

Bundle People and Culture (Open Session) 10 May 2022

Agenda attachments

ITEM 0 - PCC Agenda 10 MAY 2022.docx

- 1 09:30 - Chair's welcome, apologies, and confirmation of quorum - Verbal (PH)
- 2 09:31 - Declarations of interest - Verbal (PH)
- 3 09:32 - Minutes of last meeting - Paper (PH)
ITEM 3 - OPEN P and C mins 22 February 2022 (1).docx
- 4 09:34 - Action Log - Paper (PH)
ITEM 4 - People and Culture Action and Decisions Log.xlsx
- 5 09:35 - Director of Workforce and OD Update - Presentation (CG)
ITEM 5 - Director WOD Update.pdf
- 6 09:50 - Operations Quarterly Report - Paper (LB)
ITEM 6 - Ops Directorate Quarterly Report for Committees 21-22 Q4 FINAL.pdf
- 7 10:05 - Staff Story – Senior Paramedic Role - Verbal (AS)
- 8 10:25 - Corporate Risk Register and Board Assurance Framework - Paper (JB)
ITEM 8 - Executive Summary Risk Management Report PCC 100322.docx
- 9 10:35 - Absence Management Action Plan - Paper (LR)
ITEM 9 - Improving Attendance Report Final.docx
ITEM 9.1 - Appendix 1 - P&CC Project Plan RAG Rating.xlsx
- 10 10:50 - TU Partnership Arrangement Update - Verbal (CG)
- 11 11:00 - Monthly Integrated Quality and Performance Report - Paper (AC)
ITEM 11 MIQPR SBAR March 2022.docx
ITEM 11.1 Annex 1 MIQPR March 2022.pdf
- 12 11:15 - Workforce Performance Scorecard Report (including PADR performance and 22/23 approach) - Paper (LR)
ITEM 12 - Workforce Performance Scorecard.docx
ITEM 12.1 - Appendix 2 - Workforce KPIs March 2022.xlsx
- 13 11:30 - Working Safely Programme Introduction - Paper (WH)
ITEM 13 H&S Introduction Paper - PPC - May 2022.docx
- 14 11:50 - Committee Priorities - Verbal (TM)
- 15 12:00 - Internal Audit for Committee - Paper (JB) - ITEM 15.1 (Audit Tracker) Circulated separately via email.
ITEM 15 Executive Summary PCC - Internal Audit Report 100522.docx
ITEM 15.1 - Audit Tracker - 21st April 2022.xlsx
ITEM 15.1a - Appendix 1 WAST_2122-20_Recruitment Practices_Final Internal Audit Report.pdf
- 15.1 12:00 - Recommendation Tracker (including Taking Care of the Carers) (JB)
- 15.2 12:05 - Final IA report on recruitment practices – EDI (JB)
- 15.3 12:10 - Audit plan for people and culture 2022/23 (JB)
- 16 12:15 - Welsh Language Advisory Group Report - Paper (MH)
ITEM 16 - Welsh Language Advisory Group Report.docx
- 17 12:20 - Learning from Recent Disciplinary Cases - Presentation (LR)
ITEM 17 - Learning from Cases.docx
- 18 12:35 - TUP Annual Report - Paper (LR)
ITEM 18 - ES - TUP Annual Report.docx
ITEM 18.1 - Appendix 2 - Partnership Working - Annual Report (1 April 2021 - 31 March 2022).pptx
- 19 12:40 - Minutes of Sub-Groups (SESG / Diversity and Inclusion Steering Group) - Paper (CG)
ITEM 19 - SESG Minutes 31.03.22.docx
ITEM 19.1 - EDISG Minutes 13.04.22.docx

- 20 12:42 - Issues to be raised at Board - Verbal (PH)
- 21 12:43 - Any other business - Verbal (PH)
- 22 12:59 - Date of next meeting 06 September 2022 (PH)



MEETING OF THE PEOPLE AND CULTURE COMMITTEE

Held on 10 May 2022 from 09.30 to 13.00

Meeting held virtually via Microsoft Teams

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	Information	Paul Hollard	Verbal	
3.	Minutes of last meeting	Approval	Paul Hollard	Paper	
4.	Action log	Review	Paul Hollard	Paper	
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
5.	Director of Workforce and OD Update	Information	Catherine Goodwin	Presentation	15 mins
6.	Operations Quarterly Report	Information	Lee Brooks	Paper	15 mins
7.	Staff Story – Senior Paramedic Role	Discussion	Andy Swinburn	Verbal	20 mins
8.	Corporate Risk Register and Board Assurance Framework	Information	Julie Boalch	Paper	10 mins
9.	Absence Management Action Plan	Assurance	Liz Rogers	Paper	15 mins
10.	TU Partnership Arrangement Update	Information	Catherine Goodwin	Verbal	10 Mins
11.	Monthly Integrated Quality and Performance Report	Assurance	Alex Crawford	Paper	15 mins
12.	Workforce Performance Scorecard Report (including PADR performance and 22/23 approach)	Assurance	Liz Rogers	Paper	15 mins
COMFORT BREAK – 15 MINS					
13.	Working Safely Programme Introduction	Discussion	Wendy Herbert	Paper	20 mins
14.	Committee Priorities	Approval	Trish Mills	Verbal	10 mins
15.	Internal Audit for Committee: 15.1. Recommendation Tracker (including Taking Care of the Carers) 15.2. Final IA report on recruitment practices – EDI 15.3. Audit plan for people and culture 2022/23	Assurance	Julie Boalch	Paper	15 mins
16.	Welsh Language Advisory Group Report	Assurance	Melfyn Hughes	Paper	5 mins



17.	Learning from Recent Disciplinary Cases	Assurance	Liz Rogers	Presentation	15 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.					
18.	TUP Annual Report	Information	Liz Rogers	Paper	
19.	Minutes of Sub-Groups <ul style="list-style-type: none"> • SESG • Diversity and Inclusion Steering Group 	Information	C. Goodwin	Paper	
CLOSING ITEMS					
20.	Issues to be raised at Board	Discussion	Paul Hollard	Verbal	10 mins
21.	Any other business	Discussion	Paul Hollard	Verbal	
22.	Date and time of next meeting 06 September 2022	Information	Paul Hollard	Verbal	

Lead Presenters

Name	Position
Paul Hollard	Committee Chair and Non Executive Director
Catherine Goodwin	Interim Director of Workforce & OD
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Director of Operations
Wendy Herbert	Interim Director of Quality and Nursing
Trish Mills	Board Secretary
Andrew Challenger	Senior Education and Development Lead
Liz Rogers	Deputy Director of Workforce & OD
Andy Swinburn	Director of Paramedicine

**UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE
 MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON
 22 FEBRUARY 2022**

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non Executive Director and Chair
Trish Mills	Board Secretary
Chris Turley	Director of Finance and Corporate Resources
Hugh Bennett	Assistant Director, Commissioning & Performance
Julie Boalch	Head of Risk and Corporate Governance
Bethan Evans	Non Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Angela Roberts	Trade Union Partner
Lee Brooks	Director of Operations
Wendy Herbert	Assistant Director of Quality & Nursing
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Sarah Davies	Workforce and OD Business Manager
Liz Rogers	Deputy Director of Workforce and OD
Paula Jeffery	Regional Clinical Lead
Melfyn Hughes	Welsh Language Officer
Hugh Parry	Trade Union Partner
Claire Vaughan	Director of Workforce and OD
Joga Singh	Non Executive Director
Kim Tovey	Senior Organisational Development Manager
Craig Brown	Trade Union Partner
Andrew Challenger	Assistant Director, Professional Education & Training
Jeff Prescott	Corporate Governance Officer

APOLOGIES:

Claire Roche	Director of Quality and Nursing
Andy Swinburn	Associate Director of Paramedicine
Paul Seppman	Trade Union Partner

01/22 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was being audio recorded. Apologies were recorded from Claire Roche, Andy Swinburn and Paul Seppman.

02/22 DECLARATIONS OF INTEREST

The standing declaration of Claire Vaughan as an Independent Committee Member for Aberystwyth University was recorded.

RESOLVED: That the declaration as described above was RECORDED.

03/21 MINUTES OF PREVIOUS MEETING

The Minutes of the Open meeting held on 30 November 2021 were considered and agreed as a correct record.

RESOLVED: That the Minutes of the meeting held on 30 November 2021 were AGREED.

04/22 DIRECTOR OF WORKFORCE & OD UPDATE

Claire Vaughan presented the Workforce and OD update and gave a brief overview on highlights within the Directorate. Members attention was drawn to the Workforce and OD Organogram which followed on from the previous update given in November, clearly setting out the roles and structure of the Directorate as well as acknowledging the appointments to key roles of Keithley Wilkinson as Head of Inclusion & Engagement and Dee Udeze-Chibuzor as Head of Workforce Transformation.

Claire Vaughan also noted the success of the driver training cohort and informed Members that the Trust was now well placed in this regard, largely as a result of the investment which had been made to ensure sufficient recruitment and training ahead of the upcoming changes to the Road Traffic Act.

Members were also informed that the salary sacrifice scheme which allowed existing staff and new employees to undertake their C1 Driving course and qualification was now in place. It was anticipated that this would help in the recruitment of new staff and the career progression of existing staff who did not already hold this qualification but wanted to attain this in order to progress to roles within the organisation that required the C1 licence.

Members received the update along with the key developments and highlights set out in the report. Members also noted the significant levels of engagement the Trust had embarked upon with staff, stakeholders and the general public to promote and publicise the Trust's new behaviours and culture strategies and queried whether anything was being done to monitor or capture the level of engagement activity which had been undertaken. Estelle Hitchon informed Members that while there was an established engagement framework in place, further work was required in order to capture the significant amount of additional work which had taken place in recent months.

RESOLVED: That the update was NOTED.

05/22 STAFF STORY – DRIVING INSTRUCTOR

Andrew Challenger introduced Members to Lorna Woodley, who was an operational paramedic and also the first female driving instructor in the history of the Welsh Ambulance Services NHS Trust.

Lorna Woodley informed Members of her career progression through the organisation and the circumstances that led to her becoming a driving instructor. Members heard how she had began her career in 2011 and after completing her driving course, had always wanted to progress to being an instructor. When the opportunity arose, there was no hesitation and following a successful application, she became a trainee driving instructor.

Members heard how the process of becoming a fully qualified instructor was both long and challenging, with large amounts of theory based work and knowledge of road traffic laws to grasp and digest over a two year period. Lorna Woodley explained that during this time, she always felt fully accepted by her peers and the training team which was important, given the challenges of working full-time while studying for a new qualification and trying to juggle work and family commitments.

Members received the staff story and congratulated Lorna Woodley on her achievements, noting that she was an inspiration to others within the Trust who wished to progress and seek new challenges. Members also noted her passion and enthusiasm for the role and stated that she should not underestimate what she had accomplished or the impact that this would have in encouraging others to progress within the service.

Members then queried whether any more could be done to aid the recruitment and training process of driving instructors. Lorna Woodley commented that currently, the driving instructor course was only available in South Wales and in future, the Trust may wish to expand this pan-Wales in order to facilitate applications from the entire Trust.

RESOLVED: That the staff story was NOTED.

06/22 COMMITTEE ASSURANCE FRAMEWORK

Claire Vaughan and Trish Mills informed Members that the Committee Assurance Framework was currently being reviewed as part of the Committee Effectiveness Review in order to ensure that the Framework was suitable and fit for purpose.

Trish Mills explained that following the Effectiveness Review, the next step was to look at the cycle of business which the Committee would ordinarily focus on in line with the Terms of Reference to make it as robust as possible and to provide clarity over the risks and assurances were being provided.

Trish Mills also drew Members attention to Risk no:160 (Sickness Absence) which was currently rated as 16 on the risk register and noted that as a result of

increasing levels of sickness absence, it was likely to be re-evaluated to a higher risk score of 20.

Claire Vaughan also drew Members attention to Risk no:163 (Trade Unions / Partnership Working) and stated that following concerns raised by TUPs, it was proposed to escalate the risk associated with TU relationships and partnership working. While it was important for the Committee to be aware of this action, Members were assured that discussions were continuing to try and bring things back on track.

Members received the update and noted the review of the Committee Assurance Framework and the likelihood of a higher risk rating in regards to increasing levels of sickness absence and TU Partnership working.

RESOLVED: That the update was NOTED.

07/22 AUDIT RECOMMENDATIONS – PROGRESS SUMMARY

Julie Boalch presented the Audit Recommendations report as read, drawing Members attention only to the key aspects and points of the report. Members were informed that there were eight recommendations assigned to the People and Culture Committee for oversight. Five of these had now been completed with the remaining three not yet due for completion. All of the outstanding recommendations related to the 2021/22 Collaboration Reasonable Assurance review.

A number of older recommendations had also been closed off and the Committee were assured that all internal and external audit recommendations were now up to date.

Members received the report and noted that no high level recommendations were outstanding and that all other recommendations were either closed or not yet due.

RESOLVED: That

1) the contents of the report were CONSIDERED and NOTED,

2) the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to the People and Culture Committee were CONSIDERED, and

3) any specific items that the Committee wished to see raised to Senior Management and Audit Committee were AGREED.

08/22 WELSH LANGUAGE UPDATE

Melfyn Hughes gave an overview of the Trust's current position on the Welsh Language Standards. The purpose of the report was to provide the People and Culture Committee with an update on progress in implementing the Trust's Welsh Language Standards. Members were informed that as of 3 February 2022, there

were 21 Welsh Language Standards that were either part-compliant or considered as being 'not met'.

The Standards highlighted as being part compliant related to Service Delivery Standards for Correspondence, Telephone Calls, Meetings, Websites and Reception services. Accordingly, advice and guidance to Trust staff on how they could comply with these standards was promoted on Welsh Language Rights Day (7/12/21) and in order to carry this momentum forward, quarterly updates on compliance advice and guidance would be communicated to staff.

Members attention was drawn to the Operational Standards (91, 93 and 95) which all related to the Trust's intranet site. Melfyn Hughes stated that work was on-going in ensuring compliance with Standard 91 by 31 March 2022 and it was expected that Standards 93 and 95 would be compliant following the completion of work for Standard 91.

Melfyn Hughes then discussed proposals for monitoring compliance and noted that in order to gain an accurate picture across the Trust, there was a need to develop an effective compliance monitoring procedure. Therefore, it was anticipated that a monitoring procedure would be developed and trialled during July 2022.

Members received the update and acknowledged the large amount of work which was still to be done in order to comply with standards around the Trust's intranet and external website. Members also welcomed the development of a monitoring procedure in order to accurately track compliance with the Welsh Language Standards. Finally, Members expressed their sadness at the sudden passing of the Welsh Language Commissioner, Aled Roberts and noted his achievements and contributions over the course of his career.

RESOLVED: That the Trust's progress in complying with its Welsh language standards compliance notice was NOTED.

09/22 COMMITTEE EFFECTIVENESS REVIEW UPDATE

Trish Mills gave an update following the Committee Effectiveness Review which included a review of the terms of reference and general operating arrangements, as well as a questionnaire completed by members and core attendees. Members were reminded that any amendments to Terms of Reference as a result of this process would then need to be recommended to the Trust Board for approval.

Trish Mills explained that the Terms of Reference were reviewed to ensure that all matters within the remit of the Committee were clear and that these were articulated with the strategic, oversight and scrutiny role of the Committee in mind. In addition, this provided an opportunity to begin building the cycles of business of the Committee aligned to the specific areas of delegated powers.

The proposed amendments to the Terms of Reference were discussed with the key changes including alterations to the language in order to provide clarity on the Committee's strategic, scrutiny, and oversight role, the inclusion of an additional item specific to raising concerns to ensure arrangements were in place for staff to

both raise concerns and for learning from those concerns to be taken into account, and amendments to Membership to reflect regular clinical attendance from the Director of Paramedicine and Assistant Director of Quality and Nursing. Members received the update and noted the changes to the Terms of Reference and the outcomes of the questionnaires. Members then contemplated the areas of priority which the Committee would focus upon over the coming year, agreeing to set these in due course, once other agenda items had been fully discussed.

RESOLVED: That

(1) changes to Terms of Reference were REVIEWED and APPROVED;

(2) the proposed actions for issues raised in the questionnaire were CONFIRMED; and

(3) priorities for the Committee for 2022/23 were SET.

10/22 OPERATIONS QUARTERLY REPORT

Lee Brooks reported on developments within the Operations Directorate over the last quarter. Members were informed that there had been a recent de-escalation in the Pandemic response, with the Trust moving back to the Response/Monitor position. This was in addition to proposals to further reduce Protocol 36. Both of these moves reflected a positive outlook on Covid-19 related incidents with good indications that call outs had now stabilised.

Members were then informed about developments around the Emergency rule which was designed to be used when the Trust's call volume exceeded the services ability to handle the call volume. Following EMT approval on 5th January 2022 a revised approach to Emergency Rule implementation had been agreed which applied the guidance in a phased approach and also reduced the questioning process to the minimum required to achieve a code. This phased approach would allow EMS Co-ordination to protect the most vulnerable patients for as long as possible even in times of extreme pressure.

Lee Brooks then addressed the current impact of system pressures on handover times and informed Members that unfortunately, the Trust had recorded its second worst week on record for lost hours as a result of handover delays. This was despite the best efforts of the Trust and increased levels of resource escalation planning. Members were assured that all possible steps had been taken to raise this with Health Board partners and that these efforts would continue. However, at this stage there was little more that the Trust could do to alleviate these delays.

Members received the report and expressed concern over the current hand over delays and the detrimental effects that these would inevitably have upon staff morale and patient experiences. Members observed that this issue had also been raised at the recent meeting of the Quality, Patient experience and Safety Committee where it was noted that escalation plans had been implemented with varying levels of success, particularly in regards to Emergency release protocols.

Members observed that this issue had already been raised and escalated to the most appropriate levels and accordingly, could be assured that the Trust had done all it could to address these issues, recognising that this was a wider system issue which the Trust would not be able to resolve alone.

RESOLVED: That the update was NOTED.

11/22 MONTHLY INTEGRATED QUALITY & PERFORMANCE REPORT

Alex Crawford gave a brief overview of the Monthly Integrated Quality and Performance report and touched on the key points and areas of note for the Committee's attention. Overall, the report showed a continued trend in system pressures impacting heavily upon the Trust's performance. This was a result of multiple factors including sickness absences, post-production lost hours and handover delays.

Other factors such as the continuation of the Omicron Covid-19 variant, coupled with increasing levels of sickness and Covid-19 related absence had also continued to have an impact. Accordingly, the Trust had undertaken a prioritisation exercise with the result that some IMTP actions had been paused or slowed down to allow the Trust to concentrate on those programmes which would have the highest impact on patient safety and staff well-being.

Members received the report and noted the pressures and circumstances that were impacting upon performance and patient safety. Members discussed the significant increase in post-production lost hours, observing that this figure had almost doubled when compared to the same period the previous year and queried whether there was any obvious or underlying reason for this.

Lee Brooks informed Members that while there may be other factors, there appeared to be a correlation in post-production lost hours with lockdown periods where systems were settling in and handover delays where crews had faced significant waiting times, meaning they were required to return to base for meal breaks after handing over a patient rather than moving on to the next call.

In addition, Alex Crawford noted that the cleaning and preparation times of vehicles following a conveyance had increased significantly due to Covid-19 and that this had also resulted in an increase to post-production lost hours while the crew and vehicle were unavailable to respond.

RESOLVED: That the Jan-22 Integrated Quality and Performance Report and actions being taken provided sufficient assurance or whether further information, scrutiny or assurance was required, or further remedial actions were to be undertaken through Executives was CONSIDERED.

12/22 **WORKFORCE PERFORMANCE SCORECARD REPORT**

Liz Rogers presented the Workforce Performance Scorecard report as read, drawing out only the key points as the report was intended to be read in conjunction with the Monthly Integrated Quality and Performance Report, giving a high level overview of performance in relation to the People and Culture indicators.

In particular, Members attention was directed to the latest sickness absence figures from January and the continuing issues with PADR compliance. Members were informed that sickness remained high, with only minimal changes on the previous months' rates. In relation to PADR's, the figures showed a decline in the number being completed. For December the PADR percentage completion was 53.8% compared to 59.22% in November and 64.23% in August.

Members received the report and queried what was being done to tackle the declining rates of PADR completions, noting the importance of allowing staff and managers the 1-2-1 time to discuss their development and any issues they may have. Liz Rogers informed Members that this was being addressed and Managers had been requested to complete outstanding PADRs as soon as possible, with the Executive Management Team and ADLT being requested to monitor and support this.

Members reflected on the Personal Appraisal and Development Review process and queried whether this needed to be reviewed. Members suggested that the entire PADR process may need to be looked at again from a different perspective, asking what exactly it is that the Trust and employees wished to gain from the reviews and whether these objectives were actually being met.

RESOLVED: That the Committee RECEIVED and COMMENTED on the reported performance and associated actions.

13/22 **OUR PEOPLE AND CULTURE DELIVERABLES**

The People and Culture Deliverables paper was presented as read, noting that this had previously been discussed at EMT and Board Development on 18.02.2022. The purpose of the report was to provide the Committee with an opportunity to formally receive and comment on the proposed People and Culture IMTP deliverables (2022-2025), with the Committee also being asked to note the potential impact of transition from the existing Director of Workforce and OD to a new Director in the next few months.

Members received the report and noted the potential impact of transition from the existing Director of Workforce before formally receiving and commenting on the proposed People and Culture IMTP deliverables

RESOLVED: That the proposed People and Culture IMTP deliverables and priorities were RECEIVED and COMMENTED on.

14/22 REFRESHING OUR PEOPLE AND CULTURE STRATEGY

The paper on refreshing the Trust's People and Culture Strategy was presented as read with the Committee being advised of ongoing discussions at Board level on the principles of strategy development, which had the potential to impact on the future framing and timeframe for enabling strategies such as the People and Culture Strategy.

The paper set out the proposed approach to refreshing the Trust's People and Culture Strategy and the associated timelines for development and engagement. The Committee were then invited to receive and comment on the proposed plan, timescales and principles that had been designed to underpin the strategy's development.

Members received the paper and the proposals contained within before commenting on the strategic themes that were designed to underpin its development.

RESOLVED: That the proposed plan, format and timelines for refreshing of the next strategy as well as the suggested principles and strategic themes that would underpin its development were RECEIVED and COMMENTED on.

15/22 EDUCATION AND TRAINING PRESENTATION

Andrew Challenger gave a presentation on the progress which had been made in the Trust's Education and Training. Members were informed of key achievements and investments such as driver training units and the development of classroom based activities like the digital learning manager and the kit identification tool.

Andrew Challenger also explained how the Trust was looking to develop a virtual call centre to help in the training and education of staff. Members were informed that the Education and Training team had welcomed more than thirty new colleagues to the department, bringing much needed experience and capacity as well as improving the teams age profile and gender balance.

Furthermore, in house training had now developed to the point where the Trust was able to deliver formal teaching and assessing awards, namely certificates in Education and Training and Certificates in Assessing Vocational Awards. Following on from this success, the Trust was now introducing a Diploma in Education and Training.

It was observed that over the course of the pandemic, the Education and Learning Team had delivered training to around 350 Emergency Medical Technicians and 400 Military personnel, over and above core business. An apprenticeship scheme had also been launched for Technicians which had proven to be very popular and successful with roughly 200 apprentices currently taking part.

Members received the update and noted the key achievements and progress which had been made, despite the difficulties of delivering the training in the midst of the Covid-19 Pandemic.

Members also commented on the plans for the future training and development of colleagues, observing that the ambition and scope of these was testament to the service being provided by the whole Education and Training Team.

Members observed that the direction of training now appeared to be moving towards a primarily digital platform and queried whether support was available to any members of staff who were not as comfortable as others when using new technology, particularly those who were not as familiar with technology as the younger generations were. Andrew Challenger confirmed that the Trust was very much aware of the multi-generational demographic of trainees and that additional training in the use of new technologies was available for anyone who required it.

RESOLVED: That the presentation was RECEIVED and NOTED.

16/22

LEADERSHIP AND MANAGEMENT DEVELOPMENT STRATEGY UPDATE

Dr Catherine Goodwin and Kim Tovey gave an update on the Leadership & Management Development Strategy and began by recognising and thanking the key team members and colleagues within the wider Workforce and Organisational Development directorate for their efforts in bringing the strategy to its current position.

The report was presented as read with Members attention being drawn to the main areas of development and the proposed next steps moving forward, with three strategic priorities being identified. These were:

- The need to develop a structured approach to succession planning and the identification of current and future leaders and managers.
- The need to create and sign post staff to innovative opportunities for them to continue to develop their own leadership and management capability, capacity and competence through evidenced and recognised leadership and management competency and behaviour frameworks and activities.
- Embedding this approach through encouraging the workforce to take ownership of their personal and professional development and sustain and implement learning within the workplace.

The report emphasised the importance of effective leadership and how this would positively impact and influence others including patients and colleagues. The report made it clear that leaders and managers would play an integral part in achieving these aims regardless of their Directorate or role in the Trust, with the strategy embracing the philosophy that good leadership and management would help to maximise the effectiveness, efficiency and wellbeing of Trust colleagues. This would also be key to enabling colleagues to be their best, and was therefore an integral part of the strategy.

Kim Tovey explained that in order to enable delivery of this, a leadership and management development framework was being created to sit as part of the new emerging People and Culture Strategy and ambitions.

Members received the report and expressed their agreement that good leadership and management was, and would continue to be pivotal in the wellbeing, efficiency and effectiveness of the Trust. Members also noted the importance of developing roles and queried whether any additional leadership training had been put in place for the recently created Duty Operations Managers (DOM's) roles. Kim Tovey responded that presently, the main focus was on the completion of the accredited essential qualifications set out in the job descriptions for the role. However, plans for further development would be implemented once these had been completed.

RESOLVED: That

1) the achievements demonstrated by the Team through what had been a very challenging 18 to 20 months were RECOGNISED, and

2) the proposal to refresh thinking and approaches to Leadership and Management Development through the creation of a Strategic Framework and leadership proposition was RECEIVED and SUPPORTED.

17/22 ISSUES TO BE RAISED AT BOARD

The Chair informed Members that discussions with Trish Mills would take place outside of the meeting to determine which items would be taken forward and raised at Board.

RESOLVED: That further discussions would take place to determine which items would be raised at Board.

18/22 TU CELL QUARTERLY UPDATE

The TU Cell quarterly update was presented as read and for information purposes only.

19/22 MINUTES OF SUB GROUPS

The Minutes of the sub-groups were presented as read and for information purposes only.

20/22 ANY OTHER BUSINESS

The Chair and the Committee expressed their thanks to Claire Vaughan who was leaving her role as Director of Workforce & OD after several years with the Trust. The committee noted Claire Vaughan's contributions to the NHS in Wales over the course of her career and also the very positive influence she had brought to the Committee, being a key driving force behind much of what the People and Culture Committee had been established to deliver.

21/22 DATE OF NEXT MEETING

The date of the next meeting was scheduled for 10 May 2022.

Open
Complete
Closed
Not Due



GIG Cymru NHS Wales
Ymddiriedolaeth GIG Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services NHS Trust



Director Update: Workforce and OD

People and Culture Committee 10th May 2022

Team WOD

Following Claire Vaughan's departure in April, we are pleased to welcome Dr. Catherine Goodwin into the position of Interim Director of Workforce and OD, pending conclusion of the substantive recruitment process currently underway (June 2022). As a team we offer our congratulations and sincere thanks to Andrew Challenger - Assistant Director, Professional Education and Training – who will retire from the Trust in May after 35 years' service, with Jo Kelso taking over leadership of the Education and Training Team.

Ally Programme

Since its launch at Board Development Day in December 2020, over 100 colleagues have attended an Allyship Programme workshop and embarked on their own journey of allyship. The sessions have been well received and colleagues have continued to engage with the programme following the workshops to update the team on their progress. The programme has been featured as part of the Association of Ambulance Chief Executive's Spotlight on Anti Racism and run campaign specific webinars and workshops including our International Women's Day coffee morning and International Day of Transgender Visibility workshop.



ESR

The ESR team have been working on numerous updates including a provision to feed ESR data directly into the Health Informatics Data-Warehouse, allowing us to triangulate with performance data and additional third-party information. Other notable progress includes the introduction of secondary assignments to ensure the team can manage changes to pay arrangements and track learning requirements and professional registrations more accurately. We have also implemented changes to costings in Ambulance Care (NEPTS) shifting from station level costings to Health Board costings which will help reduce transactional admin and improve workforce planning and recruitment exercises.

Leadership & Management

The OD Team continue to offer workshops including Compassionate Conversations, Leading and Wellbeing, leadership 1-1 30-minute Drop-in Sessions and Coaching & Mentoring. The revised approach to PADR continues with two workstream sessions following the deep dive. Key areas being developed are; on-going discussions throughout the year with various approaches and methods for undertaking PADR's and 1-1 discussions. An electronic portfolio is also being developed with plans to link to the existing Learning Management System (LMS)



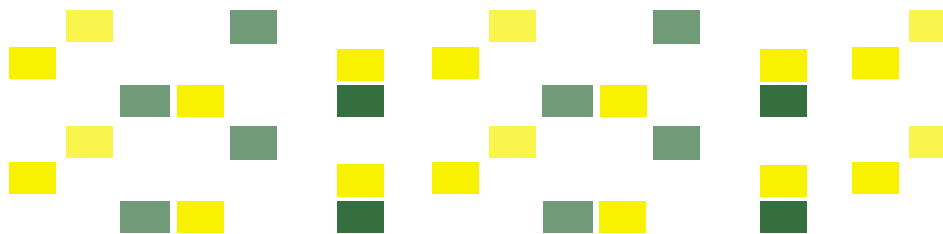
Behaviours Launch

The Trust launched our new behaviours at the CEO Roadshows in March 2022. These have been welcomed across the organisation and work continues to roll out associated promotional material and guidance. We hope to continue to see these behaviours embedded within our Teams and the OD team remains available to help facilitate this over the coming months.



EDI

Since his arrival at WAST in mid-January, the new Head of Inclusion & Engagement has spent his first 3 months exploring the culture, people, policies, and processes. Throughout his Induction period he has created as many opportunities as he could to meet, build rapport with and establish immediate connections at all levels throughout the organisation. His priority areas will be; Recruitment; Strategic Equality Objectives review; Workforce Race Equality Standards; employee experience/engagement and the allyship programme.





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Director Update: Workforce and OD

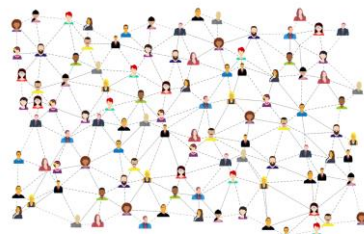
People and Culture Committee 10TH May 2022

People Services Structure Consultation

Following a period of engagement and consultation on the restructure of the HR function the new People Services function will be launched in May 2022. The introduction of a new developmental post of Assistant Workforce Transformation Manger which will move across to the Workforce Planning and Transformational Team will provide an opportunity of development within the current team. The reconfiguration from a regional model to a Directorate focus will ensure adequate professional WOD resource is available across all Directorates. There will also be a focus to introduce new technology and systems to move away from transactional activity.



People Services Structure



Final Outcome
February 2022

Education & Training

On the 13th of December 2021, 11 WAST colleagues from non-EMS roles across the Trust joined the Education Team to commence their yearlong Trainee EMT programme. This followed fast on the heels of 18 Trainees that the Trust supported using an external provider located in Tamworth and paved the way for an additional 73 EMS based colleagues to join them on the 4th of January 2022 to commence their Trainee EMT learning journey – a total of 102 Trainee EMTs concurrently involved in what is described by those who have completed this programme and have progressed to further study as the most difficult training they have ever undertaken due to its vast breadth and depth in knowledge, understanding and skill development. This number equates to 17% of the EMT workforce available to WAST over a period where we were under the highest consistent system pressures yet seen in the Welsh NHS and is testimony to both the efforts of the small team in Education & Training and the investment that the Trust is making in this key part of our workforce. The team are now prepared to welcome our next intake of EMS colleagues from the 3rd of May, 2022; continuing to deliver excellence for the people of Wales.

OH & Wellbeing

The Women's Health Group had an informative talk on skincare throughout life in February and Carolyn Harris, MP for Swansea East, spoke to them in March about her work on the UK Menopause Taskforce. Further speakers around Menopause and the Workplace are scheduled for late April which will be available for all staff to join for information. The Flu vaccination season is now ended, and planning has begun for Autumn 2022. The Pertussis vaccination programme has been rolled out to all frontline staff and the OH Team are beginning to take outreach vaccination clinics to A&E departments throughout Wales to ensure All staff have good access to these. The Team continues to grow with the appointment of a new Wellbeing Practitioner and OH Advisor in North Wales, ensuring that the full range of services is now able to be offered Pan Wales. The TRiM Lead is visiting all A&E departments weekly in South Wales, helping staff understand the Wellbeing offer within WAST, and she is also delivering fortnightly workshops on Trauma, Stress and Burn-out which is being well Received. Wellbeing dogs continue to regularly visit the CCC's and 111 call centres bringing calm and positive wellbeing to staff.



OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2021-22 Q4

❖ PANDEMIC RESPONSE

Case rates of Covid 19 have continue to decline across Wales and Public Health Wales and Welsh Government have arguably commenced a transition from pandemic to endemic. Now that community transmission has declined and generally at steady and sustained pace, we have reviewed the use of the pandemic call handling protocol.

Protocol 36 was first de-escalated to the surveillance level on 24/02/22, with a subsequent removal of the protocol in its entirety and a move to EIDS (Emerging Infectious Diseases Surveillance) tool on 10th March 2022.

On 17th March 2022 the Senior Pandemic Team took forward a recommendation for the organisation to alter its position according to our Pandemic Plan. As a result, on 21st March 2022 the organisation transitioned from the Response Phase Monitor Position to the Recovery Phase of the Pandemic Plan. This coincided with a phased withdrawal of the military as part of military aid to civil agency arrangements with a full withdrawal of military colleagues that was effected by 31st March.

We place on record our full and unreserved thanks to our military partners for the support they have afforded the Trust since October 2021. Our Business Continuity and Recovery Team (BCRT) now has primacy for the organisation's recovery efforts.

The BA2 Omicron variant took hold as we moved toward the end of March, increasing staff absence to Covid in the region of 220. This occurred as military support wound down.

❖ EMERGENCY MEDICAL SERVICE (EMS)

EMS Roster Review

The purpose of the EMS Roster Review project is to: deliver EMS Response rosters for Rapid Response Vehicles (RRV), Emergency Ambulance (EA) and Uniformed Care Service (UCS) aligned to patient demand; improve staff well-being and achieve an efficiency gain (not saving) of 72 FTEs, by December 2024.

A series of 'Working Parties 2' commenced on 17th January 2022. These were well attended by all staff groups. Feedback to the Project Board was that the sessions were positive and engaging with a number of questions posed from the attending representatives.

Working Parties are supported by Working Time Solutions Consultants (WTS) who assist the Operational Lead chairing the meeting, staff and TU colleagues engaged in the process. 'Working Parties 3' commenced on 28th February 2022. These further sessions provide an opportunity for staff to feedback on iterations of roster options with final amendments expected.

Cymru High Acuity Response Unit (CHARU)

A series of CHARU drop-in roadshows were held on 24th and 25th February 2022. The purpose of the roadshows was to share further information for staff affected by the change. The CHARU resource type will be staffed by a paramedic who has successfully completed the training and education requirements.

The three-day training course will comprise of numerous assessments both written and practical on the latest evidence-based practice, adhering at all times to the policies and standards inherent within WAST. The course includes training and education in new medicines, additional equipment, technical and non-technical skills associated with clinical management of patients who have critical injuries or illnesses.

❖ RESOURCING & EMS COORDINATION

Following the move from Response Phase Monitor position to the Recovery Phase of the Pandemic Plan, Contact Centres across WAST have eased lockdown restrictions to enable key educational, leadership, wellbeing and partnership working visits. Infection Prevention Control measures remain in place but this is a first step towards living with Covid.

EMS Coordination have been recruiting new Emergency Medical Dispatchers (EMDs) across all three Emergency Clinical Contact Centres, four cohorts of staff are nearing completion of their training in Carmarthen and Llanfairfechan with two further cohorts scheduled for later in March and early April for Vantage Point house.

As part of the Emergency Services Mobile Communication Programme (ESMCP) EMS Coordination teams have been supporting the project to implement a new control room solution for Integrated Communication Control Systems (ICCS). As we move to a planned transition in July 2022 the EMS Coordination team have taken the first steps by training 12 members of the team as instructors in the new LifeX software solution. As we move towards Q1 of 2022/23 these new instructors will be rolling out training across EMS Coordination, NEPTS and EMRTS and supporting key critical systems testing in readiness for the next stages towards transition.

❖ INTEGRATED CARE

111 and 111 First Service

Cardiff and Vale core 111 and '111 First' service went live on 16th March 2022. This marks the culmination of a six-year programme of roll out, as a result 111 is now live across Wales. This national platform provides the basis for 111 to continue towards the organisational ambition of 111 representing the 'Gateway to Care' in Wales.

EMS Physician Triage and Streaming (PTaS),

Building on the success of the EMS Physician Triage and Streaming (PTaS), two trials using two different models have commenced in the 111 environment. One with the South West Clinical Support Hub and the second with Aneurin Bevan Health Board. Evaluation of both models is taking place to inform a wider 111 PTaS approach.

Clinical Support Desk (CSD)

The expansion of the Clinical Support Desk (CSD) continues apace with 35.2FTEs of the additional 36FTEs recruited, 20FTEs of which are now trained and operating on the CSD with the rest expected by early April. Early indications are positive as this growth, combined with the 111 contribution, is showing increased consult and close outcomes. In March some daily levels have been as high as 14%. As the remaining 16FTEs become operational we expect this contribution to grow in volume.

Emergency Communication Nurse System (ECNS)

Training of CSD staff in the new Emergency Communication Nurse System (ECNS) has commenced alongside other areas of the project. A go live date is being honed by the Project Board with a view to during May.

❖ NATIONAL OPERATIONS AND SUPPORT

NHS Wales System Reset – WAST Coordination Group

In response to broader health and social system pressures, a period of reset took place from 3rd March for two weeks. To coordinate the WAST response in support of the reset a coordination group was established. The WAST Coordination Group implemented a range of actions with our partners across the system to contribute to delivering the ambitions of the reset with particular focus on clinically safe admission avoidance. An internal debrief is scheduled to capture the learning from our approach with an emphasis on identifying the WAST activity that has been of most benefit, with a view to then considering the sustainability and appetite for continuation of support for these most beneficial activities.

Mobile Testing Unit Programme (MTU)

The Mobile Testing Unit (MTU) Programme has been extended by Welsh Government until the end of June 2022. Welsh Government continues to determine testing needs for Wales, however in anticipation of the contract end we are now starting to consider our exit strategy and explore potential opportunities that may exist within the organisation for MTU staff who were employed on fixed term arrangements.

Volunteering

Our very first National Volunteer Manager has been appointed – Jenny Wilson joined the Trust on 24th January 2022 and brings with her a wealth of knowledge and an extensive background in volunteering. Jenny is reviewing progress against the year one deliverables set out in the action plan which accompanied our Volunteer Strategy.

Business Continuity

This year we are due a revision of our business continuity arrangements. Ahead of this revision, a lot of work has already been done, however, whilst there is not any specific threat we have brought forward some planning activity given events occurring with Europe at the moment. A tabletop exercise has been undertaken and in response, some further work is being completed to review plans, determine and agree critical systems and exercise these plans once again.



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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	People & Culture Committee
DATE	10 th May 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk and Corporate Governance
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide the People & Culture Committee (PCC) with an update in respect of Corporate Risks that are relevant to the Committee's remit for review.

RECOMMENDATION:

2. **The People & Culture Committee is asked to receive assurances on the report and specifically note:**
 - a) **The rearticulation of the 3 Corporate Risks assigned to the Committee for oversight as part of the risk transformation work programme.**
 - b) **The increase in score of Risk 160 from 16 to 20.**
 - c) **The escalation of Risk 163 to the Corporate Risk Register.**
 - d) **The suspension of the Board Assurance Framework (BAF) for 3 months.**

KEY ISSUES/IMPLICATIONS

3. The Risk Management and Board Assurance Framework (BAF) transformation programme was supported as the direction of travel at the Audit Committee in December 2021 and a progress report will be submitted for consideration at the meeting in June 2022.
4. The immediate priority was a detailed review of each of the Corporate Risks and the development, testing and implementation of the Once for Wales Risk Datix Module.
5. The Audit Committee approved a request to pause reporting of the BAF for a period of 3 months to enable the Governance team time to develop a transitional BAF that will be presented at the Audit Committee in June 2022 and the Trust Board in July 2022.
6. A programme of work has commenced to strengthen the articulation of the Trust's existing and any new Corporate Risks including title and descriptions, the controls, assurances and any additional actions required.
7. A temporary Risk Officer was appointed until the 31st May 2022 to support the Corporate Governance team with these priorities. The substantive post will be advertised for appointment to commence in July 2022.

8. The Executive Management Team (EMT) received formal, monthly feedback from Assistant Director Leadership Team (ADLT) on activity relating to the corporate risks for approval.

REPORT APPROVAL ROUTE

9. The report has been considered by:

- EMT – 9th March 2022
- ADLT – 21st March 2022
- ADLT – 22nd April 2022

REPORT ANNEXES

10. An SBAR report is attached to this Executive Summary.

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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

SITUATION


- 1 The purpose of this report is to provide the People & Culture Committee (PCC) with an update in respect of Corporate Risks that are relevant to the Committee's remit for review.

BACKGROUND



- 2 The Risk Management and Board Assurance Framework Transformation Programme was supported as the direction of travel at the Audit Committee in December 2021 and has been included in the IMTP (2022/25). A full progress report will be presented to the June 2022 Audit Committee as agreed.
- 3 The immediate priority was for a detailed review of the Trust's 5 highest scoring risks with the remaining corporate risks to follow and a programme of work has commenced to strengthen the articulation of the corporate risks and any new risks including title, summary descriptions, controls, assurances and any gaps or additional actions required.
- 4 The Assistant Directors Leadership Team (ADLT) continue to review the risk assessments on all new risks in addition to reviewing any changes to existing risks and mitigating actions, reporting activity to the Executive Management Team (EMT), Board Committees and Trust Board.

ASSESSMENT

- 5 There are 3 of 15 Corporate Risks currently assigned to PCC for overview which are described in the summary table in below.
- 6 Each of these 3 risks have been reviewed as part of the transformation programme of work and have rearticulated and approved by EMT.
- 7 Any changes to the risk score as a result of the review is articulated in the risk score column.

CORPORATE RISK REGISTER: Summary				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service <i>Previous title: High Sickness Absence Rates</i>	IF there are high levels of absence rates THEN there is a risk of 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	16 (4x4)  New score 20 (5x4)

CORPORATE RISK REGISTER: Summary

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
201	Damage to Trust reputation following a loss of stakeholder confidence <i>Previous title: Trust Reputation</i>	<p>IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations</p> <p>THEN there is a risk of a loss of stakeholder confidence in the Trust</p> <p>RESULTING IN damage to reputation and increased external scrutiny</p>	Director of Partnerships & Engagement	15 (3x5) 
163	Maintaining Effective & Strong Trade Union Partnerships <i>Previous title: Trade Unions/Partnership Working</i>	<p>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</p> <p>THEN there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised</p> <p>RESULTING IN a negative impact on colleague experience and/or services to patients.</p>	Director of Workforce & Organisational Development	9 (3x3)  New Score 12 (3x4)

Escalation of Risks

- 8 **Risk 163** – the *Maintaining Effective and Strong Trade Union Partnerships* risk was approved by the EMT to escalate to the Corporate Register. This has been considered by the Trade Union Partners Cell and ADLT and it was agreed to escalate the risk which has increased in score from 9 (3x3) to 12 (4x3). This was reported to Trust Board on the 24th March 2022.

Closure and De-Escalation of Risks

- 9 No risks relevant to the PCC have been closed or de-escalated to Directorate Registers during this period.

Board Assurance Framework

- 10 The Audit Committee approved a request to suspend reporting of the BAF for a period of 3 months to enable the Governance team to develop a transitional BAF that will be presented at the Audit Committee in June 2022 and the Trust Board in July 2022.

- 11 This will provide the Governance Team time to invest in developing a transitional BAF which clearly sets out the work that is currently underway to rearticulate the corporate risks as well as the relevant and current controls, assurances and actions that will mitigate the risks to their target.
- 12 By way of assurance, a high level report will be provided to the Trust Board and each scrutiny Committee during May 2022 on each of the corporate risks with a particular focus on the developing controls and assurances of the Trust's 5 highest scoring risks.

RECOMMENDED:

- 11. The People & Culture Committee is asked to receive assurances on the report and specifically note:**
 - a) The rearticulation of the 3 Corporate Risks assigned to the Committee for oversight as part of the risk transformation work programme.**
 - b) The increase in score of Risk 160 from 16 to 20.**
 - c) The escalation of Risk 163 to the Corporate Risk Register.**
 - d) The suspension of the Board Assurance Framework (BAF) for 3 months.**



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

IMPROVING ATTENDANCE

MEETING	People and Culture Committee
DATE	10 th May 2022
EXECUTIVE	Dr Catherine Goodwin, Interim Director of Workforce and OD
AUTHOR	Liz Rogers, Deputy Director of Workforce and OD
CONTACT	Liz Rogers, Deputy Director of Workforce and OD

EXECUTIVE SUMMARY

This is the first of the regular reports on the project plan to support the reduction of sickness absence levels in WAST.

The purpose of the report is to provide P&C Committee with an update on progress, findings and outcomes and give assurance and report on any areas of risk.

KEY ISSUES/IMPLICATIONS

The delivery of the project plan is in the mobilisation phase with some pilots already underway.

Project meetings are scheduled fortnightly to monitor actions and progress.

To date, activities are on schedule against the plan. Assurance is given that progress to date is in line with what was planned and is achievable.

Activities underway include a pilot project for employees calling in sick to contact their line manager rather than the Resourcing Team. Information on this is shared in the report appendix. Occupational Health and Wellbeing Team activities, including working with the 111 team on the wellbeing offer to employees, ensuring people know what is available and how support can be accessed is also well underway.

The Deputy Director of WOD is working with the AD EMS on operational support for managers across the business. One Locality Manager based in the North has been appointed. Identifying a lead manager to be seconded into the project from the South is proving challenging due to the numbers of new LMs in post. The Operations Team will be supported by People Services. The lead for People Services has been allocated and the WOD team are looking at what additional support could be put in in the absence of a second LM or DOM.

PCC is asked to:

- **NOTE** progress against the project plan
- **COMMENT** on any areas of concern

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	27 April 2022	For noting
P&C Committee	10 May 2022	For noting

REPORT APPENDICES

Appendix 1: RAG Rated Plan

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	Yes

SITUATION

1. WAST has seen a significant increase in sickness absence levels through 2021 which have been regularly reported.
2. To address the high levels of absence, a project plan has been developed with a range of workstreams tackling various challenges, including support to managers, building on the wellbeing offer and interventions for supporting colleagues off on long term sick.
3. The organisation and Board recognise the need to address the levels of absence in a sensitive way, aligned to policy and being mindful of the general wellbeing of the workforce as we emerge from the pandemic.

BACKGROUND

4. The purpose of the project plan is to pull together the activities which are underway and to introduce new activities to support attendance in a connected way. Each workstream has a lead and the team meet every two weeks to inject

pace, unblock any challenges quickly and review the progress and impact of activities being delivered.

5. The plan is contained within Appendix 1. The first column shows the RAG rating for the action.
6. The project plan is in the mobilisation phase for some areas, however there is work underway on other workstreams and a high level overview of some of the activities is outlined below.
7. The project plan is an organic document and is continually updated with activities and adaptations to take into account organisational changes and newly identified opportunities. For example, a recent workshop was run by the Director of Digital and Blue Prism. Blue Prism are experts in robotic process automation in the NHS and have significant experience in working with ESR, the HR system used at WAST and across the NHS. There are opportunities to automate processes and information provision to managers around sickness which will be explored. This could improve data quality, timelines for the provision of information and free up administration time so the Workforce and OD team concentrate on the provision of support on sickness cases, advice and guidance. This therefore has been added into the Data and Information Workstream and what is achievable in terms of dates is being considered.
8. There are also external decisions taken on an All Wales basis which impacts on the plan and activities to support people returning to work. There was an expectation that from 1st April, COVID absence would be 'normalised' into the business with a change of arrangements as directed by Welsh Government. At the eleventh hour this was amended to leave existing arrangements in place until 30th June. Colleagues with long COVID impacted by these changes have been advised accordingly. This change is likely to continue to impact sickness figures. Some employees are returning in line with the original timeline but these are limited numbers.

ASSESSMENT

9. Assurance can be given that timelines for workstreams are being achieved to date. There is much work to do and as the changes in the structure of the People Services teams are embedded, workstream leads have been allocated and the team are getting to grips with what needs to be achieved. This includes working closely with Ops colleagues seconded in.
10. A pilot project, where employees call their manager to report sickness rather than resourcing has been running for seven weeks. A review of the impact has started and the first month of data has been produced and is currently being verified and analysed.
11. The feedback from the LM was that there was limited scope for action as most people calling in were too unwell to work. The region has suffered from high levels of COVID through the month with colleagues still testing positive post five days. There is an opportunity here for the team to work with managers and review the calls and talk through options for approaching this.

12. However, there have been some early indications of positive changes. Each contact was recognised as an opportunity for a welfare check which was positive, there was success in being able to refer injuries straight to physiotherapy after the first call and where a quick referral resulted in a quick appointment. They were able to get some staff back on alternate duties on physio advice. These were staff who ordinarily may have been off for a couple of weeks.
13. There was interesting feedback that some calls were advising people could not come in for reasons other than sickness e.g., they were let down with childcare. The benefit of talking to the line manager in these cases was that it was possible to look at options and to rearrange alternative shifts later in the week. This does not come as a surprise but suggests consideration is needed on how we capture shift loss which is not sickness and whether there are opportunities to support our people in a different way when these situations arise.
14. There are a number of Occupational Health and Wellbeing Team activities underway including work with the 111 team on the wellbeing offer to employees, ensuring people know what is available and how support can be accessed. Hearing surveillance testing is starting shortly.
15. The Deputy Director of WOD is working with the Assistant Director of EMS on operational support for managers across the business with the proposal to utilise 2 Locality Managers or one Locality Manager and two DOMS to support in the reduction of absence across operations teams. This team will be supported by the WOD team.
16. There is a strong focus on supporting managers to undertake their role in terms of managing attendance within their team and for them to access the data they need to make decisions as well as signposting and accessing support for team members where needed. The development of training content for delivery will start in the next two weeks. Training will be mandated and will be delivered through short sessions e.g. lunch and learns, focussing on a particular element of sickness management such as the return to work conversation, getting the best results from Occupational Health and supporting colleagues with an underlying health condition.

RECOMMENDED

The Committee is asked to: **NOTE** and **COMMENT** on the Report

Project Delivery Prep	RAG RATING
Seek EMT approval for approach	
Set up project team	
Set up project drumbeat	
Identify workstream activities e.g. wellbeing, hot spot projects, patterns of absence, workshop development for line managers	
Engage with stakeholders	
Allocate responsibilities	

Refine draft plan and sign off	
Operations Support arrangements developed and agreed	
Develop comms strategy for sharing information and progress with organisation and key stakeholders	
Two weekly project meeting drumbeat	
Delivery of workstream scrums	
EMT Report	
P&C Report	
Board Report	
Workstream 1 - Wellbeing Support	
Align workstream to Wellbeing strategy activities	
Engage OH in operational sickness reviews	
Development of Wellbeing offer with 111 (inc comms)	
Delivery of Wellbeing offer with 111 (inc comms)	
Develop OH offer for induction for 111	
Promotion of wellbeing offering to the business e.g. Thrive	
Offer mental health conversations training to managers (via React trainers)	
Implementation of health surveillance activities to fill any gaps identified e.g. hearing, night workers, air quality, HAVS	
Delivery of clinics to stations	
OH data reporting development	
Health diagnostics and assessment development (funding dependent)	
Wellbeing drop in sessions and health promotion via OHA's and Wellbeing Practitioners	
Approach to functional assessments	
Delivery of OH training to managers	
On site physio clinics	
Options for creating social exercise groups	
Make recommendations based on research for health and fitness interventions	
Report to EMT on findings	
Workstream 2 - Data and Information	
Review monthly data and trend analysis. Share information with managers in hot spot areas	
Provide monthly sickness data analysis to SOT inc hot spots and trends	

Refresher training to managers on accessing ESR sickness data through BI and Managers Self Service supported by easy to use guides	
Schedule sickness audits reviewing application of policy, RTW and identify missed interventions for staff and provide feedback to managers	
Roll out of 'Keep me well and in work' conversations with employees (6+ sickness episodes in a 12 month rolling period) utilising action cards	
Provide shared drive to collate all sickness absence data for People Services Team	
Roll out e-learning (All Wales) package for sickness absence to managers	
Build interfaces required to maximise flow of absence information between systems	
Robotic Process Automation options for managing attendance	
Workstream 3 - Management Support	
Review current support provided to managers and develop key focus areas for people services team and roll out	
EMS working group to implement local sickness reporting trial including script to follow for improving attendance at work and effective redeployment/Alt duties	
Evaluate local sickness reporting pilot	
Develop EDI and sickness session	
Develop attendance policy session	
Develop sickness conversations session	
Deliver pilot training sessions	
Pilot review	
Schedule rollout to all line managers	
Deliver training	
Produce recorded training session	
Maintain regular meetings with manager to case review including OH input and agree actions. Ensure updates are checked and recorded during each meeting	
People Business Leaders monthly 121s with senior managers focus on sickness, ER and required support	
Workstream 4 - Workforce Engagement / Ownership	
Develop short workshop and questionnaire to understand workforce views on sickness absence, support offering and sickness ownership	
Set up and deliver focus groups x 4	
Review and develop interventions based on feedback	
Build interventions into project plan	
Develop communications rhythms - sharing high level figures and impact of those, celebrate (caution with presenteeism and message to those with chronic conditions/ trauma) reducing absences	
Workstream 5 - Long Term Absence support inc COVID	
Roll out guidance from All Wales Guidance for the Management Long Covid Working Group	

Engagement with colleagues with long covid on return to work options (post changes in sick pay wef 1.04.2022)	
Monthly case reviews on 100 day plus cases with managers	
Deliver monthly case conferences inc OH, DDWOD and BPs	
Develop and implement recovery pathways	
COVID pay change on 1.04.2022 - advise those on LTS (COVID)	
Amend to COVID pay to 30.06.2022 advise those impacted	
Ensure all LTS Covid cases have been referred to OH for upto date review	
Workstream 6 - Pilot Projects	
Launch of the new behaviours across the business	
Embed new behaviours across the business	
Alternative rostering arrangements - working patterns/ self rostering options	
CCC deep dive with management team	
Decompression time project	
Behaviours and cultures project	
Health diagnostics	
Investigate social event options - family days	
Comms strategy re health promo and messaging - reach to the workplace	
Engagement with paramedic students on role realities	
Workstream 7 - Stress and Anxiety	
People Services Team training on stress risk assessments	
Ensure Risk Assessments are undertaken at the earliest opportunity and review actions	
Stress Risk Assessment Process manager training	
Produce training video and FAQs on process	
Delivery of pro-active assessments on colleagues in work	
Review of assessments by OH team	
Review referral pathways to wellbeing support	
Develop pathway and support process for violence and aggression cases	



GIG
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Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	11
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – March 2022
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MEETING	People & Culture Committee
DATE	10 May-22
EXECUTIVE	Rachel Marsh – Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Kerri Hitchings – Commissioning & Performance Manager Nicola Quiller – Commissioning & Performance Officer
CONTACT	Hugh.bennett2@wales.nhs.uk Nicola.Quiller@wales.nhs.uk

EXECUTIVE SUMMARY

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 **Mar-22** and (with the exception of Sickness).

RECOMMENDATION

Trust Board is asked to:-

- **Consider** the Mar-22 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.

KEY ISSUES/IMPLICATIONS

Overview

Mar-21 Trust Board & QUEST received a revised Integrated Quality & Performance Report which contained 28 key indicators at a highly summarised level and demonstrated 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.

These four areas of focus broadly correlate with the Quadruple aims set out in 'A Healthier Wales'.

The Strategy, Planning & Performance Directorate has continued the formal update of the report, based on feedback from Board, committees and individual responses from non-executive directors and executives. The report will continue to be reviewed on an iterative basis, likely to be on an annual basis in line with the IMTP.

The review of the Quality & Performance Management Framework has concluded with the Framework approved by Mar-22 Trust Board. The focus is now on a work programme of deliverables for identified areas of improvement e.g. local frameworks.

Our Patients – Quality, Safety and Patient Experience

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

999 answering times have been challenged through significant increases in demand. The median and 65th percentile performance remain good, but the call answering tail remains at just under one minute. 111 call answering performance (answered within 60 seconds/abandoned after 60 seconds), saw a decline in Mar-22 linked to increasing demand, call abandonment rates increased (therefore, worsening) and did not meet the 5% target.

Actions to improve both of these areas involve the recruitment of additional call handlers. For the 999 calls, additional recruitment was being undertaken to uplift the call taker establishment by 32 FTEs in 2021/22; however, recurrent funding has not been secured into 2022/23. Forecasting and modelling is being undertaken on the future call taker requirement through to Dec-24, but as above funding is not available at this time. The CCC Reconfiguration Project deliverables for 2022/23 are currently being revisited in the light of the 2022/23 budget settlement.

Similarly 111 had successfully delivered two cycles of additional Call Handler and Clinical Advisor recruitment in January & February 2022; however, the 111 establishment and future transformational actions are now being reviewed as the service stabilises post pandemic and after a recent demand & capacity review of 111 by Operational Research in Health (ORH) with a report to EMT in May-22. Also, discussions are continuing with stakeholders on how to manage the over-established position for 111 Call Handlers following the decision by Welsh government not to continue to fund the 111 First programme.

Within the 111 service, a recently implemented telephony system for interactive voice response provides callers with expected answer times and sets out alternative options as the caller waits (for example, informing callers that they may find answers on the 111 website). In due course, there will also be an option for the caller to be called back rather than hold on. This will improve the patient experience, reduce numbers of calls that end up with the call handler and reduce abandonment rates.

111 Clinical response: whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, a decline in performance across all the priorities was seen in Mar-22. The Trust knows that the waits for a clinical ring back are too long.

Ambulance Response (safety / patient experience): Red and Amber response times declined into Mar-22 supported by an increase in patient demand; in addition, the number of hours lost at hospitals remains extreme and cannot be offset by increased ambulance production. Response times continue to be much longer than the Trust would want. Actions within the Trust's control include:

Capacity:

- Recruitment of an agreed funded additional 127 FTE front line staff as part of the Year 2 EMS Operational Transformation Programme. The Trust was on course to close the relief gap early in 2022/23; however, in order to fund the uplift of 36 Paramedic FTEs into the Clinical Support Desk (CSD) the Trust will now have to hold open 46 ACA2 vacancies in 2022/23 i.e. recurrent funding has not been made available by EASC. On this basis the Trust will deliver an uplift of 217 FTEs for the relief gap (263 FTEs), 36 Paramedic FTEs for the CSD and a further five mental health practitioners, in total an uplift of 258 FTEs which clearly demonstrates that the Trust can recruit and support the wider unscheduled care system if funded to do so. No funding is available at this time for the Transition Plan which offered the system a further uplift of 294 FTEs including 95 FTEs to fill the Cymru High Acuity Response Unit (CHARU) roster keys.
- Securing of additional temporary capacity from alternative sources, including St John Cymru, Fire & Rescue Services and the military. A significant number of additional hours have been provided through the winter period as a result of support from the Trust's partners with emergency ambulance unit hour's production (UHP) at 98% in Mar-22 i.e. above the benchmark of 95%; however, military aid stopped on 31 Mar-22 and the Trust has received some limited support to continue to fund St John Cymru ambulance resources into the first four months of 2022/23. The level of hours that the Trust can provide, even with all efficiencies delivered, cannot off set the level of handover lost hours.

Efficiency (rosters, sickness absence and post production lost hours):

- The Ambulance Response roster review is on target for go live between Sep-22 and Nov-22. There is an increasing amount of stakeholder interest which is being fielded by senior officers of the Trust;
- A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This is now live and being reported to EMT every two weeks.

- Work around workforce modernisation proposals, including post production lost hours (PPLH) is currently paused pending further dialogue with trade union partners.

Demand Management

- The Trust has prioritised 41 additional clinicians into the Clinical Support Desk, with 36 Paramedic FTEs and five mental health practitioners successfully recruited, with on-boarding and full go live occurring through Feb-22 and Mar-22 (on-target/recruited). As well as improving the safety of the calls that are waiting, this investment will also mean an increase in hear and treat rates.

The Trust has combined various tactical plans into a single Performance Improvement Plan (PIP) which is being reported to the Executive Management Team every two weeks (and onto the CASC). Actions are set out under four main headings with actions including:

- Better management of demand;
- Increasing capacity;
- Increasing effectiveness and efficiency of resources; and
- Supporting staff well-being.

Good progress has been made on the PIP. The PIP is supported by tactical forecasting and modelling, with the results for spring provide to senior decision makers. The focus is now on forecasting, modelling and planning for summer.

The modelling results are very concerning due to the end of military support and the extreme levels of handover. The Transition Plan could mitigate some of the patient safety concerns, but is not funded at this time.

Ambulance Care (formally NEPTS) (Patient Experience): performance was above target for enhanced renal patient arrivals prior to appointment in Mar-22 and has improved for patients requiring discharge; however, overall demand for the service continues to increase and in Mar-22, overall demand was at 90% of the equivalent month in 2019 and was 10% busier than any month since Feb-2020, however, Ambulance Care core (outpatient demand) has not yet recovered to pre CoVID-19 levels. EASC (10 May-22) has a “focus on” development session on NEPTS, which will include looking at the in-balance of demand and capacity and options for resolving this. Other areas of focus include call answering performance, which is currently being addressed through a range of actions and oncology. Oncology may require a change in performance standard at the NEPTS Demand & Capacity Review identified that achieving the current standard through increasing FTEs would be prohibitively expensive.

National Reportable Incidents (NRIs) / Concerns Response: The Trust reported 7 NRIs to the Delivery Unit in Mar-22, compared to 2 in Feb-22; and 7 patient safety incidents were referred to health boards under the “Appendix B” arrangement, compared to 17 in Feb-22. Complaint response times improved to 76% meeting the 75% target for the first time in 12 months. In the main, many of these incidents will be as a result of continued longer response times and the actions outlined below therefore are key.

Our People (workforce resourcing, experience and safety)

Hours Produced: 118,840 EMS ambulance unit hours were produced in Mar-22. The emergency ambulance UHP was 98% in Mar-22 and RRV UHP was 73%. The emergency ambulance UHP is supported by the Armed Forces, Fire & Rescue Services support and St John Ambulance Cymru capacity; however, the level of abstractions means that the capacity gain from this recruitment is less than the Trust would expect under more normal operating conditions.

Response Abstractions: Abstraction levels decreased in Mar-22, however, remain very high at 48% (benchmark 30%). CoVID-19 has had a significant impact on abstractions with sickness abstractions being 14% in Mar-22 (benchmark 5.99%). Workforce fatigue is also an issue.

Trust Sickness absence: The Trust's overall sickness percentage (Feb-22) was 10.93% and high sickness levels were seen across all areas of the Trust's operations including Ambulance Response, CCC, 111 and NEPTS, affecting capacity in all areas. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level, although it is difficult to forecast the ongoing impact that CoVID-19 will have on staff and volunteers. In addition, Employee Assistance Provider (EAP) data suggests that most requests for counselling are as a result of work related stress. As outlined above, the PIP contains additional actions being taken in relation to staff well-being. A specific Managing Attendance programme has been established, led by the Deputy Director of WOD, to identify and implement actions across a range of areas to improve sickness absence and alternative duties.

Staff training and PADRs: PADR compliance and Stat / Mand training compliance are below target. This has been impacted on by the pandemic. The Learning and Development Team will continue to utilise Siren using the #WASTMakeltHappen tagline to reinvigorate My Learning on ESR to improve compliance rates for corporate staff.

Finance and Value

Financial Balance: The Trust achieved financial balance in 2021/22, with a small revenue surplus of £0.075m and met its statutory duty to breakeven during this financial year.

Post-production lost hours: The efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). EMS Response lost over 11,000 PPLHs in Mar-22, compared to the 118,000 hours produced. The reasons for PPLHs are many and varied, with around 51% in March being attributed to return to base for meal break. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base. The Trust and TU partners are currently collaborating on PPLHs through the Leading Service Change Together workshops which started in Sep-21. At this moment in time there is no agreed benchmark for PPLHs. Further benchmarking work with Operational Research in Health (with three other ambulance services) indicated that the Trust benchmarked favourably with two of the three. Initial contact has been made with the third ambulance service to compare practices around PPLH.

Partnerships/ System Contribution

Shift left: much of our work as a Trust 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 **hear and treat** rates after 999 calls; and the Trust achieved 11.8% in Mar-22, compared to the benchmark of 10.2%.

The Trust has an ambition to shift more patient demand left, where it is clinically safe to do so through both hear & treat and see & treat (Finance & Performance Committee received a separate Deep Dive report on their agenda, which is available to all Trust Board members), a position consistent with the EMS commissioning framework. To this end the Trust has increased the establishment in the Clinical Support Desk by 41 FTEs, almost doubling the existing establishment, with 36 Paramedic FTEs and a 5 mental health professionals FTEs into the Clinical Support Desk (CSD). Recruitment is complete with staff on-boarding and going live in quarter four. The Trust is also implementing new clinical triage software and working with health boards on how they can support remote demand management. There will be a revised benchmark of 15% for hear & treat into 2022/23.

The Trust **conveyed** 32% of patients to emergency departments in Mar-22, a decrease compared to 35% in Feb-22; analysis shows that this may be linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls. Further strategic modelling work has recently been completed on “inverting the triangle”.

Handover lost hours: The 2021/22 EASC commissioning intentions include an intention that handover lost hours should not exceed 150 hours a day for 95% of the year, which would mean a monthly loss of approximately 5,000 hours. 24,479 hours were lost in Mar-22. These levels are unprecedented and extreme and whilst the Trust can seek to mitigate the impact of handover lost hours, the Trust cannot offset this scale of lost hours. The Trust continues to raise this issue with EASC, Health Boards and Welsh Government and will continue to support any improvement programmes such as the EDQDF. The 2022/23 EASC commissioning intentions for handover lost hours focuses on setting improvement trajectories per site; however, the pressure on the unscheduled care system as Wales emerges from the pandemic mean that the Trust can expect these extreme levels to continue into 2022.

Summary

The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust provides to patients. Demand across all areas of the service increased in Mar-22, this coupled with other factors such as the continuation of the Omicron and Deltacron CoVID-19 variants, high levels of sickness (including CoVID-19 related absence) and extreme handover lost hours continue to impact on the Trust. EASC, WG and the 111 Programme Board have been very supportive of the Trust through the pandemic, supporting a range of mitigations; however, whilst the patient safety concerns are set to increase in 2022/23 as system pressure remains high, most short term in year non-recurrent mitigations are due to end on 31 Mar-22 e.g. military. Recurrent and increased funding for more permanent patient safety initiatives into 2022/23 looks unlikely at this point in time.

REPORT APPROVAL ROUTE

Date	Meeting
27 Apr-22	Commissioning & Performance Manager Assistant Director of Commissioning & Performance Director of Strategy Planning & Performance
10 May-22	People & Culture Committee
12 May-22	Quality, Patient Experience & Safety Committee

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Monthly Integrated Quality & Performance Report

March 2022

Annex 1 – Top Indicator Dashboard





Section 1: Monthly Indicators / Top Indicators Dashboard



Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Mar-22	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience					
111 Abandoned Calls	< 5%	11.00%	9.2%		A
111 Patients called back within 1 hour (P1)	90%	95.30%	94.5%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:03	01:35		R
999 Red Response within 8 minutes	65%	63.6%	51.1%		R
Red 95th percentile	00:14:00	00:17:59	00:24:17		R
999 Amber 1 95th percentile	01:18:00	02:24:10	06:37:49		R
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	-		G
Stroke Patients with Appropriate Care	95%	95.83%	-		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	81%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	88%		A
National Reportable Incidents reports (NRI)	-	4	7		R
Concerns Response within 30 Days	75%	75%	76%		G

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Feb-22	Mar-22	2 Year Trend	RAG
Our People						
EMS Abstraction Rate	29.92%	37.00%	41%	48%		R
Hours Produced for Emergency Ambulances	95%	96.0%	110%	98%		G
Sickness Absence (all staff)	5.99%	7.30%	10.91%	11.88%		R
Frontline CoVID-19 Vaccination Rates	-	-	4,278	4,279		-
Statutory & Mandatory Training	>85%	83.1%	83.34%	84.15%		A
PADR/Medical Appraisal	>85%	52%	54.19%	51.46%		R
Ambulance Response FTEs in Post	1700	1702	1639	-		A
Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	-	1117	1763	1754		-
Value						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
EMS Utilisation metric	57%	-	-	-		-
Post-Production Lost Hours (All Vehicle Types)	Reduction Trend	11,053	11,010	11,452		R
Partnerships / System Contribution						
111 Consult and Close	Improve	5,612	6,699	8,432		G
999 Hear & Treat	10.2%	9.9%	10.8%	11.8%		G
% Incidents Conveyed to Major EDs	<48.6%	44.58%	35.34%	32.21%		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	23,232	24,479		R

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)





CoVID-19 Virus Monitoring

FPC

QUEST



Wales Situation Report

Source: Welsh Government
Waste Water Monitoring Report extracted 12/04/2022

Since last week, SARS-CoV-2 viral load has decreased across the country. However, the signal continues to increase in Clwyd, Wye and Ynys Môn.

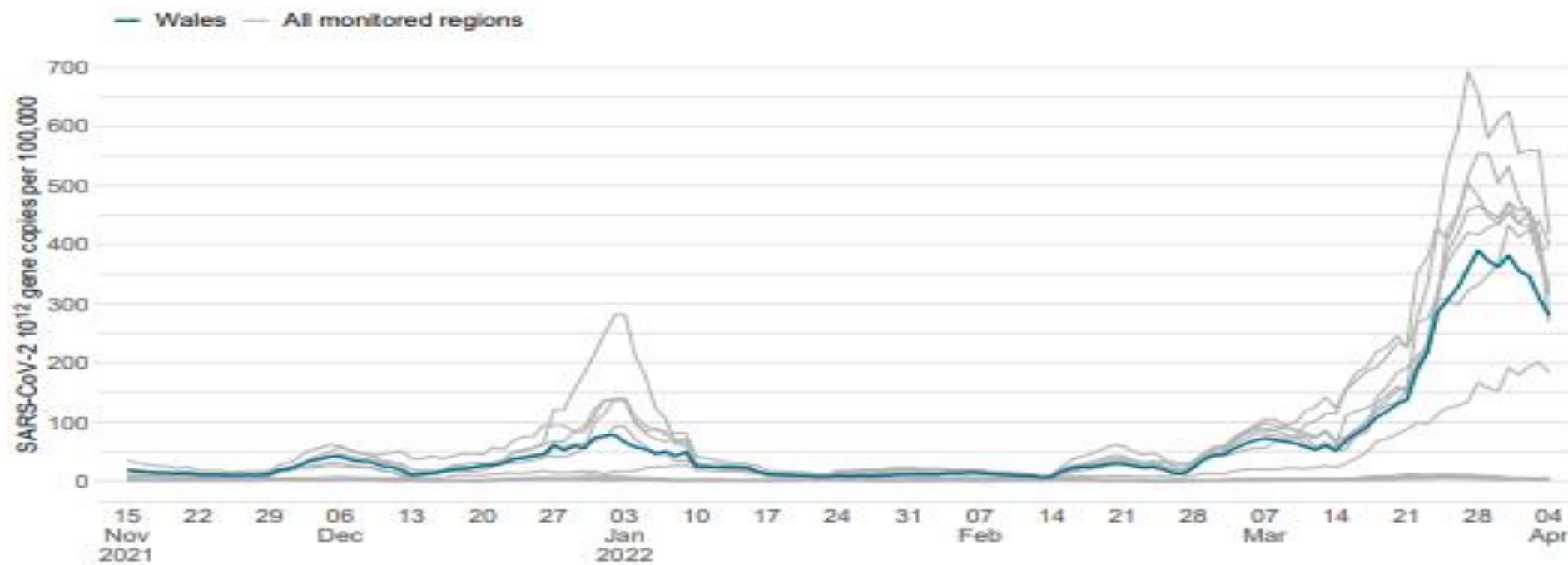


Figure 2 - National (blue lines) and Regions (grey lines) Rolling Mean SARS-CoV-2 gc/day per 100k

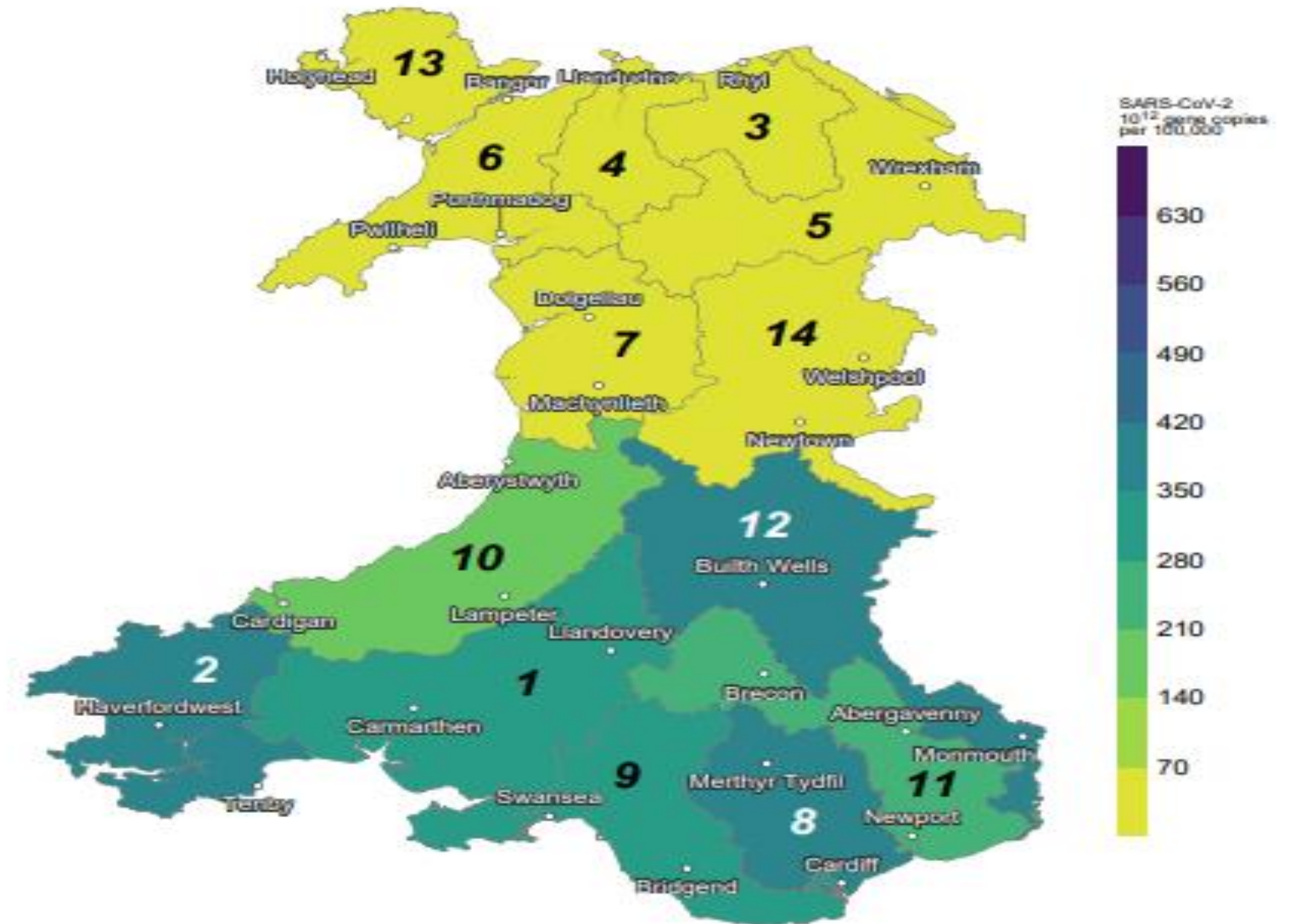


Figure 3 - National Heat Map showing Regional Mean SARS-CoV-2 gc/day per 100k



(Responsible Officer: Rachel Marsh)

Welsh Ambulance Services NHS Trust



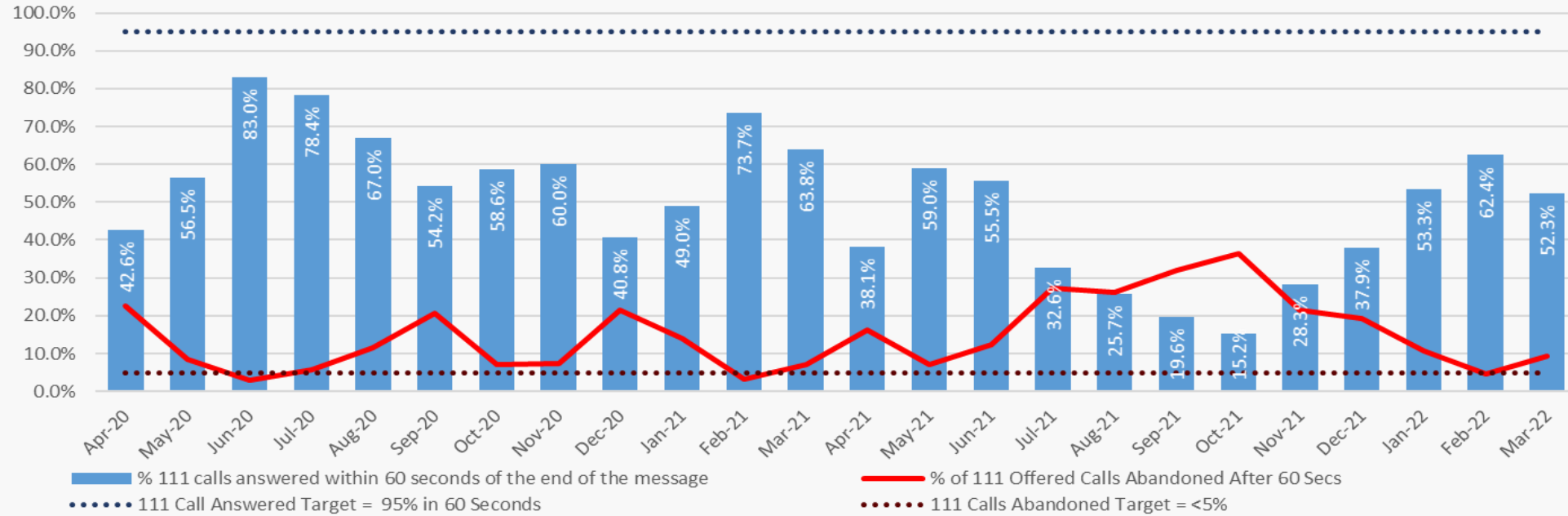
Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators



Influencing Factors – Demand and Call Handling Hours Produced

111 Calls Answered vs Calls Abandoned within 60 Seconds



Analysis

111 call abandonment is a key patient safety indicator for the service. Mar-22 saw a decline in abandonment rates to 9.2%, falling outside the 5%.

The percentage of 111 calls answered within 60 seconds of the end of the message also declined in Mar-22 to 52.3%. Given the continued high volumes of calls per month, this still represents a significant number of people who receive a patient experience which didn't meet the levels achieved during Feb 22 however the delivery in March continues to represent a significant improvement trajectory.

111 call demand increased in Mar-22 compared to the previous month, as seen in the graph. This is principally due to 111 becoming available in Cardiff and Vale UHB.

The graph alongside also shows that capacity (staff hours) has been increasing in line with the roll-outs and as planned; however, despite recruiting significant numbers of additional staff as agreed with commissioners, there are high sickness absences (which includes CoVID-19 Sickness), which sat at 14.08% for NHS111 in Mar-22. This means that demand is higher than forecast, capacity is lower than planned leading to the longer average call answer times as seen.

Communication regarding the use of 111 is regularly circulated to the public, which includes utilising online 111 Wales; in Mar-22 there were 382,915 visits to the website. In Mar-22 the stomach pain symptom checker accounted for 10,422 hits followed by searches for Quinsy which recorded 9,828 hits and rash which saw 6,835 searches.

Remedial Plans and Actions

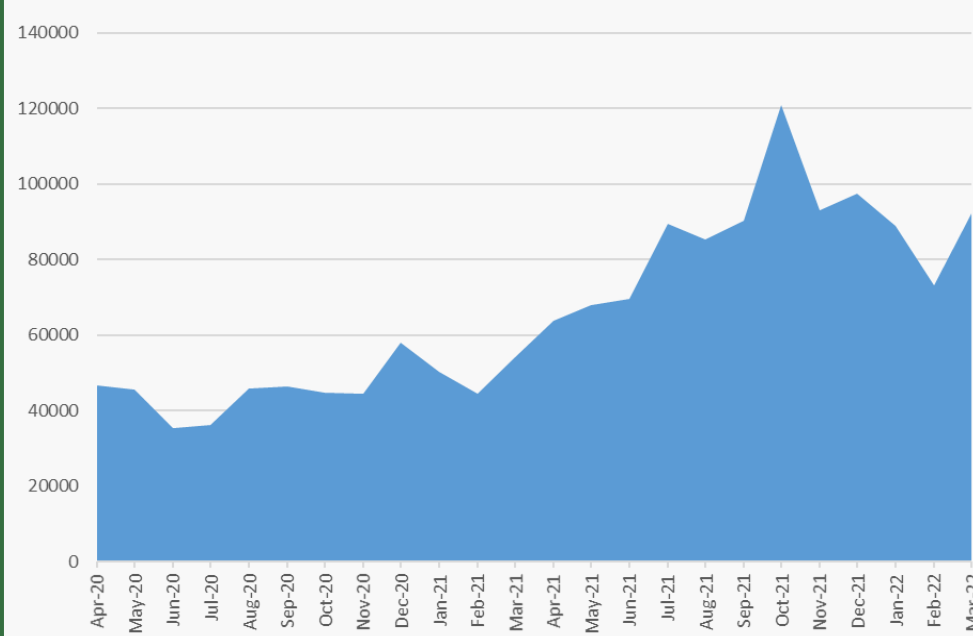
- Following a successful launch in Cardiff & Vale Health Board (C&VUHB) on the 16th March the 111 service is now live across Wales. Bringing an end to the NHS Direct Wales Service. Additionally this also saw CaV24/7 being replaced by the 111 First service.
- To enable the launch of 111 service in C&VUHB strong progress has been made in Q3 & Q4 to deliver the accelerated 111 Recruitment & training plan to increase the Call Handler & Clinical Advisor workforce.
- The increased estates and training capacity enabled the January training cycle to deliver 24 X FTE Call Handlers & 11 FTE Clinicians, with a further 50 WTE Call Handlers and 11.6 WTE Clinical Advisors on the February cycle.
- The additional w/f numbers meet the Call handler requirements for the C&V core 111 roll out and the projected expansion for the 111 First Service. The Clinical Advisor numbers meet the requirements for C&V core 111 roll out, however further recruitment would be required to meet the 111 First service needs Pan Wales (if funded).
- Welsh Government have indicated that there is unlikely to be recurrent funding to continue the implementation of the 111 First Service across Wales. Discussions are continuing with WG and plans are being considered to manage the impact of this decision.
- A number of service improvement initiatives including the introduction of new IVR messaging, review of the Clinical Advice Line (CAL) and the ongoing recruitment positions have had a positive impact to help stabilise the 111 call abandonment rate and improve call to answer times.

The workforce FTE table has been removed in this iteration as the numbers are linked to the budget deliberations, in particular, 111 First; consequently it is difficult to provide numbers with any degree of certainty at this point in time

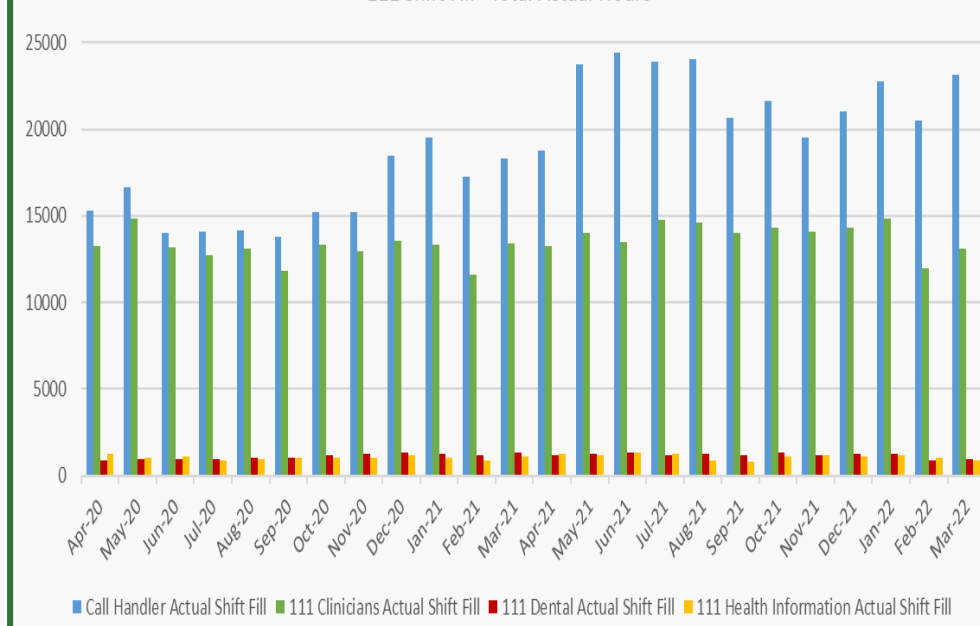
Expected Performance Trajectory

The new IVR system will improve patient experience and is likely to reduce abandonment rates (people take up option of call back); however, call answering times will only be improved through additional capacity and this relies on our continued recruitment into funded posts and improved efficiency gains, with work ongoing to develop innovative solutions

Total 111 Calls



111 Shift Fill - Total Actual Hours

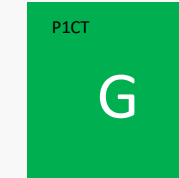




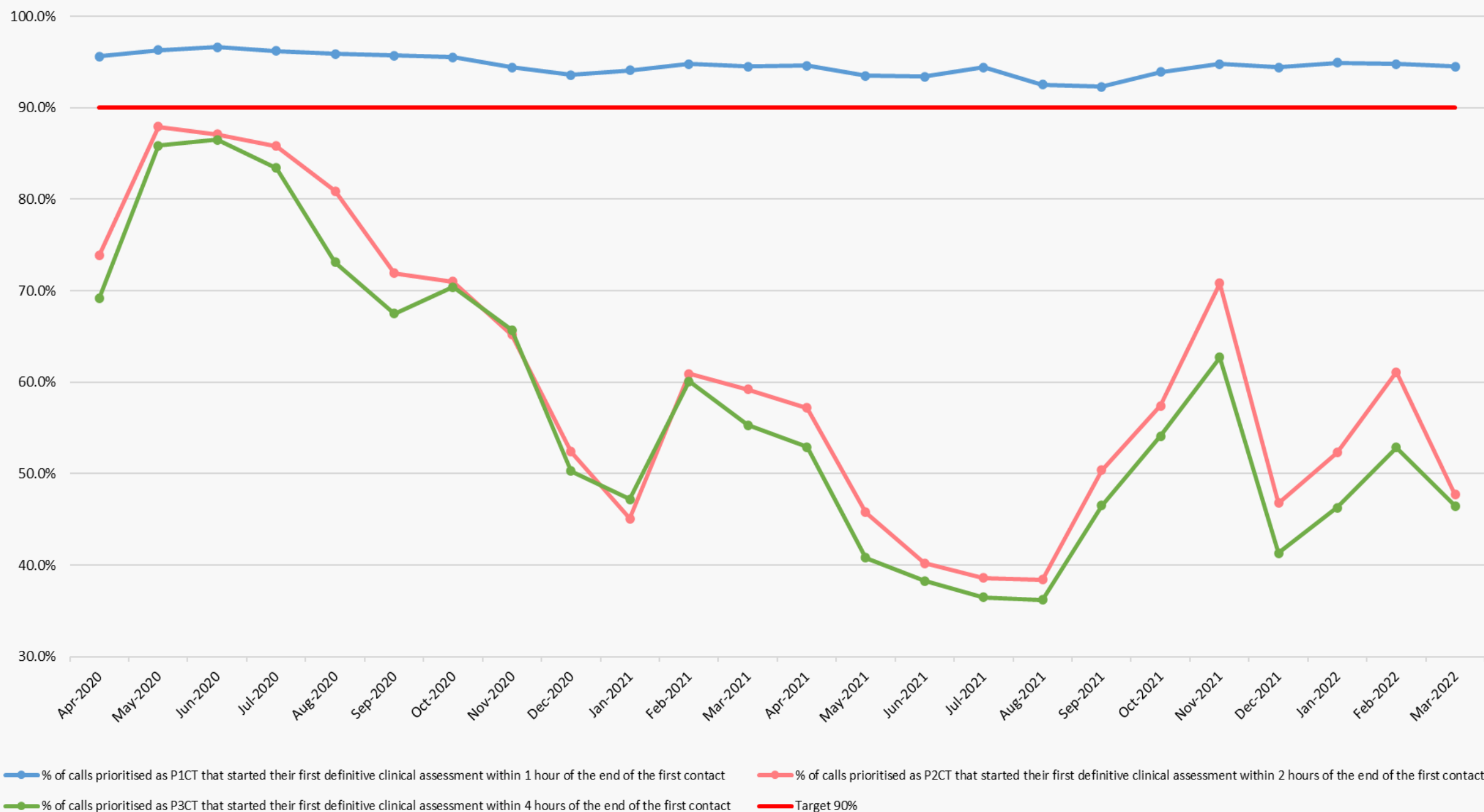
Our Patients: Quality, Safety & Patient Experience

111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced



111 Timely Clinical Triage of Patients



Analysis

The performance of 111 calls receiving a timely response to start their definitive clinical assessment remains a challenge, with the continuing exception of the highest priority calls.

The highest priority calls, P1CT, continue to receive a timely response which, with the exception of Mar-20, has continuously achieved the 90% target.

For lower category calls, we are not meeting the 90% target, in Mar-22 a decline was seen in all categories with the exception of P1CT.

Demand for the service continues to grow (see previous slide) which will affect performance, but in addition, recruitment and retention of clinical staff also remains problematic.

Remedial Plans and Actions

The main driver of improved performance will be the correct number of clinicians in post to manage current and expected demand. Urgent work is now underway through the Gateway to Care Transformation Board to consider:

- Opportunities to widen the scope of clinicians who can apply, for example through offering remote working, exploring use of different clinicians or considering call centres in other areas.
- Opportunities to understand better and potentially reduce the number of tasks that clinicians have to undertake so that the Trust needs fewer in the future, in particular, work is focusing on the use of the Clinical Advice Line.

Expected Performance Trajectory

Risks have been highlighted in previous reports about the ability to recruit sufficient clinicians and this is now being seen. Urgent work is now underway to agree a series of actions that might help to increase recruitment, reduce turnover and reduce demand on clinicians, but performance is likely to be poorer than the Trust would want for some time to come.



(Responsible Officer: Lee Brooks)

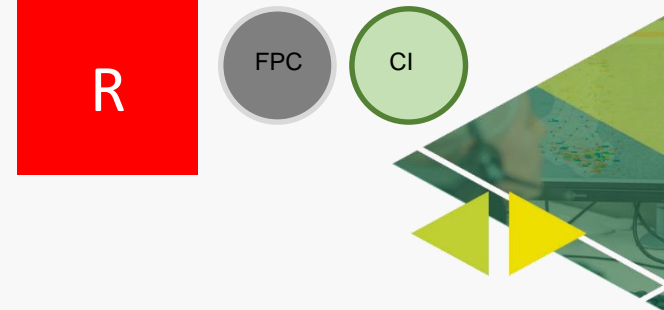
Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced



Analysis

The 95th percentile 999 call answering performance saw a further decline in Mar-22 to 1 minute 35 seconds, compared to 59 seconds Feb-22, failing to meet the 6 second answer target for the ninth consecutive month largely as a result of increased call demand, particularly at weekends. Increasing call answering times are a significant concern in relation to patient safety.

The median call answer times for 999 services remains consistently at 2 seconds. In Mar-22 65th percentile continued to average at 3 seconds.

The Trust received 48,792 emergency 999 calls in Mar-22, an increase compared to Feb-22, and significantly higher than both Mar-20 and Mar-21. The continued high call volumes are likely to be a result of public activity returning to normal levels, along with the impact of the continuing pandemic. Although not shown here, there are increasing levels of staff abstraction due to sickness and COVID (17%) in the call centres which is reducing capacity.

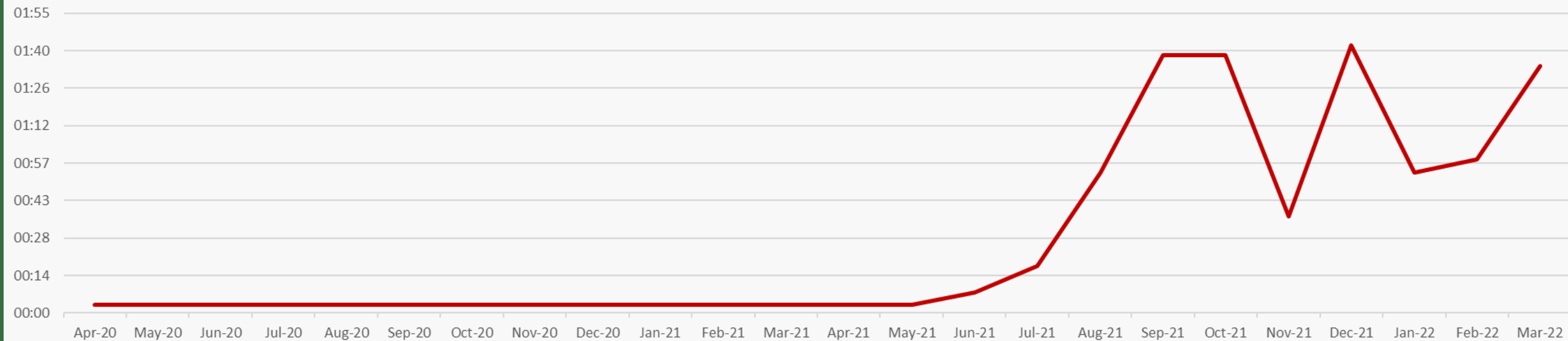
Remedial Plans and Actions

- EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately. Resources teams are focussing on balancing capacity across the 7 day period, targeting overtime to weekends and Mondays where patterns of demand and reduced UHP are identified.
- Additional funding original approved has been withdrawn this fiscal year and as such EMD establishment will remain at baseline demand levels within the financial envelope for EMS Coordination.
- Increased pressure and sustained levels of 999 demand above baseline is impacting on staff attrition and wellbeing.

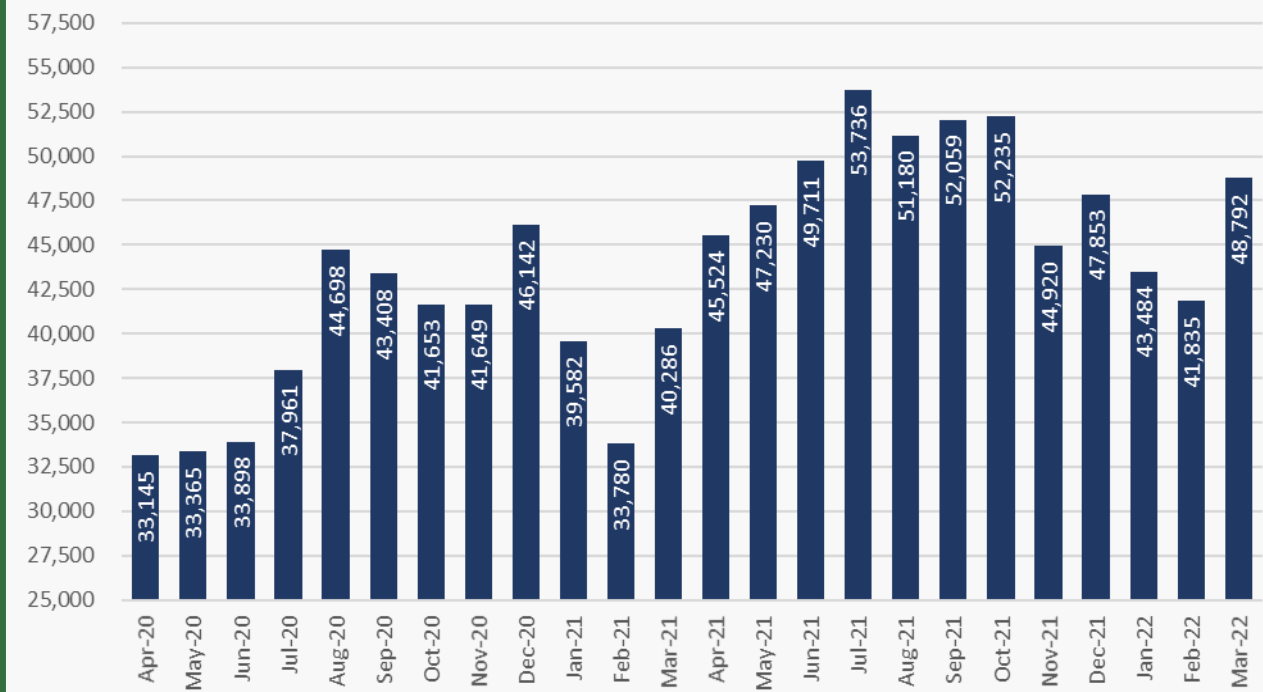
Expected Performance Trajectory

Performance is expected to continue to be difficult with demand forecasted to increase throughout the fiscal year. EMS Coordination continue to focus on proactive recruitment to mitigate the impact of current attrition rates

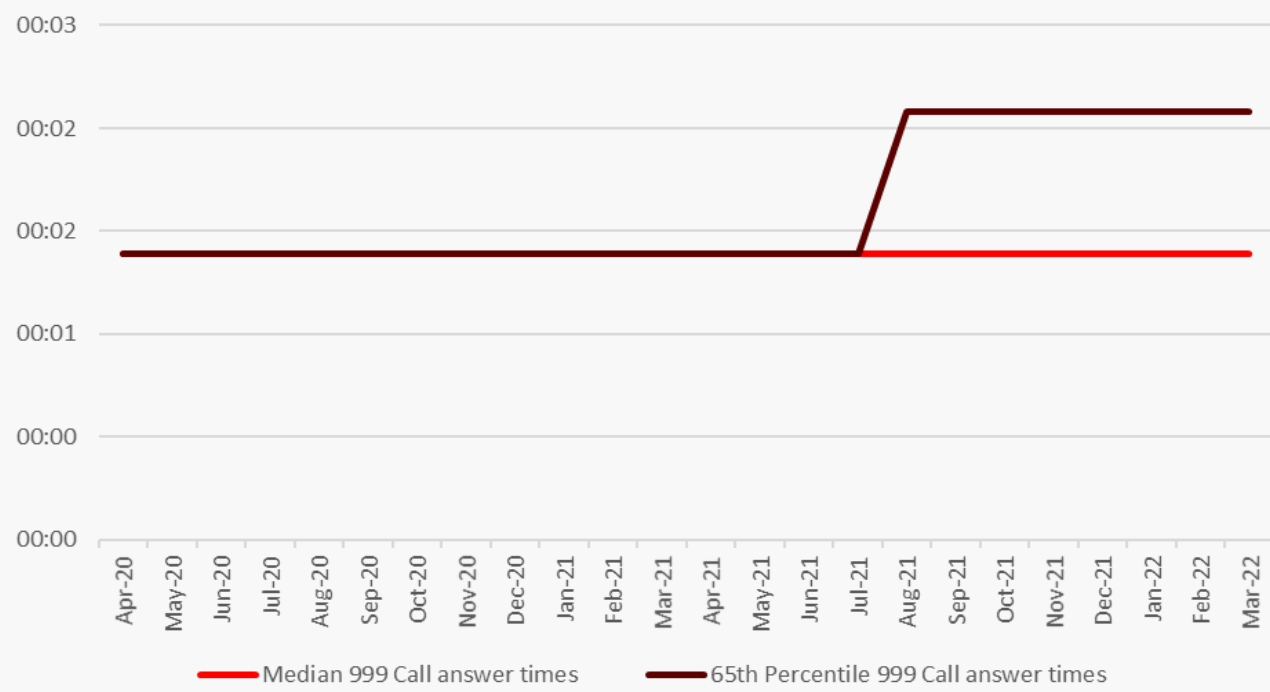
95th Percentile 999 Call answer times



999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



(Responsible Officer: Lee Brooks)

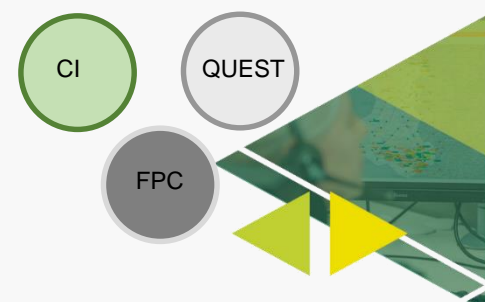
Welsh Ambulance Services NHS Trust



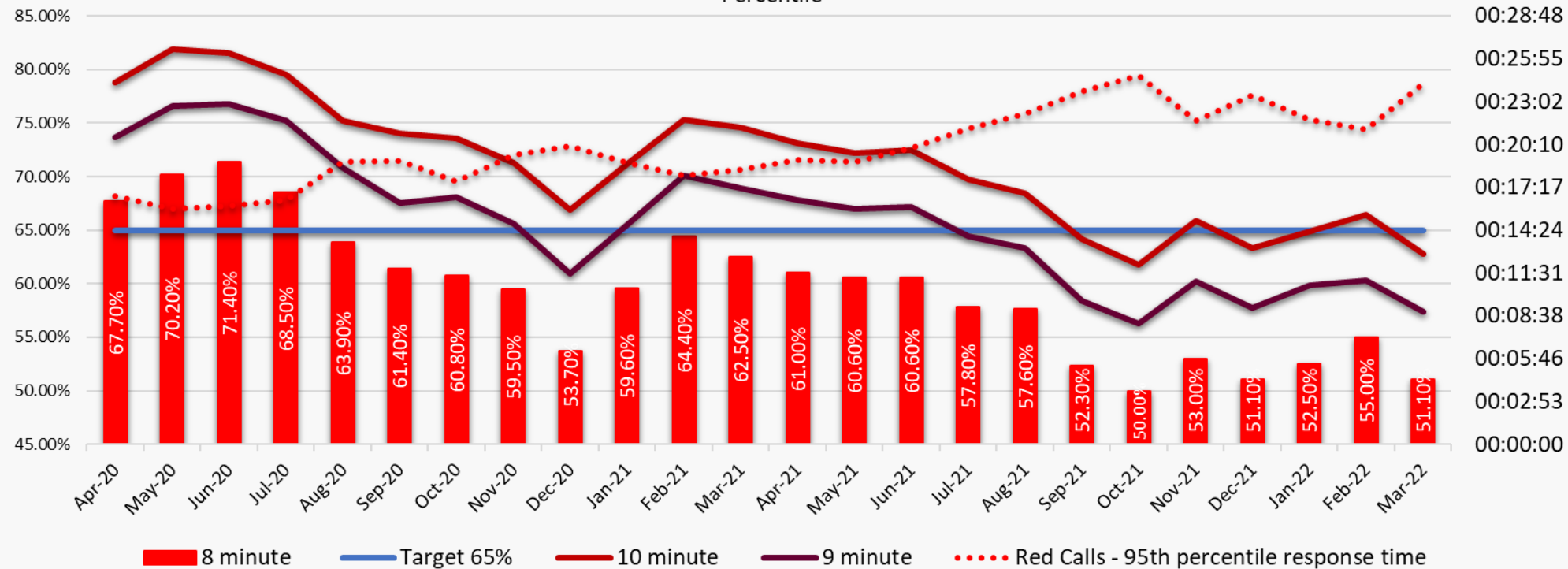
Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



% Of Emergency Responses to Red Calls Arriving Within (up to and including) 8, 9 & 10 Minutes Against Red Calls 95th Percentile



Analysis

Although some improvements have been seen, red performance did not achieve the 65% target in Mar-22 and the target has not been achieved since Jul-20. There was also significant health board level variation but none of the seven health board areas achieved the 65% target. A continuing level of poor performance was forecast in the spring plan based on predictions of demand, lost hours and hours produced. Ongoing poor performance also continues to affect Red 9 minute responses, which achieved 57.4% and Red 10 minute performance, achieving 62.8% in Feb-22.

Three of the main determinants of Red performance are Red demand, unit hours produced and handover lost hours.

Red demand in the last 2 years has seen a particular increase, outside of normal expected variation which is impacting on response times.

The lower centre graph demonstrates the correlation of performance with hospital handover lost hours with Mar-22 having the highest ever recorded. In addition, the number of EA hours produced remains fairly stable despite support from the military having now ceased, RRV hours again saw less actual hours for Mar-22 than planned.

Other factors continue to affect performance including prioritising EA hours over RRV, and the additional time taken to don level 3 PPE to Red calls relating to respiratory disease/issues. The latter in particular was shown to add several minutes to a response, and this requirement remains in place.

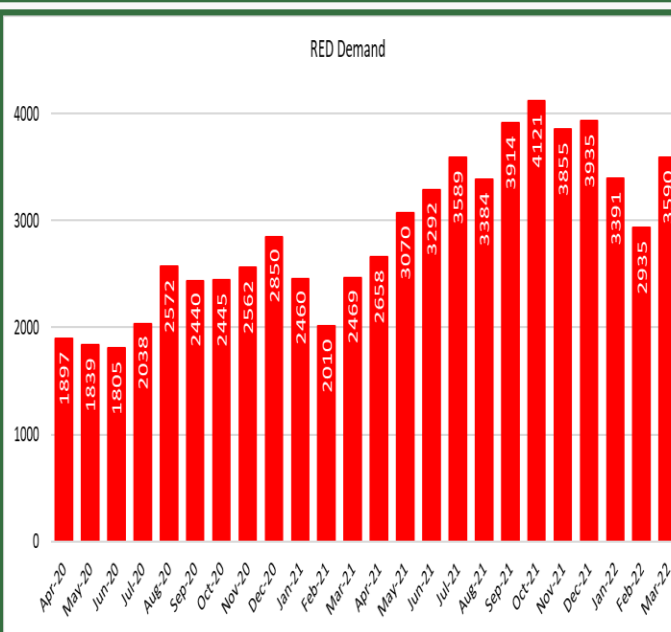
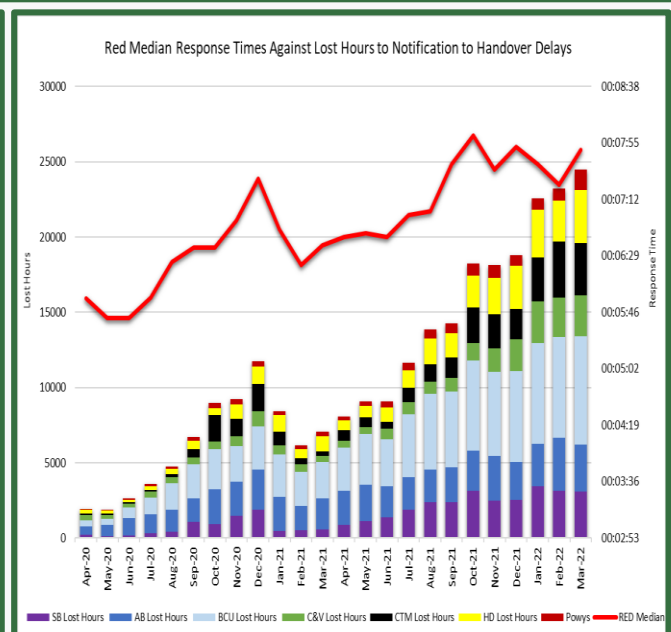
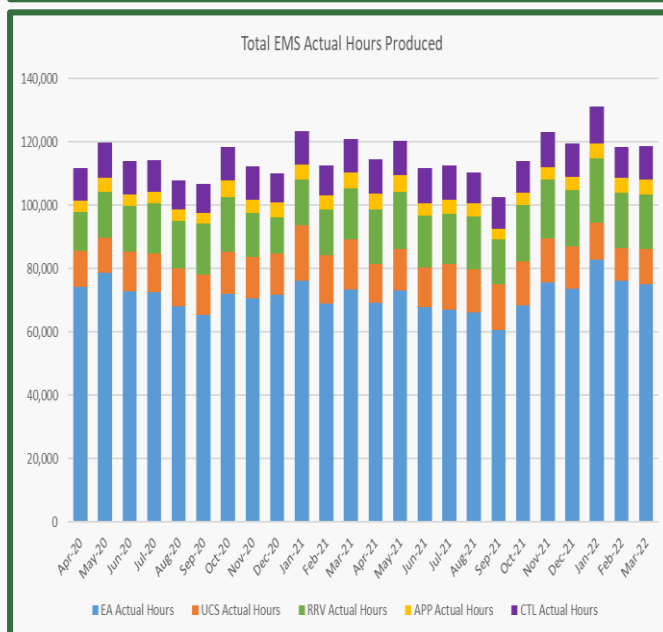
Remedial Plans and Actions

The main improvement actions are:

- Increase capacity – 136 WTE were recruited by end of Mar-21. This will be complemented by a further 81 FTEs early 22/23. This is revised down from 127 FTEs due to lack of recurrent funding to fill 46 ACA2s as the last part of the backfill on the 36 FTE Paramedic FTEs into the CSD.
- Reduce hours lost through modernisation of practices and supporting staff well-being. This is temporarily paused.
- Working with partners to reduce hours lost at hospital. Handover reduction plans and trajectories are currently being developed by health boards facilitated by the NCCU.
- A very detailed set of strategic and more tactical actions have been pulled together into a performance improvement plan, many of which are also included in an action plan for the Ministerial oversight through the commissioning process. This is monitored every 2 weeks at EMT.

Expected Performance Trajectory

Unless Red demand reduces or the Trust is able to boost its RRV production Red performance is unlikely to achieve the 65% target; however, the Trust is building the CHARU keys into the re-rostering project, which along with other aspects of the Transition Plan (if funded) could stabilise performance. Funding is not currently expected. Looking ahead, it is expected that April will be a difficult month without support of military.

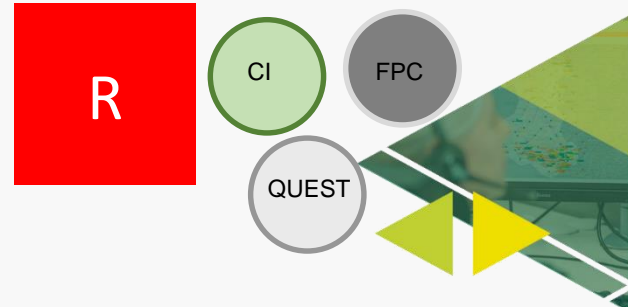




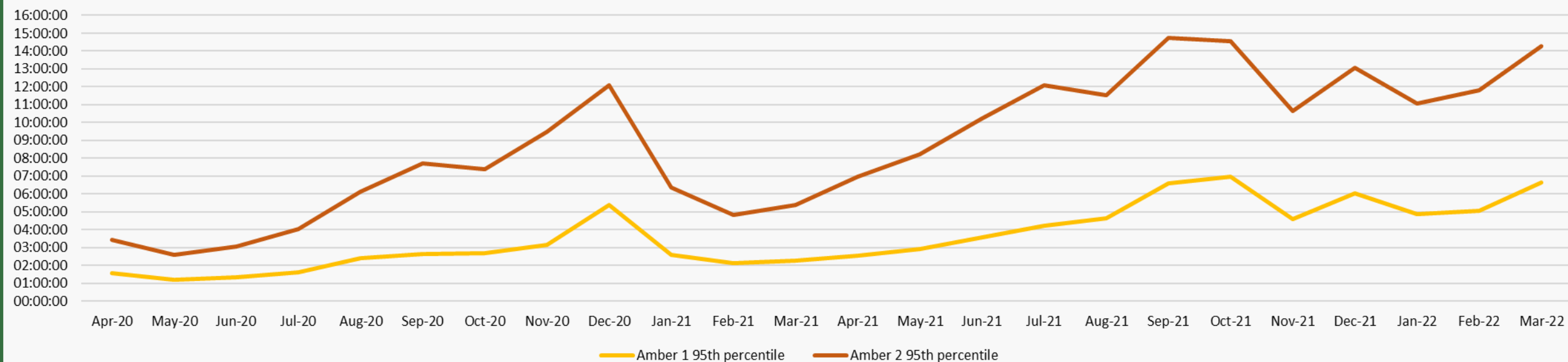
Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



Amber 1 & 2 - 95th Percentile



Analysis

Amber performance declined across the percentiles in Mar-22; with some very long patient waits. The ideal Amber 1 median response time is 18 minutes.

In Mar-22, 802 patients (all categories, not just Amber) waited over 12 hours, an increase when compared to Feb-22, continuing to represent a very poor quality and experience of service. 671 of these patients were in the Amber category.

Amber demand increased in Mar-22, activity remains at a high level and handover times continued to worsen.

There is strong correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the graph on the bottom left of this page. The number of hours lost to notification to handover delays in Mar-22 increased to 24,479. This remains higher than the worst recorded in Dec-19 (13,820).

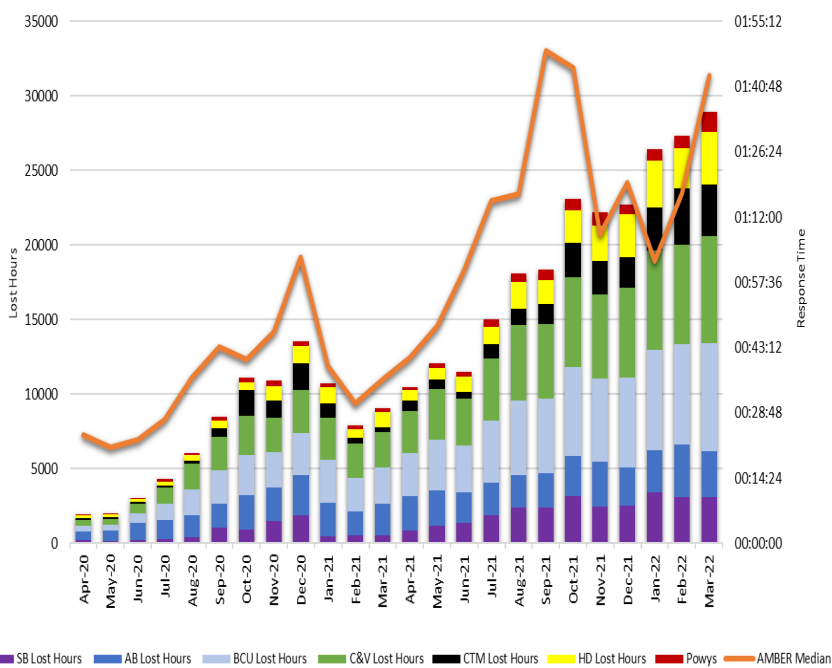
Remedial Plans and Actions

The Trust carefully monitors long response times and their impact on patient safety and outcomes. The Trust supplies regular information to the CASC and EASC; and from Nov-20 the Trust began producing monthly quality, safety & patient experience (QSPE) reports for each health board. The actions being taken are largely the same as those related to Red performance on the previous slide.

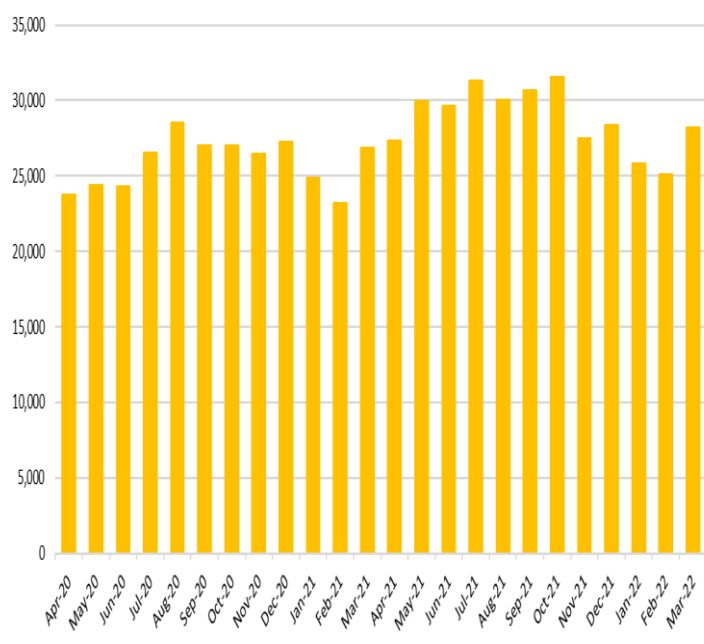
Expected Performance Trajectory

The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. The programme models an Amber 1 median of 35 minutes and 90th percentile of 78 minutes in Dec-21. These are key benchmarks for the Trust. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments, efficiencies and system efficiencies, not all of which are within the Trust's control, and which are unlikely to show improvement in the coming months.

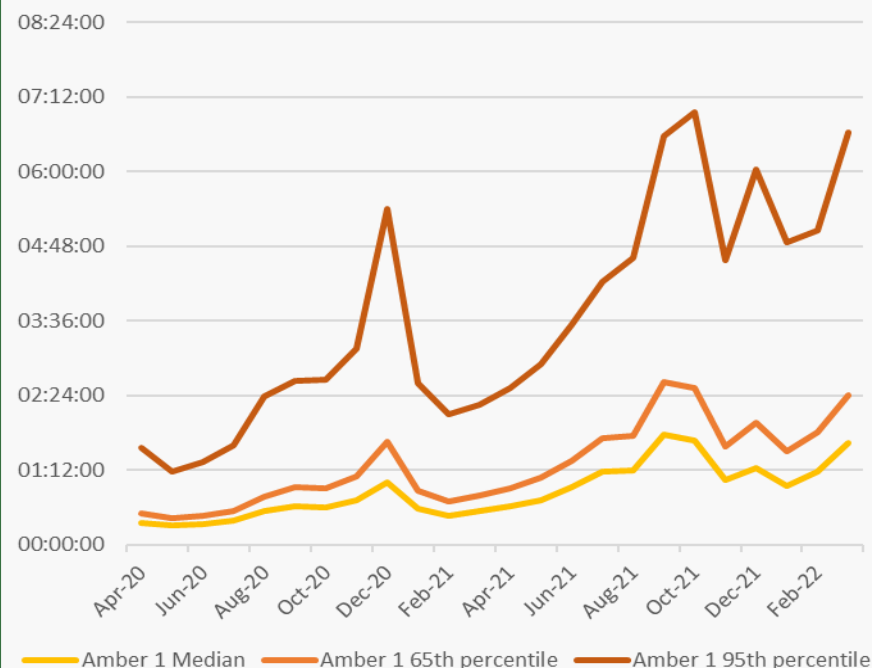
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 Median, 65th and 95th Percentile



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

Stroke/ROSC/ Sepsis & Febrile Con. **G**

Hypoglycaemic, (STEMI) Acute Coronary & Hip fracture **A**

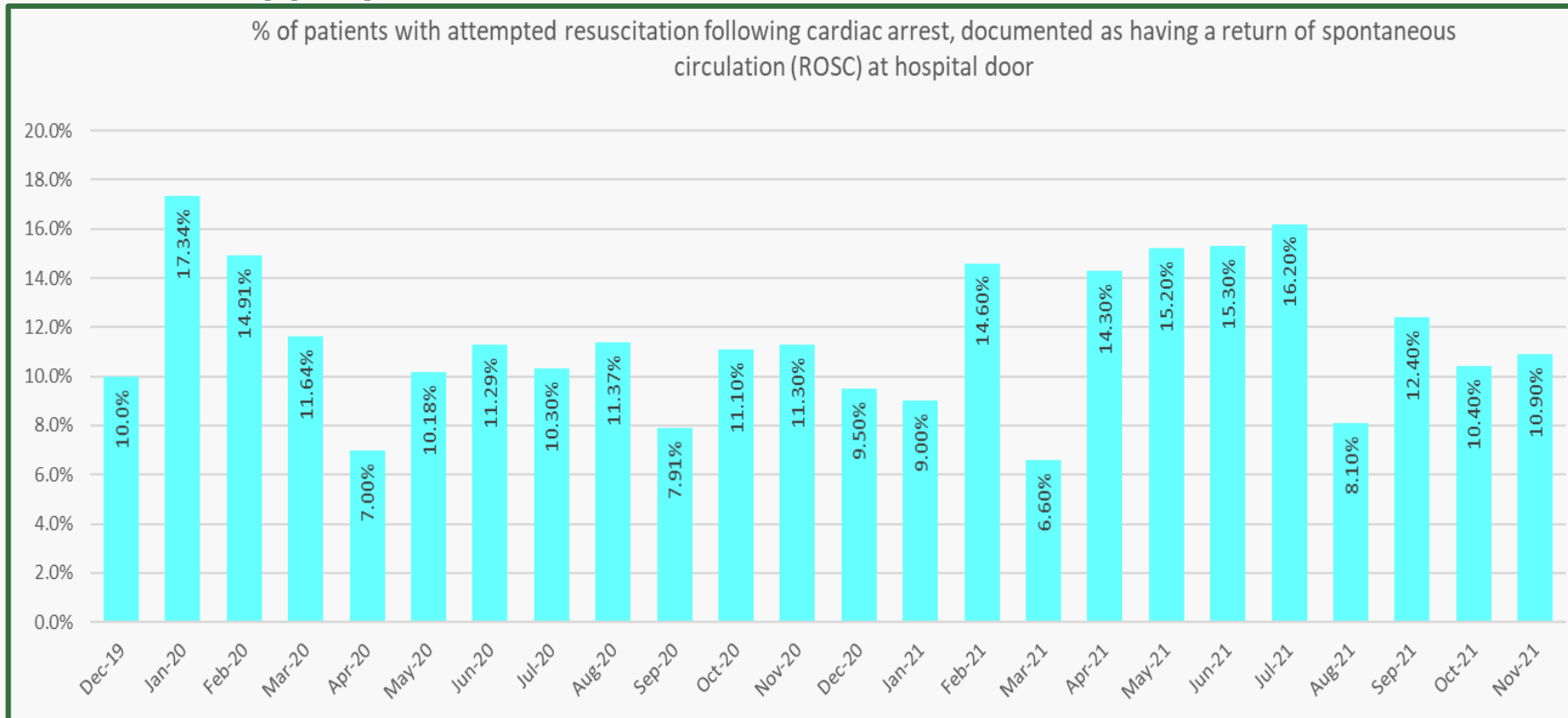
QUEST

Self Assessment: Strength of Internal Control: Moderate

Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, Acute Coronary Syndrome Patients with Appropriate Care

NB: Currently unable to report Clinical Indicators due to implementation of ePCR / Next reporting cycle Apr-Jun-22 due Jul-22

% of patients with attempted resuscitation following cardiac arrest, documented as having a return of spontaneous circulation (ROSC) at hospital door



Analysis

Clinical Outcomes: The % of patients resuscitated following cardiac arrest, documented as having ROSC at hospital door was 10.9% in Nov-21. Rates of ROSC are complex and determined by numerous factors which contribute to the speed of response and the application of early defibrillation and chest compressions. These factors can include location of the incident, resource availability, public access defibrillation, willingness of bystanders to engage in resuscitation

Overall, performance remains a changeable picture for all clinical indicators. **The % of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 98.4% in Nov-21** a continued increase which saw it achieve the 95% target for the 6 of the last 7 months.

The ST segment elevation myocardial infarction (STEMI) indicator was previously an area of concern but has recovered in recent months, reporting 85.7% in Dec-21. The Clinical Audit and Effectiveness Department (CA&ED) undertook a deep dive of the STEMI compliance, and an improvement plan was agreed and is being progressed. These percentages refer to the application of a whole bundle of care.

Mortality Review: There remains a challenge in undertaking mortality reviews in a timely manner due to the inability to access Corpuls records to support individual cases.

The Delivery Unit has issued guidance to all NHS bodies in Wales on how mortality reviews should be undertaken moving forward. This aligns mortality reviews with request for information from the Medical Examiner, this should then link with organisation Putting Things Right process.

Remedial Plans and Actions

Clinical Outcomes: A new chronic obstructive pulmonary disease (COPD) clinical indicator has been developed to support the Band 6 Paramedic project. The onward referral aspect of this indicator is work in progress and forms part of the national COPD pathway development. The Clinical Audit & Effectiveness Department have undertaken a benchmarking exercise to test the COPD Clinical Indicator which has been presented to the Clinical Intelligence Assurance Group. The testing highlighted the requirement for manual scrutiny of all COPD Patient Clinical Records and the need to refine the criteria to automatically capture more of the data. Feedback from the group will Finalise the required criteria, Health Informatics can then develop the reporting dashboard.

In relation to ROSC rates, whilst there are many system-wide factors affecting performance, within WAST's control it is felt that the introduction of a Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients. This will be developed and implemented through 2022/23, subject of course to funding being agreed.

It is anticipated that the ePCR will be implemented by the end of 2021 and once accomplished it will allow the Clinical Audit Team to quality assure data and provide better information on which to target improvement work.

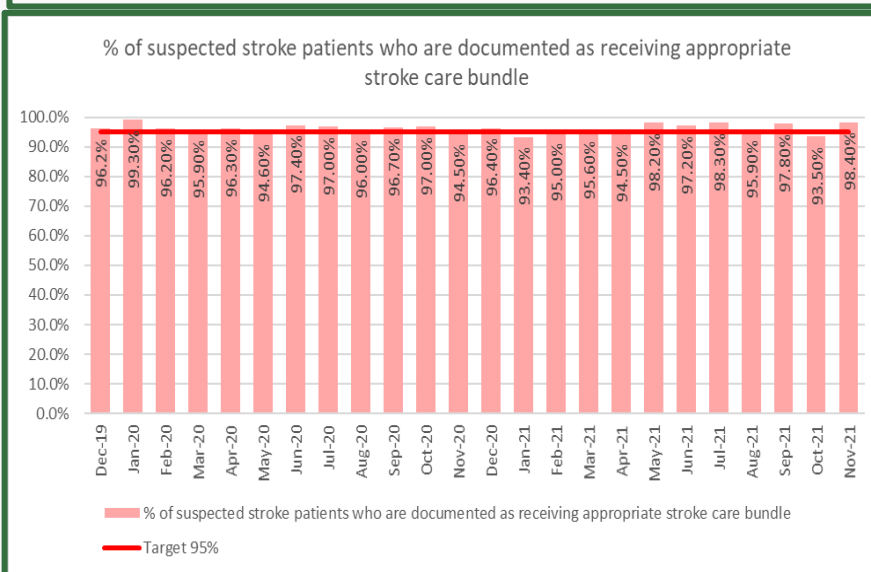
Mortality Review: The Trust is currently looking to change the way it undertakes Mortality Reviews; this will follow guidance offered by the Delivery Unit to align mortality reviews with requests for information received by the Medical Examiner. This same guidance highlights that mortality reviews should link with the Trust Putting things Right (PTR) processes. Work is progressing with the PTR team, and a paper will be presented to the Clinical Quality Governance Group on 29-Apr 2022.

Expected Performance Trajectory

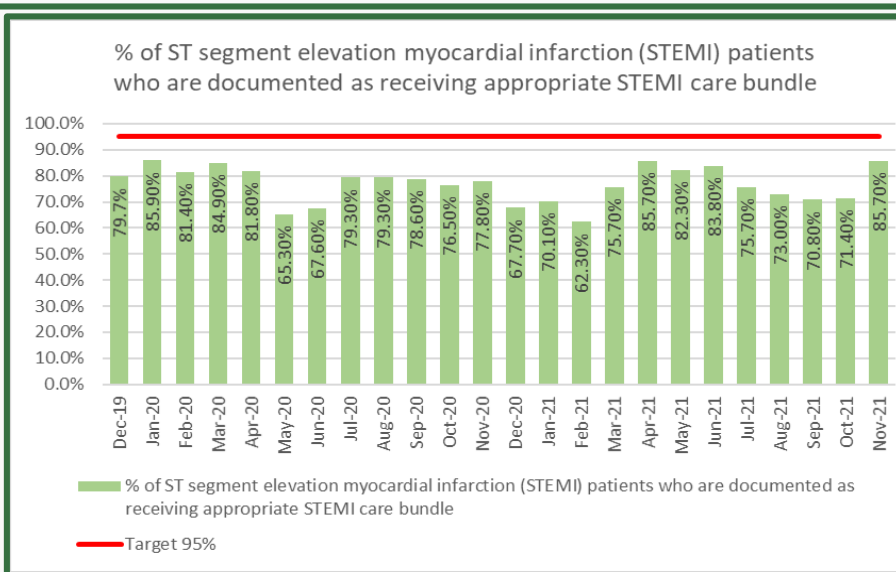
Clinical Outcomes: As part of its plans for 2021/22, the Trust is developing the concept of CHARU for implementation. This concept is in place in several areas across the UK and has been very successful in increasing ROSC rates. Once CHARU has been implemented it is anticipated that ROSC rates should increase.

Mortality Review: Changes to reporting systems will allow for more accurate and timely mortality reviews in line with Putting Things Right processes.

% of suspected stroke patients who are documented as receiving appropriate stroke care bundle



% of ST segment elevation myocardial infarction (STEMI) patients who are documented as receiving appropriate STEMI care bundle



Mortality Reviews Data source: Internal Web Application



(Responsible Officer: Andy Swinburn)

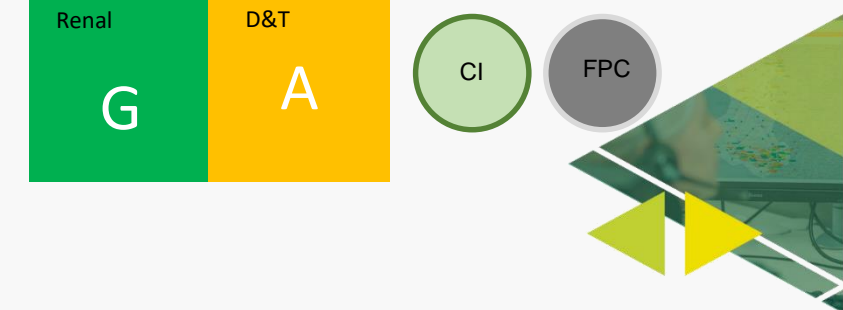
Welsh Ambulance Services NHS Trust



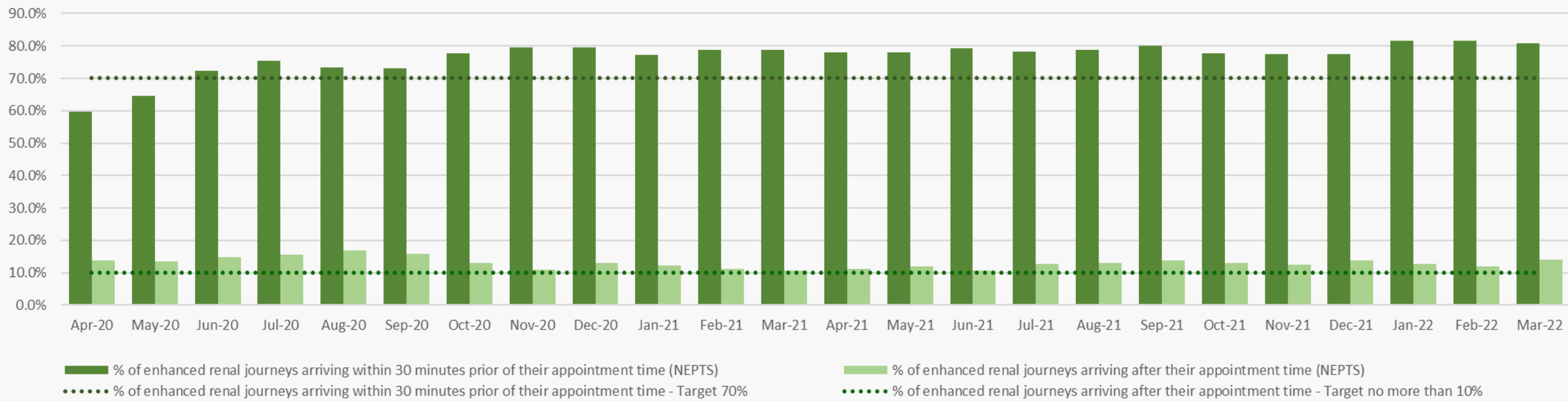
Our Patients: Quality, Safety & Patient Experience

Ambulance Care Indicators

Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



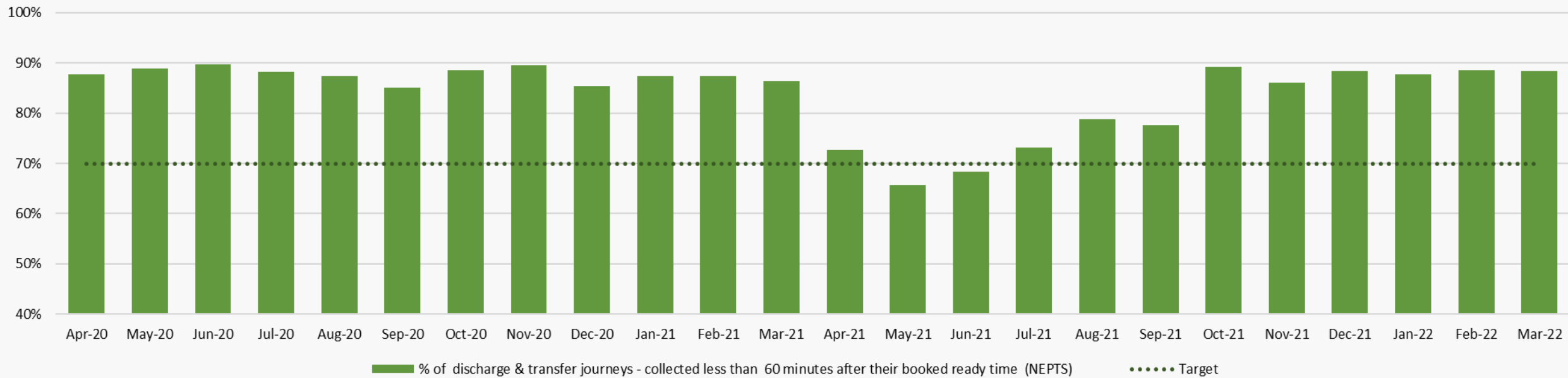
Analysis

Ambulance Care has seen a continued improvement in key areas of service delivery affecting patient experience. In Mar-22 88% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, a marginal decline compared to Feb-22 (89%). 81% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target and 14% arrived after their booked appointment time, falling just outside of the 10% target.

Key factors affecting these indicators are demand and capacity:

- The service is still impacted by the effects of physical distancing, although in Apr-22 steps have been taken to begin a move towards a new Living with Covid position by increasing maximum patient loading by 1 per vehicle.
- **Capacity** has also been adversely affected by other CoVID-19 factors: journeys taking longer due to PPE, staff sickness, staff shielding, staff training and testing, infection prevention and control arrangements and so on;
- Overall demand for the service continues to increase across all areas and in Mar-22, overall demand was at 90% of the equivalent month in 2019 and was 10% busier than any month since Feb-2020. Only outpatient activity remains suppressed with all other areas at or in excess of pre-pandemic activity levels
- As we emerge out of pandemic response and the health system is "re-set" we are anticipating further demand increases at which point capacity may be an issue. This has been modelled and mitigations put in place.

% of discharge & transfer journeys - collected less than 60 minutes after their booked ready time (NEPTS)



Remedial Plans and Actions

- **Demand:** Continue to work with health boards to understand and model the impact of their recovery plans;
- **Demand:** In the absence of additional funding, the service has implemented a capacity management plan to assist it in ensuring it remains within budget and prioritises resources for those most in need
- **Efficiencies:** Work is underway on actions to improve efficiency, including those actions identified through the D&C review.
- **Capacity:** discussions with EASC on options for balancing demand and capacity.

Expected Performance Trajectory

At present, the uncertainty around demand and future impacts of the pandemic and system recovery means that it is difficult to forecast performance. However, it is likely that the service will experience both positive and negative fluctuations of performance until activity normalises across the system



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators

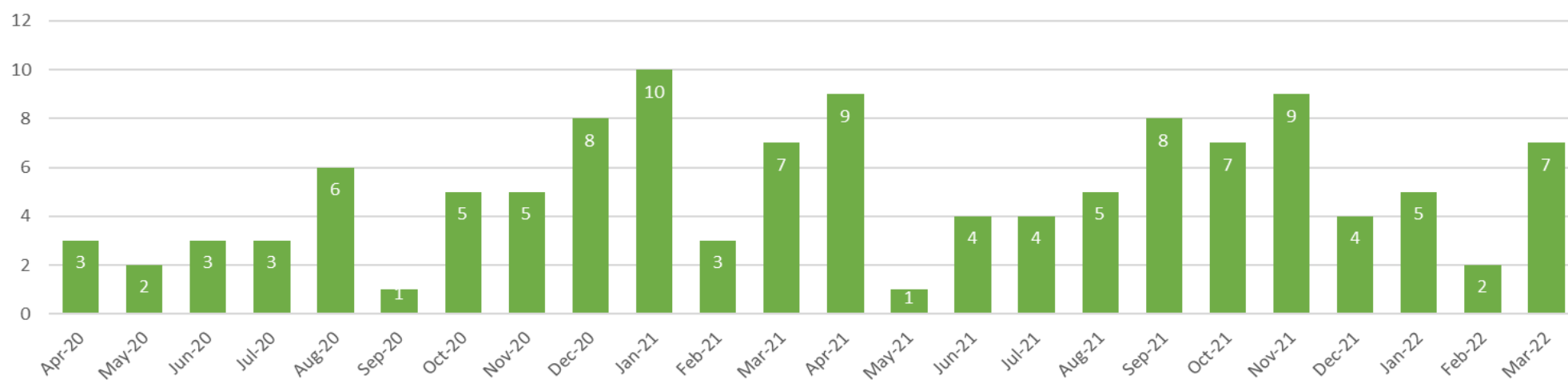
SCIF. **A**

Self Assessment:
Strength of Internal Control: Moderate



Health & Care Standard
Health - Safe Care / Timely Care

Number of SCIF cases reported as National Reportable Incidents (NRI) By Date Reported to the Delivery Unit by WAST



Analysis

The percentage of responses to concerns increased in Mar-22 to 76%, compared to 64% in Feb-22, therefore achieving the 75% target for the first time in 12 months. 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 NRI's and the availability of other departments to provide a timely response to requests for information. The number of total concerns increased in Mar-22 (107) when compared to Feb-22 (59).

There were 7 SCIF forums held in Mar-22, during which 47 cases were discussed, 7 of these cases were reported to the Delivery Unit and 7 were passed to Health Boards as National Reportable Incident Framework 'Appendix B' incident referrals.

Year on year the overall volumes of NRIs is on an increasing trend. The sharp increase seen in Sep-Nov-21 and again in Mar-22 is concerning and has been linked to the significant delays across the system along with the continued levels of NRIs. In Mar-22 there were 0 NRIs relating to Red calls, 6 relating to Amber calls and 1 relating to Green calls. There were 0 NRIs as a result of calls prioritised Amber which should have been Red.

The cases within the Complex Case Panel and Redress figures, indicate the number of cases within the reporting period, where the Trust has potentially breached its duty of care to the patient. In Feb-22 there were 2 complex cases, however at the date of reporting neither of these have been referred to the redress panel.

In Mar-22 802 patients waited over 12 hours a continued increase month on month and when compared to 86 in Feb-21 and 227 in Feb-19.

41 Compliments were received from patients and/or their families in Mar-22, an increase compared to the previous month.

Remedial Plans and Actions

A range of actions are in place:-

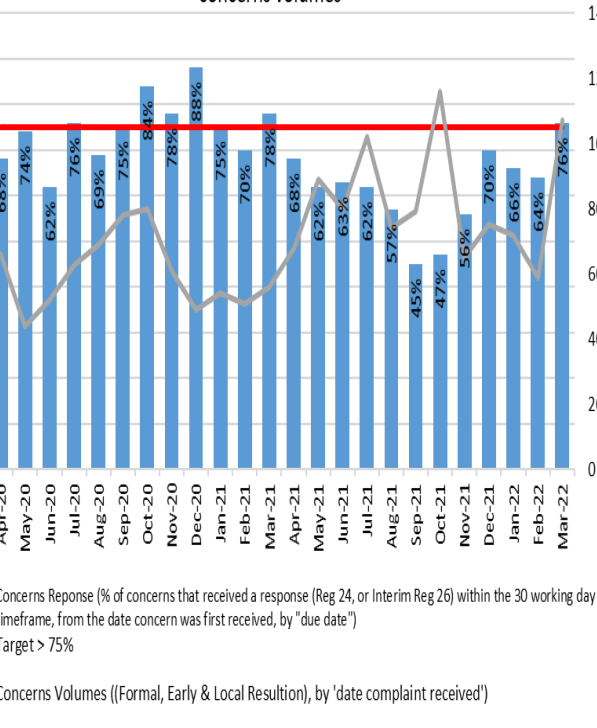
- The general theme in relation to the Trust's concerns portfolio is timeliness to respond.
- There is continued engagement with Health Boards in relation to Joint investigations where the primary causal factor is in relation to delayed handover.
- Concerns have been highlighted following a Delivery Unit report into the Health Boards handling of Appendix B cases, some of which should potentially have been reported as Nationally Reportable Incidents (NRI's) by the HBs.
- Health Board specific QSPE reports are being shared with each respective HB Directors of Nursing.
- The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

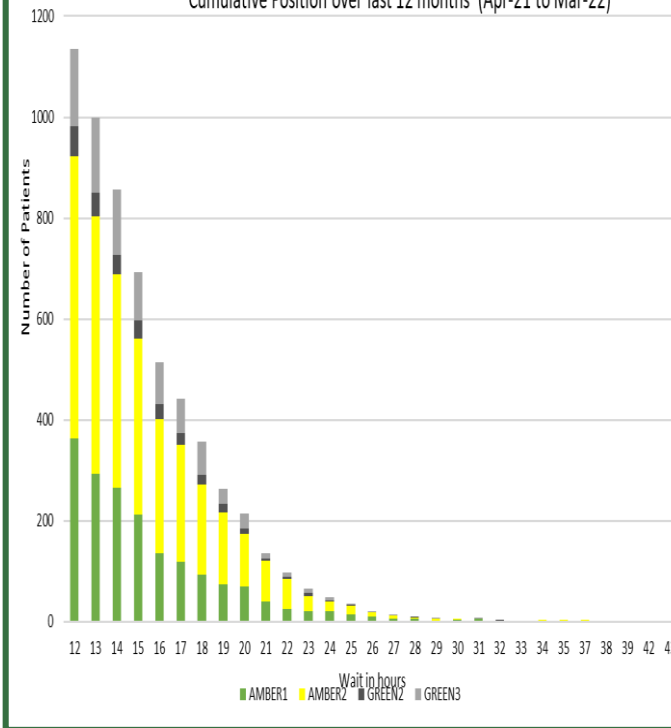
Following the end to Military assistance on 31 March 2022, the Trust is expecting continuing challenges with performance especially as hospital delays remain a significant challenge for the Trust.

****NB: Mar-22 data is correct on the date and time it was extracted; therefore, these figures are subject to change**
****NB: Complex Cases will always report one month in arrears**

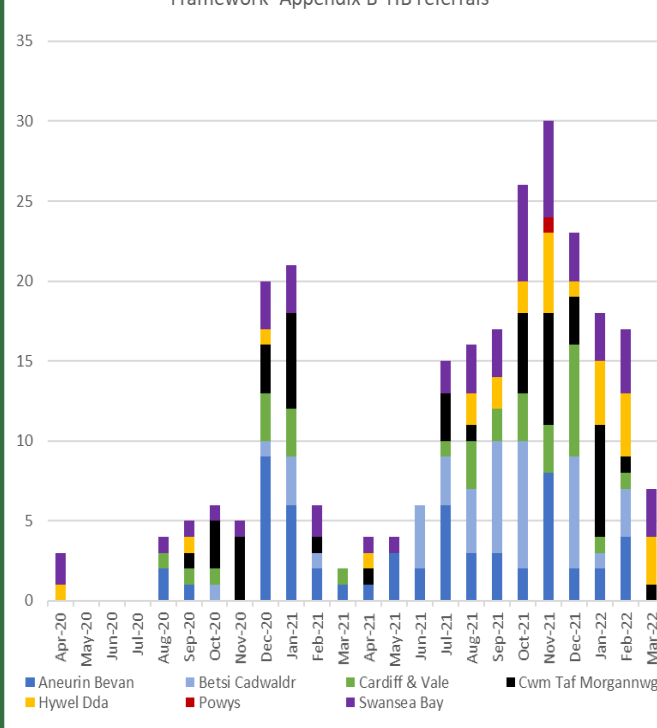
% of concerns with a response within 30 working days against concerns volumes



Number of Patient Waits over 12 hours by Priority Type Cumulative Position over last 12 months (Apr-21 to Mar-22)



Number of National Reportable Incident cases agreed to refer to Health Board reported as Serious Incident Framework 'Appendix B' HB referrals



NRI & Concerns Data source: Datix / Longest Waits Data Source: Report Manager



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

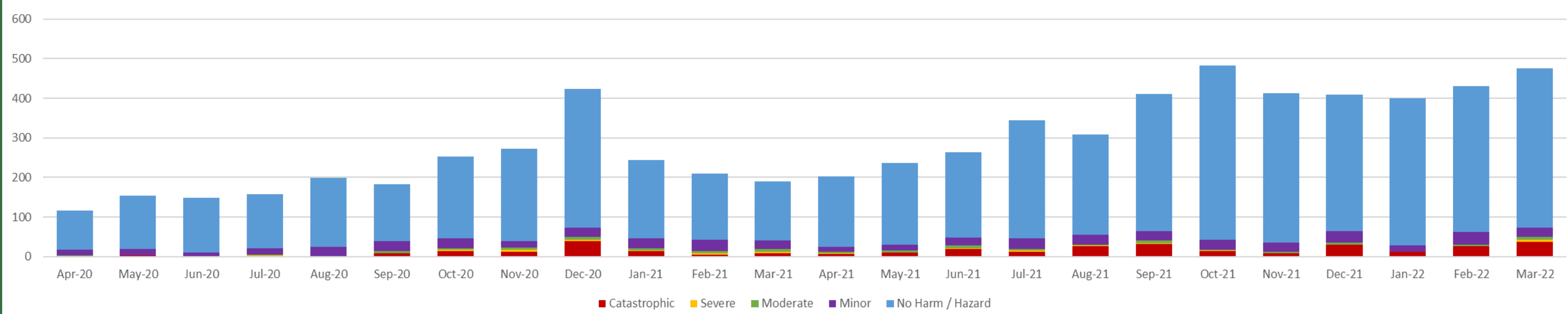
Patient Safety Indicators

Self Assessment:
Strength of Internal
Control: Moderate



Health & Care
Standard
Health – Safe Care

Number of Incidents closed on Datix system within the reporting month, by harm grading (Volumes Received)



Analysis

Patient Safety: The number of patient safety adverse incidents submitted within Mar-22 increased to 476; 403 of these were in relation to incidents where there was no harm or hazard, 23 were minor, 7 was moderate, 6 were severe and 37 incidents were catastrophic. 363 cases were closed in Mar-22 in comparison to 402 in Feb-22.

Remedial Plans and Actions

Patient Safety: Capacity issues have impacted the ability of some teams in their ability to support investigations due to ongoing operational pressures related to the continued pandemic.

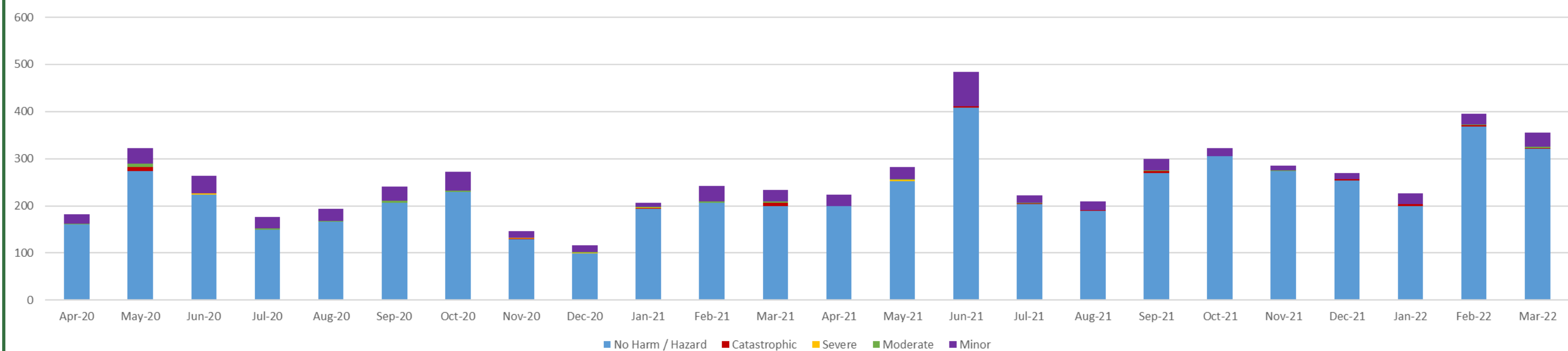
Expected Trajectory

The Trust will continue to ensure lessons are learnt from every case reviewed and best practice will be implemented to continue to ensure care is of the highest quality.

Performance

****NB: Mar-22 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

Number of Incidents closed on Datix system within the reporting month, by harm grading at point of closure (Volumes Closed)



Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Coroners and Ombudsmen Indicators

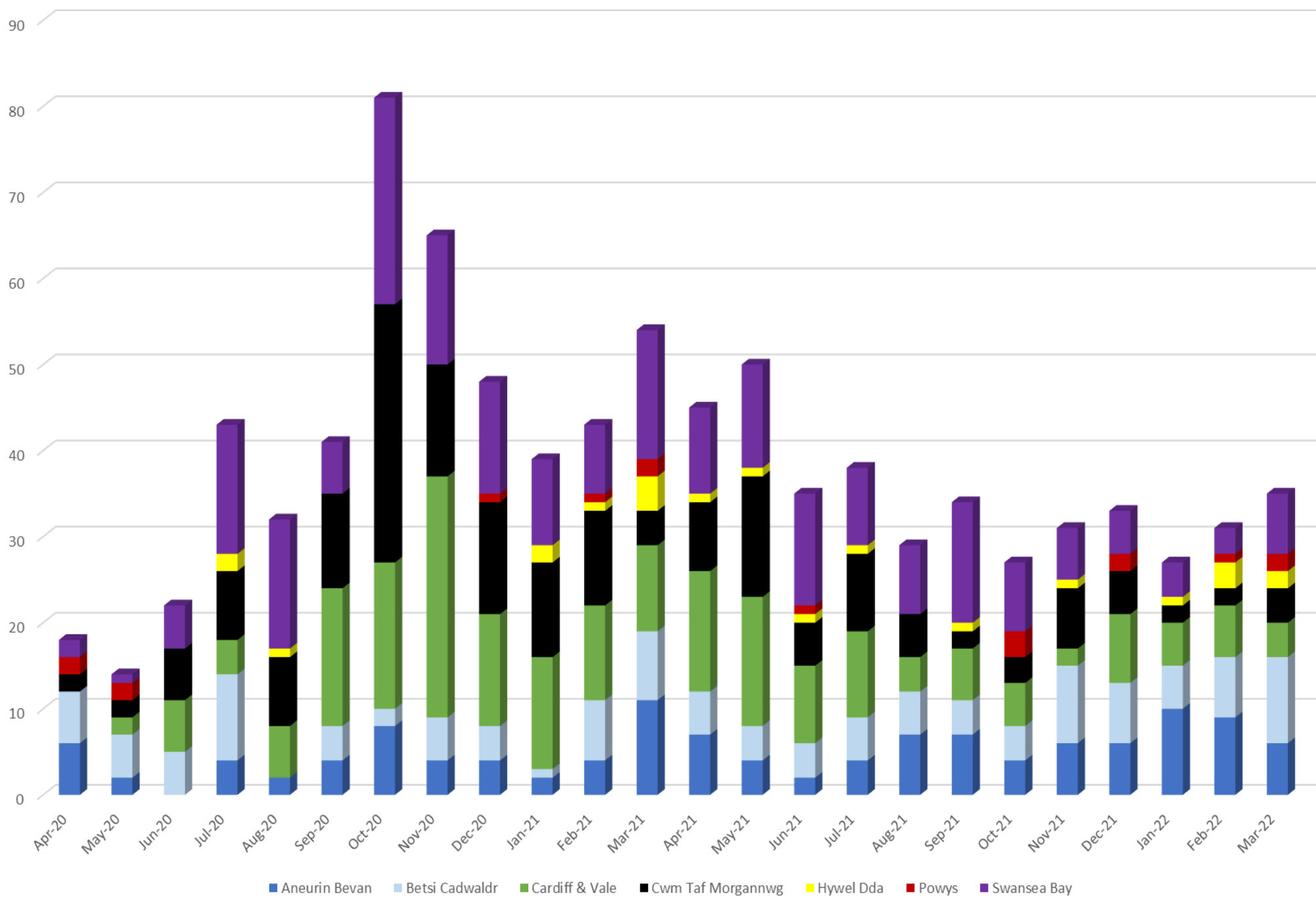
Self Assessment:
Strength of Internal
Control: Strong

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Number of Coroner Requests by Health Board



Analysis

Coroners: The Trust has responded to the 2 Reg 28 reports within the 56-day target. The actions from the associated plans will be monitored. This month has seen those cases identified as having the potential for the Trust to be an interested party, move into cases where it is confirmed that we are an interested party in the inquests. The number of in month requests continue to be increased from pre-pandemic request. The timeliness of our response and unexpected deaths continues to be the main themes. The complexity of the requests being received continues to be high, with multiple statements and additional information being requested, sometimes at very short notice.

Ombudsman: There are currently 16 open Ombudsman cases in Mar-22. At present cases are not being investigated, which supports the Trusts actions.

Remedial Plans and Actions

Coroners: The Team is recovering from the unprecedented number of requests for information from Coroner's courts, that have been received from July 2020. There has been an increase in the number of cases in which staff attend to provide continuity evidence. The complexity of the requests continue to be high, with multiple statements being requested for each inquest. The pandemic has brought many challenges in relation to these requests, however inquests, where possible, continue to be heard remotely or hybrid (mixture of video, telephone, in person).

Ombudsmen: All cases are recorded and monitored on the Datix System..

Expected Performance Trajectory

Coroners: The Trust continues to focus on the learning from our investigations and report these via the Patient Safety Highlight report, which is presented to the Executive Management Team and Trust Board.

In addition to this, learning from our investigations continues to be presented to the Patient Safety, Learning and Monitoring Group and our Scrutiny Panels.

Individual learning it also a huge focus across the organisation with significant attention on both clinical and CCC areas of business.

The Trust also continues to engage with our Health Board colleagues where the Trust has utilised the Joint Investigation Framework and/or where there is a focus on joint investigations and learning.

Ombudsmen: The Trust will continue to ensure lessons are learnt from every case reviewed and best practice will be implemented to continue to ensure care is of the highest quality.

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

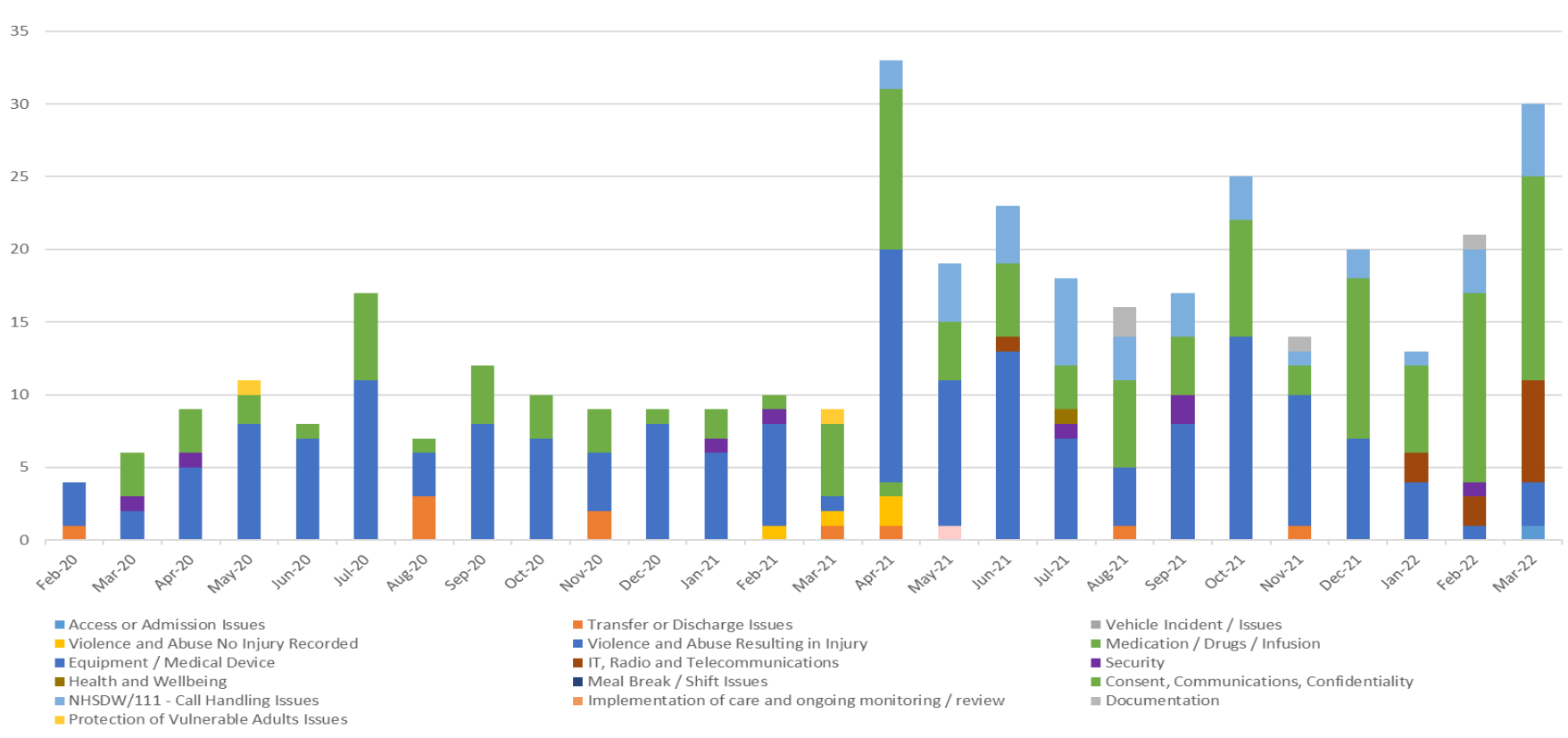
Health & Care Standard
Health – Safe Care

Self Assessment:
Strength of Internal Control: Strong



NB: Public Engagement next update (Apr-Jun 22) due Jul-22

Volume of High Level Breaches of the UK General Data Protection Regulation (GDPR) 2018



Analysis

Safeguarding: In Mar-22 staff completed a total of 98 Adult at Risk Reports, a decrease compared to Feb-22 when 93 were reported. 95% of these were processed within 24 hours during Mar-22.

There have been 172 Child Safeguarding Reports in Mar-22, a decrease from Feb-22 when 186 reports were made. In Mar-22 95% were sent within 24 hours.

Data Governance: In Mar-22 there were 31 information governance (IG) related incidents reported on Datix categorised as an Information Governance (IG) breaches, an increase when compared to Feb-22. 14 related to Consent, Communications or Confidentiality; 7 related to IT, Radio and Telecommunications, 5 related to 111 Call Handling issues, 3 related to equipment / medical devices, 1 related to clinical assessment, and 1 related to Access or Admission issues. All have been investigated by the IG team and received feedback on the IG Policy and practice elements, and where appropriate learning has been put in place.

Public Engagement: There were 77 engagement events held in Quarter 4, allowing engagement with 1,450 people. Easing of CoVID-19 restrictions has allowed the Trust to make a cautious return to face-to-face engagements within the community, along with a continuation of some online virtual engagement sessions. 68 NHS 111 Wales website surveys were returned, 28 people completed a new survey about their experience of calling NHS 111 Wales. We continue working with NEPTS colleagues to promote patient experience surveys for users, surveys are sent direct via post, text and online. 280 NEPTS surveys were completed in this quarter. 131 compliments were also logged and processed and 104 people left comments, suggestions and messages through our 'Have Your Say' function on the Welsh Ambulance Service Website. Engaging with people and communities continues to be a priority for the PEI Team, this engagement allows us to share important information about WAST services with communities and enables the collection of feedback and experiences which help us understand if services are meeting patient needs and expectations.

Remedial Plans and Actions

Safeguarding: The Trust primarily manages all safeguarding reports digitally via Docworks 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 31 information governance related incidents reported on Datix all incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate. 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office.

Public Engagement: Within this reporting period remaining CoVID-19 restrictions ended, and the Trust made a cautious return to engaging with people and communities in person again. The PEI Team are extremely happy to be engaging with people in person again and look forward to re-building relationships with groups and communities whom we have not been able to meet due to the pandemic. To ensure the safety of our Team members and communities whilst we do this, we have reviewed and updated our existing processes and risk assessments to incorporate some additional CoVID-19 safety elements. Recognising that not all people feel ready to return to engaging with us in the way they would have before the pandemic, we continue to offer opportunities to engage using online platforms that have become so familiar.

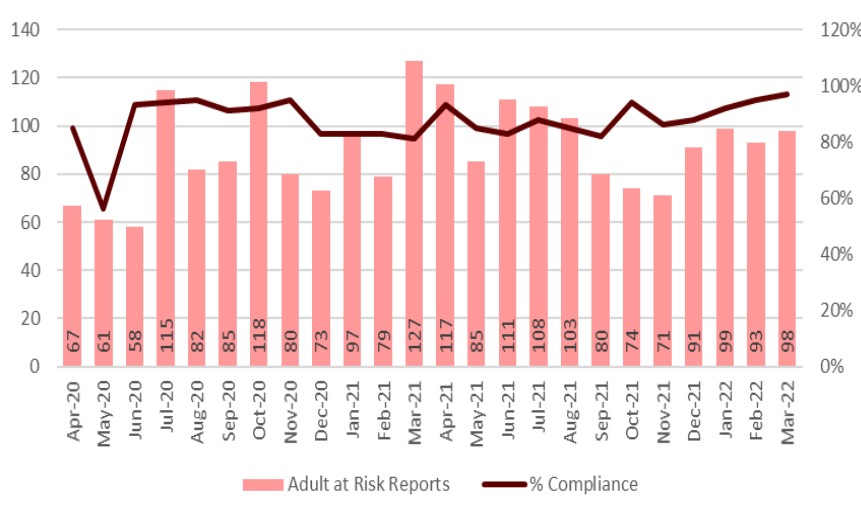
Expected Performance Trajectory

Safeguarding: The Trust continues to aim to achieve 100% of Adult and Children at risk referrals within 24 hours.

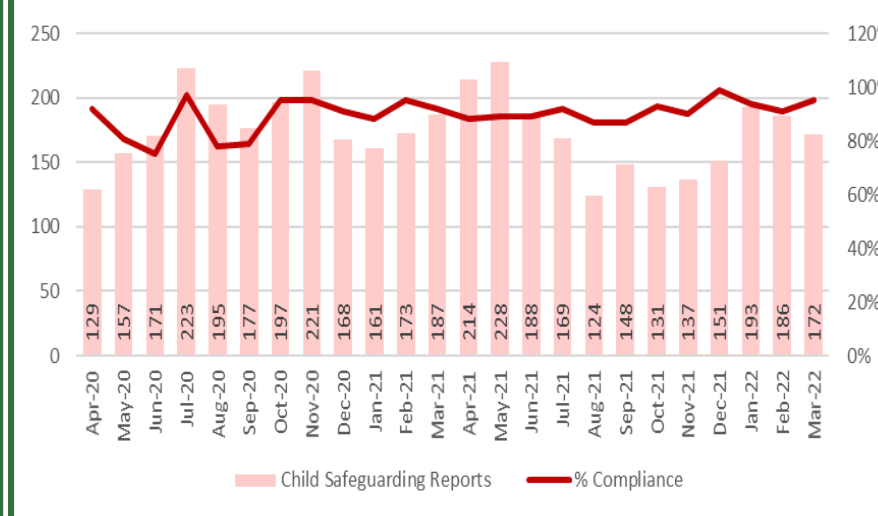
Data Governance: An annual assessment of compliance using the Welsh NHS IG Toolkit; an individual evidence-based assessment consisting of 255 items will continue to be utilised to measure the Trust against National Information Governance and Security Standards, and the Trust's FY21-22 IG Toolkit responses have now been submitted.

Public Engagement: The PEI Team will continue to share good practice and learning from our engagement with partners, stakeholders and colleagues at Ambulance Services across the UK. We will continue to proactively communicate with people and communities, sharing important information regarding Trust services, appropriate use of these during the current period of increased demand. With most coronavirus restrictions now lifted in Wales, the team are receiving invitations to engage with people and communities, and we look forward to attending these over the coming months.

Number and Percentage of Adult at Risk Reports sent within 24 Hours



Number and Percentage of Child Safeguarding Reports sent within 24 Hours



Safeguarding Data source: Doc Works



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

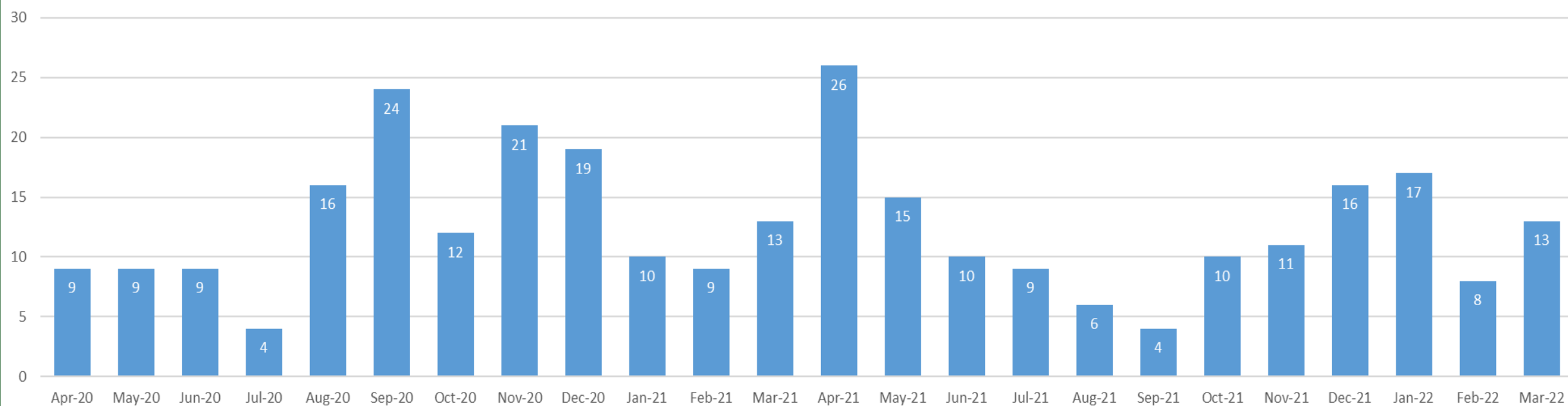
Self Assessment:
Strength of Internal
Control: Moderate

QUEST

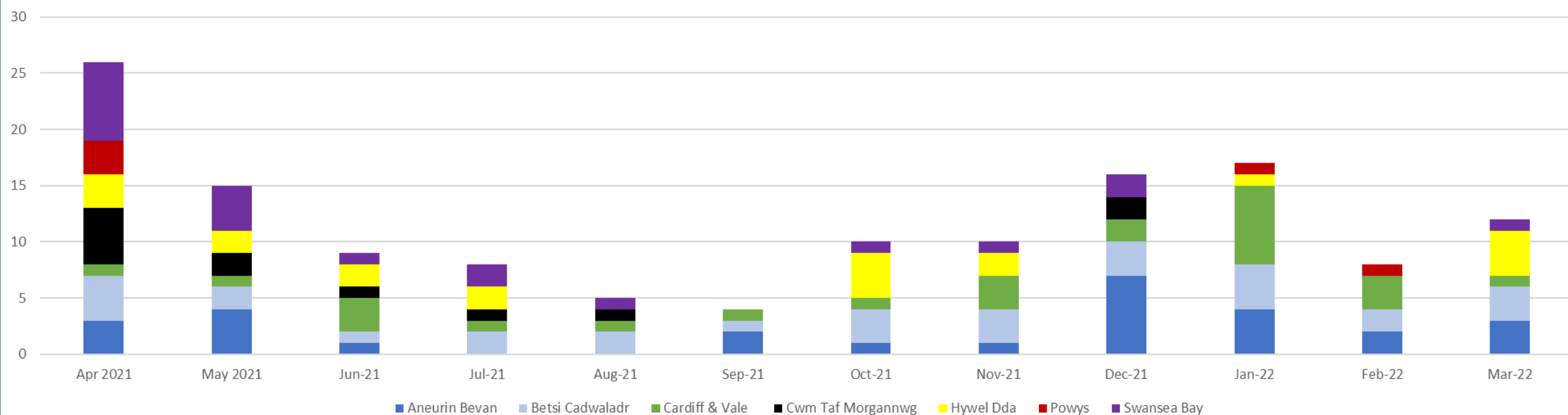
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Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



Analysis

Whilst there is a strong level of internal control with respect to GL1 Metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around obtaining staff details are impacting on timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE). During Quarter 4 (Jan-Mar-22) there were no fines, prosecutions, HSE improvement or Prohibition notices.

In Mar-22 RIDDORS reported were for 111 (1), ABUHB (3), BCUHB (3), CVUHB (1) and HDUHB (4).

Remedial Plans and Actions

Some members of the Health & Safety Team have been granted authorisation to access details from the Electronic Staff Record (ESR) which will provide timely access to key details in relation to RIDDOR reporting. However, one key member responsible for reporting of RIDDORS left the organisation in Nov-21. Additionally, the Regional H&S Manager also responsible for reporting is on long terms sickness absence.

The Trust's compliance with Health and Safety legislation requires further work to specify and detail areas to improve compliance. A draft transformation plan has been approved by EMT endorsing the commencement of this comprehensive holistic action plan, through a Working Safely Programme.

Expected Performance Trajectory

The Trust continues to work towards improving internal controls and the timeliness of reporting RIDDORS.

The Trust has recently reviewed its reporting process and has developed new arrangements for reporting RIDDOR reportable incidents. This change will be reflected in the Trust's Health and Safety Policy and the Adverse Incident Reporting Policy. Both policies will be going through the Trust's policy approval process within the next couple of months

****NB: Mar-22 data is correct on the date and time it was extracted; therefore, these figures are subject to change**

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



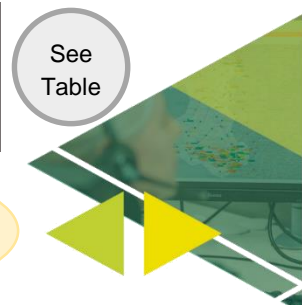
Our Patients: Quality, Safety & Patient Experience

Corporate Risk Indicators

Self Assessment: Strength of Internal Control: Moderate - Strong

See Table

Health & Care Standard - GLA3



RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
223	The Trust's inability to reach patients in the community causing patient harm and death <i>Previous title:</i> <i>Unable to attend patients in community who require See & Treat</i>	IF significant internal and external system pressures and abstractions 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	Significant handover delays outside A&E impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service <i>Previous title:</i> <i>Patients delayed on ambulances outside A&E Departments</i>	IF patients are significantly delayed in ambulances outside A&E departments THEN access to definitive care is delayed and standards of patient care are compromised, and the environment of care will deteriorate RESULTING IN patients potentially coming to harm	Director of Operations <i>Transferred to:</i> Director of Quality & Nursing	25 (5x5) ➔
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 <i>Previous title:</i> <i>Compliance with Health and Safety legislation</i>	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	Director of Quality & Nursing	20 (4x5) ➔
160	High sickness absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service <i>Previous title:</i> <i>High Sickness Absence Rates</i>	IF there are high levels of sickness absence rates THEN there is a risk of 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	16 (4x4) ↑ New score 20 (5x4)
316	Potential for a high volume of personal injury claims due to work acquired covid infection <i>Previous title:</i> <i>Increased risk of personal injury claims citing COVID exposure</i>	IF we are unable to determine the point of Covid infection due to a lack of documented evidence that proves the point of exposure THEN there is a risk of a high increase in personal injury claims being awarded against WAST citing work acquired Covid infection RESULTING IN potential, significant financial loss and adverse media coverage and reputational damage	Director of Quality & Nursing	16 (4x4) ↓ New Score 12 (3x4)

Analysis

There are currently 16 Corporate Risks on the register, with the 5 highest scoring detailed in the table. Sessions have taken place in Feb and Mar-2022 to review the highest scoring risks and determine new titles, clearly articulate the risks, descriptions and map controls and assurances.

The Assistant Directors Leadership Team (ADLT) reviewed the existing and proposed new corporate risks during the last quarter. The full Corporate Risk Register was presented to Trust Board on 24th March 2022.

EMT have approved the rearticulation of the highest scoring risks: Risks 223, 224, 199, 316 and 160 and identified gaps and articulate further actions to mitigate the risks in addition to reviewing scores and controls rating assurances.

Risk ID 223 and Risk ID 224 remain the highest scoring risks at scores of 25, this is due to pressure in the unscheduled care system and emergence of long handover delays at Hospital Emergency Departments. Risk ID 160 has been revaluated and scored at 20 due to ongoing high sickness levels and the risk to the inability of the Trust to deliver services.

Remedial Plans and Actions

Principal risks assigned to Committees detailed in the table and are considered for scrutiny and strategic oversight. The committees convened on the following dates:

- a) **Quality, Safety & Patient Experience** (17th February 2022)
- b) **People & Culture Committee** (22nd February 2022)
- c) **Finance & Performance Committee** (17th March 2022)

- d) Controls, assurances and any mitigating actions will be presented to the Board at the next meeting in May-2022

Expected Performance Trajectory

The Governance team are developing a transitional Board Assurance Framework which will be presented to Audit Committee in Jun-22 and Trust Board in Jul-22.

NB: Next Update (Apr- Jun-22) due Jul-22

Data source: Electronic Risk Register



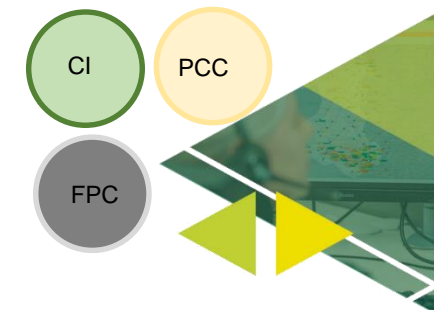
(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust

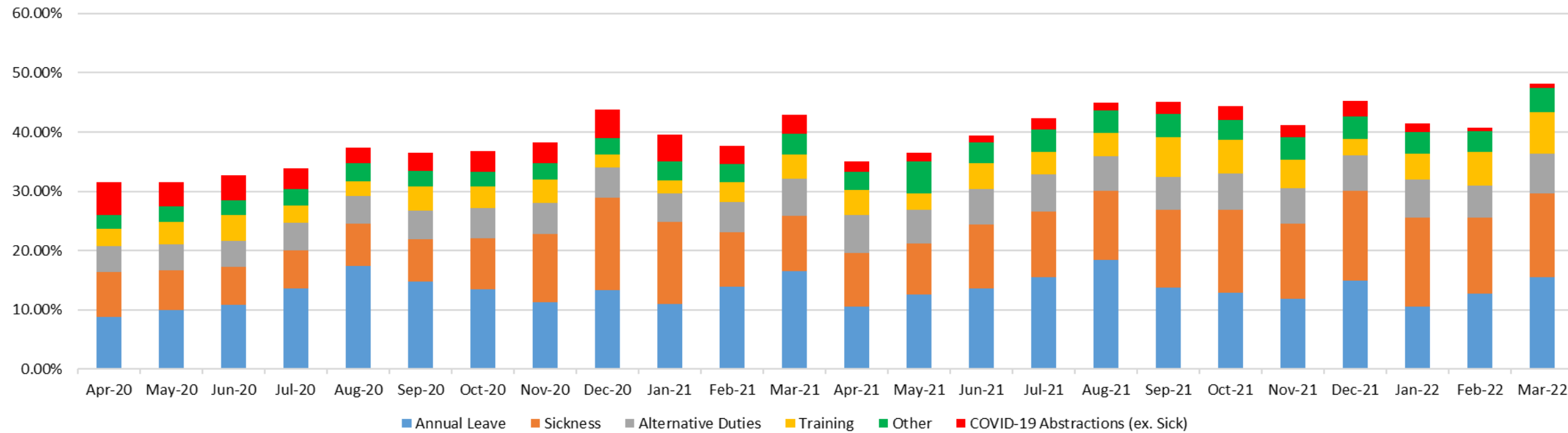


Our People

Ambulance Abstractions and Production Indicators



Pan Wales EMS Total Rota Abstraction Hours



Analysis

As shown in the top graph, monthly abstractions from the rosters are key to managing the number of hours we produce. In Mar-22, total abstractions stood at 48.13%. This compares to a benchmark set in the Demand & Capacity Review of 30% which the Trust was achieving pre-CoVID-19. The highest proportion was Annual Leave at 15.46% and sickness at 14.22%. Sickness abstractions for Mar-22 were higher than the previous year (9.40%); however, CoVID-19 related abstractions increased in Mar-22 when compared to Mar-21 accounting for 0.71% of overall abstractions.

Emergency Ambulance Unit Hours Production (UHP) was 98% in Mar-22 (75,017 Actual Hours), achieving the 95% benchmark. RRV UHP achieved 94% (17,369 Actual Hours) compared to 120% in Feb-22. The total hours produced is a key metric for patient safety (included on slide 7 red performance). In Mar-22 the Trust produced 118,840 hours, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hour produced has not risen sustainably. During Mar-22 support received from military personnel was phased out through a transition plan in preparation, this support ceased on 31 Mar-22.

Following a short period in REAP 3, the Trust escalated to REAP 4 on 18 Mar-22 and is now operating under the Pandemic Monitor Mode which was introduced on 21 Mar-22. The Trust continues to maintain a Performance Improvement Plan bringing together all tactical and transformative actions across the three services. Additional capacity have been actioned to help offset the level of abstractions.

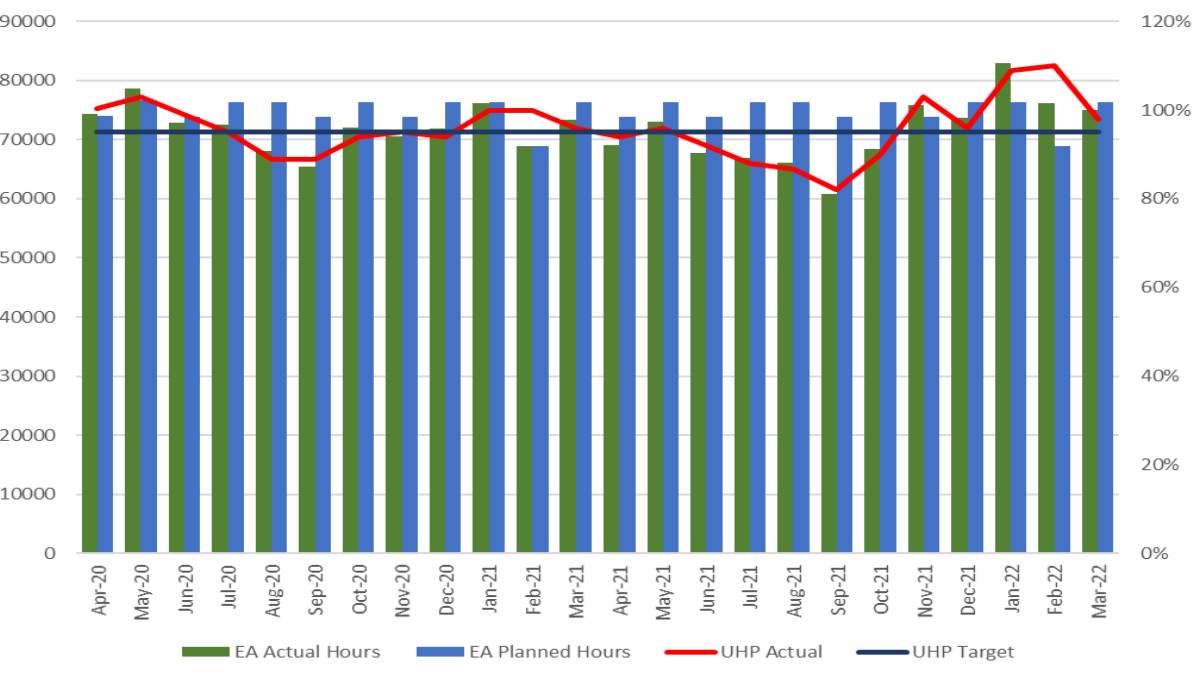
Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A new programme of work is being commenced to review and take action to reduce sickness absence / alternative duties. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 81 WTE to be recruited this year; however, the current impact of CoVID-19 means that the Performance Improvement Plan contains a range of tactical responses to increasing capacity in the short term e.g. military aid.

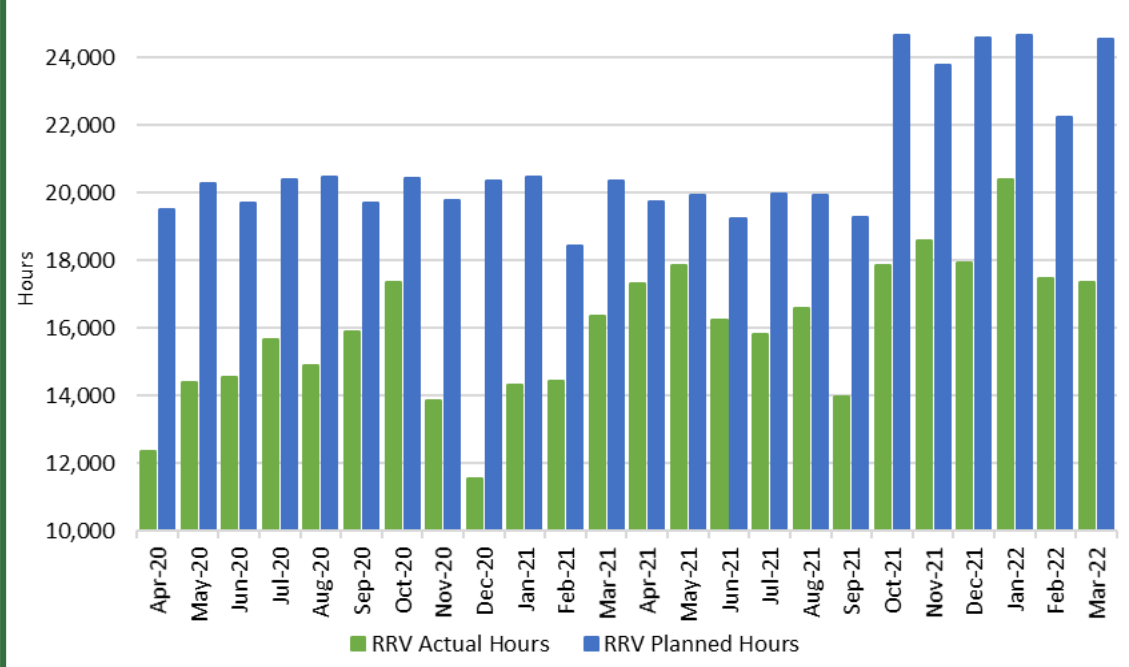
Expected Performance Trajectory

Subject to the longer-term impact of CoVID-19 the benchmark is a UHP of 95% across the Trust's three main resource types and an abstraction rate of 30%. The Trust is proposed, as part of the Transition Plan, that a higher level of abstractions (and relief) is used.

Emergency Ambulance Unit Hours Production



RRV Hours Planned vs Actual



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our People Sickness Absence Indicators



NB: Mar-22 data not yet available to report
*with the exception of Monthly Sickness graph

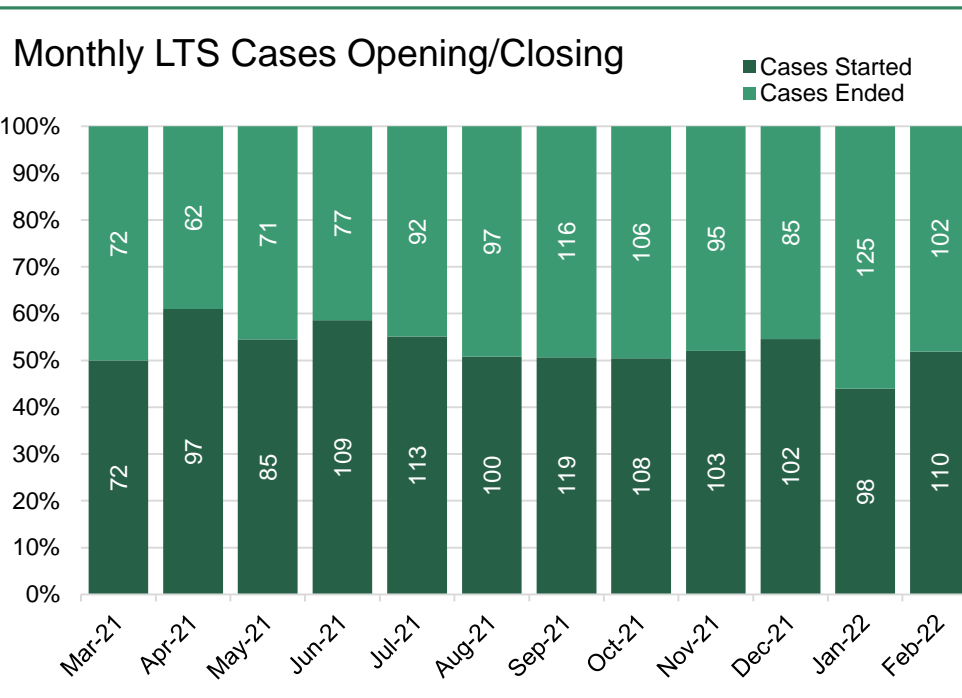
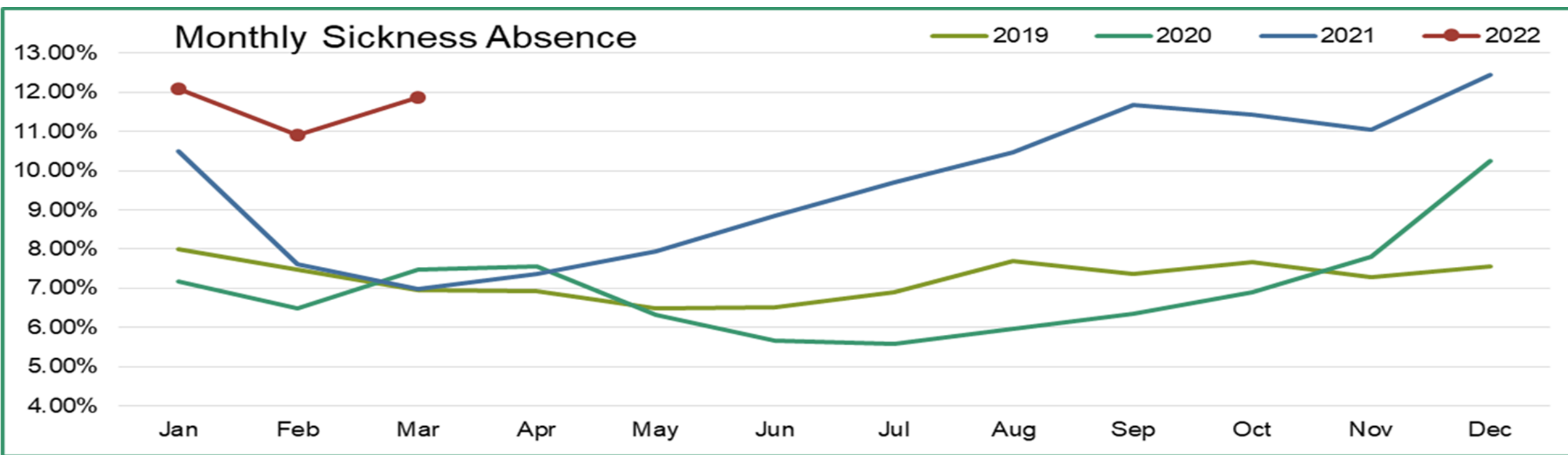
Analysis
The monthly sickness absence figure for Mar-22 was 11.88%, a decrease of 0.97% from last month; however, sickness levels remain the highest recorded in a 5 year period with increases in both short term and long term absence.

- Further decrease in Covid sickness absence and self-isolation during the Omicron wave
- Lowest rate of absence since Sept-2021
- Stress & Anxiety has returned to the top reason for absence
- Reduction in both LTS and STS for Feb-2022

Remedial Plans and Actions

- Physiotherapy referrals increased to 30 referrals for this month, with 63% off work at time of referral (26% increase compared to December). Majority of referrals were for back symptoms, closely followed by shoulder issues. Referrals to our EAP were reduced against December slightly to 53 calls, top call reasons for Mental Health, Relationships and Work

Expected Performance Trajectory
The Trust is aware that some staff may need more time to recover due to Long-CoVID and may require a longer phased return to work alongside putting in place other supporting mechanisms. Work is also ongoing to consider the mental health aspects of CoVID-19 and working from home and the Trust is actively seeking ways to consider the possibility of hidden health and wellbeing issues. It is therefore difficult to forecast or predict performance against this indicator, but the expectation is that the target is unlikely to be achieved in this financial year.



Average working days lost per FTE (Annual)

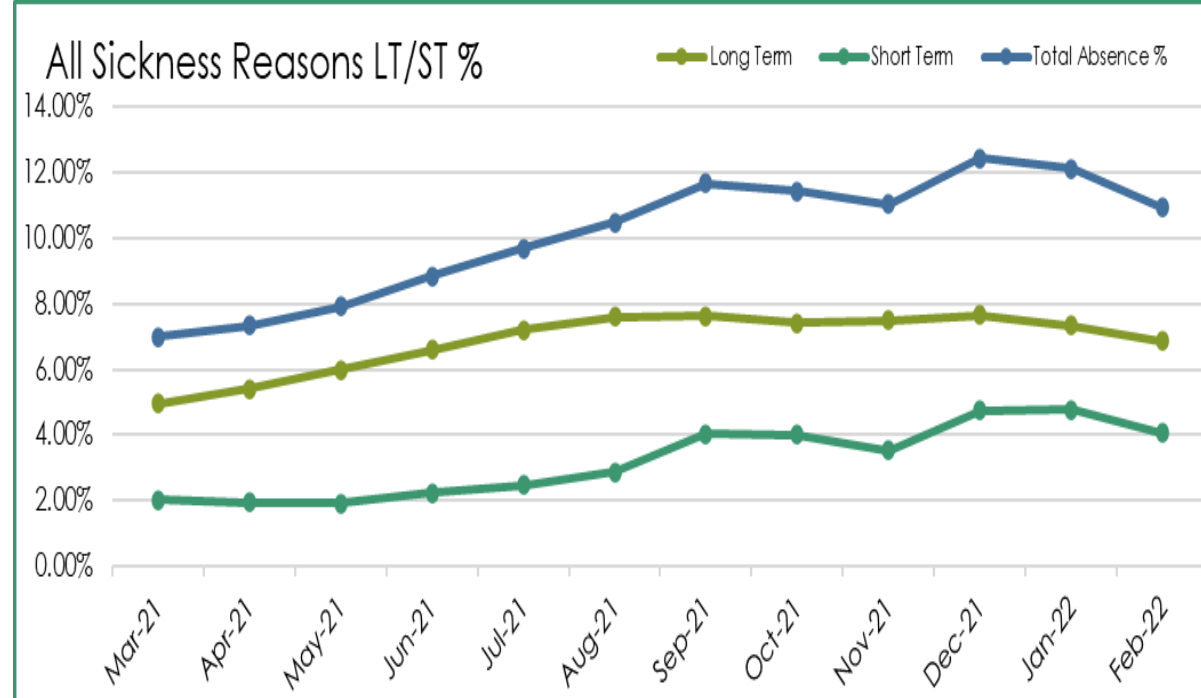
23.03 days

Single month Absence %

10.93%

Long Term	Short Term
6.86%	4.07%
Mental Health	Other MSK
2.62%	1.39%

(S10 Stress/Anxiety) (excluding Back)



(Responsible Officer: Catherine Goodwin)

Welsh Ambulance Services NHS Trust



Our People

Staff Vaccination Indicators

Self Assessment:
Strength of Internal
Control: Moderate

Flu
R

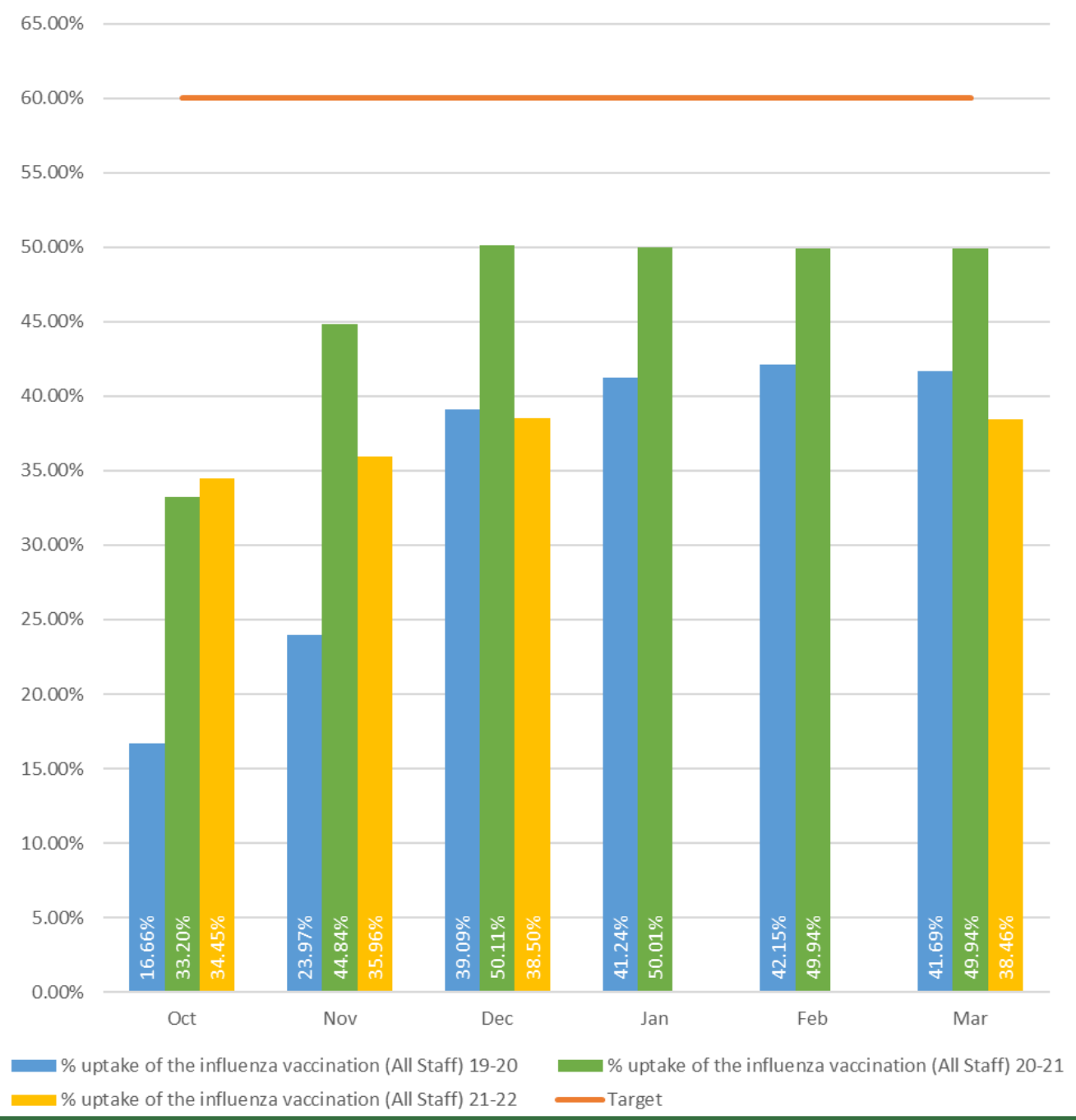
CI

PCC

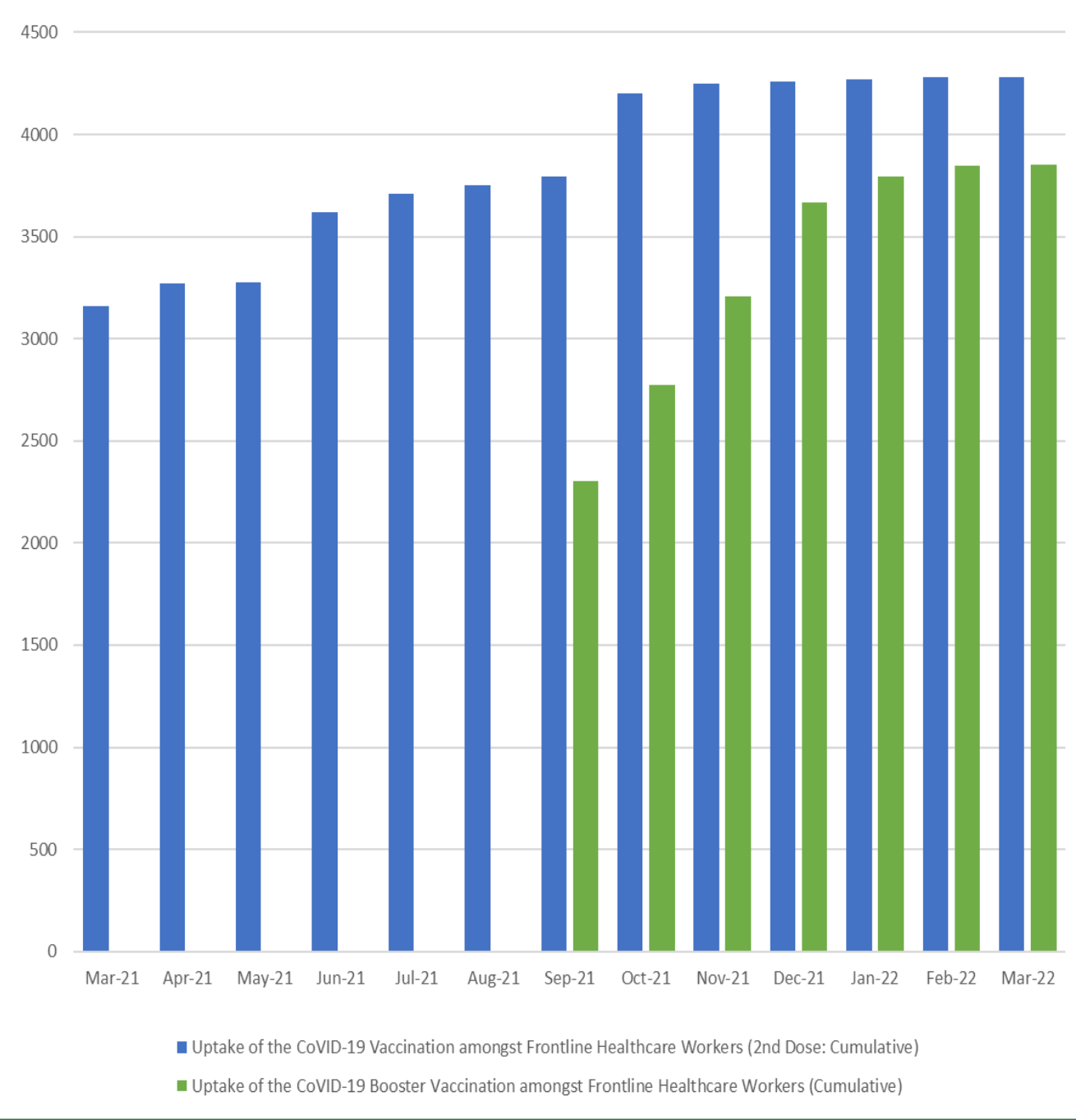
Health & Care
Standard
- Health (PPI)

NB: Next Reporting Flu Campaign Oct-22

% Uptake of the Influenza Vaccination amongst Healthcare Workers who have Direct Patient Contact



Uptake of the CoVID-19 Vaccination Programme Amongst Frontline Healthcare Workers (Cumulative)



Analysis
The 2021-22 flu campaign got underway in Oct-21 and has now concluded; as indicated in the graph to the left 38.46% of EMS (response) and NEPTS staff received a vaccination, therefore not achieving the 60% target.

Due to a technical error in the downloading of data for we are unable to report monthly data for Jan & Feb-22.

Of the 4,532 staff currently employed (All staff) front line (Patient Facing and Non-Patient Facing staff), 95% of staff have received a first dose CoVID-19 vaccination, 94% (4,279) have received a second dose and 85% (3,853 Staff) have received a booster vaccination. In addition 94% of volunteers have received a first dose vaccination, 93% have received a 2nd dose and 2.1% have received a booster vaccination.

Remedial Plans and Actions
Staff data has been refreshed to accurately staff numbers employed by WAST.

Expected Performance Trajectory
Due to the escalation to Alert Level 2 in Wales and a reduction in public mixing over the festive period, to date the expected surge in flu rates have not been seen in the 2021/22 winter period. This, combined with an uptake in vaccination across priority groups in Wales has meant that more people than ever before received an influenza vaccination and for the first time ever, over one million vaccinations were given in Wales. The Trust is still cautious that an easing of restrictions could see cases increase and winter planning has been key in preparing for this scenario.

Date source: Cohort Electronic System / Welsh Immunisation System (WIS)



Our People

PADR and Training Rates Indicators

R

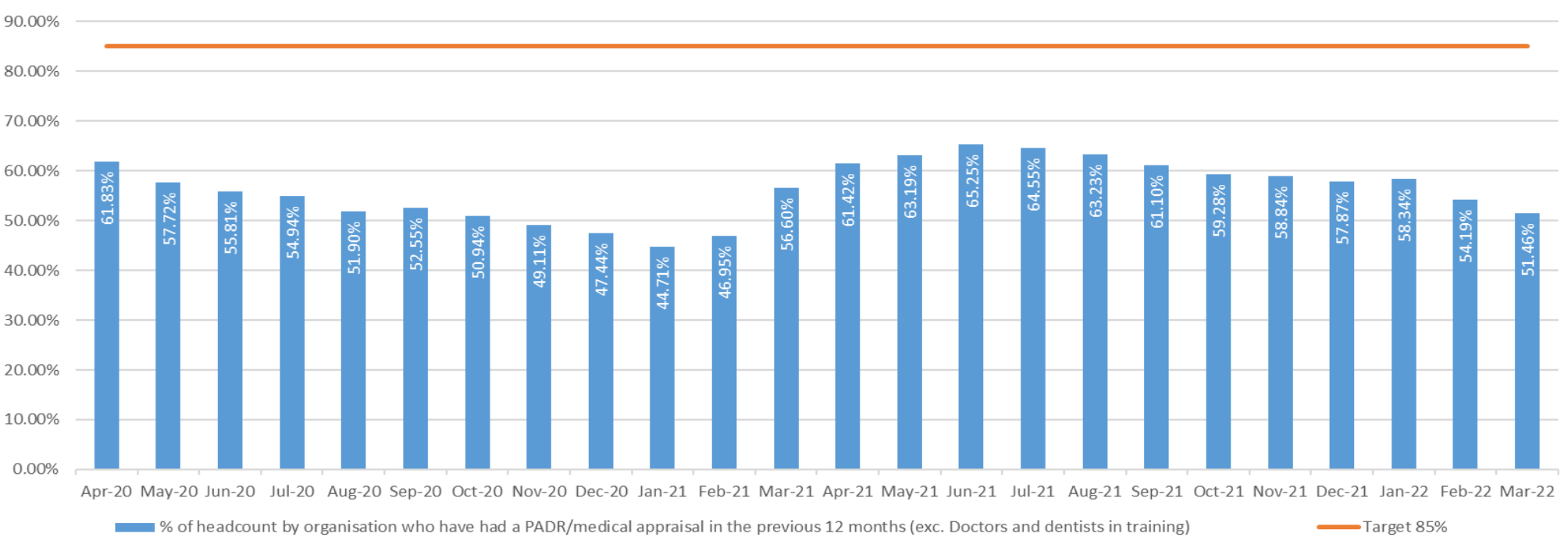
Self Assessment:
Strength of Internal
Control: Strong

CI

PCC

Health & Care
Standard
Health – Staff &
Resources

% of headcount by organisation who have had a PADR/medical appraisal in previous 12 months



Analysis

PADR rates for Mar-22 declined to 51.46% continuing to remain well below the 85% target. Mar-22 Statutory & Mandatory Training rates increased by 1.94% from the Feb-22 figure remaining just under the 85% target. Fire Safety (66.10%), Information Governance (84.80%) and Moving & Handling (82.57%) all failed to achieve the 85% target; however Safeguarding Adults (87.38%) achieved the target again in Mar-22.

In Mar-22 Band 6 Paramedic Competency rates (All Staff) are 83.71% for year 1, 78.44% for year 2 and 72.93% for year 3. These figures exclude newly qualified Paramedics and staff on Long-Term Sickness and Maternity. Of the original Band 6 paramedic cohort, the rates are 100% for year 1, 99.86% for Year 2 and 97.18% for year 3.

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
Environment, Waste and Energy (Admin & Clerical staff Only)	Yearly

There are currently 2 (13 for Admin & Clerical Staff) Statutory and Mandatory courses that all NHS employees must complete in their employment. These are listed in the table to the right.

Remedial Plans and Actions

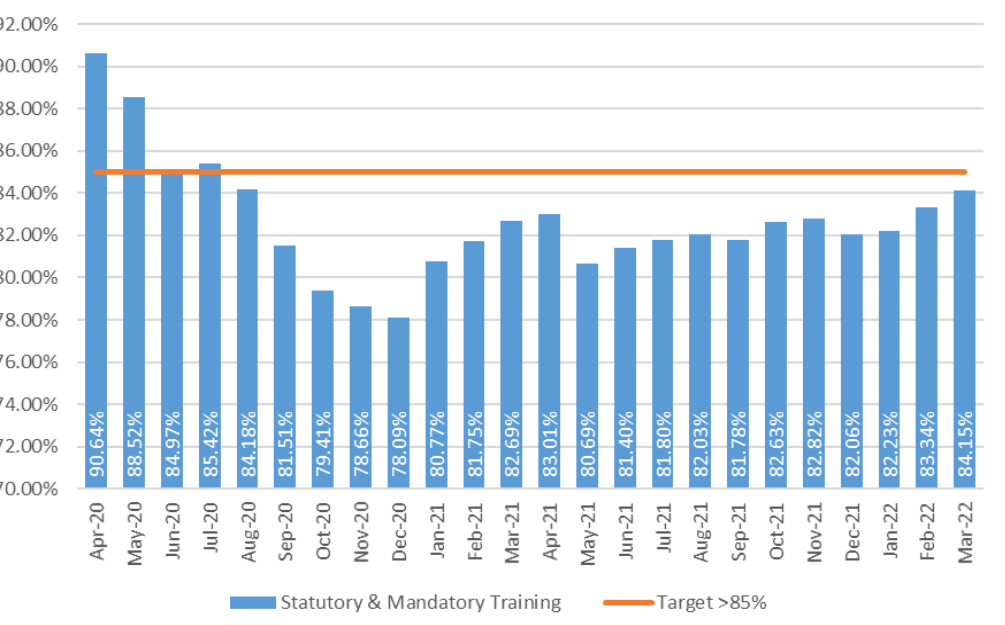
Since the onset of CoVID the Learning and Development team have moved the Trust towards a more blended model of education. All staff are actively encouraged to take ownership of their e-learning through self-identification of topics they are required to update. This is done through logging into ESR and reviewing individual compliance. Where e-learning is appropriate staff log in and complete this in a timely manner. This then negates the need for colleagues to attend classroom based CPD days where it is not necessary. CPD is supported by the ESR Team and user guides, and other supportive information is available through the WAST intranet and via Yammer.

Targeted communication via Siren and Yammer will continue using the #WASTMakItHappen tagline to reinvigorate My Learning on ESR for Corporate Compliance will continue. In addition, meetings are ongoing with the Ambulance Response Team to highlight compliance rates for Frontline staff and continue to monitor.

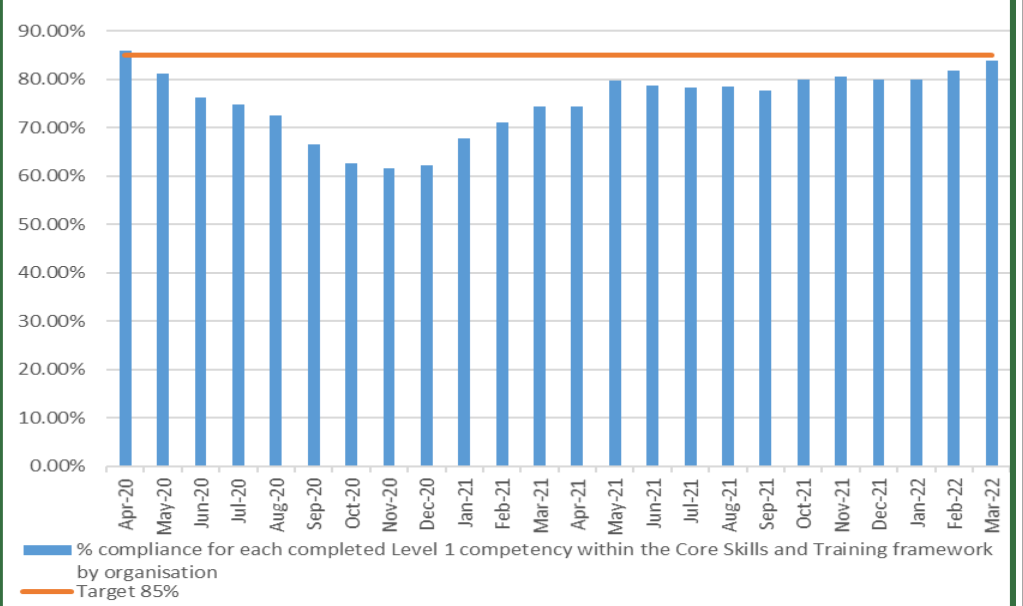
Expected Performance Trajectory

Uptake in the e-learning based topics continues to be very positive and staff of all grades have embraced the concept and are engaged with this new concept. Staff seem to have bought into the "new normal" and we expect to continue to see improving compliance figures across the Trust.

% Compliance Statutory and Mandatory Training (10 CSTF Modules)



% compliance for each completed Level 1 competency within Core Skills & Training framework



Data source: ESR



(Responsible Officer: Catherine Goodwin)

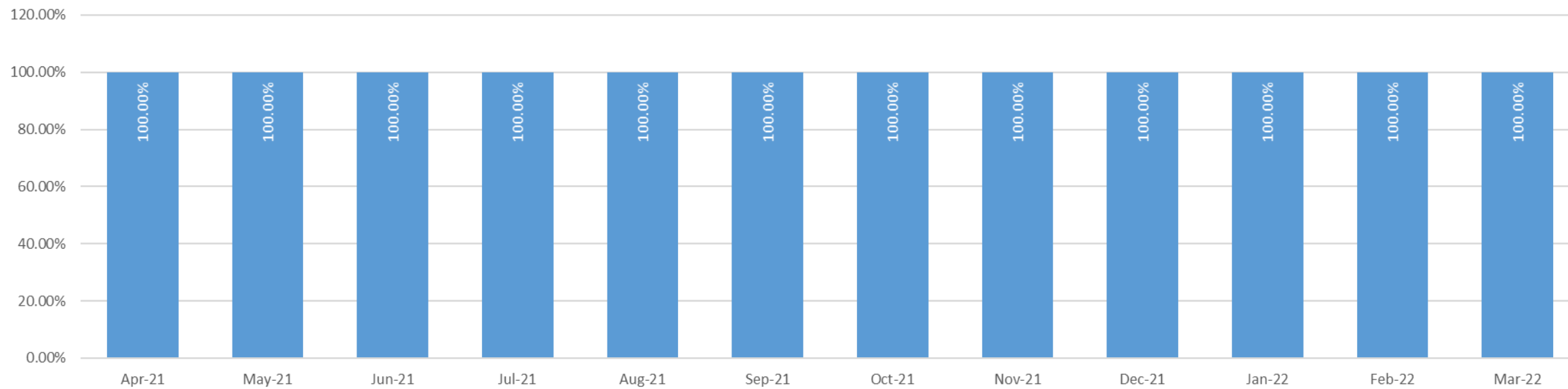
Welsh Ambulance Services NHS Trust



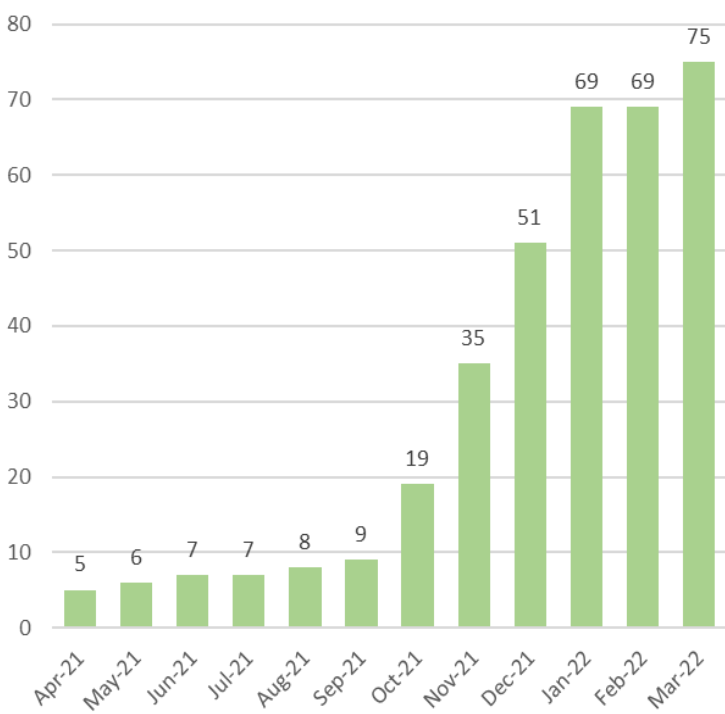
Finance and Value Finance Indicators



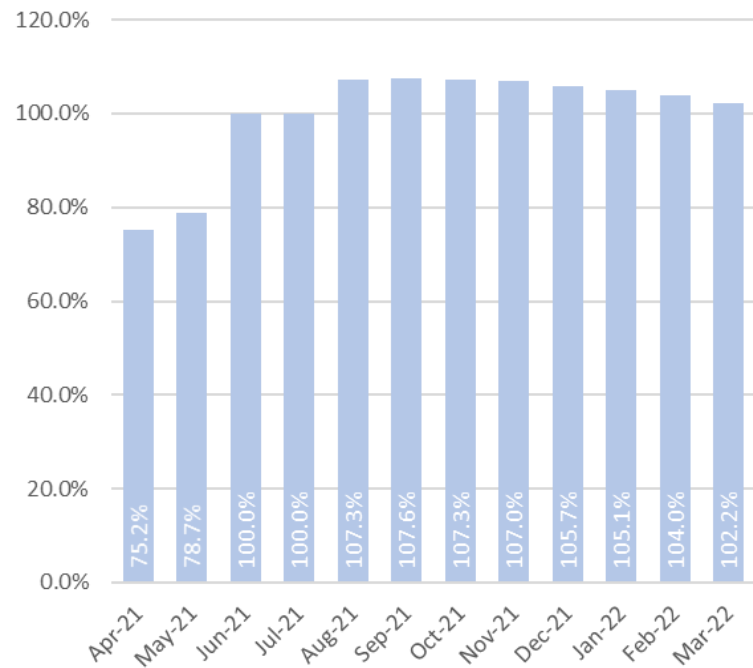
Financial balance - annual expenditure YTD as % of budget expenditure YTD



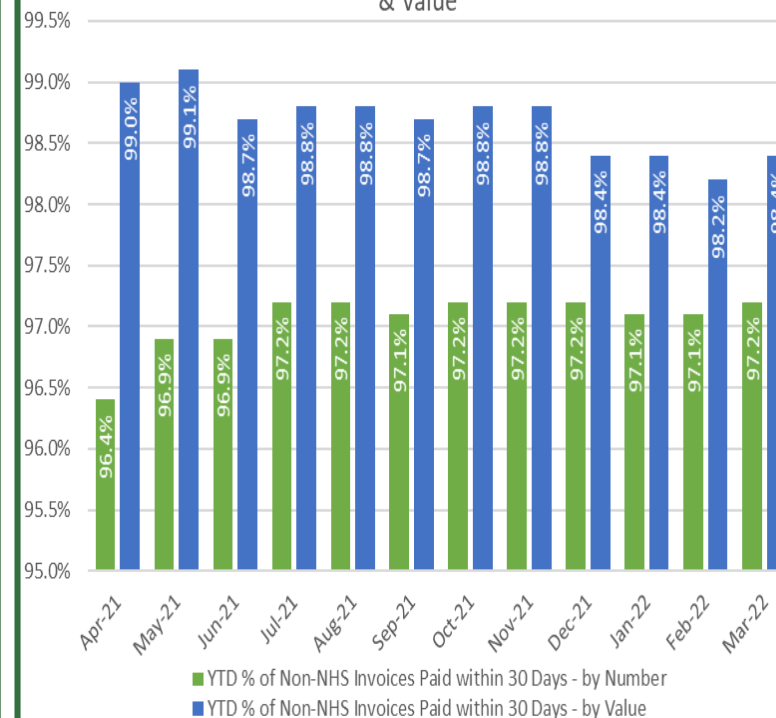
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



YTD % of Non NHS Invoices Paid Within 30 Days - By Number & Value



Analysis

At the end of the 2021-22 financial year, the reported outturn performance at month 12 is a surplus of £75k.

For month 12 the Trust is reporting planned savings of £2.800m and actual savings of £2.861m, an achievement rate of 102.2%.

Cumulative performance against the Public Sector Purchase Programme (PSP) as of Mar-22 was 97.2% against a target of 95%.

As of Mar-22 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 2022-25 will build on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2022-25 financial plan was submitted to WG following Board sign off on 31st March 2022.

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 include:

- Continuing financial support from Welsh Government in relation to Covid costs;
- 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;

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to continue to deliver further planned savings into 2022/23.



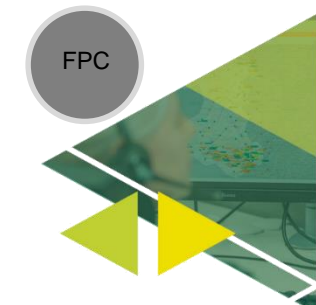
(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust



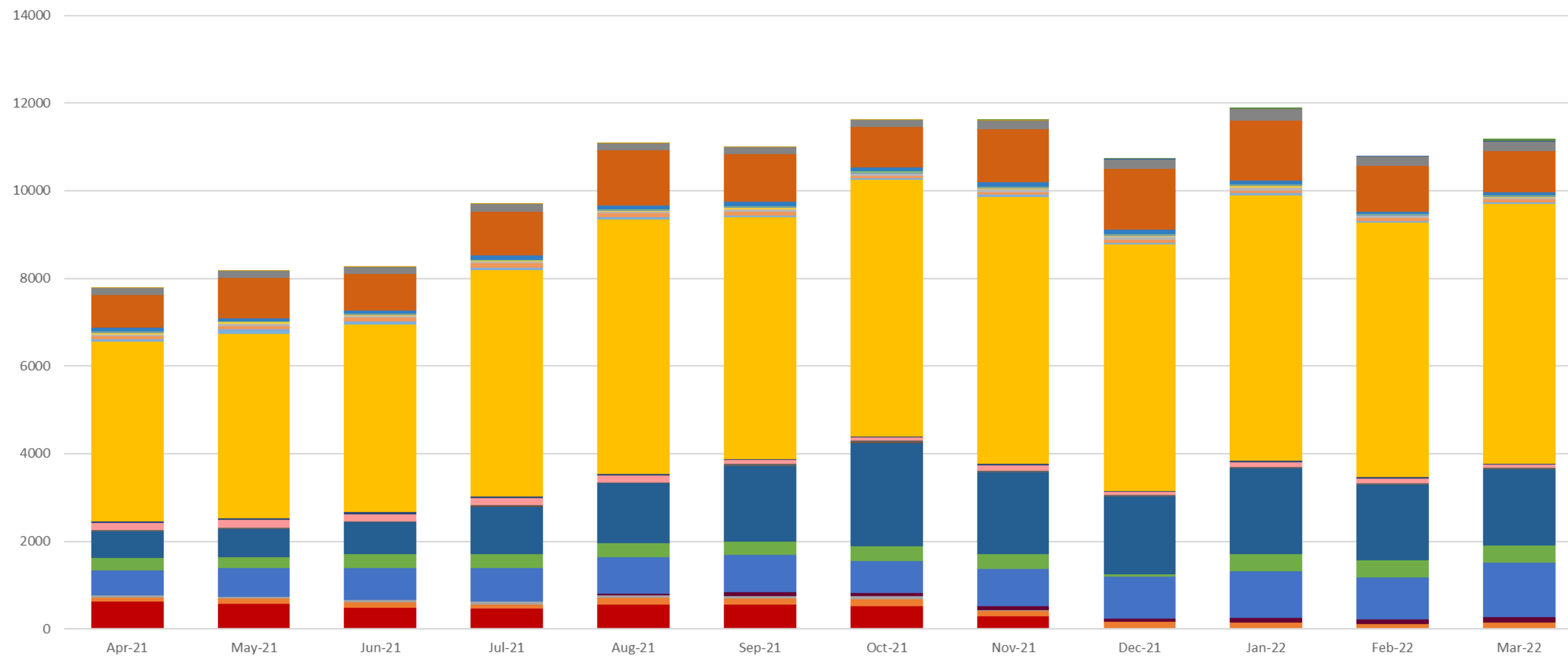
Value / Partnerships & System Contribution

EMS Utilisation & Post Production Lost Hours Indicators



NB: Revised data reported based on amendments in QlikSense and refinements applied to improve accuracy in reporting

Post Production Lost Hours - By Unavailability Reason



- CLEANING – CoVID19
- EQUIPMENT - NOT AVAILABLE
- POLICE INTERVIEW - NOT AVAILABLE -
- STAFF INJURY - NOT AVAILABLE
- VEHICLE DEFECT - NOT AVAILABLE
- COMMUNICATIONS - NOT AVAILABLE
- HALO DUTIES
- RTB S/D MEALBREAK - NOT AVAILABLE
- TRAINING ON BASE - NOT AVAILABLE
- VEHICLE DEFECT NOT AT W/SHOPS
- CoVID 19 RTB/ Awaiting Decontamination Cleaning
- L3 PPE Cool Down
- SAFEGUARDING/POVA - NOT AVAILABLE
- TRAINING VEHICLE
- Tactical Approach to Production Crew Concren
- Crew Documentation
- LEAVE - NOT AVAILABLE
- SOILED UNIFORM - NOT AVAILABLE
- TRAUMATIC STAND DOWN - NOT AVAILABLE
- SINGLE CREW
- Duty Operations Manager Duties
- Paper Operations
- STAFF ILLNESS - NOT AVAILABLE
- VEHICLE CLEANING - NOT AVAILABLE

Analysis

There were 11,452 post production lost hours (PPLH) in Mar-22; which continues to show high levels compared to Feb-22 (11,010).

In Mar-22 hours lost through PPLH can be down to numerous factors, including, but not limited to Return to Base, Meal Breaks (5,935 Hours), HALO duties (1,752 hours), Duty Operations Manager duties (1,243 Hours) and Vehicle cleaning (936 hours). It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

Remedial Plans and Actions

This is currently an area of focus via a series of workshops with TU Partners, which commenced in Sep-21. The current focus continues to be on data accuracy, modelling of options and potential tests of change.

Expected Performance Trajectory

The current data needs to be treated with a degree of caution, for example, there are good reasons for some post production lost hours, plus there are issues of data entry. The Trust has recently undertaken more benchmarking on PPLHs which suggests that it compares favorably with two other ambulance services, but less so with a third. Contact is being sought with this third service. A deep dive on PPLH is going to May-22 F&P Committee.

****NB: PPLH Data correct at time of extract**



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



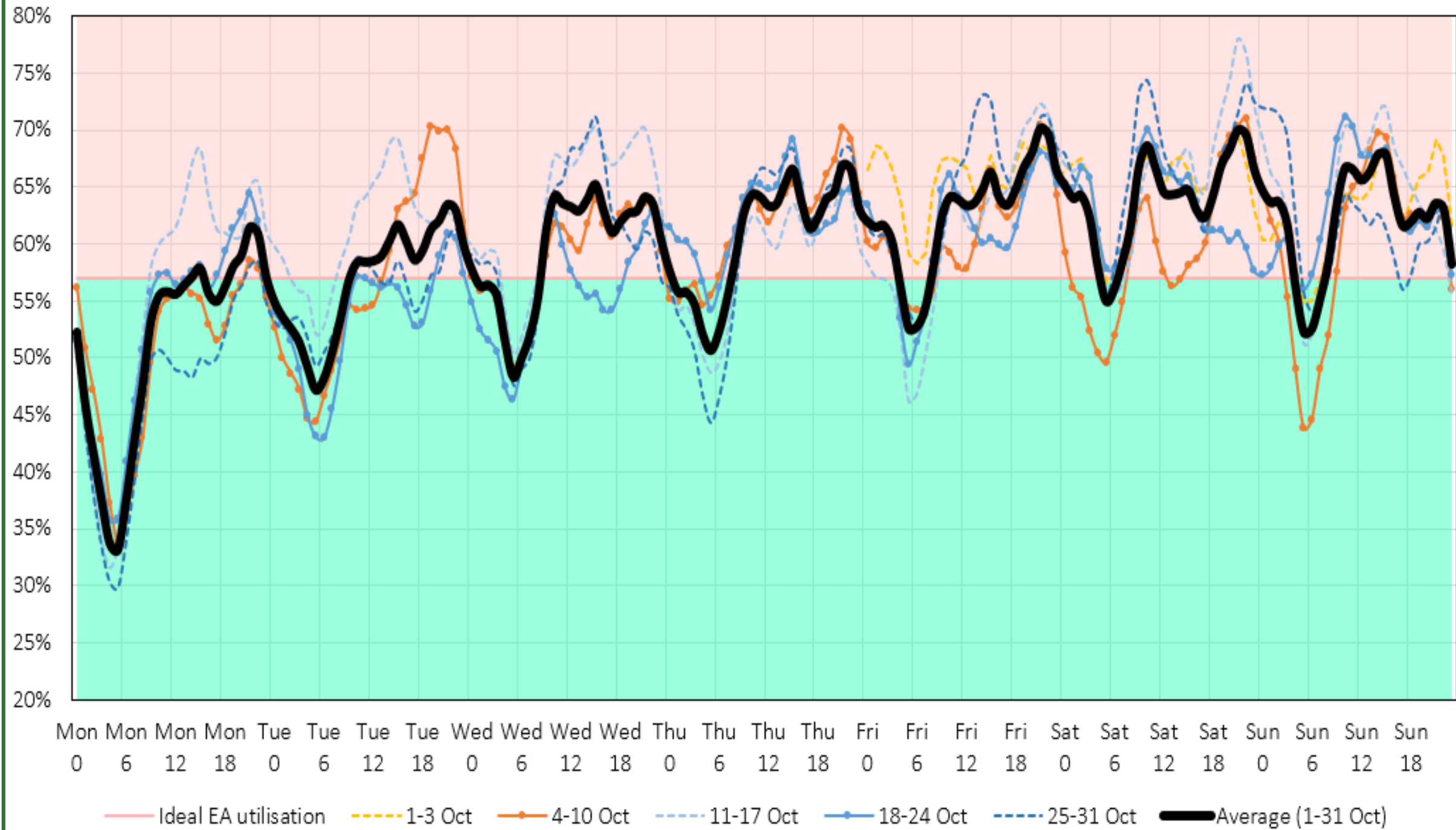
Value & Partnership Contribution

Utilisation Indicators



Slide Under Development to provide Net Utilisation – there is an issue with PPLH data that is preventing this indicator being further developed at this point of time. Optima liaising with new AD Data & Analytics

EA Historical Gross Utilisation October 2021 (Busy Hours / Actual Hours)



Analysis

The chart outlines the gross utilisation for WAST; the ideal gross utilisation has been set as 57% after an extensive data analysis (the split between green and pink area in the chart). Achieving this level of utilisation enables the Trust to exactly deliver a 30 minute Amber 1 response time.

In addition each health board area has their own ideal EA utilisation. Analysis has indicated that this is higher for urban areas and lower for rural areas. A high degree of rurality means that more resources need to remain available more often to achieve the 30 minute Amber 1 response times.

The chart shows that's the EA utilisation has consistently been much higher than we would like in Oct-21; this extensive utilisation also explains why response times have been much slower than desired.

The dip seen during the early hours on a Monday is as a result of the data being available in weekly blocks which causes some of the workload within the first few hours of the dataset to be invisible. The 'tuning' of the ideal utilisation is revised periodically on larger datasets that do not contain these dips.

NB: The thick black line identify the average hour-of-week EA utilisation for WAST, the thin lines indicate the values for every week within October. The green and pink indicate the split below and above ideal utilisation

Remedial Plans and Actions

The Trust is currently receiving support through additional hours obtained from the Military Aid to the Civil Aid (MACA) and Fire Service.

The Trust has combined various tactical plans into a single Performance Improvement Plan (PIP) which is being reported into Executive Management Team every 2 weeks set out under four main headings with actions including:

- Better management of demand;
- Increasing capacity;
- Increasing effectiveness and efficiency of resources; and
- Supporting staff well-being.

Application of the clinical Safety Plan is being utilised to ease pressures on the Trust during periods of excessive demand.

Expected Performance Trajectory

Further work is required on the measure, in particular, data issues around PPLH.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



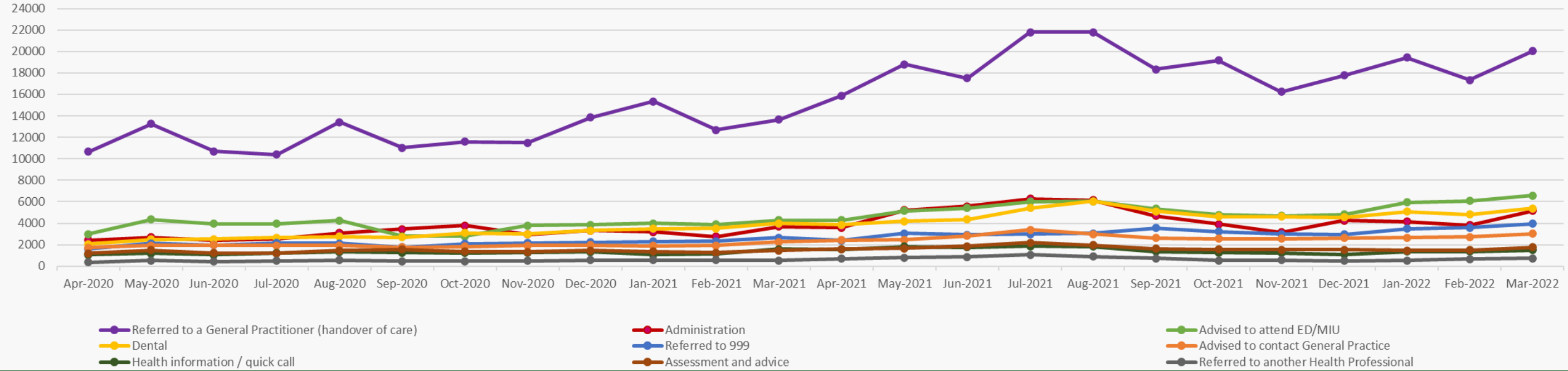
Our Patients: Quality, Safety & Patient Experience

111 Hand Off Metrics and 111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced



111 Calls By Final outcome



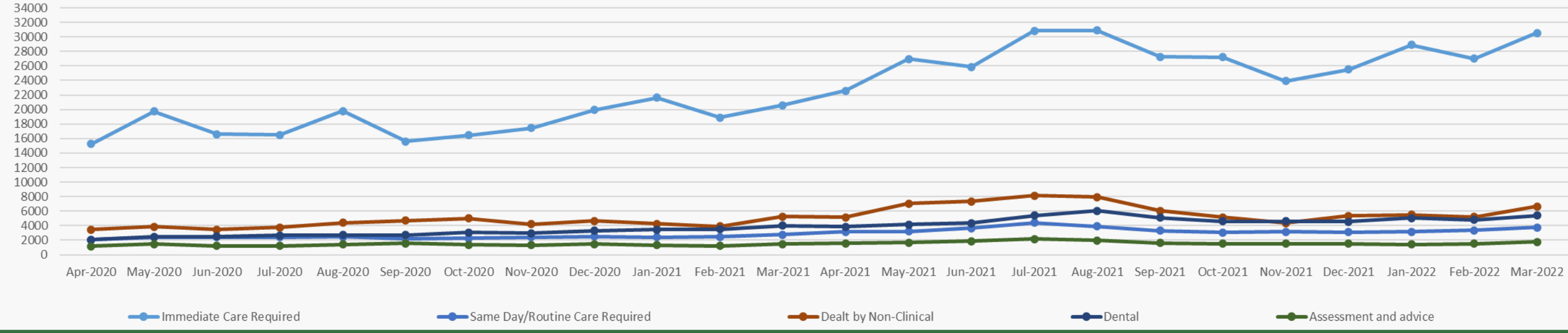
Analysis

In Mar-22 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 42% of calls.

Calls falling in the Immediate Care Required category saw the highest volume; this includes calls referred to General Practitioner (20,033), advised to attend ED/MIU (6,576) and Dental calls (5,389).

In Mar-22 48,120 calls were received in the 9 categories displayed in the top graph, an increase when compared to 41,927 in Feb-22; 26,542 in Mar-20 and 34,084 in Mar-21.

111 Calls by Final Outcome



Remedial Plans and Actions

Work is underway to develop live informatics which provide real time information on clinician availability to allow improved understanding and management; this will enable the Trust to report more meaningful metrics and accurately monitor patient outcomes.

Expected Performance Trajectory

A Contract Analyst is currently undertaking work to improve 111 data metrics available; this will allow us to report more meaningful and relevant data in relation to whether patients are directed to the most appropriate and best outcomes.



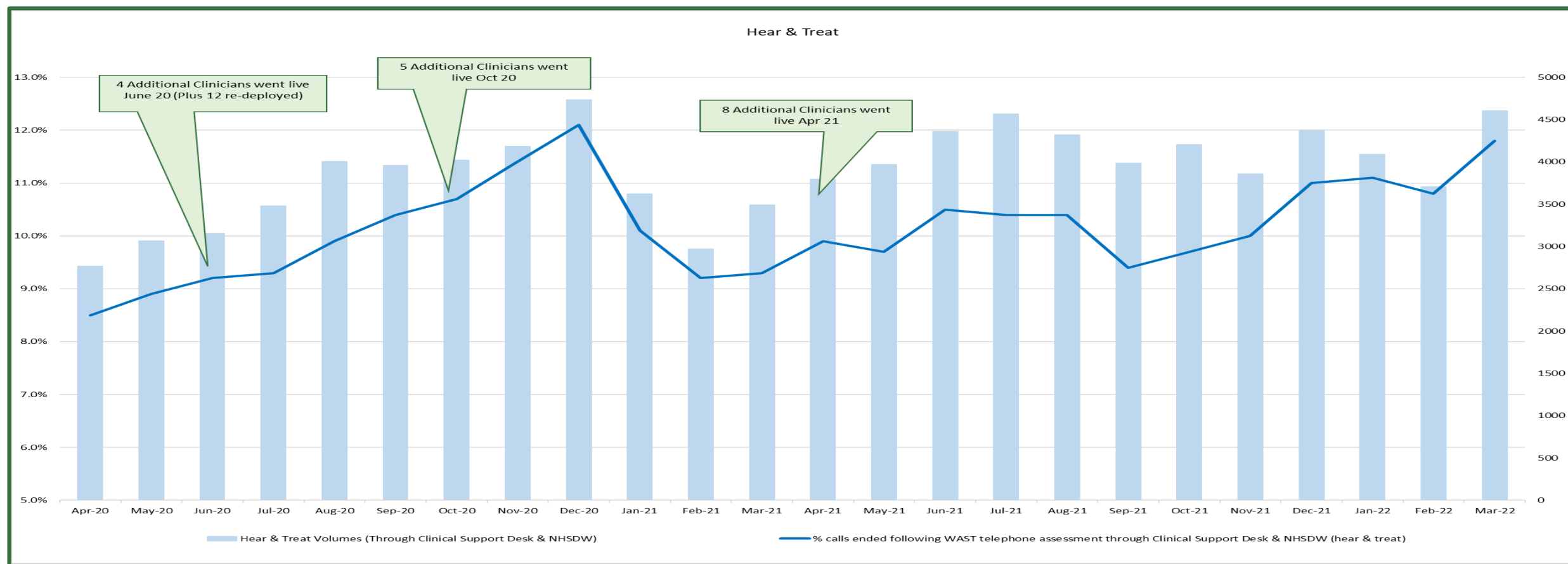
(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Partnerships / System Contribution

Hear & Treat Indicators



Analysis
 The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 11.8% performance in Mar-22, therefore continuing to achieve the 10.2% target for the fifth consecutive month.

8.4% of hear & treat volumes were achieved by the CSD in Mar-22. In comparison, 3.4% of hear & treat was by NHSDW/111.

The percentage of re-contacts within 24 hours of telephone hear and treat has fluctuated over the last two years, peaking in Jun-20 to 15.7%.

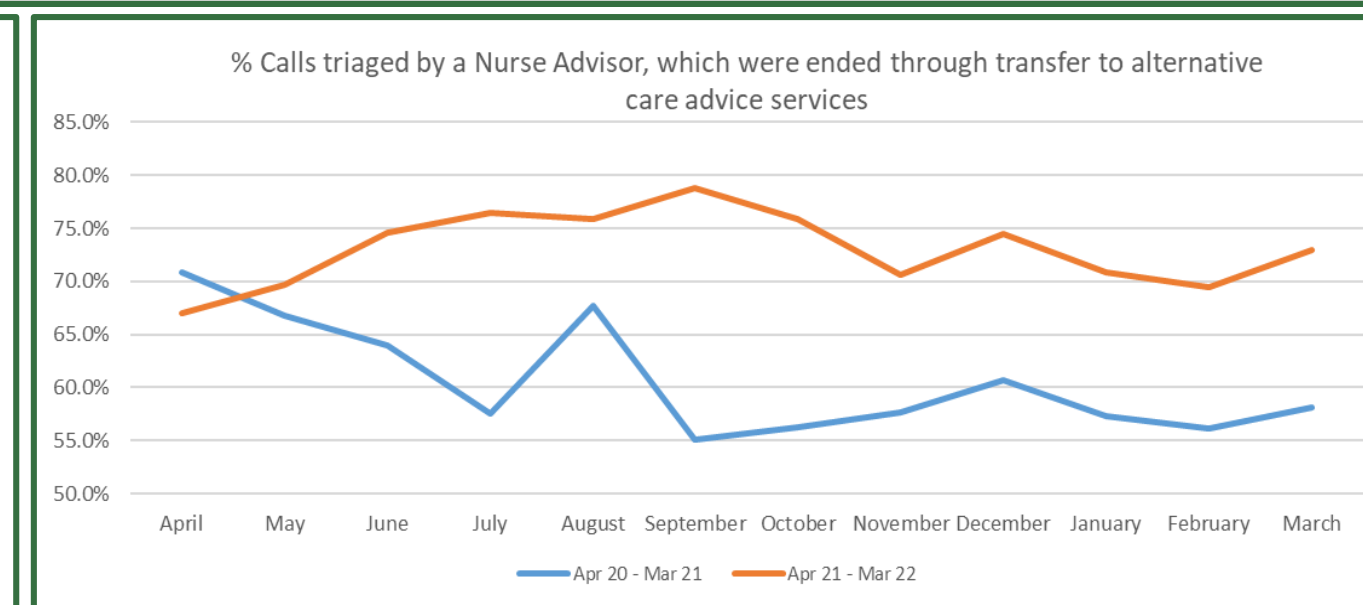
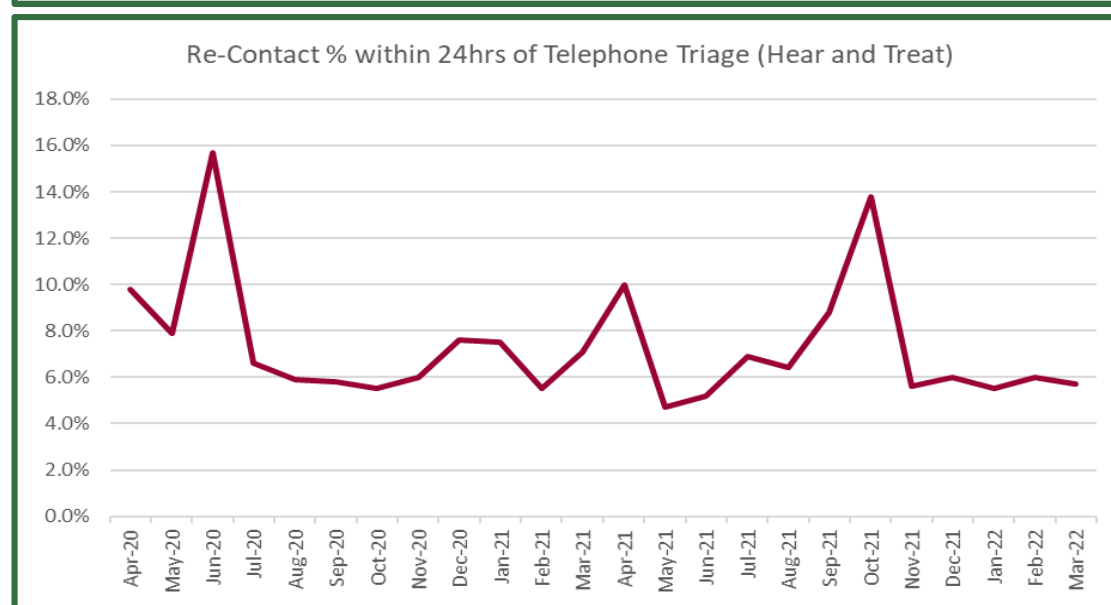
Re-contact rates in Mar-22 were 5.7% a decrease compared to 6% in Feb-22, this is also a decrease compared to 7.1% in Mar-21.

The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services decreased month on month to 73% in Mar-22; by comparison, this figure was 58.1% in Mar-21.

Remedial Plans and Actions

- The work to implement the findings of the CCC Clinical Review will be the main driver of change and improvement. The predicted impact on hear and treat rates is currently being considered.
- Commissioners have agreed funding for 4 FTE mental health practitioners into the 999 clinical teams which would increase hear and treat rates significantly based on findings of a pilot during the pandemic. Recruitment complete, onboarding in Feb-22.
- Commissioners have also agreed to fund an additional 36 paramedics (achieved) into the clinical service desk, to be backfilled through recruitment of additional EMTs and ACA2s respectively. Work is ongoing to develop the service model in a department that will therefore almost double in size.

Expected Performance Trajectory
 The current benchmark is 10.2% hear and treat rate. The Trust is developing a trajectory of 15% for 2022/23 as part of the development of the 2022-25 IMTP and associated forecasting and modelling.



(Responsible Officer: Lee Brooks)

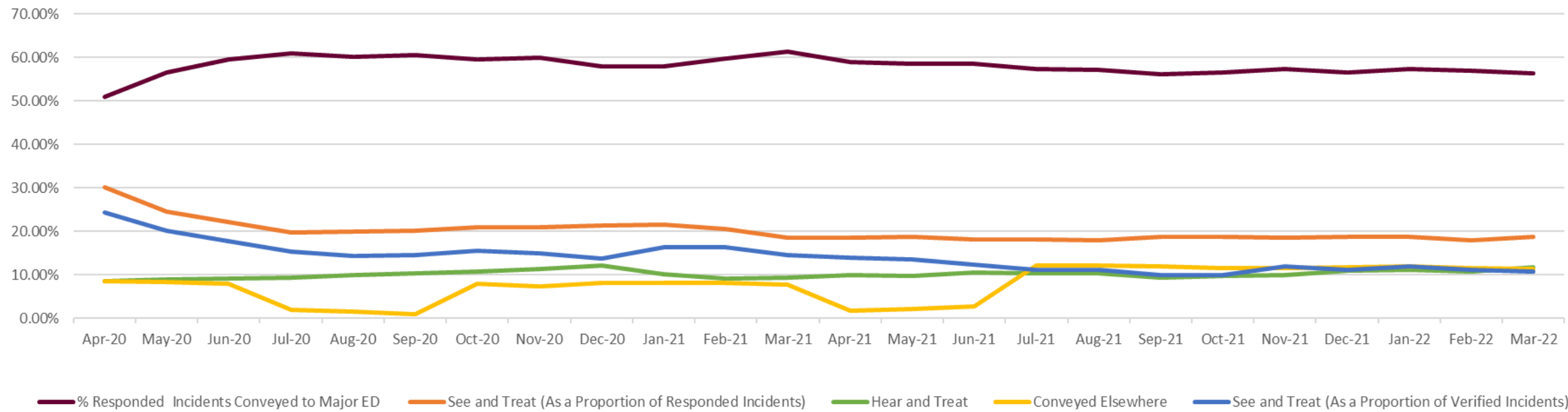
Welsh Ambulance Services NHS Trust



Partnerships / System Contribution Conveyance to ED Indicators



% of Patients Conveyed to Major ED, Triaged through Hear or See and Treat or Conveyed Elsewhere



Analysis

The percentage of patients conveyed to EDs decreased (i.e. improved) compared to the same period last year. In Mar-22 conveyance to EDs as a proportion of total verified incidents was 32.21% (compared to 48.02% in Mar-21).

The combined number of incidents treated at scene and referred to alternate providers increased in Mar-22 when compared to Feb-22. 2,128 incidents were referred to alternative providers in Mar-22 and 2,096 incidents were treated at scene; however, a review of other outcomes (see graph) shows that the number of incidents where there was a no send, patient cancelled or went via their own transport remains an indicator which may mean patients reach hospital via another route. In Mar-22 12,160 ambulances were cancelled by patients, 646 fell in the unable to send category due to the escalation of the Clinical Safety Plan (CSP) and 341 patients made their way to hospital using their own transport.

Remedial Plans and Actions

This indicator captures the impact of all "shift left" activity, for example hear & treat, see & treat (APPs, Band 6 Paramedics), pathways and conveyance to other hospital locations e.g. minor injury units (MIUs), direct admissions etc. Years 3-5 of the EMS Operational Transformation Programme offer the potential to take a more transformative look at options for further reducing conveyance, where it is clinically safe and appropriate to do so. The initial results of this modelling are expected w/c 24 Jan-22 (received).

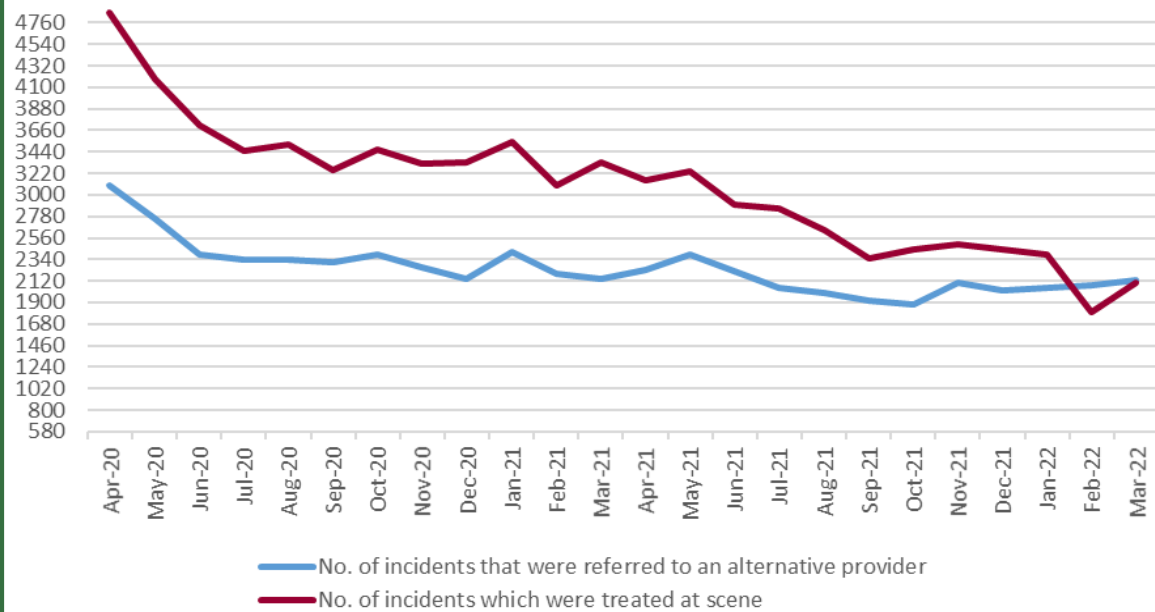
As part of the IMTP and working with partners across the health system. WAST has been asked to lead on the development of a National Respiratory work stream. A four phased proposal has been designed to deliver sustainable service level improvement for respiratory patients across Wales aligned to the national strategic direction and delivered in collaboration with Health Boards & key stakeholders: Delivery will be dependent on cooperation with health boards who will need to provide a service to refer into; however, this has the opportunity to increase referrals to alternative providers.

One of our commissioning intentions is to develop an optimising conveyance strategy, which will bring forward clearer proposals linked to further work on the EMS Demand & Capacity Review.

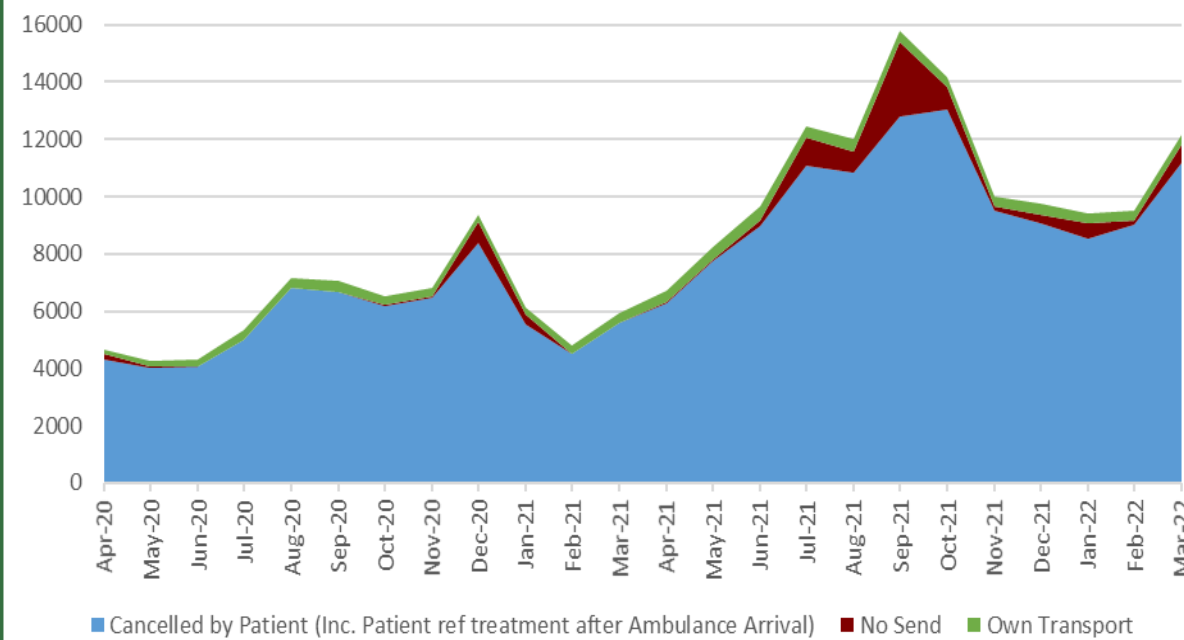
Expected Performance Trajectory

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..

Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



Number of Incidents Stopped by reason

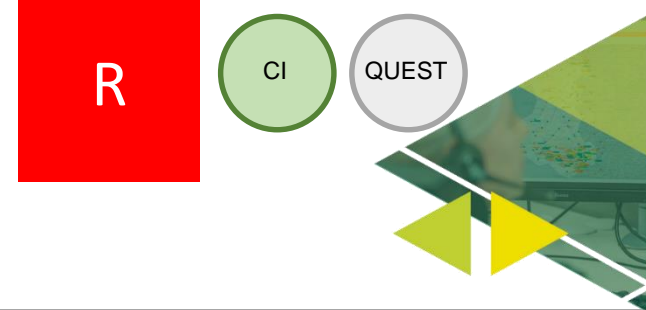


(Responsible Officer: Andy Swinburn)

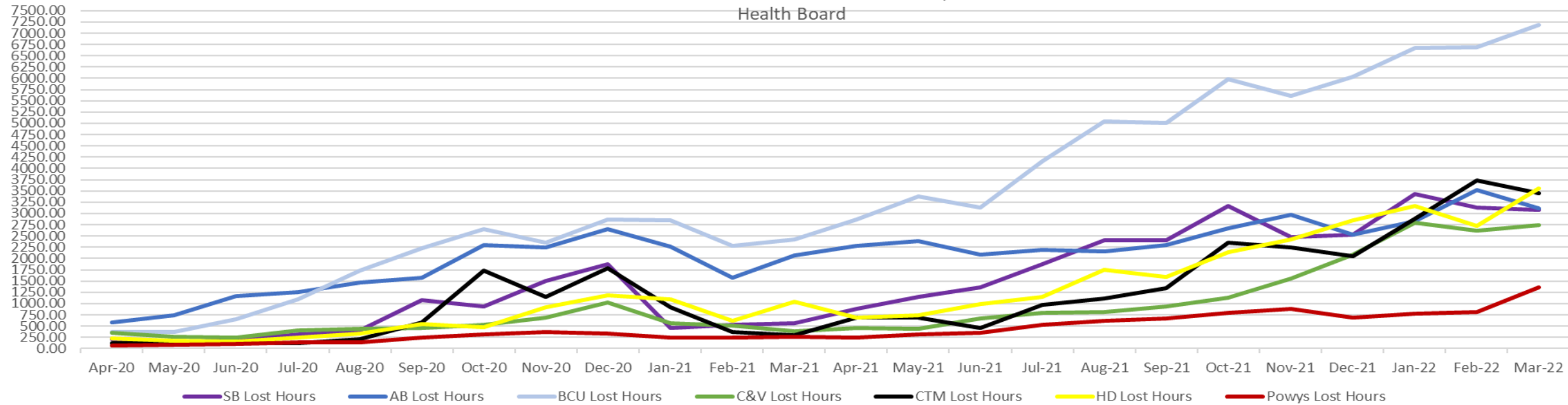
Welsh Ambulance Services NHS Trust



Partnerships / System Contribution Handover Indicators



Notification to Handover Lost Hours by Health Board



Analysis

191,461 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 73,123 in same period a year ago (Apr-20 to Mar-21). 24,479 hours were lost in Mar-22, a 71% increase compared to 7,052 lost hours in Mar-21 and also an increase when compared to 13,820 recorded in Dec-19, the previously worst recorded month, prior to Aug-21. The hospitals with highest levels of handover delays during Mar-22 were Glan Clwyd Hospital Bodelwyddan (BCUHB) at 3,055 lost hours, Morriston Hospital (SBUHB) at 2,745 lost hours, University Hospital of Wales (CVUHB) at 2,557 lost hours and Grange University Hospital (ABUHB) at 2,551 lost hours.

Notification to handover lost hours averaged 788 hours a day in Mar-22, 525% higher than the commissioning intention of no more than 150 hours per day.

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). 31 ideas have been received through the WIIN platform from staff in Mar-22

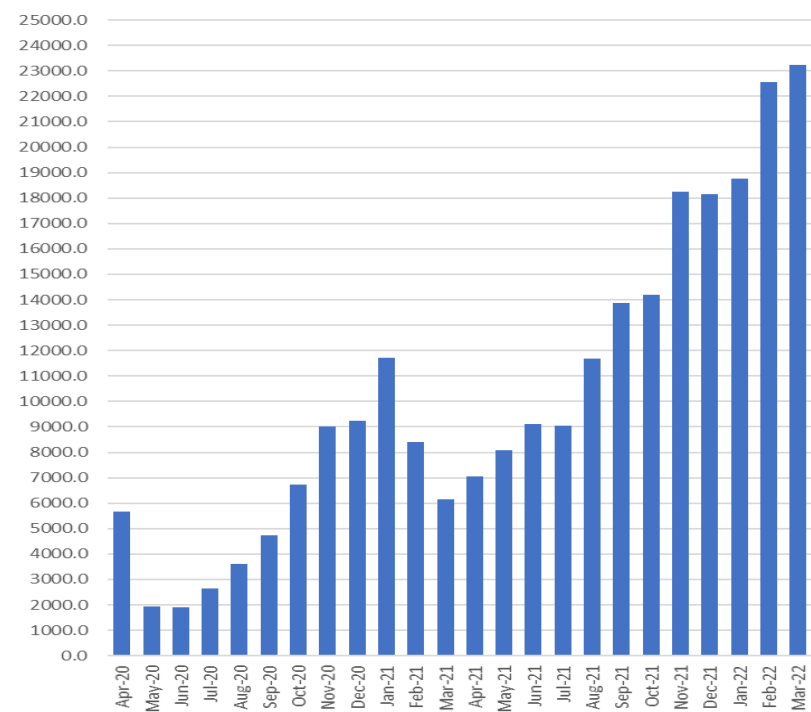
Expected Performance Trajectory

The NCCU is currently facilitating discussions between each health board and WAST on handover reduction plans and improvement trajectories..

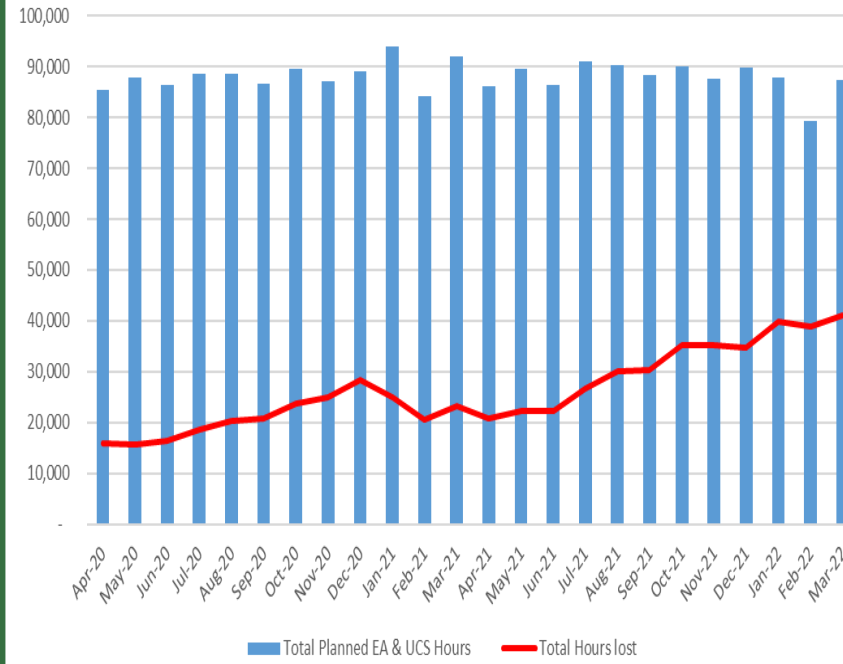
Notification to Handover Lost Hours - March 2022



Pan-Wales Notification to Handover Lost Hours



Total Planned hours VS Total Hours Lost



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 care that 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.	Post Production Lost Hours	Number of hours lost due to ambulance vehicles being unavailable due to a variety of reasons (A detailed list of these is show in the graph on slide 22).
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 Hear and Treat	Proportion of 999 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.		



Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	RRV	Rapid Response Vehicle
AOM	Area Operations Manager	D&T	Discharge & Transfer	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
APP	Advanced Paramedic Practitioner	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	Heath 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		IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	UCA	Unscheduled Care Assistant
CCP	Complex Case Panel	EMS	Emergency Medical services	IPR	Integrated Performance Report	OH	Occupational Health	UCS	Unscheduled Care System
CEO	Chief Executive Officer	EMT	Executive Management Team	KPI	Key Performance Indicator	P / PHB	Powys / Powys Health Board	UFH	Uniformed First Responder
CFR	Community First Responder	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	PCR / PCRs	Patient Care Record(s)	UHP	Unit Hours Production
CI	Clinical Indicator	EPT	Executive Pandemic Team	MACA	Military Aid to the Civil Authority	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	VPH	Vantage Point House (Cwmbran)
COOs	Chief Operating Officers	FTE	Full Time Equivalent	MIU	Minor Injury Unit	PECI	Patient Engagement & community Involvement	WAST	Welsh Ambulance Services NHS Trust
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	POD	Patient Offload department	WG	Welsh Government
CoVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PPLH	Post Production Lost Hours	WIIN	WAST Improvement & Innovation Network
CSD	Clinical Service Desk	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	PSPP	Public Sector Purchase Programme		
CSP	Clinical Safety Plan	HCP	Health Care Professional	NEWS	National Early Warning Score	QPSE	Quality, Patient Safety & Experience		
CTM / CTMHB	Cwm Taf Morgannwg Health Board	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	ROSC	Return Of Spontaneous Circulation		





AGENDA ITEM No	12
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

WORKFORCE PERFORMANCE REPORT

MEETING	People and Culture Committee
DATE	10 th May 2022
EXECUTIVE	Catherine Goodwin - Interim Director of Workforce and OD
AUTHOR	Sarah Davies – Workforce & OD Directorate Business Manager
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY
The purpose of this report is to provide an overview of the key workforce performance data and trends (March 2022) and associated improvement actions.

KEY ISSUES/IMPLICATIONS
<p>The Committee’s attention is drawn to the following areas and the solutions to challenges:</p> <ul style="list-style-type: none"> Progress in relation to Employee Relations, to reduce existing disciplinary cases and to ensure any new allegations are dealt with appropriately at initial assessment stage of the disciplinary process; Plans to address PADR completion. <p>The Committee is asked to RECEIVE and COMMENT ON reported performance and associated actions.</p>

REPORT APPROVAL ROUTE
<ul style="list-style-type: none"> Noted at Executive Management Team (27.04.22) Noted at WOD Business Meeting (29.04.22)

REPORT APPENDICES
<p>Appendix 1a: SBAR – Workforce Performance Report for March 2022</p> <p>Appendix 1b: Workforce KPI Summary</p>

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: Workforce Performance Report for March 2022

SITUATION

1. This report provides an overview of the March 2022 key trends and improvement actions as identified in the Workforce and OD (WOD) KPI Summary enclosed at **Appendix 1b**.

BACKGROUND

2. The WOD KPI Summary provides detail of the key performance indicators for WAST's workforce, aligned to the key themes of the Trust's People & Culture Strategy - Planning and Resourcing, Education and Training, Leading and Engaging.
3. This paper is intended to be read in conjunction with **Agenda Item 11 – Monthly Integrated Quality and Performance Report**. The MIQPR provides a high level overview of performance in relation to the following People and Culture indicators:
 - PADR completion rate;
 - Statutory and Mandatory training compliance;
 - Sickness absence rate.

This report provides a further level of detail (both data and narrative) in relation to a wider range of workforce performance indicators.

ASSESSMENT

4. The Committee is asked to note the following headlines and key trends by theme:

Planning and Resourcing

5. **Time to Hire:** WAST's recruitment timelines have continued to exceed the All Wales national target of 71 calendar days since last summer, currently at 123 days as of March 2022. This timeline refers to the date an advert request is submitted on Trac to the date an unconditional offer letter is sent to successful candidates. The breach is partly due to high volume and annual recruitment cycles for EMS roles skewing the figures, candidates being started in post with outstanding pre-employment checks and some adverts being re-opened when recruiting managers have not successfully recruited to their posts. The WAST recruitment team have been undertaking a cleansing exercise of the reports to remove any anomalies. The team are also in the process of drafting a new WAST recruitment newsletter with hints and tips on reducing time to hire for recruiting managers.

6. **Job Evaluation:** In March, 20 JDs went through the JE (Job Evaluation) process and outcomes released to managers. There are currently 24 JDs in the system waiting to be progressed. The following three actions from the recent Re-Audit have been closed after providing satisfactory progress to NWSSP Audit Team:
- Finding 1 - Local Process for Job Assessment Questionnaires (JAQs) (Design);
 - Finding 2 - Strategic Assessment (Design); and
 - Finding 6 - Lessons Learned (Operation).
7. **Sickness Absence:** March saw an increase in absence rates, rising from 10.91% in February to 11.88% in March. Whilst March reported a decrease in LTS from 7.39% in February to 6.51%, STS saw an increase from 3.52% in February to 5.37% in March. This increase could be linked to the increase in STS Covid absence which increased by 0.75% in March. 23 staff have returned since March / April having been off due to Long Covid. Currently 24 staff members remain off work with Long Covid. Of these 24 individuals currently off work, the average total duration of absence is 321 days. The information below sets out the timescale of absence for the current 24 staff members:
- 8 individuals have been off for 350 days +
 - 3 individuals have been off for 250 days +
 - 4 individuals have been off for 90 days +
 - The remainder are less than 90 days, with a couple just tipping into LTS.
8. **Vaccination Rates:** Vaccination rates for Covid19 vaccination, as delivered by the Health Boards as of 31st March 2022, are that 95% of front-line staff had received their first and second vaccinations, and 85% had received their booster vaccination. These figures are likely to remain around this rate until the booster vaccination programme begins in the Autumn. As flu vaccinations were also offered to some of our staff at the Mass Vaccination Centres, and we do not have access to this data, the flu vaccination figures are not as accurate as we would wish. The final figures to the end of March are that in total 38.46% of staff have had the flu vaccination, with 58.52% of the Medical and Clinical Directorate and 38.31% of the Operations Directorate vaccinated.

Education and Training

9. **Statutory and Mandatory Training Compliance:** As of 31st March 2022, the completion rates for the one-day face to face CPD of operational colleagues are; EMS: 75.87%, ACA2: 45.38%, NEPTS: 78.31%. Compliance rates for S&M training delivered via e-learning at the same date are; EMS: 84.30%, ACA2: 83.93%, NEPTS: 87.29%. These figures have been shared at SESG and EMT for awareness. The L&D senior team are currently reviewing a strategy to address this shortfall in staff compliance in the CPD element.

Leading and Engaging

10. **PADRs:** The revised approach to PADRs continues, with two workstream sessions having taken place following the deep dive. Key areas being developed include on-going discussions throughout the year with various approaches and methods for undertaking PADR's and 1-1 discussions. An electronic portfolio is also being developed with plans to link to the existing Learning Management System within ESR.

11. **PADR Completion Rates:** Over the last three months, People Services have led the way in raising the issue of PADR completion at every meeting they attend, given their close relationship with managers, particularly in the Operations Directorate. Requests to increase completion of PADRs within portfolios and teams have been made at each management level from Executive Management Team, ADLT, SOT and throughout the Trust using traditional digital communication channels. This has not resulted in a significant rise in completion rates. The coproduction of the revised PADR process is likely to increase engagement as the process will reflect how a PADR can best support our people's development and wellbeing. The most recent research suggests that engagement increases when a PADR is focussed on an individual's achievements and the discussion is linked in to development and future plans. Some of the findings from the deep dive suggest we need to consider those in our workforce who are not looking to progress their careers in a traditional way so that they can find the PADR process of benefit.
12. **Employee Relations:** Substantial progress has been made over the last 12-month period to reduce existing disciplinary cases and to ensure any new allegations are dealt with appropriately at initial assessment stage of the disciplinary process. As a result, there has been a decrease from 46 disciplinary cases recorded in April 21 to 19 cases recorded in March 22.

Formal requests for resolution, in accordance with the Respect and Resolution Policy, which was introduced in June 2021, has however seen a substantial increase in number; 16 cases recorded in March 2022. Further work is now needed to gain a greater understanding of why concerns are unable to be dealt with and concluded at the informal stage of the Respect and Resolution process.

Quarterly meetings with trade union partners to discuss employee relations activity has proved beneficial and all agree that this has been a good platform to discuss issues of concern. Specific emphasis has been placed on reducing disciplinary process timeframes, especially in cases where staff are suspended from duty.

Both HR and trade union partners have recognised and agree however that in those cases when staff are suspended, allegations are of a serious nature, involving both the police and safeguarding and therefore the reason to suspend is indeed justified in accordance with the disciplinary policy.

RECOMMENDED: That the Committee **RECEIVE** and **COMMENT ON** reported performance and associated actions.



Workforce KPIs

Workforce KPIs March 2022

Plan

Job Evaluation

JDs currently in process: 24 ↓
 JDs completed in month: 20 ↑
 Ave. days to complete: 37 ↑

Recruitment

Vacancy creation to unconditional offer: 123 ↑

Educate

Stat Mand training compliance: 88.15% ↑

Band 6 Competencies

Year 1: 100% ↑
 Year 2: 100% ↑
 Year 3: 97.18% ↑

Apprenticeships

Apprenticeships in progress: 207 ↔
 Apprenticeships completed: 0 ↔

Resource

Sickness

Rolling 12 month: 10.48% ↑
 In month: 11.88% ↑
 Ave. length of closed LTS: 93.27 ↑

Wellbeing

OH referral to first offer of appointment: 5 ↓
 Sickness absence attributable to MH: 23.60% ↓

Engage

PADR Compliance: 51.93% ↓

Open ER cases: 19 ↓

Formal requests for resolution: 19 ↓

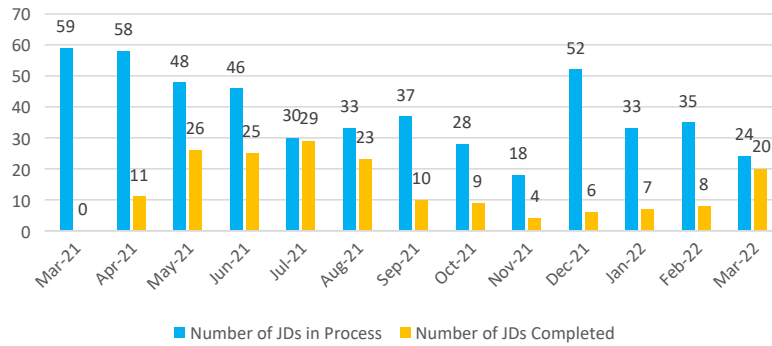
Workplace Safety

V&A Incidents Recorded via Datix: 42 ↓

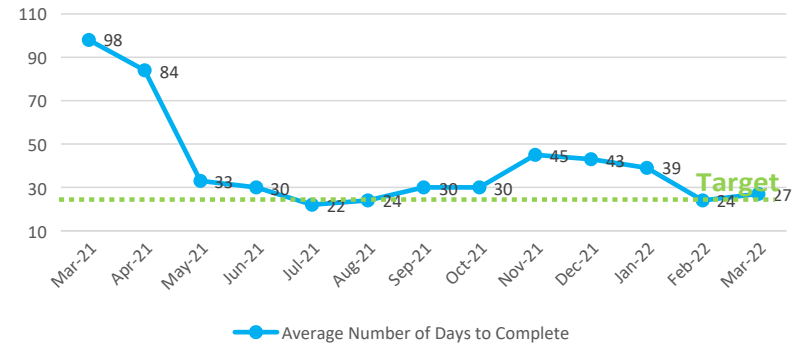


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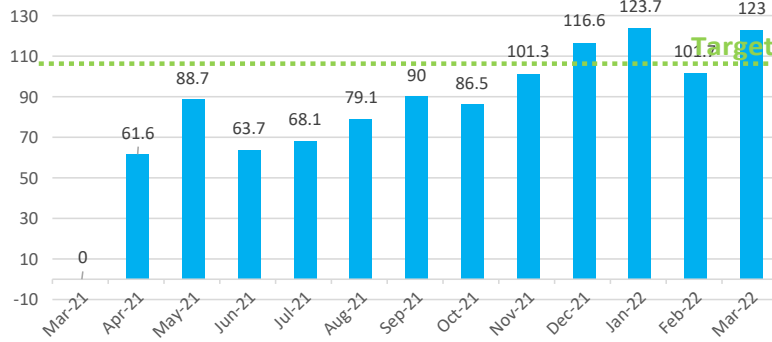
JE: JDs in Process / Completed



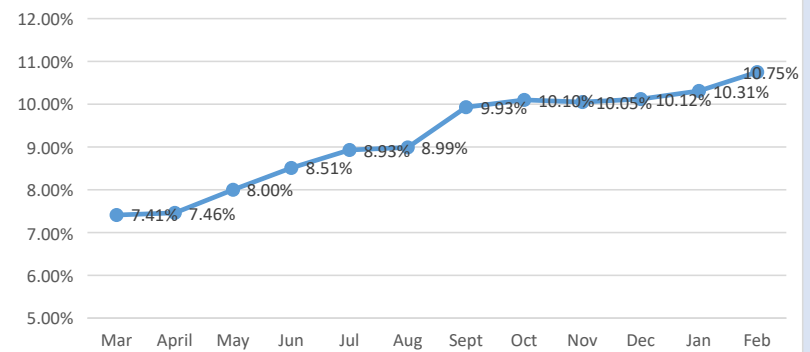
JE: Ave. Days to Complete



Ave. Days Vacancy Creation to Conditional Offer



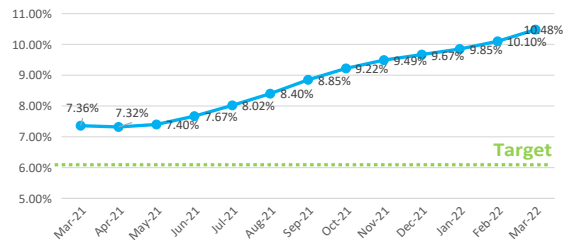
WAST Turnover



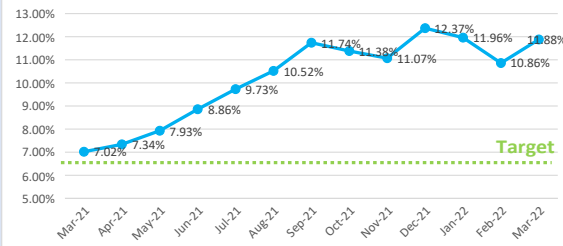


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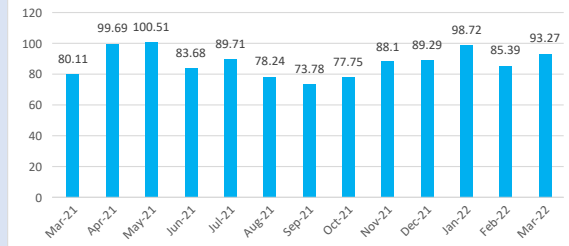
Overall Sickness - Rolling 12 Month



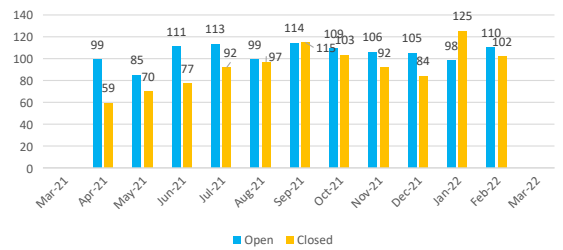
Overall Sickness - In Month



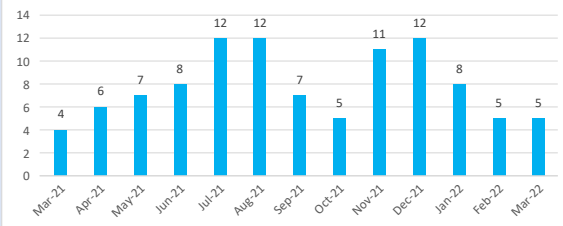
Ave. Length of Closed LTS (Days)



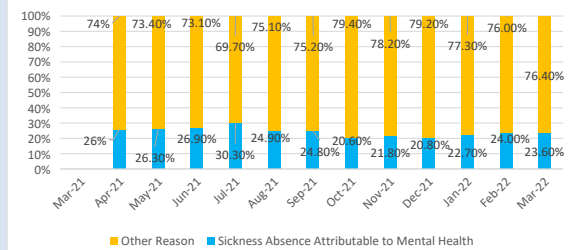
New LTS Opened vs. Closed LTS Cases



Ave. Days from Receipt of OH Referral to First Offer of Appointment



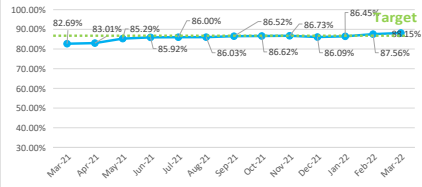
% of Sickness Absence by Reason (In Month)



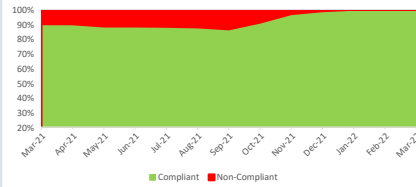


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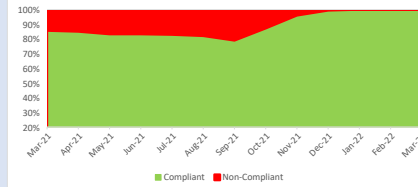
Statutory and Mandatory Training Compliance



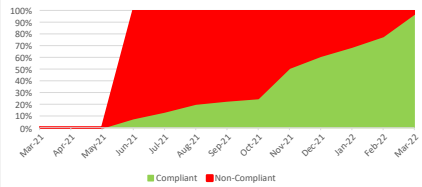
Band 6 Competencies: Year 1



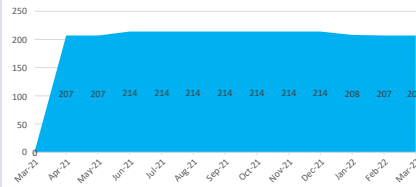
Band 6 Competencies: Year 2



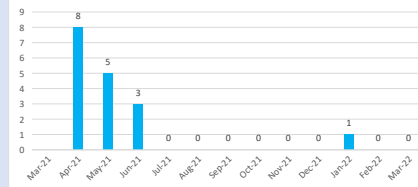
Band 6 Competencies: Year 3



Apprenticeships in Progress



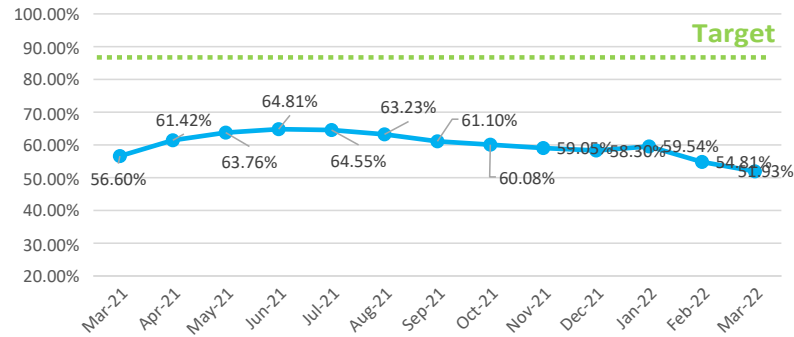
Apprenticeships Completed in Month



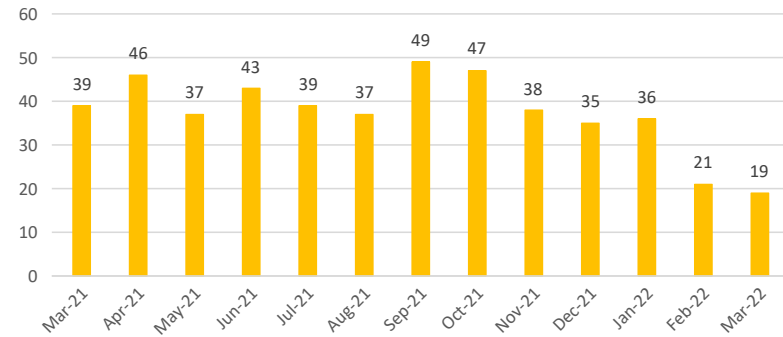


[Return to Summary](#)

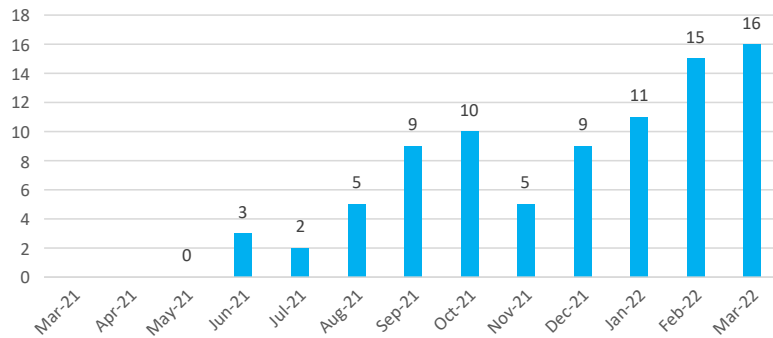
PADR Compliance



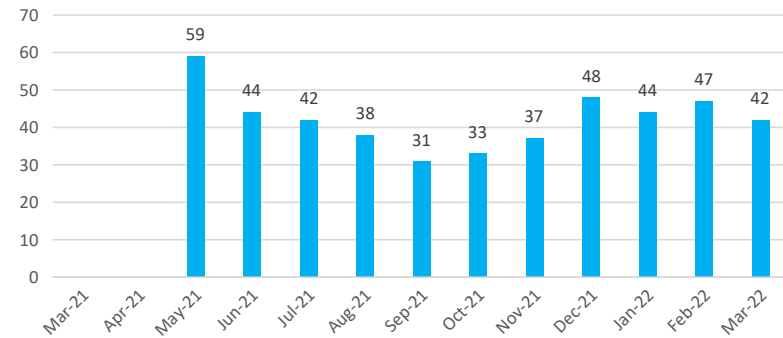
Open ER Cases



Formal Requests for Resolution



V&A Incidents Reported Via Datix



PLAN

	Number of 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

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%	Oct-21	11.38%
Nov-21	9.49%	Nov-21	11.07%
Dec-21	9.67%	Dec-21	12.37%
Jan-22	9.85%	Jan-22	11.96%
Feb-22	10.10%	Feb-22	10.86%
Mar-22	10.48%	Mar-22	11.88%

Ave. Length of Closed LTS (Days)		Open	Closed
Mar-21	80.11	Mar-21	
Apr-21	99.69	Apr-21	99 59
May-21	100.51	May-21	85 70
Jun-21	83.68	Jun-21	111 77
Jul-21	89.71	Jul-21	113 92
Aug-21	78.24	Aug-21	99 97
Sep-21	73.78	Sep-21	114 115
Oct-21	77.75	Oct-21	109 103
Nov-21	88.1	Nov-21	106 92
Dec-21	89.29	Dec-21	105 84
Jan-22	98.72	Jan-22	98 125
Feb-22	85.39	Feb-22	110 102
Mar-22	93.27	Mar-22	

Ave. Number of Days from Receipt of OH Referral to Fir: Sickness Abs Other Reaso

Mar-21	4	Mar-21		
Apr-21	6	Apr-21	26%	74%
May-21	7	May-21	26.30%	73.40%
Jun-21	8	Jun-21	26.90%	73.10%
Jul-21	12	Jul-21	30.30%	69.70%
Aug-21	12	Aug-21	24.90%	75.10%
Sep-21	7	Sep-21	24.80%	75.20%
Oct-21	5	Oct-21	20.60%	79.40%
Nov-21	11	Nov-21	21.80%	78.20%
Dec-21	12	Dec-21	20.80%	79.20%
Jan-22	8	Jan-22	22.70%	77.30%
Feb-22	5	Feb-22	24.00%	76.00%
Mar-22	5	Mar-22	23.60%	76.40%

EDUCATE

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%

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%

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%

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 51.93%

Mar-22 19

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Ave. Days from Vacancy Creation to	Budget	Target	SIP Mar	v. Budget	v. Target	
61.6	UCS	220.8	239.98	214.76	-2.74%	-10.51%
88.7	EMT	482.47	566.29	497.2	3.05%	-12.20%
63.7	Para	874.58	899	890.28	1.80%	-0.97%
68.1				Vacancy Rate (%)		
79.1		Budget	Target	SIP April	v. Budget	v. Target
90	UCS	220.8	239.98	215.84	-2.25%	-10.06%
86.5	EMT	482.47	566.29	491.58	1.89%	-13.19%
101.3	Para	874.58	899	885.91	1.30%	-1.46%
116.6		Budget	Target	SIP May	v. Budget	v. Target
123.7	UCS	220.8	239.98	233.34	5.68%	-2.77%
101.7	EMT	482.47	566.29	474.58	-1.64%	-16.19%
123	Para	874.58	899	887.3	1.45%	-1.30%
		Budget	Target	SIP June	v. Budget	v. Target
	UCS	220.8	239.98	235.34	6.59%	-1.93%
	EMT	482.47	566.29	469.58	-2.67%	-17.08%
nth	Para	874.58	899	880.13	0.63%	-2.10%
		Budget	Target	SIP Jul	v. Budget	v. Target
	UCS	220.8	239.98	197.14	-10.72%	-17.85%
	EMT	482.47	566.29	520.59	7.90%	-8.07%
	Para	874.58	899	869.66	-0.56%	-3.26%
		Budget	Target	SIP Aug	v. Budget	v. Target
	UCS	220.8	239.98	197.79	-10.42%	-17.58%
	EMT	482.47	566.29	522.2	8.23%	-7.79%
	Para	874.58	899	852.74	-2.50%	-5.15%
		Budget	Target	SIP Sept	v. Budget	v. Target
	UCS	220.8	239.98	196.29	-11.10%	-18.21%
	EMT	482.47	566.29	514.12	6.56%	-9.21%
	Para	874.58	899	906.25	3.62%	0.81%
		Budget	Target	SIP Oct	v. Budget	v. Target
	UCS	220.8	239.98	196.29	-11.10%	-18.21%
	EMT	482.47	566.29	514.12	6.56%	-9.21%
	Para	874.58	899	932.25	6.59%	3.70%
		Budget	Target	SIP Nov	v. Budget	v. Target
	UCS	220.8	239.98	196.29	-11.10%	-18.21%
	EMT	482.47	566.29	528.12	9.46%	-6.74%
	Para	874.58	899	900.02	2.91%	0.11%
		Budget	Target	SIP Dec	v. Budget	v. Target
	UCS	220.8	239.98	212.14	-3.92%	-11.60%
	EMT	482.47	566.29	523.9	8.59%	-7.49%
	Para	874.58	899	901.42	3.07%	0.27%
		Budget	Target	SIP Jan	v. Budget	v. Target
	UCS	220.8	239.98		-100.00%	-100.00%
	EMT	482.47	566.29		-100.00%	-100.00%
	Para	874.58	899		-100.00%	-100.00%

n

	Budget	Target	SIP Feb	v. Budget	v. Target
UCS	220.8	239.98		-100.00%	-100.00%
EMT	482.47	566.29		-100.00%	-100.00%
Para	874.58	899		-100.00%	-100.00%
	Budget	Target	SIP Mar	v. Budget	v. Target
UCS	220.8	239.98		-100.00%	-100.00%
EMT	482.47	566.29		-100.00%	-100.00%
Para	874.58	899		-100.00%	-100.00%

Non-Compliant		Compliant	Non-Compliant		Compliant	Non-Compl
9.87%	Mar-21	85.61%	14.39%	Mar-21		
9.93%	Apr-21	84.99%	15.01%	Apr-21		
11.44%	May-21	83.22%	16.78%	May-21		
11.44%	Jun-21	83.22%	16.78%	Jun-21	8%	92%
11.64%	Jul-21	82.87%	17.13%	Jul-21	13.68%	86.32%
12.06%	Aug-21	82.03%	17.97%	Aug-21	20.43%	79.57%
13.37%	Sep-21	79.71%	21.29%	Sep-21	23.09%	76.91%
8.80%	Oct-21	87.20%	12.80%	Oct-21	32.70%	97.30%
3%	Nov-21	96.00%	4%	Nov-21	51.00%	49%
1%	Dec-21	99.40%	0.60%	Dec-21	61.20%	38.80%
0.00%	Jan-22	100.00%	0.00%	Jan-22	69.00%	31.00%
0.00%	Feb-22	100.00%	0.00%	Feb-22	78.00%	22.00%
0.00%	Mar-22	100.00%	0.00%	Mar-22	97.18%	2.82%

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

V&A Incidents Reported Via Datix

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

16

Mar-22

42

|

		Turnover								
Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
	7.41%	7.46%	8.00%	8.51%	8.93%	8.99%	9.93%	10.10%	10.05%	

		WAST WTE								
Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	
WTE	3858.2	3898	3880.69	3868.69	3878.21	3898	3919.60	4002.53	3977.6	
Headcount	4131	4170	4177	4162	4160	4181	4197	4280	4251	

liant

Apprenticeships in Progress		Apprenticeships Completed In V	
Mar-21		Mar-21	
Apr-21	207	Apr-21	8
May-21	207	May-21	5
Jun-21	214	Jun-21	3
Jul-21	214	Jul-21	0
Aug-21	214	Aug-21	0
Sep-21	214	Sep-21	0
Oct-21	214	Oct-21	0
Nov-21	214	Nov-21	0
Dec-21	214	Dec-21	0
Jan-22	208	Jan-22	1
Feb-22	207	Feb-22	0
Mar-22	207	Mar-22	0

Jan Feb Mar
10.12% 10.31% 10.75%

Jan	Feb	Mar
4050.74	4106.02	4091.66
4325	4386	4369

Month



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwllans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	13
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

Health & Safety – People & Culture Committee Reporting

MEETING	People and Culture Committee
DATE	10 May 2022
EXECUTIVE	Executive Director of Quality & Nursing
AUTHOR	Assistant Director of Quality & Nursing
CONTACT	Jonathan Turnbull-Ross Jonathan.turnbull-ross@wales.nhs.uk

EXECUTIVE SUMMARY

The report provides an overview of the change to reporting arrangements for the Health and Safety function, previously reporting into QuEST Committee.

The report outlines recent history of the function, providing context for the transformational efforts currently underway. Additionally, the report provides advice to the Committee on key matters for consideration, and priority areas for scrutiny and support.

The Health and Safety Annual Report 2021-22, will be provided to People and Culture Committee at a forthcoming meeting.

RECOMMENDED: That,
1. The report is NOTED.

KEY ISSUES/IMPLICATIONS

- (i) Unsecured funding from CASC, relating to Senior Quality Lead roles.
- (ii) Emerging risk to strategic delivery, due to resource constraints.

REPORT APPROVAL ROUTE

People and Culture Committee	10 May 2022
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REPORT APPENDICES

Annex 1 – SBAR
[Below]

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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	Financial Implications	N
Environmental/Sustainability	N	Legal Implications	N
Estate	N	Patient Safety/Safeguarding	N
Ethical Matters	N	Risks (Inc. Reputational)	Y
Health Improvement	N	Socio Economic Duty	N
Health and Safety	Y	TU Partner Consultation	N

SITUATION

- 1 From May 2022, the People and Culture Committee will begin to oversee the Trust's health and safety provision and performance on behalf of Trust Board. Previously, this function was undertaken the Quality, Patient Experience and Safety Committee (QuEST).
- 2 This paper provides a succinct overview of the revised management arrangements for Health and Safety, including transformational efforts underway. The paper outlines current performance reporting arrangements for information for members of the People and Culture Committee, with a view to advise and further information request in supporting the Committee's responsibility in both supporting the function and holding to account.

BACKGROUND

- 3 The Trust's approach to health and safety has traditionally been served through an Occupational Health department, and a Health & Safety department. In 2020, several appointments were made into the Trust across these departments which enabled a fresh appraisal of the Trust functions. Additionally, the Covid-19 pandemic provided significant opportunity for organisational learning as these functions became central to ensuring a safe operational response. With increasing pressure being experienced across the Trust since the Covid-19 pandemic, additional intervention was required to improve health and safety performance and deliver sustainable improvements.
- 4 The Health and Safety workforce was based on a regional model, now out of alignment with the revised Operational 'Territorial' model. The function has not grown with increased members of staff or service area expansion. Organisational 'memory' of the workforce is limited, but it is understood the workforce model has not increased in headcount substantially over the past decade, in stark contrast to that of the wider organisation.
- 5 Over 2020, several HR challenges were experienced within the function. Additional resource was provided to strengthen the function, particularly during the pandemic. The ability to provide cover has been challenging through fixed term contracts due to the current buoyancy in the employment market; this has resulted in the Trust appointing via recruitment agencies at a high financial cost.
- 6 The Trust, as part of the Integrated Medium-Term Plan (IMPT) 2021-22, launched a Working Safely Programme which formally commenced on 1 October 2021 with funding approved to resource a 'pump-prime' phase of 12

months. Additional personnel are undertaking the transformational effort, and supporting elements of business as usual activity.

Working Safely Programme

- 7 The Trust recognises the importance of ensuring work environments and job designs enable good employee health, ensure safe working practices, and do not have a detrimental impact wellbeing. The Programme is a medium-term visible, ambitious collaborative change programme seeking to deliver excellence through a safe working culture across the organisation. The aim of the programme is to embed a mature safety culture based upon safe systems of work, reducing accidents, injury rates, and poor health.

- 8 The Working Safely Programme will align the Trust to a Health and Safety Management System, 11 core health and safety principles developed by Heads of Health and Safety within the NHS in Wales in 2015. This system is a reflection on ISO 45001, an international standard for health and safety at work developed by national and international standards committees', independent of government. This will provide a structured framework for ensuring a safe and healthy workplace and is particularly useful within complicated or complex organisations. In assessing legislative compliance, enforcement agencies will use a wider range of evidence beyond that of ISO 45001 criteria; however, in the view of the Health and Safety Executive (HSE) the framework enables organisations to attain (and in some respects exceed) the minimum requirement prescribed in law.

- 9 Due to the continue HR challenges within the 'established' team, the Working Safely Programme team have worked dynamically to manage some business as usual activities in addition to Working Safely deliverables. However, this is impacting on priority actions agreed to be deliverable during the 'Pump Prime' phase.

- 10 With the recent introduction of several new procedures and process to manage health and safety within the Trust and also recognition and approval for cultural change the Trust continues on safety culture maturity.

- 11 'Compliance to health and safety legislation' continues to be identified as high on the Corporate Risk Register, the Trust has weaknesses in respect to certain parts of legislation that could be challenged and subsequently result in scrutiny from enforcement agencies. Additionally, the Trust continues to experience high levels of incidents, personal injury claims with no significant signs of improvement by volume of incidents.

Management Reporting

- 12 It is understood that previous Health and Safety management reporting was conducted through the Quality Safety and Patient Experience Directorate, with wider Trust groups being updated on matters. However, given the assessment of performance of the Trust in this area, it is necessary for Health and Safety to be engrained across the organisation's functions.
- 13 Currently, the Health and Safety Team produce a monthly management report for consideration by the Assistant Director Leadership Team (ADLT). A quarterly report is produced with a view to be provided to Executive Management Team (EMT) and People and Culture Committee; an annual report will be produced following financial year end for consideration at a forthcoming Committee meeting.
- 14 The Working Safely Programme, as an IMTP deliverable, reports to the Strategic Transformation Board (STB).
- 15 Health and Safety, and Working Safely Programme matters are reported to the Joint National Health, Safety and Welfare Committee. This Committee is a partnership forum in which Trust management and Trade Unions meet to discuss these matters, as outlined under the Safety Representatives and Safety Committee Regulations (SRSCR) 1997.
 - a. Key issues and matters arising from the Joint National Health, Safety and Welfare Committee will be included within the quarterly report, for considerations by EMT and People and Culture Committee.

ASSESSMENT

- 16 In the transition to reporting to the People and Culture Committee, key matters and issues for which members should be attuned to are addressed below:
 - Scrutiny of Performance, Legislative Compliance, and Safety Culture**
- 17 Over recent years, the Trust has identified a high corporate risk (Ref: 199) in regard to health and safety compliance. Over the pandemic, and into the post pandemic period, the risk has been broadened to include the safety culture of the organisation.
- 18 Whilst the Working Safely Programme is progressing, and is monitored and supported through the STB, the Committee will be asute to the progress of this programme in gaining greater assurance on legislative compliance, performance and culture of the organisation. Critically, the Committee will seek to receive and wish to assure that the Working Safely Programme outputs are translating to outcomes.
- 19 Specifically, the Committee should monitor areas of poor performance including:
 - a. Provision of activity-based risk assessment, against 'high-risk' activities – *identified through the creation of a new 'Hazard Register'*

- b. Legislative compliance – *through the creation of a legislative register*
 - c. Legal compliance against Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) – *including learning from incidents and time-to-submission (legal requirement)*
 - d. Training compliance
 - e. Scrutiny of themes and trends in accidents and injury, particularly where a recurring theme is identified (including violence and aggression; slip, trips, and falls; muscular-skeletal injury)
- 20 Ultimately, the Committee must be assured that the Trust Health and Safety Management Systems are effective in attaining legal compliance, as well as principally improving health, safety and wellbeing. Our Working Safely Programme will provide a strong system structure in which to continually assess health and safety performance in the organisation.

Health & Safety Management Structure

- 21 The Committee will oversee the function during implementation of a new workforce model for the Health & Safety team. The Committee will wish to assess the performance of the new structure, as well as support its embedment across the organisation.
- 22 The Committee should assure that the investment into the function achieves the management objectives desired:
- a. Achievement of compliance with statutory legislation
 - b. Cultural maturity into a 'interdependent' safety culture
 - c. Improved safe systems of work/practice, leading to improved staff and patient experience
 - d. Reduction of risk to staff health. Safety and wellbeing
 - e. Increased visibility and engagement of safety expertise with Trust leaders, managers and staff
 - f. Improved quality of investigations, and resulting learning from incidents
 - g. Improvement engagement and relationships with Trade Unions
 - h. Resilient Health & Safety workforce
- 23 The Committee will oversee the function in embedding expertise and support into local management functions. As such, over time the Committee should scrutinise the efficacy and 'localness' of this arrangement, and should be able to scrutinise data and information pertaining to local management teams. Overall, the Committee should be positioned to assure Trust board that strong Board-to-Floor governance, adequate expertise and information arrangements are in place (as per Management of Health and Safety at Work Regulations (1999)).

Trade Union Safety Representatives

- 24 Trade Union Partners, and Trade Union Safety Representatives are a fulfil an important function in ensuring Trust management understand the efficacy of Trust systems of work, and workplace safety culture. Additionally, they are an important conduit to implementing workplace changes that are necessary for safety.
- 25 Over the course of the pandemic, the Joint National Committee of Health, Safety and Welfare did not meet regularly, with the majority of safety matters

being raised through the Trade Union Cell. Additionally, local 'sub-structures' of the forum were ceased, and have not recommenced.

- 26 From April 2022, a new ToR was introduced (subject to amendments, due to Committee reporting line change) to streamline membership from both management and Trade Unions; the expected impact is to ensure the forum remains strategic in nature, tackling significant and priority issues. The Committee should ensure the Trust monitors the effectiveness of the Joint National Committee, and be assured that the forum receives the attendance, consideration and support necessary – as prescribed in legislation, and so much as is required to effect organisational change at the frontline.
- 27 Future Health and Safety quarterly reports will inform Committee members of the activity of the forum, and key matters arising.

Conclusion

- 28 The transition of health and safety reporting to the People and Culture Committee is welcomed, particularly in aligning matters with the wider reports received by the Committee (Occupational Health and Wellbeing), and focus upon our staff, patients, partners and contractors (our people) that deliver the service in our evolving culture.
- 29 The Committee are asked to note the significant improvement work undertaken over 2021, which has enabled the Trust to ascertain the level and significance of the improvement actions required, and to commence action.
- 30 It is expected that the next 12 months will see further positive change implemented within the function, and Committee members are requested to positively challenge, seek assurances, and support the efforts of our people in driving our transformational agenda forward.
- 31 The Committee should take reassurance from the investment in people made, including nationally accredited professionals able to advise Board-level members through formal meetings, and through direct consultation.



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WALES
Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	15
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	3

AUDIT REPORT

MEETING	People & Culture Committee
DATE	10 th May 2022
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk and Corporate Governance
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide the People & Culture Committee (PCC) with an update in relation to the outstanding recommendations from Internal Audit reviews.
2. In addition, the paper sets out the Internal Audit plan activity and includes copies of current and relevant Audit Reports that provide a fundamental line of assurance to the PCC.

RECOMMENDATION:

3. **The People & Culture Committee is asked to:**
 - a. **Note and consider the contents of the report.**
 - b. **Consider the Internal Audit Plan activity.**
 - c. **Receive two current Internal Audit Reports relevant to the Committee.**
 - d. **Consider the Trust's proposals to address each recommendation with the inclusion of revised completion dates.**
 - e. **Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.**

KEY ISSUES/IMPLICATIONS

4. Each of the 89 internal audit recommendations have been reviewed by the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) since the last Audit Committee to ensure that any new completion dates are assigned with realistic timescales and a strong narrative and rationale to support any extension.

REPORT APPROVAL ROUTE

5. The report has been submitted to:
- ADLT – 22nd April 2022

REPORT APPENDICIES

6. The Audit Tracker has been circulated as a separate appendix.
7. Recruitment Practices Internal Audit Report.
8. Organisational Culture – A Learning Organisation Draft Internal 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)	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

**WELSH AMBULANCE SERVICES NHS TRUST
PEOPLE & CULTURE COMMITTEE
INTERNAL AUDIT REPORT**

SITUATION

1. The purpose of this paper is to provide the People & Culture Committee (PCC) with an update in respect of recommendations resulting from internal audit reviews that are presented to the Committee for oversight.
2. In addition, the paper sets out the Internal Audit plan activity and includes copies of current and relevant Audit Reports that provide a fundamental line of assurance to the PCC.

BACKGROUND

3. The audit recommendation tracker is in place for the purpose of tracking progress across the Trust to ensure that recommendations contained in internal and external audit review reports are actioned and in a timely manner.
4. This tracker provides Senior Managers with a workable tool that allows for closer scrutiny of audit recommendations and is designed to provide a more detailed focus as to the reasons why recommendations are overdue or have not progressed within the agreed timeframes. This will highlight areas that may require additional support and ensures there are clear mechanisms in place to escalate any issues.
5. The Internal Audit plans have been developed in partnership with the Executive Management Team to identify current and emerging areas of risk, as well as specific assurance needs within the Trust.

ASSESSMENT

Internal Audit Plan 2021/22

6. There are two current internal audit reports relevant to the PCC which form part of the 2021/22 Internal Audit Plan. The reports are attached as Appendix 1 and 2 respectively in relation to the following reviews:

Internal Audit Report	Assurance Rating	Date received or due to be received at Audit Committee
Recruitment Practices	Reasonable	March 2022
Organisational Culture – A Learning Organisation <i>Draft report not including management responses</i>	Advisory	June 2022

Internal Audit Plan 2022/23

7. There are two internal audit reviews relevant to the PCC which are included in the 2022/23 Internal Audit Plan as follows:

Internal Audit Report	Estimated Date of Audit	Date due at Audit Committee
Sickness Absence Management	Q1	September 2022
Trade Union Release Time	Q2	December 2022

Internal Audit Highlights

8. The Trust continued to face significant operational pressures resulting from the pandemic and REAP level 4 and as such expects to be carrying a slightly higher number of overdue recommendations during this period.
9. At the time of issuing the paper, there were a total of 89 current internal audit recommendations on the tracker. 21 recommendations were marked as complete at the March 2022 Audit Committee and removed from the tracker.
10. 27 recommendations were added to the tracker resulting from 5 Internal Audit Reports which were presented to the Audit Committee in March 2022. None of these recommendations were assigned to PCC for oversight.
11. The status of each of the current internal audit recommendations is described in the table below.

Status	Total Number of Recommendations on the tracker	Those directly relevant to PCC	High Priority PCC	Medium Priority PCC	Low Priority PCC
Overdue	59	3	0	3	0
Not yet due*	26	4	0	4	0
Complete	4	3	0	3	0
Total	89	10	0	10	0

* accepting extensions have been applied in line with the agreed pandemic arrangements.

12. There are no high priority recommendations showing as overdue for PCC to review.
13. The total number of recommendations, separated by financial year, and status this period is described below.

Financial Year	Total Number of Recommendations on the tracker	Those directly relevant to PCC	Complete PCC	Overdue PCC	Not Yet Due PCC
2019/20	4	0	0	0	0
2020/21	29	0	0	0	0
2021/22	56	10	3	3	4
Total	89	10	3	3	4

14. Of the 3 recommendations that are showing as overdue, these relate to the following reports:
- 21/22 Collaboration Reasonable Assurance review
 - 21/22 Recruitment Practices – Equality, Diversity and Inclusion
15. The number of recommendations by assurance rating and level of priority are detailed below.

Assurance Ratings	Total No. of Recommendations on the tracker	Those directly relevant to PCC	High Priority PCC	Medium Priority PCC	Low Priority PCC
Limited	6	0	0	0	0
Reasonable	72	10	0	10	0
Substantial	1	0	0	0	0
Not Rated	10	0	0	0	0
Total	89	10	0	10	0

16. The Governance team continue to seek assurance from Senior Management relating specifically to each report that:
- Recommendations have been considered and completed within agreed timeframes and;
 - All is being done to ensure that the follow up of recommendations will not result in further *Limited* or *No Assurance* rated reports.

RECOMMENDED:

17. **The People & Culture Committee is asked to:**
- a. **Note and consider the contents of the report.**
 - b. **Consider the Internal Audit Plan activity.**
 - c. **Receive the current Internal Audit Reports relevant to the Committee.**
 - d. **Consider the Trust’s proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to PCC, and**
 - e. **Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.**

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Recommendation	Management Response	Follow Ups Only Original Deadline	Agreed Deadline in Report	COVID-19 Revised Completion Date up to reference no. 333 19/20 only	Status	Due	Proposed completion date or date completed	Reason overdue / Reason complete If closed and not complete, please provide justification	What are the barriers to implementing the recommendation including any interdependencies?	How is the risk identified being mitigated pending implementation of the recommendation?	If complete can evidence be provided upon request?	No. of months past agreed deadline in report	Is the risk identified included on a Risk Register? Yes/No	
493	21/22	PCC	Recruitment Practices – Equality, Diversity and Inclusion	Reasonable	Keithley Wilkinson / Gareth Thomas	Catherine Goodwin	Medium	1.1 Work is undertaken to link the PECl work directly to the Strategic Equality Plan	1.1 WAST accepts this finding and will increase links between PECl and the EDI team. • Set up monthly meetings between EDI team and PECl team.		Apr-22		Complete	Complete	Apr-22							
494	21/22	PCC	Recruitment Practices – Equality, Diversity and Inclusion	Reasonable	Keithley Wilkinson	Catherine Goodwin	Medium	2.1 Establish mechanisms to allow the Trust to analyse and capture the effectiveness of initiatives	a) Survey new starters about where they heard about working for WAST.		Apr-22		Partially complete	Overdue	May-22							
494	21/22	PCC	Recruitment Practices – Equality, Diversity and Inclusion	Reasonable	Keithley Wilkinson	Catherine Goodwin	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 yet due								
494	21/22	PCC	Recruitment Practices – Equality, Diversity and Inclusion	Reasonable	Keithley Wilkinson	Catherine Goodwin	Medium	2.1 Establish mechanisms to allow the Trust to analyse and capture the effectiveness of initiatives	c) Ask the inclusion network to participate in a focus group to provide qualitative feedback on the effectiveness of initiatives.		Jun-22			Not yet due								
495	21/22	PCC	Recruitment Practices – Equality, Diversity and Inclusion	Reasonable	Keithley Wilkinson	Catherine Goodwin	Medium	3.1 a. The Trust should consider undertaking regular analysis of reports from Tracjobs and address any inherent barriers potentially impacting candidate progression.	3.1 a. The trust accepts this finding. • Meet with Tracjobs and set up a reporting system for monthly updates		Apr-22		Complete	Complete	Apr-22							
496	21/22	PCC	Recruitment Practices – Equality, Diversity and Inclusion	Reasonable	Keithley Wilkinson	Catherine Goodwin	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 yet due								
496	21/22	PCC	Recruitment Practices – Equality, Diversity and Inclusion	Reasonable	Keithley Wilkinson	Catherine Goodwin	Medium	4.1 b. The Terms of Reference should be reviewed in order to ensure that the membership is appropriate.	4.1 b. The Trust accepts this finding and will review the memberships of the EDI Steering Group.		May-22			Not yet due								
464	21/22	PCC	Collaboration	Reasonable	Estelle Hitchon	Estelle Hitchon	Medium	The engagement strategy should be reviewed and updated to reflect current partners, priorities, opportunities and risks. The delivery plan should similarly be updated to	A revised Engagement Framework and associated delivery plan are currently in development and are scheduled for review and adoption by the		Mar-22		Partially complete	Overdue	Jul-22						4	
465	21/22	PCC	Collaboration	Reasonable	Alex Crawford	Rachel Marsh	Medium	We recommend that all SDIs include estimates of the levels of activity they expect to achieve to facilitate the subsequent measurement and reporting of initiative performance.	a) The Strategy and Planning team will develop a template for business cases for change which will include a requirement for benefits to be identified clearly.		Mar-22		No progress	Overdue	Mar-23	Last updated: 03/05/22 This was a piece of work that was paused in 2021/22 but will be re-established in 2022/23 as	Capacity within SP&P and ADLT to develop the process			12		
465	21/22	PCC	Collaboration	Reasonable	Alex Crawford	Rachel Marsh	Medium	We recommend that all SDIs include estimates of the levels of activity they expect to achieve to facilitate the subsequent measurement and reporting of initiative performance.	b) Next year's IMTP will also be clear on how all the activities and plans impact on activity and performance.		Mar-22		Complete	Complete	Mar-22	Last updated: 03/05/22 Complete - IMTP has set out key metrics of each deliverable				0		

Trust Ref. No.	Year	Report Title	Responsible Officer	Recommendation	Management Response	Agreed Deadline	Status	Due	Reasons overdue	Proposed completion date / Date completed	No. of months past agreed deadline	EMT Sign Off	Risk Register? Yes/No
64	18/19	Structured Assessment 2018	Trish Mills	The Trust should consider ways which it can provide assurance that it is aware of and complying with new legislation and communicate this to the Board either through the Board Assurance	Whilst it is recognised full implementation will require a considerable amount of work, the Trust can learn from other NHS bodies who have already undertaken similar work. The	Nov-19	No progress	Overdue	Last Updated: 18/02/22 Due to the size and nature of the piece of work; the Board Secretaries have been considering an All Wales	Oct-22	35		
73	19/20	Structured Assessment 2019	Rachel Marsh	A review of the Trust's Performance Management Framework is well overdue and the Framework now needs to be updated to ensure it reflects : • Recent changes to Local Delivery Planning	The Trust agrees that the review of the Performance Management Framework is now overdue, and commits to undertaking this review by the end of 2019/20. A revised	May-20	No progress	Overdue	Last updated: 30/12/21 Reactivated after the first wave, but stopped again due to third wave. A draft does now exist. A presentation	Mar-22	22		
76	20/21	Effectiveness of Counter Fraud Arrangements	Chris Turley / Carl Window	Counter-fraud training Implement mandatory counter-fraud training for some or all staff groups.	Actions identified: To present a case for implementation to both education service leads, and Director of Finance for consideration. Support could be	Mar-21	Partially complete	Overdue	Last updated: 07/02/22 Carl Window has presented a case and evidence to support that Counter Fraud E learning be mandatory within	Apr-22	13		
77	21/22	Taking Care of the Carers?	Catherine Goodwin	Retaining a strong focus on staff wellbeing NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering	1.1 Staff wellbeing monitored and reported quarterly to People and Culture Committee.	May-22		Not yet due					
78	21/22	Taking Care of the Carers?	Catherine Goodwin	Retaining a strong focus on staff wellbeing NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering	1.2 Implement the health and wellbeing strategy	Nov-22		Not yet due					
79	21/22	Taking Care of the Carers?	Catherine Goodwin	Retaining a strong focus on staff wellbeing NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering	1.3 External Employee Assistance Programme	Jan-23		Not yet due					
80	21/22	Taking Care of the Carers?	Ceri Bryant	Retaining a strong focus on staff wellbeing NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering	1.4 In House Occupational Health Team established and activity reported quarterly to People and Culture Committee.	May-22		Not yet due					
81	21/22	Taking Care of the Carers?	Ceri Bryant	Retaining a strong focus on staff wellbeing NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering	1.5 Workforce Risk Assessment Tool implemented and reported to People and Culture Committee annually.	Jun-22		Not yet due					
82	21/22	Taking Care of the Carers?	Ceri Bryant	Retaining a strong focus on staff wellbeing NHS bodies should continue to maintain a strong focus on staff wellbeing as they begin to emerge from the pandemic and start to focus on recovering	1.6 Long covid support group established and now participant led so no longer formally reported.	Jun-22		Not yet due					
83	21/22	Taking Care of the Carers?	Liz Rogers	Considering workforce issues in recovery plans NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is	2.1 Continuing to increase OH&W capacity in relation to growth in workforce.	Sep-22		Not yet due					
84	21/22	Taking Care of the Carers?	Julie Stokes	Considering workforce issues in recovery plans NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is	2.2 Joint meetings with managers, people services and OHW regarding sickness absence reported to People and Culture Committee quarterly.	May-22		Not yet due					
85	21/22	Taking Care of the Carers?	L Bogunovic	Considering workforce issues in recovery plans NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is	2.3 Recruit an additional wellbeing practitioner.	Jan-23		Not yet due					
86	21/22	Taking Care of the Carers?	E Griffith	Considering workforce issues in recovery plans NHS bodies should ensure their recovery plans are based on a full and thorough consideration of all relevant workforce implications to ensure there is	2.4 Launch of Peer Support Network	Jan-23		Not yet due					
87	21/22	Taking Care of the Carers?	Catherine Goodwin	Evaluating the effectiveness and impact of the staff wellbeing offer NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during	3.1 WAST Wellbeing Survey in conjunction with Swansea University.	Feb-22		Overdue					

88	21/22	Taking Care of the Carers?	Keithley Wilkinson	Evaluating the effectiveness and impact of the staff wellbeing offer NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during	3.2 NHS Staff Survey	Dec-22		Not yet due					
89	21/22	Taking Care of the Carers?	L Bogunovic	Evaluating the effectiveness and impact of the staff wellbeing offer NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during	3.3 Feedback questionnaires following access to OH and Wellbeing and analysis reported to WOD team.	Jun-22		Not yet due					
90	21/22	Taking Care of the Carers?	L Bogunovic	Evaluating the effectiveness and impact of the staff wellbeing offer NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during	3.4 Regular meetings with all external providers to ensure KPIs are maintained.	Apr-22		Overdue					
91	21/22	Taking Care of the Carers?	Catherine Goodwin	Evaluating the effectiveness and impact of the staff wellbeing offer NHS bodies should seek to reflect on their experiences of supporting staff wellbeing during	3.5 Health and Wellbeing Steering Group was paused to make way for the Health, Quality and Welfare Cell during the pandemic. It will be reinstated in Quarter 1.	Apr-22		Overdue					
92	21/22	Taking Care of the Carers?	Catherine Goodwin	Enhancing collaborative approaches to supporting staff wellbeing NHS bodies should, through the National Health and Wellbeing Network and/or other relevant	4.1 Attend and participate in the National Health and Wellbeing Network Meetings both in Wales and within the Ambulance Sector.	Feb-22	Complete	Complete					
93	21/22	Taking Care of the Carers?	Catherine Goodwin	Providing continued assurance to boards and committees NHS bodies should continue to provide regular and ongoing assurance to their Boards and relevant	5.1 WAST accepts this recommendation and continues to provide assurance through quarterly reports at each meeting: • People and Culture Committee	May-22		Not yet due					
94	21/22	Taking Care of the Carers?	Catherine Goodwin	Providing continued assurance to boards and committees NHS bodies should continue to provide regular and ongoing assurance to their Boards and relevant	5.2 WAST accepts this recommendation and continues to provide assurance through quarterly reports at each meeting: • EMT	May-22		Not yet due					
95	21/22	Taking Care of the Carers?	Keithley Wilkinson	Building on local and national staff engagement arrangements NHS bodies should seek to build on existing local and national workforce engagement arrangements	6.1 Inclusion network and Allyship programme		Complete	Complete					
96	21/22	Taking Care of the Carers?	Catherine Goodwin	Building on local and national staff engagement arrangements NHS bodies should seek to build on existing local and national workforce engagement arrangements	6.2 WIIN portal for welfare and wellbeing ideas.		Complete	Complete					
97	21/22	Taking Care of the Carers?	Catherine Goodwin	Building on local and national staff engagement arrangements NHS bodies should seek to build on existing local and national workforce engagement arrangements	6.3 Staff report concerns via Datix.		Complete	Complete					
98	21/22	Taking Care of the Carers?	Keithley Wilkinson	Building on local and national staff engagement arrangements NHS bodies should seek to build on existing local and national workforce engagement arrangements	6.4 EDI Steering Group		Complete	Complete					
												0	

Key
Less than 3 months
Between 3 and 6 months
Between 6 and 12 months
Over 12 months

Trust Ref. No.	Year/Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Recommendation	Management Response	Follow Ups Only Original Deadline	Agreed Deadline in Report	COVID-19 Revised Completion Date up to reference no. 333 19/20 only	Status	Due	Date completed	What are the barriers to implementing the recommendation including any interdependencies?	How is the risk identified being mitigated pending implementation of the recommendation?	Reason overdue / Reason complete If closed and not complete, please provide justification	If complete can evidence be provided upon request? Yes/No	No. of months past agreed deadline in report	Is the risk identified included on a Risk Register? Yes/No
50	16/17		Losses and Special Payments	Reasonable	Trish Gaskell	Claire Bevan	Low	Decide if RTAs need to be entered on to Datix as well as the Trust's RTA system. The Trust should either remove the requirement to enter RTAs on to Datix or require that all RTAs are			Sep-17		Complete	Complete	Jul-18			Claims received are now on the Datix system. An electronic reporting system will be in place by March 2019.		10	No / Yes
61	16/17		E-Expenses	Reasonable	Hywel Daniel	Claire Vaughan	Low	Management should investigate the possibility of utilising the reporting function within the E-expenses system and identify appropriate reports that can be generated from the system and	There are currently no reports available to managers from the e expense system. This is being addressed on an All Wales basis by the Expenses team.		Jul-17		Complete	Complete	Jul-18			Reporting functionality still not available – as and when this becomes available nationally, the Trust will explore as part of business as		11	
69	16/17		Overtime Arrangements	Limited	Hywel Daniel	Claire Vaughan	High	The Trust Resourcing policy states that where local agreements exist these should remain in force however we recommend that the Trust applies a consistent approach throughout.	The Trust Head of Resourcing and Assistant Director of Workforce & OD will progress the removal of local agreements regarding overtime allocation.		Jun-17		Complete	Complete	Jul-18			Mapping has shown that this audit action is not achievable in totality due to the potentially contractual nature of local agreements. Further		13	
70	16/17		Overtime Arrangements	Limited	Nick Smith	Patsy Roseblade	High	PCS rosters should be subject to regular review to enable the Trust and its Resource department to manage overtime allocation based on predicted demand. This would result	Demand has been analysed for all areas during the last 12 months. In addition some rosters have been adjusted over the past 12 months to better align resources with our		Mar-18		Complete	Complete	Aug-18			The review of all NEPTS rotas has been completed. It identifying those that were not fit for purpose. These have now been addressed.		5	
71	16/17		Overtime Arrangements	Limited	Nick Smith	Patsy Roseblade	High	The Trust should ensure optimum planning and day control to improve utilisation levels which will in turn reduce levels of overtime. The utilisation report should be generated	We agree that the present model of planning and day control has not maximised the use of our resources which has impacted on spend and quality.		Mar-18		Complete	Complete	Aug-18			Utilisation is reviewed on a weekly basis through a standard reporting process. Through the review of this we have improved utilisation and		5	
79	16/17		Disposal of Obsolete Surplus Vehicles and Equipment (Follow Up)	Limited	Louise Platt	Louise Platt	High	The drafted Management of Medical Equipment Policy should go through the required review and approval process and a comprehensive inventory list should be maintained.	The Trust has commenced a scoping exercise for RFID tagging as part of an asset management system, linking in with the current supplier of telematics systems to		Dec-17		Complete	Complete	Feb-19			Management of Medical Devices Policy in place. New Asset Management (RAM) system implemented. Implementation of a real time		14	
80	16/17		Disposal of Obsolete Surplus Vehicles and Equipment (Follow Up)	Limited	David Holmes	Richard Lee	Low	The drafted Vehicle Disposal Policy should go through the required review and approval process.	The Policy has now been reviewed by the NHS counter fraud team in relation to disposal processes and will be submitted to Senior Management Team for sign off.		Mar-17		Complete	Complete	Jul-18			The Policy was approved by FRC in July 2018		16	
81	16/17		Disposal of Obsolete Surplus Vehicles and Equipment (Follow Up)	Limited	Louise Platt	Louise Platt	High	1. All the equipment on the vehicle should be tagged and the serial numbers recorded on the Commissioning Sheet and on the Fleet Management System; and	All manual handling and clinical equipment is recorded during the commissioning process on the Fleet Management System. The introduction of RFID tags will		Dec-17		Complete	Complete	Feb-19			Part of RFID – see above.		14	
86	16/17		Performance Management	Reasonable	Hugh Bennett	Estelle Hitchon	Low	The Trust should compare regional performance between regions where a HALO operates and those where the role is fulfilled by a Clinical Team Leader to assess whether these	HALOs have been identified as a priority for the 2017/18 Winter Plan. Winter Plan to be available from 31 August 2017. The HALOs form part of a wider tactical and		Aug-17		Complete	Complete	Aug-18			HALOs were reviewed as part of last winter and will not feature in the 18/19 winter plan, unless funded by LHBS and not using WAST staff.		11	
87	16/17		Performance Management	Reasonable	Hugh Bennett	Rachel Marsh	Low	We recommend that the Trust realises its ambition to improve the use of data and intelligence to better forecast performance challenges by taking a more holistic look at the data	There is software available to achieve this. Further work is required to determine what arrangements, including visits to other UK ambulance services, are		Aug-17		Complete	Complete	Jan-19			Optima Predict software live in January 2019.		16	Yes
89	16/17		Information Governance - Digi Pen Solution PCR	Reasonable	Greg Lloyd	Chris Turley	High	The organisation should develop a long term strategy to enable it to successfully achieve its objectives with regards to Electronic Patient Care Records. The Trust should also look to	WAST IMTP includes an action for the introduction of phase two of digi-pen which will include implementing docking stations throughout ED departments. This		Sep-17		Complete	Complete	Aug-18			The Trust secured funding from WG at the end of the 2017/18 financial year to renew the current digipen contract for a further 3 years,		11	
90	16/17		Information Governance - Digi Pen Solution PCR	Reasonable	Aled Williams	Chris Turley	High	The organisation should continue with the tender process and look to implement the new solution as soon as possible. Following successful implementation, formal documented	The tender process has closed and the tender awarded. All physical equipment to replace the existing data storage and backup solution is on site within WAST premises and		Jul-17		Complete	Complete	Feb-19			13 out of 13 digi-pen servers are over onto the nutanix hosts.		19	

91	16/17		Information Governance - Digi Pen Solution PCR	Reasonable	Greg Lloyd	Chris Turley	Medium	The service should continue to work with the software provider to provide a workable solution to speed up the automated process without compromising the quality of the data.	Work continues between WAST and Anoto with a view to further improving the validation rate of PCRs. Anoto have recently undertaken a review of the process		Jul-17		Complete	Complete	Aug-18		As part of extending the current digipen contract, the Trust has sought further improvements and enhancements to ensure the	13	
92	16/17		Information Governance - Digi Pen Solution PCR	Reasonable	Aled Williams	Rachel Marsh	Low	The organisation should ensure that it has in place an up to date records management policy and that this reflects the new process for the digital pens and PCR's including appropriate	The recommendation from this audit is noted; currently the service is in the process of reviewing and updating a number of policies and procedures and this includes the		Sep-17		Complete	Complete	Oct-18		Records Management Policy approved by FRC 25/10/18	13	
1	17/18		Red Calls Response	Reasonable	Richard Lee	Richard Lee	Low	There are a few possible methods which may reduce this figure and could increase crew availability to deal with 999 calls: • work with allocation staff in CCCs to	Arrangements for the provision of rest breaks are overdue for revision within the Trust and the findings of this audit are recognised. The rest break group will now convene to		Apr-18		Complete	Complete	Jul-18		Rest break policy has been revised and this has resulted in an improvement in rest break compliance	5	
2	17/18		Red Calls Response	Reasonable	Richard Lee	Richard Lee	Low	We recommend that: • the Trust undertake a clinical audit of P3 classifications to ascertain whether there is any scope to safely re-allocate come conditions from P3 to	The priority afforded to requests for backup from RRV staff will be reviewed by the Clinical Priority Assurance Group (CPAG) chaired by the Assistant Medical Director.		Apr-18		Complete	Complete	Apr-18		CPAS has completed this and considered the appropriateness of priority.	0	
3	17/18		Red Calls Response	Reasonable	Richard Lee	Richard Lee	Medium	We recommend that the Trust progress its plans to address the current staff shortfall, including changes to its emergency response vehicle fleet and emergency staffing	The Demand and Capacity review findings are being considered at a workshop in October 2017 run by the Chief Ambulance Services Commissioner. In the meantime		Apr-18		Complete	Complete	Oct-18		We have over established and recruited into our EMS workforce and over established with our overtime budget.	6	
4	17/18		Safeguarding	Reasonable	Nikki Harvey	Claire Bevan	High	A review of the DBS check arrangements, for both substantive staff and volunteers, should be undertaken by the Trust and a system to monitor compliance should be	The Trust Head of Safeguarding will escalate this issue to the National Safeguarding Board to raise with Welsh Government regarding guidance on DBS checking for		Nov-17		Complete	Complete	May-18			6	
4	17/18		Safeguarding	Reasonable	Hywel Daniel	Claire Vaughan	High	A review of the DBS check arrangements, for both substantive staff and volunteers, should be undertaken by the Trust and a system to monitor compliance should be	The Trust is awaiting the guidance and recommendation from Welsh Government this autumn in respect of routine re-checking of substantive staff, both historically		Nov-17		Complete	Complete	Jul-18		Compliance and monitoring in place. Routine checking via reports. Outstanding issue of retrospective checks is a separate matter. Cost	8	
5	17/18		Safeguarding	Reasonable	Nikki Harvey	Claire Bevan	Medium	An evaluation of the statutory and mandatory training process across WAST in relation to safeguarding, capturing both substantive and voluntary staff, should be considered	Improved system required for collation of online Safeguarding training (as reported in the audit) and Safeguarding training figures from the (National Ambulance		Dec-17		Complete	Complete	May-18		Collated online learning management and ESR systems to enable capturing of data. Monthly reporting commenced	5	
5	17/18		Safeguarding	Reasonable	Hywel Daniel	Claire Vaughan	Medium	An evaluation of the statutory and mandatory training process across WAST in relation to safeguarding, capturing both substantive and voluntary staff, should be considered	The Trust is working with Shared Services to explore solutions for recording volunteer staff to centralise collation of training. This will, however, require an		Dec-17		Complete	Complete	Jul-18		This has been explored and is currently cost-prohibitive. This is therefore not recommended, and it is proposed that the action is	7	
10	17/18		Corporate Governance	Reasonable	Keith Cox	Keith Cox	Low	1. Although there is no need for a full formal committee specifically to deal with the requirements of the Mental Health Act, it is recommended that its scope is added to the terms of	The Committees terms of reference are, as a matter of routine, reviewed annually. The Trust will carry out a review of Committee responsibilities with		Mar-18		Complete	Complete	Mar-19		Both elements are captured in the revised QUEST ToR which are due to be approved by Trust Board on 28/03/19	12	No
16	17/18		Health Board Areas / Station Review	Limited	Stephen Clinton	Richard Lee	High	(a) Staff will adhere to their obligations in respect of annual leave as set out in the Trust's Resourcing Policy. (b) The Trust's Resourcing Policy	Resource teams to review what reports can be provided to operational managers to support them in identifying annual leave discrepancies so they can be		Mar-18		Complete	Complete	Oct-18		All reports are available to Managers and workforce teams. Managers have all the information they need to ensure correct annual leave	7	
16	17/18		Health Board Areas / Station Review	Limited	Stephen Clinton	Richard Lee	High	(a) Staff will adhere to their obligations in respect of annual leave as set out in the Trust's Resourcing Policy. (b) The Trust's Resourcing Policy	Resource teams to review what reports can be provided to operational managers to support them in identifying annual leave discrepancies so they can be		Mar-18		Complete	Complete	Oct-18		All reports are available to Managers and workforce teams. Managers have all the information they need to ensure correct annual leave	7	
16	17/18		Health Board Areas / Station Review	Limited	Stephen Clinton	Louise Platt	High	(a) Staff will adhere to their obligations in respect of annual leave as set out in the Trust's Resourcing Policy. (b) The Trust's Resourcing Policy	A task and finish group is in place to review the resourcing policy, the first meeting is 22nd November 2017. The results of this audit to be shared with the policy lead for		Nov-17				Apr-19		Superseded by Follow Up review published March 2019	17	
17	17/18		Health Board Areas / Station Review	Limited	Hywel Daniel	Claire Vaughan	High	(a) PADR forms require revision to ensure that: • they outline objectives for each member of staff and encourage alignment of these to the	PADR forms and guidance will be reviewed and updated as part of the Workforce Directorate IMTP action plans due for completion by March 2018. The task and finish		Mar-18		Complete	Complete	Jul-18			4	
17	17/18		Health Board Areas / Station Review	Limited	Louise Platt	Richard Lee	High	(a) PADR forms require revision to ensure that: • they outline objectives for each member of staff and encourage alignment of these to the	Operational areas are expected to robustly monitor PADR compliance rates in monthly 1-1s, and this message will be reinforced through communication from Senior Team,		Nov-17		Complete	Complete	Aug-18		Operational aspect of this is complete.	9	
18	17/18		Health Board Areas / Station Review	Limited	Andrew Challenger	Richard Lee	High	In the absence of a current training strategy: (a) The Trust will review the statutory and mandatory training plan for WAST at the earliest opportunity.	The Learning and Development (L&D) team will review their action plan in light of the above findings to ensure the recommendations are addressed.				Complete	Complete	May-18		Full review of statutory and mandatory requirements undertaken Reports continue to be shared on a monthly basis		

19	17/18		Health Board Areas / Station Review	Limited	Andy Swinburn	Brendan Lloyd	High	(a) To ensure robust stock controls of controlled drugs and to comply with Trust policy, all sections of the CD02 register must be completed (in particular those relating to the issuing,	Audit plan to be created and delivered by the Health Board Clinical Leads and if themes are identified in teams a more detailed breakdown of which teams / staff		Nov-17		Complete	Complete	Sep-18		The audit of stock controls is now an embedded responsibility of the Health Board Clinical Leads. Reports are monitored by the RCLs		10
20	17/18		Health Board Areas / Station Review	Limited	Stephen Clinton	Richard Lee	Medium	(a) The Trust will develop a comprehensive rostering policy; defining an appropriate skill mix for rosters. Generally we would consider a sound	The existing Resource Task and finish group to consider including rostering principles within the resource policy giving consideration to all staff groups		Dec-18		Complete	Complete	Oct-18		ORH review works to sound principles which the Trust have accepted and the ORH calculations are accepted by the Trust.		0
20	17/18		Health Board Areas / Station Review	Limited	Stephen Clinton	Richard Lee	Medium	(a) The Trust will develop a comprehensive rostering policy; defining an appropriate skill mix for rosters. Generally we would consider a sound	The existing Resource Task and finish group to consider including rostering principles within the resource policy giving consideration to all staff groups		Dec-18		Complete	Complete	Oct-18		ORH review works to sound principles which the Trust have accepted and the ORH calculations are accepted by the Trust.		0
21	17/18		Health Board Areas / Station Review	Limited	Sara Williams	Claire Vaughan	Medium	(a) The Trust will define where it is appropriate for staff to 'lone work.' (b) Local procedures will be developed, specific to the locality based on a risk assessment which	The Trust has a partnership Violence and Aggression Group that sits as a sub group of the Trust's Health, Safety and Risk Committee. It has been identified		Nov-17		Complete	Complete	Oct-18		Personal Safety Group established in partnership, with agreed Action Plan, meeting on a quarterly basis.		11
21	17/18		Health Board Areas / Station Review	Limited	Sara Williams	Claire Vaughan	Medium	(a) The Trust will define where it is appropriate for staff to 'lone work.' (b) Local procedures will be developed, specific to the locality based on a risk assessment which	The Trust has a partnership Violence and Aggression Group that sits as a sub group of the Trust's Health, Safety and Risk Committee. It has been identified		Nov-17		Complete	Complete	Oct-18		Personal Safety Group established in partnership, with agreed Action Plan, meeting on a quarterly basis.		11
21	17/18		Health Board Areas / Station Review	Limited	Claire Roche	Claire Vaughan	Medium	(a) The Trust will define where it is appropriate for staff to 'lone work.' (b) Local procedures will be developed, specific to the locality based on a risk assessment which	Lone working policy is due for review and a lead manager and TU representative will be identified to take this work forward in line with the Trust's refreshed policy		Nov-17				Mar-19		Superseded by Follow Up review published March 2019		16
25	17/18		Sustainability Reporting	Reasonable	Nicola Stephens	Rachel Marsh	Medium	As required by FREM guidance, management should include, within the Sustainability Report, a brief description of the Environmental	Annex 5 - H of the NHS Wales Manual for Accounts require this information to be included within the Sustainability Report - This information does not appear in		Dec-17		Complete	Complete	Jun-18		Point 2 and 3 had been completed during the time of the audit, Point 1 has now been completed, Committee nominated FRC and Director		6
26	17/18		Sustainability Reporting	Reasonable	Nicola Stephens	Rachel Marsh	Medium	In order to further demonstrate commitment to sustainability improvements, management should: • Develop a Sustainability Strategy/Policy that explicitly	Annex 5 - I, J, K of the NHS Wales Manual for Accounts require this information to be included within the Sustainability Report. This information does appear in this		Jun-18		Complete	Complete	Jun-18		Environment Strategy has been developed and is following due process for adoption		0
27	17/18		Sustainability Reporting	Reasonable	Nicola Stephens	Rachel Marsh	Low	Management should review the potential of utilising 'self-read' meters in order to more accurately compile consumption and cost values. (D)	This recommendation does not form part of any written instruction found in the NHS Wales Manual for Accounts, but is an auditor request. The Estates Team for WAST		Jun-18		Complete	Complete	Jun-18		Ongoing roll out programme of SMART meter exchange is progressing but as per the management response is unlikely to be feasible		0
28	17/18		Sustainability Reporting	Reasonable	Nicola Stephens	Rachel Marsh	Medium	Management should develop and introduce a standard format of spread sheet, which would help enhance the data audit trail and validation. The spread sheet should include:	This recommendation does not form part of any written instruction found in the NHS Wales Manual for Accounts but is an auditor request. A new spread sheet has already		Jun-18		Complete	Complete	Jun-18		Contract issues with British Gas along with its sale of MEDIC as a system, data to MEDIC cannot be verified as correct therefore, have		0
29	17/18		Sustainability Reporting	Reasonable	Nicola Stephens	Rachel Marsh	Medium	Management should: • utilise the more appropriate diesel (average biofuel blend) conversion factor (0.261612527 for 2016/17); • review the 2014/15 and 2015/16	Authors of previous years Sustainability Reports have used the incorrect conversion factor, a judgment was made by the Estates Environment Officer, as author of		Dec-17		Complete	Complete	Jun-18		Resource issues within the Department had impacted on workloads, an increase in temporary resource has now been introduced.		6
31	17/18		Sustainability Reporting	Reasonable	Nicola Stephens	Rachel Marsh	Low	Management should develop and publish procedures (consistent with guidance on minimum requirements) to aid staff in the preparation, recording and reporting of data. (D)	This recommendation does not form part of any written instruction found in the NHS Wales Manual for Accounts but is an auditor request. An Administrative Procedure		Jun-18		Complete	Complete	Jun-18		As per action plan a Procedure manual has been produced detailing reporting requirements and procedures		0
32	17/18		Sustainability Reporting	Reasonable	Nicola Stephens	Rachel Marsh	Medium	Management should ensure that the calculation for greenhouse gas emissions, resulting from business travel, is undertaken and the data included within the 'Greenhouse Gas	Authors of previous years Sustainability Reports have not included this information in previous reports, a judgment was made by the Estates Environment		Jun-18		Complete	Complete	Jun-18		Resource issues within the Department had impacted on workloads, an increase in temporary resource has now been introduced.		0
34	17/18		Sustainability Reporting	Reasonable	Nicola Stephens	Rachel Marsh	Medium	Management should ensure that information recorded in respect of all reportable values is reconcilable between the internal spread sheets, EFPMS reports and annual	Due to the extremely poor performance of British Gas it is impossible to assure that the utility spread sheets will not be amended from the time of reporting to		Jun-18		Complete	Complete	Jun-18		Action information has already been submitted with explanation of checks, Additional resource now in Estates however this is only		0
35	17/18		Sustainability Reporting	Reasonable	Nicola Stephens	Rachel Marsh	Medium	Management should detail resources used at the 'Use of Resources' table in accordance with 'NHS Wales Manual for Accounts' guidance including detailing of:	This recommendation is an instruction found in the NHS Wales Manual for Accounts.		Jun-18		Complete	Complete	Jun-18		Resource issues within the Department had impacted on workloads, an increase in temporary resource has now been introduced.		0
36	17/18		Sustainability Reporting	Reasonable	Nicola Stephens	Rachel Marsh	Medium	Sufficient commentary should be provided to information presentation within the sustainability report to facilitate understanding (e.g. where data from one waste table does not	Additional commentary can be provided. A National Waste Tender is due to be let March 18 for 18-19 domestic waste, Fleet will be asked to		Dec-17		Complete	Complete	Jun-18		Action information has already been submitted with explanation of checks, Additional resource now in Estates however this is only		6

37	17/18		Estates Maintenance Backlog	Reasonable	Richard Davies	Rachel Marsh	Medium	The development of a tender specification will be finalised to facilitate the provision of backlog maintenance/ condition surveys. This information will further assist in	A specification will be prepared for quinquennial property condition surveys of all Trust premises.		Jul-18		Complete	Complete	Sep-19			This is being monitored by the Estates Programme Board and is aligned to the Estates SOP	14	Yes
39	17/18		Estates Maintenance Backlog	Reasonable	Richard Davies	Rachel Marsh	Medium	An assurance statement will be presented making specific reference to the backlog issues facing the Trust; and the alignment of next steps in accordance with the longer term	The Assistant Director Capital & Estates will prepare an assurance statement making specific reference to the backlog issues facing the Trust and the alignment		Dec-17		Complete	Complete	Sep-19			This is being monitored by the Estates Programme Board and is aligned to the Estates SOP	21	Yes
58	17/18		Clinical Audit	Limited	Rachael Powell	Brendan Lloyd	Medium	The appointment of an Assistant Director of Research, Audit and Service Improvement presents an opportunity for a review of the approach to clinical audit. In	The Assistant Director of Research, Audit and Service Improvement will be tasked with documenting a strategy to cover the totality of work of the		Jun-18		Complete	Complete	Jun-18			The Directorate will be developing an overarching Clinical Strategy and the inclusion of how Clinical Audit will work in the future will be	0	
59	17/18		Clinical Audit	Limited	Kevin Webb	Brendan Lloyd	Medium	The Trust should consider documenting an audit universe which records all of the potential clinical risks that could be audited, and then applies a priority rating to determine	To date, the work on Clinical Indicators has been the priority for the Clinical Audit Team. The output from analysing clinical indicators also help to demonstrate where a		Jun-18		Complete	Complete	Jun-18			The audits are currently all Tier 1 as we do not have the uptake from anyone to undertake Tier 2 local audits. A column on the audit will be	0	
61	17/18		Clinical Audit	Limited	Kevin Webb	Brendan Lloyd	Medium	A senior lead should be identified for each audit to both agree the detailed scope of the review and to formally sign off the audit findings with an agreed action plan for which they are	A refresh of the clinical structure has resulted in there being two Assistant Directors, three Regional Clinical Leads, and eight Health Board Clinical Leads.		Jun-18		Complete	Complete	Jun-18			The Directorate will assign the appropriate sponsor as part of the programme approval process. This recommendation can be	0	
62	17/18		Clinical Audit	Limited	Rachael Powell	Brendan Lloyd	Low	Clinical Audit should consider introducing basic priorities for individual findings (e.g. high/medium/low) and/or an overall opinion for each audit.	We had feedback from some Trusts via a Clinical Audit Support Centre which suggests that the recommended practice is not widely used within the NHS.		Jun-18		Complete	Complete	Oct-18			We have now introduced a RAG rating against audit findings. In addition, we have developed a clinical audit strategy to be part of a	4	No

63	17/18		Clinical Audit	Limited	Rachael Powell	Brendan Lloyd	Medium	Although acknowledging that there will only be occasional relevance in terms of subject matter with the other clinical audit teams in Wales, the Trust may be missing out on more generic	The Assistant Director of Research, Audit and Service Improvement will review and clarify the arrangements, both within Wales and the UK, when she commences		Jun-18		Complete	Complete	Jun-18		It has now been agreed that as part of the Assistant Directors portfolio she will attend these meeting in her absence Head of Clinical Audit	0	
63	17/18		Clinical Audit	Limited	Rachael Powell	Brendan Lloyd	Medium	The governance and monitoring arrangements for Clinical Audit need to be reviewed and considered to ensure that findings from audits are appropriately	The QuEst Committee is the primary Committee in terms of accountability for clinical audit. Currently the main focus for review of Clinical Audit activity is the				Complete	Complete			N/A action already completed	0	
64	17/18		Sickness Absence	Limited	Julie Stokes	Claire Vaughan	High	Training and refresher training programmes should be delivered to all managers with responsibility for managing sickness. The Trust should keep a record of managers who have	Following actions to be taken; 1. All managers with responsibility for managing sickness to be identified via ESR. 2. Accurate records to be kept		Aug-18		Complete	Complete	Jan-19		currently just under 80% of staff required to undertake the training have done so. Further training dates have been scheduled.	5	Yes
65	17/18		Sickness Absence	Limited	Hillary Caffrey-Mathews	Claire Vaughan	High	Regular Contact Early and regular contact should be maintained throughout an employee's absence. This contact is two-way and the employee keeps in touch to	Regular Contact In accordance with 7.3 of the All Wales Sickness Policy, the employee and his/her manager must communicate regularly to		Apr-18		Complete	Complete	Jul-18			3	
66	17/18		Sickness Absence	Limited	Hillary Caffrey-Mathews	Claire Vaughan	High	As per the All Wales Sickness Policy, referral to Occupational Health should be made when unplanned absence exceeds 28 calendar days and is repeated on more than one occasion	Following actions to be taken; 1. Analysis of data confirms that additional coaching/support is required in both CCC Llangunnor		Apr-18		Complete	Complete	Jul-18			3	
67	17/18		Data Handling and Storage	Reasonable	Nicki Maher	Chris Turley	Medium	Policies and Procedures will be reviewed, ratified and disseminated to staff as part of the Trust wide policy review.	The IG policy framework has been ratified and the following policy documents are scheduled for presentation during the next six months at the Trust's Policy Group		Sep-18		Complete	Complete	Sep-19		The Data Protection Policy has been ratified through the Trust's policy route, the Access Control Policy and Protocol and Records	12	
68	17/18		Data Handling and Storage	Reasonable	Nicki Maher	Chris Turley	Medium	(a) Mitigating actions and controls should be put in place for identified risks and addressed accordingly. (b) Risks should be dynamically re-assessed and updated.	These risk assessments were draft and had not been ratified by relevant subject matter experts and management. The revised risk assessment has been undertaken.		Sep-18		Complete	Complete	Oct-18		A revised SIRO risk log has been created and taken to the IGSG sub-committee in October 2018, strengthening the Risk Mgt arrangements	1	
69	17/18		Data Handling and Storage	Reasonable	Nicki Maher	Chris Turley	Medium	(a) The Trust should ensure that user access rights are appropriate and subject to regular formal review. (b) An audit procedure for the Cybertech system will be developed	a) and b). An audit of Cybertech users and role based access commenced in January 2018 with an outturn report being written and remedial actions addressing		Apr-18		Complete	Complete	Oct-18		a) User access rights for cybertech have been subject to a formal review in January 2018. b) A cybertech user access	6	
70	17/18		Data Handling and Storage	Reasonable	Aled Williams	Chris Turley	Low	(a) Third party contracts should be subject to formal ongoing performance monitoring to ensure that the Trust is obtaining value for money. The Trust should nominate	Each year separate quotes are obtained from each support company. Maintenance contract is awarded on best value basis taking into		May-18		Complete	Complete	Sep-18		At next renewal a formal tender will be undertaken for multi year support.	4	
73	17/18		Budgetary Control	Reasonable	Chris Turley	Chris Turley	Medium	We recommend that the Trust review the Scheme of Reservation and Delegation of Powers document to ensure that this category of payment is covered and that delegation is	These payments of Personal Injury Benefits (PIBS) are reimbursements of monthly payments made to former members of staff by the NHS Pensions Agency (NHSPA). The		Mar-18		Complete	Complete	Mar-18			0	
74	17/18		Budgetary Control	Reasonable	Jill Gill	Chris Turley	Medium	We recommend that ASL forms of officers who are not budget holders record the officer's approval limit without exception.	In respect of the one instance where a different limit was included on the summary sheet, this has now been corrected and more care will be taken in future.		Jun-18		Complete	Complete	Sep-18		A complete review of all ASL forms has now been undertaken	3	N
76	17/18		Budgetary Control	Reasonable	Jason Collins	Chris Turley	Low	We recommend that the Trust's budget and planning timelines be examined to determine how budget sign-off can be achieved earlier in the Trust annual cycle.	Agreed. Whilst the actual sign off didn't take place until into the financial year, as noted above key delegated budget holders were fully aware of their level of budget,		Mar-18		Complete	Complete	Mar-18		Delegated budget for 2018/19 was signed off by Trust Board in March 2018/ Individual 1:1 meetings held by the Director of Finance and	0	
77	17/18		Risk Management Strategy and Framework	Reasonable	Claire Roche	Claire Bevan	Medium	1. When the Risk Management Strategy and Framework is revised, the list of 'Related Policies and Procedures' be updated to include those relevant to risk management.	1. The review of the Trust Risk Management Strategy (2016-19) will be completed for Board approval late spring 2018. The related policies and procedures will		Jul-18		Complete	Complete	Jul-18		Risk Management Strategy approved by Trust Board in July 2018. The Risk Management Framework to be informed by new	0	
78	17/18		Risk Management Strategy and Framework	Reasonable	Claire Roche	Claire Bevan	Medium	The Trust reviews its trajectory regarding the risk maturity model. In order to assist in forecasting the likely timescale to reach 'managed' and then 'enabled', we recommend	The Trust Board Development session on 16th January 2018 reviewed the Trust trajectory regarding Risk Maturity model. The Trust Board agreed that the Trust is		Jun-18		Complete	Complete	Jul-18		New RMS 2018-21 approved and the plan has been amended to be Risk Enabled by March 20 which is more realistic.	1	
79	17/18		Risk Management Strategy and Framework	Reasonable	Claire Roche	Claire Bevan	Medium	We recommend that the Trust develops a formal risk management training programme as planned and ensure it is delivered to all staff groups.	The Trust has appointed a new Head of Risk, Health & Safety 26 February 2018. A new Trust training programme for Risk Management will be designed to		Sep-18		Partially complete	Complete	Sep-19		A bespoke Risk Assessment training course has been developed by the Regional H&S Managers and dates are in place for this to be	12	Yes
80	17/18		Risk Management Strategy and Framework	Reasonable	Claire Roche	Claire Bevan	Low	We recommend that the Trust further enhances the Risk Management Strategy and Framework by: • Presenting the risk profile in a graph that plots the CRR to provide a visual	The Trust has established the Risk Management Development group to embrace the Risk Maturity journey of the organisation. This group will lead the review of the		Jun-18		Complete	Complete	Jun-18			0	

80	17/18		Risk Management Strategy and Framework	Reasonable	Claire Roche	Claire Bevan	Low	We recommend that the Trust further enhances the Risk Management Strategy and Framework by: • Presenting the risk profile in a graph that plots the CRR to provide a visual	The Trust will strengthen the approach for key projects/Programmes being led within the Trust by applying risk management guidance.		Jun-18		Complete	Complete	Sep-18			The Corporate Risk Register now includes a visual table		3	
83	17/18		Operational Business Continuity Planning	Limited	Chris Sims	Richard Lee	High	The Trust should ensure that all departments have up-to-date BIAs/BCPs in place that have been approved by the relevant Executive Director. The BCP Monitoring report	Prepare a 12 month Business Continuity Plan of all WAST intended BC activities /training /inspections/ submissions for 2018. Aligned to LDP/IMTP.		May-18		Complete	Complete	Aug-18			The BC Monitoring report was reviewed at the August BC Group, some work is still to be done to move existing plans over to Trust format but		3	
84	17/18		Operational Business Continuity Planning	Limited	Chris Sims	Richard Lee	High	The Trust should consider whether annual testing of all BCPs is necessary, or whether a risk based, cyclical approach could be taken, for example with all plans being tested on at least a	The Exec will decide who and how often the Plan Testing will be scheduled. A schedule of testing should be developed and adhered to, with		May-18		Complete	Complete	Sep-18			No instruction has been given to the BC Group but the BC group working on the basis that with limited capacity to assign to this (0.5wte) that		4	
85	17/18		Operational Business Continuity Planning	Limited	Bob Tooby	Richard Lee	Medium	Departments should clearly demonstrate that consideration of the Trust's overall strategy, objectives and risks has been undertaken as part of their BC planning. Examples of how	Each Directorate Lead to ensure that their own BC Planning is contained in LDP for consideration with IMTP strategic objective.		Apr-18		Complete	Complete	Jul-18			included in BIA/BCP		2	
86	17/18		Operational Business Continuity Planning	Limited	Chris Sims	Richard Lee	Medium	The Resilience and Special Operations team are already aware that the BC risk management process is not compliant with the Trust's process and intend to align themselves going	Each Directorate nominated lead will need to update the AM Resilience & BC with any escalation of BC Risk		Apr-18		Complete	Complete	Aug-18			This will be tested once an audit of all LDPs has been undertaken.		4	
87	17/18		Operational Business Continuity Planning	Limited	Bob Tooby	Richard Lee	Medium	Governance arrangements for BC should be made clear in: • the BC Policy and Procedures; and • the terms of reference for the EMT (we understand these are currently	Governance arrangements for BC should be made clear in: • the BC Policy and Procedures; and • the terms of reference for the		May-18		Complete	Complete	Jul-18			The annual report on BC has now been implemented and will be submitted every January, BC has now been included in the EMT ToR as		2	
88	17/18		Operational Business Continuity Planning	Limited	Bob Tooby	Richard Lee	Medium	The Trust should ensure that the register of alignment with ISO 22301 is maintained and that regular self-assessments using the ISO 22301 toolkit are undertaken. Both should be	The Trust should ensure that the register of alignment with ISO 22301 is maintained and that regular self-assessments using the ISO 22301 toolkit are undertaken.				Complete	Complete				National lead on BC stated that this is not necessary and not mandatory, therefore completed.			
89	17/18		Operational Business Continuity Planning	Limited	Chris Sims	Richard Lee	Medium	The Trust should ensure that the BC Procedures specify how they: • identify key parties; • gain assurance that these parties are aware that they play a part in a	WAST EMT need to test external partner arrangements are robust to meet with any WAST BC Plans.		Jul-18		Complete	Complete	Aug-18			We continue to dip sample awareness of the partnership organisations as to their commitment to support us with our BC Plan.		1	
89	17/18		Operational Business Continuity Planning	Limited	Chris Sims	Louise Platt	Medium	The Trust should ensure that the BC Procedures specify how they: • identify key parties; • gain assurance that these parties are aware that they play a part in a	WAST EMT need to test external partner arrangements are robust to meet with any WAST BC Plans.		Jul-18		Complete	Complete	Mar-19			The BC Policy and Procedures have now been updated to cover both key suppliers and how the Trust works with other Cat 1 and 2 responders		8	
90	17/18		Operational Business Continuity Planning	Limited	Richard Lee	Richard Lee	Medium	The staff resources for embedding BC should be considered in light of the Trust's BC Policy and Procedures, regulations, legal requirements and risks.	DOO & FRC will need to be advised whether WAST have sufficient capacity for Business Continuity compliance		May-18		Complete	Complete	Jan-19			This has been considered and would not be proportionat against other competing demands. An action plan is being updated by Shared		8	
91	17/18		Operational Business Continuity Planning	Limited	Chris Sims	Richard Lee	Low	The Trust should consider developing scenario specific template communications, particularly for BC events that are higher risk in terms of likelihood and/or reputational	CS to provide table Top Exercise for BC Scenario Based risks.				Complete	Complete				Everbridge roll out Trust wide and procurement of Continuity2 to address these issues would be the recommendation. There will			
91	17/18		Operational Business Continuity Planning	Limited	Chris Sims	Richard Lee	Medium	We understand that there are six BC training courses scheduled between April – July 2018. The Trust should ensure that staff with BC responsibilities are aware of the	Discussed with DOO, all departments to be advised of the mandatory requirements to attend training. Attendance register to be kept for				Complete	Complete							
93	17/18		Handover of Care at Emergency Departments	Limited	Georgina Passmore	Louise Platt	Low	We recommend that: • Health Boards undertake a review of the arrangements in place for the provision of continence, nutrition and hydration at each hospital to ensure	Whilst WAST recognises the importance of hydration and nutrition as well as pressure area care for delayed patients we feel that this recommendation can only		May-18		Complete	Complete	Mar-19			Pocket guides to support the E-Learning will be completed by February along with a section on the Safeguarding Hub. Discussed at DON		10	
94	17/18		Handover of Care at Emergency Departments	Limited	Louise Platt / Stephen Clinton	Richard Lee	High	We recommend that: • WAST, in conjunction with EASC, evaluates how it records, analyses and reports on conveyance and how this information is used to gain assurance	A trial of 'scheduling' GP admission calls is underway in the Aneurin Bevan University Health Board area (Royal Gwent). This initiative will be evaluated in Q2 2018.		Aug-18		Complete	Complete	Oct-18			AB has undertaken a trial where acute care positions will sit with GP call handlers and take medical calls from the GP which wasn't		2	
94	17/18		Handover of Care at Emergency Departments	Limited	Hugh Bennett	Rachel Marsh	High	We recommend that: • WAST, in conjunction with EASC, evaluates how it records, analyses and reports on conveyance and how this information is used to gain assurance	The Chief Ambulance Services Commissioner is leading a project to identify 'missed opportunities' which will be reported via the Performance Delivery Group.		Aug-18		Complete	Complete	Mar-19			We provided December Board with an updated format and then March Board. We will continue to refine the report with		7	Y
95	17/18		Handover of Care at Emergency Departments	Limited	Hugh Bennett	Estelle Hitchon	High	We recommend that: • WAST and Health Boards undertake a review of the governance arrangements for the identification and approval of all pathways, together	• Pathway approval, development, recording and dissemination will be coordinated via the Performance Delivery Group chaired by the Chief Ambulance Services Commissioner.		Aug-18		Complete	Complete	Aug-18			A template for each LHB was completed for the IMTP and the first quarter performance was reported to the CASC/PDEG on 28/08/18.		0	

95	17/18		Handover of Care at Emergency Departments	Limited	Rachael Powell	Brendan Lloyd	High	We recommend that: • WAST and Health Boards undertake a review of the governance arrangements for the identification and approval of all pathways, together	The Medical Director is chairing a development group for the Electronic Patient Clinical Record which will encompass this.	Aug-18		Complete	Complete	Mar-19		Medical Directorate have an established process in place for the approval of developed pathways (CPAG) chaired by the Asst. Medical Director.	7	
96	17/18		Handover of Care at Emergency Departments	Limited	Louise Platt	Richard Lee	Medium	We recommend that WAST undertakes a cost benefit analysis on the potential efficiency gains that may be available through the HALO role. This could be trialled initially at those	Using Winter pressure monies, HALO cover has been established at the seven worst performing sites for handover delay. This cover will run until 31 March 2018 and will	Apr-18		Complete	Complete	Apr-18		HALO role trialled across seven Health Boards and a cost benefit analysis on the efficiency gains undertaken.	0	
96	17/18		Handover of Care at Emergency Departments	Limited	Louise Platt	Richard Lee	Medium	We recommend that WAST undertakes a cost benefit analysis on the potential efficiency gains that may be available through the HALO role. This could be trialled initially at those	Using Winter pressure monies, HALO cover has been established at the seven worst performing sites for handover delay. This cover will run until 31 March 2018 and will	Apr-18		Complete	Complete	Apr-18		Trial run and unsuccessful and was found not to be of benefit.	0	
97	17/18		Handover of Care at Emergency Departments	Limited	Hugh Bennett	Rachel Marsh	Medium	We recommend that WAST identifies all meetings that are held between WAST and Health Boards at hospital, Health Board and national level and determines the need for less or more	This activity will be mapped out by the Planning and Performance team with a view to streamlining and ensuring strategic direction making and sharing of best practice	May-18		Partially complete	Complete	Sep-19		This has been superceded by a new recommendation in the Follow Up report which will be included on the Internal tab following September 2019	16	No
98	17/18		Handover of Care at Emergency Departments	Limited	Louise Platt	Richard Lee	Medium	We recommend that WAST and Health Boards evaluate the key factors adopted by Cwm Taf University Health Board that resulted in their handover performance improving from circa	This work must be driven centrally via the National Unscheduled Care Programme Board and the Performance Delivery Group chaired by the Chief Ambulance	Aug-18		Complete	Complete	Aug-18		WAST has evaluated the key factors adopted by Cwm Taf. Best practice was shared at WG and the Delivery Group meetings	0	
99	17/18		Handover of Care at Emergency Departments	Limited			High	We recommend that WAST seeks confirmation from Welsh Government regarding responsibility for undertaking a clinical assessment of patients prior to admittance to the ED.	The National Unscheduled Care Programme Board has confirmed that the expectation is that this Welsh Health Circular is complied with.			Complete	Complete				0	
100	17/18		Handover of Care at Emergency Departments	Limited	Stephen Clinton	Louise Platt	Medium	We recommend that WAST and Health Boards: • WAST and Health Boards ensure that the roles and responsibilities for recording data on the HAS are clearly	HAS Guidance to be recirculated to WAST staff. Further responses may be provided by Health Boards. Report will then be updated.	Aug-18		Partially complete	Complete	Jul-19		ONGOING: Work is being undertaken the CCC CAD Project team and the system supplier to review the new HAS Screen facility which	11	
103	17/18		Health and Safety	Limited	Rob Mason	Claire Bevan	High	The Health and Safety pages of the Trust's intranet site should be updated to include only current documentation; 2. Procedures listed should be	The Trust intranet site requires updating and points 1-6 in Recommendation one will be addressed as part of the Trust Health and Safety Improvement	Sep-18		Complete	Complete	Mar-19		The Trust intranet page has been significantly updated. Old Policies have been removed and all documentation has been	6	
104	17/18		Health and Safety	Limited	Rob Mason	Claire Bevan	High	To ensure that meaningful trend analysis can be carried out on incidents the Trust should ensure that all fields within Datix are completed, and all incidents appropriately	We have identified the requirement for improvements in investigating non patient safety Datix incidents in Work-stream 4 of our Health and	Dec-18		Complete	Complete	Mar-19		A snap shot audit of 30 H&S Datix incidents took place in February 2019. The outcome of this audit and the learning will be shared with the H&S	3	
105	17/18		Health and Safety	Limited	Rob Mason	Claire Bevan	High	Risk Assessments should be periodically carried out at each site; 2. The Trust should provide clarity on how often they expect Risk Assessments to be carried out;	One of our key actions in Work-stream 4 of our Health and Safety Improvement Plan: Governance is action 4.3; Develop and implement a Health	Oct-18		Partially complete	Complete	Sep-19		A bespoke Risk Assessment training course has been developed by the Regional H&S Managers and dates are in place for this to be	11	Yes
106	17/18		Health and Safety	Limited	Rob Mason	Claire Bevan	Medium	1. Quarterly meetings should be held as a minimum and these meeting should ideally be held a fortnight before the 'National Joint Committee for Health, Safety and Welfare' to	Work-stream 4: Governance in our Health and Safety Improvement plan, Action 4.1 states: Effective Health and Safety	Sep-18		Complete	Complete	Oct-18		Regional meetings established in all three Regions and these are now informing the H&S Committee	1	
106	17/18		Health and Safety	Limited	Rob Mason	Claire Bevan	Medium	1. Quarterly meetings should be held as a minimum and these meeting should ideally be held a fortnight before the 'National Joint Committee for Health, Safety and Welfare' to	Work-stream 4: Governance in our Health and Safety Improvement plan, Action 4.1 states: Effective Health and Safety	Sep-18		Complete	Complete	Oct-18		Regional meetings established in all three Regions and these are now informing the H&S Committee	1	
107	17/18		Health and Safety	Limited	Rob Mason	Claire Bevan	Medium	The Trust should collate all issues identified from the audits carried out and use any issues identified from using the audit toolkit to refine the audit toolkit as appropriate;	One of our key actions in Work-stream 4 of our Health and Safety Improvement Plan: Governance is action 4.3;	Oct-18		Complete	Complete	Feb-19		all findings from regional health & safety management reviews are entered onto a central database enabling trends and themes to be	4	
108	17/18		Health and Safety	Limited	Andrew Challenger	Claire Vaughan	Medium	The Trust should ensure that compliance rates for Health and Safety Statutory and Mandatory training is at an acceptable level for all relevant Health and Safety Modules across all	Action 5.4: Standard of 85% compliance with H&S training to be achieved (accounting for staff on long term sickness absence and maternity leave).	Apr-19		Complete	Complete	Apr-19		Mandatory Training TNA as per Core skills in place. TNA for additional H&S training as per staff group currently being undertaken by a	0	
108	17/18		Health and Safety	Limited	Rob Mason	Claire Bevan	Medium	The Trust should ensure that compliance rates for Health and Safety Statutory and Mandatory training is at an acceptable level for all relevant Health and Safety Modules across all	Work-stream 5 of our Health and Safety Improvement Plan is Training, Education and Awareness. The following actions will address this recommendation:	Sep-18		Complete	Complete	Jun-19		Current compliance for mandatory H&S - 87.64%, Fire Safety - 85.77%, Manual Handling - 86.15% and V&A training - 95.94%	9	No
111	17/18		Health and Care Standards	Substantial	Jonathan Watts	Rachel Marsh	Medium	The Trust should ensure that all Directorates demonstrate appropriate consideration of the Trust's strategic priorities and the Health and Care Standards for each key deliverable and	As part of the annual lesson learnt exercise which the organisation undertakes to continually mature the Planning cycle, the Quality, Safety and Patient Experience	Oct-18		Complete	Complete	Dec-18		The 2019/20 internal planning cycle has been complete with LDPs having been developed and in doing so giving due Health and Care standards. A	2	no

112	17/18		Health and Care Standards	Substantial	Andrew Challenger	Claire Vaughan	Low	The Trust should ensure appropriate reference to the Health and Care Standards is incorporated within the corporate induction training programme.	The trust has already included the Health and Care Standards into the presentation given at the Corporate Induction day so that this can now be delivered to new		Jul-18		Complete	Complete	Aug-18					1	
114	17/18	P&C	Staff Engagement and Communication	Reasonable	Helen Watkins	Claire Vaughan	Medium	We recommend that the Trust: • explores ways to increase employee participation in its regular surveys, such as, for example, incorporating a pulse survey into its PADR process, or	All evidence points to using a non-NHS Web enabled system as being the best for ensuring easy access, coupled with improving access to internet. WOD and Comms teams		Mar-20	Sep-20	Complete	Complete	Feb-21	Last updated: 17/02/21 The NHS Wales staff survey has taken a different format to increase engagement.		365 and Microsoft Teams with survey function within it provides a means of proactively surveying workforce, combined with roll		11	No
154	17/18	F&P	Weir Review	Not Rated	Aled Williams	Andy Haywood	Medium	Tag all clinical equipment to vehicle during commissioning process and record in Fleet Management System. Use data to ensure full asset management of all key equipment and	All manual handling and clinical equipment is recorded during the commissioning process on the Fleet management System. In 2018 WAST trailed a RFID system		Mar-18		Complete	Complete	Jan-21	Last updated 15.01.21 This recommendation is similar to a recommendation from Internal Audit review	15.01.2021 We have been progressing with the system implementation and are still having weekly		34	No	
155	17/18	F&P	Weir Review	Not Rated	David Holmes	Chris Turley	Medium	Remove process variations, with all reported faults routed from Control to a single 'virtual' Fleet Support Desk, operating on a 24/7 basis. This service to be provided by suitably qualified	Being progressed through the Fleet LDP and due for completion 2021. The contingency plan is that fleet have through natural wastage and the implementation of the new		Mar-21		Complete	Complete	Feb-21	Last updated: 18/02/21 Fleet has further developed the FMS to replace Launchpad as a defect reporting tool,	While the role has been vital in the Trusts response, pressures of the pandemic and scaling back of some	The risk has been mitigated by continuing the trial.	#NUM!	No	
156	17/18		Weir Review	Not Rated	David Holmes	Louise Platt	Medium	Use the new Dobshill MRD to run a trial, making Fleet responsible for vehicle movements, using the Ambulance Fleet Assistants (AFA). This should include planned movements	In 2017 the Trust created the position of National Vehicle Preparation Lead; This post was appointed to in 2018 and is now responsible for all Make Ready		Mar-18		Complete	Complete	Mar-18			Further development of MRD facilities are outlined in the Estates SOP; Where future developments are co located, Fleet and MR efficiencies will	0	No	
157	17/18		Weir Review	Not Rated	David Holmes	Louise Platt	Medium	Based on the trial above: • Transfer responsibility for AFA and all vehicle movements to Fleet (i.e. Fleet to arrange all cleaning, stocking, maintenance and movement of	In 2017 the Trust created the position of National Vehicle Preparation Lead, who is now responsible for all Make Ready operations and sits outside of Fleet.		Mar-18		Complete	Complete	Mar-18			Further development of MRD facilities are outlined in the Estates SOP; Where future developments are co located, Fleet and MR efficiencies will	0		
158	17/18		Weir Review	Not Rated	David Holmes	Louise Platt	Medium	Consider a simple training and awareness campaign for staff, highlighting the high cost of fuel (51% of current fleet costs, excluding procurement costs) and the impact of	This recommendation is being progressed by Operations and will be a continuous theme running through induction training and PADRs. National notes have been		Mar-18		Complete	Complete	Apr-19			Further notice on SIREN in March 2019, with Swipe and Save update in April 2019. Configuration of MDT system to include Swipe & Save	13		
159	17/18		Weir Review	Not Rated	David Holmes	Louise Platt	Medium	Prioritise the production of fuel consumption figures. Stabilise the data to ensure credibility, and then consider a focussed communication plan to demonstrate potential fuel	This recommendation is being progressed by Operations and will be a continuous theme running through induction training and PADRs. National notes have been		Mar-18		Complete	Complete	Apr-19			The data has been stabilised and is shared monthly will all Op managers for HB and local discussions. Further notice on SIREN in March 2019, with	13		
160	17/18		Weir Review	Not Rated	David Holmes	Lee Brooks	Medium	Use basic metrics listed at Section 3.2.1.1 to provide a consistent framework for review of performance and costs of external suppliers. Consider moving large suppliers onto	Maintenance network strategy complete. Maintenance contracts awarded for: • Tail lifts		Mar-18		Complete	Complete	Jun-19			Updated contract briefing paper received from NWSSP signed off by both Finance and Fleet. WAST Finance now advancing/agreeing process,	15		
109a	17/18	F&P	Non Emergency Patient Transport Service	Reasonable	Mark Harris	Lee Brooks	High	The Trust needs to have clarity on both the amount and timing of the savings that can realistically be achieved and which can then be used to fund enhancements to the service.	The savings identified in the 2016 Non-Emergency Patient Transport Service business case to support investment into the service were high level indicative costings. It was		Jul-19		Complete	Complete	Jan-21	Last Updated: 04.01.21 Transfer of work to the Health Boards remains ongoing. Appointment of a temporary Head of			Yes	18	
101	18/19		Payment of Rest Breaks	Limited	Louise Platt	Richard Lee	High	The recommendation remains unchanged: To ensure the integrity of payments, claims for rest breaks should not be authorised unless being subject to an	Processes were put in place in September 2017 as follows: • Set up a shared folder pan-Wales broken down to region CCC admins scan CCC crew sheets (manual daily		Aug-18		Complete	Complete	Dec-18			COMPLETE - C3 has a rest period report which can be accessed by locality managers at any time. CCC prepares the reports for speed and ease for	4		
102	18/19		Payment of Rest Breaks	Limited	Louise Platt	Richard Lee	High	The recommendation remains as previously reported: Payments should take place as per information received from the CCC's and relevant staff who authorise the	Processes were put in place in September 2017 as follows: • Set up a shared folder pan-Wales broken down to region • CCC admins scan CCC crew sheets		Aug-18		Complete	Complete	Dec-18			COMPLETE - C3 has a rest period report which can be accessed by locality managers at any time. CCC prepares the reports for speed and ease for	4		
110	18/19		Non-Emergency Patient Transport Service	Reasonable	Nick Smith	Patsy Roseblade	Medium	The target dates for Part B of the Commissioning Action Plan should be revised to reflect realistic but challenging dates for achievement. Performance measures should be	The dates within part B of the Commissioning Action Plan were updated in early 2018 and are now accurate.				Complete	Complete				The second part of this action has also been completed. Progress of the actions and sub actions is now part of a programme management	0		
113	18/19		Staff Engagement and Communication	Reasonable	Rachel Watling	Estelle Hitchon	Medium	The Trust needs to explore ways of ensuring all staff have easy and timely access to email. A tablet trial is currently underway and this may prove to be a good engagement tool.	Assuming the outcome of the tablet trial is favourable, then work will need to be undertaken at a corporate level to explore potential funding for the roll out of further		Mar-19		Complete	Complete	Sep-19			This will be addressed by the implementation of Office 365. The tablet trial evaluation will be reviewed by ICT Steering Group and EMT in the	6		
113	18/19		Staff Engagement and Communication	Reasonable	Aled Williams	Chris Turley	Medium	The Trust needs to explore ways of ensuring all staff have easy and timely access to email. A tablet trial is currently underway and this may prove to be a good engagement tool.	Given the mobile and sometimes remote nature of the WAST workforce, the initial findings of the current tablet trial will be critical in informing the viability of extending		Dec-18		Complete	Complete	Jan-19			CT to update words to say why this is complete and what we are evidencing	1		
114	18/19		Staff Engagement and Communication	Reasonable	James Moore	Claire Vaughan	Medium	We recommend that the Trust: • explores ways to increase employee participation in its regular surveys, such as, for example, incorporating a pulse survey into its PADR process, or	Working with the Assistant Director of OD, the Head of Communications will develop a communications plan that outlines how the outcome of both national		Dec-18		Complete	Complete	Jan-19			Work continues to develop a culture of giving & receiving feedback with all colleagues. With the launch of the VIVUP App, colleagues are now able	1		

115	18/19		Staff Engagement and Communication	Reasonable	Aled Williams	Chris Turley	Medium	We understand that the Trust are looking at replacing the internet and intranet sites. Whilst this is a significant undertaking, we recommend this is progressed as soon	The all-Wales content management system solution which will improve the look, feel and functionality of websites across NHS Wales is being led by NWIS, with active	Mar-20		Complete	Complete	Mar-20			The Head of ICT is national ADI lead for this project and Trust will also appoint a local lead. The national project is looking to accelerate	0	No
115	18/19		Staff Engagement and Communication	Reasonable	Rachel Watling	Estelle Hitchon	Medium	We understand that the Trust are looking at replacing the internet and intranet sites. Whilst this is a significant undertaking, we recommend this is progressed as soon	The refresh of the current website will begin in June 2018 with completion scheduled by end Quarter 4, 2018/19.	Mar-19		Complete	Complete	Jun-19			The new website went live in April 2019 as being the priority. The intranet work is being developed and is being managed through the	3	No
116	18/19		Staff Engagement and Communication	Reasonable	Estelle Hitchon	Estelle Hitchon	Medium	The Trust should: • review how it reports progress in delivering its Engagement Plan, for example by adding directions of travel and including more specific progress	As part of the refresh of the Engagement Framework and its associated delivery plan, scheduled for Quarter 2/3, 2018/19, improvement indicators and	Dec-18		Complete	Complete	Mar-19			Following discussion with the incoming CEO and Chair, a Board Development Session on the refresh of the Trust's Engagement Framework was	3	No
117	18/19		Welsh Risk Pool Claims Management	Substantial	Wendy Herbert	Claire Bevan	Low	The Trust should consider setting the review period for the policy for the Management of Compensation Claims at three years, or whenever Welsh Risk Pool Services update their	The Trust should consider setting the Management of Compensation Claims policy and this will be reviewed by the Trust policy sub group in June 2018 and for final	Sep-18		Complete	Complete	Feb-19			The policy is the latter stages of the approval route and is due to be approved by QuEST in February 2019.	5	
118	18/19		Fleetwave II System	Reasonable	David Holmes	Richard Lee	Low	We concur with the action already taken and further recommend that management undertakes a regular review of Fleetwave users to ensure that access levels remain appropriate.	A process has been put in place that will require a review of Fleetwave users on an annual basis. All staff will be made aware of the new user approval forms, this will	Sep-18		Complete	Complete	Sep-18			A process has been put in place that will require a review of Fleetwave users on an annual basis. All staff will be made aware of the new	0	
119	18/19		Fleetwave II System	Reasonable	David Holmes	Richard Lee	Low	We concur with the action already taken and further recommend that management undertakes a review of Fleetwave suppliers (both for contract maintenance and stock) to ensure that	A process has been put in place that will require a review of Fleetwave suppliers on an annual basis. All staff will be made aware of the new supplier approval forms,	Sep-18		Complete	Complete	Sep-18			A process has been put in place that will require a review of Fleetwave suppliers on an annual basis. All staff will be made aware of the	0	
120	18/19		Fleetwave II System	Reasonable	David Holmes	Richard Lee	Low	We concur with the action already taken by management. Monitoring of queried invoices should also be undertaken for stock orders – see finding 7 for additional issues	Already actioned	Sep-18		Complete	Complete	Sep-18			Already actioned	0	
121	18/19		Fleetwave II System	Reasonable	David Holmes	Louise Platt	Low	Management should explore potential options to enhance the controls in this area. This could include the use of a confirmation button once the check on existing open jobs has been	We will explore options as described and will include this as part of the regular account meeting with Chevin (System Suppliers) in early October to scope any	Oct-18		Complete	Complete	Jan-19			A meeting with Chevin took place on 26th October at which this was discussed to identify a solution to address this recommendation which is	2	
122	18/19		Fleetwave II System	Reasonable	Gwen Kohler	Louise Platt	Low	We concur with the action already taken to remove contract maintenance invoice approval access from the Fleet Administration Team and to remove the ability to add new	We will explore options as described and if this cannot be implemented internally through our own management of the system we will include this as part of the	Oct-18		Complete	Complete	Jan-19			A meeting with Chevin took place on 26th October at which this was discussed to identify a solution to address this recommendation and is	2	
123	18/19		Fleetwave II System	Reasonable	Gwen Kohler	Louise Platt	Low	Management should implement tolerance levels for variances between stock invoice and order values, over which additional authorisation is required. These should be in line with,	We will review tolerance levels in line with those used within Oracle.	Oct-18		Complete	Complete	Jan-19			A meeting with Chevin took place on 26th October and tolerance levels have now been reviewed.	2	Yes
124	18/19		Fleetwave II System	Reasonable	Gwen Kohler	Louise Platt	Low	Fleetwave should be updated with the functionality to put queried stock invoices 'on hold', automatically generating a notification email to the individual who approved the related	We will explore options as described and if this cannot be implemented internally through our own management of the system we will include this as part of the	Oct-18		Complete	Complete	Jan-19			A meeting with Chevin took place on 26th October at which this was discussed to identify a solution to address this recommendation which is	2	
125	18/19		Annual Quality Statement	Not Rated	Leanne Hawker	Claire Bevan	High	A thorough quality review of the AQS should also be undertaken by management before it is published to ensure completeness and accuracy. Directorates and nominated officers	We acknowledge that timescales proved challenging this year with the deadline of the AQS being brought forward to July, this impacted on our own internal and	Jul-19		Complete	Complete	May-19			AQS approved and now released in public domain.	#NUM!	Yes
125	18/19		Annual Quality Statement	Not Rated	Leanne Hawker	Claire Bevan	High	A thorough quality review of the AQS should also be undertaken by management before it is published to ensure completeness and accuracy. Directorates and nominated officers	The Trust is progressing the development implementation of QlikSense and this will support the Trust with the establishment of validated data on this platform	Jul-19		Complete	Complete	Jun-19			AQS Completed, audited, signed off by Board. Now in public domain both e-version and hard copy.	#NUM!	Yes
126	18/19		Continuous Professional Development	Limited	Andrew Challenger	Claire Vaughan	High	Staff should be reminded of their responsibilities to complete CPD activity in line with their PADR and maintain structured records. These records must also be reviewed and	This recommendation is accepted and will be addressed through an updating of the current policy and guidelines, with communication to remind and reinforce	Jan-19		Complete	Complete	Sep-19			Completed September 2019 - finalised guidance (amended and agreed in partnership) circulated and published	8	Yes
127	18/19		Continuous Professional Development	Limited	Andrew Challenger / Stephen Clinton	Claire Vaughan	High	We concur with the Trust's proposal to add a module on GRS so that CPD hours can be recorded, monitored and reported across the organisation, reducing the manual and resource	The recommendation is accepted and discussions will be progressed with the Resources Department to determine whether the use of GRS to record use of CPD hours to	Jan-19		Complete	Complete	Jul-19			AC and SC have undertaken a feasibility assessment of the GRS platform for this purpose. It has been determined that GRS will not	6	No
127	18/19		Continuous Professional Development	Limited	Andrew Challenger	Claire Vaughan	High	We concur with the Trust's proposal to add a module on GRS so that CPD hours can be recorded, monitored and reported across the organisation, reducing the manual and resource	Awareness raising of current expectations and requirements will be completed as part of the work in response to recommendation 1 above.	Jan-19		Complete	Complete	Sep-19			Completed September 2019 - finalised guidance (amended and agreed in partnership) circulated and published	8	

128	18/19		Continuous Professional Development	Limited	Andrew Challenger	Claire Vaughan	Medium	The Learning and Development Team should ensure clear and up-to-date guidance is in place in respect of CPD requirements. The guidance should be communicated to all staff.	This recommendation is accepted and will be implemented in line with recommendation 1 above.	Jan-19		Complete	Complete	Sep-19			Completed September 2019 - finalised guidance (amended and agreed in partnership) circulated and published	8	No
129	18/19		Continuous Professional Development	Limited	Andrew Challenger	Claire Vaughan	Medium	Line managers should monitor Learning and Development Learning Logs on a regular basis to ensure the events attended are in line with the objectives agreed in each individuals	This recommendation is accepted and will be addressed in line with the response to recommendation 1. The current policy and guidelines will be updated, with	Jan-19		Complete	Complete	Sep-19			Completed September 2019 - finalised guidance (amended and agreed in partnership) circulated and published	8	No
130	18/19	P&C	Continuous Professional Development	Limited	Andrew Challenger	Claire Vaughan	Medium	The Trust should continue rolling out the LLC initiative across all Health Board areas, so both Statutory and Mandatory and CPD training is provided locally. The roll out should be	This recommendation is accepted and roll out of the LLC initiative will be progressed where suitable funding and resource is available to support this.	Mar-20		Complete	Complete	Mar-20			The Follow Up report deemed that this finding and recommendation was closed. Published March 2020	0	No
131	18/19		Volunteer Car Drivers' Governance Arrangements	Limited	Mark Harris	Claire Vaughan	High	a) The exceptions identified through audit testing should be reviewed and addressed. b) The governance arrangements within the Trust in respect of VCS	a) This will be addressed immediately by the relevant management team.	Sep-18		Complete	Complete	Jan-19			All files for all drivers have been reviewed to identify any gaps in information this includes those checks undertaken in the audit and all	4	No
131	18/19		Volunteer Car Drivers' Governance Arrangements	Limited	Phill Taylor	Claire Vaughan	High	a) The exceptions identified through audit testing should be reviewed and addressed. b) The governance arrangements within the Trust in respect of VCS	d) Existing issues will be addressed as identified in a) and b). The contracts and SLAs either have been addressed or we have a plan to address though the transfer of	Sep-19		Complete	Complete	Mar-19			All files for all drivers have been reviewed to identify any gaps in information this includes those checks undertaken in the audit and all	0	No
131	18/19		Volunteer Car Drivers' Governance Arrangements	Limited	Phill Taylor	Claire Vaughan	High	a) The exceptions identified through audit testing should be reviewed and addressed. b) The governance arrangements within the Trust in respect of VCS	b) The appointment of a new role, the NEPTS Volunteer Manager, will review the existing governance arrangements and implement changes as necessary through an	Mar-19		Complete	Complete	Mar-19			the Volunteer Manager started April 24th. However, the team have reviewed the current arrangements and a new process agreed for	0	No
131	18/19		Volunteer Car Drivers' Governance Arrangements	Limited	Phill Taylor	Claire Vaughan	High	a) The exceptions identified through audit testing should be reviewed and addressed. b) The governance arrangements within the Trust in respect of VCS	c) The new NEPTS Volunteer Manager will ensure through the regional coordinators that CLERIC is continually updated with all necessary information and that any	Mar-19		Complete	Complete	Mar-19			the Volunteer Manager started April 24th. However, the team have reviewed the current arrangements and a new process agreed for	0	No
132	18/19		Volunteer Car Drivers' Governance Arrangements	Limited	Mark Harris	Claire Vaughan	High	The Trust should: a) Claims should be verified and approved prior to submission for payment. Progress with the roll out of PDAs to volunteer drivers to reduce	a) The new Volunteer Manager will progress the roll out of the PDAs to volunteer drivers. In the meantime the manager will identify if CLERIC can	Mar-19		Complete	Complete	Jun-19			Processes and documentation reviewed and new progress developed. PDAs being rolled out as required	3	No
133	18/19		Volunteer Car Drivers' Governance Arrangements	Limited	Mark Harris	Claire Vaughan	High	a) Management should develop a succession plan for volunteers and recruitment initiatives i.e. targeted campaigns, national and local events. b) The utilisation, value and quality of	a) The new Volunteer Manager will put in place a strategy and process for retaining and recruiting new volunteer drivers. b) The new Volunteer Manager will	Mar-19		Complete	Complete	Jun-19			Current processes and plans reviewed and new ones developed and agreed	3	No
134	18/19		Volunteer Car Drivers' Governance Arrangements	Limited	Mark Harris	Claire Vaughan	High	The policy should be reviewed and updated as required, with the areas highlighted above considered for inclusion. Once updated, the guidance should	The new Volunteer Manager, in partnership with the other NEPTS Managers will review and update the VCS Policy and progress through the policy process.	Sep-19		Complete	Complete	Oct-19			Policy has been reviewed as agreed.	1	No
135	18/19	P&C	Volunteer Car Drivers' Governance Arrangements	Limited	Mark Harris	Lee Brooks	High	a) A training needs analysis specific to volunteer car drivers should be undertaken to ensure all required areas, including statutory and mandatory training, are covered as	a) The Volunteer Manager, in partnership with other NEPTS managers, will undertake a training needs assessment (TNA) of the existing training against what is	Dec-19		Complete	Complete	Mar-20			Superseded by Follow Up review published March 2020	3	n/a
136	18/19		Environmental Sustainability Reporting	Not Rated	Derek Johns	Rachel Marsh	Medium	A thorough quality review of the Environmental Sustainability Report should be undertaken by management before it is published to confirm compliance with Welsh Government	A comprehensive management review will be undertaken which will encompass the reporting guidance, the data collection process, the data cleansing process,	Nov-18		Complete	Complete	Nov-18				0	n/a
137	18/19		Information Systems Security - Appropriate Access to System (Leavers)	Limited	Aled Williams	Chris Turley	High	The Trust should ensure that: (a) Line managers process leavers in a timely manner, typically before their leave date, and notify all relevant departments, including ICT, Estates	The service desk have reviewed the twelve leavers, and all accounts have been disabled or deleted. Monthly report now received from ESR to provide a catch-all for staff	Mar-19		Complete	Complete	Oct-18				0	No
137	18/19		Information Systems Security - Appropriate Access to System (Leavers)	Limited	Aled Williams / Craig Garner	Chris Turley	High	The Trust should ensure that: (a) Line managers process leavers in a timely manner, typically before their leave date, and notify all relevant departments, including ICT, Estates	The Trust will review the work of the Starters, Movers and Leavers T&F Group and look to update existing procedures to better reflect the need of the Trust. A	Mar-19		Complete	Complete	Mar-19			The newly formed Information Champions group will be responsible for oversight of starters, movers and leavers process as well as	0	No
137	18/19		Information Systems Security - Appropriate Access to System (Leavers)	Limited	Craig Garner	Chris Turley	High	The Trust should ensure that: (a) Line managers process leavers in a timely manner, typically before their leave date, and notify all relevant departments, including ICT, Estates	Audits will follow the same procedure once a 'potential' breach has been identified as currently in place with the National Integrated Audit Solution (NIAS) to ensure	Sep-19		Complete	Complete	Feb-20			This action follows on from the previous line item. Completed by DPO Compliance Manager and issued to Asset Owner for	5	No
137	18/19		Information Systems Security - Appropriate Access to System (Leavers)	Limited	Craig Garner	Chris Turley	High	The Trust should ensure that: (a) Line managers process leavers in a timely manner, typically before their leave date, and notify all relevant departments, including ICT, Estates	Access Control Policy to be implemented and communicated to all staff once ratified (Dec 2018). Ongoing audits of access to commence and will be undertaken	Sep-19		Complete	Complete	Feb-20			The Access Control Policy has been published and is live. This can be provided as evidence if required. Once the Policy was published, the	5	No

138	18/19		Information Systems Security - Appropriate Access to System (Leavers)	Limited	Aled Williams	Chris Turley	High	A full review of premises' physical security should be undertaken and incorporated within a security strategy. Access passes for codes to the digi	A new process is now in place for staff to request USB for work use. This will be Trust supplied devices and encrypted to safeguard information. The USB will be	Mar-19		Complete	Complete	Nov-18									
138	18/19		Information Systems Security - Appropriate Access to System (Leavers)	Limited	Richard Davies / Aled Williams	Chris Turley	High	A full review of premises' physical security should be undertaken and incorporated within a security strategy. Access passes for codes to the digi	The Trust long term aim is to replace key codes with the Paxton door access system, but as indicated during the audit this will take some time and investment	Jun-19		Complete	Complete	Jun-19						Main sites and CCC are all on door access system as are some Ambulance stations. Estates have submitted a business case to ICPG to roll	0		
138	18/19		Information Systems Security - Appropriate Access to System (Leavers)	Limited	Aled Williams / Stephen Clinton	Chris Turley	High	A full review of premises' physical security should be undertaken and incorporated within a security strategy. Access passes for codes to the digi	A process will be agreed with Assistant Director of Operations CCC to review access to Trust CCC.	Mar-19		Complete	Complete	Oct-19						Process has been agreed and tested in conjunction with the AD CCC.	7		
139	18/19		Information Systems Security - Appropriate Access to System (Leavers)	Limited	Aled Williams	Chris Turley	Medium	Asset Transfer / Return forms must be completed and the asset register updated when an asset is transferred within the Trust / returned from a specific user or Department to ICT.	The current ICT Asset Management Policy and associated procedures will be reviewed to ensure records are accurate and up to date in line with best practices.	Mar-19		Complete	Complete	Aug-19						The review of Trust ICT Asset procedure is complete. Staff have been reminded of the need to ensure records are accurate and a physical audit	5		
140	18/19		Information Systems Security - Appropriate Access to System (Leavers)	Limited	Aled Williams / Sara Williams	Chris Turley	Low	In order to minimise the Trust's exposure to overpayments, leavers' forms should be completed in a timely manner, typically before each employee's leaving date, and	Debts will continue to be followed up as appropriate and in accordance with policy. However, there will always be instances where discretion is applied to	Mar-19		Complete	Complete	Nov-18							Refer to ref 142. Recommendation for closure of		
140	18/19		Information Systems Security - Appropriate Access to System (Leavers)	Limited	Aled Williams / Sara Williams	Chris Turley	Low	In order to minimise the Trust's exposure to overpayments, leavers' forms should be completed in a timely manner, typically before each employee's leaving date, and	The Trust will review the work of the Starters, Movers and Leavers T&F Group and look to update existing procedures to better reflect the	Mar-19		Complete	Complete	Mar-19						Oversight of the Starters, Movers and Leavers process will fall to the Information Champions group, which reports into the IG Steering	0		
141	18/19		Travel and Subsistence Expenses	Limited	Claire Vaughan	Claire Vaughan	Medium	Guidance notes and procedures should be prepared which supplement the Handbook to provide further clarity regarding travel and subsistence. Controls around travel	Recommendation is accepted in part and action will be taken as follows: a) & b) a small partnership task and finish group will be brought	Sep-19		Complete	Complete	Jan-20						A paper has been developed in partnership and discussed at EMT and WASPT in July and September 2019. The T&F Group will reconvene to draft	4		
142	18/19		Travel and Subsistence Expenses	Limited	Jason Collins	Chris Turley	High	The Trust, with support from the NWSSP Procurement Department, should undertake an exercise to understand which framework agreements are available in relation to	a) The existing frameworks in relation to accommodation with NWSSP will be mapped, noting there are recent frameworks which will need to be reviewed as part of	Mar-19		Complete	Complete	Mar-19						Framework documents explored by NWSSP with three options identified together with a recommendation that a mini	0		
142	18/19		Travel and Subsistence Expenses	Limited	Martyn Evans	Chris Turley	High	The Trust, with support from the NWSSP Procurement Department, should undertake an exercise to understand which framework agreements are available in relation to	c) With respect of guidance notes providing clarification see response above at recommendation 1.	Sep-19		Complete	Complete	Feb-20						Refer to ref 142a. Recommendation for closure of this action. Letter of recommendation has been done.	5	Refer to ref 142. As the new function has	
142	18/19		Travel and Subsistence Expenses	Limited	Martyn Evans	Chris Turley	High	The Trust, with support from the NWSSP Procurement Department, should undertake an exercise to understand which framework agreements are available in relation to	b) Where there are exceptions to the framework a list of approved hotels will be compiled.	Mar-19		Complete	Complete	Apr-20						The tender exercise closed on the 24th January 2020, there were no submissions. The Trust has now decided to utilise the CCS framework to	13		
143	18/19		Travel and Subsistence Expenses	Limited	Jason Collins	Chris Turley	Medium	In line with the recommendation raised by the WAO in their Structured Assessment, the Trust should strengthen its current arrangements including:	The draft structured assessment for 2018/19 reports the following in response to the previous year's recommendation in relation to savings.	Sep-19		Complete	Complete	Nov-18							Follow-up audit findings reported to EMT		
144	18/19		Travel and Subsistence Expenses	Limited	Jason Collins	Chris Turley	High	All claims for hotel accommodation should be submitted through Oracle and in accordance with financial regulations. The Trust should explore implementing the tolerance threshold	Recommendation 4 is accepted and action will be taken as follows: a) Purchase Orders (POs) for hotel stays will be further reiterated and will now be subject to the No PO	Mar-19		Complete	Complete	Nov-18									
144	18/19		Travel and Subsistence Expenses	Limited	Martyn Evans	Chris Turley	High	All claims for hotel accommodation should be submitted through Oracle and in accordance with financial regulations. The Trust should explore implementing the tolerance threshold	b) Tolerance threshold functionality will be explored as recommended. In the event this does not provide a suitable solution, alternative mechanisms of improving control	Jan-19		Complete	Complete	Feb-20						Refer to ref 142. As the new function has threshold tolerances functionality, recommendation for closure of this action. Plus manual	13		
144	18/19		Travel and Subsistence Expenses	Limited	Claire Vaughan	Claire Vaughan	High	All claims for hotel accommodation should be submitted through Oracle and in accordance with financial regulations. The Trust should explore implementing the tolerance threshold	c) With respect to the process of making claims, good practice in timely booking of train tickets and need to seek value for money, this will be addressed through	Sep-19		Complete	Complete	Feb-20						A paper has been developed in partnership and discussed at EMT and WASPT in July and September 2019. The T&F Group will reconvene to draft	5		
144	18/19		Travel and Subsistence Expenses	Limited	Estelle Hitchon	Estelle Hitchon	High	All claims for hotel accommodation should be submitted through Oracle and in accordance with financial regulations. The Trust should explore implementing the tolerance threshold	d) Claiming for evening meals will be urgently reviewed in line with this finding and an alternative system proposed to ensure both value for money and compliance.	Mar-19		Complete	Complete	Jan-20						Revised guidance has now been issued and a follow -up audit has been undertaken by IA, reporting a "reasonable assurance" level, which will	10		
145	18/19		General Data Protection Regulation	Substantial	Nicki Maher	Chris Turley	Low	The Trust Information Asset register should be reviewed to ensure that all named Asset Administrators and Owners are correctly identified and appropriate. The importance of	The Information Governance team have developed an IG audit planner which details the various reviews to be undertaken on a routine basis. It has been recognised that the	Feb-19		Complete	Complete	Mar-19						Ongoing: work is being done to strengthen arrangements in respect of the IAR and the IAO compliance, this action will never be fully resolved as	1		

146	18/19		Clinical Contact Centre	Reasonable	Stephen Clinton	Lee Brooks	Low	We would recommend considering whether it would be feasible to investigate the clinical outcome of a sample of these calls to support increased use of Hear and Treat	We will consider the feasibility of the investigation of the clinical outcome within the Clinical Pathways Approval Group (CPAG) / Clinical Prioritisation Assessment		Jun-19		Complete	Complete	Jun-19			This has been reviewed and it isn't necessarily feasible to achieve at this stage. However further developments on clinical		0		
147	18/19		Clinical Contact Centre	Reasonable	Stephen Clinton	Lee Brooks	Low	If it were possible, it would be useful to extract this data from the Trust's systems. This would enable the number of lost Hear and Treat opportunities and the time of day that	We are reviewing the methods of entry to the Clinical Support Desk (CSD) workload - CSD Queue, review of waiting calls by Supervisor, welfare checks, Health		Jun-19		Complete	Complete	Sep-19			Attempts have been made through the CCC Clinical Review and in partnership with Cardiff University to deliver this however they		3		
148	18/19		Clinical Contact Centre	Reasonable	Stephen Clinton	Lee Brooks	Low	This exercise is going to be repeated this winter, both with ABUHB clinicians in the South East, and Betsi Cadwaladr University Health Board (BCU) clinicians in the	We will monitor and analyse the results of these calls during periods of escalation in line with our response to other recommendations in this audit		Jun-19		Complete	Complete	Jul-19						1	
149	18/19		Clinical Contact Centre	Reasonable	Stephen Clinton	Lee Brooks	Medium	We recommend that clinicians are instructed to use methods other than upgrades where they require an expedited emergency vehicle response, such as noting such against	We are reviewing the use of these methods of upgrading the calls. When there are a significant number of calls waiting, it can be difficult for the dispatchers and		Jun-19		Complete	Complete	Sep-19			A review of managing upgrades has taken place. An SBAR with recommendations for the Area Manager EMS CCC has been written,		3		
150	18/19		Clinical Contact Centre	Reasonable	Stephen Clinton	Lee Brooks	Low	We understand that staff rotas have been reviewed and amended recently and that the introduction of staggered shift starts is a direct outcome of this. We recommend that the mapping of	We are currently mapping the shift patterns and adapting to the increased numbers of clinicians. The Clinical Support Desk (CSD) leadership team is working closely		Mar-20		Complete	Complete	Mar-20			• GRS for CSD has been reviewed and separated into respective CCCs to better assist planning in the spread of cover (resilience and police		0		
151	18/19		Clinical Contact Centre	Reasonable	Stephen Clinton	Lee Brooks	Medium	We recommend that the Trust investigate whether it is possible to measure and monitor the percentage of re-contacts that actually result in a subsequent	We find it difficult to monitor this as is described in the finding. We will work with our Health Informatics and ICT teams to assess if there are ways to better record		Jun-19		Complete	Complete	Sep-19			HI have confirmed that this is not achievable within the current infrastructure. However the work to deliver the Welsh Demographic		3		
152	18/19		Clinical Contact Centre	Reasonable	Stephen Clinton	Lee Brooks	Low	Whilst this is somewhat aspirational, we recommend that the Trust investigates the feasibility of building an evidence base to underpin the appropriate use of Hear and Treat and	This is a complex issue and will take some time to be able to perform. Recently, in the Amber Review, a system was developed to track the patient through the		Sep-19		Complete	Complete	Sep-19			The CCC team have considered the feasibility of this through the CCC Clinical Review. An activity which fulfills this requirement is		0		
153	18/19		Clinical Contact Centre	Reasonable	Stephen Clinton	Lee Brooks	Low	We recommend the Trust investigate the feasibility of being able to link with NHSDW systems to extract NHS numbers to attach to Trust records.	We will consider the feasibility of utilising the NHS Direct Wales tools within the Clinical Support Desk (CSD) to provide the potential to more accurately track the		Sep-19		Complete	Complete	Sep-19			The CCC team have fully investigated the feasibility of this and a range of solutions have been identified and put in train. Access to the Welsh		0		
161	18/19		Escalation Procedure	Reasonable	Robert Tooby	Louise Platt	Medium	The gold command log template should be used by all gold commanders and retained centrally by the Staff Officer.	Completed. There is a clear direction to all Strategic GOLD Commanders, this has been subsequently internally checked and is being complied with. Both		Mar-19		Complete	Complete						#NUM!		
162	18/19		Escalation Procedure	Reasonable	Robert Tooby	Louise Platt	Medium	Actions taken in line with the Escalation Processes Toolkit should be reviewed following a period of escalation to facilitate learning and continuous improvement. Effective	Now in place. On receipt of this draft report a new process was put in place from Tuesday 19th February 2019 to:- 1. Record Rationale on minutes of		Feb-19		Complete	Complete						#NUM!	No	
163	18/19		Escalation Procedure	Reasonable	Robert Tooby	Louise Platt	Medium	The Trust should engage with the NHS Wales Delivery Unit with a view to achieving better alignment between the Trust's escalation processes and Health Board escalation plans. This	A letter will be sent to Jackie Collins Assistant Director at the Delivery Unit within 14 days to seek the support of the team to support the Audit findings. We will request the		Mar-19		Complete	Complete						#NUM!	No	
164	18/19		Escalation Procedure	Reasonable	Stephen Clinton	Louise Platt	Low	The REAP checker tool should be updated to reflect the revised REAP level triggers within the October 2018 Escalation Procedures Toolkit.	From 26th February the Assistant Director of Operations - Clinical Contact Centres will ensure a log is maintained of: 1. REAP Level agreed		Mar-19		Complete	Complete	Mar-19			The REAP log is maintained in the CAD and entries are being added for the levels agreed, activity undertaken and actions with rationale.		0	No	
165	18/19		Escalation Procedure	Reasonable	Sonia Thompson	Louise Platt	Low	The current REAP status should be displayed at all Trust premises.	From 26/02/19 we will: 1. Brief all Area Operations Managers (AOM's) as to the necessity to display REAP levels at all stations		Mar-19		Complete	Complete						#NUM!	No	
166	18/19		Mortality Review	Reasonable	Jonathan Whelan	Brendan Lloyd	High	1) To provide clear evidence of action, we recommend that reviewers raise Datix incidents for all patient safety related reviews that they refer to the Patient	The recommendation to utilise Datix for recording all Stage 2 Reviews can be implemented without any further work on the system. This will be done with		Jan-19		Complete	Complete	Jan-19					0	No	
167	18/19		Mortality Review	Reasonable	James Moore	Brendan Lloyd	High	1) To provide clear evidence of action, we recommend that reviewers raise Datix incidents for all patient safety related reviews that they refer to the Patient	■ The updated reporting system for mortality reviews is being developed currently by Health Informatics.		Feb-19		Complete	Complete	Feb-19			A new report has been developed in line with the recommendation to allow a random sample of reviews to be audited, as well making		0	No	
168	18/19		Mortality Review	Reasonable	Jonathan Whelan	Brendan Lloyd	High	1) To provide clear evidence of action, we recommend that reviewers raise Datix incidents for all patient safety related reviews that they refer to the Patient	■ Mortality Review Group meetings will be re-instated at the earliest possible diary date to consider both this review, stage 2 reviews & the new reporting		Mar-19		Complete	Complete	Mar-19					0		

169	18/19		Mortality Review	Reasonable	James Moore	Brendan Lloyd	Medium	We recommend a peer review process is implemented to assess consistency of scoring across the group of officers conducting reviews. User guidelines should be	■ This is a helpful suggestion to ensure consistency, especially as we have a new cohort of stage 1 reviewers.		Feb-19		Complete	Complete	Mar-19			Configuring the system is complete.		1	No
169	18/19		Mortality Review	Reasonable	Jonathan Whelan	Brendan Lloyd	Medium	We recommend a peer review process is implemented to assess consistency of scoring across the group of officers conducting reviews. User guidelines should be	The Assistant MD will arrange for these to be manually re-reviewed (blinded) by another reviewer (or reviewers), and any major discrepancies will be highlighted		Apr-19		Complete	Complete	May-19			Delay in getting final reports back from some second reviewers. Results now collated & finalised (14 May 2019). Nothing worrying		1	
170	18/19		Mortality Review	Reasonable	James Moore	Brendan Lloyd	Medium	We recommend that all data associated with reviewer responses is given a read-only status once a review has been completed and submitted.	Informatics will arrange for user access to the 'completed' reviews to be disabled. This can be easily achieved by removing this function from the		Feb-19		Complete	Complete	Feb-19			This action was completed in Feb as it was a quick system change.		0	
171	18/19		111 Service Provision	Reasonable	Richard Bowen	Chris Turley	High	We recommend that the Trust seeks formal confirmation from the Welsh Government that it intends for the Trust to retain its role as host of the 111 service.	Agreed and completed. Detailed discussion at Trust Board in December 2018 confirmed Trust position of being named formal provider of the 111 service. Raised		Feb-19		Complete	Complete	Apr-19			A formal response has now been received from Welsh Government confirming WASTs position going forward. Copy will be going to		2	
172	18/19		111 Service Provision	Reasonable	Chris Powell	Chris Turley	Medium	The Trust's Monthly Integrated Quality and Performance reporting should be expanded to include key 111 performance measures.	Agreed. The key 111 metrics will be agreed for inclusion within the Trust's Monthly Integrated Quality and Performance Report and establish routine reporting process.		Apr-19		Complete	Complete	Apr-19			111 metrics included within April 2019. Further work will take place through May to build on this progress and reflect the new 111 /OOH		0	
173	18/19		111 Service Provision	Reasonable	Chris Powell	Chris Turley	Low	The Trust should investigate the feasibility of building an evidence base to support the clinical robustness of 111 outcomes to support staff to make appropriate clinical decisions.	Agreed. The Trust will develop a central repository and process to capture and evidence changes made to systems and working procedures following learning and		Sep-19		Complete	Complete	Nov-19			1. The systems' clinical content provides an integral repository of clinical information and rationales to support staff in their clinical		2	
174	18/19		111 Service Provision	Reasonable	Chris Powell	Chris Turley	Medium	Mirroring the recommendation made by the Wales Audit Office, the Trust should work with the Welsh Government and health boards to engage with out-of-hours staff, to	The department will take forward the actions identified from its staff survey relating to staff morale and wellbeing and continue to progress workforce modernisation plans		Sep-19		Complete	Complete	Nov-19			Staff survey action plan in place. Additional work has been undertaken with all those leaving in the period to understand their perspective.		2	
175	18/19		Policies Management	Reasonable	Julie Boalch	Keith Cox	Medium	Approved policies should be published on the intranet, and checks should be undertaken to ensure that old policies are replaced with the most recent versions.	Accepted. Since the development of the tracker tighter controls are in place to ensure all old versions of policies are removed from the intranet and that the new policies		Mar-19		Complete	Complete	Mar-19			Checks carried out on intranet. All new policies communicated via Siren and the Policy Bulletin.		0	
176	18/19		Policies Management	Reasonable	Julie Boalch	Keith Cox	Low	Management should consider whether Executive Lead sign off of the Policy Registration Form for policies to be reviewed and/or developed is necessary.	Accepted. A consideration will be given to whether the Policy Registration Form will require Executive sign off.		Mar-19		Complete	Complete	Mar-19			Consideration given and there is no requirement for Execs to sign the form - it is a tool to register policies on the database		0	
177	18/19		Policies Management	Reasonable	Julie Boalch	Keith Cox	Low	1. Following review of the EQIA process, the standard template should be used for equality impact assessments in order to ensure completeness and consistency. The	Accepted		Jun-19		Complete	Complete	Jul-19			The existing process has been reviewed internally and in collaboration with BCUIB. The Welsh Language Officer has led this piece of work on		1	
178	18/19		Policies Management	Reasonable	Julie Boalch	Keith Cox	Low	The minimum consultation period as set out within the Policy for the Development, Review and Approval of Policies should be adhered to.	Accepted		Mar-19		Complete	Complete	Mar-19			Policy is adhered to at all times unless prior agreement is reached in the Policy Group or EPSG.		0	
179	18/19		Policies Management	Reasonable	Julie Boalch	Keith Cox	Low	Review and recommendation/approval of policies should be clearly evidenced within the meeting minutes/action cards.	Accepted. This will be addressed with relevant minute takers		Mar-19		Complete	Complete	Apr-19			Email sent to all relevant minute takers.		1	
180	18/19		Operational Business Continuity Planning Follow Up	Reasonable	Nia Hughes	Louise Platt	Medium	Implementation of the remaining outstanding actions for this finding requires the directorates to take full ownership and responsibility for the quality and robustness of their	The errors and additions required of the BC monitoring report will be updated as per the findings and the correct RAG rating applied to Estates	Feb-18	Mar-19		Complete	Complete						#NUM!	
180	18/19		Operational Business Continuity Planning Follow Up	Reasonable	Robert Tooby	Lee Brooks	Medium	Implementation of the remaining outstanding actions for this finding requires the directorates to take full ownership and responsibility for the quality and robustness of their	Greater ownership of the relevant directorates BCP/BIA plans will be encouraged through the Trust's ADLT (Assistant Directors Leadership Team) forum and as a	Feb-18	Jun-19		Complete	Complete	Jun-19			Action completed June 2019		0	No
180	18/19		Operational Business Continuity Planning Follow Up	Reasonable	Chris Sims / Rachel Watling	Lee Brooks	Medium	Implementation of the remaining outstanding actions for this finding requires the directorates to take full ownership and responsibility for the quality and robustness of their	Now that the main bulk of the work has been done to meet the audit recommendations the BC Officer will provide direct support to the new Head of Communications to	Feb-18	Mar-19		Complete	Complete	Jun-19			Action completed June 2019		3	No
181	18/19		Operational Business Continuity Planning Follow Up	Reasonable	Robert Tooby	Lee Brooks	Low	We concur with the BCG's approach to BCP testing. The BCP testing approach and plan should be formalised and approved by the Executive Management Team.	The BCP testing plan will be presented to ADLT before the EMT for final approval	Apr-18	Jun-19		Complete	Complete	Aug-19			BCP testing plan was approved on 22/5 at BC Group and Approval received from EMT in August 2019, issue closed.		2	No

181	18/19		Operational Business Continuity Planning Follow Up	Reasonable	Chris Sims	Lee Brooks	Low	We concur with the BCG's approach to BCP testing. The BCP testing approach and plan should be formalised and approved by the Executive Management Team.	Scenarios will be developed for the testing that include key partners i.e. supply chain to ensure these can be assured	Apr-18	Jun-19		Complete	Complete	Aug-19			BCP testing plan was approved on 22/5 at BC Group and Approval received from EMT in August 2019, issue closed.		2	No
181	18/19		Operational Business Continuity Planning Follow Up	Reasonable	Nia Hughes	Lee Brooks	Low	We concur with the BCG's approach to BCP testing. The BCP testing approach and plan should be formalised and approved by the Executive Management Team.	Lessons identified from testing and exercising will be fed back into plans and housekeeping around updating the BC Monitoring report will be strengthened	Apr-18	Jun-19		Complete	Complete	Sep-19			This is linked to above entry, findings from approved testing regime will be used to strengthen and influence future departmental BC plans.		3	No
182	18/19		Operational Business Continuity Planning Follow Up	Reasonable	Hugh Bennett	Lee Brooks	Medium	This finding is part of a larger, Trust-wide process around the IMTP and LDPs. As such, this is out of the control of the BC team and, therefore, requires a Trust-wide response from	Assurances had been received that LDPs now had BC included in them as a strategic objective, this needs to be reinforced by the Planning Team leads with their own	Apr-18	Jun-19		Partially complete	Complete	Jan-20			P&P Team to confirm all LDPs updated to include BC as a deliverable. Once action substantiated it can be closed. Sep19 - BC is included		7	
182	18/19		Operational Business Continuity Planning Follow Up	Reasonable	Hugh Bennett	Lee Brooks	Medium	This finding is part of a larger, Trust-wide process around the IMTP and LDPs. As such, this is out of the control of the BC team and, therefore, requires a Trust-wide response from	Directorate BCPs will need to be linked to specific LDP objectives and risk registers and amendments to the current template will be undertaken to ensure this is	Apr-18	Sep-19		Complete	Complete	Oct-19			Oct 19 - All HB local action plans have been reviewed and aligned to the Ops LDP reflecting BCP as appropriate		1	
183	18/19	F&P	Operational Business Continuity Follow Up	Reasonable	Chris Sims	Lee Brooks	Medium	This finding is part of the larger, Trust-wide risk management process. As such, this is out of the control of the BC team and, therefore, requires a Trust-wide response from the	This recommendation relies on the move to e-risk on Datix being completed successfully so that the relevant BC risks from the National and Community risk registers can	Apr-18	Dec-19		Complete	Complete	Dec-20	Last Updated: 04.01.21 The national risk register was recently published and is currently being	Last Updated: 04/01/21 Publication of the National Risk Register was delayed and until the new version was	Last Updated: 04/01/21 The National Risk Register is now available and being reviewed by Local Resilience Forums so progress is being made.		12	
184	18/19		Operational Business Continuity Planning Follow Up	Reasonable	Chris Sims	Louise Platt	Low	Attendance at the BCG meetings should be included within the 2018 BC report, highlighting that, whilst attendance has improved, it is still not at the level required to ensure BC is	It is recognised that in some areas attendance at BC meetings has been sporadic and this will now be reported upwards to ADLT for noting and action	Jan-18	Mar-19		Complete	Complete	Mar-19			Audit of attendance of BC meetings has been collated on 21/3/19 based on meetings since 09/18 and forwarded to RT for review at		0	No
185	18/19		Operational Business Continuity Planning Follow Up	Reasonable	Chris Sims	Lee Brooks	Medium	Management should consider alternative options to support the Trust's BC arrangements, for example whether additional BC support could be pulled from within the existing	The case for additional resources to meet the ongoing requirements of the Audit and the management of the Trusts Business Continuity processes will continue to be made	Apr-18	Mar-20		Partially complete	Complete	Apr-20			The issue of additional capacity staffing to support BC was addressed by submission of a revenue business case, this was not		1	Yes
185	18/19		Operational Business Continuity Planning Follow Up	Reasonable	Chris Sims	Lee Brooks	Medium	Management should consider alternative options to support the Trust's BC arrangements, for example whether additional BC support could be pulled from within the existing	The available types of Business Continuity software will be evaluated and reviewed for suitability and a capital case made for procurement	Apr-18	Dec-19		Complete	Complete	Mar-20			Demonstration of BC Software being arranged, this has been cancelled previously due to operational reasons but will be prioritised,		3	
186	18/19		Operational Business Continuity Planning Follow Up	Reasonable	Chris Sims / Nia Hughes	Lee Brooks	Low	The Resilience Officer should ensure that all BCG members receive BC training during 2019 if they have not yet been trained. Non-attendance at training by BCG members should be	Members of the BCG who have not received BC training will be prioritised by the BC Officer for a course Non-attendance will be flagged	Apr-18	Sep-19		Partially complete	Complete	Mar-20			Initial BC training dates have been set and circulated. NH developed BC learning package and currently in discussion re: ESR roll out		6	
187	18/19		Operational Business Continuity Planning Follow Up	Reasonable	Chris Sims / Peter Brown	Louise Platt	Low	We concur with the actions, both intended and taken, by the Head of Operations – Resilience. The Trust should give consideration to the capabilities of Everbridge, CAD2 and	The CCC Business Manager has been tasked through ADLT to undertake an options appraisal to establish whether Everbridge or CAD is the best method of	Nov-18	Jun-19		Complete	Complete	Apr-19			Intention established to progress a business case for Everbridge as the platform for communications for purposes of BC and Resourcing.	#NUM!		This relies on an ongoing dynamic process to
188	18/19		Health Board Areas / Station Review Follow Up	Limited	Sonia Thompson / Andy Swinburn	Lee Brooks	High	Management of Controlled Drugs Area managers and CTLs should be reminded of the requirement to undertake regular controlled drugs audits.	a) A flow chart will be produced in March 2019 to document the process which should be followed in localities for Controlled Drugs (CDs); this will include the need for	Nov-17	Apr-19		Complete	Complete	May-19			Flow charts for both local process & complete process produced & circulated to Ops team. Also uploaded onto Siren. Achieved 100%		1	
189	18/19		Health Board Areas / Station Review Follow Up	Limited	James Moore	Claire Vaughan	Medium	PADRs a) Revised PADR forms should be communicated to staff within the trust to ensure the correct forms are being used.	a) The new form that has been developed is available via the HR Hub on the intranet. Colleagues have been reminded via Siren and at the Operational Managers Team	Nov-17	Mar-19		Complete	Complete	Mar-19			All actions identified were completed prior to the end of March 2019		0	
190	18/19		Health Board Areas / Station Review Follow Up	Limited	Stephen Clinton	Lee Brooks	Medium	Rostering The resource policy should be updated to include the skills mix required for shifts, taking into account the findings from the Demand and Capacity Rota	a) The Resource Policy working group has been refreshed and refocused to deliver a rolling programme of service improvement; as part of this	Mar-18	May-19		Complete	Complete	Sep-19			Following discussion with ambulance operations it has been agreed that skill mix guidance remains owned by the ambulance operations		4	
191	18/19		Health Board Areas / Station Review Follow Up	Limited	Stephen Clinton	Lee Brooks	Medium	Annual Leave a) The Resource Policy should be updated to reflect: - National agreement or models for the selection of the order in which	a) This will form part of the rolling programme to update the Resource Policy; the working group have agreed that a "first come first served" basis is not sustainable.	Mar-18	Sep-19		Complete	Complete	Nov-19			Actions (b)-(d) are complete. Action (a) will form part of the work of the Resource Policy Group re: Annual Leave which will not commence		2	Yes
192	18/19	P&C	Health Board Areas / Station Review Follow Up	Limited	Nicola White	Claire Vaughan	Low	Lone Working The Trust will define where it is appropriate for staff to 'lone work' within the appropriate policy.	a) The High Risk Address Policy is nearing completion and will be presented to Policy Group in April 2019. This policy will identify the systems and processes where a risk	Nov-17	Sep-19		Complete	Complete	Sep-21	Last updated: 14/07/21 by Julie Boalch agreed by ADLT a) High Risk Record Policy approved at F&P	b) Potential for TU concerns regarding	b) Ensuring all relevant stakeholders are present at	Yes	24	Yes
193	18/19	QS&PE	Clinical Audit Follow Up	Reasonable	Rachael Powell	Brendan Lloyd	Low	With the introduction of the Strategic Transformational Programme and in conjunction with our recommendation under previous finding 2, the Medical & Clinical Services Directorate should	Production of a clinical strategy (that incorporates clinical audit) is a commitment within our local delivery plan (to commence in Q1 2019/20). Work is now underway	Jun-18	Jun-19		Complete	Complete	Jul-20	This is now being incorporated into a broader Clinical Strategy (approved at Trust Board on 30th	The strategy was completed at the end of March 20 and scheduled to go to Trust Board however,	The clinical audit plan is still developed and regularly discussed and agreed at M&CSD meetings, as well as at QUEST.	Yes the strategy will be available and	13	

194	18/19		Clinical Audit Follow up	Reasonable	Kevin Webb	Brendan Lloyd	Medium	The Trust should clearly identify its clinical priorities and risks and map the clinical assurance it receives against these. This could be undertaken by the recently	The Medical & Clinical Services Directorate will facilitate the mapping of the Trust's clinical priorities to inform the continuing development of the annual Clinical	Jun-18	Sep-19		Complete	Complete	Sep-19		Organisational learning takes place from established Datix reporting and monitoring processes, other concerns activity, patient and staff	0	Yes	
195	18/19		Clinical Audit Follow up	Reasonable	Kevin Webb	Brendan Lloyd	Low	The Medical & Clinical Services Directorate should clarify responsibility for agreeing clinical audit findings and formally approve the role and responsibility of an Audit	The latest draft version of the 'How to undertake a clinical audit' document includes a section outlining the role of the audit sponsor. A specific field is also	Jun-18	Jun-19		Complete	Complete	Jan-19		M&CSD meeting (Jan 2019) signed off the proposals for clinical audit sponsor and this is now being utilised for clinical audits.	0		
196	18/19		Clinical Audit Follow up	Reasonable	Kevin Webb	Brendan Lloyd	Low	The Medical & Clinical Services Directorate should ensure that the RAG rating definitions capture the priority and risk level of each action, not just the intended implementation	An approach to amend the RAG ratings to capture the priority and level of risk instead of the implementation date will be included for audits completed as	Jun-18	Mar-20		Complete	Complete	Jul-19		This has now been applied to the first audit for Q1 (Assessment and Treatment of Asthma Patients 2017) and was approved at the M&CSD	0		
197	18/19		Health & Safety Follow up	Reasonable	Rob Mason	Claire Bevan	Low	The Trust should ensure that additional narrative is included on the intranet pages to ensure that staff are clear on the purpose of the linked document to ensure that there is a	The Health and Safety pages will be reviewed on an on-going basis to ensure they are up to date and providing current and relevant information for our staff. Where	Sep-18	Jul-19		Complete	Complete	Jul-19		Health and safety pages content on intarent pages updated	0		
198	18/19		Health & Safety Follow up	Reasonable	Rob Mason	Claire Bevan	Medium	The Trust should ensure that all fields are appropriately completed prior to an incident being 'finally approved' on Datix – in particular the 'RIDDOR' and 'Action Taken' fields. The Trust should	We will review the DATIX module to ensure that the functionality supports staff to complete the "RIDDOR" and "Action taken" fields. We will undertake quarterly	Sep-18	Sep-19		Complete	Complete	Sep-19		Regional H&S managers undertake a review of Datix reports and are reporting findings to National H&S Committee	0		
199	18/19		Health & Safety Follow up	Reasonable	Rob Mason	Claire Bevan	Medium	The Trust must ensure that Health and Safety management reviews have been conducted at all of its sites to provide the Trust with a baseline of where they are and what work is	We will develop a rolling programme of site visits to be undertaken by our Regional Health and Safety Managers, so that all sites have had a Management	Oct-18	Sep-19		Complete	Complete	Nov-19		The stations have had a health and safety management review undertaken by the regional health and safety managers.	1		
200	18/19		Health & Safety Follow up	Reasonable	Rob Mason	Claire Bevan	Low	The Terms of Reference for the Regional Health and Safety Group should be reviewed and updated as necessary for the South East region.	The terms of reference for the Regional Health and Safety Group in the South East Region will be reviewed and updated to align with the other Regional Health and	Sep-18	Jul-19		Complete	Complete	Aug-19		Terms of Reference reviewed and sent out to three regions	1		
201	18/19		Health & Safety Follow up	Reasonable	Rob Mason	Claire Bevan	Medium	Directorates with lower compliance must complete the Health and Safety Statutory and Mandatory Training modules to ensure that they, as a minimum, meet the 'All Wales' target	The Head of Health and Safety is convening a task and finish group with key people across the Trust to undertake a comprehensive training needs analysis. This will be	Sep-18	Sep-19		Complete	Complete	Sep-19		TNA for health and safety management training has been completed with SBAR presented to EMT.	0		
202	18/19		Sickness absence Management Follow Up	Reasonable	Helen Watkins	Claire Vaughan	Medium	The Trust should set and monitor target dates for training completion, within a reasonable timescale.	It is acknowledged that further training is required to ensure all managers/supervisors that manage attendance at work for their team must undertake the training asap.	Aug-18	Sep-19		Complete	Complete	Oct-19		Further training sessions have been arranged and it is reported that 85% of managers have now received training.	1		
203	18/19		Cyber Security	Reasonable	James Rowland	Chris Turley	High	The Trust should ensure that the programme of patching work is prioritised to ensure that critical vulnerabilities are eliminated as a matter of urgency.	Patching on the Trust's admin domain is now an ongoing process and follows an agreed Trust Patch Procedure on a monthly basis. This ensures that		Sep-19		Complete	Complete	Sep-19		Monthly patching procedures are in place and now embedded as BaU within the department	0		
204	18/19	F&P	Cyber Security	Reasonable	James Rowland	Andy Haywood	Medium	Patching of the machines vulnerable to the SMB exploits should be prioritised by the Trust, with a definitive plan developed to ensure these are investigated and addressed	As noted above, the Trust recognises the danger posed by SMB exploits and has put in place additional controls to minimise the risk where there is a requirement		Sep-19		Complete	Complete	Nov-20	Last updated 06/11/20 Critical services that utilise SMB are identified and a plan is in place to migrate	Last updated 06.11.2020 All servers are patched and where not required SMB is disabled. Those	20.07.2020 Regular reviews against any newly identified threats.	14	Yes
205	18/19		Cyber Security	Reasonable	Aled Williams	Chris Turley	Low	Further updates should be received by the ICTSG and IGSG in relation to the progress against the cyber-security related Stratia recommendations, the work plan should be strengthened by	Information and Cyber Security will be a standing item on all future ICTSG and IGSG meetings which will encompass an update on the delivery on actions against the		Jul-19		Complete	Complete	Jul-19		Included on agenda for next ICTSG in September 2019	0		
206	18/19		Cyber Security	Reasonable	Aled Williams /James Rowland	Chris Turley	Low	To avoid any future confusion, the Head of ICT should clarify to staff within the department of the proper framework for ICT governance within the Trust and the appropriate	The work of the whole ICT department is now overseen by the ICTSG with a reporting line via EMT into the Finance and Performance Committee. A briefing will be		Jun-19		Complete	Complete	Jun-19		Updates on progress on the Stratia recommendation issues are reported to ICTSG at least twice per year, with the next update due to the	0	No	
207	18/19		Lessons Learned - Losses and Special Payments	Reasonable	Jessica Price	Chris Turley	Medium	a) A financial control procedure should be drafted and communicated to staff to ensure they are aware of the recording and reporting requirements relating to incidents and other losses	a) A financial control procedure covering the recommended points will be drafted and communicated to staff as appropriate.		Jun-19		Complete	Complete	Jun-19		All financial elements in relation claims, Redress etc are already recorded onto Datix.	0	No	
208	18/19	QS&PE	Lessons Learned - Losses and Special Payments	Reasonable	Darryl Collins	Chris Turley	Medium	b) Reference to the Policy and Procedure for organisational learning and promoting improvements in patient safety should be removed from the Putting Things Right Policy.	b) Reference to the Policy and Procedure for organisational learning and promoting improvements in patient safety will be removed from the Putting		Jun-19		Complete	Complete	Feb-21	Last updated 17/02/21: The policy is due to be approved by QuEST on 23rd February 2021. The reference has been		20		
209	18/19		Lessons Learned - Losses and Special Payments	Reasonable	Darryl Collins	Chris Turley	Low	The Patient Safety and Experience Learning and Monitoring Group should receive information on lessons learned from areas across the Trust.	a) The Patient Safety and Experience Learning and Monitoring Group will receive information on lessons learned from areas across the Trust with		Apr-19		Complete	Complete	Apr-19		The PSMLG has been formed to Review, Learn and Improve and provide assurance on Patient Safety Incidents. The group has met on 3 occasions	0		

210	18/19		Lessons Learned - Losses and Special Payments	Reasonable	Darryl Collins	Chris Turley	Low	a) Staff should be reminded of the need to ensure Datix records are complete and contain key information, such as actions and lessons learned.	a) Staff with responsibilities for investigating and handling claims will be reminded of the need to ensure Datix records are complete and contain key information, such as actions and lessons learned.		May-19		Complete	Complete	Aug-19		An internal memo has been circulated to this effect		3		
211	18/19		Lessons Learned - Losses and Special Payments	Reasonable	Darryl Collins	Chris Turley	Low	There should be regular monitoring of the Datix record for claims to ensure that: <input type="checkbox"/> Actions are captured <input type="checkbox"/> Evidence of action taken is uploaded	b) The regular monitoring of the Datix records for claims will be undertaken by the Putting Things Right Investigation Manager to ensure that: <input type="checkbox"/> Actions are		Jun-19		Complete	Complete					#NUM!		
212	18/19		Lessons Learned - Losses and Special Payments	Reasonable	Darryl Collins	Chris Turley	Low	c) There should be monitoring and oversight of actions reported at an appropriate group, such as the Patient Safety and Experience Learning and Monitoring Group	c) Monitoring and oversight of actions reported will be undertaken by the newly established Patient Safety and Experience Learning and		Apr-19		Complete	Complete	Apr-19		The PSMGL has been formed to Review, Learn and Improve and provide assurance on Patient Safety Incidents. The group has already undertaken		0	Yes	
213	18/19		Performance Management - Local Delivery Plans	Limited	Alex Crawford	Rachel Marsh	Medium	The Trust should consider including a cross reference in the LDPs to show more clearly how the high-level actions included, are aligned to the Strategic aims, Priorities and Strategic	As part of planning for 2020/21 we are reviewing current processes, documents and governance arrangements. This is in part necessitated by not only the		Aug-19		Complete	Complete	Mar-20		Closed because LDP template is now updated and includes alignment to strategic themes and IMTP deliverables. The approach will be the same for		7	Yes	
214	18/19		Performance Management - Local Delivery Plans	Limited	Alex Crawford	Rachel Marsh	High	All directorates should ensure that their LDPs are fully and appropriately completed and updated at appropriate intervals. The Planning and Performance team should	For 2019/20 it is proposed that the Trust closes down existing IDAG and quarterly peer review monitoring arrangements and in its place a single forum known as the		Mar-19		Complete	Complete	Oct-19		LDPs are submitted to the Planning Team monthly and high level dashboard of progress provided on a monthly basis to STB. Process		7	Yes	
215	18/19		Performance Management - Local Delivery Plans	Limited	Lisa Trounce / Pete Brown	Lee Brooks	Medium	Directorates electing to produce Local Action Plans should consider producing guidance detailing how and when these will be monitored and updated to ensure that actions	As an organisation we do not plan to mandate the need for 'action plans' within Directorates but we will continue to advocate that this should be considered best practice		Aug-19		Partially complete	Complete	Mar-20		This has been rescheduled. WG have changed timelines for IMTP having a knock on effect for Action Plans. These will begin development in		7	Yes	
215	18/19		Performance Management - Local Delivery Plans	Limited	Alison Kelly	Claire Roche	Medium	Directorates electing to produce Local Action Plans should consider producing guidance detailing how and when these will be monitored and updated to ensure that actions	As an organisation we do not plan to mandate the need for 'action plans' within Directorates but we will continue to advocate that this should be considered best practice		Aug-19		Complete	Complete	Nov-19		The detail of Local Action Plans will form the basis of the next iteration of the Local Delivery Plan		3		
215	18/19		Performance Management - Local Delivery Plans	Limited	Alex Crawford	Rachel Marsh	Medium	Directorates electing to produce Local Action Plans should consider producing guidance detailing how and when these will be monitored and updated to ensure that actions	As an organisation we do not plan to mandate the need for 'action plans' within Directorates but we will continue to advocate that this should be considered best practice		Aug-19		Complete	Complete	Oct-19		Planning Business partners work closely with Ops Directorate leaders on both the local action plans and LDPs are aligned. No formal		2		
216	18/19		Research & Development Governance	Reasonable	Nigel Rees	Brendan Lloyd	High	It is recommended that the Trust reviews the resource it has available to deliver R&D and grow the number of studies and participants in line with HCRW expectations. This should	The R&D department has recently recruited to a Band 7 Research Support Officer post and is about to go out to recruitment for a further Band 7 post. In addition, there are		Jun-19		Complete	Complete	Aug-19		The department has recently recruited to several vacant positions (update provided at R&D forum 01/08/2019). A paper has also been drafted		2		
217	18/19	QS&PE	Research & Development	Reasonable	Rachel Powell / Nigel Rees	Brendan Lloyd	Medium	With the introduction of the Strategic Transformational Programme Board, the Medical & Clinical Services Directorate should now revisit the R&D Strategy as part of the	As part of the M&CSD LDP, we have commenced the development of a clinical strategy, to include areas such as R&D. We will also finalise the 2018-19 Annual Report on		Sep-19		Complete	Complete	Jul-20	This is now being incorporated into a broader Clinical Strategy (approved at Trust Board on 30th	The strategy was completed at the end of March 20 and scheduled to go to Trust Board however,	R&D projects are regularly discussed at directorate meetings via a tracker as well as at the R&D forum.	Yes the strategy will be available and	10	
218	18/19		Research & Development Governance	Reasonable	Rachel Powell / Nigel Rees	Brendan Lloyd	Medium	The governance and monitoring arrangements for R&D need to be reviewed and considered to ensure that R&D activity is appropriately considered and discussed.	We will undertake a review and refresh of the R&D Forum Terms of Reference to reflect the revised governance and monitoring arrangements for R&D. The IQPR is		Sep-19		Complete	Complete	Jan-20		Following recent changes to R&D governance arrangements across NHS Wales, all organisations have been urged to consider the		4		
219	18/19		Research & Development Governance	Reasonable	Rachel Powell / Nigel Rees	Brendan Lloyd	Low	In line with HCRW guidance, it is recommended that the Trust review its approval pathway for studies. When doing so, the Trust should be mindful of the need to strike a balance	As part of the review of the arrangements for the R&D forum, we will reflect the approval pathway for studies.		Sep-19		Complete	Complete	Jan-20		Following recent changes to R&D governance arrangements across NHS Wales, all organisations have been urged to consider the		4		
220	18/19		Risk Management	Reasonable	Rob Mason	Claire Bevan	Medium	We recommend that training materials aligning to the functionality of the new e-risk tool are developed and delivered to all appropriate staff.	An easy read training guide will be developed to support the transfer of Risk Registers to the E Risk Register (DATIX). As each Directorate transfers their Risk		Sep-19		Complete	Complete	Sep-19		Risk Register process guide has been produced and is going to QUESST in Nov		0		
221	18/19		Risk Management	Reasonable	Rob Mason	Claire Bevan	Medium	We recommend that a detailed Risk Management Operational Guide is developed to define the risk methodology, materials and review and monitoring procedures that the	Risk Management Operational Guide will be developed to support the new Risk Management Governance process and Electronic Risk Registers		Sep-19		Complete	Complete	Sep-19		Risk Register process guide has been produced and is going to QUESST in Nov		0		
222	18/19		Risk Management	Reasonable	Rob Mason	Claire Bevan	Medium	We recommend that the Trust consider the issues identified in the capture and escalation of sub-directorate level risks and enhance the risk management procedures to	A revised Risk Management Governance Process has been approved by the Executive Management Team. This new governance process ensures that		Oct-19		Complete	Complete	Oct-19		New Risk management process is in place. ADLT has now met twice to consider existing and proposed corporate risks		0		
223	18/19		Risk Management	Reasonable	Rob Mason	Claire Bevan	Low	We recommend that the Trust consider the issues identified in the recording of and delivery of mitigating actions in their configuration and implementation of the Datix e-risk	The recording and delivery of mitigating actions will be a key focus for the E Risk training guide and the Risk Management Operational Guide. Progress with		Oct-19		Complete	Complete	Oct-19		New Risk management process is in place. ADLT has now met twice to consider existing and proposed corporate risks		0		

223	18/19		Risk Management	Reasonable	Louise Platt / Stephen Clinton / Bob Tooby	Claire Bevan	Low	We recommend that the Trust consider the issues identified in the recording of and delivery of mitigating actions in their configuration and implementation of the Datix e-risk	Scrutinising mitigating actions and progress with them will be undertaken at Operational Meetings to ensure that the Operational Risk Registers are		Oct-19		Complete	Complete	Dec-19			CCC Risk Registers are reviewed in weekly CCC Business Meetings alongside audit and LDP actions. Risk features on the Ops		2	
224	18/19	P&C	Trade Union Release Time	Limited	Sara Williams	Claire Vaughan	High	In partnership with the trade unions, the Trust should review the Facilities Agreement and ensure it is updated to clearly reflect agreed processes and practices.	As noted, the Trust had planned to review the Facilities Agreement. To achieve this review a task and finish group will be established to undertake a review of the existing		Oct-19		Complete	Complete	Nov-21	Last updated 07.01.2022 We have reviewed the Facilities Agreement via a Task and Finish Group	Several localised recording and approval systems; GRS not linked into ESR; resistant to changes; availability and	Reporting of WASPT TUP activity report to P&CC. Meetings held to reinvigorate work; set 8 of principles agreed against which work		25	The EMT have considered the feasibility
225	18/19	P&C	Trade Union Release Time	Limited	Sara Williams / Sonia Thompson	Claire Vaughan	High	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	As part of the review of the Facilities Agreement a standardised process will be established to ensure that practices are applied and managed consistently. A set of		Oct-19		Complete	Complete	Nov-21	Last updated 07.01.2022 A standardised process to request Trade Union facility time is	Several localised recording and approval systems; GRS not linked into ESR; resistant to changes; availability and	Reporting of WASPT TUP activity report to P&CC. Meetings held to reinvigorate work; set 8 of principles agreed against which work		25	
226	18/19	P&C	Trade Union Release Time	Limited	Sara Williams	Claire Vaughan	High	A standardised process to formally record facility time, and in sufficient detail, should be agreed and implemented.	As part of the review of the Facilities Agreement, a standardised process will be established to ensure that practices are applied and managed		Oct-19		Complete	Complete	Nov-21	Last updated 07.01.2022 A standardised process to request Trade Union facility time is	Several localised recording and approval systems; GRS not linked into ESR; resistant to changes; availability and	Reporting of WASPT TUP activity report to P&CC. Meetings held to reinvigorate work; set 8 of principles agreed against which work		25	
227	18/19	P&C	Trade Union Release Time	Limited	Sara Williams	Claire Vaughan	Medium	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	As part of the review of the Facilities Agreement a standardised process will be established to ensure that practices are applied and managed consistently. A set of		Oct-19		Complete	Complete	Nov-21	Last updated 07.01.2022 A standardised format for reporting TU partnership activities at	Several localised recording and approval systems; GRS not linked into ESR; resistant to changes; availability and	Reporting of WASPT TUP activity report to P&CC. Meetings held to reinvigorate work; set 8 of principles agreed against which work		25	Yes
228	18/19		Vehicle Replacement Programme	Reasonable	David Holmes / Andrea Davies	Lee Brooks / Rachel Marsh	Medium	A full activity based resource plan should be developed for current and future internal resource requirements	Linked to the development of a more detailed Management Control Plan (see recommendation 2) we will undertake a resource mapping exercise to identify the		Jun-19		Partially complete	Complete	Aug-19			Workshop with Project Team took place 24/06/19 to identify resources required. Outputs being documented to produce resource plan and		2	Yes
229	18/19		Vehicle Replacement Programme	Reasonable	David Holmes / Andrea Davies	Lee Brooks / Rachel Marsh	Medium	A management control plan (MCP) should be prepared to co-ordinate, outline the duration and identify the lead responsibility for key activities required to deliver the project going	We will develop a detailed programme plan outlining the key milestones and underpinning actions for each of the project work streams (i.e. Vehicle Design,		Jul-19		Partially complete	Complete	Aug-19			Workshop with Project Team took place 24/06/19 to document activities and milestones. Outputs being documented to produce		1	Yes
230	18/19		Vehicle Replacement Programme	Reasonable	David Holmes / Andrea Davies	Lee Brooks / Rachel Marsh	Medium	The Trust should develop and enact an appropriately phased benefits realisation plan in accordance with that identified within the Business Justification Case.	We will develop a benefits realisation plan outlining the key actions to report, monitor and evaluate each of the key benefits identified in the BJC. As part of this		Jul-19		Partially complete	Complete	Aug-19			Benefits identified in the business case reviewed and data being obtained accordingly. Outputs to be documented in a benefits		1	
233	18/19	F&P	Handover of Care at Emergency Departments Follow Up	Reasonable	Hugh Bennett	Rachel Marsh	Low	The Trust must complete Phase 2 – Design and Phase 3 – Work Programme of its review of governance arrangements between the LHBs and the Trust and uses this	The initial mapping phase is completed. A report will be produced during Quarter 2 (2019/20) for Executive Management Team (EMT) that	May-18	Oct-19		Complete	Complete	Nov-20	Last updated: 14/03/21 by Julie Boalch agreed by ADLT This work has been superceded by the				0	
109b	18/19		Non-Emergency Patient Transport Service	Reasonable	Mark Harris	Mark Harris	High	The Trust needs to be clear on the cost of the additional work that they take on from Health Boards and Trusts and that they receive sufficient funding to cover it.	The savings identified in the 2016 Non-Emergency Patient Transport Service business case to support investment into the service were high level indicative costings. It was		Jul-19		Complete	Complete	Jul-19			As part of the transfer of work process a rigorous process has been developed to help clearly identify work to transfer and the financial		0	
231	19/20		Handover of Care at Emergency Departments Follow Up	Reasonable	Hugh Bennett	Rachel Marsh	Medium	The Trust should implement the seven main components from its five year demand and capacity review, being: 1. Forecast all incident demand by type and location over the next 5 years; 2.	The Trust has appointed an external supplier to undertake the Demand & Capacity Review in line with the 7 points in the updated recommendation. Work will	Aug-18	Oct-19		Complete	Complete	Dec-19			Review on target for agreed deadline with CEO (Nov-2019) EASC. This achieved. Full report available in Dec-2019. Final report to Jan-20 EASC.		2	
232	19/20	QS&PE	Handover of Care at Emergency Departments Follow Up	Reasonable	Andy Swinburn	Brendan Lloyd	Medium	The Trust should undertake a baseline assessment of all EMS pathways, including EMS pathways agreed through CPAG and all other pathways that are currently in place across each	There will be a natural variation in pathways as they are developed through health board investment and collaboration. As part of the Amber Review the Trust in	Aug-18	Mar-20	Sep-20	Complete	Complete	Nov-20	Last Updated: 06/11/20 CPAG has now been dissolved and the pathways work will be picked up via Care	Agreement with Health Boards, data capture due to ePCR, reinstatement of pathways group	See, Treat, Convey is the lowest on record	Yes TOR for Care Closer to Home Group and	9	
234	19/20		Handover of Care at Emergency Departments Follow Up	Reasonable	Stephen Clinton	Lee Brooks	Medium	The Trust must ensure that guidance, currently being reviewed by WG, in respect of roles and responsibilities are circulated to ensure that both the Trust and the health boards are in	The Trust continues to implement the roll out of Dual-PIN handover screens across Wales. The first sites went 'live' during Q1 of 2019/20, with the remaining sites scheduled	Aug-18	Sep-19		Complete	Complete	Sep-19			Completed Sept19. Dual PIN rolled out to all sites and guidance issued to staff and HBs.		2	The EMT have considered the feasibility
235	19/20	F&P	Vehicle Hire	Limited	Mark Harris	Lee Brooks	High	We concur with the actions being taken by the Trust to improve contract governance and quality assurance mechanisms over alternative providers. We recommend progress	The above actions are already either underway or will be undertaken in time for the DPF to commence. We have provided updates to the QUEST committee		Nov-19	Sep-20	Complete	Complete	Jan-21	Last Updated: 04.01.21 All external provision of ambulatory care procured by WAST through NEPTS's DPS	N/A	Last Updated 04.01.21 Physical checks required within first twelve months expected to be complete by end of March 2021	Yes	14	No
236	19/20	F&P	Vehicle Hire	Limited	Mark Harris	Lee Brooks	Medium	The Trust should review, streamline and standardise the invoice audit and approval process. In particular: the process should be consistently applied across all regions including use of the	We will complete a review to ensure consistent practice across the entire NEPTS service and to ensure that the level of checks undertaken are proportionate to		Dec-19	Sep-20	Complete	Complete	Dec-20	Last Updated: 04.01.21 Parameters of the approval sign off process of external provision through DPS	Last Updated 04.01.21 Previous update still applicable	Last Updated 04.01.21 The team that sits within the DPS team is now established and undertake all the invoice assurance checks associated	Yes	12	No
237	19/20		Welsh Language Standards	Reasonable	Melfyn Hughes	Keith Cox	High	Risk Management - We concur with inclusion of the Regulations in the Trust's risk registers. The risk should be regularly monitored and escalated to the Corporate Risk Register if	Risk Management - Accepted and already implemented. Risks relating to implementation of the Welsh Language Standards have been kept under review. So far, it has not		Dec-19		Complete	Complete	Jan-20			Corporate Governance Team Risk Register updated - Challenges were made to standards that require compliance from 30 May			No

237	19/20	F&P	Welsh Language Standards	Reasonable	Melfyn Hughes	Keith Cox	High	Links to strategy and objectives - Going forward, the Trust should ensure there are greater links between the Regulations and its Long Term Strategy, IMTP and directorate	Links to Strategy and Objectives - Accepted. We will work with Planning colleagues to ensure Welsh Language requirements are adequately reflected in the		Jan-20	Sep-20	Complete	Complete	Sep-20	Last updated: 14/01/21 Welsh Language referenced in the Trust's IMTP. Need to ensure that regulations			7	No	
237	19/20	F&P	Welsh Language Standards	Reasonable	Melfyn Hughes	Keith Cox	High	Text translation - We concur with the Trust's proposal to develop an authorisation process to ensure that translation requests sent to external translators are reasonable.	Text Translation - Accepted. Procedures for approving Welsh translation are well advanced but are interlinked and dependent on the new arrangements with BCU.		Dec-19	Sep-20	Complete	Complete	Dec-20	Last updated: 14/01/21 Translation SLA between BCUHB has been drafted and reviewed by Finance			11		
237	19/20	F&P	Welsh Language Standards	Reasonable	Melfyn Hughes	Keith Cox	High	Governance Framework - We concur with the Trust's plan to put a more formal governance structure in place over the Regulations. This should be formalised and approved as soon as	Governance Framework - Accepted. Much of the governance arrangements are already in place, such as ADLT being responsible for oversight and taking forward Welsh		Dec-19	Sep-20	Complete	Complete	Dec-20	Last updated: 14/01/21 The Governance Framework was presented at the People and Culture Committee			12		
237	19/20	F&P	Welsh Language Standards	Reasonable	Melfyn Hughes	Keith Cox	High	Approvals - The Trust should ensure that the of documents identified in the finding above to help bring the Trust into compliance with the Regulations are formally approved at an	Approvals - Accepted. We do not intend to re-present documents that have already been presented to the various Groups. Whilst we recognise that documents		Mar-20	Sep-20	Complete	Complete	Dec-20	Last updated: 14/01/21 ADLT have been informed that documents that require their approval have			8		
238	19/20	F&P	Welsh Language Standards	Reasonable	Melfyn Hughes	Keith Cox	Medium	The Trust should complete the process of determining the resource implications of implementing the Regulations as a matter of priority. This will require the active	Accepted. This work is already well advanced and should be completed early 2020.		Dec-20	Jun-21	Complete	Complete	Dec-20	Last updated: 12/01/21			0		
239	19/20		Annual Quality Statement	Not Rated	Leanne Hawker	Claire Bevan	High	Nominated officers for each Directorate should be responsible for ensuring that evidence is collated and provided at the same time the narrative / data is submitted for	For the 2019/20 AQS the Quality Steering Group (QSG) will act as an editorial forum for the AQS and have the AQS as a standing item on the agenda. The Assistant Directors		May-19		Complete	Complete	Jun-20			AQS standing agenda item on the QSG agenda & ADLT. Evidence (narrative & data) should form part of the minutes			
239	19/20		Annual Quality Statement	Not Rated	Leanne Hawker	Claire Bevan	High	Nominated officers should ensure that staff within their Directorate are aware of what constitutes satisfactory evidence and where appropriate, challenge evidence prior to	For 2019/20 we will continue working with nominated officers for each Directorate in the provision of information and evidence. Providing examples		Jul-19		Complete	Complete	Jun-20			Draft AQS in progress			
239	19/20		Annual Quality Statement	Not Rated	Leanne Hawker	Claire Roche	High	To strengthen the information/evidence gathering process it is recommended that the Quality Steering Group is considered as the editorial forum for the AQS,	Due to the change in publication dates this year the challenge has been preparing the AQS to meet the required deadline of May 31st. To achieve this the production of		Jul-19		Complete	Complete				Information is considered from multiply sources and part of the QSG agenda		#NUM!	
239	19/20	P&C	Drivers Medicals	Limited	Andrew Challenger / Andrew Morgan / Ceri Bryant	Claire Vaughan	Medium	The Driving at Work Policy should be updated with the following: a) the requirements to complete the fitness at work form at Appendix 4 should be reflected in the main body of the	We accept the overall finding, and note that due to COVID 19 restrictions, some evidence was not reviewed. The Driving at Work Policy will be reviewed as		Dec-20		Complete	Complete	Jul-21	Last Updated 09/08/21 ADLT Deep Dive Review a. The form has been removed from the appendix as the	Possible barrier to complete on time will be the revised policy going through the Policy Procedure.	A full review is currently being undertaken of the Driving at Work Policy. This will include an OH assessment of the need to undertake regular		7	
240	19/20	P&C	Drivers Medicals	Limited	Catherine Goodwin / Ceri Bryant / Andrew Morgan /	Claire Vaughan	Medium	a) Those staff identified on ESR as having no OH clearance should be checked on the COHORT system to confirm whether they have had the appropriate clearance. Where they	We accept the overall finding and note since the audit WAST has employed a new OH Manager; additionally, a new version of COHORT has been introduced		Dec-20		Complete	Complete	Oct-20	Last Updated: 03.11.20 All actions required are now in place or have been completed.			#NUM!		
240	19/20	F&P	Environmental Sustainability Reporting	Not Rated	Richard Davies	Chris Turley	Medium	The Trust should ensure the 2018/19 Environmental Sustainability Report is approved prior to it being published. Timescales for the completion, review and approval of future Annual Reports	The Trust accepts this recommendation. This year, there had been a process glitch which meant that the sustainability report, which had been completed		Jun-20	Dec-20	Complete	Complete	Oct 20	Last updated: 06/11/20 The environmental sustainability report for 2020 was completed by the dedicated officer	None	yes	#VALUE!		
241	19/20	P&C	Drivers Medicals	Limited	Andrew Challenger / Andrew Morgan / Gemma Robinson / Ceri	Claire Vaughan	Medium	a) There should be more joined up working between HR, OH and Training departments to improve coordination of OH clearances when staff are going through the recruitment process.	We accept the overall finding. Relationships between OH, HR and Education & Training (E&T) will be further strengthened by the introduction of a standardisation		Dec-20		Complete	Complete	Apr-21	Last Updated: 04.05.2021 All recommendations have been achieved and therefore this	Possible delay in Driving at Work Policy going through Policy Procedures	Regular monthly meetings have been already instigated between HR, OH and the training department to ensure better		4	
241	19/20	F&P	Project Management	Reasonable	Alex Crawford	Rachel Marsh	High	Appointment to the Head of Transformation role should be prioritised as this is key to successful implementation of the Project & Programme Management Framework.	Funding for the post has been secured and a job description evaluated and banded. The organisation will now progress with recruitment and look to have the		Dec-19	Sep-20	Complete	Complete	Feb-20	Appointment commenced on 17/02/20 and the training and implementation of the	CoVID-19 response/recovery	N/A	1	Yes	
242	19/20	P&C	Drivers Medicals	Limited	Andrew Challenger / Andrew Morgan / Gemma Robinson / Ceri	Claire Vaughan	High	a) The mechanisms and lines of responsibility for compliance monitoring, including the escalation route through to Board, should be confirmed. b) Appropriate action	We accept the overall finding and note that improvements will be enabled through the introduction of the COHORT 10 system and the use of ESR manager self-service.		Dec-20		Complete	Complete	Oct 20	Last Updated: 03.11.20 Compliance has been addressed by monthly reviews within the senior operations team.			#VALUE!	Yes	
242	19/20	F&P	Project Management	Reasonable	Alex Crawford	Rachel Marsh	Medium	A central record of projects should be established and monitored to ensure that the Trust is aware of ongoing projects and arrangements are in place for monitoring and reporting	This is seen as a key priority for the Head of Transformation and as such has a key dependency on recommendation one. Upon appointment of the post a duty of		Mar-20	Sep-20	Complete	Complete	Mar-21	Last updated: 30.04.21 The IMTP has been refreshed for 2021-24. This sets out the key programmes that will	CoVID-19 response initially and then the deployment of Head of Transformation to lead MTU programme.	Quarterly plans have been developed, prioritisation process and reinstatement of the Strategic Transformation Board and Directors and		12	Yes
243	19/20	F&P	Project Management	Reasonable	Richard Davies	Chris Turley	Medium	Schemes identified as potential contenders for end of year funding from WG should have a pre-approved business case ready for implementation in the event that	The Trust recognises that throughout the year there are key points when external monies are often made available by Welsh Government and/or commissioners		Mar-20	Sep-20	Complete	Complete	Oct 20	Last updated: 11/11/10 At all ICMG meetings the group are encouraged to develop business cases so there	Availability of capital funding will impact on what can be progressed as well as other operational pressures	Departments have been encouraged to submit new business cases in case funding is made available.	yes	#VALUE!	Yes

243	19/20	F&P	Project Management	Reasonable	David Holmes / Aled Williams / Nicki Maher / Andy Swinburn / Mark Harris /	Rachel Marsh	Medium	Schemes identified as potential contenders for end of year funding from WG should have a pre-approved business case ready for implementation in the event that	Through Estate, Fleet, Information & Communications Technology (ICT) and operational emergency medical services (EMS) and Non-Emergency Patient Transport		Mar-20	Sep-20	Complete	Complete	Oct 20	Last updated: 11/11/10 At all ICMG meetings the group are encouraged to develop business cases so there	20.07.2020 ICT cases were prepared for infrastructure but were superseded by additional iPad		#VALUE!			
243	19/20	QS&PE	Welsh Risk Pool Claims Management	Substantial	Wendy Herbert	Claire Roche	Low	Reporting to the QuEST and the Executive Team should include a summary of lessons learned from closed claims.	Quality Assurance Report to include a section on learning arising from Learning from Events Reports submitted to the WRPS in the relevant quarter. This will be		Sep-20		Complete	Complete	Sep-20	IPC resources have been applied to the Covid-19 response. Through this work, progress on this matter	Limited resources of the IPC team; further the IPC Strategic Group has been stood down during the Covid-19	IPC matters are being managed, currently, through the Pandemic management structure. This has enabled provision of IPC specialist		0	Yes	
244	19/20		Project Management	Reasonable	Helen Watkins	Claire Vaughan	Medium	Project support resource requirements should be defined at the planning stage of a project and documented within the PID. In order to ensure efficient use of	An administration review has previously been undertaken but it yielded few opportunities for the organisation. It is noted that this report has however yet to be		Nov-19		Complete	Complete	Nov-19			The EMT have considered the feasibility and have agreed not to progress		0	Yes	
244	19/20	QS&PE	Risk Management & Assurance	Reasonable	Rachael Powell	Claire Roche	High	2. All Assistant and Deputy Directors should be reminded of their responsibility to attend ADLT meetings unless this responsibility has been formally re-assigned.	2) All Assistant and Deputy Directors will be reminded of their responsibility to attend ADLT meetings.		Aug-20		Complete	Complete	Jun-20	N/A	N/A	This group is regularly attended and deputies sent where necessary and appropriate.	YES	0	No	
244	19/20	QS&PE	Risk Management & Assurance	Reasonable	Rachael Powell	Claire Roche	High	3. Whilst it is acknowledged that it may not be necessary to discuss risk management at every ADLT meeting, to encourage / facilitate monitoring and management of corporate risks,	3) Risk Management has been made a standing agenda item for all ADLT meetings.		Aug-20		Complete	Complete	Jun-20	N/A	N/A	Risk Management has been made a standing Agenda item and is an integral part of the work programme with regular contact with the team outside	Yes	0	Yes - there is a risk on our directorate risk register	
244	19/20	QS&PE	Risk Management & Assurance	Reasonable	Judith Bryce	Claire Roche	High	4. The amendments made to the ADLT's Terms of Reference should be formally approved by the group and the document's date amended to reflect this.	4) Amendments will be made to the ADLT's Terms of Reference to reflect point 3 and these will be formally approved by the group and the document's date amended		Aug-20		Complete	Complete	Oct-20			Last Updated: 17/02/21 Revised TOR for ADLT drafted and discussed with members in September 2020. Final version agreed 12 Oct 2020	Yes	1		
244	19/20	QS&PE	Risk Management & Assurance	Reasonable	Julie Boalch	Claire Roche	High	1. We concur that the Risk Management Development Group should reconvene as soon as practicable to support the developing risk maturity of the organisation by	1) We accept that the Risk Management Development Group should reconvene as soon as practicable to support the developing risk maturity of the		Sep-20		Complete	Complete	Mar-21			Last updated: 30/04/21 It has been decided that the Head of Risk will attend Directorate Risk Meetings to provide advice and escalate		5		
245	19/20	F&P	Project Management	Reasonable	Alex Crawford	Rachel Marsh	Medium	Risks to the achievement of project objectives should be identified and recorded on a formal risk register. This should be used as a tool to monitor and manage the risks at project board	It is recognised that the effective management of risk is key to maximising the chances of project success. Whilst the organisation has done a lot of work over the last		Mar-20	Sep-20	Complete	Complete	Sep-21	Last updated: 16/08/21 ADLT Deep Dive Review Project and Programme Management Framework how now	Review of the use of Datix for project risk management	Individual project leads to maintain project risk logs		18		
246	19/20	F&P	Project Management	Reasonable	Alex Crawford	Rachel Marsh	Medium	A record of change requests should be maintained for each project. This should record the approval or reason for decline, where appropriate. A template to facilitate the recording	It is recognised that the effective management of change is key to maximising the chances of project success. It is recognised that more work needs to be undertaken to		Mar-20	Sep-20	Complete	Complete	Jul-21	Last updated: 06.08.21 Project and Programme Management Framework has now been reviewed and is					16	
246	19/20	QS&PE	Risk Management & Assurance	Reasonable	Julie Boalch	Claire Roche	Medium	Whilst it is acknowledged that risks have only recently been migrated to the Datix system, arrangements should be put in place to ensure that risk registers are independently and	Arrangements will be put in place to ensure that risk registers are independently and regularly reviewed for completeness. This will be a function of the Risk		Sep-20		Complete	Complete	Mar-21			Last updated: 30/04/21 Risk Registers are regularly reviewed by ADLT, EMT, Committees and Trust Board. Directorate registers are		5		
247	19/20	F&P	Project Management	Reasonable	Alex Crawford	Rachel Marsh	Low	Lessons learned from individual projects should be captured on a Trust-wide lessons learned log. This should be accessible to all staff involved in projects, and used as a point of	Linked to recommendation one-upon appointment of a Head of Transformation the post holder will also be asked to consider the need for the TSO, on behalf of the		Mar-20	Sep-20	Complete	Complete	Jul-21	Last updated: 06.08.21 Project and Programme Management Framework has now been reviewed and is					16	No
247	19/20	QS&PE	Risk Management & Assurance	Reasonable	Julie Boalch	Claire Roche	Medium	1. The Trust should centrally monitor risk review dates to ensure that all risks are reviewed by their 'Next Review Date', and that this is recorded on the Datix system.	1. The Trust will monitor risk review dates to ensure that all risks are reviewed by their 'Next Review Date', and that this is recorded on the Datix system at the Risk		Sep-20		Complete	Complete	Dec-20			Last updated: 04/01/21 This is being addressed at ADLT as part of the regular CRR review. The next review date has been included on the		2		
247	19/20	QS&PE	Risk Management & Assurance	Reasonable	Julie Boalch	Claire Roche	Medium	2. The Trust should also ensure the timely recording of controls and mitigating actions for all risks on the Datix system.	2) The Trust will ensure the timely recording of controls and mitigating actions for all risks on the Datix system via the Risk Management Development Group		Sep-20		Complete	Complete	Mar-21			Last updated: 30/04/21 These are updated monthly and reflected in the quarterly reporting cycle to Committees and Trust Board		5		
248	19/20	F&P	Allocation of Discretionary Capital	Reasonable	Richard Davies	Chris Turley	Medium	The Trust's Capital Procedure Manual will be developed to provide the required guidance for the completion, submission and assessment of business cases for submission	Agreed, a procedural document will be developed for the new financial year and these will be captured within this guidance document. This will be managed by the		Apr-20	Oct-20	Complete	Complete	Apr-20	An updated process map was developed and guidance provided for members for the Internal Capital		yes	0			
248	19/20	QS&PE	Risk Management & Assurance	Reasonable	Julie Boalch	Claire Roche	Low	The regular (at least quarterly) review of risks assigned to the Finance and Performance Committee should be documented.	Accepted. The Trust will ensure the review of risks by the Finance and Performance Committee is documented.		Sep-20		Complete	Complete	Sep-20			Last updated: 08/11/20 A governance report is produced for each meeting describing risks and audit recommendations assigned to		#NUM!		
249	19/20	F&P	Allocation of Discretionary Capital	Reasonable	Richard Davies	Chris Turley	Medium	The standardised business case proforma should be enhanced to require submissions to clearly demonstrate how the investment proposal meets IMTP priorities, goals	Further work is required to highlight the linkage with the IMTP for the service, an updated proforma will more clearly request information will demonstrate that		Apr-20	Oct-20	Complete	Complete	Apr-20	An updated business case template has been developed and has been adopted		yes	0			

249	19/20	QS&PE	Risk Management & Assurance	Reasonable	Julie Boalch	Keith Cox	Medium	The timescale for submitting quarterly reporting on risk to the Board should be reduced. This may be achieved by reviewing the current process in place for compiling the report and drawing	Trust Board will consider receiving the BAF at every Trust Board meeting, complementing the future dynamic risk management process. A timetable will be drawn		Aug-20		Complete	Complete	Oct 20			Last updated: 08/11/20 A timetable has been established including reporting deadlines. The BAF will feature at each routine		#VALUE!		
250	19/20	F&P	Allocation of Discretionary Capital	Reasonable	Richard Davies	Chris Turley	Medium	All future discretionary capital bid submissions will demonstrate alignment with IMTP priorities.	Further work is required to highlight the linkage with the IMTP for the service, an updated proforma will more clearly request information will demonstrate that		Apr-20	Oct-20	Complete	Complete	Apr-20	The updated documentation highlights the linkage with IMTP priorities where applicable		yes	0			
250	19/20	QS&PE	Risk Management & Assurance	Reasonable	Julie Boalch	Claire Roche	Low	The Board Assurance Framework, the mechanism the Trust Board will receive assurance on the Corporate Risk Register going forward, should distinguish between new risks arising	2. The BAF will be updated to reflect this distinction.		Aug-20		Complete	Complete	Dec-20			Last updated: 04/01/21 All new Risks are articulated on the quarterly report and are clearly marked as new to provide a distinction. The Risk	Yes	3	N/A	
250	19/20	QS&PE	Risk Management & Assurance	Reasonable	Julie Boalch	Claire Roche	Low	The Board Assurance Framework, the mechanism the Trust Board will receive assurance on the Corporate Risk Register going forward, should distinguish between new risks arising	1) The Datix E Risk Module will be updated to distinguish between new risks and risks escalated from a Directorate Risk Register.		Aug-20		Complete	Complete	Dec-20			Last updated: 04/01/21 Datix provides a function to show whether a corporate risk is new or a directorate level, high scoring risk. This is		3	N/A	
251	19/20	F&P	Allocation of Discretionary Capital	Reasonable	Richard Davies	Chris Turley	Medium	Formalised procedures should be developed as per earlier recommendation. The development and submission of bids should then be achieved on an earlier timeline which	Agreed, further work to develop a more streamlined process has commenced and this will be further monitored and scrutinised. As part of the development of business		Jan-20	Sep-20	Complete	Complete	Apr-20	A draft ICMG procedure document and process map has been further developed and is due to be circulated to the		yes	3	NO		
251	19/20	QS&PE	Risk Management & Assurance	Reasonable	Julie Boalch	Keith Cox	Medium	We concur with both the Trust's plans to further develop their BAF and the view set out by the Wales Audit Office in their 2019 Structured Assessment review. In order to further strengthen	Accepted. The review of gaps in controls and assurances can be undertaken by ADLT as part of the Corporate Risk Register review.		Mar-21		Complete	Complete	Jan-21			Last updated: 04/01/21 This work is ongoing through regular review of risks and controls at ADLT and EMT. This will be further		#NUM!		
252	19/20		Allocation of Discretionary Capital	Reasonable	Richard Davies	Chris Turley	Medium	Those senior staff that form part of the panel reviewing and scoring of bids for discretionary capital should be reminded of their importance to this process and the need for their timely	Agreed, further work to develop a more streamlined process has commenced and this will be further monitored and scrutinised. As part of the development of business		Jan-20		Complete	Complete	Mar-20			Senior members of the group are regularly reminded to complete their scoring to ensure the service achieves CEL, naming of members		2		
253	19/20	F&P	Allocation of Discretionary Capital	Reasonable	Richard Davies	Chris Turley	Medium	Divisions will demonstrate, through the annual submission of divisional risk registers alongside associated capital bids, demonstrating that the top risks are subject to funding	An improved bidding process highlighting risk has been developed for Estates bids, further roll out and scrutiny of this will allow others directorates to ensure		Jan-20	Sep-20	Complete	Complete	Apr-20	Within the draft procedure document and the business case template, grading of risk from the		yes	3			
254	19/20		Performance Management LDPs Follow up	Reasonable	Alex Crawford	Rachel Marsh	Medium	We concur with management that improvements are needed to the monitoring and scrutiny arrangements of LDPs at STB level. We recommend that for future monthly LDP	Accepted. The new arrangements, as outlined, for the monitoring of LDPs have been implemented and the Executive Directors have indicated that they are satisfied	Mar-19	Jan-20		Complete	Complete	Jan-20			Closed because LDPs are submitted monthly to the Planning Team and reviewed for update to STB through dashboard		0	yes	
255	19/20	QS&PE	Raising Concerns	Reasonable	Keith Cox	Keith Cox	High	The 'NHS Wales Procedure for Staff to Raise Concerns' should be communicated to all staff, including those with little or no IT access, to raise awareness of their responsibility	The Policy for staff to raise concerns is currently being revised and, once approved, will be brought to the attention of all staff. The Trust will consider establishing		Mar-20	Sep-20	Complete	Complete	Feb-21	Last updated: 19/02/21 This is picked up through the review of the All Wales Raising Concerns procedure			The All Wales Policy was circulated to all staff during April 2020 and a notice put on Siren as to what to do and who to contact should they		11	No
257	19/20	QS&PE	Raising Concerns	Reasonable	Darryl Collins	Claire Roche	Medium	Once sufficient data is available, trend analysis should be carried out on concerns to identify recurring themes. Arrangements for reporting assurance to the Board in respect of concerns	A process for reporting staff concerns through to Committee/Board will be developed. Reports will seek to identify trends once sufficient data		Mar-20	Sep-20	Complete	Complete	Jun-21	Last updated: 16/08/21 ADLT Deep Dive Review A review on the reporting through to Trust Board is					15	no
258	19/20	QS&PE	Raising Concerns	Reasonable	Keith Cox	Keith Cox	Low	The Trust should consider nominating an independent member with oversight for concerns raised by staff. The Trust should consider adopting a similar approach to SBUHB for the	The Trust will consider nominating an independent board member with oversight for staff concerns. Contact details (i.e. email addresses) for the Chief Executive		Mar-20	Sep-20	Complete	Complete	Feb-21	Last updated: 19/02/21 This is being addressed through the Raising Concerns (Staff) Board Champion in the WHC			In the interim a notice was issued on Siren for colleagues to contact Keith Cox independently if the need arose.		11	No
259	19/20	F&P	IMTP Performance Management	Reasonable	Alex Crawford	Rachel Marsh	Medium	1. Whilst a performance measure for each IMTP deliverable may not be appropriate, as a minimum the associated benefits should be identified along with the desired	The Trust has made progress in linking IMTP deliverables with expected benefits and performance outcomes, but accepts that this is work in progress and that further		Apr-20	Oct-20	Complete	Complete	Jul-21	Last updated: 16/08/21 ADLT Deep Dive Review 1. The new Sub structures of Strategic Transformation Board	Consistent application of the PDD and benefits training required	Support from TSO and Head of Transformation for all of the IMTP transformation programmes		15	No	
260	19/20		IMTP Performance Management	Reasonable	Alex Crawford	Rachel Marsh	Medium	The 'deliverables tracker' should be updated to reflect when the IMTP deliverable is expected to be achieved. This should correspond to the latest date for delivery of the final key 'year	This has been discussed with all Executives in the November 2019 Strategic Transformation Board and agreed that the deliverables tracker will reflect and correspond to the		Dec-19		Complete	Complete	Dec-19			Closed due to Deliverables tracker now including detail of activity for each milestone and a monthly RAG assessment against delivery.		0	no	
261	19/20		IMTP Performance Management	Reasonable	Alex Crawford	Rachel Marsh	Low	Where an Executive Sponsor is unable to attend the STB a named representative should attend in their place.	This is agreed.		Dec-19		Complete	Complete	Dec-19			Closed as this is included in the Terms of Reference		0		
262	19/20	F&P	IMTP Performance Management	Reasonable	Alex Crawford	Rachel Marsh	Low	The priority theme PID template should be fully completed at the start of the IMTP cycle and should be clear on implementation dates, responsibilities and benefits	This is agreed and will be taken forward in the templates for 2020/21		Apr-20	Oct-20	Complete	Complete	Jul-21	Last updated: 06.08.21 This action has been superseded by the need to develop quarterly plans during COVID and					15	

279	19/20		Personal Injury Claims Management	Reasonable	Trish Gaskell	Claire Roche	Medium	Where authority to settle a claim is verbal, this should be subsequently confirmed via email, along with the date verbal authority was provided.	Action: Accepted This will be actioned in the event that this very unusual situation ever arises again.		Nov-19		Complete	Complete	Nov-19			This was a one off situation. All verbal authorities will be confirmed by email if any and when this arises		0	
280	19/20		Personal Injury Claims Management	Reasonable	Darryl Collins / Trish Gaskell	Claire Roche	Medium	Claims should be further analysed, for example by locality/region, to identify themes and trends which may indicate a systemic problem.	Claims are reviewed and learning or actions required are communicated with the relevant area or department. All concluded personal injury claims are		Nov-19		Complete	Complete	Nov-19			All actions were completed immediately on receipt of report		0	
281	19/20		Personal Injury Claims Management	Reasonable	Trish Gaskell	Claire Roche	Low	The Management of Compensation Claims Procedure should be further strengthened to include: ☛ reference to the requirement to comply with the Pre-Action Protocols	The Trust has considered this point and determined that the protocols are the source documents setting out the compliance requirements. Action: Accepted The Trust will		Feb-20		Complete	Complete	Feb-20			internal checklist reviewed		0	No
282	19/20		Personal Injury Claims Management	Reasonable	Trish Gaskell	Claire Roche	Low	Use of the Claims Checklist form should be reviewed and a decision taken as to whether to continue using it. If the form is retained, it should be fully completed.	The decision was made some time previously that the checklist did not add value to the claims investigation process and that it would be removed from the		Nov-19		Complete	Complete	Nov-19			The decision was made some time previously that the checklist did not add value to the claims investigation process and that it would be		0	
283	19/20		Personal Injury Claims Management	Reasonable	Trish Gaskell	Claire Roche	Low	Extracts from Judicial College Guidelines and case law used to derive settlement figures should be retained on the claims file in support of settlements offered.	The Trust uses a database called Lexis Nexis primarily supported by a number of all similar databases to value quantum on claims. This references the Judicial College		Nov-19		Complete	Complete	Nov-19			Extracts logged on file with quantum valuation		0	No
284	19/20		Personal Injury Claims Management	Reasonable	Trish Gaskell	Claire Roche	Low	The reports to EMT should distinguish between staff and third party PI claims.	Action: Accepted This can be actioned with immediate effect on the next report in December 2019.		Dec-19		Complete	Complete	Dec-19			More detailed information provided for reports		0	
285	19/20		Freedom of Information	Reasonable	Caroline Jones	Keith Cox	Medium	The organisation should explore opportunities to improve its monitoring of FoI response performance, examples include: 1) more detailed performance reporting	The Trust will provide more detailed exception reporting on FoI breaches to the appropriate Group or Committee.		Dec-19		Complete	Complete	Dec-19			More detailed information provided for reports. This will be continued as business as usual.		0	No
286	19/20		Freedom of Information	Reasonable	Caroline Jones	Keith Cox	Medium	The organisation should explore opportunities to improve its FoI response performance, an example would be to carry out operational monitoring at a frequency better	More frequent FoI updates will be provided to Directors		Oct-19		Complete	Complete	Oct-19			Directors kept updated with FOI's in the system in their area. This is an ongoing task		0	
287	19/20	F&P	Freedom of Information	Reasonable	Caroline Jones	Keith Cox	Low	1) The issues identified above in relation to the publication scheme should be addressed as soon as practicable. 2) The Trust should introduce an annual review of its	Recommendation accepted		Dec-19	Sep-20	Complete	Complete	Jan-21	Last updated: 11/01/21 The new publication scheme is now live on the web.				13	
288	19/20		Freedom of Information	Reasonable	Craig Garner	Keith Cox	Low	Reference to the FoI Policy should be removed from the remaining information governance policies and replaced with reference to the FOI procedure as soon as practicable.	Recommendation accepted		Nov-19		Complete	Complete	Nov-19			IG have confirmed that any references to the FOI Policy have been removed.		0	
289	19/20		Freedom of Information	Reasonable	Caroline Jones	Keith Cox	Low	The organisation should ensure that the published disclosure log is updated to include the correct information for July 2018 as soon as practicable.	Recommendation accepted Work Complete		Sep-19		Complete	Complete	Sep-19			Web updated. This is also a business as usual task.		0	
290	19/20	F&P	Appropriately Equipped Paramedics	Limited	Jon Wilson / Aled Williams	Brendan Lloyd	High	Options for electronic asset tagging of clinical equipment (such as radio frequency identification) should be explored. This would provide accurate information on the location of assets.	A business case for electronic tracking of clinical equipment is currently being drafted for submission to the internal capital monitoring group. The Clinical		Mar-21	Sep-21	Complete	Complete	Mar-22	Last Updated: 18/08/21 EMT A proportionality assessment undertaken to justify closing this	RFID System implementation delayed due to Covid 19. Head of ICT leading on implementation of	Use of web-based portal (blue folder) to track defibrillators following service and/or repair.		12	
291	19/20	F&P	Appropriately Equipped Paramedics	Limited	Richard Davies	Chris Turley	High	Immediate action should be taken to address the health and safety concerns identified at Hensol store and Blackweir station. Equipment and consumables must be safely and	Immediate Health and Safety concerns at both sites have been addressed. The locality manager responsible for Blackweir ambulance station has completed		Jul-20	Jan-21	Complete	Complete	Apr-20			At Hensol the external openings of the facility have been updated with new appliance bay doors, a CCTV system has also been	yes	0	
292	19/20		Appropriately Equipped Paramedics	Limited	Jon Wilson / David Holmes	Brendan Lloyd	Medium	In line with the Management of Medical Devices Policy, acceptance testing should be undertaken for all new equipment prior to use.	As part of vehicle commissioning for 2019/20, the Trust is seconding a commissioning officer to support the process. Acceptance testing will be undertaken on new equipment		Mar-20		Complete	Complete	Jan-20			Undertaken on new equipment at the clinical equipment hub, and will be undertaken as part of vehicle commissioning		#NUM!	
293	19/20		Appropriately Equipped Paramedics	Limited	Jon Wilson / Andrew Challenger	Brendan Lloyd / Claire Vaughan	Medium	The make and model of equipment used in training should be documented on the training records to strengthen evidence for the defence of litigation claims. Training	Future business cases for clinical equipment will include training needs and resources. Training records will include the make and model of equipment used in formal		Feb-20		Complete	Complete	Jan-20			Training records from January 2020 include this information		#NUM!	
294	19/20	F&P	Appropriately Equipped Paramedics	Limited	John Wilson / Greg Lloyd	Brendan Lloyd	Medium	Management should explore the possibility of introducing a system control whereby all requisitions relating to clinical equipment are notified to the Clinical Equipment &	A business proposal is being developed by NWSSP to transfer the consumables logistics function from WAST to HCS. The transfer of the consumables function will		Jul-20	Jan-21	Complete	Complete	Nov-20	Last Updated: 14/01/21 Reported to be complete by J Wilson by an email dated 14th Jan 2021	Completed	Yes	4		

295	19/20	F&P	Appropriately Equipped Paramedics	Limited	Jon Wilson	Brendan Lloyd	Medium	As part of the exercise to identify and record equipment within the Trust, equipment that has past the service due date (or where such date is unknown) should be removed from	This will be explored as part of the specification for the clinical equipment electronic asset management system. In the interim, this will be reinforced via		Jul-20	Jan-21	Complete	Complete	Mar-22	Last Updated: 18/08/21 EMT A proportionality assessment undertaken to justify closing this	RDIF System delayed due to Covid 19. Head of ICT now leading on implementation of the trust wide asset	Use of web-based portal (blue folder) to track defibrillators following service and/or repair.		20	
296	19/20		Appropriately Equipped Paramedics	Limited	Jon Wilson	Brendan Lloyd	Medium	A central record of equipment disposals should be maintained. This should form part of the equipment register, once established. Documentation relating to disposals	Disposal documentation will be stored and filed at the clinical equipment hub and a central record of disposals will be maintained on the shared drive		Jan-20		Complete	Complete	Dec-19			Files in place at Clinical Equipment Hub		#NUM!	
297	19/20		Appropriately Equipped Paramedics	Limited	Greg Lloyd	Brendan Lloyd	Low	The periodic review of the standard equipment and consumables lists by the Clinical Equipment Working Group should be evidenced.	The standard lists will be a standing agenda item on the CEWG		Jan-20		Complete	Complete	Jan-20			On agenda 29/01/20		0	
298	19/20		Appropriately Equipped Paramedics	Limited	Greg Lloyd	Brendan Lloyd	Low	Membership of the CEWG should be reviewed and updated if necessary. Members should attend meetings regularly.	Membership will be reviewed at the January 2020 meeting		Jan-20		Complete	Complete	Jan-20			The TOR and membership were reviewed at the meeting on January 29th - Now complete.		0	
299	19/20		Appropriately Equipped Paramedics	Limited	Jon Wilson	Brendan Lloyd	Low	Review of Datix reports of equipment-related incidents and safety notices should be a standing agenda item for each meeting of the Clinical Equipment Working Group.	This will be a standing agenda item from January 2020 and a report will be submitted to future meetings highlighting themes and trends		Jan-20		Complete	Complete	Jan-20			On agenda 29/01/20		0	
300	19/20	P&C	Continuous Professional Development Management Follow up	Limited	Andrew Challenger / Sonia Thompson / Steve Clinton / Bob Tooby /	Claire Vaughan / Lee Brooks	High	Management should take action where individuals are not complying with CPD requirements.	Monthly information is provided from Education and Training to Area Operations Managers on compliance against the Statutory & Mandatory training requirements,	Jan-19	May-20	Nov-20	Complete	Complete	Oct-20	Mar20 - CPD and PADRs suspended due to COVID response. In addition, Band 6 competencies process	COVID response		#VALUE!		
300	19/20	P&C	Continuous Professional Development Management Follow up	Limited	Sonia Thompson	Claire Vaughan / Lee Brooks	High		Investigate and provide rationale to Director of Operations for the sub-standard documentation /return produced as part of this audit .	Jan-19	Mar-20	Sep-20	Complete	Complete	Sep-20	Last Updated: 22.10.20 It is recognised that variances between CPD records across EMS Response exists due to			6		
300	19/20	P&C	Continuous Professional Development Management Follow up	Limited	Andrew Challenger	Claire Vaughan / Lee Brooks	High	Staff should be reminded of their responsibilities to complete CPD activity in line with the updated Trust guidance and maintain structured records.	We accept the overall finding. Whilst we believe there has been improvement shown, we agree that timing of the audit has impacted on levels of assurance i.e. the	Jan-19	Apr-20	Oct-20	Complete	Complete	Dec-20	Last Updated 04.01.21 Staff have been reminded of their responsibilities to complete CPD activity		Yes	8		
300	19/20	P&C	Continuous Professional Development Management Follow up	Limited	Andrew Challenger	Claire Vaughan / Lee Brooks	High	The Trust should also consider encouraging staff to keep electronic CPD folders so they are more accessible to manage and maintain and for monitoring purposes. In the	We acknowledge the recommendation that electronic portfolios be implemented, but are mindful of the digital literacy of our multi-generational workforce	Jan-19	TBC Pending Roll Out	#VALUE!	Complete	Complete	Dec-20	Last Updated 04.01.21 iPads have been rolled out to operational staff. The CPD Guidance document is being	COVID response		#VALUE!		
300	19/20	P&C	Continuous Professional Development Management Follow up	Limited	Sonia Thompson	Claire Vaughan / Lee Brooks	High	Staff should be reminded of their responsibilities to complete CPD activity in line with the updated Trust guidance and maintain structured records. Management should take	A piece of work is to be undertaken to document local process and tests this for national consistency with the ambition to design a single process to be utilised by all.	Jan-19	Jun-20	Dec-20	Complete	Complete	Dec-20	Last Updated 04.01.21 A single process is now in place supported by the CPD Guidance document (which is			6		
300	19/20	P&C	Continuous Professional Development Management Follow up	Limited	Lisa Trounce	Claire Vaughan / Lee Brooks	High	Management should also consider performing periodic spot check audits of CPD folders to confirm compliance.	A process of spot checking (supported by the Ops Business Support Officers (BSOs)) will be introduced following the confirmed documented approach to data	Jan-19	Apr-20	Oct-20	Complete	Complete	Apr-21	Last Updated: 24.04.21 Following review of the CPD Guidance and a revised standard for EMS Response being	COVID response		12		
301	19/20	P&C	Continuous Professional Development Management Follow up	Limited	Andrew Challenger / Sonia Thompson / Steve Clinton / Bob Tooby /	Claire Vaughan / Lee Brooks	High	The Trust should also raise staff awareness and reinforce their responsibilities to complete 52 hours of CPD activity per annum, enhancing the campaign ran in previous years	Further communication has already been issued since completion of this re-audit to increase staff awareness. These include messages via Siren and Facebook; this is also	Jan-19	Apr-20	Oct-20	Complete	Complete	Dec-20	Last Updated 04.01.21 The Trust has raised staff awareness re: their responsibilities to complete 52hrs CPD.	COVID response		8		
301	19/20	P&C	Continuous Professional Development Management Follow up	Limited	Andrew Challenger / Sonia Thompson / Steve Clinton / Bob Tooby /	Claire Vaughan / Lee Brooks	High	CPD compliance reporting should focus consistently against the full 52 hours requirement in line with employment contracts. The Trust should also raise staff awareness and	We accept the finding made and offer the following responses on the elements of the recommendations: CPD compliance reported on at present denotes	Jan-19	May-20	Nov-20	Complete	Complete	Dec-20	Last Updated 04.01.21 It is now possible to record CPD in hours on ESR enabling staff to account for 52hrs CPD			7		
301	19/20	P&C	Continuous Professional Development Management Follow up	Limited	Andrew Challenger / Sonia Thompson / Steve Clinton / Bob Tooby /	Claire Vaughan / Lee Brooks	High	We concur with the Trust's proposal to continue to identify alternative solutions, including ESR, to record, monitor and report CPD hours across the organisation. This would ensure	It is acknowledged that, despite exploring potential solutions to improve central recording and reporting of paid CPD hours, we have not yet been able to resolve	Jan-19	Oct-20	Apr-21	Complete	Complete	Jul-21	Last Updated 30.06.21 Recommendation can now be CLOSED as this action is being progressed as part of			9		
302	19/20	P&C	Continuous Professional Development Management Follow up	Limited	Sonia Thompson / Lisa Trounce	Claire Vaughan / Lee Brooks	Low	As recommended in the previous audit, line managers should monitor individual learning logs on a regular basis to ensure events attended are approved in advance, are in line with	The amended guidance document includes a process for staff to apply to use CPD Hours for development opportunities. We anticipate that our improved communication of	Jan-19	Apr-20	Oct-20	Complete	Complete	Apr-21	Last Updated 24.04.21 Following review of the CPD Guidance and a revised standard for EMS Response being			12	N/A	
303	19/20	F&P	Single Tender Waivers	Reasonable	Sian Owens	Chris Turley	Low	The Trust should update its Procedure for the Use and Completion of Request to Waive Standing Financial Instructions in line with the new OJEU limits.	Agreed, noting that the thresholds were updated during the period of the Audit.		May-20	Nov-20	Complete	Complete	Mar-20	The thresholds were updated during the period of the audit.			#NUM!		

304	19/20	F&P	Single Tender Waivers	Reasonable	Jill Gill / Sian Owens	Chris Turley	Low	Where a single tender exceeds the OJEU threshold and it is determined that a VEAT notice is not required to mitigate the possibility of challenge, the justification should be clearly	Agreed. The STW form will be revised to include a section for providing an explanation if a VEAT Notice has not been published where a single tender exceeds the		May-20	Nov-20	Complete	Complete	Dec-20	Last updated: 07/01/21 This will be live from 1st December 2020. All actions are completed.			7	No	
305	19/20	F&P	Single Tender Waivers	Reasonable	Jill Gill / Sian Owens	Chris Turley	Low	The Trust should consider enhancing its Single Tender Waiver register with further details to provide greater clarity.	Agreed, although noting that much of this detail is captured on the detailed forms which are also kept on file alongside the actual register.		May-20	Nov-20	Complete	Complete	Dec-20	Last updated: 07/01/21 This will be live from 1st December 2020. All actions are completed.			7	Yes	
305	19/20	F&P	Single Tender Waivers	Reasonable	Jill Gill / Sian Owens	Chris Turley	Low	The Trust should consider enhancing its Single Tender Waiver register with further details to provide greater clarity.	The design of the STW form will be reviewed in conjunction with NWSSP colleagues to ensure all of this information is provided going forward (if applicable) and the		May-20	Nov-20	Complete	Complete	Dec-20	Last updated: 07/01/21 This will be live from 1st December 2020. All actions are completed.			7		
306	19/20	F&P	Single Tender Waivers	Reasonable	Jill Gill	Chris Turley	Low	The Trust should consider including the forms for approved single tender waivers in the papers submitted to the Audit Committee to allow appropriate review and scrutiny by members.	Audit Committee members will again be asked whether they wish to then receive all of the detailed documentation supporting the updated register information		Sep-20	Mar-21	Complete	Complete	May-20	This was taken to Audit Committee in May 2020 who were happy with the level of date that they receive is			#NUM!		
306	19/20	F&P	Single Tender Waivers	Reasonable	Sian Owens / Jill Gill	Chris Turley	Low	Single tender waiver forms should be completed with sufficient detail to demonstrate proper grounds for justification to waive competition in line with the Trust's Standing Financial	As per response to Recommendation 3 above, the design of the STW documentation will be reviewed for 2020/21 onwards. This will further improve		Sep-20	Mar-21	Complete	Complete	May-20	This was taken to Audit Committee in May 2020 who were happy with the level of date that they receive is			#NUM!		
307	19/20	F&P	Single Tender Waivers	Reasonable	Jill Gill	Chris Turley	High	The formal procurement process should be initiated in sufficient time ahead of the procurement deadline in order to avoid use of single tender waivers and to ensure ample	Agreed. Noting (as expressed in the finding) that there will always be the potential for certain circumstances where urgent action is required, all Trust managers will		Mar-20	Sep-20	Complete	Complete	May-20	Staff have been reminded that they need to issue a STW within at least 3 months of the			2		
308	19/20	F&P	Single Tender Waivers	Reasonable	Jill Gill / Sian Owens	Chris Turley	High	Financial and capability vetting of prospective contractors and suppliers should be undertaken prior to the single tender waiver being approved, and prior to the works or services	It is noted that financial vetting is undertaken and this will continue ongoing. As part of the STW documentation design review consideration will be given to how		May-20	Nov-20	Complete	Complete	Dec-20	Last updated: 07/01/21 This will be live from 1st December 2020. All actions are completed.			7		
308	19/20	F&P	Single Tender Waivers	Reasonable	Jill Gill / Sian Owens	Chris Turley	High	Financial and capability vetting of prospective contractors and suppliers should be undertaken prior to the single tender waiver being approved, and prior to the works or services	Discussions will be held with NWSSP Procurement colleagues to determine how capability vetting could be further improved, noting the challenges of doing so. At the		Jun-20	Dec-20	Complete	Complete	Dec-20	Last updated: 07/01/21 This will be live from 1st December 2020. All actions are completed.			6		
309	19/20	F&P	Single Tender Waivers	Reasonable	Jill Gill / Sian Owens	Chris Turley	Medium	Declarations of interests will be completed and signed for all individuals involved in each single tender waiver.	Agreed – will be included in the above design work on the STW documentation and compliance ensured going forward.		May-20	Nov-20	Complete	Complete	Dec-20	Last updated: 07/01/21 This will be live from 1st December 2020. All actions are completed.			7	NO	
310	19/20	QS&PE	Cleaning Standards	Limited	Jonathan Turnbull-Ross	Claire Roche / Chris Turley	High	We concur with management's intention to finalise, publish and implement the Cleaning Standards for Premises.	Recommendation accepted. We will finalise and publish our Cleaning standards for stations. We will develop an implementation plan for the standards.		May-20	Nov-20	Complete	Complete	Feb-21	Last updated: 18/02/21 IPC Team will update and incorporate the cleaning standards link to the Trust Cleaning		IPC matters are being managed, currently, through the Pandemic management structure. This has enabled provision of IPC specialist		9	NO
310	19/20	QS&PE	Cleaning Standards	Limited	Richard Davies	Claire Roche / Chris Turley	High	The Trust should also review the arrangements and resources in place to demonstrate and ensure adherence to its cleaning standards for premises.	We will review the arrangements in place to ensure adherence to the cleaning standards for premises. We will review the resources required to ensure adherence to		Jun-20	Dec-20	Complete	Complete	Sep-21	Last updated: 16/08/21 ADLT Deep Dive Review This is due to be discussed in the IPC Group in September	Covid 19 activity and HR delays are restricting the ability for IPC audit of Turst premises. H&S	Last update 05/07/21 A short term contract has been negotiated with contractors to undertake cleaning at the 45 stations identified as not	yes	15	
311	19/20	QS&PE	Cleaning Standards	Limited	Sonia Thompson	Claire Roche / Lee Brooks	High	We concur with management's proposal to continue to assess the long-term use of ATP testing as a form of effectively measuring cleaning standards for vehicles (including	We will review the arrangements and resources in place to demonstrate and ensure adherence to its cleaning standards for all vehicles across the		May-20	Nov-20	Complete	Complete	Apr-21	Last Updated 24.04.21 ATP testing is mainstream in MRD and phase 2 being rolled out to RRVs and			10	NO	
311	19/20	QS&PE	Cleaning Standards	Limited	Jonathan Turnbull-Ross	Claire Roche / Lee Brooks	High	The Trust should review the arrangements and resources in place to demonstrate and ensure adherence to its cleaning standards for all vehicles across the organisation.	We will assess the long term use of ATP testing to quality assure cleaning standards for vehicles.		May-20	Nov-20	Complete	Complete	Sep-21	Last updated: 09/08/21 ADLT Deep Dive Review Recommendation remain relevant and been partially	Limited resources of the IPC team (pending recruitment); additional financial requirements.	Action cards, information and guidance has been provided to staff. Furthermore, IPC Cell (pandemic structure) is able to provide advice to		15	
312	19/20	QS&PE	Cleaning Standards	Limited	Sonia Thompson	Claire Roche / Lee Brooks	High	Follow up action should be undertaken to address and resolve compliance issues and exceptions identified.	The practicalities of undertaking the Audits, action for non-compliance and action to be taken as a result of the findings of the audits will be addressed at the		May-20	Nov-20	Complete	Complete	Apr-21	Last Updated: 24.01.21 Any non-compliance to be identified via IPC Strategic Group and escalation to Snr Ops			10		
312	19/20	QS&PE	Cleaning Standards	Limited	Jonathan Turnbull-Ross	Claire Roche / Lee Brooks	High	We concur with the Trust that alternative audit methods should be considered to ensure more effective compliance monitoring.	Alternative Audit methods will be considered via the IPC Steering group.		May-20	Nov-20	Complete	Complete	Sep-21	Last updated: 09/08/21 ADLT Deep Dive Review Recommendation remain relevant and been partially	Limited resources of the IPC team; further the IPC Strategic Group has been stood down during the Covid-19	Existing control measures; limited use of ATP testing / audit checks (due to resources)		15	
313	19/20	QS&PE	Cleaning Standards	Limited	Jonathan Turnbull-Ross	Claire Roche	Medium	Cleaning standards should be discussed and monitored at the IPC Strategic Group and escalated through the Trust's governance structures appropriately. Minutes and action logs	The Terms of Reference for the IPC Steering group (including membership) will be reviewed and shared with all Directors.		Mar-20	Sep-20	Complete	Complete	Mar-21	Last updated: 06/05/21 The paper was presented to EMT on 29/03/21			11		

314	19/20	F&P	Travel and Subsistence Expenses Follow up	Reasonable	Estelle Hitchon	Estelle Hitchon	Medium	Negotiations with NWSSP Procurement Services should be carried out in order to determine the next steps to complete the overall tender process for the Trust's	Agreed. Progress being made to implement new arrangements from 1 April 2020. The fact that no tender responses were received actually allows some flexibility and	Mar-19	Apr-20	Oct-20	Complete	Complete	May-20	Given there was no response to the tender exercise, Capita will continue to provide the service, albeit through		Yes	1		
314	19/20	F&P	Travel and Subsistence Expenses Follow up	Reasonable	Estelle Hitchon	Estelle Hitchon	Medium	For the interim period, existing frameworks still being used by the Trust should be reviewed and signed up to. Additionally, the listing of all approved hotels used by the Trust,	As a result of the lack of response to the tender exercise, and the Trust continuing to utilise Capita Travel and Events Ltd as its sole source of travel services, at least	Mar-19	Apr-20	Oct-20	Complete	Complete	Mar-21	Last Updated 04.01.21 CPD Guidance document is being revisited to refine it further. As we now			11		
315	19/20	F&P	Travel and Subsistence Expenses Follow up	Reasonable	Jason Collins	Chris Turley	Low	The Trust should continue to strengthen its current arrangements including: strengthening scrutiny of savings schemes that are	The overall savings delivery requirement for the Trust is currently undergoing an overhaul via the Assistant Director Leadership Team, especially given	Mar-19	Jun-20	Dec-20	Complete	Complete	June 20	Travel savings are not a specific scheme included in the 20/21 £4.3m Trust savings target.		Yes	0		
316	19/20	F&P	Travel and Subsistence Expenses Follow up	Reasonable	Jason Collins	Chris Turley	High	The Trust should explore implementing the tolerance threshold functionality within Oracle in order to approve travel and subsistence invoices, particularly in relation to	The use of the tolerance function within Oracle has not been implemented as at present the Trust has an arrangement for a consolidated invoice from Capita,	Jan-19	Jun-20	Dec-20	Complete	Complete	Dec 20	Last updated: 07/11/20 new contract in place from 04/01/21 enabling this to be closed.			#VALUE!		
316	19/20	F&P	Travel and Subsistence Expenses Follow up	Reasonable	Estelle Hitchon	Estelle Hitchon	High	With the embedding of the Trust's revised travel and subsistence guidelines, appropriate controls should be designed and implemented to prevent misuse of the guidelines, to	In conjunction with the issuing of revised guidance, the previous direct debit arrangement has been cancelled. As an interim measure, and pending next steps in relation	Mar-19	Jun-20	Dec-20	Complete	Complete	Dec-20	Last updated: 31/12/20 Now that signature of the enabling agreement above has been effected, purchase	Last updated: 03/11/20 We are continuing with the manual system of the ensuring individual orders are in place and then signed off			6	
317	19/20	F&P	CAD Benefit realisation	Reasonable	Steve Clinton	Lee Brooks	Medium	A benefits realisation plan should be defined for the CAD project.	Accepted. The Trust will continue the work to provide further baseline data where this is possible and to produce the formal Benefits Realisation Plan in order to		Sep-20	Mar-21	Complete	Complete	Oct 20	Last Updated: 28.10.20 CAD benefits realisation exercise is complete and due for sign off at CCC audit mtg first		Yes	#VALUE!		
318	19/20	F&P	Information Systems Security - Appropriate Access to Systems (Leavers) Follow up	Reasonable	Nicki Maher	Andy Haywood	Medium	User access audits of the CAD, Cleric, Datix, ESR and Omnicell systems should be performed regularly, in line with the timetable for their rollout, and any identified potential security	The first round of user audits against systems were completed during February and final reports are awaited. These will be reviewed to identify any issues and learning.	Sep-19	Jul-20	Jan-21	Complete	Complete	Jan-20	Audits completed in January 2020, included any low level actions required as a result of the audit - a plan is in	n/a	An Audit Procedure, Audit Report Template, and Audit Plan Template were created as part of the Audit Programme. Further system	Yes	0	
318	19/20	F&P	Information Systems Security - Appropriate Access to Systems (Leavers) Follow up	Reasonable	Kara Walsh	Andy Haywood	Medium	ICT should receive a monthly ESR report from Workforce & Organisational Development to be reviewed in order to provide a catch-all control for individuals who have	The current ICT notifications originate from ESR, however a monthly catch all report will be trialled for 6 months to see if it assist with identification of leavers	Sep-19	Sep-20	Mar-21	Complete	Complete	Oct 20	Last updated: 06/11/20 The trial of a monthly report didn't deliver any perceived benefit. The issue of timely	Datix			0	
319	19/20	F&P	Information Systems Security - Appropriate Access to Systems (Leavers) Follow up	Reasonable	Aled Williams	Andy Haywood	Low	The recording of devices in the USB asset register should be enhanced to include movements relating to the transitional period whereby devices are moved out of stock for encryption	Review progress Q4 2020/2021 Review the procedures for USB allocation, ensuring it aligns to Trust ICT Asset Management Procedures.	Mar-19	Sep-20	Mar-21	Complete	Complete	Sep-20	Last updated: 06/11/20 USB device allocated to individuals if there is a business need and approved. USB assets	CAD			0	
319	19/20	F&P	Information Systems Security - Appropriate Access to Systems (Leavers) Follow up	Reasonable	Richard Davies	Chris Turley	Low	Request and obtain approval for capital budget in order to complete the implementation of the Paxton Door access system across the remaining Trust locations.	All Estates work schemes now include an element of funding to introduce the door access system at these stations. In addition a further bid to discretionary capital	Jun-19	Mar-21	Sep-21	Complete	Complete	Aug-21	Last updated: 17/08/21 ADLT Deep Dive Review This piece of work continues as development works	Access to capital funding will delay the progress of the roll out across the entire of the estate although good			5	No
321	19/20	F&P	Information Systems Security - Appropriate Access to Systems (Leavers) Follow up	Reasonable	Sara Williams / Rachel Watling	Andy Haywood / Claire Vaughan	Low	In order to minimise the Trust's exposure to overpayments, leavers' forms should be completed in a timely manner, typically before each employee's leaving date, and	In the interim a communication campaign will be undertaken to remind staff and managers of the need for timely completion and return of leaver's forms.	Mar-19	Apr-20	Oct-20	Complete	Complete	Apr-20	This is an ongoing process. Messaging was published on Siren and closed Facebook encouraging colleagues		Yes	0		
321	19/20	F&P	Information Systems Security - Appropriate Access to Systems (Leavers) Follow up	Reasonable	Sara Williams / Craig Garner	Andy Haywood / Claire Vaughan	Low	In order to minimise the Trust's exposure to overpayments, leavers' forms should be completed in a timely manner, typically before each employee's leaving date, and	Work is ongoing through the Information Champions group to identify improvements in the Trust Starters, Leavers and Movers process. A review of progress will	Mar-19	Sep-20	Mar-21	Complete	Complete	Oct 20	Last updated: 06/11/20 1. Ensuring a leavers checklist is placed on the Trusts HR Hub, and has been			0		
322	19/20	P&C	Personal Safety Violence and Aggression	Reasonable	Nicola White	Claire Roche	High	That Trust management approve and issue a revised Violence and Aggression policy that includes clarification on the areas identified above. b) Once approved, the Trust	We accept the finding made and offer the following responses on the elements of the recommendations: The draft V&A Policy is in development and will be		Sep-20	Mar-21	Complete	Complete	Aug-21	Last updated: 17/08/21 ADLT Deep Dive and Meeting with JB/JTR/HW a) V&A Policy approved	16/08/21Capacity issues within H&S function impacting on ability to undertake action			11	
323	19/20	P&C	Personal Safety Violence and Aggression	Reasonable	Nicola White	Claire Roche	Low	That Trust management update the Violence and Aggression policy to reflect current processes for reporting of violence and abuse category incidents against staff on Datix, in	We accept the overall finding and will take the following action to address the recommendations made: The Datix system will be modified to create a place to		Sep-20	Mar-21	Complete	Complete	Feb-21	Last updated: 28/04/21 Flowcharts developed and incorporated into approved V&A Policy.			5		
324	19/20	P&C	Personal Safety Violence and Aggression	Reasonable	Nicola White	Claire Roche	Low	That the revised Violence and Aggression policy should clarify that the views of the staff member who was attacked, whether physically or verbally, are key and that their wishes	We accept the overall finding and will take the following action to address the recommendations made: The draft policy will be revised and amended where		Sep-20	Mar-21	Complete	Complete	Aug-21	Last updated: 17/08/21 ADLT Deep Dive and Meeting with JB/JTR/HW a) Closed on the basis	16/08/21Capacity to upload and maintain V&A webpage. V&A /ORV awareness training to be			11	
325	19/20	P&C	Personal Safety Violence and Aggression	Reasonable	Nicola White	Claire Roche	High	That Trust management provide training, supported by detailed guidance, for the managers of violence and abuse category incidents on Datix so that the information to be recorded	We accept the overall finding and will ensure the actions previously identified under recommendations 1 and 3 also address these recommendations.		Sep-20	Mar-21	Complete	Complete	Aug-21	Last updated: 17/08/21 ADLT Deep Dive and Meeting with JB/JTR/HW V&A policy approved.	Requiring approval of H&S Transformation Plan to allow for new processes to be established.			11	

326	19/20	P&C	Personal Safety Violence and Aggression	Reasonable	Nicola White	Claire Roche	Medium	That Trust management consider developing the email alert process to include Datix incidents recoded as violence and abuse. b) That the Project Officer reconciles those	We accept the overall finding and will take the following action to address the recommendations made: A review of current process and possible solutions with		Jun-20	Dec-20	Complete	Complete	Aug-21	Last updated: 17/08/21 ADLT Deep Dive and Meeting with JB/JTR/HW	16/08/21Capacity issues within H&S function impacting on ability to undertake action			14		
327	19/20	P&C	Personal Safety Violence and Aggression	Reasonable	Nicola White	Claire Roche	Medium	a) That Trust management ensure that the Project Officer is provided with, and uses, a dedicated secure shared area where his records of contacts with the Police, Crown Prosecution	We accept the overall finding and will take the following action to address the recommendations made: A shared drive will be made available for the Project Officer. All		Apr-20	Oct-20	Complete	Complete	Aug-21	Last updated: 17/08/21 ADLT Deep Dive and Meeting with JB/JTR/HW	16/08/2021 Capacity issues within H&S function impacting on ability to undertake action			16		
328	19/20	P&C	Personal Safety Violence and Aggression	Reasonable	Helen Watkins	Claire Vaughan	Low	That Trust management should actively promote the development and implementation of a systems solution to link staff absences with related violence and abuse category	We accept the overall finding and note the recommendation made, however, whilst it would be desirable to have a link between systems, this is not an immediate		Sep-20	Mar-21	Complete	Complete	Aug-21	Last updated: 17/08/21 ADLT Deep Dive and Meeting with JB/JTR/HW The Trust has reviewed				11		
329	19/20	P&C	Personal Safety Violence and Aggression	Reasonable	Nicola White	Claire Vaughan	Medium	That Trust management consider updating the Datix format to include a standard section on lessons learned for each violence and abuse category incident. Regional Health and Safety	We accept the overall finding and will take the following action to address the recommendations made: A review of current training and guidance for managers using		May-20	Nov-20	Complete	Complete	Sep-21	Last updated: 17/08/21 ADLT Deep Dive and Meeting with JB/JTR/HW a) The Trust has	16/08/21Approval of the Working Safely Programme Action Plan. Full implementation of			16		
330	19/20	P&C	Volunteer Car Drivers' Governance Arrangements Follow Up	Reasonable	Pennie Walker	Lee Brooks	Medium	That Trust management ensure that all volunteer car drivers' documentation monitored by the VCS Administrators is effectively managed to ensure that all historic records, pre	The Volunteer Manager will ensure that all historic records of volunteer car drivers' documentation, pre November 2019, are updated.	Mar-19	May-20	Nov-20	Complete	Complete	Oct-20	Last updated 18.11.20 - Robust system in place. Audit recommendation satisfied.	Last Updated 23.10.20 - Reliant on Cleric Cheker report every month	Last Updated 23.10.20 - Admins run Cleric report every month	Yes	5	No	
330	19/20	P&C	Volunteer Car Drivers' Governance Arrangements Follow Up	Reasonable	Pennie Walker	Lee Brooks	Medium	That Trust management ensure that current driver licences are obtained for all volunteer car drivers and that monitoring records clearly contain licence expiry dates for all drivers,	The Volunteer Manager will ensure that copies of current driver licences are obtained for all volunteer car drivers and that monitoring records clearly contain	Mar-19	Apr-20	Oct-20	Complete	Complete	Aug-20	Last updated 18.11.20 - Confirmed completed in Aug20.			Yes	4		
330	19/20	P&C	Volunteer Car Drivers' Governance Arrangements Follow Up	Reasonable	Pennie Walker	Lee Brooks	Medium	That Trust management supplement the current annual check of all driver licences with an in-year review of all licences due to expire in the forthcoming 12 months.	Commencing April 2020, the Volunteer Manager will implement a system of 6 monthly checks of all driving licences to enable early identification of those due to	Mar-19	Apr-20	Oct-20	Complete	Complete	Nov-20	Last updated 18.11.20 - Current VCDs have all undergone appropriate checks, including those re: COVID-19. Any new				7		
331	19/20	P&C	Volunteer Car Drivers' Governance Arrangements Follow Up	Reasonable	Pennie Walker	Lee Brooks	Medium	That Trust management review the expense claim form detail required to support mileage claimed to ensure that the format is General Data Protection Regulation (GDPR)	The Volunteer Manager will review the expense claim form details to ensure the format is GDPR compliant and provides enough information to enable effective pre-	Mar-19	Apr-20	Oct-20	Complete	Complete	Aug-20	Last updated 18.11.20 - Confirmed completed in Aug20.			Yes	4		
331	19/20	P&C	Volunteer Car Drivers' Governance Arrangements Follow Up	Reasonable	Pennie Walker	Lee Brooks	Medium	That Trust management ensure that all volunteer car drivers submit monthly expense claims using the Trust approved claim format only.	The Volunteer Manager will ensure that all volunteer car drivers submit monthly expense claims using the Trust approved claim format only.	Mar-19	Mar-20	Sep-20	Complete	Complete	Jan-21	Last updated 04.01.21 Run forms currently submitted but pose GDPR issues. Solution is to issue PDA (Smart			Yes	10		
332	19/20	P&C	Volunteer Car Drivers' Governance Arrangements Follow Up	Reasonable	Pennie Walker	Lee Brooks	Medium	That Trust management ensure that the current process for monitoring applications is continued through to driver recruitment and induction and that the Volunteer Manager reviews	The Volunteer Manager will continue to monitor applications and review for limitations and delays in the process. Any issues identified will be mitigated	Mar-19	Ongoing	#VALUE!	Complete	Complete	Jan-20	Complete as it is an ongoing process			Yes	10		
332	19/20	P&C	Volunteer Car Drivers' Governance Arrangements Follow Up	Reasonable	Mark Harris	Lee Brooks	Medium	That Trust management support the timely approval of the New Driver Guide and its distribution to all volunteer car drivers.	The NEPTS Interim Deputy Director will approve the 'New Driver Guide' which will be issued to all new and existing car drivers.	Sep-19	Apr-20	Oct-20	Complete	Complete	Aug-20	Last updated 18.11.20 - Confirmed New Driver Guide approved by ADO for NEPTS and is issued to VCDs	Existing & covid guidance in place 23.10.20 - No change		Yes	4		
333	19/20	P&C	Volunteer Car Drivers' Governance Arrangements Follow Up	Reasonable	Pennie Walker	Lee Brooks	Medium	That Trust management support the delivery of the benefits to be made from periodic meetings with volunteer car drivers, to share experiences, deliver refresher training and address	The Volunteer Manager will arrange for periodic meetings with drivers throughout the year as well as opportunities to share experiences through bi-monthly	Sep-19	Mar-20	Sep-20	Complete	Complete	Nov-20	Last updated 18.11.20 - Occ Health Dept assessing all new VCDs routinely. Completion not dependent upon	Last Updated 23.10.20 - OH currently reviewing all driver medical examinations	Yes	8			
333	19/20	P&C	Volunteer Car Drivers' Governance Arrangements Follow Up	Reasonable	Pennie Walker	Lee Brooks	Medium	That Trust management ensure that the current training needs identified are delivered in a timely manner.	The Volunteer Manager will ensure the current identified training needs are delivered.	Sep-19	Dec-20	Jun-21	Complete	Complete	Nov-20	Last updated 18.11.20 - VCDs now have access to e-Learning enabling progress to be made. Further work to be	Last Updated 23.10.20 - 3 regional groups formed. All volunteers inputting into Strategy			0		
333	19/20	P&C	Volunteer Car Drivers' Governance Arrangements Follow Up	Reasonable	Pennie Walker	Lee Brooks	Medium	That Trust management ensure that volunteer car driver medical examinations performed are consistent with those identified as required in the Trust Volunteer	The Trust's Volunteer Strategy will be launched, along with the supporting Volunteer Action Plan circa Q1 of 2020/21. One of the actions in the plan will be to	Sep-19	Mar-21	Sep-21	Complete	Complete	Nov-20	Last updated 18.11.20 - Letters sent to VCDs regularly, particularly during Covid-19. Monthly meetings also	Last Updated 23.10.20 - Not all volunteers want or are able to join	Last updated 23.10.20 - 23.10.20 The use of Zoom during pandemic has meant more drivers are able to participate without physically			0	
333	19/20	P&C	Volunteer Car Drivers' Governance Arrangements Follow Up	Reasonable	Pennie Walker	Lee Brooks	Medium	That Trust management support the continued recognition of the value to the Trust that volunteer car drivers provide, and promote the development of relevant content in	The Volunteer Strategy will increase the profile and recognition of Volunteers across the Trust. The Volunteer Manager will ensure that the value of the volunteer car	Sep-19	Mar-20	Sep-20	Complete	Complete	Nov-20	Last updated 04.01.21 VCS has developed its own newsletter - first issue going out wc: 23.11.20. VCS also			Yes	8		
334	20/21	F&P	Environmental Sustainability Reporting	Not Rated	Richard Davies	Chris Turley	Low	A thorough quality review of the Environmental Sustainability Report should be undertaken by management before it is published to confirm compliance with the NHS Wales	Agreed		Aug-20		Complete	Complete	Oct 20	Last updated: 06/11/20 The environmental sustainability report for 2020 was completed by the dedicated officer						

335	20/21	QS&PE	Annual Quality Statement	Not Rated	Darryl Collins	Claire Roche	Low	When the QSG meet to discuss the AQS, further emphasis should be made on what constitutes as appropriate evidence to support statements made. This will help	The production of the AQS started early this year and in line with the recommendations noted in last year's audit recommendations with the Quality Steering Group (QSG)		Aug-20		Complete	Complete	Sep-20	Last updated: 11/11/20 This was submitted to QuEST Committee in September 2020		Yes	1	No
336	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies / Nia Coburn	Chris Turley	Medium	1. The Project Board should meet with continuity throughout a project, to provide appropriate control, scrutiny, challenge and oversight (and at future projects) (D).	1 – The decision was made to have bi-monthly meetings at the beginning of the project as there was limited progress due to the Covid 19 outbreak. Also due to the		At future projects ???		Complete	Complete	Jan-21	Last updated: 04.01.2021 Agreed that all future projects will have Project Board meetings	Operational escalation level within the Trust may result in non-essential meetings being cancelled.	Yes	#VALUE!	
337	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies	Chris Turley	Medium	2. Terms of Reference should be produced to clarify the role of the Design Team (O)	2 – Noted, however the Design Team were appointed to undertake the works in line with the RIBA plans of work.		Dec-20		Complete	Complete	Jan-21	Last updated: 04.01.2021 This risk was directly related to the external Project Team appointed		Yes	1	
338	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies	Chris Turley	Low	3. Project discussions / decisions outside a formal project team meeting should be clearly documented to provide a robust audit trail of project progression and decisions made (O).	3- Noted, this element of work was managed by the external Project Manager and assurances by WAST will take place in the future to ensure this is carried out.		Immediately / Ongoing		Complete	Complete	Jan-21	Last updated: 04.01.2021 Agreed that all future projects will have an established Project			#VALUE!	
339	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies	Chris Turley	Medium	4) Progress updates for all major projects (including Cardiff MRD) should be included as a standing agenda item at the Capital Management Board (O).	4) Agreed, however this project was on hold due to Covid 19, which was also the reason a small number of CMB meetings were cancelled, however this is a standing agenda		Nov 20 onwards		Complete	Complete	Jan-21	Last updated: 04.01.2021 In normal practise all major WG projects would be reported on	Operational escalation level within the Trust may result in non-essential meetings being cancelled	Yes	#VALUE!	
340	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies	Chris Turley	Medium	5) The Welsh Government Project Progress Reports (PPR) should be received and scrutinised by an appropriate forum, ensuring timely submission to Welsh Government (e.g.	5) Agreed, this was a one-off error, with the PPR for October 2020 submitted to Welsh Government before the deadline.		Nov 20 onwards		Complete	Complete	Jan-21	Last updated: 04.01.2021 All future reports will be submitted to WG by the agreed deadline,		Yes	#VALUE!	
341	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies	Chris Turley	Medium	6. Project Initiation Documents should be prepared at the outset of a project, and updated throughout as required (O).	6. Agreed, however this project has been long standing and its need has been further reinforced by the Estates Strategic Outline Programme that was endorsed by		At future projects ???		Complete	Complete	Jan-21	Last updated: 04.01.2021 It has been relayed to the Capital Team that a PID needs to be written		Yes	#VALUE!	
342	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies	Chris Turley	Medium	7. The Trust project risk register should be further developed to ensure a wider range of risks are considered and monitored against available contingencies (in line with the	7. Advice has been sought from Welsh Government, with a comprehensive risk register now produced. Following review by Audit, this recommendation has		Dec-20		Complete	Complete	Dec-20	Actioned since fieldwork			0	
343	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies	Chris Turley	Medium	8. Key performance indicators should be maintained for relevant parties (advisers, contractor) throughout the project (D).	8. Agreed, a brief was issued to the external consultants in-line with scope of the works and the Project Director maintains regular contact with the Design Team Leads to		Dec-20		Complete	Complete	Jan-21	Last updated: 04.01.2021 In future Key Performance Indicators will be put in place to		Yes	1	
344	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies	Chris Turley	Medium	9. A central project repository should be maintained by the internal project team, containing all relevant project information (including that prepared/managed by	9. Agreed, going forward all projects will have a central document sharing system to retain documents, the infrastructure now available as a result of utilising		Dec-20		Complete	Complete	Jan-21	Last updated: 04.01.2021 All projects internal to WAST have a central document sharing		Yes	1	yes
345	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies	Chris Turley	Low	10. The documentation of the contract selection assessment process at future projects should record all options considered with sufficient rationale included to fully support the option	10. Agreed and noted for the future, as above, all options were appropriately considered, but we recognise the justification document did not reflect this.		At future projects ???		Complete	Complete	Jan-21	Last updated: 04.01.2021 The Project Director acknowledges and future decisions				No
346	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies	Chris Turley	Low	11. Contract award reports should document and assess potential reasons for reduced numbers of tender returns. Such assessment should also be considered at the post	11. Agreed, however this was considered at tender stage and advice was sought from NWSSP, this advice was followed, although in hindsight the option presented		At future projects ???		Complete	Complete	Jan-21	Last updated: 04.01.2021 NWSSP is aware of the result following their advice. They have a		Yes		
347	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies	Chris Turley	Medium	12. The use of the letter of intent at this project should be retrospectively reported to the Board (O).	12. Advice was sought from Specialist Shared Services regarding LoI and we were advised to seek Legal Advice relating to Covid-19 clauses and this was duly provided		Dec-20		Complete	Complete	Jan-21	Last updated: 04.01.2021 As noted in column J in future if a letter of intent is required it will				
348	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies	Chris Turley	High	13. The construction contract should be finalised and executed as soon as possible (O).	13. On 9th November 2020 it was confirmed the construction contracts had been signed and sealed by WAST to be returned to the contract administrator by 13th		Nov-20		Complete	Complete	Dec-20	Need update why this is closed				
349	20/21	F&P	Cardiff Make Ready Depot	Reasonable	Richard Davies	Chris Turley	High	14. Framework call-off contractual documentation should be completed by all parties and retained by the Trust (O). See also recommendation 9	14. Agreed, details of the mini competition will be reviewed for consideration. The NPS framework allowed WAST to have a call off contract with the successful		Dec-20		Complete	Complete	Jan-21	Last updated: 04.01.2021 All framework call-off contractual documentation will be		Yes		
350	20/21	P&C	Short Term Sickness Absence Management	Reasonable	Dr Catherine Goodwin	Claire Vaughan	Low	1. The Trust's Wellbeing Strategy should be finalised and the associated policies reviewed and updated or removed from the intranet site.	1. The Health and Wellbeing Strategy is due to be finalised and published by the end of November 2020. To reflect the strategy a colleague experience/ wellbeing		Feb-21		Complete	Complete	Jun-21	Last updated 14 July 2021 The wellbeing strategy has been published and the Employee			4	

351	20/21	P&C	Short Term Sickness Absence Management	Reasonable	Helen Watkins	Claire Vaughan	Low	2. The HR report that highlights managers and supervisors that have attended training should be reviewed, and those managers that have not attended training should be	2. A schedule of training sessions have taken place to ensure managers are trained and in line with the All Wales Attendance at Work Policy. These sessions were		Dec-20		Complete	Complete	Nov-20	Last updated 26.01.21 Report has been produced and new training dates published on the	The Trust was in REAP 4, which may have impacted on managers capacity to attend this training			
352	20/21	P&C	Short Term Sickness Absence Management	Reasonable	Helen Watkins	Claire Vaughan	Medium	3. As part of the review of sickness documentation, including the return to work form, a statement should be included to ensure that staff are signing to confirm they have not	3. The inclusion of a statement confirming that staff have not undertaken any other work whilst on sickness absence (unless agreed by the manager) will be added to		Dec-20		Complete	Complete	Jan-21	Last updated 26.01.21 New RTW form has been developed and published on the Intranet. HR colleague				No
353	20/21	P&C	Short Term Sickness Absence Management	Reasonable	Helen Watkins	Claire Vaughan	Low	4. Regular checks should be undertaken between the absence information in GRS and ESR to ensure staff absence records are accurate. The HR audit process should include a	4. This will be picked up as part of the Resource Availability Work that is ongoing. HR and Resource will run reports from ESR and GRS quarterly and check for accuracy.		01/01/2021 Qtrly thereafter		Complete	Complete	Feb-21	Last Updated 24.02.21 This requires a manual cross checking process which is now being undertaken, but is				No
354	20/21	P&C	Short Term Sickness Absence Management	Reasonable	Helen Watkins	Claire Vaughan	Low	5. The records of findings and recommendations following an audit should be updated with details on whether the actions have been addressed.	5. These audits are completed by a member of the HR Hub Team and the team will be asked to follow up on any actions that have fallen out of the previous audits that they		Apr-21		Complete	Complete	Nov-20					
355	20/21	P&C	Short Term Sickness Absence Management	Reasonable	Judith Bryce / Helen Watkins	Claire Vaughan	Low	6. Managers should be reminded of the requirement to undertake return to work interviews with the member of staff as soon as possible following their return.	6. During the regular attendance at work meetings and linking with directorates across the Trust, managers will be reminded by the HR Representative of the		Jan-21		Complete	Complete	Jan-21	Last Updated 26.01.21 HR colleague has attended directorate management meetings and reiterated the need				
356	20/21	P&C	Short Term Sickness Absence Management	Reasonable	Judith Bryce / Helen Watkins	Claire Vaughan	Low	7. As reporting is being developed, reports should include a review of short-term absences, particularly those that could result in a repeat or long-term absence, including	7. When OH receive a Datix which indicates any MSK injury, this is forwarded to Health and Wellbeing team and the staff member is emailed with information on		Apr-21		Complete	Complete	Mar-21	Last Updated 24.02.21 There is a process in place for a proactive review of DATIX and ESR data by the				No
357	20/21	F&P	Fleet Disposal	Reasonable	David Holmes	Chris Turley	Medium	1. The Board should approve the criteria for optimal replacement of each category of vehicle e.g. condition, age and mileage. 2. Vehicle replacement strategies	1 & 2. Agreed – While effectively the above describes the useful life, we will further detail the matters affecting this in the Vehicle Disposal Policy.		Mar-21		Complete	Complete	Mar-21	Last updated 30.04.2021 The Fleet SOP refresh and the Fleet Replacement BICs are approved by SOPDG				No
357	20/21	QS&PE	Safeguarding Referral Process	Reasonable	Nikki Harvey	Claire Roche	High	1. A clear audit trail should be maintained to evidence the appropriate completion of both actions detailed in the implementation plan and quality assurance checks	1. Recommendation accepted. The Safeguarding Team, ICT and DocWorks will collate all evidence available to support the implementation to date however		Apr-21		Complete	Complete	Mar-21	Last updated 05/05/21 Core business and audit to be completed by Dec 2021				
358	20/21	F&P	Fleet Disposal	Reasonable	David Holmes	Chris Turley	Medium	3. Target fleet mix and numbers derived from the Demand and Capacity review will be updated to reflect hospital developments such as the Grange on an annual basis to	3. Agreed - The Fleet Management Team is actively involved in the analysis of the 2019 Demand and Capacity recommendations and any subsequent Fleet implications.		Mar-21		Complete	Complete	Complete for 20/21	Last updated 30.04.2021. Fleet continue to be a stakeholder in the D&C review and the				
358	20/21	QS&PE	Safeguarding Referral Process	Reasonable	Nikki Harvey	Claire Roche	Medium	2. The Trust should encourage Local Authorities to enable the functionality within the Docworks system which notifies the Safeguarding Team each time a referral	2. Recommendation not accepted. The method described above would not be acceptable to the Organisation in its current form. However alternative methods are		Apr-21		Complete	Complete	Mar-21	Last updated: 31/03/2021 Unable to identify any area which has this automatic facility. WAST can				
359	20/21	F&P	Fleet Disposal	Reasonable	David Holmes	Chris Turley	Medium	4. Management will confirm the adequacy of consultation arrangements with other health bodies to derive of vehicle forecasts. (O)	4. Agreed- The Fleet Management Team engages with the Operational and Strategic Planning & Performance Teams regularly to scope requirements arising from		Mar-21		Complete	Complete	Jul-21	Last Updated 05.07.2021 The Fleet SOP refresh has been finalised and submitted to WG for				
359	20/21	QS&PE	Safeguarding Referral Process	Reasonable	Nikki Harvey	Claire Roche	Medium	3. Evidence should also be retained, for example in a competency assessment evidence portfolio, to support completion of the safeguarding training requirements for	3. Requirements for level 3 – 5 are guidance only and when this training is commenced in the Organisation they will be encouraged to make use of a		Apr-21		Complete	Complete	Mar-21	Last updated: 31/03/2021 Responsibility lies with the Registrant to ensure they maintain				
360	20/21	F&P	Fleet Disposal	Reasonable	David Holmes	Chris Turley	Medium	5. Working practices in relation to the sale of surplus vehicles should be assessed and adequately defined within policies and procedures. (D)	5. Agreed- working practises will be assessed in particular those concerning vehicle "write offs". The decommissioning check lists will be refreshed and		Mar-21		Complete	Complete	Mar-21	Last updated 30.04.2021 Vehicle disposal Policy has been updated, approved and signed				
360	20/21	QS&PE	Safeguarding Referral Process	Reasonable	Nikki Harvey	Claire Roche	Medium	4. The review of the implementation and deployment of the Docworks safeguarding referral system should be completed as soon as practicable. This should be undertaken in	4. Recommendation accepted. Work is already ongoing.		Apr-21		Complete	Complete	Mar-21	Last updated: 31/03/2021 Process undergoes regular review as it is being implemented with				
361	20/21	F&P	Fleet Disposal	Reasonable	David Holmes	Chris Turley	Medium	6. Management should ensure compliance with the vehicle disposal, financial procedures, Standing Financial Instructions, and other applicable regulations.	6. Agreed- to be implemented immediately: I. Confirmation email from auction house that they are in receipt of the vehicle and all relevant		Mar-21		Complete	Complete	Mar-21	Last Update 30.04.2021 Both actions complete. Emails being received and indemnity forms				
363	20/21	F&P	Fleet Disposal	Reasonable	David Holmes	Chris Turley	Medium	9. An appropriate forum should receive regular, formalised reports on vehicle disposals for approval/adoption, improving openness and	9. Agreed – It is deemed that the Strategic Outline Plan Delivery Group for Fleet is the appropriate forum for receiving reports and approving vehicle disposals. The		Mar-21		Complete	Complete	Mar-21	Last updated 30.04.2021 Complete. The Vehicle Disposal Policy has been updated, approved and				

364	20/21	P&C	Job Evaluation	Limited	Helen Watkins	Claire Vaughan	High	1. The new local process for JAQ's is subject to agreement via normal governance routes and suitably project managed to ease its introduction. The process should be	1. Capacity within the Job Evaluation function is a recognised constraint and demand for the process continues to increase. The narrow range of national Job		Mar-21		Complete	Complete	Apr-21	Last updated 30/04/21 Proposal to implement a JAQ lite process was approved February 2021				
365	20/21	P&C	Job Evaluation	Limited	Helen Watkins	Claire Vaughan	High	2. A strategic assessment is undertaken of the job evaluation function and reported at Executive and Committee level.	2. This recommendation is accepted, and a strategic assessment of the current JE position will be provided to Executive Management Team in		Mar-21		Complete	Complete	Apr-21	Last updated:30/04/21 Strategic assessment submitted and accepted by EMT March 2021 and going				
366	20/21	P&C	Job Evaluation	Limited	Helen Watkins	Claire Vaughan	Medium	3. Job evaluation process 'housekeeping arrangements' are developed in response the introduction of the new JAQ process and changes in the strategic	3. Due to the previous JE administrator commencing maternity leave early due to Covid there was no opportunity for a hand over to be undertaken with		Apr-21		Complete	Complete	Apr-21	Last updated 30/04/21 Housekeeping arrangements reviewed and JE infrastructure in place. Arrangements				
367	20/21	P&C	Job Evaluation	Limited	Helen Watkins	Claire Vaughan	Medium	4. The Job Evaluation Hub on the intranet is developed to provide managers and staff with more relevant and detailed information.	4. This recommendation is accepted. The HR Hub JE section will be reviewed and updated accordingly. A Managers guide to JE and preparing job descriptions is		Aug-21		Complete	Complete	Aug-21	Last update 06/08/21 The current intranet page (Sharepoint) has been updated to provide managers and				
368	20/21	P&C	Job Evaluation	Limited	Julie Stokes	Claire Vaughan	Medium	5. A review is undertaken of the currently trained staff to identify those that are ready to play an active role in the job evaluation process and identify their training needs.	5. This recommendation is accepted. There is a commitment to increase trained matchers that are able to undertake JE. Due to the demands on service delivery		Sep-21		Complete	Complete	Nov-21	Last updated 07.01.2022 Two representatives (1 TU and 1 Management) attended the All Wales			2	
369	20/21	P&C	Job Evaluation	Limited	Helen Watkins	Claire Vaughan	Medium	6. A formal log of lessons learned from the 2019 AWJEG review should be drawn up. The log should identify appropriate corrective action and controls to address issues and can	6. This recommendation is accepted and a review of outstanding actions and lessons learned will be developed for AWJEG, EMT and reported through		Jul-21		Complete	Complete	Jul-21	Last update 06/08/21 A review of the 2019 All Wales feedback was undertaken in partnership on 20th				
370	20/21	P&C	Job Evaluation	Limited	Helen Watkins	Claire Vaughan	Medium	7. KPI's for the function should be developed and reported to management and if felt appropriate the relevant Committee.	7. This recommendation is accepted; the Trust will develop a set of appropriate Key Performance Indicators which will be reported through to EMT and people and		Jul-21		Complete	Complete	Apr-21	Last update 30/04/21 Metrics now included on Workforce Performance dashboard allowing				
384	20/21	F&P	111 Service Governance Arrangements	Reasonable	Richard Bowen / Andy Haywood	Andy Haywood	Medium	1. We recommend that the Trust reinstate regular reporting of 111 project status to Trust Board or sub-committee.	1. WAST acknowledges the risks in the current governance and work is ongoing to remediate where possible without slowing overall delivery. This includes the		Mar-21		Complete	Complete	Apr-21	Last updated: 29.04.2021 111 update planned for July F&P meeting				
386	20/21	F&P	IM&T Control and Risk Assessment	Not Rated	Andy Haywood	Andy Haywood	Low	As the organisation returns to business as usual the work to establish the digital directorate governance framework should continue with the intention of establishing a digital	ICT steering group failed to achieve Quoracy in the final months before the pandemic, therefore the purpose of the group needs to be reviewed to make it suitable for the		Sep-21		Complete	Complete	Jan-22	Last updated: 24.01.22 We have re-started the IGSG on 24 January and the intention is to widen the scope to			4	
387	20/21	F&P	IM&T Control and Risk Assessment	Not Rated	Aled Williams	Andy Haywood	Low	The organisation should maintain oversight of the extent to which IM&T satisfies obligations (regulatory, legislation, common law, contractual), internal policies, standards and	Internal Audit has been invited to review compliance against both ITIL and NIS regulations as part of the 2021/22 Audit Plan. Once complete, these		Dec-21		Complete	Complete	Dec-21	Last updated: 19.12.2021 NIS Workshops complete with DHCW and IA Service			0	
388	20/21	F&P	IM&T Control and Risk Assessment	Not Rated	Andy Haywood and Digital Management	Andy Haywood	Low	Consideration should be given to providing reports identifying risks that are not scored to escalation level due to low likelihood, however contain a severe worst case scenario. In doing	Risk reporting will be added to a monthly item at Digital Leadership Group, effective immediately.		May-21		Complete	Complete	Jul-21	Last Updated: 14.07.21 A deep dive will be undertaken on digital risks in September 2021				
394	20/21	F&P	IM&T Control and Risk Assessment	Not Rated	Andy Haywood	Andy Haywood	Low	The Trust should consider mandating that all staff complete the all wales NHS cyber training.	This is under consideration, together with board level training once capacity allows.		Nov-21		Complete	Complete	Oct-21	Last updated: 21.10.2021 SERG has no capacity to mandate cyber training, will continue to be			#NUM!	
395	20/21	F&P	IM&T Control and Risk Assessment	Not Rated	Aled Williams	Andy Haywood	Low	The Cyber Incident Management Procedure should be approved, communicated and regularly tested to ensure that this plan remains valid and fit for purpose.	This has been superseded by the recent ICT disaster recovery audit. Actions will be reported against those recommendations, however for				Complete	Complete	Oct-21	Last updated: 21.10.2021 This recommendation is closed and will be tracked via ICT DR Audit			1461	
397	20/21	F&P	IM&T Control and Risk Assessment	Not Rated	Andy Haywood / Aled Williams / Nia Hughes	Andy Haywood	Low	Critical assets should be identified and be subject to enhanced monitoring an assessment for risk / replacement.	This work has commenced with our resilience team to inform the Digital SOP and 'Digital Foundations' element of the digital strategy. This work should be		Sep-21		Complete	Complete	Oct-21	Last updated: 21.10.2021 Critical systems supporting 999, 111 and NEPTS have been			1	
400	20/21	F&P	IM&T Control and Risk Assessment	Not Rated	Aled Williams	Andy Haywood	Low	In the first instance, department BIA and BC plans should be reviewed to reflect the change to the landscape caused by the pandemic. When this is completed these	Response will be provided and tracked against the subsequent detailed BCDR audit to avoid duplication.				Complete	Complete	Oct-21	Last updated: 21.10.2021 This recommendation is closed and will be tracked via ICT DR Audit			1461	
402	20/21	F&P	IM&T Control and Risk Assessment	Not Rated	Aled Williams	Andy Haywood	Low	Recovery plans and procedures should be developed and approved to ensure that processing can be re-established, including recovery of missing data. Plans should identify the IT resources	To be reported and tracked against more detailed audit as above.				Complete	Complete	Oct-21	Last updated: 21.10.2021 This recommendation is closed and will be tracked via ICT DR Audit			1461	

406	20/21	F&P	ICT Disaster Recovery	Limited	Aled Williams	Andy Haywood	High	A formal policy/procedure should be developed, approved and communicated to all appropriate staff; as a minimum the backup policy/procedure should define the	The Trust backup system is automated and resilient, therefore whilst it is acknowledged that the lack of written policy to document this needs remediation for		Oct-21		Complete	Complete	Oct-21	Last updated: 21.10.2021 Procedure document developed and communicated to			0	
407	20/21	F&P	ICT Disaster Recovery	Limited	Aled Williams	Andy Haywood	High	A formal policy/procedure should be developed, approved and communicated to all appropriate staff; as a minimum the restoration testing policy/procedure should define the	The Trust backup solution provides two backup copies of data across two sites on disk and also reports on failed backups and copy activities. As a result the		Oct-21		Complete	Complete	Oct-21	Last updated: 21.10.2021 Procedure document developed			0	
408	20/21	F&P	Transformation Programmes – Change Management	Reasonable	Hugh Bennett	Rachel Marsh	Medium	Management should ensure that there is a clear link and read across from the PID to the various programme documentation, mainly the overall programme summary schedule, the	PID for EMS D&C Review programme to be updated to reflect the programme summary schedule, the benefits map and scorecard and also the 2021-24		Jun-21		Complete	Complete	Jul-21	Last Updated 15/07/21 The PID is on its 9th iteration, is up to date and includes the points raised in the				
409	20/21	F&P	Transformation Programmes – Change Management	Reasonable	Alex Crawford	Rachel Marsh	Medium	Management should ensure that there is a clear link and read across from the PID to the various programme documentation, mainly the overall programme summary schedule, the	Going forward WAST is seeking to ensure a consistent approach to its programme and project management framework which is currently under review. Where		Jun-21		Complete	Complete	Jul-21	Last Updated: 14.07.21 A Programme Definition Document (PDD) has been developed for				
410	20/21	F&P	Transformation Programmes – Change Management	Reasonable	Alex Crawford	Rachel Marsh	Low	Management should consider whether it would be appropriate to develop a Terms of Reference (ToR) for the EMS Demand and Capacity Programme Board or	WAST is currently reviewing its Programme and Project Management Framework. This will consider the need for a Terms of Reference alongside a Programme		Jul-21		Complete	Complete	Jun-21	Last updated: 26/10/21 EMS Demand and Capacity programme board – Now encompasses wider			#NUM!	
411	20/21	QS&PE	Concerns & Serious Adverse Incidents Management	Substantial	Wendy Herbert	Claire Roche	Low	An assessment is made, once normal activity levels return and new staff appointments are embedded in their roles, to consider if it is feasible to introduce some form of workload	As noted above, on-going assessment of workload and performance already occurs in the weekly Team meetings. The team are agile in their approach to the		May-21		Complete	Complete	May-21	Last update: 30/06/21 We do not therefore accept this recommendation as we feel it already happens.				
412	20/21	QS&PE	Concerns & Serious Adverse Incidents Management	Substantial	Wendy Herbert	Claire Roche	Low	Management should ensure that archived telephone call records are accessible.	We accept the recommendation of the storage of telephone calls and would work alongside our digital service colleagues to work through this.		Oct-21		Complete	Complete	Oct-21	Last updated: 16/11/21 The team now have timely access to calls, WH has worked with AW and the ICT team to			#NUM!	
414	20/21	F&P	NEPTS Journey Booking and Planning	Reasonable	Dean Bevan	Lee Brooks	Medium	a) Regional procedures should be reviewed to ensure consistency and a national procedure agreed that provides a consistent framework to work to, whilst including sections for	We will review the existing procedures in place as part of the creation of the new national Standard Operating Procedures and in conjunction with the Cleric		Oct-21		Complete	Complete	Oct-21	Last updated: 28/10/21 A process has been created and adopted by all control rooms and now exists in central			#NUM!	
416	20/21	F&P	NEPTS Journey Booking and Planning	Reasonable	Mark Harris	Lee Brooks	Medium	Data on themes, trends and learning from incidents / complaints should be included within the performance management meeting on a regular basis (i.e. quarterly), to ensure lessons	We will add measures on volumes of incidents/complaints to the quality dashboard and add a review of themes and trends as a standard agenda item to the NEPTS		Aug-21		Complete	Complete	Aug-21	Last Updated 30.06.21				
424	21/22	F&P	Service Management	Reasonable	Aled Williams	Andy Haywood	Low	This process should be owned and led by ICT. As the budget holder for Digital, the Head of ICT should be involved in the procurement and renewal of all ICT related contracts	The situation has improved over recent years with more involvement from ICT but we acknowledge there are still some historic areas to address.		Nov-21		Complete	Complete	Oct-21	Last updated: 21.10.2021 Appointment of ICT Contract Manager from 12.10.2021 will provide			#NUM!	
425	21/22	F&P	Financial Planning & Budgetary Control	Reasonable	Trish Mills	Trish Mills	Low	The Trust's SFI document review status requires clarification and the document needs to be updated to record the date on which it was last reviewed. Review dates should be	The Welsh Government issued revised model Standing Orders and SFI's for Trusts recently. These will be taken through a cycle of committees during the later part of		Dec-21		Complete	Complete	Dec-21	Last updated: 08/01/22 The SFIs have been reviewed by EMT and Audit Committee in December 2021 and are			#NUM!	
426	21/22	F&P	Financial Planning & Budgetary Control	Reasonable	Jill Gill	Chris Turley	Low	We recommend that all ASL forms for officers who are not budget holders record their authority level and that all are signed by the officer approving the set-up instruction.	This exception occurred due to a new member of staff undertaking duties in this area. The standard procedure is for forms completed for staff who are not budget		Aug-21		Complete	Complete	Sep-21	Last updated 25/10/21 This item was completed in September 2021 when further training was			1	
428	21/22	F&P	Financial Planning & Budgetary Control	Reasonable	Jason Collins	Chris Turley	Medium	Budget holder meetings to monitor progress and examine any significant budget variances should be conducted to an appropriate frequency according to budget significance and recorded in	Template will be developed and implemented for consistent recording of any follow up actions / notes from budget meetings.		Oct-21		Complete	Complete		Last updated 26/10/21 For those Finance Meetings that are not formal and hence minuted, actions from			#NUM!	
429	21/22	F&P	Financial Planning & Budgetary Control	Reasonable	Chris Turley	Chris Turley	Low	Directorate budgets should be signed-off by Directors as a matter of priority	As highlighted in the matter arising note above, the national urgency and need for the organisation to deal with the covid pandemic meant the 2021/22 financial year		Apr-22		Complete	Complete	Oct-21	Last updated 22/10/21 Directorate budgets signed off by Directors			#NUM!	Yes
430	21/22	F&P	IMTP	Reasonable	Alex Crawford	Rachel Marsh	Low	The action format for the next iteration of the IMTP would benefit from consideration of how to include fuller outline of actions benefits to staff and patients alongside headline	Recommendation agreed. WAST has commenced its cycle of planning for 2022-2025 IMTP and will include outcomes and benefits measures in the structure of the		Dec-21		Complete	Complete	Feb-22	Last updated: 18/02/22 There is a benefits column in IMTP deliverables tables and the QPMF sets out a			2	Yes
431	21/22	F&P	IMTP	Reasonable	Alex Crawford	Rachel Marsh	Medium	Arrangements to support IMTP development should be outlined ahead of the next planning cycle, we would recommend terms of reference for the Strategic Planning group be	WAST agrees with the need for a co-ordinating group to oversee the annual planning cycle and has stood up the Integrated Strategic Planning Group with the first		Oct-21		Complete	Complete	Jul-21	Last Updated 21/10/21 Strategic Planning Group has been convened and now has a signed off terms of			#NUM!	Yes

432	21/22	F&P	IMTP	Reasonable	Alex Crawford / Julie Boalch	Rachel Marsh	Low	We recommend that there is review of the Corporate Risk Register and Board Assurance Framework content against the IMTP deliverables, mitigating actions and risks to delivery to ensure	WAST agrees with this recommendation. The Head of Risk and Corporate Governance will work with the team to ensure that there is full alignment between the		Dec-21		Complete	Complete	Feb-22	Last updated: 18/02/22 Work has taken place to ensure the Corporate Risks and mitigating actions are			2	Yes	
432	21/22	F&P	Service Management	Reasonable	Kara Walsh	Andy Haywood	Low	Due to the small size of the service desk team, the organisation should explore ways for calls to be logged automatically by the user, examples of these methods would be logging calls	Work has commenced to automate interactions with the Service Desk, within the constraint of the current service desk software. A new email address with automated logging		Oct-21		Complete	Complete	Dec-21	Last updated: 14.02.2022 Closed 19.12.21			2	Yes	
433	21/22	F&P	NEPTS Procurement	Reasonable	Mark Harris	Lee Brooks	Low	The Trust should undertake financial due diligence checks prior to approving for 365 platform, in particular for providers used to fill shifts.	Currently financial due diligence is completed by 365 Response during the providers NHS SBS Framework application. We will work with 365 Response and NWSSP to establish		Mar-22		Complete	Complete	Dec-21	Last updated: 28/10/21 Review underway - Action Complete - 365 complete this as part of their onboarding checks			#NUM!	Yes	
434	21/22	F&P	NEPTS Procurement	Reasonable	Mark Harris	Lee Brooks	Low	Management should consider whether 365 portal should reflect the Trust's internal authorisation limits and whether user controls could be put in place on the 365 portal to restrict the	The 365 system does not have this functionality and the provider has advised that they are unable technically to support this functionality within their		Aug-21		Complete	Complete	Sep-21	Last updated: 28/10/21 Action complete			1	Yes	
435	21/22	F&P	NEPTS Procurement	Reasonable	Karl Hughes	Lee Brooks	Low	Individuals approving bids should confirm whether they have any interest in any providers on the 365 platform and where they have, should not be involved with awarding bids to	Agree. We will introduce a specific declaration of interest process for the 365 platform. This will be in addition to the current Trust arrangements for budget		Oct-21		Complete	Complete	Nov-21	Last updated: 28/10/21 Action complete			1	Yes	
437	21/22	F&P	NEPTS Procurement	Reasonable	Mark Harris	Lee Brooks	Medium	The Trust should ensure that it receives the appropriate assurance that all providers on the 365 platform have provided the necessary updates before the 11th of every month.	This update is already in development and 365 are scheduling development for the Autumn on this functionality which will include the Document		Dec-21		Complete	Complete	Jan-22	Last updated 19.12.21 Complete - 365 personnel currently track this manually for WAST until the			1	Yes	
439	21/22	F&P	NEPTS Procurement	Reasonable	Mark Harris	Lee Brooks	Low	The Trust should ensure that there is one formal monthly SAG meeting with 365 Response which should include an agenda and capture all expectations in respect of service delivery.	Agree - to be implemented		Sep-21		Complete	Complete	Oct-21	Last updated: 28/10/21 Action complete			1		
440	21/22	F&P	NEPTS Procurement	Reasonable	James Haley	Lee Brooks	Low	The Trust should map the monitoring meetings held between the Trust, 365 and the providers.	Agree - to be implemented		Sep-21		Complete	Complete	Oct-21	Last updated: 28/10/21 Action complete			1		
441	21/22	F&P	NEPTS Procurement	Reasonable	Mark Harris	Lee Brooks	Low	The NEPTS Quality dashboard should be presented to one of the Trust's Committee.	Agree - the dashboard will be presented to the Trust's QUEST committee in September 21		Sep-21		Complete	Complete	Sep-21	Last updated: 28/10/21 Commenced in September 2021			0		
442	21/22	F&P	NEPTS Procurement	Reasonable	Mark Harris	Lee Brooks	Medium	The Trust should ensure that the tracker is developed and obtain assurance from 365 response that this will be achieved within the required timescale.	We will continue to work with 365 to ensure the development of the tracker product is implemented as planned.		Dec-21		Complete	Complete	Jan-22	Last updated: 28/10/21 Now live and in trial mode. 365 currently transferring all the info per provider from			1		
443	21/22	F&P	Mobile Testing Unit	Substantial	Judith Bryce	Lee Brooks	Low	Management should consider maintaining an ICT asset register which should include the asset number for the device and, if appropriate, the name of the	Management accepts the audit recommendation. A process to capture the checklist for devices is being developed. This process will include the asset number of the		Sep-21		Complete	Complete	Sep-21	Last Updated 21.10.21 Completed 21/09/2021			0		
444	21/22	F&P	Mobile Testing Unit	Substantial	Judith Bryce	Lee Brooks	Low	Consideration should be given to reconciling the number of tests undertaken with the number of test-kits collected for delivery to the Welsh laboratories.	Management accepts the recommendation. A process is to be developed to enable reconciliation of the tests with the test kits collected.		Sep-21		Complete	Complete	Sep-21	Last Updated 21.10.21 Completed 21/09/2021			0		
446	21/22	QS&PE	Fire Safety	Limited	Derek Johns	Chris Turley	High	The Trust should ensure that the reporting of Fire Safety issues is communicated through a formal assurance reporting framework to Board level.	Accepted - The formal assurance reporting process for the management of fire safety will be reviewed, amended and refreshed and in the meantime, Fire Safety		Nov-21		Complete	Complete	Sep-21	Last updated: 26/10/21 New FAF agreed at a meeting between Board Secretary and NEM	The FAF has been agreed and the process has been adopted.	Key Fire Safety issues will be reported to EMT (if required) until FAF is fully functional	Yes	#NUM!	
447	21/22	QS&PE	Fire Safety	Limited	Derek Johns	Chris Turley	Medium	Recognising more positive movement in this area, the Trust should ensure that the Fire Safety Group Meetings continue to be held on a quarterly	Accepted - Future Fire Safety Group (FSG) meetings have been mapped and dates for meetings have been scheduled and booked in diaries at least 12 months		Nov-21		Complete	Complete	Oct-21	Last updated: 26/10/21 FSG meetings have now been booked 12 months in advance	None	NA	Yes	#NUM!	
448	21/22	QS&PE	Fire Safety	Limited	Derek Johns	Chris Turley	Medium	The Trust should produce an annual fire safety report in keeping with the requirements of the Trust's Fire Safety Policy.	Accepted - An Annual Fire Safety Report has been commissioned and will be presented to the next National H&S Committee.		Oct-21		Complete	Complete	Nov-21	Last updated: 24/11/21 Annual Report is completed and using the new formal assurance framework,	None	Risk Register	Not yet	1	
449	21/22	QS&PE	Fire Safety	Limited	Derek Johns	Chris Turley	Medium	Risk assessments should be updated within stipulated review periods.	Accepted - Fire Safety Group (FSG) will ensure fire risk assessments for premises are reviewed in response to significant change in circumstances		Nov-21		Complete	Complete	Oct-21	Last updated: 26/11/21 The revised fire policy now states fire risk assessments will be reviewed every 5 years	None	Risk Register	Not yet	#NUM!	

450	21/22	QS&PE	Fire Safety	Limited	Derek Johns	Chris Turley	Medium	The Fire Safety Group should have its own fire risk register to ensure that all fire risks are captured.	Accepted - Fire Safety Group (FSG) will develop and maintain a fire risk register which will be included on the agenda for each FSG meeting.		Nov-21		Complete	Complete	Oct-21	Last updated: 26/10/21 Fire risk register has been prepared	None	Risk Register and oversight by Fire Safety Group	Yes	#NUM!		
451	21/22	QS&PE	Fire Safety	Limited	Derek Johns	Chris Turley	Medium	In keeping with the requirements of the Fire Safety Policy, false alarms will be reported immediately using the Trust incident reporting procedure.	Accepted - The existing procedures for staff to report false fire alarms will be reviewed and amended (where necessary) and the need to report false alarms		Oct-21		Complete	Complete	Nov-21	Last updated: 26/10/21 Draft staff communication prepared and to be communicated to staff,	On going availability of Operational staff to complete the reporting of accident and near miss reporting on Datix	Risk Register	Yes	1		
452	21/22	QS&PE	Fire Safety	Limited	Derek Johns	Chris Turley	Medium	Fire Wardens will be identified and trained for the 13 Trust premises identified.	Accepted - A review has taken place to identify any gaps in the current provision of Fire Wardens for the 13 premises, staff have been nominated as Fire Wardens		Nov-21		Complete	Complete	Nov-21	Last updated: 24/11/21 The training for 13 FW's is complete with the exception of 1 member of staff who	On going availability of Operational staff to perform the roll of fire warden during REAP 4	Risk Register	Yes	0		
453	21/22	QS&PE	Fire Safety	Limited	Derek Johns	Chris Turley	Medium	Fire safety training in the UHB should be prioritised for all staff.	Accepted - FSG will monitor progress made by all Trust staff on the completion of the Fire Safety module within the NHS Statutory and Mandatory		Nov-21		Complete	Complete	Nov-21	Last updated: 26/10/21 Arrangements are now in place for FSG to receive reports from ESR on staff progress	On going availability of Operational staff to complete Stat mandatory training during REAP 4	Risk Register, FSG oversight	Yes	0		
454	21/22	QS&PE	Fire Safety	Limited	Derek Johns	Chris Turley	Medium	Either: • An appropriate forum should approve the reduced level of testing on a monthly basis; or • The weekly tests should be	Accepted - Fire Safety Group (FSG) will determine the frequency for undertaking fire alarm testing or reinstate weekly fire alarm testing and		Aug-21		Complete	Complete	Aug-21	Last updated: 26/10/21 Discussed and agreed at FSG meeting in August	Interdependencies - availability of fire wardens and or contractors	Risk Register, FSG oversight	Yes	0		
455	21/22	QS&PE	Fire Safety	Limited	Derek Johns	Chris Turley	High	A DSEAR report should be commissioned to review the appropriateness of the dangerous substances management arrangements at the Lampeter	Accepted - Fire Safety Group will commission a review of DSEAR and its application to Trust premises and operations. Lampeter will be considered first to ensure early		Dec-21		Complete	Complete	Dec-21	Last updated: 05/01/22 A DSEAR report on Lampeter has been completed and this is currently being	None	Risk Register, FSG oversight	Not Yet	0		
456	21/22	QS&PE	Fire Safety	Limited	Derek Johns	Chris Turley	Low	The Trust should obtain regular assurances/ reports on the Fire Safety arrangements at the AFSRC.	Accepted - Fire Safety Group (FSG) will receive reassurance reports on the fire safety arrangements where the Trust is in managed premises.		Dec-21		Complete	Complete	Dec-21	Last updated: 05/01/22 Reassurance reports on AFSRC Wrexham have been received	Broader implications to implement this for all Trust premises	Risk Register, FSG oversight and Estates working group	Not yet	0		
457	21/22	QS&PE	Role of Advanced Paramedic Practitioner	Reasonable	Andy Swinburn	Brendan Lloyd	Medium	The Trust should ensure the recently introduced governance structures provide effective oversight of the APP programme. The programme's progress should be	This recommendation is accepted in full, and as detailed in the report the organisation has already take steps to address the recommendations. Actions planned		Sep-21		Complete	Complete	Sep-21	Last updated: 28/10/21 Action complete					0	Yes
458	21/22	QS&PE	Role of Advanced Paramedic Practitioner	Reasonable	Andy Swinburn	Andy Swinburn	High	The Trust, through the Care Closer to Home Group, should review the APP Dashboard and confirm whether the data held is sufficient to provide the necessary assurances	A future meeting of the Care Closer to Home Group will review the APP Dashboard to ensure that all stakeholders are content that the various aspects of the dashboard		Nov-21		Complete	Complete	Nov-21	Last updated: 12/01/22 Action Complete. Extraordinary Care Closer to Home Meeting (Nov-21)					0	Yes
459	21/22	QS&PE	Role of Advanced Paramedic Practitioner	Reasonable	Andy Swinburn	Brendan Lloyd	High	Detailed analysis of the metrics captured in the APP dashboard should be undertaken regularly to monitor and manage performance, understand root causes of issues and identify	The dashboard output will be a standing agenda item on all Care Closer to Home Group meetings, with specific elements being focused upon as deemed necessary		Sep-21		Complete	Complete	Sep-21	Last updated: 28/10/21 Action complete					0	
469	21/22	F&P	Asset Management - RAM System	Reasonable	Jill Gill	Chris Turley	Medium	Management should ensure that there is adequate reporting of the benefits realised following the implementation of the RAM system.	As discussed at recent IA meeting benefits such as improved asset management, coordination of asset maintenance, replacement programmes and improved		Mar-22		Complete	Complete	Feb-22	Last updated 08/02/22. A benefits realisation paper was presented to the ICMB on 8th February 2022. This					#NUM!	
471	21/22	QS&PE	Controlled Drugs	Reasonable	Chris Moore Ruth Lemin	Andy Swinburn	Medium	We recommend that to complement the compliance figures issued to the Ambulance Practice Steering Group, further analysis of cycle count results is undertaken for further monitoring	b. We recognise that inclusion of CDs (level 2 items) in the cycle count would strengthen the compliance reports, so will implement this with immediate		Dec-21		Complete	Complete	Dec-21	Updated 20.01.22. As of 1st December 2021, CDs are now included in the cycle count reports					0	
473	21/22	QS&PE	Controlled Drugs	Reasonable	Chris Moore Ruth Lemin	Andy Swinburn	Medium	Periodic checks are undertaken to ensure the completeness and accuracy of the Ablox key listing. This should include the identification of keys without an assigned user and dormant	b. Phase 1 (month 1) will identify any keys that are in regular use, that have been assigned 'new user' or 'CTL Spare' identities, with a view to determining whether		Dec-21		Complete	Complete	Dec-21	Updated 20.01.22. We have reviewed the 'new starter' 'CTL' keys assigned to the Cwm Taf area and identified					0	

Key
Less than 3 months
Between 3 and 6 months
Between 6 and 12 months
Over 12 months

Trust Ref. No.	Year	Report Title	Responsible Officer	Recommendation
28	16/17	Structured Assessment 2016	Chris Turley	To strengthen asset management controls, address the required improvements identified in the WAO accounts report and Final Accounts Audit Memorandum.
30	16/17	Structured Assessment 2016	Chris Turley	e. Develop the counter-fraud service so that it can robustly investigate and more proactively reduce the risk of fraud.
30	16/17	Structured Assessment 2016	Keith Cox	To further enhance Board and Committee governance arrangements and internal controls: a. Ensure that receipt of committee papers is consistently timely. b. Define criteria for what constitutes open/closed
49	17/18	Structured Assessment 2017	Gwen Kohler	Scrutiny of financial savings delivery. While there is good scrutiny of overall savings plan delivery, the Trust should strengthen its current arrangements to include: a. greater focus by the Executive Finance Group
50	17/18	Structured Assessment 2017	Gwen Kohler	Identifying risks to performance and quality in savings plans Risks to service performance and quality are considered in planning savings, but reporting risks in-year is limited. The Trust should take steps to ensure its Savings Delivery Reports
51	17/18	Structured Assessment 2017	Jason Collins	Strengthening asset management controls The Trust needs to address the further improvements to asset management controls identified in the Auditor General's accounts report and Final Accounts Audit Memorandum for 2016-17.
52	17/18	Structured Assessment 2017	Estelle Hitchon	Compliance with Welsh Health Circular (2016) 033. We found that some key items were not easily accessible on the Trust's website in accordance with the requirements of the Welsh Health Circular (2016) 033 in 2016 and have found a similar
53	17/18	Structured Assessment 2017	Keith Cox	Assessment against our review of Board Assurance Frameworks in place across NHS bodies in Wales, shows that the Trust's BAF covers a range of information, but identified it could be strengthened in several areas. The Trust
54	17/18	Structured Assessment 2017	Keith Cox	Strengthening the audit recommendation tracker. Improve the audit recommendation tracker further by recording the outcomes of specific actions and how they relate to a recommendation, for example, where the action is to review a particular area or
55	17/18	Structured Assessment 2017	Claire Vaughan	Reducing sickness absence. The Trust's sickness rates during 2016-17 have not decreased in line with planned targets. Given the ongoing impact sickness absence has on the Trust's operational capacity on a day-to-day basis, as well as its

56	17/18	Structured Assessment 2017	Nicki Maher	Information Governance policies. The Trust should improve the pace of updating its policies and make prompt progress against the wider General Data Protection Regulation (GDPR) requirements to ensure they comply with GDPR by May 2018.
57	17/18	Structured Assessment 2017	Keith Cox	Improving the quality and timeliness of Board and Committee papers. Improve the timeliness of Board and Committee papers, and make further improvements to their quality by:
58	18/19	Embedding Sustainable Development	Rachel Marsh	The Trust should be mindful not to simply retrofit its work and planning to the sustainable development principle. It should take reasonable steps to ensure that the sustainable development principle is considered early and throughout its
59	18/19	Embedding Sustainable Development	Estelle Hitchon	The Trust should articulate what success in working within the spirit of the Act would mean for the organisation. This could feature within some of the Trust's key corporate documents, for example its Integrated Medium-Term Plan (IMTP) and long-
60	18/19	Embedding Sustainable Development	Estelle Hitchon	Given capacity limitations, and its status as a non-prescribed body in the Act, the Trust should manage expectations amongst its partners about the extent to which it can meaningfully engage in discussions at the Public Service Board level. This
61	18/19	Structured Assessment 2018	Keith Cox	The Trust should review the process for Chair's actions and seek opportunities to reduce these where possible. Where Chair's actions are necessary, the Trust should ensure there is
62	18/19	Structured Assessment 2018	Aled Williams / Nicki Maher / Chris Turley	Take steps to strengthen the governance arrangements for Information governance and ICT by: b) clarifying and articulating links between
62	18/19	Structured Assessment 2018	Aled Williams / Nicki Maher / Chris Turley	Take steps to strengthen the governance arrangements for Information governance and ICT by: a) increasing regular attendance by core members
63	18/19	Structured Assessment 2018	Claire Bevan	To improve risk practice and provide assurance to the Board and its Committees from the Corporate Risk Register and Board Assurance Framework (BAF), the
65	18/19	Structured Assessment 2018	Chris Turley	We commented on pressures on the Trust's corporate capacity during our 2016 and 2017 Structured Assessment. It is likely that this pressure will worsen because of its annual savings scheme
66	18/19	Structured Assessment 2018	Chris Turley	While the Trust has some local procurement processes and oversight of some procurement activity eg vehicle procurement, the Trust should improve its oversight and ownership of the
66	18/19	Structured Assessment 2018	Chris Turley / Claire Vaughan	While the Trust has some local procurement processes and oversight of some procurement activity eg vehicle procurement, the Trust should improve its oversight and ownership of the

67	18/19	Structured Assessment 2018	Chris Turley	The Trust should explore the potential benefits of developing an overarching asset management strategy, including whether an overarching strategy helpfully
67	18/19	Structured Assessment 2018	Chris Turley	The Trust should explore the potential benefits of developing an overarching asset management strategy, including whether an overarching strategy helpfully
68	19/20	Review of Performance Management Information	Hugh Bennett	Further strengthen the clarity and value of the Trust Monthly Integrated Quality and Performance Report (MIQPR). The Trust should consider: <ul style="list-style-type: none"> • where possible, providing a ensure the Board
69	19/20	Review of Performance Management Information	Hugh Bennett	Develop a short summary report of the Finance and Performance committee proceedings for the Board highlighting, by exception, key performance and delivery issues/risks.
70	19/20	Review of Performance Management Information	Hugh Bennett	Develop an approach to clearly highlight the causes of variations in performance such as Statistical Process Control charts, or similar.
71	19/20	Review of Performance Management Information	Hugh Bennett	Review the availability of appropriate benchmarking information to incorporate relevant performance benchmarking as feasible.
72	19/20	Structured Assessment 2019	Keith Cox	The Board should explore ways to strengthen the Board Assurance Framework as a live and robust assurance tool for its corporate objectives by: <ul style="list-style-type: none"> • Ensuring relevant Committees and groups regularly
75	19/20	Structured Assessment 2019	Chris Turley	Improve the clarity and detail of the regular reports on single tender actions provided to the Audit Committee to enable effective and robust scrutiny, for example:
77	20/21	Effectiveness of Counter Fraud Arrangements	Chris Turley / Carl Window	Counter-fraud staff capacity Consider the LCFS capacity required to resource required levels of proactive and investigative work, including staff training, and build in resilience to the team.
78	20/21	Effectiveness of Counter Fraud Arrangements	Chris Turley / Carl Window	Risk assessment Produce a counter-fraud risk assessment on a two to three-year cycle to complement the annual review of risks set out in annual work plans.
74	19/20	Structured Assessment 2019	Chris Turley	The Trust needs to develop a less annualised approach to capital planning. It should develop an asset management strategy to help plan the use of capital in a more joined up way over the medium-

Management Response	Agreed Deadline	Status	Due	Reasons overdue
This will be taken forward as agreed in the WAO accounts report, with regular updates provided to the local WAO team, including as part of the interim audit for 2016/17.	Apr-17	Complete	Complete	A significant amount of work was undertaken in this area following the 2015/16 audit. These improvements with regard to strengthening asset management controls were
e. Arrangements to improve local counter-fraud services are already well progressed, with much improved reporting noted at the Audit Committee in December 2016. This will also include the appointment of a permanent	Jul-17	Complete	Complete	CF service significantly enhanced. New LCF Manager in post July 2017, additional resource also provided from Apr 18. Improvements recognised by AC.
a. There is a clear process for the timely submission of Board and Committee papers. These will be reviewed with the view to identifying better ways to support staff. b. Guidance will be reviewed in line with the	Apr-17	Complete	Complete	
Our financial plan requires that we deliver against challenging savings targets. By the end of the initial approved 3 year IMTP period we will have made savings, or avoided costs of over £15 million – some 10% of the	Mar-19	Complete	Complete	
Whilst the consideration of risk and impact on service delivery, performance and quality are implicit in any discussions held in relation to the delivery of savings, we will update our savings delivery highlight reports to include a	Apr-18	Complete	Complete	
Following the recognition that the current asset management system needed a detailed review, this commenced as soon as the 2016/17 year end audit was finalised. This quickly concluded that the Trust's fixed assets	Mar-18	Complete	Complete	2018/19 highlight reports will include specific sections on risks to service quality and delivery
The Trust's Website is currently under review. It is the Trust's intention that, once complete, the website will be easier to use and navigate, making key documents, such as those detailed in WHC (2016)033, easier to identify and	Mar-19	Complete	Complete	The Trust's refreshed website went live in April 2019. The WHC has been reviewed and the Communications and Corporate Governance Teams have worked hard with the Web
The Board Assurance Framework (BAF) document was introduced during 2017-18 after a number of discussions with Board members on the type and style of document they would wish to receive and use. It was introduced on	Jun-18	Complete	Complete	
The systems and processes supporting the audit tracker, as well as how the information is presented to Audit Committee, have recently been reviewed and improved in order to provide greater assurance. The audit	Mar-18	Complete	Complete	
Reducing absence and improving attendance at work is a key priority for the Trust, as signalled within our Integrated Medium Term Plan. We set a target reduction of 1% in 2017-18 with a further 0.5% for the following two years. We	Mar-18	Complete	Complete	In August 2018 a detailed 9 Point Action Plan was agreed by Exec Team, work has commenced and updates will provided through the Finance and Resource Committee and

There has been a programme of work initiated to ensure that all existing policies and new policies are reviewed and/or developed in line with GDPR requirements, this forms part of the wider Trust policy framework. There will be a	Ongoing	Complete	Complete	Work continues on the suite of information governance and records management policies and procedures. The GDPR was subject to an internal audit in 2018 which
The reporting checklist which accompanies Board papers is designed to capture and bring focus on such information as risk, quality themes and corporate objectives. However, it is accepted that these details are not always	Jun-18	Complete	Complete	Agendas have been reshaped. Minutes are clearer and sharper and tested various styles. EASC minutes are a standard item on the Board Agenda.
The Trust will ensure that both the LDP and IMTP development processes include clear opportunities and prompts within its templates and guidance to ensure colleagues are considering the sustainable development	Mar-19	Complete	Complete	Last year's planning guidance made reference to it. The 20/20 planning cycle will also address this.
The Trust will ensure that its long-term strategy is clearly aligned to the key tenets of the WBFGA. The 2019-20 onwards IMTP will clearly articulate the Trust's commitment to the Act, the ways in which any revised plans	Mar-19	Complete	Complete	This is now in the long term strategy.
The Executive Management Team will reconsider in autumn 2018 the capacity and other limitations of the organisation on its engagement with PSBs. As part of this appraisal process, the Trust will seek the views	Mar-19	Complete	Complete	Given the complexity of the partnership landscape and the focus in A Healthier Wales on Regional Partnership Boards, the Trust will focus its partnership influencing
Accepted. The number and frequency of Board meetings has increased recently which may mitigate the need for some Chair's Actions. All Chair's Actions are properly recorded and	May-19	Complete	Complete	Since the publication of the report there hasn't been any Chair's Actions; however, a new process for reporting these was presented to the
b) Closer links have been made with the appointment of the Senior ICT Security Specialist who works closely with the IG Team in respect of Information Security. There is also	Sep-19	Complete	Complete	The IG and ICT Steering Groups have been separated to clarify their roles. Links between the two groups have been formalised with several
a) There has been a commitment from directorates to ensure that attendance at both the Information Governance and ICT Steering Groups is representative of the organisation.	Mar-19	Complete	Complete	Improved attendance levels were reported during 2019.
Progressing the Datix module design for e-risk and e-registers will enable this, with the supporting review of the risk management process. The Risk Strategy was reviewed and	Mar-19	Complete	Complete	CRR aligns with the BAF. Narrative in the CRR and BAF report. Revised Risk Strategy was approved by Board.
The impact of this savings target will be evaluated as part of the savings planning process as the recurring financial plan is further developed to support the 2019/20	Jan-19	Complete	Complete	Reviewed with savings outturn in 2018/19 significantly overachieved.
a) The SLA between the Trust and Shared Services will be reviewed in relation to procurement.	Mar-19	Complete	Complete	Procurement element has been reviewed and is part of a wider agreement which will be signed off as a whole.
b) The Trust will improve its scrutiny of the quarterly performance reports received from Shared Services. Exec to Exec performance meetings will also be initiated Any significant	Apr-19	Complete	Complete	Regular review meetings are held with Procurement.

The Trust will consider what additional benefits such an approach could achieve. There are specific strategic plans in place for all of our key and material areas of assets (e.g. estates,	Mar-20	Complete	Complete	Update 02/02/21 During past months a considerable amount of work has been undertaken in connection with developing and refreshing our Estates
We will also complete the further alignment of our capital planning structures to support the work on asset management, as well as reviewing how assurances on VFM, from an	Sep-19	Complete	Complete	Update 02/02/21 Following the restructuring of the Trust's Directorates, forming the new Finance and Corporate Resources
The monthly quality and performance report top 10 indicators all have an analysis section now. The main body of the report will be amended to include an "overall	Sep-19	Complete	Complete	Substantial overhaul of MIQPR completed. Forecasting & Modelling Group established and a large body of forecasting and modelling work now
Agree. Rather than a separate report we intend to build in information from the committees (should be all three and not just Finance & Performance) into the	Sep-19	Complete	Complete	These reports are being undertaken by the relevant committee chair. SP&P has provided "deep dive" information to committees.
The Commissioning & Performance Team has recently acquired statistical process control software and one member of the team will be undergoing training in	Jan-20	Complete	Complete	SPC software being used by SP&P. SPC charts now included in MIQPR. Action closed.
The current EMS Demand & Capacity Review is providing a lot of benchmarks for the EMS ambulance care pathway five steps. There are other opportunities for	Mar-20	Complete	Complete	EMS Demand & Capacity Review has provided a range of benchmarks which have been used and will now form part of the implementation
Recommendation Accepted. The BAF will be included as a standing item on the Committee Agendas with a focus on relevant strategic objects and risks overseen by	Mar-20	Complete	Complete	Last updated: 11/01/21 A number of Committee Assurance Frameworks have been developed and the Corporate Risks are assigned
Recommendation accepted. It is pleasing that the reported noted improvements have already been recently made in this area, although it is accepted there	Mar-20	Complete	Complete	Last updated 30/04/20 This was dealt with task and finish group and was live from 1st Dec 2020 all actions are completed. Last updated 23/10/20: In
Actions identified: To review and consider any development and training needs, alongside ensuring that support from the Counter Fraud Service Wales team	Mar-21	Complete	Complete	Last updated: 26/11/20 This is a natural occurrence of continuous work review, and features annually within the work plan, and thus may not
Actions identified: A co-ordinated risk approach which annually provides deliverables at the start of each year, is already present through the annual counter	Mar-21	Complete	Complete	Last updated: 30/04/21 A new Fraud specific risk assessment has been produced, and will be managed in line with the Trust Risk management
Recommendation accepted. The overarching Estates Strategic Outline Programme and the Fleet Strategic Outline Programme already provide medium term	May-20	Complete	Complete	Last updated 12/11/21 This is complete given the Fleet and Estates SOPs have been endorsed and demonstrated by the Trust's

Proposed completion date / Date completed	No. of months past agreed deadline	EMT Sign Off	Risk Register? Yes/No
Apr-17	0	Date	No
Jul-17	0	Date	
Jul-18	15	Date	No
Oct-18	#NUM!	Date	
Jul-18	3	Date	
Oct-18	6	Date	
Apr-19	0	Date	
Jan-19	10	Date	

May-19	#VALUE!	Date	
Dec-18	6	Date	
Mar-19	0		
Mar-19	0		
Mar-20	12		
Sep-19	4		
Sep-19	0		
Mar-19	0		
Mar-19	0		
	#NUM!		
	#NUM!		
	#NUM!		

Jan-21	10		
Jan-21	16		
Jan-20	4		
Sep-19	0		
Jan-20	0		
Jan-20	#NUM!		
Jan-21	9		
Apr-21	12		
Dec-20			
Apr-21			
Nov-21	18		

Page No. in report	Committee assigned to	Report	Area	Responsible Officer	Director	Priority Level	Suggestions as to what could be done differently in the future	Management proposals to address the suggestions	Trust Deadline	Status	Due	Proposed completion date or date completed	Reason overdue / Reason complete If closed and not complete, please provide justification	What are the barriers to implementing the suggestion including any interdependencies?	How is the risk identified being mitigated pending implementation of the suggestion?	If complete can evidence be provided upon request?	No. of months past agreed deadline	If a risk is identified is it included on a Risk Register? Yes/No
12		Internal Audit	Board and Committee Meetings	Mike Armstrong Rachel Watling	Keith Cox Estelle Hitchon	High	Developing a protocol pack for future events that require similar arrangements, to swiftly implement the required measures. For example, formally establish meeting etiquette, membership, platform to use, meeting arrangements etc.			Complete	Complete							
12		Internal Audit / Audit Wales	Board and Committee Meetings	Mike Armstrong	Keith Cox	High	Publishing committee minutes in full or summary form as soon as possible following the meeting.			Complete	Complete							
15		Internal Audit / Audit Wales	Scheme of Reservation and Decision Making Arrangements	Julie Boalch	Keith Cox	High	Guidance for the level of information required to be documented in the Decision Log may be helpful and this could include an indication of when information should be escalated to the Board. This can be used for future mobilisation of the process in event of potential future			Complete	Complete							
15		Internal Audit	Scheme of Reservation and Decision Making Arrangements	Julie Boalch	Keith Cox	High	Reviewing the decisions and supporting justification / information in order to ensure that they be sufficiently logged and reported to Board members, as required. Whilst there is a balance between expedience and justification, it is important that all elements of this			Complete	Complete							
17		Internal Audit	Risk Management	Nicola White	Claire Roche	High	Ensuring that all risks are regularly reported to the Board and its committees.			Complete	Complete							
19		Internal Audit	Financial Governance	Jill Gill	Chris Turley	High	The benefits of preparing the final accounts and completing the accompanying statutory audit remotely should be reviewed and retained for future financial years. Any efficiencies implemented to assist in the delivery should be retained / expanded upon.	Agreed. Plans for 2020/21 accounts and audit are already well underway and are being progressed on the assumption that this will be the case - and it is likely to be, from both a Trust and AW		Complete	Complete							
21		Internal Audit	Financial Systems and Processes	Jason Collins	Chris Turley	High	Develop appropriate stock control procedures for the management of PPE in business as usual and pandemic scenarios.			Complete	Complete	Mar-21						
21		Internal Audit	Financial Systems and Processes	Chris Sims	Lee Brooks	High	Refreshing continuity plans throughout the Trust to ensure lessons / experiences can be incorporated.			Complete	Complete	Mar-21						
24		Internal Audit	CoVID-19 Expenditure (Revenue and Capital)	Jason Collins	Chris Turley	High	Ensuring that a clear audit trail justifying decisions made and to evidence their approval is retained, including for off-contract agency usage.	Detailed audit trails for such decisions and items of expenditure are always maintained, whether as a result of a pandemic or not		Complete	Complete							
24		Internal Audit / Audit Wales	CoVID-19 Expenditure (Revenue and Capital)	Jill Gill	Chris Turley	High	In line with observations at other NHS Wales organisations, prepare a report capturing all decisions (including financial values) and approval routes for presentation to the Executive Pandemic Team and Board.	We have progressed in a more of a BAU type approach via EFG (as opposed to EPT), FPC and Board		Complete	Complete							
24		Internal Audit / Audit Wales	CoVID-19 Expenditure (Revenue and Capital)	Jill Gill	Chris Turley	High	Report the COVID-19 cost log to Board to allow wider discussion.	Completed. FPC and Board were continually updated on the unavoidable Covid spend, and the funding arrangements thereof, including the confirmed WG funding for full coverage		Complete	Complete							
24		Internal Audit	CoVID-19 Expenditure (Revenue and Capital)	Jill Gill	Chris Turley	High	Taking a retrospective report to Audit Committee on contract awards and value for money/appropriate use of public money assessment during the COVID-19 period.	AC are always advised of material contract awards. Would consider reports provided to other Committees (e.g. FPC) and Board as discharging VFM etc governance in this way		Complete	Complete							
26		Internal Audit	Workforce	Jason Collins	Chris Turley Claire Vaughan	High	Retrospective review of the additional payments to senior managers to identify and investigate potential overpayments.	Agreed and review of any further required recovery of overpayments ongoing		Complete	Complete	Mar-21						
26		Internal Audit / Audit Wales	Workforce	Jason Collins	Chris Turley Claire Vaughan	High	Developing a robust process for the review and approval of additional payments to senior management, ensuring a full audit trail is maintained to evidence the rationale and authorisation.	This existing at the time, with full audit train available. No further additional payments to senior managers have been agreed or progressed		Complete	Complete							
18		Audit Wales	Partnership Arrangements		Rachel Marsh	High	Develop sustainable long term arrangements for joint working and consider how the Trust can strengthen partnership arrangements with the Local Authorities and social care going forward.											

Page No. in report	Committee assigned to	Report	Area	Responsible Officer	Director	Priority Level	Suggestions as to what could be done differently in the future	Management proposals to address the suggestions	Trust Deadline	Status	Due	Proposed completion date or date completed	Reason overdue / Reason complete If closed and not complete, please provide justification	What are the barriers to implementing the suggestion including any interdependencies?	How is the risk identified being mitigated pending implementation of the suggestion?	If complete can evidence be provided upon request?	No. of months past agreed deadline	If a risk is identified is it included on a Risk Register? Yes/No
12		Internal Audit	Board and Committee Meetings	Mike Armstrong	Keith Cox	Low	Arrangements for the escalation of urgent issues where the receiving committee has been stood down or meetings postponed should be formalised.											
12		Internal Audit	Board and Committee Meetings	Mike Armstrong	Keith Cox	Low	Continuing to apply a risk based approach to key business as usual matters in the streamlined agendas and keeping this under review as the pandemic progresses.											
12		Internal Audit	Board and Committee Meetings	Mike Armstrong Rachel Watling	Keith Cox Estelle Hitchon	Low	In line with observations at other NHS Wales organisations, the development of virtual meeting etiquette may be helpful for Board and committee members. This should include setting out clearly the arrangements at the commencement of each meeting											
12		Internal Audit	Board and Committee Meetings	Mike Armstrong Rachel Watling	Keith Cox Estelle Hitchon	Low	Continue to ensure that all members / participants are suitably trained / offered training to use the conference software available.											
12		Internal Audit / Audit Wales	Board and Committee Meetings	Mike Armstrong Rachel Watling	Keith Cox Estelle Hitchon	Low	Whilst the Trust currently streams the Board meetings live, consideration should be given to recording other committee sessions. This may be used to retain a public video record of such meetings or to assist with documenting the minutes subsequently. The Trust should											
13		Internal Audit	Board and Committee Meetings	Rachel Watling	Estelle Hitchon	Low	Offer Freephone dial-in numbers for members of the public who may not have access to suitable conferencing technology.											
10		Audit Wales	Scheme of Reservation and Decision Making Arrangements	Mike Armstrong Judith Bryce	Keith Cox Lee Brooks	Low	Business continuity arrangements should be detailed in the Pandemic Plan to formalise arrangements in the event Board Members or Directors are unable to discharge their duties due to illness etc.											
16		Internal Audit	Scheme of Reservation and Decision Making Arrangements	Julie Boalch	Keith Cox	Low	In line with observations at other NHS Wales organisations, implement a decision-making framework to set out what decisions require which tier of authorisation and the level of documentation required to support it.											
18		Internal Audit / Audit Wales	Risk Management	Judith Bryce	Lee Brooks	Low	Updating the Response Plan for any changes arising from these reviews and any other retrospective review being completed.											
18		Internal Audit	Risk Management	Nicola White	Claire Roche	Low	Continuing to manage non-Covid-19 risks and report to respective committees, to ensure that emerging risks are adequately reviewed / managed.			Complete	Complete							
18		Internal Audit	Risk Management		EPT Members	Low	Continually reviewing key objectives and priorities in light of new information.											
18		Internal Audit	Risk Management	Nicola White	Claire Roche	Low	Any future decision making framework should incorporate a more formal risk assessment process over decisions completed.											
21		Internal Audit	Financial Systems and Processes	Jason Collins	Chris Turley	Low	FCPs should be made available to relevant staff via the intranet and/or SharePoint.											
24		Internal Audit	CoVID-19 Expenditure (Revenue and Capital)	Jason Collins	Chris Turley	Low	Identify and establish orders for suppliers of key products for any future wave, reducing the need for single tenders.											
27		Internal Audit / Audit Wales	Budget and Savings	Jill Gill	Chris Turley	Low	With the additional expenditure incurred as a result of COVID-19, the Trust should continue to focus efforts on savings and efficiencies plans. This will become even more pertinent if the request to the Welsh Government for additional funding is not fully granted.											

Trust Ref. No.	Year	Committee assigned to	Report Title	Assurance Rating	Report Author	Director	Priority Level	Lead Comments	Link to Action Plan	Committee Comments	Agreed Deadline in Report	Status	Due	Proposed completion date or date completed	Reason overdue / Reason complete If closed and not complete, please provide justification	What are the barriers to implementing the recommendation including any interdependencies?	How is the risk identified being mitigated pending implementation of the recommendation?	If complete can evidence be provided upon request?	No. of months past agreed deadline in report	Is the risk identified on a Risk Register? Yes/No
1		QS&PE	Welsh Language Standards		Welsh Language Commissioner	Keith Cox		Action Plan was reviewed by ADLT on 3 August 2020 and following amendments was approved by ADLT on 17 August 2020 (see attached)	Welsh Language Monitoring Survey and action plan										0	
2	Nov-19	QS&PE	A Review of Quality Governance Arrangements at Cwm Taf	Not Rated	HIW and Wales Audit Office	Claire Roche		This is being led by the Assistant Directors Leadership Team the action plan is being redeveloped and likely to be revised. The governance aspect												
3	Jan-19	QS&PE	Independent Review of Maternity Services at Cwm Taf Health Board	Not Rated	Royal College of Obstetricians & Gynaecologists	Claire Roche														
4		F&P	NWIS GDPR Audit Report	Limited	NWIS	Andy Haywood														
5		F&P	NWIS Business Continuity Audit Report	Limited	NWIS	Andy Haywood														
6	Sep-18	QS&PE	Operational productivity and performance in English NHS Ambulance Trusts	Not Rated	Lord Carter of Coles	Lee Brooks		The action plan was formally stood down in 2019 with appropriate recommendations included on other plans	BSI Action Plan 2020											
7		QS&PE	ISO14001	Not Rated	British Standards Institution	Chris Turley														
8	May-20	F&P	EASC NEPTS Report - Follow Up 2	Not Rated	NHS Wales Shared Services Partnership Audit & Assurance Services	Lee Brooks														
9	Sep-20		WCCIS Report		Audit Wales															

Key

	ADLT	ADLT	ADLT	EMT	Audit Committee
1		10th April 2019		8th May 2019	23rd May 2019
2	19th June 2019	17th July 2019		28th August 2019	12th September 2019
3	3rd October 2019	31st October 2019		20th November 2019	5th December 2019
4	12th December 2019	23rd January 2020	6th February 2020	12th February 2020	5th March 2020
5	19th March 2020	2nd April 2020	30th April 2020	6th May 2020	21st May 2020
6	14th May 2020	11th June 2020	23rd July 2020	19th August 2020	17th September 2020
7	12th October 2020	26th October 2020	9th November 2020	18th November 2020	3rd December 2020
8	4th January 2021	18th January 2021	1st February 2021	10th February 2021	4th March 2021

Recruitment Practices – Equality, Diversity and Inclusion

Final Internal Audit Report

February 2022

Welsh Ambulance Services NHS Trust



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd

Shared Services
Partnership
Audit and Assurance Services



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust



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Review reference:	WAST-2122-20
Report status:	Final
Fieldwork commencement:	17 th December 2021
Fieldwork completion:	8 th February 2022
Draft report issued:	14 th February 2022
Debrief meeting:	15 th February 2022
Management response received:	24 th February 2022
Final report issued:	24 th February 2022
Auditors:	Simon Cookson, Director of Audit and Assurance Osian Lloyd, Deputy Head of Internal Audit Rhian-Lynne Lewis, Principal Auditor
Executive sign-off:	Claire Vaughan (Director of Workforce and OD)
Distribution:	Dr Catherine Goodwin (Assistant Director of Workforce and OD) Keithley Wilkinson (Head of Equality and Engagement) Jessica Hooper (OD Project Manager) Gareth Thomas (PECI Manager)
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 Institute of Internal Auditors

Acknowledgement

NHS Wales Audit & 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 & Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

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Executive Summary

Purpose


To provide the Trust with assurance that there are adequate arrangements in place to ensure that applicants from a diverse range of backgrounds are encouraged, supported and able to apply and be successful.

Overview

We have issued reasonable assurance on this area. The matters requiring management attention include:

- Improved links required between work undertaken by the PECI team and the Strategic Equality Objectives
- Limited analysis of the effectiveness of initiatives to attract new staff
- There is no regular analysis of candidate progress to establish and assess barriers to applicants from minority backgrounds
- EDI Steering Group was not quorate, and the Terms of Reference requires updating

Report Classification

		Trend
	Reasonable	N/A
	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved	

Assurance summary¹

Assurance objectives	Assurance
1 Strategy in place	Reasonable
2 Initiatives to attract	Reasonable
3 Analysis	Limited
4 Initiatives to retain	Substantial
5 Reporting	Reasonable

Key matters arising

	Assurance Objectives	Control Design or Operation	Recommendation Priority
1 Link PECI work to the Strategic Equality Plan	1	Operation	Medium
2 Analysis of initiatives to attract and recruit	2	Design	Medium
3 Analysis of candidate progress	3	Design	Medium
4 EDI Steering Group ToR and attendance	5	Operation	Medium

¹ The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

1. Introduction

- 1.1 The Welsh Ambulance Service Trust ('the Trust') has a Strategic Equality Plan in place: *Treating People Fairly 2020-2024*. The strategy sets out a number of Strategic Equality objectives, including for the Trust to take positive action to increase representation and create a positive experience of work for individuals from diverse backgrounds, cultures and identities to ensure the Trust is seen as a great place to work, volunteer, develop and grow for all. This, in turn, should assist the service to understand and be responsive to the needs of the communities it serves.
- 1.2 The key risk considered in this review is the inability to attract, recruit, retain and develop a diverse workforce with a culture that accepts, recognises and respects diversity and that can effectively represent the communities the Trust serves.

2. Detailed Audit Findings

Audit objective 1: there is a strategy in place that focuses on initiatives to attract and retain a skilled workforce from diverse backgrounds, cultures, and identities across the organisation.

- 2.1 The Trust's Strategic Equality Plan 2020-2024 outlines four objectives that aim to ensure it maintains and contributes to a fair and equitable society, and creates a diverse and inclusive culture, both inward and outward facing.
- 2.2 Alongside each of the objectives are several actions that the Trust intends to complete. These include:
 - *Promote a culture of inclusivity and develop leaders who understand and value the benefits of a diverse and inclusive culture.*
 - *Work in partnership to strengthen the voice of all citizens and improve access to information and services in a variety of different formats and languages, including meeting our Welsh language commitments.*
 - *Improve the quality, understanding, accessibility and reporting of our equalities monitoring data, information and stories to show how we are doing in progressing towards delivery of our strategic equality objectives, and inform future action planning.*
 - *Review our recruitment strategy and approach to ensure that applicants from a diverse range of backgrounds are encouraged, supported and able to apply and be successful.*
- 2.3 Our review has shown that there are several mechanisms in place that contribute towards the achievement of these objectives, but that due to the impact of Covid-19, monitoring progress against the actions has been challenging and development work is ongoing to demonstrate outcomes.

-
- 2.4 Examples of the mechanisms in place is the Allyship programme, alignment of Trust events with the NHS Employers calendar and the refresh of the Trust's behaviours and cultures (refer to objective 4 below for further detail).
- 2.5 In addition, the Patient Experience and Community Involvement (PECI) team prepare quarterly reports for the Quality, Safety & Patient Experience Committee. These summarise the work that has been undertaken by the team to engage with communities across Wales. However, there is an opportunity to strengthen the link between the PECI work and how it feeds in and contributes to the objectives set out within the Strategic Equality Plan. **See matter arising 1 in Appendix A**

Conclusion:

- 2.6 The Trust's Strategic Equality Plan establishes four objectives that lay the groundwork for ensuring the Trust is able to attract and retain a skilled workforce from diverse backgrounds. Further work is needed to link the Trust's activities back to the plan. As such, a **Reasonable** assurance rating is determined for this objective.

Audit objective 2: effective initiatives are in place to promote the service to potential employees from diverse backgrounds, cultures, and identities.

- 2.7 The Trust is currently developing a 'Recruitment Outreach Programme' which seeks to ensure recruitment processes reach all societal groups. In particular, this includes working with third sector organisations to ensure that recruitment processes are inclusive and that the net for all recruitment drives is cast as widely as possible. We note that this project is in its infancy and awaiting the appointment of a recruitment advisor to support this work.
- 2.8 Training workshops are available to all recruitment managers to ensure that the recruitment process is inclusive and consistently applied across directorates. This includes a session on unconscious bias with tips and guidance to overcome this in recruitment. In addition, information on recruiting for diversity is included within the recruitment learning launchpad channel within Microsoft Teams. We note that applications are anonymised to help prevent short listers from being able to identify protected characteristics when shortlisting.
- 2.9 The Trust regularly uses social media platforms to promote and advertise roles and there is an intention to increase candidate reach going forward by advertising roles across more diverse networks and job platforms. A specific careers discovery event for individuals from the Black, Asian and Minority Ethnic backgrounds was held in July 2021.
- 2.10 As a result of Covid-19, the Trust has only been able to hold a limited number of career events. However, moving these to online events has provided the opportunity to make them accessible to a more diverse range of candidates and there are plans to undertake more of these. We note that there is currently limited analysis undertaken to establish the effectiveness of these online initiatives. **See Finding 2 in Appendix A**

Conclusion:

2.11 Work is ongoing to develop initiatives to ensure recruitment reach is as wide as possible. A **Reasonable** assurance rating has been determined for this objective.

Audit objective 3: the Trust undertakes analysis of its applicants and how far they progress into the recruitment process, in order to understand and address any inherent barriers.

2.12 There is currently no analysis being undertaken to enable the Trust to identify the number of applicants by background, culture, identity and how far candidates progress through the recruitment process. We understand from discussion with the recruitment team that the trac.jobs recruitment system, which covers all health sector jobs, has the capability to generate reports to provide this analysis. This could help the Trust identify any inherent barriers in the process that need to be addressed. **See matter arising 3 in Appendix A**

2.13 We note that NHS Wales Shared Services Partnership (NWSSP) Recruitment Team issue surveys to all applicants and that the results of these surveys are shared with the Trust. However, themes raised tend to be experience driven and do not therefore provide the relevant level of intelligence required.

Conclusion:

2.14 Limited analysis is currently undertaken of applicants and how far candidates progress through the recruitment process, although the trac.jobs system has the capability to provide this. A **Limited** assurance rating is given for this objective.

Audit objective 4: the Trust have initiatives in place to support and retain its staff.

2.15 The Warm WAST Welcome is an induction programme available to all new starters and existing employees moving into new roles. It provides a broad induction into the organisation's culture, behaviours and values while raising awareness of the importance of equality, diversity and inclusion. 12 weeks after completing the induction, staff are invited to 'check-in' with the team, providing an opportunity for staff to raise any issues or concerns.

2.16 The aim of the Allyship programme, referred to in objective 1 above, is to create a more inclusive and mindful workforce based on continued education and learning around equality, diversity and inclusion, with a clear focus on protected characteristics. We note that this programme is currently in its infancy but that several introductory sessions have been arranged throughout February 2022 to drive the programme forward.

2.17 As part of wellbeing week in November 2021, the Trust issued a pulse survey to staff to gauge how they were feeling. This survey has allowed the Trust to take stock after an unprecedented and challenging period and to assess people's

wellbeing. While the above is not directly an initiative to retain staff, it serves as a mechanism to capture staff satisfaction.

- 2.18 The Trust is a member of several national ambulance forums. These include the National Ambulance Diversity and Inclusion Forum (NADIF), National Ambulance LGBT+ Network, National Ambulance BME Forum (NABMEF), National Ambulance Disability Network (NADN) and the Equality Leadership Group. Representatives from the Trust attend the forums and feed back to the Equality, Diversity and Inclusion (EDI) Steering Group. This helps ensure that that the Trust stays up to date with developments within minority communities and any impact had on Ambulance Trusts across the UK.
- 2.19 The Trust has also established support for two internal staff networks, Inclusion and LGBT+, which also feed into the EDI Steering Group. These offer a safe space for colleagues to come together and share experiences.
- 2.20 One of the initiatives the Trust has in place is to align the events calendar with that of the NHS employers' national campaigns which includes Pride and National Inclusion Week. Awareness for such events is raised via the Siren Trust wide announcements and posters are also issued to Directorates to provide information and promote and encourage staff to get involved. The most recent National Inclusion Week saw a take up from a wide range of staff across the Trust.

Conclusion:

- 2.21 The Trust has several mechanisms in place to support staff. A **substantial** assurance rating is determined for this objective.

Audit objective 5: adequate reporting mechanisms are in place to monitor the diversity of the workforce through the Trust, both locally and at Board level.

- 2.22 The EDI Steering Group is responsible for ensuring that the Trust '*embeds equality, diversity and human rights considerations, while carrying out its respective functions and responsibilities as a service provider and employer.*' The Group meets quarterly and is also committed to meeting the objectives the Trust has set out in the Strategic Equality Plan 2020-2024.
- 2.23 The Group feeds through to the People and Culture Committee (PCC) via the Workforce and Organisational Development (WOD) update and subsequently through to the Board within the PCC update, ensuring that the Board is aware of any issues effecting equality, diversity and recruitment. The minutes for the previous EDI meetings are included within the papers for the Committee and a recent paper taken to the PCC outlined the progress made in relation to the organisational behaviours and cultures reset. In addition, a recruitment update paper was presented to the Committee in May 2021, outlining the recruitment challenges facing the Trust.
- 2.24 A review of the EDI Group Terms of Reference and minutes has shown that of the three meetings reviewed, only one was quorate. Our review also notes that the

terms of reference state that the Group reports to the WOD Business meeting, but this was confirmed as being incorrect. **See matter arising 4 in Appendix A**

Conclusion:

2.25 There are mechanisms in place to monitor the diversity of the workforce however the Terms of Reference for the EDI Steering Group require updating and some meetings have not been quorate. As such a **Reasonable** assurance rating is determined for this objective.

Appendix A: Management Action Plan

Matter arising 1: Link PECI work to the Strategic Equality Plan (Operation)		Impact	
<p>The PECI team prepare quarterly reports for the Quality, Safety & Patient Experience Committee. These summarise the work that has been undertaken by the team to engage with communities across Wales. However, it has been acknowledged by the team that there is an opportunity to strengthen the link between the PECI work and how it feeds in and contributes to the objectives set out within the Strategic Equality Plan (SEP).</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Activity undertaken by the Trust is not aligned to the SEP 	
Recommendations		Priority	
1.1	Work is undertaken to link the PECI work directly to the Strategic Equality Plan	Medium	
Management response	Target Date	Responsible Officers	
1.1	<p>WAST accepts this finding and will increase links between PECI and the EDI team.</p> <ul style="list-style-type: none"> Set up monthly meetings between EDI team and PECI team: <ul style="list-style-type: none"> To review progress against SEO objectives To plan joint events To share data/ reports 	April 2022	<p>Keithley Wilkinson, Head of Equality and Engagement Gareth Thomas, PECI Manager</p>

Matter arising 2: Analysis of initiatives to attract and recruit (Design)	Impact
---	--------

The Trust has a number of initiatives in place that help promote the service as an attractive place to work, including membership to a number of National Ambulance Networks, targeted career events and training for staff that helps ensure the recruitment process is inclusive. However, there is currently limited analysis undertaken to establish the effectiveness of these initiatives.

Potential risk of:

- Initiatives are not effective or as successful as intended

Recommendations	Priority
-----------------	----------

2.1 Establish mechanisms to allow the Trust to analyse and capture the effectiveness of initiatives	Medium
---	--------

Management response	Target Date	Responsible Officer
---------------------	-------------	---------------------

2.1 WAST accepts this finding and will explore and establish mechanisms to capture effectiveness.		Keithley Wilkinson, Head of Equality and Engagement
a) Survey new starters about where they heard about working for WAST.	April 2022	
b) Routinely conduct pulse surveys following a careers event.	May 2022	
c) Ask the inclusion network to participate in a focus group to provide qualitative feedback on the effectiveness of initiatives.	June 2022	

Matter arising 3: Analysis of candidate progress (Design)	Impact	
<p>The trac.jobs system provides a data report that breaks down groups of applicants against their progress through the recruitment process. However, this report is not run as a matter of course and as such there is currently no regular analysis undertaken.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Potential inherent barriers are not identified or addressed 	
Recommendations	Priority	
<p>3.1 a. The Trust should consider undertaking regular analysis of reports from Tracjobs and address any inherent barriers potentially impacting candidate progression.</p>	<p>Medium</p>	
Management response	Target Date	Responsible Officer
<p>3.1 a. The trust accepts this finding.</p> <ul style="list-style-type: none"> • Meet with Tracjobs and set up a reporting system for monthly updates 	<p>April 2022</p>	<p>Keithley Wilkinson, Head of Equality and Engagement</p>

Matter arising 4: EDI Steering Group Terms of Reference and attendance (Design)	Impact
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The Equality, Diversity and Inclusion Steering group terms of reference state that the group feeds through to the WOD Business Meeting. However, while establishing the reporting structure we were advised the EDI Steering Group reports to People and Culture Committee.

Potential risk of:

- EDI Group is not compliant with its Terms of Reference

Our review of the meeting minutes for the last three meetings (noting that there was no April 2021 meeting due to the Covid-19 response) identified that only one was quorate. We note that there were no significant decisions made during either of these meetings.

Recommendations	Priority
4.1 a. The Terms of Reference for the EDI Steering Group should be updated to reflect the correct reporting structure. b. The Terms of Reference should be reviewed in order to ensure that the membership is appropriate.	Medium

Management response	Target Date	Responsible Officer
4.1 a. The Trust accepts this finding and will update the Terms of Reference with support from the Deputy Corporate Board Secretary.	June 2022	Keithley Wilkinson, Head of Equality and Engagement
b. The Trust accepts this finding and will review the memberships of the EDI Steering Group.	May 2022	Keithley Wilkinson, Head of Equality and Engagement

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:

	<p>Substantial assurance</p>	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.</p>
	<p>Reasonable assurance</p>	<p>Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.</p>
	<p>Limited assurance</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved.</p>
	<p>No assurance</p>	<p>Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.</p>
	<p>Assurance not applicable</p>	<p>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.</p>

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 LANGUAGE ADVISORY GROUP REPORT TO THE PEOPLE AND CULTURE COMMITTEE

Committee Meeting Date	Welsh Language Advisory Group
Subgroup Meeting Date	13 March 2022
Chair	Melfyn Hughes (standing in for Chair - Sonia Thompson, Assistant Director of Operations Ambulance Response)

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of escalation)

1. There has been significant increase in demand and costs for translations to meet compliance with the Standards. A business case for centralising translation services and having the bulk of translations done by an in-house translator has been developed on an invest to save model. It is anticipated that this will be considered by the Executive Management Team in May 2022.

ADVISE

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

2. Welsh Language Standards Tracker update provided to members on compliance with the Service Delivery Standards. Quarterly compliance advice and guidance will be communicated to staff on how to deal with correspondence and answering telephone calls in Welsh.
3. Members discussed the quality assurance of the translation of the new 172 bilingual web guides that would be hosted on the 111 website and the 111 Programme Team recommendation to quality assure 10% of the web guides. Members recommend the Welsh Language Officer work with members in deciding which 10% of the webguides would undergo the quality assurance process.
4. Board Secretary informed members that her objectives for next year under her PADR is to develop a Welsh language Framework that would pull together all areas of work involving the Welsh language rather than have a single Welsh language strategy. Welsh Language Officer to bring back to Advisory Group in July 2022 a draft of the Welsh Language Framework.
5. Board Secretary discussed importance of having inclusive meetings at Committee and Board meetings and to promote the use of the Welsh language. Board Secretary to raise with the Communications Team on how we might incorporate a simultaneous translation service into Trust meetings.

ASSURE

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

6. Board Secretary assured members that the Welsh Language Advisory's Group's Terms of Reference would be linked to the People and Culture Committee's Terms of Reference.



7. Assurance provided by the 111 Service Manager on work carried out to improve service delivery for Welsh speaking service users for the 111 Service that included focused staff CPD training on how to deal with Welsh calls and weekly Welsh language provision service analysis.
8. Welsh Language Standards Tracker update provided on Operational Standards 91, that related to work completed in ensuring the Trust's intranet home page is available in Welsh.

RISKS

Risks Discussed: [insert]

New Risks Identified: [insert]

COMMITTEE AGENDA FOR MEETING

1. From action log: Welsh Language Translation	2. Welsh Language Standards Tracker	3. AOB
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COMMITTEE ATTENDANCE

Name	13 March 2022	8 July 2022	9 November 2022	[insert date]	[insert date]
Melfyn Hughes					
Emrys Davies					
Bethan Evans					
Trish Mills					
Hugh Parry					
Anita Owen					
Iwan Griffiths					
Gill Fleming					
Sonia M Thompson	part meeting				
Wyn Morris					
George Williams					
Rhian Watts					
Joel Garner					
Debbie Kiley					

	Attended
	Deputy attended
	Apologies received
	No longer member



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AGENDA ITEM No	17
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

LEARNING FROM CASES (Part 1)

MEETING	People and Culture Committee
DATE	10 th May 2022
EXECUTIVE	Dr. Catherine Goodwin, Interim Director of Workforce and OD
AUTHOR	Liz Rogers, Deputy Director of Workforce and OD
CONTACT	Liz Rogers, Deputy Director of Workforce and OD

EXECUTIVE SUMMARY
<p>Most employee relations cases have a significant degree of complexity and sensitivity. Some more recent cases have been subject to reviews to identify learning opportunities. This report outlines the recommendations and how we can use this learning to improve the employee experience when faced with an investigation and how the quality and consistency can be improved.</p> <p>This report is Part 1 in considering learning from relatively recent cases. Part 2 relating to another investigation will be presented at the next P&C Committee as the review is currently in process.</p>

KEY ISSUES/IMPLICATIONS
<p>This report focuses on the learning identified from recent cases and brings into consideration the recommendations from those cases which can be adopted by WAST. The recommendations reflect ways to improve how future cases are managed.</p> <p>The report also considers this learning in the framework of just culture principles and how WAST can explore and take forward these principles in partnership with Trade Union colleagues.</p> <p>Each case is different, however, in each case there are people at the heart of the process. Dealing with allegations which result in the triggering of an investigation is challenging for those at the centre of the allegations and will always need to be handled with sensitivity and care.</p> <p>In summary, the recommendations are:</p> <ul style="list-style-type: none"> • Work with the principles of just culture to improve the quality and experience for those facing an investigation

- Introduce a stage prior to the investigation of fact to consider if the formal initial assessment of fact (IAF) is appropriate in exceptional cases
- Ensure there is a robust IAF for a case prior to an investigation being triggered which should be completed by an independent manager outside of the line management chain
- Take a pause to reflect on the IAF findings
- Ensure due process is followed
- Maintain objectivity in language and manager should not share personal views which may lead to preconceptions
- Increase WOD team engagement in the process to improve support to investigating officers and increase the pace
- Prioritise the completion of investigations to avoid unnecessary delays
- Review cases where there is an external investigation to decide if appropriate to progress with the internal investigation
- Where necessary widen an investigation to ensure all areas are covered, preventing evidence coming to light in the hearing. Clear terms of reference are needed
- Prepare witnesses in advance on what to expect and have clarity on questioning processes.

A short action plan to outline will be produced to address the recommendations made.

The Committee is asked to:

- **NOTE** the report
- **APPROVE** the recommendations made

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
EMT	27 April 2022	For noting and approval
WOD Business Meeting	29 April 2022	For noting
P&C Committee	10 May 2022	For noting and approval

REPORT APPENDICES

N/A

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 4	Financial Implications	N/A

Environmental/Sustainability	N/A	Legal Implications	13
Estate	N/A	Patient Safety/Safeguarding	Para 4,5,6
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	27

SITUATION

1. The review of employee relations cases within WAST is an opportunity to learn and develop better practice in what we do. As an organisation we wish to consider the implementation of just culture principles in the way we approach issues which require an investigation.
2. This report outlines the learning from recent cases and a further report will be presented to the People and Culture Committee to share further findings and recommendations from another review currently being undertaken.

BACKGROUND

3. Recent reviews of complex and challenging cases have produced a range of recommendations for the WOD team and wider organisation to consider. The recommendations will help improve the experience for those facing investigation and challenge any perceived blame culture and improve how we learn lessons from incidents or where things go wrong. The learning points are outlined below. This learning will be used with the WOD team, investigating officers and managers who are involved in employee relations processes as well as the wider organisation into when an investigation is necessary and how it is used.
4. The recommendations from the case reviews sit alongside the principles of just culture which are being adopted by some NHS organisations. The fair treatment of staff supports a culture of fairness, openness and learning by making staff feel confident to speak up when things go wrong, rather than fearing blame.
5. Supporting staff to be open about mistakes allows valuable lessons to be learnt so the same errors can be prevented from being repeated. In any organisations or teams where a blame culture may be prevalent then applying just culture principles is a powerful tool in promoting cultural change.
6. The just culture guidance is not intended as a replacement for an investigation, e.g. for a patient safety incident, but it supports the conversation and considers areas such as intent, training, mitigation, knowing departure from standard protocols etc. The approach is sensible, balanced and reasonable. It does not mean that incidents are not investigated or that the organisation does not address issues.
7. Disciplinary processes are not intended to be punitive but should be a learning experience, not just for the individual(s) at the centre of the process but also for

the organisation. However, it is noted there is very rarely a winner following a disciplinary process and there is reputational impact.

ASSESSMENT

8. There are a range of key learning points from recent cases for the WOD team and wider organisation to consider. This learning is summarised below.
9. There should be due diligence in the clarification and the detail of the circumstances around a potential investigation with robust and objective initial assessment of fact (IAF) exercise prior to an investigation being triggered. The manager allocated the responsibility for the IAF should not accept anything as fact but to satisfy themselves that they have robustly reviewed assumptions and information provided as accurate.
10. A further recommendation offered is to consider introducing a stage prior to the initial assessment akin to fact finding, allowing an alleged incident to be investigated prior to being taken forward under the current first step of an IAF form being completed. This is because there are occasions where there is a question that something has occurred which needs investigating but the only way to address this is via the policy which could feel heavy handed and create unnecessary anxiety and conflict. This approach is aligned to the principles of just culture.
11. The question of who does what also arises and appointing a manager who is independent and not part of the direct line management chain could best ensure that the IAFs are independent and free from bias. Alongside this, a clear terms of reference and scope for the factfinding could prevent a superficial assessment of fact.
12. At the end of the IAF, a further recommendation is to take a pause and reflect on the findings objectively so they can be reviewed prior to a decision on whether to progress with an investigation.
13. These recommendations outlined in Paragraphs 9-12 can be implemented. It is felt that any fact finding prior to the IAF should be agreed by all parties and the exception rather than the norm as a solid terms of reference and scope would ensure that the IAF was robust. It is recognised that this needs to be sensitive to those involved in the process, be balanced and objective.
14. A linked recommendation is to wherever possible follow due process. Where there is a deviation to the process then this can create confusion, misunderstanding and contention later. If there is a need to deviate from the process then this needs to be properly scoped, setting out the intended purpose (in writing) and made very clear to all parties involved with agreement on how the information will be shared and validated.
15. This is a sensible recommendation, the process is laid out and gives all parties involved clarity and a framework to work within. If there are situations where this has to be flexed then this needs to be mutually agreed, understood and documented.

16. It is positive to note the impact of the WOD team work on approaches to investigations over the last 12 months. There has been a significant reduction in disciplinary investigations from 46 cases in April 2021 to 19 cases in March 2022. This has been achieved by ensuring that any allegations are managed appropriately at the initial assessment stage before a decision is taken to pursue a formal investigation.
17. The next recommendation is focused on objectivity. Language used at the earliest stages and throughout the investigation should be objective and not assume blame prior to the investigation. There also needs to be an avoidance of the sharing of personal views of individuals such as managers involved in situations which may lead to preconceptions of responsibility and guilt. Events and facts need to be objectively and accurately recorded to avoid inaccuracies in the way that events are recorded. This will provide a more balanced version of the report. Working with managers about how to challenge their own views and conscious or unconscious bias will be needed.
18. Moving on to the support and role of the WOD team. There is an opportunity to step up the level of support offered to investigating officers. To deliver a robust and comprehensive investigation takes experience which needs to be developed over time and with practise. Investigations take considerable time and headspace to be able to effectively review and reflect on the information gathered and to determine what else needs to be reviewed. This needs appropriate administrative and professional support. There is a need for the team to be present to support the investigating officer through interviews and in the production of a high quality disciplinary bundle.
19. This need has also been identified by the Deputy Director and the new structure in the People Services team presents an opportunity to increase the support offered to investigating officers which will be implemented in the next couple of months. There will also be further development for the People Services team on supporting investigating officers in employee relations cases and confidence building for the team to challenge appropriately where and when required.
20. The next two recommendations link to the investigation process. Investigations can be lengthy therefore prioritising them over other responsibilities is necessary. Keeping an employee waiting for an outcome on the investigation is stressful and detrimental to their wellbeing. There are challenges when external parties such as the police are involved in investigations. A balanced view on whether to progress the internal investigation needs to be made if long delays are expected. In addition, trade union partners should be mindful of the impact of any potential delays in their processes and how this may impact on their member.
21. This is recognised as an issue, particularly in cases where there are external parties. Decisions to expedite investigations on a case by case basis are needed and investigating officers need to be clear on expectations upon them. Offering more support from the People Services team will assist with timeliness of completion.

22. The final set of recommendations links to the robustness of the investigation as noted above and the disciplinary hearing itself. Investigating officers may need to widen their investigation based on evidence emerging through the process to avoid new evidence emerging through the hearing itself. New evidence at the hearing raises questions about the investigation quality and means that the hearing needs to be suspended so that new evidence can be considered. There are examples where the disciplining officer has considered new evidence presented at the hearing. Rather than doing this, the hearing should be suspended to review that new evidence or the evidence could be rejected if it was withheld until the hearing. It is the duty of TU partners to advise their members to ensure that all the evidence they intend to rely on should be presented prior to the hearing.
23. Those attending the hearing, for example witnesses, need to be properly prepared and during the hearing it should be clear on the approach to how witnesses will be questioned.
24. Again, these are solid and accepted recommendations. Having clear terms of reference, ensuring that all parties understand their role will deliver this. Any current guidance available will be reviewed and if required redeveloped and work with the People Services team on how to best support the investigating officer, disciplining officer and witnesses will be delivered.
25. The proposal is to develop a short action plan to outline what needs to be done to address the recommendations made, alongside the further training for the team (discussions are already underway on the best approach for this with the team). This plan will be monitored by the Head of People Services.
26. A discussion with trade union partners on how we develop the principles of just culture in WAST has commenced.

RECOMMENDED

27. The Committee is asked to: **NOTE** and **COMMENT** on the Report , and **APPROVE** the approach to implementing the recommendations



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AGENDA ITEM No	18
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

<p>The Welsh Ambulance Service Trade Union Partner Cell Activity Report 2021-22</p>
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MEETING	People and Culture Committee
DATE	10 th May 2022
EXECUTIVE	Catherine Goodwin, Interim Director of Workforce and OD
AUTHOR	Liz Rogers, Deputy Director of Workforce and OD
CONTACT	Email: Sara.Williams5@wales.nhs.uk Tel: 07813 818538

EXECUTIVE SUMMARY

To appraise the People and Culture Committee of the Trade Union Partner Cell partnership activity and note the contents of the report.

KEY ISSUES/IMPLICATIONS

This report is to provide an overview of key partnership working activity to the People and Culture Committee, and to inform decision making.

REPORT APPROVAL ROUTE

- Noted at WOD Business Meeting (29.04.2022)
- Noted at EMT (27.04.2022)

REPORT APPENDICES

Appendix 1: SBAR
Appendix 2: Trade Union Partner Cell partnership activity report 2021-22

REPORT CHECKLIST

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

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

Appendix 1: SBAR

SITUATION

1. The attached report (Appendix 2) highlights the key areas of activity which have been undertaken in partnership and reported through the Welsh Ambulance Services NHS Trust Trade Union Partner (TUP) Cell during the period 2021/22.

BACKGROUND

2. The Trust has a well-established meeting structure to support partnership working and the TUP Cell covers a wide range of activities and focusses on Trust Strategic and Operational issues. The TUP Cell meets regularly and enables constructive discussions and engagement in organisational decisions.
3. The terms of reference for the TUP Cell require that an annual report on its partnership activity be presented to the Trust Board.

ASSESSMENT

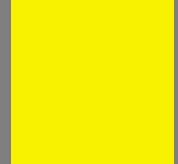
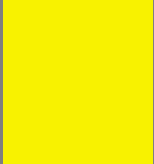
4. The Trust is committed to partnership working and this report articulates and highlights the key areas of activity on which the Trade Union Partners and Trust managers have been engaged, and recognises the work which has been undertaken in partnership over the past 12 months.
5. This report reflects the role and functions of the TUP Cell and highlights some of the key issues which the TUP Cell intends to give further consideration to over the next 12 months, building on the successes of this year and addressing new and emerging workforce and service priorities.
6. The Trust is committed to continued working in partnership with the TU Partners over the forthcoming 12 month period and a key action in this going forward will be to review the terms of reference and strengthen partnership working.

RECOMMENDED: The Committee is asked to **NOTE** the contents of the report.



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The Welsh Ambulance Service Trade Union Partner Cell Activity Report

Annual Report (April 2021 – March 2022)

Our story so far in 2021/22
and our next steps



Contents

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What is the Trade Union Partner Cell?

Introduction

This report reflects the Trade Union Partner Cell role and functions and summarises the key areas of Trade Union partnership activity undertaken by the Welsh Ambulance Services NHS Trust between April 2021 and March 2022. The report highlights some of the key issues which the Trade Union Partner Cell intends to give further consideration to over the next 12 months.

Roles and Responsibilities of the Trade Union Partner Cell

The Trade Union Partner Cell was established in March 2020 as part of its pandemic infrastructure, it is the forum where the senior leadership team and Trade Union Partners (TUPs) work together to improve the Trust's services for the people of Wales. It is the principle partnership forum for the discussion of national priorities, strategies and where key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues. The broad term used to describe this is "partnership working". All members of the Trade Union Partner Cell are full and equal members, and collectively share responsibility for the decisions made by the forum.

The virtual Cell has worked in partnership through a number of important issues, and provides the formal mechanism for consultation, negotiation and communication between the TUPs and management. The Trust involves staff representatives in policy formulation, implementation and evaluation at a strategic and operational level and in service decisions, problem solving, service planning, local management meetings and communications. At the earliest opportunity, the organisation engages with staff representatives in all key discussions and decision-making processes.

In addition, the Trade Union Partner Cell adheres to the Trades Union Congress six principles of partnership; a shared commitment to the success of the organisation, a focus on the quality of working life, recognition of legitimate roles of the employer and the trade union, a commitment by the employer to employment security, openness on both sides and a willingness by the employer to share information and discuss the future plans for the organisation adding value, a shared understanding that the partnership is delivering measurable improvements for the employer, the union and employees.

What is the Welsh Ambulance Services Partnership Team?

Purpose of the Trade Union Partner Cell

The purpose of the Trade Union Partner Cell is to:

- Support and enable consistent and timely sharing and sense making of information across the four recognised trades unions and lead trade union partners, and
- Enable discussion and a representative view from all trades unions to be gathered and fed back to each group via a single representative (regardless of trades union affiliation) to facilitate timely and effective decision making.

Duties of the Trade Union Partner Cell

The Trust and the Trade Union Partner Cell accepts that partnerships help the workforce and management work through challenges and to grow and strengthen their organisations. The TUPs and management show joint commitment to the success of the organisation with a positive and constructive approach. The Trade Union Partner Cell provides the formal mechanism for consultation, negotiation and communication between the recognised TUPs, their members and management of the Trust.

Trade Union Partner Cell Agenda Planning Process

The Management and TUPs Secretary are responsible for the preparation of the agendas and minutes of the meetings held, and for obtaining the agreement of Management and TUPs Chairs.

The Deputy Director of Workforce and OD acts as Chair and Management Secretary and is responsible for the maintenance of the constitution of the Trade Union Partner Cell membership, the circulation of agenda and minutes and notification of meetings.

The agenda and any papers for the Trade Union Partner Cell are circulated to all attendees during the week prior to the meeting.



Trade Union Partner Cell Membership, Frequency and Attendance

All members of the Trade Union Partner Cell are full and equal members and collectively share responsibility for its decisions.

Trade Union Partners

Representation from UNISON, UNITE, GMB and RCN should reflect the distribution and staff groups employed within the Trust's workforce.

All Trust TUPs are nominated via their Trade Union, from the membership in their Division. The TUPs must be employed by the Welsh Ambulance Services NHS Trust, and be accredited by their respective Trade Union organisation. If a representative ceases to be employed by the Trust, then they automatically cease to be a member of the Trade Union Partner Cell. Full time officers of the recognised Trade Unions will also be invited to attend meetings of the Trade Union Partner Cell.

Management

The TUP Cell is chaired by the Deputy Director of Workforce and OD, supported by members of the Assistant Directors Leadership Team and Executive Director attendance as required. This includes:

- ❖ Director of Paramedicine
- ❖ Executive Director of Finance & Corporate Services
- ❖ Assistant Directors, Operations
- ❖ Assistant Director of Planning & Performance
- ❖ Director of Quality & Nursing
- ❖ Assistant Director of Quality Governance
- ❖ Director of Partnership & Engagement



Trade Union Partner Cell Membership, Frequency and Attendance



Other Attendees

Additional members may be co-opted to the Trade Union Partner Cell by agreement between the joint secretaries, including representatives from the TUPs team with expertise in particular issues.

The Workforce and OD Department provide the secretarial support for the meeting and in addition to the secretarial support, two members of the Workforce and OD department attend the meetings.

Attendance

Every effort has been made by all parties to maintain a stable membership of the Trade Union Partner Cell. There should be 50% attendance from both parties for the meeting to be quorate. If the meeting is not quorate no decisions can be made but information may be exchanged.

Consistent attendance and commitment to participate in discussions is essential. Since 15 June 2021 and in line with the Trust's "monitor" phase, the frequency of the Trade Union Partner Cell meeting continued to be fortnightly. Further to operational/service demands during the pandemic and escalation to REAP Level 4, the meeting frequency increased to a weekly basis, with effect from 4 January 2022, subject to review, with consideration of the de-escalation to REAP Level 3. The meeting is now chaired by the Deputy Director of Workforce and OD, supported by members of the Assistant Directors Leadership Team and executive director attendance as required. As part of this trial, the Trade Union Partner Cell also provided an opportunity to constructively discuss non-COVID agenda items.

Review of TUP Cell Activity and Engagement

The TUP Cell has continued to cover a wide range of activity and focussed on Trust Strategic and Operational issues. TUP Cell has provided the opportunity to inform, discuss and appraise Trade Union Partners on the following issues over the past 12 months:

Moving from a “Monitor” phase to “Recovery”: Our COVID-19 Pandemic Response

Trade Union Partners and senior leaders have worked together to make a significant difference and help to ensure that the effects of the pandemic have been minimised and that we continue to deliver high quality, safe patient care. A partnership working approach has been essential to support with educating, informing, protecting and equipping our workforce, and to limit the transmission of COVID-19. We have also discussed how we can further support the mental health and wellbeing of our workforce during these challenging times, through existing and new initiatives.

The Trade Union Partner Cell has created a more timely and responsive way for us to work together to improve the Trust’s services for the people of Wales. We will continue to enable the discussion of national priorities, strategies and enable key stakeholders to engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues.

Clinically Extremely Vulnerable Staff Returning to Work

- The TU Cell provided a forum for regular dialogue between TU Partners, management and the WOD Team regarding how clinically extremely vulnerable staff (those who were shielding) could be supported in their return to work. The Wellbeing Team hosted sessions for colleagues who were returning to work after shielding.
- An Action Card was developed to assist managers and staff, and individuals were signposted to the All-Wales Covid-19 Risk Assessment.

COVID-19 Commemorative Coin

Staff and volunteers who worked during the first wave of the pandemic were presented with a COVID-19 commemorative coin, commissioned with funds from Sir Tom Moore’s charitable donation. The TUP Cell were supportive of this small gesture to thank everyone at TeamWAST for their dedication during the pandemic.



Review of TUP Cell Activity and Engagement

COVID-19 Action Card updates for Managers and Staff

The TUP Cell were regularly made aware of new and updated COVID-19 Action Cards for managers and staff to refer to for practical guidance during the pandemic. This provided attendees with the opportunity to raise queries and feedback any issues or concerns.

AACE Survey

The TUP Cell were encouraged to raise awareness of the Association of Ambulance Chief Executives (AACE) Survey on Infection Prevention Control (IPC), which will provide data and information on attitudes, perceptions, and concerns regarding IPC in the pre-pandemic and pandemic era.



ASSOCIATION OF
AMBULANCE
CHIEF EXECUTIVES

FIT Testing Improvement Project

Regular updates on developments to assist with FIT Testing improvements within the Trust were shared at the TUP Cell. This is an important piece of work to ensure that all employees who may need to wear Respiratory Protective Equipment (RPE) have access to suitable equipment and have received competent FIT testing and training in its use.

Military Support

Throughout the pandemic, the TU Cell has acknowledged the extraordinary system pressures on our staff. Ahead of winter and the emergence of the Omicron variant, the Trust secured military assistance for the third occasion to increase emergency ambulance capacity across Wales. The final cohort of military colleagues completed their last shift on 30 March 2022.

Discussions at TUP Cell acknowledged that the media had reported on concerns raised by staff who were concerned about the system pressures and the safety of working with non-clinical military support.

Whilst it was recognised the way in which these concerns had been raised was disappointing, TUPs understood these concerns and have been raising similar concerns frequently at TU Cell. A formal Respect & Resolution was submitted on behalf of members from all 4 Trade Unions. It was acknowledged there are pockets of unhelpful management behaviour and we are keen to work together in partnership to address and consider how concerns are raised, as part of future developments to continue to support with appropriate behaviour at all levels across the organisation, in line with the refreshed TeamWast Behaviours.

Review of TUP Cell Activity and Engagement


Mental Health Innovation

The results of the 2020 **Staff Survey** were published in Spring 2021, and a different approach to the analysis was taken. Each Directorate nominated a staff survey champion who was responsible for initiating conversations throughout their teams and leading on meaningful responses.

WAST held its first **Wellbeing Week** in November 2021, and a check in with colleagues took place. The 315 colleagues who took part, have helped shape the WAST Wellbeing offer.

Awareness of women's health issues is growing due to the active **Women's Health Group** that meets biweekly.

Tailor built for WAST, the wellbeing app **Thrive** is now downloaded onto all Trust iPads but can be accessed on any device.



A collaboration with the charity **Mind Over Mountains** has provided colleagues with the opportunity to join a guided hike that encompasses mental health support.

Health engagement and promotion activity continues to increase. **Therapy Dog** visits take place across sites on a weekly basis. The Wellbeing Team continue to carry out **face-to-face visits** on a weekly basis.

The **Long Covid Support Group** connects TeamWast with North West Ambulance colleagues and remains a platform of support for those affected.

Project Zen was implemented at 3 Clinical Contact Centre sites during the Christmas 2021 period to support colleagues working over the festive period and into a challenging New Year. The first **Wellbeing chat podcast** was also launched across 111.

Review of TUP Cell Activity and Engagement

Operations Restructure

TUP Cell members were involved in shaping and influencing the roles and structures within the Operations directorate. This has helped to ensure that the organisation can respond to the changing and developing needs of the broader health system in Wales, providing the safest and most effective care as well as the best possible patient, service user, and staff experience.

#WithUsNotAgainstUs



I can't fight for their life if I'm fighting for mine.
#WithUsNotAgainstUs

The TUP Cell were encouraged to raise awareness of the Joint Emergency Services Anti-Violence Campaign #WithUsNotAgainstUs, which was launched to ask the public to treat emergency workers with respect.

It comes as new data has revealed that assaults on emergency workers in Wales are on the rise.

More than 4,240 assaults were committed against emergency workers, including police, fire and ambulance crews, in the period April 2019 – November 2020, representing a monthly average increase from 202 in 2019 to 222 in 2020, or 10%.

Quality Strategy 2021-24

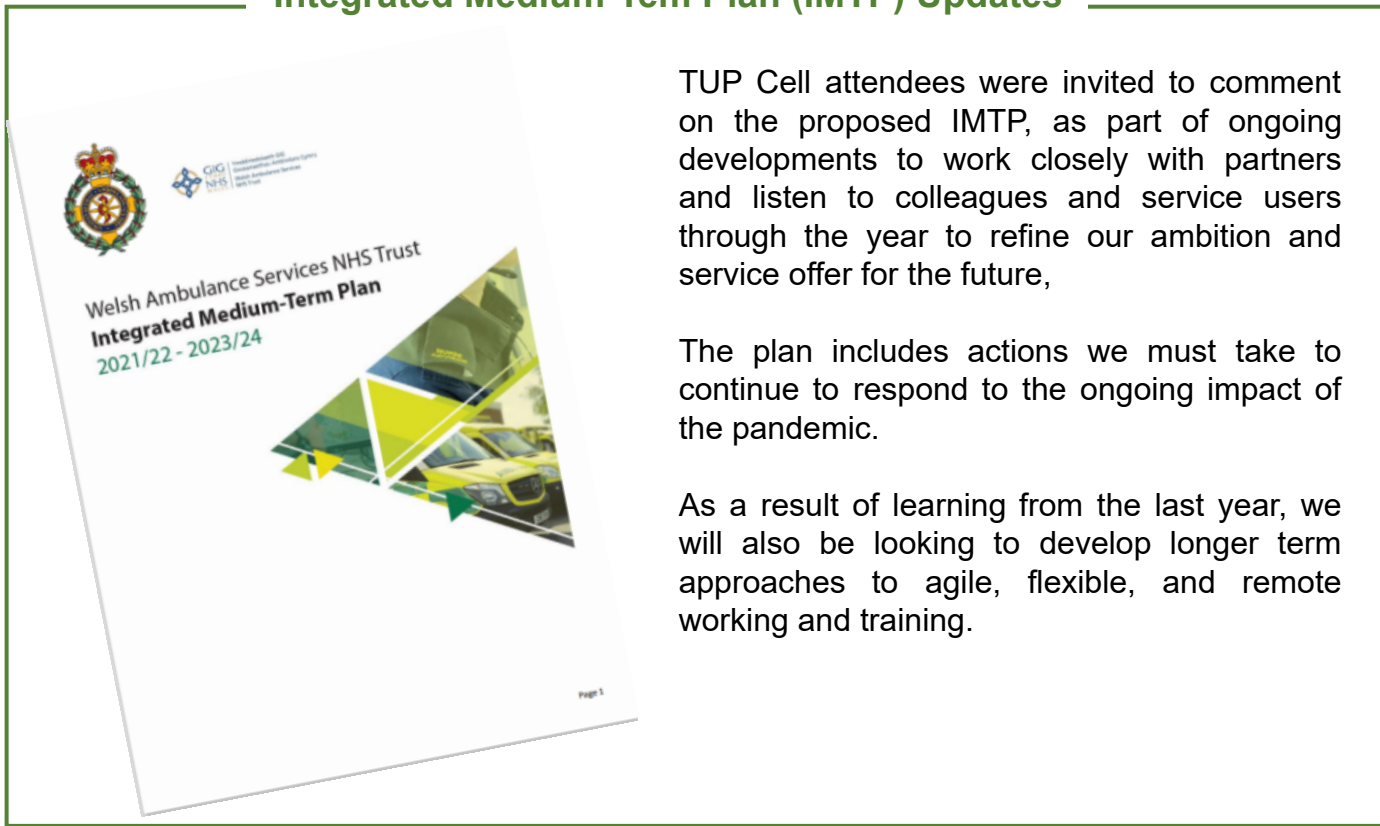
The WAST Quality Strategy, which sets out our vision for the future of WAST, was presented at TU Cell for discussion, prior to it being considered at Trust Board for approval and implementation.

This vision has been shaped through engagement with our patients, staff and key stakeholders and places quality as a core fundamental for attaining our vision for delivering excellence.



Review of TUP Cell Activity and Engagement

Integrated Medium-Term Plan (IMTP) Updates



TUP Cell attendees were invited to comment on the proposed IMTP, as part of ongoing developments to work closely with partners and listen to colleagues and service users through the year to refine our ambition and service offer for the future,

The plan includes actions we must take to continue to respond to the ongoing impact of the pandemic.

As a result of learning from the last year, we will also be looking to develop longer term approaches to agile, flexible, and remote working and training.

Recruitment and Selection: Working towards a more Diverse Workforce

The TUP Cell were made aware of work to ensure we recognise the value and benefits a diverse workforce can bring to improving access and the quality of health care to patient satisfaction and increased innovation.

Honne Behaviour Work

Honne, a team of values-led, business psychologists, engaged with the TUP Cell to present their work to help reset the leadership culture and collective behaviours of TeamWast. The TUP Cell were supportive of plans to assist with building an inclusive and healthy workplace that delivers excellence, with a focus on compassionate, courageous, and collaborative conversations.

EMS Roster Review

The TUP Cell were updated on plans to ensure that we have a competent skill mix with all crews as part of the Roster Review. Senior Leaders and Trade Union Partners met together to agree an approach for undertaking an EMS roster review project across Wales. Trade Union Partners play an important role in shaping the project, as members of the Project Board, and in the selection of Working Time Solutions (WTS) as a partner.

Review of TUP Cell Activity and Engagement

NHS Wales and WAST Policies

TUP Cell members were encouraged to comment on new and revised Trust policies and note their approval via the group. The TUP Cell were also informed of NHS Wales Workforce policies which were to be formally adopted by the Trust. A number of Policies, Procedures, Plans and Agreements have been presented to the Cell as part of the formal approval route:

- Revised NHS Wales Special Leave Policy
- Revised NHS Wales Secondment Policy
- Revised Procedure for NHS Staff to Raise Concerns
- NHS Wales Pay Progression Policy
- Respect and Resolution Policy
- Recruitment and Retention Payment Protocol
- Command Policy
- Uniform Dress Code SOP
- Crewing Guidance SOP
- OPRU SOP
- Airway Policy
- Fire Safety Policy
- Purchase Card Policy
- Facilities Agreement
- Driving at Work Policy
- Lone Worker Policy
- Fuel Disruption Plan
- Race Equality Action plan



Allyship Programme

WAST launched the Allyship Programme in December 2021, with a commitment by the Board to take forward the allyship journey, demonstrating WAST's view of the importance of ensuring a diverse and inclusive organisation. The TUP Cell are fully supportive of the Allyship Programme and look forward to raising awareness of the initiative within the organisation.

Financial Position 2022/23

Details of the financial position for 2022/23 were shared with the TUP Cell. There is expected to be further significant financial pressure on the Trust, alongside the rest of the NHS in Wales, which we are expected to see from 2023/24 onwards, and will require a different approach to the delivery of savings and efficiencies.

Review of TUP Cell Activity and Engagement

Changes to the Urgent Care Assistant job title and role

The TUP Cell were apprised of a formal consultation process to review the Urgent Care Assistant (UCA) role. Staff were invited to comment on the proposed changes to the UCA role. Several comments were received and were carefully considered and tested for influence on the Job Description and the scope of practice as a result, with the implementation of the new Ambulance Care Assistant 2 (ACA2) role.

Staff Wellbeing in Clinical Contact Centres

The TUP Cell discussed how staff wellbeing in Clinical Contact Centres (CCC) could be supported. These concerns were addressed, and the TUP Cell were also apprised of the following initiatives:

Therapy Dog visits take place across sites on a weekly basis.

Project Zen was implemented at 3 Clinical Contact Centre sites during the Christmas 2021 period to provide a listening ear and wellbeing support for colleagues working over the festive period and into a challenging New Year.



Annual leave: Selling and Carry over

Given the significant service demands over the past two years, while employees have been supported and encouraged to take their leave, it is acknowledged that this has not always been possible, and service constraints have resulted in individuals accruing annual leave which they may not be able to take before the end of the leave year.

The process for selling annual leave and the carryover of annual leave into the next leave year was discussed at TUP Cell in terms of its consistent application throughout the organisation.

RPE Delivery Structure

The TUP Cell were made aware of further details regarding the RPE delivery structure within the organisation, to ensure the safety of staff and patients.

WAST has a responsibility to ensure that all employees who may need to wear Respiratory Protection Equipment (RPE) have access to suitable equipment and have received training in its use.

Review of TUP Cell Activity and Engagement

New job role: Duty Operations Manager

The TUP Cell were apprised of plans to roll out the **Duty Operations Manager (DOM)** role, to assist with the continued development and progression of the organisation. The aim of the role is to address a number of the fundamental challenges of the previous Clinical Team Leader (CTL) role, whilst enhancing the presence of frontline clinical leadership.



Coaching & Mentoring Framework & Aspiring Leaders Programme

Details regarding the Coaching & Mentoring Framework and Aspiring Leaders Programme were shared with the TUP Cell. A dedicated section of the intranet provides all the latest news on team development and qualification opportunities for both **coaching and mentoring**, as well as how to access formal coaching with a qualified coach from the Pure Coaching Network.

The TUP Cell were also made aware of details regarding the **Aspiring Leaders Programme**, an exciting development opportunity aimed at the leaders of tomorrow.

Incident Response Plan for EMT

Details regarding the Incident Response Plan for EMT were shared with TUP Cell members,

The Incident Response Plan provides a framework for WAST to respond to incidents within Wales, including major, mass casualty incidents and incidents that require a specialist response.

MDVS Full Business Case

The Mobile Data Vehicle Solution (MDVS) Full Business Case was shared with TUP Cell members. MDVS is a project within the Operational Communications Programme (OCP) to replace the current MDT screens in all WAST fleet. WAST transition is planned to begin in September 2022 with an anticipated 18 month roll out across all fleet. Training for MDT users will be offered ahead of the roll out across the organisation.

Social Partnership and Public Procurement (Wales) Bill

A consultation response on draft legislation to strengthen and promote consistency in the Welsh system of **social partnership** to deliver fair work outcomes, and to ensure socially responsible public procurement, was drafted in partnership with nominated trade union colleagues and senior management as part of the consultation process. WAST is supportive of the proposal to put social partnership arrangements on a statutory footing in legislation will build on our Welsh social partnership between employers and Trade Unions, to achieve mutually agreed goals, to the benefit of Wales.

Review of TUP Cell Activity and Engagement

Partnership Working: TUP Cell and WASPT

Towards the end of the reporting year concerns were raised by TUPs around Partnership working and the functionality of the TU Cell. Despite facilitated engagement sessions from IPA in June 2021 to address previous issues, there was a general feeling partnership working had not improved. Going forward with a commitment from both parties to try and resolve some of these delicate issues ACAS have been asked to help facilitate discussions. Sessions have now been arranged for the middle of June.

Ongoing discussions have highlighted that the current partnership forum of the TUP Cell needs to change in order to strengthen and improve partnership working.

This is an opportunity to emerge stronger from the coronavirus pandemic, with a refreshed Terms of Reference which aligns with the development of cycles of business and better meets the needs of our stakeholders to improve services for both our employees and patients.

An effectiveness review of the local partnership forum is therefore being undertaken to inform changes to the Terms of Reference, as part of a wider piece of work which is being undertaken by the Board Secretary to review the Committee Structure.



Spotlights

COVID-19

ESR COVID-19 data
FIT Testing compliance
Reporting of live cases

WAST Staff Awards

Partnership Working

Discussions have been ongoing in relation to:

- Modernisation Proposals, including rest breaks and end of shift arrangements, and time for CPD
- Job Description reviews

Homeworking

Policy Development

Health & Wellbeing

The TUPs were involved in the development of a number of Health and Wellbeing initiatives. These include:

- ❖ TRiM Programme
- ❖ #WASTkeep talking Portal
- ❖ Long Covid Support Group
- ❖ COVID-19 vaccinations
- ❖ Flu jab campaign
 - ❖ TASC
- ❖ Mind Blue Light
- ❖ Mind Over Mountains
- ❖ Women's Health Group
- Suicide Prevention Self-audit Tool for the organisation
- Road to Recovery Group

Facilities Agreement

The Facilities Agreement for Trade Union Partners was reviewed to clearly reflect agreed process and practices, alongside a recommended standardised process to request and record Trade Union time.

TUP Hot Topics

EMS Transition Plan

Online Transfer List

Pay and annual leave carry over/selling arrangements

Military support

FIT Testing Improvement project

Inter-site transfers across Wales

Cohort modelling

Secondary assignments

Overtime and pay during annual leave

Night working survey

Working Safely

COVID-19 Action Cards and updates for managers and staff

Developing inclusive partnership working workshops

Reporting, Engagement and Communication

The terms of reference for WASPT require that an annual report on its partnership activity be presented to the Trust Board through the People & Culture Committee within three months of the end of the reporting year, setting out its activities during the year and detailing the results of a review of its performance and that of any sub fora it has established (e.g., Employment Policy Sub-Group).

The Chief Executive, Director of Workforce & OD and TUPs meet on a monthly basis to discuss TUP activity, ongoing issues and any matters arising.

The TUPs meet regularly to discuss hot topics. In addition, staff were invited to attend the meeting to discuss their items. This included:

- ❖ COVID-19 Action Cards to support managers and staff
- ❖ Flu vaccinations
- ❖ Mechanical CPR
- ❖ Crew Welfare Plan
- ❖ Safeguarding investigations
- ❖ Digital Road Map
- ❖ ATP Swabbing
- ❖ Staff redeployment
- ❖ Recruitment
- ❖ Changes to the system for ordering supplies
- ❖ Health and Safety Transformation Plan 2021-26
- ❖ Estates Strategic Outcome Programme (SOP)
- ❖ Overpayments



Conclusion and Way Forward

The Trust Board and the Senior Management Team recognise the benefit and appreciate the engagement and participation of TUPs in the activities of the TUP Cell and other Trust meetings and activities. The positive and constructive way in which they have contributed has enabled the Trust to meet and deliver on its organisational objectives.

The next twelve months again provides opportunities and challenges for the TUP Cell. There is a need to continue to build on successes and address the challenges in relationships that risk future success and that way new and emerging workforce and service priorities and pressures can be addressed.

Future Proposed Activity

We are in the initial stages of developing an inclusive Partnership Working Action Plan. Some of the key actions we have discussed to take forward over the next twelve months include the following:

- ❖ Decide on the right model of partnership for WAST and then define what partnership is and isn't
- ❖ Look at how we can move forward together
- ❖ Embed partnership as business as usual activity
- ❖ Strengthen the organisational structure that supports and encourages partnership working
- ❖ What do we call ourselves?
- ❖ Clarify function of the Partnership Forum (local and Trust level) to avoid uncertainty and conflict.
- ❖ Clearly communicate across the organisation when decisions are made.
- ❖ Make partnership more visible – help people to understand what happens, what we discuss and how we do it.
- ❖ Clarify our Shared Purpose
- ❖ Model the behaviours we want to see embedded across the organisation

*“If you want to go fast, go alone
If you want to go far, go
together”*





GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

WAST Strategic Education Steering Group

MINUTES

for the meeting held on 31st March 2022 at 0930 hrs
Via Teams

Present:

Claire Vaughan	Executive Director of Workforce & OD
Andy Swinburn	Director of Paramedicine
Andrew Challenger	Asst. Director, Professional Education & Training
Deborah Armstrong	Head of Education, Professional and Clinical Practice (Nursing)
Jo Kelso	Head of Workforce Transformation
Sarah Davies	WOD Business Manager
Martin Mulholland	Senior Education Development Lead (Clinical)
Andrew Morgan	Senior Education Development Lead (Driving)
Craig Bowen	Senior Clinical Advisor

In attendance:

Duncan Robertson, Interim Assistant Director of Research, Audit & Service Improvement

Apologies:

Wendy Herbert, Kim Tovey, and Charlotte Walker

Secretariat:

Laura Hurford, L&D Senior Administrator

1.	<u>Welcome/Apologies</u> CV welcomed attendees and noted apologies.
2.	<u>Minutes of Previous Meeting</u> Minutes agreed as an accurate account.
3.	<u>Future Chairperson/ Review of Membership</u> Colleagues referred to the terms of reference and CV invited colleagues to comment. CV explained there is now intent through the committee effectiveness reviews and governance that Trish Mills has brought to the organisation to review committees and formal subgroups. This group should and is a formal subgroup or could fulfil the function of a formal subgroup of the People and Culture Committee. There needs to be a form of consistency across the terms of reference of all strategic steering groups or subgroups. There's a great opportunity to consolidate this group and give it the appropriate platform and status. Colleagues discussed the links to People & Culture and Academic Partnership Committee. Comments to be shared with Trish Mills to establish clarity of lines of engagement and terms of reference.



	CV proposed Andy Swinburn Co-Chair future meetings with Dr Catherine Goodwin. Colleagues fully supported the nomination.
4.	<p><u>EPCR Development</u></p> <p>DR thanked all colleagues involved in the rollout of EPCR. Today sees the rollout to the final hospital sites in Aneurin Bevan, the last health board to go live. Training has been supported by Scott Hanson, Digital Learning Manager for EPCR. As of the 25th March 86% of staff (over 2000 users) have registered and completed their eLearning training. From an operational delivery perspective this has not been without its challenges but has been a reasonable success. The EPCR Clinical Reference Group will be formed and report to the Clinical Quality Governance Group and will act as the focal point for making agreed upgrades to the application. Plenty of feedback has been received from champions and users with key points that will assist the developers to make the App more user friendly. Scott has been working with the E&T Team to ensure new starters complete the training during inductions programmes.</p> <p>Colleagues discussed the success of this eLearning package in comparison to take up on other eLearning packages. AC explained if all education packages were moved to the Learning Launch Pad and structured in a more meaningful way that was conducive to learning for everyone, taking in different learning styles we would see an improvement. AS welcomed the opportunity to move learning packages to the Launch Pad, retaining ownership of the content and saving on the cost of Onclick. Action: AS/AC to scope out moving forward with the Learning Launch Pad.</p>
5.	<p><u>CPD Plan 2022/23</u></p> <p>MM requested permission from the group to extend 2021/22 CPD Programme by two to three months with a view of improving compliance. MM provided an overview of the current status of CPD attendance. Last year's CPD didn't commence until June/July due to COVID and requests from Ops colleagues. Many courses were cancelled due to lack of people booking to attend (minimum of 4 is required for EMS CPD as is a scenario-based session) and Response/REAP 4.</p> <p>AC added, Martin and the team and have been engaging regularly with Op's colleagues in their senior forums to encourage attendance. CPD has changed from two days face to face to one day. Good progress is being made with E learning modules, which shows the methodology is working for the subjects that can be delivered in that way. AC highlighted the importance of ownership. The largest chunk of where we failed to update colleagues is in the Ops setting, in terms of risk management and litigation, this is a catastrophe waiting to happen in relation to moving and handling, which is our biggest claim area and violence and aggression, where we've got more incidents than we've ever had previously.</p> <p>CV recommended a paper go to EMT to request extending the programme for period of three months; outlining the risks presented by not undertaking CPD. Action: AS to present paper to EMT.</p>

6.	<p><u>111 CPD</u></p> <p>DA The inequity in allocation of CPD hours across the Trust has been discussed many times and staff have really suffered due to the lack of CPD; particularly over the last two years. DA updated colleagues on the current status of CPD in 111 and plan for next year. CPD was put on hold at the start of the pandemic and all face-to face training removed; This was gradually reinstated last year, now moving back pre pandemic to three days allocated CPD. Compared with 52 hours across the Trust there's massive disparity going into this year. There is a huge workforce of inexperienced staff that haven't received any CPD or support since they've attended their induction training.</p> <p>AC acknowledged the differences and action needed in relation to CPD equality in WAST. Colleagues acknowledged this is unfair, unequal, and needs to resolve completely, considering the sensitivities around roster reviews.</p> <p>JK added its paramount for a learning organisation to learn and do something. Due to the level of complexity JK proposed a task and finish group, notwithstanding what Trish Mills might decide, that this group is the place that it starts.</p>
7.	<p><u>Student Paramedic Placements</u></p> <p>AC gave a verbal update on the increase of requests for paramedic placements. There is a trial scheme with the University in Northwest looking at the year 3 placement which is a fantastic opportunity. There is still a request to consider from the University of West of England, which is an income generation opportunity. Also, there has been contact from an Irish University looking for people to be placed in WAST as well. There are many academic establishments looking for placements in WAST and it's something we need to consider going forward as an income generation opportunity.</p> <p>AS agreed, due to the financial challenges the Trust is facing for this year and subsequent years, this would be an opportunity to bring in income. It was agreed this would need to be a separate task and finish group to review capacity.</p> <p>AC added to await the outcome of the terms of reference refresh and continue with the trial with Northwest for now.</p>
8.	<p><u>Review Return to Work Process</u></p> <p>MM informed colleagues on the high volume of return-to-work requests received due to shielding coming to an end. MM proposed changes to the process with the emphasis on Paramedics not going into Theatres. MM will keep TU colleagues informed. AS suggested bringing this proposal to the Best Practice Steering Group.</p>
9.	<p><u>Apprenticeships Update</u></p> <p>JK informed colleagues of the misunderstanding within WAST related to finances and the “ask” to increase the number of apprenticeships, as there's</p>

	<p>an assumption that income is attached to it. This is not the case, the situation in England is very different from the situation in Wales. WAST will continue to develop apprenticeship frameworks but cannot assume that this will attract funding for the next four years at least. JK is working with HEIW so that they can either become a contract holder, and subcontract to WAST for delivery or receive funding directly from Welsh Government. For the next three years making a connection between increased apprenticeships and increased income is not there.</p>
10.	<p><u>Mandating of Training</u></p> <p>AC explained the high volume of requests received to mandate training. Chris Simms previously presented to SESG the Jessop Awareness training and the learning as a result of the Manchester Arena tragedy. Also, there is a focus on a letter, CV received and sent to Wendy Herbert regarding the learning from COVID on IPC training. WAST may well be ahead of the game and produced the IPC learning during COVID, but again, is hosted on onclick and should possibly be moved to the Learning Launchpad. MDT Screen, Counter Fraud and Cyber Awareness training have been discussed several times. Although the group concur all these topics are very important to the organisation, in terms of mandating what colleagues must do, these are mandated by WG, not by internal decision. AC suggested in this forum going forward, topics that are not mandated by WG will not be considered. Firstly, a task and finish group reviewing equality and fairness in terms of CPD hours must be agreed.</p>
11.	<p><u>Date of Next Meeting</u></p> <p>TBC for May 2022</p>

**Equality, Diversity & Inclusion Steering Group
Wednesday 13th April 2022**

Present:

Jessica Hooper	OD Manager - EDI	JH
Gareth Thomas	Patient Experience Interim Head of Service	GT
Fatehullah Tahir	OD Manager - Leadership	FT
Charlie Boshier	Recruitment Manager	CB
Jennifer Wilson	National Volunteer Manager	JW
Jo Kelso	Head of Workforce Transformation	JK
Angela Roberts	UNISON Branch Secretary	AR
Keithley Wilkinson	Head of Inclusion & Engagement	KW
Kim Tovey	Head of Leadership & Organisational Development	KT
Ceri Bryant	OH & WB Manager	CB
Melfyn Hughes	Welsh Language Officer	MH
Beth Eales	Communication Officer	BE
Catherine Lloyd	OD Project Support Officer	CL

Apologies:

Catherine Goodwin	Interim Director of Workforce & Organisational Development	CG
Joanne Rees-Thomas	General Manager	JRT

REF		ACTION
1.	WELCOME AND APOLOGIES	
	<ul style="list-style-type: none"> The group were welcomed & thanked for their attendance 	

Page Break

2.	MINUTES OF PREVIOUS MEETING / ACTION LOG	
	<ul style="list-style-type: none"> No amendments required In reference to the previous meetings action log, JH shared the Steve Russell link with KW. KT to be included in the interfaith work which will be arranged however meetings have not been held since the last steering group. A date for an allyship programme for the EDI steering group is yet to be decided but can look at adding this on to other sessions or planned sessions 	
	ACTION	

	<ul style="list-style-type: none"> • A reminder that KT is to be included on the interfaith group although no meeting has yet been arranged. 	
3.	<p>NATIONAL NETWORKS UPDATE</p> <p>Inclusion network</p> <ul style="list-style-type: none"> • JH advised that it is hoped the inclusion network will relaunch again by meeting virtually as the group haven't met for a while. It is thought the group would be larger than previous due to the organic growth through the allyship programme and other inclusion events such as national inclusion week, international women's day and trans visibility workshop <p>LGBT+ network</p> <ul style="list-style-type: none"> • GT confirmed that in February 2022 for LGBT+ history month the LGBT staff network met again for the first time since the beginning of the Covid-19 pandemic. Claire Vaughan was in attendance and the group were able to share their wants and wishes for the network and how WAST could continue to provide their support. Claire Vaughan asked for an SBAR to be submitted, outlining the current position of the network and to make recommendations. It is expected those recommendations will include <ul style="list-style-type: none"> - WASTs continued support of the network's objectives - WAST will nominate an Executive level sponsor for the network - WAST to allow protected time for those involved in the network to attend and help facilitate the running of the network. It has been identified that a majority of the members work within operational roles, and face challenges in committing time. • GT confirmed an SBAR was submitted & Claire Vaughan responded with a request for how this would be quantified • KW also confirmed that one of the suggestions made by Claire Vaughan was to discuss the proposal with Lee Brooks. KW will make these arrangements and will meet with CG as Claire Vaughan has since left WAST to discuss and feedback at the next meeting. • GT clarified that the SBAR written alluded to it being possible for staff to be released across all network groups, not just LGBT+ 	
	<p>ACTION:</p> <p>KW to meet with Lee Brooks and CG in relation to the LGBT+ network and the SBAR recently submitted</p>	KW
4.	<p>AACE NETWORK UPDATE</p> <ul style="list-style-type: none"> • JH confirmed there wasn't much to update since the last steering group due to operational pressures. One point that 	

	<p>JH wanted to raise was representation within the groups. JH currently attends the following</p> <ul style="list-style-type: none"> - National Ambulance Diversity & Inclusion Forum - National Ambulance Disability Network (JH acknowledged JK is an active member of this network) - National Ambulance Black, Asian & Minority Ethnic Network (JH acknowledged FT is an active member of the network but hasn't always been able to attend due to prior commitments) - LGBT+ Network (JH acknowledged GT also attends the LGBT+ Network) - Interfaith Network, currently in development <ul style="list-style-type: none"> • JH advised she only has 3 weeks remaining with WAST and would be looking for volunteers to take JH place within these networks. CB volunteered to sit on the Disability network as it sits closely to Occupational Health. KT volunteered to be involved with the interfaith network. • AACE featured WASTs Allyship Programme in March 2022 and there has been lots of interest from other ambulance and public sector services • KW asked if there was a list of individuals interested in the inclusion network. JH confirmed there was, following their attendance on an allyship programme. JH also confirmed there was a separate list of individuals expressing an interest in attending an allyship workshop which, due to existing workload hasn't been possible to offer at this time. 	
	<p>ACTION</p> <ul style="list-style-type: none"> • Group to let JH know of any interest to join any of the AACE networks • JH to share with the group the AACE feature on WASTs Allyship Programme 	<p>Group JH</p>
<p>5.</p>	<p>PARTNERSHIP WORKING UPDATE</p>	
	<p>WRES</p> <ul style="list-style-type: none"> • KT advised WRES was an acronym for Workforce Race Equality Standard. Historically this standard has only been applicable to England and focuses on race equality of the workforce and is an NHS initiative. Welsh Government wants to introduce into Wales a Race Equality Standard and work has already begun on how that would look in Wales. KT shared examples of what may be included in the standard <ul style="list-style-type: none"> - Data on demographics regarding ethnic background of the workforce - Inviting a board member to take responsibility for Race Equality - Indicators for staff surveys 	

	<ul style="list-style-type: none">- Indicators for staff members who may have faced bullying or harassment from colleagues, patient/service users.• KT confirmed his membership of a Scoping Groups to help determine how the standard would be implemented in Wales. In England there are 9 KPIs however it is expected Wales' version will have 11 KPIs with the view of learning lessons from the current Race Equality Standard in England. The current position of the standard is that of a draft however KW has a paper outlining the implications of a WRES on the organisation. This paper is currently waiting on final comments from Senior WOD team, but KW is happy to share once this has been received.• KT fed-back there was an item on the agenda for the next staff survey that will be shared later this year surrounding Race Equality and would welcome a further discussion with KW <p>Equality & Human Rights Week</p> <ul style="list-style-type: none">• KW advised the equality & human rights week takes place annually with this year's event being held between 16th-20th May 2022. Part of the event is to promote activities and raise awareness around EDI. The event is led by the Equality Leaders Group, which is a group made up of all the equality Leaders & Managers throughout NHS Wales and Welsh Government. Some of the topics expected during the event are<ul style="list-style-type: none">- Learning disability- Neuro diversity- Asylum seekers & refugees- Colourism• KW informed the group a draft poster has arrived in order to promote the event, and this will be shared, however a request to have an ambulance placed on the poster has been made. KW has requested the assistance of our communication colleagues and this group to help promote the event. <p>Board Development</p> <ul style="list-style-type: none">• KW has been asked by Trish Mills and Martin Woodford to run sessions/workshops on EDI and develop some work with the Non-Executive Directors. A session has been arranged for April 29th and will begin to discuss topics such as WRES, recruitment strategy, outreach work and diversity issues related to the Board.• KW informed the group that Martin Woodford's current tenure ship ends in September 2022 and the Vice Chair ends in December 2022. Discussions have begun regarding the diversity of the Board members.	
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	<ul style="list-style-type: none"> JH confirmed the Chair and Vice Chairs adverts have already been made and JH has shared these with some of the more diverse networks such as Race Equality First. JH asked for this to be shared by the group with any more diverse networks they may be linked with. KW thanked JH for her recommendation and confirmed similar conversation had already taken place with Martin Woolford and the need to make this standard across the organisation JH added that it might be useful to work more closely with the membership organisations such as Stonewall and PurpleSpace. Stonewall's membership includes the opportunity to advertise 3 positions a year on their recruitment network. AR thought it would be useful for KW to attend the TU cell to meet TU colleagues & brief on the work KW is currently working on. KW agreed. AR acknowledged that JW hadn't yet met the TU cell group and will make arrangement for JW to attend a meeting separately to KW. JH updated AR that an Allyship workshop has already been provide to the TU cell. Following the workshop, Craig suggested a TU partner conference should take place that should include a focus on allyship and provide further learning. No further development has been made but a suggestion that this is picked up again with CG 	
	<p>ACTION:</p> <ul style="list-style-type: none"> KW to share with the Group a copy of the implications of a WRES document once final comments from the Senior WOD team have been gathered KW & KT to meet to discuss WRES and the next staff survey KW to share with the group the Equality & Human Rights event poster AR to liaise with administration support and Julie Stokes about inviting KW & JW to the TU cell Group to share the advertisement for a Chair and Vice Chair with any diverse networks 	<p>KW KW KT KW AR Group</p>
6.	GROUP REFRESH	
	<p>TOR</p> <ul style="list-style-type: none"> JH recommended that the terms of reference should be refreshed and renewed as a priority action following today's session. JH has drafts to work from and will make it available on SharePoint. KW will be Chairing the meetings going forward and will complete the work on the terms of reference. Group were happy for KW to take on the role of Chair. KT would like to consider a rotating/rolling Chair, allowing a safe space for individuals to gain experience and would fulfil the evidence value-based questions that are asked at interviews. 	

	<ul style="list-style-type: none"> • FT commented that 8 of 13 attendees are from the WOD directorate and understood why it was heavily linked but a representation from across all directorates would be beneficial. JH and Group agreed, and it was mentioned that this could be brought to ADLT. • KT had an individual in mind that would be an asset to the group but will liaise with that individual before proceeding further. In the meantime, KT & KW will approach ADLT about releasing staff to attend. <p>MEMBERSHIP</p> <ul style="list-style-type: none"> • JH recommended looking at membership. JH identified that not many Operational colleagues were present but understood the reasons, that being Reap 4. JH requested that existing members extend the invitation to any colleagues that express an interest in joining the group or to those that would benefit the group <p>ADMIN</p> <ul style="list-style-type: none"> • JH confirmed CL is taking responsibility for some of the groups administration duties since Rhys left the organisation. JH requested that all meeting requests from Rhys are cancelled and those sent by CL accepted in replacement. 	
	<p>ACTION</p> <ul style="list-style-type: none"> • Group to cancel all future meeting requests from Rhys & accept CL in replacement • KT & KW to approach ADLT about releasing staff 	<p>Group</p> <p>KT & KW</p>
7.	<p>AOB</p> <ul style="list-style-type: none"> • GT informed the group that as restrictions are lifting and engagement with the public can start to recommence asked for some advice. Swansea Pride is to be held on the 30th April 2022 and ordinarily WAST would engage and attend, however due to WAST current position of being in Reap4 how appropriate would it be for an ambulance to attend? What message would this portray to the public? • CB suggested a NEPTS vehicle or the Occupational Health Van in place of an EMS vehicle. • JH raised the concern that often the public tend not to separate a NEPTS vehicle from an EMS vehicle and that it could be perceived that the vehicle should be on the road and not at the event. JH would suggest the Occupational Health van would be the best choice. • JW didn't think a traditional vehicle would be the most appropriate idea but that maybe the Cycle response team or a Volunteer could attend instead • AR understood there was a NEPTS vehicle liveried with Pride Colours. AR believed the public would understand the vehicle was different to a traditional WAST vehicle due to the 	

	<p>colour and the absence of Blue Lights. Also, as the 30th April is a weekend, there is less demand on the NEPTS service. AR is in support of a WAST presence being made.</p> <ul style="list-style-type: none">• JH suggested that our communication colleagues could make it clear with their advertising of the event that the vehicle in attendance isn't a traditional Ambulance• BE added her support of the event being attended by our Volunteers and that it is an ideal opportunity to showcase WAST and Volunteers.• KT warned about public perception, about the need to be proactive and communicate before the event, highlighting that it is volunteer led.• FT added that similar challenging situations will always be faced given the nature of the organisation and this provides an ideal opportunity to help address this and future challenges of WASTs presence at events.• MH provided reassurance that use of EMS vehicle are always in attendance at the Eisteddfod and usually for 8 days with no complaints• MH shared with KW that a bilingual skills strategy is being developed and Debbie Kiley is the contact from WOD. It is a large piece of work around recruitment and developing the Welsh capabilities of the Trust• BE is keen to ensure that anything WAST promote, that it is also available in Welsh as this can be shared on the Welsh Channels. BE offered her assistance with this if required.• KT enquired about sharing something for Easter Weekend• JH admitted the interfaith calendar hasn't always been at the forefront and would like our communication colleagues to take ownership moving forward. It provides a fabulous opportunity to embed the EDI agenda into another team.• KT advised Holy week is on now but there wasn't enough time to be able to produce resources for this event given the notice provided, it is hoped next year's event will be planned sooner. Additionally, KT is hoping to be able to produce a simple message on what Easter represents for a Christian, ready for the Easter Weekend.• BE confirmed a small message for Easter will be posted on Sunday• FT is observing Ramadan and is currently fasting. FT would like to extend an invitation to the panel to FTs Mosque open evening that takes place every Thursday. A warm welcome would be received and would provide a learning opportunity on what Ramadan is and the opportunity to join in with the breaking of the fast at the end of the day. FTs Mosque is based in Cardiff. Group to contact FT directly if they would like further information. For information the Welsh Minister is expected to attend tomorrow and Jason Killens along with other colleagues will be attending next week.	
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	<ul style="list-style-type: none"> KT provided a warm and heart felt thank you to JH for all that she has done with the promotion of this agenda, going beyond the role. On a personal level KT wished to express his thanks to JH for her kindness, grace, humour, and wholehearted support from the very beginning. Expressing goodness and kindness and wishing the very best for the future with the Senedd. 	
	<p>ACTION</p> <ul style="list-style-type: none"> GT & JW to discuss separately about a volunteer attending Swansea Pride MH to share with KW the Bilingual Skills Strategy once completed KT to link in with BE regarding the Easter weekend message BE to provide KT with a copy of the Easter message to be shared on Sunday Group to contact FT directly should they wish to attend the Mosques open evenings. 	<p>GT & JW MH</p> <p>KT BE</p> <p>Group</p>
8.	DATE OF NEXT MEETING – 06/07/2022	