

Bundle People and Culture (Open Session) 13 November 2025

Agenda attachments

00 Agenda

09:30 – OPENING ITEMS

1 Chair's Welcome, Apologies and Quorum

2 Declarations of Interest

Item 02 Board Member Register of Interests – Updated 21 October 2025

3.1 Minutes of the last meeting: 12 August 2025

Item 03.1 2025–08–12 OPEN Unconfirmed Minutes People & Culture Committee (2)

3.2 Committee Highlight Report: 12 August 2025

Item 03.2 People and Culture Committee AAA Highlight Report 12 August 2025

4 Action Log and Matters Arising

Item 04 Action Log

4.1 FOR APPROVAL, ASSURANCE AND DISCUSSION

5 09:35 – Director's Update

Item 05 Director's Update

6 09:55 – Operations Report Q2 2025/26

Item 06 Operations Quarterly Report for Committees 25–26 Q2 FINAL

7 10:10 – Staff Story

The Essential Skills Team brings together a rich and diverse range of experiences, creating an inclusive environment where individual strengths complement one another. Together, we support shared goals and create continuous development for the people of WAST. Here's an insight into what each team member brings:

Sara: With over seven years in Further Education, I have a strong background as a qualified IQA and assessor, specialising in Education, having recently gained my MSc. I've delivered across a range of vocational and academic programmes, including PGCE courses and supported staff development as a part time Teaching and Learning Mentor. My role at WAST focuses on both supporting learners and colleagues to progress, through tailored support, reflective practice and helping individuals gain further qualifications and confidence in their professional growth. Since joining WAST five months ago, I've found the pace, diversity and impact of the role incredibly rewarding, especially in seeing colleagues grow.

Richard: With over 20 years in post-compulsory education, I've held roles in business development, employability coaching, apprenticeship assessment, and tutoring. Before joining WAST, I led an education programme for Llamau, a youth homelessness charity, where I developed and delivered courses to help marginalised young adults gain Essential Skills Wales and employability qualifications. My career has focused on supporting adult learners facing barriers such as mental health challenges and additional learning needs, and I'm passionate about developing inclusive, supportive learning environments. Since joining WAST in March, I have been impressed with how welcoming the team has been and how passionate they are about improving people's lives.

Yvonne: I joined the Trust in March 2025, bringing with me a strong foundation in work-based learning and a degree in Education. Driven by a deep passion for adult education and professional development, I've been actively applying my expertise to support and empower colleagues across the organisation. A key part of my role has been my involvement in the ILM Level 3 Mentoring initiative with our EAPs, supporting them in developing essential mentoring skills and enhancing their professional capabilities. My background in designing and delivering impactful adult learning programmes continues to foster a culture of continuous improvement, collaboration and personal growth within the service.

Item 07 People & Culture Committee Presentation – Essential Skills Tutors

7.1 Staff Story Updates [Verbal]

8 10:40 – People and Culture Plan Metrics Update and Workforce Scorecard

Item 08 People and Culture Plan Metrics September 2025

Item 08 Appendix 1 Quantitative Metrics September 2025

Item 08 Appendix 2 Scorecard September 2025

8.1 10:55 – Monthly Integrated Quality and Performance Report

Item 08.1 MIQPR SBARN

Item 08.1 Annex 1 MIQPR Dashboard

8.2 11:05 – COMFORT BREAK

- 9 11:20 – Anti-Racist Wales Action Plan Update, including the Workforce Race Equality Standards Report 2025
 - Item 09 Anti-Racist Wales Action Plan Update
 - Item 09 Annex 1 WAST WRES Report 2025
 - Item 09 Annex 2 WAST WRES Report 2025 Overview
- 10 11:35 – People and Culture Plan Extension
 - Item 10 People and Culture Plan Extension
 - Item 10 Annex 1 People and Culture Plan 2023–26
- 11 11:50 – All-Wales Anti-Sexual Harassment Policy and Implementation Plan
 - Item 11 All-Wales Anti Sexual Harassment Policy and Implementation Plan
 - Item 11.1 NHS Wales Anti-sexual Harassment Policy Final 14.8.2025
 - Item 11.1 NHS Wales Anti-sexual Harassment Policy Final 14.8.2025-en-cy-C
 - Item 11.2 EQIA Sexual Harassment Policy – All Wales Final
 - Item 11.3 All-Wales Sexual Harassment Policy Implementation Plan
- 12 12:15 – WASPT Highlight Report 23 September 2025
 - Item 12 WASPT AAA Report 23 September 2025
- 13 12:25 – Health Safety and Violence & Aggression (V&A) Bi-Annual Report
 - Item 13 Health and Safety Bi-Annual Report 2025/26
 - Item 13 Annex 1 Health and Safety Bi-Annual AAA October 2025
 - Item 13 Annex 2 Health Safety and V&A Report April to September 2025
- 14 Revalidation and Registration Report for NMC/HCPC [DEFERRED]
- 14.1 12:45 – LUNCH
- 15 13:25 – 2025/26 Quality Governance Reviews [including revised Terms of Reference]
 - Item 15 2025–26 Quality Governance Reviews SBARN
 - Item 15 Annex 1 PCC Terms of Reference 2026–27 DRAFT
 - Item 15 Annex 2 Changes to board and committee operating arrangements 2025–26
- 16 13:40 – Risk Management and Board Assurance Framework
 - Item 16 Executive Summary Risk Management Report
- 17 13:50 – Audit Tracker 2025/26 Q2 Reporting (July–September 2025)
Annexes to the Audit Tracker are available to view in the Reading Room
 - Item 17 Audit Tracker 2025/26 Q2 Reporting (Jul–Sep25)
- 18 14:00 – Internal Audit Report: Organisational Change
 - Item 18 Organisational Change Report from ARAC to PCC
 - Item 18 Annex 1 Organisational Change Final Internal Audit Report
- 19 14:10 – Policies for Approval
 - 19.1 Lone Worker Policy*
 - 19.2 Carers Policy*
 - 19.3 All-Wales Flexible Working Policy*
 - Item 19 Summary of Policies for Committee Approval and Adoption (PCC – Nov25)
 - Item 19.1 Lone Working Policy V2.9 DRAFT (291025)
 - Item 19.2 Carers Policy v0.7 DRAFT 291025
 - Item 19.3 All-Wales Flexible Working Policy PCC Cover report for Nov 2025
 - Item 19.3 Annex 1 All-Wales Flexible Working Policy 10_2025
 - Item 19.3 Annex 2 All-Wales Flexible Working Policy (NHS Wales) EQIA v3
- 19.3 CONSENT ITEMS
- 20 Cycle of Business Monitoring Report and Committee Priorities 2025/26
 - Item 20 Priorities and Cycle Monitoring Report November 2025
 - Item 20 Annex 1 Cycle of Business Monitoring Report
 - Item 20 Annex 2 Cycle of Business Notes
- 21 WASPT Minutes: 24 July 2025
 - Item 21 24072025 WASPT Minutes [approved on 23092025]
- 21.1 14:20 – CLOSING ITEMS
- 22 Reflections and Summary of Decisions/Actions
- 23 Any Other Business
- 24 Date & Time of the Next Meeting: 10 February 2026

Length of Meeting:	03:00	Agenda Status:	13 November 2025 - OPEN People & Culture Committee					Deadline for Papers: 3 November 2025		Last good practice Exec Review: 5 November 2025	
Time	Mins allotted	Agendum	Title	Format of Item	Item for	Item requested by	Paper prepared by	Item presented by	Colleagues to cc	Scheduled at ELT	Further approval route (if app.)
OPENING ITEMS											
09:30	00:05	1	Chair's Welcome, Apologies and Quorum	n/a	Information	Standing	n/a	Ceri Jackson	n/a		
		2	Declarations of Interest	n/a	To State Conflicts	Standing	n/a	Ceri Jackson	n/a		
		3	3.1 Minutes of the last meeting: 12 August 2025 3.2 Committee Highlight Report: 12 August 2025	n/a	Approval	Standing	n/a	Ceri Jackson	n/a		
		4	Action Log and Matters Arising	Paper	Discussion	Standing	n/a	Ceri Jackson	n/a		
FOR APPROVAL, ASSURANCE AND DISCUSSION											
09:35	00:20	5	Director's Update	Paper	Discussion	CoB	P&C	Angie Lewis	Sarah Parry		
09:55	00:15	6	Operations Report Q2 2025/26	Paper	Discussion	CoB	Operations	Lee Brooks	Toni Marie Norman, Sophie Francis		
10:10	00:30	7	Staff Story - Essential Skills Tutors	Presentation	Discussion	CoB	People	Carl Kneeshaw	Sarah Parry		
		7.1	Staff Story Updates (Quality and Support Days follow up)	Verbal	Information	CoB	People	Lee Brooks	Toni Marie Norman, Sophie Francis		
10:40	00:15	8	People and Culture Plan Metrics Update and Workforce Scorecard	Paper	Assurance	CoB	People	Carl Kneeshaw	Sarah Parry		
10:55	00:10	8.1	Monthly Integrated Quality and Performance Report	Paper	Assurance	CoB	SPP	James Houston	Hugh Bennett, Mark Thomas, Mel O'Connor		
11:05	00:15	COMFORT BREAK									
11:20	00:15	9	Anti-Racist Wales Action Plan Update, including the Workforce Race Equality Standards Report 2025	Paper	Assurance	ASM	People	Angie Lewis	Kat Cobley		
11:35	00:15	10	People and Culture Plan Extension	Paper	Endorsement	ASM	People	Angie, Carl Kneeshaw	Sarah Davies, Sarah Parry		
11:50	00:25	11	All -Wales Anti-Sexual Harassment Policy and Implementation Plan	Paper	Approval	Adhoc	People	Angie Lewis, Carl Kneeshaw	Sarah Parry		
12:15	00:10	12	WASPT Highlight Report September 2025	Paper	Assurance	CoB	Gov	Christian Fox	Trish Mills, Alex Payne, Steven Owen		
12:25	00:20	13	Health Safety and Violence and Aggression (V&A) Bi-Annual Report	Paper	Assurance	CoB (Bi-annual)	QPSE	Liam Williams	Penny Durrant, Graham Stockford, Alison Kelly		
12:45	00:00	14	Revalidation and Registration Report for NMC /HCPC [DEFERRED]	Paper	Assurance	Forward Planner	QPSE	Liam Williams, Andy Swinburn	Alison Kelly, Jen Lloyd		
12:45	00:40	LUNCH									
13:25	00:15	15	2025/26 Quality Governance Reviews [including revised Terms of Reference]	Paper	Approval	CoB	Gov	Trish Mills	Julie Boalch, Alex Payne		
13:40	00:10	16	Risk Management and Board Assurance Framework	Paper	Assurance	CoB	Gov	Julie Boalch	Dan King		
13:50	00:10	17	Audit Tracker 2025/26 Q2 Reporting (July-September 2025)	Paper	Assurance	CoB	Gov	Trish Mills	Lisa Trounce		
14:00	00:10	18	Internal Audit Report: Organisational Change	Paper	Assurance	CoB	Gov	Angie Lewis, Carl Kneeshaw	Lisa Trounce		
14:10	00:10	19	Policies for Approval: 19.1 Lone Working Policy 19.2 Carers Policy 19.3 All-Wales Flexible Working Policy	Paper	Approval	Forward Planner	Gov	Trish Mills	Lisa Trounce Skye Banks		
CONSENT ITEMS											
14:20	00:00	20	Cycle of Business Monitoring Report and Committee Priorities 2025/26	Paper	Information	CoB	Gov	Trish Mills	Sarah Harland		
		21	WASPT Minutes: 24 July 2025	Paper	Information	CoB	People	Angie Lewis	Sara Williams		
CLOSING ITEMS											
14:20	00:10	22	Reflections and Summary of Decisions/Actions	n/a	Discussion	Standing	n/a	Ceri Jackson	n/a		
		23	Any Other Business	n/a	Discussion	Standing	n/a	Ceri Jackson	n/a		
		24	Date & Time of the Next Meeting: 10 February 2026	n/a	Information	Standing	n/a	Ceri Jackson	n/a		
14:30	05:00	CLOSE									

LEAD PRESENTERS

Name	Position
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations
James Houston	Head of Strategy Development
Ceri Jackson	Non Executive and Chair of Committee
Carl Kneeshaw	Director of People
Angie Lewis	Director of Culture Change
Trish Mills	Director of Corporate Governance/Board Secretary
Christian Fox	Trade Union Partner
Andy Swinburn	Director of Paramedicine
Liam Williams	Executive Director of Quality & Nursing

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhianon	Non-Executive Director * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1985		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
		Member of the Royal College of Nursing	Non-Financial Professional	2007		
BEESLEE, Jayne	Non-Executive Director * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
		Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
BROOKS, Lee	Executive Director of Operations	Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
		Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
CURRAN, Peter	Non-Executive Director * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Company Director – Action for Children [04764232]	Directorships	01 February 2021		
		Company Director – Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022	17 July 2025	
		Chair - Taff Housing Association	Any Other Interest	17 July 2025		
		Company Director - Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board - National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024	30 September 2025	
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Member of Governing Body / Independent Member – Kaplan International Colleges UK Ltd [05268303]	Directorships	01 March 2024		
		Independent Member - Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
		Chair - Citizen Housing (Charity) (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015	January 2025	
		Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships	29 August 2017		
DENNIS, Colin	Chair of Trust Board and Non-Executive Director * Chair of Remuneration Committee	Company Director – Citizen Treasury Vehicle Ltd	Directorships	04 September 2017		
		Chair - North Devon Homes	Position in Charity or Voluntary Organisation	01 October 2021	January 2025	
		Company Director - North Devon Homes	Directorships	01 April 2022		
		Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation	26 March 2024		
		Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships	26 March 2024		
		Company Director - Green Square Estates Ltd [8719365]	Directorships	26 March 2024		
		Chief Executive Officer (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019		
EVANS, Bethan	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Non-Executive Board Member at Beacon Housing (Social Housing Organisation - Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019		
		Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director – Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director - Moorlands Property Ltd	Directorships	16 August 2022		
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020		
		Company Director - Springfield Property Lettings Ltd	Directorships	16 August 2022		
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director – Luk Ros Property Limited	Directorships	12 March 2020		
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	Directorships	12 March 2020		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
EVANS, Bethan [continued]	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	Directorships	27 April 2022		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glyncoel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
		Company Director - Glamorgan Care Ltd	Directorships	25 October 2024		
		Company Director - The Mountains Care Ltd	Directorships	09 December 2024		
		Company Director - Alexandra House Care Ltd	Directorships	24 June 2024		
		Company Director - Alexandra House Property Ltd	Directorships	24 June 2024		
		Company Director - My Choice Healthcare Seven Ltd	Directorships	22 October 2024		
		Company Director - Danygraig Property Ltd	Directorships	10 December 2024		
		Company Director - The Mountains Property Ltd	Directorships	09 December 2024		
HITCHON, Estelle	Director of Partnerships and Engagement	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025		
HUTCHINGS, Hayley	Non-Executive Director * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995	31 May 2025	
		Emeritus Professor, Swansea University	Non-Financial Professional	31 May 2025		
		Consultancy (temporary cover for the Director of Operations - Clinical Trials Unit) at Wolverhampton University	Financial Interest	10 October 2025	31 December 2025	
JACKSON, Ceri	Non-Executive Director & Vice Chair of the Trust Board * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KNEESHAW, Carl	Director of People	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
LEWIS, Angela	Director of Culture Change	Nil Declaration				
MARSH, Rachel	Executive Director of Strategy, Planning and Performance	Nil Declaration				
MILLS, Patricia (Trish)	Director of Corporate Governance/ Board Secretary	Nil Declaration				
PARRY, Hugh	Trade Union Partner	Nil Declaration				
ROBERTS, Edward	Interim Finance Director (from 09 September 2025)	Nil Declaration				
ROWAN, Hannah	Non-Executive Director * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
		Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017		
SAMMUT, Jonathan (Jonny)	Director of Digital Services [appointed 26.09.2023]	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel – Digital Health	Any Other Interest	05 July 2023	2 June 2025	
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Chair of BCS Hub Wales	Any Other Interest	20 June 2025		
		Co-opted into the BCS Community Board	Any Other Interest	12 August 2025	11 August 2026	
SWINBURN, Andrew (Andy)	Executive Director of Paramedicine	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	Executive Director of Finance and Corporate Resources	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	Trade Union Partner	Nil Declaration				

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
WILLIAMS, Liam	Executive Director of Quality and Nursing [from 01 August 2022]	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		
		Vice Chair - Royal College of Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	03 February 2025		
WOOD, Emma	Chief Executive (from 01 October 2025)	Chartered Fellow of CIPD (Chartered Institute of Personnel and Development)	Non-Financial Professional	2000		
		External Moderator for HR Masters modules for University West of England	Financial Interest	September 2024		
		Member of Yoga Professional Alliance	Non-Financial Personal	July 2025		
		Sub-Yoga Teacher - Burnham Swim and Leisure Centre	Financial Interest	July 2025		



GIG
CYMRU
NHS
WALES

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

**UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE
OPEN MEETING HELD AT CARDIFF MRD AND REMOTELY
VIA MICROSOFT TEAMS ON 12 AUGUST 2025**

MEMBERS PRESENT:

Ceri Jackson	Committee Chair
Bethan Evans	Non-Executive Director
Hayley Hutchings	Non-Executive Director
Hannah Rowan	Non-Executive Director

PRESCRIBED ATTENDEES

Estelle Hitchon	Interim Executive Director of Planning & Performance/ Director of Partnerships and Engagement
Angela Lewis	Director of Culture Change
Carl Kneeshaw	Director of People
Trish Mills	Director of Corporate Governance/Board Secretary
Penny Durrant	Deputy Director of Nursing, Quality and Governance
Christian Fox	Trade Union Partner
Damon Turner	Trade Union Partner
Marcus Viggers	Trade Union Partner

IN ATTENDANCE:

Julie Boalch	Assistant Director of Corporate Governance and Risk
Kat Cobley	Head of Inclusion and Engagement
Sarah Davies	Head of Change and People Insights
Colin Dennis	Chairman
Meshack Ezeadim	Aspiring Board Member Programme Member
Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Paul Greatorex	Service Manager 111 (<i>Item 7: Staff Story</i>)
Sarah Harland	Corporate Governance Officer
James Houston	Head of Strategy Development
Melfyn Hughes	Welsh Language Service Manager
Fflur Jones	Audit Wales
Alison Kelly	Business and Quality Manager
Jo Kelso	Head of Workforce Education and Development
Ferdi Lashari	Duty Operations Manager (<i>Item 7: Staff Story EMS Response</i>)
Gregory Lloyd	Assistant Director of Clinical Delivery
Osian Lloyd	Head of Internal Audit – NWSSP
Sara Mills	Head of Culture and OD
Sonia Thompson	Assistant Director of Operations
Greg Parry	Organisational Development Manager
Sarah Parry	Business Manager, People and Culture
Alex Payne	Corporate Governance Manager

Liz Rogers	Deputy Director of People and Culture
Graham Stockford	Deputy Head of Health and Safety
Rebecca Smith	Organisational Development Manager
Ceri Wheeler	Practice Coach 111 (<i>Item 7: Staff Story Integrated Care</i>)

OBSERVERS:

Christian Muinos	Trainee Clinical Psychologist

APOLOGIES:

Timoth Cahalane	Trade Union Representative
Alex Crawford	Assistant Director of Planning and Transformation
Lee Brooks	Executive Director of Operations
Lizzie O'Shea	Speaking Up Safely Guardian
Rachel Marsh	Interim CEO
Mark Marsden	Trade Union Partner / WASPT Co-Chair
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance
Liam Williams	Executive Director of Quality and Nursing

1. WELCOME AND APOLOGIES

- 1.1.1 The Chair welcomed members and apologies were noted.

The Committee RESOLVED to: The apologies were noted.

2. DECLARATIONS OF INTEREST

- 2.1 No interests were declared.

The Committee RESOLVED to: No new declarations were declared.

3. MINUTES FROM THE PREVIOUS MEETING

- 3.1 The Minutes from the meeting of the People and Culture Committee held on 15 May 2025 were agreed as a correct record with no amendments requested.

The Committee RESOLVED to: The minutes of the open meeting held on 15 May 2025 were confirmed as a correct record.

4. ACTION LOG AND MATTERS ARISING

- 4.1 The Action Log was considered:

- 4.2 16.4/15 May 2025 Review of TUP Risk (Risk 163) by WASPT – The action generated was to take the TU Partners' risk into the WASPT for discussion for a detailed review to assess its movement over time and consider any additional mitigation measures. Once discussed in WASPT, this will be fed back to the PCC via the WASPT AAA. Update 21/05/2025. This matter was programmed for discussion at WASPT on the 30 May 2025. The discussion held on the 30 May 2025 was fed back to the Committee via the WASPT AAA. Given this position, action proposed for closure, status updated to 'complete'.

- 4.3 18.4/15 May 2025 Feedback from Effectiveness Review: Committee Cycle of Business Monitoring Report and 2025/26 Priorities It was agreed the Committee would receive proposed priorities for consideration, via email circulation. Colleagues in the Corporate Governance Team to progress this request. Update 04/06/2025 from Trish Mills The committee priorities for 2025/26 are a focus on equality, diversity and inclusion as well as the development of our people. This was set out in the May AAA circulated to members. Action proposed for closure, status updated to 'complete'.

The Committee RESOLVED to: Consideration was given to the Action Log.

5. DIRECTOR UPDATE (COMBINED REPORT)

- 5.1 The Directors' update presented by Angie Lewis and Carl Kneeshaw covered several key areas. Angie highlighted positive engagement with the Aspiring Board Members programme, ongoing work on the Anti-Racist Wales Action Plan, and recognition for the digital team's achievements. Angie described efforts to widen access to roles and the successful launch of the 'WAST Way' at the recent Leadership Symposium. Angie also referenced the upcoming Mastering Diversity Conference in Cardiff on 11 September, where WAST will be hosting the "Health Zone", delivering sessions on the value of people networks and how to promote inclusion in the workspace.
- 5.2 Carl discussed visible support for staff through events such as Cardiff Pride and the Eid celebration, emphasising the importance of inclusive practices. Carl provided a detailed update on the skills mix review and the challenges in recruiting newly qualified paramedics (NQPs), explaining that in addition to the 21 original offers, an additional 35 roles have been offered as two-year fixed term contracts, resulting in 56 out of 80+ graduates having been offered employment. Ongoing collaboration with partners aims to address current and future workforce pipeline concerns. Carl also noted a major review of workforce procedures to improve safety, efficiency and staff wellbeing; including safeguarding and mentoring initiatives.
- 5.3 Both Directors stressed that diversity and inclusion are being embedded throughout the organisation's culture and operations.
- 5.4 The Committee discussed the NQP recruitment issue, creative solutions including the use of fixed term contracts for affected graduates, the importance of maintaining skill mix and service quality and the impact of these changes on organisational structures and also noted the reputational implications. Regular updates on workforce planning and skill mix, including NQP recruitment will be provided to the Committee, with ongoing consultation with Trade Union Partners and a focus on safe, sustainable service delivery.

The Committee RESOLVED to: The Director Update Report was noted.

6. OPERATIONS REPORT Q4 2024/2025

- 6.1 Sonia Thompson presented an overview of the Operations Report Q4 2025/26, key highlights as follows:
- Sonia highlighted the launch of Assemble, a new volunteer management system that improves access to volunteer demographics, availability and communication. The system was well received by volunteers and considered a significant advancement.
 - The refurbishment of the Llangunnor site was completed, with the new name "Ty Tywi". The EMS control staff also relocated from Bryn Tirion to Ty Elwy, and the life X control room solution was implemented; streamlining incident sharing with Police and other services.
 - Sonia described efforts to pilot team based working in EMS, inspired by a visit to London Ambulance Service. Workshops were held, and teams are developing pilot plans for small scale tests, with updates expected in September.
 - Significant feedback was received on the roster review process, especially regarding its impact on staff. The team is working closely with Trade Union colleagues to find a workable solution.
 - The new Emergency Ambulance Performance Framework went live, requiring review and changes to over 50 standard operating procedures. The team is now preparing for the second phase later in the year.
- 6.2 Hayley Hutchings asked about the implementation and scoping of electric vehicles (EVs). Sonia reported on the ongoing evaluation and pilot planning. Hayley also raised concerns about shift overruns, Sonia advised that while external factors such as hospital handover delays are significant, internal efficiencies and new initiatives such as Wait 45 are being pursued.
- 6.3 Hannah Rowan requested analysis on why reduced handover delays have not led to expected decreases in community wait times. It was agreed this would be taken offline as it doesn't relate to People and Culture.
- 6.4 The Chair emphasised the importance of hearing staff experiences, acknowledging positive feedback from crews on the increased number of calls responding to in a shift.

The Committee RESOLVED to: The Operations Report Q4 2024/25 was noted.

7.1 STAFF STORY: QUALITY AND SUPPORT DAY

7.1.1 Sonia Thompson explained that Quality and Support Days are monthly events where managers connect directly with frontline staff to have open conversations, gather feedback and address operational and wellbeing concerns. Initially launched to improve seatbelt compliance, the initiative has expanded to cover topics such as health and safety, uniform standards and equipment use. These days are tailored by individual teams, with recent themes shared and future dates planned.

7.1.2 Sonia invited staff to share their experiences:

Ferdi Lashari (Duty Operations Manager – EMS Support) shared that Quality and Support Days have been insightful for managers, allowing them to spend time outside hospitals, listen to staff, and address morale issues related to hospital delays. These days help managers connect with staff they don't regularly see, resolve small problems like IT or iPad issues; and provide staff with someone to talk to, improving overall engagement and support. Ferdi also spoke his involvement in WAST Voices, going to hospital sites with occupational health and wellbeing teams, especially around the Christmas period, to address financial and other staff concerns.

7.1.3 **Ceri Wheeler** (Practice Coach 111 – Integrated Care) reported that Quality and Support Days have helped break down silos within the organisation, allowing staff from different areas to learn about integrated care and appreciate its complexity. These days boost staff confidence, encourage rapport between managers and staff, and inspire open communication. Ceri emphasised that managers who engage directly with staff are seen as true leaders, and staff feel respected and valued when managers invest time in them.

7.1.4 **Paul Greateorex** (Service Manager 111 – Integrated Care) stated that Quality and Support Days are essential for integrated care, having adapted the approach to fit the control centre environment. Paul explained that they use consistent questions to gauge staff welfare and job satisfaction, encourage open dialogue, and regularly share "you said, we did" responses to staff feedback. Paul highlighted the importance of face-to-face engagement, an open door policy and giving staff meaningful time for feedback, and acknowledged that these efforts have led to increased staff participation, valuable suggestions and better management of change within the team.

7.1.5 Bethan Evans supported the value of Quality and Support Days for dispersed teams but cautioned against themed days feeling imposed, preferring open ended conversations. Bethan asked if feedback, including negative responses, is being gathered to improve the initiative. Sonia confirmed that feedback is collected via a Microsoft form with both structured and narrative responses; and emphasised that all feedback is used to shape future events. Sonia also

added that a range of managers, including herself, engage in these conversations with staff and sometimes patients, with support remaining the central focus.

- 7.1.6 Angie Lewis described Quality and Support Days as one of the organisation's most effective tools for gathering valuable frontline insight, complementing other feedback sources such as HIVE and staff surveys. Angie stressed the importance of using all feedback, including less positive views, and confirmed that it is being acted on and communicated back to staff.

The Committee RESOLVED to: Noted the staff stories and the impact of the Quality and Support Days.

7.2 STAFF STORY UPDATE – MANDY MCWATT

- 7.2.1 Angie Lewis reported on her visit to Newtown Station, praising Mandy McWatt and her team for their positive energy and the impact in maintaining morale and engagement at the station. Angie praised Mandy's exceptional contributions to the team spirit and acknowledged the ongoing good work in Newtown.

The Committee RESOLVED to: Noted the update.

8. PEOPLE AND CULTURE METRICS

- 8.1 Angie Lewis shared highlights from the first HIVE pulse survey, which had a 9% response rate and 843 text comments focused on Care, Connect, and Value. While 63% of staff reported regular conversations, feedback showed mixed experiences around decision-making and autonomy. Angie stressed the need to clarify staff influence and role-specific autonomy, with plans to repeat the survey to improve participation and track progress. Bethan and Hayley emphasised the value of open feedback and suggested learning from high-response areas and engaging staff during support days. Angie agreed and outlined steps to boost engagement without overwhelming staff.
- 8.2 James Houston stressed the importance of using HIVE survey data to guide planning as the organisation refreshes its IMTP, highlighting the challenge of managing workload alongside transformation. Angie agreed, advising that the Executive Leadership Team (ELT) regularly addresses these pressures and emphasised using survey insights within Directorates to support staff and improve engagement, particularly in areas with low participation.
- 8.3 Penny Durrant raised concerns about survey fatigue, referencing low engagement with the current violence and aggression survey, and suggested shared learning across Directorates to improve response rates. Angie advised that Sarah Davies, Head of Change and People Insight, is coordinating survey

timing and integrating staff data to avoid overwhelming staff. Angie also committed to following up with Penny outside the meeting to share effective engagement strategies and ensure a coordinated organisational approach to survey planning.

- 8.4 Carl Kneeshaw shared key people and culture metrics, highlighting a positive drop in sickness absence, the lowest since March 2021, attributed to a supportive environment and wellbeing initiatives. Statutory training compliance reached 89.13%, exceeding Welsh Government targets, and 71% of relevant staff signed up for Mandatory In Service Training (MIST). Personal Appraisal Development Review (PADR) compliance dipped slightly due to the WAST Way rollout but is expected to recover. Turnover remains stable at 8%, indicating general staff satisfaction. These metrics offer a snapshot of organisational health and performance.
- 8.5 Hayley Hutchings raised concerns about recruitment delays potentially leading to lost candidates and asked what actions were being taken to improve timelines. Carl explained that while overall time to hire is in line with other NHS organisations in Wales, delays often occur during shortlisting due to limited proactive planning by line managers. The recruitment team is encouraging clearer timelines, and there's no evidence of candidate loss, as most applicants remain committed. Carl added that a new Head of Strategic Workforce Planning, Systems and Recruitment will be appointed to develop a Recruitment Strategy, review the process and explore AI solutions.

The Committee RESOLVED to: The People and Culture Metrics were received and commented on progress to date.

9. MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

- 9.1 James Houston provided an update on the Monthly Integrated Quality and Performance Report, acknowledging that many Committee members may have already seen it through other forums. James highlighted key metrics including 249 safeguarding risks in June (93% processed within 24 hours), five RIDDOR incidents mainly related to manual handling and slips, and 42 violence/aggression incidents, mostly involving threatening behaviour. James reported a downward trend in shift overruns and handover delays, attributing improvements to work within specific health boards and expressing optimism about new initiatives.
- 9.2 Estelle Hitchon reported feedback from other Committee Chairs about the MIQPR report being duplicative across multiple Committees and Board meetings, and proposed convening Committee Chairs, including Colin Dennis as the Chair of the Trust Board, to discuss more effective reporting methods to avoid repeated conversations and ensure relevant indicators are reported efficiently.

- 9.3 The Chair emphasised that, although many metrics in the People and Culture report are not green, the Committee's focus is on seeking assurance regarding ongoing work in this area. The Chair noted disappointment regarding sickness rates not reaching the target, but stressed that keeping people in work is the right priority. The Chair also supported the idea of improving reporting and assurance processes.

The Committee RESOLVED to: considered the June 2025 Integrated Quality & Performance Report.

10. DEEP DIVE ON VIOLENCE AND AGGRESSION

- 10.1 Penny Durrant presented a Deep Dive on Violence and Aggression (V&A) which highlighted its legal recognition as a significant occupational risk and its strategic importance across the organisation. Penny outlined operational challenges, particularly in unpredictable environments and contact centres, where verbal incidents are common and under reporting persists due to workload and perceptions. A new hashtag-based reporting system is being proposed to ease logging. While moderate/severe harm incidents remain low, there's a shift toward prolonged verbal aggression with delayed psychological impacts. Case management focuses on balancing immediate resolution with long term prevention, supported by policy compliance and timely investigations. Staff value visible leadership, prompt follow up, and relevant training, which are now standard. Volunteers have access to support, though reporting improvements are underway. Training needs to be more flexible and role-specific, and national collaboration continues. A sector-wide survey is in progress but requires better promotion. Media attention is growing, reinforcing zero tolerance. Forward priorities include enhancing training, boosting survey responses, sustaining national engagement, and ensuring strong staff involvement in shaping prevention and support.
- 10.2 Estelle highlighted that the "With Us, Not Against Us" campaign, developed by WAST, has become a leading example across UK ambulance services and is now adopted nationally. WAST has been proactive in publicising legal outcomes of V&A cases, ensuring confidentiality while using open court cases as a deterrent. Estelle emphasised WAST's leadership in national violence and aggression prevention efforts.
- 10.3 Bethan Evans thanked Penny for the V&A presentation, stressing its importance and noting that staff should not face abuse at work. Bethan found the decrease in reported incidents and the geographical data interesting. Bethan enquired about post-incident debriefing and support for staff affected by V&A, specifically the timeliness of support and whether managers receive specific training for these debriefs. Graham Stockford responded that the V&A function conducts weekly reviews of all incidents, with case managers providing tailored support to affected staff and

managers, especially for urgent cases. Graham reported that case managers are engaging in courses to help managers develop the necessary skills and empathy. Bethan followed up by asking if there is dedicated training for managers in conducting debriefs, Graham explained that this is a work in progress, with current case management demands limiting the ability to implement more effective training at present.

- 10.5 Penny recognised that, similar to the "Speaking Up Safely" issue, increased reporting is encouraged but resources are limited, and emphasised the goal of offering bespoke training for managers to handle incidents earlier. Angie highlighted a significant increase in reported V&A incidents, suggesting underreporting remains an issue, and stressed the need to make reporting easier. Angie added that staff in contact centres have become accustomed to a concerning level of abuse, and management is working to improve follow-up and debriefing. Both Penny and Angie agreed on the importance of quick, efficient reporting and equipping managers to identify red flags and support staff wellbeing. Sonia Thompson highlighted the importance of staff reporting V&A incidents and seeing that action is taken, describing it as a strong message.

The Committee RESOLVED to:

- 1. The Deep Dive report was received and discussed.**
- 2. The Committee were assured by the findings of the Deep Dive and the actions being taken to minimise the impact of V&A incidents on staff, including strengthened case management, improved data insight, targeted training and ongoing partnership with Police and national forums were noted.**

11. PEOPLE DEVELOPMENT PLAN

- 11.1 Jo Kelso explained that the People Development Plan, delayed due to work on the Strategic Workforce Plan, is now progressing and involves mapping professional groups, engaging staff through focus groups, supporting career movement and ensuring time for staff development, with the Committee asked to note progress and endorse the approach.
- 11.2 Greg Lloyd said the People Development Plan is helpful, especially for paramedics, as it provides clear career pathways and supports workforce retention within WAST and recognised the importance of this approach given current challenges with newly qualified paramedics and ongoing discussions about their roles.
- 11.3 Hannah Rowan expressed support for the People Development Plan, highlighting its proactive approach to career progression and its value in addressing generational differences in career expectations. Hannah welcomed the plan's focus on healthy, learning oriented career paths, even

when traditional advancement isn't available, and looks forward to seeing staff feedback as the plan is shared more widely.

11.4 Colin Dennis discussed the need for the organisation to adapt to longer working lives and changing job roles, including staff moving from field to call centre positions. Colin stressed the importance of preparing for rapid changes in work due to artificial intelligence and technology, and ensuring staff have opportunities to develop new skills for future roles.

11.5 The Chair welcomed the direction of the People Development Plan, highlighting its importance for staff retention and wellbeing, particularly in light of recent job changes among paramedics, and concluded by affirming the significance and urgency of workplace adaptability, thanking Jo for her presentation and acknowledging the value of the discussion.

The Committee RESOLVED to:

- 1. Noted the progress made to date in implementing the People Development Plan & development of the associated Policy.**
- 2. Supported continued development of professional group frameworks and professional proficiencies.**
- 3. Endorsed the next phase of work: piloting individual development plans, identifying desirable transferable skills and finalising professional groups.**

12. END OF SEASON FLU CAMPAIGN REPORT

12.1 Greg Lloyd reported a second year of decline in staff flu vaccination rates, consistent with national and international trends. Despite this, over 1000 staff were vaccinated internally, with an overall uptake of 28.9%. Feedback from staff included concerns about too many vaccinations, health issues post-COVID, perceived lack of need, non-patient-facing roles, vaccine fatigue, conspiracy concerns and sickness recorded after vaccination.

12.2 Challenges included reduced occupational health clinics and fewer peer vaccinators completing training. Greg expressed his gratitude to the occupational health teams and peer vaccinators for their efforts in maintaining the vaccination programme despite these challenges.

12.3 Positive steps included improved volunteer access and successful large event clinics. Recommendations for next year focus on better accessibility, more peer vaccinators, dedicated clinics and improved communication.

- 12.4 Bethan Evans expressed disappointment with the overall flu vaccination rate, particularly among patient facing staff, and asked Greg about planning for the upcoming campaign, including progress, vaccine procurement and new engagement strategies. Greg confirmed that planning is on track, with a meeting scheduled to finalise plans and recommendations, adding that the trivalent vaccine has been procured Wales-wide by Welsh Government, and they are awaiting updates to ESR training modules for peer vaccinators.
- 12.5 The Chair commented that Greg's report was very comprehensive, acknowledging that the vaccination rate is not where they would like it to be, but expressed assurance that the challenges have been identified and steps are being taken to address them.
- 12.6 Catherine Goodwin reported that additional assurance was provided by meeting with the Behavioural Science Unit at Public Health Wales to gain insights on increasing vaccine uptake and advised of an upcoming meeting with Greg and the team to further discuss improvements.

The Committee RESOLVED that: The End of Season Flu Campaign Report was noted.

13. WASPT HIGHLIGHT REPORTS – 30 MAY 2025 AND 24 JULY 2025 (to include Terms of Reference 2025/26)

- 13.1 Christian Fox provided key highlights of the July meeting as follows:
- The July WASPT meeting covered updates on leadership, costings, union perspectives and operational support.
 - There was a correction to previously reported Trade Union activity costs, clarifying the difference between base pay and overtime backfill, with assurance provided by Carl Kneeshaw, who advised that previously reported costings were incorrect because they combined base pay and overtime backfill figures, resulting in an inflated total. Carl explained that the actual cost is somewhere between the two, and finance colleagues have now separated the figures to provide a more accurate breakdown
 - Trade Unions discussed the potential for industrial action following the Welsh Government pay review, advising members to prepare and assess voting intentions.
 - Operational updates included positive outcomes from ACAS colleagues responding to high-acuity calls, with a significant proportion acting as first responders.
 - The report aimed to provide assurance, clarify financial data and update on union and operational activities.
- 13.2 The Chair thanked Christian for his summary and confirmed that the WASPT Terms of Reference were approved by the Trust Board at the end of July 2025.

The Committee RESOLVED to:

- 1. The WASPT Highlight Reports from 30 May 2025 and 25 July 2025 were noted.**
- 2. The Terms of Reference were noted in line with the approval at Trust Board.**

14. CULTURAL THEMES AND TRENDS REPORT

- 14.1 Carl Kneeshaw summarised the Cultural Themes and Trends Report by highlighting employee relations data, including 59 new disciplinary cases, mainly for inappropriate behaviour, and 26 new R&R cases, with a spike linked to roster review concerns. Carl reported an average case closure time of 21 days, adding that some take longer due to external involvement. Sexual safety concerns accounted for less than 1% of new cases and are trending downward. The new "moving on conversations" process has improved engagement and feedback from leavers, while the "Speak Up Safely" initiative saw 48 concerns raised, mostly around incivility, bullying and inappropriate behaviour, with over half resolved and learning shared across teams. These efforts collectively support a compassionate, inclusive, and high-performing workplace culture.
- 14.2 Damon Turner welcomed the Cultural Themes and Trends Report and asked whether "moving on conversations" were conducted face-to-face or via a form, and questioned the variation in response rates across departments, recognising higher returns in medical and clinical areas. Carl explained that individuals can choose their preferred method, face-to-face or form, and that while it's too early to identify trends, engagement tends to be higher when staff have feedback or are leaving under a process. Carl added that more data over time will help improve participation and communication. In response to Damon's query about whether retire-and-return staff are included, Carl clarified that the process currently covers only those leaving the organisation, but this would be double-checked.

The Committee RESOLVED that: Accepted and noted the contents of the Cultural Themes and Trends Report and the supporting presentation.

15. SPEAKING UP SAFELY REPORT

- 15.1 Catherine Goodwin presented the Speaking Up Safely Annual Report, key highlights as follows:
- WAST is the first organisation in Wales to appoint a full time Guardian, which has led to increased awareness and engagement with the Speaking Up Safely process.
 - Over the past year, 113 concerns were raised (56% directly to the Guardian, 44% via the working confidence form, which starts anonymously).
 - Most concerns relate to inappropriate behaviours, bullying and wellbeing, with operational colleagues most represented both as speakers and as the subject of concerns.

- There has been a shift towards more openness post contact with the Guardian, with most concerns moving from confidential or anonymous to open or resolved.
 - Key barriers remain such as fear of retribution, perceived bias and confidentiality concerns. Work is ongoing to address these, including piloting a detriment risk assessment and improving feedback mechanisms.
 - Lessons learned are shared regularly, and there is a focus on supporting protected groups and improving confidentiality around staff information.
 - The organisation is working to ensure timely follow-up, enhance manager training and maintain consistency and transparency in disciplinary processes.
 - Incivility is recognised as an ongoing issue, with efforts to promote kindness and support across the organisation.
- 15.2 The Chair expressed assurance from quarterly meetings with Catherine, Angie and Carl and confirmed the organisation is on the right track with development of the Speaking Up Safely framework. The Chair acknowledged ongoing concerns about confidentiality and detriment, noting these are challenging areas that require time to address. The Chair also emphasised that while progress and successes should be celebrated, the journey is long and continuous improvement is needed. The importance of visible and intentional leadership in maintaining momentum and progress on Speaking Up Safely was highlighted.
- 15.3 Bethan Evans commended the openness and courage reflected in the Speaking Up Safely Annual Report, recognising its vital role in driving cultural change within WAST. Bethan acknowledged that the report offers strong assurance through its transparency around challenges, expressing confidence in the team's continued progress. Whilst recognising the discomfort often involved in this work, Bethan praised the organisation for confronting and documenting difficult issues rather than avoiding them, and thanked Catherine, the team, and the wider organisation for their determination and ongoing support of the initiative.
- 15.4 Hannah Rowan enquired whether data from the Speaking Up Safely initiative could be used to identify specific departmental challenges and whether the data could be disaggregated to pinpoint hotspots and guide targeted interventions. Catherine explained that current data volumes are too small to identify clear patterns or specific departments, though early signs are emerging. Catherine added that conversations with staff who raise concerns sometimes lead to suggestions for local initiatives or training, and in some cases, managers are engaged based on these discussions.

- 15.5 The Chair concluded by asking the Committee to take assurance from the Annual Report and endorse the integration of Speaking Up Safely principles into broader leadership, confidentiality and equity and inclusion strategies, confirming that the Committee agreed to this endorsement.

The Committee RESOLVED that:

- 1. Received assurance from the preparation of the Speaking Up Safely Annual Report for 2024-2025 in relation to the Speaking Up Safely arrangements in the Trust.**
- 2. Endorsed the Trust wide integration of the Speaking Up Safely (SUS) principles into leadership development, confidentiality practices and equity and inclusion strategies.**

16. STRATEGIC EQUALITY REPORTS 2024/25

- 16.1 Angie Lewis introduced the Strategic Equality Plan Annual Report, Gender Pay Gap Report and Workforce Diversity Reports for discussion and endorsement ahead of their submission to the Trust Board for approval. Angie acknowledged past EDI concerns while noting this year's progress and ongoing challenges and expressed gratitude to Kat Cobley and the team before handing over for the presentation.
- 16.2 Kat Cobley presented the Strategic Equality Reports, key highlights as follows:
- Kat highlighted significant progress in equality, diversity, and inclusion (EDI) over the past year, noting many small wins and examples of good practice that collectively show a cultural shift in the organisation.
 - Kat emphasised the statutory requirement to publish the annual report, gender pay gap, and workforce diversity data, outlining the timeline and governance process for these reports.
 - Key achievements included the growth of eight people networks (including Welsh language), increased staff and community engagement and impactful events led by the Black, Asian, and Minority Ethnic network.
 - Leadership and culture improvements were acknowledged, with EDI now more embedded in leadership programs, symposiums and executive-level priorities.
 - The organisation received external recognition, such as being shortlisted for the Health Service Journal (HSJ) award for Inclusive Recruitment, winning an HPMA Allyship and Active Bystanding training, and achieving the Stonewall Bronze Award and the Carer Confident Level 1. Training initiatives such as allyship, bystander and sexual safety training are being rolled out, with evidence of positive staff engagement and behaviour change.
 - Workforce diversity metrics showed small but positive increases in representation of ethnic minorities, disabled staff, LGBTQ+ staff, and women, though some groups remain underrepresented compared to the Welsh population. The gender pay gap decreased slightly but remains an area for further work.

- Community engagement was strong, with targeted outreach at events such as Pride and the Big Halal Expo, and initiatives supporting carers and those with learning disabilities.
 - Service user impact was demonstrated through improved access, training, and resources, such as the learning disability flagging system and accessible communication standards.
 - Challenges included attendance at training, engagement with senior leaders, financial constraints, and ongoing underrepresentation in the workforce. Mitigations include targeted training delivery and continued rollout of inclusive recruitment.
 - Kat concluded with a preview of upcoming actions, including further rollout of the inclusive recruitment model, disability passport scheme and continued focus on accessible communication and diversity initiatives.
- 16.3 Members welcomed the progress in EDI, praising its openness and depth, while raising concerns about gender pay gap clarity, representation of non-binary and trans colleagues, and the underrepresentation of women in senior roles; emphasising the need for visible leadership, intersectionality, and inclusive messaging, with suggestions to improve data transparency and address organisational barriers.
- 16.4 Kat acknowledged system limitations in gender reporting, explaining influences on the gender pay gap, and outlining initiatives such as leadership development and qualitative surveys. Kat reinforced that all EDI activities are open to everyone and highlighted growing engagement from managers.
- 16.5 Angie Lewis stressed that safety at work is foundational to EDI, noting that some colleagues feel less safe than others. Sara shared that the “WAST Way” leadership programme will use EDI data to shape future initiatives and ensure better representation. The Chair raised questions about the necessity of disability passports and strategic board support, prompting further reflection. Kat also noted efforts to promote intersectionality through network collaboration and inclusive training.
- 16.6 The Chair confirmed that the Committee endorsed the Strategic Equality Plan Annual Report, the Gender Pay Gap Report and the Workforce Diversity Report for 2024/25 for onward submission to the Trust Board for approval, before publication.

The Committee RESOLVED that: The Committee discussed and endorsed the Strategic Equality Plan Annual Report for 2024/25, Gender Pay Gap Report 2024/25 and Workforce Diversity Report for 2024/2025 for their onward submission to the Trust Board for approval.

17. WELSH LANGUAGE ANNUAL REPORT 2024/25

17.1 Melfyn Hughes delivered an overview of the Welsh Language Annual Report 2024/25, key highlights as follows:

- The Trust has implemented a new Welsh Language Policy to foster a bilingual ethos, improve compliance with Welsh language standards and provide an active offer.
- Strategic alignment has been strengthened, with the Welsh Language Advisory Group now reporting to the EDI Steering Group.
- Welsh language call handling performance has significantly increased from 18% to 45% in the previous year and remains stable at 45.7%, though overall demand for Welsh Language calls is low. Improvement plans include better call handler profiling and opt-out flexibility for callers.
- Non-Emergency Patient Transport Services (NEPTS) call handling performance declined from 89% to 77% due to fewer Welsh-speaking call takers, and recruitment of Welsh speakers is being prioritised as part of the strategy for 2026–27.
- The Trust has established a Welsh Language standards compliance baseline, focusing on correspondence, document publication, signage and reception services, with good compliance noted in correspondence and signage.
- Upcoming deliverables include a gap analysis across services and the development of a Welsh Language clinical consultation plan.

17.2 Bethan Evans thanked Melfyn for his leadership in promoting the Welsh language and emphasised the importance of developing the clinical consultation plan. Melfyn explained that the team is establishing a baseline and determining the plan's placement within the organisation.

17.3 Trish Mills echoed thanks to Melfyn and recognised Kate Evans for her translation work, clarifying that the clinical consultation plan is a 5 year requirement with ongoing discussions to ensure it addresses patient safety and service changes.

17.4 The Chair acknowledged the progress made, highlighted the need to endorse the Annual Report and the Year 3 "More Than Words" Action Plan, and confirmed the committee's support.

The Committee RESOLVED to:

- 1. Endorsed the Annual Report 2024/25 and recommends for approval by the Trust Board and for publishing the report on the Trust's website.**
- 2. Received the Year 3 'More Than Just Words' Action Plan Progress Report for assurance.**

18. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

- 18.1 Julie Boalch presented the current risks under the Committee's oversight, adding that the data had been shared with the Trust Board and is now progressing through governance processes for executive sign-off. Julie highlighted several initiatives discussed earlier in the meeting, such as sickness absence trends, well-being support, flexible working, quality and support days and inclusive practices; which are all actively mitigating these risks.
- 18.2 Julie reported that risks 163 (Trade Union Partnerships) and 558 (Staff Health and Wellbeing) have been discussed at relevant meetings, with risk 201 (Reputational Harm) is planned for a detailed review in August to consider separating stakeholder confidence and patient experience into distinct risks.
- 18.3 The Chair enquired as to the reasons for revised dates on several actions within risk 160 (High Absence Rates), seeking clarification on delays. Carl Kneeshaw explained that delays in completing some risk actions, such as those in risk 160, are due to reduced workforce and vacancies within the People Services Team, requiring prioritisation of immediate cases over other actions. Carl reported successful recruitment but anticipated another vacancy and advised that he and Liz Rogers would review dates to ensure prioritisation of higher risks.

The Committee RESOLVED to: Considered and discussed the contents of the report. The Chair confirmed that assurance on the risks has been received, acknowledging that risk topics had been discussed extensively throughout the agenda.

19. AUDIT TRACKER Q1 2025/26 REPORTING

- 19.1 Trish Mills reported that no audit actions were closed this quarter, though work is ongoing for all items and some were close to completion, including Speaking Up Safely actions which can now be closed due to report presentations.
- 19.2 Trish emphasised that the lack of closures is not due to inactivity but to resourcing issues and dependencies, such as the resourcing policy being linked to e-timesheets. Trish reassured the committee that there should be no concerns, as progress is being made, and noted that some actions on volunteer governance were closed ahead of schedule.
- 19.3 The Chair confirmed there were no questions or concerns raised and asked the Committee to receive assurance and note that four actions are on their second and final revision date.

The Committee RESOLVED to:

- 1. Received assurance on the monitoring of management actions to address recommendations in the Tracker, noting any revised dates for actions.**
- 2. Noted that four actions are on their second and therefore final revision dates.**

20. CYCLE OF BUSINESS MONITORING REPORT AND REVIEW OF PRIORITIES 2025/26

- 20.1 Trish Mills explained that the WRES report is deferred to November due to the timing of feedback from the Welsh Government, and the Revalidation and Registration Report will also come in November as the HCPC Revalidation has only just closed, adding that these will be scheduled appropriately next year. Trish also stated that the agenda's focus on EDI and development reflects committee priorities, as seen throughout the meeting.

The Committee RESOLVED to: These matters were noted.

21. WASPT MINUTES – MARCH 2025 AND MAY 2025 MEETINGS

- 21.1 Received.

The Committee RESOLVED to: The minutes were received.

22. COMMITTEE HIGHLIGHT REPORT – 15 MAY 2025 MEETING

- 20.1 Received.

The Committee RESOLVED to: The Committee Highlight Report 15 May 2025 was received.

23. SOCIAL PARTNERSHIP REPORT

- 23.1 Damon Turner reported that since the Social Partnership Report was published, some TU members and managers have participated with Welsh Government and other organisations to develop initiatives that will help position the organisation as an exemplar employer in Social Partnership.

The Committee RESOLVED to: The Social Partnership Report was noted.

24. REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

- 24.1 Reflections on the meeting focused on the quality and effectiveness of the papers, with participants noting that concise and well-written reports from the People and Culture Directorate enabled meaningful discussion and assurance. The Chair and others highlighted the value of intentional agenda structuring, which helped connect topics such as health and safety and EDI and noted that the deep dive into the violence and aggression risk was especially important. There was consensus that the meeting allowed valuable contributions,

avoided information overload, and that the staff story presentation provided a practical example of positive impact, demonstrating the benefits of hearing directly from staff about initiatives that make a difference.

25. ANY OTHER BUSINESS

25.1 None declared.

26. DATE OF THE NEXT MEETING

26.1 The next meeting is scheduled for the 13 November 2025.

The meeting closed at 14:40



GIG
CYMRU
NHS
WALES

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

PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT TO BOARD

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

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

Trust Board Meeting Date	25 September 2025
Committee Meeting Date	12 August 2025
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. No alerts arose from this meeting.

ADVISE

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

2. The committee heard from colleagues in the **Operations Directorate – Sonia Thompson, Ferdi Lashari, Ceri Wheeler and Paul Greateorex - regarding the facilitation of Quality and Support Days**. Quality and Support Days within the Operations Directorate are fostering direct engagement between managers and frontline staff, enabling real-time feedback and addressing operational and well-being concerns. Initially introduced to respond to safety issues, the initiative now covers themes such as health and safety, equipment use and staff welfare, with tailored approaches across EMS, Ambulance Care, and Integrated Care. Feedback is shared with staff on progress through a You Said We Did approach.

Staff feedback has been positive, highlighting improved morale, communication, and confidence in raising issues. The initiative has helped break down silos and reinforced the dual role of managers as leaders and sources of support.

The committee noted the importance of ensuring these days are seen as genuine opportunities for open dialogue. Triangulating insights from these sessions with other engagement activities was recognised as valuable for organisational development. Members commended the initiative as a meaningful tool for staff engagement, operational improvement, and cultural development.



GIG
CYMRU
NHS
WALES

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

3. The **report from the Director of Culture Change** and the **Director of People** was received with the following of particular note:

- Due to funding and workforce planning constraints, only 21 of 80 newly qualified paramedics (NQPs) were initially offered roles, later increased to 52 through fixed-term contracts. This placed the Trust among the better-performing organisations in terms of intake who are all in an oversupply of NQPs. Concerns were raised about future recruitment pipelines. The Trust is working with partners including HEIW and NHS England to manage the situation. Alternative roles and internal movement are being explored to support newly qualified paramedics and maintain workforce balance. The committee will receive regular updates on workforce planning and the impact on newly qualified paramedics.
- Participation in the Aspiring Board Members Programme was noted, with positive feedback on the induction meeting and the contribution of aspiring members in challenging and enriching discussions on people and culture. Our member, Meshak Ezeadim attended today's meeting.
- The Trust received recognition for its anti-racist action plan and the digital team was shortlisted for the HSJ Digital Award.
- Reference was made to the upcoming Mastering Diversity Conference that is taking place in September where colleagues from across WAST will be hosting the "health zone"
- The initial phase of the Skills Mix Task and Finish Group has concluded. Further work is underway on quality improvement and EDI assessment, with updates expected by the end of August. Assurance was sought that financial pressures would not compromise frontline skill mix or care quality. It was confirmed that any changes would be clinically assessed, discussed with trade union partners, and follow governance processes. Mitigation strategies include seeking savings elsewhere, commercialising functions, and promoting internal progression to protect care quality.

It was noted that despite challenges, the report shows progress in shifting culture and embedding WAST behaviours and values Whilst culture change is often difficult to measure and there will be setbacks on occasion and these can be used for learning and improvement.

4. The **Q1 Operational Update** highlighted ongoing work to reduce shift overruns, which remains a priority. Internal measures are being explored in collaboration with Trade Union Partners, while external factors such as hospital handover delays continue to pose challenges. The Wait-45 initiative is expected to support progress. Concerns were raised about the pace of improvement and the need for more visible internal action, with recognition of the complexity of the issue and the importance of both internal and system-wide solutions. Members noted that the refurbishment at Llangunnor site had been completed and that the new Ty Elwy site had been officially opened on 12 June 2025 with the new Lifex control room solution implemented.
5. **Reflections** on the meeting focused on the quality and effectiveness of the papers, with participants noting that concise and well-written reports from the People and Culture Directorate enabled meaningful discussion and assurance. The Chair and others highlighted the value of intentional agenda structuring, which helped connect topics such as health and safety and EDI and noted that the deep dive into the violence and aggression risk was especially important. There was consensus



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that the meeting allowed valuable contributions, avoided information overload, and that the staff story presentation provided a practical example of positive impact, demonstrating the benefits of hearing directly from staff about initiatives that make a difference.

ASSURE

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

6. The Board received metrics on violence and aggression as part of the MIQPR at each meeting. This committee undertook a deep dive on **violence and aggression** against staff remains a significant concern, particularly in contact centres, where most incidents are verbal.
- Under-reporting is an issue; there is a plan to pilot a #code system to simplify incident logging. Although data shows moderate and severe harm incidents are low and declining, vigilance is needed due to potential under-reporting.
 - Priorities include improving reporting mechanisms, ensuring timely and effective post-incident support, enhancing role-specific and flexible training, and extending support to volunteers and remote workers. Structured training for managers to conduct post-incident debriefs is in development.
 - Staff feedback highlights the importance of visible leadership, prompt follow-up, and relevant training.
 - The Trust is actively involved in national policy refreshes and benchmarking and is monitoring the impact of system changes such as Right Care Right Person on incident patterns.

The committee reinforced the need for a clear internal zero-tolerance message, proactive support for staff, and equipping managers to recognise and respond to the cumulative effects of repeated incidents.

7. The Committee scrutinises performance across several metrics within its remit. Whilst the Board receives the **Monthly Integrated Quality and Performance Report** (MIQPR), there are a range of additional metrics this committee receives, including wider **People and Culture Plan Metrics**. Given this, the following areas of assurance will be of interest to the Board noting the context our people are operating in and the good progress despite this:
- The first pulse (HIVE) survey received a 9 percent response rate and 843 free-text comments, providing valuable qualitative feedback. Results highlighted mixed experiences with regular conversations reinforcing the need for ongoing work on essential conversations, and involvement in decision-making remaining an area for improvement. The survey will serve as a baseline for future rounds, with efforts underway to improve engagement, address workload concerns, and ensure staff feedback informs planning and cultural progress. Plans are in place to increase engagement for future surveys.
 - There was Trust wide reduction in sickness absence in May – the lowest since March 2021, however June saw an increase to 7.50%. Members recognised that sickness metrics are closely monitored and used alongside qualitative feedback to inform organisational health and



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improvement actions.

- Staff turnover remains stable with a steady decrease since January.
- There was a slight decrease in PADR completion rates due to a pause for implementing Our WAST Way, but the process is being reviewed to ensure meaningful conversations and alignment with personal development
- Once again there has been an increase in statutory and mandatory training compliance (88%, against a Welsh Government target of 85%).

8. The following **2024/25 equality, diversity and inclusion related annual reports** were presented at the meeting.

- The Strategic Equality Plan Annual Report (at Annex 1).
- The Annual Gender Pay Gap Report (at Annex 2)
- The Annual Workforce Equality Monitoring Report (at Annex 3)
- The Welsh Language Annual Report (at Annex 4).

All four annual reports were endorsed by the committee and will be presented to the Board in September for approval, alongside key achievements, learning and forward plans. Progress was noted in staff engagement, leadership focus and the impact of staff networks, with continued attention needed on intersectionality, organisational culture and inclusion. The gender pay gap report prompted discussion on data limitations and support for all gender identities, while barriers to senior roles for women were linked to organisational factors. The Welsh Language Standards Annual Report showed positive developments, and work is underway to develop the clinical consultation plan, with completion targeted for Q4.

9. The **Cultural Themes and Trends** report and **Speaking Up Safely Annual Report 2024/25** were received (the latter in the reading room¹ at Annex 5). These provided insights into several areas including:

- Employee relations and disciplinary cases, which showed a downward trend from the previous period.
- A spike of 26 new Requests for Resolution linked to the roster reviews in April 2025.
- Less than 1% of new cases included sexual safety concerns; however, of the 71 current disciplinary cases only 18% include a sexual safety element which is down from 35% previously.
- An improvement in moving on conversations due to the new initiative.
- The speaking up safely concerns showed a reduction in the number of concerns raised with 48 in the first half of 2025 which is down from 60 previously.

¹ This digital reading room hosts documents for additional information of Board members, not essential for scrutiny or decision-making. Access to the reading room is through the documents/shared folder in Ibabs' main menu. Documents in the reading room will not be posted on the Trust's website with board papers, but copies can be accessed through the link to this committee papers above.



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- Members reflected positively on the Trust's progress to foster a culture where staff feel safe and confident to raise concerns including appointing full-time Lead Guardian, national collaboration, awareness campaigns, and addressing concerns related to workplace behavior and wellbeing.

10. The Welsh Ambulance Services Partnership Team (WASPT) is the Board's local partnership advisory forum. The **WASPT highlight report** sets out the ongoing projects, upcoming challenges, and the steps being taken to address them in partnership. The following was noted from the May and July 2025 WASPT meeting:

- There are indications from TU Partners that industrial action with a focus on ambulance service members is likely because of the 2025/26 NHS Pay Review Body recommendations, confirming a 3.6% consolidated pay increase for Agenda for Change staff. Not all ballots are closed, and further updates will be provided as matters progress.
- The ACAS action plan was progressing with some items delayed due to resource constraints, including the publication of Welsh Government e-learning materials and development of case studies. Planning is underway for a WAST partnership conference later in the year.
- Since 1 July, UCS crews have begun co-responding to the highest acuity calls - purple arrest - providing basic life support and becoming first on scene in about half of the 30 incidents, with positive outcomes and improved confidence due to revised dispatch protocols and safety measures. Ongoing discussions continue about future UCS roles and their integration with ambulance care services.
- Discussions continue in WASPT and in the Senior Leadership Team/Trade Union Partner forum regarding TOIL and overruns, with working groups formed to focus on these issues.
- A deep dive was conducted on risk 558 - deterioration of staff health and wellbeing in the face of continued system pressures because of workplace experiences – with particular focus on whether, from Trade Union colleagues' perspectives it was framed accurately and constructively.
- The 2024/25 Social Partnership Report, the first of its kind, was received by the committee.

11. The **People Development Plan** continues to progress well as part of the Trust's People and Culture Plan, supporting University Trust Status and long-term workforce sustainability. Key developments include the launch of a Learner Management System, mapping of professional groups and progression ladders, and delivery of Trust wide programmes such as leadership training, coaching qualifications and expanded apprenticeships. Staff engagement has been strong, with feedback highlighting the need for individual development plans, equitable CPD access and clearer progression routes. The next phase will pilot development plans, finalise professional group frameworks and identify transferable skills to support internal mobility. The committee endorsed the next phase and commended the approach.

12. The **End of Season Flu Report for 2024/25** provided a summary of vaccination uptake, engagement levels and key lessons to inform the Trust's 2025/26 campaign. There was a 28.9% vaccination rate, which was lower than the previous year, and a 35.2% engagement rate, possibly influenced by the use of flu voucher incentives. CEO Roadshows again proved effective in facilitating staff vaccinations and will be retained in future campaigns. Positive feedback from WAST Volunteers supports continuing vaccine access for this group. Key issues identified include inconsistent attendance at



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campaign meetings, limited availability of regional flu leads, a mid-campaign vaccine change, and challenges with data input and peer vaccinator numbers. Members heard how these insights have shaped improvements for the next campaign which begins in October.

13. The **Q1 Audit Tracker** was reviewed and the Committee noted that whilst no actions were closed this quarter, members were satisfied that the extensions were necessary and that the risks raised in the reports were not exacerbated by further extensions.
14. In the private session the committee reviewed progress against eight **suspensions over four months**, which is an increase from seven reported in the last quarter. Three cases are with the **Employment Tribunal** (same as the previous quarter). Members were assured on actions in place to manage these cases.
15. The committee received the **cycle of business monitoring and committee priority report**. The Workforce Race Equality Standard and Revalidation and Registration reports have been deferred to November 2025. Committee priorities around equality, diversity and inclusion, and people development were evident throughout the meeting.

RISKS

Risks Discussed:

Committee received a deep dive on Directorate Risk 400 *Violence and Aggression Against Staff* which highlighted ongoing challenges, especially under reporting in Clinical Contact Centres, and emphasised the need for improved incident reporting, targeted training, and timely post incident support.

The committee discussed four relevant risks, all of which were reviewed during the period and previously presented to the Trust Board in July. Further consideration is scheduled by the Executive Leadership Team on 27 August. Members noted that the risks inform agenda setting and that discussions throughout the meeting aligned with the key areas of each risk:

- Risk 160 (high absence rates) remains static at 20 but is expected to reduce in the next review.
- Risk 201 (reputational harm) remains at 20, with plans for a detailed review in August to consider separating stakeholder confidence and patient experience into distinct risks.
- Risk 163 (Trade Union partnerships) remains at 12 and was reviewed by the Welsh Ambulance Partnership Forum in May.
- Risk 558 (staff health and wellbeing) remains at 15 and was considered by the Welsh Ambulance Partnership Forum in July.



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

COMMITTEE AGENDA FOR MEETING

Directors Update	Operations Quarterly Report Q1	Staff Story and Staff Story Update
People and Culture Metrics	MIQPR	Violence and Aggression Deep Dive
People Development Plan Progress	End of Season Flu Campaign Report	WASPT Highlight Report and Terms of Reference
Cultural Themes and Trends Report	Speaking Up Safely Annual Report	Strategic Equality Reports (SEP annual report; annual gender pay gap report; annual workforce equality monitoring report)
Welsh Language Annual Report	Risk Management and BAF	Audit Tracker Q1
Cycle of Business and Monitoring Reports	WASPT Minutes and Social Partnership Report	Committee AAA from May 2025

COMMITTEE ATTENDANCE

Name	15 May 2025	12 August 2025	13 November 2025	10 February 2026
Ceri Jackson				
Bethan Evans				
Hayley Hutchings				
Hannah Rowan				
Angela Lewis				
Carl Kneeshaw				
Chris Turley				
Lee Brooks	From item 6	Sonia Thompson		
Liam Williams	Penny Durrant	Penny Durrant		
Estelle Hitchon				
Andy Swinburn		Greg Lloyd		
Alex Crawford		James Houston		
Trish Mills				
Damon Turner				
Marcus Viggers				
Christian Fox				
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status

THERE ARE CURRENTLY NO ACTIONS

Director Update: People & Culture

PEOPLE AND CULTURE
COMMITTEE
13 NOVEMBER 2025



CARL KNEESHAW
DIRECTOR OF
PEOPLE

ANGIE LEWIS
DIRECTOR OF
CULTURE CHANGE

Culture

Colleagues from across our People Networks proudly represented WAST at the Mastering Diversity Conference – Health Zone, where the focus was on the power of connection and belonging. Angie contributed as part of the expert panel, championing the importance of diversity and showcasing the ongoing positive work happening across the Trust. (Pictured below).



Our People Networks Chairs forming a discussion panel at the Mastering Diversity Conference

Carl and Angie also attended their first session of the NHS Confederation Tackling Inequalities Leadership Programme. This initiative supports senior leaders in addressing inequalities within their organisations, equipping them with the strategic insight, practical tools, and peer support needed to drive meaningful, lasting change.

Angie and Catherine recently embarked on a mini road trip to West Wales, visiting stations and the newly refurbished Llangunnor site. Over two days, they connected with crews, local management teams, and even patients, gaining valuable insights into the strong, positive culture nurtured by the locality manager, which was evident in every conversation.

Angie had been shortlisted for a Culture Pioneers Award, recognising the outstanding cultural transformation work in WAST. This nomination reflects the significant strides we're making in building a more positive, inclusive, and engaging workplace culture.

Our People Services Team have been shortlisted for a HPMA Award for their impactful work on avoidable harm through the project: Developing and Embedding a Culture of Compassionate Practice. The awards ceremony will take place on 20th November.

In October, Angie joined the Volunteers Conference, recognising volunteers as valued members of the organisation whose dedication enhances patient experience and drives meaningful impact across our communities.

Speaking Up Safely continues to be an essential platform for our people. As October marks Speaking Up Safely Month, efforts are underway to boost promotion of the platform, ensuring more colleagues feel empowered to speak up when they need to. To demonstrate their commitment to the 'Listen Up and Follow Up' approach, our Executive and Non-Executive Directors proudly wore green, symbolising their support and helping raise awareness across WAST.



Executive and Non-Executive Directors supporting Speaking Up Safely

Capacity

The Trust's Long Service Awards celebrate the dedication and commitment of colleagues who have reached significant milestones in their NHS careers. We proudly recognise Angela Williams for 30 years of continuous NHS service and Sarah Davies and Laura Hurford for 20 years of continuous NHS service. (Pictured below).



Carl and Angie celebrating with Angela at the Long Service Awards

We're pleased to welcome two new colleagues to our Senior Leadership Team: Bev Flood, joining as Head of People Services and Lianne Onslow, joining as Head of Strategic Workforce Planning, Systems and Recruitment.

Paola Spiteri, through her involvement in the National Retention Community Practice, has been recognised on a national stage. The team has been named finalists for the prestigious Nursing Times: Workforce Team of the Year Award, which celebrates the outstanding achievements of the National Retention Programme and its impact on improving retention across NHS Wales. The awards ceremony will take place on 26th November.

Dr Catherine Goodwin, in collaboration with colleagues from CTMUB and fellow researchers, has published a new study titled: "The Impact of Probiotics on Wellbeing: An Open-Label Study During the Winter in Health Care Workers."

Capability

WAST welcomed Emma Wood as Chief Executive, who inspired colleagues on her first day at the Leadership Symposium. She emphasised that leadership is everyone's responsibility and that real impact comes from how we show up, by caring, connecting, and valuing others. Her message reinforced the momentum of Our WAST Way and the power of everyday actions in shaping a positive culture.



We're pleased to share that the NHS Business Services Authority have awarded a contract to Infosys to deliver a new, enhanced workforce management solution for the NHS, replacing the current ESR system.

The Essential Skills Team is expanding WAST's apprenticeship offer with new programmes in call handling, patient care, and EMT development. Digital Skills for Business pre-learning will be available in November and classroom-based learning commencing in January.

Paramedic development continues with updates to the Newly Qualified Paramedic Preceptorship and upcoming autumn releases of advanced training in ECG, airway management, and resuscitation.

We've received overwhelmingly positive feedback on our newly launched TRiM programme, with strong engagement following station promotions. Training began in September for existing and new peer responders, with duty managers and corporate staff also encouraged to take part. A dedicated app supports ongoing learning, and trained responders gain access to a live system for confidential support management.



We've begun piloting Sexual Safety Awareness, Allyship and Active Bystander, and Transgender Awareness training as part of the induction programme for new contact centre colleagues. This initiative reflects our commitment to embedding inclusion and safety from day one.

We've also refreshed and expanded the Change Management SharePoint hub with new and updated tools, shaped by colleague feedback, to provide more accessible and practical resources for managers and teams.



Key Milestones



NHS Staff Survey Live
New Anti Sexual Harassment Policy
Delivered bespoke Sexual Safety Training
Approved Strategic Equality Plan Annual Report
Inclusive Recruitment Initiatives
Higher Apprenticeships: Project Management and Data Analytics
New Learn365 training for Driving and Clinical Black History Month



Coming Up



Our WAST Way: Essential Conversations Training
Anti Racist Wales Symposium
People Development Plan



Risks & Challenges



Pace of change and activity across the Trust
NHS Wales Staff Survey Response Rate
Winter Pressures impacting on wellbeing
Flu Season



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OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2025-26 Q2 (July – September 2025)

National Operations & Support

IMTP

Manchester Arena Inquiry

We continue to await a formal outcome following our August 2024 submission on the Manchester Arena Inquiry recommendations. We have continued to engage with commissioners and completed a fifth scrutiny session in September 2025 with Health Board colleagues and JCC to answer the outstanding queries on our submission. The timeline advised is to anticipate an outcome in December 2025.

General Update

HART Drone

Our HART drone is now being utilised regularly in a training environment to ensure pilots maintain regular flying hours. In August, the drone capability was successfully demonstrated to the Senior Leadership Team, with live streaming into the ODU. The drone group is working with Information Governance to finalise the draft SOP which should enter the governance approvals before Christmas.

Volunteer Conference

The Volunteer team delivered the annual Volunteer Conference in Swansea on 27th September, celebrating the achievements and contributions from our volunteers. The event was well attended with final numbers exceeding 175 volunteers, with Executive and Non-Executive colleagues in attendance. Speakers on the day covered an exciting agenda including Human Factors in Health Care, Oncology: The Patient Journey, Response Model update and WAST Charity with the event concluded with the WAST Volunteer Award Ceremony.

EPRR Testing and Exercising

On 7th October, HART (Blue Watch) participated in *Exercise Tendley 2*, a multi-agency major incident scenario planned and delivered by South Wales Police. The exercise simulated a multi-vehicle road traffic collision involving a coach carrying high-risk football supporters and featured 40 live casualty actors, enhanced with realistic moulage provided by the BBC *Casualty* team. HART supported triage, treatment, and extrication of patients to the Casualty Collection Point (CCP), working closely with Fire and Rescue Service, Police, EMRTS, and Medserve colleagues to deliver high-quality care.

The HART Team Leader integrated effectively within the command structure, directing the team to prioritise tasks and patients. JESIP principles were actively maintained throughout—supporting shared situational awareness, coordinated decision-making, and effective joint working. JESIP is recognised nationally as best practice for interoperability between emergency services during major incidents.

Positive outcomes from the exercise included successful mobilisation and testing of SORT logistical capabilities, with SORT setting up tents for the Casualty Clearing Station in collaboration with EMRTS. The first crew on scene promptly initiated triage using ten second triage and, establishing a Forward Command Post (FCP). Debriefs on points of learning for the exercise will follow.

Resourcing, EMS Coordination and Quality

General Update

EMS Coordination

AED Mentor Courses

In August, we commenced IAED Accredited Mentor courses for Call Supervisors and Senior EMDs across the three EMSC's, enhancing their skills and knowledge to better support our EMDs. Additionally, Managing Attendance at Work Training has been delivered to all Shift Managers and Call Supervisors, increasing their understanding and confidence in applying this policy, and supporting our people.

Yorkshire Ambulance Service (YAS)

Our support for Yorkshire Ambulance Service (YAS) concluded with WAST monitoring performance impacts daily. Since its inception in 7th April 2025, we have dealt with over twenty-two thousand calls. As a result of the monies generated from this process, alongside support of our colleagues in Yorkshire, we have been able to offer our staff overtime to support this mutual aid request. In addition, it has provided the financial means to send more staff to the Navigator conference and offer overtime so that we can facilitate the IAED mentor courses.

CMT – Clinical Model Transformation

On the 1 July 2025, the first phase of the Clinical Model Transformation project was implemented. The existing Red Category in the Dispatch Cross Reference (DCR) table was split into three new categories: Purple Arrest, Red Emergency, and RCS0. Additional codes were added for Multi Agency Incident Transfer (MAIT) and 111, and amendments were made to Cymru High Acuity Response Unit (CHARU) suitable codes. Standard Operating Procedures were updated and face to face training was delivered to EMSC Staff. It is particularly pleasing that following a survey the implementation of phase 1 has received positive feedback from EMSC staff outlining that the rationale for the need to change was explained clearly and that colleagues felt supported in understanding and being prepared for the change.

Quality Assurance Framework

A Quality Assurance Framework for Clinical Navigators has been approved. This framework will offer the monitoring, compliance and reporting processes that need to be in place to provide and assure a high-quality service. The cultural ethos and aim of audits and monitoring is to observe and applaud good practice and provide feedback for improvement where compliance and clinical advice has fallen below standards. The framework provides a shared understanding of what is required to be achieved and offers a two-way feedback mechanism to improve standards.

Operations Quality (OQ)

Organisational Change

A formal consultation process for expansion of the OQ department concluded on 05 September 2025. The department is now in the process of recruiting staff into new posts and teams which include CPSS Quality Audit, ECNS Quality Audit and Integrated Care concerns. A team of 10 CPSS auditors have been recruited and started on 01 October 2025. Training is ongoing and the department will be working with the International Academies of Emergency Dispatch (IAED) to scope out requirements to work towards Accredited Centre of Excellence status for CPSS. ECNS auditor recruitment will begin early January 2026.

Putting Things Right (PTR) Recovery Plan

Operations Quality is working closely with the PTR team to improve the Trust's PTR position as part of the PTR recovery plan. Complaint reviews have been taking place to ensure investigation scopes are proportionate and to enable the investigation team to expedite overdue complaints. Temporary investment has been provided to increase the department's QA capacity and a trajectory of improvement is in development.

Resourcing

Following a period of user acceptance testing, GRS live on premise has successfully been upgraded to v4.8 which is a prerequisite for transition to Cloud and the broader e-timesheet project. The timeline for Cloud Migration to happen in May 2026.

Resourcing have welcomed two newly appointed resourcing coordinators to the team during September, bringing us to coordinator establishment and a welcomed support to the Swansea based team as we progress preliminary work for the rostering of Integrated Care, 111 to GRS.

Emergency Medical Service

IMTP

EAP Training

EAP training continues to progress well. There are further courses scheduled for 6 October & 11 November with both courses currently have 45 staff booked on. Therefore, by the end of the current calendar year a total of 378 staff (including EMT3) will have completed the training and qualified as EAPs, with 518 completed by the end of the financial year.

As a result of considerable staff release to support this training initiative the upcoming winter UHP position is a concern, and we will continue to manage this by targeting staff release strategically to avoid overburdening any single area. Our winter structures will elad the response across the period.

APP Roster Review

The APP Roster Review is progressing, and a series of meetings have already been undertaken with Clinical colleagues and TUPs. There are many functional elements to build into new rotas which includes Primary Care, APP Navigators, Palliative Care and operational staff. Further modelling is underway to support rota build.

Improve Capacity in Rural Wales

A Task and Finish Group has been established in partnership to develop an action plan that is actionable and sustainable, improve rural recruitment and retention alongside rural capacity and resilience.

General Update

CHARU Recruitment

CHARU Recruitment is transitioning to a quarterly cycle, with no immediate barriers or additional recruitment needs anticipated.

With the commencement of external training courses, it is expected that a high proportion of candidates will succeed. However, following the completion of the upcoming external training course we will be in a position to fully understand the true CHARU position and whether there remain any shortfalls.

If shortfalls remain following all the recruitment processes (internal & external), consideration will then be given to applying acceptable solutions to increase CHARU coverage similar to the Welshpool rotational model.

Overruns

Conversations to reduce end-of-shift overruns are being advanced through ongoing collaboration with TUPs. The ambition is to operationalise the majority of identified strategies within October 2025, thereby safely improving operational efficiency and enhancing staff wellbeing.

Ambulance Care

Challenges

Transfer and Discharge Pressures

Transfer and discharge has emerged as a pressure point for Ambulance Care. As Health Boards actively strive to reduce handover times outside Emergency Departments to achieve the W45 standards, there has been a noticeable increase in journey booking requests for Discharge & Transfer. Whilst every effort is being made to accommodate all journeys, there have been occasions when demand exceeds available capacity and some journeys have been delayed until the following day. The service is focused on engaging proactively with HBs and maximising the utilisation of our discharge and transfer resources.

Capacity Management Plan (CMP)

The Capacity Management Plan continues to be a considerable challenge, with an average of 500 journeys across Wales cancelled each week. Although this figure is higher than desired, a whole systems approach has enabled a reduction in overall cancellations, particularly in areas of greatest need.

In AB and BCU Health Boards areas we have piloted initiatives to reduce CMP numbers, and these are delivering positive outcomes, including days without the CMP being activated. These initiatives include;

- Continued review of PAS improved provision to identify utilisation
- Operational oversight via OTL within control rooms.

We continue to raise awareness of these efforts both internally and externally, including with our commissioners.

Additionally, focused collaboration with PTR and PEI is ongoing to better support patients whose journeys are cancelled, and to enhance our responsiveness to concerns raised.

IMTP

NEPTS Cleric System and Hywel Dda Patient Administration System Connectivity

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

Roster Review Modelling

Following the pause to the review, additional modelling has been provided and two new potential roster proposals have been developed. These have passed the first phase of testing and are currently being tested with real world data by our planning and operational management team. Upon completion of the testing and, providing a viable option is identified, working parties will recommence soon.

General Update

Ambulance Care Roadshows

Throughout September, we completed our inaugural set of six Ambulance Care roadshows. The roadshows provided an opportunity for the management team to engage with colleagues across the country, through three face-to-face and three online sessions. Key topics included the future vision for Ambulance Care, the Capacity Management Plan, the

Urgent Care Service, and Roster Reviews. Each session featured an interactive Q&A, sparking valuable discussions and prompting further consideration within the team.

Feedback was overwhelmingly positive, with staff highlighting the sessions as informative and welcoming the opportunity to engage directly with the senior leadership team. The NHS Staff Survey was also actively promoted during these events.

Key engagement metrics from the six sessions:

- 110 unique attendees, with face-to-face sessions attracting higher numbers
- 75 questions were received and answered
- 92 interactions were received on the future Ambulance Care Future Vision
- In addition to informing future years IMTP content, the feedback on the Ambulance Care Vision will be incorporated into next year's IMTP and the refresh of the Trust's long-term strategy.

Further engagement events will be held in the New Year.

Integrated Care

IMTP

Senior Management OCP

The process has now been completed and will reshape the Service Manager structure, moving our Service Managers into functional, pan Wales roles:

- Service Manager for Inbound Services.
- Service Managers leading Clinical Services.

In addition, we appointed a new Service Manager post with responsibility for service improvement. This role will oversee a wider portfolio, including the Directory of Service team and a Locality Manager.

General Update

Ambulance Performance Framework

On 1 July 2025, the new Ambulance Performance Framework was launched and the introduction of RCS0 calls to Integrated Care. Another significant development was the establishment of the 'Rapid Assessment Queue,' dedicated to handling RCS0 and priority calls, with clinicians specifically assigned to these cases. Priority calls, identified by the Clinical Navigator, CSD Operations Manager, or Point of Contact, are clinically assessed as needing

a faster call back. Since this queue began operating, the average time to assessment of 9 mins has been below the balancing measure of 15 mins.

Care Planning

We are refining how we manage the Care Planning queue by dividing it into three categories: remote monitoring, falls, and extended response delays over six hours during periods of high escalation. The primary focus for care planning clinicians will be on remote monitoring, supporting patients to be safely managed in the community and reducing the need for transport to an Emergency Department. To achieve this, they will work closely with Advanced Paramedic Practitioners and Health Board community teams. A new AQM (Advanced Questioning Module) has been developed and will be implemented in October to improve the documentation and data collection on activity.

Video Consultation

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

Simply Do Challenge

The integrated care team, were the first team to trial the use of the "Simply Do- WIN platform". This platform is an ideas generation platform, that allows teams to submit ideas around a specific challenge. A challenge was designed, focused on gathering ideas around improving the abandonment rate of 111 specific calls. A total of 17 ideas were submitted by Call Handling Coordinators, focused on the specific challenge. The team are collaborating with the Quality Improvement Team, within the Quality Directorate, to progress some ideas into small tests of change. This was presented at the annual Quality Conference.

Pan Operations

Staff Survey

Following the Quality and Support Day held in response to the NHS Wales Staff Survey 2024, all service areas have now developed and confirmed their action plans based on the feedback received. These action plans have been reviewed and approved through the Senior Operations Team (SOT) and are now ready for submission to the People & Culture team. This marks a key milestone in our commitment to addressing staff feedback and driving meaningful improvements across the Operations Directorate.

Quality and Support Days

As part of our commitment to act on staff feedback and deliver meaningful improvements across the Operations Directorate, the good work carried out so far through the Quality and Support Days will be further built upon by holding the sessions monthly on one day across all service areas from October 2025. The dedicated sessions will provide a structured opportunity to prioritise staff wellbeing while addressing both organisation wide themes and local service specific priorities.

The content of each session will be scheduled in advance, drawing on service area action plans, staff feedback, compliance requirements, and lessons learned. Outcomes will be integrated into action plans where significant interventions are required, including actions linked to the NHS Wales Staff Survey 2024. Alongside these larger initiatives, a log of immediate local "Just Do It" improvements will be maintained to capture quick resolutions where appropriate.

While staff wellbeing will remain the central focus, the sessions will also provide a platform for timely operational priorities such as compliance, training, seasonal planning, and feedback on national programmes of work. In doing so, Quality and Support Days will ensure a consistent, visible, and meaningful approach to supporting staff and strengthening service delivery across the Directorate.

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Essential Skills Team

Workforce Education & Development Centre



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Essential Skills Team
Version 1.0
Released: October 2025

by Essential Skills Team
amb_essentialskills@wales.nhs.uk





Agenda Items

- Meet the Essential Skills Team
- Supporting Learners across the Trust
- Curriculum Development
- EAP Mentoring
- Next Steps



Meet the Essential Skills Team

Supporting Learners across the Trust



Personalised Learning

- Personalised and supportive learning experience.
- Individual to the learner's requirements.
- Develop the essential skills needed for success in work and everyday life.



Essential Skills Wales

- Application of Number (numeracy)
- Communication (literacy)
- Digital Literacy (digital skills)



Why Are Essential Skills Important?

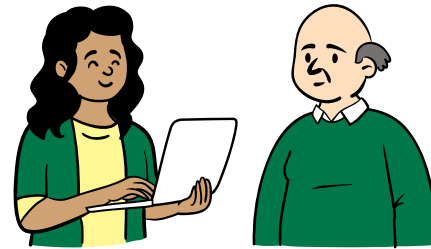
- Unlock new career opportunities.
- Support ongoing development.

Curriculum Development



Workforce Development

- Clear development pathways
- Encourages a culture of CPD across all levels of the Trust
- Strategic goals and staff development aligned



Valuing People

- Ensuring everyone has opportunity for development in the Trust
- Equipped to deliver the highest standard of care across our communities



Skills That Matter

- Effective Communication Skills
- Tone of Voice
- Vehicle Familiarisation
- Conflict Resolution



Progress Routes NEPTS



The range of qualifications offers the learners current English, Maths and Welsh. For example, those who have a grade C or above in English, Maths and Welsh can progress to their Essential Skills qualification.



Essential Skills Team
Richard Lewis, Sara Morris, Yvonne Walker
Workforce Education and Development Centre

NET Centre



During 6 week induction
2 Compulsory Components

- Vehicle Familiarisation - Delivered by individual of occupational competency
- Conflict Resolution - Delivered by individual



After 6 week induction
Opportunity for Essential Skills pathways

Development after Essential Skills qualifications
ILM Level 2 Award in Effective Mentoring Skills
Ideal for staff mentoring/coaching new starters
Delivered by Essential Skills Team
Time frame approx. 6-9 months
Opportunity for mentoring to be provided by month 6



Opportunity for Award or Certificate in Education and Training alongside Assessors Award and Internal Quality Assurance Award
Delivered by Essential Skills Team
Time frame approx. 9-12 months

Development after Essential Skills qualifications
Level 2 Award in Effective Mentoring Skills
Ideal for staff mentoring/coaching new starters
Delivered by Essential Skills Team
Time frame approx. 6-9 months
Opportunity for mentoring to be provided by month 6



Opportunity for Award or Certificate in Education and Training alongside Assessors Award and Internal Quality Assurance Award
Delivered by Essential Skills Team
Time frame approx. 9-12 months



During 6 week induction
2 Compulsory Components

- Vehicle Familiarisation - Delivered by individual of occupational competency
- Conflict Resolution - Delivered by individual of occupational competency

Option to complete other modules which include: Principles of Ambulance Patient Care, Using Communication & Information Systems, Safe Moving & Handling



/ Planner Supervisor

Opportunity for Certificate and Diploma in Communications, Application of Number and Digital Literacy
Delivered by Essential Skills Team
Time frame approx. 6-9 months per qual

Opportunity for Level 2 Digital Skills for Business
Delivered by Essential Skills Team
Time frame approx. 6-9 months

Mentoring



Development

- Reflects the personal and professional growth of both mentors and mentees.
- Encourages skill-building, confidence and career progression.



Empowerment

- Fosters a culture where individuals feel supported and capable of achieving their goals.
- Builds resilience and self-belief through guided learning and encouragement.



Leadership

- Cultivates future leaders by enhancing communication, coaching and decision-making skills.
- Strengthens organisational capacity by nurturing talent from within.

SKILLS DEVELOPMENT FOCUS



WORKFORCE AND EDUCATION DEVELOPMENT TEAM
ESSENTIAL SKILLS TEAM

Next Steps



- Digital Skills for Business
- Further development for the NEPTS development programme
- ILM L5 Coaching & Mentoring for Practice Educators

Thank you for listening

For any questions and/or support, please contact the Essential Skills Team.

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yvonne.walker@wales.nhs.uk



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Essential Skills Team

REPORT TITLE

People and Culture Plan Metrics

MEETING

Name of meeting	People and Culture Committee
Date of meeting	13 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Angela Lewis – Director of Culture Change Carl Kneeshaw – Director of People
Author(s) of report	Sarah Davies – Head of Change and People Insights

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The purpose of this report is to:
 - a. provide Committee members with an update against quantitative People and Culture Plan metrics (September 2025 data), in order to provide a high level indication of the impact of our People and Culture Plan; *and*
 - b. provide an overview of the key People and Culture performance data and trends (September 2025) and associated improvement actions.



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RECOMMENDATION(S)

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

The Committee is requested to:

1. Comment on progress to date.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

Appendix 1: Quantitative Metrics September 2025

Appendix 2: Scorecard September 2025

This paper is intended to be read in conjunction with the **Monthly Integrated Quality and Performance Report** (item **11.2**). The MIQPR provides a high level overview of performance in relation to several People and Culture indicators. This report provides a greater level of detail (both data and narrative) in relation to a wider range of workforce performance indicators.

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

☒ SO1: Providing the right care or advice, in the right place, every time

☒ SO2: Enabling our people to be the best they can be

☐ SO3: Being at the forefront of innovation and technology

☒ SO4: Developing services in collaboration

☒ SO5: Being quality driven and clinically led

☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

Mitigates key risks such as lack of visibility of progress, misalignment between actions and intended outcomes plus an inability to evidence impact. Without robust measures, there is a risk that activity becomes fragmented or performative, with effort invested in areas that do not drive meaningful change. Metrics provide an objective means of reviewing progress, highlighting where additional focus or resource is needed and ensuring accountability for delivery. They also reduce the



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risk of disengagement or loss of momentum by enabling us to demonstrate impact, celebrate successes and course-correct where progress is slower than expected.

Sickness absence in particular presents specific risks to both service delivery and colleague wellbeing. High absence rates place additional pressure on teams, increase reliance on overtime or temporary cover and can impact the quality and continuity of care. They may also be a signal of underlying wellbeing, engagement or workplace culture challenges. By closely monitoring sickness absence, we can identify trends, target support where it is most needed and evaluate the effectiveness of wellbeing initiatives.

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
17 September 2025	Director of Culture Change Director of People
24 September 2025	Executive Leadership Team
13 November 2025	People and Culture Committee



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SITUATION

1. The purpose of this report is to:
 - 1.1. provide Committee members with an update against quantitative People and Culture Plan metrics (September 2025 data), in order to provide a high level indication of the impact of our People and Culture Plan; *and*
 - 1.2. provide an overview of the key People and Culture performance data and trends (September 2025) and associated improvement actions.

BACKGROUND

2. Following discussion at the August 2023 meeting of the People and Culture Committee, it was agreed that updates will be shared with Executive Leadership Team every 2 months and People and Culture Committee every quarter, to demonstrate progress in terms of implementation and impact of our People and Culture Plan. As agreed, these updates will alternate between a focus on quantitative and qualitative metrics; this item focusses on quantitative metrics.

ASSESSMENT

3. The summary document contained within **Appendix 1** provides an overview of quantitative data currently available.
4. Membership of our People Networks has grown to 732 colleagues, demonstrating sustained interest and engagement in our equality, diversity and inclusion agenda; it also highlights the value colleagues place on having spaces to connect, share experiences and influence organisational culture.
5. There are currently 41 open disciplinary cases, which remains at a similar level to previous reporting periods. This pattern aligns with our hypothesis that case numbers will remain relatively stable for a period of time as our sustained focus on culture change, behaviours and speaking up continues to take effect.
6. There are 12 formal requests for resolution, which is steady and in line with recent reporting, indicating a consistent level of formal concerns being raised (again, reflecting our sustained culture focus).
7. Turnover has reduced to 8.02%, reflecting an improving trend in retention. This is an indication that staff are feeling more fulfilled and valued in their role, reflecting higher job satisfaction and engagement with the organisation's culture change work, Our WAST Way and increasing focus on wellbeing.



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8. The Trust's absence rate in September 2025 is 7.80%, up 0.25% over three months, but overall absence management remains stable and continues to improve. Year-on-year, rates rose by just 0.11%, showing sustained control despite external pressures. The Operations directorate's rate increased to 8.35% in September, slightly above last year's 8.10% but well below the 9.65% recorded in 2023. It remains to be seen if this stability will continue or if rates will rise in the next quarter, mainly linked to the Flu and RSV season beginning more than a month earlier than usual. This reinforces the need for our ongoing commitment to wellbeing, compassionate leadership and supportive work environments.
9. Statutory and Mandatory training compliance has reached 90%, the highest on record since reporting began in April 2021 and exceeding the Welsh Government target of 85%. This reflects strong organisational focus on learning and development and mitigates the risk of non-compliance with regulatory requirements, whilst supporting safe and effective service delivery.
10. PADR compliance currently stands at 75.35%. Whilst there are slight fluctuations month to month, there has been no significant upward movement, suggesting further work is required to embed meaningful performance and development conversations across the organisation (this forms a core feature of Our WAST Way).

RECOMMENDATION

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

NEXT STEPS

N/A



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Our People and Culture Metrics

A Focus on Quantitative Data
September 2025

Culture

	Baseline	Sept 23	Mar 24	May 24	Sept 24	Mar 25	Sept 25	
Staff Survey Completion Rate:	39%	9.12%	23.2%	23.2%	-	35.2%	*	
Network Membership:	N/A	184	202	220	404	542	732	↑
Disciplinary Cases:	28	28	32	39	47**	42**	41**	↓
Formal Requests for Resolution:	15	8	13	13	13	13	12	↓
Cultural Reviews Underway:			3	3	2	2	2	↔
Open Safeguarding Allegations:						46	38	↓

Capacity

Turnover:	9.81%	9.37%	9.12%	9.01%	8.21%	8.42%	8.02%	↓
Sickness (12 Month Rolling):	8.78%	8.69%	8.52%	8.46%	8.18%	7.83%	7.79%	↓
Sickness (In Month):	7.5%	8.78%	7.67%	7.55%	7.43%	7.35%	7.77%	↑

Capability

MIST Compliance:	N/A	15.5%	92%	20%	47.18%	90.44%	56.59%***	↑
Stat Mand Compliance:	78.73%	79.71%	81.2%	82.71%	86.53%	87.84%	90.17%	↑
PADR Completions:	73.5%	70.72%	79.51%	78.11%	75.89%	77.91%	75.35%	↓

Notes to accompany dataset:

* 2025 Staff Survey opened 6th October 2025; response rate as at 22.10.25 was 26.8%

** Grey (neutral) coloured arrows used as a reminder to treat increases / decreases against these metrics with caution; an increase could be associated with increased confidence for our people to report concerns and not necessarily an indicator of poor cultural health

*** MIST 2025 programme commenced in Q1



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People and Culture KPIs September 2025

Plan

Job Evaluation

JDs currently in process:	6	↔
JDs completed in month:	5	↓
Ave. days to complete:	3	↓

Recruitment

Vacancy creation to unconditional offer:	63.7	↑

Resource

Sickness

Rolling 12 month:	7.79%	↑
In month:	7.77%	↓

Wellbeing

OH referral to first offer of appointment:	10.4	↓
Sickness absence attributable to MH:	38.17%	↑

Educate

Stat Mand training compliance:	90.17%	↑

Apprenticeships

Apprenticeships in progress:	65	↑
Apprenticeships completed:	17	↑

Engage

PADR Compliance:	75.35%	↓

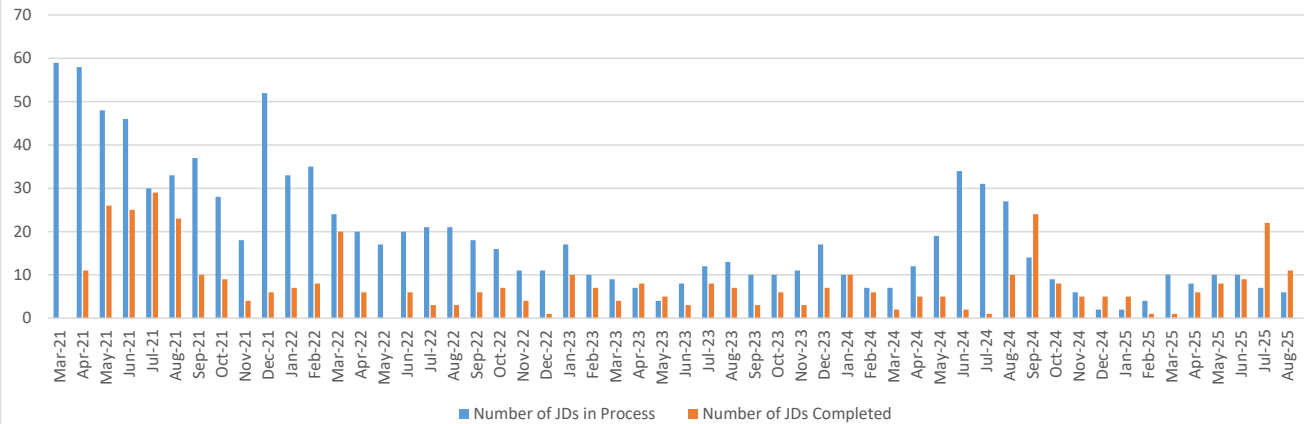
Open ER cases:	41	↓

Formal requests for resolution:	12	↓

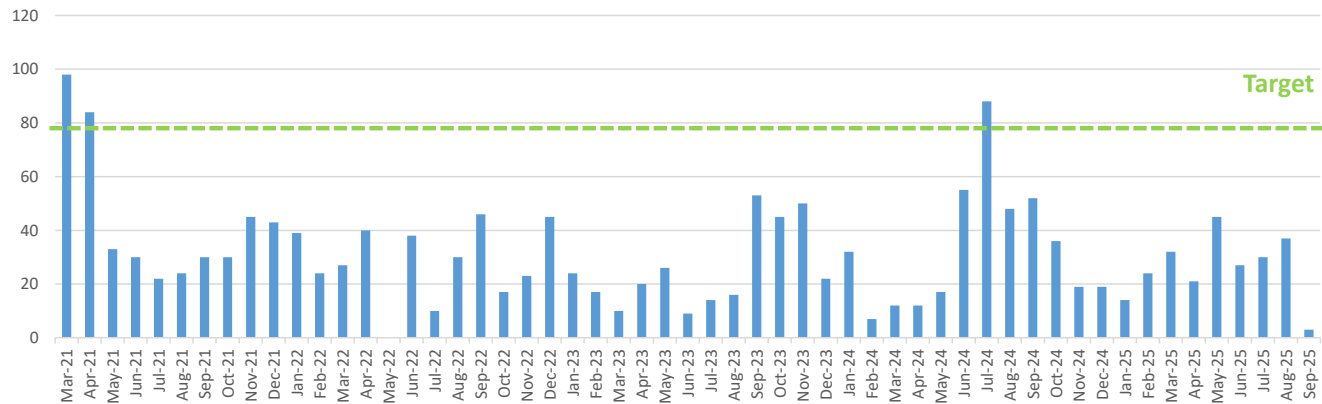


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JE: JDs in Process / Completed

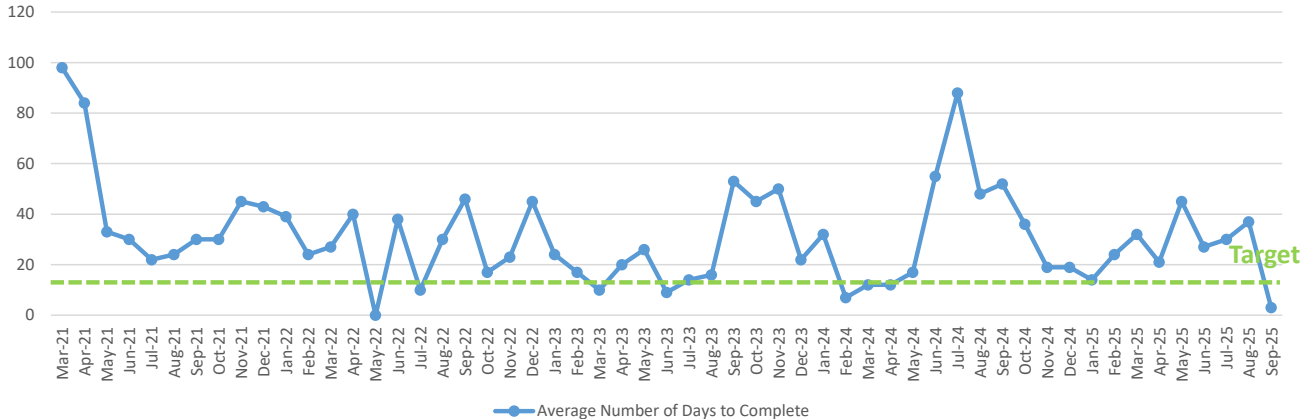


Ave. Days Vacancy Creation to Conditional Offer

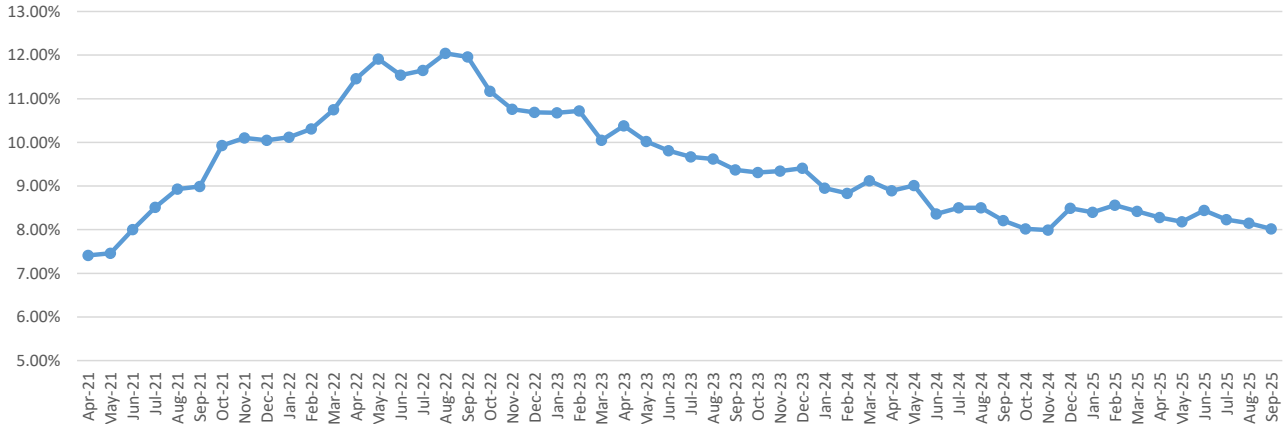


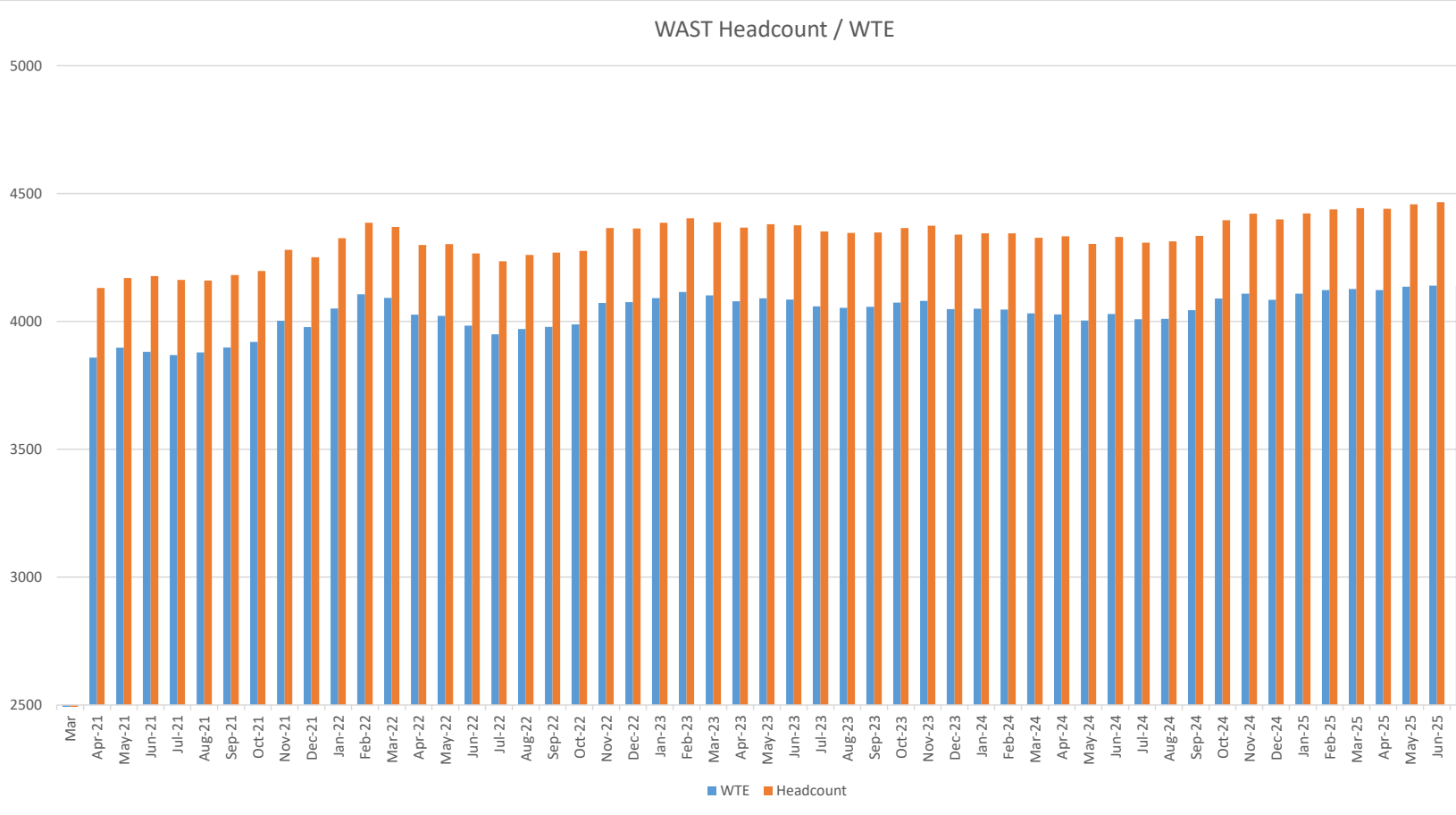
[Return to Summary](#)

JE: Ave. Days to Complete



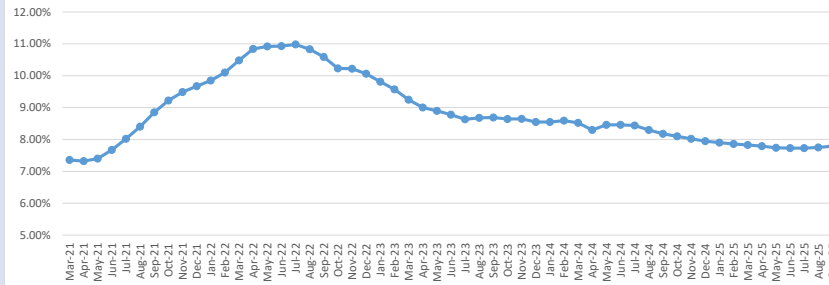
WAST Turnover



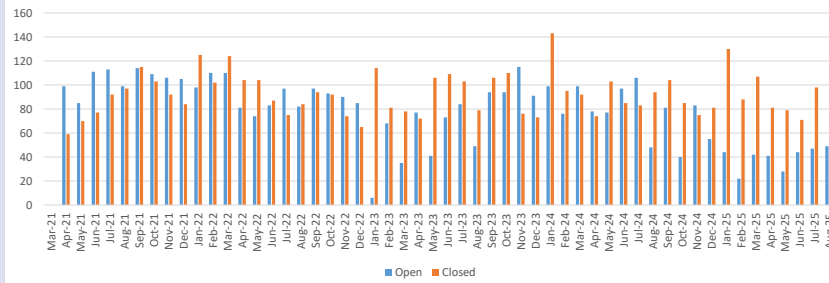




Overall Sickness - Rolling 12 Month

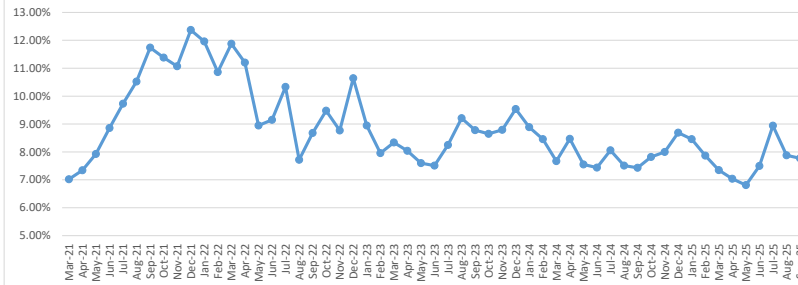


New LTS Opened vs. Closed LTS Cases

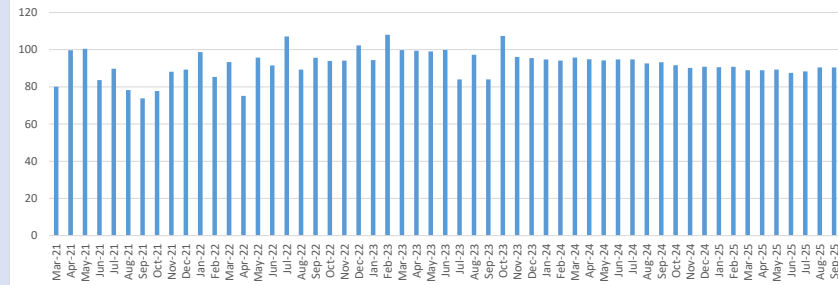


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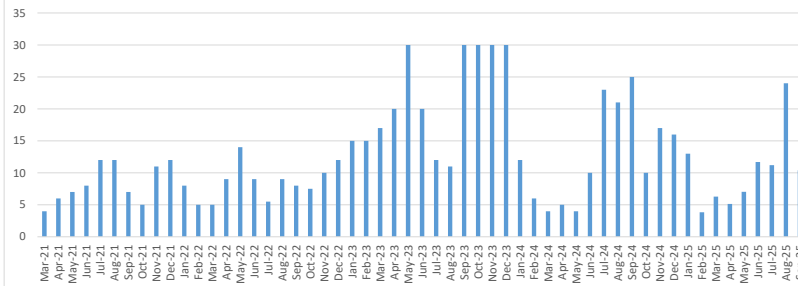
Overall Sickness - In Month



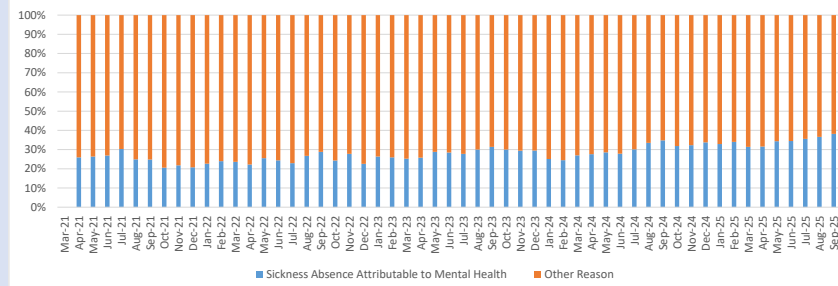
Ave. Length of Closed LTS (Days)



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

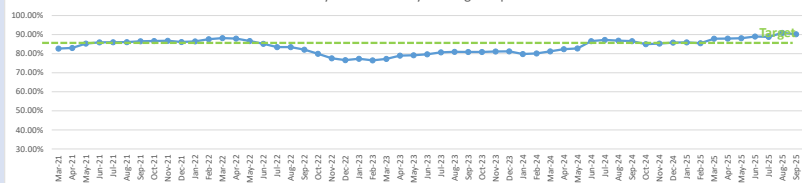


% of Sickness Absence by Reason (In Month)

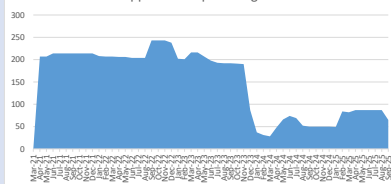




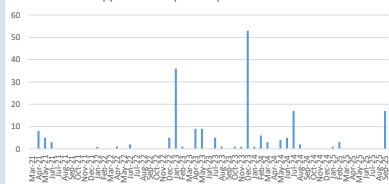
Statutory and Mandatory Training Compliance



Apprenticeships in Progress



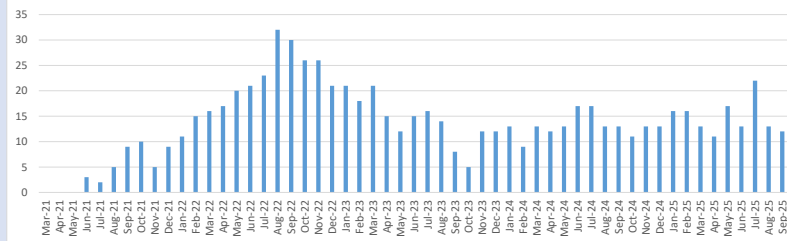
Apprenticeships Completed In Month



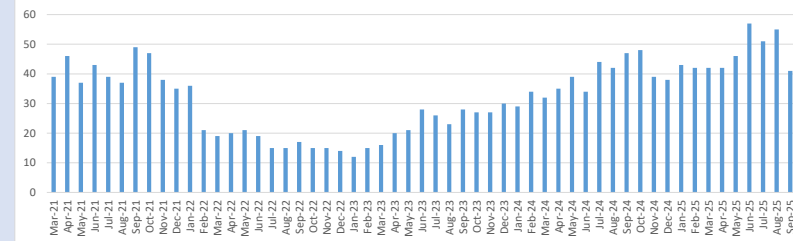


[Return to Summary](#)

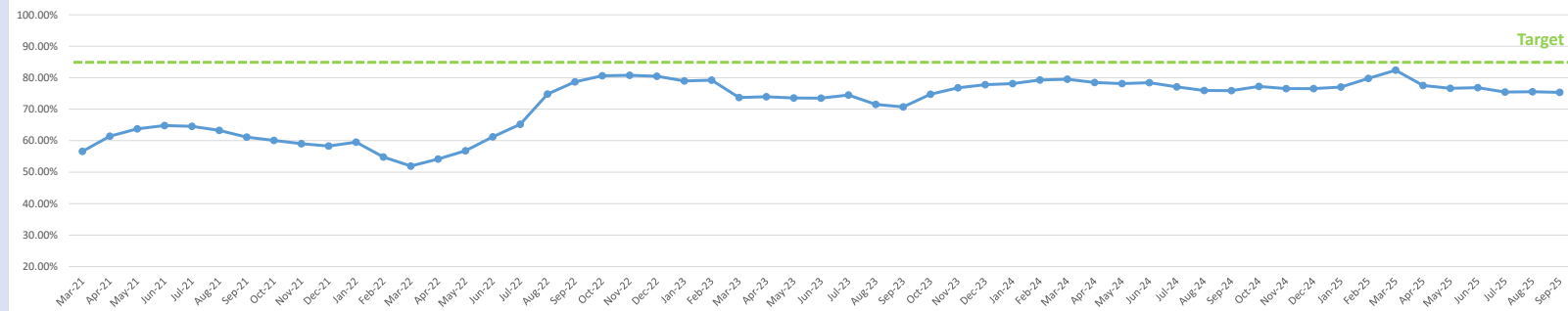
Formal Requests for Resolution



Open ER Cases



PADR Compliance





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Agenda Item No.

8.1

REPORT TITLE

Monthly Integrated Quality Performance Report – August/September 2025

MEETING

Name of meeting	People and Culture Committee (PCC)
Date of meeting	11 November 2025
Public or Private	Public
If private - rationale	Choose item from below

REPORT SPONSOR

Executive sponsor	Rachel Marsh– Executive Director of Strategy, Planning & Performance
Author(s) of report	Hugh Bennett – Assistant Director Commissioning & Performance Mark Thomas - Commissioning & Performance Manager Melanie O'Connor - Senior Performance Analyst

PURPOSE OF REPORT

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



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REPORT SUMMARY:

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

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **August/September 2025**.
2. The report aims to provide an integrated view of quality and performance, so is made available to all three committees to give that overview, with more specific and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators.
3. There are a few acknowledged data quality issues within the report. There is a clear executive focus on Phase 2 of the Ambulance Performance Framework, so this is the current priority, but additional capacity is being sought for the Insight & Data Services function. Some additional capacity is already in place and further positions are due to be filled following interviews which took place in early September 2025. The pressures on IDS are being actively managed through a CMT workplan.
4. The new Purple Arrest and Red Emergency categories went live, as planned, on 01 July 2025 and data from the first three months of reporting is contained within this report.
5. The Trust saw 12,284 hours lost to handover during September 2025, compared to 20,693 lost hours in September 2024. This follows on from significant month-on-month reductions seen during June, July and August 2025 pan-Wales. Whilst this reduction is very welcome, it is by no means universal, and the ambition is for all health boards to reduce handover to levels which improve patient experience and outcomes, and which are sustainable.
6. 111 call handling performance has stabilised post-delivery of the new 111 CAS, but the service did not achieve the 5% abandonment rate in September 2025.
7. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance is varied, with only oncology and renal journeys remaining above target in September 2025.
8. The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People and Culture Plan.



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RECOMMENDATION(S)

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

The PCC Committee is requested to:

1. **Consider the August/September 2025** Integrated Quality and Performance Report and actions being taken and determine whether:
 - a. The report provides sufficient assurance.
 - b. Whether further information, scrutiny or assurance are required, or
 - c. Further remedial actions are to be undertaken through Executives.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

1. Annex 1 - Monthly Integrated Quality and Performance Dashboard

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

☒ SO1: Providing the right care or advice, in the right place, every time

☒ SO2: Enabling our people to be the best they can be

☒ SO3: Being at the forefront of innovation and technology

☒ SO4: Developing services in collaboration

☒ SO5: Being quality driven and clinically led

☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

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

224 - Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients

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



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

100 - Failure to persuade JCC/Health Boards about WAST's ambitions and reach agreement on actions to deliver appropriate levels of patient safety and experience

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [[link to standards](#)]

☒ Safe	☒ Timely	☒ Effective
☒ Efficient	☒ Equitable	☒ Person Centred

Quality Enablers (select all that apply) [[link to standards](#)]

☒ Leadership	☒ Workforce	☒ Culture
☒ Information	☒ Learning Improvement and Research	☒ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [[link to goals](#)]

☒ A socially responsible employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
28 October 2025	Hugh Bennett – Assistant Director Commissioning & Performance
03 November 2025	Rachel Marsh – Executive Director Strategy, Planning & Performance



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SITUATION

1. The purpose of this report is to provide senior decision-makers within the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **August/September 2025**.
2. The report aims to provide an integrated view of quality and performance, so is made available to all three committees, to give that overview, with more specific and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators:-

PCC

BACKGROUND

3. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level, which aim to demonstrate how the Trust is performing across four integrated areas of focus:
 - Our Patients (Quality, Safety and Patient Experience).
 - Our People;
 - Finance and Value; and
 - Partnerships and System Contribution.
4. As previously agreed, the metrics which form part of this committee report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust's plans (IMTP) and strategies. A Board development session was held in April 2025 at which the annual review was undertaken. It was noted that there will be some changes to metrics during 2025/26, aligned to the new performance framework announced by the Cabinet Secretary. No other specific changes were requested, but the Board did discuss a number of areas where it was felt development and progress could be made in terms of the MIQPR and 'what good looks like' reporting. At other levels of the organisation, work continues in terms of developing appropriate metrics which can be used to measure quality and performance against our four domains.
5. Following more recent discussions with the Chair of this committee, and with others, a session will be convened later in the autumn (now arranged) to discuss with committee chairs the format of the MIQPR for the next financial year, as the organisation and its metrics evolve.



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ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

6. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
7. **999 call answering times** during September 2025 saw the 95th percentile decreasing to 18 seconds, compared to 23 seconds in August 2025. However, the 65th percentile and median performance times remained consistently good. Work is currently being undertaken on demand and capacity analysis of 999 call demand.
8. **111 call answering performance has minimally decreased over recent weeks**, with the call abandonment rate for September 2025 being 10.4%, and therefore not achieving the 5% target. 111 demand in September 2025 did see a 1.4% increase compared to September 2024. In addition, the external rostering review suggests there is a demand and capacity gap within the current funded establishment, and the Trust is therefore unlikely to reach performance without an increase in its workforce (including efficiencies). The current position with commissioners is to focus on the 111 digital front end as a way of managing demand rather than investment in call handlers.
9. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 99.1%. Response times for lower priority calls showed a minimal decrease, reducing to 71.4% and 65.1% for P2CT and P3CT respectively.
10. **Ambulance Response** (safety / patient experience): on 1 July 2025, the Trust's new ambulance response model was implemented, and two new response categories replaced the previous (old) Red category. The new categories are Arrest (Purple), for cardiac and respiratory arrests, and Emergency (Red), for major trauma and other incidents where patients are at significant risk of cardiac or respiratory arrest if they do not receive a rapid response. In September 2025, there were 785 purple calls to the ambulance service, around 2.31% of all calls, and 4,453 (Emerg) red calls, around 13% of all calls. The median response times for purple and red calls were 7 minutes 15 seconds and 8 minutes 36 seconds respectively, with the required range being 6- minutes.



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The Amber 1 median in September 2025 was 1 hour and 21 minutes and the Amber 1 95th percentile was 4 hours 52 minutes. The Clinical Safety Plan will protect Arrest and Emergency demand, but Amber is where the impact of handover lost hours is most felt i.e. there is a strong correlation. Amber 1 response times have seen a significant improvement in recent months, in line with the fall in the number of hours lost to handover. However, these response times still remain too high and have a known impact on avoidable patient harm. Amber will be replaced by the Orange (Now) and Yellow (Soon) categories in quarter three of this year. The changes are designed to improve patient safety and patient outcomes by better stratifying patient demand.

11. Traditionally, the main factors which affect response times are demand and capacity (recruitment and lost hours). EMS production has been good although it dropped below 90% in September, and handover lost hours have significantly improved; with this improvement particularly feeding through into the Amber category's performance. Health Boards are implementing new actions in order to further reduce handover lost hours. The Trust's main focus is to continue to implement a material change in how it responds to patient demand by evolving its clinical model through the Clinical Model Transformation (CMT) programme. Areas of focus for 2025/26 include: -

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

12. As above, the level of lost hours to **handover outside Emergency Departments** remains a critical component of long waiting times and patient safety incidents. 12,284 hours were lost during September 2025; a 40.6% reduction compared to September 2024 and is the lowest monthly figure since July 2021. This follows on from significant month-on-month reductions seen during June, July and August 2025 pan-Wales. Whilst this reduction is very welcome, it is by no means universal, with Betsi Cadwaladr health board remaining high, with 7,569 hours being lost within the health board during September 2025. The ambition is for all health boards to reduce handover to levels which improve patient experience and outcomes and which are sustainable. WG has re-iterated to health boards the critical importance of improvements in this area and the reduction of all over



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45-minute waits was a recommendation from the recent Ministerial Advisory Group on Performance and Productivity. The W45 initiative would see handover lost hours reduce to approximately what the EMS rosters are designed to cope with.

- 13. Ambulance Care (Patient Experience):** Oncology performance in September 2025 was 77.79%, achieving the 70% target. Renal performance increased slightly to above target, achieving 71.21% and advanced discharge and transfer journey performance also increased to 81% (95% target), with this primarily being an issue with capacity. Same day discharge and transfer journey performance was also below the 95% target at 94%. Overall demand for NEPTS continues to increase and is now above pre-pandemic levels. The Trust has a comprehensive health transport transformation workstream in place, which includes delivering a range of efficiencies and improvements. The Trust is currently re-rostering NEPTS transport which will better align available capacity with changing demand patterns (on target). This is proving complex and difficult but will be delivered.
- 14. National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported three NRIs to NHS Wales Performance & Improvement in September 2025, remaining the same as August 2025, and two serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In September 2025 complaint response times decreased to 56%, compared to the 60% recorded in August 2025, not achieving the 75% target. Data accuracy issues have been identified and addressed. However, a PTR recovery plan remains in place, recognising that cases continue to be complex.
- 15. Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 88.5% in September 2025, decreasing from the previous month (90.8%), and remains below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system, and this improvement is clearly being seen in most of the clinical indicators. The Return to Spontaneous Circulation (ROSC) compliance rate decreased to 23.7% in September compared to 27.4% in August 2025,.
- 16.** For September 2025, the Trust saw call to hospital door times of two hours and 9 minutes for stroke patients and two hours and forty-six minutes for STEMI. Clearly these times remain too long and are representative of the longer Amber response times, because of the pressures and issues outlined earlier within this report, notwithstanding recent improvements in hours lost to handover.



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17. In September 2025, 5,314 patients **cancelled** their ambulance (this figure excludes patients who refused treatment), which is a significant reduction on previous levels. This reduction is likely to be the impact of switching on RCS although caution is required at this stage, as a longer run of data is required in order to properly evaluate the changes made. The Trust changed its Clinical Safety Plan in December, removing the “can’t send” application, with the option remaining at the strategic commander’s discretion in the new plan.

Our People (workforce resourcing, experience, and safety)

18. **Hours Produced:** The Trust produced 115,981 Ambulance Response unit hours during September 2025 and delivered an emergency ambulance unit hours production (UHP) of 89%, remaining below the 95% target (This will be a product of abstractions being above benchmark and the current vacancy factor).
19. **Response Abstractions:** EMS abstraction levels decreased minimally to 32.71% during September 2025 but remained above the 30% benchmark figure. Response sickness abstractions stood at 7.39% (benchmark 5.99%).
20. **Trust sickness absence:** the Trust’s overall sickness percentage was 7.77% in September 2025, minimally down on the 7.91% recorded in August 2025, which is in line with seasonal factors. Actions within the IMTP concentrate on staff well-being with an aim to reduce this level to the IMTP ambition of 6%.
21. **Staff training and PADRs:** PADR rates did not achieve the 85% target in September 2025 and decrease slightly to 75.35%. Compliance for Statutory and Mandatory training also decreased slightly to 84.61% marginally failing to achieve the 85% target.
22. **People & Culture Plan:** the Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook a round of pan-Wales CEO Roadshows in mid-October 2025.

Finance & Value

23. **Financial Balance:** the reported outturn performance at Month 6 is a deficit of £0.186m with a forecast to the year-end of breakeven. The Trust is forecasting the achievement of both its External Financing Limit and its Capital Expenditure Limit.



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Partnerships & System Contribution

- 24. The consult & close rate was 18.7% in September 2025, a slight decrease from the previous month but continuing to achieve the IMTP ambition (and Welsh Government target) of 17%.
- 25. Same Day Emergency Care (SDEC) centres continue to see only a low level of ambulance activity.

RECOMMENDATION

The PCC Committee is requested to:

Consider the August/September 2025 Integrated Quality and Performance Report and actions being taken and determine whether:

- a) The report provides sufficient assurance.
- b) Whether further information, scrutiny or assurance are required, or
- c) Further remedial actions are to be undertaken through Executives.

NEXT STEPS

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

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

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

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

August/September 2025

Annex 1 – Top Indicator Dashboard



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

by Commissioning & Performance Team



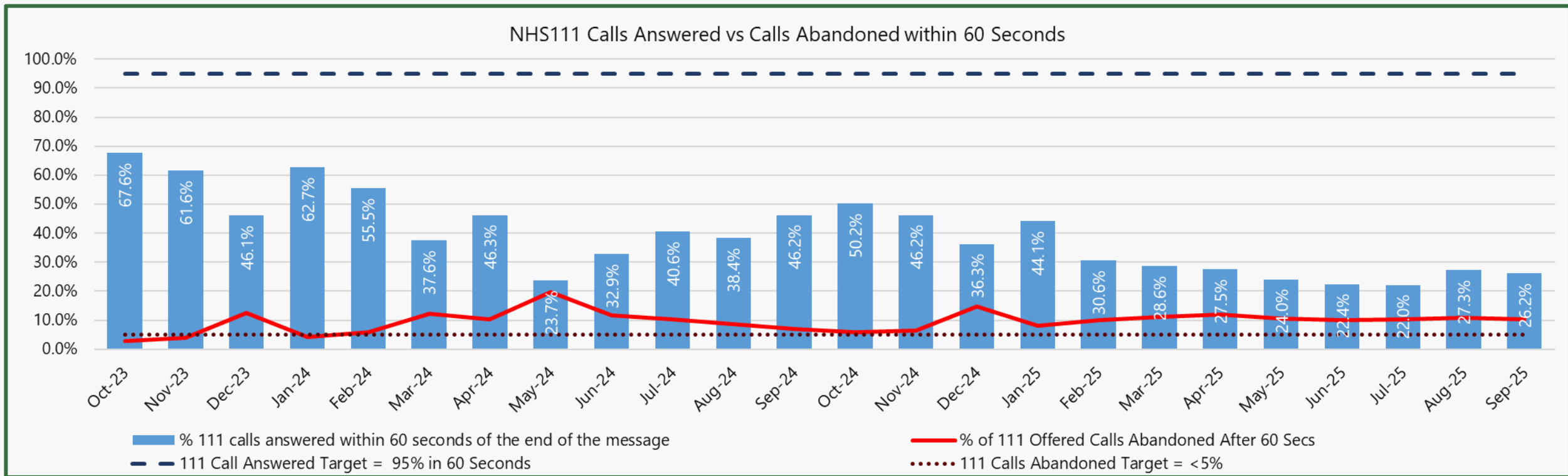
Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators		Target 2025/26	Aug-25	Sep-25	2 Year Average	RAG	Top Monthly Indicators		Target 2025/26	Aug-25	Sep-25	2 Year Average	RAG
Our Patients						Health & Well-being							
Timeliness Indicators						Sickness Absence (<i>all staff</i>)	6.0%	7.91%	7.77%	7.97%	R		
NHS111 Call Handling Abandonment Rates	< 5%	10.8%	10.4%	9.7%	R	Mental Health Absence Rates	Reduction Trend	2.89%	2.96%	2.49%	R		
111 Clinical Triage Call Back Time (P1)	90%	98.8%	99.1%	97.6%	G	Staff Turnover Rate	Reduction Trend	8.15%	8.02%	8.48%	G		
999 Call Answer Times 95th Percentile	00:06	00:23	00:18	00:22	R	Statutory & Mandatory Training	>85%	84.95%	84.61%	83.65%	A		
Arrest (Purple) Median	6-8 Minutes	07:15	07:15	N/A	G	PADR/Medical Appraisal	>85%	75.53%	75.35%	74.54%	R		
Emerg. (Red) Median	6-8 Minutes	09:15	08:36	N/A	A	Number of Shift Overruns	Reduction Trend	3,501	3,292	3,810	G		
999 Amber 1 Median	00:18	01:25	01:21	01:36	R	Inclusion & Engagement / Culture							
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	77.0%	77.8%	74.5%	G	NEPTS % of Total Calls Answered in Welsh	Increasing Trend	2.00%	1.50%	1.9%	R		
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	79.3%	80.6%	79.8%	R	Value							
Clinical Outcomes / Quality Indicators						Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	G		
Return of Spontaneous Circulation (ROSC)	Increasing Trend	27.4%	23.7%	20.2%	G	EMS Utilisation Metric (CHARU)	Increasing Trend	25.5%	26.4%	28%	G		
Stroke Patients with Appropriate Care	95%	90.8%	88.5%	85.2%	A	Average Jobs per Shift (All Vehicles)	Increasing Trend	2.36	2.39	2.40	R		
Stroke Call to Hospital Door Times	Reduction Trend	02:27	02:09	02:24	A	NEPTS on the Day Cancellations	Reduction Trend	14.7%	14.3%	13%	G		
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	75.9%	67.5%	60.6%	R	Partnerships / System Contribution							
						Inverting the Triangle							
National Reportable Incidents reports (NRI)		3	3	4		Successful Consult & Close Outcome	17.0%	19.1%	18.7%	15.7%	G		
Can't Send & Cancelled by Patient Volumes	Reduction Trend	5,822	5,314	8,215	G	% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	9.55%	10.20%	11.1%	A		
Concerns Response within 30 Days	75%	60%	56%	57%	R	Number of Handover Lost Hours	7,500	13,160	12,284	21,093	R		
Enactment of the Duty of Candour Total		0	4	5		NHS111							
Our People						NHS111 Dental Calls	Increasing Trend	8,920	8,852	8,000	A		
Capacity						Consult & Close Volumes by NHS111	Increasing Trend	2,365	1,940	1,414	A		
Hours Produced for Emergency Ambulances	95-100%	90%	89%	93%	R								

In-Month RAG Indicates =
Green: Performance is at or has exceeded the target (*Indicates no action is required*)
Amber: Performance is at or within 10% of target (*Indicates some issues/risks to performance (monitoring is required)*)
Red: Performance is less than 10% of target (*Indicates close monitoring or significant action is required*)
TBD: Status cannot be calculated (*To Be Determined*)

Welsh Ambulance Services University NHS Trust



Analysis

The 111-call abandonment rate decreased slightly to 10.4% in September 2025 from 10.8% in August 2025. The percentage of 111 calls answered within 60 seconds decreased from 27.3% in August 2025 to 26.2% in September 2025 and continues to remain significantly below the 95% target and the levels seen during 2024.

This call answer rate of 26.2% in September 2025 is the fourth lowest seen in the past two years and is significantly below the 65.4% recorded in September 2023. This is at a time when UHP capacity for call handlers has increased slightly and is higher than the levels produced in September 2024.

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

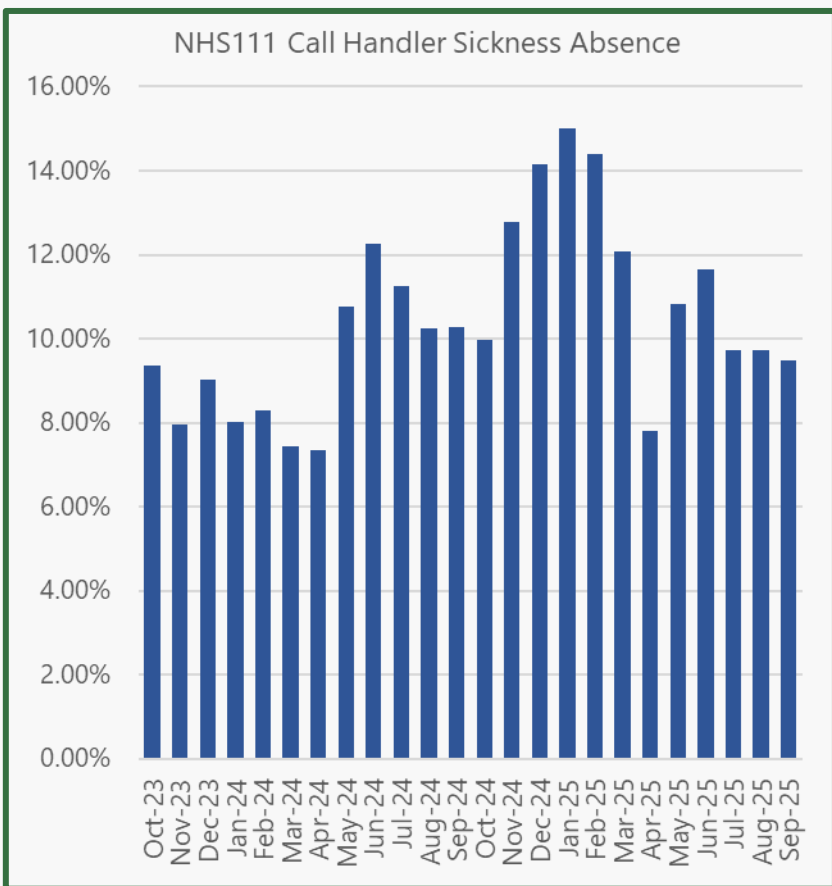
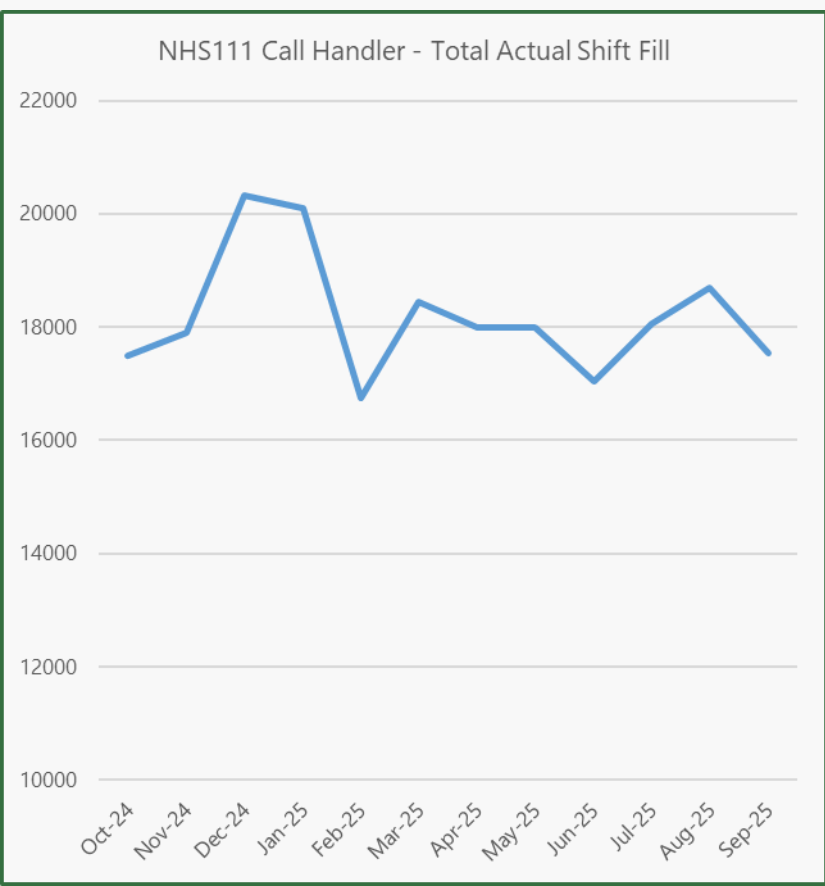
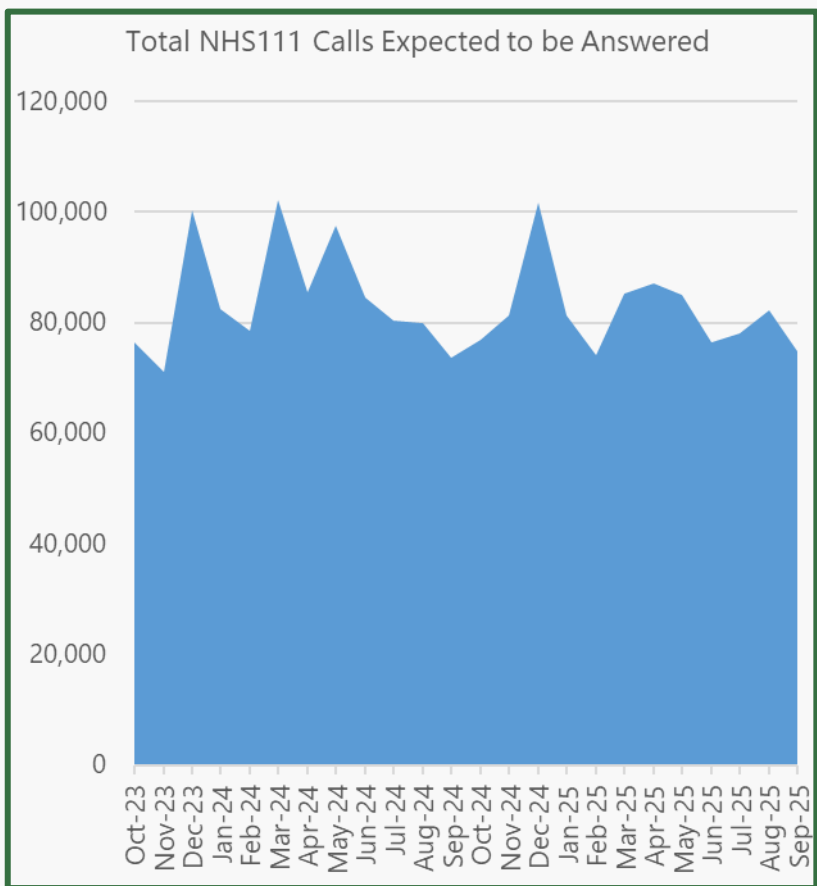
Remedial Plans and Actions

Key actions include:

- Actions have been undertaken to try and improve the call handling resourcing position through the summer; this includes an active recruitment plan.
- A 111-re-roster review, is underway, that takes account of the increased demand the Trust is seeing; what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.
- The 111-re-roster project is also considered a key response to improving sickness levels i.e. more workable patterns.
- Actions are underway to increase the utilisation of virtual queuing and review the way patients who are re-accessing for the same care episode could be managed differently.

Expected Performance Trajectory

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



Our Patients: Quality, Safety & Patient Experience

111 Clinical Assessment Start Time Performance Indicators

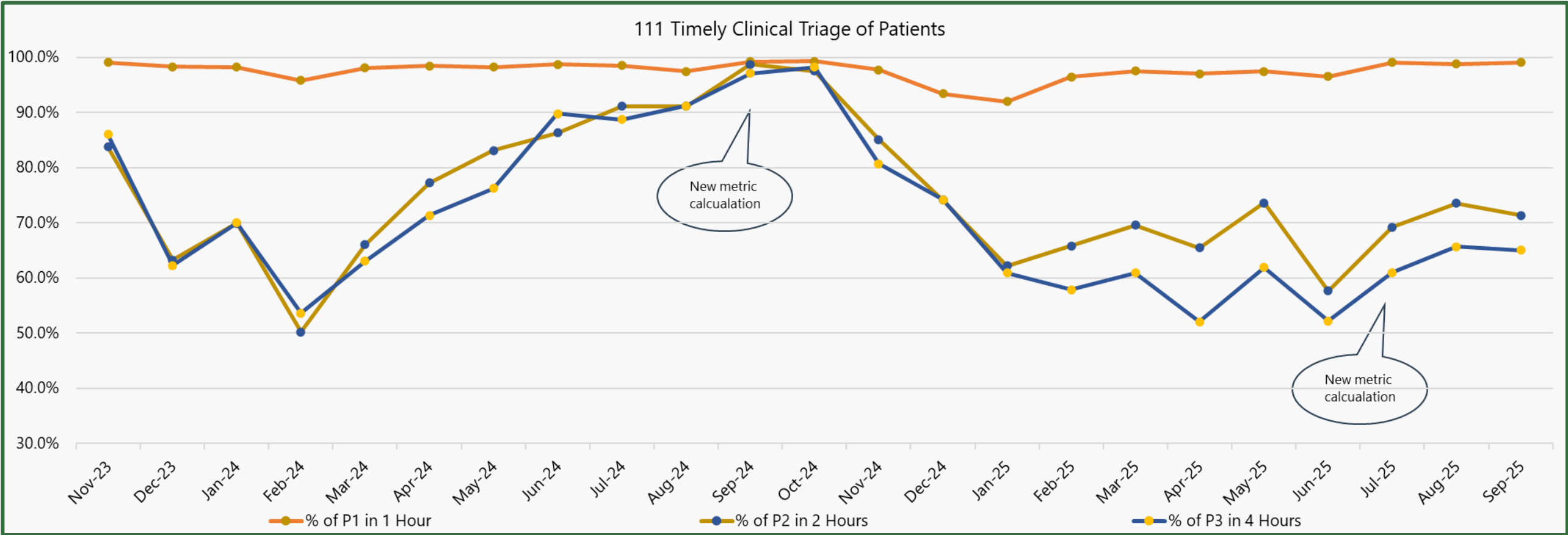
Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

P1CT

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Analysis
The highest priority calls, P1CT, achieved the 90% target, recording 99.1% in September 2025.

Ring back times for lower category calls decreased slightly during September 2025, with P2CT calls at 71.4% and P3CT at 65.71%.

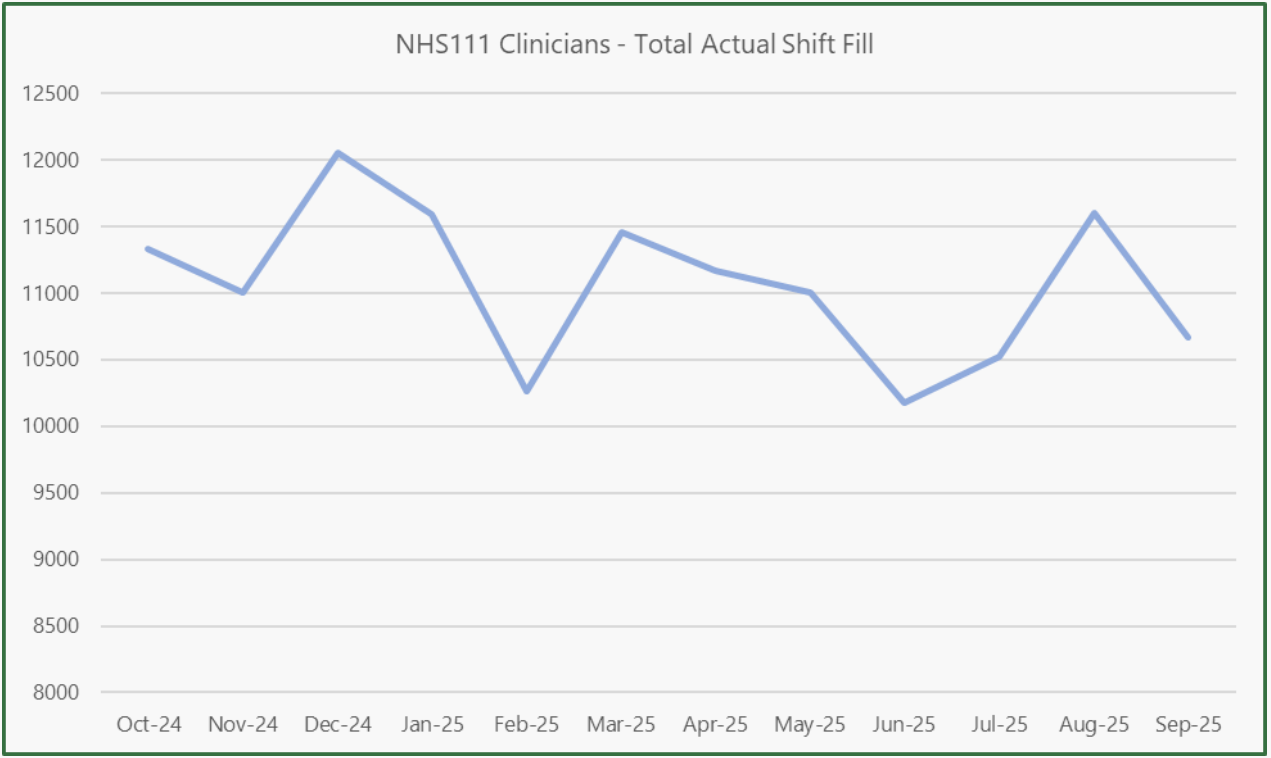
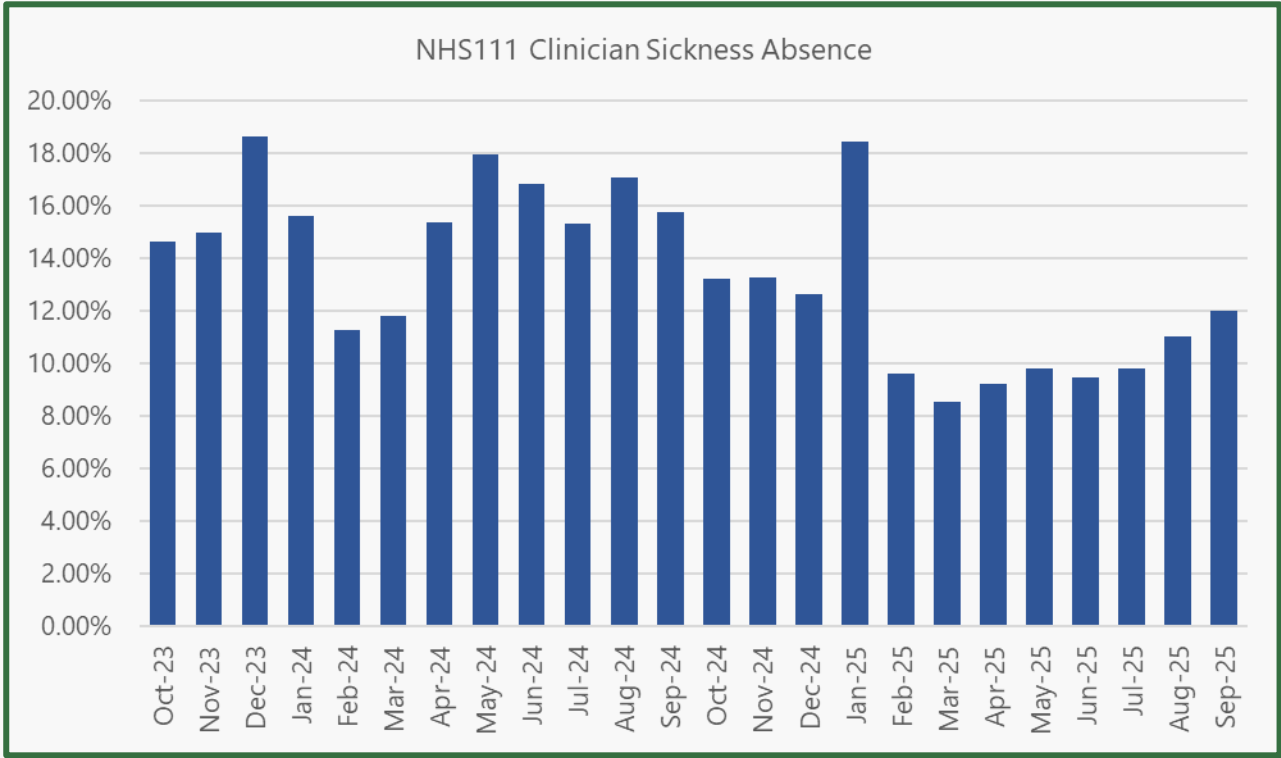
Number of clinician hours produced decreased during September 2025, falling from 11,604 hours in August 2025 to 10,670 hours in September 2025. This is against one less day in the month and they remain consistent with the figure produced for September 2024 (10,688).

Remedial Plans and Actions
The key actions include:
A focus on delivering the benefits of the new 111CAS.
A review to determine appropriate levels of capacity to meet increasing demand, including rostering practice (review now live).

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

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

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

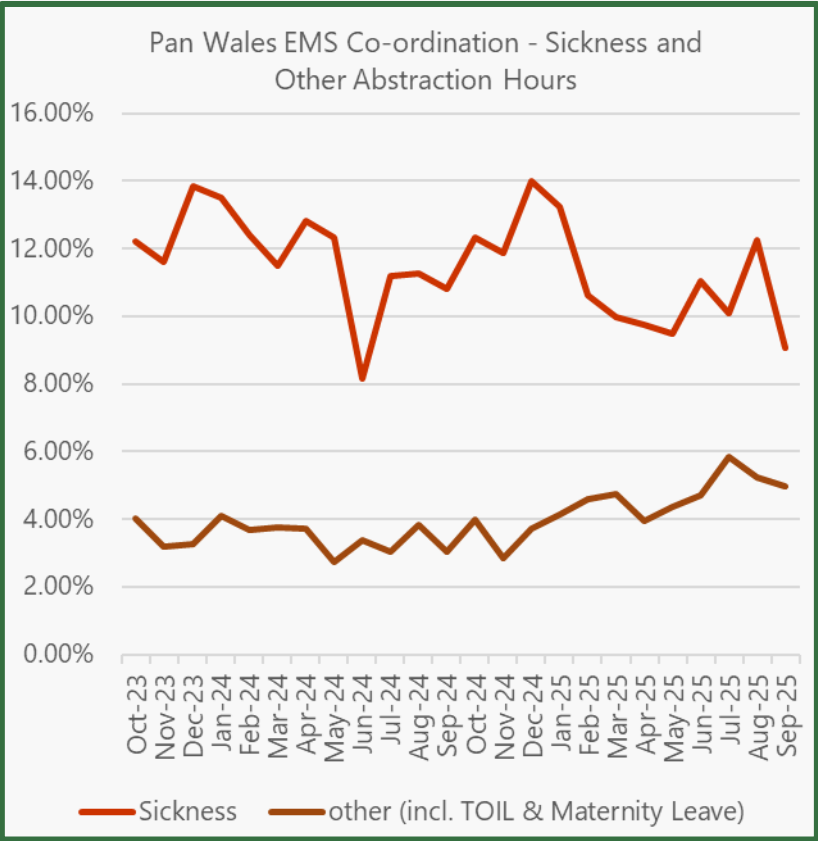
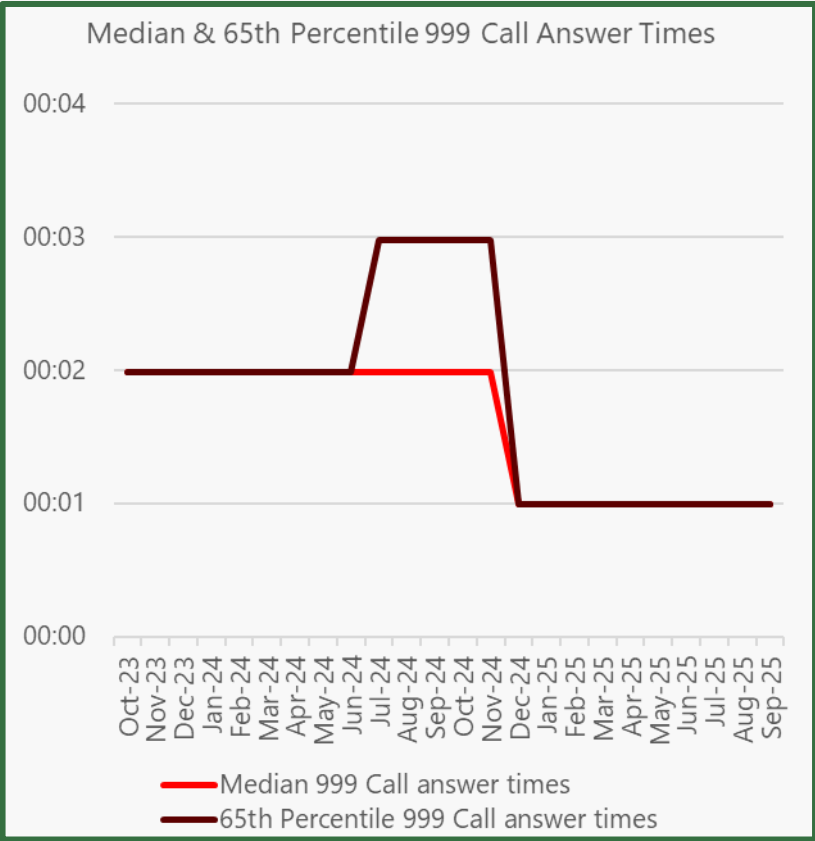
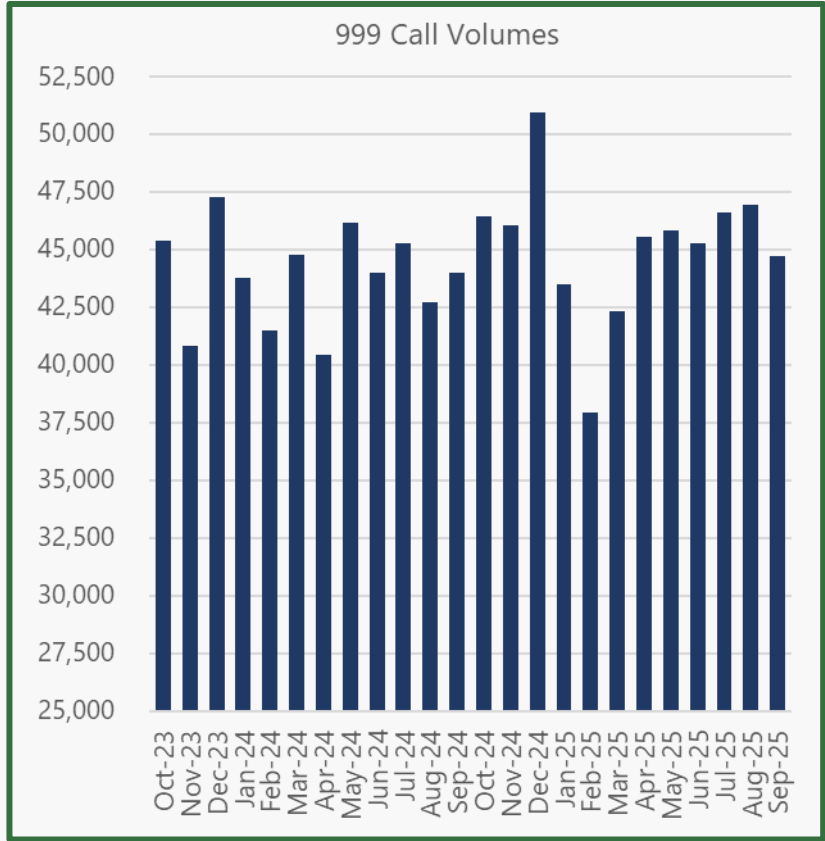
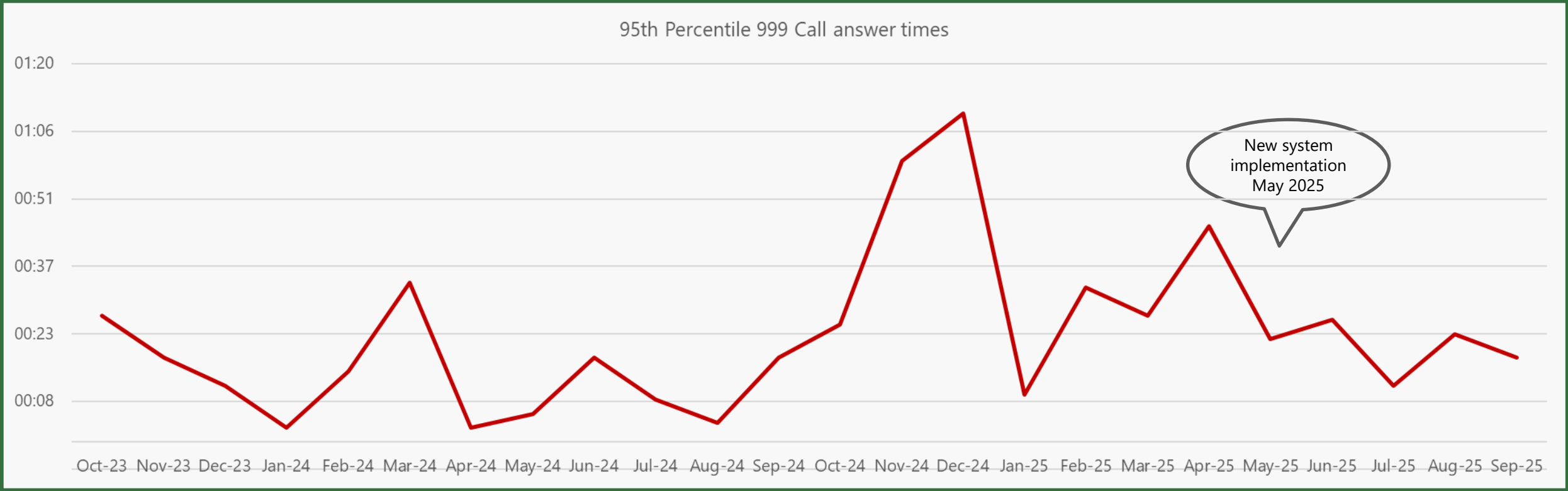
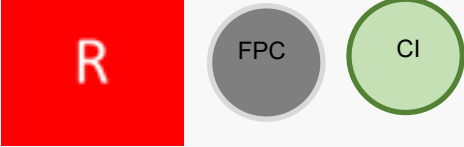


Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

Influencing Factors – Demand and Hours Produced

(Responsible Officer: Lee Brooks)



Analysis

The 95th percentile 999 call answering performance decreased to 18 seconds in September 2025 but remained above the 6 second target; however, the median call answer time for the 999-service has been consistently good at 1 second. The new system is now aligned with reporting and is signed off.

There was a decrease in demand during September 2025 to 44,720 calls from 46,955 in August 2025.

Call taker UHP for the month of September was at 88% and all EMSC sickness levels saw a decrease, from 12.14% in August 2025 to 9.07% in September 2025.

Remedial Plans and Actions

- Currently 2.88 above establishment with EMDs and Call Handlers at 91.88 WTE. A further training cohort will commence on November 3rd with two further courses in January and March.
- Work is ongoing to identify what is contributing to high sickness via the Managing Attendance at Work Policy and attrition via the recruitment and selection processes.

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

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

Expected Performance Trajectory

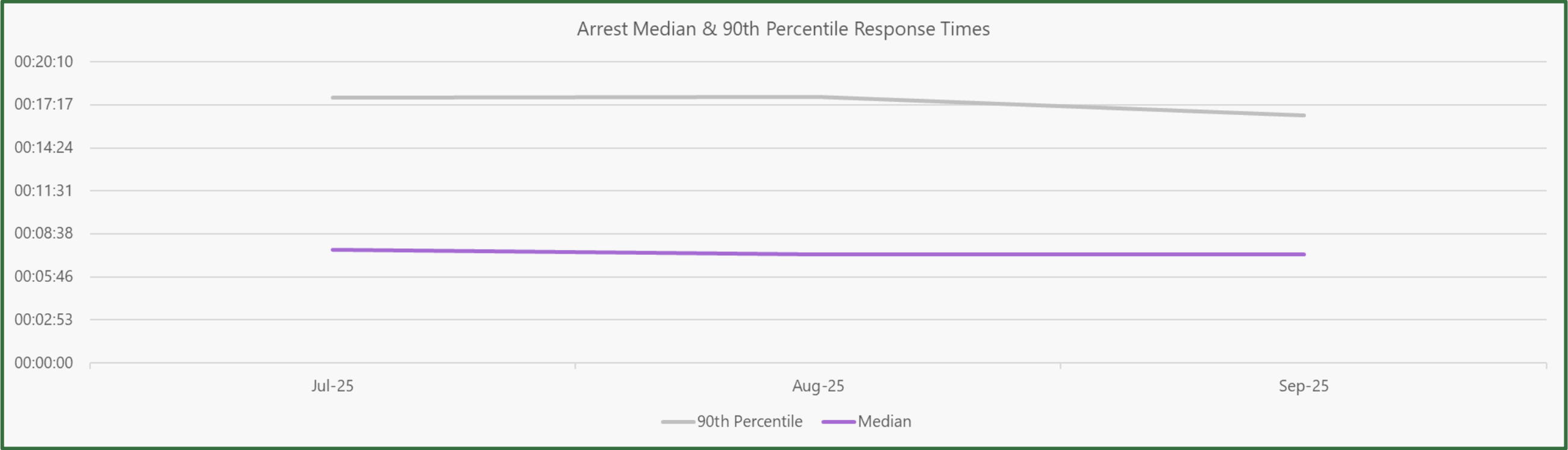
The median and 65th percentile are performing very well and are stable. Paper currently to be drafted on future resilience of EMSC i.e. winter demand v capacity (with efficiencies).

Our Patients: Quality, Safety & Patient Experience

Arrest Purple Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



Analysis

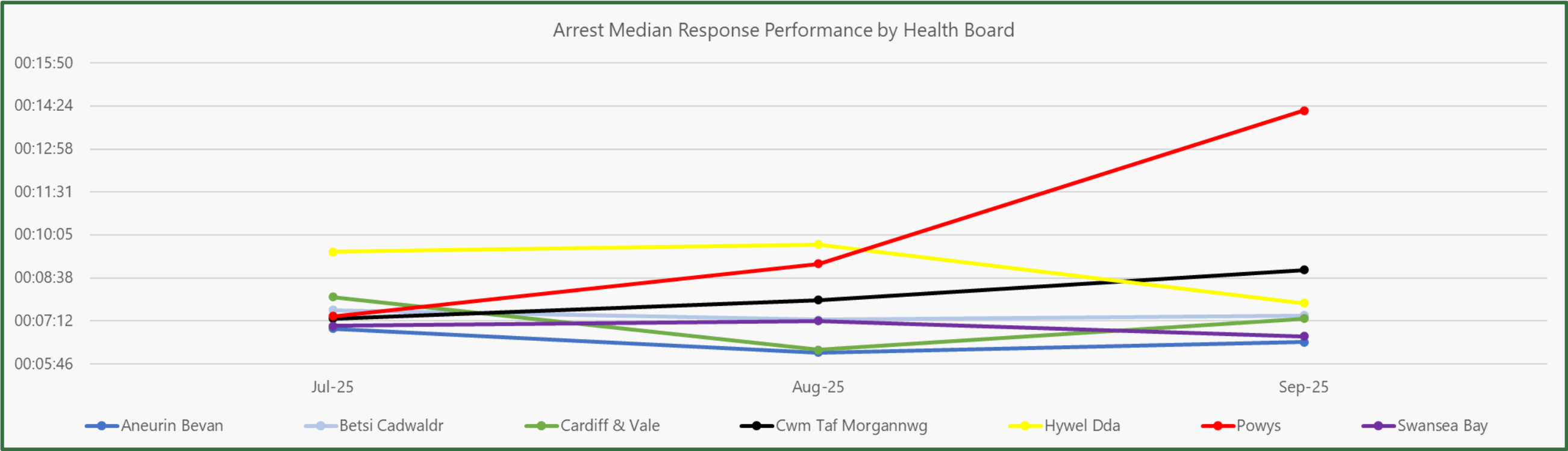
On 1 July, our new ambulance response model was implemented, and two new response categories replaced the previous (old) Red category. The new categories are Arrest (Purple), for cardiac and respiratory arrests, and Emergency (Red), for major trauma and other incidents where patients are at significant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

In September there were 785 Arrest calls received, making up 2.31% of all calls.

The median response times for Arrest remained at 7 minutes 15 seconds. Aneurin Bevan had the lowest median time of 6 minutes and 30 seconds, and Powys had the highest at 14 minutes and 15 seconds, although this is against relatively low numbers and in quite rural locations.

The 90th percentile response time for Arrest calls was 16 minutes 35 seconds. Swansea Bay had the lowest time of 13 minutes and 11 seconds, and Powys had the highest at 26 minutes and 48 seconds.

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

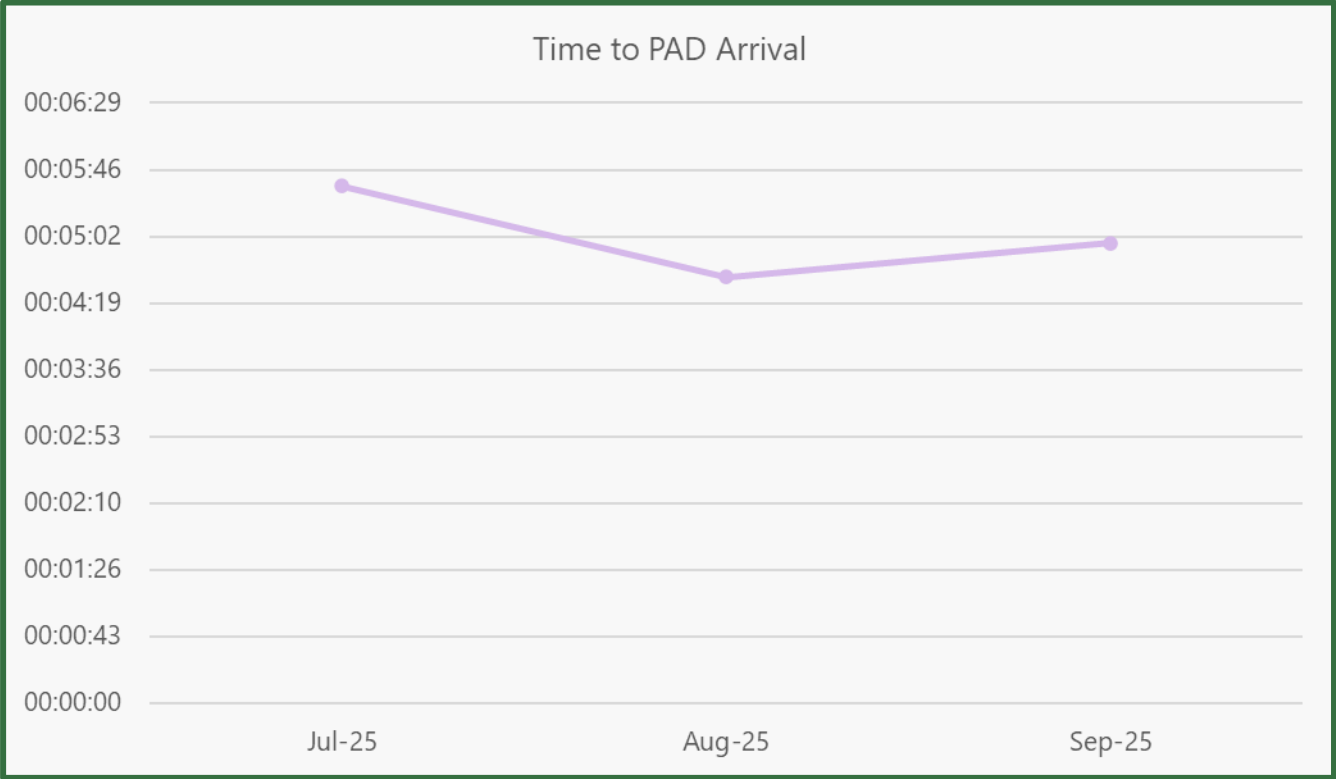
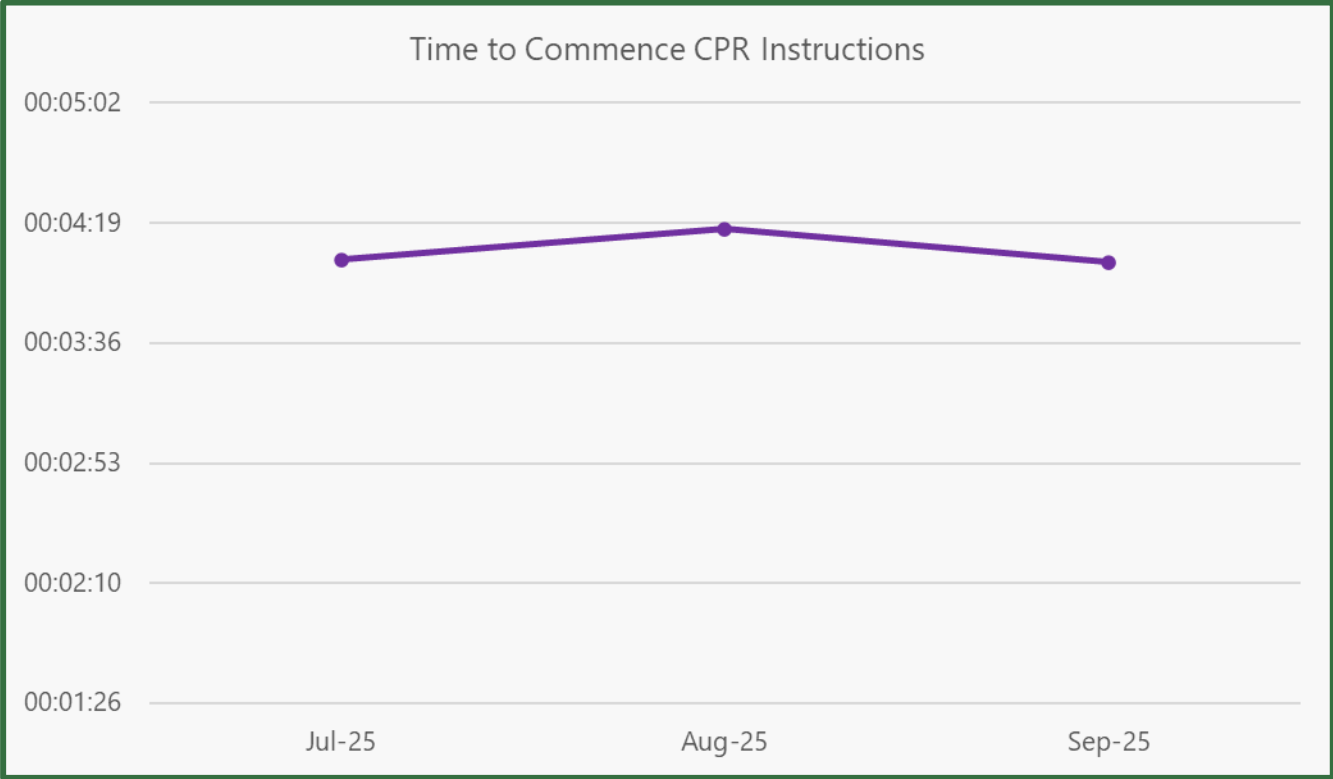
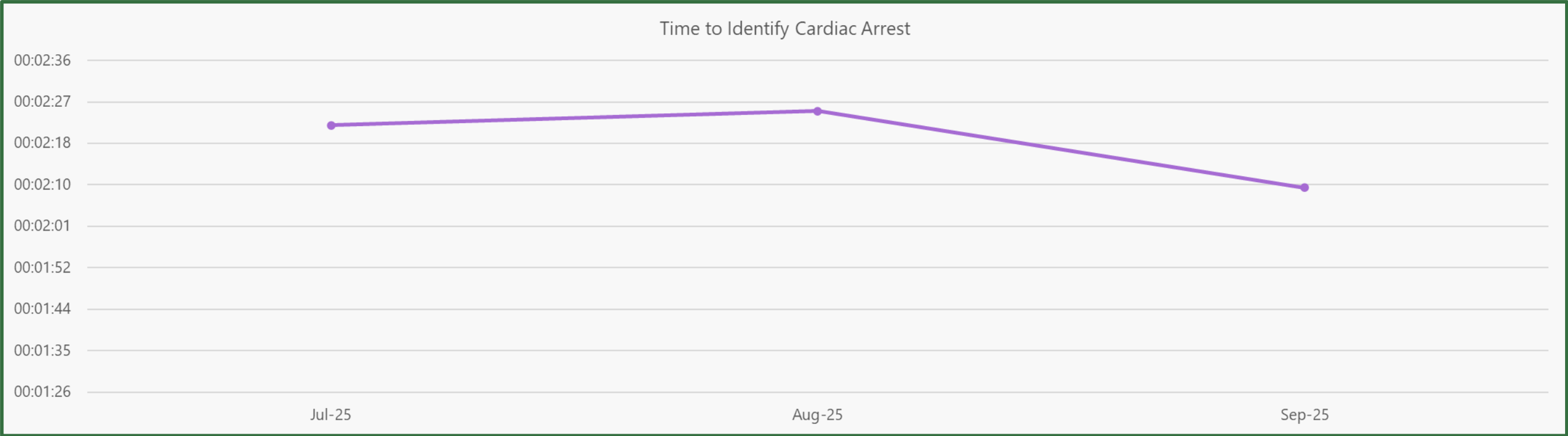
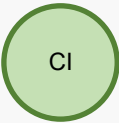


Our Patients: Quality, Safety & Patient Experience

Arrest Purple Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



Analysis

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

In September 2025, the:
Average Median time to identify cardiac arrest was 2 minutes and 9 seconds.

Average Median time to commence CPR instructions was 4 minutes and 5 seconds.

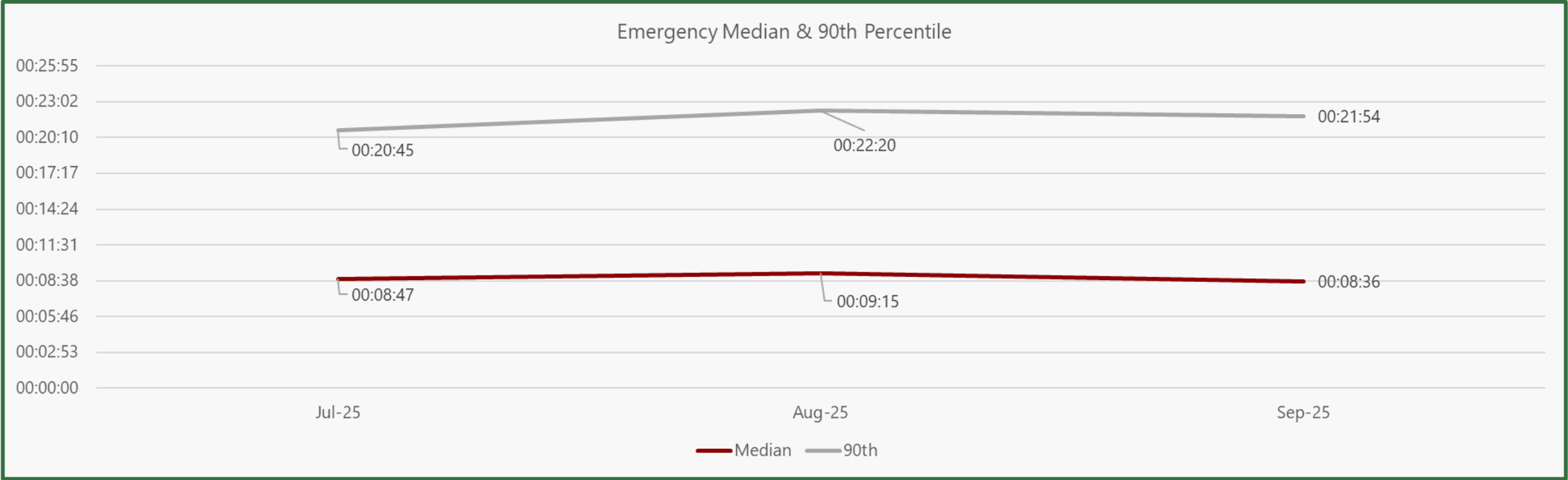
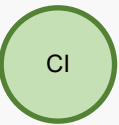
Average (Median) time for a defibrillator (PAD) arrival at scene was 4 minutes and 58 seconds. An improvement from August (5 minutes and 58 seconds).

Our Patients: Quality, Safety & Patient Experience

RED EMERG Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



Analysis

In September 2025 there were 4,453 Emerg (Red) calls, around 13.1% of all calls.

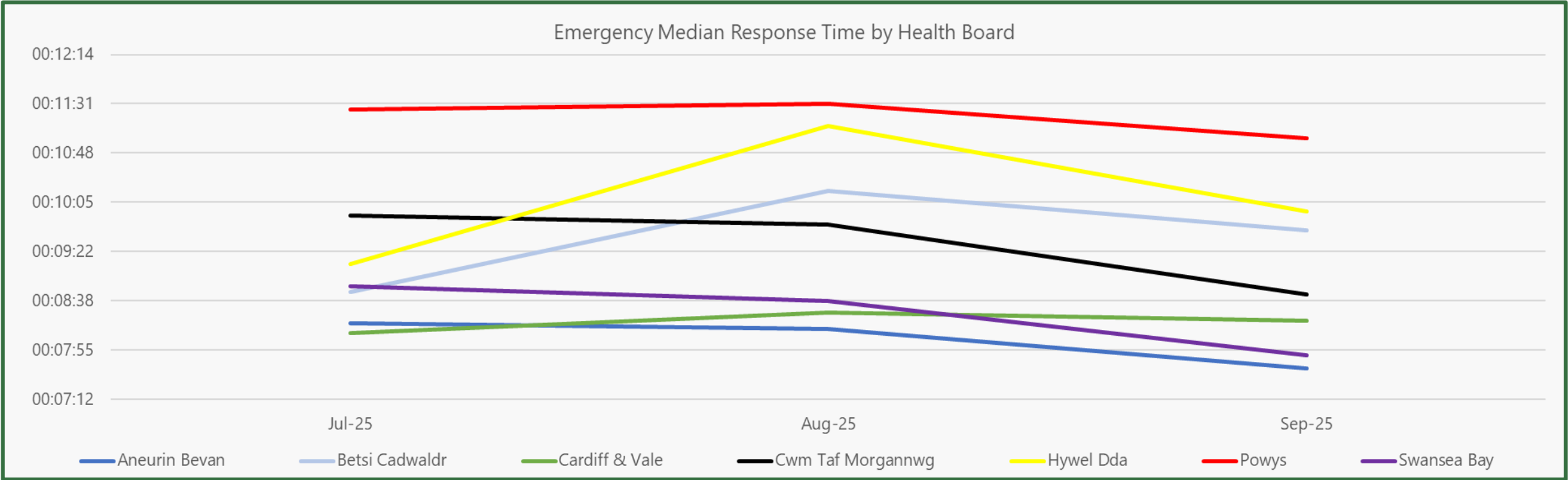
The median response time in September 2025 for Emerg incidents was 8 minutes 36 seconds. Aneurin Bevan health board had the lowest median time of 7 minutes and 39 seconds, and Powys had the highest at 11 minutes and 1 second.

For Emerg calls, the 90th percentile response time was 21 minutes 25 seconds. Swansea Bay had the lowest time of 16 minutes and 24 seconds, and Powys had the highest at 31 minutes and 21 seconds.

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

Remedial Plans & Actions

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

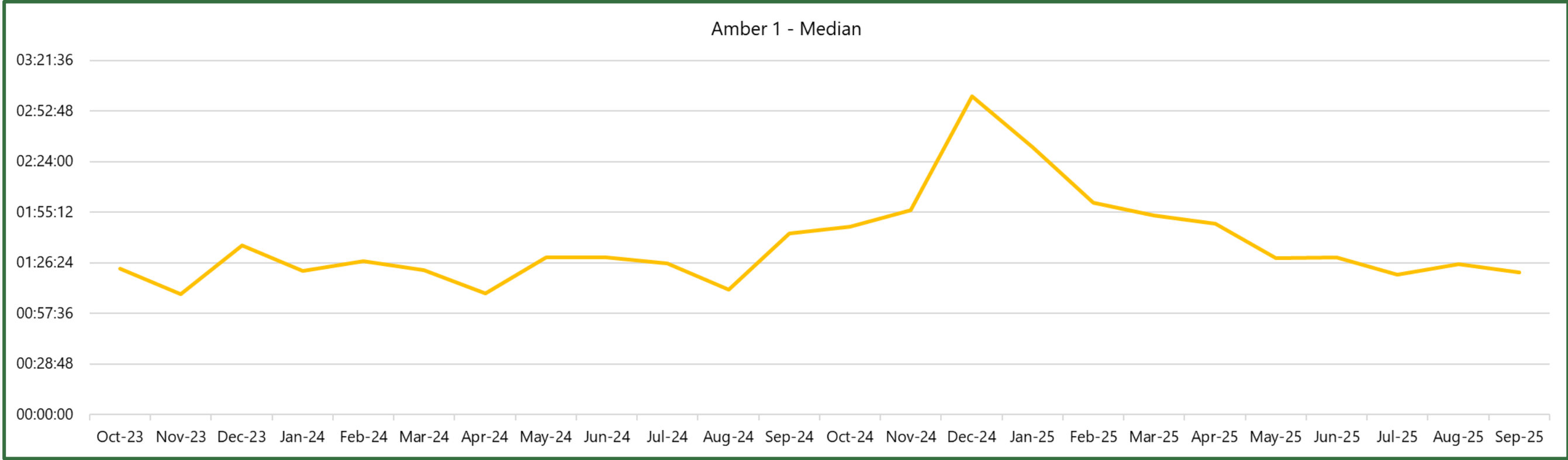
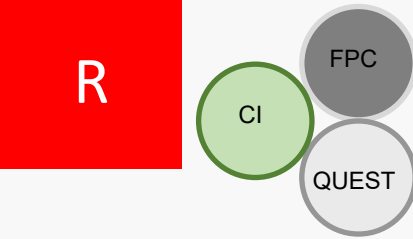


Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

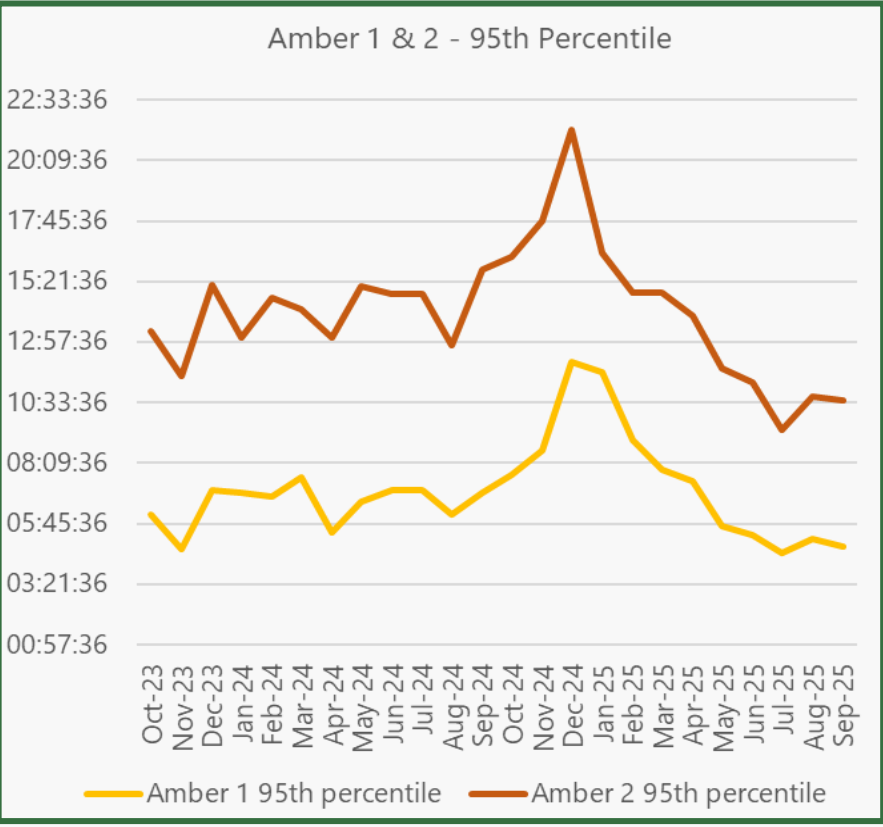
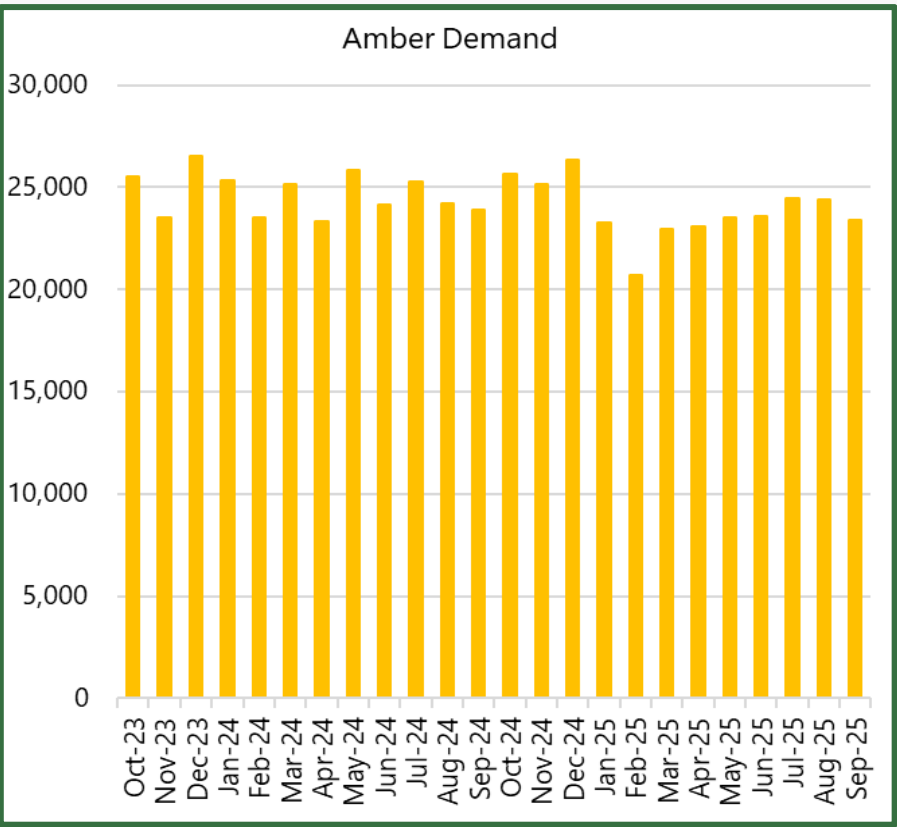
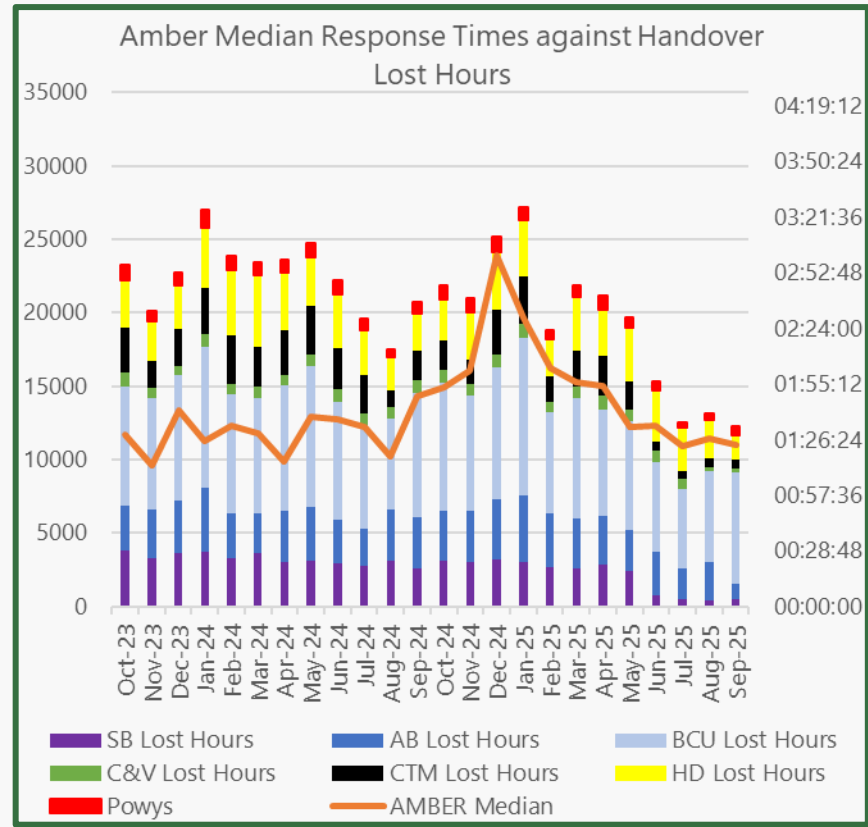


Analysis

The Amber 1 median performance time decreased during September 2025 to 1 hour and 21 minutes. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile also decreased during September 2025 to 4 hours 52 minutes, down from 5 hours 9 minutes in August 2025. This time remains below the 2-year average figure of 7 hours 3 minutes.

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



Remedial Plans and Actions

Welsh Government has recently announced further changes to the Ambulance Performance Framework that will affect the existing Amber category, which will be replaced by Orange (now) and Yellow (soon).

Expected Performance Trajectory

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

Our Patients: Quality, Safety & Patient Experience

Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

D&T

R

Oncology

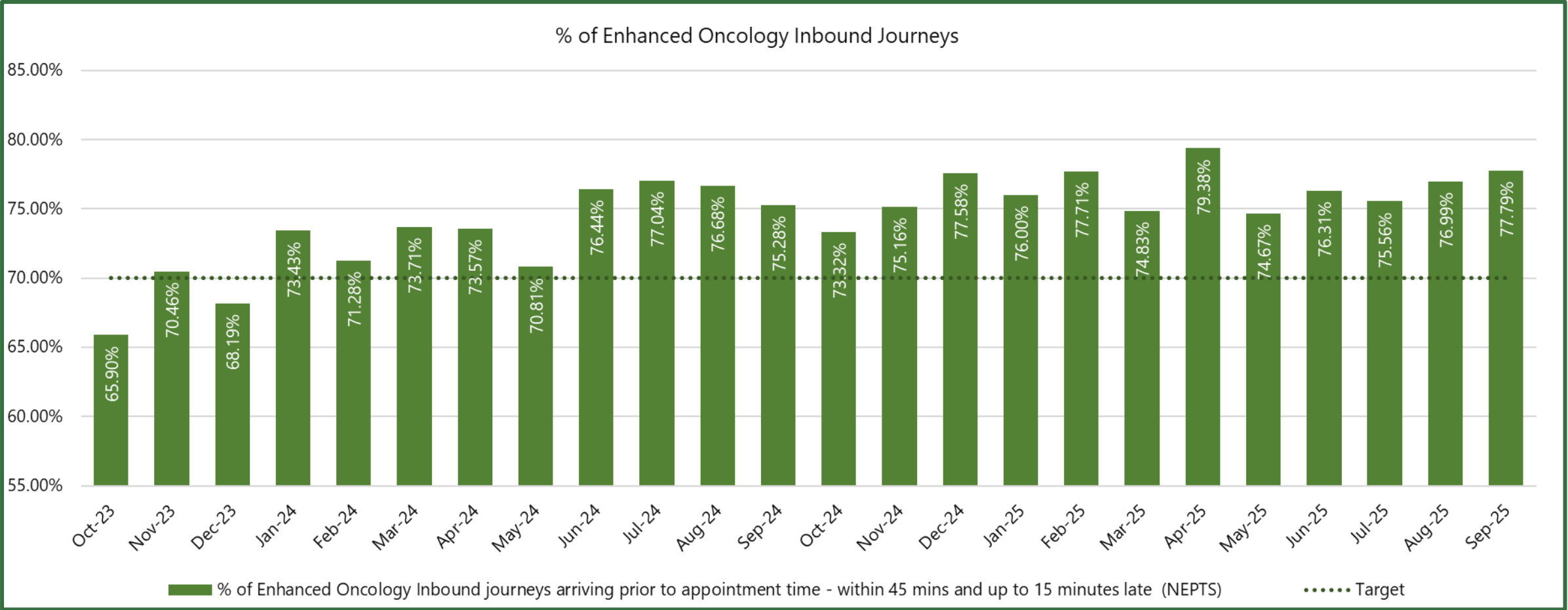
G

Welsh Calls

R

FPC

CI



Analysis
77.8% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time in September 2025, once again achieving the 70% target.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment increased in September 2025 to 81% and remain below the 95% target. Discharge and Transfer journeys booked on the same day achieved 94% in September 2025, remaining just below the target (95%).

Renal journeys arriving within 30 minutes prior to their appointment time increased from 69.21% in August 2025 to 71.21% in September 2025 and marginally achieved the agreed performance standard of 70%.

Call volumes answered increased to 14,869 calls during September 2025, from 14,629 in August 2025; but the average speed of call answering improved from 7 minutes 30 seconds to 3 minutes.

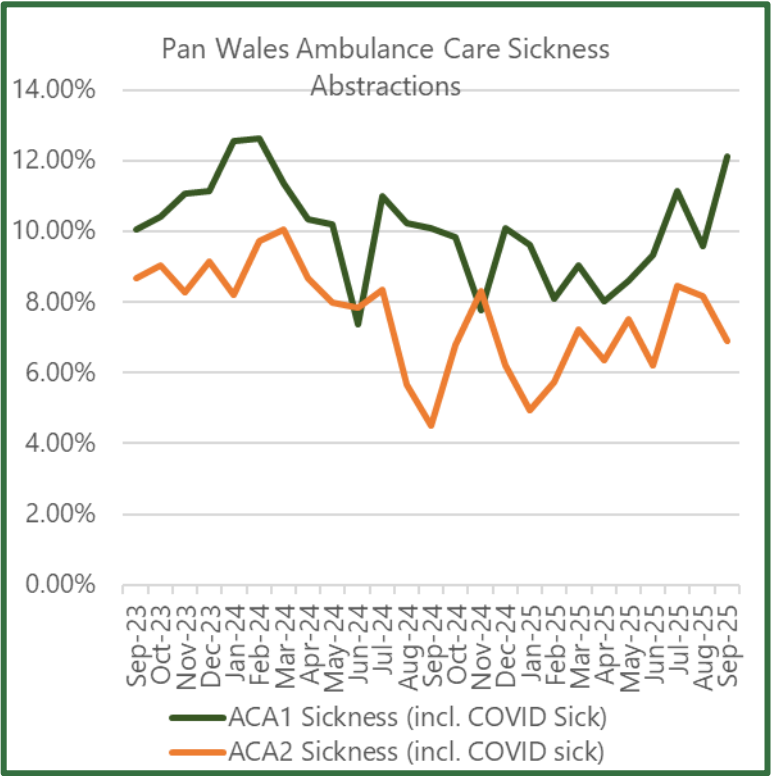
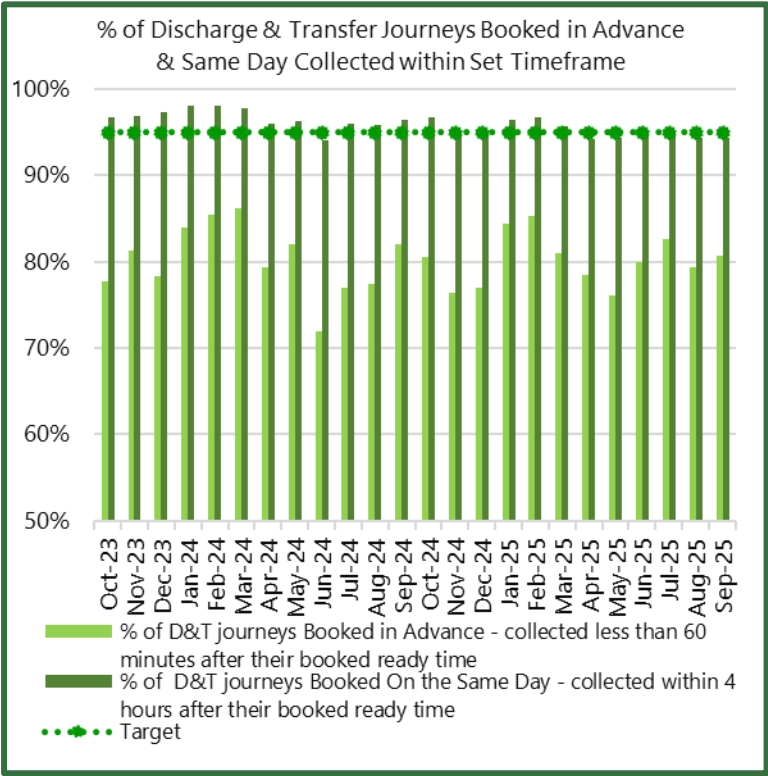
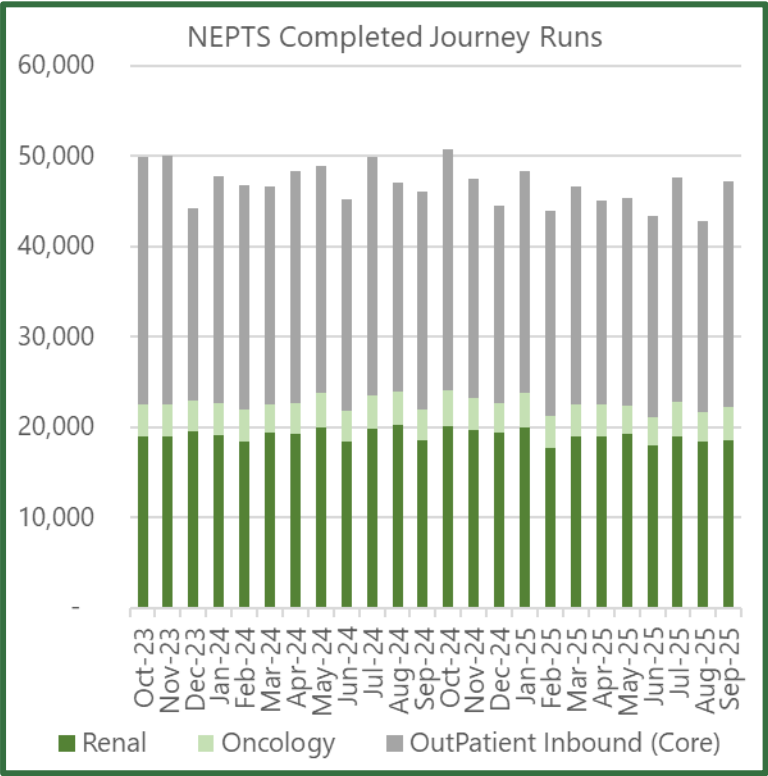
ACA1 sickness remains above the 5.99% target, at 12.12% and ACA2 sickness also remains above the 5.99% target at 6.88% in July 2025.

Remedial Plans and Actions
Oncology performance continues to be in excess of the service standards nationally, however there is some regional variation to this. Work continues in the areas where performance is lower to address the underlying reasons for this. The renal hub has now transitioned to also cover oncology journeys, and we anticipate that this will positively impact upon patient experience

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

Sickness levels have seen an increase trend during the quarter, with short term sickness proving most challenging. Actions have been put in place across the service areas to increase focus on this area.

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



Our Patients: Quality, Safety & Patient Experience

Clinical Indicators

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

Stroke

A

Stroke Call to Door

A

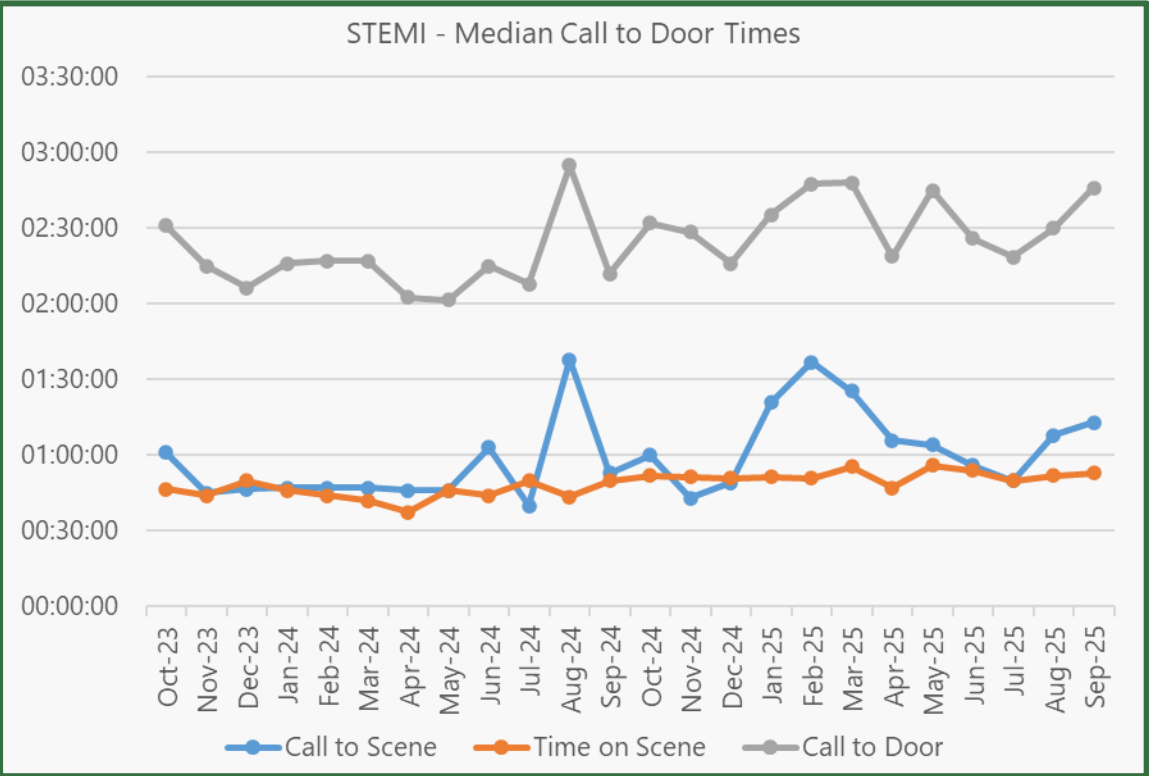
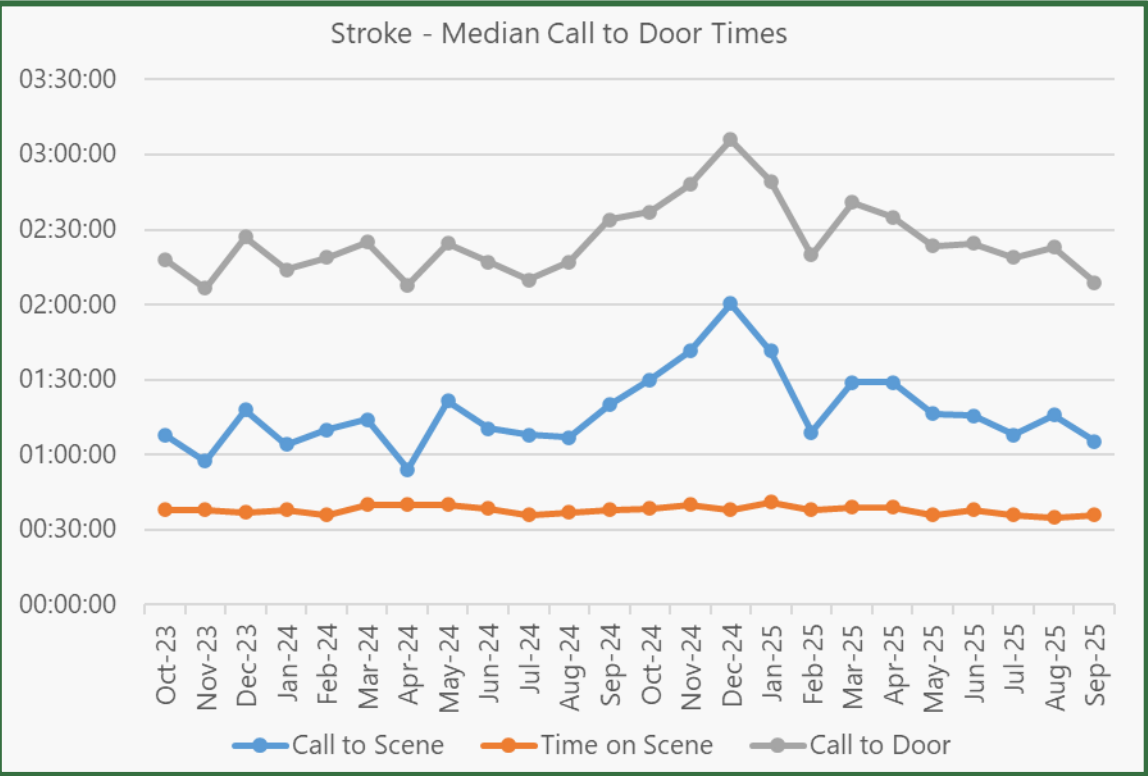
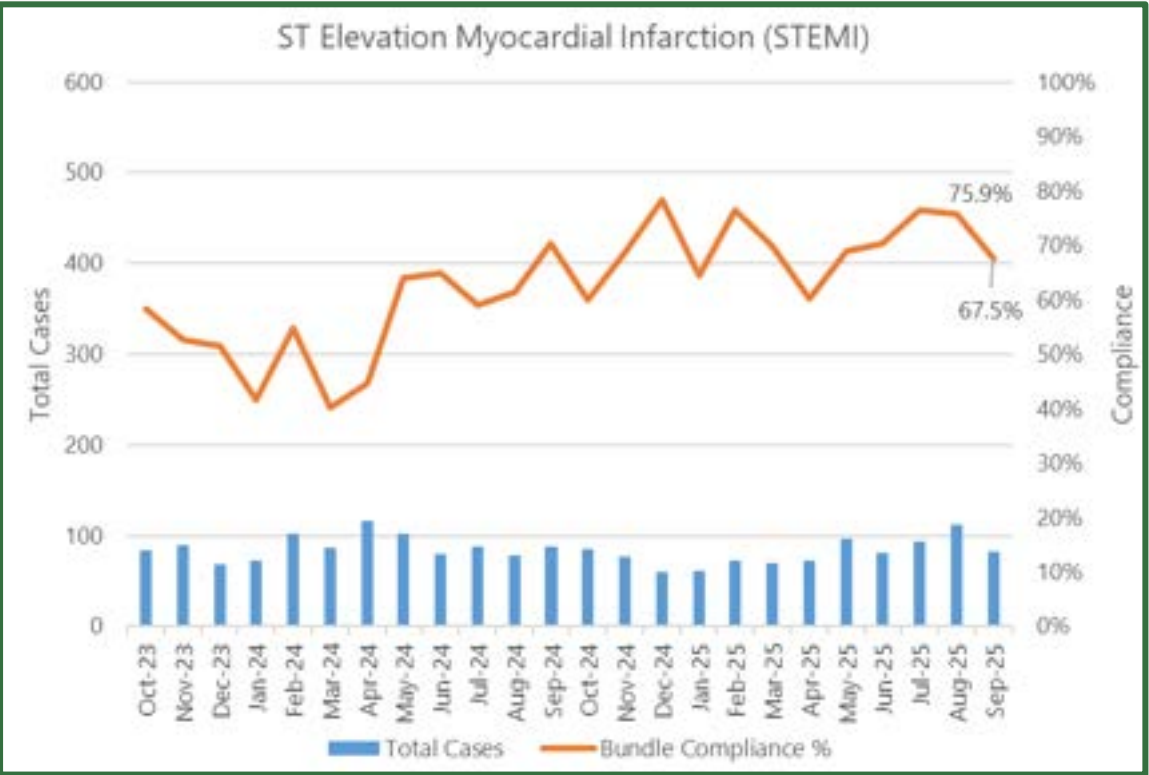
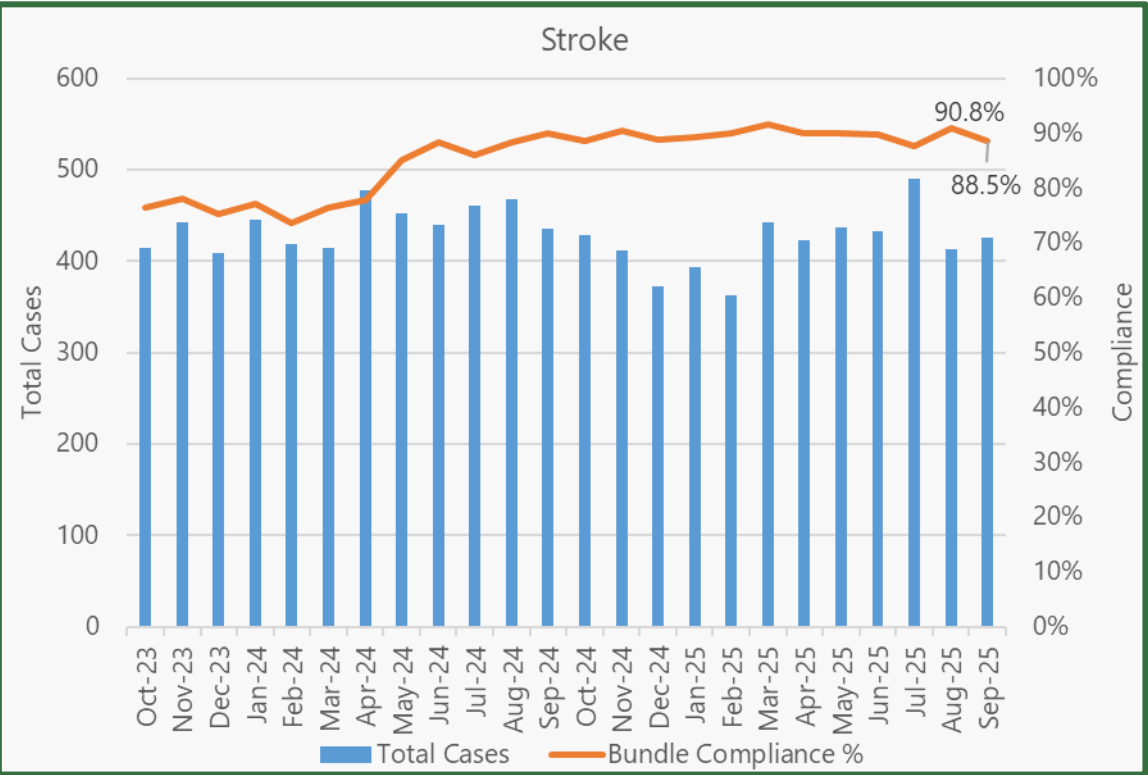
STEMI

R

Self-Assessment:
Strength of Internal Control: Moderate

QUEST

(Responsible Officer: Andy Swinburn)



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

Stroke – 88.5% - performance has consistently remained at or above 85% since May 2024. There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance.

STEMI (heart attack) – 67.5%, a decrease from 75.9% in August 2025. There has been a decrease in compliance across all elements of the care bundle. The number of cases remained low (83) therefore, increasing the volatility of the compliance data so this could be natural variance.

Call to door times for Stroke – call to door times decreased marginally for stroke in September (02:09:00). All three elements of the bundle have seen consistency on time.

Call to door times for STEMI – Call to door time has increased since last month, with this being driven by a rise in call to scene times (02:46:00).

Remedial Plans and Actions

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

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

Our Patients: Quality, Safety & Patient Experience

Clinical Indicators

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

ROSC

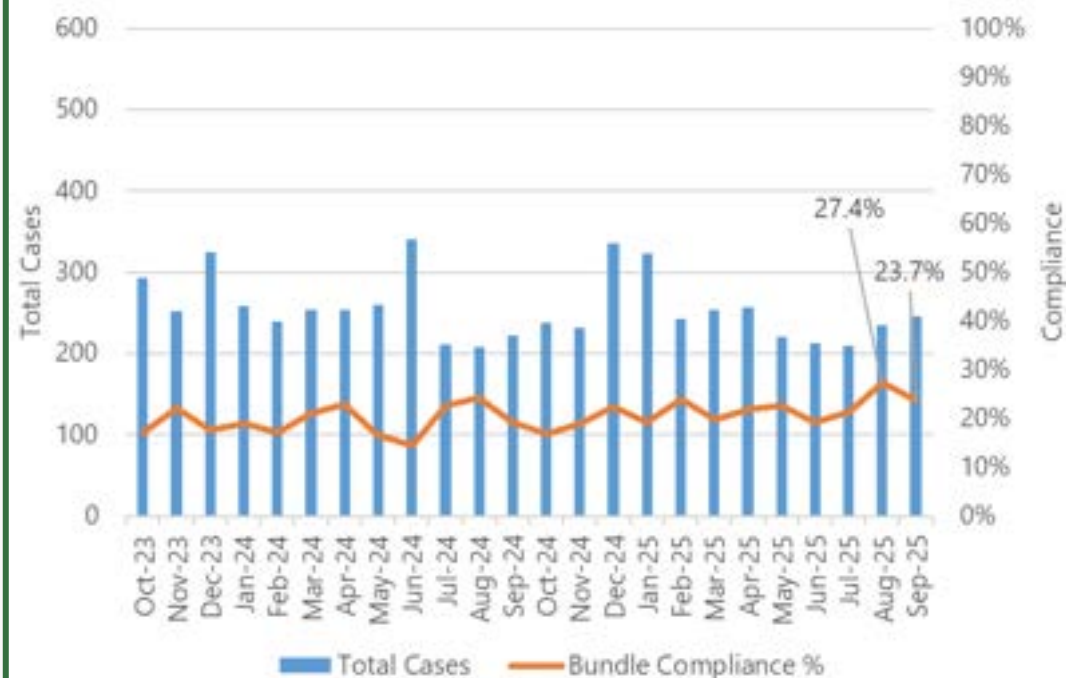
G

Self-Assessment:
Strength of Internal
Control: Moderate

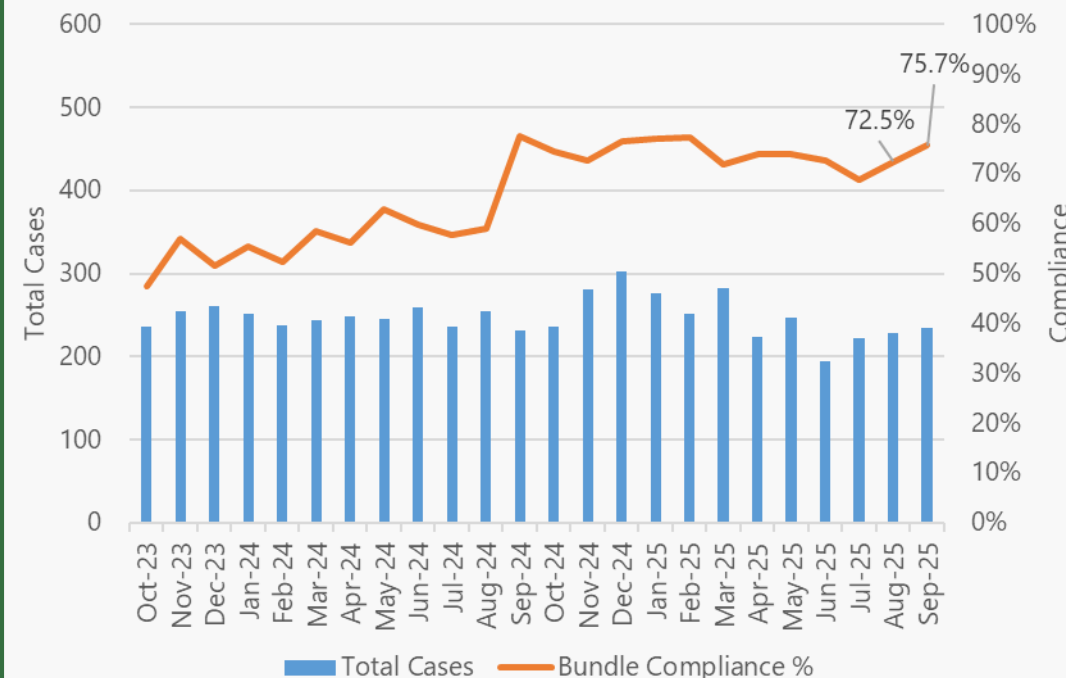
QUEST

(Responsible Officer: Andy Swinburn)

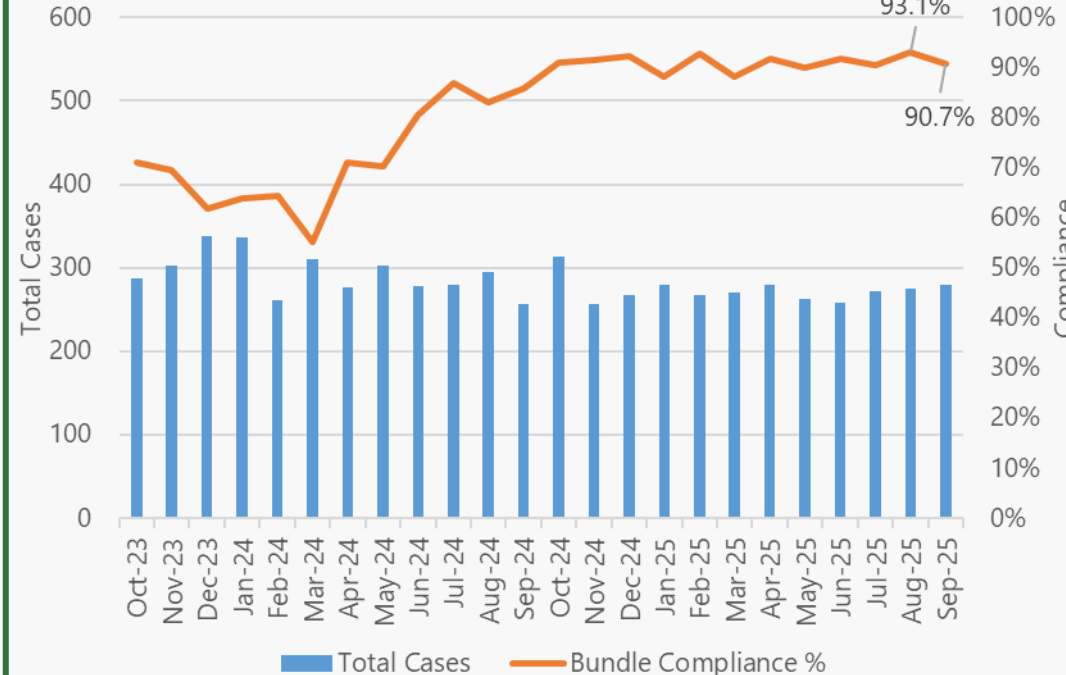
Return of Spontaneous Circulation (ROSC) at Hospital



Hypoglycaemia (HYPO)



Neck of Femur (NOF)



#NOF Call 2 Door in development

Analysis:

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

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 23.7%, a decrease from 27.4% in August. An update was made to the ROSC coding scripting which affected the data from July 2024. This resulted in a step change with August 2024 being the highest since ePCR was implemented. A 'nudge' to improve documentation for specific fields including outcome was implemented in October 2024. Low case numbers means a volatile percentage dataset.

Hypoglycaemia (diabetic patients with low blood glucose) – 75.7%, an increase from last month (72.5%). Compliance has remained consistency in compliance across the bundle though Q3.

Fractured Neck of Femur (hip fracture) – 90.7%, a slight decrease in performance from August (93.1%). Only a slight decrease in compliance which is evident across the care bundle.

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

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

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

Further electronic Patient Clinical Record User Interface changes are planned for the next update, scheduled for Autumn / Winter 2025 - 2026.

Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Duty of Candour Responses Indicators

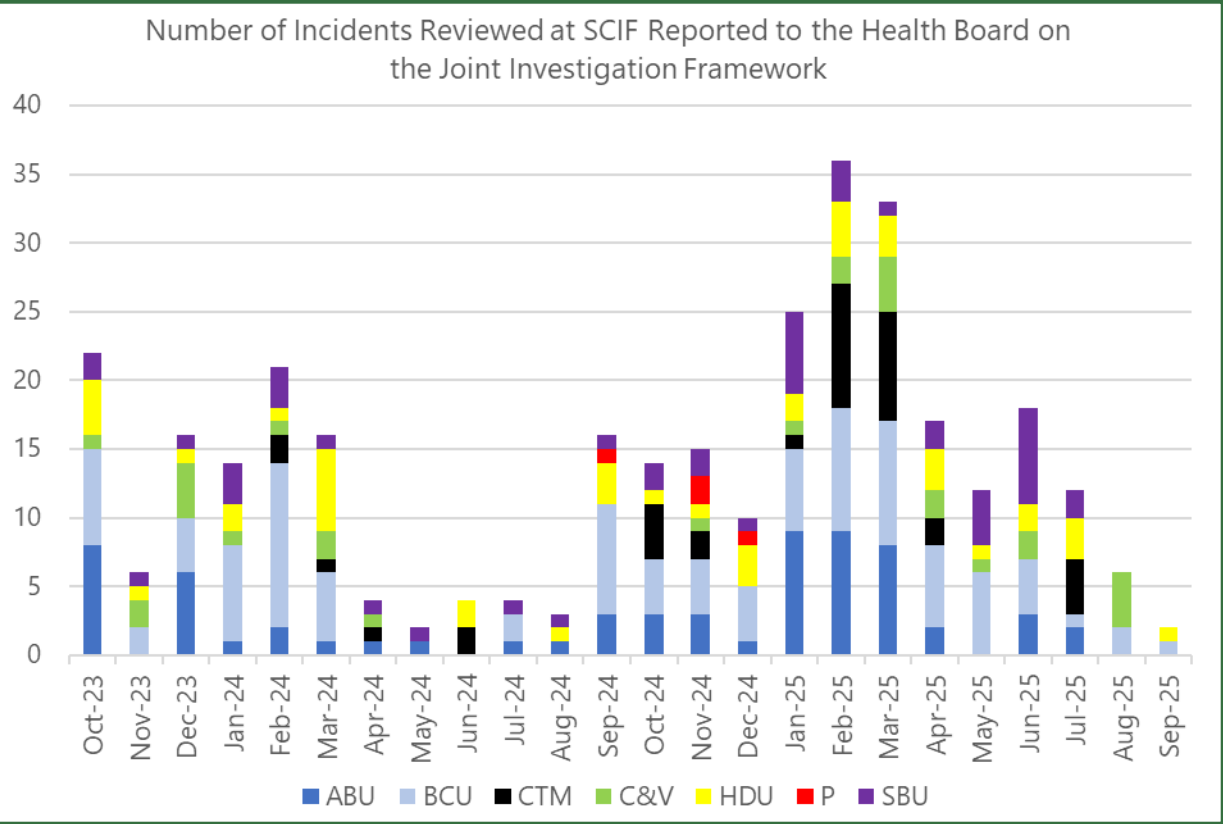
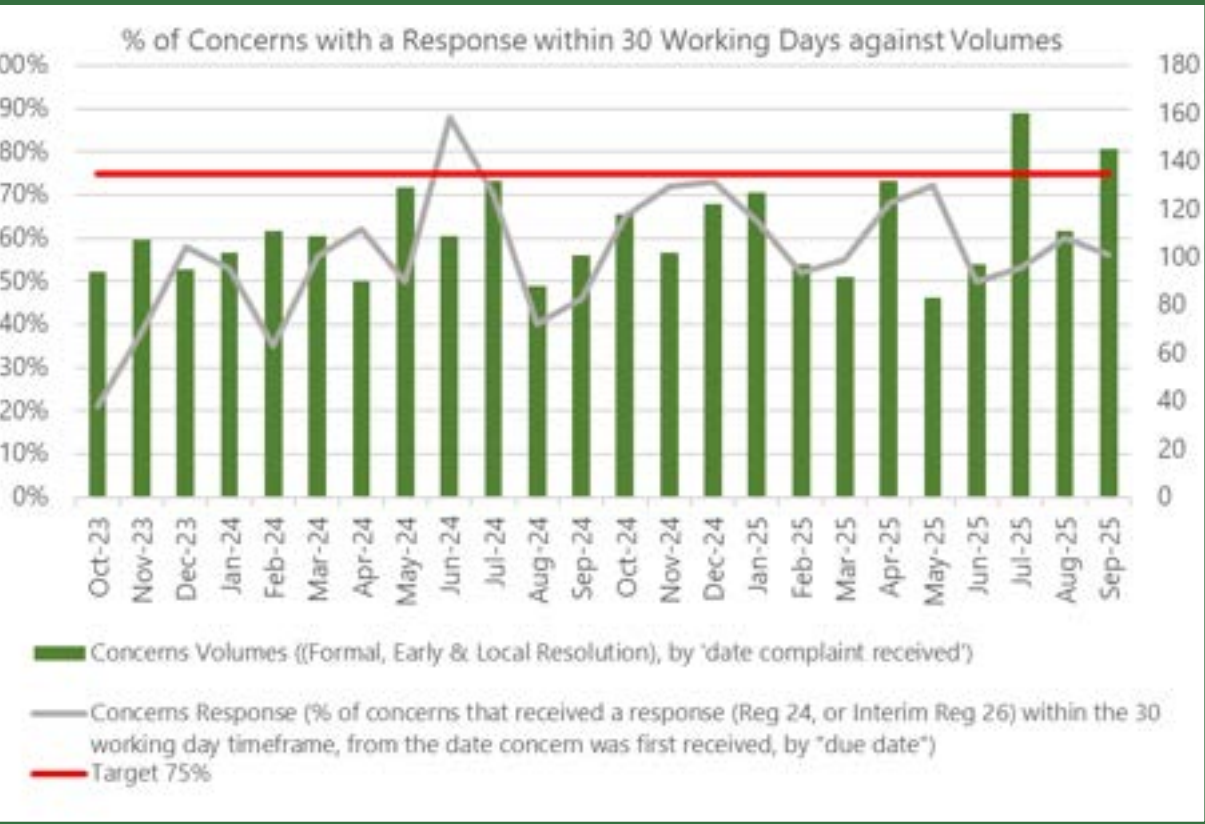
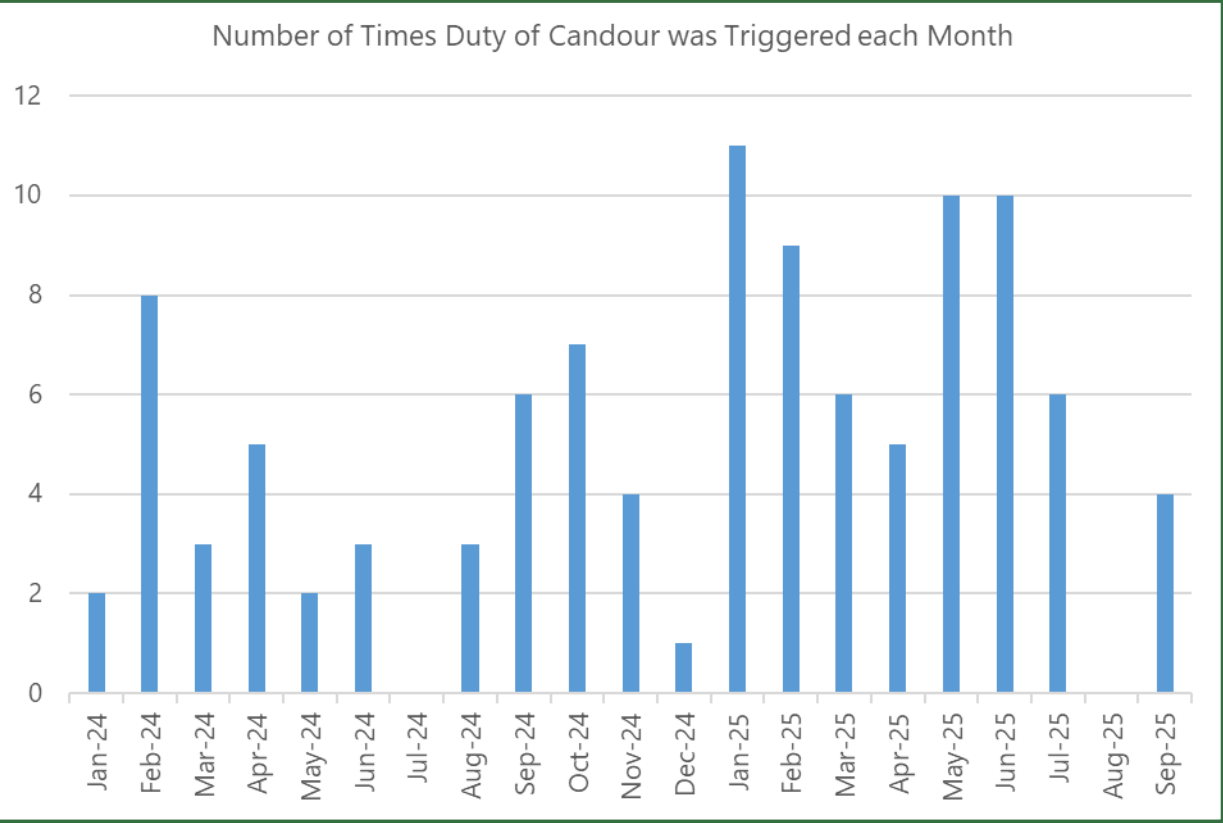
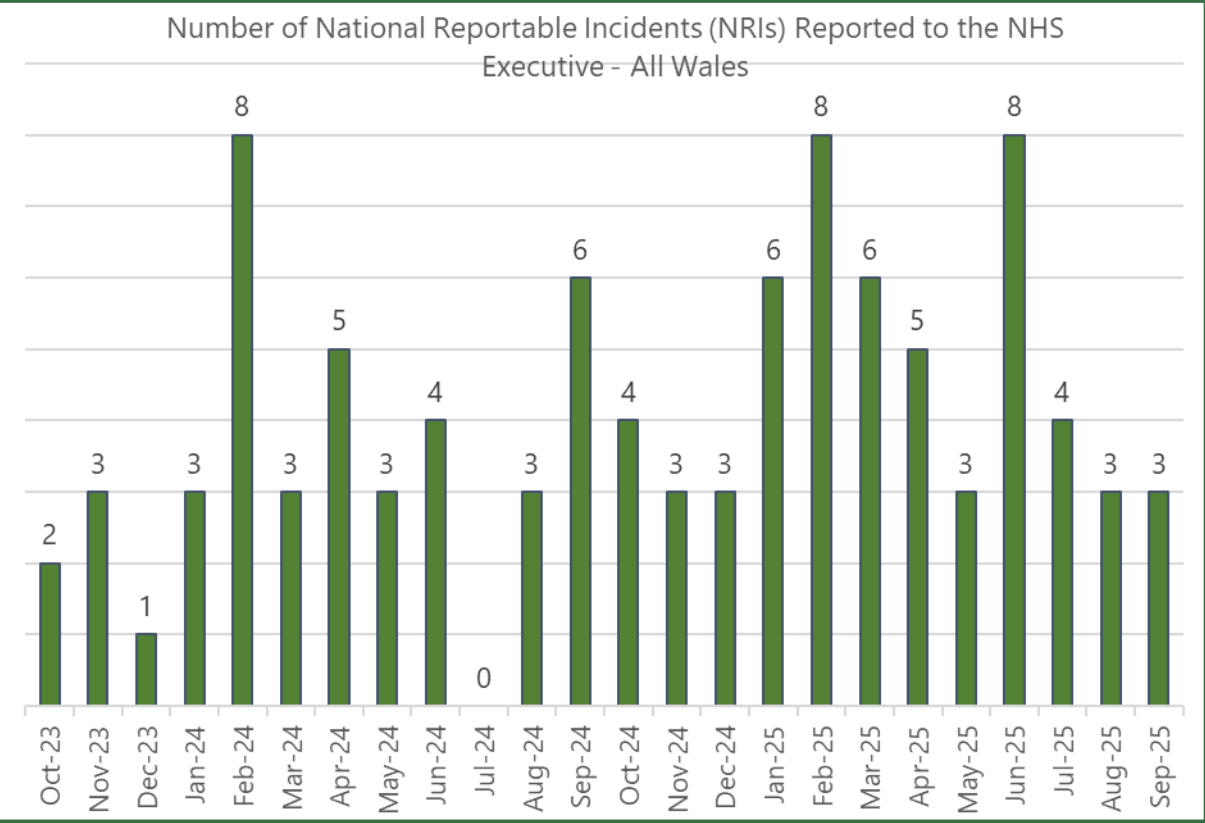
(Responsible Officer: Liam Williams)

Concerns.
R

QUEST

Self-Assessment:
Strength of
Internal Control:
Moderate

Health & Care Standard
Health - Safe Care / Timely
Care



Analysis
Complaint response times are of high concern with the organisation not having achieved the target in any of the previous 15 months reported. Whilst larger numbers of complaints have been closed in the last quarter, a much-improved position in reducing open overdue complaints will be required to provide acceptable performance.

A data reporting error identified with two sets of monthly data; June and August 30 working day compliance has been over-reported. The error was identified during the development of an automated business-intelligence product.

The number of complaints received by the Trust continues at historically high levels, this is being driven by an increased volume of complaints about Ambulance Care Services.

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

Remedial Plans and Actions
A Putting Things Right and Legal Services Recovery Plan has been developed to address the number of overdue concerns (complaints and incidents). This is being monitored through our internal governance structure. Additional non-recurrent investment is expected to deliver the required improved at increased pace.

This lays the foundations for the long-term objective of quality and safety data sources being available to meet user need and enable effective triangulation of all Trust information.

Expected Performance Trajectory
As service areas focus on reducing the number of open overdue complaints, it is expected that the 30-working day performance will decrease, depending on the success of Recovery Plan. Support from colleagues in terms of experiential emotional mapping, data visibility and the need to focus on 'on-the-spot' resolution is underway but does not yet appear to have impacted complaint volumes.

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

Our Patients: Quality, Safety & Patient Experience

Patient & People Safety Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health – Safe Care

Analysis

The number of investigations needing to be shared with other NHS Wales organisations has reduced in the last quarter. This appears in keeping with seasonal fluctuations however August and September have dropped beneath historical seasonal averages and there is optimism that the launch of the 'Wait 45' initiative is beginning to impact favourably on patient safety incidents caused by long community waits.

Incident reporting volumes remain stable, and the number of incidents being finalised and closed on the Datix system has increased markedly following a Senior Operations Team improvement drive in this area. Commitment to converting this to business-as-usual practice will be key to sustaining the improvements.

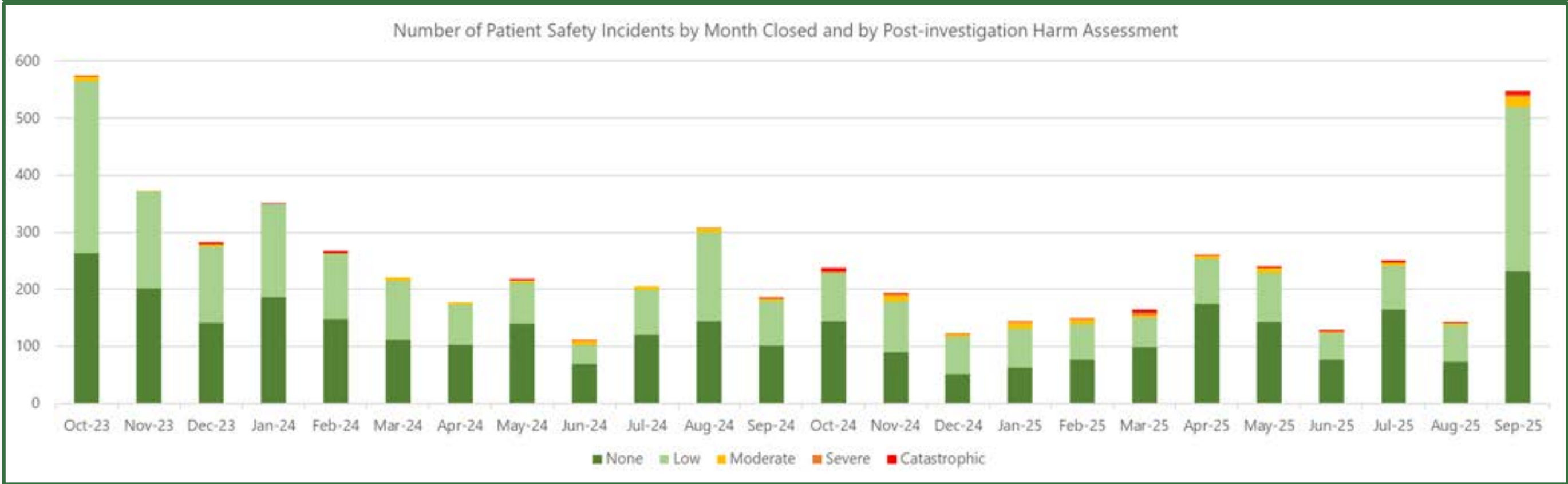
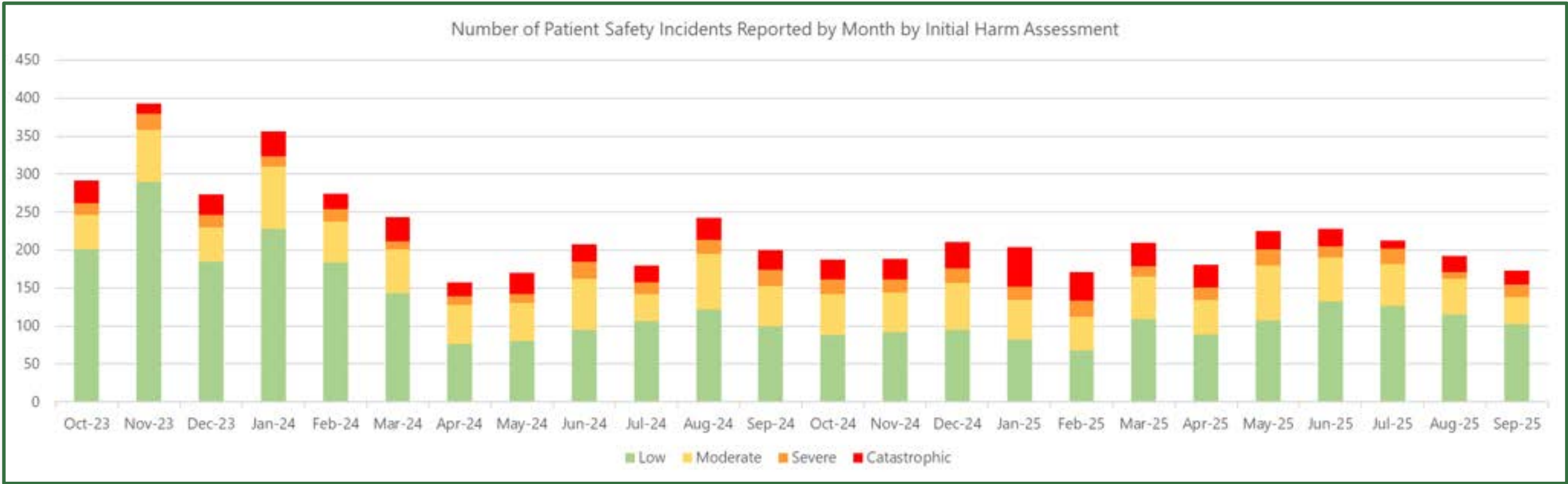
Closed incidents continue to demonstrate that validated levels of severe or catastrophic harm remain consistently low.

Remedial Plans and Actions

Incident closures are being monitored through Quality Management Group.

Expected Performance Trajectory

Incident volumes and harm levels are being closely monitored and triangulated with other sources of intelligence related to Clinical Model Transformation changes.



Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators

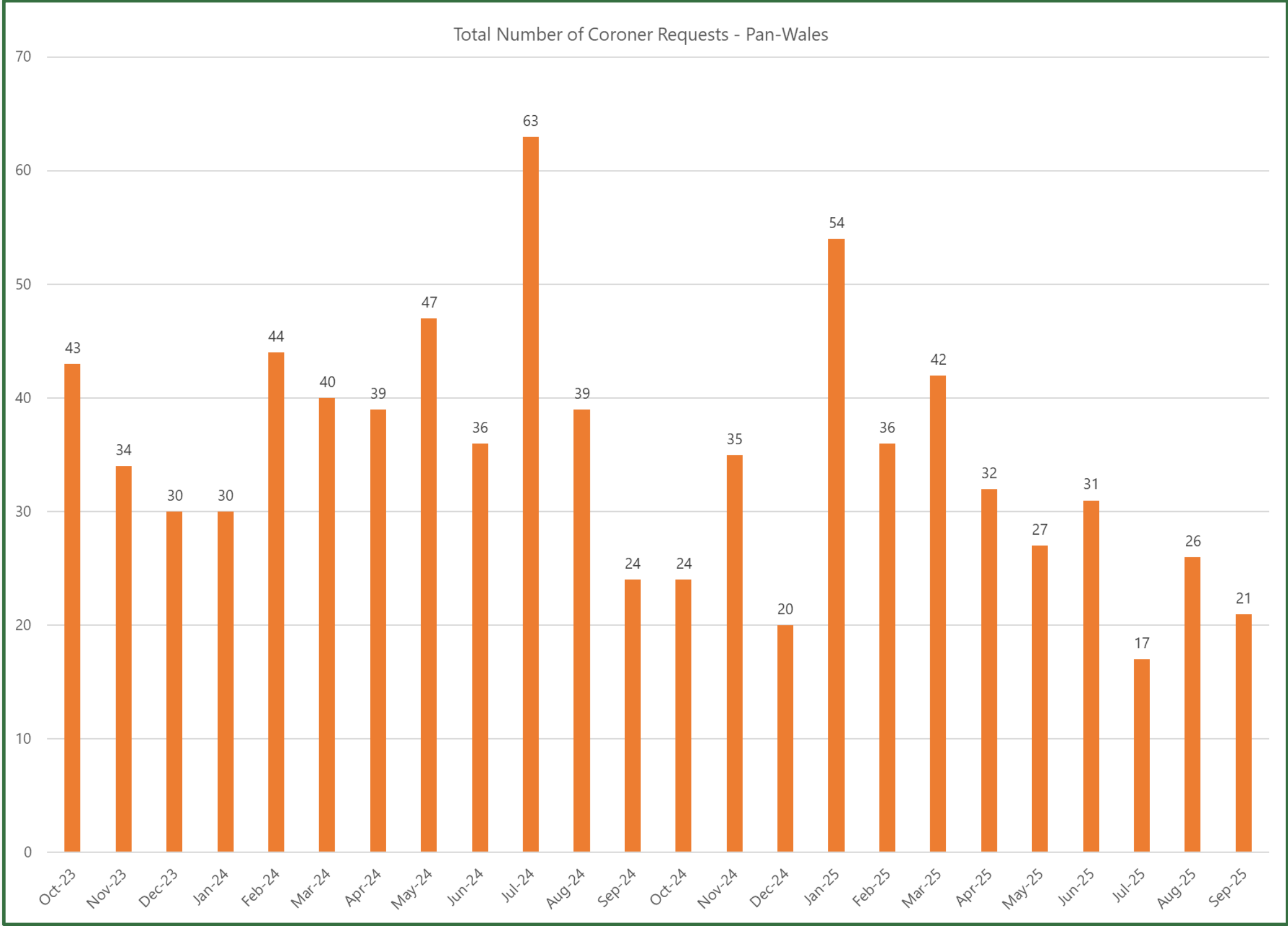
(Responsible Officer: Liam Williams)

Coroners
Self-Assessment:
Strength of
Internal Control:
Moderate

Mortality
Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health – Safe Care



Analysis
There is a gradually improving picture in the organisational management of medical examiner reviews and coronial workloads. Inquest cases continue to present with increased complexity and large numbers of statements and witnesses being called. These factors combined makes this an area of continued pressure across Trust services and for the individual staff involved in representing the organisation.

Level 1 triage of Medical Examiner referrals proceeds at fortnightly intervals with all Q1 and Q2 cases.
143 referrals have been received from the Medical Examiner Services (MES) in the first two quarters of 2025/26.
27 cases have been triaged as requiring further review and investigation. Enhanced analytical opportunities and improved data capture reveal the vast majority of referrals being due to community delays and inability to provide 'Timely' care.
Internal review of Q1 and Q2 referrals at Medical Examiner Learning Panel continues to identify learning relating to delays in attending in the community, alongside improvement opportunities for Advanced Care Planning and enhanced end of life care in the community.

Remedial Plans and Actions
A Putting Things Right and Legal Services Recovery Plan has been developed to address the number of overdue concerns. This is being monitored through our internal governance structure and reported on in QuESt Committee. Additional non-recurrent investment is expected to deliver the required improved at increased pace, building on structural workforce changes and a shift to proportionate approaches that have already begun to demonstrate benefit.

Expected Performance Trajectory

- Coroner activity will continue to be monitored and delays in statement gathering escalated and prioritised internally as appropriate. Cross directorate teams continue to work together to ensure cases are prioritised, and the coroner is provided with estimated times of completion.
- The ability to provide senior review of Medical Examiner feedback cases will depend on availability of the appropriate professional attendance at Learning Panel.

Our Patients: Quality, Safety & Patient Experience

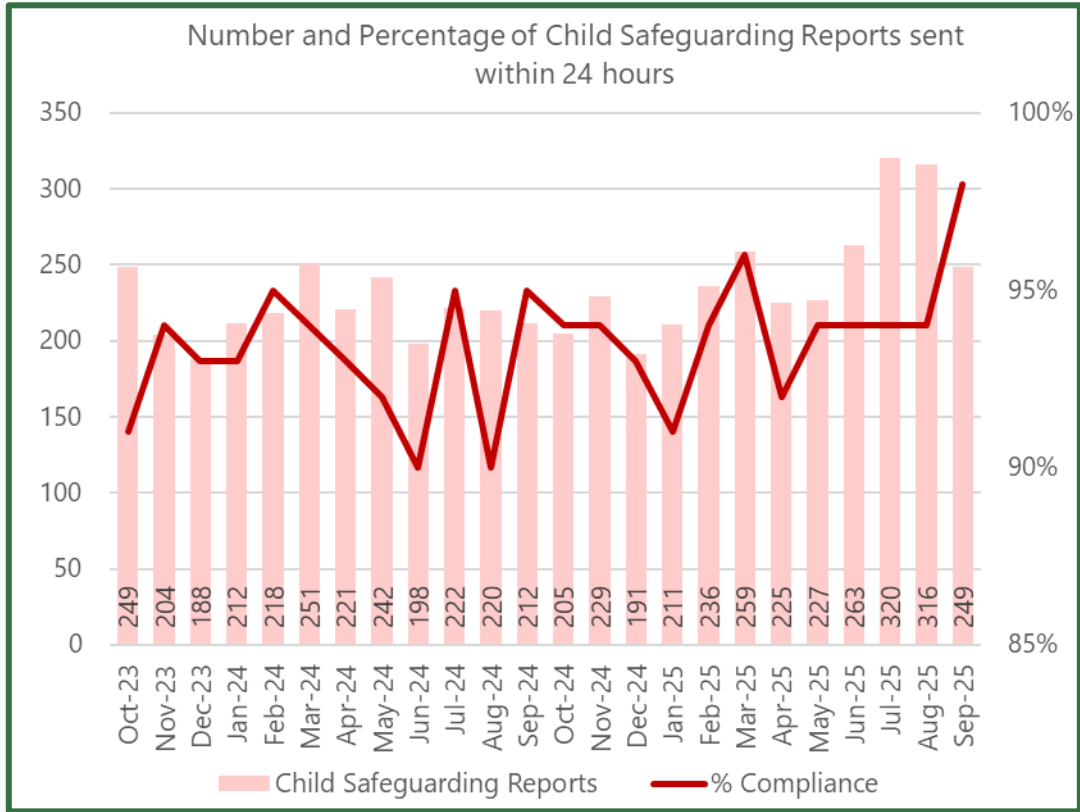
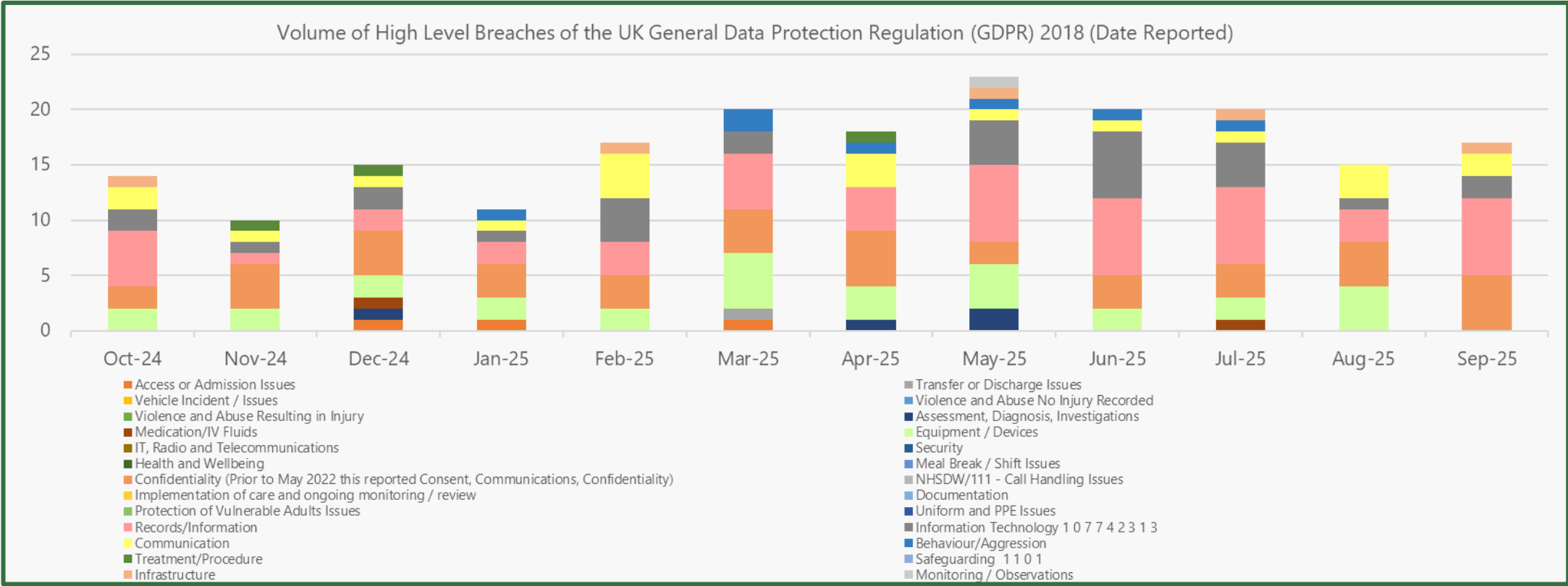
Safeguarding, Data Governance & Public Engagement Indicators

(Responsible Officers: Jonny Sammut & Liam Williams)

Health & Care
Standard
Health – Safe Care

Self-Assessment:
Strength of
Internal Control:
Strong

PCC



Analysis

Safeguarding: In September 2025 WAST colleagues submitted a total of 212 Adult at Risk Reports, 93% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 775 reports were shared with local authorities across Wales during this reporting period. There have been 249 Child Safeguarding Reports submitted in September 2025, 98% of these were processed within 24 hours.

Data Governance: In September 2025, there were 17 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 17 breaches, 7 related to Records/Information, 5 IG/Confidentiality, 2 Communication, 2 Information Technology, and 1 Infrastructure.

Remedial Plans and Actions

Safeguarding: The Trust manages all safeguarding reports digitally via Doc-works Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support WAST colleagues with using the Doc-works Scribe system and liaising with local authorities when required. Only minimal paper safeguarding reports are now received; they are used as a back-up and are sent directly to the Safeguarding Team for actioning. The Safeguarding Team monitor any paper reports received and provide direct feedback to colleagues to improve practice.

Data Governance: During the reporting period, of the 17-information governance related incidents reported on Datix, 2 incidents were reported to the Information Commissioner's Office (ICO) as they met the risk threshold. Both incidents related to inappropriate recording and disclosure of personal data. The IG Team continues to monitor, and review reported incidents where applicable.

Expected Performance Trajectory

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

Data Governance: The next iteration of the IG Toolkit has now opened for FY25/26 submissions.

Our Patients: Quality, Safety & Patient Experience

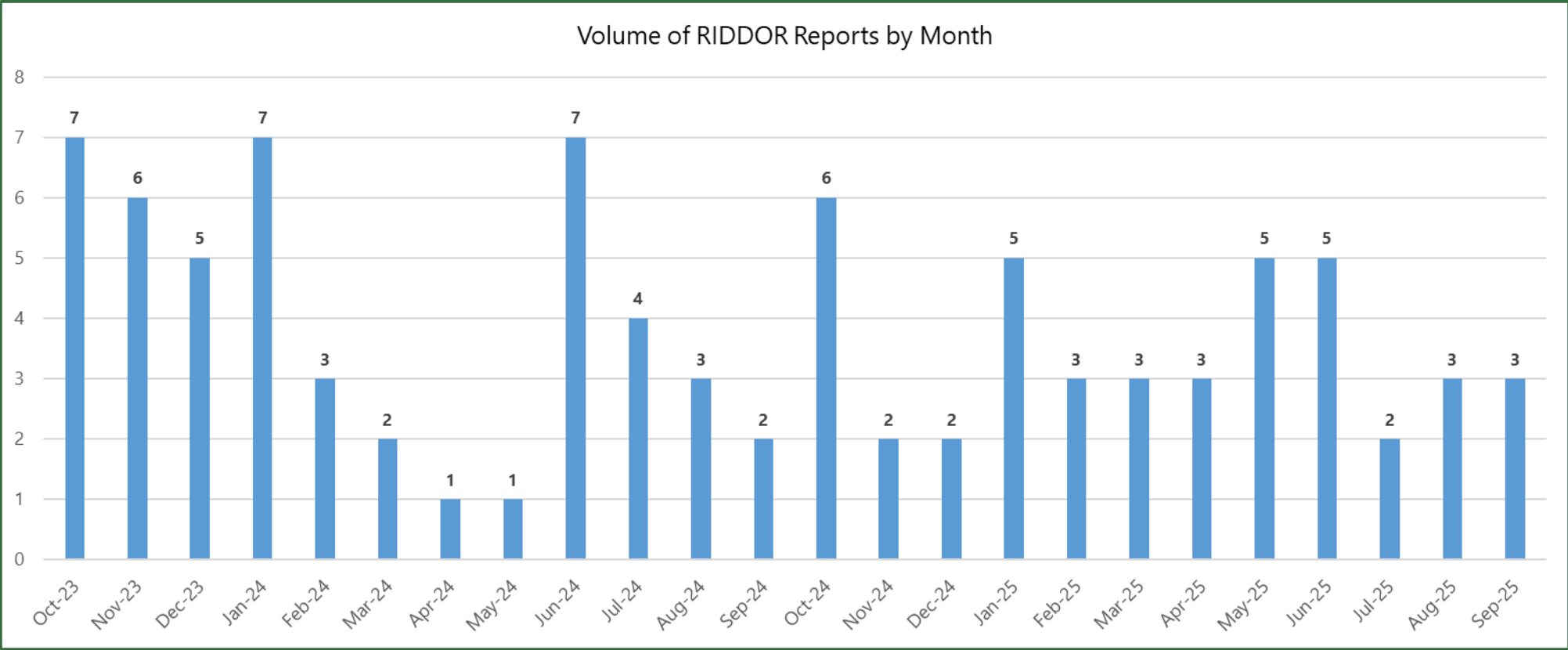
Health & Safety (RIDDORS) Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care



Analysis

RIDDOR: There were 3 incidents requiring reporting under RIDDOR during September 2025 all were for an injuries requiring over 7 days of work.

- 33% of the RIDDOR's were submitted within the HSE reporting timelines, the main reason for not reporting in time was seen to be the late reporting of incidents onto Datix
- 3 RIDDORs reported during the month were as a result of manual handling incident whilst handling patients. 1 resulted from the use of a carry chair on the stairs of a patient's home and another happened when using a lift to load a patient onto a vehicle.

Violence and Aggression:

- A total of 51 incidents have been reported of V&A in August
- There was an increase in the number of Aggressive/Threatening behaviour.
- 5 Physical Assault on staff was reported during the month with incidents of verbal assault that included swearing.

Remedial Plans and Actions

RIDDOR: The weekly Datix incident meeting continues to be used to identify RIDDOR reportable incidents. A Safety Advisor is designated to assist with the investigation to find root cause and reporting to the HSE. Consistent effort to investigate incidents by line manager is making an improvements in causation and reporting to the HSE.

Violence and Aggression: The use of appropriate Hashtags to flag incidents of verbal aggression within the Trust call centres is being progressed to provide a greater understanding of the verbal abuse experienced by staff.

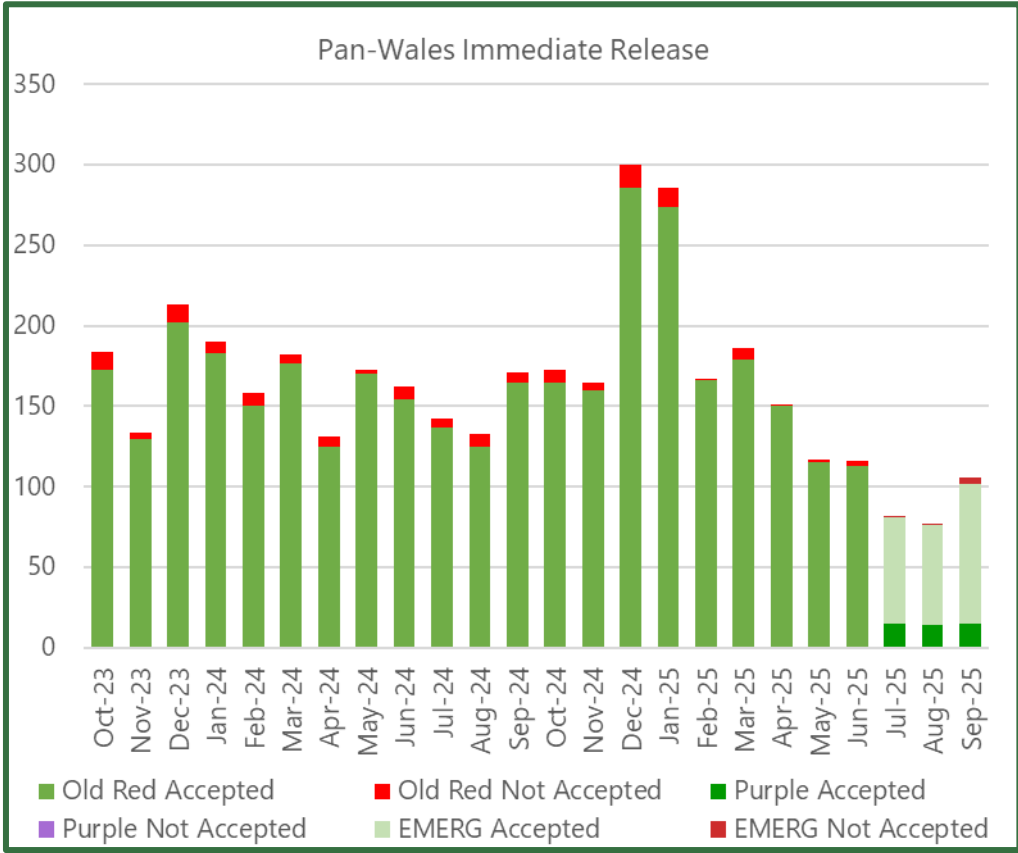
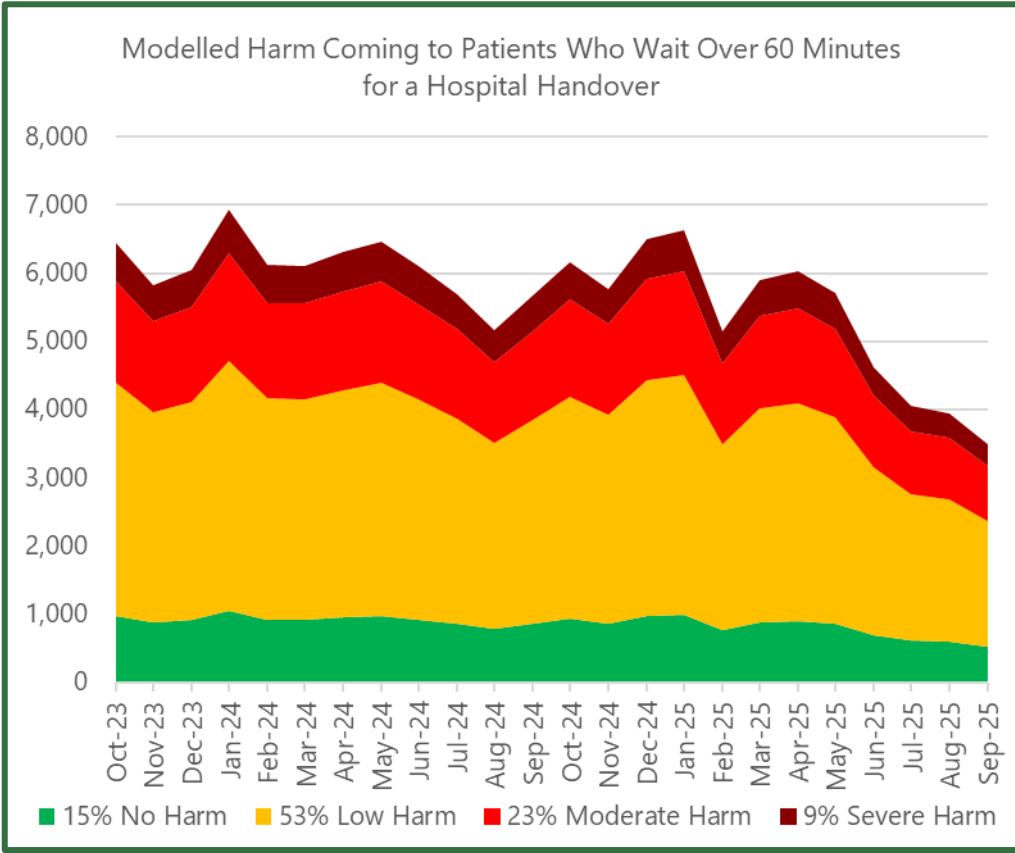
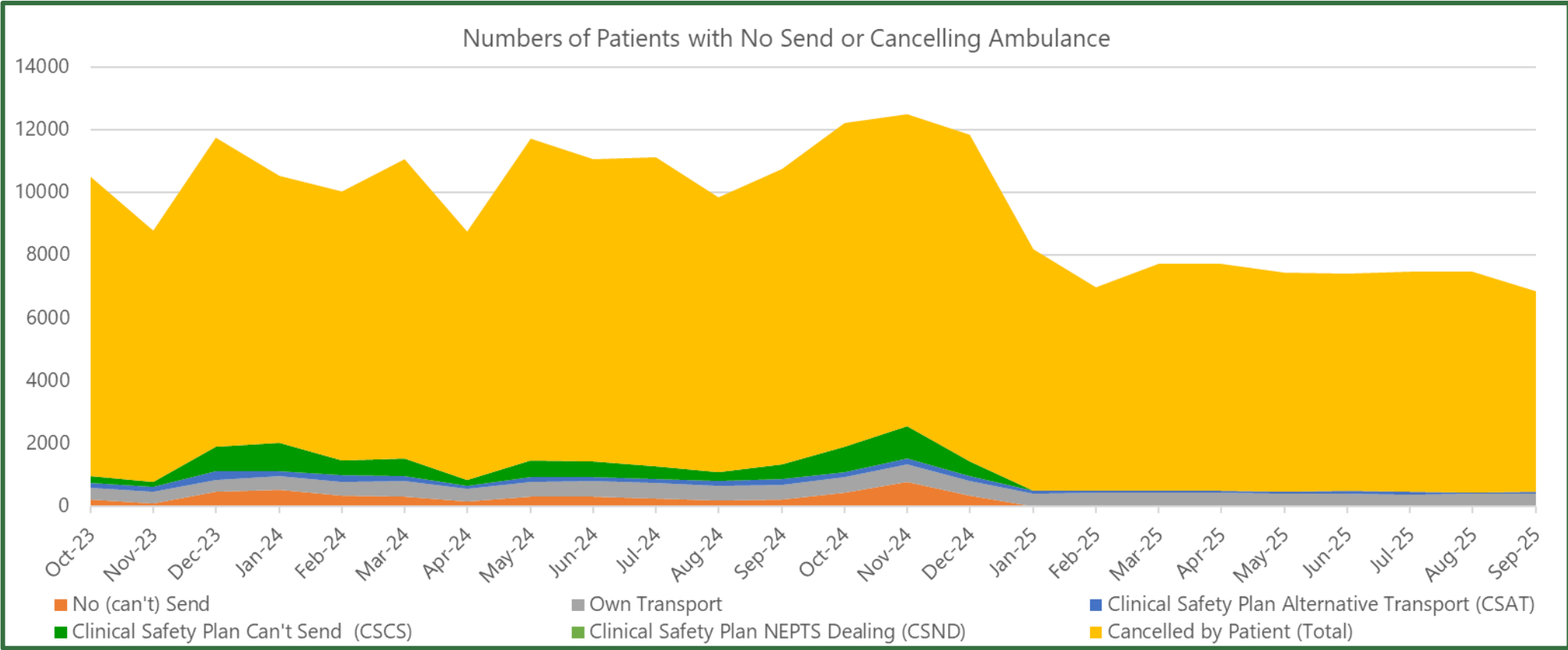
Expected Performance Trajectory

RIDDOR: The actions arising out of the recent deep dive into manual handling incidents aim to address the issues identified in the manual handling incidents this month.

Violence and Aggression: It is expected that the number of verbal V&A incidents will increase over the next few months as a result of increased awareness of reporting mechanisms within the call centre teams.

Our Patients: Quality, Safety & Patient Experience

Potential Patient Harm Indicators



Analysis

In September 2025, 71 ambulances were stopped due to Clinical Safety Plan alternative transport (CSPT). In addition, 6,381 ambulances were cancelled by patients (including patients refusing treatment at scene) a decrease from the 7,028 in August 2025. There has been a downward trend in patient cancellations since December 2024 which the Trust believes is connected to the implementation of Rapid Clinical Screening during the winter.

There were 426 requests made to Health Board EDs for immediate release of Arrest, Emergency or Amber 1 calls in September 2025. Of these 15 were accepted and released in the Arrest category, with none not being accepted, 87 were accepted in the Emerg category, with 4 not accepted and 86 ambulances were released to respond to Amber 1 calls, but 234 were not.

The graph in the bottom left shows the estimated level of patient harm during September 2025. Of the 3,484 patients who waited outside an ED for over an hour, to be handed over to the care of the hospital, the Trust could assume that 15% (523 patients) would experience no harm, 53% (1,847 patients) would experience low harm, 23% (801 patients) would experience moderate harm and 9% (314 patients) would experience severe harm.

In September 2025 CSP levels for the Trust were:



Remedial Plans and Actions

Immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Arrest and Emerg Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings had been paused as the Trust moves into the new commissioning arrangements with new arrangements expected later this year. The WG target for 2025/26 has a target of no handovers of more than 45 minutes.

Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trust's ability to respond to demand.

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

Our Patients: Quality, Safety & Patient Experience

Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care

September 2025		
NEPTS (267 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	82
Were you happy with the transport you received?	85	94
999 (3 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	100
The 999-call taker who answered your call explained what was going to happen next.	85	100
The length of time I waited for an ambulance to arrive was acceptable.	85	75
111 (21 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	79
Did you follow the advice given to you by NHS 111 Wales?	85	86
Would you consider using NHS 111 Wales again?	85	100
WAST Overall - Friends & Family Test	Ranked from very poor to very good.	
How was your overall experience with the service today?		
o Ambulance care	90.95% Good	5.24% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	85.71% Good	14.29% Poor
o EMS (including CSD)	100.00% Good	0.00% Poor
o NHS 111 Wales Online	56.25% Good	43.75% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis

In September PECI did not attend any engagement opportunities in the community. This was due to a lack of capacity within the Team, we are currently carrying four vacancies and have only one part time Engagement Coordinator currently within the Team.

The Team are also being impacted by an OCP which has been announced but not officially started. The impending OCP means we are unable to back fill into vacant posts. The OCP is also creating some uncertainty within the Team about future responsibilities to carry out engagement activities. As such we have not committed to attend any engagement events until the OCP is complete.

Throughout September we continued to make available 4 patient experience surveys covering the Trust's main service delivery areas. Engagement and survey outcomes remain largely consistent and tell us that people continue to be very concerned about response times in the community and frustrated at hospital handover delays.

- 111 callers have told us that they experienced long waits for call backs.
- NEPTS users told us that overall, they continue to be happy with the transport they receive but experience delays when waiting for their transport home following their appointment.

Remedial Plans and Actions

Work is underway to enact the findings of the service review in relation to public and patient engagement.

The ICO responded to our DPIA with 7 recommendations which were presented to IGSG who gave permission to continue working on the recommendations.

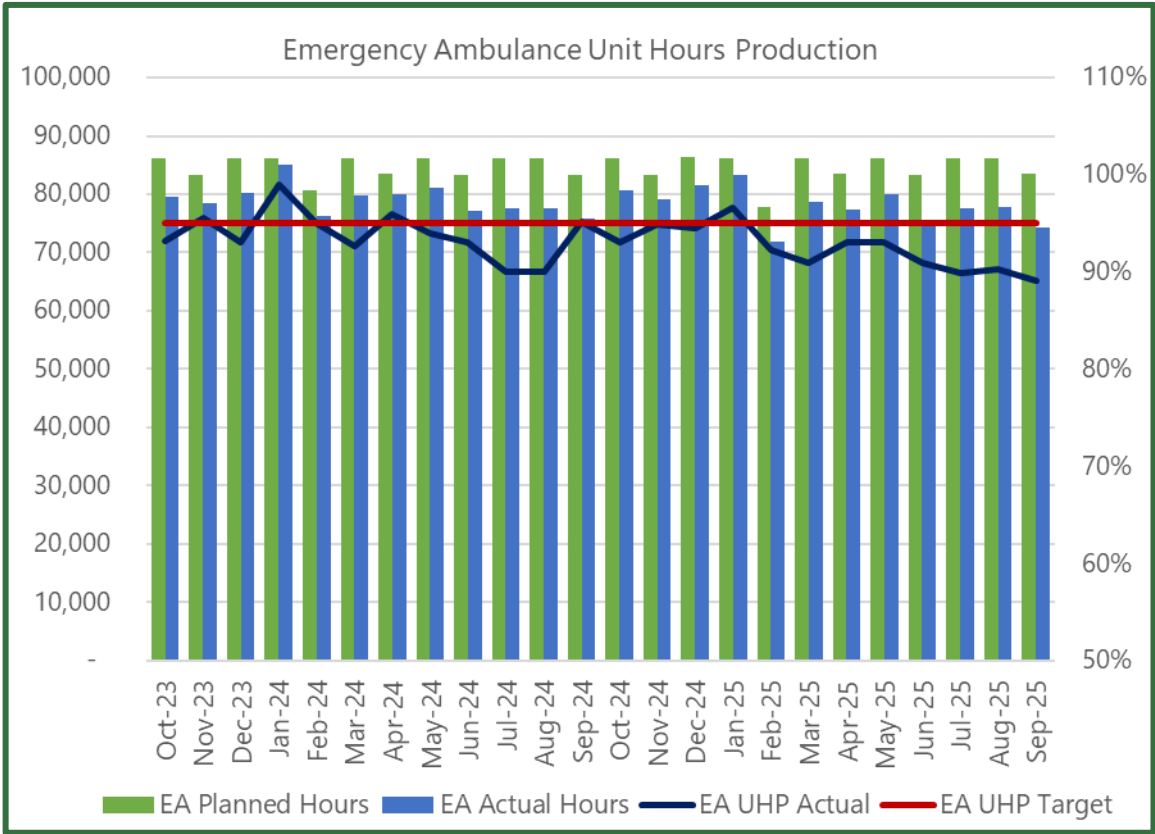
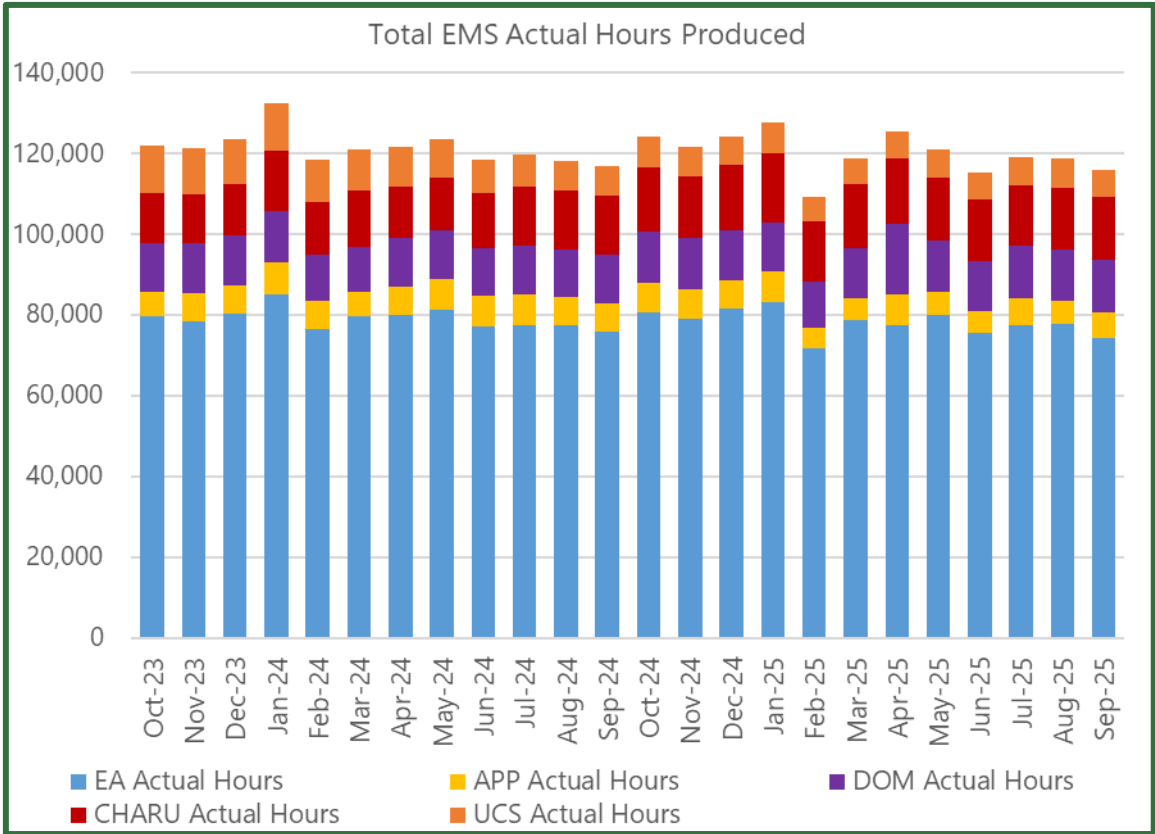
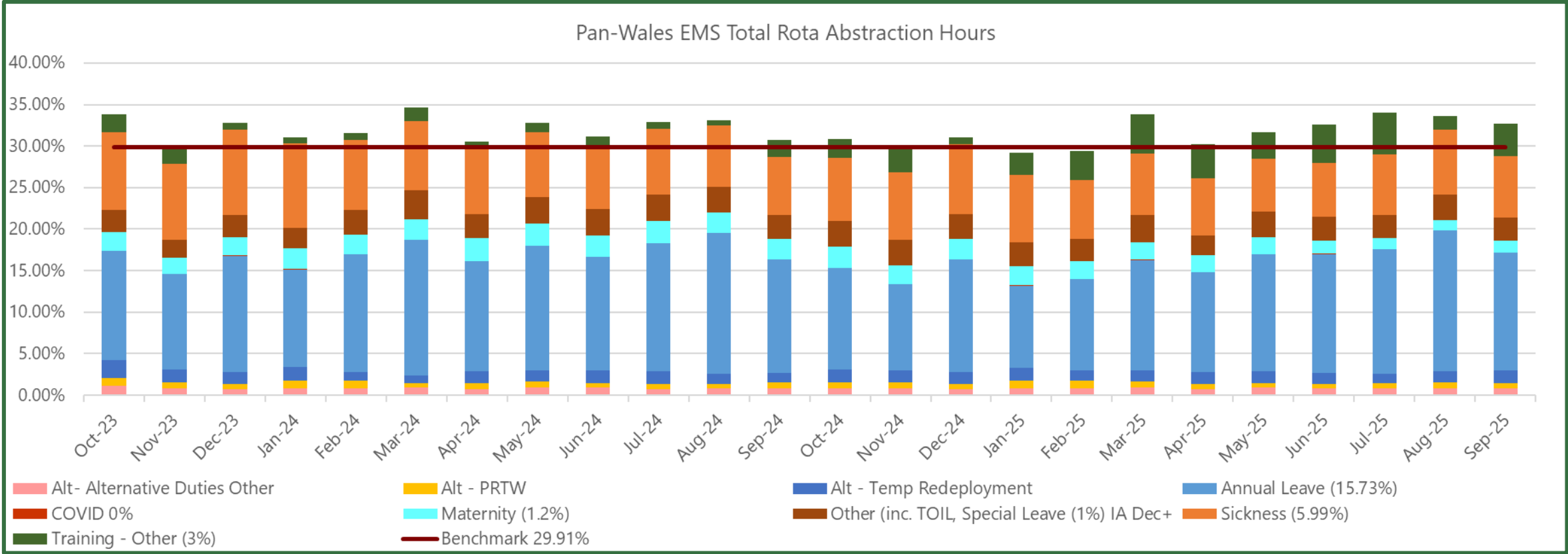
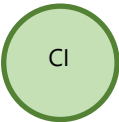
Expected Performance Trajectory

Vacancies and the work to enact the recommendations of the service review will have some impact on team capacity over the coming months.

Our People

Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)



Analysis

Monthly abstractions from the rosters are key to managing the number of hours the Trust produces, as are the total number of staff in post. September 2025, saw total EMS abstractions (excluding Induction Training) of 32.71%. This was a minimal decrease on the 33.65% recorded in August 2025 and remains above the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 14.24% followed by sickness at 7.39%.

The total EMS hours produced is a key metric for patient safety. The Trust produced 115,981 hours during September 2025; a slight decrease compared to the 118,986 hours produced during September 2024. The Trust is still delivering good levels of production.

Emergency Ambulance Unit Hours Production (UHP) achieved 89% in September 2025 which equated to 74,307 Actual Hours.

In September 2025 CHARU UHP was 88% against the full roll out requirement.

Remedial Plans and Actions

- Continued focus on managing attendance across the Trust and managing abstractions from rosters.
- Full roll out of CHARUs.
- Continued focus on staff in post to establishment, aiming for 95% benchmark.
- Smoothing of staff between urban and rural areas.
- Focus on recruitment to reduce identified vacancy gap, in particular, EMTs and APPs.

Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is just below target. The Trust maintains an ambition to reduce sickness to 6% and maintain abstractions to 30%. This has not yet been achieved for sickness, but the direction of travel is good, while the abstractions benchmark has been achieved a number of times this year.

Our People

Capacity - Sickness Absence Indicators

(Responsible Officer: Carl Kneeshaw)

Sickness

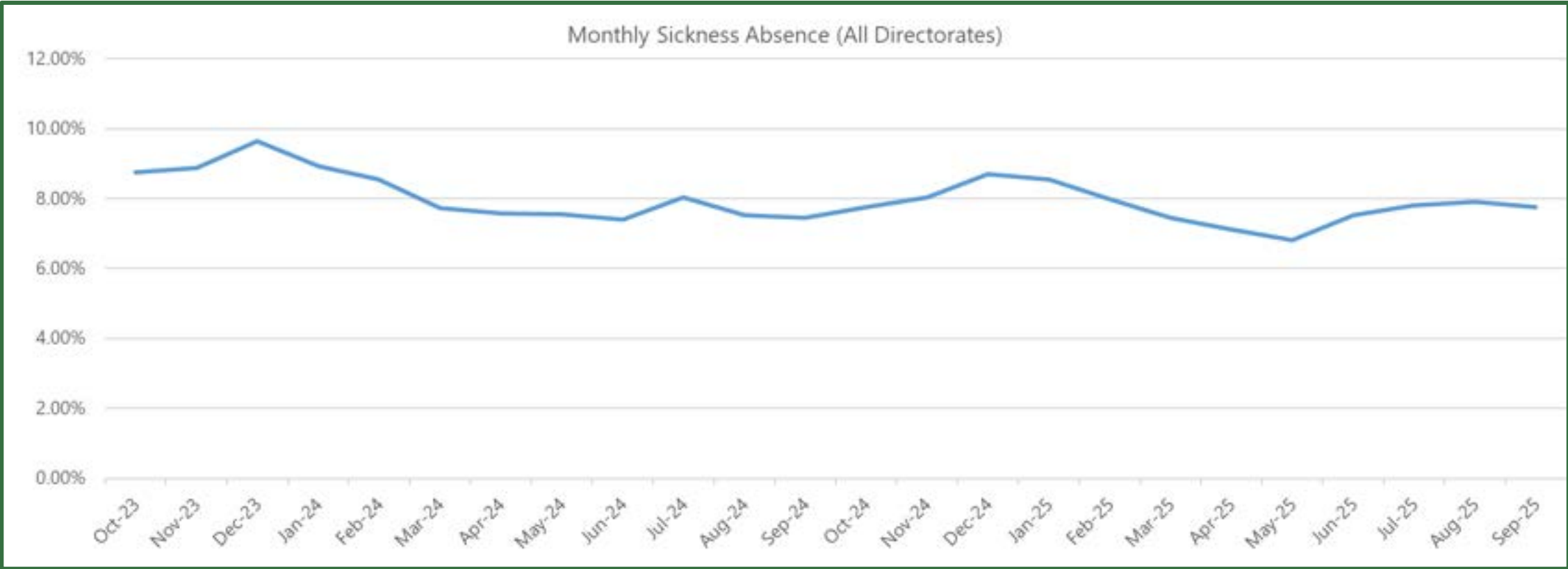
Mental Health

R

R

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Analysis

There was a slight decrease in overall sickness absence rates between August 2025 and September 2025, reducing from 7.91% to 7.77%. Long term absence decreased from 6.20% in August 2025 to 5.48 % in September 2025, however short-term absence increased slightly to 2.28% (August 2025 - 1.71%).

The highest reasons for absence in September 2025 were Anxiety/ Stress/ Depression, other musculoskeletal problems, gastrointestinal problems and injury fracture. Absence due to Mental Health increased slightly from 2.89% in August 2025 to 2.96% in September 2025.

WAST Occupational Health continue to meet national KPIs set by the All-Wales Occupational Health standards and scope of practice, which states the 1st offered appointment date will be within 29 calendar days of the date referral received. The waiting time for a management referral in September was 10.4 days. We continue to use our external provider, Insight Health services, to help maintain KPIs and provide timely support to employees.

The team continue to triage all referrals and enquiries to ensure prioritisation of anything that requires urgent attention.

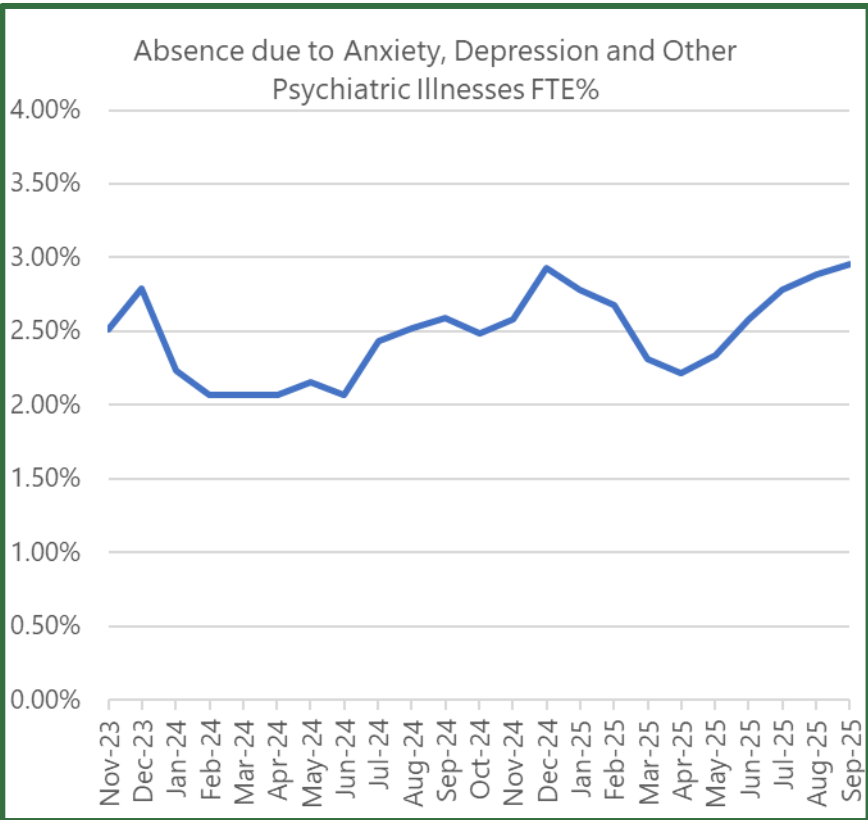
This year's flu campaign has begun and there are scheduled clinics for WAST and Public Health Wales staff.

Remedial Plans and Actions

- The Health and Wellbeing Plan for 2025-29 has been developed and implemented. The focus of the plan is on deliverables to improve workplace relationships, increase the trauma-awareness of the organisation and address health and wellbeing challenges.
- Team members from OH/Wellbeing/TRiM continue to promote our services via Siren, outstation visits and drop-in clinics. We regularly give presentations to newly recruited staff to highlight and promote the Occupational Health & Wellbeing service.
- The team continue to collect feedback and review services provided by our external partner organisations to help improve those services.

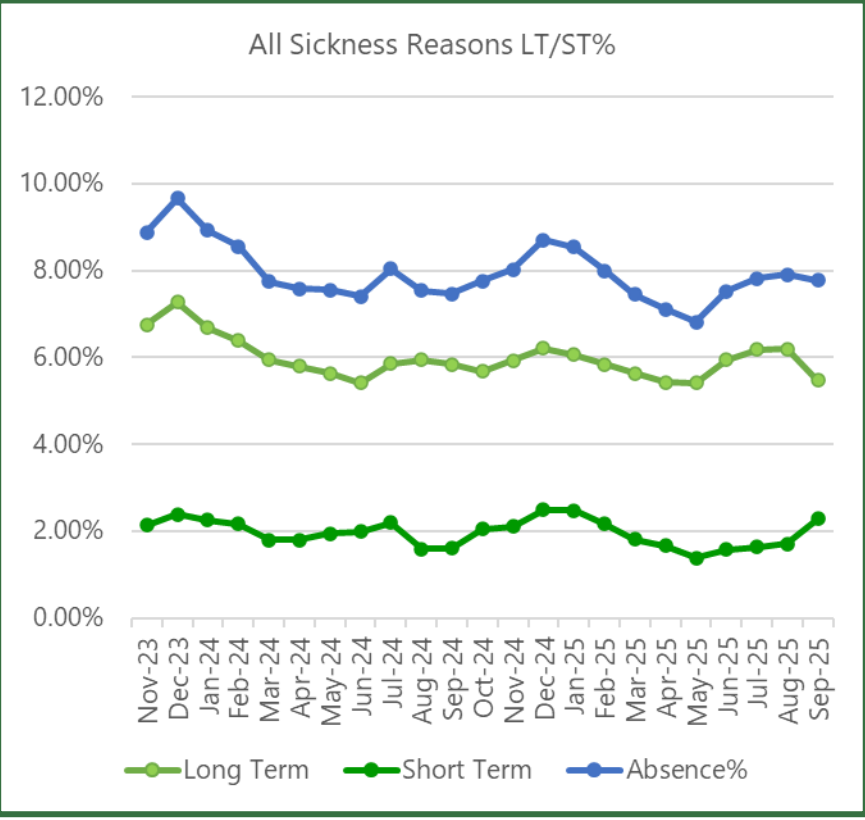
Expected Performance Trajectory

The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but the Trust is unlikely to achieve the 6% target for the year.



Sep-25	
Average working days lost per FTE (Annual)	
17.76 days	
Single month Absence %	
7.77%	
Long Term	Short Term
5.48%	2.28%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.96%	0.80%

September 2025

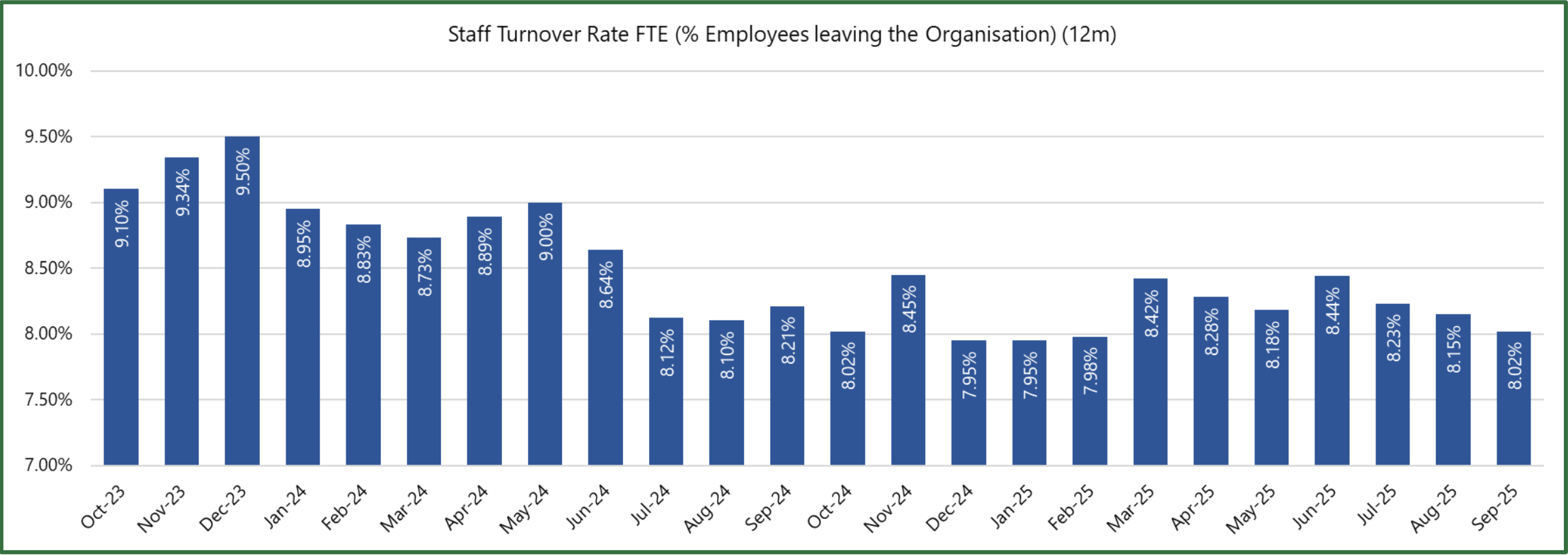


*NB: Sickness data will always be reported one month in arrears

Our People

Capacity – Staff Turnover

(Responsible Officer: Carl Kneeshaw)



Analysis

The staff turnover rate in September 2025 was 8.02%, minimally decreasing from 8.15% in August 2025. September saw 32 leavers (26.54 FTE). Of those leaving, the greatest number were Operational and included;

- Ambulance Care Assistants/Patient Transport Drivers (8 people)
- Call Operators (5 people)
- Paramedics (4 people)
- Emergency Call Handlers (3 people)
- Technician (3 people)

Current trends are being monitored via the leaver’s questionnaires; however, these are not mandatory.

In September, this was compensated by 85 joiners (83.70 FTE). A headcount of 79 people into Operational roles and 6 people into Corporate roles, the top including:

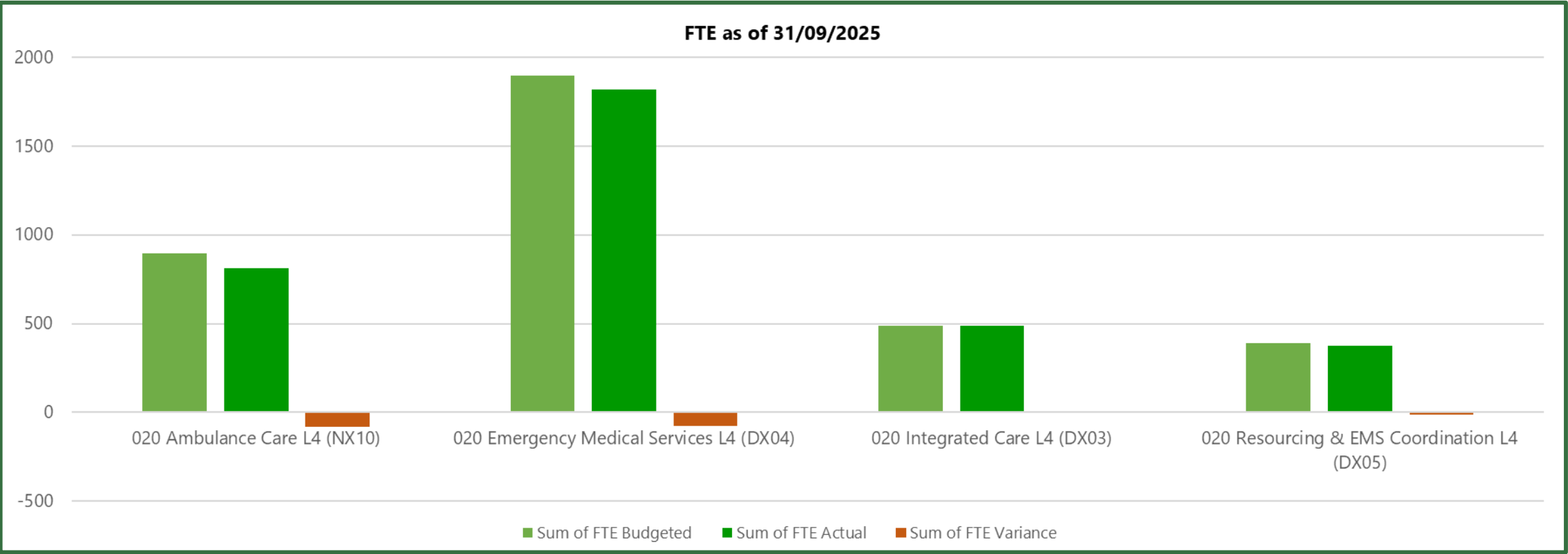
- Paramedic (28 people)
- Call Operators (22 people)
- Technicians (9 people)
- Emergency Call Handler (6 people)
- Non-Emergency Call Handler (4 people)

Remedial Plans and Actions

- Discussions around the future skill mix of our EMS workforce are ongoing, this could have considerable impact on the EMS workforce going forward. However, sufficient training capacity has been planned during 2025-26 to enable the trust to recruit any staff into the organisation, regardless of what grade that may be.

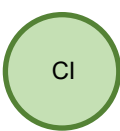
Expected Performance Trajectory

Turnover and FTE trends and themes are being monitored with plans adjusted accordingly.



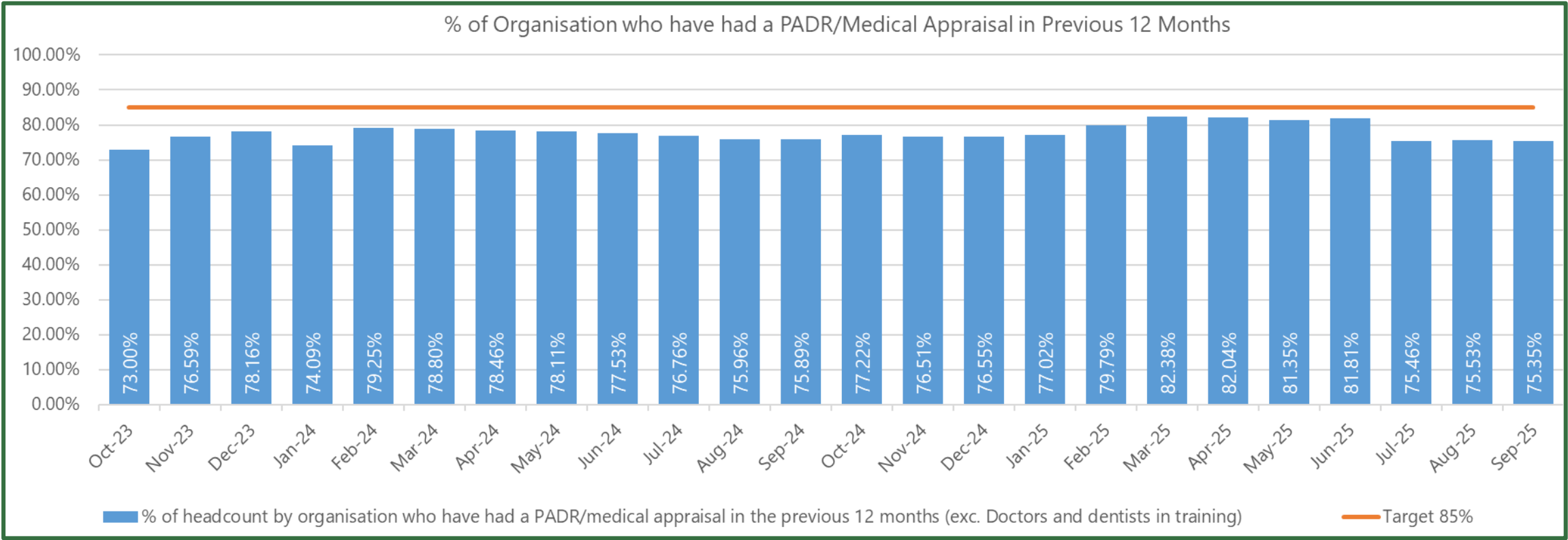
Our People Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

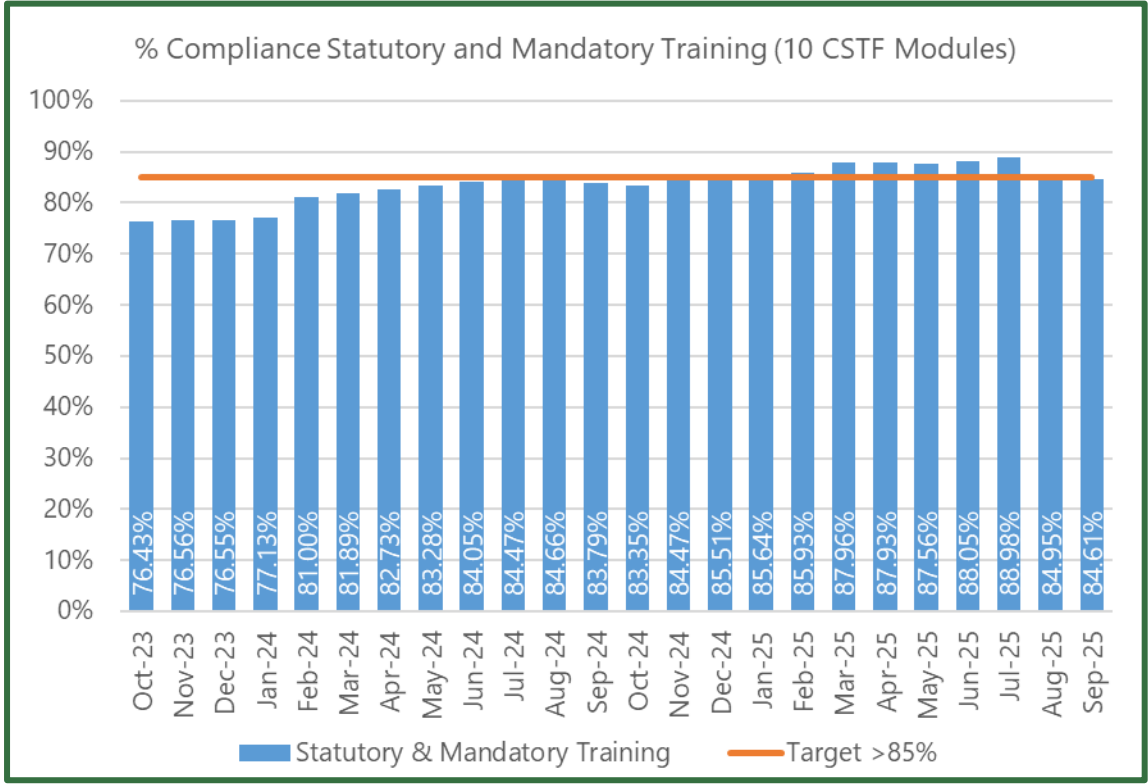
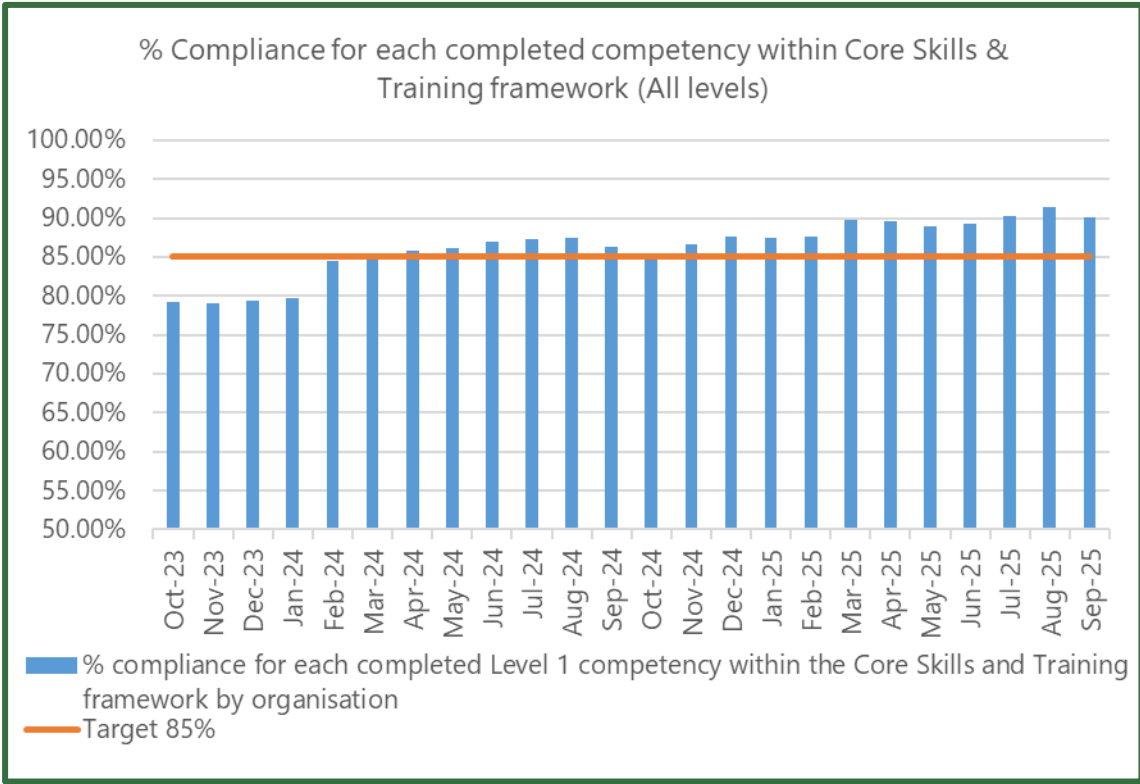


Health & Care
Standard
Health – Staff &
Resources

Self-Assessment:
Strength of Internal
Control: Strong



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



Analysis

PADR rates (excluding pay progression meetings) minimally decreased from 75.53% in August 2025 to 75.35% in September 2025 and remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In September 2025 Statutory & Mandatory Training rates reported a combined compliance of 84.61% falling below the 85% target for the second consecutive month.

There are currently 20 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table:

Remedial Plans and Actions

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

There has been a continuation of the climb toward achievement of the 85% target across the remainder of the Core Skills Training Framework competencies which is projected to continue to increase as more learning content is moved to the user friendly environment enabling easier access to these reportable competencies.

Expected Performance Trajectory

Performance is improving as compliance has risen.

Skills & Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection, Prevention & Control Level 1	3 years
Information Governance (Wales)	2 years
Moving & Handling (Level1)	2 years
Resuscitation	Annually
Safeguarding Adults (Level 1)	3 years
Safeguarding Children (Level 1)	3 years
Violence & Aggression (Wales) Module A	No Renewal
Mandatory Courses	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No Renewal
Welsh Language Awareness	3 years
Paul Ridd (Learning Disability Awareness)	No Renewal
Environment, Waste & Energy (Admin & Clerical Staff Only)	Annually
Duty of Quality	3 years
Fraud Awareness	3 years
Prevent Course 1 - Awareness	No Renewal
Duty of Candour	3 years
Anti-Racism	3 years

Our People

Health and Well-being – Shift OVERRUNS

(Responsible Officer: Angela Lewis)

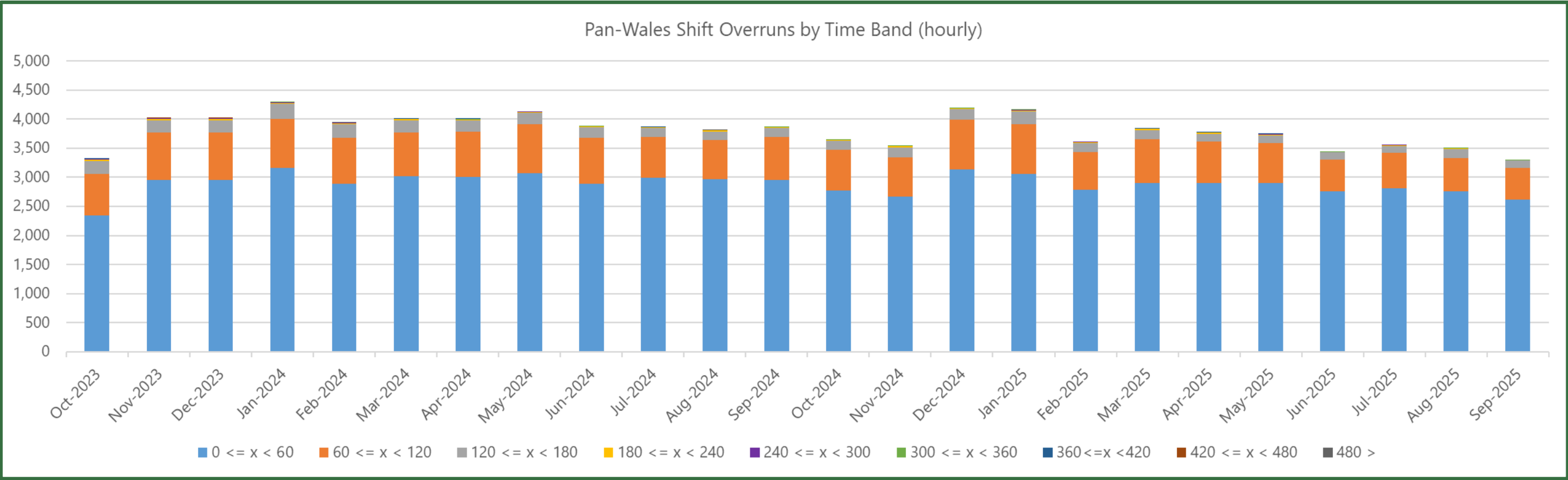
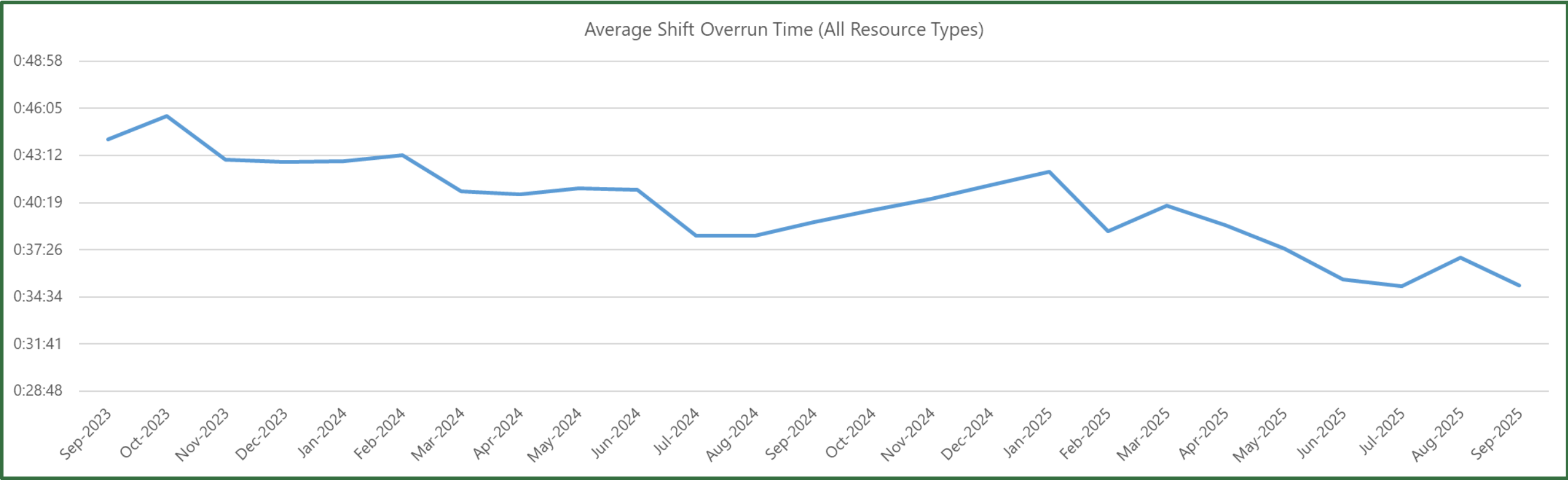
Overruns

G

CI

FPC

PCC



Analysis

There were 3,292 shift overruns during September 2025.

The average overrun figure for September 2025 was 35 minutes and 16 seconds, a slight decrease from August 2025 (36 minutes 58 seconds). The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 76% of the total. 18.1% fall within the 61 to 120-minute category, 4.1% in the 121 to 180-minute category, 0.3% in the 181 to 240-minute category and 0.1% in the 241 minutes and over category.

Remedial Plans and Actions

Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

Collaborative work is ongoing with our Trade Union Partners via a dedicated Task and Finish group to find ways to reduce overruns for our people.

Modelling on another option has just been completed and will be shared with TU partners.

Expected Performance Trajectory

Overruns correlate with handover lost hours and may begin to decrease as handover times continue to reduce.

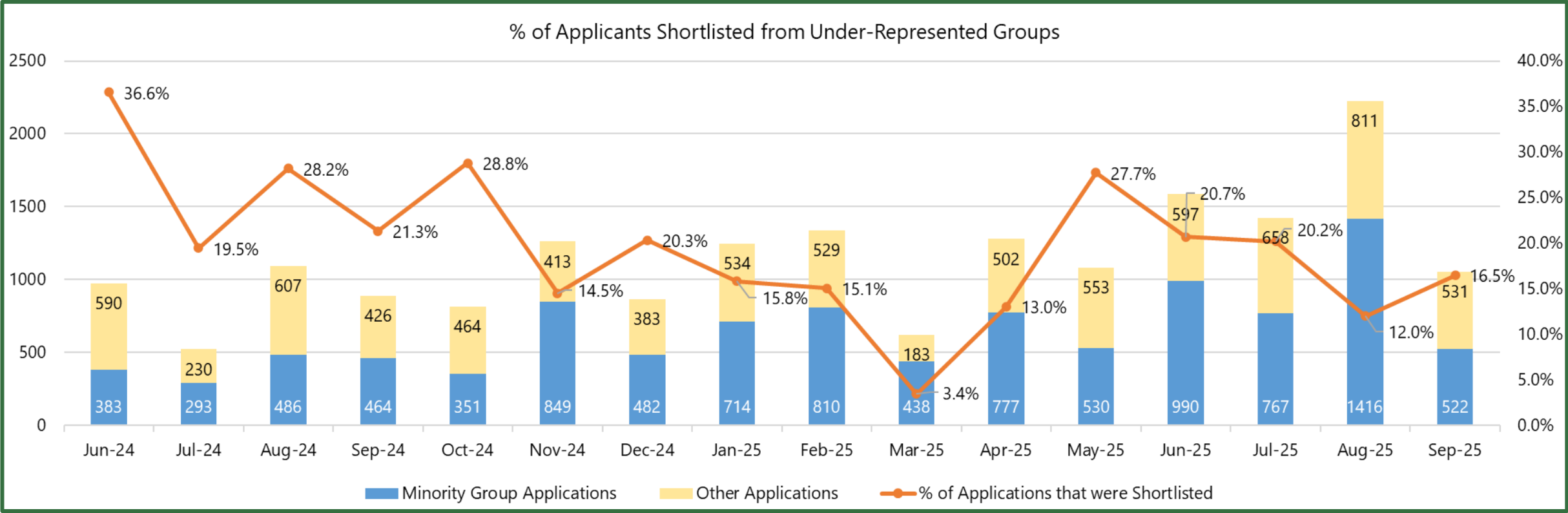
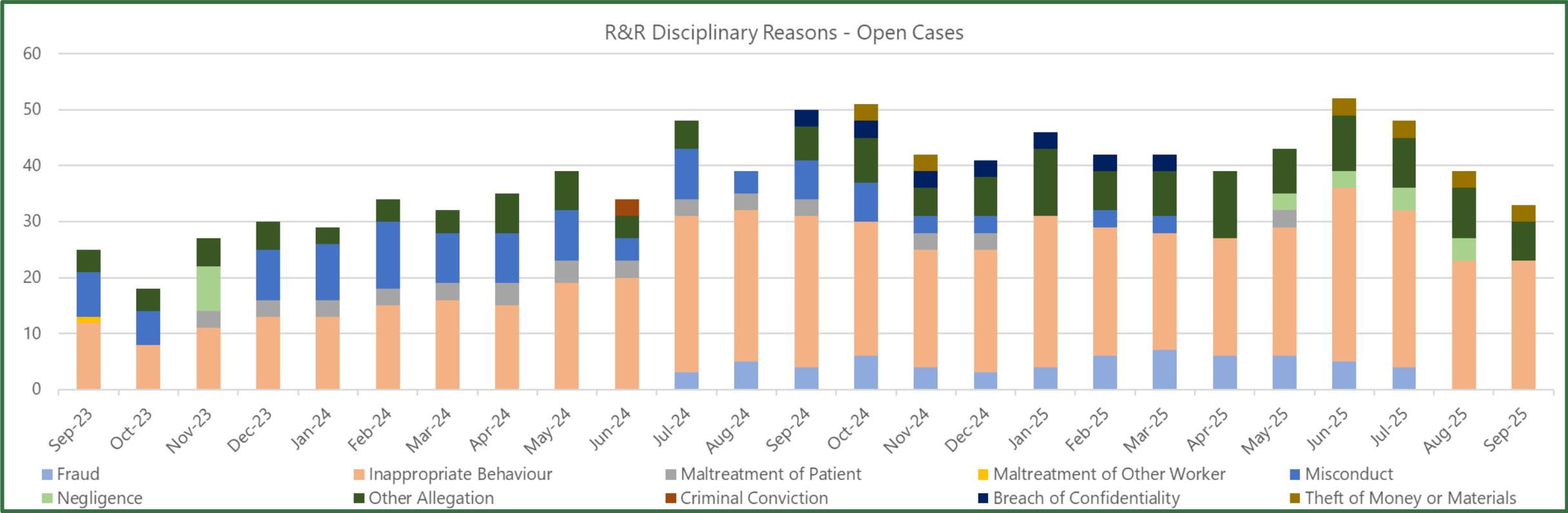
Our People

Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment:
Strength of Internal
Control: Moderate

PCC



Analysis

There were 41 open formal disciplinary cases recorded at the end of September 2025, compared to 42 in August 2025. Of these Disciplinary cases, 56% are due to allegations of inappropriate behaviour.

There were 12 open formal Respect and Resolution cases in September 2025, a slight decrease from 13 reported in August 2025. (Previous increase due to R&Rs in relation to Roster Reviews).

The bottom graph shows that in September 2025, 1,053 job applications were processed, and 204 interviews planned.

Of the 1,053 applications, a total of 522 were from under-represented groups with 322 in the category of Ethnicity, 115 within Disability and 85 identifying within Sexual Orientation.

In September 2025, 16.5% (n=86) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was an increase from the 12% in August 2025.

Remedial Plans and Actions

R&R Formal Disciplinary Cases: Continue to monitor. The Trust has a substantial programme of work in place, connected to behaviours.

Applications: Work continues with the digital directorate, and the ED&I team to host recruitment workshops for Black, Asian and Ethnically diverse applicants and unconscious bias training for those sitting on interviews panels. Mini multiple interviews are being undertaken more widely across the Trust following positive feedback from candidates and more consistent scoring from panels making the process fairer and less bias for all involved.

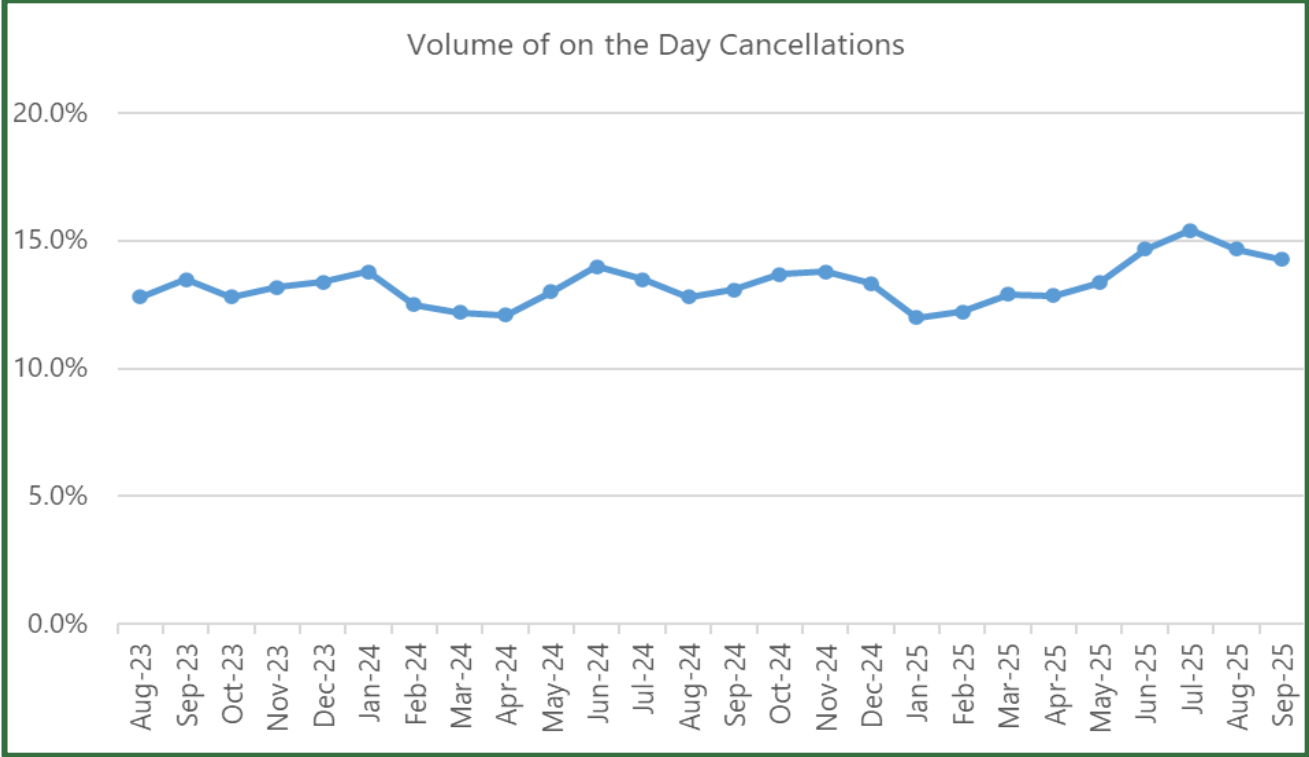
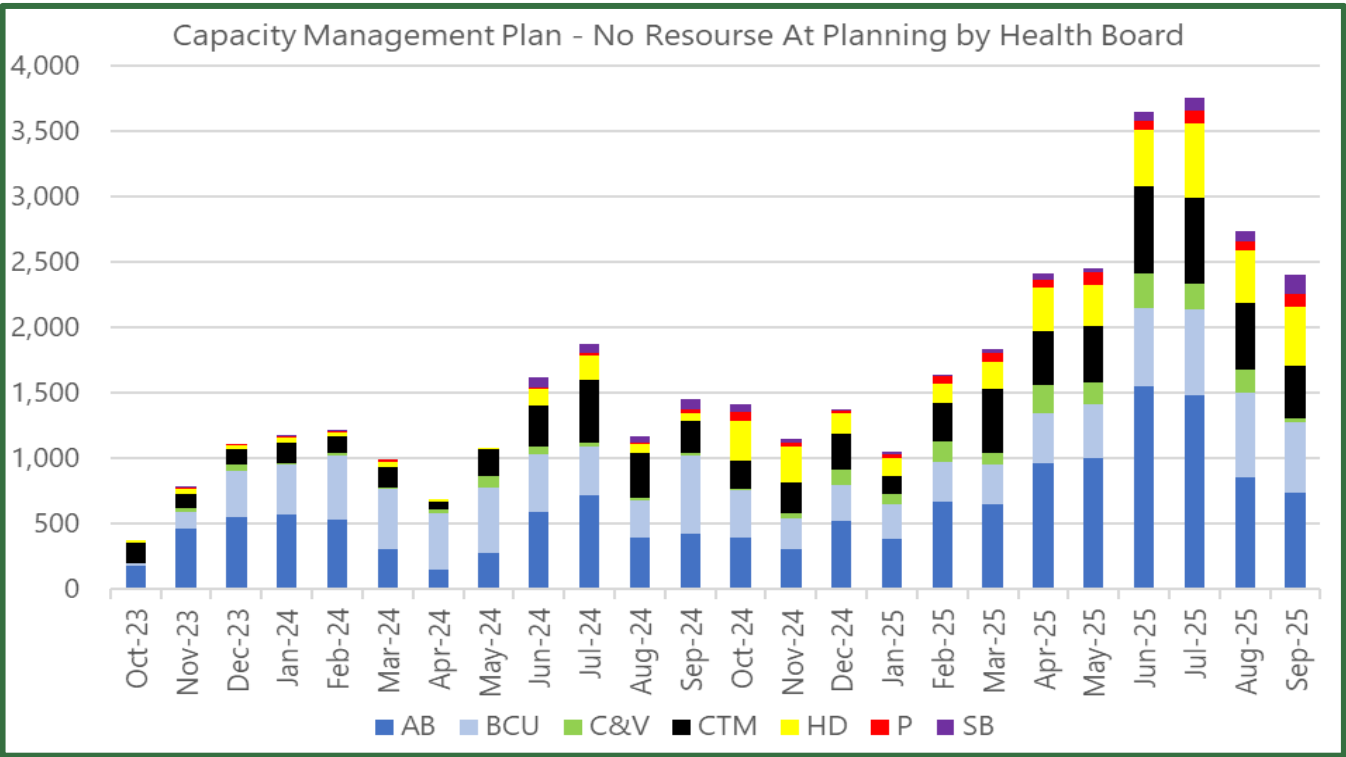
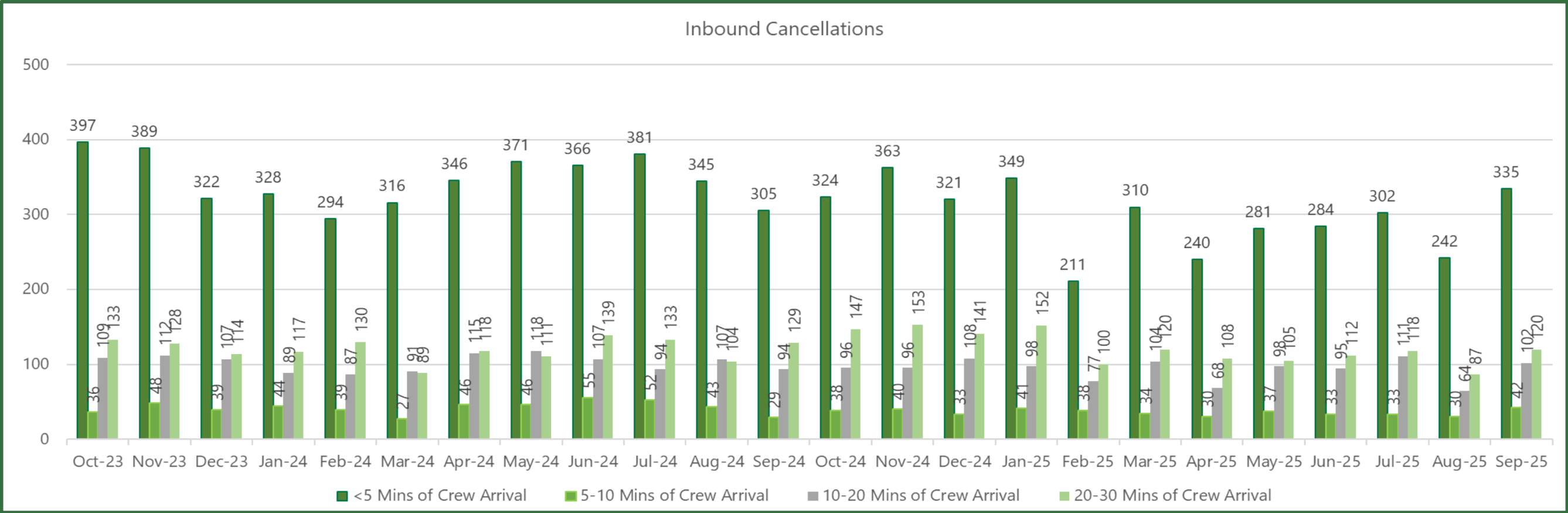
Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.

Finance, Resources and Value

Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)



Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw an increase in September 2025 to 335, compared to 242 in August 2025. The total number of cancellations within 30 minutes also increased from 423 in August 2025 to 599 in September 2025.

Same day cancellations decreased slightly in September 2025 to 14.3% compared to August 2025 (14.7%).

Capacity Management Plan (CMP) cancellations decreased from 2,734 in August 2025 to 2,407 in September 2025.

Remedial Plans and Actions

The work with Hywel Dda to connect patient management systems went live in August and is now in a BAU position. Although still in its infancy, a continued stream of avoided late notice cancellations has been observed.

The biggest challenge and risk to the service lies in the level of capacity management cancellations. Focused work has commenced in Aneurin Bevan and a significant decrease in cancellations has been observed. Similar work will commence in other areas through September.

Expected Performance Trajectory

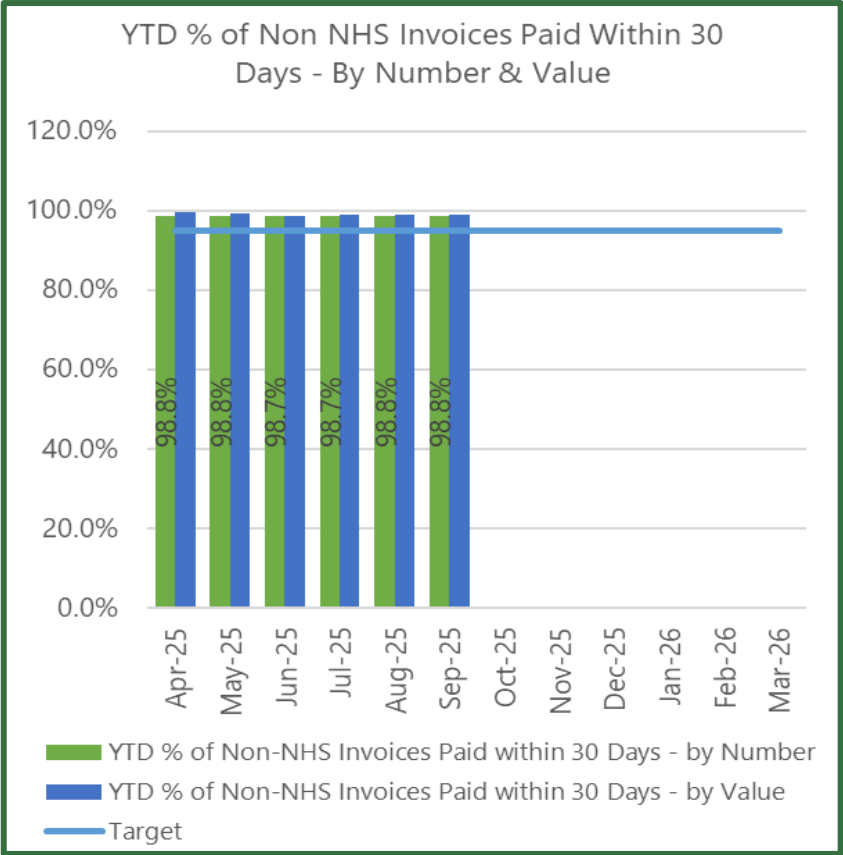
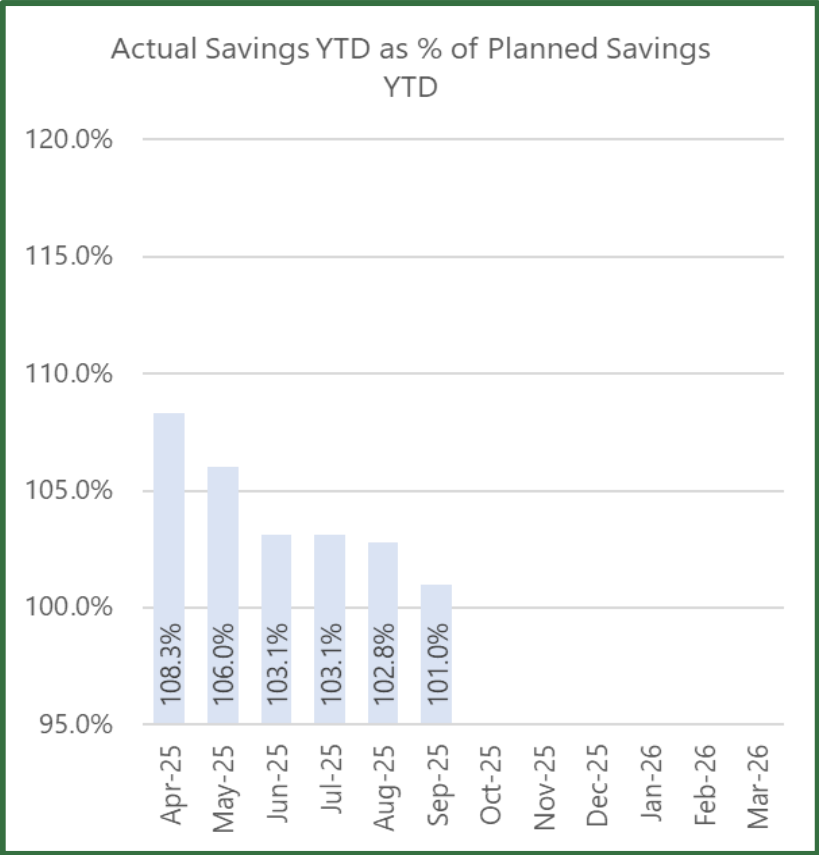
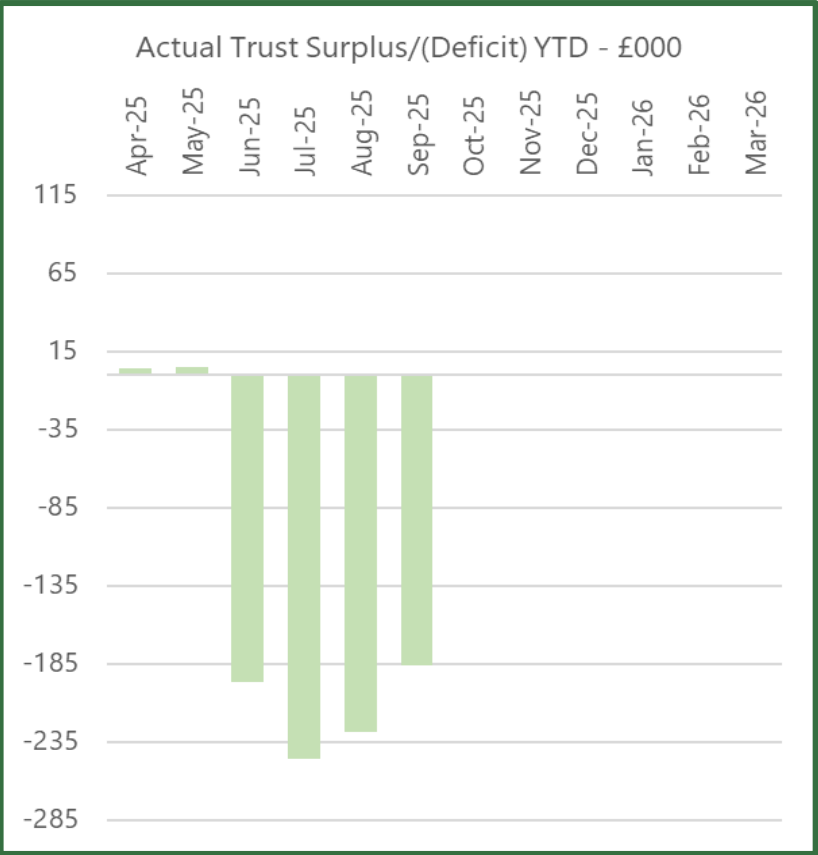
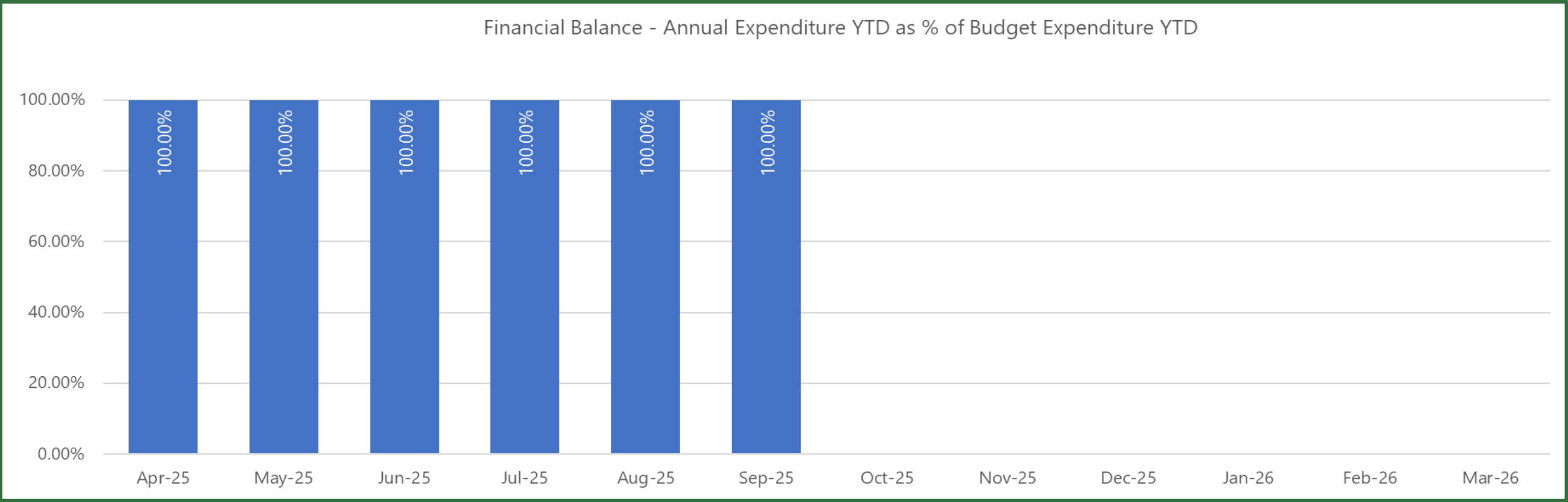
It is anticipated that CMP cancellations will continue to reduce in September.

Please note that that figures may be lower than overall totals due to some records having no cancellation date.

Finance, Resources and Value

Value - Finance Indicators

(Responsible Interim Officer: Ed Ringrose)



Analysis

The reported outturn performance at Month 6 is a deficit of £0.186m, with a forecast to the yearend of breakeven.

For Month 6 the Trust is reporting planned savings of £4.216m and actual savings of £4.260m (an achievement rate of 101.0%).

The Trust's cumulative performance against PSPP as at Month 6 is 98.8% against a target of 95%.

At Month 6 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

There is no remedial plan required given the Trust is forecasting to breakeven; however, as the Trust moves into 2025/26 key areas of focus include:-

- Undertaking a review of commercial opportunities for income generation (once Head of Commercial Development is in post) .
- A continued focus on the Trust's financial sustainability programme.
- Improved governance for Value Based Health Care, with a particular focus on benchmarking; and
- An improved approach to benefits realisation

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2025/26 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver a planned level of savings in the 2025/26 financial year of c£8.5m.

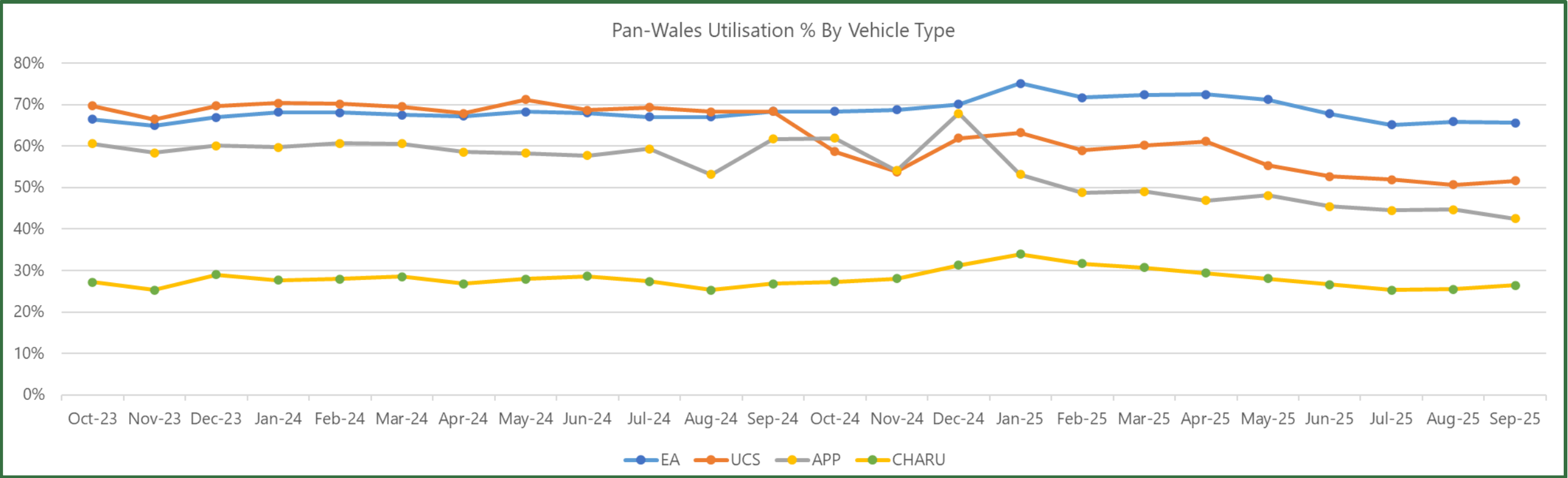
Finance, Resources and Value

EMS Utilisation

(Responsible Officer: Lee Brooks)



NB: Data quality issues have been identified within APP & CFR data. These are currently being addressed.



Analysis

Pan Wales Utilisation metrics in September 2025 were 51.3% for all vehicles types, a minimal decrease from 51.7% in August 2025. EA saw the highest rate during the month at 65.6%, a minimal decrease but returning to an upward trend for the beginning of the year. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

CFR data collation is under review due to the new Assemble system going live in June 2025. At present hours for which a CFR volunteers are entered manually by the individual, however, there is work ongoing to connect this to the current CAD system from which they are dispatched to appropriate call codes. From the data available, in September we can see that CFRs were allocated to 607 EMS incidents and responded to 369. In September 2025 80.5% Community First Responders attendances where they were the first response arriving at the scene.

Remedial Plans and Actions

EA and UCS jobs per shift is fundamentally a product of handover delays.

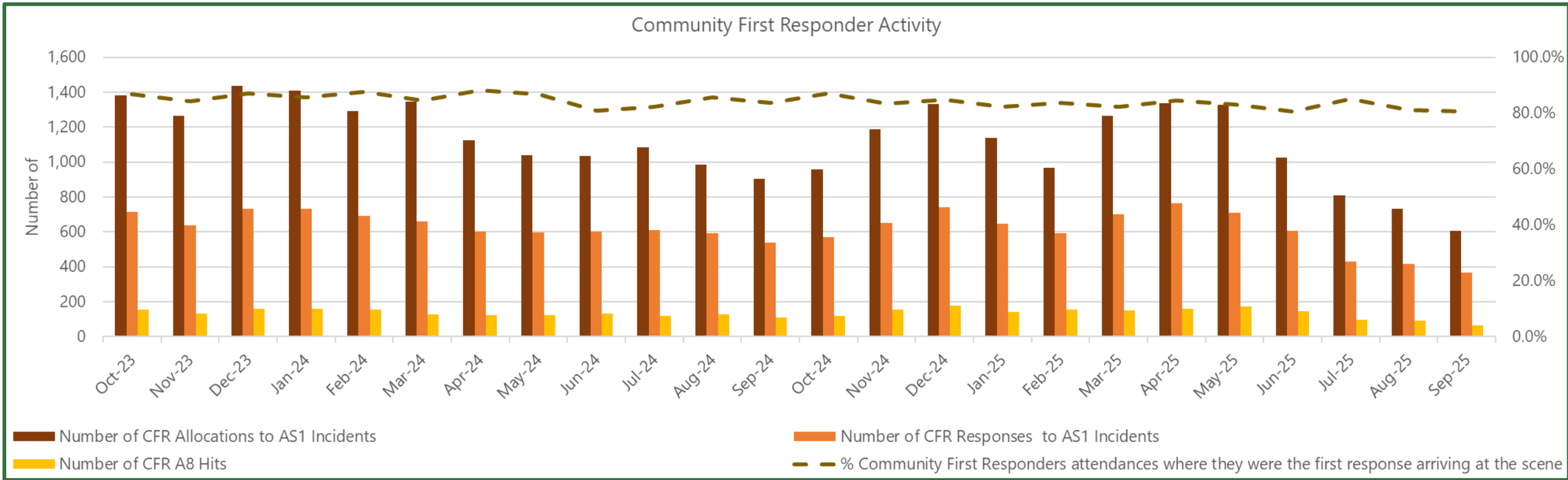
For APPs, the APP Recruitment Task & Finish Group will give a focus on further improvement, in particular, improved information and a re-roster.

CHARU is a particular area of focus. Analysis indicates that CHARU contribution to Red compares favourably with the previous resource: RRVs.

Work ongoing to connect Assemble and CAD for all CFR and Community Welfare Responders (CWR) hours.

Expected Performance Trajectory

The Trust's ability to reduce the high utilisation rates for EAs and UCS is a product of handover, which it does not control. The Trust would expect an increase in CHARU utilisation and a decrease in EA utilisation during 2025/26 linked to the remedial actions identified above.



Finance, Resources and Value

Average Job/Shift Times

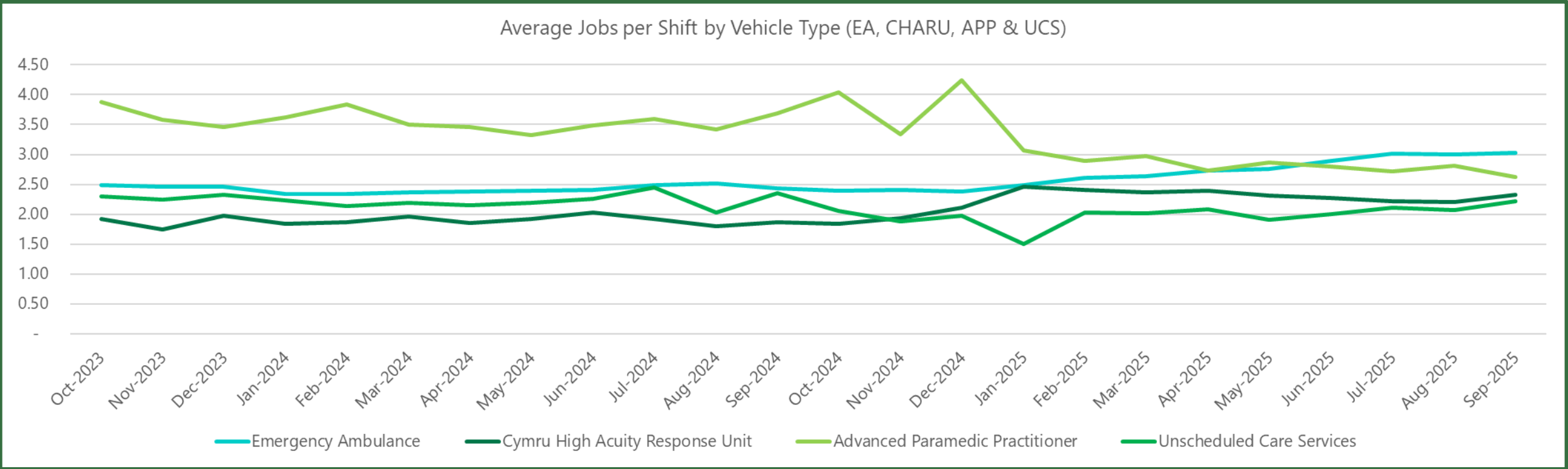
(Responsible Officer: Lee Brooks)

Jobs Per Shift

R

FPC

NB: Data quality issues have been identified within APP data. These are currently being addressed.

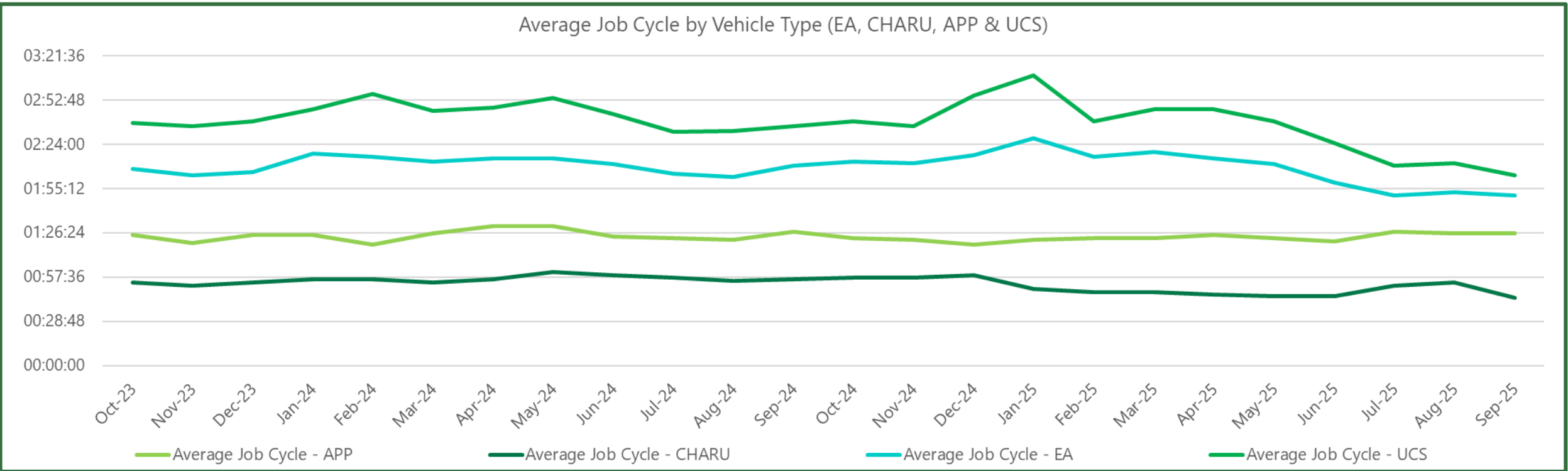


Analysis

Overall average jobs per shift was 2.39 in September 2025, a slight increase from August 2025 (2.36). EAs averaged 3.03 jobs per shift and UCS crews 2.21. Discussions with ORH indicate that 3.03 jobs per shift for EAs is higher than might be expected with the current levels of handover, with a definite upward trend as handover lost hours have come down.

APPs attended on average 2.63 jobs per shift and CHARU's 2.32. However, both sets of data need to be reviewed. The current priority is phase 2 of the Ambulance Performance Framework, with further capacity being recruited into to support the Insight & Data Services function.

As demonstrated in the bottom graph, the average job cycle decreased slightly in September 2025 for EAs (1 hours 51 minutes) and UCS (2 hours 4 minutes) and CHARU (44 minutes). APPs (1 hour 26 minutes) remaining the same as the previous month.



(Responsible Officer: Lee Brooks)

Analysis

During September 2025, 55,411 calls were allocated into the 14 categories displayed in the graph opposite; a decrease compared to the 57,446 seen during August 2025. However, data quality issues within 111 reporting have been addressed.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 32.24% of all calls during September 2025, but there has been a material drop since the implementation of the new 111CAS system.

As the bottom left graph highlights, in September 2025, 6,029 calls were 'Stopped at Source', with no onward referral, a slight decrease from 6,427 in August 2025. 11,170 calls were referred to 999/ED in September 2025.

The percentage of 111 calls answered in Welsh decreased slightly from 1.15% in August 2025 to 1.12% in September 2025. This equated to 69.6% of all 111 calls being offered in Welsh being answered.

Remedial Plans and Actions

There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST, Six Goals, commissioners and DHCW. The focus is the development of a nationally reportable 111 data set, similar to what is currently in place for Ambulance Service Indicators (ASIs). Part of this work involves looking at the reporting of disposition final outcomes.

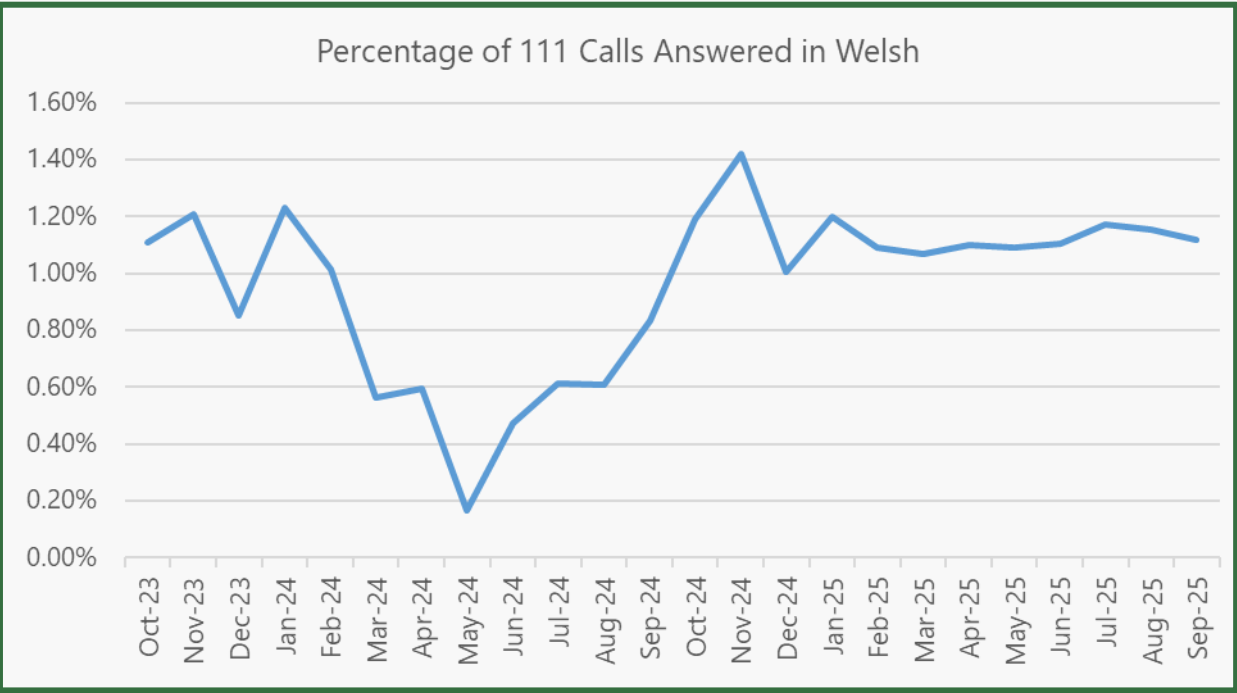
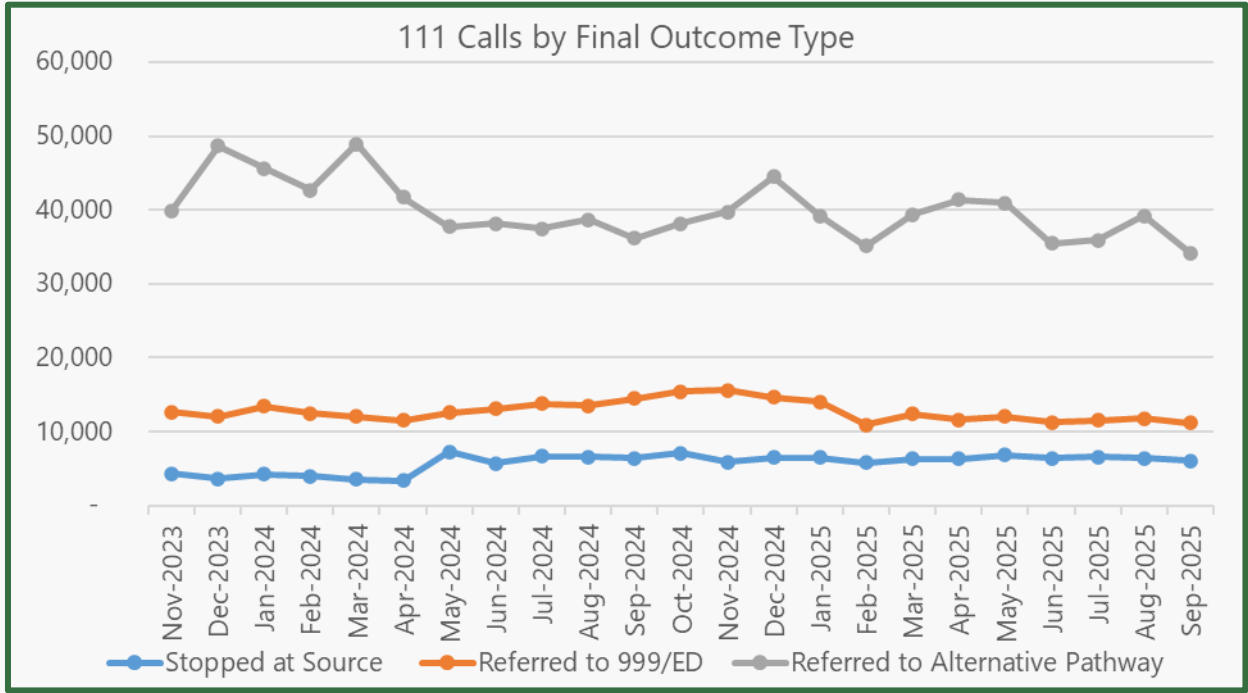
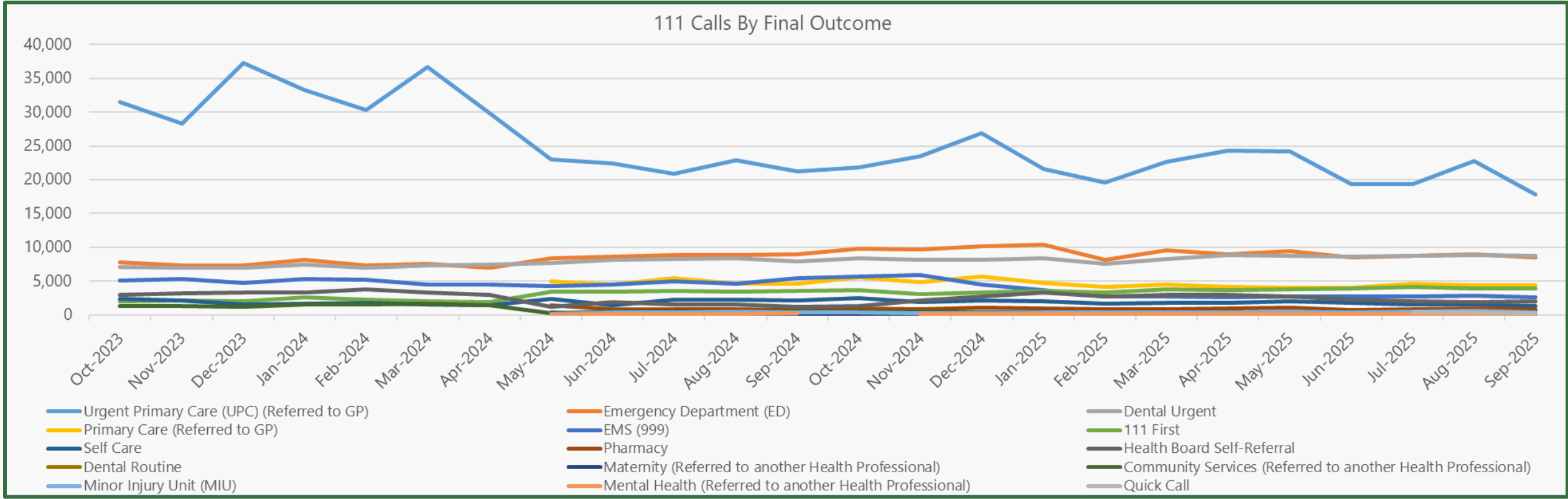
Expected Performance Trajectory

No performance trajectory is set at this time, as the Trust develops its measures and systems around these metrics. Once developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.

Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

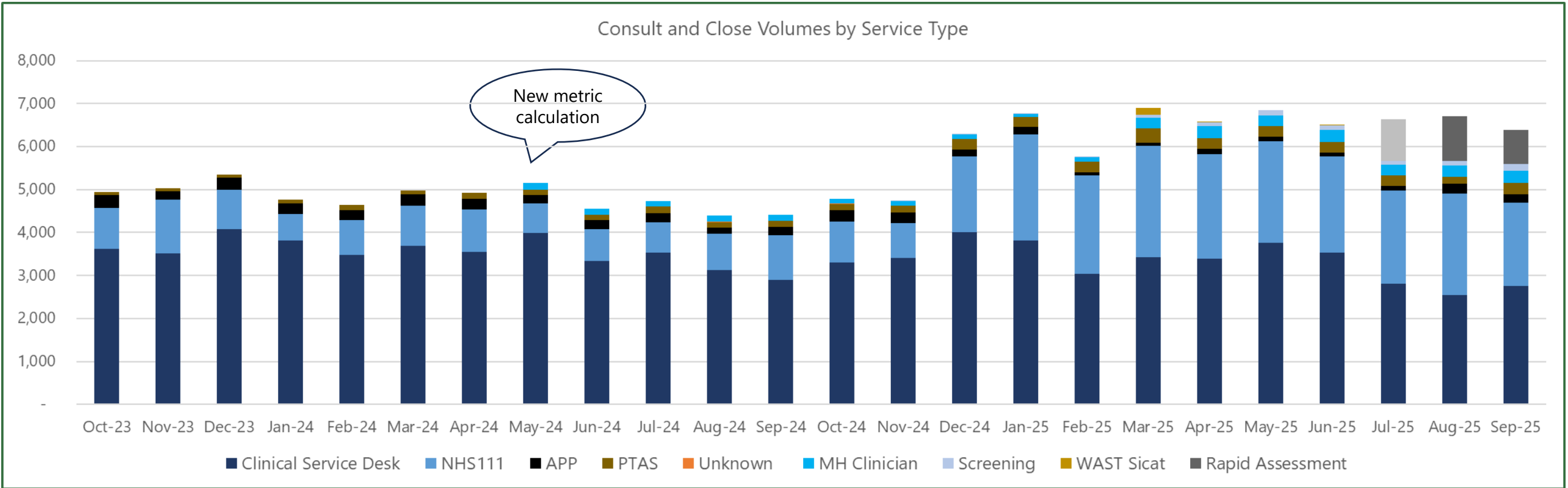
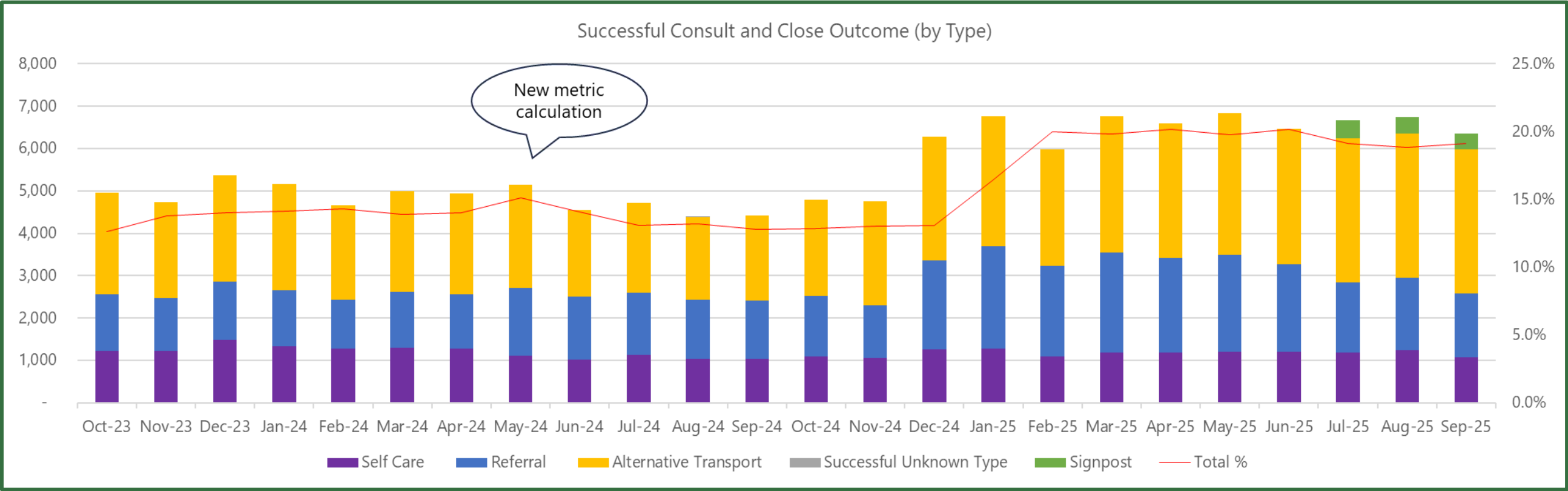
Influencing Factors – Demand and Clinical Hours Produced



Partnerships / System Contribution

Consult & Close Indicators

(Responsible Officer: Lee Brooks)



Analysis

The new **Consult and Close** definition was agreed by Commissioners in May 2025 with reporting recommencing in June 2025 after backdating data collation to May 2024.

Contributions from Clinical Service Desk (CSD) (8.10%), NHS111 (5.70%), WAST APP (0.60%), Health Boards using Physician Triage and Streaming Service (PTAS) (0.80%), Mental Health Clinician (0.80%), Screening (0.30%) and Rapid Assessment (2.40%) achieved 18.7% in September 2025, a minimal decrease compared to August 2025 (19.1%), but still achieving the 17% IMTP ambition for the eighth consecutive month. In September 2025, the number of 999 calls resulting in a Consult and Close outcome was 6,352, up from 4,412 in September 2024.

Of the calls successfully closed in September 2025, 62 patients received an outcome of self-care; 716 patients were referred to other services (including to Minor Injury Units and SDEC), 845 were advised to seek alternative transport services to acquire treatment and 317 were signposted.

Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support.
- Implementation of 15 recommendations from commissioner review.
- Ambulance Performance Phase 2 go live.

Expected Performance Trajectory

Further improvement is expected linked to CSD staff attendance (reduced absences and less vacancies) and the CMT model. The ambition remains 17%.

Partnerships / System Contribution

Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

Conveyances

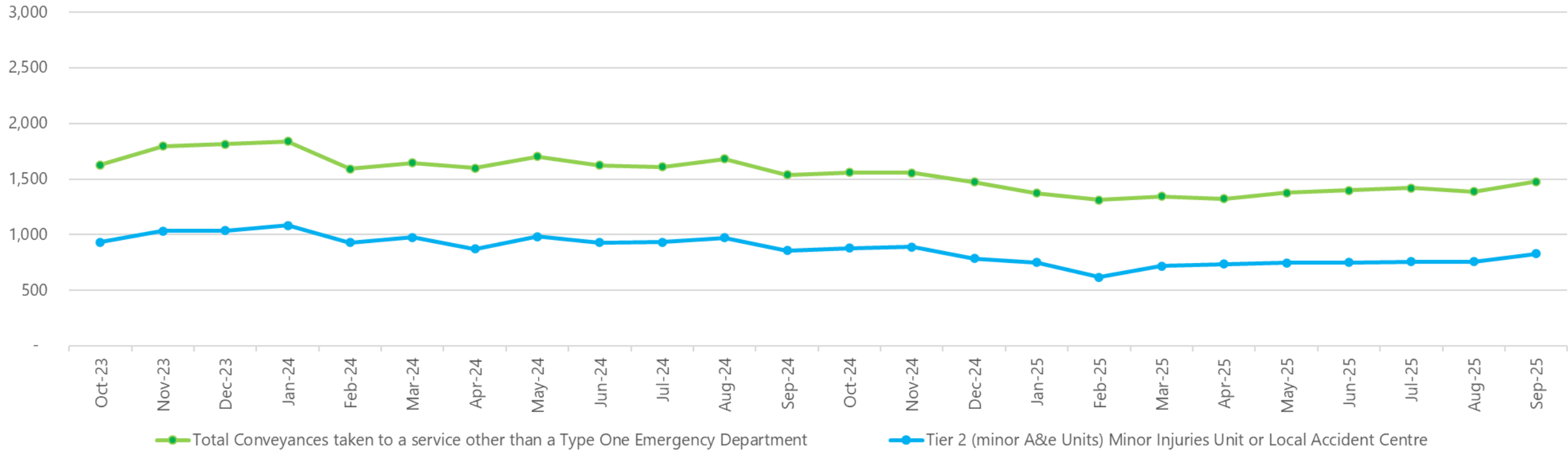
A

FPC

Ministerial Measure

NB: Data quality issues have been identified in APP data. These are currently being addressed.

Total Conveyances taken to a Service other than a Type One Emergency Department vs Total Conveyances to a Minor Injury Unit



Analysis

In September 2025 10.24% of patients (1,476) were conveyed to a service other than a Type One ED. 5.7% (829) were conveyed to a Tier two Minor Injuries Unit or Local Accident Centre while 38.15% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers slightly increased, from 3,703 in August 2025 to 3,757 in September 2025.

Percentage of patients conveyed to SDEC units minimally increased in September 2025 to 0.5% from 0.44% the previous month.

Taxi conveyance has remained consistent for the past 12 months, averaging 842 per month to hospitals.

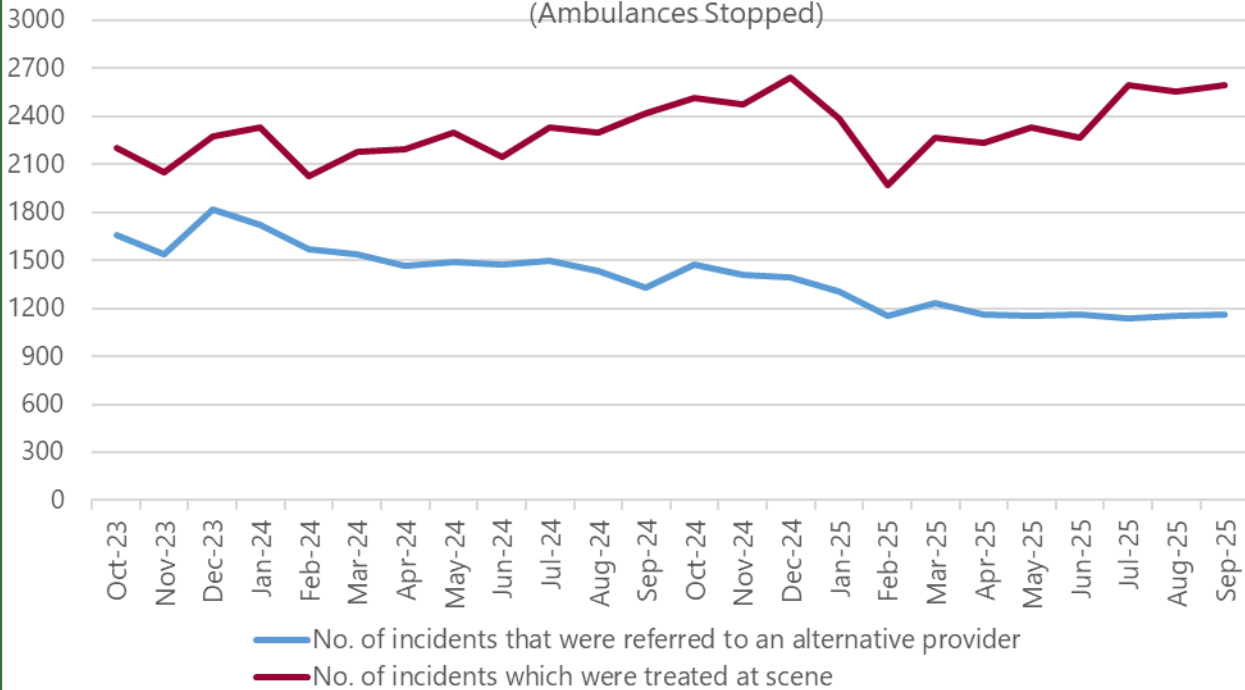
Remedial Plans and Actions

- Further investment in the APP workforce.
- Formal education support and induction package for APPs agreed trust-wide.
- Embedding the Urgent Care response within the Clinical Model Transformation, tasking optimisation (alongside HB partners if available), scheduling care and APP development and workforce.
- Inclusion of specific Frailty and Falls workstream within Urgent Care Response Service with involvement in the review of the All-Wales Falls Response Framework alongside NHS Executive Colleagues.

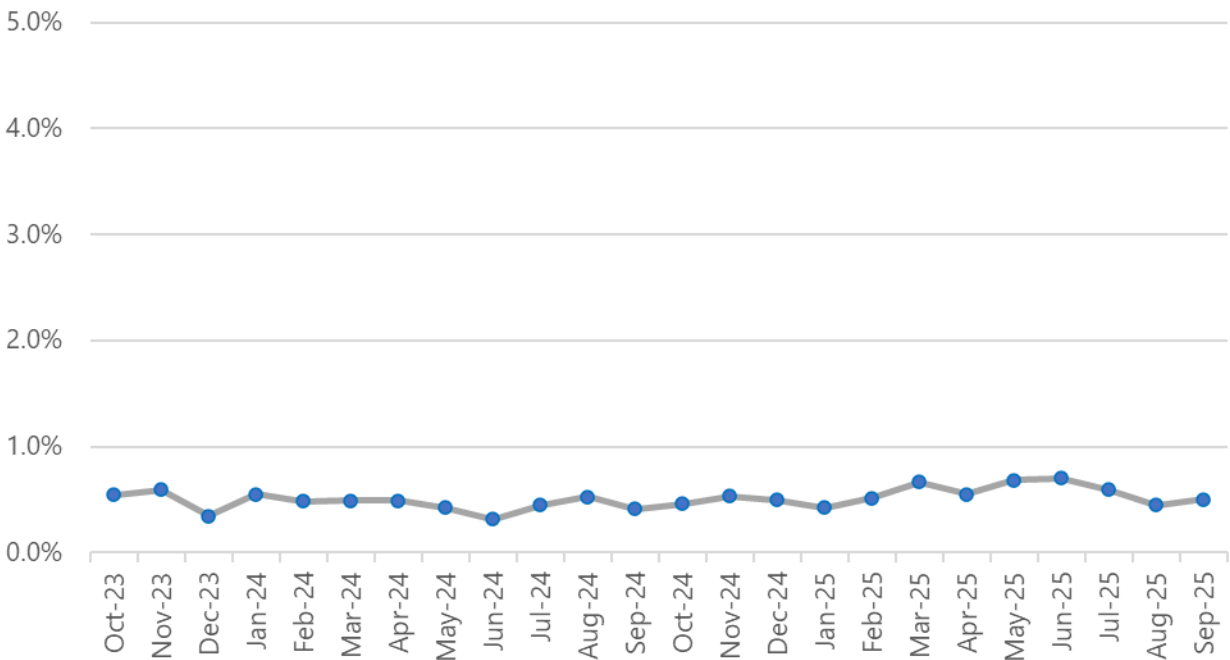
Expected Performance Trajectory

The 2023 EMS Demand & Capacity Review (strategic) models various future states. The modelled scenarios indicate that the Trust will need to evolve its clinical model with health boards also significantly reducing handover e.g. 12,000 hours or 7,500 hours, alongside varying levels of investment. Seasonal modelling continues to be undertaken.

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



% Patients Conveyed to SDEC Units Pan-Wales



Partnerships / System Contribution

Handover Indicators

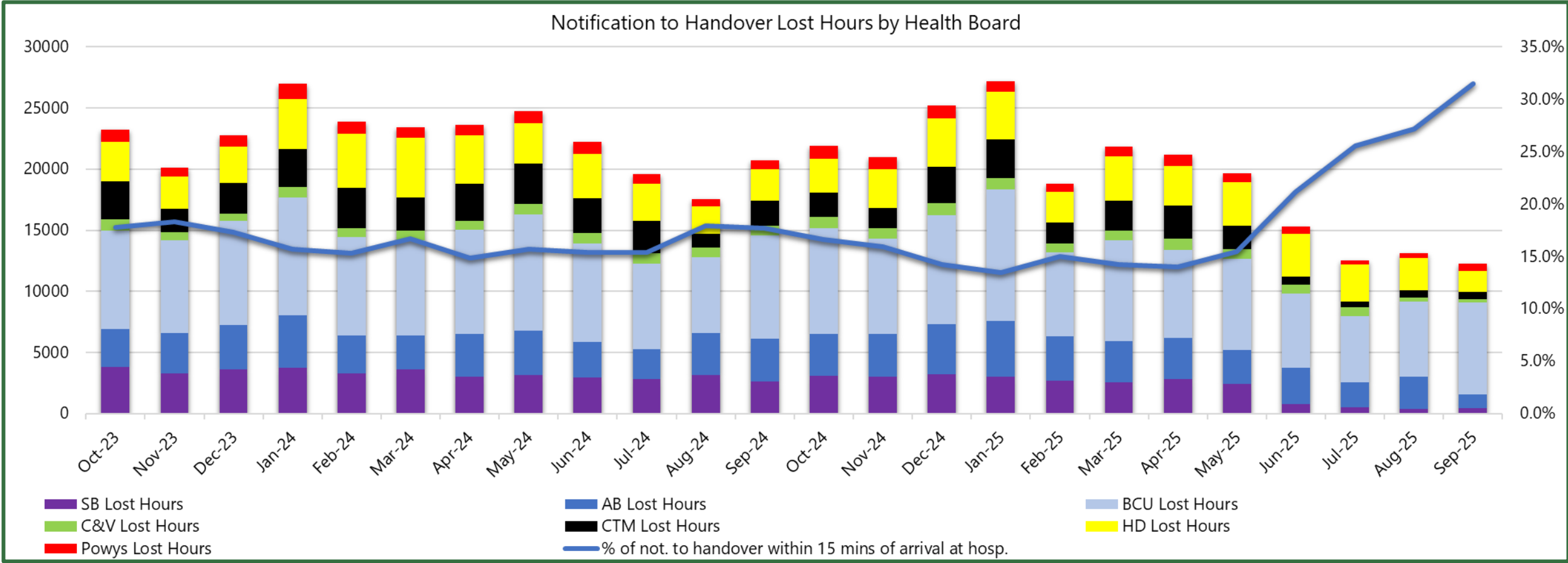
(Responsible Officer: Health Boards)

Lost Hours

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Analysis

230,091 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Oct-24 to Sep-25), compared to 268,832 hours over the same timeframe the previous year. There were 12,284 hours lost in September 2025, which is 40.6% lower than the 20,693 hours lost during September 2024 and is the lowest monthly figure since July 2021. Three health boards have seen further reductions, compared to last month, particularly Aneurin Bevan (59.25%), Hywel Dda (35.28%) and Cardiff & Vale (16.46%).

The hospitals with the highest levels of handover delays during September 2025 were:

- Ysbyty Gwynedd Hospital (BCUHB) at 2,961 lost hours
- Ysbyty Maelor Hospital (BCUHB) at 2,514 lost hours
- Ysbyty Glan Clwyd (BCUHB) at 1,946 lost hours
- Grange University Hospital (ABUHB) at 1,056 lost hours
- Withybush Hospital (H DUHB) at 776 lost hours

Notification to handover lost hours averaged 409 hours per day during September 2025 (30 days) compared to 424 hours per day (31 days) in August 2025.

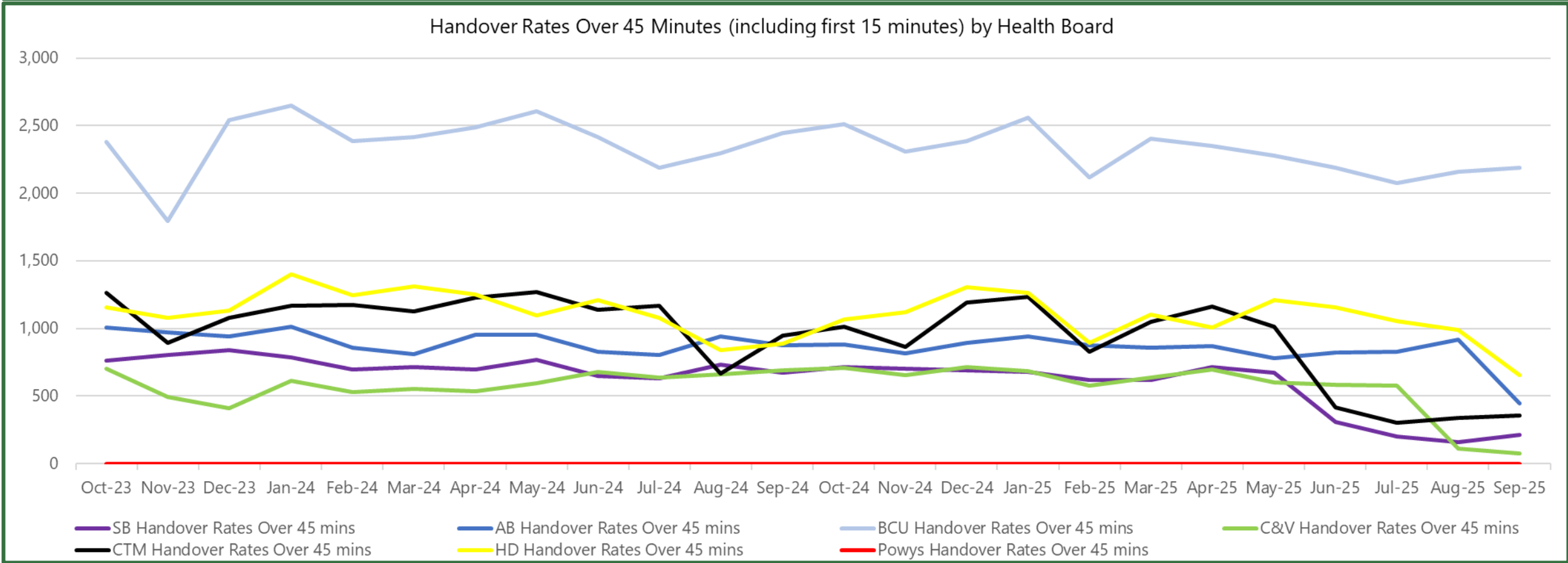
In September 2025, the Trust could have responded to approximately 3,875 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

Remedial Plans and Actions

Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to Commissioners, HBs and Welsh Government/Ministers, which have been listened to.

Expected Performance Trajectory

The likely expected ambition from Welsh Government is no waits over 45 minutes. W45 workshops have been facilitated with each health board by NHS Wales Performance & Improvement (previously the NHS Executive).



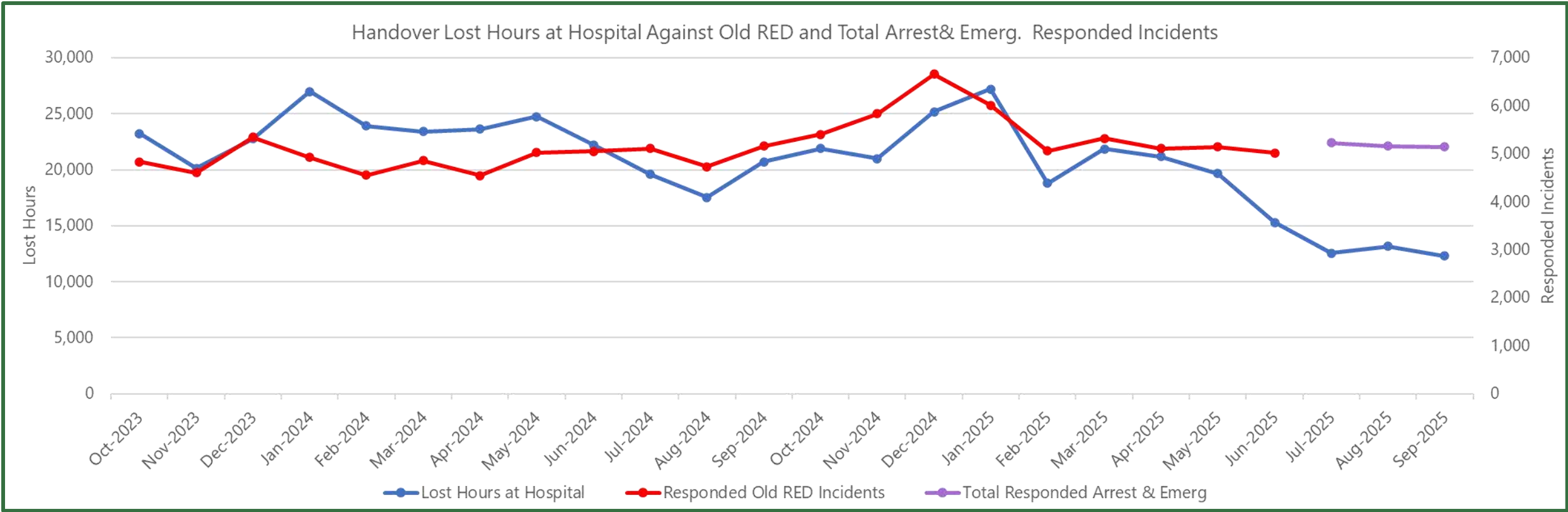
Partnerships / System Contribution

Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

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QUEST



Analysis

The top graph highlights that when handover lost hours have increased, so too do the number of Old Red, Arrest and Emerg incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system.

The bottom right graph illustrates, that there is also a correlation between lost hours decreasing and Amber 1 incidents being responded to.

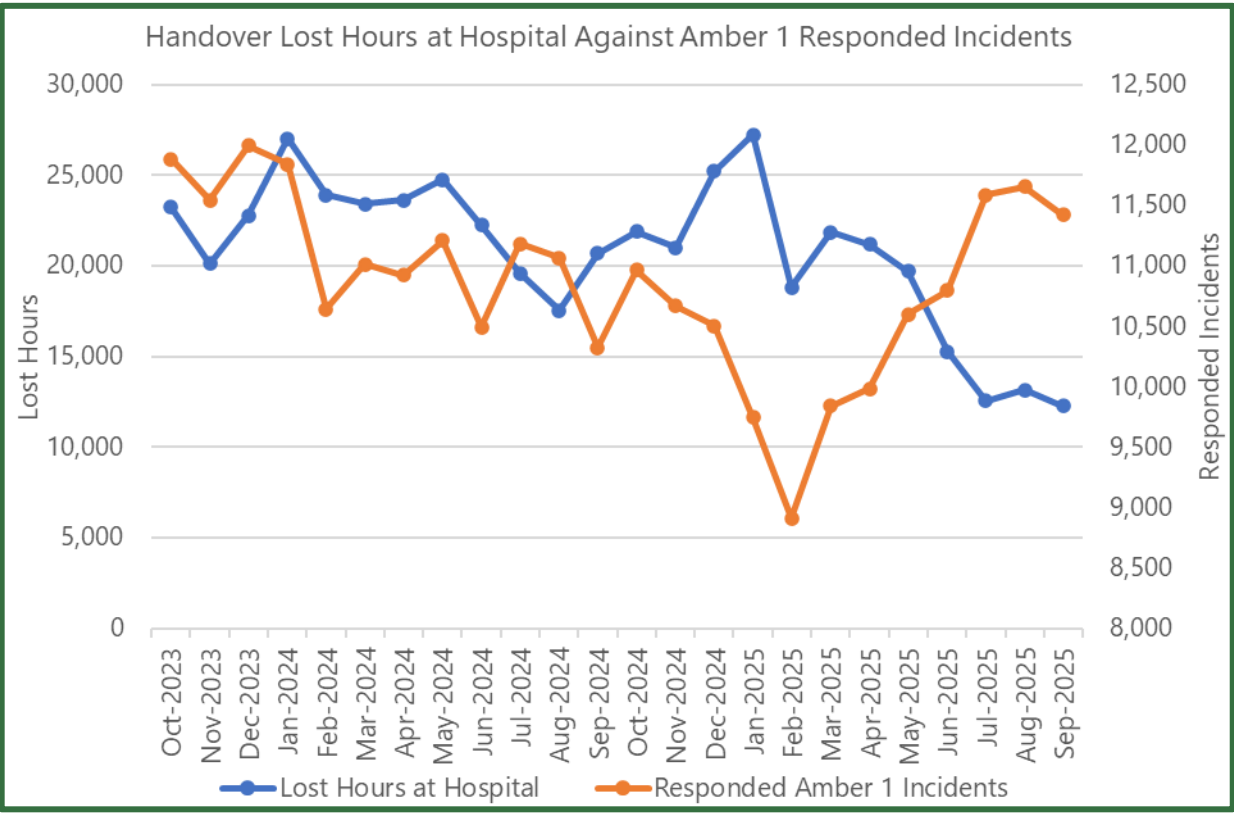
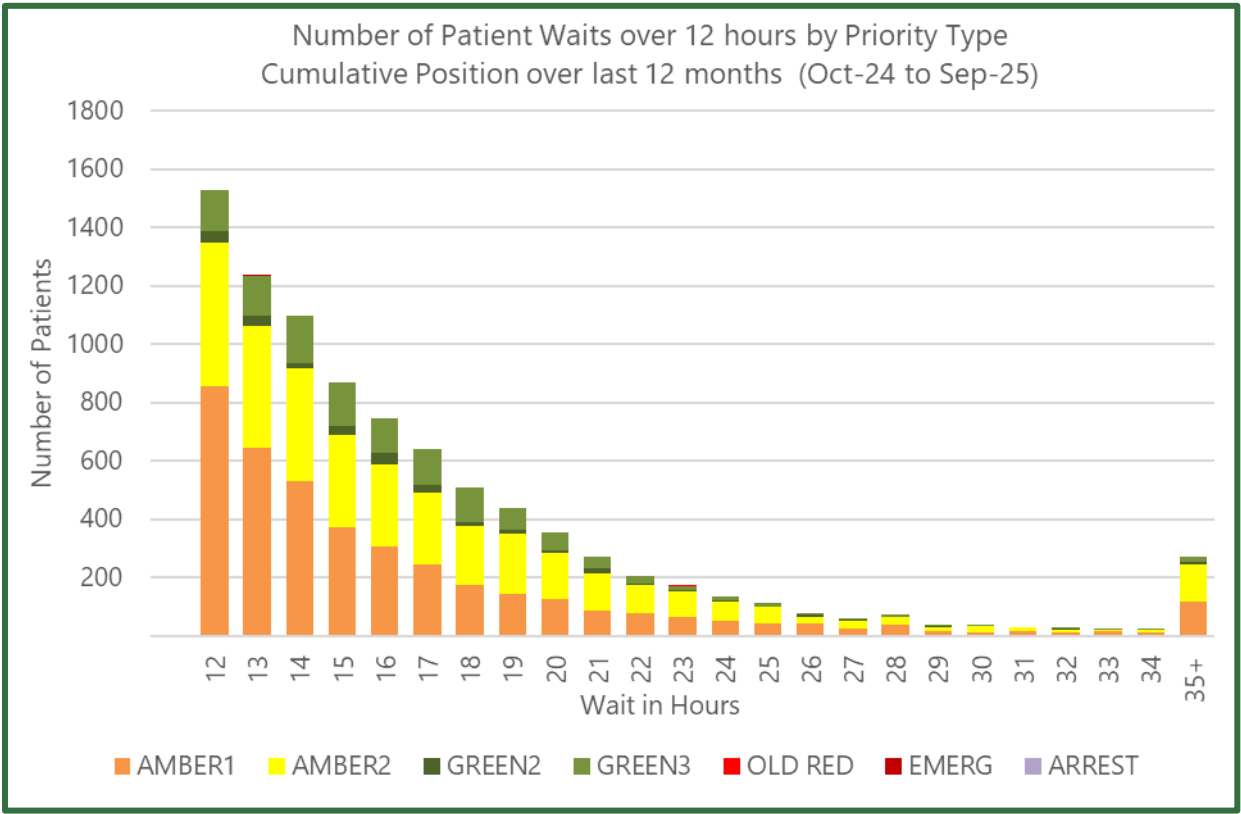
In September 2025, 323 patients waited over 12 hours for an ambulance response.

Remedial Plans and Actions

NHSWales Performance & Improvement is currently leading on health board workshops on handover improvement, in line with the W45 ambition by by October 2025.

Expected Performance Trajectory

The likely expected ambition from Welsh Government is no waits over 45 minutes.



*NB: Data correct at time of abstraction

Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	CTM / CTMHB	Cwm Taf Morgannwg Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	ROSC	Return Of Spontaneous Circulation
AOM	Area Operations Manager	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	RRV	Rapid Response Vehicle
APP	Advanced Paramedic Practitioner	DAG	Delivery & Assurance Group	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
AQI	Ambulance Quality Indicator	D&T	Discharge & Transfer	HR	Human resources	NRI	Nationally Reportable Incident	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	DU	Delivery Unit	HSE	Health and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CASC	Chief Ambulance Services Commissioner	EAP	Emergency Ambulance Practitioner	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	ED	Emergency Department	IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	TU	Trade Union
CCP	Complex Case Panel	ELT	Executive Leadership Team	IPR	Integrated Performance Report	OH	Occupational Health	UCA	Unscheduled Care Assistant
CEO	Chief Executive Officer	EMD	Emergency Medical Department	JCC	Joint Commissioning Committee	P / PHB	Powys / Powys Health Board	UCS	Unscheduled Care System
CFR	Community First Responder	EMS	Emergency Medical services	KPI	Key Performance Indicator	PCR / PCR's	Patient Care Record(s)	UHP	Unit Hours Production
CI	Clinical Indicator	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	U/A RTB	Unavailable – return to Base
CHARU	Cymru High Acuity Response Unit	FTE	Full Time Equivalent	MACA	Military Aid to the Civil Authority	PECI	Patient Engagement & community Involvement	VPH	Vantage Point House (Cwmbran)
COOs	Chief Operating Officers	GDPR	General Data Protection Regulations	MIU	Minor Injury Unit	POD	Patient Offload department	WAST	Welsh Ambulance Services University NHS Trust
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	PPLH	Post Production Lost Hours	WG	Welsh Government
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PSPP	Public Sector Purchase Programme	WIIN	WAST Improvement & Innovation Network
CMT	Clinical Model Transformation	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	QPSE	Quality, Patient Safety & Experience		
CSD	Clinical Service Desk	HCP	Health Care Professional	NEWS	National Early Warning Score	RCS	Rapid Clinical Screening		
CSP	Clinical Safety Plan	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	RICS	Remote Integrated Care Service		

Definition of Indicators

Indicator	Definition	Indicator	Definition
111 Abandoned Calls	An offered call is one which has been through the Interactive Voice Response messages and has continued to speak to a Call Handler. There are several options for the caller to self-serve from the options presented in the IVR and a proportion of callers choose these options. An example is to guide the caller to 119 if they wish to speak to someone about a Coronavirus test. Once the caller is placed in the queue for the Call Handler if they hang up, they are counted as “abandoned” as we did not answer the call. The threshold starts at 60 seconds after being placed into the queue as this allows the callers to respond to the messages and options presented as it often takes a short while for the caller to react. Starting the count at 60 seconds provides a picture of abandonment where the caller has chosen not to wait, despite wanting to speak to a Call Handler	Hours Produced for Emergency Ambulances	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
111 Patients Called back within 1 hours (P1)	(Welsh Government performance target) which prescribes that 111 has up to 1 hour (longer for lower priory callers) for a 111 Clinician to call the patient to discuss their medical issue. These callers will already have been screened by Call Handlers and received an outcome which needs a conversation with a 111 Clinician. WAST operates a queue and call back method for all Clinical Calls.	Sickness Absence (all staff)	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
999 Call Answer Times 95th Percentile	Time taken (in Minutes) to answer 999 emergency calls by call handlers. A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 95th percentile is the value below which 95 percent of the observations may be found.	Frontline COVID-19 Vaccination Rates	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
999 Red Response within 8 Minutes	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	Statutory and Mandatory Training	Combined percentage of staff who are compliant with required statutory training undertaken by staff where a statutory body has dictated that an organisation must provide training based on legislation and mandatory training which relates to trade-specific training that the employer considers essential or compulsory for a specific job. (A detailed list of these can be found on slide 20).
Red 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Red (immediately life-threatening) calls (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	PADR/Medical Appraisal	Proportion of staff who have undertaken their annual Performance Appraisal & Development Review (PADR) or Medical Appraisal. This is a process of self-review supported by information gathered from an employees work to reflect on achievements and challenges and identify aspirations and learning needs. It is protected time once a year.
999 Amber 1 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Amber 1 calls (other life-threatening emergencies – including cardiac chest pains or stroke). (NB: The 95th percentile is the value below which 95 percent of the observations may be found.	Ambulance Response FTEs in Post	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Return of Spontaneous Circulation (ROSC)	Percentage of patients for whom Return Of Spontaneous Circulation occurs. This refers to signs of restored circulation (more than occasional gasp, occasional fleeting pulse or arterial waveform) evidenced by breathing, a palpable pulse or a measurable blood pressure.	Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Stroke Patients with Appropriate Care	Proportion of suspected stroke patients who are documented as receiving an appropriate stroke care bundle (a bundle is a group of between three and five specific interventions or processes of caret hat have a greater effect on patient outcomes if done together in a time-limited way ,rather than separately).	Financial Balance – Annual Expenditure YTD as % of budget Expenditure	Annual expenditure (Year to Date) as a proportion of budget expenditure.
Acute Coronary Syndrome Patients with Appropriate Care	Proportion of STEMI patients who receive appropriate care. ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.	Duty of Candour	A notifiable adverse outcome is any incident whereby harm (moderate harm, severe harm and death) is caused, which is unintended or unexpected and that the provision of the health care was or may have been a factor in the service user suffering that outcome.
Renal Journeys arriving within 30 minutes of their appointment (NEPTS)	Proportion of renal journeys which arrive at hospital appointments within 30 minutes (+/-) of their appointment time.	111 Consult and Close	Consult and Close refers to the response to 999 callers where an alternative to a scene response has been provided. A cohort of 999 calls are passed to 111 where they are low acuity and the Clinicians in 111 may be able to help the caller with self-care, referral, etc. This is similar to the work of the Clinical Support Desk but for a lower acuity of caller. Where the outcome from the 111 clinical consultation ends in a Consult and Close outcome (self-care, referral, alternative transport) this is captured and forms part of the Trust’s Consult and Close reporting. Over 50% of calls passed to 111 in this way are successfully closed without an ambulance response.
Discharge & Transfer journeys collected less than 60 minutes after booked ready time (NEPTS)	Proportion of journeys being discharged from and/or transferred between hospitals which were collected within 60 minutes of the hospital booked ready time.	999 / 111 Hear and Treat	Proportion of 999/111 calls which are successfully completed (closed) without dispatching an ambulance vehicle response. This may include advice, self-care or referral to other urgent care services.
National reportable Incidents (NRI)	Volume of patient safety incidents reported in the month which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.	% Incidents Conveyed to Major EDs	Proportion of patients transported to a hospital Emergency Department following initial assessment at scene by a Welsh Ambulance Services NHS Trust Clinician, as a proportion of total verified incidents. (NB: An ED provides a wide range of acute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions, and which usually has an Accident and Emergency Department).
Concerns Response within 30 Days	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	Number of Handover Lost hours	Number of hours lost due to turnaround times at EDs taking more than 15 minutes. Transferring the care of a patient from an ambulance to an ED is expected to take no longer than 15 minutes, with a further 15 minutes for ambulance crews to make their vehicle ready for the next call.
EMS Abstraction Rate	The percentage of Emergency Medical Services (EMS) staff unavailable for rostered duties due to reasons, such as: annual leave, sickness, alternative duties, training, other and COVID-19.	Immediate Release requests	The number of requests submitted to Health Boards for the immediate release of vehicles at Emergency Departments to release them back into the community to respond to other urgent and life-threatening calls



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Agenda Item No. 9

REPORT TITLE

Anti-Racist Wales Action Plan Update, including the Workforce Race Equality Standards Report 2025

MEETING

Name of meeting	People & Culture Committee
Date of meeting	13 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Angela Lewis, Director of Culture Change
Author(s) of report	Kathryn Cobley, Head of Inclusion & Engagement

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The Anti-Racist Wales Action Plan (ARWAP) sets out a series of actions for organisations to improve the lived experience of Black, Asian and Minority Ethnic People.
2. As part of this action plan HEIW collate data to present in NHS Wales's Workforce Race Equality Standard (WRES).
3. The attached report provides the data relating to the Trust and benchmarks the Trust against NHS Wales national averages.



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4. A rating system has been used to assess the Trust against a set of indicators. The report includes some key headlines and recommended actions specific to the Trust.
5. Data shows that improvements have been made since the previous year's report and Welsh Government has recognised the exemplary work and approaches taken by the Trust to progress this work.

RECOMMENDATION(S)

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

The Committee is requested to:

1. To receive the report and take assurance from the Anti-Racist Wales Action Plan Update and Workforce Race Equality Standards Report and findings for 2025.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

1. WRES Report for Welsh Ambulance Service University NHS Trust 2025
2. Summary Report with Overview of WAST WRES Report Findings for 2025

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

☐ SO1: Providing the right care or advice, in the right place, every time

☒ SO2: Enabling our people to be the best they can be

☐ SO3: Being at the forefront of innovation and technology

☐ SO4: Developing services in collaboration

☒ SO5: Being quality driven and clinically led

☐ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

N/A



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HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
08/10/2025	EDI Steering Group
29/10/2025	ELT
13/11/2025	People and Culture Committee



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SITUATION

1. The Anti-Racist Wales Action Plan (ARWAP) sets out a series of actions for organisations to improve the lived experience of Black, Asian and Minority Ethnic People.
2. The ARWAP required HEIW to collate data on behalf of all NHS Wales organisations to present in the second Workforce Race Equality Standard (WRES) Report in April 2025. Data to inform the report was extracted from ESR, NHS Staff Survey results 2024 and employee relations data. The attached report provides the data relating to the Trust and benchmarks the Trust against NHS Wales national averages.
3. A rating system has been used to assess the Trust against a set of indicators. The report includes some key headlines and recommended actions specific to the Trust.
4. Data shows that improvements have been made since the previous year's report and Welsh Government has recognised the exemplary work and approaches taken by the Trust to progress this work.

BACKGROUND

5. Welsh Ambulance Services University NHS Trust (WAST) has historic low levels of ethnic workforce diversity. Currently, only 1.63% of the workforce (70 staff members) have declared on ESR that they are Black, Asian or Minority Ethnic.
6. In the April 2024 WRES Report noted the following concerns for the Trust:
 - a. Low levels of workforce ethnic diversity;
 - b. increased likelihood of Black, Asian and Minority Ethnic staff being subject to disciplinary procedures (5 times more likely);
 - c. decreased likelihood of Black, Asian and Minority Ethnic staff being appointed after shortlisting.

ASSESSMENT

7. To address the report findings, the Trust has implemented the following actions:



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- Increased outreach to Black, Asian and Ethnic Minority Communities. The Trust has partnered with Race Equality Matters, visited a number of communities and attended large scale events in Cardiff and Newport (including the Big Halal Expo) to promote available employment and volunteering opportunities within the Trust.
- Held workshops for potential Black, Asian and Minority Ethnic applicants who are interested in working within our Digital Directorate, where there was large scale recruitment activity over the year in line with our Digital Plan. These workshops offered the opportunity for potential applicants to meet the team and learn more about our recruitment processes.
- Unconscious bias training was rolled out to recruiting managers within the Digital Directorate to increase awareness of the barriers faced by Black, Asian and Minority Ethnic applicants. This training is also being delivered to other recruiting managers across the Trust.
- Reviewed disciplinary cases involving Black, Asian and Minority Ethnic staff. Continued to embed Compassionate Practises in relation to managing disciplinary activity, reinforcing the need to consider potential impacts on underrepresented groups. In addition, WAST appointed a team of 3 dedicated Investigating Offers to provide independent expertise in a timely manner.

8. These actions have resulted in the following outcomes:

- Increase in workforce ethnic diversity from 1.34% to 1.63%.
- Increase in the number of Black, Asian and Ethnic Minority Staff being shortlisted.
- Following the digital recruitment workshops, two attendees were appointed to roles within WAST and a further two were shortlisted for roles and provided with feedback to support re-application for positions within the Trust.
- Reduction in likelihood of Black, Asian and Minority Ethnic Staff being subject to disciplinary (reduced to zero times more likely).
- More inclusivity and support for existing Black, Asian and Minority Ethnic staff to ensure that they feel valued and cultural differences are celebrated in the workplace. Positive feedback received regarding our BEAM network



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events to celebrate Eid, Ramadan and Black History Month plus Trust representation at the Big Halal Expo and the ARWAP National Conference.

- Recognition and promotion of the work being undertaken to increasing diversity and improving the experience of our underrepresented communities at the 'Mastering Diversity Conference' where the Trust hosted the Health Zone.
 - Increased confidence in staff challenging racist and discriminatory behaviours.
9. The 2025 WRES Report recognised the efforts that WAST has made to improve; this was also reflected in positive discussions held during the feedback meeting with Welsh Government representatives.
10. Other notable achievements in the Report include:
- a. Staff survey response rate increase.
 - b. An improvement in ethnic minority staff in senior positions (Bands 8A and above).
 - c. Improvement in staff undeclared ethnicity rates on ESR (Reduction from 12% to 10%).
11. A new set of recommendations for further improvements has been specified for the Trust in the 2025 WRES Report. These include:
- a. To review disciplinarys for Black, Asian and Minority Ethnic staff in the non-clinical roles (data shows a potential discrepancy which may need addressing).
 - b. To improve rates of undeclared ethnicity to create a more accurate picture of workforce ethnic diversity.
12. Building upon the achievements made throughout the year, WAST will continue to implement its local action plan to improve the lived experiences of our Black, Asian and Minority Ethnic workforce and service users.
13. Key actions for the year ahead include:
- a. Roll out of inclusive recruitment initiative to our contact centres.
 - b. Review recruitment activity data for non-clinical areas to identify any discrepancies in the shortlisting and appointment of Black, Asian and Minority Ethnic applicants.



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- c. Support the review of the All-Wales Disciplinary Policy to ensure that it has been developed through an anti-racist lens.
 - d. Encourage 100% completion rates of the anti-racist e-learning module.
 - e. To support our Aspiring Board Member candidate and provide meaningful two-way mentorship.
 - f. Continue to grow our BEAM Network membership and increase cultural awareness and allyship.
 - g. Review how the Trust accesses interpretation and translation services and promote accessible communication.
 - h. Continue to engage with Black, Asian and Ethnic Minority communities to learn about how the Trust can remove barriers to accessing our healthcare services.
 - i. Continue to encourage colleagues to review and submit workforce equality monitoring data within ESR.
 - j. Identify an Executive Champion for race and ethnicity who will sponsor and support the BEAM Network.
14. The Trust's ARWAP Sub-group will monitor the progress made against the actions and provide updates to the Equity, Diversity and Inclusion Steering Group.
15. Progress against the ARWAP will be presented to Welsh Government in April 2026 as part of the NHS Performance Framework reporting mechanisms. Progress will also be reported in the Trust's Strategic Equality Plan Annual Report for 2025-2026.

RECOMMENDATION

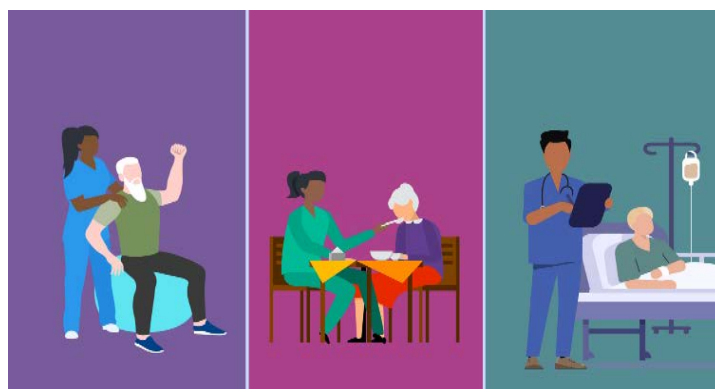
16. The recommendations are set out in the front cover above.

NEXT STEPS

17. The Trust's ARWAP Sub-group will continue to monitor the implementation of the Trust's local action plan.



The Workforce Race Equality Standard for Wales



WORKFORCE RACE EQUALITY STANDARD ORGANISATIONAL REPORT

WELSH AMBULANCE SERVICE UNIVERSITY NHS TRUST

2025



Foreword

In response to the Anti-racist Wales Action Plan (ArWAP), an agreed action was to implement the Workforce Race Equality Standard (WRES) in order to ensure employees from Black, Asian and Minority Ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The inaugural dataset was published last year, and local data reported back to each organisation.

There are twelve WRES indicators structured around the themes of representation, development, disciplinary equality, and institutional culture. Six of the indicators focus on workforce data, five are derived from the NHS Wales Staff Survey, and one indicator focuses on Board representation. The WRES highlights any differences between the experience and treatment of White staff and ethnic minority staff with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time. Following publication of that initial report, there have been biannual meetings with organisational leads in order to identify evidence-based actions that need to be implemented. Additionally, each organisation has shared their strategic equality plans that outline the practical approach needed to continuously improve their respective organisation with regard to workforce race equality.

All of that information has been used in this report, which shows the detail for the workforce in Welsh Ambulance Service University NHS Trust (WAST), tracking change since the 2024 dataset. It also references the content of the strategic equality plans to identify if actions have been taken to address areas of identified racial inequality. This iterative cycle of improvement is one which is a core part of the work of each organisation, and it is our ambition that the WRES report is a vital dataset that helps drive strategic action and accountability for change in WAST.

Anton Emmanuel, Lead for the WRES NHS Wales and Social Care

KEY FINDINGS WRES 2025

WELSH AMBULANCE SERVICE UNIVERSITY NHS TRUST

	WAST	NHS Wales
Undeclared ethnicity rate overall (%)	10.0%	9.9%
Undeclared ethnicity number Band 8 +	21	526
Full appointment data available (Ind 5)	yes	incomplete
Staff survey completion rate	35.2%	21.9%
% staff survey response from BME staff	4.9%	9.2%
% BME staff	1.7%	10.6%
Ind 1: Board representation (difference between workforce and Board)	-1.7%	-6.7%
Ind 2: ESP representation (difference between workforce and ESP)	-1.7%	-7.8%
Ind 2: Disparity ratio lower to middle	0.83	1.65
Ind 2: Disparity ratio middle to upper	1.18	1.71
Ind 2: Disparity ratio upper to senior	no staff	1.13
Ind 3: Perception of equal progression opportunity (% difference BME vs White)	-5.0%	-5.6%
Ind 5: Equitable likelihood ratio of appointment (All roles)	0.32	0.49
Ind 5: Equitable likelihood ratio of appointment Non-clinical	0.39	0.38
Ind 5: Equitable likelihood ratio of appointment Clinical	0.3	0.47
Ind 5: Equitable likelihood ratio of appointment Medical	NA	0.63
Ind 6: Equitable likelihood ratio of accessing non-mandatory training	0.99	0.96
Ind 8: Equitable likelihood of entering formal disciplinary process	2.17	0.88
Ind 9: Equitable likelihood of entering local capability process	no cases reported	2.22
Ind 10: Experience harassment from patients/public (% difference BME vs White)	-1.2%	2.7%
Ind 11: Experience harassment from colleagues (% difference BME vs White)	-2.4%	3.1%
Ind 12: Experience discrimination from managers (% difference BME vs White)	-8.7%	4.6%

Colour rating explanation:

Green = at least 10% improvement from 2024

Red = at least 10% worsening from 2024

Introduction

This second WRES data report requires the organisations employing these staff to report against eleven indicators of race equality. The data is presented to enable leaders to identify the primary foci of necessary action to reverse inequity. Rather than simply addressing an overarching metric like a pay gap, the data looks at the component factors that result in such inequalities. The indicators cover the four core domains which comprise this workforce experience:

- Representation and leadership (5 indicators)
- Professional development and training (2 indicators, one is not reported in 2025)
- Disciplinary and capability (2 indicators)
- Discrimination, bullying and harassment (3 indicators).

In Welsh Ambulance Service University NHS Trust (WAST), this report highlights the following data:

- 1. an improvement in the previous inequality of disciplinary referral, though there remains work to do there**
- 2. increased attraction of ethnic minority staff into the ambulance sector**
- 3. reduced likelihood of ethnic minority staff being appointed after shortlisting**
- 4. absence of ethnic minority board membership**

The data presented in this report serve both as a catalyst for improvement and a driver of transformation. Improving productivity requires a workforce that have a sense of engagement, agency, wellbeing and goodwill towards their workplace and colleagues. It is the job of leaders at all levels to ensure that inclusion is not just talked about as an aspiration, but is actively targeted by positive action.

The indicators are presented at the organisational level and benchmarked against the national (all-Wales) context. This approach is intended to help organisations prioritise areas of greatest need while situating their progress within a broader comparative framework.

The theory of change for strategic planning requires goals to be set, with specific outcomes, actions to achieve those outcomes and metrics to track progress. The WRES dataset is central to that process, and we look forward to continuing to work with leadership in WAST to deliver an inclusive workplace that provides best quality care for patients and public.

Methodology

Data collection

NHS Wales delivers services through 7 local health boards and 3 NHS trusts (Velindre University NHS Trust, Welsh Ambulance Services University NHS Trust, Public Health Wales); additionally there are two strategic health authorities (Health Education and Improvement Wales, Digital Health and Care Wales) and there is the NHS Wales Shared Services Partnership.

The WRES mandates all organisations to self-assess against twelve indicators of workforce experience. Six are based on data derived from the NHS electronic staff record and electronic recruitment systems, five on data from the national NHS staff survey questions, and one considers Black, Asian and minority ethnic representation on boards. The detailed definition for each indicator can be found in the WRES Technical Guidance.

Data collection was as of October 2024 for the staff survey derived indicators and April 2025 for the other indicators.

Data analyses

We have analysed the data for all 13 organisations against each indicator. The presentation in this report shows your organisational data, compared with the aggregated national picture and with the previous year.

We have identified and corrected minor errors in the previously published version of this report. These issues do not affect the overall findings or recommended actions. They relate to data transcription and assignment errors from the 2024 dataset, and have no impact on the conclusions of the report.

We have presented the data in a granular way as a method of optimising understanding of what the indicators reveal. This disaggregation is by gender (men and women) and by ethnicity (broken into sub-categories of Black, Asian and Mixed/Other). Further disaggregation by specific ethnicity was not possible due to the risk of displaying small numbers. Where there is an issue with small numbers even with the current categories, it has been shown as “less than 10, <10”.

Following last year’s baseline data, we have moved away from showing RAG-rated data in favour of showing changes from the 2024 data in order to highlight trends, both positive and negative.

Data caveats

Five of the WRES indicators (3, 4, 10, 11, 12) are drawn from questions in the national NHS staff survey. The reliability of the data drawn from those indicators is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of BME staff are large enough to not undermine confidence in the data.

We didn’t adjust the national score based on the number of staff employed by each organisation. Instead, we considered the results in relation to the number of survey respondents, accounting for disaggregated comparisons by ethnicity and gender.

The data for indicator 5 is from the Trac, the recruitment admin system, and only includes Agenda for Change (AfC) recruitment processed by NWSSP Recruitment. Specifically, it does not include all medical appointments and any processed by the organisations themselves. This will however be sought for future data collections.

We have not published data for indicator 7, since the mandate for all NHS staff to complete the anti-racist training programme was only available for part of the last year.

For indicators 8 and 9, the calculation uses a review of the period April 2024 to April 2025.

The results in this report are as at **31st March 2025**, and revisions were permitted up to 31st May 2025.

Terminology

Throughout this report, we use the term 'Black, Asian and minority ethnic'. For the purpose of brevity and visualisation, this is abbreviated to 'BME' in figures and tables, but written in long-form in the text. Where possible we have followed guidance to disaggregate into more specific categories, but avoid the information governance risks associated with small numbers we have kept to categorisations of 'Black', 'Asian', and 'Mixed/Other' to refer to those members of the NHS workforce who are not White. This is largely driven by the data collection process. As set out in the WRES technical guidance, the definitions of ethnicity used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary.

'ESP' refers to Executive and Senior posts.

RACE COMPOSITION OF WAST (AND NHS WALES)

Ethnicity	Headcount	%
Asian	13	0.3%
Black	15	0.3%
Mixed & Other	46	1.0%
White	3,926	88.4%
Unknown	443	10.0%
Total	4,443	100.0%

WAST

Ethnicity	Headcount	%
Asian	6,721	5.9%
Black	2,097	1.8%
Mixed & Other	3,261	2.9%
White	90,583	79.5%
Unknown	11,309	9.9%
Total	113,971	100.0%

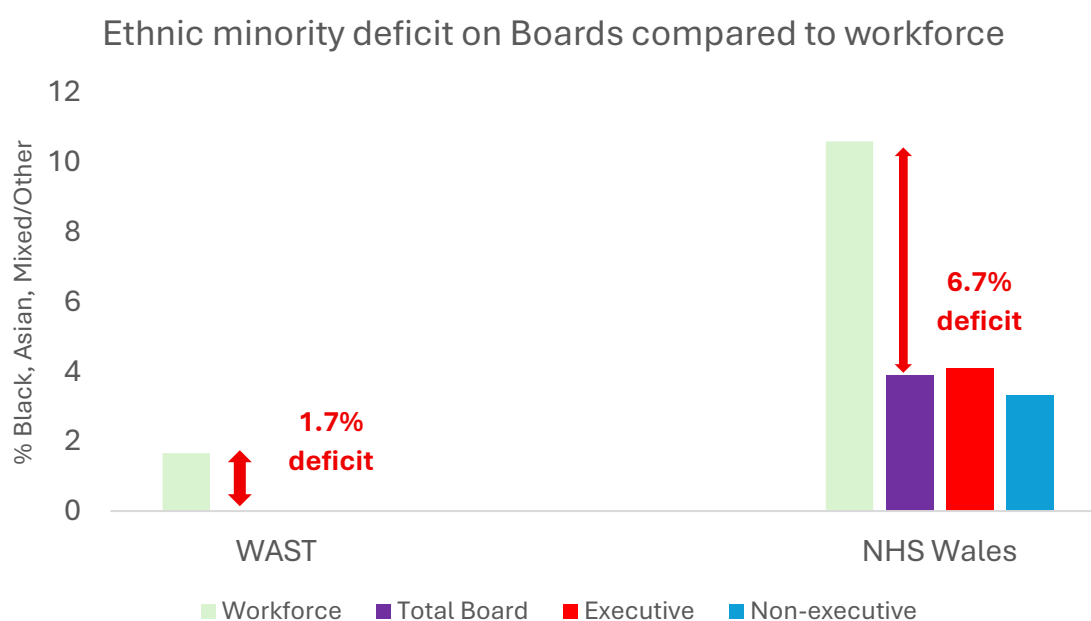
NHS Wales

DATA TREND AND SUMMARY

There has been an increase of minoritised workforce from 1.36% to 1.67% (a 22% increment)

INDICATOR 1: Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce

DATA DISPLAY 1



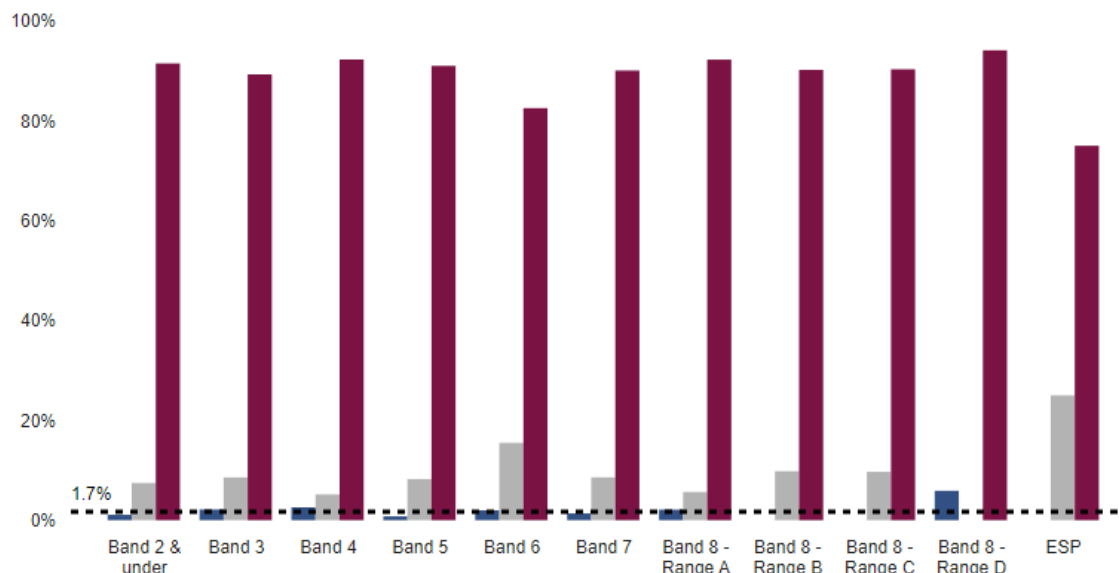
DATA TREND AND SUMMARY 1

1. There are zero ethnic minority Board members in WAST – reduced from last year
2. The deficit between workforce has increased, related to the increase in ethnic minority workforce (from 1.36% to 1.67%)
3. Rates of non-declared ethnicity on the board have not changed significantly (currently 26.3% from 29.4% in 2024)

INDICATOR 2: Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce

DATA DISPLAY 2.1

● BME ● Unknown ● White



1.7% dotted line reflects % of staff on Ac bands

DATA TREND AND SUMMARY 2.1

- Small numbers of ethnic minority workforce, but represented across the bands, as per last year
- There is no ethnic minority staff member at ESP level in WAST, representing a deficit of 1.7% compared to workforce percentage of Asian, Black and Mixed/Other staff
- 10% staff have no declared ethnicity (improved from 2024) throughout all Bands

DATA DISPLAY 2.2

	DISPARITY RATIO		
	Lower – Middle	Middle – Upper	Upper – Senior
WAST	0.83 (0.69)	1.18 (0.92)	No staff (0.27)
NHS Wales	1.65 (1.51)	1.71 (1.81)	1.13 (0.77)

The disparity ratio is a reflection of staff representation across pay bands, comparing Black and ethnic minority with White staff. 'Lower bands' refer to band 5 and below, 'Middle' bands 6 and 7, 'Upper' bands 8a to 9, and 'Senior' relates to ESPs. A ratio of 1 reflects parity of progression, and values higher than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

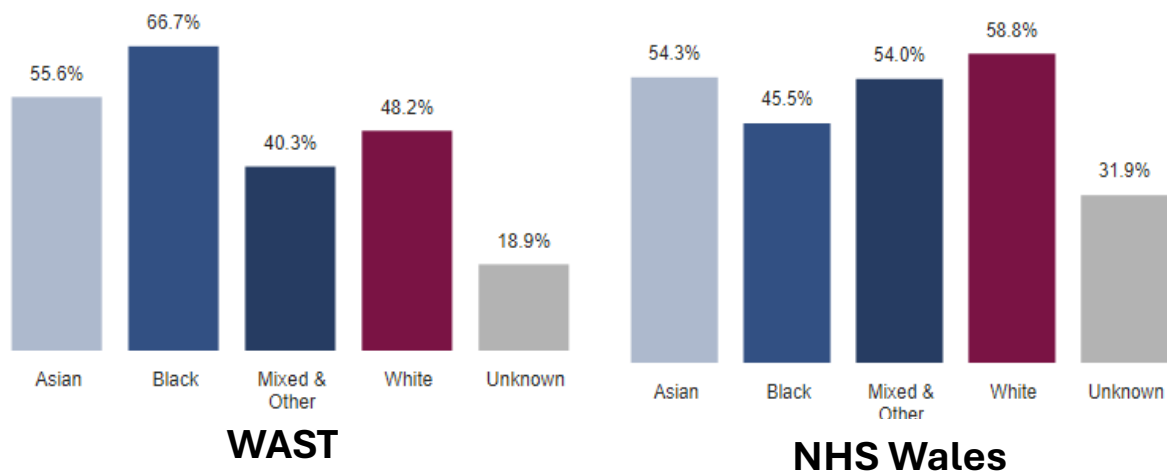
DATA TREND AND SUMMARY 2.3

The disparity ratio has improved from 2024, notably in the lower-to-middle segment, reflecting an improvement in the promotion/recruitment process.

INDICATOR 3: Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion

Based on staff survey: response rate 35.2%

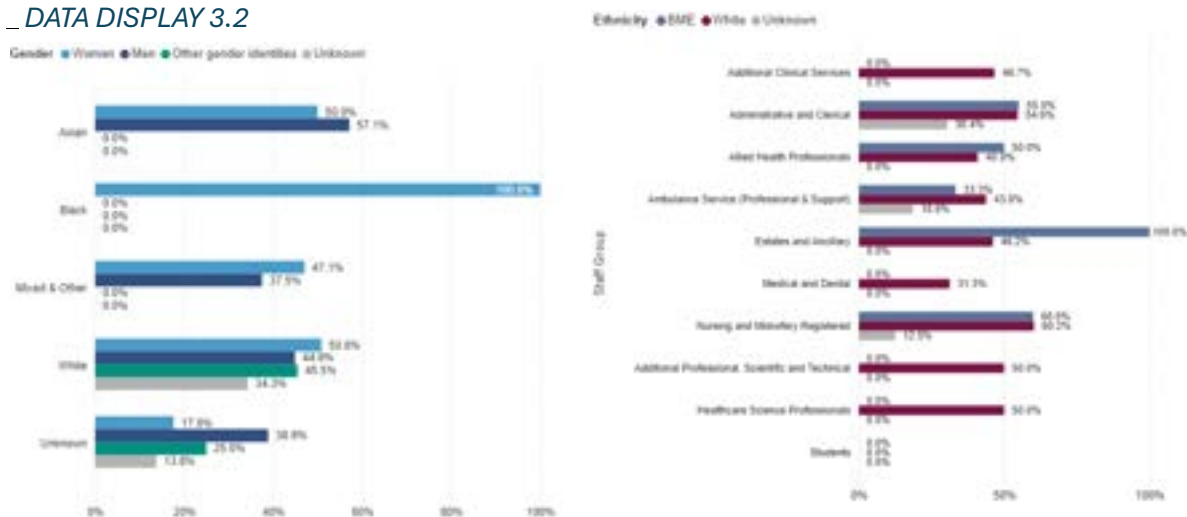
DATA DISPLAY 3.1



DATA TREND AND SUMMARY 3.1

Compared to White staff, Black and Asian (but not Mixed/Other) staff feel that WAST provides equitable promotion opportunities. This is in contrast to the inequality seen in NHS Wales as a whole. The data in WAST shows some decline compared to last year, but is still better than the national average.

DATA DISPLAY 3.2



DATA TREND AND SUMMARY 3.2

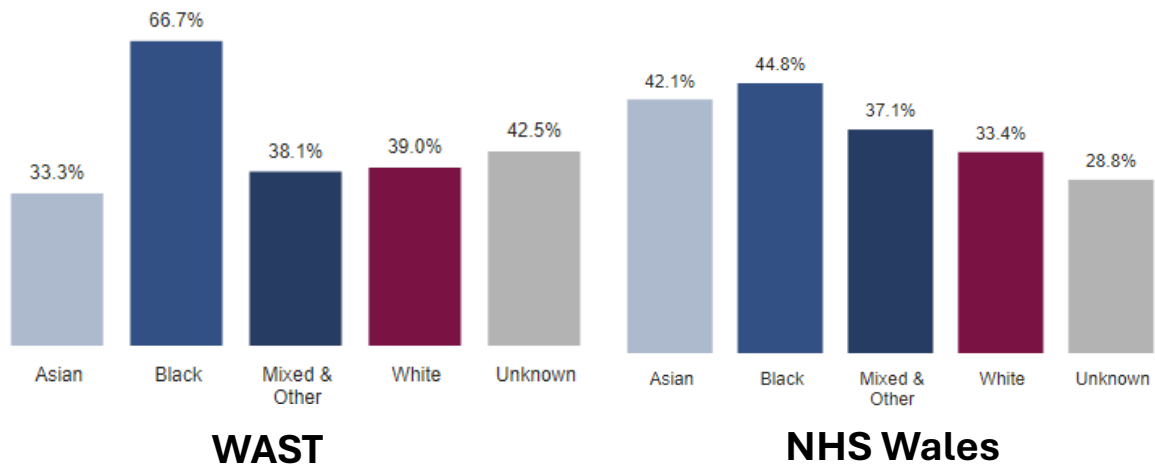
There is no consistent gender or staff group trend with regard to this inequality.

INDICATOR 4: Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black and ethnic minority staff compared to White colleagues

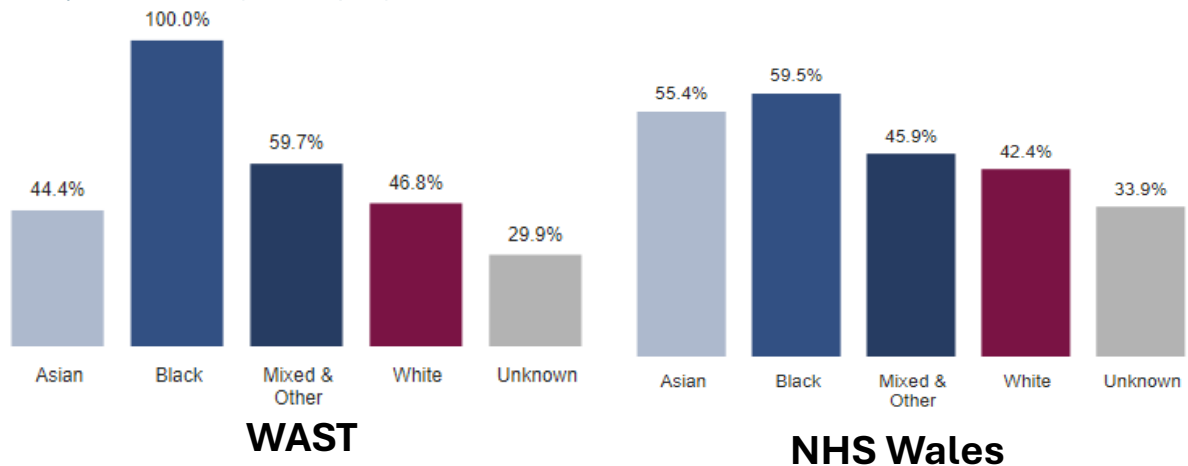
Based on staff survey: response rate 35.2%

DATA DISPLAY 4

a) Have sought progression



b) Considering future progression



DATA TREND AND SUMMARY 4

There is no clear trend for ethnic minority staff to report having sought – or planning to seek – a progression in WAST.

INDICATOR 5: Relative likelihood of staff being appointed from shortlisting across all posts

DATA DISPLAY 5

	WAST	NHS Wales
All roles	0.32 (0.54)	0.49 (0.57)
Non-clinical roles	0.39 (0.40)	0.38 (0.47)
Clinical roles	0.30 (0.61)	0.47 (0.58)
Medical roles	not applicable (not applicable)	0.63 (0.57)
Asian	0.23 (0.27)	0.53 (0.58)
Black	0.31 (0.49)	0.35 (0.48)
Mixed/Other	0.61 (1.21)	0.75 (0.82)

The likelihood ratio is a reflection of Black, Asian and Mixed/Other applicants being appointed after shortlisting compared to White peers. A ratio of 1 reflects parity of appointment process, and values lower than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below (NA = not available)

DATA TREND AND SUMMARY 5

1. Minoritised staff continue to be less likely to be appointed after shortlisting compared to White applicants, a deterioration since last year such that it is now threefold less likely.
2. This appointment inequity is seen in clinical and non-clinical jobs
3. The trend in the last year in WAST has seen this inequality increase for all ethnic minority groups, but is still most marked for Asian applicants.

INDICATOR 6: Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian or Minority Ethnic colleagues

DATA DISPLAY 6

Likelihood ratio overall	
WAST (%BME : %White)	0.99 (95.9% : 96.9%)
NHS Wales (%BME : %White)	0.96 (91.3% : 95.6%)

DATA TREND AND SUMMARY 6

There is no racial inequality in access to training in WAST or NHS Wales

INDICATOR 8: Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White colleagues

DATA DISPLAY 8

Likelihood ratio overall		Staff Group	2023/2024	2024/2025	Change
WAST	2.17 (4.81)	Additional Clinical Services	13.43	2.56	-10.87 ▼
NHS Wales	0.88 (1.07)	Administrative and Clerical	0.00	5.10	+5.10 ▲
		Allied Health Professionals	0.00	0.00	0
		Nursing and Midwifery Registered	0.00	0.00	0
		Total	4.81	2.17	-2.64 ▼

A ratio of 1 reflects parity of application of disciplinary process, and values greater than ‘1’ reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

DATA TREND AND SUMMARY 8

1. There has been a reduction in the previous racial inequality in referral into the formal disciplinary process in WAST
2. The improvement has occurred in the clinical setting, and the persisting discrepancy seen relates to the ratio increasing in the non-clinical (administrative and clerical) setting

INDICATOR 9: Relative likelihood of Black Asian or minority ethnic staff entering capability processes compared to white colleagues

DATA DISPLAY 9

Likelihood ratio overall	
WAST	0 (0)
NHS Wales	2.22 (3.46)

A ratio of 1 reflects parity of application of disciplinary process, and values greater than ‘1’ reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

DATA TREND AND SUMMARY 9

There is no reporting of ethnic minority staff entering the capability processes in WAST in the last two years, hence no ratio can be calculated. In the context of the disciplinary data, this needs better understanding.

INDICATOR 10: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to White staff.

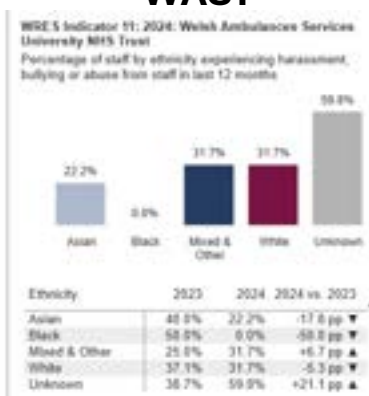
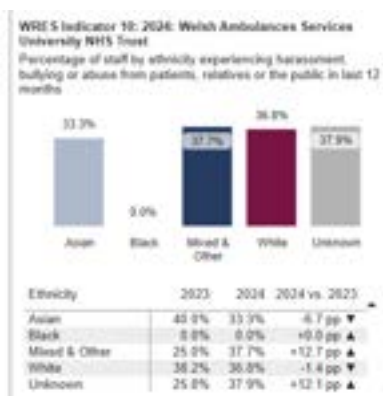
INDICATOR 11: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to White staff

INDICATOR 12: Percentage of Black, Asian or Minority Ethnic staff compared to White staff, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues

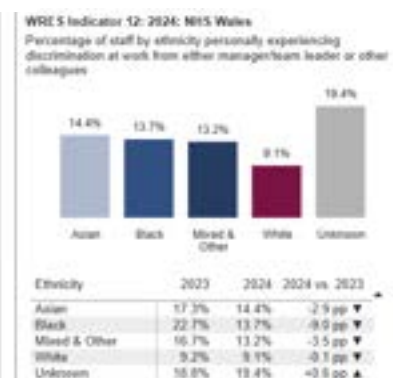
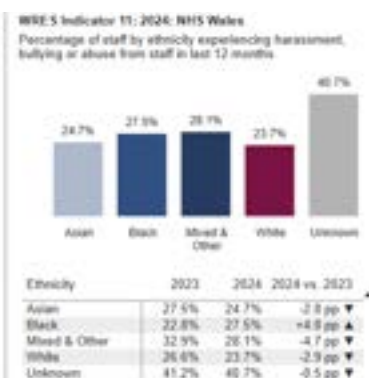
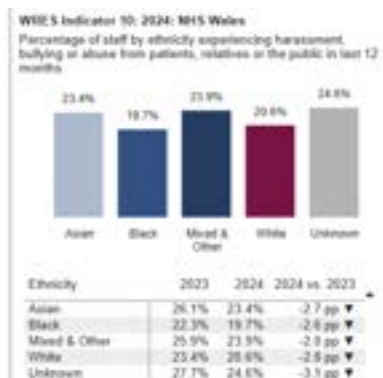
Based on staff survey: response rate 35.2%

DATA DISPLAY 10-12

WAST



NHS Wales



DATA TREND AND SUMMARY 10-12

There has been a reduction in the experience of Asian staff experiencing harassment from patients and the public, while this was more repeated by Mixed/Other staff. In contrast to the rest of NHS Wales, White staff were more likely to report experiencing discrimination from team leaders, but the extent of this has reduced since last year.

Conclusions and Next Steps

In the complex setting of modern healthcare and the 21st century workplace, embracing inclusion is more than a choice, it's a strategic imperative to meet the needs of Wales in 2025. The data shared in this report reflects the complexity of race inequality in WAST and the NHS in Wales. But while it is easy to talk about the importance of equality and inclusion, the history of continued inequity is testament to how difficult it has been to translate that ambition into practical policies and sustained change.

In the course of engagement with WAST, two areas of work were highlighted:

- Addressing disciplinary process experience with a gateway review of referrals, to allow learning from individual cases. Additionally, a programme to train managers to consider potential of ethnicity related bias.
- Focus on attraction of new staff from ethnic minority backgrounds, coupled with a focussed programme incorporating staff education.

The WRES data for these areas shows that:

- There has been a significant fall in the inequality of referral into the disciplinary process; a potential new target in the non-clinical setting has emerged from the data and it will be interesting to observe if the improvement can be generalised.
- There has been a 22% increment in ethnic minority staff in WAST.

Additional notable data finding:

- There has been a decline in the likelihood ratio of ethnic minority applicants, especially Black ones, being appointed after being shortlisted.

Where there are positive areas of progress in the last year are:

- The disparity ratios, reflection of likelihood of minoritised staff in higher positions in WAST have improved, suggesting that once staff are in the Trust, they are able to progress equitably
- There has been an increase in uptake of the staff survey
- Undeclared ethnicity rates have improved but remain high at 10.0%.

In addition, during the WRES implementation discussions, there was mention of establishing a working group as part of the planned action. Coordinating policy work with Board level action on the Trust's WRES actions and the strategic equality plans is key to channel progress into effective actions and an accountability framework.

At a time of rapid change and pressure in the NHS, standing still is not an option. And bringing international staff into discriminatory systems is neither morally just nor cost-effective. Having read this report, the ambition is that it will trigger a deep consideration of how effective – or not – current plans are likely to be in actually disrupting the data.

It is hoped that this data analysis triggers development of a set of implementable actions which will form the basis of what is submitted in the Strategic Equality Plan (SEP) return. Following receipt of this report, we look forward to having our next meeting in September to discuss these actions and frame that subsequent mid-year SEP return. Working in this collaborative way is intended to make the process unitary, simpler and more effective.

The Trust may want to disaggregate the data to see whether some of the above metrics (especially around capability processes and appointments) have arisen from a single site where focussed action is needed. This sort of curiosity about the data and staff experience is an often effective way to quickly improve conditions, based on feedback from other organisations. The potential role of the newly established staff network in this context is important, and the role of the Board sponsorship to catalyse how staff experience drives transformation should be a priority that could be disseminated if successful.

The ambitions of delivering workforce equality in Wales will see the work of the WRES continue. We have, for the last two years, reported by race and gender in an attempt to help understand the impact of staff adverse experience in the commonest themes of discrimination. Future work will deepen this form of intersectional analysis in order to drive inclusion in health and social care in Wales. The goal of workforce equality is important in its own right, but is also vital in the mission to improve health outcomes for the whole population of Wales.

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Workforce Race Equality Standard Report 2024



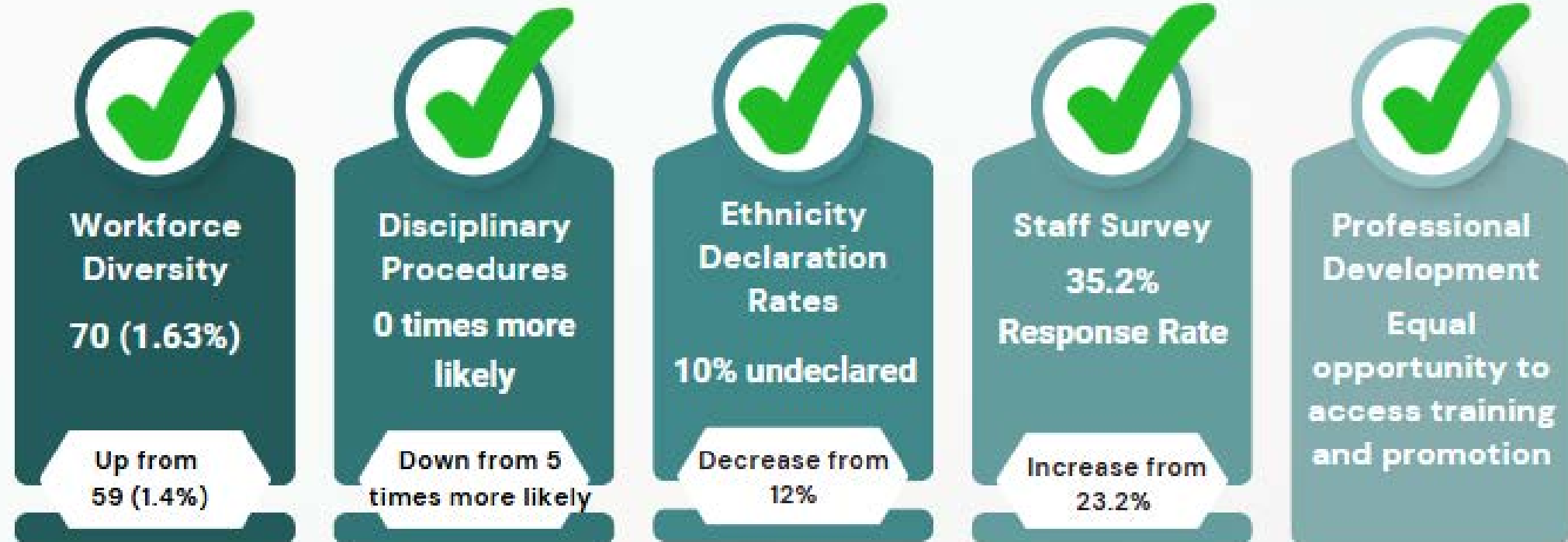
Data Analysis
and Next Steps



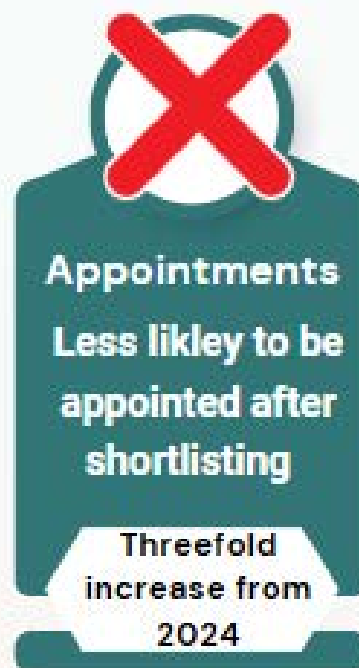
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KEY FINDINGS



KEY FINDINGS



NEXT STEPS

Increase Workforce Diversity

- Roll out unconscious bias training to Recruiting Managers
- Work with Service Managers to encourage more applications from ethnically diverse backgrounds
- Analyse recruitment data and provide constructive feedback to ethnically diverse applicants
- Encourage applications from ethnically diverse people for Board membership roles

Increase ESR Declaration Rates

- Analyse gaps in ethnicity declaration rates and target communications at groups where there are low declaration rates, in particular for Board Members
- Regular Communications Campaign to encourage declaration rates

NEXT STEPS

Community Engagement

- Grow our BEAM Network to foster inclusivity in the workplace and offer meaningful support to our ethnically diverse colleagues
- Build connections with ethnically diverse communities to better understand barriers to our healthcare service and improve service user experience
- Use patient and staff stories to raise awareness and drive improvements

Improve Training and Expertise

- 100% completion rate for Anti-Racist mandatory e-learning module
- Embed Our WAST Way training and resources to encourage fairness and compassionate leadership
- Increase completion rates of Allyship and Active Bystander Training by targeting delivery to whole teams
- Ensure our clinical training encourages improved clinical assessment and health outcomes for ethnically diverse patients

FURTHER REPORTING



Internal Monitoring

ARWAP Subgroup will report to EDISG which feeds into ELT



Reporting

Progress reported via SEP Annual Return to Welsh Gov April 2026



WRES Report 2026

HEIW Data collation April 2026
WRES Report 2026 publication June 2026



Governance

SEP Annual Report to include ARWAP/WRES progress Presented to PCC and Board Summer 2026

Questions?

For any questions and/or support, please contact the Head of Inclusion and Engagement.

Kat.Cobley@wales.nhs.uk



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Agenda Item No.

10

REPORT TITLE

People and Culture Plan Extension

MEETING

Name of meeting	People & Culture Committee
Date of meeting	13 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Angie Lewis, Director of Culture Change Carl Kneeshaw, Director of People
Author(s) of report	Sarah Parry, People & Culture Business Manager

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The purpose of this paper is to:

- 1.1. Discuss and support the proposal by ELT to extend the current People & Culture Plan (2023-26), until at least April 2027, based on its continued relevance, alignment with strategic priorities, and timeframes to refresh the Trust's Long-Term Strategic Framework.



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RECOMMENDATION(S)

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

The Committee is requested to:

1. Endorse the proposal to extend the People and Culture Plan until at least April 2027, and recommend this proposal to the Trust Board for approval

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The Committee is requested to receive the following:

1. People & Culture Plan (2023-26)

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

☒ SO1: Providing the right care or advice, in the right place, every time

☒ SO2: Enabling our people to be the best they can be

☒ SO3: Being at the forefront of innovation and technology

☒ SO4: Developing services in collaboration

☒ SO5: Being quality driven and clinically led

☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [\[link to standards\]](#)

☒ Safe

☒ Timely

☒ Effective

☒ Efficient

☒ Equitable

☒ Person Centred

Quality Enablers (select all that apply) [\[link to standards\]](#)

☒ Leadership

☒ Workforce

☒ Culture



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☒ Information	☒ Learning Improvement and Research	☒ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) ([link to goals](#))

☒ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
19 September 2025	Director of Culture Change Director of People
24 September 2025	Executive Leadership Team
13 November 2025	People & Culture Committee



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SITUATION

1. The purpose of this paper is to:
 - 1.1. Discuss and support the proposal by ELT to extend the current People & Culture Plan (2023-26), until at least April 2027, based on its continued relevance, alignment with strategic priorities, and timeframes to refresh the Trust's Long-Term Strategic Framework.

BACKGROUND

2. The Trust has a Long-Term Strategic Framework that sets out the strategic vision of "Delivering Excellence" through to 2030.
3. Supporting this vision, the People & Culture Plan (appendix 1) outlines our ambition for our people and our commitment to creating a positive, inclusive and high performing culture.
4. Significant progress has been made in delivering the current Plan, with oversight and monitoring provided by the People & Culture Committee.

ASSESSMENT

5. The Trust's Long-Term Strategic Framework is scheduled for a refresh, with publication planned for 2027/28.
6. With this in mind, it was discussed at the ELT Away Days in September and proposed that the People & Culture Plan should be extended until at least April 2027, effectively making it a 5-year plan.
7. This decision is underpinned by the following rationale:
 - 7.1. It continues to support our strategic cultural vision, particularly through the ongoing embedding of our Rich Picture,
 - 7.2. The themes of Culture, Capability, and Capacity are directly aligned with our IMTP objectives and deliverables, reinforcing the Trust's broader strategic goals,
 - 7.3. Extending the plan ensures continuity and momentum in delivery and consolidation of key initiatives, such as Our WAST Way,
 - 7.4. It maintains clarity and focus for our people, reinforcing a shared cultural vision, and



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7.5. The extension aligns with the timeline for the refresh of the Trust's Long-Term Strategic Framework.

RECOMMENDATION

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

NEXT STEPS

9. N/A



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Welsh Ambulance Services
NHS Trust

OUR PEOPLE AND CULTURE PLAN

2023 - 2026



OUR BEST

Foreword

Paul Hollard

Non-Executive Director

As the Non-Executive Lead for People and Culture and Chair of the People and Culture Committee, I am pleased to support the Trust's People and Culture Plan.



At the heart of our success is our commitment to creating an environment that attracts, retains, and develops exceptional talent and expertise. Our people are our greatest asset, and it is vital that we continue to invest in them.

This plan is the result of extensive collaboration between our leadership team, our staff, and external experts. It outlines our strategic priorities and initiatives for the coming years, which are designed to support our staffs' growth, development, and wellbeing. We know that the world of work is rapidly evolving, and our plan reflects our commitment to adapt and innovate to ensure that we remain a great place to work.

Our People and Culture Plan is not just a document; it is a living, breathing commitment to our staff and volunteers, and the Trust's success. We will measure our progress, celebrate our successes, and learn from our challenges along the way. With this plan, we aim to foster a culture of excellence, collaboration, and inclusivity that will enable us to achieve our goals and deliver exceptional care to our patients and support our partners and stakeholders.

I want to thank all those who have contributed to this plan, and I look forward to working with you to bring it to life. Together, we will build a great future for our people.





Message from **Angela Lewis** *Director of People and Culture*

It is with immense pride that I introduce the 2023-2026 Welsh Ambulance Services NHS Trust (WAST) People and Culture Plan which will drive whole organisation culture change. Alongside my People and Culture Directorate colleagues, with our #TeamWAST workforce, we will facilitate the delivery of the 2030 Organisation Strategy and the Transition Plan by focussing on and supporting colleagues, including our wonderful volunteers, in all roles and in all parts of the service. Ultimately, we want to ensure we all work in a culture of belonging, support and growth.

Our recently developed, clear purpose statement gives a shared sense of identity and understanding across the organisation and reinforces the value of every role and the contribution of all our people.



WAST aims to be the single point of access for all unplanned healthcare in Wales and to do this we need a dynamic, innovative culture that embraces change and technology, and attracts and retains people who have the capacity and capability to deliver our shared goal to serve the people of Wales. We are transforming our services by reducing our traditional role of taking patients to hospital and increasing the role of remote assessment and providing expert advice to patients, developing fast track pathways and delivering more see and treat at home.

This plan clearly lays out our ambition to create a positive working environment where everyone can bring their whole self to work, actively contributes and is proud to work for #TeamWAST. The jobs our people do are extremely challenging and we are committed to ensuring that the surrounding infrastructure is as accessible and streamlined as possible (getting the basics right). We will ensure we cherish what is already exceptional about our culture and look for ways to support all colleagues on our change journey.

I look forward to meeting colleagues as we deliver the plan, and I am excited for the coming years.

Our Focus

Our focus is our people's lived experience, it is at the heart of what we do. Our aim is that we all feel valued, supported and able to deliver the best service to the people of Wales.

Our People and Culture Plan mirrors what is happening across WAST. The People and Culture team is flipping our service model by focusing on three key areas, our culture, our capacity and our capability (more on this below). We will work more widely across the organisation and maximise the skills of the People and Culture team in a joined-up way with colleagues across WAST. This plan recognises the team's full range of skills and expertise and how these skills can be best applied to create a positive experience for all of #TeamWAST.

What does that future vision for our culture look like?

It is truly inclusive, positive and rewarding. We are committed to our professionalism and organisation behaviours. We all feel we belong, irrelevant of our backgrounds. We live our values and they are embedded through the ways we work and how we treat others, both colleagues and patients. From applying for a job, all the way through our employment journey, all of #TeamWAST see, feel and hear our shared behaviours because we live them. People can grow and develop with supportive challenge and do the best work of their careers. All our people feel welcome, respected and valued. We strive to be an organisation that not only embraces equality but demonstrates inclusion in all aspects of our delivery. *See [Appendix 1](#) for our rich picture, which brings this vision to life.*

We will deliver the training, education and support to leaders and managers to equip and enable them to meet the needs of a diverse workforce. Working for an ambulance service is demanding with significant external pressures but by supporting each other and striving for this culture we can create a work environment that allows everyone to flourish. Aligned with this is our commitment to delivery of our Strategic Equality Objectives and implementation of **'More Than Just Words'**, moving towards the Welsh language 'Active Offer'.



In March 2022, we were proud to launch the refresh of the #TeamWAST behaviours. These behaviours, #OurBest, are at the heart of what we do and how we work together. They are linked directly to our core areas of focus for the next three years - the 3 Cs – **Culture**, **Capacity** and **Capability** within the context of the King's Fund **ABC** framework for our colleagues, building opportunities for **Autonomy**, developing the sense of **Belonging** and connectedness and ensuring that colleagues feel they can make a valuable **Contribution** to the organisation.

AUTONOMY

The need to have **control** over one's work life, and to be able to act consistently with one's **values**

BELONGING

The need to be **connected** to, cared for, and caring of colleagues, and to feel valued, **respected** and supported

CONTRIBUTION

The need to experience **effectiveness** in work and deliver valued **outcomes**

The Kings Fund 2022

As people are the core of our service we will ensure their core needs of work, as outlined by the King's Fund, are met and we have built our People and Culture Plan around these - **Autonomy**, **Belonging** and **Contribution**.

Autonomy

The future of work for #TeamWAST is flexible within a culture that allows and accepts everyone to be themselves at work. Cultivating a culture of autonomy includes creating a culture based on trust and loyalty resulting in decreased turnover and higher levels of performance. Colleagues will feel respected and trusted to do their work to the best of their ability. They will become more competent and confident in their roles and feel they have more control over their daily tasks, improving team effectiveness and innovation.



Ensuring that teams have clear objectives aligned to the organisation priorities will provide direction and colleagues will be able to see how their work fits into the bigger picture. This will lead to increased motivation, creativity and a commitment to wider organisational goals.

A comprehensive Induction Programme will provide all the information that a new colleague or a colleague changing roles will need. It will equip them with the tools they need to lead effectively. Through this programme we will create and communicate a clear vision and purpose. Our workforce will embrace change, be highly skilled, proud of their profession and able to positively support the people of Wales

Belonging

We want all of our people to feel connected and cared for. Teams and individuals throughout WAST will be supported to create an inclusive, compassionate, and connected culture.

Our approach to foster belonging will focus on making every individual feel respected and treated fairly in an inclusive work environment. We will also forge a stronger link between belonging and our organisational performance by strengthening colleagues' connections with their teams and developing their sense of contribution to meaningful, shared goals.

We will nurture a sense of belonging and inclusion, by coaching managers on how to be inclusive leaders, noticing when exclusion is happening and understanding and promoting how to become true allies for those with a quiet, or no, voice. Our vision is for all of our people to feel a strong sense of belonging in terms of their team, their profession and the organisation as a whole.



Contribution

Ensuring a manageable workload, professional leadership and high quality development opportunities are supported by our organisation.

We will celebrate and recognise the value of both individual and team contribution to organisation goals . Consulting regularly through our staff networks and partnership forums will ensure coproduction of the future vision continues to evolve.

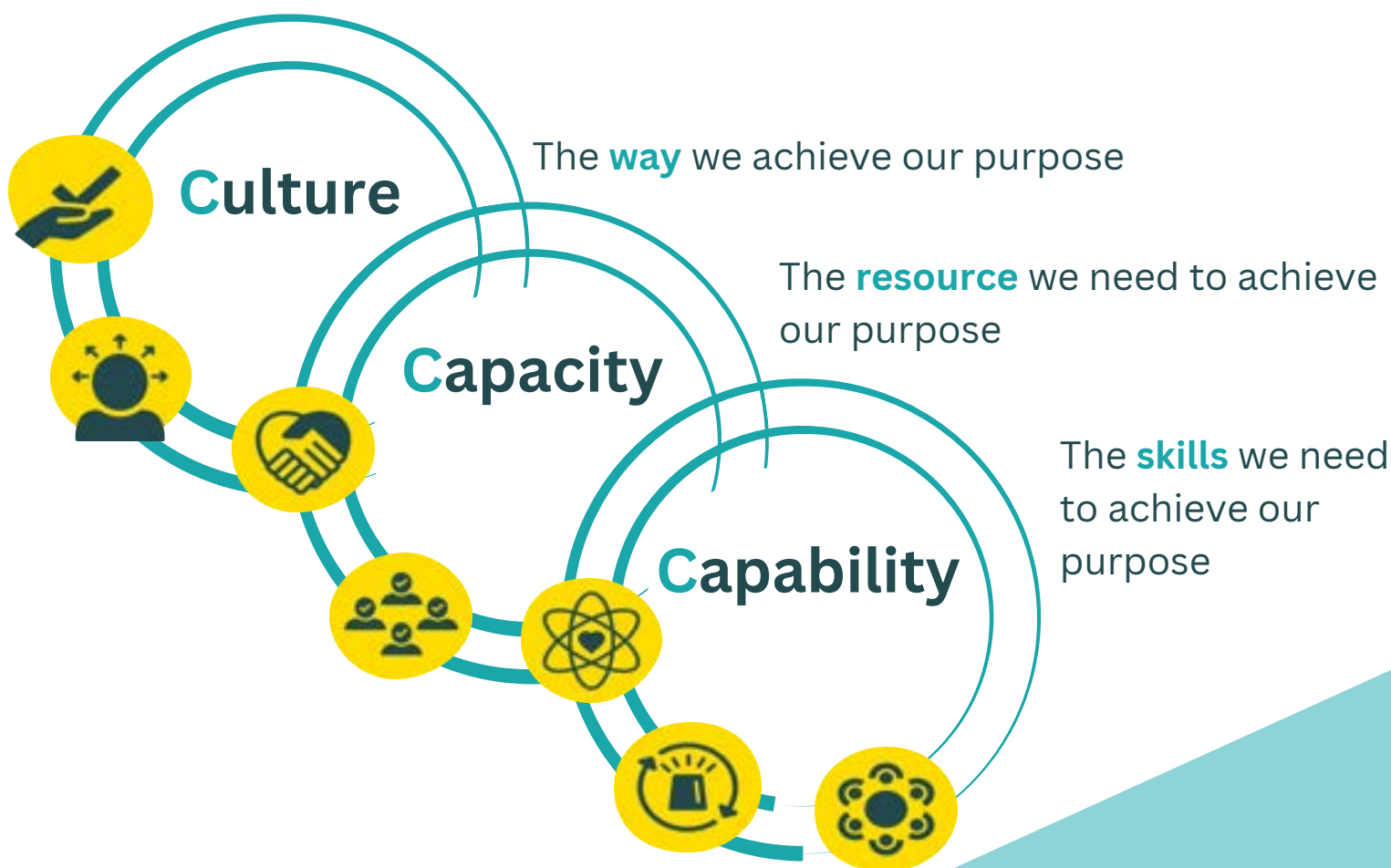
Ensuring equity in access to ways to contribute is also key; inclusion at every point is vital to the success of our organisation. We will make space for everyone to be able to contribute and amplify the voices of people with different experiences.

The 3 Cs

‘We will all enjoy a long, healthy and happy working life.’

2030 Strategy

This plan supports the ABC of core needs in work outlined in the previous section through the three broad areas of **Culture**, **Capacity** and **Capability**.



Culture

‘We will be recognised and renowned as being an exceptional place to work, volunteer, develop and grow’

2030 Strategy

Our culture is demonstrated through our behaviours and purpose. Our culture focuses on creating an environment where wellbeing, compassion and a positive enriching employee experience are at the heart. **We will continue to build and articulate our desired culture and share with colleagues across the organisation.** This will bring it to life and help colleagues feel that they belong, they are valued and feel that they can contribute to the long-term success of the organisation.

Our work around equality, diversity and inclusion supports our plans to create an environment where colleagues have autonomy in their work, feel a deep sense of belonging and are confident to raise concerns, to make decisions and have control in their roles. **Alongside this we will seek opportunities to improve the working environment including where and how people work.**

Establishing what we cherish in WAST, the cultural aspects we want to keep and also understanding what needs to change means we can develop our healthy culture and ensure that our plan supports its development.

Digital maturity will support our people to become more customer-centric, inclusive, and agile. We will achieve this by creating new opportunities for streamlining processes, improving the employee experience and exploring new services and business models. We will foster a culture which includes listening, open dialogue, empowering people to feel confident in making decisions and to contribute and encourage and support them to develop.

Built on TeamWAST Cultural DNA:

Through effective strategy, communication, ways of working and behaviours, these are what we want to continually develop in our culture at WAST

A Clear Purpose

Pride in what we achieve

A Strong Community

Commitment to each other

A Healthy Workplace

Compassion and care for each other

A Professional Service

Everyone able to play their part

A Developing Workforce

Growth and opportunity for everyone

Developed through the essential TeamWAST Behaviours:

Work in partnership with patients, communities, colleagues, NHS Wales and our stakeholders



We will review our approach to communicating and engaging with our people, seeking regular feedback and sharing information across the organisation in a meaningful and accessible way. **Embedding working in partnership with trade union colleagues will be front and centre in this.** Importantly, every interaction will reflect our cultural DNA. The Health and Wellbeing of our people will remain a key organisational priority and **we will sustain our focus on improving wellbeing.** We will ensure there is regular evaluation of impact and benefits of the huge range of interventions we provide. This emphasis on health and wellbeing will complement our ongoing commitment to improve attendance and will be supplemented by simple people management policies, proactive management and tailored responses to absence management.



Capacity

'Our future workforce will be agile, highly skilled and capable'

2030 Strategy

Capacity is about ensuring we have the right people in the right place at the right time with the right skills and the right cost and can adapt to a changing work environment. We must demonstrate we are truly an employer of choice, as potential colleagues have a wide range of options available to them. **We will build on the employee experience to attract and retain a diverse workforce and develop a recruitment and attraction plan that supports all roles in the organisation and continue to build an effective employee brand.**

Our exciting plans to turn the service on its head and reduce conveyance to the Emergency Department will also provide capacity for new roles, new pathways, and innovative thinking. Innovative teams are diverse teams, and we are committed to taking action to increase diversity throughout our service. We will increase resource, engagement and participation by effectively using networks, partnerships and technology. These connections contain the key people who will become our change agents, modelling the behaviours and mindsets of our desired culture. These will be people who are motivated by wanting to do their best, have passion and purpose and who can view the organisation from many different perspectives. These change agents are key to our cultural success, driving organisation-wide collaboration, breaking down siloes and increasing engagement with culture change initiatives. Our plans involve a real **focus on continuous improvement, seeking to increase value, reduce burden, waste and inefficiency, ensuring we get the basics right and that our processes are seamless and fit for purpose** alongside projects such as improving attendance. This commitment to improving employee experience includes reviewing current and potential working models to provide more flexibility for our people.



Capability

'Our leaders will be compassionate, collaborative and courageous'
2030 Strategy

Capable people are at the heart of our vision for the future. Development through training and education, leadership and management, coaching and mentoring, and management is essential to ensure our people can work to the highest professional levels and are comfortable, competent, and confident to make decisions. **For our leaders and managers, there will be a continued focus on enhancing capability** by ensuring they have the knowledge, skills, and agility to deal with complexity and respond to the changing needs and aspirations of a diverse workforce. 360 degree feedback will be used to gather insight, inform development plans, increase self awareness and to encourage open, honest communication. **Increasing capability and expertise around change management and digital is also a key area of improvement for us over the next few years.**

Focusing on professions will be at the heart of our plans to promote the importance of each profession and ensuring skill levels reflect those professions. Our goal is to ensure our people feel supported to make decisions to consult and close at scene, or signpost to a more appropriate pathway. We will enable this by supporting and developing a capable workforce that conveys fewer people to Emergency Departments. Building interpersonal skills to develop cross sector relationships, increase ability to listen, hear and understand other services in Wales and move away from our historical reliance on command and control structures is essential for the cross service delivery of the future. It is crucial to support digital learning and expertise, maximise efficiency, challenge our traditional ways of working and paper based frameworks whilst promoting and demonstrating change management skills across the organisation. #TeamWAST has the potential; it is our job to provide the support structures to allow our people to shine and to promote innovation, inclusion, wellbeing and ensure excellent employee experience to ensure excellent patient experience.



Context

Operational pressures are the single biggest risk to the delivery of this plan. We commence this programme of work knowing the complexity of the risks associated with our current environment and we are committed to focusing on the things we can control, whilst working with our external partners to effectively influence across the system.

Our people are still feeling the effects of the pandemic and with considerable ongoing system pressures and the period of significant uncertainty and disruption regarding industrial action, relationships with Trade Union partners has been challenged in a way not experienced for a long time. We are committed to working with our trade union partners and taking the learning from this experience and reflecting on it will be at the heart of our engagement. Our continued emphasis on wellbeing, embedding compassionate leadership and practices and having a meaningful constructive dialogue on the things which can make a positive difference with our TU colleagues will be key to us being able to thrive and succeed. We recognise that there will be more challenging issues and things we disagree on, but we will agree a way of working through those issues to the benefit of our people, patients and the organisation.

We are confident that our partnership framework and strong relationships will enable us to focus together on improving the working environment, providing the right tools and streamlining processes and practises to ensure there is a direct and positive impact on the daily lived experience for all our staff.



Loss of good staff,
increased
workloads



Digital
Capability
Limitations



Operational
pressures



Financial
landscape



Reputation, Media
Interest



Organisational
capacity



Capacity to
innovate

RISKS



Staff
engagement
and morale



CASC Confidence in
WAST's ability to
deliver



Industrial
Action



Incorrect
prioritisation



Inadequate
Programme
resources /
structure



Staff
Wellbeing



Meeting Financial
& Statutory
obligations

Evaluation



Attendance



Employee Relations



Line Manager interest in team wellbeing



Engagement Score



PADR



Statutory & Mandatory Training



OH & Wellbeing Usage



Recruitment



Diversity Monitoring



Qualitative Feedback



Awards and Accreditation



Internal promotion and development



Network membership

Appendices

Appendix 1: Our [Rich Picture](#) - a visual representation of how it will look and feel to work in WAST upon delivery of this Plan

Appendix 2: [Year 1 Action Plan](#) - this document articulates the actions we need to take during 2023-24 to start our journey; the overall Plan is designed to be dynamic and flexible in nature and as such, the actions for years 2 and 3 will emerge as we progress, continually linking back to the 3Cs and ABC framework



Feedback

We want to know what you think – *what can we do better?*

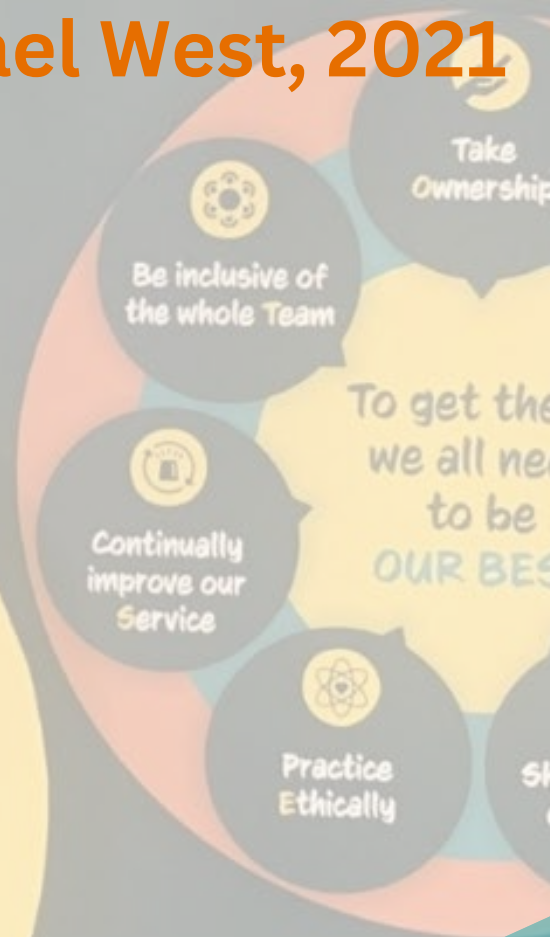
Please email amb_culture@wales.nhs.uk if you have any comments, suggestions or questions at any point over the life of this plan.

Thank you for reading.



'To enable health care staff to deliver high quality compassionate care and to flourish, all must work together to create positive, supportive, compassionate, and inclusive workplaces'

Prof. Michael West, 2021

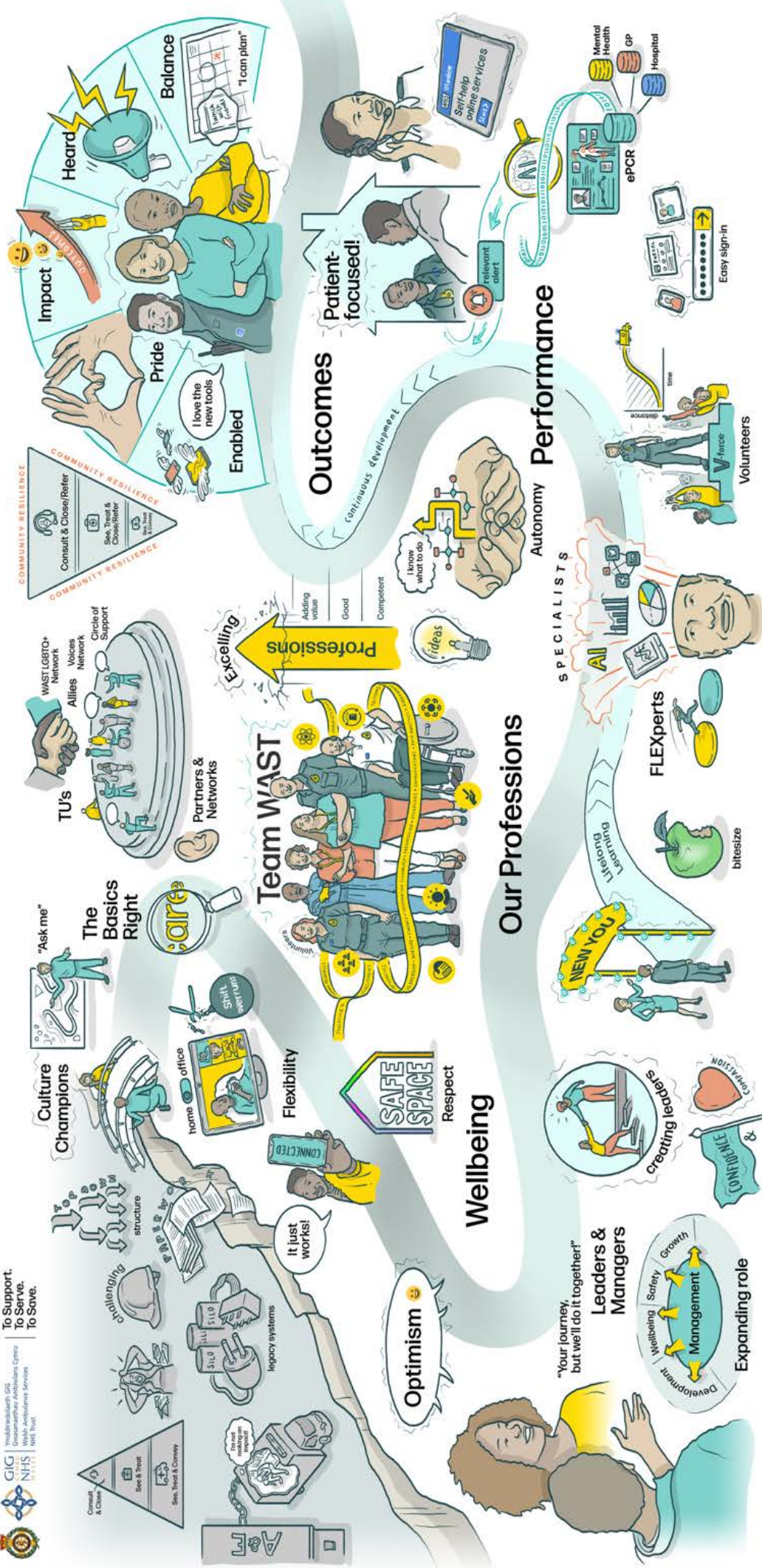


Our Culture

A Clear Purpose
Pride in our work

 GIG
Gŵylfa'r GIG
Cymru
NHS
Wales Ambulance Services
NHS Trust

To Support.
To Serve.
To Save.



Culture	Continue to build and articulate our desired culture Sustain our focus on improving wellbeing Embed partnership working Improving the working environment including where and how you work
Capacity	Build on the employee experience to attract and retain a diverse workforce Develop a recruitment and attraction plan that supports all roles in the organisation and continue to build an effective employee brand Improve the effectiveness and application of our internal people processes (getting the basics right) Year 2 of the Managing Attendance programme
Capability	Continued focus on enhancing management and leadership capabilities Increase change capacity expertise Commitment to creating opportunities for colleagues to embrace and develop within their profession and demonstrate those professional qualities and standards in all that they do Digital capability and improving the digital experience for all staff (Digital Workplace)





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Welsh Ambulance Services
NHS Trust





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Welsh Ambulance Services
University NHS Trust

Agenda Item No.

11

REPORT TITLE

All-Wales Anti-Sexual Harassment Policy and Implementation Plan

MEETING

Name of meeting	People and Culture Committee
Date of meeting	13 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Angela Lewis, Director of Culture Change
Author(s) of report	Kathryn Cobley, Head of Inclusion and Engagement

PURPOSE OF REPORT

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



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Welsh Ambulance Services
University NHS Trust

REPORT SUMMARY:

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

1. The Worker Protection (Amendment of Equality Act 2010) Act 2023, mandates employers to take proactive steps to prevent sexual harassment in the workplace. This All Wales Policy emphasises that sexual harassment is unlawful and harmful and sets out NHS Wales's commitment to preventing such behaviour among employees and service users.
2. Employers are responsible for ensuring a harassment-free environment, both within and outside the workplace, including business trips and social media. Victims or witnesses of sexual harassment are encouraged to report incidents to enable appropriate action and support.
3. This policy sets out to:
 - Raise awareness and provide guidance for staff to identify behaviours that constitute sexual harassment with the explicit aim of preventing cases of sexual harassment in the first instance.
 - Help and encourage reporters of harassment or sexual harassment to ask for help and report the incident safely.
 - Inform managers and employees of the processes to follow where acts of sexual harassment occur.
 - Raise awareness of the serious and harmful impacts of sexual harassment, and the need to deal with cases in a sensitive, supportive, timely and robust manner.
 - Ensure that managers are aware of their duty to take a proactive approach to preventing sexual harassment in the workplace.
 - Help managers refer reporters of sexual harassment to appropriate support.
 - Help employees understand where they can find appropriate support.
 - Support the NHS Wales in increasing the reporting of incidents of sexual harassment.
4. This policy has been developed collaboratively and in partnership across NHS Wales, as such it is expected that this policy will be received and adopted by the Trust for implementation.
5. This policy supports our aim to create a working environment where employees feel psychologically safe and free from risk of sexual harassment.
6. This policy will be promoted over the coming months and will link to our wider sexual safety plans to increase awareness and understanding amongst our workforce of the harmful impacts of sexual harassment in the workplace.
7. An implementation plan has been developed to help embed the policy within the Trust which aims to amplify key messages and reduce sexual harassment in the workplace. This plan will be shared as a good practise guide for other NHS Wales organisation to adopt if appropriate.



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RECOMMENDATION(S)

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

The People and Culture Committee is requested to:

1. Receive and adopt the All-Wales Anti-Sexual Harassment Policy for implementation across the Trust (as it has been approved at an All-Wales level); and
2. To take assurance from the provision of the associated policy Equality Impact Assessment and policy Implementation Plan.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The People and Culture Committee is requested to receive the following annexes:

Annex 1 All Wales Anti-Sexual Harassment Policy
Annex 2 National EQIA for the All Wales Anti-Sexual Harassment Policy
Annex 3 Policy Implementation Plan

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

☐ SO1: Providing the right care or advice, in the right place, every time

☒ SO2: Enabling our people to be the best they can be

☐ SO3: Being at the forefront of innovation and technology

☐ SO4: Developing services in collaboration

☐ SO5: Being quality driven and clinically led

☐ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

N/A



HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment is attached	EQIA completed by NHS Wales and included appendices

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
17 September 2025	ELT
22 September 2025	Policy Group
29 September 2025	ELT
13 November 2025	People and Culture Committee



NHS Wales Anti-sexual Harassment Policy

“We are unwavering in our responsibility to protect the physical and psychological safety of every employee — regardless of role, background, or identity.

This policy reinforces our commitment to listen, to act swiftly and fairly, and to build a culture rooted in respect, inclusivity, and accountability. Everyone has the right to feel safe at work and through this policy, we are determined to make that right a lived reality for all.”

Approved by: Welsh Partnership Forum

Issue date: September 2025

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This policy contains references to sexual misconduct that some colleagues may find distressing.

If you have experienced or feel you may be experiencing unwanted, inappropriate and/or harmful sexual behaviours there are people who can support you. Your local employee wellbeing or occupational health teams can help you get support, and you can find a wide range of support providers in Appendix 4 of this policy.

1. INTRODUCTION

The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#). The focus of the act is to place a proactive duty on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace.

Research consistently and regularly tells us that sexism, sexual harassment and sexual assault is happening in every corner of society hour by hour, day by day.

NHS Wales is unequivocal that sexual harassment is unlawful and damaging to reporters of harassment and must not be tolerated. NHS Wales is committed to taking all reasonable steps to prevent employees or service users experiencing or witnessing sexual harassment.

It is acknowledged that sexual harassment often occurs where there is a power imbalance, and that people in certain groups may be more vulnerable than others.

Aggravating factors such as abuse of power over a more junior colleague will be considered when decisions about disciplinary action are taken.

Within the workplace, employers have a responsibility to protect all employees from sexual harassment. We are committed to providing a working environment free from sexual harassment and ensuring all staff are treated, and treat others, with dignity and respect. We recognise that sexual harassment can occur both in and outside the workplace, such as on business trips, or at work-related events or social functions, or on social media.

Sexual harassment or victimisation of any member of staff, or anyone they come into contact with during the course of their work, is unlawful and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment of their staff during the course of their employment.

We will take active steps to help prevent the sexual harassment and victimisation of all staff.

Anyone who is a victim of, or witness to, sexual harassment is encouraged to report it in accordance with this policy. This will enable us to take appropriate action and provide support.

Sexual harassment and victimisation may result in disciplinary action up to and including dismissal.

2. WHAT IS THIS POLICY FOR?

This policy sets out to:

- Raise awareness and provide guidance for staff to identify behaviours that constitute sexual harassment with the explicit aim of preventing cases of sexual harassment in the first instance.
- Help and encourage reporters of harassment or sexual harassment to ask for help and report the incident safely.

- Inform managers and employees of the processes to follow where acts of sexual harassment occur.
- Raise awareness of the serious and harmful impacts of sexual harassment, and the need to deal with cases in a sensitive, supportive, timely and robust manner.
- Ensure that managers are aware of their duty to take a proactive approach to preventing sexual harassment in the workplace.
- Help managers refer reporters of sexual harassment to appropriate support.
- Help employees understand where they can find appropriate support.
- Support the NHS Wales in increasing the reporting of incidents of sexual harassment.

3. SCOPE

The Anti-sexual Harassment Policy aims to set out a framework for line managers to deal with any occurrences of sexual harassment or inappropriate behaviour by our staff (which may include consultants, contractors and agency workers) and also by third parties such as customers, suppliers or visitors to our premises.

This policy applies to all employees, officers, consultants, self-employed contractors, casual workers including bank staff and locums, agency workers, apprentices, volunteers and interns. Our obligations and your duties under this policy also extend to job applicants and former employees.

NHS Wales has a duty of care to protect employees from, and prevent incidents of, sexual harassment from individuals within the physical or digital workplace.

4. GUIDING PRINCIPLES

- We will support the prevention of sexual harassment and abuse by ensuring everyone has access to relevant information and learning opportunities.
- We will create working environments that are open, safe and do not tolerate inappropriate behaviour.
- We will work actively with groups who are more likely to experience sexual harassment and abuse.
- We will ensure that all sexual safety concerns are taken seriously, treated sensitively and managed appropriately.
- We will support colleagues who experience unwanted, inappropriate and/or harmful sexual behaviours.
- We will clearly communicate and role model appropriate behaviours in line with our values and frameworks.
- We will provide confidential, accessible and non-retaliatory reporting mechanisms for individuals to raise concerns about sexual harassment.
- We will ensure our Executive Teams regularly review data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace

Confidentiality will be maintained as far as possible unless there is a safeguarding or legal concern that needs to be reported and to the extent required to ensure a fair process is followed.

These commitments will apply to everyone in NHS Wales equally and without prejudice.

This policy will be reviewed at regular intervals to monitor and ensure its effectiveness.

INFORMATION – DEFINITIONS AND TERMINOLOGY

5. DEFINITIONS

It is recognised that terminology used in guidance for dealing with incidents of sexual harassment is complex and can be emotive. Terminology can have the effect of pre-judging a case and causing unconscious bias to have an effect.

5.1 Definitions used in this policy of people and roles that may be involved in a sexual harassment report include:

- **Reporter of Harassment** – Recognising that anybody can report sexual harassment, for the purposes of this policy, this term is used to describe the person experiencing sexual harassment. A reporter of harassment can be male, female or non-binary.
- **Individual accused of harassment** – an individual against whom a sexual harassment report has been raised. There is no presumption of guilt against an alleged perpetrator.

Human Resources

Your Human Resources (HR) department may be known by a different name. Departments traditionally known as Human Resources (HR) or Personnel may be known by another name in your organisation, such as People and OD (POD), Workforce and OD (WOD), Human Resources (HR), People and Relationship Team, or People Services. In this policy we use the term 'HR or Workforce and OD'.

5.2 Sexual Harassment

Sexual Harassment refers to unwelcome sexual advances, requests for sexual favours, or other verbal, non-verbal, or physical conduct of a sexual nature that creates an intimidating, hostile, degrading, or offensive environment. Sexual harassment can happen to anyone regardless of their personal characteristics and can equally be carried out by anyone. A single incidence can be enough to constitute sexual harassment, and a person does not need to have previously objected to it.

It also includes treating someone less favourably because they have submitted or refused to submit to unwanted conduct of a sexual nature, or that is related to gender reassignment or sex at any time in the past.

Sexual harassment is defined by the impact of behaviour(s) on an individual or individuals, even if the behaviour was not intended to have the effect of sexual harassment.

Sexual harassment includes any unwelcome behaviour of a sexual nature that directly or indirectly impacts a person's dignity, safety, or ability to participate in an environment. It may involve power dynamics, discrimination, or coercion and can take various forms, such as (but not limited to):

5.2.1 Verbal Harassment

- Sexual remarks, jokes, or comments that are unwelcome or offensive.
- Inappropriate inquiries about someone's personal life, sexual orientation, or body.
- Inappropriate conversations in the workplace, either in one to one or group settings.
- Repeated, unwelcome romantic or sexual propositions.

- Unwelcome sexual advances or suggested behaviour (even if the harasser may perceive this as harmless).

5.2.2 Non-Verbal Harassment

- Displaying or sending sexually explicit or suggestive images, messages, or gestures.
- Leering, staring, or making suggestive facial expressions.
- Sending unwelcome messages, sexually explicit or otherwise through digital communication (including emails, text messages, video clips and images sent by mobile phone or posted on the internet).

Non-verbal harassment may constitute offences contrary to section 1 Malicious Communications Act 1988 ('MCA 1988'), section 127 Communications Act 2003 ('CA 2003'), and offences created in Part 10 of the Online Safety Act 2023 ('OSA 2023').

5.2.3 Physical Harassment

- Unnecessary or inappropriate physical contact or "horseplay", touching, hugging, pinching, grabbing, pushing or brushing against someone without consent.
- Blocking someone's path or invading personal space in a manner that feels intimidating or uncomfortable.

5.2.4 Coercive Sexual Harassment:

- Conditioning employment, promotions, grades, or other opportunities on submission to sexual advances or favours.
- Threatening retaliation or adverse consequences for rejecting such advances.

5.2.5 Hostile Environment Harassment

- Conduct that creates an intimidating or hostile atmosphere through persistent, pervasive, or severe sexual behaviour.
- Harassment that interferes with an individual's work, education, or well-being.
- A person may be sexually harassed even if they were not the intended target. For example, a person may be sexually harassed by pornographic images displayed on a colleague's computer in the workplace.

5.2.6 Victimisation

Victimisation includes subjecting a person to a detriment because they have done, or are suspected of doing or intending to do, any of the following protected acts:

- (a) Bringing proceedings under the Equality Act 2010.
- (b) Giving evidence or information in connection with proceedings under the Equality Act 2010.
- (c) Doing any other thing for the purposes of or in connection with the Equality Act 2010.
- (d) Alleging that a person has contravened the Equality Act 2010.

Victimisation may include, for example:

- (a) Denying someone an opportunity because it is suspected that they intend to make a complaint about sexual harassment.
- (b) Excluding someone because they have raised a grievance about sexual harassment.
- (c) Failing to promote someone because they accompanied another staff member to a grievance meeting.

(d) Dismissing someone because they gave evidence on behalf of another staff member at an employment tribunal hearing.

Sexual harassment and victimisation are unlawful and will not be tolerated. They may lead to disciplinary action up to and including dismissal if they are committed:

- (a) In a work situation.
- (b) During any situation related to work, such as at a social event with colleagues.
- (c) Against a colleague or other person connected to the organisation outside of a work situation, including on social media.
- (d) Against anyone outside of a work situation where the incident is relevant to the person's suitability to carry out their role.

If any sexual harassment or victimisation of staff occurs, we will take steps to remedy any complaints and to prevent it happening again. These may include updating relevant policies, providing further staff training and taking disciplinary action against the perpetrator where feasible and deemed necessary.

5.2.7 Third-party harassment

Third-party harassment occurs where a person is harassed or sexually harassed by someone who does not work for, and who is not an agent of, the same employer, but with whom they have come into contact during the course of their employment. Third-party harassment could include, for example, unwelcome sexual advances from a client, customer or supplier visiting the employer's premises, or where a person is visiting a client, customer or supplier's premises or other location in the course of their employment.

Third-party sexual harassment can result in legal liability and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment by third parties. Although a member of staff cannot bring a claim for third-party harassment alone, it can still result in legal liability for an employer when raised in other types of claims. All staff are encouraged to report any third-party harassment they are a victim of, or witness, in accordance with this policy.

Any sexual harassment by a member of staff against a third party (see above) may lead to disciplinary action up to and including dismissal, for example asking for a patient's number in the course of your work with the intention of contacting them socially would be inappropriate.

We will take active steps to try to prevent third-party sexual harassment of staff.

If we are made aware of any third-party harassment of staff, we will take steps to remedy any complaints and to prevent it happening again. These may include warning the harasser about their behaviour, banning them from our premises, reporting any criminal acts to the police, and sharing information with other branches of the organisation and the harasser's employing organisation.

Offensive behaviour can sometimes be excused as banter or jokes; managers must take a zero-tolerance approach, even when they may face criticism for doing so. Banter can be inoffensive to all those hearing/participating in it at the time but could simultaneously be in violation of expected values and behaviours or another's dignity who may just not be present. This can lead to workplace cultures that are unsafe

If an individual feels that they have been sexually harassed or that they have been impacted by sexual harassment, their feelings are valid, and their complaint must be taken seriously.

Incidents can be considered workplace sexual harassment in circumstances in which the employee is not actually working but that are connected with work, such as work social events.

5.3 Criminal Offences

Some forms of sexual harassment may also constitute criminal offences. Sexual violence or assault refers to any sexual act or attempt to obtain a sexual act through coercion, force, or without the explicit consent of the individual. It encompasses a range of behaviours that violate a person's autonomy, dignity, and safety, including but not limited to:

5.3.1 Non-Consensual Physical Acts:

- Rape or attempted rape.
- Sexual touching or groping without consent.
- Use of force, intimidation, or threats to engage in sexual activity.

5.3.2 Sexual Exploitation:

- Taking advantage of another person's sexuality without their consent, including distributing explicit images or videos without permission.
- Coercing someone into sexual acts through manipulation or abuse of power.

5.3.3 Acts Perpetrated on Vulnerable Individuals:

- Sexual acts involving individuals unable to give consent due to intoxication, unconsciousness, or lack of capacity (e.g., age, cognitive impairment, or coercive circumstances).

5.3.4 Verbal Threats or Coercion:

- Threatening harm to compel sexual activity.
- Using blackmail or other forms of manipulation to obtain sexual favours.

Criminal acts of this nature come under the portfolio of your Safeguarding Team.

We strongly encourage any employees who believe that they have been a victim of a criminal act to report the incident to the police. Further advice can be obtained from your local Safeguarding team.

6. CONFIDENTIALITY

6.1 Confidentiality and Anonymity

Anonymity and confidentiality are two concepts that are often used interchangeably, but they have distinct differences.

- Anonymity refers to the state of being unknown or unidentified.
- Confidentiality refers to the act of keeping information private and secure; sensitive information will not be disclosed to unauthorised individuals.

Anonymity means an individual's identity is concealed; confidentiality means information is secure.

Confidentiality covered by this Procedure will be maintained wherever possible and as far as reasonably practical, subject to legal and statutory safeguarding obligations and duties to protect other people.

As well as statutory requirements, the 'need to know' may encompass sharing of anonymised information for defined purposes such as supervision, formal support, correct processes or best practice. Therefore, confidentiality cannot be guaranteed in every situation.

Details of investigations and complaints must only be disclosed on a 'need to know' basis. Unauthorised disclosure of confidential information may result in disciplinary action, as may any concerns about attempts to influence or intimidate a witness and/or a reporter of harassment.

Confidentiality obligations apply to anyone who is involved including the individual accused of harassment, the reporter of harassment, witnesses and line managers.

The matter should not be discussed with anyone else other than on a 'need to know' basis, and in the context of formal disciplinary proceedings, will normally be limited to:

- the investigating officer
- HR or Workforce and OD colleagues directly involved.
- any relevant witnesses
- the individual accused of the harassment to the extent necessary to enable them to respond.
- safeguarding colleagues
- where represented, Trade Union representatives

This does not mean that support should not or cannot be sought by anyone who is involved, acknowledging that talking about the event may help some people or be essential to their wellbeing, however, this must be done whilst adhering to the confidentiality obligations set out in this section.

Nothing in this Policy will prevent an individual reporting sexual misconduct to the police, professional regulators (such as the GMC or NMC), or any other statutory body. Making a report does not constitute a breach of confidentiality.

Both reporters of harassment and individuals accused of harassment:

- Are free to seek professional support from anyone who would owe them a professional duty of confidentiality (e.g., from their doctor, the services in Appendix A., and similar);
- Can talk to immediate family, on the condition that the people they discuss the situation with agree to maintain confidentiality and that they do not name anyone involved. If family members work together consideration should be given to whether it is appropriate to discuss the situation;
- Cannot discuss it with fellow employees other than the investigating officer, HR or Workforce and OD colleagues directly involved, with their line manager if necessary, and where represented, with Trade Union representatives.

7. RISK AND PREVENTION

Managers are expected to consider the likelihood and impact of sexual harassment within their teams. Factors to consider include, but are not limited to the following:

- power imbalances
- job insecurity, for example, use of temporary staffing, agency staff or contractors
- lone/isolated working, night working and working alone with a third party
- the presence of alcohol (work-related social events)
- patient-facing duties
- lack of diversity in the workforce, especially at a senior level
- workers being placed on secondment
- travel to different work locations
- working from home
- attendance at events outside of the usual working environment, for example, training, conferences or work-related social events
- socialising outside work
- social media contact between workers
- the workforce demographic, for example, the risk of sexual harassment may be higher in a same sex dominated workforce
- a male-dominated workforce
- a workplace culture that permits crude / sexist 'banter', or other disrespectful behaviour
- gendered power imbalances (for example, where most junior staff are female and most senior managers / leaders are male)
- an expectation that workers will attend social events / conferences outside of the workplace or stay away from home overnight (particularly if alcohol is being consumed)
- a failure to respond appropriately to previous reports of sexual harassment

- workers that have more than one protected characteristic, for example, disabled people, ethnic minorities and people from the LGBT community are more likely to experience sexual harassment than people who do not have these protected characteristics

There may be risks that only affect one job role or worker - these should still be considered and addressed.

An assessment of the risk should be completed on an annual basis using the existing risk management framework and any identified risks mitigated and recorded.

Managers should ensure staff are aware of reporting mechanisms and managers must refer to this guidance if a staff member raises a complaint of harassment.

GUIDANCE – WHAT TO DO IF AN INCIDENT OCCURS

8. INCIDENTS OF SEXUAL HARASSMENT

All reported incidents of sexual harassment and sexual violence/assault will be investigated promptly, with appropriate actions taken to ensure the safety and rights of those affected.

If you have any questions relating to sexual misconduct, please contact your Safeguarding or HR or Workforce and OD team for advice.

If you feel you are experiencing or have experienced sexual harassment or if you witness sexual harassment or have a concern that another colleague may be experiencing or have experienced sexual harassment it is very important that you take action.

The reporting (or disclosing) of witnessed sexual harassment can be a means of identifying further and more serious allegations.

In all cases where a child under 18 discloses sexual misconduct/assault, or employees hear about sexual misconduct/assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

Where the Executive or Senior Management Team become aware of multiple concerns or complaints of inappropriate behaviour in an area, which may not have been formally reported but give rise to sufficient cause for concern, they may choose to conduct an investigation to understand the alleged behaviours in more detail and to determine if support and interventions are needed. This is intended to ensure the effective resolution of concerns raised and the prevention of future inappropriate behaviours, where identified by the investigation. Undertaking this type of investigation should only be done in consultation with the HR or Workforce and OD team and will involve

agreed terms of reference with the relevant department. If the findings indicate a potential conduct issue, this may lead to a disciplinary process under the relevant Policy.

8.1 If You Experience Sexual Harassment

You may be able to address matters informally if you feel able to do so. The person may not know that their behaviour is unwelcome or upsetting, so a conversation may help them to understand the effects of their behaviour and agree to change it. Should you need it, your local HR or Workforce and OD team can provide support to help you have an informal conversation.

There is no requirement that you attempt to informally challenge the behaviour. It is recognised that there are many situations where this may not be appropriate, safe or indeed something that you feel able to do. If this is too difficult for you, or if the informal approach is not appropriate, or has not been successful, then you are strongly encouraged to speak to someone.

Examples of people you could tell (in no particular order) are:

- A trusted colleague
- A member of your local HR or Workforce and OD team
- A member of your Safeguarding team
- Your manager
- Another senior colleague
- Your Trade Union Representative
- Speaking Up Safely contact/guardian

This is referred to as ‘disclosure’. It is vital that the initial response to a disclosure is handled appropriately and with sensitivity.

What you should NOT do:

- **Ignore or put up with the behaviour**
- **Believe it is your fault**
- **Put yourself in a position where you would be left on your own with the person behaving inappropriately**

The difference between disclosing and reporting

A disclosure is where someone tells another person about their experience but **makes it explicitly clear that they do not want action to be taken**. A disclosing party should be given time to make an informed choice and support about whether to make a formal report to the organisation (or to the police, or both). Just because a formal report is being made, does not prevent the matter being dealt with on an informal basis where this is requested by the reporter of harassment and/or deemed appropriate by the manager and HR or Workforce and OD advisor.

Whilst managers and HR or Workforce and OD advisors should try to respect the wishes of the individual making the disclosure, a disclosure can lead to formal action being taken by the employer if it is considered that there is a risk to an individual's safety; this will normally be deemed appropriate where the allegation is one of sexual assault, or where it forms part of a series of similar complaints.

In deciding whether it is appropriate to override the reporter of harassment's wishes not to take formal action, the manager should ask:

- Have they considered and exhausted all other possible options such as those already referred to in this guidance?

- What will the impact be of overriding the reporter of harassment's wishes on them?
- What are the potential risks to the reporter of harassment, the reporter of harassment's colleagues and to other third parties if the employer does not take further action?
- Have other complaints been made against the same person?
- What is the likelihood of the matter being resolved by the reporter of harassment without intervention by the employer?

Reporting is the first step in a formal process and is the term used to describe any disclosure of sexual harassment where it is not expressly requested by the reporting individual that no formal action be taken.

8.2 Receiving a Disclosure

The employee who receives the disclosure should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Encourage them to consider reporting their concern** as set out in section 8.3, if it has not already been reported.
- **Make a note as soon as you are able to of any details of the disclosure**, ensuring confidentiality is maintained as set out in section 6. The reporter of harassment should be

notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.

- **If the reporter of harassment does not want to take the disclosure any further**, you must respect their wishes unless there is a legal or safeguarding concern which means that further action must be taken. However, it may be that the disclosure has highlighted a need for training in the department or other follow up action, and you should liaise with the relevant manager or HR or Workforce and OD colleague in relation to any training that may need to be provided in the future.

If you need support or advice following the disclosure you could speak to someone in confidence, such as a member of your HR or Workforce and OD team, a member of your Safeguarding team or your own line manager.

The person receiving the disclosure should make every effort to follow up with the reporter of harassment within 3 months of the disclosure to enquire whether that individual requires any wellbeing support. The reporter of harassment should also be asked if any further incidents of harassment have occurred since the initial disclosure. Both the enquiry and response should be securely recorded in a confidential manner as set out above. If the reporter of harassment confirms further harassment has taken place, it may mean in some cases that further action will now become appropriate.

8.3 Reporting Incidents

It is recognised that reporting incidents can be a daunting prospect. Concerns of the individual that they may be showing disloyalty by reporting incidents, or that the reporting of an incident may leave the team short staffed, or indeed that they won't be believed often influence whether an individual reports an incident or not.

Our priority is the safety and wellbeing of our employees and we strongly encourage the reporting of any incident of alleged sexual harassment either in the workplace or by a workplace colleague

8.3.1 Receiving a Report

The employee who receives the report should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Make a note as soon as they are able to of any details of the report**, ensuring confidentiality is maintained as set out in section 6. The reporter of harassment should be notified that a note of the report will be made including the date and time, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.

Incidents can be reported formally or informally. For informal reporting please see section 8.6.3

8.3.2 Reporting Incidents Formally

Incidents can be formally reported verbally or in writing via any of the following:

- To a manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A member of the Safeguarding team

We strongly encourage employees to also report criminal acts to the police, as set out in section 10 of the policy.

If you are unsure what constitutes sexual harassment, but you feel you have experienced or witnessed something you think may be in the scope of this procedure, it is very important that you report it as potential sexual harassment.

You can report anonymously if you do not feel comfortable providing a full report, via the Speaking Up Safely framework.

It is, however, preferable for individuals making a report to identify themselves, as this makes it more likely that reports can be fully and fairly investigated and resolved and contributes to creating an open and trusting culture. It also means the colleague reporting the sexual harassment can be kept informed of the progress of their report. Wherever possible a report of harassment should identify exactly what comment was made/action was taken, by whom, on what date/s this

was, where it occurred and if there were any other witnesses to the alleged harassment.

If a report is made anonymously, the steps in this policy must be followed as closely as possible based on the information provided in the disclosure.

Please note, where a report is made anonymously, but it is possible for the employer to identify the reporter of harassment, the employer will be expected to encourage and support the reporter of harassment to provide more details or come forward for the reasons set out above. This may include trying to establish any concerns the reporter of harassment has that has led to the request for anonymity.

Where a complaint is taken forward on an anonymous basis, please note whilst the employer will take reasonable endeavours to maintain that anonymity, the employer is unable to guarantee absolute anonymity, particularly if any external agencies become involved.

The individual accused of harassment will also need to receive sufficient details of the report in order to properly answer the allegations against them in keeping with the principles of natural justice.

Cases of sexual harassment should be dealt with via the NHS Wales Disciplinary Policy or Upholding Professional Standards in Wales Procedure if the allegations are against a doctor or dentist. This includes scenarios where the reporter of harassment is not an employee.

When a formal complaint of harassment or victimisation is made, an employer should consider what steps need to be taken while the matter is investigated to ensure that:

- **the reporter of harassment is not subjected to further acts of harassment**
- **the reporter of harassment is not victimised for having made a complaint**
- **any potential adverse impact on the reporter of harassment is minimised.**
- **other workers are safeguarded against similar behaviour, and**
- **there will be no interference with the investigation.**

8.4 Sexual Harassment by a Patient or Third Party

If a patient behaves in a sexual way towards you, and you feel safe to do so, you should tell them that their behaviour is unacceptable and ask them to stop.

If the patient does not stop the behaviour, or you do not feel safe to challenge the patient or continue with the interaction, you should excuse yourself from the encounter and seek help.

You should make your manager aware immediately and report the incident via DATIX, and seek support if you need it. Please refer to Appendix 4 for information on guidance and support.

Where your complaint is about someone other than an employee, such as a customer, supplier or visitor, we will consider what action may be appropriate to protect you and other staff pending the outcome of the investigation, bearing in mind the reasonable needs of the organisation and the rights of that person. Where

appropriate, we will attempt to discuss the matter with the third party.

We will also consider any request that you make for changes to your own working arrangements during the investigation. For example, you may ask for changes to your duties or working hours to avoid or minimise contact with the alleged harasser. You will not suffer financial detriment.

Managers made aware of sexual harassment by a patient should, as part of any response, conduct a risk assessment of the area and consider any additional steps needed to prevent sexual harassment occurring by a patient. All risk assessments should be securely recorded.

Sexual harassment by someone lacking mental capacity should still be reported, even if that person's actions were not intentional. The focus shifts to the impact of those actions on the victim, not the intent behind them and therefore should still be subject to reporting.

Please see Appendix 4 for BMA guidance on managing discrimination and sexual harassment by patients.

8.5 If You Witness Sexual Harassment

Employees who witness sexual harassment must take appropriate steps to address it. Depending on the circumstances, this could include:

- Intervening where they feel able to do so.
- Supporting the reporter of harassment to report it or reporting it on their behalf.

- Reporting the incident where they feel there may be a continuing risk if they do not report it.
- Co-operating in any investigation into the incident.

Witnesses of sexual harassment are strongly encouraged to report it and will be protected from victimisation. Please see section 8.3 above.

GUIDANCE – HOW TO MANAGE REPORTED CASES

8.6 The Process Following a Report of Sexual Harassment

The person who receives the report of sexual harassment must notify their local HR or Workforce and OD and safeguarding teams as soon as possible.

See Flowchart (Appendix 2)

8.6.1 Management Review (initial assessment)

The person making a complaint of sexual harassment should be asked if they would prefer a woman or man to interview them. Not everyone will be comfortable making a disclosure of this nature to someone from the opposite sex.

The local HR or Workforce and OD team will inform the local Safeguarding team to assess whether further actions under section 5 safeguarding regulations are required.

The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report.

This may involve:

- the individual (or team) with whom the report has been raised.
- an individual(s) with appropriate subject matter expertise
- the relevant HR or Workforce and OD officer/manager for that area.
- any other relevant individual deemed able to provide advice (e.g., Safeguarding colleagues).

See separate Management Review (initial assessment) guidance for further information

Following the management review (initial assessment), the following actions, which are not mutually exclusive may be considered as next steps:

- Further fact finding.
- Commissioning of a formal investigation under the NHS Wales Disciplinary Policy or the Upholding Professional Standards in Wales Procedure (UPSW) if the individual accused of harassment is a doctor or dentist.
- An informal resolution process (see section 8.6.3)
- If allegations could amount to criminal proceedings following a management review (initial assessment), notifying the police and/or other relevant agencies, including the individual accused of harassment's employers if their employer is not NHS Wales, or any regulatory bodies such as the NMC, may be deemed necessary. Please note, notifications to the police should only be made where required by Safeguarding rather than as a matter of practice for all sexual harassment allegations.

8.6.2 Suspension/moving an individual from their normal place of work

Where reporter of harassments and individuals accused of harassment work together a risk assessment will be undertaken, and it may be necessary to discuss temporary changes to working arrangements. It is not normal practice to move a reporter of harassment as a first step, unless they have requested this, and normal practice should be to move individuals accused of harassment wherever possible and necessary. This does not pre-judge the allegations in any way, it is simply with a view to furthering the organisation's legal obligations under the Worker Protection Act.

Please see All Wales Disciplinary Policy/ Upholding Professional Standards in Wales Procedure (UPSW) for more information.

8.6.3 Reporting Incidents Informally

Incidents can be informally reported verbally or in writing via any of the following:

- A manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A local Trade Union representative

State that you want to informally report an incident.

8.6.4 If the Reporter of harassment Requests that the Matter be Resolved Informally

The person receiving the informal report should listen to the reporter of harassment and work out how best they can help them to resolve the issue informally and in a way with which the reporter of harassment is most comfortable having considered the following actions:

- Discussing ways to approach the issue directly with the individual accused of harassment.
- Supporting the reporter of harassment in raising the issue with the individual accused of harassment by accompanying them in any discussion or helping them to set out their thoughts in writing.
- Raising the matter informally with the individual accused of harassment on the reporter of harassment's behalf.
- Obtaining advice on how best to resolve the issue and/or assistance in doing so from other sources either internally such as from the local HR or Workforce and OD team or externally from sources such as ACAS.
- Arranging mediation by a trained mediator between the reporter of harassment and the individual accused of harassment. In these circumstances, the manager and HR or Workforce and OD advisor (in conjunction with safeguarding advice) must consider whether this type of resolution is appropriate. If so, an independently facilitated conversation will be arranged in line with the All-Wales Respect and Resolution Policy.
- Obtaining advice on or assistance in dealing with issues relating to particular protected characteristics, such as from a charity with expertise relating to a particular disability.
- Obtaining counselling or support for the individual

It is important that a record of the following is kept:

- The details of the report/incident.
- A record of any discussion held with the individual accused of harassment.
- A record of any follow up actions.
- A reflections document completed.
- Any further training needs identified.

The manager must schedule a follow-up conversation with the reporter of harassment to check if any further incidents of harassment have occurred and whether any further support is required.

It is recognised that an informal solution may not be appropriate or may not work in many cases. For example, any informal solution is unlikely to be appropriate in more serious cases, or to work in cases where the alleged harasser is unlikely to accept that they have done anything wrong.

The reporter of harassment can make the matter formal at any stage if they wish to.

8.6.5 Investigating Formally Reported Incidents

Protecting the reporter of sexual harassment must be paramount.

- Investigators of allegations of sexual harassment will take particular care about the relevance and intrusiveness of questions required to investigate these matters. This includes taking great care when asking questions of a personal nature.

- Greater flexibility may be applied to the reporter of harassment's right to be accompanied to meetings related to investigating the complaint, particularly by a friend or family member (in a supportive capacity), in addition to the usual right to be accompanied by a trade union representative or work colleague.
- The reporter of harassment and individual accused of harassment should be provided with a single point of contact throughout the process wherever possible.
- These contacts should keep both parties separately and appropriately updated and ensure that they have access to support as required.
- Terms of Reference should be clearly written, containing wherever possible the specifics of the allegation; i.e., what was allegedly said/done/when/where (and where no anonymity applies) to whom.
- Timescales for each stage of the process will be provided. If timescales cannot be met, all parties will be informed of the delay and the reasons given as far as possible.

NHS Wales organisations will ensure that any allegations of potential sexual harassment are managed swiftly and in line with this policy.

Experiencing sexual harassment is extremely distressing and can be life changing. It's also distressing and a serious matter for an employee to be accused of sexual harassment. NHS Wales organisations will not presume the accusation is either true or false prior to a fair and thorough investigation.

Sexual harassment cases will sometimes only be evidenced by the reporter of harassment's word against that of the individual accused of harassment. This should not prevent the reporter of

harassment from speaking up. NHS Wales is committed to treating all complaints fairly.

Care must be taken to ensure no action is taken that could be perceived as punishing any person who raises a complaint in good faith.

Please see the All-Wales Disciplinary Policy/UPSW for more details on the Investigation stage of a process.

8.6.6 Actions Following an Investigation

The outcomes of the investigation will follow the relevant NHS Wales Policy. However, where there is a finding that on the balance of probabilities, the alleged sexual harassment did occur, but does not result in dismissal, the employer will normally be expected to consider if there should be a requirement for the perpetrator to attend anti-harassment training (either individually or as part of departmental training); this may be combined with another sanction. Any decision makers will also need to risk assess the likelihood of the harassment re-occurring (and any measures that could prevent this) when determining what sanction to apply.

NHS Wales recognises that in some cases it may be appropriate to signpost perpetrators to specialist services if they genuinely want to change their behaviour – this should be agreed on a case-by-case basis.

When dealing with a sexual harassment case, cultural sensitivity may be required. This may apply to the reporter of harassment, the perpetrator and any witnesses. Cultural attitudes may be a factor

within some cases and these need to be considered in understanding the situation. However, cultural attitudes are not accepted as an excuse or mitigation for sexual harassment.

To provide assurance that the matter has been addressed appropriately; where a complaint has been upheld the organisation may share some aspects of an investigation and/or their outcomes; including any action that has been taken to prevent a similar event happening again with the reporter of harassment. This will be considered on a case-by-case basis and advice should be sought from your local HR or Workforce and OD team. Any sharing of information must be compliant with relevant data protection laws and align to your organisation's Information Governance policy.

Whether or not your complaint is upheld, we will consider how best to manage the ongoing working relationship between you and the person concerned. It may be appropriate to arrange some form of mediation or counselling, or to change the duties, working location or reporting lines of one or both parties.

Employees who raise a report of sexual harassment in good faith (whether founded or not) will always be supported, and this should include offering adjustments to the usual witness protocol.

This may include (and not limited to):

- Adjustments to normal process in the disciplinary hearing.
- Ensuring that we take a sensitive approach when cross examining a reporter of sexual harassment, including avoiding where possible the individual accused of harassment or their representative directly cross examining the reporter of harassment (subject to the provisions of UPSW).

- Considering submission of questions direct to the chair to ensure there isn't anything that is inappropriate or inappropriately worded.
- Considering the use of partition screens.
- Remote (video) attendance at hearing(s) and only for as long as necessary.

Any staff member who deliberately provides false information in bad faith, or who otherwise acts in bad faith as part of an investigation, may be subject to action under the All-Wales Disciplinary Procedure/Upholding Professional Standards in Wales. However, you will not be disciplined or treated detrimentally because your complaint has not been upheld.

If an individual has genuine cause to believe that an allegation made against them is false or vexatious, this should be clearly communicated during the management review/initial assessment stage and any subsequent stages in that particular case.

8.6.7 Non-Employees

Employees who are seconded or deployed to another organisation will be supported by NHS Wales to report sexual harassment in accordance with this policy or a similar policy provided by the host organisation.

NHS Wales also has a duty of care to protect individuals employed by other organisations and third parties, such as suppliers or visitors, from sexual harassment (as defined in section 5) from any individual in the workplace.

If employees are subject to sexual harassment from individuals not employed by NHS Wales, this will be taken no less seriously. In these circumstances NHS Wales will:

- not tolerate any conduct – on its premises or within any environment – that may be defined as sexual harassment.
- report any allegation to their employer or representative without delay and take appropriate steps to ensure the safety of those involved. This should be reported in the same way as if the individual accused of harassment were an NHS Wales employee.
- following the receipt of allegations of sexual harassment, take action, which may involve taking management action and/or commencing a management review (initial assessment) under the organisation's disciplinary policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

If secondees who fall within the scope of this policy are found to be in breach of this procedure after an investigation, please follow the All-Wales Secondment Policy.

NHS Wales expects any third-party organisation that deploys employees or representatives to work in or with NHS Wales to engage with any investigation relating to sexual harassment and take appropriate action and/or provide appropriate support in respect of findings in relation to the employee or representative.

8.7 Providing Support

NHS Wales recognises that reporting sexual harassment takes courage and can be extremely stressful. Any individual raising a concern or complaint is to be given reassurance and support throughout the process. This support may also need to be extended to any employees who have witnessed sexual harassment.

As well as providing opportunities to talk, HR or Workforce and OD teams should signpost employees to relevant services such as Occupational Health (OH) or local employee wellbeing service where available. Also see sources of support in Appendix 4 below.

Incidents of sexual harassment can have long-term impacts on those who directly experience them as well as their friends and family. A reporter of harassment may need adjustments to support them to fulfil their role and workload, especially while any investigation is ongoing. The reporter of harassment should have a conversation with their line manager (or nominated person, which may include an occupational health professional) to review matters such as their current working arrangements and consider whether any additional support is needed, for example, by using the Flexible Working or Special Leave Policies.

Where concerns regarding attendance and/or capability of the reporter of harassment may be connected to a sexual harassment incident, adjustments to the attendance and/or capability process will be considered by the individual's line manager with advice from the local HR or Workforce and OD team. Any adjustments should be recorded and reviewed every 2 weeks, documented and shared with the relevant parties such as the individual and/or their line manager and their trade union representative.

If sickness absence is caused by sexual harassment at work, advice on this can be provided by your local HR or Workforce and OD team.

8.8 Victimisation, including when no further action is taken

NHS Wales does not tolerate harassment or victimisation of anyone reporting sexual harassment and will not tolerate any attempt to persuade or force an employee to not raise their

concerns. 'Victimisation' is when someone is treated less favourably as a result of being involved with a discrimination or harassment complaint and is unlawful under the Equality Act.

NHS Wales will uphold its duty of care to ensure colleagues are fully supported when reporting sexual harassment, whether their complaint is upheld or not.

Any retaliation and victimisation of an individual raising a report or acting as a witness should be reported to a line manager or your local HR or Workforce and OD team and will be addressed. This may result in action being taken under the Disciplinary Policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

9. REPORTING TO STATUTORY REGULATORS

NHS Wales organisations reserve the right and may be obliged to report an employee holding a professional registration of any description to their relevant statutory regulator (for example, Nursing and Midwifery Council, General Medical Council, The Health and Care Professions Council, the Law Society) in accordance with their relevant professional codes of conduct.

The designated employees for ensuring that NHS Wales organisations make an appropriate referral will be the relevant local HR or Workforce and OD team. HR or Workforce and OD teams may take advice from a range of individuals including the most senior professional of the profession within NHS Wales Organisations for example, Chief Nursing Officer and/or Chief Medical Officer before making a formal referral.

When making a referral, HR or Workforce and OD teams will do this in accordance with local organisation professional registration policy.

10. POLICE INVOLVEMENT

A disclosure of sexual harassment may allege a criminal act. If it is suspected that a criminal act has taken place, please contact your local Safeguarding team as soon as possible.

Where possible, a conversation with the reporter of harassment to discuss their wish for police involvement should precede any referral. If you believe there is a danger to safety and/or life, you should call the police on 999 immediately.

The Police may prosecute without victim involvement, particularly if there is corroborative evidence.

NHS Wales HR or Workforce and OD teams routinely work with Safeguarding teams using safeguarding policies to review each case on a case-by-case basis and consider the need for escalation to relevant authorities, including the police, and referrals are made where there is concern that the allegations may constitute a criminal act. The organisation will ensure that matters are referred to the wider authorities such as the relevant Local Authority Designated Officer and/or the relevant Local Authority Safeguarding Team where appropriate.

Where an internal investigation is taking place, the HR or Workforce and OD team will consult with the police at agreed intervals about concurrent investigation processes to ensure the criminal investigation/process is not prejudiced.

Reporters of harassment can report sexual harassment to the police directly. They may express a wish that they do not want to prosecute, or they wish to report and think about prosecution later. These are matters that must be discussed with the police directly.

11. EQUALITY INCLUDING WELSH LANGUAGE

Please refer to the completed Equality Impact Assessment undertaken at the time this policy was ratified.

12. APPENDICES

Appendix 1: How to Respond to a Disclosure of Sexual misconduct

Appendix 2: Draft Sexual Safety Incident Flowchart

Appendix 3: Roles and Responsibilities

Appendix 4: Further Information and Support

13. REFERENCES

Sexual harassment and harassment at work technical guidance. Available at: [The Equality and Human Rights Commission \(2024\) Sexual harassment and Harassment at Work technical Guidance](#)

2020 Sexual harassment survey commissioned by the Government Equalities Office. Available at:

[2020 sexual Harassment Survey \(Government Equalities Office\)](#)

NHS England Sexual Misconduct Policy. Available at:

[NHS England Sexual Misconduct Policy](#)

ACAS sexual harassment guidance. Available at:

[ACAS sexual harassment guidance:](#)

Surviving in Scrubs 'Surviving Healthcare' report. Available at:

[Surviving In Scrubs 'Surviving Healthcare' Report](#)

BMA Sexual Misconduct at Work guidance. Available at:

[Sexual misconduct at work](#)

Appendix 1: How to Respond to a Disclosure of Sexual Harassment

Any employee or worker could be given a disclosure of sexual harassment.

Ask the individual how they want to be supported. Do not make assumptions and do not dictate what will or must happen. Let the individual tell you what they need.

If you believe someone is in danger, dial 999.

Many people feel a loss of control, so empowering them and validating their experience is vital to minimise trauma.

It is crucial to handle the conversation respectfully and supportively. Your role is to listen to the person sharing their experience and agree on the next steps to take.

Your role is not to provide counselling, clinical advice or offer retribution against the perpetrator.

You should:

- ensure they are safe
- actively listen (without having any distractions such as your phone)
- believe and validate them
- respect confidentiality but ensure they understand you may need to share information or example if a safeguarding or legal concern is outlined
- safely signpost them to support (and reporting options if they haven't reported already)

Safety of the Employee

- if they are unsafe or you cannot be assured that they are safe and you believe they may be in danger of harm, take steps to immediately call the police (if not already informed) and seek immediate advice from your local HR or Workforce and OD team.
- where there are any safeguarding concerns (for example if there is a concern that someone is being co-coerced or controlled or where there are mental capacity concerns), you or your local HR or Workforce and OD team must contact your Safeguarding team to request an urgent discussion about employee safeguarding.
- consider any action that you or another appropriate person could take to help ensure the immediate safety of the reporter of harassment. For example, if the incident occurred in NHS Wales premises, consider and discuss with the reporter of harassment and an appropriate manager if an alternative work location would be appropriate. If the individual accused of harassment is a visitor and remains on site, you may need to contact security, and if the individual accused of harassment is an employee, you must contact your HR or Workforce and OD team for advice to co-ordinate escorting the individual accused of harassment from the building.

You should NOT:

- push for details
- make assumptions
- ask why they did not say anything sooner
- be judgemental or criticise their choices
- express criticism or disbelief
- look disinterested (think about your body language)

- tell them what to do
- talk about your own experiences
- provide counselling yourself
- share their information with others unless they explicitly give you permission to do so, or there are safeguarding or legal concerns
- ask why they did not run away or fight back
- play down or minimise their experience and the significance of what they are sharing.

Signpost colleagues to this policy and:

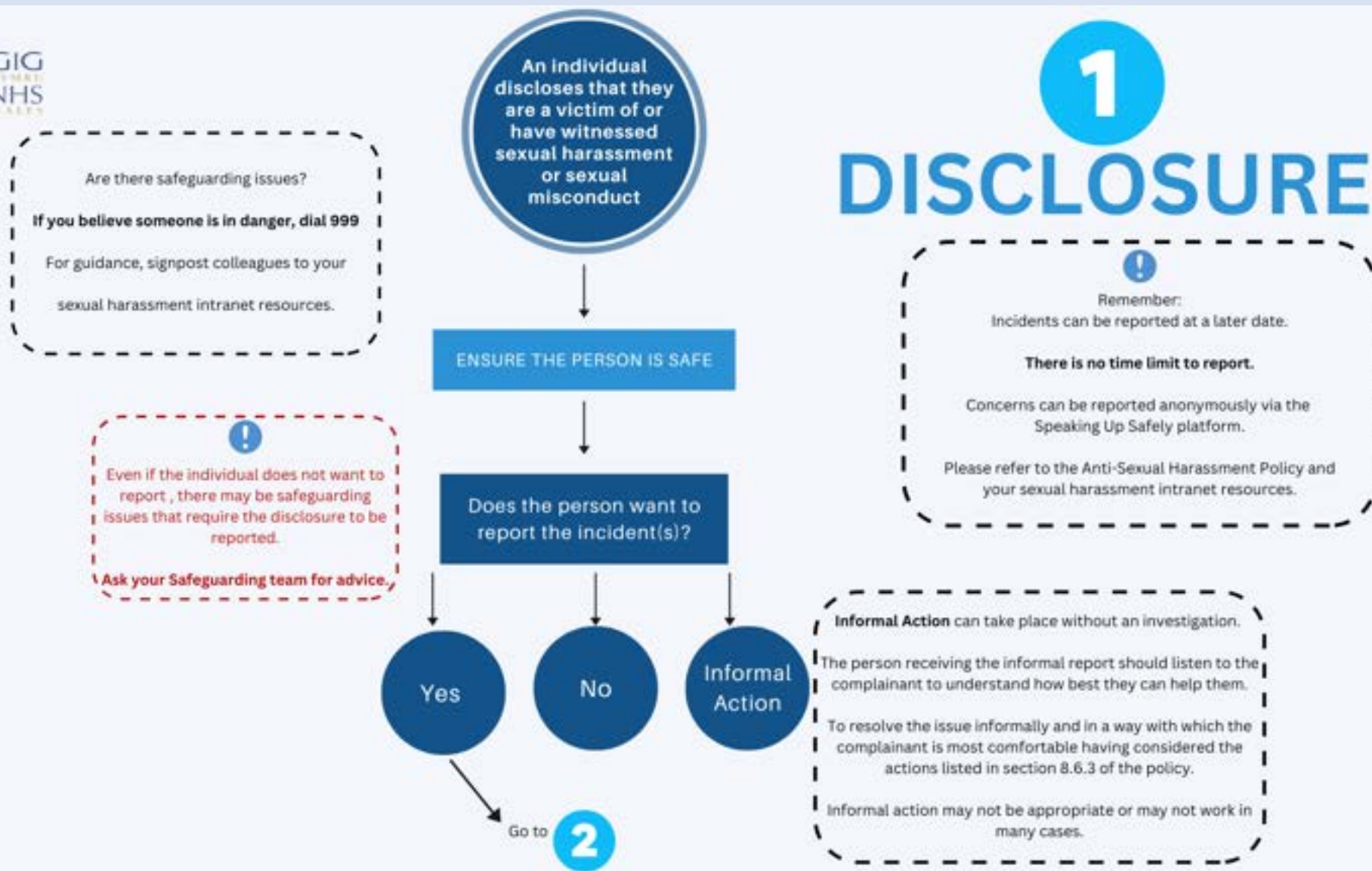
- refer them to the support described in Appendix 4
- encourage them to report their concern as set out in section 8.3 above, if it has not already been reported
- make a note as soon as you can of any details of the disclosure, ensuring confidentiality is maintained. The reporter of harassment should be notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken

If the reporter of harassment does not want to take the disclosure any further, you must respect their wishes. However, if you need support or advice following the disclosure you could speak to someone in confidence, such as your local HR or Workforce and OD team or your own line manager



Responding to Reports of Sexual Harassment Flowchart

VERSION 1



The individual is supported to formally report the incident(s)

2 REPORT



Protecting the person who raised the complaint or who is the victim of sexual harassment should be paramount.

Incidents can be formally reported to:

- Your manager
- A member of your local HR or Workforce and OD team
- Your Speaking Up Safely contact/guardian
- A member of your Safeguarding team

The alleged perpetrator also needs to be treated fairly and offered support in line with policy and the law.

In some cases, more immediate action may need to be taken, such as suspending or moving the alleged perpetrator. A member of your local HR or Workforce and OD team will be able to advise investigating managers on the appropriate course of action.

Remember:
Colleagues can also report completely anonymously.

See your local Speaking Up Safely information.

Go to **3**



The local HR or Workforce and OD team will inform the local Safeguarding team to assess whether further actions under Section 5 safeguarding regulations are required.

The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report.

Management Review (Initial Assessment)

3

NEXT STEPS

No Further Action

Reports of sexual harassment will be managed swiftly, confidentially and in line with the appropriate organisational policies and procedures.
(The result of the management review could be that no further action is taken).

Police Investigation

In some cases, a Police investigation must take place.
Your safeguarding team will provide advice in these cases.

Investigation

If deemed appropriate, a formal investigation is commissioned.

!
The person who raised the complaint will be appropriately informed of developments throughout the process.

FORMAL ACTION

Formal action will normally follow the process in the All Wales Disciplinary Policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist

INFORMAL ACTION

Informal action on a case by case basis in line with the relevant policy.

COMPLAINT NOT UPHeld

Signpost to support, and advice and guidance in the All Wales Anti-Sexual Harassment Policy and sexual harassment intranet resources.

Appendix 3 – Roles and Responsibilities

Overall responsibility for policy implementation and review rests with the Chief Executive Officer (CEO).

The CEO shall delegate operational responsibility to the Executive Director of HR or Workforce and OD. All NHS Wales Directors will demonstrate due diligence in respect of the Worker Protection (Amendment of Equality Act 2010) and be responsible for policy implementation at all other NHS Wales premises.

To support cultural development the **Organisation** will take the following actions:

- ensure the Executive Team regularly reviews data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace.
- ensure all colleagues are aware of issues relating to sexual harassment, the Anti-sexual harassment Policy and how to deal with reports and disclosures appropriately.
- actively work to prevent sexual harassment in the workplace
- encourage managers to ask about an individual employee's working relationships and environment within their line manager/employee relationship 1:1 meetings.
- ensure a named member of the Executive Team has responsibility for sexual safety.
-

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **The Safeguarding Team** will:

- offer guidance to employees and managers on the interpretation of this procedure in respect of cases of violence against women, domestic abuse or sexual violence.

- provide advice and support to employees affected by violence against women, domestic abuse or sexual violence.
- provide advice and support to managers who suspect an employee may be experiencing affected by violence against women, domestic abuse or sexual violence.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure that procedures and guidance relating to Violence Against Women, Domestic Abuse and Sexual Violence are up to date and available for managers and employees.

Safeguarding managers must be made aware of all allegations of sexual assault or domestic abuse by an employee and if appropriate, a decision will be made in line with current guidance and legislation about what steps will be taken.

In all cases where a child under 18 discloses a sexual assault, or employees hear about a sexual assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

To support our commitment to a safe workplace and culture all **employees** should:

- Ensure they understand what sexual harassment is.
- Be aware of how their behaviour can affect others and model appropriate behaviour.
- challenge inappropriate behaviour, if possible and where it can be done safely, and report it.
- promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours, upholding the values and behaviours/core principles of NHS Wales and the local organisation.

- report incidents of sexual harassment when witnessed, or support those who have experienced sexual harassment by reporting it.
- co-operate fully in any investigation.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure they have completed all appropriate Statutory and Mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly.
- familiarise themselves with and adhere to the principles set out in this policy.

In addition to their responsibilities as employees (listed above), **line managers** should:

- provide appropriate support and/or signpost support to those who disclose or report sexual harassment.
- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- ensure their employees have completed all appropriate statutory and mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly.
- report an incident to HR or Workforce and OD colleagues where relevant and in line with this policy.
- be proactive in putting into place any reasonable adjustments including completion of the sexual safety risk assessment, individual wellness action plans and stress risk assessments where necessary.
- be available to support the investigation if appropriate.
- be responsible for creating a culture where employees feel safe to work, raise concerns and feel listened to.

- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- provide support to an individual accused of harassment and/or signpost them to support.
- be a role model for promoting equal and professional behaviours in the workplace.
- be aware there may be a need to report an instance of sexual harassment, bearing in mind confidentiality and the wishes of the reporter of harassment should it need to be discussed anonymously with the Head of HR or Workforce and OD and/or Head of Safeguarding.
- ensure that a person is not victimised for making or being involved in a complaint of sexual harassment.

In addition to their responsibilities as employees (listed above), the **HR or Workforce and OD team** will:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- ensure that there are clear processes in place for responding to complaints of sexual harassment or assault and clearly communicate them.
- offer guidance to employees and managers on the interpretation of this policy and any accompanying guidance
- ensure information and training is available to support the effective implementation of this policy.
- monitor and evaluate the effectiveness of this policy.
- provide specialist advice at all stages of a complaint being raised for the reporter of harassment, line manager, individual accused of harassment and in the event of a formal investigation, the case/ commissioning manager, the investigating officer and disciplinary panel hearing.

- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- signpost colleagues to the appropriate support.

Local operational HR or Workforce and OD colleagues will act as key contacts for individuals who raise complaints of sexual harassment.

Senior HR or Workforce and OD managers will work closely with the safeguarding colleagues and other departments/agencies as appropriate.

In addition to their responsibilities as employees (listed above), **Trade Union/staff side Representatives** should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- signpost to this policy, explain the procedures for reporting and the potential routes and outcomes, and assist with the reporting process where appropriate.
- explain the options for support both internally and externally during and after the process.
- maintain confidentiality as far as possible and reasonably practicable unless there is a safeguarding or legal concern that needs to be reported.
- provide support to their members through informal and formal processes.
- work with NHS organisations to promote and deliver training and awareness programs that prevent sexual harassment in the workplace.
- work proactively with management to monitor and address workplace culture issues that may contribute to a hostile environment.

When representing members who are accused of sexual harassment, Trade Unions are expected neither to condone or

defend such actions; nor ignore or refuse outright to hear or assist a member accused of such actions.

Representatives must be careful not to presume guilt or ignore the obligation to advise the member and ensure a fair hearing.

In addition to their responsibilities as employees and managers (listed above), individuals in a **leadership position** (often noted as 'position of power') should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- be aware of the potential power imbalance that can increase the vulnerability of some employees.
- never take advantage of their position to coerce employees into performing sexual favours.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure no colleague is subjected to inappropriate behaviours including jokes and banter.
- be aware of the vulnerabilities of women and minority groups who may be at greater risk of sexual harassment. This includes individuals with protected characteristics such as but not limited to gender, race, sexuality, gender identity, religion and disability which may increase the risk of experiencing sexual harassment.
- identify potential risk factors and take prompt, reasonable action to minimise those risks.

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **Executive Team members** will:

- conduct regular reviews of internal data and ensure appropriate actions are taken in areas of concern.
- influence organisational culture and set organisational priorities relating to sexual harassment.
- support the development of the leadership community to support the operation of this procedure.

Appendix 4: Further Information and Support

Live Fear Free provides help and advice about violence against women and men, domestic abuse and sexual violence. Live Fear Free operate 24/7, offer support through the Welsh language, have access to Language Line and use Sign Live to support deaf survivors. 0808 80 10 800

Rape Crisis England and Wales: 24/7 helpline that can provide immediate support if you have experienced sexual misconduct.

Victim Support: provide specialist help to support victims of crime to cope and move on to the point where they feel they are back on track with their lives.

Local Occupational Health and Wellbeing Services provide a range of services to help employees stay well both at home and at work

Trade Union representatives

Provide advice and support to their members when they have issues at work.

Rape & Sexual Abuse Support Centre (RASASC) North Wales provides information, specialist support and therapy to anyone aged 13 and over who has experienced any kind of sexual abuse or violence either recently or in the past.

ACAS: helpline for anyone experiencing workplace related issues including sexual harassment/misconduct.

Rights of Women: have free legal advice lines for women who have experienced domestic abuse, sexual violence and sexual harassment/misconduct at work.

Surviving in scrubs: provide support, share survivor stories and campaign to end sexism, harassment, and sexual assault in the healthcare workforce.

Sexual Assault Referral Centres (SARC) offers confidential medical and practical support to people who have recently been raped or sexually assaulted.

Galop: support LGBT+ people who have experienced abuse and violence

SurvivorsUK: provide support to male and non-binary survivors of sexual violence, providing counselling, practical help and community on your healing journey.

UK Government Sexual Abuse Support for victims of sexual violence and abuse.

NHS help after rape and sexual assault: information on the NHS website about where to find support if you have been sexually assaulted, raped or abused.

Samaritans: support for anyone who's struggling to cope, and who needs someone to listen without judgement or pressure.

Equality and Human Rights Commission Technical Guidance

Rights of Women: A charity dedicated to providing frontline legal advice to women experiencing all forms of violence against women and girls in England and Wales.

HCPC Sexual Safety Hub: Raising awareness of the impact of sexual misconduct, and helping to improve the sexual safety of

service users, those working within health and social care, and the students and learners on our approved education programmes.

BMA Sexual Misconduct at Work Resources: Information on sexual misconduct and the resources to support you if you have been involved in an incident of sexual misconduct, or if someone is seeking your support.

Managing discrimination from patients and their guardians and relatives (BMA)

Unison sexual Harassment Guidance: Guidance and model policy

Wales TUC Sexual harassment Toolkit: Guidance and toolkit

National Stalking Helpline Run by the Suzy Lamplugh Trust, the helpline gives advice and information to people who believe they're being stalked (includes 'Am I being stalked?' tool 0808 802 0300

Men's Advice Line The Helpline for male victims of domestic abuse 0808 801 0327

BAWSO (Black Association Women Step Out): Provides practical prevention, protection and emotional support services to Black minority ethnic (BME) and migrant victims of domestic abuse, sexual violence, female genital mutilation, forced marriage, honour-based violence, modern slavery and human trafficking
0800 7318 147

Canopi Free and confidential mental health support for NHS and social care staff across Wales

NHS Wales Guidance for Victims of Violence and Aggression



Polisi Gwrth-Aflonyddu Rhywiol GIG Cymru

“Rydym yn ddiysgog yn ein cyfrifoldeb i amddiffyn diogelwch corfforol a seicolegol pob gweithiwr — waeth beth fo’u rôl, cefndir neu hunaniaeth.

Mae'r polisi hwn yn atgyfnerthu ein hymrwymiad i wrando, i weithredu'n gyflym ac yn deg, ac i adeiladu diwylliant sydd wedi'i wreiddio mewn parch, cynhwysiant ac atebolrwydd. Mae gan bawb yr hawl i deimlo'n ddiogel yn y gwaith a thrwy'r polisi hwn, rydym yn benderfynol o wneud yr hawl honno'n realiti byw i bawb.”

Cymeradwywyd gan: Forwm Partneriaeth Cymru

Dyddiad cyhoeddi: Medi 2025

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Mae'r polisi hwn yn cynnwys cyfeiriadau at gamymddwyn rhywiol a allai fod yn peri gofid i rai cydweithwyr.

Os ydych chi wedi profi, neu'n teimlo eich bod chi'n profi, ymddygiadau rhywiol digroeso, amhriodol a/neu niweidiol, mae cymorth ar gael. Gall eich timau llesiant gweithwyr neu iechyd galwedigaethol lleol eich helpu i gael cymorth, a cheir amrywiaeth eang o ddarparwyr cymorth yn Atodiad 4 i'r polisi hwn.

1. CYFLWYNIAD

Cafodd y Bil Diogelu Gweithwyr (Diwygio Deddf Cydraddoldeb 2010) Gydysyniad Brenhinol ar 26 Hydref 2023, i ddod yn [Ddeddf Diogelu Gweithwyr \(Diwygio Deddf Cydraddoldeb 2010\) 2023](#). Ffocws y ddeddf yw gosod dyletswydd ragweithiol ar gyflogwyr i gymryd camau rhesymol i atal aflonyddu rhywiol ar eu gweithwyr yn y gweithle.

Yn gyson ac yn rheolaidd, mae ymchwil yn dweud wrthym fod rhywiaeth, aflonyddu rhywiol ac ymosodiad rhywiol yn digwydd ym mhob cwr o gymdeithas bob awr, bob dydd.

Mae GIG Cymru yn ddiamwys ei farn bod aflonyddu rhywiol yn anghyfreithlon ac yn niweidiol i'r sawl sy'n rhoi gwybod am aflonyddu, ac na ddylid ei oddef. Mae GIG Cymru wedi ymrwymo i gymryd pob cam rhesymol i atal gweithwyr neu ddefnyddwyr gwasanaethau rhag profi neu weld aflonyddu rhywiol.

Cydnabyddir bod aflonyddu rhywiol yn aml yn digwydd lle mae anghydbwysedd pŵer, a bod pobl mewn rhai grwpiau yn gallu bod yn fwy agored i niwed nag eraill.

Bydd ffactorau gwaethgol fel camddefnyddio pŵer dros gydweithiwr iau yn cael eu hystyried wrth wneud penderfyniadau ynghylch camau disgyblu.

O fewn y gweithle, mae gan gyflogwyr gyfrifoldeb i amddiffyn pob gweithiwr rhag aflonyddu rhywiol. Rydym wedi ymrwymo i ddarparu amgylchedd gwaith sy'n rhydd rhag aflonyddu rhywiol a sicrhau bod yr holl staff yn cael eu trin, a'u bod yn trin eraill, ag urddas a pharch. Rydym yn cydnabod y gall aflonyddu rhywiol ddigwydd yn y gweithle a'r tu allan iddo, fel ar deithiau busnes, neu mewn digwyddiadau neu swyddogaethau cymdeithasol sy'n gysylltiedig â'r gwaith, neu ar y cyfryngau cymdeithasol.

Mae aflonyddu rhywiol neu erledigaeth ar unrhyw aelod o staff, neu unrhyw un y maent yn dod i gysylltiad ag ef wrth gyflawni eu gwaith, yn anghyfreithlon, ac ni fydd yn cael ei oddef. Mae'r gyfraith yn ei gwneud yn ofynnol i gyflogwyr gymryd camau rhesymol i atal aflonyddu rhywiol ar eu staff wrth gyflawni eu cyflogaeth.

Byddwn yn cymryd camau gweithredol i helpu i atal aflonyddu rhywiol ar yr holl staff ac erledigaeth yn eu herbyn.

Anogir unrhyw un sy'n ddioddefwr aflonyddu rhywiol, neu'n dyst iddo, i roi gwybod amdano yn unol â'r polisi hwn. Bydd hyn yn ein galluogi i gymryd camau priodol a darparu cymorth.

Gall aflonyddu rhywiol ac erledigaeth arwain at gamau disgyblu hyd at a chan gynnwys diswyddo.

2. BETH YW DIBEN Y POLISI HWN?

Nod yw polisi hwn yw:

- Codi ymwybyddiaeth a darparu canllawiau i staff i nodi ymddygiadau sy'n gyfystyr ag aflonyddu rhywiol gyda'r nod penodol o atal achosion o aflonyddu rhywiol yn y lle cyntaf.
- Helpu ac annog y sawl sy'n rhoi gwybod am aflonyddu neu aflonyddu rhywiol i ofyn am gymorth ac adrodd am y digwyddiad yn ddiogel.
- Hysbysu rheolwyr a gweithwyr o'r prosesau i'w dilyn lle mae achosion o aflonyddu rhywiol yn digwydd.
- Codi ymwybyddiaeth o effeithiau difrifol a niweidiol aflonyddu rhywiol, a'r angen i ddelio ag achosion mewn modd sensitif, cefnogol, amserol a chadarn.
- Sicrhau bod rheolwyr yn ymwybodol o'u dyletswydd i gymryd dull rhagweithiol o atal aflonyddu rhywiol yn y gweithle.
- Helpu rheolwyr i gyfeirio'r sawl sy'n rhoi gwybod am aflonyddu rhywiol at gymorth priodol.
- Helpu gweithwyr i ddeall ble i chwilio am gefnogaeth briodol.
- Cefnogi GIG Cymru i gynyddu nifer yr achosion o aflonyddu rhywiol sy'n cael eu hadrodd.

3. CWMPAS

Nod y Polisi Gwrth-Aflonyddu Rhywiol yw gosod fframwaith i reolwyr llinell ymdrin ag unrhyw achosion o aflonyddu rhywiol neu ymddygiad amhriodol gan ein staff (a all gynnwys ymgynghorwyr, contractwyr a gweithwyr asiantaeth) a hefyd gan drydydd partïon fel cwsmeriaid, cyflenwyr neu ymwelwyr â'n hadeiladau.

Mae'r polisi hwn yn berthnasol i bob gweithiwr, swyddog, ymgynghorydd, contractwr hunangyflogedig, gweithiwr achlysurol, gan gynnwys staff banc a gweithwyr locwm, gweithwyr asiantaeth, prentisiaid, gwirfoddolwyr ac interniaid. Mae ein rhwymedigaethau a'ch dyletswyddau chi o dan y polisi hwn hefyd yn ymestyn i ymgeiswyr am swyddi a chyn-weithwyr.

Mae gan GIG Cymru ddyletswydd gofal i amddiffyn gweithwyr rhag aflonyddu rhywiol gan unigolion yn y gweithle ffisegol neu ddigidol a'i atal.

4. EGWYDDORION ARWEINIOL

- Byddwn yn cefnogi'r gwaith o atal aflonyddu a cham-drin rhywiol drwy sicrhau bod gan bawb fynediad at wybodaeth a chyflleoedd dysgu perthnasol.
- Byddwn yn creu amgylcheddau gwaith sy'n agored, yn ddiogel ac nad ydynt yn goddef ymddygiad amhriodol.
- Byddwn yn gweithio'n weithredol gyda grwpiau sy'n fwy tebygol o brofi aflonyddu a cham-drin rhywiol.
- Byddwn yn sicrhau bod pob pryder ynghylch diogelwch rhywiol yn cael ei gymryd o ddifrif, ei drin yn sensitif a'i reoli'n briodol.
- Byddwn yn cefnogi cydweithwyr sy'n profi ymddygiadau rhywiol digroeso, amhriodol a/neu niweidiol.
- Byddwn yn cyfathrebu'n glir ac yn modelu ymddygiadau priodol yn unol â'n gwerthoedd a'n fframweithiau.
- Byddwn yn darparu mecanweithiau adrodd cyfrinachol, hygyrch a di-ddial i unigolion godi pryderon ynghylch aflonyddu rhywiol.
- Byddwn yn sicrhau bod ein Timau Gweithredol yn adolygu data sy'n ymwneud â chamymddwyn rhywiol yn rheolaidd, a bod gwersi'n cael eu dysgu a bod arferion yn cael eu newid i wella diogelwch rhywiol yn y gweithle.

Cedwir cyfrinachedd cyn belled ag y bo modd oni bai bod pryder diogelu neu gyfreithiol y mae angen rhoi gwybod amdano ac i'r graddau sy'n ofynnol i sicrhau bod proses deg yn cael ei dilyn. Bydd yr ymrwymadau hyn yn berthnasol i bawb yn GIG Cymru yn gyfartal a heb ragfarn.

Bydd y polisi hwn yn cael ei adolygu'n rheolaidd i fonitro a sicrhau ei effeithiolrwydd.

GWYBODAETH – DIFFINIADAU A THERMINOLEG

5. DIFFINIADAU

Cydnabyddir bod y derminoleg a ddefnyddir mewn canllawiau ar gyfer delio ag achosion o aflonyddu rhywiol yn gymhleth a gall fod yn emosiynol. Gall terminoleg gael yr effaith o ragfarnu achos ac achosi i ragfarn anymwybodol gael effaith.

5.1 Mae'r diffiniadau a ddefnyddir yn y polisi hwn o bobl a rolau a allai fod yn rhan o adroddiad aflonyddu rhywiol yn cynnwys:

- **Y sawl sy'n rhoi gwybod am Aflonyddu** – Gan gydnabod y gall unrhyw un roi gwybod am aflonyddu rhywiol, at ddibenion y polisi hwn, defnyddir y term hwn i ddisgrifio'r unigolyn sy'n profi aflonyddu rhywiol. Gall y sawl sy'n rhoi gwybod am aflonyddu fod yn wryw, yn fenyw neu'n anneauaid
- **Unigolyn sydd wedi'i gyhuddo o aflonyddu** – unigolyn y mae adroddiad aflonyddu rhywiol wedi'i godi yn ei erbyn. Nid oes rhagdybiaeth o euogrwydd yn erbyn troseddwr honedig.

Adnoddau Dynol

Efallai y bydd eich adran Adnoddau Dynol (AD) yn cael ei hadnabod wrth enw gwahanol. Gall adrannau a elwir yn draddodiadol yn Adnoddau Dynol (AD) neu Bersonél gael eu hadnabod wrth enw arall yn eich sefydliad, fel Pobl a Datblygu Sefydliadol (POD), Gweithlu a Datblygu Sefydliadol (WOD), Adnoddau Dynol (AD), Tîm Pobl a

Pherthynas, neu Wasanaethau Pobl. Yn y polisi hwn rydym yn defnyddio'r term 'AD neu'r Gweithlu a Datblygu Sefydliadol'.

5.2 Aflonyddu Rhywiol

Mae **aflonyddu rhywiol** yn cyfeirio at gynigion rhywiol digroeso, ceisiadau am ffafrau rhywiol, neu ymddygiad geiriol, di-eiriol, neu gorfforol arall o natur rywiol sy'n creu amgylchedd bygythiol, gelyniaethus, israddol, neu sarhaus. Gall aflonyddu rhywiol ddigwydd i unrhyw un waeth beth fo'i nodweddion personol, ac yn yr un modd, gall unrhyw un ei gyflawni. Gall un digwyddiad fod yn ddigon i fod yn gyfystyr ag aflonyddu rhywiol, ac nid oes angen i unigolyn fod wedi gwrthwynebu hynny o'r blaen.

Mae hefyd yn cynnwys trin rhywun yn llai ffafriol oherwydd eu bod wedi ildio neu wedi gwrthod ildio i ymddygiad digroeso o natur rywiol, neu sy'n gysylltiedig ag ailbennu rhywedd neu ryw ar unrhyw adeg yn y gorffennol.

Diffinnir aflonyddu rhywiol gan effaith ymddygiad(au) ar unigolyn neu unigolion, hyd yn oed os nad oedd yr ymddygiad wedi'i fwriadu i gael effaith aflonyddu rhywiol.

Mae aflonyddu rhywiol yn cynnwys unrhyw ymddygiad annymunol o natur rywiol sy'n effeithio'n uniongyrchol neu'n anuniongyrchol ar urddas, diogelwch neu allu person i gymryd rhan mewn amgylchedd. Gall gynnwys dynameg pŵer, gwahaniaethu, neu orfodaeth a gall gymryd amrywiol ffurfiau, megis (ond heb fod yn gyfyngedig i):

5.2.1 Aflonyddu Llafar

- Datganiadau, jôcs, neu sylwadau rhywiol sy'n ddigroeso neu'n sarhaus.

- Ymholiadau amhriodol am fywyd personol, cyfeiriadedd rhywiol neu gorff rhywun.
- Sgyrsiau amhriodol yn y gweithle, naill ai mewn lleoliadau un i un neu grŵp.
- Cynigion rhamantus neu rywiol ailadroddus, annymunol.
- Ymddygiad rhywiol neu awgrym o ymddygiad annymunol (hyd yn oed os yw'r aflonyddwr yn ystyried hyn yn ddiniwed).

5.2.2 Aflonyddu Di-eiriol

- Arddangos neu anfon delweddau, negeseuon neu ystumiau rhywiol anwedus neu awgrymog.
- Cilwenu, craffu, neu wneud edrychiad awgrymog.
- Anfon negeseuon digroeso, yn rhywiol anwedus neu fel arall drwy gyfathrebu digidol (gan gynnwys e-byst, negeseuon testun, clipiau fideo a lluniau a anfonir drwy ffôn symudol neu a bostiwyd ar y rhyngwyd).

Gall aflonyddu di-eiriol fod yn droseddau sy'n groes i adran 1 o Ddeddf Cyfathrebu Maleisus 1988 ('MCA 1988'), adran 127 o Ddeddf Cyfathrebu 2003 ('CA 2003'), a throseddau a grëwyd yn Rhan 10 o Ddeddf Diogelwch Ar-lein 2023 ('OSA 2023').

5.2.3 Aflonyddu Corfforol

- Cyswllt corfforol neu “chwarae gwirion” diangen neu amhriodol, cyffwrdd, cofleidio, pinsio, gafael, gwthio neu frwsio yn erbyn rhywun heb ganiatâd.
- Rhwystro llwybr rhywun neu ymwithio i ofod personol mewn modd sy'n teimlo'n frawychus neu'n anghyfforddus

5.2.4 Aflonyddu Rhywiol Gorfodol:

- Amodi cyflogaeth, dyrchafiadau, graddau, neu gyfleoedd eraill ar ildio i gynigion neu ffafrau rhywiol.
- Bygwth dial neu ganlyniadau andwyol am wrthod cynigion o'r fath.

5.2.5 Aflonyddu mewn Amgylchedd Gelyniaethus

- Ymddygiad sy'n creu awyrgylch bygythiol neu elyniaethus trwy ymddygiad rhywiol parhaus, treiddiol neu ddifrifol.
- Aflonyddu sy'n ymyrryd â gwaith, addysg neu lesiant unigolyn.
- Gall unigolyn gael ei aflonyddu'n rhywiol hyd yn oed os nad yr unigolyn hwnnw oedd y targed bwriadedig. Er enghraifft, gall person gael ei aflonyddu'n rhywiol gan ddelweddau pornograffig a ddangosir ar gyfrifiadur cydweithiwr yn y gweithle.

5.2.6 Erledigaeth

Mae erledigaeth yn cynnwys rhoi rhywun dan anfantais oherwydd ei fod wedi gwneud, neu ei fod dan amheuaeth o wneud neu fwriadu gwneud, unrhyw un o'r gweithredoedd gwarchodedig canlynol:

- (a) Dwyn achos cyfreithiol o dan Ddeddf Cydraddoldeb 2010.
- (b) Rhoi tystiolaeth neu wybodaeth mewn cysylltiad ag achosion cyfreithiol o dan Ddeddf Cydraddoldeb 2010.
- (c) Gwneud unrhyw beth arall at ddibenion Deddf Cydraddoldeb 2010 neu mewn cysylltiad â hi.
- (d) Honni bod person wedi torri Deddf Cydraddoldeb 2010.

Gall erledigaeth gynnwys, er enghraifft:

- (a) Gwadu cyfle i rywun oherwydd bod amheuaeth ei fod yn bwriadu gwneud cwyn am aflonyddu rhywiol.
- (b) Gwahardd rhywun oherwydd ei fod wedi codi cwyn am aflonyddu rhywiol.
- (c) Peidio â dyrchafu rhywun oherwydd iddo fynd i gyfarfod cwyno yn gwmni i aelod arall o staff.
- (d) Diswyddo rhywun oherwydd iddo roi tystiolaeth ar ran aelod arall o staff mewn gwrandawriad tribiwnlys cyflogaeth.

Mae aflonyddu rhywiol ac erledigaeth yn anghyfreithlon, ac ni fyddant yn cael eu goddef. Gallant arwain at gamau disgyblu hyd at, ac yn cynnwys, diswyddo os cânt eu cyflawni:

- (a) Mewn sefyllfa waith.
- (b) Yn ystod unrhyw sefyllfa sy'n gysylltiedig â'r gwaith, fel mewn digwyddiad cymdeithasol gyda chydweithwyr.
- (c) Yn erbyn cydweithiwr neu berson arall sy'n gysylltiedig â'r sefydliad y tu allan i sefyllfa waith, gan gynnwys ar gyfryngau cymdeithasol.
- (d) Yn erbyn unrhyw un y tu allan i sefyllfa waith lle mae'r digwyddiad yn berthnasol i addasrwydd y person i gyflawni ei rôl.

Os digwydd unrhyw aflonyddu rhywiol neu erledigaeth ar staff, byddwn yn cymryd camau i unioni unrhyw gwynion ac i atal hyn rhag digwydd eto. Gall y rhain gynnwys diweddarau polisïau perthnasol, darparu hyfforddiant pellach i staff a chymryd camau disgyblu yn erbyn y troseddwr lle bo'n ymarferol a lle pennir bod angen hyn.

5.2.7 Aflonyddu gan drydydd parti

Mae aflonyddu gan drydydd parti yn digwydd pan fydd person yn cael ei aflonyddu neu ei aflonyddu'n rhywiol gan rywun nad yw'n gweithio i'r un cyflogwr, ac nad yw'n asiant iddo, ond y mae wedi dod i gysylltiad

ag ef wrth gyflawni ei gyflogaeth. Gallai aflonyddu gan drydydd parti gynnwys, er enghraifft, cynigion rhywiol digroeso gan gleient, cwsmer neu gyflenwr sy'n ymweld ag un o safleoedd y cyflogwr, neu lle mae person yn ymweld â safle cleient, cwsmer neu gyflenwr neu leoliad arall wrth gyflawni ei gyflogaeth.

Gall aflonyddu rhywiol gan drydydd parti arwain at atebolrwydd cyfreithiol ac ni fydd yn cael ei oddef. Mae'r gyfraith yn ei gwneud yn ofynnol i gyflogwyr gymryd camau rhesymol i atal aflonyddu rhywiol gan drydydd parti. Er na all aelod o staff ddwyn hawliad am aflonyddu gan drydydd parti ar ei ben ei hun, gall arwain at atebolrwydd cyfreithiol i gyflogwr o hyd pan gaiff ei godi mewn mathau eraill o hawliadau. Anogir yr holl staff i roi gwybod am unrhyw aflonyddu trydydd parti y maent yn dioddef ohono, neu'n dyst iddo, yn unol â'r polisi hwn.

Gall unrhyw aflonyddu rhywiol gan aelod o staff yn erbyn trydydd parti (gweler uchod) arwain at gamau disgyblu hyd at ac yn cynnwys diswyddo. Er enghraifft byddai gofyn am rif claf wrth wneud eich gwaith gyda'r bwriad o gysylltu â nhw'n gymdeithasol yn amhriodol.

Byddwn yn cymryd camau gweithredol i geisio atal aflonyddu rhywiol staff gan drydydd parti.

Os cawn wybod am unrhyw aflonyddu ar staff gan drydydd parti, byddwn yn cymryd camau i unioni unrhyw gwynion ac i'w atal rhag digwydd eto. Gall y rhain gynnwys rhybuddio'r aflonyddwr am ei ymddygiad, ei wahardd o'n safleoedd, rhoi gwybod am unrhyw weithredoedd troseddol i'r heddlu, a rhannu gwybodaeth â changhennau eraill o'r sefydliad a'r sefydliad sy'n cyflogi'r aflonyddwr.

Weithiau gellir esgusodi ymddygiad sarhaus fel cellwair neu jôcs; rhaid i reolwyr fabwysiadu dull dim goddefgarwch, hyd yn oed pan

allent wynebu beirniadaeth am wneud hynny. Gall cellwair fod yn ddiniwed i bawb sy'n ei glywed/cymryd rhan ynddo ar y pryd, ond ar yr un pryd, gallai fod yn groes i werthoedd ac ymddygiadau disgwyledig neu urddas rhywun arall efallai nad yw'n bresennol. Gall hyn arwain at ddiwylliannau yn y gweithle sy'n anniogel.

Os yw unigolyn yn teimlo ei fod wedi cael ei aflonyddu'n rhywiol neu fod aflonyddu rhywiol wedi effeithio arno, mae teimladau'r unigolyn hwnnw'n ddilys, a rhaid cymryd ei gŵyn o ddifrif.

Gellir ystyried bod digwyddiadau'n gyfystyr ag aflonyddu rhywiol yn y gweithle mewn amgylchiadau sy'n gysylltiedig â'r gwaith, ond lle nad yw'r gweithiwr yn gweithio mewn gwirionedd, fel digwyddiadau cymdeithasol yn ymwneud â'r gwaith.

5.3 Troseddau

Gall rhai mathau o aflonyddu rhywiol hefyd fod yn droseddau. Mae trais neu ymosodiad rhywiol yn cyfeirio at unrhyw weithred rywiol neu ymgais i gael gweithred rywiol drwy orfodaeth, grym, neu heb ganiatâd penodol yr unigolyn. Mae'n cwmpasu ystod o ymddygiadau sy'n torri ymreolaeth, urddas a diogelwch unigolyn, gan gynnwys, ond heb fod yn gyfyngedig i:

5.3.1 Gweithredoedd Corfforol Heb Gydsyniad:

- Treisio neu ymgais i dreisio.
- Cyffwrdd neu ymbalfalu rhywiol heb ganiatâd.
- Defnyddio grym, bygylu, neu fygythiadau i gymryd rhan mewn gweithgarwch rhywiol.

5.3.2 Camfanteisio'n rhywiol:

- Manteisio ar rywioldeb person arall heb ei ganiatâd, gan gynnwys dosbarthu delweddau neu fideos rhywiol anweddus heb ganiatâd.
- Gorfodi rhywun i wneud gweithredoedd rhywiol trwy gamddylanwadu neu drwy gamddefnyddio pŵer.

5.3.3 Gweithredoedd a Gyflawnir ar Unigolion Agored i Niwed:

- Gweithredoedd rhywiol sy'n cynnwys unigolion sy'n methu rhoi cydsyniad oherwydd meddwdod, anymwybyddiaeth, neu ddiffyg gallu (e.e., oedran, nam gwybyddol, neu amgylchiadau gorfodol).

5.3.4 Bygythiadau neu Orfodaeth ar Lafar:

- Bygwth niwed i orfodi gweithgarwch rhywiol.
- Defnyddio blacmel neu ffurfiau eraill o gamdriniaeth i gael ffafrau rhywiol.

Mae gweithredoedd troseddol o'r natur hon yn dod o dan bortffolio eich Tîm Diogelu.

Rydym yn annog yn gryf unrhyw weithwyr sy'n credu eu bod wedi bod yn ddioddefwr trosedd i roi gwybod am y digwyddiad i'r heddlu. Mae rhagor o gyngor ar gael gan eich tîm Diogelu lleol.

6. CYFRINACHEDD

6.1 Cyfrinachedd ac Anhysbysrwydd

Mae anhysbysrwydd a chyfrinachedd yn ddau gysyniad a ddefnyddir yn aml yn gyfnewidiol, ond mae ganddynt wahaniaethau amlwg.

- Mae anhysbysrwydd yn cyfeirio at y cyflwr o fod yn anhysbys neu'n anadnabyddus.
- Mae cyfrinachedd yn cyfeirio at y weithred o gadw gwybodaeth yn breifat ac yn ddiogel; ni fydd gwybodaeth sensitif yn cael ei datgelu i unigolion heb awdurdod.

Mae anhysbysrwydd yn golygu bod hunaniaeth unigolyn yn gudd; mae cyfrinachedd yn golygu bod gwybodaeth yn ddiogel.

Cynhelir cyfrinachedd a gwmpesir gan y Weithdrefn hon lle bynnag y bo modd a chyn belled ag y bo'n rhesymol ymarferol, yn amodol ar rwymedigaethau a dyletswyddau diogelu cyfreithiol a statudol i amddiffyn pobl eraill.

Yn ogystal â gofynion statudol, gall yr 'angen gwybod' gynnwys rhannu gwybodaeth ddienw at ddibenion diffiniedig megis goruchwyllo, cymorth ffurfiol, prosesau cywir neu arfer gorau. Felly, ni ellir gwarantu cyfrinachedd ym mhob sefyllfa.

Dim ond ar sail 'angen gwybod' y dylid datgelu manylion ymchwiliadau a chwynion. Gall datgelu gwybodaeth gyfrinachol heb awdurdod arwain at gamau disgyblu, yn ogystal ag unrhyw bryderon ynghylch ymdrechion i ddylanwadu ar neu fygwth tyst a/neu'r sawl sy'n rhoi gwybod am aflonyddu.

Mae rhwymedigaethau cyfrinachedd yn berthnasol i unrhyw un sy'n gysylltiedig, gan gynnwys yr unigolyn a gyhuddir o aflonyddu, y sawl sy'n rhoi gwybod am aflonyddu, tystion a rheolwyr llinell.

Ni ddylid trafod y mater ag unrhyw un arall ac eithrio ar sail 'angen gwybod', ac yng nghyd-destun achos disgyblu ffurfiol, fel arfer bydd yn gyfyngedig i'r canlynol:

- y swyddog ymchwilio
- cydweithwyr AD neu'r Gweithlu a Datblygu Sefydliadol sy'n cymryd rhan yn uniongyrchol.
- unrhyw dystion perthnasol
- yr unigolyn a gyhuddir o'r aflonyddu i'r graddau sy'n angenrheidiol i'w galluogi i ymateb.
- cydweithwyr diogelu
- lle ceir cynrychiolaeth, cynrychiolwyr Undebau Llafur

Nid yw hyn yn golygu na ddylai, neu na all, unrhyw un sy'n gysylltiedig geisio cymorth, gan gydnabod y gallai siarad am y digwyddiad helpu rhai pobl neu fod yn hanfodol i'w llesiant. Fodd bynnag, rhaid gwneud hyn gan lynu wrth y rhwymedigaethau cyfrinachedd a nodir yn yr adran hon.

Ni fydd dim yn y Polisi hwn yn atal unigolyn rhag rhoi gwybod am gamymddwyn rhywiol i'r heddlu, rheoleiddwyr proffesiynol (megis y GMC neu'r NMC), nac unrhyw gorff statudol arall. Nid yw gwneud adroddiad yn gyfystyr â thorri cyfrinachedd.

O ran y sawl sy'n rhoi gwybod am aflonyddu ac unigolion a gyhuddir o aflonyddu ill dau:

- Maent yn rhydd i geisio cymorth proffesiynol gan unrhyw un y mae rheidrwydd arno i ddarparu dyletswydd gyfrinachedd broffesiynol iddynt (e.e., eu meddyg, y gwasanaethau yn Atodiad A, a rhai tebyg);
- Gallant siarad â theulu agos, ar yr amod bod y bobl maen nhw'n trafod y sefyllfa gyda nhw yn cytuno i gynnal cyfrinachedd, ac nad ydyn nhw'n enwi unrhyw un sy'n gysylltiedig. Os yw aelodau'r teulu'n gweithio gyda'i gilydd, dylid ystyried a yw'n briodol trafod y sefyllfa;

- Ni ellir ei drafod gyda chydweithwyr heblaw am y swyddog ymchwilio, cydweithwyr AD neu'r Gweithlu a Datblygu Sefydliadol sy'n gysylltiedig yn uniongyrchol, gyda'u rheolwr llinell os oes angen, a lle bo cynrychiolwyr, gyda chynrychiolwyr Undebau Llafur.

7. RISG AC ATAL

Disgwylir i reolwyr ystyried tebygolrwydd ac effaith aflonyddu rhywiol yn eu timau. Mae ffactorau i'w hystyried yn cynnwys, ond heb fod yn gyfyngedig i'r canlynol:

- anghydbwysedd pŵer
- ansicrwydd swydd, er enghraifft, defnyddio staff dros dro, staff asiantaeth neu gontractwyr
- gweithio ar eich pen eich hun/ynysig, gweithio yn y nos a gweithio ar eich pen eich hun gyda thrydydd parti
- presenoldeb alcohol (digwyddiadau cymdeithasol sy'n gysylltiedig â gwaith)
- dyletswyddau sy'n wynebu cleifion
- diffyg amrywiaeth yn y gweithlu, yn enwedig ar lefel uwch
- gweithwyr sydd ar secondiad
- teithio i wahanol leoliadau gwaith
- gweithio gartref

- mynychu digwyddiadau y tu allan i'r amgylchedd gwaith arferol, er enghraifft, hyfforddiant, cynadleddau neu ddigwyddiadau cymdeithasol sy'n gysylltiedig â gwaith
- cymdeithasu y tu allan i'r gwaith
- cyswllt cyfryngau cymdeithasol rhwng gweithwyr
- demograffeg y gweithlu, er enghraifft, gall y risg o aflonyddu rhywiol fod yn uwch mewn gweithlu o'r un rhyw yn bennaf
- gweithlu sy'n cael ei ddominyddu gan ddynion
- diwylliant gweithle sy'n caniatáu 'sgwrs' di-chwaeth / rhywiaethol, neu ymddygiad amharchus arall
- anghydbwysedd pŵer rhywedd (er enghraifft, lle mae'r rhan fwyaf o staff iau yn fenywod a'r rhan fwyaf o uwch reolwyr / arweinwyr yn ddynion)
- disgwyliad y bydd gweithwyr yn mynychu digwyddiadau cymdeithasol / cynadleddau y tu allan i'r gweithle neu'n aros i ffwrdd o gartref dros nos (yn enwedig os yw alcohol yn cael ei yfed)
- methiant i ymateb yn briodol i adroddiadau blaenorol o aflonyddu rhywiol
- mae gweithwyr sydd â mwy nag un nodwedd warchodedig, er enghraifft, pobl anabl, lleiafrifoedd ethnig a phobl o'r gymuned LHDT yn fwy tebygol o brofi aflonyddu rhywiol na phobl nad oes ganddynt y nodweddion gwarchodedig hyn

Efallai y bydd risgiau sy'n effeithio ar un swydd neu weithiwr yn unig - dylid ystyried a mynd i'r afael â'r rhain o hyd.

Dylid cwblhau asesiad o'r risg yn flynyddol gan ddefnyddio'r fframwaith rheoli risg presennol a lliniaru a chofnodi unrhyw risgiau a nodwyd.

Dylai rheolwyr sicrhau bod staff yn ymwybodol o fecanweithiau adrodd a rhaid i reolwyr gyfeirio at y canllawiau hyn os yw aelod o staff yn codi cwyn am aflonyddu.

CANLLAWIAU – BETH I'W WNEUD OS BYDD ACHOS YN DIGWYDD

8. DIGWYDDIADAU O AFLONYDDU RHYWIOL

Bydd pob digwyddiad o aflonyddu rhywiol a thrais/ymosodiad rhywiol y rhoddir gwybod amdanynt yn cael ei ymchwilio ar unwaith, gyda chamau priodol yn cael eu cymryd i sicrhau diogelwch a hawliau'r rhai yr effeithir arnynt.

Os oes gennych unrhyw gwestiynau ynghylch camymddwyn rhywiol, cysylltwch â'ch tîm Diogelu neu AD neu'r Gweithlu a Datblygu Sefydliadol i gael cyngor.

Os ydych chi'n teimlo eich bod chi'n profi neu wedi profi aflonyddu rhywiol neu os ydych chi'n dyst i aflonyddu rhywiol neu os oes gennych chi bryder y gallai cydweithiwr arall fod yn profi neu wedi

profi aflonyddu rhywiol, mae'n bwysig iawn eich bod chi'n cymryd camau gweithredu.

Gall rhoi gwybod am (neu ddatgelu) aflonyddu rhywiol a welwyd fod yn fodd o nodi honiadau pellach a mwy difrifol.

Ym mhob achos lle mae plentyn dan 18 oed yn datgelu camymddwyn/ymosodiad rhywiol, neu lle mae gweithwyr yn clywed am gamymddwyn/ymosodiad rhywiol yn ymwneud â rhywun dan 18 oed, rhaid gwneud Adroddiad Plentyn mewn Perygl yn seiliedig ar Weithdrefnau Diogelu Cymru (2019).

Pan fydd y Tîm Gweithredol neu'r Uwch Dîm Rheoli yn dod yn ymwybodol o bryderon neu gwynion lluosog am ymddygiad amhriodol mewn maes, na roddwyd gwybod yn ffurfiol amdanynt, efallai, ond sy'n rhoi digon o achos pryder, gallant ddewis cynnal ymchwiliad i ddeall yr ymddygiadau honedig yn fanylach ac i benderfynu a oes angen cymorth ac ymyriadau. Bwriad hyn yw sicrhau bod y pryderon a godwyd yn cael eu datrys yn effeithiol, a bod ymddygiadau amhriodol yn cael eu hatal yn y dyfodol, lle nodir hynny gan yr ymchwiliad. Dim ond ar ôl ymgynghori â'r tîm ADI neu'r tîm Gweithlu a Datblygu Sefydliadol y dylid cynnal y math hwn o ymchwiliad a bydd yn cynnwys cylch gorchwyl y cytunwyd arno gyda'r adran berthnasol. Os yw'r canfyddiadau'n dynodi problem ymddygiad bosibl, gall hyn arwain at broses ddisgyblu o dan y Polisi perthnasol.

8.1 Os byddwch yn profi aflonyddu rhywiol

Efallai y byddwch yn gallu mynd i'r afael â materion yn anffurfiol os teimlwch y gallwch wneud hynny. Efallai nad yw'r person yn gwybod bod ei ymddygiad yn annymunol neu'n peri gofid, felly gall sgwrs ei helpu i ddeall effeithiau ei ymddygiad a chytuno i'w newid. Os bydd ei angen arnoch, gall eich tîm AD neu'ch tîm Gweithlu a Datblygu Sefydliadol lleol ddarparu cefnogaeth i'ch helpu i gael sgwrs anffurfiol.

Nid oes gofyniad i chi geisio herio'r ymddygiad yn anffurfiol. Cydnabyddir bod llawer o sefyllfaoedd lle efallai na fydd hyn yn briodol, yn ddiogel neu, yn wir, yn rhywbeth rydych chi'n teimlo y gallwch chi ei wneud. Os yw hyn yn rhy anodd i chi, neu os nad yw'r dull anffurfiol yn briodol, neu os nad yw wedi bod yn llwyddiannus, yna fe'ch anogir yn gryf i siarad â rhywun.

Enghreifftiau o bobl y gallech chi ddweud wrthynt (heb unrhyw drefn benodol) yw:

- Cydweithiwr dibynadwy
- Aelod o'ch tîm AD neu'r Gweithlu a Datblygu Sefydliadol lleol
- Aelod o'ch tîm Diogelu
- Eich rheolwr
- Cydweithiwr uwch arall
- Eich Cynrychiolydd Undeb Llafur
- Cyswllt/gwarcheidwad Codi Llais heb Ofn

Cyfeirir at hyn fel 'datgeliad'. Mae'n hanfodol bod yr ymateb cychwynnol i ddatgeliad yn cael ei drin yn briodol ac yn sensitif.

Yr hyn NA ddylech chi ei wneud:

- **Anwybyddu neu oddef yr ymddygiad**
- **Credu mai eich bai chi yw e**
- **Rhoi eich hun mewn sefyllfa lle byddech chi ar eich pen eich hun gyda'r person sy'n ymddwyn yn amhriodol**

Y gwahaniaeth rhwng datgelu a rhoi gwybod

Datgeliad yw lle mae rhywun yn dweud wrth berson arall am ei brofiad, ond **yn ei gwneud hi'n benodol glir nad ydynt eisiau i**

gamau gael eu cymryd. Dylid rhoi amser i'r sawl sy'n datgelu wneud dewis gwybodus a chael cymorth ynghylch a ddylid gwneud adroddiad ffurfiol i'r sefydliad (neu i'r heddlu, neu'r ddau). Nid yw'r ffaith bod adroddiad ffurfiol yn cael ei wneud yn atal y mater rhag cael ei drin yn anffurfiol pan ofynnir am hyn gan y sawl sy'n rhoi gwybod am aflonyddu a/neu lle ystyrir bod y rheolwr a'r cynghorydd AD neu'r Gweithlu a Datblygu Sefydliadol yn briodol.

Er y dylai rheolwyr ac ymgynghorwyr AD neu'r Gweithlu a Datblygu Sefydliadol geisio parchu dymuniadau'r unigolyn sy'n gwneud y datgeliad, gall datgeliad arwain at gamau ffurfiol gan y cyflogwr os ystyrir bod risg i ddiogelwch unigolyn. Fel arfer bydd hyn yn cael ei ystyried yn briodol pan fo'r honiad yn un o ymosodiad rhywiol, neu pan fo'n rhan o gyfres o gwynion tebyg.

Wrth benderfynu a yw'n briodol diystyru dymuniadau'r sawl sy'n rhoi gwybod am aflonyddu i beidio â chymryd camau ffurfiol, dylai'r rheolwr ofyn:

- A yw'r person wedi ystyried pob opsiwn posibl arall, fel y rhai y cyfeiriwyd atynt eisoes yn y canllaw hwn, a rhoi cynnig arnynt?
- Beth fydd effaith diystyru dymuniadau'r sawl sy'n rhoi gwybod am aflonyddu arno?
- Beth yw'r risgiau posibl i'r sawl sy'n rhoi gwybod am aflonyddu, ei gydweithwyr ac i drydydd partïon eraill os nad yw'r cyflogwr yn cymryd camau pellach?
- A oes cwynion eraill wedi cael eu gwneud yn erbyn yr un person?
- Beth yw'r tebygolrwydd y bydd y mater yn cael ei ddatrys gan y sawl sy'n rhoi gwybod am aflonyddu heb ymyrraeth gan y cyflogwr?

Rhoi gwybod yw'r cam cyntaf mewn proses ffurfiol, a dyma'r term a ddefnyddir i ddisgrifio unrhyw ddatgeliad o aflonyddu rhywiol lle nad yw'r unigolyn sy'n rhoi gwybod wedi gofyn yn benodol na ddylid cymryd unrhyw gamau ffurfiol.

8.2 Derbyn Datgeliad

Dylai'r gweithiwr sy'n cael y datgeliad:

- **Sicrhewch fod y gweithiwr yn ddiogel** - os nad ydyn nhw'n ddiogel, neu os na allwch fod yn sicr eu bod nhw'n ddiogel neu os ydych chi'n credu y gallen nhw fod mewn perygl sylweddol o niwed, cymerwch gamau i ffonio'r heddlu ar unwaith (os nad ydyn nhw eisoes wedi cael gwybod) a cheisiwch gyngor gan eich tîm AD neu'r Gweithlu a Datblygu Sefydliadol neu'r tîm diogelu cyn gynted â phosibl.
- **Cyfeirio cydweithwyr at y polisi hwn, a hefyd at y cymorth** a ddisgrifir yn Atodiad 4.
- **Eu hannog i ystyried rhoi gwybod am eu pryder** fel y nodir yn adran 8.3, os na roddwyd gwybod amdano eisoes.
- **Gwneud nodyn cyn gynted ag y gallwch o unrhyw fanylion am y datgeliad**, gan sicrhau bod cyfrinachedd yn cael ei gynnal fel y nodir yn adran 6. Dylid hysbysu'r sawl sy'n rhoi gwybod am aflonyddu y byddwch yn gwneud nodyn o'r datgeliad gan gynnwys y dyddiad a'r amser y gwnaed y datgeliad, i bwy y gwnaed ef, beth a ddatgelwyd (cymaint o wybodaeth â phosibl) a pha gamau gweithredu a gymerwyd ar unwaith.
- **Os nad yw'r sawl sy'n rhoi gwybod am aflonyddu eisiau mynd â'r datgeliad ymhellach**, rhaid i chi barchu eu dymuniadau oni bai bod pryder cyfreithiol neu ddiogelu sy'n golygu bod rhaid cymryd camau pellach. Fodd bynnag, efallai bod y datgeliad wedi tynnu sylw at yr angen am hyfforddiant yn yr adran neu gamau dilynol eraill, a dylech gysylltu â'r rheolwr perthnasol neu gydweithiwr AD neu'r

Gweithlu a Datblygu Sefydliadol mewn perthynas ag unrhyw hyfforddiant y gallai fod angen ei ddarparu yn y dyfodol.

Os oes angen cefnogaeth neu gyngor arnoch yn dilyn y datgeliad, gallech siarad â rhywun yn gyfrinachol, fel aelod o'ch tîm AD neu'r Gweithlu a Datblygu Sefydliadol, aelod o'ch tîm Diogelu neu'ch rheolwr llinell eich hun.

Dylai'r person sy'n cael y datgeliad wneud pob ymdrech i gysylltu â'r sawl sy'n rhoi gwybod am aflonyddu o fewn 3 mis ar ôl y datgeliad i holi a oes angen unrhyw gymorth lles ar yr unigolyn hwnnw. Dylid gofyn i'r sawl sy'n rhoi gwybod am aflonyddu hefyd a oes unrhyw ddigwyddiadau pellach o aflonyddu wedi digwydd ers y datgeliad cychwynnol. Dylid cofnodi'r ymholiad a'r ymateb yn ddiogel mewn modd cyfrinachol fel y nodir uchod. Os bydd y sawl sy'n rhoi gwybod am aflonyddu yn cadarnhau bod aflonyddu pellach wedi digwydd, gall olygu mewn rhai achosion y bydd camau pellach yn briodol erbyn hyn.

8.3 Rhoi gwybod am Ddigwyddiadau

Cydnabyddir y gall rhoi gwybod am ddigwyddiadau fod yn dasg frawychus. Mae pryderon yr unigolyn y gallent fod yn dangos anffyddlondeb drwy adrodd achosion, neu y gallai adrodd achos adael y tîm yn brin o staff, neu yn wir na fyddant yn cael eu credu yn aml yn dylanwadu ar a yw unigolyn yn adrodd achos ai peidio.

Ein blaenoriaeth yw diogelwch a lles ein gweithwyr, ac rydym yn annog yn gryf y dylid rhoi gwybod am unrhyw ddigwyddiad o

aflonyddu rhywiol honedig naill ai yn y gweithle neu gan gydweithiwr yn y gweithle.

8.3.1 Derbyn Adroddiad

Dylai'r gweithiwr sy'n cael yr adroddiad:

- **Sicrhau fod y gweithiwr yn ddiogel** - os nad ydyn nhw'n ddiogel, neu os na allwch fod yn sicr eu bod nhw'n ddiogel neu os ydych chi'n credu y gallen nhw fod mewn perygl sylweddol o niwed, cymerwch gamau i ffonio'r heddlu ar unwaith (os nad ydyn nhw eisoes wedi cael gwybod) a cheisiwch gyngor gan eich tîm AD neu'r Gweithlu a Datblygu Sefydliadol neu'r tîm diogelu cyn gynted â phosibl.
- **Cyfeirio cydweithwyr at y polisi hwn, a hefyd at y cymorth** a ddisgrifir yn Atodiad 4.
- **Gwnewch nodyn cyn gynted ag y gallant o unrhyw fanylion yn yr adroddiad**, gan sicrhau bod cyfrinachedd yn cael ei gynnal fel y nodir yn adran 6. Dylid hysbysu'r sawl sy'n adrodd am aflonyddu y bydd nodyn o'r adroddiad yn cael ei wneud gan gynnwys y dyddiad a'r amser, i bwy y gwnaed yr adroddiad, beth a ddatgelwyd (cymaint o wybodaeth â phosibl) a pha gamau a gymerwyd ar unwaith.

Gellir rhoi gwybod am ddigwyddiadau yn ffurfiol neu'n anffurfiol. Gweler adran 8.6.3 ynghylch adrodd achosion yn anffurfiol

8.3.2 Rhoi gwybod yn ffurfiol am ddigwyddiadau

Gellir rhoi gwybod yn ffurfiol am ddigwyddiadau ar lafar neu'n ysgrifenedig drwy unrhyw un o'r canlynol:

- I reolwr

- Aelod o'r tîm AD neu'r tîm Gweithlu a Datblygu Sefydliadol lleol
- Cyswllt/gwarcheidwad Codi Llais heb Ofn (gan gynnwys drwy blatfform rhoi gwybod dienw/ffôn/llinell gymorth/e-bost neu ddull cyfatebol eich sefydliad)
- Aelod o'r tîm Diogelu

Rydym yn annog gweithwyr yn gryf i roi gwybod am weithredoedd troseddol i'r heddlu hefyd, fel y nodir yn adran 10 o'r polisi.

Os ydych chi'n ansicr beth yw ystyr aflonyddu rhywiol, ond rydych chi'n teimlo eich bod chi wedi profi neu wedi gweld rhywbeth rydych chi'n meddwl a allai fod o fewn cwrdd y weithdrefn hon, mae'n bwysig iawn eich bod chi'n rhoi gwybod amdano fel aflonyddu rhywiol posibl.

Gallwch roi gwybod yn ddienw os nad ydych chi'n teimlo'n gyfforddus am ddarparu adroddiad llawn, drwy'r fframwaith Codi Llais heb Ofn. Fodd bynnag, mae'n well i unigolion sy'n gwneud adroddiad roi eu henw, gan fod hyn yn ei gwneud hi'n fwy tebygol y gellir ymchwilio a datrys adroddiadau'n llawn ac yn deg, ac mae'n cyfrannu at greu diwylliant agored ac ymddiriedus. Mae hefyd yn golygu y gellir sicrhau bod y cydweithiwr sy'n rhoi gwybod am yr aflonyddu rhywiol yn cael gwybod am gynnydd ei adroddiad. Lle bynnag y bo modd, dylai adroddiad o aflonyddu nodi'n union ba sylw a wnaed/camau a gymerwyd, gan bwy, ar ba ddyddiad/dyddiadau y digwyddodd hyn, ble y digwyddodd, ac a oedd unrhyw dystion eraill i'r aflonyddu honedig.

Os gwneir adroddiad yn ddienw, rhaid dilyn y camau yn y polisi hwn mor agos â phosibl yn seiliedig ar yr wybodaeth a ddarperir yn y datgeliad.

Noder, pan wneir adroddiad yn ddienw, ond ei bod hi'n bosibl i'r cyflogwr adnabod y sawl sy'n rhoi gwybod am aflonyddu, disgwylir i'r cyflogwr annog a chefnogi'r sawl sy'n rhoi gwybod am aflonyddu i ddarparu mwy o fanylion neu ddod ymlaen, am y rhesymau a nodir uchod. Gall hyn gynnwys ceisio canfod unrhyw bryderon sydd gan y sawl sy'n rhoi gwybod am aflonyddu sydd wedi arwain at y cais am anhysbysrwydd.

Pan fydd cwyn yn cael ei chyflwyno'n ddienw, nodwch, er y bydd y cyflogwr yn gwneud ymdrechion rhesymol i gynnal yr anhysbysrwydd hwnnw, nad yw'r cyflogwr yn gallu gwarantu anhysbysrwydd llwyr, yn enwedig os bydd unrhyw asiantaethau allanol yn dechrau ymwneud â'r achos.

Bydd angen i'r unigolyn a gyhuddir o aflonyddu hefyd gael manylion digonol yr adroddiad er mwyn ateb yr honiadau yn ei erbyn yn briodol yn unol ag egwyddorion cyfiawnder naturiol.

Dylid delio ag achosion o aflonyddu rhywiol drwy Bolisi Disgyblu GIG Cymru neu Weithdrefn Cynnal Safonau Proffesiynol yng Nghymru os mai yn erbyn meddyg neu ddeintydd y gwneir yr honiadau. Mae hyn yn cynnwys senarios lle nad gweithiwr yw'r sawl sy'n rhoi gwybod am aflonyddu.

Pan wneir cwyn ffurfiol am aflonyddu neu erledigaeth, dylai cyflogwr ystyried pa gamau sydd angen eu cymryd tra bod y mater yn cael ei ymchwilio i sicrhau:

- **nad yw'r sawl sy'n rhoi gwybod am aflonyddu yn destun gweithredoedd aflonyddu pellach**
- **nad yw'r sawl sy'n rhoi gwybod am aflonyddu yn cael ei erlid am wneud cwyn**

- **bod unrhyw effaith andwyol bosibl ar y sawl sy'n rhoi gwybod am aflonyddu mor fach â phosibl**
- **bod gweithwyr eraill yn cael eu diogelu rhag ymddygiad tebyg, ac**
- **na fydd unrhyw ymyrraeth â'r ymchwiliad**

8.4 Aflonyddu Rhywiol gan Glaf neu Drydydd Parti

Os bydd claf yn ymddwyn mewn ffordd rywiol tuag atoch chi, a'ch bod chi'n teimlo'n ddiogel i wneud hynny, dylech chi ddweud wrtho fod ei ymddygiad yn annerbyniol a gofyn iddo stopio.

Os na fydd y claf yn rhoi'r gorau i'r ymddygiad, neu os nad ydych chi'n teimlo'n ddiogel i herio'r claf neu barhau â'r rhyngweithio, dylech chi esgusodi'ch hun o'r cyfarfyddiad a cheisio cymorth.

Dylech roi gwybod i'ch rheolwr ar unwaith a rhoi gwybod am y digwyddiad drwy DATIX, a cheisio cymorth os oes ei angen arnoch. Cyfeiriwch at Atodiad 4 am wybodaeth am ganllawiau a chymorth.

Pan fo eich cwyn yn ymwneud â rhywun heblaw am weithiwr, fel cwsmer, cyflenwr neu ymwelydd, byddwn yn ystyried pa gamau a allai fod yn briodol i'ch amddiffyn chi a staff eraill wrth ddisgwyl canlyniad yr ymchwiliad, gan ystyried anghenion rhesymol y sefydliad a hawliau'r person hwnnw. Lle bo'n briodol, byddwn yn ceisio trafod y mater gyda'r trydydd parti.

Byddwn hefyd yn ystyried unrhyw gais a wnewch am newidiadau i'ch trefniadau gwaith eich hun yn ystod yr ymchwiliad. Er enghraifft, efallai y byddwch yn gofyn am newidiadau i'ch dyletswyddau neu oriau gwaith er mwyn osgoi neu leihau cyswllt â'r aflonyddwr honedig. Ni fyddwch yn dioddef niwed ariannol.

Dylai rheolwyr sy'n cael gwybod am aflonyddu rhywiol gan glaf, fel rhan o unrhyw ymateb, gynnal asesiad risg o'r ardal ac ystyried unrhyw gamau ychwanegol sydd eu hangen i atal aflonyddu rhywiol rhag digwydd gan glaf. Dylid cofnodi pob asesiad risg yn ddiogel.

Dylid dal i roi gwybod am aflonyddu rhywiol gan rywun sydd heb allu meddyliol, hyd yn oed os nad oedd gweithredoedd y person hwnnw yn fwriadol. Mae'r ffocws yn symud i effaith y gweithredoedd hynny ar y dioddefwr, nid y bwriad y tu ôl iddynt ac felly dylent fod yn destun adrodd o hyd.

Gweler Atodiad 4 am ganllawiau Cymdeithas Feddygol Prydain (BMA) ar reoli gwahaniaethu ac aflonyddu rhywiol gan gleifion.

8.5 Os byddwch yn dyst i aflonyddu rhywiol

Rhaid i weithwyr sy'n dyst i aflonyddu rhywiol gymryd camau priodol i fynd i'r afael ag ef. Gan ddibynnu ar yr amgylchiadau, gallai hyn gynnwys:

- Ymyrryd lle maen nhw'n teimlo eu bod nhw'n gallu gwneud hynny.
- Cefnogi'r sawl sy'n rhoi gwybod am aflonyddu i roi gwybod amdano neu wneud hynny ar ei ran.
- Adrodd am y digwyddiad lle maen nhw'n teimlo y gallai fod risg barhaus os na fyddan nhw'n ei adrodd.
- Cydweithredu mewn unrhyw ymchwiliad i'r digwyddiad.

Anogir tystion i aflonyddu rhywiol yn gryf i roi gwybod amdano a byddant yn cael eu hamddiffyn rhag cael eu herlid. Gweler adran 8.3 uchod.

CANLLAWIAU – SUT I REOLI ACHOSION A ADRODDWYD

8.6 Y Broses yn Dilyn Adroddiad o Aflonyddu Rhywiol

Rhaid i'r person sy'n derbyn yr adroddiad o aflonyddu rhywiol hysbysu ei dimau AD lleol neu'r Gweithlu a Datblygu Sefydliadol a diogelu cyn gynted â phosibl.

Gweler y Siart Lif (Atodiad 2)

8.6.1 Adolygiad gan Reolwr (asesiad cychwynnol)

Dylid gofyn i'r sawl sy'n gwneud cwyn am aflonyddu rhywiol a fyddai'n well ganddo gael menyw neu ddyn i'w gyfweld. Ni fydd pawb yn gyfforddus am wneud datgeliad o'r natur hon i rywun o'r rhyw arall.

Bydd y tîm AD neu'r tîm Gweithlu a Datblygu Sefydliadol lleol yn hysbysu'r tîm Diogelu lleol i asesu a oes angen camau gweithredu pellach o dan reoliadau diogelu adran 5.

Bydd y tîm AD neu'r tîm Gweithlu a Datblygu Sefydliadol lleol yn cefnogi'r rheolwr i gynnal adolygiad rheoli (asesiad cychwynnol) o'r adroddiad.

Gall hyn gynnwys:

- yr unigolyn (neu'r tîm) y codwyd yr adroddiad gydag ef/hi
- unigolyn(ion) sydd ag arbenigedd priodol yn y pwnc
- y swyddog/rheolwr AD neu'r Gweithlu a Datblygu Sefydliadol perthnasol ar gyfer y maes hwnnw.
- unrhyw unigolyn perthnasol arall y bernir ei fod yn gallu rhoi cyngor (e.e. cydweithwyr Diogelu)

Gweler canllawiau Adolygiad Rheoli (asesiad cychwynnol) ar wahân am fwy o wybodaeth

Yn dilyn yr adolygiad gan reolwr (asesiad cychwynnol), gellir ystyried y camau gweithredu canlynol, nad ydynt yn eithrio ei gilydd, fel y camau nesaf:

- Canfod ffeithiau pellach.
- Comisiynu ymchwiliad ffurfiol o dan Bolisi Disgyblu GIG Cymru neu'r Weithdrefn Cynnal Safonau Proffesiynol yng Nghymru (UPSW) os mai meddyg neu ddeintydd yw'r unigolyn a gyhuddir o aflonyddu.
- Proses datrys anffurfiol (gweler adran 8.6.3)
- Os gallai honiadau arwain at achos troseddol yn dilyn adolygiad gan reolwr (asesiad cychwynnol), efallai y pennir bod angen hysbysu'r heddlu a/neu asiantaethau perthnasol eraill, gan gynnwys cyflogwyr yr unigolyn a gyhuddir o aflonyddu os nad GIG Cymru yw ei gyflogwr, neu unrhyw gyrff rheoleiddio fel y Cyngor Nyrsio a Bydwreigiaeth. Noder, dim ond pan fo Diogelu yn ei gwneud yn ofynnol y dylid hysbysu'r heddlu yn hytrach nag fel mater o arfer ar gyfer pob honiad o aflonyddu rhywiol.

8.6.2 Atal/symud unigolyn o'i fan gwaith arferol

Lle mae'r sawl sy'n rhoi gwybod am aflonyddu ac unigolion a gyhuddir o aflonyddu yn gweithio gyda'i gilydd, cynhelir asesiad risg, ac efallai y bydd angen trafod newidiadau dros dro i drefniadau gwaith. Nid yw'n arferol symud y sawl sy'n rhoi gwybod am aflonyddu fel cam cyntaf, oni bai ei fod wedi gofyn am hyn, a'r drefn arferol ddylai fod symud unigolion sy'n cael eu cyhuddo o aflonyddu lle bynnag y bo'n bosibl ac yn angenrheidiol. Nid yw hyn yn rhagfarnu'r honiadau mewn unrhyw ffordd. Yn syml y bwriad yw

hyrwyddo rhwymedigaethau cyfreithiol y sefydliad o dan y Ddeddf Diogelu Gweithwyr.

Gweler Polisi Disgyblu Cymru Gyfan/Gweithdrefn Cynnal Safonau Proffesiynol yng Nghymru (UPSW) am ragor o wybodaeth.

8.6.3 Adrodd am Ddigwyddiadau yn Anffurfiol

Gellir rhoi gwybod am ddigwyddiadau yn anffurfiol ar lafar neu'n ysgrifenedig drwy unrhyw un o'r canlynol:

- Rheolwr
- Aelod o'r tîm AD neu'r tîm Gweithlu a Datblygu Sefydliadol lleol
- Cyswllt/gwarcheidwad Codi Llais heb Ofn (gan gynnwys drwy blatfform rhoi gwybod dienw/ffôn/llynell gymorth/e-bost neu ddull cyfatebol eich sefydliad)
- Cynrychiolydd Undeb Llafur lleol

Nodwch eich bod am roi gwybod am ddigwyddiad yn anffurfiol.

8.6.4 Os yw'r sawl sy'n rhoi gwybod am aflonyddu yn gofyn am ddatrys y mater yn anffurfiol

Dylai'r **sawl sy'n cael yr adroddiad anffurfiol** wrando ar y sawl sy'n rhoi gwybod am aflonyddu a gweithio allan y ffordd orau o'i helpu i ddatrys y mater yn anffurfiol, a hynny mewn ffordd y mae'r sawl sy'n rhoi gwybod am aflonyddu'n teimlo'n fwyaf cyfforddus â hi ar ôl iddo ystyried y camau gweithredu canlynol:

- Trafod ffyrdd o fynd i'r afael â'r mater yn uniongyrchol gyda'r unigolyn sy'n cael ei gyhuddo o aflonyddu.

- Cefnogi'r sawl sy'n rhoi gwybod am aflonyddu i godi'r mater gyda'r unigolyn sy'n cael ei gyhuddo o aflonyddu drwy gadw cwmni iddo mewn unrhyw drafodaeth neu ei helpu i nodi ei feddyliau yn ysgrifenedig.
- Codi'r mater yn anffurfiol gyda'r sawl sy'n cael ei gyhuddo o aflonyddu ar ran yr un sy'n adrodd yr aflonyddu.
- Cael cyngor ar y ffordd orau o ddatrys y mater a/neu gymorth i wneud hynny o ffynonellau eraill naill ai'n fewnol megis gan y tîm AD neu'r tîm Gweithlu a Datblygu Sefydliadol lleol neu'n allanol o ffynonellau megis ACAS.
- Trefnu cyfryngu gan gyfryngwr hyfforddedig rhwng y sawl sy'n rhoi gwybod am aflonyddu a'r unigolyn sy'n cael ei gyhuddo o aflonyddu. O dan yr amgylchiadau hyn, rhaid i'r rheolwr a'r cynghorydd AD neu'r Gweithlu a Datblygu Sefydliadol (ar y cyd â chynghor diogelu) ystyried a yw'r math hwn o ddatrysiad yn briodol. Os felly, trefnir sgwrs a hwylusir yn annibynnol yn unol â Pholisi Parch a Datrys Cwestiynau Cymru Gyfan.
- Cael cyngor neu gymorth i ddelio â materion sy'n ymwneud â nodweddion gwarchodedig penodol, fel gan elusen sydd ag arbenigedd mewn perthynas ag anabledd penodol.
- Cael cwnsela neu gymorth ar gyfer yr unigolyn

Mae'n bwysig cadw cofnod o'r canlynol:

- Manylion yr adroddiad/digwyddiad.
- Cofnod o unrhyw drafodaeth a gynhelir gyda'r unigolyn a gyhuddir o aflonyddu.
- Cofnod o unrhyw gamau dilynol.
- Cwblhau dogfen myfyrdodau.
- Nodi unrhyw anghenion hyfforddi pellach.

Rhaid i'r **rheolwr** drefnu sgwrs ddilynol gyda'r sawl sy'n rhoi gwybod am aflonyddu i wirio a oes unrhyw ddigwyddiadau pellach o aflonyddu wedi digwydd ac a oes angen unrhyw gymorth pellach.

Cydnabyddir efallai na fydd ateb anffurfiol yn briodol, neu na fydd yn gweithio mewn llawer o achosion. Er enghraifft, mae'n annhebygol y bydd unrhyw ateb anffurfiol yn briodol mewn achosion mwy difrifol, neu'n gweithio mewn achosion lle mae'n annhebygol y bydd yr aflonyddwr honedig yn derbyn ei fod wedi gwneud unrhyw beth o'i le.

Gall y sawl sy'n rhoi gwybod am aflonyddu wneud y mater yn ffurfiol ar unrhyw gam os yw'n dymuno.

8.6.5 Ymchwilio i Ddigwyddiadau y Rhoddwyd Gwybod amdanynt yn Ffurfiol

Mae amddiffyn y sawl sy'n adrodd am aflonyddu rhywiol yn hollbwysig.

- Bydd ymchwilwyr i honiadau o aflonyddu rhywiol yn rhoi sylw arbennig i berthnasedd ac ymwitholrwydd cwestiynau sy'n ofynnol i ymchwilio i'r materion hyn. Mae hyn yn cynnwys bod yn ofalus iawn wrth ofyn cwestiynau o natur bersonol.
- Gellir rhoi mwy o hyblygrwydd i hawl y sawl sy'n rhoi gwybod am aflonyddu i gael cwmni mewn cyfarfodydd sy'n ymwneud ag ymchwilio i'r gŵyn, yn enwedig gan ffrind neu aelod o'r teulu (mewn rôl gefnogol), yn ogystal â'r hawl arferol i gael cwmni cynrychiolydd undeb llafur neu gydweithiwr.
- Dylid darparu un pwynt cyswllt i'r sawl sy'n rhoi gwybod am aflonyddu a'r unigolyn a gyhuddir o aflonyddu drwy gydol y broses lle bynnag y bo modd.

- Dylai'r cysylltiadau hyn roi'r wybodaeth ddiweddaraf i'r ddau barti ar wahân ac mewn modd priodol, a sicrhau bod ganddynt fynediad at gymorth yn ôl yr angen.
- Dylai'r Cylch Gorchwyl gael ei ysgrifennu'n glir, gan gynnwys manylion yr honiad lle bynnag y bo modd; h.y., yr hyn a ddywedwyd/a wnaed/pryd/ble, yn ôl yr honiadau, a (lle nad oes anhysbysrwydd yn berthnasol) i bwy.
- Darperir amserlenni ar gyfer pob cam o'r broses. Os na ellir bodloni amserlenni, bydd pob parti yn cael gwybod am yr oedi a'r rhesymau a roddir cyn belled ag y bo modd.

Bydd sefydliadau GIG Cymru yn sicrhau bod unrhyw honiadau o aflonyddu rhywiol posibl yn cael eu rheoli'n gyflym ac yn unol â'r polisi hwn.

Mae profi aflonyddu rhywiol yn hynod ofidus a gall newid bywydau. Mae hefyd yn peri gofid ac yn fater difrifol i weithiwr gael ei gyhuddo o aflonyddu rhywiol. Ni fydd sefydliadau GIG Cymru yn tybio bod y cyhuddiad yn wir neu'n anwir cyn ymchwiliad teg a thrylwyr.

Weithiau gair y sawl sy'n rhoi gwybod am yr aflonyddu yn erbyn gair yr unigolyn a gyhuddir o aflonyddu fydd yr unig dystiolaeth o achosion o aflonyddu rhywiol. Ni ddylai hyn atal y sawl sy'n rhoi gwybod am yr aflonyddu rhag siarad. Mae GIG Cymru wedi ymrwymo i drin pob cwyn yn deg.

Rhaid cymryd gofal i sicrhau nad ystyrir bod unrhyw gamau sy'n cael eu cymryd yn cosbi unrhyw un sy'n codi cwyn yn ddidwyll.

Gweler Polisi Disgyblu Cymru Gyfan/UPSW am fwy o fanylion am gam Ymchwilio proses.

8.6.6 Camau Gweithredu yn Dilyn Ymchwiliad

Bydd canlyniadau'r ymchwiliad yn dilyn Polisi perthnasol GIG Cymru. Fodd bynnag, lle canfyddir, yn ôl pwysau tebygolrwydd, fod yr aflonyddu rhywiol honedig wedi digwydd, ond nad yw'n arwain at ddiswyddo, fel arfer disgwylir i'r cyflogwr ystyried a ddylai fod gofyniad i'r troseddwr gael hyfforddiant gwrth-aflonyddu (naill ai'n unigol neu fel rhan o hyfforddiant adrannol); gellir cyfuno hyn â sancsiwn arall. Bydd angen i unrhyw un sy'n gwneud penderfyniadau hefyd asesu risg y tebygolrwydd y bydd yr aflonyddu'n digwydd eto (ac unrhyw fesurau a allai atal hyn) wrth benderfynu pa sancsiwn i'w gymhwyso.

Mae GIG Cymru yn cydnabod y gallai fod yn briodol mewn rhai achosion gyfeirio troseddwr at wasanaethau arbenigol os ydynt wir eisiau newid eu hymddygiad – dylid cytuno ar hyn fesul achos.

Wrth ddelio ag achos o aflonyddu rhywiol, efallai y bydd angen sensitifrwydd diwylliannol. Gall hyn fod yn berthnasol i'r sawl sy'n rhoi gwybod am yr aflonyddu, y sawl sy'n cyflawni'r aflonyddu ac unrhyw dystion. Gall agweddau diwylliannol fod yn ffactor mewn rhai achosion ac mae angen ystyried y rhain wrth ddeall y sefyllfa. Fodd bynnag, ni dderbynnir agweddau diwylliannol fel esgus nac fel lliniariad dros aflonyddu rhywiol.

Er mwyn rhoi sicrwydd bod y mater wedi cael sylw priodol, lle mae cwyn wedi'i chadarnhau, gall y sefydliad rannu rhai agweddau ar ymchwiliad a/neu eu canlyniadau; mae hyn yn cynnwys unrhyw gamau a gymerwyd i atal digwyddiad tebyg rhag digwydd eto gyda'r sawl a roddodd wybod am yr aflonyddu. Bydd hyn yn cael ei ystyried fesul achos a dylid ceisio cyngor gan eich tîm AD neu'ch tîm Gweithlu a Datblygu Sefydliadol lleol. Os caiff unrhyw wybodaeth ei rhannu, dylid cydymffurfio â chyfreithiau diogelu data

perthnasol a chyd-fynd â pholisi Llywodraethu Gwybodaeth eich sefydliad.

P'un a yw eich cwyn yn cael ei chadarnhau ai peidio, byddwn yn ystyried y ffordd orau o reoli'r berthynas waith barhaus rhyngoch chi a'r person dan sylw. Efallai y byddai'n briodol trefnu rhyw fath o gyfryngu neu gwnsela, neu newid dyletswyddau, lleoliad gwaith neu linellau adrodd un parti neu'r ddau.

Bydd gweithwyr sy'n codi adroddiad o aflonyddu rhywiol yn ddiwyll (p'un a yw'n seiliedig ai peidio) bob amser yn cael eu cefnogi, a dylai hyn gynnwys cynnig addasiadau i'r protocol tystion arferol.

Gall hyn gynnwys (ond heb fod yn gyfyngedig i):

- Addasiadau i'r broses arferol yn y gwrandawriad disgyblu.
- Sicrhau ein bod yn mabwysiadu dull sensitif wrth groesholi y sawl sy'n rhoi gwybod am aflonyddu rhywiol, gan gynnwys osgoi lle bo modd i'r unigolyn a gyhuddir o aflonyddu neu ei gynrychiolydd groesholi'r sawl sy'n rhoi gwybod am aflonyddu yn uniongyrchol (yn amodol ar ddarpariaethau UPSW).
- Ystyried cyflwyno cwestiynau'n uniongyrchol i'r cadeirydd i sicrhau nad oes unrhyw beth sy'n amhriodol neu wedi'i eirio'n amhriodol.
- Ystyried gwahanu rhan o'r ystafell â sgriniau.
- Mynychu o bell (trwy fideo) mewn gwrandawriad(au) a dim ond cyhyd ag y bo angen.

Gall unrhyw aelod o staff sy'n darparu gwybodaeth ffug yn fwriadolyn anonest, neu sy'n gweithredu'n anonest fel rhan o ymchwiliad, fod yn destun camau gweithredu o dan Weithdrefn Ddisgyblu Cymru Gyfan/Cynnal Safonau Proffesiynol yng

Nghymru. Fodd bynnag, ni fyddwch yn cael eich disgyblu na'ch trin yn andwyol oherwydd nad yw eich cwyn wedi'i chadarnhau.

Os oes gan unigolyn achos dilys i gredu bod honiad a wneir yn ei erbyn yn ffug neu'n flinderus, dylid cyfleu hyn yn glir yn ystod y cam adolygu rheolwyr/asesiad cychwynnol ac unrhyw gamau dilynol yn yr achos penodol hwnnw.

8.6.7 Pobl nad ydynt yn Weithwyr

Bydd gweithwyr sydd wedi'u secondio neu eu lleoli i sefydliad arall yn cael eu cefnogi gan GIG Cymru i roi gwybod am aflonyddu rhywiol yn unol â'r polisi hwn neu bolisi tebyg a ddarperir gan y sefydliad lletya.

Mae gan GIG Cymru hefyd ddyletswydd gofal i amddiffyn unigolion sy'n cael eu cyflogi gan sefydliadau eraill a thrydydd partion, fel cyflenwyr neu ymwelwyr, rhag aflonyddu rhywiol (fel y'i diffinnir yn adran 5) gan unrhyw unigolyn yn y gweithle.

Os yw gweithwyr yn destun aflonyddu rhywiol gan unigolion nad ydynt yn cael eu cyflogi gan GIG Cymru, ni fydd hyn yn cael ei gymryd yn llai difrifol. Yn yr amgylchiadau hyn, bydd GIG Cymru yn:

- peidio â goddef unrhyw ymddygiad – ar ei safleoedd nac o fewn unrhyw amgylchedd – y gellir ei ddiffinio fel aflonyddu rhywiol
- rhoi gwybod am unrhyw honiad i'w cyflogwr neu gynrychiolydd heb oedi a chymryd camau priodol i sicrhau diogelwch y rhai dan sylw. Dylid rhoi gwybod am hyn yn yr un modd â phe bai'r unigolyn a gyhuddir o aflonyddu yn weithiwr i GIG Cymru.
- ar ôl cael honiadau o aflonyddu rhywiol, cymryd camau gweithredu, a all gynnwys cymryd camau rheoli a/neu

gychwyn adolygiad gan reolwr (asesiad cychwynnol) o dan bolisi disgyblu'r sefydliad neu'r Weithdrefn Cynnal Safonau Proffesiynol yng Nghymru (UPSW) os mai yn erbyn meddyg neu ddeintydd y gwneir yr honiadau.

Os canfyddir bod secondeion sy'n dod o fewn cwrpas y polisi hwn yn torri'r weithdrefn hon ar ôl ymchwiliad, dilynwch Bolisi Secondio Cymru Gyfan.

Mae GIG Cymru yn disgwyl i unrhyw sefydliad trydydd parti sy'n adleoli gweithwyr neu gynrychiolwyr i weithio yn GIG Cymru neu gyda'r sefydliad ymgysylltu ag unrhyw ymchwiliad sy'n ymwneud ag aflonyddu rhywiol a chymryd camau priodol a/neu ddarparu cymorth priodol mewn perthynas â chanfyddiadau mewn perthynas â'r gweithiwr neu'r cynrychiolydd.

8.7 Rhoi Cymorth

Mae GIG Cymru yn cydnabod bod rhoi gwybod am aflonyddu rhywiol yn gofyn am ddewrder, a gall fod yn hynod o straenus. Dylid rhoi sicrwydd a chefnogaeth i unrhyw unigolyn sy'n codi pryder neu gŵyn drwy gydol y broses. Efallai y bydd angen estyn y gefnogaeth hon hefyd i unrhyw weithwyr sydd wedi gweld aflonyddu rhywiol.

Yn ogystal â darparu cyfleoedd i siarad, dylai timau AD neu'r Gweithlu a Datblygu Sefydliadol gyfeirio gweithwyr at wasanaethau perthnasol fel Iechyd Galwedigaethol (IG) neu wasanaethau llesiant gweithwyr lleol lle bo hynny ar gael. Gweler hefyd ffynonellau cymorth yn Atodiad 4 isod.

Gall digwyddiadau o aflonyddu rhywiol gael effeithiau hirdymor ar y rhai sy'n eu profi'n uniongyrchol, yn ogystal â'u ffrindiau a'u teulu. Efallai y bydd angen addasiadau ar y sawl sy'n rhoi gwybod am

aflonyddu i'w gefnogi i gyflawni ei rôl a'i lwyth gwaith, yn enwedig tra bo unrhyw ymchwiliad yn mynd rhagddo. Dylai'r sawl sy'n rhoi gwybod am aflonyddu gael sgwrs gyda'i reolwr llinell (neu berson enwebedig, a all gynnwys gweithiwr proffesiynol ym maes iechyd galwedigaethol) i adolygu materion fel eu trefniadau gweithio presennol ac ystyried a oes angen unrhyw gymorth ychwanegol, er enghraifft, trwy ddefnyddio'r Polisiâu Gweithio Hyblyg neu Absenoldeb Arbennig.

Lle gall pryderon ynghylch presenoldeb a/neu allu'r sawl sy'n adrodd am aflonyddu fod yn gysylltiedig â digwyddiad aflonyddu rhywiol, bydd rheolwr llinell yr unigolyn yn ystyried addasiadau i'r broses presenoldeb a/neu allu gyda chynghor gan y tîm AD neu'r tîm Gweithlu a Datblygu Sefydliadol lleol. Dylid cofnodi ac adolygu unrhyw addasiadau bob pythefnos, a dylid eu dogfennu a'u rhannu â'r partïon perthnasol megis yr unigolyn a/neu ei reolwr llinell a'i gynrychiolydd undeb llafur.

Os yw absenoldeb salwch wedi'i achosi gan aflonyddu rhywiol yn y gwaith, gall eich tîm AD neu'ch tîm Gweithlu a Datblygu Sefydliadol lleol roi cynghor ar hyn.

8.8 Erledigaeth, gan gynnwys pan na chymerir unrhyw gamau pellach

Nid yw GIG Cymru yn goddef aflonyddu nac erledigaeth ar unrhyw un sy'n rhoi gwybod am aflonyddu rhywiol, ac ni fydd yn goddef unrhyw ymgais i berswadio na gorfodi gweithiwr i beidio â chodi ei bryderon. 'Erledigaeth' yw pan fydd rhywun yn cael ei drin yn llai ffafriol o ganlyniad i fod yn rhan o gŵyn gwahaniaethu neu aflonyddu, ac mae'n anghyfreithlon o dan y Ddeddf Cydraddoldeb.

Bydd GIG Cymru yn cynnal ei ddyletswydd gofal i sicrhau bod cydweithwyr yn cael cefnogaeth lawn wrth roi gwybod am

aflonyddu rhywiol, p'un a yw eu cwyn yn cael ei chadarnhau ai peidio.

Dylid adrodd unrhyw ddial a ficeriaeth yn erbyn unigolyn sy'n codi adroddiad neu'n gweithredu fel tyst i reolwr llinell neu'ch tîm AD neu'r Gweithlu a Datblygu Sefydliadol Lleol a bydd yn cael sylw. Gall hyn arwain at gymryd camau o dan y Polisi Disgyblu neu'r Weithdrefn Cynnal Safonau Proffesiynol yng Nghymru (UPSW) os mai yn erbyn meddyg neu ddeintydd y gwneir yr honiadau.

9. RHOI GWYBOD I REOLEIDDWYR STATUDOL

Mae gan sefydliadau GIG Cymru yr hawl i roi gwybod am weithiwr sydd â chofrestriad proffesiynol o unrhyw fath i'w reoleiddiwr statudol perthnasol (er enghraifft, Cyngor Nyrsio a Bydwreigiaeth, Cyngor Meddygol Cyffredinol, Cyngor y Proffesiynau Iechyd a Gofal, Cymdeithas y Gyfraith) yn unol â'u codau ymddygiad proffesiynol perthnasol, ac efallai y bydd yn rhaid iddynt wneud hynny.

Y gweithwyr dynodedig ar gyfer sicrhau bod sefydliadau GIG Cymru yn gwneud atgyfeiriad priodol fydd y tîm AD neu'r tîm Gweithlu a Datblygu Sefydliadol lleol perthnasol. Gall timau AD neu'r Gweithlu a Datblygu Sefydliadol gymryd cyngor gan amrywiaeth o unigolion gan gynnwys y gweithiwr proffesiynol ar y lefel uchaf yn y proffesiwn o fewn Sefydliadau GIG Cymru er enghraifft, Prif Swyddog Nyrsio a/neu Brif Swyddog Meddygol cyn gwneud atgyfeiriad ffurfiol.

Wrth wneud atgyfeiriad, bydd timau AD neu'r Gweithlu a Datblygu Sefydliadol yn gwneud hyn yn unol â pholisi cofrestru proffesiynol y sefydliad lleol.

10. CYNNWYS YR HEDDLU

Gall datgeliad o aflonyddu rhywiol honni gweithred droseddol. Os oes amheuaeth bod gweithred droseddol wedi digwydd, cysylltwch â'ch tîm Diogelu Lleol cyn gynted â phosibl.

Lle bo modd, dylai sgwrs gyda'r sawl sy'n rhoi gwybod am yr aflonyddu i drafod ei ddymuniad i gynnwys yr heddlu ddigwydd cyn unrhyw atgyfeiriad. Os ydych chi'n credu bod perygl i ddiogelwch a/neu fywyd, dylech chi ffonio'r heddlu ar 999 ar unwaith.

Gall yr Heddlu erlyn heb gynnwys y dioddefwr, yn enwedig os oes tystiolaeth gadarnhaol.

Mae timau AD neu'r Gweithlu a Datblygu Sefydliadol GIG Cymru yn gweithio'n rheolaidd gyda thimau Diogelu gan ddefnyddio polisiâu diogelu i adolygu pob achos fesul achos ac ystyried yr angen i uwchgyfeirio'r mater i'r awdurdodau perthnasol, gan gynnwys yr heddlu. Gwneir atgyfeiriadau pan fo pryder y gallai'r honiadau fod yn weithred droseddol. Bydd y sefydliad yn sicrhau bod materion yn cael eu cyfeirio at yr awdurdodau ehangach megis y Swyddog Dynodedig perthnasol yn yr Awdurdod Lleol a/neu'r Tîm Diogelu perthnasol yn yr Awdurdod Lleol lle bo'n briodol.

Pan fydd ymchwiliad mewnol yn digwydd, bydd y tîm AD neu'r tîm Gweithlu a Datblygu Sefydliadol yn ymgynghori â'r heddlu ar adegau y cytunwyd arnynt ynghylch prosesau ymchwilio cydamserol er mwyn sicrhau nad yw'r ymchwiliad/proses droseddol yn cael ei ragfarnu.

Gall y sawl sy'n rhoi gwybod am aflonyddu wneud hynny i'r heddlu'n uniongyrchol. Gallant fynegi dymuniad nad ydynt am erlyn, neu eu bod am roi gwybod a meddwl am erlyn yn ddiweddarach. Dyma faterion y mae'n rhaid eu trafod gyda'r heddlu'n uniongyrchol.

11. CYDRADDOLDEB GAN GYNNWYS Y GYMRAEG

Cyfeiriwch at yr Asesiad Effaith ar Gydraddoldeb a gwblhawyd a gynhaliwyd ar yr adeg y cadarnhawyd y polisi hwn.

12. ATODIADAU

Atodiad 1: Sut i Ymateb i Ddatgeliad o Gamymddwyn Rhywiol

Atodiad 2: Siart Lif Digwyddiadau Diogelwch Rhywiol Drafft

Atodiad 3: Rolau a Chyfrifoldebau

Atodiad 4: Rhagor o Wybodaeth a Chymorth

13. CYFEIRIADAU

Canllawiau technegol ar aflonyddu rhywiol ac aflonyddu yn y gwaith. Ar gael yn: [The Equality and Human Rights Commission \(2024\) Sexual harassment and Harassment at Work technical Guidance](#)

Arolwg aflonyddu rhywiol 2020 a gomisiynwyd gan Swyddfa Cydraddoldeb y Llywodraeth. Ar gael yn:

[2020 Sexual Harassment Survey \(Swyddfa Cydraddoldeb y Llywodraeth\)](#)

Polisi Camymddwyn Rhywiol GIG Lloegr Ar gael yn:

[NHS England Sexual Misconduct Policy](#)

Canllawiau aflonyddu rhywiol ACAS. Ar gael yn:

[ACAS sexual harassment guidance:](#)

Adroddiad 'Surviving In Scrubs 'Surviving Healthcare' Ar gael yn:

[Surviving In Scrubs 'Surviving Healthcare' Report](#)

Canllawiau Camymddwyn Rhywiol yn y Gwaith BMA. Ar gael yn:

[Sexual misconduct at work](#)

Atodiad 1: Sut i Ymateb i Ddatgeliad o Aflonyddu Rhywiol

Gallai unrhyw gyflogi neu weithiwr gael datgeliad o aflonyddu rhywiol. Gofynnwch i'r unigolyn sut mae eisiau cael ei gefnogi. Peidiwch â gwneud rhagdybiaethau a pheidiwch â gorchymyn beth fydd yn digwydd, neu beth sy'n gorfod digwydd. Gadewch i'r unigolyn ddweud wrthyh chi beth sydd ei angen arno.

Os ydych chi'n credu bod rhywun mewn perygl, ffoniwch 999.

Mae llawer o bobl yn teimlo eu bod wedi colli rheolaeth, felly mae eu grymuso a dilysu eu profiad yn hanfodol i leihau trawma.

Mae'n hanfodol cynnal y sgwrs yn barchus ac yn gefnogol. Eich rôl chi yw gwrando ar yr unigolyn yn rhannu ei brofiad a chytuno ar y camau nesaf i'w cymryd.

Nid darparu cwnsela, cyngor clinigol na chynnig dial yn erbyn y troseddwr yw eich rôl chi.

Dylech chi:

- sicrhau bod yr unigolyn yn ddiogel
- gwrando yn astud (heb gael pethau sy'n tynnu eich sylw fel eich ffôn)
- ei gredu a'i ddilysu
- parchu cyfrinachedd ond sicrhau ei fod yn deall y gallai fod angen i chi rannu gwybodaeth neu enghraifft os amlinellir pryder diogelu neu gyfreithiol
- ei gyfeirio'n ddiogel at gymorth (a dewisiadau rhoi gwybod os nad yw eisoes wedi rhoi gwybod am yr hyn sydd wedi digwydd)

Diogelwch y Gweithiwr

- os ydyn nhw'n anniogel neu os na allwch fod yn sicr eu bod nhw'n ddiogel a'ch bod chi'n credu y gallen nhw fod mewn perygl o niwed, cymerwch gamau i ffonio'r heddlu ar unwaith (os nad ydyn nhw eisoes wedi cael gwybod) a cheisiwch gyngor ar unwaith gan eich tîm AD neu'r Gweithlu a Datblygu Sefydliadol lleol.
- lle mae pryderon ynghylch diogelu (er enghraifft os oes pryder bod rhywun yn cael ei gyd-orfodi neu ei reoli neu pan fo pryderon ynghylch galluedd meddyliol), rhaid i chi neu'ch tîm AD neu'r Gweithlu a Datblygu Sefydliadol lleol gysylltu â'ch tîm Diogelu i ofyn am drafodaeth frys ynghylch diogelu gweithwyr.
- ystyried unrhyw gamau y gallech chi neu berson priodol arall eu cymryd i helpu i sicrhau diogelwch uniongyrchol y sawl sy'n rhoi gwybod am aflonyddu. Er enghraifft, os digwyddodd y digwyddiad ar un o safleoedd GIG Cymru, ystyriwch a thrafodwch gyda'r sawl a roddodd wybod am yr aflonyddu a rheolwr priodol a fyddai lleoliad gwaith arall yn briodol. Os yw'r unigolyn a gyhuddir o aflonyddu yn ymwelydd ac yn aros ar y safle, efallai y bydd angen i chi gysylltu â diogelwch, ac os yw'r unigolyn a gyhuddir o aflonyddu yn weithiwr, rhaid i chi gysylltu â'ch tîm AD neu'r Gweithlu a Datblygu Sefydliadol i gael cyngor i gydlynu hebrwng yr unigolyn a gyhuddir o aflonyddu o'r adeilad.

NI ddylech chi wneud y canlynol:

- gwrthio am fanylion
- gwneud rhagdybiaethau
- gofyn pam na ddywedasant yn gynt
- bod yn feirniadol neu feirniadu eu dewisiadau
- mynegi beirniadaeth neu anghrediniaeth
- edrych yn ddidaro (meddyliwch am osgo'r corff)

- dweud wrthyn nhw beth i'w wneud
- siarad am eich profiadau eich hun
- darparu cwnsela eich hun
- rhannu ei wybodaeth ag eraill oni bai ei fod yn rhoi caniatâd penodol i chi wneud hynny, neu os oes pryderon diogelu neu gyfreithiol
- gofyn pam na wnaeth redeg i ffwrdd neu ymladd yn ôl
- rhoi llai o bwys neu leihau ei brofiad ac arwyddocâd yr hyn y mae'n ei rannu

Cyfeiriwch gydweithwyr at y polisi hwn, a gwnewch y canlynol:

- eu cyfeirio at y cymorth a ddisgrifir yn Atodiad 4
- eu hannog i roi gwybod am eu pryder fel y nodir yn adran 8.3 uchod, os na roddwyd gwybod amdano eisoes
- gwneud nodyn cyn gynted â phosibl o unrhyw fanylion y datgeliad, gan sicrhau bod cyfrinachedd yn cael ei gynnal. Dylid hysbysu'r sawl sy'n rhoi gwybod am aflonyddu y byddwch yn gwneud nodyn o'r datgeliad gan gynnwys y dyddiad a'r amser y gwnaed y datgeliad, i bwy y gwnaed ef, beth a ddatgelwyd (cymaint o wybodaeth â phosibl) a pha gamau gweithredu a gymerwyd ar unwaith.

os nad yw'r sawl sy'n rhoi gwybod am yr aflonyddu eisiau mynd â'r datgeliad ymhellach, rhaid i chi barchu ei ddymuniadau. Fodd bynnag, os oes angen cymorth neu gyngor arnoch yn dilyn y datgeliad, gallech siarad â rhywun yn gyfrinachol, fel eich tîm AD neu'ch tîm Gweithlu a Datblygu Sefydliadol lleol neu'ch rheolwr llinell eich hun.

Atodiad 2: Siart Lif Digwyddiad Diogelwch Rhywiol

Ymateb i Adroddiadau o Aflonyddu Rhywiol

Siart Llif

A oes unrhyw faterion diogelu?

Os ydych yn credu bod rhywun mewn perygl, ffoniwch 999

Am arweiniad, cyfeiriwch eich cydweithwyr at eich adnoddau mewnwyd sy'n ymwneud ag aflonyddu rhywiol.



Hyd yn oed os nad yw'r unigolyn eisiau riportio, efallai y bydd materion diogelu sy'n ei gwneud yn ofynnol i'r datgeliad gael ei riportio.

Gofynnwch i'ch tîm Diogelu am gyngor

Mae unigolyn yn datgelu ei fod wedi bod yn ddioddefwr neu wedi gweld aflonyddu rhywiol neu gamymddwyn rhywiol.

SICRHEWCH FOD YR UNIGOLYN YN DDIOGEL

A yw'r unigolyn eisiau riportio'r digwyddiad(au)?

Ydi

Nac ydi

Camau Gweithredu Anffurfiol

Ewch i

2

1

DATGELU



Cofiwch:

Gellir riportio digwyddiadau yn ddiweddarach.

Nid oes terfyn amser i riportio.

Gellir riportio pryderon yn ddienw trwy'r platfform Codi Llais Heb Ofn.

Cyfeiriwch at y Polisi Gwrth-Aflonyddu Rhywiol a'ch adnoddau mewnwyd ar aflonyddu rhywiol.

Gall Camau Gweithredu Anffurfiol ddigwydd heb ymchwiliad.

Dylai'r sawl sy'n derbyn yr adroddiad anffurfiol wrando ar yr achwynydd i ddeall y ffordd orau y gallant ei helpu.

Datrys y broblem yn anffurfiol ac mewn ffordd y mae'r achwynydd fwyaf cyfforddus â hi ar ôl ystyried y camau gweithredu a restrir yn adran 8.6.3 o'r polisi.

Efallai na fydd camau gweithredu anffurfiol yn briodol neu efallai na fydd yn gweithio yn y rhan fwyaf o achosion.

Mae'r unigolyn
yn cael ei gefnogi
i riportio'r
digwyddiad (au)
yn ffurfiol.

2

RIPORTIWCH



Dylai amddiffyn y sawl a gododd y
gŵyn neu sy'n ddioddefwr o
aflonyddu rhywiol fod yn
hollbwysig.

Gellir riportio digwyddiadau yn ffurfiol i'r
bobl ganlynol:

- Eich rheolwr
- Aelod o'ch tîm AD neu'ch tîm Gweithlu
a Datblygu Sefydliadol lleol
- Eich cyswllt/gwarcheidwad Codi Llais
Heb Ofn
- Aelod o'ch tîm Diogelu

Mewn rhai achosion, efallai y bydd angen
cymryd camau mwy brys, fel gwahardd neu
symud y tramgwyddwr honedig. Bydd aelod
o'ch tîm AD neu'ch tîm Gweithlu a Datblygu
Sefydliadol lleol yn gallu cynghori rheolwyr
sy'n ymchwilio ar y camau gweithredu
priodol.

Mae'n rhaid trin y
tramgwyddwr honedig yn deg
hefyd a chynnig cymorth iddo
yn unol â pholisi a'r gyfraith.

Cofiwch:

Gall cydweithwyr hefyd riportio
yn gwbl ddiennw.

Gweler eich gwybodaeth Codi
Llais Heb Ofn leol.

Ewch i

3



Bydd y tîm Adnoddau Dynol neu'r tîm Gweithlu a Datblygu Sefydliadol lleol yn hysbysu'r tîm Diogelu lleol i asesu a oes angen camau gweithredu pellach o dan reoliadau diogelu Adran 5.

Bydd y tîm Adnoddau Dynol neu'r tîm Gweithlu a Datblygu Sefydliadol lleol yn cefnogi'r rheolwr i gynnal adolygiad rheoli (asesiad cychwynnol) o'r adroddiad.

Adolygiad Rheoli (Asesiad Cychwynnol)

3

CAMAU NESAF

Dim Gweithredu Pellach

Ymchwiliad yr Heddlu

Mewn rhai achosion, rhaid cynnal ymchwiliad gan yr heddlu.

Bydd eich tîm diogelu yn rhoi cyngor yn yr achosion hyn.

Ymchwiliad

Bydd adroddiadau o aflonyddu rhywiol yn cael eu rheoli yn brydlon, yn gyfrinachol ac yn unol â'r polisiau a gweithdrefnau sefydliadol priodol. (Gallai canlyniadau'r adolygiad rheoli ddangos na chymerir unrhyw gamau pellach).

Os ystyrir yn briodol, comisiynir ymchwiliad ffurfiol.

Bydd y sawl a gododd y gwyn yn cael gwybod yn briodol am ddatblygiadau trwy gydol y broses.

CAMAU GWEITHREDU FFURFIOL

CAMAU GWEITHREDU ANFFURFIOL

CWYN HEB EI CHEFNOGI

Fel arfer, bydd camau ffurfiol yn dilyn y broses ym Mholisi Disgyblu Cymru Gyfan neu Weithdrefn Cynnal Safonau Proffesiynol yng Nghymru (UPSW) os yw'r honiadau yn erbyn meddyg neu ddeintydd.

Camau anffurfiol fesul achos yn unol â'r polisi perthnasol.

Cyfeirio am gymorth, a chyngor ac arweiniad ym Mholisi Gwrth-Aflonyddu Rhywiol Cymru Gyfan ac adnoddau mewnwyd aflonyddu rhywiol.

Atodiad 3 – Rôlau a Chyfrifoldebau

Mae cyfrifoldeb cyffredinol am weithredu ac adolygu polisïau yn nwylo'r Prif Swyddog Gweithredol (PSG).

Bydd y Prif Swyddog Gweithredol yn dirprwyo cyfrifoldeb gweithredol i Gyfarwyddwr Gweithredol AD neu'r Gweithlu a Datblygu Sefydliadol. Bydd holl Gyfarwyddwyr GIG Cymru yn dangos diwydrwydd dyladwy mewn perthynas â Deddf Diogelu Gweithwyr (Diwygio Deddf Cydraddoldeb 2010) a byddant yn gyfrifol am weithredu polisi ym mhob un o safleoedd eraill GIG Cymru.

Er mwyn cefnogi datblygiad diwylliannol, bydd y **Sefydliad** yn cymryd y camau canlynol:

- sicrhau bod y Tîm Gweithredol yn adolygu data sy'n ymwneud â chamymddwyn rhywiol yn rheolaidd a bod gwersi'n cael eu dysgu a newidiadau mewn arferion yn cael eu gwneud i wella diogelwch rhywiol yn y gweithle
- sicrhau bod pob cydweithiwr yn ymwybodol o faterion sy'n ymwneud ag aflonyddu rhywiol, y Polisi Gwrth-aflonyddu rhywiol a sut i ddelio ag adroddiadau a datgeliadau yn briodol
- gweithio'n weithredol i atal aflonyddu rhywiol yn y gweithle
- annog rheolwyr i ofyn am berthnasoedd gwaith ac amgylchedd gwaith gweithiwr unigol o fewn cyfarfodydd cyswllt 1 i 1 rhwng y rheolwr llinell a'r gweithiwr
- sicrhau bod aelod a enwir o'r Tîm Gweithredol yn gyfrifol am ddiogelwch rhywiol.
-

Yn ogystal â'u cyfrifoldebau fel gweithwyr, rheolwyr a phobl sydd mewn swyddi arwain (a restrir uchod), bydd y **Tîm Diogelu** yn:

- cynnig canllawiau i weithwyr a rheolwyr ar ddehongli'r weithdrefn hon mewn perthynas ag achosion o drais yn erbyn menywod, cam-drin domestig neu drais rhywiol.

- darparu cyngor a chymorth i weithwyr sydd wedi cael eu heffeithio gan drais yn erbyn menywod, cam-drin domestig neu drais rhywiol.
- darparu cyngor a chymorth i reolwyr sy'n amau bod gweithiwr yn dioddef trais yn erbyn menywod, cam-drin domestig neu drais rhywiol.
- cynnal cyfrinachedd cyn belled ag y bo modd ac yn rhesymol ymarferol oni bai bod pryder diogelu neu gyfreithiol y mae angen rhoi gwybod amdano
- sicrhau bod gweithdrefnau a chanllawiau sy'n ymwneud â Thrais yn Erbyn Menywod, Cam-drin Domestig a Thrais Rhywiol yn gyfredol ac ar gael i reolwyr a gweithwyr.

Rhaid i reolwyr diogelu gael gwybod am bob honiad o ymosodiad rhywiol neu gam-drin domestig gan weithiwr ac os yw'n briodol, gwneir penderfyniad yn unol â'r canllawiau a'r ddeddfwriaeth gyfredol ynghylch pa gamau a gymerir.

Ym mhob achos lle mae plentyn dan 18 oed yn datgelu ymosodiad rhywiol, neu lle mae gweithwyr yn clywed am ymosodiad rhywiol ar rywun dan 18 oed, rhaid gwneud Adroddiad Plentyn mewn Perygl yn seiliedig ar Weithdrefnau Diogelu Cymru (2019).

Er mwyn cefnogi ein hymrwymiad i weithle a diwylliant diogel, dylai pob **gweithiwr**:

- Sicrhau eu bod yn deall beth yw aflonyddu rhywiol
- Bod yn ymwybodol o sut y gall eu hymddygiad effeithio ar eraill a modelu ymddygiad priodol
- Herio ymddygiad amhriodol, os yw'n bosibl a'i wneud yn ddiogel, a rhoi gwybod amdano
- Hyrwyddo diwylliant sy'n meithrin tryloywder a bod yn agored ac nad yw'n goddef ymddygiad rhywiol digroeso, niweidiol

- a/neu amhriodol, gan gynnal gwerthoedd ac ymddygiadau/egwyddorion craidd GIG Cymru a'r sefydliad lleol
- Rhoi gwybod am ddigwyddiadau o aflonyddu rhywiol pan fyddant yn eu gweld, neu gefnogi'r rhai sydd wedi profi aflonyddu rhywiol drwy roi gwybod amdano
- Cydweithredu'n llawn gydag unrhyw ymchwiliad
- Cynnal cyfrinachedd cyn belled ag y bo modd ac yn rhesymol ymarferol oni bai bod pryder diogelu neu gyfreithiol y mae angen rhoi gwybod amdano
- Sicrhau eu bod wedi cwblhau'r holl fodiwlau hyfforddi Statudol a Gorfodol priodol, yn cynnwys Trais yn Erbyn Menywod, Cam-drin Domestig a Thrais Rhywiol a Fy Nhrin yn Deg
- Ymgyswrtio â'r egwyddorion a nodir yn y polisi hwn a glynu wrthynt

Yn ogystal â'u cyfrifoldebau fel gweithwyr (a restrir uchod), dylai **rheolwyr llinell** wneud y canlynol:

- rhoi cymorth priodol a/neu gyfeirio cymorth i'r rhai sy'n datgelu neu'n rhoi gwybod am aflonyddu rhywiol
- ymgymryd â hyfforddiant i sicrhau eu bod yn deall beth yw aflonyddu rhywiol a'u rôl wrth ddileu hyn yn y gweithle
- sicrhau bod eu gweithwyr wedi cwblhau'r holl fodiwlau hyfforddi statudol a gorfodol priodol, gan gynnwys Trais yn Erbyn Menywod, Cam-drin Domestig a Thrais Rhywiol a Fy Nhrin yn Deg
- rhoi gwybod am achos i gydweithwyr AD neu'r Gweithlu a Datblygu Sefydliadol lle bo'n berthnasol ac yn unol â'r polisi hwn
- bod yn rhagweithiol wrth roi unrhyw addasiadau rhesymol ar waith gan gynnwys cwblhau'r asesiad risg diogelwch rhywiol, cynlluniau gweithredu lles unigol ac asesiadau risg straen lle bo angen.
- bod ar gael i gefnogi'r ymchwiliad os yw'n briodol

- bod yn gyfrifol am greu diwylliant lle mae gweithwyr yn teimlo'n ddiogel i weithio, codi pryderon a theimlo bod rhywun yn gwrando arnynt
- Cynnal cyfrinachedd cyn belled ag y bo modd ac yn rhesymol ymarferol oni bai bod pryder diogelu neu gyfreithiol y mae angen rhoi gwybod amdano
- darparu cymorth i unigolyn sydd wedi'i gyhuddo o aflonyddu a/neu eu cyfeirio at gymorth
- bod yn esiampl ar gyfer hyrwyddo ymddygiadau cyfartal a phroffesiynol yn y gweithle
- bod yn ymwybodol y gallai fod angen rhoi gwybod am achos o aflonyddu rhywiol, gan ystyried cyfrinachedd a dymuniadau'r sawl sy'n rhoi gwybod am yr aflonyddu pe bai angen ei drafod yn ddienw gyda Phennaeth AD neu'r Gweithlu a Datblygu Sefydliadol a/neu'r Pennaeth Diogelu.
- sicrhau nad yw unigolyn yn cael ei erlid am wneud neu fod yn rhan o gŵyn am aflonyddu rhywiol

Yn ogystal â'u cyfrifoldebau fel gweithwyr (a restrir uchod), bydd aelodau'r **tîm AD neu'r tîm Gweithlu a Datblygu Sefydliadol** yn:

- ymgymryd â hyfforddiant i sicrhau eu bod yn deall beth yw aflonyddu rhywiol a'u rôl wrth ddileu hyn yn y gweithle
- sicrhau bod prosesau clir ar waith ar gyfer ymateb i gwynion am aflonyddu neu ymosodiad rhywiol a'u cyfleu'n glir
- cynnig canllawiau i weithwyr a rheolwyr ar ddehongli'r polisi hwn ac unrhyw ganllawiau cysylltiedig
- sicrhau bod gwybodaeth a hyfforddiant ar gael i gefnogi gweithrediad effeithiol y polisi hwn
- monitro a gwerthuso effeithiolrwydd y polisi hwn
- darparu cyngor arbenigol ym mhob cam o godi cwyn i'r sawl sy'n rhoi gwybod am aflonyddu, y rheolwr llinell, yr unigolyn a gyhuddir o aflonyddu ac, os bydd ymchwiliad ffurfiol, y rheolwr

achos/comisiynu, y swyddog ymchwilio a gwrandawriad y panel disgyblu

- Cynnal cyfrinachedd cyn belled ag y bo modd ac yn rhesymol ymarferol oni bai bod pryder diogelu neu gyfreithiol y mae angen rhoi gwybod amdano
- cyfeirio cydweithwyr at y cymorth priodol

Bydd cydweithwyr AD neu'r Gweithlu a Datblygu Sefydliadol gweithredol lleol yn gweithredu fel cysylltiadau allweddol ar gyfer unigolion sy'n codi cwynion am aflonyddu rhywiol.

Bydd uwch reolwyr AD neu'r Gweithlu a Datblygu Sefydliadol yn cydweithio'n agos â'r cydweithwyr diogelu ac adrannau/asiantaethau eraill yn ôl yr angen.

Yn ogystal â'u cyfrifoldebau fel gweithwyr (a restrir uchod), dylai **Cynrychiolwyr Undebau Llafur/ochr y staff**:

- ymgymryd â hyfforddiant i sicrhau eu bod yn deall beth yw aflonyddu rhywiol a'u rôl wrth ddileu hyn yn y gweithle
- cyfeirio at y polisi hwn, egluro'r gweithdrefnau ar gyfer rhoi gwybod a'r llwybrau a'r canlyniadau posibl, a chynorthwyo gyda'r broses rhoi gwybod lle bo'n briodol
- egluro'r opsiynau ar gyfer cymorth yn fewnol ac yn allanol yn ystod ac ar ôl y broses
- cynnal cyfrinachedd cyn belled ag y bo modd ac yn rhesymol ymarferol oni bai bod pryder diogelu neu gyfreithiol y mae angen ei adrodd.
- darparu cymorth i'w haelodau drwy brosesau anffurfiol a ffurfiol.
- gweithio gyda sefydliadau'r GIG i hyrwyddo a chyflwyno rhaglenni hyfforddi ac ymwybyddiaeth sy'n atal aflonyddu rhywiol yn y gweithle.
- gweithio'n rhagweithiol gyda'r rheolwyr i fonitro a mynd i'r afael â materion diwylliant yn y gweithle a allai gyfrannu at amgylchedd gelyniaethus.

Wrth gynrychioli aelodau sydd wedi'u cyhuddo o aflonyddu rhywiol, disgwylir i Undebau Llafur beidio â chymeradwyo nac amddiffyn gweithredoedd o'r fath; nac anwybyddu na gwrthod yn llwyr glywed na chynorthwyo aelod sydd wedi'i gyhuddo o weithredoedd o'r fath.

Rhaid i gynrychiolwyr fod yn ofalus i beidio â thybio euogrwydd nac anwybyddu'r rhwymedigaeth i gynghori'r aelod a sicrhau gwrandawriad teg.

Yn ogystal â'u cyfrifoldebau fel gweithwyr a rheolwyr (a restrir uchod), dylai unigolion mewn **swydd arwain** (a nodir yn aml fel 'sefyllfa lle mae ganddynt rym'):

- ymgymryd â hyfforddiant i sicrhau eu bod yn deall beth yw aflonyddu rhywiol a'u rôl wrth ddileu hyn yn y gweithle
- bod yn ymwybodol o'r anghydbwysedd pŵer posibl a all gynyddu bregusrwydd rhai gweithwyr
- byth yn manteisio ar eu sefyllfa i orfodi gweithwyr i gyflawni ffafrau rhywiol
- Cynnal cyfrinachedd cyn belled ag y bo modd ac yn rhesymol ymarferol oni bai bod pryder diogelu neu gyfreithiol y mae angen rhoi gwybod amdano
- sicrhau nad oes unrhyw gydweithiwr yn destun ymddygiadau amhriodol gan gynnwys jôcs a chellwair
- bod yn ymwybodol o bregusrwydd menywod a grwpiau lleiafrifol a allai fod mewn mwy o berygl o aflonyddu rhywiol. Mae hyn yn cynnwys unigolion â nodweddion gwarchodedig megis ond heb fod yn gyfyngedig i rywedd, hil, rhywioldeb, hunaniaeth rhywedd, crefydd ac anabledd a all gynyddu'r risg o brofi aflonyddu rhywiol
- nodi ffactorau risg posibl a chymryd camau prydlon a rhesymol i leihau'r risgiau hynny

Yn ogystal â'u cyfrifoldebau fel gweithwyr, rheolwyr a phobl mewn swyddi arwain (a restrir uchod), bydd **aelodau'r Tîm Gweithredol** yn:

- cynnal adolygiadau rheolaidd o ddata mewnol a sicrhau bod camau priodol yn cael eu cymryd mewn meysydd sy'n peri pryder
- dylanwadu ar ddiwylliant sefydliadol a gosod blaenoriaethau sefydliadol sy'n ymwneud ag aflonyddu rhywiol
- cefnogi'r gwaith o ddatblygu'r gymuned arwain i gefnogi gweithrediad y weithdrefn hon

Atodiad 4: Rhagor o Wybodaeth a Chymorth

[Mae Byw Heb Ofn](#) yn darparu cymorth a chynghor ynghylch trais yn erbyn menywod a dynion, cam-drin domestig a thrais rhywiol. Mae Byw Heb Ofn ar waith 24/7, yn cynnig cymorth trwy'r Gymraeg, yn gallu defnyddio'r Llinell Iaith ac yn defnyddio Arwyddo'n Fyw i gefnogi goroeswyr byddar. 0808 80 10 800

[Rape Crisis England and Wales](#): Llinell gymorth 24/7 a all ddarparu cymorth ar unwaith os ydych chi wedi profi camymddwyn rhywiol.

Mae [Victim Support](#) yn darparu cymorth arbenigol i gefnogi dioddefwyr troseddau i ymdopi a symud ymlaen i'r pwynt lle maent yn teimlo eu bod yn ôl ar y trywydd iawn gyda'u bywydau.

Mae **Gwasanaethau Iechyd a Llesiant Galwedigaethol Lleol** yn darparu ystod o wasanaethau i helpu gweithwyr i aros yn iach gartref ac yn y gwaith

Cynrychiolwyr Undeb Llafur

Darparu cynghor a chymorth i'w haelodau pan fydd ganddynt broblemau yn y gwaith.

Mae [Canolfan Cymorth Trais a Cham-drin Rhywiol \(RASASC\) Gogledd Cymru](#) yn darparu gwybodaeth, cymorth arbenigol a therapi i unrhyw un 3 oed a hŷn sydd wedi profi unrhyw fath o gam-drin neu drais rhywiol, boed hynny'n ddiweddar neu yn y gorffennol.

[ACAS](#):

Llinell gymorth i unrhyw un sy'n profi problemau sy'n gysylltiedig â'r gweithle gan gynnwys aflonyddu/camymddwyn rhywiol.

[Rights of Women](#): mae ganddynt linellau cynghor cyfreithiol am ddim i fenywod sydd wedi profi cam-drin domestig, trais rhywiol ac aflonyddu/camymddwyn rhywiol yn y gwaith.

[Surviving in scrubs](#):

yn darparu cefnogaeth, rhannu straeon goroeswyr ac yn ymgychu i roi terfyn ar rywiaeth, aflonyddu ac ymosodiad rhywiol yn y gweithlu gofal iechyd.

Mae [Canolfannau Atgyfeirio Ymosodiadau Rhywiol](#) (SARC) yn cynnig cymorth meddygol ac ymarferol cyfrinachol i bobl sydd wedi cael eu treisio neu ymosod arnynt yn rhywiol yn ddiweddar.

[Galop](#):

yn cefnogi pobl LHDT+ sydd wedi profi cam-drin a thrais

[SurvivorsUK](#): yn darparu cymorth i oroeswyr gwrywaidd ac anneauaidd trais rhywiol, ac yn darparu cwnsela, cymorth ymarferol a chymuned ar eich taith iachâd.

[Cymorth Cam-drin Rhywiol Llywodraeth y DU](#) i ddioddefwyr trais a cham-drin rhywiol.

[Help y GIG ar ôl trais rhywiol ac ymosodiad rhywiol](#): gwybodaeth ar wefan y GIG am ble i ddod o hyd i gymorth os ydych chi wedi dioddef ymosodiad, trais neu gamdriniaeth rhywiol.

[Y Samariaid](#): cymorth i unigolion sy'n cael trafferth ymdopi ac sydd angen unigolyn i wrando heb farn na phwysau.

Canllawiau Technegol y Comisiwn Cydraddoldeb a Hawliau Dynol

Hawliau Menywod: Elusen sy'n ymroddedig i ddarparu cyngor cyfreithiol rheng flaen i fenywod sy'n profi pob math o drais yn erbyn menywod a merched yng Nghymru a Lloegr.

Hwb Diogelwch Rhywiol y Cyngor Proffesiynau Gofal ac Iechyd: Codi ymwybyddiaeth o effaith camymddwyn rhywiol, a helpu i wella diogelwch rhywiol defnyddwyr gwasanaethau, y rhai sy'n gweithio ym maes iechyd a gofal cymdeithasol, a'r myfyrwyr a'r dysgwyr ar ein rhaglenni addysg cymeradwy.

Adnoddau'r BMA ynghylch Camymddwyn Rhywiol yn y Gwaith: Gwybodaeth am gamymddwyn rhywiol a'r adnoddau i'ch cefnogi os ydych chi wedi bod yn rhan o ddigwyddiad o gamymddwyn rhywiol, neu os yw rhywun yn ceisio eich cymorth chi.

Managing discrimination from patients and their guardians and relatives (BMA)

Canllawiau Unison ar Aflonyddu Rhywiol: Canllawiau a pholisi model

Pecyn Cymorth TUC Cymru ynghylch aflonyddu rhywiol: Canllawiau a phecyn cymorth

National Stalking Helpline Mae'r llinell gymorth yn cael eu rhedeg gan Ymddiriedolaeth Suzy Lamplugh, ac mae'n rhoi cyngor a gwybodaeth i bobl sy'n credu eu bod yn cael eu stelcio (mae'n cynnwys yr offeryn 'Ydw i'n cael fy stelcio?' 0808 802 0300

Llinell Gyngor i Ddynion/Men's Advice Line Y Llinell Gymorth i ddynion sy'n ddioddefwyr cam-drin domestig 0808 801 0327

BAWSO (Black Association Women Step Out): Yn darparu gwasanaethau atal, amddiffyn a chymorth emosiynol ymarferol i bobl o leiafrifoedd ethnig du (BME) a mudwyr sy'n ddioddefwyr cam-drin domestig, trais rhywiol, anffurfio organau cenhedlu benywod, priodas dan orfod, trais er anrhydedd, caethwasiaeth fodern a masnachu pobl.
0800 7318 147

Canopi Cymorth iechyd meddwl am ddim a chyfrinachol i staff y GIG a gofal cymdeithasol ledled Cymru

Canllawiau GIG Cymru ar gyfer Dioddefwyr Trais ac Ymosodedd

Evidencing Due Regard - Equality Impact Assessment form

These assessments will help to gather and record evidence of due regard to the equality duties. The key purpose to purpose is to provide evidence that the Health Board's decisions are compliant with **statutory requirements for the** Public Sector Equality Duty, Socio-economic Duty, Welsh Language Duty, Human Rights Act and Armed Forces Covenant. See the Equality Betsi net pages for support.

Step 1 Complete Part A

Section 1

- General Information
- Which Assessments are Required
- Links to BCUHB Values and Strategic Equality Objectives
- Wellbeing of Future Generations

Section 2 – Evidence to support assessment

- a. Record of Engagement and Consultation activity
- b. Additional information

Complete Step 2 and 3 if required.

Format as Arial 12 black font.

Step 2

Complete Part B – Equality Impact Assessment (EqIA)

Section 1 - Equality Impact

Section 2 - Human Rights

Section 3 – Armed Forces Due Regard

Section 4 - Welsh Language

Section 5 - Assurance for Compliance

Section 6 – EQIA Action Plan

Section 7 – Equality Risks

Section 8 – Sign Off

[Guidance]

Step 3

Complete Part C - Socio-economic Impact Assessment (SEIA)

Section 1 - Assessment information

Section 2 - Impacts on Socio-economic Duty Domain Areas

Section 3 – SEIA Action plan

Section 4 – Sign Off

[Guidance]

Part A – Information on assessment work required

Section 1 – General information

Title: Sexual misconduct Policy (Draft at 4/2/2025)
Assessment Lead: Jen Dowell-Mulloy
Who has been involved in undertaking this equality assessment: <i>Jen Dowell-Mulloy (EqIA author), Nick Such, (policy author)</i>

Quick guide on what assessments are required: This section will help guide you to which assessments are required for your proposal.			
Types of decision being assessed:	What is being assessed? please tick the one which applies ✓	EQIA Required [Part B]	SEIA Required [Part C]
Strategic policy development with strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions		✓	✓
Health Board Wide Plans. Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)		✓	✓
Business Case/Capital Involvement/Options Appraisal required		✓	✓

Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)		✓	✓
Changes to and development of public services/Closure of Services		✓	✓
Decisions affecting service users, employees or the wider community including (de)commissioning or revised services		✓	✓
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities		✓	✓
Directorate Financial Planning		✓	✓
Divisional policies and procedures affecting staff		✓	
New policies, procedures or practices that affect service delivery	✓	✓	
Large Scale Public Events		✓	
Major procurement and commissioning decisions		✓	✓
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)		✓	✓
Other – please state (seek advice if not sure what assessments are required)			

Equality Impact Assessment	Socio-economic Impact Assessment
Start date: 12/12/2024 Completed date: 4/2/2024	Start date: DD/MM/YY Completed date: DD/MM/YY
If not undertaking EqIA state reason: (note that EqIA is a requirement of the Health Board to evidence compliance to equality legislation)	If not undertaking SEIA state reason: Decision does not require assessment as not of a strategic nature
Please complete the rest of this section if EQIA / SEIA is required.	
Summary of the purpose and aims of the decision / service / policy / function / change being assessed:	

This is a new All Wales policy that has developed in order to put in place a framework to take a proactive approach in:

- educating the workforce in expected standards of behaviour and in
- providing advice, guidance and support to staff who experience inappropriate behaviour.

The need for this policy has arisen in response to new legislation: The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#). The focus of the act is to place a duty on employers to take reasonable steps to prevent sexual misconduct of their employees in the workplace. This will strengthen current protections.

NHS Wales is unequivocal that sexual harassment is unlawful and damaging to victims and must not be tolerated and is committed to taking all reasonable steps to prevent staff members or service users becoming victims of sexual harassment.

The aim of this policy is to provide:

- Information and guidance to deal with cases of sexual misconduct, effectively and sensitively.
- Guidance on the expected standards of behaviour, including information on what are not acceptable behaviours.
- Guidance on safe methods of reporting concerns and incidents and ways of supporting victims of sexual misconduct.

This policy sets out to:

- Raise awareness of what behaviours constitute sexual harassment.
- Help and encourage reporters of harassment of sexual harassment to ask for help and report the incident safely.
- Inform managers and employees of the processes to follow where acts of sexual harassment occur.
- Raise awareness of the serious and harmful impacts of sexual harassment, and the need to deal with cases in a sensitive, supportive, timely and robust manner.
- Help managers refer reporters of harassment of sexual harassment to appropriate support.
- Help employees understand where they can find appropriate support.
- Support the NHS Wales in increasing the reporting of incidents of sexual harassment.

Links to BCUHB values

Indicate any values that relate to the decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

				
Put patients first	Work together	Value and respect each other	Learn and innovate	Communicate openly and honestly
✓	✓	✓	✓	✓

Links to BCUHB Equality Objectives 2020-2024

The health board published the Strategic Equality Plan (SEP) in 2020, for the period 2020-2024. Please indicate which objectives align for this decision / service **Links to BCUHB Equality Objectives** The health board published the Strategic Equality Plan (SEP) in 2024.

Equality Objectives	Tick if decision relates	Any supporting narrative
Achieving equity by...		
A Working in partnership		
B Providing high quality inclusive services		
C Governance and Accountability	✓	
D Being a kind and compassionate organisation	✓	
E Innovation		

Well-being of Future Generations (WFG)

Indicate any goals of the WFG Act that are being considered within the decision / service / policy / function / change being assessed.
please tick the one which applies ✓

 A Prosperous Wales	 A Resilient Wales	 A More Equal Wales	 A Healthier Wales	 A Wales of Cohesive Communities	 A Wales of Vibrant Culture & Thriving Welsh Language	 A Globally Responsible Wales
		✓	✓			

For descriptors of these goals - [Well-being of Future Generations \(Wales\) Act 2015 – The Future Generations Commissioner for Wales](#)

Is the decision / service / policy / function / change being assessed related to, or influenced by, other Policies or areas of work?

It is important to acknowledge how your policy or proposal may affect, or be affected by other policies or areas of work. If you have already completed an EqlA on a previous version of your policy or proposal, please indicate that here.

WP6 Code of Conduct Policy

WP5 – All Wales Respect and Resolution Policy

WP4A – Procedure for NHS Staff to Raise Concerns

WP9 Disciplinary Policy

All Wales Procedure for Addressing Concerns about Capability, Performance and Conduct of Doctors and Dentists – upholding professional standards

HS02 Protecting Employees from Violence and Aggression v2

WP8 Equality, Diversity and Human Rights Policy

BCUHB WP42 Guidance on Dealing with Hate Incidents and Crimes Against BCUHB Employees

BCHUB People Strategy and Plan

Governance Route for this assessment and Executive Sponsor (usually Director level): please state which Committee / Board will scrutinise and approve this assessment:

All Wales stages:

First stage: Deputy Directors (Workforce & OD) Directors Peer Group

Subsequent Stages:

All Wales Governance Business Committee

Local stages:

- Local Workforce Policy Groups
- Workforce Leadership/Partnership Group (or equivalent)
- Equality and Human Rights Strategic Forums (or equivalent, for information)
- Exec Policy Oversight Group (EPOG) (or equivalent for approval)

Section 2 - Evidence to support assessment

a. Record of Engagement and Consultation

The drive towards closer integration of health and social services with improved public engagement is reflected in the aims of [A Healthier Wales](#). This sets out the goal of ensuring citizens are placed at the heart of a whole-system approach to health and social care services and stresses the importance of listening to all voices through continual engagement. We also have a legal duty to engage with people who share protected characteristics and who are socio-economically disadvantaged under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could potentially impact upon people / groups.

Please record here details of any engagement and consultation you have planned / undertaken / or analysed. This may include engagement with patients, carers, communities, stakeholders and staff.

EMAIL COMPLETED ASSESSEMENTS TO: bcu.equality@wales.nhs.uk

For further information and help, please contact the Corporate Public Engagement Team - BCU.GetInvolved@wales.nhs.uk

a. What steps have you taken, or planned in order to engage and consult with people who share protected characteristics and how have you done this? Include consideration for co-design. Consider internal / external engagement, participatory methods and principles of co-design and co-production:

All Wales group established to share insight and feedback from NHS organisations across Wales. This group includes workforce, equality and trades union representatives.

Within BCUHB, engagement has taken place with:

- Equality Champions
- Staff Equality Networks – including Gender Equality Network
- Workforce and OD meetings
- Betsi internal policy consultation pages
- Trade Unions

b. Give a summary on how the decision / service / policy / function / change will be shared? (E.g. dissemination of new policy)

Published on organisations intranet policy pages

Linked to workforce, equality and Health and Safety (Violence and Aggression) pages

Weekly NHS organisations briefings

Any other relevant regular briefings (e.g. Workforce/Equality monthly briefings)

Via people and culture meetings, safeguarding meetings etc.

c. Are there planned arrangements for gathering feedback during implementation of the decision / service / policy / function / change being assessed?

Ongoing feedback on its implementation via the above groups, and via the all Wales consultation process.

d. Summarise any emerging themes from the engagement work carried out:

- Very much needed – to give improved protections to staff experiencing harassment

- Policy needs to include themes from sexual harassment from patients as well as staff and visitors
- Clear and consistent message on what action to take
- Need to have increased confidence in reporting
- Links to other policies need to be reflected and review – such as respect and resolution and code of conduct
- Greater awareness of issues arising from misogyny and sexual misconduct needed in NHS organisations, and indeed in NHS organisations – significant issues arising from the need for culture change in male-dominated 'traditional/long standing' staff groups

e. How has the engagement work influenced / or how will the planned engagement influence your work/guide your policy/proposal? Does the engagement work highlight any opportunities to address adverse impacts?

Yes – ongoing discussion and meeting with All Wales group (see above) has co-produced the policy.

b. Additional information

Evidence to support assessment - your decisions must be based on robust evidence. What evidence base have you used in support?

Additional evidence may include both quantitative and qualitative information, for example evidenced based research relating to protected characteristics, government research and reports, census and nationally recognised public accessible data sets. BCUHB data such as performance data and employment data may also be appropriate to include. All data and information should be disaggregated by protected characteristics where possible. Please include the source for any information used. Further info on Betsinet: [EqlAs - Equality Impact Assessments \(sharepoint.com\)](https://sharepoint.com)

At March 2022, the NHS workforce across Wales was 91,492 people.

Over the last six years, "Anxiety / Stress" have been the one of the top most common known reasons for sickness.

Key equality monitoring information: Source: heiw.nhs.wales/files/nhs-wales-workforce-trends-as-at-31-march-2022/

- Overall, within NHS Wales, 76% of the workforce is female. Every staff group has a higher percentage of females in the workforce than males, except for Medical and Dental where males account for 55%. The staff group with the largest percentage of females is the Nursing and Midwifery workforce where females account for 91%.
- Staff of Black / Asian / Mixed and Other ethnic groups make up 7% of the overall workforce, however, this figure may vary as 12% of staff have not stated or not entered in the ethnic details into their Electronic Staff Record and some entries may have incorrect details.
- Of the staff that have completed this information in ESR, 6% are not of a UK nationality. With 15% of staff having a nationality listed as unknown
- Of the staff that have completed this information in ESR, 6% are not of a UK nationality. With 15% of staff having a nationality listed as unknown

Research: A [2021 survey from the BMA](#) reported 56% of women respondents had received unwanted verbal conduct relating to their gender, as did 28% of men respondents. The report also revealed that 31% of women respondents experienced unwanted physical conduct in the workplace as did 23% of respondents who were men. Key findings include:

- 91% of women respondents had experienced sexism at work within the past two years
- 84% of all respondents said there was an issue of sexism in the medical profession
- 28% of men respondents said that they have/had more opportunities during training because of their gender, in comparison to 1% of women respondents
- 74% of all respondents think that sexism acts as a barrier to career progression
- 42% of all respondents who witnessed or experienced an issue relating to sexism in the past two years chose not to raise it with anyone
- 61% of women felt they were discouraged to work in a particular specialty because of their gender, with 39% going on to not work in that specialty –
- 70% of women respondents felt that their clinical ability had been doubted or undervalued because of their gender, in comparison to 12% of men –
- 31% of women respondents experienced unwanted physical conduct in the workplace as did 23% of men respondents
- 56% of women respondents had received unwanted verbal conduct relating to their gender as did 28% of men respondents

Surviving in Scrubs¹ note from research that 42.3% of incidents included sexual harassment and 36.8% included sexism, 20.6% of incidents involved sexual assault, 1.9% rape. 50% of incidents occurred in patient facing environments including hospital wards, theatre, and clinics. Survivors reporting to Surviving in Scrubs have said they want to feel safe to work in a healthcare environment free from sexist discrimination and sexual violence. Prevention of these behaviours is our definitive aim. However, whilst these behaviours still occur, survivors wish to be listened to and to be believed. They urgently need access to a sensitive and safe pathway to report sexual violence that can be anonymous if they wish, to continue to work without the risk of losing their job or future career, and to receive specialist accessible support.

Sexual misconduct is traumatic for the victim, and causes long lasting detrimental impacts that manifest in a range of different ways. Victims report professional, financial and emotion effects of sexual misconduct. Victims often report threats that their careers could be damaged as a result of reporting sexual misconduct. Victims have also reported being blamed for being harassed, or feel that they were punished by being moved to another department or role because they raised a complaint.

The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#). The focus of the act is to place a duty on employers to take reasonable steps to prevent sexual misconduct of their employees in the workplace.

Other information has been looked at in the development of this policy which has included:

[ACAS](#): helpline for anyone experiencing workplace related issues including sexual harassment/misconduct.

[Rights of Women](#): have free legal advice lines for women who have experienced domestic abuse, sexual violence and sexual harassment/misconduct at work.

[Surviving in scrubs](#): provide support, share survivor stories and campaign to end sexism, harassment, and sexual assault in the healthcare workforce.

[Rape & Sexual Abuse Support Centre \(RASASC\) North Wales](#) provides information, specialist support and therapy to anyone aged 3 and over who has experienced any kind of sexual abuse or violence either recently or in the past.

¹ [Surviving Healthcare Report](#)

[Live Fear Free](#) provides help and advice about violence against women and men, domestic abuse and sexual violence.

[Rape Crisis England and Wales](#): 24/7 helpline that can provide immediate support if you have experienced sexual misconduct.

[Galop](#): support LGBT+ people who have experienced abuse and violence

[SurvivorsUK](#): provide support to male and non-binary survivors of sexual violence, providing counselling, practical help and community on your healing journey.

[A list of support services on the Government's website](#): for victims of sexual violence and abuse.

[Victim Support](#): provide specialist help to support victims of crime to cope and move on to the point where they feel they are back on track with their lives.

[NHS help after rape and sexual assault](#): information on the NHS website about where to find support if you have been sexually assaulted, raped or abused.

[Samaritans](#): support for anyone who's struggling to cope, and who needs someone to listen without judgement or pressure.

[Equality and Human Rights Commission Technical Guidance](#)

End of Part A

Part B – Equality Impact Assessment with Human Rights

Section 1 - Equality Impact Assessment

Assessment – due regard relating to people / group who share protected characteristics

This section should record any known or potential impacts for those who share protected characteristics and other key groups. Impacts may be both negative and positive and the assessment will help to identify how different groups may be disproportionately impacted. Include consideration for any intersectional impacts. Evidence can link to Part A. You can copy and paste this tick: ✓

Age	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

This policy should help to provide improved protections for staff of all ages across the organisation. Surviving in scrubs report notes:

- that the youngest age band was more likely to report unwanted physical conduct from senior doctors (19% versus 12% overall) and from patients/relatives (28% versus 18% overall)
- The extent to which respondents feel able to raise issues varies by age, with younger doctors (age 26-35) experiencing or witnessing an issue but not reporting it being much higher at 54% compared with 42% overall. Junior doctors were more likely to not report an issue they experienced or witnessed (FY 68%, higher grades 49% versus 42% overall)².

Research indicates that victims of sexual harassment can occur with any age and perpetrators can be of any age.

The policy should have a positive impact for protecting staff from harassment.

Mitigation action if adverse impact found:

² [sexism-in-medicine-bma-report.pdf](#) Page 11

Although no adverse impact is currently identified, further considerations may be required in its implementation for encouraging and creating a culture where younger staff feel able to report an incident they have witnessed. This may link to Active Bystander Programmes and Culture Change work across NHS Wales.

Disability (including long term conditions, mental health, neurodivergence and invisible impairments)	Positive effect	Negative effect	Neutral
Evidence / supporting narrative: There is currently limited information about sexual harassment and disabled NHS staff in Wales, however it is generally accepted that sexual harassment can have an adverse impact on staff mental health and general wellbeing. A 2015 study in the EU found that 61 per cent of disabled women experiences sexual harassment at work and in education since the age of 15 compared to 54 per cent of non-disabled women. A survey by the TUC published in 2021 found that nearly 7 in 10 (68 per cent) of disabled women have experienced some form of sexual harassment at work. This compares to around half (52 per cent) of women in general. Younger disabled women³ are even more likely to have experienced sexual harassment with almost four out of five (78 per cent) reporting being sexually harassed at work. Data from NHS Employers (England) via the Workforce Disability Equality Standard highlights that disabled staff are more likely to experience harassment, bullying and abuse at work. We have not currently found any adverse impact of this policy in regards to disabled people. Due to the intersectional nature of harassment of disabled staff, this policy should provide improved protections against sexual harassment.	✓		
Mitigation action if adverse impact found: Although no adverse impact is currently identified, further considerations may be required in its implementation with information to meet the communication needs of people with sensory loss / impairments.			

Sexual Orientation	Positive effect	Negative effect	Neutral
	✓		
Evidence / supporting narrative: There is currently limited information about sexual harassment and sexual orientation across NHS staff in Wales. ESR systems which record staff sexual orientation has a high percentage of non disclosure which makes it difficult to draw any links with reporting and sexual orientation. Stonewall³ note that sexual harassment in the workplace has the potential to affect everyone. The sexual harassment of LGBT people, or those perceived to be LGBT, often intersect with homophobic, biphobic and transphobic attitudes, abuse and discrimination. It is difficult to draw conclusions if staff deciding not to disclose their sexual orientation is due fear of sexual harassment. There is some international studies that suggest that LGBTQ+ people at high school are more likely to experience sexual harassment compared to heterosexual counterparts and were more likely to report incidences. ⁴ Data* shows that more women experience sexual misconduct than men and that black, ethnic minority, disabled and LGBTQ+ people experience sexual harassment and abuse at a disproportionate rate. Intersectional harassment occurs when the harassment relates to one or more protected characteristic. *2020 Sexual Harassment Survey (publishing.service.gov.uk) The policy should have a positive impact for sexual orientation groups. The policy states that the sexual misconduct can happen to anyone, regardless of their sex, gender identity, or sexual orientation, and can be carried out by an individual of any background or identity.			
Mitigation action if adverse impact found:			

³ [SHW0020 - Evidence on Sexual harassment in the workplace](#)

⁴ [Do Sexual Minorities Face Greater Risk for Sexual Harassment, Ever and at School, in Adolescence?: Findings From a 2019 Cross-Sectional Study of U.S. Adults - Davey M. Smith, Nicole E. Johns, Anita Raj, 2022](#)

Although no adverse impact is currently identified, further considerations may be required in its implementation with encouraging LGBTQ+ staff to report incidents.

Gender Reassignment / Gender identity
(including non-binary, gender fluid and intersex)

**Positive
effect**

Negative effect

Neutral

✓

Evidence / supporting narrative:

There is currently limited information about sexual harassment and gender identity NHS staff in Wales. ESR systems which record staff equality information does not currently record gender identity.

Stonewall⁵ note that sexual harassment in the workplace has the potential to affect everyone. The sexual harassment of LGBT people, or those perceived to be LGBT, often intersect with homophobic, biphobic and transphobic attitudes, abuse and discrimination. Stonewall knows that LGBT people continue to face discrimination, abuse and violence in the workplace. YouGov polling of over 2,000 lesbian, gay and bi people for Stonewall's Gay in Britain (2013) found that one in five lesbian, gay and bi employees had experienced verbal abuse from their colleagues. Additionally, YouGov polling of 871 trans and non-binary people (as part of a over 5,000 LGBT people surveyed for the LGBT in Britain series) for Stonewall's LGBT in Britain: Trans Report, found that one in eight trans employees (12 per cent) have been physically attacked by colleagues or customers in the last year. Furthermore, many LGBT people alter their behaviour or appearance in order to hide or disguise the fact that they are LGBT. For example, half of trans and non-binary people have hidden or disguised the fact that they are LGBT at work because they were afraid of discrimination.

Data* shows that more women experience sexual misconduct than men and that black, ethnic minority, disabled and LGBTQ+ people experience sexual harassment and abuse at a disproportionate rate. Intersectional harassment occurs when the harassment relates to one or more protected characteristic.

***2020 Sexual Harassment Survey** (publishing.service.gov.uk)

⁵ [SHW0020 - Evidence on Sexual harassment in the workplace](#)

The policy should have a positive impact in regards to transgender, non binary and gender fluid people as it will provide improved protections to anyone experiencing sexual harassment. The policy states that the sexual misconduct can happen to anyone, regardless of their sex, gender identity, or sexual orientation, and can be carried out by an individual of any background or identity.

Mitigation action if adverse impact found:

Although no adverse impact is currently identified, further considerations may be required in its implementation with encouraging transgender, non binary and gender fluid staff to report incidents.

Sex / Gender	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

This policy should help to provide improved protections for staff for females and males across the organisation.

Surviving in scrubs report was based on mainly female responses (95.9%) and noted that victims and perpetrators can be either sex, however was more likely for a perpetrator to be male and survivors more likely to be female. Stories collated as part of Surviving in Scrubs ⁶work highlight:

- systematic and institutional sexism and sexual violence within healthcare in the healthcare workforce.
- significant power imbalance between powerful senior male staff perpetrating sexual violence to junior female staff members in healthcare, in a normalised culture of sexism, entitlement, and the devaluing of women staff.

Data* shows that more women experience sexual misconduct than men and that black, ethnic minority, disabled and LGBTQ+ people experience sexual harassment and abuse at a disproportionate rate. Intersectional harassment occurs when the harassment relates to one or more protected characteristic.

***2020 Sexual Harassment Survey** (publishing.service.gov.uk)

⁶ [Surviving Healthcare Report](#)

The policy should have a positive impact for sex. The policy states that the sexual misconduct can happen to anyone, regardless of their sex, gender identity, or sexual orientation, and can be carried out by an individual of any background or identity. There is an acknowledgement in the policy of gender power imbalances.

In reporting incidents, a range of options are given. This may be helpful for those who don't wish to report to someone of the same sex or even wish to report anonymously. There is also an inclusion of wording for staff who witness an incident. Witnesses are encouraged to report.

Mitigation action if adverse impact found:

Race (including ethnicity)	Positive effect	Negative effect	Neutral
	✓ overall	✓ Culturally sensitive	

Evidence / supporting narrative:

This policy should help to provide improved protections for staff that experience sexual harassment. There is limited information regarding prevalence of sexual harassment and race across NHS Wales. Data used by NHS England notes that

Data* shows that more women experience sexual misconduct than men and that black, ethnic minority, disabled and LGBTQ+ people experience sexual harassment and abuse at a disproportionate rate. Intersectional harassment occurs when the harassment relates to one or more protected characteristic.

***2020 Sexual Harassment Survey** (publishing.service.gov.uk)

There are also links of this policy to the Anti Racist Action Plan for Wales, in which aims to improve experiences of diverse ethnic groups.

The policy references cultural considerations; “When dealing with a sexual harassment case, cultural sensitivity may be required. This may apply to the reporter of harassment, the perpetrator and any witnesses. Cultural attitudes may be a factor within some cases and these need to be considered in understanding the situation. However, cultural attitudes are not accepted as an excuse or mitigation for sexual harassment.”

Mitigation action if adverse impact found:

Although no adverse impact is currently identified, further considerations may be required in its implementation in regards to ensuring that ethnically diverse groups feel confident in reporting.

Religion and Belief (including non-belief and Philosophical belief)	Positive effect	Negative effect	Neutral
			✓

Evidence / supporting narrative:

This policy should help to provide improved protections for staff that experience sexual harassment. There is limited information regarding prevalence of sexual harassment and religion across NHS Wales.

Beliefs and cultural beliefs may intersect with sexual harassment and link with the cultural sensitivities as documented above.

Mitigation action if adverse impact found:

Refer to Race section.

Pregnancy and Maternity	Positive effect	Negative effect	Neutral
			✓

Evidence / supporting narrative:

This policy should help to provide improved protections for staff that experience sexual harassment. There is limited information regarding prevalence of sexual harassment and staff who are pregnant or recently given birth across NHS Wales, however the BMA⁷ reports that discriminatory behaviours and sexism were reported in terms of pregnancy.

Mitigation action if adverse impact found:

None currently identified.

Marriage and Civil Partnership

Positive
effect

Negative effect

Neutral

✓

Evidence / supporting narrative:

This policy should help to provide improved protections for staff that experience sexual harassment. There is limited information regarding prevalence of sexual harassment and staff who are married or in a civil partnership.

Mitigation action if adverse impact found:

None currently identified.

Other groups at risk of poorer health outcomes:

Unpaid Carers

Positive
effect

Negative effect

Neutral

✓

Evidence / supporting narrative:

No impacts currently found with regards to staff who are unpaid carers.

⁷ [sexism-in-medicine-bma-report.pdf](#)

Mitigation action if adverse impact found:			
None currently identified.			
Socio-economically disadvantaged	Positive effect	Negative effect	Neutral
			✓
Evidence / supporting narrative:			
This policy should not have any adverse impact in terms of staff who experience socio economic disadvantage.			
This assessment acknowledges that staff may feel reluctance to report incidences of sexual harassment (either as the victim or witness) due to the fear of repercussions on their job security and making it difficult to keep working within their team and post. This fear relating to their employment security may be a factor in the confidence to report.			
Surviving in Scrubs ⁸ noted Survivors described feeling fearful, concerned about the risk to their career, humiliation, and repercussions from the perpetrator and their peers. This could be heightened when the perpetrator was in a position of authority or seniority, for example their line manager or supervisor.			
Mitigation action if adverse impact found:			
Although no adverse impact is currently identified, further considerations may be required in its implementation in regards to ensuring that staff feel confident in reporting and that this will not impact negatively on their employability, and future progression.			
Other groups / communities of interest - please state Students on placement Volunteers	Positive effect	Negative effect	Neutral
			✓

⁸ [Surviving Healthcare Report](#) (page 19)

Explanation: Students and volunteers on placement within the organisation are included within the policy.
Mitigation action if adverse impact found: Although no impact is found, consideration will be needed in the implementation of the policy to ensure that students on placement and volunteers working within the organisation are aware of the policy.
Intersectional disadvantages - summary potential impacts – this may include how potential impacts may be more adverse due to the interconnected nature of multiple disadvantages. The policy should have an overall positive impact for anyone who experiences or witnesses an incident of sexual harassment. For people who share a protected characteristic, there may be wider disadvantages and discrimination faced. This policy should be viewed as one aspect of strengthening support and protections for staff who share protected characteristics. Monitoring and implementation of the policy should consider issues around cultural sensitivities, and intersecting issues that may relate to homophobia, transphobic and sexist / misogynist behaviours. Although individuals may feel that other parts of their background and identity may be a factor of the sexual harassment experienced, they may not always wish to disclose this.

Section 2 – Human Rights Assessment

Assessment – based on human rights based approach in health Do you think that this policy will have a positive or negative impact on people's human rights? For more information on Human Rights, see our Betsi pages and additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker https://humanrightstracker.com	
Here is a list of Human Rights (articles) and UN Conventions that may potentially impact on our patients, carers and staff. Please tick which are relevant to the proposal?	Use a tick ✓
Article 2 - Right to life	

Article 3 - Prohibition of inhuman or degrading treatment	
Article 5 - Right to liberty and security	
Article 8 - Right to respect for family and private life	✓
Article 9 - Freedom of thought, conscience and religion	
Article 14 – Prohibition of discrimination	✓
UN Convention on the Rights of the Child	
UN Convention on the Rights of Persons with Disabilities	
UN Convention on the Elimination of All Forms of Discrimination against Women.	✓
UN Principles for Older Persons	
Other articles – <i>please state:</i>	

Is the proposal aligned to the FREDA principles? You can copy and paste this tick: ✓

Fairness	Respect	Equality	Dignity	Autonomy
✓	✓	✓	✓	✓

If any negative impacts are identified, how will this be reduced/addressed?

Section 3 – Armed Forces Covenant

All decision makers are required under the Armed Forces Act 2022 to have due regard to the principles of the Armed Forces Covenant. WP7 contains guidance and information to help complete this section. Decision makers should recognise the unique obligations of, and sacrifices made by, the Armed Forces and ensure there are no adverse effects and where possible a positive or increased positive effect on the armed services community. Special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

Due regard to the Armed Forces Covenant - Factors regarding impact to the Armed Forces community have been considered. You can copy and paste this tick: ✓	Positive impact	Negative impact	Neutral / No impact

Considering the unique obligations of, and sacrifices made by, the Armed Forces have you identified any potential impacts?			✓
Reasons for your decision (including brief summary that has led you to decide on the level of impact) If any negative impacts have been identified, how will this be reduced/addressed? Include here any special provisions if appropriate. No impacts have been currently identified in relation to staff who are veterans and/or part of the armed forces community.			

Section 4 – Welsh Language

In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.

Welsh Language Impact Assessment You can copy and paste this tick: ✓		
Will the proposal ensure that patients and carers can choose to live and receive services through the medium of Welsh? For example - delivered bilingually in Welsh & English. e.g. Consider if the proposal increase or decrease the opportunities for people to receive information or access information in Welsh.	Yes	No
	✓	
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: No change to current provisions regarding welsh language. The policy includes a statement regarding Welsh Language.		
Will the proposal have an effect on opportunities for persons to use the Welsh language?	Yes	No
	✓	

Will the proposal encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh? e.g. Consider if the proposal will alter the linguistic nature of the department. Consider opportunities to develop Welsh language skills within the department?		
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: No change to current provisions regarding welsh language.		
Will the proposal act as a catalyst for Welsh cultural awareness, understanding, activity and integration? For example, encouraging new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales.	Yes	No
		✓
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: There will not be a change to the current welsh language provision. The policy includes a statement regarding Welsh Language.		
Will the proposal increase or reduce the department/division's ability to deliver services through the medium of Welsh? <i>e.g. Considerations for the proposal ensuring that people can access services in their preferred language, Welsh or English, and increases or reduces the opportunity for persons to use the Welsh language within the workplace. Consider impacts on the number of Welsh speaking staff within the service and if the proposal increases or reduces the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh.</i>	Yes	No
		✓

Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:

There will not be a change to the current welsh language provision. The policy includes a statement regarding Welsh Language.

Will the proposal treat the Welsh language no less favourably than the English language?

Yes

No

e.g. Consider how Welsh speakers receive services to the same standard as those who access the same services through the medium of English.

✓

Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:

There will not be a change to the current welsh language provision. The policy includes a statement regarding Welsh Language.

Section 5 – Summary of assurance for compliance – Public Sector Equality Duty and Human Rights

Equality Legal Duties – summary of compliance

Has BCUHB given due regard and given consideration for this proposal with the following:

Eliminating unlawful discrimination, harassment, and victimisation?

Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic

Yes

Advancing equality of opportunity between people who share a protected characteristic and those who do not?

Making sure that people are treated fairly and given equal access to opportunities and resources

Yes

Fostering good relations between people who share a protected characteristic and those who do not?

Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference

Yes

Are there any potential Human Rights concerns?	No
Compliance to the Welsh Language requirements?	Yes
Compliance to giving 'due regard' to the principles of the Armed Forces Covenant?	Yes
Supporting narrative to support the above responses: <i>This section must be completed</i> This assessment has considered the impacts of the policy on those who share protected characteristics. The implementation of this policy should help and guide NHS organisations to embed the new legislation –The Worker Protection Act. Although this assessment has not found any significant adverse impacts, it has raised the issue of cultural competency and wider issues of intersectionality in which certain groups may feel low confidence in reporting. This may require wider system work in regarding to creating an inclusive work culture.	
Do you consider the evidence used in this assessment to be robust? If you answer no, address this in the action plan (section 6)	Yes
Has this assessment been subject to scrutiny / been reviewed?	Yes

Section 6 – EQIA Action Plan and Recommendations

This needs to address negative impacts, which may represent a potential equality risk. All equality risks should be reviewed in line with BCUHB risk management procedures. Include any positive action.

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/ owner

Considerations for implementation – targeted approaches	Acknowledgement of importance of disseminating policy and raising awareness.	Integrate within comms	2025	Through All Wales working group and organisation equality champions and networks	Nick Such

Section 7 Equality Risks

This section helps you work out the level of risk posed by any equality related risks identified above. Guidance is available [here](#) on completing this section, which may be helpful if you are not familiar with risk score analysis. If you have not identified any equality risks, please note this in the narrative box below. Examples include retrospective assessments and decisions that treat a protected characteristic unfavourably without objective justification.

Equality Related Risk Assessment Section					
If you have identified an equality risk, please use the table below to work out the risk score. Use the table below to record the highest risk score. If you have a score of 9 and above you should escalate to risk management procedures .					
	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25

If you have identified an equality risk: What is the consequence? Minor 2 What is the likelihood? Possible 3 Risk score = consequence x likelihood	Risk Score = 6
Any narrative relating to risk score: No current significant risk is identified. There is an increased risk if this policy is not in place to meet the statutory requirements of the new legislation.	

Section 8 – EQIA Sign off

Name of persons who signed-off this Equality Impact Assessment (see below):

As per the Health Board's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Health Board as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.

Approval Date:

Review Date:

Project Lead Sign-off I confirm that this Equality Impact Assessment has been carried out in accordance with Betsi Cadwaladr University Health Board's WP7 Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language	Equality Team Sign-off (required when both EQIA and SEIA is required) I confirm that I have reviewed this Equality Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.	Committee Chair Sign-off I confirm that this Equality Impact Assessment represents evidence that we (The Health Board), in making this decision, have given due regard to the need to: 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

requirements and Armed Forces Covenant. Signed: Nick Such (Project Lead)	Signed: Jen Dowell-Mulloy (Equality and Inclusion Manager)	2. Advance equality of opportunity between people who share a protected characteristic and those who do not. 3. Foster good relations between people who share a protected characteristic and those who do not. Signed: (Committee Chair)

End of Part B. Part C not required.

End of assessment

Welsh Ambulance Services University NHS Trust

All Wales Anti-Sexual Harassment Policy



WAST

Implementation Plan



GIG
CYMRU
NHS
WALES

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

OUR JOURNEY SO FAR

WAST VOICES



Understanding the concerns
Engagement with staff
Data from bespoke surveys and annual staff surveys



TRAINING AND RESOURCES
Sexual Safety Awareness Training
OUR WAST Way
NHSE E-Learning
Compassionate Leadership
Investigating Officers



POLICY DEVELOPMENT
All Wales Anti-Sexual Harassment Policy
All Wales Disciplinary Policy Review
Speaking Up Safely Framework



CULTURAL REVIEWS

Learning from internal reviews and from other organisations
MET Police, NHSE Ambulance Trusts, Fire Service



SPEAKING UP SAFELY

Digital Platform to raise concerns
SUS Guardian Role
Created a small team with dedicated Guardians



CONTINUOUS LEARNING

Sharing best practice internally and externally
Partnership working with safeguarding Team
Presentations at national conferences
External training delivered by topic experts



All Wales Sexual Harassment Policy

Communication and Engagement Plan at a Glance



Siren & Screensaver

Find copies of the policy and learn more about our sexual safety plans and training courses



Poster Campaign

Look out for our poster campaign with links to our online training - displayed at all stations



CEO Roadshows

Speak to our Culture Team at the CEO Roadshows to learn more



WAST Voices Q&A Panel

Put your questions to our Director of Culture Change and TU Reps



Further Training

Social Partnership Training for TUPs and DOMS
Safeguarding Training and expert led training

Viva Engage

Check out our posts on Viva Engage to learn more



People Networks

Find out what support our People Networks can offer



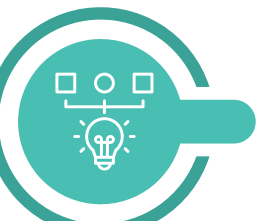
WAST Live

Ask our Executives a question on WAST Live



Sexual Harassment Awareness

Book onto a training session to learn more and boost your CPD



Professional Boundaries Training

In depth training for line managers





WHOLE ORGANISATION APPROACH



Executive Leadership

Lead by example and use influence to drive improvements
Convey key messages at WAST Live, CEO Roadshows, etc
Lead discussions at executive committees



Line Management

Identify and manage team behaviours
Facilitate and encourage team attendance at training



People Networks

Promote key messages and host expert led awareness sessions
Act as a bridge between senior management and frontline staff



TUPs

Support Line Managers to resolve issues
Engage in partnership working and promote key messages



All Staff

Demonstrate Trust behaviours to help enable positive workplace cultures and sexual safety in the workplace.

Leadership Action for All

Be an Ally and Active Bystander

Call out misogyny and sexist behaviour in the workplace and take action

Amplify the Message

Promote key messages and ensure that sexual safety remains a key priority for the Trust

Support Others

Listen to concerns and support others
Signpost to appropriate support

Lead By Example

Demonstrate Trust behaviours and values
Attend training to increase knowledge and understanding



Training - Embed Policy into existing training offer

Training Course	Description and Progress to Date	Further Actions and Support Required
Sexual Safety General Awareness	• Bespoke training for Welsh Ambulance Service • CPD Accredited • Online Monthly Sessions • In-person for teams	• Continue to roll out training (Ongoing) • Training to be included in Contact Centre New Staff Induction Programme (Sept 2025 - Jan 2027) • Line managers to encourage and support staff attendance
Professional Boundaries and Inappropriate Behaviours	• Part of Our WAST Way Leadership and Management Programme • Designed to support Managers in recognising and managing inappropriate behaviours in a preventative way for early resolution and to avoid escalation • Links to Allyship and Active Bystander Training • In person training delivered to whole teams • Delivered to EMS Cardiff, EMS AB West, Resourcing	• DOM Training at TUP Social Partnership Conference Sessions (Jan 2026 - Mar 2026) • Offer delivery at Team Away Days and Development days • Senior Managers to encourage and facilitate delivery • Signpost to training in key communications to promote the Anti-Sexual Harassment Policy
National Training	• NWSSP Sexual Harassment Session delivered to People and Culture Team and TUs	• All Wales People Professionals to develop NHS Wales sexual safety training resources (Nov 2025 - Mar 2026) • WAST Voices to host expert led training sessions on specific topics

Promotion of Policy across the Trust

Promotion	Description and Progress to Date	Further Actions and Support Required
WAST Voices	• Hosted a series of specialised training sessions with Connect Futures: ◦ The Manosphere ◦ Sexism and Social Media ◦ Institutional Sexism • Supported sexual safety workshops at the TU Social Partnership Conference	• Host a Q&A Panel with Exec Sexual Safety Lead, TUPs, NWSSP (Jan 2026) • Support policy promotion and communications campaign • Continue to facilitate staff engagement to amplify the voice of staff and influence culture change within the Trust (Ongoing)
Comms and Online Support	• Dedicated online resource page on SIREN ◦ Sexual Safety ◦ Speaking up Safely ◦ Safeguarding ◦ Violence and Aggression • Links to external support agencies	• Planned Screensaver Communications (Nov 2025) • Promotion of policy via staff communication channels (Nov 2025 - Dec 2025) • Key messages around policy to be promoted at WAST Live / CEO Roadshows and leadership events (Nov 2025 / Apr 2026)
Update Reports and Governance Assurance	• Sexual Safety has remained visible as a key agenda item at Board level via: ◦ Regular reporting to Trust Board Members ◦ Regular reporting to People and Culture Committee	• Policy to be approved via internal governance structure ◦ Policy Group September 2025 ◦ ELT October 2025 ◦ PCC November 2025 • Continue to monitor sexual safety updates at ELT, Committee meetings and Trust Board

Support for Policy Implementation

Support	Description and Progress to Date	Further Actions and Support Required
People Services	• 3 x Investigators • Expert advice and support for case management • Active participant in the review of All Wales Disciplinary Policy	• Lead an engagement session with TUs and key staff on Policy Implementation (Nov 2026) • Contribute to the development of Disciplinary Policy national training programme (May 2026)
Speaking Up Safely Guardian	• SUS Guardian appointed to enable anonymous and confidential reporting • Work in Confidence Platform • SUS Team development	• Continue to identify trends to inform further support and training requirements (Ongoing)
Safeguarding	• Safeguarding Policy Development to support Sexual Safety agenda ◦ Prevent Policy ◦ Safeguarding Children and Adults at Risk Policy ◦ Management of Allegations Policy • Safeguarding Level 3 Training provided to key members of staff to further understand sexual harassment and sexual assault	• Continue to support promotion of policy and safeguarding training delivery (Ongoing)



GIG
CYMRU
NHS
WALES

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

WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT) HIGHLIGHT REPORT

This highlight report provides the reader with details of the key areas discussed at the last WASPT meeting. The report is intended to be used to communicate the work of this Board advisory group to the People and Culture Committee and the wider organisation. Areas that require the attention of the People and Culture Committee are set out in the Alert section.

WASPT Meeting Date All WASPT meetings are held in person	23 September 2025
People and Culture Committee Meeting Date	13 November 2025
Chair	Rachel Marsh

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the People and Culture Committee to areas of attention)

1. No alerts arise from this meeting for the People and Culture Committee's attention.

ADVISE

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

2. The Welsh Government has accepted the 2025/26 NHS Pay Review Body recommendations, confirming a 3.6% consolidated pay increase for Agenda for Change staff from 1 April 2025. Trade Union partners updated the meeting on the position of their respective unions on **potential industrial action** over the pay award. There is a meeting of Full Time Officers and the Cabinet Secretary on 29 September and, other than Unison, all other unions are awaiting the outcome of that meeting before further action is taken. Unison has issued a letter outlining the basis of their dispute, which centres on pay, which should be with the Interim CEO shortly.
3. It was agreed that the **spotlight item in Siren** will focus on overruns and round two of the social partnership work.
4. The **WASPT workshop** that followed the meeting was a risk management session.
5. Members **reflected** that the discussion on overruns was robust and constructive with thanks to the Chair and leadership team for affording it the additional time on the agenda that it needed. It highlighted the importance of being mindful of the language we use, while also reinforcing the value of respectful challenge.



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ASSURE

(Detail here any areas of assurance)

6. Three issues were raised by Trade Union Partners as a result of their pre-meet, and they included the industrial injury process, overruns and the rate of change in the integrated care department. The key areas of note are:

Industrial Injury Process

- The process is currently under review in partnership. Concerns were raised by Trade Union Partners as to the quality of submissions, staff presenting their cases rather than it being a paper exercise, and a potential imbalance information managers and staff can access. The Executive Leadership Team will review the process and return it to WASPT for further consideration.

Overruns

- The issue of overruns was also included in the SLT/AAA. Overruns continue to affect operational hours, increase TOIL accruals and contribute to a very poor working experience for many. While internal efforts have been ongoing illustrating marginal improvement, new proposals are being trialled, including better application of shift start and finish SOP and seeking to implement cohorting at end of shift in YGC. These are being modelled further, with subgroup work planned to deliver outcomes before winter. It was acknowledged that improvements in lost hours alone will not resolve the issue, and broader action is needed.
- There was a perception that earlier discussions lacked sufficiently senior decision-makers. However, it was emphasised that the heads of service involved were senior leaders in their own right, with the authority and expertise to contribute meaningfully to the process.
- Concerns were raised about the disconnect between bluesky thinking proposals and the modelling outcomes. The need for clinical scrutiny and balanced consideration of patient safety and staff wellbeing was emphasised.
- The emotional toll of overruns on staff was strongly acknowledged. There is a recognised need for a Health and Safety risk assessment that captures the impact on stress and family life however this is to be included in the wellbeing assessment being charged by People Services. The importance of modelling not just operational outcomes but also the potential positive effects on staff experience and wellbeing was highlighted. Occupational health and health and safety teams are expected to lead on this, with TUPs feeding into the process.
- Next steps and continued engagement: There was consensus that the issue requires urgent and continued prioritisation, joint working and dedicated time. A meeting scheduled for 29 September was noted as insufficient in duration, and there was a call to extend it and establish a series of follow-up sessions. The importance of maintaining momentum, revisiting ideas and



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ensuring both operational and staff perspectives are considered in future modelling and decision-making was reinforced. The outcome and outputs of these follow up sessions would come back to both ELT and to WASPT noting the mechanisms and structures that exist beforehand.

Integrated Care

- The pace of change within the Integrated Care department is generating stress and concern among staff. This is being raised here for awareness in the first instance. A staff survey is currently underway to gather feedback covering preparing people for change in relation to the Clinical Model Transformation (CMT), ahead of Phase II Ambulance Performance Framework developments. Further details on the specific changes of concern will be shared with the Executive Director or Operations to ensure they are taken holistically with those closely impacted, including areas such as Clinical Support Desk (CSD), call handlers and the 111 service, noting that discussion was already thought to have taken place between colleagues at local level.
7. An update was provided to WASPT on progress against the **ACAS Action Plan**, originally developed to strengthen working relationships between WAST leadership and trade union partners following the 2022 ACAS review. The plan has evolved to include new actions arising from the May 2025 WASPT development session and feedback from the Social Partnership Conference. The plan is progressing well with no escalations required. Social partnership education modules now available on LMS365 and all staff are encouraged to undertake these.

Local Partnership Forums

8. The **AAA from the Senior Leadership Team/Trade Union Partnership** (SLT/TUP) from 6 August 2025 was received. The issues relating to overruns are included above. No alerts were raised; however, it was noted that the following issues were discussed:
- Issues are being escalated unnecessarily to SLT/TU due to lack of closure and feedback at SOT level, highlighting the need for better communication and ownership at SOT/TU, with deputies to attend if leads are absent
 - Significant vehicle cleanliness issues have been identified, with no current plan in place, requiring urgent operational action and an improvement plan before the new IPC lead starts in September.
 - Removal of rear-view video screens in ambulances has raised staff safety concerns, with the group requesting access to legal advice and the opportunity to make representations, emphasising that legal privilege should not override health and safety.
 - The Manchester Arena Inquiry internal audit received substantial assurance, with findings to be presented to ARAC in September, and further audits scheduled for later in the year.
 - A four-month pilot has commenced which aimed to increase available TOIL (time off in lieu) hours. It was emphasised that the 2.5% figure is a minimum not a cap, and all refusals to be reviewed for transparency and further improvement.



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- Proposal to extend SORT opportunities to ACA1 staff is under review, with trade unions to receive written details and provide feedback, ensuring no change to pay or scope without agreement
- The resource policy is being updated with trade union involvement, aiming to publish agreed areas as a living document.
- Phase 2 of the new Ambulance Performance Framework is progressing towards a 1 December go-live, and intensive work ongoing to meet challenging data requirements
- The meeting was positive with constructive engagement, but concerns remain about recurring alerts without clear action plans and the urgency of addressing overruns for staff benefit

9. The **Corporate Partnership Forum** (CPF) met on 22 July 2025, with key updates as follows:

- The Forum agreed the revised terms of reference for endorsement by WASPT, with a change in membership and an open invitation for another Trade Union Partner to join, but a joint Chair is yet to be agreed. These were approved by WASPT.
- A new, clearer procedure for managers on Job Evaluation and Organisational Change was introduced, with Trade Union Partners raising the need for annual job description reviews and monitoring, though resource constraints limit this.
- A new induction programme is being developed to help new starters feel connected and informed, with a pilot scheduled for September or October and Trade Union Partners contributing to content.
- The Quality team is undergoing an Organisational Change Process, with current vacancies not being backfilled, and support being provided by People Services; improvements are being sought in handling general enquiries.
- Governance arrangements are being established for the service review, with a dedicated lead and a Sustainability Programme Project Manager to be appointed, and commercial opportunities being explored.
- Updates are underway for digital reporting, with a directorate overview presented at July's FPC and scheduled for the next CPF meeting.
- Multiple estates and procurement projects are progressing, including Dolgellau, Monmouth, Bangor Workshops, Thanet House, fire safety audits, ISO 14001 retention, cleaning contract tender, EFPMS submission, quinquennial surveys, and a £25m fleet replacement project.
- Issues were raised about flexible working requests being misrouted in ESR and some still using paper forms; actions are being taken to clarify responsibilities, introduce timing triggers, and ensure correct processes are followed.

RISKS

A risk management workshop was held after the WASPT meeting, however this meeting also raised a number of risks in discussions on overruns in particular, both to patients and to our people.



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COMMITTEE AGENDA FOR MEETING

Items raised by TUPs after pre-meet	Industrial action	ACAS actions update
SLT/TU AAA report from 6 August meeting	Corporate Partnership Forum AAA from 22 July meeting and TOR	Siren spotlight comms
WASPT WORKSHOP		
Risk Management		

COMMITTEE ATTENDANCE

Name	30 May 2025	24 July 2025	22 Sept 2025			
Jason Killens						
Mark Marsden (Unison)						
Carl Kneeshaw						
Lee Brooks						
Rachel Marsh		Interim CEO	Interim CEO Chair			
Chris Turley			Ed Roberts			
Andy Swinburn						
Estelle Hitchon						
Trish Mills						
Chair Corporate LPF	Liz Rogers		Liz Rogers			
Unite representative	Christian Fox	Christian Fox Chair	Christian Fox			
Unite representative	Kevin Gamlin	Hugh Parry	Hugh Parry			
Unite representative	Alison Williams	Alison Williams	Alison Williams			
GMB representative	Marcus Viggers	Marcus Viggers	Marcus Viggers			
GMB representative	Jane Wellington-Rees	Mal Jones	Charlie Phillips			
GMB representative						
Unison representative	Mark Marsden		Chris Ferris			
Unison representative	Henry Garrard	Henry Garrard	Henry Garrard			
Unison representative		Carol Roberts	Damon Turner			
RCN representative		Vicky Rees	Vicky Rees			
RCN representative						
RCN representative						

	Attended
	Deputy attended
	Apologies received/Not attended
	No longer member/Not member



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Agenda Item No.

13

REPORT TITLE

Health Safety and Violence & Aggression (V&A) Bi-Annual Report

MEETING

Name of meeting	People & Culture Committee
Date of meeting	13 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Liam Williams, Executive Director of Quality and Nursing
Author(s) of report	Graham Stockford, Deputy Head of Health and Safety

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. This Bi-Annual report provides a comprehensive overview of health and safety performance across the Trust for the first half of the 2025/26 financial year, with updates as of 30th September 2025. It aims to assure statutory compliance, identify emerging risk, and evaluate mitigation effectiveness.



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2. The report alerts the Committee to staffing constraints due to absences in the Health and Safety Team that have impacted capacity, delaying planned improvements. In addition, it notes the deployment of bladeless fans at the Ysbyty Gwynedd's Emergency Department has been delayed due to Estates Team requirements.
3. It advises the Committee on the workload prioritisation exercise undertaken by the Health Safety and V&A Team with 134 activities reviewed and aligned to the department's IMTP deliverables. Additionally, it notes that RIDDOR reporting compliance for Q1 was 95%, but this dropped to 72% in Q2 due to staff leave. with the expectation that this will improve in Q3.
4. Also of note is the collaboration with the Putting Things Right Team which has resulted in an updated Learning from Events SOP and 63% of outstanding non-patient claims being sent to the Welsh Risk Pool for review.
5. The Committee is also advised regarding the improvements in compliance with the Control of Substances Hazardous to Health Regulations, (COSHH) due to a combination of updated COSHH SOP and workplace audits.
6. Trends in violence and aggression (V&A) incidents have been observed, with a noticeable increase in reports during Q2. The V&A Case Manager continues to provide valuable support to staff affected by such incidents.
7. The report offers assurance across several areas, notably the evaluation of noise levels in Ambulance Care vehicles, support for infrastructure projects, and engagement with Local Partnership Forums
8. Assurance is also noted from the work undertaken to ensure hazards are adequately risk assessed, with 61 risk assessment reviewed or created in the first half of the year. This along with the development of the Violence & Aggression Policy and the Lone Worker Policy have increased assurance that the Trust is complying with its duties under the Health, Safety and Welfare Act 1974.

RECOMMENDATION(S)

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

The People and Culture Committee is requested to:

1. Note the content of the report.
2. Support continued focus on improving compliance, reducing environmental risk and strengthening staff engagement on key health and safety measures.



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ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The People and Culture Committee is requested to receive the following:

Annex 1 Health Safety and V&A Bi-Annual AAA.

Annex 2 Health Safety and V&A Report April/September 2025.

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

☒ SO1: Providing the right care or advice, in the right place, every time

☐ SO2: Enabling our people to be the best they can be

☐ SO3: Being at the forefront of innovation and technology

☐ SO4: Developing services in collaboration

☐ SO5: Being quality driven and clinically led

☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

Risk 199 Failure to embed an interdependent and mature health and safety culture which cause harm and breach compliance.

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [\[link to standards\]](#)

☒ Safe

☐ Timely

☐ Effective

☐ Efficient

☐ Equitable

☒ Person Centred

Quality Enablers (select all that apply) [\[link to standards\]](#)

☒ Leadership

☐ Workforce

☒ Culture

☐ Information

☐ Learning Improvement and Research

☐ Whole Systems Approach



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WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to goals\]](#)

☒ A socially responsible and inclusive employer

☐ An innovative and sustainable organisation

☐ A pro-active, accessible and equitable care provider

☒ n/a

☒ n/a

☒ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

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

Does this paper require an impact assessment

☒ No

☐ Yes

If yes, what impact assessment is attached

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
2 October 2025	National Health, Safety & Welfare Committee
13 November 2025	People and Culture Committee

Health Safety and V&A Bi-Annual Report 2025

AAA REPORT TO PEOPLE and CULTURE COMMITTEE MEETING

The Alert Advise Assure Highlight Report provides a concise overview of health and safety performance throughout the organisation for the Q1/2 of the 2025/26 financial year. Additionally, it provides updated positions on items where applicable as of 30th September 2025. The purpose of the AAA is to provide assurance regarding the Trust's statutory compliance, identification of emerging risks, and the effectiveness of mitigating actions in place.

Meeting Date	13 th November 2025
Author	Graham Stockford

KEY ESCALATION AND DISCUSSION POINTS

ALERT

H & S Strategic Plan

1. Staff absence within the Health and Safety team has creating capacity issues that has limited the development of identified improvements in health, safety and V&A during the first half of this financial year. A review and prioritisation exercise has been undertaken of the departments current workload to identify high priority improvements actions and critical support of business-as-usual activities to ensure the most efficient use of resources.
2. The use of bladeless fans within the Emergency Department of Ysbyty Gwynedd has not been introduced because of a number of requirements stipulated by the hospital Estates Team. Communication with the Estates Team is ongoing to resolve the issues before winter pressures become an additional factor.

V & A Risk Mitigation

3. There has been a sustained high level of verbal V&A Incidents in the 6 months to October 2025 with 245 non-physical assaults recorded. The V&A Team is working operational teams to identify causation and trends with the aim of gaining a better understanding what mitigation actions might be introduced to protect and assure staff.

ADVISE

H & S Strategic Plan

4. Review and prioritisation exercise undertaken of departments current workload has identified 134 activities undertaken by the Health Safety and V&A Team. These have been broken down into 13 urgent priority activities, 37 Important priority activities and 84 medium to low priority activities. All activities have been aligned to IMTP actions to ensure visibility of work priorities going through the remainder of 2025/25 financial year.

5. The requirements to report RIDDOR Incidents within a timely manner is a key performance measure for the Health Safety and V&A Team. In quarter 1 the rate for reporting within the HSE timescales was 95% with the rate for quarter 2 showing as 72%. This was a result of staff absence and annual leave and will improve through Q3.
6. During Q1/2 the Health and Safety Team have been working in partnership with the Putting Things Right Team to develop a Standard Operating Procedure for the investigation and identification of mitigations for Non-Patient Staff incidents. This work has resulted in 63% of outstanding investigations being forwarded to Welsh Risk Pool for processing.
7. A review of COSHH compliance across 9 Trust properties was prior to the ISO 14001 Environmental Audit undertaken in Q1 this identified a number of improvements in areas such as chemical storage and risk assessment. The work enabled a minor non-conformance from the previous ISO 14001 Environmental Audit to be closed. A further audit of 8 Trust properties compliance against the requirements of COSHH have been undertaken during Q2 and the improvements identified are being monitored by the local management teams.

V & A Risk Mitigation

8. During Q1 V&A related incidents reported on Datix amounted to 126 incidents of which 106 were recorded as verbal assaults and 20 as physical assaults. There is an increase in the reporting of V&A incidents for Quarter 2 with a total of 133 reported on Datix during the quarter. These were from a combination of 119 incidents recorded as verbal assaults and 14 recorded as physical assaults.
9. The Trust's V&A Case Manager has reviewed a total of 279 Datix incident reports during Q1/2, this has resulted in the Case Manager being able to provide advice and support to the staff affected and help for managers when updating the incident report. In total 122 members of staff have been contacted individually to provide the support and guidance following the incident they reported.
10. The Trust's Case Manager is actively supporting 15 live police investigations into assaults on Staff. This support has resulted in 3 cases that are now awaiting court trials across Wales with a further 12 cases progressing toward trial later in Q3/4. One case that has progressed fully through the Courts legal system has resulted in a custodial sentence of 58 weeks.

ASSURE

H & S Strategic Plan

11. Noise assessments have been undertaken in response to a number of concerns relating to perceived high noise levels in Ambulance Care vehicles. The Health Safety and V&A Team undertook a comprehensive noise monitoring exercise to record noise levels in a number of driving scenarios, and all were shown to be under the exposure limits noted in the Control of Noise at Work Regulations 2005.
12. The Health Safety and V&A Team supported the following Project Boards for infrastructure

developments within Estates facilities to ensure the health safety and welfare requirements of staff were given the required priority. In addition, the team has monitored the safety of contractors engaged in the projects to reduce the risk of injury on site. The Health Safety and V&A Team have given their support to the Project Boards for the Bryn Tirion relocation, Monmouth Ambulance Station, Abergavenny Ambulance Station and Llangunnor refurbishment.

13. Local Partnership Forums across Wales had continued to be supported by the Health Safety and V&A Teams with attendance noted at the following meetings.
 - Ambulance Care LPF
 - Integrated Care LPF
 - North and Central EMS LPF
 - Southeast/South Central EMS LPF
14. A further 10 workplace inspections were undertaken during Q1/2 to complete the current cycle of workplace inspections the findings from the inspections are driving improvements facilities management and welfare arrangements across the Trust Estate.
15. The Health and Safety Team supported the creation and review of a number of risk assessments across the Trust, including:
 - 37 Workplace Risk Assessments
 - 20 First Aid Risk Assessments
 - 3 DSE Assessments
 - 1 New & Expectant Mother Risk Assessments
16. The updated Control of Substances Hazardous to Health SOP was approved in July providing an improved COSHH Risk assessment form for use when assessing the risk to staff from hazards arising from the use of chemicals both at station and in vehicles.
17. A review of COSHH compliance across the Trust was undertaken that identified over ??? products used at various premises that required COSHH assessments to be undertaken for their use. The key products have been assessed and the assessments disseminated across the Trust. This work closed a minor non-conformance noted on a previous ISO 14001 Environmental Audit.

H & S Plan and Pilot

18. A new Health and Safety Workplace Risk Assessment scheduling and monitoring software package developed between Operation Directorate Business Support Team and Health and Safety Team has been implemented. Package provides increased assurance that risk assessments are undertaken at Trust premises and mitigation actions are identified and tracked.

Fume Mitigation/Evaluation

19. The use of bladeless fans for thermal comfort during delays outside hospital Emergency Departments continues to be monitored by the Health and Safety Team. Their use as a means

of providing cool air during the summer months has resulted in the decrease of reliance on vehicle air conditioning and consequently the idling of vehicle engines to power the air conditioning system.

20. The Infection Prevention and Control Team have provided assurance monitoring through ATP swabbing of the bladeless fans, and this has shown an improvement in cleanliness during Q1/2. This has been further improved by the introduction of cleaning contracts across South Wales Emergency Departments through the Estates Department.

V & A Risk Mitigation

21. V&A Policy and Lone Worker Policy both completed the Trust Governance process in quarter 2 and the Policy Group has issued both the V&A Policy and Lone Worker Policy for wider consultation across the Trust. Feedback from the consultation is being compiled and evaluated before final approval of the policies through the Policy Group.
22. The recommended action from deep dive into V&A incidents presented People and Culture Committee regarding the introduction of Hashtags to report no harm verbal V&A incidents in call centres has been progressed with meetings held between Operational Teams and the V&A Team to agree incident reporting definitions and mechanisms to action/escalate incidents where required.



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Health, Safety and V&A Report April/September 2025





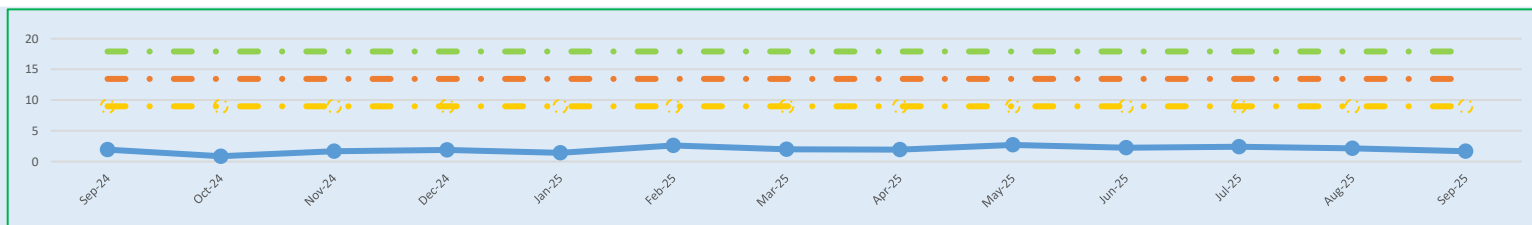
Health Safety and V&A

Health and Safety

Incidents per 1000 999 Journeys

The total number of H&S incidents for the Quarter was 325 Resulting in 7.22 Events incidents per 1000, 999 journeys during (Q2). The rolling 12month breakdown of these incidents is shown below

No Harm Quarter 2.08



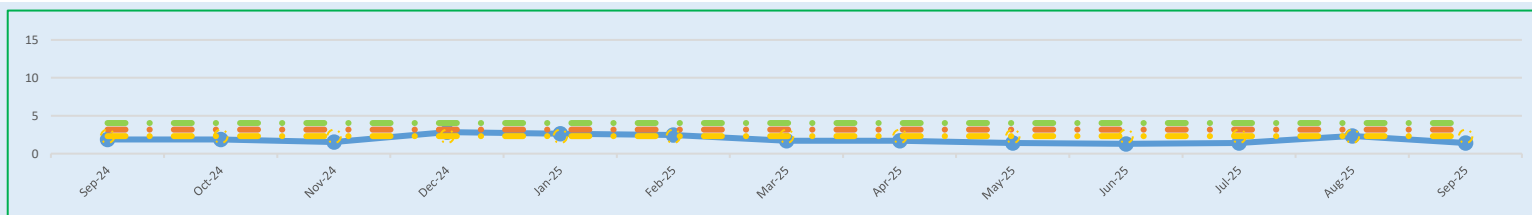
- 184 incidents were recorded in the frequency rate in the 'No Harm' category.
- 90 for violence and aggression, 25 for equipment & devices, 15 for communication.

Low Harm Quarter 3.36



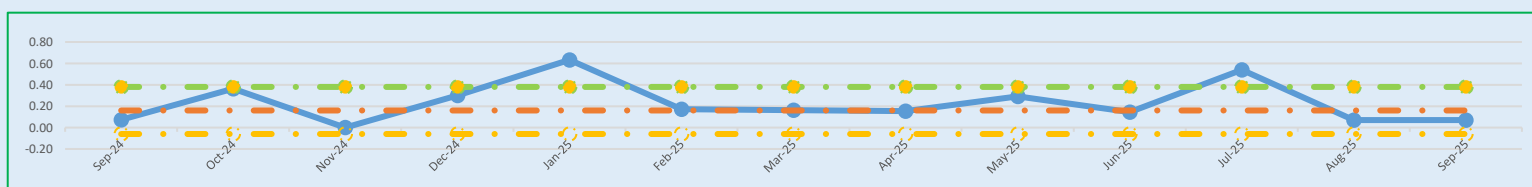
- 338 incidents were recorded in the 'Low Harm' category.
- 119 for violence and aggression, 58 - manual handling of patient, 22- Slip, trip & Fall.

Moderate Harm Quarter 1.78



- 144 incidents were recorded in the 'Moderate Harm' category.
- 51 for violence and aggression, 36 for manual handling, 13 – Slips, trips and falls.

Severe Harm Quarter: 0.30



- 22 incidents recorded in the 'Severe Harm' category.
- 7- violence and aggression, 6- Infrastructure, 3- ill health, 4- manual handling patient.



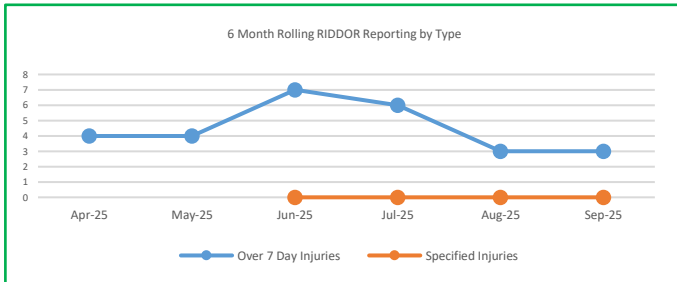
Health Safety and V&A

Health and Safety

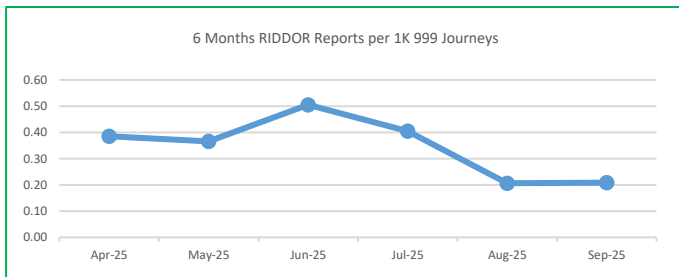
Incident Types & RIDDOR

RIDDOR Incidents

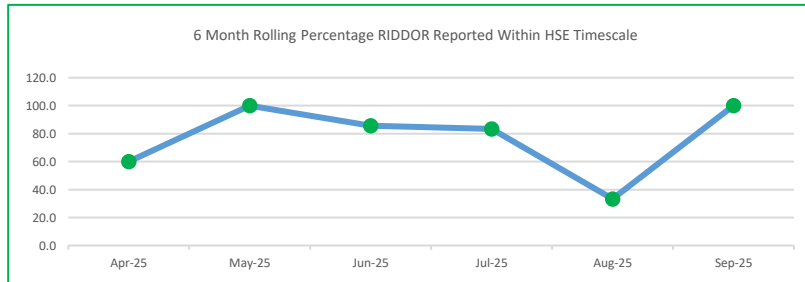
Number of Incidents



Rate of Incidents

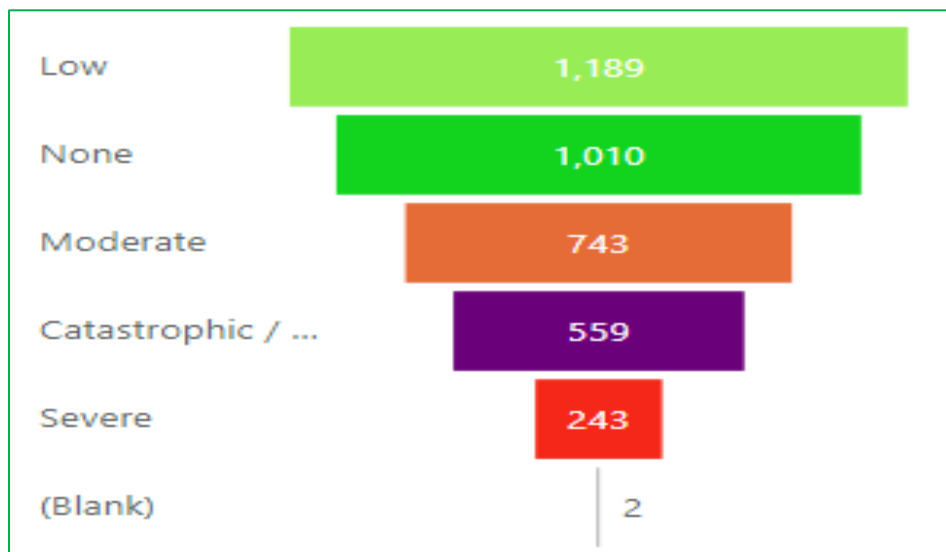


RIDDOR HSE Reporting

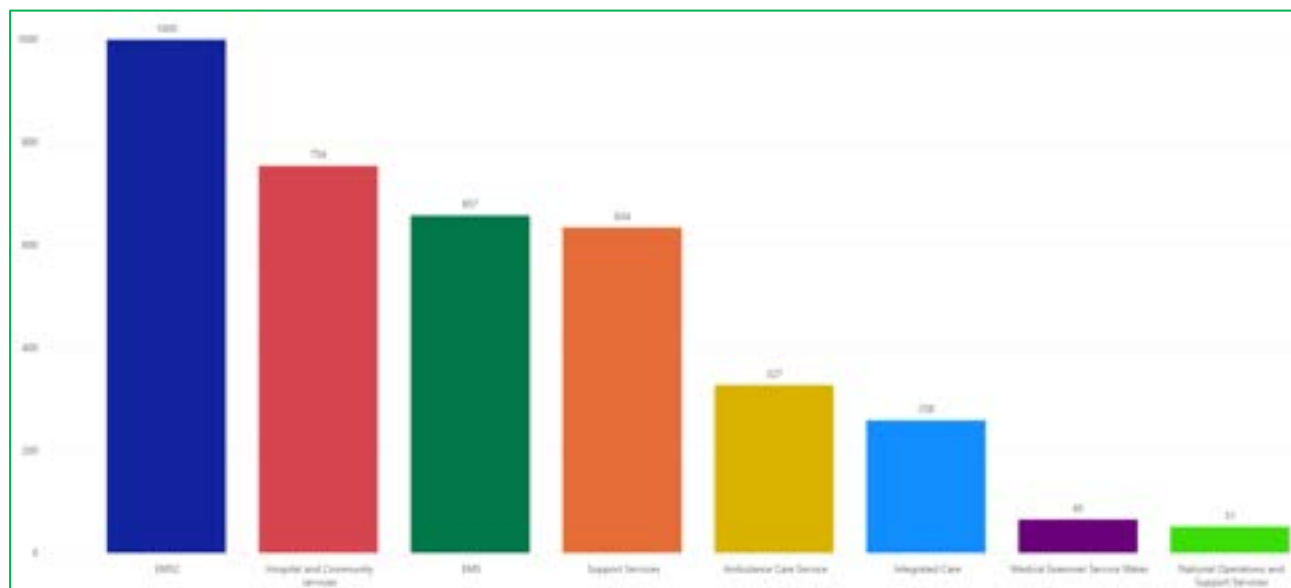


Incident Causes and Closeout Rates

Reporters Initial Assessment of Harm



Open Datix Incidents by Reporters Service





Health Safety and V&A

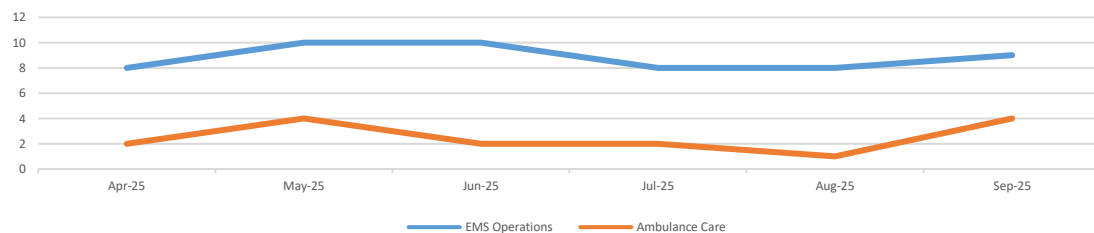
Health and Safety

MSK Incidents

Manual Handling Incident by Service

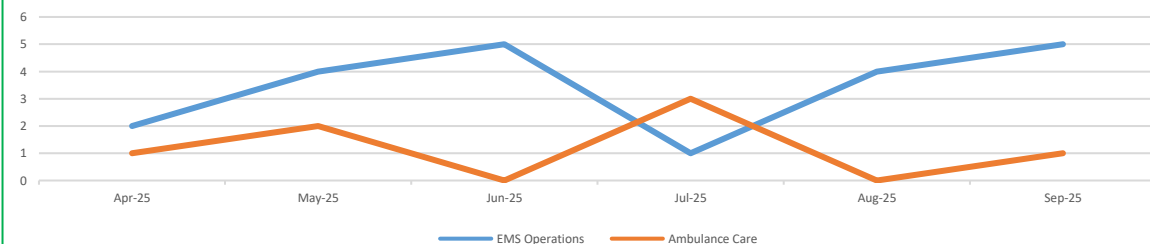
Patient Handling

6 Month Rolling - Patient Handling Incidents



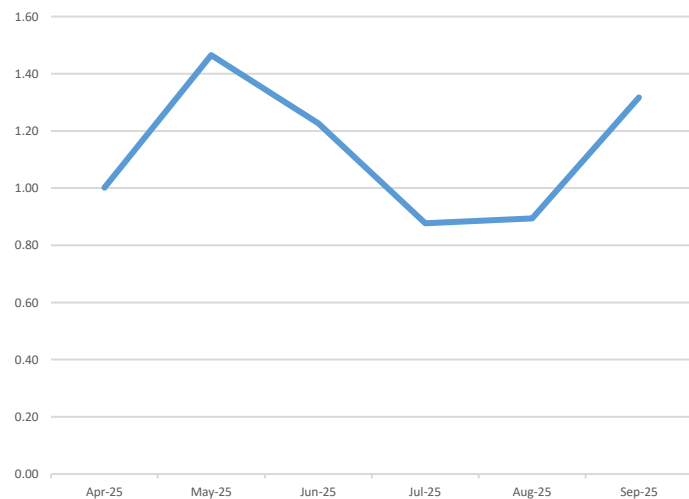
Equipment Handling

6 Months Rolling - Equipment Handling Incidents



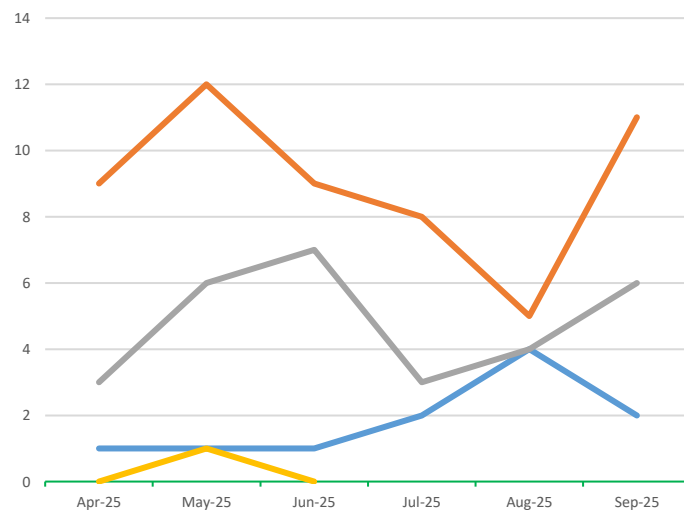
Incidents Per 1000 Journeys

6 Months Rolling - Manual Handling Frequency Rate

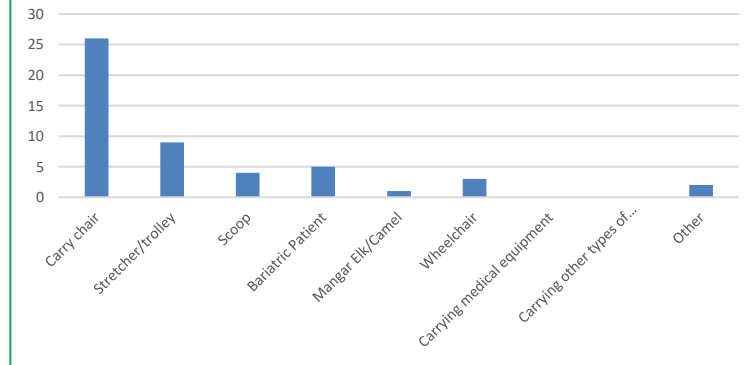


Incidents by Harm

6 Months Rolling - Manual Handling Incidents by Harm



Items involved in Lifting and handling injuries



Key Updates

- 110 injuries are a result of manual handling operations were recorded in first half of 25/26
- 26 injuries involving the use of a carry chair
- 9 injuries involving the use of an ambulance stretcher
- 5 Injuries involving a Bariatric Patient



Health Safety and V&A

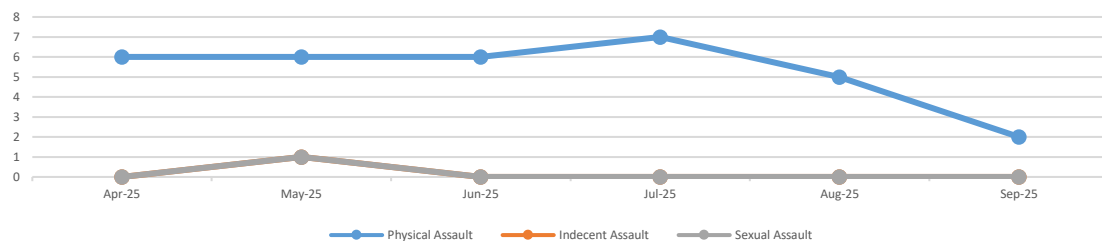
Violence and Aggression

Incidents

V&A Incident Types

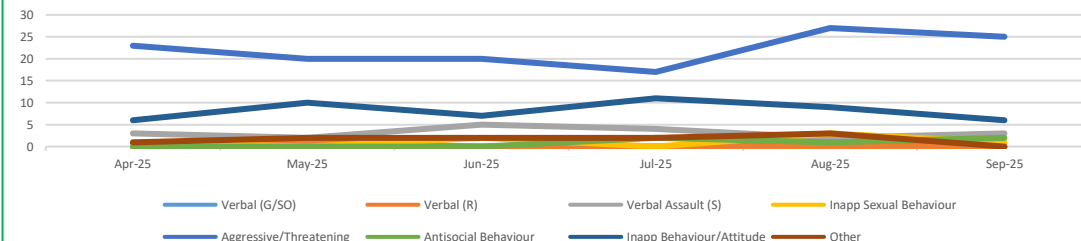
Physical Aggression

Physical Incidents by Type



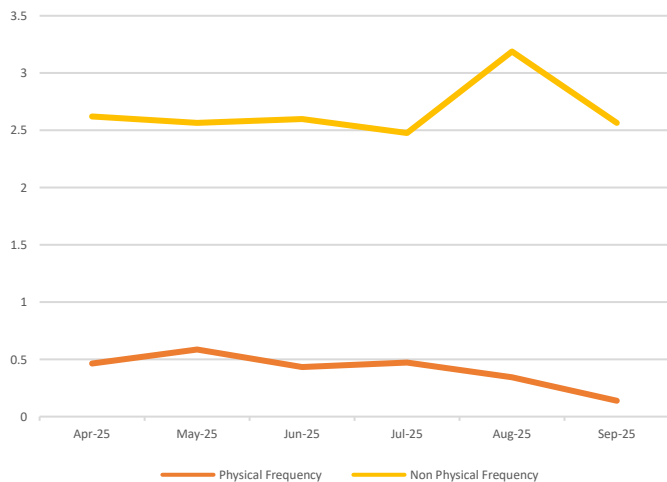
Non-Physical Aggression

Non-Physical Incidents by Type



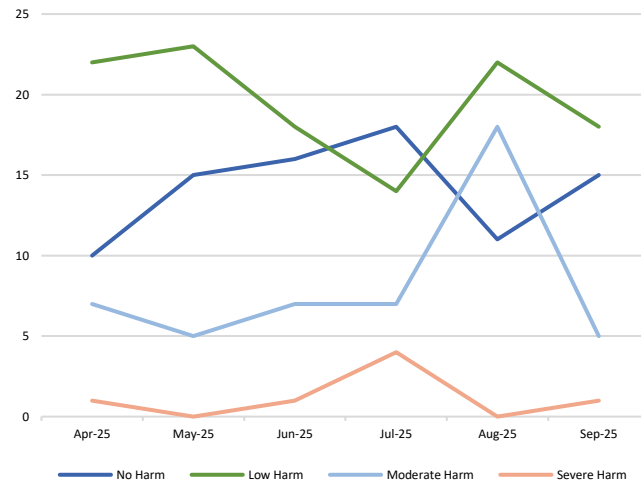
Incidents Per 1000 Journeys

V&A Incidents by 1K 999 Journeys



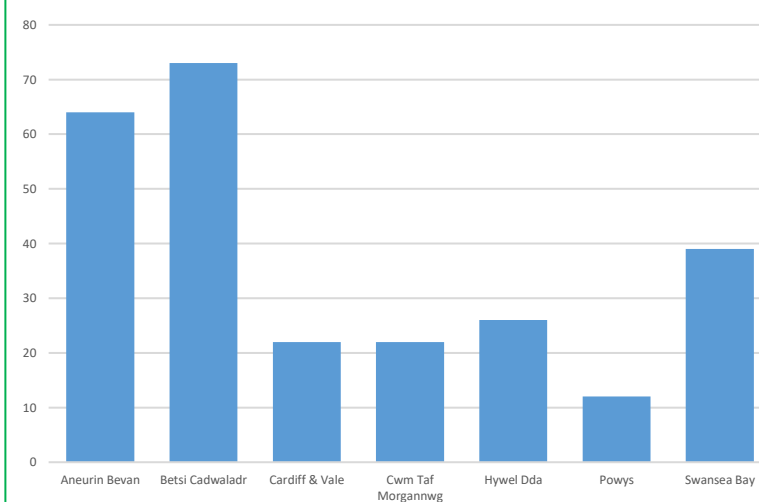
Incidents by Harm

V&A Incidents by Harm Level



Incidents by Health Board

V&A Incidents YTD





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Agenda Item No.

15

REPORT TITLE

2025/26 Quality Governance Reviews

MEETING

Name of meeting	People and Culture Committee
Date of meeting	13 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Trish Mills, Director of Corporate Governance/Board Secretary

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The approach to the 2025 quality and governance reviews, previously referred to as effectiveness reviews, has been revised. The Audit, Risk and Assurance Committee (ARAC) has initiated a programme of work to explore opportunities for further efficiencies within the Board's governance framework. To support this, a sub-group of ARAC has been established to oversee the review. The focus of the review is on reassessing the distribution of delegated responsibilities across the Board's committees, with the aim of improving efficiency and



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effectiveness. This work responds directly to findings from the 2024/25 reviews, particularly those relating to Non-Executive Director (NED) availability, quorum challenges, the volume of meetings, and the transitional status of the Academic Partnerships Committee (APC).

2. The review is driven by key project objectives:

- Aligning committee remits more closely to the six strategic objectives
- Improving efficiency and effectiveness in governance
- Reducing meeting frequency and alleviating quorum/NED availability pressures
- Ensuring strong scrutiny, challenge, and support through increased NED attendance on key committees
- Balancing workloads and minimising disruption during a period of executive transition

3. A number of options were considered, with the preferred option to be further considered by the full ARAC at their meeting on 2 December. This option reduces the number of committees from seven to six, with each committee having four NEDs and a quorum of three. It recommends that the Academic Partnership Committee (APC) is disbanded, redistributing its functions (research, innovation, partnerships) to the Finance and Performance Committee (FPC) and the People and Culture Committee (PCC). Remit adjustments will be made to ARAC (resilience, cyber, information governance). This option meets the project's objectives, including improved NED attendance, reduced meeting frequency, and better alignment to strategic objectives.
4. However, it is proposed that full implementation of Option 1 – particularly the major changes affecting FPC and ARAC – is deferred. The Board will be starting a development and effectiveness programme with an external provider in Q4, running into Q1 2026/27 and part of their scope will be a review of committee responsibilities and structures, therefore making major changes before that work is completed would be premature.
5. Notwithstanding the broader work on committee structures, this committee is required to undertake a review of its effectiveness annually. Members will recall that the 2024/25 review was extensive therefore this year ARAC has agreed a light-touch review consisting of a qualitative survey seeking views on the terms of reference, membership and any changes to operating arrangements.
6. The survey results are included in this report and draft changes have been made to the terms of reference in line with these results and the broader work undertaken by the ARAC sub-group.



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RECOMMENDATION(S)

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

The Committee is requested to:

1. Note the wider board committee framework changes proposed and provide feedback on the recommendations.
2. Note the responses to the survey, inviting members who did not have an opportunity to complete the survey to provide further feedback.
3. Members are asked to review the section on improvements proposed and discuss the items raised.
4. Approve changes to the terms of reference.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

Annex 1 – Marked up changes to the committee's terms of reference

Annex 2 – Progress on changes agreed to operating arrangements following the 2024/25 reviews

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

☐ SO1: Providing the right care or advice, in the right place, every time

☒ SO2: Enabling our people to be the best they can be

☐ SO3: Being at the forefront of innovation and technology

☒ SO4: Developing services in collaboration

☐ SO5: Being quality driven and clinically led

☐ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

As noted in the SBARN



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HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
16 July and 24 September	ELT discussions on 2025-26 reviews
25 July and 30 September	ARAC Sub-Group discussions on 2025-26 reviews
2 September 2025	ARAC update on quality and governance review
7 October 2025	APC meeting re quality and governance review
30 October 2025	NED discussion on quality and governance review



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SITUATION

2. This paper seeks the committee's endorsement for changes to its terms of reference for 2026/27, effective from 1 April 2026 as part of the annual round of quality and governance reviews (formerly known as effectiveness reviews). It also brings members up to date with wider changes proposed for the board's committee framework.

BACKGROUND

3. Following the 2024/25 committee quality and governance reviews, the Audit, Risk and Assurance Committee (ARAC) identified opportunities to further streamline the Trust's governance structure. A project plan was initiated with the aim of ascertaining if the endorsed spread of board responsibilities could be redistributed in a way that is more efficient and effective. A sub-group of ARAC was formed to support this work.
4. The project takes account of the key concerns raised during the 2024/25 reviews which included Non-Executive Director (NED) availability and consequent quorum pressures, the transitional status of the Academic Partnerships Committee (APC) post-university Trust status, and the high volume of meetings (52 ordinary meetings a year).
5. The review aimed to align committees wherever possible to our six strategic objectives, so they are best placed to drive progress, monitor outcomes and performance, and to respond to emerging priorities.
6. ARAC will formally consider the outputs of the sub-group at its meeting on 2 December and the effect on the board's committee structure, along with the views of this committee on the proposed changes. They will also be asked to endorse the changes to this committee's terms of reference at that meeting. The board will then be asked to endorse the recommendations of ARAC and approve the terms of reference at their January 2026 meeting.

ASSESSMENT

The Board's Committee Framework

7. From July to September the Executive Leadership Team (ELT) and the ARAC sub-group considered a number of issues and options, some of which fully met the objectives of the project and others that only partially met the scope. Those included:



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- Option 1 reduces the number of committees from seven to six. Each committee would have four NEDs and a quorum of three. The Academic Partnership Committee (APC) would be disbanded. Its functions relating to research, innovation, and commercial partnerships would move to the Finance and Performance Committee (FPC), while its responsibilities for education partnerships and collaboration would move to the People and Culture Committee (PCC). To balance the extra responsibilities transferred to FPC, the areas of resilience, cyber security, and information governance (mainly internal controls) would transfer from FPC to ARAC.
 - Options 2-4 included variations on committee frequency, further remit reallocation, and consideration of a new research/innovation committee. Each has specific advantages or drawbacks, with some not fully aligning with all project objectives or raising particular concerns.
7. Option 1 was favoured by the ELT and the ARAC sub-group as it meets the project's objectives, including increased NED attendance, reduced meeting frequency, and better alignment to strategic objectives.
 8. However, it is proposed that full implementation of Option 1 – particularly the major changes affecting FPC and ARAC – is deferred. The Board will be starting a development and effectiveness programme with an external provider in Q4, running into Q1 2026/27. The programme will review whether the current number and scope of committees are right for an organisation of WAST's size and complexity. It will also look at whether the Board's focus, timing, and balance between strategy, performance, risk management, and culture are appropriate. The findings from this review (expected in Q1) are likely to influence both the remit and meeting frequency of some committees, especially FPC, where there is currently significant overlap with work going to the Board. This may lead to further changes to terms of reference mid-year.
 9. In light of this, it will be recommended to ARAC that the following changes to the Board's committee framework take effect from 1 April 2026, with any material changes deferred until the external provider has reported back to the Board on committee structures:



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- APC will continue to meet twice annually in 2026/27, with a focus on the research and development portfolio. This was agreed at the APC meeting on 7 October.
 - APC delegated responsibilities relating to education partnerships and collaboration will transfer to PCC and those related to commercialisation will transfer to FPC.
 - Four NEDs will be asked to attend each of the following committees: FPC, QUEST, PCC and ARAC. This will ensure a quorum of three per meeting. The board skills mix has been updated, and the Trust Chair and NEDs will hold discussions in October on their committee commitments.
 - Minor changes are proposed for the Quality, Patient Safety and Experience Committee (QUEST) with the transfer of value based healthcare from FPC.
 - No changes are proposed for the Charity or Remuneration Committees.
8. Any changes to terms of reference proposed by this committee from today's meeting will also be reflected in updated terms of reference.
9. Committee members are invited to provide any feedback on the above which will be communicated to ARAC.

The People and Culture Committee Quality and Governance Review

10. In parallel with the work on the wider committee structures, each committee is required to complete an annual effectiveness review. Members will recall that the 2024/25 quality and governance reviews for this committee were comprehensive, involving a detailed examination of the terms of reference and the assurance reporting arrangements for each delegated responsibility. These reviews led to several changes to the terms of reference.
11. A number of improvements were agreed as a result of the 2024/25 reviews, and they are being monitored by ARAC. The most recent monitoring report on these is at Annex 2.
12. Given the extensive review undertaken in 2024/25, ARAC agreed that this year's approach would be qualitative. A survey of members was carried out to gather feedback on the proposed changes to the terms of reference (including membership) and to identify what is working well and where improvements could be made. Eight responses were received as set out below together with replies in red where appropriate:



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Survey Topic	Responses
Are there any changes you wish to see to the terms of reference	Would question whether we need a greater focus on strategic intentions that relate more to the topical issues for our people. The terms of reference includes a section related to strategic issues in the remit of the committee. Whilst the IMTP (the delivery vehicle for our strategy and plans) is monitored by the Finance and Performance Committee, this committee receives metrics related to the People and Culture Plan to assess impact and identify areas of underperformance related to the People and Culture Plan. I believe that the Terms of Reference are appropriate as they stand, since review a few months ago. Section 3, add a point on wider training and development for staff (there is a point on leadership and commissioning intentions) Para 3.13 provides that the committee will ensure that the Trust has comprehensive leadership development and succession planning programmes in place to support leaders at all levels of the organisation and which is designed to reinforce the culture the Trust is seeking to achieve. Add in the relationships and collaboration with education partners that the Academic Partnerships Committee has had in its remit. Para 3.14 has been amended to include the committee ensures the Trust maintains strong, collaborative relationships with education partners.
Are there any changes you would like to see to the committee's membership	Only if parts of the Academic Partnerships committee are integrated into PCC. In which case an R&I presence would be useful. The parts of the APC remit that are being transferred to this committee do not relate to R&I. No, it is encouraging that colleagues from across WAST join for the meetings and it feels very inclusive. Committee membership seems appropriate. I'm not too sure of terms of reference but is TU Shadowing allowed.



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	All staff and the public are welcome to attend the open meeting of all board committees including this one. The papers are available on our website 7 days before the meeting and shadowing opportunities are encouraged. Please contact the Corporate Governance Team should you require any further detail on the committees or governance generally. Question as to whether all who attend the meeting are required and if there is effective use of time. How many attendees may not contribute to a meeting? Please see the above comment. The terms of reference are clear who are members and prescribed attendees, and it is those individuals who will be the main presenters and contributors.
What works well in this committee	Range of subjects covered and broad membership allowing active and useful discussion which are required to provide assurance. Showcase some of the positive work across the organisation Bringing topics together to give a particular focus has been helpful and the agenda flows well with active participation. Lots on information and scrutiny of what's going on. All members are well respected and included Over time, the meeting has become more focused. High quality of Reports - which are well written and clear. Good presentation of the Reports at each meeting. A very collaborative feel to each meeting, which is welcomed. Good chairing - enabling people to contribute and feel part of the Group. Good level of discussion that provides assurance. Lived experience for triangulation. Openness.



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What improvements would you recommend	Review of what people focused activity that we should be bringing. i.e. are the issues discussed our most pressing items? Committee agendas are developed with our committee's risks in mind i.e. once the agenda is set according to the cycle of business approved by its members there is a meeting with the Chair, Executive Leads and the Corporate Governance Team to assess whether it addresses these risks and the most pressing issues. Following commissioning of the papers and prior to publication, a further review is carried out with the Executive Leads to ensure it remains current, and adjustments are made accordingly. What has been helpful in the past is where a theme is applied to a meeting which links in with the lived experience and issues cycled on the agenda. Continue to challenge ourselves to focus on the big strategic issues and encourage open constructive reflection and learning from other organisations. It might be good sometimes to move into impacts of work. We see many plans but what are the tangible differences realised as a result of execution. One report for metrics.

13. Based on the recommendations from the ARAC sub-group, responses to the qualitative survey, and discussions between NEDs and the Trust Chair on membership, a marked up version of the proposed changes to the terms of reference is at Annex 1 for endorsement by the committee.

RECOMMENDATION

14. The recommendation is as set out in the front cover above.



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NEXT STEPS

15. Submission to ARAC and for onward approval of the board of:

1. The preferred option and implementation plan for the broader committee structures along with the views of this committee.
2. Changes to terms of reference of this committee including membership changes if any.

16. At the next meeting of this committee the cycle of business will be updated for approval.

17. The annual report of this committee will be presented for endorsement in Q1 of 2026/27 before being presented to ARAC and the board.

PEOPLE AND CULTURE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

2025/26~~2026/27~~

1. INTRODUCTION

- 1.1. The Trust's Standing Orders provide that *"The board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the board's behalf or to provide advice and assurance to the board in the exercise of its functions. The board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.
- 1.2. In line with Standing Orders, the board shall nominate annually a committee to be known as the People and Culture Committee. The detailed terms of reference and operating arrangements set by the board in respect of this committee are set out below.
- 1.3. The committee plays an important role in supporting the Board in fulfilling its responsibilities by:
- providing advice on strategic development and performance within the terms of reference;
 - undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
 - carrying out specific responsibilities on the board's behalf; and
 - providing a forum where ideas can be explored in greater detail than board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the board on the issues within the committee's remit allow for more focused discussions.

2. PURPOSE

- 2.1. The purpose of the People and Culture Committee ('the committee') is to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, and organisational culture and behaviour to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of the Trust's leadership arrangements; behaviours and culture; training, education and development; equality, diversity and inclusion; health, safety and welfare; people and culture related partnerships and engagement; the Welsh Ambulance Services Partnership Team (advisory group); and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the Welsh Government, the NHS in Wales and other regulatory bodies.
- 2.2. The Committee will provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to staff and staffing of the Trust.
- 2.3. The committee shall, in carrying out its functions and responsibilities, consider how their decisions secure an improvement in the quality of health services (the duty of quality) as outlined in The Health and Social Care (Quality and Engagement) (Wales) Act 2020. This includes but is not limited to ensuring the provision of high-quality, safe, and effective healthcare services that meet the needs of patients, service users, and their families.
- 2.4. The committee shall demonstrate the duty of quality through its own operating arrangements, ensuring that its processes, procedures, and decision-making mechanisms uphold the highest standards of transparency, accountability, and governance. It shall regularly review and refine its operating procedures to align with best practices and legal requirements, fostering an environment of continuous improvement. Furthermore, the committee shall monitor, assess, and report on the implementation of Health and Care Quality Standards, outcomes, and performance indicators where relevant within their remit.
- 2.5. In alignment with the Wellbeing of Future Generations (Wales) Act 2015, this committee will adopt a long-term perspective in its deliberations and decisions. The committee will consider the broader implications of its actions,

particularly in relation to the three wellbeing objectives established by the trust in order to contribute positively to the wellbeing of future generations. These objectives are: 1) being a socially responsible and inclusive employer, 2) fostering an innovative and sustainable organization, and 3) ensuring we are a proactive, accessible, and equitable care provider.

3. DELEGATED RESPONSIBILITY

The Committee will, in respect of its role in providing advice and assurance to the Board:

Strategic Development and Delivery

- 3.1. Oversee and contribute to the development of the Trust's strategies and plans as they relate to people and culture and ensure they are aligned to the 2030 Delivering Excellence Long Term Plan.
- 3.2. Receive assurance on the implementation of strategies and plans within the remit of the committee, with a particular focus on the impact of desired outcomes in those strategies and plans.
- 3.3. Receive and consider projects of major strategic organisational change where there is a significant impact on our people's health and wellbeing, and cultural change.

Culture

- 3.4. Receive assurance that the Trust's behaviours are embedded, ensuring a continued journey of positive culture change.
- 3.5. Consider the experience of our people, including volunteers, and seek assurance of the effectiveness of mechanisms used for measuring, and for hearing and acting upon their experiences.
- 3.6. Receive assurance that there is a robust plan in place for the health and wellbeing of our people and monitor the effectiveness of arrangements in place to support and protect the mental, physical, and financial wellbeing of staff.
- 3.7. Receive assurance that Trust management and Trade Union Partners continue to develop and build a shared understanding and common purpose through formal and informal consultative partnership working to ensure the efficiency

and success of the Trust for the benefit of all. Review any partnership agreements with Trade Union Partners.

3.8. With respect to equality, diversity and inclusion the committee will:

- (a) Oversee and contribute to the development of the Trust's equality, diversity and inclusion plan
- (b) Receive assurance on its implementation and desired outcomes
- (c) champion and support the plan and the work of the equality, diversity, and inclusion networks
- (d) Receive assurance that there are effective arrangements are in place to meet the Welsh Language Standards and that the culture of Wales and the Welsh language is promoted within the Trust.

3.9. With respect to speaking up safely the committee will:

- (a) Receive assurance that arrangements are in place to allow staff to raise concerns in confidence
- (b) Ensure that those processes allow any such concerns to be investigated proportionately and independently
- (c) Receive assurance that the learning from such concerns is considered and applied.

3.10. Receive assurance that the Trust has in place appropriate policies and procedures for its people and approve people and culture policies.

Capacity

3.11. Receive assurance on the development and implementation of the Trust's recruitment and retention plans, including those for volunteers.

3.12. Receive assurance that workforce and resourcing plans are fit for purpose and ensures the right resources and skills mix in the right place at the right time (both clinical and non-clinical)

Capability

3.13. Ensure that the Trust has comprehensive leadership development and succession planning programmes in place to support leaders at all levels of the organisation and which is designed to reinforce the culture the Trust is

seeking to achieve.

- 3.14. [Ensure the Trust maintains strong, collaborative relationships with its education partners, and ~~Receive review~~](#) and endorse the commissioning intentions for training and education through HEIW and other [relevant bodies.s](#)
- 3.15. Receive assurance that professional standards of registration and revalidation are maintained.
- 3.16. Advise the board on a set of key performance indicators (KPIs) for the responsibilities in its remit and monitor performance. These KPIs may include but not be limited to sickness absence, performance appraisal reviews, statutory and mandatory training, incidents of violence and aggression, disciplinaries and suspensions, turnover and recruitment; enabling deep dives to take place into specific areas of concern.
- 3.17. Ensure the Trust is discharging its statutory responsibilities, including but not limited to health and safety; equality, diversity, and inclusion; relevant Health and Care Quality Standards requirements; and that professional standards of registration and revalidation are maintained.

Risk and Audit

- 3.18. oversee the effective management of strategic and principal risks, as set out within the Board Assurance Framework (BAF), as appropriate to the purpose of the committee.
- 3.19. Receive and gain assurance from internal and external audits in their remit. The committee will receive assurance that management actions to address recommendations are in place via the audit tracker and receive appropriate reporting as agreed by the Audit, Risk and Assurance Committee. This committee will, where appropriate, scrutinise the impact of actions in response to audit recommendations.

4. AUTHORITY

- 4.1. The committee is authorised by the Trust Board to investigate, or have

investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records, or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the committee.

- 4.2. The committee is authorised by the board to obtain outside legal advice or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.
- 4.3. The committee is authorised to approve Trust wide policies other than those policies reserved to the Board in accordance with the policy for the Review, Development and Approval of Policies.

Chair's Action

- 4.4. There may, occasionally, be circumstances where decisions which would normally be made by the committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the committee. This is most likely, but not exclusively, to arise with respect to approval of policies particularly given the current backlog.
- 4.5. In these circumstances, the Chair and the Lead Executive, supported by the Director of Corporate Governance/Board Secretary as appropriate, may deal with the matter on behalf of the Committee after first consulting with at least two other Members (Non-Executive Directors).
- 4.6. The Director of Corporate Governance/Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Sub-Committees

- 4.7. The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the board.
- 4.8. The Welsh Ambulance Services Partnership Team (WASPT) is an advisory group of the Board and was re-constituted in November 2022 following the pandemic. The Board has agreed that WASPT is a sub-committee of this

Committee and as such reports regularly by way of a AAA highlight report. Similarly, issues raised are reported, and where necessary escalated, to the Board by way of this Committee's AAA highlight report.

5. MEMBERSHIP AND QUORUM

- 5.1. The Trust's Standing Orders at 3.3.5 and 3.3.6 provide the rules around committee membership. That includes that the designation of Chair, definition of member roles and powers and terms and conditions of appointment are determined by the board, based on the recommendation of the Trust Chair. Executive Directors and other Trust officers cannot be appointed as committee Chairs, nor should they be appointed to serve as 'members' on any Committee set up to review the exercise of functions delegated to them. They may however be 'in attendance' as appropriate.
- 5.2. The application of these provisions means that the designation of 'members' in NHS Wales committees is applied to Non-Executive Directors. This ensures there is independent scrutiny, support and challenge, and is a relevant for quorum (see below) and – where it is required – for voting
- 5.3. Notwithstanding the above, the 'members' and 'prescribed attendees' listed below are often referred to collectively as members or membership

Committee Membership

- 5.4. The committee will comprise four Non-Executive Directors, one of whom will be designated as Chair, and the following prescribed attendees:
 - Director of People (Joint Executive Lead)
 - Director of Cultural Change (Joint Executive Lead)
 - Executive Director of Finance and Corporate Resources
 - Executive Director of Operations
 - Director of Partnerships and Engagement
 - Executive Director of Paramedicine
 - Deputy Director of Nursing, Quality and Governance
 - Assistant Director of Planning and Transformation
 - Freedom to Speak Up Guardian
 - Trade Union Partners (x4)

- Chairs of Sub-Committees (or their nominee)
- Director of Corporate Governance/Board Secretary

- 5.5. In the absence of the committee Chair, one of those in attendance must be designated as Chair of the meeting.
- 5.6. Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Director of Corporate Governance/Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.
- 5.7. The Chair of the Trust Board and the Chief Executive have a standing invitation to attend meetings. In addition, the Committee Chair may invite others (either Trust staff or persons outside the Trust) to attend all or part of the meeting to assist with its discussions on any particular matter. The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge, and expertise

Quorum

- 5.8. The quorum for meetings of the committee shall be ~~two~~ three Non-Executive Directors.
- 5.9. ~~While only two Non-Executive Directors are required for quorum, it is strongly recommended that all three Non-Executive Director members be present at each meeting to ensure robust discussion and effective oversight. The presence of all Non-Executive Directors is crucial for fostering diverse perspectives and maintaining rigorous challenge and scrutiny. Therefore, e~~ Other Non-Executive Directors of the board may be co-opted to meetings where it is not possible ~~for all three Non-Executive Directors to attend to reach a quorum.~~

Member Appointments

- 5.10. The membership of the Committee shall be determined by the board, based on the recommendation of the Trust Chair, taking account of the balance of skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

- 5.11. Non-Executive Directors shall be appointed to hold office for a period of one year at a time, (membership being reviewed by the Chairman of the board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the board.
- 5.12. Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

6. COMMITTEE MEETINGS

Secretariat and Support to Committee Members

- 6.1. The Director of Corporate Governance/Board Secretary, on behalf of the Committee Chair, shall:
- (a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - (b) ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme.

Frequency of Meetings

- 6.2. Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of board Business. Meeting agendas, papers and minutes shall be circulated no less seven days prior to each meeting.

Withdrawal of individuals in attendance

- 6.3. The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of any particular matter.

7. RELATIONSHIPS AND ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

- 7.1. The Committee is directly accountable to the board for its performance in exercising the functions set out in these terms of reference.
- 7.2. The Committee, through its Chair and members, shall work closely with the board's other committees and groups to provide advice and assurance to the board through the:
 - (a) joint planning and co-ordination of board and Committee business; and
 - (b) sharing of appropriate information;in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the board's overall assurance framework.
- 7.3. The Committee will consider the assurance provided through the work of the board's other committees and sub-groups to meet its responsibilities for advising the board on the adequacy of the Trust's overall framework of assurance.
- 7.4. The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. REPORTING AND ASSURANCE ARRANGEMENTS

- 8.1. The Committee Chair shall:
 - (a) report formally, regularly and on a timely basis to the board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes a written highlight report, the submission of Committee minutes and written reports where appropriate throughout the year;
 - (b) bring to the board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
 - (c) ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant

committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

- 8.2. The Director of Corporate Governance/Board Secretary, on behalf of the board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

9. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

- 9.1. The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:
- Quorum (as set out in section 6)

10. REVIEW

- 10.1. These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.

Item 10.2 Annex 1

Group	Changes to operating arrangements	Progress Update	Intended Completion Date	Completion Status
Section 1: Board and all committees	1.1 Further consideration to holding board meetings at venues other than Cardiff in 2025/26.	Work has begun on this consideration, and it is intended that it will be brought to the ARAC in December 2025.	01 January 2026	
	1.2 Introduce progress reports on 'what good looks like' for the strategic objective within committee remits will support the call for more of a strategic focus.	This is an action that sits outside of CorGov and is being advanced by the Strategy, Planning and Performance Directorate.	30 October 2025 – <i>check in date</i>	
	1.3 Revised approach to minutes for the Trust Board and its committees.	Draft developed and being consulted on. Q2 deliverable	30 September 2025	
	1.4 Updated board skills matrix for board members, which is aligned to the board committees.	The updated skills mix questionnaire will be shared with the board by the end of August 2025.	30 September 2025	
	1.5 Where possible in 2025/26 the introduction of more hybrid meetings.	This is happening for all committees where it is considered appropriate / welcomed by the respective Chair.	n/a	

Item 10.2 Annex 1

Group	Changes to operating arrangements	Progress Update	Intended Completion Date	Completion Status
	1.6 A reduction in the reporting against the audit tracker will be considered by ARAC in an attempt to reduce volume for committees and increase assurance.	This is a Q4 deliverable on our CorGov Directorate Plan and is in progress.	Q4 2025/26	
	1.7 New report front covers and SBAR templates. This includes a short form report which includes a requirement to set out purpose of report and alignment to strategic objectives, wellbeing objectives and health and care quality standards. This will support the desire to use more presentations over SBAR where appropriate.	The new templates and report writing guidance was published w/c 12 August 2025	n/a	
	1.8 Writing guidance will set out the purpose of the executive summaries in an attempt to ensure they are reflective of the comments received by members of the board and the committees of the board.	The new templates and report writing guidance was published w/c 12 August 2025	n/a	

Item 10.2 Annex 1

Group	Changes to operating arrangements	Progress Update	Intended Completion Date	Completion Status
	1.9 Presentation guidance and support will be provided to colleagues in the Trust.	The new templates and report writing guidance was published w/c 12 August 2025	n/a	
	1.10 Feedback following meetings on reports – both positive and where there are areas of improvement – are encouraged from committee members. This will ensure that we are working towards a continuous improvement in paper length and assurance.	No formal action required. Feedback is being given in meetings regarding report quality and the assurances that this affords.	n/a	
	1.11 A 'reading room' will be established in iBabs for documents that members may wish to review for further information, but which are not vital for scrutiny and oversight.	Completed; in use for all board committees and the board via iBabs.	n/a	
	1.12 Members encouraged to pose questions to report writers before meetings and allowing more time for questioning during sessions were suggested to enhance engagement.	No formal action required.	n/a	

Item 10.2 Annex 1

Group	Changes to operating arrangements	Progress Update	Intended Completion Date	Completion Status
	1.13 Continue with agenda setting meetings and encourage themes for meetings to aid in the flow and triangulation. Members are encouraged to review the agenda both when it is commissioned and closer to the meeting and alert the secretariat if insufficient time has been allocated. Likewise, presenters should ensure they are cognisant of the time allocated which includes time to present and for discussion.	No formal action required as the agenda setting meetings are continuing throughout 2025/26.	n/a	
Section 2: Academic Partnership Committee	2.1 Consideration for greater use of presentations within meetings to reduce the number of papers received. This was specifically in reference to Academic Partnership Committee but will be considered for all committees.	No formal action required. Noted that where presentations are in use, cover papers are requested to make it clear to the audience what it has been received for, to aid discussion.	n/a	
Section 3: Audit, Risk and Assurance Committee	3.1 The Corporate Governance Team will ensure that ARAC is aware of the discussion on internal audit reports from	This is business as usual.	n/a	

Item 10.2 Annex 1

Group	Changes to operating arrangements	Progress Update	Intended Completion Date	Completion Status
	committees if they review them ahead of ARAC, and vice versa when they come to ARAC first.			
	3.2 Trending on risk scores will be added to the risk management report.	This is business as usual from Q2 2025/26.	n/a	
	3.3 A paper setting out a more focused understanding of where the three lines of defence sit within the organisation and their importance will be cycled into the work programme.	This will be brought to ARAC in quarter three in December 2025 with the Governance and Accountability handbook. The outline of the handbook is before ARAC at this meeting.	30 October 2025	
	3.4 The committee induction programme for ARAC and other committees will be rolled out as new members join.	The committee induction for each committee is being delivered as required / when new members join respective committees.	n/a	
Section 4: Charity Committee	4.1 A further development session to be considered for the Corporate Trustee in 2025/26 on trustee responsibilities.	This has been programmed for the board development day in February 2026.	28 February 2026	

Item 10.2 Annex 1

Group	Changes to operating arrangements	Progress Update	Intended Completion Date	Completion Status
	4.2 Lived experience to demonstrate on new proforma the charitable impacts beyond staff benefits.	This is business as usual.	n/a	
	4.3 Committee to maintain a strong focus on equality, diversity and inclusion in its strategic direction.	No formal action required. Equality, diversity and inclusion matters considered within the charity's operations as business as usual.	n/a	
Section 5: Finance and Performance Committee	5.1 A board development session on the use of the MIQPR will be held on 24 April 2025, and the annual review of all MIQPR metrics will come through committees in May.	Complete	Complete	
	5.2 A new finance dashboard is in development and will be considered by the committee in 2025/26.	WAST (and other NHS Wales orgs) are dependent on a national dashboard being developed as part of the NHS Wales finance system refresh (Oracle Financials). If no national solution is produced by end of Dec 25, then WAST will tailor an internal bespoke solution commencing in	March 2026 – <i>Check in for December 2025</i>	

Item 10.2 Annex 1

Group	Changes to operating arrangements	Progress Update	Intended Completion Date	Completion Status
		Quarter 4 of the 2025/26 Financial year in readiness for rollout from Quarter 1 of the 2026/27 financial year.		
Section 6: WASPT	6.1 Continue with agenda setting meetings with the co-chairs and encourage themes for meetings to aid in the flow and triangulation as well as timing of individual items. Members are encouraged to review the agenda both when it is commissioned and closer to the meeting and alert the secretariat if insufficient time has been allocated. This will ensure there is sufficient time for solution focused discussions and airing of issues.	No formal action required. This is business as usual.	n/a	
	6.2 The terms of reference provide that papers are available seven days before the meeting, however this does not always align with the Trade Union	This is business as usual, and the Corporate Governance Team work closely with Trade Union Partners (TUPs) to align publication of papers with TUP	n/a	

Item 10.2 Annex 1

Group	Changes to operating arrangements	Progress Update	Intended Completion Date	Completion Status
	Partners pre-meeting timetable. Best endeavours are made to ensure papers are available for that pre-meet and likewise Trade Union Partners will endeavour to timetable that meeting within the seven days to allow for a full pack to be available.	pre-meets to allow TUP time to review the papers and raise any issues ahead of the meeting.		
	6.3 Partnership working will continue in 2025/26 to ensure that there is continuous effort to maintain trust and openness, the details of which will be discussed in the group.	No formal action required.	n/a	
	6.4 The sessions on how to run effective meetings and on financial reporting will be carried over into 2025/26.	<i>Financial reporting:</i> Finance colleagues will deliver this session, and it is intended for Q3 2025/26. Arrangements will be progressed from September.	20 December 2025	

Item 10.2 Annex 1

Group	Changes to operating arrangements	Progress Update	Intended Completion Date	Completion Status
	6.5 The sessions on how to run effective meetings and on financial reporting will be carried over into 2025/26.	<i>Effective meetings:</i> The delivery of this action is aligned to the meeting practice and participation guidance coming out in Q2 2025/26.	30 September 2025	
	6.6 There are opportunities to learn more about legislative changes, as well as policy issues through workshops post WASPT meetings, as well as taking advantage of employment-related sessions with the People Services Team which will be explored in 2025.	No formal action required.	n/a	

Item 10.2 Annex 1

Colour	Meaning	Typical Action
Blue	Completed	No further action needed
Green	On track	Continue as planned
Amber	Minor issues	Monitor closely, possibly mitigate
Red	Major issues	Escalate and intervene urgently



GIG
CYMRU
NHS
WALES

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

Agenda Item No. 16

REPORT TITLE

Risk Management and Board Assurance Framework Report

MEETING

Name of meeting	People & Culture Committee
Date of meeting	13 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

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

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the four risks that are relevant to Committee's remit.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF). All updates are highlighted in blue and show changes to the narrative, mitigating actions, controls, and assurances.
3. The more detailed description contained within the BAF (Annex 4) provides the Committee with an opportunity to review the controls in place against each principal risk and the

assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the scoring matrix (Annex 2).

4. Members can take assurance that each of the principal risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3 with continual and dynamic focus on the highest rated risks scoring 15-25. Attention has been given to the risk ratings of each risk and the mitigating actions identified and taken to ensure that risks achieve their target score. This is in addition to the standard and regular review of all controls, assurances, and any gaps.
5. The Executive Leadership Team (ELT) approved the principal risk activity on 29 October 2025 having considered the review of each risk undertaken throughout the period by Risk Owners.
6. **Risk 160** *High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service*, reduced in score from 20 (5x4) to 16 (4x4) in the previous round and was reported at the Trust Board meeting in September 2025. The reduction reflects that the rolling annual figures for sickness since March 2022 are reducing year on year and therefore a reduction in the score was appropriate. The position will be closely monitored by the People & Culture team and ELT.
7. **Risk 163** *Maintaining Effective & Strong Trade Union Partnerships* remains unchanged at a score of 12 (3x4) in this review period.
8. Members are asked to note that **Risk 201** *A loss of stakeholder confidence that damages the Trust's reputation*, has been reframed during this reporting period and disaggregated into two separate risks which are described in sections 8.1 and 8.2 below. The BAF extract for Risk 201 has not been included in the report before committee today.

8.1. **Risk 201a** *Relationships with Stakeholders*

IF the organisation fails to engage key stakeholders (e.g. WG, Audit Wales, Internal Audit, HIW, HBs, LAs, JCC) in a meaningful and transparent way

THEN there will be a lack of stakeholder confidence in our ability to deliver our strategic objectives and system wide goals

RESULTING IN a weakened strategic influence, impact on funding streams, or escalation arrangements

8.2. **201b** *Poor Patient Experience Affecting Reputation*

IF a patient receives a poor experience from the Trust and it receives negative regulatory reports or media scrutiny

THEN public trust in the organisation may decline, and scrutiny from regulators and oversight bodies may intensify

RESULTING IN reputational damage that undermines confidence in the Trust's ability to deliver safe, high-quality care

9. This approach aims to address the different aspects of reputation and ensure that the Trust's risks are accurately profiled.
10. The ELT approved the inclusion of **Risks 201a** and **201b** on the Corporate Risk Register both at score of 16 (4x4) with a target score of 12 (3x4). The full detail of these risks including controls, assurances, gaps and mitigating actions will be included in the BAF report for the next meeting of committee.
11. Members are requested to confirm their agreement to adopt a revised approach to the reputational risks. Oversight will now sit with the Trust Board rather than the committee as the scope of these risks extends beyond staff engagement.
12. **Risk 558** *Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures* currently remains unchanged at a score of 15 (3x5); however, work is underway to consider the current actions and mitigations against this risk and to articulate the work that will support this risk to target.
13. Whilst there have been no further material changes made during this period, the BAF includes a commentary for each risk for the Risk Owner to describe the rationale for each of the risk ratings which is particularly important where ratings have remained static.

RECOMMENDATION(S)

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

The People & Culture Committee is requested to:

1. Consider contents of the report including:
 - a. The controls in place against the risks.
 - b. The actions described to further mitigate the risks.
2. Confirm agreement for the reputational risks 201a and 201b to be overseen by the Trust Board in future reports.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The Committee is requested to receive the following:

1. Annex 1 - Summary table
2. Annex 2 – Scoring Matrix
3. Annex 3 – Frequency of Risk review
4. Annex 4 - Board Assurance Framework

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☒ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [\[link to standards\]](#)

☒ Safe	☒ Timely	☒ Effective
☒ Efficient	☒ Equitable	☒ Person Centred

Quality Enablers (select all that apply) [\[link to standards\]](#)

☒ Leadership	☒ Workforce	☒ Culture
☒ Information	☒ Learning Improvement and Research	☒ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to goals\]](#)

☒ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☒ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
29 October 2025	Executive Leadership Team

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	IF there are high levels of absence THEN there is a risk that there is a reduced resource capacity RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Director of People & Culture	16 (4x4) ↓ 20 (5x4)
NEW 201a PCC	Relationships with Stakeholders	IF the organisation fails to engage key stakeholders (e.g. WG, Audit Wales, Internal Audit, HIW, HBs, LAs, JCC) in a meaningful and transparent way THEN there will be a lack of stakeholder confidence in our ability to deliver our strategic objectives and system wide goals RESULTING IN a weakened strategic influence, impact on funding streams, or escalation arrangements	Director of Partnerships & Engagement	16 (4x4)
NEW 201b PCC	Poor Patient Experience Affecting Reputation	IF a patient receives a poor experience from the Trust and it receives negative regulatory reports or media scrutiny THEN public trust in the organisation may decline, and scrutiny from regulators and oversight bodies may intensify RESULTING IN reputational damage that undermines confidence in the Trust's ability to deliver safe, high-quality care	Director of Partnerships & Engagement	16 (4x4)

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
558 PCC	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	IF significant internal and external system pressures continue THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm	Director of People & Culture	15 (3x5) ➔
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	IF the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained THEN there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised RESULTING IN a negative impact on colleague experience and/or services to patients.	Director of People & Culture	12 (3x4) ➔

Annex 2 - Risk Scoring Matrix

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

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

Annex 3 - Frequency of Risk Review

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

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service			Date of Review:		15/10/2025	TREND	16 (4x4)
				Date of Next Review:		15/11/2025	➡	
IF there are high levels of absence e.g., sickness and alternative duties.		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience		Likelihood	Consequence	Score	
				Inherent	4	4	16	
				Current	4	4	16	
				Target	3	4	12	
IMTP Deliverable Numbers: 13, 14, 15, 22, 24, 25, 26								
Strategic Objective:								
EXECUTIVE OWNER			Director of People	ASSURANCE COMMITTEE	People and Culture Committee			
Risk Commentary Sickness absence remains one of the key challenges for the organisation. Whilst there has been a significant reduction in absence levels over the past 18 months, rates remain higher than desired and therefore a continued focus on supporting good attendance at work is needed by both managers and the People and Culture team. Increased pressures on our people like handover delay, missed breaks and cost of living impact on health and wellbeing. The Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for relevant initiatives. The risk has been reviewed and the Likelihood score reduced to 4 from the current 5 therefore reducing the overall score from 20 to 16. It is recognised that the rolling annual figures for sickness since March 2022 are reducing year on year and therefore a reduction in the score is appropriate. This will be closely monitored by the People & Culture team and Executive Leadership Team.								
CONTROLS				ASSURANCES				
				Internal Management (1 st Line of Assurance)				
1. Significant policy frameworks and strategies embedded across the organisation including Managing Attendance at Work Policy, R&R, Speaking Up and the Health and Wellbeing Plan in place and followed with support from the P&C team.				1. (a) Audits undertaken by People Services Team (b) Outputs reviewed (c) Process reviews (d) PS team engagement on additional activities which could be delivered (e) Case support, advice and guidance with action planning to reduce absence R&Rs addressed in timely way to reduce risks of sickness absence. Compassionate Practices approach engaged. Referral of colleagues to appropriate levels of support Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames Completed - 28/11/23 Speak Up Safely process introduced from the start of October 2023 including the appointment of one Trust guardian. The Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for initiatives to improve the workplace, in line with HEIW Best Practice Guide for Organisations. These documents support us in ensuring that our offer is focused, and evidence driven.				
2. Operational Workforce Recruitment Plans, roster reviews and implementation to actively address demand and capacity and ensure sufficient resources to meet workload pressure				2. Maintenance of the workforce establishment to seek to ensure that colleagues are not unnecessarily stretched through vacancies				
3. Return to Work interviews are undertaken - SharePoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required				3. Process regularly reviewed and managers are trained and coached on the need to complete returns to work promptly				
4. Training for managers on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained				4. Managing Attendance training register of attendees.				
5. Reporting to Board, CASC, PCC, ELT, SLT, SOT, Directors and managers on sickness data. Leadership reporting includes deep dives and analysis of data.				5. Appropriate reporting for assurance to a range of audiences with feedback and support for further action.				
6. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support				6. Managers have access to specialist advice and guidance from People and Culture team colleagues				
7. Suicide first aiders, TRIM, Peer Support Networks, coaching and mentoring framework in place giving additional layers of support, Health and Wellbeing Steering Group in place.				7. Reporting in place on numbers of suicide first aiders and demand for support. Reporting on access to TRIM and Wellbeing Service, including reporting themes and user experience feedback. Promotion of wellbeing support across WAST.				
8. Staff surveys- assess levels of engagement and wellbeing				8. Use of HIVE survey tool and insight data from the NHS Wales staff survey provides feedback on overall engagement and wellbeing				
9. Stress risk assessments- identify measures that can be taken to address issues				9. Reference to the assessments during attendance management line manager training and to the use of stress risk assessments promoted to managers				
10. External agencies support e.g., St John Ambulance, Fire and Rescue- if needed at times of increased demand pressure				10. SLA Agreements.				



Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service	Date of Review:	15/10/2025	TREND	16 (4x4)
		Date of Next Review:	15/11/2025	➡	
11. Guidance for managers on alternative duties and monthly reviews of colleagues on Alternative duties		11. Action planning and timeboxed activities to support in a timely way.			
12. Sickness audits for localities- provides additional level of detail and additional support for areas with higher sickness levels to support work to reduce those levels		12. Delivery of audits and follow up actions			
13. Support by PS project lead with relevant PS team then supporting line managers and tracking actions on longest absence cases		13. Provides a focus on higher risk cases where more intense action or support may be required.			
14. Delivery of specific projects and pieces of work to support the reduction of sickness absence across the organisation.		14. Offers assurance to ELT on the activities and measures in place. Figures on absence are being reported monthly to ELT which is reflected in the minutes and AAA reports			
15. Work in Confidence system implemented and Guardian appointed to support colleagues coming forward with concerns and potentially reducing levels of stress and avoiding sickness absence.		15. External Management (2nd Line of Assurance) and Audit.			
16. Strengthen Speaking Up Safely Arrangements policy and advice and roll out of increased awareness of routes to speak up and raising concerns.		16. Monitor SUS concerns and they are dealt with in agreed timeframes and assessed whether absence related to mental health and anxiety reduces.			
17. Actions identified from the Managing Attendance Audit implemented		17. Agendas, minutes etc.			
18. PADR review undertaken and now including wellness questions		18. Underway and now BAU – ensures managers are talking about individuals' wellbeing and what additional support or signposting can be provided			
19. Specific interventions on all long-term sickness absence cases to ensure there is a tailored, individual action plan which identifies interventions that will support a return to work as soon as reasonably possible.		19. PADRs undertaken and questions asked; Discussion on levels of long-term sick absence is undertaken in a variety of forums including JCC, ELT and PCC.			
20. Accountability meetings on attendance management between People Services and senior ops managers to ensure this issue is given sufficient focus on priorities and ADs hold their senior teams accountable for their team figures		20. Meetings taking place and active on operational areas experiencing high levels of absence			
21. TU engagement on attendance issues e.g. muscular skeletal conditions is discussed regularly at the H&S Committee and relevant additional interventions are identified		21. Included on agendas and outcomes are available for discussion at H&SC.			
22. Wellbeing team have a referral pathway for mental ill health and are confident liaising with local services when necessary.		22. Regular reporting and the introduction of a user experience survey.			
23. Guidance and training available for line managers to equip them with the confidence and skills to have meaningful and sensitive conversations related to attendance.		23. Incorporated in Our WAST Way and measured through ongoing participation in development sessions			
24. Targeted culture change reviews are undertaken in areas of the business where levels of absence are high and other metrics such as turnover indicates concerns.		24. Culture review action plans are produced and taken forward. Sick absence in these areas is evaluated and monitored to assess whether reductions are achieved.			
25. Culture work on creating the sense of team and peer responsibility / ownership		25. Incorporated in Our WAST Way – Leadership at all levels and through the culture champions network, with focus on Our Best behaviours.			
26. Health Diagnostic Programme available for those over 46 to identify undiagnosed conditions		26. Launched and staff trained. Clinics to commence end June 2025.			
27. Reporting on All Wales OH KPIs		27. Reporting in place, additional reports alongside the All Wales OH KPIs.			
28. Men’s Health Support		28. Links available within siren and via the wellbeing practitioners to support mental health			
29. Implementation of new approach to regularly checking in with staff. Piloting a simple conversation framework for Managers to use with their staff on a monthly basis which provides a focus on wellbeing, goals and personal development.		30. Part of Our WAST Way; all those with management responsibility are expected to complete the sessions.			
31. Areas of business where attendance management has improved significantly to share learning across WAST		30. Ongoing tool being utilised as BAU			
32. Connect to other Ambulance sector organisations to identify additional interventions they have implemented to address attendance management, share learning and consider whether to adopt in WAST		31. Continued discussions as part of our ongoing culture change.			
32. Review patterns of absence		35 Reported to ELT and PCC in Feb 25 on findings. Completed and now BAU			



Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service	Date of Review:		15/10/2025	TREND	16 (4x4)
		Date of Next Review:		15/11/2025	➡	
36 Development of a refreshed stress risk assessment is underway. This will be relaunched with managers when completed		Source of assurance to be identified				
		Independent Assurance (3 rd Line of Assurance)				
		1b. Internal Audits scheduled through Shared Services Partnership. Last audit on attendance was November 2022 and the last actions from this due at the end of December 2023. (last audit November)				
		2. Internal audit of Occupational Health and Wellbeing completed with reasonable assurance, completed March 2025				
GAPS IN CONTROLS		GAPS IN ASSURANCE				
(a) Consistency and Application in Managing Attendance at Work Policy		There are other factors that impact on sickness which are difficult to control as they are linked to system wide challenges				
		Absence data is not updated in a timely manner into ESR by managers				
Opportunities to improve education and communication with managers about resources available and how to implement it e.g., stress risk assessments		Further roll out and access to learning around sickness absence on process, supporting docs and on how to approach managing attendance				
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:		
1. Development of the 2024/25 Managing Attendance Plan (see below for individual actions.		Deputy Director of People	To commence 30/05/24	Key plan actions noted below		
2. Increase manager support on data interpretation and analysis		Deputy Director of People	31.09.2025 revised date 31.03.26	Data analyst appointed in Workforce Planning team who will look at sickness data and reporting opportunities at a local level		
3. Analyse link between hot spots and the culture in these areas to address cultural issues		AD for Culture, Inclusion & Wellbeing	31.03.2025 revised date 31.12.2025	111 and 999 sickness levels reviewed: link to repetitive roles, exposure to distressed patients. Additional management layers in CCC should start to show positive impact on attendance. Consideration to be given to whether change management approach being applied in these areas is having an impact. New date due to focus on launch of Our WAST Way by the team		
4. Identify opportunities to improve roles – flexibility, control, confidence		Deputy Director of People / ADs, Operations	31.09.2025	Work to be undertaken to review whether any correlation between approved flexible working requests and attendance rates. Tracking of flexible working requests has seen an increase in requests and approvals, especially within operations.		
5. Opportunities to adapt the work environment. Link to Risk 224 and Risk 558 regarding the risk with the impact on WAST colleagues of overruns as well as patients.		Deputy Director of People ADs, Operations Directorate colleagues	31.03.2025			
6. Review workloads and hours of work undertaken by colleagues. Including colleagues not on GRS.		Deputy Director of People /ADs, Operations	31.03.2025 Revised date 31.12.25	Yet to start due to other key projects and task and finish groups underway. Also linked to overrun work.		
7. Develop the team around the person model / individual support network		Deputy Director of People and Culture	31.03.2025 Revised date 13.12.25	Closer working with P&C team and managers on supporting colleagues who are off. Case reviews undertaken where appropriate Happening in the majority of LTS cases. Will ask Head of PS to pick up and tighten up arrangements / process		
8. Increase lifestyle advice and guidance		AD for Culture, Inclusion and Wellbeing	31.03.2025 30 November 2025	Occupational Health and Wellbeing Team developing expertise in specific areas; calendars of events; health promotion. 1 April 2025 – Plans in place but team capacity means postponed. 11 August 2025 – Health Diagnostics launched.		



Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:		15/10/2025	TREND	15 (3x5)
				Date of Next Review:		15/11/2025	➡	
IF significant internal and external system pressures continue		THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score	
				Inherent	4	5	20	
				Current	3	5	15	
				Target	2	5	10	
IMTP Deliverable Numbers: 13, 14, 21, 26								
Strategic Objective:								
EXECUTIVE OWNER		Director of People		ASSURANCE COMMITTEE		People & Culture Committee		
Risk Commentary This risk should be considered alongside Risk 160 as the resulting increased sickness levels mentioned above will be addressed by the same controls and assurances. The ongoing system pressures including long handover delays, overruns and missed breaks continues to remain a challenge to mitigate this risk. WAST continues to work in partnership with the system to pilot viable options for addressing the external factors. Although there has been some success in some areas, we are yet to see these being scaled to an extent that the employee experience has been impacted. Since 2020 we have not seen the previous pattern of easing over the summer months and with the current public health risk of measles and continuing risks of covid this risk remains static. The People and Culture Plan 2023-2026 is a good summary of the controls and actions addressing this risk. Work on reducing shift overruns continues with various pilots being run to test viable options which could be implemented. Proposed increase in score as a result of system pressures. Whilst we are seeking to address this, and it will take time to have an impact. Adding in the potential future financial pressures (leaving vacant posts open for longer), will further exacerbate this issue.								
CONTROLS				ASSURANCES				
				Internal Management (1 st Line of Assurance)				
1. The new Health and Wellbeing Plan 2025-2029 has now been drafted and is out for consultation. The aim of the new plan is to expand on consideration of employee experience to recognise that individual wellbeing interventions are not sufficient in mitigating system wide pressures.				13. New Health and Wellbeing Plan 2025-2029 is aligned closely to People and Culture Plan and delivery monitored via the Health and Wellbeing Steering Group, reporting into the People and Culture Business Meetings. This plan was created in line with the HEIW Best Practice Guide for Organisations				
2. Occupational Health & Wellbeing team with range of support options for individual mental health intervention signposting, MSK support, reasonable accommodations and recommendations, supported by mental and physical health expert clinicians.				1. Current waiting times are just above the national SLA of 29 days, at 31 days. , External providers meet quarterly and provide monthly engagement figures. Reporting into OHW operational team meeting and MIQPR.				
3. Wellbeing Service providing training, consultation and advice to line managers supporting members of staff with severe and complex health and wellbeing challenges. Including REACT training that supports managers with difficult conversations.				2. Rolling programme of workshops, attendance at team events when requested, evaluation and numbers trained reported at OHW operational meetings. Diarised meetings, webinars and workshops in place through a rolling programme. These offers are now evaluated via user experience questionnaires which are reported to the health and wellbeing steering group. Wellbeing training uptake numbers is reported into the OHW Operational Team Meetings.				
4. TRiM (Trauma Risk Management Network) in place to support staff following exposure to potential traumatic events and materials. The approach of watchful waiting by a clinician or peer supporter means we can support those who have been exposed to such events and escalate to support if required.				3. TRiM is facilitated by the Wellbeing Service Assistant Psychologists supervised by a Clinical Psychologist to provide appropriate professional oversight. Numbers of referrals, assessments, follow-ups and further support needs are reported to the Health and Wellbeing Steering Group				
5. Acting on results of staff surveys relating to staff experience, data triangulated with pulse surveys and other cultural metrics as detailed in the People and Culture Plan.				4. Each Directorate has developed their own action plan to address staff surveys. NHS staff survey high level results released 19/02/24 with directorate specific data released in April 2024. The survey was repeated in Autumn 2024, and we are awaiting the next set of results.				
6. HSE stress risk assessments				5. Undertaken by managers and advice is provided on how to use them by Occupational Health and Health and Safety teams.				
7. KPIs are reported fortnightly regarding Occupational Health and Wellbeing activity				6. Received at OHW operational team meeting and reported in MIQPR.				
8. Wellbeing drop-in sessions for CCC and 111 staff				7. These sessions are now part of business as usual across services and a user experience form is collating more formal quantitative feedback for OHW operational team meetings. Data to date has been qualitative and the quantitative has been measured by engagement with the service. Themes of staff concerns are also collated by wellbeing staff attending WAST sites.				
9. Fast track physiotherapy to address MSK issues.				8. Regular review meetings with physiotherapy provider and monthly monitoring information received at People and Culture Business meetings and MIQPR				
10. Occupational Health team inclusion in sickness and absence meetings				9. Qualitative anecdotal feedback has been positive, and it has strengthened relationships with the OH team. More formal feedback mechanisms are in development in line with our overhaul of service feedback.				
11. Stress risk assessments				10. These are part of the IOSH Managing Safely Training.				



Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:	15/10/2025	TREND	15 (3x5)
				Date of Next Review:	15/11/2025		
			External - Independent Assurance - Audit Wales – Taking Care of the Carers report in October 2021 – all actions complete				
GAPS IN CONTROLS			GAPS IN ASSURANCE				
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety, along with a new policy. These discussions have restarted, and colleagues are directed to the stress risk assessment information and education sessions will be started in Q1 & Q2.			Lack of awareness about staff wellbeing services, this continues to be a challenge due to small team, non-wired colleagues and competing communication messages.				
			Effects of elevated REAP status affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing. Attendance at all events by operational staff consistently low due to service pressures.				
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:			
1. People and Culture Plan 2023-2026 relevant Actions		Assistant Director for Inclusion, culture and wellbeing	Annual Plan December 2026	First year reviewed at People and Culture Committee May 2024 23/7/24 Final year review included in consultation process for new plan			
2. Health and Wellbeing Plan 2025-2029		Assistant Director for Inclusion, Culture and Wellbeing	Approved by Board Q3 2024/25 2025/2026	Plan has been approved by Board. The delivery period begins 2025/2026. Promotion of the plan and key deliverables will commence then. 2 June 2025 Plan being delivered and overseen by the Health and Wellbeing Steering Group which meets quarterly.			



Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:		15/10/2025		TREND	12 (4x3)
				Date of Next Review:		15/01/2025		➡	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score		
				Inherent	5	3	15		
				Current	4	3	12		
				Target	4	3	12		
IMTP Deliverable Numbers: 1, 13, 14, 19, 22, 30, 32									
Strategic Objective:									
EXECUTIVE OWNER		Director of People		ASSURANCE COMMITTEE		People & Culture Committee			
Risk Commentary A tailored bespoke development programme for managers and Trade Union Partners at all levels has been delivered with further training and activities to be developed for first line managers. The programme of engagement and relationship building will continue throughout 2025/26. Work continues on improving partnership working through the delivery of the action plan. The engagement structures below WASPT are in place and running. The Deputy Director of People and Head of Culture and OD have delivered workshop sessions for TU partners and managers across the organisation in senior and local roles. Personal relationships with TUPs are generally very good. At a local level there are ongoing discussions on a range of organisational change issues and currently engagement and partnership working is operating well and as a result the score has been reduced to 12 (3x4) . However, there is a recognition that the nature of partnership working and the issues that arise mean that the level of risk fluctuates more regularly than others and will be kept under review. It is noted that work required on financial sustainability to meet savings requirements and projects such as reviewing the skill mix has the potential to disrupt relationships and may lead to a review of the score. Also, the departure of the CEO may cause some concerns amongst TU partners in terms of the risk of a change in approach to partnership working. On a national level, TUPs have not confirmed acceptance of the 2025 pay offer of 3.6% and there is a risk for industrial action.									
CONTROLS				ASSURANCES					
				Internal Management (1 st Line of Assurance)					
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership				1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.					
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement				2. Both parties refer to the documents and are signed up/committed to it					
3.				3.					
4. Trade Union representation at Trust Board, Committees				4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned because of TU partner buy in					
5. Monthly Informal Lead TU representatives and Chief Executive meetings				5. Diarised meetings					
6. TU partners in Task & Finish and Project Groups				6. Good attendance and commitment are observed at the meetings. TU partners listed as members in terms of reference					
				7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.					
7. Local Partnership Forums, Corporate Partnership Forums and SLT/TUP and SOT/TUP well established and running and informal monthly meetings between TUPs and Senior Operations Team in place and operating				8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings					
8. Quarterly Report on TU activity to People and Culture Committee				9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes					
9.				10. Triple A reports through to WASPT and to PCC. Any escalations are appropriately noted.					
11. Ongoing project plan in place to support the improvement in relationships based on the ACAS report from 2022 updated and reported to WASPT				11. Development of mentoring and training opportunities for TUPs to support their roles.					
12. AAA report of formal Partnership Forum (WASPT) reported to PCC or Board in future (return to BAU).				12. Training for managers and TUPs delivered					
13. AAA from SLT Partnership Forum and Corporate Partnership Forum reported to WASPT				13. Stability in senior TU team					



Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:		15/10/2025	TREND	12 (4x3)
		Date of Next Review:		15/01/2025	➡	
14. Externally facilitated mediation session(s) building on the IPA workshops and specifically to address the thorny issue of what happens when we fail to agree. Completed		14. Action plan developed and shared with TUPs. Implementation underway. A series of partnership working sessions (5) have been delivered to around 120 colleagues – managers and TU partners. Feedback from the sessions was captured and next steps were reviewed. Completed There is an ACAS action plan which is a live doc and is reported to WASPT to update progress.				
15. Rhythm of meetings to curate and focus on relationships		15. AAA, minutes, monthly sessions with CEO, DoP and DoO. Informal sessions with CEO, DoP and Branch Chair and Sec on a quarterly basis. 6 weekly meetings with DoP on other partnership forum arrangements.				
16. Increased mutual respect and TU partner understanding and appreciation of challenges and pressures facing the Trust						
17. Rollout of partnership training across WAST now to be extended to first line managers						
18. Observation of partnership forums and development work on embedding partnership training is ongoing. Additional actions have been added to the action plan, and WASPT was updated on 27.01.25.						
19. Consider how we celebrate success and capture the positive learning		Captured as part of social partnership conference and subsequent comms But BAU in terms of partnership approach				
20. Delivery of Social Partnership Conference – completed						
21. Task and Finish group to be established to work on mitigating the impact of EAP Band 5 post introduction and wider skill mix discussions.		Email to TUPs from Director of Strategy and Planning. Meetings completed business case in development for feedback to ELT				
22. Output from Conference informing next steps in developing maturity of relationship						
GAPS IN CONTROLS		GAPS IN ASSURANCE				
1. In maintenance and further improvement mode		None identified				
2.						
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:		
1. Refresh of engagement programme post Industrial Action and establish work		Deputy Director of People	Q2 2025/26	Plan agreed and being monitored via WASPT. The plan is dynamic with actions being completed and additional actions added to the plan as they arise. Draft training development underway in partnership with TUPs – list of training needs shared from TUPs. - Completed Principles on engagement being developed (in part from the training) and as a result the partnership statement will be updated. eLearning courses created by WG Social Partnership Team to be added to Learn365 Further session of partnership training to be scheduled in Q2 2025/6 Development of learning events for first line managers including content in Our WAST Way Task and Finish group to develop a partnership development day for first line managers has been re-established and work is underway.		
2. Learning and Development opportunities for TU partners e.g. shadowing, digital skills, coaching and mentoring		Deputy Director of People	31/03/25 30.09 25	Awaiting refresh of the online learning by WG prior to publishing in WAST. Online learning on 365 published and advertised via Siren		
3. Develop consultation guidance for managers		Deputy Director of People	31/06/25 30/12/25	Date pushed out due to team capacity.		
4. Produce a report for ELT with a range of options on Skills Mix		Director of People	31/05/25 30.06.25 31/08/25 (completed)	Delay due to extended discussions with TUPs and second report for ELT in August 25 Second report provided in August. Third report provided in September including a QIA and EIA completed and shared back to ELT with a risk register and communications strategy.		



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Agenda Item No.

17

REPORT TITLE

Audit Tracker 25-26 Q2 Reporting (Jul-Sep25)

MEETING

Name of meeting	People and Culture Committee
Date of meeting	13 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Lisa Trounce, Head of Compliance and Assurance

PURPOSE OF REPORT

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

EXECUTIVE SUMMARY:

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

1. This paper provides the Committee with the 2025/26 Q2 position with respect to management actions for audits within the purview of this committee.
2. The Audit Handbook notes that it is the responsibility of this committee to:
 - Receive audits in their remit;
 - Monitor management actions to address recommendations; and
 - Scrutinise impact of actions in response to audit recommendations in terms of, for example, quality improvement, the provision of more efficient and effective patient care, improved governance, better use of resources etc.



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3. The Audit Tracker has been updated in Quarter 2 of 202/26. In an attempt to manage volume of papers, the tracker has been added to the Ibabs reading room filtered to the actions assigned to this committee for oversight. This digital reading room hosts documents for additional information, not essential for scrutiny or decision-making. Access to the reading room is through the documents/shared folder in Ibabs' main menu. Documents in the reading room will not be posted on the Trust's website with committee papers; however, copies can be provided to those without access to Ibabs upon request.

Internal Audit

4. During 2025/26 Quarter 2, there were a total of 35 open internal audit recommendations relevant to the Committee: 11 from 2023/24 (all related to Volunteer Governance), 17 from 2024/25 (related to Resourcing Policy, Exposure to Fumes, Occupational Health and Speaking Up Safely), and 14 from 2025/26 (all related to Organisational Change).
5. Of the 35 open internal audit recommendations, 11 were due for closure in quarter, and 24 were not yet due.
6. By end of quarter, eight (82%) of the 11 audit recommendations due for closure during quarter were confirmed as completed.
7. However, a further three audit recommendations from 2024/25 that were not due for closure (two due Quarter 3 and the due in Quarter 4), were also reported as completed. All three had originally been due for completion by the end of 2024/25, with two were on second revised deadlines, and one on its first.
8. New revised deadlines have been proposed for all of the six open audit recommendations, three of which were due for closure in quarter, and the other three were due for closure next quarter (October 2025). Of these, four are now on their first revised date. And two are on their second and therefore final revision date, and relate to the following 2024/25 internal audits:
 - **Resourcing Policy** ~ four actions linked to:
 - Standard Operating Procedures (SOPs)
 - Communication of the policy
 - Process for TOIL
 - Performance reporting and monitoring of timeframes
 - **Occupational Health and Wellbeing** ~ two actions linked to:
 - KPIs
 - Trend Analysis



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Trust Audit Ref. No.	Internal Audit	Directorate	Original Date	1 st Revised Date	2 nd Revised Date
24/25-015	Resourcing Policy	Operations	Mar-25	Sep25	Mar26
24/25-016	Resourcing Policy	Operations	Oct-25	Mar-26	
24/25-019	Resourcing Policy	Operations	Oct-25	Mar-26	
24/25-022	Resourcing Policy	Operations	Oct-25	Mar-26	
24/25-064	Occupational Health and Wellbeing	People and Culture	May-25	Sep-25	Mar-26
24/25-065	Occupational Health and Wellbeing	People and Culture	Jul-25	Mar-26	

External Audit

9. During 2025/26 Quarter 2, there were no open external audit recommendations relevant to the Committee.

RECOMMENDATION(S)

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

1. The Committee is requested to receive assurance on the monitoring of management actions to address recommendations in the Tracker and the rationale for the closure of actions.
2. The Committee is also requested to raise any concerns regarding the impact on the risks raised in audits by extending the dates for completion of management actions relating to the Resourcing Policy and Occupational Health and Wellbeing.

ADDITIONAL PAPER(S)

- Annex 1: Audit Tracker 2.0 – 2526 Q2 Updates - Internal Audit up to 2324 (PCC)
- Annex 2: Audit Tracker 2.0 – 2526 Q2 Updates – Internal Audit 2425 (PCC)
- Annex 3: Audit Tracker 2.0 – 2526 Q2 Updates – Internal Audit 2526 (PCC)



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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

Does this paper require an impact assessment	☒ No ☐ Yes
If yes, what impact assessment	N/A [DPIA Checklist > DPIA not indicated]

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
03 November 2025	Director of Corporate Governance/Board Secretary
11 November 2025	Assistant Directors Leadership Team (ADLT)
13 November 2025	People and Culture Committee (PCC)



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Agenda Item No.

18

REPORT TITLE

Internal Audit Report - Organisational Change:
Including discussion from the Audit, Risk and Assurance Committee

MEETING

Name of meeting	People and Culture Committee
Date of meeting	13 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	N/A
Author(s) of report	Sarah Harland, Corporate Governance Officer

PURPOSE OF REPORT

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



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REPORT SUMMARY:

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

1. The Audit Risk and Assurance Committee (ARAC) received and discussed the Organisational Change Internal Audit Report at its meeting on 02 September 2025. This report summaries the discussion from this meeting in reference to the receipt of this internal audit report by the People and Culture Committee.
2. The audit provided a *reasonable assurance opinion* in relation to the audit purpose and focused on the processes in place within the Trust to effectively manage organisational change. The audit found that organisational change processes are developing but need clearer guidance, better planning, consistent application and improved monitoring. A high-priority finding and several medium-priority findings were accepted by management, with appropriate actions planned.
3. The ARAC welcomed the audit as a valuable opportunity to improve processes and foster a culture of continuous improvement in change management and confirmed acceptance of the audit findings.; with deadlines for management actions considered realistic given current resources and associated due dates.
4. The importance of 'lessons learned' activity and measuring return on investment through quarterly post Organisational Change Process (OCP) reviews to assess outcomes and identify improvements was emphasised. This approach supports the Trust's organisational strategy, and that additional assurance will be provided through regular reporting to the People and Culture Committee, including staff survey feedback and updates on change initiatives.
5. The ARAC thanked NWSSP for running the audit and acknowledged the challenge of expanding the audit's scope from OCP processes to broader organisational change management. The recognition that the Trust is at an early stage of embedding effective people change management and valued the challenge to focus on lessons learned and benefits realisation was appreciated. Seventy-five people are now trained in change management techniques, and it is hoped that a future audit would reflect a more strategic approach to change management beyond the formal OCP process.
6. The ARAC noted the report and were assured by the findings.



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RECOMMENDATION(S)

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

The Committee is requested to:

Note and take assurance from the discussion at the meeting of the Audit Risk and Assurance Committee on 2 September 2025.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The Committee is requested to receive the following:

1. Organisational Change Internal Audit Report.

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

☒ SO1: Providing the right care or advice, in the right place, every time	☒ SO2: Enabling our people to be the best they can be
☐ SO3: Being at the forefront of innovation and technology	☒ SO4: Developing services in collaboration
☐ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

N/A

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [\[link to standards\]](#)

☒ Safe	☒ Timely	☒ Effective
☐ Efficient	☒ Equitable	☒ Person Centred

Quality Enablers (select all that apply) [\[link to standards\]](#)

☒ Leadership	☒ Workforce	☒ Culture
☒ Information	☐ Learning Improvement and Research	☒ Whole Systems Approach

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to goals\]](#)

☒ A socially responsible and inclusive employer	☒ An innovative and sustainable organisation	☐ A pro-active, accessible and equitable care provider
☐ n/a	☐ n/a	☒ n/a



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IMPACT ASSESSMENTS FOR CONSIDERATION

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

Does this paper require an impact assessment

☒ No

☐ Yes

If yes, what impact assessment is attached

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
02 September 2025	Audit, Risk and Assurance Committee
13 November 2025	People and Culture Committee

Organisational Change

Final Internal Audit Report

2025/26

Welsh Ambulance Services University NHS Trust



Reasonable Assurance

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Review Reference

WAS-2526-16

Fieldwork

June - July 2025

Executive Sign Off

8 August 2025

Audit Committee

2 September 2025

Executive Lead

Carl Kneeshaw, Director of People; Angela Lewis, Director of Culture & Change
Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit

Audit Team

Executive Summary

Purpose

To evaluate the processes in place within the Trust to effectively manage organisational change.

Overview

The Welsh Ambulance Services University NHS Trust's (the Trust) Integrated Medium-Term Plan (IMTP) 2025-28 outlines a commitment to building change capacity and capability across the organisation by embedding a change management framework, which is also reflected within the People and Culture Plan (2023-26). It is in the early stages of implementation, but the aim is to embed effective change management principles through a people-centred and cultural approach.

Our audit focused on the Organisational Change Policy (OCP), a formal process governed by national policy and employment legislation for changes impacting staff roles or working conditions. Given the pace and scale of transformational activity within the Trust, enhancements are needed within this process to ensure sufficient resource capacity is in place to support effective delivery. While it has already been recognised that greater integration is required between project and programme management and wider change initiatives, earlier engagement and planning will be essential to enable better co-ordination of staff resources, support delivery, and drive continuous improvement. Additionally, consideration may need to be given to the outcomes of the ongoing Service review - designed to optimise how teams work together efficiently and effectively - as it has not yet been determined whether OCPs will be required.

We have concluded that reasonable assurance can be provided in relation to the Trust's change management arrangements. However, the following matters require management attention:

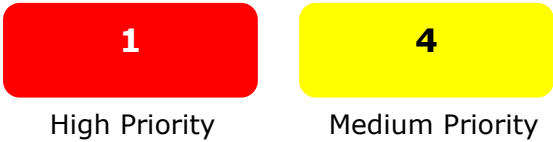
- **Guidance and Documentation:** There are currently no documented procedures to support managers in implementing the OCP. In addition, the templates provided for the OCP process need to be strengthened to ensure key factors such as resource capacity and approval requirements are considered from the outset.
- **Process Recording and Monitoring:** To improve the effectiveness of change management, a robust mechanism is needed to record key elements of the OCP process. This will enable earlier engagement, support effective prioritisation and resource planning, and facilitate ongoing monitoring.
- **Consistency in OCP Application:** Although testing results were generally positive, the application of the OCP process was found to be inconsistent. Greater alignment with the project management framework would support improved consistency, but the process itself must be strengthened to ensure that individuals with the appropriate skills and experience are involved.
- **Governance and Engagement:** The governance structure provides appropriate oversight of change management arrangements and ensures escalation of key issues where necessary. However, further clarification is needed to ensure consistent classification and reporting to the People and Culture Committee of OCPs as formal projects.
- **Lessons Learned and Benefits Realisation:** There is currently no formal mechanism to capture and share lessons learned or to track benefits realisation of change initiatives. Establishing such a process would support continuous improvement and help embed learning across the organisation.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

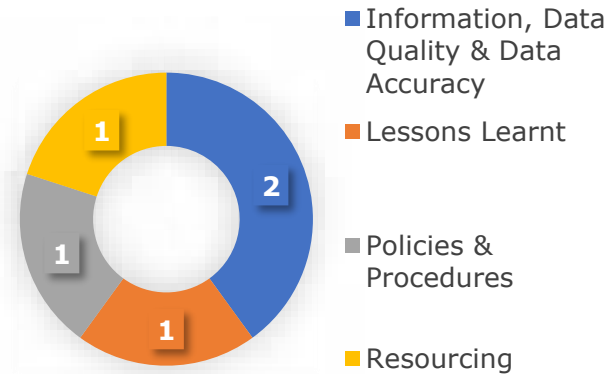
Scope & Assurance Summary

Objectives	The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.	Related Findings	Assurance
1	The Trust has appropriate policies in place which set out the arrangements to manage and implement organisational change.	1	Reasonable
2	Organisational change requests within the Trust have been recorded, evaluated, approved and been effectively delivered.	1, 2, 3, 4	Reasonable
3	The Trust has a process for identifying key stakeholders when undertaking organisational change and ensure they are engaged, consulted and have been provided with the necessary support.	1	Reasonable
4	The Trust monitors and receives sufficient reporting and assurance of organisational change, and continuous improvement and learning is promoted.	2, 3, 5	Reasonable

Management Actions



Themes



Risk Types

Public Perception & Reputational Risk
Quality or Safety Issues

Organisational Change - At a Glance

The audit reviewed four OCP areas, focussing initially on the documentation of key elements at the outset of each process:

OCP Area	Project	Rationale	Risks	Benefits	Milestones	Approval	EQIA	QIA	Job Description
Advanced Paramedic Practitioner (APP) – restructuring roles to align with the strategic direction of the Trust and the national position.	Yes, included an options appraisal and issues log.	Yes, within the consultation document.	Yes, within a project risk log. Not detailed within the consultation document.	Yes, within a benefits register. Not detailed within the consultation document.	Yes, within the project matrix and consultation document.	Approved by Senior Leadership Team (SLT). Executive Leadership Team (ELT) approval indicated but not evidenced.	Equality Impact Assessments (EQIA) completed but no confirmation of review by the Inclusion and Engagement team.	No Quality Impact Assessment (QIA) completed.	Job descriptions reviewed during OCP process but impacted timelines.
Volunteers Service – restructuring of service to reduce inefficiencies and provide clearer lines of responsibility and accountability.	No	Yes, within the consultation document.	No	Yes, within the consultation document.	Yes, within the consultation document.	Approved by SLT. ELT approval indicated but not evidenced.	Completed but no confirmation of review by the Inclusion and Engagement team.	Completed.	The OCP has been closed but some revised job descriptions pending agreement.
Bryn Tirion Relocation – existing building was not fit for purpose so needed an alternative (Ty Elwy) that could meet current and future requirements.	Yes, included an options appraisal.	Yes, within the Project Initiation Document (PID), Transition Plan, and consultation document.	Yes, within a risk register.	Yes, within the PID and consultation document.	Yes, within a Gantt Chart and the consultation document.	Approved by Strategic Transformation Board (STB); included in the IMTP by Project Board.	Completed and confirmed reviewed by the Inclusion and Engagement team.	Completed.	Not applicable.
Putting Things Right (PTR) – £270k investment to build capacity and succession planning within the team as well as compliance with key legislation.	No	Yes	Yes, within the consultation document.	Yes, within the business case. Not detailed within the consultation document.	Yes, within the OCP Roles Plan and consultation document.	ELT approval not explicit. ELT minutes (23/08/23) agreed to the recruitment of additional staff.	No evidence provided.	Indicated as completed, but no evidence provided.	Reviewed prior to OCP initiation.

The phase of the audit assessed how each OCP area managed stakeholder engagement, oversight and learning processes:

OCP Area	Consultation	Reporting	Benefits Realised	Lessons Learnt
Advanced Paramedic Practitioner (APP)	Consultation process documented, including formal notice, trade union involvement, and a feedback summary.	Reported to: - Advanced Clinical Practice Delivery Group (ACPDG). - Finance & Performance Committee (FPC) (20 May 2025). - People & Culture Committee (PCC) (15 May 2025 and 18 February 2025). - Quality, Patient Experience and Safety Committee (QuEST) (9 May 2025). - Trust Board (27 March 2025) and (30 January 2025).	Benefits register in place but not updated due to early stage of implementation (February 2025).	Lessons learnt log exists; highlights delays due to job description timing. Not widely disseminated.
Volunteers Service	Similar to APP, but the standard template was not used despite feedback being documented.	Reported to: - SLT (10 June 2025) with specific reference to the OCP in the context of non-recurrent funding for posts. - PCC (15 May 2025 and 14 November 2024). - Trust Board (27 March 2025).	No evidence of benefits realisation.	No lessons learnt recorded.
Bryn Tirion Relocation	Followed the APP consultation model; however, formal feedback document was produced. A Frequently Asked Questions document was used.	Updates provided to: - Project Board. - FPC (20 May 2025). - PCC (15 May 2025 and 30 August 2024). - QuEST (9 May 2025).	No benefits realisation recorded.	PID references lessons learnt. Project Board minutes (28 May 2025) note intent to circulate a lessons learnt document, but none recorded.
Putting Things Right (PTR)	Aligned with the APP approach, with additional elements: a launch presentation during an away day, an agreement to reduce the consultation period to three weeks, and updates to the consultation document based on feedback.	Reported via: - Trust Board risk register (risk 224 significant handover of care delays). - PCC (30 August 2024, 9 May 2024, 20 February 2024 and 16 November 2023). - QuEST (8 February 2024 and 31 October 2023). - Trust Board (25 January 2024).	No evidence of benefits realisation.	No lessons learnt recorded.

Findings & Agreed Action Plan

Objective 1: Appropriate policies for managing and implementing organisational change.

Reasonable

Overview / Summary of Observations

The Trust is in the early stages of embedding a cultural, people-centred approach to change management. This approach is designed to equip managers and teams with the tools and techniques needed to manage change effectively, with a strong focus on engagement, wellbeing and behavioural change. A Head of Change and People Insights was appointed in January 2025 to lead this work.

The ADKAR model (Awareness, Desire, Knowledge, Ability, Reinforcement) has been adopted as the core framework for managing change. Since 2023, accredited APMG change management training has supported the development of a change community, which had grown to 77 members at the time of audit fieldwork. A comprehensive suite of tools and guidance is available on Siren to support change delivery. The resources promote critical thinking and contextual application rather than prescribe rigid processes. This reflects a shift from command-and-control culture to one based on trust, autonomy and compassionate leadership. While alignment with formal project management is a future goal, the current focus is on embedding core change principles to support cultural transformation.

Senior leadership engagement has been supported through a dedicated change leadership session delivered to the Trust Board in December 2023 by an external facilitator. Awareness sessions have also been delivered as part of the Clinical Model Transformation (CMT) programme. Change management principles are being integrated into the Trust's leadership and management development framework, 'Our WAST Way'.

Expectations for Change Community Leads have been communicated to their respective Executive Directors, with leads undertaking these responsibilities alongside their substantive roles. The Trust's approach focuses on equipping staff with tools, knowledge, and guidance needed to deliver change effectively within existing resource constraints. Work is ongoing to clarify the roles of Senior Responsible Owners (SROs) and Executive Sponsors to better align change delivery with project and programme management.

The NHS Wales Organisational Change Policy, accessible to all Trust staff via Siren, applies to "*all situations of organisational change, whether these are internally generated service reviews or externally approved mergers or de-mergers*". The policy prioritises the avoidance of compulsory redundancies and mandates a minimum four-week consultation period for all Organisational Change Processes (OCPs). However, more clarity of OCP arrangements is required. Specifically:

- OCP templates require enhancement and are currently not accessible to staff, increasing the risk of inconsistent application and the use of outdated materials (see **Key Finding 1**).
- Documented guidance outlining the OCP process would help clarify roles and responsibilities (see **Key Finding 1**).

Key Findings	Risk & Impact	Agreed Management Action
1 Documented Procedures Several templates have been developed to support the OCP process, covering areas such as the rationale for change, consultation, and feedback. However, these templates are not currently available on the Trust's SharePoint site, leading to inconsistent use and the circulation of outdated versions. Additionally, the templates could be improved to prompt for key elements such as cost implications, resource capacity, and the approval process. There are currently no formal, documented procedures available to guide managers through the OCP process. Although People Services provide support during OCP delivery, the absence of clear guidance has contributed to uncertainty among staff. Feedback from staff involved in sample testing (see Objective 2) indicated that some had no prior experience with OCPs, resulting in a lack of clarity around roles and responsibilities, particularly regarding the timing of job description reviews and the completion of Equality and Quality Impact Assessments (EQIA and QIA).	Inconsistent processes and lack of standardised guidance may result in reduced accountability, limited oversight, and variable application of the Organisational Change Policy.	Agreed Action: 1. There is an OCP toolkit for Managers, including template letters and standardised templates. However, these aren't stored on SIREN. The People Business Leader would share with the appropriate Manager, to ensure that letters that may change Ts & Cs are not easily accessible without People Services advice. Following feedback from this audit and to raise line manager awareness of the OCP process we will include a Manager's Easy Read Guidance document, and a Manager's checklist, added to SIREN under People Services Toolkits. 2. The All-Wales OCP process is the guide which steps out each consideration, however we will develop a more simplified guide for Managers on the People impact elements to consider- in the form of a flowchart. Expected Evidence of Implementation: 1. Manager's Easy Read Guidance Document and a Manager's Checklist of OCP toolkit available on SIREN under People Services Toolkits. 2. Flow chart available on SIREN under People Services Toolkits.
	Medium Priority	Officer: (1) Karen Jones, Deputy Head of People Services; (2) Bev Flood, Head of People Services Target Implementation Date: (1) 31 December 2025; (2) 28 February 2026
Theme: Policies & Procedures	Control Design	

Overview / Summary of Observations

The Trust reviews its Integrated Medium-Term Plan (IMTP) through a *people-impact lens* to identify areas of organisational change. However, in practice, requests for change management support are typically initiated through People and Culture Business Managers meetings or direct engagement with Directors. While the People and Culture Directorate Plan includes known OCP programmes supported by business partners, it is acknowledged that this does not constitute a complete or reliable source for identifying all OCPs, which impacted the scope and sampling of our audit. A lack of early engagement and planning continues to hinder effective resourcing and coordination of change management (see **Key Finding 2**). Additionally, there is a broader challenge in tracking OCP activity across the organisation (see **Key Finding 3**) which limits oversight and the ability to manage change consistently and strategically.

Audit testing of four OCPs - Advanced Paramedic Practitioner (APP), Volunteers Service, Bryn Tirion relocation, and Putting Things Right (PTR) - confirmed that the rationale and benefits for change were generally well defined. However, interviews with the key staff involved revealed gaps in understanding due to limited prior experience of OCPs. This resulted in uncertainty around roles, responsibilities and the appropriate use of templates (see **Key Finding 1**).

The lack of clarity was particularly evident in the APP and Volunteers Service OCPs, where there was confusion about the appropriate timing of job description reviews. At the time of audit, the Volunteers Service OCP had concluded, but not all revised job descriptions had been finalised. A separate Job Evaluation audit is scheduled for 2025/26, which will consider the broader process.

There were also inconsistencies in the application of Equality Impact Assessments (EQIA) and Quality Impact Assessments (QIA). While organisational guidance exists and the topic was recently discussed at Audit, Risk and Assurance Committee (24 June 2025), alignment with the OCP process needs strengthening (see **Key Finding 1**). Although EQIAs were completed for three of the four OCPs, only the Bryn Tirion EQIA could be confirmed as having been submitted to the Inclusion and Engagement team. QIA completion was inconsistent. While QIAs were completed for the Bryn Tirion and Volunteers Service OCPs, they were either not completed or evidenced for the APP and PTR OCPs, despite the potential for significant clinical or service model changes.

Other variations in OCP management were also noted. For example, the PTR OCP included a business case; while the APP and Bryn Tirion OCPs benefited from project manager support and formal project documentation, which helped strengthen the recording of risks, benefits and milestones. Approval routes also varied across the four OCPs (see **Key Finding 1** and **page 3**).

Appendix 3 of the NHS Wales Organisational Change Policy outlines the management of seconded, acting up, and fixed term employees. However, the Trust currently lacks system controls to identify staff who have been in a temporary post for over four years. An ESR report reviewed during the audit did not clearly provide this information but did highlight one case where ESR had not been updated to reflect a permanent appointment (see **Key Finding 4**).

As noted in **Objective 1**, the wider change management framework is still in the early stages of implementation. While no formal testing was undertaken in this area, discussions confirmed that a dedicated change management workstream exists within the CMT programme. Support from the change community is also being provided across other workstreams - for example, the Head of Change and People Insights and a change community member supported the Bryn Tirion relocation, helping to strengthen communication and engagement.

Key Findings	Risk & Impact	Agreed Management Action
2 Organisational Change Planning and Co-ordination Historically, OCP-related activity has been treated as business-as-usual within the Trust. However, the growing volume of transformational change has exceeded existing capacity. At the time of audit, the People & Culture Directorate was managing approximately 100 active cases, including nine OCPs within a single area. Limited visibility of upcoming service-led changes continues to hinder effective resource planning. The NHS Wales Organisational Change Policy defines change as having occurred when it is "<i>likely to have a significant impact on the nature of the work performed or the arrangements or conditions under which the work is carried out</i>" (p.7). Despite this, there is currently no mechanism in place to ensure that significant organisational change is consistently planned and co-ordinated across the Trust, particularly in relation to the alignment of change community and People & Culture resources. The People and Culture Directorate Plan records some change management support for 2025/26 (e.g. Ambulance Care and APP), but no entries were available for 2024/25, limiting its use for OCP audit sampling. Audit testing highlighted the following key issues: • Project Classification: There is a lack of clarity on when OCPs should be treated as formal projects. This affects the ability to allocate dedicated support, assess risks and timelines at inception; and ensure consistent reporting. • Experience and Support: OCP planning does not currently consider whether key individuals have prior experience with the process. A lack of previous experience impacted two of the sampled OCPs, one of which involved a manager, project manager, and trade union representative all new to the process. This contributed to gaps in understanding and inconsistent delivery.	Organisational change is not consistently planned, recorded or managed, leading to inefficient use of resources and potential negative impacts on staff wellbeing due to uncertainty and lack of coordination.	Agreed Action: 1. Only large OCPs are recorded on the People and Culture Directorate Plan as OCPs are part of BAU for the directorate and cannot always be forecast or anticipated. The guidance for managers and leaders will include reference to early notification to the People Services Team so better planning and scheduling can be implemented to avoid resourcing issues wherever possible. 2. An OCP tracker will be established so multiple teams across People & Culture can review, update and have better oversight of the OCPs in existence across the organisation. This will lead to better oversight. 3. Project Classification: There are projects which will be led by Project Managers, Planning or SROs, that will have a people impact and some OCPs which only have a people element, e.g. restructures that People Services will support. Where OCPs are part of a project that has a dedicated project manager this is treated as a formal project. Both formal and informal OCPs will be captured on the OCP tracker. 4. Experience and Support: OCP toolkit will be made available on SIREN and People Services support is always available for OCP processes. Expected Evidence of Implementation: 1. Manager's Easy Read Guidance Document and a Manager's Checklist of OCP toolkit 2. OCP Tracker in existence (exploration if this can be done using the same software review for case management) 3. Review of OCP Tracker and People and Culture Directorate Plan. All projects captured on OCP Tracker 4. PDF read only copies of OCP toolkit available on SIREN under People Services Toolkits.
Theme: Resourcing	High Priority Control Design	Officer: (1 to 4) Karen Jones, Deputy Head of People Services; and Bev Flood, Head of People Services Target Implementation Date: (1&4) 31 December 2025 (2&3) 31 January 2026;

Key Findings		Risk & Impact	Agreed Management Action
3	Monitoring and Reporting Organisational Change There is currently no robust mechanism in place to track OCPs across the Trust, nor are there independent checks to confirm effective application. This limits the ability to confirm whether change is being managed consistently, with appropriate oversight and opportunities for continuous improvement. While our testing of four OCPs found that trade union representatives were actively keeping their counterparts informed, there is opportunity to strengthen governance arrangements. In particular, more formalised reporting of organisational change at a trade union level would enhance transparency and support more consistent engagement.	In the absence of a robust mechanism to monitor and report organisational change, there is a risk that change initiatives are not managed consistently, reducing opportunities for oversight, learning, and continuous improvement. This may also limit transparency and formal engagement with key stakeholders, including trade union representatives.	Agreed Action: 1. An OCP tracker will be established so multiple teams across People & Culture can review, update and have better oversight of the OCPs in existence across the organisation. 2. A quarterly review of OCPs in progress and completed will be undertaken to include lessons learned and benefits realisation. 3. A high level OCP update will be provided at Corporate Partnership Forum (CPF) for activity relating to that Directorate to ensure Trade Union awareness (OCP details will not be subject to discussion at the Local Partnership Form (LPF) meetings due to potential issues regarding confidentiality)
		Medium Priority	Expected Evidence of Implementation: 1. OCP Tracker in existence 2. Quarterly reviews completed 3. Minutes of CPF meeting
	Theme: Information, Data Quality & Data Accuracy	Control Design	Officer: (1 to 3) Liz Rogers, Deputy Director of People & Culture Directorate; and Bev Flood, Head of People Services Target Implementation Date: (1) 31 January 2026; (2) 1 April 2026; (3) 28 February 2026

Key Findings		Risk & Impact	Agreed Management Action
4	Temporary Appointments The NHS Wales Organisational Change Policy (p.27) states that <i>"Where an employee has been seconded or acted up in a post for a period of four continuous years or more, on the date on which they are displaced this will be considered to be their substantive post."</i> However, there is no robust mechanism in place within the Trust to monitor the duration of temporary appointments. While it is expected that job role reviews during restructures will identify such cases, responsibility for monitoring rests with individual line managers. As part of our audit, we obtained a system-generated report from ESR; however, it did not clearly identify employees who had been in temporary posts for more than four years. We noted one case where an employee's temporary post began on 9 March 2020. We have since been advised that this individual was appointed on a permanent basis in December 2021, but the ESR system has not been updated to reflect this change.	Change requests are not effectively monitored or updated, leading to incorrect employee data, reduced data integrity and potential non-compliance with organisational policies.	Agreed Action: 1. Approval from Recruitment Control Panel (RCP) for temporary/FTC/secondment appointments will be dip sampled using TRAC and ESR to establish if change requests are being managed effectively. 2. Reminder to LMs/recruiting managers about the need to ensure that ESR holds the correct employment status of team members will be communicated via SIREN. 3. Quarterly reporting for temporary/FTC/secondment appointments and reviewed by People Service Team and Workforce Planning Team.
		Medium Priority	Expected Evidence of Implementation: 1. Dip sampling has taken place. 2. Notice on SIREN 3. Quarterly report
	Theme: Information, Data Quality & Data Accuracy	Control Design	Officer: (1 & 2) Liz Rogers, Deputy Director of People & Culture Directorate Target Implementation Date: (1) 31 March 2026; (2) 31 December 2025 (3) 1 April 2026

Overview / Summary of Observations

IMTP 2025-28 reporting to Trust Board (24 March 2025) highlighted that 47% of Trust respondents to the NHS Wales staff survey did not feel involved in changes affecting their work, area, team or department. This indicates a need to continue developing the organisation's change culture and to strengthen change support and capability.

Documented guidance is available to support stakeholder engagement and consultation. The Change Management Playbook, accessible via Siren, prompts for stakeholder identification and includes a communication plan template to map milestones. An OCP template also exists to outline consultation processes, timeframes, and employee support; however, as noted in **Key Finding 1**, this template is not currently accessible to staff.

Audit testing of four OCPs (APP, Volunteers Service, Bryn Tirion relocation, and PTR - see **Objective 2** and pages 3-4) found generally positive engagement and consultation practices, including:

- Early engagement with affected staff prior to formal OCP initiation.
- Trade union involvement at key stages.
- Clear documentation of consultation processes, including formal notices and adherence to the four-week consultation period (except PTR, where a three-week period was agreed with staff and unions).
- For Bryn Tirion, regular project board updates and a FAQ document supported ongoing communication.

However, inconsistencies were noted in how consultation feedback was recorded:

- The APP OCP used the feedback template to document management responses to employees' concerns.
- The Volunteers Service manager was unaware of the template but still recorded outcomes.
- PTR incorporated feedback into an updated consultation document rather than using the template.
- For Bryn Tirion relocation, there was no formal documentation completed to evidence that no relevant feedback was received in relation to the OCP (see **Key Finding 1**).

Overview / Summary of Observations

Recognising the need to strengthen governance arrangements, the Trust has developed an integrated governance map, approved by the Audit, Risk and Assurance Committee in March 2025. This map sets out key principles to support effective oversight and accountability across meetings; clarify roles and responsibilities; and improve meeting administration.

The dedicated change management workstream, part of the CMT programme, sits within the Strategic Development and Delivery Arm of this framework. Terms of reference are in place and AAA (Alert, Advise and Assure) reporting has been evidenced to the CMT Programme Board. Challenges regarding SRO attendance at workstream meetings have been escalated through IMTP reporting to the Trust Board and its committees.

The change community is a developing, informal forum within the wider change management process. It supports cultural change through trust, connection, and shared learning, without formal structures or governance. Monthly meetings provide an opportunity for colleagues to engage and build confidence. The Trust has made a significant investment in this network to strengthen change capability and support while enabling sustainable improvement across the organisation. It is too early to assess the impact of this new approach, but this will need to be considered in the longer term.

Our testing (see **Objective 2** and **pages 3-4**) found positive evidence of OCP monitoring and reporting. For example, the APP OCP reported regularly to the Advanced Clinical Practice Delivery Group (ACPDG), and the Bryn Tirion relocation OCP had an established project board. Broader updates on OCP progress and change management were also reported to the Trust Board and its committees. However, the Trust may wish to consider formalising the reporting of OCPs within its trade union structures (see **Key Finding 3**).

The Terms of Reference for the People & Culture Committee state that it will “*receive and consider projects of major strategic organisational change where there is a significant impact on people’s health and wellbeing, and cultural change*”. While we observed evidence of reporting to the Committee, as noted in **Key Finding 2**, further clarification is needed to ensure consistent classification and reporting of OCPs as formal projects.

Two OCPs (APP and Bryn Tirion) considered lessons learned and benefits realisation as part of their project management processes. However, only the APP OCP had formally recorded lessons learned and established a mechanism for capturing benefits. Consideration should be given to how OCPs will be assessed post-implementation (see **Key Finding 5**). The absence of a post-implementation review and benefits assessment was also raised in our Emergency Communication Nurse System review.

Organisational learning is a key enabler of the Trust’s broader cultural ambition to create a more reflective, adaptive and people-focussed organisation. Within this culture, teams and individuals are encouraged to reflect regularly, provide meaningful feedback and consider the change impact on people. The inclusion of an “*Action Replay*” tool in the change management guidance prompts for critical reflection and to capture lessons learned. Additionally, the Trust is in the process of implementing, a new platform, Simply Do, to support data capture, knowledge sharing and continuous improvement. We also note that early conversations are being held with colleagues in the Quality Improvement team to explore closer alignment and mutual reinforcement of their respective agendas, with a view to create more opportunities for cross-learning and shared reflection.

Key Findings		Risk & Impact	Agreed Management Action
5	Organisational Learning Our review of sampled OCPs identified varying approaches to capturing lessons learned and benefits realisation: • APP: As a formal project, APP maintained a lessons learned log; however, this has not been widely shared. A populated benefits register exists, though it was considered too early to record benefits realisation. Initial post-implementation feedback was gathered, with a further session planned for September 2025. • Volunteers Services: No lessons learned, or benefits realisation have been recorded to date. A six-monthly review of the reconfigured service is, however, planned. • Bryn Tirion Relocation: The Project Initiation Document references post-project evaluation and lessons learned. While lessons were discussed at the May 2025 Project Board, they have not been formally documented. Similarly, no benefits realisation has been undertaken. • PTR: No formal documentation of lessons learned, or benefits realisation was identified. While consultation outcomes indicate that reviews of the operating model are planned at six- and twelve-months post implementation, we were advised that these discussions have occurred informally at team meetings and have not been formally recorded. Currently, there is no structured process in place to prompt or support the consistent recording and sharing of lessons learned of benefits realisation across OCPs.	A lack of structured organisational learning processes may result in missed opportunities for improvement, reduced knowledge transfer, and sub-optimal decision making.	Agreed Action: 1. Formal projects will continue to review lessons learnt and benefits realisation as part of the formal project management process. Those involved (People & Culture/Business areas/TUPs) in an OCP process will undertake reviews on a quarterly basis to review the effectiveness of the OCP processes in train and completed; and consider opportunities for continuous improvement as well as the realisation of benefits. This will be supported by a checklist. 2. Whilst our approach is primarily culture and capability focussed, rather than process driven, we recognise the importance of being able to evidence benefits and lessons learned. We will be documenting lessons learned through change initiatives and sharing these widely through a case study approach, highlighting practical examples of people focused changed and the impact on individuals, teams and outcomes. These case studies will be made available through our Change Community and other internal channels (including the CMT Change Management Workstream) helping to spread good practice, prompt reflection and inspire local adaptation. As a tangible measure of impact, we will also monitor relevant NHS Wales Staff Survey indicators to help track cultural shifts over time. This will be supplemented by qualitative feedback gathered through our engagement activities.
			Expected Evidence of Implementation: 1. Checklist completed 3 months post OCP. 2. Document lessons learned via case studies, share widely across the organisations and track impact through relevant staff survey indicators – <i>23d: I am involved in deciding on changes introduced that impact my work/area/team/department</i>
			Medium Priority
Theme: Lessons Learnt		Control Design	

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit, Risk & Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Non-Executive Directors or officers including those designated as Accountable Officer. They are prepared for the sole use of the Welsh Ambulance Services University NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Welsh Ambulance Services University NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.





SUMMARY OF POLICIES FOR COMMITTEE APPROVAL

Name of Committee	People and Culture Committee	Date of Meeting	13 November 2025

Policy Name	EqIA	Policy Group	ADLT	Points of note
Lone Working Policy	Completed – No Issues	29/10/2025	10/11/2025	Reviewed Trust policy – FOR APPROVAL
Carers' Policy	Completed – No issues	29/10/2025	10/11/2025	New Trust policy – FOR APPROVAL
NHS Wales Anti-Sexual Harassment Policy	Completed by NHS Employers Unit	22/09/2025	13/10/2025	New All Wales policy – FOR ADOPTION
NHS Wales Flexible Working Policy	Completed by NHS Employers Unit	29/10/2025	10/11/2025	All Wales policy Amendment – FOR ADOPTION



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University NHS Trust

Lone Working Policy

Policy Number:	054	Version No:	V2.9 Draft	Supersedes:	V1.5 (Published February 2023)
Date of Approval:	TBA	Review Date:	3 Years from date of approval	Impact Assessments Completed:	Yes
Classification of Document:	Corporate	Type of Document:	Policy	Approved by:	TBA
Brief Summary of Document:	The purpose of this Policy is to protect staff, so far as is reasonably practicable from the risks associated with Lone Working				
Scope:	This Policy applies to all staff that are directly employed by WAST and encompasses Non-Executive Directors, bank workers, volunteers, contractors, and all those that it has legal responsibility for such as students and trainees				
To be read in conjunction with:	Health & Safety Policy Violence and Aggression Policy Adverse Incident/Hazard Reporting Investigation & Learning Policy Risk Management Strategy & Framework High Risk Records Policy Welsh Health Circular 024/2024 Obligatory Response to Violence in Healthcare (Wales) 2024 Non-Emergency Patient Transport Service (NEPTS) Lone Working Policy				
Owning Committee	Quality, Patient Experience and Safety Committee				
Policy Lead: Trade Union Lead:	Nicola White Hugh Parry Mal Jones	Job Title:	Head of Health & Safety Trade Union Partner Trade Union Partner		
Executive Director:	Liam Williams	Job Title:	Executive Director of Quality & Nursing		

Version Control Sheet

Version	Date	Author	Summary of Changes
1.5	02/2023	Philip Lloyd	Amendment and review of previously considered policy and SOP
1.6	02/2024	Philip Lloyd	SOP Procedure Document
1.7	04/2024	Philip Lloyd	New Template SOP Procedure Document. Updated appendix flowcharts
1.8	01/2025	Philip Lloyd	Following TU Partners consultation SOP to be transferred to Policy Format
1.9	21/02/2025	T&F Group	Comments added and amendments suggested
2.0	23/02/2025	Hollie Ryan	Inclusion of Impact Assessments added
2.1	06/03/2025	T&F Group	Comments reviewed and amendments made
2.2	30/04/2025	T&F Group	Final Review and Action Cards Updated
2.3	06/05/2025	Natasha McBeth	Policy Links and QR Codes Added
2.4	12/05/2025	Hollie Ryan	Final Formatting prior to Submission
2.5	25/05/2025	Lisa Trounce	Quality check/edit prior to consideration by Policy Group
2.6	24/07/2025	Philip Lloyd / Natasha McBeth	Policy Group comments actioned: • PDF copy of approved EqlA supplied • Bank staff amended to bank 'workers' • Job titles of some TFG members confirmed and amended • Section defining Lone Working moved to beginning of policy • Two sections on 'Training' combined



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Version	Date	Author	Summary of Changes
			• Students included under training modules • Section numbering throughout amended / formatted • Records Management section expanded • Reference to 'victims' in 6.6 replaced with alternative wording • Audit and monitoring section expanded • Missing Action Card for EMS added
2.7	27/08/2025	Lisa Trounce	Review of amendments made/validation that Policy Group comments have been actioned, formatting, and preparation of policy for Trust-wide consultation
2.8	25/09/2025	Philip Lloyd	Policy updated post consultation - no changes made
2.9	29/10/2025	Lisa Trounce	Policy prepared for presentation to ADLT for endorsement, then People and Culture Committee for formal approval and adoption.

Keywords

Lone, Working, Health, Safety, Violence, Aggression, Adverse, Incident, Hazard, High Risk, Records.

Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
Data Protection	n/a	n/a
EqlA / Welsh Language	March 2025	Philip Lloyd
Environment	March 2025	Philip Lloyd
Quality	n/a	n/a

Task and Finish Group Members / Other Contributors

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Alison Johnstone	Dementia Programme Lead

Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
Lone Worker T&F Group	February 2023	Change from Policy to Procedure Draft - following on from consultation it concluded it was to remain as a policy for this edition
Lone Worker T&F Group	November 2023	Presented Procedure Document - Decision to revert to Policy
Lone Worker T&F Group	February/March 2025	Task & Finish Group meetings
Lone Worker T&F Group	30/04/2025	Final Review
Policy Group	30/05/2025	For review and approval / Approved for Trust-wide consultation pending agreed amendments being actioned
Trust-wide consultation	27/08/2025 – 24/09/2025	Trust-wide Consultation
Policy Group	29/10/2025	Received post consultation policy changes and recommend for approval
Assistant Directors Leadership Team	10/11/2025	Endorse for approval by Committee
People and Culture Committee	13/11/2025	For Approval and Adoption

Disclaimer

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

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1. INTRODUCTION

There are many different situations where staff and volunteers are required to work alone, and it would be impractical to address each situation individually. This policy has been designed to be as wide ranging as possible, to assist managers, staff and volunteers to minimise the risks of lone working.

The Welsh Ambulance Service University NHS Trust ('the Trust') takes Personal Safety extremely seriously. The health, safety and welfare of all staff and volunteers is paramount. It is recognised that violence and aggression towards staff is unacceptable, and that staff have the right to be able to perform their duties without fear of abuse or violent acts. No member of staff or volunteer should consider violence or abuse to be an acceptable part of their role.

The Trust is a partner of the NHS Anti-Violence Collaborative Wales and is compliant with the Obligatory Responses to Violence in Healthcare Document 2018 as directed by the Welsh Health Circulars 12/2021 & 24/2024.

It is recognised that staff are required to work by themselves for significant periods of time without close or direct supervision in the community, in isolated work areas, and at any time of the day or night. Working alone can bring risks to the work activity and the dangers cannot always be foreseen or avoided. The purpose of this policy is to protect staff, so far as is reasonably practicable, from the risks of violence and aggression and associated risks when working alone.

The objective of this Policy is to:

- Provide guidance to staff who are likely to work alone to assess risks and form effective working strategies.
- Provide guidance to managers who need to look after staff likely to work alone.
- Provide a system of reporting incidents and supporting staff.
- Support the Trust's compliance with relevant health and safety legislation including the Trusts Health, Safety and Welfare Policy and good practice.

2. SCOPE

This document applies to all Trust employees and volunteers (including Community First/Welfare Responders), and Contractors. It covers all Trust property and premises, and all locations in which Trust employees may be working in a lone worker role arising in connection with their duties.

3. AIM

The aim of this policy is to:

- Ensure that the risk of working alone is assessed in a systematic and ongoing manner;
- Ensure that safe systems of work are put in place to eliminate risks to staff working alone or to reduce those risks to the lowest reasonably practicable level.
- Ensure lone workers are aware of the types of risks they may encounter, and the precautions required to be taken to control those risks. This will include suitable and sufficient training, supported by effective ongoing supervision and monitoring.
- Ensure that appropriate support is available to all staff (counselling if required or requested and incident de-brief).

4. LONE WORKING

4.1 Definition of a Lone Worker

There is not one single definition that encompasses all those who may face lone working situations they may face increased risks to their security and safety.

Lone working may be a pre-planned, accepted part of someone's usual job, or it could arise unexpectedly that a member of staff finds him/herself in a lone working situation, such as being the first person to arrive or the last person to leave an office block.

WAST echo the HSE's definition and define lone working as:

"...any situation or location in which someone works without a colleague nearby; or when someone is working out of sight or earshot of another colleague."

However, an individual does not have to work for an entire shift to qualify as a lone worker. It can apply to short periods in a shift, say 10 to 15 minutes. Therefore, lone working may be a normal part of a person's usual job, or it could occur infrequently, or be unplanned / when circumstances dictate.

4.2 Example of a Lone Worker (List is not exhaustive)

- A member of staff who works alone on a site or part of a site (e.g., in an office)
- A member of staff who works alone away from base (e.g., Solo Responders, Ambulance Care staff, UCS staff, Fleet staff, Managers and Trade Union Partners travelling on Trust business etc.)
- A member of staff working from home.
- A member of staff working alone in/out of office hours.
- A member of staff who is required to undertake On-Call/call-out duties.
- Volunteers or others working as agents on behalf of the Trust.
- Community First Responders.
- Community Welfare Responders.
- Undertaking work as the only person in a building, outside office hours, i.e. overnight - for example IC Call Centres.
- Managers/Trade Union Partner travelling to and from required destinations

In addition, there are heightened risks associated with lone working, these include but are not limited to:

- Violence & Personal Safety – the nature of some work that staff carry out may increase the risk of physical and verbal abuse.
- Lifting and Handling – moving and handling tasks when alone may result in injury.
- Fire – isolated workers may have difficulty evacuating buildings when the alarms are activated.
- Undertaking work in isolated areas.
- Undertaking work within potentially known high-risk areas, including any flagged addresses as detailed on the EMS Coordination Computer Aided Dispatch (C.A.D.) system.
- Visiting patients in their own home.
- Encountering people with known risk factors such as violence and/or aggression, alcohol, or mental health issues and people living with Dementia
- Carrying medication, equipment, or valuables.
- Donning/doffing red level PPE.
- Unexpected personal medical episode.
- Working from Home
- Travelling, when solo, between one location and another.
- Environmental Hazards, Driving Conditions
- Adverse Weather Conditions

4.3 Employee Support

Staff will be provided with clear guidance and appropriate training on how to minimise the risk of violence to themselves and others.

Employees who have been subjected to violence and aggression will be supported by the Trust with the prosecution of the offenders where appropriate.

Staff involved in incidents may require support and counselling. This can be provided in many forms' dependent on the incident and on the reaction of the individual. Any employee who requires further support following an incident may seek guidance from their Line Manager, People Services Team, or they can self-refer to the Trust's Wellbeing Team and/or Occupational Health Service.

The Occupational Health Service provides support and guidance to lone workers, including health assessments and recommendations for reasonable adjustments to ensure their safety and wellbeing.

Management referrals can facilitate this process through a collaborative approach between staff and managers. Additionally, staff can self-refer to the wellbeing service if they require further support.

Further guidance and support including Risk Assessment template are available via the Health & Safety intranet page [Violence & Aggression](#)

Lone Working action cards are included within this policy (see Appendix 1) and are widely available via the Violence and Aggression intranet page [Action Cards](#), QR codes and hyperlinks for ease of access.

4.4 Risk Management

It is recognised that risk is present in any organisation. We work in an environment where many of our colleagues are in the community, public facing in clinical contact centres, office based/home working, and travelling in conjunction with work duties.

Personal safety is paramount, therefore we need to take account of any known or potential risks and ensure that these are continuously managed in a systematic and consistent manner in all areas.

4.5 Risk Assessment

In some services, the threat of violence cannot be eliminated completely and will be addressed through a process of risk assessment. The risk assessment process will include the recording, provision and sharing of information about people who have acted violently, aggressively or who have issued threats against staff.

While lone workers working in the Trust continue to face increased risk to their safety and security it is imperative that adequate systems are in place which are designed to offer them appropriate and sufficient support and protection.

It is equally important that these risks are not over emphasised, thereby creating an unnecessary fear amongst staff that is disproportionate to the reality of the risks present. A balanced informed approach to a suitable and sufficient assessment of the apparent risk is necessary. This should be supported by facts based on the available information at the time.

If staff, having conducted an informed assessment, consider the instruction given to be unsafe, they have the option to decline the instruction to attend, pending a continual dynamic assessment to enable a safe response.

5. TRAINING AND IMPLEMENTATION

Staff will receive the appropriate level of training in relation to dealing with violent or potentially violent situations, in line with the All-Wales NHS Violence and Aggression Training Passport Scheme, as follows:

Module(s)	Service Areas	Frequency
Module A	Corporate staff (e-Learning)	Refreshed every 3 years
Modules A & B	EMS Coordination and Integrated Care	Refreshed every 2 years
Modules A, B & C	All Operational staff (including volunteers and students)	Refreshed every 2 years

This training will be provided on induction and refreshed as per UK Core Skills Training Framework refresher periods.

Such training will include (based on a valid risk assessment and training needs analysis):

- AACE Guiding Principles
- AACE Restrictive Skills
- Interpersonal skills
- Dynamic Risk assessment
- Avoiding aggression/violence
- Reducing aggression/violence
- Policy and procedure awareness
- Understanding the legislation
- Reporting procedures
- Management of the aftermath of an incident
- Personal Protective Equipment (PPE)
- All Wales Violence and Aggression Training and Information Passport

Managers are responsible for identifying and prioritising any additional and/or specific training needs for staff, and in conjunction with the Training Department, identify means of training delivery.

This training provides staff with the necessary knowledge and skills to operate as both lone workers and as part of a crew.

Any policy specific training would need to be devised by the Policy Lead and subject matter expert and developed into appropriate learning material in collaboration with Education & Development.

WAST is committed to providing high quality evidence-based education to an engaged and skilled workforce operating within an organisational culture and framework that enables colleagues to work to the top of their skill set to deliver high quality care and services with competence and confidence. Staff are encouraged to discuss any concerns or queries regarding education and training with a member of the Education and Training Team, by telephoning the Learning & Development Hub on 0300 123 2319 or via email at amb_LDHub@wales.nhs.uk

6. IMPACT ASSESSMENTS

6.1 Equality Impact Assessment

A full Equality Impact Assessment (EqIA) has been undertaken and completed. There are no negative impacts identified with the adoption and implementation of this

policy. The policy will act to drive improvements to all who undertake lone workers and offers protections and procedures to avoid discrimination.

6.2 Welsh Language Impact Assessment

Under the Welsh Language (Wales) Measure 2011 the Trust's Welsh Language Scheme has been replaced by Welsh Language Standards. This means that the Trust, when formulating new policies or reviewing or revising existing policies, is required to assess what effect a policy decision would have on opportunities for persons to use the Welsh language and on treating the Welsh language no less favourably than the English language. This is considered in the Equality Impact Assessment.

In order to comply with the Welsh Language Standards and the Trust's Compliance Notice, the Trust is required to publish several policies in Welsh; particularly those that relate to:

- behaviour in the workplace.
- health and well-being at work.
- absence from work.
- working conditions.
- work patterns

6.3 Counter Fraud

Anti-Fraud and Corruption Concerns

The Welsh Ambulance Services University NHS Trust is committed to taking all necessary steps to counter fraud, bribery and corruption within the Trust. Staff should report suspected incidents of fraud and corruption to the Trust Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns. Alternatively, staff may contact the confidential NHS Counter Fraud Authority, Fraud and Corruption Reporting line on 0800 028 40 60; or the on-line reporting facility Service <https://cfa.nhs.uk/report-fraud> Fraud investigations may lead to disciplinary action and / or prosecution and civil recovery procedures.

6.4 Records Management

The Welsh Ambulance Services University NHS Trust (WAST/'the Trust') recognises the importance of sound records management arrangements for both clinical and corporate records. The Trusts' records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and

operations. Records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public. Any record created to be managed locally by way of Risk Assessment templates stored and managed locally

6.5 Information Governance

Information Governance (IG) is an overarching term used to describe all aspects of information management. The Trust and its staff shall ensure that they provide satisfactory assurance to stakeholders as to how the organisation fulfils its statutory and organisational responsibilities in relation to the management of information. It will enable management and staff to make correct decisions, work effectively and comply with relevant legislation and the organisations aims and objectives.

The IG framework ensures that it sets out the high-level principles for confidentiality, integrity and availability of information to promote and build a level of consistency across the Trust which will be adhered to in respect of this policy.

7. ROLES AND RESPONSIBILITIES

The Trust are committed to the Safety and Welfare of staff.

7.1 Chief Executive

The Chief Executive, as Accountable Officer, has overall responsibility for ensuring the Trust has appropriate policies in place to ensure the organisation works to best practice and complies with all relevant legislation.

7.2 Directors

Are responsible for:

- The effective management of and compliance with this policy.
- Ensuring that all policies within their remit are maintained and updated by liaising with the appropriate policy leads.
- Ensuring that the appropriate advice and assistance is provided to authors, and that consideration is given to any training and resources implications that are defined.
- Appointing a Policy Lead for their Directorate.

7.3 Head of Compliance and Assurance

The Head Compliance and Assurance will act as the Trust's 'Policy Process Manager' and operational gatekeeper with the responsibility for providing guidance, advice and support for the process on behalf of the Trust.

In addition, be responsible for:

- Managing the maintenance of the Trust's central Policy Tracker and Policy Database (including ensuring a record of completed equality impact assessments submitted with policies is maintained).
- Facilitation of the Trust's internal Policy Group.
- Management of the Trust wide consultation process for all policies.
- Issuing reminder notices to ensure the timely review of policies.
- Ensuring up-to-date guidance and documentation regarding the policy process is accessible.
- Publishing policies onto the Trust's internet/intranet sites and working with the Communications Team to ensure comprehensive notification that new policies is maintained across the Trust.
- Maintain an archive of previous versions of any revised or reviewed policies.

7.4 Service Managers / Clinical Leads / Locality Managers

Are responsible for:

- Ensuring that suitable and sufficient risk assessments are completed.
- Local policies and procedures are implemented.
- Development and implementation of relevant Operational SOPs in accordance with the accompanying Risk Assessment for that SOP.
- Implementation of and adherence to the Trust's Violence & Aggression Procedure (Managers Toolkit) .
- Ensuring that safe systems of work are adopted; training is available, health and safety training records are maintained.
- Ensuring statutory compliance with regards to accident/incident reporting.
- Ensuring that effective communication, support, and liaison are in place.
- Ensuring that appropriate equipment, facilities and working arrangements are in place for the protection of employees, volunteers, and contractors for auditing compliance within the service.

7.5 Line Managers

Are responsible for:

- The implementation of established safe systems and supervise safe systems of work.
- Providing and ensuring that staff have received appropriate information, instruction and training.
- Ensuring that staff are aware of the need for the risk assessment process for lone working, and their own contribution to the process.
- Ensuring that other related policies and procedures relating to the safety of employees, volunteers and contractors are observed.

7.6 Violence and Aggression Manager / Case Manager(s)

Are responsible for:

- Providing additional support to those who have experienced violence and/or aggression whilst lone working.
- Liaising between the individual affected and the police (if appropriate) to pursue a prosecution.
- Liaising with the police/Crown Prosecution Service (CPS) regarding outcomes.
- Ensuring compliance with the Welsh Health circular 12/2021 the Obligatory Response to Violence in Healthcare.

7.7 All Staff

Individual members of staff will:

- Take all reasonable care for their own safety and that of others affected by their acts or omissions - this also applies to all volunteers and contractors working for the Trust.
- Ensure that they are up-to-date with statutory and mandatory training.
- Take responsibility for familiarising themselves with relevant policies, procedures and local arrangements/practices in relation to lone working.

8. **AUDIT AND MONITORING**

Any incidents associated with lone working will be reported via the RL DATIX CYMRU system. These reports will be themed to identify the nature of the incidents. Incidents are reviewed and managed by the Health and Safety Department with a dedicated Case Manager who specifically reviews all incidents of violence and aggression associated with lone working.

Performance will be monitored quarterly via the relevant departmental business meetings, reported via the Trust's Health and Safety National Committee, and subsequently reported via to the People and Culture Committee.

Any identified areas of concerns will be subject to further scrutiny to identify opportunities to reduce the risk. This will be assessed by the Violence and Aggression team and any actions will be addressed in partnership with those concerned establish lesson learned and to allow for targeted interventions.

Local Partnership Forum highlight reports will be reported via the Health & Safety Committee quarterly, and subsequently the People & Culture Committee on a quarterly basis.

9. **REFERENCES**

Health and Safety Executive (HSE)

<https://www.hse.gov.uk/>

Trauma Risk Management (TRiM)

<http://howis.wales.nhs.uk/sites3/docmetadata.cfm?orgid=136&id=467906>

Sustaining Resilience at Work (STRaW)

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=136&pid=73529>

Occupational Health

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=136&pid=56664>

Care First Management Support Service.

<http://howis.wales.nhs.uk/sites3/docmetadata.cfm?orgid=136&id=429353>



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10. APPENDICES

Appendix 1	Action Cards (Link to Siren page & QR codes)

DRAFT

Appendix 1 – Action Cards

Link to Siren page: [Action Cards](#)

QR Codes for Action Cards:



Ambulance Care

[ACS - NEPTS - Lone Worker Action Card.docx](#)

Right click on the link and select open with and the document will be displayed



Volunteers

[WAST Volunteers- Lone Worker Action Card.docx](#)

Right click on the link and select open with and the document will be displayed



Integrated Care

[Integrated Care - Lone Worker Action Card.docx](#)

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EMS

[EMS - Lone Worker Action Card](#)

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Carers Policy

Policy Number:	119	Version No:	V0.7 Draft	Supersedes:	n/a - New Policy
Date of Approval:	TBA	Review Date:	3 Years from date of approval	Impact Assessments Completed:	Yes – EqIA 2025
Classification of Document:	Corporate	Type of Document:	Policy	Approved by:	TBA
Brief Summary of Document:	This policy sets out the approach of the Welsh Ambulance Services University NHS Trust ('the Trust') to support employees who have caring responsibilities.				
Scope:	The Carers Policy is for all employees under a contract of employment with the Trust who have caring responsibilities fitting the definition of an unpaid Carer. It provides advice for managers on how to support staff with caring responsibilities and information for staff on options available to create a work/life balance.				
To be read in conjunction with:	All Wales Flexible Working Policy All Wales Special Leave Policy All Wales Employment Break Scheme NHS Wales Managing Attendance at Work Policy NHS Wales Disciplinary Policy & Procedure [2017 Extant Policy] Equality Impact Assessment (EqIA) Policy Homeworking Policy & Procedure NHS Wales Organisational Change Policy Redeployment Policy Adverse Weather Conditions Policy & Protocol Unpaid Carers Leave Data Protection Policy Working Time Regulations WAST Strategic Equality Plan 2024-2028				
Owning Committee	People and Culture Committee				
Policy Lead: Trade Union Lead:	Kathryn Cobley Hugh Parry	Job Title:	Head of Inclusion and Engagement Trade Union Partner		
Executive Director:	Carl Kneeshaw	Job Title:	Director of People		

Version Control Sheet

Version	Date	Author	Summary of Changes
V0.0	13/05/2025	Skye Banks/Lisa Trounce	Preparation of outline policy for review and development by EDI Team
V0.1	15/05/2025	Catherine Lloyd	Review & refine key areas including the addition of policy hyperlinks
V0.2	26/05/2025	Lisa Trounce	Quality check/edit prior to presentation of draft policy to Policy Group
V0.3	12/06/2025	Catherine Lloyd	Amendments effected and additional information supplied as agreed during Policy Group Meeting on 30/05/2025, plus hyperlinks checked, and link to Carers Passport supplied in Appendix 1.
V0.4	25/06/2025	Lisa Trounce	Review and edit prior to policy being circulated for Trust-wide consultation.
V0.5	18/09/2025	Catherine Wynn Lloyd	Updates effected following Trust-wide consultation: • 3.5 - Changed capital letter to lower case • 6 – Clarified guidance on other forms of written communication following Trust wide consultation • 6 – Outlined the availability of complimentary policies to support employees and encouraged a holistic approach to wellbeing and support • 9.8 – Recognition of other forms of care and encourage open conversations with line managers to explore suitable options • 10 – Added details on how EDISG will audit and monitor the policy • 12 – Added appendix 2



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Version	Date	Author	Summary of Changes
V0.6	22/10/2025	Lisa Trounce	Post consultation version of policy prepared for presentation to Policy Group: • Confirmed previous comments had been actioned by Policy lead • Approval route updated • Version control updated • Contents page numbers refreshed
V0.7	29/10/2025	Lisa Trounce	Policy prepared for presentation to ADLT for endorsement, then People and Culture Committee for formal approval and adoption.

Keywords

Carer, Caring, Flexible Working, Flexibility, Work Life Balance, Support.

Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
Data Protection	EqIA - May 2025	Kathryn Cobley / Catherine Wynn Lloyd
EqIA / Welsh Language		
Environment		
Quality		

Task and Finish Group Members

Name	Job Title
Catherine Wynn Lloyd	Organisational Development Project Support Coordinator
Kathryn Cobley	Head of Inclusion and Engagement
Hugh Parry	Trade Union Partner

Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
Policy Group	30/05/2025	Receive and review new policy / Approved for Trust-wide consultation
[28-day Trust-wide Consultation]	23/06/2025 – 20/07/2025	Trust-wide engagement
Policy Group	29/10/2025	Review policy post-consultation and approve for onward travel to ADLT
Assistant Directors Leadership Team	10/11/2025	Endorse for approval by Committee
People and Culture Committee	13/11/2025	For Approval and Adoption

Disclaimer

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

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1. INTRODUCTION AND AIM

This document describes the approach of the Welsh Ambulance Services University NHS Trust ('the Trust') to supporting employees who have caring responsibilities.

'Carers are employees with significant caring responsibilities that have a substantial impact on their working lives. These employees are responsible for the care and support of older, disabled or ill family and friends who are unable to care for themselves' (Carers UK definition).

We recognise that caring responsibilities may be long-term or short-term and might include the following:

- Physical care
- Personal care
- Communication care
- Emotional support
- Collecting and administering medication
- Practical household tasks
- Budgeting

We also recognise caring responsibilities can happen suddenly, for example following an accident, or may develop gradually over time, such as in the case of an elderly dependent.

This policy also contributes to our responsibilities under the Equality Act 2010 and Social Services and Well-being Wales Act (2014) and supports our commitment to the national Carer Confident Scheme.

The Trust is committed to creating an environment that supports employees with caring responsibilities, assisting them to manage their work/life balance whilst meeting the needs of our organisation. Further information can be found on SIREN under the [Carers Network](#).

The aims of this policy are to:

- Support employees to remain in work, fulfil their career potential and meet their caring responsibilities at the same time.
- Support employees balancing work with their caring responsibilities, by outlining a range of existing policies and employee support.
- Increase awareness of managers and all employees of the needs of Carers to ensure a sympathetic response to their caring responsibilities/needs.

- Work in partnership with employees in exploring all viable options to enable them to remain effective workers.
- Help to remove the feeling of isolation and lack of support often experienced by Carers.

2. SCOPE

This Carers Policy is for all employees under a contract of employment with the Trust who have caring responsibilities fitting the definition of an unpaid carer.

An unpaid carer is someone who provides care and support to a family member, friend or neighbour due to illness, disability, mental health or substance misuse. Whereas a paid carer is usually defined as a professional care worker, personal assistant or someone who is employed to provide care.

It provides advice for managers on assisting staff with caring responsibilities and information for staff on options available to create work/life balance.

This policy complies with our commitments under various legislation to promote and ensure the wellbeing of our employees, and as part of our duty of care. There are several rights and protections in the workplace afforded to carers under statutory law, which are listed below

- The Equality Act 2010: Carers are protected against discrimination and harassment. Under the Act, it is forbidden to discriminate against a carer because of their association with a person who is in need of ongoing care.
- The Social Services and Wellbeing (Wales) Act 2014: Gives carers the same rights as those they care for
- Carers Leave Act 2023: Gives employees a statutory right to five days of unpaid leave to care for a dependant who has long-term care needs.

3. OBJECTIVES

The Trust is committed to supporting carers in accordance with the following aims:

3.1 Identification as a Carer

Proactively encourage individuals with caring responsibilities to come forward for support as part of an open and positive workplace culture.

3.2 Recognition of Carers

Employees from across the Trust recognise the valuable role that unpaid Carers play in our families and communities and are proactive in identifying or responding to requests for support from colleagues who are Carers.

3.3 Offers of and Requests for Support

Where a member of staff has identified themselves as a carer, guidance will be provided by their line manager on the employment support available to them.

Managers will also advise on how staff can access information, advice and assistance from external support agencies relevant to their needs. Carers are encouraged to request specific support where required, in accordance with this policy.

Sympathetic consideration will be given where support is requested by carers in accordance with this policy, based on a shared understanding of the situation, its impact on the carer's work and the consistency of treatment with other staff in a similar position.

3.4 No Unfair Treatment

Staff who have identified themselves as a carer and/or requested support in accordance with this policy will not be treated unfairly or disadvantaged as a result.

3.5 Confidentiality

A staff member's identification as a carer and support requested will be treated as confidential and in accordance with our Data Protection Policy

In order to provide effective support, it may be necessary to share and discuss information about the carer with relevant professionals. This must always be done transparently and with the carers informed and explicit consent.

4. IDENTIFICATION AS A CARER

The Trust values the contribution of all its employees and acknowledges the valuable role that employees with caring responsibilities have for their families and communities. It is estimated that 1 in 7 carers are in employment, and the number of carers is growing each year.

Not everyone recognises themselves as a carer; providing care for an ill, older or disabled loved one is often just considered a part of everyday life for many people.

Employees providing this care may not even identify as a carer themselves, remaining unaware that support is available to them both inside and outside of work.

By raising awareness of carers within the Trust we aim to help employees to identify themselves as carers so that they can become more aware of the support available to them.

5. RECOGNITION OF CARERS

The Trust will support employees and managers to access carer awareness training in order to increase the recognition of the valuable role that carers play within families and communities. Carer awareness training is available in a range of formats including:

- Carer Aware e-learning (see useful links section).
- During the Trust's corporate induction session.
- Through bespoke training for teams and departments.
- During the Trust's Managers Essential Programme

For information about how to access relevant training, please email the Equality Diversity and Inclusion Team via email amb_inclusion@wales.nhs.uk.

6. SUPPORT FOR EMPLOYEES WITH CARING RESPONSIBILITIES

Staff who identify themselves as a carer will be entitled to 5 days unpaid leave per annum, this is in addition to their paid leave entitlement and any other unpaid leave granted in line with other policies. This is in line with the Carers Leave Act 2023.

The Carers Leave Act 2023 provides flexible entitlement to 5 day unpaid leave per year (pro rata) for employees who are providing or arranging care for a relative or dependant with long-term care needs.

A dependant includes the employee's husband, wife or partner, child or parent, or someone living with them as part of their family. Others who rely on them to provide or arrange care may also qualify.

A dependant has a long-term care need if they have an illness or injury (whether physical or mental) that requires, or is likely to require, care for more than three

months, a disability as covered by the Equality Act 2010 or requires care for a reason connected with their old age.

This right is available from the first day of employment and allows employees to take leave flexibly for planned and foreseen caring commitments. Employees can choose how to take the leave:

- Half days – this is the minimum that can be taken
- Full days
- A whole week

A minimum notice period must be given by the employee and this will depend on the number of days requested

Number of days requested	Minimum notice required
Half a day to 1 day	3 days notice
1.5 – 2 days	4 days notice
2.5 – 3 days	6 days notice
3.5 – 4 days	8 days notice
4.5 – 5 days	10 days notice
6 days (if an employee works 6 days a week)	12 days notice

The carer does not have to:

- Put their request for leave in writing
- Provide evidence of their dependants care needs

Carers Leave cannot be refused. However, if the employee's absence would cause serious disruption to the organisation, the leave can be delayed. In these circumstances, the manager must:

- Agree another date within 1 month of the date the employee originally requested leave for
- Explain in writing why they need to delay the leave. This must be done within 7 days of the request or before the leave starts, whichever is earlier. A written explanation may be provided via email or any other formal written communication channel

There are a range of employment policies which can support employees with caring responsibilities, as detailed within the subsection overleaf. However, it is important to recognise that other policies or support mechanisms may be more appropriate depending on the individual's specific circumstances. A holistic approach is encouraged, one that considers the full context of the employees' needs in order to offer compassionate and responsive leadership.

6.1 Flexibility of Working Hours/Pattern

Policy Title / Hyperlink	How it can help
All Wales Flexible Working Policy	Option to discuss and request a variation in working hours and/or working pattern.
All Wales Special Leave Policy	Option for those with responsibilities including caring for children to request term time working.
Homeworking Policy & Procedure	Help to create a safe and practical workspace at home

6.2 Time Off Work to Deal with Unforeseen Emergencies

Policy Title / Hyperlink	How it can help
All Wales Special Leave Policy	Support where time off work is needed in unforeseen circumstances and at short notice.

6.3 Time Off Work to Deal with Planned Requirements

Policy Title	How it can help
NHS Terms and Conditions of Service Handbook NHS Employers	Confirms contractual entitlement to annual leave.
All Wales Flexible Working Policy	Option to request an extended unpaid period of absence from the workplace.
All Wales Special Leave Policy	Option to request parental leave.

6.4 Time Off Work to Attend Medical/Dental/Hospital Appointments

Policy Title / Hyperlink	How it can help
NHS Wales Managing Attendance at Work Policy	Clarifies Trust policy on time off needed to attend Medical/Dental/Hospital appointments in planned and emergency circumstances.

6.5 Managing Attendance

Policy Title / Hyperlink	How it can help
NHS Wales Managing Attendance at Work Policy	Sets out the provision to support the health and wellbeing of employees in the workplace.

6.6 Bereavement

Policy Title	How it can help
All Wales Special Leave Policy	Provides compassionate guidance on process and support following a bereavement.

6.7 Occupational Health and Wellbeing Services

The Occupational Health and Wellbeing Service is an impartial, confidential service providing advice and guidance to both managers and staff. Occupational Health & Wellbeing can offer help, advice and assessment on keeping well at work. This may be through access to leaflets, counselling or simply having a contact name that Carers know they can turn to if needed. Managers are also encouraged to contact Occupational Health and Wellbeing so they can support staff with caring responsibilities.

Staff can refer themselves to Occupational Health by completing a self-referral form: [Our Occupational Health Service](#)

6.8 The Employee Assistance Programme (EAP)

Delivered by Health Assured, the Employee Assistance Programme (EAP) is a confidential service, which provides comprehensive advice, counselling, information and articles covering personal and work-related issues; to help employees deal with a

variety of issues such as wellbeing, family matters, relationships, debt management, workplace issues and much more.

This 24/7 service is provided in total confidence and offered free of charge to all Trust employees - Contact 0800 028 0199.

6.9 Carers Networks / Carers Leads

The Trust recognises the important role that staff networks can play as they provide an opportunity for staff to connect, socialise, support one another, and discuss issues of relevance to them in accordance with their shared characteristics and common experiences.

For information on carer network, please email: Amb_inclusion@wales.nhs.uk

6.10 Access to facilities to make private telephone calls

The Trust will provide reasonable access to a telephone where possible to enable the employee to check on the person that they are caring for or, if necessary, to arrange appointments in relation to urgent care needs. It would be seen as best practice that any requests to use the telephone be agreed in advance with the line manager. It is also recommended that where possible, an indication of the likely frequency of requirement be discussed, where the likelihood of frequent, regular or long-term use may be anticipated.

6.11 Support to return to work following a period of caring

Some employees may be going through a particularly distressing time and will need to be supported by their manager to return to the workplace if their caring role comes to an end.

During the employee's period of absence from the workplace the manager has a responsibility to ensure that they maintain contact with the employee to keep them informed of any workplace developments and other information the employee may need to ensure that they still feel part of the team. This will ensure that employees do not begin to feel isolated and will help to make the return to work easier.

Many carers may feel they have lost their skills and their self-confidence; this would be addressed by the Carer and the manager on or prior to their return to work.

Any training and development needs can be identified through the Trust's PADR or one to one supervisory sessions.

6.12 Support with career development and progression opportunities

Carers are encouraged to discuss during one-to-one supervision and/or PADR any barriers they feel they may be facing in accessing training and development opportunities to support career development opportunities.

6.13 Carer's Passport

The purpose of the Carers Passport is to enable a carer and their manager to hold a supportive conversation and document the flexibilities needed to support the carer in combining their caring role and work commitments.

The aim is to minimise the need to re-negotiate these flexibilities every time an employee moves post, moves between departments or is assigned a new manager, although the passport does not guarantee that the previously agreed arrangements will remain in place.

The Passport is designed to be a living document to be reviewed every year and in response to any changes in the nature or impact of the caring responsibilities.

Completion of the Carers Passport is voluntary and the employee retains ownership of the form.

The Trust recognises that employees may find it difficult to explain their personal circumstances, issues and challenges. Therefore, it is not a mandatory requirement.

See Appendix 1 'Carer's Passport Guidance', and Appendix 2 'Carers Passport Template'.

6.14 Support Externally

In addition to employment support, some carers may need additional support from third sector or other support organisations to enable them to maintain their caring role.

Further information on support available for staff internally and externally is available via the [Carers Network](#).

7. TRAINING AND IMPLEMENTATION

WAST is committed to providing high quality evidence-based education to an engaged and skilled workforce operating within an organisational culture and framework that enables colleagues to work to the top of their skill set to deliver high quality care and services with competence and confidence.

Staff are encouraged to discuss any concerns or queries regarding education and training with a member of the Education and Training Team, by contacting the Learning and Development Hub either via telephone number 0300 123 2319 or by emailing amb_LDHub@wales.nhs.uk

In addition, advice and support on the implementation of this policy can be obtained from the Policy Lead and our People Services Team.

8. IMPACT ASSESSMENTS

8.1 Equality Impact Assessment

An Equality Impact Assessment (EqIA) has been undertaken for this policy and no negative impacts were identified.

The policy aims to have a positive impact upon unpaid carers. The EQIA also identified potential positive impacts upon people with a disability who are either unpaid carers or the recipients of care.

Research data indicates that women are more likely to provide unpaid care than men. This policy will have a positive impact upon our female staff who provide unpaid care which in turn could help with our aims to reduce our gender pay gap.

A copy of the EQIA can be obtained from the Head of Inclusion and Engagement.

8.2 Welsh Language Impact Assessment

The EQIA indicates that the policy will have no impact upon Welsh speakers and will not treat the Welsh language any less favourably than the English language.

8.3 Environmental Standards and Impact Assessment

Not applicable

8.4 Counter Fraud

Anti-Fraud and Corruption Concerns

The Welsh Ambulance Services University NHS Trust is committed to taking all necessary steps to counter fraud, bribery and corruption within the Trust. Staff should report suspected incidents of fraud and corruption to the Trust Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns.

Alternatively staff may contact the confidential NHS Counter Fraud Authority, Fraud and Corruption Reporting line on 0800 028 40 60; or the on-line reporting facility Service <https://cfa.nhs.uk/report-fraud> Fraud investigations may lead to disciplinary action and / or prosecution and civil recovery procedures.

8.5 Records Management

The organisation recognises the importance of sound records management arrangements for both clinical and corporate records. The Trusts' records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public.

8.6 Information Governance

Information Governance (IG) is an overarching term used to describe all aspects of information management. The Trust and its staff shall ensure that they provide satisfactory assurance to stakeholders as to how the organisation fulfils its statutory and organisational responsibilities in relation to the management of information. It will enable management and staff to make appropriate and informed decisions, work effectively, comply with relevant legislation, and achieve the organisation's aims and objectives.

The IG framework ensures that it sets out the high-level principles for confidentiality, integrity and availability of information to promote and build a level of consistency across the Trust.

9. ROLES AND RESPONSIBILITIES

9.1 Chief Executive

The Chief Executive, as Accountable Officer, has overall responsibility for ensuring the Trust has appropriate policies in place to ensure the organisation works to best practice and complies with all relevant legislation.

9.2 Directors

The Directors are responsible for the effective management of and compliance with this policy. They are responsible for ensuring that all policies within their remit are maintained and updated by liaising with the appropriate policy leads. They are responsible for ensuring that the appropriate advice and assistance is provided to authors and that consideration is given to any training and resources implications that are defined. Each Director will appoint a Policy Lead for their Directorate.

9.3 Directors of People and Culture

The Director of People has responsibility for ensuring that all employment policies are developed in line with employment legislation and practice and are reviewed and updated as appropriate.

9.4 Head of Compliance and Assurance

The Head Compliance and Assurance will act as the Trust's 'Policy Process Manager' and operational gatekeeper with the responsibility for providing guidance, advice and support for the process on behalf of the Trust.

In addition, be responsible for:

- Managing the maintenance of the Trust's central Policy Tracker and Policy Database (including ensuring a record of completed equality impact assessments submitted with policies is maintained).
- Facilitation of the Trust's internal Policy Group.
- Management of the Trust wide consultation process for all policies.
- Issuing reminder notices to ensure the timely review of policies.
- Ensuring up-to-date guidance and documentation regarding the policy process is accessible.

- Publishing policies onto the Trust's internet/intranet sites and working with the Communications Team to ensure comprehensive notification that new policies is maintained across the Trust.
- Maintain an archive of previous versions of any revised or reviewed policies.

9.5 People and Culture Directorate – People Services Team

The Trust's People Services Team will:

- Provide support and guidance to managers on the application of this policy including the Carers Passport and unpaid carers leave
- Support the employee with any redeployment options if available.
- Communicate policies / provisions for carers to all levels and members of staff.
- Ensure that managers are trained and kept updated on this policy and the issues facing staff who may have caring responsibilities through management training offered by the Trust.
- Monitor the use and effectiveness of the policy and review on a periodic basis with carers.
- Ensure recruitment campaigns include promotion of support for staff who are unpaid carers to encourage a diverse workforce.

9.6 People and Culture Directorate – Inclusion, Culture and Wellbeing Team

The Inclusion, Culture and Wellbeing Team will provide support and advice to unpaid carers and staff who are supporting unpaid carers in the workplace. This will include:

- Information on available health and wellbeing support and initiatives, including financial wellbeing.
- Advice on relevant legislation such as the Equality Act 2010 and the Carers Leave Act 2023.
- Signposting to further advice and support from external organisations such as Carers Wales.

9.7 Line Managers

Managers have the responsibility to familiarise themselves with this Policy and to work within its parameters as follows:

- Ensure that employees are familiar with this policy and aware of the support that is available for carers.

- Support employees to fulfil their potential in work and to meet their caring responsibilities.
- Give sympathetic consideration to requests for support from employees with caring responsibilities, with due regard to issues of confidentiality and based on a shared understanding of the situation and the impact it is having.
- Ensure reasonable adjustments are considered for employees who are carers.
- Deal with requests in a confidential manner and only share information when the carer has requested that this happens.
- Be aware of and adhere to relevant legislation and Trust organisational policies.
- Be aware of and understand the range of options available to support leave and working hours.
- Support staff with completion of the Carers Passport in line with guidance provided.
- Operate the policy fairly and reasonably, considering the wellbeing of the employee and facilitating measures that enable them to feel valued and able to contribute to the workplace.

9.8 All Staff

Employees are not obliged to disclose to their managers that they are caring for someone but are encouraged to do so in order to benefit from the support available from the Trust. In this way the manager can work with the employee to ensure that, wherever possible, they can effectively balance their work and care commitments.

In requesting any change to their working arrangements, either short or long term, the employee must:

- Be as open with their manager as they feel able about their caring responsibilities to enable them to provide appropriate support utilising the Carers Passport within the guidance provided.
- Work together with managers in exploring all viable options to remain effective workers to balance work and caring commitments.
- Communicate with colleagues and involve them where possible in decisions which may have an impact on their work.

While this policy outlines support for employees with caring responsibilities, it is important to recognise that there are many other forms of care not specifically covered here, such as kinship care, guardianship, or other unique caregiving arrangements. Employees are encouraged to speak with a People Services representative or Line Manager to explore the most appropriate support options for their individual circumstances.

10. AUDIT AND MONITORING

The Equality, Diversity and Inclusion Steering Group (EDISG) will be responsible for audit and monitoring the policy including:

- Monitor the implementation of the Carers Policy as part of its remit to oversee the Strategic Equality Plan and related objectives. This includes ensuring that actions relating to carers are embedded within the People and Culture Directorate Plan and other relevant directorate plans.
- Providing assurance to the Board and the Executive Leadership Team on progress made against statutory requirements and objectives, including those relevant to carers. The group will report regularly, using the AAA (Alert, Advise, Assure) reporting framework, to highlight progress, risks, and areas requiring escalation.
- Identify any areas of non-compliance or risk associated with the Carers Policy, assess these risks, and explore possible solutions or improvements.
- Provide a route for feedback from relevant People Networks, including carers, and ensure that concerns or suggestions are considered as part of the policy's ongoing review.

11. REFERENCES

The source of our evidence base includes:

Juggling Work and Unpaid Care (2019), Carers UK

http://www.carersuk.org/images/News_and_campaigns/Juggling_work_and_unpaid_care_report_final_0119_WEB.pdf

Supporting Working Carers, The University of Sheffield, June 2020

http://circle.group.shef.ac.uk/wp-content/uploads/2020/06/8008-Supporting-working-carers_WEB-1.pdf

[NHS Terms and Conditions of Service Handbook](#) (considered in policy development)

Employers for Carers efcdigitalwales.org

Carers Trust www.carers.org

Carers UK www.carersuk.org

12. APPENDICES

Appendix 1	Carers Passport Template including Guidance for Managers
Appendix 2	How to record Carers Leave. Guidance for Carers & Managers

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Appendix 1: Carers Passport Template including Guidance for Managers

The Carers Passport template including Guidance for Managers available via the Carers Wales website: efcdigitalwales.org.

The Carers Passport Template can be accessed via this link: [Carer-Passport-template](#)

NB: Membership code #EFC3999 will need to be entered if accessing the service for the first time.

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Appendix 2: How to Record Carers' Leave – Guidance for Managers

Leave should be recorded on ESR (Electronic Staff Record), a quick reference guide is available on Siren [Recording Unpaid Leave](#).

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Agenda Item No. 19.3

REPORT TITLE

All-Wales Flexible Working Policy

MEETING

Name of meeting	People and Culture Committee
Date of meeting	13 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Carl Kneeshaw - Director of People
Author(s) of report	Sara Williams - Workforce Policy and Governance Lead

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. This report presents a slightly revised version of the All-Wales Flexible Working Policy which has been updated to ensure that it is legally compliant in terms of appeals and timescales and is intended for formal adoption by the Welsh Ambulance Services University NHS Trust.
2. The All-Wales Flexible Working Policy has been updated following concerns raised regarding the timescales for managing a flexible working request. The changes make it clear that the



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timescale for managing a flexible working request should be two months from receipt of the request to conclusion, including any appeal, unless agreement is sought to extend that.

3. The changes were agreed at the Terms and Conditions Business Committee on 27 August 2025 and subsequently by Chairs' Action on behalf of the Welsh Partnership Forum and Medical and Dental Business Group.
4. The Policy was issued by NHS Employers on 24 October 2025 on behalf of the Joint Chairs of the Welsh Partnership Forum, to all Health Boards and Trusts in Wales for adoption in accordance with the internal governance routes by the various NHS organisations and implementation at the earliest opportunity. A Welsh language version will be received shortly.
5. This now becomes the contractual policy for the application of flexible working within the NHS in Wales and can only be amended through agreement by the Welsh Partnership Forum. The Equality Impact Assessment (EqIA v3) that was undertaken for the previous version of the policy remains extant.
6. The Electronic Staff Record (ESR) will continue to be used to manage all flexible working requests and the ESR management guidance will be updated to reflect the changes in the timescales and will sit alongside the policy, as is the case currently within the Trust.
7. As a reminder, the policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives. Flexible working contributes to a positive work/life balance, which benefits both NHS employees through improved health and wellbeing, and employers because staff are more productive and satisfied at work.
8. Offering flexible working opportunities is a way of attracting and retaining a diverse workforce and make the workplace more accommodating to diverse needs; it is a valuable tool in improving workplace equality and creating inclusive cultures.

RECOMMENDATION(S)

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

1. The People and Culture Committee is requested to formally adopt the revised All-Wales Flexible Working Policy for implementation within the Trust.



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ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The People and Culture Committee is requested to receive the following:

1. All-Wales Flexible Working Policy.
2. The Equality Impact Assessment (EqIA v3) All-Wales Flexible Working Policy.

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

☐ SO1: Providing the right care or advice, in the right place, every time

☒ SO2: Enabling our people to be the best they can be

☐ SO3: Being at the forefront of innovation and technology

☐ SO4: Developing services in collaboration

☐ SO5: Being quality driven and clinically led

☐ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

Quality Domains (select all that apply) [\[link to standards\]](#)

☐ Safe

☐ Timely

☐ Effective

☐ Efficient

☐ Equitable

☒ Person Centred

Quality Enablers (select all that apply) [\[link to standards\]](#)

☒ Leadership

☒ Workforce

☒ Culture

☐ Information

☐ Learning Improvement and Research

☐ Whole Systems Approach



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WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to goals\]](#)

☒ A socially responsible and inclusive employer

☐ n/a

☐ An innovative and sustainable organisation

☐ n/a

☒ A pro-active, accessible and equitable care provider

☐ n/a

IMPACT ASSESSMENTS FOR CONSIDERATION

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

Does this paper require an impact assessment

☐ No

☒ Yes

If yes, what impact assessment is attached

EqlA v3 previously completed by NHS Wales for the All-Wales Flexible Working Policy.

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
29/10/25	Policy Group
13/11/25	People and Culture Committee



All Wales Flexible Working Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum



Approved by:
Welsh Partnership Forum
Medical and Dental Business Group

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ALL WALES FLEXIBLE WORKING POLICY

1. POLICY STATEMENT

- 1.1** Within NHS Wales we know that to meet the health and care needs of our population effectively it is important to have a workforce which is healthy, engaged and motivated. We are committed to being a great place to work and learn and to the delivery of a quality service, acknowledging that our workforce is are fundamental to our success. We recognise our responsibility to attract, retain, deploy and develop people to maximise their potential. One of the ways of achieving this is to develop and maintain a culture where flexible working is seen as an enabler for effective and efficient provision of services which has benefits for colleagues, patients and the organisation. NHS Wales is committed to promoting and encouraging different ways of working in order to recruit excellent people and retain the wealth of knowledge, skills and experience of its current workforce.
- 1.2** Flexibility in employment helps people to balance work responsibilities with other aspects of their lives and to meet the needs which may arise at different stages of their lives. Key to achieving this is the provision and availability of flexible working opportunities which allow employees to make choices about how and when they wish to work accompanied by policies which support managers to take the time to understand what each person needs.
- 1.3** The [NHS Wales Approach to Flexible Working](#) is set out in statement which was developed and agreed in partnership. The aim of this approach is to support managers to make a cultural shift so that rather than “We can’t do this because...” the question becomes “How can we make this happen”? This means that the default position will be that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons in policy and law to decline it. This Policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives and describes the processes to be followed when making or considering a request.
- 1.4** Flexibility in employment is a key factor in demonstrating NHS Wales commitment to fair and equal treatment in the workplace and in attracting the highest calibre of employees to work for the organisation. Flexible working opportunities should be considered for all employees and made available as far as practicable, regardless of role, shift pattern, team or pay band and should also be considered for employees who work on rotation. It is not sufficient for departments who have a traditional way of working to reject an application for flexible working just because it has not been tried before or because ‘this is how it has always been done’.

- 1.5** All NHS organisations should proactively encourage and promote opportunities to work flexibly and use the resources available to them e.g., education, management and leadership programmes to advocate for the benefits of flexible working and move towards a culture which accepts it as the norm. Wherever possible, managers should consider how work can be undertaken flexibly and be supportive of flexible working requests from employees to better manage their work life balance, while maintaining service standards.
- 1.6** To support a positive culture of flexible working, organisations will need to consider how they support and encourage open conversations about flexible working. Examples of opportunities to talk about flexible working include at one-to-one line management / supervision meetings, team / departmental meetings, as part of wellbeing conversations, or as part of recruitment, induction, and annual appraisal processes. When advertising a job, employing organisations also need to consider how they promote the right to request flexibility from day one and the availability of flexible working options.
- 1.7** NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, or sexual orientation. An Equality Impact Assessment of this Policy has been completed.

2. SCOPE

The policy applies to all employees of the *NHS organisation* from day one of their employment. However, flexible working arrangements for doctors in training are arranged by and subject to the approval of the Medical Deanery, HEIW.

3. PRINCIPLES

- 3.1** The NHS in Wales is committed to a flexible working culture, which means that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons as set out in this Policy to reject it.

Good flexible working arrangements should balance the needs of the individual with three key organisational factors: patient/service-user experience, service delivery and employee experience. It may not be possible to agree to the exact request, but managers are expected to discuss alternative arrangements with the individual to and ensure that all avenues have been explored before rejecting the request.

- 3.2** All employees should have equal access to flexible working, as far as practicable, regardless of role, shift pattern, team or pay band and all posts can be considered for flexible working. Although it is recognised that some posts may not be suitable for all types of flexible working arrangements in their entirety, managers should consider whether certain elements of the role can be worked flexibly.

- 3.3** Employees can request to work flexibly from day one of their contractual employment and can make more than one flexible working request per year regardless of the reasons for them.
- 3.4** Employees will be treated fairly when having requests for flexible working considered. Each request for flexible working will be received openly by the appropriate line manager and considered individually on its own merits. Any request for flexible working should be approached on the assumption that it will be granted unless there is a legitimate business reason for refusal. However, consideration should be given to any potential impact on other employees and service delivery, including potential additional costs.
- 3.5** It is important that it is agreed from the outset whether the new working arrangements are permanent or temporary and this must all be documented in writing. Where the arrangement is temporary or for a fixed period, they must be reviewed regularly to ensure the needs of the service and of the individual are still being met.
- 3.6** Employees who are working flexibly will not be treated less favorably in relation to access to training and development opportunities or promotion opportunities.
- 3.7** No form of flexible working will allow employees to work in breach of the Working Time Regulations.
- 3.8** Although there is no limit on the number of requests an employee can make within a 12-month period, employees are asked to not simply re-submit requests that have been rejected without modification and/or a change in circumstances within the department. Instead, they are encouraged to maintain a regular conversation with their manager so that if anything changes both parties are aware and can respond to that change.
- 3.9** Changes to an employee's contract of employment must be confirmed in writing.

4. BENEFITS OF FLEXIBLE WORKING

Flexible working benefits individuals not only in allowing them to balance their personal life with their working life but in enhancing general health and wellbeing.

Individuals that are happier with their balance between life in and out of work are more generally more productive, produce better quality work and are more caring. For managers, flexible working can help retain employees— and holding onto experienced and skilled people is important in maintaining quality and containing costs. Offering flexible hours widens the talent pool, so managers should be able to recruit people with more skills; it can also increase commitment and loyalty of employees and can benefit through reducing levels of absenteeism and stress.

Flexible Working can also support service redesign through the creation of new blended roles and the reshaping and development of existing roles, in consultation with employees. The creative use of new and redesigned roles can result in improved services for patients and more rewarding careers for our workforce.

5. FLEXIBLE WORKING REQUEST PROCESS

- 5.1** There may be a number of reasons why employees may need to adopt a more flexible working arrangement for a short period (i.e., up to 8 weeks) to address a particular issue. Where this is the case, it may be appropriate for the employee and the manager to discuss and agree this informally, particularly where the change has no impact on their other terms and conditions (e.g., pay). However, the outcome of the discussion should be documented and confirmed in writing.

5.2 Making the request

Where the employee wishes to apply for a form of flexible working on a permanent or longer-term basis, they should complete a Flexible Working Request Form (Appendix 1) or complete the request on ESR and submit it to their line manager. The employee may wish to have an informal discussion with their manager before submitting a formal request and managers are encouraged to facilitate this when requested to do so. However, the request will not be formally considered until it is put into writing.

The request form must contain the following information: -

- It must be dated and specify the change to working arrangements that they are seeking, and when they would like this change to come into effect.
- Where applicable, the applicant is encouraged to state if they are making the request in relation to the Equality Act 2010, for example, as a reasonable adjustment for a disability, or on return from maternity leave, or when it is for childcare or dependents care.

5.3 Responding to a Request

- 5.3.1** Managers should be aware that there is a legal requirement to consider the application and inform the individual of the outcome within 2 months, this should include any appeal, and should take this into consideration to ensure they have an adequate time frame to give the request due consideration.

- 5.3.2** The manager should arrange to discuss the application with the employee as soon as possible after receiving their request form (this can be in person, by telephone or via MS Teams). This will allow them to get a better understanding of the changes their employee is looking for and how they see things working in practice. The discussion should explore how the proposed working arrangement will work in practice, any potential positive and negative impact it may have on service provision and how it may affect other team members. Employees have the right to be accompanied by a workplace colleague or a trade union representative at this meeting.

If the manager intends to approve the request, this meeting is not a requirement, but it may still be helpful to discuss practical arrangements.

- 5.3.3** Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the employee or their colleagues would become lone

workers). Advice can be sought from People Services/Human Resources/W&OD, Health and Safety and Occupational Health as appropriate.

5.4 Considering the Request

- 5.4.1 All requests should be approached with a can-do attitude, with the presumption that they will be granted unless it is genuinely not possible to do so for one of the business reasons set out below. The request should be considered carefully and the benefits of implementing the change should be weighed against any costs. In considering the application line managers must ensure that they do not directly or indirectly discriminate against the employee. If there is any doubt about what that might entail, then advice can be sought from the local EDI or People Services/Human Resources/W&OD team.

Once a decision is made the manager should inform the employee in writing using part 3 of the request form or via ESR.

- 5.4.2 If it is decided to approve the employee's application, or accept it with modifications, a discussion should take place to determine how and when the changes might be best implemented. This may include a trial period. The line manager is responsible for ensuring that NWSSP are notified if there are any changes to pay.

The employee must discuss and agree how they will organise their work and achieve deadlines in conjunction with their manager. Arrangements must be made between the employee and their manager to ensure that they are informed of the employee's current duties and where / how they will be working.

- 5.4.3 All endeavors must be made to accommodate the request in full or in part, or by providing an alternative. If, after discussing with the employee and considering all of the alternatives available, the manager feels they are unable to support flexible working in a particular post, they should discuss the application with People Services/Human Resources. If following this conversation, they still do not feel able to approve the request and cannot find a mutually agreeable alternative they must meet with the employee to explain this to them and provide written, objectively justified reasons for this and give a clear operational reason why this is not practicable. The manager must provide details of the business grounds for refusing the request and how they apply in this case. The only acceptable reasons are:

- Burden of additional cost.
- Detrimental effect on ability to meet customer/patient needs.
- Inability to reorganise work among existing employees.
- Detrimental impact on quality
- Detrimental impact on performance.
- Detrimental impact on the ability to meet service demands.
- Insufficient work for the periods the employee proposes to work.
- Planned structural changes to the department

- 5.4.4 There may be occasions when the manager is unsure whether a flexible working arrangement is sustainable, or where there is concern about the possible impact on others in the department. In these cases, the manager may agree to the flexible working arrangements on a temporary or trial basis rather than rejecting the request. Advice should be sought from People Services/Human Resources/W&OD.

5.5. Escalation Stage

- 5.5.1 This stage should be used if a line manager has not been able to reach agreement on a solution in the exploratory stage. The purpose is to check for other possible solutions including whether the form of flexibility the individual is seeking could be accommodated in a different team, location or role.

If a request for flexible working has not been accommodated, and they no longer feel able to continue to work in that department as they are unable to balance their work / life responsibilities, managers are expected to support the individual in identifying any alternative roles within the organisation which may be more supportive of the individual's circumstances and in line with their request.

- 5.5.2 When a meeting is arranged to discuss the application, or to consider an appeal, and the employee fails to attend it or one further rearranged meeting without good reason, the manager is able to consider that the request is withdrawn. If the manager regards the application as withdrawn, they must inform the employee of this.

5.6 Timescales

When the manager receives the formal request for flexible working this must be considered and decided on within a period of 2 months from first receipt of the request including any appeal. This two-month time limit is a legal requirement and cannot be extended unless mutually agreed by the manager and employee in writing. Managers must be mindful of this 2-month time period when arranging the initial meeting/conversation with the employee to ensure that all applications are dealt with within the required timescales and should be held without unreasonable delay. NHS Wales employees also have the right to request an appeal if their request is turned down. Managers must ensure adequate time remains available for the employee to appeal the decision and receive an outcome within the statutory 2-month time period, unless an extension to time limits is mutually agreed in writing.

5.7 More than one request received at around the same time

It is important that managers consider requests to work flexibly in a fair way but there is no statutory requirement to consider them strictly in the order in which they are received.

If they receive more than one request to work flexibly at around the same time it may not be possible to support all the requests received. The manager must then look closely at the impact supporting the requests would have on the service and the potential impact that refusal would have on each employee before coming to a decision. In deciding how to deal with competing requests, the manager should bear in mind the different legal obligations that apply and can seek advice from the local EDI or People Services/Human Resources/W&OD team.

It will be helpful to have an individual discussion with both (or all) of the applicants to understand the exact nature of their request and to see if any mutually agreeable arrangement can be found.

5.8 Appeals

- 5.8.1 Where the flexible working request is refused, the employee may lodge an appeal within 7 days of being notified of the refusal of their request by contacting their manager's line manager.

This must be in writing and clearly state the grounds on which they are appealing. These may be:

- Where new information is now available in relation to the request
- Where the employee feels that the application was not handled in line with the policy
- Where the employee may have a proposal that has not been fully considered in relation to a business reason for refusal.

5.8.2 An appeal meeting will be held and the outcome communicated to the employee without unreasonable delay once in receipt of the written appeal but must be concluded no later than 2 months from the date the initial flexible working request was first received by the employer. This will be dealt with impartially by a more senior person than the manager who made the original decision. Employees should be given the opportunity to be accompanied by a trade union representative or work colleague at any appeal meeting. The outcome of the appeals will be communicated in writing without unreasonable delay after the appeal meeting and must be provided within 2 months of first receipt of the initial flexible working request by the employer. This is the end of the procedure and there is no further appeal, although further requests for flexible working can be submitted.

5.9 Review of Flexible Working Arrangements

- 5.9.1 Before a final decision is reached about whether or not a flexible working arrangement can be supported, it may be beneficial to have an initial trial period of 3 months and to review the arrangement after this period to ensure that it is working for both the employee and the service.
- 5.9.2 When a flexible working arrangement has been agreed on a temporary basis, it is important to review it at agreed intervals to determine if it should be extended or come to an end at the agreed date.
- 5.9.3 In all cases, it is recommended that the flexible working arrangement is discussed annually (e.g., at appraisal) to ensure that it is still working for both parties. Where the arrangements are agreed as permanent from the outset or following the recommended three-month trial, it may not always be possible for the employee to resume their previous working arrangements as other colleagues may have been appointed to cover the shortfall created by the flexible working arrangement or service redesign may have taken place. This must be explained to the employee during the initial discussions. However, any request to revert to the former working arrangements should be considered by the manager and agreed where it is possible to do so.
- 5.9.4 Where the manager believes that the flexible working arrangements are no longer sustainable and need to be changed this may be agreed informally between the manager and the employee as part of the ongoing conversation between them. Where the agreement is to be terminated/changed reasonable notice should be given to enable both parties to make the appropriate transitional arrangements however, wherever possible a meaningful discussion should take place and a mutually agreeable arrangement found.

6. CORRESPONDENCE

Copies of all correspondence in relation to requests should be kept on the employee's personal file and details of the arrangements agreed should be recorded on ESR to enable monitoring of the flexible working arrangements in place on an organisational level.

7. TERMS AND CONDITIONS CONSIDERATIONS

Listed below are the general terms and conditions which apply to flexible working arrangements. Managers should ensure that they discuss them with employees who are interested in working flexibly to ensure that they understand any potential implications. In addition, employees considering making a request for flexible working should consider the effect of the arrangement on their salary and pension and take advice from the NWSSP Payroll/Pensions Department where necessary.

- **Hours of Duty**
Where flexible working arrangements are put into place the exact hours and how they are worked should be discussed and agreed before the change is put into place.
- **Annual Leave**
Annual leave will be calculated on a pro rata basis, as appropriate
- **Sick Pay**
Sick pay entitlement is pro rata and dependent on length of service. Employees working on any flexible arrangements must report sick in the same way as if they were not working flexibly.
- **Maternity / New parent / Adoption / Shared Parental Leave**
Pay is pro rata (as appropriate) and is dependent on length of service. Following maternity /adoption or shared parental leave an employee may wish to return to work on adjusted working arrangements to accommodate their changed circumstances. The Health Board/Trust has a duty to accommodate this where at all possible. If it is agreed that the employee will return to work on a flexible basis, including changed or reduced hours, for an agreed temporary period this will not affect the employee's right to return to their job under their original contract at the end of the agreed period.
- **Pensions**
Pension contributions will be pro rata for employees working less than full-time hours.
- **Expenses**
All expenses incurred (e.g., subsistence, travelling) will be paid in the same way as for full-time employees. All employees will retain a Health Board/Trust base for the purpose of claiming travel expenses.

- **Pay**
Salary will be pro rata for employees on less than full-time contracts. Those on Term Time working and seasonal will be paid in 12 equal installments each year.
- **Additional Hours**
If employees work beyond their normal hours (but not outside normal full-time hours) this must be by agreement with the line manager and will be paid at plain time rate or taken as time off in lieu.
- **Policies and Procedures**
Employees working flexibly remain subject to all Policies and Procedures of the Health Board/Trust.

8. OTHER ASSOCIATED DOCUMENTS

This Policy should be read in conjunction with other All Wales and local policies on:

- Managing Attendance at Work
- Retirement
- Special Leave
- Maternity/Adoption /Shared Parental Leave
- Home Working
- Agile Working
- Employment Break

It should also be read in conjunction with:

- ACAS Code of Practice on Flexible Working Requests
- [NHS Wales Flexible Working – briefing and guidance](#)

9. MONITORING AND REVIEW

Each Department will keep a record of all formal applications for Flexible Working and a record of approvals/ rejections and appeals.

Organisations should ensure that data relating to applications for flexible working and outcomes of decisions are recorded and regularly reported through the usual joint partnership and governance structures. This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and also by department.

Appendix 1 – Definitions

Flexible working describes a type of working arrangement which gives a degree of flexibility on how long, where, when and at what times employees work. Flexible working aims to accommodate employee's personal needs and meet their unique requirements.

Agile working is the ability to work in the place and at the time most appropriate for the task in hand. While agile working and flexible working may be similar in how they achieve their aim, for example both approaches may allow an employee to work from home, flexible working focuses on the employee, while agile working is focused on the impacts on the business including performance and productivity. It may be a tool which can supplement or support a Flexible Working arrangement, but it is not a contractual change to an employee's terms and conditions. Agile working offers flexibility for employees that allows them to work in a way that suits them, provided the work happens.

Working remotely is when employees work all or part of their working week at a location remote from their base. This can be at home or elsewhere. Working remotely can be a flexible working arrangement (e.g., if requested by the individual and agreed as a regular, ongoing way of working), but it can also be a form of agile working. Most NHS Organisations have local procedures to enable employees to request to work remotely. If this is not the case the processes set out in this Policy can be applied.

Hybrid working is a mixture of remote working and working from a base.

Types of Flexible Working Covered by this Policy

There are many types of flexible working which employees may be able to apply for. Managers should consider how these options are communicated to all employees at recruitment, induction, and in regular one-to-one meetings. This list is not exhaustive, and organisations will consider other models of flexible working as requested to do so.

Part Time Working

Part-time working is a well-established form of flexible working which means that the employee reduces their contracted working hours below full time (37.5 hours) in order to work less days or shorter days in a pre-arranged, regular pattern. Salary, annual leave and bank holidays are reduced pro rata.

Job Sharing

This is where two employees share the responsibilities, duties and benefits of a single full-time post between them. The combined salary and conditions of service are equivalent to that of a single full-time post and are divided in accordance with the number of hours worked by each job sharer. The principle of job sharing usually reflects an integrated pattern of working, where some of the work may be shared and other tasks distributed evenly to each sharer. The total hours should not normally exceed those of a full-time post.

In the case of job-sharing, if one sharer leaves, the existing job-sharer should be offered the full-time post (where accepted the manager must complete a changes form). If the existing job sharer does not want to work full-time, the vacant hours of the post must be advertised.

Term Time Working

Term time working is a form of part time working where the employee works only during the school terms and is off work during the school holidays. Time off is made up of a combination of annual leave and unpaid leave. Salary is based on the number of weeks in work and is paid in 12 equal instalments. It is calculated on an individual basis to take account of annual leave entitlement based on length of service and any protection arrangements. Salary, annual leave and related benefits are reduced pro rata. and salary is paid in 12 equal instalments.

Seasonal Hours

Employees work their contracted hours over an agreed period, rather than a set number of days. These are often annualised hours but can be bi-annual, quarterly or monthly.

Compressed Hours

Employees are able to work their full contracted hours over a shorter period than is standard.

Contracted hours and pay remain unchanged, but employees are able to have more days or half days off. Examples include a 4½ day week or 9-day fortnight. The non-working day/half day must be mutually agreed and can be flexible to suit the needs of the service.

Voluntary Temporary Reduction in Hours

Employees are able to reduce their contracted hours by between 5 and 50% for a period of no less than 3 months, and no more than one year. At the end of the agreed time, they return to their original contracted hours. Salary/annual leave etc will be reduced pro-rata for the period of the agreement. Employees are advised to contact payroll to determine whether a change in hours will affect their pension entitlements. If the employee wishes to extend this arrangement for longer than 12 months, they are required to submit a new flexible working request.

Flexi-time

Flexi-time is a scheme which allows employees some discretion around the start and end time of the working day, based around core working times. To benefit from this a department would need to have a Flexi-time arrangement in operation (not all departments would be in a position to accommodate this option).

Employees can build up a debit or credit of hours worked within an agreed period (usually 4 weeks) and consolidate the extra hours into a day or half day off. Flexi-time schemes are usually based on detailed, locally agreed procedures which set out:

- the core hours
- limits on early and late working
- the minimum lunch break to be taken
- the maximum number of credit and debit hours which can be accrued
- limits on the number of hours which can be carried over to the next month
- limits on the number of days off allowed in any one period
- limits on the number of employees allowed off at any one time

Flexible and Partial Retirement

There are a number of ways in which an employee can ease themselves into retirement in a flexible way. Details of the types of flexibility available and the processes to be followed are set out in the Retirement Policy.

Staggered Hours

This allows employees to determine their work pattern on a planned weekly basis. Hours can be staggered through the week or on just one or two days, within specified arrival and departure times, on a permanent or temporary basis.

Split Shifts

This allows employees to complete their working hours in two or more separate shifts, e.g., working between 7am – 11am, then returning to work between 4pm and 7pm.

Employment Breaks

An opportunity to leave the workplace for a specific period of time (usually between one and five years) and to return to the same or a similar position inside the organisation at the end of that period. For further details see the All-Wales Employment Break Policy.

Team based / Self Rostering

Team-based rostering starts from the premise that everyone has work-life balance needs and preferences, and that these need to be openly and collectively negotiated, among all those on each ward/team roster, within the constraints of service and financial needs. Self-rostering asks individuals to put their personal requirements into the roster each month, often on a 'first come, first served' basis. Team and Self Rostering are rolled out on a department wide basis. Although it addresses work life balance needs, and the principles of flexible working apply, the request process set out in this Policy will not usually be appropriate for this purpose.

Appendix 2 – Flexible Working Request Form

PART 1 - Employee information	
Name of employee:	
Post:	
Band:	
Employee number:	
Email address:	
Department:	
Service Group:	
Line Manager:	
I would like to make a request to work a flexible working pattern that is different to my current working pattern.	
Requested start date of change:	
I would like this change to be Permanent/Temporary (please delete as appropriate):	Permanent/Temporary* *For a period of.....
Please describe your current working pattern e.g., location/days/hours/ worked etc.:	
Please describe the working pattern you would like to work e.g., days/hours/times worked/at home / in the office etc.	

Is your request for flexible working in relation to the Equality Act 2010 e.g. (disability, maternity, caring responsibilities)? <i>n.b. You do not have to give this information, but it will help your manager to make a decision on your application.</i>	Yes/No
If yes, please provide details:	
Employee signature:	
Date of application:	

NOW PASS THIS APPLICATION TO YOUR LINE MANAGER

PART 2 - Receipt of request	
Date of receipt:	
Line Manager Name (please print)	
Line Manager Title:	
Date meeting/conversation has been arranged for:	

Part 3 - Acceptance or Rejection Form

Either:

Further to the meeting that took place on (Date)

I have considered your request for a new flexible working pattern.

- ☐ I am pleased to confirm that I am able to grant your request. With effect from (date). This will be a permanent / temporary change (please delete as appropriate). If temporary to end on (date).
- ☐ I am able to accommodate your request as a trial basis with effect from (date) to be reviewed on (date) (usually 3 months).
- ☐ I am unable to accommodate your original request. However, I am able to offer the alternative pattern which we have discussed and which you agreed would be suitable to you.

Please set out how the service will be maintained and how any impact on other employees can be mitigated.

Your new working pattern will be as follows:

Or:

I am sorry but I am unable to accommodate your request for the following business ground(s) (please tick):

- ☐ The burden of additional costs
- ☐ Detrimental effect on ability to meet service user/patient needs
- ☐ An inability to reorganise work amongst existing employees
- ☐ A detrimental impact on quality
- ☐ A detrimental impact on performance
- ☐ Detrimental effect on ability to meet service demands
- ☐ Insufficient work for the periods the employee proposes to work
- ☐ A planned structural change to the department

These grounds apply in the circumstances because (you should explain why any work patterns you may have discussed at the meeting are inappropriate. Please continue on a blank sheet, if necessary, **n.b this section must be completed to describe how the reason selected above applies in this case**)

Start date of new working arrangements (if applicable):	
Line Manager Signature:	
Line Manager Name (in Full):	
Date:	

Please confirm which applies:

This change in working pattern will be a permanent change to your terms and conditions of employment unless otherwise stated and you have no right in law to revert back to your previous working pattern unless previously agreed.

OR:

This will be a temporary change to your working arrangements and will be until at which time the arrangements will be reviewed.

If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below.

Line Manager Signature:	
Line Manager Title (in full):	
Date:	
If you accept the change outlined above, please sign and confirm receipt of the decision.	
Employee Signature:	
Date:	

To The Employee:

If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below.

APPEAL PROCESS

If an application for flexible working is turned down, the employee has the right to appeal against the decision. Appeals should be in writing, setting out the grounds for appeal, as soon as possible after receiving notice of the decision to reject the application (within 14 days).

The appeal should be submitted to your line manager's manager and heard by a more senior manager than the one who rejected the original application.

The employee has the right to be accompanied at this meeting and should be given advance notice of when it will take place.

Notes:

Part 1 - to be completed by Employee and forwarded to Line Manager

Part 2 and 3 - to be completed by Line Manager

Form should be returned to the Employee when completed and a copy kept on their personal file.

A PIF must be completed and submitted to NWSSP where there is a change in hours.

Equality Impact Assessment (EQIA) Form		
Ref no:		
Name of the policy, service, scheme or project:	Scope:	
Flexible Working Policy	The policy applies to all employees of the Health Board/Trust from day one of their employment with Health Boards and Trusts in Wales with the exception of doctors in training for whom flexible working arrangements are arranged by and subject to the approval of the Wales Deanery.	
Preparation		
Aims and Brief Description	One of the defining features of the modern British labour market is its flexibility. In Britain the uptake of flexible working arrangements has increased slowly but steadily over the last decade (CIPD, 2019). This policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives. Flexible working contributes to a positive work/life balance, which benefits both NHS employees through improved health and wellbeing, and employers because staff are more productive and satisfied at work. Offering flexible working opportunities is a way of attracting and retaining a diverse workforce and make the workplace more accommodating to diverse needs. According to the CIPD flexible working is a valuable tool in improving workplace equality and creating inclusive cultures. It can help parents return to work, reduce the gender pay gap, help people with fluctuating health conditions stay in work and help carers to balance their work and caring responsibilities There is a strong, unmet demand for more flexible jobs; 87% of people want to work flexibly, but only 11% of jobs are advertised as being flexible!2 • Advertising jobs as flexible can help organisations access a wider and more diverse talent pool – so you can get the best person for the job. Flexible working practices are a key reason for staff at all career stages being satisfied with their work and staying with their employer: flexibility can reduce staff turnover.14 Flexible working: the business case 2 • For senior and managerial staff, flexible working arrangements	

are pivotal for being able to continue to work and develop as professionals,¹⁵ particularly if they become parents. • For entry-level employees, flexible working reduces job-life spillover which in turn improves retention and commitment.¹⁶ • Higher levels of engagement, experienced by working flexibly, can reduce staff turnover by 87%.¹⁷ both from [flexible-working-business-case_tcm18-52768.pdf \(cipd.org\)](#) (CIPD November 2018)

[Research by Timewise](#) (2017) People are most likely to say their reason for wanting to work flexibly is work/life balance, or it being generally useful or convenient. Other key reasons include commuting issues, leisure or study interests, and caring responsibilities.

The policy aims to:

-
- to support managers to make a cultural shift so that rather than “We can’t do this because...” the question becomes “How can we make this happen”? This means that the default position will be that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons in policy and law to decline it.
- Promoting flexible working practices across all levels throughout NHS Wales
- Providing a framework for managers and their staff to hold a well-informed, confident and productive discussion around their request to work flexibly and the flexible working options that may be suitable for them.
- Promoting the business benefits of flexible working and ensuring that managers are fully engaged and supported to enable flexible working opportunities in their areas
- Ensuring that all managers/supervisors understand the principles of flexibility in the workplace and the procedure to be followed.
 - Ensuring that all applications for flexible working are welcomed from all and considered fairly and equitably

The policy follows on from the work undertaken to develop a more agile working culture within the organisation. The policy sets out the process by which staff can apply to work flexibly in order to improve their work life balance and to improve

	recruitment and retention. The Policy takes account of the AFC Terms and Conditions (section 33) and the commitment made by NHS Wales to achieving the highest standards of health care services through recruiting and retaining highly skilled and motivated staff as set out in its Flexible Working statement. Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic and employees are encouraged to identify where this is the case. The Policy states that NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, or sexual orientation.
Who is involved in undertaking the EQIA	Rachel Pressley, Head of People Assurance and Experience, Cardiff and Vale UHB Vicky Richards, RCM Mitchell Jones, Senior Equality and Inclusion Manager, Cardiff and Vale UHB All Wales Flexible Working Policy Working Group
Have you consulted with stakeholders in the development of this policy?	A working group was established to develop the NHS Wales Flexible Working Policy is working group consisted of NHS Employers, Employers (Workforce) and staff side representatives. The revised policy was then sent out for consultation through: • Workforce Directors • Trade unions
Does the policy assist services or staff in meeting their most basic needs such as; Improved Health, fair recruitment etc	Yes. NHS Wales is committed to an agile working culture, which means that wherever possible requests for flexible working arrangements will be supported unless there is a legitimate reason for refusing them based on business grounds. NHS Wales is also committed to developing and maintaining a flexible working culture to support the most effective and efficient provision of services for the benefit of staff, patients and the organisation. The aim of this approach, as set out in the Flexible Working Statement, is to support managers to make a cultural shift so that rather than “We can’t do this

	because..." the question becomes "How can we make this happen"? Flexibility in employment is a key factor in demonstrating NHS Wales commitment to fair and equal treatment in the workplace and in attracting the highest calibre of staff to work for the organisation. Flexible working opportunities should be considered for all staff and made available as far as practicable, regardless of role, shift pattern, team or pay band. Flexibility means giving people options and allowing them to work in ways that meet their needs while also meeting the needs of your clients and organisation. This kind of adaptability can improve inclusion, diversity, and efficiency while also increasing engagement and performance. According to NVCO (the membership community for charities, voluntary organisations and community groups in England) there is still a stigma surrounding flexible working which can make it hard for people to ask for the working patterns they need to thrive and do their best work. They state that negative attitudes toward flexibility are too often a barrier to people applying for new or more senior roles and that at its heart, flexibility is about inclusion for everyone. Flexible working should be a central part of conversations about social justice, social mobility and how charities become more inclusive, equitable and diverse. We might typically associate flexible working with parents and carers, but there is growing understanding of how flexibility in employment can be of benefit to individuals of all ages, and in many different circumstances, across the voluntary sector.
Who and how many (if known) may be affected by the policy?	The policy will apply to all staff. NHS Wales recognises that staff have different needs at different times in their working lives and flexibility in employment makes it possible for them to make choices about how and when they wish to work, taking into account the needs of the service. Any form of flexible working must meet the business needs of the Health Board/Trust and its commitment and ability to meet the required level and quality of services to our service users and their families. It may not be possible to

	agree to the exact request, but managers are expected to discuss with employees alternatives that might be possible. Flexible Working is now a day one qualification for all NHS staff. Within the NHS there is no limit on the number of applications that can be submitted by an individual each year. This means that it is possible to be more responsive to changes in individual's circumstances.
What guidance have you used in the development of this service, policy etc?	The policy is based on: • NHS Terms and Conditions of Service • NHS Wales Flexible Working Statement, • Existing policies/procedures from NHS Wales organisations • RCN Flexible Working Guide • RCM Flexible Working Guidance • All Wales Flexible Working Key Principles – agreed in partnership in 2014 • Draft All Wales Flexible Working Guidance – under development in partnership • Workforce Partnership Council Report on Flexible and Agile Working – published in December 2022

Equality Duties

The Policy/service/project or scheme Aims to meet the specific duties set out in equality legislation.	Protected Characteristics									Welsh Language	Carers
	Race	Sex/Gender	Disability	Sexual orientation	Religion and Belief	Age	Gender reassignment	Pregnancy and Maternity	Marriage & civil Partnerships		
To eliminate discrimination and harassment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Promote equality of opportunity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Promote good relations and positive attitudes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Encourage participation in public life	-	-	-	-	-	-	-	-	-	-	-
In relation to disability only, should the policy/service/project or scheme take account of difference, even if involves treating some individuals more favorably?			✓								

Key	
✓	Yes
x	No
-	Neutral

Human Rights Based Approach – Issues of Dignity & Respect

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty. The 7 rights that are relevant to healthcare are listed below.			
Consider is the policy/service/project or scheme relevant to:	Yes	No	N/A
Article 2: The Right to Life			✓
Article 3: the right not to be tortured or treated in a inhumane or degrading way			✓
Article 5: The right to liberty			✓
Article 6: the right to a fair trial			✓
Article 8: the right to respect for private and family life	✓		
Article 9: Freedom of thought, conscience and religion	✓		
Article 14: prohibition of discrimination	✓		

Measuring the Impact

What operational impact does this **policy, service, scheme or project**, have with regard to the Protected Characteristics. Please cross reference with equality duties

	Impact
consider: Race Sex/gender Disability Sexual orientation Religion belief and non belief Age Gender reassignment Pregnancy and maternity Marriage and civil partnership Other areas Welsh language Carers	According to the Future of Work Report Equality and Human Rights Commission (equalityhumanrights.com) flexible work accounts for almost a quarter (23%) of the workforces across British nations (6.7 million workers in England, 650,000 workers in Scotland and 370,000 workers in Wales have flexible time arrangements). The national and regional distribution of workers on contracts with flexible time arrangements in Britain is almost identical to the national and regional distribution of all other workers. However, the availability of other types of flexible work varies across nations and regions: for example, Wales has relatively widespread flexibility in terms of the time of work arrangements, but flexibility in place of work and informal flexibility is rarer than in Scotland and England. They show that working flexible hours increased during the COVID-19 pandemic, eventually falling as the labour market started to recover. The number rose by 21% between October to December 2019 and October to December 2020 (from 6.3 million to 7.7 million), before falling to 7.1 million between April and June 2021. Since then, headline employment numbers have continued to improve. As of October to December 2021, the number of people on flexible contracts is 53% higher than it was in 2009 (rising from around 5.1 million to 7.7 million), making up almost a quarter (23%) of all workers, compared to 17% in 2009. The data shows that, since 2009, inflexible employment has declined slightly and flexible employment accounts for all growth. The Future Work report states that It is not clear how much of the increased move to flexible working during the COVID-19 pandemic – whether in terms of time or place – will be permanent. However, as more evidence is collected, it appears that the demand for increasing flexibility continues. Research by the Trades Union Congress (TUC) showed that, in Britain, more than nine out of ten people (91%) who worked remotely during the pandemic wanted to continue working from home at least some of the time after the pandemic (TUC, 2021b). According to the NHS Workforce data briefing September 2023 by Audit Wales NHS Wales is becoming a more flexible and equal employer but there is still more to do. • The participation rate of part time working in NHS Wales shows that generally fewer people are working part time up to the age of 30. Between the ages of 30 and 55 part time working is

increasing and beyond the age of 56, there is a clear movement to more staff working part time. The 'participation rate' is a measure of part-time working across an organisation's workforce. The higher the participation rate the more hours on average, an individual will work each week. 100% participation would mean that all staff are working full working weeks the briefing shows that female employees have a participation rate of 86% and male employees have a participation rate of 94%.

- NHS data on the ethnicity of the total workforce shows increasing employment of minority ethnic groups
- The percentage of staff identifying as disabled has increased over the last 5 years across Wales. The highest proportion of staff identifying as disabled are in Allied Health Professional (4.6%) and Admin and Clerical (4.3%) staff groups.
- Around third (30%) of NHS Wales staff have not stated their Welsh language competency in ESR. But of those who have, 59% of staff have indicated that they have no skills and only around 13% have identified that they have higher or proficient Welsh language skills

AGE:

According to the [Future of Work Report | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://equalityhumanrights.com/) In Britain between 2009 and 2019, workers aged 50 to 69 years old experienced the sharpest increase in flexible working (a 27% increase in the number of older workers in flexible work). This was followed by workers aged 25 to 49 years old (a 10% increase), with no increase for workers aged 16 to 24 years old. In 2009 approximately 5 million workers were employed in flexible work, 6% of people aged 16 to 24, 9% of those aged 25 to 49 and 9% of those aged 50 to 69. Flexible working arrangements increased throughout the COVID-19 pandemic for workers of all ages. By 2021 those employed in flexible work had increased to 7.7 million workers. Of workers aged 16 to 24, 15% had flexible working arrangements, as did 25% of those aged 25 to 49 and 24% of people aged 50 to 69. Older workers were consistently employed more in flexible work. There are many reasons that could explain this difference, including individual needs and job requirements ([CIPD, 2019](#)). For example, older people are more likely to work flexibly to manage health conditions, caring responsibilities and / or to adjust towards retirement.

For many older workers, having access to flexible working opportunities is important for remaining active in the labour market. In particular, for people with additional needs or responsibilities, such as caring for a relative or managing a health condition, flexible working is imperative. ([AGE UK](#))

According to the CIPD report '[Understanding Older Workers](#)', older workers have higher rates of part-time working than younger workers. However, the finding that many would prefer shorter hours suggests there is still not enough flexibility to fully cater to older workers' preferences and employers should consider requests for reduced

hours. Older people are also much more likely to have caring responsibilities. This underlines the importance of ensuring employers take steps to increase the availability and range of flexibility as a means of both attracting and retaining workers as they get older.

[The Equal Opportunities Commission](#) says that discriminating against an employee or prospective employee because they are 'too old' or 'too young' is illegal and anyone who is subjected to unfair treatment or treated differently because of their age is considered to be a victim of age discrimination. All staff can apply for flexible working from day one of employment, and the Policy sets out the only reasons which can be given for rejecting an application. However, there may be differences in the ways different groups of staff want to work flexibly, for example, term-time working is designed specifically to assist employees with school age children, and is therefore more likely to be requested by younger workers.

One in eight older workers are forced out by ill health, and others are unable to fit work around caring responsibilities. Ethnically diverse communities and those in low-income jobs far more likely to have to stop work early for health reasons. Flexible working would benefit older workers managing long-term health conditions, needing to reduce their workload or with increased caring responsibilities by supporting them to stay in work longer if they want to. (<https://www.tuc.org.uk/research-analysis/reports/extending-working-lives-how-support-older-workers> 22 <https://www.tuc.org.uk/research-analysis/reports/older-workers-after-pandemic-creating-inclusivelabour-market>)

DISABILITY:

According to the [Future of Work Report | Equality and Human Rights Commission \(equalityhumanrights.com\)](#) the number of disabled workers on flexible contracts rose 58% from 2013 to 2019 (19% to 21% of disabled workers), far more than the 8% increase for non-disabled workers (from 18% to 19% of non-disabled workers). This increase continued throughout the COVID-19 pandemic for both groups. The number of disabled workers on flexible contracts increased by 127% (from approximately 540,000 to 1.1 million) from 2013 to 2021, while for non-disabled workers the number rose by 43% (from 4.5 million to 6 million). In 2021, disabled and non-disabled workers were almost equally likely to work flexibly, with 26% of disabled workers and 25% of non-disabled workers having flexible working arrangements, an increase from 19% and 18% respectively in 2013. Many disabled people and representative organisations have advocated for greater availability of flexible and remote working. For some, remote working can be a way to gain and retain employment, as it helps to overcome some accessibility issues (EHRC, 2017). Under the Equality Act 2010, flexible working arrangements can also be a reasonable adjustment for disabled workers.

If an employee is disabled, it may be a reasonable adjustment to allow them to work flexibly if this removes a barrier to them being able to do the job ([EHRC Guidance](#)). Employers must make reasonable adjustments to make sure workers with disabilities, or physical or mental health conditions, are not substantially disadvantaged when

doing their jobs. [Reasonable adjustments for workers with disabilities or health conditions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/reasonable-adjustments-for-workers-with-disabilities-or-health-conditions)

The [Equality and Human Rights Commission](https://www.equalityhumanrights.com/) states that equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of physical barriers and/or providing extra support for a disabled worker. This is the duty to make reasonable adjustments. The duty to make reasonable adjustments aims to make sure that, as far as is reasonable, a disabled worker has the same access to everything that is involved in doing and keeping a job as a non-disabled person

MATERNITY AND PREGNANCY:

- Employers are legally required to take reasonable steps to protect both the health and safety of pregnant employees and their baby. For example if they are finding it difficult to stand for long periods of time because of their advanced pregnancy, the employer must provide a suitable work space where they can sit down more frequently or take extra rest breaks. If sitting down or taking extra breaks are not feasible, the employer must provide suitable alternative work on similar conditions and terms. If there is no suitable work available, they would be entitled to have a suspension with full pay. ([Equal Opportunities Commission](https://www.equalityhumanrights.com/))
- The Policy states that If at the end of their maternity leave an employee wishes to return to work on different hours, their manager has a duty to facilitate this wherever possible, with them returning to work on different hours in the same job. If this is not possible, the manager must provide written, objectively justifiable reasons for this and the employee should return to the same grade and work of a similar nature and status to that which they held prior to her maternity leave. These provisions are mirrored for staff on adoption leave and is also available to staff returning from Shared Parental Leave. Employees who return to work following Maternity Leave who are breastfeeding are entitled to frequent breaks, a private room etc. and do not need to access this Policy to achieve this

RELIGION & BELIEF:

- The ACAS guide for [Religion or Belief discrimination: key points for the workplace \(2018\)](https://www.acas.org.uk/publications/religion-or-belief-discrimination-key-points-for-the-workplace-2018) states that an employer is under no obligation to automatically give staff time off for religious holidays or festivals, time to pray or a place to pray. However, it should consider requests carefully and sympathetically, be reasonable and flexible where possible, and discuss the request and explore any concerns with the employee. Refusing a request without a good business reason could amount to discrimination
- Some religions or beliefs may require their followers to pray at certain times of day, to have finished work by a particular time or to fast for extended periods ([EHRC](https://www.ehrc.org/)). This may have flexible working implications
- The [Equality and Human Rights Commission](https://www.equalityhumanrights.com/) website has a toolkit to support employers if staff request a change to their working conditions because of their religion, belief or lack of religion or belief. They advise that whether you say yes or no will depend on the circumstances of each case. You need to balance the effect of agreeing to the request on your business and other staff, against the effect on the individual of

not agreeing to the request.

GENDER

- According to the [Future of Work Report | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://equalityhumanrights.com) Women are more likely to use flexible working arrangements than men in Britain, but since 2009 the use of flexible working arrangements has increased at a faster rate among men. Between 2009 and 2021 in Britain, on average 22% of women in work had flexible working arrangements compared to 16% of men. This is according to our analysis of data from the Labour Force Survey. Literature suggests that this contributes to some disadvantages for women, for example the gender pay gap (Costa Dias et al. 2018), and negative consequences for career progression (Chung, 2020). The COVID-19 pandemic, lockdowns, and widespread working from home for both men and women may have changed some of the negative perceptions around flexible work. Some evidence suggests that the appetite for continued remote working is equally high for men and women, and that the gender care gap narrowed during the pandemic between March and October 2020 (from 6.96 to 4.59 hours per week) (Nicks et al., 2021b). On the other hand, there is evidence to suggest that there were differences between how men and women experienced remote working during the pandemic, with women being more likely to report negative impacts on health, work–life balance and stress (Jones and Bano, 2021; Aviva, 2021). However, this requires further research to distinguish which patterns are long term and which are likely caused by unique circumstances during the pandemic. The number of women on flexible contracts rose 10% from 2009 to 2019, while the number of men on flexible contracts rose by 33% during the same period. This increase continued throughout the pandemic for both sets of workers. As of 2021, the number of women on flexible contracts is approximately 44% higher than in it was in 2009 (an increase from around 3.1 million to around 4.3 million), while the number of men on flexible contracts has risen by 65% (from around 2.1 million to around 3.5 million). The proportion of women on flexible contracts increased from 24% in 2009 to 29% in 2021, and the proportion for men increased from 15% in 2009 to 22% in 2021. Still, in November 2021, over 800,000 more women than men were working flexibly.
[\(Chung, H. \(2020\), 'Gender, Flexibility Stigma and the Perceived Negative Consequences of Flexible Working in the UK', Social Indicators Research, vol. 151, pp. 521–545.](#)
Costa Dias, M., Joyce, R. and Parodi, F. (2018) 'IFS Working Paper: The gender pay gap in the UK: children and experience in work'. London: Institute for Fiscal Studies [accessed: 5 April 2022]
[Nicks, L., Gesiarz, F., Likki, T., Baynham-Herd, Z. and Lohmann, J. \(2021b\), 'Impact of changes in flexible working during lockdown on gender equality in the workplace', London: The Behavioural Insights Team \[accessed: 7 April 2022\].](#)
[Jones, P. and Bano, N. \(2021\), 'The Right to Disconnect', Autonomy Website \[accessed: 7 April 2022\].](#)
- Women are bearing the brunt of caring responsibilities, with almost six out of 10 avoiding applying for promotion because it was too hard to balance work and care. [Research from Business in the Community](#) carried out by Ipsos revealed that one in five women (19%) have left a job because of difficulties balancing work with caring responsibilities. Women account for 85% of sole carers for children, and 65% of sole carers for older adults.

- While women are more likely than men to use flexible working arrangements, since 2009 the uptake of flexible work has been increasing at a faster rate among men. ([future of work report](#))
- Making flexible working available in all but the most exceptional of circumstances promotes greater gender equality. Research has shown that many of the underlying causes of the gender pay gap are connected to a lack of quality jobs offering flexible work. The unequal division of unpaid care and the lack of flexible working in jobs means that women often end up in part time work. (<https://timewise.co.uk/article/article-real-reasons-behind-gender-pay-gap/>, <https://www.tuc.org.uk/sites/default/files/2019-10/BEISFlexibleworking.pdf>)

GENDER REASSIGNMENT

- If a request to work flexibly is made because an employee proposes to undergo, is undergoing or has undergone gender reassignment, the employer should consider the request on the same basis as they would consider any similar request made under the right to request flexible working. Employers should not refuse a request or treat it less seriously because it is being made by a transsexual person ([EHRC Guidance](#)).

A [Government Equalities Office publication](#) (2015) offering guidance for employers on the recruitment and retention of transgender staff states that "We know that trans people often leave their jobs before transitioning and often take lower paid jobs when they return to the workplace, often because of the possible discrimination they imagine they will face if they stay in their place of work. This can result in a loss of expertise and investment for their original employer."

- [CIPD guidance on Transgender and non-binary inclusion at work](#) advises that organisations should not remove someone from duties against their wishes while they're transitioning. However, transitioning employees may request temporary redeployment, flexible working or adjustments to their role. This must be led by the individual's preferences, and you should accommodate requests as far as is possible

SEXUAL ORIENTATION

- A Business in the Community report '[Working with Pride - issues affecting LGBTQ+ people in the](#)

[workplace'](#) found that in relation to carers, gay/bi+ people are less likely to be accessing support from line managers, home working and flexible working policies, especially in the case of gay/bi+ male carers.

RACE

- [Research](#) commissioned by **Business in the Community**, The Prince's Responsible Business Network and Ipsos UK found that one in three (32%) Black, Asian, Mixed Race and other ethnically diverse people have left or considered leaving a job due to a lack of flexibility compared with one in five (21%) white people. The research also found that some groups were significantly more likely than others to have not applied for a job or promotion, or to have considered leaving or actually left a job, because of challenges combining paid work and care, including Black, Asian, Mixed Race and other ethnically diverse people; those on lower incomes; and shift worker
- According to [the Future of Work Report | Equality and Human Rights Commission \(equalityhumanrights.com\)](#) the number of workers from ethnic minorities on flexible contracts rose by 79% from 2009 to 2019, compared to 7% for White British workers. This saw the proportion of workers on flexible contracts increase from 18% of ethnic minority workers and 19% of White workers to 20% of both groups in 2019. This increase continued throughout the COVID-19 pandemic for all groups, with the number of workers from ethnic minorities on flexible contracts 171% higher in 2021 compared to 2009 (from approximately 700,000 to 1,740,000 workers), while the number of White British workers on flexible contracts only rose by 38% (from 4.5 million to 6 million). In 2021, this increased further, with 26% of workers from ethnic minorities and 25% of White British workers having flexible working arrangements.

OTHER FACTORS

- Flexible working supports a better work life balance, improved wellbeing, improving the experience of work for carers. It also improves productivity, increases staff retention and better recruitment (https://www.tuc.org.uk/research-analysis/reports/future-flexible-work?page=2#section_header)
- In some cases, the Equality Act can also protect carers from being treated unfairly because of their association with the person they care for; Associative discrimination or 'discrimination by association' comes about when someone is treated unfavourably on the basis of another person's protected characteristic. Discrimination by association doesn't apply to all protected characteristics. Marriage and civil partnership, and pregnancy and maternity are not covered by the legislation. Nor does it apply to instances of indirect discrimination by association - it has to be direct. This Policy will support staff in managing their work life balance more effectively (e.g. parents, those with caring responsibilities) Discrimination by Association should be considered when considering requests for flexible working,

- The ability to provide a service to Welsh Speaking patients should be considered when deploying our workforce (e.g. when considering requests for flexible working)
 - Numerous studies have found that flexible working arrangements can have a significant positive impact on people's mental health with better sleep and lower stress levels as common outcomes. Equally, someone's mental health can have a significant impact on their ability to perform well in their job.
 - [CIPD 2018](#) quoted research which has shown that flexible working can reduce absence rates as it allows employees to manage disability and long-term health conditions, and caring responsibilities, as well as supporting their mental health and stress. Parents and carers (especially those on low incomes) benefit the most – they tend to have increased wellbeing and are less troubled by stress when given access to flexible work
 - An [ONS report](#) from December 2018 showed that 25.8% of women were economically inactive (i.e. not employed or looking for/available for work, compared with 16.1% of men. The second biggest reason for being economically inactive is looking after family or home (the largest category is students)
 - The Policy states that flexible working opportunities should be considered for all employees and made available as far as practicable, regardless of role, shift pattern, team or pay band and should also be considered for employees who work on rotation. It is not sufficient for departments who have a traditional way of working to reject an application for flexible working just because it has not been tried before or because 'this is how it has always been done'.
 - The Policy states that Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the employee or their colleagues would become lone workers). Advice can be sought from People Services/Human Resources, Health and Safety and Occupational Health as appropriate.
- [Research by Timewise](#) has shown that good flexible working can help households manage rising costs. The [2021 Flexible Jobs Index](#) noted that only 1 in 4 jobs are advertised as flexible in any way. There are even fewer part-time jobs advertised (just 1 in 10), and they are clustered at the lowest-paid end of the scale, with very few higher-paid ones available. This is a particular problem for parents, carers or those with health issues or other responsibilities, who simply can't work full-time. Being able to find a quality part-time or flexible role can allow them to get into (or back into, or progress in) the workplace and increase their household income. And the availability of good flexible jobs also has a positive impact on society as a whole. Evidence shows that flexible working can play a part in tackling social inequality, reducing child poverty, supporting social mobility, and increasing workplace diversity.

Monitoring Arrangements

Each Department will keep a record of all formal applications for Flexible Working and a record of approvals/ rejections and appeals.

Organisations should ensure that data relating to applications for flexible working and outcomes of decisions are recorded and regularly reported through the usual joint partnership and governance structures. This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and also by department.



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Agenda Item No.

20

REPORT TITLE

Committee Priorities and Cycle of Business Monitoring Report 2025/26

MEETING

Name of meeting	People and Culture Committee
Date of meeting	13 November 2025
Public or Private	Public
If private - rationale	n/a

REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Sarah Harland, Corporate Governance Officer

PURPOSE OF REPORT

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

REPORT SUMMARY:

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

1. This report updates the Committee on progress against the priorities it set for 2025/26 and progress against the agreed cycle of business for the committee. There are two matters to escalate to the committee (detailed in paragraph six and seven).
2. During the effectiveness reviews, it was agreed that it is good practice for committees to set priorities for the forthcoming year. The committee's priorities, which are set out below, were agreed by the Trust Board in May 2025 and will be tracked quarterly.
3. The committee's cycle of business was approved by the Committee in May 2025. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.
4. The monitoring report is at Annex 1. The 'pre-agenda setting' key indicates that items in green show where they are cycled for a particular meeting. Items in beige indicate they are a prompt at agenda setting as they may be ad hoc items such as business cases or external reports.
5. The 'post-agenda setting' key indicates that items in blue were either on the agenda as scheduled or is an *ad hoc* item which was discussed in agenda setting and scheduled. The orange indicates where an item was programmed for receipt but has been deferred to a future meeting.
6. The committee is asked to note that the *Speaking Up Safety Report* has been deferred from quarter three 2025/26; however, the committee will receive an update within the Director's Update at item five.
7. The committee is also asked to note that the *Revalidation and Registration Report for NMC/HCPC* has been deferred from quarter three 2025/26; this item will be brought to the committee in quarter four. Finally, the committee's priorities and progress against them is as follows:

Priority	Progress
A focus on Equality, Diversity and Inclusion	At the November 2025 meeting, the Committee will receive the Workforce Race Equality Standards (WRES) Annual Report 2024/25.



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	• At the August 2025 meeting, the Committee received the following suite of Strategic Equality Reports 2024/2025: - Strategic Equality Plan Annual Report 2024/25 - Annual Gender Pay Gap Annual Report 2024/25 - Annual Workforce Quality Monitoring Report Annual Report 2024/25 • The Welsh Language Report was presented at the August 2025 meeting. Within this update the Committee also received receive the year 3 "More Than Just Words" Action progress report for assurance.
• The Trust's approach to development of our people.	• At the November 2025 meeting, the Committee will receive the People and Culture Plan extension, and the purpose of which is to discuss and support the proposal to extend the current People and Culture Plan (2023-26), until at least April 2027. This is based on its continued relevance, alignment with strategic priorities, and timeframes to refresh the Trust Long-Term Strategic Framework. • At the November 2025 Committee meeting, the Essential Skills Tutors will be the focus of the staff story agenda item, highlighting the breadth and diversity of experience within their team. They will illustrate how their collective strengths foster an inclusive environment, where individual contributions are valued and complement each other. The Committee will also gain an understanding of how Essential Skills initiatives help advance shared objectives and promote ongoing development for all members of WAST. • A progress update on the People Development Plan was received at August 2025 meeting. The Committee were updated on the progress



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made in implementing the People Development Plan and the development of the supporting policy. The Committee received an overview of the ongoing work to develop professional group frameworks and associated professional proficiencies. The Committee were informed of the outline of the next phase of planned activity and priorities.

- At the May 2025 meeting, the Committee received the People and Culture Plan Metrics, which highlighted:
 - an increase in PADR completion rates reflected for March (82.38%); This represents the highest recorded rate within this dataset. PADR process improvements are in progress with a focus on making the conversation the core of the process, with the form acting as a simple tool to guide (not define) the discussion.
 - an increase in statutory and mandatory training compliance (87.84%, against a Welsh Government target of 85%). At 31st March 2025, 90.44% of colleagues required to attend Mandatory In-Service Training (MIST) had done so.

2024/25 Progress (included as this priority was carried over into 2025/26)

- At its meeting in May 2024 the Committee received the 'Staff Development Outline Plan' which was a deliverable of the People & Culture Plan. The aim of this was to provide equity in development opportunities for our people to undertake their roles and benefit from progression opportunities.
- At the May 2024 meeting the Committee were assured that mapping was underway on professions and roles, which define skills and



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competencies. It was noted that the 'Learning and Development' reporting was still in development.

- The People and Culture Plan metrics – which the Committee receives at every meeting – includes metrics regarding the statutory and mandatory training (giving organisational compliance figures) in addition to the MIST compliance.
- The People and Culture Plan metrics provided to the Committee also included qualitative feedback regarding the Trust's learning and development initiatives, which enables us to take a continuous improvement approach to the development of our people.

RECOMMENDATION(S)

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

The Committee is requested to NOTE the update.

ADDITIONAL PAPER(S)

Set out here any annexes. See writing and presentation guidance [here](#) regarding materiality and use of the Reading Room

The Committee is requested to receive the following:

1. People and Culture Committee Cycle of Business Monitoring Report November 2025.

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

STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

Narrative here (select all that apply) [\[link to objectives and what good looks like\]](#)

☒ SO1: Providing the right care or advice, in the right place, every time

☐ SO2: Enabling our people to be the best they can be



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☐ SO3: Being at the forefront of innovation and technology	☐ SO4: Developing services in collaboration
☒ SO5: Being quality driven and clinically led	☒ SO6: Delivering exceptional value

RISK(S) THIS REPORT MITIGATES

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

HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

IMPACT ASSESSMENTS FOR CONSIDERATION

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

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

APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
13 November 2025	People and Culture Committee

PAPER	PRE C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE	COMMENT
PEOPLE AND CULTURE COMMITTEE - CYCLE OF BUSINESS 2025-26									
TERMS OF REFERENCE NOTED IN RED TEXT									
Aligned strategies and plans	TBC	Ad Hoc			→		DPC/DCC	Endorsement	Q3: New People and Culture Plan 2026/29 Discussion (Presentation/Interactive Session), this was subsequently postponed for approximately a year.
TBC assurance reporting on 'what good looks like' for PCC remit	STB						DPC/DCC	Assurance	Reporting developing in 2025/26
End of Season Flu Campaign Report	COGG	Annually					EDP	Assurance	To include flu and general vaccination status in accordance with statutory and regulatory requirements
Cultural themes and trends report	TBC	Bi-annually					DCC	Assurance	
People and culture metrics report	TBC	Quarterly					DPC	Assurance	
Workforce Scorecard	TBC	Quarterly					DPC	Assurance	
MIQPR	ELT	Quarterly					EDSPP	Assurance	
Suspensions over 4 months report (closed)	TBC	Quarterly					DPC	Assurance	
Staff Story	N/A	Quarterly					DPC/DCC	Discussion	
Staff Story updates	None	Quarterly					DPC/DCC	Assurance	Q1: No update from Q4 24/25 available.
NHS Staff survey and action plan	ELT	Annually					DPC/DCC	Assurance	
Health and Safety Report	NH&S C'ee	Quarterly					EDQN	Assurance	
Annual Health & Safety Report	NH&S C'ee	Annually					EDQN	Assurance	Q1: The annual report received at this meeting and includes the quarterly updates required in line with the CoB.
WASPT AAA report	WASPT	Quarterly					DPC/WAST Chair	Assurance	
Gender pay gap report	TBC	Annually					DPC	Endorsement	
Strategic Equality Report	TBC	Annually					DCC	Endorsement	Q1: SEP 6 monthly update / progress report.
WRES report	TBC	Annually	→	→			DPC	Endorsement	Q3: The Anti-Racist Wales Action Plan Update was presented, which included the WRES Report 2025 and a summary report with overview of WAST WRES report findings for 2025
Welsh language annual report	EDISG	Annually					BS	Endorsement	
Speaking Up Safely Report	TBC	Bi-annually	→	→			DCC	Assurance	Q1: Rec'd SUS Internal Audit Report, however agreed to take next substantive update to Q2 (which aligns with reporting to Trust Board). Q3: To be included within the Directors Update.
Policies for review and approval	Policy Group/ELT	Ad Hoc					Various	Approval	Board to approve Raising Concerns and H&S policy (SoRD para 17)
Learning and development reporting	TBC	TBC					DPC	Assurance	Reporting to be developed in 2025/26 to assure the Committee on training, education, development & succession
HEIW commissioning report	TBC	Annually					DPC	Approval	
Revalidation and registration report	N/A	Annually		→			EDQN & EDP	Assurance	Report from EDQN and DP confirming revalidation of registered staff - see Note 4
People and culture metrics annual review	TBC	Annually					DPC	Approval	To review and agree the Committee level metrics for the coming year (i.e. those over and above MIQPR metrics)
MIQPR review for people and culture metrics	FPC	Annually					EDSPP	Endorsement	Q1: The annual review of metrics was received by the Board at the April Board Development session, as opposed to the committee.
Board Assurance Framework	Board	Quarterly					BS	Assurance	
Corporate Risk Register - People and culture	Board	Quarterly					BS	Assurance	
Audit Recommendation Tracker	ADLT	Quarterly					BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc					Relevant Director	Assurance	
Operational Update	N/A	Quarterly					EDO	Information	
Director of P&C Update	N/A	Quarterly					DPC	Information	Including spotlight on TUP successes and challenges from 1 April 2025
GOVERNANCE									
Committee effectiveness review annual report	Audit/Board	Annually					BS	Approval	TORs provide that this is the first meeting of the year. Reports go to Audit C'ee in April and Board May
Review of Terms of Reference	Audit/Board	Annually					BS	Approval	TORs provide that this is the first meeting of the year. Reports go to Audit C'ee in April and Board May
Committee Cycle of Business annual refresh	N/A	Annually					BS	Approval	Q1: CoB received and approved by Chair's Action, so not necessary to take to Q1.
Committee Cycle of Business monthly review	N/A	Quarterly					BS	Review	Review against cycle progress at each meeting
Committee Review of Annual Priorities	N/A	Quarterly					BS	Review	
SUB-GROUPS									
Where applicable	N/A	Ad Hoc					N/A	N/A	WASPT reporting detailed above. No other sub-groups at this time
PROMPTS									
Relevant External Reports	N/A	Ad Hoc					Various	Assurance	

DPP = Director of People
 EDO = Executive Director of Operations
 EDQN = Executive Director of Quality and Nursing
 DPE = Director of Partnerships and Engagement
 EDP = Executive Director of Paramedicine
 BS = Board Secretary
 DCC = Director of Culture Change

Key: Pre-agenda setting
 Cycled for each meeting
 Ad hoc item - prompt for agenda setting
 Reporting developing

Key: Post-agenda setting
 Presented as cycled
 Ad hoc / item considered - not programmed
 Item deferred
 Reporting developing

1	Revalidation	RNC every 3 years; HCPC every 2 years; GMC every 3 years
2	Staff story updates	Advisory Internal Audit on learning organisation - 3.1 'We recommend that staff stories are evaluated to identify and deliver actions to address the issues they raise. Agreed to be completed by person curating story. To be on agenda for the following meeting.
3	Staff survey	Staff survey goes out [Sept?] and reports end [March].
4	Speaking Up Safely	For 25/6 the timing of the PCC assurance to ARC on the FTSU arrangements (whistleblowing) needs to be considered - take to ARAC after PCC. Review for 25/26 Co8.
5	Anti-racist Wales Action plan	Wider public, third sector and Government funded private sector In relation to the leadership responsibility we hold for public, third and those private sector organisations we fund. 5 core actions identified WG will expect and will hold them to account, via our Accountability Group: 1. A strong commitment to lead from the front and demonstrate it in terms of anti-racist values, behaviours, representation at all levels of your organisations and accountability measures. 2. Participation in all decision making and senior leadership groups in a way that enables lived experiences of ethnic minority people to be heard and acted upon. 3. Achieve, at the very least, minimum requirements of the Equality Act 2010 and publish your results in an open and accessible forum/platform. 4. Ensure minimum standards and provision of culturally sensitive and appropriate services, including provision of translation and interpretation. 5. Ensure robust complaints policies and processes for racial harassment that are validated to the satisfaction of ethnic minority groups.
6	Working in Partnership	Standing Orders 6.04 says 'the Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partners responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership'.
7	Annual Equality Report	SEP 2024-2028 approved March 24. 22/23 report presented in February (Q4) 24. TBC timing of this going forward. WRES reporting (national WRES report being coordinated by HEIW. WRES data will help provide baseline for future actions on ARWAP. This should be a group of reports to be received in August: the SEP Annual Report, the Annual Workforce Equality Monitoring Report and the Workforce Race Standards report.
8	PADR	Audit Wales Quality Governance Review 2022 made recommendations related to mortality reviews. The 2024 Quality Governance Follow Up Review (October 2024) re-opened previously closed recommendations as follows: R5 - The Trust has low Personal Appraisal and Development Reviews (PADR) compliance rates, for example in June 2022 the Trust's compliance was 59% against the 85% target. As part of embedding its new behaviours, the Trust should ensure that PADR rates are improved and set out the actions it will take to achieve this. The report found whilst PADR completion rates have improved since our original review, they continue to be below the Trust's target rate.

**MINUTES OF THE WELSH AMBULANCE SERVICES PARTNERSHIP TEAM
(WASPT) HELD IN **CLOSED** SESSION FACE TO FACE CARDIFF MRD ON
24 JULY 2025 AT 09:30**

MEMBERS PRESENT:

Christian Fox	Trade Union Partner (Unite) [Co-Chair]
Lee Brooks	Executive Director of Operations
Henry Garrard	Trade Union Partner (Unison)
Estelle Hitchon	Director of Partnerships and Engagement
Maldwyn Jones	Trade Union Partner (GMB)
Carl Kneeshaw	Director of People
Rachel Marsh	Interim Chief Executive Officer
Trish Mills	Director of Corporate Governance/Board Secretary (Virtually)
Hugh Parry	Trade Union Partner (Unite)
Vicky Rees	Trade Union Partner (RCN)
Carol Roberts	Trade Union Partner (Unison)
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Alison Williams	Trade Union Partner (Unite)
Marcus Viggers	Trade Union Partner (GMB)

IN ATTENDANCE:

Alex Payne	Corporate Governance Manager (Minute-taker)
Kim Crichton	Occupational Health Manager [Item 8 only]

APOLOGIES:

Mark Marsden	Trade Union Partner (Unison) & [Co-Chair]
Liz Rogers	Deputy Director of People and Culture/Chair Corporate LPF
Trade Union Partner (RCN)	
Trade Union Partner (RCN)	
Trade Union Partner (GMB)	

The papers are available to access in the WAPST Team site: [2025-07-24](#).

1. WELCOME AND APOLOGIES

- 1.1. The Chair welcomed members and apologies were noted. The Chair extended his sincere condolences to Mark Marsden, whose wife had recently passed away. The Welsh Ambulance Services Partnership Team (WASPT) members asked Trade Union Partners (TUPs) to pass on its collective thoughts to Mark and his family.
- 1.2. The Chair welcome Rachel Marsh as Interim Chief Executive Officer for the period effective 19 July 2025.

2. DECLARATIONS OF INTEREST

- 2.1. No interests were declared.

3. MINUTES FROM THE PREVIOUS MEETING

- 3.1. The minutes from the meeting of the WASPT held on the 30 May 2025 were agreed as a correct record with no amendments requested.

The Group RESOLVED TO:

To approve the minutes of WASPT held on the 30 May 2025.

4. ACTION LOG AND MATTERS ARISING

- 4.1 The Action Log was discussed and updated. Actions 7.6 and 12.1 (from 30 May 2025) which were proposed for closure were agreed to be closed. An update was given against action 15.3 regarding alternative uniform options (from 30 May 2025) and it was agreed that the action remain open.
- 4.2 Lee Brooks advised that the Uniform Working Group has met with the Trust's supplier and has confirmed that a range of uniform options are being considered. He noted that he has posed a challenge regarding the default position of 'bare below the elbow' with regards to uniform.
- 4.3 The options available for pregnant women were queried and Lee advised that a female-specific trouser is now available. There was a brief discussion regarding the other uniform pieces that were available for pregnant women, and it was noted that good progress has been made.
- 4.4 An update was given against action 15.5 (from 30 May 2025) with regard to the clarify on the approach for claiming expenses for Emergency Ambulance Practitioners (EAPs). It was agreed that this action should remain open, and a revised due date was applied.

5. UPDATE ON CHIEF EXECUTIVE OFFICER RECRUITMENT

- 5.1. Carl Kneeshaw indicated that there was no further update to be given in addition to the formal communications issued to the Trust several weeks' ago regarding the outcome of the Chief Executive Officer (CEO) recruitment. The name of the successful candidate would be announced in due course.

The Group RESOLVED TO:

To note the update given in regard to the CEO recruitment.

6. TU ITEMS (FROM PRE-MEET ON 16 JULY 2025)

- 6.1. The Chair advised that there were two brief matters which would be raised for discussion but that they would be dealt with throughout the rest of the meeting agenda or an 'Any Other Business' item.

7. UPDATE ON THE 2025/26 PAY AWARD FOR NHS STAFF

- 7.1. Carl Kneeshaw presented the update regarding the 2025/26 pay award for NHS staff, which has been confirmed at a 3.6% consolidated pay increase for Agenda for Change staff. This award was effective 01 April 2025 and will be paid in arrears in August 2025. The financial implications of the pay award were noted in regard to the absence of consequential funding from UK Government, in addition to the emerging issues regarding pay for doctors in England.
- 7.2. The TUPs noted that Trade Unions (Unite, Unison, GMB and RCN) have expressed dissatisfaction with this pay award, viewing the award as imposed and insufficient to meet the pay restoration commitments. Unite has formally rejected the detail, with a high number of members indicated as supporting further action. The formal positions of GMB, Unison and RCN are to be finalised, however it was indicated that industrial action, with a focus on ambulance service members, was likely.

The Group RESOLVED TO:

- 1) NOTE the position on the 2025/26 pay awards effective from 01 April 2025 for Agenda for Change and Medical & Dental staff, following acceptance by the Welsh Government of the NHS Pay Review Body (NHSPRB) and Doctors' and Dentists' Review Body (DDRB) recommendations;**
- 2) NOTE that further details on the additional reform recommendations contained within the NHSPRB and DDRB reports will follow once these are published;**

- 3) **NOTE the position of the Trade Unions in Wales regarding the pay award, the outcome of the consultative ballots and the request for Welsh Government to reopen negotiations;**
- 4) **NOTE that no decision has yet been made regarding the 2025/26 pay award for Executive and Senior Posts (ESP) staff in NHS Wales; and,**
- 5) **ACKNOWLEDGE the financial implications of these pay awards, particularly given the absence of consequential funding from the UK Government.**

8. RISK 558: DEEP DIVE DISCUSSION

8.1 Carl Kneeshaw presented the documents in respect of Risk 558 to inform the subsequent discussion. Risk 558 is '*deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences*'. Kim Crichton, Occupational Health Manager, joined the meeting to inform the discussion. Carl asked TUPs to consider whether the risk detail was framed accurately from the trade union perspective and opened the item for discussion.

8.2 Carl noted that his team would be undertaking work on the health and safety aspects of this risk in the coming weeks. Kim reported that the Occupational Health (OH) team has faced challenges due to sickness and absences, however that performance is improving and the relevant KPIS are being met. Kim advised that the OH team is progressing with the delivery of the Health and Wellbeing Plan and noted that there are new staff provisions in place, for example, a tool to support colleagues in improving their cardiovascular health. This project is currently active in the north of Wales and will soon be implemented across all of Wales; however, it is available proactively should colleagues be interested.

8.3 It was noted that work-related stress remains a focus for the Trust, particularly given the recent Health and Safety Executive inspections in other ambulance trusts which highlighted the need for a tailored risk assessment. There was a discussion regarding the reporting of stress-related absences in ESR and the challenges in being able to distinguish work-related stress from personal stress. Concerns were raised regarding the underreporting of industrial stress and the need to improve the reporting in ESR as well as capturing the wider operational pressures.

8.4 Kim noted that the Trust has recently appointed two high intensity Cognitive Behavioural Therapists on a bank basis to reduce delays in access to support, whilst the appropriate full time resources are confirmed. It was recognised that there is further work to be done in regard to this provision. It was asserted that whilst a counsellor/psychologist is not available in the Trust 24/7 colleagues can seek support at any time through the Employee Assistance Programme.

8.5 WASPT recognised that there is a need for improved signposting to resources for staff and their line managers, particularly in the immediate aftermath of trauma. It was noted that the industrial injuries process was being reviewed in partnership and that the Executive Leadership Team would be discussing this matter in the coming weeks. Trish Mills confirmed that arrangements are being made regarding the dedicated risk awareness session for TUPs.

The Group RESOLVED TO:

Note the position/score with regards to Risk 558.

9. ACAS ACTION PLAN UPDATE REPORT

9.1 Carl Kneeshaw presented this report for discussion which provided an update to WASPT on the progress against the ACAS Action Plan. Carl noted that some items remain delayed due to resource constraints, including the publication of the Welsh Government eLearning materials and the development of case studies.

9.2 There was reference by Henry Garrard to the operation of the Local Partnership Forums (LPF) and that there is anxiety from across the TUPs where individuals are taking on the Co-Chair role for the first time. Trish Mills advised that the respective terms of reference articulate the role of a chair, and to contact her for support should that be required.

The Group RESOLVED to:

Note the July 2025 ACAS actions update.

10.SLT/TU AAA REPORT FROM 05 JUNE 2025

10.1 Lee Brooks presented the SLT/TU AAA Report. There were no alerts to escalate to WASPT. Lee noted that resources from within the Urgent Care Service (UCS) begun responding to Purple Arrest calls from 01 July 2025 and noted that their role will be limited to Basic Life Support. There have been approximately 30 UCS dispatches to Purple calls since 01 July, and a daily reporting mechanism is now in place, with management receiving incident updates.

10.2 Christian Fox indicated that a concern has been raised regarding the use of UCS resource to respond to a Purple arrest call where a member of UCS was apparently required to attend a paediatric arrest. It was stated that the UCS crew was solo and was placed under some pressure to respond to the incident alone.

10.3 Lee advised that should specific incident details be forthcoming he would investigate the concern; and noted that the Trust has a position on solo responding (for any ambulance for EMS/UCS), and that this situation should not arise. It was asked that the TUP provide the details of this incident to allow Lee to investigate the matter.

10.4 There was a brief discussion regarding the use of UCS in supporting EMS response. The use of UCS resource to support agility of resources was noted however it was felt that such an action would not be advantageous at this time. There were no further comments.

The Group RESOLVED to:

Note the SLT/TU AAA from the 05 June 2025.

11. CORPORATE PARTNERSHIP FORUM AAA REPORT FROM JUNE 2025

11.1 Carl Kneeshaw presented the AAA Report. There were no alerts from the meeting to escalate to WASPT. It was noted that the review of the terms of reference would be brought to WASPT for approval at its meeting in September but noted that it had already been acknowledge that the meeting frequency would need to be adjusted from monthly to every six weeks.

The Group RESOLVED to:

Note the Corporate Partnership Forum AAA from the 26 June 2025.

12. UPDATE ON WELSH HEALTH CIRCULAR IMPLEMENTATION OF THE NON-PAY ELEMENTS OF THE 2022-25 COLLECTIVE AGREEMENT

12.1 Carl Kneeshaw presented the update on the Welsh Health Circular (WHC) implementation of non-pay elements of the 2022-24 collective agreement. Members noted that all original actions required by the WHC Non-Pay Elements of the 2022-24 Collective Agreement have been completed.

12.2 Additional work arising from partnership discussions or concerns raised by TUPs were identified on the pro-forma presented and will be managed as part of business as usual. Future reports will be 'RAG rated' and draw out highlights, lowlights and red flags.

12.3 A concern regarding the recording of flexible working requests on ESR was noted. Carl indicated that he would reiterate with his team – for wider Trust communication - that all requests must be record via ESR and that the process for managing such requests be reiterated.

- 12.4 There was a brief discussion on the management of such requests in the Trust and the difference between reasonable adjustments and flexible working requests. The importance of using the correct language when having discussions regarding such arrangements was noted.

The Group RESOLVED to:

Note the July 2025 update regarding the implementation of the non-pay elements of the 2022-2024 Collective Agreement Welsh Health Circular 2024 (017).

13. SPOTLIGHT FOR SIREN

- 13.1 The area of business agreed for the Siren communications was the use of UCS resource to support the response to Purple Arrest calls. It was agreed that Estelle Hitchon would take this forward with Carl Kneeshaw, with input from TUP as appropriate.
- 13.2 The TUPs asked if it would be possible to review the content on the 'Unions' Siren page and upload the recent WASPT minutes and AAA reports, as has been the case previously. It was agreed that the Corporate Governance Manager would take this forward.

14. AAA FROM 30 MAY 2025

- 14.1 Carl Kneeshaw noted that the content of the report from the 30 May 2025 meeting in regard to the Trade Union Release Time report for 2024/25 was incorrect. The AAA indicated that the Trust recorded 11,344 hours of Trade Union release time in 2024/25 at *a total cost of £745,261*, comprising £424,252 in overtime and £321,009 in standard costs.
- 14.2 Carl advised that the total cost presented in the associated report was incorrect, as the two figures *should not have been* added together. It was advised that the 30 May 2025 AAA report would be corrected to reflect the true position and replaced in the group's formal records. There were no queries with regard to this correction.

15. ANY OTHER BUSINESS

E-timesheets

- 15.1 Henry Garrard noted an issue with regard to the use of Global Rostering System in developing electronic timesheets. Lee indicated that he is aware of the concern and acknowledged that it is important to find a solution that can be delivered. Lee encouraged the continued engagement from TUPs and noted that he has reiterated the no detriment policy position.

16. REFLECTIONS

16.1 The Chair noted the discussion and decisions from the meeting.

17. DATE OF THE NEXT MEETING

17.1 The next meeting will be held on the 23 September 2025.