

Bundle People and Culture (Open Session) 16 November 2023

Agenda attachments

- 00 PCC OPEN – Agenda – 16 November 2023
- 0 11:00 – OPENING ITEMS
- 1 Chair's Welcome, apologies and confirmation of quorum
- 2 Declarations of Interest
Board Member Register of Interests-Updated 2023.10.06-Published.xlsx (nhs.wales)
- 3 Minutes of the last meeting – 17th August 2023
03 Unconfirmed OPEN PCCmins 17 August 2023
- 4 Action Log and Matters Arising
04 Action Log for November Meeting
- 4.1 Committee Highlight Report
04.1 People and Culture Committee Highlight Report August 2023
- 5 11:05 – Director Update People and Culture
05 Director Update People and Culture
- 6 11:10 – Operations Quarterly Report for Committees 2023–24 Q2 (July – Sept 2023)
06 Operations Quarterly Report for Committees 23–24 Q2
- 6.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 7 11:20 – Staff Story
- 8 11:35 – Engagement Framework Delivery Plan and Associated Engagement Activities: An Update
08 Engagement Framework Delivery Plan and Associated Engagement Activities
08a Engagement Framework Annex
- 9 11:55 – Health and Care Professional Council Registration and Nursing and Midwifery Council Revalidation 2023
09 Health and Care Professional Council Registration and Nursing and Midwifery Council Revalidation 2023
- 10 12:10 – People and Culture IMTP 2024–2027
10 People and Culture IMTP 2024–2027
10a Appendix IMTP Draft Objectives 2024.25
- 10.1 12:30 – LUNCH BREAK
- 11 13:00 – Strategic Equality Plan
11 Strategic Equality Plan
11a App A – WAST Strategic Equality Plan Consultation and Engagement Analysis V3
11b App B – DRAFT Strategic Equality Plan 2024–2028 Welsh Ambulance Service NHS Trust
- 12 13:10 – Risk Management & Board Assurance Framework Report
12 Risk Management and Board Assurance Framework Report
- 13 13:20 – Speaking Up Safely Framework
13 Speaking up Safely Framework
13a Appendix A – ES – Response to JP October 2023
13b Appendix B – Framework
13c Appendix C – 2023–08–25 JP to CEs Quality and Safety Systems 1
13d Appendix D – Self Assessment
13e Appendix E – 2023_10_23 – Policy Group – SBAR NHS Wales Procedure for NHS Staff to Raise Concerns 1
13f Appendix F – 2023_10_23 – Policy Group – SBAR NHS Wales Procedure for NHS Staff to Raise Concerns (Appendix 1)
13g Appendix G – MA-EM-2262-23 – WHC_2023_036 Speaking up Safely Framework– Doc
- 14.1 13:30 – Workforce Challenges – NHS Workforce Data Briefing
14.1 Workforce Challenges – NHS Workforce Data Briefing
- 14.2 Workforce Planning Audit
14.2 Workforce Planning Audit
14.2a WAST Workforce Report final
- 15 13:40 – People and Culture Plan Metrics Update
15 People and Culture Plan Metrics Update

- 15a Appendix 2 – Metrics Update – Summary
- 15.1 13:50 – BREAK
- 16 13:55 – Culture Review Tool
 - 16 Culture Review Tool
 - 16a App 2 Team Culture Health Check Toolkit for Managers – FINAL
 - 16b App 3 CEWS Tool
 - 16c App 4 USING CEWS
- 17 14:15 – People and Culture Performance Scorecard Report
 - 17 People and Culture Performance Scorecard
 - 17a Appendix 1b – People and Culture KPIs September 2023
 - 17b Appendix 1c – PADR Data Review and Analysis_Oct 23
- 18 14:25 – Monthly Integrated Quality and Performance Report
 - 18 MIQPR SBAR PCC September October 2023
 - 18a MIQPR ANNEX PCC September October 2023
- 19 14:40 – Pulse Survey (HIVE)
 - 19 Pulse Survey (Hive)
 - 19a Appendix WAST Hive Intro Deck
- 20 14:55 – WASPT AAA Highlight Report – August & October 2023
 - 20 WASPT AAA Report 30 August and 12 October 2023
- 21.1 15:00 – Health and Safety Performance Report, Quarter 2, 2023/2024
 - 21.1 Health & Safety Performance Report Quarter 2 2023–2024
 - 21.1a Health, Safety and Violence and Aggression Quarter 2 Report (2023–24) – Appendix
 - 21.1b Health & Safety Performance Report, Quarter 2, 2023–2024 – Appendix 2
- 21.2 Health and Safety Policy
 - 21.2 Health and Safety Policy
 - 21.2a Health and Safety Policy V10.3 310823
- 22.1 15:10 – Audit Tracker 2.0 – October 2023
 - 22.1 Audit Tracker 2.0 October 2023
 - 22.1a Audit Tracker 2.0 July–September 2023 – Copy for Committee reporting post ADLT 091023
- 22.2 Senior Paramedic Role Internal Audit Report
 - 22.2 Senior Paramedic Role Internal Audit Report (Final)
- 22.3 CONSENT ITEMS
- 23 Staff Story Diagram
 - 23. Staff Story Diagram final
- 24 Committee Priorities and Cycle of Business Monitoring Report
 - 24 Committee Priorities and Cycle of Business Monitoring Report
 - 24 Cycle of Business Monitoring Report
- 24.1 CLOSING ITEMS
- 25 15:20 – Key Messages for Board/Actions/Decisions
- 26 Reflections of Meeting
- 27 Any Other Business
- 28 Date of next meeting – 20 February 2024

OPEN MEETING OF THE PEOPLE AND CULTURE COMMITTEE

Held on Thursday 16 November 2023 from 11:00 to 15:30

Meeting held virtually via Microsoft Teams

Lunch break 30 minutes

Comfort Break between Open and Closed - 10 minutes

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's Welcome, apologies, and confirmation of quorum	Information	Paul Hollard	Verbal	5 mins
2.	Declarations of Interest	To State Conflicts	Paul Hollard	Verbal	
3.	Minutes of last meeting – 17 August 2023	Approval	Paul Hollard	Paper	
4.	Action Log and Matters Arising 4.1 Committee Highlight Report – August meeting	Review	Paul Hollard	Paper	
5.	Director of People and Culture Update	Information	Angie Lewis	Paper	5 mins
6.	Operations Quarterly Report Q2	Information	Lee Brooks	Paper	10 mins
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
7.	CEO Roadshow: Staff Feedback	Discussion	Angie Lewis	Verbal	15 mins
8.	Engagement Framework Delivery Plan and Associated Engagement Activities: An Update	Assurance	Estelle Hitchon	Paper	20 mins
9.	Health and Care Professional Council Registration and Nursing and Midwifery Council Revalidation 2023	Assurance	Andy Swinburn Liam Williams	Paper	15 mins
10.	People and Culture elements of 2024-27 IMTP	Discussion	Angie Lewis	Paper	20 mins



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Break for lunch (12.30 – 13.00)

11.	Strategic Equality Plan	Discussion	Kat Cobley	Paper	10 mins
12.	Risk Management and Board Assurance Framework Report	Assurance	Julie Boalch	Paper	10 mins
13.	Speaking Up Safely Framework	Endorsement	Catherine Goodwin	Paper	10 mins
14.	14.1 Workforce Challenges – NHS Workforce Data Briefing 14.2 Workforce Planning Audit	Assurance	Liz Rogers Fflur Jones	Paper	10 mins
15.	People and Culture Plan Metrics Update	Discussion	Angie Lewis	Paper	10 mins

BREAK (14.00 – 14.05)

16.	Culture Review Tool	Endorse	Sara Mills	Paper	20 mins
17.	People and Culture Performance Scorecard Report	Assurance	Angie Lewis	Paper	10 mins
18.	Monthly Integrated Quality and Performance Report	Assurance	Alex Crawford	Paper	15 mins
19.	Pulse Survey (HIVE)	Assurance	Angie Lewis	Paper	15 Mins
20.	WASPT Highlight Report	Assurance	Angie Lewis	Paper	5 Mins
21.	21.1. Health and Safety Update 21.2. Health and Safety Policy	Assurance Approval	Liam Williams Liam Williams	Paper	10 mins
22.	22.1. Audit Tracker 22.2. Senior Paramedic Role Internal Audit Report	Assurance Assurance	Trish Mills Andy Swinburn	Paper	10 mins

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.

23.	Staff Story Driver Diagram	Information	Angela Lewis	Paper	



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24.	Committee Priorities and Cycle of Business Monitoring Report	Information	Trish Mills	Paper	
CLOSING ITEMS					
25.	Key Messages for Board/ Actions/Decisions	Discussion	Paul Hollard	Verbal	5 mins
26.	Reflections of Meeting	Discussion	Paul Hollard	Verbal	
27.	Any Other Business	Discussion	Paul Hollard	Verbal	
28.	Date of next meeting: 20 th February 2024	Information	Paul Hollard	Verbal	

Lead Presenters

Name	Position
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Kat Cobley	Head of Inclusion and Engagement
Alex Crawford	Assistant Director of Planning and Transformation
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Estelle Hitchon	Director of Partnerships and Engagement
Paul Hollard	Committee Chair and Non-Executive Director
Fflur Jones	Audit Wales
Angie Lewis	Director of People and Culture
Sara Mills	Head of Culture and OD
Trish Mills	Board Secretary
Liz Rogers	Deputy Director of People and Culture
Andy Swinburn	Director of Paramedicine
Liam Williams	Executive Director of Quality and Nursing

UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON 17 AUGUST 2023

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non-Executive Director and Chair
Lee Brooks	Executive Director of Operations
Judith Bryce	Assistant Director of Operations (joined for item 59/23)
Alex Crawford	Assistant Director of Planning and Transformation
Ian Cross	Volunteer Car Service Driver (joined for item 58/23)
Sarah Davies	People and Culture Directorate Business Manager
Bethan Evans	Non-Executive Director
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Estelle Hitchon	Director of Partnerships and Engagement
Melfyn Hughes	Welsh Language Services Manager (left after item 65/23)
Ross Hughes	NWSSP Internal Auditor
Caroline Jones	Corporate Governance Officer
Fflur Jones	Audit Wales
Jo Kelso	Head of Workforce Education & Development
Kathryn Cobley	Head of Inclusion and Engagement (left after item 61/23)
Angie Lewis	Director of People and Culture Services
Sara Mills	Head of Culture and OD
Trish Mills	Board Secretary
Gareth Parry	Operations Manager (VCS) (left after item 59/23)
Hannah Rowan	Non-Executive Director
Paul Seppman	Trade Union Partner
Marinella Stoicheci	Risk Officer
Joanne Sullivan	HR Business Partner (left after item 61/23)
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources (left during 66/23)
Damon Turner	Trade Union Partner
Dee Udeze-Chibuzor	Head of Workforce Transformation and Planning
Liam Williams	Executive Director of Quality and Nursing (left after item 72/23)

APOLOGIES:

Julie Boalch	Head of Risk/Deputy Board Secretary
Liz Rogers	Deputy Director of People and Culture
Joga Singh	Non-Executive Director
Mark Marsden	Trade Union Partner

53/23 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all to the meeting of the People and Culture Committee and asked that members focus on the people and culture aspects, recognising that other forum receive similar reports.

Apologies were recorded from Julie Boalch, Liz Rogers, Joga Singh and Mark Marsden.

54/23 DECLARATIONS OF INTEREST

No new declarations were made in addition to the standing declarations which were already noted on the Trust register.

RESOLVED: That no new declarations were received.

55/23 MINUTES OF PREVIOUS MEETING, ACTION LOG AND HIGHLIGHT REPORT

The Minutes of the Open meeting held on 9 May 2023 were considered and agreed as a correct record.

An update was provided on action 29a/23 with guidance for line managers to allow time where possible, for staff time off for non-Christian festivals. Guidance to be shared at a later date – action closed.

29b/23 Potential prayer space was proving a challenge across the estate due to the need to increase operational space. Multi-use rooms would be explored with prioritisation given to non-Christian needs – action closed.

Trish Mills confirmed that the alert raised within the highlight report was a good news alert.

RESOLVED: That the

- 1) minutes of the meeting held on 9 May 2023 were AGREED; and**
- 2) action log was reviewed and updated.**

Angie Lewis gave an update on recent developments within the People and Culture Directorate, providing an overview on good news stories as well as some challenges.

The national recognition of two staff members, Ashley Page, ACA2, who received a special recognition award for his work to improve equality and inclusion for LGBTQ+ communities in Wales, and also to Catherine Wynn-Lloyd who won the 2023 Employers for Carers Award was noted. Additionally, it was noted that a number of colleagues had completed the foundation change management course and become change practitioners, with a further smaller cohort becoming accredited practitioners. Sarah Davies was acknowledged for her invaluable work to ensure training was delivered with some more still to do.

Whilst sickness absence saw a slight increase in July, the trajectory was going down which was due to the collaborative working across the Trust, recognising that whilst supporting staff when they were ill was important, there was a need to avoid the sickness in the first instance if possible.

It was noted that the Trust would be the first ambulance service in the UK to pilot a scheme for newly qualified paramedics (NQPs), which would accelerate NQPs learning by offering the opportunity to experience an alternative NQP process that would offer this cohort exposure to our newest services such as the Clinical Service Desk, the Cymru High Acuity Response Unit and Advanced Paramedic Practitioner rotations.

Following the recent BBC Wales story on sexual safety and misogyny, feedback as a whole has been relatively positive with our people welcoming the proactive and sensitive approach to this difficult issue. There had been a slight increase in individuals coming forward, which was welcomed in line with our Speaking up Safely programme. The Speaking up Safely platform has commenced with three Guardians identified for a soft launch in July, and formal launch in September.

Members were mindful that the challenging financial outlook for 2023/24 and the additional savings that the Trust may be required to find would have an impact on both our staff and patients.

The challenges with partnership working currently that management and Trade Union Representatives were working through, as they get back into a rhythm following industrial action, was noted. Everyone recognised that there was a period of healing during which engagement was sensitive, however there was a good partnership working basis upon which to have those discussions.

Members received the update and noted the key messages from the Directorate, recognising the importance and significance of the work being undertaken.

RESOLVED: That the update from the Director of People & Culture was NOTED.

57/23 OPERATIONS QUARTERLY REPORT

Lee Brooks accepted that this report had been circulated and reviewed in other meetings and took the report by members as read.

Paul Hollard referenced the importance of the report which covered the wider portfolio of the Operations Directorate.

Paul Seppman gave positive feedback on some of the work which was ongoing in relation to the EMSC challenges around retention, also noting that work had started around the six week relief work. He added that there were issues which needed to be discussed further at the meeting being held next week.

Paul Hollard requested an update on the NHS Charities Together award as part of the volunteering strategy and how it is developing.

RESOLVED: That the Operations Quarterly Report was NOTED.

58/23 STAFF STORY – VOLUNTEER CAR SERVICE DRIVER, IAN CROSS

Angie Lewis introduced Ian Cross, Volunteer Car Service Driver. Ian, who has been volunteering for 40 years with the last three also for the Trust, more recently with his dog Buddy accompanying him, was recently awarded the British Empire Medal. Members heard of the regular journeys Ian undertakes in South Wales and his trips further afield to support patients to receive treatment, and his enjoyment in what he does around his full-time job.

Lee Brooks suggested the partnering of a volunteer driver perhaps with an oncology patient or those needing to access frequent treatment for a period of time to provide continuity for the patient. Whilst the idea was welcomed the logistics of the volunteer's availability would not always mean this was feasible.

Improvements which could enhance the experience of volunteers such as ease of access to personal protective equipment (PPE), in car communication methods and signage were discussed and the Committee agreed to review progress on these at the November meeting.

Members thanked Ian for his service and the comfort and support he and Buddy give to our patients and their families.

RESOLVED: That the

1) staff story was welcomed; and

2) progress on the issues identified be reviewed at the November meeting.

VISIBLE VALUABLE VOLUNTEERING

Judith Bryce gave a presentation to the Committee which provided an overview of the progress made since the strategy was launched and the work undertaken to review the issues.

Whilst delivery of strategic objectives for years one and two where somewhat impacted by the pandemic, in the last 18 months the volunteer scope and a governance framework have been developed with investment in all aspects of volunteering and enhanced inclusion of our volunteers into #TEAMWAST, including access to the 24/7 health support line and counsellors.

The volunteer team in the Operations Directorate supported a strengthened voice of the volunteers through the Volunteer Steering Group. The Chair of this group also attends Management Team meetings, WAST leadership symposiums and management training, allowing a more embedded relationship between these structures.

Some issues raised by the volunteers were consistent with those faced by staff. The Trust has worked hard to address the issues and has invested both time and money to improving matters such as a mileage upgrade, introducing pain relief to be administered, and uniform – to name a few.

Additionally, Community First Responders (CFRs) have increased by 224, with a total of 690 expected by the end of the 2023/24 financial year. This has meant more volunteers responding to incidents this year including to Red calls and thereby improving the mean response times for these calls. CFRs are closing 300-400 patient episodes of care on scene, with support from the Clinical Support Desk. The Volunteer Car Service undertook 25,944 journeys this year including journeys to Scotland and London. There are plans to grow that service from 98 to 200 by the end of the financial year.

Andy Swinburn queried the number of CFRs who became paid members of staff, and how to make this a viable route, and requested to be involved in the transition route. Kathryn Cobley was keen to learn about the possibilities of recording the equality monitoring data for volunteers and was assured that a new management system was being progressed which would capture this data going forward.

Members heard of the extent of the successful schemes introduced for volunteers and commended the team for the exemplar work. The benefit of volunteers in the challenging financial climate was emphasised, and the Committee welcomed a further focus on volunteers at the Trust's Annual General Meeting on 27 September, where the full extent of the advances made would be showcased.

RESOLVED: That the progress to date in delivering the Volunteer Strategy Action Plan, was discussed and received.

60/23 WELSH LANGUAGE STANDARDS ANNUAL REPORT

The Welsh Language Standards Annual Report 2022-23 was presented bilingually for the first time by the Welsh Language Services Manager, Melfyn Hughes, which was welcomed. The report would be presented to the Board at its September meeting.

It was noted that the Welsh Language Framework and related deliverables have been included in the Trust's Integrated Medium-Term Plan (IMTP). This incorporates compliance with the Welsh Language Standards.

The Operations Directorate were reviewing the calls answered in Welsh to the 111 and NEPTS services at their weekly performance meeting, and this metric would be monitored in the Committee metrics in the MIQPR.

The Committee commended Melfyn for the extensive amount of work to promote and advance the Welsh Language within the Trust in response to the Welsh Government's More than Just Words Action Plan.

RESOLVED: That the Welsh Language Standards Annual Report 2022-23 was noted and endorsed.

61/23 RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

Trish Mills presented the 'Risk Management and Board Assurance Framework' report. The report in respect of the Trust's principle risks, specifically the six risks relevant to the remit of this Committee were considered.

Risk 160 (High absence rates impacting on patient safety, staff wellbeing, and the Trust's ability to provide as safe and effective service)– Whilst progress was being made to reduce sickness absence, high absence rates impact on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service. The risk rating remains under review and is currently at a rating of 20 (5x4) as of July 2023.

Risk 201 – (Damage to Trust reputation following a loss of stakeholder confidence) -The score for this risk remains high and has been static for some time. Damage to the Trust's reputation following a loss of stakeholder confidence remains at 20 (4x5). The bi-annual partnerships and engagement report will be discussed at the November Committee meeting, which will include a deep dive on this risk. The risk rating will be de-escalated as soon as is appropriate.

Risk 163 – (Maintaining Effective & Strong Trade Union Partnerships) - Whilst the national pay dispute has ended for the majority of Trade Unions, relationships with Trade Union Partners need to be approached sensitively. There are a range of issues that require engagement and partnership working, alongside the full implementation of all aspects of the Trust annex. The score has increased from 12 (3x4) to 16 (4x4).

Updates were provided for risks 199 (failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with health and safety statutory legislation – score of 15). As noted above, the recent internal audit on health and safety received a reasonable assurance rating. Risk 558 (deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remains static at a score of 15.

Risk 557 – potential impact on services as a result of industrial action was de-escalated and closed.

The Committee also reviewed risks 223 and 224 and agreed that the risk commentary box within the Board Assurance Framework was useful to provide rationale for these high rated risks where the Trust's actions were unable to reduce them from 25. (Risk 223: The Trust's inability to reach patients in the community causing patient harm and death & 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).

Members received the report and noted the current position in relation to risks that were relevant to the Committees remit along with the Trust's two highest scoring risks which were assigned to Quest.

RESOLVED: That the

- 1) the review of each high rated principal risk including ratings and mitigating actions was noted;**
- 2) the increase in score of Risk 163 from 12 to 16 was noted;**
- 3) the closure of Risk 557 from the Corporate Risk Register was noted.**

62/23 MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Alex Crawford gave a brief overview of the main points from the Monthly Integrated Quality and Performance Report.

The June/July 2023 Monthly Integrated Quality and Performance Report ("MIQPR") and the quarter one Quarterly Workforce KPIs showed that continued high handover delays remained a significant pressure on our people. The Committee noted:

- Shift overruns have decreased as part of focused work under the IMTP, the WAST Annex and pilot programmes;

RESOLVED: That the June/July 2023 Integrated Quality and Performance Report and actions being taken were considered.

63/23 WORKFORCE PERFORMANCE SCORECARD REPORT

Angie Lewis shared some important points with Members as set out below:

- Sickness absence levels were reduced with June figures at 7.51%. There had been a slight increase in July, but it remained on a downward trajectory. Short term absence audits had commenced with the Operations Directorate and would be rolled out further over the next six months, with targeted support to line managers in response to the themes emerging.
- Personal Annual Development Review (PADR) rates for June 2023 were 73.1%, an increase from 72.0% from the last meeting, however it did not achieve the 85% target.
- Statutory and Mandatory Training rates had increased in June to 77.53% however it did not achieve the 85% target. The Committee noted that the Executive Management Team would have a focus on these metrics at a directorate level.
- Staff Turnover had seen a positive decline from a peak of 11.64% in July 2022 to June's figure of 9.79%. Staff wellbeing offers continue to be promoted, together with the WAST Voices Network activity continuing.
- There was an increasing number of disciplinarys. Angie Lewis would review and monitor themes and trends.

RESOLVED: That the Committee received and commented on the performance scorecard and associated actions.

64/23 PEOPLE AND CULTURE PLAN METRICS

The metrics proposed to measure the impact of the People and Culture Plan were

presented under the Plan's headings of Culture, Capacity and Capability giving a holistic evaluation of the Plan's effectiveness in enhancing organisational culture, fostering a sense of belonging and optimizing the capabilities of our people.

Further to the deep dive into stress-related sickness absence, the Committee noted that addressing sickness absence, especially those incidences relating to mental health issues and stress, required a comprehensive approach. Treating individual sources or causes of stress was likely to provide temporary relief but did not address the root of the problem. This was an example of a focus on organisational culture, the Trust were investing in long-term solutions that would create lasting, positive change.

Incidents reported under the freedom to speak up safely platform were expected to increase initially, meaning staff felt more comfortable to report concerns and could be viewed as a success in relation to the People and Culture Plan, with levels then falling as changes in culture take place.

Similarly, with moving on or exit interviews, an increase would capture data not only from those leaving the organisation, but also those moving to alternative roles within the Trust and could be viewed as a success.

The metrics were endorsed and would be monitored by the Committee quarterly.

RESOLVED: That the Committee received and endorsed on the proposed People and Culture Plan metrics.

65/23 CULTURAL TRENDS AND THEMES

The presentation relating to this item was taken as read by members with questions invited.

Aligned to the metrics in the People and Culture Plan, a new report was presented that illustrated cultural themes and trends. Three broad areas featured including planned actions to address findings and the impact that will be seen from those actions related to:

- Employee relations, including compassionate practices and respect and resolution;
- Moving on Interviews; and
- Managing Attendance at Work, building on the successful reduction in sickness absence over the last year

The Committee agreed a few adjustments and that the report would be considered on a bi-annual basis. A focused session would be held with Trade Union colleagues on their concerns regarding condensing of compassionate practices training.

RESOLVED: That

- 1) The usefulness of the information collected in enabling the People and Culture Plan and IMTP deliverables was discussed;**
- 2) The report in conjunction with the proposed people and culture metrics was considered; and**
- 3) The proposal to bring this review on a bi-annual basis was agreed.**

66/23

ABSENCE MANAGEMENT

The report provided a broader context for the continued high S10 recording which included all anxiety, stress, depression and mental health related illness, noting that stress was not a formal mental health classification and there was currently no recording within the electronic staff record (ESR) of the source of stress; an overview of current interventions; both at an individual support level and organisationally that the Trust provides for its people.

A healthy workplace culture was essential to reduce the S10 sickness absence recognising that multiple factors contribute to mental ill health or stress, and that identifying a source of stress within this absence code was highly subjective. However, potential drivers included missed meal breaks, overruns, and hand over delays; Datix reporting would support this. Members recognised that staff did need to take responsibility for their own wellbeing.

Support at the Trust for colleagues with stress related issues includes a range of in person and online options, which range from occupational health and clinical psychology to REACT training.

RESOLVED: That the themes in the report were discussed and commented on.

67/23

STAFF DEVELOPMENT OUTLINE PLAN

Andy Swinburn's presentation was well received with members recognising the associated concerns and actions to assess the level of skill fade due to handover delays and the number of patients attended to.

Timescales for milestones and review dates/actions would be drawn up and presented as a development plan should skill fade be identified and approved.

The objective was to gather evidence around skill fade and determine perception versus reality and how staff feel linking back to the stress and anxiety that may be felt by staff.

The proposal to endorse the work was agreed with the language around the impact not the problem being the focus, should a survey be commissioned.

RESOLVED: That the work to gather evidence around skill fade be endorsed.

68/23 WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT) ADVISORY GROUP HIGHLIGHT REPORT – 14 JUNE 2023

The Welsh Ambulance Service Partnership Team (WASPT) highlight report was received and the operational sub-structures that feed into WASPT were noted within the report.

There were no alerts from this meeting however items discussed included:

- Six week relief
- Revised pay offer and WAST specific annex
- EMS establishment
- Diesel engine exhaust emissions

These forums would provide opportunities for resolution and escalation at a more local level, focusing WASPT on strategic issues.

RESOLVED: That the highlight report of 14 June 2023, was noted.

69/23 TU RELEASE TIME INTERNAL AUDIT REPORT

The limited assurance Trade Union Release Time Internal Audit was received by the Committee and actions will be tracked in the audit tracker.

Angie Lewis confirmed the outcome of the audit was shared with Trade Union colleagues and realistic timeframes for management actions agreed.

RESOLVED: That the actions from the Trade Union Release Time Internal Audit Report will be progressed and monitored.

70/23 POLICY REPORT

Members recognised that the report had been to a number of Committees, and it was realised that policies were extant until they were renewed. A programme of work was underway with TU Partners, working closely with the Policy Lead, to review the process.

Members noted the policies relevant to this Committee together with those NHS Wales National policies that were also beyond their review date with confirmation from the employer's unit that timelines were being reviewed for these to be progressed.

Paul Seppman confirmed the robustness of the Policy Group and the detailed discussions that were held.

RESOLVED: That the contents of the Policy report and the programme of work in development to mitigate risk and bring policies in line with appropriate review dates was considered.

71/23 AUDIT TRACKER

The audit tracker is undergoing a full review and together with the guidance for the organisation, will be available for the meeting of the Audit Committee in September 2023.

This guidance has been shared with Internal Audit, Audit Wales and socialised at the Executive Management Team. Additionally, it was noted that before the Committee at this meeting are the internal audit reports for Trade Union Release Time (limited assurance) and Health and Safety (Reasonable Assurance).

The Committee also noted the upcoming internal audits within the remit of this Committee for the remainder of 2023/24. These are Seatbelt action plan (quarter two); Retention of staff (quarter two/three); Disciplinary case management – compassionate leadership (quarter two/three), and the Volunteers Governance (quarter four).

RESOLVED: That

- (a) the work planned and in train for the audit tracker and guidance document which the Audit Committee will review on 14 September was noted;**
- (b) the internal audit reports 'Trade Union Release Time' and 'Health and Safety', were received and reviewed; and**
- (c) any further action required with respect to the open actions under the oversight of this Committee be advised.**

72/23 HEALTH & SAFETY PERFORMANCE REPORT Q1, 2023/24; HEALTH & SAFETY INTERNAL AUDIT REPORT

The Health, Safety and Violence and Aggression Quarterly Report was received with the Committee giving recognition to the improvements being made. The following was noted:

- The number of violence and aggression incidents remains high at 168 for the quarter. Physical assaults on staff in this reporting period are 18, with incidents of verbal abuse amounting to 146. Collaborative working with the Association of Ambulance Chief Executives (AACE) regarding violence and

aggression training continues with the aim of improving the current training. Toolbox talks, raising awareness of case management support are taking place to support staff.

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) compliance has been sustained; with manual handling patients and violence and aggression highest reported by cause.
- Statutory health and safety, fire safety and manual handling training compliance continue to be below the Trust and Welsh Government standards. All staff are encouraged to bring their training levels up to Trust expectations.
- The reporting of incidents for diesel fumes exposure has continued to reduce into quarter one. The Health and Safety Committee would be reviewing this in detail at their Autumn meeting with a report being presented to Welsh Ambulance Service Partnership Team.

Health and Safety Internal Audit Report

The reasonable assurance Health and Safety Internal Audit was received with the Auditors recognising the Trust's commitment to improving health and safety and the work undertaken to date.

RESOLVED: That

- 1) the contents of the report were noted; and**
- 2) the ongoing commitment to improving health and safety was noted and**
- 3) the Health and Safety Internal Audit Report was received.**

73/23

COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING REPORT

The Committee's priorities for 2023/24 are listed below and are progressing well:

- Carry over the Committee priority to support the implementation and championing of the strategic equality objectives, including Welsh Language, to promote an inclusive organisation.
- Development and implementation of the Speaking Up Safety Framework.
- Development and Progress of the People and Culture Plan

The Committee also reviewed its progress against its cycle of business.

Members noted the cycle of business monitoring document which had been provided along with the report.

RESOLVED: That the Committee Priorities and Cycle of Business update was noted.

74/23 SUMMARY OF ACTIONS AND DECISIONS, AND REFLECTION

Paul Hollard reflected on the discussions held recognised the value in the time spent on culture and volunteering and invited Members to comment on the meeting.

Volunteer car service actions would taken forward by Gareth.

RESOLVED: That Members reflected upon the meeting and resulting actions were AGREED.

75/23 ISSUES TO BE RAISED AT BOARD

The discussions from today's meeting would be included within the highlight report which would be presented to the next Trust Board meeting.

76/23 ANY OTHER BUSINESS

No matters were raised.

77/23 DATE OF NEXT MEETING

The date of the next meeting is 16 November 2023.

PUBLIC ACTION LOG
WELSH AMBULANCE SERVICES NHS TRUST - People and Culture Committee

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
57/23	17 August 2023	Operational Report	NHSCT grant award - update in the future as it part of the volunteering strategy and how it will be used to develop a Community Welfare responded role	Lee Brooks	20 February 2024		Not due
60/23	17 August 2023	Welsh Language Standards Annual Report	Future reports to include statistics for Welsh speakers also identifying the number of Welsh speakers with Welsh as first language	Melfyn Hughes	20 February 2024		Not due
63/23	17 August 2023	Workforce Scorecard	Deep dive into increase in disciplinary themes/trends. To be programmed at a future meeting - Date to be confirmed	Angie Lewis	20 February 2024		Not due
Aud 01/23	22 September 2023	Transfer from Audit Committee	PCC to oversee the arrangements around home working through the review of the Trust's Home Working Policy. To be programmed at a future meeting - Date TBC	Angie Lewis	20 February 2024	Transfer from Audit Committee	Not due



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PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

Trust Board Meeting Date	28 September 2023
Committee Meeting Date	17 August 2023
Chair	Paul Hollard

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The Committee noted there are a considerable number of **policies past their review date** and that this issues had been escalated to the Audit Committee and the Board. The Committee was reassured that a policy improvement programme is underway and were informed that there had been a slight improvement since the issue was raised at the July Board meeting. This was due to policies making their way through the consultation and approval process and reclassification where appropriate of policies that were in fact procedures. The Audit Committee will oversee the improvement plans to ensure we have a robust policy framework.

ADVISE

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

2. Key progress was celebrated with the **Director of People and Culture** and the **Quarterly Operations Directorate updates**. The Committee is mindful that the challenging financial outlook for 2023/24 and additional savings WAST may be required to find will have an impact on our people. The Committee also noted:
 - Following the recent BBC Wales story on sexual safety and misogyny, feedback as a whole has been relatively positive with our people welcoming the proactive and sensitive approach to this difficult issue. There has been a slight increase in individuals coming forward which is welcomed in line with our Speaking up Safely programme. The Speaking up Safely platform has commenced with three Guardians identified for a soft launch in July and formal launch in September.
 - Rollout of the Allyship Programme continues with 120 colleagues completing this to date.
 - Members of the WAST LGBTQ+ Staff Network attended the AACE conference. Congratulations to Ashley Page, ACA2, who received a special recognition award for his work to improve equality and inclusion for LGBTQ+ communities in Wales. Congratulations also to Catherine Wynn-Lloyd who



won the 2023 Employers for Carers Award.

- Thirty-four colleagues have now completed the Foundation level change management course and 9 at practitioner level which provides a much wider cohort of staff with a good understanding of change management and how it impacts our people.
 - A pilot accelerated newly qualified paramedic consolidated programme offers this cohort exposure to our newest services such as CSD, CHARU and APP rotations.
 - There are some challenges with partnership working currently that management and Trade Union Representatives are working through as they get back into a rhythm following industrial action. All recognise that there is a period of healing during which engagement is sensitive however there is a good partnership working basis upon which to have those discussions. The breadth of discussions in the WASPT AAA bear this out.
3. The metrics proposed to measure the impact of the **People and Culture Plan** were presented under the Plan's headings of Culture, Capacity and Capability giving a holistic evaluation of the Plan's effectiveness in enhancing organisational culture, fostering a sense of belonging and optimizing the capabilities of our people. At paragraph 9 of this AAA the Board will note the deep dive into stress-related sickness absence. The Committee noted that addressing sickness absence, especially those incidences relating to mental health issues and stress, requires a comprehensive approach. Treating individual sources or causes of stress is likely to provide temporary relief but does not address the root of the problem. This is an example of a focus on organisational culture, we are investment in long-term solutions that create lasting, positive change. The metrics were approved and will be monitored by the Committee quarterly.
4. Aligned to the metrics above, a new report was presented that illustrates **cultural themes and trends**. Three broad areas featured including planned actions to address findings and the impact what will be seen from those actions related to:
- Employee relations, including compassionate practices and respect and resolution;
 - Moving on Interviews; and
 - Managing Attendance at Work, building on the successful reduction in sickness absence over the last year

The Committee agreed a few adjustments and this report will be considered on a bi-annual basis. A focused session will be held with Trade Union colleagues on their concerns regarding condensing of compassionate practices training.

5. An approach was endorsed to assess concerns over **skills development/skill fade of clinicians** due to handover delays and number of patients attended. This was communicated on picket lines during industrial action and whilst there is no clear clinical evidence of this, the work will enable the Trust to gain insight and intelligence on the impact handover delays have on clinical skills.

ASSURE

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

6. There was a welcomed focus on **volunteers** at this meeting including celebrating progress over the



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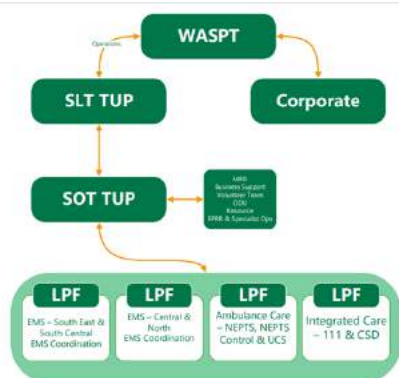
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first two years of the Volunteer Strategy, and an understanding the ways the Trust supports volunteers. The Volunteer Team in the Operations Directorate has expanded which has supported a strengthened voice of volunteers through the Volunteer Steering Group. The Chair of that Group also attends the Management Team meetings, WAST leadership symposiums and management training, allowing a more embedded relationship. Additionally, Community First Responders (CFRs) have increased by 224, with a total of 690 expected by the end of the 2023/24 financial year. This has meant more volunteers responding to incidents this year including to Red calls and thereby improving the mean response times for these calls. CFRs are closing 300-400 patient episodes of care on scene with support from the Clinical Support Desk. The Volunteer Car Service undertook 25,944 journeys this year including runs to Scotland and London. There are plans to grow that service from 98 to 200 by the end of the financial year.

Ian Cross, Volunteer Car Service Driver, joined the meeting. Ian has been volunteering for 40 years, more recently with his dog Buddy accompanying him, was recently awarded the British Empire Medal for services to WAST. Members heard of the regular runs Ian has in South Wales and his trips further afield to support patients to receive treatment. Improvements which could improve the experience of volunteers such as ease of access to PPE, in car communication methods and signage were discussed and the Committee will review progress on these at the November meeting. Members thanks Ian for his service and the comfort and support he and Buddy give to our patients and their families.

The five year **Volunteer Strategy** was launched in April 2021. Whilst delivery of strategic objectives for years 1 and 2 where somewhat impacted by the pandemic, in the last 18 months the volunteer scope and a governance framework have been developed with investment in all aspects of volunteering and enhanced inclusion of our volunteers into #TEAMWAST, including access to the 24/7 health support line and counsellors. Members heard of the extent of the successful schemes introduced for volunteers and commended the team for the exemplar work. The benefit of volunteers in the challenging financial climate was emphasized and the Committee welcomed a further focus on volunteers at the Trust's Annual General Meeting on 27 September where the full extent of the advances made will be showcased.

7. The **Welsh Ambulance Service Partnership Team (WASPT)** highlight report was received and the operational sub-structures that feed into WASPT were noted as set out below:



These forums will provide opportunities for resolution and escalation at a more local level, focusing WASPT on strategic issues.



8. The limited assurance **Trade Union Release Time Internal Audit** was received by the Committee and actions will be tracked in the audit tracker. The Director of People and Culture confirmed the outcome of audit was shared with Trade Union colleagues and realistic timeframes for management actions agreed.
9. The June/July 2023 **Monthly Integrated Quality and Performance Report** ("MIQPR") and the **Q1 Quarterly Workforce KPIs** shows that continued high handover delays remain a significant pressure on our people. The Committee noted:
 - **Shift overruns** have decreased as part of focused work under the IMTP, the WAST Annex and pilot programmes;
 - **Sickness absence** levels were reduced with June figures at 7.51%. There has been a slight increase in July, but it remains on a downward trajectory. Short term absence audits have commenced with the Operations Directorate and will be rolled out further over the next six months, with targeted support to line managers in response to the themes emerging. A **deep dive into absences** due to anxiety, stress, depression/other mental health illness (electronic staff record code S10) was presented. These account for 28.5% of all absences in June. It is clear that identifying a source of stress within this absence code is highly subjective however potential drivers include missed meal breaks, overruns and hand over delays, and Datix reporting would support this. Support at WAST for colleagues with stress related issues include a range of in person and online options ranging from occupational health and clinical psychology to REACT training.
 - **PADR** (Personal Annual Development Review) rates for June 2023 were 73.1%, an increase from 72.0% from the last meeting, however it did not achieve the 85% target. **Statutory and Mandatory Training** rates increased in June to 77.53% however it did not achieve the 85% target. The Committee noted that the Executive Management Team will have a focus on these metrics at a directorate level.
 - **Staff Turnover** has seen a positive decline from a peak of 11.64% in July 2022 to June's figure of 9.79%. Staff wellbeing offers continue to be promoted, together with the WAST Voices Network activity continuing.
 - There is an increasing number of **disciplinarys**. The Director of People and Culture will review and monitor themes and trends.
10. The **Health, Safety and Violence and Aggression Quarterly Report** was received with the Committee giving recognition to the improvements being made. The following was noted:
 - The number of violence and aggression incidents remains high at 168 for the quarter. Physical assaults on staff in this reporting period are 18 with incidents of verbal abuse amounting to 146. Collaborative working with AACE regarding violence and aggression training continues with the aim of improving the current training. Toolbox talks, raising awareness of case management support are taking place to support staff.
 - RIDDOR compliance has been sustained, with manual handling patients and violence and aggression highest reported by cause.



- Statutory health and safety, fire safety and manual handling training compliance continue to be below the Trust and Welsh Government standards. All staff are encouraged to bring their training levels up to Trust expectations.
- The reporting of incidents for diesel fumes exposure has continued to reduce into Q1. The Health and Safety Committee will be reviewing this in detail at their Autumn meeting with a report being presented to WASPT.

The reasonable assurance **Health and Safety Internal Audit** was received with the Auditors recognising the Trust's commitment to improving health and safety and the work undertaken to date.

11. The **Welsh Language Standards Annual Report 2022-23** was presented bilingually for the first time by the Welsh Language Manager, Melfyn Hughes which was welcomed. The report is attached at Annex 1 and will be presented to the Board at their September meeting. The Operations Directorate are reviewing the calls answered in Welsh to the 111 and NEPTS services at their weekly performance meeting and this metric will be monitored in the Committee metrics in the MIQPR. The Committee commended Melfyn for the extensive amount of work to promote and advance Welsh Language at the Trust in response to the Welsh Government's More than Just Words Action Plan.
12. An update was received on a revised process for the **Audit tracker** which will be before the Audit Committee for approval on 14 September. The Committee also noted the upcoming internal audit reviews within the remit of this committee for the remainder of 2023/24.
13. In private session the Committee reviewed progress on two **suspensions over four** months and three cases lodged with the **Employment Tribunal**. They were assured on actions in place to manage these cases.
14. The **Committee's priorities for 2023/24** are as follows and are progressing well:
 - Carry over the Committee priority to support the implementation and championing of the strategic equality objectives, including Welsh Language, to promote an inclusive organisation.
 - Development and implementation of the Speaking Up Safety Framework.
 - Development and Progress of the People and Culture Plan

The Committee also reviewed its progress against its cycle of business.

RISKS

Risks Discussed: The risks within the remit of this Committee were reviewed. The three highest risks for this Committee are set out below:

160 – high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service remains at a rating of 20 (5x4) as of July 2023. Despite positive movement in sickness rates, it was agreed that it was premature to reduce the score at this stage.

201 – damage to the Trust's reputation following a loss of stakeholder confidence remains at 20 (4x5).



This score has not changed. The bi-annual partnerships and engagement report will be discussed at the November meeting including a deep dive on this risk.

163 – maintaining effective and strong Trade Union partnerships increased in score from 12 (3x4) to 16 (4x4). Whilst the national pay dispute has ended for the majority of Trade Unions relationships with Trade Union Partners need to be approached sensitively. There are a range of issues that require engagement and partnership working, alongside the full implementation of all aspects of the WAST annex.

Updates were provided to risks **199** (failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with health and safety statutory legislation – score of 15). As noted above, the recent internal audit on health and safety received a reasonable assurance rating. Risk **558** (deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remains static at a score of 15.

Risk **557** – potential impact on services as a result of industrial action has been de-escalated and closed.

The Committee also reviewed risks 223 and 224 and agreed that the commentary box was useful to provide rationale for these high rated risks where the Trust's actions were unable to reduce them from 25.

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

The papers for this meeting can be found by following this [link](#) to the Committee page on our website.

COMMITTEE AGENDA FOR MEETING		
Director of Workforce and Organisational Development Update	Operations Quarterly Report	Staff Story
Visible valuable volunteering	People and Culture Plan metrics	Welsh Language Standards Annual Report
Risk management and Board assurance framework	MIQPR	Workforce performance scorecard
Absence management	Cultural trends and themes	Staff development outline plan
WASPT AAA	TU release time internal audit	Policy report
Internal audit tracker	Health and Safety Update Health and safety internal audit	Committee priorities and cycle of business monitoring report

COMMITTEE ATTENDANCE				
Name	9 MAY 2023	8 AUGUST 2023	16 NOVEMBER 2023	20 FEBRUARY 2024
Paul Hollard				
Bethan Evans				
Joga Singh				
Hannah Rowan				
Angela Lewis	Liz Roberts			
Chris Turley				
Lee Brooks	Judith Bryce			
Estelle Hitchon				
Andy Swinburn				
Jonathan Turnbull-Ross	Liam Williams	Liam Williams		
Alex Crawford	Hugh Bennett			
Trish Mills				



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Damon Turner				
Paul Seppman	Hugh Parry			
Ian James				
Tim Chalane				
	Attended			
	Deputy attended			
	Apologies received			
	No longer member			

Director Update: *People & Culture*

PEOPLE AND CULTURE
COMMITTEE

16TH NOVEMBER 2023



ANGIE LEWIS

DIRECTOR OF PEOPLE &
CULTURE

Culture

The month of October saw the launch of the WAST 'Freedom to Speak Up' campaign and digital platform **Work in Confidence** to facilitate an anonymous voice for all those staff who feel vulnerable or have concerns. Raising awareness of barriers to speaking up and highlighting the importance of being able to speak up, is an important milestone as we continually embed 'OUR BEST' behaviours.

Following the recent launch of our People and Culture Plan, I'm pleased to share updates against key pieces of work under the themes of **Culture, Capacity** and **Capability**. As well as delivering on our ambitions, our focus is now on embedding the Plan throughout the organisation, continuing the conversations and preparing for impact assessment.

As part of this initiative, we have introduced 3 Freedom to Speak up Guardians, who can assist colleagues, signpost and offer advice as appropriate. Guardians have actively engaged in communications across the organisation emphasising the significance of creating a safe environment for colleagues to voice their concerns. This comprehensive approach aims to encourage open dialogue, ensuring that employees feel secure when reporting issues, fostering a culture of transparency and accountability within Team WAST.



The NHS Staff Survey was launched in October, one of the largest workforce surveys in the world and designed to collect feedback from colleagues across the NHS to understand experiences, perspectives and insights to continually improve services. This important survey offers a snapshot in time of how our people experience their working lives and provides a rich source of data to inform understanding of staff experience locally, regionally and nationally. At WAST, survey feedback will help us to understand what it is like for our staff across different parts of our organisation and will inform the work and actions we take to make improvements. The survey closes on 27th November 2023.

Phase 2 of our Strategic Equality Plan review is underway, with the EDI Team on the road and engaging with staff and service users on our draft objectives. This invaluable feedback will enable us to incorporate ideas and suggestions into our plans, to make WAST a more inclusive environment for all.

Capacity

We are currently making positive progress with our 2023 Flu campaign, delivering flu vaccinations to WAST employees and this year, including our volunteers. We're also delivering vaccinations to our external partners Public Health Wales and Welsh Health Courier Service.

Aligned with our ambition to simplify processes across the board, the Occupational Health and Wellbeing team successfully implemented the new MI system, Opas – G2. Some positive feedback from Health Boards has been received, however further work is required to streamline functionality specific to WAST; this will be undertaken over coming weeks.

Capability

Our Equality, Diversity and Inclusion Team are now offering bespoke advice sessions to staff undertaking Equality Impact Assessments to ensure that we are considering the impact that our plans and policies have upon people who face challenges and are at higher risk of experiencing discrimination.

I'm thrilled to share that the Occupational Health and Wellbeing team received the Team of the Year Award at this year's WAST Staff Awards! Within the team, colleagues Carolyn Lewis and Kath Abbott were recognised in the *Great Listener* and *Inspiring Others* categories.

One of our colleagues has been shortlisted for Higher Apprentice of the Year by Skills Academy Wales. Following on last years valued recognition, we will be celebrating the hard work that Darren Anthony has put in to his studies as an EMT1. The awards ceremony is on the 7th of November when Darren will be joined by his family, his DOM and some of the Education team as we proudly share in this experience.

Corporate and Operational colleagues have benefited from the arrival of our very own Business Goose! Goosie features is a number of Digital Skills learning activities from video how-to's through to full skills courses in O365 mainstays such as Excel and PowerPoint.



Business Goose

Over 100 leaders from across WAST attended a Leadership Symposium in October (*pictured*) to explore the theme 'Towards Achieving our Vision – It Starts with Us!' Leaders worked through a series of workshops to explore their role in building and shaping the culture we need at WAST to achieve our vision of delivering excellence. The People and Culture Plan outlines our cultural aspirations, where people thrive at work and are supported by compassionate, inclusive and collaborative leaders. Leaders shared positive examples of change they were seeing across their teams, including the impact of Culture Champions in helping to translate and role model WAST behaviours. The launch of a toolkit and enhanced employee voice platforms will provide practical support in helping leaders to shift culture and will enable our people to feed in concerns and ideas as we continue our journey of culture change.



October saw our in-house eLearning platform LMS365 catalogue expand to include the co-produced Care of the Newborn and Thermoregulation eLearning course. By bringing together the expertise held within 111 and our Clinical directorate, the education team has crafted a highly effective programme that introduces the topic prior to Paramedic, EMT and ACA2 colleagues taking part in follow on CPD scheduled for Q4 and the introduction of new equipment to help us care for our littlest patients.

Challenges & Risks

- Winter pressures
- Financial landscape

Coming Up

- Staff Networks Review
- Online Active Bystander and Allyship Training Sessions – book your space [here](#)
- Cultural Health Check Tool for Managers



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OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2023-24 Q2 (July - Sept 2023)

National Operations & Support

Challenges

Manchester Arena Inquiry Report (MAI)

Work is progressing on the 71 recommendations that the Trust has determined as relevant to WAST, with 9 recommendations completed and 17 recommendations have been assessed as needing national guidance to complete. We have agreed the reporting and governance processes for the recommendations and WAST continues to work with colleagues from the blue light services within Wales and EPRR colleagues across the UK to assess and implement the recommendations.

General Update

EPRR - Exercise Dollhouse

Exercise Dollhouse was undertaken in July with representatives from across the Trust participating. This exercise tested our response to a Manchester Arena style attack and our collaboration with multiagency colleagues using JESIP. Overall, the exercise showed that our commanders have a robust understanding of the need to deploy front line staff quickly but safely in the event of a Marauding Terrorist Attack environment to save lives and narrow the care gap identified during the MAI.

EPRR - Mass Casualty Arrangement Exercise

The EPRR team is currently working with colleagues from the Health Boards across Wales and Welsh Government to develop and deliver an exercise to test the Casualty Dispersal Plan within Wales. This exercise is intended to test the capability of the Health Boards to accept patients within the first two hours of a mass casualty incident and the arrangements in place to efficiently disperse patients from a scene post the initial 2 hours.

Volunteering

We have recruited a replacement Operations Manager for the Volunteer Car Service who will plan to increase the number of active VCS volunteers from 100 to more than 200 by the end of the year. Q2 recruitment has already improved from 4 drivers across 22/23 to 19 drivers in Q2 of 23/24.

Our Operations Manager with a focus on alternative responders was appointed in Q2 and is focussed on the new Community Welfare Responder volunteer role which is currently under development as phase one of the Connected Support Cymru project.

A grant application of £315,000 has been awarded to the volunteering team through NHS Charities Together in support of the Community Welfare Responder project. This will fund the fixed term recruitment for new Support Officer roles which will commence in Q3.

Planning is underway for two volunteer conferences including recognition for volunteers demonstrating WAST behaviours (as provided to staff at CEO roadshows) to be held in Q3 in Llandudno and Swansea, hosted by the volunteer team and supported by colleagues across the Trust.

Operational Delivery Unit

During quarter 2 we welcomed a new National Delivery Manager to the team, completing our team with no current vacancies. The ODU team continue to support the implementation of the NHS Wales System Escalation Framework. We expect to see the first iteration of the new Urgent and Emergency Care Dashboard during Quarter 3 which will complement the escalation framework and build upon the live reporting tools available to inform situational awareness and decision making across the unscheduled care system.

Resourcing & EMS Coordination

Challenges

Concerns Team Outstanding Tasks

The workload for the Operations Quality (OQ) Concerns Team remains high at 200 outstanding tasks. This is however a reduction from 283 in 2022/23 Q4. The OQ Team continues to work closely with the Putting Things Right (PTR) Team to prioritise work to meet deadlines and requests. At the time of preparing this report, all concerns outstanding are now within PTR's Tier 1 target which is positive. The demand for coroner's statements across Wales continues to remain high with 18 statements currently with OQ that require completion. The due date has lapsed for 13 of these. The team has been supported by wider Operations team colleagues to complete these statements, which has resulted in an improved position from over 40 outstanding at the end of 2022/23 Q4.

Ineffective Breathing

During a levelling exercise delivered by the International Academy of Emergency Dispatch (IAED), it was identified that there is a widespread issue relating to the compliance of audits relating to breathing problems. Auditors have been over-auditing breathing problems and marking them as non-compliant due to ineffective breathing descriptors which is now recognised to be incorrect. An report is being constructed by the Service Manager, Operations Quality (SMOQ) to share the work and learning around ineffective breathing which will go to operational and clinical governance groups; Clinical Prioritisation Assessment Software Group (CPAS), Clinical Quality Governance Group (CQGG), Senior Operations Team (SOT) and Senior Leadership Team (SLT). Additionally, reviews of the audits of over half of the outstanding 38 Nationally Reportable Incidents (NRIs) sitting with OQ are required as they relate to ineffective breathing. An approach is being worked through with PTR to ensure transparency and accuracy.

Recruitment and Retention

Recruitment and retention within EMS Coordination remains a concern with the attrition rate for the rolling 12-month period (Aug 22 to July 23) improved to 16.84% peaking in September and December 22. This attrition figure only relates to external attrition and does not account for internal moves or staff who leave their FTE position but retain a bank contract.

Significant recruitment initiatives have been implemented since September 2022 with more than 100 staff being recruited in the same period (36% of the current establishment for EMSC). Despite this, we continue to see withdrawals during the recruitment process, during induction and during training which further impacts our establishment position. Workforce plans are in place for the year based on our attrition rate, however due to the 3-month lead in time for recruitment and one month notice period for these staff groups, we are often in an under-established position.

Intentions to recruit to levels above attrition rates have not been realised due to high levels of attrition, withdrawals from cohorts and new recruits being unable to meet the appropriate

standard leading to redeployment and/or resignation. This continues to be an area of focus but remains a risk and challenge.

The inability to identify funding streams for the EMSC restructure, retention plans and increased staffing levels to meet the aggregated demand means that this recruitment and retention challenge has a significant impact on the wellbeing of staff within the EMS Coordination environment. Sickness absence in July 23 increased to 9.2% above the stable position of 8% which had been maintained since February 23. This has been driven by an increase in Long Term Sickness absence with Anxiety/Stress/Depression remaining the number one cause of sickness absence in EMSC.

IMTP

EMS Coordination Culture Programme

The EMSC Culture Programme has commenced with meetings chaired by the Director of People and Culture. Senior Leaders in the EMSC team have met with Trade Union Partners to discuss culture, behaviours, and concerns to design an action plan for improvement. As part of this work a Staff Experience agenda item has been added to the EMSC Quality Meeting which will be Chaired by the Service Manager for Operations Quality from September 23 onwards. This forum gives a platform for EMSC staff to share their experiences of working in EMSC and the challenges this presents to the Senior Leadership Team as well as other key stakeholders. The Group has heard powerful presentations from the Carmarthen EMSC Culture Champion and a North 999 Call handler and hope to have a representative from Vantage Point House at the next meeting in September 23.

General Update

IAED Accreditation

All Trust activities required for submission to the Academy for reaccreditation have been completed. The Academy has fed back that WAST is leading nationally in its submission of the required evidence. The Trust obtained ACE in Good Standing for April/May/June 2023 which is the highest achievable level and bodes the Trust well in its application for reaccreditation as an Accredited Centre of Excellence with the IAED.

SOPs Review

EMS Coordination teams have undertaken a robust review of their Standard Operating Procedures, and these are now moving through governance processes for approval. Led by the Business Support Manager, the work involved EMSC teams as well as managers and operations quality colleagues reviewing all SOPs to absorb learning and guidance previously communicated via bulletin as well as to absorb the transformational changes impacting the operations directorate including CHARU, Falls Responders, Community Welfare Responders, and Immediate Release Guidelines.

Emergency Medical Service

Challenges

Continued System Pressures

Delayed handover of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service. 33,081 hours were lost in April 2023, 20,397 in May 2023, 18,543 in June 2023, and 19,118 in July 2023. The impacts of these pressures is regularly discussed at Committee and Trust Board.

Red performance and Amber response

While handover delays have seen a degree of improvement since April 2023, this has not fully translated into improved red performance. However, while it is recognised that there have been improvements in red response ,overall the red performance falls short of 65%. Significant focus is being applied by EMS and EMS Coordination to improve the response to our sickest patients.

Since April 2023, the amber median trend has seen improved community response times to these categories of patients. This would partly be due to the slight improvement in handover delays at hospitals.

Reduced overtime allocation due to Financial Savings Plan resulting in reduced UHP

As part of the financial savings plan EMS has controlled the level of overtime allocation. Original data identified predicted UHP levels because of controls. The reduced overtime allocation commenced on 1 July 2023 and the resultant UHP levels for the month of July were extremely close to the predicted levels with abstraction variation across the 7 Health Board areas between 30% to 39%, with a Trust average of 35.62%.

IMTP

An innovative process is being considered to combine a CHARU and EA rota for interested paramedics within the rural community. This will support paramedics to undertake a dual role working in both roles to support retention and provide this level of clinical response. This process will be reviewed and could pave the way for similar working practices in other areas.

Absence Trajectory

A considerable amount of work has been done by the team in collaboration with People Services and Occupational Health to reduce the sickness absence trajectory. In December 2022 the sickness level was at 11.05% which reduced to 10.08% by March 2023 and then to 8.57% in July 2023.

It is recognised that we are not where we need to be at this stage, but a lot of effort and scrutiny continues to improve the sickness absence trajectory and abstractions generally.

Managing Sexual Safety and Improving Culture

Following the Sexism and Sexual Safety at Work Survey and WAST Voices, action plans have been implemented across the four territories to raise awareness on the subject of sexual safety, and to positively influence behaviour and culture within the Trust. Local sessions have been conducted by the Trust's Organisational Development Team with locality managers and DOMs to support them to undertake appropriate local actions.

General Update

Delivering on Financial Savings Plan

EMS continues to lead on the Operations Directorate's Financial Savings plan and are supporting the non-pay and non-patient facing pay savings. Each health board area has been allocated a daily/weekly overtime allowance that is allocated in line with demand forecasting, UHP, local events, and civil contingency requirements as examples. This is a robust process with all overtime allocated recorded in detail to support monitoring and review. As part of these plans a 'Reserve Allowance' has been established to ensure that we can meet the fluctuating demands, dips in UHP and significant events with associated risk.

Ambulance Care

Challenges

Net Centre

Call taking via the NET Centre continues to challenge. Although a really good period of stability and performance have been achieved through July and August, the small size of the national team is significantly impacted by any spikes in sickness and staff losses. August has seen a dip in performance but the national manager has been working on alternative solutions to mitigate the reductions in staff.



Demand

Demand continues to gradually move back towards pre pandemic levels but changes in health board service delivery through different journey/clinic destinations has increased demand on the resource availability. This has caused increases in late cancellation of journeys, in particular in the Aneurin Bevan area where rosters need better alignment to the demand. Additionally, the focus on maintaining financial balance has restricted historic movement to costly additional provision to convey all, including ineligible patients.

General Update

CMP (Capacity Management Plan)

Following the introduction of the CMP to manage eligibility within Ambulance Care, the team have reviewed and implemented changes to improve the management of activity. This is allowing Ambulance Care to ensure eligible users are prioritised above ineligible. This is also enabling Ambulance Care to maintain focus on financial stability through the year. The changes were taken through the Delivery Assurance Group for information and consultation where it encompassed support and no resistance. Work continues to improve the NEPTS application of the eligibility criteria.

Vehicles development

The delivery and operational commencement of the new MAN B class Ambulances has been delayed. This was due to supplier issues but now following delivery in August WAST has been able to fit the relevant communication requirements/kit and they are now ready for service. A training plan will now be devised via the Educational and Development team and a roll out programme for both Barry and Bassaleg Station where these vehicles will be operationally based and evaluated. The evaluation will inform any future developments and procurement.

Integrated Care

Challenges

111 SALUS Operations Implementation

Despite some challenges within the wider implementation 111 operations have continued to work with colleagues across the Trust to prepare for implementation of the product. In particular, 23 new Standard Operating procedures have been developed in readiness for the commencement of train-the-trainer.

IMTP

ECNS Accreditation

All Trust activities required for submission to the Academy for Emergency Nurse Communications System Accreditation have now been completed. The Academy is undergoing due diligence in relation to the evidence we have provided in our submission. All 21 ACE points have been achieved and random audits are now being undertaken by the Academy as the final element of ratification. The Trust is aiming for Accreditation in September 2023.

111 Urgent Dental Development

During quarter two 111 operations and clinical colleagues have been heavily involved in the national review into access to urgent dental care. This work aims to expand the current dental services provided by 111 into one consistent pan-Wales model across all Health Boards. Through co-design a new model for one of the health boards for which 111 manages urgent dental access has been developed which will improve patient and staff experience and increase the number of patients booked directly into face to face care through 111. Work alongside the six goals team to develop this on a national scalable basis continues in Q3.

General Update

NHS 111 Wales Performance

During quarter two 23/24 111 have seen a sustained improvement in many areas of its service performance following work on rostering, system efficiencies and individual performance. 111 call abandonment has been below the KPI for June, July, and August both for the months and weeks. Across the quarter only 8 days have exceeded the 5% abandonment KPI and this includes the bank holidays and weekends which have historically been severely challenged. There has been similar improvement in the percentage of calls answered within 60 seconds with seven months of sustained improvement. Whilst further work is required to achieve the KPI the improvement is marked.

Time to triage performance has again seen an improving position with consistent achievement of the 90% KPI.

Police Pilot

During quarter 4 2022/23 CSD engaged in a small-scale pilot with South Wales Police within the Vale of Glamorgan. The purpose of the trial was to broaden the Remote Clinical Support offer to Police for circumstances where Officers on scene with a patient waiting for an ambulance response.

In its evaluation the report detailed that the pilot was not well utilised by police colleagues deemed partially due to the size of the geography covered and as such it has been agreed through the Joint Emergency Services Group (JESG) that CSD supports a further pilot with both South Wales and Gwent Police forces. This trial is due to commence mid-September 2023.

Connected Support Cymru

Known locally as the “Community Welfare Responder (CWR)”, this pilot has been supported by CSD since the beginning of May 2023 and to date over 313 calls attended with 173 resulting in non-conveyance. Consult and Close was 41.6% of all activity. 469 hours have been provided by CWR responses during the same period with a utilisation from 1st August-21st August utilisation being 54% (total time available v's committed to incidents). CSD will continue to support this activity into winter and continue the development of the service as it moves into phase 2 of the pilot.



GIG
CYMRU
NHS
WALES
Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	8
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

Engagement Framework Delivery Plan and Associated Engagement Activities: An Update

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Director of Partnerships and Engagement
AUTHOR	Director of Partnerships and Engagement
CONTACT	estelle.hitchon2@wales.nhs.uk

EXECUTIVE SUMMARY

1. This paper provides Committee with an update on engagement activities, including engagement on the Trust's longer term strategy as outlined in the Engagement Framework Delivery Plan, approved by Trust Board in January 2023. It also updates Committee on the Trust's broader stakeholder engagement activities, particularly as they pertain to Regional Partnership Boards (RPBs), future reputation audits and corporate risk 201 - damage to Trust reputation following a loss of stakeholder confidence.

KEY ISSUES/IMPLICATIONS

- Engagement timelines on the Trust's long term strategy are being reprofiled given its evolving nature.
- RPB engagement has strengthened
- A second reputation audit is planned, the timing of which is being considered
- The corporate risk in relation to reputation (201) remains static (20) and is unlikely to change given current performance and patient/staff experience.
- The original Engagement Framework Delivery Plan of January 2023 is appended to this report for information.
- Committee is asked to note the content of the report.

REPORT APPROVAL ROUTE

2. This report is coming to People and Culture Committee for information and assurance only.

REPORT APPENDICES
Engagement Framework Delivery Plan January 2023

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

Introduction

3. Effective engagement lies at the heart of successfully delivering the Trust's long term strategic ambition, gaining support from stakeholders and the wider public as it seeks to fulfil a pivotal role in urgent and emergency care in Wales.
4. This report provides Committee with an update on engagement activities, including engagement on the Trust's longer term strategy as outlined in the Engagement Framework Delivery Plan, approved by Trust Board in January 2023.
5. It also updates Committee on the Trust's broader stakeholder engagement activities, particularly as they pertain to Regional Partnership Boards (RPBs), future reputation audits and corporate risk 201 - damage to Trust reputation following a loss of stakeholder confidence.
6. The information contained in this report is provided for information and assurance.

Engagement Framework Delivery Plan

7. Committee members will recall that the Trust Board approved the Engagement Framework at its July 2022 meeting and the associated delivery plan at its January 2023 meeting.
8. The Engagement Framework and Plan focus on engagement as it relates to the Trust's long-term strategy and particularly the transformation of emergency medical services (the "999" element of ambulance services).
9. The plan focused on securing stakeholder support for the Trust's ambition to transform its clinical model within the emergency medical service (EMS), using remote clinical triage and advanced practitioners to provide more remote and community-based care to maintain patients at home, releasing capacity for those patients who require a hospital attendance.
10. In the 18 months or so that has elapsed since the development of the framework, the process of evolving the Trust's strategy has continued, and there is much still to do to understand in terms of how it will operate and the impact it will have on the NHS Wales system.
11. Crucially, it requires the support of a range of "mission critical" stakeholders if it is to garner the support required to become a reality. This will require significant and focused engagement work.

12. A certain amount of “informal” engagement has already been undertaken with stakeholders. Indeed, services have already begun to evolve and the inverted triangle model, together with the long-term strategy, are referenced in the Welsh Ambulance Service’s 2023 Integrated Medium Term Plan. Further, these matters have been the subject of discussion with core stakeholders at commissioning and governmental levels, and with the clinical and planning fraternity through both peer groups and the [Six Goals for Urgent and Emergency Care](#) infrastructure.
13. A Ministerial briefing was shared with Welsh Government officials in July, following a direct request, and further briefing will continue as appropriate.
14. Similarly, there have been a number of management conferences, discussions and presentations to trade union colleagues and digital events for frontline staff which have discussed the emerging updated longer-term strategy.
15. As the thinking has evolved, it was felt that a compelling case for change was required as collateral to support stakeholder engagement and an external consultancy was appointed in early 2023 to undertake the development of these assets.
16. Similarly, a review of the engagement delivery plan was undertaken and a Strategy and Engagement Manager appointed to support the engagement work required.
17. However, this process has not been straightforward and, while a final draft of the case for change is awaited, the thinking has also broadened to encompass not just the transformation of EMS services, on which the “inverting the triangle” model was largely predicated, but the wider organisation, including 111 and ambulance care.
18. As a result, the Engagement Framework delivery plan is currently being revised in respect of both timelines and specifics to align with the further emerging broader strategy work (the move from inverting the triangles to transforming care more broadly).
19. Work has been undertaken to capture engagement on the strategy to-date to inform future iterations. However, that engagement has not been systematic in its approach nor fully recorded, hence the need to align future engagement with the approach indicated in the delivery plan, and supported by the Board..
20. The existing Engagement Framework Delivery Plan sets out plans to undertake a period of structured engagement with a range of stakeholders in a phased approach. While the transformation narrative is evolving, the phased approach remains.

21. Phase One of the plan focuses on period of structured engagement with key system stakeholders and influencers. Following discussions with the Executive Leadership Team about optimum timing, recognising the broadened focus and need for the case for change/engagement collateral to be available, coupled with opportunities for the Board to be engaged in shaping the developing narrative, this is now being planned for quarter four of 2023/24 onwards. The Strategy and Engagement Manager is currently updating the delivery plan with key dates for agreement.
22. It should be noted that, while the delivery plan schedule as anticipated has needed to be reprofiled for a number of reasons, this does not mean that engagement has paused in its entirety.
23. A key element has also been improving our communication with colleagues, ensuring they are fully involved in shaping the organisation's future development.
24. An initial three-week internal communications campaign preceded the autumn Chief Executive roadshows, which ran through the first week of November 2023.
25. A number of short videos were released over the three weeks with varying content as follows:
 - Week 1 – Setting out our drivers for change (WHY)
 - Week 2 – Our options for change and our emerging thinking (WHAT)
 - Week 3 – Our current approach to improvement (HOW)
26. This campaign has kickstarted a programme of engagement with colleagues which will use a range of different approaches including video messages, staff briefings, podcasts and opportunities to share feedback and ideas as this transformation work progresses.
27. Informal engagement has been continuing through a variety of fora and meetings, including at the recent Ambulance Leadership Forum, the Bevan Commission Tipping Point Event and via the Association of Ambulance Chief Executives (AACE), for example.
28. Given the significance of the engagement process to the success of the Trust's longer-term strategy, it is critical that time is taken to get this important element right.
29. On that basis, while the timelines in the original delivery plan will alter, that is a function of circumstance and of the broadening of the debate on the Trust's approach to transformation, rather than of the validity of the plan. Work is

now well underway to reprofile timelines and provide concrete opportunities for systematised engagement.

Regional Partnership Boards

- 30.** WAST is now a member of all Regional Partnership Boards (RPB), excepting the Gwent RPB, where the Trust is a member of the Gwent Adult Services Partnership, a subset of the RPB. There is an expectation that membership of the full RPB will be forthcoming, in line with Ministerial expectation.
- 31.** The Trust is represented on the RPBs by the Director of Partnerships and Engagement, who is now also the Vice-Chair of the North Wales RPB, and the Executive Director of Strategy, Planning and Performance.
- 32.** While some relationships are more mature than others, and RPBs operate quite differently across Wales, there are a number of positives:
- Visibility on a par with other statutory partners, including health boards and local authorities (recognising that RPB membership is diverse, meeting frequency varies and face to face meetings are less common)
 - Ability to identify partnership opportunities and (potentially) funding streams
 - Ability to share our strategic narrative, influence partners and understand how WAST's ambitions dovetail with, and can support, those of others, and vice versa
- 33.** In recent weeks, the Trust has received support from the Gwent RPB to extend the falls service in the Aneurin Bevan University Health Board area over the winter period, with an additional level 2 falls vehicle plus an additional overnight St John service, as well as to trial a mental health response vehicle, staffed with WAST and UHB colleagues, funded to the tune of £96k.
- 34.** Given the likely financial pressures on statutory services moving forward, there is a clear Ministerial expectation that Regional Partnership Boards must do more in the collaboration space to ensure public service expenditure is optimised for the benefit of citizens, and it is important strategically and operationally that WAST is round the table for these discussions and influences their outcome.

Future Reputation Audits

- 32.** Committee members will recall that a reputation audit was conducted in quarter three of 2022/23, the outcome of which was considered by Committee in its May 2023 meeting.

33. A wide range of stakeholders were invited to take part, resulting in 46 responses. These responses were analysed and evidenced a wide range of views, some of which were supportive but others which suggested there was more to do to win the confidence of some stakeholders.
34. In many ways, this was not a surprise, but some of the issues raised within the feedback is being, and will be addressed, as the Trust moves forward.
35. Recognising that shifting perception is a longer-term process, a second reputation audit is proposed for the end of quarter four 2023/24, (it was always the plan to make this annual), which will allow for comparison of data from the 2022 audit baseline, with a view to taking through governance structures in Q1 2024/25.

Risk 201

36. Risk 201 (damage to Trust reputation following a loss of stakeholder confidence) is one of the Trust's highest rated risks at 20 and is regularly reported through the Board Assurance Framework.
37. This risk has remained static in terms of its risk score for some time, having previously been scored at a relatively stable 15 prior to the advent of the pandemic.
38. While the risk is regularly reviewed, it is clear that the prevailing and sustained pressure across the Trust and the wider urgent and emergency care system, the poor experience of many patients and staff as a consequence, significant media and political scrutiny and sometimes challenging relationships with stakeholders, mean that there is limited opportunity at this stage to de-escalate the risk.
39. While many of the pressures faced by the Trust are outside its control, the reality is that maintaining credibility and retaining the confidence of stakeholders are paramount if the organisation is to gain the support required to deliver on its ambitious transformational agenda.
40. The forthcoming reputation audit and feedback from the engagement programme outlined above, will doubtless demonstrate the extent to which that confidence and credibility are being maintained and will help inform future engagement as the Trust seeks to accelerate its transformation, as well as informing future risk-scoring.

Winter Briefing

41. Committee will wish to note that, at the time of writing, a stakeholder briefing in advance of winter is being prepared.
42. Given the recent declaration of an "extraordinary incident", coupled with heightened media and political interest, it is important that the Trust ensures stakeholders are aware of the challenges the organisation faces as it approaches the winter, together with its mitigation plans, in order that stakeholders can be under no illusion about the reality of what is to come. Face-to-face briefings will be offered as a matter of routine, as they have been previously, with some success, complementing "business as usual" engagement activity.

Next Steps and Recommendation

43. This report is provided to Committee for information and assurance. Committee is therefore asked to note its content.
44. Committee will continue to be apprised of progress in the stakeholder engagement arena on at least a six-monthly basis.
45. The original Engagement Framework Delivery Plan is appended to this document for ease of reference.

Ends/EVH/Nov23

PHASE 1: Key stakeholder engagement	
Purpose	➤ To secure “in principle” support for case for change, based on a shared system solution ➤ To secure “in principle” support for any revised model which arises as a result of feedback on case for change ➤ To ensure (non-WAST) clinical support and engagement in the wider case for change debate and develop relationships
Aim	➤ To ensure stakeholders, including commissioners, are aware of, and support, current thinking, factor that thinking into their own organisational plans, feel able in future to commission a new model of delivery for the EMS service following appropriate engagement/consultation, feel able to publicly support the case for change proposed by WAST and any resultant options for service change ➤ To ensure key stakeholder/decision-maker buy-in from outset ➤ To minimise the risk of public lack of cohesion/support
Stakeholders	➤ Chief Ambulance Services Commissioner (CASC) ➤ Health Board CEOs and Exec Teams ➤ Health Board Boards (IMs/Chairs) ➤ Welsh Government (DHSS civil servants and Minister) ➤ Community Health Councils/Board of CHCs (and subsequently Citizen Voice Body) ➤ Six Goals Programme
Approach/Mechanisms	➤ Briefings (FTF): EASC/HB Boards/Professional Peer Groups/CHCs/CEO Meetings/Six Goals Architecture/dedicated WG briefing/appropriate clinical groupings and clinicians ➤ Formal follow-up to ensure feedback is captured and any misunderstandings/queries are addressed at an early stage
Key Messages	➤ Current pattern of delivery no longer fit for purpose ➤ Need to safeguard conveying resources for those most in need ➤ Need to avoid unnecessary conveyance – not good for patient or system ➤ Need patients in right part of system and ensure timely care to avoid harm ➤ Need to optimise use of skilled staff ➤ Need to look at whole system contribution and access (e.g. pathway access) ➤ Need to reflect and support government strategy (Healthier Wales, Six Goals etc.)
Collateral Needed (available bilingually and in other formats as appropriate)	➤ Case for Change document plus EQIA ➤ Case for Change presentation ➤ Feedback database/Q&A builder ➤ Microsite (for stakeholders only at this stage but can be repurposed for pre-engagement)
Timescale	February – May 2023

PHASE 1a: Pause and Reflect/Refine	
Purpose	➤ To sense check and reflect on what has been heard during this phase of engagement. Agree any required changes to approach, narrative, collateral etc.
Aim	➤ Ensure feedback taken on board. Retain confidence of stakeholders. Retention of stakeholder support through longer-term engagement process
Responsible	➤ Programme Team
Timescale	➤ May 2023

PHASE 2: Staff (inc TUs)/volunteer engagement	
Purpose	➤ Define the problem/challenge faced by WAST to ensure staff and volunteers have shared understanding of issues and gain their support for, and input into, options for change
Aim	➤ To continue dialogue with staff/volunteers on future direction of travel/provision of services ➤ To ensure staff/volunteers understand and share challenges, reasons for them, what has been done to-date to tackle them and why more of the same is no longer sustainable ➤ To share feedback from stakeholders and future engagement plans ➤ To ensure colleagues feel engaged in organisation/issues/solutions and can talk from a position of knowledge with patients/public ➤ To gain support for the development of options
Stakeholders	➤ Employees (salaried) ➤ Bank employees ➤ Volunteers (CFRs/VCS etc.) ➤ TU representatives
Approach/Mechanisms	➤ Digital (presentations/online surveys); face-to-face; WAST LIVE; roadshows; cascade system; Siren and other internal comms channels; WASPT; team meetings; focus groups (multi-disciplinary/professional)
Key Messages	➤ Current pattern of delivery no longer fit for purpose ➤ Need to safeguard conveying resources for those most in need ➤ Need to avoid unnecessary conveyance – not good for patient or system ➤ Need patients in right part of system and ensure timely care to avoid harm ➤ Need to optimise use of skilled staff and support them to develop ➤ Need to look at alternative pathways to avoid ED admission ➤ Need to reflect and support government strategy (Healthier Wales, Six Goals etc.) ➤ Want to hear from staff/volunteers (to help inform options) ➤ Important colleagues up to speed with thinking as in direct contact with patients /public
Collateral Needed (available bilingually and in other formats as appropriate)	➤ Case for Change ➤ Presentation ➤ Survey ➤ Feedback database ➤ Internal comms platforms: assets ➤ Media/political handling plan (“leaks” likely)
Timescale	➤ April-June 2023

N.B: Consideration to be given to engagement in tandem with plans for employee engagement on financial sustainability/people and culture plan

PHASE 2a: Feedback analysis	
Purpose	➤ To analyse feedback received and use to inform further engagement phase and development of options for engagement
Aim	➤ To ensure feedback is reflected in options development ➤ To retain confidence of employees/volunteers/TU reps that commitment to listening is genuine ➤ To develop options which reflect views expressed and are palatable to employees/volunteers and their trade union representatives
Responsible	➤ Programme Team
Timescale	➤ June–September2023

PHASE 3: Pre-engagement Public	
Purpose	➤ Define the problem/challenge faced by WAST to ensure public has shared understanding of issues and gain public support for, and input into, options for change
Aim	➤ To begin a dialogue with the public/interest/patient groups on future direction of travel/provision of services ➤ To ensure public is aware of challenges, reasons for them, what has been done to-date to tackle them and why more of the same is no longer sustainable ➤ To gain support for the development of options
Stakeholders	➤ Communities across Wales ➤ Patient (and patient advocacy) groups including Citizen Voice Body ➤ Community leaders e.g. local politicians; minority group/seldom heard community leaders/Welsh Youth Parliament ➤ Partnership group representatives e.g. RPB/PSBs ➤ General public ➤ Politicians (Senedd/parliamentary)
Approach/Mechanisms	➤ Digital (presentations/online surveys); face-to-face; media relations/PR (to raise awareness); existing fora (e.g. local authority/health board citizen/stakeholder panels, patient groups; scrutiny committees, partnership meetings; focus groups (consider longitudinal group also)
Key Messages	➤ Current pattern of delivery no longer fit for purpose ➤ Need to safeguard conveying resources for those most in need ➤ Need to avoid unnecessary conveyance – not good for patient or system ➤ Need patients in right part of system and ensure timely care to avoid harm ➤ Need to optimise use of skilled staff ➤ Need to look at alternative pathways to avoid ED admission ➤ Need to reflect and support government strategy (Healthier Wales, Six Goals etc.)
Collateral Needed (available bilingually and in other formats as appropriate)	➤ Case for Change ➤ Presentation ➤ Survey ➤ Feedback database ➤ PR/digital assets
Timescale	➤ June-September 2023 (note pause and reflect period mid-term)

PHASE 3a: Post-engagement analysis	
Purpose	➤ To analyse feedback received and use to inform development of options for engagement
Aim	➤ To ensure feedback is reflected in options development ➤ To retain confidence of stakeholders/public by evidencing commitment to listening is genuine ➤ To develop options which reflect views expressed and are palatable to stakeholders and public
Responsible	➤ Programme Team
Timescale	➤ September–December2023

PHASE 4: Engagement on Options	
Purpose	➤ To gauge support for a range of options to inform selection of a preferred option for consultation
Aim	➤ To present options to stakeholders/public which improve experience and outcome for patients ➤ To ensure as many stakeholders as possible, including public, employees and volunteers, have an opportunity to express their views on options ➤ To ensure options also reflect feedback received hitherto
Stakeholders	➤ All stakeholders as per previous engagements. Phased approach (see timelines below)
Approach/Mechanisms	➤ As per previous approaches/mechanisms (subject to evaluation of earlier phases)
Key Messages	➤ There are a range of options ➤ We have listened to what you have told us - we hope you see this reflected in the options described ➤ Feasibility of options may be contingent on additional funding/third party support (e.g. HBs)
Collateral Needed	➤ Options appraisal plus EQIA ➤ Presentations ➤ Digital collateral including videos etc. ➤ Feedback database
Timescale	➤ March-June 2024

PHASE 4a: Post-engagement analysis	
Purpose	➤ To analyse feedback received and use to inform development of preferred option
Aim	➤ To ensure feedback is reflected in consultation option development ➤ To retain confidence of stakeholders/public by evidencing commitment to listening is genuine ➤ To ensure consultation option (s) reflect views expressed and are palatable to stakeholders and public
Responsible	➤ Programme Team
Timeline	➤ June-September 2024

PHASE 5: Consultation on Preferred Option	
Purpose	➤ To secure support from stakeholders (all) for the preferred option
Aim	➤ To present a preferred option (s) to stakeholders which reflects engagement to-date ➤ To ensure preferred option (s) addresses core issues, is achievable and will deliver improvements
Stakeholders	➤ All stakeholders including employees/volunteers. Phased approach (see timelines below)
Approach/Mechanisms	➤ As per previous approaches/mechanisms (subject to evaluation of earlier phases)
Key Messages	➤ There are a range of options ➤ We have listened to what you have told us - we hope you see this reflected in the option described ➤ Feasibility of option may be contingent on additional funding/third party support (e.g. HBs)
Collateral Needed	➤ Final Options Appraisal with supporting EQIA ➤ Supporting collateral e.g. digital assets, presentations etc. ➤ Feedback database
Timescale	➤ September - December 2024 (including mid-consultation pause and reflect option)

PHASE 5: Review of Consultation and Final Decision	
Purpose	➤ To analyse feedback received and use to inform recommendation to Board and Commissioners
Aim	➤ To ensure feedback is reflected in recommendation to Board and Commissioners ➤ To retain confidence of stakeholders/public by evidencing commitment to listening is genuine ➤ To ensure final option recommended to Board reflects views expressed and is palatable to stakeholders and public
Responsible	➤ Programme Team
Timeline	➤ January 2025 (implementation from April 2025 subject to commissioners/investment required etc.)

Requirement	Action	Who	When	Progress	Anticipated Outcome
Detailed engagement/consultation timetable per phase	Post January 2023 Board, develop detailed engagement timetable for initial phases	Programme team	End February 2023		Detailed engagement timetable available, meetings/events scheduled, gaps identified and addressed
Case for Change	Initial Case for Change drafted and approved by EMT	Head of Strategy	End February 2023	Early draft in development	Approved case for change available for engagement purposes
Presentations	Presentations developed as appropriate for engagement/consultation purposes	Programme Team	End February 2023 onwards in line with timetable		Presentations available for use, tailored to audiences where required, e.g. clinical audience vs general public
Surveys	Appropriate survey techniques/formats developed for deployment in line with timetable	Programme Team/Consultation Institute	End February 2023 onwards in line with timetable		Methodologically sound surveys available for deployment. Questions/format agreed
Feedback database	Appropriate database established to capture feedback	Programme Team	March 2023 in line with timetable		Accurate and robust way of capturing feedback established
PR/digital assets	Appropriate and engaging PR and digital assets developed	Engagement Manager/Comms Team	From March 2023 onwards		Multiple PR and digital assets available for use to drive engagement
Analysis of feedback and associated reporting	Thematic methodology agreed and reporting route identified	Programme Team	End March 2023		Clarity on how feedback will be interpreted, analysed and reported

Requirement	Action	Who	When	Progress	Anticipated Outcome
Options appraisal and associated reporting/documentation	Develop options appraisal and agree appropriate reporting/documentation	Programme Team	In line with timetabled phases		Options appraisal is clear, reflects feedback received, is properly worked through and costed where appropriate. All stakeholders can understand options, what is different/ improved and level of investment/ reconfiguration of resources required
Presentation team	Agree core team of presenters who will undertake most of the large scale engagement activities	EMT	February 2023 onwards		Clarity on roles and responsibilities
Media and political handling plan	Agree a political and media handling plan for each phase	Director of Partnerships and Engagement	January 2023 onwards		Lines developed/pro-active briefing opportunities in place (in addition to detailed delivery plan)

*all timings are indicative and subject to change



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

HEALTH AND CARE PROFESSIONAL COUNCIL REGISTRATION AND NURSING AND MIDWIFERY COUNCIL REVALIDATION 2023

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Liam Williams, Executive Director of Quality and Nursing Andy Swinburn, Director of Paramedicine
AUTHOR	Greg Lloyd, Assistant Director of Clinical Delivery Deborah Armstrong, Head of Education, Professional and Clinical Practice (Nursing)
CONTACT	Gregory.lloyd@wales.nhs.uk Deborah.armstrong@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report sets out the Welsh Ambulance Services NHS Trust (WAST) processes for ensuring that all Paramedic and Allied Health Professionals (temporary, permanent, bank and voluntary) continue to maintain their professional registration obligations to the Health and Care Professions Council (HCPC) and all Registered Nurses and Midwives maintain their professional registration obligations with the Nursing and Midwifery Council (NMC). It also provides registration updates as of September 2023 for the HCPC and NMC.

RECOMMENDED that the People and Culture Committee receive this paper and confirm assurance is taken from the processes in place.

KEY ISSUES/IMPLICATIONS

2. Delay in publication of the NMC/Electronic Staff Record (ESR) monthly Report received between the 6th - 10th of the month may result in a lapse in registration that could go unnoticed and unregistered nurses might continue to practice while unlicensed. Mitigation of Line Managers checking their team registration on the first of each month and individual accountability for maintaining and reporting on registration with the NMC.
3. Newly Qualified Paramedics can be recruited and start in the Trust prior to HCPC registration. Therefore, without close scrutiny by local Management Teams there may be incomplete staff records relating to current registration status.

REPORT APPROVAL ROUTE

Clinical Directorate Business Meeting	31 October 2023
Senior Quality Team Meeting	1 November 2023
People and Culture Committee	16 November 2023

REPORT APPENDICES

ANNEX 1 - SBAR

REPORT CHECKLIST

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

ANNEX 1

SITUATION

4. This report sets out the Welsh Ambulance Services NHS Trust (WAST) processes for ensuring that all Paramedic and Allied Health Professionals (temporary, permanent, bank and voluntary) continue to maintain their professional registration obligations to the Health and Care Professions Council (HCPC) and all Registered Nurses and Midwives maintain their professional registration obligations with the Nursing and Midwifery Council (NMC).
5. A fundamental tenet of professional registration is the maintenance of appropriate clinical and professional competencies to ensure fitness to practise aligned to the HCPC Standards of Proficiency, Standards of Conduct Performance and Ethics and Standards of Continual Professional Development and the NMC Code: Professional Standards of Practice and Behaviour for Nurses, Midwives, and Nursing Associates.
6. Where in this document we refer specifically to Paramedics/paramedicine this is also equally applicable to Allied Health Professionals registered with the HCPC who are, or may be in the future, employed by WAST.

BACKGROUND

Paramedicine

7. The professional status of Paramedics is protected under the Health Professions Order 2001. This means that Paramedics are recognised as independent professionals and have responsibilities to maintain standards of professional conduct and maintain their own levels of competency. The granting of professional status has been followed by closure of employment, which means that any Paramedic who wishes to work in the NHS or as a contractor must be HCPC registered. Anyone using the title or practising as a Paramedic without being registered is subject to prosecution and a fine.
8. Under the Health Professions Order 2001 it is the responsibility of the Paramedic to maintain their registration. In practice this means that a Paramedic must:
 - Ensure that the appropriate fees and documents reach the HCPC prior to the re-registration date of 1 September in the registration year (Paramedics re-register every two years).
 - Advise the HCPC of any changes to registered address or the name under which he/she practices.
 - Maintain levels of competency through Continuing Professional Development (CPD).

- Provide evidence of CPD if requested for re-registration (from 2009 the HCPC have requested evidence of CPD from a cross-section of registrants).
 - Comply with the Standards of Proficiency and the Standards of Conduct Performance and Ethics.
9. Under the terms of the Order, Paramedics must pay their registration fee and return the signed documentation, confirming that they are still engaged in professional practice, to the HCPC every two years by the re-registration date of 1 September. In the event the Registrant fails to reregister after that point they are de-registered, and their name is deleted from the HCPC online Register.
 10. During the re-registration year, the HCPC will send out a notice and a subsequent reminder to the Paramedics registered address warning that his/her retention fee is due by 1 August. During the re-registration year, individual Paramedics are responsible for ensuring that payment is received and cleared at the HCPC by 31 August. Staff sending late payment may incur additional administrative charges, which must be met by the individual. Registration may also lapse if there are subsequent problems with direct debit payments or direct debit payments are cancelled. In these circumstances staff must advise their Manager immediately.
 11. Paramedic registration will lapse even if payment has been made by direct debit if the necessary declaration of professional practice has not been received by the HCPC by 31 August.
 12. Registration with the HCPC is a condition of employment for Paramedics and failure to renew registration is a breach of contract. Wilful or negligent failure to register will be subject to the disciplinary procedure. As registration is a requirement of the employment contract for a Paramedic, a failure to maintain registration could result in dismissal, but each case will be considered on its merits.
 13. Staff who can demonstrate that they are registered will have their cases reviewed. Under the HCPC Standards anyone de-registered will have to demonstrate competency as a Paramedic and this will become increasingly difficult to achieve for anyone who is not practising as a Paramedic.
 14. It is the responsibility of the individual Paramedic to inform the HCPC of any change in address, so as to ensure correspondence is delivered promptly. It is also the responsibility of the individual Paramedic to engage with the registration process and ensure all documents are returned within a timely manner.

15. The NMC is the independent regulator for Nurses and Midwives in the UK, and Nursing Associates in England. In order to be registered with the NMC to practise in the UK, every Nurse is expected to uphold a set of professional Standards and act in line with [the Code](#).
16. Revalidation was introduced in the UK by the NMC in April 2016 in response to a recommendation of the report by Sir Robert Francis QC (2013) into the role of commissioning, supervisory and regulatory bodies in the monitoring of Standards at Mid Staffordshire Foundation NHS Trust.
17. In May 2018, the NMC published new Standards of Proficiency for Registered Nurses to reflect the changes taking place in society and health care, and the implications these changes have for Registered Nurses. These Standards are also designed to support Nurses to practise competently with diverse communities, to address health inequalities, and to recognise and challenge discrimination.
18. Revalidation is the method by which Registered Nurses renew their registration. The purpose of revalidation is to improve public protection by making sure that Nurses and Midwives remain fit to practice throughout their career. It is the responsibility of the individual Nurse/Midwife to maintain their registration by meeting a range of revalidation requirements and submitting evidence every three years (**Table 1**). Additionally, an annual fee is required to maintain registration with the NMC.

Revalidation - every 3 years	Registration - Annually
Date of revalidation is based on the month of qualification and is always due by the first of the designated month: • 450 practice hours or 900 hours if renewing two registrations e.g., as both a Nurse and Midwife. • 35 hours of CPD including 20 hours of participatory learning. • 5 pieces of practice-related feedback. • 5 written reflective accounts. • Reflective discussion • Health and character declaration • Professional indemnity arrangement • Confirmation	Annual fee which can be paid yearly, quarterly or monthly. Date due is determined by the month of qualification. Current fee is £120 per year

Table 1: Revalidation and Registration Requirements

19. The HCPC does not produce daily interface files for the Electronic Staff Record (ESR) currently. Updates are created by a process which checks the HCPC Public Register held online by submitting application programming interface (API) calls. There are approximately 150,000 HCPC registration records within ESR. To limit

the impact on the HCPC online Register, between 20,000 and 30,000 records are checked each day of the week. Consequently, each HCPC record is checked and updated once per week.

20. When a new starter is hired into a position requiring HCPC registration, the NHS Wales Shared Services Partnership (NWSSP) Team will populate the registration in ESR. When hiring Newly Qualified Paramedics (NQPs) their registration often becomes active post their official hire date. The NWSSP Team do not follow up on missing pre-employment checks once an employee is hired therefore this staff record could be incomplete. New records for professional registrations cannot be entered using self-service, this needs to be entered by users with professional access (HR/Recruitment/Payroll). This means that ESR may not be updated with current HCPC registration details for some NQPs until such time that it is recognised by their Line Management Team.
21. The inbound HCPC professional body interface will update the HCPC and NMC Registration information in ESR. The Professional Registrations Interface currently links with the General Medical Council (GMC), NMC, HCPC, General Dental Council (GDC) and General Pharmaceutical Council (GPhC). Three types of notifications are triggered to the relevant role holders: Medical Staffing Officer Role (Medical and Dental), Nursing Professional Registration Role (NMC), HCPC Registration Role, Dental Professional Registration Role and Pharmacy Professional Registration Role.
22. **Update Notification:** Where a full match is made on the relevant matching criteria when comparing the ESR person record with the Professional Body details, the ESR Professional Body record is automatically updated, and a notification is sent to the role holder highlighting the new details.
23. **Decision Notification (HCPC/NMC):** Where there is a mismatch on date of birth (HCPC & NMC only), first name, last name, but the professional registration number matches, this notification will be sent to the role holder asking them to confirm whether the details for the person are correct. If the role holder accepts the match, then the professional registration changes are applied to the professional registration record.
24. Updates of the same colour will be grouped into one notification i.e., all the green updates will be received in one single notification, red updates in another, and amber in another. This is ordered according to an agreed RAG status against the registration status.

Status	RAG rating
Registered	Green (G)
Registered - with Caution	Amber (A)
Registered - with conditions	Amber (A)
Registered - Interim conditions of practice	Amber (A)

Deregistered Suspension	Red (R)
Deregistered Interim Suspension	Red (R)

25. Business Intelligence reporting is produced based on matching requirements we set of each positions. For example: when a position number is created in ESR, we identify the staff group from the person specification and the clinical registration requirements of the post. Any position requiring HCPC/NMC will then flag anyone sitting in it that doesn't meet the requirement.

ASSESSMENT

26. Monthly returns from the ESR Data Team pick up registrations recorded in ESR and their matching status against the HCPC and NMC Register. The three Regional Clinical Leads and Consultant Clinician for Integrated Care are notified of any RAG issues highlighted from the ESR/HCPC update as soon as they are detected.
27. The monthly NMC ESR Report is sent to WASTs Professional Nursing Lead to review and validate then provides a monthly assurance update to the Executive Director of Quality and Nursing.
28. Any anomalies on the Report are cross referenced with the NMC online database, with Line Managers and with individuals. Common causes of anomalies include incorrect position numbers on ESR, duplicate ESR records and errors in how the NMC number is recorded. Nurses who have an NMC approved extension date for revalidation may show as having a lapsed registration on the monthly report. This is updated when revalidation takes place by the new agreed date. Missed or delayed payments mean automatic removal from the Register.
29. The monthly Report is usually received after the first of the month so there is a risk of a lapsed registration not being evident in a timely manner and a Nurse undertaking a shift whilst not registered. Nurses and Midwives on the NMC Register have different expiry dates which are aligned to their month of qualification and first date of entry onto the Register. As an extra layer of assurance, Nursing Managers have access to the NMC Employer Check System and, it is recommended that they conduct a routine monthly check for Nurses in their team.

2023 registration updates for HCPC and NMC

30. A report run on 14 September against the HCPC Register returned a list of 21 staff in ESR with no matching HCPC record. The staff then had their current, active assignment reviewed and 19 of the people were no longer in positions (either primary or secondary) requiring Paramedic registration. For example, a

number of staff had moved into a management role and one member of staff had left the trust at the end of August.

31. Two people still had assignments as a Paramedic but did not have a registration recorded with the HCPC. On further review one person had recently been dismissed from the Trust and ESR updates had not yet been completed. One member of staff had made an error whilst re-registering and had been stood down from clinical duties when this was highlighted until the registration was confirmed. The HCPC Register was updated by 19 September 2023. During the period when the Paramedic was on duty, they had triaged a number of patients whilst working on the Clinical Support Desk. All of the incidents have subsequently been audited as well as feedback provided directly to the Clinician on the registration process.
32. NMC registration and revalidation within the Trust has remained at 100% compliance during 2023. The process to follow in the case of a lapsed registration is described in the Nursing and Midwifery Revalidation and Registration Policy.



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AGENDA ITEM No	10
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

People and Culture IMTP 2024-2027

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Angela Lewis, Director of People and Culture
AUTHOR	Liz Rogers, Deputy Director of People and Culture
CONTACT	Liz Rogers, Deputy Director of People and Culture

EXECUTIVE SUMMARY

1. The purpose of the report is to update the People and Culture Committee with an initial and draft overview of year 2 of the 2023-2026 IMTP and our People and Culture Plan, along with our workforce plan.
2. The delivery of the year one objectives is well underway. Monthly monitoring of progress and updating of the Directorate Plan is completed by the team. Key items are reported through either ELT, Strategic Transformation Board or through to PCC.
3. Year 2 activities will shortly be updated as the 2024/27 round of the IMTP develops. Headlines of proposed activities are included in this report.
4. The development of the strategic workforce plan is underway with significant consultation across the organisation.

KEY ISSUES/IMPLICATIONS

5. The Committee is asked to:
- **NOTE** the Report
 - **COMMENT** on and **DISCUSS** the proposed priorities

REPORT APPROVAL ROUTE

PCC 16th November 2023

REPORT APPENDICES
Proposed People and Culture focus for 2024/25

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

SITUATION

- The purpose of this paper is to provide an overview of proposed second year activities for the People and Culture Plan which will feed into the 2024/27 IMTP.

BACKGROUND

- There has been a significant change in the landscape since the development of the previous IMTP and the 'what, why and how' in terms of team activities has changed in order to reflect that difference. At the time of writing the IMTP, we were looking at further increasing our front line headcount to support the wider system and we were managing TU industrial action whilst maintaining services to minimise the risk to patients as best as possible.
- Since that time, we have seen unprecedented financial pressures in healthcare, ongoing handover delay, a resolution to industrial action but the healing process with our TU colleagues remains an area of focus and is time consuming.
- Within this changing context, the People and Culture team have been delivering a wide range of projects and initiatives to support service delivery and improve work experience for our people, creating a safe and healthy work environment as well as seeking opportunities to drive efficiency and support the organisation in making financial savings.

ASSESSMENT

People and Culture Plan Update (linked to IMTP 2023/26): Progress to Date Culture Focused Activities

10. Big pieces of work for the team this year have included sexual safety, compassionate practices, flexible working and freedom to speak up. These types of activities move the dial in terms of our culture and play a key role in changing WAST. We will be able to benchmark and measure culture change with the implementation of our pulse survey tool, Hive.
11. Our work on compassionate practices continues with the roll out of training to managers on ensuring that the best interests of colleagues are protected during difficult processes such as investigations. We have also developed a compassionate practices action plan to take this work beyond just training to embed it. We are also reviewing our documentation, advice and guidance.
12. WAST has trailblazed on sexual safety in the sector and beyond. The approach developed by the team has taken bravery to pursue and has led to other organisations and AACE signing up. It has resulted in colleagues in the organisation who have been subject to inappropriate behaviour have found a voice and confidence to bring their concerns forward. We recognise that this is the beginning and it will take time, patience and energy to continue the journey.
13. A significant amount of work has been undertaken on Freedom to Speak Up across WAST. October was Freedom to Speak Up month and we formally launched the new Work in Confidence platform where colleagues can be anonymously raise concerns which are then managed by a Guardian. This, alongside work on sexual safety and the growth of WAST networks, has demonstrated our organisational commitment in this space and demonstrates good progress. We recognise the need to continue developing our work here. An interim version of the All Wales Speaking Up Safely Guidance has been published very recently. Our work in WAST fits in with the expectations of the guidance.
14. There are some tough challenges which we continue to work on, for example, pilots on ways to reduce shift overruns are in train and the Operations Directorate are looking for solutions to address this. Work on increasing opportunities for flexible working for all of the workforce, including front line teams to improve work/life balance and accommodate the pressures of balancing home commitments has made a good start.
15. In terms of partnership working, 2022/23 saw significant industrial action. Relationships are still healing which will take time, however, we will continue to

look for ways to improve partnership working. TU related workloads are significant for the team. On a positive note, we have reinstated WASPT and created the substructures below the WASPT committee to engage with TU partners. Also underway is the development of two workshop sessions, in partnership. One for senior managers and TU partners, the second for local managers and reps with an outcome of building on relationships.

16. On the EDI agenda, this year has seen the development of clearly defined strategic equality objectives with significant consultation internally and externally. From a training perspective, subjects include completing equality impact assessments and allyship. The team have played a key role in setting up our staff networks with the OD team.

Capability

17. Moving to our change agenda, which sits under culture and capability, a cohort of colleagues have accessed change management training leading to a change management qualification. This team are available to support others and project delivery across the organisation to help land and embed change.
18. Work on our career pathways continues. There is currently a wider conversation across the sector on apprenticeship degrees which would further underpin this.
19. The Education and Training team have further developed the LMS365 platform to host digital learning opportunities for the workforce.
20. Delivery of bitesized training session on 'people topics' such as sickness absence management continue to be delivered by the team. A programme of training on workforce planning is starting in the next few weeks.
21. An area of risk has been the WAST provided apprenticeship framework which has been under threat given the stagnation of EMT1 numbers (we have not been recruiting EMTs for most of this financial year and this will have a residual negative impact on income generation for the next 2 financial years).
22. The Workforce Education and Development Function has been verified by awarding body (FutureQuals) to offer the new driving courses that have been designed in partnership with DTAG and endorsed by AACE. All changes to legislation have been incorporated into training practice resulting and the new programmes have been rolled out.

Capacity

23. Digital improvements have been made within the People and Culture Team to save processing time and there has also been input to work on identifying where robotics can be used across teams.
24. Committee Members are well rehearsed on sickness absence activities initially with the project plan and more recently with this year's ten point plan. This work will be maintained with robust assistance to managers on supporting their teams to be in work and it is having a positive impact on attendance. Further work on areas such as shift overruns, employee experience and freedom to speak up will also improve attendance.
25. The Recruitment and EDI teams have been working on strategies to increase our pool of candidates from diverse backgrounds. We have produced a series of bite sized videos for candidates to see covering a range of jobs. These will be launched in line with our next recruitment campaign. Alongside this is the development of a project plan which will identify key groups of potential candidates and the team are working with the PECl team to engage through the links we have in communities.
26. Occupational Health provision continues to expand as the team deliver the objectives of the Wellbeing Strategy. Activities include vaccination programmes, health surveillance and preventative health check pilots are starting in December 2023 using Health Diagnostics Programme. A range of wellbeing services are in place, including REACT, physiotherapy, Living Life to the Full sessions and trauma counselling. Health and wellbeing promotional work includes attendance at CEO roadshows, nutrition and exercise advice, alcohol awareness alongside training for managers on how to produce a good OH referral. The year has also seen a challenging IT system change for the team.

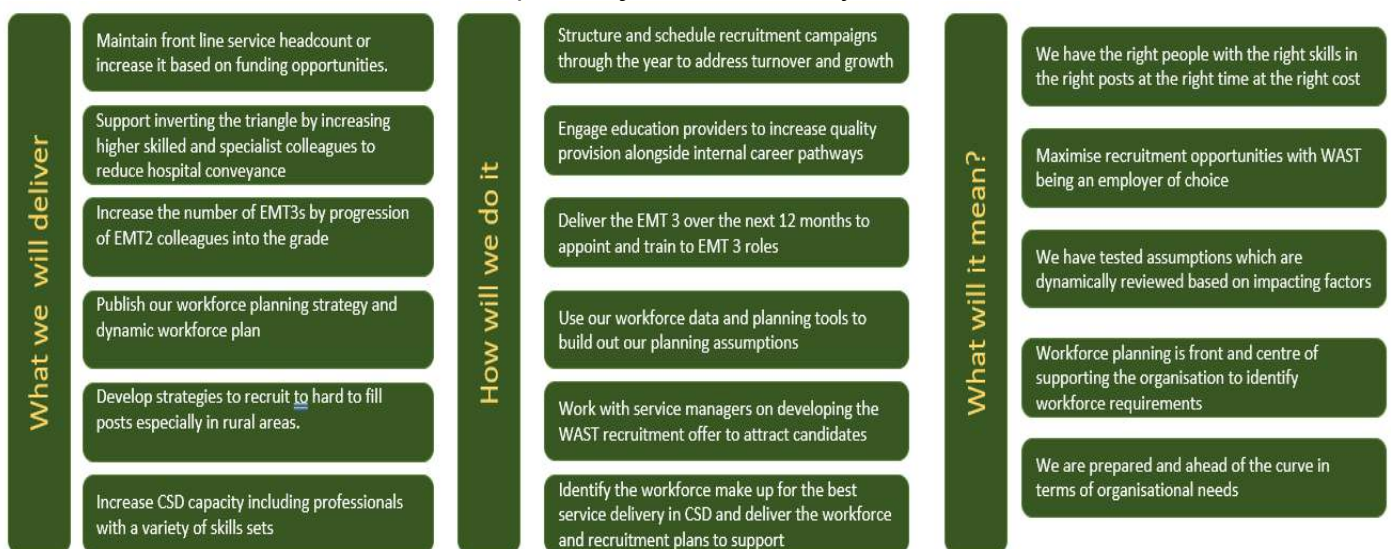
Second Year of Our People and Culture Plan (linked to IMTP 2024-2027)

27. The attached appendix contains the draft list of activities for People and Culture Directorate. The activities are arranged to align to the People and Culture plan headings of Culture, Capacity and Capability. All activities come with a culture lens in terms of what we will do and how we will do it. Encouraging engagement with our behaviours, professionalism, EDI, and giving people confidence to speak up and be able to bring their whole selves to work are themes to run through all that we do. Our ambition is to create a truly inclusive, positive and rewarding working environment where everyone can bring their whole self to work, actively contribute and be proud to work for #TeamWAST.

28. As noted above, the wider organisation agenda and impacts also play into the objectives, for example the financial pressures, our strategic aspirations, national agendas and TU relationships. We do not yet have clear sight on what the financial challenges for WAST look like for 2024/25 but will assume it will be difficult. Alongside this may be further tensions regarding pay and terms and conditions as Wales NHS Employers and Welsh Government go into discussions with trade union partners therefore we need to be prepared for formal dispute.

The Workforce Plan

Below are the workforce plan objectives for last year's IMTP.



Front Line Headcount

29. In terms of maintaining the frontline service this has been impacted by the financial position and strategic intentions. 2022/23 saw unprecedented levels of recruitment to maintain our headcount and increase it by 100. The Workforce Transformation and Planning Team ended the year very close to full headcount.
30. At the beginning of 2023/24 there were discussions on whether there would be further funding for additional posts and the team were on standby to continue with intense recruitment. However, as the quarter progressed this looked less likely because of the wider financial pressures and the additional 100 were at risk in terms of funding. (There is still a degree of risk with some funding but provision has been made internally to sustain these roles.) As a result of this, along with planning to ensure we have enough paramedics in post to increase the APP headcount within the same financial envelope and the discussions on increasing the EMT3 headcount there has been very limited recruitment in Q2 and Q3. The team are monitoring numbers, turnover etc. on a monthly basis

and will flag concerns. The key impact will be what happens next with EMT2s and EMT3s.

Inverting the Triangle and beyond – upskilling and specialists

31. The Head of Workforce Transformation and Planning has been modelling the workforce profile to balance the pipeline of people, particularly paramedics to feed the APP numbers. In May this year we delivered a two hour workshop planning session for ELT to share the complexities and impact of changes in the workforce which was well received. This, alongside work on APP job descriptions (all Wales) and work on securing APP roles for those training prior to them commencing the programme demonstrates the more strategic approach being taken.

Strategic Workforce Plan Development 2023/24

32. The Strategic Workforce Plan development process is in progress with key stakeholder engagements mapped out for the end of Q3 and beginning of Q4. The first of this major engagement known as environmental scanning is scheduled for the end of October 2023. This event is to enable the Trust to critically analyse both internal and external factors that may create opportunities or become threats to be managed effectively by the Trust.

Strategic Workforce Plan 2024 and beyond

33. By the end of March 2024, we will have a draft Strategic Workforce Plan which is evidence based and future facing. It will be an iterative document that will flex based on the organisation's direction of travel and priorities. It will give us the opportunity to plan for the next 5-10 years rather than annually.

RECOMMENDED:

34. The Committee is asked to:
 - **NOTE** the report
 - **COMMENT ON and DISCUSS** the proposed priorities

People and Culture Draft IMTP Objectives 2023-2024

Culture	• Continuing to embed WAST behaviours - further development of Culture Champions network, strengthening feedback and recognition mechanisms e.g. Hive Fives, pulse surveys, team diagnostic tool to assess against behaviours, PADR development. • Enhance and build our internal capacity for delivering culture change - further development and utilisation Culture Champion role/Change Agents. • Strengthening the capability and capacity of teams to operate effectively within and contribute positively to the changing culture - e.g. Insights Discovery, Team Culture Health Check Toolkit, team coaching and facilitation. • Developing and amplifying employee voice to increase employee engagement e.g. use of team diagnostics in the culture health check toolkit, Hive pulse surveys & Hive Fives, CEO Roadshows, Freedom to Speak Up, Voices Network, employee recognition, 360 degree feedback, exit interview feedback • Embed the compassionate practices approach to all people activities and management - all managers attend training, production of guidance and support for managers, case reviews and coaching. • Continue work on improving partnerships with trade unions - delivery of the Partnership Action Plan and watching brief on the risk of future industrial action regarding pay and conditions. Support the organisation on projects and activities engaging with TUs e.g. EMT 2-3 • Continue work on flexible working opportunities – both locally and nationally to create increased flexibility for our people across all directorates. • Embed Culture Toolkit • Work on mental health and wellbeing in frontline roles – shift length, service length in challenging roles. • Freedom to Speak Up – embedding of the Working in Confidence platform and Guardian role. • Delivery of Wellbeing Strategy - continue to deliver the actions articulated in the wellbeing strategy such as health promotion. • Recruitment diversity – ongoing delivery of the plan to increase diversity including engagement upstream in the process with universities. • Strategic Equality Plan 2024-2028 – Publish and deliver • Statutory requirements re EDI – ensure that we develop and implement actions to comply e.g. Anti-Racist Wales Action Plan, Sensory Loss Standards, LGBTQ+ Action Plan • Bystander and Allyship Training – evaluation and adaptation • WAST Staff Support Networks – reinvigoration of networks and evaluation of impact • Review EQIA policy and monitoring procedures – and develop a digital solution to support completion • Continue work on sexual safety – and address issues on sexual safety in the workplace
Capacity	• Final version of the Strategic Workforce Plan and move into delivery phase. • Development of 111 Strategic Workforce Plan • Financial Savings – continue to lead the people elements e.g. Recruitment Control Panel, and seek further financial savings as and where necessary • Service Review – delivery of the people aspects of the service review • Sickness absence - continue interventions to manage sickness absence, supporting colleagues to be in work. • Driving efficiency – both within the team and across the organisation with the digital team, reengineering processes and digitising wherever possible including support to electronic timesheet project. • Preparation for the implementation of a replacement system to ESR. Delivery of the project plan to support a successful rollout of the new product. • Evaluation of the NQP acceleration pilot. • Health Check Pilot Programme and Health Surveillance – Health diagnostics access for staff and evaluation

People and Culture Draft IMTP Objectives 2023-2024

Capability	• Develop the capability of managers to lead /manage change and to reinforce the changing culture (ABC in people and culture plan) e.g. Management Essentials Programme and toolkit, Team Culture Health Check Toolkit, ELT Development programme, Leadership Symposium, Development of WAST Leadership behaviours and aligning development ops. • Grow and develop our leadership and management capability for the future - e.g. talent management approach to succession planning, coaching and mentoring. • People Development Plan - career pathways reinforcing professions and professional development. • Professional development of Education related workforce - ensure all those involved in delivery of education, learning, training, development have the requisite skills and/or qualifications in place - 2024/25 focusing on 111, EMS Co-ordination and CFR training workforce to enable realisation of Trust ambition to align induction programmes to regulated frameworks. • Apprenticeships - introduction of bespoke Ambulance Sector Call Handling framework. Section 19 of Road Traffic Act 2008 - embed and evaluate changes to initial and continuing Driver Education for Ambulance Services to meet legislative changes made during 2023/24 • Career skills development - Digital Literacy and Employability Skills programmes focusing on improved productivity and efficiency. • NHS Wales Wide Professional Development activity - support HEIW strategies for Apprenticeships, Health Care Support Worker workforce development, Interprofessional education, Simulation education, Education & Training quality improvement. • Pre-registration and post-registration education for future practitioners - development of the next curriculum for pre-registration BSc and MSc routes working with the College of Paramedics, Higher Education Partners and AACE, via NENAS, to develop graduate Paramedics ready to serve the needs of the changing needs of the population; development of further post-registration MSc routes, including prescribing, to meet the future needs and aspirations of an evolving Urgent and Emergency Care Trust with a growing cadre of Advanced Practice Paramedics across its services. • University Status - realise the long held ambition of University Trust Status by award and subsequent change in statue for the Trust. • OH Service Review – to ensure a fit-for-purpose health and wellbeing service for colleagues.



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

STRATEGIC EQUALITY PLAN

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Angela Lewis, Director of People and Culture
AUTHOR	Kat Cobley, Head of Inclusion & Engagement
CONTACT	Kat.cobley@wales.nhs.uk

EXECUTIVE SUMMARY

1. Under the requirements of the Equality Act 2010: The Public Sector Equality Duty, the Trust is required to publish a Strategic Equality Plan (SEP) and a set of objectives by 31st March 2024 which will demonstrate how the Trust will:
 - eliminate discrimination, harassment and victimisation and other conduct prohibited by the Act;
 - advance equality of opportunity between people who share a protected characteristic and those who do not;
 - foster good relations between people who share a protected characteristic and those who do not.
2. This work must involve a review of the previous SEP and the progress made against the objectives. The new 4yr plan and objectives must be informed by the relevant information that we already hold followed by consultation and engagement with staff, service users and stakeholders, in particular, those with a protected characteristic, Welsh speakers and other minority groups or those who are vulnerable.
3. The responsibility for meeting the requirements and giving due regard to the PSED lays with all employees, senior leaders, and board members.
4. Appendix A provides the following information:
 - a timeline of SEP Review;
 - an analysis of the feedback received to date and emergent themes;
 - an outline of the draft SEP objectives;
 - plans for further consultation and engagement and how to get involved.

5. Based on the information we have and the feedback received during consultation and engagement, the following overarching strategic equality objectives have been proposed:
- Designing Equitable Services
 - Leading by Example
 - Being an Employer of Choice
 - Creating Allyship
6. Further details of the four objectives above can be found in the appendices. Appendix B provides a first look of the SEP which has been drafted and will shortly be made available for further consultation and engagement before receiving final approval by the Board.

RECOMMENDATION:

- 7. The People and Culture Committee are asked to discuss and note the progress made to date on the SEP.**
- 8. The SEP will return to People and Culture Committee on 20 February 2024 for approval before receiving final approval at the Board Meeting in March 2024.**

KEY ISSUES/IMPLICATIONS

9. The Trust will soon be conducting its final annual review of the previous SEP for 2020-2024. Annual reports on the progress made against the SEP objectives are published each year on the website along with a gender pay gap report and a workforce equality monitoring report which provides data on the diversity of our current workforce.
10. Good progress has been made over the past four years and WAST has implemented excellent initiatives to help reduce inequalities for service users, staff and stakeholders. However, there is clearly more that can be done to make further improvements. The new four-year SEP and objectives aim to build upon the work already undertaken.
11. The following points require addressing when implementing the SEP 2024-2028:
- The need to embed SEP Objectives into all other plans and strategies. Individual directorates and teams must take ownership of the actions required of them as the SEP Objectives cannot be achieved by the Organisational Development and Culture Team alone. Directorate Plans will need to include local actions to help achieve the overarching SEP objectives and there needs to be genuine support from senior managers and staff to realise the SEP objectives.
 - Progress in some areas can be slow and difficult to measure. Actions which aim to raise awareness and change cultural attitudes can often take occur over long periods of time and can be influenced by external societal factors making it difficult to implement and measure change within the workplace.

- Competing priorities and meeting operational targets may mean that staff have little capacity to focus on implementing actions to achieve SEP Objectives. Lack of capacity and funding may also make it difficult for staff to attend relevant training around equality, diversity, and inclusion.
- Lack of diversity in the workplace and incomplete workforce equality data. Current recruitment challenges and national recruitment procedures can impede active recruitment of a more diverse workforce. The Trust will need to explore more creative ways of attracting and supporting applications from people with a protected characteristic. The Trusts will also need to explore ways to encourage accurate equality data reporting from staff (which is a voluntary process) to monitor current workforce diversity.

REPORT APPROVAL ROUTE

People and Culture Directorate Business Meeting 27.10.23
People and Culture Committee 16.11.23

REPORT APPENDICES

Appendix A – SEP Timeline and Review of consultation and engagement
Appendix B – SEP and Objectives – First Draft

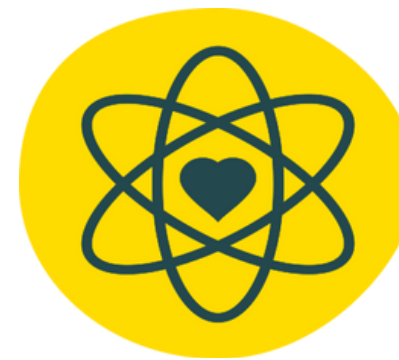


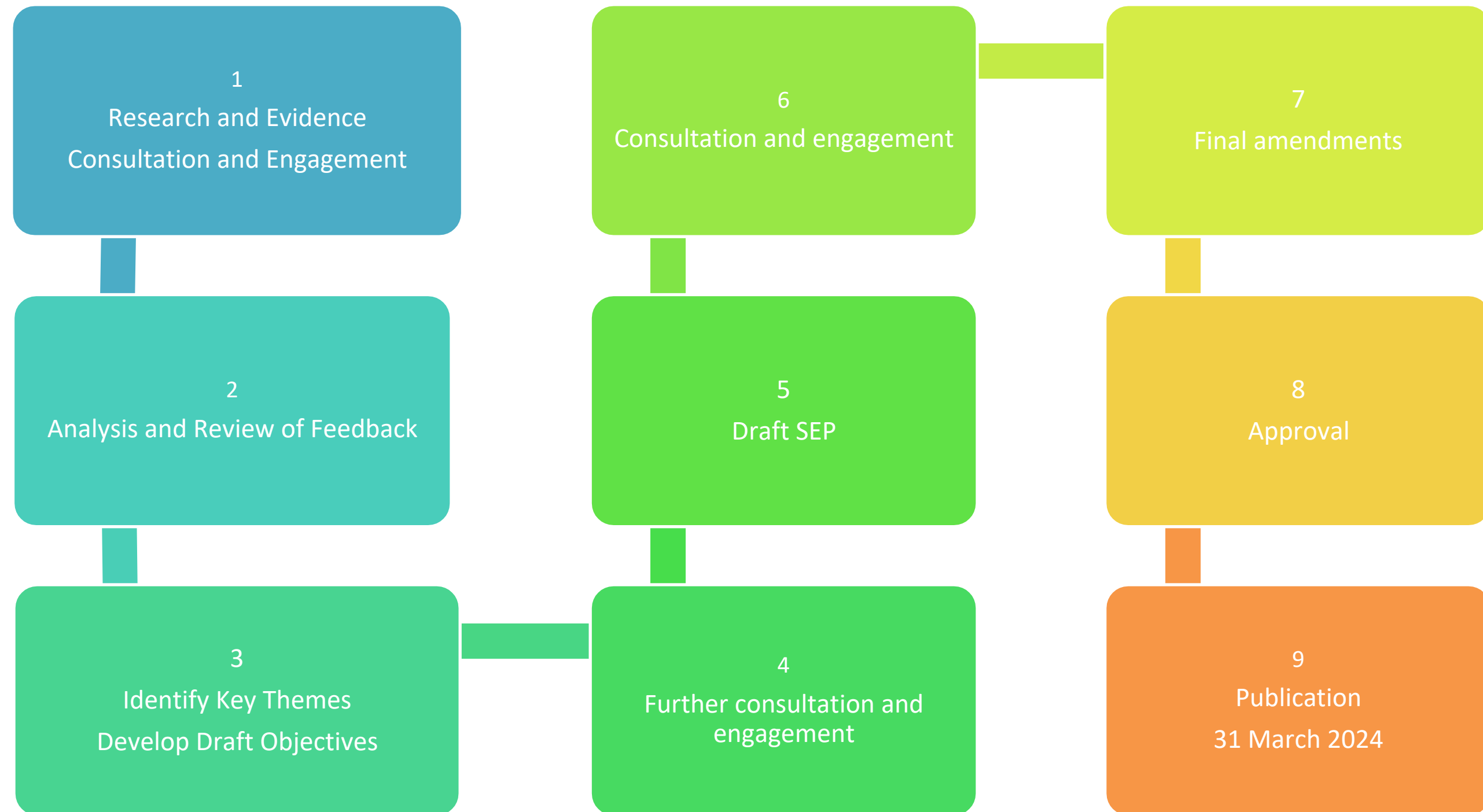
GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

WAST SEP UPATE & NEXT STEPS

September 2023





SEP Consultation & Engagement

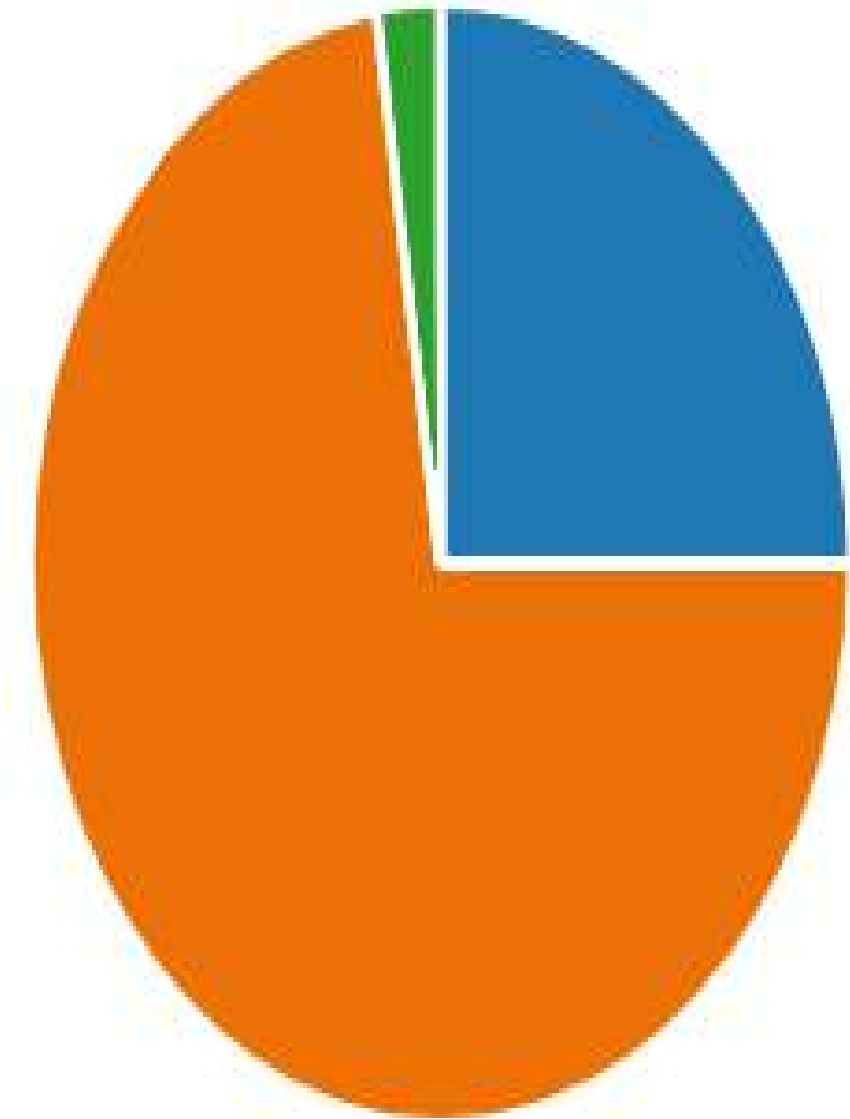
- Survey issued to a wide range of staff, service users and stakeholders including people with a protected characteristic and lived experience
 - National Charities and Organisations
 - Website
 - Staff Networks
- Comms Campaign at regular intervals to promote survey
 - SIREN
 - Social Media Channels
 - Staff Meetings
- Information received from PECL Team engagement over the past year
 - Learning Disabilities
 - Sensory Loss
 - General





Survey Responses

Service User / Defnyddiwr Gwas...	10
Welsh Ambulance Service Staff /...	29
Stakeholder / Rhanddeiliad	1



Other sources of evidence

- People and Culture Plan
- Anti-racist Wales Action Plan
- LGBTQ+ Action Plan
- PEGI Team Engagement
- People and Culture Team Engagement

Consultation and Engagement Results

4 Key Themes emerging



Service Design (Community)



Leadership & Support (Culture)



Recruitment & Retention (Capacity)



Training, Promotion & Awareness (Capability)



Feedback Analysis - Service Design

- More public involvement in shaping strategies and services
- Include a wide range of stakeholders to help design and redesign services
- More engagement with BSL service users
- Engage with communities, charities, and specialist organisations for protected characteristics and vulnerable groups
- Listen to those with lived experience
- Listen to staff ideas on how to improve service development
- Increased understanding of the needs of service users with a protected characteristic, in particular those with mental health needs and transgender individuals
- Take an evidence-based approach to service design and use research and evaluation to reduce inequalities

Service Design - Continued

- Simplify points of access to services for those who find this daunting and challenging
- Creating safer spaces in our ambulances to meet service users' needs. (Dementia-friendly Group work – good example of this)
- Services to match the ageing population's needs
- Consideration of rural community needs and resource allocation – prevention on hospital admission and more treatment at home
- Accessibility of WAST premises for staff and visitors – height of swipe card readers / hot water storage units, car parking facilities, adaptable office spaces for staff who are neurodiverse
- Visibly bilingual environment and opportunity to use Welsh
- Improve communication for BSL users
- Equal focus on mental health related calls and implementing more preventative measures for those in mental health crisis – more mental health triage vehicles, better access to mental health specialists



Feedback Analysis - Leadership & Support

- Ensure that everyone's rights are protected and that no group is excluded at the expense of another – getting the right balance of inclusivity
- Making EDI visible and reinforcing what 'inclusivity' means
- Embedding WAST behaviours, promoting respect and compassion
- Challenging behaviours and values which do not align with those of WAST
- Foster a culture of inclusivity and reinforce that all forms of discrimination are unacceptable
- Understanding the moral and legal basis for EDI
- Develop methods for reporting 'low-level' but harmful incidents to measure culture
- Thoroughly investigate incidents of wrongdoing without a heavy-handed approach – ensure all parties are listened to and supported appropriately
- Aim to achieve equity for all



Leadership & Support (continued)

- Introduce Diversity / Inclusion Champions via staff networks
- Promote 'pride' in our services and treat staff well
- Share and promote information about improvements that are being made
- Recognise the valuable role that non-operational staff play in contributing to the overall organisation
- More appreciation for staff on bands 6 or below
- More visibility of the Executive Team Leadership to staff and the general public
- Promotion of bilingualism



Feedback Analysis - Recruitment and Retention

- Fair job advertisement procedures – no favouritism for internal applications
- Review interview procedures and explore methods for varying recruitment and interview activities e.g. practical activities, vary between verbal and written responses to interview questions
- Recruiting Managers need to be aware of unconscious bias and the range of diversity amongst applicants
- Increase diversity within the workforce and recognise the positive impact upon the organisation
- Bridge the gap and avoid a divide between staff based in North and South Wales
- More support for new starters
- Need to recruit older staff which reflects the average age of our service users (60yrs+)
- More support for transgender and non-binary staff to come out in the workplace
- More support for staff who are neurodiverse and those with Dyslexia, Dyspraxia



Feedback Analysis - Training, Promotion and Awareness

- Increase EDI training so staff have a better understanding of the unique backgrounds and needs of service users
- Ensure staff have access to EDI training and allow sufficient time for staff to attend
- Face-to-face training more effective and engaging for staff than e-learning
- Educate staff about unconscious bias relating to minority communities and increase understanding and cultural awareness of their needs
- Educate staff about 'microaggressions'
- Encourage development in specialist fields
- Provide psychological safe spaces for staff to discuss EDI matters
- Share personal stories of lived experience with staff as these can have a profound impact upon staff

Design equitable
services
(Community)

Lead by example
(Culture)

SEP
Objectives

Be an employer of
choice
(Capacity)

Create Allies
(Capability)



Designing Equitable Services (Community)

What will we do?

Improve service design and planning to meet the needs of our diverse population

Consider individual's specific needs to ensure services are accessible to all and inclusive

How will we do it?

- Develop robust impact assessment procedures
- Undertake regular consultation and engagement with service users
- Build relationships with service users and listen to feedback
- Implement changes to services where necessary

Measuring our Success

- Evidence of EQIA / QIA
- Feedback from service users / satisfaction surveys
- PTR case study examples



Leading By Example (Culture)

What will we do?

All our staff promote a culture of inclusion
Staff will demonstrate an understanding and awareness of the needs of a diverse population
Senior Leaders will display genuine empathy and support for those who are disadvantaged
Discriminatory behaviour will not be tolerated

How will we do it?

- Use lived experience to identify where improvements can be made
- Develop, embed and evaluate WAST behaviours which foster inclusivity and respect for everyone
- Create support networks and links to organisations who aim to eliminate discrimination
- Senior Leaders to develop personal EDI objectives

Measuring our Success

- Meaningful commitments and progress in our IMTP, P&C Plan
- Monitor progress of Senior Leaders' EDI objectives
- Visible support for people with a protected characteristic



Being an Employer of Choice (Capacity)

What will we do?

Aim to increase diversity in our workforce

Staff will feel comfortable bringing their whole self to work and will be free from judgement and discrimination

Proactive support for staff to help them perform their roles to the best of their ability

How will we do it?

- Develop Recruitment Strategies which include targeted recruitment

- Future Workforce Strategy reflects diverse population

- Initiatives to support staff health and wellbeing

- Establish career progression pathways that are fair and inclusive

Measuring our Success

- Workforce equality monitoring reports / ESR and TRAC Report analysis

- Feedback from staff engagement events / Staff surveys#

- Uptake of Occ Health resources



Creating Allyship (Capability)

What will we do?

Equip staff with skills and knowledge on how to be an ally

Increase staff awareness and understanding of the issues faced by minority groups

Establish a range of staff support networks

How will we do it?

- Develop and deliver a range of EDI training
- Work with experts on niche EDI topics
- Create psychological safety for staff to raise concerns

Measuring our Success

- Uptake of EDI training
- Evaluation and feedback
- Staff surveys
- R&R case outcomes where there are links to EDI

Further Consultation and Engagement

Public Events

- Diversi-Tea LGBTQ+ Event, Carmarthen
- National Volunteer Conference, Llandudno / Swansea
- Llanelli Multicultural Drop-in Centre
- Mosque Visit, Newport
- Kingdom Hall Visit, Carmarthen
- Sensory Loss Group, Neath
- British Deaf Association, National Teams Meeting
- Caerphilly Youth Council, Caerphilly CBC
- Matthew's House, Homeless Cafe, Swansea

Groups

- Welsh Language Group
- LGBTQ+ Staff Support Network
- Women's Health Network
- Equality Leadership Group
- WAST Chaplains
- People Services Meeting
- EMS Business Meeting
- ADLT
- EMT
- NED Group Workshops
- TU Group Meeting
- EDISG
- CEO Roadshows
- WAST Live

Meetings and Committees

- P&C Committee November
- P&C Committee February
- Board February

We want our Plan to:

- ✓ Compliment the People and Culture Plan and other Strategies
- ✓ Reflect the needs of the communities we serve
- ✓ Lead to visible improvements for staff, service users and stakeholders

We need you to:

- ✓ Embed the SEP Objectives into your work
- ✓ Be supportive and promote equality, diversity and inclusion
- ✓ Share ideas for improvement
- ✓ Demonstrate WAST behaviours
- ✓ Be an ally

How to get involved

Staff Network
Meetings

CEO Roadshows
6 – 10 November
Locations across
Wales



Contact

Kat Cobley, Head of Inclusion and Engagement
Kat.Cobley@wales.nhs.uk





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services
NHS Trust

STRATEGIC EQUALITY PLAN 2024-2028



A WORD FROM THE CHAIR AND CHIEF EXECUTIVE



A handwritten signature in black ink, appearing to read 'Colin Dennis'.

COLIN DENNIS
CHAIRMAN

A handwritten signature in black ink, appearing to read 'Jason Killens'.

JASON KILLENS
CHIEF EXECUTIVE

As Chair and Chief Executive of Welsh Ambulance Service NHS Trust, we are proud to present our Treating People Fairly Strategic Equality Plan for 2024-2028.

Reflecting on the progress made over the past four years, we are pleased to see how far we have come as an organisation to create a fair and inclusive service for our service users, staff and stakeholders. This new four-year plan builds upon the foundations which have been laid and continues to maximise our efforts to be an exemplar organisation for equality, diversity and inclusion. Over the next four years we will continue in our ambition to lead by example and succeed in creating a truly inclusive environment for all, treating everyone fairly regardless of who they are, their background or circumstances.

There is no denying that the last four years has seen significant challenges which have greatly influenced the way in which we work. The COVID-19 global pandemic had an unprecedented impact upon people's physical and mental health and wellbeing. This coupled with the impact of leaving the EU and the ongoing cost of living crisis has changed the way in which healthcare services are delivered. There is no denying that these events have had a detrimental effect upon everyone, but even more so upon those who have a protected characteristic and those who are vulnerable who already face additional challenges in their everyday lives. Health inequalities have been brought to the forefront highlighting the need to bridge the gap and eliminate discrimination. This plan focuses its efforts on doing just that; providing services that are equitable and accessible to all, tailoring our service to meet individual needs.

This plan has been developed to align with our new People and Culture Plan and will sit alongside our Delivering Excellence: A Vision for 2030. We have also developed a new set of behaviours and cultural values for the Trust which are woven through all of our strategic plans. This plan underpins these behaviours and is designed to further embed them throughout the Trust.

We are an organisation that prides itself on celebrating diversity and individual differences. We value and respect all those who come into contact with the Trust. We continue to support our staff to develop an understanding of the communities we serve in order to meet people's individual needs and make a positive contribution in the delivery of healthcare services. This plan is not just about compliance with legislation; we appreciate the value and benefits of having a diverse workforce that is culturally aware in order to improve quality of care and increase innovation to adapt to our evolving diverse population.

We look forward to collaborating and working in partnership with our staff, citizens, commissioners and other key stakeholders and groups across health and social care, public sector and beyond to achieve the ambitions and commitments set out in this strategy.

As the Executive Director and Non-Executive Director with the lead for Equality, Diversity and Inclusion across the Welsh Ambulance Service, this is our opportunity to share with you why we believe it is so important that we make greater progress towards achieving our strategic equality objectives over this next four years.

As a Trust we want to work more effectively with our people and the public to enable them to recognise, understand and value difference and the positive impact that diversity brings. We want everyone to understand that this is not just about compliance or a problem to be solved, or even just because we feel a moral and ethical obligation to do something to tackle injustice. It is all these things and more. We firmly believe this is about showing leadership at all levels of the organisation and throughout the health and social care system. This is about doing what's right for our people and for our public.

We are committed to putting our people and culture at the heart of everything we do. Creating a diverse and culturally competent workforce that demonstrates respect, empathy, support and understanding for others is a priority. By investing in our people, we hope to enhance creative thinking and innovation, helping them to realise their full potential. We recognise that this is key to achieving success in improving quality of care and service user experience.

Engaging with our staff, service users and stakeholders has been a crucial part of developing our strategic equality objectives. Listening to what people want and hearing their ideas for change has helped us to identify themes of focus and has provided clear direction for the Trust in order to become a truly inclusive organisation. This has led us to developing four overarching objectives which will aim to help us:

- Design equitable services
- Lead by example
- Be an employer of choice
- Create allyship

The above objectives are intrinsically linked with the aims of our People and Culture Plan which focus around culture, capacity and capability. The Strategic Equality Plan reinforces our ambition to create a positive and inclusive working environment, where everyone can bring their whole self to work, actively contributes and is proud to work for #TeamWAST. Our people should all feel valued, respected and supported to help us deliver the best possible service to the people of Wales.

We look forward to seeing the plan being implemented over the next four years and we are confident that aligning our Strategic Equality Plan, our People and Culture Plan and our long-term visions, we will succeed in achieving our objectives.

INTRODUCTION



PAUL HOLLARD

NON EXECUTIVE DIRECTOR

ANGELA LEWIS

DIRECTOR OF PEOPLE

AND CULTURE SERVICES

WHO WE ARE



Over 4000 Members of Staff ranging from paramedics, nurses, consultants and ambulance care assistants to corporate teams, workforce managers, finance assistants, estates and maintenance teams, plus many more invaluable people who make up our workforce.



Over 700 volunteers who include Community First Responders, Volunteer Car Drivers and others who provide voluntary services for our staff and service users.



Providing a range of frontline healthcare services including emergency paramedicine, non-emergency patient transport, healthcare advice via NHS Direct / 111



Serving just over 3.1 million people in Wales across 7 Health Boards and 22 Counties.

THE PEOPLE WE SERVE



115,000
Veterans



Over one fifth
aged 65yrs+



49% 51%



6% identity with an
ethnic group other
than white



18% speak
Welsh



21% with a long-term
health condition or
illness expected to
last 12 months or more



900 BSL
service users



10.5%
Unpaid Carers



Polish, Arabic and
Romanian most
common languages
spoken in Wales other
than English or Welsh



1.4 m Christians
67,000 Muslims
12,000 Hindus
5,000 Pagans
4,000 Sikhs
2,000 Jews



Over 10,000 people
with a different
gender to their sex
assigned at birth



77,000 identity as
Lesbian, Gay,
Bisexual or another
minority sexual
orientation



22,000 cannot
speak English or
Welsh very well

BACKGROUND

The Trust is committed to implementing a series of Strategic Equality Objectives because we value our staff, service users and stakeholders. We believe that everyone has the right to be treated fairly with dignity and respect. We recognise that some people face additional challenges in their everyday lives for a number of reasons. In particular, those with a protected characteristic, minority and vulnerable groups, people who experience socioeconomic disadvantage, people who speak Welsh, unpaid carers, veterans and people who belong to the armed forces community. It is our aim to meet the needs of everyone and ensure that our services are accessible and inclusive of all those who come into contact with the Trust.

There are also a number of legislative and statutory duties placed upon the Trust to help us deliver equitable services. A number of national strategy and policy drivers have shaped our thinking and the design of our strategic objectives. These include:

- Wellbeing of Future Generations Act,
- A Healthier Wales, the Health and Social Care (Quality and Engagement) (Wales) Bill 2019
- A More Equal Wales, Is Wales Fairer? Report
- Public Sector Equality Duty

As a public body, we have a responsibility to ensure we consider how we can positively contribute to a fairer society through advancing equality and good relations between all in our day-to-day activities and the design of our policies and services. When making decisions and delivering services we must have due regard to:

- Eliminating discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it.

As well as the general duty, we have a responsibility to meet the specific duties. The specific duties set out steps that we must take in order to demonstrate we are meeting and supporting better performance of the general duty. The Specific Duties underpin the General Duty. These can be found here alongside more information on the public sector equality duty: [The Essential Guide to the Public Sector Equality Duty: An overview for listed public authorities in Wales | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://equalityhumanrights.com)

PROTECTED CHARACTERISTICS

Who are we referring to when we talk about those individuals with a protected characteristic?



Age



Disability



Race and Ethnicity



Religion or Belief



Sex or Gender



Gender Reassignment



Sexual Orientation



Marriage and Civil Partnership



Pregnancy and Maternity

WELSH LANGUAGE



Within Wales, Welsh language is treated the same as a protected characteristic and has its own legislation to ensure its protection. The Welsh Language Standards require organisations to provide public services in the medium of Welsh and promote opportunities for people to use the Welsh language. The Trust values and respects our Welsh speaking staff, service users and stakeholders, and actively supports the recruitment of Welsh speaking staff and recognised the importance of delivering bilingual services. Our Welsh language strategy More Than Just Words sets out our aims and objectives to increase the visibility and opportunities for the Welsh language and outlines our targets to increase support for our Welsh speaking communities and our Welsh learners. Feedback from our consultation and engagement on the Strategic Equality Plan demonstrated how important bilingualism was to our service users in terms of inclusivity and equality. Therefore, our Strategic Equality Plan has been developed to sit alongside our Welsh language strategy and will both aim to ensure that Welsh speakers are not discriminated against or disadvantaged in any way.

INTERSECTIONALITY



We recognise that many individuals more than one protected characteristic. The intersectionality of people with multiple characteristic means that they are likely to experience unique modes of discrimination or different barriers and challenges compared to people with just one characteristics. You can learn more about intersectionality [here](#). The Trust aims to take a more intersectional approach to understanding our equality, diversity and inclusivity data and priorities where appropriate.

CONSULTATION AND ENGAGEMENT

Listening to people is key to helping us learn how best we can create a truly inclusive organisation. This plan has been shaped by the views of our staff, service users and stakeholders. Consultation and engagement is an ongoing process here at the Trust which has resulted in opinions being gathered via a range of methods. Our Patient Engagement Community Involvement Team have been talking to members of the public at various public events, such as health and wellbeing events, school educational events, recruitment open days, etc. Staff have also attended specific events for people with a protected characteristic to ensure that everyone has had the opportunity to voice their opinions. For example, conversations were held at various Pride events, local sight loss support groups, homeless cafés, mosques, churches, volunteer conferences, learning disability groups, multicultural drop-in cafes, and many more.

In addition to the face-to-face conversations, an accessible online survey was available to all (paper copies and alternative formats were available upon request). National charities and support groups such as Age Cymru, Welsh Government Youth Parliament and Carers Wales, were also invited to complete the survey.

The Strategic Equality Plan was also discussed in detail at various stakeholder groups and internal meetings, for example, the NHS Wales Equality Leadership Group and the Welsh Language Advisory Group. Staff have also had the opportunity to help shape the plan at a series of roadshow events across Wales.

We recognise that consultation and engagement is an ongoing process. We want our Strategic Equality plan to be flexible to adapt to the needs of our people; objectives can be strengthened, actions can be added, and priorities can change to meet the needs of our people. Therefore, plans are in place to ensure that the conversations continue and regular reviews of our objectives will take place. Progress and updates will be reported and published annually on our website.

OUR HEALTHCARE SERVICES

Improving the quality of our services and the outcomes for service users is a key priority for the Trust. In line with the requirements of the Duty of Quality which forms part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, the Trust is committed to implementing improvements across all service areas. There are clear links between the Strategic Equality Plan and the six domains within the Duty of Quality which aim to ensure that the care we deliver is safe, timely, effective, efficient, equitable and person-centred. Therefore, the actions set out within this plan will each have the underlying aim to enable our staff to be their best in order to deliver the best healthcare services.



OUR STRATEGIC EQUALITY OBJECTIVES



We will aim to

DESIGN EQUITABLE SERVICES

LEAD BY EXAMPLE

BE AN EMPLOYER OF CHOICE

CREATE ALLYSHIP

DESIGN EQUITABLE SERVICES

What will we do?

By 2028 we will improve the way we plan and design our services to ensure that they are designed to suit the needs of all of our diverse population.

When designing our services we will consider the specific needs of people to ensure that our services are accessible to all and inclusive of everyone

How will we do it?

Continue to develop and implement robust impact assessments throughout each of the service planning stages.

Undertake regular engagement and consultation with our service users and build relationships with communities and individuals who find accessing our services challenging. We will listen to their feedback and look for solutions together.

Amend service plans and implement changes where necessary to help meet the needs of our service users.

How will we measure our success?

Evidence of EQIA procedures, including socioeconomic and Welsh language impact assessments

QIA procedures

Feedback from engagement and consultation events

Putting Things Right resolutions



OUR STRATEGIC EQUALITY OBJECTIVES



We will aim to

DESIGN EQUITABLE SERVICES

LEAD BY EXAMPLE

BE AN EMPLOYER OF CHOICE

CREATE ALLYSHIP

LEAD BY EXAMPLE

What will we do?

We will ensure that our all of our staff actively promote a culture of inclusion and wellbeing across the organisation.

Staff will demonstrate an understanding and awareness of the individual needs of the diversity population that we serve.

Our senior leaders and managers will promote the Trust as an inclusive organisation. They will display genuine empathy and support for those who are disadvantaged in any way. They will not accept discriminatory behaviour in any form.

How will we do it?

Use lived experience to help identify where improvements can be made and ensure that staff are supported to put their ideas into practice.

Continue to develop, evaluate and embed WAST behaviours which foster inclusivity and respect for everyone.

Create links and support networks with other organisations who aim to eliminate discrimination

Ensure that senior leaders and managers' personal objectives include a focus around improving equality, diversity and inclusion.

How will we measure our success?

Meaningful commitments in our IMTP, our People and Culture Plan, and other published strategies

Evidence of managers' personal objectives and actions which aim to improve equality, diversity and inclusion and eliminate discrimination

Visible support for people with a protected characteristic and joint working initiatives



OUR STRATEGIC EQUALITY OBJECTIVES



We will aim to

DESIGN EQUITABLE SERVICES

LEAD BY EXAMPLE

BE AN EMPLOYER OF CHOICE

CREATE ALLYSHIP

BE AN EMPLOYER OF CHOICE

What will we do?

We will aim to increase the diversity in our workforce so that it is reflective of the population we serve.

Staff will feel at ease to bring their whole self to work and will be free from judgement and discrimination in the workplace.

We will proactively offer support to staff according to their individual needs in order to help them perform in the workplace to the best of their ability

How will we do it?

Develop recruitment strategies which include targeted recruitment initiatives

Ensure that our future workforce strategy is reflective of the needs of our diverse population

Health and wellbeing initiatives – health assured, work in confidence

Establish career progression pathways which are fair and inclusive of all staff

How will we measure our success?

Workforce equality monitoring reports / ESR
Data Staff Surveys

Feedback from staff engagement events

TRAC Reports
Feedback from recruitment events

Uptake of occupational health and wellbeing support



OUR STRATEGIC EQUALITY OBJECTIVES



We will aim to

DESIGN EQUITABLE SERVICES

LEAD BY EXAMPLE

BE AN EMPLOYER OF CHOICE

CREATE ALLYSHIP

CREATE ALLYSHIP

What will we do?

We will equip our workforce with the skills and knowledge to act as true allies to all those who face discrimination and challenges.

We will increase staff awareness and understanding of the issues faced by minority groups to create empathy and create a series of staff support networks.

How will we do it?

Develop and deliver training sessions for staff to increase their knowledge of equality, diversity and inclusion matters

Work with experts on niche topics of equality, diversity and inclusion to help raise awareness amongst staff of the challenges that people may face

Create psychological safety for all staff who wish to raise concerns

How will we measure our success?

Uptake of EDI training

Feedback from EDI training
Staff surveys

Monitor R&R cases with a link to EDI / discrimination and ensure that appropriate solutions have been identified and implemented

Get Involved

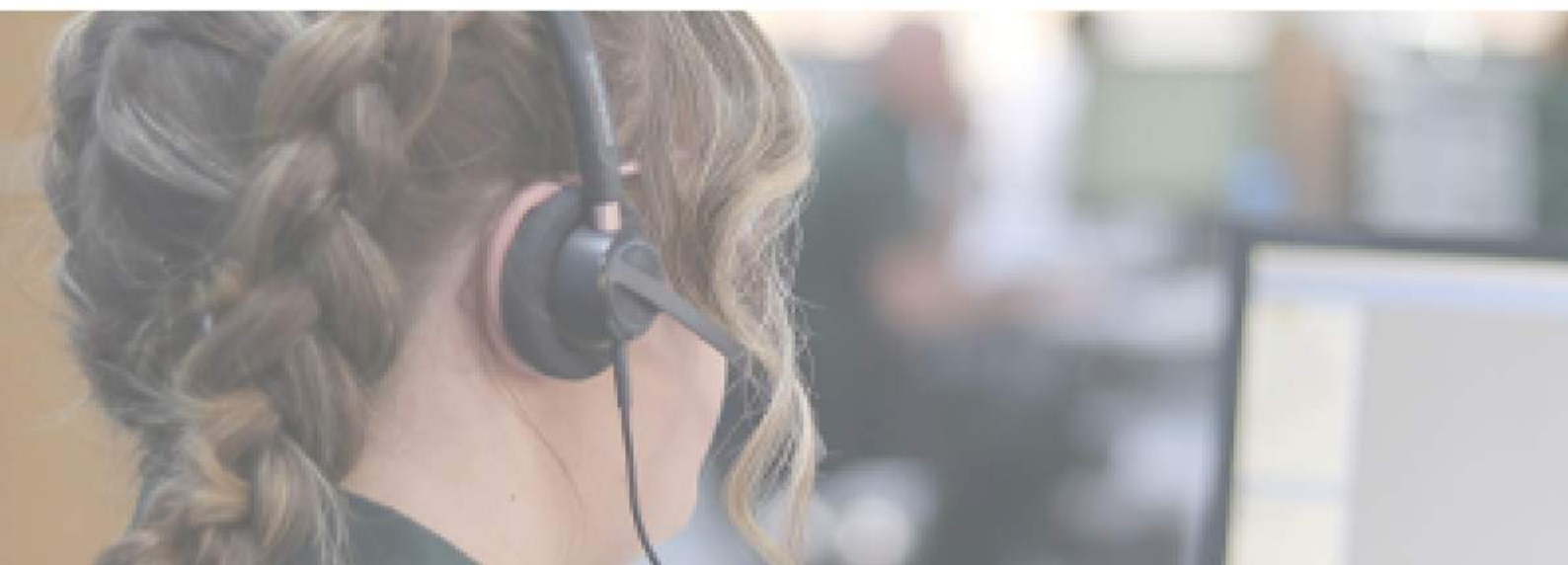


Thank you for taking the time to read our Strategic Equality Plan for 2024-2028.

We welcome all comments or questions on all aspects of this plan.

If you would like to comment, know more about the work, or how to get involved, please contact:

**Head of Inclusion and Engagement
Welsh Ambulance Service NHS Trust
Matrix One
Northern Boulevard
Swansea Enterprise Park
Swansea
SA6 8RE
Tel: 01792 311773
Email: AMB_Inclusion@wales.nhs.uk**



This document can also be made available in alternative formats and languages.

Please contact the details above to make a request.



AGENDA ITEM No	12
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	4

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk/Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the 5 risks that are relevant to Committee's remit and additionally the Trust's 2 highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4.
3. The more detailed description contained within the BAF provides the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the frameworks in Annex 2.
4. The principal risks were presented to the Trust Board on 28th September 2023 and whilst each principal risk has been reviewed during October 2023 in line with the agreed schedule detailed at Annex 3; the updates are navigating Trust governance processes and the full updates will be presented to Trust Board on the 23rd November 2023.
5. Updates made in respect of actions, controls and assurances are highlighted in blue on the BAF. Whilst there has been no material change to the risk ratings, the Risk report submitted at the July 2023 Board meeting included a rationale for each of the risk ratings which is particularly important where ratings have remained static or increased. Notwithstanding, the detailed review, discussion and challenge that takes place with the Executive Leadership Team (ELT) and Assistant Director Leadership Team (ADLT) on these risks on a monthly basis.

6. As has been previously reported, all current mitigating actions within WAST's control have been completed or superseded in relation to Risk 223 and remain on the BAF for review; that does not mean that the Trust is not continually seeking additional actions to mitigate this risk and most of these actions are articulated in the avoidable harm paper that the Board receive at each meeting.
7. The Executive Director of Quality & Nursing and Executive Director of Operations reported to Committees on the depth of review that is undertaken on both of these risks during the reporting cycle. Consideration has been given as to whether the scores and mitigations could be stratified by Health Board and the potential differentiation of risk across each of these areas as opposed to an all Wales Risk, and this continues.
8. Whilst both risks remain static at the highest score of 25, it is anticipated that this will be the case for the foreseeable future as long as the Trust is in a position where it is highly likely to have an incidence of premature death or avoidable harm as a result of being unable to respond in a way that it would wish to. The score is not based on the volume of cases of catastrophic harm, it is based on any one individual that experiences avoidable harm. The quality dimension of each of these risks will always be a challenging one to reduce whilst patients and the Trust are experiencing delays in the way in which they currently are.
9. The Chief Executive's report sets out participation in, and discussion at, regular stakeholder meetings with NHS Wales CEOs, the Director General of NHS Wales, Commissioners and EASC where stakeholder actions related to these risks.

RECOMMENDATION:

10. **Members are asked to consider and discuss the contents of the report.**

KEY ISSUES/IMPLICATIONS

11. The key issues are set out in the Executive Summary above.

REPORT APPROVAL ROUTE

12. The BAF was considered by:
 - ADLT (14 August 2023)
 - EMT (30 August 2023)
 - Trust Board (28 September 2023)

REPORT ANNEXES

- Annex 1 - Summary table describing the Trust's Corporate Risks.
- Annex 2 – Scoring Matrix
- Annex 3 – Frequency of Risk review
- Annex 4 - Board Assurance Framework

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

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
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	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	Director of Quality & Nursing	25 (5x5) ➔
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	IF there are high levels of absence THEN there is a risk that there is a reduced resource capacity RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Director of Workforce & Organisational Development	20 (5x4) ➔

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
201 PCC	Damage to Trust reputation following a loss of stakeholder confidence	IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations THEN there is a risk of a loss of stakeholder confidence in the Trust RESULTING IN damage to reputation and increased external scrutiny	Director of Partnerships & Engagement	20 (4x5) 
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	IF the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained THEN there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised RESULTING IN a negative impact on colleague experience and/or services to patients.	Director of Workforce & Organisational Development	16 (4x4) 
199 PCC	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	Director of Quality & Nursing	15 (3x5) 

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation		
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	IF significant internal and external system pressures continue THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm	Director of Workforce & Organisational Development	15 (3x5) 

Annex 2 - Risk Scoring Matrix

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

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

Annex 3 - Frequency of Risk Review

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

Annex 4 – Board Assurance Framework

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death			Date of Review:		08/08/2023		TREND	25 (5x5)
				Date of Next Review:		08/09/2023		➡	
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			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	5	5	25
						Target	2	5	10
IMTP Deliverable Numbers: 3, 7,9,11, 12, 14,16, 18, 21, 22, 26									
EXECUTIVE OWNER		Director of Operations		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee			
Risk Commentary Q2 2023/24									
The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death as a result of the Trust not being able to reach patients in the community.									
There were over 28,000 hours lost outside EDs in March 2023, a comparable figure to the pre Christmas delays. Whilst there has been improvement in some Health Board areas (Cardiff and Vale where there has been a corresponding improvement in red performance), other Health Board continue to experience protracted delays. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives.									
Improvement actions led by Welsh Government and system partners include: - a) Audit Wales’s investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E) b) Consideration of additional WAST schemes to support risk mitigation through winter (I) c) NHS Wales educes emergency department handover lost hours by 25% (E) d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E) e) Alterative capacity equivalent to 1000 beds (E) f) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (E) g) Implementation of Same Day Emergency Care services in each Health Board (E) h) National Six Goals programme for Urgent and Emergency Car (E)									
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Regional Escalation Protocol				1. Daily conference calls to agree RE levels in conjunction with Health Boards					
2. Immediate release protocol				2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)					
3. Resource Escalation Action Plan (REAP)				3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.					
4. 24/7 Operational Delivery Unit (ODU)				4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.					
5. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans				5. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.					
6. Limited Alternative Care Pathways in place				6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.					
7. Consult and Close (previously Hear and Treat)				7. Monitoring CSD rates through AQIs. Consult and Close volumes form part of EMS CCC weekly reports to SLT. Regular reporting of incident volumes to Operational Review Groups. Summary level information about Consult and Close volumes, targets, trends and recontact rates reported to TB and sub-committees. Metrics relating to Ambulance Quality Indicators (AQI) published on a quarterly basis by EASC. Bi-monthly EASC Provider reports. Consult and Close performance reported in Joint Executive Team meeting every 6 months with Welsh Government. NWSSP Information					

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		08/08/2023		TREND	25 (5x5)
			Date of Next Review:		08/09/2023		➡	
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		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	5	5	25	
				Target	2	5	10	
			Management Internal Audit report February 2022 (External Assurance). Consult and Close rate has increased from 12% to circa 15% March 2023.					
8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation			8. Qlik sense APP dashboard monitors performance and provides assurance that APPs are flowing patients into alternatives to emergency department. Qlik sense is a national report and can drill down into regional, local and individual performance as required. APP Navigation – Test of Change Framework (Swansea Bay & Hywel Dda). Review of despatch criteria for APPs. EMT have agreed to offer contracts to the 22 APPs who are about to complete their Masters programme. This will take our APP headcount to 88.7FTE. An investment proposal has been submitted to Welsh Government AHP in primary and community care pot. I think that there is low expectation that the bid will be successful. We are currently workforce planning to increase our APP headcount by 40 per year.					
9. Clinical Safety Plan			9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group					
10. Recruitment and deployment of CFRs			10. Volunteers are another resource for response, Volunteer					
11. ETA scripting			11. The ETA Dashboard is a tactic that was signed off by EMT – there is a dashboard that supports scripting analysed by comparing with real time data					
12. Clinical Contact Centre (CCC) emergency rule			12. CCC Emergency Rule is policy that has been signed off by Execs.					
13. National Risk Huddle			13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					
14.			14.					
15. Summer/Winter initiatives			15. Monitoring through SLT and STB					
16. CHARU implementation			16. Monitored via the EMS project Board					
17. National Transfer & Discharge Model			17.					
18. Conveyance Reduction			18. This is part of the weekly performance review and aligned to Care Closer to Home Programme					
19. Access to Same Day Emergency Care (SDEC) for paramedic referrals			19. This forms part of the handover improvement plans in place with Health Boards, however assurance is limited given that the acceptance of paramedic referrals is low (less than 1%) and inconsistent.					
20. Mental Health Practitioners in cars			20.					
21. Roll out of ECNS			21. Reported through QuEST					
22. Clinical Model and clinical review of code sets			22. Reported through QuEST					
23. Remote Clinical Support Strategy			23. Strategic Transformation Board – IMTP deliverable					
24. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)			24. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)					
25. Information sharing			25. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.					
26. Completed EMS Roster Review			26. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner					
27. Work underway to reduce the number of multiple attendances dispatched to red calls			27. This will increase vehicle availability generally across the Trust					

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death			Date of Review:		08/08/2023		TREND	25 (5x5)
				Date of Next Review:		08/09/2023		➡	
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		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	5	5	25		
				Target	2	5	10		
28. Transfer of Care			28. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently work has commenced to withdraw WAST staff from portering duties on hospital premises, cease the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents: i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief						
29. New 2023 EMS Demand and Capacity (roster) review			29. To commence in order to ensure we continue to match capacity and demand to our best ability						
30. Connected Support Cymru – an innovative approach to supporting patients to remain at home with clinically appropriate support mechanisms, thus avoiding admission to hospital where appropriate.			30. Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform and a Community Welfare Responder model to enhance community resilience.						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system			1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards						
2. Blockages in system e.g. internal capacity within Health Boards which affect patient flow									
3. Covid capacity streaming									
4. Transition Plan/Inverted Triangle – bid for transition plan has been put in and is now subject to funding									
5. Local delivery units mirroring WAST ODU									
6. Handover delays link to risk 224									
7.									
8. During industrial action days, Health Boards demonstrated compliance with reducing handover delays in order to maximise WAST resources. Despite a reduced volume of conveyance as a result of the industrial action, there is however a demonstration that reduced handover delays are achievable, and this therefore warrants a triangulation of data.									
9. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 6 months there is a low confidence in attaining this.									
10. Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration									
11.									
12. Handover Improvement Plans agreed between WAST and Health Boards			12. Handover Improvement Plans have been replaced by Integrated Commissioning Action Plans (ICAPS) and are subject to review with EASC; However, it is noted that previous plans did not demonstrate sufficient improvement in reducing handover delays						
18. National Transfer & Discharge Model			18. National Transfer & Discharge model is yet to be determined. A task and finish has been established to progress this piece of work						
21. Mental Health Practitioners			21. Mental Health Practitioners – not yet implemented but part of the Care Closer to Home workstream						
Please note that the gaps listed are not WAST’s and are therefore outside of the control of WAST			11						
Actions to reduce risk score or address gaps in controls and assurances			Action Owner		By When/Milestone	Progress Notes:			

Risk ID 223	The Trust’s inability to reach patients in the community causing patient harm and death		Date of Review:		08/08/2023		TREND	25 (5x5)
			Date of Next Review:		08/09/2023		➡	
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		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	5	5	25	
				Target	2	5	10	
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.			Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)			
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)			ADLT Sub-Group	30.09.22 - Superseded				
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters			Assistant Director of Operations EMS	Complete	Majority of EMS rosters complete and implemented			
4. Transition arrangements post pandemic			Executive Pandemic Team / Assistant Director of Strategic Planning (BCRT Chair)	Complete 30/08/22	Transition complete			
5. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]			Director of Paramedicine / Director of People & Culture	30.07.23 Checkpoint	Offers to 22 in July 2023. 13.33 FTE uplift. Continue to seek opportunities for funding APPs to improve service delivery.			
6. Maximise the opportunity from Consult and Close – stretch to 15% and beyond (I) [Source: Action Plan presented to Trust Board 28/07/22]			Assistant Director of Operations, Integrated Care	31.03.23 Complete	Work undertaken to map influences and progress towards each. Current % of Consult and Close increased from 12% to 15% at March 2023.			
7. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required (I) [Source: Action Plan presented to Trust Board 28/07/22]			Assistant Director of Operations, National Operations & Support	Complete	System in place and ongoing.			
8. Weekly REAP review by senior Operations Directorate team with assessment of action compliance (I) Source: Action Plan presented to Trust Board 28/07/22]			Director of Operations / Operations Senior Leadership Team	Complete	In place and ongoing - Weekly Performance Meetings occur every Tuesday lunchtime to review performance, etc. and determine REAP level.			
9. Recruitment and deployment of new CFRs (I) [Source: Action Plan presented to Trust Board 28/07/22]			Assistant Director of Operations, National Operations & Support / National Volunteer Manager	Complete 21.03.23	Additional CFR Trainers and Operations Assistants appointed to support recruitment and training of new CFRs. Volunteer Management Team, supported by the Volunteer Steering Group, now embarking on volunteer recruitment programme and increasing public engagement to raise awareness about volunteering opportunities available within WAST. Volunteer team has recruited and trained 173 additional volunteers between November and March 2023.			
10. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]				Superseded				
11. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]			Assistant Director of Quality & Governance / Head of Quality Improvement	Ended March 2023	The temporary extension of the SJAC contract for overnight provision was evaluated, demonstrating on available evidence a positive performance impact over the period of operation (Jan-April 2023). The evaluation report was presented to EMT on 5 April 2023. The contract extension (as a temporary arrangement) ceased on 5 April 2023. Falls service enhanced day and night provision remains in place and utilisation of resources is reviewed at weekly performance meetings by Operations SLT.			

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients		Date of Review:		03/08/2023		TREND	25 (5x5)
			Date of Next Review:		11/09/2023		➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score		
			Inherent	5	5	25		
			Current	5	5	25		
			Target	3	2	6		
IMTP Deliverable Numbers: 7,9, 10, 11, 12, 13, 14, 15, 16, 23, 24, 25, 26, 33, 35								
EXECUTIVE OWNER		Director of Quality & Nursing		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
Risk Commentary Q1 2023/24 The risk score remains constant at 25 for quarter 1 2023/24 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. There were over 1,440 +4 hour patient handover delays in June 2023 ; the target being 0 from September 2022 has now moved to the end of 2023/24. In June 2023, over 18,000 hours were lost to hospital handover, equivalent to 21% of the Trust’s conveying capacity. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, coronial enquires and redress / claims. The Trust received two Prevention of Future Death Reports (Regulation 28) from HM Coroner in North Wales in June 2023, both citing concerns regarding system delays and one case related specifically to the patient being significantly delayed outside of the hospital on arrival. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. WAST CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant forums and continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. The Joint Investigation Framework in place to review incidents across the system is now approved and included in the recently published National Policy on Patient Safety Incident Reporting & Management (May 2023). The Trust adopted the National Patient Safety Policy and supporting appendices at the Clinical Quality Governance Group in June 2023. Improvement actions led by Welsh Government and system partners include: a) Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 ‘Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) by the end of April 2025 b) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (LHB CEOs) revised to March 2023/24. c) Alternative capacity equivalent to 1,000 beds project (LHB CEOs) – 678 additional beds delivered, a significant achievement, but short of the target of 1,000. d) Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales) e) Implement nationwide approach to emergency department ‘Fit 2 Sit’ (Welsh Government: Chief Medical Officer and Chief Nursing Officer)								
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.			1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.					
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.			2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the ‘Six Goals for Urgent and Emergency Care’ work.					
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)			3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.					
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).			4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.					

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients		Date of Review:		03/08/2023		TREND	25 (5x5)	
			Date of Next Review:		11/09/2023		➡		
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership. WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.				5. Monthly Integrated Quality and Performance Report					
6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).				6.					
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.				7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure.					
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient’s Fundamentals of Care as best they can in the circumstances.				8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process and Putting Things Right Quarterly Reports to Clinical Quality Governance Group and QuEST					
9. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.				9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays					
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.				10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end.					
11. Escalation forums to discuss reducing and mitigating system pressures.				11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.				12. Monthly Integrated Quality and Performance Report (June 2023 overall 77% - Safeguarding and dementia over 90%.					
13. Clinical audit programme in place.				13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.					
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.				14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.					
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating “The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service’s statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets.”				15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including ‘Actions to Mitigate Avoidable Patient Harm Report’ (last presented to Trust Board July 2023 and Board sub-committee oversight and escalation through ‘Alert, Advise and Assure’ reports.					

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust’s Ability to Provide a Safe & Effective Service for Patients		Date of Review:		03/08/2023		TREND	25	
			Date of Next Review:		11/09/2023		➡	(5x5)	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
16. Implementation of Duty of Quality, Duty of Candour and new Quality Standards requirements in April 2023.				16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of July 2023 is ‘Implementing and operationalising’. The Trust has representation on the All Wales Duty of Candour Implementation Group and is actively engaged in developing resources.					
				External Sources of Assurance Management (1 st Line of Assurance)					
				1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC), the Emergency Ambulance Services Committee (EASC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).					
				2. Healthcare Inspectorate Wales (HIW) ‘Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover’ Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC					
				3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures.				1.					
2.				2. Implementation of the revised Joint Investigation process remains in pilot stage with good engagement seen by system partners. A number of overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 25 overdue nationally reportable incident investigations. Shared system learning from the Joint Investigation Framework is currently limited.					
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales*.				3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. In June 2023, 18,000 hours were lost with 1,440 +4 hour delayed patient handovers.					
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients’ NEWS*.				4. Strengthening of patient safety reports and audit processes as e PCR system embeds.					
5.				5.					
6. Variation pan Wales / England as position not implemented across all emergency departments*.				6.					
7.				7.					
8. Variation pan Wales / England as position not implemented across all emergency departments*.				8. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.					
9. Variable response pan Wales / England. WAST have minimal control on this at patient level*.				9.					
10.				10.					
11.Variable response pan Wales / England. WAST have minimal control on this at patient level*.				11.					
12.				12.					
13.Transition to ePCR impacting on data temporarily				13.					
14.National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas*.				14. HIW approve and sign off WAST elements of recommendations.					
15.				15.					
				External Gaps in Assurance					
				1. Lack of escalation and response to AQIs by the wider urgent care system and regulators					
				15					

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				Date of Next Review:		11/09/2023		➡	
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						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project			WAST QI Team (QSPE)	• TBC - Paused	• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).				
2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.			Assistant Director of Quality & Nursing	• Q4 2023/24	• Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. • Access to ePCR data (NEWS) now available. Work on-going with Health Informatics regarding patient safety and health board dashboards.				
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.			Executive Director of Quality & Nursing	• Monthly and as required.	• Monthly meetings continue to be held and networking through EDoNS.				
4. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE			Director of Paramedicine	• Q4 2023/24	• Bid not successful. However, Trust decision to proceed with 18 MSC places. • RAG status reframed around the new timelines /programme. • 22 trainee APPs expected to complete training in Jun-23. • EMT has agreed to offer places to these 22 trainee APPs funded from a reduction in technician posts 1/2s i.e. internal movement. • The Trust submitted a national bid to support APP expansion as part of the £5million additional Welsh Government funding for AHP expansion in Primary & Community Care. • In June-23 the Trust were informed that the bid was not successful. The funding had been allocated to health boards based on the initial funding allocation specified by Welsh Government. WAST is involved with two health board bids in BCU and C&V which require the Trust to support for delivery.				
5. Overnight falls service extension			Executive Director of Quality & Nursing	• June 2023	• Night Car Scheme extension agreed to 31 March 2024 (2 regional resources) • Nighttime falls assistance 64% Utilisation (Apr 2023 -Jun 2023) • Day resources progress continuing toward 60% utilisation target. April – June responded to 1,845 incidents an 18% increase on same period 2022. • Falls level 1 and 2 impact evaluation report completed - and presented to Clinical Quality Governance Group (CQGG) Jan 2023. • Optima modelling underway to examine optimal resourcing level. The has been delayed due to prioritisation of Executive requests.				
6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded.			Executive Director of Quality & Nursing	• Q3 2023/24	• Monthly updates to progress against actions following the baseline assessment and readiness returns. • RL Datix Dashboards and KPIs under development nationally. • Key policies updated and approved. • National Policy on Patient Safety Incident Reporting & Management adopted in June 2023. • Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly. • Quality Management System workshop to be held 12 June 2023.				
7. Virtual Ward now Connected Support Cymru			Executive Director of Quality & Nursing	• Q3 2023/24	• Service live. • Currently identifying a 48% EA avoidance rate. • Staff absence and roster gaps in SJA (provider) an issue currently. • Funding also obtained to support the capacity to recruit volunteers (600 in total).				

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					Date of Next Review:		11/09/2023	➡	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience			Likelihood	Consequence	Score
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
8. Organisational change process of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.		Executive Director of Quality & Nursing	• Q3 2023/24	• Informal consultation phase commenced May 2023.					
9. Connect with All Wales Tissue Viability Network to explore strengthening the current investigations into harm from pressure damage across the whole patient pathway.		Assistant Director Quality & Nursing	• Q2 2023/24	• Meeting planned August 2023 with the Chair of the TVN Network.					
10. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		CEO	• Q4 2023/24	- Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance, and support) - WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. - Expected outcomes in 2023/24.					
11. Internal Audit to undertake a review of Serious Adverse Incidents & Joint Investigation Framework		Executive Director of Quality & Nursing	• Q3 2023/24	• Terms of reference drafted.					
Completed Actions		Action Owner	When /Milestone	Progress Notes:					
1. HIW Improvement Plan / Workshop – WAST inputs / influencing improvements. Response and improvement actions to Healthcare Inspectorate Wales Inspection report (2021) 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' which links to Fundamentals of Care.		Assistant Director of Quality & Nursing	Completed						
2. Representation at the Right care, right place, first time Six Goals for Urgent and Emergency Care Delivery Boards and Clinical Advisory Board.		Chief Executive Officer	Completed	- Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales - WAST will be represented on the Clinical Reference Group by Andy Swinburn with first meeting now held. - The Trust recently reported to EASC that it has further updated how it maps into six goals programmes. The programme structure nationally is being embedded and the Trust now has presence on goals 2, 5 & 6 at delivery board level and on the clinical advisory board.					
3. Participation in the CASC led workshop to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019.		Executive Director of Quality & Nursing	Completed	• Revised joint investigation approach agreed and now formalised.					
4. Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation		Director of People & Culture	Completed	- Strong focus from Executives with detailed updates to EMT every two weeks. - Year-end position is +85 FTEs, with a vacancy factor of just 1%, rather than the often used 5%, which would produce a figure of -88 FTEs rather than the estimated - 15 FTEs. - Further non recurrent funding has been secured for 2023/24					
5. Transition Plan		Chief Executive Officer	Completed	• Action complete, but the Trust will continue to undertake strategic and technical workforce planning in support of the Trust's ambition e.g. inverting the triangle etc.					
6. Consideration of additional WAST schemes to support overall risk mitigation through winter		Director of Operations	Completed	- Winter ended. Focus now on forecasting and modelling for the summer, but Trust not aiming to produce specific Summer Plan (the Trust did during the pandemic linked to travel restrictions). - The Trust needs to determine whether there is value in producing a specific winter plan, particularly, within the context of the financial constraints NHS Wales is not operating in.					
7. National 111 awareness campaign		Director of Partnerships and Engagement Director of Digital	Completed	• The national awareness campaign was undertaken as planned and ended in March 2023. An evaluation will be provided to the 111 Board.					

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		13/08/2023	TREND	20 (5x4)
				Date of Next Review:		13/09/2023	➡	
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score	
				Inherent	4	4	16	
				Current	5	4	20	
				Target	3	4	12	
IMTP Deliverable Numbers: 1,5, 9, 10, 12, 17, 18, 19, 20, 26, 34								
EXECUTIVE OWNER			Director of People & Culture	ASSURANCE COMMITTEE		People and Culture Committee		
CONTROLS				ASSURANCES				
				Internal Management (1 st Line of Assurance)				
1. Managing Attendance at Work Policy/Procedures in place				1. (a) Policy reviews to ensure policies and procedures are fit for purpose (b) Audits by People Services on sickness				
2. Respect and Resolution Policy- recognising issues at work may contribute to sick absence				2. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames and contribute to All Wales forum on this policy				
3. Raising Concerns Policy- recognising issues at work may contribute to sick absence				3. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames				
4. Health and Wellbeing Strategy – key document that outlines commitment to wellbeing and supportive culture				4. Regular reference to strategy to ensure themes are addressed and linked to wider people and culture plan				
5. Operational Workforce Recruitment Plans- provide evidence of sufficient resources and identify any gaps or potential areas of increased workload pressure				5. Local plans link to the wider organisational workforce plan and provide intelligence regarding any particular pinch points in terms of resources				
6. Roster Review & Implementation- to support demand and capacity which can have an impact on absence levels				6. Roster Review for EMS completed. Review in 111 underway				
7. Return to Work interviews are undertaken - Sharepoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required				7. Process regularly reviewed and managers provided with relevant training and coaching on process and importance of carrying out return to work interviews promptly				
8. Training on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained				8. Regular bitesize training provided for managers, adapted to reflect feedback and to ensure all aspects of managing attendance is understood				
9. Directors receives monthly email with setting out ESR sickness data- ensures ownership and awareness				9. Monthly reporting provided with opportunity for discussion with relevant people services lead and Director				
10. Operational managers receive daily sickness absence data via GRS- ensures ownership and awareness				10. Provided daily, with opportunity for discussion with relevant people services lead and operational managers				
11. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support				11. Monthly reporting on services provided, volume of referrals and timeframes for accessing support.				
12. WAST Keep Talking (mental health portal) additional measures to offer support				12. Quarterly reporting on numbers accessing and regular promotion of service.				
13. Suicide first aiders- additional layer of support				13. Quarterly reporting of numbers of trained suicide first aiders and numbers who have accessed.				
14. TRiM- additional layer of support				14. Quarterly reporting on access to TRiM and promotion of service				
15. Peer Support network- additional level of support				15. Promotion of network and support provided				
16. Coaching and mentoring framework- additional level of support				16. Promotion of network and support provided				
17. Staff surveys- assess levels of engagement and wellbeing				17. New HIVE survey tool will provide data on overall engagement and wellbeing				
18. Stress risk assessments- identify measures that can be taken to address issues				18. Reference to the assessments during attendance management line manager training and to the TUS				
19. Sickness statistics are reported to SLT, SOT, People & Culture Committee, Trust Board and the CASC				19. Sickness forms part of Workforce Scorecard to People & Culture Committee				
20. External agency support e.g. St John Ambulance, Fire and Rescue- if needed at times of increased pressure				20. Standard procedures in place to access additional resource capacity				
21. Monthly reviews of colleagues on Alternative duties				21. Action plans arising from meetings with colleagues implemented through monthly diarised meetings				
22. Manager guidance on managing Alternative duties				22. Evidence of managers guidance in place and referenced in attendance management training				
23. Fortnightly report on absence to EMT and report to every meeting of People & Culture Committee				23. Minuted meetings and action logs for EMT & People & Culture Committee				
24. Sickness audits for localities- provides additional level of detail				24. Audits carried out and actions taken forward				
25. Additional support for areas with higher than average absence – emphasis is on understanding reasons and developing action plans				25. Dedicated meetings taking place and support from people services for areas with absence with local plans in place to address specific issues				
26. Review of top 100 cases -carried out on a monthly basis				26. Provides a focus on cases with a clear focus on support and making sure there are plans attached to each case.				

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		13/08/2023	TREND	20 (5x4)
				Date of Next Review:		13/09/2023	➡	
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience			Likelihood	Consequence	Score
					Inherent	4	4	16
					Current	5	4	20
					Target	3	4	12
27. Deep dives on specific issues and reasons for absence			27. Enables wider consideration of additional measures that may be adopted and identifies themes and keeps focus on absence management eg – mental health and causes					
28 2023 10 point action plan shared with EMT for assurance and RAG rated to track progress quarter			28. Offers assurance to EMT on the activities and measures in place.					
			External Management (2nd Line of Assurance)					
			1a. All Wales review of All Wales Attendance at Work Policy					
			Independent Assurance (3rd Line of Assurance)					
			1b. Internal Audits scheduled through Shared Services Partnership (controls 1 - 24)					
			2. Audit Wales – Taking Care of the Carers report in October 2021 (controls 1 - 24)					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. (a) Consistency and Application in Managing Attendance at Work Policy			1. There are other factors that impact on sickness which can’t be controlled					
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received			9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers					
1 – 22 Education and communication with managers about resources available and how to implement it e.g. stress risk assessments								
			External Gaps in Assurance None identified at the present moment					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone		Progress Notes:		
1. Implementation of Improving Attendance project			Deputy Director of People & Culture	31.09.23 Completed 2022/23		Underway and ongoing, 2022/23 actions complete or embedded as BAU. May data 7.6%. Trajectory continues to be positive. 10 point plan for 2023/24 agreed by EMT and being implemented.		
2. Implementation of Behaviours Refresh Plan			Assistant Director – Inclusion, Culture and Wellbeing	31.10.22 Extended to 31.05.23 CLOSED		Underway and ongoing. Captured in the IMTP for the service. Impacted by IA. New approach adopted from April 2023 to focus on a new behaviour every 6 weeks and continue conversations. Directly linked to people and culture plan. Closed		
3. Long term sickness absence deep dive			Deputy Director of People & Culture	31.07.23 Extend to 31.01.24 based on new plan for 2023/24		Underway and ongoing. Downward trajectory in levels of long term absence- proposed that this is extended until 31/12/23 to enable more detailed work of reasons, measures being implemented and impact.		
4. Develop guidance for line managers to support addressing challenging conversations and change			Deputy Director of People & Culture	31.07.22 Complete		Training produced and rolled out. Now BAU		
5. Roll out platform for raising concerns (in relation to Freedom to Speak Up Arrangements)			Freedom to Speak Up Arrangements Task & Finish Group Ownership moving to DWOD	Extended from 31.07.22 to 31.03.23. Extended to 31.05.23 Extended to 31.08.23		Extended date in terms of project plans and impact of Industrial Action. 21.3 The task and finish group has completed its work and the project is now going to be handed to DWOD as SRO for the work. 21.06 soft launch of the platform in August with official launch in September in line with Practice Ethically behaviour.		

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		13/08/2023	TREND	20 (5x4)	
				Date of Next Review:		13/09/2023	➡		
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity		RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience			Likelihood	Consequence	Score
						Inherent	4	4	16
						Current	5	4	20
						Target	3	4	12
						03/08/23 - Soft launch commenced 1 August 2023, full launch moved to October as it is freedom to speak up month.			
6. Strengthen Freedom to Speak Up Arrangements policy and advice				Assistant Director of Inclusion, Culture and Wellbeing	31.05.23 Extended to 31/08/23	Deadline extended to coincide with launch of new platform, although Guardians are in place and weekly review meetings taking place. They are receiving the highly confidential Datix and concerns raised through networks and attendance at ER monthly review from July. SharePoint page constructed and comms plan being finalised following refresher demos to key stakeholders. Behaviours reinforced via culture champions group, rotating through behaviours, currently broaden our understanding. Head of Culture and OD in post from August to further this work. 03/08/23 - Share point page published, comms plan in place. complete			
7. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements				Assistant Director Inclusion, Culture and Wellbeing	31.05.23 extended to 30/9/23	Ongoing – extended until 30/9/23 to enable soft launch with feedback and policy and advice to be shared. Training plan will be produced with an emphasis on making the platform and use of freedom to speak up as simple and accessible as possible. SharePoint page constructed and comms plan being finalised following refresher demos to key stakeholders. Head of Culture and OD in post from August to further this work. 03/08/23 - Training plan identified			
8. Accountability meetings with senior ops managers				Deputy Director of People & Culture	30.09.22 Complete and ongoing BAU	Underway, conversations re sickness absence well established and continuing			
9. Attendance Management training for managers				Deputy Director of People & Culture	31.12.22 Complete and BAU	Underway and ongoing – now BAU 1.11.22			
10. PADR review including wellness questions				Assistant Director – Inclusion, Culture and Wellbeing	Complete	Complete. New PADR distributed October 22.			
11. Restart the Health and Wellbeing Steering Group				Assistant Director – Inclusion, Culture and Wellbeing	Complete Aug 23 - Paused	Complete – group started 17.10.22 and will meet quarterly. 03/08/23 - Paused until key vacant posts, i.e. Head of Workplace Wellbeing and OH Manager, are filled			
12. Review of top 100 cases by the team on a monthly basis				Deputy Director of People & Culture	Commenced and ongoing – review 30.06.23 BAU	Underway and now BAU			
13. Actions identified from the Managing Attendance Audit				Deputy Director, People and Culture	Commenced and ongoing. Completion 31.12.23	Delivery of the actions underway and partially complete. All will be completed by 31.12.2023.			

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:		09/08/2023		TREND	20 (4x5)
				Date of Next Review:		09/09/2023		➡	
IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations		THEN there is a risk of a loss of stakeholder confidence in the Trust		RESULTING IN damage to reputation and increased external scrutiny			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	4	5	20
						Target	3	5	15
IMTP Deliverable Numbers: 2,18, 26, 34, 38									
EXECUTIVE OWNER		Director of Partnerships and Engagement		ASSURANCE COMMITTEE		People and Culture Committee			
Risk Commentary Q4 2022/23									
a) The risk score remains constant at 20 (highly likely and catastrophic). The organisation's reputational risk is one which is long-standing and entrenched. After initial improvements in risk rating some years ago, the impact of the pandemic, long standing performance and morale issues (including the impact of extended handover delays at hospitals), the impact of recent industrial action and the levels of patient harm which are being documented all result in limited opportunity to de-escalate the risk. Significant efforts are being made to address all of these factors. However, to date, the issues which contribute to reputation continue to be problematic and, therefore, militate against de-escalation of the risk for the foreseeable future. As part of the mitigation, extensive stakeholder engagement briefing, media relations work, patient experience and internal communication and engagement continue, but are not sufficient to outweigh the impact of the core issues which affect reputation. The lead Director and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder engagement is regularly reviewed in this context.									
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Regular engagement with senior stakeholders e.g. Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders				1. Agendas, minutes and documents of engagement events					
2. Challenging of media reports to ensure accuracy				2. Programme of daily media engagement					
3. Media liaison to ensure relationships developed with key media stakeholders				3. Programme of daily media engagement					
4. Engagement Framework approved by the Board July 2022				4. Issues of reputation monitored at EMT via weekly Forward Look item – minuted meetings and action logs.					
5. Engagement Framework Delivery Plan approved by the Board January 2023				5. The Director of Partnerships and the Head of Strategy are working closely with colleagues from PWC to inform further detail regarding future engagement including stakeholder analysis, case for change etc. Routine stakeholder and staff engagement continues, including the recent round of Executive roadshows and WAST Live.					
6. Engagement governance and reporting structures are in place				6. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g. EMT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs. Outcome of recent reputation audit to be reported through EMT in April and onward, as a minimum, to PCC.					
7. Escalation procedure for issues to the Board				7. Minuted meetings, action logs and Board papers					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1.				1.					
2.				2.					
3.				3.					
4.				4.					
5. The delivery plan is in abeyance pending outcome of the work underway by PWC in relation to the Trust’s strategic ambitions.				5.					
6.				6.					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner			By When/Milestone		Progress Notes:	
1. Submit refreshed Board Engagement Framework to Trust Board for approval			Director of Partnerships & Engagement			26.05.22 Complete		Approved July 2022	
2. Roll out of the Engagement Framework Delivery Plan			Director of Partnerships & Engagement			Paused		Pending outcome of PWC work	
3. Board oversight, scrutiny and challenge of performance, concerns, quality			CEO / Executive Management Team			Ongoing			
4. Monitoring internal Quality and Performance of Trust and raising system issues			Executive Management Team, Finance and Performance Committee			Ongoing			

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Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:		09/08/2023		TREND	20 (4x5)
				Date of Next Review:		09/09/2023		➡	
IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations		THEN there is a risk of a loss of stakeholder confidence in the Trust		RESULTING IN damage to reputation and increased external scrutiny			Likelihood	Consequence	Score
						Inherent	4	5	20
						Current	4	5	20
						Target	3	5	15
			Quality, Safety and Patient Experience Committee, People and Culture Committee, Audit Committee						
5. Engaging with internal and external stakeholders to develop confidence			CEO & Director of Partnerships & Engagement			Ongoing BAU	Regular engagement continued with staff, TU partners and a range of external stakeholders such as AMs, MPs, Local Authorities etc. BAU.		
6. Monitoring external factors that may affect the Trust			CEO & Director of Partnerships & Engagement			Ongoing BAU			
7. Llais (the new Citizens Voice Body attending October 2023 Board Development			Director of Partnerships & Engagement			October 2023			
8. Reputation Audit deep dive on findings to be presented at Board Development			Director of Partnerships & Engagement			October 2023			

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:		03/08/2023		TREND	16
				Date of Next Review:		03/09/2023		➡	(4x4)
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised		RESULTING IN a negative impact on colleague experience and/or services to patients			Likelihood	Consequence	Score
						Inherent	5	3	15
						Current	4	4	16
						Target	4	3	12
IMTP Deliverable Numbers: 2, 4, 6, 11, 20, 34									
EXECUTIVE OWNER		Director of People & Culture		ASSURANCE COMMITTEE		People & Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership				1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.					
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement				2. Both parties refer to the documents and are signed up/committed to it					
3. IPA Workshops				3. Meetings completed with participation from TUs and senior managers. Attendance lists are available					
4. Trade Union representation at Trust Board, Committees				4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned as a result of TU partner buy in					
5. Monthly Informal Lead TU representatives and Chief Executive meetings				5. Diarised meetings					
6. Staff representative management in Task & Finish Groups				6. Good attendance and commitment is observed at the meetings. TU partners listed as members in terms of reference					
7. WASPT re-established post stand down of cell structure post pandemic				7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.					
8. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team				8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings					
9. Quarterly Report on TU activity to People and Culture Committee				9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes					
10. Structures below WASPT to be signed off at next WASPT meeting in June 2023				10.					
				External - Not applicable					
GAPS IN CONTROLS				GAPS IN ASSURANCE					
1. Need to move back to business-as-usual footing				None identified					
2. Facility to manage situations where there is a failure to agree, to avoid grievance and disputes from occurring									
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:				
1. Develop an action plan from the recommendations of the ACAS report			Deputy Director of People & Culture	Completed 12/01/23	Action Plan for delivery created and shared with TU Secretary for feedback from TUPs				
2. Agree the ToR for refreshed Partnership Forum meeting and move back to a business-as-usual footing			Deputy Director of People & Culture	Completed 12/01/23	WASPT re-established. Third meeting scheduled T&F group undertaking work on the engagement model below WASPT through SLT and SOT is in progress with TU engagement. TU cell stood down.				
3. Proposed externally facilitated mediation session(s) building on the IPA workshops and specifically to address the thorny issue of what happens when we fail to agree			Deputy Director of People & Culture	Completed 12/01/23	Rearranged date 24.08.22 due to COVID in ACAS facilitators. First ACAS sessions delivered in June. Joint ACAS session with TUPs and Senior Team delivered on 24.08.22. Awaiting report from ACAS advised they are finalising by 23.09 and will forward week of 26 th Sept. Draft plan in development to capture actions from the meeting. Actions from the ACAS recommendations will be added on receipt. Report received in October. Action plan developed and shared with TUs. Implementation underway				
4. Minutes of formal Partnership Forum should be reported to PCC or Board in future (return to BAU).			Deputy Director of People & Culture	Completed 12/01/23	WASPT feeding into PCC				

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships				Date of Review:		03/08/2023		TREND	16 (4x4)
					Date of Next Review:		03/09/2023		➡	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained			THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised		RESULTING IN a negative impact on colleague experience and/or services to patients			Likelihood	Consequence	Score
							Inherent	5	3	15
							Current	4	4	16
							Target	4	3	12
5. Establish formal meeting structures below WASPT			Deputy Director of People & Culture	30.06.2023 Completed	Structure agreed with TUs. Sign off at next WASPT meeting. Highlight reports to be shared at WASPT. Completed structures for Local Partnership Forums and SOT/ SLT for operations and Partnership Meeting for Corporate Services agreed, ToR for SOT /SLT and LFP agreed.					
6. Refresh of engagement programme post Industrial Action and establish work			Deputy Director of People & Culture	30/08/23						

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation		Date of Review:		04/08/2023		TREND	15 (3x5)
			Date of Next Review:		04/09/2023		➡	
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	3	5	15	
				Target	2	5	10	
IMTP Deliverable Numbers: 1, 7, 9, 12, 16, 17, 24, 25, 26, 33, 35, 38								
EXECUTIVE OWNER		Director of Quality and Nursing	ASSURANCE COMMITTEE		People and Culture Committee			
CONTROLS			ASSURANCES					
			Internal Management (1 st Line of Assurance)					
1	Systematic review and assessment of Health and Safety arrangements and Governance (All NHS Wales Health & Safety Management System - HSMS).		1. Assessment criteria set for health and safety management system (HSMS) All Wales system). HSMS approved at ADLT in 2022. ADLT members sponsorship for all 11 management principles.					
1.	Health & Safety Governance and reporting arrangements – National Health, Safety and Welfare Committee. Reporting into People and Culture Committee. (PCC)		2. Trusts Legislative Compliance Register in place and assessment approved by SOT and ADLT in April 23. Position landed as 1.98/3 providing a Moderate level of Assurance. Monthly, Quarterly and Annual H&S performance reports to ADLT and H&S National Health, Safety and Welfare Committee. Quarterly performance reports to ADLT, EMT and PCC - commencing presentation at SOT in Q2 23. Reports published on H&S webpage. H&S climate cultural survey developed to determine perception of Trust position against Bradley Curve.					
2.	Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, - Regulation 7 ‘Health and Safety Assistance’.		3. H&S Policy approved in 2018. Following landing of business case, Policy reviewed and substantial consultation process completed in Q2 23. Policy expected to go to EMT for approval in Q2 -Q3 23. Violence and Aggression Policy in place. Risk Assessment Procedure, Display Screen Equipment Procedure, Workplace Premise Audits Inspection Procedure in place. Control of Substances Hazardous to Health (COSHH), New and Expectant Mothers Risk Assessment Procedure approved at ADLT in February 2023. Lifting Operations Lifting Equipment / Provision and Use of Workplace Equipment (PUWER) combined Procedure in draft with an expectation of commencing the approval process approval during Q2-Q3 2023. Lone Worker Procedure ongoing - expectation of second draft Q2-Q3 2023. Trust wide Hazard register in place. Reviewed by ADLT in Q1 2023 and approved by SOT and ADLT in April 23 Q1 2023.					
3.	Health & Safety Policy and Corporate level Procedures.		4. H&S Policy approved in 2018. Following landing of business case, Policy review underway Q4 2022-Q1 2023. Violence and Aggression Policy, Risk Assessment Procedure, Display Screen Equipment Procedure, Workplace Premise Audits inspection Procedure in place. Control of Substances Hazardous to Health (COSHH), New and Expectant Mothers Risk Assessment Procedure approved at ADLT in February 2023. Dangerous Substances Explosive Atmospheres (DSEAR) Procedure, Lifting Operations Lifting Equipment / Provision and Use of Workplace Equipment (PUWER) combined Procedure in draft with an expectation of commencing the approval process approval during Q1 2023. Lone Worker Procedure ongoing - expectation of second draft Q1 2023. Trust wide Hazard register framework in place. Reviewed by ADLT in Q1 2023 with expectation of approval Q1 2023.					
4.	Mandatory Health and Safety training for all staff on ESR. Induction training in place for all new operational staff.		5. Quarterly statistics provided by ESR support team and incorporated into Health and Safety Quarterly Performance reports. Induction training compliance held on ESR					
5.	2 year rolling programme of scheduled H&S premise audits.		6. Inspections are being undertaken in line with schedule. Live action.					
6.	Risk assessments (including local risk assessments, Covid 19, Workplace Risk Assessments, risk assessments covering EMS and NEPTs activities, operations risk assessments).		7. Workplace risk assessments are undertaken by local management teams, reviewed by H&S team and previously monitored by BCRT. These are being monitored by local operations mangers. Other operational risk assessments and SOPs are held on dedicated Share-point sections. Performance metrics in place and monitored via SOT and Quarterly Performance Reports.					
7.	Working Safely Strategic Programme Board (STB) to provide oversight of the Working Safely Action plan. Dynamic Delivery Action Group to continue to undertake actions on the Working Safely Action Plan.		8. Working Safely Action Plan has been agreed and this is being held to account by Strategic Transformation Board. Deliverables are being monitored through the Dynamic Delivery Group meeting. Terms of reference for Dynamic Delivery Group are approved. Live action.					

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation		Date of Review:		04/08/2023		TREND	15 (3x5)
			Date of Next Review:		04/09/2023		➡	
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	3	5	15	
				Target	2	5	10	
8. Rolling programme of IOSH Managing Safely- for Managers- scheduled training programme in place.			9. Attendance and competency figures provided in a quarterly 04 to ADLT, National Health, Safety and Welfare Committee and People and Culture Committee.					
9. IOSH Leading Safely for Directors and Senior Managers training in place.			10. Attendance and figures provided in monthly report to ADLT. Personal safety commitments are to be monitored on a quarterly basis following discussions to be held with Board Secretary, Executive Director for Quality and Safety and Head of Health & Safety in Q2-3 2023.					
10. Board Development Day covering Health & Safety Management and Culture Awareness training undertaken in April 2022.			11. Diarised meeting.					
11. Health and Safety Management System recognised document approval routes for health and safety documentation.			12. Approved and minuted at ADLT meeting in 2022. HSMS document approval process to be reviewed to include SOT approval Q2 2023.					
12. IOSH Leading Safely training delivered to majority of Board and Executive Team on 26 July 2022.			13. Compliance metrics held on H&S team database.					
13. IOSH Leading Safely additional sessions for new Board /EMT members and ADLT to be scheduled for 2023.			14.					
14. Leading Safely, Safety Positive conversations training to be delivered to Board and EMT to be rescheduled from June 2023.			15. Discussions scheduled with Board Secretary and Head of H&S in August 23 on options for delivery.					
15.			16. Internal Audit to be undertaken in Q1-Q2 23/24 (controls 1– 10). Audit position landed as ‘Reasonable’ level of assurance. (External Independent Assurance (3rd Line of Assurance))					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1.			1. Baseline audit for HSMS not to be commenced till Q3 2023 (being addressed in Action 1)					
2. Subgroups of National H&S and Welfare Committee currently under review. (being addressed in Action 2)			2. H&S Climate Cultural survey to be rolled out once political pressures (IA) reduce. Expectation of roll out Q3-Q4 2023/24 (being addressed in Action 3)					
3.			3.					
4. The Health and Safety Policy and some procedures are due to be reviewed by the end of Q4 2022 in Q1 2022 (being addressed in Action 4)			4. (a) Review of H&S Policy has been undertaken, and substantial consultation process ceased in August 23. Policy to be presented at EMT in Q2-Q3 20203 for approval before commencing to PCC for final approval. (being addressed in Action 4) (b) Workforce Transformational change has influenced some content within H&S policy (being addressed in Action 4)					
5. Poor uptake in statutory and mandatory H&S training (being addressed as part of Actions 5)			5.					
6.			6. Two-year Schedule for H&S inspections and visits commenced September 2022. Compliance metrics, themes and trends are to be included within Monthly and Quarterly and Annual Performance Reports. (being addressed as part of Actions 6)					
7.			7. (a) Current copies of risk assessments and SOPs are not available at all stations. (being addressed as part of Actions 7) (b) Lack of clarification over many SOPs are required until HSMS baseline audit has been completed. (being addressed as part of Actions 7)					
8. Operational pressures and Industrial Action on service impacting on Working Safely Programme delivery (being addressed in Action 8)			8.					
9. Staff availability to attend training (being addressed in Action 5)			9. Work ongoing to determine how many Managers require IOSH Manging Safely. (being addressed in Action 9). A H&S Training needs analysis has been developed and incorporated into the H&S Policy.					
10. Effective learning from events to be documented (being addressed in Action 8)			10. Currently there is no structured monitoring process in place to ensure attendance on the IOSH Leading Safely course. (being addressed in Action 5)					
11.			11.					
12.			12.					

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation		Date of Review:		04/08/2023		TREND	15 (3x5)
			Date of Next Review:		04/09/2023		➡	
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	3	5	15	
				Target	2	5	10	
13.			13.					
14.			14.					
15.			15.					
16.			16.					
17.			17.					
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:				
1. Meetings to be scheduled to undertake baseline assessment and feedback to EMT.		Head of Health and Safety	Q2-Q3 2023					
2. Meetings to be held with TU partners and AD/Head of H&S to agree arrangements for sub-groups.		Head of Health and Safety	Q1 2023	ToR Developed and presented at National HSW Committee in Q2 2022. Further discussions requested a Charter arrangement. Draft Charter developed and presented in National HSW committee in Q3 2022. Further discussions requested by TU partners. Following discussions held with OD in April 2023 to provide consideration of integrating subgroups into WASTP, 23.06.23- H&S to be incorporated into WASTP sub-groups LPF.				
3. Assessment to be undertaken in Q1 2023 of political pressure to determine viability of conducting culture survey		Head of Health and Safety	Q2-Q3 2023	Political pressures still present. Survey to be rolled out once eased. Watching brief.				
4. Revised H&S Policy to achieve ratification		Head of Health and Safety	Q1 2023	Initial meeting held in December 2022 first draft to be presented at Policy Group Meeting in January 2023 for comments from key stakeholders. Challenges with attendance due to IA. Expectation of draft Policy being presented at Policy Group to propose full consultation in May 2023. Policy presented at Policy Group in June 23 and commences substantial consultation process on 30.06.23. Policy expected to be presented to EMT for approval in Q2-3 2023.				
5. IT solution being investigated to collate data from inspections to enable trending and monitoring of actions generated		Deputy Head of Health and Safety	Q4 2023	The audit proforma has been migrated onto MS Forms to allow for improved data collection. Meeting held with I.T. provider in Q4 2022 provide consideration for the development of utilisation of Power B.I systems. Ongoing.				
6. H&S advisors will liaise with local management teams to identify risk assessments and SOP's in place and ensure visibility on SharePoint		Deputy Head of Health and safety	Q2-Q3 2023	Ongoing action. Assessment against the HSMS Principle 3- Compliance Assurance will assist in determining what RA/SOPS are required. Live action.				
7. Priority Elements of Working Safely Action Plan to be identified and programme schedule presented to STB to ensure sufficient support from Operational Teams. Migrate into Annual Health and Safety Improvement Plan.		Head of Health and Safety	Q2 2023	Priority actions for 2023-24 identified as Culture, Manual Handling, Violence and Aggression, Incident investigation training. 05.04.23 Development of Health and Safety Improvement Plan developed Q1 2023 and monitored via Monthly H&S team meetings..				
8. Review of number of line managers within the Trust to put in place a suitable schedule to roll out appropriate H&S training as determined within the training needs analysis within the H&S Policy.		Deputy Head of Health and Safety	Q2 2023	Interim schedule in place to address known line managers. Further work required with other Directorates to allow for performance metrics to be generated.				
Completed Actions		Action Owner	When /Milestone	Progress Notes:				
1. Delivery of the Working Safely Action Plan (WSAP) (Priority top 25)		Head of Health & Safety	31.09.22 Partially completed. Long term action.	Pump and Prime phase commenced 01.09.21. Closure report for PPP presented to EMT during Q3 2022/23. Working Safely Programme to continue being monitored by STB. Four priorities determined for 2023/24- Violence & Aggression, Culture, Manual Handling and Incident Investigation.				
2. IOSH Leading Safely training to be delivered to Exec Team and Board (forms part of WSAP)		Head of Health & Safety	31.12.22 Partially completed.	Training delivered to Board and Executive team on 26.07.22. IA and operational pressures impacted on availability to attend during Q4 2022.Further sessions to be scheduled for Q1 2023/4- Q2 2023/24 for new members.				

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation			Date of Review:	04/08/2023		TREND	15 (3x5)
				Date of Next Review:	04/09/2023		➡	
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	3	5	15	
				Target	2	5	10	
3. WAST Leading Safely Behavioural Audit training to Exec Team and Board (forms part of WSAP)		Head of Health & Safety	31.12.22 Scheduled	Initially scheduled for BDD - February 2023. Rescheduled to June 2023. Discussions to be held with Board Secretary and Head of H&S in August 23 around alternative delivery style of training.				
4. H&S team workforce review (accompanying Business Case forms part of this) (this forms part of WSAP)		Head of Health & Safety	31.03.22 Completed	Completed- Workforce review fully implemented 03.10.22				
5. Culture survey to all members of staff (forms part of WSAP)		Head of Health & Safety	30.09.22 Partially completed	Survey developed and to be presented at National H&S Committee on 02.11.22 and SOT in December for feedback. Decision made during Q3 2022/23 to postpone survey unit political pressures ease. Expectation of roll out Q4 2023-Q1 2023/24. Political unease impacted on the roll out of the survey roll out. Expectation that survey will be rolled out during Q1-Q2 2023/4				
6. A compliance register that describes the requirements of the various Health & Safety legislation that the Trust needs to comply with (part of WSAP)		Deputy Head of H&S	30.06.22 Completed	Compliance Register framework developed, and assessment approved as providing a moderate level of assurance Q1 2022.				
7. An initial assessment will provide assurance on how we are complying with the legislation.		Deputy Head of H&S	Partially completed. Assurance - 01.06.22 Rolling programme of assessments – 31.12.22	Assessments undertaken. Some outstanding estates assessments scheduled January 2023. Compliance register presented to ADLT members on 04.04.23. Further legislation in relation to V&A , Road Safety Traffic Act and the and Civil Contingencies Act to be added and assessed Q3-Q4 2023.				
8. Quarterly report on training compliance to be presented to ADLT for actioning within respective Directorates		Head of Health and Safety	Q3 2022 - Complete	Report is a standard section of Quarterly H&S Performance report to ADLT				

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:		03/08/2023		TREND	15 (3x5)
				Date of Next Review:		03/09/2023		➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score		
				Inherent	4	5	20		
				Current	3	5	15		
				Target	2	5	10		
IMTP Deliverable Numbers: TBC									
EXECUTIVE OWNER		Director of People & Culture		ASSURANCE COMMITTEE		People & Culture Committee			
CONTROLS			ASSURANCES						
			Internal Management (1 st Line of Assurance)						
1. Health and wellbeing strategy in place and shared across the Trust.			1. Review undertaken of the Health and Wellbeing Strategy by Assistant Director annually.						
2. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme			2. Regular review meetings with all external providers to ensure they meet requirements of the SLA contracts. Regular management information received so that trends can be monitored.						
3. Self-referrals or managerial referrals to Occupational Health			3. Regular reports submitted by Occupational Health team to WOD Business Meetings for monitoring.						
4. Wellbeing support and training for line managers			4. Diarised meetings, webinars and workshops in place through a rolling programme.						
5. Development of range of wellbeing resources for staff and line manager			5. Tools are available on WAST intranet. Occupational Health and Wellbeing teams visit stations, A&E , CCCs and other locations regularly where operational staff are based to promote the occupational health and wellbeing offer.						
6. Peer support network forum			6. Agendas and minutes of meetings produced for each meeting.						
7. WAST Keep Talking (mental health portal) and Sway on the Intranet			7. Available on intranet for staff to access easily.						
8. TRiM			8. TRiM Coordinator has regular dialogue with TRiM managers and practitioners. Project plan and training schedule in place.						
9. Coaching and mentoring framework			9. Information on intranet on Learning launch pad available to all staff.						
10. Acting on results of staff surveys relating to staff experience			10. Each Directorate has developed their own action plan to address staff surveys.						
11. HSE stress risk assessments			11. Undertaken by managers and advice is provided on how to use them by Occupational Health team.						
12. KPIs are reported monthly to WOD regarding Occupational Health and Wellbeing activity			12. Received at WOD Business Meetings monthly.						
13. Wellbeing drop-in sessions for CCC and 111 staff			13. Diarised sessions in place as part of the programme.						
14. Fast track physiotherapy			14. Regular review meetings with physiotherapy provider and monthly monitoring information received at WOD Business meetings.						
15. Specialist trauma counselling service			15. Same as 15.						
16. Regular psycho-educational sessions with managers and staff			16. Diarised sessions						
17. Compassionate leadership training sessions			17. Same as 17 in place as part of the programme.						
18. Chaplaincy programme			18. Training plan and minutes of meetings produced quarterly for the Wellbeing Team – to be reviewed.						
19. Occupational Health team inclusion in sickness and absence meetings			19. Diarised meetings in place.						
20. Procure a pulse survey tool to benchmark how colleagues are feeling and get feedback on the employee experience			20. HIVE due to go live in September 2023.						
			External - Independent Assurance - Audit Wales – Taking Care of the Carers report in October 2021						
GAPS IN CONTROLS			GAPS IN ASSURANCE						
			4. Reporting on wellbeing training take up						
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety.			Lack of awareness about staff wellbeing services						
			Effects of REAP 4 affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing.						
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:					

29

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences				Date of Review:		03/08/2023		TREND	15 (3x5)
					Date of Next Review:		03/09/2023		➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST		RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm			Likelihood	Consequence	Score	
						Inherent	4	5	20	
						Current	3	5	15	
						Target	2	5	10	
1. Restart the Health and Wellbeing Steering Group (link to risk 160)		Assistant Director Inclusion, Culture and Wellbeing		Completed 03.08.23 Group paused due to two key vacancies.	First meeting was on 17/10/2022. This however does not yet bring down the score of the risk as the Steering Group meeting was to re-establish a way forward. Next meeting to be scheduled within 2 months. 03/08/23 - Head of workplace Wellbeing due to be in post in October and OH Manager about to go to advert. No capacity within the team to restart the group.					
2. Increase the education and communication with managers about stress risk assessments		Head of Health & Safety		Completed	This is part of the IOSH Managing Safety Training BAU. OH to undertake workshops with CCC managers – dates to be confirmed this week.					
3. Deliver the employee engagement tool into WAST		Deputy Director of People and Culture		30.09.23	Software has been procured. Planning for rollout is underway. First survey delivery in July 2023. 03/08/23 - Working on the timing of launch based on the rollout of the Freedom to Speak up platform.					



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AGENDA ITEM No	13
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	7

SPEAKING UP SAFELY FRAMEWORK

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Dr. Catherine Goodwin – Asst. Director, Culture, Inclusion and Wellbeing
CONTACT	catherine.goodwin@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Speaking up Safely framework is designed to support individuals in speaking up safely and confidently within the NHS in Wales. It outlines the principles and expectations for employees, line managers, NHS boards, and executive leads.
2. The Framework was presented to ELT in October following the Welsh Government response to the Thirlwall Inquiry and so has been released in its current state. The paper submitted to ELT is contained within **Appendix A**.
3. The Framework document (contained within **Appendix B**) provides guidance on how to raise concerns, what support is available, and how concerns will be investigated. It emphasises that individuals do not need absolute proof of wrongdoing to raise a concern and that they will not be responsible for investigating the concern.
4. The framework highlights the importance of confidentiality and protection from retaliation for those who speak up and overall, the Speaking up Safely framework aims to create a culture of openness and transparency within the NHS in Wales. The Framework is to be considered alongside the slightly revised NHS Wales Raising Concerns Procedure (**Appendix E** and **Appendix F**). **Appendix E** summarises the revisions that bring the procedure in line with the Framework and the recommendation by Welsh Government that all NHS Wales organisations adopt the slightly revised version.
5. As part of the launch of the Framework, Welsh Government wrote to all NHS Wales Chief Executives (**Appendix C**) requesting a response to the self-assessment in section 6 of the Framework. WAST's response can be found in **Appendix D**.

KEY ISSUES/IMPLICATIONS
6. The Committee is advised that, in line with the Welsh Health Circular dated September 2023 (Appendix G), organisations are directed to adopt the All Wales Framework. As such, People and Culture Committee is asked to NOTE the adoption of this Framework.

REPORT APPROVAL ROUTE
Noted at People and Culture Business Meeting (27.10.2023)

REPORT APPENDICES
Appendix A: ES from ELT 25 October 2023 Appendix B: Speaking Up Safely Framework Appendix C: Letter from Welsh Government requesting self-assessment return. Appendix D: WAST self-assessment. Appendix E: SBAR from Policy Group Appendix F: Revised NHS Wales Raising Concerns Procedure Appendix G: Welsh Health Circular

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



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AGENDA ITEM No	
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

Response to Request for Speaking Up Safely Self Assessment

MEETING	ELT
DATE	25 October 2023
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Dr Catherine Goodwin – Asst. Director, Culture, Inclusion and Wellbeing
CONTACT	catherine.goodwin@wales.nhs.uk

EXECUTIVE SUMMARY

Judith Paget wrote to all CEOs with the publication of the Speaking Up Safely Framework on 25 August 2023.

As part of this letter Judith Paget asked for all NHS organisations in Wales to submit a self assessment against section 6 of the Framework to Helen Arthur by 30 October 2023.

This paper contains our Response (Appendix A), the Framework (Appendix B) and the letter (Appendix C).

The Framework document (contained within Appendix B) provides guidance on how to raise concerns, what support is available, and how concerns will be investigated. It emphasises that individuals do not need absolute proof of wrongdoing to raise a concern and that they will not be responsible for investigating the concern.

The framework highlights the importance of confidentiality and protection from retaliation for those who speak up and overall, the Speaking up Safely framework aims to create a culture of openness and transparency within the NHS in Wales.

KEY ISSUES/IMPLICATIONS

ELT are asked to consider the following requests:

- To discuss and agree to the submission of the Response (Appendix A)
- The digital Work in Confidence Platform had the most registrations on the launch day, 2 October 2023, following Jason Killen's all staff email. We would like to request that regular all Wales emails can be distributed at key times to increase registration. The first of these would be sent at the end of Speak Up Month (October 2023) prior to the Roadshows (w/c 6 November).

- To note that "Hive" our new pulse survey tool will be used for the first time at the beginning of November with a focus on speaking up safely.

REPORT APPROVAL ROUTE

REPORT APPENDICES

Appendix A: Our Response to Section 6 of the SUS Framework.

Appendix B: Speaking Up Safely Framework

Appendix C: Letter from Judith Paget 25 August 2023

REPORT CHECKLIST

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

Speaking up **Safely**

A Framework for the NHS in Wales

Supporting people to **speak up**
safely and with confidence



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1. Background – NHS Wales and policy context

The principles and practices associated with Speaking Up Safely outlined in this Framework document should be considered within the broader NHS Wales and UK policy context. Speaking Up Safely is an initiative which supports, rather than replaces, existing policy, such as:

- **NHS Wales Policy: Raising Concerns (Whistleblowing) Policy**
- **NHS Wales Policy: Respect & Resolution**
- **Welsh Government Law: The Health & Social Care (Quality and Engagement) (Wales) Act**
- **UK healthcare regulation: codes of practice e.g., NMC, HCPC and GMC**
- **UK Law: Public Interest Disclosure Act 1998**

The Speaking Up Safely Framework has also been informed by international guidelines^{1,2} and research evidence^{3,4,5}

2. Introduction

Following the publication of '[A Healthier Wales](#)' and the subsequent '[Workforce Strategy for Health and Social Care](#)' it became clear that NHS Wales needed to develop its approach to organisational culture and behaviour. NHS Wales organisations have committed to developing healthy working relationships, an approach which aims to foster more compassionate, collective, healthier and fairer behaviours, workplaces and organisations. It is recognised that there are key all- Wales NHS opportunities to lever change including [leadership development](#), changing targets / focus (such as [colleagues' experiences of work](#)) and using [people 'policies'](#).

This Framework sets out the responsibilities of organisations, their executive teams and boards, along with those of managers and individual members of staff (and volunteers) in creating a culture in which 'Speaking Up', alongside timely and appropriate response to any concerns raised, is supported within a safe environment. This Framework will be supported in its implementation by a series of toolkits.

Having effective arrangements which enable staff to speak up (also referred to as 'raising a concern') helps to protect patients, the public and the NHS workforce, as well as helping to improve our population's experience of healthcare. It is essential to ensure that all individuals have a voice, are listened to, and receive a timely and appropriate response.

This Framework will support organisations to create that culture; one where individuals feel safe and able to speak up about anything that gets in the way of delivering safe, high-quality care or which negatively affects their experience. This includes, but is not limited to, matters related to patient safety, safe staffing, the quality of care, bullying and harassment (and cultures which enable this), as well as financial malpractice or fraud. To support this, leaders and managers need to be willing to listen, and to be open to constructive challenge. Speaking up and bringing these issues into the open is a brave

and vulnerable thing to do, and therefore should be welcomed and seen as an opportunity to listen, learn and improve.

This is the Framework that organisations, departments and teams are required to follow in order to establish and sustain a culture where no individual will suffer victimisation or detrimental treatment as a result of speaking up, and where organisations learn and improve as a result of listening and responding to concerns raised.

Not all sections of this Framework will be relevant to everybody. However, while it is clear who the relevant sections are intended for, depending on your role within the NHS you may wish to familiarise yourself with sections which may not initially be relevant to you.

3. Principles of Speaking up Safely

- 3.1 All those engaged with the NHS have a contractual right and duty to raise genuine concerns with their employer about malpractice, patient safety, financial impropriety or any other serious risks they consider to be in the public interest. In addition, staff have duties imposed upon them to raise such concerns by their respective professional regulatory bodies.
- 3.2 All organisations recognise the need to continuously improve to make every effort to address and correct issues threatening patient safety as quickly as possible, to work with colleagues to this end and to ensure that at all times they do all they can to act on the side of the solution. Consciously creating culture of 'Speaking Up Safely' is key to this aim.
- 3.3 All organisations, departments and teams have a duty to create a culture where individuals know how to raise a concern, are aware of the process that will follow, and where they can be confident that if they do raise a concern, they will receive support without experiencing personal or professional detriment.
- 3.4 It is not necessary for an individual to have concrete proof of an act that they wish to report - a reasonable belief is sufficient. Individuals are encouraged to raise any concern at the earliest opportunity so that there is time to assess the issues within a supportive environment.
- 3.5 Individuals who speak up do not have responsibility themselves for investigating the matter (where this is required). It is the organisation's responsibility to ensure that where appropriate, an investigation takes place.
- 3.6 Organisations also have responsibility to ensure that those responding to concerns are prepared and supported to respond promptly or are able to delegate to someone who can. Managers will have training on how to deal with concerns that have been raised.
- 3.7 Organisations should encourage individuals to raise concerns using the designated procedure in the first instance. If an individual is not sure whether or not to raise a concern, they should discuss the issue with a manager or the Workforce & OD department or for those registered with a trade / professional union, with their representative or their trade / professional union's employment advice service.
- 3.8 In line with NHS Wales policy, individuals are encouraged to raise the concerns within the organisation at the earliest possible opportunity. This Framework seeks to ensure that the

organisation has the appropriate mechanisms and culture in place through which concerns will be appropriately addressed.

- 3.9 If an individual speaks up or raises a concern in Welsh, it will not be treated any less favourably than if it had been raised in English. Individuals speaking up in Welsh can expect any subsequent written correspondence or response in Welsh. If meetings are arranged about the concern, the organisation will actively offer to conduct the meeting in Welsh.
- 3.10 Any matter raised will be reviewed thoroughly, promptly and confidentially, and the individual raising a concern will receive appropriate feedback (see Toolkits 2 & 3).
- 3.11 If an individual raises a genuine concern, they will not be at risk of losing their job or suffer any detriment. Where an individual (who has raised concerns) may nonetheless be at risk of or fear detriment or any potential harm by continuing to work in their existing role or place of work, suitable action will be taken, in agreement with the individual, which could include redeployment.
- 3.12 Victimisation or harassment of an individual for speaking up / raising concerns will be considered a serious disciplinary offence, as will any action to 'cover-up' or wilfully ignore concerns.
- 3.13 Individuals are encouraged to raise concerns openly. However, there may be circumstances when individuals may request that their identity is not revealed. In this case, the organisation will not disclose their identity without their consent unless required to by law. There may, however, be times when the organisation may be unable to resolve a concern without revealing the individual's identity, for example where personal evidence is essential. In such cases, the organisation will discuss with the individual whether and how the matter can best proceed. Where the concern is a matter of staff or patient safety in line with Duty of Care, there may well be a need for escalation and anonymity may not be able to be maintained. Where this cannot be avoided, however, this will be made clear to the individual who has raised the concern.
- 3.14 Where an anonymous concern is received, a designated contact will still examine the contents of the concern with relevant senior managers and investigate where necessary. However, without the investigator being able to talk to the individual(s) who has(have) raised the concern and without possibly being able to attain any additional facts as a result, it needs to be recognised that it may be difficult for a full investigation to be undertaken. In these circumstances, supporting and protecting the individual, or giving them feedback, may be very difficult. Accordingly, the individual may not be able to be provided the assurances offered above. Organisations should routinely consider, log and monitor anonymous concerns.
- 3.15 All managers will have discussions within the PADR (Performance and Development Review) process about speaking up if staff members have any concerns, as well as within their own PADR in respect of dealing with concerns when they arise.
- 3.16 Organisations should identify an Independent Member / Non-Executive Director to act as a 'Speaking Up Safely Board Champion' and an Executive Director as 'Speaking Up Safely Executive Lead', as a minimum, and may wish to appoint additional roles for speaking up. As a minimum, organisations should ensure that those with responsibility for speaking up are sufficiently independent to provide staff with confidence when speaking up.

4. Expectations

4.1 Employees

All NHS Wales employees have a role in identifying issues and speaking up. Registered staff also have a professional responsibility to identify and speak up appropriately. The following are expectations of all employees in the NHS.

1. Behave in a way that encourages individuals to speak up.
2. Where you have concerns, ensure these are raised in a timely and appropriate manner in line with local policies and procedures.
3. Encourage and be supportive of those who speak up.
4. Do not victimise, bully or discriminate.
5. Embrace speaking up as an opportunity to learn and grow as an individual and as a team, as well as for the organisation as a whole.
6. Utilise Toolkit 2 in this Framework when speaking up.

4.2 Line Managers

All managers have a responsibility for creating a 'psychologically safe' culture which enables individuals to highlight problems and make suggestions for improvement. Speaking Up Safely is a fundamental part of that. An organisational or departmental culture of bullying and harassment, or one that is not welcoming of new ideas or different perspectives, will prevent individuals from speaking up, put patients at risk, affect many aspects of the well-being and working lives of staff, and reduce the likelihood that improvements can be made. Managers, as leaders, should understand the impact their behaviour can have on an organisation's culture and therefore how important it is that they reflect on whether their behaviour may inhibit or encourage someone from speaking up (See toolkit 3).

Line Managers will: -

- Be able to articulate both the importance of workers feeling able to speak up and how they will enable this within the organisation's vision.
- Speak up, listen and act (see Toolkit 3).
- Be visible and approachable and welcome staff who wish to speak up.
- Have insight into how their power and position could silence individuals, and how their own unconscious bias and belief systems could impact on how they receive individuals who speak up.
- Thank workers who speak up.
- Demonstrate that they have heard when workers speak up by providing feedback.
- Seek feedback from peers and workers to help them reflect on how effectively they demonstrate the organisation's values and behaviours.

- Accept challenging feedback constructively, publicly acknowledge mistakes and make improvements.

4.3 NHS Boards

NHS Organisations in Wales are expected to implement the Speaking Up Safely approach outlined in this Framework (see Toolkit 1). The Board should take into account the toolkits attached and align with the All-Wales branding that ensures individuals who move from one NHS Wales organisation to another can easily identify with the 'Speaking Up Safely' approach.

The Board should demonstrate its commitment to creating an open and honest culture where workers feel safe to speak up by:

- Having named Executive and Independent Member / Non-Executive Directors Leads responsible for speaking up.
- Acting as role models within the organisation.
- Including speaking up and other related cultural issues in board development programmes and Staff Partnership Fora.
- Having a sustained and ongoing focus on the reduction of bullying, harassment and incivility.
- Sending out clear and repeated messages that it will not tolerate the victimisation of workers who have spoken up, and taking action should this occur, with these messages echoed in relevant policies and training.
- Investing in sustained and continuous leadership development.
- Ensuring the organisation has an appropriately resourced Speaking up Safely approach and champion model.
- Supporting the creation of an effective communication and engagement strategy that encourages and enables workers to speak up, and promotes changes made as a result of speaking up.
- Inviting individuals who speak up to present their experiences in person to the board and staff partnership fora.
- Monitoring the extent to which concerns are being raised and addressed, and identifying learning and improvement needs as a result.

4.4 Independent Member/Non-executive Director 'Board Champion'

The Independent Member / Non-Executive Director Champion for Speaking Up Safely is a senior, independent lead role specific to organisations with boards.

They should:

- Hold the Board and the Executive Team to account in the delivery of a Speaking up Safely culture.
- Seek assurance that the Board responsibilities and expectations of this Framework are implemented.

- Be a 'fresh pair of eyes' to ensure that investigations are conducted with rigor and to help escalate issues, where needed.
- Have appropriate knowledge of Speaking Up Safely and be able to readily articulate:
 - why a healthy speaking-up culture is vital.
 - the indicators of a healthy speaking-up culture.
 - the indicators that there is sufficient support for speaking up and wider culture transformation.
 - the red flags that should trigger concern.
- Constructively challenge the most senior people in the organisation to reflect on whether they could do more to create a healthy, effective speaking-up culture. This might involve constructively raising awareness about poor behaviours.
- Be accessible to staff to provide support and guidance on how to and where to go to for advice and representation in Speaking Up Safely issues (with a clear delineation of roles). Independent members will not advocate, advise or represent employees in speaking up safely concerns.

Organisations / Hosted Organisations without Boards are likely to benefit from having an equivalent role.

4.5 Executive Leads for Speaking up Safely.

Having an Executive Lead for Speaking Up Safely helps demonstrate the organisation's commitment to speaking up. Importantly, this person should be widely considered a credible role-model of the behaviours that encourage speaking up. They should be able to show that they are clear about their role and responsibility, and to evidence how they have helped improve the organisation's speaking-up culture.

The Executive Lead should be accountable for:

- Co-designing, with the wider Executive Team, a plan for Speaking Up Safely, and implementing a Speaking Up Safely culture.
- Implementation and delivery, with the wider Executive Team, of a Speaking Up Safely Culture.
- Evaluating speaking-up arrangements and gaining assurance that the experience of workers who speak up is a positive one.
- Ensuring there is appropriate resource for Speaking Up Safely.
- How the organisation periodically reviews its speaking up safely arrangements.
- Ensuring there is a link to learning from events / incidents processes, and organisational governance arrangements.
- Liaising with the Independent Member / Non-Executive Director Champion.
- Providing the Board with assurance around all of the above.

5 Implementing and Improving a Speaking up Safely Culture

5.1 Implementation of Speaking up Safely Culture

In order to implement this Framework, it is expected that organisations have a clear vision for the speaking up culture that links the importance of encouraging individuals to speak up with patient safety, staff experience and continuous improvement. Co-designing, implementing and improving a Speaking Up Safely culture should always be undertaken in social partnership. Toolkit 1 provides further information.

Organisations will need to, in social partnership, develop a plan of how to deliver this Framework. This should be led by the Executive Lead for Speaking Up Safely. The plan should also be informed by key Speaking Up Safely stakeholders, such as Trade Unions, HR, OD and those representing minority communities. The Board should discuss and agree the plan and be provided with regular updates. The plan and ongoing review are co-produced with the organisation's staff partnership arrangements, staff networks and organisational engagement arrangements.

Among other things, the Executive Lead for Speaking Up Safely and the IM / NED Speaking Up Safely Champion will:

- Review the plan annually in social partnership, including how it fits with the overall organisational strategy, using a range of qualitative and quantitative measures.
- Assess what has been achieved and what more there is to do, using a continuous improvement approach.
- Identify the barriers to Speaking Up and how they will be overcome.
- Identify whether the right indicators are being used to measure success (see Toolkit 4).
- Help drive collaboration on an All-Wales basis to deliver, as far as possible, a consistency of approach to Speaking Up Safely across organisations, noting local and organisational context.

5.2 Be assured your Speaking Up Safely Culture is Healthy and Effective

The Board must be continuously assured that individuals will speak up about things that get in the way of providing safe and effective care and that this will improve the experience of patients and staff. Boards should not assume that the Speaking Up Safely culture is static; culture can improve, regress or stagnate for a variety of reasons, and sub-cultures will exist within organisations. Boards must monitor trends in the reasons for staff speaking up. Boards will also need further assurance when there have been significant changes, where changes are planned, or there have been negative experiences such as:

- Before a significant change (such as a merger or major service change).
- When an investigation has identified a team or department has been poorly led, or a culture of bullying has developed.

- When there has been a significant service failing.
- Following a Healthcare Inspectorate Wales inspection where concerns have been identified.
- Following a triangulation of data from a range of sources such as turnover, exit interviews, TU colleague feedback, staff surveys, grievances, work-related stress sickness, and clinical / operational indicators (See toolkit 4).

It is the Executive Lead's responsibility, supported by and in conjunction with the wider-Executive Team, to ensure that the Board receives a range of assurance and regular updates in relation to the Speaking Up Safely plan and implementation of this Framework.

The organisation's Speaking Up Safely arrangements must be based on the most recent NHS Wales policy and legal requirements (see examples on page 1 of this document). If the Board is not assured its staff feel confident and safe to speak up, it should consider requesting remedial action to address any concerns.

The Board should use a range of resources for developing and monitoring its Speaking Up Safely culture. Toolkit 4 should be considered as a basis for the information that organisations should collect to inform their understanding of the cultures within their organisation.

5.3 Be open and transparent with external stakeholders.

A healthy Speaking Up Safely culture is created by organisations and Boards that are open and transparent and see speaking up as an opportunity to learn. Executives are required to routinely discuss challenges and opportunities presented. The Board will welcome engagement with, and feedback from, these stakeholders. The Board is required to regularly discuss progress in this area (respecting the confidentiality of individuals), along with themes and issues arising from the Speaking Up Safely approach. Regular and in-depth reviews of leadership and governance arrangements in relation to Speaking Up Safely will help organisations to identify areas for further development.

6 Requirements for Organisations

Organisations will: -

- 6.1 Appoint, as mentioned earlier within this Framework) an Independent Member / Non-Executive Director as Speaking Up Safely Champion as well as an Executive Lead.
- 6.2 Ensure adequate investment that provides sufficient resource to support the continuous development of the organisational Speaking Up Safely approach and associated culture change.
- 6.3 Embed Speaking Up Safely in the functions of a board committee, which can be an existing committee, to support the champion / lead for speaking up in terms of guiding the organisation's approach. Membership of the committee should consist of a range of key stakeholders, including (but not limited to) some of those identified in Section 3.
- 6.4 Ensure that clear and easy to follow processes are in place to allow individuals to raise concerns (including anonymously). The NHS Wales Procedure for Staff to Raise Concerns is a necessary minimum standard but is not in itself sufficient for facilitating and supporting a Speak Up Safely culture.
- 6.5 Identify those groups which experience the most barriers when speaking up and ensure that processes are inclusive and equitable.
- 6.6 Ensure that the response mechanism / process is continuously monitored, clear and timely (equally as important as the procedure to raise concerns – see Toolkit 4).
- 6.7 Ensure that individuals speaking up do not suffer detriment as a result of raising concerns.
- 6.8 Undertake regular reviews of responses, as well as of the leadership and governance arrangements in place, and provide regular reports to the appropriate committee.
- 6.9 Ensure that arrangements are in place to monitor concerns / issues raised against the protected characteristics of the Equality Act 2010 and the implementation of any learning as a result of this.
- 6.10 Request feedback from all individuals who have spoken up and evaluate the feedback received (consider inviting a sample of individuals who have spoken up to attend committees and Board meetings to discuss experiences and share learning).
- 6.11 Fully implement the All-Wales branding / messaging for Speaking Up Safely (*once developed*).
- 6.12 Continuously / consistently promote and raise awareness of speaking up and listening / responding as a pro-social / desirable behaviour.
- 6.13 Ensure that appropriate training to deliver a Speaking Up Safely culture is rolled out to leaders, managers and staff throughout the organisation, as part of leadership and management development arrangements.

7. Footnotes

1 ISO 37002:2021 Whistleblowing management systems — Guidelines

<https://www.iso.org/standard/65035.html>

2 UNODC (2021) Speak up for health! Guidelines to enable whistle-blower protection In the health-care sector

3 Jones A et al (2022) Evaluation of the implementation of Freedom to Speak Up Local Guardians in NHS Acute Hospital Trusts and Mental Health Trusts in England

<https://fundingawards.nihr.ac.uk/award/16/116/25>

4 Jones, A et al (2021) Interventions promoting employee “speaking-up” within healthcare workplaces: a systematic narrative review of the international literature. *Health Policy* 125(3), pp. 375-384.

5 Jones, A. and Kelly, D. M. (2014) [Whistle-blowing and workplace culture in older peoples' care: qualitative insights from the healthcare and social care workforce](#). *Sociology of Health & Illness* 36(7), pp. 986-1002.

Toolkit 1: Co-designing and Implementing a Speaking up Safely Culture

Introduction

This Framework provides an outline of the process of Speaking Up, but organisations will need to develop their Speaking Up Safely culture. There may also need to be local difference to the process of speaking up in each organisation. This toolkit provides a guide that NHS organisations must follow to co-design and implement a Speaking Up Safely culture.

1. Rationale and benefits of developing a Speaking Up Safely culture / What needs to be in place in an Organisation.

Organisations need to ensure that their values and cultures create healthy speaking up environments in the workplace that provide the space for people to be listened to and taken seriously. This is essential in a safety culture and should be part of normal business for every individual in every organisation.

For staff in the NHS to feel safe speaking up, the following elements need to be implemented:

- Staff can have open conversations with managers, and managers listen.
- There is mutual trust between the person raising the concern and the person listening.
- Leaders display and encourage the behaviours required for staff to feel listened to.
- The approach uses psychological safety principles to create the conditions for people to be able to speak up.
- Organisations will ensure individuals are not penalised for highlighting mistakes, failures or concerns. Where psychologically safety is lacking, employees are less likely to speak up and challenge inappropriate behaviours of colleagues or superiors.
- Organisations should recognise that individuals with protected characteristics are often more likely to be on the receiving end of poor practices, harassment or bullying. They are also least likely to speak up due to the fear of reprisals. This needs to be considered in the local approach and implementation.
- Feedback should be provided to individuals who raise concerns especially in relation to actions implemented.

2. What organisations should do to co-produce their Speaking Up Safely culture and local processes.

Organisations will be expected to co-produce their Speaking Up Safely culture and systems with trade / professional union partners, staff with protected characteristics, those with lived experience, and staff from ethnically and culturally diverse backgrounds. This approach is required to ensure the process is relevant and purposeful to those who may speak up.

A set of resources and guiding principles for how best to do this is provided on the Speaking Up Safely page on the NHS Employers Website here: **ONCE APPROVED, INSERT LINK**

Organisations should consider the following key principles when planning and co-designing a co-production approach (Baeck, 2013): This section will go onto a dedicated SUS webpage on the NHS Employers website. **ONCE APPROVED, INSERT LINK**

- Encourage active participation, the sharing of experience, and welcome diverse ideas and suggestions.

- Engage in genuine dialogue around diverse perspectives and be open to the idea that all parties can be mutually influenced by the experience and ideas of others. Avoid the perception that decisions have already been made by a small number of senior people.
- Consider how you can host events and conversations where differences of power, status, perceived expertise and privilege are minimised between those participating, i.e., leaders, staff, partners and stakeholders, and those with and without protected characteristics.
- Actively listen so that there is a shared experience of inquiry, reflection, dialogue and shared discovery.

Consider the following when planning your co-production approach:

People – who needs to be in the conversation with us?

Invitation – how will we invite people into the conversation with us so as they want to be involved, and are able to participate?

Power & Privilege – how will we acknowledge and work constructively with differences of power and privilege to ensure equity of contribution?

Inviting all to have their say – how do we structure this conversation so that everyone gets time and has their voice heard?

Interface – where and how will we meet (in person, online)?

Agreeing the practicalities – how often should we meet, and for what time duration?

Finding shared meaning – what are the common themes or *sense* of shared purpose that ties this all together?

Goals – what are we hoping to achieve together?

How to respond best to disagreement and conflict – how we will respond to any breakdowns in communication? What is our agreed way of doing this?

3. Guidelines for Planning Essential elements for co-producing a Speaking up Safely Culture

- Map what staff, partners and stakeholders would see as the organisational barriers and enablers to Speaking Up Safely; co-produce interventions to reduce and remove barriers, monitor the effectiveness of these interventions, and share and implement enablers of speaking up.
- Widely and consistently communicate the agreed systems, processes for and learning from Speaking Up Safely.
- Ensure procedures for receiving, reviewing and responding to speaking up concerns are timely, transparent and regularly evaluated to ensure they are fit for purpose and able to reassure staff that the process will support them when raising their concerns.
- Use the lived experience of staff and others to help recognise the ways in which power and privilege manifest in the organisation and can become barriers to staff speaking up.

- Provide bias and cultural awareness training and / or supervision for those who will hear the concerns staff members raise – to ensure the diverse needs of staff with protected characteristics can be openly received, are not potentially dismissed due to possible differences in peoples’ lived experiences, beliefs and views.
- Build anonymity into speaking up processes for those staff who fear detriment from publicly speaking out.
- Develop the skills of leaders to be able to listen to concerns openly, transparently and without prejudice and enable leaders to act on concerns raised. Leaders should demonstrate their skills in these areas in order to support a speaking up culture.
- Ensure there is timely access to staff support and wellbeing services – as speaking up can impact on the psychological health of staff.
- Review organisational data (as per Toolkit 4) with social partners through the organisation’s board-level committee structure.
- Where staff experience detriment from speaking up, actively utilise restorative justice practices to address this, as per the All-Wales Respect & Resolution policy and process.

4. The following questions should be considered when co-producing the approach.

- Who needs to be in this conversation – who has an important perspective, experience, or stake in the development of a Speaking Up culture?
- What processes can be developed for acknowledging and addressing issues when they arise? How can the organisation collaborate with staff, partners, and other stakeholders to ensure these processes are fair and supportive?
- How is learning shared across the organisation – at individual, team and service level, as well as more widely?
- How will the organisation engage with staff from diverse backgrounds, ethnicities and cultures to;
 - ensure their lived experiences improve your speaking up processes?
 - address issues related to bias, discrimination and inequity?
 - review whether organisational policies and processes might be unintentionally causing inequity and inequality?
- How can the organisation explore the ways in which hierarchy, entitlement, power and privilege might be marginalising and disadvantaging individuals / groups?
- How can the organisation encourage and support this type of reflective conversation?
- How will the organisation identify barriers to speaking up within it? What actions can be taken to address and resolve any barriers when identified?

Toolkit 2: How to Speak Up

Introduction

Our NHS Wales workforce goes above and beyond every day, and its dedicated efforts and commitment to services is inspirational. Yet there are times when things just don't go right, where there are issues or concerns, or there is a fear for patient care and colleague well-being. The need for Speaking Up Safely is a vital component for any NHS organisational culture and highlighted in reports from Francis (2015) and, more recently, Ockenden (2022).

The Francis report highlighted:

“Every organisation involved in providing NHS healthcare should actively foster a culture of safety and learning in which all staff feel safe to raise concerns.

“Raising concerns should be part of the normal routine business of any well-led NHS organisation.

“Freedom to speak up about concerns depends on staff being able to work in a culture which is free from bullying and other oppressive behaviours.

“All NHS organisations should ensure that there is a range of persons to whom concerns can be reported easily and without formality. They should also provide staff who raise concerns with ready access to mentoring, advocacy, advice and counselling”.

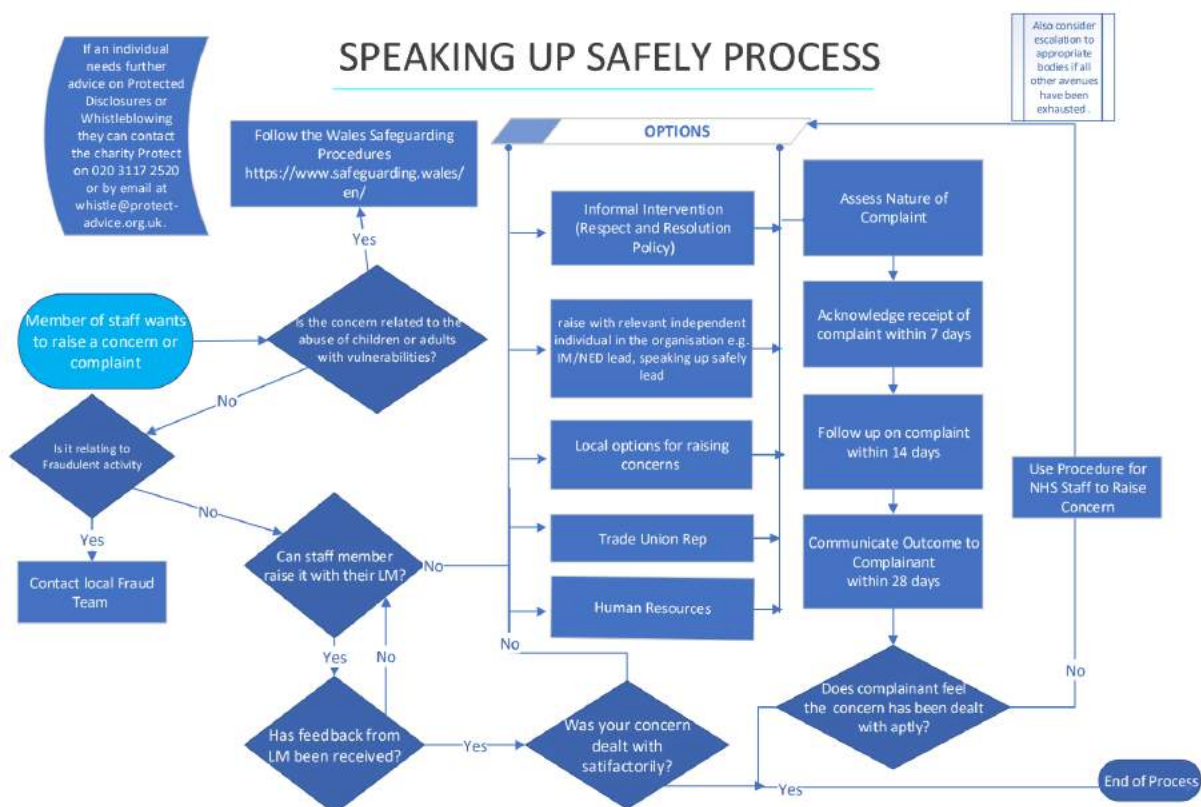
How to speak up in your organisation

Organisations across NHS Wales are committed to embedding speaking up safely as part of their cultures. It is recognised that to enable this, various methods and means will be utilised to ensure staff feel safe and comfortable in speaking up. This will vary across organisations as they implement local methods to support this agenda. There will be transparency where possible, on any actions taken because of staff speaking up to show they have been actively listened to.

The need for speaking up safely to be firmly embedded into everyday life and cultures across NHS Wales is a priority. The way and means of doing this will evolve with new initiatives added to ensure that issues can be safely explored.

“Culture change is not a one-off event but requires constant attention and development.”

- Sir Robert Francis QC, 2015



Frequently Asked Questions

1. I have a concern and I need to speak to someone, who do I tell?

Staff should be able to raise concerns with their line manager on routine discussions on service delivery and patient care, (e.g., problem-solving, service review, performance improvement, quality assessment, training, and development) as these are the most effective mechanisms for early warning of concerns, wrongdoing, malpractice or risks. Line managers are best placed to act on, deal with and resolve such concerns at an early stage.

However, in some circumstances, this may not be appropriate and there are other methods you can use to raise a concern if you cannot speak to your line manager. These methods can be found here:

ONCE APPROVED, INSERT LINK

2. What support can I access when I want to raise a concern?

Trade / professional unions (TUs) – these can provide support, advocacy and representation at all stages.

Well-being support – refer to your local well-being support services within your organisation, which can be found on local intranet, or via your line manager / TUs / HR department.

Independent Member (IM) / Non-Executive Director (NED) – IMs and NEDs provide scrutiny and seek assurance that the speaking up culture is working in an organisation. You can speak to an IM / NED about speaking up, but they won't advocate or represent you on your specific case. However, they may advise you of the best way to get support in raising your issue.

Your local organisation will have more specific advice on what support you can obtain when you want to raise a concern.

3. Do I have to have evidence of wrongdoing to raise a concern?

You do not need to have absolute proof of the activities you want to report; a reasonable belief is sufficient. We encourage all individuals to raise their concerns as early as they can. Any evidence that you do have such as letters, memos, diary entries, DATIX etc. will be useful to assist any further investigations.

4. Will I be responsible for investigating the concern?

No, your concern will be investigated by a nominated individual, if appropriate to do so.

5. How will I know if my concern has been dealt with?

Once an individual has told someone of their concern, whether verbally or in writing, the information will be assessed to see what action should be taken. This may involve an informal, review or a more formal investigation.

The individual will be told who is handling the matter, how they can contact them and what further assistance may be needed. If there is to be a formal investigation the manager to whom they have reported their concern will appoint an Investigating Officer.

If an internal investigation takes place this will be undertaken thoroughly and as quickly as possible considering the matters to be investigated. At their request, the individual will be written to summarising their concern and setting out how it will be handled along with a timeframe.

6. What happens if I don't agree with the outcome of my concern, or I don't feel that it was dealt with properly?

The individual raising the concern will be entitled to a verbal response, as a minimum, and where appropriate, a written response may be required (noting any request to remain anonymous).

The person responsible for providing this response will be either the manager to whom the concern was addressed, or the individual identified to provide such responses in any local processes in place to ensure that concerns can be raised.

If you feel that your concern has not been dealt with appropriately, please contact your local Workforce & OD team for more information on how to escalate your concern.

7. I want to raise a concern, but I want to remain anonymous because I'm worried that I'll be treated differently if I make myself known.

Individuals are encouraged to raise concerns openly. However, there may be circumstances when individuals may request that their identity is not revealed. In this case, the organisation will not disclose their identity without their consent unless required to by law.

There may, however, be times when the organisation may be unable to resolve a concern without revealing the individual's identity, for example where personal evidence is essential. In such cases, the organisation will discuss with the individual whether and how the matter can best proceed.

Where the concern is a matter of staff or patient safety in line with Duty of Care, there may well be a need for escalation and anonymity may not be able to be maintained. Where this cannot be avoided, however, this will be made clear to the individual who has raised the concern.

8. What happens if someone raises a concern that they know isn't true?

We acknowledge that in a very small number of cases, allegations may be made which are malicious or vexatious. Making allegations that are known to be false will be considered a serious matter. If it is concluded that an individual has deliberately made false allegations maliciously or vexatiously, or for personal gain, then the organisation may begin an investigation under the Disciplinary policy and procedure.

9. What does the term 'Whistleblowing' mean?

Whistleblowing is the term used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually, because it threatens or poses a risk to others (e.g., patients, colleagues or the public).

This may include:

- Systematic failings that result in patient safety being endangered, e.g., poorly organised emergency response systems, or inadequate/broken equipment, inappropriately trained staff.
- Poor quality care.
- Acts of violence, discrimination or bullying towards patients or staff.
- Malpractice in the treatment of, or ill-treatment or neglect of, a patient or client.
- Disregard of agreed care plans or treatment regimens.
- Inappropriate care of, or behaviour towards, a child /vulnerable adult.
- The welfare of subjects in clinical trials.
- Staff being mistreated by patients.
- Inappropriate relationships between patients and staff.
- Illness that may affect a member of the workforce's ability to practise in a safe manner.
- Substance and alcohol misuse affecting ability to work.
- Negligence.
- Where a criminal offence has been committed / is being committed / or is likely to be committed (or you suspect this to be the case).
- Where fraud or theft is suspected.
- Disregard of legislation, particularly in relation to Health and Safety at Work.
- A breach of financial procedures.
- Undue favour over a contractual matter or to a job applicant has been shown.
- Information on any of the above has been / is being / or is likely to be concealed.

If an individual needs further advice, they can contact the charity Protect on 020 3117 2520, or by email at whistle@protect-advice.org.uk.

Protect can advise individuals how to go about raising a matter of concern in the appropriate way at <https://protect-advice.org.uk/>. Alternatively, the Department of Health also provide a free, independent confidential advice service for NHS and Social Care employees and employers in England and Wales known as Speak Up. They can be contacted on 08000 724 725 or via their website at <https://speakup.direct/>

You can find more information in the [All Wales Procedure for NHS Staff to Raise Concerns](#).

Toolkit 3: What to do if someone has 'spoken up' to you.

1. Introduction

There are three areas to consider when someone speaks up to you:

1. Recognition and validation of the courage to speak up.
2. Non-judgmentally and actively listening to the concerns.
3. What happens after speaking up to both the person with the concern and anybody implicated in that concern.

1. Recognition and validation of the courage to speak up.

- 1.1 It is a big step for individuals to come to you raising a concern. It takes both courage from the individual and demonstrates their trust in you. You should thank them for choosing to share and for trusting you with this, reassure them that you know they must have thought long and hard before coming forward and that you are here to listen and agree what happens next.
- 1.2 In most cases, individuals who raise a concern believe there are grounds for their concern. It has taken a lot of courage for them to raise the concern/s and it is important not to dismiss this, even if your view may differ.
- 1.3 Validation of someone's concerns does not mean that you necessarily agree with them; it simply means you understand the impact their view and experience has had on them.

2. Non-judgmental and active listening

- 2.1 Active listening means demonstrating you are hearing and understanding what you are being told. This can be achieved by using skills such as reflecting and summarising; and being present – a private space without interruptions and distractions would be beneficial. You can find out more about active listening here (link to be inserted here) **ONCE APPROVED, INSERT LINK**
- 2.2 Be open to the concerns. While concerns can sometimes feel personal or suggest that you are being criticised, it is often the case that it is organisational elements which need to be considered. Take time to move your attention to what the individual is saying and think about how they might be feeling; there will be time for you to think about it from your own perspective after the discussion.
- 2.3 Take it as an opportunity to learn and develop your team/service; even if it was not the service' or team's or an individual's intention to cause concern, it is important to recognise the impact on individuals.
- 2.4 Be aware that you may have a different perspective and different lived experiences from the individual raising the concern, but don't dismiss them because you don't agree with their perspective. Think about how to see it from their point of view.
- 2.5 Be aware of your own positions of power and privilege in the conversation, and how can you ensure these power and privilege dynamics are minimised to enable the person to feel comfortable speaking up to you.

3.Action as a result of them speaking up.

- 3.1 Once someone has spoken up, it is important to ensure both they and anyone impacted by the concern are aware of, and have access to, support. (Insert each organisation's support processes here.) **ONCE APPROVED, INSERT LINK**
- 3.2 The concern may be highly emotional or challenging, so it's important to recognise that we often benefit from taking a pause before acting unless there is immediate risk.
- 3.3 As a manager, you may not have all the answers. Nor do you always have the power to make the changes that the person who raises the concerns wishes to see.
- 3.4 Agree how often and by what means you will keep the person informed of the process and of the steps taken from the point of them discussing their concerns with you.
- 3.5 It is important that you implement what elements you can and, as a minimum, implement everything that you say you will do. This is vital in maintaining trust.
- 3.6 For those elements on which you cannot have an impact, it is suggested these are escalated through appropriate channels.
- 3.7 Whatever happens, it is hugely important this is fed back to the individual who has spoken up. It is important that individuals don't feel that they haven't been heard or their concerns haven't been taken seriously; this is just as vital for our services, so that others can feel confident to speak up, as it is for the individual who has done so to you.

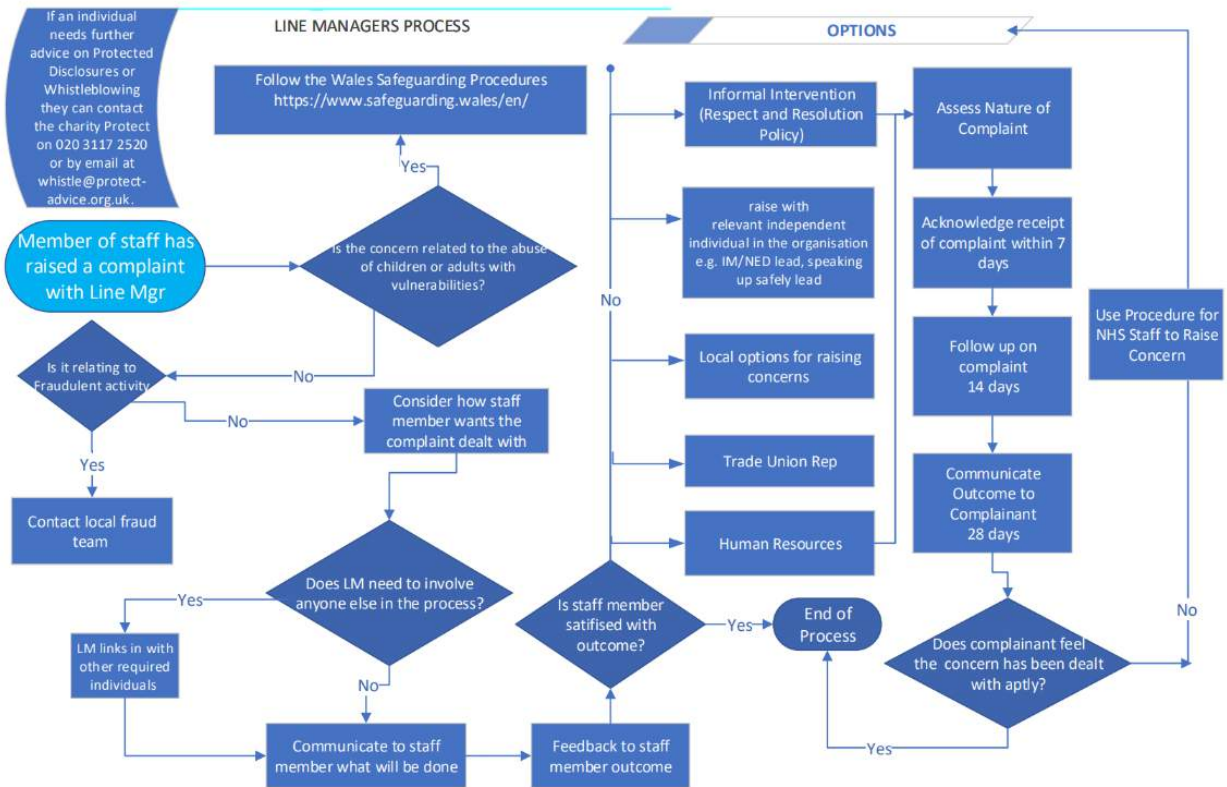
Remember most people in public service do so as they have a shared goal - to ensure the experiences of patients and staff are improved and are the best they can be. Starting conversations from this shared perspective will always be helpful.

2. The Process

The above outlines how you should approach conversation, but there are important steps you must take as a manager. These are outlined in the attached line manager process. Managers must:

- Listen to the concern that is being raised. If the concern is related to the abuse of children or adults with vulnerabilities, the Safeguarding Wales Processes should be followed.
- Once the concern has been raised, consider how the person want it dealt with. If you need to involve anybody else in the process, do so at this point. Or deal with it yourself if possible.
- Once it has been raised, it is important you communicate regularly with the individual to inform them of the outcome or action you have taken as a result of the concern being raised. You should also consider how you will share any learning about the concern more widely.
- If the issue is not within your ability to be managed, this should be clearly communicated with the individual.
- Once the outcome of the concern has been discussed with the individual, they should be informed of the other ways available to them to raise the concern if they are not satisfied with the outcome, as per the Line Managers Process.

SPEAKING UP SAFELY PROCESS



The aim is to foster a culture where concerns are openly raised, are dealt with promptly and appropriately and escalated appropriately if required. There are specific legal requirements on organisations should the concerns be considered as Whistleblowing or a Protected Disclosure. More information on whistleblowing is available in the FAQs in toolkit 2 and you can find more information in the [All Wales Procedure for NHS Staff to Raise Concerns](#).

A protected disclosure is defined in law by the Employment Rights Act (ERA) 1996. For a concern to be classed as a protected disclosure it needs to meet certain requirements under the ERA (1996) and tends to show one or more of the following:

- That a criminal offence has been committed, is being committed or is likely to be committed.
- That a person has failed, is failing or is likely to fail to comply with any legal obligation to which they are subject.
- That a miscarriage of justice has occurred, is occurring or is likely to occur.
- That the health or safety of any individual has been, is being or is likely to be endangered.
- That the environment has been, is being or is likely to be damaged, or
- That information tending to show any matter falling within any one of the above has been, is being or is likely to be deliberately concealed.
- If you suspect the concern the member has raised potentially meets these requirements, you should discuss with the local Workforce and OD department for further advice and guidance.

Toolkit 4:

Recording and

Monitoring of

Concerns

Data Point 1: Type of Concern and Characteristics

Note this data should be aggregated and reported to the Board Committee with responsibility for Speaking Up Safely at least annually.

- ✓ Type of concern: Patient safety, Bullying/harassment, Incivility, Fraud, Management Concerns, System and Process, Discrimination/Inequality, Behaviour/Relationship, Worker Safety, Other. N.B.
 - ✓ Establish whether other existing processes are more appropriate: Respect and Resolution; Fraud; Incident Reporting.
 - ✓ Establish Employee characteristics: staff/temporary staff/student; staff group; department and directorate; protected characteristics; N.B. organisations have identified this as a potential point of tension with anonymity.
 - ✓ Is the concern raised anonymously?
 - ✓ Establish the lead/s for responding to the concern.
-

Data Point 2: Monitor the Response

- ✓ Monthly progress check with lead for response and the Workforce & OD Team.
 - ✓ Feedback fortnightly to the person speaking up.
-

Data Point 3: Closing

- ✓ Triangulate with other concerns.
- ✓ Indicate case as closed.
- ✓ Identify and agree the outcome with the Workforce & OD Team.
- ✓ Identify the learning and/or improvement resulting from the concern.
- ✓ Evaluate the experience of the person speaking up and the person responding.

Further Resources

The following resources will be useful in delivery of Speaking Up Safely culture.

Compassionate Leadership Principles

Respect & Resolution Policy and Processes

National Institute for Health Research (NIHR)/Cardiff University – research into the role of the Freedom to Speak Up Guardian in England

National Guardians Office for England: <https://nationalguardian.org.uk/>

HIW Guidance on Speaking Up: <https://hiw.org.uk/speaking-keep-people-safe>

HEIW – Healthy Working Relationships: <https://nhswalesleadershipportal.heiw.wales/healthy-working-relationships>

Just and Restorative Culture: [NHS England » A just culture guide](#); [The Mersey Care Just and Learning Culture](#)

Epistemic Injustice: [Epistemic Injustice | Department of Philosophy | University of Bristol](#)

BMJ Research Article on Speaking Up and Culture within the NHS: [Interprofessional model on speaking up behaviour in healthcare professionals: a qualitative study | BMJ Leader](#)

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

To: Chief Executives NHS Wales

Our Ref: JP/SH/SB

25 August 2023

Dear Chief Executives

Quality and Safety systems

You will be aware of the tragedies that occurred in the neonatal unit of the Countess of Chester Hospital. Dreadful crimes were committed that were a betrayal of the trust put in health services. Our thoughts are with all the families affected, who have suffered pain and anguish that few of us can imagine.

Colleagues across the health service have been shocked by these crimes, which are beyond belief for all those working so hard across the NHS to save lives and care for patients and their families. The Welsh Government will cooperate fully and transparently with any inquiry to help ensure we learn every possible lesson from this case.

We reflected on this case at NHS Leadership Board this week and in addition to that we agreed that, even in advance of more formal review and Inquiry, we should all take stock and assure ourselves that the mechanisms that we have in place to support quality and safety governance are robust and well implemented across our organisations.

It is important all Boards are assured that quality, safety and governance systems are functioning as intended throughout the organisation. Escalation of quality and safety concerns often results from active listening within our organisation and the wider system as concerns can and should emerge through various routes. Listening to concerns and triangulating the information available throughout organisations will ensure good governance practice. This should include clear lines of accountability and escalation from Departmental Quality and Safety meetings through to the Board and its committees. Without this assurance it is not possible for the Board to be confident they are receiving the appropriate information to inform their decision making and any actions required.

We already have a range of mechanisms in place, to enable early flagging of concerns and overall monitoring and assurance mechanisms both in relation to neonatal care but also the wider health system and commissioned services. The arrangements should be utilised to their best effect to ensure that in Wales our workforce at every level is empowered and enabled to raise concerns.

The Health and Social Care (Quality and Engagement) (Wales) Act 2020, which came into force on 1 April 2023, introduced a Duty of Candour and a Duty of Quality. The Duty of Candour builds upon our ongoing work to embed a culture of openness and transparency across NHS Wales and strengthens the Putting Things Right processes. It places an organisational duty on all bodies to inform and support patients and their loved ones when things go wrong; ensure incidents are investigated, and share learning to help prevent recurrence. The requirement to report and publish annually on compliance with the duty will also improve openness and transparency.

The Duty of Quality applies to all NHS organisations to ensure quality-driven decisions improve the quality of health services and focus is maintained on improving outcomes for people. It includes new health and care quality standards which encourage organisations to review and strengthen their internal arrangements for reporting, learning and improvement. The Leadership Board received an encouraging update on the work that has been undertaken across NHS Wales organisations to implement robust and coherent quality management systems with attention to outcome data driving continuous learning and improvement. This work to deliver fully on the Duty must continue so that service issues are rapidly recognised and acted upon.

An additional safeguard in an open safety culture is the scrutiny of deaths provided by the Medical Examiner service in Wales, due to become statutory from April 2024. In Wales this service has the added strength that it is operated at a national level and operates independently of the organisation providing care, so can provide valuable and early feedback to organisations about any issues that may be associated with care before death. It is vital that the valuable feedback from the Medical Examiner is triangulated with the other quality indicators that must be monitored within organisations.

We must also support staff to feel confident to speak up and assured that they will not suffer any detriment as a result of voicing their concerns. As part of effective governance, all NHS Wales Boards should already receive reports regarding the use of the Procedure for NHS Staff to Raise Concerns which has been recently subject to a high-level all-Wales review and a revised version issued. In addition, a working group commissioned by Welsh Partnership Forum, has been considering additional mechanisms that might be suitable in NHS Wales to support more consistent governance arrangements and outcomes for staff in speaking up safely across NHS Wales organisations. This has included examining models currently used in across the UK. As a result, a **Framework for Speaking up Safely in NHS Wales** has been developed and scrutinised and approved in social partnership to provide an all-Wales consistency of cultural expectation, approach and escalation process whilst also strengthening local initiatives.

The Framework will be issued as a Welsh Health Circular and identifies the requirements of NHS leaders and Boards to ensure proper implementation and oversight of our speaking up policies. We have considered whether it would be prudent to delay the release to build in emerging lessons from the Letby case. However, have decided to issue the Framework now and ensure that it kept under active review during the next 12 months to ensure it remains fit for purpose in the light of lessons learned during the early implementation phase.

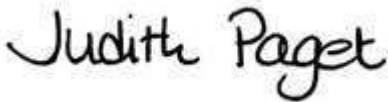
I have attached the new Framework to this letter. As part of your reflection on the operation of your current quality and safety governance arrangements, the Welsh Government expects all NHS Boards, Trusts and Special Health Authorities to undertake a self-assessment against the organisational requirements detailed in section 6 of the Framework and develop an action plan to address any gaps between your current practice and the expectations of the Framework.

We request that this response and plan to address any areas of development is sent to Helen Arthur, Director of Workforce and OD (Helen.Arthur@gov.wales) Welsh Government by October 30th.

We will look at all the plans and provide feedback and in social partnership through the Business Committee we will provide opportunities to share learning across the system and also keep the Framework under review, as organisations report their ongoing experience with its use to build a more open culture.

These appalling crimes have shocked not just the NHS, but the nation. We know that you will share our commitment to doing everything we can to prevent anything like this happening again. The actions set out in this letter all work towards creating a culture of openness and learning when things go wrong. Their sustained implementation, along with our full co-operation with the inquiry to ensure every possible lesson is learned, will help us all make the NHS the safest possible.

Yours sincerely



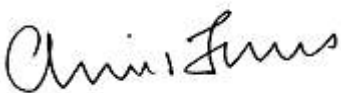
Judith Paget CBE



Helen Arthur

Sue Tranka

Sue Tranka



Professor Chris Jones

Welsh Ambulance Services NHS Trust Self-Assessment

Introduction

Following recent events related to psychological safety in the workplace and cultural reviews in public services across the UK, Wales has now published its Speaking up Safely Framework ([Speaking up Safely: A Framework for the NHS in Wales \(gov.wales\)](https://gov.wales/speaking-up-safely)). As part of this work, Judith Paget has requested that all NHS Organisations in Wales carry out the Self-Assessment of the Organisation Requirements in Section 6 of the framework and this paper outlines our response.

Section 6 of the Speaking up Safely framework describes the expectations for organisations to undertake a self-assessment of their Speaking up Safely culture. The self-assessment is designed to help organisations identify areas of strength and areas for improvement in their Speaking up Safely approach. It covers six key areas: leadership and governance, raising concerns, responding to concerns, learning and improvement, monitoring and reporting, and communication and engagement. For each area, the self-assessment provides a series of statements that organizations can use to assess their current approach. The self-assessment is intended to be used as a tool for ongoing improvement, with organisations encouraged to review and update their approach regularly.

6.1 Appoint, as mentioned earlier within this Framework, an Independent Member / Non-Executive Director as Speaking Up Safely Champion as well as an Executive Lead.

- Non-Executive Director Champion is Paul Hollard
- Executive Lead is Angie Lewis, Director of People and Culture

6.2 Ensure adequate investment that provides sufficient resources to support the continuous development of the organisational Speaking Up Safely approach and associated culture change.

- Three Guardians have been appointed for the launch of our Freedom to Speak up Safely approach on an interim basis. These temporary guardians have absorbed this new work, alongside their usual scope of responsibilities.
- The National Guardian Office report [Listening-to-Workers-Speak-Up-Review-of-Ambulance-Trusts.pdf \(nationalguardian.org.uk\)](https://nationalguardian.org.uk/listening-to-workers-speak-up-review-of-ambulance-trusts.pdf) states that there should be a fair recruitment process for Guardians and that the equivalent of three full time guardians should be in each ambulance trust. We propose one full-time lead guardian with two guardians with protected time and dedicated administrative support. A business case is being developed alongside the launch of the FTSUS service in WAST to ensure we effectively resource and invest in this provision.
- WAST has recently appointed into a new Head of Culture post and has close links with the Sexual Safety Consensus Development with NHSE (one of our staff is on temporary

secondment to NHSE for two days a week) and will be implementing the recommendations from this piece of work [Reducing Misogyny and Improving Sexual Safety in the Ambulance Service - aace.org.uk](#) over the coming months in conjunction with AACE (Association of Ambulance Chief Executives).

- Training is being rolled out to all staff to increase understanding of allyship and active bystander intervention in relation to all protected characteristics, sexual safety, bullying and harassment.

6.3 Embed Speaking Up Safely in the functions of a board committee, which can be an existing committee, to support the champion / lead for speaking up in terms of guiding the organisation's approach. Membership of the committee should consist of a range of key stakeholders, including (but not limited to) some of those identified in Section 3.

- FTSUS reports to the WAST People and Culture Committee, which meets quarterly. This committee includes both the Board Champion and Executive Director Lead as mentioned in Section 3. In addition, there are representatives from our TU partners, People and Culture Directorate, Quality and Patient Experience Directorate, Clinical Directorate and Operations Directorate.
- In line with NGO recommendations formal reports will be provided on a six monthly basis, with more general updates included as part of the Director's update.

6.4 Ensure that clear and easy to follow processes are in place to allow individuals to raise concerns (including anonymously). The NHS Wales Procedure for Staff to Raise Concerns is a necessary minimum standard but is not sufficient for facilitating and supporting a Speak Up Safely culture.

- As October is Speaking up Safely Month, we have officially launched our WAST FTSUS process.
- We have a dedicated SharePoint page available to all staff ([Freedom to Speak Up Safely - Supporting Staff to Raise Concerns \(Amb_guardians@wales.nhs.uk\) \(sharepoint.com\)](#) - this will not be accessible by WG so just here for ELT reference)
- All staff have been emailed information directly from the CEO about all the options. We have an active communication plan that includes using our networks as well as traditional routes such as Siren, Posters and Yammer.
- The process has been clearly outlined, with an emphasis on encouraging open conversations with managers if possible in the first instance, speaking with a guardian and also being able to contact a guardian using our independent digital platform – “Work in Confidence” – where people can raise anonymous concerns.
- This process is available to all our staff and volunteers.

6.5 Identify those groups which experience the most barriers when speaking up and ensure that processes are inclusive and equitable.

- This is an area we are in the process of developing, we know that there are considerable power imbalances within the workforce and attempt to address this with our internal staff networks including our Voices and LGBTQ+ networks and our newly forming disability network, building circles of trust within the networks to facilitate safe spaces to raise concerns and consider how to take these forward.
- We are working with our Inclusion team to consider the accessibility of the routes to speaking up.
- We are also aware that people from underrepresented groups are less likely to speak up, and discuss this in our allyship programme, to increase understanding or barriers.
- Our Leadership and Management Development programmes also incorporate modules exploring listening to lived experience, understanding our own style and leadership approach and promoting curiosity and tolerance regarding embracing views other than our own.

6.6 Ensure that the response mechanism / process is continuously monitored, clear and timely (equally as important as the procedure to raise concerns – see Toolkit 4).

- Guardians commit to meet weekly and discuss actions and progress on all cases that have been raised through all routes, thereby holding each other to account, the digital platform includes a case management facility that means reporting is straightforward on all themes and timeliness of responses, length of open cases etc.
- There is a monthly safety huddle that includes safeguarding, patient safety, people services, inclusion and culture representatives to share overarching themes and to monitor any areas with multiple concerns.
- A summary of themes, concerns and actions are regularly provided to the Director of People and Culture, and these are discussed with the Chief Executive and the Non-Executive Champion.

6.7 Ensure that individuals speaking up do not suffer detriment as a result of raising concerns.

- This is our goal and commitment, and the major challenge to date has been the cultural belief that speaking up will be detrimental.
- Strong and clear leadership and thanking people for raising concerns will start to address this. Our work on sexual safety has provided us with a blueprint of the importance of listening and providing space. We surveyed our staff, shared our initial themes with all staff during the CEO's roadshows which resulted in a significant increase in responses and positive responses that we were addressing these issues. We developed the "voices"

network and built our interventions on the recommendations of those with lived experience. This has resulted in learning sessions that discuss the culture of acceptance of casual sexism can lead to conditions that mean more problematic and criminal activity can occur; reverse mentoring where senior leaders spend time with those with lived experience and the development of active bystander training to support all staff to feel confident to speak up.

- Even with anonymous reporting, great care is needed to ensure those who have spoken up remain safe.
- Our Director of People and Culture is leading a piece of work across the UK ambulance sector to improve knowledge, skills and awareness of the change in mindset that is required within the Workforce and Organisational Development profession more broadly, to actively promote and help create the right conditions for psychological safety in the workplace.

6.8 Undertake regular reviews of responses, as well as of the leadership and governance arrangements in place and provide regular reports to the appropriate committee.

- Regular review is essential and even within these first few weeks we are aware of the need for a protected Guardian role, to fully attend to those raising concerns, keep good records and remain independent.
- It is also clear that a practice supervision model would be beneficial to provide support to the Guardians professionally, emotionally and for good governance.
- As stated above, regular reporting will be into the People and Culture Committee.
- Scrutiny and discussion will also occur through Executive Leadership Team led by the Director of People and Culture.

6.9 Ensure that arrangements are in place to monitor concerns / issued raised against the protected characteristics of the Equality Act 2010 and the implementation of any learning as a result of this.

- We are cautious to ensure reporting does not become so detailed as to identify individuals and will be guided by the DEWOD (Deputy Executive Workforce and OD) workstream on this topic.
- Within WAST, our Head of Inclusion also keeps a record of concerns raised directly to her team, sharing those themes with the people and culture team and guardians.

6.10 Request feedback from all individuals who have spoken up and evaluate the feedback received (consider inviting a sample of individuals who have spoken up to attend committees and Board meetings to discuss experiences and share learning).

- Staff stories are a regular feature of our People and Culture Committee and Board and if appropriate for the individual, then this could be a powerful forum. We envisage this

being a key cultural indicator and measure of success and are focused on encouraging colleagues to share their experiences. We know this will take time, however at this stage of the process it feels too early and could be a risk to speaking up as people may be concerned about the impact on their careers and how they are perceived by their peers.

- Feedback requests occur automatically on the WIC digital platform, and a MS forms format is sent to others following the closure of a case.

6.11 Fully implement the All-Wales branding / messaging for Speaking Up Safely (once developed).

- We would welcome this and have comms and branding in place that can easily be replaced/ complement All Wales branding to enhance the message and ensure clear understandable processes throughout Wales.

6.12 Continuously / consistently promote and raise awareness of speaking up and listening / responding as a pro-social / desirable behaviour.

- We are committed to this as an organisation through our People and Culture Plan and recognise that it requires culture and behaviour change. This takes time and is a key priority for the the organisation. We use every opportunity to reinforce this message, including discussion and active engagement at our 6 monthly CEO roadshows and regular WAST live events with colleagues from across the organization.

6.13 Ensure that appropriate training to deliver a Speaking Up Safely culture is rolled out to leaders, managers, and staff throughout the organisation, as part of leadership and management.

- WAST had been discussing the launch of a Speaking Up Safely Culture in partnership for over 12 months and launched a comprehensive communications plan in the Summer in order to promote FTSUS, with the launch in October.
- All those who join WAST or change roles will be invited to attend a #WarmWASTWelcome and this includes discussion around inclusion, sexual safety and speaking up safely.
- As mentioned above all staff are being invited to attend our learning sessions, webinars and active bystander training; and our leadership and management development includes skilling participants in working towards a psychologically safe workplace.
- We have also agreed with our ESR colleagues to introduce a module to offer an elearning module.
- FTSUS also complements the work that WAST has participated in with ABUHB and HEIW in developing compassionate practices in relation to employee relations.



GIG
CYMRU
NHS
WALES
Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust

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

NHS Wales Procedure for NHS Staff to Raise Concerns

MEETING	Policy Group
DATE	23 October 2023
EXECUTIVE	Angela Lewis, Director of People and Culture
AUTHOR	Sara Williams, Workforce Policy and Governance Lead
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EXECUTIVE SUMMARY

1. This report outlines the revision of the NHS Wales Procedure for NHS Staff to Raise Concerns, intended for formal adoption by the Welsh Ambulance Services NHS Trust. It is being presented to the Policy Group for noting.

KEY ISSUES/IMPLICATIONS

Not applicable.

REPORT APPROVAL ROUTE

Policy Group on 23 October 2023 – for noting.

People and Culture Committee on 16 November 2023 – for adoption.

REPORT APPENDICES

Appendix 1 – NHS Wales Procedure for NHS Staff to Raise Concerns

REPORT CHECKLIST

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

Health and Safety	Y	TU Partner Consultation	Y

SITUATION

1. This report outlines revisions to the NHS Wales Procedure for NHS Staff to Raise Concerns, intended for formal adoption by the Welsh Ambulance Services NHS Trust.
2. The revised procedure has been distributed by to all Health Boards and Trusts in Wales for adoption and implementation at the earliest opportunity.

BACKGROUND

3. The release of the Speaking up Safely Framework, which supports people in NHS Wales to speak up safely and confidently, has prompted a decision, in partnership, to amend the NHS Wales Procedure for NHS staff to Raise Concerns.
4. NHS Wales Employers have agreed in partnership, that interim measures be introduced, with a comprehensive procedure review planned for a later stage, to align the procedure with principles and practices outlined within the Speaking up Safely framework. Key adjustments involve the removal of informal stages and the addition of a directive for alignment with the Speaking up Safely Framework, along with the removal of the flowchart (previously identified as Appendix 5).
5. The Speaking Up Safely Framework for NHS Wales, a collaborative initiative between the Welsh Government, NHS Wales, and trade union representatives, defines the responsibilities of NHS Wales organisations, executive teams, boards, managers, and staff, with the overarching goal of fostering a culture that encourages the safe expression of concerns. It was distributed to NHS Wales Chief Executives in late August. A covering paper on the introduction of the Speaking up Safely Framework will be presented at People and Culture Committee on 16 November 2023.

ASSESSMENT

6. The NHS Wales Procedure for NHS Staff to Raise Concerns is presented to the Trust's Policy Group for noting. The revised procedure is to be implemented by the Trust as soon as possible, subject to the normal governance arrangements.

RECOMMENDED

7. To note the revised NHS Wales Procedure for NHS Staff to Raise Concerns, and to be presented to People and Culture Committee for formal adoption.



“Welsh Ambulance Service NHS Trust”

Procedure for NHS Staff to Raise Concerns

*(To be read alongside the Speaking Up Safely Framework.
This procedure will be subject to further review in due
course)*

Introduction

The Core Principles of NHS Wales are:

- **We put patients and users of our services first:** We work with the public and patients/service users through co-production, doing only what is needed, no more, no less and trying to avoid harm. We are honest, open, empathetic and compassionate. We ensure quality and safety above all else by providing the best care at all times.
- **We seek to improve our care:** We care for those with the greatest health need first, making the most effective use of all skills and resources and constantly seeking to fit the care and services we provide to users' needs. We integrate improvement into everyday working, by being open to change in all that we do, which also reduces harm and waste.
- **We focus on wellbeing and prevention:** We strive to improve health and remove inequities by working together with the people of Wales so as to ensure their wellbeing now and in future years and generations.
- **We reflect on our experiences and learn:** We invest in our learning and development. We make decisions that benefit patients and users of our services by appropriate use of the tools, systems and environments which enable us to work competently, safely and effectively. We actively innovate, adapt and reduce inappropriate variation whilst being mindful of the appropriate evidence base to guide us.
- **We work in partnership and as a team:** We work with individuals including patients, colleagues, and other organisations; taking pride in all that we do, valuing and respecting each other, being honest and open and listening to the contribution of others. We aim to resolve disagreements effectively and promptly and we have a zero tolerance of bullying or victimization of any patient, service user or member of staff.
- **We value all who work for the NHS:** We support all our colleagues in doing the jobs they have agreed to do. We will regularly ask about what they need to do their work better and seek to provide the facilities they need to excel in the care they give. We will listen to our colleagues and act on their feedback and concerns.

They have been developed to help and support staff working in NHS Wales.

NHS Wales is about people, working with people, to care for people. These Core Principles describe how we can work together to make sure that what we do and how we do it is underpinned by a strong common sense of purpose which we all share and understand.

The NHS is continually under pressure to deliver more services, with better outcomes and maintain and increase quality against the backdrop of significant financial challenge, high levels of public expectation and with a population which is getting older and with increased levels of chronic conditions.

These principles have been developed to help address some of the pressures felt by staff in responding to these demands. They will re-balance the way we work together so we are less reliant on process and are supported to do the right thing by being guided by these principles when applying policies and procedures to the workforce.

As people working within the health service, we will all use them to support us to carry out our work with continued dedicated commitment to those using our services, during times of constant change.

The Principles are part of an ongoing commitment to strengthen the national and local values and behaviour frameworks already established across Health Boards and Trusts.

They have been developed in partnership with representatives from employers and staff side.

The Principles will be used to create a simpler and consistent approach when it comes to managing workplace employment issues.

The safety and wellbeing of patients and service users are seen as the responsibility of everyone involved in the provision of health and social care services. The Welsh Ambulance Service NHS Trust's Board and senior management are committed to providing an environment which facilitates open dialogue and communication so as to ensure that any concerns which staff may have been raised as soon as possible.

This procedure refers in the main to 'raising concerns' rather than 'whistleblowing' because the latter has come to denote a sudden, drastic or last resort act which can hold negative connotations.

The *Welsh Ambulance Service NHS Trust* is working towards a culture that encourages the raising of any concerns by staff to be embedded into routine discussions on service delivery and patient care, (e.g. problem solving, service review, performance improvement, quality assessment, training and development) as these are the most effective mechanism for early warning of concerns, wrongdoing, malpractice or risks and line managers are accordingly best placed to act on, deal with and resolve such concerns at an early stage. This procedure should also be used by staff to raise any concerns with regard to practices within the supply chains through which *Welsh Ambulance Service NHS Trust* sources its goods and services (in line with the Supporting Ethical Employment in Supply Chains Code of Practice Commitments). Staff should also recognise that elements of wrongdoing that involve aspects of Fraud, Bribery or Corruption, have a separate reporting process, which should be presented to your Local Counter Fraud team for investigation.

It is, however, acknowledged that such processes take time to develop and embed into the organisation and until such time as such a culture exists comprehensively across *Welsh Ambulance Service NHS Trust* that a clear process needs to be in place to guide individuals who wish to raise concerns about a danger, risk, malpractice or wrongdoing in the workplace. This procedure sets out the Welsh Ambulance Service NHS Trust's commitment to support individuals who raise concerns as well as setting out the processes for individuals to raise such concerns and to provide assurance on how such concerns will be listened to, investigated and acted upon as necessary.

'Whistleblowing' is the popular term applied to a situation where an employee, former employee or member of an organisation raises concerns to people who have the power and presumed willingness to take corrective action. The types of situation where this will be appropriate are outlined in Appendix 1. "Protected disclosure" is the legal term for whistleblowing and is referenced in the context of describing the protection that is afforded to the person raising the concern in the interest of the public (see appendix 2).

The development of this procedure is an ongoing process and is a part of the wider work across NHS Wales to ensure that an open culture exists to provide the highest standards of care and experience across all services. This procedure does not form part of an employee's contract of employment and may need to be amended from time to time.

1. A Commitment to Support Those Who Raise Concerns

- 1.1 *Welsh Ambulance Service NHS Trust* actively encourages feedback and has a transparent and open approach to listening to and responding to all concerns.
- 1.2 *Welsh Ambulance Service NHS Trust* aims to ensure that individuals:
 - Are fully supported to report concerns and safety issues;
 - Are treated fairly, with empathy and consideration when raising concerns; and
 - Have their concerns listened to and addressed when they have been involved in an incident or have raised a concern.
- 1.3 *Welsh Ambulance Service NHS Trust* aims to develop and maintain a culture across all parts of the organisation that provides an environment where people feel able to raise concerns and are treated with respect and dignity when raising concerns.
- 1.4 Safety is at the heart of all care and must be underpinned by a culture which is open and transparent. This leads to increased reporting, learning and sharing of incidents and development of best practice. *Welsh Ambulance Service NHS Trust* recognises that this is the responsibility of everyone involved in the provision of health and social care services. *Welsh Ambulance Service NHS Trust* is committed to working towards ensuring that all individuals are treated in a service which is open to feedback and encourages as well as supports its staff to raise concerns.
- 1.5 *Welsh Ambulance Service NHS Trust* will ensure that individuals always feel free to raise concerns through local processes and are supported to do so directly with the *Welsh Ambulance Service NHS Trust's*, their professional regulatory body, professional association, regulator or union.
- 1.6 *Welsh Ambulance Service NHS Trust* facilitate an individual to raise an issue or concern in Welsh and they should be advised of this at the outset. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.
- 1.7 *Welsh Ambulance Service NHS Trust* is committed to: -

- Working in partnership with other organisations to develop a positive culture by promoting openness, transparency and fairness;
- Fostering a culture of openness which supports and encourages staff to raise concerns;
- Sharing expertise to create effective ways of breaking down barriers to reporting incidents and concerns early on;
- Exchanging information, where it is appropriate and lawful to do so, in the interests of patient and public safety; and
- Signposting individuals to support and guidance to ensure that they are fully aware of and understand their protected rights under the Public Interest Disclosure Act 1998.

1.8 A definition of whistleblowing is included at appendix 1.

1.9 *Welsh Ambulance Service NHS Trust* will monitor the use of this procedure and report to the Board or a sub committee, as appropriate.

2. About this Procedure

2.1 The aims of this procedure are:

- (a) To encourage staff to discuss concerns and safety issues as soon as possible, in the knowledge that their concerns will be taken seriously and acted upon as appropriate,
- (b) To encourage staff to report more serious concerns and suspected wrongdoing as soon as possible, in the knowledge that their concerns will be taken seriously and investigated as appropriate, and where requested that their confidentiality will be respected.
- (b) To provide staff with guidance as to how to raise those concerns.
- (c) To assure staff that they should be able to raise genuine concerns without fear of reprisals, even if they turn out to be mistaken.

2.2 This procedure applies to all employees, officers, consultants, contractors, students, volunteers, interns, casual workers and agency workers.

2.3 This procedure should be read in conjunction with the All Wales Speaking up Safely framework. This framework sets out the informal approaches that staff should utilise in order to raise a concern in the workplace.

3. Raising a Concern

- 3.1 All healthcare settings and workplaces should encourage ongoing open dialogue and feedback on matters relating to provision of care/service delivery through supervision, team or departmental meetings, staff forums. These ongoing mechanisms are the place where *Welsh Ambulance Service NHS Trust* will actively seek suggestions for improvement and regularly review the safe and effective delivery of services and ways of working.
- 3.2 All managers will ensure that there is a shared responsibility to focus positively on the quality of service/care, continuous improvement and/or problem solving.
- 3.3 If concerns are held by an individual or individuals *Welsh Ambulance Service NHS Trust* will ensure that such concerns are addressed and responded to with the outcome being verbally communicated, as a minimum, to the individual or individuals raising the concern. An individual may raise a concern in Welsh and they should be advised of this at the beginning of any proceedings. Any subsequent proceedings should be conducted in Welsh or a simultaneous translation service provided.

3.4 **More Serious Concerns**

Confidentiality

As noted in section 1.3 of this procedure “*Welsh Ambulance Service NHS Trust* aims to develop and maintain a culture across all parts of the organisation that provides for an environment where people feel able to raise concerns”. It is therefore hoped that all staff will feel able to voice concerns openly under this procedure. However, if an individual wants to raise a concern confidentially this will be respected. It is sometimes difficult however, to investigate a concern without knowing the individual’s

identity. In such circumstances if it is considered absolutely necessary to share the identity of the person raising the concern this will be discussed with them prior to any disclosure being made, and their permission sought.

Internal (Formal) Stage

If, having followed the approach outlined in the Speaking Up Safely Framework, the individual's concerns remain, or they feel that the matter is so serious then they can move on to use the more formal steps as follows.

The individual should make their concerns known to an appropriate senior manager in writing. The WB1 forms in appendix 3 are included to help an individual formulate concerns but they do not need to be used if an individual chooses to use a different approach.

They may also wish to involve their Trade Union/Staff Representative.

When a concern is raised it is helpful to know how the individual considers the matter might be best resolved.

The senior manager will meet with the individual raising the concern within seven working days. The outcome of the meeting will be recorded in writing and a copy given to the individual within seven working days of the meeting.

Once an individual has told someone of their concern, whether verbally or in writing, *Welsh Ambulance Service NHS Trust* will consider the information to assess what action should be taken. This may involve an informal review or a more formal investigation.

The individual will be told who is handling the matter, how they can contact them and what further assistance may be needed. If there is to be a formal investigation the manager to whom they have reported their concern will appoint an Investigating Officer. If an internal investigation takes place this will be undertaken thoroughly and as quickly as possible (usually within 28 days) in light of the matters to be investigated. At their request, the individual will be written to summarising their concern, and setting out how it will be handled along with a timeframe.

Welsh Ambulance Service NHS Trust will aim to keep the individual informed of the progress of the investigation and its likely timescale. However, sometimes the need for confidentiality may prevent specific details of the investigation or any disciplinary action from being disclosed. All information about the investigation should be treated as confidential.

If the matter falls more appropriately within the remit of other W&OD policies, the employees should be advised that they should pursue the matter through the relevant policy and that the Procedure for NHS Staff to Raise Concerns will not be followed (see appendix 1).

Welsh Ambulance Service NHS Trust does not expect any individual reporting a matter under this procedure to have absolute proof of any misconduct or malpractice that they report, but they will need to be able to show reasons for their concerns, so any evidence that they have such as letters, memos, diary entries etc. will be useful. These will need to be redacted if they contain any patient identifiable information.

If the alleged disclosure is deemed to be serious enough, then the *Welsh Ambulance Service NHS Trust* may follow the process laid down in the Disciplinary policy and procedure, where the issues raised could relate to individual misconduct, when considering the most appropriate line of action.

The aim of this procedure is to provide an effective process for serious concerns to be raised. If it is concluded that an individual has deliberately made false allegations maliciously or for personal gain, then *Welsh Ambulance Service NHS Trust* will instigate an investigation into the matter in accordance with the Disciplinary policy and procedure.

Subject to any legal constraints, *Welsh Ambulance Service NHS Trust* will inform the individual(s) who raised the concern, of an outline of any actions taken. However, it may not always be possible to divulge the precise action, e.g., where this would infringe a duty of confidentiality of *Welsh Ambulance Service NHS Trust* towards another party.

Executive Director - Stage

If an individual is either dissatisfied with a decision to only undertake an informal review or is dissatisfied with the outcome of the internal (formal) route through the mechanisms outlined previously, they should raise their concerns in writing with the Chief Executive, and/or an appropriate Executive Director. If the concern relates to the Chief Executive or Executive Director, concerns should be raised with the Chair. Exceptionally, an individual should be able to go directly to this stage if the concerns are so serious as to warrant it **or** the previous stages have failed to address their concerns.

The Chief Executive or Chair (or a nominated representative not previously involved) will meet the individual within 28 working days. Again, the outcome of this meeting will be recorded in writing and a copy given to the individual within seven working days of the meeting.

Serious or Continued Concerns and Regulatory/Wider Disclosure Stage

The aim of this procedure is to provide an internal mechanism for reporting, investigating and remedying any wrongdoing/inappropriate practices in the workplace. In most cases individuals should not find it necessary to alert external parties.

However, the law recognises that in some circumstances it may be appropriate to report concerns to an external body. It will very rarely if ever be appropriate to alert the media. It is strongly encouraged that an individual seeks advice before reporting a concern to external parties. The independent charity, Protect operates a confidential helpline to support individuals in determining the appropriate course of action. They also have a list of prescribed regulators for reporting certain types of concern. Protect details are included later in this procedure.

All staff have an individual responsibility to safeguard people from harm or suspected harm, by making known their concerns about abuse. Children and adults with vulnerabilities can be subjected to abuse by those who work with them in any setting; all allegations of abuse must therefore be taken seriously and treated in accordance with the [Wales Safeguarding Procedures](#). These procedures may dictate that any investigation should be handled by a partner organisation such as Social Services or the Policy which would take precedence over internal procedures, therefore advice from a safeguarding professional should be sought at the earliest opportunity.

If an individual has followed the above procedure to deal with the matter and still has concerns or if they feel that the matter is so serious that they cannot discuss it in any of the ways outlined previously, then in exceptional circumstances they may wish to contact: -

The National Fraud and Corruption reporting Line on 0800 028 40 60, or alternatively via the online reporting facility at <https://cfa.nhs.uk/reportfraud> (if your concern is about aspects of Fraud, Bribery or Corruption).

Welsh Ambulance Service NHS Trust hopes that this procedure will provide individuals with the reassurances required to raise any matters of concern internally or exceptionally with the organisations referred to above. However, there may be circumstances where individuals are required under their professional regulations to report matters to external bodies such as the appropriate regulatory bodies, including: -

- ❖ General Medical Council (www.gmc-uk.org)
- ❖ Nursing and Midwifery Council (<https://www.nmc.org.uk/>)
- ❖ Health and Care Professions Council (www.hpc-uk.org)
- ❖ General Pharmaceutical Council (www.pharmacyregulation.org)

Welsh Ambulance Service NHS Trust's would rather the matter is raised with the appropriate regulatory body than not at all. Other regulatory bodies may include;

- Health and Safety Executive
- Health Inspectorate Wales
- Wales Audit Office
- Police

(This list is not exhaustive).

If an individual needs further advice they can contact the charity Protect on 020 3117 2520 or by email at whistle@protect-advice.org.uk. Protect can advise individuals how to go about raising a matter of concern in the appropriate way <https://protect-advice.org.uk/>. Alternatively, the Department of Health also provide a free, independent confidential advice service for NHS and Social Care employees and employers in England and Wales known as Speak Up. They can be contacted on 08000 724 725 or via their website at <https://speakup.direct/>.

Appendix 1

What is whistleblowing?

Whistleblowing is the term used when a member of staff raises a concern about a possible risk, wrongdoing or malpractice that has a public interest aspect to it, usually because it threatens or poses a risk to others (e.g., patients, colleagues or the public).

This may include:

- Systematic failings that result in patient safety being endangered, e.g., poorly organised emergency response systems, or inadequate/broken equipment, inappropriately trained staff;
- Poor quality care;
- Acts of violence, discrimination or bullying towards patients or staff;
- Malpractice in the treatment of, or ill treatment or neglect of, a patient or client;
- Disregard of agreed care plans or treatment regimes;
- Inappropriate care of, or behaviour towards, a child /vulnerable adult;
- Welfare of subjects in clinical trials;
- Staff being mistreated by patients;
- Inappropriate relationships between patients and staff;
- Illness that may affect a member of the workforce's ability to practise in a safe manner;
- Substance and alcohol misuse affecting ability to work;
- Negligence;

- Where a criminal offence has been committed / is being committed / or is likely to be committed (or you suspect this to be the case);
- Where fraud or theft is suspected;
- Disregard of legislation, particularly in relation to Health and Safety at Work;
- A breach of financial procedures;
- Undue favour over a contractual matter or to a job applicant has been shown;
- Information on any of the above has been / is being / or is likely to be concealed.

This procedure should not be used for complaints relating to your own personal circumstances, such as the way you have been treated at work. In these cases, the Respect and Resolution Policy should be used. Link can be found [here](#).

Appendix 2

Protection of those making disclosures

It is understandable that individuals raising concerns are sometimes worried about possible repercussions. *Welsh Ambulance Service NHS Trust* aims to encourage openness and will support staff who raise genuine concerns under this procedure, even if they turn out to be mistaken. In addition, there are statutory provisions for individuals who make what are termed “protected disclosures”.

In law individuals must not suffer any detrimental treatment as a result of raising a concern. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern. If an individual believes that they have suffered any such treatment, they should inform a member of the Workforce and Organisational Development department, immediately. If the matter is not remedied, they should raise it formally using the All Wales Respect and Resolution Policy.

Those who raise concerns must not be threatened or retaliated against in any way. If an individual is involved in such conduct, they may be subject to disciplinary action. [In some cases, the individual raising a concern could have a right to sue for compensation in an employment tribunal.]

Welsh Ambulance Service NHS Trust aims to protect and support staff to raise legitimate concerns internally within the organisation where they honestly and reasonably believe that malpractice/wrongdoing has occurred or will be likely to occur. Staff who make what is referred to as a “protected disclosure”, i.e., a disclosure concerning an alleged criminal offence or other wrongdoing, have the legal right not to be dismissed, selected for redundancy or subjected to any other detriment (demotion, forfeiture of

opportunities for promotion or training, etc.) for having done so and the protections are set out in law in the Public Interest Disclosure Act 1998.

If an individual is raising a matter of serious or continued concern the same protection applies as for internal disclosure. This is intended to promote accountability in public life and there is no requirement that such concerns should first be raised with the Welsh Ambulance Service NHS Trust although it is preferred that the *Welsh Ambulance Service NHS Trust* should be given an opportunity to resolve the matter first.

If an individual is raising a matter with a regulatory body defined within the Public Interest Disclosure Act 1998 they will be protected where they honestly and reasonably believe that the malpractice/wrongdoing has occurred or is likely to occur and in addition they honestly and reasonably believe that the information and any allegation contained in it are substantially true. The Public Interest Disclosure (Prescribed Persons) Order 2014 amends the list of prescribed persons and came into force on 1 October 2014 and applies to disclosures made on or after this date. The new list of prescribed persons in respect of matters relating to healthcare services is set out below: -

Relevant matters	Prescribed person
Matters relating to the registration and fitness to practice of a member of a profession regulated by the relevant council and any other activities in relation to which the relevant council has functions.	The Nursing and Midwifery Council, Health and Care Professions Council, General Medical Council, General Chiropractic Council, General Dental Council, General Optical Council, General Osteopathic Council, General Pharmaceutical Council.

For healthcare services in Wales (specifically):

Relevant matters	Prescribed person
Matters relating to the registration of social care workers under the Care Standards Act 2000.	Care Council for Wales
Matters relating to:	Welsh ministers

• The provision of Part II services as defined in section 8 of the Care Standards Act 2000 and the Children Act 1989. • The inspection and performance assessment of Welsh local authority social services as defined in section 148 of the Health and Social Care (Community Health and Standards) Act 2003. • The review of, and investigation into, the provision of health care by and for Welsh NHS bodies as defined under the Health and Social Care (Community Health and Standards) Act 2003. • The regulation of registered social landlords in accordance with Part 1 of the Housing Act 1996 (as amended by the Housing (Wales) Measure 2011).	

If an individual is making a wider disclosure (for example to the police, or an Assembly Member (AM) (other than the Welsh Ministers) there are rigorous conditions for such wider qualifying disclosures to be protected:

Belief. The individual must reasonably believe that the information disclosed, and any allegation contained in it, are substantially true.

Not for gain. The individual must not make the disclosure for the purposes of personal gain (but rewards offered under statute, for example by HMRC, are ignored).

The individual must:

- have **previously disclosed** substantially the same information to their employer or to a prescribed person; or
- reasonably believe, at the time of the disclosure, that they will be subjected to a **detriment** by their employer if they make disclosure to the employer or a prescribed person; or
- reasonably believe (where there is no prescribed person) that material evidence will be **concealed or destroyed** if disclosure is made to the employer.

Reasonableness. In all the circumstances of the case, it must be reasonable for them to make the disclosure.

Protect or a Trade Union will be able to advise on the circumstances in which an individual should use this procedure and where they may be able to contact an outside body without losing the protection afforded under the Public Interest Disclosure Act 1998.

Appendix 3 - Welsh Ambulance Service NHS Trust

Form WB1 – Recording a concern raised under the procedure

Concern raised by (name):				
Designation				
Ward / Department				
Confidentiality requested:	yes		No	
Nature of concern raised:	Delivery of care/services to patients			
	Value for money			
	Health and safety			
	Unlawful conduct			
	Fraud, theft or corruption			
	The cover-up of any of the above			
Details of concern raised: (Continue overleaf is necessary)				

Evidence to support the concern (if available): (Continue overleaf if necessary)		
Any suggestions from employees as to a resolution?		
How will the matter be handled?	Informal review	
	Internal investigation	
Concern reported to:		
Contact name:		
Designation:		
Telephone no:		
Signed:		
Date:		

N.B. Once completed, this form should be retained on a case file	

Appendix 4 - Welsh Ambulance Service NHS Trust

Form WB2 Concerns Raised Under the Procedure: Summary of findings and outcome of investigation

Concern raised by (name):	
Designation:	
Informal review undertaken by:	
Investigation undertaken by:	
Summary of findings of review / investigation: (continue overleaf if necessary)	
Outcome: Action taken: (continue overleaf if necessary)	

No action taken for the following reasons:	
Further action (if appropriate): (e.g., report the matter to Welsh Government / Regulator)	
Name:	
Signed:	
Designation:	
Date:	
N.B. Once completed, this form should be retained on a case file.	

WELSH HEALTH CIRCULAR



Llywodraeth Cymru
Welsh Government

Issue Date: September 2023

STATUS: COMPLIANCE

CATEGORY: WORKFORCE

Title: Speaking up Safely Framework - NHS Wales

Date of Review September 2024

For Action by:
Chief Executives, NHS Wales Health
Boards/Trusts/ Special Health Authorities

Action required by: 30 October 2023, see
paragraph 4

Sender: Judith Paget, Chief Executive NHS Wales and Director General Health and Social Services Group,
Welsh Government

HSSG Welsh Government Contact:
Sara Whittam, Health and Social Services, NHS Workforce and Operations sara.whittam@gov.wales

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

To: Chief Executives, NHS Wales Health Boards
/ Trusts/ Special Health Authorities

Dear Colleague,

I am writing to you following my letter on 25 August 2023 to all NHS Wales Chief Executives about Quality and Safety systems in light of the Letby verdict.

In the email I shared an important pillar of these systems - the **Framework for Speaking up Safely in NHS Wales**. The Framework has been developed, scrutinised and approved in social partnership to provide an all-Wales consistency of cultural expectation, approach and escalation process whilst also strengthening local initiatives.

It is essential to enable NHS Wales staff to speak up about issues with confidence knowing their concerns will be taken seriously, heard fairly and that they will not face personal repercussions for raising concerns.

The Framework has now been published on the Welsh Government website:
<https://www.gov.wales/nhs-wales-speaking-safely-framework>.

The Welsh Government has already set out the expectation in the communication on 25 August for all NHS Boards, Trusts and Special Health Authorities to undertake a self-assessment against the organisational requirements detailed in section 6 of the Framework and develop an action plan to address any gaps between current practice and the expectations of the Framework.

The expectations of all staff and Board members are clearly outlined in the Framework, and these expectations extend to the development of this implementation action plan. It will also be crucial to maintain discussions with local trade union colleagues, with whom we have worked in social partnership to develop this Framework. This plan is due by 30 October 2023.

We are committed to supporting all NHS Wales organisations to learn, improve and develop their speaking up culture and provide assurance that no individual will suffer victimisation or detrimental treatment as a result of speaking up.

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Confidence to report poor behaviours or unfair treatment is key to our quality and safety systems supporting the statutory Duty of Quality and Duty of Candour for delivery of services to patients. It is also critical to the retention and wellbeing of our workforce and underpins our equality and inclusion work.

There are practical toolkits, developed in partnership with our employer and trade union colleagues included in the Framework document, and in due course, resources will be published on the HEIW Gwella platform.

Yours sincerely

A handwritten signature in black ink that reads "Judith Paget". The signature is written in a cursive style with a large, flowing 'J' and 'P'.

Judith Paget CBE



GIG
CYMRU
NHS
WALES
Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	14.1
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

Workforce Challenges – NHS Workforce Data Briefing

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Angela Lewis, Director of People and Culture
AUTHOR	Liz Rogers, Deputy Director of People and Culture
CONTACT	Liz Rogers, Deputy Director of People and Culture

EXECUTIVE SUMMARY

1. The purpose of the report is to share with People and Culture Committee the headlines from Audit Wales NHS Workforce data briefing produced in September 2023.
2. The document highlights the growing workforce pressures in the NHS across Wales.
3. WAST performance against other Health Boards and Trusts is strong in terms of agency spend and vacancy numbers, mid table for turnover and low for sickness absence. However, the report notes how WAST compares with the ambulance sector rather than health organisations across Wales.

KEY ISSUES/IMPLICATIONS

4. The Committee is asked to:

- **NOTE** the Report

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
P&C Committee	16 th November 2023	For noting

REPORT APPENDICES
Audit Wales Data Briefing Report

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Para 12	Financial Implications	N/A
Environmental/Sustainability	N/A	Legal Implications	N/A
Estate	N/A	Patient Safety/Safeguarding	N/A
Ethical Matters	N/A	Risks (Inc. Reputational)	Para 6,9
Health Improvement	N/A	Socio Economic Duty	N/A
Health and Safety	N/A	TU Partner Consultation	N/A

SITUATION

- Audit Wales have produced an NHS data briefing in September 2023. The report covers all Health Boards and Trusts in Wales and tables how organisations are performing.

BACKGROUND

- The data briefing is designed to help contextualise the situation and workforce planning activity by bringing together a range of metrics and trends that help illustrate the local and national challenges.

ASSESSMENT

- The report provides a range of data on various strands of the medical and dental workforce, changes in grade mix and workforce costs.
- There are some key areas in the report where organisations are ranked. WAST performance is strong in some areas and less so in others. However, Committee is asked to note the comparison is not a straightforward one as the report compares different services i.e. health boards versus ambulance.
- In terms of turnover, WAST are mid table. Our turnover has increased over recent years and is driven by 111 in particular and call handler roles. This is similar and higher in other ambulance services running 111 services. The call handler role is challenging, working on shift patterns and only a Band 3. With a

very flat management structure. There is significant support being wrapped around the service from People and Culture to improve employee experience.

10. An aging workforce is a challenge to all organisations. There are options in place such as retire and return. However, caution in terms of the physicality of some posts needs to be considered. Therefore, opportunities to create alternative employment to retain skills in the organisation need to be investigated, e.g., moving in to CSD (Clinical Support Desk) roles from road based roles. 34% of our workforce is over 50 years old. In addition, we are seeing good numbers joining who are in the younger age brackets.
11. WAST have the lowest numbers of vacancies nationally. There is no supply issue for paramedics, and we are increasing the supply for the future. Our training and career pathways mean we can recruit to more junior posts and people can grow their skills to move through the organisation. Good workforce planning also means that we are forecasting turnover and managing workforce numbers by recruiting and training effectively.
12. Whilst we have seen an increase in agency spend, this is incredibly low compared to health boards. Our 2021/22 and 2022/23 figures were driven up by implementing cohorting arrangements which started at the end of 2021/22 and ran for 3-4 months into 2022/23 due to handover delays outside E.Ds. Spend this year to date is £449k with a projection of £797k for the year which is only 0.4% of our estimated pay costs.
13. PCC members will be aware of the work undertaken over the past 18 months in WAST to reduce sickness absence. The data briefing identifies an increase in sickness absence across all health bodies since 2017 and has continued to increase post pandemic. The rate is around 6.9% in 2022-23 with anxiety/ stress accounting for 28% of that absence. WAST are at the top of the table whilst organisations like HEIW (Health Education and Improvement Wales) and DHCW (Digital Health and Care Wales) are at the bottom of the table. These organisations will report lower absence as they are primarily desk-based roles.
14. As previously noted, by comparing health organisations we are comparing apples and pears. It is more reasonable to compare like organisations. Below is a table of some of the other ambulance services in the sector and how WAST compare.

Organisation	Sickness Data
WAST	Dec 22 – 10.67%, Feb 2023 8.06%, June 2023 7.53%
North East AMB Service	12 month rolling average March 2023 – 8%, May - 6.9%, June 23 – 7.8%
Yorkshire AMB Services	Total % June 22 - 8.9%, May 23 - 6.1%, June 23 - 6.2%

North West AMB Service	June 2022 - 7.90%, Feb 2023 - 7.06%, June 2023 was 7.77%
West Midlands AMB Service	March 2023 4.3%, Sept 2023 4.65% YTD 4.9%
East Midlands AMB Service	Rolling 12-month figure (July 2022 to June 2023) 8.10%. June 2023 - 7.36%.
South West AMB Service	July 2022 9.13%, May 2023 7.17%, Aug 2023 6.12%,
South Central AMB Service	Feb 2023 11%, Sept 2023 8%
South East Coast AMB Service	July 2022 10.5%, April 2023 7%, Aug 2023 6.8%
London AMB Service	Dec 2022 8.3% March 2023 7%, Aug 2023 6%
East England AMB Service	May 2022 9.6%, Feb 2023 9%, Aug 2023 7.4%

15. In WAST we have relatively small numbers of part time workers. The current project underway on flexible working may increase the number of colleagues who request to work part time or more flexibly.

	Headcount	%
Part Time	880	20.18%
Full Time	3,480	79.82%
Grand Total	4,360	

16. PCC members will be familiar with the Annual Equality Report. We have fewer colleagues from ethnic minority communities than other organisations and that in part relates to our workforce makeup. Within WAST the percentage of the workforce is 1.43%. A deep dive was recently undertaken for PCC in relation to recruitment on race diversity. In terms of disabled colleagues, disability staff groups increased to 5.2% which is comparable to others. In terms of Welsh Language, we have just above the figure of 13% across Wales with 14% of our workforce advising they are Welsh speakers.
17. Most of our paramedics come through the Welsh system having attended Swansea University (and shortly Glyndwr in the north will also add to our supply chain). We work closely with HEIW on numbers required year on year to meet our workforce requirements. Numbers requested have been growing and there is a need for the supply to be able to meet our demand. Nursing posts are a challenge to fill due to the wider system workforce demands.
18. The Audit Wales briefing is a useful document to benchmark and highlight the challenges in the wider system. The highlighted challenges are known and understood. There are certain areas where WAST is under less pressure e.g. pipeline of people but that is not to say we will not face increased challenges. Other areas such as attendance are improving but efforts need to continue and as noted above, we need to be comparing like with like.

RECOMMENDED:

The Committee is asked to:

- **NOTE** the report



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CYMRU
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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	14.2
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

Workforce Planning Audit

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Angela Lewis, Director of People and Culture
AUTHOR	Liz Rogers, Deputy Director of People and Culture
CONTACT	Liz Rogers, Deputy Director of People and Culture

EXECUTIVE SUMMARY

The purpose of the report is to update the People and Culture Committee with feedback on the workforce planning audit undertaken by Audit Wales.

Audit Wales have been undertaking audits across the Health Boards and Trusts of Wales to review approaches to workforce planning within the context of the well documented concerns about the sustainability of the NHS Workforce. This has included WAST.

The audit review was undertaken during the summer months with a range of colleagues contributing to the feedback.

The audit outcome is positive. Audit Wales have not provided an overall audit rating in the draft but there are no significant risks or urgent actions identified.

The audit identified key challenges faced by WAST in terms of effective workforce planning, i.e. finance and one year settlements and systems integration.

Six recommendations were made all with medium priority.

KEY ISSUES/IMPLICATIONS
The Committee is asked to: • NOTE the Report.

REPORT APPROVAL ROUTE		
WHERE	WHEN	WHY
P&C Committee	17 th November 2023	For noting

REPORT APPENDICES
Review of Workforce Planning Arrangements Audit Report

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

SITUATION

1. The Audit Wales team have been undertaking audits across the Health Boards and Trusts of Wales to review approaches to workforce planning within the context of the well documented concerns about the sustainability of the NHS Workforce. This has included WAST.
2. The context of the audit is the concerns regarding the sustainability of the NHS workforce and that workforce challenges are routinely highlighted to Audit Wales in their audit reviews and ongoing engagement with health bodies. Given the current challenges, robust and innovative workforce planning is more important than ever to ensure current and future services have the workforce needed. The Planning is especially important given the length of time required to train some staff groups.
3. The key focus of the review was on whether the Trust's approach to workforce planning is helping to effectively address current and future workforce challenges and specifically our strategic approach to workforce planning, operational actions to manage challenges and monitoring and oversight arrangements.

BACKGROUND

4. The auditor attended various meetings and met with a number of colleagues within People and Culture, Planning, as well as with other key contributors, stakeholders, clinical and operational teams and TU partners.
5. Audit Wales were provided with a wide range of documentation demonstrating the Trusts actions and activities around workforce planning and how we are forecasting and delivering on workforce planning demands within WAST.

ASSESSMENT

6. This report does not intend to repeat all the content of the appended draft report.
7. The audit has identified some helpful key findings which give assurance. The recommendations made are relatively low level, there are no areas of high risk reflected in the findings. Overall, our approach to workforce planning is in a good position. Some of the factors that impact on what we do are outside of our control (specifically finance) and the audit report recognises what we are seeking to achieve.

8. Six recommendations have been made in the report. Sickness absence was mentioned and our previously higher figures. Leaver data is also referenced. PCC members will note that both these areas are already being addressed with changes and interventions in place to improve and are developing well.
9. In terms of the recommendations made we have requested some slight amendments to wording and these have been accepted. There are recommendations on refreshing the terms of reference for the Integrated Technical Planning Group and the Forecast and Modelling Group; refreshing what we do in terms of data (this is already underway), the evaluation of training and ensuring the strategic workforce plan has suitable metrics, targets and milestones.
10. Recommendation 4 will be dependent on support from the organisation on centralising recruitment. The Recruitment Team primarily undertake EMS recruitment and support some other areas for advice, guidance and some administration. There are benefits of increased efficiency and expertise to centralise all recruitment but resource would need to be added to the team to accommodate the increase in workload or moved in from other Directorates.
11. Recommendation 6 regarding benchmarking is accepted but with the caveat of being able to source comparator data. Some data such as sickness absence can be gleaned from Board reports for other ambulance services but not all would be in the public domain, therefore we will engage with others in the sector.

RECOMMENDED:

The Committee is asked to:

- **NOTE** the report and the recommendations.

Review of Workforce Planning Arrangements – Welsh Ambulance Services NHS Trust

Audit year: 2023

Date issued: November 2023

Document reference: 3819A2023

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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Summary report

Introduction

- 1 An effectively planned workforce is fundamental to providing good quality care services. The NHS employs a range of clinical and non-clinical staff who deliver services across primary, secondary and community care, representing one of the largest NHS investments. Over the years there have been well documented concerns about the sustainability of the NHS workforce. And workforce challenges are routinely highlighted to us in our audit reviews and ongoing engagement with health bodies. Despite an overall increase in NHS workers, these concerns remain. The workforce gaps are particularly acute for certain professions such as GPs, nurses, radiologists, paediatricians and ophthalmologists ([A Picture of Healthcare, 2021](#)). In nursing alone, the Royal College of Nursing Wales reported 2,900 vacancies in their [2022 Nursing in Numbers](#) analysis. In addition, the social care sector, is also facing its own workforce issues. These challenges have been exacerbated by the pandemic as the health sector looks to recover services.
- 2 Given the current challenges, robust and innovative workforce planning is more important than ever. Effective workforce planning ensures that both current and future services have the workforce needed to deliver anticipated levels of service effectively and safely. Planning is especially important given the length of time required to train some staff groups, particularly medical staff.
- 3 National and local workforce plans need to anticipate service demand and staffing levels over a short, medium, and long term. But there are a range of complex factors which impact on planning assumptions, these include:
 - workforce age profile, retirement, and pension taxation issues;
 - shifts in attitudes towards full and part-time working;
 - developing home grown talent and the ability to attract talent from outside the country into Wales; and
 - service transformation which can change roles and result in increasing specialisation of roles.
- 4 The Trust approved its 2023-26 People and Culture Plan in May 2023. The Trust is also developing a strategic workforce plan for the organisation to detail delivery which it is anticipating will be received by the Board in April 2024.
- 5 The key focus of our review has been on whether the Trust's approach to workforce planning is helping it to effectively address current and future NHS workforce challenges. Specifically, we looked at the Trust's strategic approach to workforce planning, operational action to manage current and future challenges, and monitoring and oversight arrangements. Operational workforce management arrangements, such as staff/nurse rostering, consultant job planning and operational deployment of agency staffing, fall outside the scope of this review.
- 6 The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

Overall, we found that **the Trust is taking effective steps to mitigate current workforce challenges and clarify its longer-term strategic vision, however medium to longer-term resourcing is a significant and ongoing barrier.**

Key workforce planning challenges

- 7 The Trust is facing significant workforce challenges. The workforce indicators presented in **Appendix 2** highlight that the Trust's workforce levels and costs have increased between 2017-18 and 2022-23. This included an increase in agency staffing, from £180,000 in 2018-19 to £1.7 million in 2021-22 which has since reduced and is significantly lower than Health Board agency spend. While vacancies are comparatively low, the Trust has seen higher than usual turnover and concerningly, for 67% of the staff who left the organisation in 2021-22, their reasons for leaving were stated as either unknown or other. A new process is due to be rolled out which aims to seek further clarity on the reasons for staff leaving. A new process is due to be rolled out which aims to seek further clarity on the reasons for staff leaving. Noting that ambulance services tend to have higher sickness absence levels than other NHS organisations, the Trust has the highest percentage of sickness absence rates in Wales, which stood at 12.1% in January 2022, although this figure reduced to 8.2% in July 2023 levels increased in August 2023 to 9.2%.

Strategic approach to workforce planning

The Trust is strengthening its strategic workforce planning approach to address key risks and is effectively engaging with most stakeholders. However, it needs strengthen how it accesses and analyses workforce intelligence.

- 8 The Trust's strategic vision and plans focus on strengthening the workforce to overcome key current and future workforce risks. The Trust intends to strengthen its approach further by developing a strategic workforce plan for the organisation which it expects to complete by April 2024. The Trust has access to significant amounts of data which it uses to inform key decisions relating to its workforce. However, there is a need to better integrate IT systems to enable workforce data analysis and ensure its workforce establishment model is routinely updated. While the relationship between the Trust and its trade union partners is sometimes challenging, the Trust effectively engages with its staff and wider stakeholders, and commissioners to provide assurance and develop workforce solutions.

Operational action to manage workforce challenges

We found that The Trust is proactively addressing its workforce challenges, based on a strong understanding of risks. However broader workforce transformation is constrained by resource availability.

- 9 The Trust has invested in its workforce planning capacity and capabilities, such as by recruiting a head of workforce planning and transformation and developing workforce planning training for managers. The Trust will need to ensure that workforce planning training is realising the intended benefits. There is also a need to ensure consistent central support for recruitment activity across the Trust.
- 10 The Trust demonstrates a relatively strong understanding of the barriers and risks associated with implementing the strategic vision for its workforce. It is adopting a proactive approach to mitigate some longer-term and immediate challenges under its influence. For example, to overcome recruitment challenges. It is looking to introduce home working for nurses and raising the profile of paramedicine within universities.
- 11 While the Trust has costed its workforce plan through the development of its Integrated Medium-Term Plan (IMTP), it may require significant resource to fully achieve the significant transformation set out in its strategic vision. At the same time, the Trust currently holds substantial inefficiencies in its workforce due to handover delays caused by system pressures. It also finds securing ongoing additional investment from commissioners to build capacity challenging, and additional short term workforce funding can make recruitment and retention more difficult. To address these issues, the Trust will need to continue to work closely with its commissioners and Welsh Government.

Monitoring and oversight of workforce plan/strategy delivery

There is reasonable Board-level oversight of operational workforce challenges, but it is too early to judge the impact of delivering the People and Culture Plan.

- 12 The People and Culture Committee receive regular and comprehensive reports relating to the workforce. Information to the committee has been increasingly operational, however at the August 2023 committee, the Committee approved metrics and a data dashboard to help monitor the progress of strategic aims within the People and Culture Plan. The Trust will also need to ensure effective arrangements for monitoring progress of its strategic workforce plan, once approved.

- 13 External oversight by the Emergency Ambulance Services Committee (EASC)¹ ensures the commissioners understand the Trust's service workforce pressures. This helps to align commissioner's expectations, with available finance and workforce resource. The Trust has benchmarked its performance with other ambulance services however, this is not regular nor is it reported broadly within the organisation.

Recommendations

- 14 **Exhibit 1** details the recommendations arising from this audit. These include timescales and our assessment of priority. The Trust's response to our recommendations is summarised in **Appendix 3**.

Exhibit 1: recommendations

Recommendations

Terms of Reference

- R1 We found that the Terms of Reference for both the Integrated Technical Planning Group and the Forecasting and Modelling Group require review. The Trust should review these to ensure they are accurate and up-to-date, particularly to clarify what role they will play in supporting the new People and Culture Plan and developing strategic workforce plan. **(medium priority)**

Workforce information systems

- R2 We found that there is scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. The Trust should work to ensure that:
- Systems that hold workforce information including Electronic Staff Record (ESR), Global Rostering System (GRS) and finance systems interconnect, where possible; **(medium priority)**
 - Explore ways to resource the management of a system to ensure an up-to-date establishment model. **(medium priority)**

¹ The Emergency Ambulance Services Committee (EASC) is Joint Committee of the seven health boards in Wales with the responsibility for planning and securing sufficient ambulance services for the population.

Recommendations

Evaluating workforce planning training

- R3 We found that the Trust is strengthening workforce planning capability through training initiatives, but it will need to evaluate these to ensure they are having the desired impact. The Trust should develop an evaluation framework to measure the success of its training programme. **(medium priority)**
-

Recruitment support

- R4 We found that only the emergency ambulance services department has dedicated support from the central management team for recruitment activity, due to capacity issues. While the central team can provide support on a case-by-case basis, the Trust should review opportunities to increase the corporate support offered to other departments across the organisation. **(medium priority)**
-

Metrics for Strategic Workforce Plan monitoring

- R5 Once the Trust has developed its strategic workforce plan it should also ensure there is appropriate reporting of targets and milestones to enable the People and Culture Committee to monitor its progress. **(medium priority)**
-

Benchmarking

- R6 The Trust does not routinely benchmark its workforce performance metrics with other health bodies in Wales. Its performance benchmarking with other ambulance trusts is infrequent. The Trust should introduce regular workforce benchmarking with similar organisations and use this to inform relevant groups and committees on its performance and efficiency and to identify and share good practice. **(medium priority)**

Detailed report

Our findings

15 The following three tables set out the areas that we have reviewed and our findings. These focus on:

- the Trust's approach to strategic workforce planning (**Exhibit 2**);
- operational action to manage workforce challenges (**Exhibit 3**); and
- monitoring and oversight of workforce plan/strategy delivery (**Exhibit 4**).

Exhibit 2: strategic approach to workforce planning

This section focusses on the Trust's approach to strategic planning. Overall, we found that **the Trust is strengthening its strategic workforce planning approach to addressing key risks and is effectively engaging with most stakeholders. However, it needs strengthen how it accesses and analyses workforce intelligence.**

What we looked at	What we found
We considered whether the Trust's workforce strategy and plans are likely to address the current and future workforce risks. We expected to see a workforce strategy or plan which: • identifies current and future workforce challenges. • has a clear vision and objectives. • is aligned to the organisation's strategic objectives and wider organisational plans. • is aligned to relevant national plans, policies, and legislation. Including the	We found that the Trust is strengthening its strategic approach for the workforce through recently approved and developing plans which align to its strategic vision The Trust's strategic vision entitled '<u>Delivering Excellence: Our Vision for 2030</u>', describes the Trust's aim to become a more clinically-focussed organisation that reduces the need to convey patients to hospital by increasingly providing care closer to home. This overall aim, along with other ambitions within the strategic vision, are based on identified current and future workforce challenges, including staff wellbeing and support, and delays in treating patients due to system pressures. 'Delivering Excellence' appropriately recognises the workforce as a key enabler of this vision and identifies relevant supporting ambitions including transforming the Trust's education and training provision and protecting staff wellbeing. There is clear alignment between this vision and the Trust's

What we looked at	What we found
national workforce strategy for health and social care. is supported by a clear implementation plan.	recently approved People and Culture Plan 2023-26 (the Plan) and Integrated Medium-Term Plan (IMTP) 2022-23. The Plan also appropriately aligns to key national policies including the national Workforce Strategy for Health and Social Care. The IMTP and People and Culture Plan contain deliverables and measures against the ambitions of Delivering Excellence, with a focus on improving Culture, Capacity and Capability. The Trust intends to review its People and Culture Plan, in addition to its statutory review and refresh of the IMTP, each year. The People and Culture Plan has an initial one-year focus which contains an ambitiously high number of actions (49). Organisational capacity, service pressures and financial constraints are amongst its risks to its delivery of its actions, which it is actively managing. At a service level, the Trust has developed transactional service-specific workforce plans. For example, the plan for the Emergency Medical Service (EMS) details monthly national projections for the emergency medical workforce up to March 2027. The Trust is developing a corporate-level strategic workforce plan to fill the gap between annual iteration of the People and Culture Plan and the longer-term strategic vision of 'Delivering Excellence'. The strategic workforce plan, which is being developed using the HEIW's six step method for workforce planning, will have a medium to long term focus and will be reviewed annually. The Trust's intention is that it will provide a basis for workforce modelling to deliver its strategic ambitions and is aiming for Board-level approval in April 2024.
We considered whether the Trust has a good understanding of current and future service demands. We expected to see: use of reliable workforce information to determine workforce need and risk in the short and longer term; and	We found that the Trust understands its current and future service demands, however there is opportunity to better integrate systems to help ensure that capacity and demand information and workforce establishment can be regularly updated The Trust demonstrates that it seeks to understand its workforce capacity and demand and performance information. Between 2018 and 2022, the Trust commissioned demand and capacity reviews: one for Emergency Medical Services and one Non-Emergency Patient Transport Services,

What we looked at	What we found
• action to improve workforce data quality and address any information gaps.	and an additional capacity review for 111 operations. These reviews focused on understanding the level of resource required to meet expected levels of performance, including which staff groups should be expanded or decreased. The Trust incorporated the findings into its ongoing workforce planning and informed discussions with its commissioners. The Trust has effective approaches for interpreting workforce data. These include a weekly 'Forecasting and Modelling Cell' and a weekly Integrated Technical Planning Group. The former analyses and interprets forecasts for the operations teams and the latter analyses key data relating to workforce, estate, vehicle fleet, rosters, and financial planning. We found these groups provide helpful ongoing information within reports. For example, reports that contain information provided by the Integrated Technical Planning Group demonstrated comprehensive and thorough analysis which helped inform key decisions relating to workforce. However, the Terms of Reference for both these groups require review and update as some arrangements appear to have evolved since they were established (Recommendation 1). A review of the terms of reference for these groups would also provide an opportunity to set out their roles in supporting delivery of the newly approved People and Culture Plan and developing strategic workforce plan. While the Trust has not undertaken a skills gap analysis, it has conducted service reviews as part of its financial sustainability programme. These reviews focused on ensuring consistency of job roles to achieve efficiencies where possible. We understand that the Trust intends to use this to inform its understanding of skill mix and need going forward and will be key to discussions on job planning and recruitment. There is also scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. During interviews, we heard how managers within the organisation are not yet consistently providing data to the central team. We also understand that systems that hold workforce information including Electronic Staff Record (ESR), Global Rostering System (GRS) and finance systems are not effectively connected, therefore requiring resource intensive manual collation. In addition, while the Trust modelled its establishment for operational

What we looked at	What we found
	staff in 2022, the information was prepared at a single point in time and has not been kept up to date. Consequently, the Trust do not currently have up-to-date establishment information to support decisions relating to workforce (Recommendation 2).
We considered whether the Trust is working with partners to help resolve current and anticipated future workforce challenges. We expected to see: • effective and timely engagement and working with key internal and external stakeholders to tackle current and future workforce issues; and • shared solutions identified with key stakeholders to help address workforce challenges.	We found that there are challenges with internal and external stakeholder engagement which the Trust is collaborating with partners to resolve To inform its development of the People and Culture Plan, the Trust effectively engaged with staff, Trade Union partners, Non-Executive Directors and wider stakeholders, including peer Workforce and Organisational Development, and other UK ambulance services. Specifically in relation to training and qualifications, the Trust engages regularly with Health Education and Improvement Wales (HEIW) to explore opportunities to resolve key workforce challenges and support development. For example, the Trust worked with HEIW to develop apprenticeship schemes. The aim of this is to support career progression or those working in areas with high turnover within the Trust and to provide career opportunities and to develop skills and competencies. The Trust has dedicated forums to engage and inform its Trade Union partners, including through the Welsh Ambulance Services Partnership Team, and the Trade Union representatives that attend the People and Culture Committee and Board. At the time of fieldwork, those we spoke to recognised that relationships had come under strain due to recent industrial action. While we did not find any evidence that this was having adverse effects the time of our fieldwork, strained relationships could still present challenges. Nevertheless, senior leaders within the Trust and trade union representatives expressed eagerness to return to more meaningful engagement. As a commissioned organisation, the Trust engages with its commissioners to communicate key workforce challenges and needs and seeks to identify shared solutions. For example, Advanced Paramedic Practitioners receive the benefit of enhancing their skills through sharing their time between the ambulance service and primary care. Forums such as monthly meetings with the Chief

What we looked at	What we found
	Ambulance Services Commissioner and bi-monthly Emergency Ambulance Services Committee (EASC) meetings provide regular opportunities to engage. Meetings cover workforce issues and challenges including vacancies and sickness absence rates.

Exhibit 3: operational action to manage workforce challenges

This section focusses on the actions the Trust is taking to manage workforce challenges. Overall, **we found that the Trust is proactively addressing its workforce challenges, based on a strong understanding of risks. However broader workforce transformation is constrained by resource availability.**

What we looked at	What we found
We considered whether the Trust has identified sufficient resources to support workforce planning over the short, medium, and long term. We expected to see: • clear roles and responsibilities for workforce planning; • appropriately skilled staff to ensure robust workforce planning; • sufficient workforce capacity across the organisation to plan and deliver the workforce strategy or plan; and • sufficient financial resources to deliver the workforce strategy or plan.	We found that the Trust is investing in its corporate workforce planning capacity and capability. However financial pressures and inefficiencies may inhibit the extent that the Trust can invest in delivering its strategic ambitions for example staffing community-based, prevention-focussed service models. There appears to be sufficient capacity to support workforce planning. The People and Culture directorate, led by the People and Culture Director has a clear structure with teams covering education and development, workforce planning and organisational development and culture and wellbeing. In 2021, the Trust invested in corporate workforce planning by recruiting a Head of Workforce Transformation and Planning whose role includes developing the strategic workforce plan and managing the workforce planning team of nine staff and managers which includes the recruitment and Electronic Staff Record (ESR) teams. Service leads and operational management understand their role in workforce planning but that operational pressures do not allow them sufficient time to ‘think strategically’ to develop solutions. Service managers also felt there was a need to increase skills and confidence to undertake longer-term workforce planning. At the time of fieldwork, the Trust was developing workforce planning training to support managers to address these challenges. Once in place, the Trust should seek to evaluate the success of its training initiatives to ensure it is realising the intended benefits

What we looked at	What we found
	(Recommendation 3). Support for recruitment activities is not consistent across the organisation. Emergency Medical Services (EMS) recruitment is co-ordinated centrally through the workforce team, while other teams undertake their own recruitment activity. Recruitment support is available from the central team when requested for those services. Nevertheless, the devolved arrangement, places a strain on service manager capacity, and can lead to inconsistent practices (Recommendation 4). Achieving the vision outlined in 'Delivering Excellence' and linked plans may require significant ongoing investment to facilitate the additional staff, training and related costs. Those we spoke to were clear that frequent engagement takes place with commissioners to communicate the Trust's strategic direction which is well-received by partners. However, securing funding in the context of the current significant financial difficulties is a crucial challenge which is extremely difficult to mitigate. It is clear there are growing financial pressures. This will mean that the Trust will need to achieve efficiencies and/or secure additional investment to achieve its strategic ambitions. Delays in handing over patients at emergency departments cause significant inefficiencies for the Trust. For example, in August 2023, 27% of the Trust's ambulance response staff were unable to respond to further calls due to handover delays. In our 2022 Structured Assessment, we reported that handover delays accounted for around £50 million of inefficiencies for that year. That capacity, if released in part, could support the Trust's investment in community-based prevention-focussed service models. The Trust is engaged in ongoing work both independently and in partnership with commissioners to try and reduce the current levels of inefficiency. In terms of securing additional funding, the Trust is working in a challenging financial environment where additional funding is less likely. In the recent past, 'in-year' funding provided as part of winter pressures money in 2022 supported short-term recruitment of an additional 100 frontline staff.

What we looked at	What we found
	However, the short-term nature of such funding to be used for a specific purpose, restricts the extent that the Trust can invest in service transformation. Short-term funding can also make recruitment and retention difficult. The Trust also needs to make financial savings to achieve a breakeven position. It is addressing this in part through increasing its vacancy control target from £907,000 in 2022-23 to £2.6 million in 2023-24. However, vacancy control is a short-term solution, and it can create a strain on existing staff. The newly introduced vacancy control panel, which includes the Director of People and Culture and the Director of Finance, considers the impact of vacancies on the organisation as well as the potential financial savings. The Trust told us it intended to review the effectiveness of this process during Quarter 3 of 2023-24 to identify potential learning and improvement.

What we looked at	What we found
We considered whether the Trust has a good understanding of the short and longer-term risks that might prevent it from delivering its workforce strategy or plan. We expected to see: • a good understanding of the barriers that might prevent delivery of the workforce strategy or plan; • plans to mitigate risks which may prevent the organisation from achieving its workforce ambitions; and • clearly documented workforce risks that are managed at the appropriate level.	We found that The Trust has a good understanding of the risks to delivery of its strategic workforce ambitions The Trust demonstrates a good understanding of the shorter and longer-term risks to delivery of its workforce ambitions. These relate to buy-in from staff and stakeholders, financial pressures and staff morale and wellbeing. Corporately, the Trust appropriately manages and reports significant risks through the corporate risk register and Board Assurance Framework. The Trust's corporate risk register highlights high scoring risks related to the workforce, for example sickness absence, maintaining effective partnerships with the trade unions, and staff wellbeing. Each risk has a detailed list of controls, assurances, gaps in controls and actions which are clear and are likely to have a positive impact on mitigating the risk. For example, for reducing sickness absence the actions on the September 2023 risk register included long term sickness absence deep dives and review of top 100 cases by the people and culture team monthly. While sickness absence performance had significantly improved as of August 2023, the risk remains at 20 due to the likelihood of increased absence over the winter period. The People and Culture Committee is responsible for overseeing these risks which the Assistant Director Leadership Team regularly review.

We considered whether the Trust is effectively addressing its current workforce challenges. We expected to see:

- effective reporting and management of staff vacancies;
- action to improve staff retention;
- efficient recruitment practices;
- commissioning of health education and training which is based on true workforce need; and
- evidence that the organisation is modernising its workforce to help meet current and future needs.

We found that **the Trust is taking appropriate steps to address current workforce challenges through a range of recruitment, retention and training and development activities.**

The Trust has a successful track-record of recruiting paramedics, and the organisation had the lowest vacancy rate of NHS Wales bodies, at a rate of less than 1% during May 2023. The Trust is successful in recruiting newly qualified paramedics through recruitment events which focus on achieving a large intake. However, it is experiencing challenges in recruiting to other roles such as nurse advisors in its 111 service and staff in its digital team. The Trust is proactive in finding alternative solutions to some of these challenges. For example, the Trust found difficulties recruiting Ambulance Care Assistants, as some candidates do not have a C1 category driving license (necessary to drive an ambulance). To overcome this issue, the Trust now offers training in-house, provided candidates meet all other recruitment criteria. In response to difficulty recruiting nurses, the Trust is looking at allowing nurses in its call centres to work remotely. If this plan is successful, the Trust will seek to attract overseas nursing candidates who wish to work remotely from their own countries.

Beyond recruitment, the record for completing staff exit interviews has been inconsistent and in some cases poor. This means that it is difficult for the organisation understand the reasons for their departure and to introduce approaches to remove the 'drivers' that cause staff to leave. To address this, the Trust is trialling a new 'Moving on Interview' process in place of exit interviews. The new process includes newly designed questions, which staff can complete via MS Forms in their own time, rather than led by the manager. The Trust has designed the approach to provide more meaningful intelligence and support the Trust to develop more effective plans to retain staff. Nevertheless, in line with broader NHS Wales, since the pandemic, the Trust has been experiencing higher levels of turnover within its operations department. The increased turnover was particularly the case with within its 999 and 111 call-answering staff, due to the challenging working environment. The Trust has also seen a general increase in staff leaving within 6-12 months of recruitment. To resolve these challenges, the Trust has been trialling different working patterns and practices to retain staff. This includes shorter shifts and virtual working where possible, increased support for new staff and developing clear career progression routes.

What we looked at	What we found
	The Trust has had historic issues with managing its sickness rates. Pre-pandemic, rates were between 6% and 8% but increased during the pandemic with rates peaking at over 12% during winter 2022. The most recent project plan introduced in April 2022 has been effective in reducing rates from 10.6% in July 2022 to 8.2% in July 2023. The Trust has indicated that training for staff and investment in wellbeing services has been particularly successful. The People and Culture Committee receive regular reports containing analysis of specific pressures. There are higher rates of sickness within the operations department and reports also identify hotspots within local areas with helpful analysis and action plans identified, where appropriate. In relation to modernising its workforce, the Trust's long-term strategic framework details an ambition to significantly increase the number of Advanced Paramedic Practitioner positions. The roles which require eight years of training, necessitating longer-term planning. While there is a need for investment to achieve this vision, the Trust is taking steps, where possible, to make these changes, such as by substituting small numbers of vacant Emergency Medical Technician roles with increases in Advanced Paramedic Practitioner roles. The Trust successfully commissions health and education training of paramedics through HEIW and numbers of placements are based on the Trust's true workforce planning numbers. More recently this commissioning has expanded beyond a single University (Swansea) to also include Glyndwr University in Wrexham.

Exhibit 4: monitoring and oversight of workforce plan/strategy delivery

This section of the report focusses on the robustness of corporate oversight of workforce risks. We found that **there is reasonable Board level oversight of operational workforce challenges, but it is too early to judge the impact of delivering the People and Culture Plan.**

What we looked at	What we found
We considered whether delivery of the Trust's workforce strategy or plan is supported by robust monitoring, oversight, and review. We expected to see: • arrangements in place to monitor the progress of the workforce strategy or plan at management and committee levels; • effective action where progress on elements of the workforce strategy or plan are off-track; • performance reports showing the impact of delivering the workforce strategy or plan; and • the organisation benchmarking its workforce performance with similar organisations.	We found that there is reasonable committee and management oversight of workforce performance information, and whilst the Trust has developed metrics to monitor its People and Culture Plan, it is too early to judge its effectiveness The Trust has a clear and consistent focus on workforce performance indicators both operationally and at Board and committee level. A variety of different operational groups within the Trust as well as the People and Culture Committee and Emergency Ambulance Services Committee receive workforce metrics and information. Executive Management Team papers contain useful workforce information, such as analysis from the Integrated Technical Planning Group. This aligns to the Trust's strategic objectives, highlighting any financial and operational implications. It also helps the team effectively link workforce, finance, and operational issues for example, informing decisions on the recruitment of 100 additional frontline staff in the latter half of 2022-23. The Trust's People and Culture Committee receive significant information on workforce at each of its quarterly meetings. Where the committee has concerns about a particular workforce area or performance, it seeks further assurance by undertaking deep dives. Recent examples include deep dives on improving attendance, the Trust's volunteers, wellbeing, and turnover. Our review of papers in recent committee meetings found significant amounts of operational information provided to the committee, which may make it difficult for committee members to focus on strategic issues. However, the recent approval of the People and Culture Plan and work to develop a strategic workforce plan is likely to support the committee to maintain a medium to longer-term focus when considering the Trust's workforce.

What we looked at	What we found
	Following the People and Culture Plan’s approval in May 2023, the People and Culture Committee approved metrics to monitor the Plan in August 2023. The metrics link to the themes and strategic objectives in the Plan and IMTP and will receive quarterly oversight. The metrics focus on short-term areas such as turnover and moving on interviews and employee engagement as well as some longer-term aspects including education and development. It will also include information from the Trust’s newly purchased pulse survey tool, which should provide an insight into staff opinions, though it is currently too early to comment on the tool’s effectiveness. Targets and milestones to deliver the People and Culture Plan are delivered via the Directorate Plan which is managed by the People and Culture leadership team and reported to the Strategic Transformation Board and PCC. The Trust is in the process of preparing a dashboard, which may help to provide this assurance on progress and impact. Once the Trust has developed its strategic workforce plan, it should also ensure there is appropriate reporting of targets and milestones to enable the People and Culture Committee to monitor its progress (Recommendation 5). The Committee also receives a comprehensive Monthly Integrated Quality and Performance Report (MIQPR). The Trust has recently revised the metrics covered in this report and now include additional, high-level people and culture indicators, including: • mental health-related sickness absence rates; and • data relating to applicants and shortlisted candidates from underrepresented groups. These additions should further strengthen the performance reports which provide helpful analysis across a multitude of relevant workforce indicators. While the Trust finds it difficult to benchmark performance with other NHS Wales, they benchmark performance with other ambulance services on an informal and irregular basis. The Trust should introduce regular workforce benchmarking with similar organisations and use this to inform relevant groups and committees on its performance and efficiency and to identify and share good practice (Recommendation 6).

Appendix 1

Audit methods

Exhibit 5: audit methods

Exhibit 5: sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

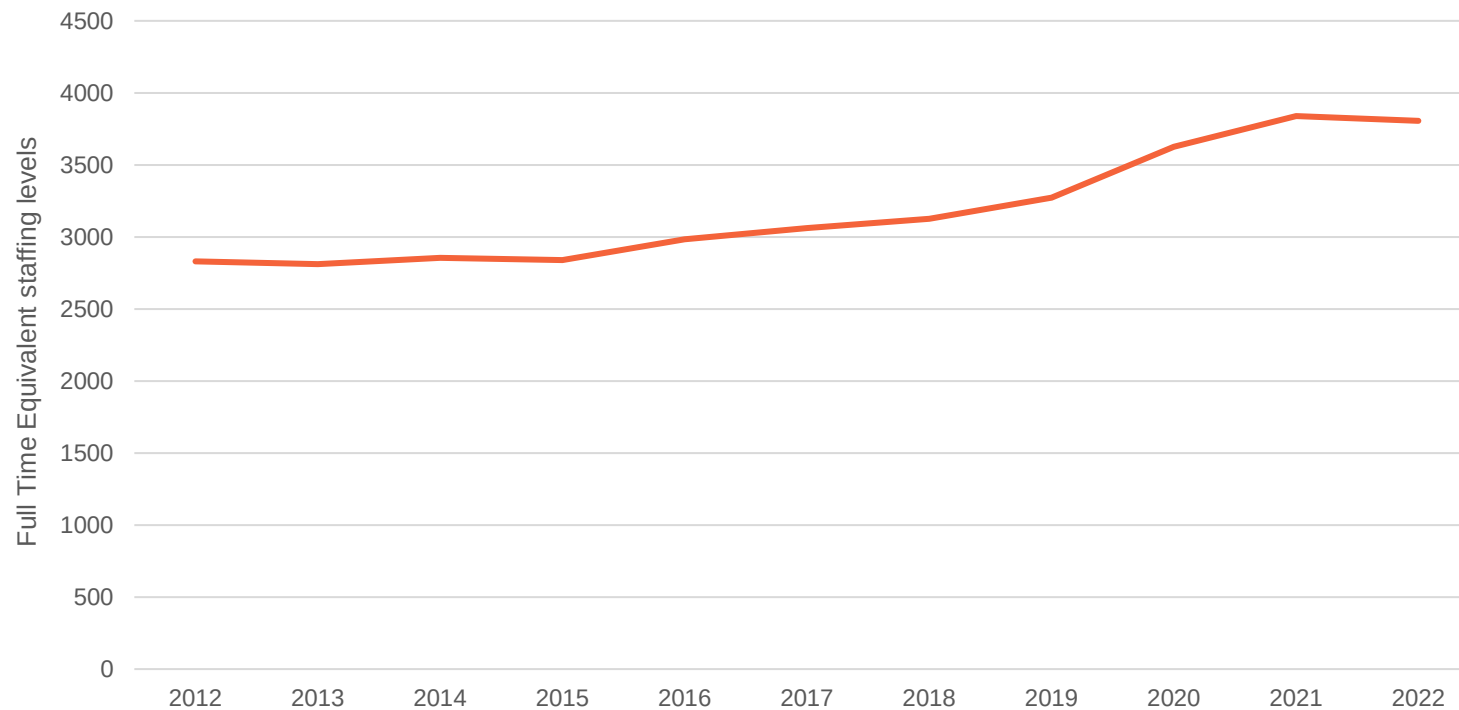
Element of audit approach	Description
Documents	We reviewed a range of documents, including: • Delivering Excellence strategy; • People and Culture Plan; • Integrated Medium Term Plan 2023-6; • Papers to inform workforce section of IMTP 2023-6; • Structure Charts for People and Culture and Programme Governance; • Demand and Capacity Reviews: Emergency Medical Services, Non-Emergency Patient Transport Services, and 111; • Terms of Reference for Forecasting and Modelling Cell and Integrated Technical Planning Group • Document relating to recruitment of addition 100 EMS staff; • EMS Workforce Plan 2023-8; • Evidence of evaluation of workforce strategy and/or associated initiatives; • Structure charts for workforce planning functions; • Corporate risk register; and • Corporate and operational level oversight and monitoring of workforce metric and strategy delivery
Interviews	We interviewed the following:

Element of audit approach	Description
	• Executive Director for Workforce and Organisational Development; • Deputy Director for Workforce and Organisational Development; • Head of Workforce Transformation and Planning; • Strategic planning team officers; • Corporate and operational officers responsible for workforce data and intelligence; • Head of Finance; • Head of Paramedicine; • Head of Workforce Education and Development; • Non-Executive Director with responsibility for Chairing People and Culture Committee; and • Trade Union representatives to the Board
Focus groups	We ran two focus groups with: • a selection of service leads involved in clinical workforce planning; and • a selection of service leads involved in the workforce planning of enabler services.

Appendix 2

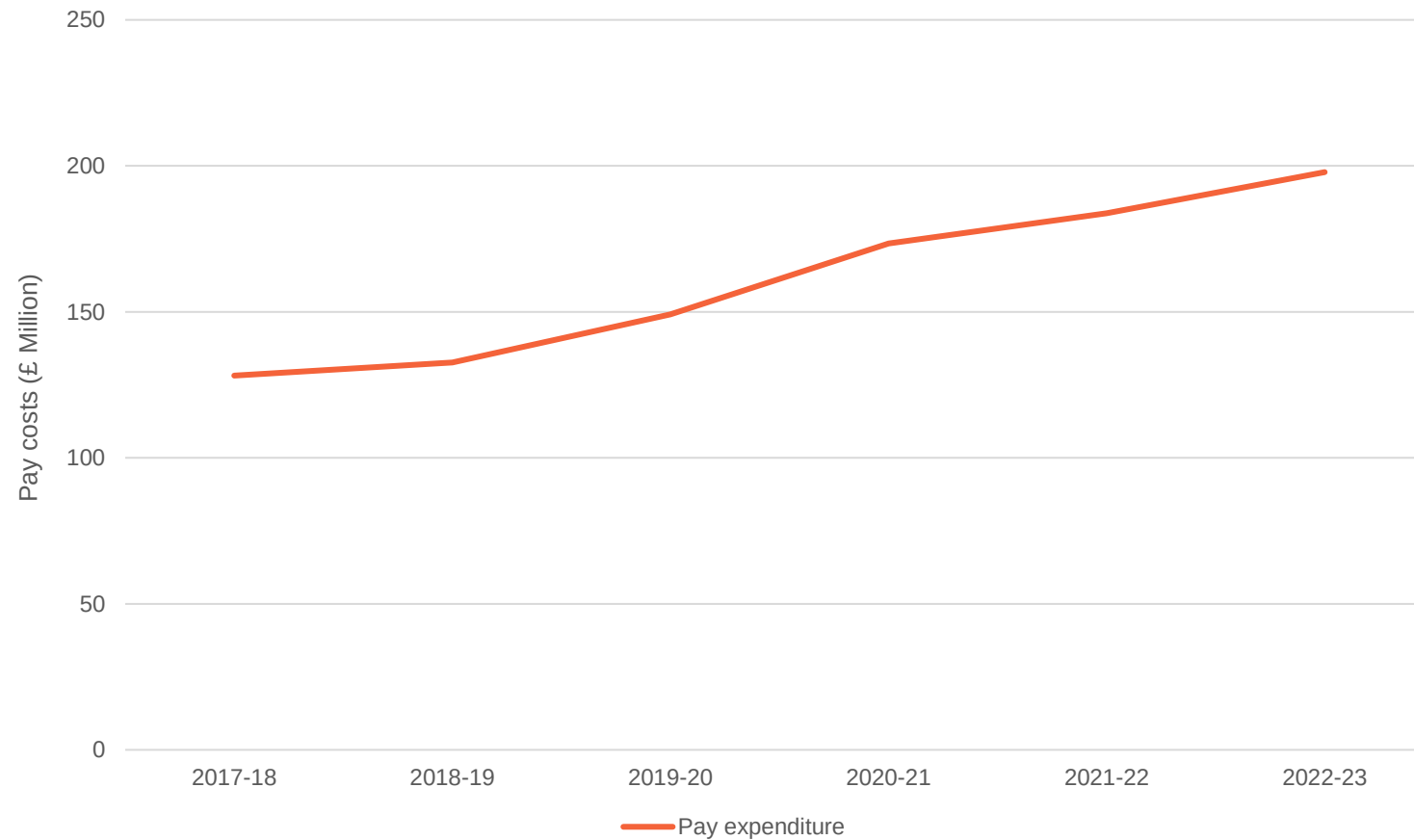
Selected workforce indicators

Exhibit 6: trend in workforce numbers (full time equivalent), Welsh Ambulance Services NHS Trust



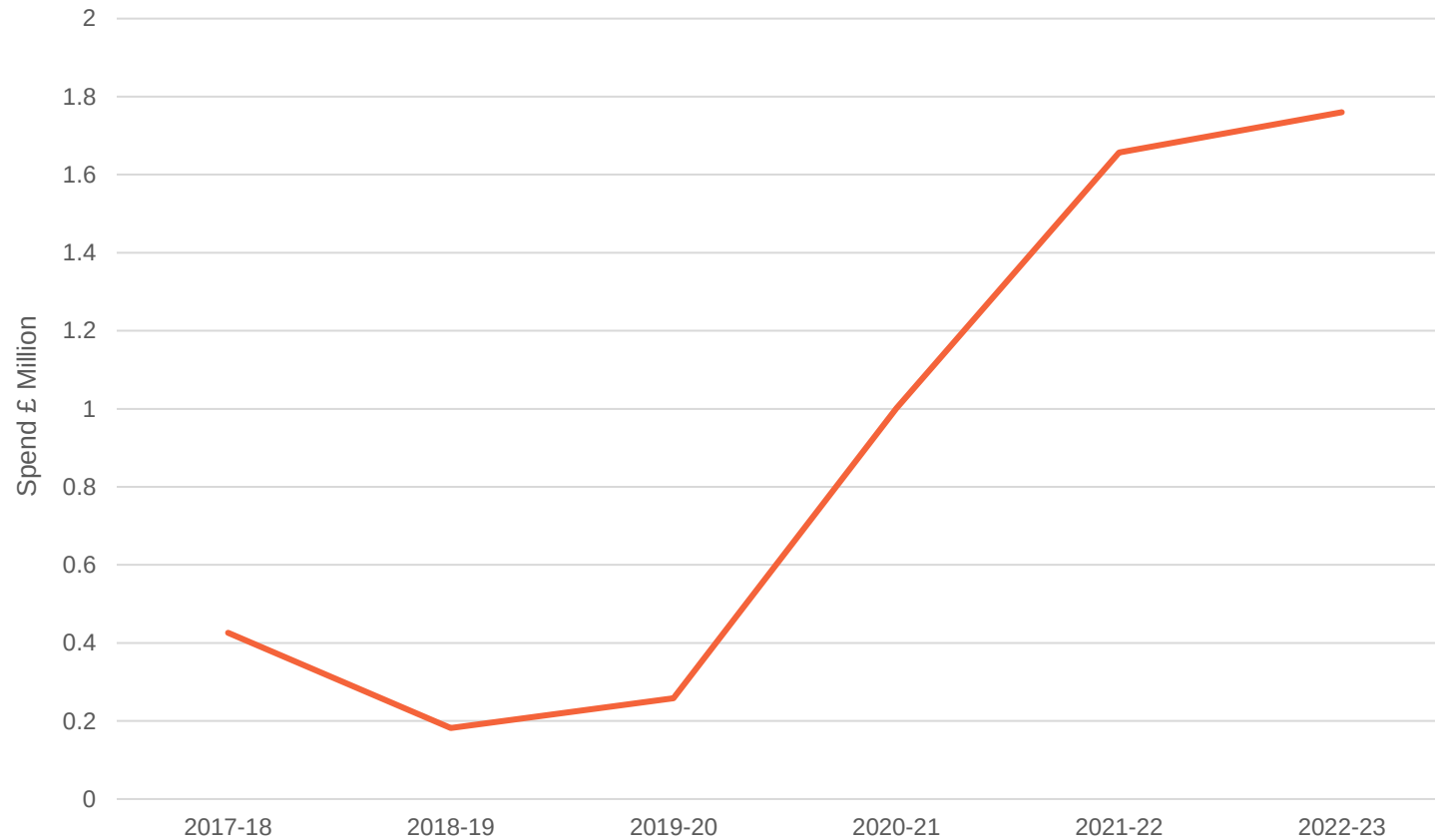
Source: Welsh Government, Stats Wales

Exhibit 7: trend in actual workforce costs, Welsh Ambulance Services NHS Trust



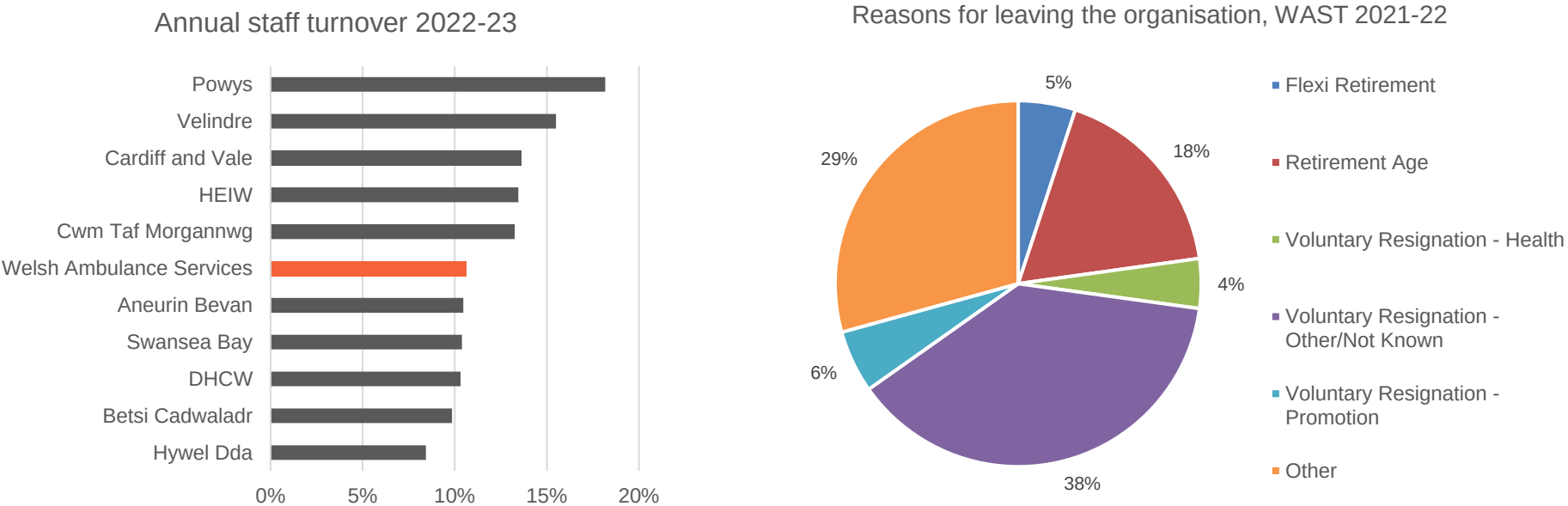
Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 8: trend of expenditure on workforce agency £ million, Welsh Ambulance Services NHS Trust



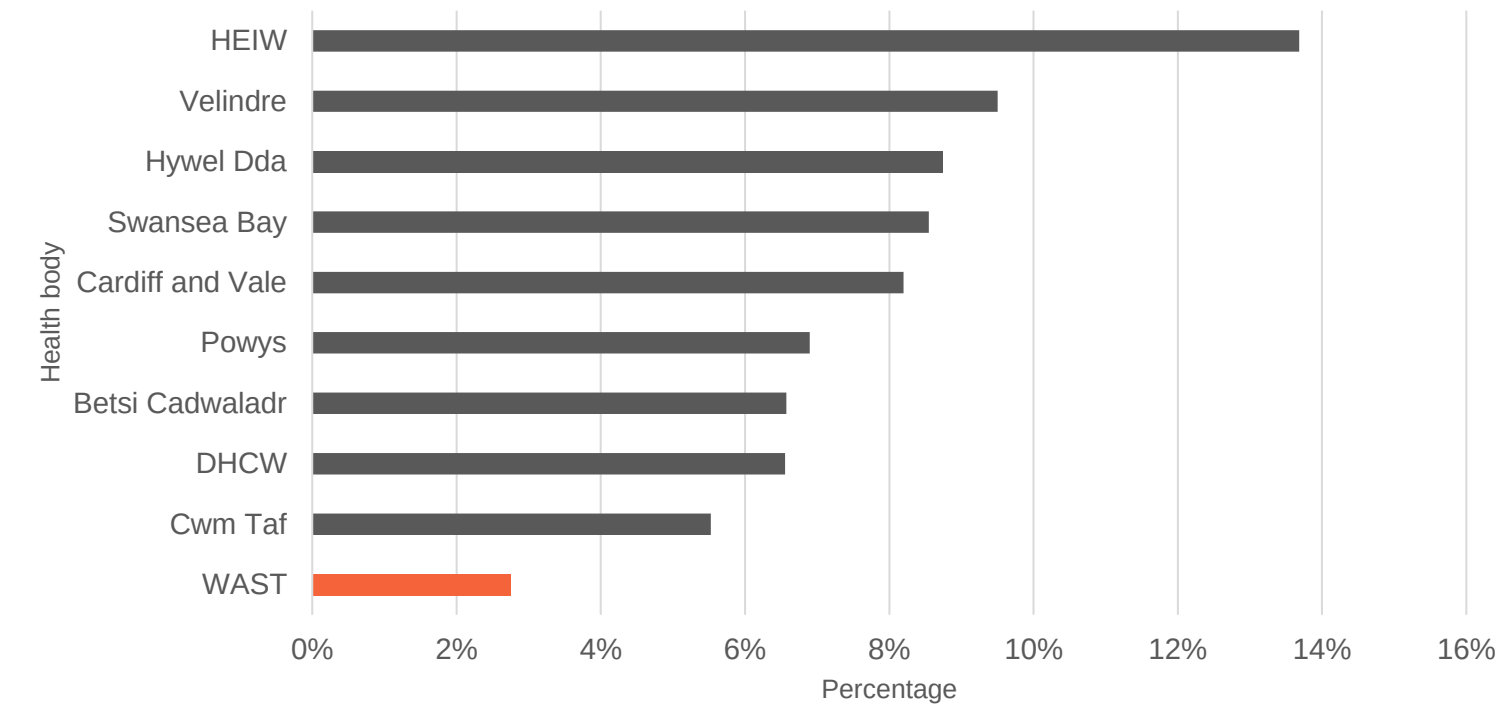
Source: Monthly Monitoring Returns reported to the Welsh Government

Exhibit 9: annual staff turnover and reason for leaving, 2021-22, Welsh Ambulance Services NHS Trust



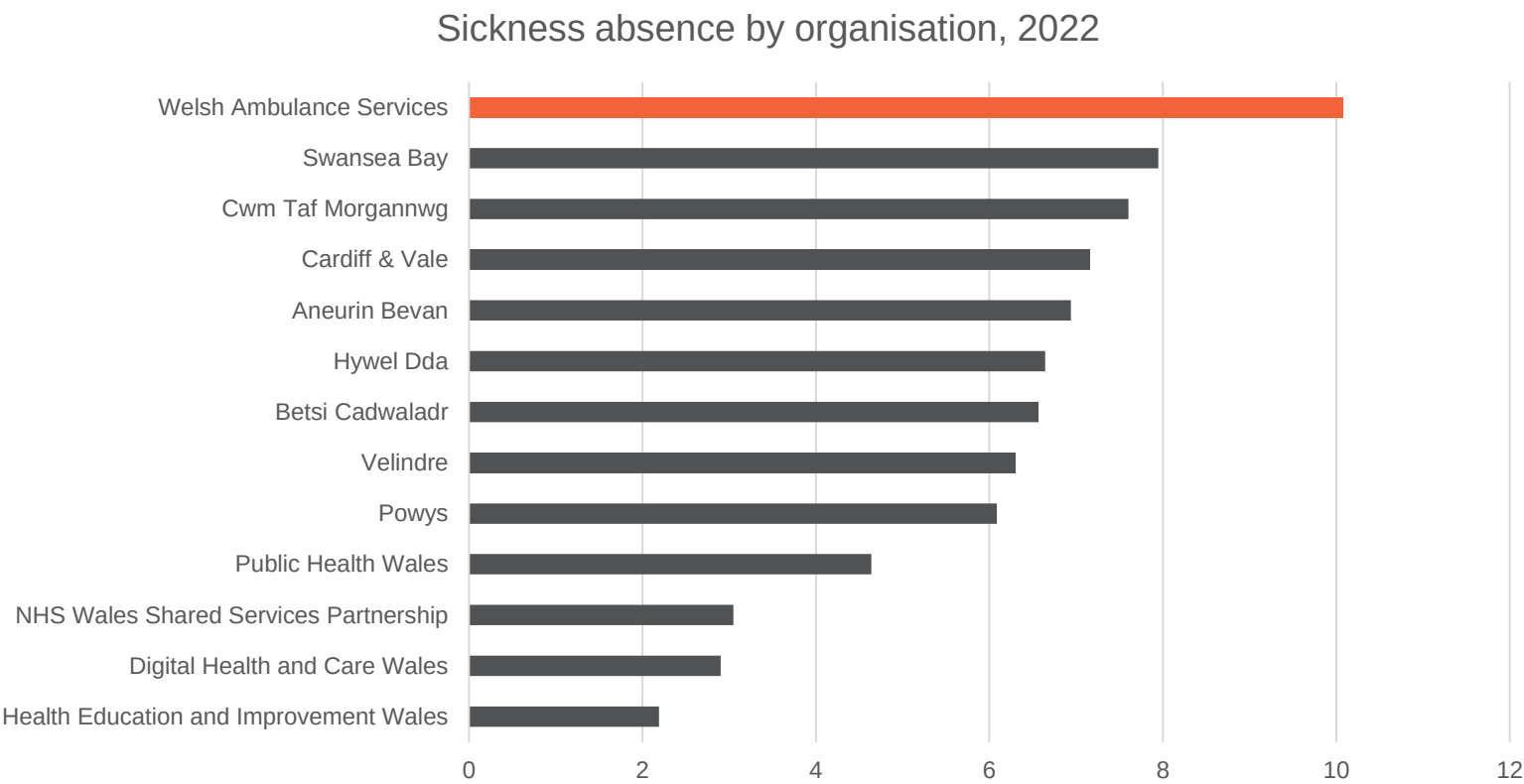
Source: staff turnover data sourced from Health Education and Improvement Wales. Reason for leaving data sourced from health body data request.

Exhibit 10: vacancies as a percentage of total establishment, as of March 2022 by organisation



Source: health body data request

Exhibit 11: sickness absence by organisation, 2022



Source: Welsh Government, Stats Wales

Appendix 3

Organisational response to audit recommendations

Exhibit 12: Trust response to our audit recommendations.

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)
R1	Terms of Reference We found that the Terms of Reference for both the Integrated Technical Planning Group and the Forecasting and Modelling Group require review. The Trust should review these to ensure they are accurate and up-to-date, particularly to clarify what role they will play in supporting the new People and Culture Plan and developing strategic workforce plan (medium priority).	Recommendation accepted Chair and Vice Chair of the ITPG and Forecasting and Modelling Group will update the Terms of Reference within the context of the internal governance structures.	End of December 2023	Assistant Director of Commissioning & Performance / Deputy Director, People and Culture

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)
R2	Workforce information systems We found that there is scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. The Trust should work to ensure that (medium priority): • Systems that hold workforce information including Electronic Staff Record (ESR), Global Rostering System (GRS) and finance systems interconnect, where possible. • Explore ways to resource the management of a system to ensure an up-to-date establishment model.	Use of Power BI reporting feeding into the Integrated Technical Planning Group is in development by the workforce planning team. This will be used for reporting and maintenance of the data. Alongside this we are working on Integrated Planning Nexus via the Planning and Strategy team which enables our understanding of the interconnection between workforce, fleet, estate etc.	Sept 2024 March 2024 (Excel version) Potential PowerBI version (Sept 2024)	Strategic Planning Officer (LP) / Deputy Director, People and Culture Assistant Director of Commissioning & Performance
R3	Evaluating workforce planning training We found that the Trust is strengthening workforce planning capability through training initiatives, but it will need to evaluate these to ensure they are having the desired impact. The Trust should develop an evaluation framework to measure the success of its training programme (medium priority).	We will implement an evaluation process to baseline where managers are pre and post training and post 3 months to measure improvement.	June 2024	Head of Workforce Transformation and Planning / Deputy Director for Workforce and Organisational Development

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)
R4	Recruitment support We found that only the emergency ambulance services department has dedicated support from the central management team for recruitment activity, due to capacity issues. While the central team can provide support on a case-by-case basis, the Trust should review opportunities to increase the corporate support offered to other departments across the organisation (medium priority).	The recruitment team focus primarily on EMS but do offer support where needed to other services. This would need to be agreed by ELT and the Directorates as resource would need to be moved into the team from elsewhere. Report to be produced and shared with ELT.	May 2024	Head of Workforce Transformation and Planning; / Deputy Director, People and Culture
R5	Metrics for People and Culture plan monitoring The Trust has recently approved the metrics to enable monitoring progress of the People and Culture Plan, however the metrics do not include targets or milestones. The Trust should work to develop targets and milestones to enable the Committee to understand the progress against the Plan (medium priority).	Recommendation Accepted. We will build in appropriate targets and milestones into the plan which will be frequently reviewed for delivery and effectiveness of both the plan and the measures.	May 2024	Head of Workforce Transformation and Planning; / Deputy Director, People and Culture

Ref	Recommendation	Organisational response	Completion date	Responsible officer (title)
R6	Benchmarking The Trust does not routinely benchmark its workforce performance metrics with other health bodies in Wales. Its performance benchmarking with other ambulance trusts is infrequent. The Trust should introduce regular workforce benchmarking with similar organisations and use this to inform relevant groups and committees on its performance and efficiency and to identify and share good practice (medium priority).	Recommendation accepted for high level measures and will be based on what other organisations share / make available. Benchmarks need to be with ambulance sector rather than Health Boards	June 2024	Deputy Director, People and Culture / Assistant Director of Commissioning & Performance



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.



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AGENDA ITEM No	15
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

PEOPLE AND CULTURE PLAN METRICS UPDATE

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Sarah Davies – People and Culture Directorate Business Manager
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY

1. A paper was shared with the Committee at the August 2023 meeting outlining the proposed approach to measuring the impact of our recently launched People and Culture Plan. Agreement was reached for quarterly updates against these metrics to be shared with members; this paper therefore provides the first quarterly update.

KEY ISSUES/IMPLICATIONS

2. The Committee is asked to:
 - **RECEIVE** and **COMMENT ON** progress to date.

REPORT APPROVAL ROUTE

- **Noted** at People and Culture Business Meeting (27.10.2023)

REPORT APPENDICES

Appendix 1: SBAR – People and Culture Plan Metrics Update

Appendix 2: People and Culture Plan Metrics Update - Summary

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed

EQIA (Inc. Welsh language)

YES

Environmental/Sustainability

N/A

Estate

N/A

Confirm that the issues below have been considered and addressed

Financial Implications

YES

Legal Implications

YES

Patient Safety/Safeguarding

YES

Ethical Matters	N/A	Risks (Inc. Reputational)	YES
Health Improvement	YES	Socio Economic Duty	YES
Health and Safety	YES	TU Partner Consultation	YES

Appendix 1: SBAR: People and Culture Plan Metrics Update

SITUATION

3. The purpose of this report is to provide Committee members with an update against several of the previously agreed People and Culture Plan metrics, in order to provide a high level indication of the impact of our People and Culture Plan.

BACKGROUND

4. Following discussion at the August meeting of the People and Culture Committee, an update was shared with Executive Leadership Team on 25th October 2023 to demonstrate progress in terms of implementation and impact of our People and Culture Plan.

ASSESSMENT

5. The summary document contained within **Appendix 2** provides an overview of quantitative data currently available. Following conclusion of the NHS Staff Survey and implementation of Hive, it is proposed that the next report to the Committee include qualitative data collected from these exercises and the November CEO Roadshows.
6. Notes to accompany dataset:
 - * Baseline figure references the 2018 Staff Survey completion rate for WAST
 - ** Completion rate as at 25.10.23 (following launch on 16.10.23)
 - *** Grey (neutral) coloured arrows used as a reminder to treat increases / decreases against these metrics with caution; an increase could be associated with increased confidence for our people to report concerns and not necessarily an indicator of poor cultural health
 - **** MIST delivery commenced 04.09.23.

RECOMMENDED

7. That the Committee:

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



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OUR PEOPLE AND CULTURE METRICS

October 2023

Culture

	Baseline	Sept 23	
Staff Survey Completion Rate:	42% *	9.12% **	
Live SUS Platform Cases:	N/A	11	
Disciplinary Cases:	28	28 ***	↔
Formal Requests for Resolution:	15	8	↓

Capacity

Turnover:	9.81%	9.37%	↓
Sickness (12 Month Rolling):	8.78%	8.69%	↓
Sickness (In Month):	7.5%	8.78%	↑

Capability

MIST Compliance:	N/A	15.5% ****	↑
Stat Mand Compliance:	78.73%	79.71%	↑
PADR Completions:	73.5%	70.72%	↓



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AGENDA ITEM No	16
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	4

CULTURE REVIEW TOOL

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Sara Mills – Head of Culture and Organisational Development
CONTACT	sara.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report provides an update to the Committee on the proposed approach to supporting managers to improve the cultural health of teams.
2. The purpose of this paper is to:
 - provide a high-level overview of the approach designed to support and enable managers to develop and improve culture within teams
 - identify and make recommendations for next steps regarding implementation.

KEY ISSUES/IMPLICATIONS

3. The Committee is asked to:
 - ENDORSE the approach as outlined in this paper.

REPORT APPROVAL ROUTE

People and Culture Committee 16.11.23
People and Culture Business Meeting 27.10.23
ELT 25.10.23

REPORT APPENDICES

Appendix 1: SBAR – Supporting Managers to Improve the Cultural Health of Teams
Appendix 2: The Manager's Team Culture Toolkit
Appendix 3: Cultural Early Warning Score (CEWS) Tool
Appendix 4: CEWS Guidance

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

Appendix 1: Supporting Managers to Improve the Cultural Health of Teams

SITUATION

4. The purpose of this paper is to:
 - provide a high-level overview of the approach designed to support and enable managers to develop and improve culture within teams
 - identify and make recommendations for next steps regarding implementation.

BACKGROUND

5. As we continue to embark on a journey of fostering a positive, compassionate and inclusive organisational culture, we acknowledge the pivotal role that managers play in supporting this work, specifically at a local level and within their teams. Culture can seem like a nebulous concept, and often people think that they are unable to influence culture individually and that this can only be done at an organisational level. Managers have more influence than they think. Why? Because managers demonstrate the behaviours and standards that their team will follow. Whilst the process of culture change is familiar to Human Resource Professionals, it is not familiar to most managers and it can often feel like a daunting task. Managers may resist this work because it seems too complex and they do not know where to begin.

ASSESSMENT

6. It is critical that managers have ownership of culture change within their team, so that changes are not seen as external interventions '*being done to them*' instead of with them. They need to feel empowered and enabled to engage their team in the work of reviewing the current culture, identifying what needs to change, what needs to be cherished and what collectively they can do to improve culture. Putting ownership for change with the team is likely to sustain momentum and improve the sustainability of changes longer term.
7. The People and Culture Team have developed a toolkit for Managers that speaks to them about culture in their team and provides guidance on the important steps that managers can take to influence, shift and shape culture positively. The

toolkit also provides a useful framework for People Services to engage in meaningful conversations with managers around culture change, where managers are in the process (their starting point) and what support they made need along the journey. It is acknowledged that some managers will already be engaging in this work with their teams and this toolkit also enables them to gain assurance of good practice and to identify areas that may require development, building on what they have done so far. As the name suggests, the toolkit provides practical resources and frameworks that managers can use to help them decide on an approach that is right for them and their team (refer to Appendix 2). Appendix 3 also includes one of the WAST specific diagnostic tools that managers can access to help them take the '*cultural temperature*' in their team and to initiate conversations with key stakeholders about underlying causes of issues and potential solutions. It is envisaged that the toolkit and associated resources will be located on a dedicated page on Siren.

WHAT NEXT?

8. The next steps towards implementation of this toolkit involves further socialisation of the resource with colleagues in the People and Culture team, in order that team members can effectively advise and support managers on the approach and are familiar with the tools and resources. The prototype toolkit will be piloted with two operational teams over the coming weeks and months in order to identify what aspects work well and where improvements can be made. It is envisaged that the development of this toolkit will follow an iterative process and will continue to be enhanced and reviewed as it is rolled out to managers across the organisation.

RECOMMENDATION

- ENDORSE the approach as outlined in this paper.

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The Manager's Team Culture Toolkit



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As we embark on a journey of fostering a positive, compassionate and inclusive organisational culture, we are delighted to present a **Team Culture Toolkit for Managers**— a comprehensive resource designed to align with and support the delivery of our [People and Culture Plan](#).

Culture is the way we work together. There are always opportunities to improve culture. While this may seem like a daunting task, the good news is that we all, individually and collectively, have the power to do it.

This guide outlines the steps that we can take to help us identify the aspects of our team culture that we want to cherish and those that we want to change. At various points we refer to tools, resources, or models that may help you decide on an approach that's right for you and your team. You can locate these on the dedicated SharePoint page which accompanies this toolkit.

We can shift culture in teams by setting good foundations, assessing the current state, identifying and analysing opportunities, making and reviewing changes.

We invite you to start your journey of cultural change. The People and Culture Team are here to support and advise you along the way.



What is Culture?



‘Culture is a set of living relationships working towards a shared goal. It is not something we are, it is something we do’

(Daniel Coyle, 2018, The Culture Code)

TOOLKIT: Making Sense of Culture: The Culture Iceberg

Culture is about relationships. It’s what we say and how we act towards each other, and this affects our experience of the workplace and how we feel.

It’s not about one person; **it’s about all of us.**

We may think we aren’t able to influence culture individually, but we have more influence than we think. This is especially true for leaders and managers as they demonstrate the behaviours and standards their team will follow (whether they realise it or not!).

Each of us shapes culture by how we interact with others, how we respond, and how we behave. For example, we may pick up the habits of a workplace when we arrive in order to fit in and get the work done, but we are often unaware of how these habits formed in the first place.

By examining our current practices and culture, we can start to understand why things are the way they are and begin to **explore new ways of working together.**

The process of culture change

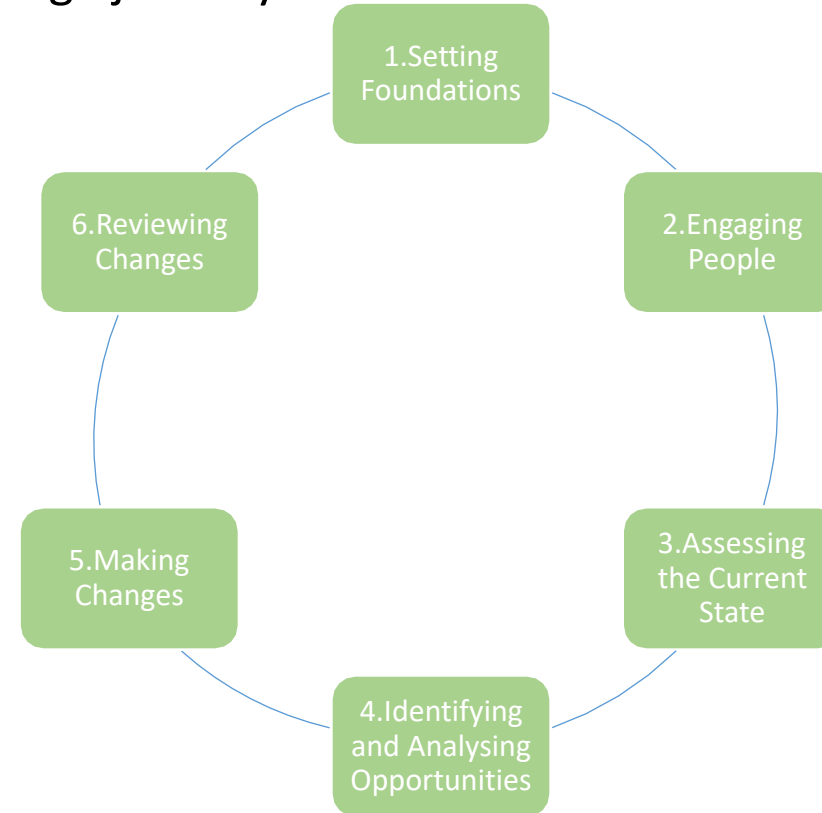


‘People don’t resist change. They resist being changed’

(Senge, 1990)

TOOLKIT: ADKAR Model for Making Change Happen

It is rare to find a team that has no areas for improvement even those that are performing well! This toolkit is laid out as a series of steps to help you as a manager or leader embark on your culture change journey.



It is recognised that you may already be working with your team in this way and this toolkit enables you to gain assurance of good practice and to identify areas that may require development, building on what you have done so far.



Better culture means better outcomes for our patients and communities

Your role in influencing and shaping culture



As a Leader and Manager, you have a critical role to play in developing a positive workplace culture. You do this by...

- Developing and communicating a clear vision for change that makes people want to get involved and work together to improve things
- Role modelling 'Our Best Behaviours' in your day-to-day interactions with others
- Taking an inclusive and compassionate approach towards leadership and management, and recognising that people have different needs
- Being open yourself to feedback and encouraging of others to speak honestly and openly
- Increasing your visibility and engaging in meaningful conversations about issues which concern people
- Acknowledging that you won't get it right every time and using those moments as learning opportunities.

TOOLKIT: 'Our Best' Behaviours

Getting started!



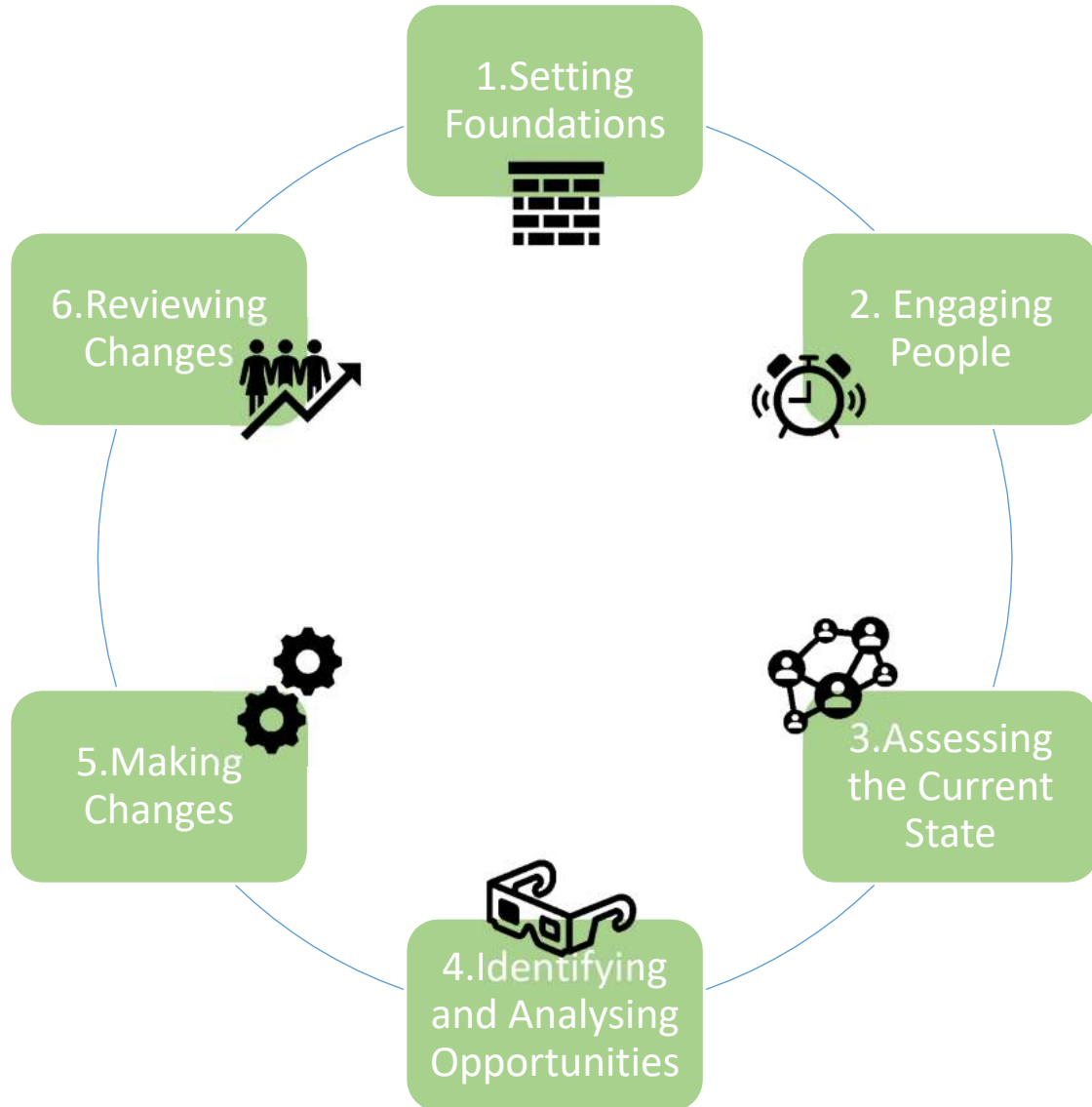
Before you can begin to know where changes in culture may need to take place, it's important to reflect on where you are starting from.

So, where to start? **If you don't have formal or informal senior leader support for the work, you should start there** – just begin to socialise the idea and get people thinking and talking about culture. If you manage managers remember to engage them in these conversations too.

It's important to involve your People Services Lead at this stage so they are aware of plans and can advise/signpost to appropriate support. Email amb_peopleservices@wales.nhs.uk if you are unsure of who to contact for your area.

Building trust in the team is an important first step. Be open about the need for change and create opportunities at the start for team members to give comments and contributions. The most powerful way to show that contributions are valued is to follow up and a positive response to a comment can open the door for future contributions. Demonstrate through your behaviour that you are present, listening and actively supporting the team.

What support can I access?



The People and Culture Team can provide specialist knowledge and services to support managers at every stage. Some examples of the type of support available is outlined below (this list is not exhaustive):

1. Behaviour frameworks, inclusion strategies and advice, conflict and mediation services, leadership and management development
2. Employee engagement tools, facilitated conversations, coaching/mentoring support for management teams
3. Staff surveys, cultural assessments, personality psychometrics e.g., Insights Discovery
4. Change management tools, workforce profile data, people metrics and measurement
5. Wellbeing and therapeutic solutions, reskilling and upskilling, career pathways, team coaching and workshop facilitation
6. Feedback loops and evaluation tools, reward and recognition frameworks.



A positive workplace culture is where staff feel involved, emotionally connected. They enjoy coming to work!

1. Setting foundations



Once you've engaged your team in talking about culture, it's important to ensure that it has a strong foundation from which to start.

TOOLKIT: Active Listening & Coaching Conversations

Strengthening two-way communication. Increasing your visibility, accessibility and making time for discussion and debate, means team members are more likely to be honest and forward with their thoughts and ideas as you embark on the journey of change. Whether via meetings, 121s, forums or emails keep talking to the team about your aspirations for change and how they can get involved. **An open culture inspires, and connects everyone, involving them more deeply in the process of change.**

Listening actively. Active listening means deliberately concentrating on what is being said rather than just passively hearing the message of the speaker. If we don't deeply and actively listen, we can miss important meaning in conversation. This is especially important at the start of change to identify any potential challenges early on and when people feel heard they are more likely to be open to new ideas.

Dealing with conflict. Conflict often arises during periods of change because people have different interests and attachments to the status quo. Change can disrupt routines and trigger uncertainty or fear. Listening to people's concerns and using effective coaching conversations can facilitate more positive and open communication.

2. Engaging people



If we don't engage people from the beginning, it's very hard to continue the steps that follow.

TOOLKIT: Stakeholder Mapping & Elevator Speech

At the beginning of any culture change, we want to talk about culture like a broken record. It's important to cherish what's working as well as identifying what areas to improve. Evolving culture is a collaborative effort and not something a manager does in isolation of their team and other key stakeholders. You may find it helpful to use a **Stakeholder Mapping** exercise at this point.

WAST has a growing network of Culture Champions who act as change agents for positive workplace culture. Engaging **Culture Champions as informal leaders to support this work** can be impactful. Trade Union colleagues can also be a good source of support at this stage to act as a sounding board for your plans.

It is critical to create a compelling case for change. Take a look at [Simon Sinek's work](#) in this space. Tapping into the power of storytelling, being clear about the purpose, and communicating ideas effectively is done by thinking and communicating 'the why'.

It helps to have an "Elevator Speech," which is a 30-second explanation of what you seek to achieve and why others would want to join you.

3. Assessing the current state



We assess our current culture to figure out what aspects are going well and where we can improve.

TOOLKIT: CEWS & Team Cultural Health Check

Before we jump to solutions, it is good practice to fully understand the problem first! Assessment helps makes culture tangible and concrete.

Evidence of local culture is a powerful driver for change. We can take the temperature of culture in the team using the **‘CEWS Tool’** and **‘Team Behaviours Cultural Health Check’**. These tools, specific to WAST, are aligned to our people metrics and behaviours. They identify what we are already doing well, what we want to keep, what we need to work on, and this can help inform next steps. Assessing culture needs to be participatory. We can harm our culture by asking for input without sharing the results or intending to do anything about it. Access to ‘CEWS ‘and ‘Team Behaviours Cultural Health Check’ is available on request. **Please contact your People Services Lead or the Organisational Development Team to get started.**

Culture change is an ongoing process. If you have used a tool but you don’t think you gathered enough information or the right information, you can always measure again using different tools, such as team audits, surveys, or focus groups. Speak with the Organisational Development Team about the different tools available.

4. Identifying and analysing opportunities for improvement



Once you have assessed your culture, it's time to share the results with the team and other key stakeholders.

This is a critically important step, as you want to **ensure that your team remains engaged and recognises that their input has been heard and valued**. It's a good idea to involve the Organisational Development Team at this stage who can advise on appropriate methods and structure for feeding back.

Sort Through the Data

If you are going to share the information in a team meeting, it's best to spend some time creating a succinct summary of the findings. Identify the major themes and design the presentation around them.

Consider the Audience

Doing a culture assessment is not about assigning blame or making people feel bad. It is about learning where there are opportunities for improvement.

Consider who will be present when you deliver the findings? Will it be at a team meeting? How can you ensure that all team members (who may not be present) receive the findings as well? How can you frame the results in a positive light, with better patient outcomes at the centre of discussion?

4. Identifying and analysing opportunities for improvement



Discuss where you are now, where you want to be, what improvements could be made and what you need to do first.

TOOLKIT: SWOT, Appreciative Inquiry, The Culture Canvas

Involving your Stakeholders

Your People Services Lead and all levels of leadership in your area should be briefed on the results of the assessment as making changes to culture can have a big impact on staff. Colleagues providing wellbeing and Equity, Diversity and Inclusion services in the People and Culture Team can also advise on any specific areas of concern you may have identified.

Presenting the Results and Making a Plan

Think about how you can present the results in a way that provides opportunities for team members to participate. Allow ample time for discussion. Consider how you prioritise as a team which area/s to work on first. **Remember it's not about trying to solve everything all at once!**

There are various tools you can use with the team to define your desired team culture and where there is alignment with your current culture (refer to the toolkit).

Talk to the team about next steps and when they will happen. Ensure the team knows what will be expected of them and how they can become involved.

5. Making changes



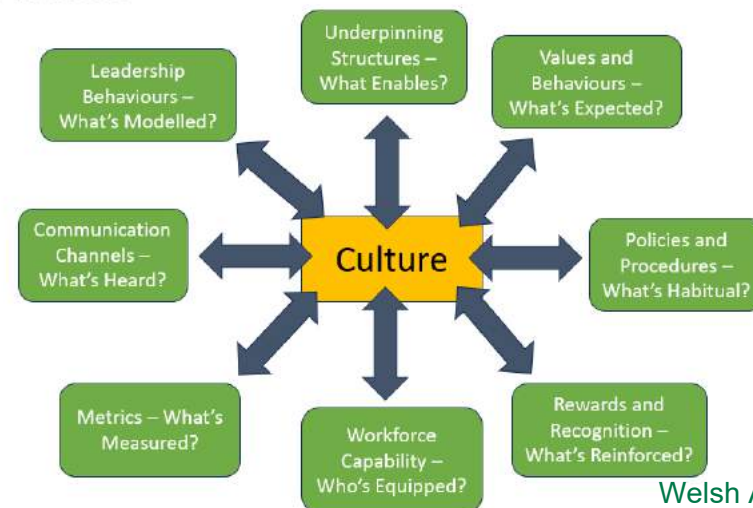
Considering which levers to pull when designing cultural interventions is important.

TOOLKIT: Cultural Levers

So now you understand what your current culture looks like, you've taken time to define the desired culture and you know what you're looking to change or shift. Cultural levers are factors that can help to determine and reinforce culture in teams.

When you identify an aspect of culture you want to shift or change – use the model below to look across the levers and consider what actions need to be taken in relation to each e.g., if the change is more collaboration in the team, setting behavioural expectations is not enough, consider how other levers can support this aim. How do you recognise good collaboration as a team? Are managers modelling behaviours? How is place or technology supporting or limiting collaboration opportunities?

Cultural Levers



5. Making changes



Consider how you will support people through change and overcome any potential resistance.

TOOLKIT: Supporting People Through Change & Bridges Transition Model

Since the components of culture are interconnected, any change will have ripple effects and possibly improve other components — sometimes in unexpected ways! Be aware that changes to one aspect of the team may have a knock-on effect to other aspects, and ensure you always step back regularly to re-assess and reflect on the wider ramifications of what you are doing and seek regular feedback from everyone involved.

Tools, whilst useful in planning your approach to improving team culture, they are just suggestions. So, if you have other ideas, give them a try!

No single model is perfect, and a combination of several approaches may be needed. You may want to use the information provided in the models/tools as a prompt list of areas to consider when developing your own solutions.

Remember, effective leadership of culture change is not solely reliant on tools. People are at the heart of change, so it also encompasses interpersonal skills, emotional intelligence, and a genuine commitment to the growth and wellbeing of the team.



6. Reviewing your changes

When you start to work on changing culture, you want to ensure you know what changes you are reviewing and subsequently, learning from.

TOOLKIT: What? So What? Now What?

How will you know if your changes are having a positive effect?

You could repeat the diagnostic assessments to measure the impact of the changes you make over time. Creating opportunities for team members to provide feedback and ideas through regular debriefing is also important. **‘What, So What, Now What?’** is a reflective tool that could help here.

How will you report and share the findings?

Tracking and reporting your progress is not a one-time event, but a continuous cycle of reviewing and adjusting. Consider existing mechanisms or routes that can be used to report in your findings to the team and other key stakeholders. Sharing observations of team behaviours and how people feel in the team provide helpful insights in addition to data and metrics.

You may need to adjust your methods and tools, or even your goals and indicators, based on the feedback and evidence you receive. By monitoring and adjusting, you can ensure that your culture change efforts are effective and responsive to the changing needs and expectations of the team and its stakeholders. There is also rich learning to be gained where things have not gone to plan!



The McKinsey Influence Model reminds us that to reinforce and embed cultural changes, we need to keep up momentum in the team and that the activities below are important:

- Keep explaining the 'why' behind the new way of doing things
- Keep watching that we are not continuing to reward 'old ways' of doing things
- Keep developing the skills people need to behave differently
- As leaders, keep acting and communicating in ways that are aligned with the desired change and culture.

...in addition to listening and seeking regular input and feedback from team members and those affected by changes.

Why it works

People mimic individuals and groups who surrounds them - sometimes consciously and sometimes unconsciously.

Why it works

People seek congruence between their beliefs and actions - believing in the "why" inspires them to behave in support of a change.



Why it works

You can teach an old dog new tricks - our brains remain plastic into adulthood.

Why it works

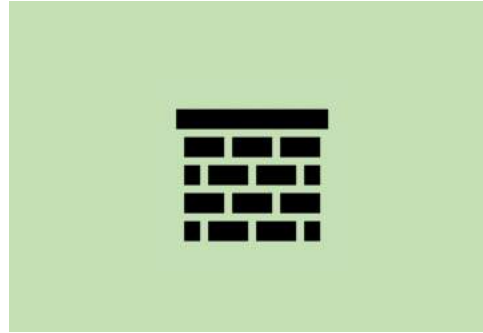
Associations and consequences shape behaviour - though all too often organizations reinforce the wrong things.

Tools to Support Culture Change



Your Role

- ❖ Making Sense of Culture
- ❖ 'Our Best' Behaviours
- ❖ ADKAR



Setting Foundations

- ❖ Coaching Conversations
- ❖ Active Listening



Engaging People

- ❖ Stakeholder Mapping
- ❖ Elevator Speech

Tools to Support Culture Change



Assessing the Current State

- ❖ CEWS Tool
- ❖ Team Cultural Health Check



Identifying and Analysing Opportunities for Improvement

- ❖ SWOT
- ❖ Appreciative Inquiry
- ❖ The Culture Canvas



Making Changes

- ❖ Cultural Levers
- ❖ Supporting People Through Change
- ❖ Bridges Transition Model



Reviewing and Sustaining Changes

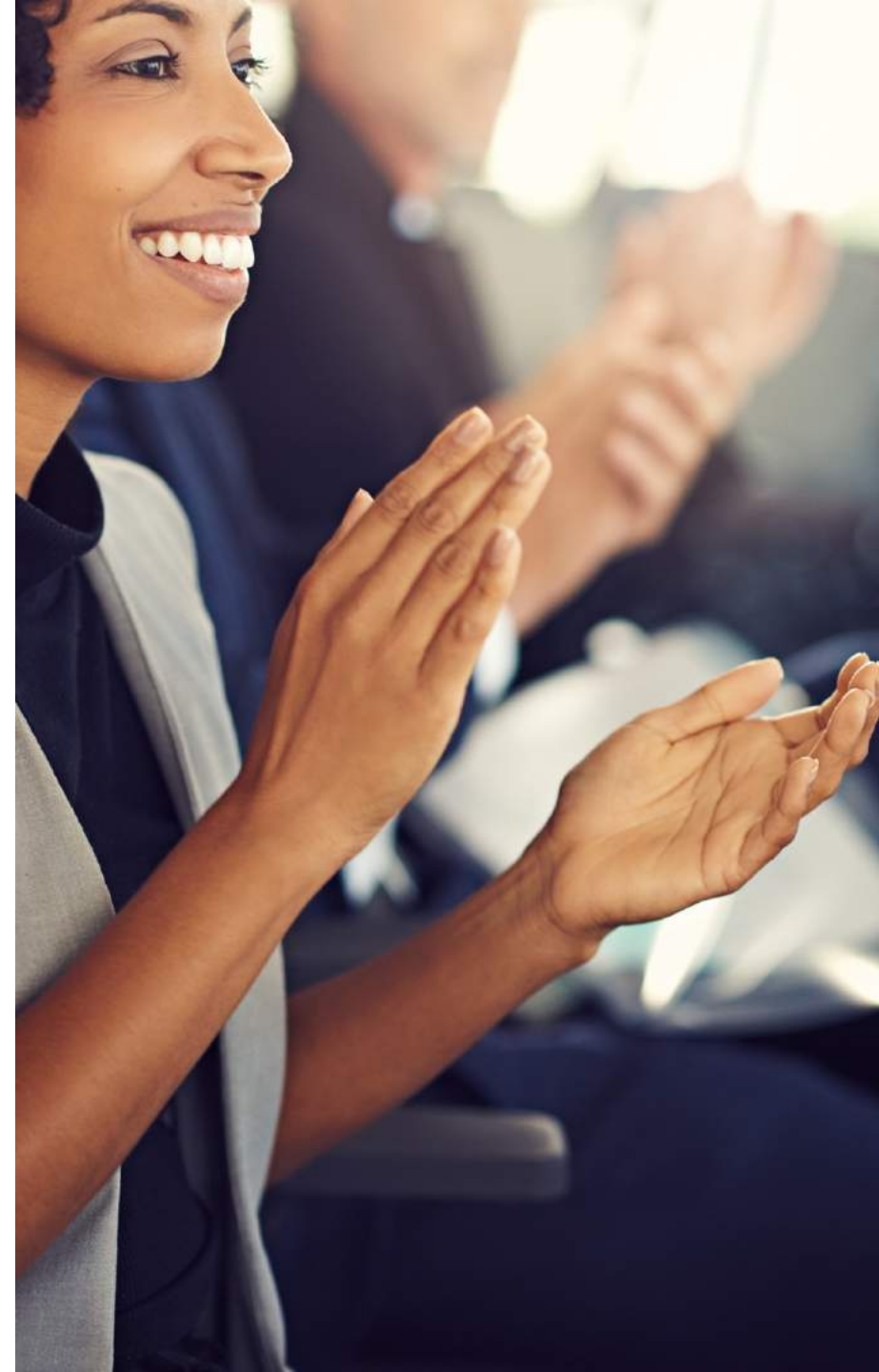
- ❖ What?, So What?, Now What?
- ❖ McKinsey Influence Model

Changing culture is not always an easy path. You may encounter resistance along the way. But don't give up! Building a positive culture for your team helps to create a happier work environment, better communication and, ultimately results in better care for our patients and communities.

Continue to consult the resources in this toolkit on your journey. Try different steps depending on where your team is at; engaging people, setting foundations, assessing the current state, identifying and analysing opportunities for improvement, choosing tools and reviewing changes.

And don't forget to celebrate your wins! Recognise when steps have been accomplished. Give kudos to your team. Acknowledge the changes that have been made. Share these stories with others outside of your team so that they can learn from your experiences.

Most importantly, keep it up! Seek support from a Culture Champion, Trade Union colleagues and people who are eager to foster a positive work culture and engage them in helping to maintain momentum and positivity.



Thank you for engaging with this toolkit

Remember you are not on your own. Culture change is a collaborative activity and the People and Culture Team can support you at the different stages in your culture change journey.

Your commitment is what drives our progress and we are excited to see the positive outcomes that will come from your efforts.

The Organisational Development team can also offer several interventions and that may help in addition to those proposed in this toolkit.

Please contact your People Services Lead or the Organisational Development Team for more information and to discuss next steps!



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Capability	Capacity	Culture

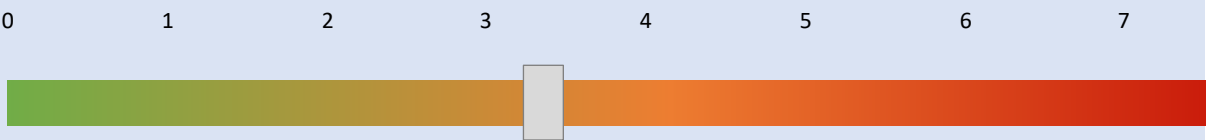
Cultural Early Warning Score (CEWS)

Indicators of Culture Health:	Please rate:
Informal/formal concerns regarding culture	NONE
Lack of engagement with Pulse Surveys/feedback mechanisms	HIGH
Relationship breakdowns between team members	NONE
Allegations of Bullying and Harassment	HIGH
Traumatic events affecting team / individuals* ¹	NONE
Ongoing Serious Adverse Incidents* ²	HIGH
Level of Datix submissions	NONE
Formal R&Rs	MEDIUM
Formal Disciplinarys	N/A
Sickness absence* ³	LOW
Number of staff currently suspended	NONE
OH and Wellbeing referrals	MEDIUM
Requests for flexible working rejected / denied	NONE
Handover delays	N/A
Resource gaps* ⁴	LOW
Change initiatives directly affecting / involving team* ⁵	N/A
Performance issues within the team* ⁶	HIGH
Shift overruns	MEDIUM
PADRs not being completed	HIGH
Statutory and Mandatory training compliance rates	MEDIUM
MIST non-compliance	N/A
Number of staff being managed under Capability Policy	HIGH
New starters (managerial)	LOW
New starters (non-managerial)	N/A
Turnover within the team	HIGH
CEWScore:	

WS) Tool

- *1 e.g. actual or potential injury, misdiagnosis, equipment failure, damage, loss, abu
- *2 e.g. bereavement, assault/violence, injury or exposure to serious incidents invol
- *3 In line with agreed trajectory
- *4 e.g. vacancies, alternative duties, maternity / paternity leave, secondments
- *5 e.g. changes in leadership, systems, processes, structures, reskilling, strategy, sta
- *6 May be formal or informal

Surviving - Pay attention and engage



use or near misses (may or may not be clinical)
involving fatalities

staffing



Welsh Ambulance Services NHS Trust

CEWS TOOL

*A Team Cultural Health Check
Diagnostic*



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Understanding whether our teams have a positive workplace culture can be difficult for our leaders and managers and a little daunting to approach.

To help managers by making culture more tangible, the People and Culture Team have developed a toolkit for managers which guides them through the process of culture change with their team.

CEWS stands for *Cultural Early Warning Score* and is one of the practical tools available to managers in the early part of this process to help diagnose issues. It enables managers to take the cultural temperature in their team, identifies areas of strength in relation to culture, and helps focus in on the issues that may need attention.

We often sense something is not quite right in our teams, but are unsure of how to explore this sensitively to discover what our people are experiencing.

This tool will take some of the burden from our managers in terms of knowing where to start on their journey of culture change.





Cultural Early Warning Score (CEWS) Tool

Indicators of Culture Health:		Please rate:
Culture	Informal/formal concerns regarding culture	NONE
	Lack of engagement with Pulse Surveys/feedback mechanisms	HIGH
	Relationship breakdowns between team members	NONE
	Allegations of Bullying and Harassment	HIGH
	Traumatic events affecting team / individuals*1	NONE
	Ongoing Serious Adverse Incidents*2	HIGH
	Level of Datix submissions	NONE
	Formal R&Rs	MEDIUM
	Formal Disciplinarys	N/A
	Sickness absence*3	LOW
Capacity	Number of staff currently suspended	NONE
	OH and Wellbeing referrals	MEDIUM
	Requests for flexible working rejected / denied	NONE
	Handover delays	N/A
	Resource gaps*4	LOW
	Change initiatives directly affecting / involving team*5	N/A
	Performance issues within the team*6	HIGH
Capability	Shift overruns	MEDIUM
	PADRs not being completed	HIGH
	Statutory and Mandatory training compliance rates	MEDIUM
	MIST non-compliance	N/A
	Number of staff being managed under Capability Policy	HIGH
	New starters (managerial)	LOW
	New starters (non-managerial)	N/A
Turnover within the team		HIGH
CEWScore:		29

- *1 e.g. actual or potential injury, misdiagnosis, equipment failure, damage, loss, abuse or near misses (may or may not be clinical)
- *2 e.g. bereavement, assault/violence, injury or exposure to serious incidents involving fatalities
- *3 In line with agreed trajectory
- *4 e.g. vacancies, alternative duties, maternity / paternity leave, secondments
- *5 e.g. changes in leadership, systems, processes, structures, reskilling, strategy, staffing
- *6 May be formal or informal

Surviving - Pay attention and engage



Cultural Early Warning Score (CEWS)



What is CEWS

- Uses 'symptoms' or indicators to help assess the cultural health of the team
- Not scientific, but requires managers to draw on data and evidence to inform their assessment
- Designed as an initial assessment to prompt more in-depth conversations about team culture and potential actions
- Provides a baseline measure of where the team is now and can be repeated over time to measure impact.

A diagnostic tool to help managers take the 'cultural temperature' in their team.



How to use CEWS?

- The People and Culture Team will provide guidance and support to the manager on using CEWS
- The manager is supported to review the cultural indicators and draws on evidence to inform each rating
- The manager considers the results, decides how they want to share results with their team and with support from People and Culture and other key stakeholders e.g. TU colleagues, formulates actions to improve workplace culture
- Repeat assessment after a period of time to assess the impact of actions taken.

CEWS is a tool to help managers take the first step towards diagnosing culture in their team.

Used in conjunction with the '*Team Cultural Health Check Toolkit*', which guides managers through the practical steps they need to take towards improving the cultural health of their team.

Thank you for your interest in CEWS

For questions, support or advice, please contact the People and Culture Services Team
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NHS Trust

AGENDA ITEM No	17
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

PEOPLE AND CULTURE PERFORMANCE SCORECARD REPORT

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Sarah Davies – People and Culture Directorate Business Manager
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to provide an overview of the key People and Culture performance data and trends (September 2023) and associated improvement actions.

KEY ISSUES/IMPLICATIONS

2. The Committee's attention is drawn to the following areas:
 - Improvements against 'Time to Shortlist' KPI (recruitment);
 - Deep Dive into PADRs contained within **Appendix 1c**
3. The Committee is asked to **RECEIVE** and **COMMENT ON** reported performance and associated actions.

REPORT APPROVAL ROUTE

- **Noted** at People and Culture Business Meeting (27.10.2023)

REPORT APPENDICES

Appendix 1a: SBAR – People and Culture Performance Report for September 2023
Appendix 1b: People and Culture KPI Summary
Appendix 1c: PADR Deep Dive

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	N/A	Financial Implications	YES

Environmental/Sustainability	N/A	Legal Implications	YES
Estate	N/A	Patient Safety/Safeguarding	YES
Ethical Matters	N/A	Risks (Inc. Reputational)	YES
Health Improvement	YES	Socio Economic Duty	N/A
Health and Safety	YES	TU Partner Consultation	N/A

Appendix 1a: SBAR: People and Culture Performance Report for September 2023

SITUATION

4. This report provides an overview of the September 2023 key trends and improvement actions as identified in the People and Culture KPI Summary enclosed at **Appendix 1b**.

BACKGROUND

5. This paper is intended to be read in conjunction with **Agenda Item 18 – Monthly Integrated Quality and Performance Report**. The MIQPR provides a high level overview of performance in relation to several People and Culture indicators. This report provides a further level of detail (both data and narrative) in relation to a wider range of workforce performance indicators.

ASSESSMENT

6. The Committee is asked to note the following headlines:
7. **Time to Hire:** Most of the recruitment metrics monitored by the Recruitment team saw a positive change this last quarter. Metrics such as 'Vacancy creation to conditional offer', 'Time to shortlist' and 'Vacancy creation to ready for start date', impacts greatly on our time to hire. The pan Wales target for 'Vacancy creation to conditional offer' is 44 days and we returned an average of 42.6 days within the last 3 months, with June seeing the greatest hike in figures. The pan Wales target for 'Vacancy creation to ready for start date' is 71 days but the Trust returned an average of 114.7 days with August returning the highest figure. This is due to older records being left open. The recruitment team is now working with appointing managers to close older records. The target for 'Time to shortlist' is 3 days but we are currently on 4.7 days average which is an improvement from the last figure of 8.7 days.
8. WAST continues to see consistent improvement across the key metrics although the legacy issues of mass recruitment such as the Big Bang, and the ongoing Bank ACA agreements for Swansea University students persists. To give a true representation of our time to hire, Shared Services have agreed to set up a

separate team for mass recruitment efforts. This will ensure that the metrics being returned each month presents a true reflection of our general recruitment. Mass recruitment figures will be returned separately. The recruitment team are continuing with the data cleansing exercises and educating managers on the criticality of delays during recruitment exercises. This should hopefully see our figures improve positively.

9. **Job Evaluation:** Recent months have seen a decline in the numbers of job descriptions being submitted for review by the Job Evaluation Team. This was initially reflected in the average number of days taken to complete the job evaluation, however the average number of days increased dramatically in September. This was due to job descriptions requiring additional action to be taken by Line Managers, to ensure that they progressed through the Job Evaluation process successfully.
10. There are currently 10 job descriptions currently in the job evaluation process. Six of these job descriptions are awaiting an update from the requesting manager. One job description will be submitted to the next available job matching panel and the other two have been to either a matching panel or a consistency panel where a question was asked of the manager. Once a response has been received from the manager the job description can be progressed as appropriate. The planned training previously reported has been temporarily placed on hold due to capacity and limitations on travel.
11. **Sickness Absence:** The latest sickness figures for September saw a decrease to 8.78% from 9.22% in August. LTS sickness reported 6.12% and STS 2.66% both decreased from August. September recorded a reduction in all five areas across the Operations Directorate. Indicative figure for October is currently 8.69% with the IMTP target set at 8%. The highest reason for short term absence in September & October was Cold/ Cough/ Flu, with Anxiety/ Stress/ Depression and Gastrointestinal issues as the next highest reasons. Covid related short term absences remained high in September 2023 (16 absences) but has decreased in October (8 absences to 25.10.23). Chest/ respiratory and Musculoskeletal account for the next highest levels. The People Services Team along with several training session Implemented a new "Welcome back to work" form in September 2023 as part of the Trust's ongoing compassionate practice implementation.
12. **Statutory and Mandatory Training Compliance:** To date, lower level compliance with the 10 Core Skills Training Framework competencies is 80.85%. This is in line with performance for this point in the year with current annual Statutory and Mandatory training in progress that will see the Trust exceed the Welsh Government (WG) target of 85%. Some of the competencies that are reported on form part of the face to face annual refresher training Operations colleagues attend and so this performance will improve as attendance on Mandatory In-Service Training (MIST) and Clinicians CPD for EMS/Ambulance

Care and Integrated Care continues to roll out. To date, 1189 of the 2686 EMS/Ambulance Care and Integrated Care colleagues who achieve compliance with their competencies in this way have attended or booked to attend their MIST session. Feedback from MIST sessions has been exceptionally positive with just 0.01% of the 611 participants who have fed back to date reporting disappointment. The remaining 99.99% shared their views of a useful and worthwhile educational experience helping them to confidently perform their various roles across EMS/Ambulance Care and Integrated Care.

13. In addition to delivery of the scheduled refresher programmes, individuals who are non-compliant across various competencies are having the situation drawn to their attention with a request to take action by completing the required items in ESR. This approach is helping to ensure that the Trust is able to ensure compliance with WG targets and aims to exceed them and achieve full compliance as a matter of course. A recent campaign specifically targeting Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV) eLearning compliance has led to the Trust achieving a rate of 85%; a rate that matches the WG target, increasing daily. We are proactively identifying where spaces exist on planned MIST days and have been liaising with locality managers asking them to encourage their outstanding staff to book on. We will also be running reports from ESR at the end of each month which will be forwarded to the Learning and Development Managers, informing them of the staff still outstanding within their designated areas and allowing them to interact at a local level to encourage staff to book onto the MIST days.
14. **PADRs:** Completion rates across the organisation have fallen from 73.5% to 70.2%, a decrease of 4.48% on the figure reported at the last meeting of the People and Culture Committee. A PADR data review and analysis is included in **Appendix 1C**, as per the request made at the August meeting of the Committee. *Please note the PADR completion rates in Appendix 1C are dated 7th November 2023, when the data report was produced.*
15. **Employee Relations:** Feedback from the Compassionate Practices training sessions has been evaluated and has informed our high-level action plan. We are working closely with Trade Union Partners and listening to suggestions on how we can improve our people processes. The action plan has been designed to increase support, improve timeframes with a prioritisation of wellbeing. Conversely the number of respect and resolution requests reduced from 14 reported cases in August 2023 to 8 reported cases in September 2023. Whilst there is no specific evidence for the decline in the number of cases one rationale could be that more cuppa conversations are taking place, to resolve issues informally.

RECOMMENDED: That the Committee **RECEIVE** and **COMMENT ON** reported performance and associated actions.



People and Culture KPIs September 2023

Plan

Job Evaluation

JDs currently in process: 10 ↑
JDs completed in month: 3 ↔
Ave. days to complete: 53 ↑

Recruitment

Vacancy creation to unconditional offer: 109.7 ↑

Educate

Stat Mand training compliance: 80.85% ↑

Apprenticeships

Apprenticeships in progress: 192 ↓
Apprenticeships completed: 0 ↔

Resource

Sickness

Rolling 12 month: 8.69% ↑
In month: 8.78% ↓

Wellbeing

OH referral to first offer of appointment: 30 ↑
Sickness absence attributable to MH: 31.40% ↑

Engage

PADR Compliance: 70.72% ↓

Open ER cases: 28 ↔

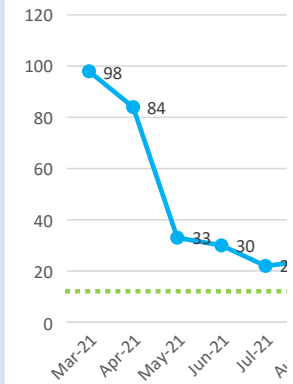
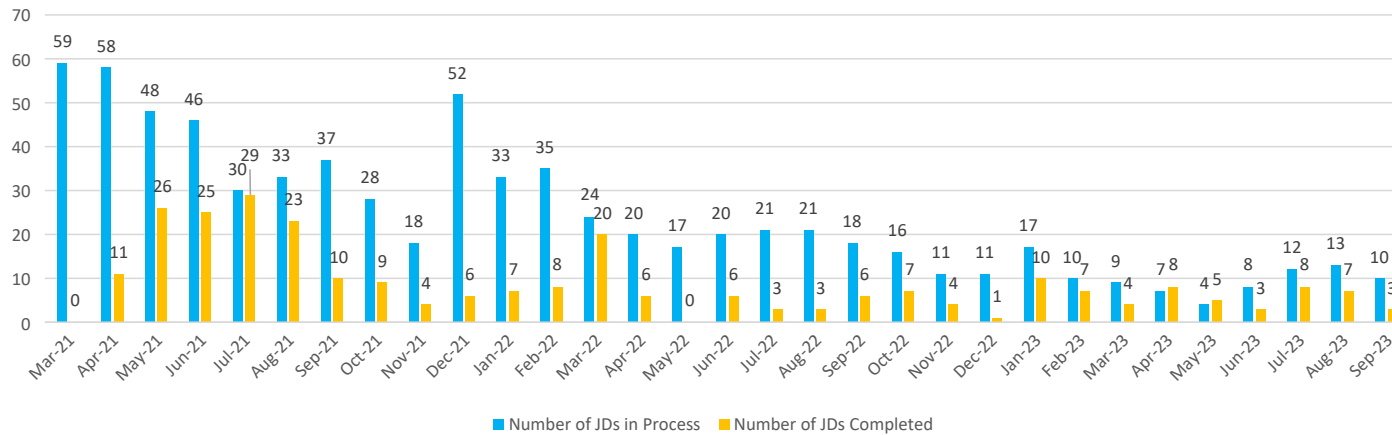
Formal requests for resolution: 8 ↓

Workplace Safety

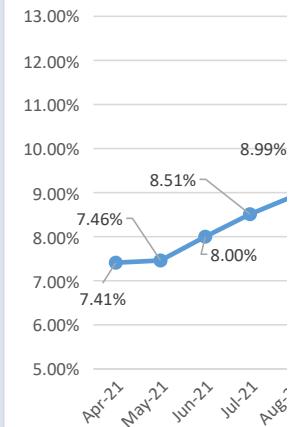
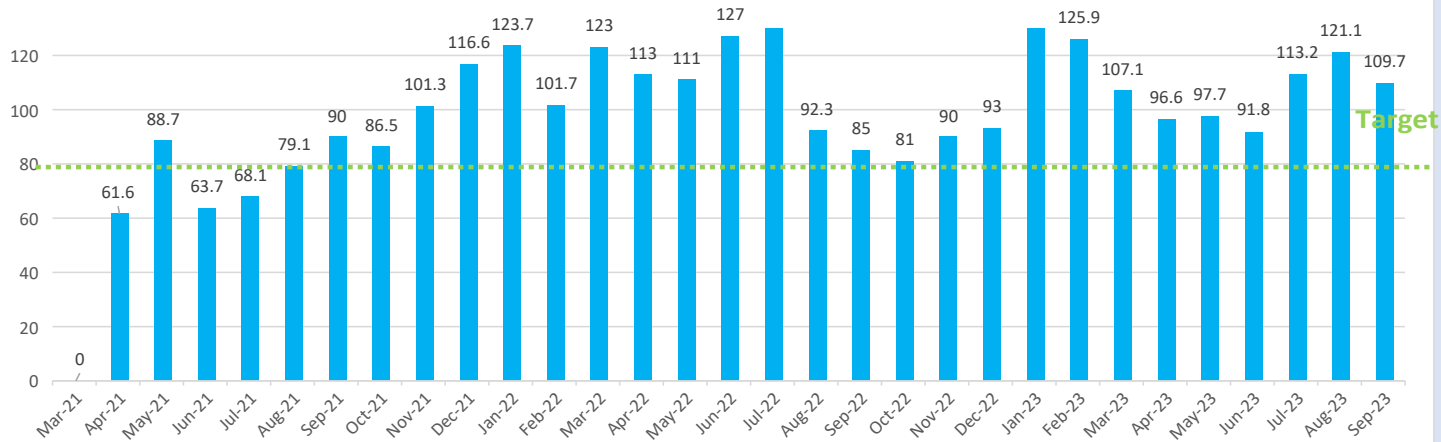
V&A Incidents Recorded via Datix: 72 ↑



JE: JDs in Process / Completed

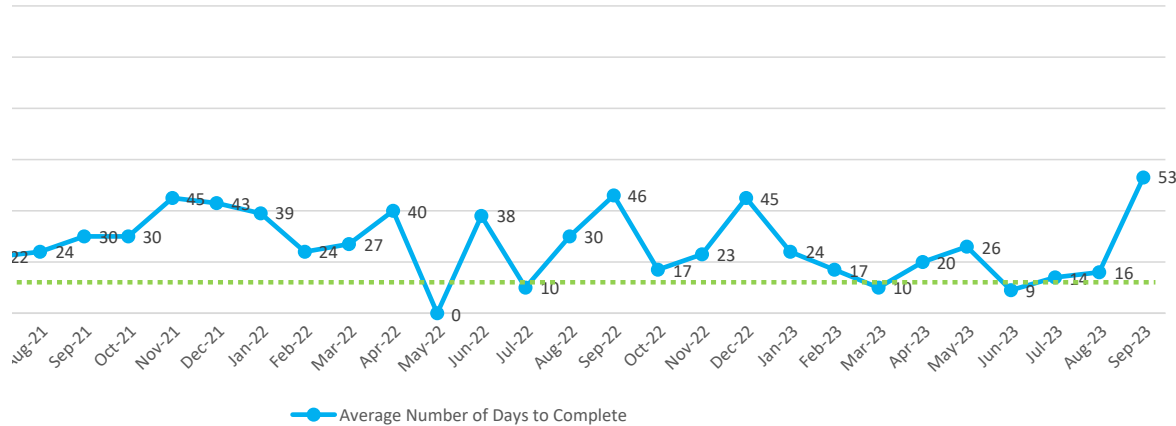


Ave. Days Vacancy Creation to Conditional Offer

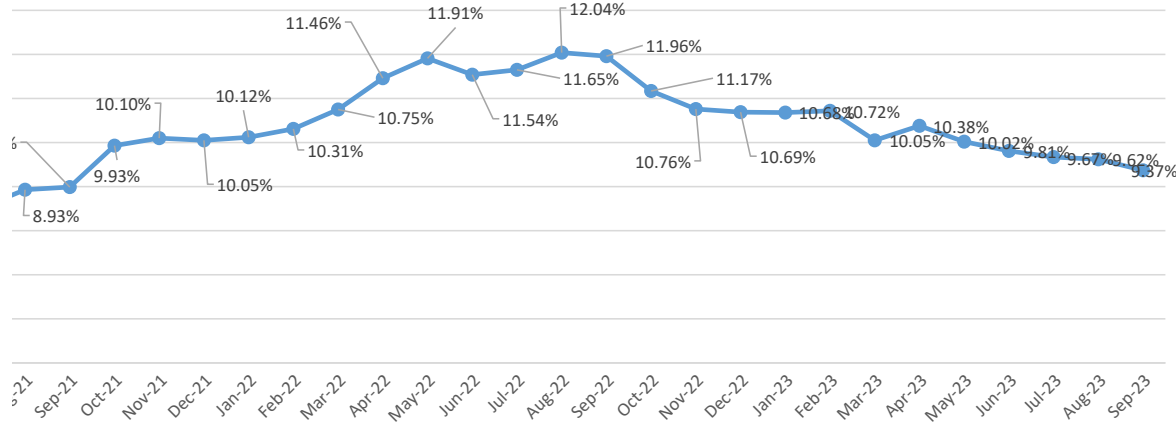


[Return to Summary](#)

JE: Ave. Days to Complete



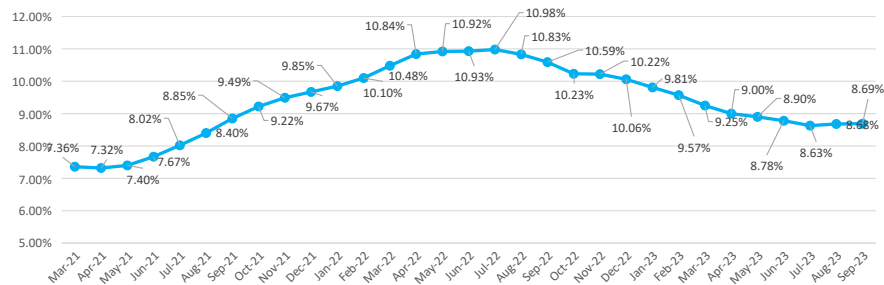
WAST Turnover



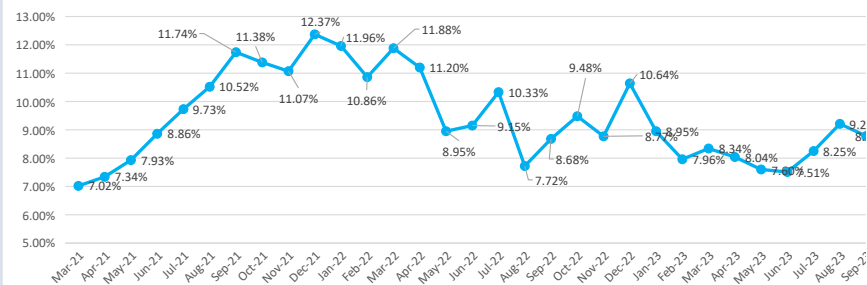


[Return to Summary](#)

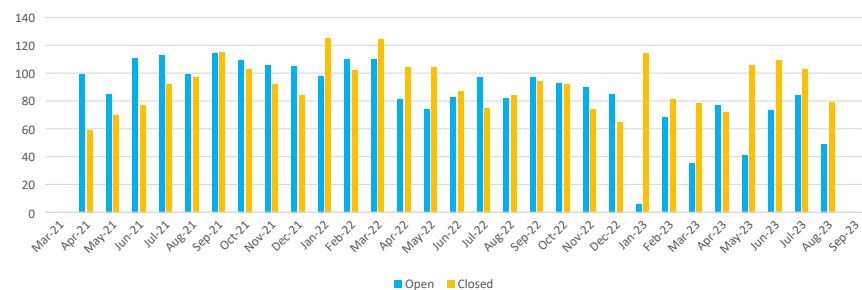
Overall Sickness - Rolling 12 Month



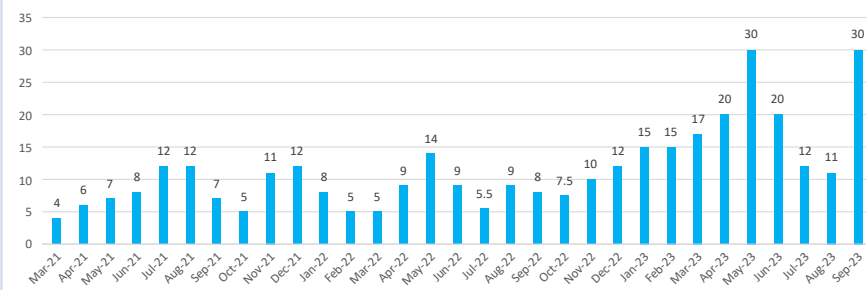
Overall Sickness - In Month



New LTS Opened vs. Closed LTS Cases



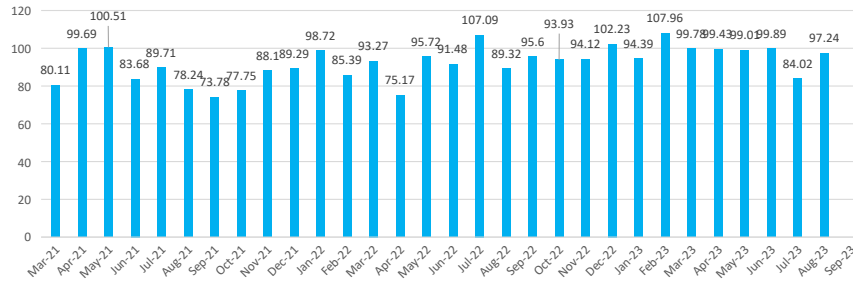
Ave. Days from Receipt of OH Referral to First Offer of Appointment



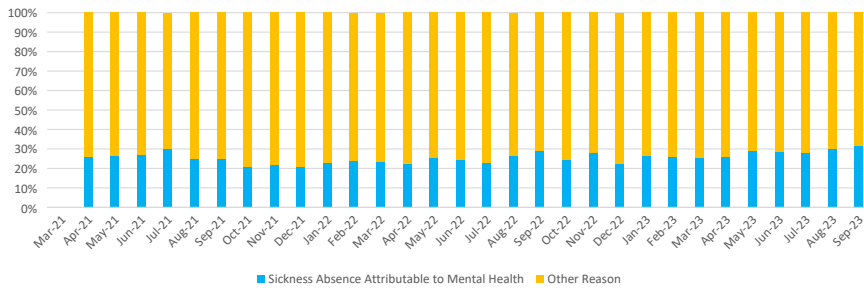
21%
8%

23

Ave. Length of Closed LTS (Days)



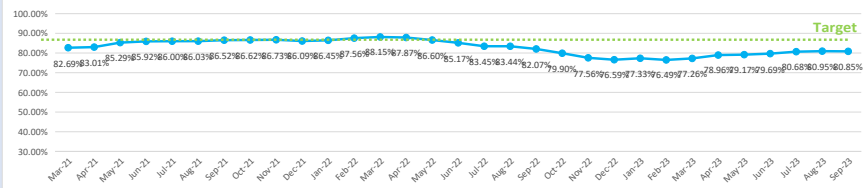
% of Sickness Absence by Reason (In Month)



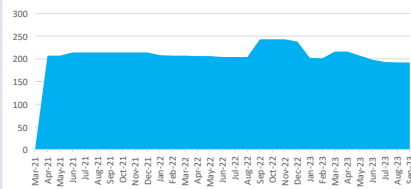


[Return to Summary](#)

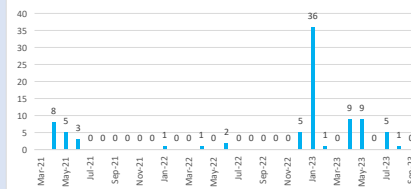
Statutory and Mandatory Training Compliance



Apprenticeships in Progress

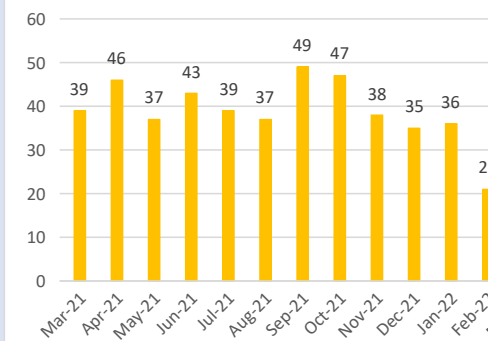
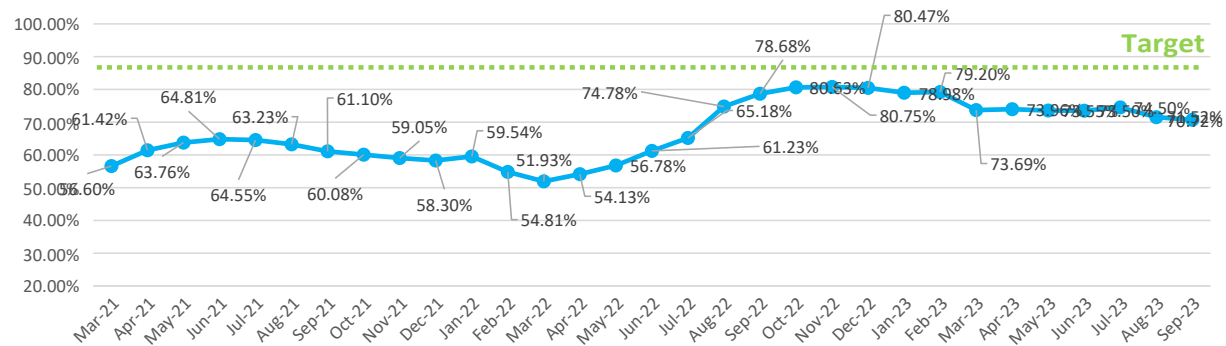


Apprenticeships Completed In Month

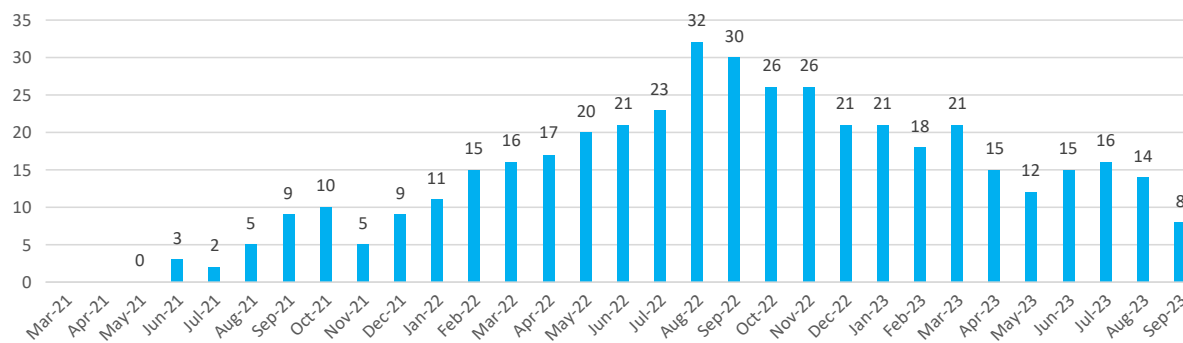




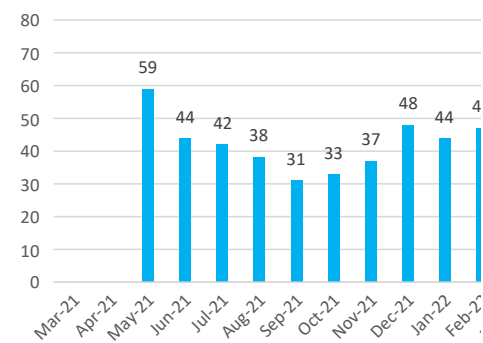
PADR Compliance



Formal Requests for Resolution

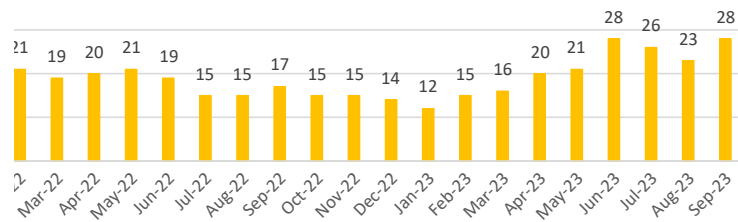


V&A I

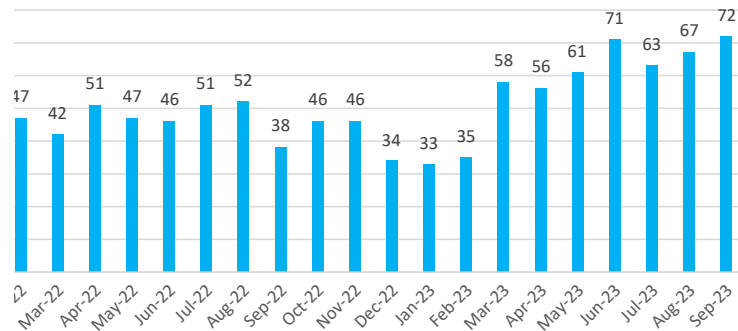


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Open ER Cases



Incidents Reported Via Datix



PLAN

	Number of JDs Compl		Average Number of Da		
Mar-21	59	0	Mar-21	98	Mar-21
Apr-21	58	11	Apr-21	84	Apr-21
May-21	48	26	May-21	33	May-21
Jun-21	46	25	Jun-21	30	Jun-21
Jul-21	30	29	Jul-21	22	Jul-21
Aug-21	33	23	Aug-21	24	Aug-21
Sep-21	37	10	Sep-21	30	Sep-21
Oct-21	28	9	Oct-21	30	Oct-21
Nov-21	18	4	Nov-21	45	Nov-21
Dec-21	52	6	Dec-21	43	Dec-21
Jan-22	33	7	Jan-22	39	Jan-22
Feb-22	35	8	Feb-22	24	Feb-22
Mar-22	24	20	Mar-22	27	Mar-22
Apr-22	20	6	Apr-22	40	Apr-22
May-22	17	0	May-22	0	May-22
Jun-22	20	6	Jun-22	38	Jun-22
Jul-22	21	3	Jul-22	10	Jul-22
Aug-22	21	3	Aug-22	30	Aug-22
Sep-22	18	6	Sep-22	46	Sep-22
Oct-22	16	7	Oct-22	17	Oct-22
Nov-22	11	4	Nov-22	23	Nov-22
Dec-22	11	1	Dec-22	45	Dec-22
Jan-23	17	10	Jan-23	24	Jan-23
Feb-23	10	7	Feb-23	17	Feb-23
Mar-23	9	4	Mar-23	10	Mar-23
Apr-23	7	8	Apr-23	20	Apr-23
May-23	4	5	May-23	26	May-23
Jun-23	8	3	Jun-23	9	Jun-23
Jul-23	12	8	Jul-23	14	Jul-23
Aug-23	13	7	Aug-23	16	Aug-23
Sep-23	10	3	Sep-23	53	Sep-23
Oct-23			Oct-23		Oct-23
Nov-23			Nov-23		Nov-23
Dec-23			Dec-23		Dec-23
Jan-24			Jan-24		Jan-24

RESOURCE

Overall Sickness - Rolling 12 Month		Overall Sickness - In Mo	
Mar-21	7.36%	Mar-21	7.02%
Apr-21	7.32%	Apr-21	7.34%
May-21	7.40%	May-21	7.93%
Jun-21	7.67%	Jun-21	8.86%
Jul-21	8.02%	Jul-21	9.73%
Aug-21	8.40%	Aug-21	10.52%
Sep-21	8.85%	Sep-21	11.74%

Oct-21	9.22%
Nov-21	9.49%
Dec-21	9.67%
Jan-22	9.85%
Feb-22	10.10%
Mar-22	10.48%
Apr-22	10.84%
May-22	10.92%
Jun-22	10.93%
Jul-22	10.98%
Aug-22	10.83%
Sep-22	10.59%
Oct-22	10.23%
Nov-22	10.22%
Dec-22	10.06%
Jan-23	9.81%
Feb-23	9.57%
Mar-23	9.25%
Apr-23	9.00%
May-23	8.90%
Jun-23	8.78%
Jul-23	8.63%
Aug-23	8.68%
Sep-23	8.69%
Oct-23	
Nov-23	
Dec-23	
Jan-24	
Feb-24	

Oct-21	11.38%
Nov-21	11.07%
Dec-21	12.37%
Jan-22	11.96%
Feb-22	10.86%
Mar-22	11.88%
Apr-22	11.20%
May-22	8.95%
Jun-22	9.15%
Jul-22	10.33%
Aug-22	7.72%
Sep-22	8.68%
Oct-22	9.48%
Nov-22	8.77%
Dec-22	10.64%
Jan-23	8.95%
Feb-23	7.96%
Mar-23	8.34%
Apr-23	8.04%
May-23	7.60%
Jun-23	7.51%
Jul-23	8.25%
Aug-23	9.21%
Sep-23	8.78%
Oct-23	
Nov-23	
Dec-23	
Jan-24	
Feb-24	

	Ave. Length of Closed LTS (Days)
Mar-21	80.11
Apr-21	99.69
May-21	100.51
Jun-21	83.68
Jul-21	89.71
Aug-21	78.24
Sep-21	73.78
Oct-21	77.75
Nov-21	88.1
Dec-21	89.29
Jan-22	98.72
Feb-22	85.39
Mar-22	93.27

	Open	Closed
Mar-21		
Apr-21	99	59
May-21	85	70
Jun-21	111	77
Jul-21	113	92
Aug-21	99	97
Sep-21	114	115
Oct-21	109	103
Nov-21	106	92
Dec-21	105	84
Jan-22	98	125
Feb-22	110	102
Mar-22	110	124

Apr-22	75.17
May-22	95.72
Jun-22	91.48
Jul-22	107.09
Aug-22	89.32
Sep-22	95.6
Oct-22	93.93
Nov-22	94.12
Dec-22	102.23
Jan-23	94.39
Feb-23	107.96
Mar-23	99.78
Apr-23	99.43
May-23	99.01
Jun-23	99.89
Jul-23	84.02
Aug-23	97.24
Sep-23	
Oct-23	
Nov-23	
Dec-23	
Jan-24	

Apr-22	81	104
May-22	74	104
Jun-22	83	87
Jul-22	97	75
Aug-22	82	84
Sep-22	97	94
Oct-22	93	92
Nov-22	90	74
Dec-22	85	65
Jan-23	6	114
Feb-23	68	81
Mar-23	35	78
Apr-23	77	72
May-23	41	106
Jun-23	73	109
Jul-23	84	103
Aug-23	49	79
Sep-23		
Oct-23		
Nov-23		
Dec-23		
Jan-24		

Ave. Number of Days from Receipt of OH Referral to Fir: Sickness Abs Other Reason

Mar-21	4
Apr-21	6
May-21	7
Jun-21	8
Jul-21	12
Aug-21	12
Sep-21	7
Oct-21	5
Nov-21	11
Dec-21	12
Jan-22	8
Feb-22	5
Mar-22	5
Apr-22	9
May-22	14
Jun-22	9
Jul-22	5.5
Aug-22	9
Sep-22	8
Oct-22	7.5
Nov-22	10
Dec-22	12

Mar-21		
Apr-21	26%	74%
May-21	26.30%	73.40%
Jun-21	26.90%	73.10%
Jul-21	30.30%	69.70%
Aug-21	24.90%	75.10%
Sep-21	24.80%	75.20%
Oct-21	20.60%	79.40%
Nov-21	21.80%	78.20%
Dec-21	20.80%	79.20%
Jan-22	22.70%	77.30%
Feb-22	24.00%	76.00%
Mar-22	23.60%	76.40%
Apr-22	22.20%	77.80%
May-22	25.50%	74.50%
Jun-22	24.40%	75.60%
Jul-22	22.90%	77.10%
Aug-22	26.70%	73.30%
Sep-22	28.80%	71.20%
Oct-22	24.30%	75.70%
Nov-22	27.80%	72.20%
Dec-22	22.60%	77.40%

Jan-23	15
Feb-23	15
Mar-23	17
Apr-23	20
May-23	30
Jun-23	20
Jul-23	12
Aug-23	11
Sep-23	30
Oct-23	
Nov-23	
Dec-23	
Jan-24	
Feb-24	

Jan-23	26.37%	73.63%
Feb-23	26.00%	74.00%
Mar-23	25.30%	74.70%
Apr-23	25.80%	74.20%
May-23	28.80%	71.20%
Jun-23	28.50%	71.50%
Jul-23	27.80%	72.20%
Aug-23	30.00%	70.00%
Sep-23	31.40%	68.60%
Oct-23		
Nov-23		
Dec-23		
Jan-24		
Feb-24		

Statutory and Mandatory Training Compliance

Mar-21	82.69%
Apr-21	83.01%
May-21	85.29%
Jun-21	85.92%
Jul-21	86.00%
Aug-21	86.03%
Sep-21	86.52%
Oct-21	86.62%
Nov-21	86.73%
Dec-21	86.09%
Jan-22	86.45%
Feb-22	87.56%
Mar-22	88.15%
Apr-22	87.87%
May-22	86.60%
Jun-22	85.17%
Jul-22	83.45%
Aug-22	83.44%
Sep-22	82.07%
Oct-22	79.90%
Nov-22	77.56%
Dec-22	76.59%
Jan-23	77.33%
Feb-23	76.49%
Mar-23	77.26%
Apr-23	78.96%
May-23	79.17%
Jun-23	79.69%

Compliant

Mar-21	90.13%
Apr-21	90.07%
May-21	88.56%
Jun-21	88.56%
Jul-21	88.36%
Aug-21	87.94%
Sep-21	86.64%
Oct-21	91.20%
Nov-21	97.00%
Dec-21	99.00%
Jan-22	100.00%
Feb-22	100.00%
Mar-22	100.00%

EDUCATE

Jul-23	80.68%
Aug-23	80.95%
Sep-23	80.85%
Oct-23	
Nov-23	
Dec-23	
Jan-24	
Feb-24	
Mar-24	
Apr-24	

ENGAGE

PADR Compliance

Mar-21	56.60%
Apr-21	61.42%
May-21	63.76%
Jun-21	64.81%
Jul-21	64.55%
Aug-21	63.23%
Sep-21	61.10%
Oct-21	60.08%
Nov-21	59.05%
Dec-21	58.30%
Jan-22	59.54%
Feb-22	54.81%
Mar-22	51.93%
Apr-22	54.13%
May-22	56.78%
Jun-22	61.23%
Jul-22	65.18%
Aug-22	74.78%
Sep-22	78.68%
Oct-22	80.63%
Nov-22	80.75%
Dec-22	80.47%
Jan-23	78.98%
Feb-23	79.20%
Mar-23	73.69%
Apr-23	73.96%
May-23	73.55%
Jun-23	73.50%
Jul-23	74.50%
Aug-23	71.52%
Sep-23	70.72%
Oct-23	
Nov-23	
Dec-23	

Open ER Cases

Mar-21	39		
Apr-21	46		
May-21	37		
Jun-21	43		
Jul-21	39		
Aug-21	37		
Sep-21	49		
Oct-21	47		
Nov-21	38		
Dec-21	35		
Jan-22	36		
Feb-22	21		
Mar-22	19		
Apr-22	20		
May-22	21		
Jun-22	19		
Jul-22	15		
Aug-22	15		
Sep-22	17		
Oct-22	15		
Nov-22	15		
Dec-22	14		
Jan-23	12		
Feb-23	15		
Mar-23	16		
Apr-23	20		
May-23	21		
Jun-23	28		
Jul-23	26		
Aug-23	23		
Sep-23	28		
Oct-23			
Nov-23			
Dec-23			

Jan-24

Jan-24

[illegible]

Formal Requests for Resolution

Mar-21	
Apr-21	
May-21	0
Jun-21	3
Jul-21	2
Aug-21	5
Sep-21	9
Oct-21	10
Nov-21	5
Dec-21	9
Jan-22	11
Feb-22	15
Mar-22	16

V&A Incidents Reporte

Mar-21	
Apr-21	
May-21	59
Jun-21	44
Jul-21	42
Aug-21	38
Sep-21	31
Oct-21	33
Nov-21	37
Dec-21	48
Jan-22	44
Feb-22	47
Mar-22	42

Apr-22	17	Apr-22	51
May-22	20	May-22	47
Jun-22	21	Jun-22	46
Jul-22	23	Jul-22	51
Aug-22	32	Aug-22	52
Sep-22	30	Sep-22	38
Oct-22	26	Oct-22	46
Nov-22	26	Nov-22	46
Dec-22	21	Dec-22	34
Jan-23	21	Jan-23	33
Feb-23	18	Feb-23	35
Mar-23	21	Mar-23	58
Apr-23	15	Apr-23	56
May-23	12	May-23	61
Jun-23	15	Jun-23	71
Jul-23	16	Jul-23	63
Aug-23	14	Aug-23	67
Sep-23	8	Sep-23	72
Oct-23		Oct-23	
Nov-23		Nov-23	
Dec-23		Dec-23	
Jan-24			

n

	Compliant	Non-Compliant		Compliant	Non-Compl
Mar-21	85.61%	14.39%	Mar-21		
Apr-21	84.99%	15.01%	Apr-21		
May-21	83.22%	16.78%	May-21		
Jun-21	83.22%	16.78%	Jun-21	8%	92%
Jul-21	82.87%	17.13%	Jul-21	13.68%	86.32%
Aug-21	82.03%	17.97%	Aug-21	20.43%	79.57%
Sep-21	79.71%	21.29%	Sep-21	23.09%	76.91%
Oct-21	87.20%	12.80%	Oct-21	32.70%	97.30%
Nov-21	96.00%	4%	Nov-21	51.00%	49%
Dec-21	99.40%	0.60%	Dec-21	61.20%	38.80%
Jan-22	100.00%	0.00%	Jan-22	69.00%	31.00%
Feb-22	100.00%	0.00%	Feb-22	78.00%	22.00%
Mar-22	100.00%	0.00%	Mar-22	97.18%	2.82%

Non-Compliant

9.87%

9.93%

11.44%

11.44%

11.64%

12.06%

13.37%

8.80%

3%

1%

0.00%

0.00%

0.00%

Mar-21
Apr-21
May-21
Jun-21
Jul-21
Aug-21
Sep-21
Oct-21
Nov-21
Dec-21
Jan-22
Feb-22
Mar-22

|

Turnover								
Mar	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
	7.41%	7.46%	8.00%	8.51%	8.93%	8.99%	9.93%	10.10%

WAST WTE								
Mar	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
WTE	3858.2	3897.7	3880.69	3868.69	3878.21	3898	3919.60	4002.53
Headcount	4131	4170	4177	4162	4160	4181	4197	4280

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Apprenticeships in Progress

Mar-21	
Apr-21	207
May-21	207
Jun-21	214
Jul-21	214
Aug-21	214
Sep-21	214
Oct-21	214
Nov-21	214
Dec-21	214
Jan-22	208
Feb-22	207
Mar-22	207
Apr-22	206
May-22	206
Jun-22	204
Jul-22	204
Aug-22	204
Sep-22	243
Oct-22	243

Apprenticeships Compl

Mar-21	
Apr-21	8
May-21	5
Jun-21	3
Jul-21	0
Aug-21	0
Sep-21	0
Oct-21	0
Nov-21	0
Dec-21	0
Jan-22	1
Feb-22	0
Mar-22	0
Apr-22	1
May-22	0
Jun-22	2
Jul-22	0
Aug-22	0
Sep-22	0
Oct-22	0

Nov-22	243
Dec-22	238
Jan-23	202
Feb-23	201
Mar-23	216
Apr-23	216
May-23	207
Jun-23	198
Jul-23	193
Aug-23	192
Sep-23	192
Oct-23	
Nov-23	
Dec-23	
Jan-24	

Nov-22	0
Dec-22	5
Jan-23	36
Feb-23	1
Mar-23	0
Apr-23	9
May-23	9
Jun-23	0
Jul-23	5
Aug-23	1
Sep-23	0
Oct-23	
Nov-23	
Dec-23	
Jan-24	

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
10.05%	10.12%	10.31%	10.75%	11.46%	11.91%	11.54%	11.65%	12.04%	11.96%

Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
3977.6	4050.74	4106.02	4091.66	4026.20	4021.80	3983.60	3949.90	3970.12	3978.65
4251	4325	4386	4369	4299	4302	4266	4235	4260	4269

leted In Month

Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
11.17%	10.76%	10.69%	10.68%	10.72%	10.05%	10.38%	10.02%	9.81%

Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
3988.20	4072.30	4074.90	4091.44	4115.07	4101.41	4,078.56	4,090.20	4,085.65
4276	4365	4363	4386	4403	4387	4,367	4,380	4,376

Jul-23	Aug-23	Sep-23
9.67%	9.62%	9.37%

Jul-23	Aug-23	Sep-23
4,058.83	4,053.23	4,056.89
4,352	4,346	4,348



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AGENDA ITEM No	17
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

PADR DATA REVIEW AND ANALYSIS

MEETING	People and Culture Committee
DATE	16 th November 2023
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Sara Mills – Head of Culture and Organisational Development
CONTACT	sara.mills@wales.nhs.uk

EXECUTIVE SUMMARY

This report provides a review and analysis of PADR completion rates (as of 07/11/2023).

The purpose of the report is to:

- provide insight into the current trajectory of PADR compliance (an indicator of the organisation's 'cultural health' in the People and Culture Plan)
- benchmark across other NHS organisations in Wales and discuss performance management trends more broadly
- identify challenges and make recommendations for increasing engagement with the process.

KEY ISSUES/IMPLICATIONS

The Committee is asked to:

- NOTE and COMMENT on the Report
- SUPPORT the work to increase engagement with the PADR process.

REPORT APPROVAL ROUTE

- **Noted** at People and Culture Business Meeting

REPORT APPENDICES

Appendix 1: SBAR – PADR Data Review and Analysis

REPORT CHECKLIST

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

Appendix 1: SBAR: PADR Data Review and Analysis

SITUATION

This report provides a review and analysis of PADR completion rates (as of 07/11/2023).

The purpose of the report is to:

- provide insight into the current trajectory of PADR compliance (an indicator of the organisation's 'cultural health' in the People and Culture Plan)
- benchmark across other NHS organisations in Wales and discuss performance management trends more broadly
- identify challenges and make recommendations for increasing engagement with the process.

CURRENT PADR COMPLIANCE RATES

Completion rates across the organisation were at 72.9% (as of 07/11/23) which is broadly comparable to the previous figure (73.1%) reported at the last meeting of the People and Culture Committee in August 2023. Figure 1 shows the compliance rates across the Trust by Directorate. Figure 2 provides a further breakdown of compliance rates across the Operations Directorate (as of 07/11/23).

Figure 1

Directorate	Assignment Count	Reviews Completed	Reviews Completed %
020 CHIEF EXECUTIVE DIRECTORATE (BX01)	18	18	100.00
020 CORPORATE GOVERNANCE (BX02)	8	7	87.50
020 DIGITAL DIRECTORATE (KX01)	53	26	49.06
020 FINANCE & CORPORATE RESOURCES DIRECTORATE (FX01)	102	55	53.92
020 MEDICAL & CLINICAL DIRECTORATE (UX01)	55	44	80.00
020 OPERATIONS DIRECTORATE (DX01)	3,775	2,794	74.01
020 PARTNERSHIPS & ENGAGEMENT DIRECTORATE (CX01)	13	6	46.15
020 PEOPLE & CULTURE DIRECTORATE (PX01)	90	74	82.22
020 QUALITY, SAFETY & PATIENT EXPERIENCE DIRECTORATE (JX01)	119	82	68.91
020 STRATEGY, PLANNING & PERFORMANCE DIRECTORATE (HX01)	17	5	29.41
Grand Total	4,250	3,100	72.94

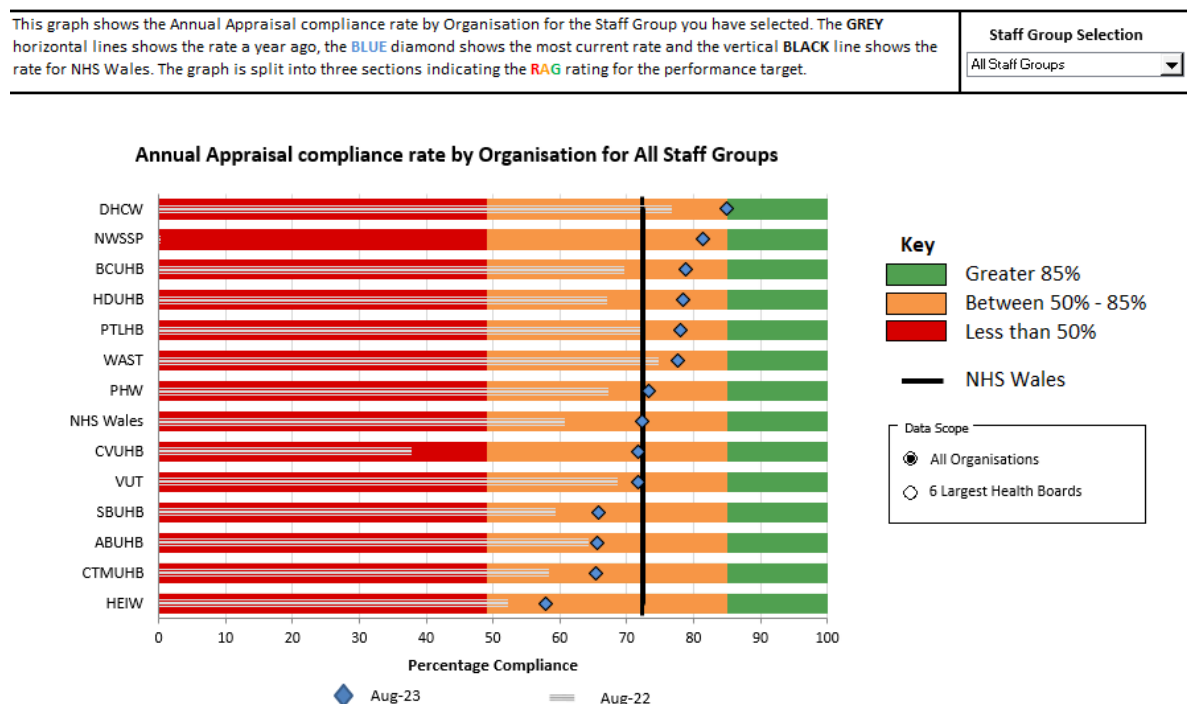
Figure 2

020 OPERATIONS DIRECTORATE (DX01)	Assignment Count	Reviews Completed	Reviews Completed %
020 Ambulance Care L4 (NX10)	965	725	75.13
020 Emergency Medical Services L4 (DX04)	1,801	1,222	67.85
020 Integrated Care L4 (DX03)	525	458	87.24
020 National Operations & Support L4 (DX02)	140	91	65.00
020 Resourcing & EMS Coordination L4 (DX05)	344	298	86.63
Grand Total	3,775	2,794	74.01

The target rate for PADR compliance at the Trust is 85% and RAG ratings are used to assess performance against this target. The 85% target allows for some variance across teams, for example where there are incidences of maternity leave, long-term sickness, or secondments.

Figure 3 shows PADR compliance rates and trends over time across NHS organisations in Wales for comparison and benchmarking purposes (as of August 2023).

Figure 3



The national comparison with other Welsh NHS organisations shows the Trust as higher than the average for annual PADR compliance rates as of August 2023.

BACKGROUND

The People and Culture Team play a pivotal role in the effective implementation of PADR within the organisation by developing the process to align with the broader strategic goals, and in developing managers with the knowledge and skills required to effectively engage with the process. Following consultation with key stakeholders, enhancements were made to the PADR process and changes implemented in August 2022. The refreshed PADR includes the integration of 'Our Best Behaviours' as part of feedback and performance conversations, a greater emphasis for managers on two-way communication, the need for regular feedback, and a focus on future goals and aspirations of individuals. The Organisational Development Team have developed a PADR toolkit available on Siren, which includes a pre-recorded PADR training session for managers to access on demand. Live training sessions are also available at regular intervals. Technology integration of the PADR form with ESR is planned following completion of the required technical training and support, which will then further enhance monitoring and reporting capability.

THE WIDER PICTURE

These developments are broadly consistent with other employers across sectors. There is debate around appraisals, also known as PADRs/PDRs, and the last decade has seen some significant shifts, with an increasing number of employers appearing to question

the value and relevance of traditional performance management processes and an interest in alternative approaches. This shift in mindset is being driven by the need for agile and adaptable processes due to the rapidly changing environments characterised by global crises, technological advancements, and evolving employee expectations of work. In response to these factors, organisations are tailoring their appraisal processes to align better with the external context and organisational needs. Trends across sectors include:

- Greater focus on regular performance and developmental feedback
- Less focus on process, such as form filling and greater focus on high quality conversations, often aided by a coaching style
- Less focus on judging or appraising past performance to inform administrative decisions; greater focus on understanding current challenges and opportunities to help people improve
- Integration of technological solutions to reduce administration and therefore enabling managers to focus on the quality of the conversations.

(CIPD, August 2022)

Within the NHS, the PADR process is important due to the unique nature of healthcare delivery and the critical role that our employees play in patient care. PADR provides a structured framework for evaluating performance, and a commitment to ongoing learning and acquiring new skills to enhance patient outcomes. It also allows for the identification of areas where training, support or resource allocation may be needed. In the context of the Trust's People and Culture Plan it plays a role in promoting a culture of openness, feedback continuous improvement, and is an opportunity to recognise and celebrate achievements and successes, as well as providing an additional mechanism for employees to raise concerns or challenges.

ASSESSMENT

An appraisal or PADR is still seen in many organisations as an important aspect of managing an employee's performance and development, however the measure of PADR effectiveness is usually based on the number of completions, which facilitates the perception amongst many employees that it is a 'tick-box exercise.' However if done effectively, it can be a useful employee engagement tool, helping to motivate and retain employees and to build a positive and inspiring culture in which people can be challenged and enabled to grow in the role and to fulfil longer-term career aspirations. The annual PADR meeting itself is a valuable opportunity for the manager to review a team's overall performance and set new goals for them to work towards. So, not only beneficial for the individual, but it means for the managers, it helps to ensure all the team are working towards the same goals.

CHALLENGES

Whilst it is important to recognise the value of the PADR, there are also several challenges to its effectiveness, particularly within the context of the Trust, and these include:

- Demanding schedules, shift work and irregular hours, and geographically dispersed teams can complicate scheduling PADR
- Staffing issues and workloads can reduce focus on non-clinical/operational activities such as PADR
- Reporting documentation, although recently streamlined, may still be seen as complicated and time-consuming to complete for busy professionals
- Ensuring all employees and managers are familiar with the process and applying principles consistently across a national organisation
- Overcoming resistance and scepticism about the benefits of PADR
- Records of PADR completions may not be updated on ESR in a timely way, which may then skew compliance rates and impede accuracy of the data.

Overcoming obstacles to the effectiveness of the PADR and requires a tailored approach that takes account the specific circumstances and culture of the organisation – continuing to provide training, support and flexibility will be important in addressing some of these challenges.

WHAT NEXT?

To ensure the effectiveness of the PADR process within the Trust, it is important to implement an approach that fosters higher levels of engagement and compliance. The following actions are recommended:

- Communicate to Senior Managers the importance of updating ESR when PADRs are completed, as this data provides an internal measure of cultural health and is used externally for national comparisons with other Welsh NHS organisations
- Establish a feedback and improvement loop for stakeholders in Directorates with lowest and highest PADR compliance rates to better understand the obstacles and what works, with a view to sharing learning and best practice with others
- Incorporate the skills and behaviours needed to deliver effective PADR meetings into the Management Essentials Development Programme
- Review and analyse NHS survey responses relating to PADR and identifying appropriate actions in response to this feedback.

Senior managers continuing to engage with the PADR process, listening and responding to feedback, learning from teams that are getting it right, and supporting those who are struggling is crucial for its success. This collaborative and supportive approach cultivates a culture of continuous development, identifies blind spots, better

aligns with organisational goals, and helps to increase engagement by employees experiencing more meaningful PADR conversations.

RECOMMENDATION

- NOTE and COMMENT on the Report
- SUPPORT the work to increase engagement with the PADR process.



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AGENDA ITEM No	18
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – September/October 2023

MEETING	People & Culture Committee (PCC)
DATE	16 November 2023
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning & Performance Mark Thomas – Commissioning & Performance Manager Melanie O'Connor – Commissioning & Performance Officer
CONTACT	Hugh.bennett2@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Melanie.O'Connor@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **September/October 2023**.
2. The indicators used at this high-level show an increase of system pressure (and warning signs for winter), in particular, with increasing handover lost hours and therefore worsening quality and performance for the Emergency Medical Service (EMS). 111 is showing continuous improvement throughout 2023 with abandonment rates and call answer times achieving the best performance since February 2022.
3. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, but with demand (with the exception of outpatients) increasing to pre-Covid levels, performance has dipped slightly over the past two months. Overall, the picture remains one in which the Trust can demonstrate clear improvement over things it controls, but a more mixed picture where there are system dependencies e.g., handover lost hours.

RECOMMENDATION

PCC is asked to: -

- **Consider** the September/October 2023 Integrated Quality and Performance Report and actions being taken and determine whether:
 - a) The report provides sufficient assurance.

- | |
|--|
| <p>b) Whether further information, scrutiny or assurance is required, or</p> <p>c) Further remedial actions are to be undertaken through Executives.</p> |
|--|

SITUATION

4. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for **September/October 2023**.

BACKGROUND

5. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus: -
- Our Patients (Quality, Safety and Patient Experience);
 - Our People;
 - Finance and Value; and
 - Partnerships and System Contribution
6. These four areas of focus broadly correlate with the Quadruple aims set out in ‘A Healthier Wales’.
7. As previously agreed, the metrics which form part of this committee/Board report will be updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust’s plans (Integrated Medium-Term Plan - IMTP) and strategies. A revised set were recently agreed, which are now being built into the report on an iterative basis.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

8. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
9. **999** call answering times, having been challenging at the end of last year, improved significantly, achieving the 6 second answering target, however, in the second half of the calendar year the 95th percentile has begun to worsen; in August 2023 it was 31 seconds with a small improvement to 28 seconds in September 2023.
10. **111 call answering is improving**, with the call abandonment target of 5% being achieved again in October 2023 (2.9%), which is the lowest figure recorded and 67.6% of calls being answered within 60 seconds, although this still remains significantly below target (95%). Negotiations with commissioners have indicated

that funding is available for 198 call handlers and recruitment has been underway to secure this number, but there remain a number of vacancies. It has recently been agreed to recruit another cohort in November, with the aim of getting closer to the 198 level. Further work is required to reduce capacity lost through sickness absence (particular improvement now being seen in call handlers), aligning capacity with demand and improving the efficient use of resource. A priority is now re-rostering 111, which is dependent on commissioners funding a third party (the third party has been identified via procurement process).

- 11. 111 Clinical response:** the Trust continues to see achievement of the clinical call back time target for the highest priority 111 calls (P1CT – 99%) , and pleasingly, other priorities of calls (P2 and P3) are also achieving the 90% performance target in October 2023, with the respective figures being 90.6% and 90.1%. This improvement has been driven by more efficient working practices and the alignment of capacity to demand. The numbers of clinicians are now broadly at agreed establishment levels (recently agreed as 102 WTE). This level of establishment may not be available through the commissioned process next year.
- 12. Ambulance Response** (safety / patient experience): the Red 8-minute response performance for October 2023 was 47.2%, a slight drop when compared to September 2023, below the 65% target and the fourth consecutive month to record a decrease. However, there was another monthly increase in the number of Red incidents that were actually attended within 8-minutes, rising to 2,277 in October 2023. The actual number of Red incidents attended within 8-minutes has seen a general increase over the past two years with the monthly average in 2023 being 2,024 compared to 1,921 in 2022 and 1,813 in 2021. The Amber 1 median was 1 hour 23 minutes (ideal 18 minutes) and the Amber 1 95th percentile was 6 hours 6 minutes. These long response times have a direct impact on outcomes for many patients. Actions within the Trust's control include:

Capacity:

- Recruitment: Confirmation has been received of further non recurrent funding in 2023/24 to support the 100 WTE staff recruited in 2022/23. Work will continue through the year to ensure that establishment remains at commissioned levels.
- Some additional funding has also been made available to pilot the new Connected Support Cymru service in partnership with St John Cymru (SJA). Funding for SJA has now ended, but the Trust is continuing with this project through the volunteer Community Welfare Responders, which is producing some positive early results.

Efficiency (rosters, abstractions/sickness absence and post-production lost hours)

- The Managing Attendance Programme continues, which includes seven work-streams. This did see a reduction in overall sickness levels during the early part of 2023, and although increases have been seen over the past two months,

further work is still on-going to reduce to 6% during 2023/24. There remain risks associated with delivery of this level of improvement.

Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close rate, however, it has declined in recent months, achieving 12.6% in September 2023, with an increased ambition of 17% in 2023/24 (quarter 4). Action plans are in place within the service, but there are some risks emerging in terms of delivery. October 2023 did see a reversal of the downward trend and an increase to 13.8%.

Red Improvement Actions

- The full roll out of the Cymru High Acuity Response Units (CHARUs). Recruitment and training is being undertaken at pace with the aim to fully populate the CHARU rosters keys (153 full time equivalents), with the current estimated staff in post (including those in training and yet to be rostered) of 125 FTEs.
- Red review. This is being undertaken within additional resource, when possible, but ideally, as previously modelled, would require additional FTEs. The resource requirement will be considered further through the 2023 EMS Demand & Capacity Review.
- A more efficient response logic, which went live on 19 June 2023, is reducing the number of multiple attendances to certain categories of red call, releasing resource to respond to other calls.

13. One of the key factors in relation to response times is the capacity lost to **handover outside Emergency Departments**. 23,232 hours were lost during October 2023, a significant increase compared to the already extreme 19,610 hours lost in September 2023 and the fourth monthly increase in a row. Although remaining lower than during the same period last year, these levels remain so extreme that all the actions within the Trust's control cannot mitigate or offset this level of loss. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus, with other health boards reporting that they are seeking to learn lessons. Reduced hours lost to handover and a reduction of pressure within the system, has particularly manifested itself in improvement in both Amber 1 and 2 performance, where a strong correlation exists with reduced handover hours. Wales Immediate Release figures for October 2023 were: Red 173 accepted and 11 declined; and Amber 1, 199 accepted and 311 declined. There has been some challenge from health boards on the accuracy of requests, with the Trust engaging in a workshop organised by the NCCU. An extraordinary incident was declared on 22 October 2023. Ambulance production was good and there was no demand spike. The NCCU and Welsh Government reviewed the Trust's decision.

14. A separate report is available on this agenda regarding forecasting and modelling for winter, including the impact of various changes (delivered or planned) e.g. CHARU roll out etc.
15. **Ambulance Care (formally NEPTS) (Patient Experience):** Oncology performance remained below the 70% target in October 2023 (65.4%) as did renal performance, which also decreased to 72.7%. Advanced discharge journey performance remained consistent with the previous month (78%), however discharge and transfer journeys booked on the same day improved slightly to 97% (target 90%). Overall demand for NEPTS continues to increase but remains below pre-pandemic levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: improved procurement through the plurality model, aligning clinic patient ready times to ambulance availability, re-rostering (NET Centre and NEPTS transport) and addressing oncology performance.
16. **National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported two NRIs to the NHS Executive in October 2023, a decrease of two from the four reported in September 2023; and 16 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide. In October 2023 complaint response times dropped to 21% and remain significantly below the 75% target, with cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust has put more capacity into the Putting Things Right (PTR) team, which has had a positive impact for the Legal Team until periods of long-term sickness absence. The Concerns Administrators responding to patients and families continue to have lengthy and repeated calls due to protracted response times in the community, compounded by an inability to always respond in a timely manner to their concerns and questions. The Trust is concerned for the welfare of the team, given the nature and volume of the PTR work across all functions and a number of supportive actions are progressing/planned for both the corporate team and EMS Coordination & Resourcing.
17. **Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 75.7% in September 2023, a slight increase from the 74.6% seen in August 2023, but remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system. The return to spontaneous circulation (ROSC) rate dropped to 22.1% in September 2023 compared to 23.8% in August 2023.

Our People (workforce resourcing, experience, and safety)

- 18. Hours Produced:** The Trust produced 122,050 Ambulance Response unit hours in October 2023, an increase from the 113,421 produced in September 2023. Emergency ambulance unit hours production (UHP) was 93% in October 2023, thus improving but still failing to achieve the 95% target. CHARU UHP increased to 136% (note this is of the commissioned level, not full roll out). Key to the number of hours produced are roster abstractions, which remain above benchmark, but are reducing i.e. improving.
- 19. Response Abstractions:** EMS abstraction levels decreased to 33.09% in October 2023 and is now close to the 30% benchmark. EMS Response sickness abstractions stood at 9.59% (benchmark 5.99%).
- 20. Trust sickness absence:** the Trust's overall sickness percentage was 8.78% in September 2023, a deterioration from the 9.22% recorded in August 2023. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level.
- 21. Staff training and PADRs:** PADR rates did not achieve the 85% target in October 2023 (73%), while compliance for Statutory and Mandatory training increased slightly to 76.43%.
- 22. People & Culture Plan:** The Trust launched its People & Culture Plan in September 2023 and continues to undertake work around behaviours, in particular, sexual safety. Executive Leadership Team are undertaking a pan-Wales round of CEO Roadshows in November 2023.

Finance and Value

- 23. Financial Balance:** The reported outturn performance at Month 6 is a surplus of £77k, with a forecast to the year-end of breakeven.

Partnerships/ System Contribution

- 24. Shift left:** much of Trust's work relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **consult and close** rates after 999 calls; and the Trust achieved 13.8% in October 2023, an increase from the 12.6% seen in September 2023 but below the Trust's 2023/24 IMTP ambition of 17%.
- 25.** In October 2023, 9,586 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 200 callers. A formal programme to take forward "inverting the triangle" has been established. The Trust has proceeded with growing the numbers of APPs in

training. The current focus is on developing a “strategic case for change” and a stakeholder engagement process.

Summary

- 26.** The indicators used at this high-level highlight an increase of system pressure, in particular, handover lost hours, and therefore worsening quality and performance for the Emergency Medical Service (EMS). 111 is continuing to show improvement with abandonment rates continuing to achieve better than target levels. Ambulance Care, in particular, NEPTS performance has been relatively stable, but with performance deteriorating over the past two months. Overall, the picture remains one in which the Trust can demonstrate clear improvement over some things it controls, but a more mixed picture where there are system dependencies e.g. handover lost hours, and these pressures are beginning to increase as we head into winter.

RECOMMENDATIONS

PCC is asked to: -

- **Consider** the September/October 2023 Integrated Quality and Performance Report and actions being taken and determine whether:
 - a) The report provides sufficient assurance.
 - b) Whether further information, scrutiny or assurance is required, or
 - c) Further remedial actions are to be undertaken through Executives.

REPORT APPROVAL ROUTE	
Date	Meeting
10 November-23	Executive Director Strategy, Planning & Performance
15 November-23	ELT
16 November-23	PCC

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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

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

Welsh Ambulance Services NHS Trust

Monthly Integrated Quality & Performance Report

September/October 2023

Annex 1 – Top Indicator Dashboard



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NHS
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Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Annex 1 – Top Indicator Dashboard
Version 1.0
Released: November 2023

by Commissioning & Performance Department

Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators	Target 2023/24	2 Year Average	Sep-23	Oct-23	RAG
Our Patients					
Timeliness Indicators					
NHS111 Call Handling Abandonment Rates	< 5%	15.0%	3.4%	2.9%	G
111 Clinical Triage Call Back Time (P1)	90%	96.7%	99.0%	99.0%	G
999 Call Answer Times 95th Percentile	00:06	00:45	00:28	N/A	R
999 Red Response within 8 minutes	65%	50.9%	48.6%	47.2%	R
999 Amber 1 Median	00:18	01:23	01:17	01:23	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	74.7%	65.8%	65.4%	A
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	85.9%	78.0%	78.0%	R
Clinical Outcomes / Quality Indicators					
Return of Spontaneous Circulation (ROSC)	Increasing Trend	16.8%	22.1%	N/A	A
Stroke Patients with Appropriate Care	95%	79.5%	75.7%	N/A	R
Acute Coronary Syndrome Patients with Appropriate Care	95%	46.8%	46.0%	N/A	R
National Reportable Incidents reports (NRI)	Reduction Trend	6	4	2	A
Can't Send & Cancelled by Patient Volumes	Reduction Trend	11211	10895	10535	A
Concerns Response within 30 Days	75%	40%	55%	21%	R
Our People					
Capacity					
Hours Produced for Emergency Ambulances	95-100%	95%	89%	93%	A

Top Monthly Indicators	Target 2023/24	2 Year Average	Sep-23	Oct-23	RAG
Health & Well-being					
Sickness Absence (<i>all staff</i>)	6.0%	9.67%	8.78%	N/A	A
Mental Health Absence Rates	Reduction Trend	2.33%	2.71%	N/A	A
Staff Turnover Rate	Reduction Trend	10.45%	9.28%	9.10%	G
Statutory & Mandatory Training	>85%	80.60%	76.21%	76.43%	R
PADR/Medical Appraisal	>85%	67.99%	70.0%	73.0%	R
Number of Shift Overruns	Reduction Trend	3750	3961	3,321	A
Inclusion & Engagement / Culture					
NHS111 % of Total Calls Answered in Welsh	Increasing Trend	0.44%	0.88%	1.15%	G
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	1.1%	1.4%	1.4%	G
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	N/A	G
EMS Utilisation Metric (All Vehicles)	Increasing Trend	60%	57.5%	58.5%	A
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.44	2.41	2.36	A
NEPTS on the Day Cancellations	Reduction Trend	19.3%	20.2%	19.4%	A
Partnerships / System Contribution					
Inverting the Traingle					
Successful Consult & Close Outcome	17.0%	13.0%	12.6%	13.8%	R
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	11.3%	10.79%	N/A	A
Number of Handover Lost Hours	15,000	22,807	19,610	23,232	R
NHS111					
NHS111 Dental Calls	TBD	5,877	6,750	N/A	TBD
Consult & Close Volumes by NHS111	Increasing Trend	1,135	994	952	A

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (*To Be Determined*)

Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators

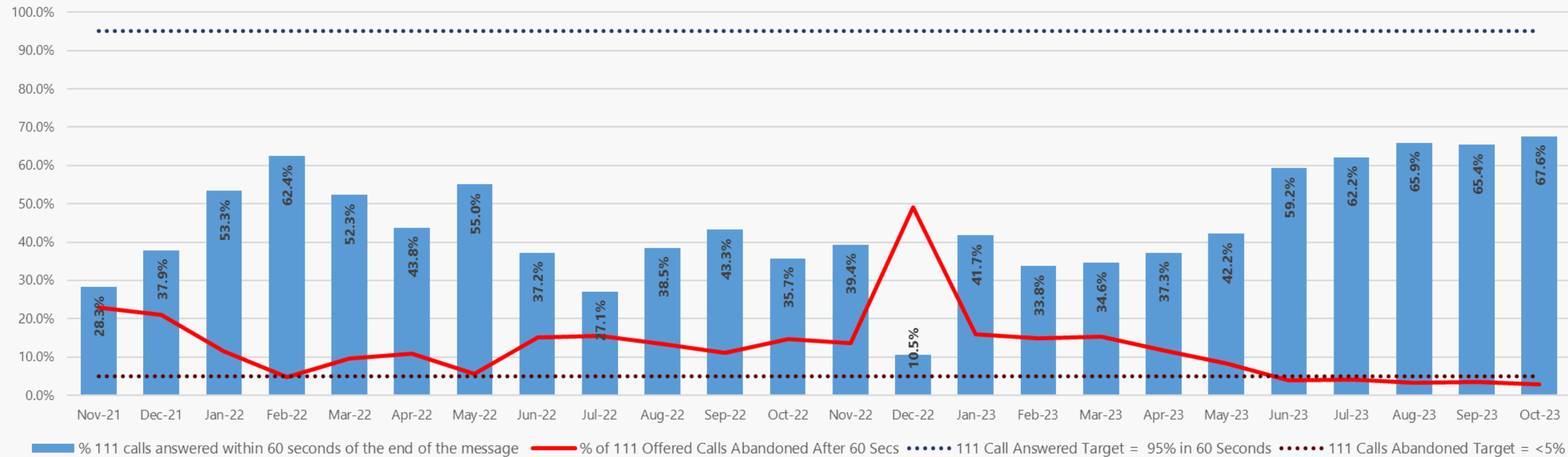
Influencing Factors – Demand and Call Handling Hours Produced

(Responsible Officer: Lee Brooks)

G

FPC

NHS111 Calls Answered vs Calls Abandoned within 60 Seconds



Analysis

111 call abandonment is a key patient safety indicator for the service. October 2023 saw an **abandonment rate of 2.9%**, remaining below the 5% target. It is also the lowest monthly figure recorded during the 2-year recording period.

The percentage of 111 calls answered within 60 seconds of the end of the message in October 2023 also improved to 67.6%, which although remaining below the 95% target, is the highest rate achieved in the past two years.

The percentage of 111 calls answered in Welsh increased from 0.88% in September 2023 to 1.15% in October 2023.

Abstractions due to sickness absence increased slightly, disrupting the longer-term downward trend.

Remedial Plans and Actions

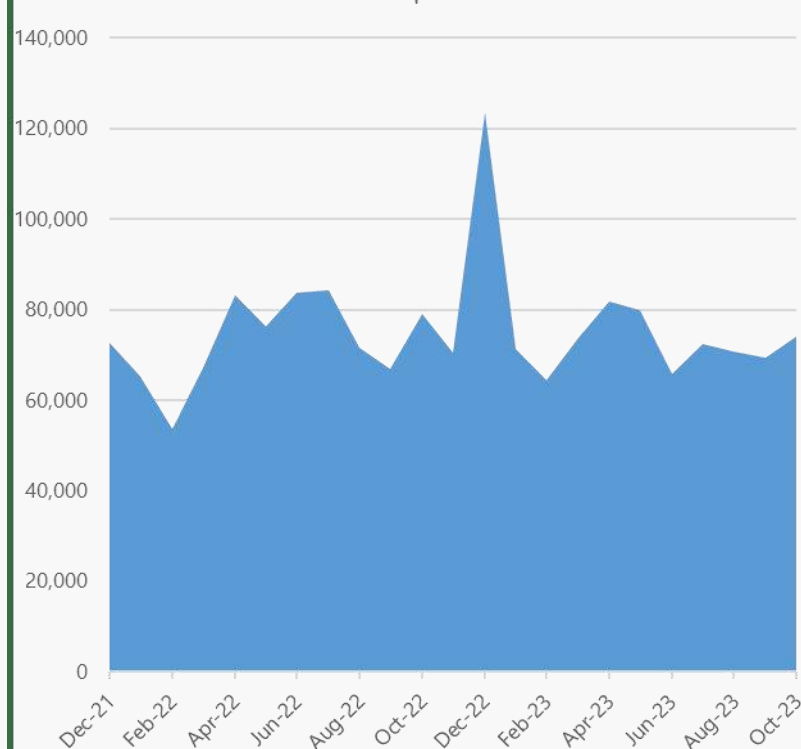
The key to improving call answering times is having the right number of call handlers, rostered at the right time to meet demand, and to maximise efficiency.

- Agreement has been reached with commissioners that 198 WTE call handlers will be funded in 2023/24. The Trust is currently 21.25 FTE short of establishment. The Trust is aiming to address this in quarter three.
- Work continues on sickness absence in line with the Trust's managing absence work programme with an IMTP aim to get organisational sickness down to 6%
- A roster review in three parts is due to start, in collaboration with the 111 commissioners to review rosters and ensure that capacity is aligned to demand, and to try and even out performance through the week. Funding now an issue.
- Work also continues in reviewing the use of the Clinical Advice Line which is available to call handlers who want some clinical advice whilst on call with the patient. The call handler has to wait for a clinician to answer the call and therefore call times are related to clinician availability.

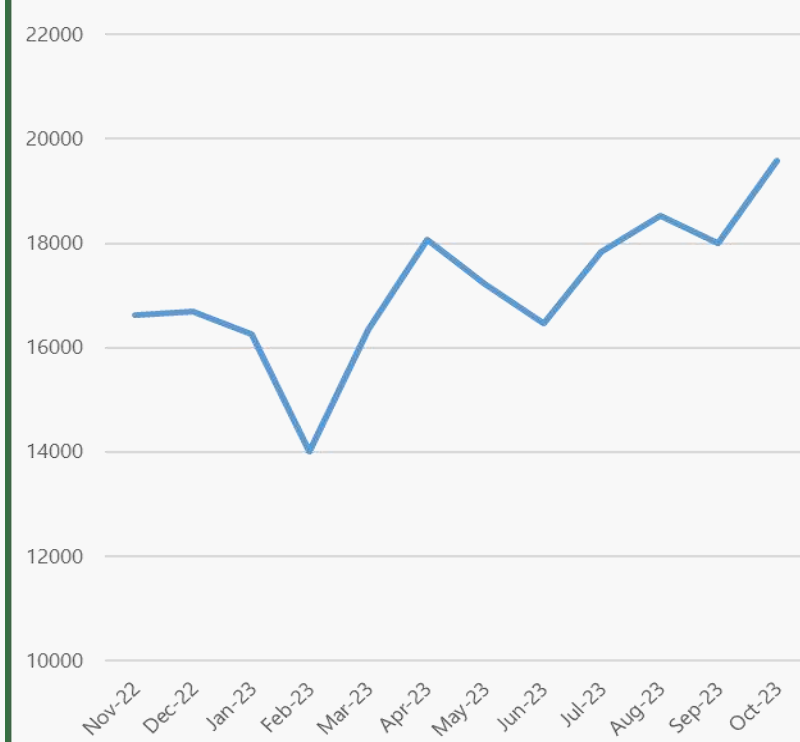
Expected Performance Trajectory

The Trust is now moving into the winter period. The Trust has improved ICT, compared to last winter, and improved processes and is recruiting up towards the commissioned FTE totals. In December 2022 there was a very severe spike in demand, not seen the previous winter.

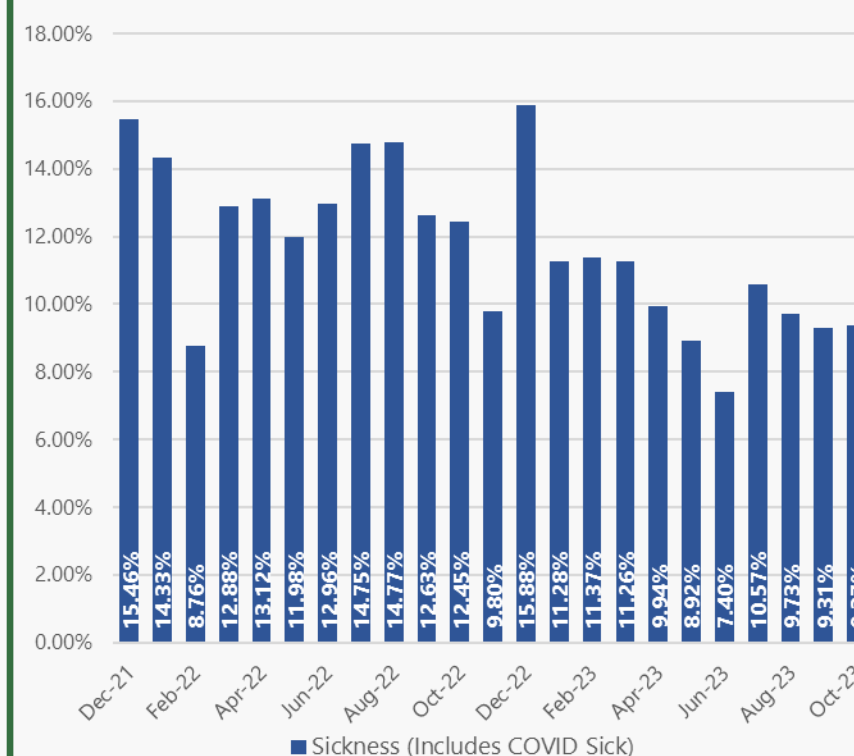
Total NHS111 Calls Expected to be Answered



NHS111 Call Handler - Total Actual Shift Fill



NHS111 Call Handler Sickness Absence



Our Patients: Quality, Safety & Patient Experience

111 Clinical Assessment Start Time Performance Indicators

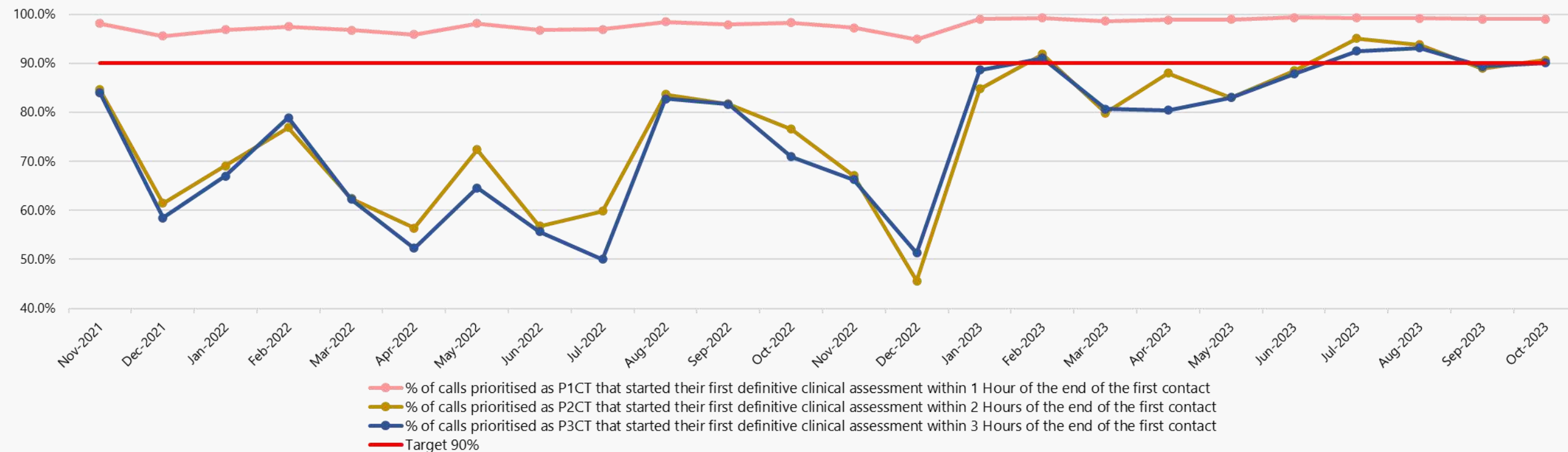
Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

P1CT
G

FPC

111 Timely Clinical Triage of Patients



Analysis

The highest priority calls, P1CT, continues to achieve the 90% target (99%).

For lower category calls P2CT increased to 90.6% in October 2023 compared to 89% in September 2023, while P3CT also increased to 90.1% in October 2023 compared to 89.2% in September 2023.

Clinical staff capacity increased to 12,042 hours during October 2023, a rise of 324 hours when compared to September 2023. Clinician sickness absence increased to 14.66% in October 2023 from the 13.37% reported in September 2023.

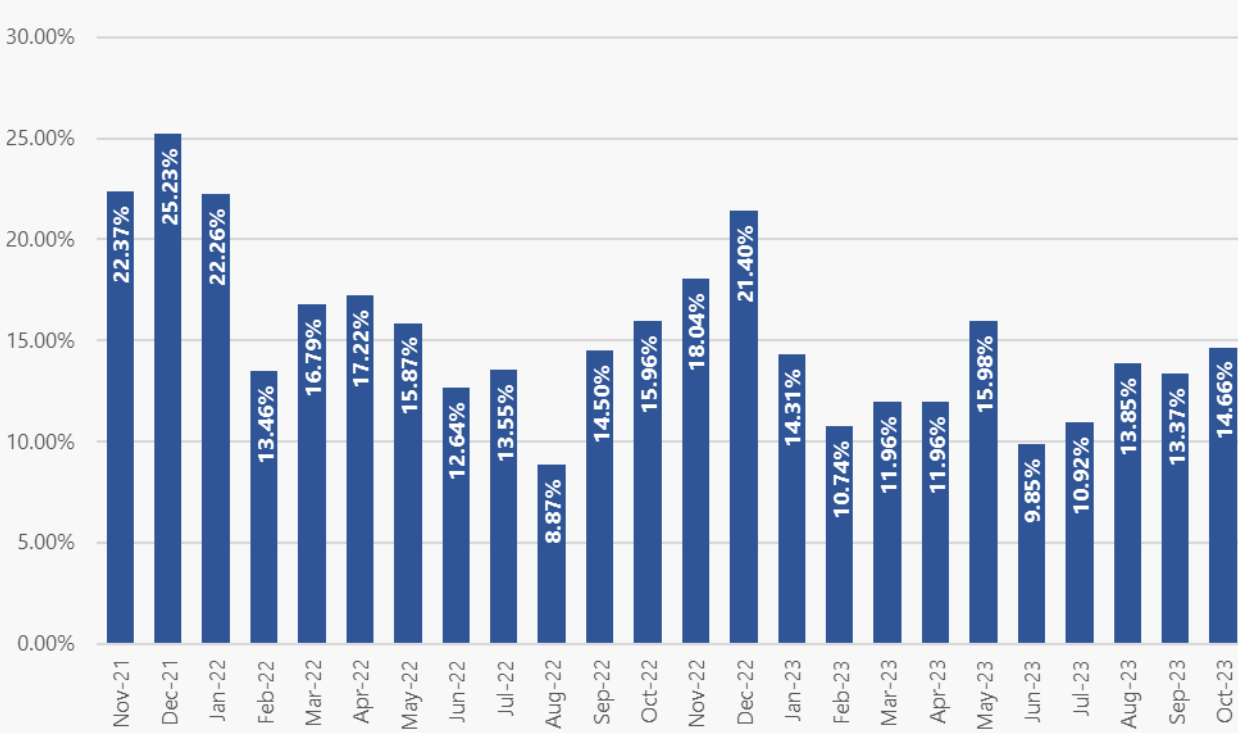
Remedial Plans and Actions

The main driver for improved performance will be the correct number of clinicians in post to manage current and expected demand. At present 100.71 FTE (Sep-23) nurses and paramedics are in post, and commissioners have indicated that they have funding available for 102 WTE., albeit this could change next year.

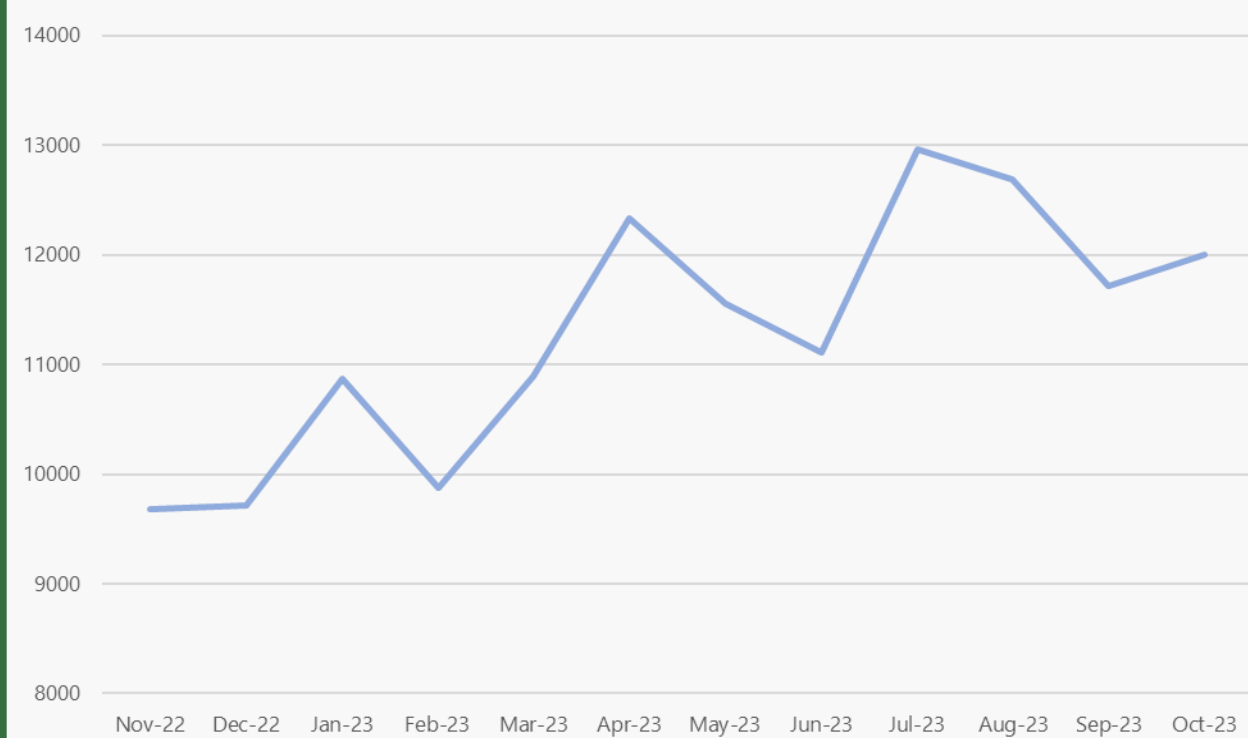
Expected Performance Trajectory

The Trust is now moving into the winter period. The Trust has improved ICT, compared to last winter, and improved processes and is recruiting up towards the commissioned FTE totals. In December 2022 there was a very severe spike in demand, not seen the previous winter. The lack of capacity to develop and maintain the 111 website, in particular, the symptom checkers is an identified risk, with Executives in discussions with 111 commissioners currently.

NHS111 Clinician Sickness Absence



NHS111 Clinicians - Total Actual Shift Fill

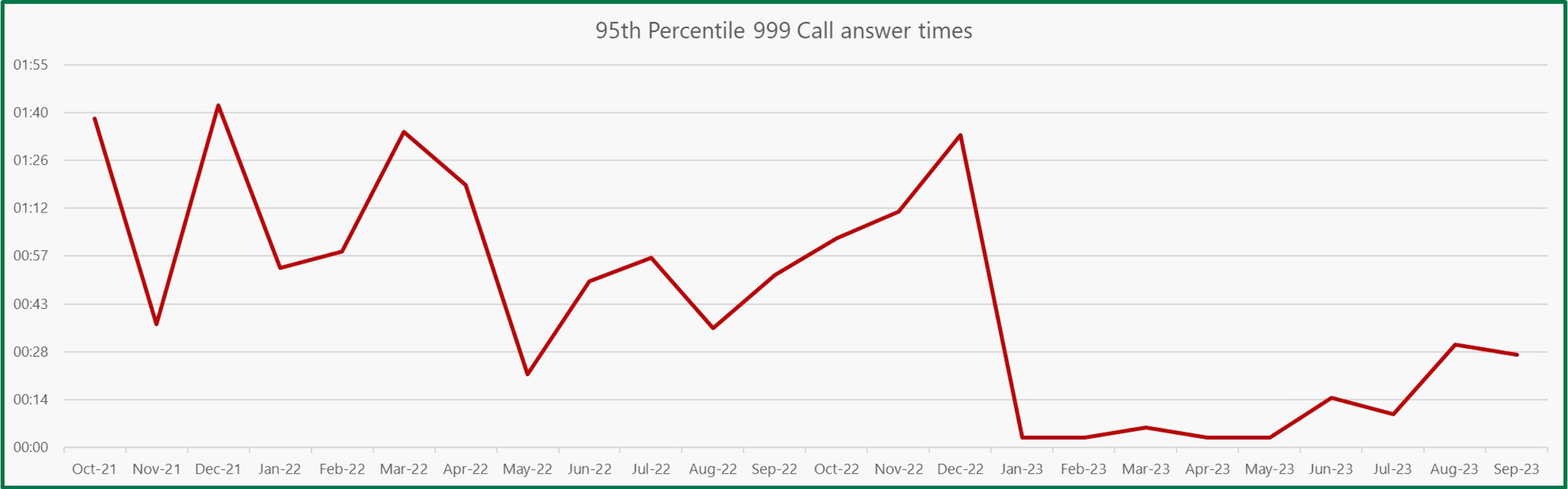
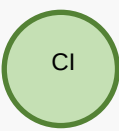


Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

Influencing Factors – Demand and Hours Produced

(Responsible Officer: Lee Brooks)



Analysis

The 95th percentile 999 call answering performance improved to 28 seconds in September 2023, down from 31 seconds in August 2023 but remained above the 6 second target. The median call answer time for the 999 service remains consistent at 2 seconds.

The Trust received 45,073 emergency 999 calls in September 2023, a slight increase from the 44,646 calls received during August 2023 and the third consecutive month that demand has increased.

Overall sickness abstractions within the EMS Coordination have risen over the past three months, after being on a downward trajectory till April 2023 rising to 11.32% in October 2023.

Remedial Plans and Actions

- EMD FTE is currently 119.89 against a funded establishment of 111.76; however, this includes new starters still in the sign off period. Once qualified, experienced staff will be re-aligned to vacant dispatcher posts.
- Intelligent Routing Platform is now in operation following configuration changes.
- A cohort of 12 went live the end of September with a further cohort of 9 commencing in North at the end of October go live end of November, and a further course of 12 arranged for November with go live 25 December; however, the teams are still experiencing attrition.
- Three workstreams are being progressed through the EMS Reconfiguration project (the complete reconfiguration has not commenced due to cost pressures required to fund the agreed model approved by ELT). This is on hold currently but will re commence in the next few weeks pending outcome and approval of a proposed new Structure for EMSC. This will require consultation.

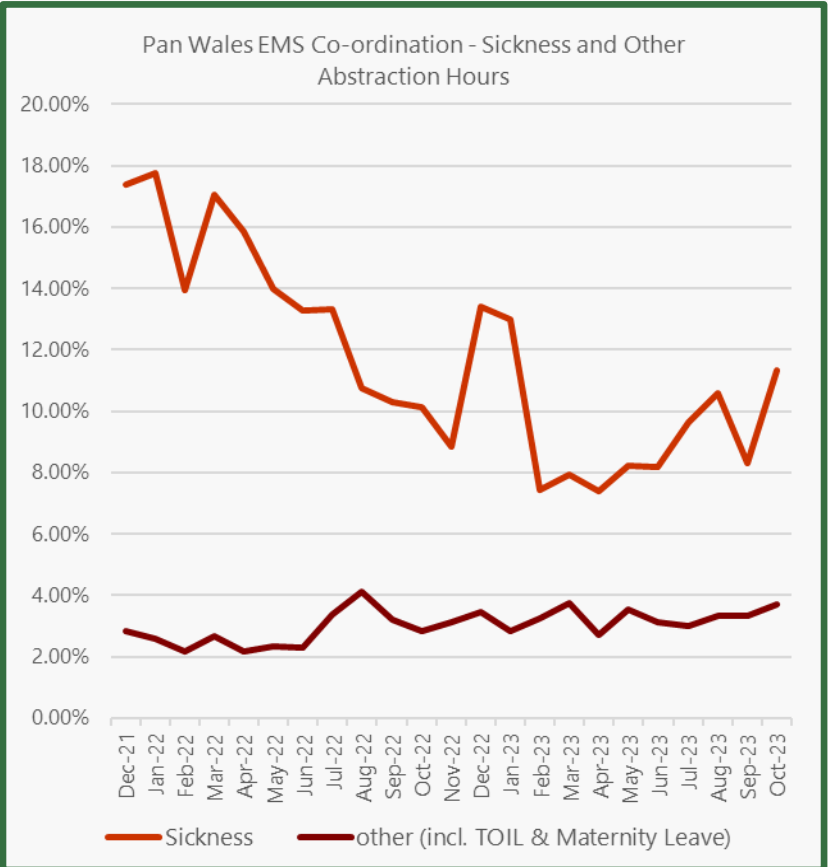
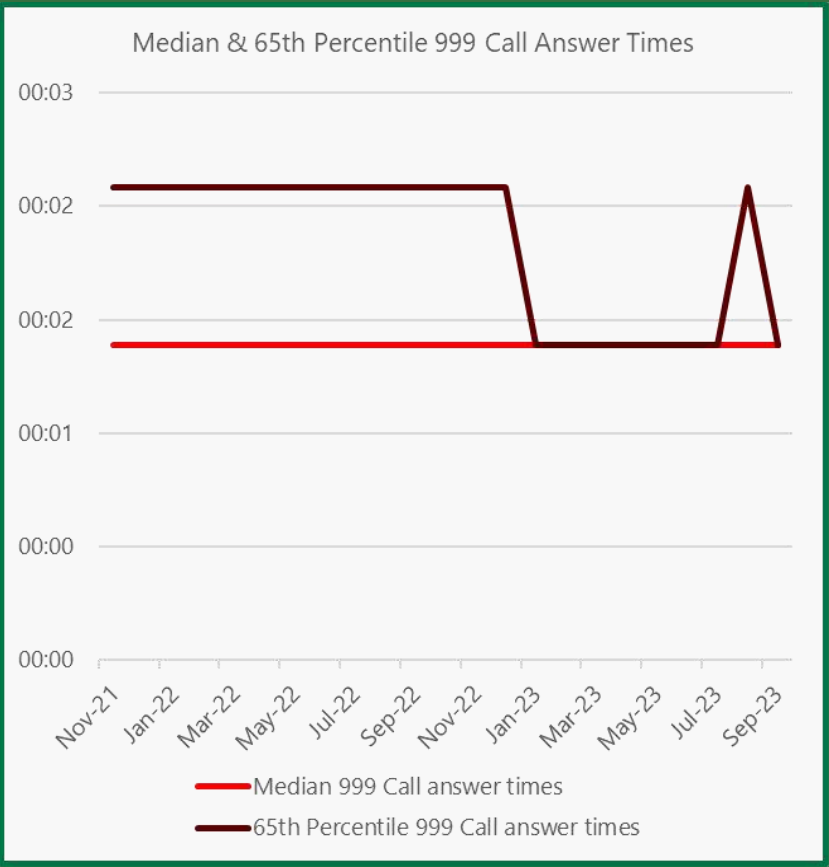
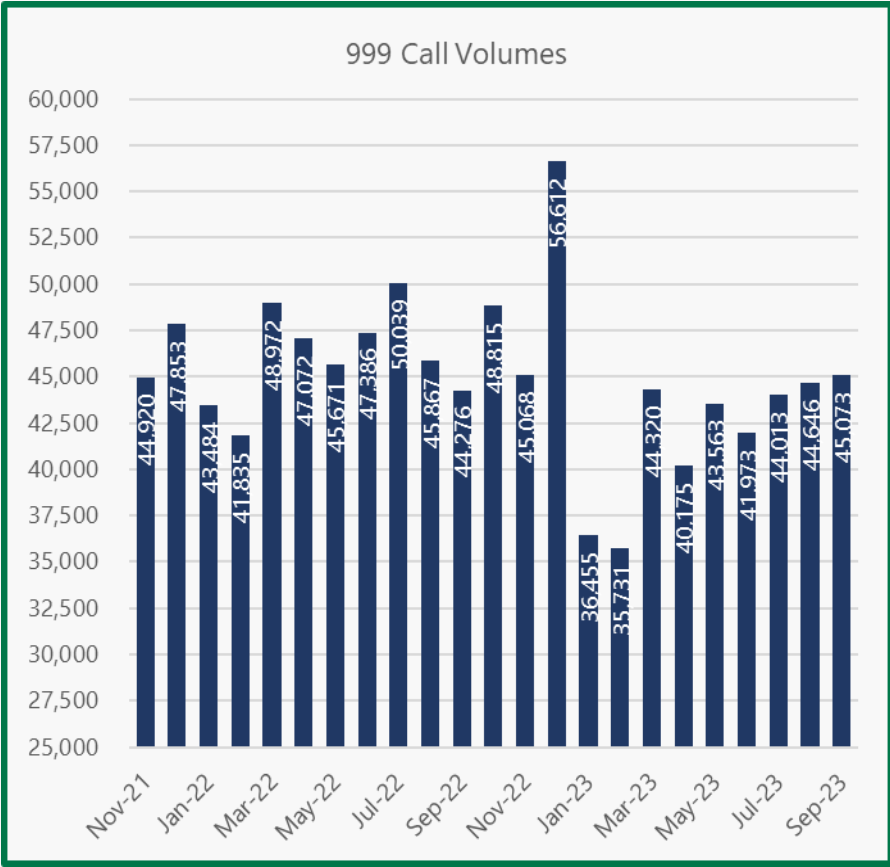
Roster Review. Having successfully implemented an EMD roster review in February 23 the project has now progressed to commencing a dispatch roster review for Allocators and Dispatchers, however, this is currently on hold due to reviewing a potential for a new structure for EMSC as per 4th bullet point above

Boundary changes. EMS Coordination intend to realign dispatch boundaries to balance workload and pressures for individual dispatch teams. Currently on hold, as above.

Broader Ways of Working. This project is looking to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and lack of variation across centres. Currently on hold, as above.

Expected Performance Trajectory

Performance is expected to remain on track, subject to continued good work around capacity management.



Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

65%

R

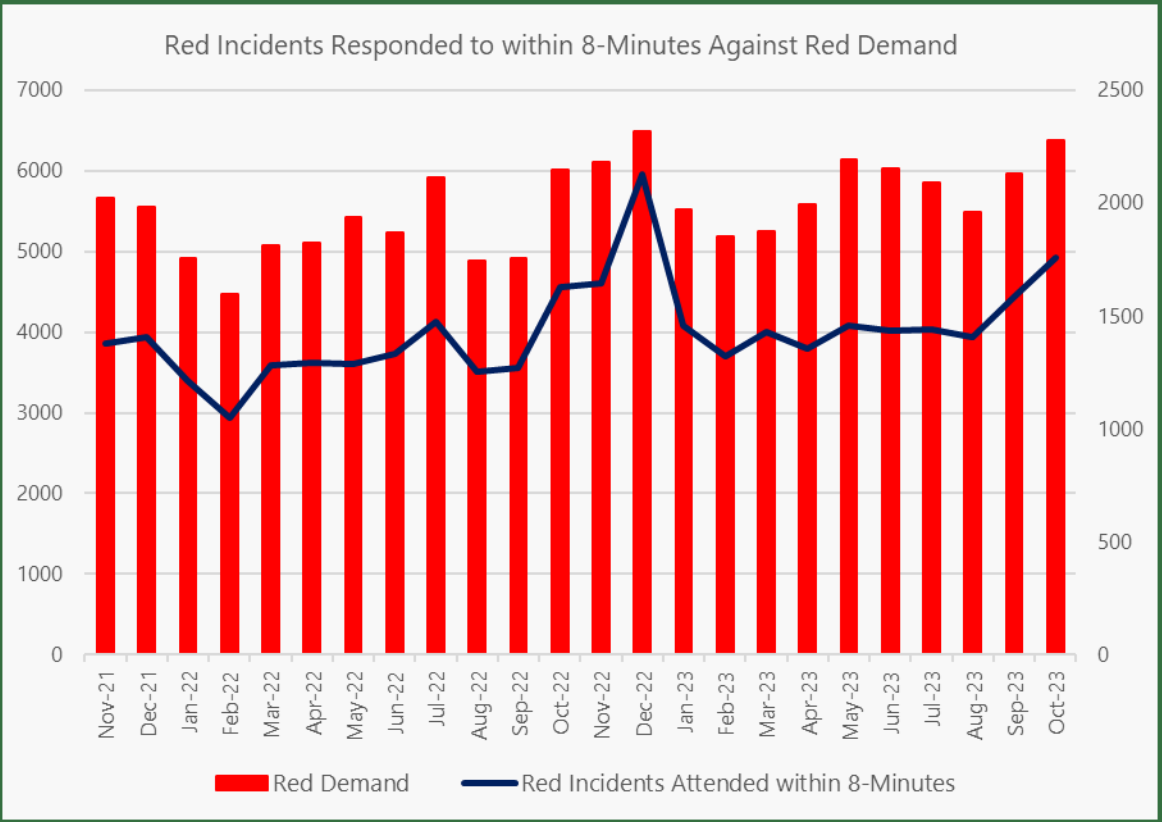
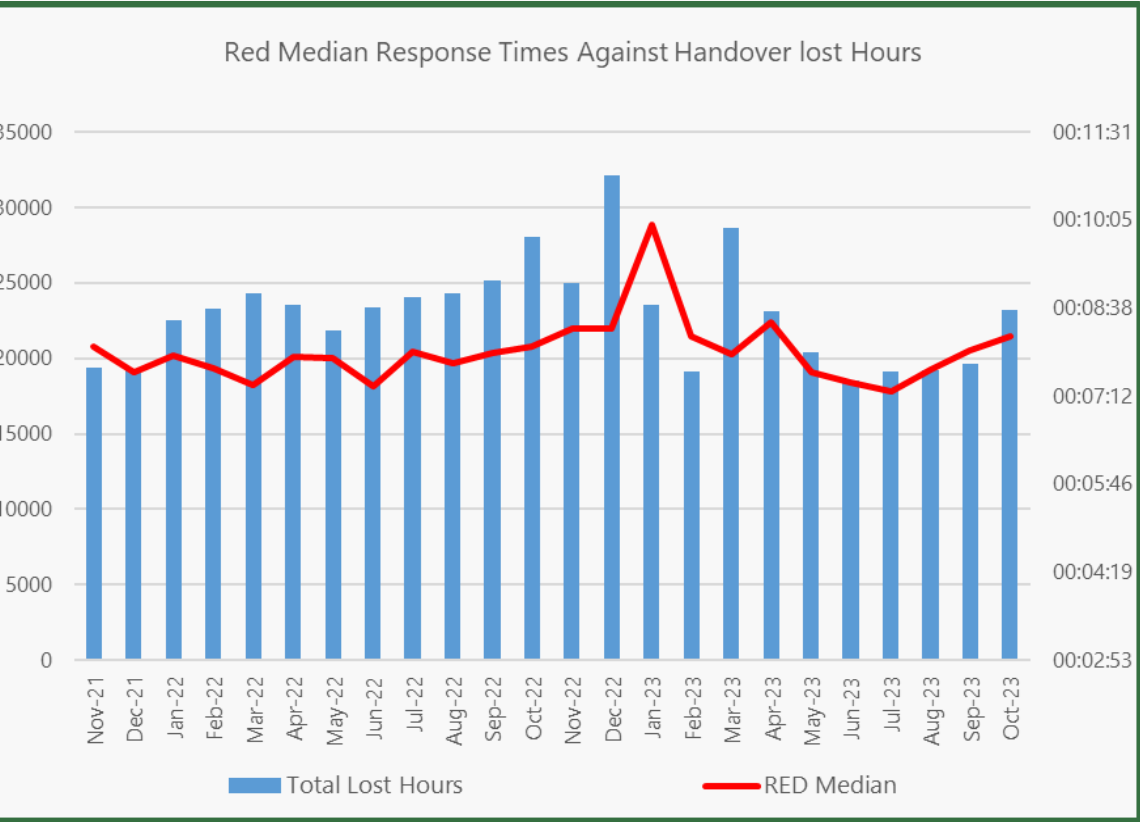
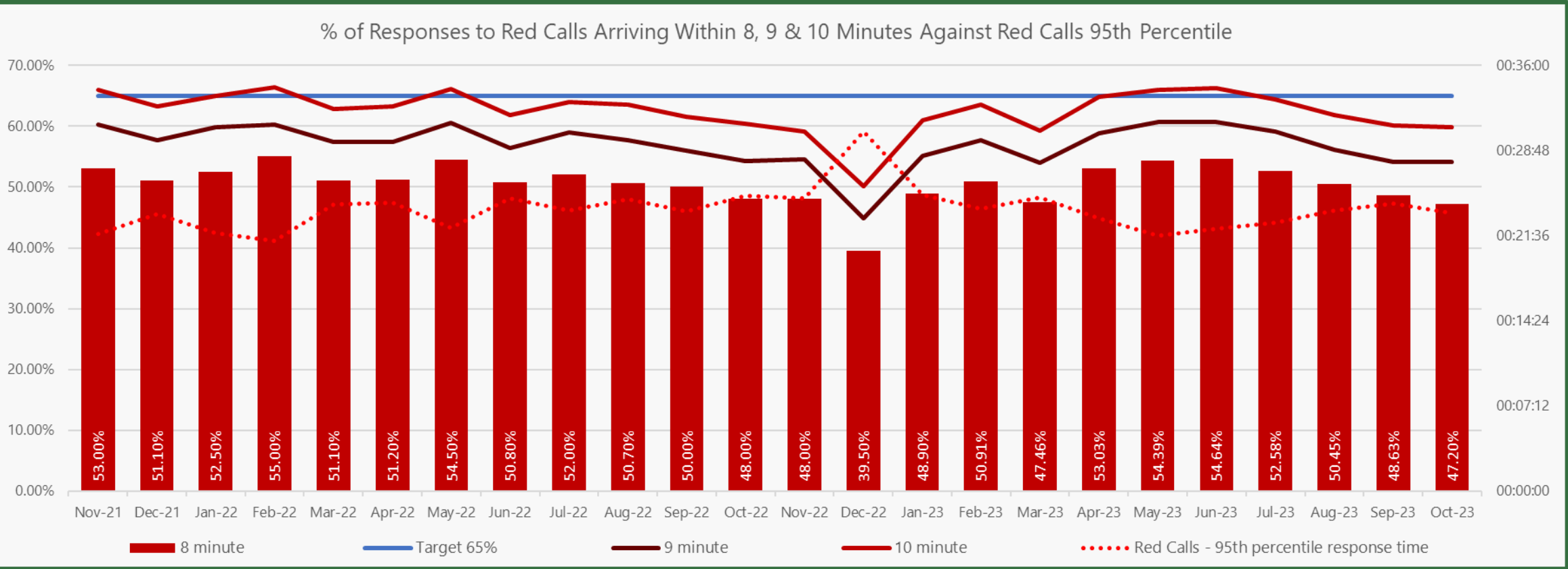
95%

R

QUEST

FPC

CI



Analysis

Red performance declined slightly in October 2023 to 47.2% and continues to remain below the 65% target. None of the seven health boards achieved this target. Red 10-minute performance was 59.8% for October 2023, down from 60.1% in September 2023 and the 4th consecutive month to see a decline in percentage terms.

Three of the main determinants of Red performance are Red demand, unit hours produced, and handover lost hours.

The bottom right graph shows that even though Red 8-Minute performance, based on percentage is falling, as demand increases the number of Red incidents the service is responding to inside 8-minutes has increased. In August 2023, the Trust responded to 1,958 Red incidents inside 8-minutes. This increased to 2,131 incidents in September and 2,277 in October 2023.

The lower left graph demonstrates the correlation between overall Red performance and hospital handover lost hours. Lost hours currently remain lower than their peak in December 2022, but October 2023 saw a significant increase to 23,232 lost hours compared to a figure of 19,610 in September 2023. This was the fourth month in a row that has seen an increase, meaning these levels continue to remain significantly above where they need to be. However, rates remain lower than during the same period in 2022.

Remedial Plans and Actions

The main improvement actions are:

- To maintain commissioned establishment levels overall. WG have confirmed funding for the additional 100 will remain in place for this financial year
- Full roll out of the Cymru High Acuity Response Unit (CHARU), now largely complete (127 FTEs v target of 153 FTEs) with the exception of some hard-to-reach areas. Further actions to address;
- Changes to the response logic and clinical screening of red calls, which are now live (19 June 2023);
- Reduce hours lost through sickness absence via managing attendance programme – trajectory for improvement in place as part of the IMTP (6% Mar-24);
- Working closely with Health Boards to support reduction in lost hours and a reduction in conveyances to ED. This is undertaken within local Integrated Commissioning Action Plan meetings and will include work on improvements in referrals to Same Day Emergency Care Units (SDECs).

Expected Performance Trajectory

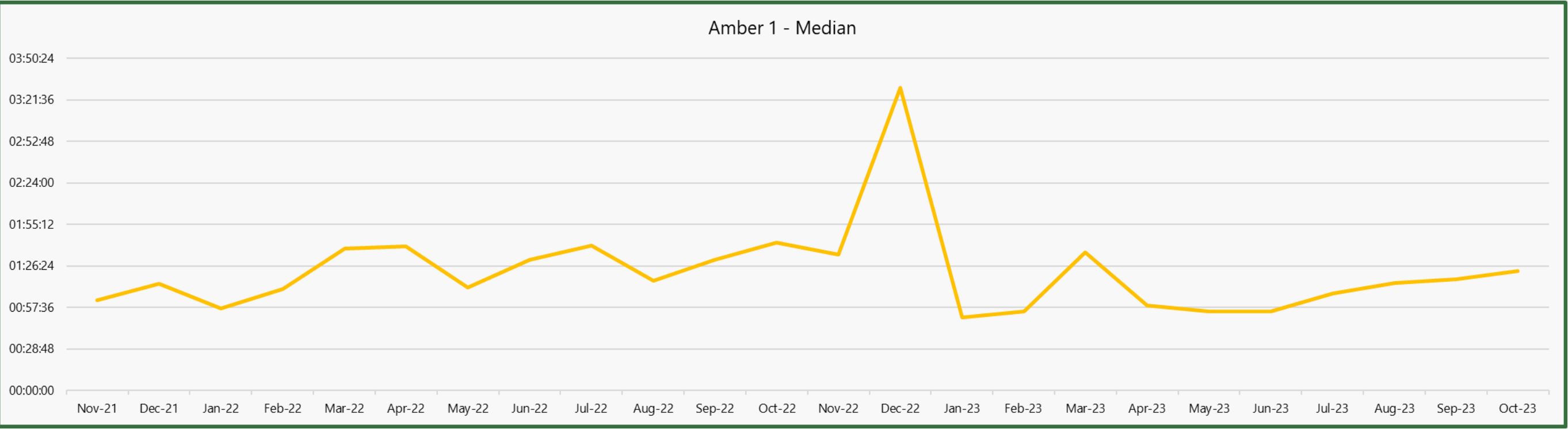
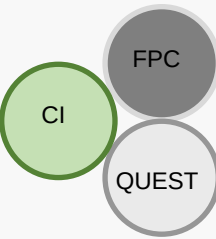
Winter modelling estimates Red 8 minute (most likely scenario) of 50% in October and November, declining to 45% in December, before recovering somewhat in Q4. The modelling has been shared with Welsh Government and EASC..

Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

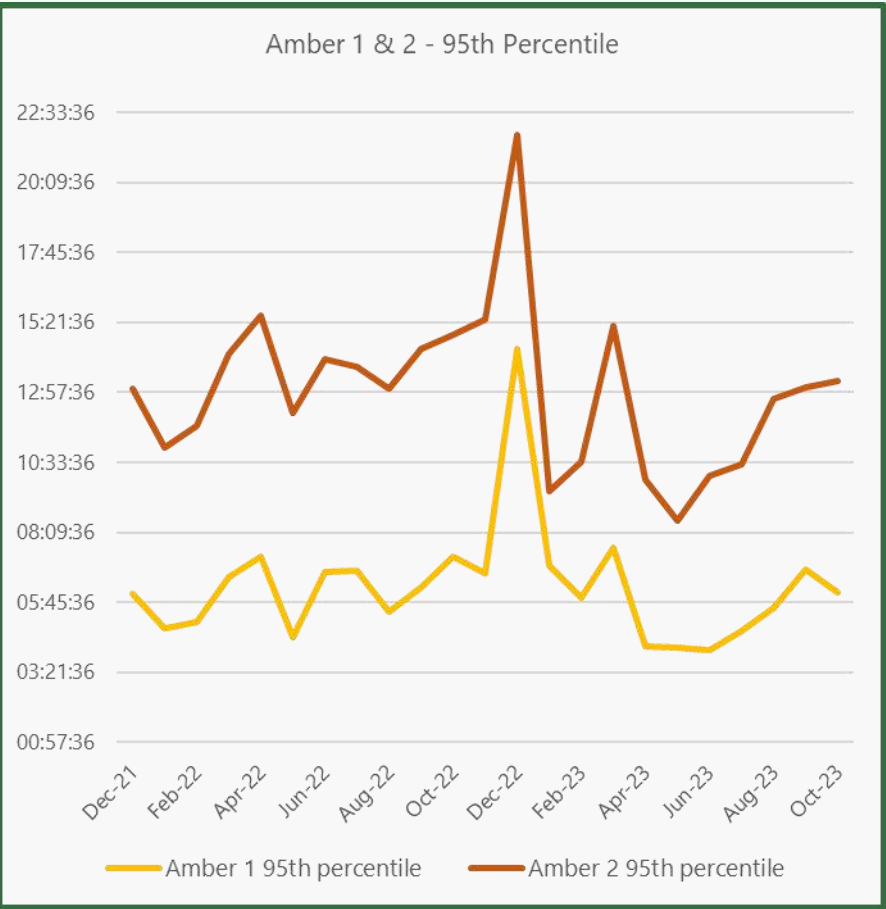
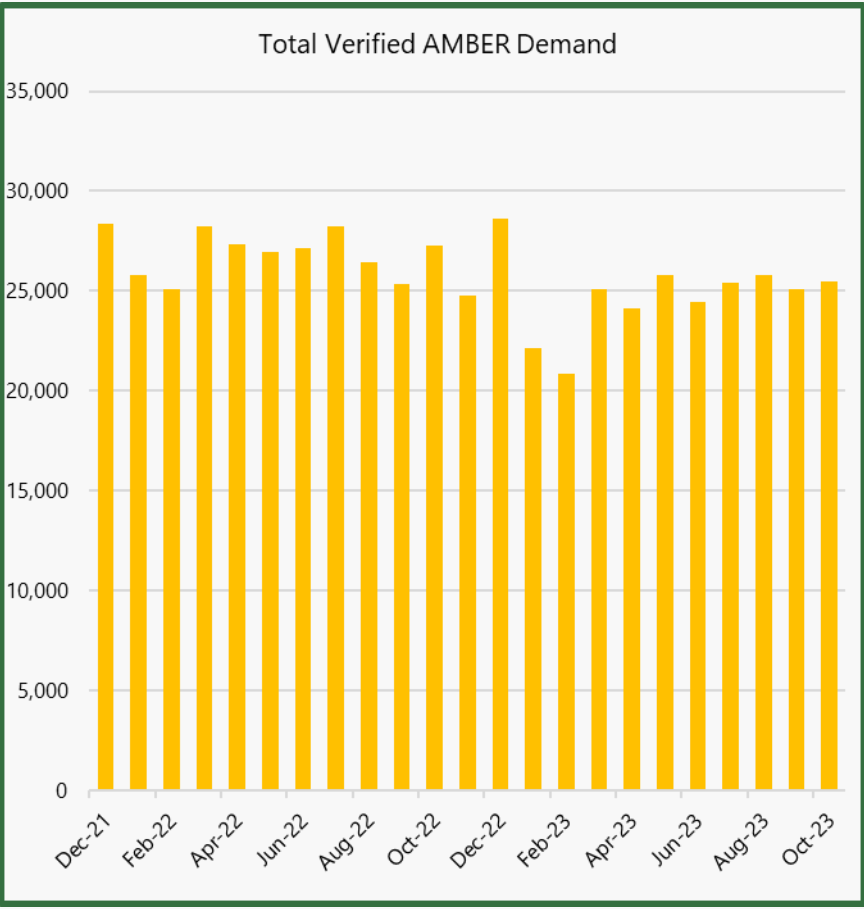
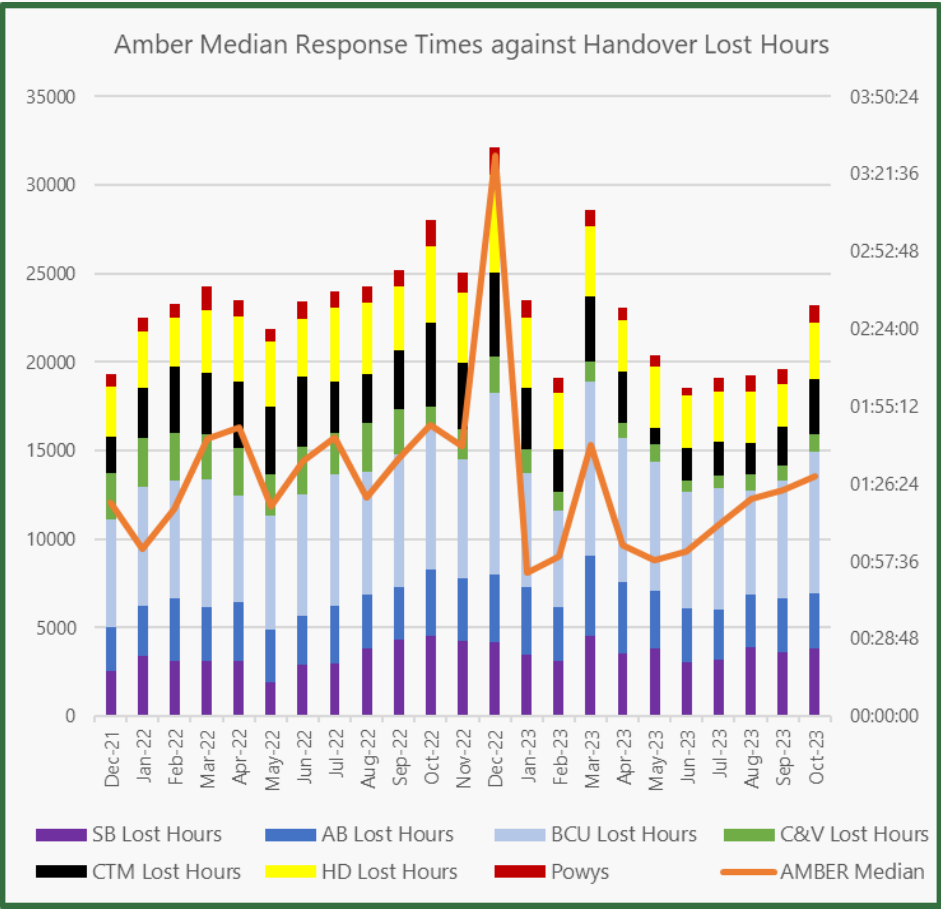
(Responsible Officer: Lee Brooks)



Analysis
Amber 1 median performance declined during October 2023 to 1 hour 23 minutes, from the 1 hour 17 minutes recorded in September 2023. The ideal Amber 1 median response time is 18 minutes. However, the 95th percentile declined to 6 hours and 6 minutes from 6 hours 54 minutes in September 2023.

There were some long patient waits in October 2023, with 1,888 patients (all categories, not just Amber) waiting over 4 hours, although this was an improvement on the 2,362 waiting over four hours in September 2023.

Amber demand increased slightly in October 2023 to 25,507 verified incidents, although this remains 7% lower than demand levels seen in October 2022.



As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays.

Remedial Plans and Actions
The actions being taken are largely the same as those related to Red performance on the previous slide.

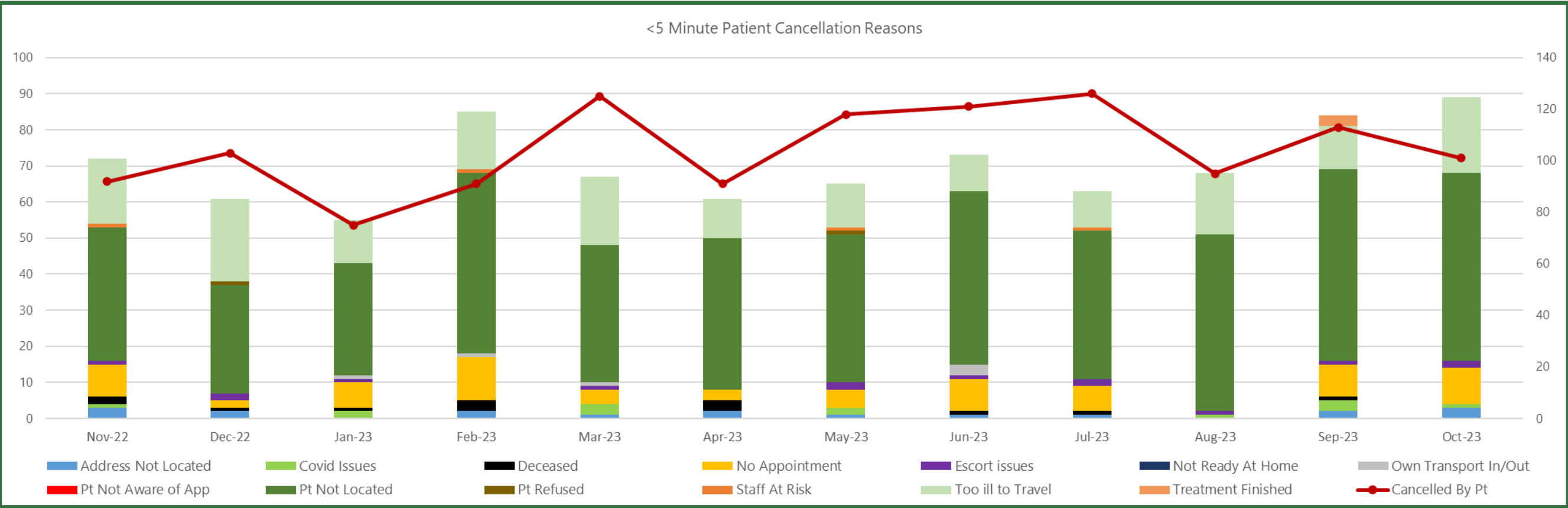
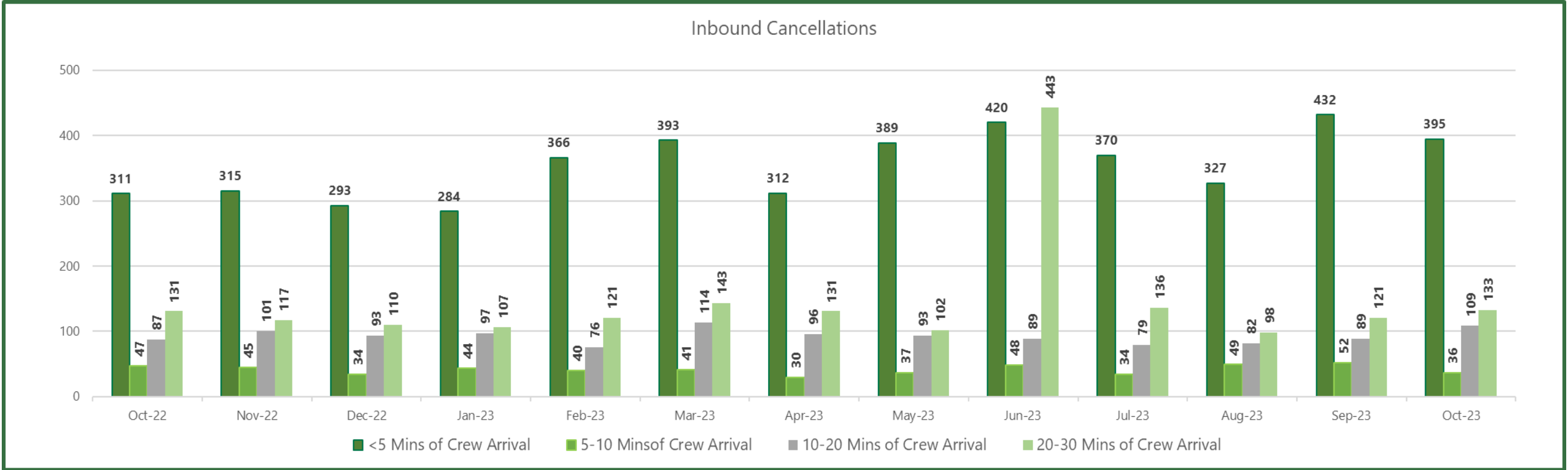
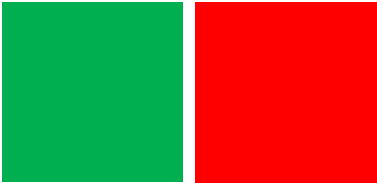
Expected Performance Trajectory
The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments and system efficiencies, not all of which are within the Trust's control.

Our Patients: Quality, Safety & Patient Experience

Ambulance Care Indicators

Patient Experience – NEPTS Cancellations on Arrival

(Responsible Officer: Lee Brooks)



Analysis
Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in October 2023 to 395, compared to 432 in September 2023. The total number of cancellations within 30 minutes also decreased from 694 in September 2023 to 673 in October 2023.

Cancellations within 5-minutes of arrival appears to have seen an overall increase during the past 12 months. In October 2023 there were 101 cancelled by patient* entries made within 5-minutes of crew arrival a decrease compared to the previous month of 113. The top reasons for less than 5-minute cancellations included: 52 patient not located, 21 too ill to travel and 10 no appointment.

During the past 12 months there has been a minimum of 30 patients not located in the 5-minutes or less each month.

Remedial Plans and Actions
The loss of hours through late notice cancellations is disruptive to the service and a number of actions have already been implemented including text reminders, call ahead by crew and pre-travel calls by admin staff as resource allows.

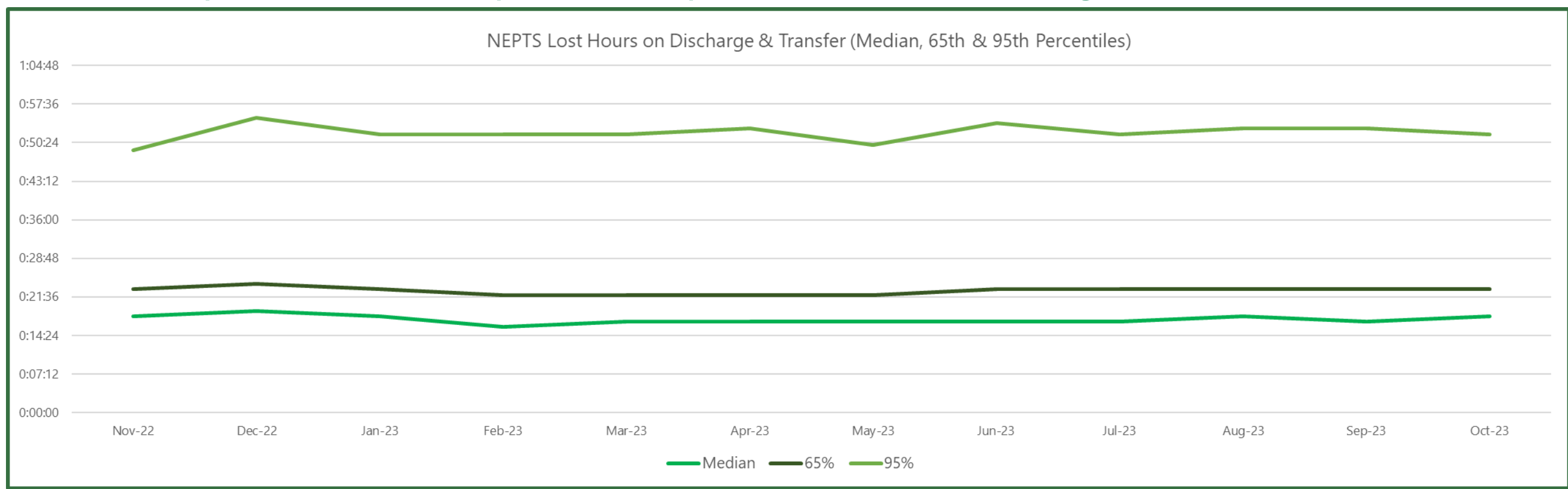
In addition, the enhanced service hub undertakes focused actions to identify and address incidences of enhanced patients late notice cancellations.

However, what is needed to really improve this position is alignment between WAST and HB systems so that cancellations flow and HB staff not booking discharges where transport is not assured, or cancellation occurs due to a change in patient circumstances. A trial is being worked on with BCU & CTM to try and improve this locally and develop a national model.

Expected Performance Trajectory
Until this work is completed, we do not anticipate a significant shift in the trajectory.

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

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



Analysis
Time lost on discharge and transfer pickup has remained consistent for some time now with minimal variation experienced.

The data shows that the average time lost over the past 12 months is 17 minutes, which includes time from arrival at site to when the patient is loaded on the vehicle. The hope is that over time this can be reduced to 15 minutes.

Where sites have discharge lounges, it may be possible to reduce current performance and within some sites this occurs regularly.

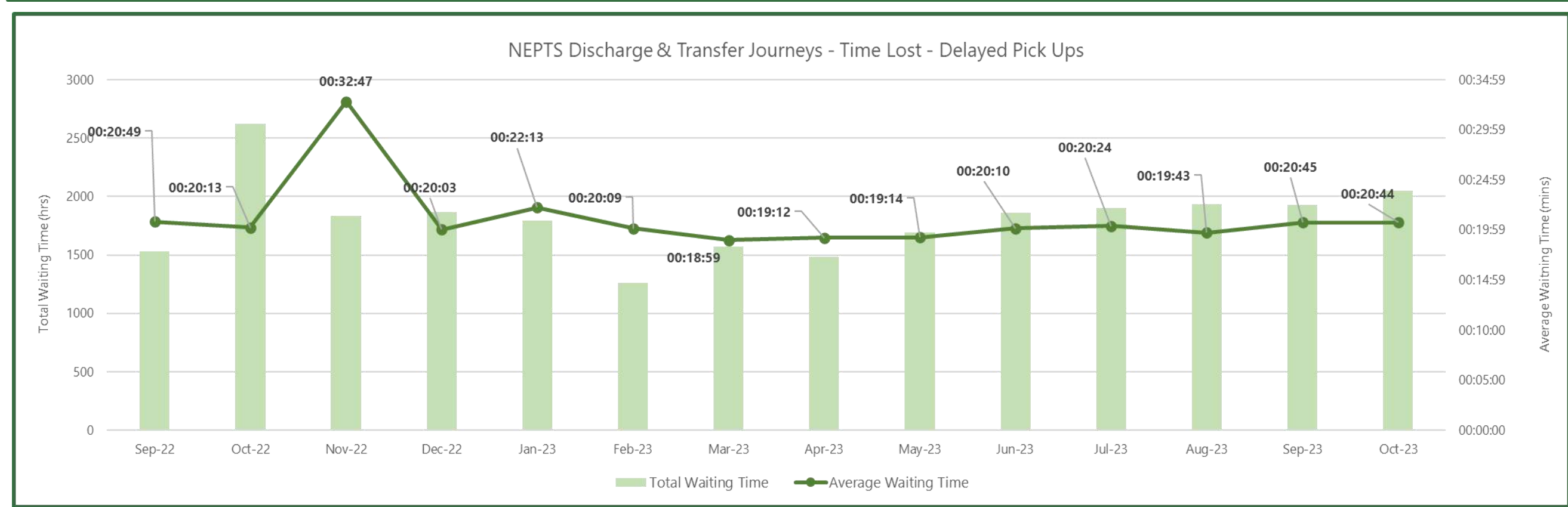
The main area of concern are those sites where no discharge lounge exists or where the discharge lounge is poorly located in addition to sites that have no robust process to make sure that a patient and their accompanying requirements are ready when crews arrive

Remedial Plans and Actions
We have started work with BCU at YGC and CTM to develop an optimal discharge model to minimise this figure as close to the 15 minutes as is possible.

This model can then be rolled out across all areas of Wales.

In addition, our teams are refining our processes including making it clear to crews when to input to their MDT, the rollout of MDVS will assist with this.

Expected Performance Trajectory
Until the model is developed and rolled out, we do not anticipate any significant variation in this data. However, we continue to work with sites and the teams to identify opportunities to reduce.



Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, Acute Coronary Syndrome Patients with Appropriate Care

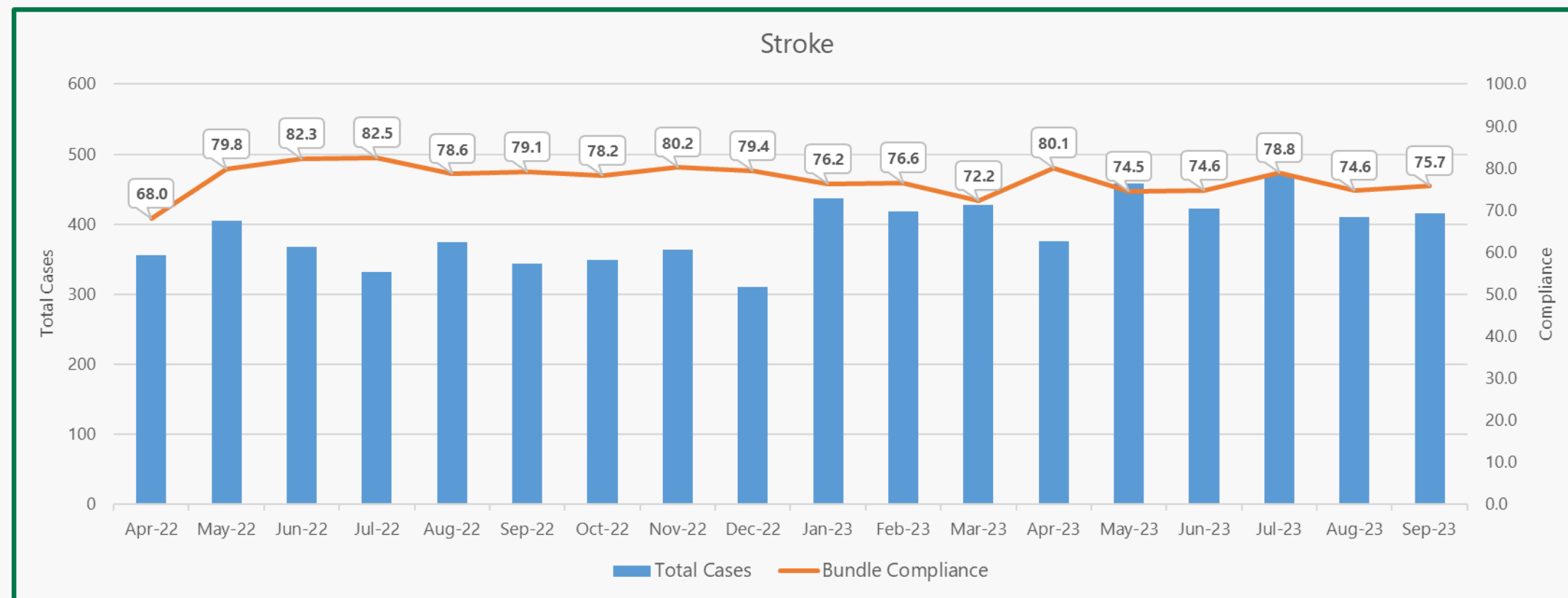
(Responsible Officer: Andy Swinburn)

Stroke/Hip
Fracture/Hypoglycaemic

R

Self-Assessment:
Strength of Internal
Control: Moderate

QUEST



Analysis

The percentage of suspected stroke patients receiving an appropriate stroke care bundle in September 2023 was 75.7% which was a slight improvement on the 74.6% recorded for August 2023, but remains below the 95% performance target. This was against a total case number of 416 during the month of September.

The ROSC rate declined marginally to 22.1% in September 2023 after achieving its highest rate of 23.8% in August 2023.

The STEMI rate also decreased to 46% in September 2023 compared to 48.4% in August 2023, this at the same time as total cases also declined.

Work on reporting a new clinical indicator relating to call to door times for STEMI and Stroke continues and is planned to be included for November Trust Board.

Remedial Plans and Actions

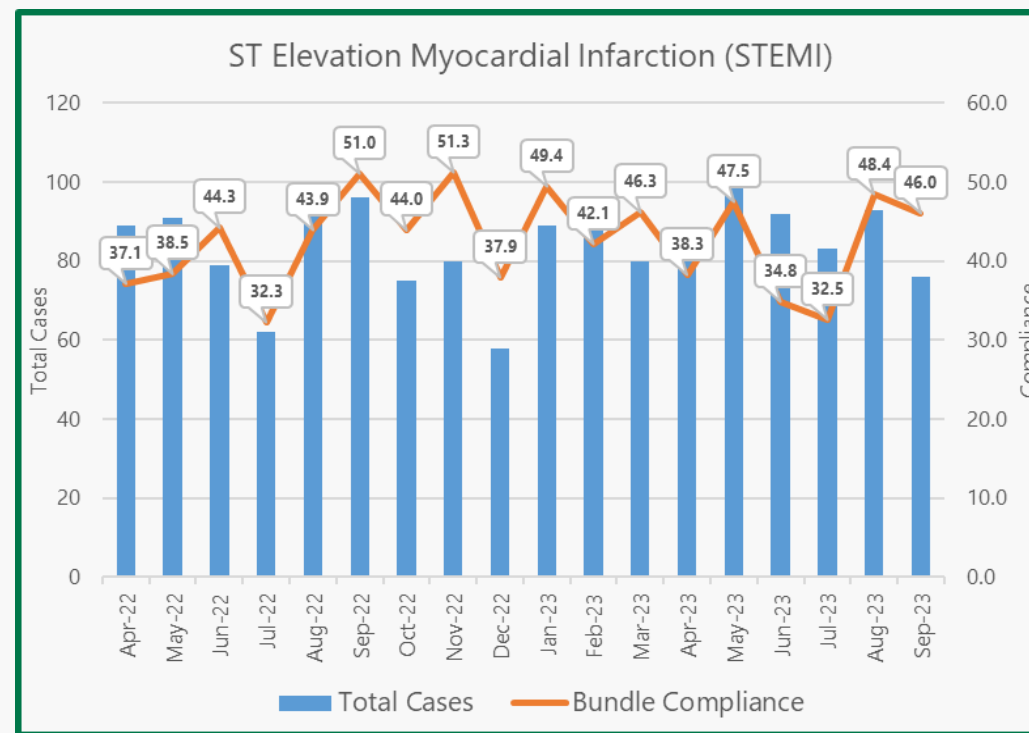
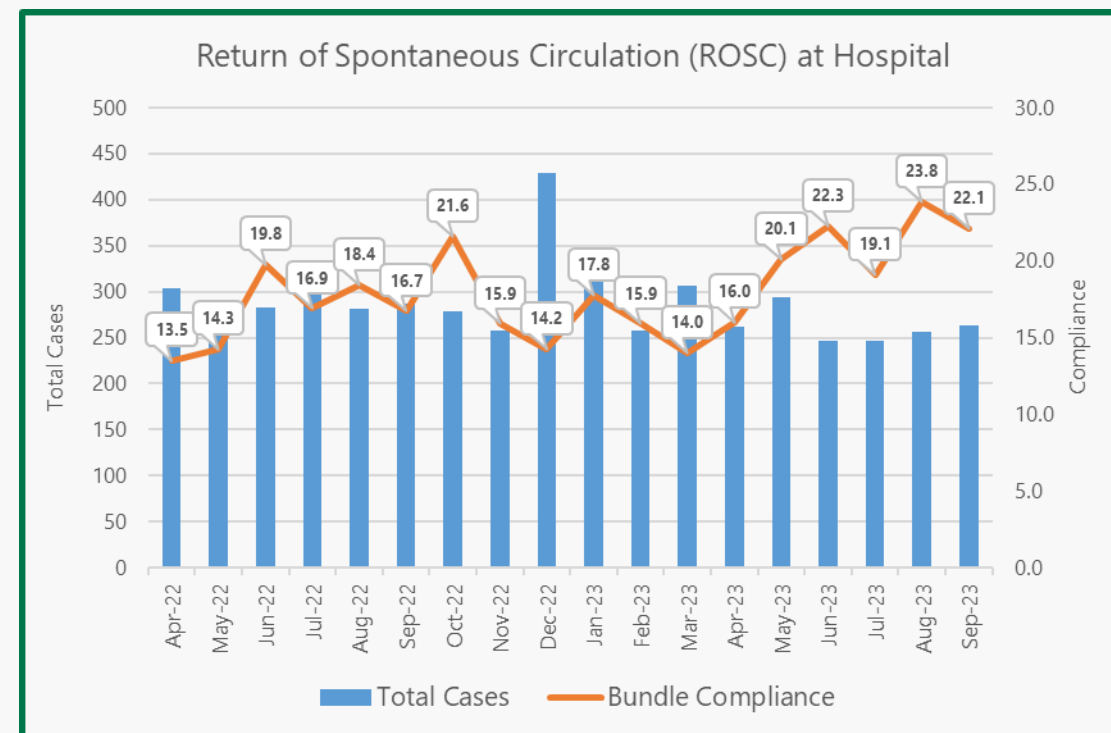
It is likely that as the ePCR system continues to embed within clinical practice, data points might be missed. An improvement approach has been taken, a series of 'Top Tips' posters have been circulated and specifically shared with Senior Paramedics to support their conversations with WAST clinicians as part of the ride-out process. This is based on deep dive quality assurance audits conducted for each of the CIs and reported through the Clinical Intelligence Assurance Group (CIAG) prior to approving and publishing CI data as Ambulance Service Indicators to EASC. In addition, the deep dive quality assurance audits are contributing to recommending improvements that can be made to the ePCR user interface to enable improved data capture in future versions of the application, this work is being progressed with Terrafix, the next updates to the ePCR are scheduled for implementation by the end of October 2023.

In relation to the new clinical indicators, a further review is ongoing to ensure data points are correct and in line with other national reporting systems.

In addition, the Trust is scoping out the potential for three new Clinical Indicators: -
a) Older fallers discharged at scene. This was part of a pilot undertaken along with English Ambulance trusts but due to differing criteria WAST will look at specific CIs.
b) Advanced Paramedic Practitioner – discussions are taking place to establish a specific metric.
c) Pain management/trauma – discussions taking place to establish specific criteria.

Expected Performance Trajectory

As shown throughout the UK, the implementation of CHARUs will aid the Trust in successfully increasing ROSC rates. Once CHARU has been implemented fully it is anticipated that ROSC rates should increase.



Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators

(Responsible Officer: Liam Williams)

NRI.

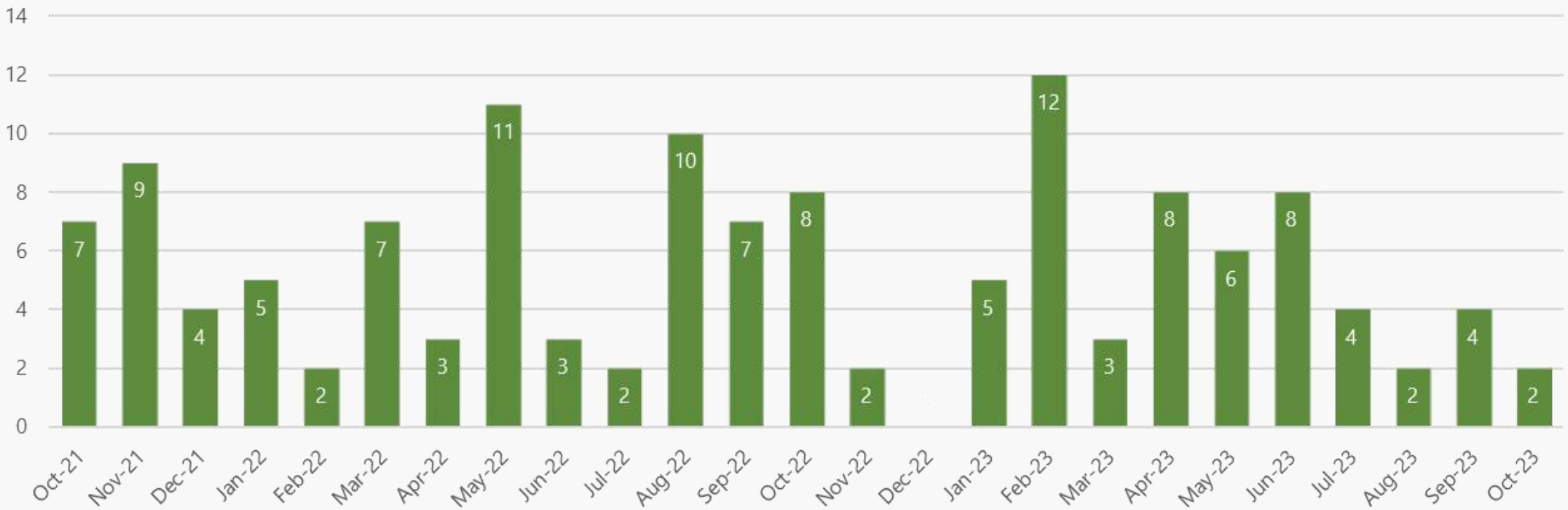
A

Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health - Safe Care /
Timely Care

NRIs by Date Reported to the NHS Executive - All Wales



Analysis

The percentage of responses to concerns in October 2023 is 21% against a 75% target (30-day response) which is a deteriorating position, however there is currently a backlog in recording concerns due to limited capacity in the team. This will impact on the data and information presented for this period and this will be updated in future reports. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns has increased with 95 complaints being received and processed in October 2023 (the backlog of concerns to be processed will also impact the data to date). These complaints are frequently complex with our concerns administrators taking lengthy calls from distressed patients or family members for up to one hour per call.

Six Serious Case Incident Forums (SCIF) were held during the month and twenty-seven cases were discussed. Following discussion two serious patient safety incidents were reported to the NHS Wales Executive and sixteen cases were referred to Health Boards for investigation under the Joint Investigation Framework. The Trust received one referral from a Health Board (ABUHB) under the Joint Investigation Framework during the period. Learning from the Joint Investigation Framework process remains limited with Health Boards cited high levels of escalation as causal factors.

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families as appropriate.

Themes relating to serious patient safety incidents reported to the NHS Wales Executive (Delivery Unit) as Nationally Reportable Incidents (NRIs) include delayed community response times and call categorisation, predominately ineffective breathing which is being discussed at national ambulance forums as a consistent theme.

In October 2023, 677 patients waited over 12 hours for an ambulance response and 49 compliments were received from patients and/or their families.

Remedial Plans and Actions

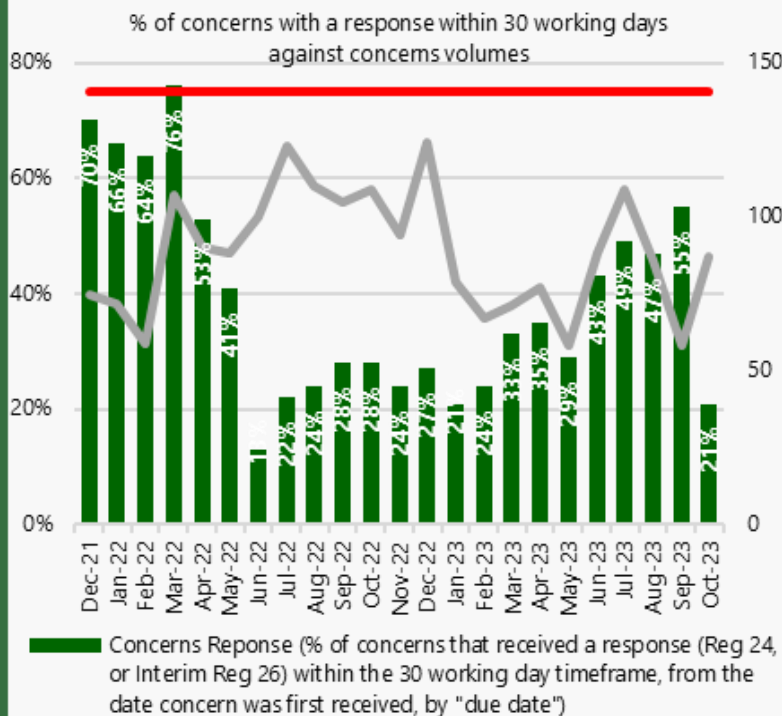
A range of actions are in place:- Recruitment, redeployment and assessment of workload and where to best place resources continues corporately and within the Operations Quality Team. Following financial agreement at the Executive Leadership Team in September 2023 an organisational change process commenced in the Putting Things Right Team on 25.09.2023.

Delayed community response (Risk 223) and handover of care delays at hospitals (Risk 224) are the two highest rated risks on the Trust's Corporate Risk Register (both rated 25) and include detailed mitigations and current actions, both are considered at Board sub-committee level and at Trust Board. The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

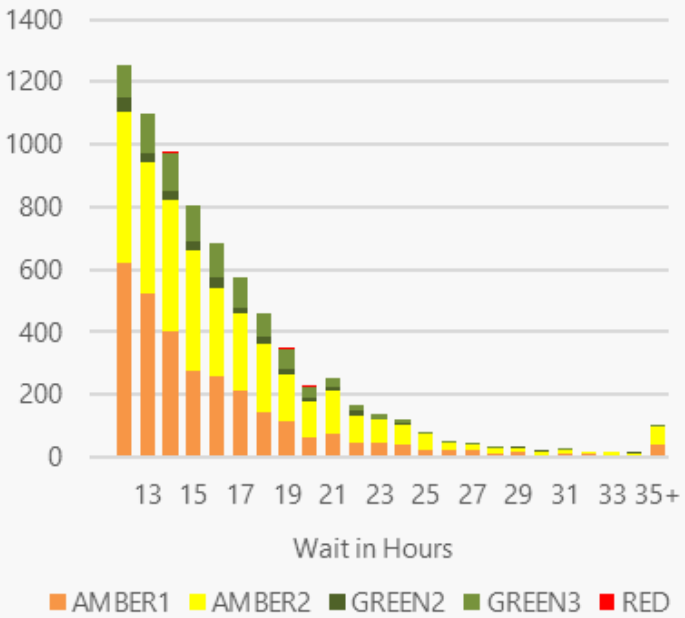
The Trust is expecting continuing challenges with performance especially as hospital delays remain a significant challenge impacting on the quality and safety of care to patients in the community and those delayed outside of hospitals awaiting transfer to definitive care which are detailed on the Corporate Risk Register.

NRI & Concerns Data source: Datix / Longest Waits Data Source: Report Manager



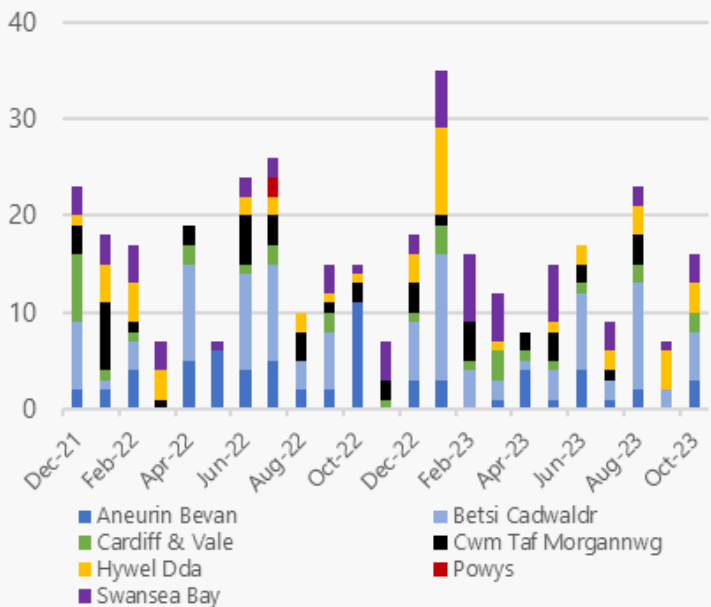
*NB: Data correct on the date and time it was extracted; therefore, these figures are subject to change

Number of Patient Waits over 12 hours by Priority Type (Nov-22 to Oct-23)



**NB: 30 Day Compliance reported from Power BI and therefore data is not yet validated

Number of Incidents reviewed at the SCIF reported to the Health Board on the Joint Investigation Framework (JIF).



Our Patients: Quality, Safety & Patient Experience

Patient & People Safety Indicators

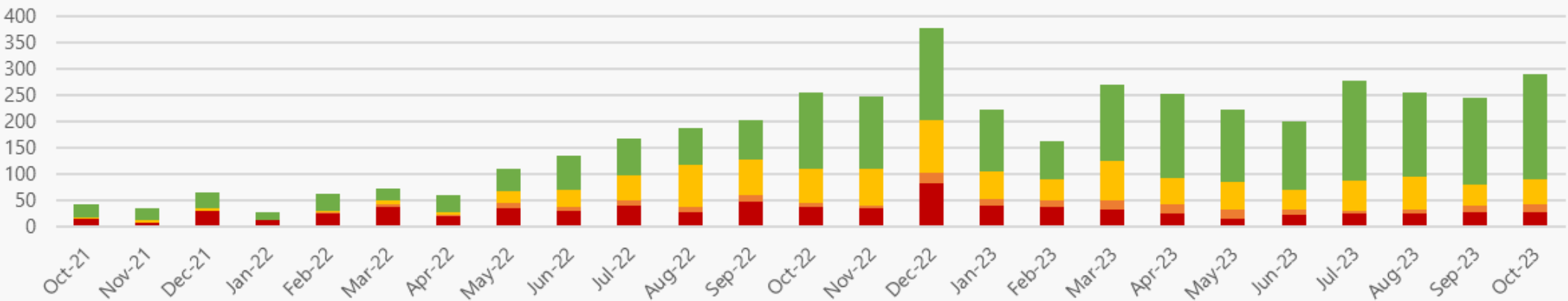
(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care

Number of incidents Closed on Datix system within the reporting month, by Harm grading (Volumes Received)



	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23
Minor	24	22	30	15	33	23	33	44	66	71	71	75	146	136	175	119	74	147	159	137	132	189	160	166	200
Moderate	2	5	5	1	3	7	5	22	32	46	79	67	64	70	99	52	38	74	50	53	37	58	63	41	48
Severe	2	0	0	0	1	6	3	9	9	10	10	12	8	7	21	12	14	17	18	17	10	4	7	11	16
Catastrophic	14	8	30	12	26	37	20	36	29	41	28	48	37	34	82	40	37	33	25	15	22	26	26	28	27

Analysis

Once cases are investigated and any improvement actions / learning is identified by the Patient Safety or Clinical Team, (or for instances where serious harm has occurred referred to the Serious Case Incident Forum (SCIF) for review) they are closed.

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families. The Datix Cymru System has recently been updated nationally to allow Duty of Candour to be captured and reported and further work to develop a dashboard is in progress. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

- No harm or hazard – 97
- Minor harm – 200
- Moderate harm - 48
- Severe Outcomes - 16
- Catastrophic - 27

(*NB: Volumes received).

The bottom graph highlights the 607 Incidents that were closed on the Datix system in October 2023. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

Remedial Plans and Actions

Workload for all members of the team continues to be high due to continued system pressures resulting in a backlog of Putting Things Right concerns which are frequently complex. It is expected that the combination of the implementation of the Duty of Candour, Duty of Quality and the Medical Examiner Service will involve additional activity for the Putting Things Right Team.

The Putting Things Right Team organisational change process consultation phase has competed, and the final structure is approved. This new structure has considered our local and national priorities and resources to meet the needs of our patients and families.

The Trust is represented at national networks including Duty of Candour, Complaints, Ombudsman, Learning, Mortality, Claims, Redress and Datix Cymru development groups as resources allow. Work is progressing in respect of the development of dashboards and the aggregation of data and information to inform patterns, trends and learning opportunities as part of the quality management system.

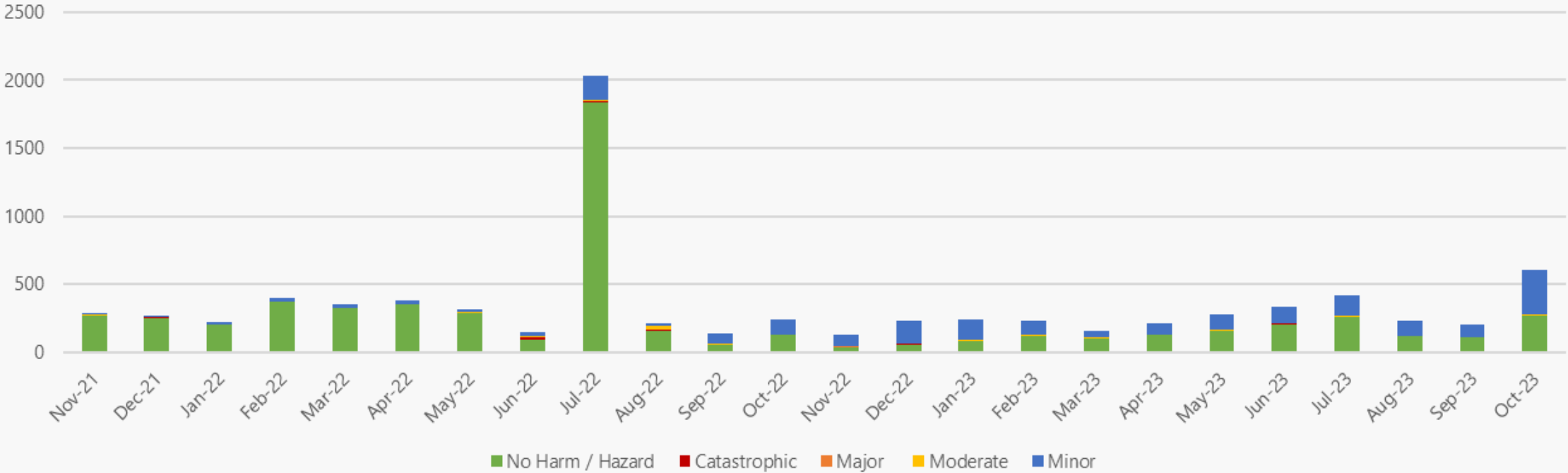
Expected Performance Trajectory

The Trust will continue to identify quality and safety improvements through the Putting Things Right processes.

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

Data source: Datix

Number of Incidents closed on Datix system within the reporting month, by harm grading at point of closure (Volumes Closed)



Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators

(Responsible Officer: Liam Williams)

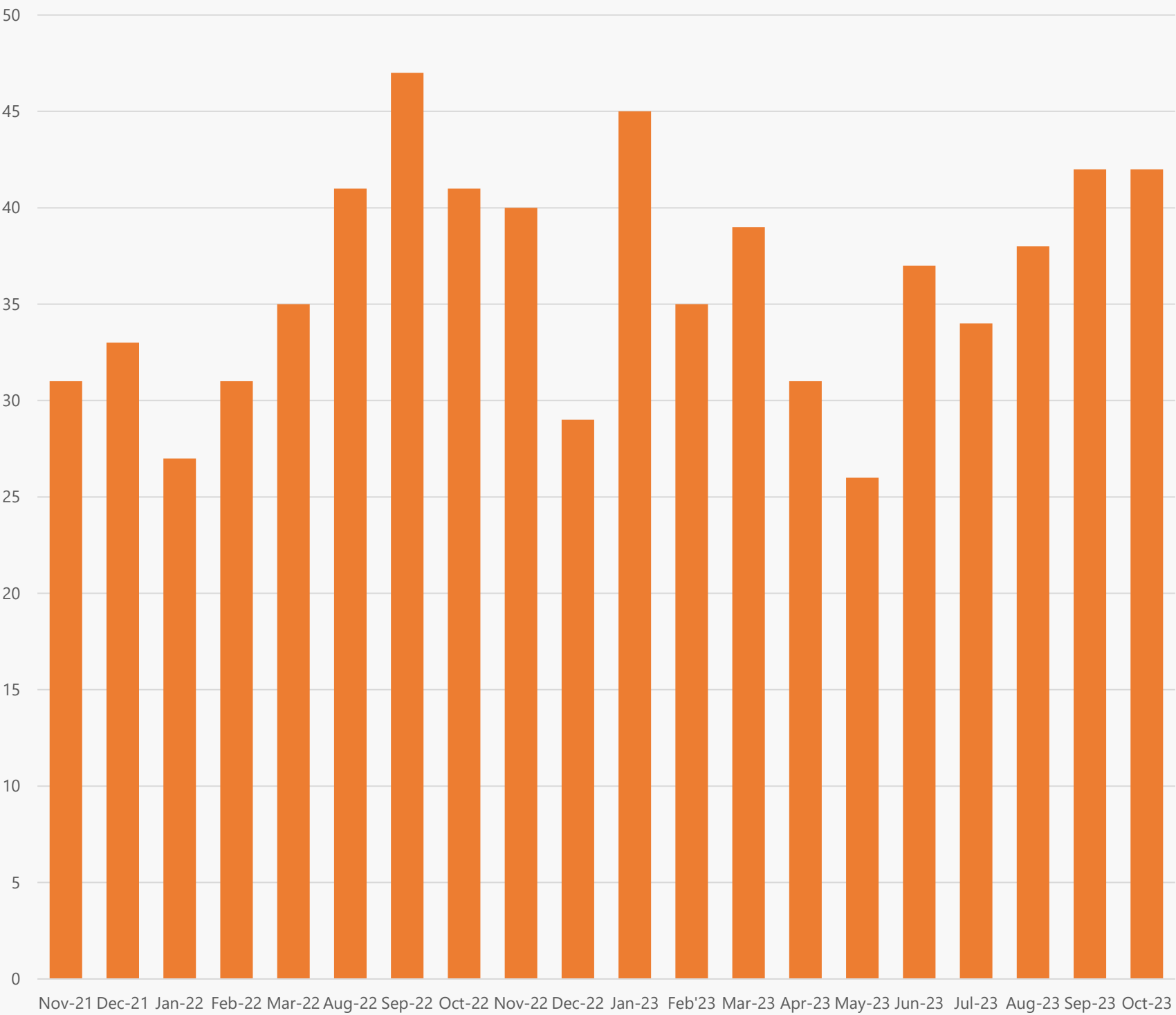
Coroners
Self-Assessment:
Strength of
Internal Control:
Moderate

Mortality
Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

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Health – Safe Care

Total Number of Coroner Requests - Pan-Wales



*NB: Temporary graph at All-Wales level: The Trust is currently unable to report Coroner requests at Health Board level due to the implementation of the new Datix system

Analysis

Coroners: As anticipated this month has seen a further increase in the number of approaches from the coroner. The complexity remains high, with multiple statements and actions per approach. This is in addition to the additional work required to manage cases where the Trust has been given IP status. Cases continue to be registered and distributed and the Team has had to introduce a new process surrounding the notification of summons to inquest. At the national network, all Health Bodies reported an increase in both volume and complexity of the coronial work post pandemic.

Ombudsman: There has been a reduction in initial approaches to the Trust by the PSOW. All PSOW cases are now being managed via Datix Cymru. A draft report has been received and the content is currently being considered by the Trust.

Mortality Review: The Trust continues to participate in Health Board led mortality reviews as appropriate, with attendance from the patient safety team and clinical colleagues as available. Data and information is also provided by the Trust as required to the Medical Examiner Service to inform their reviews of deaths in acute care. Feedback from the Medical Examiner Service in respect of themes and trends include timeliness in response to patients in the community, handover of care delays and patients on the end-of-life care pathway being conveyed to acute care. The All-Wales Mortality Review Group at which WAST has representation has recently commissioned 'A Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) All-Wales Thematic Review' selecting cases covering January 2022 to January 2023. This review encompasses all Health Boards, and the final report will be provided by the end of 2023 (delayed nationally was expected October 2023). To date the Trust has not received any requests to undertake any Level 2 mortality reviews of patients in our care under the new processes in place across NHS Wales. Currently the focus of the Medical Examiner Service is undertaking mortality reviews in the acute care setting and the plan is for all non-coronial deaths, including community deaths to be reviewed by the Medical Examiner Service by April 2024 when the Service becomes a statutory body. An increase in activity for requests / reviews for the Trust is expected when this occurs.

Remedial Plans and Actions

Coroners: The Team continues to ensure that we are meeting the dates for the production of statements, and escalating should difficulties be experienced.

Ombudsmen: All cases are recorded and monitored on the Datix system.

Mortality Review: The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews under the new approach and our internal framework has been approved at the Clinical Quality Governance Group. Representation and contribution by the Trust at the All-Wales Mortality Working Group continues, and a task and finish group has been established to review the process for contacting families following their meetings with the Medical Examiners. Additionally, the Patient Safety Team are engaged in the meetings lead by the Once for Wales Datix Cymru team who are developing the Datix Cymru Mortality Module currently.

Internally the Trusts Learning from Deaths Group is set to commence from November 2023 with the terms of reference drafted and going through approval processes. A detailed report was presented at the QUEST Committee in October 2023.

Expected Performance Trajectory

Coroners: This level of activity seems to be the new normal and will continue to be monitored.

Ombudsmen: Learning has been placed in a Patient Safety Newsletter, for sharing pan-Wales.

Mortality Review: Whilst the multiple benefits of the Medical Examiner Service are recognised there will undoubtedly be significant resource implications for the Trust, particularly as the process expands to every non-coronial death in NHS Wales by April 2024 and the Health Boards (who are at different levels of maturity regarding mortality reviews) start to develop and embed their processes. It is recognised that some cases will have already been reviewed via Putting Things Right processes internally through the Serious Case Incident Forum.

Data source: Datix

Mortality Reviews Data source: Internal Web Application

Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Strong

QUEST

Health & Care
Standard
Health – Safe Care

Safeguarding Data source: Doc Works

Analysis

Safeguarding: In October 2023 staff completed a total of 192 Adult at Risk Reports, 91% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 543 referrals were received and processed to the local authority during this reporting period. There have been 249 Child Safeguarding Reports in October 2023, 91% of these were processed within 24 hours.

Data Governance: In October 2023 there were 19 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 19 breaches, 2 related to information governance/confidentiality, 7 records/information, 4 Information Technology, 3 equipment / devices, 2 communication, and 1 safeguarding.

Public Engagement: During October, the Patient Experience and Community Involvement Team attended 30 community engagement opportunities, engaging with approximately 1,094 people. This month engagement has included visiting a number of support services for minority ethnic communities, including the Swansea Chai & Chat Women's Support Hub and attending the Cardiff & Vale Ethnic Minority Health Fair. We have visited several mental health forums this month and continue to engage with and meet colleagues from Llais across Wales to build collaborative working practices. Throughout October we also attended all of the Bevan Commission Big Conversation events as observers. These events were hosted by the Bevan Commission and will report back to the Welsh Government on what people in Wales feel the future of Health & Social Care should look like. At events throughout the month, we continued to use engagement opportunities to listen to people's experiences of using our services, capture feedback, encourage people to complete PREMs surveys and to recruit people to join our People & Community Network. During October we also continued to make a range of Patient Experience Surveys (PREMs) available, asking people to provide feedback about their interactions with our services. Engagement and survey outcomes remain largely consistent and tell us that people continue to be concerned that help will not be available when they need it and that people have experienced delays after calling 999, but that people are generally happy with the care they eventually receive. 111 callers have told us that they experienced long waits for their calls to be answered and reported long waits for call backs. NEPTS users told us that overall, they continue to be happy with the transport they receive but experience longer than wanted delays when waiting for their transport home following their appointment.

Remedial Plans and Actions

Safeguarding: The Trust primarily manages all safeguarding reports digitally via Docworks Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support staff with the use of the Docworks Scribe App and liaise with local authorities when or where required. Numbers of paper safeguarding reports have significantly reduced with the embedding of Docworks; however, they are used as a back-up and are sent directly to the Safeguarding Team for further action. Continued monitoring supports practice in this area which is seeing a steady improvement.

Data Governance: During the reporting period, of the 19-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). The IG Team will continue to review and provide advice on reported incidents.

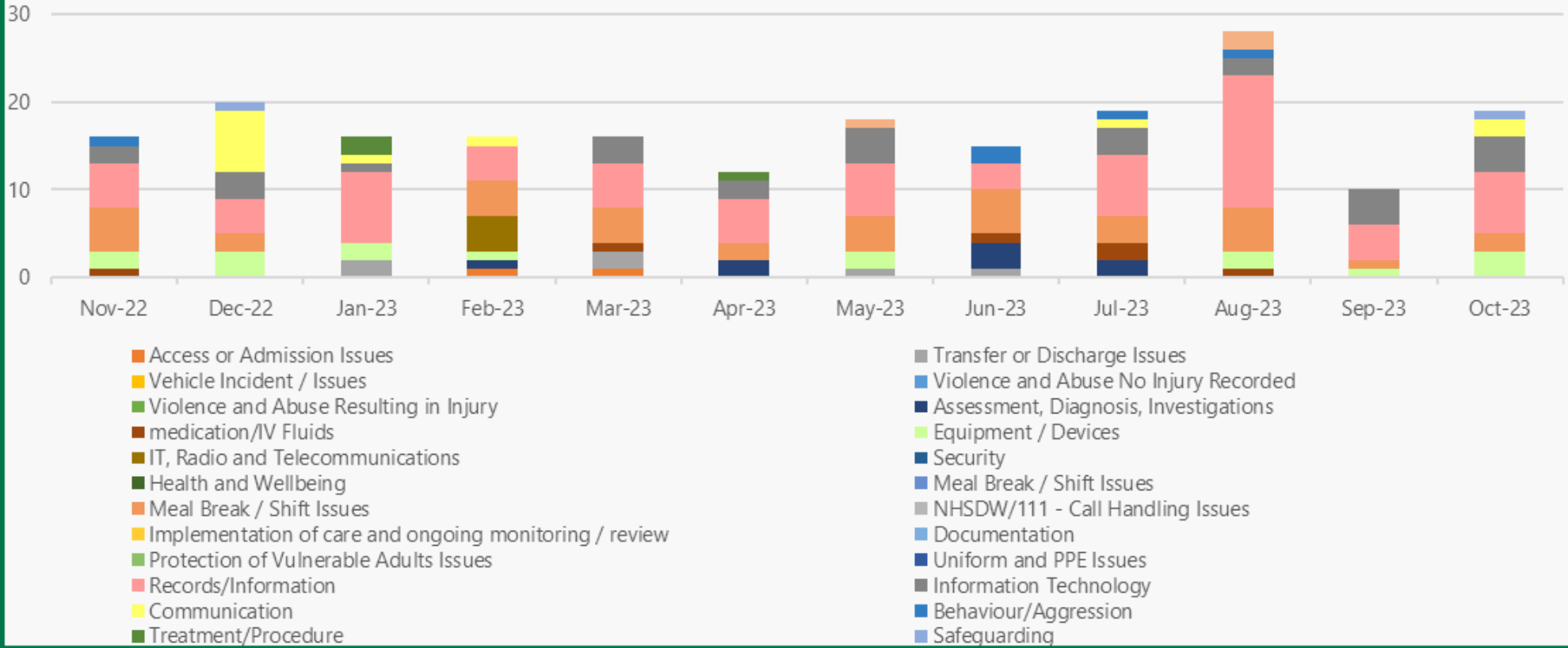
Public Engagement: Community involvement and engagement with patients/public forms an integral part of the Trust's ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PEGI Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination. The PEGI Team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive. Response rates to our PREM's surveys is disappointingly low and we acknowledge that this means we cannot report a truly reflective picture of what it feels like to be a user of some of our services. We are actively working with colleagues across the Trust to agree on solutions that would allow us to directly contact more patients to ask for feedback. In October we have escalated our concerns to barriers which are preventing us from directly contacting patients to colleagues at the Welsh Risk Pool who oversee implementation of the Once for Wales Civica & Datix systems. We are seeking their advice on a way forward following a letter to WAST from the Welsh Risk Pool which highlighted WAST as an outlier in not fully utilising features in Civica to record and report on patient experience.

Expected Performance Trajectory

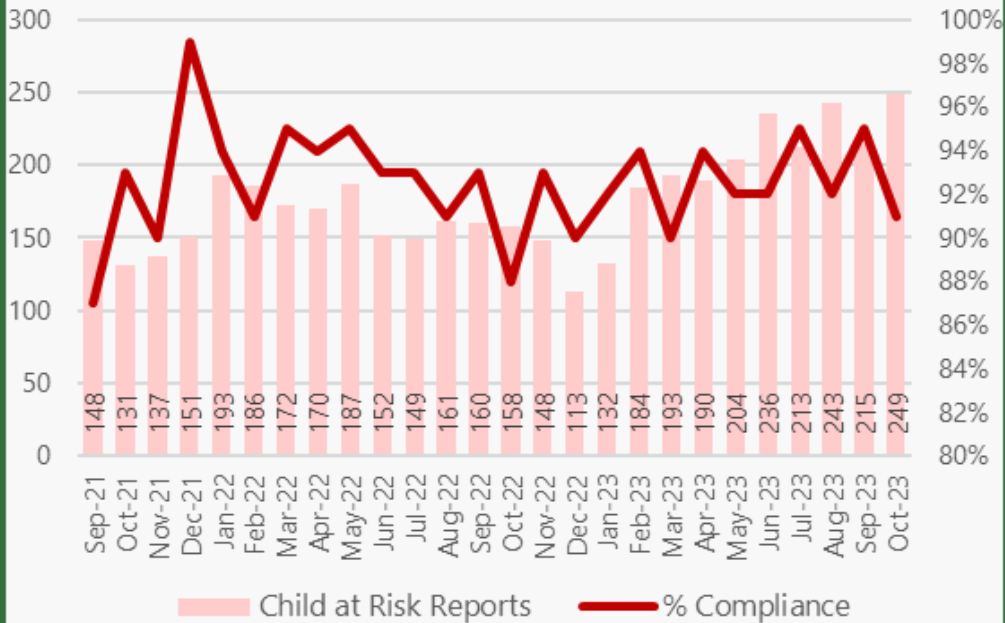
Safeguarding: The Trust continues to aim to achieve 100% of Adult and Children at risk referrals within 24 hours.

Data Governance: The new submission for FY23-24 IG Toolkit is open with a new question set compared to the previous year. An action plan has been developed based on the new question set which continues to be worked on.

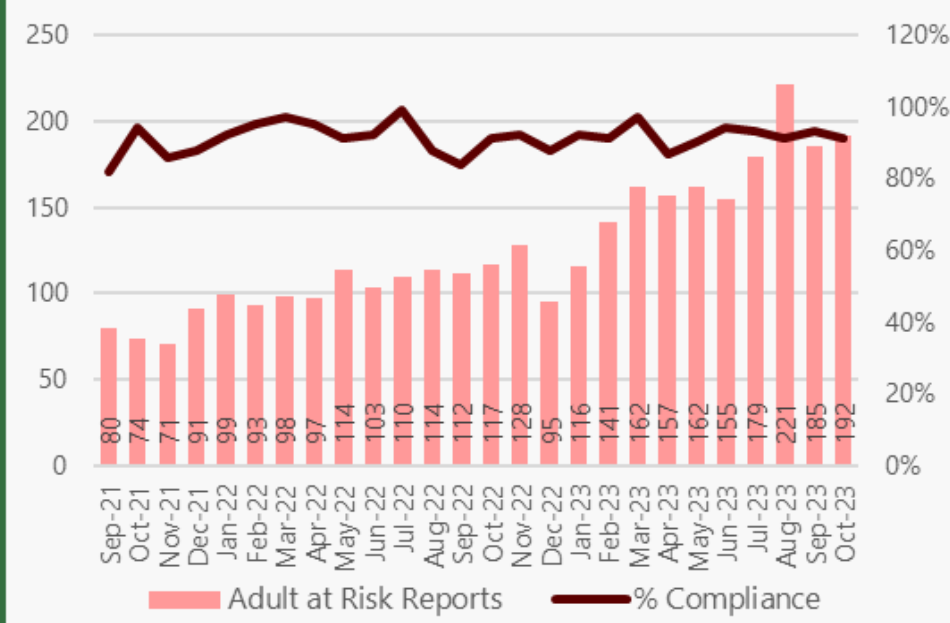
Volume of High Level Breaches of the UK General Data Protection Regulation (GDPR) 2018 (Date Reported)



Number and Percentage of Child Safeguarding Reports sent within 24 Hours



Number and Percentage of Adult at Risk Reports Sent within 24 Hours



Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

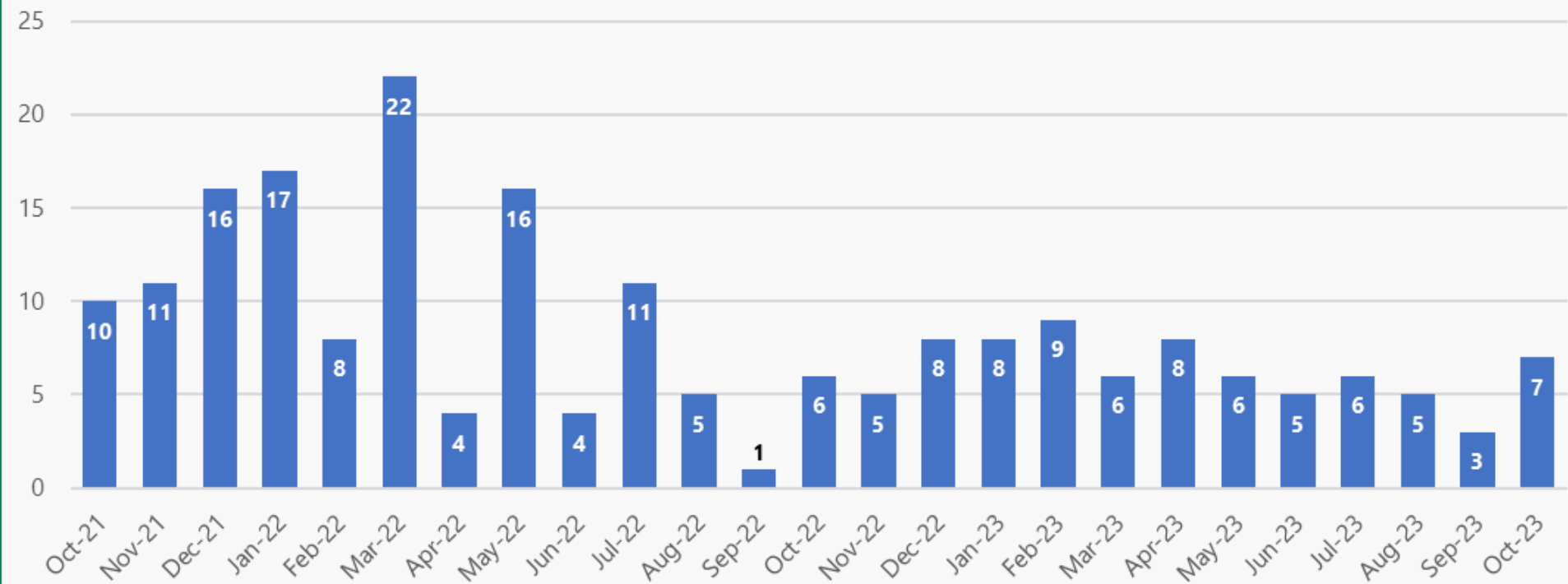
(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

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Standard
Health – Safe Care

Volume of RIDDOR Reports by Month



Analysis

RIDDOR: Seven RIDDORS for October all for >7 day. Five related to manual handling activities, three for patient handling and two for non-patient. Two of the patient handling ones were moving a patient either onto a stretcher from the floor or a patient to the bed so manual handling technique. One RIDDOR was for an assault on a member of staff. Six of the RIDDORS were reported within the timeframe. There were 23 incidents requiring reporting under RIDDOR during Quarter 2 due to staff being absent from work for over 7 days as a result of their injury. 82% of the reports were completed within the required time frames. Five reports did not meet the reporting time frame due to a delay in information being provided to the Safety Team. The Health and Safety team will continue to work with Incident handlers to ensure reports are submitted within the required timescales.

Violence and Aggression: A total of 54 V&A incidents were reported for October 23, of those reported for non-physical violence. A total of 163 incidents were reported of V&A in Quarter 2. Twenty Physical Assaults on staff were reported during the quarter with incidents of verbal abuse accounting for 15. Aneurin Bevan & Betsi Cadwaladr remain the highest reporting areas with a total of 81 incidents. Seven incidents were reported as Severe in harm, one of note being asked to attend a property where the patient was recorded as having a knife but there was no Police back up. Staff exited the property safely without any physical harm and have been supported by the V&A team.

Remedial Plans and Actions

RIDDOR: The risks associated with winter weather are to be addressed in the upcoming Health and Safety newsletters.

RIDDOR performance continues to be presented in monthly reports and service units business meetings.

Violence and Aggression: Collaborative working with AACE regarding V&A training is continues with the aim of improving the current training to better support staff. Particularly around clinical restrictive physical intervention.

The Case Manager continues to actively support staff who are involved cases being heard at Court to ensure they are given any help they require.

Expected Performance Trajectory

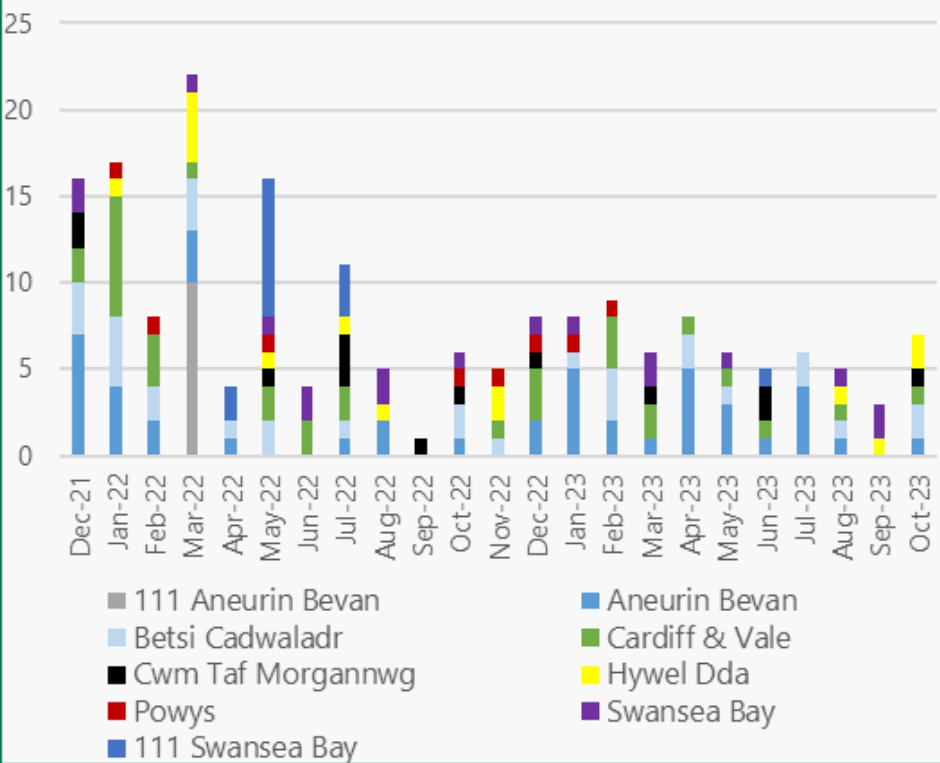
RIDDOR: The reporting of missed meal breaks is lower than previous quarters. This is due in part to a change the Datix reporting form. Missed meal breaks can now only be recorded as a patient safety incident, an infrastructure incident or occurrence of ill health. Those coded as a patient safety incident are being recorded by the Datix QA Team as appropriate.

Violence and Aggression: Toolbox talks, raising awareness of case management continue to take place across the Region by the Case Manager & V&A Manager to support staff and raise awareness, it is planned to establish regular interaction with staff directly affected by incidents of V&A. With the aim of improving the help and support available to staff.

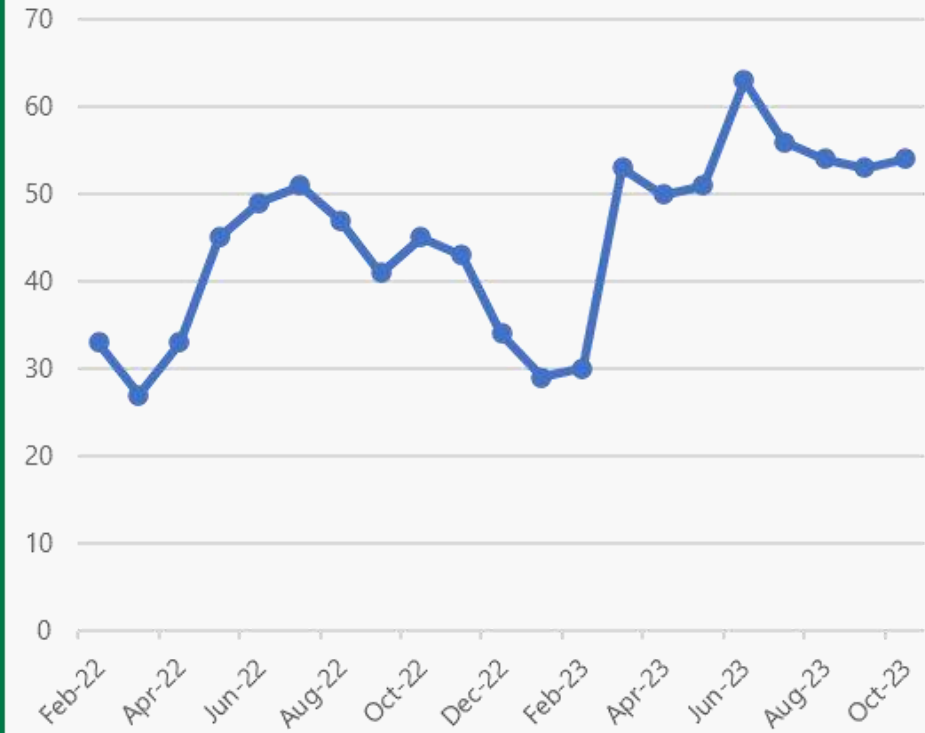
Data source: Datix

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

Volume of Riddor Reports by Health Board

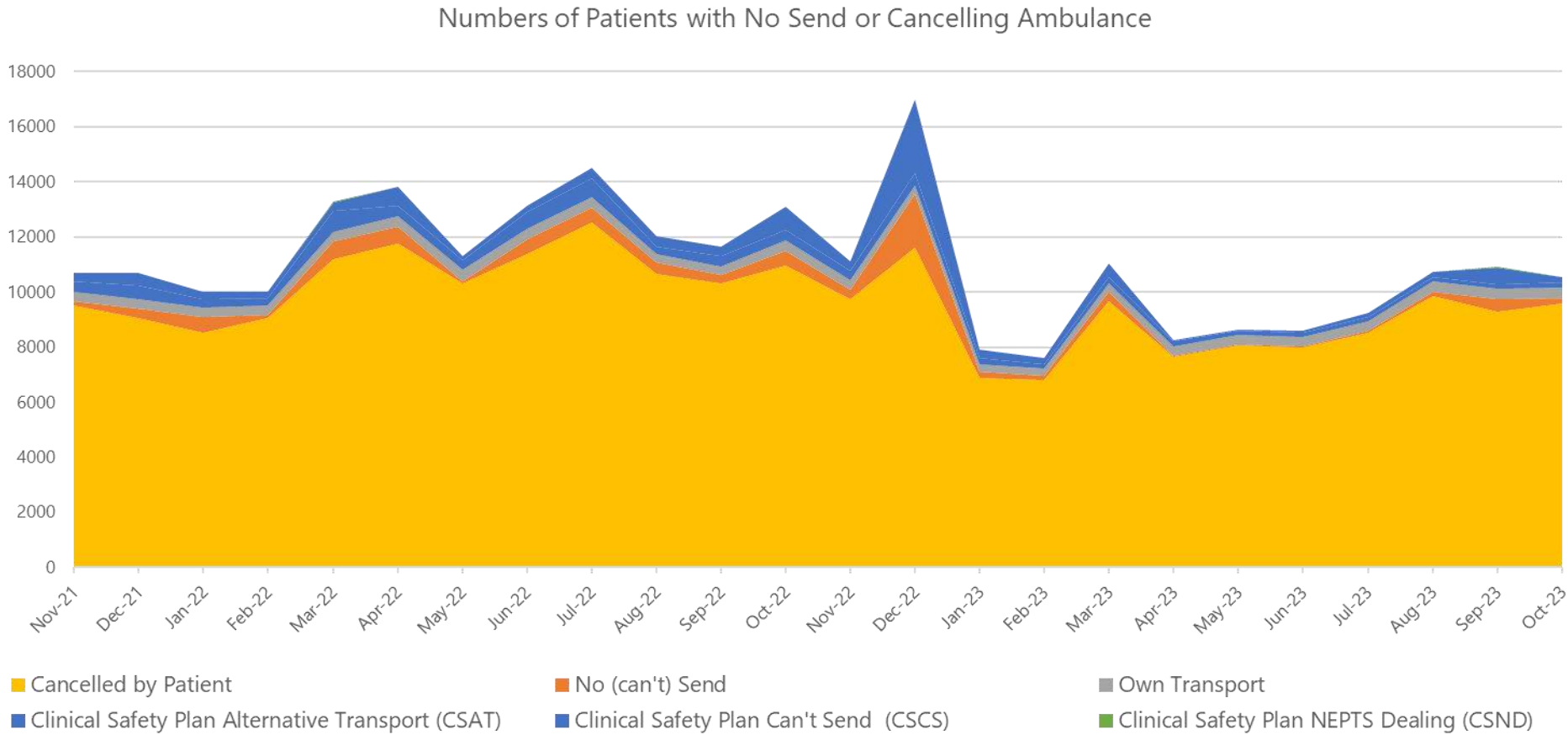


Total Violence & Aggression Reports by Month



Our Patients: Quality, Safety & Patient Experience

Potential Patient Harm Indicators



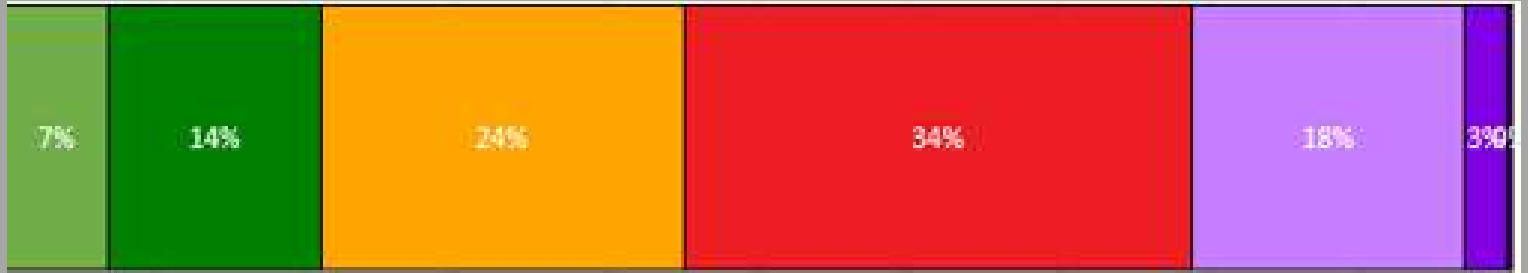
Analysis

In October 2023, 172 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 200 were stopped as a result of CSP 'Can't Send' options. In addition, 9,586 ambulances were cancelled by patients (including patients refusing treatment at scene) an increase from 9,284 in September 2023 and 380 patients made their way to hospital using their own transport.

There were 694 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in October 2023. Of these 173 were accepted and released in the Red category, with 11 not being accepted. Further to this, 199 ambulances were released to respond to Amber 1 calls, but 311 were not.

The graph in the bottom left shows that in October 2023 of the 6,453 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume 15% (968 patients) would experience no harm, 53% (3420 patients) would experience low harm, 23% (1484 patients) would experience moderate harm and 9% (581 patients) would experience severe harm.

In October 2023 CSP levels for the Trust were:

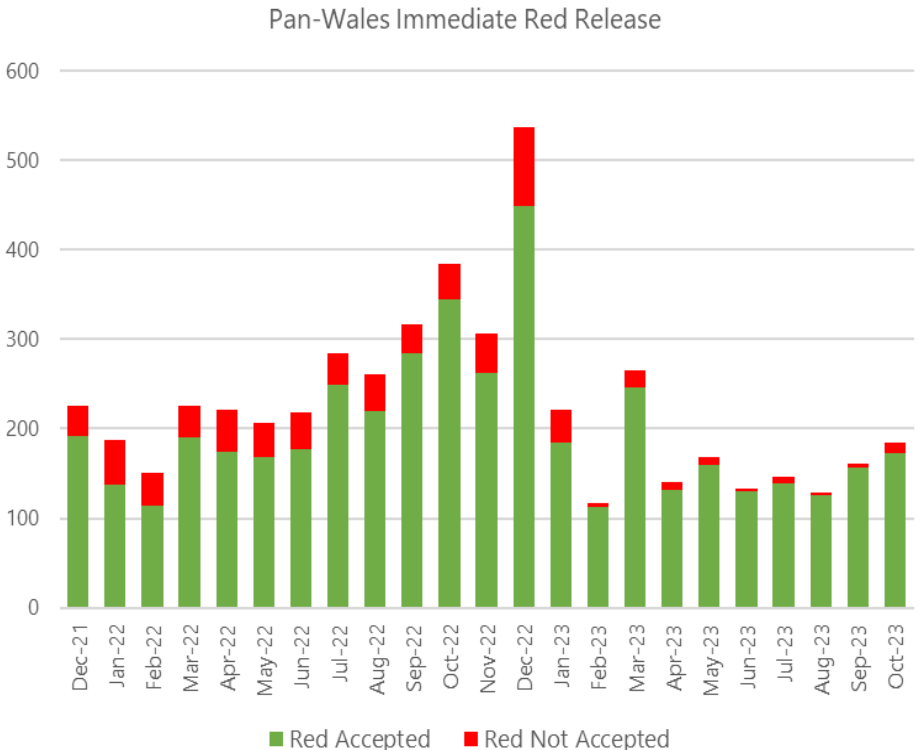
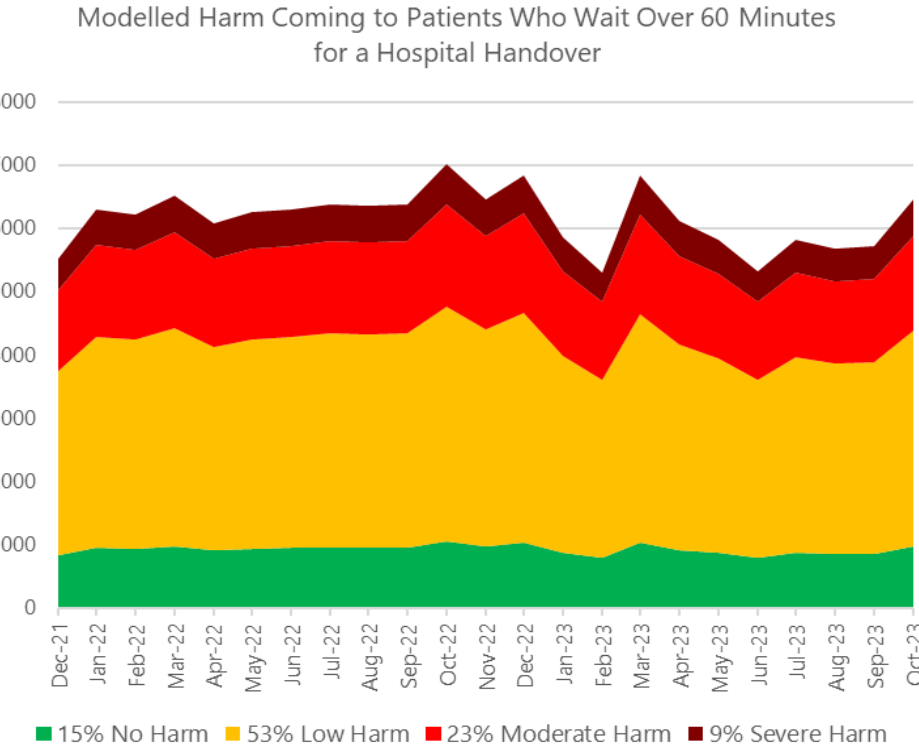


Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings have commenced with Health Boards, the Commissioner and the Trust and performance is reviewed monthly with questions posed to Health Boards regarding immediate release and handover reduction plans and actions.

Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trusts ability to respond to demand. Seasonal pressures impact the Trust and planning is being used to prepare for this through a range of measures including the use of forecasting and modelling.



Our Patients: Quality, Safety & Patient Experience

Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

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October 2023		
NEPTS (116 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	60
Were you happy with the transport you received?	85	89
999 (4 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	100
The 999-call taker who answered your call explained what was going to happen next.	85	100
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	63
The length of time I waited for an ambulance to arrive was acceptable.	85	0
NHS 111 Wales Telephone (5 responses)	Benchmark	Score
Do you feel your call to NHS 111 Wales was helpful?	85	60
Did you follow the advice given to you by NHS 111 Wales?	85	100
Would you consider using NHS 111 Wales again?	85	80
NHS 111 Wales Online (29 responses)	Benchmark	Score
How easy was it to find the information you were looking for?	85	54
How was your overall experience of using the website today?	85	48
WAST Overall - Friends & Family Test	Ranked from very poor to very good.	
How was your overall experience with the service today?		
o Ambulance care (NEPTS Survey)	89.11% Good	8.91% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	60% Good	40% Poor
o EMS (including CSD)	0% Good	100% Poor
o NHS 111 Wales Online	47.62% Good	38.10% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis

Within the NEPTS survey the responses provided did not hit the benchmark in relation to the question ‘How long did you wait for your transport to take you home after your appointment, therefore not providing the level of service the patient expected. However, 89% were happy with the transport they did receive.

It is acknowledged that the small number of respondents for the 999 and 111 surveys does not provide a great enough response to reflect a true patient experience picture, but work is currently underway to develop a process that will increase response rates and make them more meaningful.

Remedial Plans and Actions

We continue to make available 4 core Patient Experience surveys, covering the Trust's main service delivery areas:

- 999 EMS Response (incorporating CSD)
- Ambulance Care (NEPTS)
- NHS 111 Wales Telephony
- NHS 111 Wales Online

The Civica Experience platform provides some enhanced reporting facilities, including the ability to weight questions and produce ‘Heat Maps’ based on responses. A benchmark is set of 85, with aggregated scores of 85 and above representing a positive response. WAST is currently working through the requirements to add the SMS functionality within the Civica experience platform and other systems as well as strengthening information governance arrangements to increase the data experience returns.

The aim is to increase the number of patient experience feedback returns and to further integrate systems with Civica to push email/text surveys to patients. However, this requires input from the ePCR team to look at opportunities to capture patient permissions to participate in experience surveys.

These surveys are mandatory requirements; Under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. WAST has a duty to secure quality in its services and must exercise its functions with a view to securing improvement in the quality of its services. The Duty of Quality includes the experiences of individuals to whom health services are provided.

Expected Performance Trajectory

It is hoped the ongoing work will increase the number of surveys completed over the next few months to improve the overall significance of the surveys.

Our People

Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production

G

Abstractions

R

CI

PCC

FPC

Analysis

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In October 2023, total EMS abstractions (excluding Induction Training) stood at 33.09%. This was a marginal decrease from the 33.59% recorded in September 2023. This percentage continues to remain above the 30% benchmark figure set in the Demand & Capacity Review. The highest proportion of abstractions was due to annual leave at 13.52% followed by sickness at 9.59%. This figure for sickness abstractions for October 2023 was a decrease when compared to the same month last year (10.27%).

Emergency Ambulance Unit Hours Production (UHP) was 93% in October 2023 (79,658) Actual Hours). CHARU UHP achieved 136% (12,167 Actual Hours) compared to 135% in September 2023 (this is the commissioned level not the modelled level). The total hours produced is a key metric for patient safety. The Trust produced 122,050 hours in October 2023, which is an increase on the 113,421 hours produced in September 2023.

Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A formal programme of work has commenced to review and take action to reduce sickness absence / alternative duties, which is reported into EMT every two weeks.

The Trust had a budgeted establishment of 1,761 FTEs for 2022-23. This is unchanged for 2023/24.

The Trust is currently widening out its focus on sickness absence to look at all abstractions recognising that abstractions are already regularly reviewed in Operations performance meetings.

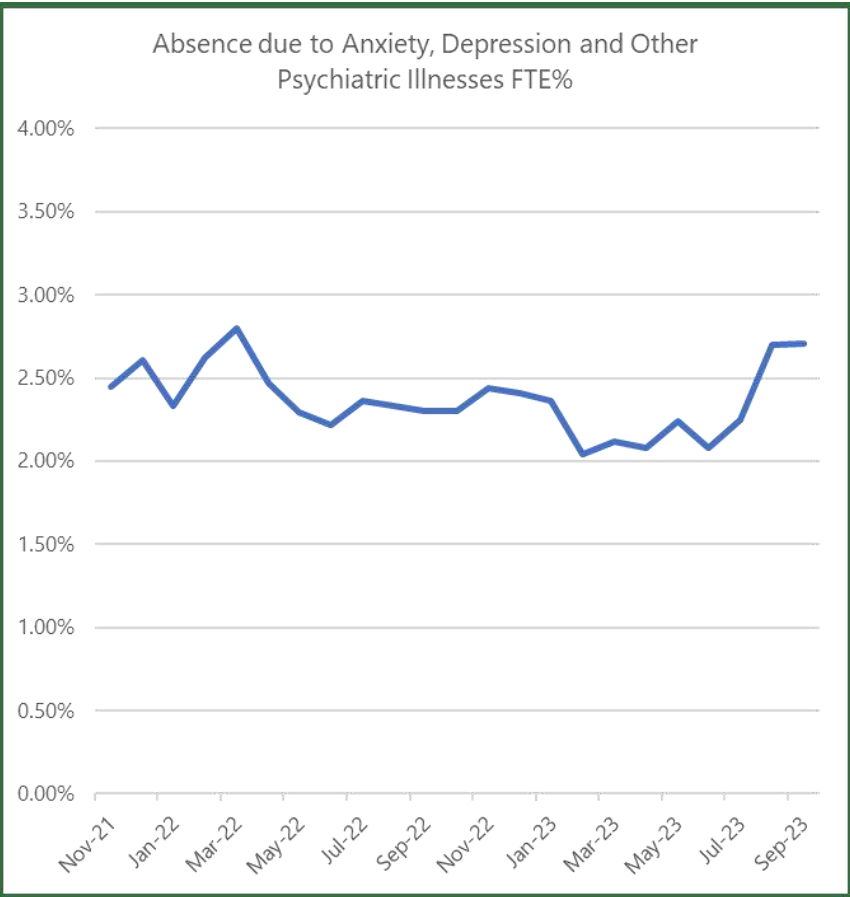
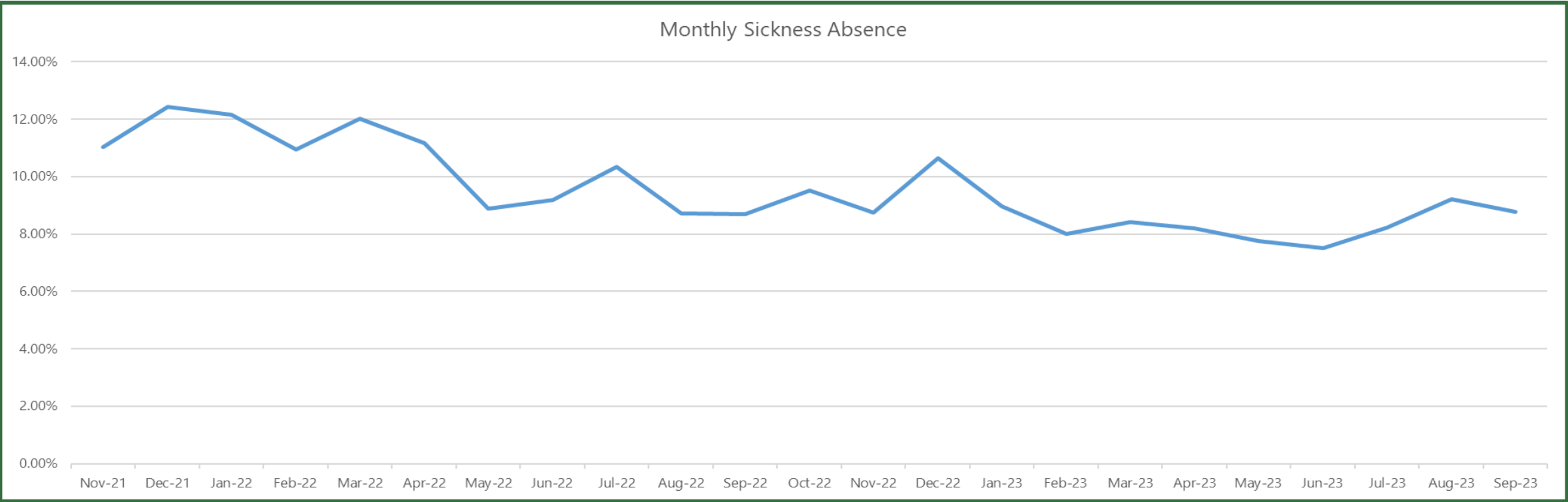
Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good. The Trust has an ambition to reduce sickness to 6% and abstractions to 30% by March 2024, which would further boost production; however, the handover levels are extreme, and the rosters are simply not designed to cope with over 23,000 lost hours; they were predicated on 6,000 hours.

Our People

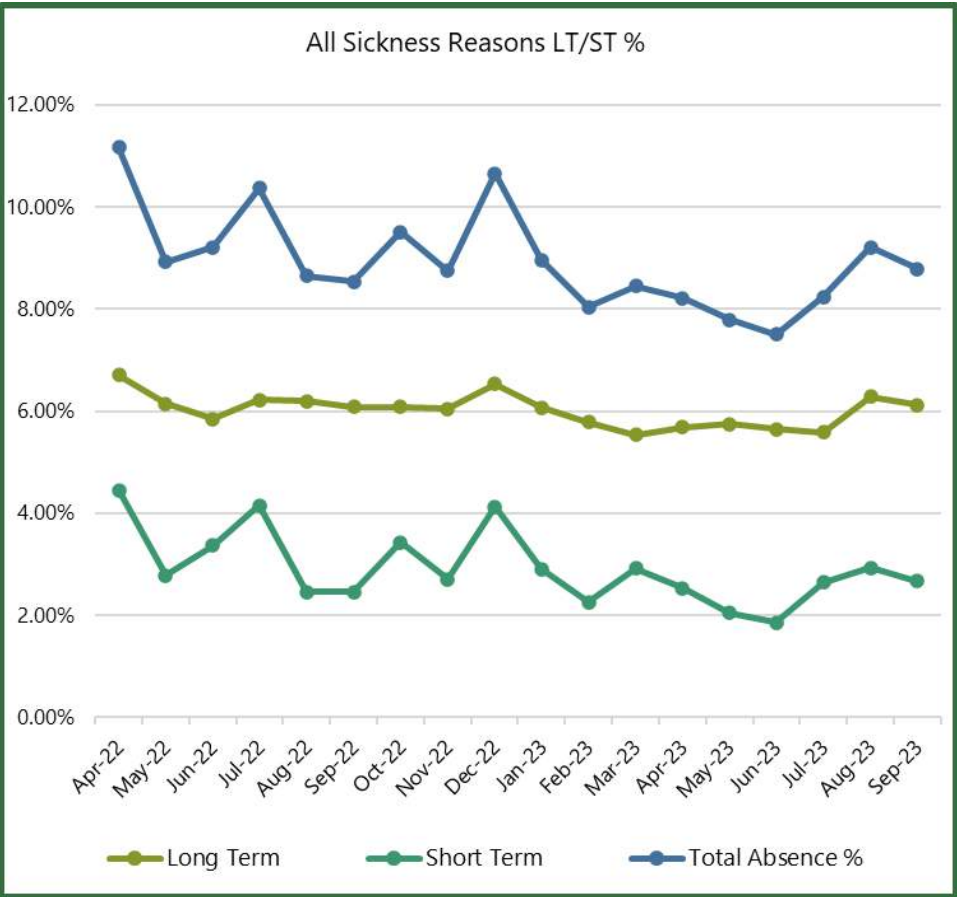
Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)



Average working days lost per FTE (Annual)	
19.80 days	
Single month Absence %	
8.78%	
Long Term	Short Term
6.12%	2.66%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.71%	1.16%

September 2023



Analysis

There was a decline in sickness absence, falling from 9.22% in August 2023 to 8.78% in September 2023. Short-term absence also decreased from 2.93% in August 2023 to 2.66% in September 2023, while long-term absence dropped from 6.28% to 6.12%.

Indicative figures for October 2023 show a further decline in long term absence to 5.17% but an increase in short term absence to 3.52% .

The highest reason for short term absence in September was Gastrointestinal issues, Anxiety/ Stress/ Depression and Cold/ Cough/ Flu.

Physiotherapy: 24 referrals were received in September 2023- 3 less than in August 2023.

Remedial Plans and Actions

- MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions).
- In line with the Improving Attendance Action Plan, the People Services Advisors have undertaken audits on short term absence occurrences within the Operations Directorate.
- The findings of the audit displayed common themes across all areas within the Operational Directorate, including missing paperwork, no return-to-work meeting and inappropriate discretion applied.
- Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.

Expected Performance Trajectory

The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but that there remain risks to delivery.

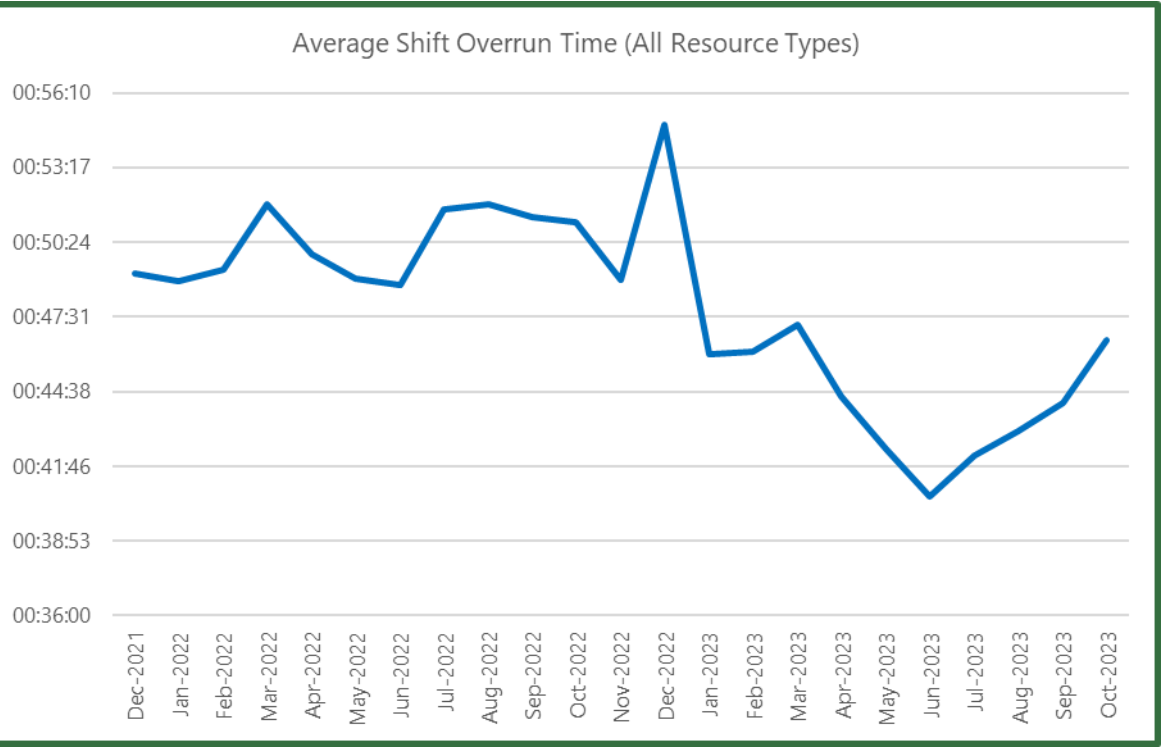
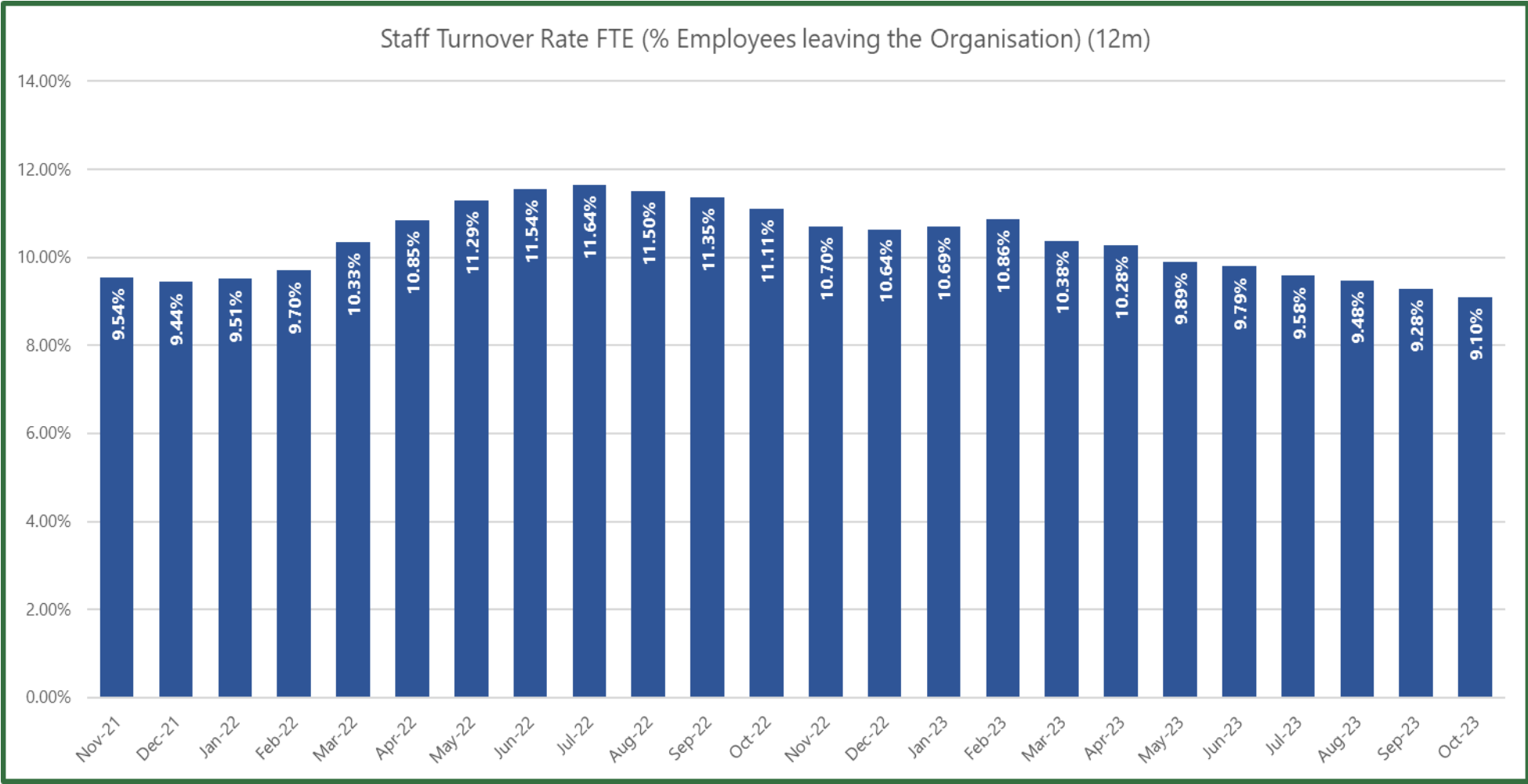
NB: Sickness data will always be reported one month in arrears.

Our People

Capacity - Turnover

(Responsible Officer: Angela Lewis)

A



Oct-23	FTE by Post
Org L4	
020 Ambulance Care L4 (NX10)	894.96
020 Emergency Medical Services L4 (DX04)	1,788.80
020 Integrated Care L4 (DX03)	431.55
020 National Operations & Support L4 (DX02)	138.95
020 Resourcing & EMS Coordination L4 (DX05)	353.99
Grand Total	3,608.23
Ambulance Response	1521.09
020 Ambulance Care L4 (NX10) ACA2/Team Leaders	261.03

Analysis

Staff turnover rates in October 2023 were 9.1%. Rates have gradually been declining since they peaked in July 2022, with the current monthly rate being the lowest reported within the two-year reporting period. Staff leave the Trust for a variety of reasons including promotions, relocations, culture and due to the pressures of NHS working.

Shift overrun average times have been steadily increasing again following a two year low recorded in June 2023. The average figure for October 2023 was 46 minutes and 36 seconds compared to 44 minutes and 12 seconds in September 2023. Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

The Integrated Technical Planning Group are receiving monthly workforce data, and this is being integrated into a Power BI platform to enable the reader to more easily interpret the FTE table opposite.

Remedial Plans and Actions

The wellbeing of staff remains a priority for WAST as outlined in the Health and Wellbeing strategy. The team ensure that provision in place for colleagues is appropriate, up to date and fit-for-purpose, that it is tailored to individuals’ needs and can be easily accessed by all staff.

We are currently conducting a service review for wellbeing and occupational health, this includes gathering feedback from colleagues, team members from the OH/Wellbeing team and wider participants and stakeholders.

The team continue to promote the service using our Occupational Health &Wellbeing vehicles, the team offer immunisation clinics and mobile flu clinics, and attend each of the CEO roadshows to provide the flu vaccine. Staff members from Wellbeing/TRiM are also in attendance to support and to promote the services. The team continue to provide REACT (Recognise, Engage, Actively Listen, Check Risk, Talk) training, which is still proving very popular, we have trained over 400 colleagues to date.

We promote the service and raise awareness through our Health and Wellbeing calendar, November themes are Sugar Awareness Week/ Alcohol Awareness Week - 11th to 16th/ Self Care Week - 14th to 20th. December themes: Decembeard/National Grief Awareness Week

Drop-in sessions are delivered across all our Clinical Contact Centres and our ‘Living Life to the Full’ sessions are being delivered online and face to face.

Our EAP offers a 24/7 helpline, counselling services and information services for financial and legal support. We have Menopause Champions throughout the organisation, including face to Face sessions E.g., coffee mornings. We are also linked into BCUHB for the Wulf Menopause awareness sessions (sessions for managers and Team Leaders so that they may support staff regarding symptoms of menopause are available and another session open to anyone wishing to attend).

TRiM Refresher Training is scheduled throughout the year to ensure practitioners and managers are up to date regarding their role.

Expected Performance Trajectory

Some staff still face challenges; however, a robust wellbeing provision is in place to support staff and managers. Through visits to stations and A+E departments, also to CCCs (where the Wellbeing Practitioners facilitate drop-in sessions) staff are more aware of the wide range of services that they can access. This includes emotional support through counselling or financial and legal advice. Our Health and Wellbeing calendar of events helps raise awareness of the service whilst focusing on different themes each month. The People and Culture Strategy will continue with its wellbeing focus. A new People and Culture Plan has been launched which outlines our vision and objectives for the coming 3 years, along with an accompanying enabling framework that covers People and Culture Directorate Plans that focus on our people. The wellbeing offer is regularly reviewed and fully described on SharePoint.

Our People

Culture - Staff Vaccination Indicators

(Responsible Officer: Angela Lewis)

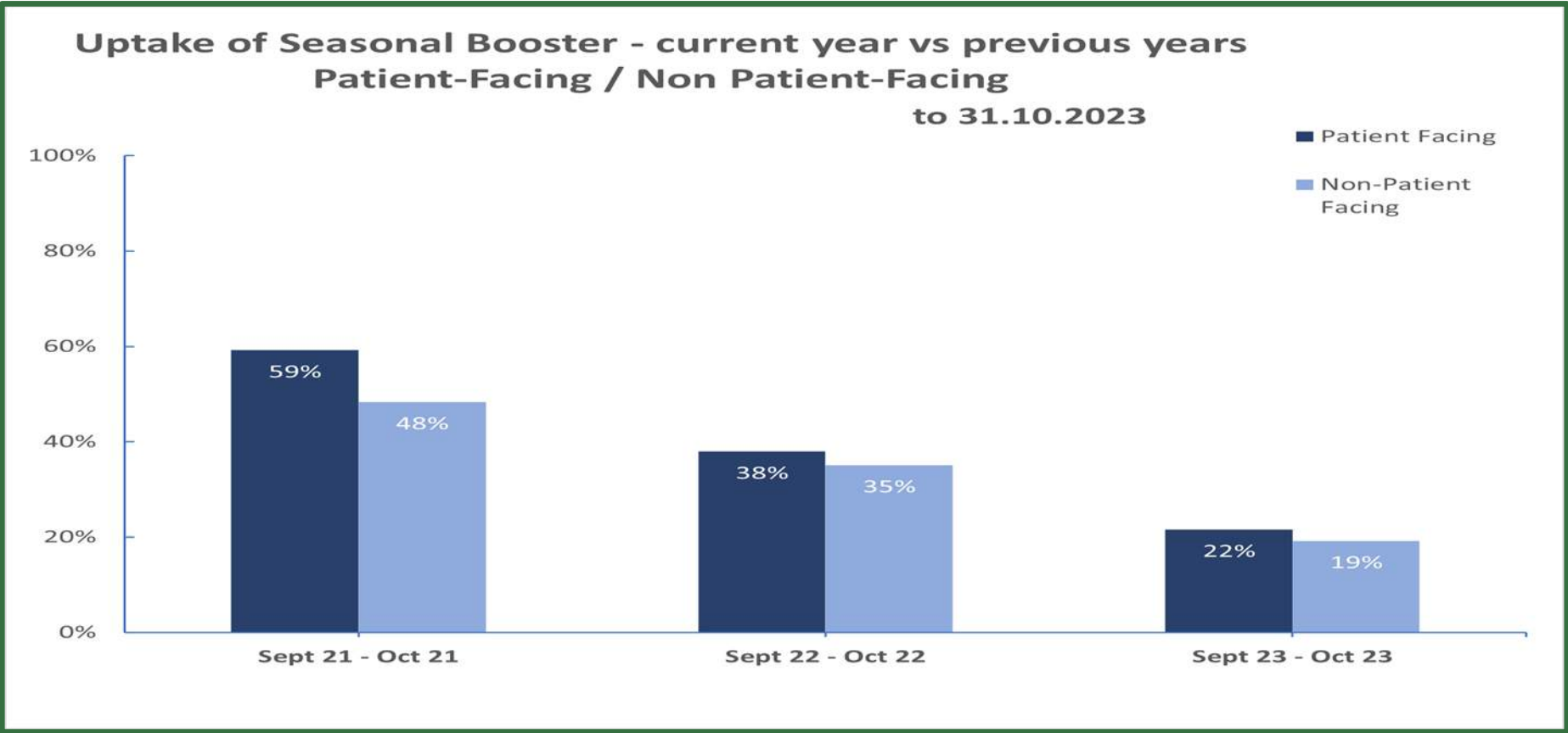
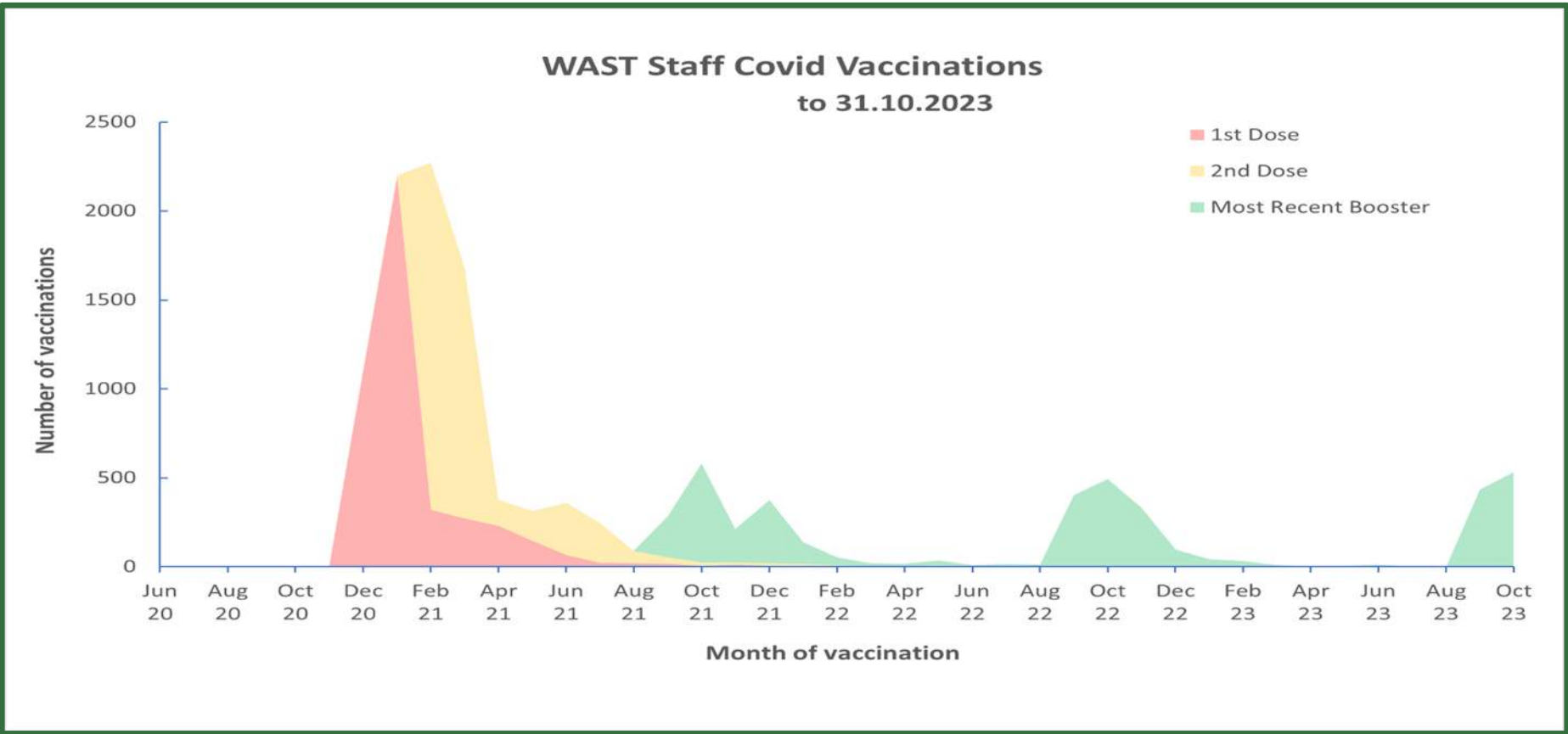
Self-Assessment:
Strength of Internal
Control: Moderate

A

PCC

CI

Health & Care
Standard
- Health (PPI)



Analysis

Flu: The 2023-24 Flu Campaign is underway and both Occupational Health vaccinators and Peer Vaccinators are holding clinics and undertaking ad-hoc vaccinations. So far during the campaign, 1,034 flu vaccines have been administered by our Vaccinators (including to staff from the follow groups:- CFRs, EMRTS, HCS, PHW, St John Cymru and Students). Of these vaccines administered within the Trust, 839 have been received by WAST staff* (*staff who hold an ESR payroll number) and a further 203 have been given to WAST staff elsewhere (i.e. GP surgery / COVID Booster setting) therefore, a total of 1,042 WAST staff have received the vaccination against flu, equating to 24% of the overall workforce. Additional engagement has been received from 141 WAST staff completing the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine, meaning the campaign has reached a 27.3% engagement rate so far.

COVID-19: As of the end of October 2023, 94% of all WAST staff have received both the first and second COVID-19 vaccination dose. These percentages are the same for both Patient-Facing and Non-Patient-Facing Staff. 86% of all WAST staff have received at least one of the Covid-19 boosters offered in the last 3 years. Again, this percentage is the same for both Patient-Facing and Non-Patient-Facing Staff. Since September 2023, 22% of Patient-Facing staff and 19% of Non-Patient-Facing staff have received this season's Covid-19 Booster. This is compared to 38%/35%, respectively, for the equivalent time period in 2022 and 59%/48%, respectively, for the equivalent time period in 2021

Remedial Plans and Actions

Flu: Though many staff have received their flu vaccine in the workplace so far, there is still a vast majority of the workforce to engage with. Therefore, in line with this campaign's Communications Plan, additional notices and posters will be circulated to staff, including ones that will again promote this campaign's incentives; the prizes will comprise of 6x tier one vouchers of £250 each and 60x tier two vouchers of £20 each. Currently 53 approved Peer Vaccinators (comprising of Healthcare Professionals in EMS, NHSD 111 and Clinical Directorate) are administering the flu vaccine and we have a number of additional staff who have been nominated to be flu Peer Vaccinators this year, so the aim is to increase the number of approved Peer Vaccinators, in order for even more vaccines to be administered in the workplace.

COVID-19: The four UK CMOs agreed it was appropriate to pause the alert level system, which was suspended on 30th March 2023.

Routine testing was also paused for all symptomatic health and social care workers, care home residents, prisoners and staff and residents in special schools during the spring of 2023.

Expected Performance Trajectory

During the 2022-23 flu campaign 1,813 flu vaccines administered by Occupational Health Vaccinators and Peer Vaccinators and of these vaccines administered within the Trust, 1,601 were received by WAST staff. There was a further 289 given to staff elsewhere (i.e., GP surgery, COVID Booster setting) therefore a total of 1,890 WAST staff received the vaccination against flu, equating to 44.5% of the overall workforce. Consequently, by communicating further to staff and increasing the number of Peer Vaccinators, the aim is to improve on last year's uptake.

****NB:** COVID Vaccinations are reported using the WAST definition of Frontline Patient Facing employees and therefore includes those employed within Clinical Contact Centres.

*****NB:** Flu data accurate at time of publication and subject to change / Spikevax vaccination data correct at time of publication and subject to change.

Date source: Cohort Electronic System / Welsh Immunisation System (WIS)

Our People Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

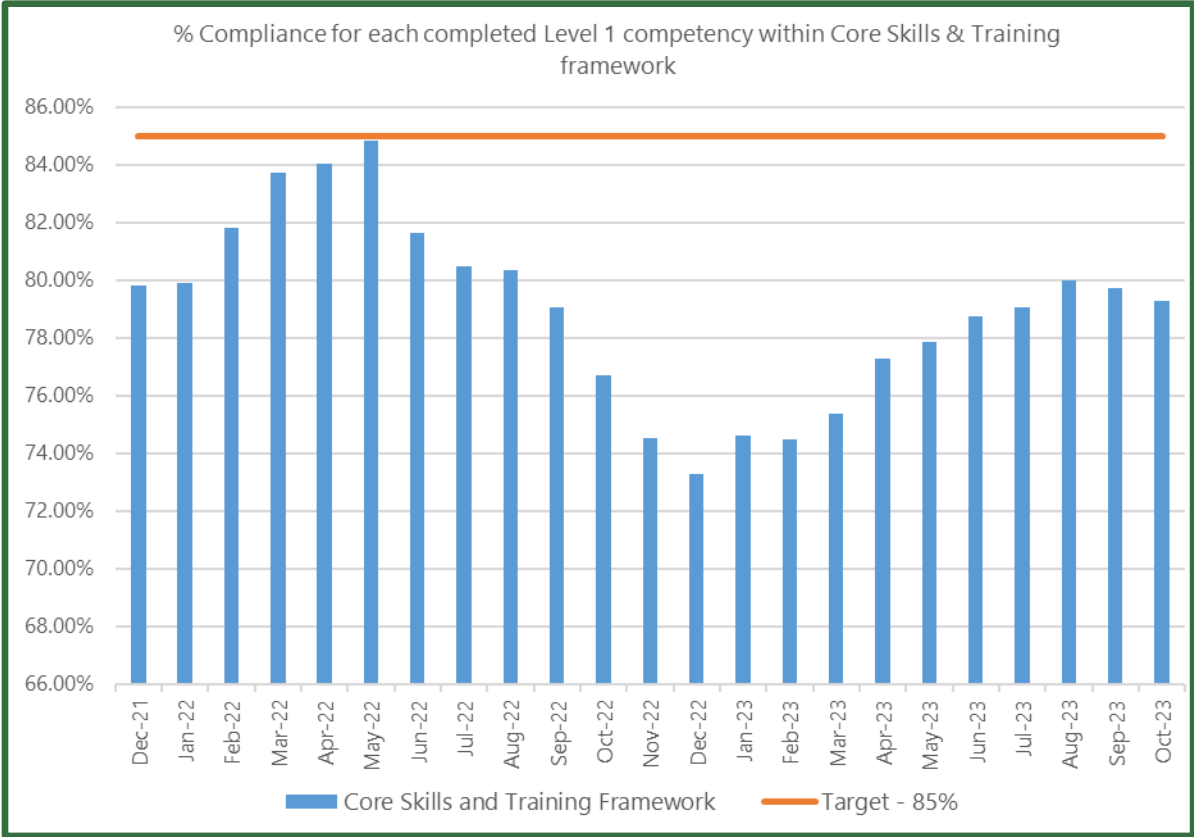
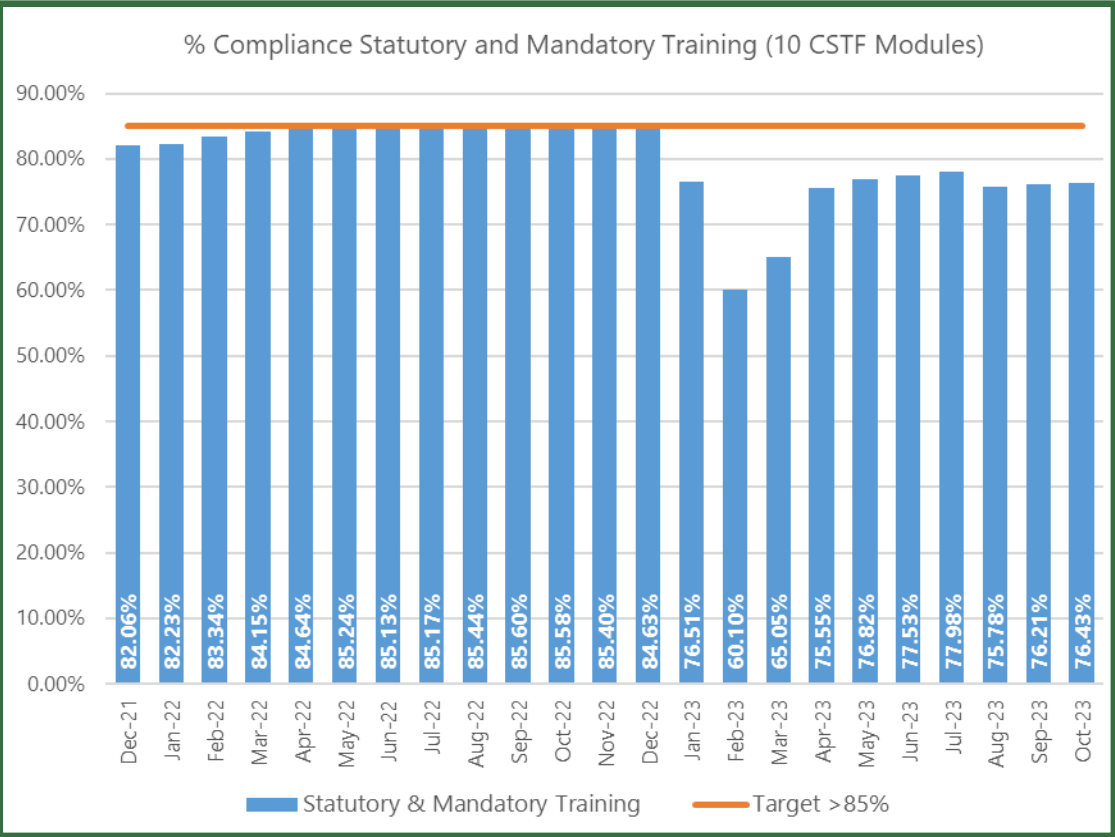
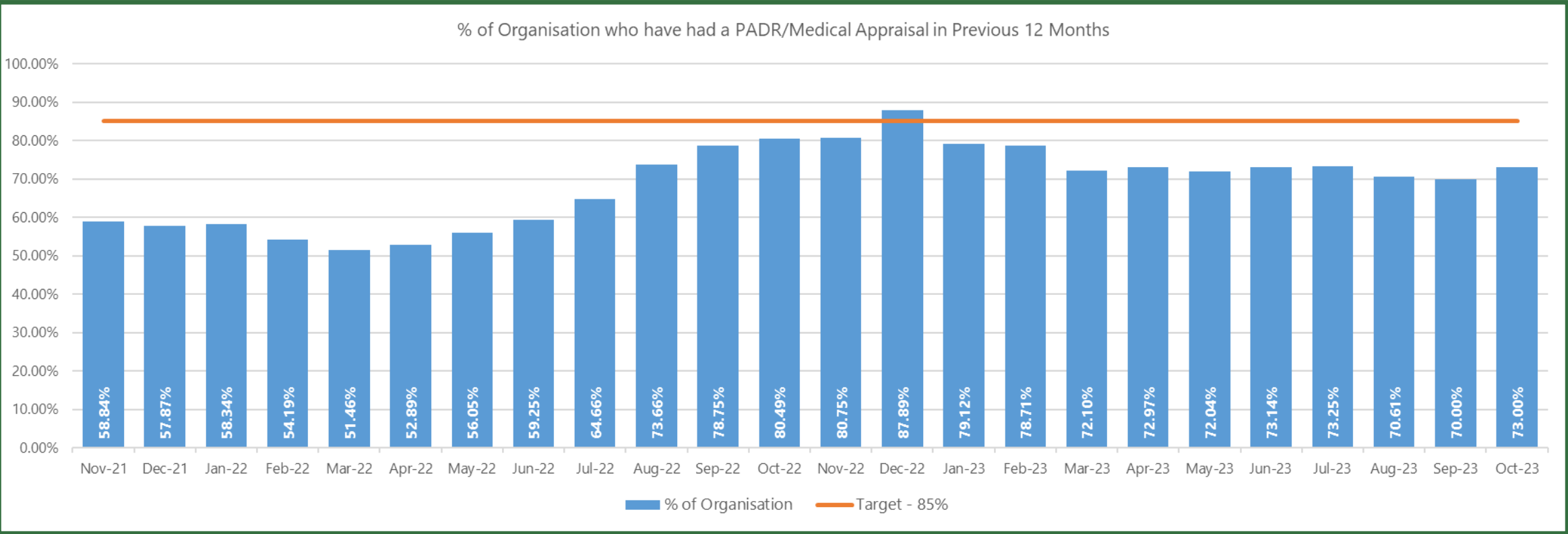
A

Self-Assessment:
Strength of Internal
Control: Strong

CI

PCC

Health & Care
Standard
Health – Staff &
Resources



Analysis

PADR rates for October 2023 increased when compared to the previous month to 73% but remains below the 85% target. Over the reporting period this target has only been achieved once, in December 2022, although current rates remain higher than during the same period last year.

In October 2023 Statutory & Mandatory Training rates reported a combined compliance of 76.43%; with Dementia Awareness (92.48%), Safeguarding Adults (91.31%) and Violence Against Women, Domestic Abuse & Sexual Violence (85.85%) all achieving the 85% target. Moving & Handling (76.42%), Fire Safety (76.34%), Equality & Diversity (78.70%), Information Governance (71.07%), Welsh Language Awareness (50.67%), Fraud Awareness (37.23%) and Paul Ridd (59.11%) all remain below this target. The Paul Ridd course is new and is the reason for a reduction in overall compliance.

There are currently 15 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table below

Remedial Plans and Actions

Throughout August the Workforce Education and Development team opened and have been assisting colleagues in using the self-service booking system for the 2023/24 Mandatory In-Service Training (MIST) annual refresher programme. As of the end of August, 685 members of staff from ACA1, ACA2, EMT and Paramedic roles have booked their face-to-face day. MIST 2023/24 commenced on the 4th of September; sufficient MIST sessions will be provided to enable all those requiring a place to secure one. MIST provision is planned to be closed mid Q3, subject to Operational pressures and demand. Communications via Yammer and Siren are in place to make people aware of dates/how to book on. Progress toward 100% compliance is tracked and communicated throughout the MIST 'window' via a combination of update reports and presentations detailing performance and gain assurance that under-performance will be addressed locally. For road-based colleagues who attend MIST sessions, the opportunity will be taken to encourage individuals to complete any E-learning statutory or mandatory areas they are not compliant with.

Skills and Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection Prevention & Control - Level 1	3 years
Information Governance (Wales)	2 years
Moving and Handling - Level 1	2 years
Resuscitation - Level 1	3 years
Safeguarding Adults - Level 1	3 years
Safeguarding Children - Level 1	3 years
Violence & Aggression (Wales) - Module A	No renewal
Mandatory Courses	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No renewal
Welsh Language Awareness	3 Years
Paul Ridd Learning Disability Awareness	No renewal
Environment, Waste and Energy (Admin & Clerical staff Only)	Yearly

The ESR statistics at the end of July are as follows, 67.4% of operational colleagues had completed their Tail Lift Refresher Training, 55.4% if all colleagues had completed their Paul Ridd Learning Disability Awareness Training, and 43.7% of all colleagues have completed their Welsh Language Awareness.

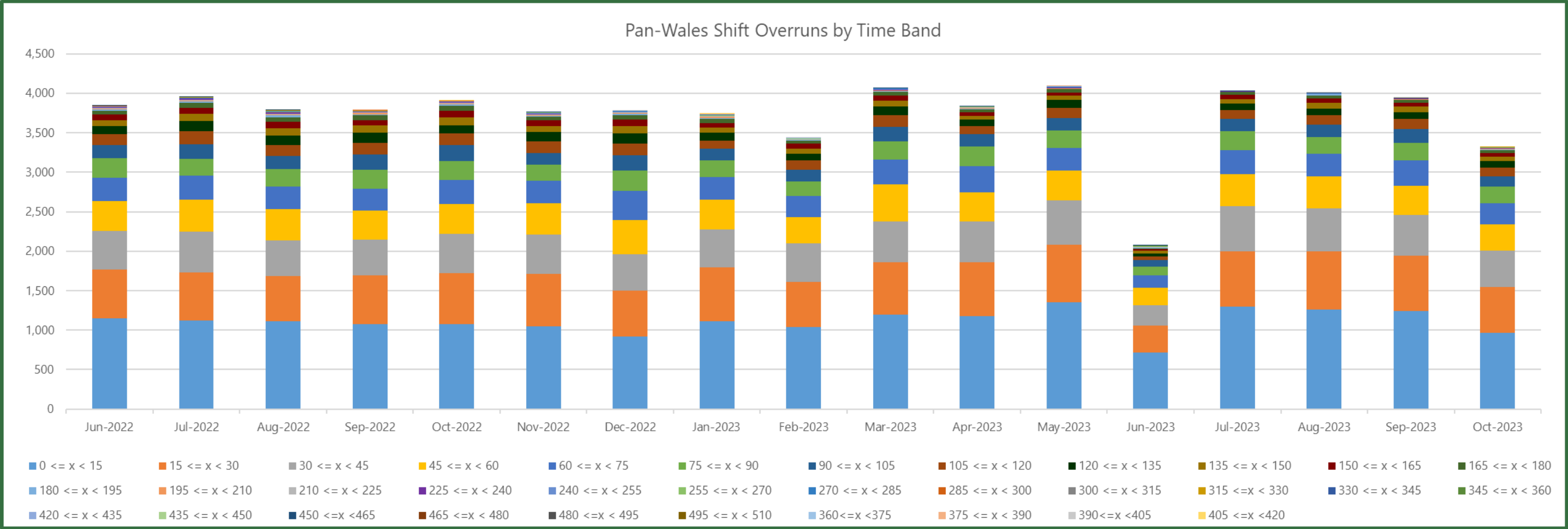
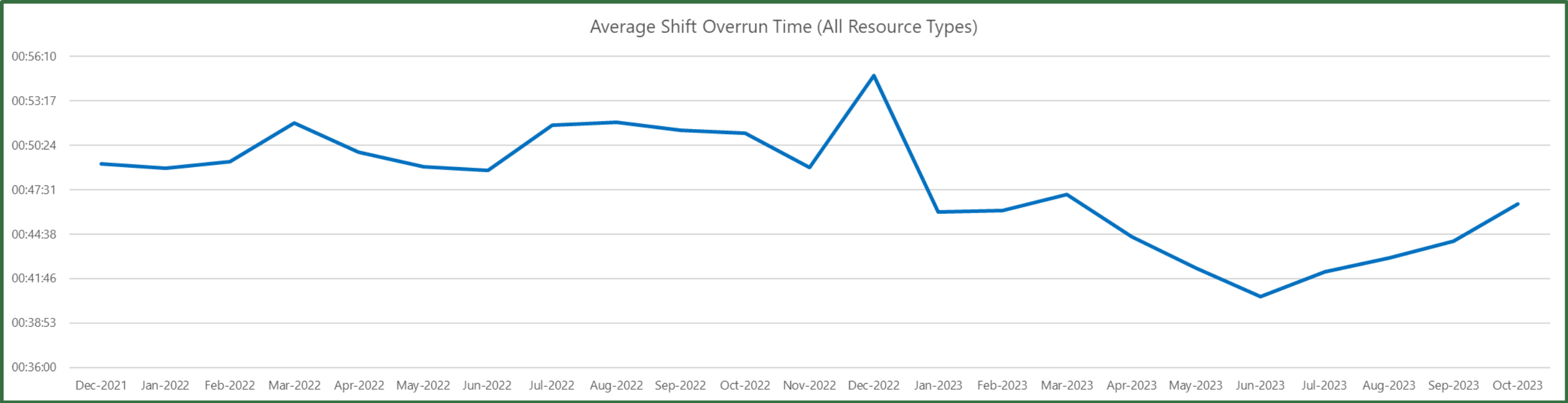
Expected Performance Trajectory

Performance is improving as compliance has risen in relation to Paul Ridd

Data source: ESR

Our People

Health and Well-being – Shift Overruns



Analysis

Shift overrun average times have been steadily increasing again following a two year low recorded in June 2023. The average figure for October 2023 was 46 minutes and 36 seconds compared to 44 minutes and 12 seconds in September 2023.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 71.1% of the total. 21% fall within the 61 to 120-minute category, 6.7% in the 121 to 180-minute category, 0.7% in the 181 to 240-minute category and 0.4% in the 241 minutes and over category.

Remedial Plans and Actions

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

As part of the Trust’s winter resilience planning, it is re-introducing cohorting at some hospital locations to aid staff finishing on time.

Expected Performance Trajectory

There is clearly an upward trajectory from Jun-23 as handover has started to increase. Whilst the Trust had amended its end of shift policies and is re-introducing cohorting at key sites, as above, as handover increases further into the winter, we may expect overruns to increase.

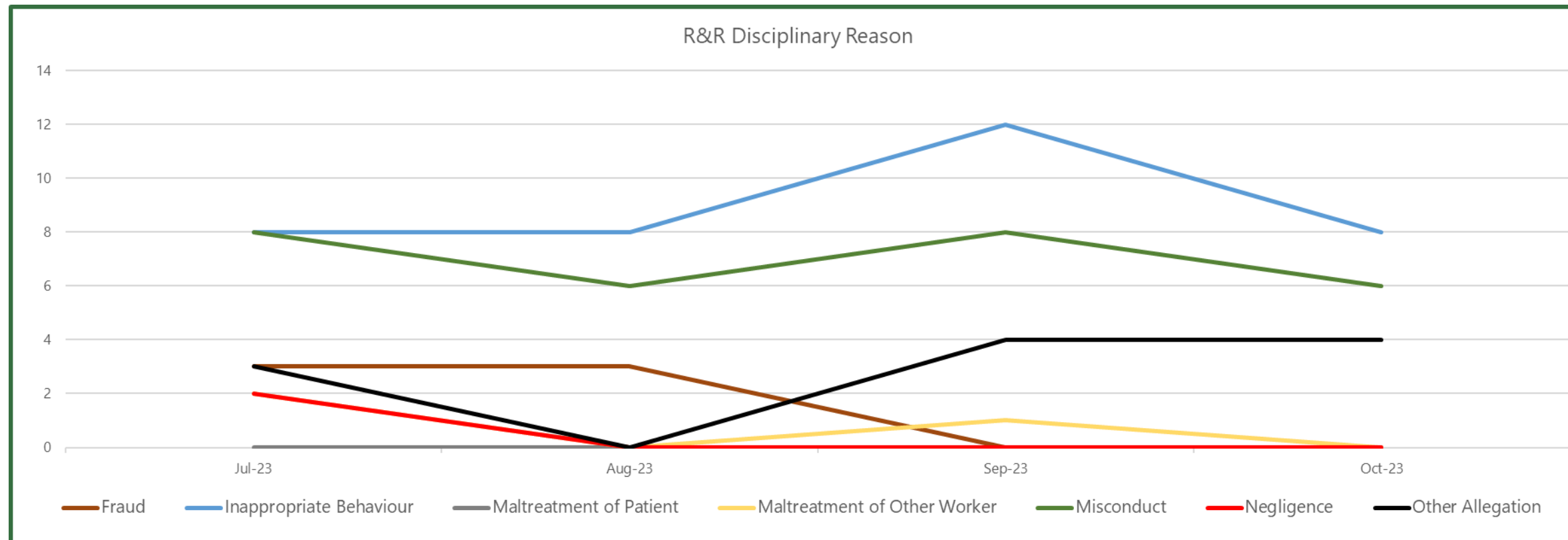
Our People

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

(Responsible Officer: Angela Lewis)

Self-Assessment:
Strength of Internal
Control: Moderate

PCC



Analysis

There were 22 open formal disciplinary cases recorded at the end of October 2023, a decrease compared to the month of September 2023 where 28 open cases were recorded. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by misconduct.

There were 5 open formal Respect and Resolution cases submitted by employees, which was again a decrease on the 8 cases that were recorded during September.

In September 2023, 62.8% of all applications from under-represented groups made it through shortlisting and were invited for interview. This was an increase from the 55.4% in August 2023, while the volume of applications rose from 11 to 78.

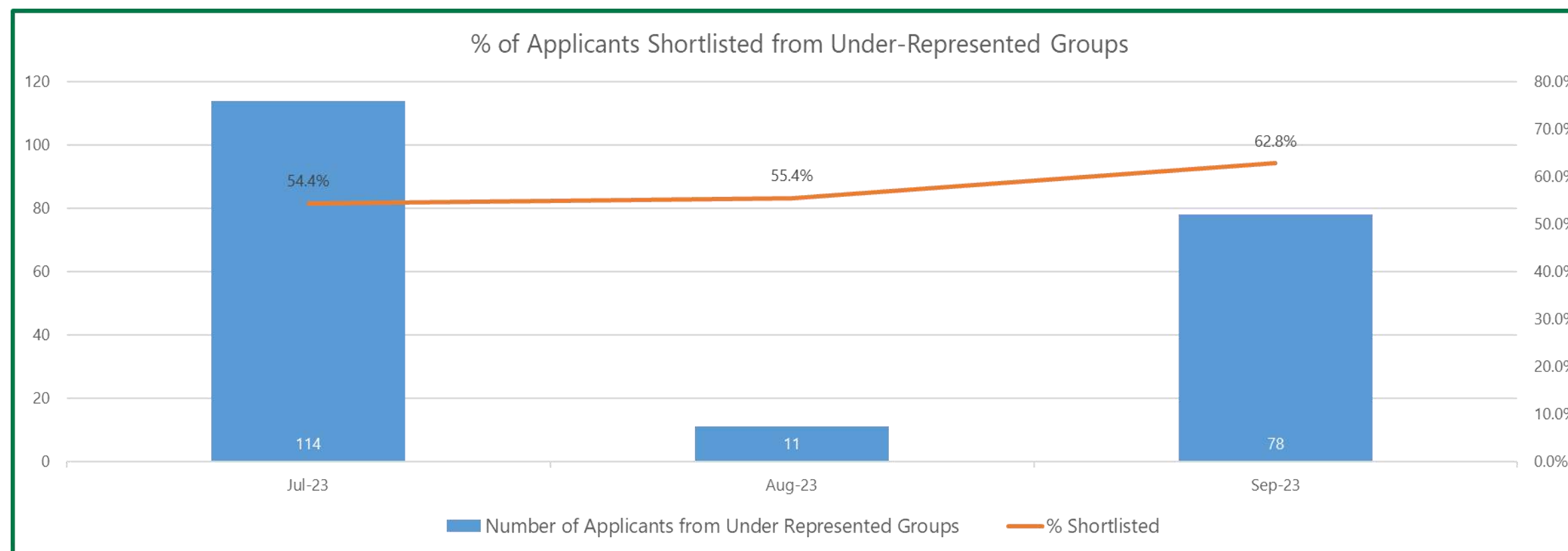
Of the 78 total applications from under-represented groups in September 2023, 38 were in the category of Ethnicity, 18 within Disability and 22 within sexual Orientation.

Remedial Plans and Actions

Continue to monitor. The Trust has a substantial programme of work in place, connected to behaviours.

Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.



Finance, Resources and Value

Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Oncology

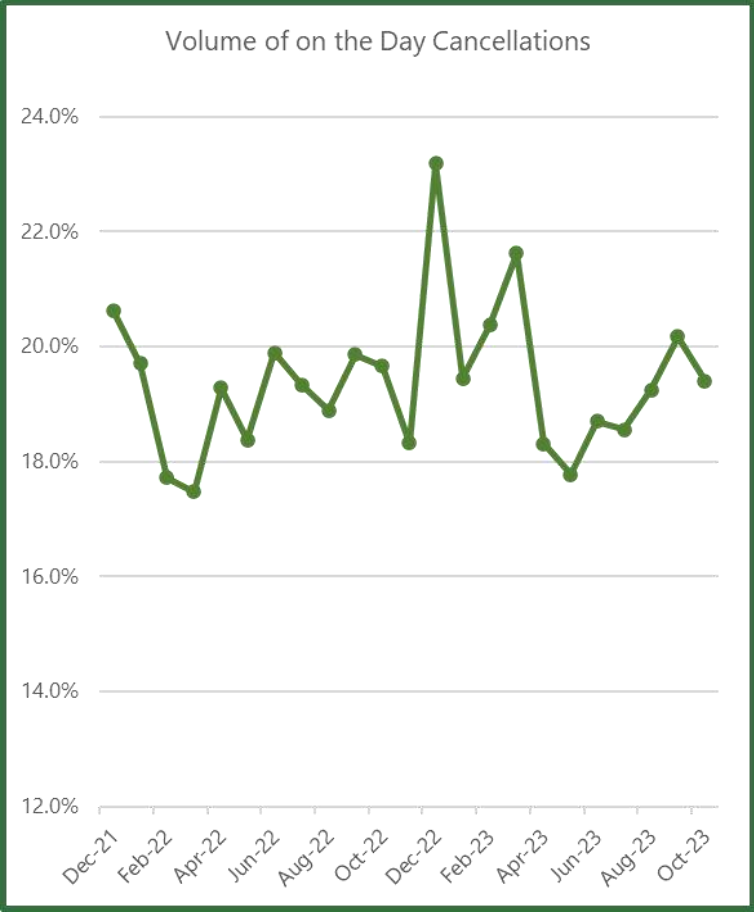
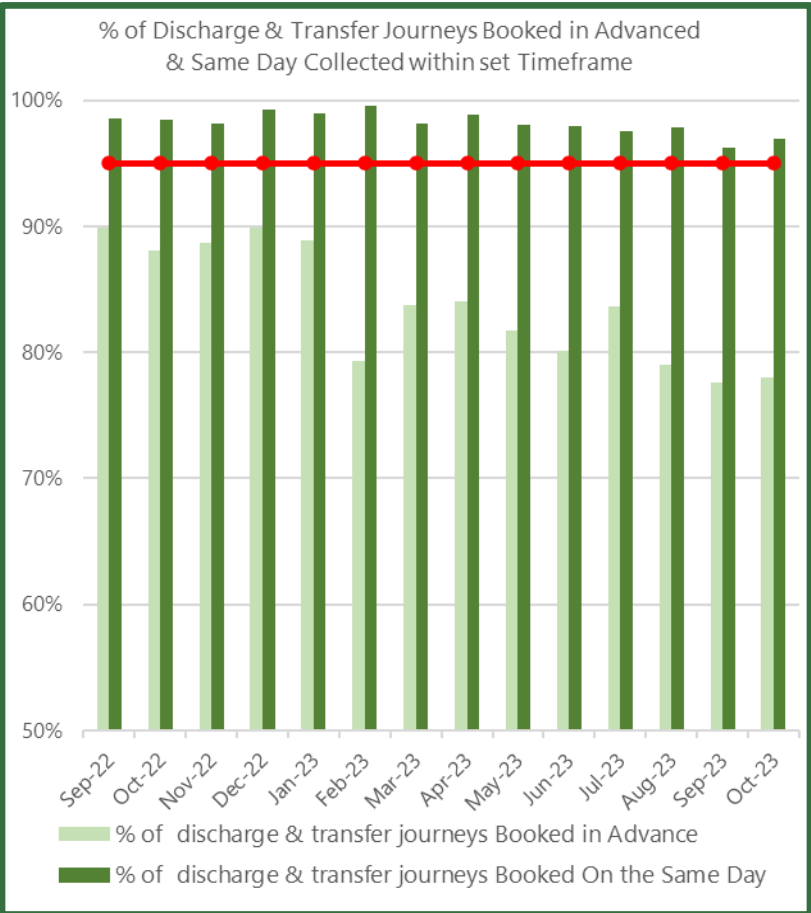
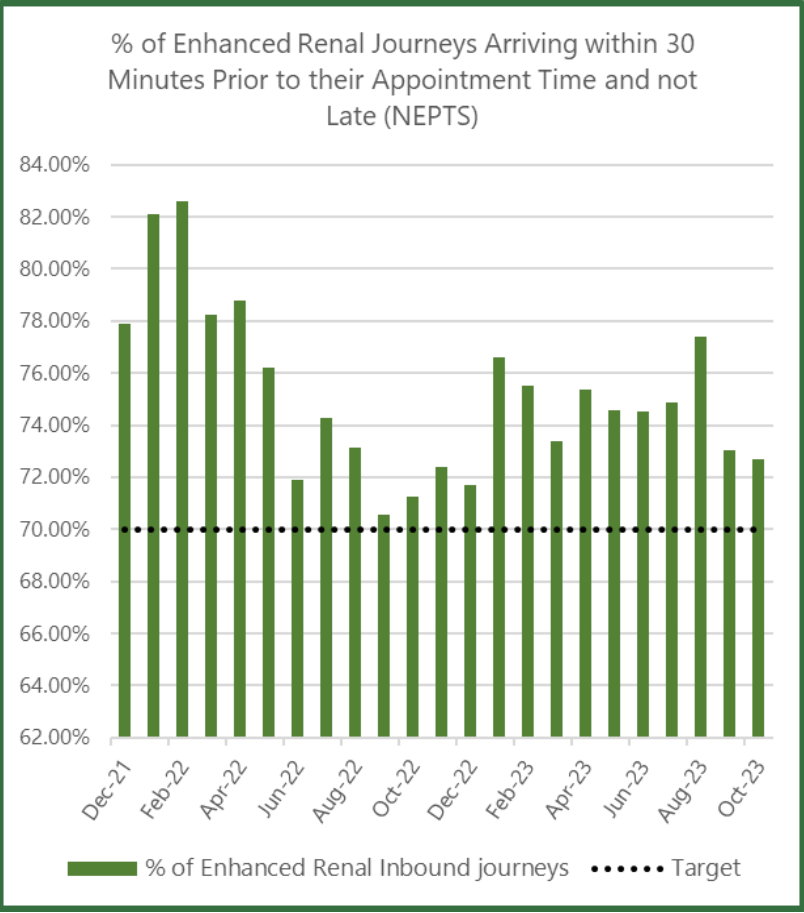
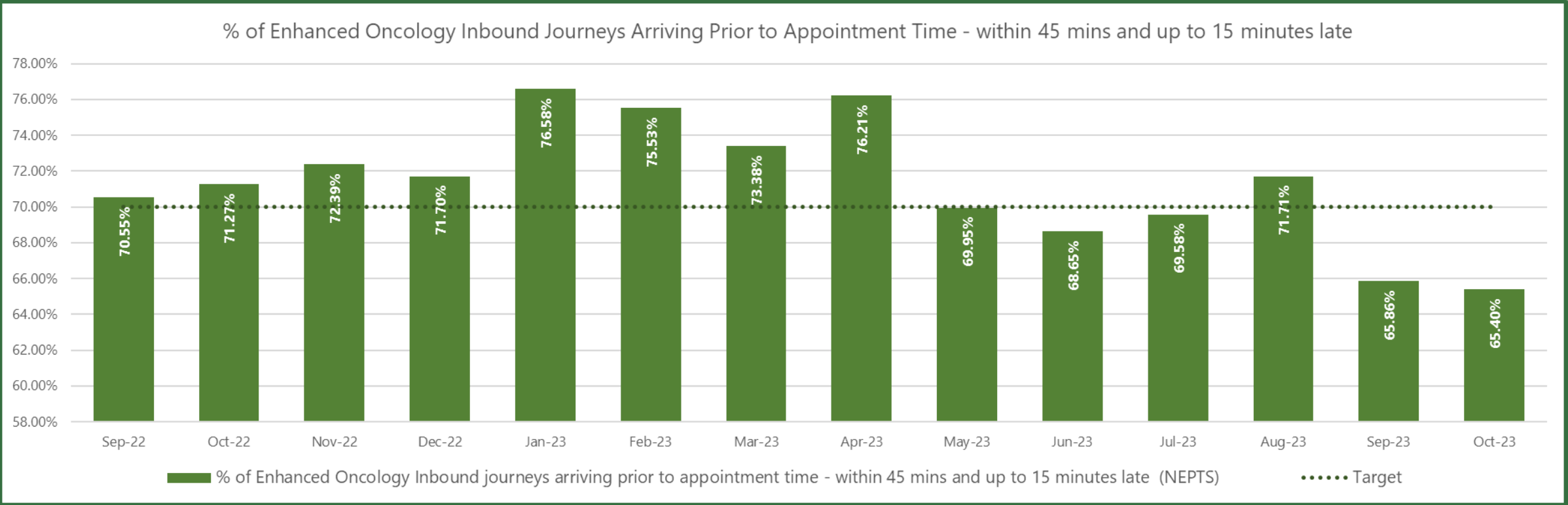
G

D&T

R

FPC

CI



Analysis
Ambulance Care (NEPTS element) performance reduced slightly during October 2023. 65.4% of enhanced oncology journeys arrived within 45 minutes prior and up to 15 minutes late to their appointment time, down from 65.86% in September 2023, and not achieving the 70% target. Enhanced Renal journeys also saw a reduction, from 73.1% in September 2023 to 72.7% in October 2023.

78% of discharge & transfer journeys booked in advance were collected within 60 minutes of their booked ready time, consistent when compared to September 2023 (78%), but below the 95% target. 97% of discharge & transfer journeys booked on the same day were collected within 4 hours of their booked ready time, an increase compared to September 2023 (96%), and above the 95% target.

Same day cancellations decreased slightly from 20.2% in September 2023 to 19.4% in October 2023.

Overall demand has continued to increase as the planned care system continues to reset. In particular:-

- Completed journeys for Patients requiring Ambulance Transport – Non T1 & C3 mobility (exc. Discharge & Transfer) are at or in excess of levels seen prior to the pandemic.
- Oncology journeys in particular have increased significantly since April 2023 and in June 2023 were at levels not seen since 2019.
- There has been a notable increase in requests for discharges from the ED. This correlates with EMS no longer facilitating these requests.

- Remedial Plans and Actions**
- Local management teams are working closely with Health Board colleagues to develop local actions in response to the current level of Oncology performance. This should address the lack of cohesive planning that includes transport as we have in Renal services.
 - The renal hub has begun the transformation from a renal only service into an enhanced service hub focused. The first piece of work they will focus on will be the creation of a group of oncology focused volunteers and a buddy system for those patients that have regular transport patterns. This will improve patient experience and performance.
 - A separate workstream has also been created focused on data management on ready and pick up times. It is believed that this will improve overall performance and ensure a more robust data set.
 - All of the above actions will be contained within an improvement plan to be presented to SLT on the 9th November.

Expected Performance Trajectory
With the implementation of the above actions, it is anticipated that Oncology performance will improve over Q3. Initial improvement trends have already been seen after just a few of the actions have been partly implemented.

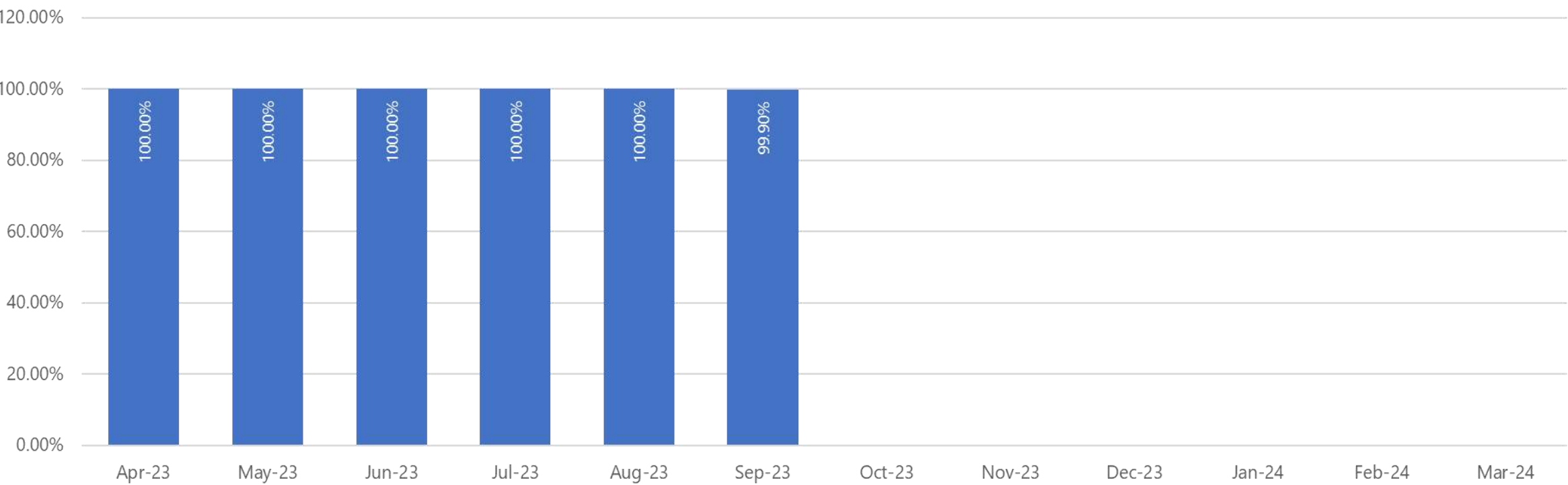
Finance, Resources and Value

Value - Finance Indicators

(Responsible Officer: Chris Turley)



Financial Balance - Annual Expenditure YTD as % of Budget Expenditure YTD



Analysis

The reported outturn performance at Month 6 is a surplus of £77k, with a forecast to the year-end of breakeven.

For Month 6 the Trust is reporting planned savings of £2.615m and actual savings of £3.097m (an achievement rate of 118.4%).

The Trust's cumulative performance against PSPP as at Month 6 is 96.3% against a target of 95%.

At Month 6 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

The Trust's financial plan for 2023-26 has been built on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2023-26 financial plan was submitted to WG following Board sign off on 31st March 2023.

No financial plan is risk free. Financial risk management forms a key element of the project plans which underpin both the Trust's ambitions and savings targets. The Trust continues to seek to strengthen where it can its financial capacity and corporate focus on finance, and as an organisation have structures in place to drive through the delivery of our financial plan.

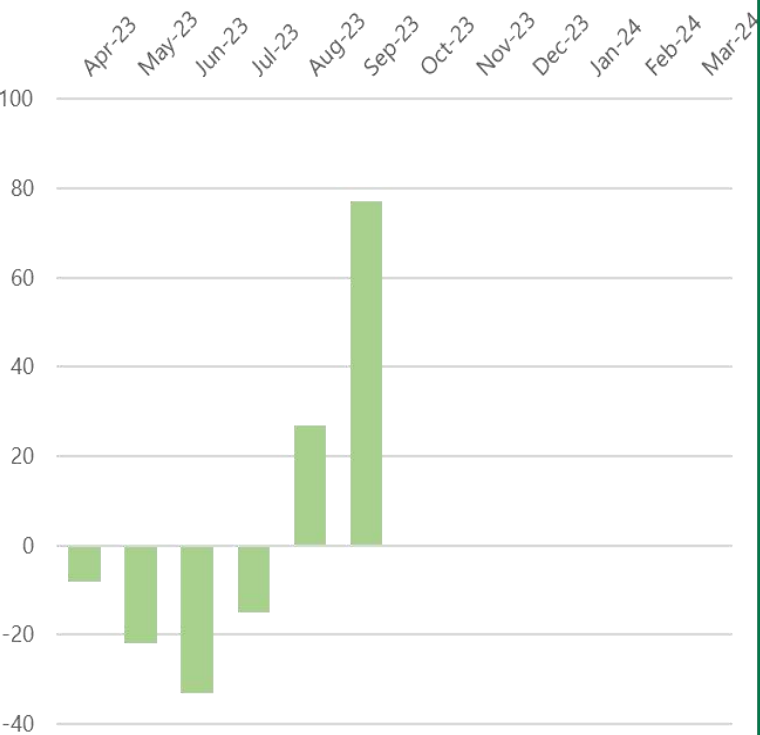
Key specific risks to the delivery of the 2022/23 financial plan and beyond include:

- Availability of capital funding to support the infrastructure investment required to implement service change, and the ability of the Trust to deliver the revenue consequences of capital schemes within stated resource envelope;
- Financial impact of EASC Commissioning Intentions, and confirmation of the EMS financial resource envelope as assumed within our financial plan;
- Ensuring additional avoidable costs that impact on the Trust as a result of service changes elsewhere in the NHS Wales system are fully recognised and funded;
- Ensuring any further developments are only implemented once additional funding to support these is confirmed;
- Delivery of cash releasing savings and efficiencies via the Financial Sustainability Program (FSP);

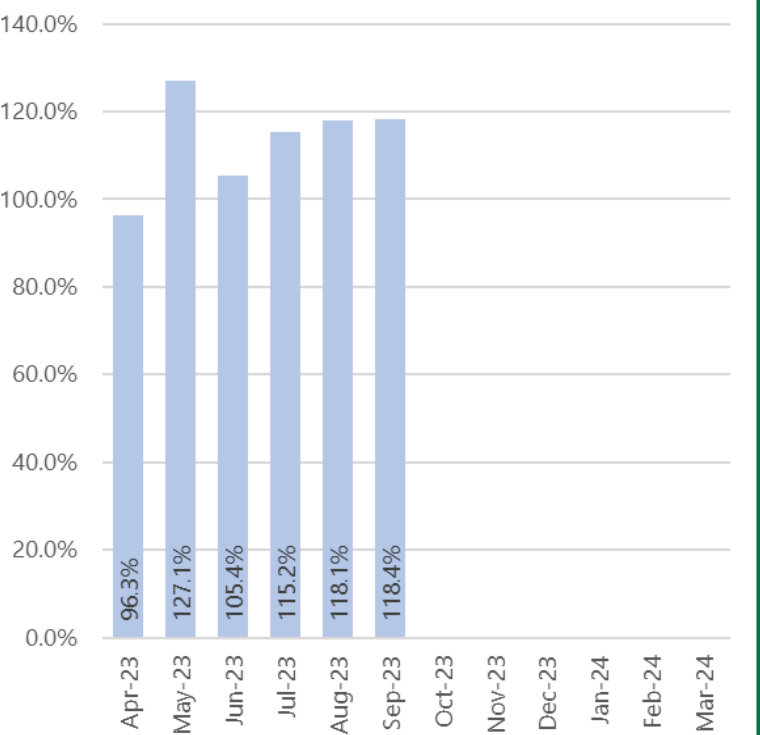
Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2023/24 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver further significant level of savings into the 2024/25 financial year.

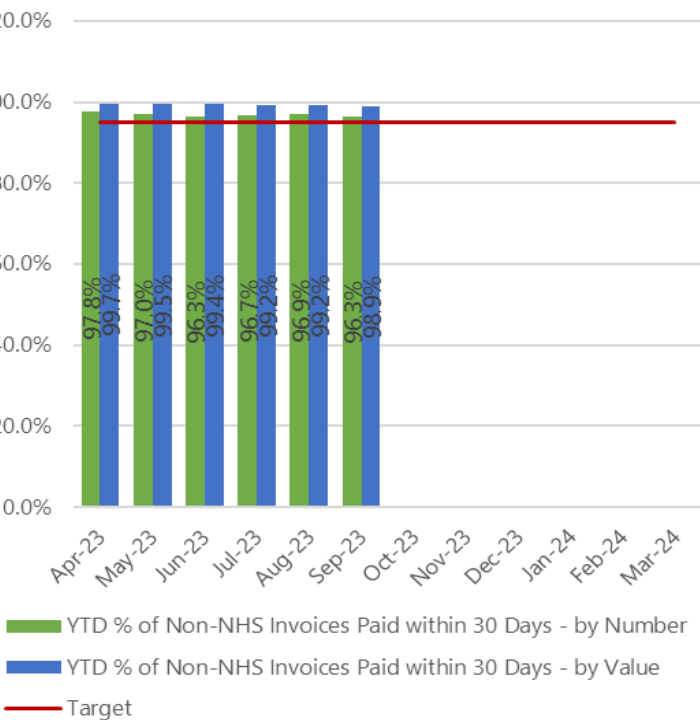
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



YTD % of Non NHS Invoices Paid Within 30 Days - By Number & Value



Finance, Resources and Value

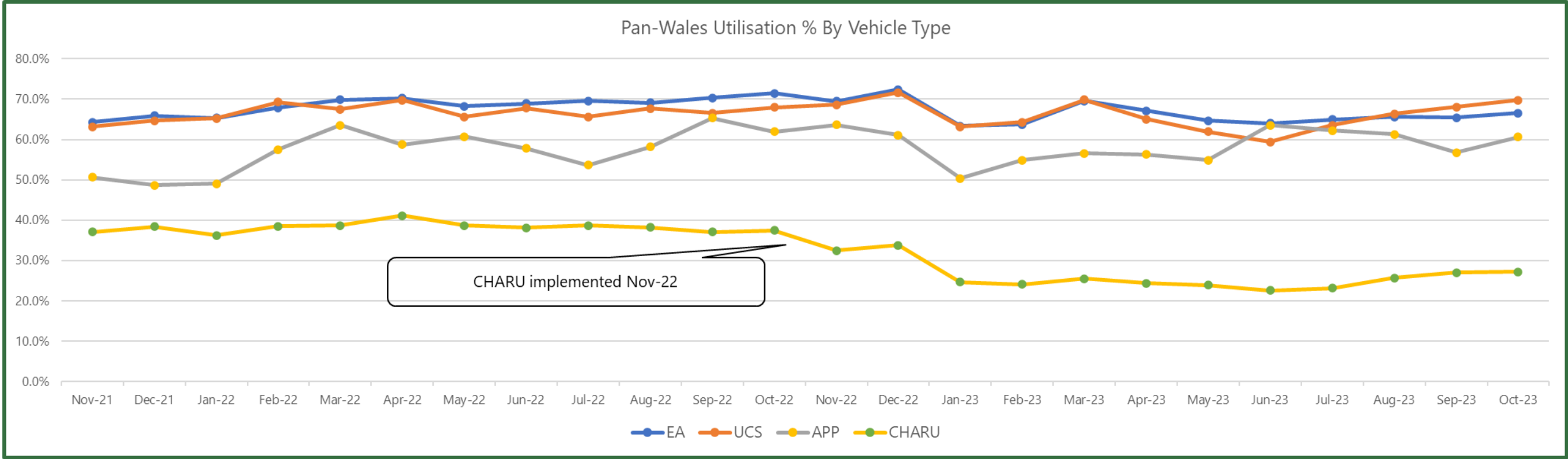
EMS Utilisation & Average Job/Shift Times

(Responsible Officer: Lee Brooks)

Utilisation

A

FPC



Analysis

Pan Wales Utilisation metrics in October 2023 were 58.5% for all vehicles types, a slight increase from 57.5% in September 2023. UCS achieved the highest rate during the month at 69.7% while EA was at 66.5%. Both have seen a generally stable trend over the past two years. The optimal utilisation rate for EAs needs to lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle in October 2023 increased to 2 hours 8 minutes for EAs, and to 2 hours 38 minutes for UCS crews. CHARUs remained at 54 minutes while APPs increased from 1 hour 13 minutes to 1 hour 25 minutes.

Overall average jobs per shift was 2.36 in October 2023, a decrease from the 2.41 recorded in September 2023. APPs attended on average 3.88 jobs per shift, EAs 2.48 jobs per shift, UCS crews 2.30 jobs per shift and CHARU's 1.92 jobs per shift.

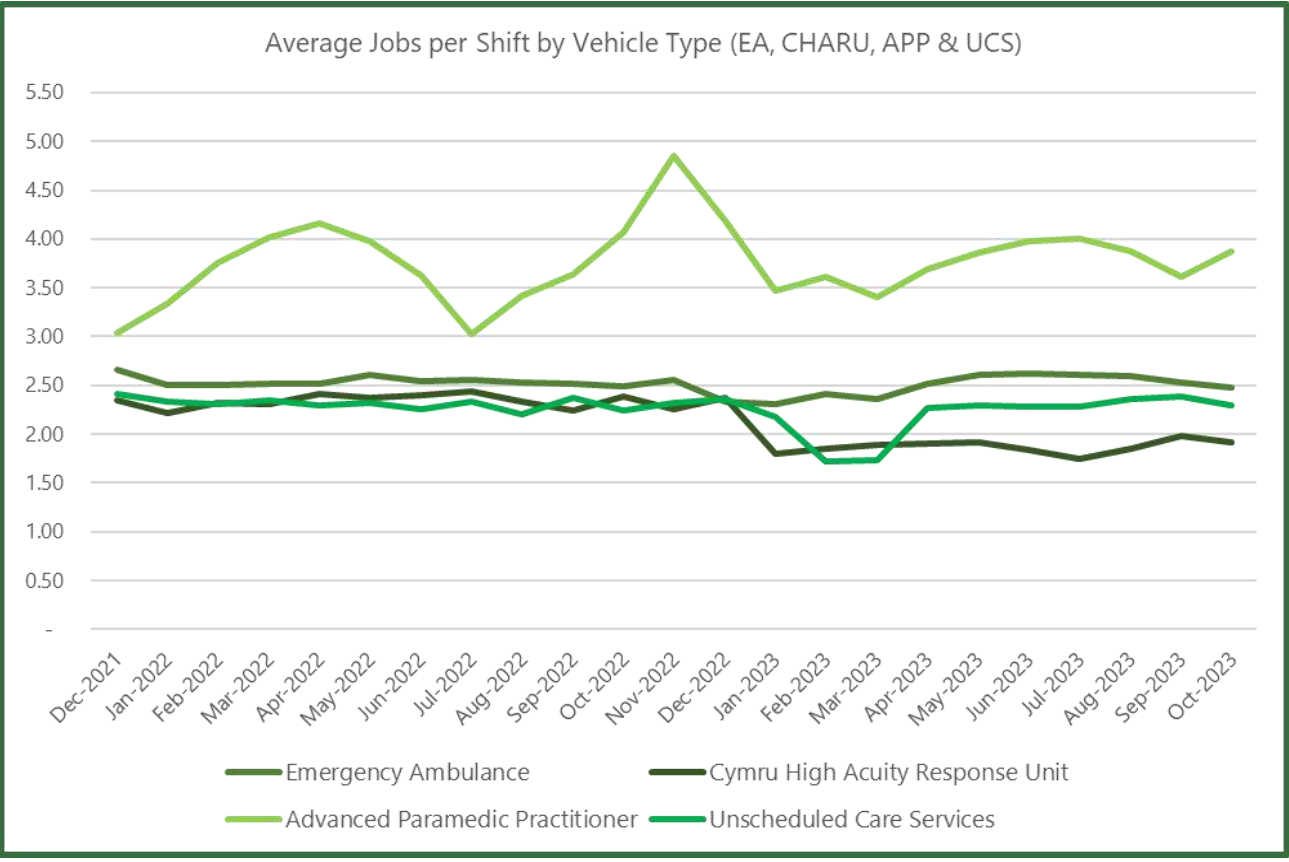
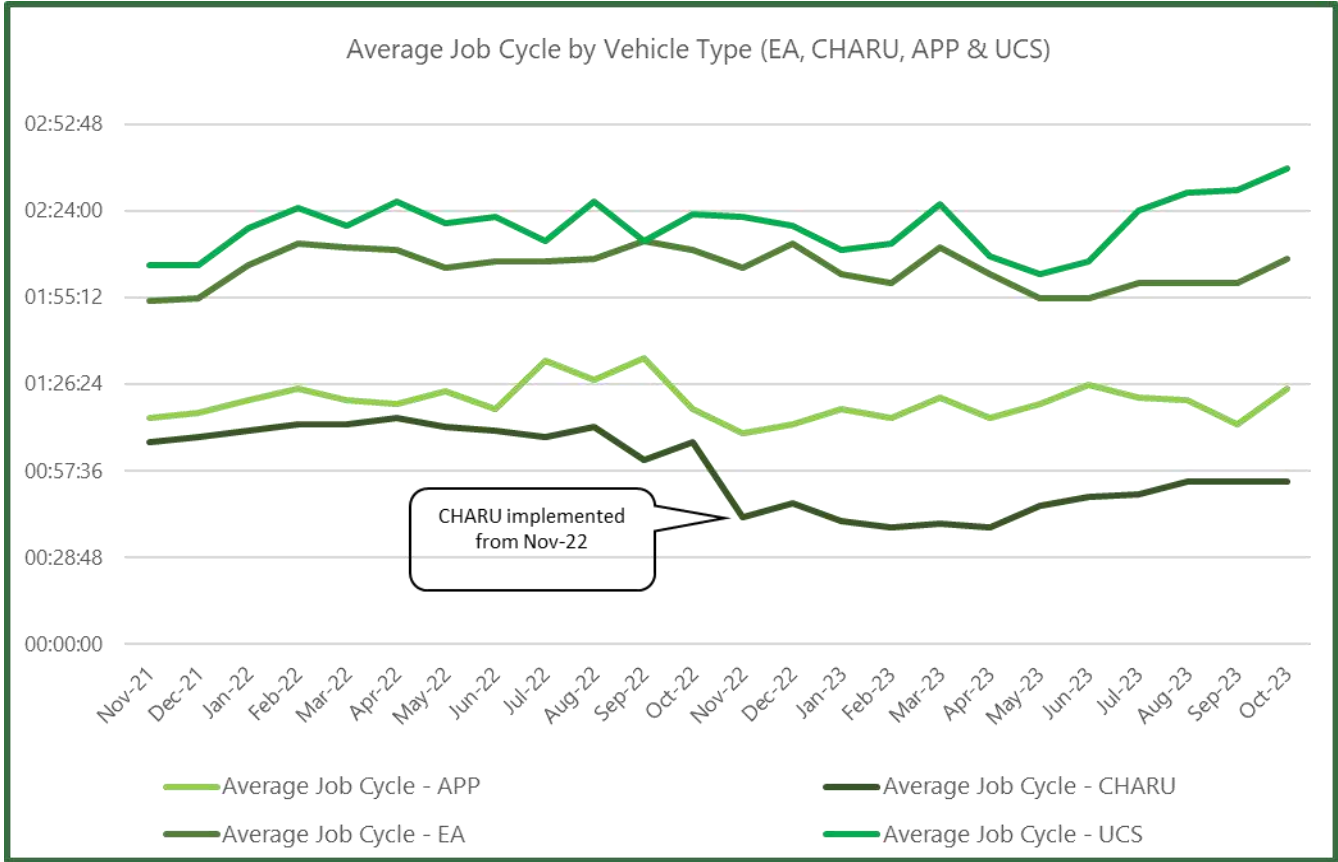
Overall average jobs per shift has remained relatively static with APP & CHARU resources having a job cycle that is half that of a conveying resource.

Remedial Plans and Actions

The increase in average job cycle time since 2021 can be attributed to numerous factors including the introduction of ePCR and increasing hospital delays (staff pre-empting and packaging patients in readiness for long waits and patients waiting longer for an ambulance response therefore requiring more treatment/assessment). These times are monitored at Weekly Performance Meeting and local work to establish appropriate efficiency initiatives is ongoing

Expected Performance Trajectory

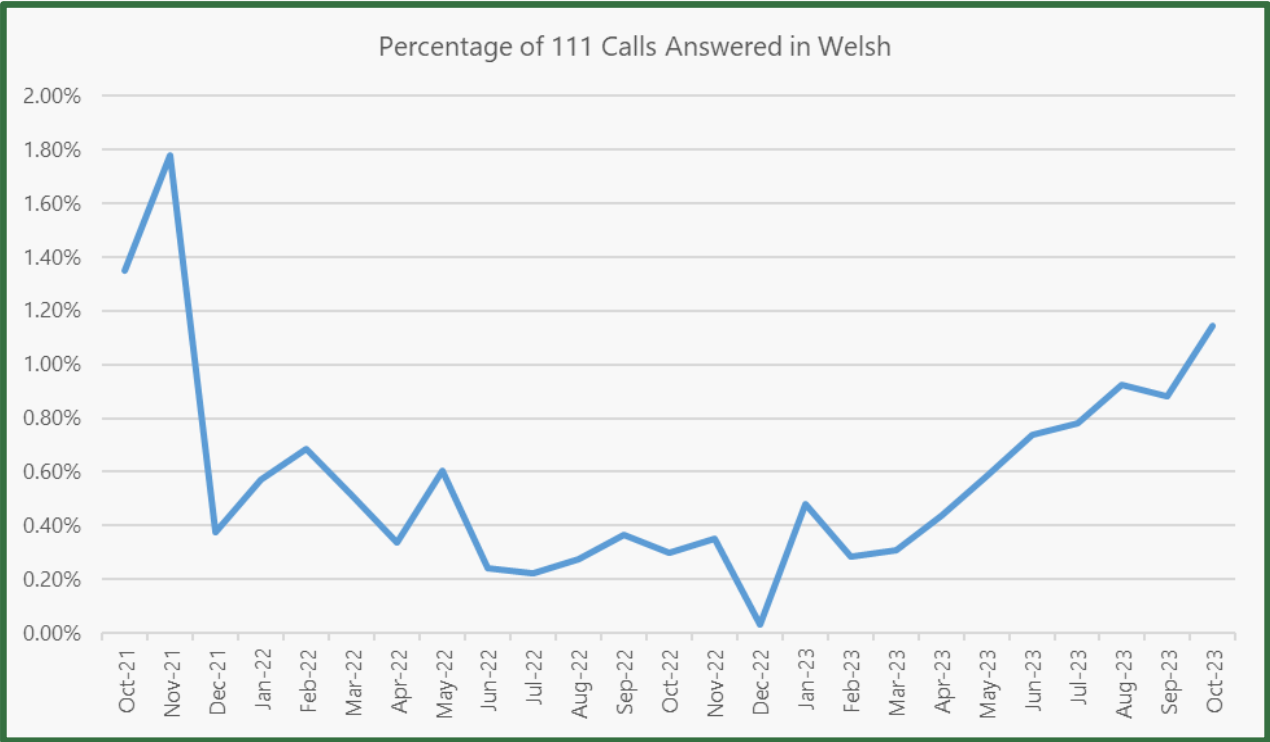
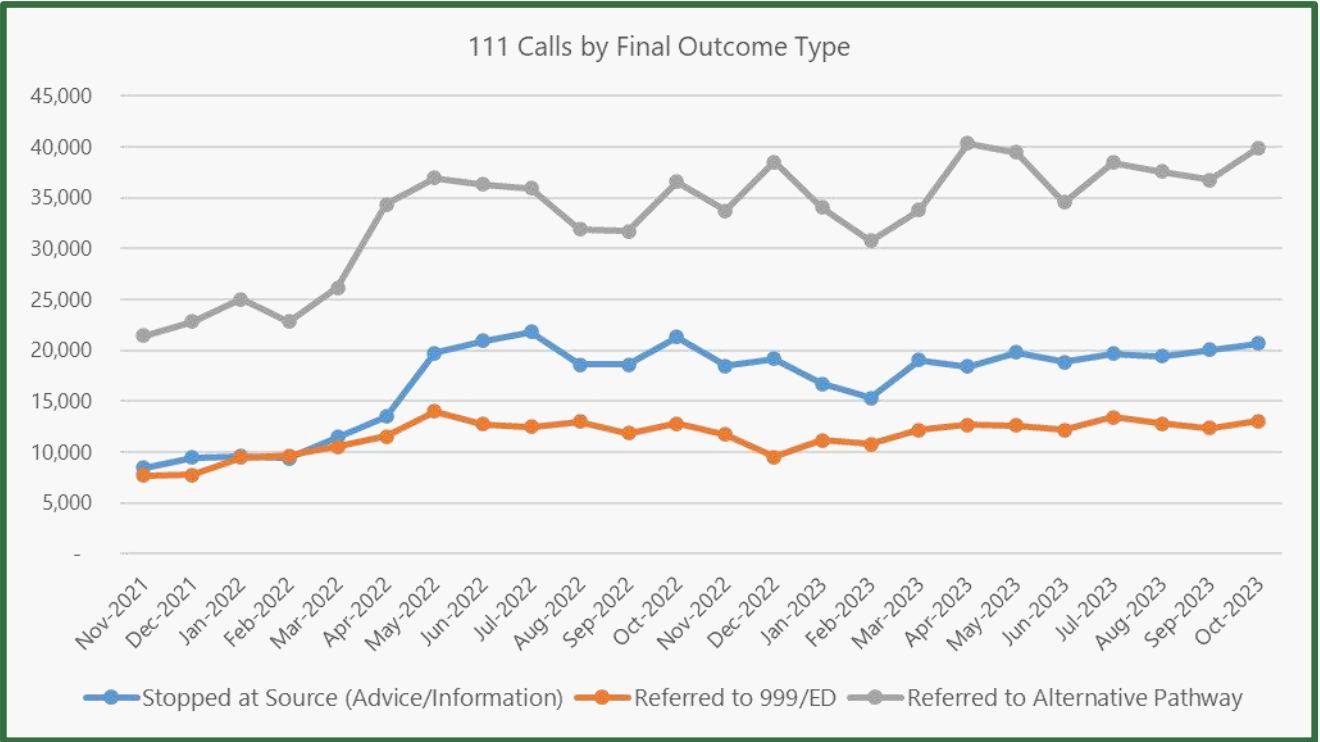
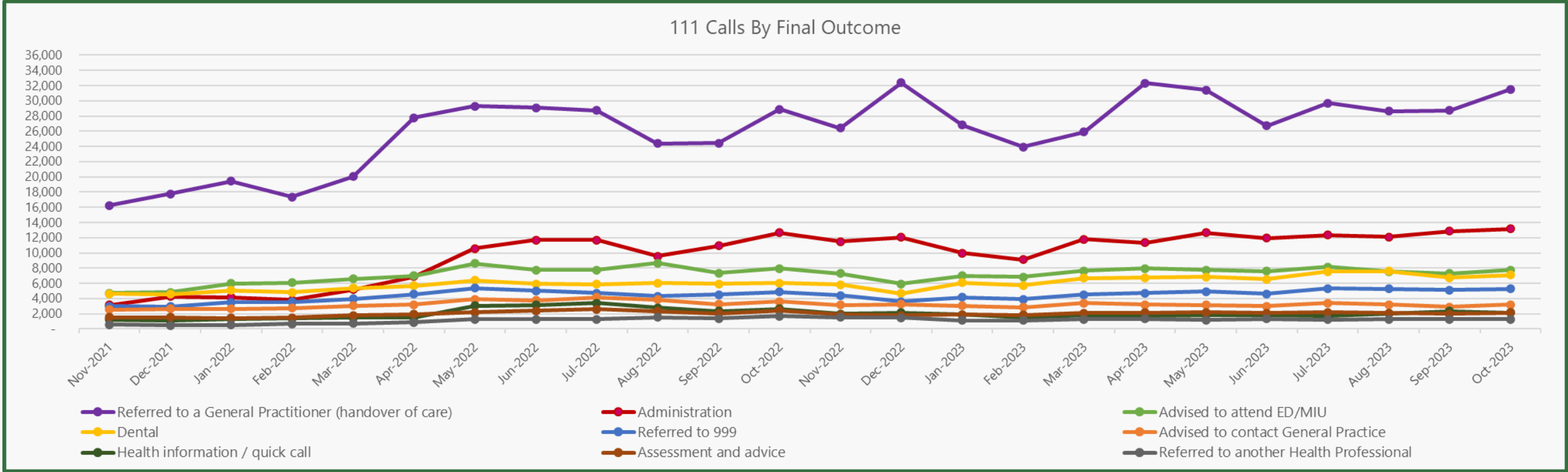
The increase in job cycle time since 2021 is caused by numerous complex factors. As ePCR embeds, a decrease may be seen, but with the factors outside of WAST's control a reduction to pre pandemic levels may not been seen. The EA and UCS utilisation is too high. The APP utilisation is being considered via the inverting the triangle transformation work. The CHARU rate is being reviewed linked to modelling.



Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced



Analysis

73,694 calls were received into the 9 categories displayed in the graph opposite during October 2023, an increase compared to the 69,217 received during September 2023. This is the highest volume of calls seen into the service in the past two years.

In October 2023, calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 43% of all calls.

As the bottom graph highlights, in October 2023, 20,713 calls into 111 were provided with information or advice, with no onward referral, an increase from 20,074 in September 2023.

Remedial Plans and Actions

There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST its commissioners and DCHW. The focus is the development of a Nationally reportable 111 data set. Similar to what is currently in place for ASIs. Part of this work involves looking at the reporting of disposition final outcomes.

Expected Performance Trajectory

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

Partnerships / System Contribution

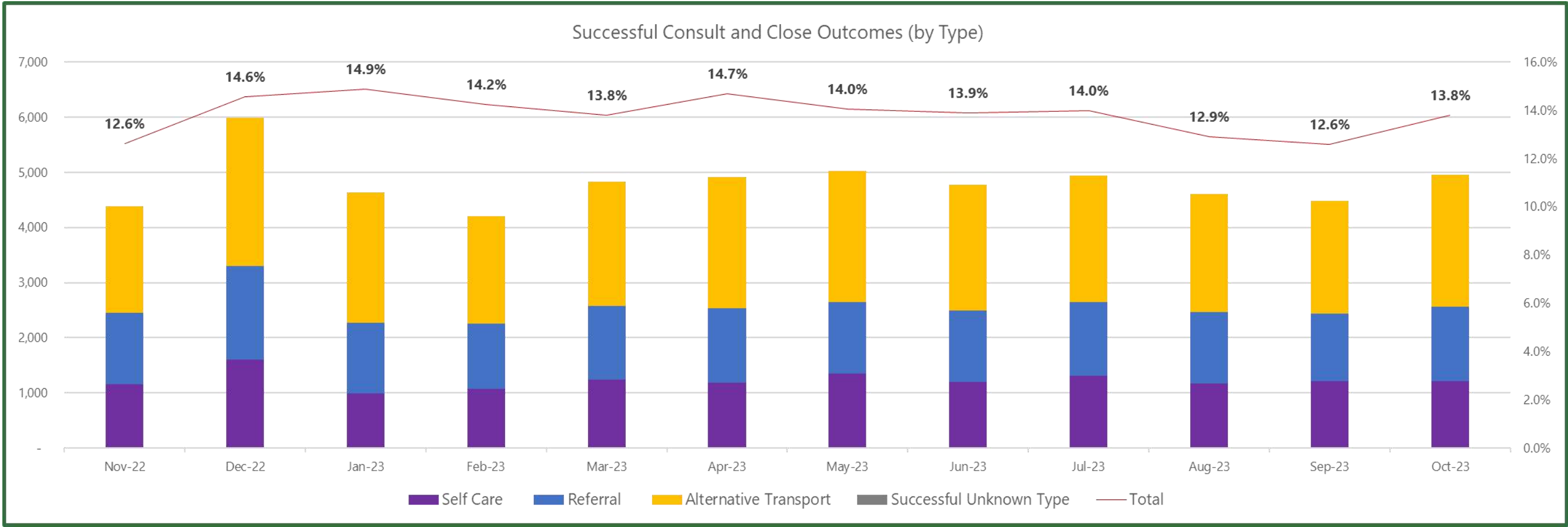
Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C

R

FPC



Analysis

Consult and Close, with contributions from Clinical Service Desk (CSD) (10.1%), NHS111 (2.6%), WAST APP (0.9%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.2%) achieved 13.8% in October 2023. This was an increase on the 12.6% seen during September 2023 but remained short of the new 17% target. In October 2023, the number of 999 calls resulting in a Consult and Close outcome was 4,961, up from 4,408 in September 2023.

Of the calls successfully closed in October 2023, 1,217 patients received an outcome of self-care; 1,339 patients were referred to other services (including to Minor Injury Units and SDEC) and 2,403 were advised to seek alternative transport services in order to acquire treatment.

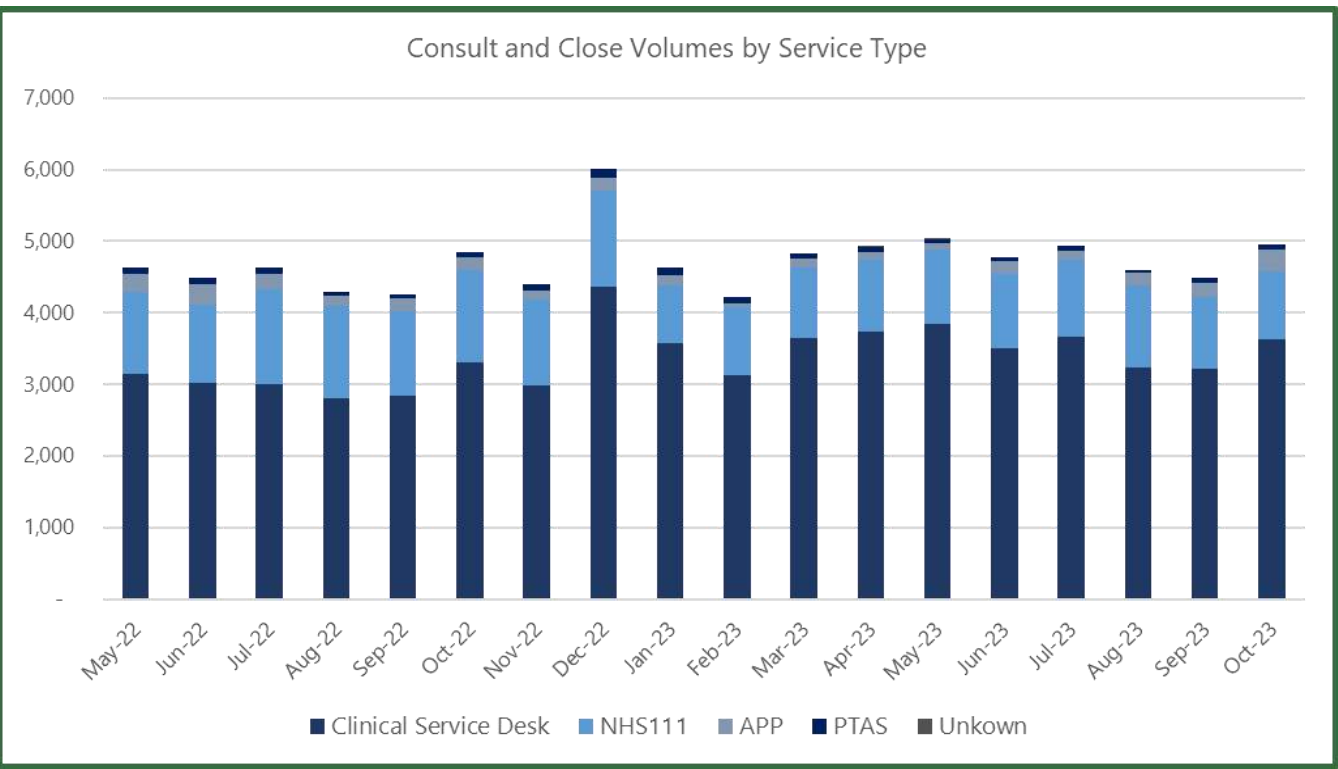
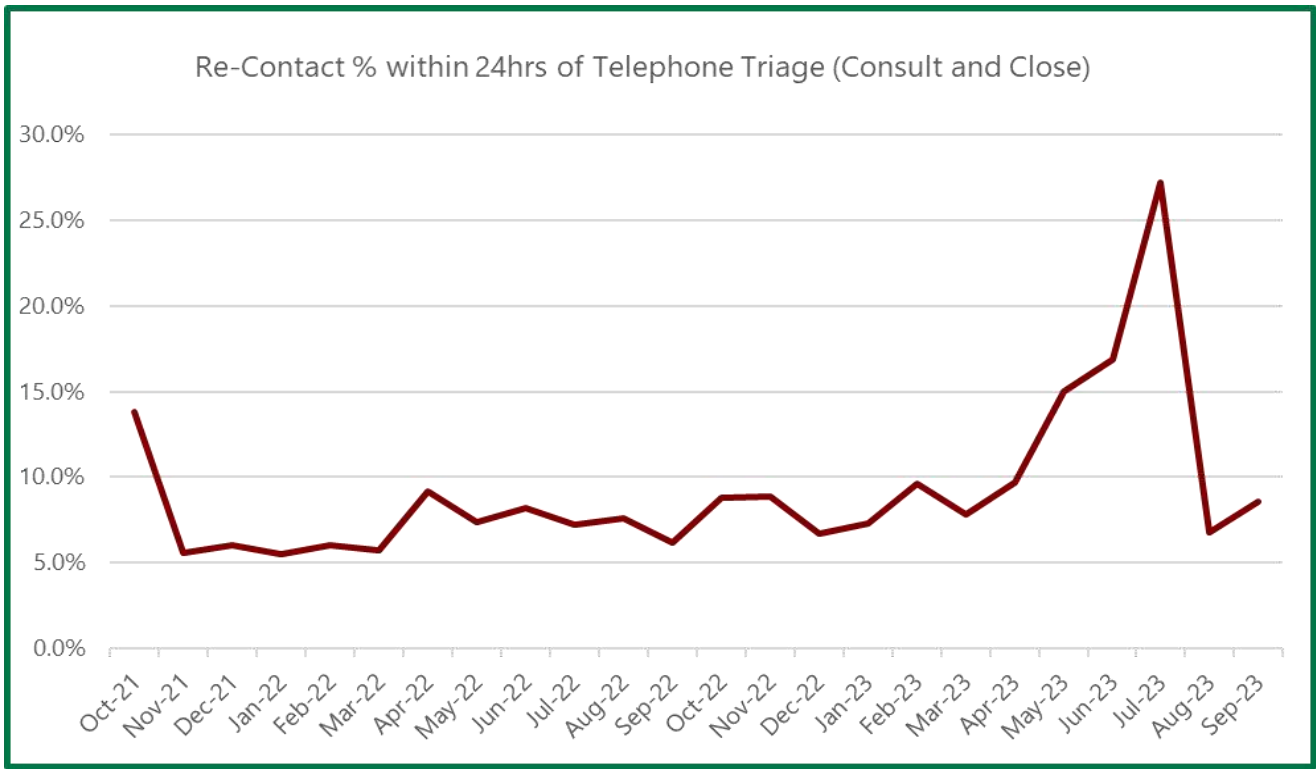
Re-contact rates in September 2023 were 8.6%, a slight increase on the 6.8% seen in August 2023. The sharp spike in July 2023 has been identified to be repeat callers.

Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support which is recognised by those calling
- Reporting still challenging without telephony data
- Failed contact activity from EMSC has reduced
- Progressing process with 111 to pass calls electronically from CSD, saving time
- More staff are at work in CSD
- Additional staff start live this month
- Work commenced on PDSA for CSD First

Expected Performance Trajectory

With the increase in staff attendance and changes to processes October's Consult and Close was the 4th highest on record at 4,961 patients, which was 13.8% of verified 999 activity. A further improvement is expected, but the 17% ambition looks more distance currently.



Partnerships / System Contribution

Conveyance to ED Indicators

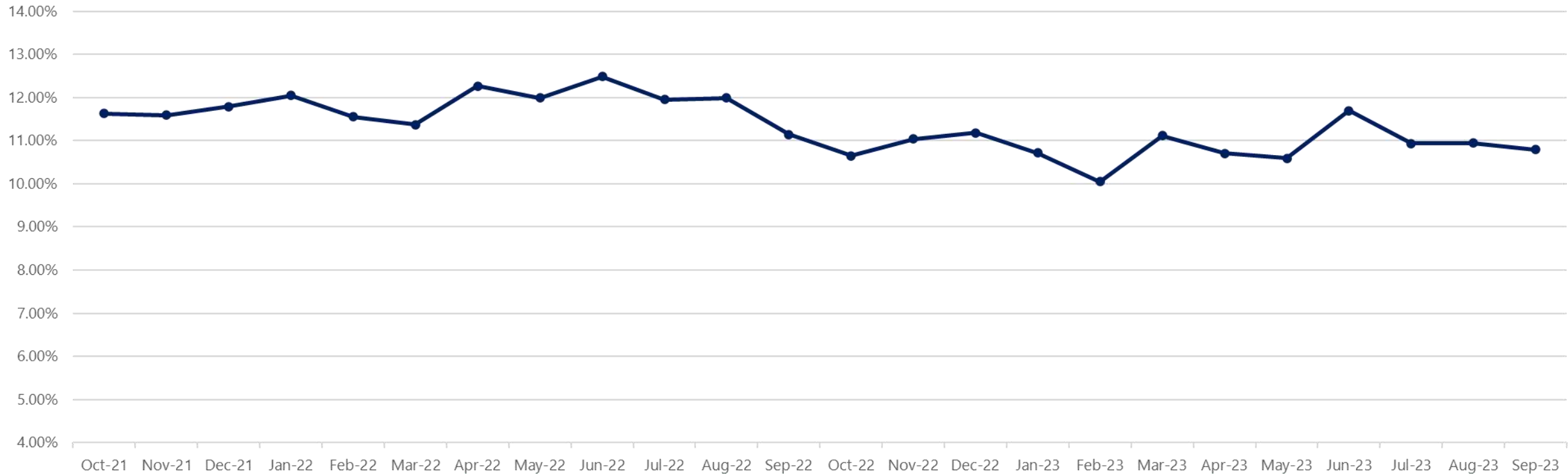
(Responsible Officer: Andy Swinburn)

A

FPC

Ministerial Measure

% of Total Conveyances taken to a service other than a Type One Emergency Department



Analysis

In September 2023 10.79% of patients (1,579) were conveyed to a service other than a Type One ED, while 36.65% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers decreased slightly, from 3,752 in August 2023 to 3,642 in September 2023.

APP conveyance rates decreased slightly to 43.7% in October 2023, although there has been a general increase seen in recent months due to increased levels of CSP, which results in patients choosing to transport themselves to the ED, with only patients who do not have this ability (usually sicker) receiving a response.

Remedial Plans and Actions

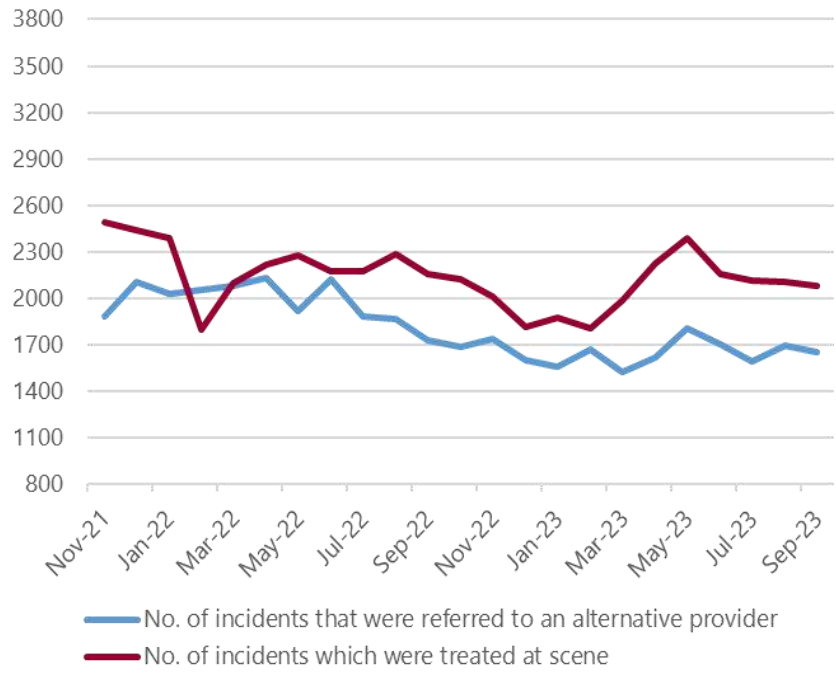
The Trust has modelled the use of same day emergency care (SDEC) services and identified that they could take an estimated 4% of EMS demand; it is currently less than 0.5%. The percentage increase in conveyance to services other than EDs is a Ministerial Priority. The Trust's ability to improve this figure is dependent on pathways that are open to the Trust such as SDECs.

Utilisation of APP resources will continue to be monitored as part of weekly performance reviews and evaluation of the appropriate APP code-set will be undertaken through the Clinical Prioritisation and Assessment Software (CPAS) group.

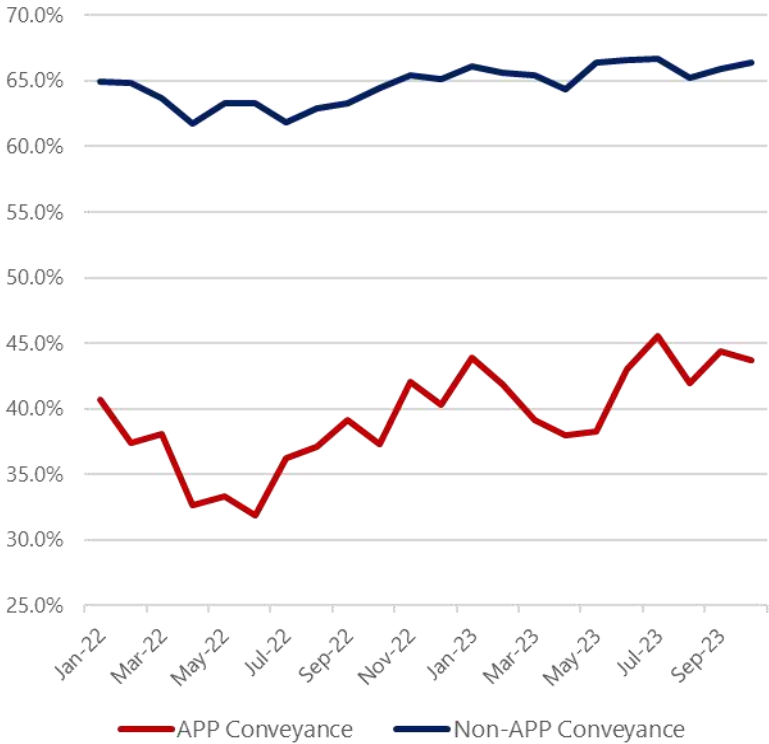
Expected Performance Trajectory

The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes are required as well. This modelling indicates a reduction in patients conveyed of 1,165 per week but is predicated on large scale investment in APPs (470 v starting position of 67).

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



APP vs Non-APP Conveyance Rates



% Patients Conveyed to SDEC Units Pan-Wales



Partnerships / System Contribution

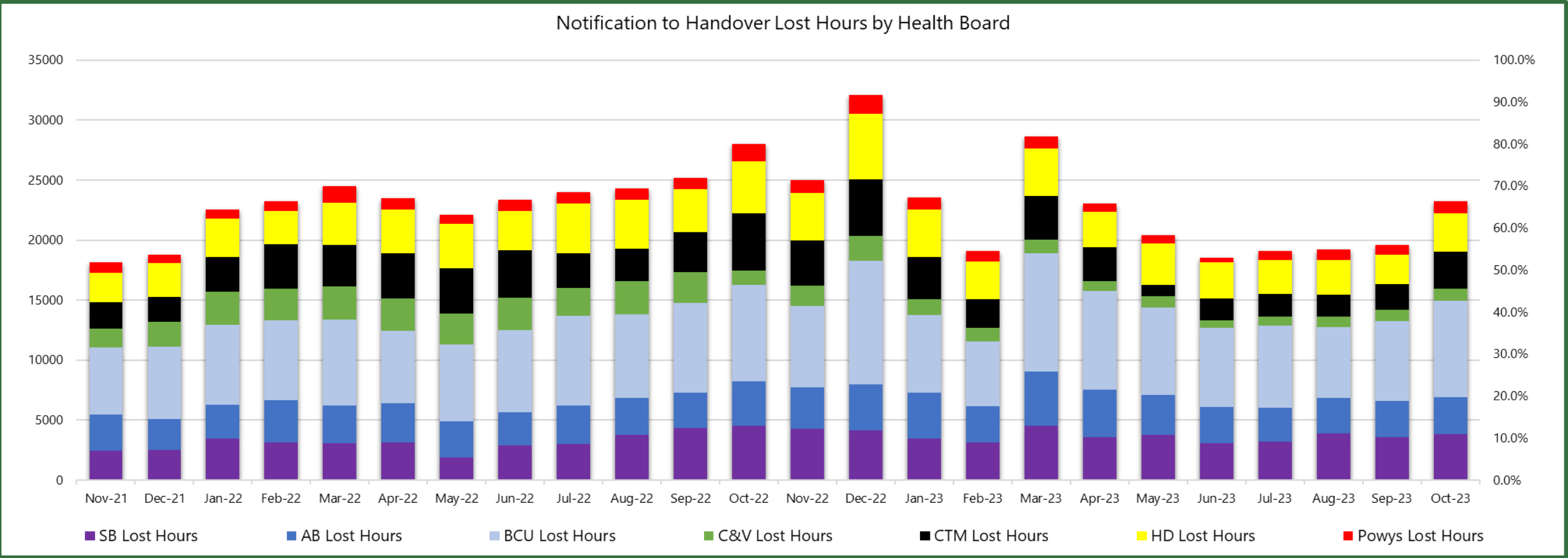
Handover Indicators

(Responsible Officer: Health Boards)

R

CI

QUEST



Analysis
271,588 hours were lost to Notification to Handover, i.e., hospital handover delays, over the last 12 months (Nov-22 to Oct-23), compared to 278,469 over the same timeframe the previous year. There were 23,232 hours lost in October 2023, an increase from the 19,610 lost in September 2023. This is the fourth month in a row the figure has increased, although levels remain below where they were during the same period last year.

The hospitals with the highest levels of handover delays during October 2023 were:

- Morriston Hospital (SBUHB) at 3,647 lost hours
- The Grange University Hospital (ABUHB) at 2,837 lost hours
- Wrexham Maelor Hospital (BCUHB) at 3,657 lost hours
- Glan Clwyd Hospital (BCUHB) at 2,380 lost hours

Notification to handover lost hours averaged 749 hours per day during October 2023 compared to 654 hours a day in September 2023.

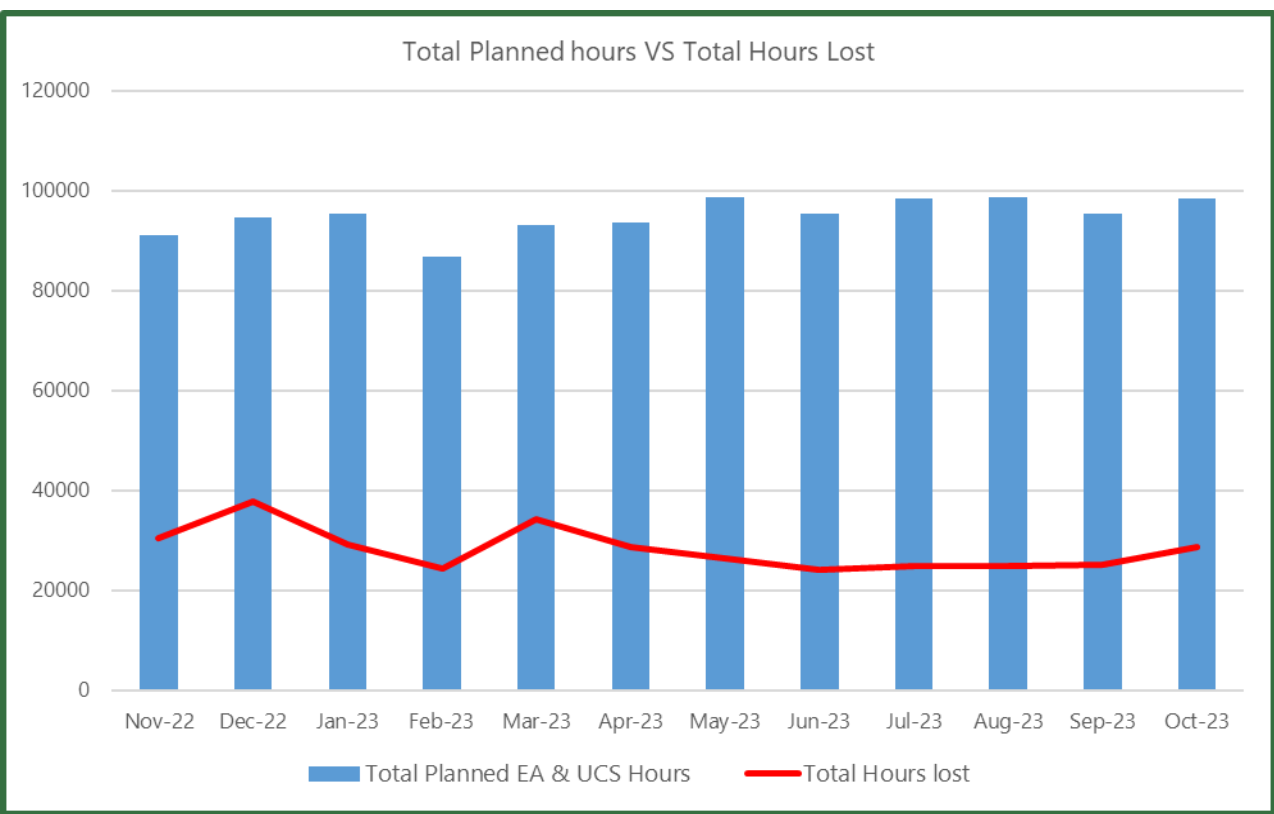
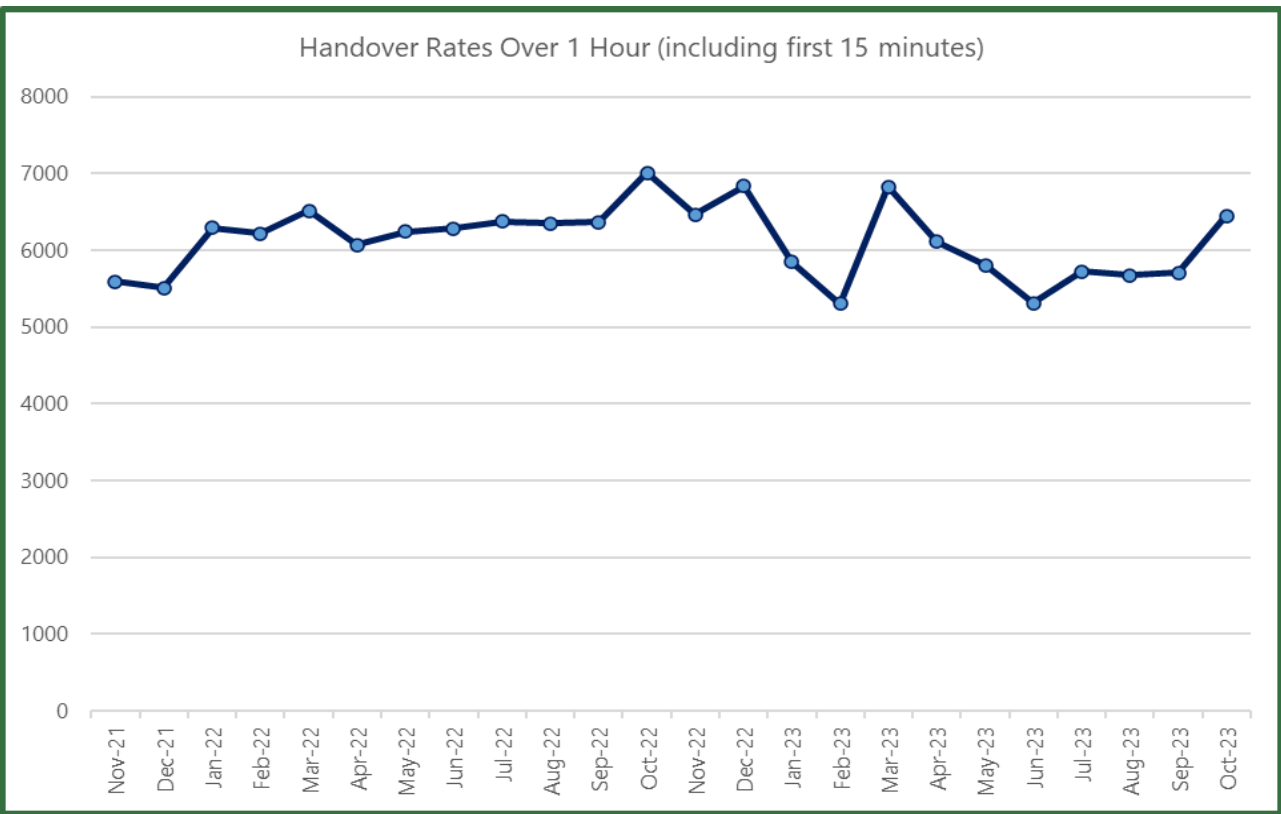
In October 2023, the Trust could have responded to approximately 7,319 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

Remedial Plans and Actions
Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister, and this will continue through the year as we seek to influence and put pressure on the system to improve. Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR).

Expected Performance Trajectory
The Commissioning intention for 2023/24 is that handover lost hours should reduce to 15,000 hours per month, the same seen levels seen in the winter of 2019/20, which were considered extremely high, 12,000 hours by the end of Quarter 2 and sustained and incremental improvement in quarters 3 and 4. The ambition that there should be no waits over 4 hours during 2023/24. Non-release for Immediate Release Requests should become a Never Event.

**NB: Data correct at time of abstraction.*



Partnerships / System Contribution

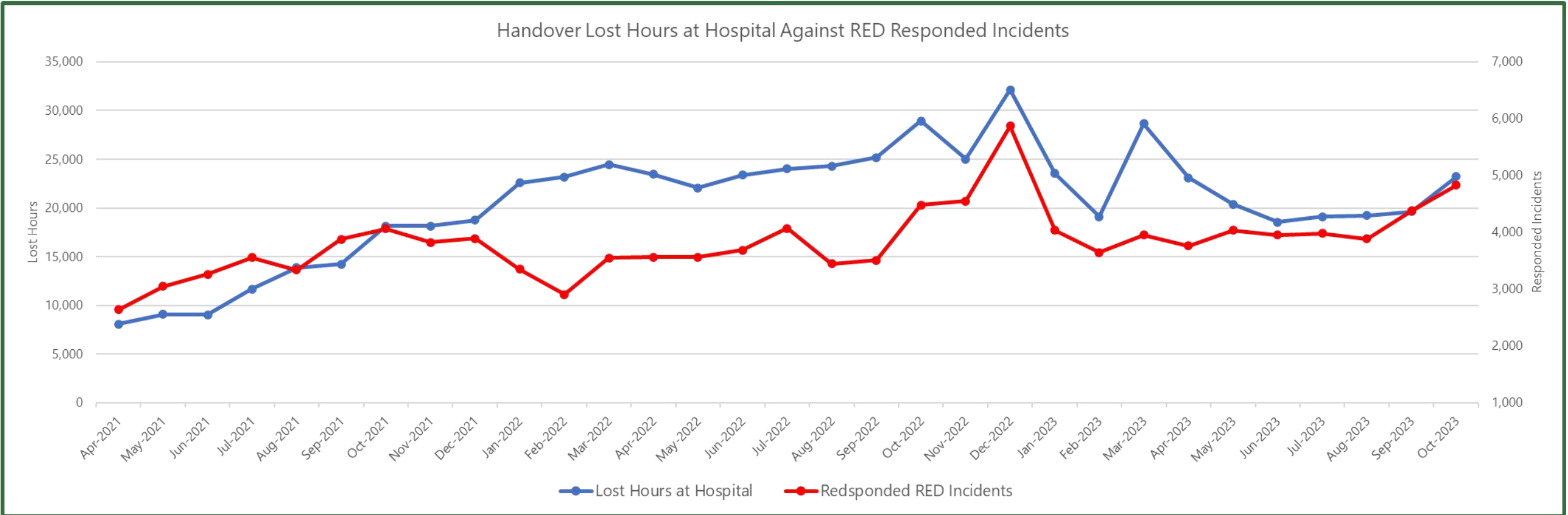
Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

R

CI

QUEST



Analysis

The top graph highlights that as handover lost hours have increased since May 2021, so too have the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system. However, as the bottom graph illustrates, as the response to Red increases, there is an impact on Amber 1 responses, particularly at times of high demand, such as during December 2022. During these periods, the number of Amber 1 incidents attended decreases, notwithstanding that some of these patients within the Amber 1 category will still be seriously ill.

The bottom graph also highlights that as lost hours have increased since mid-2021, so Amber 1 responses have declined, due to the increased system pressures. However, as lost hours reduced during the first half of 2023, so Amber 1 responses increased, from 10,326 in December 2022 to 13,055 in May 2023. Therefore, it was possible to see the reduction of pressure within the system and subsequent performance improvement through the Amber 1 metric.

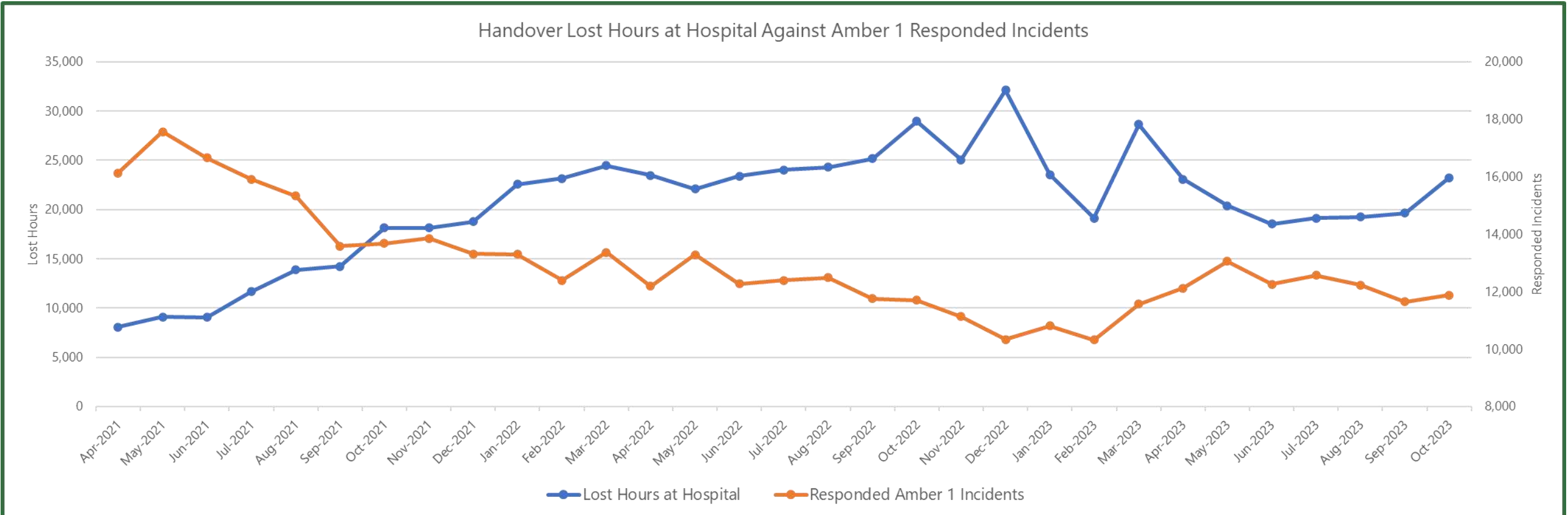
Remedial Plans and Actions

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Expected Performance Trajectory

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**NB: Data correct at time of abstraction.*



Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	CTM / CTMHB	Cwm Taf Morgannwg Health Board	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	ROSC	Return Of Spontaneous Circulation
AOM	Area Operations Manager	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	RRV	Rapid Response Vehicle
APP	Advanced Paramedic Practitioner	D&T	Discharge & Transfer	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
AQI	Ambulance Quality Indicator	DU	Delivery Unit	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	EASC	Emergency Ambulance Service Committee	HR	Human resources	NRI	Nationally Reportable Incident	SPT	Senior Pandemic Team
CASC	Chief Ambulance Services Commissioner	EAP	Employee Assistance Provider	HSE	Health and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CC	Consultant Connect	ED	Emergency Department	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	EMD	Emergency Medical Department	IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	TU	Trade Union
CCP	Complex Case Panel	EMS	Emergency Medical services	IPR	Integrated Performance Report	OH	Occupational Health	UCA	Unscheduled Care Assistant
CEO	Chief Executive Officer	EMT	Executive Management Team	KPI	Key Performance Indicator	P / PHB	Powys / Powys Health Board	UCS	Unscheduled Care System
CFR	Community First Responder	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	PCR / PCRs	Patient Care Record(s)	UFH	Uniformed First Responder
CI	Clinical Indicator	EPT	Executive Pandemic Team	MACA	Military Aid to the Civil Authority	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	UHP	Unit Hours Production
COOs	Chief Operating Officers	FTE	Full Time Equivalent	MIU	Minor Injury Unit	PECI	Patient Engagement & community Involvement	U/A RTB	Unavailable – return to Base
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	POD	Patient Offload department	VPH	Vantage Point House (Cwmbran)
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PPLH	Post Production Lost Hours	WAST	Welsh Ambulance Services NHS Trust
CSD	Clinical Service Desk	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	PSPP	Public Sector Purchase Programme	WG	Welsh Government
CSP	Clinical Safety Plan	HCP	Health Care Professional	NEWS	National Early Warning Score	QPSE	Quality, Patient Safety & Experience	WIIN	WAST Improvement & Innovation Network

Definition of Indicators

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



GIG
CYMRU
NHS
WALES
Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	20
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

PULSE SURVEY (HIVE)

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Angela Lewis, Director of People and Culture
AUTHOR	Liz Rogers, Deputy Director of People and Culture
CONTACT	Liz Rogers, Deputy Director of People and Culture

EXECUTIVE SUMMARY

1. WAST does not have a survey tool to effectively establish the views and opinions of colleagues in a fast and responsive way.
2. To address this, a product called Hive has been purchased to better establish employee voice and experience, get feedback quickly via pulse surveys, report out effectively and be able to do the 'you said, we did' to feedback to the business.
3. This report provides some further information on the product and offers assurance to PCC on the process to date.

KEY ISSUES/IMPLICATIONS

4. The Committee is asked to:

- **NOTE** the Report

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	26 th July 2023	For noting
P&C Committee	16 th November 2023	For noting

REPORT APPENDICES

Appendix 1: SBAR
Appendix 2: Hive Presentation

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	para 3, para 7,	Financial Implications	N/A
Environmental/Sustainability	N/A	Legal Implications	N/A
Estate	N/A	Patient Safety/Safeguarding	N/A
Ethical Matters	Para 9	Risks (Inc. Reputational)	N/A
Health Improvement	N/A	Socio Economic Duty	N/A
Health and Safety	N/A	TU Partner Consultation	Paras 2,3,9,14

Appendix 1: SBAR SITUATION

- Research has found that 74% of employees feel more likely to be engaged when their voices are heard and feel more effective in their jobs. 71% felt more able to share their ideas.
- The People and Culture plan identifies the need to be able to seek the views of our people and benchmark employee experience across the organisation. Whilst we have some qualitative tools to do this, for example via WAST voices and other networks, one off surveys, the behaviours work, WAST roadshows and trade union partner feedback, we do not have an easy access digital tool to send out employee experience questions to all colleagues on a regular basis which we can use to seek feedback and temperature check the organisation. There are many colleagues with whom we have not engaged or asked for feedback.
- The team initially considered internal options, such as using MS Forms but this was very limiting in terms of the ability to report out, undertake data analysis, share outputs with managers and assure trade unions and colleagues across the business of anonymity.

BACKGROUND

- The People and Culture team completed a procurement exercise to purchase a survey tool. The requirement was to be able to send out pulse surveys every 6-8 weeks to gain feedback on how colleagues are feeling on specific areas e.g. happiness and job satisfaction, PADR, training opportunities, leadership and management, freedom to speak up etc. The successful provider is Hive.

9. Hive is made up of 5 elements. Hive Surveying, Hive Messaging, Hive Fives, Hive Open Door (continuous listening). We are focusing on the Hive Surveying tool and we will also be introducing Hive Fives. One NHS organisation started with Hive Fives where colleagues could recognise each other and then built out on the functionality.
10. There are multiple access points to the product and it is designed with accessibility in mind. The product is browser based, mobile compatible and can send emails / texts to users. We will set up a WAST Hive homepage on Siren which can behave as an app and be embedded on iPads as a widget. Notifications can be pushed through that route also. The product is also bilingual.
11. At the time of writing, we will be rolling out the first survey at the end of October, aligning it to the end of Freedom to Speak Up month and the new Working in Confidence platform. The first survey of eight questions will be focused on how comfortable colleagues feel about raising concerns and psychological safety alongside a three benchmark questions on advocacy, loyalty and pride – I would recommend WAST as a good place to work, I am proud to work for WAST, and I rarely think about looking for a job with another organisation.

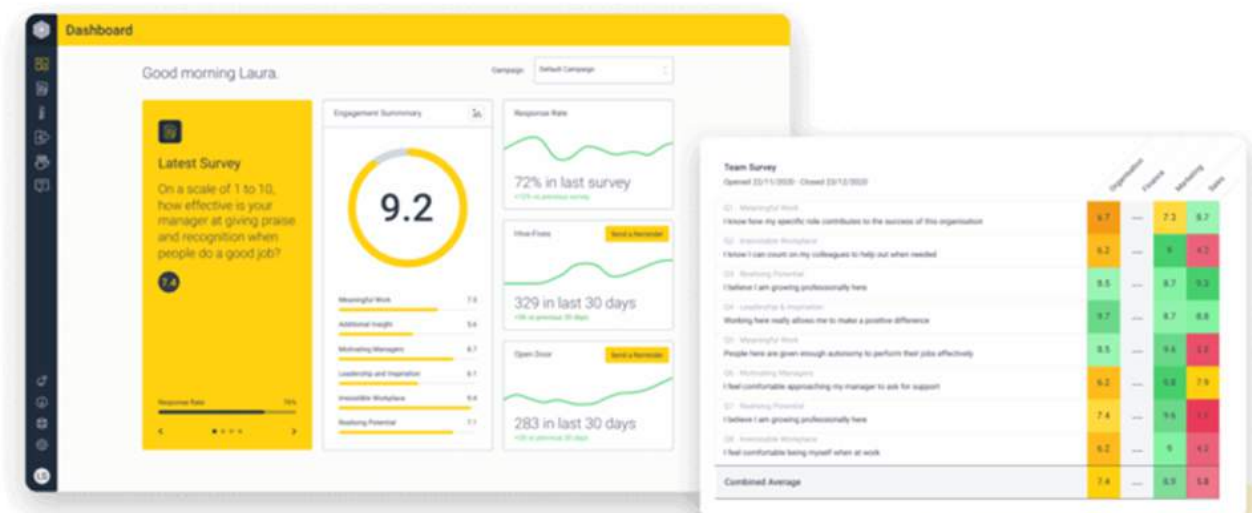
ASSESSMENT

12. The People and Culture team will develop surveys to share with the organisation. The first survey at eight questions will be longer than normal to establish some baseline questions and answers against which we can then benchmark progress and improvement. The intention is to then produce surveys of a few questions on a regular basis, using a combination of pulse questions (regularly asked) and questions on specific topics e.g. psychological safety or flexible working.
13. The product is backed up by People Science, business psychologists and HR practitioners who provide insight and the real story behind the data. By tailoring surveys, we can get meaningful data and action plan to drive tangible change.
14. We will supply Hive work email addresses, post titles, team and Directorate data. We will not be providing protected characteristic data and therefore will not be able to split reporting by age, gender, ethnicity, disability etc. If we have a successful output then we could consider this and the risks going forward. Communications are through the Hive HR product.

15. Hive already contains a question bank which is readily accessed but we can create our own questions on specific topics if they are not in the existing bank. We are also able to design the type of question and response format we want. The product has built-in sentiment analysis as part of the reporting functionality as well as heat mapping and benchmarking to track what's happening and how we compare to others. The reporting is simple to analyse, gives context and helps easily identify areas to focus on as well as spotting areas requiring immediate attention. It will give the insight needed to implement change that makes a difference.



16. The responses are anonymous and the surveys are voluntary to complete. The lowest level of reporting is a team of six people, we have decided that the minimum group we will report out on is 10 at this stage and at the recommendation of Hive HR. TU partners have advised that they are comfortable moving to six should we want to consider that option. Managers can have access to output reports from their teams. This will mean we can identify hotspots and wrap support and interventions around the team to improve employee experience. By delivering the results back to managers, we can upskill, develop their capability and make a difference to colleagues on the ground. Initially we will give access to reporting the Directors and Assistant Directors as we embed Hive and we can extend out reporting later.



17. The most important element of undertaking this work is giving people feedback. There is a virtuous circle in terms of listening and acting on the feedback therefore, it will be important to do the 'you said we did' for the organisation and for Directorates and teams. This will take managers into a different space, support culture shift and positive interventions.

Hive Fives

18. We will also be turning on the functionality of Hive Fives. This is a feelgood feature where colleagues can be recognised and say thanks. Recipients are notified of the hive five and can go in and read the recognition. Also, recognition to the organisation can be given here. Other organisations who have implemented similar products saw significant usage of this kind of tool even with soft launches of this element.

Implementation

19. The Customer Success and People Science teams from Hive have been working with the WAST team to undertake our objective setting, giving tactical advice, training, delivered review meetings and be the main points of contact.

20. An inhouse implementation task and finish group was established including colleagues from People and Culture, IT and Communications to work through the activities required for a successful project delivery. The data required by Hive to get surveys launched to employees has been reviewed and was transferred successfully.

21. Prior to the launch a presentation(attached) has been delivered to ELT, ADLT, SLT, SOT and TU partners. All colleagues have welcomed the implementation of the product. In terms of wider communications, we have used some of the Hive developed artifacts as well as writing our own materials.
22. The intention is to get into a rhythm of asking questions, reviewing the output, reporting to managers and taking action based on the feedback, some of which will be at an organisational level, other actions at a directorate level or a team level and then sharing this back to colleagues.
23. The People and Culture team will work with managers across the organisation on interventions to improve the experience of colleagues at work wherever possible in response to survey results.
24. We will provide the People and Culture Committee with survey output information and the actions taken to improve survey results.

RECOMMENDED:

The Committee is asked to:

- **NOTE** the report



Introduction of Hive at WAST

Why are we introducing Hive?



How do we know how our people are feeling currently, what we need to focus on in terms of employee experience and how can we demonstrate progress against our People and Culture plan?

- Anecdotal feedback at a local level
- TU partner feedback
- Surveys on specific topic areas
- Surveys for individual teams
- NHS staff survey (due in Q3 2023)

Where is the gap?

- Easy to deliver accessible surveys across the organisation at once
- Targeted surveys to specific groups
- Good quality, accessible output

For your people...

When employee's feel their voice is heard...

74%

Feel more engaged to work

74%

Feel more effective at their job

71%

Feel more confident to share ideas and feedback
in the future

“Employees who feel
their voice is heard at
work are nearly **five**
times more likely to feel
empowered to perform
their best work.”

Hundreds of organisations and counting across a variety of industries



**NORTHUMBRIA
POLICE**
Proud to Protect



**STAFFORDSHIRE
POLICE**



Manchester University
NHS Foundation Trust



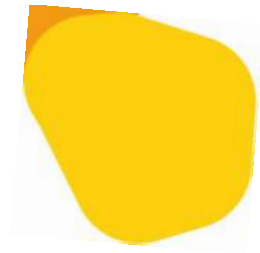
The Newcastle upon Tyne Hospitals
NHS Foundation Trust

EVRI
The new Hermes

**Sheffield
Hallam
University**

fscs Financial Services
Compensation Scheme





Two main elements:

The Hive Platform made up of four employee voice features

Strategic partnership with the Hive People Science experts for support and input



What is Hive



hive surveying



hive fives



hive open door

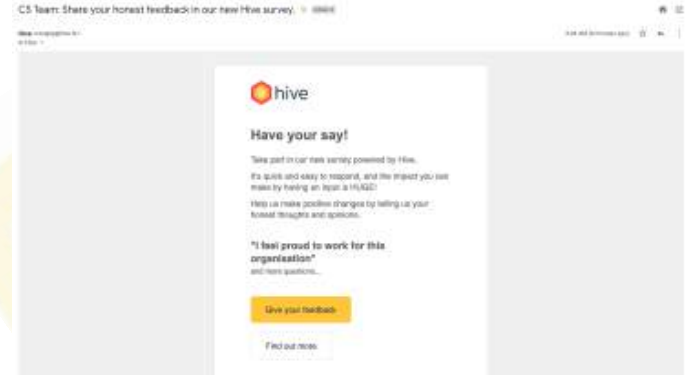
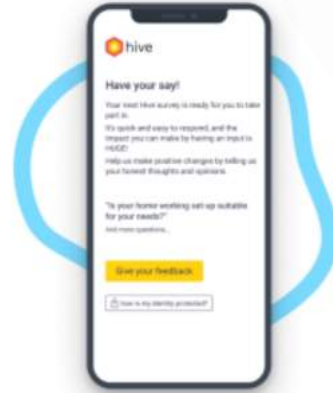
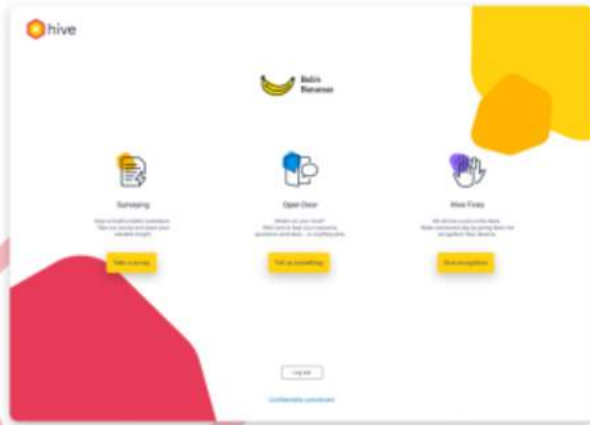


hive messenger



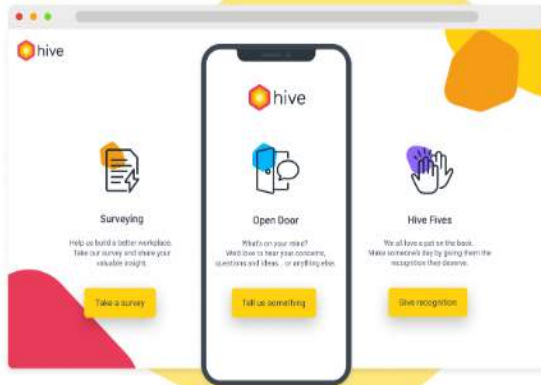
Survey Delivery

1. Email
2. SMS
3. Employee Homepage



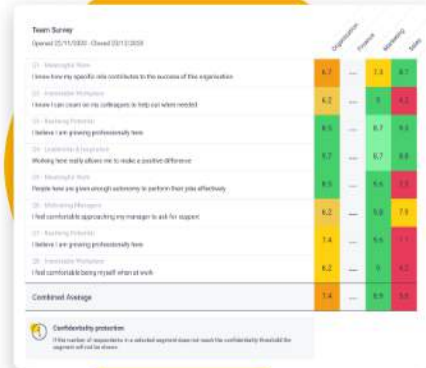
Every survey link which is sent out is unique to the person that it is sent to.

Our platform works in three stages



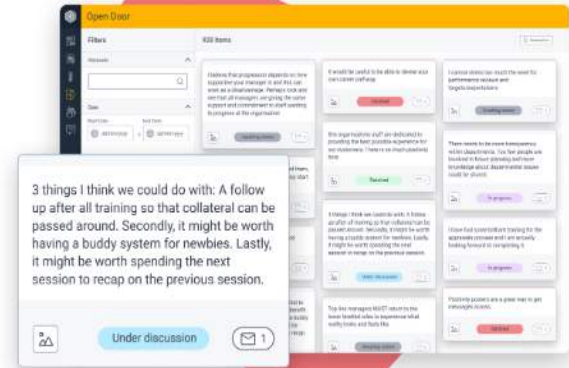
1. LISTEN

Collect
data



2. HEAR

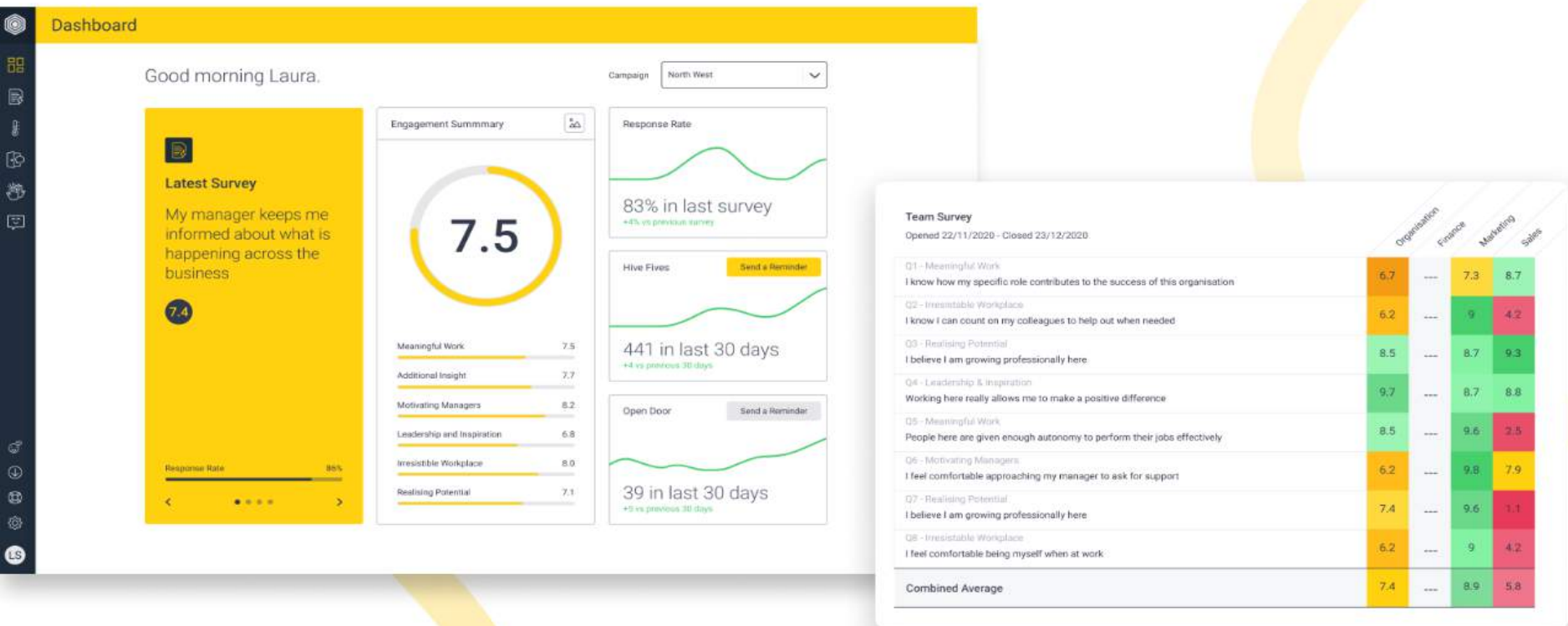
Turn data
into insight

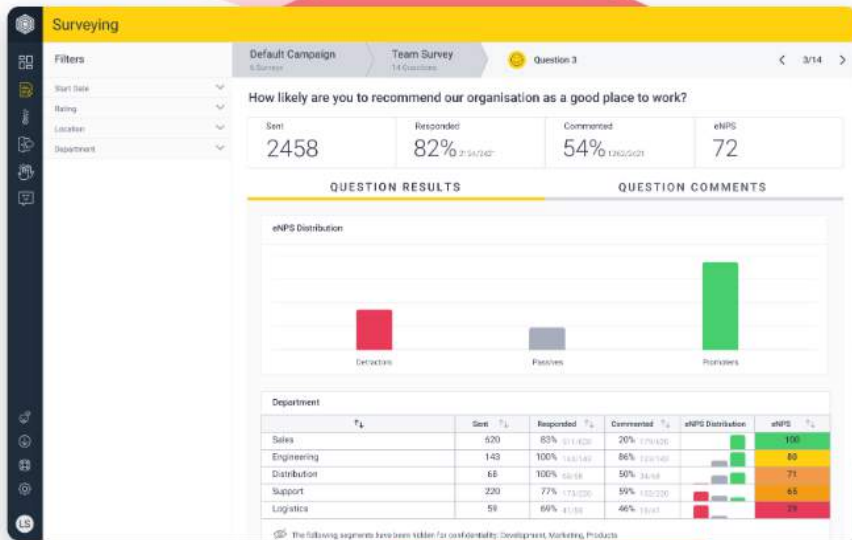


3. ACT

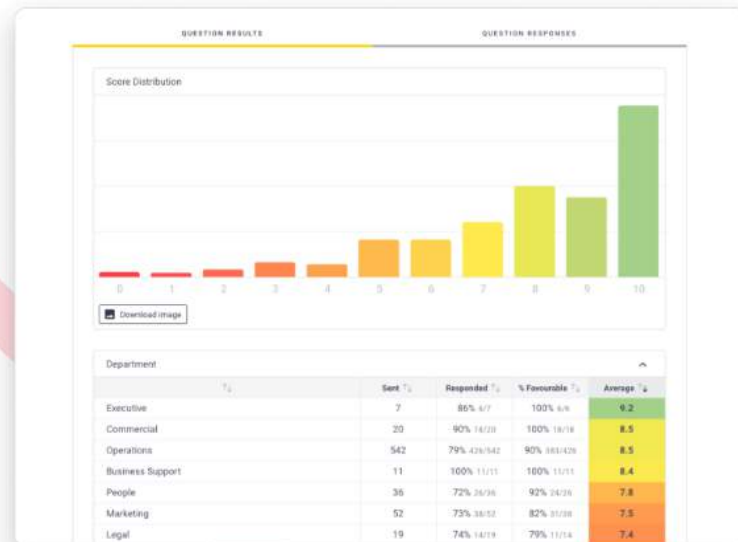
Prioritise
and action

A bird's-eye view of how people are feeling

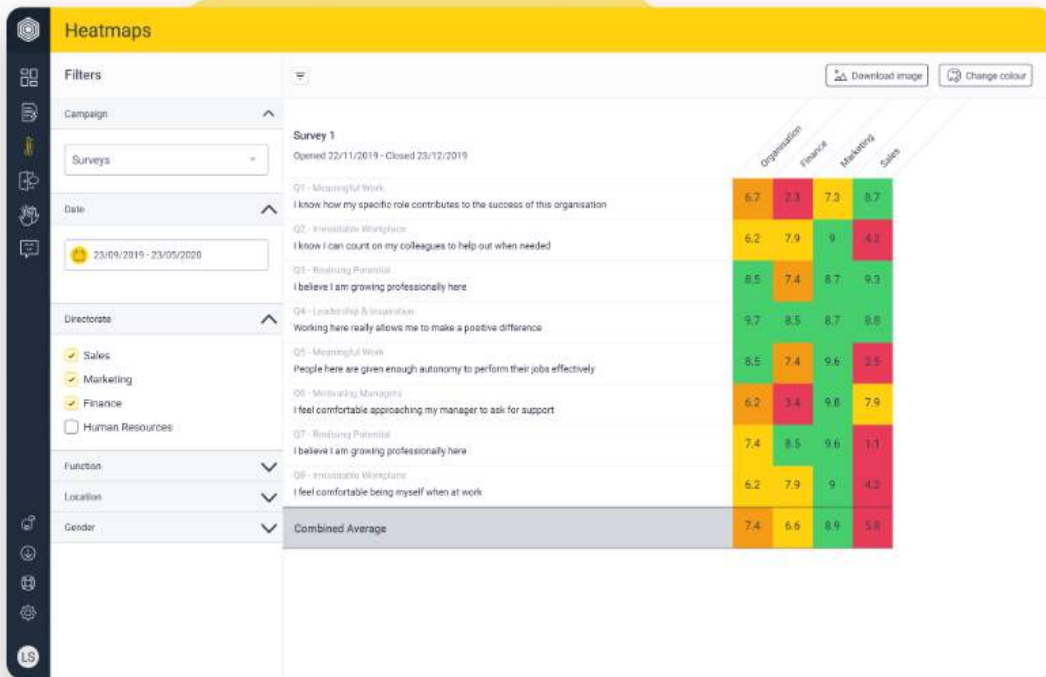




In-depth analysis across organisation



All identities are kept fully confidential



Filters

Campaign

Date

Directorate

☐ Sales
☐ Marketing
☐ Finance
☐ Human Resources

Function

Location

Gender



All the numbers
in one place

User data



- Collection of user records – contact information sent to Hive
- Data segmentation and report on the workforce
 - Department/Location/etc.
 - Role type
- Minimum of 6 users per segment (recommend 10)
- Survey Deliverability - Email/SMS/Employee Homepage

Confidentiality



Committing to the confidentiality of employee feedback is the most important thing we can do when it comes to surveys.

Without this:

- Employees feel exposed
- Employees worry that feedback will be used against them
- Response rates decline
- Feedback becomes meaningless

“We considered how we wanted to gather feedback and decided you get much more honest feedback when you do it anonymously - especially around mental health issues.”

**Service & Operations
Manager Atlas Cloud**

Information Security?



Hive is ISO 27001 Certified and fully GDPR compliant.



Hive Surveying, Hive Open Door and Hive Messenger are 100% confidential



Crown
Commercial
Service
Supplier

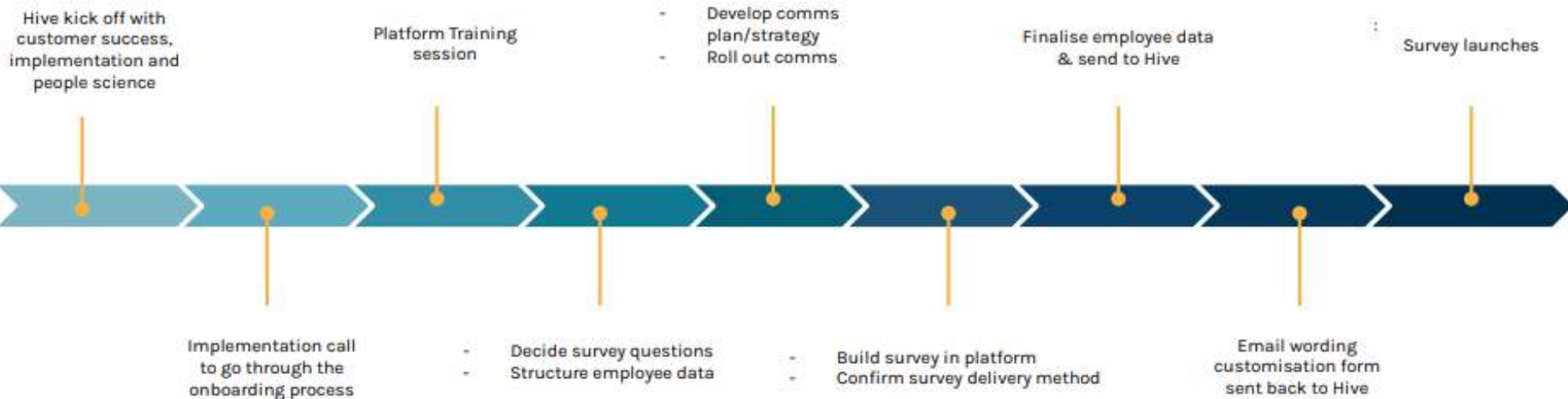


Campaigns



- All user surveys
- Tailored surveys to specific departments or groups
- Ask the questions that resonate with employees e.g. on specific issues
- Use to track progress on our People and Culture Plan for our metrics and reporting
 - Pulse surveys
 - Use as a follow up to baseline surveys
 - Ask detailed questions that show our people we are listening and doing you said we did
 - Get to the crux of an issue, quickly

Hive x Welsh Ambulance service



Next steps



- Introduction of the product to keep groups – EMT, ADLT, SLT, SOT and TUs
- Roll out comms to introduce the product to the organisation i.e. T-4,3 etc
- Finalise the first survey questions
- Send data to Hive in advance of first survey (we will update the data every couple of months for starters and leavers)
- Further development of the ‘you said we did’ and reporting at a local level of survey results and supporting managers to act

Internal comms strategy



Get set for Hive

Simple surveys with powerful results.

Hive is your brand new feedback platform and a way for you to take a leading role in our plans for change.

Soon, we'll be sending Hive surveys that give you the chance to share your views on your experience at work, as well as any bright ideas and suggestions that you have to make to improve our workplace.

Easy to complete and 100% confidential, giving your honest feedback will impact how you, your team, and our organisation work better together.

So stay tuned for your first Hive survey, coming soon.

To find out more, visit www.hive.hr



Employee survey, coming soon

This is your chance to speak up and be heard.

By taking part in our employee surveys, you can really help to make our organisation an even better place to work.

So... Be honest, be constructive, say what you think!

Hive gives you:

- A direct line to senior management
- A confidential platform to voice your opinions
- A way to share ideas and suggestions
- The chance to make a huge difference

To find out more, visit www.hive.hr

100% committed to your confidentiality



Hive's Confidentiality Commitment demonstrates the importance of employee survey confidentiality, and how confidentiality is even possible.

A note on confidentiality from Hive

Your employer recognises the importance of survey confidentiality. They are giving you a private platform to voice your opinions so you can be as honest and constructive as you like.

By completing surveys, you are helping your employer to make positive changes in your workplace. So say what you really think, and know that whatever you say is confidential.

Hive's New Hive's Confidentiality Commitment to privacy

- All completed surveys, questions, comments and feedback is 100% confidential. No one within your organisation can see the content of a response, comment or feedback.
- No-one from your organisation can see how often you have taken part in a survey.
- Hive managers can respond to your comments and feedback using our Hive Message app. To be clear, Hive managers do not know who left the comments or feedback.

Confidentiality and Hive-Hive

Hive-Hive are a group of people who are helping you to make changes to your workplace. They are giving you a private platform to voice your opinions so you can be as honest and constructive as you like.

To ensure this is true, we have taken steps to ensure that your feedback is confidential.

Any questions and suggestions?

If you have any questions or suggestions regarding Hive's Confidentiality Commitment, please email hr@hive.hr or call 01234 567890.



Hive is ISO 27001 Certified and fully GDPR compliant. Our surveys are always 100% confidential.



Have your say with Hive

It's time to say hello to your new feedback platform. By completing surveys and giving your honest feedback, you can play a huge part in creating positive change at our organisation.

100% confidential and easy to complete, here's how you can take part!

1. Here's how you can take part in our survey by entering your email in the box. There's no need to provide your name or contact details. By the way, your feedback is confidential and we'll never share it with anyone else.

2. Complete the survey and make your opinions count. Share your views, ideas or comments confidentially. Be honest and constructive.

3. Leave a message of recognition from Hive for your comments. A Hive manager will get a long way of work. By recognizing a co-worker, you can see them in our way to doing great jobs.

HIVE LAUNCHES ON:

13th December 2020

FOR MORE INFO CONTACT:

Donna Petrie

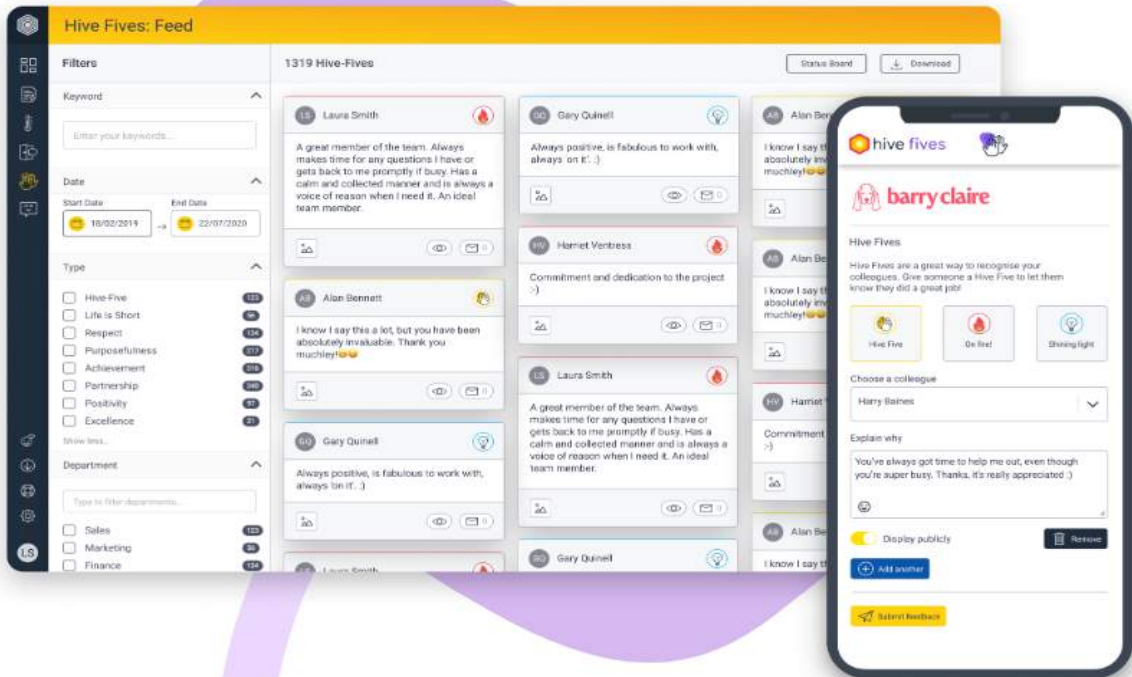
Hive-Fives



A proven driver of engagement, nurture a culture of recognition with Hive-Fives; a virtual pat on the back for a job well done.

- Recognise employees for the great work they do
- Showcase employee achievements
- Use as evidence for accreditations (IIP)





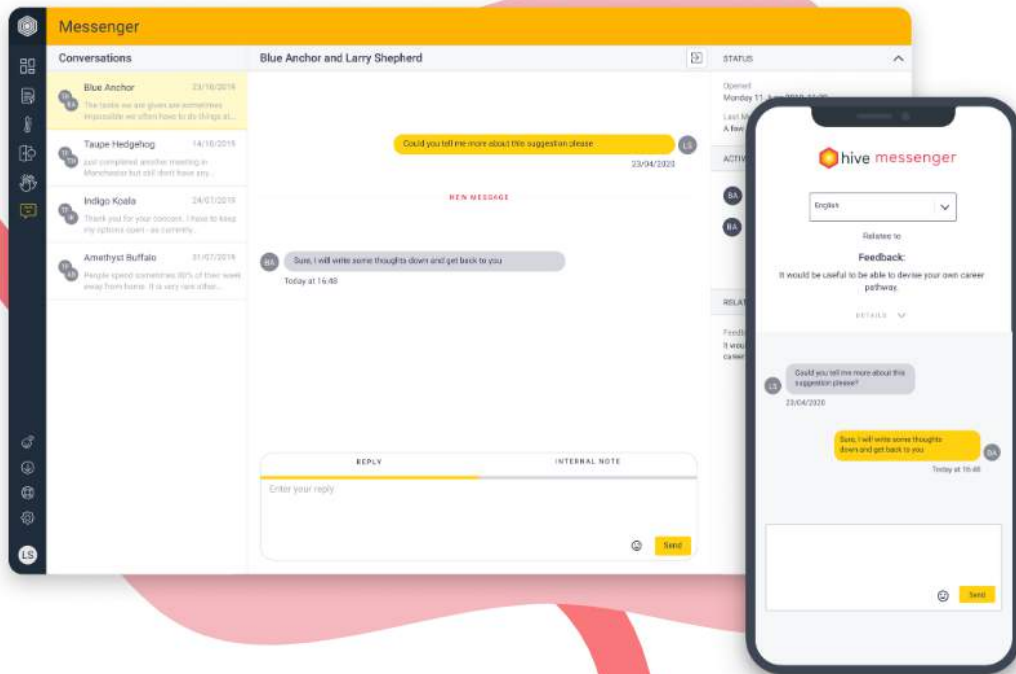
Little messages,
big smiles

“

We are a caring bunch at Community Integrated Care, so I expected people would embrace the chance to give those little electronic well dones, but never like this! At the end of week one of the survey we had 550 Hives Fives!”

DANIELLE CHAN,
HEAD OF COMMUNICATIONS AND ENGAGEMENT,
COMMUNITY INTEGRATED CARE





Identity-protected, virtual chats

“

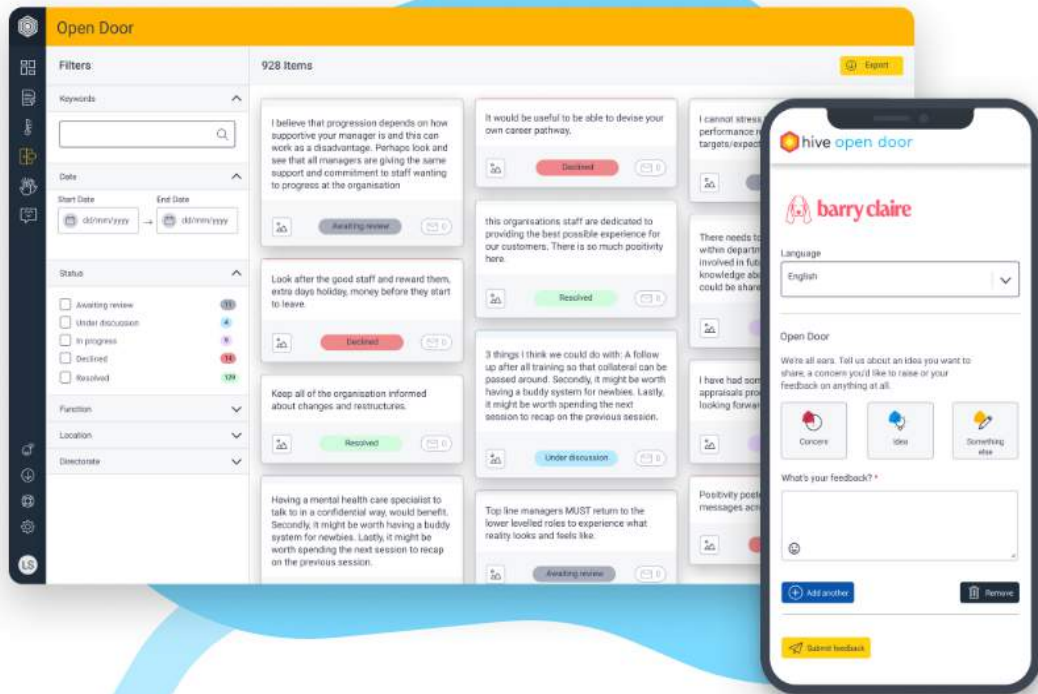
Hive Messenger allowed me
to address colleagues
anxieties, fears, and concerns
—shortly followed by FSCS
achieving our highest ever
engagement score.”

DAVID BLACKBURN,
CHIEF PEOPLE OFFICER,
FINANCIAL SERVICES COMPENSATION
SCHEME

fscs Financial Services
Compensation Scheme



Always-on listening



“

It's a gateway between our senior leadership, our People & Culture team, and colleagues everywhere.”

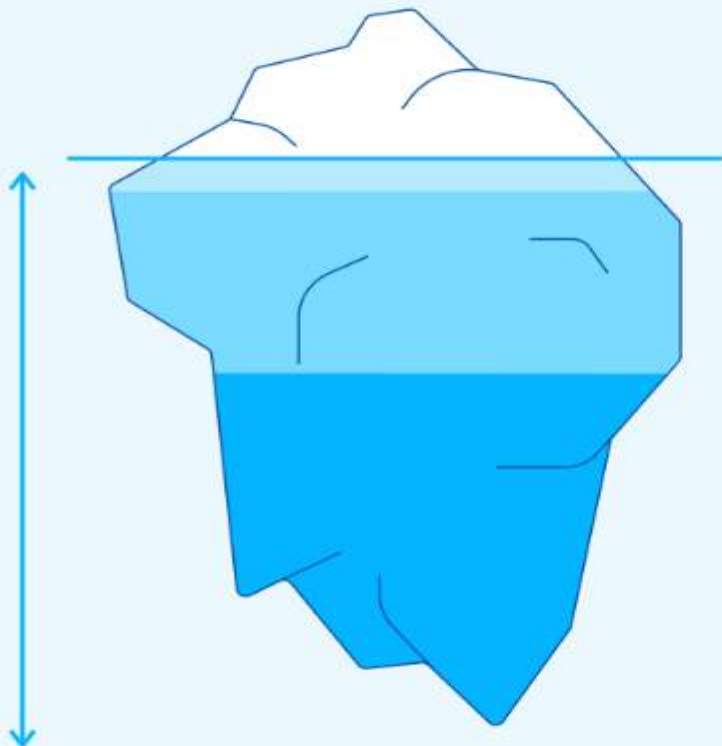
SELINA MURRAY,
COMMUNICATIONS AND ENGAGEMENT MANAGER,
AIOI NISSAY DOWA EUROPE

MS&AD Aioi Nissay Dowa Europe

The Iceberg of Ignorance



PROBLEMS
HIDDEN FROM
SENIOR
MANAGEMENT



9%

of problems are visible
to middle managers

74%

of problems are visible
to supervisors

100%

of problems are visible
to frontline employees

Actions to thaw the iceberg and improve Employee Voice

Encourage a culture of communication

Let your people know it's okay to speak up and encourage them to give feedback to make changes that improve the working environment.

Actively seek out feedback

Actively seeking out feedback to gain insight into what your people are feeling.

Provide the right feedback channels

Provide a variety of options to feedback or risk missing out on a lot of it. Identity protected feedback and survey tools get open, honest feedback, and give a voice to the quietest people in the room. Every voice matters.

Lead by example

Leaders have to buy in to employee voice initiatives and this needs to be known. Empowering employees to speak up and showing willingness to listen, admit where improvements could be made and feedback is valued help in fostering a sense of belonging.

Respond to feedback

People want to know that their time offering feedback, has been listened to and responded to. When employees see their suggestions are valued, and change made, they feel like they are contributing. This can improve motivation, productivity, engagement experience.

Act on feedback – you said we did

Gathering and responding to feedback is great. But what changes are happening? If there are common themes having a negative effect on people, look to add this to the plan. It can help to foster a culture of engagement and empowerment where everyone can contribute to the success of the business.



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WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT) HIGHLIGHT REPORT

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

WASPT Meeting Date All WASPT meetings are held in person	30 August 2023 and 12 October 2023 This AAA report combines matter discussed over both meetings
People and Culture Committee Meeting Date	16 November 2023
Joint Chairs	Jason Killens (in chair for 30 August meeting) Mark Marsden (in chair for 12 October meeting)

KEY ESCALATION AND DISCUSSION POINTS

ALERT

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

1. No alerts from this meeting.

ADVISE

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

2. Members were reminded of the need to model Trust behaviours in this forum and respect equality of representation.
3. The August and October meetings continued discussions from the June meeting regarding recent and imminent changes through the IMTP and Commissioners that impacted on the **EMS establishment** in particular. These increasing the number of Band 5 EMTs (change from EMT2 to EMT3 to support career progression – noting however the Trade Union ballot recently rejected this) and financial impacts of that; Advanced Practice Paramedics (APPs) that will finish their course shortly which again has a financial consequence as paramedics move from Band 6 to Band 7; and recruiting additional NQPs (Newly Qualified Paramedics) through the 'big bang' recruitment event. It was noted that these changes all support the long term vision of inverting the triangles, however they do have an impact on EMS roster lines.

The effect on Emergency Ambulances (EAs) would, on current modelling, equate to 3.5 EAs being removed from the roster lines which is a reduction from the previously estimated eight, but no



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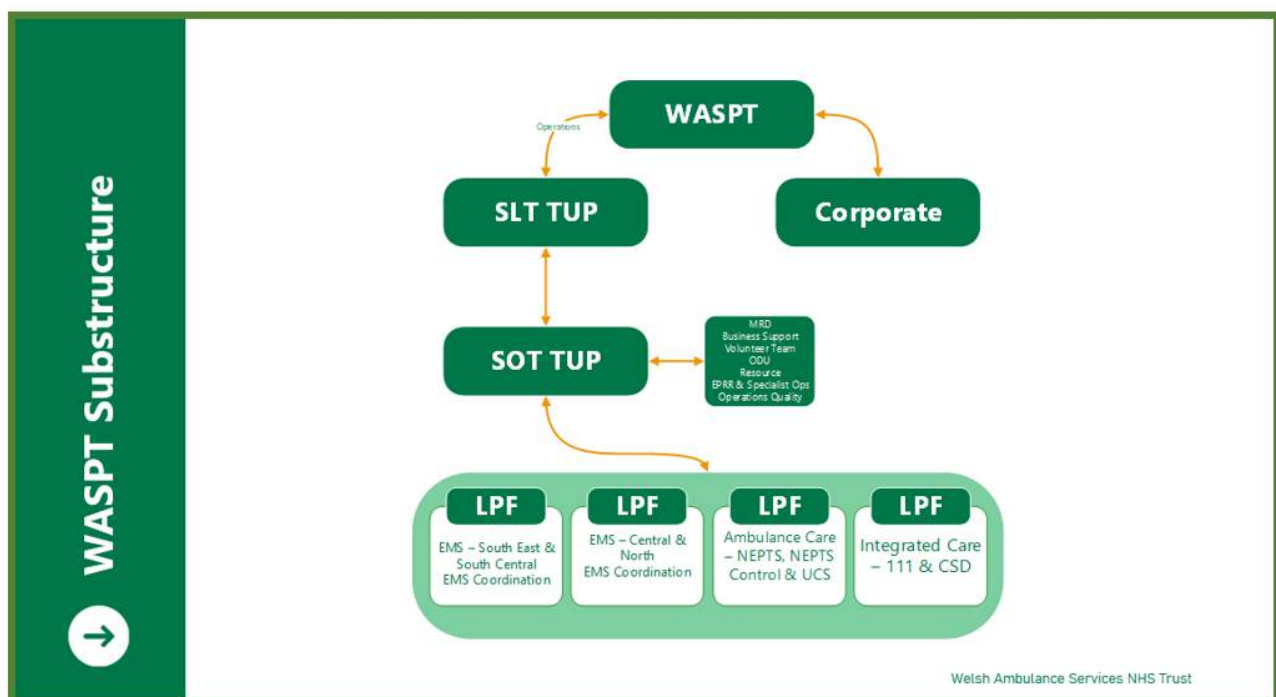
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reduction overall in people. This will support more people on Cymru High Acuity Response Unit (CHARU) which has seen demonstrable improvement in ROSC rates, more APPS and enable the proposed changes to the Urgent Care Service (UCS) deployment. At the August meeting Trade Union representatives indicated their members would not support this and sought to look at alternatives for rightsizing including CHARU and APPs.

As agreed the October meeting provided further information on the effectiveness of the APP programme to date and the context and timeline of the rightsizing for consideration by members including the drivers for change and the performance, patients safety and financial challenges.

Whilst an agreement in principle that this was the right direction of travel was not reached at the October meeting, Trade Union Members will meet separately to discuss the issues and will be provided with Optima modelling and the simulation DCA to support those discussions. It was agreed that the data was vital to inform the outcomes.

4. The **WASPT sub-structures** are established to ensure local issues are discussed at local levels was discussed at the August meeting. Governance forums include local partnership forums feeding into established operations forums with Trade Union Partners. This structure will provide opportunities for resolution and escalation, focusing WASPT on strategic issues and escalations from the most senior forum, which is the senior operations team with trade union representation. The operational structures were agreed at the April and June meetings and the Corporate forum was agreed at the August meeting with the final sub-structure illustrated below:



Welsh Ambulance Services NHS Trust

5. The Senior Leadership Team/Trade Union (SLT/TU) met on 3 July, 3 August and 29 September. With respect to **relief planning**, a pilot for phase 1 (5-week relief planning for EMS) was planned for



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September. It was also agreed that rostering review discussions and meetings can resume, subject to final agreement. With respect to the **EMT 2/3** ballot outcome which was rejected by union members, a revised role profile was shared with trade union colleagues. Comment on this role profile will be received following a 4 week period which commenced on 4 October.

6. The **Corporate Partnership Forum** held their first meeting on 27 September and agreed their work plan. Trade Union partners brought concerns regarding the numbers of industrial injury claims being rejected at appeal compared to previous submissions. These will be reviewed to ascertain whether there is a significant difference. Trade Union partners raised long term sick meetings recognising there were some exceptionally good managers and very supportive conversations. However, a couple have caused some concerns of late.
7. At the August meeting Trade Union representatives had received concerns from a number of their members of the impact on individuals of **overtime restrictions** and whether there were alternatives to this notwithstanding the challenging financial context. This impact is seen not only in a financial sense but also on the communities and patients they serve and their working experience. The concerns were widely shared with emphasis on these restrictions being carefully considered as only a part of a number of initiatives to reach the £6M savings target for the Trust in 2023/24. A number of corporate posts have been held or delayed to support that target, whereas no front line positions have been restricted as far as recruitment is concerned. Whilst during the pandemic shifts were covered by clinical staff in corporate functions that was facilitated by other projects having been paused, however that is not the case now so there is less capacity to deploy those people.

The Director of People and Culture and the Executive Director of Finance and Corporate Resources will meet with Trade Union members to discuss the actions taking place in the financial sustainability programme and will update those members on a quarterly basis thereafter so they have the information for their members.

8. Trade Union members indicated at the August meeting that their members had reported a **blanket rejection of study leave** recently. Whilst a different threshold may be being applied due to the financial challenges, it was agreed that a blanket rejection is not appropriate and that each application should be considered on its merits. It was agreed that those applications recently rejected would be resubmitted to managers and treated as a fresh application, not as appeals. Whilst this may not change the outcome of some applications, they will be considered on the merits of each application. Trade Unions colleagues expressed their appreciation at the positive outcome of this action at the October meeting.
9. The Chair asked all members to use their **WAST email addresses** for Trust business for reasons of confidentiality, information governance and information security, with a grace period for a couple of months but then a hard line to stop use of private emails. This included an auto-forward of emails from a Trust email to a private email address for the same reasons, however official Trade Union or University affiliated email addresses can be used.



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10. Members **reflected** that discussions had been constructive and respectful, with a desire to find solutions in partnership.

ASSURE

(Detail here any areas of assurance)

11. At the August meeting members were updated on the **WAST specific non-pay annex agreement** and acknowledged the partnership working and alignment of management and Trade Union partners in the progress made:
- Relief red flag days (high priority rest days) - This is complete.
 - Overruns (end of shift management; Morriston and Glan Clwyd trials) - A process is in place which is seeing some reduction in overruns hours being paid compared to last year however it is difficult to pinpoint if this is due to end of shift protections or a reduction in handover delays. More work to do to understand this and work through the pilots, however there is positive feedback from staff who are seeing the benefits.
 - Rest break arrangements (fail safe) - CAD data is showing general hours reduced for 'stand-down return to base' so indicating more timely provision of giving the break. Solo responders will go live in mid-august at which time there will be a full roll out of the fail safe.
 - NQP fast track pilot commencing with next intake in 2023 and be evaluated in 2024 - Good progress against this with WAST being the first ambulance service to adopt the accelerated process.
 - USH protection 2022 roster review amendments and payments will commence September 2023 - This has been implemented.
 - EMS coordination culture working group formed and aims to complete actions or move to BAU by end of 2023 - A working group has been formed and whilst progress is being made there is still a way to go in terms of engagement and communication with different teams. There is a commitment to progress actions by December 2023. The honest dialogue taking place was acknowledged as was the challenging nature of this work.
 - EMT 2/3 - A Q&A sessions were scheduled and as noted in the SLT/TU section above, the ballot rejected the proposal.

It was recognised that evaluation of these schemes still needs to take place but that good progress on what was committed to be done in partnership was demonstrated. This will be played back to the organisation at the November CEO Roadshows.



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12. An updated was provided on progress against the **actions agreed in partnership with ACAS** in 2022 and developing work with agreed target dates ranging with completion from September 2023 to June 2024. Those agreed actions are as follows:

- Complete move to WASPT and substructure, noting that is now complete and operational.
- Workshop session on best practice (will inform partnership principles)
- Develop partnership principles to support partnership statement
- Redevelopment partnership statement
- Develop TU session for WAST warm welcome
- Rolling programme of Working Together sessions for managers and TU reps
- Develop mentoring, coaching and shadowing programme to share perspectives and experiences
- Post-meeting reviews
- Develop consultation sheet for managers/TUPs

Whilst progress was impeded by industrial action it was agreed that the actions would be progressed through a series of workshops with local representatives and local managers, with representation from the Chief Executive, Director of People and Culture, Trade Union Chair and Secretary. WASPT will monitor progress at subsequent meetings.

RISKS

Risks Discussed: No formal risks discussed.

New Risks Identified: No new risks identified.

COMMITTEE AGENDA FOR MEETING - AUGUST

Corporate WASPT sub-structures	EMS Establishment	SLT/TU AAA report
Progress with non-pay related annex items	Joint training for local reps and local managers	Financial pressures and overtime reductions
Reduction in study leave	TU Release Time Internal Audit	

COMMITTEE AGENDA FOR MEETING - OCTOBER

Effectiveness of APP programme to date	Timeline of constituent parts of rightsizing - EMS Establishment	SLT/TU AAA report
Corporate Forum AAA Report	ACAS Actions Update	

COMMITTEE ATTENDANCE

Name	13 April 2023	14 June 2023	30 August 2023	12 October 2023	15 December 2023	19 February 2023
Joint Chairs						
Jason Killens	Chair	Part meeting		Until 11am		
Mark Marsden (Unison)		Chair				
Management Representatives						



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COMMITTEE ATTENDANCE						
Name	13 April 2023	14 June 2023	30 August 2023	12 October 2023	15 December 2023	19 February 2023
Angela Lewis						
Lee Brooks				Mark Harris		
Rachel Marsh	Alex Crawford					
Chris Turley						
Andy Swinburn			Part meeting			
Estelle Hitchon						
Trish Mills						
Trade Union Representatives						
Unite representative	Paul Seppman	Paul Seppman	Paul Seppman			
Unite representative	Hugh Parry		Hugh Parry	Hugh Parry		
Unite representative	Christian Fox Carl Jones	Christian Fox	Christian Fox			
GMB representative	Sharon Thorpe	Sharon Thorpe		Ian James		
GMB representative	Maldwyn Jones	John Phillips	Maldwyn Jones			
GMB representative	Marcus Viggers	Marcus Viggers		Marcus Viggers		
Unison representative	Rob Morgan	Henry Garrard	Henry Garrard	Henry Garrard		
Unison representative	Bethan Williams	Bethan Williams		Bethan Williams		
Unison representative	Damon Turner	Damon Turner	Damon Turner	Damon Truner		
RCN representative						
RCN representative						
RCN representative						

	Attended
	Deputy attended
	Apologies received
	No longer member/Not member



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AGENDA ITEM No	21.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

HEALTH AND SAFETY PERFORMANCE REPORT, QUARTER 2, 2023/2024

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Liam Williams, Executive Director of Quality and Nursing
AUTHOR	Nicola White, Head of Health and Safety
CONTACT	Nicola.white@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report will provide an update to the People and Culture Committee (PCC) on the key information in relation to health and safety performance for Quarter 2, 2023/24.
2. Data within this report and within the accompanying slide pack is up to 30 September 2023, as reported onto DATIX Cloud and may be subject to change as investigations are closed.
3. PCC is requested to note the following:
 - Statutory health and safety, fire safety and manual handling training compliance continue to be below Trust's and Welsh Government standards. All staff are encouraged to bring their training levels up to Trust expectations.
 - The Trusts investigation for the non-emergency ambulance traffic collision in Dolgellau in April 2021 has been presented at Coroner Court on 15 May 2023. The Coroner was satisfied with the immediate action taken and the wider learnings within the Investigation Report and there did not did not issue a Regulation 28 Prevention of Future Deaths.
 - As part of the ongoing continuous development of performance metrics, as of Quarter 2, 2023, Health and Safety Performance Reports now include an additional suite of metrics. These include: incident frequency rates for Ambulance Care, Emergency Medical Service (EMS) Operations, EMS Coordination as well as trending information on manual handling and violence and aggression incidents. Also included is a breakdown of Datix incident closure progress Health Board areas and services.

4. PCC is to be assured that:

- The Trust is maintaining a focus on responding to staff and Trade Union concerns about diesel fume exposure. An update was presented to the Executive Leadership Team on the 6 September 2023. This paper is an agenda item for the Trust Health and Safety Committee which takes place on 16 November.

5. For PCC it may be helpful to note that:

- The reporting of incidents for diesel fumes exposure has continued to reduce during Quarter 2 with 16 incidents reported. This could be attributed to not requiring heating in the vehicle during the more recent warmer weather. However, continued sustained efforts are being undertaken by the organisation in collaboration with Health Boards and Locality Managers in the mitigation/reduction of fume exposure. Seven Environmental Surveys have been undertaken at sites with the highest incident rates in Quarter 4, 2022/23 and concluded that exposure levels were consistently below legislative requirements.
- Fume Risk Assessments conducted at Emergency Departments (EDs) across Wales noted 87 additional actions to control fume exposure. Sixty-eight have been completed to date with the additional 19 being monitored by the Health and Safety Team in conjunction with the Health Boards and Operational Teams.

RECOMMENDED that the Committee notes the content of the report.

KEY ISSUES/IMPLICATIONS

- (i) The rolling workplace risk assessment compliance is 14.4%, with 64.4% complete but require review and 21.2% not completed. The Health and Safety Team are working with Managers to ensure all Risk Assessments are completed by the end of December 2023.
- (ii) Work remains in progress to ensure the health and wellbeing of staff exposed to diesel fumes as a result of delays in handovers of care at hospital.
- (iii) Health and Safety Policy - the Trust's Health & Safety Policy review has completed its consultation period and was presented to the Executive Leadership Team on 25 October. The Policy is to be approved at People and Culture Committee on 16 November 2023.
- (iv) Risk 199 - The Trust corporate health and safety risk has been reviewed and assessed as meeting its target score. It is expected to be presented at Board for approval at Board Assurance Framework Meeting in November 2023.

REPORT APPROVAL ROUTE	
Assistant Directors Leadership Team	6 November 2023 (For Noting)
Executive Leadership Team	15 November 2023 (For Noting)
People and Culture Committee	16 November 2023 (For Assurance)
National Health, Safety and Welfare Committee	17 November 2023 (For Noting)

REPORT APPENDICES
ANNEX 1 - SBAR which provides the background for this report.
APPENDIX 1 - Health and Safety Performance Metric Report, Quarter 2. Data source 3 July 2023 DATIX CLOUD

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	N/A	Financial Implications	NO
Environmental/Sustainability	N/A	Legal Implications	YES
Estate	YES	Patient Safety/Safeguarding	N/A
Ethical Matters	YES	Risks (Inc. Reputational)	YES
Health Improvement	N/A	Socio Economic Duty	N/A
Health and Safety	YES	TU Partner Consultation	YES

SITUATION

6. The Alert Advise Assure Highlight Report provides a concise overview of health and safety performance throughout the organisation for the Quarter 2, 2023/24. Additionally, it provides updated positions on items where applicable as of 30 September 2023.

ASSESSMENT

ALERT / ESCALATE	<u>AAA Highlight Report</u> <u>Workplace Risk Assessment Compliance</u> 1. Currently compliance for Workplace Risk Assessment is 14.4% fully complete, 64.4% of assessments in place but requiring review and 21.2% awaiting completion. This compliance measure has been impacted by recent improvements to the risk assessment template (requiring updates to previous assessments undertaken), the period of industrial action earlier in the year and training needs of staff undertaking the assessments. <u>Statutory/Mandatory Training Compliance</u> 2. Health and safety, manual handling and fire safety training continues to be below Trust expectations. Fire training sits within the remit of the Estates Department. All staff are actively encouraged to improve local compliance levels.
ADVISE	3. Routine monitoring of health and safety compliance figures is now undertaken at Senior Operations Team Meetings, where the Head of Health and Safety is a member of the group. Matters of strategic operational nature will be escalated to the Senior Leadership Team; corporate oversight of the function and Trust performance remains within Quality, Safety & Patient Experience (QSPE) Directorate. <u>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) Compliance</u> 4. RIDDOR compliance remains sustained at around 80% compliance since March 2023. During Quarter 2, 82.2% of RIDDORS were submitted within Health and Safety Executive (HSE) required timescales. This sustained effort put in by the Health and Safety Advisors is maintaining a high level of reporting within the HSE time scales, but further improvement is required to attain the legal requirement (100%) consistently.

5. Fourteen RIDDORs were reported in Quarter 2, 2023/24. Of these, two RIDDORs were submitted outside of HSE requirements, this was due to handler delays. RIDDOR performance is being presented as a regular agenda item to Operational Business Meetings commencing since July 2023 and Senior Operations Meetings for monitoring and local scrutiny with the relative Heads of Service.
6. A breakdown of DATIX incidents including RIDDOR compliance is included (**Appendix 1**).

Diesel Fumes

7. Health and safety and operational resources continue to be utilised in the management of fume exposure at Emergency Departments (EDs).
8. Trade Union Partners have requested a more active approach to monitoring fume by means of fixed monitors. The approach to be taken by the Welsh Ambulance Services NHS Trust (WAST) on this matter is currently being worked on, with a tender specification under development for a medium-term fixed monitoring service to be undertaken at seven Emergency Departments with the highest levels of reported incidents.
9. Fleet, infection prevention and control and the health and safety function have undertaken a Management of Change Risk Assessment for the potential implementation of a Dyson fan heater/cooler for installation within vehicles. This has identified a number of actions required to allow the safe installation of the equipment. These actions are currently being looked at by the departments involved.
10. Fume Risk Assessments conducted at EDs across Wales noted 87 additional actions to control fume exposure. Sixty-eight have been completed to date with the additional 19 being monitored by the Health and Safety Team in conjunction with the Health Boards and Operational Teams.

Trusts Hazard Register

11. A review of the Trusts' Legislative Compliance Register noted that it could be improved by the addition of noting the requirements of the Road Traffic Act and the Civil Contingencies Act. Meetings have been set to review the requirements of the Acts and assess the Trust's compliance.

Electric Vehicles

	12. Electric vehicles powered by lithium batteries are to be added to the Trust Hazard Register in Quarter 2, 2023. In the event of a fire, associated hazards are toxic fume and inability to distinguish the fire. A further Management of Change Risk Assessment Meeting is to be held with fleet, estates and health and safety functions in Quarter 2, 2023 to assess risks and identify suitable and sufficient control measures. It should be noted that wider society awareness and consideration on this issue are being taken, particularly by Fire and Rescue Services in managing fires of this nature.
ASSURE	<u>Trust Legislative Compliance Register.</u> 13. The Trust's Compliance Register sustains a compliance score of moderate level of assurance. The Register is available for viewing on the health and safety functions intranet page. 14. Discussion to be held to establish Task and Finish Groups during Quarter 2 - Quarter 3, 2023 to further improve areas requiring improvement to legislative compliance. A breakdown following table outlines areas for priority in Appendix 2. 15. This is a living document and will be subject to change in line with improvements, changes to action, information and intelligence on the confidence of process in place to attain compliance against a piece of legislation. 16. It is expected that, as the overall Register improves, more specific risks and issues related to individual legislation will be identified and highlighted to Committee and/or managed through the Trust Risk Register. <u>Corporate Risk</u> 17. 199 'Failure to embed a culture of Interdependency resulting in a breach or harm'. This rating continues with a rating of 15 since the reduction during Quarter 1, 2022. This risk is reviewed on a monthly basis. This risk has recently been subject to review and is expected for approval in a further reduction during Quarter 3 - Quarter 4, 2023/24.
INFORM	<u>Performance Metrics Improvements</u> 18. Means of presentation of health and safety metrics (within the accompanying slide-pack) are undergoing further improvement with consideration being given to the introduction of robot process automation or the introduction of Power BI systems. This will allow for further scrutiny of metrics to allow for strategic interventions where appropriate. This is being undertaken with the Digital Directorate. Work continues with the development

with an expectation of going live during Quarter 3 - Quarter 4, 2023.

Safer Handling and Display Screen Equipment

19. With the Trust Display Screen Equipment (DSE)/Manual Handling (MH) Advisor retiring from the Trust in Quarter 1, there have been challenges in appointing a replacement in line with the All-Wales Manual Handling Passport requirements.
20. Work is ongoing in conjunction with the Organisational Development Team in relation to seeking a pragmatic solution. Currently requests for DSE Assessments are being undertaken by a Health and Safety Advisor as their workload allows.
21. Manual handling continues to be the Trusts most reported trend for RIDDOR reporting.
22. Moving patients has been the uppermost category for manual handling incidents.

Violence and Aggression (V&A).

23. The All-Wales Anti-Violence Collaborative (AVC) have met with the Joint Emergency Services Group to consider a more cohesive way of working. A review of the AVCs Terms of Reference is underway for an intended relaunch with Welsh Government.
24. The All-Wales Case Managers Group has been re-invigorated with the Head of Health and Safety for Hywel Dda University Health Board recently appointed as the groups new Chairperson. A Schedule of Meetings commenced on 26 October 2023.
25. The Trusts V&A Manager is assisting the Chair of the AVC and Case Managers Group with the sharing of best practice.
26. The total number of V&A incidents reported pan Wales during this period were 163, of which 143 were verbal and 20 were physical in nature.
27. These being categorised as following:
 - no harm - 45
 - low harm - 77
 - moderate - 41
 - severe - 7

	28. The health and safety function continue to support staff and respective Line Managers following an episode of violence and aggression with many cases being progressed through to criminal proceedings. 29. Six cases have progressed through the Courts legal system resulting in: • suspended sentence - 1 • custodial sentences - 2 • public order offence -1 • community order - 1 • community protection warning - 1 30. A review of Violence and Aggression was undertaken in Quarter 4, 2022 - Quarter 2, 2023 with a paper to be presented at Assistant Directors Leadership team (ADLT) in Quarter 2, 2023 outlining an Action Plan for compliance and improvement. 31. One of the recommendations contained within paper is the roll out of Restrictive Preventive Intervention (RPI) Training for front line staff, as being implemented throughout the sector via the National Ambulance Security Emergency Group (NASEG). 32. The Trusts V&A Manager has been attended the RPI Train the Trainer course in conjunction with other NASEG colleagues. This course is expected to commence roll out in Quarter 4, 2023 - Quarter 1, 2024 working in conjunction with the Trust Training School.



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Health, Safety and Violence and Aggression Q2 Report (2023-24)





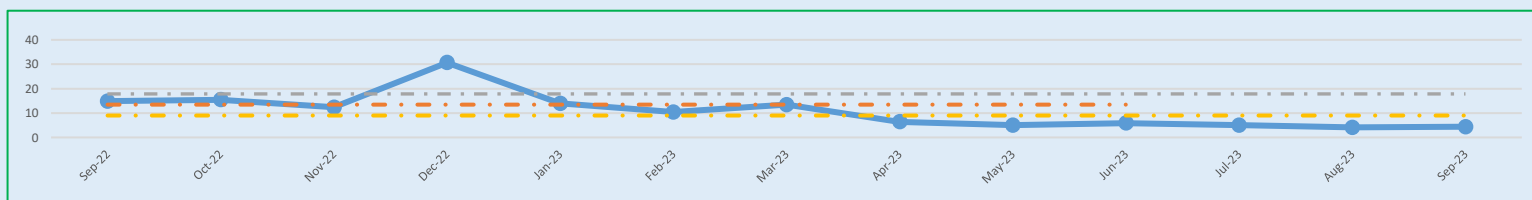
Health Safety and V&A

Health and Safety

Incidents per 1000 999 Journeys

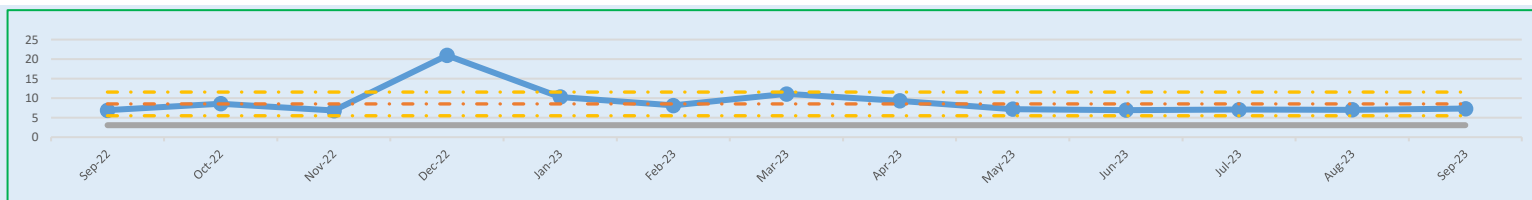
The total number of H&S incidents for the Quarter was 721. Resulting in 16 incidents per 1000, 999 journeys during (Quarter 2). The rolling 12-month breakdown of these incidents is shown below

No Harm September 4.37



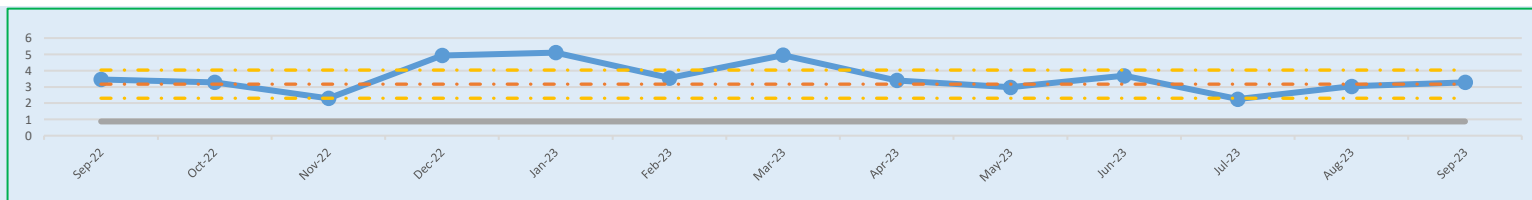
- 204 incidents were recorded through the quarter in the 'No Harm' category.
- 56 recorded under protected meal breaks, 45 for violence and aggression.

Low Harm September 7.31



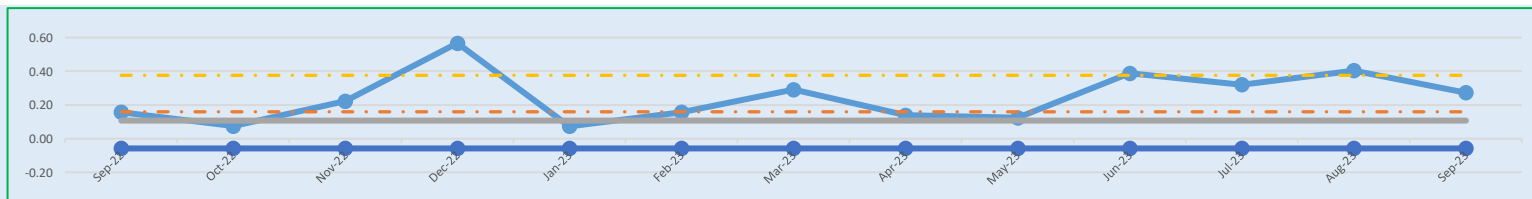
- 321 incidents were recorded in the 'Low Harm' category.
- 114 reported as protected meal breaks, 77 for violence and aggression and 55 for handling injuries.

Moderate Harm September 3.28



- 128 incidents were recorded in the 'Moderate Harm' category.
- 27 for protected meal breaks, 41 for violence and aggression

Severe Harm September: 0.27



- 16 incidents recorded in the 'Severe Harm' category.
- 5 for manual handling injuries, 1 for diesel fumes, 1 for near miss with sharps and 7 for violence and aggression.



Frequency Rate Mean UCL LCL

Baseline FY 21/22



Health Safety and V&A

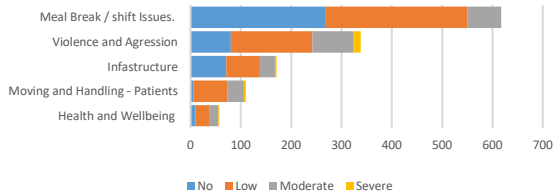
Health and Safety

Incident Types & RIDDOR

Incident Causes

Top 5 Incident Causes

Top 5 Incidents by Severity

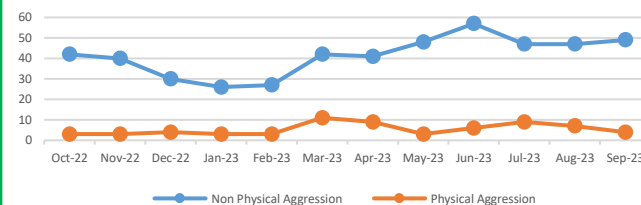


- Missed meal breaks remains highest reported non-patient incidents.
- 118 missed meal breaks were reported in Betsi Cadwaladr Health board
- 81 injuries from manual handling operations were reported with 62 incidents due to handling patients.

Assaults on Staff

Assaults on Staff

V & A Incidents by Type

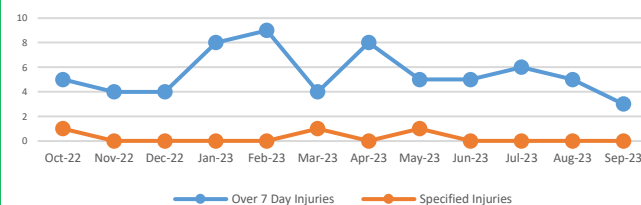


- The number of V&A incidents reported in the Quarter remains high at 163 for the period.
- Toolbox talks , raising awareness of case management support are taking place across the Territories by the V&A Team to support staff and raise awareness.

RIDDOR Incidents

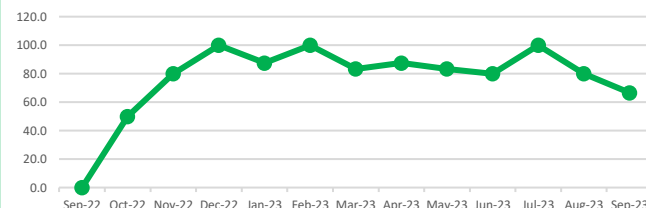
Number of Incidents

12 Month Rolling RIDDOR Reporting by Type



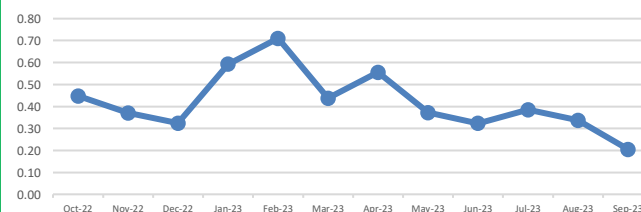
RIDDOR HSE Reporting

12 Month Rolling Percentage RIDDOR Reported Within HSE Timescale



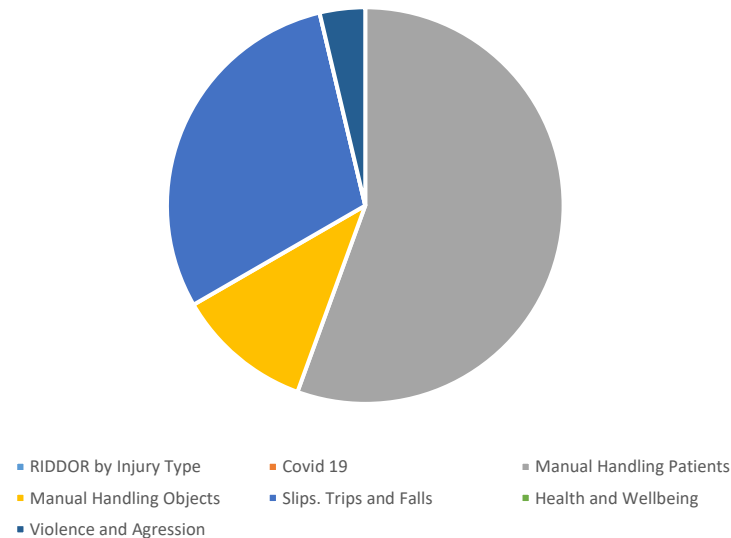
Rate of Incidents

RIDDOR Reports per 1K 999 Journeys



- There were 23 incidents requiring reporting under RIDDOR during the Quarter due to staff being absent from work for over 7 days as a result of their injury.
- 82% of the reports were completed within the reporting required time frames. 5 reports did not meet the reporting time frame due to delay in information being provided to the Safety Team. Health and Safety team will continue to work with Incident Handlers to ensure reports are submitted within the required timescales..

RIDDOR Report by Cause





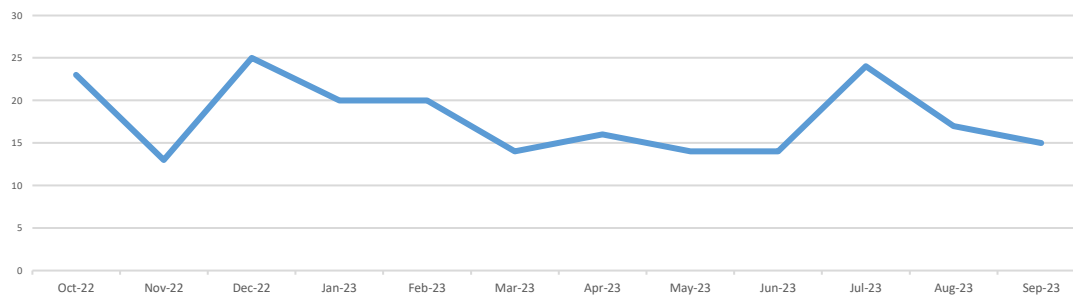
Health Safety and V&A

Health and Safety

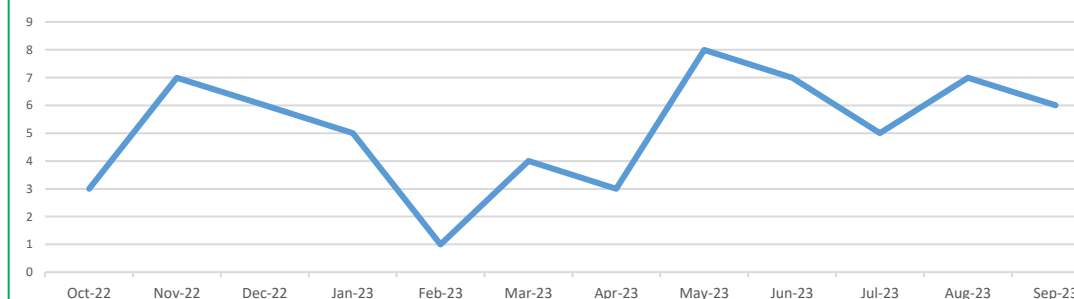
MSK Incidents

Manual handling Incident Types

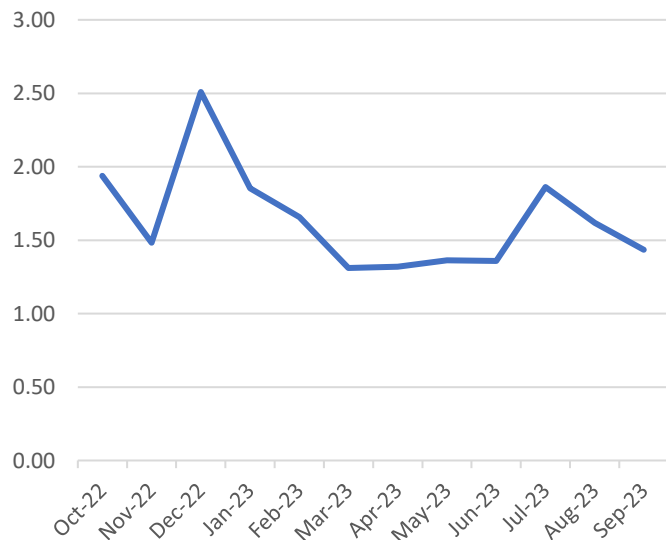
Patient Handling



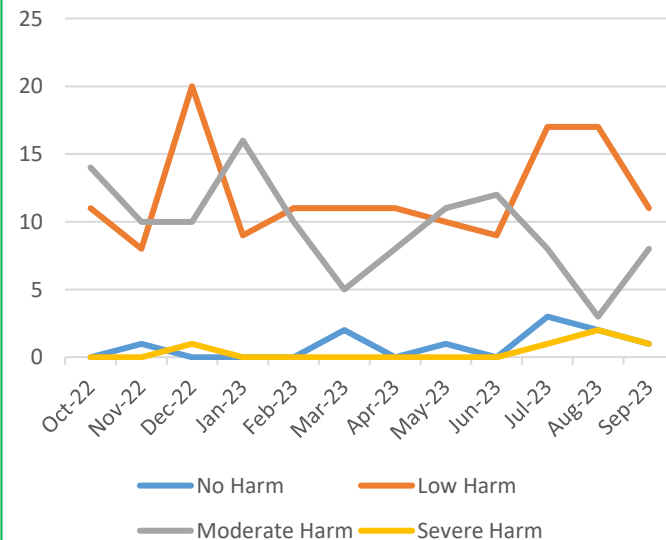
Equipment Handling



Incidents Per 1000 Journeys



Incidents by Harm



Key Updates

- 81 injuries as a result of manual handling operations were recorded during the Quarter. 5 of these were reported as Severe harm occurring and 20 reports of moderate harm.
- 19 of the incidents occurred whilst carrying out a manual handling manoeuvre with a carry chair.



Health Safety and V&A

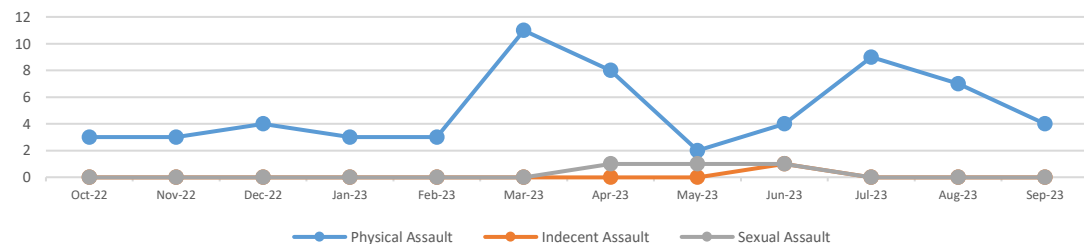
Violence and Aggression

Incidents

V&A Incident Types

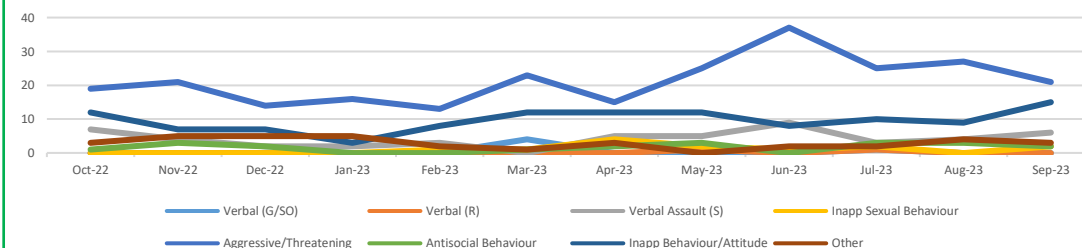
Physical Aggression

Physical Incidents by Type



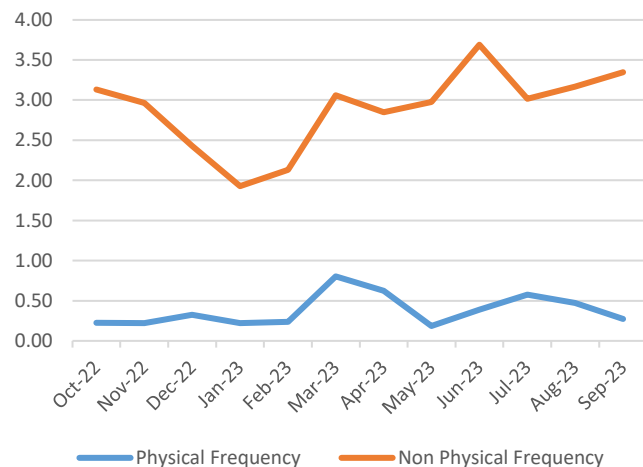
Non-Physical Aggression

Non-Physical Incidents by Type



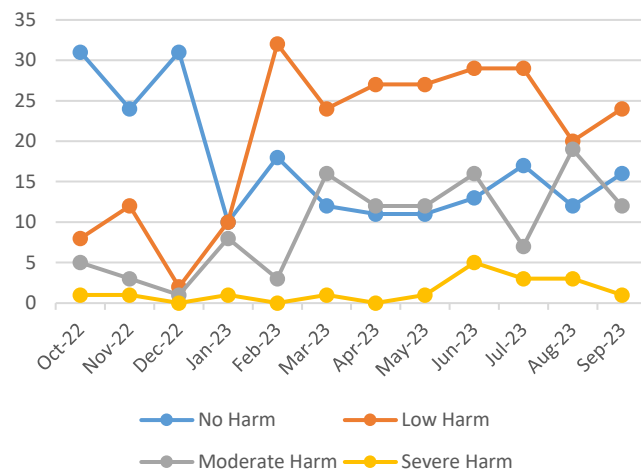
Incidents Per 1000 Journeys

V&A Incidents by 1K 999 Journeys



Incidents by Harm

V&A Incidents by Harm Level



Key Updates

- A total of 163 incidents have been reported of V&A in Quarter.
- 20 Physical Assaults on staff were reported during the quarter with incidents of verbal abuse amounting to 15.
- Aneurin Bevan & Betsi Cadwaladr remain the highest reporting areas with a total of 81 incidents
- 7 incidents were reported as Severe in harm, one noted being asked to attend a property where the patient was recorded as having a knife but there was no Police back up.
- Collaborative working with AACE regarding V&A training is continues with the aim of improving the current training to better support staff. Particularly around clinical restrictive physical intervention.



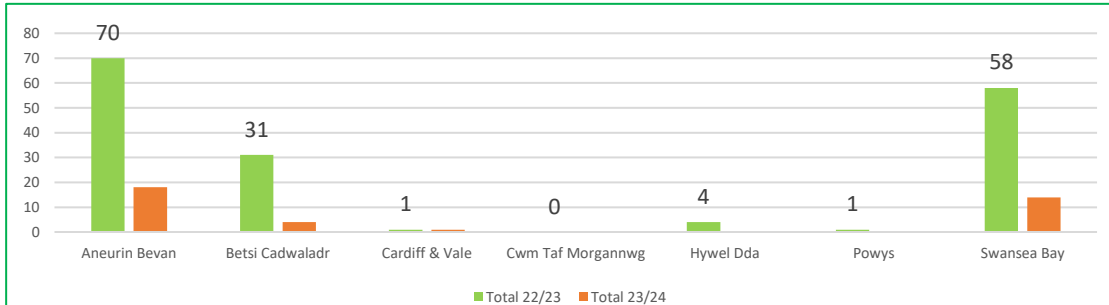
Health Safety
and V&A

111

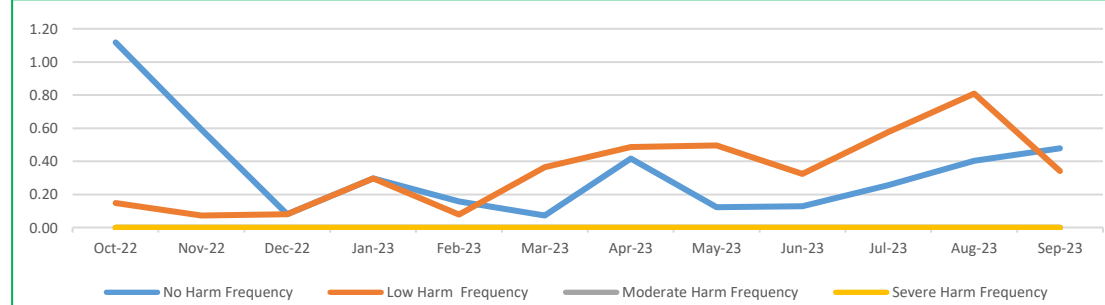
Incidents

Manual handling Incident Types

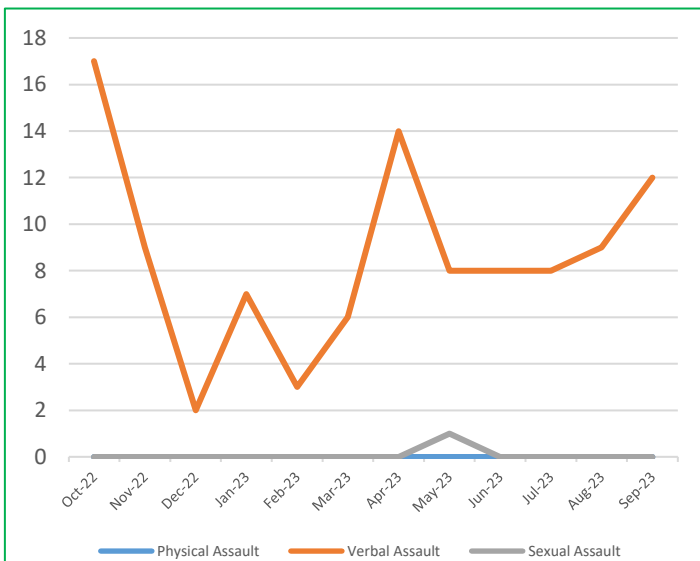
Incidents by Health Board



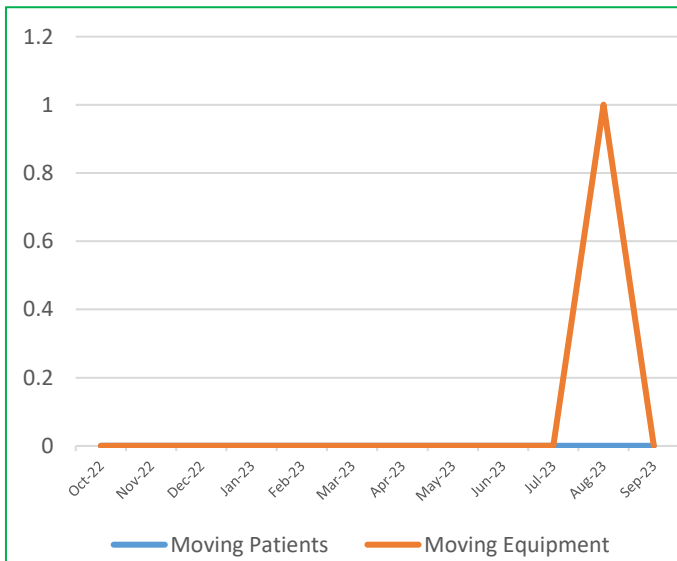
Incident Frequency Rates



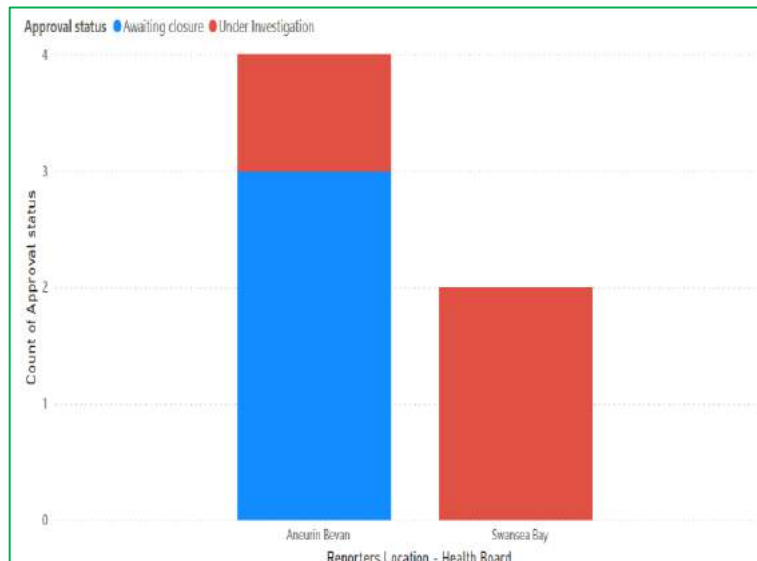
V&A Incidents



MSK Incidents



Datix Approval Status





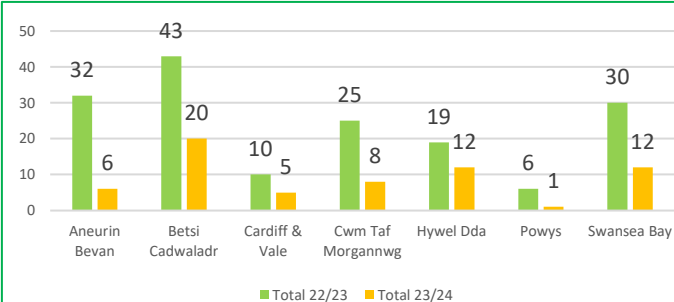
Health Safety and V&A

Ambulance Care

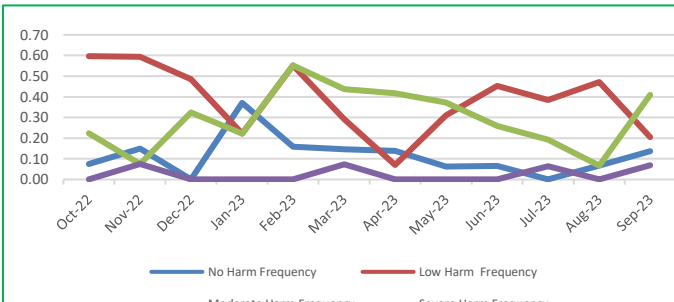
Incidents

Manual handling Incident Types

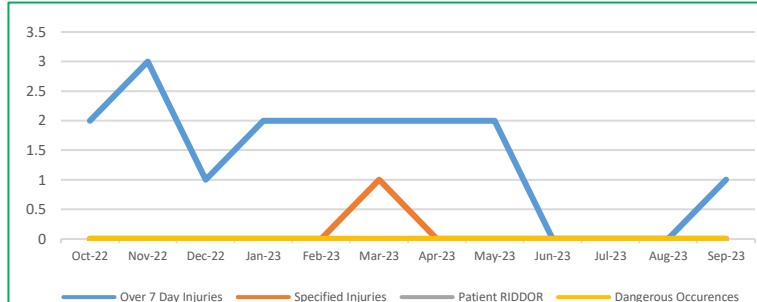
Incidents by Health Board



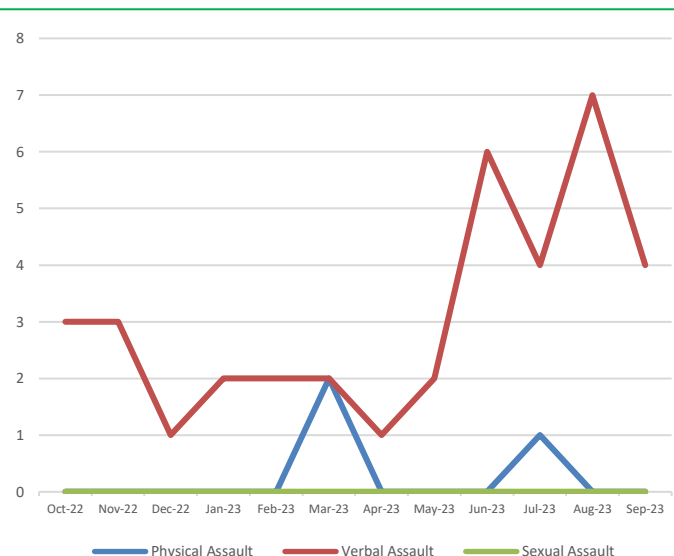
Incident Frequency Rates



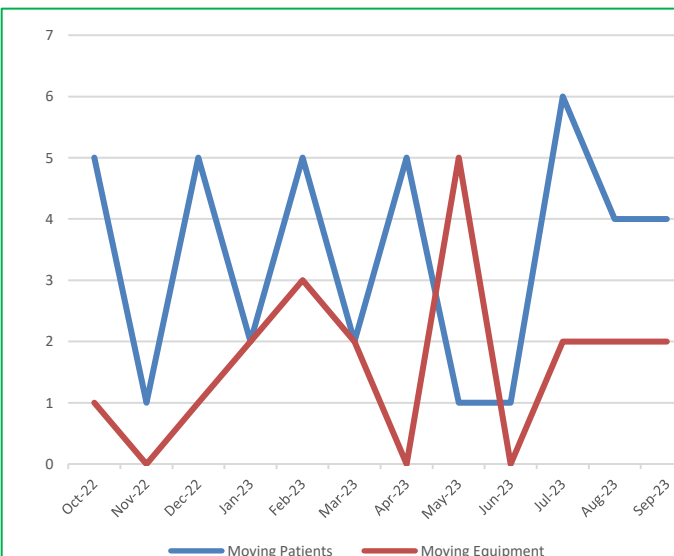
RIDDOR Reports



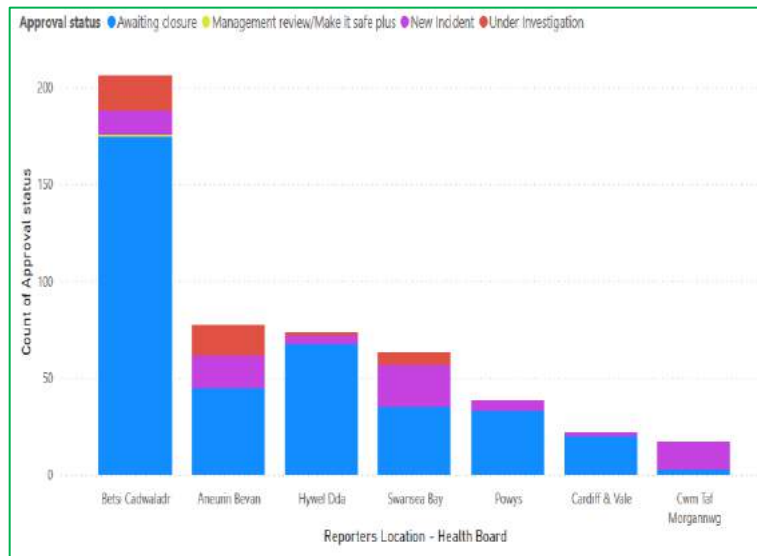
V&A Incidents



MSK Incidents



Datix Approval Status





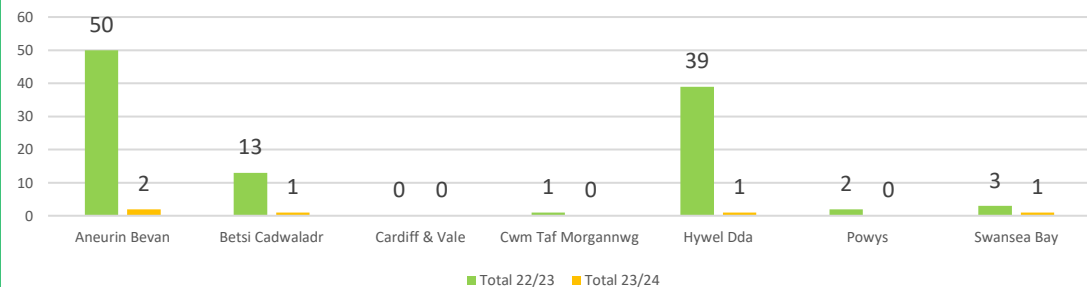
Health Safety and V&A

EMS Coordination

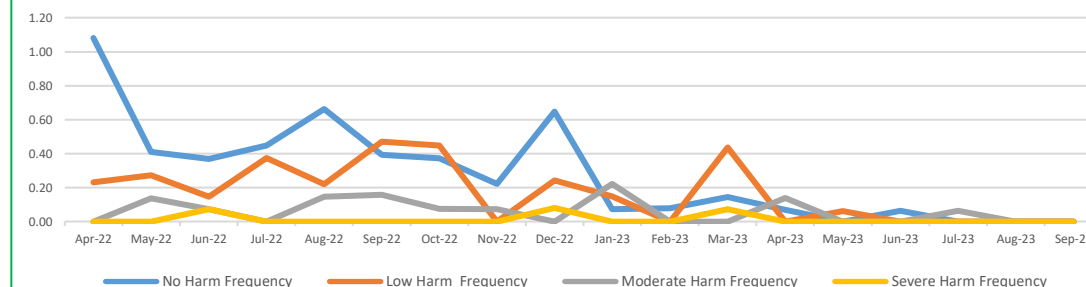
Incidents

Manual handling Incident Types

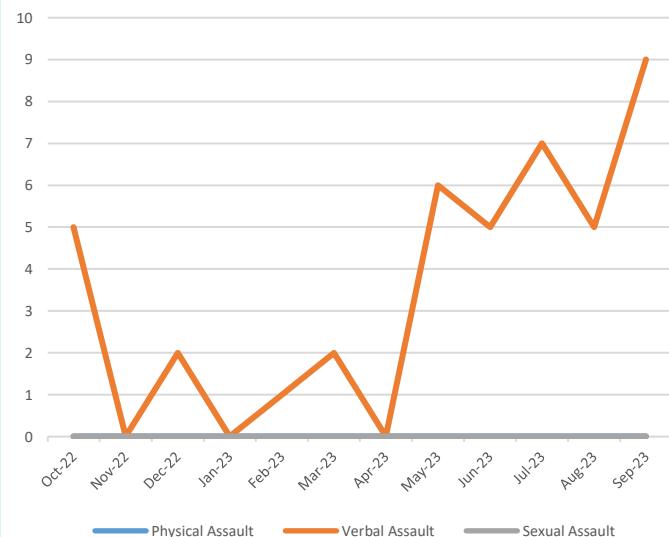
Incidents by Health Board



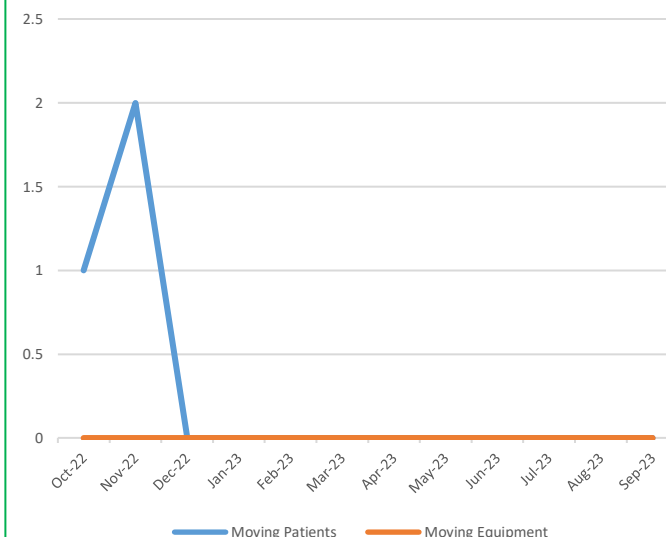
Incident Frequency Rates



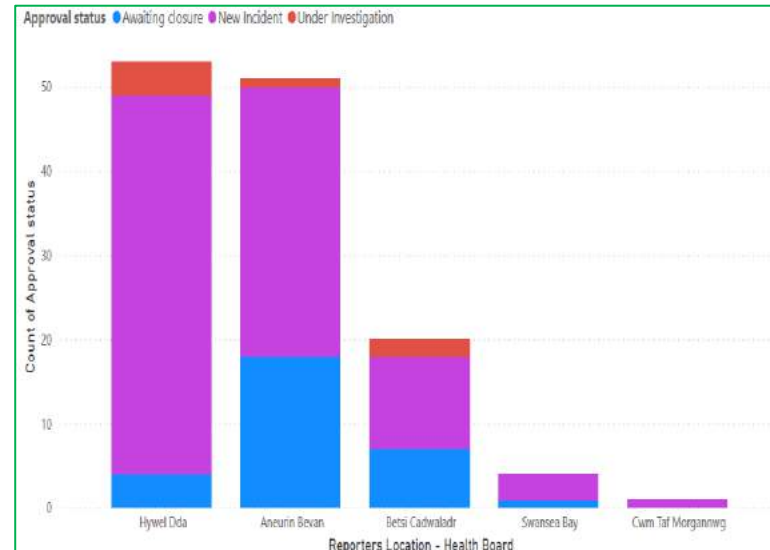
V&A Incidents



MSK Incidents



Datix Approval Status





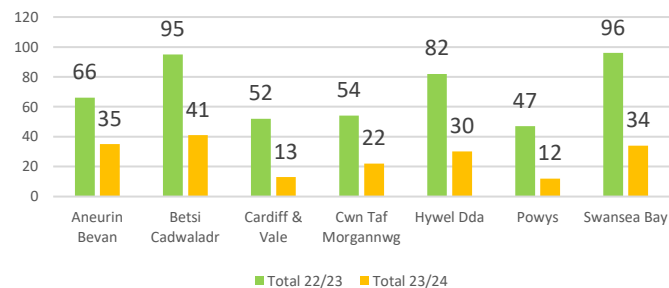
Health Safety and V&A

EMS Operations

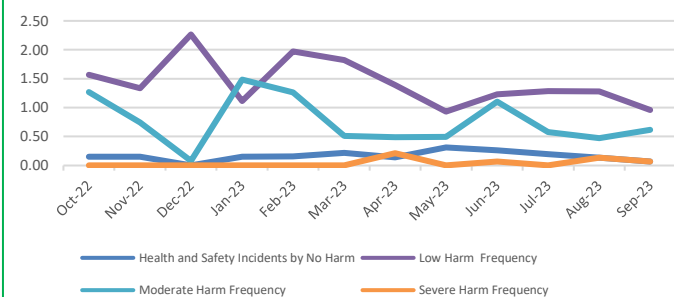
Incidents

Manual handling Incident Types

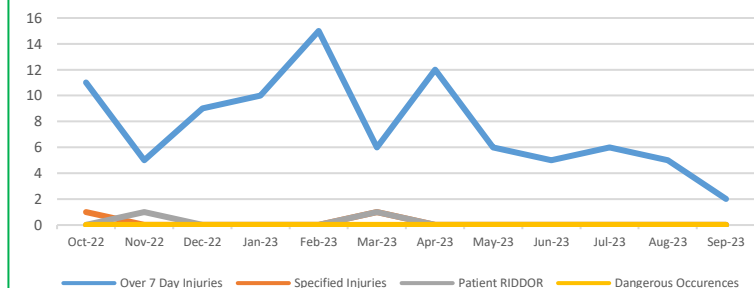
Incidents by Health Board



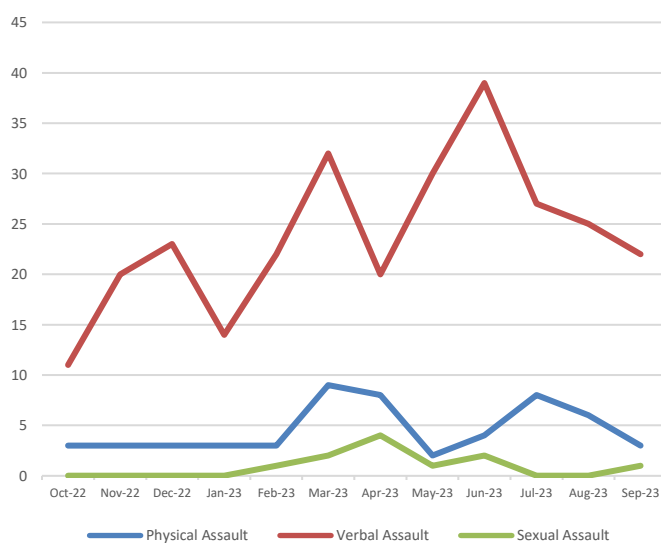
Incident Frequency Rates



RIDDOR Reports



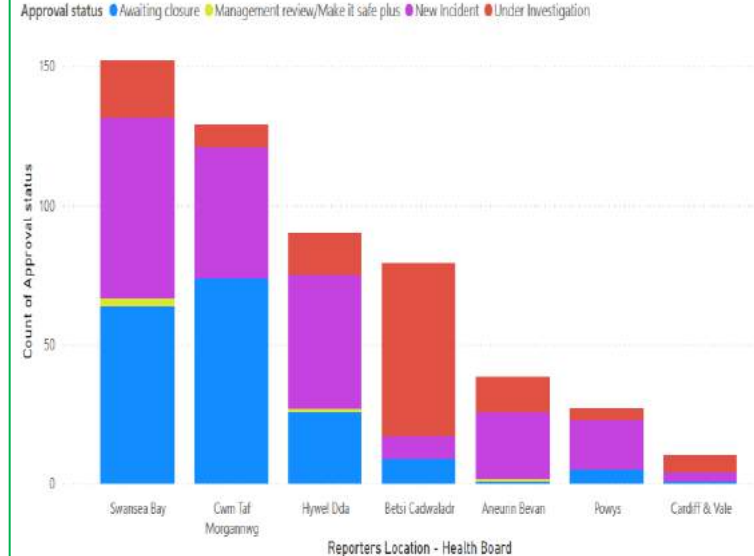
V&A Incidents



MSK Incidents



Datix Approval Status



Compliance Register Priority Actions

Regulation	Compliance Score	Work to date
Control of Vibration at Work Regulations 2005	1.00/3	Task and Finish group established to identify what is currently in place within the Trust to develop a suitable procedure.
Dangerous Substances and Explosive Atmosphere Regulations 2002	1.05/3	Draft procedure in place for Estates team to review.
Pressure Systems Safety Regulations 2000	1.23/3	Requirements for the Trust are currently under review.
Health and Safety (First Aid) Regulations 1981	1.33/3	Draft procedure and first aid needs analysis complete to be presented at Informal SOT in October 2023.
Control of Asbestos Regulations 2012	1.33/3	Asbestos Awareness training arranged for Estates Team December 2023.
Electricity at Work Regulations 1989	1.33/3	Review of requirements undertaken with Estates Team ahead of creating a plan of work.
Construction Design and Management Regulations 2015	1.34/3	Review of requirements undertaken with Estates Team and training to be provided by the Health and Safety Team in regard to Clients Duties.



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AGENDA ITEM No	21.2
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

Health and Safety Policy

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Executive Director for Quality and Nursing
AUTHOR	Nicola White - Head of Health & Safety
CONTACT DETAILS	07973 829556 Nicola.white3@wales.nhs.uk

CORPORATE OBJECTIVE	Create a climate of openness, both internally and externally
CORPORATE RISK (Ref if appropriate)	199
QUALITY THEME	Safe Care
HEALTH & CARE STANDARD	2.1

REPORT PURPOSE	Recommend for approval.
CLOSED MATTER REASON	Not applicable

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Policy Group	20 th June 2023	Recommendation to commence consultation phase
Policy Group	29 th August 2023	Recommend for approval
ELT	18 th October 2023	Recommend for approval
PCC	16 th November 2023	For approval and adoption

SITUATION

1. The Trusts Health and Safety Policy (version 9) has undergone review to reflect updated guidance and best practice and update the previous outdated Health and Safety Policy 2017.

BACKGROUND

2. The Health and Safety Policy has been updated to reflect the current organisational structure and the Trust position to compliance with statutory health and safety legislative requirements.

ASSESSMENT

3. The updated Health and safety Policy (V10.2) has been subject to an extensive review by a Task and Finish Group which includes a TUP panel led by the Head of Health and Safety. Most of the policy content reflects an updated earlier version but has been updated to include the legal requirement of a 'Statement of Intent'. Also included are an arrangements section and training needs analysis matrix to strengthen the current Policy.
4. Additional additions include:
 - Changes to reflect the revised National H&S Committee ToR
 - Duty of Candour and Quality Act
 - Revisions to roles and responsibilities
 - Health and safety arrangements section
 - Training needs analysis matrix.

RECOMMENDED: That

- (1) The Policy is recommended for approval at PCC.**

APPENDICES

- 1) Consultation comments log
- 2) EqIA
- 3) Policy Checklist



Appendix 1



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Policy Lead Checklist –Health and Safety

		Yes/No/ Unsure	Comments
1. Trade Union Partners			
	Has the Trade Union Chair/Secretary been contacted?	Y	Ian James is a member of the T&F group
	Has the Trade Union Chair/Secretary acknowledged your request for a nominated Trade Union Lead?	Y	As above
2. Documentation			
	Has the Policy Registration Form (PRF) been fully completed and submitted to Governance Team for processing?	Y	
	Has the unique policy number been clearly stated on the policy?	Y	
	Has the version number been included?	Y	
	Is it clearly stated which approved documents this version supersedes?	Y	
	Has the classification of document been clearly stated?	Y	
	Has the accompanying SBAR been completed to accompany the policy through the process?	N/A	Not required at this time
	Is it clearly stated who the Policy Lead is?	Y	
	Are the reasons for development/review of the policy clearly stated in the SBAR/PRF?	N/A	As above
	Has the policy been registered on the Trust's central policy register database?	Y	Policy is a review of a previous policy already live on the Trust's intranet.
3. Layout			
	Has the correct policy template been utilised?	Y	
	Have the formatting guidelines been followed?	Y	
	Is there a contents page included?	Y	
	Have page numbers been included?	Y	
	Are the Appendices detailed at the end of the document?	Y	
4. Title			
	Is the title of the policy clear and unambiguous?	Y	
5. Introduction			

		Yes/No/ Unsure	Comments
	Does the introduction clearly state what the policy about?	Y	
	Is it clear why the policy is needed?	Y	
	Have the reasons, history and intent that lead to the creation of the policy been included?	Y	
6.	Policy Statement		
	Is the commitment of WAST clearly stated?	Y	
	Does it include a statement of intent?	Y	
	Does it include what is the desired outcome/motivating factors are?	Y	
7.	Scope		
	Is the scope of the document clear?	Y	
	Is it clear to whom the policy applies?	Y	
	Is it clear which service area, professional groups or individuals are affected by the policy?	Y	
8.	Aim		
	Is the aim clearly stated?	Y	
	Does it detail what the policy should achieve?	Y	
9.	Objectives		
	Does the policy clearly identify how the aim of the policy will be achieved?	Y	
10.	Content		
	Are the key terms used in the policy?	Y	
	Is the language clear and concise?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
11.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Y	Health and Safety at Work etc Act 1974
	Are key references cited?	Y	
	Are the references cited in full?	Y	
	Are supporting documents referenced?	Y	
12.	Engagement		
	Has the policy been developed in partnership with relevant staff groups, <u>services</u> and departments?	Y	
13.	Approval		
	Does the policy identify which committee/group will approve it?	Y	

		Yes/No/ Unsure	Comments
14.	Flow Chart Policy Process	Y	
	Has the process contained in the <i>Policy for the Development, Review and Approval of Policies</i> been followed?	Unsure	Believe so
15.	Approval Route		
	Has the policy been submitted to either the Employment Policy <u>Sub Group</u> or Policy Group for guidance and consideration?	Y	
16.	Consultation		
	Has the policy been subject to a Trust wide consultation period – guided by the Policy Groups?	Y	Substantial consultation
17.	Dissemination and Implementation		
	Is there an outline/plan to identify how the document will be implemented and distributed?	Y	Via Data metaverse to all staff and additionally WAST Intranet page
	Does the plan include the necessary training/support to ensure compliance?	Y	TNA included
18.	Training		
	Have the training requirements been clearly identified?	Y	
	Is there a clear timeline for training?	Y	
	Have training resources required been clearly specified?		Training undertaken by H&S function
	Has a clear training plan been outlined in the document?		
	Have the appropriate representatives been engaged with and informed of training needs <u>as a result of</u> the policy being implemented?	Y	
19.	Document Control		
	Does the document identify where it will be held and how a copy can be obtained?	N	
20.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPI's to support the monitoring of compliance with and effectiveness of the document?	Y	The Legislative Compliance Register provides Trust position against H&S legislation. The HSMS provides assessment against H&S legislation.
	Is there a plan to review or audit compliance with the document?	Y	The Legislative Compliance Register provides Trust position against H&S legislation. The HSMS provides assessment against H&S legislation.
	Has an audit tool been built into the policy document?	N	The Legislative Compliance Register provides Trust position against H&S legislation. The HSMS

		Yes/No/ Unsure	Comments
			provides assessment against H&S legislation.
21. Dates			
	Has the implementation date been included?		
	Is the review date specified?		
	Is the frequency of review identified?		
22. Overall Responsibility for the Document			
	Is it clear who is responsible for the document?	Y	
	Is it explicit who is responsible for managing and reviewing the policy?	Y	
	Is it clear who will be responsible for co-ordinating the dissemination and implementation of the document?	Y	
	Are the staff responsible for enforcing the policy clearly identified?	Y	
	Is there a clear contact identified (the person to whom questions about the policy should be directed)?	Y	
23. Legislation and Regulations			
	Does the document clearly state the relevant legislation or regulatory obligations considered in the development of the policy?	Y	
	Does the policy detail the related organisational policies or other documents that it should be read in conjunction with?	Y	
24. Impact Assessments			
	Has an ~~EgIA~~ been carried out?	Y	
	Has the outcome been recorded in the Policy and the SBAR?	Y	
	Have the Welsh Language standards been ~~taken into account~~ ?		Currently part of ~~EgIA~~ process
	Has an Environment assessment been carried out?	N	N/A
	Has the policy been considered in relation to Counter Fraud?	N	N/A
25. Once Approved			
	Has the Governance Team been notified of approval and the policy returned to the Governance Team for uploading to the Trust central library and Policy and Procedures Intranet Page?		
26. Policy Review			
	Is the person responsible for the review of the document aware of the review date?		

Checklist for Policy Leads developing or reviewing a policy

To be undertaken in conjunction with the Policy for the Development, Review and Approval of Policies

Appendix 2



DETAILED LOG OF COMMENTS RECEIVED FOLLOWING GLOBAL CONSULTATION

Title of Policy	Health and Safety Policy.			
Consultation period commencing from and to:	09.07.23 -15.08.23	Policy Lead:	Nicola White	Trade Union Lead: Hugh Parry

Paragraph No.	Comment Received	Suggestion or Amendment Made	Comment incorporated Yes /No?	Reason comment is not to be incorporated
8	12 th April 23 Working Safely Strategic Transformation Board	Include reference to Duty of Candour legislation.	Y	
9	12 th April 23 Working Safely Strategic Transformation Board	Include reference to the Health and Social Care (Quality and Engagement) (Wales) Act 2020	Y	
Section 6	SOT on 25 th April 23.	Section 6 of a policy is normally the main body describing the policy function. The person who fed this back advises that it doesn't actually say this within the policy and maybe some of the objectives could help to support this?	N	Section 2 'Statement of Intent', Section 5 'Aim' and Section 6 'Objectives' provide sufficient information in relation to the policy function.
14.12	SOT on 25 th April 23.	It was felt that the section on noise is very 'light' and that maybe some information could have been put into this section from the learning that 111 have done following recent work etc?	Partially	The Policy's aim to set out Trust position. Underlying procedures that support the H&S Policy would provide additional detail. If we

1

				adopt this approach, then we would be required to include learnings from other Trust hazards and subsequently increase the policy size significantly. The 111 Procedure for the management of Noise Exposure via Headsets has been incorporated within this paragraph to provide further guidance on noise.
9.11	5 th May 23 Health, Safety and Welfare Committee TUP member	The section around fire alarms, lighting etc, is this for line managers to carry out the function of these tests or to ensure that the contractors such as chubb maintain their service agreement? As a DOM/Line Manager this is going to sit quite far down on the list for to carry out as operational managers as we have teams to manage, hospital delays to manage, sickness meetings, return to works, staff welfare calls provide resilience cover along with responding to red calls and scene management incidents. I'm sure senior operational colleagues would agree with the points i raise. If its an alarm test or a red call i will get the red call as we always have.	N	Chubb service the panels for us but the fire alarms need to be tested every week. Estates are looking into the methodology of doing this, but it will be too expensive for a contractor to test every property every week. The policy will reflect that it needs to be done and the Line Manager can make arrangements to ensure it is done in their building if they do not do it themselves.

2

Cover page	10 th July 23 Counter Fraud Team.	Email request to include the standard paragraph Counter Fraud The Welsh Ambulance Services NHS Trust is committed to taking all necessary steps to counter fraud, bribery and corruption within the Trust. Staff should report suspected incidents of fraud and corruption to the Trust Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns. Alternatively staff may contact the confidential NHS Counter Fraud Authority, Fraud and corruption Reporting Line on 0800 028 40 60; or the on-line reporting facility https://cfa.nhs.uk/reportfraud Fraud investigations may lead to disciplinary action and / or prosecution and civil recovery procedures'.	N	Have referenced Counter Fraud Policy on cover page.
17.1	12 th July AD of Operations- National	Request to include training for volunteers.	Y	Matrix amended to include volunteers.
1	1 st August Board Secretary	as this policy is valid for a few years, I wonder whether these stats need a time stamp.		Stats provided by HSE 2022 as titled within link
4		Para 4 - The Health and Care Standards are now the Quality Standards so that will need to be updated to reflect the relevant standard.	Y	Noted will amend.

3

		Policy statement of intent. Is this signed statement a requirement under the Act?		The statement of intent is a legal requirement. The signature is best practice and demonstrates commitment to the workforce.
1		Our NEDs are not employees or contractors so should probably be drawn out here if they are in scope.	Y	Amended.
6		6. Are TU Safety Representatives different to the TU Representatives?		Yes. TU reps can be HR focused etc whereby Safety Representatives are designated for H&S and recognised under the Safety Reps Safety Committee regulations
11		Is the responsibility for a NED H&S Champion set out in the Act? I haven't heard of this request and it's not a champion role mandated by WG. That's not to say we can't have <u>one</u> but the Chair will need to know what the scope of that champion role is		No, best practice but NEDS will have collective and individual responsibility for H&S.
11.1		just to say that not all directors are executive directors. 'Executive' denotes their voting rights at board and we only have 5 of them in addition to the CEO.	Y	Directors included within 11.3.

4

11.5		Chris's role is Executive Director of Finance and Corporate Resources (not ICT).	Y	Amended.
15.1/15.2		Will the H&S Committee regularly review the monitoring compliance (s.15.1) and auditing (s.15.2) elements of the policy? -		<u>Yes</u> and will be included within quarterly performance reports. Have also included ADLT and SOT as performance reports are presented at these meetings.

Appendix 3



Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust



EQUALITY IMPACT ASSESSMENT FORMS

Part A

Form 1: Preparation

1.	What are <u>you</u> equality impact assessing? What is the title of the document you are writing or the service review you are undertaking?	The Health, Safety and Welfare Policy
2.	Provide a brief description, including the aims and objectives of what you are assessing.	The aim of the policy is to - • outline health and safety management arrangements within the Welsh Service Ambulance <u>Trust</u>; • eliminate or where this is not possible manage and minimise health and safety risks to staff and others affected by our work <u>activities</u>; • ensure that the Trust complies with health and safety legislation including the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999. The Policy objectives are <u>to</u>: a. Adoption of the Trust behaviours to embed a culture



		where health and safety and welfare is everyone's business. b. Continue the Trusts Health and Safety journey to a state of 'Interdependency' as defined by the Bradley Curve via the Working Safely Programme c. Ensuring the Trusts estates portfolio is fit for purpose complying with statutory legislation. d. Advising embedding and highlighting Health and Safety matters in the Trust Risk Management Strategy e. Monitoring Health and Safety matters routinely via the quarterly Performance Reviews and the Integrated Medium Quarterly Performance Report. f. Providing regular Health and Safety updates to the Board via the PCC Committee. g. Provision of a detailed annual Health and Safety report to the PCC committee. h. Ensuring that Health and Safety priorities inform the Trust's Integrated Medium-Term Plan (for example, the Estates Strategy, training



		needs analysis and the procurement of equipment) i. Strengthening and continually improving the governance framework for Health and Safety matters through the National Health and Safety and Welfare Committee and j. Commitment to Health and Safety training throughout the organisation k. Commitment to partnership working between all Managers and Trade Union Health and Safety Representatives l. ~~membership~~ of the National Ambulance UK Quality Director forum and the National Risk and Safety Forum Ambulance NHS Trusts and share and learn from good practice. m. Membership of and commitment to the NHS Wales Health and Safety Management Advisory Group contributing to all Wales projects/initiatives in Health and Safety matters. n. This policy will be reviewed every two years or when required by changes in health



		and safety law or regulations or by changes in working practices. The Policy outlines the implementation of a health and safety management system. The success of the policy will be measured by audits of the health and safety management system and monitoring of incidents and health and safety mandatory training compliance= The Policy will ensure the health and safety of staff, patients, donors and others affected by our work								
3.	Who is responsible for the document/work you are assessing – i.e. who has the authority to agree/approve any changes you identify are necessary?	Liam Williams - Executive Director for Quality and Nursing								
4.	Who is involved in undertaking this EQIA. Please list all names and Titles/Roles	<table><tr><th>Name</th><th>Title/Role</th></tr><tr><td>Nicola White</td><td>Head of Health and Safety</td></tr><tr><td>Graham Stockford</td><td>Deputy Head of Health and Safety</td></tr><tr><td>Paola Spiteri</td><td>Organisational Development Manager for Quality, Diversity and Inclusion</td></tr></table>	Name	Title/Role	Nicola White	Head of Health and Safety	Graham Stockford	Deputy Head of Health and Safety	Paola Spiteri	Organisational Development Manager for Quality, Diversity and Inclusion
Name	Title/Role									
Nicola White	Head of Health and Safety									
Graham Stockford	Deputy Head of Health and Safety									
Paola Spiteri	Organisational Development Manager for Quality, Diversity and Inclusion									



5.	Is the Policy related to, or influenced by, other Policies/areas of work?	As the Health and Safety at work Etc Act 1974 is the overarching piece of statutory legislation in regards the H&S. This policy will be supported by other policies and procedures.
6.	Who are the key Stakeholders i.e who will be affected by your document or proposals?	Patients, donors, volunteers, all staff
7.	What might help/hinder the success of whatever you are doing, for example communication, training etc?	Locating on Trusts information metaverse to ensure all staff have read and understood Policy. Trade Union partners to encourage staff to familiarise themselves with the Policy and communicate this wherever viable to do so.



Form 2: Considering the potential impact of your document, proposals etc in relation to equality and human rights

Characteristic/ actor to be considered	Potential Impact by Group. Is it:-		Please detail <u>any</u> - Reports, Statistics, Websites, Links etc that you have used to inform your assessment and/or - Any information gained during engagement with staff or service users and/or - Any other information that has informed your assessment of potential impact
	Positive (+) Negative (-) Neutral (N) No Impact/Not applicable (N/a)	<u>Scale</u> High Negative Medium Negative Low Negative Neutral Low Positive Medium Positive High Positive	
Age	N/a		
Disability	+	Medium Positive	Statutory Legislative requirements
Gender Reassignment	N/a		
Race / Ethnicity	N/a		
Religion or Belief	N/a		
Sex	N/a		
Sexual Orientation	N/a		
Pregnancy and Maternity (applies for employees)	+	Medium Positive	Statutory Legislative requirements
Marriage and Civil Partnership (applies for employees)	N/a		
Welsh Language	N/a		
Human Rights	N/a		

Form 3: Assessing Impact Against the General Equality Duty

As a public sector organisation, we are bound by the three elements of the "General Duty". This means that we need to consider whether (if relevant) the policy or proposal will affect our ability to:-



1 Eliminate unlawful discrimination, harassment and <u>victimisation</u>; 2 Advance equality of opportunity; and 3 Foster good relations between different groups	
1. Describe here (if relevant) how you are ensuring your policy or proposal does not unlawfully discriminate, <u>harass</u> or victimise	The Policy incorporates the Equality Act 2010 which eliminates unlawful discrimination. No adverse impact.
2. Describe here how your policy or proposal could better advance equality of opportunity (if relevant)	The Policy incorporates the Equality Act 2010 which supports equality. No adverse impact.
3. Describe here how your policy or proposal might be used to foster good relations between different groups (if relevant)	N/A



Part B:

Form 4 (i): Outcome Report

Organisation:	Welsh Ambulance Services NHS Trust		
1. What is being assessed?	H&S Policy		
2. Brief Aims and Objectives	As above		
3a. Could the impact of your decision/policy be discriminatory under equality legislation?			No
3b. Could any of the protected groups be negatively affected?			No
3c. Is your decision or policy of high significance – consider the scale and potential impact across WAST including costs/savings, the numbers of people affected and any other factors?			Yes
	Yes		No
	Record Reasons for Decision <u>i.e.</u> what did the assessment of scale on Form 2 indicate in terms of positive and negative impact for each characteristic?		
	Yes	No	N/A
	Record Details:		
	Yes	No	
	How is it being monitored?	Monitored in line with Policy review date or legislative changes.	
	Who is responsible?		



	What information is being used?	Existing data from DATIX cloud system.	
	When will the ~~EqlA~~ be reviewed? (<u>Usually</u> the same date the policy is reviewed)	In line with Policy review date.	
7. Where will your decision or policy be forwarded for approval?	EMT then PCC.		
8. Describe here what engagement you have undertaken with stakeholders including staff and service users to help inform the assessment	Policy presented at Working Safely Strategic Transformation Board, Senior Operations Team and Health and Safety Committee for initial comments. Further full consultation process to be undertaken expected June 20th <u>2023</u> .		
	Name	Title/Role	
9. Name/role of person responsible <u>for</u> <u>this</u> Impact Assessment	Staff involved with policy review.		
10. Name/role of person <u>approving</u> this Impact Assessment			

Please Note: The Action Plan below forms an integral part of this Outcome Report



Health & Safety Policy

Policy Number:	021	Version No:	10.3	Supersedes:	V10
Date of Approval:		Review Date:	3 years from date of approval	Impact Assessments Completed:	
Classification of Document:	Corporate	Type of Document:	Policy	Approved by:	
Brief Summary of Document:	The Health and Safety at Work etc Act 1974 requires the Trust to have a written Health and Safety Policy which includes the organisational arrangements for its implementation. The Management of Health and Safety at Work Regulations 1999 require the Trust to make a suitable and sufficient assessment of the risks to the health and safety of its employees to which they are exposed whilst they are at work and the risks to the health and safety of anyone else affected by the activities of the Trust.				
Scope:	Health and Safety in the Welsh Ambulance Services NHS Trust Applies to all staff, volunteers, Non -Executive Directors, staff and contractors.				
To be read in conjunction with:	- o Risk Management Policy - o Risk Assessment Procedure - o Adverse Incident and Hazard Reporting Policy and Procedure - o Violence and Aggression at Work Policy - o Management of Information about potentially violent persons and or addresses - o Safer Moving and Handling Policy - o Safe Conveyance, Moving and Handling of Wheelchairs Policy and Guidelines - o Control of Substance Hazardous to Health Policy and Procedure - o Volunteer Codes of Conduct, CFR Operations Manual and VCS Operations Manual - o Policy for Managing Requests for Non-Operational Public Activities or Events - o Display Screen Equipment Procedure - o New and Expectant Mothers Risk Assessment Procedure - o Control of Substance Hazardous to Health Procedure - o Fire Safety Policy - o Health and Wellbeing Policies - o Counter Fraud Policy				
Owning Committee	People & Culture Committee				
Policy Lead: Trade Union Lead:	Nicola White Ian James & Hugh Parry	Job Title:	Head of Health & Safety Trade Union Partner		
Executive Director:	Liam Williams	Job Title:	Executive Director of Quality & Nursing		

Version Control Sheet

Version	Date	Author	Summary of Changes
9	12/06/23	Nicola White	Statistics updated to reflect more recent figures HSE 2022 (item 1).
			Addition of the legal requirement of a 'Statement of Intent' and include Trust objective of a positive safety culture (item 2).
			Changes to reflect sub-groups of National H&S Committee (item 6.1)
			Addition of the 'Duty of Candour' (item 9)
			Addition of the 'Duty of Quality (item 10)
			Changes to reflect H&S accountabilities within the Assistant Director of Capital Planning and Estates (item 11.5)
			Addition of the Deputy Head of Health and Safety (item 11.8)
			Addition of HS Arrangements (item 14)
			Changes to reflect H&S auditing (item 15.2)
			Addition of H&S 'Training Needs Analysis' (item 17)
10	18/06/23	Julie Boalch	New template and standard Trust font
10.1	09/07/23	Julie Boalch	Addition of Hugh Parry on front cover
10.2	22/08/23	Nicola White	Amendments in line with comments generated through the consultation phase.
Keywords			

Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
Training		
Counter Fraud		
Information Governance		
Records Management		
EqlA / Welsh Language		
Estates		
Environment		
ESMCP		

Task and Finish Group Members

Name	Job Title
Nicola White	Head of Health and Safety
Graham Stockford	Deputy Head of Health and Safety
Jo Kelso	Head of Training School
Paola Spiteri	Organisational Manager for Quality, Inclusion and Diversity
Susan Woodham	Head of Estates
Ian James	TUP- GMB

Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
Policy Group	20/06/23	To gain recommendation to commence consultation process
Policy Group	29/08/23	To gain recommendation to commence ratification process

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Head of Risk / Deputy Board Secretary](#)

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1. INTRODUCTION

Each year in the Human Health and Social Work Activities Sector, 6.6% of workers suffer from an illness they believe to be work related and 1.9% of workers sustain a work-related injury. This has led to around 0.9 million working days lost due to workplace injuries and 5.1 million days lost due to work-related illness. ([Health and Safety Executive 2022](#)).

The health, safety and well-being of staff, volunteers and Contractors who work for the Welsh Ambulance is of paramount importance.

The Health and Safety at Work etc Act 1974 requires the Trust to have a written Health and Safety Policy which includes the organisational arrangements for its implementation. The Management of Health and Safety at Work Regulations 1999 require the Trust to make a suitable and sufficient assessment of the risks to the health and safety of its employees to which they are exposed whilst they are at work and the risks to the health and safety of anyone else affected by the activities of the Trust.

The Quality theme of Safe Care states that “the principle of safe care is to ensure that people in Wales are protected from harm and supported to protect themselves from known harm” and Standard 2.1 (Managing Risk and Promoting Health and Safety) of the Quality Standards (Welsh Government 2015) mandates that people’s health, safety and welfare are actively promoted and protected; Risks are identified, monitored and wherever possible, reduced or prevented.

In line with the Commissioning Core Requirements for the Welsh Ambulance Services NHS Trust, the Trust is as committed to the health, safety and wellbeing of its staff, volunteers, Non-Executive Directors and contractors as it is to patient safety and takes the view that an Organisation that has a positive and pro-active Health and Safety culture is synonymous with a culture committed to high quality patient safety.

2. POLICY STATEMENT – ‘STATEMENT OF INTENT’.

The Trust Board view compliance with the relevant statutory requirements as a minimum requirement and will ensure a process of continuous improvement in the culture and standards of Health and Safety across the Trust to meet its statutory commitments.

The Trust recognises its duty of care for the health and safety of people affected directly or indirectly by its activities and therefore expects the co-operation of all staff in taking reasonable care of themselves and any other persons affected by their actions. The Trust aims to have a culture of collective responsibility for the safety, health, and wellbeing of all.

The Welsh Ambulance Services NHS Trust has a legal responsibility as an employer to ensure, as far as is reasonably practicable, the health, safety, and welfare at work of all its employees (Health and Safety at Work etc Act 1974). This policy endorses all the legal requirements as set out in the Health and Safety at Work etc. Act 1974.

The Trust will ensure the health and safety of all persons who may be affected by our activities across all service locations through:

- Engaging with our staff, contractors, and visitors to facilitate the safety of their working environment.
- Providing, managing, and maintaining an overall environment at our workplaces, grounds, and properties so that they are, so far as reasonably practicable, safe and that risks to health are controlled. This will include maintenance of equipment to ensure items can be safely used for activities undertaken by the Trust.
- Identifying hazards and conducting formal risk assessments when appropriate to minimise physical and psychological risks for all activities undertaken by the Trust and ensuring that appropriate control measures and emergency procedures are in place.
- Providing and promoting systems of work, information, instruction, training, and supervision at all levels necessary to ensure that staff are competent to supervise or undertake their work activities and are aware of any related hazards and the measures to be taken to protect against them.
- The Trust will promote a positive health and safety culture for all our activities endeavouring to achieve a cohesive culture of Interdependency. Where there are no existing Trust policies or guidance, we expect our staff and contractors to implement the highest relevant standards and to comply with relevant legislation. Where no standards or legislation exist, we will work with our staff, and contractors to develop systems which comply with best practice and mitigate risk, drawing on relevant legislation and guidance.
- Where buildings are shared between more than one department and /or external organisations, we expect that all users co-operate closely with the Trust.
- To establish clear lines of responsibility for health and safety that ensure a safe environment for all, and to formalise any appropriate arrangements for these purposes.

The senior leadership of the Trust are committed to this Policy and to the implementation and maintenance of the highest standards of health, safety, and welfare across the Organisation. We expect every member of the Trust to share this commitment and to work together to achieve it.

The Welsh Ambulance Service NHS Trust will ensure that the commitments within this Health and Safety Policy are driven by its senior managers, are communicated to all members of staff and are publicly available.

In addition, the Trust will ensure that staff and contractors are aware of their personal safety, health and welfare responsibilities and the importance of their own wellbeing. This includes their duty to each other and that they receive the appropriate level of instruction and training to undertake their work in as safe, healthy, and considerate way as reasonably practicable.

This Health and Safety Policy will be reviewed regularly and revised as necessary to reflect changing conditions and information.

- It is the duty of every employee to; Conduct themselves in such a way as to avoid any safety or health risks to themselves, other employees, patients, or others that may be affected by their acts or omissions.
- To cooperate with the Trust to enable it to discharge its duties under the Health and Safety at Work etc. Act 1974.

Chief Executive Officer

People & Culture Committee Chair

Date:

Date:

3. SCOPE

All Non-Executive Directors, employees, volunteers and Contractors of the Trust will comply with the duties of employees as set out in the Health and Safety at Work etc Act to ensure that they take reasonable care of themselves and other persons who may be affected by their acts or omissions at work.

In addition to risk assessments, The Trust will ensure appropriate arrangements for the effective organisation, control, monitoring, and review of preventative and protective measures for staff, volunteers, contractors, and service users.

The Trust places a duty of responsibility on all staff, volunteers, and contractors to report hazards, concerns, accidents, and near misses.

Managers and supervisory staff have the responsibility for implementing this Policy throughout the Trust and must ensure that Health and Safety considerations are given priority in the planning and day-to-day supervision of work. A system of partnership working between Management and employee representatives will be maintained to

ensure appropriate and adequate arrangements for joint consultation on health and safety issues.

4. AIM

This Policy aims to ensure that the Welsh Ambulance Services NHS Trust is compliant with Health and Safety legislation continuously seeking to identify and implement good practices within the healthcare sector. Aiming to ensure safety, health and well-being of people is a fundamental core value.

5. OBJECTIVES

The Trust will achieve its aim by:

- Adoption of the Trust behaviours to embed a culture where health and safety and welfare is everyone's business.
- Continue the Trusts Health and Safety journey to a state of 'Interdependency' as defined by the Bradley Curve via the Working Safely Programme
- Ensuring the Trusts estates portfolio is fit for purpose complying with statutory legislation.
- Advising embedding and highlighting Health and Safety matters in the Trust Risk Management Strategy
- Monitoring Health and Safety matters routinely via the quarterly Performance Reviews and the Integrated Medium Quarterly Performance Report.
- Providing regular Health and Safety updates to the Board via the PCC Committee.
- Provision of a detailed annual Health and Safety report to the PCC committee.
- Ensuring that Health and Safety priorities inform the Trust's Integrated Medium-Term Plan (for example, the Estates Strategy, training needs analysis and the procurement of equipment)
- Strengthening and continually improving the governance framework for Health and Safety matters through the National Health and Safety and Welfare Committee and commitment to Health and Safety training throughout the organisation
- Commitment to partnership working between all Managers and Trade Union Health and Safety Representatives
- Membership of the National Ambulance UK Quality Director forum and the National Risk and Safety Forum Ambulance NHS Trusts and share and learn from good practice.
- Membership of and commitment to the NHS Wales Health and Safety Management Advisory Group contributing to all Wales projects/initiatives in Health and Safety matters.

- This policy will be reviewed every two years or when required by changes in health and safety law or regulations or by changes in working practices.

6. HEALTH AND SAFETY PARTNERSHIP ARRANGEMENTS

Health and Safety at work is a shared responsibility between employers and employees and therefore a culture of partnership is critical for a positive and pro-active health and safety culture. The Trust is therefore committed to working in partnership with Trade Union Safety Representatives.

6.1. Health, Safety and Welfare Committee

In accordance with the provisions of the Safety Representatives and Safety Committee Regulations 1977 a Health, Safety and Welfare Committee is in existence.

The committee is described as the 'National Joint Committee for Health, Safety and Welfare' and comprises Management and Trade Union Representatives.

The functions and membership of the committee and the arrangements for the efficient conduct of its business can be referred to on the Trust's Intranet site.

Additional sub-groups will be established to meet organisational requirements. Local Health and Safety matters will be dealt with at these forums and each territory will provide local updates at the National Health and Safety Committee.

7. TRAINING AND IMPLEMENTATION

The Trust acknowledges its duty to provide appropriate training and information in all aspects of health and safety associated with any work activity. The extent of training will vary according to the potential severity of the hazards associated with the activity undertaken. The Trust will ensure that all managers and staff receive suitable and sufficient training with which to carry out their duties without risk to the safety or health of themselves or others.

All new staff joining the Trust will receive adequate instruction in health and safety as part of an Induction programme.

Managers and supervisors will receive training on the relevant policies, procedures, and safe systems of work that they are required to implement in line with risk-based approach. In certain circumstances, key workers may be identified for training in carrying out risk assessments in specific activities.

Additional instruction and training will be provided.

- at periodic intervals
- if there is evidence that the original training has been ineffective
- if there is a change in working systems, equipment, or procedures.
- if there is a change in the law or official guidance

Records of training provided will be kept by the Trust to enable managers to ensure that the training of their staff is up-to-date and relevant to their workplace and work activity.

A health and safety training needs analysis is set out within Appendix 1.

8. IMPACT ASSESSMENTS

8.1. Equality Impact Assessment

This policy applies to all staff, volunteers, and Contractors for the Trust. An equality impact assessment has been undertaken. Due to the nature of Health and Safety legislation, this policy applies universally and therefore PART's A and B and equality impact assessment was undertaken. A copy of this is available from the policy lead.

In relation to any other policies under the Health and Safety umbrella a specific EqIA would be undertaken to ensure equality and equity for all groups.

9. DUTY OF CANDOUR

The aim of the Policy is to ensure the safety, health, and well-being of people as a fundamental core value. Where service users experience harm because of health and safety failings the Trust will ensure there is open and transparent dialogue with service users.

The Trust will be required to talk to service users about incidents that have caused harm, apologise, and support them through the process of investigating the incident. The Trust will endeavour to learn and improve from these incidents by find ways to stop similar incidents from happening again that are both safe and reasonably practicable.

10. DUTY OF QUALITY

In line with the requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 the Trust will ensure the Policy is monitored on a regular basis to

ensure the continued provision of safe systems of work that provide good quality care to service users.

The output from monitoring will be presented annually to the People and Culture Committee to provide assurance that health and safety provisions are meeting the requirements of the Act.

11. ROLES AND RESPONSIBILITIES

The Board has a responsibility to appoint a Health and Safety Champion from amongst its Non-Executive Directors and the Board Champion for Health and Safety will, together with the Executive Director Lead for Health and Safety promote a positive health and safety attitude within the Trust and monitor compliance with the Health and Safety Policy and related policies and procedures.

The Chairman and Directors of the Trust have responsibility for ensuring the health and safety of everyone affected by the activities of the Trust. The Trust Board will monitor health and safety performance and will be informed and advised by the Chief Executive.

11.1. Chief Executive

The Chief Executive Officer has overall responsibility to ensure that the Trust complies with health and safety legislation and guidelines. In addition, they are responsible for ensuring the organisational arrangements necessary to achieve this compliance are in place and to keep the Trust Board informed of adherence to these arrangements.

The Chief Executive Officer delegates responsibility for day-to-day health and safety management to the Executive Director of Quality and Nursing.

The Chief Executive Officer delegates to all Executive Directors the responsibility for the effective management of health and safety within their Directorate.

11.2. Executive Director of Quality and Nursing

The Director of Quality and Nursing is the Executive Director with a lead responsibility for health and safety delegated by the Chief Executive. This post is responsible to the Chief Executive for:

- Promoting a positive health and safety culture within the Trust ensuring that good health and safety standards and practices are integral to day-to-day activities of the Trust, consulting with staff on health, safety, and welfare matters.

- Ensuring effective arrangements are in place for consulting with staff on health, safety, welfare, and risk. A key vehicle for discharging this responsibility will be through the National Health, Safety and Welfare Committee
- Ensuring the maintenance of a comprehensive set of policies aimed at safeguarding the health, safety and welfare of patients, staff and volunteers and anyone else affected by the work of the Trust, working with the Director of Workforce and Organisational Development.
- The integration of health and safety with the Trust Risk Management Strategy and Framework to achieve compliance with legislation, guidelines, and national strategies.
- The co-ordination of health and safety advisory arrangements and training programme for the Trust.
- The monitoring and review of the overall health and safety performance and compliance to inform assurance to the Board and to inform improvements.
- Ensuring that adequate systems are in place to identify and assess risks to the health and safety of all who might be affected by the work of the Trust.

11.3. Executive Directors and Directors

Executive Directors and Directors are responsible for:

- Implementing the Trust's Health and Safety Policy and Health and Safety management arrangements within their Directorates.
- Leading a positive and pro-active Health and Safety culture.
- Obtaining competent Health and Safety advice
- Ensuring that risk assessments are undertaken.
- Promoting the Health, Wellbeing and Safety of staff whilst at work, and ensuring the provision and timely access to effective Occupational Health services and wider wellbeing support for all staff.
- Delegating to local managers responsibility for implementation of the policy at local level.
- Monitoring the effectiveness of local managers in implementing the policy.
- Ensuring the allocation of sufficient resources, so far as is reasonably practicable, to achieve and maintain adequate standards of health and safety.
- Alerting the Executive Management Team and Directors and the Trust Board to the existence of significant Health and Safety risks and the arrangements in place to manage those risks.
- Ensuring appropriate training and education for staff is in place to ensure they have the requisite skills, competence, and capability to discharge their roles and responsibilities in a safe and effective way.

11.4. Assistant Director Quality and Governance

The Assistant Director of Quality and Governance will work closely with the National Head of Health and Safety to provide oversight and assurance to the Director of Quality and Nursing of:

- Compliance with standards set by the Health and Safety Executive
- Appropriate response to requirements by the Health and Safety Executive.
- Assurance on the Health and Safety elements of Local Delivery Plans.
- Learning from adverse incidents and concerns throughout the Trust, aligning lessons learnt to priorities for Quality Improvement.
- Assurance to the Executive Management Team and, where appropriate, Trust Board that Health and Safety, quality improvement and quality governance are being effectively managed.
- Adequate arrangements are in place for the co-ordination and management of regulatory visits and inspections, meeting requirements of Health and Care Standards for Wales, Health and Safety Executive, Welsh Risk Pool Standard and Internal and External Audit.
- Reporting of serious incidents to the Welsh Government as they relate to Health and Safety ensuring that the executive and the communication teams are fully aware of the incidents.
- Development of an overall business plan for quality improvement, quality governance informed by quality assurance mechanisms relating to health and safety functions.

11.5. The Assistant Director of Capital Planning and Estates

This person is responsible for ensuring, as far as reasonably practicable to ensure:

- The fabric and facilities of all premises are in a satisfactory condition and meet operational and health and safety requirements.
- Identifies, reviews, and manages the maintenance requirements of the Trust's estate.
- Acquires and co-ordinates the services of contractors on behalf of the Trust, liaising with contractors regarding health and safety requirements.
- Advises the Chief Executive Officer, through the Director of Finance and Corporate Resources of any developments and enactments in relevant UK legislation and regulations which impose obligations on the Trust relating to estates management, including implications for health and safety.
- Ensures, in conjunction with the Head of Health and Safety, that all new Estates development fully comply with legal and regulatory requirements including those relating to health and safety.

- Ensures that appropriate physical and procedural arrangements including training are in place to address the requirements of Fire Safety legislation.
- Ensures that the Trust has in place suitable and sufficient arrangements to meet its objectives relating to Environmental Management.
- Advises the Management Team and the Board on risks associated with the Estate.

11.6. The Assistant Directors

Assistant Directors are responsible within their respective Directorates for:

- Implementing the Trust's Health and Safety Policy and Health and Safety management arrangements.
- Leading a positive and pro-active Health and Safety culture.
- Obtaining competent health and safety advice
- Ensuring that risk assessments of relevant hazards are undertaken.
- Promoting the Health, Wellbeing and Safety of staff whilst at work, and ensuring the provision and timely access to effective Occupational Health services and wider wellbeing support for all staff.
- Delegating to local managers responsibility for implementation of the policy at local level.
- Monitoring the effectiveness of local managers in implementing the policy.
- Ensuring the allocation of sufficient resources, so far as is reasonably practicable, to achieve and maintain adequate standards of health and safety.
- Ensuring appropriate training and education for staff is in place to ensure they have the requisite skills, competence, and capability to discharge their roles and responsibilities in a safe and effective way.

11.7. Head of Health and Safety

The Head of Health and Safety is responsible to the Assistant Director of Quality and Safety, for:

- Leading the Health and Safety function – the Trusts advisory body for Health and Safety matters.
- Leading the promotion of a positive health and safety culture within the Trust.
- Providing professional advice to the Assistant Director of Quality and Safety, Director of Quality, and Nursing the Director of Workforce and OD, the Chief Executive, Directors, and Non-Executive Directors of the Trust.
- Maintaining and Co-ordinating Health and Safety policies including the Violence and Aggression Policy.

- Manage the Deputy Head of Health and Safety, the Violence and Aggression team and the Directorate Support Officer for the function.
- Acts as the Trust ambassador for Health and Safety matters ensuring that all business considers the Health and Safety agenda.
- Providing support and advice to all members of staff on matters relating to health and safety.
- Liaises closely with the Assistant Director of Capital and Estates and the National Head of Estates in relation to Health and Safety matters regarding the Trust's Estate and with the National Head of Fleet about Fleet and Equipment.
- Undertaking all duties as set out in the job description.

11.8. Deputy Head of Health and Safety

The Deputy Head of Health and Safety is responsible to the Head of Health and Safety for:

- Developing and delivering products to assist in the promotion of a positive health and safety culture within the Trust.
- Providing professional advice to the Assistant Directors Leadership Team.
- Providing professional advice to the Assistant Director of Quality and Safety, Director of Quality, and Nursing the Director of Workforce and OD, the Chief Executive, Directors, and Non-Executive Directors of the Trust in the absence of the Head of Health and Safety.
- Manage the Health and Safety Team workload including reporting of RIDDOR incidents.
- Maintaining and Co-ordinating Health and Safety procedures and corporate level task related risk assessments.
- Liaises closely with the Estates and the Estates function in relation to Health and Safety matters regarding the Trust's Estate and with the Regional Fleet managers regarding Fleet and Equipment.
- Providing support and advice to all members of staff on matters relating to health and safety.

11.9. Health and Safety Managers

- Provide professional health and safety advice to managers and staff and monitor compliance with the Trust's policies and procedures.
- Act as the principal professional points of contact for the Heads of Service and other managers on health and safety matters liaising with enforcing authorities or external agencies.
- Provide advice at workplace inspections conducted by local managers together with staff Health and Safety Representatives.

- Oversee and provide direction where required the investigation of accidents and near-misses to ensure that all relevant information is obtained, and preventive measures taken.
- Assist managers in the process of undertaking health and safety risk assessments if required.
- Conduct periodic audits of work activity to ensure compliance with agreed procedures and safe systems of work.
- Monitor accident and adverse incident reports and compile reports and statistics for the National Joint Committee for Health, Safety and Welfare and the Head of, Health and Safety.
- Provide Health and Safety training and provide advice and support where required for Health and Safety training.
- Supporting the Trusts Violence and Aggression Manager to ensure an appropriate and adequate violence and aggression provision.
- support to staff and volunteers who have been victims of violence and abuse and pursuing appropriate legal action against the perpetrators.

11.10. Senior Managers and Departmental Heads

Managers and Departmental Heads are responsible for providing leadership and promoting responsible attitudes towards all aspects of the health and safety of staff, volunteers, patients, and others affected by the activities under their managerial control. This includes compliance with legislation and the following:

- The effective management of health, safety, and welfare as part of normal line management within the area of their management control including ensuring that equipment is appropriately maintained at all times, including lighting, fire alarms, fire extinguishers and first aid facilities.
- The development and implementation of health and safety/risk management policies and procedures within their departments.
- Notifying Trade Union Safety Representatives of any Health and Safety concerns as per the SRCS Regulations
- The identification, assessment, and control of risk, in line with the Trust's Risk Assessment /Procedures.
- Monitor compliance with the Trusts requirement to report staff absences because of work-related illness/injury to the Health and Safety function to meet the requirement of RIDDOR Regulations 2013.
- Ensuring that equipment, premises, and systems of work are safe.
- Ensuring the adequate provision of training, instruction and information to staff and others, on safe working practices and hazards at work together with the arrangements in place to manage risks.

- Ensuring the prompt reporting and sufficient level of investigation of accidents and incidents, taking appropriate corrective action to prevent a recurrence.
- Monitoring and review of health and safety performance.
- Co-operating with Health and Safety Representatives in jointly carrying out periodic health and safety inspections.
- Ensuring that staff have available to them any necessary safety or personal protective equipment and that they have received appropriate training and instruction in its use.
- Ensuring that all visitors and contractors are aware of and conform to relevant health and safety policies and procedures e.g., Control of Contractors Policy.

11.11. Line Managers

Line Managers are responsible for providing leadership and promoting responsible attitudes towards all aspects of the health and safety of staff, volunteers, patients, and others affected by the activities under their managerial control. This includes compliance with legislation and the following:

- The effective management of health, safety, and welfare as part of normal line management within the area of their management control including ensuring that equipment is appropriately maintained at all times, including lighting, fire alarms, fire extinguishers and first aid facilities.
- The implementation of health and safety management policies and procedures within their departments.
- Notifying Trade Union Safety Representatives of any Health and Safety concerns as per the SRCS Regulations.
- The undertaking of risk assessments for hazards identified within the activities and areas under their managerial control.
- Ensuring that staff absences because of work-related illness/injury are reported to the Health and Safety function to ensure the Trust meets the requirement of RIDDOR Regulations 2013. reported.
- Ensuring that equipment, premises in areas under their managerial control are safe and that and systems of work are suitable and sufficient.
- Ensuring the adequate provision of training, instruction and information to staff and others, on safe working practices and hazards at work together with the arrangements in place to manage risks.
- Ensuring the prompt reporting and sufficient level of investigation of accidents and incidents, taking appropriate corrective action to prevent a reoccurrence.
- Monitoring and review of health and safety performance within there are of managerial control.

- Co-operating with Health and Safety function in jointly carrying out periodic health and safety audits.
- Co-operating with Health and Safety Representatives in jointly carrying out periodic health and safety inspections.
- Ensuring that staff have available to them any necessary safety or personal protective equipment and that they have received appropriate training and instruction in its use.
- Ensuring that all visitors and contractors are aware of and conform to relevant health and safety policies and procedures e.g., Control of Contractors policy.

11.12. Employees' and Volunteers' Duties

All employees and volunteers are expected to be aware of the duties placed upon them by the Health and Safety at Work etc Act 1974 and are required to:

- Take reasonable care to ensure their own safety and that of others who may be affected by what they do, or do not do, including persons not employed by the Trust.
- Observe all instructions applicable to the work being performed or the area where they are working. Where staff or trainees are required to work away from their departments; the local rules of the area visited and any codes of practice appropriate to the work performed, must be observed.
- Co-operate with the Trust in complying with all health and safety duties placed upon it.
- Bring to the attention of persons in charge all incidents, including accidents, occupational ill health, assaults, and hazards in the workplace, including any defects and/or deficiencies that they become aware of in buildings, vehicles, equipment, plant, machinery or furniture and systems of work. Report any adverse incidents using the Datix Cloud IQ system.
- Use protective clothing, equipment, and safe systems of work as required by the statutory regulations and risk assessments appropriate to the activity being undertaken and in accordance with the information and training provided.
- Familiarising themselves with the contents of the Trust's Health and Safety Policies, Procedures and Risk Assessments.

11.13. Working in Third Party Premises

There are many circumstances where employees of the Trust work in environments in which the Trust cannot exercise direct control over the actual working conditions or the risks to health, safety and welfare that may be present. This may occur where the premises are owned by a different employer or by a third party such as is the case with

operational staff working in the community. In general, staff must take special care for their own health and safety and comply with guidance issued applicable to the work performed or location where they become aware of any risks to their own health and safety or other persons such as the patient being visited.

It should be noted that under the Management of Health and Safety at Work Regulations 1999 employees shall be permitted to leave their place of work in the event of serious or imminent danger unless there are adequate written arrangements to deal with the circumstances such as internal relocation arrangements or evacuation assembly points at the workplace. For instance, operational staff in the community may not be able to attend certain patients due to the condition of their premises or other risks that may be present. Where it is necessary for employees to cease work, appropriate arrangements must be made to ensure that all persons are not placed in danger due to other factors (such as the withdrawal of that service) and the reason for the failure to perform normal duties must be brought to the attention of the Manager responsible immediately. This should also include situations where employees of the Trust work in premises owned by another employer such as a Local Health Board or private Nursing Home.

Where staff are required to work in premises owned or operated by another employer such as a Local Health Board, there needs to be adequate co-ordination between the parties involved.

This could include:

- Joint risk assessments.
- Exchange of information on risks and health and safety policies.
- Joint training.
- Joint procedures.

Temporary workers shall be given sufficient information on the risks that may be present in the area(s) in which they may be employed and other steps to be taken to minimise those risks such as instruction for safe methods of work and the correct use of protective clothing. Adequate steps must be taken to ensure that temporary workers have the necessary training and expertise required to work without risk to themselves or any other persons.

The Trust will explore opportunities for the development of a collaboration approach to health and safety. Similar arrangements also apply where other employers' staff work on Trust premises.

12. TRADE UNION SAFETY REPRESENTATIVES

The following trade unions and professional organisations are recognised in the Welsh Ambulance Services NHS Trust to appoint Trade Union Safety Representatives

- GMB
- UNISON
- UNITE
- RCN

The Trust will work in partnership with Trade Union Safety Representatives and adopts the Regulations, Code of Practice and guidance relating to the Safety Representatives and Safety Committee Regulations 1977 (TUC 2015). This includes arrangements for:

- Consultation
- Functions of Safety Representatives
- Safety Inspections by Safety Representatives
- Provision of information for Safety Representatives

13. CONTRACTORS

All contractors engaged by the Trust shall satisfy the requirements set out in the Trust policies and procedures.

Contractors and others will be given sufficient information about the risks that working in the Trust may create. This information would also include incident reporting procedure and action to be taken in the event of serious or imminent danger (including details of designated Trust staff with specific responsibilities in these situations). In the same way they are obligated to inform the Trust of any risks that they may create, or become aware of, which may affect its employees, premises or persons using the Trust's services.

14. HEALTH AND SAFETY WORKING ARRANGEMENTS

14.1. Company Procedures

The Trust will maintain a suite of independent procedures relative to the hazards that exist with work activities undertaken by the Trust. This section sets out to give an overview of procedures adopted by the Trust in respect of health and safety legislation currently in existence.

14.2. Risk Assessment of Work - Places and Activities

The Trust has a health and safety webpage offering guidance and generic risk assessments for various common activities. However, in accordance with Management of Health and Safety Regulations, Managers will ensure that specific risk assessments of the workplace and work activities are undertaken in accord with the company's risk assessment procedure, SMS-PRC-07-WAST RISK ASSESSMENT PROCEDURE. The results to the risk assessments undertaken will be recorded on the appropriate section of the Trust intranet site.

14.3. Use of Substances Hazardous to Health.

Substances covered within the scope of the Control of Substances Hazardous to Health (COSHH) 2002 include; dust, gases, fumes, vapours, particles, liquid aerosols, liquids, gels, powders and micro-organisms.

The Trust will ensure that information on substances hazardous to health is available at all times. The COSHH management system is being continually updated and new substances not covered can be assessed promptly in line with our COSHH procedure, SMS-PRC-5-WAST COSHH PROCEDURE Assessment forms, SMS-FRM-9-WAST COSHH RISK ASSESSMENT FORM will be made available to any person handling a substance with presents a hazard to the health or safety of those handling or using it will be assessed and where reasonably practicable replaced by safer substitutes. Where a safer substitute is not available then the system for handling will be arranged to reduce the risk so far as is reasonably practicable.

14.4. Details of substances and their assessments are available in each site COSHH Management File. Assessments are to be provided on site for all substances used. Where the use varies from that described a separate assessment should be made.

14.5. Asbestos

The Control of Asbestos at Work 2012 Regulations requires that the Trust assess the exposure of its employees to asbestos and, where relevant, manage asbestos in non-domestic premises.

In line with WAST Estates Procedure and Guidance Notes (Asbestos) 2014, all premises where the Trust are the duty holders will be subject to an asbestos survey to identify materials in premises likely to contain asbestos and check its condition. For buildings identified as having asbestos containing materials present the risk will be managed in accord with the Trust's asbestos procedure.

14.6. Display Screen Equipment (DSE)

The Trust will comply with the Health and Safety (Display Screen Equipment) Regulations.

Information to enable the assessment of workstations is provided in the SMS-PRC-03-Display Screen Equipment Procedure. Where the initial work-station assessment indicates a specialist assessment is required this will be managed in line with the Trust's Display Screen Equipment Procedure.

14.7. Personal Protective Equipment (PPE)

The Trust will comply with the requirements of the Personal Protective Equipment at Work Regulations and will ensure that all employees are equipped with suitable personal protective equipment before commencement of work.

Where possible, systems of work will be selected which avoid the necessity for use of personal protective equipment.

The requirement for PPE is to be identified because of risk assessment. Where the risk assessment identifies the need for PPE is this will be supplied by the Trust and must be worn as a condition of employment.

14.8. Workplace Safety and Welfare

The Trust will make provision for the health, safety, and welfare of employees at workplaces appropriate to the activity, number of employees and type of premises in line with welfare requirements set out in the Workplace (Health Safety and Welfare) Regulations (1992) and additional requirements noted within workplace risk assessments.

The Trust will ensure that facilities meet suitable standards of housekeeping and cleanliness, there is a suitable number of toilets and washing facilities available along with rest areas, drinking water, changing and storage areas.

14.9. Manual Handling

The Trust will comply with the Manual Handling Operations Regulations, paying regard to the variable nature of the Trusts working environments. In line with company Safer Handling Policy (044) manual handling will be avoided, if possible, using mechanical

aids or alternative materials and techniques. Those persons in charge of work activities will ensure that work is organised to prevent unnecessary manual handling.

The Trust will ensure that an assessment is made, and work is organised to avoid unnecessary manual handling, but where manual handling is necessary, it can be completed without risk of injury.

14.10. Work Equipment

All work equipment used by the Trust will meet the requirement of the Provision and Use of Work Equipment Regulations in line with company procedure SMS-PRC-02-WAST POWER/LOLER PROCEDURE.

To protect employees from using work equipment in the course of their duties, the Trust will arrange for regular examinations and tests on such equipment as stipulated by legislation. All inspections will be carried out by a competent person experienced in the use of suitable testing equipment.

New work equipment will be selected to comply with the requirements of current legislation and existing equipment will be replaced as soon as is reasonably practicable. All equipment is to be maintained in safe working condition. Periodic inspection carried out in line with the manufacturer's data sheets will ensure that faulty equipment is identified and taken out of service or repaired. Training will be provided to operatives in the use of the equipment subject to risk assessment.

14.11. Fire and Emergency Procedures

Fire and emergency procedures will be created appropriate to specific sites where Trust employees are employed and will be provided in accordance with statutory guidance and Trusts Fire Safety Policy (018).

Firefighting equipment will be provided and maintained in safe condition in accordance with Fire Regulations and fire risk assessments. In addition, all hot work will be completed in line with permits to work and attended by firefighting equipment and fire watch.

Emergency procedures will be in place at Trust sites and contracting personnel must establish the hosts fire and emergency procedures prior to commencement of work. Emergency procedures are to be tested periodically in accordance with codes of practices and company policies.

14.12. Electricity

The Trust recognises the need to ensure that all electrical equipment shall be safe at all times. This will be achieved by:

- Wherever practicable, circuits will be protected by residual current devices (RCD) where mains voltage is to be used. Where fitted, residual current devices will be tested regularly by operation of the test button.
- Work equipment used within the Trust will be maintained to a safe and suitable condition.
- All equipment is to be switched off before unplugging or cleaning.
- Undertaking assessments to identify hazards associated with each individual item of machinery and implement specific safety rules and procedures for the authorised operative to follow.
- Ensuring all electrical appliances and equipment are periodically examined and tested at a frequency in accordance with current HSE guidance.
- Maintaining a record of all inspections / tests of electrical equipment and appliances using the Electrical Safety Equipment Inspection and PAT Test Record.
- Ensuring that equipment operators regularly carry out a visual inspection of equipment for signs of obvious damage.
- Ensuring that all safety devices and guards are serviceable and in place prior to the use of equipment.
- Immediately reporting and prohibiting the use of defective equipment; and
- Only authorised and competent persons will be permitted to repair or alter electrical equipment. Temporary or makeshift repairs are not to be undertaken.
- The use of battery-operated tools or 110 volts on site wherever practicable.

14.13. Noise and Vibration

The Trust will ensure that employees are not exposed to levels of noise or vibration likely to adversely affect their health so far as reasonably practicable.

Environments in which Trust employees work will be assessed for noise hazards. Where there are static sources of noise which exceed action levels these will be clearly indicated, and hearing protection of an appropriate type will be mandatory. Where transient exposures can be anticipated assessments will be made and appropriate measures taken to avoid the hazard.

Further guidance can be sought from the Trusts 111 PROCEDURE FOR THE MANAGEMENT OF NOISE EXPOSURE INCIDENTS VIA HEADSETS.

The Trust will ensure that exposure to excessive vibration will be avoided, so far as is reasonably practicable, by the selection of tools and processes with low vibration characteristics. Where there is a residual risk, PPE or work sharing techniques will be applied.

Occupational Health Monitoring will be made available to all Staff at risk of exposure to excessive noise or vibration.

14.14. Employment of Young Persons

In the event of young person's undertaking work experience within the Trust the organisation will comply with all statutory requirements regarding young persons and will undertake an individual risk assessment for each young person.

14.15. First Aid

The Trust will comply with the First Aid at Work Regulations by undertaking a First Aid needs analysis to ensure that suitable and sufficient response is in place for medical emergencies on Trust premises.

14.16. Accident Reporting and Investigation

In line with Trust procedure, the Adverse Incident Reporting Policy and Procedure (097) all accidents and incidents are to be reported using the Trusts DATIX Cloud reporting system.

All incidents which require notification to the HSE under RIDDOR 2013 by the Trust will be reported by the Health and Safety department by the following methods dependent and the severity of the incident. Serious injuries will be reported using the appropriate online report form, ([F2508](#)). A copy will be kept on DATIX Cloud for the Trusts records.

All incidents which may be defined as fatalities, dangerous occurrences or major incidents shall be investigated immediately. For incidents where only a minor injury has occurred investigations will be undertaken to determine what may have caused that injury and which corrective measures can be put in place to prevent a re-occurrence.

14.17. Violence and Aggression

It is the Trust's responsibility to ensure, as far as is reasonably practicable, the Personal Safety and Welfare of all staff, Volunteers and Contractors whilst at work.

Every individual has a statutory duty to take reasonable care for their Personal Safety of themselves and others that may be affected by their acts or omissions at work and to co-operate with the Trust to meet its duties.

To enable these duties to be carried out it is the intent of the Trust to ensure that responsibilities for Personal Safety are effectively assigned accepted and managed at all levels within the organisational structure consistent with good practice throughout the Trust in line with the Trusts Violence and Aggression Policy (093).

14.18.New & Expectant Mothers

The Trust is aware of the statutory requirements relating to work undertaken by new and expectant mothers and will comply with these requirements. New and expectant mothers will be given necessary information, instruction, and training to ensure they may work safely and without risks to health in line with the WAST New and Expectant Mothers Risk Assessment Procedure, (SMS-PRC-04).

The Trust will take all reasonable steps to safeguard the health, safety and welfare of new and expectant mothers and their unborn children. To accomplish this, the Trust will assess all risks to new and expectant mothers arising from their work activities and take suitable preventative or control measures. The results of the assessment will be recorded on the Trusts New and Expectant Mothers Risk Assessment Form, (SMS-FRM-08). The Trust undertakes to review the work undertaken by this group of employees during each trimester of the pregnancy to assess ability to work safely and with risk.

15. MONITORING AUDIT AND REVIEW

15.1. Monitoring

Monitoring and reporting are vital parts of a Health and Safety culture. Management systems must allow the Board to receive both specific (incident led) and routine reports on the performance of Health and Safety Policy" (HSE 2013)

The Assistant Director for Quality and Safety will arrange for regular review of all policies, procedures, and training programmes. Annual and quarterly reports will be provided to the respective Committees and Trust Board.

The Head of Health and Safety will be expected to develop effective monitoring systems for health and safety performance in accordance with Trust monitoring requirements. The aim is to reduce incidents through risk assessment and training.

Compliance monitoring is the duty of each Locality and/or Departmental Manager who will ensure that it will include:

- checks of all plant, machines and all medical and general equipment to ensure its safety.
- monitoring contracted work to ensure that it is of a specified nature and to ensure compliance with the Trust's health and safety policies and procedures.
- recording and monitoring all maintenance work.
- an annual review of health and safety arrangements and periodic audits, to be conducted in conjunction with the Health, Safety and V&A Department.

15.2. Auditing

Health and Safety audits will be undertaken on a continuous basis on a rolling programme as set out within the health and safety annual plan. These audits will identify priorities for continuous improvement and provide assurance through the quarterly health and safety performance reports.

In addition, Managers and Team Leaders will undertake local audits supported by their designated Health and Safety team member and in partnership with Trade Union Safety Representatives along with other functions (as required). The shared learning from these audits will not only inform local areas for improvement but through the National Health and Safety Committee, Senior Operations Team and the Assistant Directors Leadership Team will be shared across the organisation.

An audit of the application of the Policy may be undertaken via the following mechanisms.

- Auditing of the incident reporting system.
- Specific Health and Safety Management System Audits, to include:
 - Workplace Audits
 - Leading Safely Audits
 - Quarterly Review
 - Annual Evaluation

15.3. Review

As recommended by the Health and Safety Executive (HSE 2013), the Trust Board will review Health and Safety Performance at least once a year. This will be supplemented by the PCC committee receiving quarterly Health and Safety performance updates via the Health and Safety Performance Reports. The review process will include:

- Examine whether the Health and Safety policy reflects the Trust current priorities, plans and targets as set out in the Integrated Medium-Term Plan (IMTP)
- Examine whether health and safety systems have been effectively reporting to the Trust Board
- Report health and safety shortcomings, and the effect of all relevant Board and management decisions
- Decide actions to address any weaknesses and a system to monitor their implementation.
- Consider immediate reviews in the light of major shortcomings or events.

15.4. Non-Conformance

There is a requirement of all employees to comply with the provisions of this Policy and, where requested, to demonstrate such compliance. Failure to comply will be dealt with in accordance with the appropriate Trust Workforce and Organisational Development policy.

16. REFERENCES

Health and Safety at Work etc Act 1974

Health and Safety Executive (2013), "Leading health and safety and work: Actions for Directors, Board members, business owners and organisations of all sizes" HSE leaflet INDG417 (rev1)

Health and Safety Executive (2017) www.hse.gov.uk

TUC (2015) "Safety Reps and Safety Committees: The Regulations, codes of practice and guidance, relating to the Safety Representatives and Safety Committees" TUC 2015 Edition

Welsh Government (2015) "Quality Standards" www.gov.Wales

17. APPENDICES

17.1. Appendix 1 Training Needs Analysis

Training Course	Non-Exec Directors	Executive Directors and Directors	Assistant Directors	Heads of Service	Senior Managers	Line Managers	Staff	Volunteers
H&S Level 1 - 3 yearly								
Display Screen Equipment -3 yearly								
Fire Safety -3 yearly								
Manual Handling- 3 yearly								
First Aid- 3 yearly								
Risk Assessment- 3 yearly								
Control of Substances Hazardous to Health -3 yearly								
Incident Investigation – 1 off								
IOSH Managing Safely- 3 yearly								
IOSH Leading Safely- 1 off								
Leading Safely Conversations- 1 off								
Caring Leadership- 1 off								
Required	Not Required							



GIG
CYMRU
NHS
WALES
Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	22.1
OPEN or CLOSED	OPEN
No of ANNEXES	1

AUDIT TRACKER 2.0 – OCTOBER 2023

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This paper provides the Committee with the current position with respect to management actions for audits within the purview of the Committee.
2. The Audit Tracker has been fully revised in Quarter 2 with excellent engagement with Directorates. C.30% of audit recommendations are presented as closed in quarter in this report and there are actions with a change in date proposed (marked in blue), many of which are due to be closed in Quarter 3.
3. Discussions have also taken place on historical actions and those where management actions may need to be amended in view of the current operating context.
4. With respect to the Committee's responsibility to scrutinise the impact of actions, members will recall that this was related to opportunities to strengthen challenge raised by Audit Wales in the 2022 Structured Assessment. It is proposed that the most effective way to do this is by identifying actions within audits as audit reports are reviewed by the Committee.
5. The current version of the tracker is now open for Directorate review for actions due in October, November and December. This will then be reported in the January and February Committee cycles.

RECOMMENDATION

6. The Committee is requested to:

- (a) Receive and review any Internal Audits and Audit Wales reviews within their remit where relevant;
 - Senior Paramedic Role – Final Internal Audit Report
- (b) Monitor management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue); and
- (c) Note the proposal for closer scrutiny of the impact of actions in response to audit recommendations.

KEY ISSUES/IMPLICATIONS

As set out above.

REPORT APPROVAL ROUTE

Tracker presented to ADLT 9th October 2023

Tracker circulated to ELT 13th October 2023

REPORT APPENDICIES

Annex 1 – Tracker 2.0 July-September 2023

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed

EQIA (Inc. Welsh language)	NA
Environmental/Sustainability	NA
Estate	NA
Ethical Matters	NA
Health Improvement	NA
Health and Safety	NA

Confirm that the issues below have been considered and addressed

Financial Implications	NA
Legal Implications	NA
Patient Safety/Safeguarding	NA
Risks (Inc. Reputational)	NA
Socio Economic Duty	NA
TU Partner Consultation	NA

SITUATION

1. This paper provides the Committee with the current position with respect to management actions for audits within the purview of the Committee.

BACKGROUND

2. In September 2023 the Audit Committee approved the Audit Process and Reporting Handbook. The Handbook has been further revised to include Audit Wales content.
3. The Handbook includes roles and responsibilities for the various stakeholders including:
 - The Assistant Directors Leadership Team (ADLT) as the forum to agree closure of actions, taking a check and challenge role on the Tracker.
 - Different reporting for the Audit Committee and Executive Leadership Team (ELT) to that provided to Committees, with the latter focused more on individual audits, progress and impact, and Audit Committee and ELT on the broader audit framework, progress and exposure. This will start when Tracker 3.0 is developed which will draw the agreed reporting from the tracker via Power BI.
 - The introduction of a point of contact in directorates for audits. This person(s) steers the audit with the Director and Assistant Directors/Deputies, ensuring internal audits feature on the directorate agenda monthly, they update the Tracker, and escalate issues as appropriate.
4. The Tracker has been fully revised in Quarter 2. Members will receive a copy of the Tracker by email and are invited to filter the excel sheet to their particular Committee to view the relevant audit actions. A copy of the Tracker is also reproduced at Annex 1.

ASSESSMENT

5. The Handbook notes that it is the responsibility of a Board Committee (other than Audit Committee) to:
 - Receive audits in their remit;
 - Monitor management actions to address recommendations; and
 - Scrutinise impact of actions in response to audit recommendations in terms of, for example, quality improvement, the provision of more efficient and effective patient care, improved governance, better use of resources etc.

6. There has been excellent engagement with Directorates on the revised Tracker 2.0, with the result that c.30% of audit recommendations are presented as closed in quarter in this report.
7. Some actions have had a change in date proposed (marked in blue), many of which are due to be closed in Quarter 3.
8. Discussions have also taken place on historical actions and those where management actions may need to be amended in view of the current operating context. There has been some traction with these and discussions will continue into Q3 with a view to closing down or revising as many as possible.
9. The Committee will note that the historical closed items which was a third and fourth tab on Annex 1 have been removed from Tracker 2.0. This is because there is a filter in place under the 'status' column to enable the viewer to see closed items. A copy of the historical closed tabs has been retained separately.
10. With respect to the Committee's responsibility to scrutinise the impact of actions, members will recall that this was related to opportunities to strengthen challenge raised by Audit Wales in the 2022 Structured Assessment. It is proposed that the most effective way to do this is by identifying actions within audits as the audit reports are reviewed by the Committee. For example, an internal audit or Audit Wales structured assessment/local review may include an action for roll out of training or for an evaluation. The Committee may wish to place closer attention to the impact of such actions by flagging them for follow-up on impact at a particular point in time.
11. The current version of the tracker is now open for Directorate review for actions due in October, November and December and will be reported in the January and February Committee cycles.

RECOMMENDATION

12. The Committee is requested to:
 - (a) Receive and review any Internal Audits and Audit Wales reviews within their remit where relevant;
 - Senior Paramedic Role - Final Internal Audit Report
 - (b) Monitor management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue); and
 - (c) Note the proposal for closer scrutiny of the impact of actions in response to audit recommendations.

Trust Ref. No	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No.in Audit	Recommendation	Response No.in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed deadline in report	1st revised date	2nd revised date	3rd revised date	Closure Status	Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. Please add most recent update first
494	21/22	PCC	Recruitment Practices – Equality, Diversity and Inclusion	Reasonable	Kat Colbey	Angela Lewis	Medium		2.1 Establish mechanisms to allow the Trust to analyse and capture the effectiveness of initiatives		b) Routinely conduct pulse surveys following a careers event.	May-22	Not Met	Jun-23			Closed in Quarter	Update 101023: The last recruitment event was held in May 2023 and no others are planned in current financial climate. The HIVE pulse survey tool is not appropriate for post event surveys as it is just for staff members. EDI data on general recruitment is reported into P&C directorate on a monthly basis. Update 29.06.23 Pulse tool implementation underway. Go live planned in July.
496	21/22	PCC	Recruitment Practices – Equality, Diversity and Inclusion	Reasonable	Kat Colbey	Angela Lewis	Medium		4.1 a. The Terms of Reference for the EDI Steering Group should be updated to reflect the correct reporting structure.		4.1 a. The Trust accepts this finding and will update the Terms of Reference with support from the Deputy Board Secretary.	Jun-22	Not Met	Jan-23	Dec-23		Open	051023: New date proposed and discussions with Head of EDI planned. 210823 Board Secretary re-opened as TOR not yet approved. Last Updated 11/01/23 COMPLETED - The Terms of reference discussions have been reviewed. Board Secretary to present at next meeting . 250923 Revised ToR shared with Board Secretary
577	22/23	PCC	Attendance Management	Reasonable	Liz Rogers	Angie Lewis	Low		1.1 We recommend that the Trust agree a set definition of what constitutes alternative duties. Following this the Trust should continue to investigate methods of gathering information including the measurement of the effectiveness of providing alternative duties for staff to return to work after a sickness absence.		Accepted – we will add to the Managing Attendance action plan and define alternative duties. From the GRS (rostering system) perspective we may have limited capacity to change in the system due to system parameters, therefore manual intervention may be needed	Mar-23	Not Met	Jun 23	Aug-23		Closed in Quarter	Updated 21.08.23 The main recommendation was for the defining of alternative duties. That has now been done and entered as guidance on Siren and included in advice to managers in managing attendance section. The secondary recommendation was to further investigate options of gathering information. There are limitations in terms of system changes in GRS therefore manual manipulations will continue for the EMT report. This does however mean the abstraction figure that used for Ops includes all the abstractions in GRS including for example colleagues who are pregnant, short and long term acting ups etc. Any potential system changes will be considered with the next GRS update on alternative duties, as well as other options for ESR. Propose closure on that basis.
579	22/23	PCC	Attendance Management	Reasonable	Liz Rogers	Angie Lewis	Medium		2.1 We recommend that the Trust review and reinstate the process and compliance toolkit for sickness audits to ensure consistency of approach and reporting.		Accepted - We will review the compliance toolkit to establish fitness of purpose and if it is felt that it will add value to the organisation, managers and teams we will reinstate. There is a caveat on the impact of additional paperwork and processes on managers	Sep-23	Met				Closed in Quarter	Updated September 23: We have reviewed the toolkit and our processes and practice in WAST are now significantly robust and we are comfortable that we do not need to use the compliance toolkit as it stands. We are mindful of the increase administrative burdens on managers, the People and Culture team are offering significant support and together progress on managing attendance continues positively with the policy being followed. In addition we are looking to digitalise our sickness paperwork to speed up processes with the intention that we can also create automatic alerts and triggers to managers to take action.
580	22/23	PCC	Attendance Management	Reasonable	Liz Rogers	Angie Lewis	Medium		2.2 The Trust should of incorporate gaining user or manager feedback on the effectiveness of proactive mechanisms as part of the sickness audit process.		Accepted – manager feedback process is already in place. We will look to replicate for colleagues who are the subject of the process	Sep-23	Met				Closed in Quarter	Managers have been surveyed on the level of support they get from the People and Culture team, views on the implementation of the process etc. There was a very limited response. Feedback is also recieved from TU partners who will raise concerns as and when they come across them, directly to the Deputy Director and Director and through the Corporate Partnership Forum. The introduction of a new survey tool, Hive, means we can survey the organisation or specific groups of employees on the processes. We will look to accommodate some questions on this in a future survey.
583	22/23	PCC	Attendance Management	Reasonable	Liz Rogers	Angie Lewis	Medium		4.1 We recommend that the Trust investigate means to measure the quality and effectiveness of proactive mechanisms put in place to manage sickness absence. Also, the Trust should consider if management information provided by internal and external providers could be standardised with set key performance indicators for ease of comparisons and collection of data		Accepted – we will investigation options for evaluation of quality and effectiveness	Dec-23	Not Yet Due				Open	
607	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	1.1	In partnership with the trade unions the Trust should revisit the agreement and associated documentation and ensure that there is a consistent, mandated, approach throughout the Trust.	1.1 (a)	Internal conversation on whether full time representative are appointed in WAST [see context narrative that prefaced this action in the report - too large to include]	Mar-24	Not Yet Due				Open	
608	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	1.1	In partnership with the trade unions the Trust should revisit the agreement and associated documentation and ensure that there is a consistent, mandated, approach throughout the Trust.	1.1 (b)	Broader discussion with TU reps regarding maintenance and development of clinical skills whilst undertaking TU duties with the aim of reaching a shared understanding [see context narrativethat prefaced this action in the report - too large to include]	Mar-24	Not Yet Due				Open	
609	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	1.1	In partnership with the trade unions the Trust should revisit the agreement and associated documentation and ensure that there is a consistent, mandated, approach throughout the Trust.	1.1 (c)	Regular discussions with senior TU reps in WAST re time for TU duties, trends and peaks in activity [see context narrativethat prefaced this action in the report - too large to include]	Mar-24	Not Yet Due				Open	Amended the date of 'ongoing' to March 24 and will review the conversations that have taken place at that time.

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No.in Audit	Recommendation	Response No.in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed deadline in report	1st revised date	2nd revised date	3rd revised date	Closure Status	Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. Please add most recent update first
610	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	2.1	A standardised process to formally request trade union time should be agreed and appropriate monitoring mechanisms put in place to ensure practices are applied and managed consistently. The process should also incorporate the method of approval and payment / TOIL as well as the management of refusals.	2.1 (a)	The comments of audit colleagues are noted and accepted. Whilst there was a template provided, reps were advised that they needed to maintain a personal record but flexibility was given on how this was to be done. The audit feedback will be shared with TU partners for information and clarification. The current spreadsheet can not be completed on an iPad. Also managers are often not able to respond to a request as soon as it is submitted due to shift patterns and operational pressure Action: Discussion with TU colleagues on feedback from the audit and the need to record time appropriately [see context narrativethat prefaced this action in the report - too large to include]	Completed	Met				Closed in Quarter	Marked as complete in audit report.
611	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	2.1	A standardised process to formally request trade union time should be agreed and appropriate monitoring mechanisms put in place to ensure practices are applied and managed consistently. The process should also incorporate the method of approval and payment / TOIL as well as the management of refusals.	2.1 (b)	The comments of audit colleagues are noted and accepted. Whilst there was a template provided, reps were advised that they needed to maintain a personal record but flexibility was given on how this was to be done. The audit feedback will be shared with TU partners for information and clarification. The current spreadsheet can not be completed on an iPad. Also managers are often not able to respond to a request as soon as it is submitted due to shift patterns and operational pressure Action: Revisit manager's responsibilities in signing off TU time with managers across WAST. [see context narrativethat prefaced this action in the report - too large to include]	Dec-23	Not Yet Due				Open	
612	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	2.1	A standardised process to formally request trade union time should be agreed and appropriate monitoring mechanisms put in place to ensure practices are applied and managed consistently. The process should also incorporate the method of approval and payment / TOIL as well as the management of refusals.	2.1 (c)	The comments of audit colleagues are noted and accepted. Whilst there was a template provided, reps were advised that they needed to maintain a personal record but flexibility was given on how this was to be done. The audit feedback will be shared with TU partners for information and clarification. The current spreadsheet can not be completed on an iPad. Also managers are often not able to respond to a request as soon as it is submitted due to shift patterns and operational pressure Action: Engagement with the senior TU partners will be undertaken with the aim of reaching agreement on implementing a standardised simplified approach (in the context of IA within WAST).	Sep-24	Not Yet Due				Open	
613	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	3.1	A standardised process to formally record facility time, and in sufficient detail, should be agreed and implemented.	3.1 (a)	WAST do not currently have the systems to record this information centrally and to do this manually will take more administrative support which is not good value for money. Most TU reps are based in Operations and are recorded in GRS. Only a handful are working outside of the GRS system. Action: We will review whether the information could be held in ESR effectively and what the maintenance of this would be and the ease of collecting it. It needs to be in one place for ease of reporting and management. If this is not a realistic option (in terms of cost), we will explore options for alternative methods of recording total time.	Nov-23	Not Yet Due				Open	
614	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	3.1	A standardised process to formally record facility time, and in sufficient detail, should be agreed and implemented.	3.1 (b)	WAST do not currently have the systems to record this information centrally and to do this manually will take more administrative support which is not good value for money. Most TU reps are based in Operations and are recorded in GRS. Only a handful are working outside of the GRS system. Action: We will review the recording of time in shift track for 111/ CSD colleagues	Nov-23	Not Yet Due				Open	

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No.in Audit	Recommendation	Response No.in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed deadline in report	1st revised date	2nd revised date	3rd revised date	Closure Status	Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. Please add most recent update first
615	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	Medium	4.1	Accurate and timely management information detailing the time spent and cost of facility time, both on an individual basis and in total for the Trust should be generated. This information should be reviewed on a regular basis and action taken where necessary.	4.1	This is acknowledged. Our aim is to be able to provide this level of detail. However it is dependant on agreeing a standardised method of recording the time spent that is adopted by all TU's, and identifying a corporate system that will collate this information and produce accurate reports, alongside costs in a meaningful way.	Mar-24	Not Yet Due				Open	

Senior Paramedic Role

Final Internal Audit Report

November 2023

Welsh Ambulance Services NHS Trust



Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust



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Review reference:	WAST-2324-09
Report status:	Final
Fieldwork commencement:	4 August 2023
Fieldwork completion:	20 September 2023
Debrief meeting:	26 September 2023
Draft report issued:	6 October 2023
Management response received:	24 October 2023 & 2 November 2023
Final report issued:	2 November 2023
Auditors:	Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit; Rhian-Lynne Lewis, Principal Auditor
Executive sign-off:	Andy Swinburn, Director of Paramedicine
Distribution:	Greg Lloyd, Assistant Director of Clinical Delivery; Steven Magee, Regional Clinical Lead; Darren Panniers, Head of Service (EMS South East)
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement:

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note:

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services, and addressed to Non-Executive Directors or officers including those designated as Accountable Officer. They are prepared for the sole use of the Welsh Ambulance Services NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with the Welsh Ambulance Services NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

To assess the extent Senior Paramedics are achieving their key role objectives. To include a comparison across Wales.

Overview

We have issued **reasonable** assurance on this area.

The matters requiring management attention include:

- Ensuring Senior Paramedics are appropriately discharging the three main areas of responsibility;
- The need to address the disparity in the allocation of Paramedics and Technicians, to ensure appropriate level of supervision and support;
- Monitoring of training compliance and ensuring that the required clinical skill enhancements are provided; and
- Limited reporting evaluating the impact and effectiveness of the role.

Other recommendations are within the detail of the report.

Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Trend

N/A

Assurance summary¹

Objectives

Assurance

1	Roles and Responsibilities	Reasonable
2	Training and Supervision	Reasonable
3	Utilisation of Senior Paramedics	Reasonable
4	Governance Arrangements	Limited

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
1	Achievement of allocation of SP time across the areas of responsibility	1,4	Operation	Medium
2	Disparity in the SP: P&T ratio allocation	1,3,4	Operation	Medium
3	Management and review of training compliance	2	Operation	Medium
4	Review of the Senior Paramedic Group terms of reference	4	Design	Low
5	Evaluation and Lessons Learned	1,2,3,4	Design	Medium

1. Introduction

- 1.1 In 2021, a three-year programme was introduced to replace the Clinical Team Leader role which had been identified as being inconsistently adopted across Wales. This role was split between an operationally focussed Duty Operations Manager role and a clinically focussed role of Senior Paramedic.
- 1.2 The Senior Paramedic role aims to enhance clinical leadership by supporting the delivery of a more clinically led and operationally effective service. The role focuses on frontline clinical leadership of Paramedics and Emergency Medical Technicians with the intention of developing and improving practice. Candidates complete a leadership and development programme resulting in a Postgraduate Certificate in Professional Practice (Leadership in Emergency Services).
- 1.3 The risk considered during the review was the ineffective roll out and allocation of Senior Paramedic resource which in turn does not improve efficiency, patient care, and outcomes.

2. Detailed Audit Findings

- 2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	1	1	2
Operating Effectiveness	-	3	-	3
Total	-	4	1	5

- 2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in [Appendix A](#).

Audit objective 1: Roles and responsibilities for Senior Paramedics have been set out clearly and are consistently adopted across Wales.

- 2.3 When establishing the Senior Paramedic (SP) role, a presentation was taken to the Executive Management Team in September 2020, which set out:
 - the initial proposal of the role
 - outline costs
 - associated risks; and
 - case for change summarising the intended outcomes.

We note that the case for change lacked detail, including to demonstrate how the intended outcomes would be achieved and a baseline position to measure against,

and there has been no assessment undertaken against this initial proposal to establish if these have been achieved (refer also to objective 4). **See MA5**

- 2.4 The SP job description sets out job summary, duties and responsibilities, person specification, organisational chart, and supplementary job description information. Further to this, during the initial induction (detailed further within audit objective 2) SPs are provided with two modules setting out their roles and responsibilities and the day-to-day expectations of the role.
- 2.5 The SP role is split into three main responsibility areas:
- Ride-outs (50%): undertaking an analysis of the performance of a designated group of Paramedics and Technicians (Ps and Ts).
 - Clinical Governance (25%): undertaking administrative duties of the role and clinical reviews.
 - Cymru High Acuity Response Unit (CHARU) (25%): attending higher acuity calls with the use of a rapid response vehicle (RRV).
- 2.6 A sample of seven SPs was selected, across all localities, and discussions were held with each to confirm consistent understanding and application of the role.
- 2.7 It was confirmed that SPs are expected to manage their own allocation of shifts in order to ensure the appropriate split of their time, entering their shifts into the Global Rostering System (GRS).
- 2.8 We were provided with a GRS report which summarised the split of the shifts for each SP over the last 12 months. This is summarised and further analysed within table 1, highlighting that the SPs have not achieved their expected split. **See MA1**

Table 1

Senior Paramedic	Locality	Total shifts after abstractions ¹	EA shifts - ride-outs (Aim 50%)	Clinical Governance shifts (Aim 25%)	Solo response - CHARU shifts (Aim 25%)
1	ABUHB	125	62.4%	7.2%	30.4%
2	BCUHB	134	54.5%	19.8%	26.1%
3	CTMUHB	126	54.8%	17.5%	27.8%
4	CVUHB	125	56.8%	26.4%	16.8%
5	HDUHB	122	35.2%	22.1%	42.6%
6	PTHB	43 ²	44.2%	18.6%	37.2%
7	SBUHB	123	67.5%	28.5%	4.1%
Average			54%	20%	26%

¹ Total shifts after abstractions refers to the number of days worked after removing annual leave, sickness absence, training etc.

² SP 6 has been in post since June 2023 hence the lower number of shifts recorded.

- 2.9 In line with the requirement to represent 50% of the shifts, ride-outs are a key aspect of the SP role. Discussion with the Assistant Director of Clinical Delivery

confirmed that the expected ratio of SP to Ps and Ts is 1:30, to allow for two ride-outs per year to be completed. We were advised that ride-outs should ideally be undertaken on single crewed vehicles. From discussions with the SPs, it is noted that significant disparity in the ratio and the challenge of finding single crewed vehicles (see table 2) impacts on their ability to complete the expected number of ride-outs. **See MA2**

Table 2

Senior Paramedic	Number of Ps and Ts	Comments from SP
1	43	On track to complete 2 ride-outs each this year
2	40	On track to complete 2 ride-outs each this year
3	30	On track to complete 2 ride-outs each this year
4	70	Noting the ratio is more than double expectation (1:70) and that the locality is currently one SP short, have been unable to achieve the expectation of 2 ride-outs this year.
5	40	Struggles to find shifts where vehicles are single crewed and so isn't scheduling as many ride-outs as are needed
6	28	Aims to complete ride-outs on single crewed vehicles but does have to schedule some that are double crewed
7	54	Noting the ratio is nearly double expectation and that the locality is currently one SP short, have been unable to achieve the expectation of 2 ride-outs this year.

Conclusion:

2.10 The roles and responsibilities have been clearly established for SPs and are well understood. However, there are inconsistencies in how shifts are tracked to ensure adherence to the recommended split of time between responsibilities; and there are challenges which impacts their ability to provide sufficient supervision to Ps and Ts. As such, a **reasonable** assurance rating is concluded for this objective.

Audit objective 2: Arrangements are in place to ensure staff receive adequate training and supervision, and that it is considered fit for purpose.

2.11 Prior to the commencement of their role, SPs must attend a weeklong internal induction which provides coverage across all aspects of the day-to-day expectations of the role, including:

- Definition of the SP role, which includes the split of 50/25/25 (as per para 2.5);
- Clinical audit;
- Clinical reviews undertaken following a patient safety incident or complaint;
- ISCLE¹ (the tool used to assess performance during ride-outs);
- Datix investigations;
- Airway log; and

¹ The five key areas of practice of ISCLE are I (identify, continuity and ownership), S (systematic approach to care), C (comprehensiveness of care), L (logical care planning and disposition), E (evidence duty of care has been met)

- several clinical elements of the role.

- 2.12 Discussion with the SPs noted that the induction provided them with the tools necessary to undertake their role. However, it was felt that the course was intense; and, for some, there was still a steep learning curve to undertaking the role day to day.
- 2.13 To enhance their leadership skills, all SPs are also required to complete at Post Graduate Certification in Clinical Leadership. This qualification was created for the Trust in partnership with the University of Wales Trinity St. David (UWTSD). The course is split in to 2 modules: '*Authenticity and the Role of the Leader*' and '*Leadership and Change*', and includes 28 hours on-line contact time for each module.
- 2.14 Management advised that the Trust receive updates from the UWTSD on their progress and Locality Managers are kept informed of progress, but that they do not formally record, monitor or report this information.
- 2.15 The SPs advised that whilst the course allowed them to explore different leadership skills to apply within their role, it was felt an advancement in their clinical skills would have been more beneficial. Also, at the outset of the role, there was an understanding that additional training on cardioversion and pacing would be offered to SPs, but this has yet to happen. We were advised by the Assistant Director of Clinical Delivery that further skill enhancement for SPs is due to commence in the next 6 months. **See MA3**
- 2.16 Continuing Professional Development (CPD) and mandatory training requirements for SPs are the same as Band 6 Paramedics, but with additional training for drug administration (noting their increased clinical responsibility) and LUCAS device (Lund University Cardiopulmonary Assist System (*Mechanical Chest Compression System*)). These are monitored through their annual performance appraisal (PADR) within the normal development framework within the Trust. However, we note that data on the overall position of the SP training is not collected and is therefore not reported. **See MA3.**
- 2.17 In addition to their own CPD, discussions with the SPs identified varying contributions to the CPD they provide to Ps and Ts, which could be shared with all localities. **See MA5.**
- 2.18 The SPs are line managed by Locality Managers, with additional support available from the Health Board Clinical Leads, Regional on Call Clinical Lead and Consultant Paramedics. Every SP interviewed were positive about the support and supervision they receive, and that they feel they can discuss and escalate any concerns with the confidence that it will be appropriately managed and responded to. Periodic Locality meetings are also held and attendance at these meetings include some of the officers listed above and sometimes the Duty Operational Managers. We note that the structure of these meetings is informal, with no minutes/action notes circulated, and that arrangements differ between localities.

Conclusion:

- 2.19 Appropriate training is made available to SPs to equip them to undertake their role. They are appropriately supported and supervised by management, although we note improvements could be made to formally monitor completion of training. Discussion with the SPs has identified some areas of good practice in relation to training provided to Ps and Ts that should be shared across Wales. However, noting the feedback from the SPs regarding the balance of leadership / clinical training for the PGCert and that expected clinical training has not been delivered, a **reasonable** assurance rating has been determined for this objective.

Audit objective 3: The Trust ensures Senior Paramedics are being utilised in an effective way to support patient care and their designated group of clinicians.

- 2.20 We were advised by the SPs that they contribute to patient care whilst undertaking supervisions of Ps and Ts during ride-outs, their own attendance at high acuity calls whilst on the CHARU response vehicle and through their contribution to staff learning and CPD. They also undertake clinical reviews of incidents where triggers have been met or issues/feedback has been escalated. We note that there is no formal mechanism to measure the overall effectiveness of SPs contribution to patient care. **See MA5.** Also refer to audit objective 4 for further details of the governance arrangements in place.
- 2.21 As per para 2.5, ride-outs are undertaken to monitor and supervise Ps and Ts whilst on shift to measure performance and the effectiveness of the standard of patient care being delivered. This is captured within a standardised feedback form on Microsoft Forms, which determines areas for improvement and an action plan (if required) to address issues identified during assessment. Areas covered include referral pathways, clinical indicators, patient assessment and clinical updates.
- 2.22 A total of 3,250 ride-outs have been undertaken since the inception of the SP role in October 2021. Using a consistent review methodology (ISCLE), 65% of these required no further action, 25% were identified as a low risk (i.e., resolved on the day), 9% required medium improvements (i.e., to be completed by the next ride-out); and 1% showed a formal action plan was required (review timeframe tailored to each plan).
- 2.23 Noting the expectation to complete two ride-outs for every P and T per annum and the challenges faced by SPs to achieve this are outlined in Table 2, we note that 696 of the 3,250 ride-outs undertaken relate to second ride-outs. **See MA2**
- 2.24 Following a ride-out, Ps and Ts are able to provide feedback on the SP and the ride-out process / experience. The comments are anonymised and posted to the SP Dashboard on PowerBI. Feedback is primarily positive, however there were some less favourable comments with common themes including:
- SP behaviours and the format and structure of observations;
 - Impact of hospital delays on clinical exposure; and
 - Late notification of ride-out which, in some cases, impacted performance.

- 2.25 We also note that the data does not specifically identify the relevant SP therefore preventing appropriate remedial action to be taken, if applicable. In addition, we received specific feedback from SPs in relation to the role and their experiences and shared with management. **See MA5.**
- 2.26 The delivery of patient care is further enhanced through the CHARU aspect of the SP role. The following additional skills allow SPs to provide additional interventions above those of Ps and Ts, enabling improved patient care outcomes:
- to provide the opportunity to act in a clinical leadership role while attending critical calls such as serious trauma;
 - to make decisions in relation to terminating intervention during resuscitation;
 - enhanced analgesia and drug formulary; and
 - use of the LUCAS device (mechanical chest compression).
- 2.27 Clinical reviews are instigated when an issue/complaint raises a concern about the clinical practices of a Trust employee. SPs are expected to complete an investigation if/when an issue is raised against one of their allocated Ps or Ts, collating the necessary evidence in relation to the incident (including employee statements, Mobile Data Terminals (MDT) / electronic patient care record (ePCR) data, clinical contact centre records), and reviewing statements made by the patients and family members. We have not tested this process in detail as part of this review.
- 2.28 The management of clinical reviews helps establish whether or not the Trust's duty of care has been compromised and if any remedial actions are required by the individual or wider Trust practices. The clinical reviews are discussed at Locality meetings (see para. 2.18) and quarterly reports on the number of active clinical reviews are submitted to the Chief Ambulance Service Commissioner.

Conclusion:

- 2.29 SPs contribute to patient care through a variety of mechanisms, including supervision on ride-outs, attendance at high acuity calls whilst on the CHARU response vehicle and undertaking clinical reviews. We note that each P and T are expected to be observed and supported during two ride-outs per annum, but the numbers achieved falls significantly below this. Further work is also required to ensure feedback on the SPs is reviewed and reported at an appropriate forum. A **reasonable** assurance rating has therefore been determined.

Audit objective 4: Appropriate governance arrangements are in place to ensure there is regular monitoring of Senior Paramedics and their effectiveness, with sufficient and appropriate reporting to the Board of performance and progress to ensure alignment with the IMTP.

- 2.30 A key priority within the Integrated Medium Term Plan (IMTP) is to '*grow the senior paramedic contingent to maximise the benefit of enhanced clinical leadership*'. The intention following introduction of the SP role was for the full complement to be 51. There are currently 45 and we were advised by the Assistant Director of Clinical

Delivery that the intake for the final tranche has been put on hold due to funding constraints. **See MA2.**

- 2.31 As per para. 2.3, the proposal to establish the role was presented to the EMT in September 2020. This was followed by an update within the CEO Report in November 2020 to the Trust Board, which stated that the role had been finalised and agreed. We note that we have not seen evidence to support this but were assured that the role was approved, recognising that these transitional arrangements were agreed during the COVID-19 pandemic.
- 2.32 Following the commencement of the role in October 2021, a report was taken to the Quality, Patient Experience and Safety Committee (QUEST) in November 2021 providing an update on the implementation of the SP role. This indicated that the SP attendance and clinical leadership at cardiac arrests had potentially had a positive impact on Return of Spontaneous Circulation (RoSC) performance. We note that the Committee was advised that updates on the role would be provided at the People and Culture Committee, however, there has been limited reporting on the effectiveness and impact of the role at Board and Committee level. **See MA5.**
- 2.33 Following a Welsh Government requirement to undertake mortality reviews across Wales, the final report was presented to QUEST in May 2023. This stated *that 'it is known that ROSC rates in Wales have historically been lower than the rest of the UK. In stating this, when considering data in relation to patient outcomes from cardiac arrest when a SP attends, this demonstrates ROSC rates comparable to the highest performing UK services'*. This indicates that the introduction of the SP role has had a positive impact on the RoSC rates across Wales, and the report and meeting minutes further ensued that there had been wider improvements to the quality of care, airway logs and completion of documentation as a direct result of SPs undertaking ride-outs. Due to limited reporting, we have been unable to formally verify these benefits. **See MA5.**
- 2.34 Following the introduction of the SP role in October 2021 and the subsequent change of the RRV element to CHARU in January 2022, the CHARU Task and Finish Group (CTFG) was established to create set codes for CHARU calls (Red – Immediately life-threatening and Amber – Life-threatening or serious) and review the capacity of CHARU response across localities to ensure the effective delivery of the service. The CTFG produces a highlight report which includes:
- Project Status Summary;
 - Summary of project objectives;
 - Headlines/Main Achievements;
 - Key Decisions in Month Benefits Realised in month; and
 - Lessons Learned so far.

This is presented to the Operational Transformation Programme Board, which feeds through by exception to the Strategic Transformation Board, EASC and ultimately the Trust Board. However, this reporting is not specific to the SP role and lacks review of the appropriateness and consistency of their utilisation across Wales (**see MA5**).

- 2.35 In early 2023, following recognition that there was not enough focus on the SP role within the CTFG, a Senior Paramedic Steering Group was established which had a focus *'to provide advice and direction, set timelines, monitor performance and risk, and to define outcomes for the role of the Senior Paramedic'*. The Group has met monthly since February 2023 and has a range of members which include the Assistant Director of Clinical Delivery, Health Board Clinical Lead, Consultant Paramedic and Senior Paramedics. An action log is maintained to keep track of outputs from the meetings, but our review of the Terms of Reference (ToRs) has shown that there is no mention of quoracy, the membership does not include a SP representative from each locality, and a high-level review of meeting attendance has that member attendance has been inconsistent. We recognise that this is an operationally focused group, however there is no current reporting through to any forum. **See MA4**
- 2.36 One of the objectives of the Steering Group is to *'ensure that the allocation of SP 75% operational shifts is carried out fairly and consistently'*. As observed within audit objective 1 and **MA1**, the balance of shifts has not been effectively achieved across the SPs sampled. There is no evidence of escalation of this matter through the SPSG. **See MA4.**

Conclusion:

- 2.37 There has been insufficient reporting on the development and implementation of SP role and its impact and effectiveness to an appropriate forum. We also note that achievement of the full growth of the role could be impacted by funding pressures, and the Trust is not meeting the objective set to ensure a 75% allocation of operational patient facing time. Therefore, a **limited** assurance rating is determined for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Allocation of SP time across the areas of responsibility (Operation)					Impact
We were provided with a GRS report which summarised the split of the shifts for the sample of seven SPs over the last 12 months (See Table 1). This showed that there is disparity between their allocation of shifts across the three areas of responsibility (ride-outs – 50%, clinical governance – 25% and CHARU – 25%). While the majority achieved the 75% operational element of their time, the expected balance between ride-outs and CHARU was not always achieved, as detailed below:					Potential risk of: SPs not consistently achieving the appropriate the split of shifts.
Senior Paramedic	Locality	EA shifts (ride-outs)	CHARU	Total % of operational shifts	
1	ABUHB	62.4%	30.4%	92.8%	
2	BCUHB	54.5%	26.1%	80.6%	
3	CTMUHB	54.8%	27.8%	82.5%	
4	CVUHB	56.8%	16.8%	73.6%	
5	HDUHB	35.2%	42.6%	77.9%	
6	PTHB	44.2%	37.2%	81.4%	
7	SBUHB	67.5%	4.1%	71.5%	
Discussion with management confirmed that there is no assessment undertaken to monitor the accuracy of SPs management of their time.					

Recommendations		Priority	
1.1	Periodic analysis of GRS data should be undertaken to ensure all SPs are adhering to the recommended split of their shifts.	Medium	
Agreed Management Action		Target Date	Responsible Officer
1.1	A GRS report will be generated using a randomised sample of the SP group; and this report will be submitted to the SP Steering Group.	January 2024	Assistant Director of Clinical Delivery

Matter Arising 2: Disparity in the SP: P&T ratio allocation (Operation)		Impact
Management advised that the recommended ratio for Ps and Ts allocated to SPs for ride-outs is 1:30. However, discussion with the SPs has established significant disparity in the actual allocations, with 1:28 being the lowest and 1:70 being the highest, therefore impacting on their ability to provide appropriate supervision and support to the Ps and Ts. We acknowledge that the recommended ratio is based on a full cohort of SPs at 51 (currently 45 in post). The final intake of SPs was due to take place within the final quarter of 2023, however we were advised that this has been put on hold due to funding constraints. In the absence of the final cohort, the disparity between ratios will likely worsen due to the expected increase in newly qualified Paramedics later this year.		Potential risk of: • Ps and Ts do not receive appropriate supervision and support; • Additional workload pressures on SPs with higher ratios of Ps and Ts; and • Failure to achieve IMTP priority
Recommendations		Priority
2.1	A review of allocation of Ps and Ts is undertaken to ensure consistency across Wales.	Medium
2.2	Arrangements should be put in place for the appropriate escalation of issues with ratios and ensure regular monitoring through an appropriate forum.	
2.3	An assessment should be undertaken to establish and highlight the wider impact of not achieving the full growth of the SP role.	

Agreed Management Action		Target Date	Responsible Officer
2.1	a) The SP shown with the highest ratio was due to a vacancy in the operational area. This post has now been recruited into, so the team size has reduced to 35 each for the two SPs in the area and further SPs have been recruited with induction starting on 13 November (up to the 45 FTE). b) A review of options for reducing variances in the size of SP teams will be presented to the quarterly SP Steering Group.	a) Complete b) January 2024	Assistant Director of Clinical Delivery
2.2	Team sizes and ratios will form part of a report into the quarterly SP Steering Group.	January 2024	Assistant Director of Clinical Delivery
2.3	An analysis on the impact of not achieving the full growth of SPs has been completed and reviewed at internal clinical/operational and financial groups in light of the current financial savings plan.	Complete	Assistant Director of Clinical Delivery

Matter Arising 3: Management and review of training compliance (Operation)			Impact
A requirement of the SP role is the completion of a tailored PGCert in Clinical Leadership. This course includes 28 contact hours via Zoom/Teams for each of the two modules. We were advised that whilst the Trust receives updates on individual SPs progress throughout the course this is not formally recorded, monitored or reported. Further, we understand that there is no ongoing CPD requirements following the completion of the course. At the outset of the role, SPs were advised that additional training that would enhance their clinical skills (including cardioversion and pacing) would be offered. However, at the date of fieldwork these which have yet to take place (noting that some of the SPs have been in post for circa 2 years). Management has advised that there are plans for this training to commence within the next 6 months.			Potential risk of: • Training non-compliance • Training provided is not sufficient to appropriately equip SP to meet their responsibilities
Recommendations			Priority
3.1	Training status for all SPs should be collated and captured with regular reporting within an appropriate forum to monitor progress.	Medium	
3.2	A training plan, and expected timeline for the required clinical skill enhancements should be established.		
Agreed Management Action		Target Date	Responsible Officer
3.1	Updated reports on education progress of the SP cohorts to be brought together into a single progress report. This will be presented through the Clinical Directorate Business meeting and the Senior Operations Team.	January 2024	Assistant Director of Clinical Delivery

Agreed Management Action		Target Date	Responsible Officer
3.2	An Extended Skills Working Group has been established to deliver four new areas for skill development during 2024. The first meeting is in November 2023 with two priorities already agreed (sedation for post ROSC patients and the management of ABD). The workplan and draft terms of reference have been shared with Audit for information. These skills will initially be for the SP group only until an assessment and audit is completed for further consideration on safety and efficacy.	December 2023	Regional Clinical Lead

Matter Arising 4: Review of SPSG terms of reference (Design)		Impact	
The Senior Paramedic Steering Group (SPSG) was established in early 2023, subsequent to the recognition that the CHARU Task & Finish Group did not provide sufficient focus on the SP role. The SPSG produces minutes and an action log to monitor outputs from the meetings. We note that the SPSG is operationally focused, however there is no formal defined pathway for escalation of issues if required. Member attendance at the meetings has been inconsistent and we noted that there is no mention of expected quoracy in the agreed terms of reference.		Potential risk of: • Forums not operating in a complete and effective manner. • Decisions taken without consideration of all parties.	
Recommendations		Priority	
4.1	The terms of reference should be reviewed to: • Include a defined pathway for escalation of issues; • Update membership to ensure representation from each locality; and • Define quoracy.	Low	
Agreed Management Action		Target Date	Responsible Officer
4.1	The SP steering group has changed to a quarterly meeting and the terms of reference are being updated to reflect the audit findings. An Alert/Assure/Advise report will be completed and submitted to the Senior Operations Team	November 2023	Assistant Director of Clinical Delivery Head of Service (EMS South East)

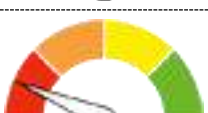
Matter Arising 5: Evaluation and Lessons Learned (Design)	Impact
The initial presentation for the establishment of the SP role, taken to EMT, set out the 'case for change' which included the following areas: • Drive high quality clinical services to our population; • Role model Trust behaviours and professional practice; • Recognise the importance of excellent leaders and managers on operational performance; • Provide aspirational career opportunities across the operational workforce; • Standardise the leadership model across Wales; • Deliver against Civil Contingencies Act obligations; and • Engage workforce through appropriate and realistic ratios. We note that the case for change lacked detail, including to demonstrate how the intended outcomes would be achieved and a baseline position to measure against, and there has been no assessment undertaken to establish if these have been achieved. A report was presented to QUEST (November 2021) outlining the positive early impact of the SP role in relation to attendance at cardiac arrests. The committee was advised that the People and Culture Committee (PCC) would receive update reports on the role, however there has been very limited evidence of reporting on the effectiveness and impact of the role at Board and Committee level. Further, it is recognised that anonymous feedback is provided by the Ps and Ts following ride-outs. Whilst collated on the SP dashboard, there is no evidence of comments and required actions being considered at an appropriate forum. It is considered that the SP Steering Group would be the appropriate forum for such. In addition, discussions held with the sample of SPs during audit fieldwork noted that they are looking to enhance the CPD they deliver to the Ps and Ts. Activities undertaken are detailed below there is an opportunity for these to be shared across all localities for consideration of good practice: • CPD days: monthly guest speakers including Maternity, End of Life Care, Safeguarding, Holistic Therapies; • Case Studies: monthly printout of a clinical case study shared within the station; and • JRCALC (Joint Ambulance Colleges Ambulance Liaison Committee) guidance quiz to test the knowledge of the Ps and Ts.	Potential risk of: • Lack of acknowledgement of the benefits / shortfalls, where applicable, of the SP role; with no appropriate mitigating action taken. • IMTP objective not achieved.

Recommendations		Priority	
5.1	The Trust should undertake a lessons learned exercise on the development and evolution of the SP role.	Medium	
5.2	The Trust should report regularly on the impact and effectiveness of the SP role, including analysis of their utilisation across Wales and the achievement of the wider IMTP objective.		
5.3	Feedback from Paramedics and Technicians should be included as a standing agenda item on the SP Steering Group for consideration / action as appropriate.		
Agreed Management Action		Target Date	Responsible Officer
5.1	A review on the evolution of the role will be completed to highlight any lessons that can be learned for future role development.	February 2024	Assistant Director of Clinical Delivery
5.2	A report including number of rideouts undertaken and the outcomes (action plans/issues resolved during the shift/documentation/CPD/NQP portfolio reviews) will be developed into a regular report into the SP Steering Group on a quarterly basis.	January 2024	Assistant Director of Clinical Delivery
5.3	Feedback through the Power BI reporting process will be included on the SP Steering Group quarterly meeting.	January 2024	Assistant Director of Clinical Delivery

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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Welsh Ambulance Services NHS Trust

Ian's Story- Volunteer Car Service Update



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust



What Ian told us...

- Recruitment process took too long and was more complicated than it needed to be.
- PPE is difficult to obtain/magnetic vehicle WAST signage is not fit for purpose



- Communication with Journey Coordination Centre (JCC) could be improved
- Enhanced training based on the patients encountered frequently (oncology/renal patients)

What we have done...



- Streamlined recruitment process moving from paper to TRAC, to improve experience for applicants.
- Implemented new process with JCC to ensure VCS drivers are kept up to date with changes to their operational runs. Whilst it's not always possible to make a phone call each time a plan is changed through the Cleric Pink system, drivers are updated of changes in real time.
- PPE for VCS drivers is now stored at hospital liaison offices (HLOs) and other venues including ambulance stations. We have also purchased PPE storage boxes for drivers to store PPE in their vehicles. New signage for vehicles is currently being explored.
- Training for newly recruited volunteers now includes overview of common conditions of patients frequently using the service. This training has also been incorporated into mandatory in service training for all our existing drivers.



What we are planning...



- "Warm WAST Welcome" now incorporated into new induction courses
- Induction courses have been rolled out to existing drivers
- A revised guide to WAST wellbeing services will be available to volunteers by November 2023
- A peer support network for VCS drivers is in development
- Meet the manager sessions arranged for volunteers across Wales
- Introducing an annual driver survey to capture feedback and improve the volunteer experience
- Any questions regarding any of the points in this document, please contact Gareth Parry-
gareth.parry2@wales.nhs.uk



GIG
CYMRU
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WALES
Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	24
OPEN or CLOSED	Open
No of ANNEXES	1

Committee Priorities and Cycle Monitoring Report

MEETING	People and Culture Committee
DATE	16 November 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the priorities it set for 2023/24 and progress against the agreed cycle of business for the Committee.
2. All Committee priorities are on track and updates are provided.
3. There is nothing to escalate on the cycle of business progress.

RECOMMENDATION

4. The Committee is asked to note the update.

KEY ISSUES/IMPLICATIONS

No issues to raise.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

None.

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

COMMITTEE PRIORITIES FOR 2023/24

SITUATION

5. This report updates the Committee on progress against the priorities it set for 2023/24 and progress against the agreed cycles of business.

BACKGROUND

6. During the course of the effectiveness reviews, it was agreed that it is good practice for Committees to set priorities for the forthcoming year. The Committee's priorities, which are set out below, were agreed by the Trust Board in May 2023 and will be tracked quarterly.
7. The Committee's cycle of business was approved by the Committee in May 2023. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.
8. The monitoring report is at Annex 1. Items in green show they are cycled for a particular meeting. Items in beige indicate they are a prompt at agenda setting as they may be ad hoc items such as business cases or external reports. The blue indicates that the item is either on the agenda as scheduled or is an ad hoc item which was discussed in agenda setting.

ASSESSMENT

9. The Committee priorities, and progress against them is as follows:

Priority	Progress
Carry over the Committee priority to support the implementation and championing of the strategic equality objectives, including Welsh Language, to promote an inclusive organisation.	• Consideration of equality, diversity, and inclusion (EDI) matters are the golden thread throughout all discussions held at the Committee. Diversity metrics were included within the 'culture' theme of the 'People and Culture Plan Metrics and Success Factors', which the Committee received at its meeting in August.

	• The Strategic Equality Objectives have been in development throughout the year and the draft Strategy Equality Objectives are programmed for receipt by the Committee at its meeting in November. This update will include how the Welsh language (including the Welsh Language Standards) have been incorporated into the EDI agenda. • In August the Committee received the Welsh Language Annual Report for 2022-23 (before its progression to Trust Board for approval in September), and they also received an update on the More Than Just Words action plan.
Develop and implementation of the Speaking Up Safely Framework.	• The Cultural Trends and Themes Learning Report was received by the Committee at its meeting in August. This included an update on Speaking Up Safely and other cultural indicators identified. • The revised Speaking Up Safely Framework, the All-Wales Speaking Up Safely Policy will be received by the Committee in November for endorsement (to be adopted by the Trust Board). • There will be an update on the implementation of the Speaking Up Safely Framework in the Director of People & Culture's update at the Committee in November.
Development and Progress of the People and Culture Plan	• The People and Culture Plan was approved by the Trust Board at its meeting in May 2023, and the Committee received an update by way of 'metrics and success factors' at its meeting in August. • The Committee are due to receive an update on progress against the People and Culture Plan metrics at its meeting in November.

10. There remain areas of reporting that are being developed which include:

- (a) The Speaking Up Safely Report;
- (b) The report on Anti-racist Wales Action Plan;
- (c) The reporting on the Welsh Language Standards.

RECOMMENDATION

11. The Committee is asked to note the update.

PAPER	PRE C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE	
			May	Aug	Nov	Feb			
PEOPLE AND CULTURE COMMITTEE - CYCLE OF BUSINESS 2023/24									
See full cycle of business for reference to the duties in the terms of reference as they relate to Committee reports below									
MAIN ELEMENTS									
People and Culture C'ee elements of IMTP	STB	Annually					DPC	Endorsement	Presented in Q3 along with workforce model for IMTP
IMTP exception reporting	STB	Ad Hoc					Relevant Director	Assurance	
MIQPR review for people and culture metrics	FPC	Annually					EDSPP	Endorsement	
Committee-specific KPIs review of metrics	TBC	Annually					DPC	Approval	P&C Plan metrics agreed Q2
MIQPR	EMT	Quarterly					EDSPP	Assurance	
Committee-specific KPIS	TBC	Quarterly					DPC	Assurance	
Suspensions over 4 months report	TBC	Quarterly					DPC	Assurance	
Cultural Themes and Trends	TBC	Bi-annually					DPC	Assurance	First report presented in Q2
End of Season Flu Campaign Report	CQGG	Annually					DP	Assurance	End of season flu report presented in Q1
Health and Safety Report	NH&S C'ee	Quarterly					EDQN	Assurance	Report in Q3
Revalidation and registration report	N/A	Annually					EDQN & DP	Assurance	Report in Q3
Gender pay gap report	TBC	Annually					DPC	Assurance	
Annual Equality Report	TBC	Annually					DPC	Assurance	
Health and care standards	TBC	TBC					DPC	Assurance	
Staff Story	N/A	Quarterly					DPC	Discussion	
Staff Story updates	None	Quarterly					DPC	Assurance	N/A for Aug meeting - this was presented as spotlight in May
NHS Staff survey and action plan	EMT	Annually					DPC	Assurance	Staff survey live in September. Full report in Q4 meeting
WAST pulse surveys and action plans	EMT	Ad Hoc					DPC	Assurance	None for Q2; update in Q3 on [topic TBC]
Speaking Up Safely Report	TBC	TBC					DPC	Assurance	Q1 update provided; Q3 update in Director report
Report on Anti-racist Wales Action Plan	TBC	TBC					DPC	Assurance	Q1 update provided; not inc. in Q3 equality objectives (to discuss at Q4 agenda setting).
Reporting on Welsh Language Standards	WLAG	Bi-annually					BS	Assurance	Q1 framework (not standards) report; Q2 annual report presented; not inc. in Q3 equality objectives (to discuss at Q4 agenda setting).
Welsh language annual report	WLAG/EMT	Annually					BS	Endorsement	Presented in Q2
WASPT AAA report	WASPT	Quarterly					DPC	Assure/Escalate	
Partnership Agreements	WASPT	Ad Hoc					DPC	Endorsement	No TU partnerships agreements for Q2
Partnerships & Engagement Report	TBC	Bi-annually					DPE	Assurance	
Partnership Agreements	EMT	Ad Hoc					DPE	Review	No partnerships agreements for Q2
NHS Workforce Model	Workforce Planning Grp	TBC					DPC	Endorse	No paper for Q2 or Q3
Workforce Plan aligned to IMTP	Workforce Planning Grp	Annually					DPC	Endorse	No NHS workforce model reporting for Q2; TBC if in 24-27 IMTP update in Q3
Report from policy group	Policy Group	Annually					BS	Assurance	Presented in Q2
Policies for review and approval	Policy Group/EMT	Ad Hoc					Various	Approval	No policies for review and approval for Q1 or Q2; H&S Policy to be received Q3
Board Assurance Framework	Board	Quarterly					BS	Assurance	
Corporate Risk Register - People and culture	Board	Quarterly					BS	Assurance	
Audit Recommendation Tracker	ADLT	Quarterly					BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc					Relevant Director	Assurance	
Operational Update	N/A	Quarterly					EDO	Information	
P&C Update	N/A	Quarterly					DPC	Information	
GOVERNANCE									
Committee effectiveness review annual report	Audit/Board	Annually					BS	Approval	
Review of Terms of Reference	Audit/Board	Annually					BS	Approval	
Committee Cycle of Business annual refresh	N/A	Annually					BS	Approval	
Committee Cycle of Business monthly review	N/A	Quarterly					BS	Review	
Committee Review of Annual Priorities	N/A	Quarterly					BS	Review	EDI objectives; speaking up safely; people and culture plan
SUB-GROUPS									
Where applicable	N/A	Ad Hoc					N/A	N/A	
PROMPTS									
Relevant External Reports	N/A	Ad Hoc					Various	Assurance	

DPP = Director of People & Culture
 EDO = Executive Director of Operations
 EDQN = Executive Director of Quality and Nursing
 DPE = Director of Partnerships and Engagement
 DP = Director of Paramedicine
 BS = Board Secretary

Cycled for each meeting
 Ad hoc item - prompt for agenda setting
 Presented as cycled/ad hoc item considered at agenda setting
 Deferred
 Reporting developing
 Denotes this item refers to a Committee Priority