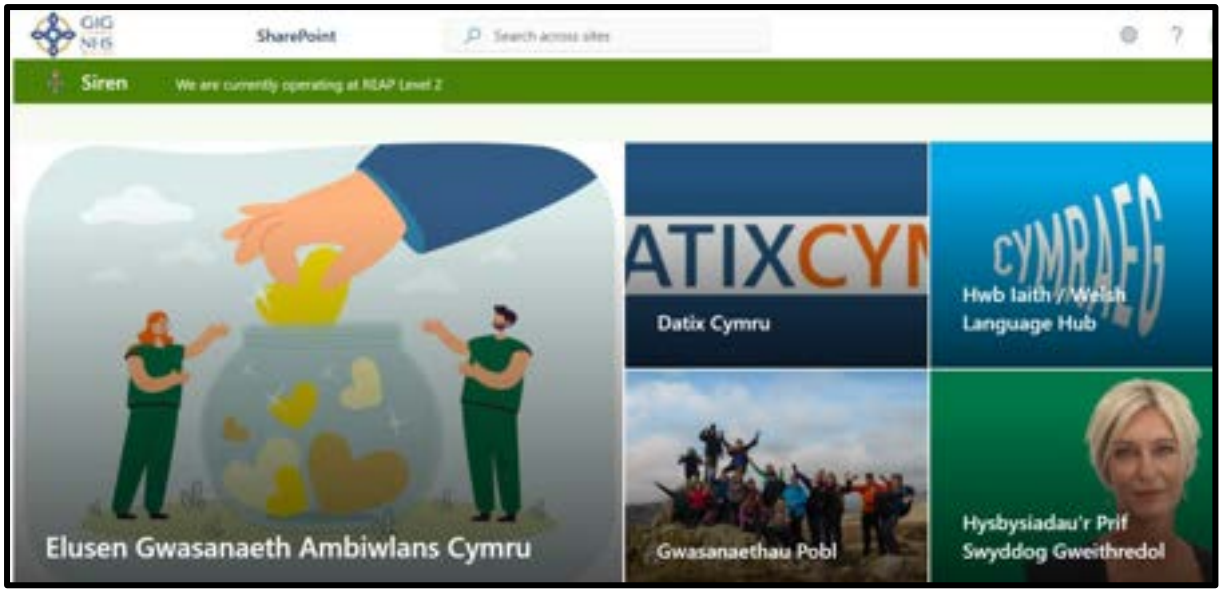
To promote via the Trust's Welsh Language Hub, clear guidance on how staff can access and use Cysgliad/Cysill effectively.

8.6 Intranet is available in Welsh, and provides services and support materials to assist staff in using Welsh (Standards 90-95)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 90-95.

The intranet home page includes a language selection tab that directs users to the Welsh-language version of the intranet. A designated Welsh Language Hub provides comprehensive information, including online Welsh learning courses, Welsh language courtesy skills, and guidance on compliance with the Standards.



Further Actions Planned

As the staff intranet is a key channel for sharing operationally critical information, the Trust is working towards providing Welsh language versions of content related to staff support services, such as staff wellbeing.

8.7 Provide wording for staff for e-mail signatures and out-of-office messages in Welsh (Standard 104)

Assessed Assurance

The Trust self-assessed at a high level of assurance for standard 104.

The Trust's Welsh Language Team continues to actively support staff by providing Welsh translations for email signatures and bespoke out-of-office messages.

In addition, approved bilingual email signature templates are included within the updated 2026 Corporate Brand Guidelines, supporting consistency, professionalism, and compliance with the Standards across all Trust email communications.

Further Actions Planned

To strengthen monitoring arrangements, a structured approach will be developed combining regular audits and spot checks of staff email signatures and out-of-office

messages to ensure adherence to approved bilingual templates and corporate brand guidelines. This approach will be supported by members of the Welsh Language Advisory Group and the Welsh Language Network, who will play an active role in promoting compliance, identifying good practice, and highlighting areas for improvement.

8.8 Recruiting and Appointing (Standards 106 – 109)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 106 - 109.

Managers are required to complete a Welsh Language Assessment form for each post to determine the appropriate Welsh language skill level. This form is attached to the job advert, and the required skill category is clearly stated within the advert text to ensure transparency for applicants.

All job adverts are published bilingually in Welsh and English, with the Welsh language skill requirement clearly identified. As standard, adverts also state that applications may be submitted in Welsh and that applications submitted in Welsh will be treated no less favourably than those submitted in English.
All application forms, guidance materials, interview information, and job descriptions are available in both Welsh and English, ensuring parity and equal access throughout the recruitment process. Applicants are informed of recruitment outcomes at the same time, regardless of the language used in their application.

As part of the Trust's Integrated Medium Term Plan (IMTP) deliverables for 2025/26, engagement was undertaken across the organisation to ensure that Welsh language competencies recorded on ESR were accurate and up to date. This enabled the completion of a gap analysis to establish the current level of Welsh language skills across service areas. Following this analysis, targeted engagement was carried out with priority services that have direct contact with patients and the public. This work focused on understanding the Welsh language capability within teams, identifying existing provision, and highlighting areas where additional capacity or development may be required.

Further Actions Planned

The Trust's process for supporting recruiting managers in determining the appropriate level of Welsh language skills for Trust roles has recently been updated and will be implemented on a trial basis from June 2026. This trial period will enable us to gather feedback, assess the effectiveness of the revised approach, and ensure it meets both operational needs and compliance requirements. A formal review will be undertaken in September, following which the process will be fully implemented across the Trust.

In addition, during 2026/27, a Welsh Language Recruitment Strategy will be developed to further embed Welsh language requirements within the Trust's recruitment processes. This will include actively attracting Welsh-speaking candidates and supporting existing staff to develop their language skills, ensuring the delivery of high-quality Welsh medium services.

8.9 Provide training (in Welsh) on using the Welsh language effectively in meetings, interviews, complaints and disciplinary procedures (Standard 98)

Assessed Assurance

The Trust self-assessed at a low level of assurance for standard 98.

During 2025/26, the Welsh Language Services Manager supported Welsh language capability across the Trust by providing advisory support to staff. This included facilitating Welsh language training sessions, providing one-to-one support to senior leaders on the use of appropriate Welsh phrases when chairing meetings and how to use simultaneous translation services to ensure compliance with The Standards.

Further Actions Planned

Building on this progress, action in 2026/27 will focus on strengthening and formalising training opportunities. Further collaboration will be explored with the Trust's Essential Skills Tutor to assess the potential for delivering tailored Welsh language training sessions internally, targeted to specific roles and service needs.

In parallel, options to engage external training providers will be considered where additional or specialist Welsh language courses are required. This combined

approach will help to broaden access to training, improve confidence in using Welsh in both operational and formal settings, and support the Trust's longer-term aim of increasing Welsh language capacity across the workforce.

8.10 Assessing and Recording Welsh Language Skills across the Workforce (Standards 96 and 116 (Record Keeping Standards)

Assessed Assurance

The Trust self-assessed at a high level of assurance for Standards 96 and 116.

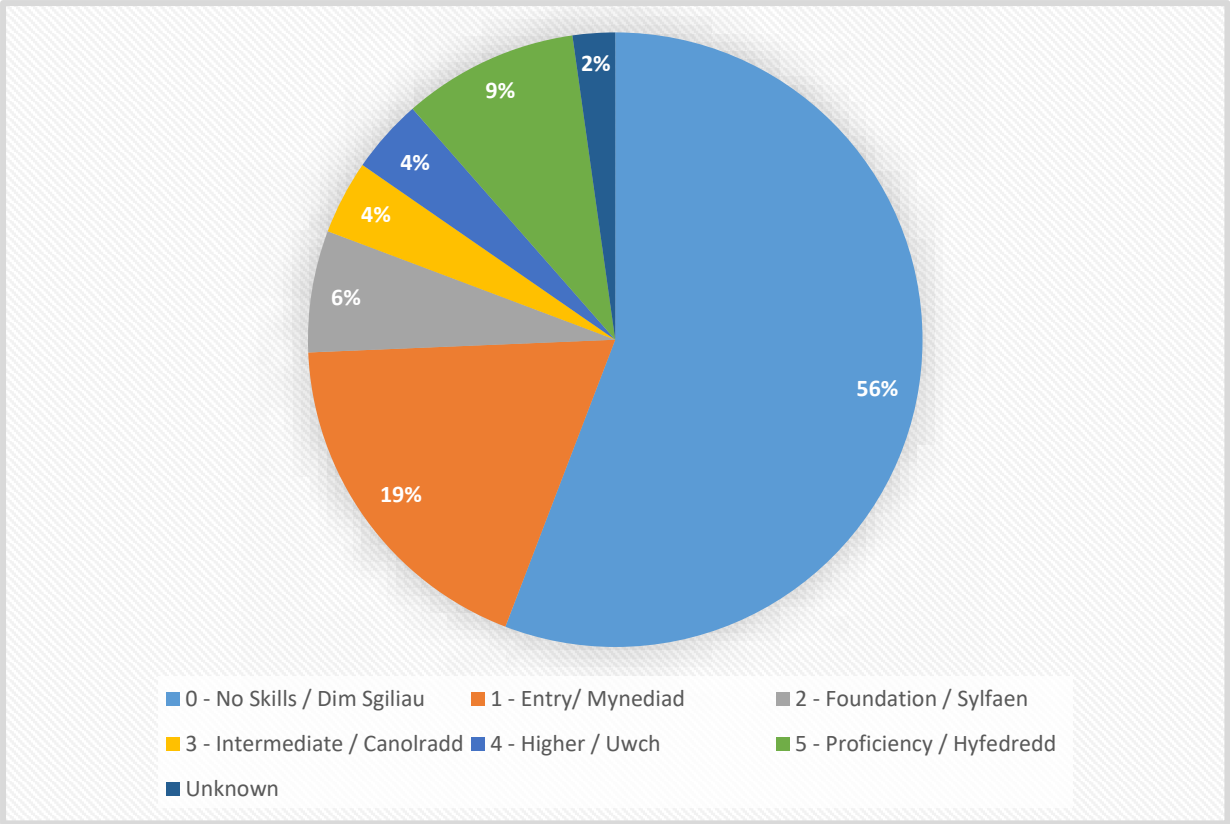
From a total of 4,579 members of staff, 4,477 (97.77%) have self-assessed and recorded their Welsh language skills on the ESR system.

The Welsh language listening/speaking skills recorded on ESR per directorate (as of 31 March 2026) were as follows:

Directorate	Required	Achieved	Compliance %
Chief Executive	18	17	94.44%
Corporate Governance	12	12	100%
Digital	91	91	100%
Finance & Corporate Resources	160	160	100%
Medical & Clinical	92	92	100%
Operations	3,923	3,823	97.45%
Partnerships & Engagement	14	14	100.00%
People & Culture	112	112	100%
Quality, Safety & Patient Experience	133	133	100%
Strategy, Planning & Performance	24	23	95.83%

8.11 Welsh Language Skills of Staff Profile – Listening/Speaking

0 - No Skills	1 - Entry	2 - Foundation	3 - Intermediate	4 - Higher	5 - Proficiency	Unknown	Grand Total
2,556	848	293	178	179	423	102	4,579



Welsh Language proficiency per directorate

Directorate	Intermediate	Higher	Proficiency
Chief Executive	1	1	0
Corporate Governance	0	0	2
Digital	1	1	9
Finance & Corporate Resources	2	8	10
Medical & Clinical	2	1	9
Operations	157	159	374
Partnerships & Engagement	0	2	1
People & Culture	5	3	8
Quality, Safety & Patient Experience	10	4	9
Strategy, Planning & Performance	0	0	1
Grand Total	**178**	**179**	**423**

At the end of March 2026, 780 staff members (compared to 740 in 2024/25) were recorded to have Welsh fluency. This equates to 17% of those who have registered their Welsh language skills (17% in 2024/25).

Further Actions Planned

In order to increase the Welsh language skills of the Trust's workforce in 2026/27 the Trust will continue promoting the NHS specific Welsh language beginners' course that is available to Trust staff via the National Centre for Learning Welsh together with the Trust's mandatory ESR Welsh Language Awareness course.

8.12 New and Vacant Posts (Record Keeping Standard 117)

Assessed Assurance

The Trust self-assessed at a high level of assurance for standard 117.

Due to the Trust's translations service having access to NHS Wales Shared Services Partnership's translation memory software there have been efficiencies made in ensuring that all job descriptions are translated into Welsh. The People Services Directorate have processes in place for recruiting managers to send approved job descriptions to the Trust internal Translation Service.

The table below confirms posts advertised between 1 April 2025 and 31 March 2026.

Total Number of vacancies advertised 01/04/2025 - 31/03/2026: 320

Category	Number of posts categorised		Percentage of posts advertised	
	2025-26	2024-25	2025-26	2024-25
Welsh language Essential	2	2	0.63%	0.47%
Welsh language Desirable	315	420	98%	99%
Welsh language skills need to be learnt when appointed to post	1	0	0.31%	0%
Welsh language skills are not necessary	2	0	0.63%	0%

Welsh essential posts include:

- NEPTS Call Taker – Band 2
- Essential Skills Tutor - Band 5

Job interviews for vacant posts have been facilitated in Welsh in response to requests from applicants.

Further Actions Planned

The Trust will further strengthen its approach by analysing recorded data to identify trends, patterns, and gaps in the designation of Welsh essential and desirable posts. This will support a more strategic understanding of workforce needs and ensure that Welsh language requirements are aligned with current and future service demand.

8.13 Training (Standard 97)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for standard 97.

Corporate Induction

The Trust's *Welcome Days* include a dedicated Welsh language awareness element. During the reporting period, a total of 494 members of staff completed this training. No requests were received during the reporting period for the corporate induction to be delivered fully in Welsh.

Courses on ESR that have been completed by Trust staff in Welsh:

Course	Completed
Make Every Contact Count (MECC)	2
Violence against women, domestic abuse and violence	73
Welsh Language Awareness (More than just words)	1,026

Further Actions Planned

The Trust will investigate what additional ESR and in-house courses to our staff that could be made available in Welsh.

The ‘Warm WAST Welcome’ digital handbook is a central element of the Trust’s new corporate induction, designed to provide all new starters with a consistent, supportive, and accessible introduction to the organisation.

The digital format will replace the current Teams based corporate induction approach, providing a more structured and sustainable solution; however, it will not replace local inductions, which will continue to play a vital role in supporting staff within their specific teams and locations.

The digital handbook is currently entering its pilot phase ahead of a planned launch at the end of March 2026. Following the pilot, work will commence on the Welsh language version to ensure the handbook is fully bilingual and delivers an inclusive, accessible experience for all staff.

8.14 Training to Improve Welsh Language Skills (Standards 99 - 101)

Assessed Assurance

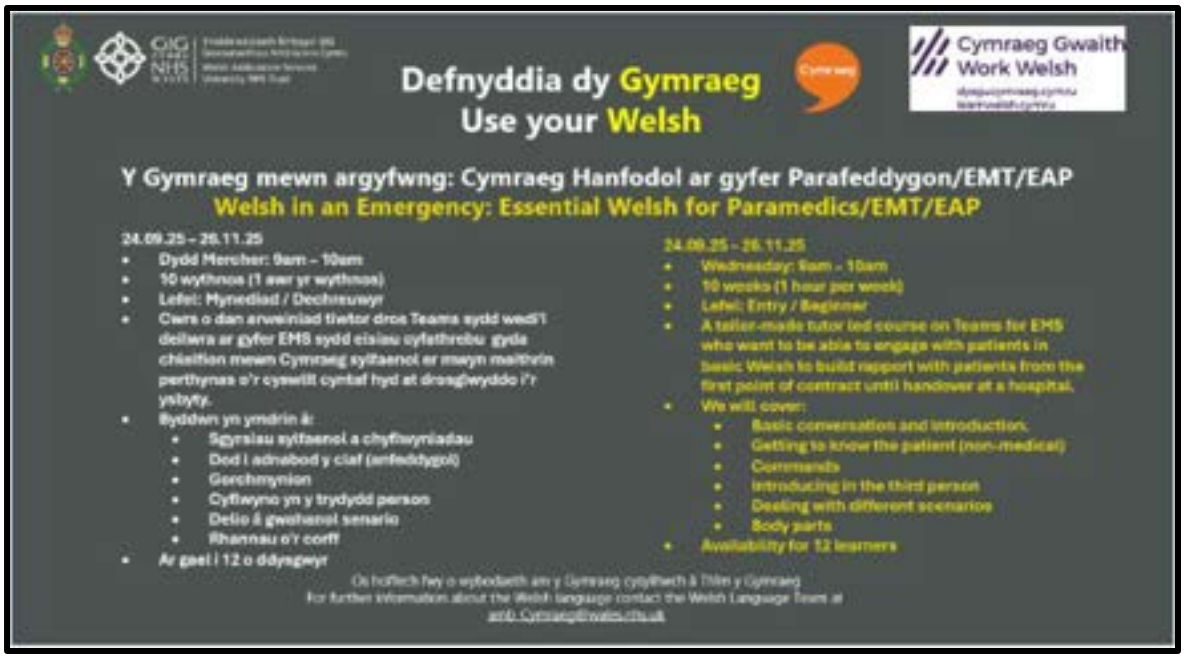
The Trust self-assessed at a medium level of assurance for Standards 99 -101.

During the reporting period, 31 members of staff completed the new Welsh language courses that were made available to staff during 2025/26 to help develop their Welsh language skills. These included the Welcome Course, which forms part of the Welsh Government’s *More than Just Words (Mwy na Geiriau)* strategy and the Welsh language 10 hour taster course.

Welsh language beginners' course for EMS staff
In September 2025, the Trust launched a pilot Welsh learning course for Paramedics and Emergency Response Technicians, *“Welsh Language in Crisis: Essential Welsh for Paramedics.”* This 10-week entry-level course was delivered online via Teams by a Learn Welsh Workplace Tutor and was promoted through the Trust’s Learning and Development Team. Eight EMS staff completed the course, which aimed to help staff use Welsh in practice to build rapport with patients from first contact through to hospital handover.

The impact of the course was demonstrated when a paramedic successfully used Welsh to communicate with an elderly dementia patient who spoke only Welsh,

providing reassurance and comfort. This was positively received by the patient and her family, highlighting the value of the training in improving patient experience.



Supporting the Trust's EMS staff

A set of Welsh language prompt cards has been developed to support EMS staff in initiating clear and effective communication with Welsh speaking patients at the first point of contact. These prompt cards are designed to build confidence, support patient comfort, and help ensure that language needs are identified and respected from the outset of care.





Further Actions Planned

During 2026/27, we will focus on expanding opportunities for staff to engage with the Welsh language by increasing the provision of Welcome Courses and confidence-building programmes through Learn Cymraeg. These courses will be aimed at individuals at the early stages of their language journey, supporting them to develop basic skills, build confidence in using Welsh in the workplace, and encourage greater day-to-day use of the language across services.

8.15 Welsh Language Awareness Training (Standards 102 – 103)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for Standards 102-103.

Since the introduction of the mandatory Welsh language awareness course on 1 April 2023, 79.30% of Trust staff had completed the training as of 31 March 2026, compared to 70% in 2024/25.

Further Actions Planned

The Trust will continue to actively promote the course over the coming year to increase completion rates and achieve a minimum compliance level of 90%. Actions to support this will include targeted communications to outstanding staff, regular

compliance reporting to managers, reinforcement of training requirements through induction and refresher processes, and increased managerial oversight to support timely completion.

8.15 Promoting the Welsh Language

During the reporting period, the Welsh language was actively promoted through key national and cultural events, including Dydd Gŵyl Dewi (St David's Day) and Dydd Miwsig Cymru (Welsh Language Music Day). These celebrations were promoted across the Welsh Language staff network, *Rhwyd-iaith*, helping to increase engagement, raise awareness, and encourage participation among staff while celebrating Welsh language and culture within the Trust.

In addition, the Trust's Welsh Language Team developed a series of Welsh language courtesy skills YouTube videos, which were promoted to staff via the Trust's SharePoint site. These resources support staff to build confidence in using Welsh during everyday interactions and further reinforce the Trust's commitment to normalising and encouraging the use of Welsh in the workplace.

8.16 Clinical Consultation Plan (Standard 110)

Assessed Assurance

The Trust self-assessed at a low level of assurance for standard 110.

The development of a revised 5-year clinical consultation plan was a key deliverable within the Trust's Integrated Medium-Term Plan (IMTP) for 2025/26. The recent introduction of the Trust's new clinical model, with phase 1 implemented on 1 July 2025 and phase 2 scheduled for 1 December 2025, prompted a considered delay in the plan's development.

It is the ambition of the 2026-2031 plan to maintain a strong focus on NHS 111 Wales call handlers, while also incorporating 111/RICS clinicians and, the 111 digital offer. Engagement with the Welsh Language Commissioner's Office in late 2025 has resulted in a shift in the Commissioner's position in relation to the Trust, with recognition that increasing the active offer is more likely to be achieved through call handlers and the digital offer.

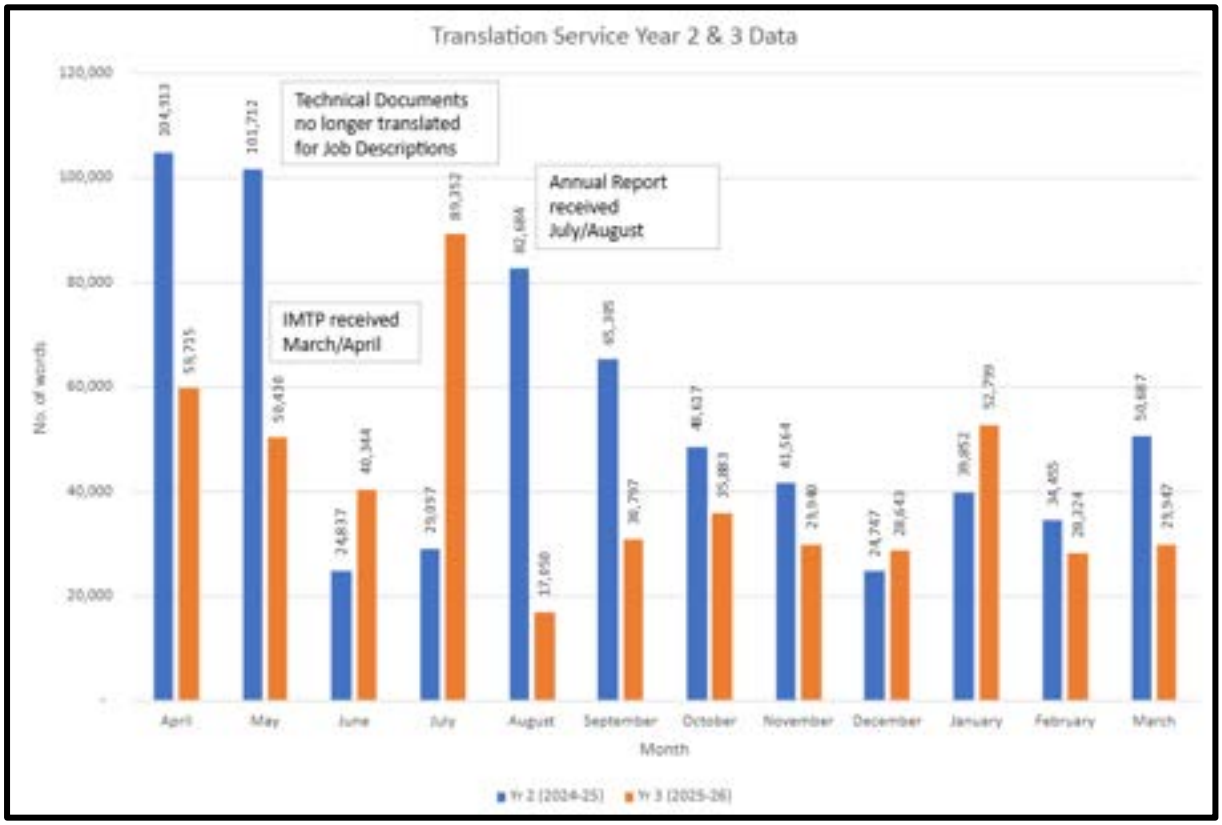
Further Actions Planned

To finalise the 2026-2031 plan, a Quality Impact Assessment (QIA) and Equality Impact Assessment (EqIA) are being considered by the Trust's quality and clinical forums prior to progressing the document through the formal approval process. Once approved, the plan will be published on the Trust's website.

8.17 Our Translation Service

Since the Trust's Translation Service was established in September 2023, it has gone from strength to strength and is a key enabler of compliance with many of the Standards e.g. correspondence, documents, forms, signage, social media and web content.

The graph below demonstrates the increase in the demand for the number of words translated by the translation service together with the decrease in the use of external translation service providers.



The data in the above graph compares the Translation Service's second and third full years of operation and shows that activity was consistently higher in Year 2, with notable peaks in April, May, and September due to the translation of annual reports. Year 3 shows lower but steadier monthly word counts, following broadly similar seasonal patterns with quieter periods toward the end of the year. Overall, the comparison highlights how demand has stabilised as the service has matured over its first two years.

9. Complaints (Record Keeping Standard 115)

Assessed Assurance

The Trust self-assessed at a medium level of assurance for standard 115 in recording the number of complaints received relating to compliance with the Standards.

During the reporting period, one complaint was received via the Welsh Language Commissioner. Due to insufficient information being provided by the Commissioner, the Trust was unable to fully investigate or progress the concern, and the complaint was subsequently closed.

All complaints received from or via the Welsh Language Commissioner are recorded on Datix. In addition, a dedicated complaints tracker has been developed to log, monitor, and oversee the timely and effective handling of concerns, ensuring they are addressed as promptly, appropriately, and consistently as possible.

Future Actions Planned

As noted in section 5.5, action is underway to implement a consistent approach to capturing and reporting all complaints, including those resolved locally, through Datix.

10. Looking Ahead - Priorities for 2026-2027

The future actions planned for 2026/27 are detailed throughout this annual report.

Workforce development will be a key enabler during 2026/27, with a specific focus on the development of a Welsh Language Recruitment Strategy to support the attraction, retention, and effective deployment of Welsh speaking staff across the Trust.

The Trust will finalise and publish its 5-year Clinical Consultation Plan (2026–2031), aligned with Welsh Language Standard 110.

A Bilingual Services Mystery Shopper exercise is proposed for 2026/27 to provide an objective assessment of the Trust's compliance with The Standards relating to correspondence.

Further Information

For further information on the Welsh Language Standards please contact:

Melfyn Hughes
Welsh Language Services Manager

Welsh Ambulance Services University NHS Trust
Tŷ Elwy
Ffordd Richard Davies
St Asaph
Denbighshire
LL17 0LJ
Email: Melfyn.hughes@wales.nhs.uk

Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru



Adroddiad Blynyddol y Cynllun Cydraddoldeb Strategol 2025-2026

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

AMB_Inclusion@wales.nhs.uk

Cyflwyniad

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

Mae'r adroddiad hwn yn amlinellu'r cynnydd a wnaethom dros y flwyddyn ariannol i gyflawni Amcanion Cydraddoldeb Strategol yr Ymddiriedolaeth a'r camau a gymerwyd i fynd i'r afael â'r anghydraddoldeb a brofir gan ein staff a defnyddwyr gwasanaeth i'n helpu i fod yn fwy cynhwysol o bawb sy'n dod i gysylltiad â'r Ymddiriedolaeth.

Ein Hamcanion Cydraddoldeb Strategol

- Dylunio gwasanaethau teg
- Arwain trwy esiampl
- Bod yn gyflogwr o ddewis
- Creu cynghreiriaeth

Ein Rhwydweithiau Pobl



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

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

Rhwydwaith Pobl LHDTC+

Rhwydwaith LGBTQ+ Network

100 (+4%)
Aelodau



Llawn Balchder

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

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

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



Rhwydwaith Pobl BEAM

Mae'r aelodaeth wedi dyblu i 13 aelod

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

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

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

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







BEAM

Rhwydwaith Cymorth Cyfoedion i Ofalwyr

Rhwydwaith Gofalwyr

Carers Network







Mae'r aelodaeth wedi treblu i

75 o Aelodau Rhwydwaith

Cyflogwr Hyderus o ran Gofalwyr Lefel 1 wedi'i chyflawni

Ion

- Cyfarfod Cymorth Cyfoedion Rhwydwaith

Ebr

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

Mai

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

Meh

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

Med

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

Tach

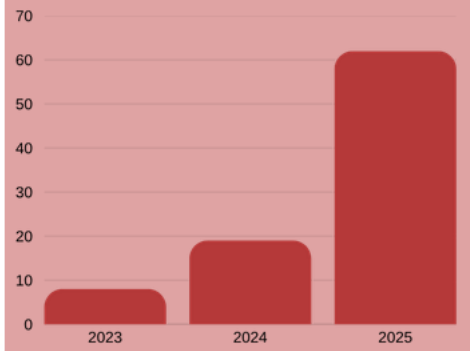
- Diwrnod Hawliau Gofalwyr
- Cymeradwywyd Polisi Gofalwyr

Rhag

- Apwyntiwyd Cyd-Cadair

EIN HEFFAITH

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



Aelodaeth rhwydwaith sy'n tyfu

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

Rhwydwaith Anabledd Purple Space

Dim byd amdanom ni hebddon ni

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



Twf ers mis Hydref 2023

Dylanwad Cenedlaethol
- **Addewid Niwroamrywiaeth Genedlaethol**

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

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

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

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

Y Rhwydwaith Menywod

Women's NETWORK RHWYDWAITH Menywod

103 o aelodau yn y Rhwydwaith Iechyd Menywod

20 Aelod o'r Grŵp Llywio

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

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

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



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



International Women's Day

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

Rhwydwaith Milwrol



37 o Aelodau

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

Sefydlwyd Tachwedd 2025

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



Ailddilysu Cynllun Cydnabod Cyflogwyr Aur

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

Y Gymraeg a Diwylliant





Rhwydwaith Cymraeg

Mae aelodaeth bron wedi **treblu** eleni i

51 o Aelodau

779 (17.5%)

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

i fyny 0.5% ar y flwyddyn flaenorol

Uchafbwyntiau

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

16 o Gadeiryddion a Chyd-Gadeiryddion

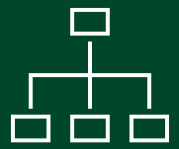


Cyfarfodydd pwynt cyswllt misol i helpu i greu gweithgarwch ar draws Rhwydweithiau sy'n canolbwyntio ar groestoriadedd ac integreiddio diwylliannol.

Mae gan bawb lais!

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

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



LLYWODRAETHU
Llywodraethu strwythuredig gydag amcanion clir ar gyfer pob rhwydwaith



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



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



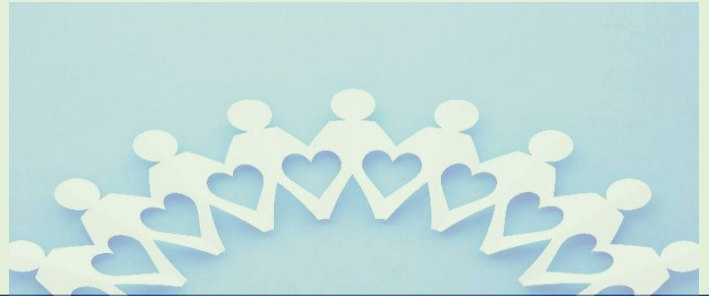
GWELLA GWYBODAETH
Addysgu eraill, codi ymwybyddiaeth o anghydraddoldeb a meithrin perthnasoedd da a chynghreiriaeth yn y gweithle

Tyfu ein Rhwydwaith Hyrwyddwyr Diwylliant

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

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

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



Arweinyddiaeth a Diwylliant

Ein Ffordd WAST

Yng ngwanwyn 2025, lansiwyd ein **Hymddygiadau Arweinyddiaeth a Rheolaeth a'n Fframwaith Datblygu** b (Ein Ffordd WAST) er mwyn gwella diwylliant y gweithle yn WAST. Mae'r fframwaith hwn yn diffinio ymddygiadau arweinyddiaeth sydd eu hangen i greu **gweithle mwy tosturiol, cynhwysol a chydweithredol**. Mae'n seiliedig ar dystiolaeth o'r GIG a sectorau eraill, gan ddangos bod y math hwn o arweinyddiaeth yn arwain at ganlyniadau gwell i staff, timau a chleifion.

Mae'r fframwaith yn adlewyrchu disgwyliadau newidiol arweinwyr mewn gwasanaeth cyhoeddus ac mae'n canolbwyntio ar dair elfen allweddol – ***Gofalu, Cysylltu a Gwerthfawrogi Pawb*** gan gynnwys cyfrifoldebau moesegol a deddfwriaethol i gefnogi diwylliant cadarnhaol a chynhwysol .



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

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

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

Arweinyddiaeth a Diwylliant

Adolygiadau Diwylliannol Tîm

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

Diwylliant Tîm

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

Cryfhau Partneriaeth Gymdeithasol



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

Arweinyddiaeth a Diwylliant

Diwrnodau Datblygu Rheolaeth Weithredol

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

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

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





Cefnogi ein pobl drwy gyfnodau o newid

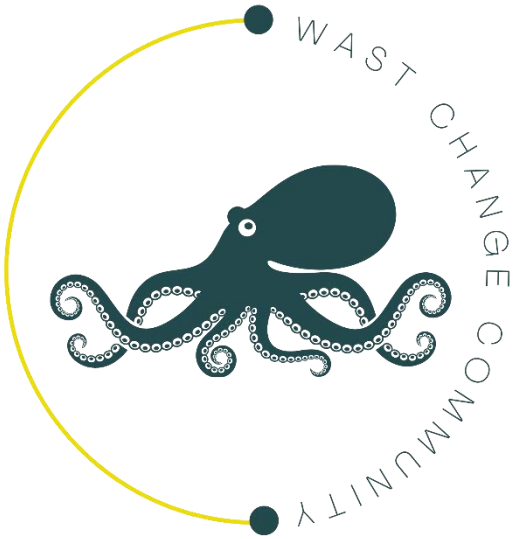
Buddsoddi mewn Rheoli Newid

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

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

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

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



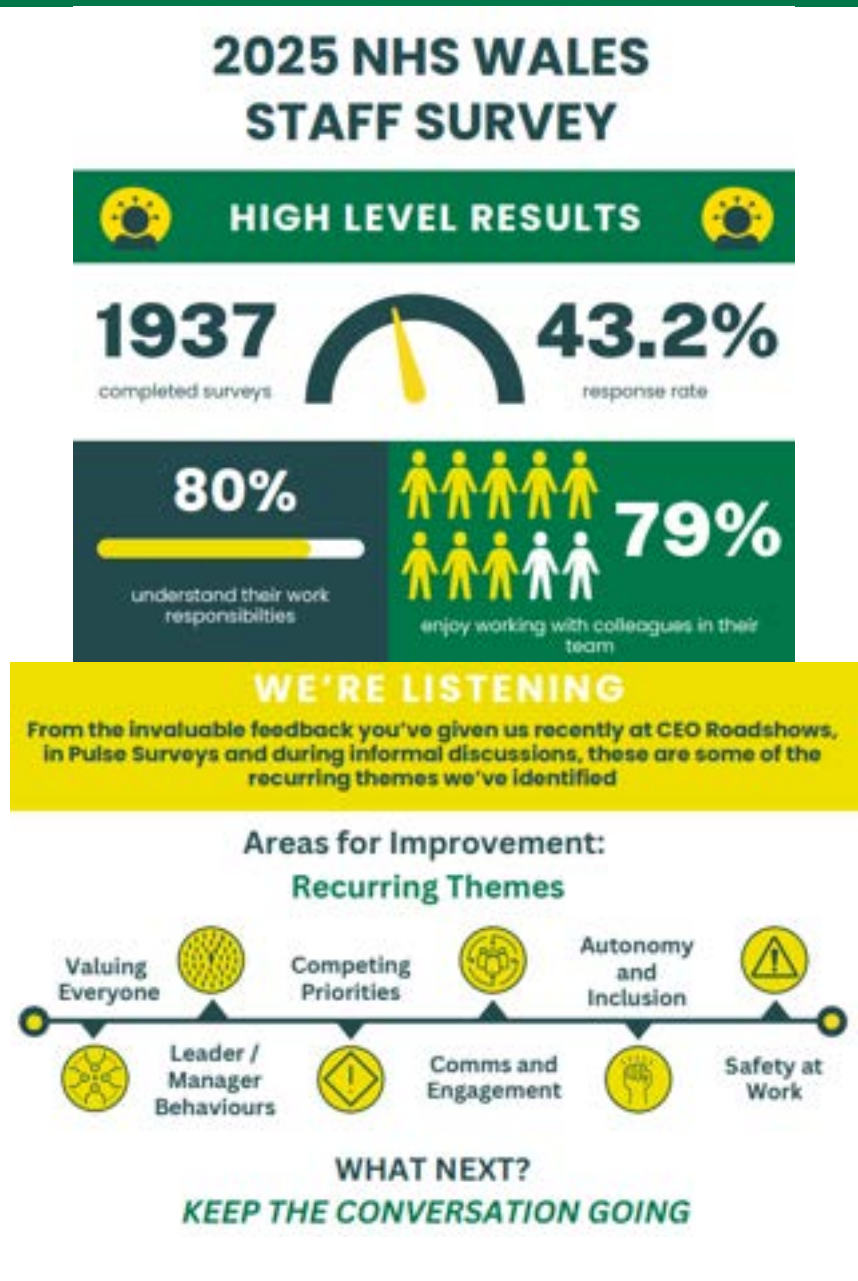
Gwrando ar ein Gweithlu

Cynyddu Ymgysylltiad â'n Ein Gweithlu

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

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

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



Cefnogi a Datblygu ein Gweithlu



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

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

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

Cefnogi a Datblygu ein Gweithlu

Cefnogi Iechyd a Llesiant

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

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

Polisi Rheoli Straen

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

Tlodi mislif

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

Cyllid Elusennol yn Cefnogi Llesiant Staff



Ioga Staff

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

Ffaniau poced

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



Grŵp Cerdded Dynion y Gogledd

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

Cymorth Llesiant Ariannol

Sgiliau Rheoli Arian

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



Ymgyrchoedd Ymwybyddiaeth

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

Addysg a Datblygu Sgiliau

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

Cymorth Llesiant Ariannol

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

Gwasanaethau Cymorth a Chyfeirio

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

Gweithio mewn Partneriaeth

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

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





Gwella Ansawdd

Cynhadledd Ansawdd

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

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

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

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

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





Diogelwch Rhywiol

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

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

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

★★★★★

Mae cydweithwyr yn rhoi sgôr o

4.57 allan o 5 seren i'r hyfforddiant hwn

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

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

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

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

Diogelwch Rhywiol

Rhwydwaith Pobl Cymru Gyfan

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

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

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

Ffrydiau Gwaith y Polisi Gwrth-Aflonyddu Rhywiol

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



Hyfforddiant Cynghreiriad a Hyfforddiant Gwylwyr Gweithredol

Hyfforddiant Cynghreiriad a Hyfforddiant Gwylwyr Gweithredol

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

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



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

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

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

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

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

Hyfforddiant Cydraddoldeb a Thegwch

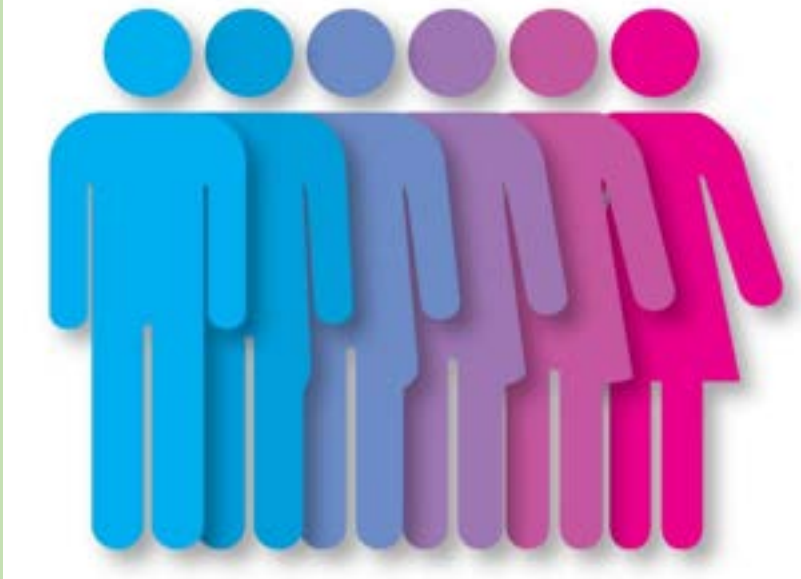
Cydraddoldeb a Thegwch wrth wraidd Ymsefydlu Corfforaethol

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



Hyfforddiant Ymwybyddiaeth Drawsryweddol Newydd

Mewn ymateb i gais am well dealltwriaeth o hunaniaeth rhywedd, rydym wedi datblygu sesiwn hyfforddi ymwybyddiaeth drawsryweddol fer wedi'i hanelu at ein staff gweithredol a allai ddod i gysylltiad â defnyddwyr gwasanaeth trawsryweddol. Mae'r hyfforddiant yn canolbwyntio ar esbonio'r gwahaniaethau rhwng rhyw, hunaniaeth rhywedd, mynegiant rhywedd a chyfeiriadedd rhywiol ac yn archwilio'r rhesymau pam mae hyn yn bwysig i weithwyr gofal iechyd proffesiynol wrth gynnig cyngor a thriniaeth glinigol.



Meistroli Amrywiaeth



Adborth o'r diwrnod:

"Am griw gwych o bobl sydd gennych chi'n gweithio yn WAST"

"Hoffwn i weithio i WAST ar ôl gweld y cyflwyniadau"

"Am dîm cefnogol a phroffesiynol!"

"Mor lwcus ydyn ni i gael cymaint o bobl ofalgar yn gweithio i sefydliad mor hanfodol yma yng Nghymru"

"Daeth cysylltiad a pherthyn i'r amlwg yn glir ac yn uchel"

"Roedd yn fraint ac yn anrhydedd bod yn rhan o'r amrywiaeth, yr wybodaeth, a'r tosturi yn yr ystafell honno. Y cryfder cyfunol hwnnw yw'r hyn sydd ei angen ar gynhwysiant."

Ym mis Medi 2025, cynhaliodd yr Ymddiriedolaeth y parth iechyd yng Nghynhadledd Meistroli Amrywiaeth yng Nghaerdydd. Fe wnaeth ein gweithdai **ganolbwyntio ar wasanaethau cynhwysol, llais y claf, pŵer cysylltiad a llesiant y gweithlu**, yn ogystal â llwybrau i mewn i WAST. Ar y prif lwyfan, siaradodd ein Cyfarwyddwr Newid Diwylliant, Angela Lewis, fel rhan o banel arbenigol yn rhannu mewnwelediad gyda'r holl fynychwyr ar sut rydym yn gwella amrywiaeth yn WAST.

Roedd **cydweithio** yn thema allweddol yn y Parth Iechyd, gyda chyflwyniadau gan dimau **Profiad y Claf a Chynnwys y Gymuned a Thrawsnewid Clinigol**, gan gynnwys defnyddiwr gwasanaeth yn rhannu ei **phrofiad cadarnhaol** o wasanaethau WAST; timau **Gwirfoddoli** a **Recriwtio** yn trafod y llwybrau i mewn i WAST, ynghyd â stori bersonol gan gydweithiwr a aeth o fod yn Wirfoddolwr Gwerthfawr i fod yn Aelod Gwerthfawr o'r Tîm; a Chadeiryddion y Rhwydweithiau Pobl yn trafod **Grym Cysylltiad ac Ymdeimlad o Berthyn** fel rhan o banel. Y llinyn drwyddo draw oedd pwysigrwydd amrywiaeth ar draws pob agwedd ar y sefydliad i staff, gwirfoddolwyr ac yn y pen draw cleifion.







Cynrychiolodd pob cydweithiwr WAST gyda balchder, gonestrwydd a hiwmor lle bo'n briodol. Er bod gennym ffordd bell i fynd o hyd o ran newid diwylliant a gwneud WAST yn sefydliad cynhwysol, rydym yn gwneud cynnydd ac mae bod yn rhan o ddigwyddiadau fel hyn yn ein galluogi i adeiladu ar y momentwm.

Hyrwyddo Cydraddoldeb, Dileu Gwahaniaethu a Chreu Cynghreiriaeth



Menywod yn Meistroli Newid

Roedd Pennaeth Cynhwysiant ac Ymgysylltu a Rheolwr Datblygu Sefydliadol yr Ymddiriedolaeth ymhlith grŵp dethol o westeion a wahoddwyd i drydydd digwyddiad blynyddol **Menywod yn Meistroli Newid** yn Nhŷ'r Arglwyddi yn Llundain.

Daeth y digwyddiad, a gynhaliwyd gan y Farwnes Tanni Grey-Thompson ac a guradwyd gan Bernie Davies, sylfaenydd Mastering Diversity CIC, ag arweinwyr o bob sector ynghyd i rannu eu straeon a'u mewnwelediadau ymarferol ar gyfer llywio newid fel menywod.

Dyma'r tro cyntaf i Wasanaethau Ambiwlans Cymru gael eu cynrychioli yn y digwyddiad, a oedd yn cynnwys **trafodaeth bord gron** ar ffyrdd o wreiddio amrywiaeth ar draws sefydliadau.

"Roedden ni wrth ein bodd yn cael ein gwahodd i Dŷ'r Arglwyddi am drafodaeth wirioneddol ysbrydoledig ar Fenywod yn Meistroli Newid.
Roedd yn gyfle anhygoel i gysylltu ag arweinwyr o wahanol sectorau a rhannu mewnwelediadau ar feithrin amgylchedd cynhwysol lle mae amrywiaeth yn cael ei dathlu.
Hayley Jones Dunne

Hyrwyddo Cydraddoldeb, Dileu Gwahaniaethu a Chreu Cynghreiriaeth

Gwella Gwasanaethau Iechyd Menywod

Dathlodd WAST **Ddiwrnod Rhyngwladol y Menywod** yng **Nghynhadledd Iechyd Menywod Gogledd Cymru** ym Mhrifysgol Bangor. Dyma'r ail flwyddyn i'r digwyddiad hwn gael ei gynnal, gan ddenu cannoedd o ymwelwyr sydd eisiau dysgu mwy am sut i wella iechyd menywod a chreu rhwydweithiau gwell rhwng sefydliadau'r sector cyhoeddus, preifat a'r trydydd sector.

Roedd **Achub Bywyd Cymru**, sy'n cael eu cynnal gan WAST, yn bresennol yn y digwyddiad i gasglu adborth ar **bra prototeip newydd** maen nhw wedi'i ddatblygu. Gellir rhoi'r bra ar fodelau pren a ddefnyddir i ddysgu sgiliau CPR a hyfforddiant diffibriliwr. Mae hyn er mwyn helpu i ddarparu profiad **hyfforddi mwy realistig** i bobl sydd angen perfformio sgiliau achub bywyd ar fenywod. Mae ymchwil yn dangos bod menywod yn llai tebygol o dderbyn CPR gan wylwyr a bod y dull newydd hwn yn ceisio newid hyn ac **achub bywydau mwy o fenywod**.

Cyfrannodd WAST hefyd at y diwrnod ymgynghori a datblygu ar gyfer **Strategaeth Iechyd Menywod newydd GIG Cymru** i sicrhau bod pwyntiau mynediad at ofal iechyd drwy GIG 111 a gofal iechyd brys i fenywod wedi'u hymgorffori yn y cynlluniau strategol hirdymor.

ACHUB BYWYD CYMRU | SAVE A LIFE CYMRU



Gwella hygyrchedd

Gwella ein Cynnig Cymraeg

Ochr yn ochr â'n menter recriwtio gynhwysol, mae WAST hefyd wedi bod yn annog **mwy o siaradwyr Cymraeg** i ymuno â'n rolau trinwyr galwadau. Mae hyn er mwyn diwallu'r galw cynyddol am ein **gwasanaeth 111 Cymraeg** pwrpasol, sydd wedi'i gynllunio i ddiwallu anghenion ein defnyddwyr gwasanaeth sy'n siarad Cymraeg a **gwella ansawdd gofal**.

Mae mwy o drinwyr galwadau sy'n siarad Cymraeg ar gael yn ystod oriau brig ar benwythnosau ynghyd ag opsiynau optio allan mwy hyblyg yn ystod cyfnodau prysur.

Er bod ein gallu i ateb galwadau Cymraeg i'n llinell archebu cludiant cleifion wedi aros yn weddol sefydlog, tua 75%, cynyddodd ein gallu i ateb galwadau i'n gwasanaeth 111 o 45% i 62%.

17%

Atebwyd 62% o alwadau i'n llinell 111 yn y Gymraeg gan drinwyr galwadau sy'n siarad Cymraeg yn 2025-2026

Bil Iaith Arwyddion Prydain (Cymru)

Ym mis Rhagfyr 2025, gwahoddwyd ein Cyfarwyddwr Gweithredol Nyrsio a Phennaeth Cynhwysiant ac Ymgysylltu i gyflwyno tystiolaeth i Bwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol Llywodraeth Cymru ar y cynigion i gyflwyno Bil Iaith Arwyddion Prydain (Cymru). Mae WAST yn croesawu egwyddorion y Ddeddf gan y bydd yn annog sefydliadau i **wella cyfathrebu hygyrch** i bobl sy'n defnyddio Iaith Arwyddion Prydain.

Mae ein Pennaeth Cynhwysiant ac Ymgysylltu hefyd wedi cymryd rhan ym Mhaneli Rhanddeiliaid Llywodraeth Cymru sy'n edrych ar gynlluniau gweithredu ar gyfer Safonau Cymru Gyfan ar gyfer Cyfathrebu a Gwybodaeth Hygyrch a lansiwyd ym mis Tachwedd 2025. Mae hyn yn cynnwys cynlluniau i **gynyddu hygyrchedd ein gwefan 111** sy'n darparu gwybodaeth a chyngor ar gyflyrau gofal iechyd.

Gwella hygyrchedd

RNIB Cymru
Golwg gwahanol
See differently

Fel rhan o'n hymdrechion i wella ein cyfathrebu â'n defnyddwyr gwasanaeth Byddar, fe wnaethom bartneru â'r RNIB i gyflwyno cyfres o **weithdai Ymwybyddiaeth o fod yn Fyddar** ym mis Tachwedd 2025.

📈 Mewnweliadau allweddol

Cyfranogwyr yn nodi gwelliant sylweddol mewn gwybodaeth a hyder ar:	%
Achosion colli golwg	*88%*
Effaith ar lesiant	*81%*
Colli golwg a risg cwympo	*75%*
Addasu amgylcheddau'n ddiogel	*81%*
Ymwybyddiaeth o'r RNIB a gwasanaethau lleol	*75%*

⚠️ Rhwystrau a nodwyd wrth roi'r dysgu ar waith

🛠️ Adnoddau cyfyngedig i wneud newidiadau ffisegol
⏱️ Cyfyngiadau amser

✅ Rhoi'r dysgu ar waith

⭐ **Sgôr gyffredinol**
Rhagorol: 88% Da: 6%

100% yn cytuno neu'n cytuno'n gryf eu bod yn gallu: Defnyddio'r dysgu yn eu rôl ddydd i ddydd
100% yn cytuno neu'n cytuno'n gryf eu bod yn gallu: Rhoi'r cyngor cywir i rywun sydd wedi colli ei olwg pan fo angen
Enghraifft o effaith y dysgu: Asesiadau cwympiadau gwell
Enghraifft o effaith y dysgu: Cyfathrebu mwy cynhwysol (e.e. maint ffont, delweddau)
Enghraifft o effaith y dysgu: Cyfeirio ac atgyfeirio gwell

👉 Casgliad cyffredinol a phrif bwyntiau:

Dangosodd dros 90% o'r cyfranogwyr welliannau sylweddol mewn ymwybyddiaeth o golli golwg craidd, hyder, a dealltwriaeth sy'n gysylltiedig â diogelwch, gyda chytundeb cyffredinol bod yr hyfforddiant yn berthnasol i'w rôl.

Mae hyfforddiant Vision Friends yn cael ei werthfawrogi'n fawr gan staff Gwasanaeth Ambiwlans Cymru. Mae'n darparu dysgu clir ac ymarferol, yn gwella hyder ac ymwybyddiaeth o golli golwg yn sylweddol, ac mae'n berthnasol yn uniongyrchol i rolau clinigol ac anghlinigol.

Gwella hygyrchedd

Mae ReciteMe yn **offeryn hygyrchedd a chymorth iaith** sy'n cael ei ddarparu drwy'r cwmwl ac sy'n gwella cynhwysiant a defnyddioldeb gwefannau.

Mae data yn dweud wrthym fod y bar offer yn cael ei gyrchu gan ddefnyddio dyfeisiau symudol yn bennaf, gan amlygu pwysigrwydd **hygyrchedd sydd wedi'i optimeiddio ar gyfer dyfeisiau symudol.**

Cofnodwyd defnydd ar draws 25 o wledydd, gan gynnwys UDA, Sbaen, yr Eidal, a Norwy, er bod y rhan fwyaf o'r mynediad wedi tarddu o'r DU .

Cyfanswm y tudalennau yr edrychwyd arnynt

2649

Cyfieithu
Defnyddiwyd yr offeryn cyfieithu **5,906** o weithiau, llawer mwy nag offer eraill.

Defnyddiodd defnyddwyr yr offeryn i gyfieithu i **115 o ieithoedd**, gan amlygu angen cryf am fynediad amlieithog. Roedd ieithoedd fel Asameg, Armeneg, Serbeg a Tsieceg ymhlith y rhai a ddewiswyd amlaf.

Steilio
Ymhlith y nodweddion eraill a ddefnyddiwyd y gyffredin roedd newid y ffont, addasu lliwiau, a newid maint y cyrchwr, gan gefnogi darllenadwyedd a lleihau straen gweledol.

Gwella hygyrchedd

Bot sgwrsio rhithwir newydd

Yn 2025, cyflwynodd WAST bot sgwrsio arloesol newydd 'Albot' ar ein **gwasanaeth 111 GIG Cymru**.

Mae GIG 111 Cymru yn **bwynt mynediad cyntaf** ac yn borth hanfodol i ofal brys a gofal heb ei drefnu. Mae ein platfform ar-lein yn darparu cyngor dibynadwy, cyfeiriaduron a gwirwyr symptomau ac mae ein trinwyr galwadau yn darparu cyngor trwy ein gwasanaeth ffôn.

Cafodd Albot ei greu i drawsnewid platfform ar-lein GIG 111 Cymru o safle statig i blatfform rhyngweithiol, dan arweiniad cleifion. Gan gydweithio'n agos â Robotics AI a Druid AI, rydym wedi datblygu Albot i rymuso cleifion i **hunanwasanaethu'n ddiogel ac yn hyderus**, gan wella mynediad, cysondeb a phrofiad, wrth leddfu'r pwysau ar ein trinwyr galwadau.

Adeiladwyd y rhaglen ar egwyddorion cryf o **gydweithio, tryloywder a diogelwch cleifion**. Lluniodd timau o wasanaethau clinigol, digidol, cyfathrebu ac iaith naws a phersonoliaeth Albot i adlewyrchu ein gwerthoedd o empathi, eglurder ac ymddiriedaeth. Profwyd prototeipiau cynnar gyda staff ac aelodau'r cyhoedd i fireinio llwybrau cynnwys, nodi bylchau a sicrhau hygyrchedd ar draws ystod eang o ddyfeisiau a lefelau llythrennedd.

Aethpwyd ati'n rhagweithiol i leihau'r risg o allgáu. Adolygodd **arbenigwyr hygyrchedd** a chlinigwyr yr iaith a'r tôn i sicrhau empathi ac eglurder ar gyfer pynciau sensitif. Mae'r **feddalwedd cyfieithu fewnol** yn golygu bod gwybodaeth ar gael mewn sawl iaith. Amlygodd profion defnyddwyr hefyd bwysigrwydd cynnal llwybr di-dor yn ôl at gymorth dynol, felly cynlluniwyd Albot i ategu, nid disodli, y gwasanaeth ffôn 111.



NHS 111 Wales
NHS Direct Wales



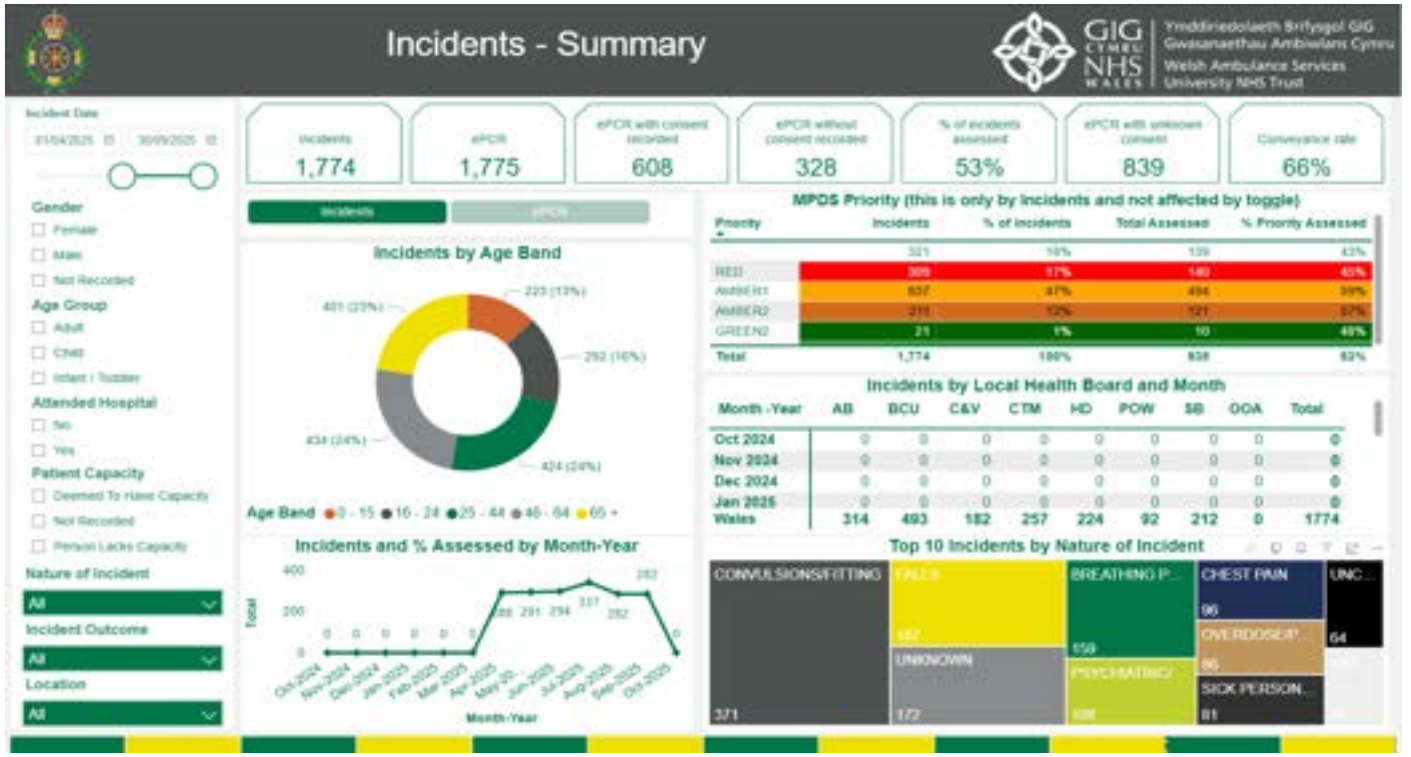
Cefnogi Pobl ag Anableddau Dysgu

Dangosfwrdd Anableddau Dysgu

Mae'r dangosfwrdd yn darparu data ar y cynnydd mewn digwyddiadau lle defnyddiwyd y **tab anghenion ychwanegol** ar y Cofnod Clinigol Claf electronig (ePCR) i gofnodi angen ychwanegol neu anabledd dysgu. Confylsiynau/ffitio, cwympo a phroblemau anadlu oedd y tri digwyddiad hysbys a gofnodwyd. Mae'r data hwn yn werthfawr i'n helpu i ddeall **darlun ehangach o iechyd** ymhlith y boblogaeth ag anabledd dysgu, eu galw posibl ar wasanaethau a sut y gallwn gynllunio'n well i gefnogi'r grŵp cleifion agored i niwed hwn yn y gymuned.

Mae WAST bellach wedi penodi **Arbenigwr Clinigol Anabledd Dysgu**, a fydd yn eistedd o fewn y Tîm Iechyd Meddwl, Dementia ac Anabledd Dysgu.

Bydd y Tîm Profiad y Claf a Chynnwys y Gymuned yn cydweithio'n agos â nhw i sicrhau bod data profiad bywyd, canmoliaeth, cwynion a data clinigol a gesglir trwy ePCR yn cael eu triongli a'u defnyddio gyda'i gilydd i gefnogi gwelliannau parhaus mewn gofal, profiad cleifion a chanlyniadau cleifion ar gyfer pobl ag anabledd dysgu.



Gwrando ar Bobl

Panel Defnyddwyr Gwasanaeth

Yn Nigwyddiad Ansawdd WAST eleni, cynigiodd panel o bobl sy'n byw gyda dementia neu'n gofalu am rywun sydd â dementia eu mewnwelediadau personol ar ddefnyddio ein gwasanaethau ac roeddent ar gael i ateb cwestiynau gan staff WAST yn y gynulleidfa. Dywedodd pobl a fynychodd y digwyddiad wrthym pa mor effeithiol oedd clywed yn uniongyrchol gan bobl â phrofiad bywyd, a bydd panel tebyg bellach yn rhan o bob digwyddiad Ansawdd yn y dyfodol.

Recriwtio Arbenigwr Clinigol Anabledd Dysgu

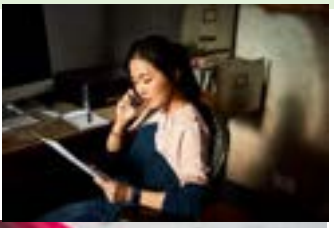
I gefnogi'r broses o recriwtio Arbenigwr Clinigol Anabledd Dysgu i Dîm Iechyd Meddwl WAST, eisteddodd claf ag anabledd dysgu ar banel y rhanddeiliaid, a chyda chefnogaeth y Tîm Profiad y Claf a Chynnwys y Gymuned, cymeron nhw ran weithredol yn y broses o ddewis yr ymgeisydd llwyddiannus.

Mae cynrychiolaeth profiad bywyd yn hanfodol i WAST fel darparwr gofal iechyd, mae'n dod ag arbenigedd hanfodol gan y rhai sydd wedi llywio'r system fel cleifion, gofalwyr, neu aelodau o'r teulu, sy'n helpu i greu gwasanaethau mwy perthnasol, ymatebol a chyfartal.



Gwrando ar Bobl

Mae WAST wedi bod yn paratoi i weithredu'r **trefniadau rheoleiddio diwygiedig ar gyfer rheoli pryderon a chwynion**. Bydd y canllawiau *Gweithio i Wella* hirhoedlog yn cael eu disodli gan ddull newydd o'r enw *Gwrando ar Bobl*, sy'n **canolbwyntio mwy ar yr unigolyn**. Mae'r newid hwn yn nodi cam pwysig ymlaen o ran y ffordd y mae staff ledled GIG Cymru yn ymateb i bryderon, yn cefnogi unigolion a theuluoedd ac yn dysgu o brofiadau ar draws ein gwasanaethau.



Beth fydd yn newid?

Mae'r fframwaith *Gwrando ar Bobl* newydd yn cryfhau ein hymrwymiad i fod yn agored, yn dosturiol ac i ymateb yn amserol.



Cynnig gorfodol o sesiwn gwrando gweithredol

Bellach, bydd angen sgwrs wyneb yn wyneb, dros y ffôn neu ar fideo ar ôl nodi pob pryder, a fydd yn sicrhau bod pobl yn teimlo eu bod yn cael eu clywed cyn gynted â phosibl.

Cam datrys cynnar newydd

Bydd cyfnod pwrpasol o 10 diwrnod gwaith yn galluogi datrysiad cyflym a thosturiol lle bo'n briodol.



Mwy o dryloywder a didwylledd

Rhwymedigaethau cryfach o ran ymddiheuro ar unwaith, tryloywder a chyfathrebu clir pan fydd niwed yn digwydd.



Amserlenni a safonau cyfathrebu clir

Rhaid nodi pryderon o fewn 5 diwrnod gwaith, a rhaid i lythyrau canlyniad ddefnyddio iaith glir a bod yn hygyrch.

Trothwy iawndal ariannol uwch

Bydd yr uchafswm iawndal a fydd ar gael heb ymyrraeth gan lys yn cynyddu o £25,000 i £50,000.

Mae'r newidiadau hyn wedi'u cynllunio i gefnogi system fwy empathig ac ymatebol sy'n sicrhau bod unigolion yn teimlo bod rhywun yn gwrando arnynt, a'u bod yn cael eu gwerthfawrogi a'u parchu drwy gydol y broses.

Profiad Pobl o Wasanaeth Ambiwlans Cymru

Mae ein Tîm Profiad y Claf a Chynnwys y Gymuned yn parhau i fesur **adborth defnyddwyr gwasanaeth** drwy sawl sianel gan gynnwys arolygon profiad gwasanaeth, straeon cleifion, a'r platfform *Dweud Eich Dweud* ar-lein. Mae hyn yn aml yn cynnwys **ymgysylltiad cymunedol wedi'i dargedu â phobl â nodwedd warchodedig.**

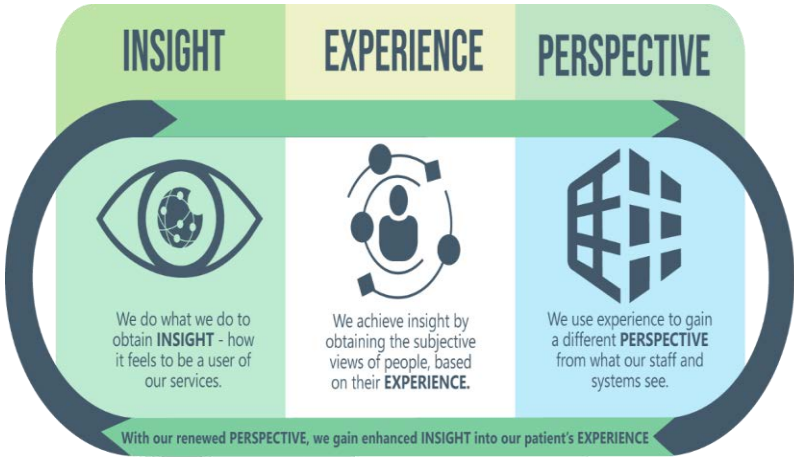
Mae WAST wedi ymrwymo i sicrhau bod pobl yn cael y profiad gorau posibl wrth gael mynediad at ein gwasanaethau. Mae profiad pobl yn elfen allweddol o **ofal sy'n canolbwyntio ar y person** ac mae'n cael ei lunio gan ein staff, disgwyliadau unigol, a'r argraffiadau a ffurfir drwy gydol eu taith gofal. Mae'n adlewyrchu sut mae pobl yn teimlo am gael mynediad at ofal a'i dderbyn, yn seiliedig ar eu teimladau o'r driniaeth a'r gefnogaeth a ddarperir.

Mae profiad pobl yn elfen graidd o'n **System Rheoli Ansawdd**, gan roi sicrwydd ynghylch diogelwch, effeithiolrwydd a chanolbwyntio ar y person ein gwasanaethau. Mae'n cefnogi cyflawni'r **Ddyletswydd Ansawdd**, gofynion Gwrando ar Bobl a **Safonau Ansawdd Iechyd a Gofal**.

Caiff data am brofiadau defnyddwyr ei adrodd i **Grŵp Rheoli Ansawdd** yr Ymddiriedolaeth drwy adborth defnyddwyr er mwyn ei adolygu a darparu sicrwydd bod camau wedi'u cymryd, pan fo'n briodol, i wella ansawdd gwasanaethau a phrofiadau defnyddwyr gwasanaethau.

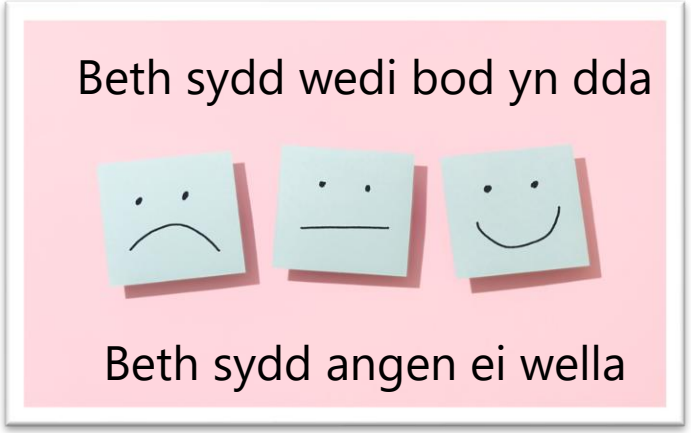
Pan nodir pryderon sy'n codi dro ar ôl tro neu ddirywiad ym mhrofiad defnyddwyr, cânt eu huwchgyfeirio drwy drefniadau llywodraethu'r Gyfarwyddiaeth a'u triongli â digwyddiadau, cwynion, gwybodaeth ddiogelwch a pherfformiad gweithredol er mwyn cefnogi gwelliannau wedi'u targedu a goruchwyliaeth weithredol.

'Y Cylch Profiad'



"Os yw ansawdd i fod wrth wraidd popeth a wnawn, rhaid ei ddeall o safbwynt cleifion."
Arglwydd Darzi

Profiad Pobl o Wasanaeth Ambiwlans Cymru



Agweddau ar brofiad o safon yn seiliedig ar adborth pobl

Mae thema gyson o'r adborth a dderbyniwyd gan gleifion, gofalwyr, cymunedau ac unigolion dros y chwe mis diwethaf wedi canolbwyntio ar aros a phrydlondeb yn gyffredinol ar draws pob maes gwasanaeth. Er bod y themâu wedi bod yn negyddol, mae themâu yr un mor gadarnhaol wedi'u cofnodi yn ymwneud â staff sy'n gweithio ar draws yr holl wasanaethau.

- Mae pobl wedi canmol yr Ymddiriedolaeth am y gweithlu proffesiynol a gofalgar.
- Mae'r system archebu a gyflwynwyd o fewn Gofal Ambiwlans yn cael ei gwerthfawrogi gan gleifion.
- Mae pobl wedi canmol yr wybodaeth dda a ddarparwyd gan staff o fewn y gwasanaeth 111 a'i staff cysurlon.

- Mae pobl yn bryderus ynghylch hyd yr amser maen nhw'n aros yn y gymuned am ymateb ac ynghylch yr amseroedd cyrraedd amcangyfrifedig a ddarperir.
- Mae pobl yn anfodlon â'r amser y mae'n ei gymryd i'w dychwelyd adref ar ôl eu hapwyntiadau ysbyty.
- Mae pobl yn anfodlon ar hyd yr amser y maent yn gorfod aros am alwad yn ôl gan wasanaeth GIG 111 Cymru.

Gweithio mewn Partneriaeth â'n Defnyddwyr Gwasanaethau

I fynd i'r afael â rhywfaint o'r adborth a dderbyniwyd gan ein defnyddwyr gwasanaethau, mae gweithgarwch ymgysylltu cymunedol wedi parhau trwy **ddull mwy lleol** gyda'r Tîm Profiad y Claf a Chynnwys y Gymuned yn darparu cefnogaeth, cyngor ac arweiniad i dimau gweithredol i alluogi **ymgysylltu ystyrlon** yn eu **hardaloedd a'u meysydd gwasanaeth**.

Mae'r Tîm hefyd wedi bod **yn datblygu offer a phrosesau** i gefnogi cofnodi ac adrodd cyson ar weithgarwch ymgysylltu ar draws y sefydliad, gan wella goruchwyliaeth, lleihau dyblygu a chryfhau sicrwydd ynghylch graddfa, ansawdd ac effaith gwaith ymgysylltu.

Mae'r dull hwn yn cefnogi model cynaliadwy o gynnwys y gymuned, gan alluogi'r Tîm Profiad y Claf a Chynnwys y Gymuned i gynnal ffocws strategol ar gasglu profiadau pobl, dysgu sefydliadol a gwella ansawdd, gan sicrhau bod llais y dinesydd yn parhau i lywio datblygu gwasanaethau a gwneud penderfyniadau.

Llais y Dinesydd - Rhwydwaith Pobl a'r Gymuned

101 o Aelodau Rhwydwaith

Mae Rhwydwaith Pobl a'r Gymuned WAST yn parhau i chwarae rhan hanfodol wrth lywio a gwella gwasanaethau. Maent wedi derbyn diweddariadau rheolaidd sy'n amlygu ehangder y gweithgarwch ar draws yr Ymddiriedolaeth a'i hymrwymiad parhaus i gynnwys y gymuned.



Ymgysylltu â'n Cymunedau

Ymgyrch addysgol flynyddol yw **Shoctober**, a sefydlwyd yn 2016, sydd wedi'i halinio â Chymru Iachach a Chynllun Ataliad y Galon y Tu Allan i'r Ysbyty GIG Cymru (2017).

Mae'r rhaglen yn cyflwyno **sesiynau wyneb yn wyneb i ddisgyblion** ym Mlynyddoedd 4 i 6, gan ganolbwyntio ar ddefnydd priodol o 999 a datblygu **sgiliau achub bywyd sylfaenol**. Ei nod craidd yw meithrin gwydnwch cymunedol hirdymor a **gwella cyfraddau goroesi ataliad y galon** ledled Cymru.

Er bod effaith lawn Shoctober yn cael ei gwireddu dros y tymor hwy, mae adborth yn parhau i ddangos budd ystyrlon yn y byd go iawn. Mae enghreifftiau diweddar yn cynnwys **plant yn arwain oedolion yn hyderus wrth roi CPR** yn dilyn hyfforddiant Shoctober blaenorol, gan ddarparu tystiolaeth ymarferol o hyder ac ymwybyddiaeth gynyddol, ynghyd â gwell gallu i ymyrryd yn gynnar.

Mae'r ymgyrch hefyd yn cefnogi cyflawni Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 a Chonfensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn, gan atgyfnerthu cyfraniad yr Ymddiriedolaeth at atal, addysg, gwella iechyd a gwydnwch y boblogaeth yn y dyfodol.

Er bod yr effaith yn bennaf yn hirdymor, mae Shoctober yn darparu buddion atal cynnar ac yn cefnogi amcanion iechyd cyhoeddus a gwydnwch cymunedol ehangach.

Effeithiwyd ar y ddarpariaeth yn ystod y cyfnod adrodd gan lai o argaeledd gwirfoddolwyr, gan arwain at lai o ymgysylltiadau ysgolion nag yn y blynyddoedd blaenorol. Er gwaethaf hyn, mae'r rhaglen wedi parhau i ddarparu budd cymunedol ystyrlon ac mae'n parhau i fod yn fenter atal ac addysg bwysig.

Fel rhan o ailstrwythuro trefniadau staffio'r sefydliad, bydd cyfrifoldeb am Shoctober yn trosglwyddo o'r Tîm Profiad y Claf a Chynnwys y Gymuned i'r Gyfarwyddiaeth Glinigol a Meddygol, gan ddarparu cydlyniad agosach ag arweinyddiaeth glinigol, cryfhau perchnogaeth strategol, a chefnogi cynaliadwyedd a datblygiad hirdymor y rhaglen.

41 o wirfoddolwyr sy'n cymryd rhan

35 o oriau wedi'u cyflawni

950 o ddisgyblion sy'n cymryd rhan

Ymgysylltu â'n Cymunedau

Ap Hwb Golau Glas

Yn dilyn lansio **gêm CPR** y llynedd, ac wedi'i lywio gan adborth gan athrawon, profwyr ifanc a gwerthusiad gan y BMJ Open, mae **trosleisiau dwyieithog llawn** wedi'u datblygu i **wella hygyrchedd i blant â lefelau llythrennedd is** ac i'r rhai nad Saesneg yw eu hiaith gyntaf.

Mae hyn yn cefnogi **profiad dysgu mwy cynhwysol** ac yn cryfhau gwerth yr ap fel offeryn addysgol ac ymgysylltu, gan helpu i wella hyder mewn ymwybyddiaeth o CPR ac ymateb brys o oedran cynnar.

Mae'r gwaith hwn yn cefnogi Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) drwy gyfrannu at Gymru lachach drwy **well gwybodaeth am CPR**, Cymru sy'n Fwy Cyfartal drwy **leihau rhwystrau iaith a llythrennedd**, a Chymru â diwylliant bywiog lle mae'r Gymraeg yn ffynnu drwy ddarpariaeth ddwyieithog gryfach.

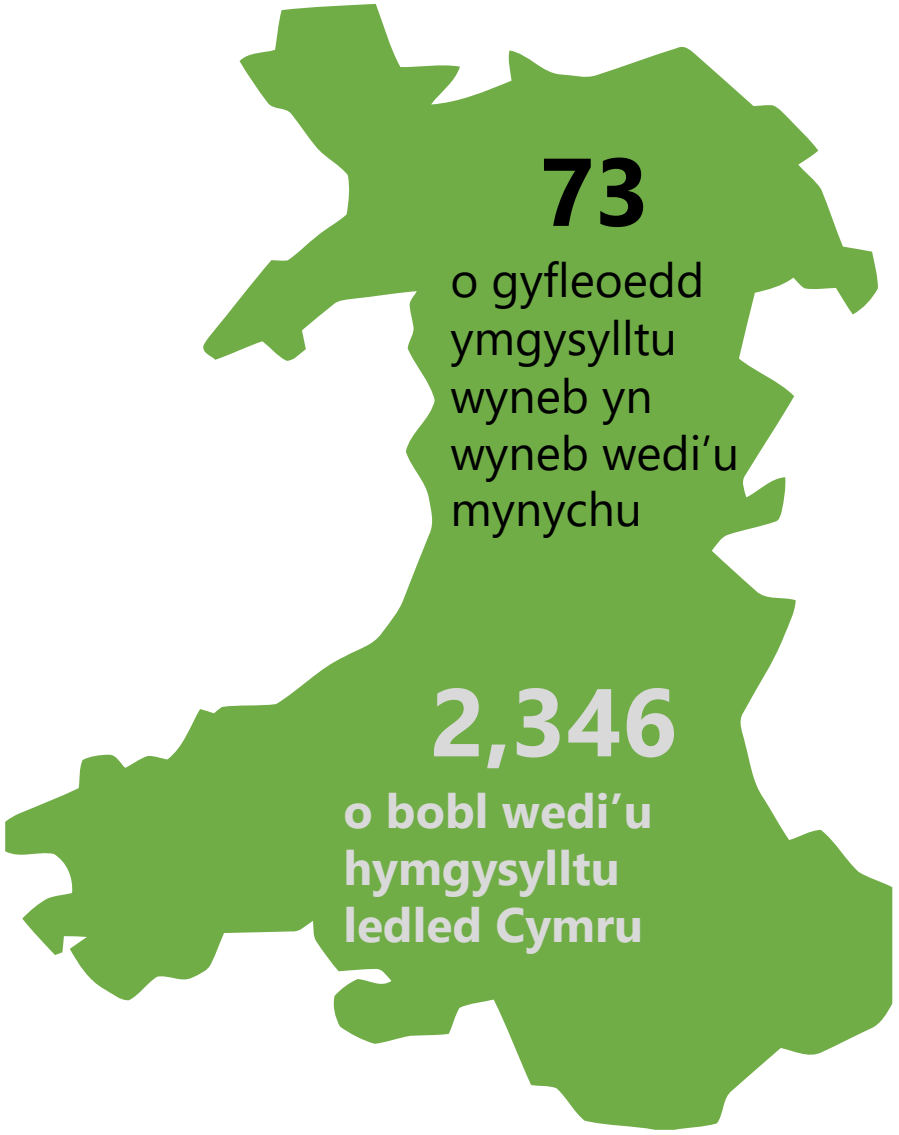
Mae'r fersiwn wedi'i diweddaru i fod i gael ei rhyddhau yng Ngwanwyn 2026 gyda staff a gwirfoddolwyr yn cael eu hatgoffa y gellir defnyddio'r ap hefyd fel offeryn chwarae a thynnu sylw wrth gefnogi plant yn ystod arsylwadau neu gludo i'r ysbyty.



Ers lansio'r ap, mae wedi'i osod 14,908 o weithiau ar ddyfeisiau Android a 5,594 o weithiau ar ddyfeisiau iOS, gan roi sicrwydd o gyrhaeddiad parhaus ac ymgysylltiad parhaus gan y cyhoedd.

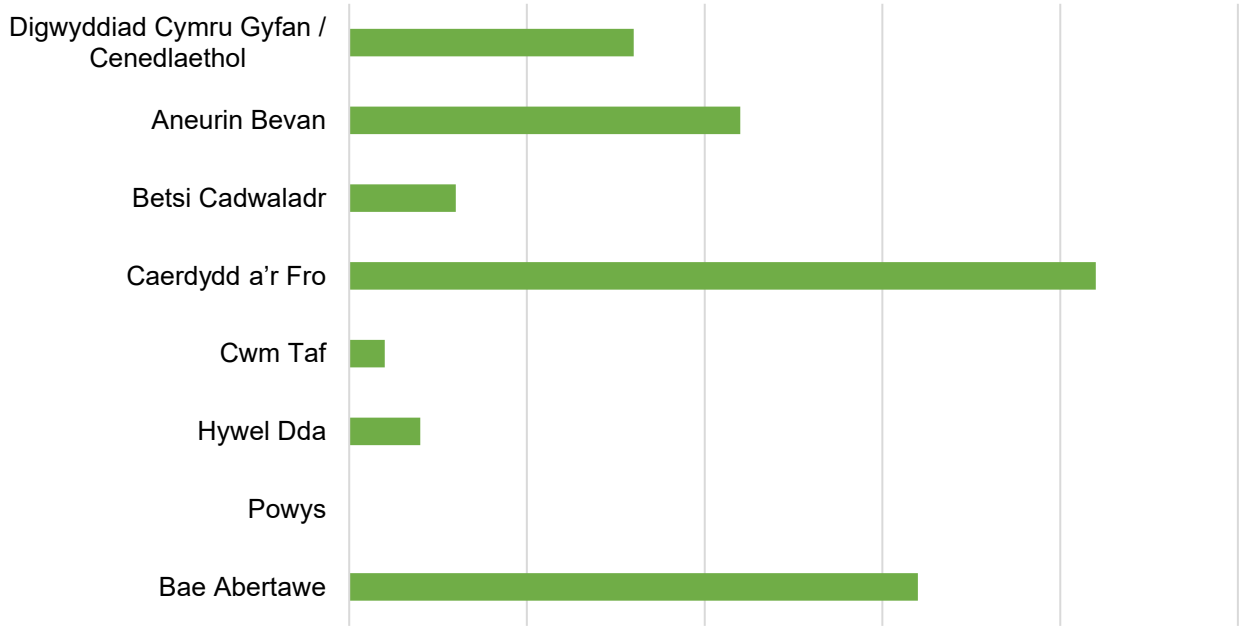
Mae'r ap yn cefnogi atal, addysg ac ymyrraeth gynnar drwy wella ymwybyddiaeth o CPR ac ymestyn mynediad cynhwysol at ddysgu ar draws cymunedau.

Ymgysylltu â'n Cymunedau

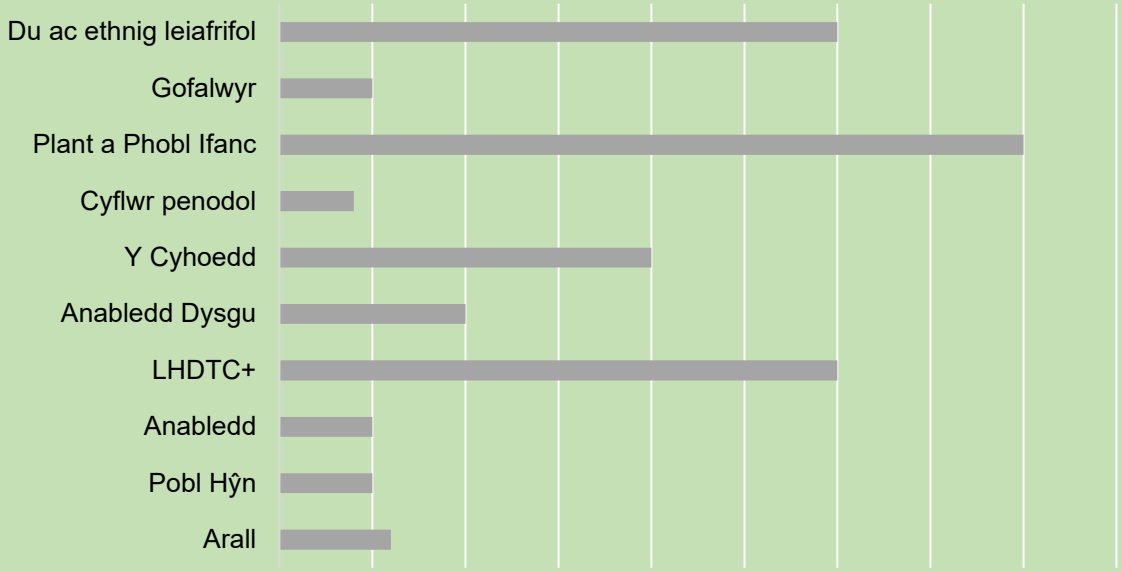


Mynychodd y Tîm Profiad y Claf a Chynnwys y Gymuned 73 o gyfleoedd ymgysylltu wyneb yn wyneb ledled Cymru, gan ymgysylltu â 2,346 o bobl.

Fe wnaethom wrando ar brofiadau pobl o ddefnyddio gwasanaethau'r Ymddiriedolaeth, casglu teimladau'r cyhoedd a gofyn i bobl ddweud wrthym beth sydd bwysicaf iddyn nhw pe bydden nhw byth angen defnyddio ein gwasanaethau yn y dyfodol.

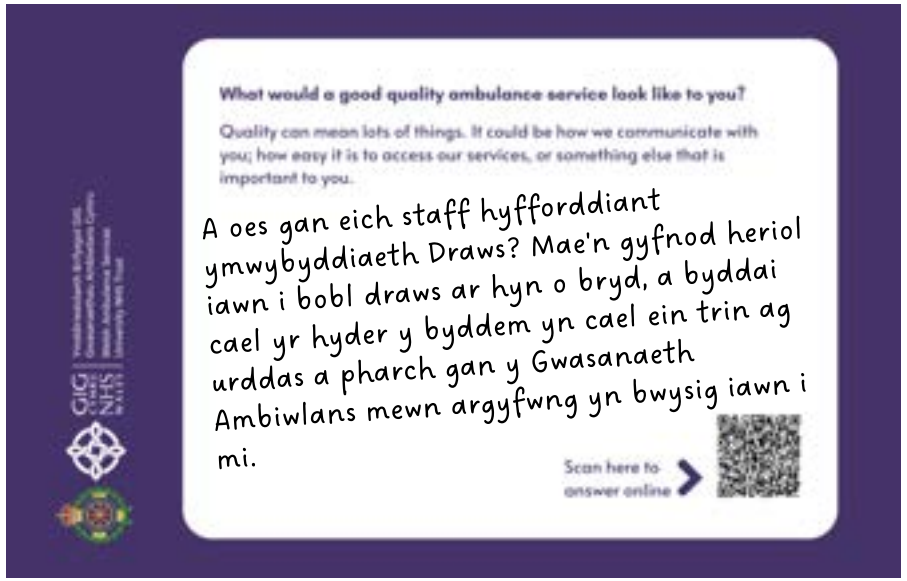


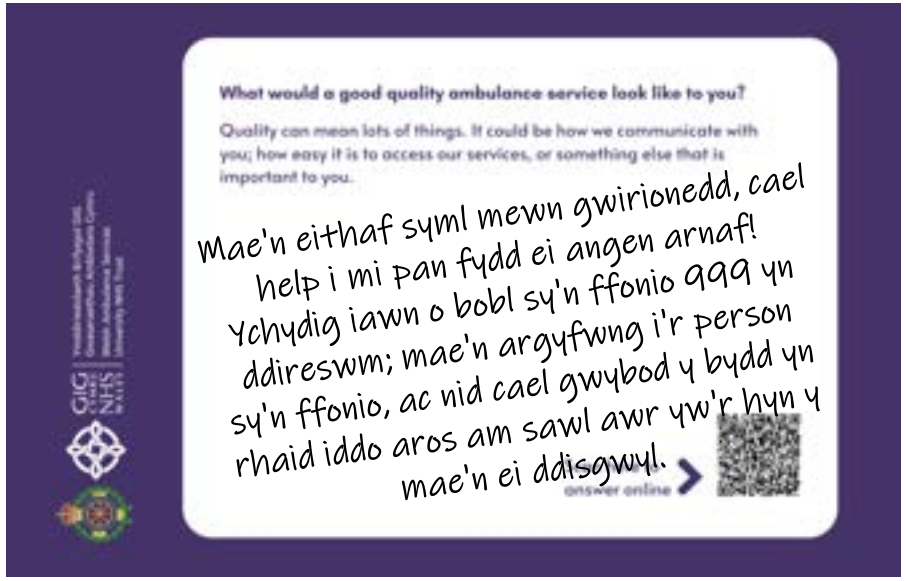
Ymgysylltu â'n Cymunedau



Parhaodd profiadau ac adborth, a gasglwyd trwy ein hymgysylltiad â chymunedau, i gwmpasu trawsdoriad mawr o'r boblogaeth.

Parhaodd gwaith ymgysylltu wedi'i dargedu â grwpiau y gwyddys eu bod yn profi anghydraddoldebau iechyd, rhwystrau i gael mynediad at ofal iechyd a chanlyniadau iechyd gwaeth, gan sicrhau bod gan leisiau'r bobl fwyaf agored i niwed gyfle i rannu eu barn a'u profiadau.





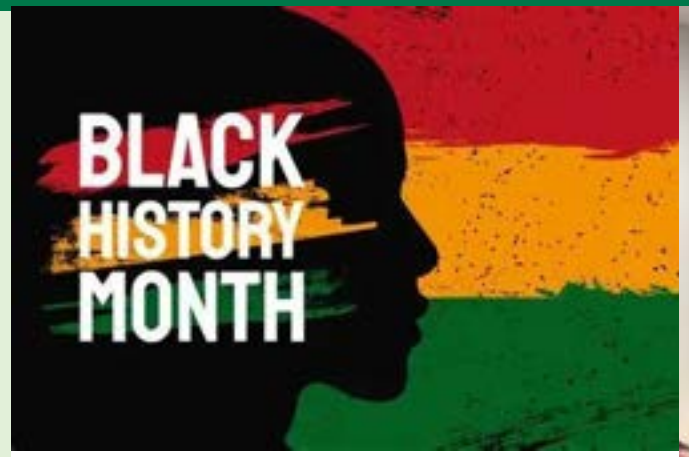
Ymgysylltu â'n Cymunedau

Cynyddu Amrywiaeth ymhlith ein Gwirfoddolwyr

Mae ein Tîm Gwirfoddolwyr ac Adnoddau wedi estyn allan at ein cymunedau mewn ardaloedd lle mae amrywiaeth ethnig yn uchel i hyrwyddo cyfleoedd gwirfoddoli sydd ar gael fel Ymatebwyr Cyntaf yn y Gymuned a Gyrwyr Ceir Gwirfoddol. Mae hyn wedi arwain at gynnydd yn nifer y gwirfoddolwyr Du, Asiaidd ac ethnig leiafrifol, gan gynnwys y rhai sy'n ffoaduriaid neu'n geiswyr lloches.

Cerdyn Asesu Cyflym Mamolaeth

Mewn ymateb i'r data sy'n amlygu'r anghydraddoldebau mewn canlyniadau i fenywod Du, Asiaidd ac ethnig leiafrifol o fewn gwasanaethau mamolaeth, mae ein Bydwraig Arweiniol Glinigol wedi bod yn gweithio gyda chydweithwyr ledled Cymru i ddatblygu Cerdyn Asesu Cyflym Mamolaeth ar gyfer menywod Du, Asiaidd ac ethnig leiafrifol. Nod hyn yw gwella profiad menywod o gael mynediad at wasanaethau mamolaeth brys drwy Wasanaeth Ambiwlans Cymru a helpu staff i sicrhau profiadau cyfartal i bob menyw.





Ym mis Hydref, fe wnaethon ni ddathlu Mis Hanes Pobl Dduon drwy wahodd aelodau allweddol o'r gymuned i'n Pencadlys yn VPH i ddysgu am eu teithiau personol a'u profiad bywyd.

Ymunodd Edward Watts MBE, DL, arweinydd cymunedol a chyn-filwr, a Vernesta Cyril OBE, y fydwraig Ddu gyntaf yng Nghymru, â staff a gwirfoddolwyr i siarad am yr hiliaeth a brofwyd ganddynt, sut y gwnaethant oresgyn yr heriau hynny, a sut y maent wedi ymroi eu bywydau i helpu eraill i wneud yr un fath.

Ymgysylltu â'n Cymunedau



Mela Caerdydd a'r Big Halal Expo

Mynychodd WAST digwyddiadau Mela Caerdydd a'r Big Halal Expo eto eleni. **Gwyliau amlddiwylliannol** blynyddol a gynhelir yng Nghaerdydd yw'r rhain sy'n dathlu treftadaeth amrywiol Caerdydd a Chymru.

Mae mynychu'r digwyddiadau hyn yn ein galluogi i gyfarfod ac ymgysylltu â chymunedau lleol amrywiol mewn lleoliad cynhwysol a hygyrch, gan gysylltu â chymunedau sy'n aml yn wynebu rhwystrau i gael mynediad at ofal iechyd.

Mae Cynllun Gweithredu Cymru Wrth-Hiliol 2024 wedi'i ddiweddaru yn dweud wrthym fod profiadau o hiliaeth wrth dderbyn gofal iechyd a chymdeithasol yn parhau i gael eu hadrodd o fewn a thu allan i systemau cwynion presennol.

Mae mynychu'r digwyddiadau hyn yn rhoi llwyfan inni **ymgysylltu'n barhaus ac adeiladu ymddiriedaeth** gyda chymunedau a ymyleiddiwyd, gan roi cyfle inni wrando ar brofiadau bywyd ein defnyddwyr gwasanaethau.

Adroddiad Amrywiaeth y Gweithlu 2024-2025

Rydym yn falch o weld rhai gwelliannau pellach i amrywiaeth gyffredinol ein gweithlu gyda chynnydd bach yn nifer y staff o leiafrifoedd ethnig, staff ag anabledd a staff LHD a'n staff benywaidd.

Mae'r Ymddiriedolaeth hefyd wedi gweld cynnydd yn nifer y **staff sy'n siarad Cymraeg** a'n **cyn-filwyr.**

Mae ein **menter recriwtio cynhwysol wedi'i thargedu** yn cael effaith ar dimau lle mae recriwtio parhaus. Mae annog a chefnogi Rheolwyr Recriwtio i gael gwell dealltwriaeth o **ragfarn anymwybodol** yn y broses recriwtio hefyd yn cael effaith ar sut rydym yn llunio rhestr fer ac yn cynnal cyfweliadau. Er enghraifft, asesu'r sgiliau iaith sydd eu hangen ar gyfer rolau penodol a chydnabod rhwystrau iaith i bobl nad ydynt yn siarad Saesneg fel iaith gyntaf. Yn yr un modd, gwneud addasiad rhesymol yn ystod y cyfweliad ar gyfer pobl ag anabledd dysgu.

Mae ein **Rhwydweithiau Pobl** hefyd yn golygu y gallwn **gynnig cefnogaeth ychwanegol** i bobl sy'n ymuno â'r Ymddiriedolaeth sydd â nodwedd warchodedig. Mae ein hamrywiaeth gynyddol yn y gweithlu yn adlewyrchu aelodaeth gynyddol ein Rhwydweithiau Pobl.

Mae copi llawn o'n hadroddiad amrywiaeth y gweithlu i'w weld yn yr atodiadau.

Cynyddodd staff **Du, Asiaidd ac ethnig leiafrifol** o 1.63% i **2.10%**

Cynyddodd nifer y staff ag **anabledd** o 7.94% i **9.65%**

Cynyddodd nifer y staff sy'n nodi eu bod yn **LHD+** o 5.72% i **6.50%**

Cynyddodd nifer y **menywod** o 50.5% i **52.32%**

Amrywiaeth y Gweithlu – Cymunedau'r Lluoedd Arfog

Ers Pandemig COVID-19 lle gofynnodd yr Ymddiriedolaeth am gymorth ein Lluoedd Arfog i helpu gyda darparu gwasanaethau, mae ein perthynas wedi cryfhau ac wedi caniatáu **mwy o weithio mewn partneriaeth** a chydweithio er budd ein personél Lluoedd Arfog a'u teuluoedd. Mae hyn wedi arwain at **gynnydd yn nifer y Cyn-filwyr, Cadetiaid a'u teuluoedd sy'n ymuno â WAST**. Er mwyn cydnabod ein gwerthfawrogiad o'r Lluoedd Arfog ac i gefnogi integreiddio i'r Ymddiriedolaeth, rydym wedi gweithredu sawl menter.

- ✓ Mae **Polisi Galw i Wasanaethu** yn cefnogi Cadetiaid a Milwyr Wrth Gefn yn y gweithle
- ✓ Mae gan Hyfforddwyr Gwirfoddol Cadetiaid **oriau gwaith hyblyg** i gydbwyso cyfrifoldebau
- ✓ Mynychu **digwyddiadau coffa** rhanbarthol a chenedlaethol
- ✓ Cwrs **hyfforddi Ymatebwyr Cyntaf yn y Gymuned pwrpasol** ar gyfer Cadetiaid gyda hyfforddiant meddygol lefel 4
- ✓ Tîm Ymatebwyr Cyntaf Cymunedol wedi'i sefydlu yn RAF y Fali
- ✓ Gweithio mewn partneriaeth gydag **Fighting With Pride** i godi ymwybyddiaeth o wahaniaethu hanesyddol yn erbyn personél Lluoedd Arfog LHDTC+
- ✓ Cefnogodd elusen iechyd meddwl Cyn-filwyr **Woody's Lodge**, gyda staff yn darparu cefnogaeth feddygol yn ystod digwyddiadau beicio a rhedeg elusennol.

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WOODY'S LODGE



Adroddiad Safon Cydraddoldeb Hiliol y Gweithlu 2025

Ym mis Mehefin 2025, cyhoeddodd GIG Cymru ei hail Adroddiad Safon Cydraddoldeb Hiliol y Gweithlu (WRES) a oedd yn dadansoddi data o Arolwg Staff y GIG, y System Cofnodion Staff Electronig, ac achosion disgyblu.

Roedd yr adroddiad yn cydnabod yr ymdrechion a wnaed gan yr Ymddiriedolaeth i weithredu set o argymhellion wedi'u targedu o'r flwyddyn flaenorol ac yn cydnabod y cyflawniadau a wnaed i ddenu a recriwtio mwy o bobl o gefndiroedd Du, Asiaidd ac ethnig leiafrifol

Nodwyd hefyd ein gostyngiad sylweddol yn y tebygolrwydd y byddai cydweithwyr Du, Asiaidd ac ethnig leiafrifol yn mynd i brosesau disgyblu ffurfiol, gan gydbwyso'r tebygolrwydd â rhai ein cydweithwyr gwyn.

Cafodd yr Ymddiriedolaeth gydnabyddiaeth am gydraddoldeb hiliol o ran mynediad at gyfleoedd hyfforddi a datblygiad gyrfa.

Beth ydym ni wedi'i gyflawni?

Cynnydd mewn cyfraddau datgan ethnigrwydd ar ESR

Cyfraddau denu ymgeiswyr o gefndiroedd ethnig amrywiol gwell

Cyfleoedd cyfartal ar gyfer datblygu a dilyniant gyrfa

Cynnydd mewn amrywiaeth ethnig yn y gweithlu

Dim anghydraddoldeb o ran tebygolrwydd y bydd cydweithwyr BAME yn mynd i brosesau disgyblu

Cynyddu Amrywiaeth ein Gweithlu

Mae WAST yn ymestyn ein **Menter Recriwtio Cynhwysol i'n Timau Gofal Integredig** sy'n recriwtio trinwyr galwadau i'n gwasanaeth GIG 111 a 999.

Mae pobl wedi cael gwahoddiad i fynychu **Diwrnodau Agored Canolfan Gyswllt** pwrpasol ar gyfer pobl o gymunedau Du, Asiaidd ac ethnig leiafrifol. Roedd croeso hefyd i eraill nad oeddent o gefndiroedd lleiafrifol ethnig fynychu diwrnodau agored ar ddyddiadau ar wahân. Cynhelir dadansoddiad llawn o'r gweithgarwch recriwtio yn 2026-2027 ond mae arwyddion cynnar yn dangos bod cynnydd wedi bod yn nifer y ceisiadau a'r penodiadau gan ymgeiswyr amrywiol.

Hyfforddiant Rhagfarn Anymwybodol wedi'i gyflwyno i aelodau panel rhanddeiliaid ar gyfer penodiadau'r Tîm Gweithredol.

Cyfarwyddwr Newid Diwylliant wedi'i wahodd i siarad yng **Nghynhadledd Arweinyddiaeth Sector Cyhoeddus Gwrth-Hiliol Genedlaethol Cymru** i rannu ein dull llwyddiannus o weithredu Safon Cydraddoldeb Hil y Gweithlu

Aelodau panel cyfweld amrywiol yn ein digwyddiad recriwtio Parafeddygon Graddedig

Mentoriaeth wedi'i ddarparu i **Addysg a Gwella Cymru** i gyflwyno mentrau recriwtio cynhwysol tebyg

Cafodd ein menter recriwtio gynhwysol o fewn ein Cyfarwyddiaeth Ddigidol ei chydnabod yn genedlaethol ac fe'i rhoddwyd ar y rhestr fer ar gyfer **Gwobr HSJ**.

Gwahoddiad i Bennaeth Cynhwysiant ac Ymgysylltu rannu arfer gorau ar ein recriwtio cynhwysol yng **Nghynhadledd Genedlaethol Gwrth-Hiliol Cymru.**

Cynyddu Amrywiaeth ein Gweithlu





Rhaglen Darpar Aelodau'r Bwrdd

Manteisiodd WAST ar y cyfle i gymryd rhan yn Rhaglen Darpar Aelodau'r Bwrdd Llywodraeth Cymru. Trefnodd Academi Cymru **raglen ddatblygu** ar gyfer pobl o gefndiroedd Du, Asiaidd ac ethnig leiafrifol lle gallent ddysgu am rôl Byrddau GIG Cymru a chael cipolwg ar y prosesau llywodraethu a gwneud penderfyniadau y tu ôl i sefydliadau GIG Cymru. Mae'r diffyg amrywiaeth ethnig ar draws Byrddau'r GIG yn amlwg gyda cheisiadau prin yn hanesyddol gan bobl o fewn cymunedau amrywiol o ran ethnigrwydd pan fydd swyddi gwag yn codi. Nod y rhaglen oedd mynd i'r afael â hyn ac annog mwy o amrywiaeth yn ein Byrddau yn y dyfodol. Roedd WAST yn falch o fentora un o gynrychiolwyr y rhaglen, **Meshack Ezeadim,** ar gyfer y rhaglen 12 mis, lle bu'n gweithio ochr yn ochr â'n Cyfarwyddwr Newid Diwylliant i ddysgu am sut mae Gwasanaeth Ambiwlans Cymru yn cael ei reoli ar lefel weithredol.

Daeth Meshack, sy'n dod o Nigeria, i'r DU i astudio ar gyfer ei radd Meistr mewn Adnoddau Dynol, gyda'r nod o weithio o fewn y GIG. Rhoddodd y rhaglen gyfle a chipolwg hanfodol ar WAST sydd wedi cadarnhau ei uchelgais i geisio rôl mewn cefnogi diwylliant y gweithlu. Yn dilyn cwblhau Rhaglen Darpar Aelodau'r Bwrdd, mae Meshack wedi cael ei benodi'n llwyddiannus yn Swyddog Cymorth Prosiectau o fewn ein Tîm Pobl a Diwylliant lle mae'n parhau i ffynnu a gwneud gwahaniaeth i'n mentrau diwylliannol yn y gweithle.

Adroddiad Bwlch Cyflog Rhwng y Rhywiau 2025-2026

Rydym wedi gweld gostyngiad pellach yn ein bwlch cyflog rhwng y rhywiau eleni sydd bellach yn **4.5%.**

O'i gymharu ag Ymddiriedolaethau Ambiwlans eraill y DU, mae Gwasanaeth Ambiwlans Cymru yn perfformio'n dda. Fodd bynnag, rydym yn cydnabod bod ein bwlch cyflog rhwng y rhywiau yn parhau i gael ei achosi gan nifer anghymesur o ddynion yn ein rolau uchaf, a chymhareb anghymesur o weithwyr benywaidd-gwrywaidd sy'n gweithio oriau contract rhan-amser.

Mae ymdrechion yr Ymddiriedolaeth i fynd i'r afael â chydraddoldeb rhywedd o fewn ein huwch dîm rheoli wedi dwyn ffrwyth eleni gyda menywod yn cael eu penodi i'r rolau canlynol; Prif Swyddog Gweithredol, Dirprwy Brif Swyddog Gweithredol, Cyfarwyddwr Anweithredol a dau Gyfarwyddwr Cynorthwyol o fewn ein Cyfarwyddiaeth Pobl a Diwylliant.

Mae hyn wedi arwain at well cydbwysedd yn ein Bwrdd Gweithredol a'n huwch dîm arwain i helpu i lywio ein prosesau gwneud penderfyniadau.

I lawr o 5.3 i **4.5%**



Eleni, rydym wedi cyflawni Cydraddoldeb Rhywiol ar Lefel y Bwrdd

Menywod mewn rolau arwain

Mae ein **Prif Swyddog Gweithredol** newydd, Emma Wood, yn un o ddim ond dwy Brif Weithredwr benywaidd o fewn Gwasanaeth Ambiwlans y DU. Mae hi eisoes yn gwneud gwahaniaeth drwy ymgymryd â rôl Cadeirydd Rhwydwaith Menywod Ambiwlans y DU a gyrru mentrau cenedlaethol i wella profiadau cydweithwyr benywaidd ar draws holl Ymddiriedolaethau Ambiwlans y DU.

Mae Rachel Marsh, ein Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad, wedi cael ei phenodi'n llwyddiannus yn **Ddirprwy Brif Swyddog Gweithredol** yr Ymddiriedolaeth. Mae Rachel yn angerddol am sicrhau cydraddoldeb i fenywod ac mae hefyd wedi ymgymryd â rôl Mentor Gweithredol i'n Rhwydwaith Pobl LHDTC+ ac mae'n helpu'r Ymddiriedolaeth i lywio cymhlethdodau sicrhau cynhwysiant o bob rhyw o fewn yr Ymddiriedolaeth.

Mae ein Cyfarwyddiaeth Pobl a Diwylliant hefyd wedi gweld menywod yn cael eu penodi i rolau arweinyddiaeth gyda Beverly Flood yn ymgymryd â rôl **Cyfarwyddwr Cynorthwyol Gwasanaethau Pobl,** a Samanatha Chapman a fydd yn ymuno â'r Ymddiriedolaeth fel **Cyfarwyddwr Cynorthwyol Diwylliant a Datblygu Sefydliadol**. Mae'r ddwy fenyw yn dod â chyfoeth o brofiad o rolau blaenorol yn y sector preifat a chyhoeddus.

Emma Wood,
Prif Swyddog Gweithredol



Rachel Marsh,
Dirprwy Brif Swyddog Gweithredol
Cyfarwyddwr Gweithredol Strategaeth, Cynllunio a Pherfformiad



Sam Chapman,
Dirprwy Gyfarwyddwr Diwylliant a Datblygu Sefydliadol

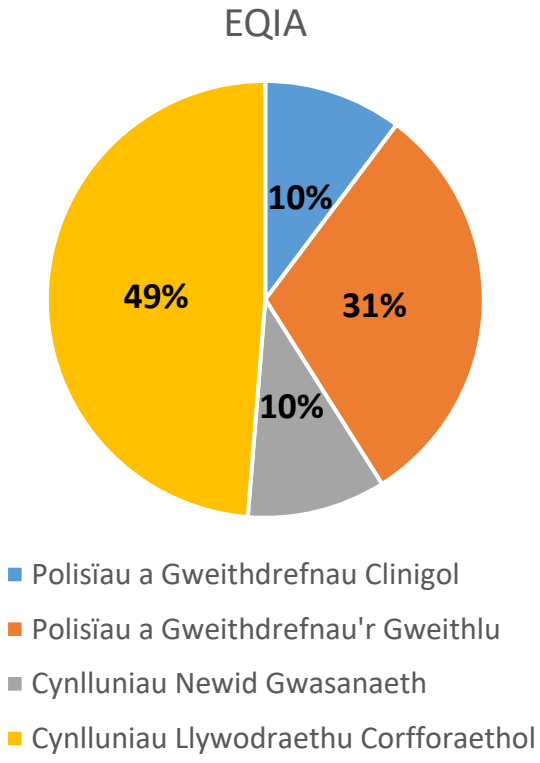


Bev Flood,
Cyfarwyddwr Cynorthwyol Gwasanaethau Pobl



Asesiadau o'r Effaith ar Gydraddoldeb

Yn ystod 2025-2026 mae'r Ymddiriedolaeth wedi cwblhau 39 o asesiadau o'r effaith ar gydraddoldeb



Roedd yr Asesiadau o'r Effaith ar Gydraddoldeb a oedd o berthnasedd arbennig i amcanion ein Cynllun Cydraddoldeb Strategol yn cynnwys:

- **Cynllun Tymor Canolig Integredig** – yn sicrhau bod Cydraddoldeb, Amrywiaeth a Chynhwysiant wedi'i wreiddio ym mhopeth a wnawn a byddwn yn ceisio cynyddu cydraddoldeb a thegwch i bawb a dileu gwahaniaethu.
- **Rheoli Ffrindiau a Theulu yn y Gwaith** – yn sicrhau triniaeth deg i gydweithwyr yn y gwaith.
- **Polisi Gofalwyr** – yn cefnogi gofalwyr di-dâl yn y gwaith ac yn darparu canllawiau i reolwyr llinell ar Ddeddf Absenoldeb Gofalwyr.
- **Polisi Rheoliadau Amser Gwaith ac Adolygu Rhestr Ddyletswyddau'r Ganolfan Gyswllt** – yn amddiffyn cydweithwyr sy'n agored i straen a diffygiad ac yn diogelu ansawdd y gofal a ddarperir i ddefnyddwyr ein gwasanaethau. Yn darparu opsiynau gweithio mwy hyblyg i gydweithwyr.
- **Adleoli ein Canolfan Gyswllt 111** – yn sicrhau nad yw cydweithwyr dan anfantais oherwydd adleoli a bod adeiladau newydd yn hygyrch.
- **Absenoldeb Mamolaeth, Tadolaeth, Absenoldeb Rhiant a Rennir ac Absenoldeb Gofal Newyddenedigol** – yn cefnogi rhieni newydd ac yn darparu cydraddoldeb i rieni LHDTC+.

Ein Casgliadau

Mae'r Ymddiriedolaeth yn gwybod bod hon wedi bod yn flwyddyn anodd. Mae hyn oherwydd newidiadau mewn gwleidyddiaeth a phwysau ariannol. Hyd yn oed gyda'r heriau hyn, rydym wedi gwneud cynnydd. Mae newidiadau bach yn helpu i wneud y gweithle yn well i staff a gwirfoddolwyr.

Yr hyn y mae'r adroddiad yn ei ddangos

- Rydym yn gwrando'n fwy gofalus ar bobl.
- Rydym yn gwella sut mae penderfyniadau'n cael eu gwneud.
- Rydym yn gwneud mwy i gefnogi tegwch, cynhwysiant a pharch.
- Rydym hefyd yn gweithio i wneud ein gwasanaethau'n haws i bawb eu defnyddio.

Y cam nesaf yw dangos yn gliriach pa wahaniaeth y mae'r gwaith hwn yn ei wneud. Mae hyn yn cynnwys y gwahaniaeth y mae'n ei wneud i staff, gwirfoddolwyr, cleifion a chymunedau.



Mae copi o'n Cynllun Cydraddoldeb Strategol 2024-2028 ar gael yma:

https://ambiwlans.gig.cymru/gwybodaeth/trin-pobl-yn-deg/

Edrych i’r dyfodol yn 2026-2027

Beth sy’n digwydd nesaf?

Yn 2026, byddwn yn adolygu ein Cynllun Pobl a Diwylliant. Byddwn hefyd yn edrych ar wybodaeth newydd am gydraddoldeb ar gyfer GIG Cymru. Bydd hyn yn ein helpu i wirio a yw ein hamcanion cydraddoldeb yn dal yn gywir.

Mae angen i ni sicrhau bod ein hamcanion yn cefnogi ein cynlluniau ehangach. Mae'r rhain yn cynnwys cynlluniau am bobl, ansawdd, gwasanaethau a'r dyfodol.

Bydd y flwyddyn nesaf yn amser i adeiladu ar yr hyn rydym wedi'i wneud. Bydd hefyd yn ein helpu i baratoi amcanion cydraddoldeb newydd ar gyfer y dyfodol.

Mae gan bawb rôl

Mae tegwch, amrywiaeth a chynhwysiant yn gyfrifoldeb i bawb. Nid un tîm yn unig sy'n gwneud y gwaith hwn. Dylai fod yn rhan o arweinyddiaeth, recriwtio, cefnogi staff, gofal cleifion a dylunio gwasanaethau. Dylai hefyd fod yn rhan o hygyrchedd, gwasanaethau Cymraeg ac ymgysylltiad cymunedol.



Cysylltwch ag aelod o'r tîm i ddysgu mwy am ein Cynllun Gweithredu Tegwch, Amrywiaeth a Chynhwysiant ar gyfer 2026-2027:

AMB_Inclusion@wales.nhs.uk

Cysylltu â ni

Am ragor o wybodaeth am ein Cynllun Cydraddoldeb Strategol a sut rydym yn cyflawni ein hamcanion, cysylltwch â'r Tîm drwy anfon neges e-bost at

AMB_Inclusion@wales.nhs.uk

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

Welsh Ambulance Services University NHS Trust



Strategic Equality Plan Annual Report 2025-2026

GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
University NHS Trust

AMB_Inclusion@wales.nhs.uk

Introduction

Welcome to the Welsh Ambulance Services University NHS Trust (WAST) Strategic Equality Plan Annual Report for 2025-2026.

This report outlines the progress we have made over the financial year to achieve the Trust's Strategic Equality Objectives and the steps taken to address the inequity experienced by our staff and service users to help us be more inclusive of all who come into contact with the Trust.

Our Strategic Equality Objectives

- Design Equitable Services
- Lead by Example
- Be an Employer of Choice
- Create Allyship

Our People Networks



Our **thriving people networks** continue to grow. Network engagement and activity has increased across each of our networks with nearly a **quarter of our workforce** now involved in our people networks. Having seen the success of our longstanding networks, colleagues have been inspired to establish **new and fast-growing** networks throughout the past year with the introduction of a **Military Network**, **Dementia Friends Network**, and a **Welsh Language and Culture** Network.

Find out what our People Networks have been doing over the year on the following pages.

LGBTQ+ People Network

Rhwydwaith LGBTQ+ Network

100 (+4%)
Members



Full of Pride

Network members supported **community engagement** at Pride events across Wales in the summer of 2025 where colleagues learned from the lived experience of our LGBTQ+ service users and their families. This feedback is used to help us undertake **more effective impact assessments** when reviewing our policies and plans.

This year our LGBTQ+ Network has been working in partnership with the Association of Ambulance Chief Executives' LGBT Network to develop an information resource to educate ambulance service staff on **providing better care to people living with HIV.** WAST has linked with **Fast Track Cymru** to run a workshop for staff around HIV awareness, preventative medication such as PrEP and PEP, the U=U campaign and the ambition to **end HIV transmission in Wales by 2030**.

In July we also attended the LGBTQ+ Inclusion in Wales Conference 2025, which brought together professionals from across sectors to discuss **strengthening LGBTQ+ participation and inclusion in Wales** and building on the aims of Welsh Government's LGBTQ+ Action Plan for Wales 2023.



BEAM People Network

Membership has doubled to 13 Members

Network activity and engagement has grown, reflecting our efforts to **increase workforce diversity**. Network members have supported recruitment activity by ensuring **ethnic diversity on stakeholder and interview panels** for senior positions and large-scale recruitment events across WAST.

The Network enjoyed its second year of attendance at the **Big Halal Expo** in Cardiff in February 2026 which attracted over 3,000 attendees. Colleagues spent time **teaching basic lifesaving skills to families** who attended the event to help **encourage more bystander CPR in our Muslim communities.**

The Network held its second **Eid** celebratory event at our headquarters where staff came together to learn about Muslim culture to **help build allyship with our Muslim colleagues** and better understand the needs of our Muslim service users.

The Network also held its **first Black History Month event** where staff had the opportunity to meet with individuals and learn about their history and lived experiences.







BEAM

Carers Peer Support Network

Rhwydwaith Gofalwyr

Carers Network







Membership has trebled to

75 Network Members

Carer Confident Employer Level 1 Achieved

Jan

- Network Peer Support Meeting

Apr

- Photo Competition Panellist
- Lunch & Learn, Carers Passport
- Network Peer Support Meeting

May

- Dementia & Carers Drop-in
- Carers Policy Feedback Invitation

Jun

- **Carers Week** - Caring About Equality
- **Network 2nd Anniversary**
- Carers Policy Consultation

Sep

- Art Session in Ty Elwy
- Supporting Carers UK 60th Anniversary

Nov

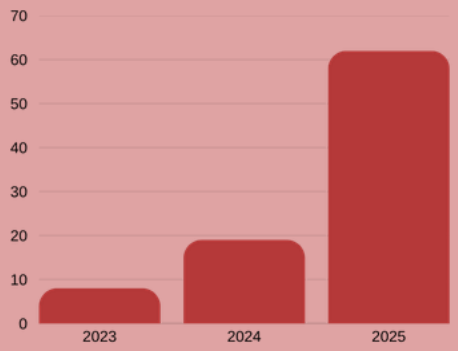
- Carers Rights Day
- **Carers Policy Approved**

Dec

- Co-Chair Appointed

OUR IMPACT

- **Quarterly** network meetings
- **Training opportunities**
- **Influenced WAST's first Carers Policy**
- Strong **partnership** working
- **Growing** network community



Network Membership Growth

Supporting Carers • Influencing Change • Building Community across WAST

Purple Space Disability Network

WAST PURPLE SPACE

Nothing about us without us

7 → 112 members

16x growth driven by trust, visibility and lived experience



Growth since October 2023

National Influence
- ❖ National Neurodiversity Pledge

Awareness & Education
- ❖ Pain management
- ❖ Stuttering awareness

Network Collaboration
- ❖ Women's Health Endometriosis Awareness
- ❖ Digital Focus Group

Psychological Safety
- ❖ Echoes of Experience Group Session

- ✓ Built the Purple Space Network identity, co-creating a clear purpose, brand and voice to increase visibility and engagement across WAST.
- ✓ Grown membership significantly, creating a trusted and psychologically safe space for over 100 colleagues to connect, share experiences and influence change.
- ✓ Delivered awareness sessions, including neurodiversity, disability and lived experience, strengthening understanding and inclusion across WAST.
- ✓ Launched Echoes of Experience, providing safe, structured spaces for colleagues to share experiences, shape priorities and inform organisational action.
- ✓ Collaborated with internal and external partners, including specialist organisations, to bring expertise and lived experience into WAST.

Women's Network

Women's NETWORK RHWYDWAITH Menywod

103 Women's Health Network Members

20 Steering Group Members

To move specific initiatives forward, network members from our overarching Women's Health Network have established a new **Steering Group** to help take forward specific initiatives to improve women's experiences within the workplace.

Network Members have supported the UK Ambulance Trusts' **National Uniform User Steering Group** to develop better maternity uniforms.

New trouser items have also been added to the range of uniform to offer a more comfortable fit for colleagues.



Partnered with GP-led **Empower All Training** and **Endometriosis.org.uk** to deliver a series of health sessions focusing on menstrual and hormonal changes and how to support women at work.

International Women's Day

- ✓ Delivered an **Imposter Syndrome** session to staff across the Trust
- ✓ Extended an offer of **mentorship** from our most senior female leaders
- ✓ Showcased new **prototype training resources** at the North Wales Women's Health Conference to encourage more bystander CPR for women



Military Network



37 members

Offering support to:
Cadet Instructors
Veterans
Family Members

Established November 2025

Staff from the network represented WAST at **Remembrance Day Parades** at the Cenotaph in London and in local ceremonies in Cardiff.



Gold Employer Recognition Scheme Revalidation

- Revalidation required for WAST to maintain Gold ERS status
- Re-established relationship with Defence Relationship Manager for Wales
- Review of partnership working with the Armed Forces undertaken
- Application Form submitted and awaiting results

Welsh Language and Culture





Welsh Language Network

Membership has nearly **trebled** this year to

51 Members

779 (17.5%)

Welsh Speaking Staff
(Level 3 and above)

Up 0.5% on previous year

Highlights

- ✓ Facilitated the implementation of a Welsh language chatbot on our 111 website
- ✓ **Community engagement** at the **National Eisteddfod 2025**
- ✓ Full picture of our workforce's Welsh language skills recorded on the Electronic Staff Record system (**97% compliance**)
- ✓ Support to increase our capacity to answer 111 calls in Welsh
- ✓ Promotion of **Welsh language learning opportunities**

Rhwydweithiau Pobl WAST People Networks

16 Chairs and Co-Chairs

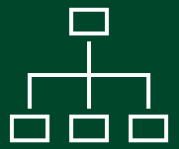


Monthly Touchpoint meetings to help create cross-Network activities that focus on intersectionality and cultural integration.

These provide access to safe listening spaces, mentoring and problem-solving.

Everyone has a voice!

Executive Sponsors have been allocated to each People Network to help amplify the voices of our People Networks and to raise visibility at Board level.



GOVERNANCE
Structured governance with clear objectives for each network



SEASONAL NEWSLETTER
Engaging with the workforce to promote network activity and encourage new membership



BOOK COMPETITIONS
Engaging over 100 colleagues and increasing understanding on topical issues to understand lived experience



ENHANCING KNOWLEDGE
Educating others, raising awareness of inequity and fostering good relations and allyship in the workplace

Growing our Culture Champions Network

The Culture Champions Network continues to **lead by example**, helping to **build a more inclusive workplace** where **allyship and positive behaviours** are part of everyday working life. Through this, the network is shaping a culture where equality, diversity and inclusion aren't just aims—they're actively lived and experienced across the organisation.

Culture Champions play a **crucial hands-on role** in making this happen. They create space for **open conversations**, support colleagues, and challenge things that don't feel right—all while encouraging a more respectful and supportive working environment. To help them do this well, champions take part in development sessions linked to **Our WAST Way**—focusing on our three most important behaviours; ***care, connect, and value everyone***. These sessions also **build coaching skills**, giving champions practical tools and confidence to support others and **influence positive change** in their areas.

The network also shares regular newsletters that spotlight key topics such as neurodiversity, civility in healthcare, and speaking up safely. These have been well received and are now being shared more widely, including with senior leaders and non-executive directors. By continuing to learn together, Culture Champions are growing in confidence to have meaningful conversations and act as a supportive, connected network across WAST.



Leadership and Culture

Our WAST Way

In Spring 2025 we launched our **new Leadership and Management Behaviours and Development Framework** (Our WAST Way) to improve workplace culture at WAST. This framework defines the leadership behaviours needed to create a **more compassionate, inclusive, and collaborative workplace**. It is based on evidence from the NHS and other sectors, demonstrating that this type of leadership leads to better outcomes for staff, teams, and patients.

The framework reflects the changing expectations of leaders in public service and is focused on three key components – ***Care, Connect and Value Everyone, including*** ethical and legislative responsibilities to support a positive and inclusive culture.



Our WAST Way has included the initial roll-out of a programme of **Essential Conversations activity**, supporting managers with everyday inclusion in practice – including regular check-ins, feedback, and handling difficult conversations with empathy and care.

Over 350 managers have attended workshops which explore proven methods to **facilitate early interventions** to address behaviours and avoid escalating concerns within the workplace. Managers are encouraged to use **evidence-based conversational tools and models** to help resolve workplace issues and maintain healthy working relationships.

We have introduced **Management Essentials,** a digital resource bringing together practical guidance and tools to support inclusive people management across the employee lifecycle.

Leadership and Culture

Team Cultural Reviews

We have delivered **targeted cultural reviews across three operational areas**, focusing on understanding team experience and identifying improvement priorities. This has strengthened the focus within **cultural reviews on team voice and inclusion**, ensuring colleagues feel heard, valued and involved in shaping local improvement actions.

Team Culture

We have developed and begun testing the **Cultural Early Warning Score (CEWS)** to help teams identify early signs of cultural health and intervene earlier. This has increased the focus on using **people data (including Staff Survey insight)** in a more practical way to inform decisions and improvement activity at a team level.

Strengthening Social Partnership



Following our 'Walking in Their Shoes' initiative, where operational managers and Trade Union Partners came together to experience role reversal activities, at our first Social Partnership Conference which took place in Cardiff in 2025, staff have demonstrated an appetite for **greater partnership working** between our Trade Union Partners and our Senior Management Teams. This has led to a series of **Social Partnership events across Wales which have brought together** Trade Union representatives and senior managers to improve understanding of employee experience, disciplinary policies, and safeguarding procedures to enable smoother partnership working to achieve appropriate and timely outcomes for all involved.

Leadership and Culture

Operational Management Development Days

Our People and Culture Team have supported colleagues at a series of Operations Management Development Days, bringing operational leaders together to focus on **strengthening organisational culture** and **leadership in practice**. These events are aligned to *Our WAST Way* and provide space for open, honest conversations about culture, inclusion and leadership behaviours. Sessions have included external speakers such as Dr Debbie Fradkin whose session '**Civility Saves Lives**' looked at potential harm that poor behaviours can have on staff, service users and service delivery. Other sessions included internal **"spotlight**" sessions where leaders share achievements and practical approaches to improving culture within their teams.

Senior leaders have also taken part in **panel discussions**, demonstrating openness and vulnerability, while role-modelling the behaviours expected across the organisation. The events place a strong emphasis on **sharing practical tools**, **techniques and real-life examples**, helping managers translate values into action in day-to-day leadership.

Feedback from the events demonstrates high levels of engagement and satisfaction, with consistently strong scores across all areas and positive comments on the relevance and focus on values and behaviours.





Supporting Our People Throughout Change

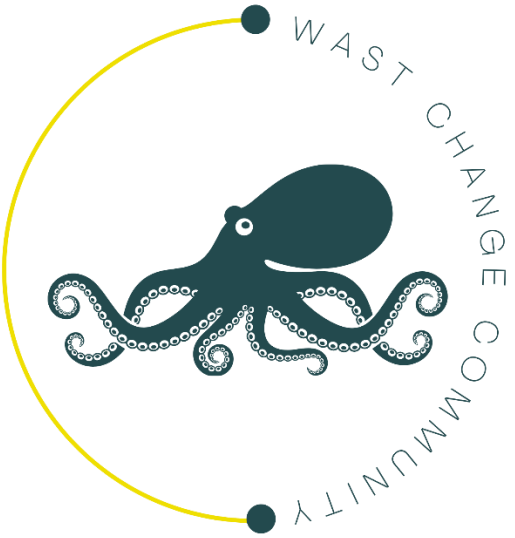
Investing in Change Management

WAST has appointed a new Change Management Lead to support our colleagues and service users throughout large-scale change to improve both our employee experiences and evolving healthcare services.

Changes to the way in which we deliver our healthcare services continue to shift towards providing **more remote clinical care, advice and triage**, and **delivering care at home and in our communities**. This is helping people to remain in their homes and avoiding the need for conveyance to emergency care and hospital admittance, relieving pressures on our health boards and improving quality of care. Our Clinical Model Transformation aims to provide the right care**, in the right place, at the right time**.

We recognise that change of this scale, coupled with current economic challenges, means we need to monitor employee experiences and implement support mechanisms.

New change management resources and guidance have been developed to support leaders and managers to better understand the impacts of change on colleagues and to take a more inclusive and structured approach when planning and implementing change.



Listening to our Workforce

Increasing our Workforce Engagement

A key theme for WAST this year has been creating opportunities for colleagues to have a voice and contribute to organisational improvement. We have done this via the NHS Wales staff survey, pulse surveys and engagement activities.

Our efforts to increase workforce engagement resulted in our largest ever completion rate for the **NHS Wales Staff Survey** with just under half of the workforce completing the survey. A noticeable difference this year was the qualitative data from the staff survey, which indicates that staff feel safe to share their experiences.

This has allowed us to identify some **targeted actions** around reducing staff burnout and stress, communication, inclusion and safety at work. These include a new Stress Management Policy, People Network support and a range of wellbeing support initiatives such as those found within this report.



Supporting and Developing our Workforce



In March 2026 the prestigious Ambulance Leadership Forum (ALF) took place, hosted by the Association of Ambulance Chief Executives. As a highly respected annual conference, ALF brings together key stakeholders—including managers, leaders, policymakers, academics, and partners—who are committed to advancing the UK ambulance sector.

Once again, colleagues from Welsh Ambulance Service played a key role in **showcasing our leadership** on developing national initiatives to **improve employee experience**.

This year's event saw one of our People Network Chairs launch a **national pledge** to improve the experiences of neurodiverse colleagues working within the Ambulance Sector. The pledge has been developed by the National Ambulance Disability Forum and will be used to encourage the development of a framework to support the implementation of reasonable adjustments.

Supporting and Developing our Workforce

Supporting Health and Wellbeing

The Trust welcomed its new Head of Wellbeing in 2025 who has been focusing on the implementation of our **Health and Wellbeing Plan**. Our team of Assistant Psychologists and Wellbeing Practitioners continue to offer **one-to-one support** and advice to individuals using a range of trauma-informed methodologies.

Recognising the health benefits of sleep and the disruption experienced by our shift workers, our Assistant Psychologist has developed and rolled out a series of **sleep workshops** aimed at improving sleep quality and relieving the harmful effects of poor and disruptive sleep. The sessions promote sleep and relaxation techniques that can be adopted by all.

Stress Management Policy

Over the past year, our Head of Occupational Health has been leading a steering group who are developing a new Stress Management Policy which will set out how the Trust will identify, assess and manage work-related stress in order to meet its legal duties and support staff wellbeing. It will be based on the Health and Safety Executive (HSE) Stress Management Standards and will introduce a new digital individual stress risk assessment aligned to six key areas of work: demands, control, support, relationships, role and change. The risk assessment will provide a structured approach for staff and managers to identify sources of pressure, agree practical actions and review progress over time. It will support the early identification of concerns and will help ensure a consistent approach to managing work-related stress across the organisation. The expected benefits for staff will include clearer communication about work pressures, increased awareness of factors affecting their role, earlier access to support where difficulties arise, and a more consistent and supportive working environment, helping to reduce the impact of work-related stress and support overall health and wellbeing.

Period Poverty

Working in partnership with our Trade Union Partners, Unison has funded period packs for our workforce. The eco-friendly products have been placed in stations and our offices across Wales and are free to those who need them. Discussions to extend this initiative are in progress.

Charitable Funds Supporting Staff Wellbeing



Staff Yoga

A series of free yoga sessions were funded by WAST's Charitable Funds at Ty Elwy in St Asaph, and at the Cardiff Make Ready Depot. These sessions received positive feedback from staff, many of whom were grateful to have the opportunity to try yoga for the first time.

Pocket Fans

The Women's Network and Purple Space Network collaborated with Charitable Funds to create small fold-away nylon fans to help keep staff cool during warm weather and hot flushes.



Men of North Walking Group

Following on from our 'Mind Over Mountains' guided walks initiative, WAST's Charitable Funds has funded some equipment for a new 'Men of North' walking group through the Charity's Sports Funds. Led by staff members, this walking group focuses on men's mental health and wellbeing. It has also inspired other walking groups across WAST in our Central and West localities.

Financial Wellbeing Support

Money Management Skills

More people are feeling additional pressure in the current economic climate, where the cost of living is becoming increasingly unaffordable for many. This is having a detrimental impact upon mental health and wellbeing as more people are pushed into poverty. As fuel costs for travel to and from work rise, along with food, housing and utility bills, we recognise that our workforce may need extra support. Over the past year we have implemented several support mechanisms to help improve financial wellbeing.



Awareness Campaigns

- Supported **Talk Money Week**, raising awareness of financial wellbeing across the organisation (Nov 2025)
- Recognised and promoted **Debt Awareness Week**, signposting staff to relevant support and resources (March 2026)
- Promoted a **Money and Pensions** Service webinar on pensions and divorce (Jan 2026)

Education & Skills Development

- Collaborated with the **Winter Wellbeing Cell**, delivering a bespoke financial wellbeing session with the Money and Pensions Service focusing on financial planning and practical steps for 2026 (Jan 2026)
- Promoted a **budgeting webinar** with money expert Stacey Stowman (Feb 2026)
- Shared and promoted a series of online **energy awareness training** sessions delivered by **Citizens Advice** Ynys Môn, supporting staff to manage rising energy costs (March 2026)
- Partnered with **Stop Loan Shark Wales** to deliver information sessions on the impacts of illegal money lending on vulnerable people and offering guidance and support for victims (July 2025)

Financial Wellbeing Support

Alongside targeted campaigns and events, WAST continues to support staff through a range of established, long-standing **financial wellbeing initiatives**, designed to build financial resilience and provide practical, accessible support throughout the year. These include:

Support Services & Signposting

- Organisational promotion of the Employee Assistance Programme (Health Assured), which includes confidential financial wellbeing support
- Signposted staff to the organisation's Wellbeing Team for personalised advice, guidance, and support relating to financial concerns

Partnership Working

- Facilitated an on-site visit from Cambrian Credit Union to promote Christmas savings schemes and financial resilience (Jan 2026, Ty Elwy)
- Maintained strong partnership working with The Ambulance Staff Charity (TASC), providing access to a Debt and Benefits Advisor for staff

- ➢ Salary savings and salary sacrifice schemes
- ➢ Car Lease Scheme
- ➢ Home electronics scheme
- ➢ Cycle to Work scheme





Quality Improvement

Quality Conference

In line with the implementation of the Duty of Quality and the Wellbeing of Future Generations Act, WAST continues to engage staff at our annual Quality Conference. The theme for 2025 was "**Lasting Impact and the Domino Effect on Excellence**", and the agenda was a powerful showcase of **compassionate leadership, lived experience, and quality-driven innovation** across the Trust, held at the Glamorgan County Cricket Club in Cardiff.

The event was opened by Non-Executive Director, Bethan Evans, who set the tone for a day focused on collaboration, compassion and continual improvement.

Guest speaker, Dr Adrian Neal, spoke about compassionate communication and explored the psychological and systemic barriers to empathy in healthcare and offered practical strategies to support staff in sustaining compassion under pressure.

A highlight from the day was our **"Patient Panel"** which brought together our **Lived Experience Advisors** with the Trust's Head of Patient Experience and Community Involvement, and our Partners in Healthcare Manager. Their engagement throughout the day and valuable insights as part of the question and answer panel resonated with many of the attendees who described the experience as **"inspiring," "thought-provoking,"** and **"a reminder of why we do what we do."**

"The event was based on the human factor – not facts and data. The reflection on compassion, incidents that affected families and colleagues, and the patient representatives enhanced the reason we are all there in our roles: patient safety."
Attendee





Sexual Safety

In May 2025, WAST began the roll-out of its **Sexual Safety general awareness session** to all staff. Feedback from attendees has been positive, with strong engagement throughout the sessions.

A more in-depth and bespoke training session has been developed and rolled out to senior operational managers in four localities across Wales. This session focused on **professional boundaries, inappropriate behaviour and sexual harassment** at work and is designed to help managers build confidence in recognising and addressing behaviours to help **support culture change**. It builds upon the essential conversations workshops and allows senior managers to understand the wider impact and ripple effect of permissible low-level inappropriate behaviours which can lead to the manifestation of deeper-rooted cultural problems and escalating behaviours which are more serious in nature and more complex to manage.

This training has been complemented with additional learning sessions provided by specialists with expertise in workplace culture management.



Colleagues rate this training **4.57** out of 5 stars

92.9% of attendees would **recommend the training** to others

79% of attendees **learned a great deal** or a lot

99% of attendees said that the training **met their expectations**

94% of attendees **will use what they have learnt** in the workplace **every day** or often

Sexual Safety

All Wales People Network

Our Head of Inclusion and Engagement has been appointed as the Vice Chair of the **All Wales People Network**. This national group consists of Heads of Service across NHS Wales who are leading on people services, organisational development and culture initiatives. The group feeds into the national NHS Wales Deputy Directors of Workforce Peer Group to provide **assurance on compliance** with employment regulations and to ensure a **consistent approach to improvement**.

Following the approval of a new All Wales Anti-Sexual Harassment Policy, the All Wales People Network has been tasked with the implementation of the policy leading on four national workstreams. This is to ensure a consistent approach to sexual harassment and a national **commitment to preventing sexual harassment** in NHS Wales.

Welsh Ambulance Service is leading on the reporting and monitoring workstream and has shared our training resources to help develop a national training resource.

Anti-Sexual Harassment Policy Workstreams

- **Communication Plan**
- **Sexual Harassment Training Programme**
- **Risk Assessment**
- **Reporting and Monitoring**



Allyship and Active Bystander Training

Allyship and Active Bystander Training

In 2025-2026, over 100 more colleagues attended our award-winning Allyship and Active Bystander Training with feedback remaining overwhelmingly positive. This year, we have **targeted new starters** and our **volunteers** as they embark upon their own journeys within Welsh Ambulance Service.

It has been 3 years since the introduction of this training and we are starting to see **examples of bystander action** across the Trust. However, the Trust is limited in resources and capacity to roll out this training to all staff. In line with the three-year anniversary of this training, we will undertake a review of the training in its current form and aim to develop a **digital platform** where more staff can access elements of this important training.



Colleagues rate this training

4.64 out of 5 stars

82% of attendees **learned a great deal** or a lot

94% of attendees **will use what they have learnt** in the workplace **every day** or often

99% of attendees said that the training **met their expectations**

99% of attendees would **recommend the training** to others

Equity and Fairness Training

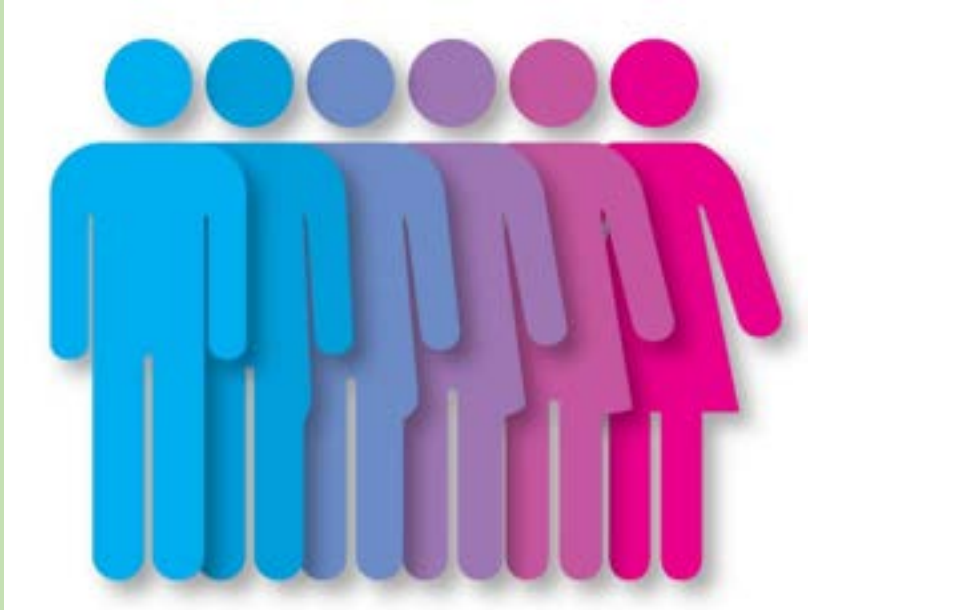
Equity and Fairness at the Heart of Corporate Induction

Equity and Fairness is centred in our new **corporate onboarding digital platform that was launched** in 2026. At the point of entry to WAST, new starters are signposted to a suite of training to better **understand allyship and inequity** and what we can all do to eliminate discrimination. Staff are also signposted to further support for people who need it.



New Transgender Awareness Training

In response to a request for better understanding of gender identity, we have developed a short transgender awareness training session aimed at our operational staff who may support transgender service users. The training focuses on explaining the differences between sex, gender identity, gender expression and sexual orientation and explores the reasons why this matters to healthcare professionals when offering clinical advice and treatment.



Mastering Diversity



Feedback from the day:

"What a brilliant bunch of people you have working in WAST"

"I want to work for WAST after seeing the presentations"

"What a supportive, professional team!"

"How lucky we are to have so many caring people working for such an essential organisation here in Wales"

"Connection and belonging came through loud and clear"

"It was a privilege and an honour to be part of the variety, the knowledge, and the compassion in that room. That combined strength is what inclusion needs."

In September 2025, the Trust hosted the health zone at the Mastering Diversity Conference in Cardiff. Our workshops **focused on inclusive services**, **the patient voice, the power of connection and workforce wellbeing**, as well as pathways into WAST. On the main stage, our Director of Culture Change, Angela Lewis spoke as part of an expert panel sharing insight with all attendees on how we are improving diversity at WAST.

Collaboration was a key theme for the Health Zone with presentations from the **Patient Experience and Community Involvement and Clinical Transformation** teams, including a service user sharing her **positive experience** of WAST services. The **Volunteering** and **Recruitment** teams spoke about the pathways into WAST with a personal story from a colleague who went from being a Valued Volunteer to a Valued Team Member. The People Network Chairs formed a panel to discuss the **Power of Connection and Belonging**. The common theme throughout was the importance of diversity across all areas of the organisation for staff, volunteers and ultimately patients.







Every colleague represented WAST with pride, honesty, and humour where appropriate. Whilst we still have a long way to go in terms of culture change and making WAST an inclusive organisation, we are making progress and being involved in events such as this enables us to build on the momentum.

Advancing Equality, Eliminating Discrimination and Creating Allyship



Women Mastering Change

The Trust's Head of Inclusion and Engagement, and Organisational Development Manager were among a select group of guests invited to the third annual **Women Mastering Change** event at the House of Lords in London.

The event, hosted by Baroness Tanni Grey-Thompson and curated by Bernie Davies, founder of Mastering Diversity CIC, brought together leaders from across sectors to share their stories and practical insights for navigating change as women.

It was the first time the Welsh Ambulance Service had been represented at the event, which included a **roundtable discussion** on strategies for embedding diversity.

> "We were delighted to be invited to the House of Lords for a truly inspiring discussion on Women Mastering Change. It was an incredible opportunity to connect with leaders from across various sectors and share insights on fostering an inclusive environment where diversity is celebrated."
>
> *Hayley Jones Dunne*

Advancing Equality, Eliminating Discrimination and Creating Allyship

Improving Women's Health

WAST celebrated **International Women's Day** at the **North Wales Women's Health Conference** at Bangor University. This is the second year this event has run, attracting hundreds of visitors keen to learn more about improving women's health and strengthening networks between the public, private and third sector organisations.

Save a Life Cymru, which is hosted by WAST, was present at the event to gather feedback on a **new prototype bra** which they have developed. The bra can be placed upon mannequins used to teach CPR skills and defibrillator training. This is to help provide a **more realistic training** experience for people who need to perform lifesaving skills on women. Research indicates that women are less likely to receive bystander CPR and this new approach aims to change this and **save more female lives**.

WAST also contributed to the consultation and development day for the new **NHS Wales Women's Health Strategy** to ensure that entry points to healthcare via NHS 111 and emergency healthcare for women were incorporated into the long-term strategic plans.

ACHUB BYWYD CYMRU | SAVE A LIFE CYMRU



Improving Accessibility

Improving our Welsh Language Offer

Alongside our inclusive recruitment initiative, WAST has been encouraging **more Welsh language speakers** into our call handler roles. This is to meet the growing demand on our dedicated **Welsh language 111 service** designed to meet the needs of our Welsh-speaking service users and **improve quality of care**.

More Welsh speaking call handlers have been made available at peak times on the weekends along with more flexible opt-out options during busy periods.

Whereas our ability to answer Welsh language calls to our patient transport booking line remained fairly static at around 75%, our ability to answer calls to our 111 service increased from 45% to 62%.

17% ↑ 62% of calls to our 111 Welsh language line answered by Welsh-speaking call handlers in 2025-2026

BSL Bill Wales

In December 2025, our Executive Director of Nursing and Head of Inclusion and Engagement were invited to present evidence to Welsh Government's Committee for Equality and Social Justice on the proposals to introduce a BSL (Wales) Bill. WAST welcomes the principles of the Act as it will push organisations to **improve accessible communication** for people who use BSL.

Our Head of Inclusion and Engagement has also taken part in Welsh Government Stakeholder Panels, which look at implementation plans for the All Wales Accessible Communication and Information Standards, which were launched in November 2025. This includes plans to **increase accessibility of our 111 website** which provides advice and information on healthcare conditions.

Improving Accessibility

RNIB Cymru
Golwg gwahanol
See differently

As part of our efforts to improve our communication with blind and partially sighted service users, we partnered with the RNIB to deliver a series of **Sight Loss Awareness workshops** in November 2025.

📈 Key insights

Participants reporting significant improvement in knowledge and confidence on:	%
Causes of sight loss	*88%*
Impact on wellbeing	*81%*
Sight loss & falls risk	*75%*
Adapting environments safely	*81%*
Awareness of RNIB & local services	*75%*

⚠️ Barriers identified to applying learning

- 🛠️ Limited resources to make physical changes
- ⏱️ Time constraints

✅ Applying the learning

⭐ **Overall rating**
Excellent: 88% Good: 6%

100% agree or strongly agree they can: Use the learning in their daily role
100% agree or strongly agree they can: Give the right advice to someone with sight loss when needed
Example of application: Improved falls assessments
Example of application: More inclusive communication (e.g. font size, visuals)
Example of application: Better signposting and referrals

👉 Overall conclusion & key takeaway:

Participants showed significant improvements in core sight-loss awareness, confidence, and safety-related understanding, with universal agreement that the training is applicable to their role.

The Vision Friends training is highly valued by Welsh Ambulance Service staff, as it delivers clear and practical learning, significantly improves confidence and awareness around sight loss, and is directly applicable to both clinical and non-clinical roles.

Improving Accessibility

ReciteMe is a cloud-based accessibility and **language support tool** that enhances website inclusivity and usability.

Data tells us that the toolbar is mostly accessed using mobile devices, highlighting the importance of **mobile-optimised accessibility.**

Usage was recorded across 25 countries, including the USA, Spain, Italy, and Norway, although most of the access originated in the UK.

Total pages viewed **2,649**

Translation
The translate tool was used **5,906** times, far more than other features.

Users selected translations in **115 languages, highlighting** a strong need for multilingual access. Languages such as Assamese, Armenian, Serbian and Czech were among the most frequently chosen.

Styling
Other commonly used features included font changes, colour adjustments, and cursor size modification, all supporting readability and reducing visual strain.

Improving Accessibility

New Virtual Chatbot

In 2025, WAST introduced a new, innovative chatbot 'Albot' on our **NHS Wales 111 service**.

NHS 111 Wales is a **first point of access** and a critical gateway to urgent and unscheduled care. Our online platform provides trusted advice, directories and symptom checkers, and our call handlers provide advice via our telephone service.

Albot was conceived to transform NHS 111 Wales' online platform from a static site into an interactive, patient-led platform. Working closely with Robotics AI and Druid AI, we have developed Albot to empower patients to **self-serve safely and confidently**, improving access, consistency and experience, while easing pressure on our call handlers.

The programme was built on strong principles of **collaboration, transparency and patient safety**. Teams from clinical, digital, communications and language services shaped Albot's tone and personality to reflect our values of empathy, clarity and trust. Early prototypes were tested with staff and members of the public to refine content pathways, identify gaps and ensure accessibility across a wide range of devices and literacy levels.

Exclusion risks were actively addressed. **Accessibility specialists** and clinicians reviewed language and tone to ensure empathy and clarity for sensitive topics. The **in-built translation software** means that information is available in multiple languages. User testing also highlighted the importance of maintaining a seamless route back to human support, so Albot was designed to complement, not replace, the 111 telephone service.



NHS 111 Wales

NHS Direct Wales



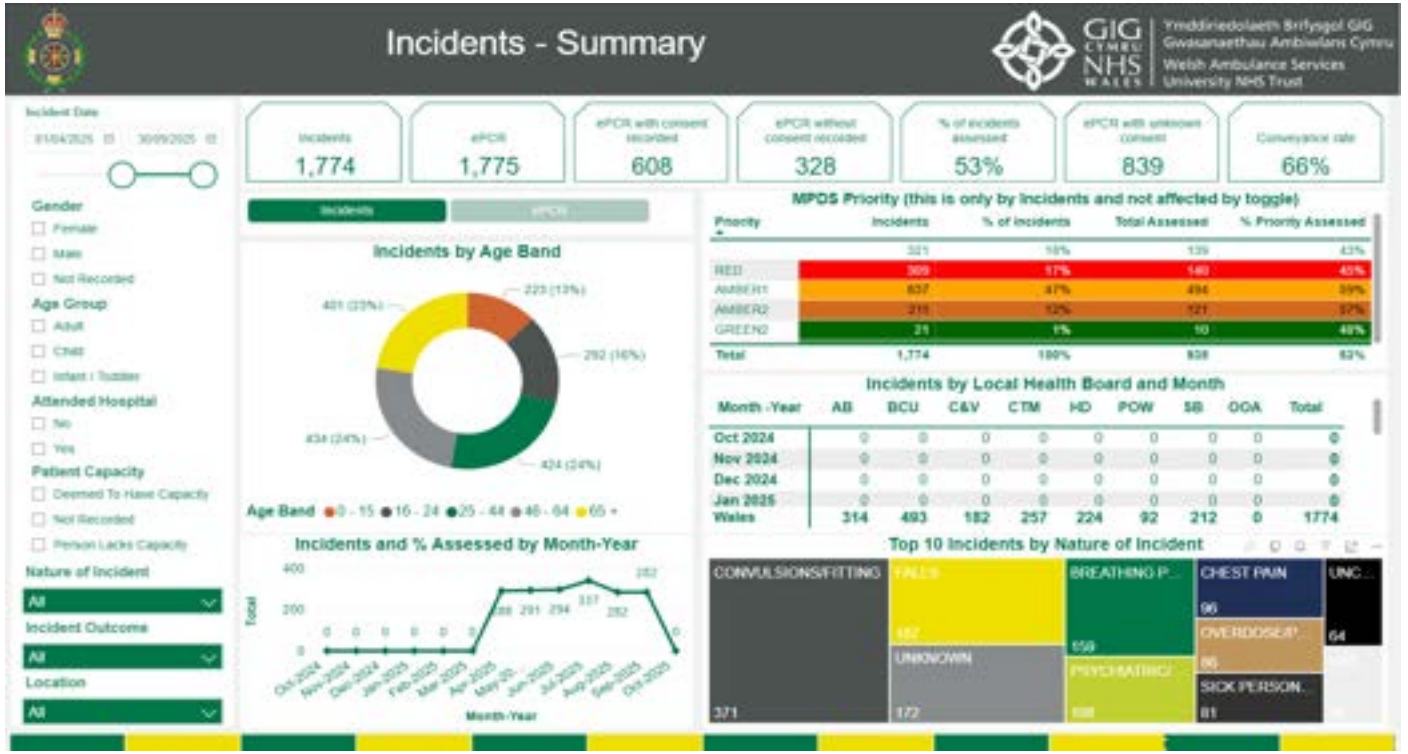
Supporting People with Learning Disabilities

Learning Disabilities Dashboard

The dashboard provides data on increasing incidents where the **additional needs tab** on the electronic Patient Clinical Record (ePCR) was used to record an additional need or learning disability. Convulsions/fitting, falls and breathing problems have been the top three known incident types recorded. This data is valuable in helping us to understand a **wider picture of health** amongst the learning disability population, their potential demand on services and how we can better plan to support this vulnerable patient group in the community.

WAST has now appointed a **Learning Disability Clinical Specialist**, who will sit within the Mental Health, Dementia and Learning Disability Team.

The Patient Experience and Community Involvement Team will work closely with them to ensure that lived experience data, compliments, complaints, and clinical data collated through ePCR are triangulated, and used together to support ongoing improvements in care, patient experience and patient outcomes for people with a learning disability.



Listening to People

Service User Panel

At this year's WAST Quality Event, a panel of people living with dementia or caring for someone with dementia offered their personal insights into using our services, and were available to answer questions from WAST staff in the audience. People attending the event told us how impactful it was to hear directly from people with lived experience, and a similar panel will now form part of all future Quality events.

Learning Disability Clinical Specialist Recruitment

In support of the recruitment of a Learning Disability Clinical Specialist into WAST's Mental Health Team, a learning disability patient sat on the stakeholder panel, supported by the Patient Experience and Community Involvement Team, and they actively participated in the selection process of the successful candidate.

Lived experience representation is crucial for WAST as a healthcare provider, as it brings essential expertise from those who have navigated the system as patients, caregivers, or family members, which helps create more relevant, responsive, and equitable services.



Listening to People

WAST has been preparing to implement **the revised regulatory arrangements for managing concerns and complaints**. The long-standing *Putting Things Right* guidance will be replaced by a new, more **person-centred approach** called *Listening to People*. This shift marks an important step forward in how staff across NHS Wales respond to concerns, support individuals and families, and learn from experiences across our services.









What's changing?

The new *Listening to People* framework strengthens our commitment to openness, compassion and timely responses.

A mandatory offer of a listening discussion
Every concern will now require an in-person, phone or video conversation after acknowledgement, ensuring people feel heard at the earliest stage.

A new early resolution stage
A dedicated 10-working-day window will allow for fast and compassionate resolution where appropriate.

Greater transparency and openness
Stronger obligations around immediate apology, transparency and clear communication when harm occurs.

Clear timeframes and communication standards
Concerns must be acknowledged within five working days, and outcome letters must use plain language and be accessible.

An increased financial redress threshold
The maximum redress available without court involvement will increase from £25,000 to £50,000.

These changes are designed to support a more empathetic and responsive system, which ensures individuals feel listened to, valued and respected throughout the process.

People's Experience of the Welsh Ambulance Service

Our Patient Experience and Community Involvement Team continue to measure **service user feedback** via several channels including service experience surveys, patient stories, and the online *Have Your Say* platform. This often includes **targeted community engagement** with **people with a protected characteristic.**

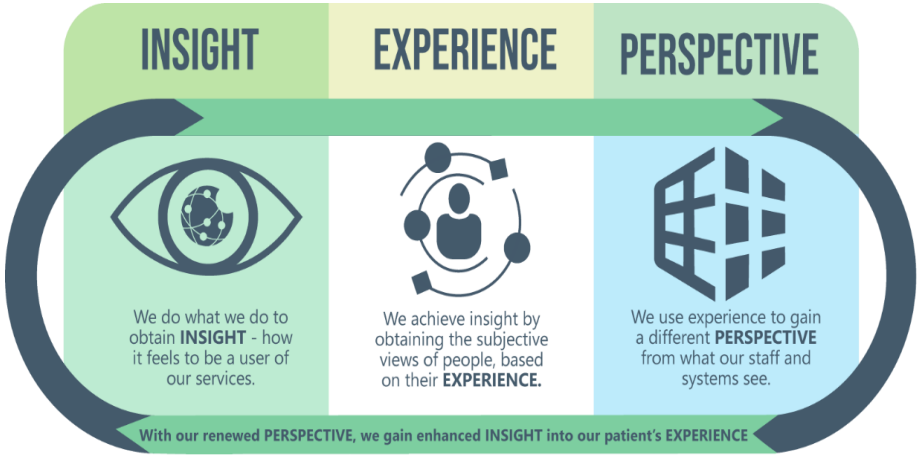
WAST is committed to ensuring that people have the best possible experience when accessing our services. People's experience is a key component of **person-centred care** and is shaped by our staff, individual expectations, and the impressions formed throughout their care journey. It reflects how people feel about accessing and receiving care, based on their feelings of the treatment and support provided.

People's experience is a core component of our **Quality Management System**, providing assurance on the safety, effectiveness and person-centredness of services. It supports delivery of the **Duty of Quality**, Listening to People requirements and **Health & Care Quality Standards**.

Experiential data is reported to the Trust's Quality Management Group (QMG) via user feedback for review and provides assurance that, where applicable, action has been taken to improve the quality of services and experience of its service users.

Where recurring concerns or deterioration in experience are identified, these are escalated through Directorate governance routes and triangulated with incidents, complaints, safety intelligence and operational performance to support targeted improvement and executive oversight.

'The Experience Cycle'



"If quality is to be at the heart of everything we do, it must be understood from the perspective of patients."
Lord Darzi

People's Experience of the Welsh Ambulance Service



Aspects of a quality experience based on people's feedback

A consistent theme from feedback received from patients, carers, communities and individuals over the last six months has focused on waiting and timeliness in general across all service areas. Although the themes have been negative, there have been equally positive themes captured relating to staff working across all services.

- People have complimented the Trust on the professional and caring workforce.
- The booking system introduced within Ambulance Care is appreciated by patients.
- People have praised the good information provided by staff within the 111 service and its reassuring staff.
- People are anxious on the length of time they are waiting in the community for a response and on the ETAs provided.
- People are unhappy about the length of time it takes to return them home after their hospital appointments.
- People are not happy with the length of time they wait for a call back from the 111 Wales service.

Working in Partnership with our Service Users

To address some of the feedback received from our service users, community engagement activity has continued through a more **locally led approach** with the Patient Experience and Community Involvement Team providing support, advice and guidance to operational teams to enable **meaningful engagement** within their **localities and service areas**.

The Team has also been **developing tools and processes** to support the consistent recording and reporting of engagement activity across the organisation, improving oversight, reducing duplication and strengthening assurance regarding the scale, quality and impact of engagement work.

This approach supports a sustainable model of community involvement, enabling the Patient Experience and Community Involvement Team to maintain a strategic focus on capturing people's experience, organisational learning and quality improvement, while ensuring citizen voice continues to inform service development and decision-making.

Citizen Voice - People & Community Network

101 Network Members

WAST's People & Community Network continues to play a vital role in informing and improving services. They have regularly received updates highlighting the breadth of activity across the Trust and its ongoing commitment to community involvement.



Engaging with our Communities

Shoctober is an annual educational campaign, established in 2016, aligned with A Healthier Wales and the NHS Wales Out-of-Hospital Cardiac Arrest Plan (2017).

The programme delivers **face-to-face sessions for pupils** in Years 4–6, focusing on appropriate use of 999 and the development of **basic lifesaving skills**. Its core aim is to build long-term community resilience and **improve cardiac arrest survival rates** across Wales.

Whilst the full impact of Shoctober is realised over the longer term, feedback continues to demonstrate meaningful real-world benefit. Recent examples include **children confidently guiding adults in administering CPR** following previous Shoctober training, providing practical evidence of increased confidence, awareness and early intervention capability.

The campaign also supports delivery of the Wellbeing of Future Generations (Wales) Act 2015 and the United Nations Convention on the Rights of the Child, reinforcing the Trust's contribution to prevention, education, health improvement and future population resilience.

Although impact is primarily long-term, Shoctober provides early prevention benefits and supports wider public health and community resilience objectives.



Delivery during the reporting period was impacted by reduced volunteer availability, resulting in fewer school engagements than in previous years. Despite this, the programme has continued to deliver meaningful community benefit and remains an important prevention and education initiative.

As part of the organisational staffing restructure, responsibility for Shoctober will transition from the Patient Experience and Community Involvement Team to the Clinical and Medical Directorate, providing closer alignment with clinical leadership, strengthening strategic ownership, and supporting the long-term sustainability and development of the programme.

41 Volunteers Involved

35 Hours Delivered

950 Pupils Engaged

Engaging with our Communities

Blue Light Hub App

Following the launch of the **CPR game** last year, and informed by feedback from teachers, young testers and the BMJ Open evaluation, **full bilingual voiceovers** have been developed to **improve accessibility for children with lower literacy levels** and for those whose first language is not English.

This supports a **more inclusive learning experience** and strengthens the app's value as both an educational and engagement tool, helping improve confidence in CPR awareness and emergency response from an early age.

This work supports the Wellbeing of Future Generations (Wales) Act by contributing to a Healthier Wales through **improved CPR knowledge**, a More Equal Wales by **reducing language and literacy barriers**, and a Wales of Vibrant Culture and Thriving Welsh Language through strengthened bilingual provision.

The updated version is due for release in the Spring of 2026 with staff and volunteers reminded that the app can also be used as a play and distraction tool when supporting children during observations or conveyance to hospital.



Since the launch of the app, total installations are 14,908 on Android and 5,594 on iOS, providing assurance of sustained reach and continued public engagement.

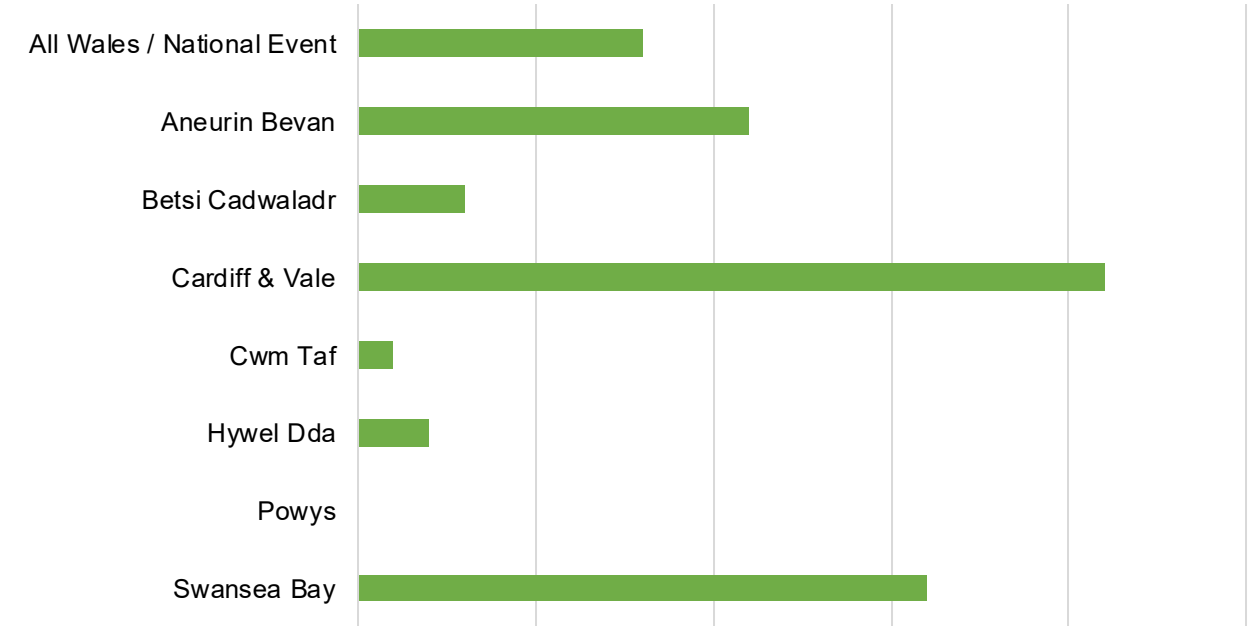
The app supports prevention, education and early intervention by improving CPR awareness and extending inclusive access to learning across communities.

Engaging with our Communities

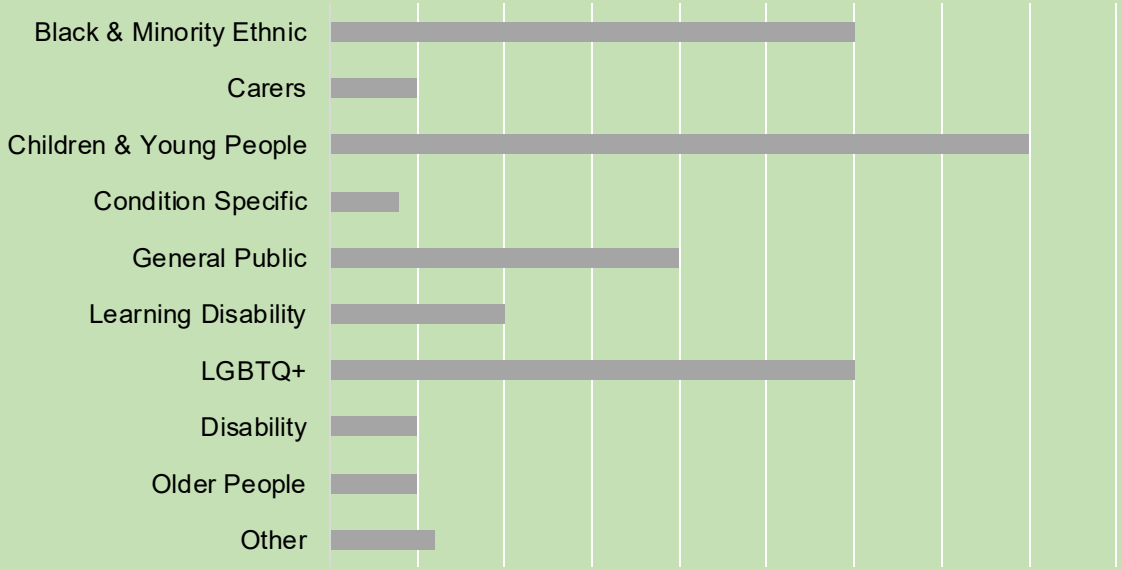


The Patient Experience and Community Involvement Team attended a total of 73 face-to-face engagement opportunities across Wales, engaging with 2,346 people.

We listened to people's experiences of using Trust services, captured public sentiment and asked people to tell us what matters most to them if they should ever need to use our services in the future.



Engaging with our Communities



Experiences and feedback, captured through our engagement with communities, continued to cover a large cross-section of the population.

Targeted engagement with groups known to experience health inequalities, barriers to accessing healthcare and those who have poorer health outcomes continued, ensuring the voices of the most vulnerable in society had an opportunity to share their views and experiences.





Engaging with our Communities

Increasing Diversity amongst our Volunteers

Our Volunteer and Resources Team have reached out to our communities in areas where ethnic diversity is high to promote available volunteering opportunities as Community First Responders and Volunteer Car Drivers. This has resulted in an increase in the number of Black, Asian and Minority Ethnic volunteers, including those who are Refugees or Asylum Seekers.

Rapid Assessment Maternity Card

In response to the data highlighting the inequalities in outcomes for Black, Asian and Minority Ethnic women within maternity services, our Clinical Lead Midwife has been working with colleagues across Wales to develop a Rapid Assessment Maternity Card for Black, Asian and Minority Ethnic women. This aims to improve women's experience of accessing emergency maternity services via the Welsh Ambulance Service and help staff ensure equitable experiences for all women.





In October, we celebrated Black History Month by inviting key members of the community into our Headquarters at VPH to learn about their personal journeys and lived experience.

Edward Watts, MBE, DL, Community Leader, and Vernesta Cyril OBE, the first Black midwife in Wales joined staff and volunteers to speak about the racism they faced and how they overcame these challenges and have dedicated their lives to helping others to do the same.

Engaging with our Communities



Cardiff Mela and Big Halal Expo

WAST attended Cardiff Mela and the Big Halal Expo again this year. These are annual **multicultural festivals** held in Cardiff which celebrate Cardiff and Wales' diverse heritage.

Attending these events enables us to meet and engage with diverse local communities in an inclusive and accessible setting, connecting with communities that often face barriers to accessing healthcare.

The updated Anti-Racist Wales Action Plan 2024 tells us that experiences of racism when receiving health and social care continue to be reported within and outside of existing complaints systems.

Attending these events provides a platform for us to **continuously engage and build trust** with marginalised communities, giving us an opportunity to listen to the lived experiences of our service users.

Workforce Diversity Report 2024-2025

We are pleased to see **further improvements** to our **overall workforce diversity** with increases in the number of **ethnic minority staff**, staff with a **disability**, those who are **LGB+** and our female staff.

The Trust has also seen an increase in the number of **Welsh speaking staff** and our **veterans.**

Our **targeted inclusive recruitment initiative** is having an impact upon teams where there is ongoing recruitment. Encouraging and supporting Recruiting Managers to gain a better understanding of **unconscious bias** in the recruitment process is also having an impact in how we shortlist and interview. For example, assessing the language skills needed for specific roles and recognising language barriers for people who do not speak English as a first language. Similarly, putting in reasonable adjustments at interview stage for people with a learning disability.

Our **People Networks** also mean that we can **offer additional support** for people joining the Trust who have a protected characteristic. Our increased workforce diversity is reflected in the growing membership of our People Networks.

A full copy of our workforce diversity report can be found in the appendices.

Staff from Black, Asian and Minority Ethnic backgrounds increased from 1.63% to **2.10%**

Staff with a **disability** increased from 7.94% to **9.65%**

Staff who identify as **LGB+** increased from 5.72% to **6.50%**

Women increased from 50.5% to 52.32%

Workforce Diversity – Armed Forces Communities

Since the COVID-19 pandemic where the Trust enlisted the help of our Armed Forces to help with service delivery, our relationship has strengthened and allowed **more partnership working** and collaboration to the benefit of our Armed Forces personnel and their families. This has led to **an increase in Veterans, Cadets and their families joining WAST**. To recognise our appreciation of Armed Forces and to support integration into the Trust, we have implemented several initiatives.

- ✓ **Mobilisation Policy** supports Cadets and Reservists in the workplace
- ✓ Cadet Volunteer Instructors have **flexible working** to balance responsibilities
- ✓ Attendance at regional and national **commemorative events**
- ✓ **Dedicated Community First Responder training** course for Cadets with level 4 medical training
- ✓ Community First Responder Team established at RAF Valley
- ✓ Partnership working with **Fighting With Pride** to raise awareness of historic discrimination against LGBTQ+ Armed Forces personnel
- ✓ Supported **Woody's Lodge** Veterans mental health charity, with staff providing medical support during charitable cycle and running events.

SUPPORTING VETERANS & EMERGENCY SERVICES

WOODY'S LODGE



Workforce Race Equality Standard Report 2025

In June 2025, NHS Wales published its second Workforce Race Equality Standard (WRES) Report which analysed data from the NHS Staff Survey, the Electronic Staff Record System, and disciplinary cases.

The report recognised the efforts made by the Trust to implement a set of targeted recommendations from the previous year and acknowledged the achievements made to attract and recruit more people from Black, Asian and Minority Ethnic backgrounds.

Also noted was our significant reduction in the likelihood of Black, Asian and Minority Ethnic colleagues entering formal disciplinary processes, balancing the probability with those of our white colleagues.

The Trust was recognised for racial equality in access to training opportunities and career progression.

What have we achieved?

- Increase in ethnicity declaration rates on ESR
- Improved attraction rates of applicants from ethnically diverse backgrounds
- Equal opportunities for development and career progression
- Increase in workforce ethnic diversity
- No inequity in likelihood of BAME colleagues entering disciplinary processes

Increasing our Workforce Diversity

WAST is extending our **Inclusive Recruitment Initiative to our Integrated Care Teams** who are recruiting call handlers to our NHS 111 and 999 service**.**

People have been invited to attend dedicated **Contact Centre Open Days** for people from Black, Asian and Minority Ethnic communities. Others who were not from ethnic minority backgrounds were also welcome to attend open days on separate dates. Full analysis of the recruitment activity will be undertaken in 2026-2027 but early indications show that there has been an increase in applications and appointments of diverse applicants.

Unconscious Bias Training delivered to stakeholder panel members for Executive Team appointments.

Director of Culture Change invited to speak at the **National Anti-Racist Wales Public Sector Leadership Conference** to share our successful approach to implementing the Workforce Race Equality Standard

Diverse interview panel members at our Graduate Paramedic recruitment event

Mentorship provided to **HEIW** to introduce similar inclusive recruitment initiatives

Our inclusive recruitment initiative within our Digital Directorate was recognised nationally and was shortlisted for an HSJ Award.

Head of Inclusion and Engagement invited to share best practice on our inclusive recruitment at the **National Anti-Racist Wales Conference.**

Increasing our Workforce Diversity





Aspiring Board Members Programme

WAST embraced the opportunity to take part in Welsh Government's Aspiring Board Members Programme. Academi Wales organised a **development programme** for people from Black, Asian and Minority Ethnic backgrounds where they could learn about the role of NHS Wales Boards and gain insight into the governance and decision-making behind NHS Wales organisations. The lack of ethnic diversity across NHS Boards is stark with historically few applications from people within ethnically diverse communities when vacancies arise. The programme aimed to address this and encourage more diversity in our future Boards. WAST was pleased to mentor one of the programme delegates, **Meshack Ezeadim** for the 12-month programme, where he worked alongside our Director of Culture Change to learn about how Welsh Ambulance Service is managed at an executive level.

Meshack, who comes from Nigeria, came to the UK to study for his Master's in Human Resources, with the aim to work within the NHS. The programme allowed crucial exposure and insight into WAST which has confirmed his ambition to seek a role in supporting workforce culture. Following the completion of the Aspiring Board Members Programme, Meshack has successfully been appointed as a Project Support Officer within our People and Culture Team where he continues to thrive and make a difference to our workplace cultural initiatives.

Gender Pay Gap 2025-2026

We have seen a further reduction in our gender pay gap this year which is now **4.5%.**

In comparison to other UK Ambulance Trusts, the Welsh Ambulance Service is performing well. However, we recognise that our gender pay gap is still caused by a disproportionate number of men within our most senior roles, and a disproportionate ratio of female-male employees working part-time contracted hours.

The Trust's efforts to address gender equality within our senior management team have been rewarded this year with the appointment of women to the following roles; Chief Executive Officer, Deputy Chief Executive Officer, a Non-Executive Director and two Assistant Directors within our People and Culture Directorate.

This has seen a better balance in our Executive Board and senior leadership team to help inform our decision-making.

Down
from 5.3%
to **4.5%**



This year, we have achieved Gender Equality at Board level

Women in Leadership

Our new **Chief Executive Officer** (CEO), Emma Wood, is one of only two female Chief Executives within the UK Ambulance Service. She is already making a difference by taking on the role of the UK Ambulance Women's Network Chair and driving national initiatives to improve the experiences of female colleagues across all UK Ambulance Trusts.

Rachel Marsh, our Executive Director of Strategy, Planning and Performance has been successfully appointed as the Trust's **Deputy CEO**. Rachel is passionate about achieving equality for women and has also taken up the role of Executive Mentor to our LGBTQ+ People Network and is helping the Trust to navigate the complexities of ensuring inclusivity of all genders within the Trust.

Our People and Culture Directorate has also seen the appointment of women in leadership roles, with Beverly Flood taking up the role of **Assistant Director of People Services,** and Samantha Chapman who will be joining the Trust as the **Assistant Director of Culture and Organisational Development**. Both women bring a wealth of experience from previous roles within the private and public sectors.

Emma Wood,
CEO



Rachel Marsh,
Deputy CEO
Executive Director
of Strategy, Planning
and Performance



Sam Chapman,
Deputy Director of
Culture and
Organisational
Development

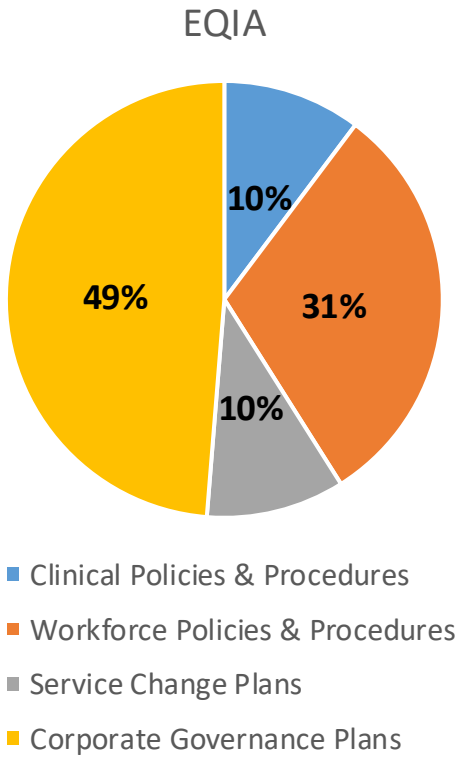


Bev Flood,
Assistant Director of
People Services



Equality Impact Assessments (EQIA)

In 2025-2026 the Trust has completed 39 equality impact assessments



EQIAs which were of particular relevance to our SEP objectives included:

- **Integrated Medium Term Plan** – Ensures that EDI is embedded in everything that we do and we will attempt to increase equity and fairness for all and eliminate discrimination.
- **Managing Friends and Family at Work** – Ensures fair treatment of colleagues at work.
- **Carers Policy** – Supports unpaid carers at work and provides guidance for line managers on Carer's Leave Act.
- **Working Time Regulations Policy and Contact Centre Roster Review** – Protects colleagues who are vulnerable to stress and burnout and safeguards the quality of care provided to our service users. Provides more flexible working options for colleagues.
- **Relocation of our 111 Contact Centre – ensures colleagues are not disadvantaged** by relocation and that new premises are accessible.
- **Maternity, Paternity, Shared Parental Leave and Neonatal Care Leave** – supports new parents and provides equity for LGBTQ+ parents.

Our Reflections

The Trust knows this has been a difficult year. This is because of changes in politics and money pressures. Even with these challenges, we have made progress. Small changes are helping to make the workplace better for staff and volunteers.

What the report shows

- We are listening more carefully to people.
- We are improving how decisions are made.
- We are doing more to support fairness, inclusion and respect.
- We are also working to make our services easier for everyone to use.

The next step is to show more clearly what difference this work is making. This includes the difference it makes for staff, volunteers, patients and communities.



A copy of our Strategic Equality Plan 2024-2028 can be found here:

https://ambulance.nhs.wales/about-us/treating-people-fairly-our-strategic-equality-plan-2020-2024/

Looking Ahead to 2026-2027

What happens next?

In 2026, we will review our People and Culture Plan. We will also look at new equality information for NHS Wales. This will help us check if our equality aims are still right.

We need to make sure our aims support our wider plans. These include plans about people, quality, services and the future.

Next year will be a time to build on what we have done. It will also help us prepare new equality aims for the future.

Everyone has a role

Fairness, diversity and inclusion are everyone's responsibility.
This work is not only done by one team. It should be part of leadership, recruitment, staff support, patient care and service design. It should also be part of accessibility, Welsh language services and community engagement.



Please contact a member of the team to learn more about our Equity, Diversity and Inclusion Action Plan for 2026-2027:

AMB_Inclusion@wales.nhs.uk

Contact Us

For further information on our Strategic Equality Plan and how we are meeting our objectives, please contact the Team by emailing

AMB_Inclusion@wales.nhs.uk

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

Adroddiad Bwlch Cyflog rhwng y Rhywiau

2025-2026



Tabl Cynnwys

Cyflwyniad

Ciplun o ddata

Ynghylch cymedr a chanolrif

Data chwartel

Tuedd dros amser

Casgliad

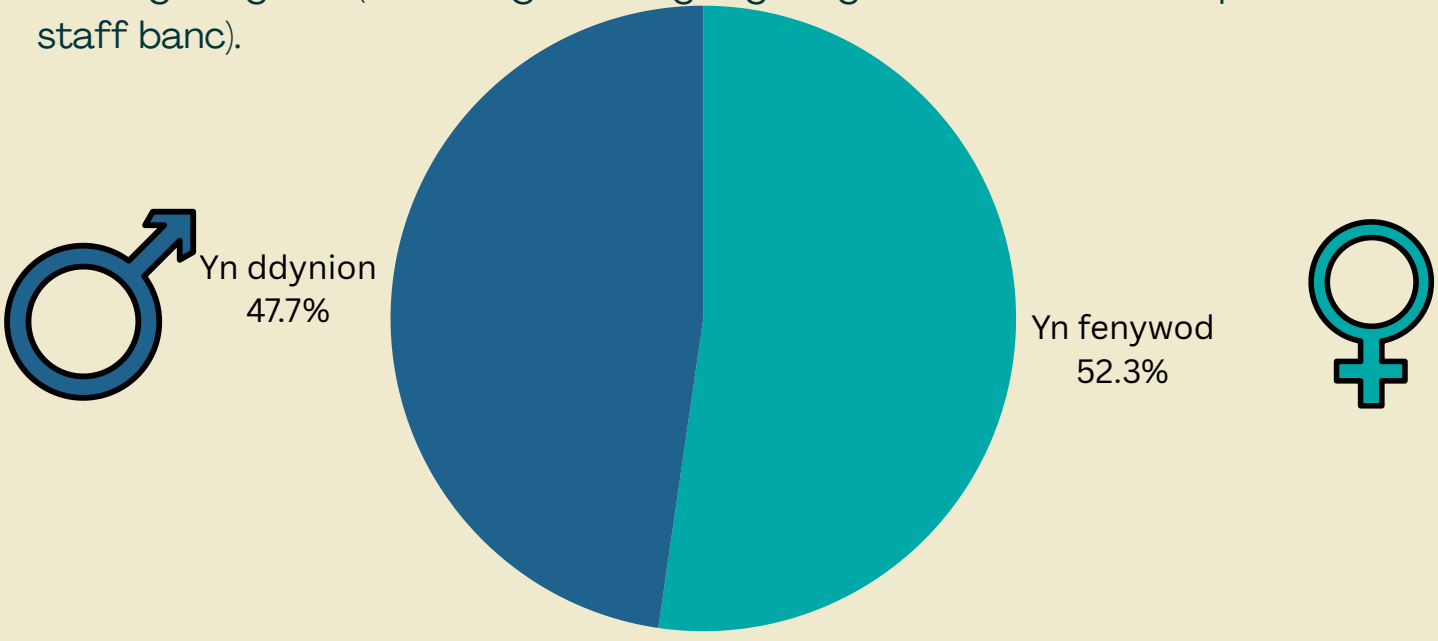
Cyflwyniad

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 2025 a 31 Mawrth 2026.

Ar 31 Mawrth 2026, roedd Gwasanaeth Ambiwlans Cymru yn cyflogi 2391 o fenywod a 2179 o ddynion, felly roedd tua 52.3% o'r gweithlu yn fenywod a 47.7% yn ddynion. (Mae'r ffigwr hwn yn cynnwys ein haelodau staff parhaol a staff banc).



Ciplun o ddata ar 31 Mawrth 2026

Mae cyfradd gymedrig fesul awr menywod 4.5% yn is na chyfradd dynion. Ar gyfartaledd, telir cyfradd fesul awr o £20.93 i fenywod o gymharu â dynion sy'n cael eu talu £21.93.

IMewn geiriau eraill, wrth gymharu cyfraddau cymedrig fesul awr, mae menywod yn cael eu talu 95.5c am bob £1 y mae dynion yn cael eu talu.

Mae cyfradd ganolrifol fesul awr menywod 6.5% yn is na chyfradd dynion. Y gyfradd ganolrifol fesul awr ar gyfer menywod yw £19.72 o gymharu â dynion, sef £21.09.

Mewn geiriau eraill, wrth gymharu cyfraddau canolrifol fesul awr, mae menywod yn cael eu talu 93.5c am bob £1 y mae dynion yn cael eu talu.

Ni wnaed unrhyw daliadau bonws yn ystod y cyfnod adrodd; felly, nid oes unrhyw fwlch cyflog bonws cymedrig na chanolrifol rhwng y rhywiau i'w adrodd ar daliadau bonws.



Ynghylch cymedr a chanolrif

Y gyfradd gymedrig fesul awr yw'r cyflog fesul awr ar gyfartaledd ar draws y sefydliad cyfan, felly mae'r bwlch cyflog cymedrig rhwng y rhywiau yn fesur o'r gwahaniaeth rhwng cyflog cymedrig fesul awrmenywod a chyflog cymedrig fesul awr dynion.

Cyfrifir y gyfradd ganolrifol fesul awr trwy restru pob gweithiwr yn nhrefn y cyflog uchaf i'r cyflog isaf, a chymryd cyflog fesul awr y person yn y canol; felly'r bwlch cyflog canolrifol rhwng y rhywiau yw'r gwahaniaeth rhwng cyflog canolrifol fesul awr menywod a chyflog canolrifol fesul awr dynion.

Data chwartel

Cyfrifir chwarteli cyflog drwy rannu holl weithwyr y sefydliad yn bedwar grŵp cyfartal yn ôl lefel eu cyflog. Mae edrych ar y gyfran o fenywod ym mhob chwartel yn rhoi syniad o gynrychiolaeth menywod ar wahanol lefelau o'r sefydliad.

Chwartel 1: Chwartel isaf

53.11%	♀
46.89%	♂

Mae 53% o'r chwartel isaf yn fenywod

Chwartel 2: Chwartel canol isaf

58.59%	♀
41.41%	♂

Mae 59% o'r chwartel canol isaf yn fenywod

Chwartel 3: Chwartel canol uchaf

49.25%	♀
50.75%	♂

Mae 49% o'r chwartel canol uchaf yn fenywod

Chwartel 4: Chwartel Uchaf

44.89%	♀
55.11%	♂

Mae 45% o'r chwartel uchaf yn fenywod

Dehongli'r adroddiad:

- Mae menywod yn parhau i gael eu cynrychioli yn chwarteli cyflog isaf a chanol isaf.
- Mae dynion yn parhau i gael eu cynrychioli'n fwy yn y chwarteli cyflog canol uchaf ac uchaf.
- Mae'r chwartel uchaf yn dal i gynnwys mwy o ddynion na menywod, gyda 55.11% yn ddynion o gymharu â 44.89% yn fenywod.

Cymhariaeth â'r llynedd:

Mae cynrychiolaeth menywod yn y chwartel uchaf wedi gwella o 43.09% yn 2024–2025 i 44.89% yn 2025–2026. Fodd bynnag, mae menywod yn dal i gael eu tangynrychioli yn y chwartel â'r cyflog uchaf.

Patrymau gwaith

Mae'r tabl hwn yn dangos cymhareb y gweithwyr gwrywaidd a benywaidd, wedi'u rhannu rhwng patrymau gwaith rhan-amser ac amser llawn. Mae'r data'n dangos bod menywod yn fwy tebygol na dynion o weithio'n rhan-amser. Mae staff rhan-amser benywaidd yn cynrychioli 14.42% o gyfanswm y gweithlu, o'i gymharu â 7.33% ar gyfer staff rhan-amser gwrywaidd. Mae hyn yn parhau i fod yn berthnasol wrth ystyried y bwlch cyflog rhwng y rhywiau, gan y gall patrymau gwaith effeithio ar ddosbarthiad y gweithlu ar draws rolau, bandiau cyflog a chyfleoedd datblygu gyrfa.

Rhywedd	Benyw	Gwryw
Rhan amser	659 (14.42%)	335 (7.33%)
Llawn Amser	1,732 (37.90%)	1,844 (40.35%)

Rhywedd	% sy'n gweithio'n rhan-amser o fewn y grŵp rhywedd
Benyw	27.56%
Gwryw	15.37%

Mae menywod bron ddwywaith yn fwy tebygol na dynion o weithio'n rhan-amser yn y set ddata hon.

Mae'r tabl hwn yn dangos cymhareb y gweithwyr gwrywaidd a benywaidd ar draws y gwahanol fandiau cyflog yn y sefydliad. Mae mwy o fenywod yn cael eu cynrychioli ym mandiau cyflog 3, 4, 6 ac 8d, tra bod mwy o ddynion yn cael eu cynrychioli ym mandiau cyflog 2, 5, 7, 8a, 8b ac 8c. Mae'r data'n awgrymu bod y bwlch cyflog rhwng y rhywiau yn cael ei ddylanwadu'n rhannol gan ddosbarthiad dynion a menywod ar draws y bandiau cyflog, yn enwedig lle mae dynion yn parhau i gael eu cynrychioli'n fwy mewn rhai bandiau cyflog uwch.

Band Cyflog	Menywod	Dynion
Arall	12 (0.26%)	10 (0.22%)
Band 2	47 (1.03%)	48 (1.05%)
Band 3	686 (15.01%)	526 (11.51%)
Band 4	206 (4.51%)	116 (2.54%)
Band 5	512 (11.20%)	530 (11.60%)
Band 6	596 (13.04%)	550 (12.04%)
Band 7	210 (4.60%)	264 (5.78%)
Band 8a	72 (1.58%)	82 (1.79%)
Band 8b	26 (0.57%)	27 (0.59%)
Band 8c	14 (0.31%)	17 (0.37%)
Band 8d	10 (0.22%)	9 (0.20%)
Cyfanswm	2,391 (52.32%)	2,179 (47.68%)

Tuedd dros amser

Wrth gymharu'r data blynyddol dros amser, mae ychydig o amrywiad ymhlith y bwlch cyflog rhwng y rhywiau. Rydym yn parhau i weithio'n gallach i ddeall beth sy'n achosi'r bwlch hwn ac ystyried beth y gallwn ei wneud i leihau'r bwlch hwn ac yn y pen draw ei ddileu yn y dyfodol.

	Cyfradd gymedrig fesul awr menywod fel % yn is na chyfradd dynion.	Cyfradd gymedrig fesul awr menywod ar gyfer pob £1 y mae dynion yn cael eu talu.	Cyfradd ganolrifol fesul awr menywod fel % yn is na chyfradd dynion.	Cyfradd ganolrifolfesul awr menywod ar gyfer pob £1 y mae dynion yn cael eu talu.
2017-2018	5.3%	95p	11.2%	89c
2018-2019	4.7%	95p	8.9%	91c
2019-2020	5.5%	94p	9.9%	90c
2020-2021	5.2%	95p	7.94%	92c
2021-2022	6.7%	93p	7.29%	93c
2022-2023	5.4%	95p	6.3%	94c
2023-2024	5.6%	95p	6.0%	93c
2024-2025	5.3%	95p	3.9%	96c
2025-2026	4.5%	95.5p	6.5%	93.5c

Casgliad

Wrth ddatblygu mentrau, mae'n hanfodol cofio bod ein hunaniaethau a'n profiadau yn gymhleth ac yn amrywiol. Er enghraifft, bydd menywod o leiafrifoedd ethnig, menywod ag anabledd, a menywod hoyw neu drawsrywiol yn cael profiadau gwahanol iawn. Mae angen inni fod yn ymwybodol o'r profiadau unigryw hyn a'r croestoriadedd.

Rydym yn parhau gyda'r daith o welliant. Mae angen i ni barhau i ymgorffori ein camau gweithredu i wella'r bwlch cyflog rhwng y rhywiau, hyrwyddo newid diwylliannol ac annog gwell profiad i weithwyr ar draws yr Ymddiriedolaeth. Mae amcanion wedi'u pennu yn ein Cynllun Cydraddoldeb Strategol ar gyfer 2024-2028 i sicrhau ein bod yn parhau i weithio tuag at gau'r bwlch cyflog rhwng y rhywiau.

Dim ond gyda'n gilydd y gallwn ddechrau datgelu haenau'r anghydraddoldebau



Gwneud WAST yn sefydliad gwirioneddol gynhwysol

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

Gender Pay Gap Report 2025-2026



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Introduction

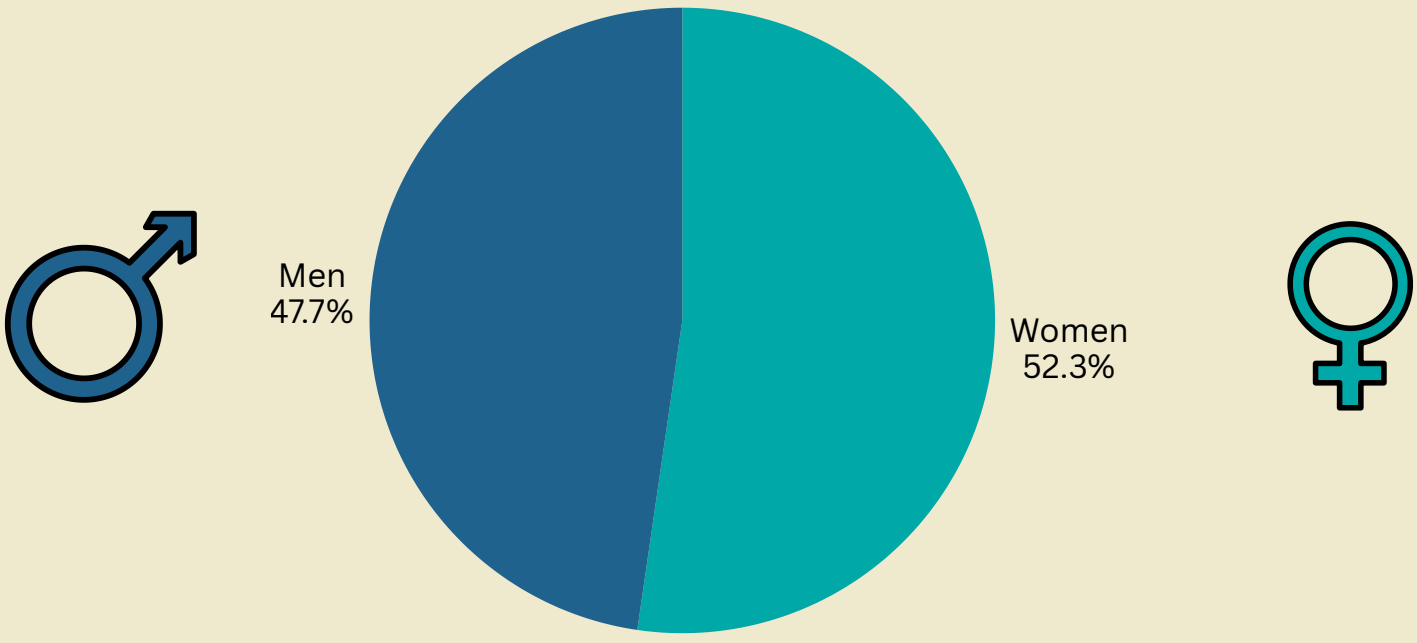
The gender pay gap reporting requirements are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people the Welsh Ambulance Services University NHS Trust must publish and report specific information about our gender pay gap both 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 measures the difference between the average earnings of men and women across an organisation.

This data is provided as an annual snapshot of the gender pay gap between 1st April 2025 and 31st March 2026.

As at 31st of March 2026, the Welsh Ambulance Service employed 2391 women and 2179 men. Therefore approximately 52.3% of the workforce were female and 47.7% were male. These figures include both substantive and bank staff.



Snapshot data as of 31 March 2026

Women's mean hourly rate is 4.5% lower than men's. On average, women are paid an hourly rate of £20.93 in comparison to men who are paid £21.93.

In other words when comparing mean hourly rates, women earn 95.5p for every £1 earned by men.

Women's median hourly rate is 6.5% lower than men's. The median hourly rate of pay for women is £19.72 in comparison to men which is £21.09

In other words when comparing median hourly rates, women earn paid 93.5p for every £1 earned by men.

No bonus payments were made during the reporting period; therefore, there is no mean or median bonus gender pay gap to report.



About mean and median

The mean hourly rate is the average hourly wage across the entire organisation, so the mean gender pay gap is a measure of the difference between women's mean hourly wage and men's mean hourly wage.

The median hourly rate is calculated by ranking all employees from the highest paid to the lowest paid and taking the hourly wage of the person in the middle; so, the median gender pay gap is the difference between women's median hourly wage and men's median hourly wage.

Quartile Data

Pay quartiles are calculated by splitting all employees in the organisation into four even groups according to their level of pay. Looking at the proportion of women in each quartile gives an indication of women's representation at different levels of the organisation.

Quartile 1: Lower Quartile

53.11%	♀
46.89%	♂

53% of the Lower Quartile are Women

Quartile 2: Lower Middle Quartile

58.59%	♀
41.41%	♂

59% of the Lower Middle Quartile are Women

Quartile 3: Upper Middle Quartile

49.25%	♀
50.75%	♂

49% of the Upper Middle Quartile are Women

Quartile 4: Upper Quartile

44.89%	♀
55.11%	♂

45% of the Upper Quartile are Women

Report interpretation:

- Women continue to be overrepresented in the lower and lower-middle pay quartiles.
- Men remain overrepresented in the upper-middle and upper pay quartiles.
- The upper quartile remains male-dominated, with 55.11% men compared with 44.89% women.

Comparison with last year:

Female representation in the upper quartile has improved from 43.09% in 2024–2025 to 44.89% in 2025–2026. However, women are still underrepresented in the highest-paid quartile.

Working Patterns

This table shows the proportion of male and female employees who work between part-time and full-time. The data shows that women are more likely than men to work part-time. Female part-time staff represent 14.42% of the total workforce, compared with 7.33% for male part-time staff. This remains relevant when considering the gender pay gap, as working patterns may affect workforce distribution across roles, pay bands and career progression opportunities.

Gender	Female	Male
Part time	659 (14.42%)	335 (7.33%)
Full Time	1,732 (37.90%)	1,844 (40.35%)

Gender	% working part-time within gender group
Female	27.56%
Male	15.37%

Women are nearly twice as likely as men to work part-time in this dataset.

This table demonstrates the distribution of male to female employees across the different pay bands in the organisation. Women are overrepresented in Bands 3, 4, 6 and 8d, while men are overrepresented in Bands 2, 5, 7, 8a, 8b and 8c. The data suggests that the gender pay gap is partly influenced by the distribution of men and women across pay bands, particularly where men remain overrepresented in some higher-paid bands.

Pay Band	Female	Male
Other	12 (0.26%)	10 (0.22%)
Band 2	47 (1.03%)	48 (1.05%)
Band 3	686 (15.01%)	526 (11.51%)
Band 4	206 (4.51%)	116 (2.54%)
Band 5	512 (11.20%)	530 (11.60%)
Band 6	596 (13.04%)	550 (12.04%)
Band 7	210 (4.60%)	264 (5.78%)
Band 8a	72 (1.58%)	82 (1.79%)
Band 8b	26 (0.57%)	27 (0.59%)
Band 8c	14 (0.31%)	17 (0.37%)
Band 8d	10 (0.22%)	9 (0.20%)
Total	2,391 (52.32%)	2,179 (47.68%)

Trend over time

When comparing the annual data over time, there is little fluctuation amongst the gender pay gap. We continue to work smarter to understand what is causing this gap and consider what we can do to reduce and eventually eliminate this gap in the future.

	Women's mean hourly rate as percentage (%) lower than men's.	Women's mean hourly rate for every £1 earned by men.	Women's median hourly rate as percentage (%) lower than men's.	Women's median hourly rate for every £1 earned by men.
2017-2018	5.3%	95p	11.2%	89p
2018-2019	4.7%	95p	8.9%	91p
2019-2020	5.5%	94p	9.9%	90p
2020-2021	5.2%	95p	7.94%	92p
2021-2022	6.7%	93p	7.29%	93p
2022-2023	5.4%	95p	6.3%	94p
2023-2024	5.6%	95p	6.0%	93p
2024-2025	5.3%	95p	3.9%	96p
2025-2026	4.5%	95.5p	6.5%	93.5p

Conclusion

When developing initiatives, it is essential to remember that we are many things and have different individual experiences. For example, women from ethnic minorities, women with a disability, and gay or trans women will have very different experiences. We need to be conscious of these unique experiences and intersectionality.

We continue the journey of improvement. We need to continue to embed our actions to improve the gender pay gap, promoting culture change and encouraging better employee experience across the Trust. Objectives have been set within our Strategic Equality Plan for 2024-2028 to ensure that we continue to work towards closing the gender pay gap.

Only together may we begin to peel back the layers of inequalities



Make WAST a truly inclusive organisation

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

ADRODDIAD MONITRO CYDRADDOLDEB Y GWEITHLU

2025-2026



Tabl Cynnwys

- Cyflwyniad
- Cefndir
- Data cydraddoldeb y gweithlu presennol
- Data cydraddoldeb pobl 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 2025-2026.

Mae'r adroddiad hwn yn darparu gwybodaeth monitro cydraddoldeb y gweithlu yn unol â gofynion y Ddeddf Cydraddoldeb 2010 a Dyletswydd Cydraddoldeb y Sector Cyhoeddus. Mae'n rhoi trosolwg o broffil gweithlu'r Ymddiriedolaeth ar 31 Mawrth 2026 ac yn cynnwys gwybodaeth sy'n ymwneud â nodweddion gwarchodedig, patrymau gwaith, staff a ymunodd â'r Ymddiriedolaeth a staff a adawodd yr Ymddiriedolaeth yn ystod y cyfnod adrodd.

Diben yr adroddiad hwn yw cefnogi tryloywder, monitro cynrychiolaeth y gweithlu, nodi meysydd i'w gwella a helpu'r Ymddiriedolaeth i barhau i adeiladu gweithlu sy'n gynhwysol ac yn adlewyrchu'r cymunedau y mae'n eu gwasanaethu.



Cefndir

Mae'r Ddeddf Cydraddoldeb 2010 a Dyletswydd Cydraddoldeb y Sector Cyhoeddus yn ei gwneud yn ofynnol i bob corff cyhoeddus gynhyrchu adroddiad blynyddol erbyn 31 Mawrth bob blwyddyn. Dylai cyrff cyhoeddus ddangos yn eu hadroddiadau blynyddol i ba raddau y maent wedi gallu bodloni tri phrif amcan y Ddyletswydd. Y rhain yw:

- Cael gwared ar wahaniaethu anghyfreithlon, aflonyddu, erledigaeth ac unrhyw ymddygiad arall a waherddir gan y Ddeddf;
- Hyrwyddo cydraddoldeb cyfle rhwng y bobl sy'n rhannu nodwedd warchodedig a'r rhai nad ydynt; a
- Meithrin perthnasoedd da rhwng y bobl sy'n rhannu nodwedd warchodedig a'r rhai nad ydynt.

Mae'r adroddiad blynyddol hefyd yn rhoi cyfle i gyrff cyhoeddus:

- Monitro ac adolygu cynnydd;
- Monitro ac adolygu effeithiolrwydd a phriodoldeb trefniadau;
- Adolygu amcanion a phrosesau yng ngoleuni deddfwriaeth newydd a datblygiadau newydd eraill;
- Ymgysylltu â rhanddeiliaid ynghylch y materion hyn, gan ddarparu tryloywder i bartneriaid a'r cyhoedd.

Mae Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru wedi cyhoeddi Adroddiad Blynyddol ei Chynllun Cydraddoldeb Strategol sy'n amlinellu ein cyflawniadau a'r cynnydd a wnaed tuag at gyflawni amcanion Dyletswydd Cydraddoldeb y Sector Cyhoeddus. Gellir dod o hyd i'r adroddiad hwn ar ein gwefan.

Mae'r adroddiad hwn yn rhoi gwybodaeth am ein data gweithlu. Mae hyn yn ein galluogi i edrych ar amrywiaeth ein gweithlu y gellir ei ddefnyddio i nodi bylchau a meysydd i'w gwella. Rydym yn cydnabod bod angen i'n gweithlu adlewyrchu'r boblogaeth rydym yn ei gwasanaethu er mwyn deall a diwallu anghenion ein defnyddwyr gwasanaeth yn llawn.



DATA CYDRADDOLDEB



Mae'r wybodaeth yn yr adroddiad hwn yn rhoi dadansoddiad o'n data cydraddoldeb gweithlu yn y meysydd canlynol:

- Staff mewn swydd a'u nodweddion gwarchodedig
- Patrwm gwaith wedi'i ddadansoddi yn ôl rhyw
- Staff sydd wedi ymuno â'r Ymddiriedolaeth gyda nodwedd warchodedig
- Staff sydd wedi gadael yr Ymddiriedolaeth gyda nodwedd warchodedig

Mae'n bwysig nodi bod y data a gynhwysir yn yr adroddiad hwn yn defnyddio'r data sydd wedi'i storio yn ein system cofnodion staff electronig. Mae'n gwbl wirfoddol i aelodau unigol o staff ddewis a ydynt am lanlwytho'r data hwn i'w cofnodion personol. Ar ôl dadansoddi'r data a gedwir ar ein system, rydym yn gwybod bod llawer o aelodau staff nad ydynt wedi darparu data personol yn yr adran monitro cydraddoldeb yn eu cofnodion staff.

Mae casglu data yn faes sydd wedi'i nodi ar gyfer gwella. Mae'r Ymddiriedolaeth yn cydnabod y dylai wneud mwy i gynyddu hyder gweithwyr wrth rannu'r data hwn a darparu sicrwydd i'r staff ar sut y bydd y data yn cael ei ddefnyddio a sicrhau preifatrwydd.

Mae'r data a ddarperir yn yr adroddiad hwn yn seiliedig ar gyfanswm nifer y staff ar 31 Mawrth 2026 sef 4,570. Sylwer nad yw'r ffigur hwn yn cynnwys ein haelodau staff banc.

DATA CYDRADDOLDEB

Cynyddodd staff o gefndiroedd Du, Asiaidd ac ethnig leiafrifol o 1.63% i 2.10%

Cynyddodd nifer y menywod o 50.5% i 52.32%

Cynyddodd nifer y staff ag anabledd o 7.94% i 9.65%

Cynyddodd nifer y staff sy'n nodi eu bod yn LHD+ o 5.72% i 6.50%

Noder: Ar hyn o bryd nid oes gan y system ESR y meysydd data i ganiatáu ar gyfer casglu data ar ailbennu rhywedd neu hunaniaeth rhywedd. Mae'r Ymddiriedolaeth wedi nodi y dylai unrhyw systemau newydd ganiatáu casglu statws hunaniaeth rhywedd. Mae cynlluniau eisoes ar y gweill yn genedlaethol i ddisodli'r system ESR bresennol.

Bandiau cyflog a Chontractau yn ôl Rhyw

Ceir rhagor o wybodaeth am ryw yn ein hadroddiad Bwlch Cyflog rhwng y Rhywiau 2025-2026

Band cyflog	% o fenywod	% o ddynion
Band 2	1.03%	1.05%
Band 3	15.01%	11.51%
Band 4	4.51%	2.54%
Band 5	11.20%	11.60%
Band 6	13.04%	12.04%
Band 7	4.60%	5.78%
Band 8A	1.58%	1.79%
Band 8B	0.57%	0.59%
Band 8C	0.31%	0.37%
Band 8D	0.22%	0.20%
Arall	0.26%	0.22%

Math o gontract	% o fenywod	% o ddynion
Amhenodol	0. 00%	0. 00%
Rhan Amser	14.42%	7.33%
Llawn Amser	37.90%	40.35%

Oedran

Band oedran	Nifer y bobl	%	CALI
<=20	45	0.98%	41.87
21-25	297	6.50%	286.49
26-30	501	10.96%	483.94
31-35	605	13.24%	569.76
36-40	554	12.12%	519.17
41-45	456	9.98%	428.74
46-50	488	10.68%	467.51
51-55	616	13.48%	585.64
56-60	540	11.82%	485.91
61-65	383	8.38%	311.96
66-70	69	1.51%	49.55
>=71 Years	16	0.35%	11.14
Cyfanswm terfynol	**4,570**	**100.00%**	**4,241.67**

Statws priodasol

Statws priodasol	Nifer y bobl	%	CALI
Mewn partneriaeth sifil	124	2.71	118.35
Wedi ysgaru	303	6.63	272.43
Wedi gwahanu'n gyfreithiol	51	1.12	46.55
Yn briod	2,061	45.10	1885.22
Yn sengl	1,658	36.28	1575.14
Anhysbys	296	6.48	273.40
Amhenodol	42	0.92	40.19
Yn weddw	35	0.77	30.39
Cyfanswm terfynol	**4,570**	**100.00**	**4,241.67**

Religion and Belief

Crefydd a chred	Nifer y bobl	%	CALI
Anffyddiaeth	1,226	26.83	1157.74
Bwdhaeth	15	0.33	14.64
Cristnogaeth	1,855	40.59	1706.24
Hindŵaeth	4	0.09	3.87
Islam	20	0.44	19.11
Iddewiaeth	2	0.04	1.85
Siciaeth	0	0	0
Heb ei ddatgan	713	15.60	668.75
Arall	519	11.36	486.58
Amhenodol	216	4.73	182.89
Cyfanswm	**4,570**	**100.00**	**4,241.67**

Cyfeiriadedd rhywiol

Cyfeiriadedd rhywiol	Nifer y bobl	%	FTE
Deurywiol	101	2.21	95.48
Hoyw neu lesbiaidd	179	3.92	172.90
Gwahanrywiol neu syth	3,734	81.71	3,471.97
Heb ddatgan	320	7.00	298.56
Cyfeiriadedd rhywiol arall nad yw wedi'i restru	17	0.37	16.80
Heb benderfynu	10	0.22	9.50
Amhenodol	209	4.57	176.47
Cyfanswm	4,570	100.00	4,241.67

Ethnigrwydd

Grŵp Ethnig	Nifer y bobl	%	CALI
A Gwyn - Prydeinig	3,535	77.35%	3314.65
B Gwyn – Gwyddelig	28	0.61%	25.74
C Gwyn – unrhyw gefndir Gwyn arall	66	1.44%	63.05
C2 Gwyn Gwyddel/Gwyddeles o Ogledd Iwerddon	2	0.04%	2.00
C3 Gwyn Amhenodol	35	0.77%	30.49
CA Gwyn Seisnig	35	0.77%	30.69
CB Gwyn Albanaidd	0	0.00%	0
CC Gwyn Cymreig	364	7.96%	321.74
CX Gwyn Cymysg	1	0.02%	1.00
CY Gwyn Ewropeaidd Arall	4	0.09%	3.80
D Cymysg – Gwyn a Du Caribïaidd	5	0.11%	5.00
E Cymysg – Gwyn a Du Affricanaidd	4	0.09%	2.80
F Cymysg – Gwyn ac Asiaidd	14	0.31%	13.14
G Cymysg – Unrhyw gefndir cymysg arall	13	0.28%	11.32
GC Cymysg - Du a Gwyn	1	0.02%	1.00
GD Cymysg - Tsieineaidd a Gwyn	1	0.02%	0.61
GF Cymysg - Arall/Amhenodol	1	0.02%	1
H Asiaidd neu Asiaidd Prydeinig – Indiaidd	10	0.22%	9.87
J Asiaidd neu Asiaidd Prydeinig – Pacistanaidd	6	0.13%	5.71
K Asiaidd neu Asiaidd Prydeinig – Bangladeshaidd	3	0.07%	2.33
L Asiaidd neu Asiaidd Prydeinig – unrhyw gefndir Asiaidd arall	5	0.11%	5
LH Asiaidd Prydeinig	1	0.02%	1
M Du neu Ddu Prydeinig – Caribïaidd	5	0.11%	4.84
N Du neu Ddu Prydeinig – Affricanaidd	14	0.31%	13.40
R Tsieineaidd	3	0.07%	2.1
S Unrhyw grŵp ethnig arall	6	0.13%	5.60
SC Ffilipinaidd	2	0.04%	2.00
SE Arall Penodedig	2	0.04%	1.43
Amhenodol	218	4.77%	186.03
Z Heb ei ddatgan	186	4.07%	174.33
Cyfanswm	**4,570**	**100.00%**	**4,241.67**

Anabledd

Baner anabledd	Nifer y bobl	%	CALI
Dim anabledd	3,579	78.32	3,341.28
Heb ei ddatgan	271	5.93	246.34
Gwell gennyf beidio ag ateb	25	0.55	24.15
Amhenodol	254	5.56	221.41
Yn anabl	441	9.65	408.50
Cyfanswm	**4,570**	**100.00**	**4,241.67**

Pobl sydd wedi ymuno â'r Ymddiriedolaeth

Rhwng 1 Ebrill 2025 a 31 Mawrth 2026, penodwyd 535 o staff i swyddi o fewn yr Ymddiriedolaeth.

Roedd 59.25% yn fenywod
Roedd 40.75% yn ddynion

Dywedodd 11.40% eu bod yn LHD+

Roedd 5.42% o gefndir Du, Asiaidd ac ethnig leiafrifol

Roedd gan 11.96% anabledd.









Pobl sydd wedi gadael yr Ymddiriedolaeth

Rhwng 1 Ebrill 2025 a 31 Mawrth 2026, gadawodd 378 o bobl yr Ymddiriedolaeth.

Roedd 50.26% yn fenywod

Dywedodd 6.08% eu bod yn LHD+

Roedd 2.63% o gefndiroedd Du, Asiaidd ac ethnig leiafrifol

Roedd gan 9.26% anabledd

Roedd 49.74% yn ddynion

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

WORKFORCE EQUALITY MONITORING REPORT 2025-2026



Table of Contents

- Introduction
- 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 Services University NHS Trust Workforce Equality Monitoring Report for 2025–2026.

This report provides workforce equality monitoring information in line with the Equality Act 2010 and the Public Sector Equality Duty. It gives an overview of the Trust's workforce profile as of 31 March 2026 and includes information relating to protected characteristics, working patterns, staff who joined the Trust and staff who left the Trust during the reporting period.

The purpose of this report is to support transparency, monitor workforce representation, identify areas for improvement, and help the Trust continue to build a workforce that is inclusive and reflective of the communities it serves.



Background

The Equality Act 2010 and Public Sector Equality Duty require all public bodies to produce an annual report by 31st March each year. Public bodies should demonstrate in their annual reports to what extent they have been able to meet the three main objectives of the Duty. These are:

- To eliminate unlawful discrimination, harassment, victimisation, and any other conduct prohibited by the Act.
- To advance equality of opportunity between people who share a protected characteristic and people who do not share it
- To foster good relations between people who share a protected characteristic and people who do not share it.

The annual report also provides public bodies with the opportunity to:

- Monitor and review progress.
- Monitor and review the effectiveness and appropriateness of arrangements.
- Review objectives and processes considering new legislation and other new developments.
- Engage with stakeholders around these issues, providing partners and the public with transparency.

Welsh Ambulance Services University NHS Trust has published its Strategic Equality Plan Annual Report which outlines our achievements and the progress made towards meeting the objectives of the Public Sector Equality Duty. This report can be found on our website.

This report provides information on our workforce data. This allows us to look at the diversity of our workforce which can be used to identify gaps and areas for improvement. We recognise that to fully understand and meet the needs of our service users, our workforce needs to be reflective of the population we serve.



EQUALITY DATA



The information in this report provides a breakdown of our workforce equality data in the following areas:

- Staff in post and their protected characteristics
- Working pattern broken down by sex
- Staff who have joined the Trust with a protected characteristic
- Staff who have left the Trust with a protected characteristic

It is important to note that the data included in this report uses the data stored in our electronic staff record system. It is entirely voluntary for individual members of staff to choose whether they wish to upload this data to their personal records. Upon analysis of the data held on our system, we know that there are many members of staff who have not provided personal data on the equality monitoring section of their staff records.

Data capture is an area that has been identified for improvement. The Trust acknowledges that it must do more to increase employee confidence in sharing this data, in providing assurance to staff on how the data will be used and ensuring confidentiality.

The data provided in this report is based on the total headcount of staff as of 31 March 2026 which was 4,570. Please note that this figure does not include our bank members of staff.

EQUALITY DATA

Staff from Black Asian and Minority Ethnic backgrounds increased from 1.63% to 2.10%

Women increased from 50.5% to 52.32%

Staff with a disability increased from 7.94% to 9.65%

Staff who identify as LGB+ increased from 5.72% to 6.50%

Please note: The ESR system currently does not have the data fields to allow for the collection of data on gender reassignment or gender identity. The Trust has requested that any new systems allow the collation of gender identity status. Plans are already underway nationally to replace the current ESR system

Banding and Contracts by Gender

Further information on gender can be found in our Gender Pay Gap report 2025-2026

Pay band	Female %	Male %
Band 2	1.03%	1.05%
Band 3	15.01%	11.51%
Band 4	4.51%	2.54%
Band 5	11.20%	11.60%
Band 6	13.04%	12.04%
Band 7	4.60%	5.78%
Band 8A	1.58%	1.79%
Band 8B	0.57%	0.59%
Band 8C	0.31%	0.37%
Band 8D	0.22%	0.20%
Other	0.26%	0.22%

Contract Type	Female %	Male %
Unspecified	0. 00%	0. 00%
Part Time	14.42%	7.33%
Full Time	37.90%	40.35%

Age

Age Band	Headcount	%	FTE
<=20 Years	45	0.98%	41.87
21-25	297	6.50%	286.49
26-30	501	10.96%	483.94
31-35	605	13.24%	569.76
36-40	554	12.12%	519.17
41-45	456	9.98%	428.74
46-50	488	10.68%	467.51
51-55	616	13.48%	585.64
56-60	540	11.82%	485.91
61-65	383	8.38%	311.96
66-70	69	1.51%	49.55
>=71 Years	16	0.35%	11.14
Grand Total	**4,570**	**100.00%**	**4,241.67**

Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	124	2.71	118.35
Divorced	303	6.63	272.43
Legally Separated	51	1.12	46.55
Married	2,061	45.10	1885.22
Single	1,658	36.28	1575.14
Unknown	296	6.48	273.40
Unspecified	42	0.92	40.19
Widowed	35	0.77	30.39
Grand Total	**4,570**	**100.00**	**4,241.67**

Religion and Belief

Religion and Belief	Headcount	%	FTE
Atheism	1,226	26.83	1157.74
Buddhism	15	0.33	14.64
Christianity	1,855	40.59	1706.24
Hinduism	4	0.09	3.87
Islam	20	0.44	19.11
Judaism	2	0.04	1.85
Sikhism	0	0	0
Not Disclosed	713	15.60	668.75
Other	519	11.36	486.58
Unspecified	216	4.73	182.89
Grand Total	**4,570**	**100.00**	**4,241.67**

Sexual Orientation

Sexual Orientation	Headcount	%	FTE
Bisexual	101	2.21	95.48
Gay or Lesbian	179	3.92	172.90
Heterosexual or Straight	3,734	81.71	3,471.97
Not Disclosed	320	7.00	298.56
Other sexual orientation not listed	17	0.37	16.80
Undecided	10	0.22	9.50
Unspecified	209	4.57	176.47
Grand Total	**4,570**	**100.00**	**4,241.67**

Ethnicity

Ethnic Group	Headcount	%	FTE
A White - British	3,535	77.35%	3314.65
B White - Irish	28	0.61%	25.74
C White - Any other White background	66	1.44%	63.05
C2 White Northern Irish	2	0.04%	2.00
C3 White Unspecified	35	0.77%	30.49
CA White English	35	0.77%	30.69
CB White Scottish	0	0.00%	0
CC White Welsh	364	7.96%	321.74
CX White Mixed	1	0.02%	1.00
CY White Other European	4	0.09%	3.80
D Mixed - White & Black Caribbean	5	0.11%	5.00
E Mixed - White & Black African	4	0.09%	2.80
F Mixed - White & Asian	14	0.31%	13.14
G Mixed - Any other mixed background	13	0.28%	11.32
GC Mixed - Black & White	1	0.02%	1.00
GD Mixed - Chinese & White	1	0.02%	0.61
GF Mixed - Other/Unspecified	1	0.02%	1
H Asian or Asian British - Indian	10	0.22%	9.87
J Asian or Asian British - Pakistani	6	0.13%	5.71
K Asian or Asian British - Bangladeshi	3	0.07%	2.33
L Asian or Asian British - Any other Asian background	5	0.11%	5
LH Asian British	1	0.02%	1
M Black or Black British - Caribbean	5	0.11%	4.84
N Black or Black British - African	14	0.31%	13.40
R Chinese	3	0.07%	2.1
S Any Other Ethnic Group	6	0.13%	5.60
SC Filipino	2	0.04%	2.00
SE Other Specified	2	0.04%	1.43
Unspecified	218	4.77%	186.03
Z Not Stated	186	4.07%	174.33
Grand Total	**4,570**	**100.00%**	**4,241.67**

Disability

Disability Flag	Headcount	%	FTE
No	3,579	78.32	3,341.28
Not Declared	271	5.93	246.34
Prefer Not To Answer	25	0.55	24.15
Unspecified	254	5.56	221.41
Yes	441	9.65	408.50
Grand Total	4,570	100.00	4,241.67

People who have joined the Trust

Between 1st April 2025 – 31st March 2026, 535 staff were appointed to positions within the Trust.

59.25% were Female
40.75% were Male

11.40% identified as LGB+

5.42% were from Black, Asian Minority Ethnic background

11.96% had a disability.

People who have left the Trust

Between 1st April 2025 – 31st March 2026, 378 people left the Trust.

50.26 % were Female

6.08% identified as LGB+

2.63% were from Black, Asian Minority Ethnic background

9.26% had a disability

49.74% were Men











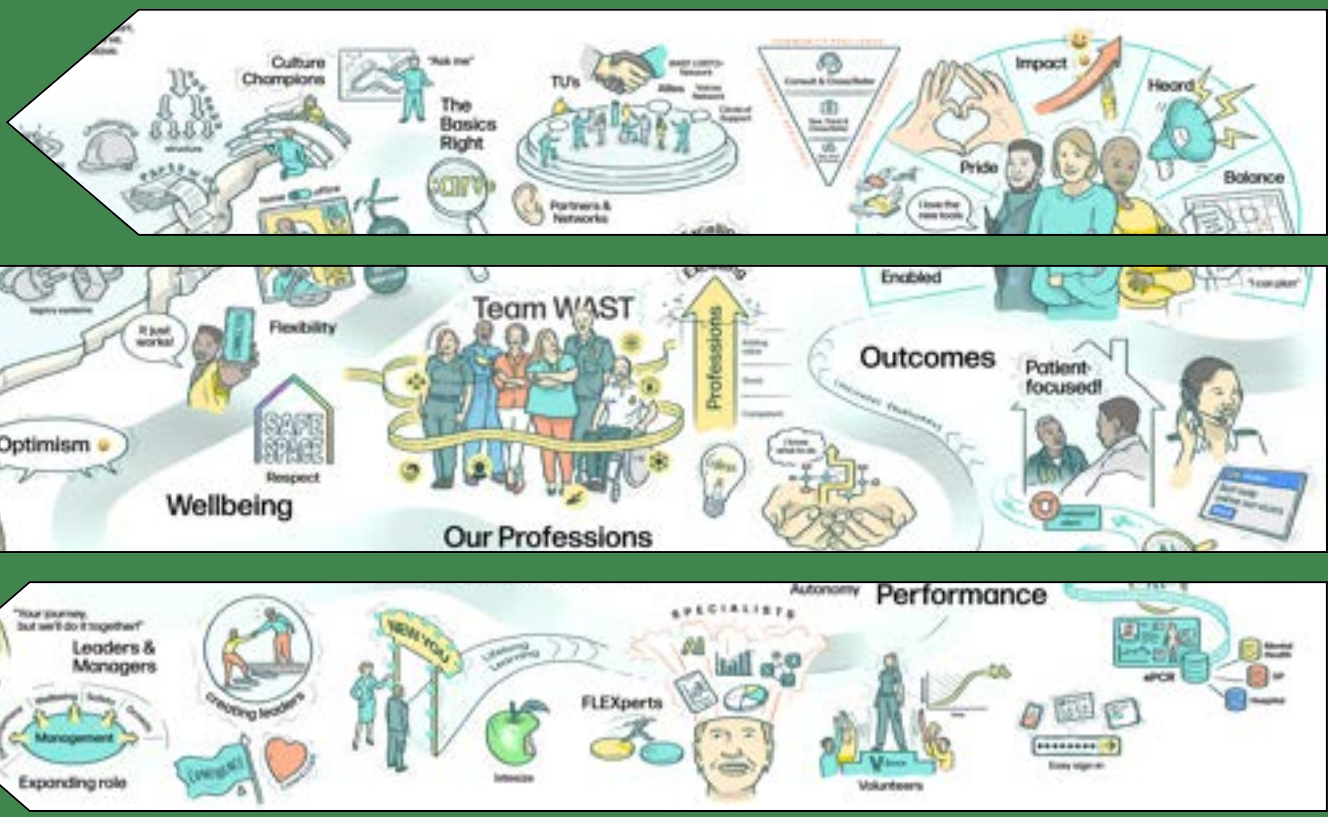




Ymddiriedolaeth Brifysgol GIG
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Welsh Ambulance Services
University NHS Trust

SPEAKING UP SAFELY

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



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

A NOTE FROM SUS BOARD CHAMPIONS



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

Ceri Jackson- Non-Executive Director

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

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

Angie Lewis- Director of Culture Change



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EXECUTIVE SUMMARY

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

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

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

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

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

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

SPEAKING UP SAFELY- AWARENESS

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



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

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

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

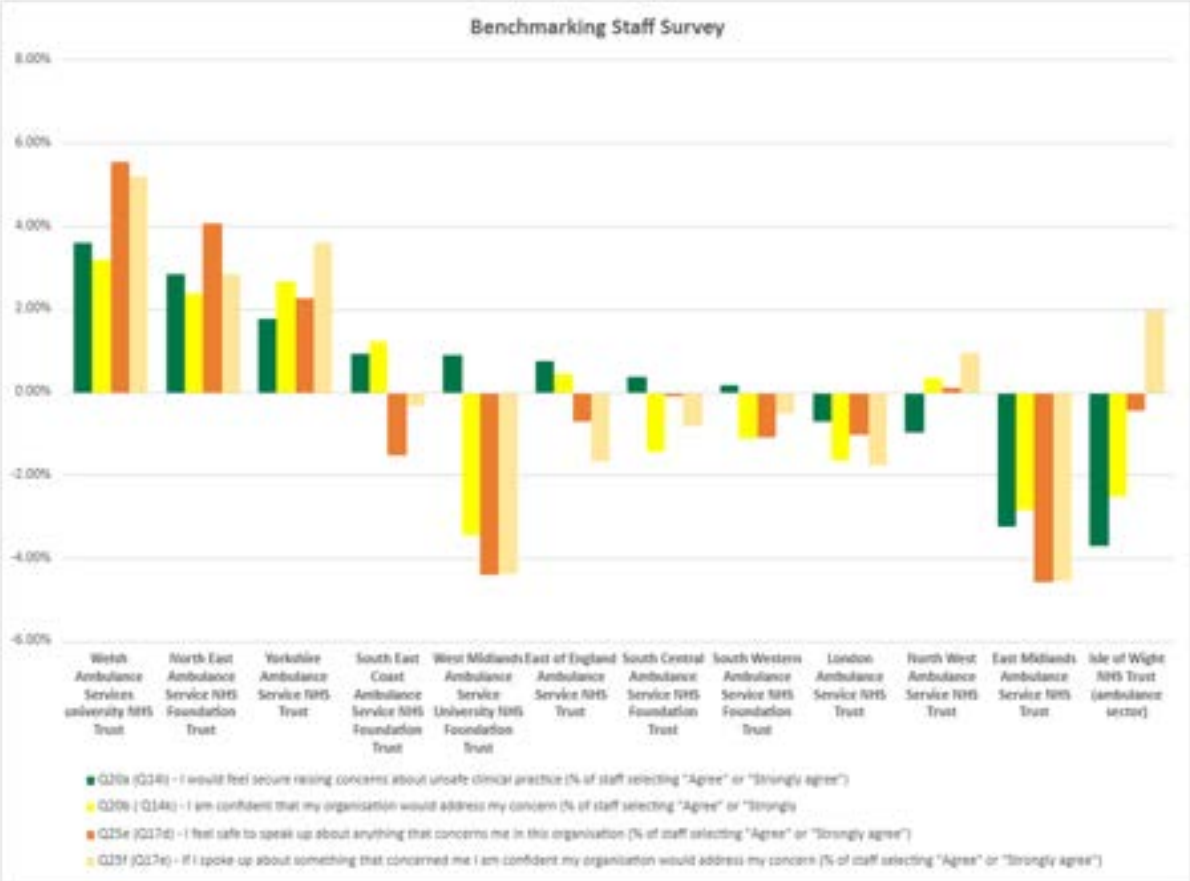


SPEAKING UP SAFELY- SHARING CURRENT BEST PRACTICE

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

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

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



SPEAKING UP SAFELY- SHARING CURRENT BEST PRACTICE

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

Immediate feedback from the session included:

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

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

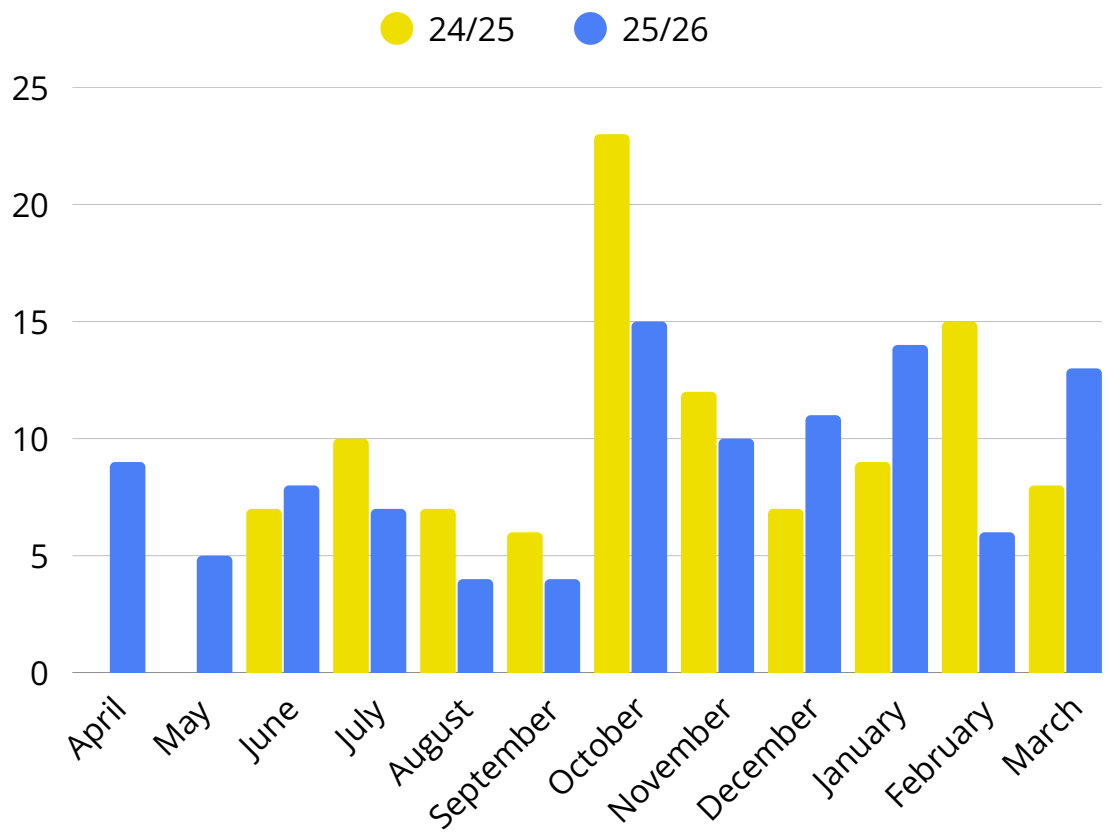
Our work on Speaking up Safely has been cited as best practice across the NHS in Wales and we are working closely with Welsh Government to share learning and tools.

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



OVERVIEW OF CONCERNS

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

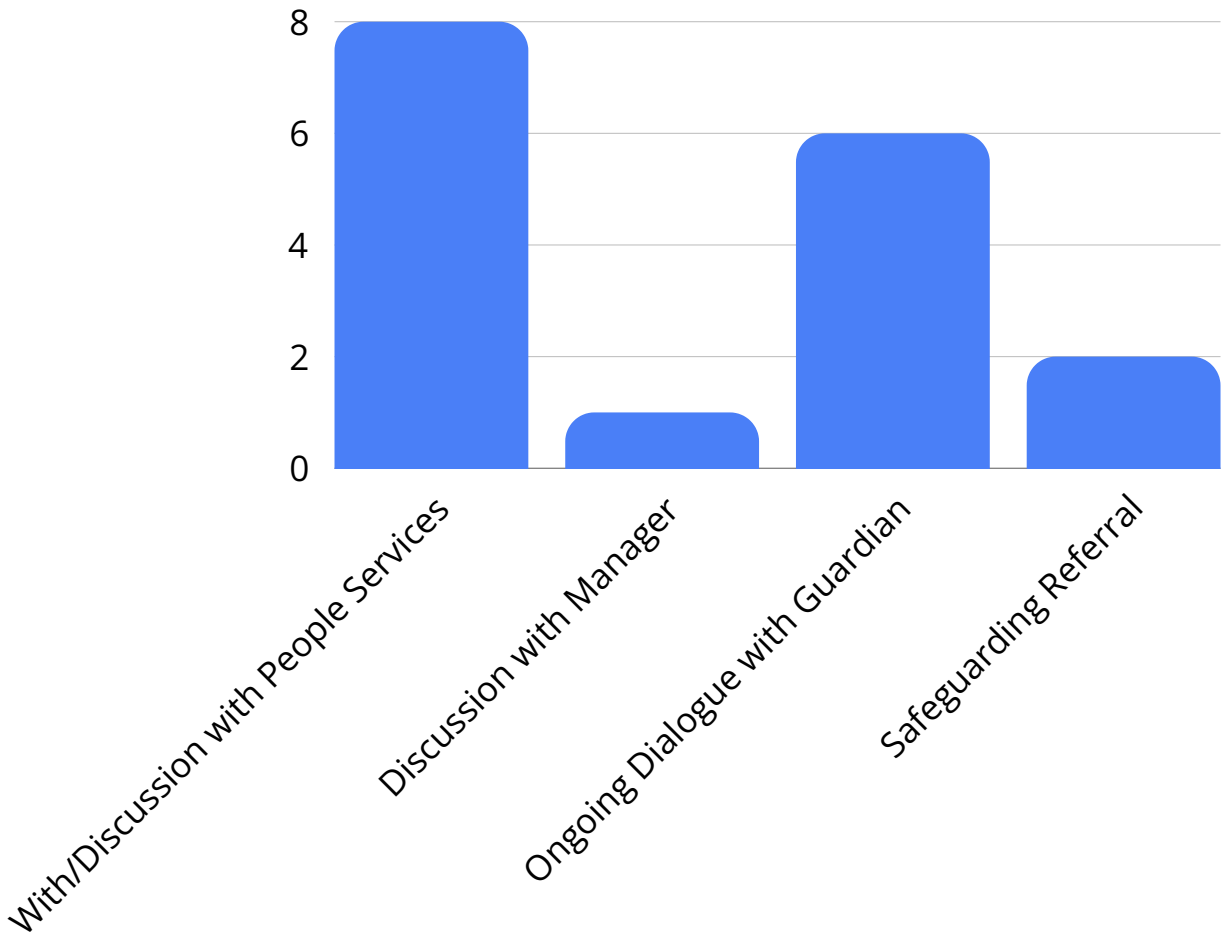


As per usual Q3 is when most concerns were raised with SUS. We believe this to be a link to our annual October Speaking up Safely month. There was also a spike in concerns in March 2026, especially in comparison to the previous year. The hypothesis that cross directorate working between ourselves and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

CONCERNS: OPENED AND CLOSED

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

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

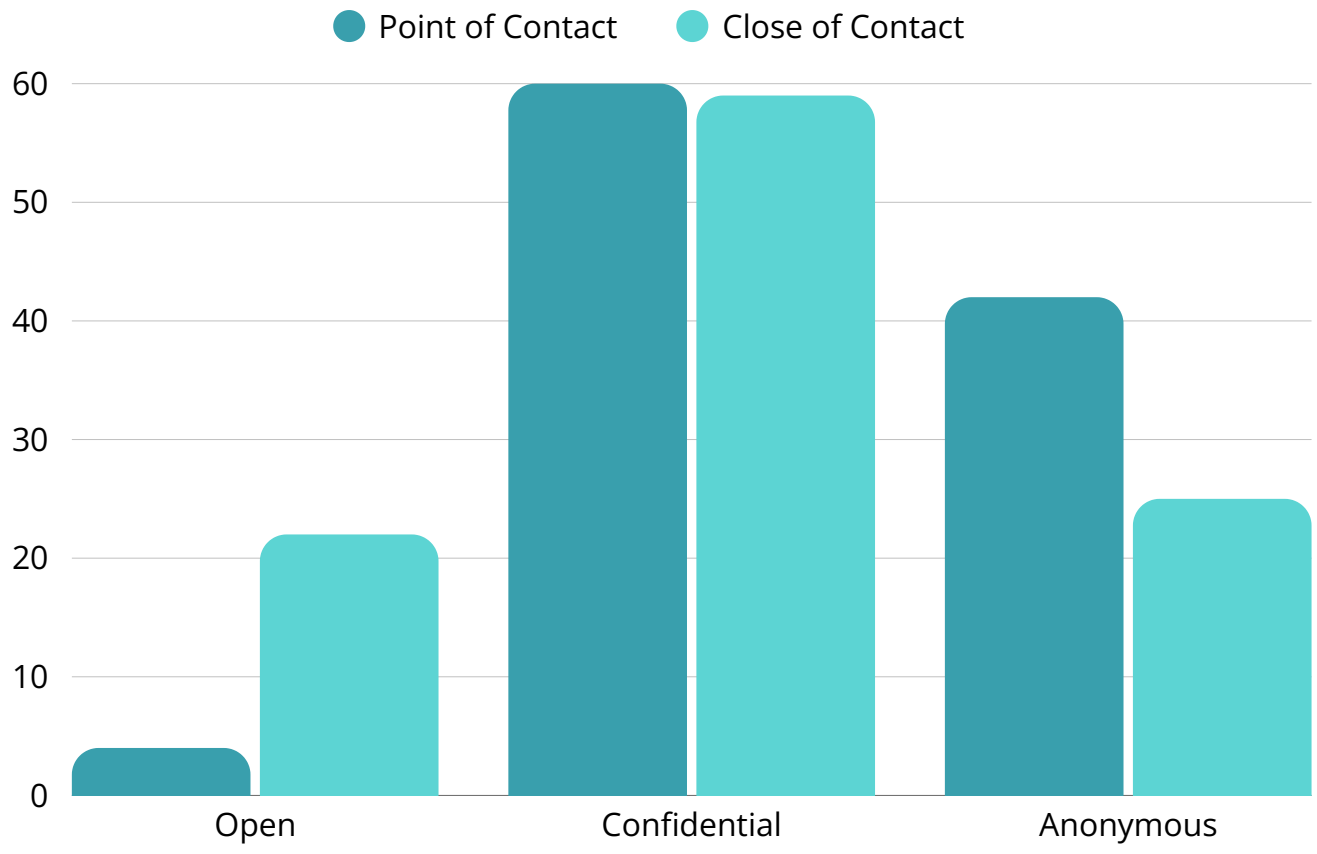


CONFIDENTIALITY

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

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

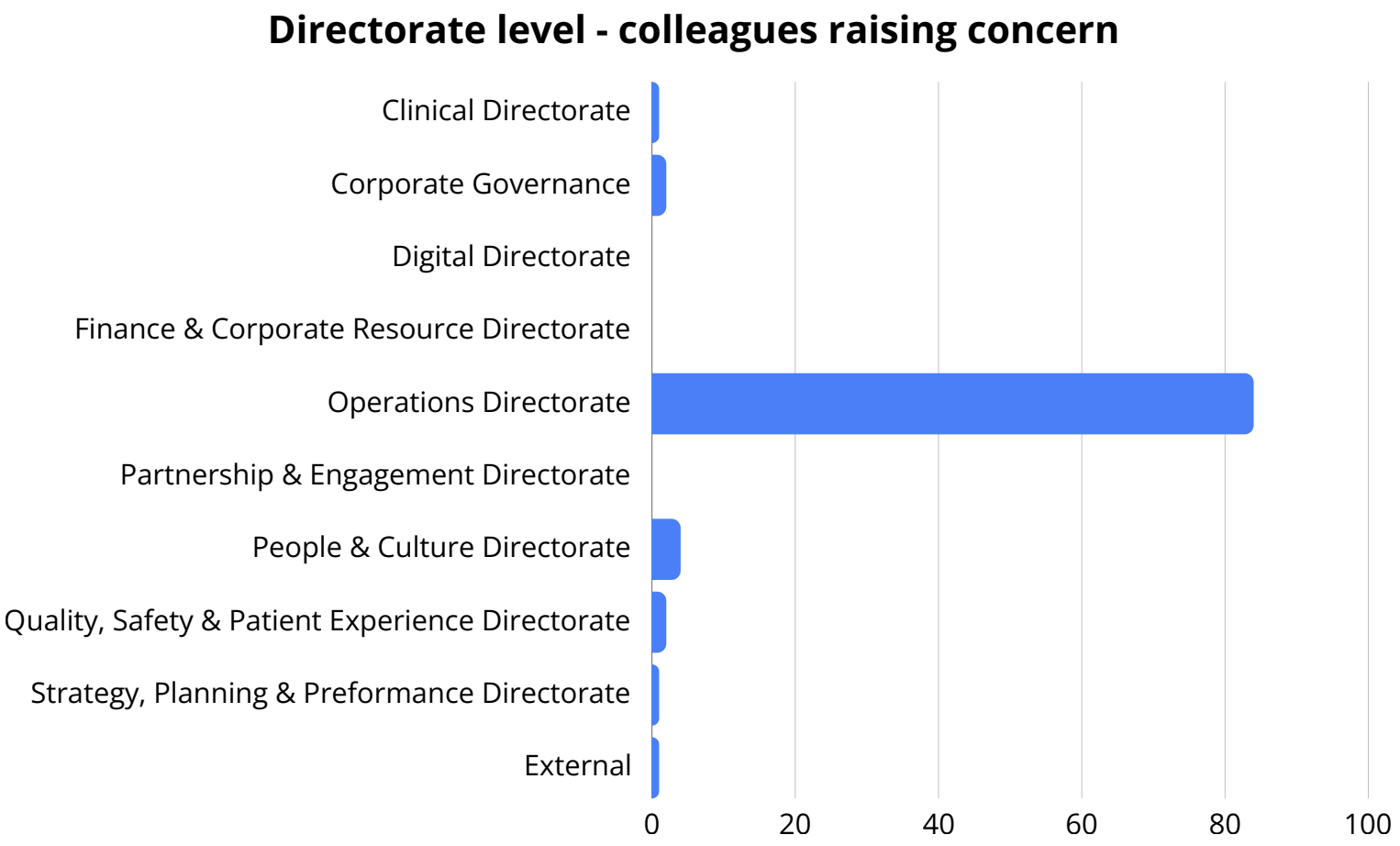
This suggests that once the conversation begins, the rapport and trust increases greatly to allow for this move.



Confidentiality continues to be an area of improvement for the Trust, patient confidentiality is seen as non negotiable and we need to move to a culture where colleague confidentiality is known to be respected by continuing to build trust in our teams.

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

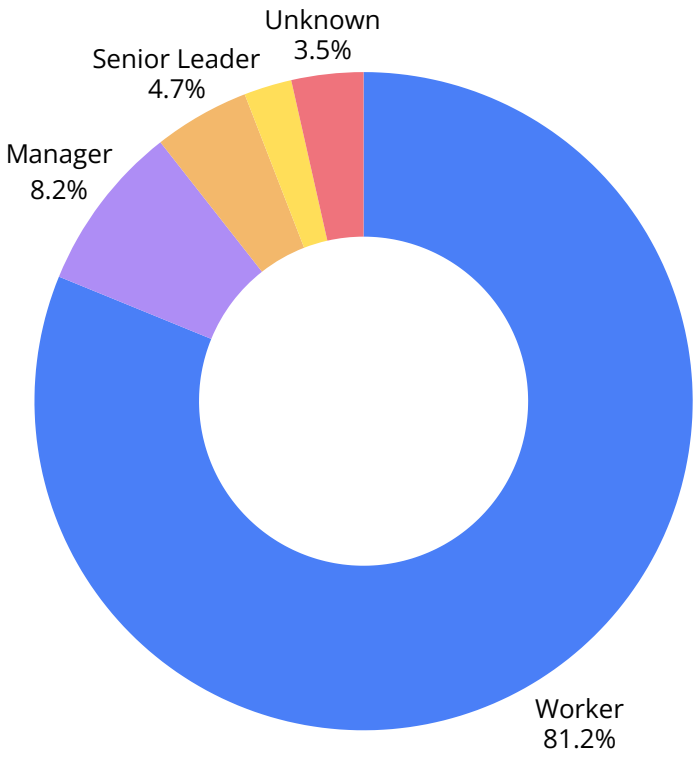
STAFF GROUPS



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

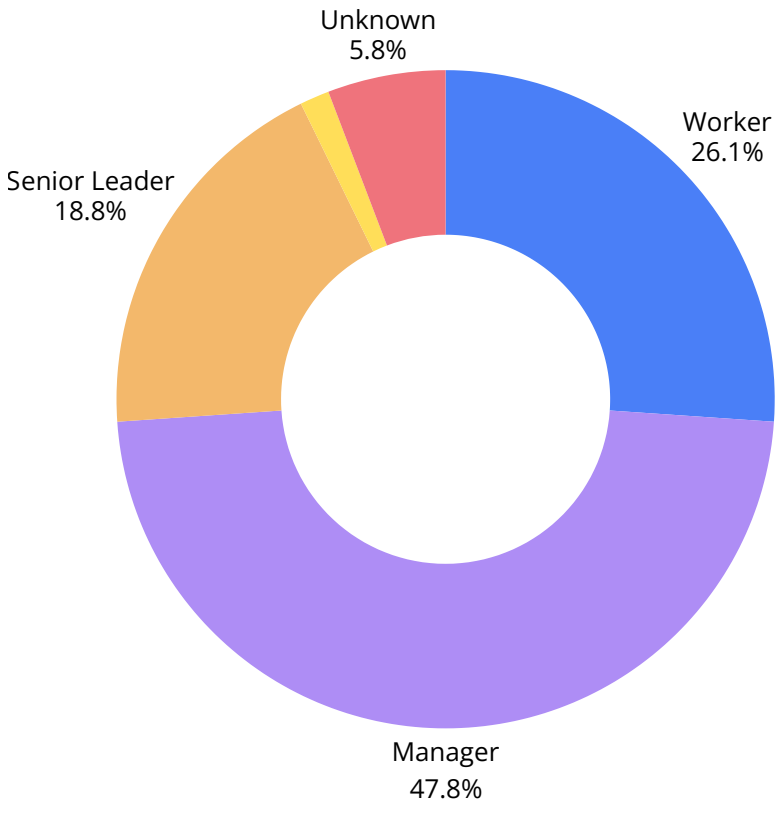
STAFF GROUPS

Level of Person Speaking up

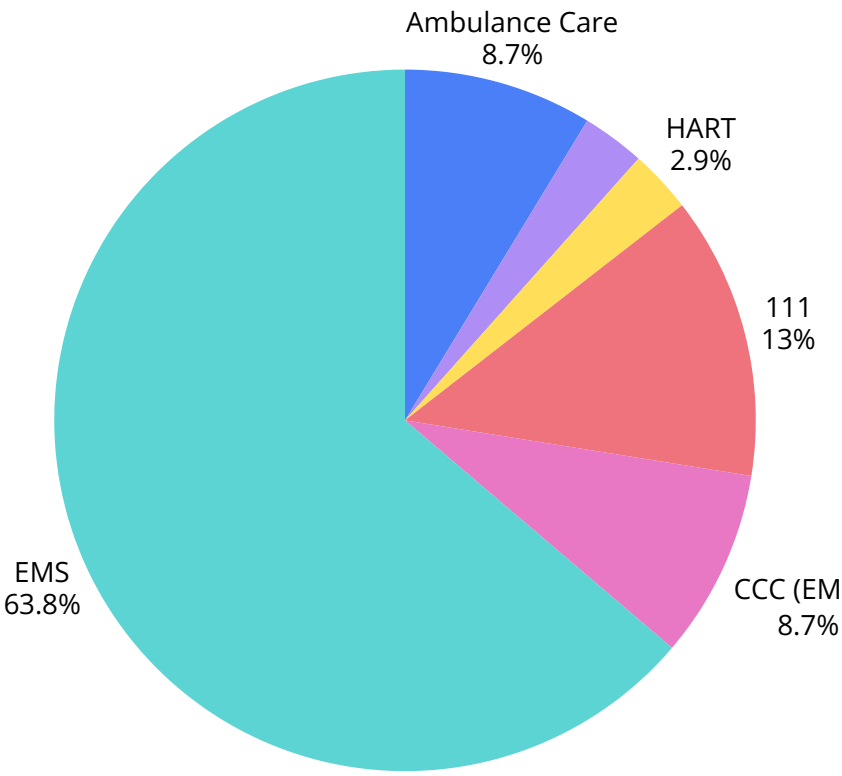


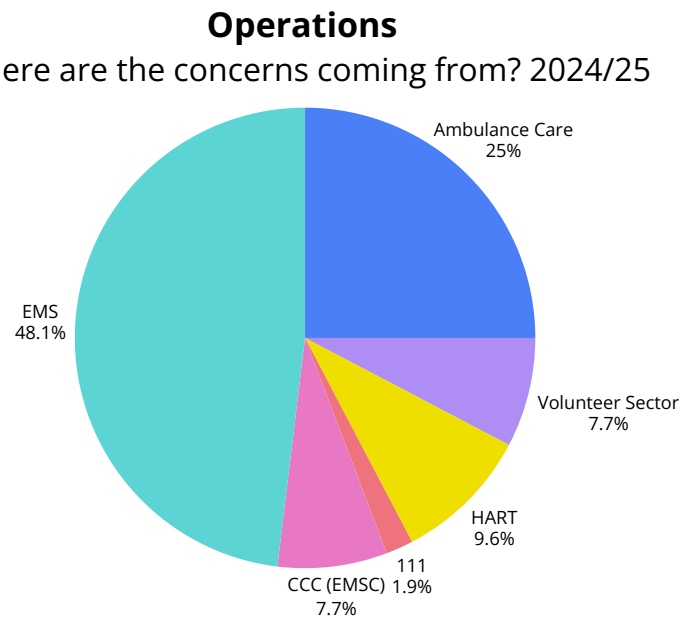
This data shows that the majority of people speak up about someone more senior to them. It also shows that we have a range of people speaking up, including very senior leaders. Further supporting the narrative that concerns and the ability to speak up is not limited in WAST.

Level of Person Spoken up about



OPERATIONS- DEEP DIVE



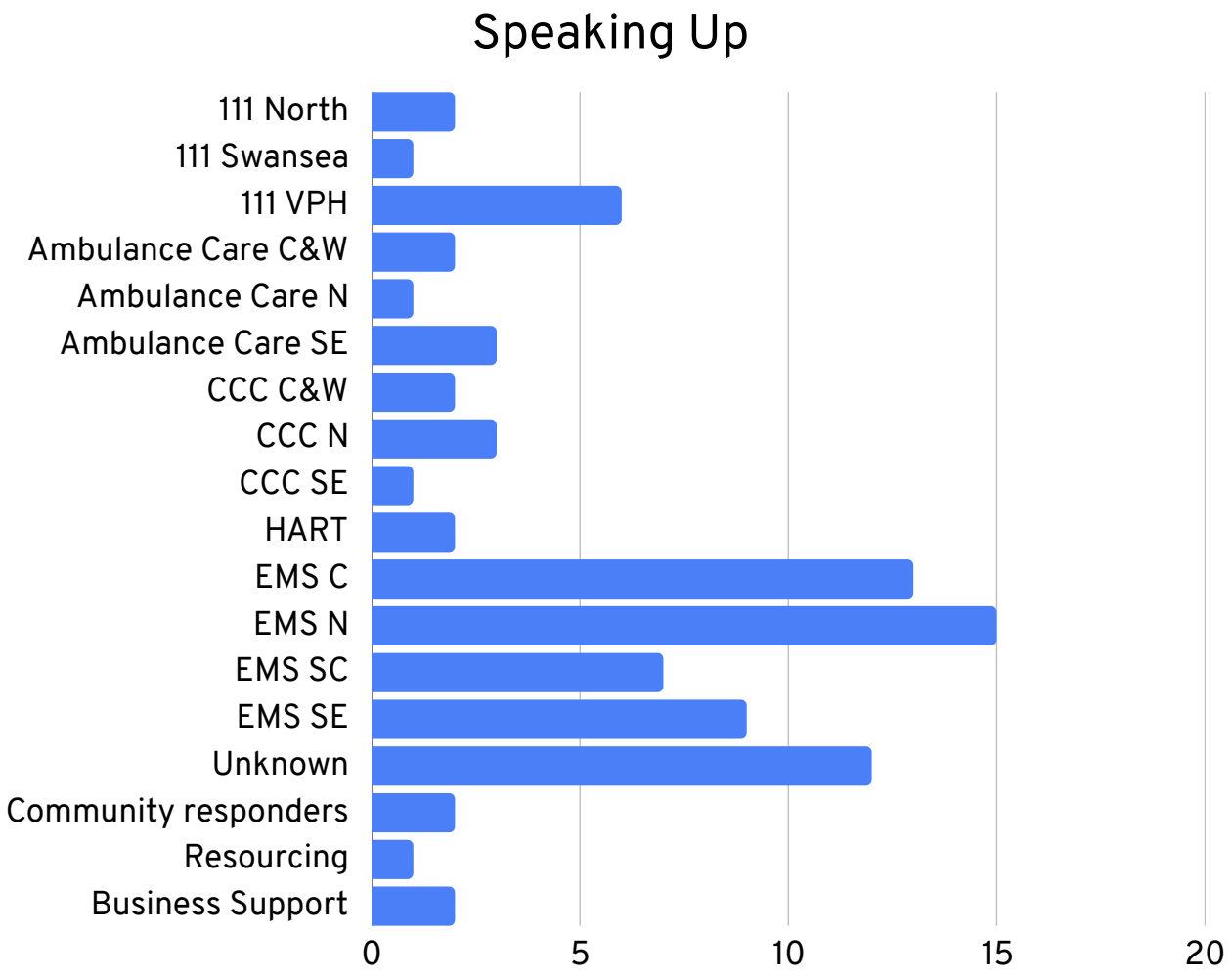


Comparing the data from year 24/25 to 25/26 shows that there has been an increase in concerns to SUS from both our EMS and NHS111 colleagues. There has also been a decrease in concerns from Ambulance care and from our HART department.

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

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

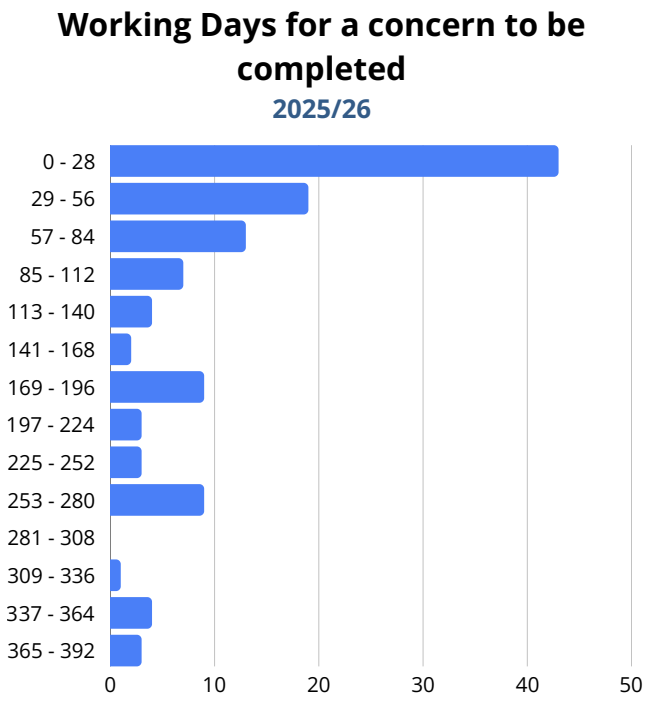
AREAS

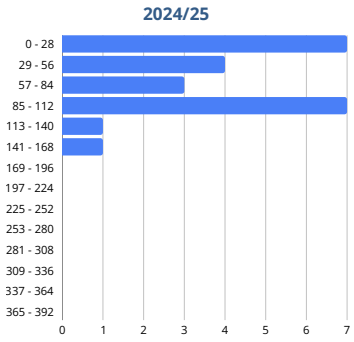


The chart above signifies that EMS N and EMS C is where most people are likely to speak up from in the operations directorate.

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

STAFF GROUPS





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

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

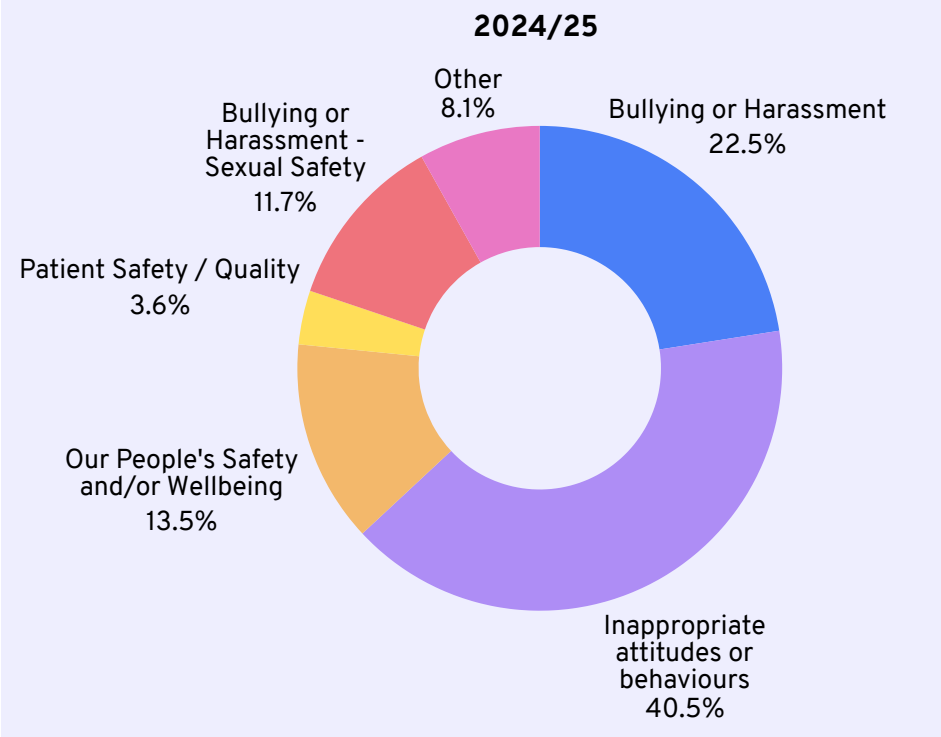
- Investigation, People Services or Case review
- Discussions with a Senior manager or Manager

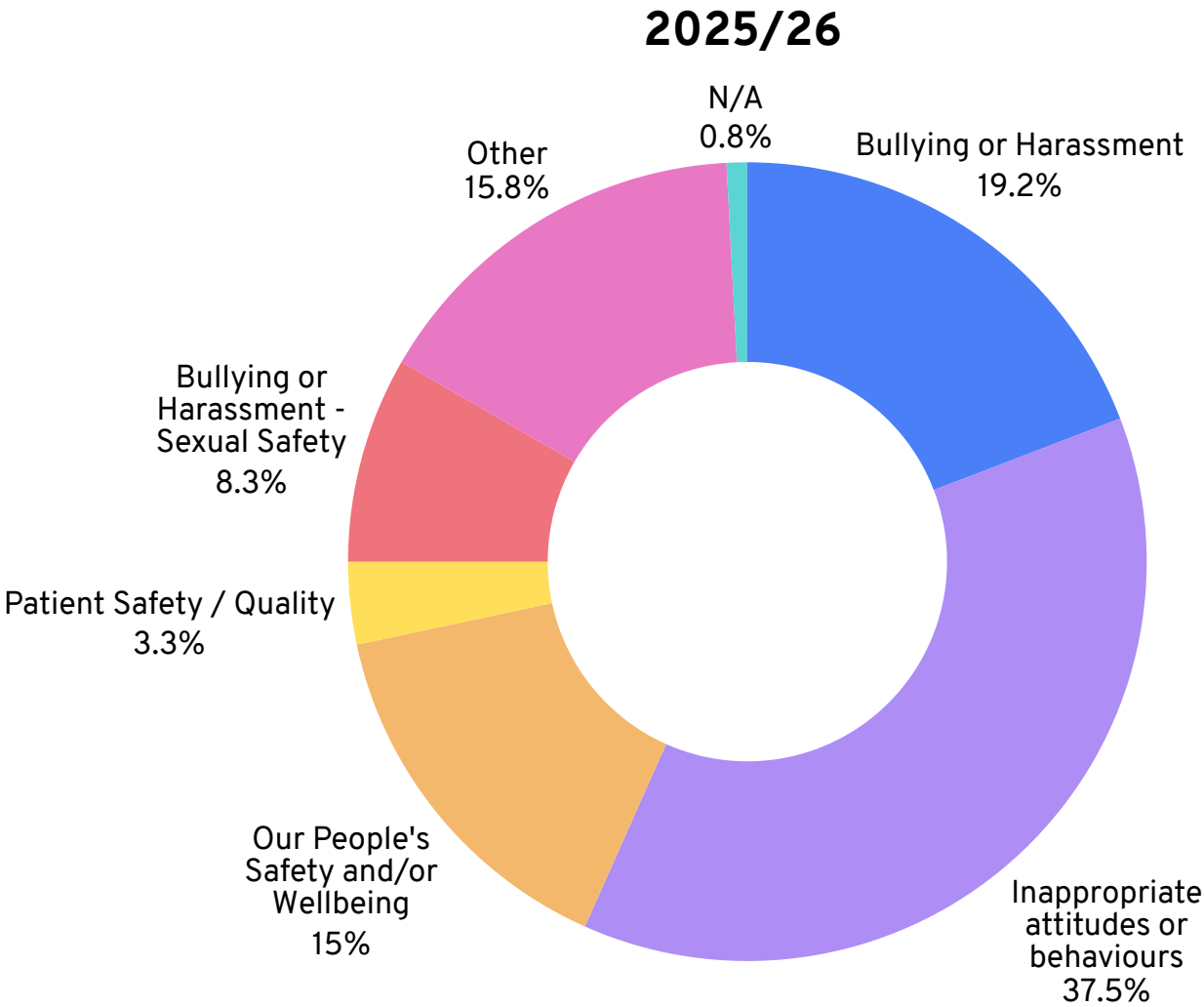
The increase may also supports that the concerns are more complex.

REASONS

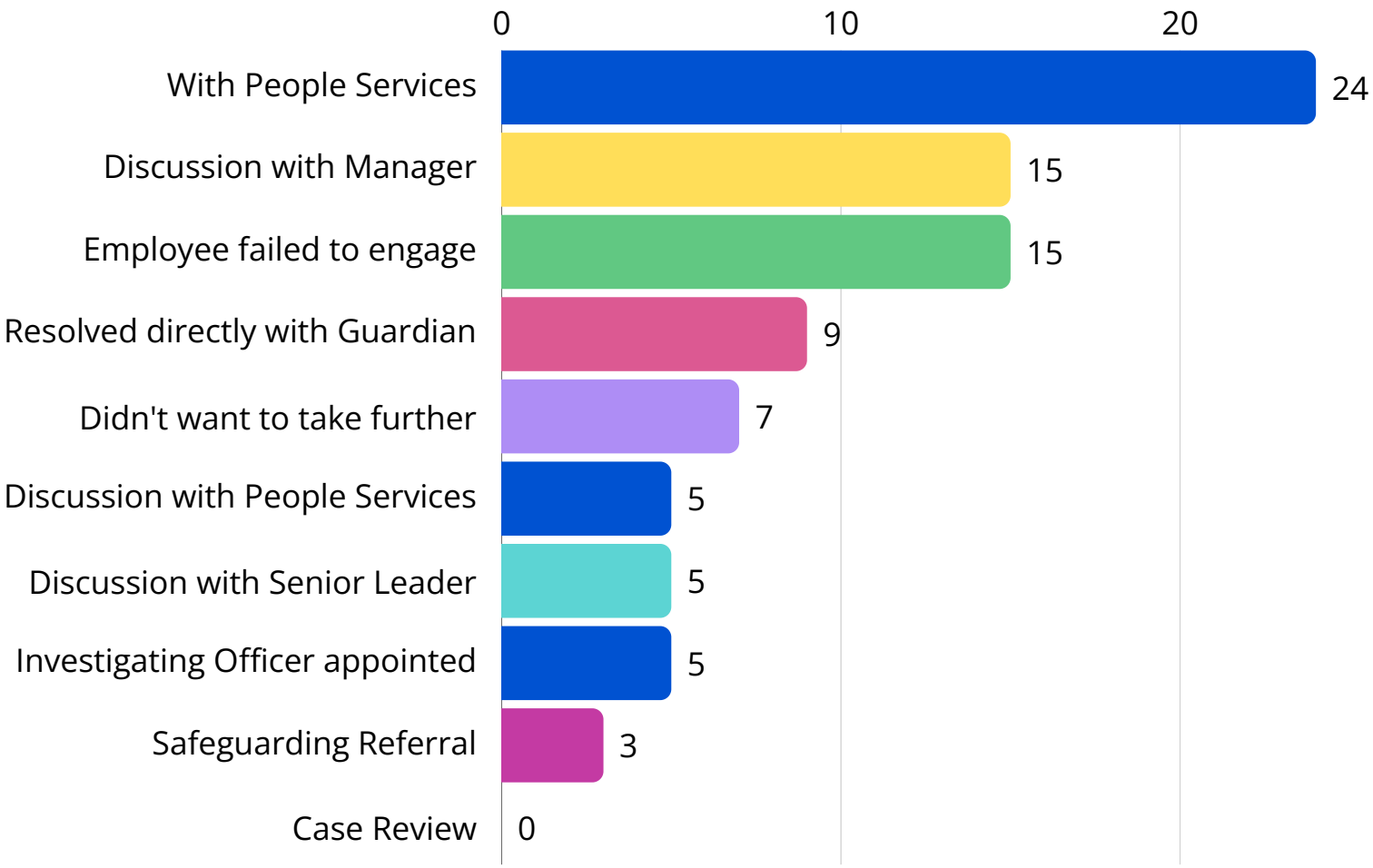
Incivility continues to be the main reason people come to SUS with a concern. Those who have experienced bullying and harassment or inappropriate behaviours make up 65% of all SUS cases in 25/26.

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





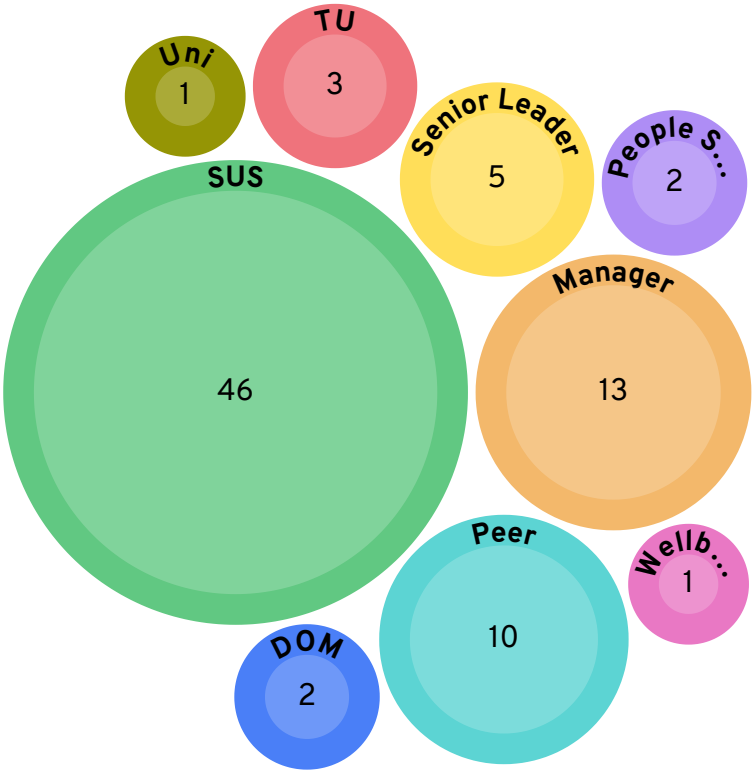
OUTCOMES



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

INTERESTING DATA

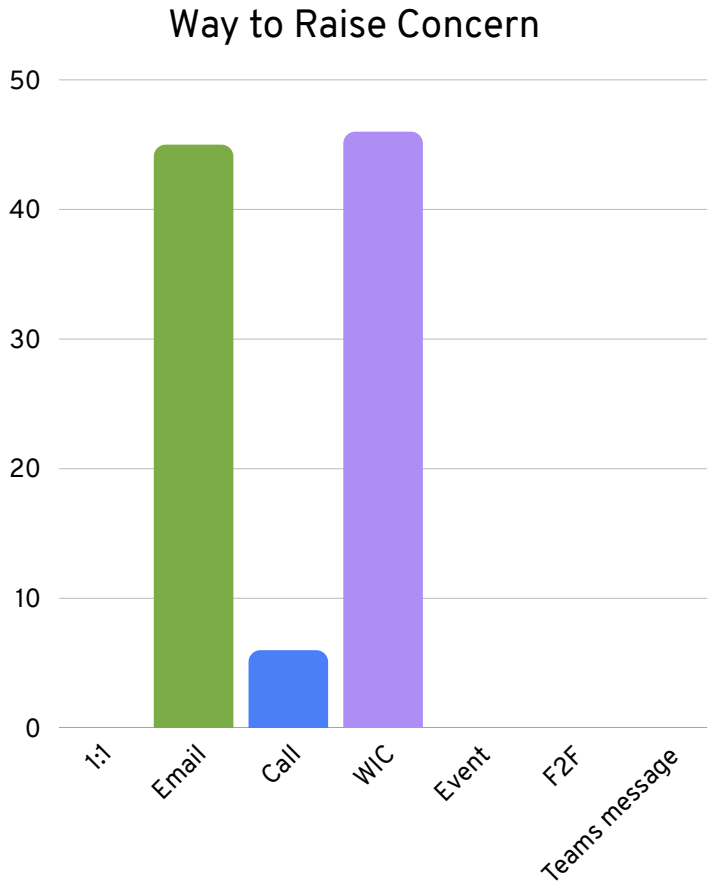
Where was the Concern First Raised?



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

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

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



LOOKING AHEAD

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

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

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

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

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

CONCLUSION

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

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

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

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 on the Trust website**.

Trust Board Meeting Date	24 September 2026
Committee Meeting Date	3 September 2026
Chair	Peter Curran

KEY ESCALATION AND DISCUSSION POINTS

ALERT (Alert the Board to areas of attention)

The following alerts relate to issues for approval by the board at their September meeting:

Scheme of Reservation and Delegation of Powers

1. Amendments have been made to the Scheme of Reservation and Delegation of Powers (SoRD) to reflect changes to the nomenclature for the Chief Clinical Officer, Chief People Officer and Chief Operating Officer. These were endorsed, together retrospective endorsement for Angela Lewis, Director of Culture Change, to exercise the delegations assigned to the Director of People following Carl Kneeshaw's departure. For the avoidance of doubt, the Director of People role is redesignated as Chief People Officer within the revised SoRD. Financial delegations to the board and chief executive will remain at the current limits following a benchmarking exercise. The SoRD is attached at **annex 1** and the board is asked to (a) **approve** the amendments to the SoRD to reflect current executive role titles, portfolio responsibilities and interim executive arrangements and (b) **retrospectively approve** the application of the delegations previously assigned to the Director of People to Angela Lewis, Director of Cultural Change, from 28 June 2026.

Good Governance Institute Review – Action Plan

2. The committee endorsed the action plan to address the recommendations made by the Good Governance Institute (link here at page 202 for the action plan). The committee was assured that the plan represents a proportionate programme of improvement designed to support the board's ambition of moving from a good board to a great board. The action plan is aligned to the maturity matrix endorsed by the board and sets out both the Trust's current position and the intended maturity trajectory for each of the six priority areas through to Q3 2027/28. ARAC was content that the proposed maturity levels are realistic, evidence-based and appropriately ambitious.

3. As part of the action plan, ARAC also endorsed the strategic reporting and assurance framework for board committees **and recommends its approval by the board**. The details of the framework are at **annex 2** and they are intended to guide the review of committee terms of reference, work

programmes and governance arrangements, whilst supporting implementation of the board's previously approved committee-streamlining proposals.

4. ARAC endorsed a revised approach to the board agenda and **recommends its approval by the board**. The board is required to hold six ordinary meetings per year. To move the board to a more strategic footing it is proposed that board meetings here are explicitly focused on assurance against delivery of strategic objectives, aligned to quarterly reporting, and two meetings retains flexibility to focus on financial assurance, deep dives of selected strategic objectives, strategic horizon scanning, cultural or regulatory issues, and the annual report in audited accounts. This model is intended to strengthen the board's strategic line of sight, reduce duplication and enable more meaningful scrutiny and challenge at the right level.

5. The Committee further endorsed the proposed approach to quality governance reviews for 2026/27. Given the significant governance development activity arising from the GGi review, including revisions to committee terms of reference and governance arrangements, it was agreed that delivery of the action plan, alongside ARAC's annual review using the National Audit Office toolkit and existing committee self-assessment arrangements, will together constitute the quality governance review programme for 2026/27. From 2027/28 onwards, assessment against the agreed maturity levels will form the basis for future reviews, providing assurance on both implementation and impact.

6. Finally, ARAC endorsed a proposal to reduce the frequency of Charity Committee and Corporate Trustee meetings from four meetings per annum to two meetings per annum with immediate effect, reflecting the revised strategic direction approved by the Corporate Trustee. **The Board is asked to approve** this revised meeting schedule and associated decision-making arrangements.

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

7. The board will note **three digital-related audit reports** were presented at this meeting. There was constructive discussion regarding the findings, particularly in relation to digital capacity and resourcing, with members highlighting the growing demand for digital services and the importance of robust prioritisation of digital initiatives. Additionally, 27.78% of key findings across all audits in the 2025/26 internal audit plan related to information, data quality and data accuracy. Assurance was provided that the Trust's evolving governance arrangements will strengthen oversight, prioritisation and resource management, and that the dates provided for closure of audit recommendations were achievable. Given the importance of this area, the Finance and Performance Committee may wish to focus on digital capacity and demand pressures in forthcoming meetings, particularly as revised reporting arrangements are developed through the integrated governance programme and the proposed change to committee remits for 2027/28.

8. A **pre-meeting** was held with Audit Wales, Internal Audit and the committee Chair ahead of the meeting.

9. The chair updated members on discussions in the **All-Wales Audit Committee Chairs** meetings, noting that they had a focused session on the role of audit committees in an organisation's ability to deliver their strategic objectives. Peter Curran's tenure as chair of this group has finished and a new chair is being sought.

10. Members **reflected** positively on the maturity of governance discussions, the transparent approach to scrutiny and challenge, and the progress being made across risk, digital and governance improvement programmes. The positive external perspective provided by Audit Wales was welcomed and the Trust's ongoing commitment to continuous improvement was acknowledged. The Chair also formally recorded the committee's thanks to Fflur Jones for her contribution and support to the work of committee, noting that it was her final meeting.

ASSURE (Detail here any areas of assurance the Committee has received)

11. An **update from Audit Wales** on current and planned work was received noting that the financial audit work and performance audit reviews are progressing. A deep dive reviewing the Trust's arrangements to manage estates and the structured assessment are expected to report in December 2026. Future work includes a review of the NHS Wales 111 service.

12. The **Audit Wales review of Non-Emergency Patient Transport Services** (NEPTS) (here at page 40) found that whilst the Trust has a clear strategic ambition for service improvement, key foundations remain underdeveloped. Whilst governance and programme management arrangements have been strengthened, expected benefits and outcomes, affordability of the improvement programme, and roles and responsibilities across system partners are not yet fully defined. The review highlighted that cancellations remain a significant issue for patients and that a delivery of the future vision will require strengthened collaborative working between the Trust, health boards, commissioners and Welsh Government. The committee noted management's assurance that a programme of improvement is now in place and that many of the recommendations are already being progressed through existing workstreams and system partnerships. The review will be considered by the Finance and Performance Committee and is included for the board's attention.

13. The **Audit Wales review of Digital Transformation** (here at page 71) found that the Trust has clear digital ambitions, strong leadership and a broad programme of digital delivery aligned to national priorities. Whilst recognising strengths in areas such as cyber resilience, digital innovation and collaborative working, the review contained a relatively high number of recommendations, including identifying opportunities to strengthen arrangements for measuring digital maturity, workforce capability, benefits realisation, board reporting and oversight of digital transformation risks. The committee noted that the fieldwork for this audit was conducted in November 2025 and that progress has been made in several of these areas through the establishment of strengthened digital governance, benefits realisation and digital capability arrangements. Members also recognised the need to balance digital transformation ambitions with organisational capacity and financial constraints. Further work is required to demonstrate the outcomes and value delivered through digital investment and to provide assurance that digital transformation is delivering sustainable improvements. The review will be considered by the Finance and Performance Committee and is included for the board's attention.

14. **The Internal Audit progress report** noted that the 2026/27 plan was progressing well with no concerns raised regarding delivery of the plan, and no amendments being proposed.

15. The following internal audit reviews – the last two of the 2025/26 audit plan - were received and discussed. Links to the papers for this meeting to review both reports above. Both had been reviewed by the Finance and Performance Committee in July, due to the timing of receipt of the

reports:

(a) **Emerging Technology Adoptions – reasonable assurance**. The audit recognised that the Trust remains at an early stage in adopting AI and automation, with governance arrangements developing proportionately alongside implementation. Whilst plans were in place to support future adoption, including through the Digital Plan and digital front end business case, opportunities for improvement were identified relating to digital capacity, formal approval of the AI policy, documentation of automated processes, management of automation dependencies, and business continuity arrangements. Management accepted the findings and provided assurance that significant progress had already been made through the establishment of the Digital Oversight Group and AI Steering Group, development of an AI policy and framework, investment in digital leadership capacity, and creation of a digital innovation lab. The committee took assurance that the planned actions aligned with recommendations arising from the Audit Wales digital review and would strengthen governance, prioritisation and oversight of emerging technologies.

(b) **Digital Business Continuity Management – reasonable assurance**. The audit confirmed that appropriate business continuity and disaster recovery arrangements were in place within Digital and ICT services, whilst identifying opportunities to strengthen recovery planning, clarify recovery objectives, and enhance supporting documentation for staff responding to incidents. Assurance was provided that work was underway to strengthen resilience arrangements, including enhancements to on-call and escalation processes, review of business continuity plans, and closer collaboration with Digital Health and Care Wales. The committee received assurance that all actions remained on track for delivery and took further assurance regarding the resilience of critical digital systems and the arrangements in place to manage significant outages.

16. The committee received an update on progress against the Trust's **policy governance programme** and supported a revised, more pragmatic approach to delivering improvements in response to Audit Wales' structured assessment recommendation. Members noted that policy compliance had increased significantly from around 14% two years ago to 63%, reflecting the impact of strengthened oversight arrangements. The committee welcomed the progress made, acknowledged organisational capacity constraints, and took assurance from the continued focus on improving policy governance, oversight and compliance.

17. The committee received assurance on arrangements in place in the Trust for **speaking up safely** from the Chair of the People and Culture Committee, and arrangements for reporting **near misses** from the Chair of the Quality, Patient Experience and Safety Committee (QuEST). Such assurances align with requirements for audit committees under the National Audit Office effectiveness toolkit. It was noted that there is more work to be done with respect to near misses but that the Trust was focused on its concerns management improvement programme and implementation of the new Listening to People Regulations as a priority.

18. The **losses and special payments report** for the period 1 April to 31 July 2026 was received with no escalations to the board.

19. The **non-compliance with standing orders (late papers)** report was received, with members noting continued improvement in the timely submission of board papers, with only a small number

published late during the reporting period. Members were advised that the remaining delays largely reflected the timing of committee consideration for the IMTP and the need to incorporate the most recent performance data into the MIQPR. Assurance was provided that revised IMTP reporting arrangements and the introduction of an agreed data cut-off date for MIQPR reporting should significantly reduce the number of late papers in future. The committee welcomed the positive position, recognising the strong organisational commitment to good governance, and noted that further improvements are expected as the revised arrangements become embedded.

20. In private session:

    (a) The **Local Counter Fraud Service** update was provided, and committee were assured regarding ongoing prevention, deterrence, investigation and governance arrangements. Members discussed emerging fraud themes, progress of live investigations and proactive work to strengthen organisational controls, including areas relating to secondary employment and recruitment fraud. The committee also received the *Fighting Fraud Strategy for NHS Wales 2026-2030*, noting its strategic priorities and the role it will play in informing future counter fraud activity across NHS Wales.

    (b) The Committee noted routine **procurement update** and were assured that appropriate governance and controls had been applied to tender activity, direct awards and single tender waivers during the reporting period, with no significant concerns identified.

RISKS

21. The committee received assurance that principal risks continue to be actively managed through established governance arrangements noting the addition of three new corporate risks:

    - Risk 700 Failure to implement and deliver the statutory requirements of the revised Concerns Regulations and accompanying 'Listening to People' Guidance at a score of 16 (4x4)
    - Risk 706 The Trust's inability to maintain preparedness for a pandemic response causing patient harm and death at a score of 15 (3x5)
    - Risk 708 Failure to secure timely access to patients in locked or inaccessible premises due to unclear inter agency responsibilities and absence of enforceable escalation arrangements which was approved for inclusion at a score of 20 (5x4) but was subsequently reduced to a score of 8 (2x4) due to interim controls being implemented.

22. Members noted significant progress made in delivering the Trust's strategic risk management arrangements and endorsed the direction of travel for the development of the Strategic Board Assurance Framework, risk appetite map and thresholds, a board level dashboard and a suite of strategic risks aligned to organisational objectives.

23. The committee recognised the importance of a phased and sustainable implementation approach to support successful delivery and welcomed positive commentary from both Internal Audit and Audit Wales regarding the progress being made to strengthen alignment between strategic objectives, risk, assurance and delivery.

24. The continued positive progress on the design and development of the Enterprise Risk Management system was noted.

COMMITTEE AGENDA		
Audit Wales update including NETPS review and digital transformation review	Internal audit update including emerging technology adoptions audit and digital business continuity management audit	Good Governance Institute report – action plan and approach to quality governance reviews 2026/27 and 2027/18
Risk management and board assurance framework	Policy governance update	Assurance to ARAC on speaking up safely
Assurance to ARAC on near miss reporting	Losses and special payments	Non-compliance with standing orders: publication of late papers
Scheme of reservation and delegation review	All Wales Audit Committee Chairs meeting update	

COMMITTEE ATTENDANCE					
Name	**28 April 26**	**23 June 26[1]**	**3 September 26**	**3 December 26**	**4 March 27**
Peter Curran					
Dr Umar Ahmed					
Ceri Jackson		Hayley Hutchings			
Julie Boalch					
Judith Bryce					
Christian Fox		Hugh Parry			
Wendy Herbert					
Fflur Jones		Yvonne Thomas[2]			
Carl Kneeshaw		Liz Rogers	Liz Rogers		
Osian Lloyd					
Trish Mills					
Jonny Sammut			Keith Dorrington		
Chris Turley			[3]		
Damon Turner					
Carl Window					
Emma Wood			[4]		

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] Rachel Marsh, Deputy CEO attended for this meeting for items 1-7
[2] For annual report and audited accounts, ISA 260 and Audit Wales update items
[3] Not present for items 6, 8, 9, 10, 11 and 12
[4] Not present for items 6, 8, 9, 10, 11 and 12

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

Schedule 1

SCHEME OF RESERVATION AND DELEGATION OF POWERS

This Schedule forms part of, and shall have effect as if incorporated in the NHS Trust Standing Orders

Introduction

As set out in Standing Order 2, the Board - subject to any directions that may be made by the Welsh Ministers - shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Trust may be carried out effectively, and in a manner that secures the achievement of the organisation's aims and objectives. The Board may delegate functions to:

(i) A Committee, e.g., Quality and Safety Committee;

(ii) A sub-Committee e.g., a locality based Quality and Safety Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board; and

(iii) Officers of the Trust (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g. shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the Trust. The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

all of which form part of the Trust's Standing Orders.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- ***Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in SOs or SFIs***

- ***The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management***

- ***Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility***

- ***The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development***

- ***The Board must take appropriate action to assure itself that all matters delegated are effectively carried out***

- ***The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes***

- ***Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others***

- ***The Board may delegate authority to act, but retains overall responsibility and accountability***

- ***When delegating powers, the Board will determine whether (and***

the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles)
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in SFIs).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Board Secretary

The Board Secretary will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of Trust functions within the organisation and to others, as appropriate; and

- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit, Risk and Assurance Committee

The Audit, Risk and Assurance Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the Trust's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Board Secretary of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the Trust. The Scheme is to be used in conjunction with the system of control and other established procedures within the Trust.

SCHEDULE OF MATTERS RESERVED TO THE BOARD[1]

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
1	Board	General	The Board may determine any matter for which it has statutory or delegated authority, in accordance with SOs.
2	Board	General	The Board must determine any matter that will be reserved to the whole Board.
3	Board	General	Approve the Trust's Governance Framework
4	Board	Operating Arrangements	Approve, vary and amend: ▪ SOs; ▪ SFIs; ▪ Schedule of matters reserved to the Trust; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. In accordance with any directions set by the Welsh Ministers.
5	Board	Operating Arrangements	Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements.

[1] Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
6	Audit, Risk and Assurance Committee	Operating Arrangements	Formal consideration of report of Board Secretary on any non-compliance with Standing Orders, making proposals to the Board on any action to be taken.
7	Board	Operating Arrangements	Receive report any proposals regarding any non-compliance with Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs.
8	Board	Operating Arrangements	Authorise use of the Trust's official seal.
9	Board	Operating Arrangements	Approve the Trust's Values and Standards of Behaviour framework.
10	Chair on behalf of Board/Joint Committee, Vice-Chair on behalf of Joint Committee Board if Chair is declaring interest	Organisation Structure and Staffing	Require, receive, and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. From Audit, Risk and Assurance Committee or Board Secretary
11	Board	Strategy Planning	Determine the Trust's strategic aims, objectives, and priorities
12	Board	Strategy Planning	Approve the Trust's key strategies and programmes related to: ▪ The development and delivery of patient and population centred health and care/clinical services ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans) ▪

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
13	Board	Strategy Planning	Approve the Trust's Integrated Medium Term Plan, including the balanced Medium Term Financial Plan
14	Board	Strategy Planning	Approve the Trust's budget and financial framework (including overall distribution and unbudgeted expenditure)
15	Board	Operating Arrangements	Approve the Trust's framework and strategy for performance management.
16	Board	Strategy and Planning	Approve the Trust's framework and strategy for risk management and assurance.
17	Board	Operating Arrangements	Ratify policies for dealing with raising concerns, complaints, and incidents in accordance with ~~the Putting Things Right~~Listening to People Regulations and health and safety requirements.
18	Board	Operating Arrangements	Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the Trust, including standards/ requirements determined by Welsh Government, regulators, professional bodies/others, e.g. National Institute of Health and Care Excellence (NICE).
19	Board	Strategy and Planning	Approve the Trust's patient, public, staff, partnership and stakeholder engagement and co-production strategies.
20	Board	Operating Arrangements	Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the Trust's aims, objectives and priorities.
21	Remuneration Committee. (For Chief Executive,	Organisation Structure and Staffing	Appointment of the Chief Executive and Executive Directors (officer members of the Board)

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
	Committee to consist of Chair and non-Officer Members. For all others officer members as above and to include Chief Executive)		
22	Remuneration Committee	Organisation Structure and Staffing	Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments and other senior employees, in accordance with Ministerial instructions e.g. the Board Secretary.
23	Remuneration Committee	Organisation Structure and Staffing	Termination of appointment and suspension of officer members in accordance with the provisions of Regulations
24	Remuneration Committee	Organisation Structure and Staffing	Consider appraisal of officer members of the Board
25	Remuneration Committee	Organisation Structure and Staffing	Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required.
26	Board	Organisation Structure and Staffing	Approve, [arrange the] review, and revise the Trust's top level organisation structure and corporate policies
27	Board	Organisation Structure and Staffing	Appoint, [arrange the] review, revise and dismiss Trust Committees directly accountable to the Board

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
28	Board	Organisation Structure and Staffing	Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee or Group set up by the Board
29	Board	Organisation Structure and Staffing	Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups
30	Board	Organisation Structure and Staffing	Approve the standing orders and terms of reference and reporting arrangements of all Committees and groups established by the Board
31	Audit, Risk and Assurance Committee	Operating Arrangements	Approve arrangements relating to the discharge of the Trust's responsibility as a bailee for patients' property
32	Board Except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers	Operating Arrangements	Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts
33	Board Except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers	Operating Arrangements	Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
34	Board	Operating Arrangements	Approve proposals for action on litigation on behalf of the Trust
35	Board	Organisation Structure and Staffing	Approve the arrangements relating to the discharge of the Trust's responsibilities as a corporate trustee of funds held on trust in accordance with the provision of Paragraph 20 of the Standing Financial Instructions.
36	Board	Strategy and Planning	Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions[2]
37	Board	Performance and Assurance	Approve the Trust's audit and assurance arrangements
38	Board	Performance and Assurance	Receive reports from the Trust's Executive on progress and performance in the delivery of the Trust's strategic aims, objectives and priorities and approve action required, including improvement plans, as appropriate.
39	Board	Performance and Assurance	Receive reports from the Trusts Committees, groups and other internal sources on the Trust's performance and approve action required, including improvement plans, as appropriate
40	Board	Performance and Assurance	Receive reports on the Trust's performance produced by external regulators and inspectors (including, e.g., Audit Wales etc.) that raise significant issue or concerns impacting on the Trust's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Trust Committees (as appropriate)
41	Board	Performance and Assurance	Receive the annual opinion of the Trust's Chief Internal Auditor and approve action required, including improvement plans
42	Board	Performance and Assurance	Receive the annual management report from the Auditor General for Wales and approve action required, including improvement plans

2 In this respect individual contracts refers to individual awards

NO.	BOARD /COMMITTEE	AREA	DECISIONS RESERVED
43	Board	Performance and Assurance	Receive assurance regarding the Trust's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans.
44	Board	Reporting	Approve the Trust's Reporting Arrangements, including reports on activity and performance to citizens, partners and stakeholders and nationally to the Welsh Government where required.
45	Board	Reporting	Receive, approve and ensure the publication of Trust reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued.

ADDITIONAL AREAS OF RESPONSIBILITY DELEGATED TO CHAIR, VICE CHAIR AND INDEPENDENT MEMBERS			
1.	Chair		In accordance with statutory and Welsh Government requirements
2.	Vice Chair		In accordance with statutory and Welsh Government requirements
3.	Champion/ Nominated Lead		In accordance with statutory and Welsh Government requirements

DELEGATION OF POWERS TO COMMITTEES AND OTHERS[3]

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- The composition, terms of reference and reporting requirements in respect of any such Committees; and
- The governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others

in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- Audit, Risk and Assurance Committee
- Quality Patient Experience and Safety Committee
- Remuneration Committee
- Finance and Performance Committee
- People and Culture Committee
- Charity Committee
- Academic Partnerships Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the Trust's Scheme of Delegation to Committees. The Committee terms of reference appear in Schedule 3 to these Standing Orders.

[3] As defined in Standing Orders.

In the event the Chief Executive Officer is absent ~~they will appoint~~the ~~a~~ Deputy Chief Executive Officer to take on full responsibility of the Chief Executive Officer. ~~If the Deputy Chief Executive is the Director of Finance and Corporate Resources, then the Director of Finance and Corporate Resources responsibilities is delegated to the relevant Assistant Director of Finance.~~

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, DIRECTORS AND OFFICERS

The Trust SOs and SFIs specify certain key responsibilities of the Chief Executive, the Director of Finance and Corporate Resources and other officers. The Chief Executive's Job Description, together with their Accountable Officer Memorandum sets out their specific responsibilities, and the individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders.

These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the SFIs form the basis of the Trust's Scheme of Delegation to Officers.

Table A – Delegated Matters

Note for Table A, where a delegation is made to more than one post holder:

- '/' signifies that either post holder may act individually, or they may act jointly.
- 'and' signifies they must act jointly

Delegated Matter	Responsible Officer/Committee	Delegated To
1. Audit arrangements		
1.1. Ensure that there is an adequate provision of internal and external audit services	Audit, Risk and Assurance Committee	Director of Corporate Governance/Board Secretary
1.2. Implement recommendations	Chief Executive	Relevant Director
1.3. Ensure the financial accounts of the Trust are audited annually	Chief Executive	Executive Director of Finance and Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
2. Authorisation of new drugs	Chief Executive	~~Executive Director of Paramedicine~~Chief Clinical Officer and Associate Medical Director
3. Bank/OPG Accounts/Cash (Excluding Charitable Funds (Funds Held on Trust Accounts)) Refer to SFIs for banking arrangements	Chief Executive	Executive Director of Finance & Corporate Resources
4. Capital investment (Refer to SFIs)		
4.1. Programme		
(a) Preparation of Capital Investment for submission to Board	Chief Executive	Executive Director of Finance & Corporate Resources and Director of Strategy, Planning & Performance
(b) Financial monitoring and reporting on all capital scheme expenditure including variations to contract	Chief Executive	Executive Director of Finance & Corporate Resources
(c) Variation to capital programme (up to delegated limits)	Chief Executive	Executive Director of Finance & Corporate Resources and Director of Strategy, Planning & Performance
4.2. Leases – granting and termination of leases subject to the limits set out in Table B	Chief Executive	Executive Director of Finance & Corporate Resources
5. Clinical		
5.1. Clinical governance arrangements	Chief Executive	~~Executive Director of Quality & Nursing and Executive Director of Paramedicine~~Chief Clinical Officer
5.2. Clinical leadership	Chief Executive	~~Executive Director of Quality & Nursing and Executive Director of Paramedicine~~Chief Clinical Officer
5.3. Programmes of clinical education	Chief Executive	~~Director of People~~Chief People Officer ~~with Executive Director of Quality & Nursing~~ and ~~Executive Director of Paramedicine~~Chief Clinical Officer

Delegated Matter	Responsible Officer/Committee	Delegated To
5.4. Clinical staffing rotas	Chief Executive	~~Executive Director of Operations~~Chief Operating Officer
5.5. Clinical trials and research projects (authorisation of) In accordance with JRCALC guidelines	Chief Executive	~~Executive Director of Paramedicine~~Chief Clinical Officer unless specified as Associate Medical Director
5.6. Responsible officer for medical revalidation	Chief Executive	Associate Medical Director
5.7. Clinical Audit To ensure there is a programme in place	Chief Executive	~~Executive Director of Paramedicine~~Chief Clinical Officer
6. Clinical Practice and Registration		
6.1. Compliance with statutory and regulatory arrangements relating to professional practice and/or breaches of clinical standards		
(a) Nursing	Chief Executive	~~Executive Director of Quality and Nursing~~Chief Clinical Officer
(b) Medical	Chief Executive	Associate Medical Director
(c) Paramedicine and affiliated roles	Chief Executive	~~Executive Director of Paramedicine~~Chief Clinical Officer
(d) Community First Responders	Chief Executive	~~Executive Director of Paramedicine~~Chief Clinical Officer
7. Complaints/concerns (patients and relatives) – ~~Putting Things Right/the NHS (Concerns, Complaints and Redress Arrangements (Wales)) Regs 2011~~including Listening to People Regulations	Chief Executive	~~Executive Director of Quality & Nursing~~Chief Clinical Officer
8. Confidential information		
8.1. Monitoring of the Trust's compliance with the Caldicott report on protecting patient confidentiality in the NHS	Chief Executive	~~Executive Director of Quality and Nursing~~Chief Clinical Officer
8.2. Freedom of Information Act compliance code	Chief Executive	Director of Corporate Governance/Board Secretary
9. Data Protection Act and General Data Protection Regulations		

Delegated Matter	Responsible Officer/Committee	Delegated To
9.1. Monitoring of Trust's compliance	Chief Executive	Director of Digital Services
9.2. Senior Information Risk Owner (SIRO)	Chief Executive	Director of Digital Services
10. Declarations of interest		
10.1. Maintaining a register	Chief Executive	Director of Corporate Governance/Board Secretary
11. Disposal and condemnations		
11.1. Items obsolete, redundant, irreparable or cannot be repaired cost effectively	Chief Executive	Executive Director of Finance & Corporate Resources
11.2. Develop arrangements for the sale of assets	Chief Executive	Executive Director of Finance & Corporate Resources
11.3. Disposal of protected property (as defined in the terms of authorisation)	Chief Executive	Executive Director of Finance & Corporate Resources
12. Environmental Regulations		
12.1. Monitoring of compliance and ensuring compliance with environmental regulations, for example those relating to clean air and waste disposal	Chief Executive	Executive Director of Finance and Corporate Resources
13. External Borrowing		
13.1. Advise Trust Board of the requirements to repay / draw down Public Dividend Capital	Executive Director of Finance & Corporate Resources	(the relevant) Assistant Director of Finance
13.2. Approve a list of employees authorised to make short term borrowings on behalf of the Trust	Trust Board	Chief Executive and Executive Director of Finance & Corporate Resources
13.3. Application for draw down of Public Dividend Capital, overdrafts, and other forms of external borrowing	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
14. Financial Planning/Budgetary Responsibility		
14.1. Develop and submit to Trust Board a financial plan in accordance with priorities and objectives as set out in the IMTP	Chief Executive	Executive Director of Finance & Corporate Resources
14.2. Budgetary responsibility	Chief Executive	Executive Director of Finance & Corporate Resources
14.3. Prior to the start of the financial year, prepare and submit to Trust Board for approval balanced budgets that delivers the financial plan as contained within the IMTP	Chief Executive	Executive Director of Finance & Corporate Resources
14.4. Monitoring and report to Trust Board on performance against the financial plan	Chief Executive	Executive Director of Finance & Corporate Resources
14.5. Devise and maintain systems of budgetary control	Chief Executive	Executive Director of Finance & Corporate Resources
14.6. Monitor performance against budget	Chief Executive	Executive Director of Finance & Corporate Resources
14.7. Delegate budgets to budget holders	Chief Executive	Executive Director of Finance & Corporate Resources
14.8. Ensure adequate training is delivered to budget holders to facilitate their management of allocated budget	Chief Executive	Executive Director of Finance & Corporate Resources
14.9. Submit in accordance with the independent regulators' requirements for financial monitoring returns	Chief Executive	Executive Director of Finance & Corporate Resources
14.10. Identify and implement cost improvements and income generating activities in line with the business plan	Chief Executive	All budget holders
14.11. Preparation of		
(a) Annual accounts	Executive Director of Finance & Corporate Resources	(the relevant) Assistant Director of Finance

Delegated Matter	Responsible Officer/Committee	Delegated To
(b) Annual report	Chief Executive	Director of Corporate Governance/Board Secretary
14.12. Budget Responsibilities. Ensure that:		
(a) No overspend or reduction of income that cannot be met from virement is incurred without prior consent of Board	Chief Executive and Executive Director of Finance & Corporate Resources	(the relevant) Assistant Director of Finance
(b) Approved budget is not used for any other than specified purpose subject to rules of virement	Chief Executive and Executive Director of Finance & Corporate Resources	(the relevant) Assistant Director of Finance
(c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within available resources and workforce establishment	Chief Executive and Executive Director of Finance & Corporate Resources	(the relevant) Assistant Director of Finance
14.13. Authorisation of Virement The Chief Executive, Executive Director of Finance & Corporate Resources and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.	Chief Executive	Executive Director of Finance & Corporate Resources
Any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement		
15. Financial Procedures and Systems Development and maintenance of systems and procedures	Chief Executive	Executive Director of Finance & Corporate Resources
16. Fire Precautions	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
Ensure that the Fire Precautions and prevention policies and procedures are adequate, and that fire safety and integrity of the estate is intact.		
17. Fixed Assets		
17.1. Maintenance of asset register including asset identification and monitoring	Chief Executive	Executive Director of Finance & Corporate Resources
17.2. Ensuring arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with NHS Infrastructure Investment Guidance	Chief Executive	Executive Director of Finance & Corporate Resources
17.3. Calculate and pay capital charges in accordance with the requirements of the Independent Regulator	Chief Executive	Executive Director of Finance & Corporate Resources
17.4. Responsibility for security of Trust's assets including notifying discrepancies to the Executive Director of Finance and Corporate Services, and reporting losses in accordance with Trust's procedures	Chief Executive	All Staff
18. Fraud (see also 26 and 36) Monitor and ensure compliance with Welsh Government Directions on fraud and corruption including the appointment of the Local Counter Fraud Specialist.	Chief Executive	Executive Director of Finance & Corporate Resources
19. Funds Held on Trust Charitable Funds Charitable Funds held are managed and scrutinised appropriately	Charitable Funds Committee	Executive Director of Finance & Corporate Resources
20. Gifts and Hospitality		
20.1. Maintaining the gifts and hospitality register	Chief Executive	Director of Corporate Governance/Board Secretary
20.2. Process for declaring gifts and hospitality	Chief Executive	Director of Corporate Governance/Board Secretary
21. Health and Safety	Chief Executive	~~Executive Director of Quality & Nursing~~Chief People Officer

Delegated Matter	Responsible Officer/Committee	Delegated To
Monitor and ensure statutory compliance with all legislation and Health and Safety requirements including control of Substances Hazardous to Health Regulations		
22. Infectious Diseases and Notifiable Outbreaks	Chief Executive	~~Executive Director of Quality & Nursing~~Chief Clinical Officer
23. Integrated Medium Term Plan (IMTP)		
23.1. Develop and present to Trust Board for approval an IMTP that sets out the Trust Strategies and objectives and meets Welsh Government requirement	Chief Executive	Executive Director of Strategy, Planning & Performance
24. IT Systems		
24.1. Ensuring integrity of system e.g. security, privacy, accuracy, completeness, and storage	Chief Executive	Director of Digital Services
24.2. Maintain & replacement of i) business critical systems ii) All other systems	Chief Executive	Director of Digital Services
24.3. Disaster recovery systems	Chief Executive	Director of Digital Services
24.4. Developing Business Critical Systems in accordance with the Trust's IM&T Strategy	Chief Executive	Director of Digital Services
24.5. Developing new systems to ensure they are developed in a controlled manner and thoroughly tested	Chief Executive	Director of Digital Services
24.6. Seeking third party assurances regarding Business Critical Systems operated externally	Chief Executive	Director of Digital Services
25. Losses, Write Offs and Compensation		

Delegated Matter	Responsible Officer/Committee	Delegated To
25.1. Prepare procedures for recording accounting and reporting to Audit, Risk and Assurance Committee for losses and special payments, including clinical negligence and personal injury claims	Chief Executive	Executive Director of Finance & Corporate Resources
25.2. Ex-gratia payments	Chief Executive	Executive Director of Finance & Corporate Resources and relevant Director
26. Patients' Property (in conjunction with financial advice) Ensuring patients and guardians are informed about patients' monies and property procedures	Chief Executive	~~Executive Director of Operations~~Chief Operating Officer
27. Patient Services Agreements Negotiation, agreement, and monitoring of external non-clinical patient transport contracts	Chief Executive	Executive Director of Finance & Corporate Resources/~~Executive Director of Operations~~Chief Operating Officer
28. Procuring Goods and Services		
28.1. Maintenance of a list of managers authorised to place requisitions/orders and accept goods in accordance with Table B	Chief Executive	Executive Director of Finance & Corporate Resources
28.2. Obtain the best value for money when requisitioning goods/services	Chief Executive	Executive Director of Finance & Corporate Resources
28.3. Prompt payment to suppliers (pspp)	Chief Executive	Executive Director of Finance & Corporate Resources
28.4. Financial limits for ordering/requisitioning goods and services Refer to Table B for delegated limits	Chief Executive	Executive Director of Finance & Corporate Resources
29. Quotation, Tendering and Contract Procedures		
29.1. Services:		
(a) Best value for money is demonstrated for all services provided under contract or in-house	Chief Executive	Executive Director of Finance & Corporate Resources

Delegated Matter	Responsible Officer/Committee	Delegated To
(b) Nominate officers to oversee and manage the contract on behalf of the Trust	Chief Executive	Heads of Department
29.2. Competitive Tenders:		
(a) Authorisation to go to tender[4]	Chief Executive	Relevant Director
(b) Maintain a register to show each set of competitive tender invitations despatched	Chief Executive	Executive Director of Finance & Corporate Resources
(c) Receipt and custody of tenders prior to opening	Chief Executive	Executive Director of Finance & Corporate Resources
(d) Opening tenders	Chief Executive	Relevant Director
(e) Decide if late tenders should be considered	Chief Executive	Executive Director of Finance & Corporate Resources/Board Secretary
(f) Ensure that appropriate checks are carried out as to the technical and financial capability of the firms invited to tender or quote	Chief Executive	Executive Director of Finance & Corporate Resources
29.3. Quotations[4] Authorisation to seek quotations	Chief Executive	Relevant Director
29.4. Waiving the requirement to request[5]		
(a) Tenders – subject to Standing Financial Instructions (reporting to Audit, Risk and Assurance Committee)	Chief Executive	Executive Director of Finance & Corporate Resources

4 Individual awards of contract post tender and quotation are authorised in line with the delegations in Table B
5 See SFI 11.13.2 which provides the Executive Director of Finance and Corporate Resources approves applications for single tender waiver (STWs) up to £25,000, and the Chief Executive and Executive Director of Finance and Corporate Resources approve applications exceeding £25,000. It also provides that Procurement Services must be consulted prior to any such application being submitted for approval

Delegated Matter	Responsible Officer/Committee	Delegated To
(b) Quotes – subject to Standing Financial Instructions	Chief Executive	Executive Director of Finance & Corporate Resources
30. Reporting of Non-Urgent Incidents to the Police	Chief Executive	Relevant Director
31. Risk Management		
31.1. Ensuring the Trust has a Risk Management Strategy and a programme of risk management	Chief Executive	Director of Corporate Governance/Board Secretary
31.2. Developing systems for the management and reporting of risks and incidents	Chief Executive	Director of Corporate Governance/Board Secretary (risk) and ~~Executive Director of Quality & Nursing (incidents)~~Chief Clinical Officer
32. Seal The keeping of a register of seal and safekeeping of the seal	Chief Executive	Director of Corporate Governance/Board Secretary
33. Signing of Documents		
33.1. Legal Proceedings/Advice		
(a) Engage Trust's solicitors/legal advisor	Chief Executive	Relevant Director
(b) Documents connected with legal proceedings[6]	Chief Executive	Relevant Director
33.2. Documents which are required to be executed as a Deed[7]	Chief Executive	Relevant Director and Director of Corporate Governance/Board Secretary
33.3. Other Agreements/Contracts not required to be executed as a Deed	Chief Executive	Relevant Director
33.4. Agreements/Contracts where award approved by Board	Chief Executive	N/A

6 May include but not be limited to consent orders, defences, and settlement agreements)
7 Refer to Governance Practice Note 001 for use of Trust Seal

Delegated Matter	Responsible Officer/Committee	Delegated To
33.5. Lease Agreements[8]	Chief Executive	Director of Finance and Corporate Resources and Director of Corporate Governance/Board Secretary
34. Security Management Provide an oversight and assurance within the context of security management within NHS Wales; working in conjunction with the following leads on specific functional areas of security management:		
34.1. Finance, fraud etc.	Chief Executive	Director of Finance & Corporate Resources
34.2. Estates, premises security etc.	Chief Executive	Director of Finance and Corporate Resources
34.3. ICT	Chief Executive	Director of Digital Services
34.4. Information/data security/records management	Chief Executive	Director of Digital Services
34.5. Violence and aggression	Chief Executive	~~Executive Director of Quality and Nursing~~Chief People Officer
34.6. Patient Confidentiality	Chief Executive	Caldicott Guardian (~~Executive Director of Quality and Nursing~~Chief Clinical Officer)
35. Setting of Fees and Charges (Income)		
35.1. Income generation	Chief Executive	Executive Director of Finance & Corporate Resources
35.2. Non-patient care income (e.g., research)	Chief Executive	Executive Director of Finance & Corporate Resources
36. Stores and Receipt of Goods		
36.1. Responsibility for systems of control over stores and receipt of goods, issues and returns	Chief Executive	Relevant Director
36.2. Stocktaking arrangements	Executive Director of	(the relevant) Assistant Director of Finance

8 Copies of all leases are to be kept once signed by the Estates Manager for property related leases and by the Board Secretary for all other leases/contracts

Delegated Matter	Responsible Officer/Committee	Delegated To
	Finance & Corporate Resources	
36.3. Responsibility for controls of pharmaceutical supplies	~~Executive Director of Paramedicine~~Chief Clinical Officer	Heads of Department as appropriate
37. Workforce and Pay		
37.1. Nomination of officers to enter into staff contracts of employment	Chief Executive	~~Director of People~~Chief People Officer
37.2. Develop Workforce policies and strategies for approval by the Board including but not limited to training and industrial relations	Chief Executive	~~Director of People~~Chief People Officer ~~and Director of Culture Change~~
37.3. Renewal of Fixed Term Contract	Chief Executive	~~Director of People~~Chief People Officer
37.4. The granting of additional increments to staff upon initial appointment within the parameters of existing agreements	Chief Executive	~~Director of People~~Chief People Officer
37.5. Establishments		
(a) Additional staff to the agreed establishment with specifically allocated finance	Chief Executive	Executive Director of Finance & Corporate Resources/ ~~Director of People~~Chief People Officer
(b) Additional staff to the agreed establishment without specifically allocated finance	Chief Executive	Executive Director of Finance & Corporate Resources/ ~~Director of People~~Chief People Officer
(c) Self-financing changes to the establishment	Chief Executive	Relevant Director
(d) Self-financing changes to an establishment which involves movement between pay and other types of expenditure	Chief Executive	Executive Director of Finance & Corporate Resources
37.6. Pay	Chief Executive	~~Director of People~~Chief People Officer

Delegated Matter	Responsible Officer/Committee	Delegated To
Preparation of proposals for the Trust Board for the setting of remuneration and conditions of service for those staff not covered by Agenda for Change		
37.7. Annual Leave		
(a) Approval of annual leave	Chief Executive	Relevant Directors
(b) Annual leave - approval of carry forward up to maximum of 5 days (and pro rata for part time staff)	Chief Executive	Relevant Directors
(c) Annual leave – approval of carry forward over 5 days (and pro rata for part time staff) (to occur in exceptional circumstances only)	Chief Executive	~~Director of People~~Chief People Officer / Executive Director of Finance & Corporate Resources
37.8. Special Leave To be applied in accordance with Trust Policy. Departure from policy will be as follows:		
(a) Compassionate leave	Chief Executive	~~Director of People~~Chief People Officer
(b) Special leave arrangements for domestic/personal/family reasons: • Paternity leave • Carers leave • Adoption leave	Chief Executive	~~Director of People~~Chief People Officer
(c) Special leave – this includes: • Jury service • Armed services • School governor To be applied in accordance with Trust Policy	Chief Executive	~~Director of People~~Chief People Officer

Delegated Matter	Responsible Officer/Committee	Delegated To
(d) Leave without pay	Chief Executive	~~Director of People~~Chief People Officer
(e) Time off in lieu	~~Director of People~~Chief People Officer	Line/Departmental Manager
(f) Maternity leave – paid and unpaid	~~Director of People~~Chief People Officer	Automatic approval within approved guidance
37.9. Sick Leave		
(a) Extension of sick leave on pay due to: • Delays in process • Exceptional circumstances	Chief Executive	~~Director of People~~Chief People Officer
(b) Return to work part-time on full pay to assist recovery	Chief Executive	Heads of Department/Heads of Service in conjunction with People Services Business Partners
37.10. Study Leave	Chief Executive	~~Director of People~~Chief People Officer
37.11. Removal expenses, excess rent and house purchases in accordance with Table B	Chief Executive	~~Director of People~~Chief People Officer
37.12. Authorised – car users leased car	Chief Executive	Executive Director of Finance & Corporate Resources
37.13. Approval of secondary employment (also subject to a declaration of interest)	Chief Executive	~~Director of People~~Chief People Officer
37.14. Putting proposal to Remuneration Committee in respect of Redundancy/ Severance/ VERS/ Settlement Payments within Trust limits and, where necessary, subject to WG approval	Chief Executive	~~Director of People~~Chief People Officer / Executive Director of Finance & Corporate Resources
37.15. Disciplinary procedures (excluding Executive Directors)	Chief Executive	To be applied in accordance with the Trust's disciplinary procedure

Delegated Matter	Responsible Officer/Committee	Delegated To
37.16. Booking of bank staff		
(a) Nursing	Chief Executive	~~Executive Director of Quality & Nursing~~Chief Clinical Officer
(b) Clinical (excluding nursing)	Chief Executive	~~Executive Director of Operations~~Chief Operating Officer/ ~~Executive Director of Paramedicine~~Chief Clinical Officer
(c) Other	Chief Executive	Relevant Director
37.17. Booking of agency and locum staff		
(a) Nursing	Chief Executive	~~Executive Director of Operations~~Chief Operating Officer
(b) Medical	Chief Executive	~~Executive Director of Paramedicine~~Chief Clinical Officer
(c) Paramedicine and affiliated roles	Chief Executive	~~Executive Director of Operations~~Chief Operating Officer
(d) Other	Chief Executive	Relevant Director

Table B – Delegated Financial Limits

NB Thresholds are inclusive of VAT irrespective of recovery arrangements with the exception of procurement thresholds which are provided net of VAT.

NB Limits are based on the lifetime value of the individual contract award, not an annual or financial year value

	Category	Welsh Govt Delegated Limit - Approval Required[9]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	~~Director of People~~Chief People Officer ~~and Culture~~	~~Exec Director Quality and Nursing~~Chief Clinical Officer	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[10]
1.	**LOSSES**										
1.1.	**Losses of Cash** due to**:**										
(a)	Theft, fraud, arson, sabotage, neglect of duty or gross carelessness	50,000	Over 50,000[11]	50,000	10,000						See Annex 1 to Chapter 6 of Welsh Govt Manual for Accounts (WGMFA)
(b)	Overpayment of salaries, wages, fees & allowances	50,000	Over 50,000[8]	50,000	10,000						See Annex 1 to Chapter 6 of WGMFA
(c)	Other causes, including un-vouched or completely vouched	50,000	Over 50,000[8]	50,000	10,000						See Annex 1 to Chapter 6 of WGMFA

9 NHS Wales health bodies do not have unlimited powers to make special payments or to write-off losses. They must obtain the written approval of the Welsh Government HSCEY Finance Director before writing-off a loss or making, or undertaking to make, any special payment that exceeds their delegated limit. The limits are listed in this column.

10 These notes are intended to guide the reader. They must be read in conjunction with the SO/SoRD/SFIs and those related to losses and special payments with respect to the Welsh Government Manual of Accounts, as well as any relevant Governance Practice Notes.

11 Does not negate the need for WG Approval which is also required

Category	Welsh Govt Delegated Limit - Approval Required[9]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	~~Director of People~~Chief People Officer ~~and Culture~~	~~Exec Director Quality and Nursing~~Chief Clinical Officer	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[10]
payments, overpayments other than those included under 1b; physical losses of cash and cash equivalents e.g. postage stamps due to fire (other than arson), accident and similar cause										
1.2. Fruitless Payments, including abandoned capital schemes	250,000	Over 250,000[8]	250,000				100,000	50,000	10,000	A "fruitless payment" is a payment for which liability ought not to have been incurred, or where the demand for the goods and service in question could have been cancelled in time to avoid liability. See further info at annex 1 to Chapter 6 of WGMFA
1.3. Bad Debts and Claims Abandoned										See Annex 1 to Chapter 6 of WGMFA
(a) Private patients	50,000	Over 50,000[8]	50,000	10,000						
(b) Overseas visitors	50,000	Over 50,000[8]	50,000	10,000						
(c) Causes other than (a) and (b) above	50,000	Over 50,000[8]	50,000	10,000						
1.4. Damage to buildings, their fittings, furniture and equipment and loss of equipment and property in stores and in use due to:										
(a) Culpable causes, e.g., theft, arson or sabotage whether proved or suspected, neglect of duty or gross carelessness	50,000	Over 50,000[8]	50,000	10,000						

	Category	Welsh Govt Delegated Limit - Approval Required[9]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	~~Director of People~~Chief People Officer ~~and Culture~~	~~Exec Director Quality and Nursing~~Chief Clinical Officer	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[10]
	(b) Other causes	50,000	Over 50,000[8]	50,000	10,000						May include losses by fire (other than arson); losses by weather damage or by accident beyond the control of any responsible person; losses due to deterioration. See Annex 1 to Chapter 6 of WGMFA for further info
2.	**SPECIAL PAYMENTS**										
2.1.	**Compensation payments under legal obligation**	N/A	Board to be made aware of payment over 25K	Over 100,000	100,000	25,000	25,000				Payments fall into this category only if a clear liability exists as a result of a Court Order or a legally binding arbitration award. This category can include compensation for injuries to persons, damage to property and unfair dismissal. Payments into court, and out of court settlements, are not payments made under legal obligation.
2.2.	**Extra contractual payments to contractors**	50,000	Over 50,000[8]	50,000	10,000						An extra contractual payment is one which, although not legally due under the original contract or subsequent amendments, appears to be an obligation which the Courts may uphold. Such an obligation will usually be attributable to action or inaction by a health body in relation to the contract. See Annex 2 to Chapter 6 of WGMFA for further info
2.3.	**Ex gratia payment**										Ex gratia payments are payments which a health body is not obliged to make or for which there is no statutory cover or

Category	Welsh Govt Delegated Limit - Approval Required[9]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	~~Director of People~~Chief People Officer ~~and Culture~~	~~Exec Director Quality and Nursing~~Chief Clinical Officer	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[10]
										legal liability. An example is a payment to compensate for financial loss resulting from an act or failure of the body or its servants which does not give rise to a legal liability or the payment of compensation claims or damages. See Annex 2 to Chapter 6 of WGMFA for further info
(a) To patients and staff for loss of personal effects	50,000	Over 50,000[8]	50,000	10,000	10,000					
(b) For clinical negligence (negotiated settlements following legal advice) where the guidance relating to such payment has been applied	1,000,000	Over 500,000[8]	500,000			100,000		50,000	10,000	Delegations are inclusive of plaintiff's costs. Many clinical negligence and personal injury cases are settled out of Court and are, therefore, classified as ex gratia payments. Provided the relevant guidance has been followed and appropriate legal advice has been obtained, in cases involving negligence the delegated limits are much higher than those which apply to other ex gratia payments
(c) For personal injury claims where legal advice obtained, and relevant guidance has been applied	1,000,000	Over 500,000[8]	500,000			100,000		50,000	10,000	Delegations are inclusive of plaintiff's costs. Many clinical negligence and personal injury cases are settled out of Court and are, therefore, classified as ex gratia payments. Provided the relevant guidance has been followed and appropriate legal advice has been

Category	Welsh Govt Delegated Limit - Approval Required[9]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	~~Director of People~~Chief People Officer ~~and Culture~~	~~Exec Director Quality and Nursing~~Chief Clinical Officer	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[10]
										obtained, in cases involving negligence the delegated limits are much higher than those which apply to other ex gratia payments
(d) Other clinical negligence and personal injury claims including Putting Things Right arrangements	50,000	Over 50,000[8]	50,000			10,000				
(e) Other[12] Except cases for maladministration where there was no financial loss by claimant	50,000	RemCom Over 50,000[8]	50,000		10,000					Other ex-gratia payments include: Voluntary Early Release Scheme payments which must be approved by RemCom regardless of value (SoR 25). Special severance payments when staff leave public service employment should be exceptional. They are usually novel contentious and potentially repercussive, and **ALL must be referred to WG for approval, even if they are within delegated limits** which must be approved by RemCom regardless of value (SoR 25) Settlements on termination of employment. Most payments to staff on termination of their employment will be contractual, but ex gratia payments will sometimes arise (for example to settle a claim against the health body for breach of contract). Only payments made in excess of that which is paid

12 ALL special severance payments (novel, contentious and potentially repercussive) of whatever value must be referred to WG for approval, even if they are within delegated limits

	Category	Welsh Govt Delegated Limit - Approval Required[9]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	~~Director of People~~Chief People Officer ~~and Culture~~	~~Exec Director Quality and Nursing~~Chief Clinical Officer	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[10]
											under contractual obligation should be recorded as ex-gratia in the losses and special payments register. *These payments may be made by Chief Executive (up to £50K) and Executive ~~Director of People~~Chief People Officer (up to £10K) and reported to the next RemCom. They are also included in the report to AC on losses and special payments.
	(f) Maladministration where there was no financial loss by claimant	N/A	Over 50,000	50,000	10,000						In most cases of maladministration there is unlikely to be any legal obligation to pay compensation, and any payment would, as a result, be ex gratia. Such payments may arise: • as a result of a recommendation by the Public Services Ombudsman Wales (PSOW). • in cases, not involving the PSOW, where NHS Wales health bodies consider that the effect of official failure may justify a payment
	(g) Patient referrals outside UK and EEA guidelines	N/A	Over 50,000	50,000	10,000						
	2.4. Extra statutory and extra regulatory Payments	N/A	Over 50,000	50,000	10,000						These are payments considered to be within the broad intention of a statute or statutory regulation, but which go beyond a strict interpretation of its terms. In some cases, WG will advise to classify the payments as extra statutory.

	Category	Welsh Govt Delegated Limit - Approval Required[9]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	~~Director of People~~Chief People Officer ~~and Culture~~	~~Exec Director Quality and Nursing~~Chief Clinical Officer	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[10]
											In all other cases WG must be informed and will advise whether the payments may be treated as extra statutory See Annex 2 of WGMOA for more info.
3.	**REQUISITIONING GOODS AND SERVICES AND APPROVING PAYMENT** **NB: To ensure processes are efficient, timely and appropriately delegated, the Chief Executive with the endorsement of the Director of Finance and Corporate Resources will approve requisitions above £500K (or £200K for management consultants at 3.6 below) arising out of an award approved by the Board in accordance with the Scheme of Matters Reserved to the Board and after satisfying themselves that the requisition is aligned to the approval provided by the Board.**										
3.1.	**Agency staff and private providers**	N/A	See note above	500,000	200,000	200,000	200,000	200,000	50,000 (100,000 for Assistant Director of Operations, Ambulance Care for private providers only)	10,000	Any agency staff, including medical locums. No other managers can authorise use of agency staff.
3.2.	**Building and engineering works (non-capital)**	N/A	See note above	500,000	100,000	100,000	100,000	100,000	50,000	10,000	
3.3.	**Call off orders (annual value)**	N/A	See note above	500,000	100,000	100,000	100,000	100,000	50,000	10,000	High cost medical consumables, provisions, routine supplies, excluding locums or agency staff
3.4.	**Capital expenditure (subject to annual programme being approved by Trust Board)**	N/A	See note above	500,000	100,000	100,000	100,000	100,000	50,000	10,000	The Board to approve cases outside discretionary allowances. Capital programme agreed annually by Board.

Category	Welsh Govt Delegated Limit - Approval Required[9]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	~~Director of People~~Chief People Officer ~~and Culture~~	~~Exec Director Quality and Nursing~~Chief Clinical Officer	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[10]
3.5. Information Technology	N/A	See note above	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Major IT systems, software purchase, PC and printer purchase, networking, computer consumables. Includes software or hardware maintenance contracts
3.6. Management consultants (including professional services)	N/A	See note above	200,000	10,000	10,000	10,000	10,000			
3.7. Periodic payments (invoice value)	N/A	See note above	500,000 *750,000 for utilities/ fuel	100,000 *750,000 for utilities/ fuel	100,000	100,000	100,000	50,000	10,000	*In relation to Gas, Electricity, Council tax, Telephone, Water and Fleet Fuel invoices, due to the high level of expenditure on a recurring basis, payments up to a value not exceeding £750,000 can be authorised by the Director of Finance or the Chief Executive. For the provision of clarity, payments of PIBS (Personal Injury Benefit Scheme) invoices do not require authorisation on the basis that these quarterly payments are a reimbursement of pension payments made that have already been authorised.
3.8. Removal expenses	N/A	N/A			8,000					Allowance of £6,000 per relevant staff member
3.9. Services (including maintenance contracts) over lifetime of contract	N/A	See note above	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Routine maintenance contracts, clinical services (e.g. MRI), legal services, audit, clinical waste etc.
3.10. All other requisitions	N/A	See note		100,000	100,000	100,000	100,000	50,000	10,000	

	Category	Welsh Govt Delegated Limit - Approval Required[9]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	~~Director of People~~Chief People Officer ~~and Culture~~	~~Exec Director Quality and Nursing~~Chief Clinical Officer	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[10]
			above	500,000							
4.	**QUOTATIONS AND TENDERS**										
4.1.	**Authorisation of awards of tenders and competitive quotations**	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by these staff to the value of the contract. Detail provided here on quotations and tenders for ease of reference, but staff must refer to SFIs for further detail: Quotations- a minimum of 3 written quotations for goods/services must be sought where the anticipated value is likely to be above £5,000. Competitive Tenders- a minimum of 3 written competitive tenders for goods/services must be sought where the anticipated value is likely to be above £25,000. Tenders for Supplies and Services above the limit set EU Procurement matters for works above set limits must be sought in compliance with EC Directives (Updated Jan 2008) (OJEU Regulations) as appropriate. All Tenders and Quotations must be sought, registered, and opened via the SSP. These levels of authorisation may be varied or changed and need to be read

	Category	Welsh Govt Delegated Limit - Approval Required[9]	Trust Board	Chief Executive	Exec Director Finance & Corporate Resources	~~Director of People~~Chief People Officer ~~and Culture~~	~~Exec Director Quality and Nursing~~Chief Clinical Officer	Exec Directors / Directors	Heads of service/ Heads of Dept	Budget Holders	Notes[10]
											in conjunction with the Trust Board's Scheme of Delegation Formal authorisation must be put in writing. In the case of authorisation by the Trust Board this shall be recorded in their minutes. Where there is urgency board approval may be by way of Chair's Action in line with the SOs. Exceptions and Instances where formal tendering need not be applied will require authorisation in the form of a request to waive SFIs (pre numbered document from SSP) and authorisation in advance from the Director of Finance or the relevant Assistant Director of Finance (or in their absence the Board Secretary)
5.	**VIREMENT**	N/A	Over 100,000	100,000	25,000						Trust must still meet financial targets and the total Trust budget must remain underspent
6.	**LEASE AGREEMENTS**	**	Over 500,000	500,000	100,000 (with Board Secretary)						**See Schedule 1 to SFIs Copies of all leases are to be kept once signed by the Estates Manager for property related leases and by the Board Secretary for all other leases/contracts
7.	**BUSINESS CASES SEEKING EXTERNAL FUNDING**	N/A	Over 500,000	500,000	100,000	100,000	100,000	100,000	50,000	10,000	Any individual awards of contract that flow from approval of a business case must be approved in line with this Scheme of Reservation and Delegation

Category	Welsh Govt Delegated Limit - Approval Required	Board of Trustees/Trust Board	Charity Committee	Bids Panel	Bursary Panel					Notes
8. CHARITABLE FUNDS	N/A	N/A	Over 5,000	5,000	N/A					

Unless otherwise stated, sub-delegations to others are permitted. It is for individual Directors to ensure that a system of sub-delegations are in place for their respective directorates.

This scheme only relates to matters delegated by the Board to the Chief Executive and their Executive Directors, together with certain other specific matters referred to in SFIs. Each Executive Director is responsible for delegation within their department. They shall produce a scheme of delegation for matters within their department, which shall also set out how departmental budget and procedures for approval of expenditure are delegated.

A Strategic Reporting and Assurance Framework for Board Committees

Purpose: To establish a common framework to guide how board committees receive assurance, beyond core strategic objectives, risks, and outcome-focused KPIs. Its aim is to ensure committee reporting is strategic, risk-based, and proportionate, while enabling the board to discharge its statutory, regulatory, and stewardship responsibilities.

The framework supports a consistent approach across committees, while allowing flexibility to reflect differing remits.

Core Principle: The committee's primary focus is assurance over delivery of the strategic objectives within its remit. Any additional information requested should demonstrably support the committee's ability to advise the Board on delivery, risk, compliance, or organisational resilience, rather than provide operational oversight.

The Strategic Reporting Framework

Committees should expect reporting to fall into five interrelated assurance domains. Items brought to committee should clearly align to at least one or more domains.

1. Strategic Delivery and Outcomes (Primary focus)

Committees oversee:

- progress in delivering the strategic objectives within their remit
- the outcomes expected from planned actions with clear insights, analysis and trends
- the strategic risks to delivery and effectiveness of mitigation..

Reporting should focus on whether the strategy is on track, whether actions are likely to deliver intended outcomes, and whether material risks are being managed within appetite.

2. Risk, Control, and Early Warning

The governance framework should enable committees to receive information that:

- provides early warning of potential threats to strategic delivery/system or partnership concerns
- allows assessment of control effectiveness
- highlights emerging risks not yet reflected in performance outcomes
- covers the relevant NHS Wales Operating and Accountability framework pillars

This may include control assurance reports (audit etc), issues escalated from delivery groups and ELT, and trend data where deterioration would indicate future strategic impact.

3. Statutory, Regulatory, and Legal Compliance

Committees should assure the board that:

- statutory and regulatory duties within their remit are being met
- material non-compliance is identified, understood, and managed

- emerging legislative or regulatory changes are being addressed

Reporting should confirm level of compliance and exposure, risks associated with non-compliance, adequacy of assurance. Detailed compliance monitoring should be limited to exception reporting where risk is elevated.

4. Organisational Sustainability and Capacity

Committees should consider a limited set of indicators that test whether the Trust has the capacity, capability, and resilience to deliver future strategy.

This may include:

- workforce sustainability and capability
- financial resilience
- infrastructure, digital, fleet, or estates readiness
- emergency preparedness

The purpose is assurance over future delivery, not assurance over day-to-day management.

5. Learning, Improvement, and Change

Committees should assure the board that:

- learning from incidents, feedback, and reviews is embedded
- major improvement or transformation programmes are deliverable
- benefits are being realised and risks managed

Reporting should focus on themes, learning, and impact, rather than volume or individual cases.

Supporting Governance Principles

Across all five domains, the following principles apply:

- Focus on value: agendas should be structured around decision-making, assurance and learning, rather than comprehensive reporting
- Clarity of purpose: each committee should have a clearly defined role aligned to strategic priorities and key risks
- Avoidance of duplication: responsibilities should be clearly delineated to reduce repetition between committees and the board
- Alignment to assurance flows: committee structures should support a clear and coherent pathway from operational risk to board level assurance

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	24 September 2026
committee Meeting Date	15 September 2026
Chair	Jayne Beeslee

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

Manchester Arena Inquiry Recommendations

1. The board is requested to note the discussions on the outcome of the Joint Commissioning committee (JCC) review of the Trust's assessment against the Manchester Arena Inquiry (MAI) recommendations. There are no areas for escalation to the board at this time, but members are asked to note that commissioners had endorsed the majority of the Trust's proposed actions as proportionate and targeted improvements and had committed to continuing discussions on those requiring further development through future IMTP cycles. This was viewed by committee members as an important endorsement of the credibility of the Trust's original assessment.

2. The committee noted the progress already made by the Trust despite the absence of a formal commissioner response until recently. This included developments in the National Operations Coordination Centre, an additional Operational Commander post in North Wales, deployment of multi-casualty triage bags, elements of emergency preparedness, resilience and response (EPRR) restructuring and enhancements funded through Welsh Government support. Members welcomed the proactive approach taken by the Trust in progressing improvements wherever possible.

3. Discussion focused on the remaining areas of divergence with commissioners, principally relating to emergency ambulance capacity and a number of recommendations that remain wholly or partially unfunded. It was emphasised that whilst commissioners had not supported additional emergency ambulance resources at this time, the Trust's assessment of the capability gap and associated risks remained unchanged. The committee reflected on the lengthy period of deliberation required by Commissioners and recognised that the Trust has already redirected significant resources and management capacity to support implementation. Committee confirmed that further progression of the remaining recommendations would be increasingly difficult within the current financial environment without significantly impacting upon the delivery of other service priorities.

4. Members also highlighted the implications of future major events, including the Tour de France in 2027 and UEFA Euro 2028, noting that these events increase the importance of preparedness and reinforce the relevance of the capability gaps identified through the MAI work. Assurance was provided that dedicated planning arrangements are now in place and that the Trust is actively engaging with Welsh Government and NHS Performance and Improvement regarding the resources required to support planning and delivery. However, concern was expressed that planning costs are already being incurred without any central identified funding stream to support these events.

5. A significant element of the discussion focused on risk ownership. Members reflected that, whilst the Trust had clearly articulated the residual capability, preparedness and financial risks, there was a need to ensure these were recognised and shared across the wider system. The committee concluded that the remaining risks could not be addressed by the Trust alone and should continue to be escalated through ongoing discussions with commissioners, NHS Performance and Improvement and Welsh Government. The committee therefore took broad assurance from the progress made to date whilst recognising that a number of material funding and capability issues remain unresolved and will need to be closely monitored through the corporate risk framework and future committee reports.

ADVISE

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

6. Members welcomed and the committee noted **formal approval of the 2026/27 IMTP by Welsh Government**, with detailed accountability conditions awaited. An update was provided on preparations for the next planning cycle, including earlier engagement with stakeholders, incorporation of lessons learned from the previous process and a renewed focus on understanding interdependencies across programmes. Early planning assumptions suggest continuity of current priorities, with a focus on consolidating and realising benefits from existing transformation programmes, strengthening digital delivery, and responding to the anticipated financial challenges of a flat-cash settlement. Members supported early Board involvement in shaping priorities and recognised that the scale of future savings requirements may influence the extent of organisational change required.

7. **Members reflected** on the quality and clarity of the reports presented and noted that they provided a comprehensive yet appropriately concise overview of key areas of responsibility. The committee reaffirmed its commitment to supporting the ongoing development of governance, risk and assurance arrangements and welcomed the continued focus on ensuring that reporting remains proportionate and with a strategic focus.

ASSURE

(Detail here assurance items the committee receives)

The following items will also be presented to board at their next meeting however members may benefit from the following points of discussion from the committee:

Financial Position

8. Financial **performance month 4 and month 5 2026/27** was reviewed and that detail will be in the board meeting on 24 September. Of note from the committee:
   - The Trust continues to report a balanced position year-to-date and is forecasting delivery of a balanced outturn for the financial year. Members were advised that this forecast remains dependent upon a number of assumptions, most notably the continued Welsh Government support for Welsh Risk Pool cost pressures, which remains the principal assumption underpinning the financial plan.
   - The report highlighted ongoing monitoring of fuel cost pressures and potential volatility in Q4 energy prices, although neither was currently expected to jeopardise the forecast financial position. It was also noted that confirmation had now been received that the Joint Commissioning Committee would not seek any additional financial contributions during the year, removing a previously reported risk. Savings delivery continues to perform well and is forecast to exceed £7.8 million, with all savings now embedded recurrently within budgets.
   - The committee also noted that there were no significant financial concerns at directorate level and that the capital programme remains on track, with the majority of planned expenditure expected to take place during the second half of the year as business cases progress through the approval process.
   - Members noted the outcome of the Trust's financial grip and controls self-assessment to Welsh Government. The assessment provided assurance that robust financial grip and control arrangements are in place across the organisation, with only a small number of areas identified for further development. It was reported that the majority of these improvement actions were already being progressed through existing programmes of work, including strengthening financial management capability amongst non-finance budget holders and continuing to enhance finance business partnering arrangements.
   - The committee discussed the residual risk associated with the Welsh Risk Pool assumption within the financial plan. Whilst Welsh Government has confirmed that the additional costs will be supported provided the Trust achieves breakeven, members agreed it remains appropriate to retain this as a risk until formal funding is received and the year-end position is secured. The Committee noted that there also remains a broader policy risk should national funding assumptions change during the year, albeit this was considered unlikely given the assurances received to date.

Monthly Integrated Quality and Performance Review (June/July 2026)

9. The committee received the second iteration of the revised MIQPR and noted that further refinements will be incorporated into the Board report as a number of measures continue to mature. The committee discussed ongoing performance challenges across 999, 111 and NEPTS services and received assurance that targeted improvement actions are being prioritised ahead of winter, including actions arising from the Clinical Model Transformation programme.

10. Members noted continued pressure on 111 abandonment rates due to demand exceeding available capacity and received assurance that improvement actions are underway to improve call handling and patient access. In NEPTS, performance challenges relating to discharge and transfer journeys,

particularly in North Wales, continue to be addressed jointly with health board partners.

11. The committee held a detailed discussion on productivity measures and noted that average jobs per shift, when viewed in isolation, can be a crude indicator of performance. Members explored the distinction between utilisation of Advanced Paramedic Practitioners and Emergency Ambulances and suggested a future deep dive into utilisation metrics to provide richer insight into operational productivity.

12. Significant discussion focused on the relationship between ambulance handover delays and ambulance performance. The committee noted modelling which demonstrates that sustained improvements in Handover 45 performance would release substantial capacity to respond to unmet demand and improve patient outcomes. Assurance was provided that the Trust is well positioned to utilise any released capacity, and that this evidence continues to be shared through national forums, including Community by Design and the Urgent and Emergency Care Programme Board. The committee also recognised that, whilst the Trust continues to advocate strongly for improved handover performance, accountability for delivery of Handover 45 targets sits outside the Trust's direct control. The committee noted the handover lost hours improvement in July, and heard this trajectory was repeated. The Audit Wales report on urgent and emergency care published in June 2026 was included in the papers for this meeting and members noted the findings related to handover delays putting patients at risk and increasing pressure on the whole system.

The following items were only presented to this committee, and therefore broader assurance is provided to the board as follows:

13. The **Audit Wales report on Non-Emergency Patient Transport (NEPTS)** was received, and had been presented to the Audit, Risk and Assurance committee (ARAC) by Audit Wales on 3 September. The ARAC feedback was relayed to the committee. Members noted its positive conclusion that the Trust's plans remain aligned with the future vision for services in Wales. Whilst opportunities for improvement were identified, members recognised that many have already been addressed through subsequent enhancements.

14. The **Audit Wales report on Digital Transformation** was received and had been presented to the ARAC by Audit Wales on 3 September. The ARAC feedback was relayed to the committee. Members noted the positive assessment of the Trust's digital ambition and progress, recognising that many recommendations are already being addressed through existing work programmes. Assurance was provided that governance arrangements are in place to oversee delivery of the remaining actions.

15. The committee received an **update on the digital portfolio**, noting continued delivery across a complex and increasingly demanding programme of work. Particular attention was drawn to the significant complexity of the data work underpinning the Clinical Model Transformation (CMT) programme and associated benefits realisation arrangements. Assurance was provided that CMT remains the primary focus for the insights and data team, with dedicated resource and governance arrangements in place to support delivery of the benefits framework and reporting requirements. The committee discussed the role of the newly established Digital Oversight Group (DOG), which is intended to provide a single point of oversight for digital demand, prioritisation, capacity management and benefits realisation. Members welcomed the early progress made in establishing DOG, recognising its importance in supporting evidence-based prioritisation decisions, maximising

value from limited digital resources and ensuring alignment between digital investment and organisational objectives.

Whilst noting continued recruitment and delivery successes, members recognised the significant demand pressures facing digital services and the need for difficult prioritisation decisions as digital dependencies continue to grow across the organisation. The committee took assurance from the governance arrangements in place and the focus on benefits realisation, particularly in relation to CMT and wider transformation programmes.

16. The committee received an update on the **information governance** position, including continuing non-compliance against statutory response times for freedom of information requests, subject access requests and data protection impact assessments. Members noted the significant and sustained increase in demand, together with the growing complexity of requests, and ongoing capacity pressures despite recovery actions already underway. The committee welcomed the progress being made in reducing backlogs, improvements in cyber compliance and the resolution of issues relating to CCTV recording arrangements. Members acknowledged that some areas of non-compliance are an inevitable consequence of the scale of requests currently being received and supported the approach being taken to focus limited resources on the areas of greatest organisational risk and benefit. The committee was assured that external support options are being explored to help improve compliance levels, whilst recognising the wider capacity constraints being experienced across NHS Wales support services.

17. The committee received the **first annual estates infrastructure report**, incorporating the estates maintenance values, estates backlog reduction plan, waste management, energy management, and the ISO14001 accreditation. It was noted that fire safety has been excluded from the current report and will continue to be reported separately through the annual fire safety report in January 2027, reflecting the importance of maintaining dedicated oversight following recent internal audit activity. Members noted that the forthcoming quinquennial estate condition survey will provide an updated evidence base to inform future estate priorities and capital investment decisions.

18. The **audit tracker Q1 report** was received and whilst some actions were overdue the risks they posed were minimal.

19. In **private session** members endorsed various business cases and contract awards for the board's approval as well as discussion on cyber security reporting and risk.

RISKS

Risk Management: The committee reviewed the principal risks for its remit, noting that many of the risks had been considered during substantive item on the agenda, including those relating to cyber security, emergency preparedness, AI, records management, decarbonisation and MAI recommendations, demonstrating the value of the committee's role in scrutinising the underlying controls and mitigating actions.

There are no escalations for the board.

The next phase of development of the risk management framework was welcomed, particularly the introduction of risk appetite and tolerance thresholds. Members noted that whilst risk scores had remained relatively stable, the planned application of tolerance levels is expected to provide greater clarity on which risks are genuinely outside the organisation's accepted appetite and therefore warrant additional management focus and resource.

The committee also discussed the concept of shared system risk, referencing earlier discussions on emergency preparedness and the MAI. Members welcomed emerging work at NHS Wales level to develop a broader system risk perspective and recognised opportunities to strengthen how risks that sit beyond the direct control of a single organisation are articulated and managed collectively across the system.

COMMITTEE AGENDA FOR MEETING		
Financial performance months 4 and 5	IMTP update	MAI progress update
MIQPR June/July	Audit Wales review – NEPTS	Audit Wales review – digital transformation
Digital reporting September 2026	Information governance report	Annual estates infrastructure report
Risk management report	Audit tracker Q1 2026/27	

COMMITTEE ATTENDANCE						
Name	**19 May 2026**	**21 Jul 2026**	**15 Sep 2026[1]**	**17 Nov 2026**	**19 Jan 2027**	**16 Mar 2027**
Jayne Beeslee (Chair)						
Bethan Evans			[2]			
Peter Curran		Until item 8[3]				
Chris Turley		[4]				
Rachel Marsh		James Houston				
Lee Brooks		Mark Harris				
Liam Williams						
Director of People		Liz Rogers	Bev Flood			
Jonny Sammut		Leanne Smith				
Trish Mills	Julie Boalch					
Hugh Parry	Until 12:40					
Damon Turner						
Matt Dugdale						
Penny Durrant						

	Attended
	Deputy attended
	Apologies received
	No longer member

[1] Emma Wood was in attendance for this meeting
[2] Not in the meeting for items 9 to 12
[3] Colin Dennis and Emma Wood were in attendance for this meeting also
[4] Jason Collins was in attendance for this meeting

Agenda Item No.	13

REPORT TITLE

Governance report: September 2026

MEETING

Name of meeting	Trust Board
Date of meeting	24 September 2026
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

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

1. This report sets out where applicable the Chair's Actions taken since the last board meeting, 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 which require reporting the public.

Trust Seal approval requests

2. The Trust Board is asked to approve the *application of the Trust Seal only* on the documents relating to the following transactions:

2.1 Application of the Trust Seal on the Lease renewal document for Unit C Trecenydd Business Park, Caerphilly. The parties to the transaction are Callowgate Limited and the Welsh Ambulance Services University NHS Trust.

2.2 Application of the Trust Seal *on six documents* which relate to one overarching transaction in reference to units four and five of the Heart of Wales Business Park, Llandrindod Wells, Powys, LD1 5AB. The parties to the transactions are Clive William Jones, Susan Elizabeth Mary Jones, Julie Anne Jones Freire and Garrabost Ltd and the Welsh Ambulance Services University NHS Trust.

Decisions made in private session

3. The decisions made at the private by the board to be reported are:

*Decisions made on the **30 July 2026***

3.1 The approval of a consolidated Clinical and Quality directorates into a single Clinical and Quality Directorate, with associated adjustments to the new unified directorate senior leadership model. Within this, it was agreed that the Chief Clinical Officer will be the single clinical executive at the board, supported by defined professional leadership from nursing, paramedicine, and other clinical professions.

3.2 The discretionary business case and associated contract award to the preferred contractor for the works required at the Rhyl Ambulance Station. Assurance was provided that due diligence on the proposal, including receiving and discussing additional information relating to the procurement process, had been completed prior to endorsement and submission to the board.

RECOMMENDATION(S)

See writing and presentation guidance here to inform this section

The Trust Board is requested to:

1. Approve the application of the Trust Seal for the transactions detailed above.

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 & Research	☐ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
n/a	n/a

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