

## Bundle People and Culture (Open Session) 22 February 2022

### Agenda attachments

#### ITEM 0 Draft PCC Agenda 22 02 2022.docx

- 1 Welcome and Apologies For Absence - PH
- 2 Declarations of Interest - PH  
*Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.*
- 3 Procedural Matters – Minutes of previous meeting/Action Log - PH  
ITEM 3 - OPEN P and C mins 30 November 2021.docx  
ITEM 3.1- People and Culture Action and Decisions Log.xlsx
- 4 Director of Workforce and OD Update - CV  
ITEM 4 - Directors Report.docx  
ITEM 4.1 Appendix - WOD Senior Team Organogram 2021.pptx
- 5 Staff Story - AC
- 6 Committee Assurance Framework – for Comment - CV  
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- 7 Audit Recommendations – Progress Summary – for Assurance - JB  
ITEM 7 - Executive Summary PCC - Internal Audit Report 220222.docx
- 8 Welsh Language Update – for Assurance - MH/TM  
ITEM 8 - SBAR Welsh Language Standards.docx
- 9 Committee Effectiveness Review Update - PH  
ITEM 9 - ES People and Culture SBAR re Effectiveness.docx  
ITEM 9.1- Annex 1 - People and Culture Committee TORs - v.3 120122.docx  
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- 10 Operations Quarterly Report – for Noting - LB  
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- 11 Monthly Integrated Quality and Performance Report – for Discussion - RM  
ITEM 11 - MIQPR SBAR January 2022 PCC.docx hb.docx  
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- 12 Workforce Performance Scorecard Report – for Discussion - LR  
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- 13 Our People and Culture Deliverables: IMTP 2022-2025 – for Discussion - CV  
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- 14 Refreshing Our People and Culture Strategy – for Assurance - CV  
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- 15 Education and Training Presentation for Assurance - AC
- 16 Leadership and Management Development Strategy Update - for Discussion - CG  
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ITEM 16.1 Appendix 1 - Leadership Management Our Strategy 2019 - 2022 (6) FINAL (1) - Green.pdf

ITEM 16.2 Appendix 2 - PCC LM Strategy Update January 2022 for Feb P&C.docx

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Issues to be raised at Board - PH

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TU Cell Quarterly Update – for Assurance - LR

ITEM 18 - TU Partnership Activity Feb 2022.docx

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Minutes of Sub-Groups - SESG, Diversity and Inclusion Steering Group

ITEM 19 ES - Minutes of Sub-Groups.docx

ITEM 19.1 Appendix - EDISG Minutes 190122.docx

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Any Other Business



## PEOPLE AND CULTURE COMMITTEE OPEN SESSION AGENDA

22<sup>nd</sup> February 2022 at 09:30 am

To be held via Microsoft Teams

Chair: Paul Hollard, Non-Executive Director

Item No:	Title of Item	Verbal Presentation Paper	Delivered by
<b>PROCEDURAL MATTERS</b>			
1	<b>Welcome and Apologies For Absence</b>	Verbal	P Hollard
2	<b>Declarations of Interest</b> <i>Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.</i>	Verbal	P Hollard
3	Procedural Matters – Minutes of previous meeting/Action Log	Paper	P Hollard
4	Director of Workforce and OD Update	Paper	C Vaughan
5	Staff Story –	Verbal	Andrew Challenger
<b>POLICY AND COMPLIANCE</b>			
6	Committee Assurance Framework – <i>for Comment</i>	Paper	C Vaughan
7	Audit Recommendations – Progress Summary – <i>for Assurance</i>	Paper	J Boalch
8	Welsh Language Update – <i>for Assurance</i>	Paper	T Mills/M Hughes
9	Committee Effectiveness Review Update	Paper	P Hollard

Item No:	Title of Item	Verbal Presentation Paper	Delivered by
<b>PERFORMANCE AND DELIVERY</b>			
10	Operations Quarterly Report – <i>for Noting</i>	Paper	L Brooks
11	Monthly Integrated Quality and Performance Report – <i>for Discussion</i>	Paper	
12	Workforce Performance Scorecard Report – <i>for Discussion</i>	Paper	Liz Rogers
<b>STRATEGIC DEVELOPMENTS</b>			
13	Our People and Culture Deliverables: IMTP 2022-2025 – <i>for Discussion</i>	Paper	C Vaughan
14	Refreshing Our People and Culture Strategy – <i>for Assurance</i>	Paper	C Vaughan
15	Education and Training Presentation <i>for Assurance</i>	Presentation	A Challenger
16	Leadership and Management Development Strategy Update - <i>for Discussion</i>	Paper	C Goodwin
<b>CONSENT ITEMS</b>			
17	Issues to be raised at Board	Verbal	P Hollard
18	TU Cell Quarterly Update – <i>for Assurance</i>	Paper	L Rogers
19	Minutes of Sub-Groups <ul style="list-style-type: none"> <li>• <i>SESG</i></li> <li><i>Diversity and Inclusion Steering Group</i></li> </ul>	Paper	
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**Date of Next Meeting: 10 May 2022**

**UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE  
 MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON  
 30 NOVEMBER 2021**

**Chair: Paul Hollard**

**PRESENT:**

Paul Hollard	Non Executive Director and Chair
Trish Mills	Board Secretary
Chris Turley	Director of Finance and Corporate Resources
Hugh Bennett	Assistant Director, Commissioning & Performance
Bethan Evans	Non Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
Angela Roberts	Trade Union Partner
Lee Brooks	Director of Operations
Julie Stokes	Senior Workforce Transformation Manager
Dr Catherine Goodwin	Organisational Culture & Workplace Wellbeing Lead
Sarah Davies	Workforce and OD Business Manager
Nicola Quiller	Commissioning and Performance Officer
Liz Rogers	Deputy Director of Workforce and OD
Andy Swinburn	Associate Director of Paramedicine
Melfyn Hughes	Welsh Language Officer
Diane Harris	Ambulance Care Assistant, NEPTS
Paul Seppman	Trade Union Partner
Claire Vaughan	Director of Workforce and OD
Kevin Davies	Non Executive Director
Joga Singh	Non Executive Director
Craig Brown	Trade Union Partner
Andrew Challenger	Assistant Director, Professional Education & Training
Bronwen Biddle	Organisational Development Manager
Jeff Prescott	Corporate Governance Officer

**APOLOGIES:**

Claire Roche	Director of Quality and Nursing
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**69/21 WELCOME AND APOLOGIES FOR ABSENCE**

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

## **70/21 DECLARATIONS OF INTEREST**

The standing declarations of Claire Vaughan as an Independent Committee Member for Aberystwyth University and Professor Kevin Davies as Independent Trustee of St John Cymru were recorded.

**RESOLVED: That the declaration as described above was RECORDED.**

## **71/21 MINUTES OF PREVIOUS MEETING**

The Minutes of the Open and Closed meetings held on 07 September 2021 were considered and agreed as a correct record.

**RESOLVED: That the Minutes of the meetings held on 07 September 2021 were AGREED.**

## **72/21 DIRECTOR OF WORKFORCE & OD UPDATE**

Claire Vaughan presented the Workforce and OD update as read but gave a brief update on particular highlights within the Directorate. This included the successful recruitment of a number of individuals to key roles including Deputy Director of Workforce and OD, Head of Education Transformation, Head of Equality, Diversity and Engagement, Digital Learning Manager and Head of Workforce Transformation and Planning.

Claire Vaughan also highlighted the recent Leadership and Management initiatives which had seen the development of a series of Wellbeing Leadership interventions ranging from 30-minute drop-in listening sessions to 3 half day workshops with a wellbeing and resilience focus. These were due to be launched during November 2021 and would be available to all leaders and managers. In addition, work was well underway to prepare for the Shadow Board Development Programme for ADLT, with a February 2022 commencement date planned.

Members received the report and noted the developments with the Workforce and OD Directorate, particularly around the Wellbeing and Leadership interventions and queried the level of uptake so far from those eligible to take part. Dr Catherine Goodwin confirmed that the sessions had proven to be hugely popular with all available places now fully booked.

**RESOLVED: That Members discussed and commented on the report and the update was NOTED.**

## **73/21 STAFF STORY – LONG COVID**

Dr. Catherine Goodwin introduced Committee Members to a member of staff who had contracted Covid-19 during the second wave of the pandemic and unfortunately, had experienced a very lengthy and difficult recovery with periods of extreme fatigue, vertigo, breathing difficulties and sickness over the 12 months since the initial infection.

The member of staff explained how Long Covid was not as well recognised as it was today and at the time, much of their symptoms were dismissed as being psychological rather than physical, with some colleagues, friends and family members questioning their illness.

Upon returning to work, the staff member experienced severe symptoms of Long Covid, including difficulty breathing and physical tremors. Following an initial assessment from a paramedic and then further examination by a GP, the staff member was given more medication and placed back on sick leave. The member of staff explained to Committee Members that their motivation for returning to work was based on a desire to get back and help out during the pandemic, something which they had done throughout the first wave. In addition, they had acute sense of loneliness and isolation from being away from their employment and colleagues.

In hindsight it was clear that they had returned to work too soon and they were not physically ready. Unfortunately, GP's could offer no immediate relief and could only advise sustained periods of rest and recuperation. The staff member explained how Long Covid had left them physically and mentally drained and they had gone from a fit, healthy and energetic person to someone who struggled to do even the simplest tasks. After several months away from work, a manager made contact and gave details of the Trust's Covid Recovery Group. During sessions with the group, the member of staff was able to discuss their experience with peers and colleagues who were able to empathise with their condition, having suffered similar effects from Covid-19. This proved to be enormously beneficial and helped lift their feelings of guilt and isolation. The group helped the member of staff realise that they were not alone and that many others had experienced the same symptoms and emotions. The group had also been very supportive and a great resource for guidance and advice in recovering from Covid-19.

Members received the staff story and thanked the member of staff for their courage in sharing their experience. Members commented on how the story had demonstrated the importance of good communication and support. This represented an opportunity for future learning, particularly around the role played by line managers. Members were also pleased to note the very positive impact of the Covid Recovery Group and the excellent work which had been undertaken to help colleagues who had struggled since contracting Covid-19.

**RESOLVED: That the staff story was NOTED.**

**74/21**

## **COMMITTEE ASSURANCE FRAMEWORK**

Claire Vaughan presented the Committee Assurance Framework as read, noting that much of the items contained within the framework were due to be discussed in greater detail later on the agenda.

Members confirmed that they were happy with this approach and no further comments or queries were raised.

**RESOLVED: That the update was NOTED.**

## **75/21      AUDIT RECOMMENDATIONS – PROGRESS SUMMARY**

Trish Mills gave a progress update on the Audit recommendations. The purpose of this was to provide the People & Culture Committee with a position statement in respect of recommendations resulting from internal audit reviews that were assigned to the Committee for oversight.

Members were informed that five recommendations were showing as overdue. Four of these related to the 2018/19 Trade Union Release Time Limited Assurance review with the remaining recommendation relating to the 2020/21 Job Evaluation Limited Assurance review.

Members were informed that significant progress had been made on these, particularly around the issue of Trade Union release time with the four recommendations now considered to be closed off. In addition, the final recommendation around Job Evaluations was due to be closed off by the end of the month. Consequently, the Committee could be assured that the Trust was now in a very good position in terms of the internal Audit recommendations.

### **RESOLVED: That:**

- 1. the contents of the report were considered and NOTED.**
- 2. the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to the People and Culture Committee were CONSIDERED, and**
- 3. any specific items that the Committee wished to see raised to Senior Management and Audit Committee were AGREED.**

## **76/21      FACILITIES AGREEMENT**

Claire Vaughan gave an update on the Facilities agreement which had been reviewed as part of a wider piece of work to reset the Trust's Trade Union Partnership working arrangements. The agreement had been subject to extensive discussion and consultation in order to ensure that it reflected agreed and appropriate processes and practices.

Claire Vaughan explained that the agreement represented compromise from both the Trust and TU Partners to ensure delivery of refreshed arrangements that provided greater clarity of the Trade Union Partnership, available facilities for Trade Union partners and arrangements for time off. However, Trade Union partners had voiced hesitation and reservation regarding the mechanism for recording time off. Consequently, it was recommended that the wording of the agreement reflected the need for common sense, pragmatism and mutual respect in applying the process, with guidance that requested line managers and Trade Union partners respect and balance individual and organisational needs, and recognise that adequate notice and consent for release should be sought and received wherever possible.

In addition, the amended process recommended, rather than mandated the use of a specific form for recording Trade Union activity, reminding individuals of their responsibility to be accountable for, and transparent in the appropriate use of paid facilities time.

Following the update and Trade Union Partners confirmed that they were supportive of the proposed approach and thanked all those involved for their hard work in bringing the agreement to its current position. In addition, it was noted that the agreement was testament to the good working relationship between the Trust and Trade Unions and although discussions had at times proven difficult, both sides has shown a desire to seek a satisfactory resolution.

**RESOLVED: That the update was NOTED and the recommended changes to the arrangements were SUPPORTED.**

## **77/21 REVISED PROCEDURE FOR STAFF TO RAISE CONCERNS**

Julie Stokes introduced the revised Procedure for NHS Staff to Raise Concerns. Members were informed that the amended procedure had been agreed by the Welsh Partnership Forum Business Committee on 8 June 2021 and subsequently ratified by the Welsh Partnership Forum on 8 July 2021.

The revised version would replace the old procedure and could only be amended through agreement by the Welsh Partnership Forum. Julie Stokes explained how the revised procedure represented more than just a document which could be accessed and used for guidance. Instead, it detailed how the Trust would encourage and support staff to speak up safely when raising and responding to concerns within the NHS in Wales.

Members discussed the revised procedure and observed that many of the aims set out in the document tied in with the ongoing work around changing behaviours within the Trust. Members noted the positive and forward thinking nature of the procedure and gave their full support to its approval and adoption by the Trust.

**RESOLVED: That the revised Procedure for NHS Staff to Raise Concerns was APPROVED and ADOPTED.**

## **78/21 WELSH LANGUAGE UPDATE**

Melfyn Hughes provided the People and Culture Committee with an update on the Trust's progress in implementing the Welsh Language Standards and gave an overview of standards that were currently either Partly compliant or non-compliant on the Trust's Welsh Language Standards tracker.

Members were informed that the Tracker was monitored by the Trust's Welsh Language Advisory Group and a number of standards had been identified as falling within these categories. For those standards identified as part compliant, actions had been put in place to reach compliance, however, assurance of compliance across the Trust could only be assessed via a compliance assurance exercise which was not due to be carried out until July 2022.

The report showed that the main areas where compliance had not been achieved were around correspondence, telephone calls, meetings, the Trusts 111 Website, the reception service and the Intranet. In regards to the Trust's ability to answer calls bilingually, it was proposed that a profile/mapping exercise of Welsh language skill levels and capacity across the workforce would be carried out in 2022, with the aim of matching Welsh language capacity available in the workforce with the language needs of service users through the development of a Bilingual Skills Strategy.

In addition, given that Welsh Language Rights Day was just a few days away, the Communication team would take the opportunity to remind staff of the standards through the Trust's social media platforms and also remind colleagues and service users of what they were entitled to through the medium of Welsh. Advice and guidance to Trust staff on how they could comply with the Welsh language standards would also be promoted.

Members received the report and queried when in 2022 the mapping exercise of Welsh language skill levels was likely to be carried out. Melfyn Hughes informed Members that the Trust aimed to begin this work in January 2022 and noted that in terms of reporting, the Trust had an excellent compliance rate with the vast majority of staff providing their Welsh Language skill levels. Members also noted the requirements under the Welsh Language Standards to facilitate meetings in Welsh and queried whether the Trust was currently able to provide this. Melfyn Hughes confirmed that while this may prove challenging, if someone were to request a meeting in Welsh, the Trust would be expected to facilitate this.

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

79/21

## **COMMITTEE REVIEW**

Trish Mills gave an update on the Committee Effectiveness reviews and advised Members of the latest position, plans and next steps in the process, explaining that the aim of the reviews was to provide assurance to the Board that the committees were functioning effectively, in line with their standing orders.

Members were informed that an initial review of the Committee's Terms of Reference had commenced with the Chair and executive lead and questionnaires would be sent out to Members and attendees in December, with responses expected to be compiled in January 2022. Discussions could then take place on the development of a draft annual report and any proposed amendments to the Terms of Reference at the next Committee meeting in February.

It was envisaged that these discussions would help to determine the Committee's cycle of business and work programme moving forward as well as gaining a better understanding of sub-groups and how they feed into the Committee.

Members received the update and welcomed the proposed plans, stating that they looked forward to working together to develop the overall effectiveness of the Committee and the elements within its remit, particularly those around sub-groups and how they feed into the Committee.

**RESOLVED: That the update was NOTED.**

## 80/21 OPERATIONS QUARTERLY REPORT

Lee Brooks reported on developments within the Operations Directorate over the last quarter. Members were informed that the Trust was now back in the Monitoring phase of its pandemic response, having previously been in a response phase. In addition, the Trust had taken the decision to move from REAP level 4, down to level 3. The Senior Pandemic Team would now be meeting twice per week, with a remit on anticipated seasonal pressures over the winter period, alongside the remaining challenges associated with the pandemic. Other highlights included:

- Military Support - A request for military support under the MACA arrangements had been granted and 110 military personnel were providing extra EMS capacity in addition to existing resources.

- 111 First - Work on changes and improvements within 111 had continued at pace. A Transformation and Stabilisation plan had been developed which described and monitored the short, medium and long term actions now in place.

- Volunteer Strategy - On 30th September, Trust Board approved the inaugural volunteer strategy, underpinned by a detailed action plan. The strategy recognised the important and valuable contribution volunteers made in enhancing the service provided by the Trust's paid workforce, improving the experience of patients and service users across Wales.

- EMS Clinical Contact Centres - Over the last 6 months 999 call demand had increased significantly, placing additional pressures across EMS resources particularly in EMS Coordination. On average 999 demand was reporting at least 20% above baseline having peaked at 39% above baseline in October 2021, with demand forecasted to increase further around the festive period while maintaining a significantly elevated rate for the foreseeable future.

Members received the report and noted the sustained pressures being felt by staff across all areas of the service, particularly within Clinical Contact Centres, EMS coordination and frontline services. Claire Vaughan informed Members that discussions were ongoing with Welsh Government about the possibility of inviting retired clinicians and call handlers to return to work and provide additional support across the 111 and 999 services in order to relieve some of the pressures currently being faced by staff in those areas.

**RESOLVED: That the update was NOTED.**

**WORKFORCE PERFORMANCE SCORECARD REPORT**

Julie Stokes presented the Workforce Performance Scorecard report and noted that in light of other items on the agenda and discussions which were due to take place on a number of issues including sickness absence and wellbeing, the report would focus on the Trust's latest Covid-19 and Flu vaccination figures, the current state of employee relations and job evaluations.

- Vaccination Figures - 62% of all WAST staff had received the Covid 19 Booster with 66% of these being Front Line, patient facing staff. 93% of all staff were double vaccinated with 94% of front line receiving the full course. There were no records on the WIS system of 221 staff (data to WIS as of May 2021) indicating that they had not had a vaccine; of these, 152 were patient facing. Flu vaccination rates as of 5/11/2021 were 23.5%. Of these, 34.45% were patient facing. Julie Stokes informed Members that the figures did not include volunteers although work was underway to collate these figures on a separate report.
- Employee Relations - A sharp increase in employee relation cases could be seen in September, taking the total number of cases to 49, compared to 37 cases reported in August. The number of initial assessments being undertaken in accordance with the Disciplinary Policy also remained high for a third month in a row. The main reasons for initial assessments fell into three broad categories: inappropriate behaviour, misconduct /negligence, other allegations. Employee Relation cases continued to be reviewed in partnership with Trade Union Partners, in order that any process concerns/issues were identified at the earliest opportunity.
- Job Evaluations - The average number of days to complete job evaluations had increased slightly to 30 days from 24 days in August but continued to be constant. The number of job descriptions completed did see a reduction to 10 but this was affected by the quality of job descriptions and not as a result of the availability of panels which ran weekly. The Trust had also secured two places on the All Wales Job Evaluation 'Train the Trainer' course for one manager and one Trade Union partner so the Trust could start to deliver 'in house' job matching training.

Members received the report and noted the positive uptake and progress of the Covid-19 vaccination programme with the figures for double vaccinated and boosted staff members comparing well to other Trusts in the UK. However, it was observed that the uptake of Flu vaccination appeared low on first viewing. Andy Swinburn commented that the low take up of the Flu vaccine was in part a result of supply chain issues but more generally, people were prioritising the Covid-19 vaccination. This had resulted in a lower uptake of the Flu vaccine. However, efforts were underway to improve the uptake across the Trust.

Members then queried the job evaluations process and asked for further clarity around why the quality of these was impacting upon the time for them to be completed. Julie Stokes explained that a number of job descriptions did not have the required level of detail, which resulted in applications being held up. However, work was continuing to support managers with guidance on writing job descriptions especially in conjunction with organisational change processes.

**RESOLVED: That the Committee received and COMMENTED on the report.**

82/21

## **DEEP DIVE: SICKNESS ABSENCE AND STAFF WELLBEING**

Julie Stokes and Dr Catherine Goodwin gave a presentation on the deep dive into sickness absence and staff wellbeing, looking at the underlying causes of staff sickness along with measures to help improve staff wellbeing and reduce absences. The data showed a direct correlation between sickness absence and peaks in demand as a result of Covid-19 with more absences reported during times of intense pressures on the service.

The report observed a change in sickness trends from August to October with mental health related absences such as stress, anxiety and depression being replaced as the leading cause of absence by chest and respiratory problems as the Trust entered the winter season. Analysis of the deep dive exercise indicated that sickness absence was at the highest recorded levels in five years with increases in both short term and long term absence. In 36% of cases sampled, the data revealed that when annual leave requests were declined, sickness absence occurred within 3 days of the period requested and the most frequently occurring day for sickness absence to commence in the Trust was a Monday.

Dr Catherine Goodwin then gave examples of staff stories where feelings of moral injury, stress and burn out had been reported. The most recent wellbeing survey showed that out of 264 responses, only 32% felt as though their wellbeing was being supported at work. 107 respondents cited workload as a reason for their wellbeing not being supported, expressing feelings of exhaustion, being deflated and feeling overwhelmed. Following this, Members were told of the high-level actions which were planned to address the issues and the initiatives already in place, including the potential to introduce mandatory decompression breaks and staff to speak directly with a line manager rather than central resources when calling in sick.

Members received the report and stressed the importance of equipping managers with the information, knowledge, and training to support staff and to use the tools which would be developed for them. Members noted that an appetite for significant change to working practices would be required if the sickness absence issues were to be successfully improved and allow colleagues the opportunity to come together, connect and give their best at work.

**RESOLVED: That the report was NOTED.**

**OUR PEOPLE AND CULTURE OBJECTIVES: UPDATE AND FORWARD LOOK**

Claire Vaughan updated Members on the Trust's current People & Culture Strategy which was due to come to the end of its term in March 2022. The Strategy set out clear objectives and a range of deliverables across its three-year life span. An earlier update of progress against these was provided to the Committee in February 2021, following the disruption caused by the first and second waves of the Covid-19 pandemic. A smaller number of key strategic priorities for year three of the strategy, 2020-21, were also agreed. This included an acknowledgement of the work that would be required to refresh and develop a new Strategy to run from 2022.

Members were informed that while good progress had been made, it had become apparent that the impact of the pandemic upon delivery had been significant with, in effect, at least 12 months' capacity to focus on delivery of key objectives being disrupted or lost. Consequently, there were a number of key deliverables that would need to be rolled forward into a new strategy and re-prioritised for delivery.

However, the work needed to develop a new strategy was far broader than simply a roll forward of deliverables and therefore, it was recommended that consideration be given to rolling forward the existing strategy for a further twelve months, with a re-prioritisation of 2022/23 deliverables, and a clear timetable for engagement on development of the new strategy that catered for greater involvement and consultation when service pressures allowed.

Members received the update and acknowledged the impacts of the Covid-19 pandemic upon the delivery of the current People and Culture strategy. Given this, Members agreed that rolling forward the strategy by one year was a pragmatic and reasonable approach.

**RESOLVED: That the recommendation to roll forward the Strategy by one year was CONSIDERED and SUPPORTED.**

**ORGANISATIONAL BEHAVIOURS**

Dr Catherine Goodwin informed Members that the Culture and Behaviour refresh commissioned by the Trust in March 2021 had now concluded and the new behaviours and findings were ready to be shared and embedded within the organisation. The report acknowledged concerns that given the current operational pressures, it may not be an appropriate time to continue with this work. However, Members were assured that this work was vital to Trust employees going forward and would be carried out in line with existing and continuing strategies which had already been agreed to continue as priority work such as wellbeing, inclusion and support for leaders, managers, and teams.

The report showed investment by the Trust in terms of this work had been substantial with many people sharing personal and at times distressing experiences with the understanding that this would contribute to culture change.

The OD, Wellbeing and HR teams continued to receive requests for support from other teams, individuals, and managers in relation to the key themes which had been identified and there was a feeling that if the work were to be paused now, there was no guarantee when the Trust would be able to resume the work given current and predicted pressures.

Members were informed that the implementation of the recommendations would be supported by the Workforce and Organisational Development teams, including Leadership, Occupational Health and Wellbeing, and HR. In addition to this, a manager toolkit would be distributed to all managers within the organisation and the overarching themes would be wellbeing, inclusion, belonging and leadership with compassionate conversations at the heart of all input.

Members received the report and agreed that despite system wide pressures, it was important to press ahead with the roll out as this would ultimately be beneficial to Trust staff and the organisation as a whole. Members then queried what the Trust could hope to see in the early stages of the roll out and whether any of these changes would have started to take effect when the Committee next met in February 2022. Dr Catherine Goodwin explained that although the timescales were relatively short between the roll out and the next meeting of the Committee, it was hoped that the Trust would be able to see much greater confidence from leaders within the organisation to have difficult conversations with staff around topics such as wellbeing and workload with better feedback from staff about how the Trust was managing allegations of discrimination, harassment and bullying with a real focus on openness.

**RESOLVED: That the introduction of the refreshed behaviours and the implementation of the recommendations with a focus on wellbeing and inclusion was SUPPORTED.**

**85/21**

### **QUALITY AND PERFORMANCE MANAGEMENT FRAMEWORK**

The Quality and Performance Management Framework report was presented as read as Committee Members had seen the report previously and no questions or queries were raised.

**RESOLVED: That the update report was NOTED.**

**86/21**

### **MONTHLY INTEGRATED QUALITY & PERFORMANCE REPORT**

High Bennett presented the Monthly Integrated Quality and Performance report (MIQPR) and drew Members attention to some of the key highlights and developments within the report. These included:

- Call answering - The speed at which the Trust was able to answer a 999 or 111 call was a key safety measure. 999 answering times had been challenging due significant increases in demand. 111 call answering performance, measured by call abandonment rates, remained at unacceptable levels, also due in part to increases in demand over and above that forecast. In both areas, very high levels of staff sickness levels were impacting on capacity. Actions to improve both of these areas

involved the recruitment of additional call handlers. For 999 calls, additional staff recruitment has been agreed by EMT and was now being actioned, Similarly, within the 111 service, recruitment was ongoing with a further 30 WTE staff funded by the 111 Programme Board.

- Ambulance response times - Red and Amber response times had increased further in Oct-21 due to an increase in patient demand and increases in hours lost at hospital which could not be offset by increased ambulance production. Response times continued to be much longer than the Trust would want. Work was ongoing on a range of workforce modernisation proposals in partnership with trade union partners, aimed at increasing capacity and efficiency.

- Ambulance Care (formally NEPTS) - Performance was above target for enhanced renal patient arrivals prior to appointment in Oct-21 and had improved for patients requiring discharge. However, Ambulance Care core (outpatient) demand had not yet recovered to pre Covid-19 levels. The Trust anticipated Ambulance Care demand would return to, or surpasses previous levels. This coupled with reduced capacity caused by social distancing could mean that Ambulance Care would have insufficient capacity to service patient demand. In response, the Trust had received funding from EASC to increase its Ambulance Care capacity through the procurement of third party providers which was now live.

- Trust Sickness absence - The Trust's overall sickness percentage (Sep-21) was 11.74% and high sickness levels were seen across all areas of the Trust's operations including Ambulance Response, CCC, 111 and NEPTS, affecting capacity in all areas.

- Staff training and PADRs - PADR compliance and Statutory / Mandatory training compliance were below target as a result of the Covid-19 pandemic, although levels of compliance remained relatively high at circa 84%. The Learning and Development Team would continue their efforts to improve compliance rates for staff.

Members received the report and noted the key developments and ongoing issues. Members also observed that the MIQPR and the earlier monthly Workforce Performance report covered similar areas and therefore, could be aligned to provide a more rounded picture of performance for the Committee.

**RESOLVED: That the People and Culture Committee received the Oct-21 Integrated Quality and Performance Report and actions being taken were CONSIDERED.**

87/21

## **ENGAGEMENT FRAMEWORK**

Estelle Hitchon gave a brief update on the Engagement Framework and informed Members that following a recent internal audit, the Framework had received reasonable assurance. However, the audit had picked up that the Framework was overdue for renewal although this was largely a result of delays caused by the pandemic.

Consequently, it was now envisaged that a revised Framework would be presented to the Trust Board in March 2022 and in the interim, engagement work would continue with partners and stakeholders in order to shape its direction and strategic objectives. Estelle Hitchon stated the importance of ensuring good quality engagement across all elements of the Trust, making the process as inclusive as possible and letting all those involved feel part of the process.

Members received the update and noted the importance of wider and more diverse engagement with focus not being limited to specific groups but instead, spread across as many individual groups as possible to build a more reflective and accurate picture of how the Trust is perceived by patients, the public, colleagues, volunteers, stakeholders, outside agencies and any other interested parties.

**RESOLVED: That the update was NOTED.**

**88/21 ISSUES TO BE RAISED AT BOARD**

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

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

**89/21 TU CELL QUARTERLY UPDATE**

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

**90/21 MINUTES OF SUB GROUPS**

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

**91/21 ANY OTHER BUSINESS**

There was no other business.





Open  
Complete  
Closed  
Not Due



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

<b>AGENDA ITEM No</b>	<b>4</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

<b>Director Update: People and Culture Committee (22<sup>nd</sup> February 2022)</b>
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<b>MEETING</b>	People and Culture Committee
<b>DATE</b>	22 February 2022
<b>EXECUTIVE</b>	Executive Director of Workforce and OD
<b>AUTHOR</b>	Claire Vaughan - Executive Director of Workforce and OD
<b>CONTACT</b>	Claire.vaughan@wales.nhs.uk

<b>EXECUTIVE SUMMARY</b>
<p>The People and Culture Committee ('the Committee') function is to provide assurance to the Board of the Trust's leadership arrangements, of behaviours and culture, training, education and development, equality, diversity and inclusion and Welsh Language agendas, and of action taken to address/mitigate identified risks and progress audit recommendations which fall within its purview.</p> <p>This report is presented to the Committee to provide an overview of the activities of the Workforce &amp; OD Directorate and Trust in delivering our People &amp; Culture Strategy and strategic objectives of a healthy, engaged, sustainable and agile, and well led workforce and organisation.</p> <p>The Committee is asked to <b>COMMENT</b> on the highlighted activities.</p>

<b>KEY ISSUES/IMPLICATIONS</b>
<p>This report is for comment and awareness. Issues of risk and concern will ideally be subject to further discussion and committee scrutiny as separate agenda items, as appropriate.</p>

<b>REPORT APPROVAL ROUTE</b>
<p><b>WOD Business Meeting 31<sup>st</sup> January 2022</b> <b>EMT 9<sup>th</sup> February 2022</b> <b>People and Culture Committee 22<sup>nd</sup> February 2022</b></p>

<b>REPORT APPENDICES</b>
<p><b>Appendix 1: SBAR</b> <b>Appendix 2: Senior WOD Team Organogram</b></p>

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

## Appendix 1: SBAR

### SITUATION

1. This report is presented to the Committee to provide an overview of the activities of the Workforce & OD Directorate and Trust in delivering our People & Culture Strategy and strategic objectives of a healthy, engaged, sustainable and agile, and well led workforce and organisation, since the last Committee meeting.

### BACKGROUND

2. It is intended that this report, as a regular item to the Committee, will provide a useful briefing on current issues and activity.

### ASSESSMENT

#### The Team

3. We are pleased to share within **Appendix 2** an organogram detailing the composition of the Senior Workforce and OD Team, following a number of recent appointments.
4. Following recent retirements from the Trust, the Education and Training Team has appointed three paramedics to the substantive role of Learning and Development Manager. Furthermore, four operational driving instructors have successfully completed the L4DERADI qualification, thus enabling them to work autonomously as emergency response driving instructors. In total, the team has developed nine emergency response driving instructors with a further three scheduled to complete early in the next financial year.

#### Health and Wellbeing

*We want everyone to enjoy a long, healthy, happy and productive (working) life*

5. Over the past few months, the Team has undertaken health promotion via Siren and Yammer, supporting national campaigns and highlighting how staff can look after both their physical and mental health. These have included Alcohol Awareness Week, The 12 Stresses of Christmas, Time to Talk day and Eating Disorders Awareness Week. The Women's Health group took a break over the


Christmas and New Year period but has a dermatology talk booked for February. Project Zen was launched over the Christmas and New Year period to support colleague wellbeing within CCC; this was very well received by staff, with overwhelmingly positive feedback provided to the team.

- The Flu campaign has continued with extra access to staff through peer vaccinators, Occupational Health Clinics and via the Mass Vaccination Centres (for those who accessed their Covid 19 Booster). WAST do not have accurate figures regarding Flu vaccination take up as we do not have access to the MVC data, however 34% of staff have currently been vaccinated by WAST. Covid19 vaccination figures are that 95% have had their 1<sup>st</sup> and 2<sup>nd</sup> vaccinations and 83% have had their Booster, Volunteer figures are that 77% have had vaccines 1&2 however only 0.7% appear to have had their Booster as of 21/1/2022. Staff have been made aware of the opportunity to have a health assessment if they have concerns regarding night working on their health. Skin surveillance for Occupational Dermatitis continues and the EMT has recently supported the introduction of a new hearing surveillance programme, which is set to begin within CCC, 111 and NEPTs Centres once arrangements are able to be made with management, expected to be by end of March.

### Sustainable and Agile

*We will design the future shape of our workforce and ensure they are highly skilled and agile to deliver excellent care to the population of Wales, and the ambitions of our long term strategy*

- Workforce Planning and Recruitment (EMS):** Recruitment across the Emergency Medical Service (EMS) continues to be driven by the need to increase capacity across our frontline. The need to close the relief gap as identified by the demand and capacity review meant a total of 318 WTE identified roles spanning across UCA/ACA2, EMT and paramedics were identified. These have been recruited and delivered to a varying degree for the 2021/22 fiscal year as depicted in the table below.

Total 2021/22 

Role	Planned	Recruited	In Training	Delivered	Cumulative R+T
UCA / ACA2	93	8	0	45	53
EMT	138	5	105	55	165
PARA	87	8	20	82	110
<b>TOTAL:</b>	<b>318</b>	<b>21</b>	<b>125</b>	<b>182</b>	<b>328</b>

- The biggest constraint was around recruitment into the UCA/ACA2 due to requirement for C1 license and 5 A\* to C GCSEs or equivalent to include Mathematics, Cymraeg / English, and Science. EMT has approved a solution to support new recruits and existing staff in offering a salary sacrifice for them to secure their C1 which will be repaid via payroll.
- The Transition Plan has identified the need to build capacity by a further 294 WTE and as we await news on approval by the Commissioner and Welsh

Government, recruitment has commenced, but will initially focus on ensuring we fulfilling our turnover requirements as a minimum. An ACA2 advert is live until 30<sup>th</sup> January 2022, and we have received 132 applications from South Wales and 32 from North to date. An EMT advert closed on 16<sup>th</sup> January, and we have shortlisted 111 from South Wales and 41 from North Wales. The paramedic advert is scheduled to go live from 1<sup>st</sup> April in time for May training. Due to the fallow year next year, we have reached out to universities in England and have scheduled a mixture of virtual and face to face events in the first quarter of 2022 to increase our scope for recruiting more NQPs.

10. We are also starting to explore opportunities for overseas recruitment. There is an All-Wales activity on recruiting from overseas, but the focus is primarily on nurses. Paramedics are likely to be in Phase 2 therefore we are investigating the market ourselves whilst staying connected to the All-Wales work for further insight. The Team continues to explore innovative solutions to recruitment and are presently working on identifying a strategic approach to recruitment that will guide and inform our efforts on increasing diversity, encouraging young school leavers to build a career with the trust and on improving general representations of hard-to-reach groups.
11. **Workforce Planning and Recruitment (999/111):** Increasing the 111 workforce profile for both Call Handling & Clinical Advisors continues to be a key area of focus for the 111 service. As part of an enhanced recruitment drive, specialist recruitment agencies have been successful alongside traditional recruitment processes, to increase the number of job applications for both Call Handler and Clinical Advisor posts. Additional training cycles have also been planned for both Call Handlers & Clinicians, the most recent one commencing on 10<sup>th</sup> January 2022 with a further cycle planned to commence in mid-February. The additional training cycles have been complimented by a successful expansion of the 111 training estate capacity across four sites including VPH, Matrix One, Ty Elwy & Thanet House. This has been a positive development increasing the number of available 111 training estate to deliver more training in the January & February cycles.
12. To mitigate the increasing demand levels on the 111 service, an additional 30WTE Call Handlers were funded. The two additional training cycles have been planned to meet this requirement whilst also preparing the service in readiness for the roll out of the core 111 service in C&VUHB and also the roll out of the 111 First service model. Meanwhile, the 999 Clinical Support Desk continues to recruit paramedics to the 36 additional CCC Clinician posts. As of 16<sup>th</sup> December 2021, 34.15FTE of the 36 new posts had been recruited to (8 had already commenced operational roles, 8 were in training and the remainder are due to commence their training at the end of January. Further adverts will be released to recruit to the remaining 1.8 FTE in due course.
13. **Sickness Absence:** Sickness absence level saw an increase for December 2022 from 11.07% in November to 12.45%. This was broken down with LTS 7.06%, STS 5.39%. The Trust also reported an increase in absence due to mental health reporting 2.61% a slight rise from 2.51% in November. During the last wave, absence due to Covid increased to 3.55% which was 1% higher than November's position. Currently we are seeing a reduction in this level throughout January 22. The Trust currently has 37 employees off due to long

covid and additional support and guidance is being offered to those colleagues in line with the recently developed All Wales guidance. Support meetings are also being scheduled to discuss the changes to sick pay that come into effect from the 1<sup>st</sup> April 2022.

- 14. Education and Training:** The Education and Training Team has been involved in the national review and redesign of the FutureQuals regulated L4DAAP qualification due for imminent launch. The Team has also been approved by FutureQuals to deliver and assess the Level 5 Diploma in Education and Training (L5DET). The first cohort of learners has been identified and will commence this qualification in Quarter 4.

#### **Engaged**

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

- 15. Leading Service Change Together- A Partnership Approach to Problem Solving and Making a Difference for People and Patients:** The next scheduled Leading Change Together session is the 16<sup>th</sup> February 2022. The next stage is to review the findings on two key areas that the group has focused on of 'Return to base and shift overruns' so that recommendations can be presented to EMT. There had been a delay in arranging the next meeting due to the Trust moving into REAP 4 and the return of Covid restrictions that impacted on the group's ability to meet. The commissioning of an external facilitator has proven beneficial to maintain focus and pace.
- 16. Supporting Our Colleagues Working with Non-Clinical Personnel:** The panel process for engaging with colleagues who have expressed concern and reluctance to work with non-clinical colleagues has been developed in partnership and implemented. Alongside the process, two sets of Frequently Asked Questions have been developed and shared via Siren. These FAQs provide answers to questions from staff raising clinical concerns, professional registration concerns, patient and colleague wellbeing and training offered to military colleagues. A podcast has been recorded by the Deputy WOD, Director of Paramedicine and AD Operations which runs through the key questions raised in further detail. Training materials have also been produced for managers to access to support them in the conversations with colleagues expressing concerns.
- 17. Equality, Diversity and Inclusion:** The Allyship programme was formally launched at Board Development in December 2021 and is now being rolled out across the organisation with sessions being flexible, interactive and encouraging everyone to take their own allyship journey in every aspect of their lives. TeamWOD are leading the way with both the People Services Teams and Occupational Health and Wellbeing participating in the early workshops. A session has also been delivered to the Trade Union cell. There have also been many requests from throughout the organisation and we intend to invite all new starters to sign up for a workshop during their #WarmWASTWelcome.
- 18. Refresh of Our Organisational Behaviours:** The refresh of our organisational behaviours has now been completed and agreed by the Trust Board with the launch of the new visual design on 23 February 2022. The key

recommendations are being carried forward as part of the People and Culture deliverables in the IMTP and the roll out of the compassionate conversations will begin in March 2022. There is a further Board Development Session planned to discuss the role of board in promoting the new behaviours.

### **Well Led**

*We will develop courageous, compassionate and collaborative system leaders; leaders who are inclusive in approach and capable of fostering innovation and improvement across the Trust*

19. **Leadership and Management:** After a significant pause we are delighted that the leadership and management deliverables are back on track, with significant input into the behaviours roll out and management and coordination of project zen also in the mix. The Committee will receive a more detailed update on achievements to date and future plans are outlined in detail in a separate paper with a video to celebrate the team's achievements over the last two years.

### **Engagement Framework**

20. Work is underway on the refreshed Engagement Framework which, for 2022/23, will be focused exclusively on supporting engagement on the Trust's "inverting of the triangles" strategic work.
21. A two-day event held in Llandrindod Wells with senior and middle managers in mid-February, which included a workshop-based session on identifying and engaging our stakeholders, using the "influencer vs decision-maker" model, will help inform the work already undertaken in other fora across the organisation to deliver a framework for consideration by Board in due course.
22. People and Culture Committee members will receive a briefing note shortly to ensure they can continue to feed in their views digitally.

### **RECOMMENDED:**

The Committee is asked to **NOTE** and **COMMENT** on the highlighted activities.

## Workforce & OD Directorate Senior Leadership Team



**Claire Vaughan**  
Executive Director  
of WOD



**Sarah Davies**  
Directorate Business  
Manager



**Janet Gillard**  
Executive Assistant -  
WOD



**Liz Rogers**  
Deputy Director of  
WOD



**Julie Stokes**  
Head of People  
Services



**Dee Udeze-Chibuzor**  
Head of Workforce  
Transformation



**Dr Catherine Goodwin**  
Assistant Director,  
Inclusion, Culture and  
Wellbeing



**Kim Tovey**  
Head of  
Leadership & OD



**Ceri Bryant**  
Occupational Health &  
Wellbeing Service  
Manager



**Keithley Wilkinson**  
Head of Inclusion &  
Engagement



**Andrew Challenger**  
Assistant Director,  
Professional Education  
& Training



**Jo Kelso**  
Head of Education  
Transformation



**Martin Mulholland**  
Senior Education and  
Development Lead  
(Clinical)



**Andrew Morgan**  
Senior Education and  
Development Lead  
(Driving)



<b>AGENDA ITEM No</b>	<b>6</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## COMMITTEE ASSURANCE FRAMEWORK

<b>MEETING</b>	People and Culture Committee
<b>DATE</b>	22nd February 2022
<b>EXECUTIVE</b>	Claire Vaughan – Executive Director of Workforce and OD
<b>AUTHOR</b>	Sarah Davies – Workforce & OD Directorate Business Manager
<b>CONTACT</b>	<a href="mailto:Sarah.davies31@wales.nhs.uk">Sarah.davies31@wales.nhs.uk</a>

EXECUTIVE SUMMARY	
To set out the CAF report for review and comment	
<b>RECOMMENDED:</b> The PCC is asked to <b>COMMENT</b> on the issues raised.	

KEY ISSUES/IMPLICATIONS	
This report is to provide an overview of relevant key risks and issues to the Committee, and to guide agenda setting.	

REPORT APPROVAL ROUTE	
<ul style="list-style-type: none"> <li>• <b>Noted</b> at WOD Business Meeting (31.01.2022)</li> <li>• <b>Noted</b> at EMT (09.02.2022)</li> </ul>	

REPORT APPENDICES	
<b>Appendix 1a:</b> SBAR – Committee Assurance Framework	
<b>Appendix 1b:</b> CAF	

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

Health and Safety	YES	TU Partner Consultation	YES (Facilities agreement)
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### **Appendix 1a: SBAR: Committee Assurance Framework**

#### **SITUATION**

1. This report highlights key aspects of the People and Culture Committee Assurance Framework for the Committee's attention.
2. It is the role of the Committee to scrutinise the sources of assurance and interventions in place to ensure the Trust is meeting its strategic people & culture aims and objectives. This CAF report has been designed to assist the Committee to discharge this responsibility and to inform future agenda setting.

#### **BACKGROUND**

3. The CAF is stored in the Workforce and OD Shared Drive; a copy is also contained within **Appendix 1b**.
4. The CAF continues to evolve and mature, in line with development of the Board Assurance Framework, the Trust's Corporate Risk Register and Datix eRisk Module.
5. The CAF brings together developments and updates regarding RISKS and ISSUES under the purview of the People and Culture Committee.
6. The EMT is asked to note that, following discussion with the Trust's (new) Board Secretary, there is an intent to review the format and function of committee assurance frameworks, and standardise in line with any proposed amendments / updates to the Trust's Board Assurance Framework. This work will commence in due course.

#### **ASSESSMENT**

7. **Performance and Delivery:** The Committee regularly reviews progress towards delivery of the Trust's People and Culture Strategy objectives and IMTP deliverables (workforce). At this meeting, EMT is asked to note the following agenda items:
  - 14, which invites discussion around our proposed People and Culture IMTP deliverables; *and*
  - 15, which provides an overview of our proposed approach to refreshing the People and Culture Strategy, including associated timescales.
8. **Risk:** The following risks from the Trust's Corporate Risk Register have been aligned to the Committee; please refer to the CAF itself for details of all People and Culture risks:

- **Sickness Absence (160):** December's data showed an increase in the sickness absence percentage from 11.07% in November to 12.45%, of which 7.06% was accounted for by long term absence and 5.39% short term. Covid absence accounted for 3.55% which was a significant rise from November's recorded rate of 2.51%. The Trust reported a slight increase in mental health related absence in December to 2.61% and 1.58% for MSK. *The Committee will be afforded the opportunity to discuss sickness absence and colleague wellbeing in more detail under **Agenda Item 12**.*
- **RISK TITLE AND NUMBER SD ADD** Following concerns raised by TUPs, it is proposed to escalate the risk associated with TU relationships and partnership working. We propose to take this through the normal process for discussion and approval but felt, in the context of the TU Partnership Report on the agenda (**Agenda Item 19**), it is important for the Committee to be aware of this action and to be reassured that discussions continue, to try and bring things back on track.

9. **Audit Recommendations:** The People and Culture Committee has also been asked to maintain an overview of progress made against all outstanding/open internal audit recommendations in the workforce management domain. Attention is therefore drawn to the following:

- Of the 8 recommendations associated with audits aligned to the People and Culture Committee for oversight, 5 have been completed during the reporting period (4 that relate to the Trade Union Partner Release Time audit and 1 relating to the Job Evaluation audit). The remaining 3 recommendations relate to the Collaboration audit (reasonable assurance rating; medium priority recommendations) and are not due for completion until March 2022. **Agenda Item 7** provides a more detailed overview of progress against Internal Audit reports, to enable the Committee to be sighted on the recommendations and aware of the current status of the agreed actions and potential risks to delivery.
- An audit to review recruitment practices has now commenced, the scope of which is to provide the Trust with assurance that there are adequate arrangements in place to ensure that applicants from a diverse range of backgrounds are encouraged, supported and able to apply and be successful. An audit is shortly due to commence to provide assurance that the Trust is maximising opportunities for quality improvement and the extent to which the organisation is supporting a learning environment and leadership reinforced learning.

10. **Purposefully Shaping Our Future:** The Committee is presented with the opportunity to consider the developing vision and proposed plans regarding the following:

- 16, Education and Training; *and*
- 17, Leadership & Management Development.

11. **OTHER ISSUES under the purview of and/or referred to the Committee:** Attention is drawn to the following:

- Trade Union Cell Quarterly Report – Agenda Item 19 provides an overview of TU partnership activity undertaken by WAST between 1<sup>st</sup> November 2021 and 31<sup>st</sup> January 2022;
- Closed Agenda Item which provides an overview of ongoing suspensions over 4 months, as required by Policy.

**12. Future Committee AGENDA ITEMS to include updates on the following:**

- Annual assurance report regarding driving licence checks;
- Disciplinary Processes.

**RECOMMENDED:** The PCC is asked to NOTE and COMMENT on the issues raised.

## People Committee

Strategic Enabler : Support our people to be the best they can be		Strategic Action Numbers	
		1, 6, 7, 11, 12, 19, 23	
Risk Theme	Description of Risk Issues	Assurance Responsibility	
PLAN Failure to ensure robust workforce plans are in place to deliver safe, sustainable staffing across services leading to unsafe services, poor resourcing levels, reactive challenges, inadequate supply and education commissioning and the inability to respond to change.	Education Commissioning and impact of introduction of the degree requirement	Director of Workforce	
	Failure to recruit to key senior / director level posts	Director of Workforce	
	Lack of workforce planning skills and knowledge across the Trust	Director of Workforce	
	NHSDW/111 recruitment and retention of skilled, capable clinicians	Director of Operations	
	NEPTS capacity and demand - and heavy reliance on volunteering	Director of Operations	
	Lack of adequate relief capacity within EMS rosters	Director of Operations	

Risk Theme	Description of Risk Issues	Assurance Responsibility	
RESOURCE Failure to ensure adequate and safe staffing resources are available / deployed across the Trust leading to a higher than appropriate level of overtime, negative impact on quality and patient experience, adverse patient outcomes, poor colleague experience and morale, increased strain on existing resources and reputational damage	Failure to improve attendance across the Trust and meet target reductions in sickness absence rates	Director of Workforce	
	Failure to ensure all staff receive appropriate protection against Vaccine Preventable Diseases (except flu)	Director of Workforce	
	Failure to ensure all staff receive appropriate protection against Vaccine Preventable Diseases (flu )	Medical Director	
	Failure to ensure timely access to a robust and adequate Occupational Health & Wellbeing Service for all staff	Director of Workforce	
	Failure to ensure adequate plans in place to mitigate the reducing numbers of unpaid volunteers	Director of Operations	
	Poor availability of bank staff to provide additional resource to cover short notice and planned gaps in staffing levels	Director of Operations	
	Failure to ensure appropriate recruitment plan in place to attract and recruit right people, right place, right time, and to reduce	Director of Workforce	
	Failure to ensure all new starters receive an appropriate DBS check before commencing employment	Director of Workforce	
	Failure to ensure all existing staff have an appropriate DBS check on record	Director of Workforce	
	Failure to meet the requirements of ongoing health screening for all staff as appropriate and per regulation	Director of Workforce	

	Risk Theme	Description of Risk Issues	Assurance Responsibility
EDUCATE	Failure to ensure that our workforce is adequately equipped with the knowledge and skills to be able to deliver safe, effective and high quality patient care leading to adverse patient outcomes, poor colleague experience and morale, health and safety issues for patients and staff, litigation claims and reputational damage.	Failure to comply with Statutory and Mandatory Training requirements including attendance at clinical CPD	Director of Workforce
		Failure to ensure adequate control on use and recording of EMS CPD hours	Director of Operations
		Capacity within the education team to meet the demands of training newly recruited staff, and deliver the strategic commitments	Director of Workforce
		ICT infrastructure to deliver ambitions of training and education strategy	Director of Digital Services
		Failure to ensure all Paramedic staff achieve the required level of competence for Band 6	Director of Operations

	Risk Theme	Description of Risk Issues	Assurance Responsibility
ENGAGE	Failure to provide a safe, positive, well led environment where people can be the best they can be and give the best care/service; leads to a higher number of employee relations concerns, low morale, poor staff engagement and a negative impact on patient care and experience	Failure to secure funding and capacity to deliver the commitments set out in the Trust's Leadership and Management Development	Director of Workforce
		Lack of appropriate skills and capacity to deliver the ambitions set out in the Trust's People & Culture Strategy, and enabling Wellbeing	Director of Workforce
		Failure to create a safe and positive working environments - reducing exposure to violence, aggression and abuse at work	Director of Workforce
		Failure to create a safe and positive working environments by failing to offer appropriate mechanisms for resolving workplace conflicts	Director of Workforce
		Failure to lead and improve diversity and inclusion across the Trust to deliver on our strategic commitments	Director of Workforce
		Failure to create a safe and positive working environments which minimises the risk of harm from industrial injury such as lifting, trips	Medical Director
		Failure to offer all staff receive a high quality PADR with their line manager – to achieve 85% target rate	Director of Workforce
		Lack of capacity to fully deliver the commitments set out in the Trust's Volunteering Strategy	Director of Operations

## Strategic Enablers

Support our people to be the best they can be					Strategic Deliverables				Executive Lead	Overall Rating
					1, 6, 7, 11, 12, 19, 23				Claire Vaughan	
Risk ID	Risk Theme	Risk Level			Linked Strategic aims	Description of Risk Theme	Treat /Tolerate / Transfer	Strategic Aim Assurances		
	Risk Issues	Initial	Current	Target				Directorate	EMT	People Committee
	<b>Workforce Planning</b>						<i>What sources of assurance are available that demonstrate we are working towards achieving our strategic aim and addressing the high level risk themes</i>			
106	Failure to ensure robust workforce plans are in place to deliver safe, sustainable staffing across services, including volunteering, leading to unsafe services, poor resourcing levels, reactive challenges, inadequate supply and education commissioning and the inability to respond to change.	9 3 x 3	6 (3X2)	3 3 x 1		<p><i>Failure to ensure robust workforce plans are in place to deliver safe, sustainable staffing across services leading to unsafe services, poor resourcing levels, reactive challenges, inadequate supply and education commissioning and the inability to respond to change.</i></p> <p><b>Risk Controls:</b> How do we know we are reasonably managing risks. What measures are in place to mitigate them. What is the quarterly RAG progress indicator towards achieving the target date</p>	<p><i>Are there plans in place to mitigate / eliminate the risk; are we tolerate risks within tolerance levels; are we transferring risk to another committee ?</i></p>	<p>Proposal: Redesign of HR Hub 13.05.19</p> <p>111 Recruitment 24.09.19</p> <p>Job Evaluation 13.05.19</p> <p>ORH Recruitment / Training Implications 22.11.19</p> <p>Transfer Policy 17.12.19</p> <p>PCC Committee Assurance Framework 28.01.20</p>	<p>Advanced Paramedic Practitioner (APP) Practice Expansion Plan Cohort 2 19.06.19</p> <p>CTL Review 16.10.19</p> <p>UCS Job Description 13.11.19</p> <p>Workforce Plan 20.11.19</p> <p>Workforce Plan 18.12.19</p> <p>Job evaluation 10.03.21</p>	<p>NHSDW / 111 Retention 15.10.19</p> <p>Disciplinary and Investigation Timelines 15.10.19</p> <p>PCC Committee Assurance Framework 15.10.19</p> <p>Workforce Planning Group Minutes 15.10.19</p> <p>People and Culture strategy tracking and benefits map 10.03.20</p> <p><a href="#">Progress Review 02.06.2020</a></p>
252	There is a risk that introduction of the Paramedic Science degree programme will result in a fallow year (no Paramedic output in one year as it is a 3 year programme)	9 3 x 3	6 (3 x 2)	3 3 x 1		<p>Numbers of EMT to paramedic increased for 2021 from 30 to 40 with support from HEIW. New BSc course now running and whilst we may have a reduction in Swansea based graduates for 2022, this could be mitigated by attracting NQP from English based graduates with an incentive scheme/relocation package.</p>		<p>People and Culture Risks 28.01.20</p> <p>WOD Business Continuity Plan 25.02.20</p> <p>Q3 and 4 Update 24.09.2020</p> <p>111 WFP / Peer Review 24.09.2020</p> <p>Workforce Performance Dashboard Review 22.01.21</p> <p>DOM Role / ESR 26.03.21</p>	<p>Workforce Data Proposal 23.06.21</p> <p><a href="#">JAQ Lite Review 04.08.21</a></p> <p>Older Person's Framework 12.05.21</p> <p><a href="#">HR Restructure 22.12.21</a></p>	<p>Workforce Planning and Recruitment 13.10.20</p> <p>Job Evaluation 11.05.21</p> <p>Jon Evaluation Update 07.09.21</p> <p>Welsh Language Update 30.11.21</p> <p>Committee Review 31.11.21</p> <p><a href="#">Our People and Culture Objectives: Update and</a></p>

Support our people to be the best they can be				Strategic Deliverables						Executive Lead		Overall Rating
				1, 6, 7, 11, 12, 19, 23						Claire Vaughan		
Risk Theme		Risk Level			Linked Strategic Aim	Description of Risk Theme		Treat /Tolerate / Transfer			Strategic Aim Assurances	
Workforce Planning											What sources of assurance are available that demonstrate we are working towards achieving our strategic aim and addressing the high level risk themes	
274	Recruitment	9 (3 x 3)	6 (3 x 2)	3 (3 x 1)	Linked Strategic Aim	Failure to ensure robust workforce plans are in place to deliver safe, sustainable staffing across services leading to unsafe services, poor resourcing levels, reactive challenges, inadequate supply and education commissioning and the inability to respond to change.		Are there plans in place to mitigate / eliminate the risk; are we tolerate risks within tolerance			What sources of assurance are available that demonstrate we are working towards achieving our strategic aim and addressing the high level risk themes	
						Failing to ensure an appropriate recruitment plan is in place to attract the right people at the right time in the right place and extended recruitment lead times. Poor recruitment planning, constraints around numbers for training courses and delays with pre employment checks could result in delays in staff starting in post once recruited. Continued good progress in relation to delivery of all recruitment & Training needs (including CoVID19 related). Secured funding commitments assisting improved timeliness and commencement of mass recruitment campaigns. NWSSP engagement for additional support and forewarning of significant campaigns to ensure adequate (additional) resource is available to progress pre-employment checks in advance of contract start dates.					HR Restructure 20.05.21	
278	The failure to provide a robust Job Evaluation function	20 (5x4)	TBC	5 (5x1)		Job Evaluation processes within Health Boards/Trust have to comply and are audited by the All Wales Job Evaluation Unit. The current experience within WAST of our trained Job Evaluation Matchers and Consistency Checking is minimal and the risk is that new and changed Jobs that go for matching are being incorrectly banded by Job Matching Panels and not being picked up by Consistency Panels. New or existing posts are therefore being released with unsafe outcomes which have internal and external consequences within WAST and the wider NHS family. This will include the risk of any potential Equal Pay Claims. The number of experienced Job Matchers is low. The Trust have only three trained in Consistency Checking. The CAJE administration system for Job Evaluation within WAST does not accurately reflect the required information such as all Panel Members, Job Descriptions etc and is not showing robust practice. There is a high risk of re-occurrence without further refresher training for current Job Matchers and if new Job Matchers are not trained. As a result of the feedback from the All Wales JE Unit in January 2020 work has been undertaken to review processes and address concerns raised.  A number of actions were identified although some have been delayed because of COVID19 including the delivery of a comprehensive training plan.  Discussion with Julie Boalch today, 9 August 2021 and based on improvements with the robustness and compliance of the JE function, it was agreed that this risk can be closed. The following actions/progress have been completed:  - CAJE system now fully compliant and up to date - A pool of experienced management and trade union job matchers are used on all JE panels. - Consistency Checking is only undertaken by WAST JE Leads or small team of experienced management and trade union staff trained in consistency checking. - All Wales JE Unit have requested WAST training requirements for all aspects of JE and 30 places for		This risk has now been closed			Older People Group - Workforce Implications 20.05.21	
275	Workforce Planning Skills	12 (3x4)	9 (3x3)	3 (3x1)		Lack of workforce planning skills and knowledge across the Trust will result in managers being unable to accurately forward plan what their workforce will need to be to meet service demands. This will delay workforce planning, resulting in delays in new staff being recruited.					Proposal re: Driving Licence Assurance Report 20.05.21	
418	Recruitment pool and availability of C1 for EMS roles	12 (3x4)	12 (3x4)	6 (6x2)	Diminishing pool of suitable candidates holding C1 gifted via grandparent rights on their licence (achieved pre Jan 1997). Risk revised to indicate increase in likelihood; contingencies actioned - offer of ACA2 role to Trainee EMT candidates falling just short of the mark for TEMT selection; request to review qualifications on entry and vehicle type escalated via dual routes of D&C Programme Board and WOD					Job Evaluation 20.05.21		
										HR Restructure 26.08.21		
										Surge Capacity 26.08.21		
										Older Workforce Survey		

## Strategic Enablers

Support our people to be the best they can be					Strategic Deliverables				Executive Lead				
					1, 6, 7, 11, 12, 19, 23				Claire Vaughan				
Risk ID	Risk Theme	Risk Level			Linked Strategic aims	Description of Risk Theme	Treat /Tolerate / Transfer				Strategic Aim Assurances		
	RESOURCE AVAILABILITY	Initial	Current	Target		Failure to ensure adequate and safe staffing resources are available / deployed across the Trust leading to a higher than appropriate level of overtime, negative impact on quality and patient experience, adverse patient outcomes, poor colleague experience and morale, increased strain on existing resources and reputational damage	Are there plans in place to mitigate / eliminate the risk; are we tolerate risks within tolerance levels; are we transferring risk to another committee ?				What sources of assurance are available that demonstrate we c our strategic aim and addressing the high leve		
Risk Issues		16 4x4	20 4 x 5	12	Risk Controls: How do we know we are reasonably managing risks. What measures are in place to mitigate them. What is the quarterly RAG progress indicator towards achieving the target date				Directorate	EMT			
160	High levels of sickness absence resulting in adverse impact on resource availability and patient experience	16 4x4	20 4 x 5	12	1	Q1	Q2	Q3	Q4			Fitness Testing 24.09.19	Current Challenges to the Provision of OH services
						The Trust has continued to report increased absence rates overall including for COVID-19 related absence reasons. Increased support and guidance is being provided by the WOD team which includes regular meetings with EMS managers, Occupational Health and Assistant Director EMS to review LTS and alternative duties. The aim of the meeting is to agree suitable supportive plans. Sickness absence rates are a regular agenda in the Senior Operations Team meeting which includes identifying hot spot areas.						Mental Wellbeing By Design - WOD Leadership 16.07.19	CTL Review 03.07.19
												OH Update 16.07.19	Recruitment Update 13.11.19
												Managing Families and Relatives Working Together Policy 17.12.19	<a href="#">Sickness Absence 27.11.19</a>
												Workforce Performance Dashboard 22.11.19	Transfer Policy 04.12.19
												Workforce Performance Dashboard 28.01.20	Managing Families and Relatives Working Together Policy 04.12.19
168	Completion of health Screening in a timely manner in line with Driving at Work Policy (group 2 standards)	15 (5x3)	5 (5x1)	5 5 x 1		Ensuring staff (who drive under emergency conditions or carry patients) continue to meet adopted higher group medical standards. Timely transfer of staff medical information to OH services and limited OH staff resource are potential cause for risk raised. Potential consequence of this risk would be not identifying health conditions that would prevent a staff member from driving , resulting in possible injury / harm to employees, patients and / or members of the public / other road users. Risk continues to be low due to the plans now implemented.Possibility of this risk being removed due to the ongoing processes but a new risk to be looked at regarding current staff and health re driving standards as we do not reassess fitness once in role unless they change role or are referred re sickness.				This risk is now closed		Sickness Absence 28.01.20	Recruitment and Retention Payment Protocol 28.04.21

Support our people to be the best they can be					Strategic Deliverables		Executive Lead	
					1, 6, 7, 11, 12, 19, 23		Claire Vaughan	
Risk Theme	Risk Level			Linked Strategic aims	Description of Risk Theme	Treat /Tolerate / Transfer	Strategic Aim Assurances	
RESOURCE AVAILABILITY								
167	Health Surveillance for staff is not being carried out as per legislation	12 (3x4)	12 (3x4)	9 (3x3)	<p>Failure to ensure adequate and safe staffing resources are available / deployed across the Trust leading to a higher than appropriate level of overtime, negative impact on quality and patient experience, adverse patient outcomes, poor colleague experience and morale, increased strain on existing resources and reputational damage</p> <p>Health surveillance is a regular provision needed to detect early signs of work-related ill health in particular staff areas. The need for the service is exemplified with diabetic staff needing to meet group two driving standards and additional medical testing for HART SORT medicals, which should be annually completed. Not implementing health surveillance will impact the service - ill-health within specific roles could be missed at an early stage, resulting in any condition worsening Unable to currently provide data to help employers evaluate possible health risks Unable to identify training and education of employees (eg on the impact of health effects and the use of protective equipment) Failure to undertake health surveillance could result in a HSE improvement order being issued or a fine levied against the organisation Without the implementation of health surveillance the likelihood of consequences re-occurring would be moderate (failing to prevent and control disease and injury). Meetings with CCC/111NHSDW managers and OH have been ongoing regarding rolling out Audiometry HS and also an improved process re referral to OH for Acoustic Noise incidents to ensure support given and early detection of any issues are recognised. A SBAR re Audiometry Health Surveillance in WAST presented to the Quality Safety and Wellbeing cell on 28/04/2021 to begin the governance route ready for implementation. Skin surveillance rolled out across WAST mid November 2020. Further Communications went out on Siren / Facebook and to all managers mid January 2021. Only 31 questionnaires returned at time of writing. Audiometry surveillance has not been able to be taken forward due to Covid19 restrictions however baseline hearing checks are now being carried out since November 2020, on all new starters to any Call Handler role in readiness for further surveillance once restrictions lifted.</p>	Are there plans in place to mitigate / eliminate the risk; are we tolerate risks within tolerance levels; are we transferring risk to	What sources of assurance are available that demonstrate we are addressing the high level	
							Demand and Capacity Training and Recruitment 28.01.20	Special Leave Policy 28.04.21
166	Failure to adequately protect staff (and subsequently patients) from vaccine-preventable diseases	15 5x3	5 5x1	5	<p>1 PGD's have now been reviewed and allow for the addition of allied health professionals to support immunisations. The paramedic within OH is completing appropriate training to develop skills to support this action. Update of OH COHORT 10 database will allow for improved data collection. WAST OH service is now a member of the Health at Work network enabling the service to access guidance/protocols and support from national experts. OH nurses now have monthly OHP (doctor supervision) for guidance on complex cases. OH nurse provision has increased with the addition of an OH nurse lead, which will enable a increase in clinical resource.</p>	This risk has now been CLOSED - Looking at the title of this risk - Staff are currently not being able to access Vaccines for Preventable Diseases in a timely manner - this is no longer the case, however this risk is being updated around other areas of risk for vaccination. I am therefore closing this risk and will enter a new risk around administration of vaccinations.	Transfer Policy 28.01.20	Recruitment Update 28.04.21
							Managing Families and Relatives Working Together Policy 28.01.20	Respect and Resolution Policy 28.04.21
							DBS Progress Update 28.01.20	Workforce Scorecard 07.04.21
							C1 Update 25.02.20	111 Recruitment Plan 03.11.21
							OH Update 25.02.20	
279	Failure to ensure all staff receive appropriate protection against Flu annually	16 (4x4)	12 (4x3)	12 (4x3)	<p>Not vaccinating a high percentage of WAST staff could increase potential of FLU impacting on our staff and the patients we care for. Lack of vaccinations is likely due to lack of engagement in obtaining the vaccine, which could be associated with numerous barriers. Lack of vaccinators across WAST may also impact on its efficiency. Consequence of not providing an effective FLU vaccination programme could result in ill health and impact on WAST's ability to run an effective service due to high sickness absence. Should vaccination percentages remain low the likelihood of re-occurrence will remain. 2020-2021 flu campaign has been it's best yet with over 2100 vaccines given to WAST staff. Unfortunately delivery issues by our suppliers caused slow down of roll out in first 6 weeks which impacted upon our ability to meet demand. Lessons learnt from this (this was a national issue and not confined to WAST. Planning has begun for 2021-2022 Flu season and vaccines are being ordered.</p>		OH Update 26.06.20	111 Recruitment and Training Update 24.11.21
							Workforce Performance Dashboard proposal	Sickness Absence and Wellbeing 24.11.21
							Resource Availability Programme Update	111 Recruitment and Training 15.12.21
							Hearing Surveillance 27.04.21	Managing Attendance Plan 26.01.22
							COVID 19 Booster 27.04.21	

Support our people to be the best they can be					Strategic Deliverables		Executive Lead	
					1, 6, 7, 11, 12, 19, 23		Claire Vaughan	
Risk Theme	Risk Level			Linked Strategic Aims	Description of Risk Theme	Treat /Tolerate / Transfer	Strategic Aim Assurances	
<b>RESOURCE AVAILABILITY</b>						<i>Failure to ensure adequate and safe staffing resources are available / deployed across the Trust leading to a higher than appropriate level of overtime, negative impact on quality and patient experience, adverse patient outcomes, poor colleague experience and morale, increased strain on existing resources and reputational damage</i>	<i>Are there plans in place to mitigate / eliminate the risk; are we tolerate risks within tolerance levels; are we transferring risk to</i>	<i>What sources of assurance are available that demonstrate we c our strategic aim and addressing the high level</i>
280	Failure to ensure timely access to a robust and adequate Occupational Health & Wellbeing Service for all staff	12 (4x3)	4 (4x1)	4 (4x1)	Gaining access to occupational health services can be a timely process and staff and managers and OH services would much prefer staff had early access to support and advice. Waiting up to 6 weeks at present for an OH assessment (sickness absence) is at present due to quality of referrals and reduced OH staff provision. Impact of the continued risk is possibly that health conditions for staff can deteriorate, services have reduced staffing available to them and work load demands on all staffing, including OH staff becomes severe. Likelihood of this risk continuing is high in the short-term, however process are in place to reduce over the next few months. The OH and Wellbeing team have expanded the service available to address the increase in mental health sickness during periods of high distress to staff. It has also increased accessibility to fast track physiotherapy services to support early return to work from sickness absence. Alongside OH services a wellbeing support line is available alongside mental health online portal and telephone counselling support. OH clinical services have changed triage process to support managers earlier with advice and support and to identify inappropriate referrals that can be supported in other	This risk is now closed	Long COVID 23.02.21	
274	Failing to ensure an appropriate recruitment plan is in place to attract the right people at the right time in the right place and extended recruitment lead times. Poor recruitment planning, constraints around numbers for training courses and delays with pre employment checks could result in delays in staff starting in post once recruited.	9 3 x 3	6 3 x 2	3 (3x1)	Dedicated Senior Workforce Planning role and recruitment post in place On-going discussion with operations directorate and finance to ascertain numbers and locations for posts On-going discussions and planning with Training Department Close links with NWSSP re: pre employment checks. Additional recruitment support provided to 111/ Contact First enabling them to deliver on a comprehensive recruitment and training programme in readiness for the AB Contact First go live date in May. They are also within 10% tolerance for BCU 111 roll out in June. Internal recruitment workshop set up for May to review and streamline WAST processes. Wider workshops to be held in late May with recruitment shared services		Sickness Absence Action Cards 28.06.21	
277	Failure to ensure all existing staff have an appropriate DBS check on record	9 3 x 3	9 3 x 3	6 3 x 2	In January 2019, a Special Review was published by Healthcare Inspectorate Wales (HIW). The review examined Abertawe Bro Morgannwg University (ABMU) Health Board's handling of allegations into a former employee's actions. As a result of the findings from this review, HIW made a number of safeguarding and governance recommendations which all NHS Wales organisations were required to consider. On 20 February 2019, the Executive Management Team considered its position against the recommendations of the HIW report. This highlighted a concern regarding the currency of DBS checks on record for staff. Following discussion, a decision was made that the Trust would commence the checking process for those staff who require a DBS check and for whom there is no record on file of them having been previously vetted. A scoping exercise identified approximately 843 staff who require a DBS check and did not have an appropriate check on file. Of these, 730 are substantive staff, 80 are bank staff and 33 had a check on file but it was determined to be at the wrong level. The bulk of staff affected are those whose employment with the Trust commenced prior to when DBS/CRB checks were introduced, and they have not changed job roles during this period. This is a safeguarding risk for patients, NHS staff, and service users, particularly where the individual is required to work unsupervised with children or vulnerable adults. A failure to ensure all existing staff have an appropriate DBS check on record will be damaging to the reputation of the Welsh Ambulance Service, externally and internally, in terms of public interest and confidence. A DBS check has no official expiry date. Any information included is accurate at the time the check was carried out. Whether or not to carry out a subsequent check is up to the employer. Some authorities suggest a new check every 3 years. The Welsh Government has been asked to consider how the renewal of DBS checks for existing NHS staff should be facilitated across Wales as an important part of safeguarding patients. Once we have an All Wales approach, we will consider this through our Policy Review process. 99% of staff DBS checks received, 7 still to do. Of these 7, 5 have extenuating circumstances. Weekly update emails to HR and senior management to review issues and progress	This risk is now closed	WOD Dashboard and Workforce Data 28.06.21	
							DBS Update 28.06.21	
							Retire and Return	
							Injury Allowance Payment Review 19.07.21	
							Vaccination Update 19.07.21	
							Night Worker Assessments 19.07.21	
							OH Progress Update 19.07.21	
							Update on Sickness Absence	
							Recruitment Practices Internal Audit 01.11.21	

Support our people to be the best they can be				Strategic Deliverables		Executive Lead	
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Risk Theme	Risk Level		Linked Strategic aims	Description of Risk Theme	Treat /Tolerate / Transfer	Strategic Aim Assurances	
<b>RESOURCE AVAILABILITY</b>					<i>Failure to ensure adequate and safe staffing resources are available / deployed across the Trust leading to a higher than appropriate level of overtime, negative impact on quality and patient experience, adverse patient outcomes, poor colleague experience and morale, increased strain on existing resources and reputational damage</i>	<i>Are there plans in place to mitigate / eliminate the risk; are we tolerate risks within tolerance levels; are we transferring risk to</i>	<i>What sources of assurance are available that demonstrate we c our strategic aim and addressing the high level</i>
342	Night Worker Assessments Not being Undertaken			<p>Part A - 1. Night Worker Assessments Not being offered to staff regularly in line with Working Time Regulations therefore possibility that there are staff who work nights who could be at risk due to medication / health issues of excess fatigue which would increase their risk of further ill health / catastrophic accidents.</p> <p>2.Excess fatigue through night working exacerbated by health condition / medication, or health condition being adversely affected through fatigue.</p> <p>3. Exacerbation of health condition / increased incidence of accidents</p> <p>4. Until assessment is undertaken and therefore anyone found at risk removed from night working, likelihood is high.</p> <p>Part B - Failure to instigate this means that WAST are not fulfilling their legal obligation and could therefore be open to litigation from staff members and the public, investigation by the HSE and negative impact upon reputation. Referral to OH if manager has concerns regarding a person's health and working night duty. OH would assess and recommend if night duty should be stopped. Self referral of concerned staff member to OH which would result in a report being sent to manager following assessment with recommendations. Concern if manager not aware of health concerns of staff member or impact of night working re this or medication taken which could adversely affect staff member leading to increased ill health or accident. Concerned staff may not refer to OH and continue working unsafely at night.</p>		Driver Medicals 31.01.22	
347	COVID 19 pre-employment checks			<p>Description: Failure to complete full pre-employment checks prior to commencement of role</p> <p>Cause: response times available to the Trust</p> <p>Effect from the issues below - unsuitable employees in situ</p> <p>DBS check incomplete</p> <p>Qualifications unchecked</p> <p>One reference instead of two requested</p> <p>Potential for OH checks to be incomplete</p> <p>Likelihood: increased based on volume and nature of recruitment activity - high based on short timelines to stand up provision.</p>			
					This risk has now been CLOSED		

Support our people to be the best they can be			Strategic Deliverables				Executive Lead	
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Risk Theme	Risk Level		Linked Strategic aims	Description of Risk Theme	Treat /Tolerate / Transfer	Strategic Aim Assurances		
<b>RESOURCE AVAILABILITY</b>					<i>Failure to ensure adequate and safe staffing resources are available / deployed across the Trust leading to a higher than appropriate level of overtime, negative impact on quality and patient experience, adverse patient outcomes, poor colleague experience and morale, increased strain on existing resources and reputational damage</i>	<i>Are there plans in place to mitigate / eliminate the risk; are we tolerate risks within tolerance levels; are we transferring risk to</i>	<i>What sources of assurance are available that demonstrate we c our strategic aim and addressing the high leve</i>	
Staff who require and wish vaccines as set out in Policy to protect them from vaccine-preventable diseases (and subsequently pat	20 (5 x 4)	15 (5x3)	10 (5x2)	<p>The cause of this is possibly related to 1. The lack of all WAST employees paper medical files being uploaded into the COHORT Occupational Health data base thus not allowing OH to recall staff in a timely manner for vaccinations. 2. A worldwide shortage of Hepatitis B vaccinations in 2017 / 2018 when new starters were unable to be vaccinated and no follow up recall being evidenced when Hepatitis B vaccination did become available. 3. The OH Cohort data base not being able to pass information relating to immunisations to ESR at this present time. 4. OH staff not being trained in Mantoux testing for TB infection of new starters, or in giving BCG vaccination. 5. No vaccination policy at present within WAST. 6. Logistical challenges have meant that Covid – 19 vaccination to be administered to WAST staff through local HBs.</p> <p>Consequence of not providing vaccines for preventable disease, are inadequate protection of workers, their families and patients treated from occupational-acquired infection and therefore impacting on the efficiency of the service running without disruption.</p> <p>The likelihood or re-occurrence will remain high if the above situation remains as it stands. IPC procedures are the first line of protection against blood borne viruses.</p> <p>IPC training Provision of PPE PPE training and familiarisation Able to prophylactically manage exposure to contamination.</p>				
321 Driver Medicals	10 (5x2)	10 (5x2)	5 (5x1)	<p>Failure to ensure drivers of WAST vehicles / drivers acting on behalf of WAST are medically fit to drive. This could be as a result of new staff not being screened pre employment or not completing ongoing fitness to drive assessments. This will effect the safety of staff, service users and the public. Prospective staff are now being seen prior to starting within WAST due to the new measures put in place. Any staff who are deemed unfit to drive pending further investigations and who do start work / courses are not driving until given clearance by OH.</p> <p>Work is being undertaken on the Driving at Work Policy with Drivers and looking at bringing in 5 yearly medicals throughout people's careers to take forward. Meeting continue to ensure that all candidates for new courses are seen prior to start and are medically fir to drive to Grp 2 medical driving standards. An update on the Driving policy is currently being undertaken to address the requirement for regular medicals throughout the career of staff.</p>				

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Risk Theme	Risk Level			Linked Strategic aims	Description of Risk Theme	Treat /Tolerate / Transfer	Strategic Aim Assurances	
RESOURCE AVAILABILITY							What sources of assurance are available that demonstrate we c our strategic aim and addressing the high leve	
418	Recruitment pool and availability of C1 for EMS roles	9 (3X3)	12 (3X4)	6 (3X2)	<p>Failure to ensure adequate and safe staffing resources are available / deployed across the Trust leading to a higher than appropriate level of overtime, negative impact on quality and patient experience, adverse patient outcomes, poor colleague experience and morale, increased strain on existing resources and reputational damage</p> <p>Diminishing pool of suitable candidates holding C1 gifted via grandparent rights on their licence (achieved pre Jan 1997). External dependency on citizens holding the C1 category on their driving licence.</p> <p>Mitigations in place are as below - achievement of C1 on an individuals driving licence is not a quick fix and therefore further external pressures on the wider primary care (for Medical), DVLA (for provisional and other licencing concerns), training providers (for the practical training and assessment elements) and DVSA (for theory and practical testing) impact to lengthen the time taken to achieve.</p> <p>. Further Education based funding is available until August 2021 via two initiatives – for WAST staff: Personal Learning Accounts and for the general public: Barriers to Work funding.</p> <p>. Department for Work and Pensions support for candidates who would be offered a role had they held C1</p> <p>. A salary sacrifice system to assist with payment of C1 related activity is in development for WAST employees and recruits.</p>	Are there plans in place to mitigate / eliminate the risk; are we tolerate risks within tolerance levels; are we transferring risk to		
415	Member of staff being employed without a DBS check and/or not at the appropriate level.	15 (3X5)	6 (3 x 2)	3 (3X1)	<p>An analysis of ESR for those staff and bank workers who are required by their role to undergo either an enhanced or standard Disclosure and Barring Service (DBS) check, identifies that within this category there are approximately 1700 employees/bank workers within the Trust who don't have an up-to-date DBS recorded i.e. within the last 3 years.</p> <p>All Wales discussions in respect of the renewing of DBS checks remain at an impasse, therefore currently no All Wales approach on how to manage the situation.</p> <p>Employee and bank worker numbers who fall within this category are likely to rise, leading to a potential increase of unknown safeguarding issues unless a decision is made by the Trust on the approach to renew DBS checks.</p>			
<b>Risks in development</b>								
Extended recruitment lead in times leading to delays in starting staff								
Reducing numbers of unpaid volunteers								
Poor availability of bank staff to provide additional resource to cover short notice and planned gaps in staffing levels								
Failure to ensure all new starters receive an appropriate DBS check before commencing employment								

Overall Rating
STB Rag Rating
<i>are working towards achieving el risk themes</i>
People Committee
Sickness Deep Dive 09.07.19
Monthly Integrated Performance Report 09.04.19
Workforce Indicators Dashboard 09.07.19
Workforce Performance Scorecard 15.10.19
Improving Frontline Capacity and Resilience over Winter 15.10.19
Occupational Health Service Update 15.10.19
Special Leave Policy 15.10.19

Overall Rating
STB Rag Rating
are working towards achieving el risk themes
<a href="#">Sickness Absence 10.03.20</a>
<a href="#">Recruitment and Training Plan to deliver growth in EMS</a>
<a href="#">Transfer Policy 10.03.20</a>
<a href="#">Managing Families and Relatoves Working Together</a>
DBS check update 10.03.20
<a href="#">Recruitment of an additional 136 WTEs 02.06.2020</a>
<a href="#">DBS Closure Report 13.10.20</a>
<a href="#">Workforce Scorecard 04.02.21</a>
Response to Long Covid
COVID Vaccination Programme Update 04.02.21



Overall Rating
STB Rag Rating
<i>are working towards achieving el risk themes</i>

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## Strategic Enablers

Strategic Enablers										
Support our people to be the best they can be				Strategic Deliverables				Executive Lead		Overall Rating
				1, 6, 7, 11, 12, 19, 23				Claire Vaughan		STB Rag Rating
Risk ID	Risk Theme	Risk Level			Linked Strategic aims	Description of Risk Theme	Treat /Tolerate / Transfer	Strategic Aim Assurances		
	Risk Issues	Initial	Current	Target				Directorate	EMT	People Committee
	Education and Training							What sources of assurance are available that demonstrate we are working towards achieving our strategic aim and addressing the high level risk themes		
165	The risk of the Trust not identifying an appropriate replacement estate for NATC (resulting in impaired service delivery and interrupted business continuity of E&T team)	9 3 x 3	3 3 x 1	3 3 x 1	1	<p>Q1</p> <p>Q2</p> <p>Q3</p> <p>Q4</p> <p>Collaboration with WAST Estates colleagues who are leading the process of sourcing an appropriate replacement premises to meet the needs of WAST's workforce plan and ORH recommendations. Estates strategy, capital plan and business continuity plan Approval of estates capital bids upon finding a suitable replacement Detailed specification of requirement submitted to Estates colleagues and Directors of WOD and Finance. Agreement reached with Exec Team and Estates Programme Board for Education and Training Team to be relocated to Matrix House. Plans currently being developed. Teams now notified of confirmed plans to relocate to Matrix House. Timescales dependent upon COVID-19 impact on building work.</p>	Risk now CLOSED following successful move from Cefn Coed to Matrix House.	Apprenticeship Update 16.07.19	Business Case for University Status 03.07.19	Transforming Education and Training Strategy 09.07.19
161	Failure to ensure that staff are safe and competent to deliver services as a result of non-compliance with S&M training	12 (4x3)	12 (4x3)	4 (4x1) 3	1 3	<p>1. Annual Mandatory &amp; Statutory training Programme informed by UK Core Skills Training Framework.</p> <p>2. Recorded and reported through ESR &amp; OLM.3. Report shared monthly with managers . Due to the postponement of CPD as a result of COVID-19, Statutory and Mandatory training compliance levels are starting to drop across the organisation. eLearning for appropriate stat mand topics has now been made available for Operational staff, in a bid to improve compliance levels and provide a basic level of training where possible. This is still a challenge during COVID and staff having to use ESR My Learning. We continue to inform managers of staff compliance and meet with the ART group to give advice. This thou needs to be driven by local management team and Ops Teams are working to improve compliance. CPD/CSTF may be mitigated be the re-introduction of face-to-face for 2021/22.</p>		Technology Enabled Workforce 17.12.19		
254	Failure to ensure adequate control on use and recording of EMS CPD hours, resulting in inaccurate financial reporting	6 2 x 3	8 2 x 4	2 2 x 1		<p>Audit undertaken with recommendations provided. From these recommendations, an action plan was devised and completed</p> <p>As part of this, a new guidance document was compiled and agreed in partnership with the aim of providing a more robust process around recording, utilising and managing CPD hours</p> <p>Work is currently underway to identify how ESR can be used to log use of hours electronically. CPD guidance doc awaiting feedback fro AOM's Localities monitor CPD hours locally on spread sheet</p>		Articulate eLearning Software 25.02.20		
								Driving Instructor Development / Succession Planning 16.07.19	CPD Hours Guidance Document (Audit Action)	University Status Update 09.07.19
								Band 6 Paramedic Education Process 24.09.19	Developing a bank of Driving and Clinical Instructors 30.10.19	University Status Update 15.10.19
								Dementia 16.07.19	<a href="#">Safeguarding training implications 18.12.19</a>	Band 6 Progress Update 10.03.20
								University Status Update 17.12.19	New Education Premises 03.03.21	Education Developments 13.10.20
								Band 6 Education Process Update 17.12.19	C1 Licence Salary Sacrifice Scheme 19.01.22	
								Band 6 Education Process Update 28.01.20		
								University Status Update 28.01.20		
								Supporting Dyslexic Learners 28.01.20		
								Education Centre Developments 23.02.21		
								Section 19 Update 19.07.21		
								C1 Update 19.07.21		
								Section 19 26.08.21		

255	Capacity within the education team to meet the demands of training newly recruited staff, and deliver the strategic commitments made, resulting in an inability to release suitably trained staff to operations, adversely impacting patient safety, quality and experience	9 3 x 3	9 3 x 3	3 3 x 1	Driving Instructor development ongoing. Business case for development of Clinical Instructor development approved. Agreement in principle to source external CIs as required Succession planning and horizon scanning underway. This risk continues and is closely monitored. Operational Tutors and Driving Instructors are heavily supporting current demand in relation to D&C MTU Turnover, SU , MTU and R&S commitments. We are currently out to advert to develop additional Operational Tutors to further support the significant ask on the team	This risk is now closed			
256	Limitations of existing ICT infrastructure and lack of digital skills of the workforce resulting in an inability to keep up with technology and an inability to deliver ambitions of training and education strategy	8 2 x 4	6 2 x 3	4 2 x 2	Apprenticeship for L4AAP developed, which includes digital skills Development of Technology Enabled Workforce plan Recruitment of Director of Digital Formation of an Office 365 implementation group with involvement of Education & Training and, separate, establishment of a network of Digital Skills Ambassadors. Roll out of M365 with self directed support available on the All Wales Learning Pathways platform. iPad training secured to support all road staff with iPad use.				
253	Failure to ensure all Paramedic staff achieve the required level of competence for Band 6, resulting in an inability to respond as per Paramedic profile. There is also a reputational and financial risk associated with not achieving this	9 3 x 3	9 3 x 3	3 3 x 1	Team in place to support Paramedic colleagues to achieve all competencies within the required timeframe  Paramedics have signed up to the agreement, part of which includes completion of these competencies  This issue is discussed regularly with colleagues across the Trust				
308	DERADI Development	12 (4 x 3)	8 (4X2)	4 (4X1)	Lack of availability of qualified driving instructors (internal to WAST), resulting in an inability to deliver challenging training plan. Cohort 1 - 5x learners have completed the programme and all associated qualification and are now practicing autonomously . An EQA from the awarding body has been requested. 1xlearner has now completed the programme following a period of sickness an EQA will be requested following an IQA. Cohort 2 - 1x learner has removed himself from the programme following a period of reflection. The learner has been offered a position as a developing clinical tutor where qualifications gained to date can be utilised. The remaining 4x learners have entered the final stage of the DERADI programme (consolidation practice). On completion of all associated qualification an EQA will be requested				
345	Violence & Aggression Module 'C' Training	9 (3 x 3)	6 (3 x 2)	6 (3 x 2)	Due to the COVID-19 module 'C' breakaway skills have not been practice by the learner. This learning has only been delivered using a workbook which does not allow for the learner to practice all disengagement skills. Potentially without the ability for the learner to practice this skills they may not be able to effectively disengage from a service user who has intentionally or inadvertently grabbed the WAST team member. This could cause harm to the WAST team member who is aware of the procedure to disengage from the person trying to grab them but who has not fully practiced the skill before going into practice. Failure to disengage from a person who has grabbed the WAST team member may cause significant or serious harm to that person. Proposed plan to ensure that those identified WAST staff who had not received the practical skills training are re-trained and refreshed under the core skills training framework will ensure that the risk does not re-occurs. This risk will be mitigated when L&D Team training centres are safe for face to face delivery and more importantly person to person contact to undertake conflict training i.e. physical disengagement/person to person practice. This is planned for next CPD cycle April 2021 onward COVID 19 dependent. Early mitigation is instruction lead demonstration and issue manual until such time learners can practice this skills. CPD for patient facing staff for 2021/22commenced in May and will continue throughout 2021. This will include a face-to-face instruction in Module C breakaway techniques.				
					<b>Risks in development</b>				

## Strategic Enablers

Support our people to be the best they can be		Strategic Deliverables				Executive Lead			Overall Rating				
		1, 6, 7, 11, 12, 19, 23				Claire Vaughan			STB Rag Rating				
Risk ID	Risk Theme	Risk Level			Linked Strategic aims	Description of Risk Theme	Treat /Tolerate / Transfer	Strategic Aim Assurances					
	Risk Issues	Initial	Current	Target		Risk Controls: How do we know we are reasonably managing risks. What measures are in place to mitigate them. What is the quarterly RAG progress indicator towards achieving the target date	Are there plans in place to mitigate / eliminate the risk; are we tolerate risks within tolerance levels; are we transferring risk to another committee ?	What sources of assurance are available that demonstrate we are working towards achieving our strategic aim and addressing the high level risk themes					
	ENGAGE & LEAD							Directorate	EMT	People Committee			
164	Leaders and managers unable to deliver their leadership and management role for their team and the service	8 4 x 2	8 4 x 2	4 4 x 1	1	<p><i>Failure to provide a safe, positive, well led environment where people can be the best they can be and give the best care/service; leads to a higher number of employee relations concerns, low morale, poor staff engagement and a negative impact on patient care and experience</i></p> <p><i>Risk Controls: How do we know we are reasonably managing risks. What measures are in place to mitigate them. What is the quarterly RAG progress indicator towards achieving the target date</i></p> <p>Leaders &amp; Managers not equipped, skilled and confident to meet the needs of the Organisation, their teams will impact on Patient Care. Failure to develop the Confidence, Capability and competence of our Leaders and Managers at all levels will have an impact on their effectiveness in leading colleagues in WAST and the ability to deliver the Organisations priorities. Ultimately not addressing this could impact on own and their teams well-being.</p>					<p>Employee Relations Investigating Officers 24.09.19</p> <p>Disability Improvement Plan Update 24.09.19</p> <p>Welsh Language Standards 24.09.19</p> <p>TRIM 12 Month Progress Report 16.07.19</p> <p>Equality Update 17.12.19</p> <p>Social Partnership Bill 17.12.19</p>	<p>Team Leader Programme: End of Year 2 Evaluation 05.06.19</p> <p>People and Culture Strategy Development Update 28.08.19</p> <p>People and Culture Strategy 16.10.19</p> <p>PSED SEOs 13.11.19</p> <p>Staff Awards 02.10.19</p> <p>EEAST CQC Report 03.03.21</p>	<p>Treating People Fairly Annual Report 09.07.19</p> <p>Wellbeing Strategy 09.07.19</p> <p>Leadership and Management Strategy Implementation Update 09.07.19</p> <p>People and Culture Strategy Update 09.07.19</p> <p>Staff Survey Priorities 09.07.19</p> <p>Gender Pay Gap 09.04.19</p>
162	Failure to deliver agreed strategic equality objectives	9 3 x 3	9 3 x 3	3 3 x 1		<ol style="list-style-type: none"> <li>Board approved TPF (including WRES) action plan in place</li> <li>Widespread organisational ownership of the approach evidenced in LDPs</li> <li>Re-energized networks (including LGBT network and new BAME)</li> <li>Regular reporting of activities</li> <li>Clear joint ownership of TPF approach across corporate directorates</li> <li>Treating People Fairly Steering Group</li> <li>Further resources and focus has been identified/put in place (including additional role, refocusing of work priorities)</li> </ol> <p>Treating People Fairly Strategy (2020-2024) - Project Manager and Project Team have been appointed, a clear plan including timelines including dates to P&amp;C Committee (Feb), WASTPF (Jan), EMT (Jan &amp; Feb) and Board (Feb &amp; March) for agreement has been developed to ensure completion and publication of objectives by April 2nd 2020. The Annual Equality Statement shall also be published within the same timeframe.</p>					<p>People and Culture Strategy Benefits Map 28.01.20</p> <p>PSED SEOs 28.01.20</p> <p>Implementing the Leadership and Management Development Strategy Update 28.01.20</p> <p>HPMA Awards 28.01.20</p> <p>Employers for Carers 28.01.20</p>	<p>Partnership Working Reset Session 2 09.06.21</p> <p>Staff Awards 09.06.21</p> <p>Partnership Workshop 16.06.21</p> <p>Response to WG Public Consultation on the Race Equality Action Plan: An Anti-Racist Wales 14.07.21</p>	<p>Trade Union Activities: Annual Report 09.04.19</p> <p>Update on Strategy Developments 09.07.19</p> <p>Team Leader Development Programme Evaluation Report 09.07.19</p> <p>Implementation of The Welsh Language Standards 09.07.19</p> <p>Dying to Work Campaign 09.07.19</p>

9 3 x 3	9 3 x 3	6 (3x2)
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Increase in fragility in TU partnership arrangements, impacting on WAST's ability to deliver change, working in partnership. 1. People Strategy and enabling plans  
2. Go Together Go Far (GTGF) Project Team and bi-monthly WASPT meetings

Risks in development
Failure to secure funding and capacity to deliver the commitments set out in the Trust's Leadership and Management Development Strategy
Lack of appropriate skills and capacity to deliver the ambitions set out in the Trust's People & Culture Strategy, and enabling Wellbeing Strategy
Failure to create a safe and positive working environments - reducing exposure to violence, aggression and abuse at work
Failure to create a safe and positive working environments by failing to offer appropriate mechanisms for resolving workplace conflicts and disagreements
Failure to lead and improve diversity and inclusion across the Trust to deliver on our strategic commitments
Failure to create a safe and positive working environments which minimises the risk of harm from industrial injury such as lifting, trips and falls;
Failure to offer all staff receive a high quality PADR with their line manager – to achieve 85% target rate
Lack of capacity to fully deliver the commitments set out in the Trust's Volunteering Strategy

BAME Discussion 26.06.20	24.09.21 National Inclusion Week	Our Staff Survey Story - Progress Update 15.10.19
Wellbeing Strategy Development 26.02.20	Behaviours and Culture Reset 17.11.21	Focus on Our Violence and Aggression Work 15.10.19
Staff Survey Update 24.09.2020	WAO Report: Taking Care of Carers 24.11.21	Draft People and Culture Strategy 15.10.19
Colleague Welcome Days 20.11.20		PSED Strategic Equality Objectives 15.10.19
Investigation Training 20.11.20	Behaviours and Culture Reset 19.01.22	WASPT Partnership Activity Report 15.10.19
Vexatious Claims 20.11.20	PADRs 26.01.22	WASPT Minutes 15.10.19
Staff Survey Update 20.11.2020		PSED SEOs 10.03.20
Leadership Reset 16.12.20		L&M Development Strategy Update 10.03.20
People and Culture Strategy refresh 22.01.21		Wellbeing Strategy 13.10.20
		Reverse Mentoring 13.10.20
Change Management Agenda 26.03.21		Safeguarding the mental wellbeing of Team WAST
Stonewall Membership 26.03.21		Staff Survey Update 04.02.21

## Strategic Actions Reference Guide

### (1) Quality at the heart

1	We will finalise our long term strategic framework for ambulance services in Wales.
6	Further Develop the Response Logic for the Clinical Response Model
7	We will review and align our Patient Experience and Community Involvement programme of work with the Trust IMTP priorities and Commissioning Quality Core Requirements
11	We will lead the improvements identified following the Clinical Risk Assurance review
12	We will develop our electronic information systems to support our organisational risk maturity
19	We will create opportunities to continually improve and report on the clinical effectiveness of the care we provide
23	We will agree with our Commissioners a clear and measurable benefits realisation plan for the Band 6 paramedic role and investment, linked to the Ambulance Care Pathway and AQIs.

### (2) Vibrant Leadership

27	We will develop and embed a clinical leadership culture to create sustainable clinical effectiveness across the Trust from the Trust Board to the operational frontline staff
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### (3) Fantastic People

24	Deliver WRES Action Plan
25	We will continue to develop and engage on our vision for 3 equitable Ambulance Academies and develop a clear business plan in early 2018 for consultation and implementation, subject to identified funding
30	We will develop an overarching Education Strategy by the end of 2018/19, that will enable us to ensure all staff receive the highest quality education and training to deliver their roles effectively; expanding our apprenticeship opportunities will be a key deliverable of this strategy.
31	We will enhance and strengthen our Occupational Health and Wellbeing Services; with a focus on further improving access to mental health and musculo-skeletal services for staff
39	We will continue to pursue the agile working model through the use of staff mobile devices

### (4) Delivery of Excellent Patient Care

2	We will work with our Commissioner and our Health Board and Trust partners to agree a consistent approach to quantifying activity implications for major service change
3	We will work with Health Boards and the Chief Ambulance service commissioner to agree business cases which detail required commissioning allocations for the following service changes which we expect to see happen in 2018/19; Paediatric, Neonatal, Obstetric services / ENT / Vascular (all SE Wales), Stroke services across BCU and the provision of Thrombectomy services to Welsh patients.
4	We will ensure the successful implementation of the Quality and Delivery Assurance Framework for NEPTS.
8	We will commence the implementation of our Mental Health improvement plan
9	We will continue to evolve and implement our falls improvement plan
10	We will implement our Infection Prevention and Control (IPC) improvement plan
15	We will establish a CAD phase 2 project board and look to make significant progress in realising the benefits of the new CAD
16	We will implement the next phases of the 111 Pathfinder in line with 111 Strategic Plan for 2018/19 - 2019/20
20	We will deliver actions that ensure NEPTS delivers a safe, high quality and efficient service to our patients
29	We will deliver the LHB and WAST joint priorities as identified in the commissioning templates
44	We will develop our public health plan (Choose Well and Make Every Contact Count)

(5) Strong Partnerships	
5	We will progress with our plan to develop and implement the Joint Emergency Service Demand & Intelligence Hub (Phase 1 - WAST , South Wales Police, Gwent Police & South Wales Fire and Rescue)
38	We will work with NWIS and other partner organisations on the development of clinical information sharing arrangements
40	We will ensure that everyone with an interest in our work, including staff, stakeholders, patients and the wider public, understands what we do and our ambitions for the future, through a proactive programme of two-way engagement and communication that delivers tangible outcomes, supports delivery of our organisational priorities and informs future development.
41	We will agree (and implement) our approach to embedding the principles of the Wellbeing of Future Generations (Wales) Act 2015.

(6) Value, Innovation and Efficiency	
13	We will develop a business case for investment in an electronic patient clinical record solution
14	We will progress the transfer of existing non-WAST delivered NEPTS work from health boards into WAST, in line with the commitment of the Business Case
15	We will successfully deliver a primary care programme of work
16	We will develop a strategy for demonstrating value in an ambulance/pre hospital/emergency unscheduled care setting
21	We will transform NEPTS by introducing new systems of working, embedding technology and exploring opportunities to innovate through working closely with our workforce and other partners
22	We will benchmark and review our corporate and support service structure and operating model for the future.
26	We will develop a Volunteering Strategy that will ensure we understand, value and maximise the important contribution that volunteers can and will make to our services in future
28	We will develop a project and programme management framework for the organisation and subsequently develop bespoke training for staff on the principles of the framework
32	We will significantly progress the move away from HM Stanley into Unit 7, St Asaph Business Park
33	We will implement the Estates Strategic Outline Programme, starting with the areas in greatest need of attention
34	We will deliver an OBC for the Cardiff ARC (subject to suitable site identification)
35	We will implement the recommendations outlined in the Fleet Strategic Outline Programme
36	We will develop and implement over the life of this plan an Innovation & Continuous Improvement Framework
37	We will expand our robust information framework with the appropriate governance, to allow our stakeholders to get the information they require, in a timely manner and to make the most effective decisions
42	We will develop our Corporate Governance function to make us an even more effective organisation.
43	We will rationalise the Swansea administrative accommodation



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Gwasanaethau Ambiwylans Cymru  
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<b>AGENDA ITEM No</b>	
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

## AUDIT REPORT

<b>MEETING</b>	People & Culture Committee
<b>DATE</b>	22 <sup>nd</sup> February 2022
<b>EXECUTIVE</b>	Trish Mills, Board Secretary
<b>AUTHOR</b>	Julie Boalch, Head of Risk and Corporate Governance
<b>CONTACT</b>	<a href="mailto:Julie.Boalch@wales.nhs.uk">Julie.Boalch@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. The purpose of the report is to provide the People & Culture Committee (PCC) with an up to date position in relation to the outstanding recommendations from Internal Audit and external reviews.

#### RECOMMENDATION:

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

### KEY ISSUES/IMPLICATIONS

3. Each of the 83 internal audit recommendations have been reviewed by the Assistant Directors Leadership Team (ADLT) and the Executive Management Team (EMT) since the last Audit Committee to ensure that any new completion dates are assigned with realistic timescales and a strong narrative and rationale to support any extension.

### REPORT APPROVAL ROUTE

4. The report has been submitted to:
  - ADLT – 7<sup>th</sup> February 2022

### REPORT APPENDICIES

5. The Audit Tracker has been circulated as a separate appendix.

### REPORT CHECKLIST

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

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

**SITUATION**

1. The purpose of this paper is to provide the People & Culture Committee (PCC) with a position statement in respect of recommendations resulting from internal audit reviews that are presented to the Committee for oversight.

**BACKGROUND**

2. The organisation was carrying a slightly higher number of recommendations as a direct consequence of key staff being redeployed due to the CoVID-19 pandemic when there was no real activity in respect of the audit recommendation tracker during the period 5<sup>th</sup> March 2020 to 30<sup>th</sup> June 2020.
3. However, the numbers have returned to pre-pandemic levels with high level focus on completing recommendations within agreed timeframes and continued efforts to bring any overdue recommendations up to date.
4. The Executive Management Team (EMT) agreed a pragmatic approach to allow the organisation time to address all recommendations by extending the agreed deadlines by 6 months which was applied to all current recommendations up to and including recommendation number 333 19/20, being the last recommendation added to the tracker following the Audit Committee in March 2020.

**ASSESSMENT**

Internal Audit Highlights

5. The Trust continued to face significant operational pressures resulting from the pandemic and REAP level 4 and as such expects to be carrying a higher number of overdue recommendations during this period.
6. At the time of issuing the paper, there were a total of 83 current internal audit recommendations on the tracker. 32 recommendations were marked as complete at the December 2021 Audit Committee and removed from the tracker.
7. 15 recommendations were added to the tracker resulting from 3 Internal Audit Reports which were presented to the Audit Committee in December 2021. 3 of these recommendations were assigned to PCC for oversight and were from a Reasonable Assurance rated report.
8. The status of each of the current internal audit recommendations is described in the table below.

Status	Total Number of Recommendations	Those directly relevant to	High Priority	Medium Priority	Low Priority
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	on the tracker	PCC	PCC	PCC	PCC
Overdue	36	0	0	0	0
Not yet due*	33	3	0	3	0
Complete	14	5	3	2	0
<b>Total</b>	<b>83</b>	<b>8</b>	<b>3</b>	<b>5</b>	<b>0</b>

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

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

Financial Year	Total Number of Recommendations on the tracker	Those directly relevant to PCC	Complete PCC	Overdue PCC	Not Yet Due PCC
2018/19	4	4	4	0	0
2019/20	4	0	0	0	0
2020/21	32	1	1	0	0
2021/22	43	3	0	0	3
<b>Total</b>	<b>83</b>	<b>8</b>	<b>5</b>	<b>0</b>	<b>3</b>

11. Of the 3 recommendations that are showing as not yet due, these relate to the following reports:
  - 21/22 Collaboration Reasonable Assurance review
12. The number of recommendations by assurance rating and level of priority are detailed below.

Assurance Ratings	Total No. of Recommendations on the tracker	Those directly relevant to PCC	High Priority PCC	Medium Priority PCC	Low Priority PCC
Limited	10	5	3	2	0
Reasonable	60	3	0	3	0
Substantial	1	0	0	0	0
Not Rated	12	0	0	0	0
<b>Total</b>	<b>83</b>	<b>8</b>	<b>3</b>	<b>5</b>	<b>0</b>

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

## RECOMMENDED:

6. The People & Culture Committee is asked to:

- a. Note and consider the contents of the report,**
- b. Consider the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically focussing on those relevant to PCC, and**
- c. Agree any specific items that the Committee wishes to see raised to Senior Management and Audit Committee.**



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NHS Trust

<b>AGENDA ITEM No</b>	<b>8</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

## WELSH LANGUAGE STANDARDS

<b>MEETING</b>	People and Culture Committee
<b>DATE</b>	22 February 2022
<b>EXECUTIVE</b>	Board Secretary
<b>AUTHOR</b>	Welsh Language Officer
<b>CONTACT</b>	Melfyn Hughes <a href="mailto:Melfyn.Hughes@wales.nhs.uk">Melfyn.Hughes@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

1. The purpose of the report is to provide the People and Culture Committee with an update on progress in implementing the Trust's Welsh Language Standards.

### RECOMMENDATION

2. **That the Committee note the Trust's progress in complying with its Welsh language standards compliance notice.**

### KEY ISSUES/IMPLICATIONS

3. In order to gain an accurate picture of compliance with the service delivery standards across the Trust there is a need to develop an effective compliance monitoring procedure. A monitoring procedure will be developed and trialled during July 2022.
4. As part of the 111 Salus system there will be a total of 172 web guides all of which will be translated and be hosted by the 111 Wales website. Members of the Trust's Welsh Language Advisory Group recommend that a sample of the translated public web guides is quality assured via a coordinated approach with the 111 Test Team and a translation service provider from NHS Wales. The 111 Project Team have suggested that approximately 10% of the web guides would be suitable for quality assurance once they have been translated by Capita.
5. In order to reach the long-term outcome of the delivery of an "Active Offer" as an integral part of service delivery, the Trust's Welsh Language Officer (WLO) with assistance from WOD has commenced work in mapping data of staff Welsh language skill levels across each of the service areas. Proposed to seek additional support from Planning and Performance.

<b>REPORT APPROVAL ROUTE</b>		
<b>WHERE</b>	<b>WHEN</b>	<b>WHY</b>
Assistant Directors Leadership Team	7 February 2022	Note and review
People and Culture Committee	22 February 2022	To note

<b>REPORT APPENDICES</b>
<b>Annex 1 – Welsh Language Standards Tracker Summary</b>

<b>REPORT CHECKLIST</b>			
<b>Confirm that the issues below have been considered and addressed</b>		<b>Confirm that the issues below have been considered and addressed</b>	
EQIA (Inc. Welsh language)	Yes	Financial Implications	Not applicable
Environmental/Sustainability	Not applicable	Legal Implications	Yes
Estate	Not applicable	Patient Safety/Safeguarding	Yes
Ethical Matters	Not applicable	Risks (Inc. Reputational)	Yes
Health Improvement	Not applicable	Socio Economic Duty	Not applicable
Health and Safety	Not applicable	TU Partner Consultation	Not applicable

## **WELSH LANGUAGE STANDARDS**

### **SITUATION**

1. The purpose of the report is to provide the People and Culture Committee with an update on progress in implementing the Trust's Welsh Language Standards.
2. Evidence of those standards met are included in the Welsh Language Standards Tracker Plan as well as actions against standards not met or partially met. The Tracker is monitored by the Trust's Welsh Language Advisory Group.
3. An extract from the Welsh Language Standards Tracker is detailed in Annex 1.

### **BACKGROUND**

4. On 30 May 2019 the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing new Welsh Language Standards under the Welsh Language Measure (Wales) 2011 via a Statutory Compliance Notice.

### **ASSESSMENT**

5. There are currently 21 Standards on the tracker which are described in the summary table in Annex 1 as of 3 February 2022. These standards are identified as being part compliant and non-compliant.
6. The Standards highlighted as Part Met (amber) relate to Service Delivery Standards for Correspondence, Telephone Calls, Meetings, Websites, Reception services. Advice and guidance to Trust staff on how they can comply with these standards was promoted on Welsh Language Rights Day 7/12/21. In order to carry this momentum forward quarterly updates on compliance advice and guidance will be communicated to staff.
7. The Operational Standards 91 (amber), 93 and 95 (red) relate to the Trust's intranet site. Work is on-going in ensuring compliance with Standard 91 by 31 March 2022. It is expected that Standards 93 and 95 will be compliant following the completion of work for Standard 91.
8. The Trust's revised procedure for staff to raise a concern has been made available to staff in Welsh and allows an individual to raise an issue or concern in Welsh and any subsequent proceeding can be conducted in Welsh or via a simultaneous translation service.

### **RECOMMENDED:**

**9 That the Committee note the Trust's progress in complying with its of Welsh language standards compliance notice.**

## Annex 1 – Welsh Language Standards Tracker Summary on part met and non-compliant standards.

Standard	Requirement	18/11/21	03/02/22	Update
Correspondence 4, 5, 6, 7	Sending correspondence to persons outside of the Trust.			As to ensure Service areas are aware of compliance requirements and access to translation services, on Welsh Language Rights Day 7 December 2021 a link to compliance guides on dealing with correspondence was communicated Trust wide.
Telephone Calls 8, 9,10, 15, 16, 17,18	Dealing with calls in Welsh on main telephone number (or numbers), helpline numbers and department numbers.			As to ensure all service areas are aware of compliance requirements on answering telephone calls, on Welsh Language Rights Day 7 December 2021 a link to compliance guides on dealing with telephone calls was communicated Trust wide.  In order to support NEPTS's Welsh speaking call takers when discussing patient requirements with Welsh speaking callers the NEPTS Patient Needs Assessment (PNA) has been translated into Welsh.
Meetings 21, 22, 22A, 22Ch	If the Trust invites a person(s) to a meeting the Trust must ask them if they wish to use the Welsh language at the meeting and if necessary, provide a translation service from Welsh to English.			Service areas may not be aware of standards requirement and the process in booking a simultaneous translator to support meetings.  WLO has investigated the provision of simultaneous translation services via Zoom and Teams. The compliance guides in relation to meetings will be updated with advice on how staff can access and use simultaneous translation services.
Website 39	The text of each page of the Trust's website is available in Welsh and fully functional.			Translation in progress for new 'Pregnancy Guide' for the 111 website.
Reception Service 50	Any reception service the Trust makes available in English must also be available in Welsh.			A Welsh language service across the Trust's reception areas is not currently available due to the lack of Welsh speaking staff working in reception areas.  WLO to design and deliver WAST specific 'Meet & Greet' course.
Intranet 90	The Trust must ensure that - (a) the text of each page of the Trust's intranet is available in Welsh, in relation to pages on the Trust's intranet that relate to the matters within the following operational standards: * the use of the Welsh language within the Trust's internal administration * complaints made by staff * disciplining staff * developing skills through planning and training the workforce; and * recruiting and appointing			The Trust's Raising a Concern Procedure now available in Welsh.
Intranet 91	The Trust must ensure that - (a) the text of the homepage of the Trust's intranet is available in Welsh,			WLO and Comms have met with the IT company Red Cortex that will be carry out the work in developing a Welsh language intranet landing page. Red Cortex are to

	(b) any Welsh language text on the Trust's intranet's homepage (or, where relevant, the Trust's Welsh language intranet homepage) is fully functional.			provide an example of a possible method in achieving compliance.
Intranet 93	If you have a Welsh language page on your intranet that corresponds to an English language page, you must state clearly on the English language page that the page is also available in Welsh and must provide a direct link to the Welsh language page on the corresponding English language page.			Standard 93 follows the completed actions for standard 91.
Intranet 95	You must provide the interface and menus on your intranet pages in Welsh. You must comply with standard 95 in relation to the following: *any page or homepage on your intranet that is available in Welsh in accordance with standards 90 and/or 91; * any page you designate and maintain on your intranet in accordance with standard 94.			Standard 95 follows the completed actions for standard 91.



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

<b>AGENDA ITEM No</b>	
<b>OPEN or CLOSED</b>	<b>N/A</b>
<b>No of ANNEXES ATTACHED</b>	<b>5</b>

**COMMITTEE EFFECTIVENESS REVIEW 2021/22**

<b>MEETING</b>	People and Culture Committee
<b>DATE</b>	22 <sup>nd</sup> February 2022
<b>EXECUTIVE</b>	Paul Hollard, Chair
<b>AUTHOR</b>	Trish Mills, Board Secretary
<b>CONTACT</b>	<a href="mailto:Trish.mills@wales.nhs.uk">Trish.mills@wales.nhs.uk</a>

**EXECUTIVE SUMMARY**

1. The Trust’s Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and prepare an annual report to the Trust Board.
2. The 2021/22 Committee effectiveness reviews provides for a number of stages before the Committee’s annual report is presented to the Trust Board. The first two stages of evaluation design and process are complete, and the Committee will now review proposed amendments to the terms of reference and consider the responses to the evaluation questionnaire.
3. Amendments have been proposed to the terms of reference for the Committee’s consideration, as well as changes to operating arrangements as a result of the review and the responses to the questionnaire sent to members and core attendees.

**RECOMMENDATION: The Committee is requested to:**

- (a) Review and approve changes to terms of reference
- (b) Confirm the proposed actions for issues raised in questionnaire
- (c) Set priorities for the Committee for 2022/23

**REPORT APPROVAL ROUTE**

Executive Management Team – 9 February 2022 (by circulation)

## REPORT APPENDICES

1. Annex 1 – SBAR
2. Annex 2 – Proposed changes to terms of reference (clean)
3. Annex 3 – Proposed changes to terms of reference (marked up)
4. Annex 4 – Committee questionnaire responses
5. Annex 5 – Free text questionnaire responses

## REPORT CHECKLIST

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

## COMMITTEE EFFECTIVENESS REVIEW 2021/22

### SITUATION

1. The 2021/22 Committee effectiveness reviews provides for a number of stages before the Committee's annual report is presented to the Trust Board. The first two stages of evaluation design and process are complete, and the Committee will now review proposed amendments to the terms of reference and consider the responses to the evaluation questionnaire.

### BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee Terms of Reference, and the Code of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part. Each Committee must submit an annual report to the Board through the Chair setting out its activities during the year and including the review of its performance.
4. The 2020/21 effectiveness review for the Committee includes a review of the terms of reference and general operating arrangements, as well as a questionnaire completed by members and core attendees. Any amendments to Terms of Reference as a result of this process is thereafter recommended to the Trust Board for approval.

### ASSESSMENT

5. Committees play an important role in supporting the Board fulfilling its responsibilities by:
  - Providing advice on strategic development and specific aspects of business
  - Gaining assurance on key aspects of activity in organisational performance, supporting achievement of the Trust's strategic goals
  - Carrying out specific responsibilities on the Board's behalf
6. Effective Committees provide a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues to a greater depth.

7. To ensure that Committees are in the best position possible to provide this support in a streamlined and integrated way, the approach for review of a Committee’s operating arrangements is carried out annually in the following stages:

Stage	Process
<b>Stage 1: Evaluation Design</b>	<ul style="list-style-type: none"> <li>Questionnaires for the Board Committees are developed by the Board Secretary in consultation with the Committee Chairs and Executive Leads.</li> </ul>
<b>Stage 2: Evaluation Process</b>	<ul style="list-style-type: none"> <li>Questionnaires are issued to Committee members and core attendees as set out in the Terms of Reference.</li> <li>Committee Chair, Executive Lead, Governance Officer and Board Secretary review questionnaires, review Terms of Reference and propose initial amendments.</li> <li>Responses are collated and this report summarises the findings and includes proposed recommendations to address issues raised.</li> </ul>
<b>Stage 3: Discussion and actions</b>	<ul style="list-style-type: none"> <li>The proposed amendments to the Terms of Reference and the responses to the questionnaires are discussed by the Committee.</li> </ul>
<b>Stage 4: Presentation to Trust Board</b>	<ul style="list-style-type: none"> <li>Any changes to the Terms of Reference and operating arrangements are recommended to the Trust Board together with the Committee’s annual report.</li> </ul>

8. The Committee Chair, Executive Lead, Governance Officer and Board Secretary met for stage 2 on 2<sup>nd</sup> November 2021 and 12<sup>th</sup> January 2022. The Terms of Reference were reviewed to ensure all matters within the remit of the Committee were clear and that these were articulated with the strategic, oversight and scrutiny role of the Committee in mind. This was also an opportunity to begin building the cycles of business of the Committee aligned to the specific areas of delegated powers. The proposed amendments to the Terms of Reference are attached at Annex 2 in a tracked changes version, and Annex 3 as a clean version.

9. Key changes include:

9.1. Language has been altered to provide clarity on the Committee’s strategic, scrutiny, and oversight role, and the purpose has aligned to the delegated powers.

9.2. Sections have been moved for better flow (not marked up).

9.3. Delegated Powers and Authority:

- (a) additional item specific to raising concerns included to ensure arrangements are in place for staff to both raise concerns and for learning from those concerns to be taken into account;
- (b) equality, diversity, and inclusion section strengthened for the oversight of the strategy and the Committee’s role in championing this agenda;
- (c) whilst the current Terms of Reference includes compliance with statutory responsibilities, those related to Welsh Language, health and safety and professional standards have been clarified. Responsibility with respect to

health and safety, and selection, training, registration and revalidation of staff has been made to the Committee from the Quality, Patient Experience and Safety Committee. Specific reporting of health and safety to be particularised in this Committee's cycle of business;

- (d) partnership and engagement reporting relevant to this Committee has been drawn out, noting that reporting of matters related to partnership and engagement will be more fully particularised in the revised engagement framework;
- (e) responsibility educational partners and university trust status has been transferred to the Academic Partnership Committee.

9.4. Membership has been amended to reflect:

- (a) regular clinical attendance from the Director of Paramedicine and Assistant Director of Quality and Nursing;
- (b) being cognisant of time commitments for Executives, the Executive Director of Finance and Corporate Resources and the Director of Operations may elect to be regularly represented by a Deputy/Assistant Director.
- (c) The chairs of Sub-committees established by the Committee will be in attendance. This aids purpose and communication.

10. The responses to the questionnaires were also reviewed at the above meetings, and they are attached at Annex 4 and the free text responses are at Annex 5. Thirteen questionnaires were distributed to the members and core attendees of the Committee, and 5 responses were received, 4 from members and 2 from attendees. Key issues are set out below together with proposed actions where appropriate:

Issues raised	Commentary and proposed actions
<b>Committee Focus</b>	<ul style="list-style-type: none"> <li>• Members have a chance to contribute to issues discussed at meetings.</li> <li>• Improvements to the information the Committee receives will be addressed by developing a cycle of business aligned to the revised Terms of Reference. This will allow the Committee to be clear on the type of and regularity of assurance it receives.</li> <li>• The necessary sub-committees that report to this Committee will be reviewed in 2022/23. Their Terms of Reference and cycles of business will be expected to mirror that of this Committee, providing clarity on the assurance they provide.</li> <li>• A cycle of business will enable the Committee to be assured that all key areas of its remit are reflected in agendas and reports. This, and a clear line of sight to the sub-committees and maturing of reporting by exception will provide a more manageable agenda.</li> </ul>
<b>Committee Engagement</b>	<ul style="list-style-type: none"> <li>• The Committee is clear about its role and has provided evidence of where it has focused on improvement as a result of assurance gaps identified.</li> <li>• The Committee engages well with key stakeholders and in its transfer of actions to other Committees.</li> </ul>

Issues raised	Commentary and proposed actions
<b>Committee Team Working</b>	<ul style="list-style-type: none"> <li>The Committee has the right balance of experience and knowledge to fulfil its role, and seeks attendance of those who will enable it to receive the information it receives. It ensures all those in attendance have an opportunity to express their views, doubts and opinions. Notwithstanding this, representative from clinical colleagues as key attendees is recommended.</li> <li>Most felt they were fully briefed on key risks, safety issues and any gaps and that these were discussed at each meeting, however there were two respondents that disagreed that this was the case. A maturing of the risk management framework and the BAF will assist all committees in this regard.</li> <li>There was some disagreement on whether actions and decisions are implemented in line with timescales set down. The new action log and process should ensure that actions are transposed from minutes to ensure they are closed off. This will also help with cross-Committee actions.</li> </ul>
<b>Committee Effectiveness</b>	<ul style="list-style-type: none"> <li>The Committee receives good quality papers that allow for appropriate challenge and the Chair allows debate to flow. The free text response to question 34 indicated that a more targeted approach to the reports would be helpful to maximise time for discussion and debate.</li> <li>The reporting arrangements to the Board are appropriate and it is felt the Board understands the remit of the Committee.</li> <li>There is an opportunity to reflect on decisions at the end of meetings, or separately, on what worked well and what did not.</li> </ul>
<b>Committee Leadership</b>	<ul style="list-style-type: none"> <li>The Committee is well led.</li> <li>On the whole the Chair allows debate to flow freely.</li> <li>The Chair has a positive impact on the Committee's performance.</li> <li>Covid has impacted Board visits considerably, but notwithstanding this it was felt the Chair was visible in the organisation.</li> </ul>

11. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Such priorities may include a particular focus throughout the year, or in particular quarters. For example, the Committee may wish to prioritise more agenda time to new issues it is adopting in its Terms of Reference; focus on areas it may not have addressed recently due to the pandemic; or review of the Committee's risks, both operational and strategic. It is recommended that such priorities are limited to two or three, and that they are tracked quarterly through a Chair's report to ensure they are on track.

## RECOMMENDATION

12. The Committee is requested to:

- (a) Review and approve changes to Terms of Reference;
- (b) Confirm the proposed actions for issues raised in questionnaire; and
- (c) Set priorities for the Committee for 2022/23.



## NEXT STEPS

13. Next steps include the following:

13.1. A Committee Annual Report will be prepared for the July Trust Board setting out:

- (a) Remit of the Committee
- (b) Membership and attendance
- (c) Effectiveness of the Committee (as a result of discussions from today's meeting)
- (d) Proposed changes to the terms of reference and operating arrangements
- (e) Priorities identified for the Committee for 2022/23

This report will be presented for approval at the 10<sup>th</sup> May 2022 meeting of the Committee and will also be considered in the round with all other Committee Annual Reports by the Chairs Working Group in May.

13.2. A key output of the discussions with the Chair, Executive Lead, Committee members and attendees, and the self-assessment questionnaire, is a cycle of committee business/programme of work for the Committee. This cycle of business will provide certainty on papers to be developed for upcoming Committees but will also clarify the assurance requirements aligned to the responsibilities of the Committee. The cycle of business will also provide a line of sight for the assurance journey of papers prior to their presentation at committees and will support the development of a legislative and regulatory framework where that is appropriate and applicable.

13.3. The responses to the questionnaire indicated a need to consider the Sub-Committees reporting to this Committee, or any that should be established as a result of the effectiveness review. This will be conducted in 2022/23.



## PEOPLE AND CULTURE COMMITTEE

### TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

#### 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 and the Trust's Scheme of Delegation, 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.

#### 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 ~~its the Trust's~~ leadership arrangements; behaviours and culture; training, education and development; equality, diversity and inclusion; agenda, health, safety and welfare; people and culture related partnerships and engagement; 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 will also provide assurance to the Board on matters relating to partnerships and engagement, and in relation to the effectiveness of arrangements in place to ensure organisational wide compliance of health, safety and welfare requirements.~~

2.4 The Committee will approve on behalf of the Board, relevant workforce policies, procedures and other written control documents in accordance with the Trust's scheme of delegation.

#### 3. DELEGATED POWERS AND AUTHORITY

3.1 The Committee will, in respect of ~~With regard to~~ its role in providing advice and assurance to the Board, ~~the Committee will comment specifically upon the following:-~~



- oversee and contribute to the development and implementation of the Trust's People and culture strategy and associated strategies and plans, and monitor their implementation;
- monitor delivery of the Trust's strategic workforce priorities set out in the Integrated Medium Term Plan;
- monitor progress and seek assurance of arrangements in place to embed the Trust's behaviours, ensuring a continued journey of positive culture change;
- champion the health and wellbeing of the workforce, monitor the effectiveness of arrangements in place to support and protect the mental, physical and financial wellbeing of staff;
- consider the experience of staff and volunteers, and seek assurance of the effectiveness of mechanisms used for measuring, and for hearing and acting upon their ~~the experience of staff and volunteers and of plans in place to address areas of improvement~~;
- ensure arrangements are in place to allow staff to raise concerns in confidence, and that those processes allow any such concerns to be investigated proportionately and independently and that the learning from such concerns is considered and applied;
- oversee and contribute to the development of ~~champion~~ the Trust's equality, diversity and inclusion sStrategic Equality Pplan and –Treating People Fairly, and support the work of networks and monitor its implementation; champion and support the plan and the work of the equality, diversity and inclusion networks~~progress against our equality, diversity and inclusion goals~~;
- oversee the development and implementation of the Trust's workforce plans, and recruitment and retention strategies;
- ensure the Trust has in place appropriate policies and procedures for its workforce; development, implementation, approval ~~workforce policies~~ and monitor compliance ~~with workforce policies and procedures~~;
- monitor the effectiveness of the Trust's leadership and management development and succession planning arrangements;
- monitor performance against key workforce indicators such as 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;
- receive and consider projects of major strategic organisational change where there is a significant impact on the workforce;
- monitor progress and seek assurance ~~of an appropriate culture and that~~ 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;
- ensure the ~~to enable the~~ Trust ~~to is~~ dischargeing its statutory responsibilities, including but not limited to regards the Welsh Language Standards, health, and safety; and welfare, equality, and diversity and inclusion; and relevant Health and Care Standards requirements; and



that professional standards of registration and revalidation are maintained;

- all matters relating to partnerships and engagement relevant to the remit of the Committee, including but not limited to trade unions, external organisations and staff communications; and
- ~~monitor progress towards the achievement of the Trust's aspiration for University status and its relationships with educational partners; and~~
- any other matter in relation to the Committee's overall purpose and responsibilities.

### **Corporate Risks and Audit Recommendation Tracker**

3.2 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

### **Authority**

3.3 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.

3.4 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.

3.5 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

### **Sub-Committees**

3.6 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. MEMBERSHIP

### Members

4.1 The membership of the Committee will comprise:

Chair            Non Executive Director  
Members        Three further Non Executive Directors of the Board.

### Attendees

4.2 The ~~core~~ membership will be supported routinely by the ~~attendance of the~~ following core attendees:

- Trade Union Partners (x4)
- Executive Director of Workforce and Organisation Development
- Director of Partnerships and Engagement
- Director of Paramedicine
- Assistant Director of Quality and Nursing
- Executive Director of Finance and Corporate Resources (or Deputy/Assistant Director)
- Director of Operations (or Deputy/Assistant Director)
- Chairs of Sub-Committees

4.3 The Chief Executive will have a permanent standing invite to attend the Committee. Where the Executive Director of Finance and Corporate Resources and Director of Operations nominate a Deputy/Assistant Director to attend meetings, that individual will be approved by the Chair and must be a regular and consistent attendee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation (e.g. University representative) to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 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 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.

### Member Appointments

4.6 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.



4.7 Non Executive Members 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.

4.8 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.

### **Secretariat and Support to Committee Members**

4.9 The Board Secretary, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of Workforce & Organisational Development.

## **5. COMMITTEE MEETINGS**

### **Quorum**

5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

### **Frequency of Meetings**

5.2 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 than seven days prior to each meeting.

### **Withdrawal of individuals in attendance**

5.3 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 particular matters.

## **6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS**

6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 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:

- joint planning and co-ordination of Board and Committee business; and
- 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.

6.3 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.

6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

## **7. REPORTING AND ASSURANCE ARRANGEMENTS**

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board and the Chief Executive (Accountable Officer) on the Committee's activities. This includes verbal updates on activity, the submission of Committee minutes and written reports where appropriate throughout the year;
- bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- 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.

7.2 The 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.

## **8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS**

8.1 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 5)

## **9. REVIEW**

9.1 These terms of reference and operating arrangements shall be reviewed at least annually but more frequently if required.



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## PEOPLE AND CULTURE COMMITTEE

### TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

#### 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 and the Trust's Scheme of Delegation, 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.

#### 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; 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.
- 2.4 The Committee will approve on behalf of the Board, relevant workforce policies, procedures and other written control documents in accordance with the Trust's scheme of delegation.

#### 3. DELEGATED POWERS AND AUTHORITY

- 3.1 The Committee will, in respect of its role in providing advice and assurance to the Board:
- (a) oversee and contribute to the development of the Trust's people and culture strategy and associated strategies and plans, and monitor their implementation;



- (b) monitor delivery of the Trust's strategic workforce priorities set out in the Integrated Medium Term Plan;
- (c) monitor progress and seek assurance of arrangements in place to embed the Trust's behaviours, ensuring a continued journey of positive culture change;
- (d) champion the health and wellbeing of the workforce, monitor the effectiveness of arrangements in place to support and protect the mental, physical and financial wellbeing of staff;
- (e) consider the experience of staff and volunteers, and seek assurance of the effectiveness of mechanisms used for measuring, and for hearing and acting upon their experience;
- (f) ensure arrangements are in place to allow staff to raise concerns in confidence, and that those processes allow any such concerns to be investigated proportionately and independently and that the learning from such concerns is considered and applied;
- (g) oversee and contribute to the development of the Trust's equality, diversity and inclusion strategic plan and monitor its implementation; champion and support the plan and the work of the equality, diversity and inclusion networks;
- (h) oversee the development and implementation of the Trust's workforce plans, and recruitment and retention strategies;
- (i) ensure the Trust has in place appropriate policies and procedures for its workforce; approve workforce policies and monitor compliance;
- (j) monitor the effectiveness of the Trust's leadership and management development and succession planning arrangements;
- (k) monitor performance against key workforce indicators such as 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;
- (l) receive and consider projects of major strategic organisational change where there is a significant impact on the workforce;
- (m) monitor progress and seek assurance that 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;
- (n) ensure the Trust is discharging its statutory responsibilities, including but not limited to health and safety; equality, diversity and inclusion; relevant Health and Care Standards requirements; and that professional standards of registration and revalidation are maintained;
- (o) all matters relating to partnerships and engagement relevant to the remit of the Committee, including but not limited to trade unions, external organisations and staff communications; and



- (p) any other matter in relation to the Committee's overall purpose and responsibilities.

## Corporate Risks and Audit Recommendation Tracker

- 3.2 The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

## Authority

- 3.3 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.
- 3.4 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.
- 3.5 The Committee is authorised to approve Trust wide policies in accordance with the policy for the Review, Development and Approval of Policies.

## Sub-Committees

- 3.6 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. MEMBERSHIP

## Members

- 4.1 The membership of the Committee will comprise:



Chair: Non-Executive Director  
Members: Three further Non-Executive Directors of the Board.

## Attendees

4.2.1 The membership will be supported routinely by the following core attendees:

- (a) Trade Union Partners (x4)
- (b) Executive Director of Workforce and Organisation Development
- (c) Director of Partnerships and Engagement
- (d) Director of Paramedicine
- (e) Assistant Director of Quality and Nursing
- (f) Executive Director of Finance and Corporate Resources (or Deputy/Assistant Director)
- (g) Director of Operations (or Deputy/Assistant Director)
- (h) Chairs of Sub-Committees

4.3 The Chief Executive will have a permanent standing invite to attend the Committee. Where the Executive Director of Finance and Corporate Resources and Director of Operations nominate a Deputy/Assistant Director to attend meetings, that individual will be approved by the Chair and must be a regular and consistent attendee.

4.4 The Committee Chair may extend invitations to attend committee meetings to other Directors and/or Senior Managers, and to officials from within or outside the organisation to attend all or part of the meeting to assist with its discussions on any particular matter.

4.5 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 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.

## Member Appointments

4.6 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.

4.7 Non Executive Members 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.



- 4.8 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.

### **Secretariat and Support to Committee Members**

4.9 The 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 developed by the Director of Workforce & Organisational Development.

## **5. COMMITTEE MEETINGS**

### **Quorum**

- 5.1 At least two of the four members of the Committee must be present to achieve a quorum. In the absence of the Committee Chair, one of those in attendance must be designated as Chair of the meeting.

### **Frequency of Meetings**

- 5.2 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 than seven days prior to each meeting.

### **Withdrawal of individuals in attendance**

- 5.3 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 particular matters.

## **6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/ GROUPS**

- 6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.2 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:



- joint planning and co-ordination of Board and Committee business; and
- 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.

- 6.3 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.
- 6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

## 7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 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 verbal updates on activity, 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.

7.2 The 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.

## 8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 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 5)

## 9. REVIEW

9.1 These terms of reference and operating arrangements shall be reviewed at



least annually but more frequently if required.

# PEOPLE AND CULTURE ANNUAL COMMITTEE EFFECTIVENESS REVIEW 2021/22 SELF ASSESSMENT

**6**  
Responses

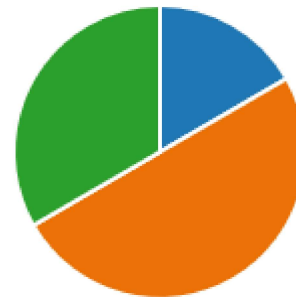
**10:42**  
Average time to complete

**Active**  
Status

## 1. Theme 1 - Committee Focus

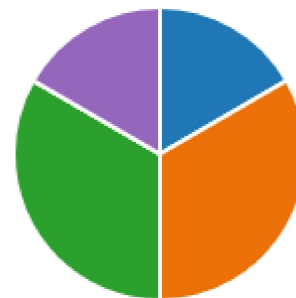
The committee has set itself a series of objective for the year

<span style="color: blue;">●</span> Strongly Agree	1
<span style="color: orange;">●</span> Agree	3
<span style="color: green;">●</span> Disagree	2
<span style="color: red;">●</span> Strongly Disagree	0
<span style="color: purple;">●</span> Unable to Answer	0



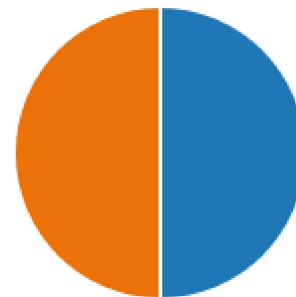
## 2. The committee has made a conscious decision about the information it would like to receive

<span style="color: blue;">●</span> Strongly Agree	1
<span style="color: orange;">●</span> Agree	2
<span style="color: green;">●</span> Disagree	2
<span style="color: red;">●</span> Strongly Disagree	0
<span style="color: purple;">●</span> Unable to Answer	1



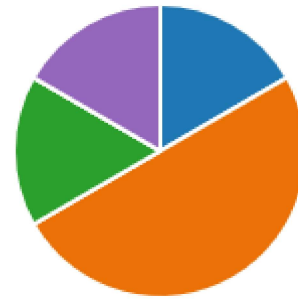
## 3. Committee members contribute regularly to the issues discussed

<span style="color: blue;">●</span> Strongly Agree	3
<span style="color: orange;">●</span> Agree	3
<span style="color: green;">●</span> Disagree	0
<span style="color: red;">●</span> Strongly Disagree	0
<span style="color: purple;">●</span> Unable to Answer	0



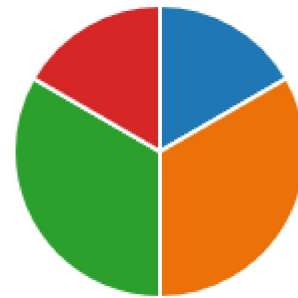
4. The committee is aware of the key sources of assurance and who provides them

Strongly Agree	1
Agree	3
Disagree	1
Strongly Disagree	0
Unable to Answer	1



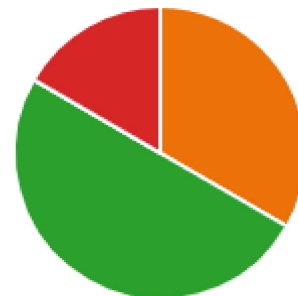
5. The committee receives assurances from sub-committees who deliver key committee -relevant functions

Strongly Agree	1
Agree	2
Disagree	2
Strongly Disagree	1
Unable to Answer	0



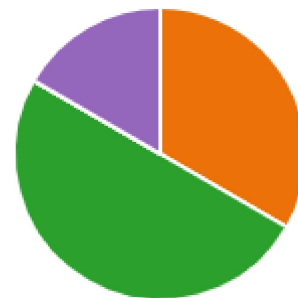
6. Equal prominence is given to all key areas of the committee's remit and this is reflected in meeting agendas and reports

Strongly Agree	0
Agree	2
Disagree	3
Strongly Disagree	1
Unable to Answer	0



7. The committee's remit is appropriate and manageable

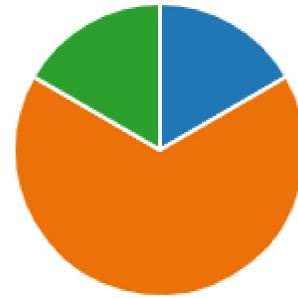
Strongly Agree	0
Agree	2
Disagree	3
Strongly Disagree	0
Unable to Answer	1



## 8. Theme 2 - Committee Engagement

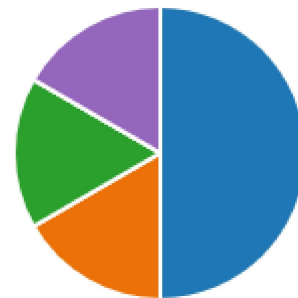
The committee is clear about its role in relationship to other committees

Strongly Agree	1
Agree	4
Disagree	1
Strongly Disagree	0
Unable to Answer	0



9. We can provide two examples of where we as a committee have focused on improvements as a result of assurance gaps identified

Strongly Agree	3
Agree	1
Disagree	1
Strongly Disagree	0
Unable to Answer	1



10. Please provide further detail in relation to the examples outlined in Q9

4  
Responses

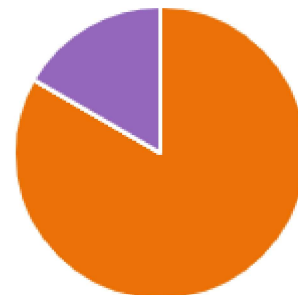
Latest Responses

"- DBS checks - Staff Supervision/Appraisal; PADRs (more work is need...

"We have received assurance on Internal Audit recommendations and ...

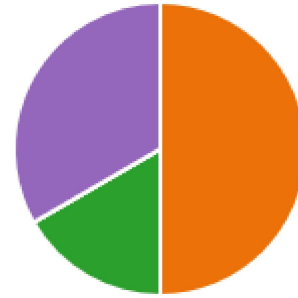
11. The committee is sufficiently and appropriately engaged with all key internal stakeholders and functional areas

Strongly Agree	0
Agree	5
Disagree	0
Strongly Disagree	0
Unable to Answer	1



12. Committee members visit services and meet teams to understand relevant issues

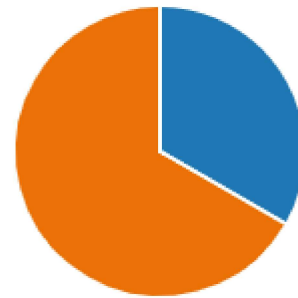
Strongly Agree	0
Agree	3
Disagree	1
Strongly Disagree	0
Unable to Answer	2



13. **Theme 3 - Committee Team Working**

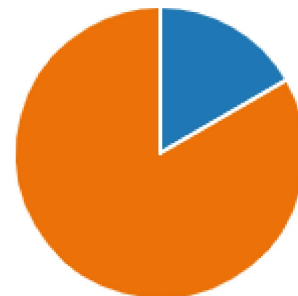
The committee has the right balance of experience knowledge and skill to fulfil its role

Strongly Agree	2
Agree	4
Disagree	0
Strongly Disagree	0
Unable to Answer	0



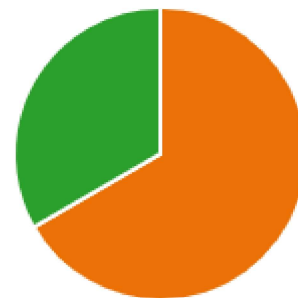
14. The committee ensures that relevant officers attend meetings to enable it to understand the information it receives

Strongly Agree	1
Agree	5
Disagree	0
Strongly Disagree	0
Unable to Answer	0



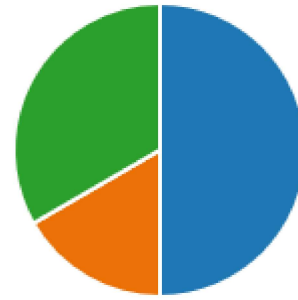
15. Management fully briefs the committee on key risks, safety issues and any gaps in control

Strongly Agree	0
Agree	4
Disagree	2
Strongly Disagree	0
Unable to Answer	0



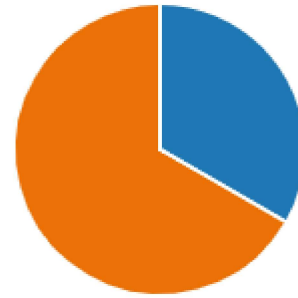
16. Key risks are discussed at each meeting, including controls in place and assurances against controls, and the committee is clear what actions are in place to address gaps

Strongly Agree	3
Agree	1
Disagree	2
Strongly disagree	0
Unable to Answer	0



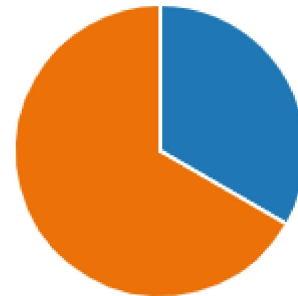
17. The committee environment enables people to express their view, doubts and opinions

Strongly Agree	2
Agree	4
Disagree	0
Strongly Disagree	0
Unable to Answer	0



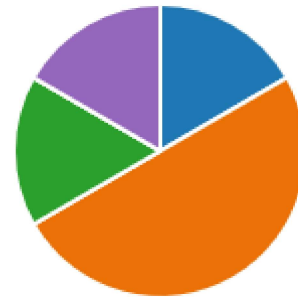
18. The Trust's values and behaviours (to do "Our Best") are reflected in the way the committee operates and the information it receives

Strongly Agree	2
Agree	4
Disagree	0
Strongly Disagree	0
Unable to Answer	0



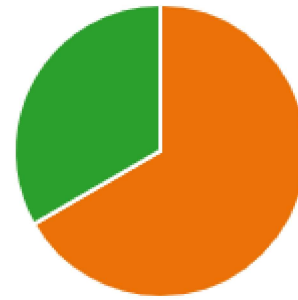
19. Members hold their assurance providers to account for late or missing assurances

Strongly Agree	1
Agree	3
Disagree	1
Strongly Disagree	0
Unable to Answer	1



20. Decisions and actions are implemented in line with the timescale set down

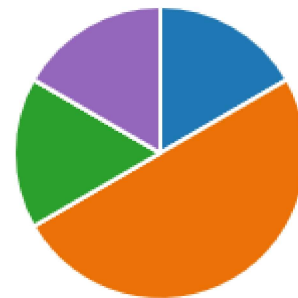
Strongly Agree	0
Agree	4
Disagree	2
Strongly Disagree	0
Unable to Answer	0



21. **Theme 4 - Committee Effectiveness**

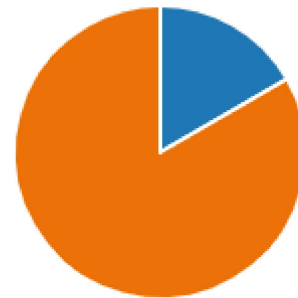
The quality of committee papers received allows committee members to perform their roles effectively

Strongly Agree	1
Agree	3
Disagree	1
Strongly Disagree	0
Unable to Answer	1



22. Members provide real and genuine challenge - they do not just seek clarification and /or reassurance

Strongly Agree	1
Agree	5
Disagree	0
Strongly Disagree	0
Unable to Answer	0



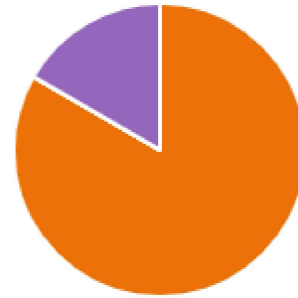
23. Debate is allowed to flow, and conclusions reached without being cut short or stifled

Strongly Agree	0
Agree	6
Disagree	0
Strongly Disagree	0
Unable to Answer	0



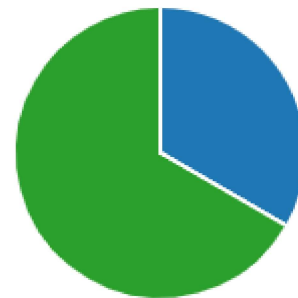
24. Each agenda item is "closed off" appropriately and the committee is clear on the conclusion, who is doing what, when and how, and how it is being monitored

Strongly Agree	0
Agree	5
Disagree	0
Strongly Disagree	0
Unable to Answer	1



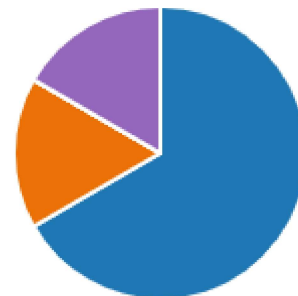
25. At the end of each meeting the committee reflects on decision and discusses what worked well, not so well etc

Strongly Agree	2
Agree	0
Disagree	4
Strongly Disagree	0
Unable to Answer	0



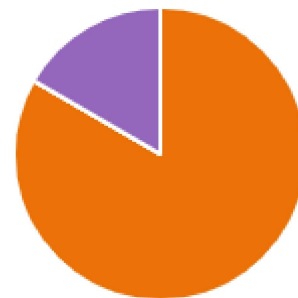
26. The committee provides a written summary report of its meeting to the Board

Strongly Agree	4
Agree	1
Disagree	0
Strongly Disagree	0
Unable to Answer	1



27. The Board challenges and understands the reporting from this Committee

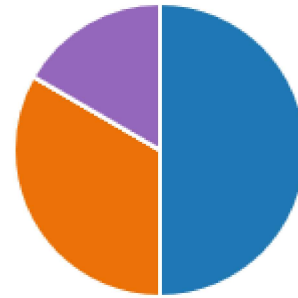
Strongly Agree	0
Agree	5
Disagree	0
Strongly Disagree	0
Unable to Answer	1



## 28. Theme 5 - Committee Leadership

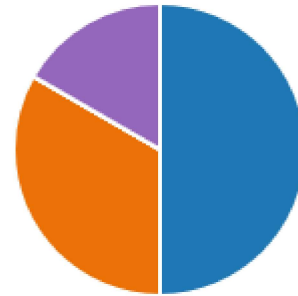
The committee chair has a positive impact on the performance of the committee

Strongly Agree	3
Agree	2
Disagree	0
Strongly Disagree	0
Unable to Answer	1



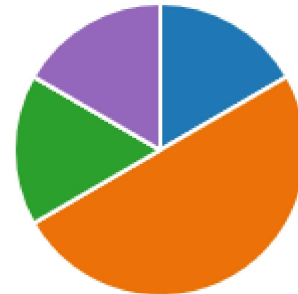
## 29. Committee meetings are chaired effectively

Strongly Agree	3
Agree	2
Disagree	0
Strongly Disagree	0
Unable to Answer	1



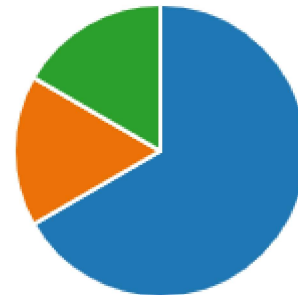
## 30. The committee chair is visible within the organisation and is considered approachable

Strongly Agree	1
Agree	3
Disagree	1
Strongly Disagree	0
Unable to Answer	1



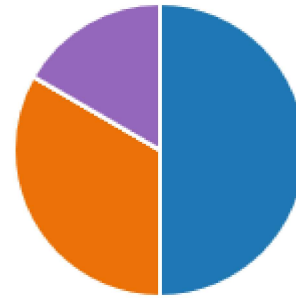
## 31. The committee chair allows debate to flow freely and does not assert his/her own view too strongly

Strongly Agree	4
Agree	1
Disagree	1
Strongly Disagree	0
Unable to Answer	0



32. The committee chair provides clear and concise information to the Board on committee activities and gaps in control

Strongly Agree	3
Agree	2
Disagree	0
Strongly Disagree	0
Unable to Answer	1



33. Provide further comments on the overall effectiveness of the Committee

5  
Responses

Latest Responses

"- Chaired very well - good quality of reports received - good standard...  
"There remains work to be done to clarify the assurance role of the co...

34. List any areas that require attention or improvement in the coming year

4  
Responses

Latest Responses

"- some performance areas 'owned' by this Committee, but relevant or...  
"As above but also the committee needs to ensure the full breadth of it...

35. List anything the Committee does particularly well

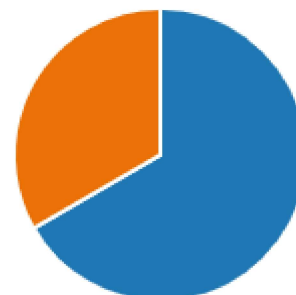
4  
Responses

Latest Responses

"- strong partnerships between Members and Attendees - good discuss...  
"The committee is good at scrutinising the information it receives in a ...

36. Please indicate below if you are a member or an attendee of the Committee

Member	4
Attendee	2



## FREE TEXT RESPONSES TO PCC QUESTIONNAIRE – 2021/22



10. Please provide further detail in relation to the examples outlined in Q9

4 Responses

ID ↑	Name	Language	Responses
1	anonymous	English (United States)	The wellbeing agenda has gained significant pace and exposure across the organisation. The education and training agenda has markedly improved and at pace
2	anonymous	English (United States)	Sickness absence. behaviour refresh
3	anonymous	English (United States)	We have received assurance on Internal Audit recommendations and their progress and related them to Audit Committee. We undertake deep dives on particular issues of concern eg absence and obtained assurance in relation to the improvements in long term sickness
4	anonymous	English (United States)	- DBS checks - Staff Supervision/Appraisal; PADR's (more work is needed - in the implementation - here to achieve the level of improvement sought)



33. Provide further comments on the overall effectiveness of the Committee

5 Responses

ID ↑	Name	Language	Responses
1	anonymous	English (United States)	Committee fully engaged on the ToR's of the committee and understand the remit
2	anonymous	English (United States)	This committee has a substantial remit, which can lead to long meetings. However, given the long agenda, the debate is not drawn out and is appropriately managed by the Chair.
3	anonymous	English (United States)	Agendas are very long. Need to consider whether all that comes to the Committee really needs to
4	anonymous	English (United States)	There remains work to be done to clarify the assurance role of the committee sub groups that provide information to the committee and the quality and timeliness of the committee papers needs improvement - these are currently being addressed.
5	anonymous	English (United States)	- Chaired very well - good quality of reports received - good standard of discussion/debate



### 34. List any areas that require attention or improvement in the coming year

4 Responses

ID ↑	Name	Language	Responses
1	anonymous	English (United States)	The agenda is often/always far too long. This is very difficult to manage at times and requires attention. The question is what can be done appropriately elsewhere
2	anonymous	English (United States)	The introduction of a cycle of business is key to ensure the committee is reaching the full remit on a timely basis. A review of the ways in which risks are raised and reviewed i.e. CAF vs the risk management and BAF report so that the committee is aware of the mitigations in place, strength of internal controls and actions to further mitigate and can test those. This will occur naturally as cycles are built and the BAF matures. The large number of attendees can make the meeting difficult to manage both in respect of time and discussion, therefore a review of attendees may be appropriate, allowing attendees to come in to the meeting for their items and leave thereafter. A clear view of sub-committees and their remit and reporting requirements.
3	anonymous	English (United States)	As above but also the committee needs to ensure the full breadth of its remit is addressed during a committee year eg the committee has not addressed the leadership development agenda for some time
4	anonymous	English (United States)	- some performance areas 'owned' by this Committee, but relevant organisation-wide - require some improvement (however COVID and its implications has impacted on this); e.g. PADR - more targeted presentations to the reports would be helpful - to maximise time available for discussion/debate



### 35. List anything the Committee does particularly well

4 Responses

ID ↑	Name	Language	Responses
1	anonymous	English (United States)	Collegiate, collaborative, supportive
2	anonymous	English (United States)	The meeting is well chaired and executives brief the non-executive directors well both in papers and in advance. There is a good relationship with the chair and executive lead and respectful challenge and support. Time is allotted appropriately for items that require depth of discussion.
3	anonymous	English (United States)	The committee is good at scrutinising the information it receives in a challenging but supportive way and I believe committee members and attendees feel comfortable in raising issues/queries during the committee meetings
4	anonymous	English (United States)	- strong partnerships between Members and Attendees - good discussions - some clear tangible improvement evident over the last 2 years, despite the challenges



## **OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2021-22 Q3 (January 2022)**

### **❖ PANDEMIC RESPONSE**

The Trust returned to the Response Position within the Response Phase of our Pandemic Plan. The Senior Pandemic Team (SPT) has been stepped back up and is currently meeting twice weekly, with a remit which incorporates both seasonal pressures we anticipate over the winter period, alongside the challenges which remain associated with the pandemic.

An extension of military support beyond the end of November 2021 to 31<sup>st</sup> March 2022 was submitted and approved and the numbers of personnel increased from 110 to 251. From week commencing 17 January this higher number shall be on task and deployed across WAST.

Between October and early November 2021, staffing abstractions in the directorate (reported from GRS) as a result of Covid remained stable at around 4-5%. Towards the end of December 2021 this began to increase reaching a peak on New Year's Eve (10-11%). This increase is attributed to the new Omicron variant which has an extremely high transmission rate. Since this peak we have experienced gradual reduction in Covid related abstractions however only time shall inform whether this is to be sustained.

Throughout Quarter 3 the focus of the Operations Directorate has been firmly on the pandemic response and winter pressures.

In addition to the SPT Tactical Plan and staff welfare measures outlined previously, additional tactical actions have been progressed to mitigate the increased risks posed by the Omicron variant:

- Review of premises Covid risk assessments including those of corporate buildings to ensure sufficient physical workplace distancing
- Increased home working across all critical functions to limit face-to-face contact and reduce onsite presence
- Our corporate staff volunteering to be reassigned temporarily to support critical functions
- Available clinicians moved into NHS 111 to support rosters
- Encourage staff to receive the Covid vaccinations/booster and enable military personnel to access vaccinations and boosters locally
- Extension of the strategic winter cell until the end of January 2022
- Deep cleaning and swabbing undertaken in all Trust contact centres

### **❖ RESOURCING & EMS COORDINATION**

#### **Emergency Rule**

In response to increased and sustained pressure on the 999 call handling demand the EMS Coordination team reviewed tactics that could reduce average handling time and therefore increase the capacity of our Emergency Medical Dispatchers to handle 999 calls. The current process consists of 8 elements including recording key incident information, prioritisation processes, recording patient demographics as well as providing advice and additional scripting associated with Covid screening, Clinical safety plans and ETAs.

Following a review of call handling escalation/business continuity plans from other UK ambulance services a proposal was submitted to the Executive Management Team to enhance our Emergency Rule guidance. The International Academy of Emergency Dispatch (IAED) who provide the governance structure for MPDS define the emergency rule as 'designed to be used when a service's call volume suddenly and unexpectedly exceeds the services ability to handle their call volume'. In WAST this guidance meant that when implemented all advice including CPR instructions would be removed from the call handling process, due to the significance of this approach the Emergency rule has not been implemented even at times of significant pressures.

Following EMT approval on 5th January 2022 a revised approach to Emergency Rule implementation has been agreed which applies the guidance in a phased approach and also reduces the questioning process to the minimum required to achieve a code. This phased approach would allow EMS Co-ordination to protect the most vulnerable patients for as long as possible even in times of extremis. A four stage approach has now been incorporated into the Clinical Safety Plan including required approvals to initiate each of those levels.

### ❖ **EMERGENCY MEDICAL SERVICE (EMS)**

One of the efficiencies and recommendations identified in the 2019 ORH report was to review all operational rosters within the EMS function by December 2021 to improve the safety of patients and the wellbeing of staff and in particular aligning our peak production more closely to the daily patient demand pattern. This was supported by a recommendation to increase EMS staffing by 263 FTE to assist with closing the gap that was identified in relation to the capacity for relief working.

In response to the Review WAST has established the EMS Operational Transformation Programme, of which the EMS Roster Review Project is one of ten partnership projects. The objectives as set out in the terms of reference is twofold; 1) improving patient safety by delivering rosters aligned to patient demand 2) improving staff well-being by delivering good workable shift patterns.

To date the following steps have been established:

**Step One - Core Principles** – the negotiation and agreement between management and trade union colleagues of the principles around which the rosters will be designed, which concluded in July 2021.

**Step Two - Working Parties** – 15 local groups working across Wales, in partnership between managers and local trade union representatives, on the detailed design of station rosters, circa 85 across Wales that require a full review. Due to the complexity of this work, timelines for this step were initially set to take place from September to December 2021. Working Parties 1 was completed, on schedule, in September 2021.

We recently "paused" the project to take the opportunity to review more recent data on the unscheduled care system and consider stakeholder feedback. This has now been completed and following due consideration of the current COVID19 response balanced against the importance of achieving agreed revised roster patterns before Winter 2022, Working Parties 2 will recommence from January 17<sup>th</sup> 2022.

Included in the new modelling is the intention to introduce the concept of CHARU (Cymru High Acuity Response Unit), which will be deployed to support patients with suspected critical illness or injury. The CHARU will replace the traditional RRV model. The dispatch criteria is currently being finalised but will include all red category calls but will also include examples such as falls from height, serious road traffic incidents and serious assaults.

## ❖ **AMBULANCE CARE (Non-Emergency Patient Transport Service - NEPTS)**

### **Covid Response & Recovery - Additional Capacity**

In September we were awarded additional funding for the period until 31st March 2022 to help continue to support Health Boards as they endeavour to reduce the backlog of planned care.

We created a temporary new post of Ambulance Car Driver and the 30 successful candidates were recruited have commenced conveying T1 patients, enhancing our Volunteer Car Service and reducing our use of private taxi hire.

### **Quality Dashboard**

Since first approval in February 2021, several operational performance measures have been added to our dashboard to create a balanced scorecard for NEPTS.

The quality dashboard is entering its twelfth month of reporting and as so, an additional section will be included within February's report sharing what actions have been taken to improve the measures within the dashboard and provide a deep dive into certain measures. The patient survey element continues and we have started to consider how we can share the outcomes with our staff.

### **Update re: 3Q's**

The NEPTS Quality Management Framework has now been approved by EMT and work is now underway to successfully deliver the aims during 2022.

As part of the framework a Quality Framework a Quality Assurance, Quality Control & Award system, has been developed, the system will be called the '3Q's' Quality, Quality, Quality.

The 3Q's will allow the monitoring and measurement of quality against a set of standards. Providers will then be allocated the appropriate number of Q's based on their performance as measured against those standards.

The Q's will be awarded on the following basis:

- 2 Q's from the Quality Assurance Exemplar. (The Document that lays out and assesses what excellent looks like)
- 1 Q based upon performance against the QA Performance Matrix. (6 Performance related prerequisites that can be measured to show excellent performance)

It is the intention that these standards will also be used to assess WAST's ability to deliver on Quality and so we will also shine a light on ourselves to ensure we practice what we preach.

Colleagues from the NCCU have been engaged with this process and there has been overwhelming support and praise for this work.

Following approval, the team are currently undertaking virtual engagement sessions with external providers to discuss the awards in readiness for the implementation on the 1st of April 2022. Initial feedback from providers is very positive and we have had good engagement, all have commented how refreshing it is to be fully engaged with and having the opportunity to shape the future of NEPTS in Wales with WAST. We shall provide an update on this progress to QuEST.

## ❖ INTEGRATED CARE

### 111 Operations

Recruitment continues to satisfy the demand from the Pandemic and the final roll out of Cardiff and Vale to the NHS 111 Wales programme with an enhanced estates provision within the Trust's own premises enabling an increased hiring to meet the demand.

A new Interactive Voice Recording system was introduced to the 111 telephone number which is helping to signpost callers to the right destination earlier in their call, prior to speaking to a call handler. In early results, 15% of callers are not remaining on the line to speak with the initial call handler.

Additionally, an informative Estimated Wait Time is now presented to the 111 caller to help manage expectation, especially during busy times. The old chargeable 0845 number for contacting NHS 111 Wales has been retired and all callers are now directed to 111. In a low-key switchover, the Trust is now able to pinpoint the dialling location of the caller and there will be no further caller charges for contacting the service.

Preparations continue for the delayed roll out of Cardiff and Vale with an expected go live data in the first week of March 2022.

### CSD Operations

36 WTE paramedics have now been recruited to the Clinical Support Desk and through a staggered programme of training and mentoring will all be on line before the end of March 2022. Over half are on line already. Work is underway to enable the first Integrated Care Advanced Practitioners to provide senior clinical support to CSD operations, starting January 2022.

### 111 Christmas Bank Holiday Weekend

111 Operations saw its highest ever volume of presented calls during the Christmas Bank Holiday weekend with almost 6,000 callers presenting to the 111-call queue on Tuesday 28<sup>th</sup> December. Plans were already in place to bring in additional staff and to move staff from traditionally quieter days. While the abandoned calls were similar to a regular weekend the service also set a new record of calls to 111 answered in a single day at 3,180. Across the weekend the telephony platform was tested and it was gleaned that additional capacity was needed to enable the volumes trying to access the service could connect. A root cause analysis is underway and shall be considered by the EMT when complete, and in the interim additional capacity has been provided.

## ❖ NATIONAL OPERATIONS AND SUPPORT

### Preparedness & Seasonal Planning Exercises

The EPRR and Specialist Ops team supported a table top exercise run by the Prepare Delivery Group called Celtic Consolidation. This was held on 25<sup>th</sup> November based on a terrorist CBRN attack and focussed on Control Room management; Tactical management; Strategic Management; Mass Fatalities processes; Mass casualties and health; Warning and Informing and Governance and Humanitarian issues. The afternoon session was a reflection on early themes gleaned from the ongoing Manchester Arena Inquiry.

The EPRR team ran the annual Seasonal Planning exercise over Teams on 13<sup>th</sup> October and used the opportunity to refresh commander's knowledge of the various plans and procedures we have in place to support decision making over the winter period. We shall be collating recent process developments relating to incident preparedness and shall present these to the relevant Committee for assurance.

## **Specialist Operations Response Team (SORT) Business Case**

A business case for enhancing the Specialist Operations Response Team (SORT) was approved at EMT and has been submitted to Welsh Government for their consideration. This enhancement is based on a similar process already undertaken in England to strengthen the Trust's response to Marauding Terrorist and CBRN attacks and if approved will support an increase in SORT volunteer numbers, dedicated trainer, Senior Paramedic role and additional funding to support provision of training and PPE across Wales. Papers shall be prepared and progressed for any spending approval at the appropriate time.

## **Winter Ops Order**

As part of setting up the Winter Cell the EPRR team drafted an Winter Cell Operations order which outlined all of the processes and capabilities that had been put in place to manage the additional demand, this also included a separate New Year's Eve annexe that was routinely updated to ensure the latest information was available.

## **Volunteering**

Following successful recruitment an appointment has been made to the Trust's inaugural National Volunteer Manager position. The new post holder brings with them a wealth of experience from the voluntary sector. It is anticipated that they will take up post towards the end of January 2022.



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<b>AGENDA ITEM No</b>	
<b>OPEN or CLOSED</b>	OPEN
<b>No of ANNEXES ATTACHED</b>	1

<b>MONTHLY INTEGRATED QUALITY &amp; PERFORMANCE DASHBOARD – December 2021</b>
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<b>MEETING</b>	People & Culture Committee
<b>DATE</b>	22 February-22
<b>EXECUTIVE</b>	Rachel Marsh – Director of Strategy, Planning and Performance
<b>AUTHOR</b>	Hugh Bennett – Assistant Director of Commissioning and Performance Kerri Hitchings – Commissioning & Performance Manager Nicola Quiller – Commissioning & Performance Officer
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<b>EXECUTIVE SUMMARY</b>
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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 **Jan-22** (with the exception of Sickness where Dec-12 data is provided).

**RECOMMENDATION**

Committee is asked to:-

- **Consider** the Jan-22 Integrated Quality and Performance Report and actions being taken and determine whether:
  - a) the report provides sufficient assurance;
  - b) whether further information, scrutiny or assurance is required, or
  - c) further remedial actions are to be undertaken through Executives.

## KEY ISSUES/IMPLICATIONS

### Overview

Mar-21 Trust Board & QUEST received a revised Integrated Quality & Performance Report which contained 28 key indicators at a highly summarised level and demonstrated how the Trust is performing across four integrated areas of focus:

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

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

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

The review of the Quality & Performance Management Framework has stopped and started, due to the on-going pandemic response; however, it is now almost finalised and on-target for the Mar-22 committee cycle and Board. This Framework has several components, one of which will relate to the use of metrics and indicators across all areas and levels of the Trust to demonstrate progress towards the Trust's strategic objectives and goals as well as to point to areas where improvement is required. The Framework will therefore set out how metrics and indicators will be used at Board level, at Executive level, at Directorate level and at locality level.

### Our Patients – Quality, Safety and Patient Experience

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

999 answering times have been challenged through significant increases in demand. The median and 65<sup>th</sup> percentile performance remain good, but the call answering tail remains at just under one minute. 111 call answering performance (answered within 60 seconds/abandoned after 60 seconds), remain off target, but did see a significant improvement in Jan-22 linked to the increasing capacity.

Actions to improve both of these areas involve the recruitment of additional call handlers. For the 999 calls, additional staff recruitment has been agreed by EMT in this financial year, with the recruitment and training of up to 32 WTE due to have been completed by mid February 2022; however, increased attrition means this target date has been revised to the financial year end. It is important to note however that funding is not yet secure to continue this level of additional capacity into next financial year, and is being worked through with commissioners.

Similarly, within the 111 service, recruitment continues with a further 30 WTE funded by the 111 Programme Board. The teams have, at pace, increased the capacity (including physical capacity) in the training cohorts planned from January onwards in order to achieve this uplift in Q4.

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

**111 Clinical response:** Whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, a decline in performance was seen in Dec-21 in the lower priority calls, but an improvement in Jan-22. The Trust knows that the waits for a clinical ring back are too long. Clinical Advisor recruitment continues with a training course starting on 10 Jan-22 with a further cycle planned to commence mid-Feb-22 (across the 3 sites for up to 29 staff; subject to workforce supply and ability to recruit). As with the call handler recruitment, the Trust is also urgently looking to secure additional numbers into each of the cohorts. A demand and capacity review is currently being undertaken by ORH with a view to providing a better indication of the staff required to meet performance standards.

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

Capacity:

- Recruitment of an agreed funded additional 127 FTE front line staff as part of the Year 2 EMS Operational Transformation Programme. The Trust is on course to have exceeded this target when the uplift of Paramedics into the Clinical Support Desk is included. This will close the relief gap and allow the Trust to deliver 95% of UHP more consistently (subject to abstraction rates, in particular, sickness absence);
- Securing of additional temporary capacity from alternative sources, including St John Cymru, Fire & Rescue Services and the military. A significant number of additional hours have now started to be added as part of this capacity with emergency ambulance unit hour's production (UHP) at 106% in Jan-22 i.e. above the benchmark of 95%. This will increase further in Q4.

Efficiency:

- Work is ongoing on a range of workforce modernisation proposals in partnership with trade union partners, aimed at increasing capacity and efficiency. This programme of work commenced in the autumn and has included 3 to 4 months of negotiations and performance study before there is agreement and subsequent implementation. The response to Omicron has cut into the time for this work, but an initial report is expected into EMT for the end of Feb-22.
- The roster review programme, designed to optimise the alignment of planned hours with patient demand patterns across Wales, has re-commenced; significant elements of the project had already been completed. The project was paused whilst consideration was given to Red performance and further modelling on patient safety. The revised implementation timeframe is Sep-Nov 22 i.e. in time for winter 2022, with some rosters going live before this implementation timeframe where a station wants to go live early.

## Demand Management

- The Chief Ambulance Services Commissioner (CASC) has funded 40 additional clinicians into the Clinical Support Desk, with recruitment now underway and on-target with 36 Paramedic FTEs recruited and mental health professionals also recruited, with on-boarding and full go live occurring through Feb-22 and Mar-22. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in hear and treat rates.

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

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

The PIP is being supported by a range of sub-structures, for example, the re-establishment of the Senior Pandemic Team as part of moving back into “response” mode for the pandemic and its impact. Forecasting and modelling was completed for the winter period, which was fed into the PIP. Good progress has been made on the PIP.

The current concern is quarter one 2022/23, in particular, Apr-22 when we will see the end of military support, the transition plan (if funded) will not have taken effect and likely continued high handover levels. Forecasting and modelling on this has just been completed and made available to Executives, including mitigation options, which would require funding.

**Ambulance Care (formally NEPTS) (Patient Experience):** performance was above target for enhanced renal patient arrivals prior to appointment in Jan-22 and has improved for patients requiring discharge; however, Ambulance Care core (outpatient) demand has not yet recovered to pre CoVID-19 levels. As the system “re-sets” the Trust anticipates a situation where Ambulance Care demand returns or surpasses previous levels; this coupled with reduced capacity caused by social distancing could mean that Ambulance Care will have insufficient capacity to service patient demand. The Trust has received external funding to increase its Ambulance Care capacity through the procurement of third party providers which is now live, but further discussions are now taking place on what happens beyond 31 Mar-22 as part of the 2022-25 Integrated Medium Term Plan (IMTP) process.

**National Reportable Incidents (NRIs) / Concerns Response:** The Trust reported 5 NRIs to the Delivery Unit in Jan-22, compared to 4 in Dec-21; and 18 patient safety incidents were referred to health boards under the “Appendix B” arrangement, compared to 23 in Dec-21. Complaint response times declined to 66%, which, given the continued high volumes is good (target 75%). In the main, many of these incidents will be as a result of continued longer response times and the actions outlined below therefore are key.

## **Our People (workforce resourcing, experience and safety)**

**Hours Produced:** Nearly 128,000 EMS ambulance unit hours were produced in Jan-22, which was the highest ever level. The emergency ambulance UHP was 106% in Jan-22, however, RRV UHP, although improved, was 84%. The emergency ambulance UHP has improved as a result of military aid, Fire & Rescue Services support and St John Ambulance capacity. The Trust continues to recruit additional staff in line with the EMS Operational Transformation Programme so that numbers of substantive staff in post increase as well; however, the level of abstractions means that capacity gain from this recruitment is less than the Trust would expect under more normal operating conditions.

**Response Abstractions:** Abstraction levels decreased in Jan-22, however, remain very high at 41% (benchmark 30%). CoVID-19 has had a significant impact on abstractions with sickness abstractions being 15% in Jan-22 (benchmark 5.99%). Workforce fatigue is also an issue.

**Trust Sickness absence:** The Trust's overall sickness percentage (Dec-21) was 12.45% and high sickness levels were seen across all areas of the Trust's operations including Ambulance Response, CCC, 111 and NEPTS, affecting capacity in all areas. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level, although it is difficult to forecast the ongoing impact that CoVID-19 will have on staff and volunteers. In addition, Employee Assistance Provider (EAP) data suggests that most requests for counselling are as a result of work related stress. As outlined above, the PIP contains additional actions being taken in relation to staff well-being. A specific programme of work is being established, led by the Deputy Director of WOD, to identify and implement actions across a range of areas to improve sickness absence and alternative duties.

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

## **Finance and Value**

**Financial Balance:** The Trust's year to date (YTD) expenditure to budget position is 100% i.e. balance.

**Post-production lost hours:** The efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). EMS Response lost over 14,000 PPLHs in Jan-22, compared to the 128,000 hours produced. The reasons for PPLHs are many and varied, with around 49% in January being attributed to return to base for meal break. The PPLH figure needs to be treated with a degree of caution, with further work currently being undertaken on data input accuracy. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base. The Trust and TU partners are currently collaborating on PPLHs through the Leading Service Change Together workshops which started in Sep-21. At this moment in time there is no agreed benchmark for PPLHs. Further benchmarking work with Operational Research in Health (with three other ambulance services) indicated that the Trust benchmarked

favourably with two of the three. Initial contact has been made with the third ambulance service to compare practices around PPLH.

### **Partnerships/ System Contribution**

**Shift left:** Much of our work as a Trust relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **hear and treat** rates after 999 calls; and the Trust achieved 11.1% in Jan-22, compared to the benchmark of 10.2%.

The Trust has an ambition to shift more patient demand left, where it is clinically safe to do so through both hear & treat and see & treat, a position consistent with the EMS commissioning framework. To this end EASC has recently supported an increase of 36 Paramedic FTEs and a cohort of mental health professionals FTEs into the Clinical Support Desk (CSD). Recruitment is complete with staff on-boarding and going live in quarter four. This increase will represent an almost doubling of the size of the CSD, and alongside recruitment, work is ongoing to develop the new service and workforce model. The Trust is also implementing new clinical triage software and working with health boards on how they can support remote demand management. Further work is currently underway to identify a revised benchmark for hear & treat into 2022/23.

The Trust **conveyed** 37% of patients to emergency departments in Jan-22, an increase compared to 34% in Dec-21; analysis shows that this may be linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls. Further strategic modelling work is currently being undertaken on “optimising conveyance” with the initial results being reported in w/c 24 Jan-22.

**Handover lost hours:** The 2021/22 EASC commissioning intentions include an intention that handover lost hours should not exceed 150 hours a day for 95% of the year, which would mean a monthly loss of approximately 5,000 hours. 22,701 hours were lost in Jan-22. These levels are unprecedented and extreme and whilst the Trust can seek to mitigate the impact of handover lost hours, the Trust cannot offset this scale of lost hours. The Trust continues to raise this issue with EASC, Health Boards and Welsh Government and will continue to support any improvement programmes such as the EDQDF. The 2022/23 EASC commissioning intentions for handover lost hours focuses on setting improvement trajectories per site; however, the pressure on the unscheduled care system as Wales emerges from the pandemic mean that the Trust can expect these extreme levels to continue into 2022.

### **Summary**

The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust provides. This is despite demand across all areas of the service in Jan-22 declining, other factors such as the continuation of the Omicron CoVID-19 variant, coupled with increasing levels of sickness and CoVID-19 related absence continue to impact the Trust. Pressures within the rest of the urgent and emergency care system are played out in the very high levels of lost hours at hospital. Commissioners of both the EMS, NEPTS and 111 services have been very supportive of proposals put forward to increase resources across a number of schemes, and staff across the Trust are focusing all efforts on a range of strategic and operational actions that will reduce

demand, increase capacity or improve our efficiency and effectiveness. The Trust has undertaken a prioritisation exercise with the result that some IMTP actions have been paused or slowed down to allow the Trust to concentrate on those programmes which will have the highest impact on patient safety and staff well-being. A key area of focus now is quarter 1 i.e. post military aid and whether the system decides to commission the Transition Plan.

### REPORT APPROVAL ROUTE

Date	Meeting
15 Feb-22	Commissioning & Performance Manager Assistant Director of Commissioning & Performance Director of Strategy Planning & Performance
16 Feb-22	Executive Management Team
17 Feb-22	Quality, Patient Experience & Safety Committee
22 Feb-22	People & Culture Committee

### REPORT APPENDICES

**Appendix 1 – Top Indicator Dashboard**

### REPORT CHECKLIST

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



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# Monthly Integrated Quality & Performance Report

## January 2022

### Annex 1 – Top Indicator Dashboard





# Section 1: Monthly Indicators / Top Indicators Dashboard



Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Dec-21	Jan-22	2 Year Trend	RAG
<b>Our Patients - Quality, Safety and Patient Experience</b>						
111 Abandoned Calls	< 5%	11.00%	19.3%	10.8%		R
111 Patients called back within 1 hour (P1)	90%	95.30%	94.4%	94.9%		G
999 Call Answer Times 95th Percentile	95% in 00:00:05	00:03	01:43	00:54		R
999 Red Response within 8 minutes	65%	63.6%	51.1%	52.5%		R
Red 95th percentile	00:14:00	00:17:59	00:23:27	00:21:54		R
999 Amber 1 95th percentile	01:18:00	02:24:10	06:02:36	04:51:35		R
Return of Spontaneous Circulation (ROSC)	Improve	9.97%	-	-		G
Stroke Patients with Appropriate Care	95%	95.83%	-	-		G
Acute Coronary Syndrome Patients with Appropriate Care	95%	73.50%	-	-		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	74%	77%	82%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	88.00%	88%	87%		A
National Reportable Incidents reports (NRI)	-	4	4	5		R
Concerns Response within 30 Days	75%	75%	70%	66%		R

Top Monthly Indicators	Target 2021/22	Baseline Position (2020/21)	Dec-21	Jan-22	2 Year Trend	RAG
<b>Our People</b>						
EMS Abstraction Rate	29.92%	37.00%	45%	41%		R
Hours Produced for Emergency Ambulances	95%	96.0%	96%	106%		G
Sickness Absence (all staff)	5.99%	7.30%	12.45%	-		R
Frontline CoVID-19 Vaccination Rates	-	-	4,258	4,270		-
Statutory & Mandatory Training	>85%	83.1%	82.06%	82.23%		A
PADR/Medical Appraisal	>85%	52%	57.87%	58.34%		R
Ambulance Response FTEs in Post	1700	1702	1639	-		A
Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	-	1117	1681	1703		-
<b>Value</b>						
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%	100.00%		G
EMS Utilisation metric	57%	-	-	-		-
Post-Production Lost Hours (All Vehicles)	Reduction Trend	11,053	16,063	17,106		R
<b>Partnerships / System Contribution</b>						
111 Consult and Close	Improve	5,612	6,875	6,943		G
999 Hear & Treat	10.2%	9.9%	11.0%	11.1%		G
% Incidents Conveyed to Major EDs	<48.6%	44.58%	33.92%	36.65%		G
Number of Handover Lost Hours	< 150 hrs per day	6,093	18,773	22,701		R

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)





# CoVID-19 Circuit Breaker Dashboard



## Headline Indicators

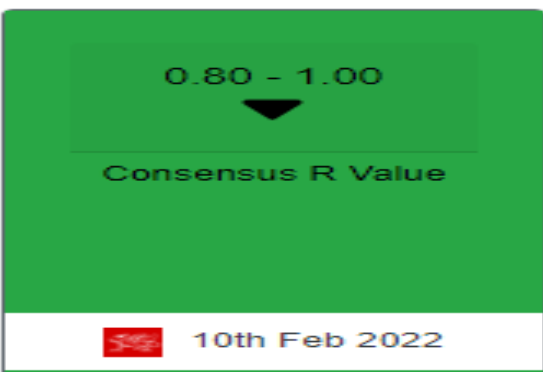


Figure 1



Figure 2

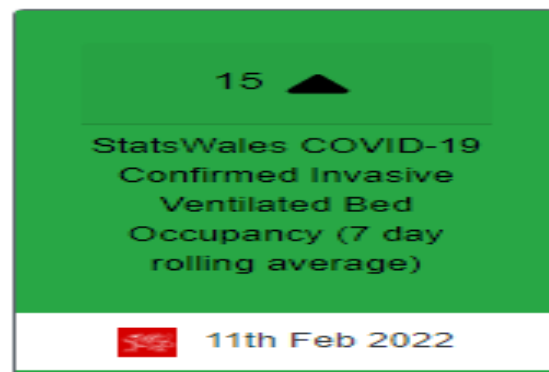


Figure 3



Figure 4

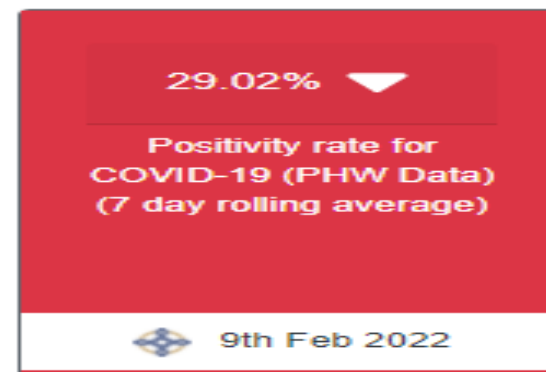


Figure 5

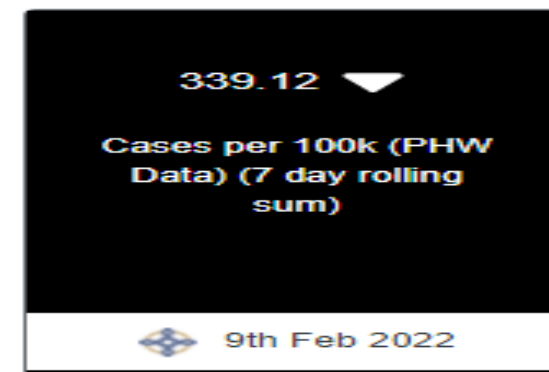


Figure 6

## Transmission, Incidence and/or prevalence of the virus

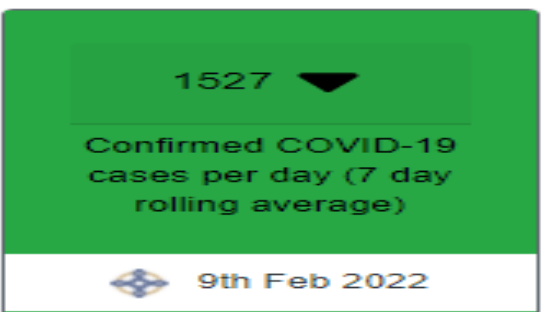


Figure 14

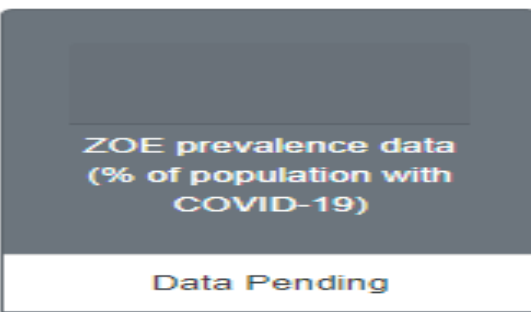


Figure 15



Figure 16



Figure 17

## Cases in last 7 days per 100k population by local authority

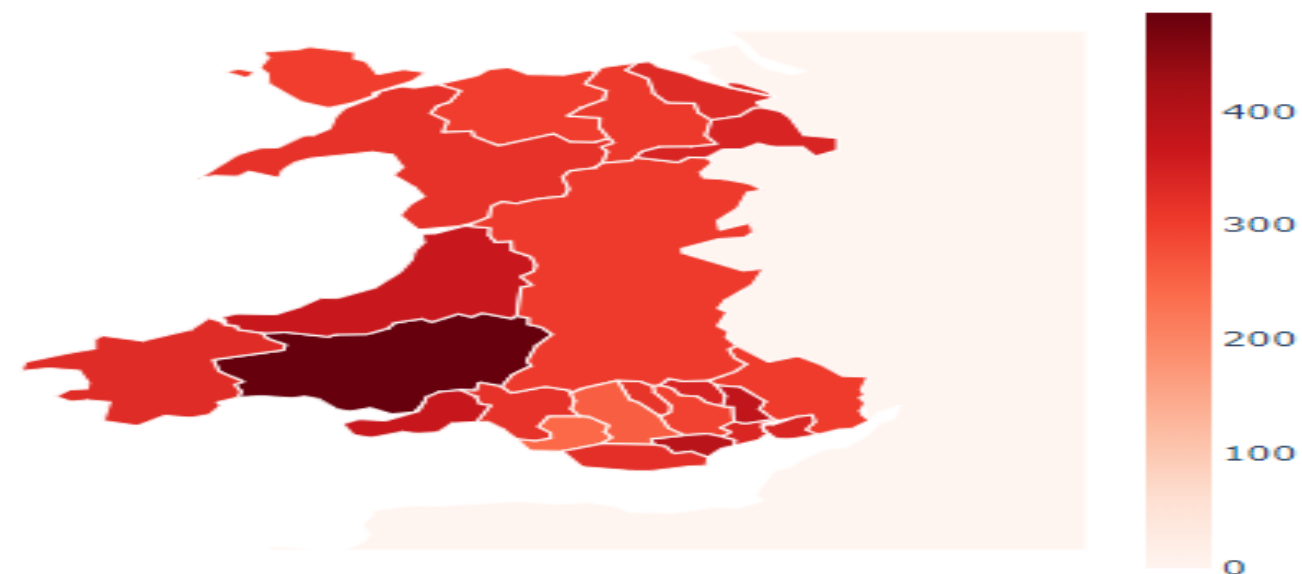


Figure 22 - 13th Feb 2022

Data Source: Welsh Government CoVID-19 Dashboard - Updated: 14/02/21



(Responsible Officer: Rachel Marsh)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Patient Safety & Experience

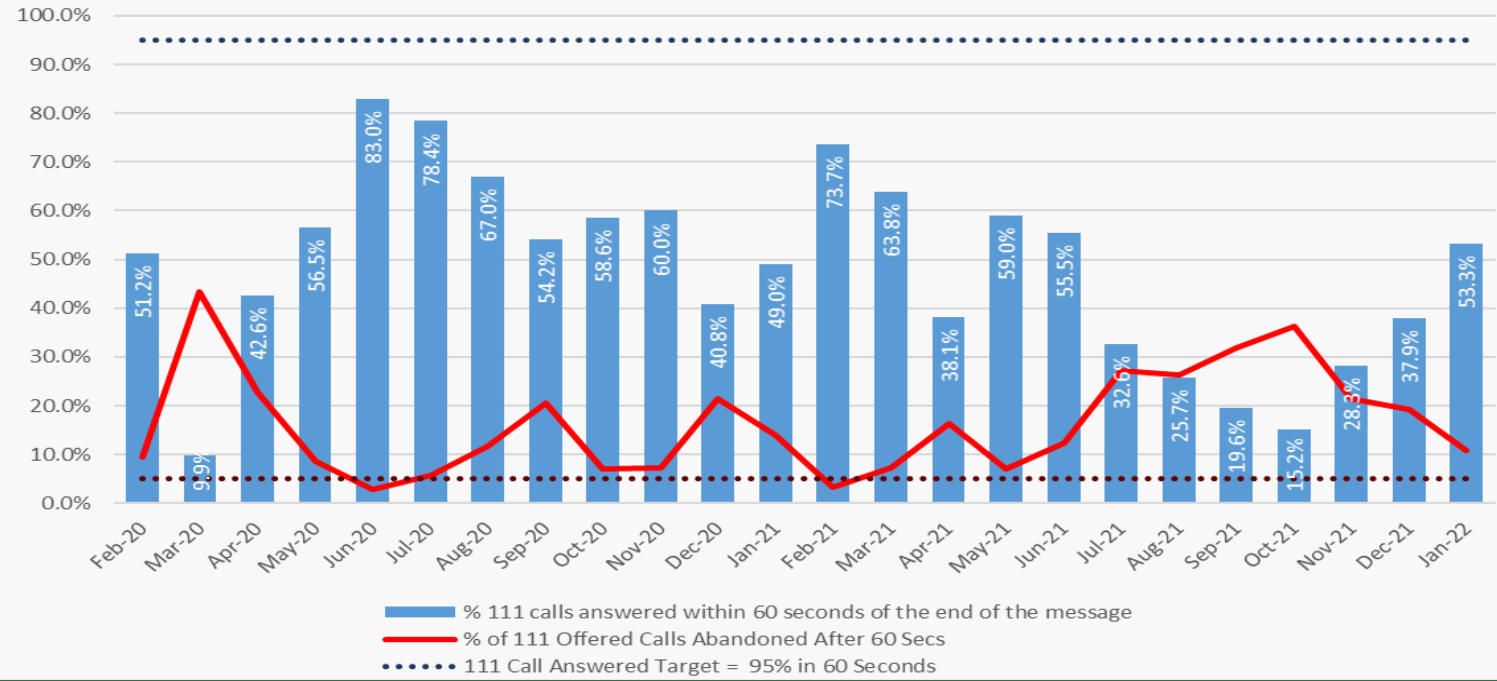
## 111 Call Answering/Abandoned Performance Indicators



NB: 111 Roles data correct at 12/01/22

### Influencing Factors – Demand and Call Handling Hours Produced

111 Calls Answered vs Calls Abandoned within 60 Seconds



#### Analysis

111 call abandonment is a key patient safety indicator for the service. Jan-22 saw an abandonment rate of 10.8%, an improvement compared to previous months and the lowest since May-21.

The percentage of 111 calls answered within 60 seconds of the end of the message improved in Jan-22 to 53.3%. Given the continued high volumes of calls per month, this still represents a significant number of people who receive a poor patient experience.

The main reasons for high abandonment rate / long answer times is a mismatch of demand and capacity.

111 call demand decreased in Jan-22 compared to the previous month, as seen in the graph. Demand for the service is higher than had been forecast following the BCU roll-out in June 2021.

The graph alongside also shows that capacity (staff hours) has been increasing in line with the roll-outs and as planned; however, despite recruiting significant numbers of additional staff as agreed with commissioners, there are very high sickness absences (which includes CoVID-19 Sickness), which sat at 15.96% for NHS111 in Dec-21. This means that demand is higher than forecast, capacity is lower than planned leading to the longer response times as seen.

Communication to 'Think 111 First' is regularly circulated to the public, which includes utilising online 111 Wales; in Dec-21 there were 426,608 visits to the website, the highest volume since Apr-20. Searches for CoVID remain the top reason for visits, accounting for 49,993 hits.

#### Remedial Plans and Actions

- Increasing the 111 workforce profile for both Call Handling & Clinical Advisors continues to be a key area of focus for the 111 service, and an additional 30 WTE Call Handlers have been funded by commissioners to support this (complete).
- As part of an enhanced recruitment drive, specialist recruitment agencies have been successful alongside traditional recruitment processes, to increase the number of job applications for both Call Handler and Clinical Advisor posts.
- Additional training cycles have been planned for both Call Handlers & Clinicians, with the next cycle of training commencing on the 10<sup>th</sup> Jan-21 with a further cycle planned to commence in mid-Feb.
- The additional training cycles have been complimented by a successful expansion of the 111 training estate capacity across four sites including VPH, Matrix One, Ty Elwy & Thanet House. This has been a positive development increasing the number of available 111 training estate to deliver more training in the January & February cycles.
- A number of service improvement plans have been delivered to increase the productivity and increase capacity within the service to manage current demand pressures. This has included implementation of new IVR messaging and review of the Clinical Advice Line (CAL). These changes along with the continuing recruitment drive are demonstrating a positive impact on reducing the 111 call abandonment levels and providing a more responsive and timely service to patients.
- A D&C review is currently being undertaken by ORH to determine the appropriate levels of call handling and clinical capacity required to meet response times targets. This is expected to conclude in Feb / March 2022 (reported to EMT).

111 First	FTE Budgeted	FTE Actual	FTE Variance
Call Handler (Band 3, incl. HI advisor)	156.42	171.33	14.91
HI Advisor	9.95	9.7	-.024
Clinical Advisor - Paramedic	4.00	4.2	0.2
Nurse Advisor/ Clinical Advisor - Nurse	121.48	109.44	-12.03
Dental Health Advisor	8.52	7.1	-1.41
Senior Clinical Advisor - Nurse	13.20	16.4	3.2
<b>Total</b>	<b>313.57</b>	<b>318.17</b>	<b>4.85</b>

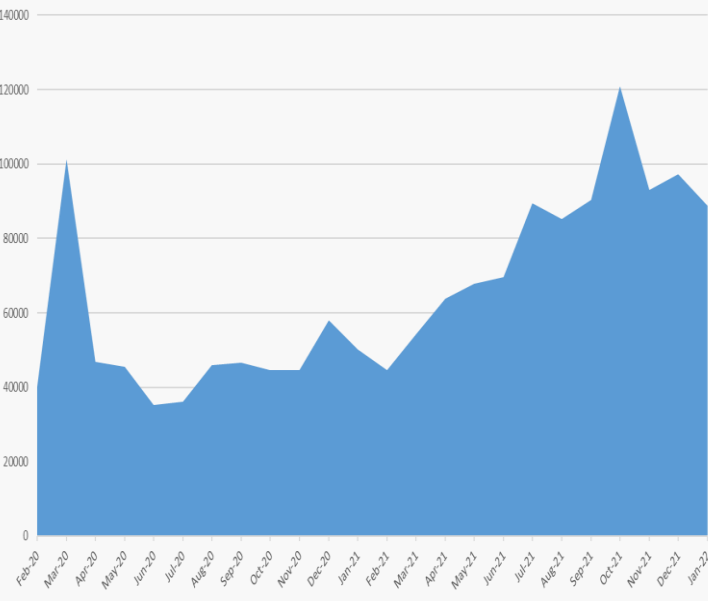
A 111 UHP Dashboard has been developed and is now live to track actual hours for call handlers and clinicians.

Discussions continue with commissioners to review numbers of call handlers to determine whether there is approval / funding to increase further.

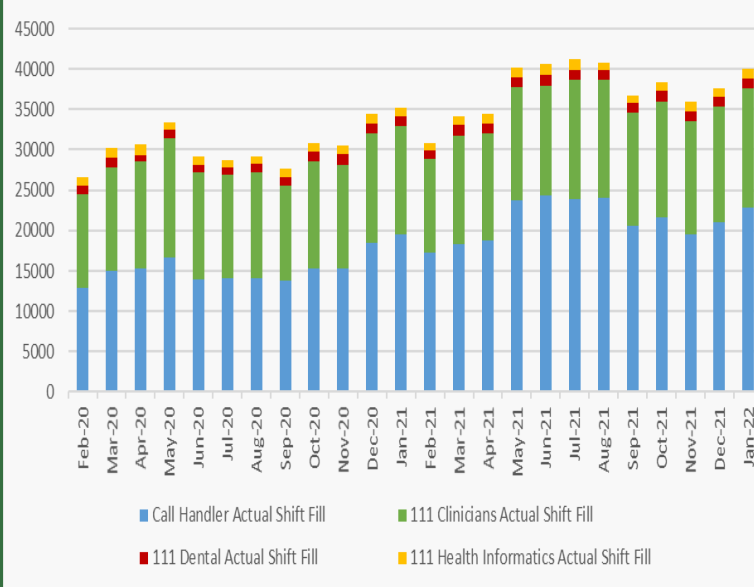
#### Expected Performance Trajectory

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

Total 111 Calls



111 Shift Fill - Total Actual Hours



(Responsible Officer: Lee Brooks)

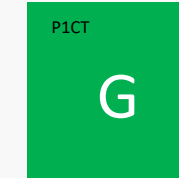
Welsh Ambulance Services NHS Trust



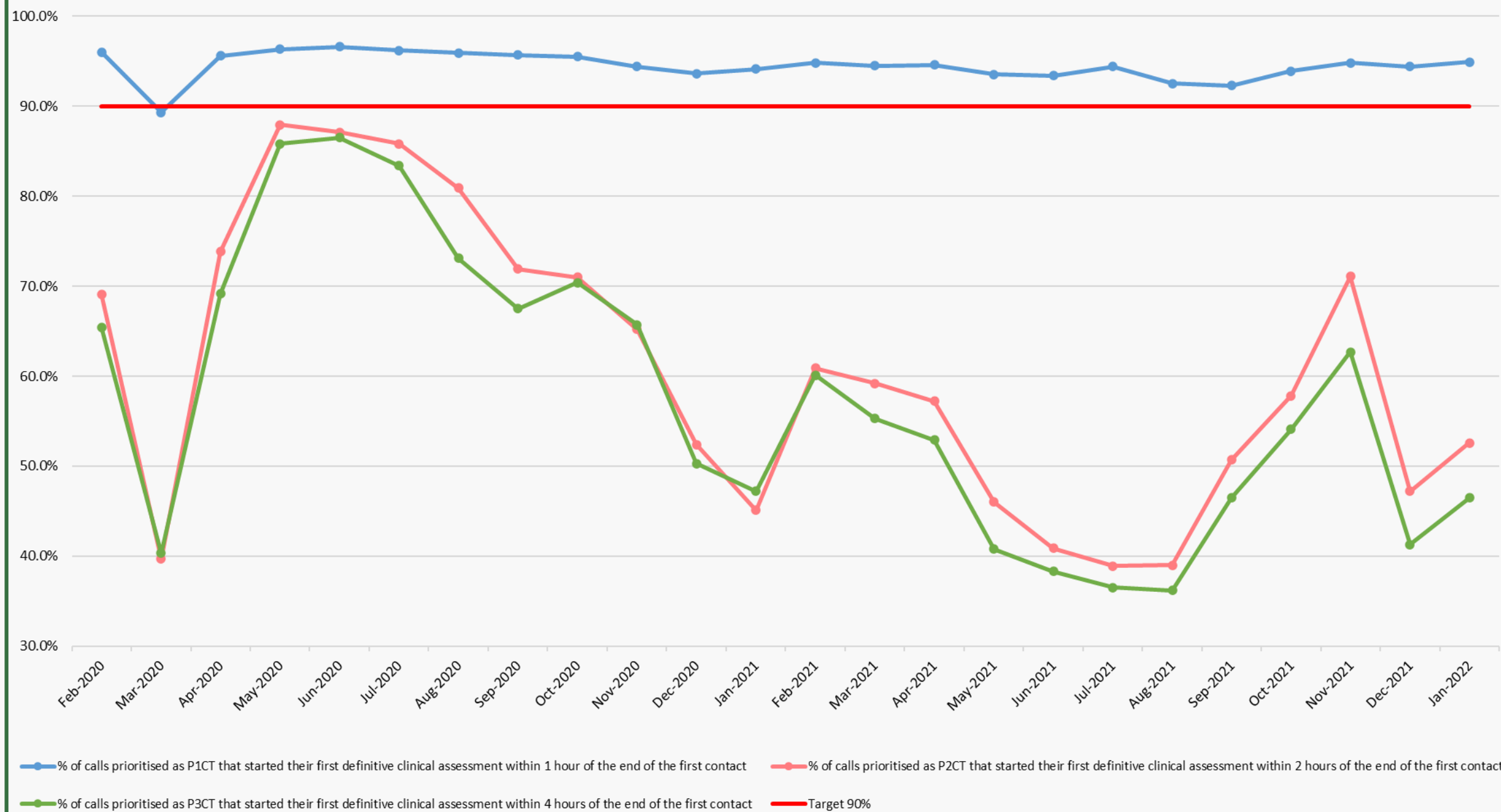
# Our Patients: Quality, Safety & Patient Experience

## 111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced



111 Timely Clinical Triage of Patients



### Analysis

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

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

For lower category calls, we are not meeting the 90% target, however an improvement was seen in all categories in Jan-22.

Demand for the service continues to grow (see previous slide) which will affect performance, but in addition, recruitment and retention of clinical staff also remains problematic, (see previous slide, now at 109.44 WTE for clinical Advisors (Nurse) against an FTE budgeted of 121.48), these are insufficient to meet demand.

### Remedial Plans and Actions

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

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

### Expected Performance Trajectory

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



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



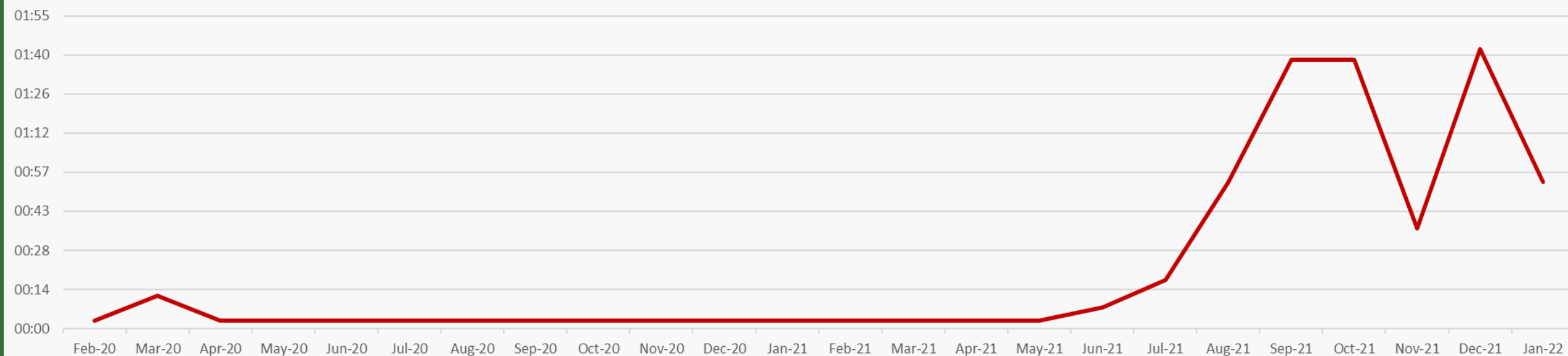
# Our Patients: Quality, Safety & Patient Experience

## 999 Call Performance Indicators

### Influencing Factors – Demand and Clinical Hours Produced



95th Percentile 999 Call answer times



#### Analysis

The 95<sup>th</sup> percentile 999 call answering performance saw an improvement in Jan-22 to 54 seconds, compared to one minute 43 seconds Dec-21, failing to meet the 6 second answer target for the eighth consecutive month largely as a result of increased call demand, particularly at weekends. Increasing call answering times are a significant concern in relation to patient safety.

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

The Trust received 43,484 emergency 999 calls in Jan-22, a decrease compared to Dec-21, however this is higher than both Jan-20 and Jan-21. The continued high call volumes are likely to be a result of public activity returning to normal levels, along with the impact of the continuing pandemic. Although not shown here, there are increasing levels of staff abstraction due to sickness and COVID (18%) in the call centres which is reducing capacity.

#### Remedial Plans and Actions

EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately. Resources teams are focussing on balancing capacity across the 7 day period, targeting overtime to weekends and Mondays where patterns of demand and reduced UHP are identified.

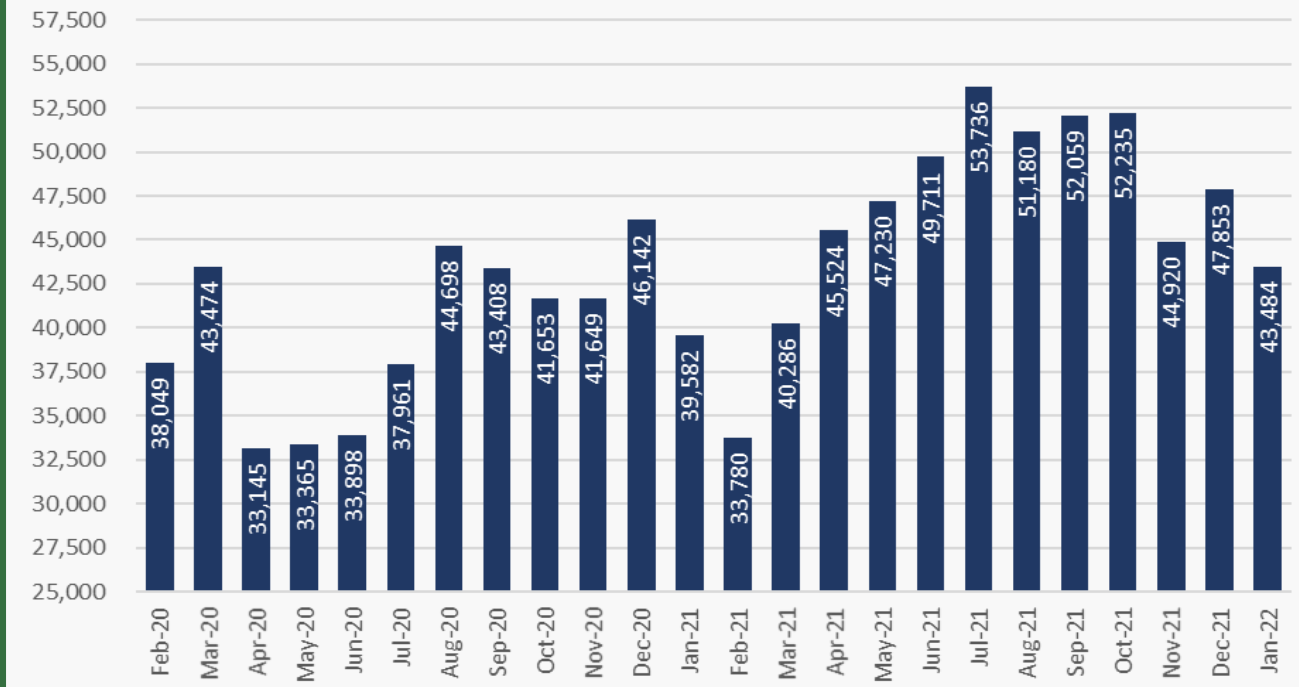
EMT has approved additional funding into EMS CCC in this financial year to allow recruitment of EMDs to match the new baseline demand level being experienced, this funding includes additional relief capacity that will mitigate abstraction levels. Increased EMD capacity will allow more opportunity for current EMDs to reset and recover during shifts.

- The Trust had targeted Feb-22 as the point in time when the full impact of the uplift of 32.25 FTE EMDs would be felt in CCC; however, rates of attrition have increased and this will not be achieved (31 Mar-22 revised target date).
- The Omicron Tactical Action Plan includes additional Workforce & OD support to CCC to aid the recruitment process. This has been actioned.

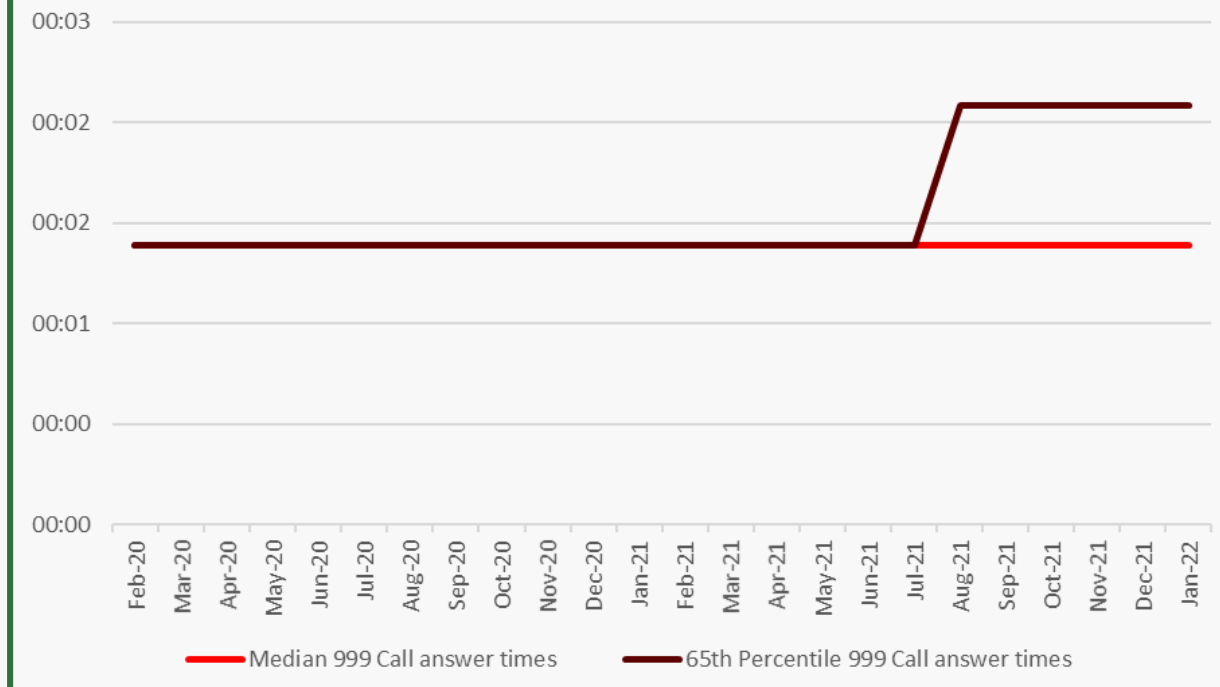
#### Expected Performance Trajectory

Performance is expected to continue to be difficult until additional staff are recruited. It is difficult to set a trajectory because of attrition, but 29 of the 32.25 FTEs have been recruited with an advert for another 10 (to offset the attrition) going out imminently.

999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



(Responsible Officer: Rachel Marsh)

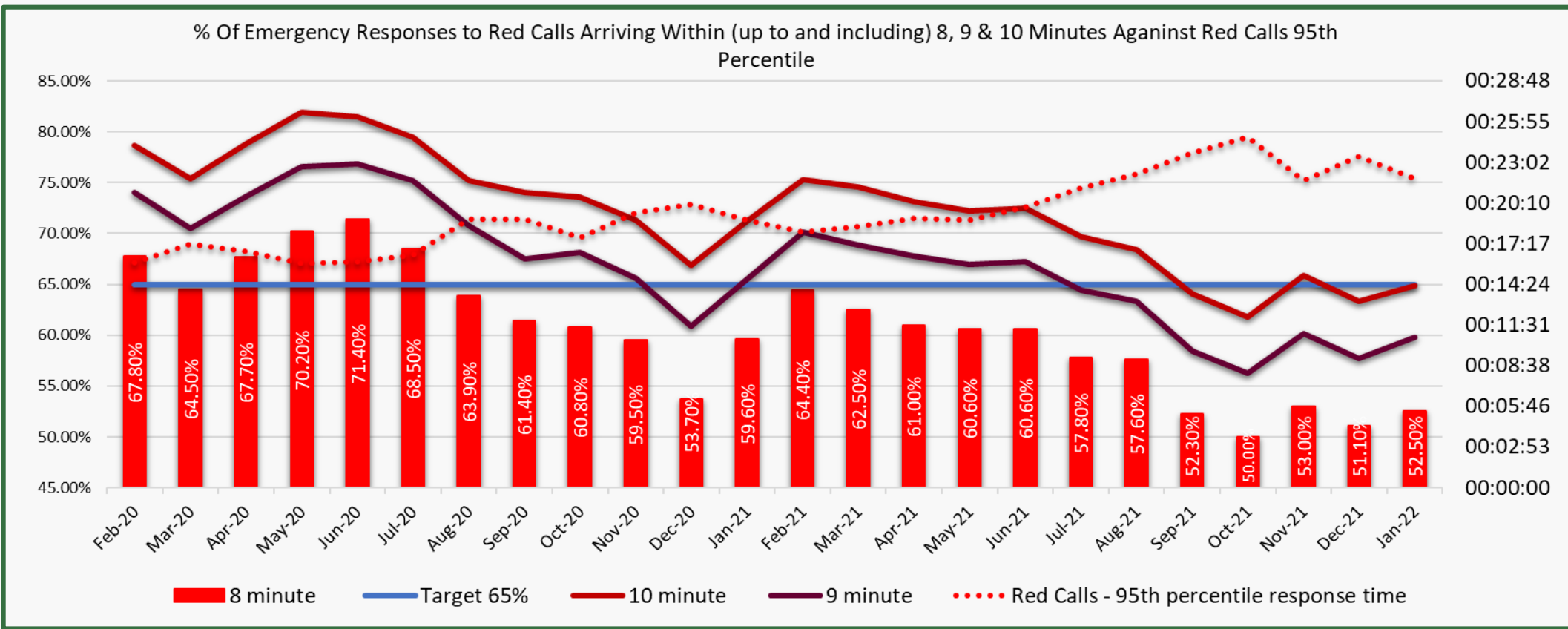
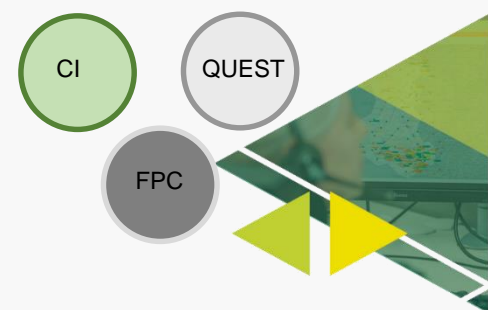
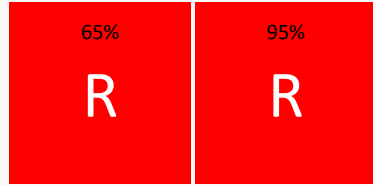
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# Our Patients: Quality, Safety & Patient Experience

## Red Performance Indicators

### Influencing Factors – Demand, Hours Produced and Hours Lost



#### Analysis

**Red performance did not achieve the 65% target** in Jan-22 and the target has not been achieved since Jul-20. There was also significant health board level variation and only one (Cardiff & Vale (68.1%)) of the seven health board areas achieved the 65% target. This level of performance was forecast in the winter plan based on predictions of demand, lost hours and hours produced. Ongoing poor performance is continuing to affect Red 9 minute responses, which achieved 59.8% and Red 10 minute performance, achieving 64.9% in Jan-22.

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

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

The lower centre graph demonstrates the correlation of performance with hospital handover lost hours with Jan-22 having the highest ever recorded. However, the number of hours produced was also higher than it has ever been, as a result of the military personnel in place (251).

During the pandemic there have been other factors that have also affected performance including prioritising EA hours over RRV, and the additional time taken to don level 3 PPE to all Red calls. The latter in particular was shown to add several minutes to a response, and this requirement remains in place.

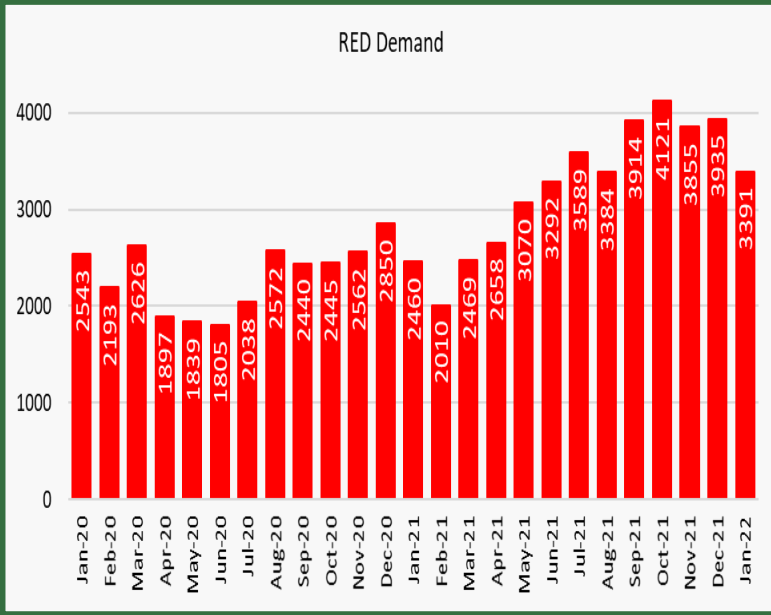
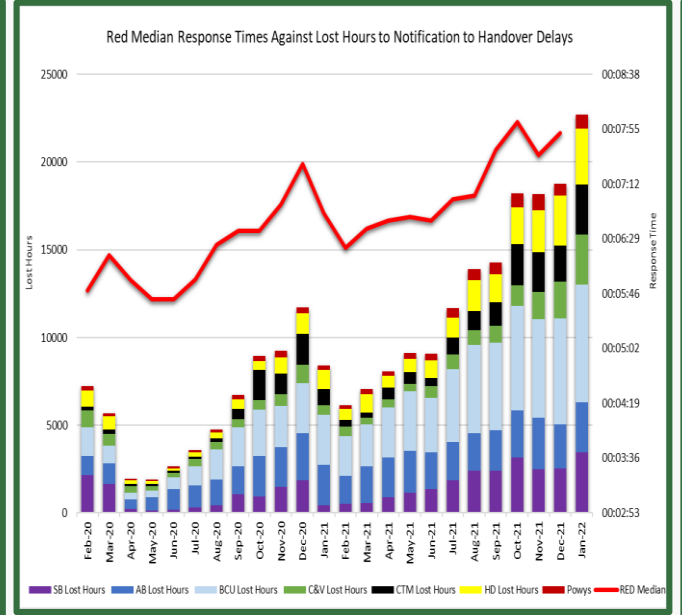
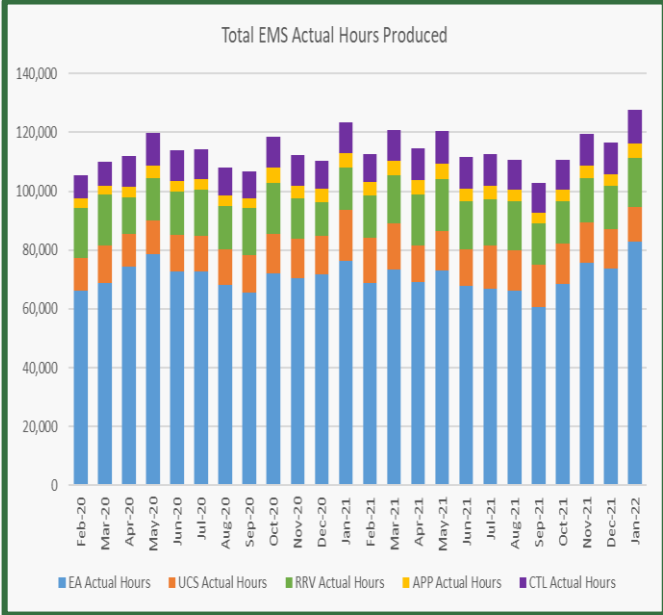
#### Remedial Plans and Actions

The main improvement actions are:

- Increase capacity – 136 WTE were recruited by end of Mar-21. This will be complemented by a further 127 by the end of Mar-22. This will close the relief gap and, other factors aside, would allow UHP / hours produced closer to 95%. Additional capacity is also being utilised non-recurrently through St John Ambulance, Fire & Rescue Services and the military. This has allowed the total hours to rise. Discussions are ongoing with commissioners about increased capacity for next year (transition plan)
- Reduce hours lost through modernisation of practices and supporting staff well-being. This work is being led through the Leading Service Change together programme in partnership with TU partners.
- Working with partners to reduce hours lost at hospital (to a maximum 150 lost hours per day, 95% of the year) . This is not within the gift of the Trust to achieve, although it continues to take all actions possible to influence this agenda.
- A very detailed set of strategic and more tactical actions have been pulled together into a performance improvement plan, many of which are also included in an action plan for the Ministerial oversight through the commissioning process. This is monitored every 2 weeks at EMT.

#### Expected Performance Trajectory

Unless Red demand reduces or the Trust is able to boost its RRV production Red performance is unlikely to achieve the 65% target; however, the Trust is building the CHARU keys into the re-rostering project, which along with other aspects of the Transition Plan (if funded) should stabilise performance. Looking ahead, it is expected that April will be a difficult month, as the military personnel leave.



(Responsible Officer: Lee Brooks)

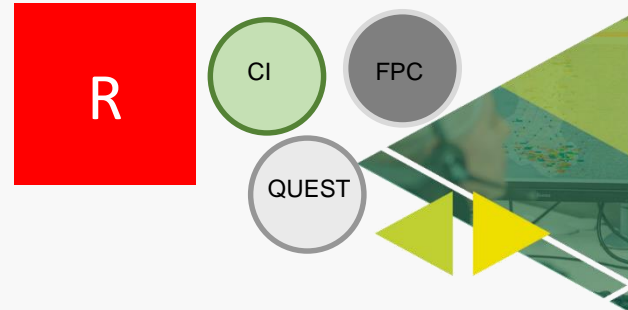
Welsh Ambulance Services NHS Trust



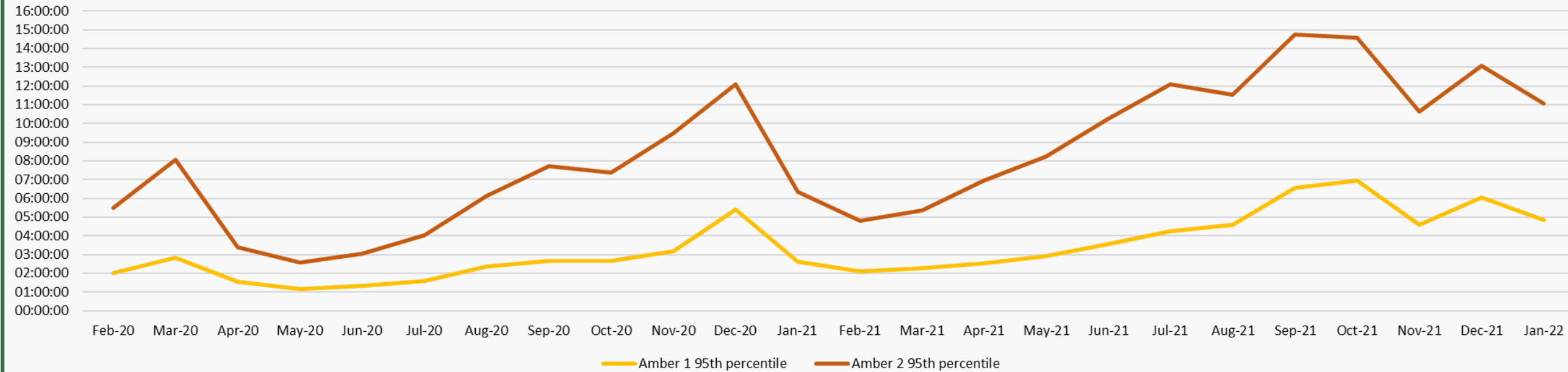
# Our Patients: Quality, Safety & Patient Experience

## Amber Performance Indicators

### Influencing Factors – Demand, Hours Produced and Hours Lost



Amber 1 & 2 - 95th Percentile



#### Analysis

Amber performance improved across the percentiles in Jan-22; however, there were still some very long patient waits. The ideal Amber 1 median response time is 18 minutes.

In Jan-22, 503 patients (all categories, not just Amber) waited over 12 hours, a decrease when compared to Dec-21, continuing to represent a very poor quality and experience of service. 393 of these patients were in the Amber category.

Amber demand decreased in Jan-22 although activity remains at a high level and handover times continued to worsen.

There is strong correlation between Amber performance and lost hours due to notification to handover delays, as demonstrated in the graph on the bottom left of this page. The number of hours lost to notification to handover delays in Jan-22 increased to 22,701. This is now higher than the worst recorded in Dec-19 (13,820).

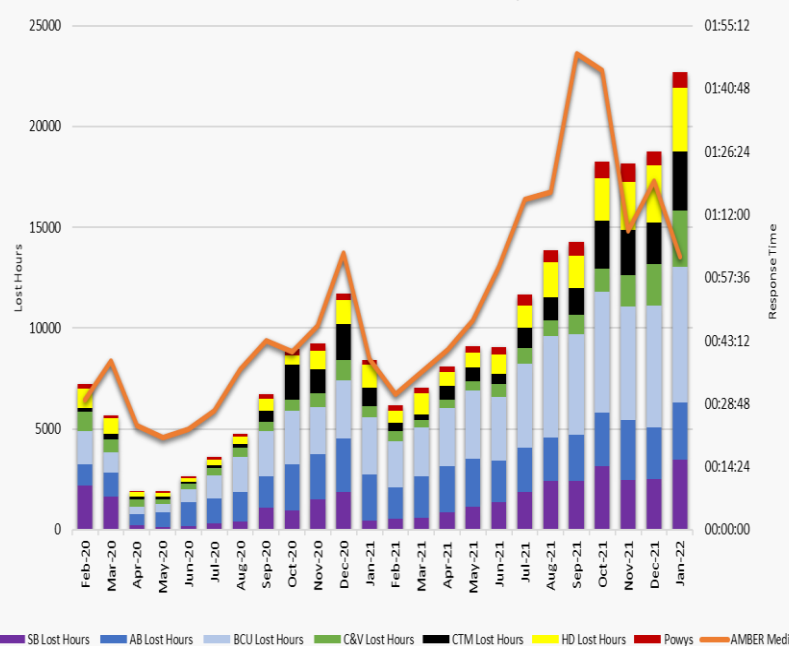
#### Remedial Plans and Actions

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

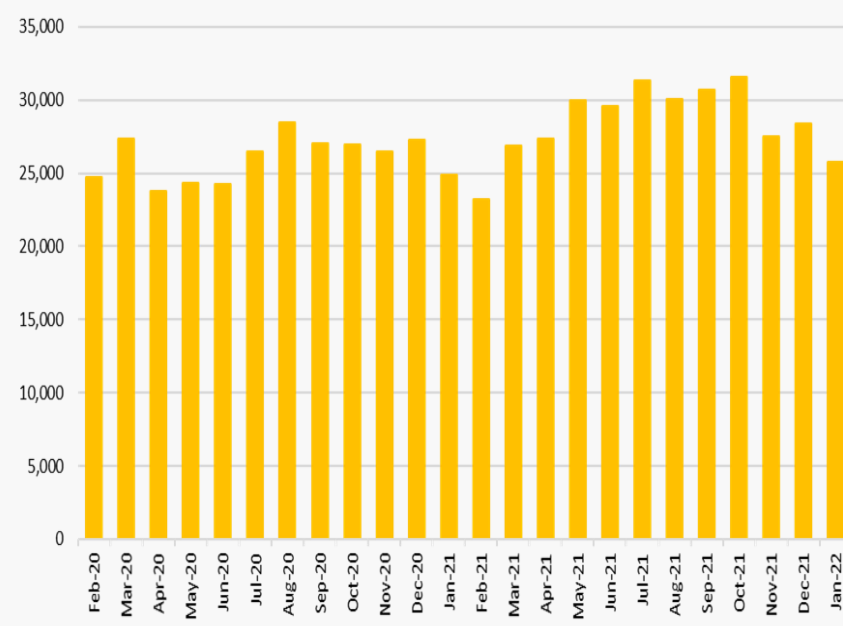
#### Expected Performance Trajectory

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

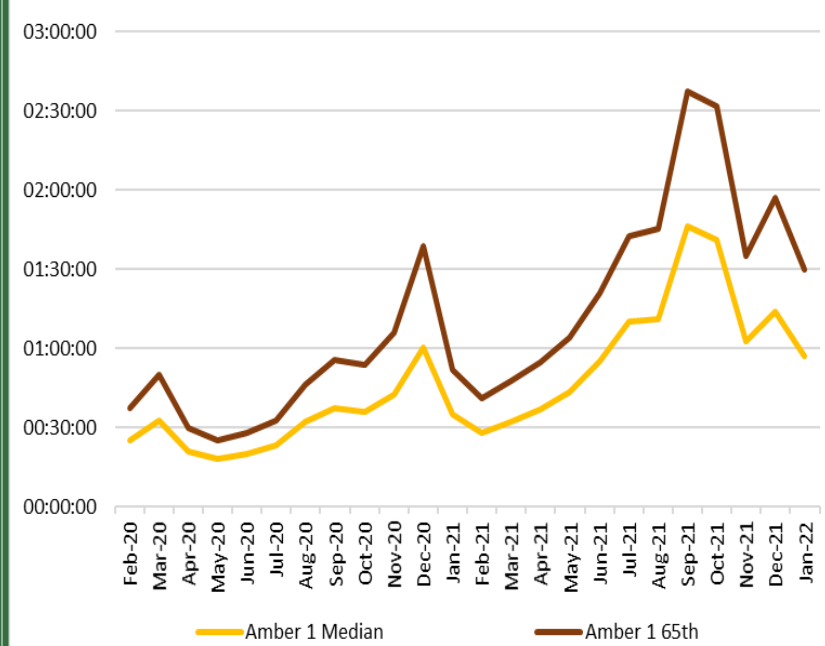
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 - Median and 65th Percentile



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Clinical Outcomes Indicators

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

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

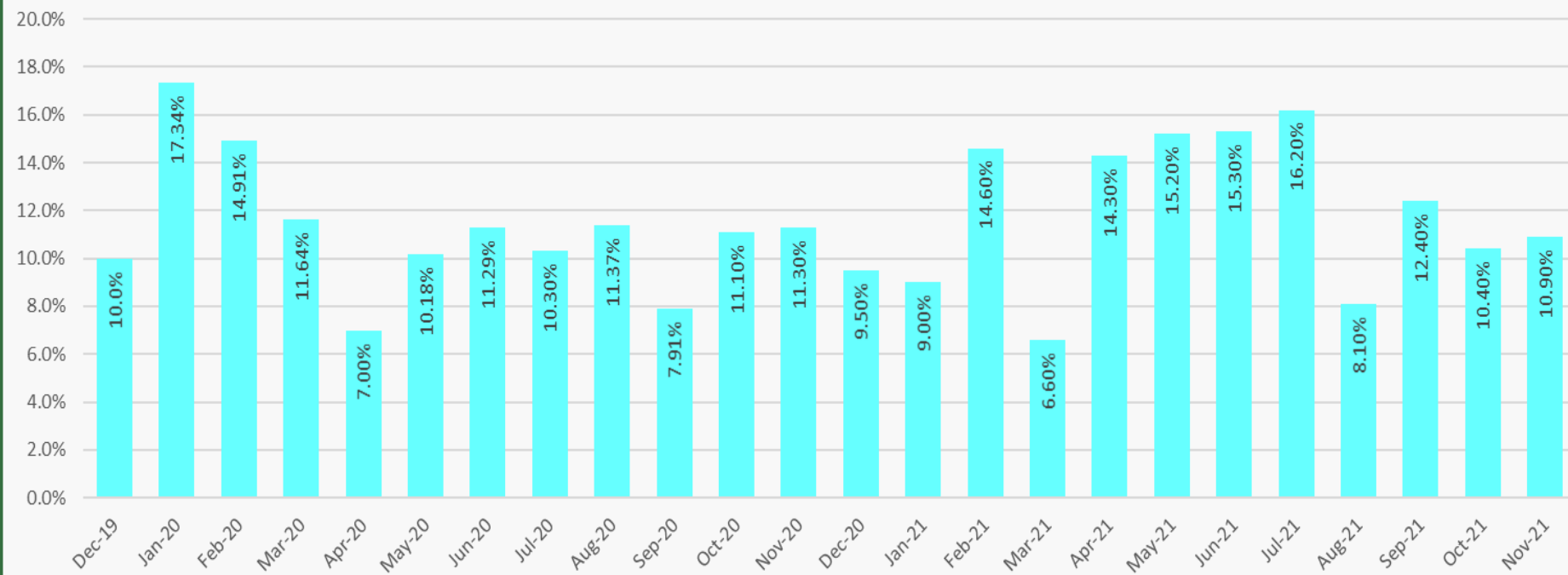
QUEST

Self Assessment:  
Strength of Internal  
Control: Moderate

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

NB: Unable to report Dec-21 Clinical Indicators due to implementation of ePCR / Next reporting cycle Jan-Mar-22 due Apr-22

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



#### Analysis

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

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

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

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

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

#### Remedial Plans and Actions

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

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

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

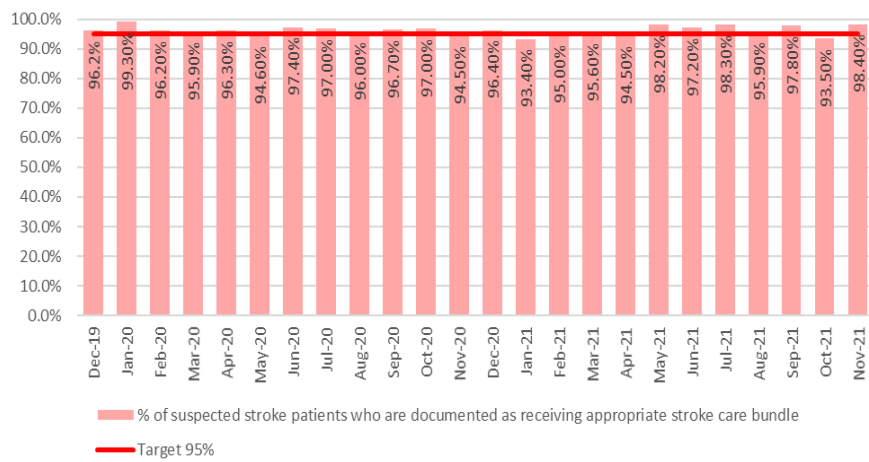
**Mortality Review:** There has been a workshop planned to review DU Guidance and consider how this would work within WAST and how it would influence the Trust's current method of undertaking Mortality Reviews. Outcomes from this workshop will be presented in the next update.

#### Expected Performance Trajectory

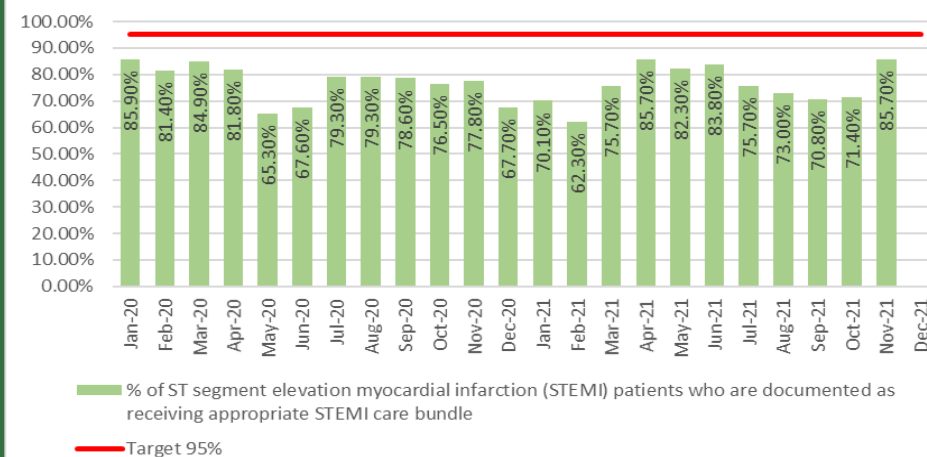
**Clinical Outcomes:** As part of its plans for 2021/22, the Trust is developing the concept of CHARU for implementation. This concept is in place in several areas across the UK and has been very successful in increasing ROSC rates. Once CHARU has been implemented it is anticipated that ROSC rates should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

**Mortality Review:** The Senior Paramedic Role has now been fully implemented across the Trust, early evidence demonstrates the ability to implement learning from Mortality Reviews promptly supporting individual and organisational learning.

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



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



Mortality Reviews Data source: Internal Web Application



(Responsible Officer: Andy Swinburn)

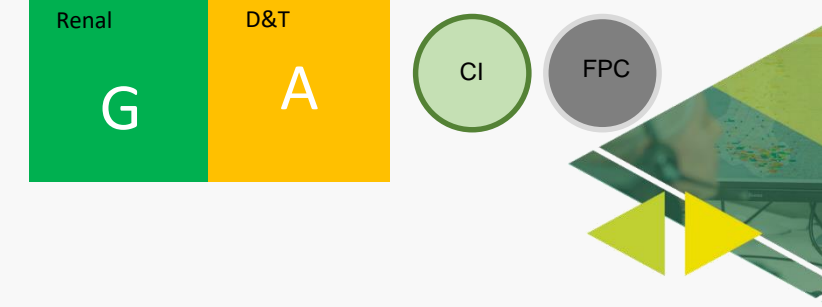
Welsh Ambulance Services NHS Trust



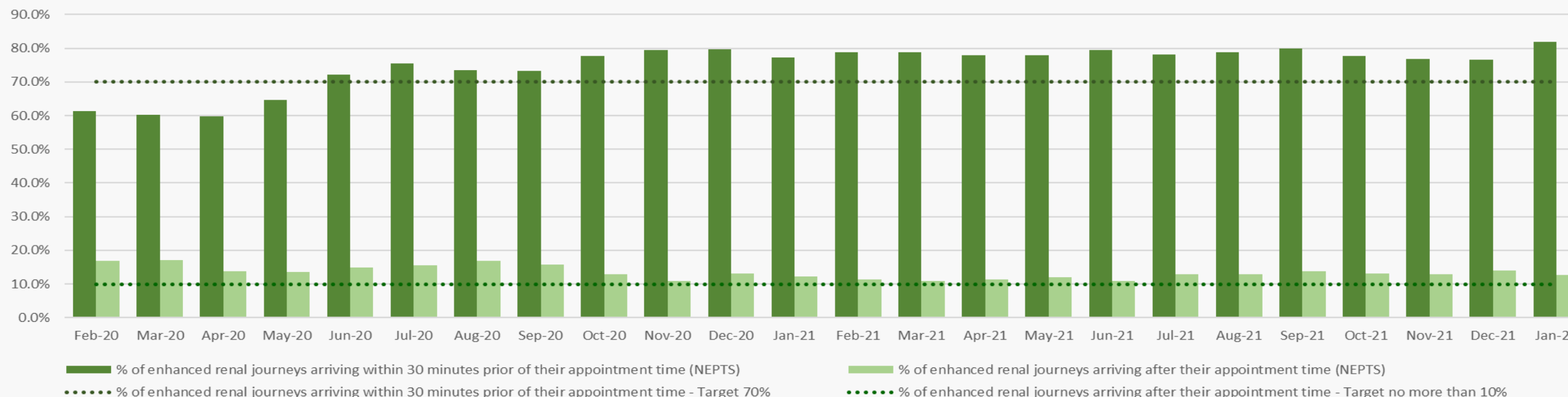
# Our Patients: Quality, Safety & Patient Experience

## Ambulance Care Indicators

### Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



**Analysis**  
**Ambulance Care has seen a continued improvement in key areas of service delivery affecting patient experience.** In Jan-22 87% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, a slight decline compared to Dec-21. 82% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target and 12.7% arrived after their booked appointment time, falling just outside of the 10% target.

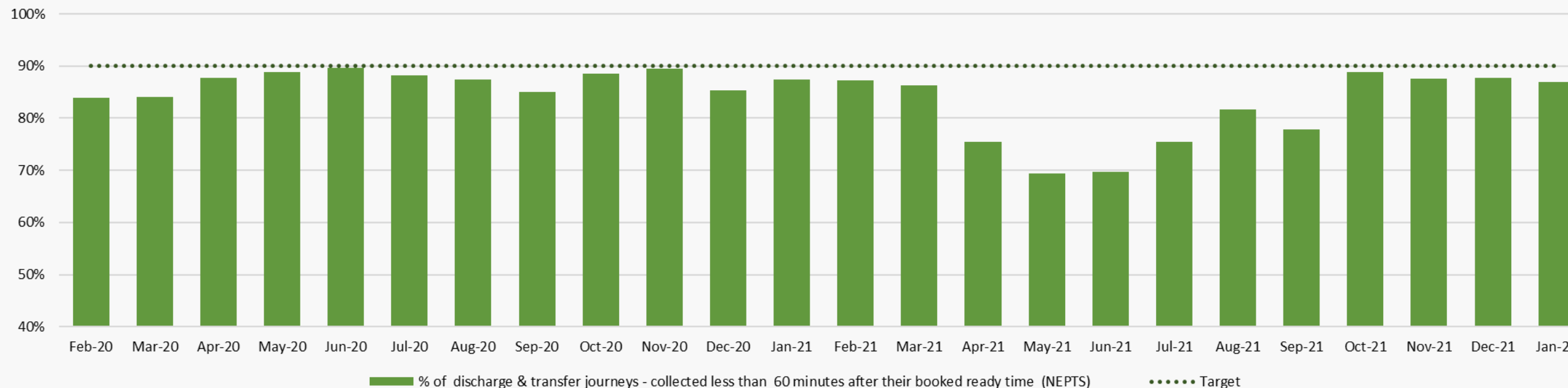
Key factors affecting these indicators are demand and capacity:

- Social distancing means that the number of patients than can be transported per journey has reduced, which has reduced **capacity**;
- **Capacity** has also been adversely affected by other CoVID-19 factors: journeys taking longer due to PPE, staff sickness, staff shielding, staff training and testing, infection prevention and control arrangements and so on;
- However, there has been a significant reduction in **demand** as a result of planned activity reductions in health boards. The reductions in demand have helped offset reductions in capacity.
- As we emerge out of pandemic response in 2021/22 and the health system is "re-set" we are seeing demand increase again for NEPTS at which point capacity may be an issue. This has been modelled and mitigations put in place.

**Remedial Plans and Actions**

- **Demand:** Continue to work with health boards to understand and model the impact of their recovery plans;
- **Demand:** As part of the Transport Solutions programme, work towards finding alternative transport solutions for non-eligible patients (to reduce demand);
- The NEPTS Demand & Capacity Review is completed and has been shared and discussed with commissioners during Q1, and action plans will be developed. The Review includes a range of benchmarks particularly around efficiency of our service, which will help to increase **capacity**;
- A recruitment campaign recently concluded to increase call taker numbers and work is ongoing regarding Patient Needs Assessment to reduce call times.
- Additional resources have now also been agreed with commissioners to secure additional capacity through the 365 framework (private providers) and this is being taken forward at pace (now live).
- Resource team are now at an advanced stage in reviewing UHP measurements to reflect current rosters and the plurality model.

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



**Expected Performance Trajectory**  
 At present, the uncertainty around demand means that it is difficult to forecast performance. The Trust is in dialogue with the CASC about short term funding beyond 31 Mar-22. The Trust, in agreement with the CASC, has agreed to further work in 22/23 on proposed roster keys with go live likely to be in Q1 23/24



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Patient National Reportable Incidents & Patient Concerns Responses Indicators

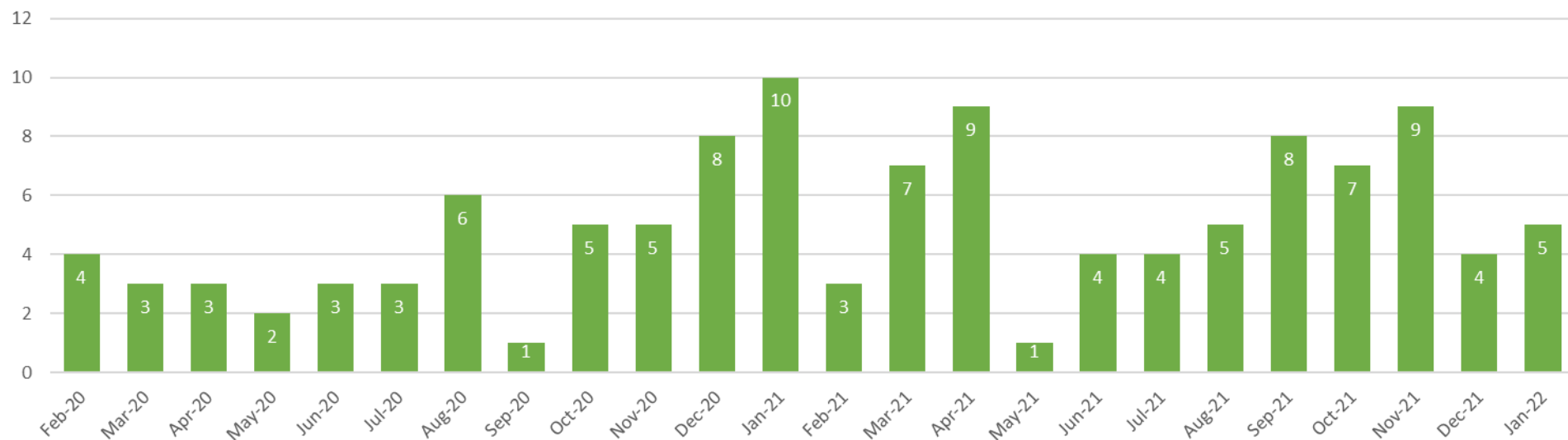


Self Assessment:  
Strength of Internal  
Control: Moderate



Health & Care  
Standard  
Health - Safe Care /  
Timely Care

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



### Analysis

The percentage of responses to concerns declined in Jan-22 to 66%, compared to 70% in Dec-21, this continues to be lower than the Trust would like, this is the result of several factors, including, overall increased demand, a rise in the number of inquests, continuing volumes of NRI's and the availability of other departments to provide a timely response to requests for information. The number of total concerns decreased in Jan-22 (72) when compared to Dec-21 (75).

There were 5 SCIF forums held in Jan-22, during which 22 cases were discussed, 5 of these cases were reported to the Delivery Unit and 18 were passed to Health Boards as National Reportable Incident Framework 'Appendix B' incident referrals.

Year on year the overall volumes of NRIs is on an increasing trend. The sharp increase seen in Mar-Apr-21 and through Sep-Nov-21 is concerning and has been linked to the significant delays across the system along with the continued levels of NRIs. In Jan-22 there was 2 NRIs relating to Red calls, 1 in relation to Amber calls and 2 NRIs prioritised Amber that should have been Red.

The cases within the Complex Case Panel and Redress figures, indicate the number of cases within the reporting period, where the Trust has potentially breached its duty of care to the patient. In Jan-22 there was 1 complex case, however at the date of reporting this has not been referred to redress panel.

In Jan-22 503 patients waited over 12 hours an increase compared to 295 in Jan-20 and 183 in Jan-19.

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

### Remedial Plans and Actions

A range of actions are in place:-

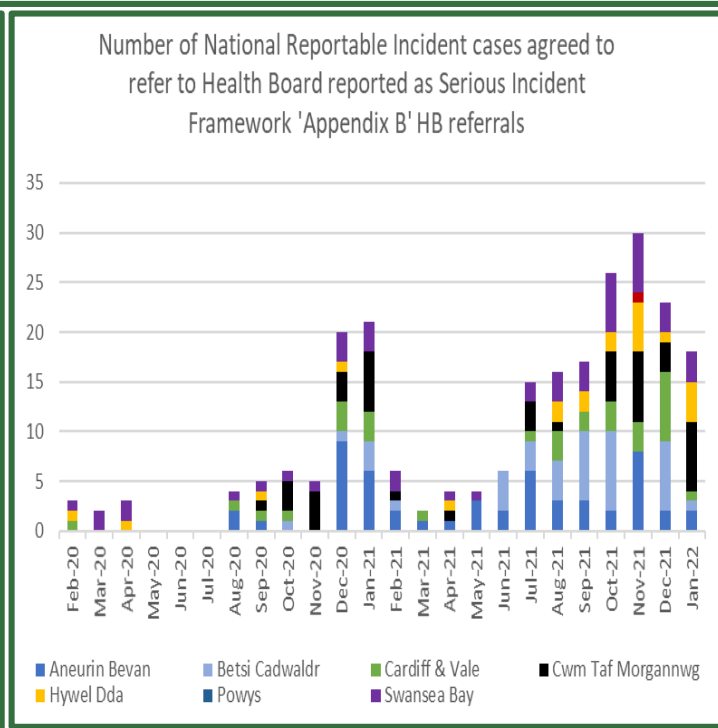
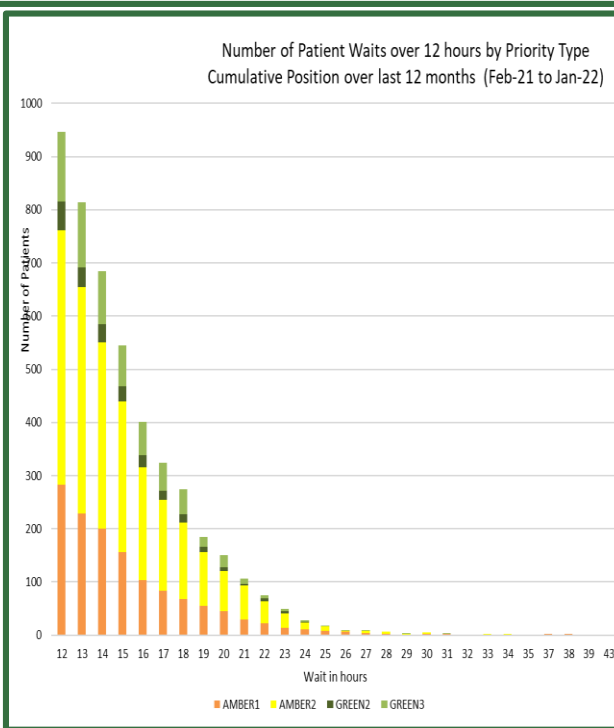
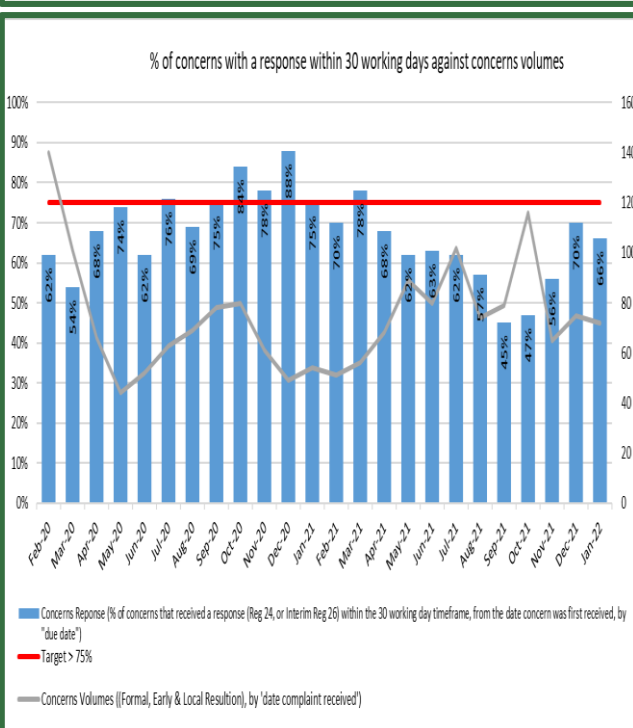
- The general theme in relation to the Trust's concerns portfolio is timeliness to respond.
- There is continued engagement with Health Boards in relation to Joint SI investigations where the primary causal factor is in relation to delayed handover.
- The Trust continues to draw the learning from our most serious incidents, in particular the issue surrounding 'ineffective breathing' descriptor.
- A 'deep dive' was undertaken in relation to the utilisation of Protocol 36 and following this no National Reportable Incidents had been raised or cases being discussed at SCIF.
- Health Board specific QSPE reports are being shared with each respective HB Directors of Nursing.
- The key strategic action is the EMS Operational Transformation Programme.

An action is underway to enable future reports to present current months redress and complex case panel figures.

### Expected Performance Trajectory

The Trust expects that the upward (worsening) trajectory will continue as we move through the winter period; however, the support from the FRS and military may mitigate this.

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



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



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

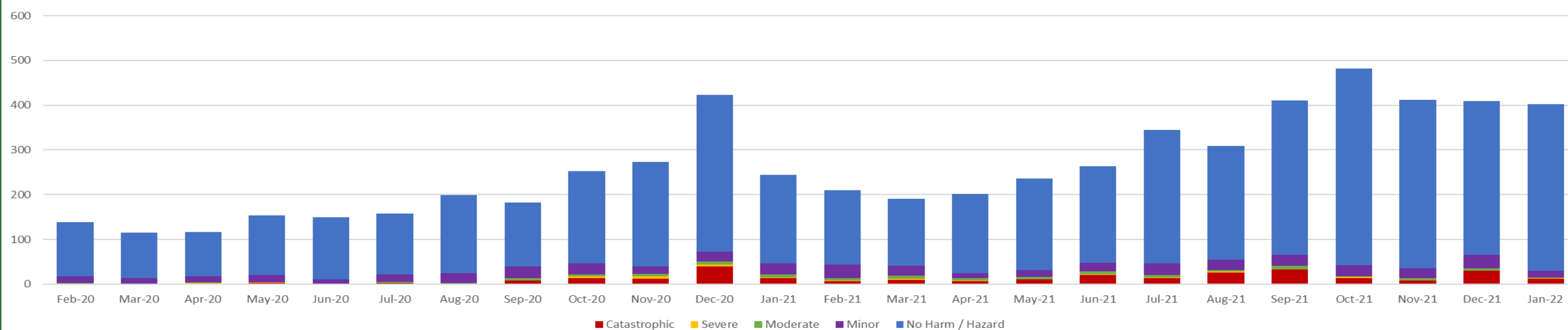
## Patient Safety Indicators

Self Assessment:  
Strength of Internal  
Control: Moderate

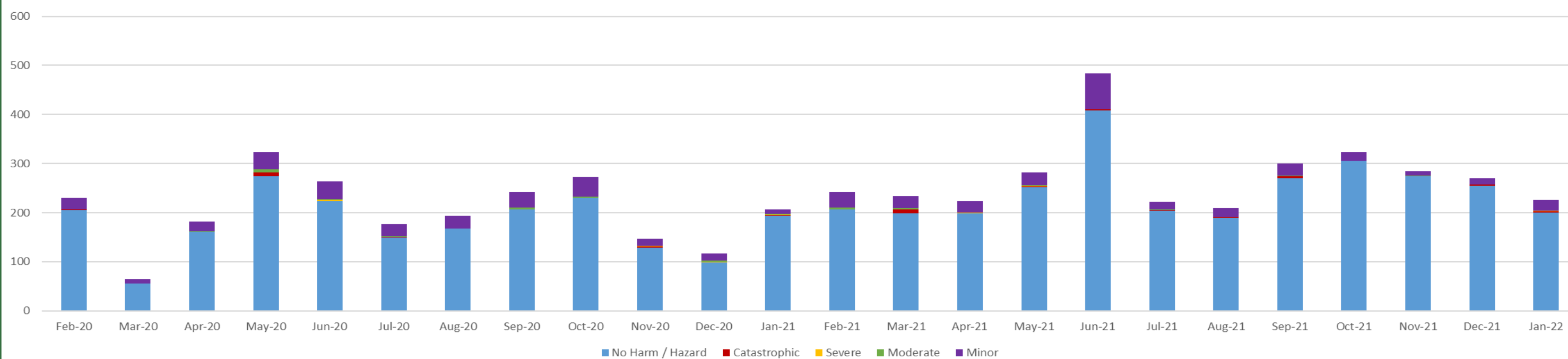


Health & Care  
Standard  
Health – Safe Care

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



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



### Analysis

**Patient Safety:** The number of patient safety adverse incidents submitted within Jan-22 decreased to 402,372 of these were in relation to incidents where there was no harm or hazard, 15 were minor, 1 was moderate, 2 were severe and 12 incidents were catastrophic. 227 cases were closed in Jan-22 in comparison to 275 in Dec-21.

### Remedial Plans and Actions

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

### Expected Trajectory

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

### Performance

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

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

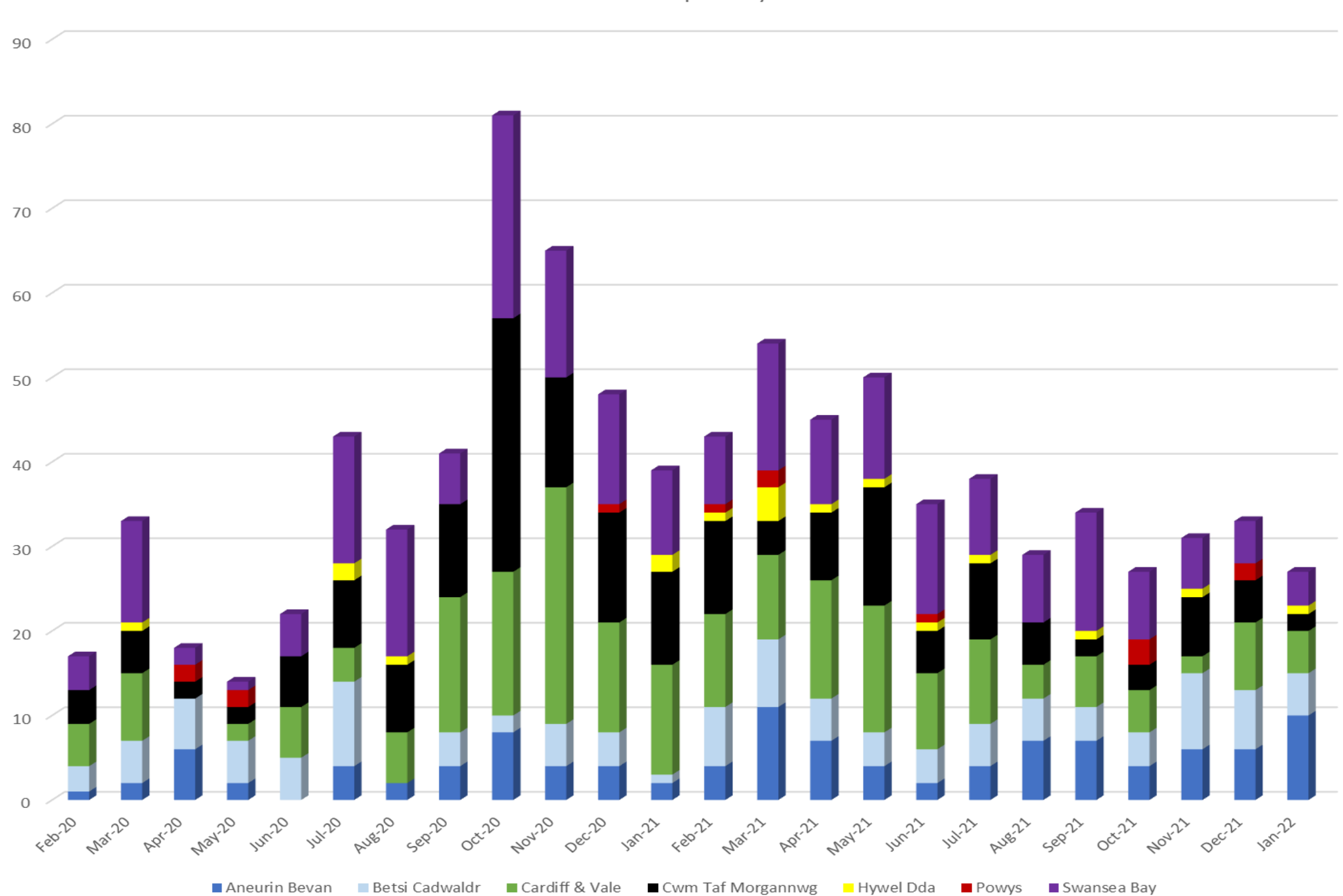
## Coroners and Ombudsmen Indicators

Self Assessment:  
Strength of Internal  
Control: Strong

QUEST

Health & Care  
Standard  
Health – Safe Care

Number of Coroner Requests by Health Board



### Analysis

**Coroners:** In Jan-22 there continues to be no Coroners Cases which resulted in ongoing Regulation 28 cases. The number of in month requests, although reduced from 2020, continue to be in excess of the 2019 December figures. The timeliness of our response and unexpected deaths continues to be the main themes. This month has seen a reduction in work on hand.

**Ombudsman:** There are currently 14 open Ombudsman cases in Jan-21. At present cases are not being investigated, which supports the Trusts actions.

### Remedial Plans and Actions

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

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

### Expected Performance Trajectory

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

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

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

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

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

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Safeguarding, Data Governance & Public Engagement Indicators

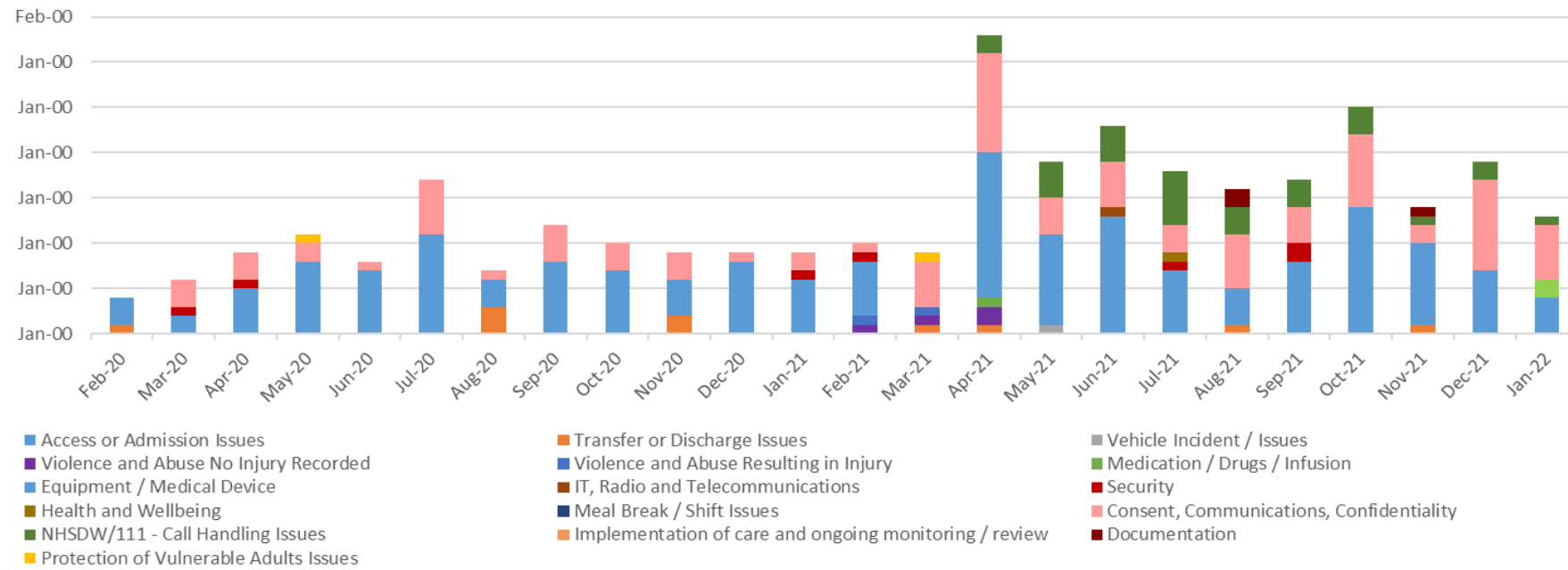
Health & Care Standard  
Health – Safe Care

Self Assessment:  
Strength of Internal Control: Strong

QUEST

NB: Public Engagement next update (Jan-Mar-22) due Apr-22

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



### Analysis

**Safeguarding:** In Jan-22 staff completed a total of 99 Adult at Risk Reports, an increase compared to Dec-21 when 91 were reported. 92% of these were processed within 24 hours during Jan-22.

There have been 193 Child Safeguarding Reports in Jan-22, an increase from Dec-21 when 151 reports were made. In Jan-22 94% were sent within 24 hours.

**Data Governance:** In Jan-22 there were 13 information governance (IG) related incidents reported on Datix categorised as an Information Governance (IG) breaches, a decrease when compared to Dec-21. 6 related to Consent, Communications or Confidentiality; 4 related to Medical Devices or Equipment, 2 related to IT, Radio and telecommunications and 1 related to 111 Call Handling issues. All have been investigated by the IG team and received feedback on the IG Policy and practice elements, and where appropriate learning has been put in place.

**Public Engagement:** There were 41 engagement events held this quarter (October – December 21), allowing engagement with 1,119 people. Due to the return of many coronavirus restrictions, a majority of these events were held virtually, though some were attended in person before restrictions were re-introduced. 122 surveys relating to the NHS 111 Wales website were returned. Working with colleagues in the NEPTS Team 264 NEPTS patient experience surveys were returned. 158 compliments were also logged and processed. Engaging with people and communities has continued to be a priority for the PECEI Team, this engagement allows us to share important information about Welsh Ambulance services with communities and allows us to collect feedback and experiences from people which help us to understand if our services are meeting their needs and expectations.

### Remedial Plans and Actions

**Safeguarding:** The Trust now primarily manages reports digitally via Docworks and since this move the majority of delays have been as a result of staff being unavailable during weekends and Bank holidays to forward the reports to local authorities. Commencing 08<sup>th</sup> Nov-21 any paper reports will be sent directly to the Safeguarding Team via email. With the launch of direct transfer the Trust expects to see an improvement.

**Data Governance:** During the reporting period of the 13 information governance related incidents reported on Datix all incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate. 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office.

**Public Engagement:** Within this reporting period we began to see an easing of coronavirus restrictions which allowed us to start and make a return to face to face engagement; however, the emergence of the Omicron variant saw many restrictions re-introduced. To ensure the safety of our Team members and communities this means a majority of our engagement work will return to happening virtually using online and digital platforms. We have previously reviewed and updated our existing processes and risk assessments to incorporate coronavirus safety elements. We will continue to monitor the current coronavirus situation and will only attend engagement events in the community if we feel it is safe and appropriate to do so.

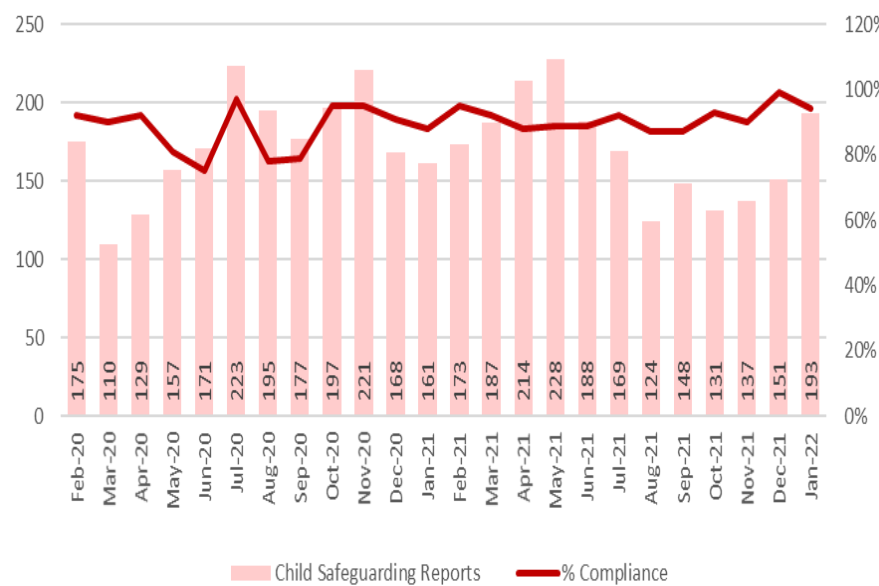
### Expected Performance Trajectory

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

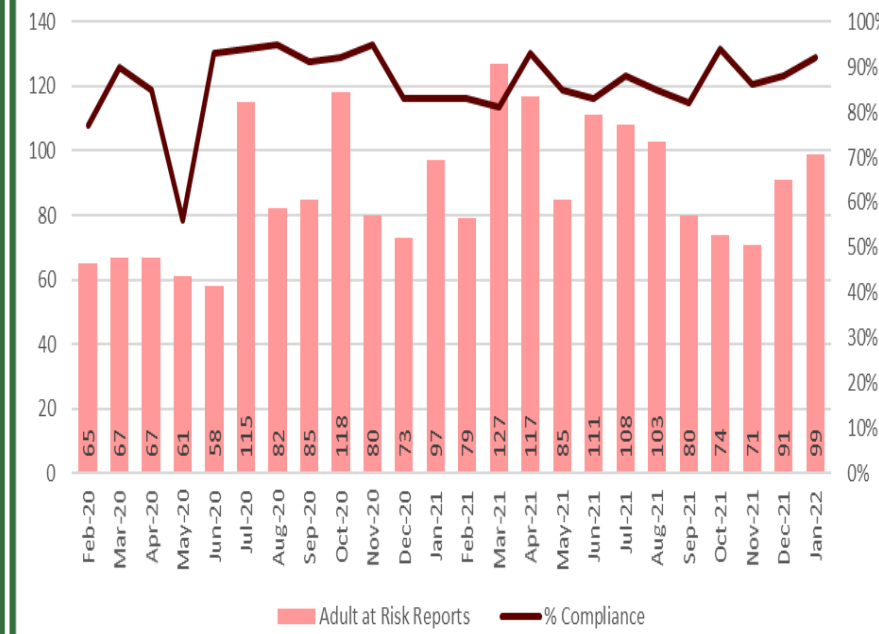
**Data Governance:** An annual assessment of compliance using the Welsh NHS IG Toolkit; an individual evidence based assessment consisting of 255 items will continue to be utilised to measure the Trust against National Information Governance and Security Standards. The next submission date for the IG Toolkit is due 31 Mar-21.

**Public Engagement:** The PECEI Team will continue to share good practice with health boards, other stakeholders and colleagues at Ambulance Services across the UK. We will continue to proactively communicate with people and communities, sharing important information about Trust services and using them appropriately during the current period of increased demand. With the Trust currently being at its highest escalation levels, all non-essential work will be being paused and some PECEI Team members will be offering support to the Operations Directorate.

### Number and Percentage of Child Safeguarding Reports sent within 24 Hours



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



Safeguarding Data source: Doc Works



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Health & Safety (RIDDORS) Indicators

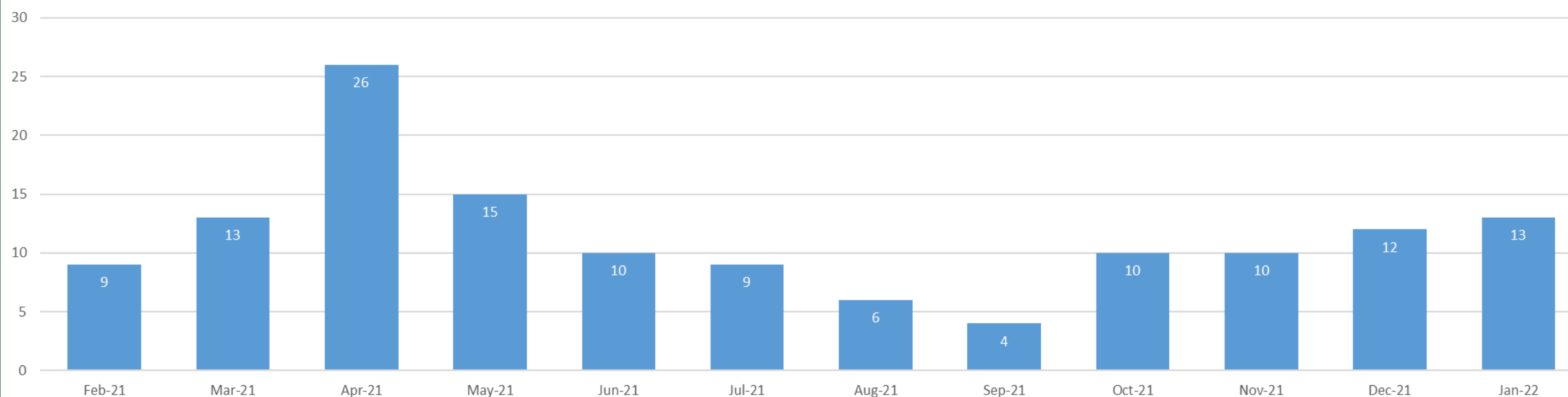
Self Assessment:  
Strength of Internal  
Control: Moderate

QUEST

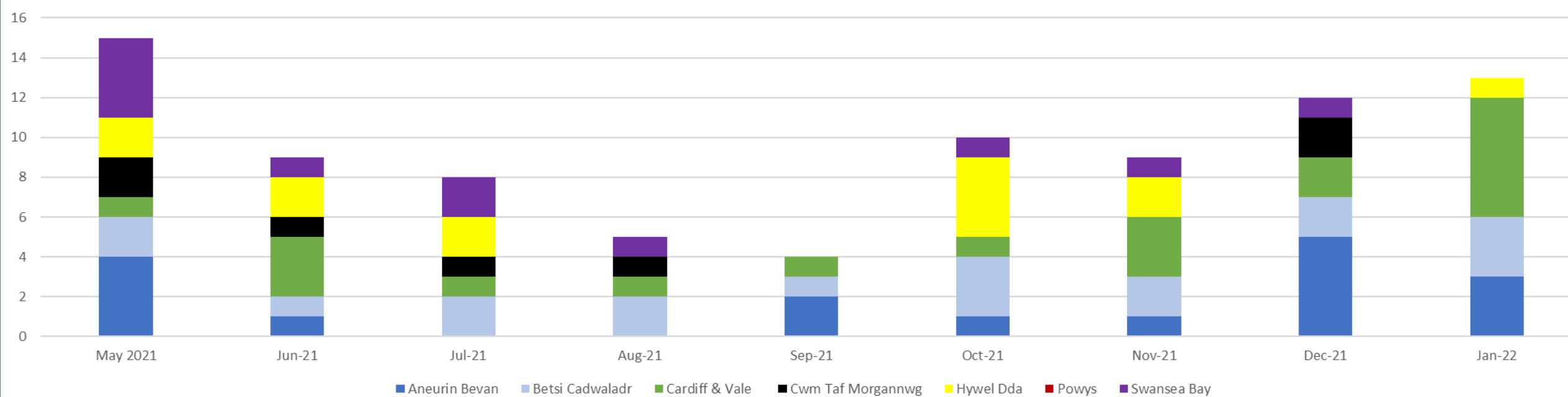
Health & Care  
Standard  
Health – Safe Care



Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



### Analysis

Whilst there is a strong level of internal control with respect to GL1 Metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control. Challenges around obtaining staff details are impacting on timeliness of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDORS) to the Health and Safety Executive (HSE). During Quarter 3 (Oct-Dec-21) there were no fines, prosecutions, HSE improvement or Prohibition notices.

In Jan-22 RIDDORS reported were for ABUHB (3), BCUHB (3), CVUHB (6) and HDUHB (1).

### Remedial Plans and Actions

The Health & Safety Team has recently been granted authorisation to access details from the Electronic Staff Record (ESR) which will provide timely access to key details in relation to RIDDOR reporting.

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

### Expected Performance Trajectory

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

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

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

Data source: Datix



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



# Our Patients: Quality, Safety & Patient Experience

## Corporate Risk Indicators

Self Assessment: Strength  
of Internal Control:  
Moderate - Strong

See  
Table

Health & Care  
Standard  
- GLA3

### CORPORATE RISK REGISTER: Summary

RISK ID	RISK	RISK CATEGORY	DIRECTORATE	CURRENT RISK SCORE	COMMITTEE
223	Unable to attend patients in community who require See & Treat (CRR58)	Service Delivery	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
224	Patients delayed on ambulances outside A&E Departments (CRR57)	Quality & Safety	Operations Directorate	25 (5x5)	Quality, Patient Experience and Safety Committee
199	Compliance with Health and Safety legislation	Statutory Duties	Quality, Safety & Patient Experience	20 (4x5)	Audit Committee; Quality, Patient Experience and Safety Committee
244	Impact on EMS CCC service delivery due to estates constraints	Service Delivery	Operations Directorate	20 (5x4)	Finance and Performance Committee
316	Increased risk of personal injury claims citing COVID exposure	Statutory Duties	Quality, Safety & Patient Experience	20 (5x4)	Quality, Patient Experience and Safety Committee

#### Analysis

The Assistant Directors Leadership Team (ADLT) reviewed the existing and proposed new corporate risks during the last quarter. The full Corporate Risk Register will be presented to Trust Board on 27<sup>th</sup> January 2022.

Risk ID 223 and Risk ID 224 remain the highest scoring risks at scores of 25, this is due to pressure in the unscheduled care system and emergence of long handover delays at Hospital Emergency Departments.

#### Remedial Plans and Actions

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

- QuEST Committee: 16<sup>th</sup> November 2021
- Finance and Performance Committee: 18<sup>th</sup> November 2021
- People & Culture Committee: 30<sup>th</sup> November 2021
- Audit Committee: 2<sup>nd</sup> December 2021

A full review of the data stored within the Corporate Risk register is currently undergoing a full review.

NB: Next Update (Jan- Mar-22) due Apr-22

Data source: Electronic Risk Register



(Responsible Officer: Wendy Herbert)

Welsh Ambulance Services NHS Trust



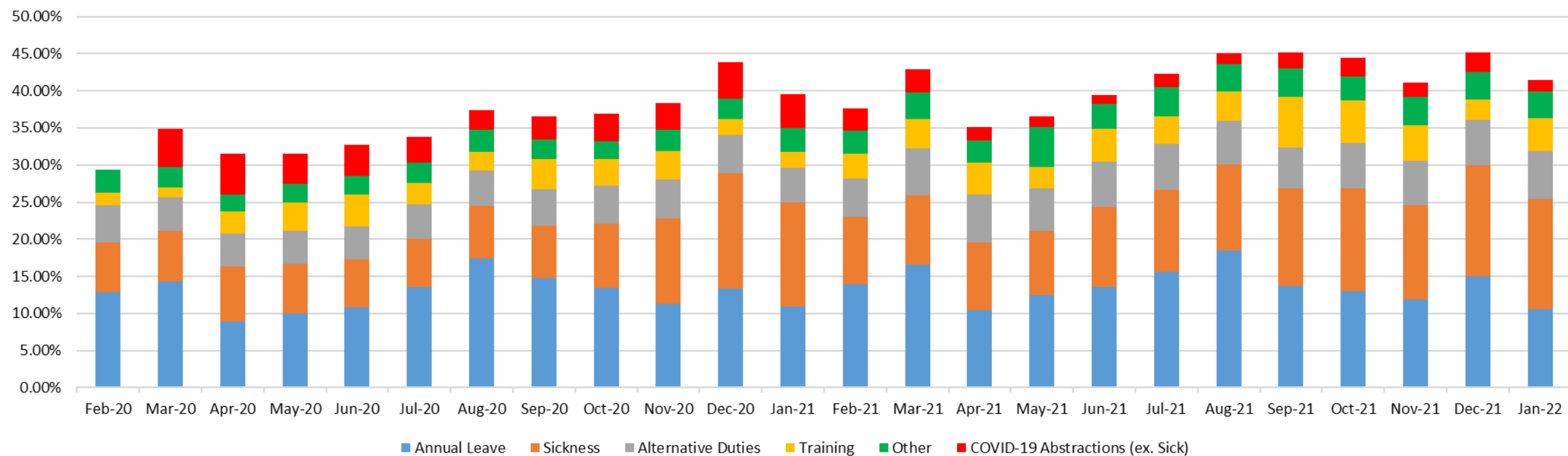
# Our People

## Ambulance Abstractions and Production Indicators

Abstractions **R** EA Production **G**

CI PCC  
FPC

Pan Wales EMS Total Rota Abstraction Hours



### Analysis

As shown in the top graph, monthly abstractions from the rosters are key to managing the number of hours we produce. In Jan-22, total abstractions stood at 41.44%. This compares to a benchmark set in the Demand & Capacity Review of 30% which the Trust was achieving pre-CoVID-19.. The highest proportion was sickness at 14.88% and Annual Leave at 10.59%. Sickness abstractions for Jan-22 were higher than the previous year (13.97%); however, CoVID-19 related abstractions decreased in Jan-22 when compared to Jan-21 accounting for 1.52% of overall abstractions.

**Emergency Ambulance Unit Hours Production (UHP) was 106% in Jan-22** (82,936 Actual Hours), achieving the 95% benchmark. RRV UHP achieved 84% (16,821 Actual Hours) compared to 74% in Dec-21. The total hours produced is a key metric for patient safety (included on slide 7 red performance). In Jan-22 the Trust produced 127,780 hours, but the graph shows that even despite significant funding for increased substantive numbers of staff, total hour produced has not risen sustainably. From mid-Oct-21 Military support was re-introduced, and currently (from 05-Jan 22) 251 military personnel are providing support, this will now be phased out through a transition plan in preparation for it ceasing on 31 Mar-22.

The Trust de-escalated to REAP 3 on 18 Jan-22, however the Pandemic Plan Response Posture introduced on 20 Dec-21 remains in place. The Trust has introduced a Performance Improvement Plan bringing together all tactical and transformative actions across the three services. Additional capacity have been actioned to help offset the level of abstractions.

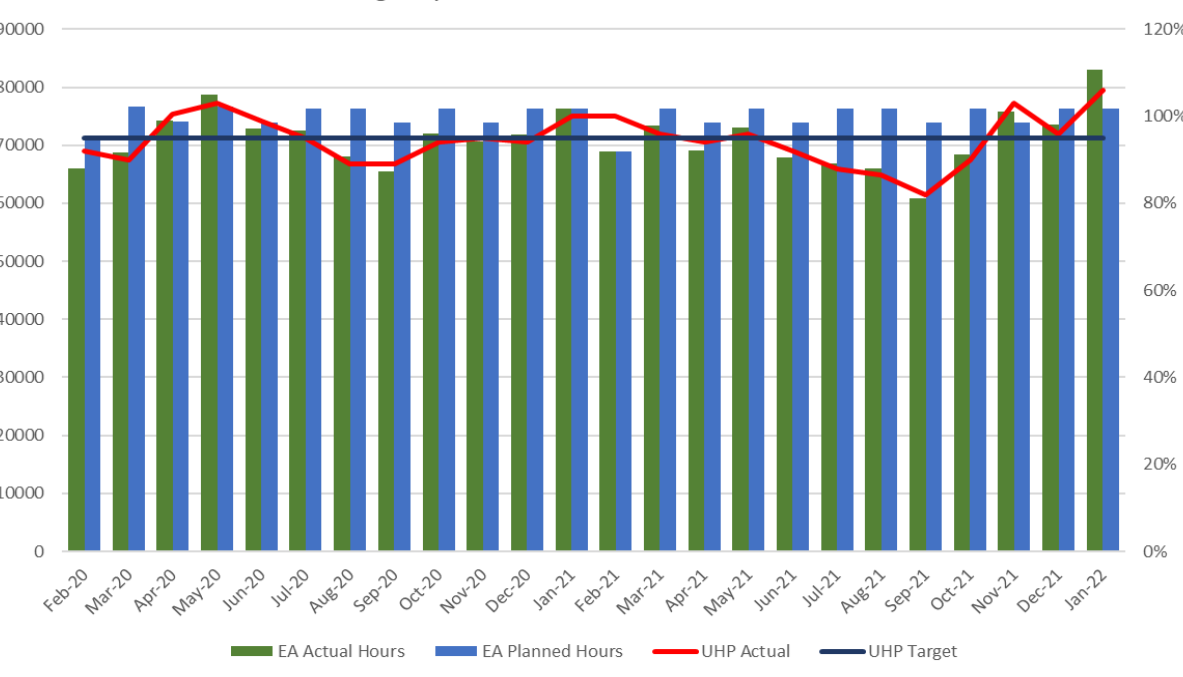
### Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A new programme of work is being commenced to review and take action to reduce sickness absence / alternative duties. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 127 WTE to be recruited this year; however, the current impact of CoVID-19 means that the Performance Improvement Plan contains a range of tactical responses to increasing capacity in the short term e.g. military aid.

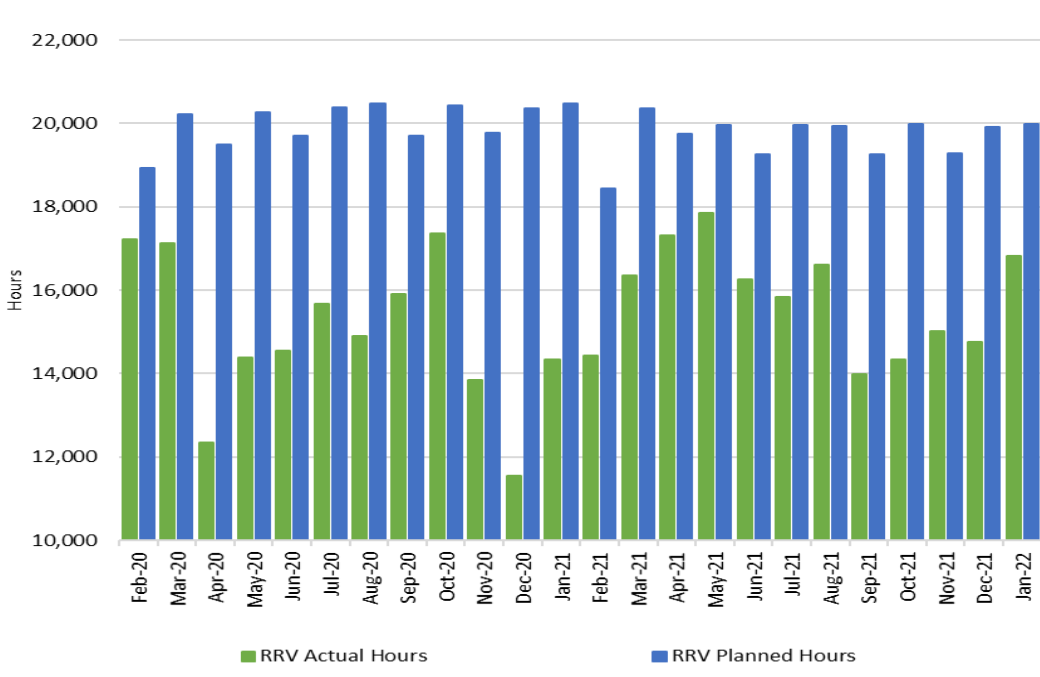
### Expected Performance Trajectory

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

Emergency Ambulance Unit Hours Production



RRV Hours Planned vs Actual



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Our People Sickness Absence Indicators



NB: Jan-22 data not yet available to report

## Analysis

The monthly sickness absence figure for Dec-21 was 12.45%, an increase of 1.37% from last month; however, sickness levels are the highest recorded in a 5 year period with increases in both short term and long term absence.

- Considerable increase in Covid absence during the Omicron wave
- Chest & respiratory problems highest reason for absence in December
- Stress and Anxiety rates have lowered compared to November
- 40 cases of Long Covid

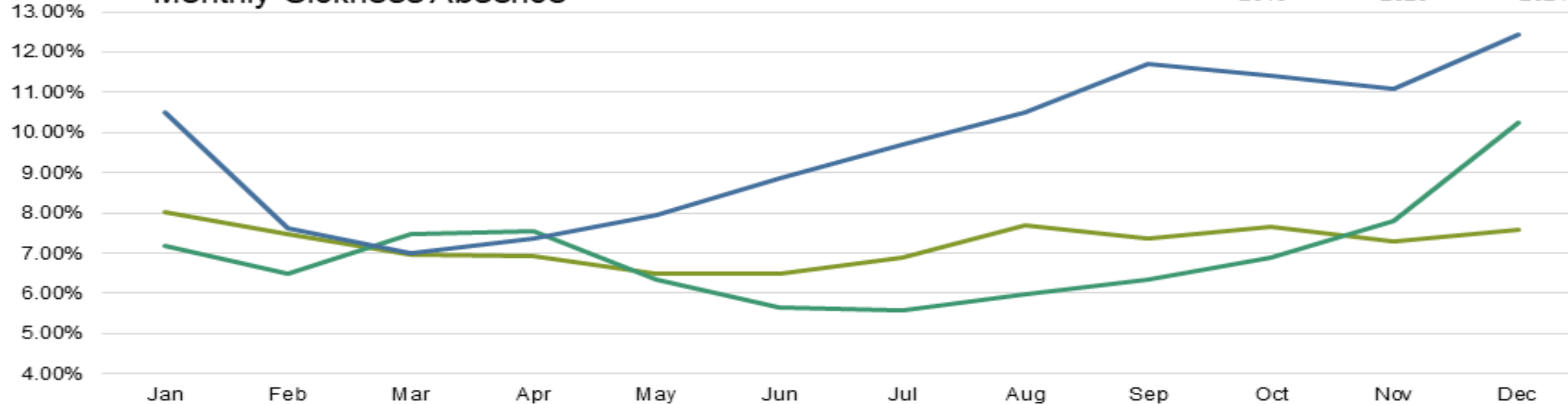
## Remedial Plans and Actions

- The restructuring of the Operations Directorate on ESR has seen Integrated Care (NHSD111) and EMS Co-ordination (CCC) rise above EMS i.e. the sickness rate when combined.
- Physiotherapy referrals remain stable at 27 referrals for this month, with 37% off work at time of referral. Majority of referrals were for back symptoms. Referrals to our EAP were reduced against November, to 54 calls, however the need for counselling sessions rose by 9%

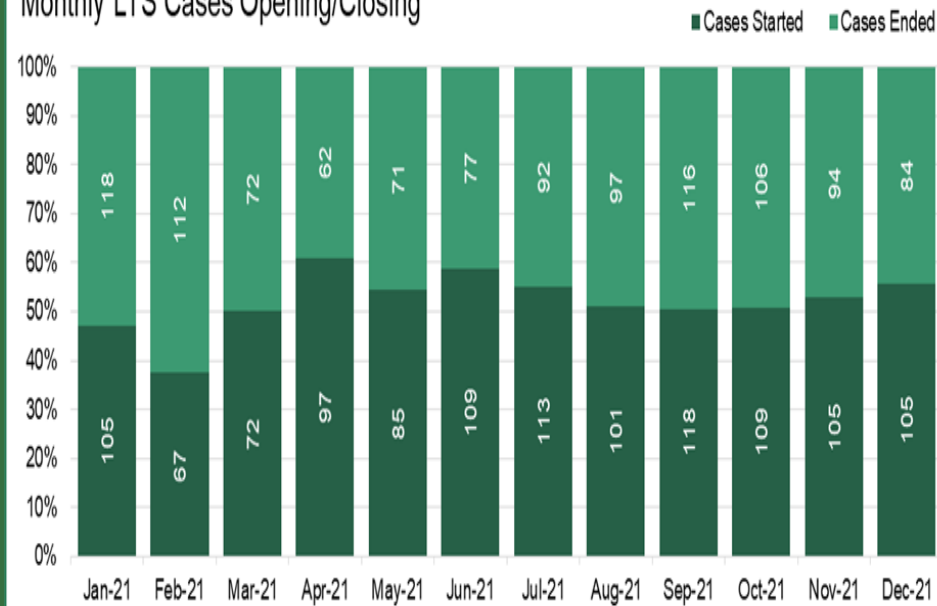
## Expected Performance Trajectory

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

### Monthly Sickness Absence



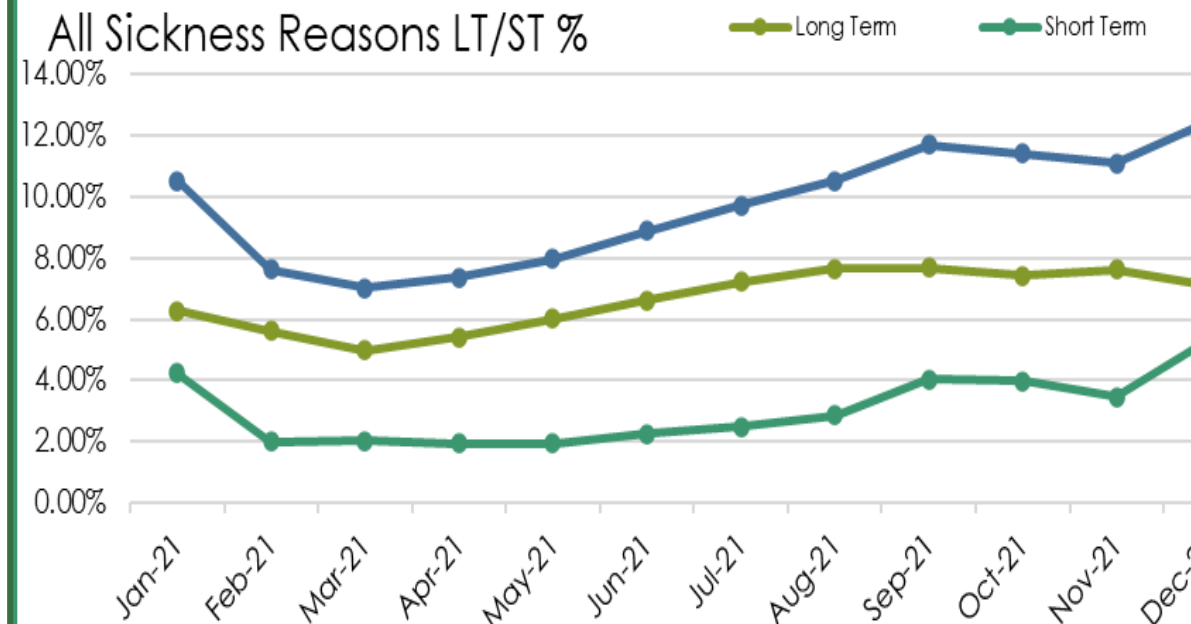
### Monthly LTS Cases Opening/Closing



### Average working days lost per FTE (Annual)

22.16 days	
Single month Absence %	
12.45%	
Long Term	Short Term
7.06%	5.39%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.61%	1.58%

### All Sickness Reasons LT/ST %



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust



# Our People

## Staff Vaccination Indicators

Self Assessment:  
Strength of Internal  
Control: Moderate

Flu  
R

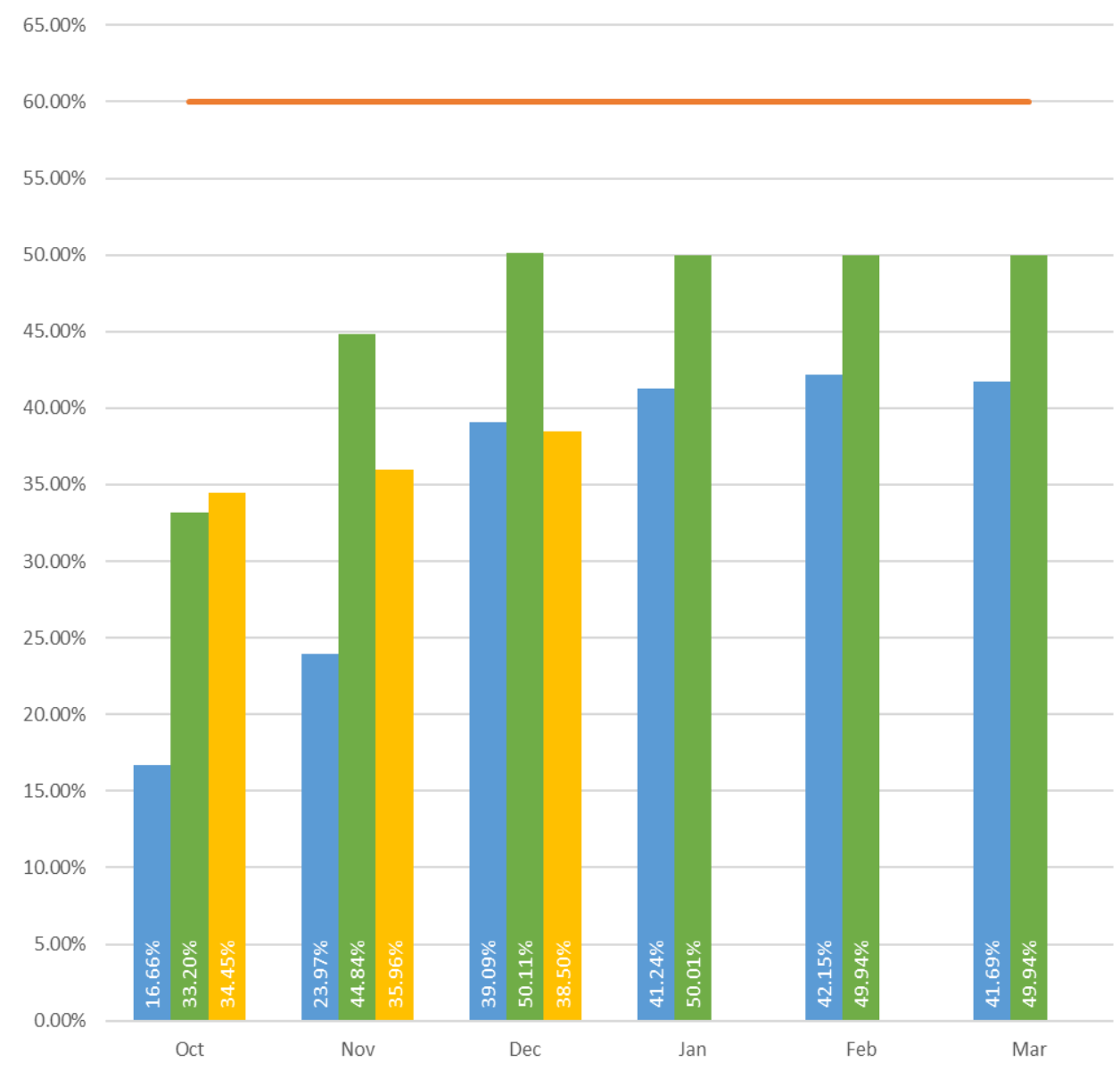
CI

PCC

Health & Care  
Standard  
- Health (PPI)

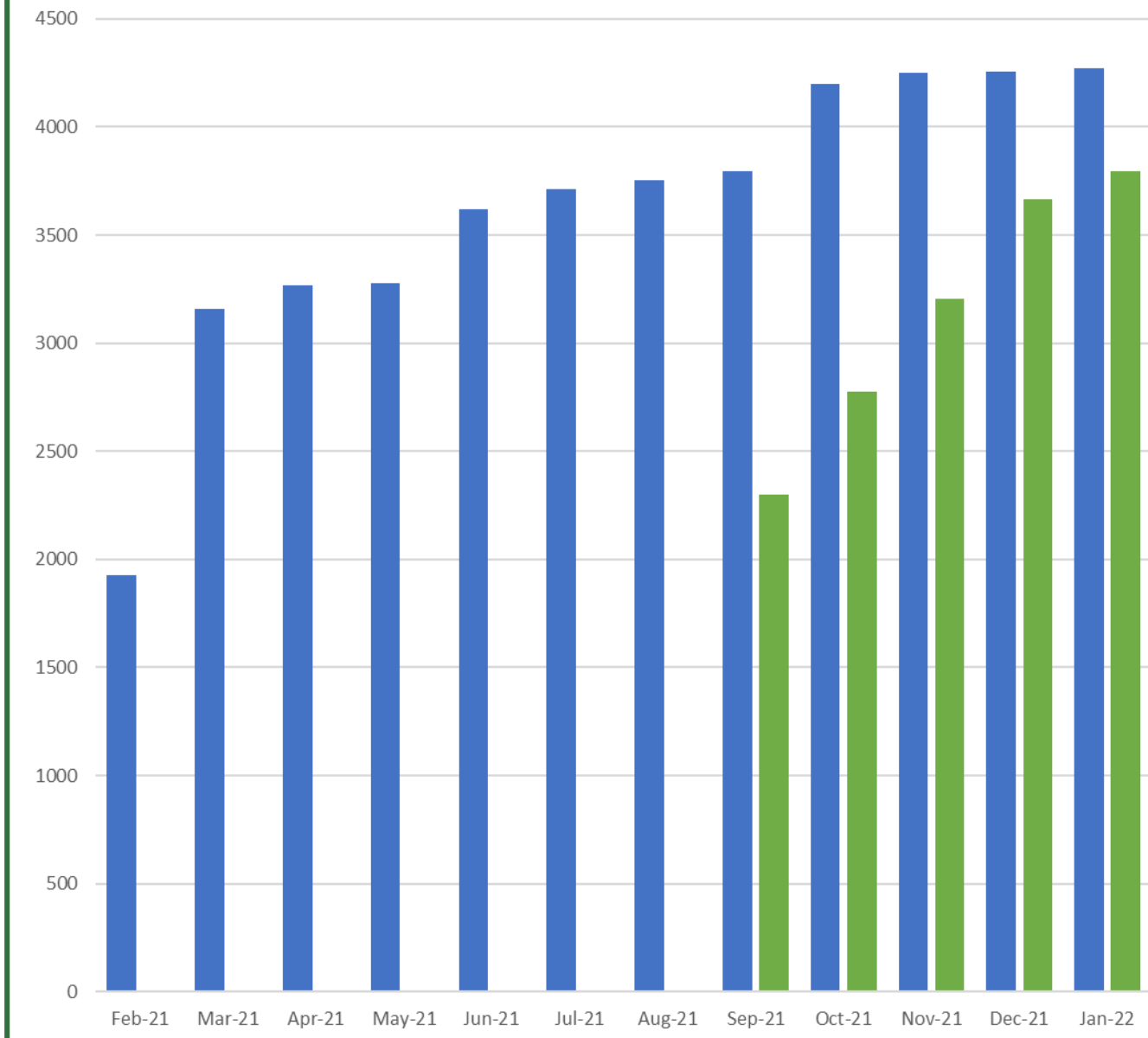


% Uptake of the Influenza Vaccination amongst Healthcare Workers who have Direct Patient Contact



■ % uptake of the influenza vaccination (All Staff) 19-20  
 ■ % uptake of the influenza vaccination (All Staff) 20-21  
 ■ % uptake of the influenza vaccination (All Staff) 21-22  
 — Target

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



■ Uptake of the CoVID-19 Vaccination amongst Frontline Healthcare Workers (2nd Dose: Cumulative)  
 ■ Uptake of the CoVID-19 Booster Vaccination amongst Frontline Healthcare Workers (Cumulative)

### Analysis

The 2021-22 flu campaign got underway in Oct-21 and as indicated in the graph to the left 38.50% of EMS (response) and NEPTS staff. received a vaccination.

Of the 4,532 staff currently employed (All staff) front line (Patient Facing and Non-Patient Facing staff), 95% of staff have received a first dose CoVID-19 vaccination, 94% (4,270) have received a second dose and 94% (3,795 Staff) have received a booster vaccination. In addition 94% of volunteers have received a first dose vaccination, 93% have received a 2<sup>nd</sup> dose and 1.4% have received a booster vaccination.

### Remedial Plans and Actions

Staff data has been refreshed to accurately staff numbers employed by WAST.

### Expected Performance Trajectory

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

**NB: Flu Vaccines reports 1 month in arrears therefore Dec-21 data provided**

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



(Responsible Officer: Claire Vaughan)

Welsh Ambulance Services NHS Trust



# Our People

## PADR and Training Rates Indicators

R

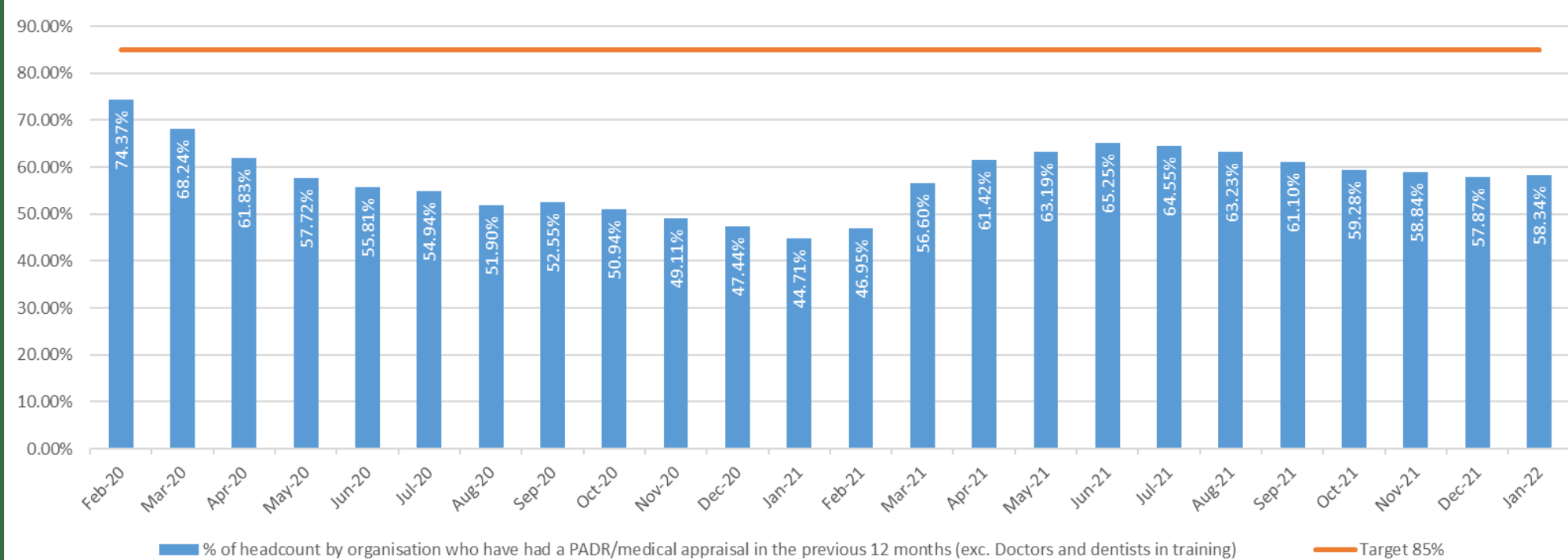
Self Assessment:  
Strength of Internal Control: Strong

CI

PCC

Health & Care Standard  
Health – Staff & Resources

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



### Analysis

PADR rates for Jan-22 remained largely static at 58.84% but continue to remain below the 85% target. Jan-22 Statutory & Mandatory Training rates increased by 0.08% from the Dec-21 figure but still remains under the 85% target. Fire Safety (60.60%), Information Governance (82.64%) and Moving & Handling (71.91%) all failed to achieve the 85% target; however Safeguarding Adults (85.92%) achieve the target again in Jan-22.

In Jan-22 Band 6 Paramedic Competency rates (All Staff) are 83.17% for year 1, 77.95% for year 2 and 56.78% for year 3. These figures exclude newly qualified Paramedics and staff on Long-Term Sickness and Maternity. Of the original Band 6 staff, the rates are 100% for year 1, 99.86% for Year 2 and 72.62% for year 3.

There are currently 2 (13 for Admin & Clerical Staff) Statutory and Mandatory courses that all NHS employees must complete in their employment. These include:

Skills and Training Framework	NHS Wales Minimum Renewal Standard
Equality, Diversity & Human Rights (Treat me Fairly)	3 years
Fire Safety	2 years
Health, Safety & Welfare	3 years
Infection Prevention & Control - Level 1	3 years
Information Governance (Wales)	2 years
Moving and Handling - Level 1	2 years
Resuscitation - Level 1	3 years
Safeguarding Adults - Level 1	3 years
Safeguarding Children - Level 1	3 years
Violence & Aggression (Wales) - Module A	No renewal
<b>Mandatory Courses</b>	
Violence Against Women, Domestic Abuse and Sexual Violence	3 years
Dementia Awareness	No renewal
Environment, Waste and Energy (Admin & Clerical staff Only)	Yearly

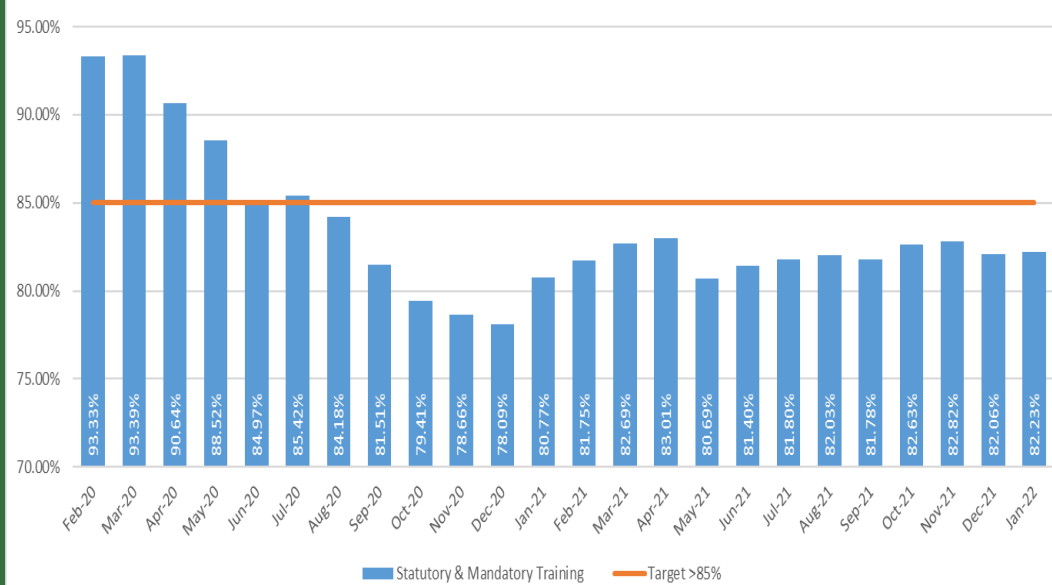
### Remedial Plans and Actions

The Learning and Development team will continue to utilise targeted communication via Siren and Yammer using the #WASTMakItHappen tagline to reinvigorate My Learning on ESR for Corporate Compliance. In addition, meetings are ongoing with the Ambulance Response Team to highlight compliance rates for Frontline staff and continue to monitor. CPD is supported by the ESR Team and user guides, and other supportive information is available through the WAST intranet and via the WAST Facebook page.

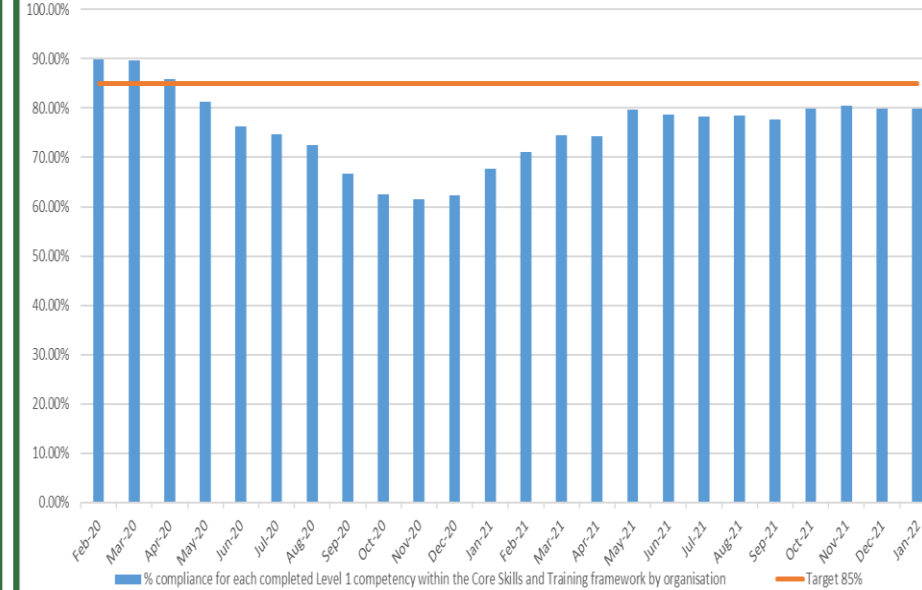
### Expected Performance Trajectory

The outlook for 2021 is unclear, a third wave of the CoVid-19 pandemic has resulted in the Trust again moving out of the Monitor Phase and again into a Response Phase resulting in increased pressures in the work environment and less opportunity for training and development.

% Compliance Statutory and Mandatory Training (10 CSTF Modules)



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



Data source: ESR

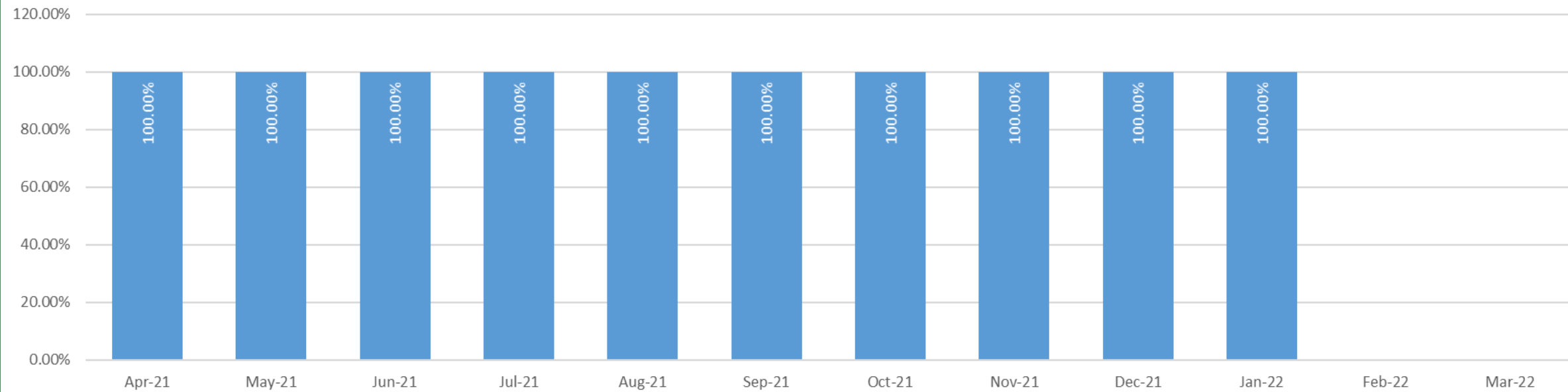




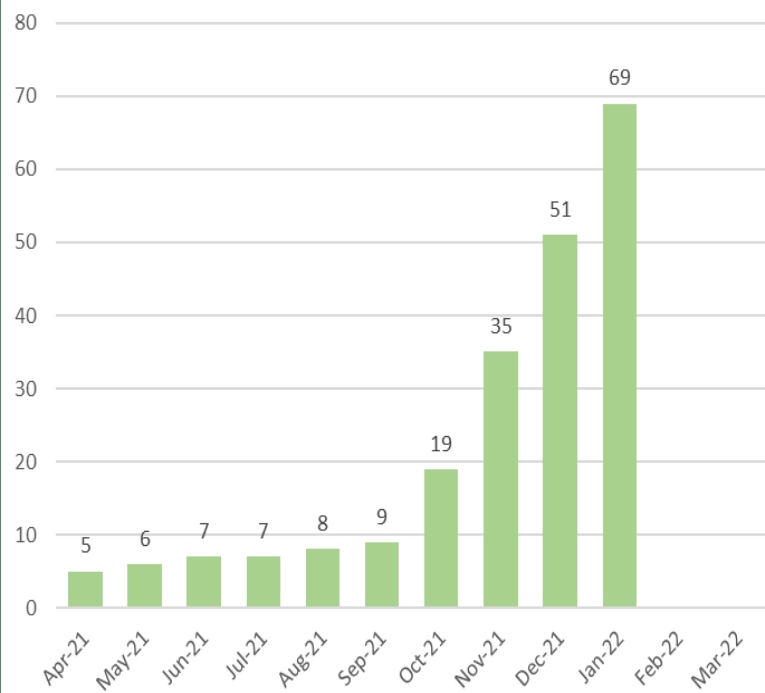
# Finance and Value Finance Indicators



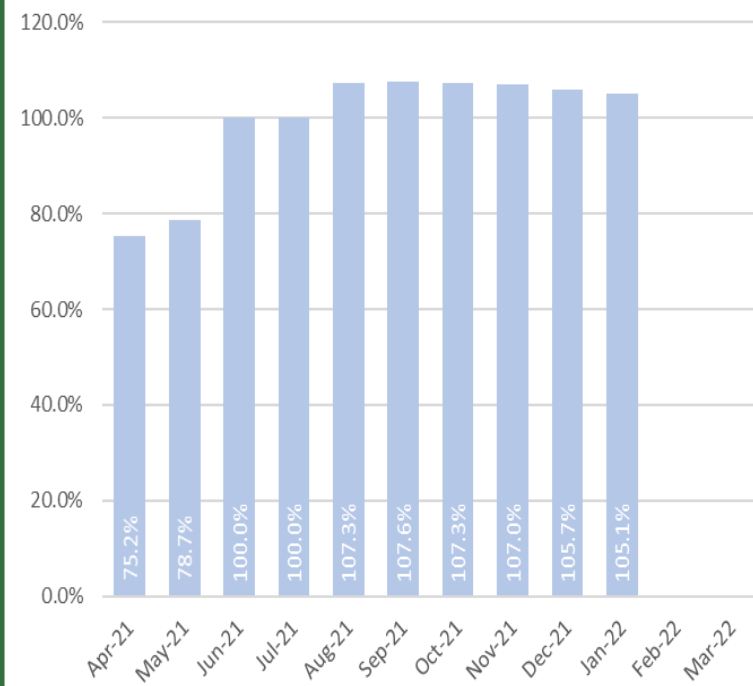
Financial balance - annual expenditure YTD as % of budget expenditure YTD



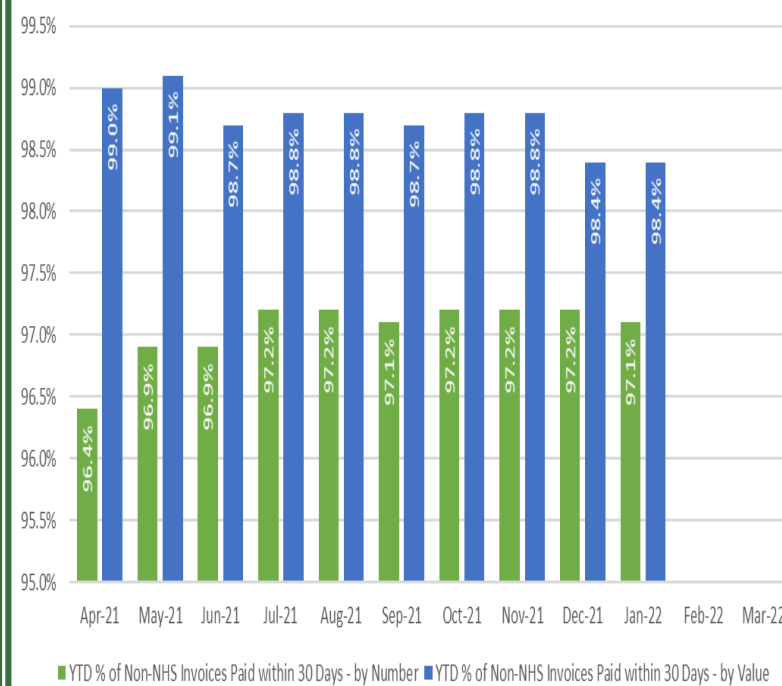
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



## Analysis

As of Jan-22 the reported outturn performance at month 10 is a surplus of £69k.

For month 10 the Trust is reporting planned savings of £2.506m and actual savings of £2.634m, an achievement rate of 105.1%.

Cumulative performance against the Public Sector Purchase Programme (PSPP) as of Jan-22 was 97.1% against a target of 95%.

As of Jan-22 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

## Remedial Plans and Actions

The Trust's financial plan for 2021-24 will build on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the current 2021-24 plan is in development.

No financial plan is risk free. Financial risk management forms a key element of the project plans which underpin both the Trust's ambitions and savings targets. The Trust continues to seek to strengthen where it can its financial capacity and corporate focus on finance, and as an organisation have structures in place to drive through the delivery of our financial plan.

Key specific risks to the delivery of the 2021/22 financial plan include:

- Continuing financial support from Welsh Government in relation to Covid pandemic costs which may persist at a significantly material level into the winter period and beyond;
- Availability of capital funding to support the infrastructure investment required to implement service change, and the ability of the Trust to deliver the revenue consequences of capital schemes within stated resource envelope;
- Financial impact of EASC Commissioning Intentions, and confirmation of the EMS financial resource envelope as assumed within our financial plan;
- Ensuring additional avoidable costs that impact on the Trust as a result of service changes elsewhere in the NHS Wales system are fully recognised and funded;
- Ensuring any further developments are only implemented once additional funding to support these is confirmed;
- Delivery of cash releasing savings and efficiencies;

## Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to continue to deliver further planned savings into 2021/22.



(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust

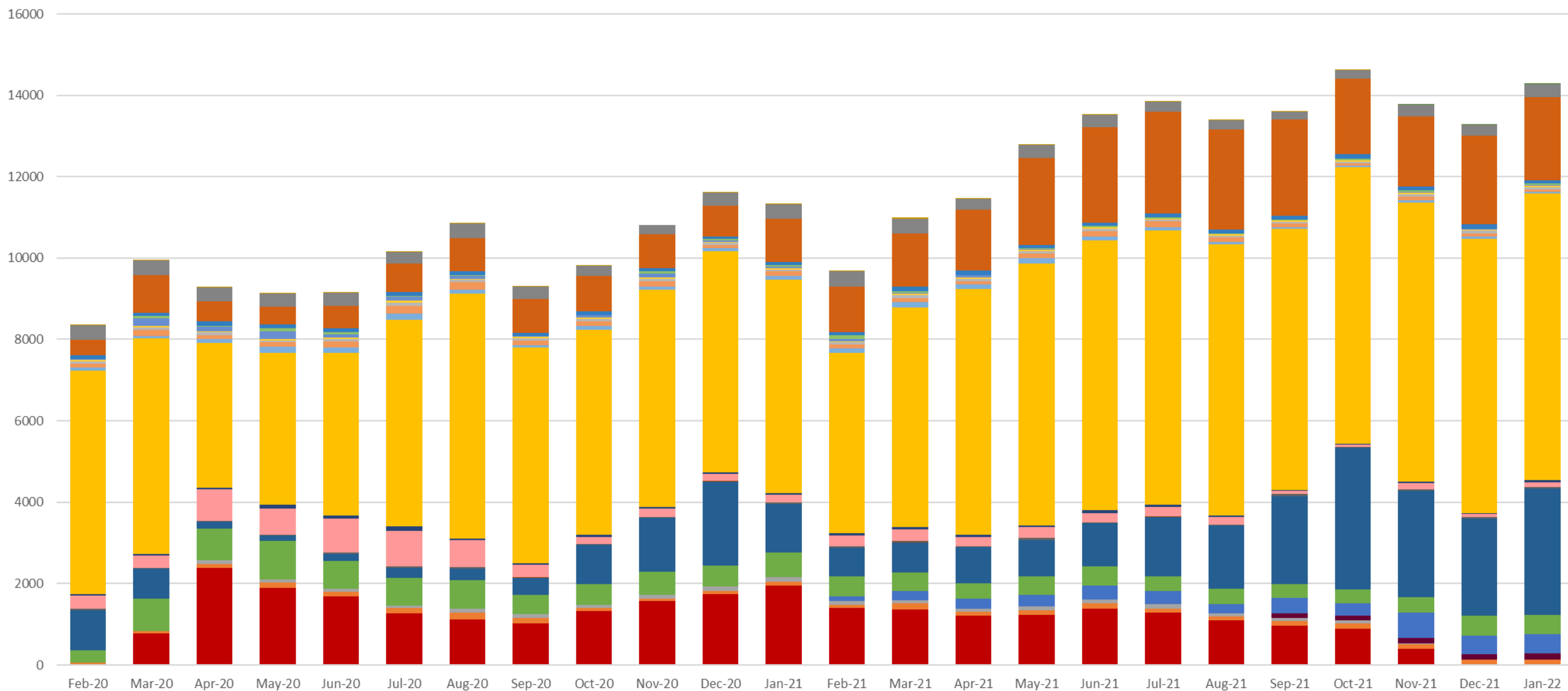


# Value / Partnerships & System Contribution

## EMS Utilisation & Post Production Lost Hours Indicators



Post Production Lost Hours - By Unavailability Reason



**Analysis**  
 There were 17,106 hours lost in Jan-22; of this 14,279 were to APP, EA, RRV and UCS vehicles which continues to show high levels compared to previous months (PPLH). The highest number of hours were lost to EA vehicles, accounting for 10,969 in Jan-22.

In Jan-22 hours lost through PPLH can be down to numerous factors, including, but not limited to Return to Base, Meal Breaks (7,043 Hours), HALO duties (3,109 hours) and Vehicle cleaning (2,033 hours). It can also be as a result of different processes at hospital sites causing variation in process in flow throughout the system that contribute towards post- production lost hours.

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

**Expected Performance Trajectory**  
 The current data needs to be treated with a degree of caution, for example, there are good reasons for some post production lost hours, plus there are issues of data entry. The Trust has recently undertaken more benchmarking on PPLHs which suggests that it compares favorably with two other ambulance services, but less so with a third. Contact is being sought with this third service.

**\*\*NB: PPLH Data correct at time of extract 10/02/22**



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust

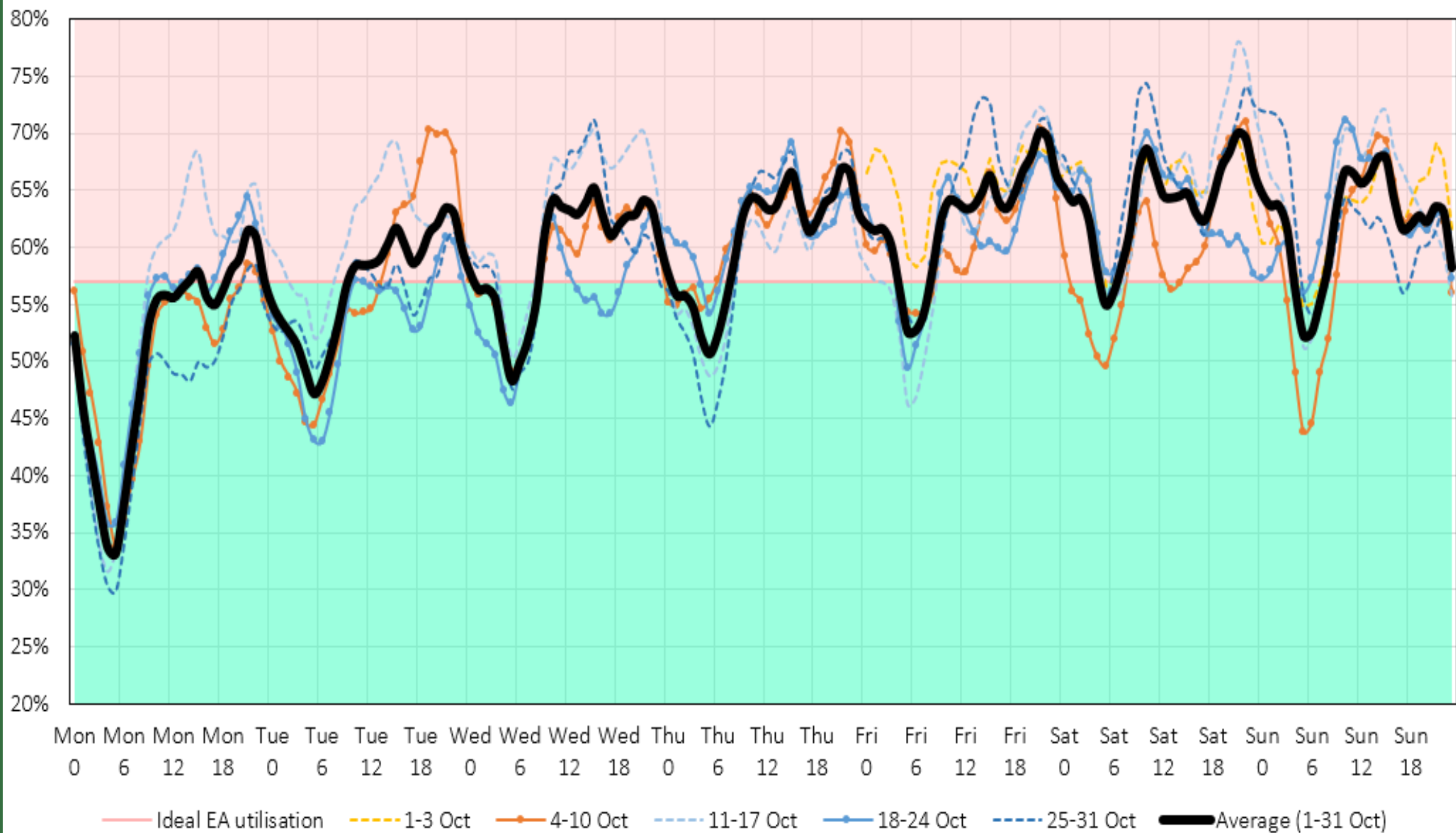


# Value & Partnership Contribution Utilisation Indicators



Slide Under Development to provide Net Utilisation – No Update available

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



#### Analysis

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

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

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

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

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

#### Remedial Plans and Actions

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

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

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

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

#### Expected Performance Trajectory

The Trust expects utilisation to improve as more hours are put into the system, however this is being offset by current handover levels.



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



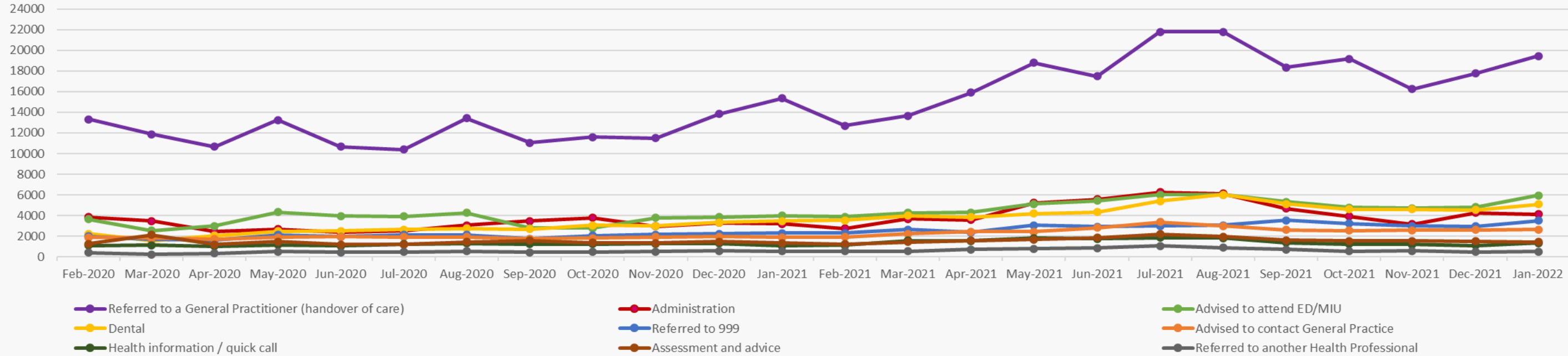
# Our Patients: Quality, Safety & Patient Experience

## 111 Hand Off Metrics and 111 Consult & Close Indicators

### Influencing Factors – Demand and Clinical Hours Produced



111 Calls By Final outcome



#### Analysis

In Jan-22 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 44% of calls.

Calls falling in the Immediate Care Required category saw the highest volume; this includes calls referred to General Practitioner (19,437), advised to attend ED/MIU (5,960) and Dental calls (5,078).

In Jan-22 44,102 calls were received in the 9 categories displayed in the top graph, an increase when compared to 40,077 in Dec-21, 32,243 in Jan-20 and 33,137 in Jan-21.

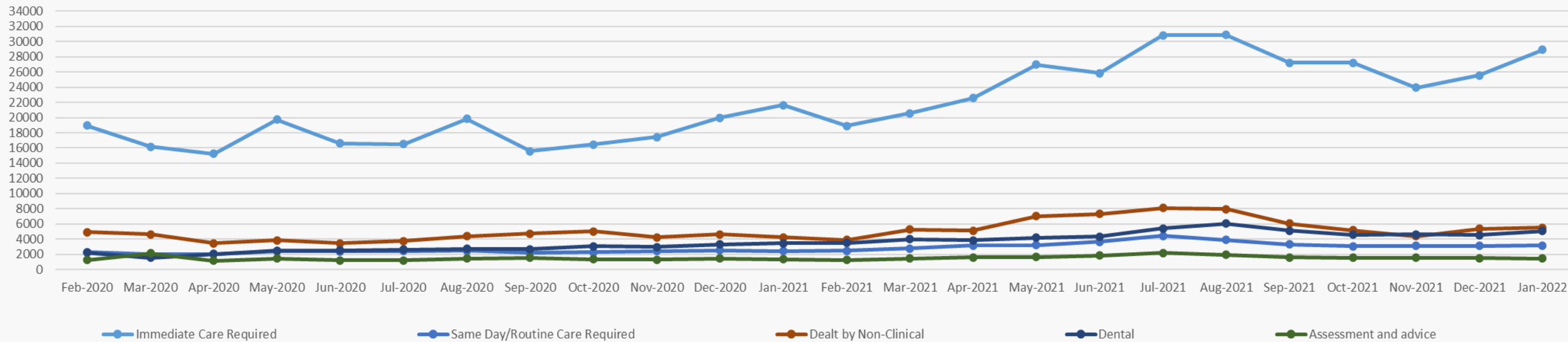
#### Remedial Plans and Actions

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

#### Expected Performance Trajectory

A Contract Analyst is currently undertaking work to improve 111 data metrics available; this will allow us to report more meaningful and relevant data.

111 Calls by Final Outcome



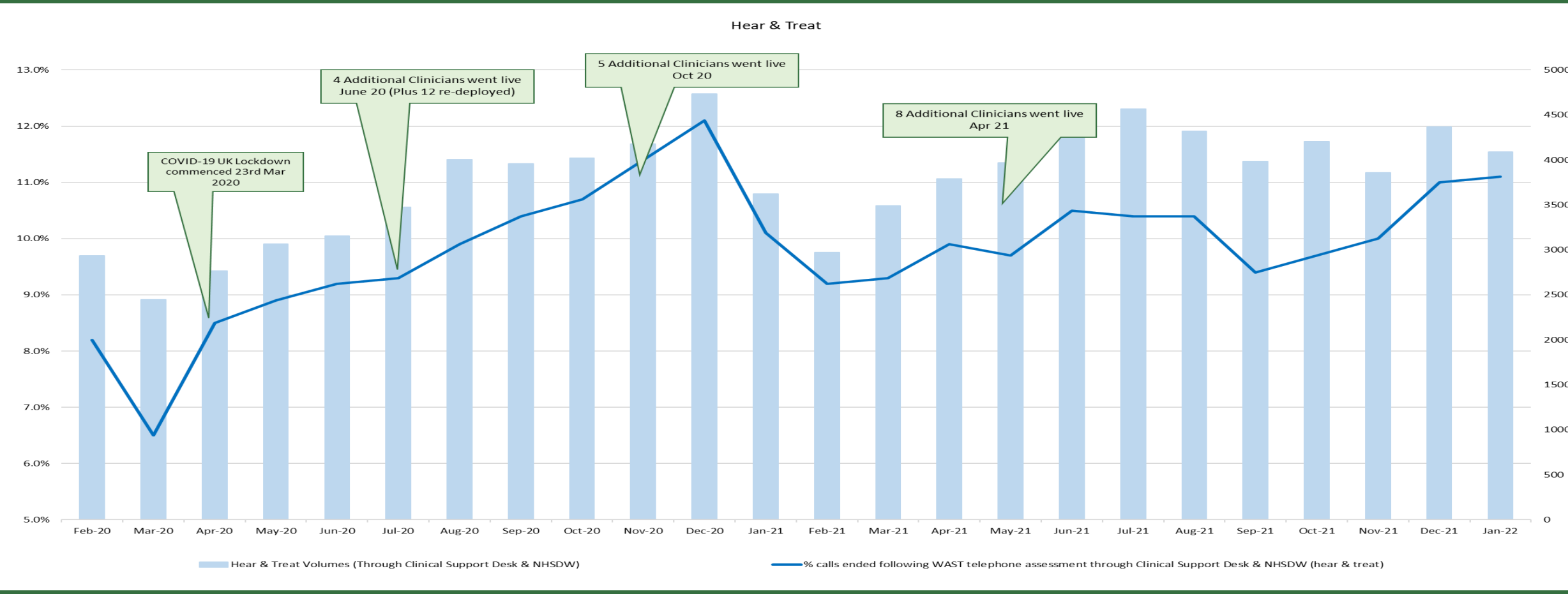
(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution

## Hear & Treat Indicators



### Analysis

The **Clinical Service Desk (CSD)** and **NHSDW (Hear & Treat)** achieved 11.1% performance in Jan-22, therefore continuing to achieve the 10.2% target for the third consecutive month.

7.6% of hear & treat volumes were achieved by the CSD in Jan-22. In comparison, 3.5% of hear & treat was by NHSDW/111.

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

**Re-contact rates in Jan-22 were 5.5%** a decrease compared to 6% in Dec-21, also a decrease compared to 7.5% in Jan-21.

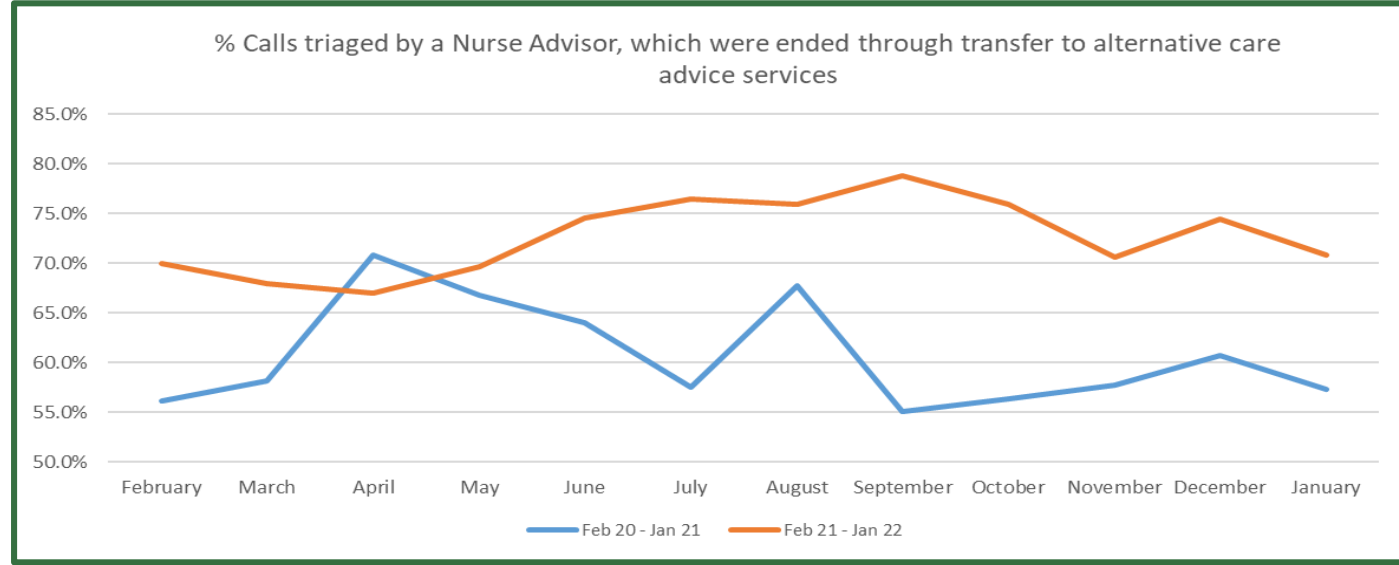
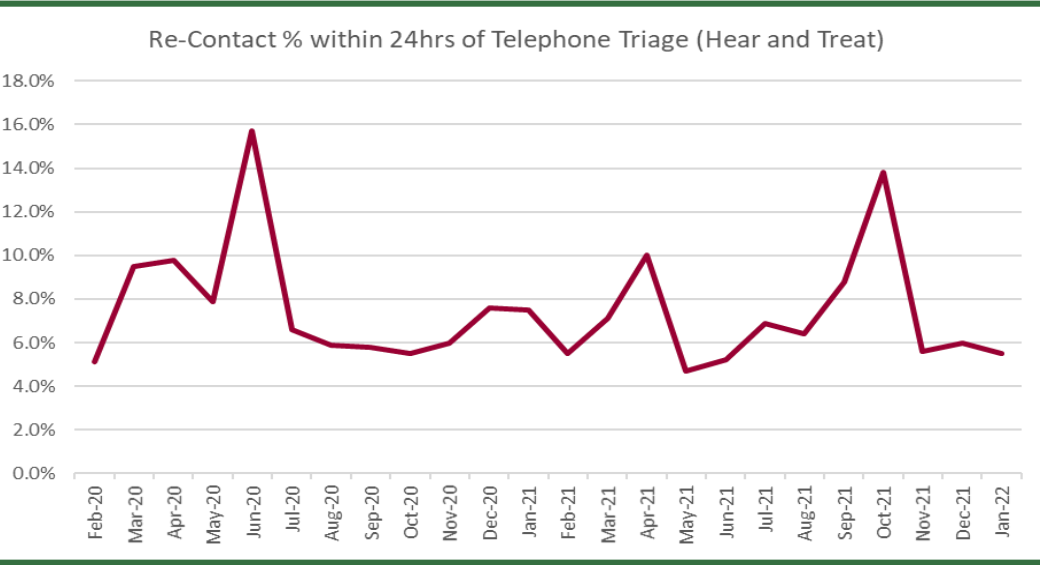
The percentage of calls triaged by nurse advisor ended through transfer of alternative care advice services decreased month on month to 70.8% in Jan-22; by comparison, this figure was 57.3% in Jan-21.

### Remedial Plans and Actions

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

### Expected Performance Trajectory

The current benchmark is 10.2% hear and treat rate. This benchmark is currently under review and expected to increase as part of the development of the 2022-25 IMTP and associated forecasting and modelling.



(Responsible Officer: Lee Brooks)

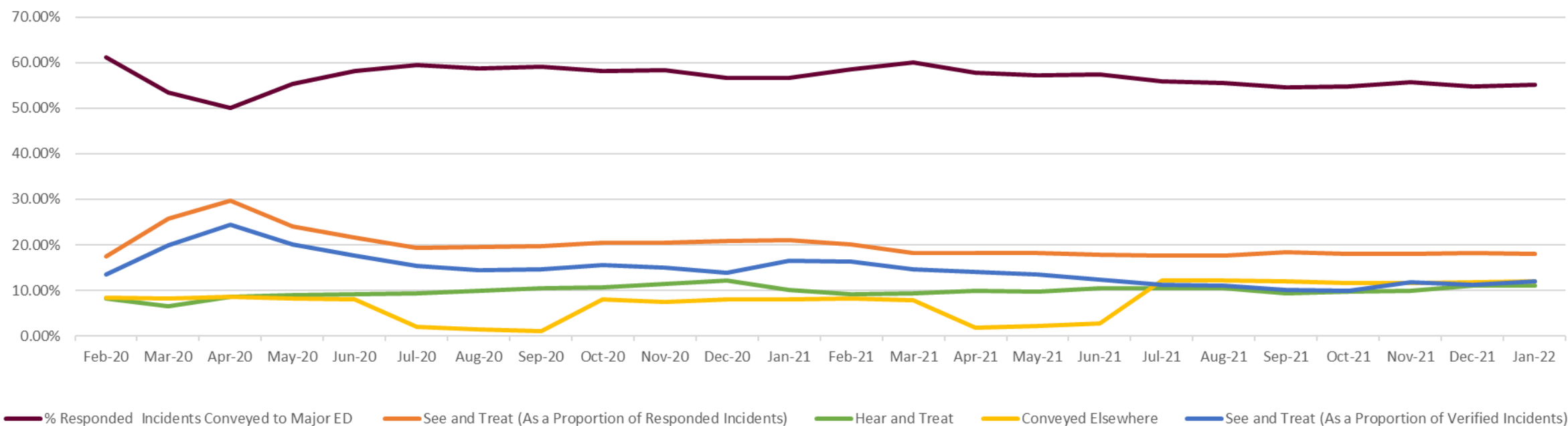
Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution Conveyance to ED Indicators



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



### Analysis

The percentage of patients conveyed to EDs decreased (i.e. improved) compared to the same period last year. In Jan-22 conveyance to EDs as a proportion of total verified incidents was 36.65% (compared to 44.26% in Jan-21).

The combined number of incidents treated at scene and referred to alternate providers decreased in Jan-22 when compared to Dec-21. 2,050 incidents were referred to alternative providers in Jan-22 and 2,387 incidents were treated at scene; however, a review of other outcomes (see graph) shows that the number of incidents where there was a no send, patient cancelled or went via their own transport remains an indicator which may mean patients reach hospital via another route. In Jan-22 8,520 ambulances were cancelled by patients, 564 fell in the unable to send category due to the escalation of the Clinical Safety Plan (CSP) and 331 patients made their way to hospital using their own transport.

### Remedial Plans and Actions

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

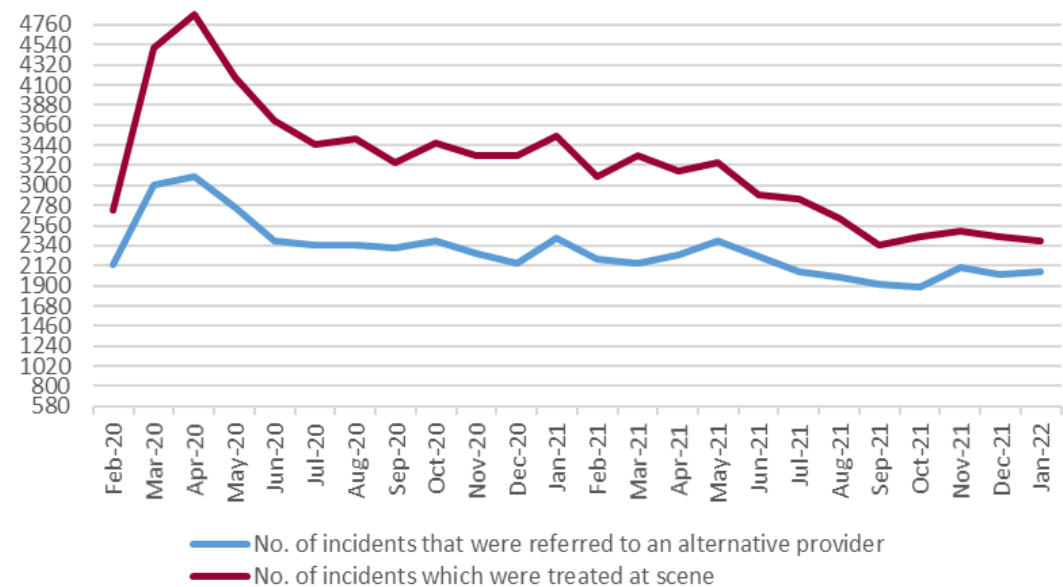
As part of the IMTP and working with partners across the health system. WAST has been asked to lead on the development of a National Respiratory work stream. A four phased proposal has been designed to deliver sustainable service level improvement for respiratory patients across Wales aligned to the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

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

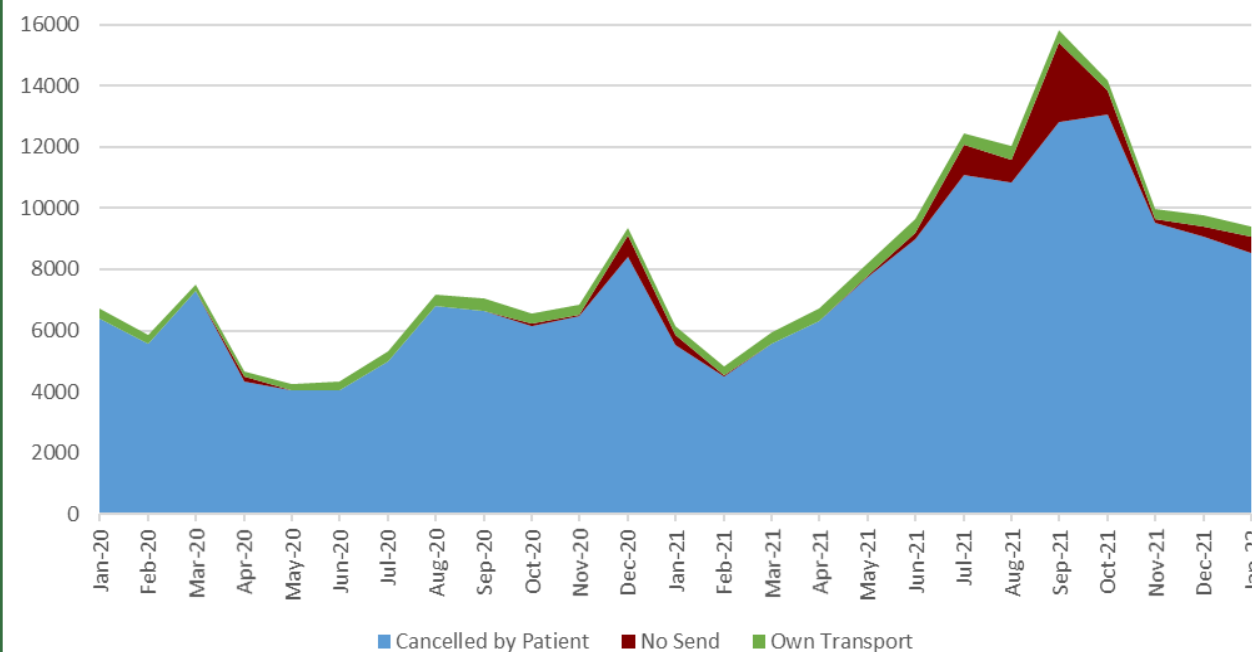
### Expected Performance Trajectory

The initial modelling results due w/c 24 Jan-22 should give the Trust a first indication of what an optimised shift left benchmark may be. Further work will probably be required on confirming that figure. The Trust can then start to plot actions and a trajectory towards that benchmark.

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



Number of Incidents Stopped by reason

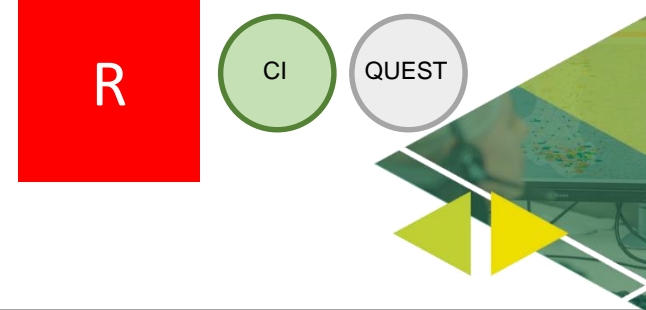


(Responsible Officer: Andy Swinburn)

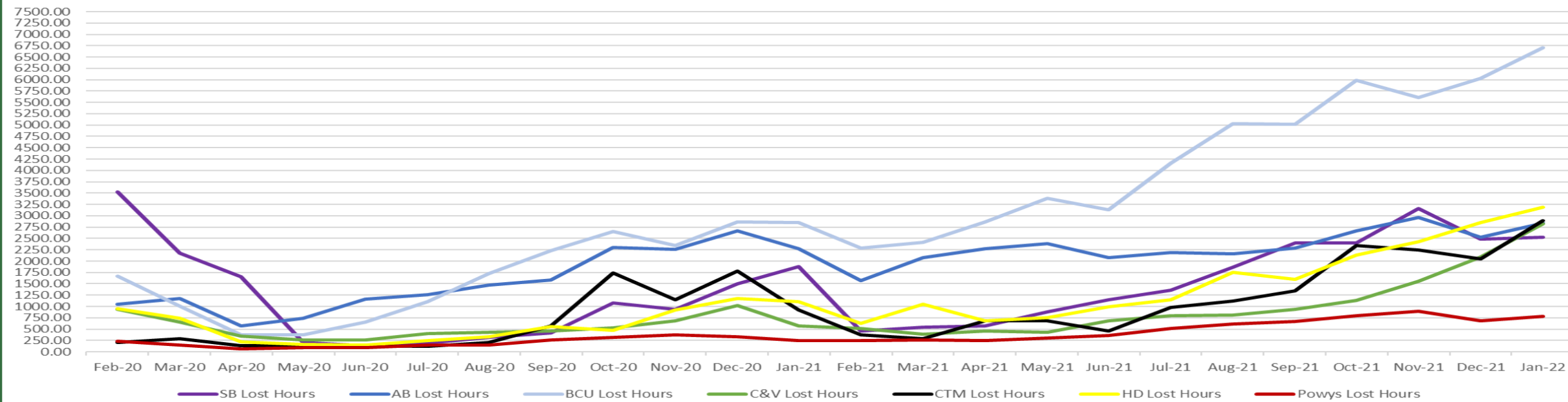
Welsh Ambulance Services NHS Trust



# Partnerships / System Contribution Handover Indicators



Notification to Handover Lost Hours by Health Board



## Analysis

**156,959 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 72,816 in same period a year ago (Feb-20 to Jan-21).** 22,563 hours were lost in Jan-22, a 63% increase compared to 8,416 lost hours in Jan-21 and also an increase when compared to 13,820 recorded in Dec-19, the previously worst recorded month, prior to Aug-21. The hospitals with highest levels of handover delays during Jan-22 were Morryston Hospital (SBUHB) at 3,390 lost hours, Glan Clwyd Hospital Bodelwyddan (BCUHB) at 2,591 lost hours, Grange University Hospital (ABUHB) at 2,544 lost hours and Maelor General Hospital (BCUHB) at 2,249 lost hours.

Notification to handover lost hours averaged 712 hours a day in Jan-22, 474% higher than the commissioning intention of no more than 150 hours per day.

Lost hours remain a challenge for the Trust, in Jan-22 41,379 combined hours were lost to UHP shortfalls (under 95% UHP), handover, post production lost hours and hospital to clear lost hours.

## Remedial Plans and Actions

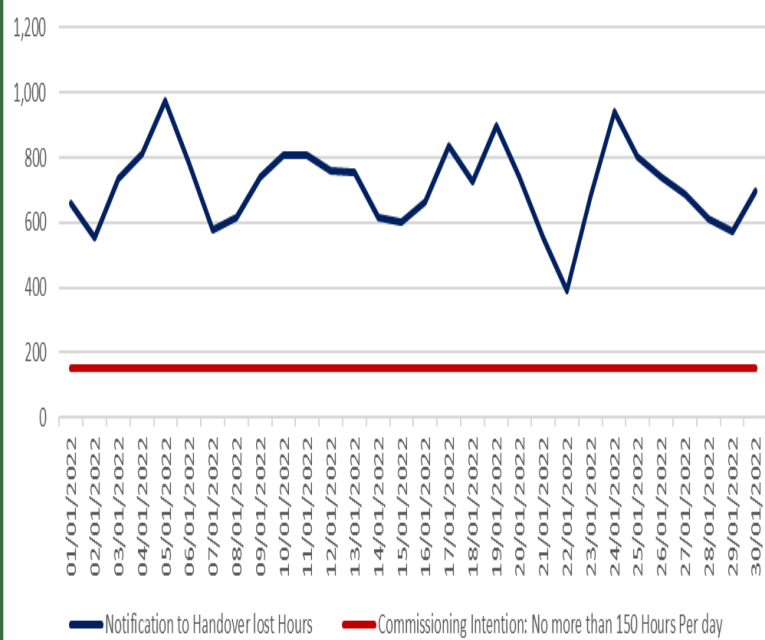
Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister, and this will continue through the year as we seek to influence and put pressure on the system to improve.

Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the CoVID-19 pandemic. The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR). 23 ideas have been received through the WIIN platform from staff in Dec-21

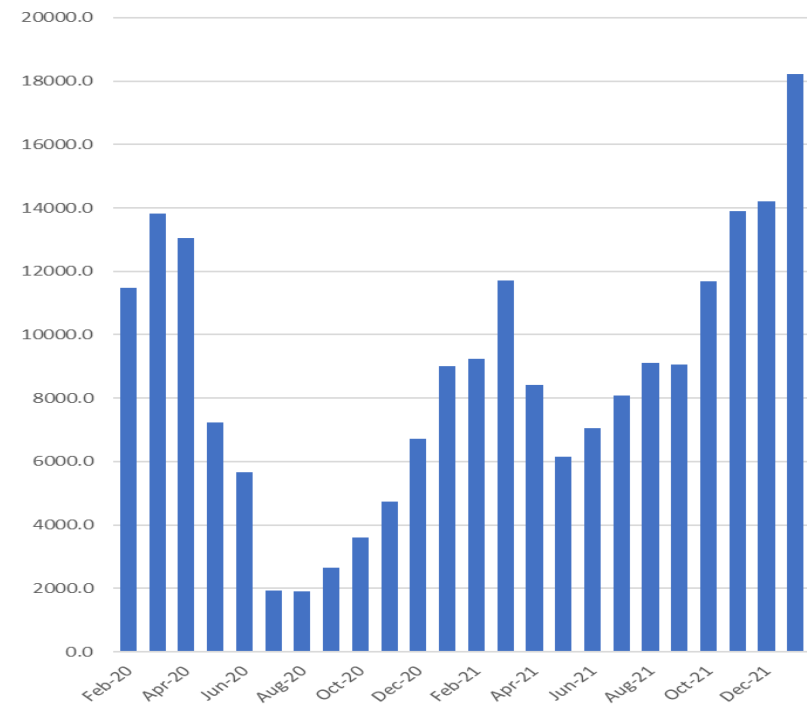
## Expected Performance Trajectory

There is a 2021/22 EASC commissioning intention for handover ,but this is clearly not going to be met. There is a recognition that handover must be reduced, but also that health boards ability to make a significant reduction before 2025 is unlikely; consequently current discussions in EASC are focused on clinical safety plans for health boards that are aligned and align to the Trust's; that these plans must include average handover patient waits as part of the escalation triggers with a probable red line/backstop of a maximum wait. It is not possible to provide a trajectory at this time.

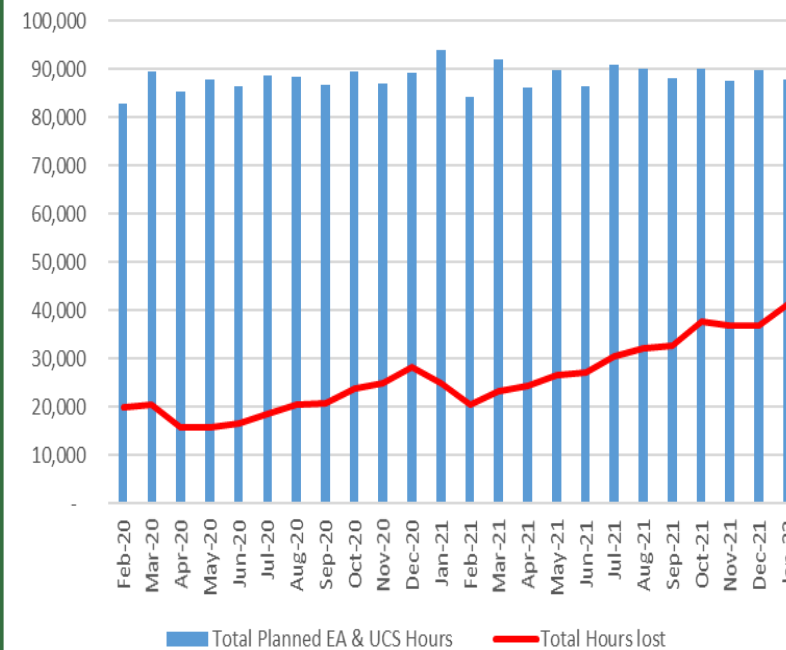
Notification to Handover Lost Hours - January 2022



Pan-Wales Notification to Handover Lost Hours



Total Planned hours VS Total Hours Lost



Term	Definition	Term	Definition	Term	Definition	Term	Definition	Term	Definition
AB / ABHB	Aneurin Bevan / Aneurin Bevan Health Board	C&V / C&VHB	Cardiff & Vale / Cardiff & Vale Health Board	HIW	Health Inspectorate Wales	NHSDW	National Health Service Direct Wales	RRV	Rapid Response Vehicle
AOM	Area Operations Manager	D&T	Discharge & Transfer	HI	Health Informatics	NPUC	National Programme for Unscheduled Care	SB / SBUHB	Swansea Bay / Swansea Bay Health Board
APP	Advanced Paramedic Practitioner	DU	Delivery Unit	H&W	Health & Wellbeing	NQPs	Newly Qualified Paramedic	SCIF	Serious Concerns Incident Forum
BCU / BCUHB	Betsi Cadwaladr / Betsi Cadwaladr university Health Board	EASC	Emergency Ambulance Service Committee	HR	Human resources	NRI	Nationally Reportable Incident	SPT	Senior Pandemic Team
CASC	Chief Ambulance Services Commissioner	EAP	Employee Assistance Provider	HSE	Heath and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CC	Consultant Connect	ED	Emergency Department	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	EMD		IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	UCA	Unscheduled Care Assistant
CCP	Complex Case Panel	EMS	Emergency Medical services	IPR	Integrated Performance Report	OH	Occupational Health	UCS	Unscheduled Care System
CEO	Chief Executive Officer	EMT	Executive Management Team	KPI	Key Performance Indicator	P / PHB	Powys / Powys Health Board	UFH	Uniformed First Responder
CFR	Community First Responder	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	PCR / PCRs	Patient Care Record(s)	UHP	Unit Hours Production
CI	Clinical Indicator	EPT	Executive Pandemic Team	MACA	Military Aid to the Civil Authority	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	VPH	Vantage Point House (Cwmbran)
COOs	Chief Operating Officers	FTE	Full Time Equivalent	MIU	Minor Injury Unit	PECI	Patient Engagement & community Involvement	WAST	Welsh Ambulance Services NHS Trust
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	POD	Patient Offload department	WG	Welsh Government
CoVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PPLH	Post Production Lost Hours	WIIN	WAST Improvement & Innovation Network
CSD	Clinical Service Desk	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	PSPP	Public Sector Purchase Programme		
CSP	Clinical Safety Plan	HCP	Health Care Professional	NEWS	National Early Warning Score	QPSE	Quality, Patient Safety & Experience		
CTM / CTMHB	Cwm Taf Morgannwg Health Board	HD / HDHB	Hywel Dda / Hywel Dda Health Board	NHS	National Health Service	ROSC	Return Of Spontaneous Circulation		





GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## WORKFORCE PERFORMANCE REPORT

<b>MEETING</b>	People and Culture Committee
<b>DATE</b>	22 <sup>nd</sup> February 2022
<b>EXECUTIVE</b>	Claire Vaughan – Executive Director of Workforce and OD
<b>AUTHOR</b>	Sarah Davies – Workforce & OD Directorate Business Manager
<b>CONTACT</b>	<a href="mailto:Sarah.davies31@wales.nhs.uk">Sarah.davies31@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

The purpose of this report is to provide an overview of the key workforce performance data and trends (December 2021) and associated improvement actions.

### KEY ISSUES/IMPLICATIONS

The Committee's attention is drawn to the following areas and the solutions to challenges:

- Job Evaluation progress, including support provided to Public Health Wales;
- Development of a comprehensive Sickness Absence Action Plan;
- Plans to address PADR compliance.

The Committee is asked to **RECEIVE** and **COMMENT ON** reported performance and associated actions.

### REPORT APPROVAL ROUTE

- Noted** at Executive Management Team (09.02.22)
- Noted** at WOD Business Meeting (31.01.22)

### REPORT APPENDICES

**Appendix 1a:** SBAR – Workforce Performance Report for December 2021  
**Appendix 1b:** Workforce KPI Summary

### REPORT CHECKLIST

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

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

### **Appendix 1a: SBAR: Workforce Performance Report for December 2021**

#### **SITUATION**

1. This report provides an overview of the December 2021 key trends and improvement actions as identified in the Workforce and OD (WOD) KPI Summary enclosed at **Appendix 1b**.

#### **BACKGROUND**

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

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

#### **ASSESSMENT**

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

##### **Planning and Resourcing**

5. **Time to Hire:** Despite successfully reducing time to hire timescales to below the All Wales national target of 71 calendar days last summer, timescales have since been steadily increasing for 5 consecutive months and were at a record high in December at 116.6 days. This is partly due to high volume and annual recruitment cycles for EMS roles, a number of records not being closed down by recruiting managers when they have not successfully recruited to their posts, which can skew the figures, and also the sheer volume of recruitment NWSSP are processing across Wales in response to the pandemic. To support in reducing time to hire, NWSSP have been providing additional Trac training sessions and drop-in sessions for recruiting managers and are exploring the role of automation in streamlining their processes. With the appointment of a new WAST Recruitment Advisor in January to support with volume recruitment, the WAST recruitment team

will be undertaking a cleansing exercise of the reports to remove any anomalies which may be skewing the data and are also in the process of drafting a new WAST recruitment newsletter with hints and tips on reducing time to hire for recruiting managers.

6. **Job Evaluation:** The table below shows the JE activity for December. The average number of days to complete increased this month to 43 days. This was expected due to the planned training activity during November and December. Two job matching courses took place in North and South Wales with our newly trained trainers, resulting in 20 new trained job matchers, however, due to COVID restrictions, a consistency checking course due to be held on 13<sup>th</sup> December 2021 was postponed. Panels continue to run regularly and six job descriptions were completed this month. Public Health Wales (PHW) requested our support to carry out job matching and consistency checking for them and we have assisted. In December, 29 job descriptions were received from PHW and 23 from within WAST.

JDs currently in process	52 (23 WAST & 29 PHW)
JDs completed in month	6
Ave. days to complete	43

7. **Sickness Absence:** December's data showed an increase in the sickness absence percentage from 11.07% in November to 12.45% of which 7.06% was accounted for by long term absence and short term was 5.39%. Covid absence accounted for 3.55% which was a significant rise from 2.51% in November. In December, there were 37 employees off due to long Covid. There are impending changes to sick pay arrangements due to be implemented in April 2022 for colleagues with long Covid which may impact on the levels of absence. We are contacting all those colleagues impacted by this change so they understand what it means to them and to further discuss their options and identify if we can offer any further support. The Trust reported a slight increase in mental health related absence in December to 2.61% from 2.51% and MSK is 1.58%.
8. During January, meetings have been completed with the Director and Assistant Directors of Operations by the Head of People Services and the Deputy Director of WOD, to review the temporary redeployment cases for colleagues who are clinically vulnerable or are living with family who are clinically vulnerable. These sessions have gone very well. Cases are being well managed. There were some actions coming out of the meetings on a few individual cases which are being actioned and longer term plans are in place to support many of these employees back to their substantive posts where appropriate.
9. The project plan, received and supported by EMT, pulls together all the activities and support interventions being undertaken to support a sustained reduction in sickness absence within WAST. Through this plan, which contains a range of workstreams, better oversight can be provided to EMT, P&C Committee and Trust Board on progress and impact of these activities and a project management approach allows work to be implemented and managed in a timely way.
10. Given the high level of abstractions observed, future reports will detail data relating to abstractions, at the request of EMT. For the purpose of this report, the following paragraph provides an overview of the current position:

- Currently across front line operations there are 83 colleagues (approximately 6% of available resource) who have been abstracted from rota. This percentage fluctuates weekly but is mainly around 6%. The reasons for abstractions include amended, restricted and alternative duties due to a health condition (including Covid) or related to suspension, formal disciplinary and capability process. Of the 83 Colleagues, 49 are related to health condition. A case review was undertaken in January 2022 with the Director of Operations and Assistant Directors with WOD to review those 49 colleagues whose health has resulted in adjustments being made to their role and agreed actions have progressed as a result. In relation to the remaining 34 colleagues whose absence is non-health related, a review is currently underway to ensure that colleagues' time away from front line duties is kept to the minimum.
11. Just prior to Christmas and through until 9<sup>th</sup> January the OD and OH teams rapidly stood up wellbeing facilities for a number of sites across Wales where there were teams working through the Christmas period. The purpose was to offer a place for staff to come during breaks to decompress and recharge during the challenges of the Christmas period. The feedback has been excellent and we believe has made a positive difference to helping people sustain attendance over the Christmas period which is a notoriously difficult time for staff.
  12. **Vaccination Rates:** Staff Vaccination re Covid19 vaccination rates for 1<sup>st</sup> and 2<sup>nd</sup> vaccination figures in December remain static against November, i.e 95% of all staff have had their 1<sup>st</sup> vaccination and 94% have had their 2<sup>nd</sup> vaccination. Booster take up increased from 65% of staff in November to 78% in December. Welsh Government are currently not looking to mandate Covid19 vaccination. Volunteer vaccination rates to the end of December 2021 are 1<sup>st</sup> and 2<sup>nd</sup> vaccination – 77% and 77% respectively and booster uptake is 0.3%
  13. Flu vaccination uptake is reduced compared to 2020-21 season. Lower uptake in the NHS is being seen across the board. As staff have been able to access the flu vaccination at the same time as their Covid19 booster / vaccination, our current take up figure of 34% (Correct at end of November – no data yet received regarding December however take up in December was low and therefore not expected to be much higher for this month) is not believed to be a true reflection of actual take up as we do not have access to all the data.

### Education and Training

14. **Statutory and Mandatory Training Compliance:** Positively, as of 31<sup>st</sup> December, the Trust has reached a rate of 86.09% for Statutory and Mandatory training compliance. The Education & Training team continues to promote this verbally when dealing with staff during all education interactions and have incorporated study days on the current L4DAAP where staff are signposted to complete this learning. Whilst we are currently in excess of the 85% target, it must be noted that low attendance rates for CPD is impacting on Statutory and Mandatory compliance rates for those elements which are being delivered face-to-face, specifically, safer handling, resuscitation, and conflict resolution module C.
15. Key factors affecting completion of this training by operational colleagues include cancellation of sessions due to a lack of number in those booking on and requests

from ops management colleagues to cancel sessions due to operational pressures. To address these issues, the decision was made in September 2021 that CPD training would no longer be cancelled when the Trust enters REAP 4, although training was cancelled for the first three weeks in January following a request from senior ops management, in light of the extremely challenging operational situation. The E&T team continue to facilitate CPD sessions pan Wales, including at a local level in some of the more rural locations such as Pembrokeshire and Powys. The Senior Education and Development Lead (SEDL) is in regular contact with Heads of Service to appraise them of the current compliance levels, seeking support to encourage their staff to book on to available training days. A CPD page has also been added to the WAST Learning Launchpad which all colleagues have access to. This is regularly updated to include dates of future training days.

16. **Band 6 Education Process:** The year three band six process has been impacted as a result of the pandemic. The ESM team has been working tirelessly to ensure that all year three paramedics are aware of the commitment that is required from them to complete on time. It is envisaged that (except for the paramedics that were not part of the original cohort of 2017/2018 and those with extensions as a result of sickness, maternity etc.) all paramedics that originally signed up to the “Welsh Offer” should complete by the 31/03/22.

### **Leading and Engaging**

17. **PADRs:** The decline in the number of PADRs completed is being addressed. ADLT and EMT have received papers noting the statistics. Managers have been requested to complete outstanding PADRs, and EMT and ADLT have been requested to monitor and support this. For December the PADR percentage completion was 53.8% compared to 59.22% in November and 64.23% in August.
18. **Employee Relations:** Good progress made in respect of employee relation cases in the last quarter, with figures reducing to 35 cases in total in December 2021. This is a sharp decrease from highest yearly figure of 49 cases, which was reported in September 2021.
19. Most formal grievance submissions under the former All Wales Grievance Policy have now been completed. All new formal workplace disagreements are now addressed through the Respect and Resolution category, which was launched in June 2021. There has been some fluctuation in case numbers over the latter months of 2021. There were ten formal requests for resolution recorded in October, five formal requests in November and increasing again to nine in December. A review of the Healthy Working Relationships approach is ongoing, with HR and OD colleagues meeting in January to discuss the training and support mechanisms offered to managers, to intervene where appropriate using an informal approach to resolving conflict. Early intervention and the appropriate intervention in cases can prevent situations escalating. There is also a national review with a request for organisation to share their experience of using the new approach.
20. Work also continues to progress to ensure staff feel supported from a wellbeing perspective when suspended. Occupational Health are leading on this piece of work along with HR colleagues and have linked in with both Health Board and other UK Ambulance Service colleagues to gain an understanding of the resources and roles in place in other organisations to support staff when suspended. We currently have six employees who have been suspended for over four months.

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



## Workforce KPIs December 2021

### Plan

#### Job Evaluation

JDs currently in process: **52** ↑  
 JDs completed in month: **6** ↓  
 Ave. days to complete: **43** ↑

#### Recruitment

Vacancy creation to unconditional offer: **116.6** ↑

#### EMS D&C: Year 2

	Budget	Target	SIP Dec	Vacancy Rate (%)	
				v. Budget	v. Target
UCS	220.8	239.98	212.14	-3.92%	-11.60%
EMT	482.47	566.29	523.9	8.59%	-7.49%
Para	874.58	899	901.42	3.07%	0.27%

### Resource

#### Sickness

Rolling 12 month: **9.67%** ↑  
 In month: **12.37%** ↑  
 Ave. length of closed LTS: **89.29** ↑  
 New LTS opened v. closed LTS cases: **105/84** ↓

#### Wellbeing

OH referral to first offer of appointment: **12** ↑  
 Sickness absence attributable to MH: **20.80%** ↓

### Educate

Stat Mand training compliance: **86.09%** ↓

#### Band 6 Competencies

Year 1: **99.00%** ↑  
 Year 2: **99.40%** ↑  
 Year 3: **61.02%** ↑

#### Apprenticeships

Apprenticeships in progress: **214** ↔  
 Apprenticeships completed: **0** ↔

### Engage

PADR Compliance: **58.30%** ↓

Open ER cases: **35** ↓

Formal requests for resolution: **9** ↑

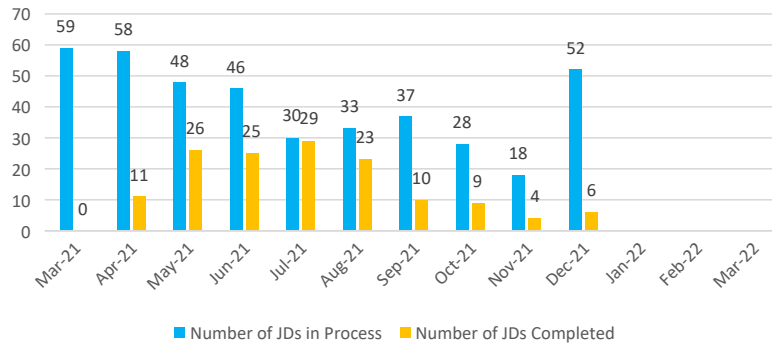
#### Workplace Safety

V&A Incidents Recorded via Datix: **48** ↑

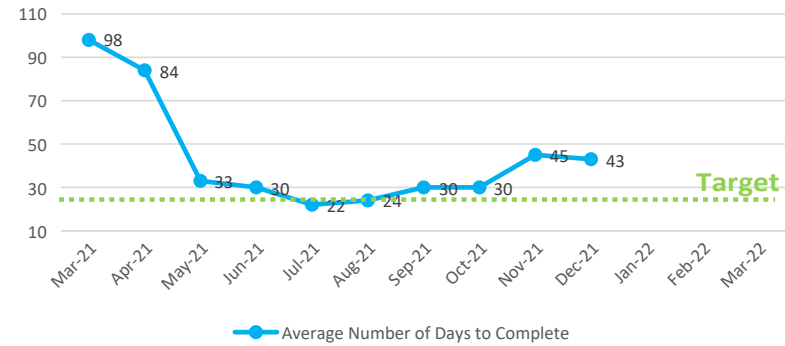


[Return to Summary](#)

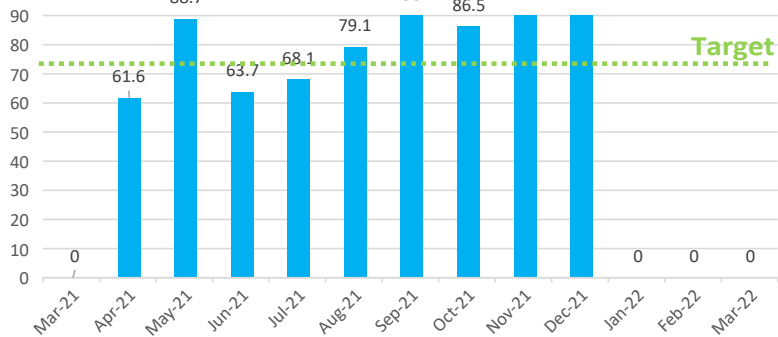
JE: JDs in Process / Completed



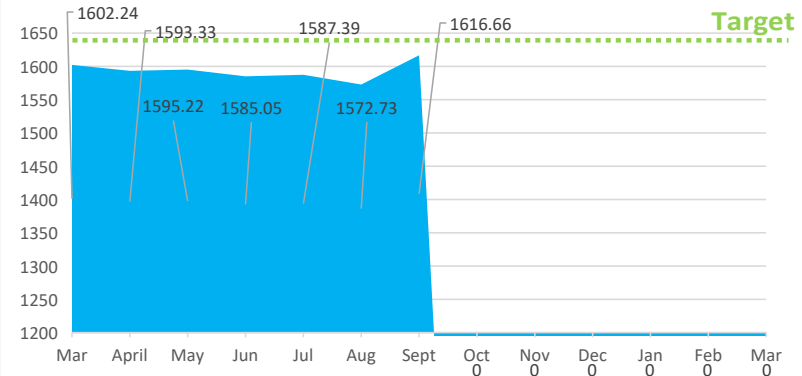
JE: Ave. Days to Complete



Ave. Days Vacancy Creation to Conditional Offer

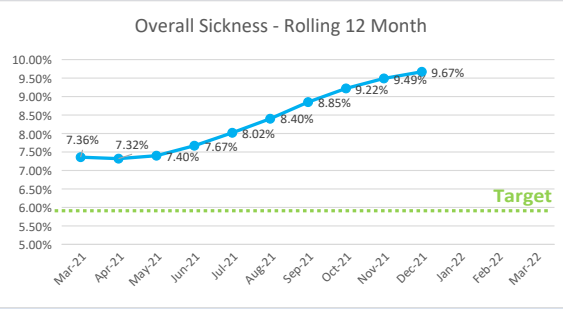


EMS SIP

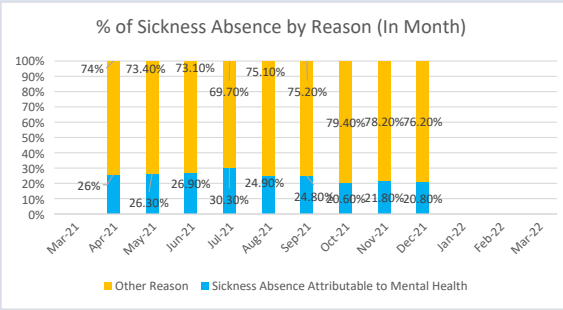
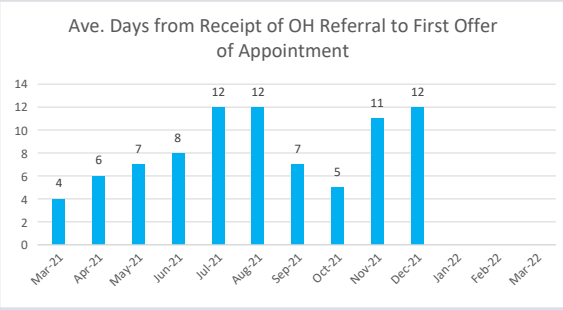
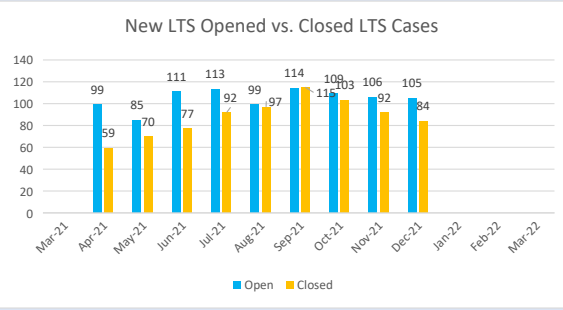
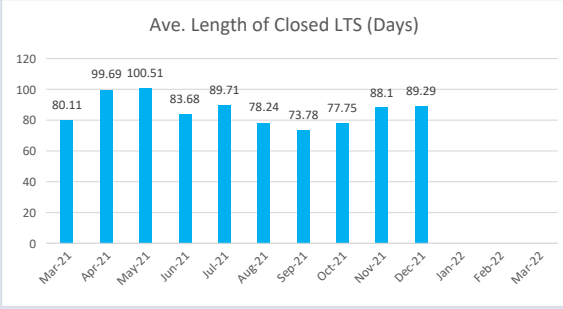
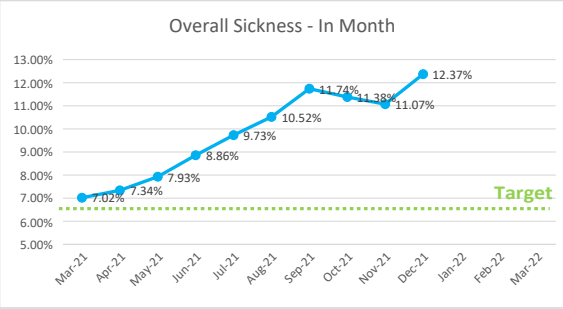




Overall Sickness - Rolling 12 Month



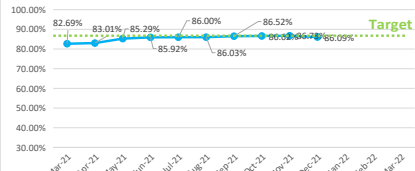
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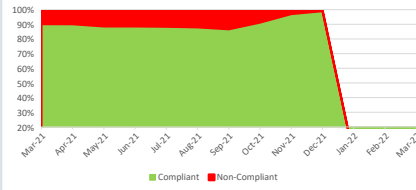


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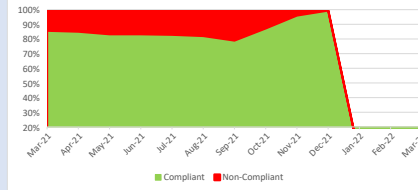
Statutory and Mandatory Training Compliance



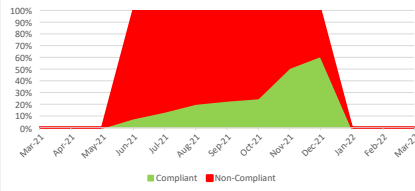
Band 6 Competencies: Year 1



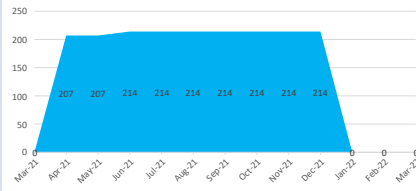
Band 6 Competencies: Year 2



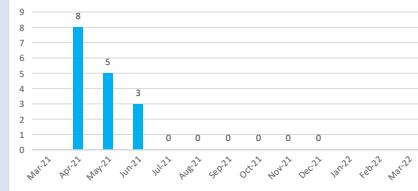
Band 6 Competencies: Year 3



Apprenticeships in Progress



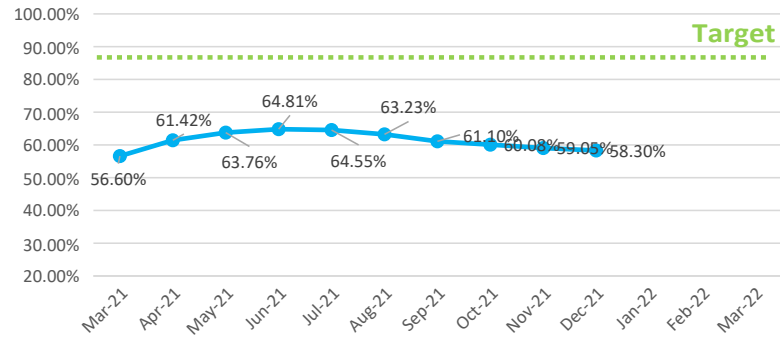
Apprenticeships Completed in Month



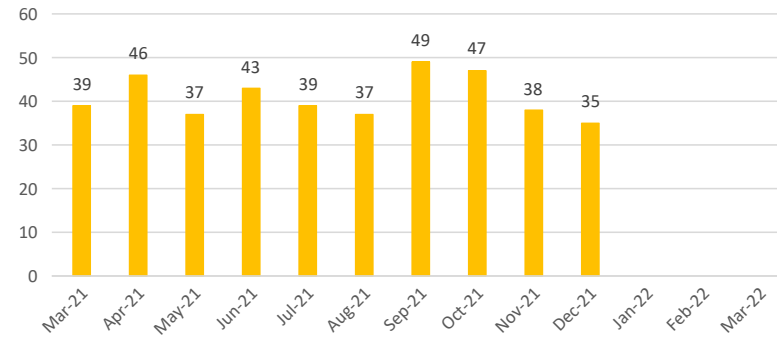


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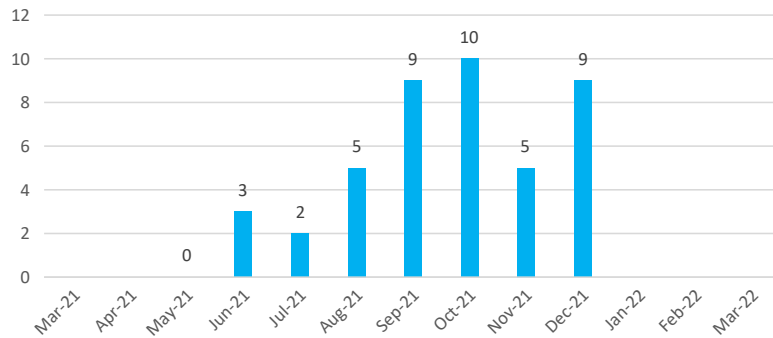
### PADR Compliance



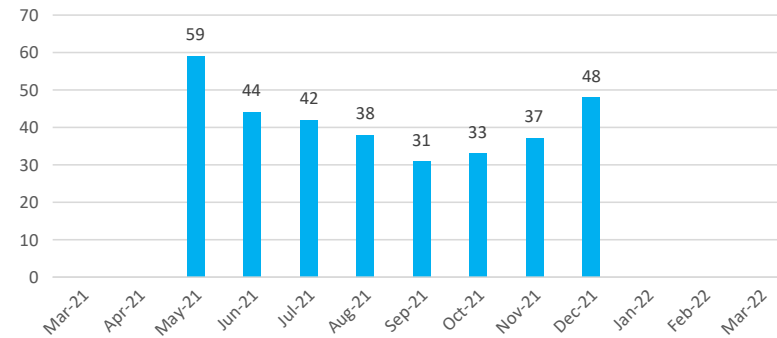
### Open ER Cases



### Formal Requests for Resolution



### V&A Incidents Reported Via Datix



PLAN

	Number of Number of JDs Compl		Average Number of Da		
Mar-21	59	0	Mar-21	98	Mar-21
Apr-21	58	11	Apr-21	84	Apr-21
May-21	48	26	May-21	33	May-21
Jun-21	46	25	Jun-21	30	Jun-21
Jul-21	30	29	Jul-21	22	Jul-21
Aug-21	33	23	Aug-21	24	Aug-21
Sep-21	37	10	Sep-21	30	Sep-21
Oct-21	28	9	Oct-21	30	Oct-21
Nov-21	18	4	Nov-21	45	Nov-21
Dec-21	52	6	Dec-21	43	Dec-21
Jan-22			Jan-22		Jan-22
Feb-22			Feb-22		Feb-22
Mar-22			Mar-22		Mar-22

RESOURCE

Overall Sickness - Rolling 12 Month		Overall Sickness - In M	
Mar-21	7.36%	Mar-21	7.02%
Apr-21	7.32%	Apr-21	7.34%
May-21	7.40%	May-21	7.93%
Jun-21	7.67%	Jun-21	8.86%
Jul-21	8.02%	Jul-21	9.73%
Aug-21	8.40%	Aug-21	10.52%
Sep-21	8.85%	Sep-21	11.74%
Oct-21	9.22%	Oct-21	11.38%
Nov-21	9.49%	Nov-21	11.07%
Dec-21	9.67%	Dec-21	12.37%
Jan-22		Jan-22	
Feb-22		Feb-22	
Mar-22		Mar-22	

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

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

Mar-21	4	Mar-21		
Apr-21	6	Apr-21	26%	74%
May-21	7	May-21	26.30%	73.40%
Jun-21	8	Jun-21	26.90%	73.10%
Jul-21	12	Jul-21	30.30%	69.70%
Aug-21	12	Aug-21	24.90%	75.10%
Sep-21	7	Sep-21	24.80%	75.20%
Oct-21	5	Oct-21	20.60%	79.40%
Nov-21	11	Nov-21	21.80%	78.20%
Dec-21	12	Dec-21	20.80%	76.20%
Jan-22		Jan-22		
Feb-22		Feb-22		
Mar-22		Mar-22		

EDUCATE

Statutory and Mandatory Training Compliance

Compliant

Mar-21	82.69%	Mar-21	90.13%
Apr-21	83.01%	Apr-21	90.07%
May-21	85.29%	May-21	88.56%
Jun-21	85.92%	Jun-21	88.56%
Jul-21	86.00%	Jul-21	88.36%
Aug-21	86.03%	Aug-21	87.94%
Sep-21	86.52%	Sep-21	86.64%
Oct-21	86.62%	Oct-21	91.20%
Nov-21	86.73%	Nov-21	97.00%
Dec-21	86.09%	Dec-21	99.00%
Jan-22		Jan-22	
Feb-22		Feb-22	
Mar-22		Mar-22	

ENGAGE

PADR Compliance

Open ER Cases

Mar-21	56.60%	Mar-21	39
Apr-21	61.42%	Apr-21	46
May-21	63.76%	May-21	37
Jun-21	64.81%	Jun-21	43
Jul-21	64.55%	Jul-21	39
Aug-21	63.23%	Aug-21	37
Sep-21	61.10%	Sep-21	49
Oct-21	60.08%	Oct-21	47
Nov-21	59.05%	Nov-21	38
Dec-21	58.30%	Dec-21	35
Jan-22		Jan-22	
Feb-22		Feb-22	

Mar-22

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Mar-22

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

on

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

Non-Compliant

9.87%  
9.93%  
11.44%  
11.44%  
11.64%  
12.06%  
13.37%  
8.80%  
3%  
1%

Compliant Non-Compliant

Mar-21	85.61%	14.39%
Apr-21	84.99%	15.01%
May-21	83.22%	16.78%
Jun-21	83.22%	16.78%
Jul-21	82.87%	17.13%
Aug-21	82.03%	17.97%
Sep-21	79.71%	21.29%
Oct-21	87.20%	12.80%
Nov-21	96.00%	4%
Dec-21	99.40%	0.60%
Jan-22		
Feb-22		
Mar-22		

Compliant Non-Compl

Mar-21		
Apr-21		
May-21		
Jun-21	8%	92%
Jul-21	13.68%	86.32%
Aug-21	20.43%	79.57%
Sep-21	23.09%	76.91%
Oct-21	32.70%	97.30%
Nov-21	51.00%	49%
Dec-21	61.20%	38.80%
Jan-22		
Feb-22		
Mar-22		

Formal Requests for Resolution

Mar-21	
Apr-21	
May-21	0
Jun-21	3
Jul-21	2
Aug-21	5
Sep-21	9
Oct-21	10
Nov-21	5
Dec-21	9
Jan-22	
Feb-22	

V&A Incidents Reported Via Datix

Mar-21	
Apr-21	
May-21	59
Jun-21	44
Jul-21	42
Aug-21	38
Sep-21	31
Oct-21	33
Nov-21	37
Dec-21	48
Jan-22	
Feb-22	

Mar-22

Mar-22

SIP	Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
	1602.24	1593.33	1595	1585.05	1587.39	1572.73	1616.7			

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

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

liant

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



Jan Feb Mar

Jan Feb Mar

Jan Feb Mar

Month



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

<b>AGENDA ITEM No</b>	<b>14</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## Our People and Culture IMTP Deliverables

<b>MEETING</b>	People and Culture Committee
<b>DATE</b>	22 February 2022
<b>EXECUTIVE</b>	Executive Director of Workforce and OD
<b>AUTHOR</b>	Liz Rogers, Deputy Director of Workforce & OD
<b>CONTACT</b>	<a href="mailto:Liz.Rogers@wales.nhs.uk">Liz.Rogers@wales.nhs.uk</a>

### EXECUTIVE SUMMARY

The annual IMTP review requires an update of the WOD deliverables and actions for the next 12 months. The WOD Senior Team has worked collectively to envision the service priorities based on progress delivered against our ambitions outlined in the People and Culture Strategy; it sets the direction of travel for the organisation and plans to address challenges and gaps identified.

This paper sets out the proposed People and Culture deliverables and priorities to be included within the 2022-25 IMTP, following their discussion at EMT and Board Development on the 18.02.2022.

**RECOMMENDED:** The PCC is invited to formally **RECEIVE** and **COMMENT** on the proposed People and Culture IMTP deliverables and priorities.

### KEY ISSUES/IMPLICATIONS

As it stands, there are two priorities which have been recast for 2022/23. This is due to the re-prioritisation of activities to meet the organisational and service demands of the pandemic. These are focused on change management and our workforce planning strategy.

The IMTP deliverables continue to focus on wellbeing, culture, psychological safety, inclusion and learning and development alongside building frameworks around our core delivery areas including recruitment, workforce planning strategy, employee relations activities, partnership working, change capacity, agile working.

In addition, the priorities for 2023/24 and 2024/25 will be built out from the refreshed People and Culture Strategy to create clarity on the long term plan for the Directorate. This also allows Board, P&C Committee and EMT have clear oversight of the intentions and direction.

As we work within a changing landscape, the priorities will be regularly reviewed through an organisationally holistic lens to check that the actions are relevant and will add value to the business and our people.

However, the Committee will be aware that the present Director of Workforce & OD will leave WAST in April 2022, and a new Director will be appointed in due course. As the Trust searches for a new Director, there will be a reduction in leadership capacity within the team, which may impact on capacity to deliver to planned timescales.

Further, it should also be expected that a new Director will require time and opportunity to review and reframe / reprioritise existing priorities and or introduce new or different objectives, particularly as the refreshed People and Culture Strategy develops.

### REPORT APPROVAL ROUTE

**WOD Business Meeting 31.01.2022**  
**EMT 02.02.2022**  
**Board Development Session 18.02.2022**  
**People and Culture Committee 22.02.2022**

### REPORT APPENDICES

**Appendix 1: SBAR**  
**Appendix 2: Proposed People and Culture IMTP Deliverables**

### REPORT CHECKLIST

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

## Appendix 1: SBAR

### SITUATION

1. The purpose of this report is to provide the Committee with an opportunity to formally receive and comment on the proposed People and Culture IMTP deliverables (2022-2025), which were also discussed at the Trust Board Development Session on the 18.02.2022.

## **BACKGROUND**

2. Our current People and Culture Strategy 2019 – 22 demonstrates our ambition and the breadth of actions that we committed to deliver, and the basis upon which we will have developed these proposed deliverables. A copy of this can be found within the Committee Papers as an appendix to the paper on refreshing our next People and Culture Strategy.





## **ASSESSMENT**

3. The document contained within **Appendix 2** details our proposed deliverables and priorities, aligned to the People and Culture ambitions contained within our existing People and Culture Strategy. Whilst these ambitions remain pertinent to our overall vision, they will be reviewed and refined as part of the strategy development process due to commence in 2022-23.
4. Our proposed deliverables and priorities focus on building our ability to:
  - a. Deliver improved performance;
  - b. Purposefully shape our future; and
  - c. Effectively manage risk, governance and compliance.
5. The Committee is further asked to note the potential impact of transition from the existing Director of Workforce and OD to a new Director in the next few months, both in terms of leadership capacity to deliver to planned timescales, and the likelihood of a potential future change / reprioritisation of objectives through fresh eyes.

## **RECOMMENDED:**

6. The PCC is asked to:

**RECEIVE** and **COMMENT** on the proposed People and Culture IMTP deliverables and priorities.

	Ambitions	Deliverable	Priorities for Year 1	Timescale
	<p><b>We will design the future shape of our workforce and ensure they are highly skilled and agile to deliver excellent care to the population of Wales, and the ambitions of our long-term strategy.</b></p> <p><b>We will develop courageous, compassionate and collaborative system leaders; leaders who are inclusive in approach and capable of fostering innovation and improvement across the Trust</b></p>	<p>We will take actions to increase the level of resources and support available to our people in relation to their well-being.</p>	<ul style="list-style-type: none"> <li>• Deliver the EMS Demand and Capacity plan in the context of the transition plan.</li> <li>• Ensure operational staffing needs are met, whilst exploring creative, longer term workforce solutions to forecast needs and planned growth.</li> <li>• Continue to implement strategies to improve and support the health and wellbeing of colleagues to remain in work.</li> <li>• Develop our recruitment strategy to enhance 'grow our own' into employment with WAST with a focus on apprenticeship development, career pathways, overseas recruitment and addressing succession planning needs.</li> <li>• Work on our approach to succession planning for future leadership including development centres.</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-Q4</li> <li>• Q1-Q4</li> <li>• Q1-Q4</li> <li>• Q1-Q4</li> <li>• Q1-Q4</li> </ul>
	<p><b>Our people will enjoy a long, healthy, happy and productive (working) life.</b></p> <p><b>We will be recognised and renowned as an exceptional place to work, volunteer, develop and grow.</b></p>	<p>We will promote a culture of continuous development and improvement that enables us to support our colleagues to fulfill their potential in a safe environment whilst effectively managing risk and compliance.</p>	<ul style="list-style-type: none"> <li>• Appropriately respond to the legislative changes associated with Section 19 of the Road Traffic Act regarding driver education.</li> <li>• Work with the governance team to build on the People and Culture Committee effectiveness.</li> <li>• Build on our activities to support our workplace psychological safety, including strengthening our internal arrangements via the implementation of the All Wales Speaking Up Safely Guidance.</li> <li>• Improve the effectiveness and safety of our internal disciplinary and capability processes in the light of learning from organisational experience and the just culture movement.</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-Q4</li> <li>• Q1-Q2</li> <li>• Q1-Q3</li> <li>• Q1-Q2</li> </ul>
	<p><b>We will design the future shape of our workforce and ensure they are highly skilled and agile to deliver excellent care to the population of Wales, and the ambitions of our long-term strategy.</b></p> <p><b>Our people will enjoy a long, healthy, happy and productive (working) life.</b></p>	<p>We will purposefully shape our future ways of working and equip our people to thrive in a changing environment through our refreshed People and Culture Strategy.</p>	<ul style="list-style-type: none"> <li>• Develop a strategic workforce plan that defines the shape of the workforce to deliver our long term ambitions including transferrable and digital skills.</li> <li>• Identify and develop the 'agile' agenda including the delivery of projects to address business challenges via the leading change together forum.</li> <li>• Develop shared vision for WAST as a learning organisation, with the establishment of a learning exchange.</li> <li>• Develop change capacity and expertise within the WOD team and across the Trust to support and enable the organisation to meet challenges faced.</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-Q3</li> <li>• Q2-Q4</li> <li>• Q1-Q4</li> <li>• Q1-Q3</li> </ul>
	<p><b>We will be recognised and renowned as an exceptional place to work, volunteer, develop and grow.</b></p> <p><b>We will develop courageous, compassionate and collaborative system</b></p>	<p>We will take actions to foster a culture of belonging and wellbeing where our people can engage, feel supported and represented.</p>	<ul style="list-style-type: none"> <li>• Embed and demonstrate the refreshed partnership working arrangements and behaviours with Trade Union partners, regularly reviewing and reflecting and adjusting.</li> <li>• Launch and embed our new behaviours to continue to build a diverse, inclusive and compassionate culture.</li> <li>• Continue to deliver the strategic equality objectives including ensuring</li> </ul>	<ul style="list-style-type: none"> <li>• Q1-Q4</li> <li>• Q1-Q3</li> <li>• Q1-Q4</li> </ul>



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NHS Trust

<b>AGENDA ITEM No</b>	<b>15</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## Refreshing Our People & Culture Strategy

<b>MEETING</b>	People and Culture Committee
<b>DATE</b>	22 February 2022
<b>EXECUTIVE</b>	Claire Vaughan – Executive Director of Workforce and OD
<b>AUTHOR</b>	Sarah Davies, Directorate Business Manager Workforce & OD
<b>CONTACT</b>	<a href="mailto:sarah.davies31@wales.nhs.uk">sarah.davies31@wales.nhs.uk</a>

EXECUTIVE SUMMARY
<p>Our current People &amp; Culture Strategy comes to the end of its term in March 2022, however, following discussion at the People and Culture Committee meeting in November 2021, agreement was given to roll forward the existing strategy for a further 12 months.</p> <p>However, the Committee requested a paper be submitted that sets out the proposed approach and associated timelines to developing the next People and Culture strategy 2023 onwards.</p> <p><b>RECOMMENDED:</b> The PCC is therefore invited to <b>RECEIVE and COMMENT</b> on the proposed plan, format and timelines for refreshing of the next strategy and on the suggested principles and strategic themes that will underpin its development.</p>

KEY ISSUES/IMPLICATIONS
<p>The Committee is asked to note the potential impact of transition from the existing Director of Workforce and OD to a new Director over the next few months, both in terms of leadership capacity to deliver to planned timescales, and the potential desire for a different approach to development and / or framing of the strategy in future.</p> <p>The Committee is further advised of ongoing discussions at Board level on the principles of strategy development, which may impact on the future framing and timeframe for enabling strategies such as the People and Culture Strategy etc.</p>

REPORT APPROVAL ROUTE
<p><b>WOD Business Meeting 31.01.2022</b> <b>EMT 09.02.2022</b></p>

REPORT APPENDICES
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**Appendix 1: SBAR**  
**Appendix 2: Current People & Culture Strategy 2019-2022**

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

**Appendix 1: SBAR**

**SITUATION**

1. The People and Culture Committee has requested a paper that sets out the approach to refreshing the Trust's People and Culture Strategy and the associated timelines for development and engagement.
2. The Committee is invited to **RECEIVE** and **COMMENT** on the proposed plan, timescales and principles that it is suggested would underpin the strategy's development.

**BACKGROUND**

3. A copy of our current People and Culture Strategy 2019 – 22 is attached at **Appendix 2** as a reminder of our ambition and the breadth of actions that we committed to deliver, and the basis upon which we will build our refreshed strategy.

**ASSESSMENT**

**Proposed Approach**

4. The Team intends to utilise the seven-stage framework of strategy development for WAST (**Fig. 1**) in which co-production and engagement will form a fundamental part of the development process. The Team propose taking an open, collaborative approach with the use of workshops, digital technologies and focus groups, involving next generation leaders and managers and trade union partners, as well as frontline staff (detailed within **Fig. 2**). The HR and OD Teams in particular will play an important role in this process, acting as ambassadors and discussing the strategy across the organisation, gathering feedback and shaping further development.

Fig. 1:

### The seven-stage framework of strategy development for WAST

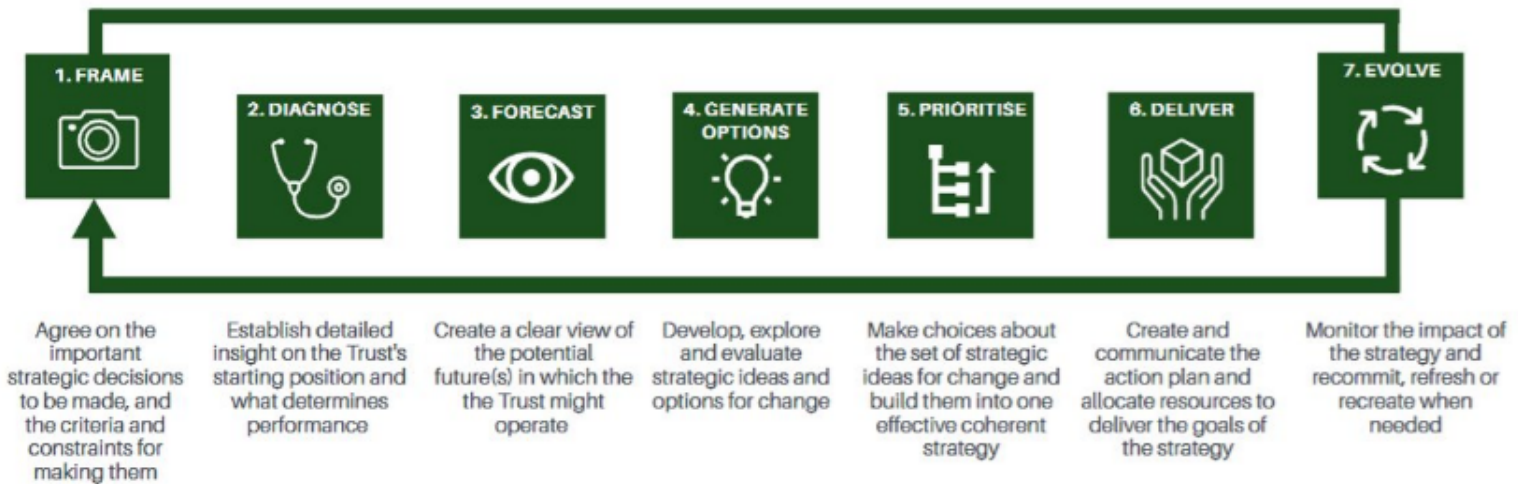
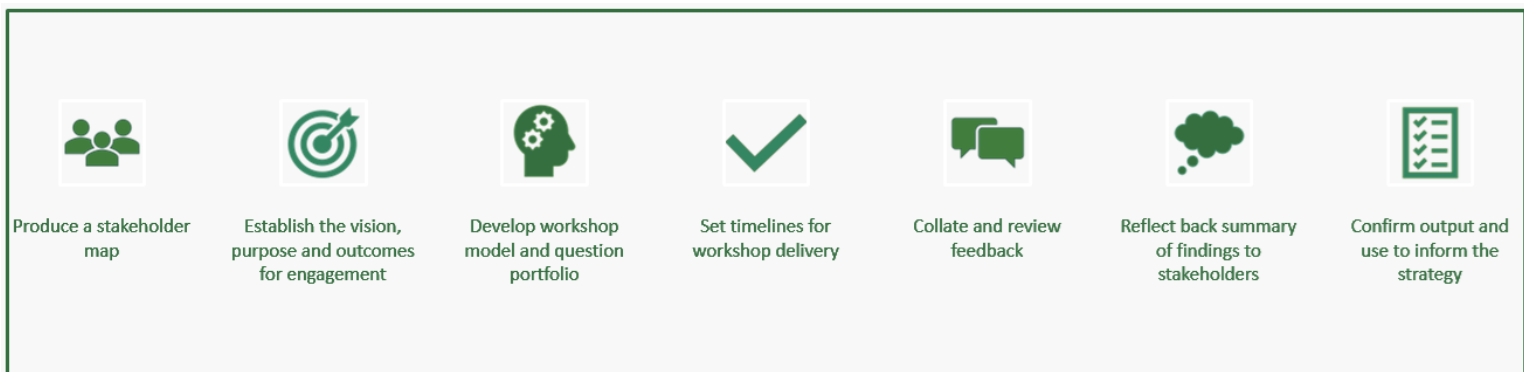


Fig 2:



5. Our People and Culture Strategy will comprise one single overarching strategy document, underpinned by a series of strategic enabling plans / frameworks, clearly outlining our ambitions in relation to Education and Training, Culture and Behaviours, Wellbeing, Leadership and Management and also Equality, Diversity and Inclusion.

### Principles

6. Emerging research indicates that increasingly people are looking for an organisation with a **clear purpose and a good heart**. People will be seeking evidence of concern for environmental stewardship and impact, actions that demonstrate a social conscience and ethical relationships, alongside open, transparent leadership and governance arrangements. Demonstrating how the People and Culture agenda connects and contributes to the developing work on organisation purpose and future strategic agenda will be essential.
7. It is not sufficient to say or do the right things; organisations must **be** good, and aim to make the world better. People and culture sits at the very heart of this ambition, and we must learning from the extensive work undertaken in relation to refreshing our organisational behaviours and understanding culture at WAST,

ensuring our strategy reinforces nurturing of the right cultural conditions for getting the best from our people as a golden thread.

8. These conditions will be result from a focus on actions which promote *Psychological Safety, Empowerment and Trust*, create *Meaning and Purpose*, promoting *Inclusion and Belonging*, and foster a *Growth Mindset and Continuous Learning Opportunities*, all of which evidence shows will enable the Trust to proactively create a healthy working environment where our people can thrive and continuously develop.
9. In developing the refreshed Strategy we propose to once again set out our strategic ambitions for our people and organisation ie. our “stars to steer by.” We aspire to create an environment where our people can live, train, work and grow in an organisation that is:
  - **Well Led** - *We will develop compassionate, collaborative and inclusive leaders*
  - **Agile & Sustainable** - *We will design the future shape of our work and volunteer workforce, ensuring they are highly skilled and agile to deliver excellent clinical care*
  - **Healthy** - *We want everyone to be healthy, happy and feel a sense of belonging*
  - **Engaged\*** - *We will be recognised and renowned as an exceptional place to work, volunteer, develop and grow. (\*would ‘inclusive’ be more appropriate in future?).*
10. In order to deliver the strategic ambitions, the plan will be structured along the following themes, which we know have significant impact (both positive and negative) on colleague (including both volunteers and employed staff) experience of work – actions to:
  - People: Developing High Performing Teams and Healthy Relationships
  - Promoting Inclusion & Belonging
  - Creating Safe, Fair and Restorative justice based Systems, Policies & Governance Processes
  - Vibrant Leadership & Compassionate Management: Approach, Practice & Behaviours
  - Work: Organisation structures that promote Flexibility, Agility and Shared Learning
  - Learning: Opportunities for Improvement, Growth, Career & Reward
  - Wellbeing: Healthy, Positive, Psychologically Safe Workplaces
  - Technology in work that is as good as that at home
11. We do not want to draw assumptions and conclusions on what colleagues want and need, without their input and engagement; therefore we will work with the organisation to develop a strategy which is fit for purpose and which people recognise and engage with as they see its value.

### **Proposed Timelines**

12. The table below summarises proposed timelines for this strategy development process:

<b>Activity</b>	<b>Timeframe</b>
Develop initial draft strategy and underpinning plans (comprehensive consultation and engagement as part of this process)	February - May 2022
Draft proposition shared for consultation	June – October 2022
Formal consultation with TUPs via Partnership Forum	October 2022
Present to People and Culture Committee for approval and recommendation to Board	29 <sup>th</sup> November 2022
Present to Board for Approval	26 <sup>th</sup> January 2023
Adoption and Implementation	26 <sup>th</sup> January 2023

**RECOMMENDED:**

13. The PCC is asked to:

- **RECEIVE AND COMMENT** on the proposed approach, format and timelines for development and suggested principles and strategic themes.
- **NOTE** the potential impact of transition from the existing Director of Workforce and OD to a new Director and the potential desire for a different approach to development and / or framing of the strategy in future.



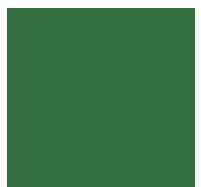
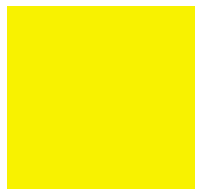
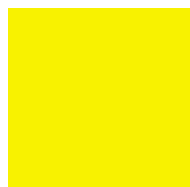
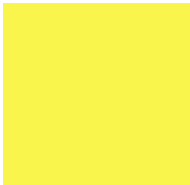
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Welsh Ambulance Services  
NHS Trust



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# *Being Our Best: Our People and Culture Strategy*

## 2019 – 2022



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# Foreword

Our long term strategy and vision for the future of work at the Welsh Ambulance Service is exciting. As we move increasingly towards being seen as a provider of out of hospital healthcare services, rather than a transportation service, we will need to ensure our future workforce is sustainable, highly skilled and capable of playing a wider role in delivering, collaborating and co-ordinating the provision of care across the wider healthcare system.

Our workforce and volunteers are pivotal to helping us achieve this. We are a people- and patient-centred organisation, and our teams, regardless of role or function, are all working together to provide the highest quality services to the population of Wales. In so doing, we are all striving to make things better for our communities and ourselves, building community resilience from a variety of settings and roles. That is why it is so important that we demonstrate compassion and care in every interaction, be it with our patients, service users or each other. What each of us does and how we do it sets our culture going forward. How each of us feels about our work and about the Trust as an employer, are the most important factors in determining the quality of the care we provide.

This **People and Culture Strategy 2019 – 2022** is the umbrella strategy that sets out our ambitions and priorities for the next three years (at a high level) to ensure we are setting in place the right conditions and culture for our people to be their best, enabling everyone to enjoy a productive, healthy, happy (working) life and to support and underpin delivery of the Trust's ambition to be the leading ambulance service, providing safe, effective, high quality care to the population of Wales.

We have prioritised and called out a number of key actions within each section which we believe are necessary to respond to some of the risks, challenges and opportunities we face; but when brought together are mutually reinforcing and designed to ensure the Welsh Ambulance Service continues to be a great place to work, volunteer, develop and grow.

The last three years have provided a solid platform upon which we will build our future plans. We have introduced many new initiatives and developments which have made the Trust a better place to be.

We know this because, through our Staff Survey results, colleagues have told us things are improving. However, we know there is still so much more we can do and must do to meet the longer term strategic ambitions of [A Healthier Wales](#) and of **Delivering Excellence – Our Vision for 2030**.

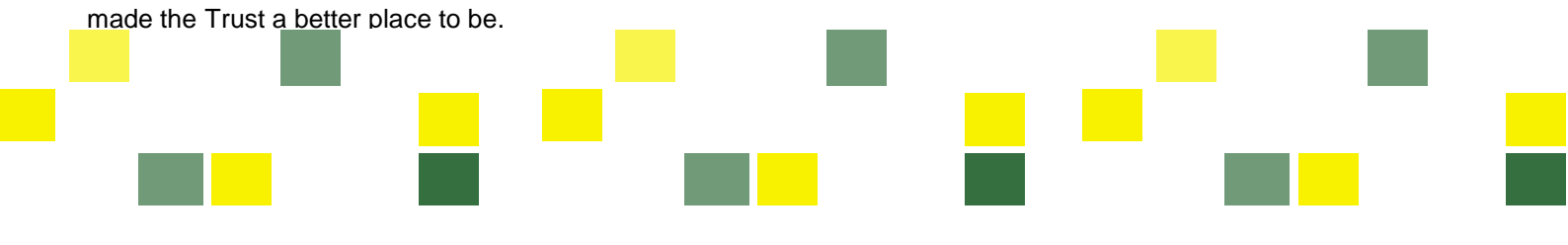
Over this next three years (and into the future), we are going to need leaders at all levels of the organisation with the vision, passion, honesty and courage to challenge the norm and recognise the need to do things very differently. We must look beyond our *workforce* to embrace the concept and opportunities of our wider **careforce**, valuing and growing the contribution of our volunteers to help transform local communities, build community resilience and help the public make better, informed, healthier choices.

You will see within our strategy an ambition to move away from tradition and uniformity, towards designing wellbeing, quality and diversity into our jobs, systems of work, working environments, learning and education. This will be key to encouraging agility, engagement and readiness to change.

I am delighted to share this strategy with you all, as the first in a series of planned three-year People and Culture strategies aimed at supporting delivery of our long-term strategic ambitions. This is a hugely exciting and challenging time for us all and we look forward to continuing to engage and work with you all to deliver our goals and ambitions over the next three years.



**Claire Vaughan**  
**Executive  
Director of  
Workforce and  
OD**



# The Future of Work is Human...

It is of course difficult to predict the future with any degree of accuracy, and in the past there have been some exaggerated predictions about the age in which we now live, most of which have not come true. On the other hand, there have been innovations and inventions not predicted, such as smart phone technology, that have been truly transformative and have become a part of our daily lives. This, and other similar technologies, provides a platform for further advances, many of which could have a direct impact in the medical world and change our notions of managing illness and health, shaping our **clinical and non-clinical services** and the **skills and design of jobs** in the future.

Whilst we cannot be certain about everything, we can be certain that our workforce will remain at the **heart of everything we do**, and that the need for care and compassion will be constant. We can fairly confidently predict that the average working life will continue to increase so people will be **working longer**; they will look to **change jobs** more frequently as they seek **greater variety and choice**. Maintaining a **focus on health and wellbeing** will therefore be key to a longer, healthy, happy working life with **greater control and flexibility** over work, enabling better balance and a supportive response to the growing number of colleagues with **carer responsibilities**.

As we look towards the future, and to exploring how we can expand our influence within the wider community, unscheduled care and multi-disciplinary, out of hospital care setting, we foresee opportunities to explore and expand our horizons in understanding **new technology, data analytics and data science** and the potential this exciting **digital world** can offer us in thinking about the future design of our jobs, wellbeing approaches, creating greater access to our services and advice for patients, our occupational health services and clinical information for staff and improving access to education and learning.

Our ambition in the regard is set out in more detail in **Delivering Excellence: Our Vision for 2030**, which talks of a strategic intent to develop as the 'Call Handler of Choice' and be seen as the **sole provider and co-ordinator of transport to access healthcare in Wales**. Increased **prescribing rights** for advanced (paramedics and nurses) practitioners offers potential to expand their role and

influence within the **wider multi-disciplinary team and community setting**. There is an emerging narrative that describes the potential to develop '**care or system navigator roles**' supporting patients to navigate the system, accessing care at the most appropriate point, avoiding the 'front door' of the hospital. In becoming the 'call handler of choice,' we aim to develop multi-disciplinary teams within our clinical contact centres, and identify opportunities where **digital and technological solutions** could improve access to our services in future. We also have ambitious plans to provide a **national transfer and discharge support service**, providing timely transport to patients leaving hospital.

It is important that we are able to plan and drive the **transformation** in services and culture that we want to see. We believe this **People & Culture Strategy** will take us closer towards developing **organisation and individual capacity** to respond and adapt to system and service transformation at increasing **pace**; towards creating the **right conditions where individuals are supported and enabled** to be more **agile and accepting of change**; to a place where our **education and training** provision can **evolve and keep pace** with digital and service transformation; towards improved digital literacy across the workforce, and a **leadership that promotes** high levels of **trust and autonomy**, reducing bureaucracy, **simplifying** processes and creating more **freedom** to make decisions and take appropriate risks.

*You can find more detail of our thinking of the Future of Work and a view from the future workplace in our long term strategy **Delivering Excellence – Our Vision for 2030**.*

## Delivering Excellence: Our Vision for 2030

### People and Culture Strategy 2019-2022



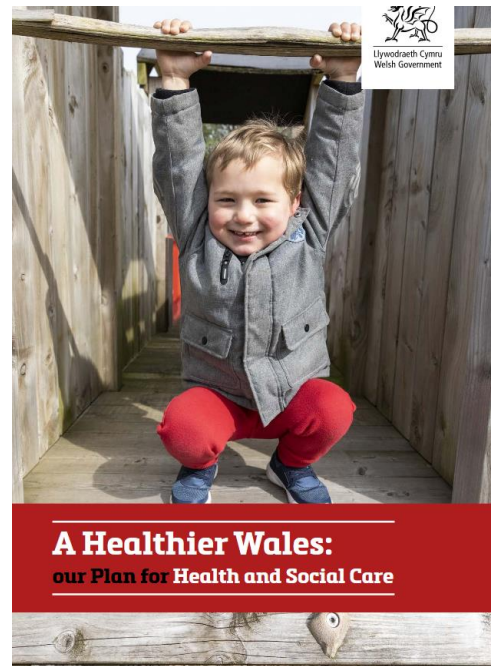
# The Operating Context

There are a number of national strategy and policy drivers which have shaped our thinking and the design of our long term ambitions and strategic priorities. These include the [UK Ambulance Services](#) strategy, and the distinct Welsh context framed by the [Wellbeing of Future Generations Act, A Healthier Wales](#) and the [Health and Social Care \(Quality and Engagement\) \(Wales\) Bill 2019](#), which set out the transformational changes required to deliver closer integration of health and social care, a requirement for continuous improvement in quality and culture of openness through imposing a **Duty of Candour** and **Duty of Quality** to better meet the needs of current and future generations in Wales.

*A Healthier Wales* challenges us to provide a joined up response to growing societal problems such as **increased frailty, isolation and loneliness** and to provide **seamless, best care** for all, where and when they need it. There is a genuine opportunity for the Trust's workforce to play a significant role in responding to these future challenges; by leading the way in changing mindsets, leadership behaviours and approaches which support individuals to not only receive best care, but also be supported to take **ownership** of their own caring responsibilities. As part of strategic plans, we aim to increase opportunities for our colleagues to give back to their own local community through greater opportunities to get involved in both **paid and volunteering activities** directed at **community and schools education**, befriending and care co-ordination, encouraging themselves and others to be as healthy, well and safe as possible and making **'every contact count.'**

Our approach to developing our people and our priorities are designed to take account the principles set out in *A Healthier Wales* and of the emerging long term **Health and Social Care Workforce Strategy** which includes planning for **new workforce models**, strengthening **prevention, well-being**, generalist and Welsh language skills, developing strategic education & training partnerships, supporting career long development and

diversification across the wider workforce. We will ensure the potential future role the Welsh Ambulance Service workforce can play within the wider Health and Social Care system is firmly fixed within this emerging strategy.



**The 5 Step Ambulance Care Pathway** also provides a helpful framework to align our people and culture priorities ensuring they support service delivery and developments across all 5 steps including increased emphasis upstream to steps 1 and 2. This will in particular influence our workforce planning and education offerings to ensure the shape and skills of the workforce reflects each step of the process and underpins our ambitions to be a leading ambulance service.



# Our Strategic Goals

## Engaged

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

## Sustainable & Agile

*We will design the future shape of our workforce and ensure they are highly skilled and agile to deliver excellent care to the population of Wales, and the ambitions of our long term strategy*

## Well Led

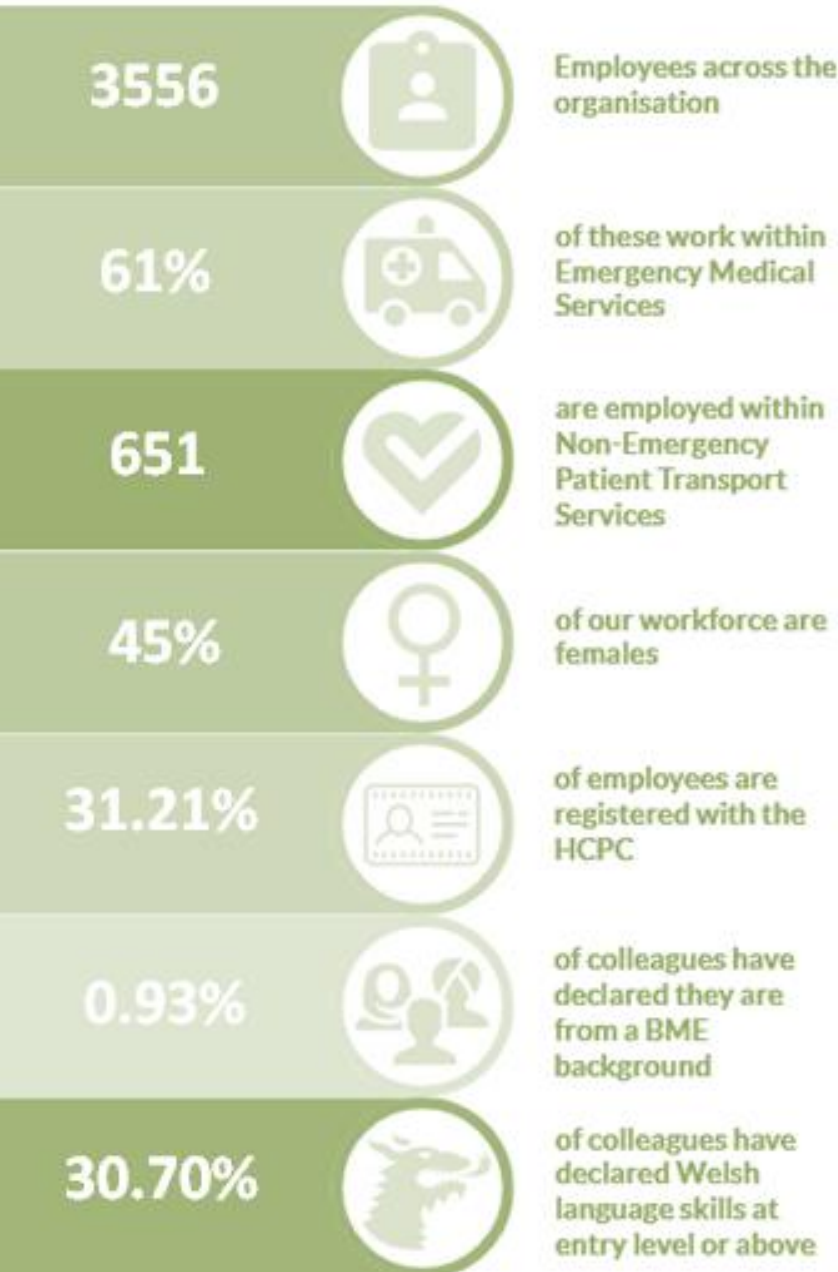
*We will develop courageous, compassionate and collaborative system leaders; leaders who are inclusive in approach and capable of fostering innovation and improvement across the Trust*

## Healthy

*We want everyone to enjoy a long, healthy, happy and productive (working) life*



# Our Workforce at a Glance



## Leading Diversity

We have seen a positive increase in female staff employed over the past three years, from 25% to 45% and our LGBTQ network continues to grow in influence and presence; but presently there are only 25 staff who identify/declare themselves as BME - less than 1% of the overall workforce. Also less than 4%, only 136 staff, have declared that they have a disability. There is no doubt the statistics are a driver to encourage greater action to embed diversity and inclusion. As part of the AACE Ambulance Sector and our work on Project D, we want to shift our thinking to 'leading diversity' and 'celebrating difference,' rather than 'managing' equality as a problem to be solved. As we refresh our **Treating People Fairly: Strategic Equality Plan and Objectives** through 2019 (to publish April 2020) we will focus on the positives of **transforming employment prospects for those with disabilities**, of **creating a culturally intelligent, inclusive workplace**, of **improving access to careers and to education for under-represented groups** among our workforce; and we'll continue to work with a range of partners across education, ambulance and the Welsh health and social care system to help us to bring about real change.

## Caring for Our Older Workforce

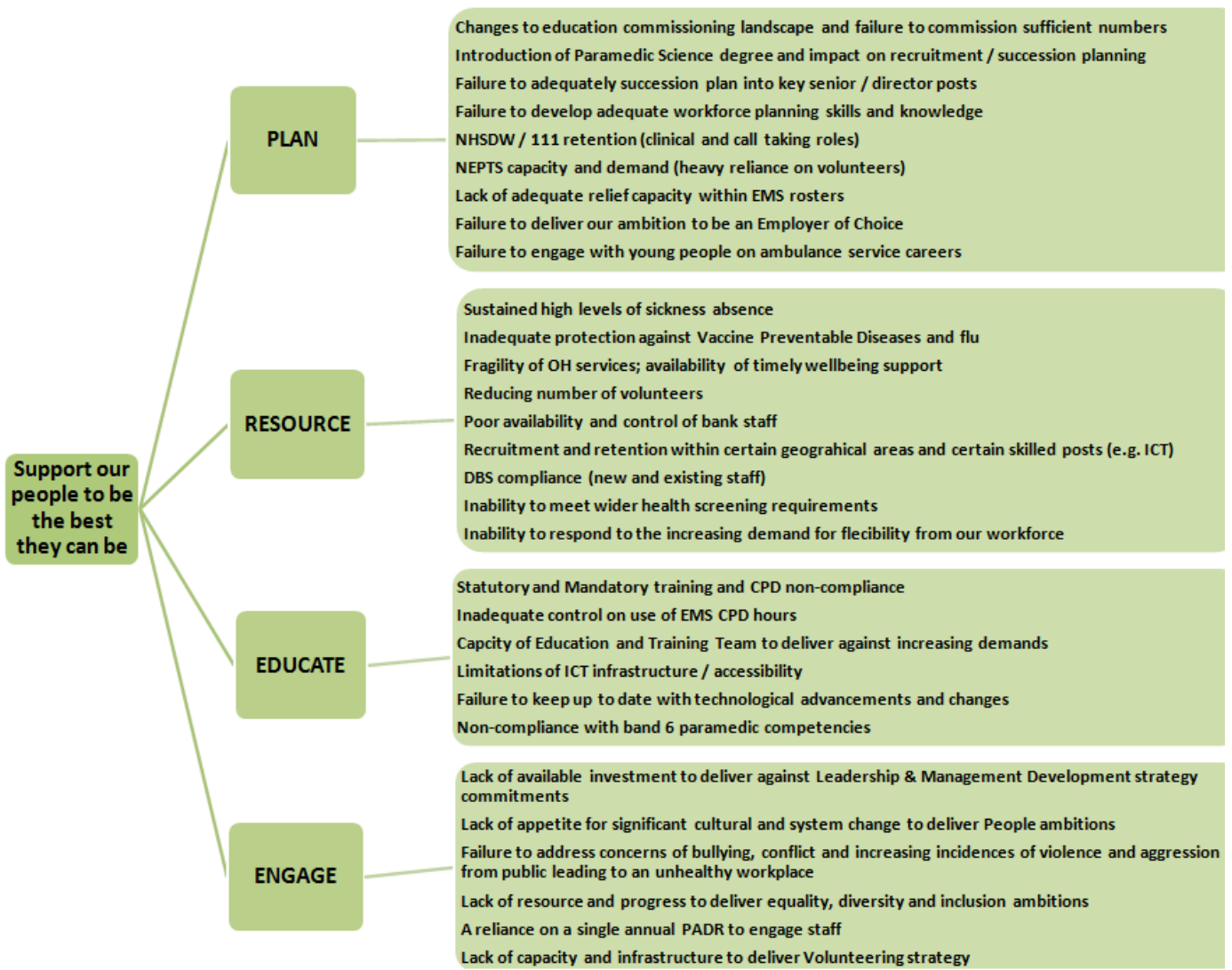
We have also seen an increase in the number of staff aged 50+, from 34% three years ago to 40% in 2019. In our ambition to support people to age well in Wales and aligned to the broader strategic aims of the Older People's Commissioner for Wales Strategy 2019-22 and Welsh Government Healthier Wales Plan, we also need to consider the implications and challenge of an ageing workforce. Increasing longevity and expectations of a longer working life are strong drivers to continue to focus on the **health and wellbeing** of our workforce and will also drive changes to our **career pathways** and **educational models** in the longer term. We also need a **rethink of what it means to work flexibly** within our services (beyond our legal requirements to do so); to *promote* and *encourage*, not *resist* or *tolerate* requests for greater flexibility, to help people to accommodate and manage their increasingly complex, demanding lifestyles and caring responsibilities.



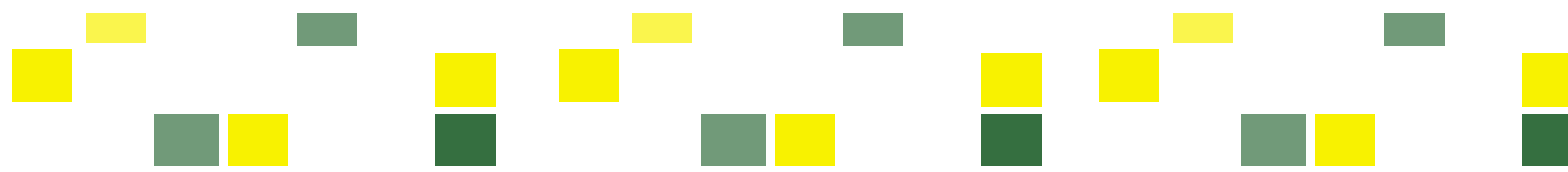
# Our People and Culture

## Strategic Risks

We've described above the strategic context within which we are operating, and also some of our workforce characteristics and the challenges that these present for the future. There is also another driver to determining our strategic priorities and actions going forward – risk. Below is just an outline of some of the **risks and issues** that we have taken into account in our planning for the next three years – some are actual, some are potential risks we foresee if action isn't taken to mitigate or plan to avoid these risks.



Our Goal is to deliver excellence in everything we do and enable our people to be their best. Our **strategic priorities** are designed to be relevant to all parts of our workforce, paid and volunteer. Having a set of clear priorities will help us ensure we focus our attention and resources towards **taking opportunities for improvement**, tackling some of the main **challenges and risks** facing us, and ensuring we continue to provide the **best care possible**. Our priorities and some of the actions we will take are themed and are summarise on the next two pages. More detail on each of the themes follows on from this.



# Overview - People and Culture

## Strategic Themes

### Plan

***Effective planning of our workforce to ensure sufficient people are available, in the right place, at the right time with the right skills and behaviours to deliver our long term ambitions***

We intend to build on the improvements made to our workforce planning, and to further expand our frontline services. We have already benefitted from investment into our paramedic workforce, and in developing our advanced practice workforce and clinical desk capacity. We have also expanded our call taking and nurse advisor workforce through roll out of the 111 service. We have invested in growing our corporate teams, including patient safety and quality, clinical leadership and organisational development capacity. In 2019 we will complete a refreshed capacity and demand exercise for both EMS and NEPTS, which will (if supported) be translated into a detailed workforce change plans, requiring investment in education and training capacity, large scale recruitment activity, localised roster changes, change management implications and potential opportunities to upskill existing grades of staff. We will also see changes to our supply chain through introduction of the paramedicine degree, further investment in advanced practitioners, and an expanded role for nurses as we respond to the requirements of the Nurse Staffing Level (Wales) Act 2016 and developments in falls services. We must ensure robust plans are in place to respond to existing and new developments such as the continued transfer of services under the NEPTS business case, development of a new transfer and discharge service, continued roll out of 111 and wider Health Board and system changes such as the Major Trauma Service and Clinical Futures. To support delivery we will need to increase our planning and programme management capacity and ensure robust succession planning to senior leader posts. We must also build systems, relationships and processes that enable us to work more closely with Health Boards and Trusts to ensure we are able to plan more effectively in the future, to promote joined up, multi-disciplinary working and planning to respond to future changes in local and national services.

### Recruit & Resource

***Prioritising actions to improve resource availability, increased workforce productivity and efficiency, tackling absence and reducing recruitment timescales and challenges***

Maintaining and improving productivity and availability of our staff, whilst also accelerating delivery of our own internal efficiencies will remain a focus for us. We will complete the work we have started in partnership to review our resourcing policy and practices and complete our ongoing EMS roster reviews; we also recognise how important it is to our staff that we do more to improve meal break compliance and responses to short notice requests for flexibility and leave. We face a continued challenge to deliver further improvements to our attendance rates, whilst ensuring staff are appropriately supported and cared for and we will deliver on our attendance improvement plan actions. We'll also continue our work to ensure timely and effective recruitment of #RemarkablePeople and on-boarding processes to remove any unnecessary delays; work more closely with university partners to ensure we attract students with the right skills and attitudes to the profession, and with schools to increase awareness of the range of job and work experience opportunities, whilst continuing to build relationships and job opportunities for veterans of our Armed Forces. In the longer term, we need to be more agile and prepared to respond to changing demand and Health Board service developments and the impact that may have on rosters and working patterns, as well as the increasing need for flexible working patterns to help staff stay well in future. So, over the next three years, we will explore how we will make greater use of technology (including self-rostering and home working technologies) to improve flexibility and availability of both substantive and bank staff, and for modelling demand profiles and impact of changes to services so we can align our rosters and workforce accordingly.



# Overview - People and Culture

## Strategic Themes

### Educate

*Transforming our approach to education and training, providing quality assured, person centred development opportunities, nurturing a supportive Trust-wide culture of lifelong learning*

Over the next three years we will be changing the way we deliver training and education to our workforce for improved access and enhanced learner experience. We will be evolving our provision to make greater use of immersive, virtual learning and mobile technologies; taking learning closer to the individual through establishment of high quality, Local Learning Communities, and developing our Education and Training team, shifting from a purely 'taught' to an increasingly 'facilitated, coaching' style of education delivery. We'll be developing our apprenticeship schemes, supporting delivery of the Band 6 paramedic competency framework, developing quality assurance across all learning provisions and continuing to develop our corporate workforce. We'll work with HEI partners to ensure smooth transition to the paramedic degree programme and plan how we support existing EMT staff to develop into future paramedics. We're also exploring the potential for the Trust to attain University Status, and increase opportunities for clinical academic careers. We will establish a network of Subject Matter Experts to ensure high quality delivery of important topics such as Safeguarding and Mental Health. We will maximise opportunities for collaboration and partnership, ensuring we provide flexible, high quality learning experiences. Increasing Digital Literacy and improving basic skills will also be a necessary requirement as we move forward and support our workforce to aspire to progress their careers and prepare for change.

### Engage

*We will focus on ensuring this is a great place for us all to work, train, volunteer and grow, supported by vibrant, compassionate, courageous and collaborative leaders.*

Our workplaces are changing. More and more individuals are seeking meaningful, satisfying work where they can make a real difference and be appreciated. Demographic diversity, multi-generational workforces and increasingly demanding jobs are a reality and present real leadership challenges. Over the next three years we will implement our agreed Leadership and Management Development Strategy which is designed to support development of a high trust, high performance culture. We will offer bespoke programmes of development designed to develop the required set of leadership behaviours, increased management capability (including managing change effectively) and address succession planning challenges. We will also set out plans to further improve colleague experience and support, including the development and launch of a new Volunteer Strategy. We'll take action to further build positive, psychologically and physically safe workplace environments as part of our new Wellbeing Strategy; to tackle our diversity challenges and develop more culturally intelligent leaders and managers; and respond to the reported increasing incidence of bullying and conflict within the workplace. To support this, we'll also be refreshing our organisational behaviours, vision and aim following feedback from our Teams. We'll also take a look at how we treat our Bank staff, and what opportunities exist to better connect them to the workplace, ensuring better access to training, development and career development opportunities.



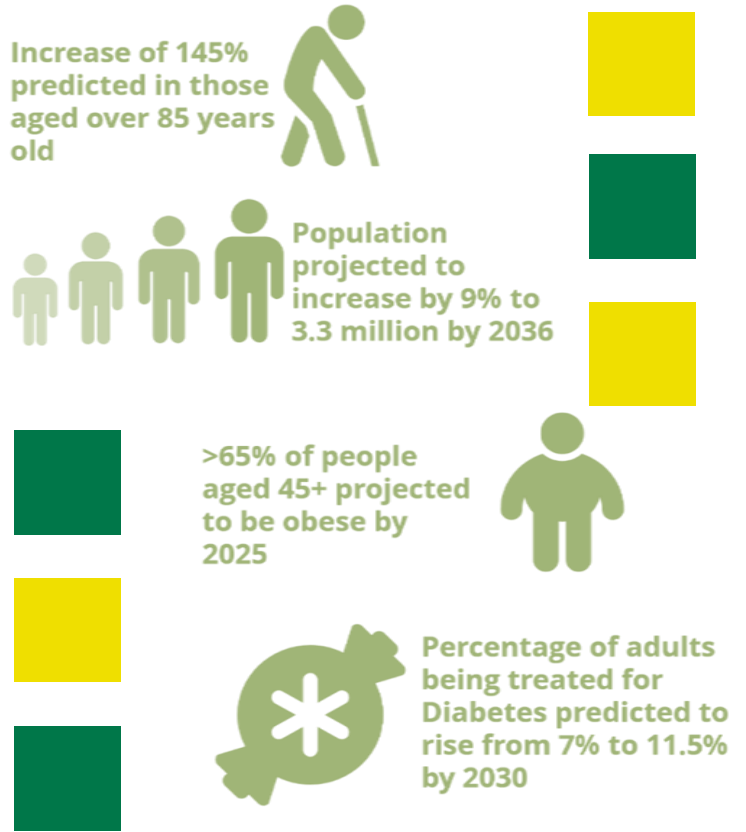
# Effective Future Workforce Planning

As we move increasingly towards being seen as a provider of 'out of hospital' healthcare services, rather than simply a transportation service, and continue to expand our hear and treat workforce (and in the longer term, potentially our out of hours service offering), we need robust workforce plans in place to ensure a **sustainable, agile, highly skilled and capable** workforce, in sufficient numbers and at the right time.

Data show people are living longer with more complex health conditions, which in turn places increasing demand on the services we provide and on the workforce we employ. Our workforce story mirrors changes to the Welsh demographic. The population in Wales is projected to increase by 9% to 3.3 million by 2036, with a substantial rise among the older population. While people are living longer we are also seeing a decline in the birth rate and less young people entering the workplace. And so competition to attract new starters increases.

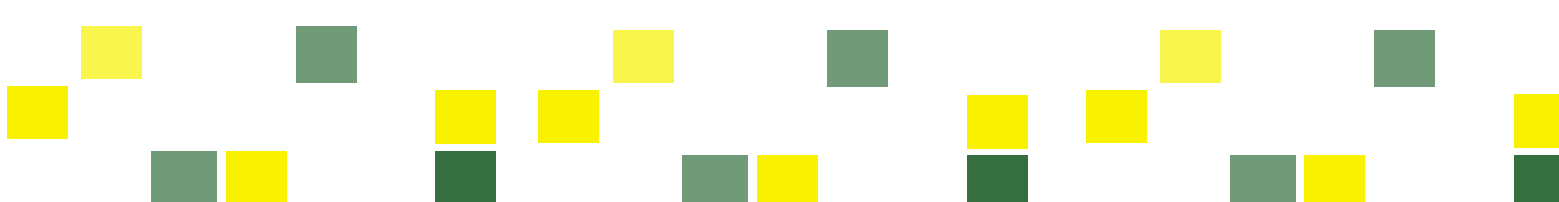
Obesity rates are predicted to continue to rise in Wales, with over 67% of people age 45+ projected to be obese by 2025; as are more complex conditions as currently more than 40% of people aged 75+ live with two or more longstanding illnesses. The shape of our workforce and wider population health challenges are closely linked and impact on both the demand for services and capacity to deliver and have a significant influence on our future workforce plans.

In the short to medium term, we have identified a number of potential risks that will influence the shape of our future workforce plans; challenges such as planning for Brexit and the requirements of the **Nurse Staffing Level (Wales) Act 2016**; changes to the **education commissioning** landscape and the **introduction of a degree** requirement for paramedicine; restrictions on



**salary levels** that often leave us struggling to compete and to attract the best candidates at very senior manager level; proposals to nationally review ambulance section A&C job evaluation profiles and increasing expectation locally to review and update job descriptions; and increasing **competition for our qualified professionals** at a time when there are not enough staff across the health system to meet demand.

Whilst planning to address these challenges, we must also plan for the implementation of changes to workforce skill mix and numbers identified through our capacity and demand reviews. In 2018/19 we introduced our workforce planning toolkit based on the six step model of workforce planning to support our workforce planning process. In future we will also be able to use workforce supply forecasting methods and modelling software to better predict of workforce demand as a result of local and national health system changes such as the Major Trauma Network changes.



# Effective Future Workforce Planning

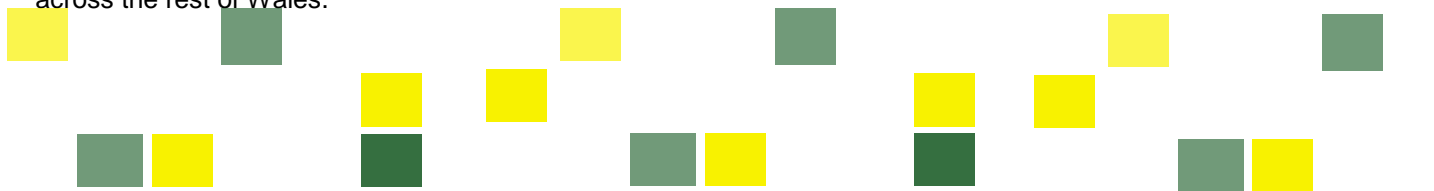
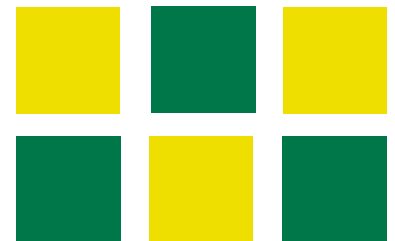
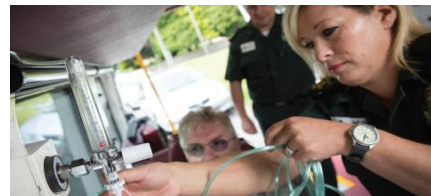
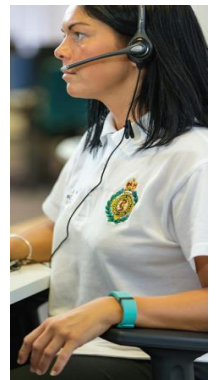
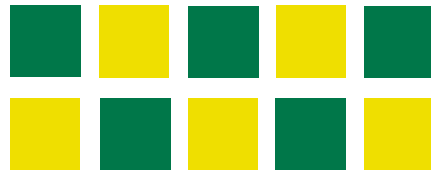
Further work is needed to embed robust workforce planning processes across all directorates over the next 3 years and increase our capacity to manage and deliver large scale workforce planning and change, and to begin to understand and plan for the workforce needed to deliver our longer term strategic ambitions including the emerging proposal to become the Call Handler of Choice, and what it means to be the sole provider of transport to healthcare in Wales.

To deliver this strategic priority we will focus our efforts on these key deliverables...

- 2019/20 Deliver a Board approved **People and Culture Strategy** that sets out our ambitions and priorities for the next three years on our journey towards Delivering Excellence 2030
- 2020/21 Develop a **workforce transformation plan** to enable implementation of a shift in workforce skill mix, increase in numbers and roster changes as part of delivering the **EMS capacity** and demand recommendations.
- 2021/22 Scope the **strategic workforce plan requirements** for Delivering Excellence 2030, including the requirements for future NEPTS services and development of a discharge and transport service, and aspiration to be the Call Handler of Choice.

We will also...

- Ensure **robust education commissioning arrangements** are in place to delivery sufficient numbers of high quality, trained paramedics in the future (taking account of the changes to education requirements).
- Ensure we have sufficient **supporting infrastructure and capacity** with the necessary planning, programme management, education and training and OD skills needed to support delivery of our workforce and service transformation plans.
- Continue the successful roll out of the 111 Service across the rest of Wales.



# Recruitment & Resource Availability:

## Providing a Safe, High Quality, Responsive Service

We aim to ensure that all of our services users can access the right help, from the right place at the right time. Our workforce is highly motivated to provide the **best possible care** to our patients. However there are a number of **internal inefficiencies** that we need to address together to improve **efficiency, productivity and availability** to respond.

These inefficiencies and challenges were highlighted in the **2018 Amber Review**, but they are not unique to us, as demonstrated in the 2018 **Lord Carter Review** into English Ambulance Services.

Whilst progress towards **reducing absence** and **improving meal break compliance** has been made in 2018/19, we must continue our focus to further reduce our sickness absence, **address variability in relief capacity** and **increase availability of bank staff**; to make inroads to reduce the number of **hours lost after handover to clear**, further increase compliance with taking meal breaks and reduce the number of hours we lose travelling **back to base for meal breaks**. This will require our workforce and operations teams to continue to work closely together with trade union partners to drive the improvements we need to see.

This work has started with a new approach to reviewing and improving our **resource policy and practice**, which takes a look at the challenges through a quality improvement lens in partnership with TU colleagues. In past years this has proved a challenging area to deliver change, but together we are seeking further improvements to meal break compliance and over runs, greater **flexibility and efficiencies within rosters**, and the project will also lead us to review our **EMS relief staffing** arrangements..

**Improving attendance** among our workforce has always been a key priority but over the past 12 months we have been unable to deliver the sustainable reduction required; and we continue to have one of the highest sickness rates of all NHS organisations in Wales and UK ambulance services. We remain determined to deliver significant and sustainable improvements in attendance through **better, supportive, planned management** of absence cases, **increased resources** to support line managers, and

investing in our **occupational health service** provision and developing proactive strategies to support and enable staff to stay well at work.

**To deliver this strategic priority we will focus our efforts on these key deliverables....**

- 2019/20 Deliver an improvement in **resource availability** levels across the workforce
- 2020/21 Expand our offer of **meaningful work experience** opportunities to school age children and build on a **programme of schools engagement** to raise awareness of service opportunities to ensure a ready supply of remarkable people to work in the ambulance service
- 2021/22 Invest in developing our **Occupational Health and Wellbeing Services**, including exploring the potential use of **video technology, introduction of in house clinical psychology** and review of our recently implemented **rapid access to physiotherapy services** to improve access.

### **We will also**

- Maintain a continued focus on **robust, but compassionate management of long term sickness** absences, with a focus on better process planning, and regular local and senior management scrutiny of the caseload to deliver continued reductions in average length of absence.
- Evaluate the benefits of **home working technology** within our contact centres to enable greater flexibility and ability to scale up (and down) the workforce at times of increased demand; plan for further roll out across 2020/21
- Expand our recruitment plans to tap into '**alternative talent pools**' such as retirees seeking to re-enter work, people caring for children or other family, ex-armed forces and mature students seeking flexible hours, particularly in our contact centre environments.
- Complete our **Resource Policy Improvement Project** and explore ways to increase flexibility on and off the job and improve the experience of our frontline EMS staff.
- Secure improvements to the resilience and function of our paramedic and NEPTS **Bank Arrangements**.

# Spotlight On: Recruitment and Widening Access to Ambulance Service Careers

## Recruiting #Remarkable People

**Widening access to career opportunities** within the Trust is crucial if we are to be truly reflective of the diverse communities we serve across Wales, and **remain competitive** in the face of ever increasing recruitment challenges. Our focus will be on placing Trust behaviours at the heart of the selection process creating a **positive candidate experience** to attract new talent and evaluating our recruitment and retention processes.

In order to **embrace diversity and celebrate inclusivity**, we must foster a culture where every member of our workforce can be themselves within the workplace. However, applicants from different sections of our communities find it impossible to connect with the language and 'NHS speak' of our job descriptions and traditional methods of developing recruitment material; and often they do not see themselves in our jobs or images. By continuing as we do, the Trust is missing out on the richness and experience an inclusive, diverse workplace brings. The Trust must undertake a review of the entire recruitment and selection process and recognise the mindset change required if it is to become an **employer of choice** and remove barriers for candidates from **less represented groups**.

## Connecting with the Armed Forces Community

In April 2019 we signed up to the **Step into Health pledge** and **Armed Forces Covenant** as a sign of our commitment to supporting veterans of our Armed Forces and their families into ambulance service careers. Just under 2% of our current workforce have either joined us directly from the Armed Forces and/or have declared they are an Armed Forces Reservist. We pledge to continue to **support careers events** tailored to those about to leave, or those who have recently left the military. We will also seek to offer **better access to advice and information** for those keen to find out more about working for us and the range of jobs available. Transitioning from active service can be tough, and to help support and guide those joining the Trust who are finding it difficult to adjust, we are establishing a **network of support advocates** from among existing staff.

## Inspiring Future Generations

Raising awareness of career opportunities among school age children and creating broader opportunities for **work experience** is vital if we are to encourage young people to consider the Trust as a future employer of choice. With a focus on diversity, inclusion and widening access for disadvantaged or underrepresented groups, we are committed to build upon a **schools engagement programme** by increasing the use of volunteering, work experience, internship and pre-employment activity. We already connect with a range of schools and colleges from across Wales and by participating in the delivery of various careers events in relation to clinical and non-clinical careers, enrichment days and mock interview events. We want to do more of this, and to do it in a more planned, systematic way in future.

## Widening access through Apprenticeships

Developing our **Apprenticeship offering** is an integral element of widening our participation both in terms of existing and future colleagues and will help us to better meet the changing needs of our workforce and learners, providing a flexible, accessible and modern approach to learning. Establishing Apprenticeship routes within both **operational and corporate roles** will support the provision of **meaningful career pathways**, enable us to improve colleague experience, organisational recruitment and retention rates and also help us to better reflect the communities we serve in terms of diversity. It will also place the learner at the heart of the educational process.

## Graduate Trainees

The Public Services Wales **graduate training scheme** creates opportunities for individuals and organisations to build relationships, shared actions and community outcomes through a formalised approach. It is expected that this pan-organisational leadership development will facilitate leadership careers which have a portfolio of different sectors and organisations. We are proud to play a role in this development, **collaborating with colleagues across public service** to offer opportunities to aspiring leaders.

# Transforming Education and Training

## A look into the Future

Our ambition to be a leading ambulance service can only be delivered if we support our people with education that compliments the Ambulance Quality Indicators - 5 Step Ambulance Care Pathway. We see the development of **Technology Enabled Learning** playing a key role in the future design and delivery of education. Technology provides us with the means to enhance learning and the learning experiences across the full spectrum of our provision, enabling skills to be developed and refined using the latest interactive training equipment. We intend to enable immersive and virtual learning environments at all our main sites, and are excited to explore how **Augmented Reality, Virtual Reality and gamification** concepts can help us to deliver **statutory and mandatory training** in a more engaging, impactful way.

## Towards Self Directed, Self -Owned Learning

We also want to empower our people to **own their professional learning** whether that be in their taught, nationally recognised regulated qualifications and apprenticeships delivered and facilitated by the National Ambulance Training College or training and education delivered through devolved functions. Delivering **engaging content** that builds on experiential learning will assist our people to access learning in a more frequent, **bitesize** manner. Where regulated qualifications form significant parts of programmes, we will support an open mind-set – driving the learning experience by seeking solutions using professional enquiry and curiosity whilst ensuring the necessary compliance for a nationally acclaimed quality provision.

## Statutory and Mandatory Training

To improve take up of our **annual CPD programmes** and **Statutory & Mandatory Training** requirements we will continue to work on making the content challenging, relevant and engaging, taking learning from incidents and innovation, and improving access through **eLearning via OnClick and ESR**. We will also encourage locally delivered, centrally quality assured peer CPD learning to complement the annual programme and engaging with **bite-sized micro-learning** to develop knowledge and test understanding on hand held devices – truly bringing learning to individuals, on demand.



## Assuring Quality Provision

We want all of our people to **access quality learning**, wherever they are in the country. We have a growing body of local learning networks where peer learning opportunities are made available to complement the CPD programme facilitated by the Education & Training team. Developments in technology provide us with the opportunity to **capture this local learning** and distribute it to teams in other parts of the country. By building a resource that is centrally quality assured and locally delivered, we can be confident that best practice and the latest thinking can be **accessed in a timely manner**. Quality Assurance will be monitored closely by the Trust's Strategic Education Steering Group.

## University Status

Research and development, innovation, education and training and collaborative relationships with industry are found throughout the everyday business of the Trust. We want to remain at the **forefront** of such initiatives and attaining University Status enables us to clearly state our **commitment to excellence and continuous improvement** across the whole organisation, establishing professionalising progression pathways for the whole workforce.

## Fit for Purpose Estate

We will continue to explore the benefits of **co-locating** our educational provision with **academic and other partners** in the longer term, while also recognising the need to create **local, equitable access** to high quality, learner centred education opportunities in a fit for purpose environment, in all three regions.



# For a Skilled, Competent and Safe Future Workforce

## Contact Centre (CCC/NHSDW/111) Education

Whilst this is delivered by a specific systems training team, the skills, aptitudes and competencies that are required in the contact centre environment could be enhanced through creating a range of engaging **scenario based and immersive teaching opportunities**. We propose to create a **virtual contact centre environment** with numerous simulated experiences to provide colleagues a more realistic experience when developing skillsets and chance to practice clinical triage skills and newly acquired telemedicine skills, in a safe space. This will also provide colleagues in other roles with an appreciation of the role played by this service in Steps 1 and 2 of the 5 Step Model. We will also explore creation of an **apprenticeship route** as a potential specialist development opportunity, supporting our ambition to be the healthcare call handler of choice.

## Changing needs of NEPTS

The needs of our ageing population are changing the response that our Non-Emergency Patient Transport Services (NEPTS) provide. To ensure we develop the skills, knowledge and understanding of our NEPTS people, their bespoke education has developed to provide learning relating to **End of Life Care, frailty** and working with those living with **dementia** and engaging effectively with their **carers**. We will continue to meet the needs of the **Health Care Support Worker agenda** and provide **regulated, accredited education** to support the developments in **transfer and discharge services** ensuring colleagues consistently operate to the highest standards of care.

## Developing our Administrative Staff

As part of our education agenda, we will continue to progress our **Administrative and Clerical Professional Development Initiative**, investing in and recognising the contribution of our corporate support service colleagues. We will undertake a **training needs analysis**, and create learning opportunities such as **minute taking training** delivered via our immersive learning environment and facilitation of **professional development events** specific to administrative and clerical roles.

## Driver Education

We are proud of our **Driver Training School** and its achievements, and will continue to invest in **high quality, leading edge, technology-rich** Driver Training Vehicles in

multiple formats to ensure our people are able to seamlessly transition from the learning environment to their operational role.

We must also plan for delivery of the **Diploma in Emergency Response Ambulance Driving Instruction** programme (by 2021), and enable internal development of driving instructor staff for effective succession planning to enable us to meet the requirements of **Section 19 of the Road Traffic Act (2006)**, which is expected to come into force in 2021/22. We will also embed our recently developed **nursing and midwifery career framework** and **paramedic career frameworks** which set out opportunities for development of advanced practice skills and internal rotations in WAST to maximise the skills of registered nurses and paramedics, and encourage progression from student to **Nurse or Paramedic Consultant** posts with **rotations** for staff in WAST and across Health Boards.

## Advanced Practice & Paramedic Prescribing

We have presented **Commissioners** with our ambitious plans to expand the provision of **Advanced Paramedic Practitioners (APP)** over the next five years. An emerging evidence base has been established from which we can demonstrate the positive impact that expanding APP provision could have by ensuring more patients are treated at home or in community settings, thereby reducing conveyance to hospitals, hospital waits and handover delays.

A fundamental aspect of this advanced practice model is **rotational working** where clinicians move between WAST and other non-ambulance setting such as Primary Care and the provision of Out of Hours services. This rotational working allows the development of another strand of our 'key enablers' namely Advanced Paramedic **Independent Prescribing**. We are the first ambulance service in the UK to educate and incorporate Advanced Paramedic Independent Prescribing into frontline practice and are at the beginning of a journey to explore and potentially expand our number of APPs with this ability. This investigatory process will hopefully develop the evidence to how we can incorporate this **enhanced degree of medicines delivery** into ambulance service practice and ensure our frontline clinical services are sufficiently modelled to serve our changing patient needs in the future.



# For a Skilled, Competent and Safe Future Workforce

As NHS Wales evolves in terms of its governance arrangements it is vital that we assist our corporate team to understand the NHS, the organisation and the vision of governance and the need to comply with NHS practices. In the continually changing landscape the team will need to look to the future and move away from conventional administrative processes to take on a more professional and advisory supporting role to the Board. Training plans will be established to ensure our staff are fully skilled and equipped with knowledge in areas such as good governance, legal, digital technology and IT to support the Board to operate at a strategic level and assist the organisation to evolve and move forward at pace.

Rapidly changing patient care models, alongside medical and technological advances, will require all frontline staff to acquire new information and digital skills and adopt new ways of working over the coming years. A digital-enabled workforce has a crucial role to play in our future ambulance service, enabled by a strong, resilient and skilled informatics and IT workforce at the heart of our digital transformation.

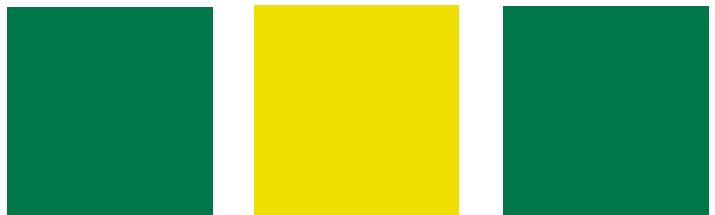


To deliver this strategic priority we will focus our efforts on these key deliverables....

- 2019/20 Deliver a Board approved **Strategy and Implementation Plan** with key deliverables over the next three years.
- 2020/21 Introduce the **Paramedic Science Degree programme** and develop the **Conversion Programme** to enable sustainable supply and internal progression routes.
- 2021/22 Ensure all staff meet a **minimum standard for core education requirements** and **digital literacy** in readiness for future service and digital transformation

We will also...

- Ensure that all of our people are educated to **Make Every Contact Count** by promoting the importance of **patient centered practice** and decision making, empowering our community to recognise the role they play.
- Expand opportunities to undertake apprenticeships, including clinical apprenticeship pathways and consolidate support through the future creation of an Apprenticeship Academy
- Develop **Clinical and Driving Instructor pathways** to enable effective succession planning and meet requirements of Road Traffic Act 2006
- Explore options to introduce **gamification, VR and AR** modes of delivery and expanded immersive and simulated learning opportunities.



# Spotlight On: Professional Development

## Paramedic Education

We have been working with our academic partners to plan for the introduction of the **degree in paramedicine** as entry level for a newly qualified paramedic from 2020. We will also develop our plans to **widen participation** and access by further expanding our **apprenticeship** offering and learning from **pre-degree pilot schemes** run in England aimed at encouraging individuals from BME backgrounds into paramedicine. This will be further enhanced by our ambition to attain **University Status**. Completing delivery of the education process aligned to the new band 6 paramedic role will also remain a key focus for us, with work planned to fully evaluate and measure the associated benefits. The introduction of degree based education as being the point of registration for paramedics will be a **strategic enabler** to the professions development and ensure our future paramedics are suitably skilled to deal with the increasingly complex patient presentations seen across the wider unscheduled care system.

## Post registration education

As our paramedics develop throughout their careers it is now essential that a well-developed and **comprehensive career framework** exists to ensure they can continue to deliver optimum care to patients as their skills grow and development. Likewise, the ever increasing need for effective frontline **clinical leadership** will require clinicians to be suitably educated. Embracing this emphasis on lifelong learning, and continued professional development is a key aspect of the future paramedic. The ability to move across disciplines, into broadening areas of practice will ensure that WAST continues to be viewed as an employer of choice, educating and supporting paramedics throughout out their careers. Post-registration education is the key by which we will increase the professionalization of our paramedic workforce. As the profession matures and develops, with broadening opportunities to work across disciplines, individual paramedics will be required to further embrace the philosophy of lifelong learning, becoming increasingly cognisant of the professional values and responsibilities.

This will ensure that we are able to attract and retain the **highest calibre clinicians** and ensure that the care offered to our patients continues to be of the utmost quality.

## Nurse Education

We have developed an ambitious **Nursing Career Framework** with the aim of assisting nurses to flourish within their role and to be supported academically and clinically to progress within the service, eventually up to the level of Consultant Nurse. Concentrating on the **'hear and treat'** areas of nursing within WAST, a modular approach to education with rotation into 'see and treat' areas has commenced and is being evaluated. Our ambition is to scale up the academic opportunities open to nurses to include funding for full MSc programmes of study to create a nursing workforce for WAST that will **complement** paramedic services and meet future requirements in alignment with service development. Placing nurses in cars is one of these developments. Band 5 nurses will be introduced into the NHS Direct/111 Service and Student Nurse Placements have been reintroduced into our clinical contact centres.

**Clinical supervision** / work based coaching is an integral element of the Nursing Career Framework. Work is ongoing to secure the resources required to provide this on a regular and consistent clinical basis. Continuing Professional Development (CPD) for nurses - *vital to ensure nurses and midwives maintain safe and effective practice, improve practice or develop new skills* - is built into the nurse roster and ensures the organisation is assisting nurses to meet the requirements of the **Nursing and Midwifery Council (NMC)** Revalidation process. Nurses joining the Trust to undertake a role in 'hear and treat' undertake an extensive induction programme and the ambition is to gain **external recognition and accreditation** for this programme. This includes a plan for in-house development of a bespoke, fit for purpose 'hear and treat' educational module with higher educational institute (HEI) accreditation.

# Engage: Making WAST a Great Place to Work

**Great colleague experience leads to great patient experience.** This is reason enough to continue to focus our efforts on further improving colleague experience, so that our patients and service users also benefit. However, **bold changes** are needed over time if we are to truly transform individual experiences of work and create a healthier WAST.

At the start of this strategy we stated that the future of work is human. For every colleague to have the best possible experience, we must start to move to a much more **person-centred approach** – and focus on the **‘human experience’**. This means actively encouraging people to be their true selves in work as far as possible, **designing meaningful support systems**, creating a clearer understanding of **what brings meaning, satisfaction and purpose** to individuals, whatever their role, and embracing **individual difference**. A natural consequence of an increased focus on the individual is the shift from **standardisation and uniformity to fairness and flexibility**. This shift will prove challenging for many, managers, trade union partners and members of staff alike. But we have to start somewhere, and we can do that through small (and larger) changes here and there in what we do and how we do it.

We have already said that the strategic priorities and actions identified throughout this document are mutually reinforcing, and should, when brought together, make a significant contribution to the wellbeing and happiness of individuals at work. We have also identified a range of further actions and priorities, informed by the results of our **2018 NHS Wales Staff Survey** and specifically designed to make improvements in the following areas:

- *Team-working*
- *Senior Manager and Executive visibility and confidence.*
- *Communications (between managers and staff).*
- *Management of Change.*
- *Experience of harassment and bullying*
- *Increasing incidence of violence and abuse against our workforce*

We will continue to collaboratively develop local actions to address these and other areas of concern identified through future staff surveys.

We will also continue to play an influential role in supporting the NHS Wales Colleague Experience Workstream and the Ambulance Sector Projects A and D to develop a collective response to the challenges of improving respect and resolution, diversity and inclusion, health and wellbeing and innovation.

**To deliver this strategic priority we will focus our efforts on these key deliverables....**

- In 2019/20 Refresh our commitment to our Volunteer workforce, and develop a strategy designed to improve their experience, opportunity and the support available to help them flourish.
- 2019/20 Deliver a Board approved strategy to improve the Health and Wellbeing of the Trust's workforce, which will initiate a transformation in the design of our processes, jobs and ways of working (inc shift patterns)
- In 2020/21 Refresh our **Organisational Behaviours, Vision and Aim**, listening and learning from individual stories to improve our approach to respect and resolution of conflict at work.
- In 2021/22 Improve the support available to those caring for family and relatives through the **Launch of a new Carer's Framework**.

We will also

- Refresh our **Strategic Equality Plan and Objectives** for publication in April 2020, explore roll out of programme of cultural intelligent leadership and increase leadership capacity within the Trust to secure the change needed.
- Implement our approved **Leadership and Management Development Strategy** seeking our new opportunities to collaborate with other public sector organisation in its delivery and in the development of collaborative system leaders. And improvements to **Team-working** across the Trust
- Strengthen our OH team with Occupational Psychology expertise to inform and design **better systems of care** and **organisational interventions** to enable individuals to better cope with the demands of their jobs.



# Spotlight On: Our Health & Wellbeing Strategy

**Wellbeing by Design.** A long, healthy, happy, (working) life is something most of us wish for. Over the coming years, we will all need to adapt and cope with changes to our environment and increasing emotional demands of life, at a pace that has not been required before. Some of us will relish the opportunities this brings, whilst for others the changes will be highly challenging, and will likely to create additional demands and stress on us. Combined with the implications of an increasingly long working life, rising levels of carer responsibilities increasing levels of stress-related sickness absence, predicted rises in levels of obesity, cancer, cardiovascular disease and musculo-skeletal disability among the population of Wales, the impact on individual health and wellbeing is likely to be significant.

We also know that many of the systems, processes and protocols within our workplace do not encourage or give individuals significant choice over what is done and how it is done. Nor do they take account of the emotional labour and psychosocial load inherent in jobs associated with the caring professions. An example of jobs with **high demand, low control, and high emotional labour** can be found within our Clinical Contact Centres, where continued exposure to the distress of patients whilst having to maintain control over their own emotions often leads to high sickness.

*'Daily our staff are confronted with the extremes of joy, sadness and despair. Many retain a collection of curated, traumatic memories of death and dying. They see and hear the horrors of extreme trauma; the aftermath of major road traffic accidents, suicide, and children in distress or dying and they help families cope with the loss of a loved one. They see 'life in the raw.'* Adapted from Health Education England - Commission into NHS Staff and Learner Mental Wellbeing Report 2019

As public awareness of the importance of good workplace mental health is growing, so does the call from within our own workforce for us to do more to promote and **safeguard their own mental health and wellbeing**. We have been working hard to change how mental wellbeing is viewed in our workplace, collaborating with colleagues

across the UK Ambulance services on **#Project A** to help improve the health and wellbeing of colleagues. To date we have implemented our **Trauma Risk Management (TRiM)** system, **Stress and Resilience at Work Training (StRaW)** and provided access to **Silvercloud on line CBT**, as well as making improvements in access to **counselling resources** working with the support of Care First, TASC (The Ambulance Services Charity) and Psychology Wales.

However, there is clearly much more to do to further **break down stigma**, to tackle the root causes of **work related stress**, design appropriate interventions to tackle challenges such as **burnout and post-traumatic stress disorder**, and to prepare employees, student paramedics and future employees to understand and cope with the particular emotional demands of our work



**61% of staff feel able to make improvements in own area of work**



**40% of staff feel involved in changes in their team**



**40% of staff feel involved in deciding upon changes affecting their work area**

Addressing these challenges sits at the heart of our Wellbeing Strategy, which will set out our ambitious plans to create **psychologically safe working environments**, better understanding of the demands of jobs, improve **team based working**, develop leaders capable of understanding and responding to the **emotional needs of staff**, improve **health surveillance, signposting** and to introduce augmented, **personalised and group psychosocial interventions**. We recognise the need for **specialised mental health input** to our in-house occupational health and wellbeing service to help deliver these ambitious plans; and we will be seeking to expand the team with input from **clinical psychologists** in 2019/20 to enable delivery of our wellbeing strategic priorities.



# Spotlight On: Our Volunteer Strategy

**Our volunteers** are a vitally important part of our overall service delivery. There is so much more we can do to show that we value the role and contribution that they make when generously giving of their time, energy and skills. Volunteers play an important role, as highlighted by a 2018 Kings Fund review of volunteering in health and care, which identified the **value** of volunteers in improving patient experience, building closer relationships between services and communities, tackling health inequalities improving public health and promoting health in hard-to-reach groups, and supporting the coordination of care for people with multiple needs.

Within NHS England there is a growing understanding of the **importance** of volunteering and social action as a key enabler to transforming the way the NHS works in future, and the NHS Long Term Plan commits to doubling the number of volunteers across the NHS (NHS England 2019). The emerging health and social care workforce strategy in Wales also identifies the importance of **recognising and valuing the contribution of volunteers and carers** to ensuring a flexible and sustainable future workforce.

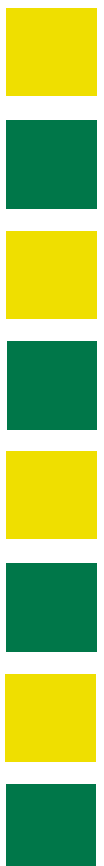
For many people the support they need will be delivered by a variety of different people working closely together – professional and unpaid carers, family and friends, community volunteers, housing organisations and neighbours, as well as themselves.

Across WAST, our volunteers currently provide support in three main services areas as **Community First Responders (CFR)**, **Volunteer Car Drivers** and **Medics through the British Association for Immediate Care (BASIS)**.

In February 2019 the Trust Board renewed its **commitment to volunteering** as a vital part of this service provision, and commissioned the development of a new Volunteer Strategy, to be launched in 2020.

This new strategy will set out the actions needed to **build volunteering capacity, strengthen governance and oversight, and improve the quality of the volunteering experience**. Over time we will also explore how we collaborate with third sector partners to support and encourage all paid colleagues to seek out opportunities to give back and (where appropriate) use their “work time” for a much broader community benefit, which we see as key to achieving the Wellbeing of Future Generations Act and A Healthier Wales goals.

Overall, the success of our strategy will be measured in terms of **a more engaged, appropriately trained and skilled unpaid careforce** who feel their contribution and commitment is recognised and valued. We also expect to see, a more robust and sustainable volunteer contribution develop over time, supported by clear management and governance arrangements.



# Our Enablers: Partnership and Leadership

## Working With Trade Union Partners

Much of our success to date has been based upon a strong message of 'Go Together, Go Far' and the encouragement and expectation of working together with our Trade Union Partners. As we continue our journey together, and with the arrival of a new Chief Executive, it felt right to refresh and reaffirm our commitment to working in partnership, which we did in early 2019/20 through the issue of a **partnership statement**. This joint statement was a vehicle to promote partnership, further strengthening relationships between management and trade union partners and to reinforce the message that working together in partnership will help us deliver our longer term ambitions for our service and provide the best possible care to our patients, today and tomorrow.

Our priorities moving forward include a review of our facilities arrangements to ensure that they support **partnership working at all levels** of the Trust and the development of a model for consultation and partnership engagement that we can promote in development of our management teams and local representatives as part of our leadership and management development strategy. We believe the continued strengthening of these relationships is **critical to our future success** and look forward to further developing our ways of working together to achieve our shared ambitions for the Trust being a great place to work.

## Compassionate and Collaborative System Leadership

The key enabler of changing culture is through our leadership and our **Leadership and Management Development Strategy 2019-22** sets out our vision and approach / actions for the next three years. An example of what can be achieved with investment, energy and the support of the Trust Board can be seen in our hugely successful **Team Leader Development Programme** which has already had a major impact across the Trust. We will continue to build on our underpinning ethos of developing leaders at all levels, as we broaden out our learning opportunities to both current and aspiring leaders. Helping leaders be compassionate, individual and human, enabling them to see the importance of their role in setting the conditions for wellbeing and happiness among their teams is at the heart of what we do.

Through our implementation plan, we will find ways to deliver against our ambition to **grow and encourage system leadership**, developing the ability of our people to lead, influence and manage across an integrated, collaborative system of care and multi-disciplinary teams. Building collaborative development partnerships with other public sector organisations will help us to provide the best possible opportunities to our people; and will assist in creating **aspirational career pathways** so that clinicians and leaders have the opportunity to gain the skills and experience needed.

Further strengthening **clinical leadership** across the Trust is key to future clinical services strategy development, to driving quality improvement and assurance, promoting professionalism and helping us make informed decisions regarding effective use of resources. **Strong, compassionate clinical leadership** will be central to enabling the change in reporting and disclosure culture among professionals that will be required by the introduction of the new Duty of Candour. Through genuine engagement with frontline staff, building on professional responsibilities and personal commitment to patients, clinical leaders will set the grounds to make the duty a reality – not one of compliance. This will be a key leadership and OD challenge over the coming years.



Partnership Statement on behalf of the Chief Executive, Jason Killens and Trade Union Partners Nathan Holman GMB, Angela Roberts UNISON, Craig Brown RCN and Paul Seppman Unite.

### Go Together Go Far

Our commitment to working together for the benefit of our patients, our colleagues and the wider NHS in Wales is something of which we at the Welsh Ambulance Service are very proud. We have ambitious plans for our future, which will be delivered only if we work together, with a focus on doing what is right and which moves our organisation forward. As we continue our journey together, it feels important to refresh and reaffirm our commitment to working in partnership and to further strengthen relationships between management and trade union partners. Working together in partnership will help us deliver our longer term ambitions for our service and provide the best possible care to our patients, today and tomorrow. We recognise that working in partnership is not always easy. It takes effort, honesty, courage and constant commitment on both parts – commitment to do the right thing for our people and our patients. Our partnership will be successful because it is based on mutual trust and equality between us. We will work together in the interests of our service, we will design solutions together, taking tough and courageous decisions, placing our people and our patients at the centre of everything we do. There are clear benefits to strengthening our working in partnership, not least because our people have told us that we can improve how we manage, communicate and deliver change, together, we want to see healthy, mature, open and informed decision taking place across our service about the services we deliver and the impact of change on our people and our patients. This can help us develop a shared understanding of the need and impact of change, and how we manage it effectively together. Working in partnership will help us to reduce the gap that sometimes exists between decision makers, managers and those affected by change. We pledge to continue to work in partnership together even when the going gets tough to achieve the best possible outcomes for our service, our people and our patients and our expectation is that this will take place at all levels of our organisation too.

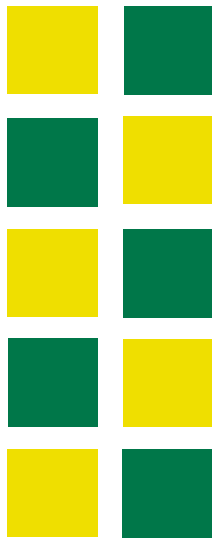
Jason Killens  
Chief Executive  
UNISON  
Branch  
Secretary

Angela Roberts  
UNISON  
Branch  
Secretary

Paul Seppman  
UNITE (Mid & West)  
Branch  
Secretary

Craig Brown  
RCN  
Steward

Nathan Holman  
GMB  
Branch  
Secretary



# Our Enablers:

## Technology

### A Technology Enabled Workforce

Most organisations expect to increase or significantly increase their use of Artificial Intelligence (AI), cognitive technologies, automation and robotics over the next few years – and healthcare is no exception.

**Electronic Patient Care Record (EPCR):** The Trust already uses digital pen technology to complete patient care records (PCRs) for the patients that all of our Emergency Medical Services staff attend. This technology has delivered considerable benefits compared to the historical paper based process. Looking to the future, and in line with the emerging ideas from developing our long term strategic framework, we want to develop a more **innovative and effective** electronic solution to capture and record clinical data and information that will enable us to further demonstrate and improve the quality of care we provide to our patients. An ePCR solution will enable the Trust to **share digital clinical records** with other healthcare providers along the patient's journey to improve their experience and outcomes; this technology will also enable improved clinical decision making and signposting. A full training plan will be needed to ensure our workforce are **prepared** for the new technology and the benefits it can bring

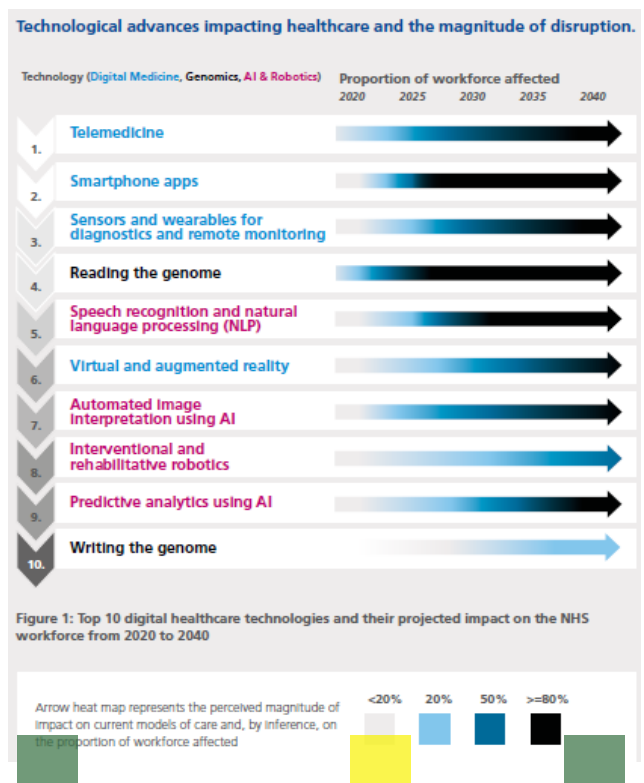
### Electronic Staff Record (ESR)

As new technology expands, so jobs must change and the jobs of the future are much more likely to be digital skills, multidisciplinary and data and information driven. At a national level, it is possible we will also need to re-think our core systems such as ESR (Electronic Staff Record) in favour of **cloud based systems** and innovative new platforms; we will support national discussions through the course of this strategy.

Plans have been made to roll out education and training self-enrolment, additional management self service functions, such as processing changes to hours, and also making use of talent management and succession planning functions to support the implementation of the Leadership and Management Development Strategy through 2019/20 and beyond.

Ensuring the workforce has the **skills and competencies** to enable the technological advances being made across healthcare will be an essential part of our future digital workforce plan. Having the right skills in using new technology, engaging in effective **telemedicine** and **interpreting informatics outputs** with strong data analysis and science skills will ensure technology invested in can operate optimally for the benefit of our population and our workforce. We know our patients can benefit from improved healthcare using technology – we want our workforce to benefit in much the same way. Using technology to improve the **design of jobs** and assist productivity, applying it to supporting our peoples wellbeing by increasing and easing accessibly to **Occupational Health** and transforming our **Education and Training** to make learning meet the individual needs of our people, where and when they need it are exciting deliverables we wish to achieve.

We look forward to positively influencing the direction of travel and development of a new digital Transformation Strategy following appointment into the new Director of Digital Services post, and implementing the various solutions required to support our people to maximise the benefits a **Technology Enabled Workforce** can realise.



# Our Golden Threads: Quality, Value and Efficiency

As an ambulance service, we are committed to providing the **best quality of care** to our patients and service users, care which is delivered in the most cost effective and efficient way for every taxpayer pound we spend. In developing our people and culture vision for the future, we have held these principles at the core of our thinking.

## Quality at the Heart of everything we do

We are an organisation that seeks **continuous improvement** in the quality of our care, our services, and in our staff; which encourages organisational learning and professional candour, seeking to learn from mistakes to avoid repeated future incidents. We will, when the time comes, actively strive to ensure we meet any further requirements created by the **Duty of Quality** and **Duty of Candour** as set out (and likely to be legislated for) in the **Health and Social Care (Quality and Engagement) (Wales) Bill**.

We also aspire to realise the aims of “A Healthier Wales”, embracing the **NHS Core values** and the whole system values as below:

- Putting **quality and safety** above all else, providing high value evidence based care
- Integrating **improvement** into everyday working, eliminating harm, variation and waste
- Focusing on **prevention, health improvement and inequality**, contributing to sustainable development of future generations
- Working in **true partnership**
- **Investing in our staff**, through training and development, enabling them to work safely and effectively

But understanding what we mean by putting quality and quality assurance at the heart of everything we do, and particularly how this applies within a **workforce context** requires further explanation.

As a starting point, we will work with colleagues to improve quality across all four aspects of our People and Culture strategic themes –providing **improved workforce planning** support for colleagues; **reducing sickness absence rates**; improving quality of

**education delivery**; enabling **greater diversity and inclusion**; promoting a **culture of safety and learning**; enabling colleagues to speak up and **raise concerns**; creating a culture which is **free from bullying** and other oppressive behaviours; **valuing the learning and improvements** made through concerns raised; ensuing **swift, fair and blame free investigations** into concerns raised; **communicating** to ensure those staff who most need to understand the new Duty of Candour and Duty of Quality are supported to understand and enact it; ensure **appropriate, thoughtful support** is in place for individuals when mistakes are made; and working in **partnership** with our Trade Union partners in a meaningful, constructive way to deliver improvement. These are just some of the ways we believe we can make a positive contribution towards ensuring quality remains at the heart of everything we do.

## Creating Value and Efficiency

We will work with partners to **maximise opportunities to realise efficiency and value across the whole system**; this will include benchmarking our performance, developing an evidence base for delivery and evaluation of benefits realisation for interventions relating to (for example) reducing sickness absence and introducing the Band 6 competencies; we will also seek out opportunities to collaborate and share learning resources and facilities.

We will explore **potential income generation opportunities** associated with Apprenticeship pathways and will maximise the use of **technology and digital approaches** to work to benefit both our colleagues and our patients, for example in accessing our Occupational Health Services in future.

Our commitment to establishing **Local Learning Communities** will enable colleagues to learn closer to home, reducing expenditure associated with travel and subsistence; and work will also be undertaken to redesign the existing Human Resources Hub and investigation processes to ensure provision of the most effective and efficient services.

Our section on resource availability at page 13 provides further detail of efficiency and productivity opportunities.



# Delivery Plan

2019/20	Deliver a Board approved <b>People and Culture Strategy</b> that sets out our ambitions and priorities for the next three years on our journey towards Delivering Excellence 2030	PLAN
	Deliver an improvement in <b>resource availability levels</b> across the workforce	RESOURCE
	Deliver a Board approved <b>Strategy and Implementation Plan</b> with key deliverables over the next three years	EDUCATE
	Refresh our <b>commitment to our Volunteer</b> workforce, and <b>develop a Volunteer Strategy</b> designed to improve their experience, opportunity and the support available to help them flourish	ENGAGE
	Deliver a Board approved <b>strategy to improve the Health and Wellbeing</b> of the Trust's workforce, which will initiate a transformation in the design of our processes, jobs and ways of working (including shift patterns)	ENGAGE
2020/21	Develop a <b>workforce transformation plan</b> to enable implementation of a shift in workforce skill mix, increase in numbers and roster changes as part of delivering the <b>EMS capacity</b> and demand recommendations	PLAN
	Expand our offer of <b>meaningful work experience</b> opportunities to school age children and build on a <b>programme of schools engagement</b> to raise awareness of service opportunities to ensure a ready supply of remarkable people to work in the ambulance service	RESOURCE
	Introduce the <b>Paramedic Science Degree programme</b> and develop the <b>Conversion Programme</b> to enable sustainable supply and internal progression routes	EDUCATE
	Refresh our <b>Organisational Behaviours, Vision and Aim</b> , listening and learning from individual stories to improve our approach to <b>respect and resolution</b> of conflict at work	ENGAGE
2021/22	Scope the <b>strategic workforce plan requirements</b> for Delivering Excellence 2030, including the requirements for future NEPTS services and development of a discharge and transport service, and aspiration to be the Call Handler of Choice	PLAN
	Invest in developing our <b>Occupational Health and Wellbeing Services</b> , including exploring the potential use of <b>video technology, introduction of in house clinical psychology support</b> and review of our recently implemented <b>rapid access to physiotherapy services</b> to improve timely access to support	RESOURCE
	Ensure all staff meet a <b>minimum standard for core education requirements</b> and <b>digital literacy</b> in readiness for future service and digital transformation	EDUCATE
	Improve the support available to those caring for family and relatives through the <b>Launch of a new Carer's Framework</b>	ENGAGE

# Accountability: Monitoring Arrangements

The Executive Director of Workforce & OD has overall accountability for the delivery of this strategy, on behalf of the Chief Executive, and will work collaboratively across Executive Management Team colleagues to ensure delivery. Delivery of this strategy will be monitored at monthly **Workforce and Organisational Development Directorate Business Meetings**, reporting to **Strategic Transformation Board**, **People and Culture Committee** and the **Trust Board** as appropriate.

The **People and Culture Committee**, launched in April 2019, is chaired by a non-executive director and is there to provide assurance to the Trust Board that the leadership team is setting in place the right conditions for our people to be their best, to enjoy and healthy, happy and productive (working) lives, to ensure adequate staff resources are available to deliver safe and sustainable services, to mitigate risks and issues and that the organisation is well led. It will receive period progress reports on delivery of our People and Culture Strategic ambitions and actions plans in order to provide assurance to the Board, and will deep dive into relevant subject areas as appropriate to increase scrutiny, understanding and provide support and direction in deliver where possible.

We have developed a **Benefits Realisation Map** to assist us in identifying the range of benefits we are seeking to deliver with our strategic enablers ie. our workforce plan and enabling strategies. This Map will be supported by the development of a **Benefits Monitoring Scorecard** (in development) to identify the key measures related to each of the strategic goals.

## Our People and Culture Committee will...

Provide assurance to the Board of leadership arrangements, behaviours and culture, training, education and development, equality, diversity and inclusion agenda, and Welsh Language. 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.

...deep dive into matters relating to delivery of the People and Culture Strategies and enabling strategies, particularly on topics such as partnerships and engagement, and the effectiveness of arrangements to ensure organisational wide compliance of health, safety and welfare requirements; and approve on behalf of the Board, relevant workforce policies, procedures and other written control documents in accordance with the Trust's scheme of delegation.



*Thank you for taking the time to read our Strategy*





GIG  
CYMRU  
NHS  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>17</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

<b>Leadership &amp; Management Development Strategy Update and Next Steps</b>
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<b>MEETING</b>	People and Culture Committee
<b>DATE</b>	22 February 2022
<b>EXECUTIVE</b>	Claire Vaughan – Executive Director of Workforce and OD
<b>AUTHOR</b>	Kim Tovey – Head of Leadership & OD
<b>CONTACT</b>	Kim.tovey2@wales.nhs.uk

<b>EXECUTIVE SUMMARY</b>
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This report is provided to the Committee for:

1. an update on achievements and progress of the 3 year Leadership & Management Development Strategy 2019 – 2022 (The Strategy). Note also outline the impact of COVID on the delivery of the Implementation plan and our response.
2. an outline of plans for a refreshed Leadership & Management Development approach as a key enabler of the new emerging People & Culture Strategy.

The current strategy was developed with three key strategic priorities in mind:

- **Priority 1** - Develop a structured approach to succession planning and the identification of current and future leaders and managers.
- **Priority 2** - Create and sign post to innovative opportunities for them to continue to develop their own leadership and management capability, capacity and competence.
- **Priority 3** - Embed our approach through encouraging our workforce to take ownership of their personal and professional development.

A more detailed assessment of progress is contained within the attached appendices.

The focus for the leadership development team in the short to medium term will be supporting the roll out of the refreshed organisation behaviours and culture re-set action plan. Effective leadership & management is key across all the themes in the plan but the focus is on progressing three particular themes – table 1 gives an outline of the planned activity that has either already commenced or will commence over the coming months.

A refresh of the existing Leadership and Management Strategy is due this year. Subject to discussions at Board level on the future framing of strategy development, as it stands, it is proposed to develop a strategic leadership and management development framework, rather than strategy, which will support delivery of the Trust's longer term People and Culture Strategy ambitions, as they emerge from the refresh of the strategy and agreed IMTP deliverables.

**RECOMMENDED:** PCC are asked to:

- **RECOGNISE** the achievements demonstrated in the paper by the Team through what has been a very challenging 18 to 20 months.
- **RECEIVE and SUPPORT** the proposal to refresh our thinking and approach to Leadership and Management Development through creation of a Strategic Framework and leadership proposition.

### KEY ISSUES/IMPLICATIONS

In the short / medium term, the leadership and management development agenda is seen as integral to the overall success of the Culture and Behaviours reset and activity will therefore be prioritised accordingly. Anxiety, loss and pressure of work over the past two years has undoubtedly impacted on leadership behaviours, and so, preparing skilled, confident and compassionate leaders and managers, who are capable of navigating change effectively, will be crucial to organisational preparedness for what is expected to be another few years of significant change, disruption and transformation.

We will also ensure the learning from the last 18 to 20 months is not lost, as we explore new leadership approaches, styles and thinking to shape the next iteration of our leadership and management development agenda. We will engage with the organisation to refresh and reset the existing leadership & management development plans and priorities, with a particular focus towards developing Inclusive leadership behaviours, psychological safety and strengthening clinical leadership.

The structure of the proposed next iteration of our leadership and management development plans may change, subject to Board discussions (strategy / strategic framework / strategic plans etc). Transition from the existing Director of Workforce and OD to a new Director in QTR1/2 2022/23 also has the potential to impact on the direction of travel and identified priorities. Our focus, therefore, is ensuring the quality and relevance of the activity proposed, and priorities identified.

### REPORT APPROVAL ROUTE

WOD Business Meeting – 31<sup>st</sup> January 2022  
EMT – 9<sup>th</sup> February 2022

### REPORT APPENDICES

**Appendix 1 - SBAR**  
**Appendix 2 – Leadership & Management Development Strategy 2019 to 2022**  
**Appendix 3 – Three Year Implementation Plan Update**

### REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	(as part of developing strategic plans)	Financial Implications	YES
Environmental/Sustainability	N/A	Legal Implications	YES

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

## APPENDIX 1 - SBAR

### SITUATION

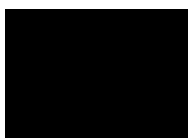
2. This report provides an update on achievements and progress of the 3 year Leadership & Management Development Strategy 2019 – 2022 (The Strategy). The PCC is asked to **RECOGNISE** the progress made, despite the impact of COVID on the delivery of the implementation plan and our response.
3. The PCC is further asked to **RECEIVE and SUPPORT** the proposals for a refreshed Leadership & Management Development approach as a key enabler of the new emerging People & Culture Strategy.

### BACKGROUND

4. A copy of our current Leadership & Management Development Strategy 2019 to 2022 (the Strategy) is contained in **appendix 2** as a reminder of our ambition. The breadth of actions that we committed to deliver are contained at the back of the Strategy.
5. The strategy was developed with three key strategic priorities:
  - **Priority 1** - We need to develop a structured approach to succession planning and the identification of current and future leaders and managers.
  - **Priority 2** - We need to create and sign post to innovative opportunities for them to continue to develop their own leadership and management capability, capacity and competence through evidenced and recognised leadership and management competency and behaviour frameworks and activities.
  - **Priority 3** - We must embed our approach through encouraging our workforce to take ownership of their personal and professional development and sustain and implement learning within the workplace.

### ASSESSMENT

6. **Delivery of the existing Strategy:** The three year implementation plan and update is contained in *appendix 2 and in the video update below*, which can be accessed via clicking the icon below (6 minute watch time). We encourage you to listen to the video to hear the team talk about the challenges faced and celebrating what has been achieved - once open please click on the front slide to watch and listen.



7. Despite the pause on Leadership & Management Development activity described within the video, as the team were redeployed to other priority work, the team were still able to achieve the following:
  - Undertaking a colleague survey with around 800 responses resulting in an action plan
  - Developing materials for our leaders and managers in the areas of: compassionate leadership, having difficult conversations, a meeting etiquette infographic to assist working on Teams
  - providing 1-2-1 coaching support for leaders and managers
  - Supported the wellbeing team
  
8. **Looking Ahead:** To ensure the learning from the last 18 to 20 months is not lost we are engaging with the organisation in discussion to refresh the existing leadership & management strategy, and will be seeking to shape our future ambitions, by exploring new leadership approaches, styles and thinking with a particular focus on developing Inclusive leadership behaviours, psychological safety and strengthening clinical leadership – all of which are critical to the behaviours and culture work ongoing, as is the significant undertaking ahead for our leaders and managers in relation to the ‘Inverted Triangle’ transformation agenda.
  
9. In terms of our approach, we propose the following (subject of course to the outcome of upcoming Board discussions on the future framing of strategy and enabling plans within the Trust :
  - A leadership and management development framework (not strategy), that sit as part of and enable delivery of new emerging People and Culture Strategy and ambitions.
  - An overarching ‘Leadership proposition statement’ which will describe our preferred model of leadership in WAST and the leadership behaviours that we will be seeking to nurture:
  - A model of a Vibrant Leadership for the Trust underpinned by compassionate, inclusive, adaptive leadership behaviours.
  - A simple, clear message to encourage a growth mindset within all new starters that invites them to view themselves as leaders in their own right, not by virtue of title or hierarchy.
  - A framework (preferably on a page) of signposts to development opportunities, resources including other frameworks such as the Coaching and Mentoring Framework and leading thinking to encourage curiosity and further development.
  - A benchmark to reflect the national leadership framework development work as part of the AACE CALNAS work which WAST are supporting.
  
10. The focus for the OD team in the short / medium term is supporting the launch of the refreshed organisation behaviours and development of interventions and plans that will assist us in making material progress on three of the priority actions identified through our work with Honne Partners. The **table** below is an overview of activity that has either already commenced or will commence over the coming months, as the overarching framework is also developing.

<b>Priorities in the Honne Report</b>	<b>Activity</b>	<b>Progress</b>
<b>Priority 1</b> Address the systemic and symptomatic well-being issues	Recognising the importance of teamwork on experience and outcomes, an OD Commissioning Framework has been developed to work with line managers which is enabling the team to prioritise requests and allocate resources	<i>Commenced and ongoing</i>
	Leading on Well-being conversations including: 30 minute - 1-1 discussions, 60 minute listening rounds and 90 minute leading on well-being	<i>Commenced and ongoing</i>
<b>Priority 3</b> Build psychological safety through inclusive leadership	WAST Board Development Programme	<i>Commenced and ongoing</i>
	Aspiring Leaders Programme and Shadow Board Development (first in Wales to offer this development)	<i>Commence February 2022</i>
	Compassionate Conversations Resources	<i>Commenced and ongoing</i>
	Launch of the Allyship programme designed to create a more inclusive, compassionate and culturally responsible workforce in line with Strategic Equality Objectives and our culture and behaviour reset	<i>Commenced and plan to accelerate reach and impact being developed</i>
	Appreciative Enquiry – currently being developed	<i>Commence March 2022</i>
<b>Priority 6</b> Enhance career development dialogue	Reviewing the WAST approach to undertaking PADR's. First step is to facilitate views and feedback via a PADR Deep Dive	<i>Scheduled Friday 28<sup>th</sup> January 2022</i>
	Developing the Coaching & mentoring Skills of our colleagues. A Draft Coaching and Mentoring Framework is developed, next stage being approval. On pause due to the pandemic and a vacancy in the team	<i>Date to be determined to restart this work</i>
	Developing a suite of bite size CPD opportunities. A variety of opportunities are currently available via Teams and Learning Launch Pad. Further sessions will be developed.	<i>Commenced and ongoing</i>
	Developing the Master Class Series. Eight dates are locked in, speakers and topics have been identified.	<i>From April 2022</i>
	Developing a DOM skills development programme with Operations colleagues following the successful DOM induction programme.	<i>In development – date to be confirmed</i>

11. The Committee is advised there may be an impact on delivery and direction of travel / priorities as the Trust transitions to a new Director of Workforce and OD in the coming months, and also to be aware of capacity constraints within the team, following the resignation of a key team member.

**RECOMMENDED:**

12. **PCC** is invited to:

- **RECOGNISE** the achievements demonstrated in the paper by the Team through what has been a very challenging 18 to 20 months.
- **RECEIVE and SUPPORT** the proposal to refresh our thinking and approach to Leadership and Management Development through creation of a Framework and leadership proposition.



Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust



# Leadership and Management Development: *Our Strategy*

2019 – 2022

*'Each and every one of us is a leader. Some of us just don't know it yet'*  
*Umair Haque*

Version 6.0 - FINAL

## ***Version Control***

<b>Version</b>	<b>Date</b>	<b>Editor</b>	<b>Comments</b>
1	24.10.18	KT	Version updated following feedback from CV
2	29.10.18	KT/CW	Version updated after inclusion of diagrams
3	30.10.18	CW/KT	Version updated following discussion with JK and CV – track changes
4	5.11.18	KT	Version updated following further comments
5	5.11.18	KT/CW	Final Update prior to EMT
6	4.12.18	KT	Final - BOARD

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## 1. EXECUTIVE FOREWORD

Since joining #TeamWAST in September 2018, I am now delighted to be able to endorse this Leadership and Management Development Strategy. Effective leadership and management is essential to the way in which we provide our service for our patients through our people in collaboration with our partners and stakeholders. It will ensure the ongoing sustainability of our services and will directly link to our ability to deliver our aspirations for future innovation and development.

To quote John C Maxwell, “Everyone is a leader because everyone influences someone”. Effective leadership will have ‘the ability to positively impact and influence others’. Colleagues throughout our organisation play an integral part in achieving this regardless of directorate, team or role in our organisation. Ongoing investment in our leaders and managers through this strategy will contribute to transforming our organisation ensuring we have a modern, responsive and ambitious workplace where all our people can be their best.

Every role is pivotal in taking WAST forward and embracing our Vision. Compassionate, brave and empowering leadership is a key enabler for us to deliver our strategic priorities and plans as described in the full IMTP. Good leadership and management is vital to our collective success in an ever changing and complex environment and is therefore the cornerstone of our OD Plan and reflected in this Strategy.

I am delighted that the WAST Executive Team support this Leadership and Management Development Strategy as we look forward to investing in the future of our people and our organisation.



*Jason Killens, Chief Executive*

Developing the confidence and capability of existing and future leaders and managers is seen as pivotal to creating a vibrant people culture within our organisation, and to realising our long term ambitions.

In developing this strategy, we have drawn upon national research, referenced current leadership and management thinking and competency frameworks, and listened to the voice of the organisation expressed through our colleagues and trade union partners. We very much appreciate the efforts of all those who gave their time so generously to speak and interact with us.

This strategy reinforces the importance of encouraging compassionate and brave leadership as key towards delivering our organisational vision to be a leading ambulance service, and our purpose of caring and responding to the needs of the people of Wales. As Professor Michael West, a leading voice in NHS leadership tells us ‘compassionate leadership offers a fundamental and powerful contribution to enabling organisations to identify strategies that truly begin to change cultures so that the voices and contributions of all are valued.’

I am so pleased to be able to bring this Strategy forward into the Trust as a key enabler towards our future success.



*Claire Vaughan, Executive Director Of Workforce and OD*

## 2. INTRODUCTION

### Purpose

The purpose of this strategy is to articulate our thinking and vision for leadership and management development across the Welsh Ambulance Services NHS Trust (WAST) for the future. It will set out our priorities and approach to delivering against this vision and that of the Trust overall, to become the leading ambulance service. A description of the leadership and management skills, knowledge and behaviours essential for future success is fundamental to encourage and develop appropriate leadership and management behaviours at all levels in current and future leaders and managers, and to delivering our strategic objectives.

### Our Strategic Objectives

#### 'Are Leaders Born or Made?'

This is a false dichotomy – leaders are neither born nor made. Leaders choose to be leaders'

*Stephen R Covey*

#### Why leadership and management?

Leadership and management must go hand in hand. A Leader without management skills will struggle to bring a vision into reality, while a manager who cannot lead will struggle to gain the support and trust of their team and lose engagement.

*HRD 2015, Samuel Day*

We want to enable and develop effective leadership and management across the whole organisation. The priority over the past 18 months has been to develop frontline team leaders. The development, delivery and evaluation of this programme highlighted the need for a Leadership and Management Development Strategy embracing the whole organisation, both frontline and support services.

We want to develop and adopt a more structured approach for Talent Management and Succession Planning across the Trust. Thus ensuring robust systems and processes are in place to identify, support and develop effective leaders and managers to lead a skilled, trained, healthy and happy workforce.

We want to be best placed to respond to the challenge of the Future Generations Act, the Parliamentary Review of Health and Social Care, and A Healthier Wales, our Plan for Health and Care in Wales, which require our leaders and managers to develop the skills and mind-set that will enable them to work collaboratively and collectively across the wider Public Sector.

## Our Long Term Strategic People and Culture Ambitions 2030

The Trust recognises that both management and leadership skills can, and must be improved if services and delivery are to be significantly modernised and future transformation achieved. To this end it has set out long term strategic ambitions to develop and embed a vibrant and compassionate leadership culture across the Trust, which is seen to be key to effectively leading and managing our fantastic, healthy people towards 2030, enabling them to be their best.




*Our Long Term Future of Work: Our People and Culture Ambitions to 2030 Strategy states that ‘the workforce of the future will be defined by new models of integrated health and social care’.*

*To support our colleagues to respond to system changes we aim to encourage brave, compassionate and collaborative leaders who are able to set direction, influence and bring about change across the organisation and wider across the public service. We want everyone to understand their leadership and management potential, even if they don’t know or believe it yet; and we want our leaders to be vibrant and passionate, bringing energy throughout the workplace; fostering positivity and creating a focus on innovation and improvement in patient care.*

*We want everyone to enjoy a long, healthy and happy working life and to do that we must maintain a focus on listening to our staff, creating great individual experiences and by measuring what matters to them. We know that individuals do their best work when they feel empowered and trusted to do their jobs, and when they truly believe they work in an organisation that cares about what they do, what they think and how they feel. We will maximise the opportunities technology offers to give individuals greater flexibility and control over their work they do, the hours worked, and where possible their place of work.*

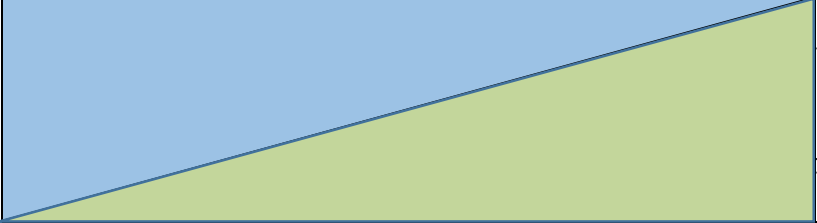
## What do we mean by Leadership, Clinical Leadership and Management – why are they different?

The diagram below illustrates how individuals at all levels can have both a leadership role and management function, the balance of this will often shift depending upon their position, role and responsibilities and situation they are facing within the organisation.



IF MANAGEMENT IS EFFICIENCY IN CLIMBING THE LADDER..... THEN **LEADERSHIP** DETERMINES WHETHER THE LADDER IS LEANING AGAINST THE RIGHT WALL.....

Ian Govier

	Non Managerial Role	Team Leader	Leadership Journey →→→→→→→→→→→→		Director CEO	
Transactional (Management)						Transformational (Leadership)
						Potential Leader & Manager

Clinical leadership is regarded as a process by which a clinician influences others to set standards, accomplish objectives and directs the organisation to greater consistency. Leaders are generally identified by a number of key characteristics; knowledge, skills, attributes and behaviours. Clinical leadership describes a system where clinicians strive to inform strategy, drive improvement and quality, influence service design and inform decisions regarding effective use of resources.

Clinical leadership in the Trust is being strengthened to provide an infrastructure that will support the Trust as it moves forward into the future. Although effective clinical leadership is vital for 'today', we must also ensure we look forward in the medium to longer term to engage with the workforce, develop succession plans and inspire talent to become future clinical leaders. We must build on existing leadership and management approaches, embracing clinical leadership and creating an aspirational career pathway so that clinicians from all professions and sectors have the opportunity to participate in developing the skills needed to lead and manage across an integrated, collaborative system of care.

### **3. WHAT HAS INFORMED OUR VISION OF LEADERSHIP AND MANAGEMENT AND THIS STRATEGY**

#### **Voice of the Organisation**

To continuously strive to achieve our purpose and vision we need to live and role model our Trust behaviours and therefore listen to and include the voices of our colleagues and partners in its design. A series of workshops, forums, open spaces, along with evaluation of existing programmes encouraged and enabled our trade union partners, and colleagues to provide ideas and feedback on leadership and management within our organisation.

Every suggestion was recorded and analysed, and the results form the foundation of this Leadership and Management Development Strategy. We very much appreciate the efforts of all those who gave their time so generously to speak and contribute to its development.

To make WAST a great place to train and work, whilst striving for continuous improvement and quality services, we must commit to continue to engage with all our stakeholders, both internal and external. Further opportunities to improve our leadership and management infrastructures and develop a learning culture over time will continue for our colleagues and trade union partners. Together with our trade union colleagues we will develop and deliver management and leadership workshops and master classes.

#### **Documents, Articles and Frameworks**

In developing our vibrant leadership and management model and this strategy, we considered the Trust's Strategic Aims, Long Term Future of Work: Our People and Culture Ambitions, along with a number of other relevant documents, articles and frameworks. These include: [The Wellbeing of Future Generations \(Wales\) Act \(2015\)](#); [The Parliamentary Review of Health and Social Care in Wales \(January 2018\)](#); [A Healthier Wales: our Plan for Health and Social Care \(June 2018\)](#); the [360 Leadership Framework](#); [Leading in the Welsh Public Service – a leadership behaviours framework for Senior Leaders](#), [NHS Wales Core Competence Framework for Managers and Supervisors](#), and other related national and professional policy documents produced by the College of Paramedics, Welsh Government and the Association of Ambulance Chief Executives (AACE) which all emphasise the need for effective leadership, and the importance of developing Clinical Leadership. A review of these documents has highlighted the need for a more **Collaborative leadership** approach to our leadership and management practices. This collaborative approach which is an integral component of the leadership and management development model outlined in this strategy focusses on the leadership and management skills across functional and organisational boundaries.

## What have we done so Far?

A number of leadership & management development opportunities have taken place over the past 18 - 24 months which have included:

- ***Executive Team Leadership Development***

Sessions have taken place to explore and develop how the Executive Team will provide leadership for the Trust. This included the opportunity to explore what type of Director is required and to open up discussions regarding Director Portfolios. A team profile was produced using Myers Briggs Type Inventory and Thomas – Kilmann Conflict Mode Tool. An integral part of the Executive Team development was to develop an Executive Team Charter to be signed by each member demonstrating their commitment.

Further discussions through development sessions have included decision making and determining what should be 'in the grip' of the Directors and what the Senior Management Team would be empowered to deliver. This will be further developed through the Senior Management Team who have reviewed their terms of reference and are operating as the Assistant and Deputy Directors Leadership Team Forum.

More recently the Executive Team have undertaken their 360 Leadership Appraisal and are currently receiving Feedback. The outcomes will inform their Development Programme going forward and will be an integral part of the delivery plan for this Strategy.

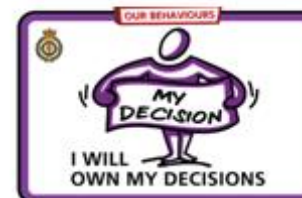
- ***Board Leadership Development***

The Board are undertaken their 360 Leadership Appraisal and are currently receiving Feedback. The outcomes will inform their Development Programme going forward and will be an integral part of the delivery plan for this Strategy.

- ***Team Leader Development Programme***

Cohort 10 of the 13 cohorts have commenced, this will provide 244 operational team leaders including Clinical Team Leaders, Duty Control Managers, NEPTS Team Leaders with the opportunity to develop their skills, knowledge and behaviours. This will increase, confidence, capability and capacity. Further cohorts for non-operational team leaders will be an integral part of the delivery plan going forward.

## 4. WHAT DOES THE FUTURE OF LEADERSHIP AND MANAGEMENT IN THE WELSH AMBULANCE SERVICE LOOK, FEEL AND SOUND LIKE?



Professor Michael West describes the NHS leadership of the future as requiring:

### *Compassionate Leadership*

**Attending:** paying attention to staff – ‘listening with fascination’

**Understanding:** shared understanding of what they face

**Empathising and Helping:** taking intelligent action to serve or help.

**Collective Leadership** taking and/or sharing responsibility when it is appropriate.

**Collaborative leadership** a management practice which is focused on the leadership skills across functional and organisational boundaries.

The NHS Leadership Academy states that almost all jobs require a good ‘slug’ of **leadership skill** and an equal measure of **management capability** – lived reality of clinical and non-clinical roles.

**Servant leadership** also explored in the voice of the organisation sessions is a philosophy and set of practices that enriches the lives of the individual, builds better organisations and ultimately creates a more just and caring environment.

## 5. OUR STRATEGIC PRIORITIES

The aim of this Strategy is to support the Trust in achieving its vision to be ‘the leading ambulance service,’

**Priority 1** - We need to develop a structured approach to succession planning and the identification of current and future leaders and managers.

**Priority 2** - We need to create and sign post to innovative opportunities for them to continue to develop their own leadership and management capability, capacity and competence through evidenced and recognised leadership and management competency and behaviour frameworks and activities.

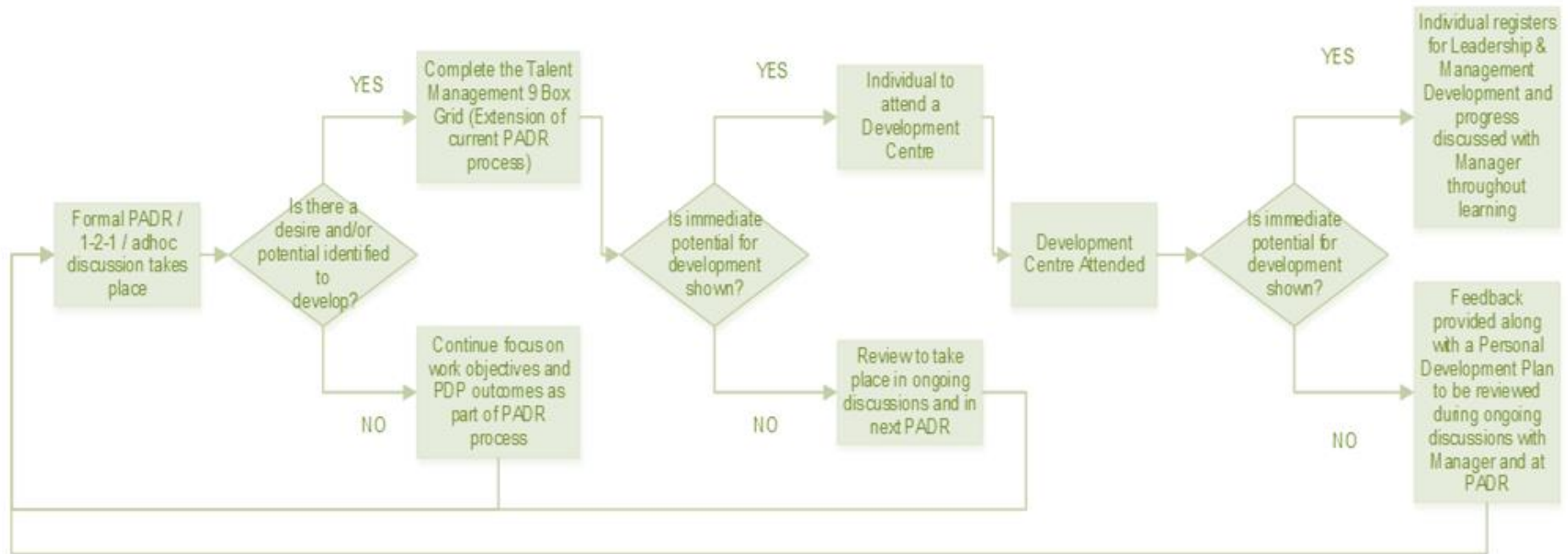
**Priority 3** - We must embed our approach through encouraging our workforce to take ownership of their personal and professional development and sustain and implement learning within the workplace.



## Priority 1 - Our approach to Succession Planning and Talent Management

Outlined below is the Succession Planning and Talent Management process for WAST. This is an integral component of the Leadership and Management Development Strategy as it will be pivotal to the identification of a leadership and management talent pool as well as succession planning to support bridging the gaps to enable recruitment into hard to fill posts.

Quality focussed PADR discussions and 1-1 discussions between colleagues and their line managers is vital to its success. A key action in Priority 1 of the delivery plan for this strategy includes providing development opportunities to improve the necessary skills to undertake quality PADR discussions.



There are potential risks currently facing the Trust should we not address succession planning and the identification of talent, some of these are currently being discussed and potential approaches are being developed as a part of this strategy and appear in the Outline Delivery Plan and will include the use of development and assessment centres. These include:

- The development of Acting pools across the Trust to include developing skills to cover for absences for example at locality managers and Clinical Team Leader level.
- Working with the Medical Directorate and linking with the development of Clinical Leadership and a Clinical Career Pathway across the Trust. The Development of an Advanced Practitioner Pool so that when opportunities arise the Trust will have a cadre of Colleagues in a position to apply for a Advanced practitioner post

## **Priority 2 – Our Approach to Creating and promoting Development Opportunities**

The following pages outline the inclusive approach to creating and promoting leadership and management development opportunities throughout the Trust. The approach recognises the need to provide opportunities to those aspiring to progress into leadership and management roles at every level, helping the Trust develop the skills, qualities and behaviours needed for the future through effective succession planning and talent management processes.

The approach also recognises that in order to ensure the best development opportunities, too meet different learning styles and preferences a range of interventions will be offered. Offering a blended learning experience that incorporates everything from workshops and face-to-face learning, through to secondments, project work and online learning will be key to achieving this.

To ensure consistency and clarity, the language used in the framework links directly with the NHS Wales Core Competence Framework. Technical competence for each level and role will be tested and assessed separately. This Strategy will be testing and assessing leadership and management competency, capability and confidence.

## Leadership & Management Levels, skills, competences and behaviours



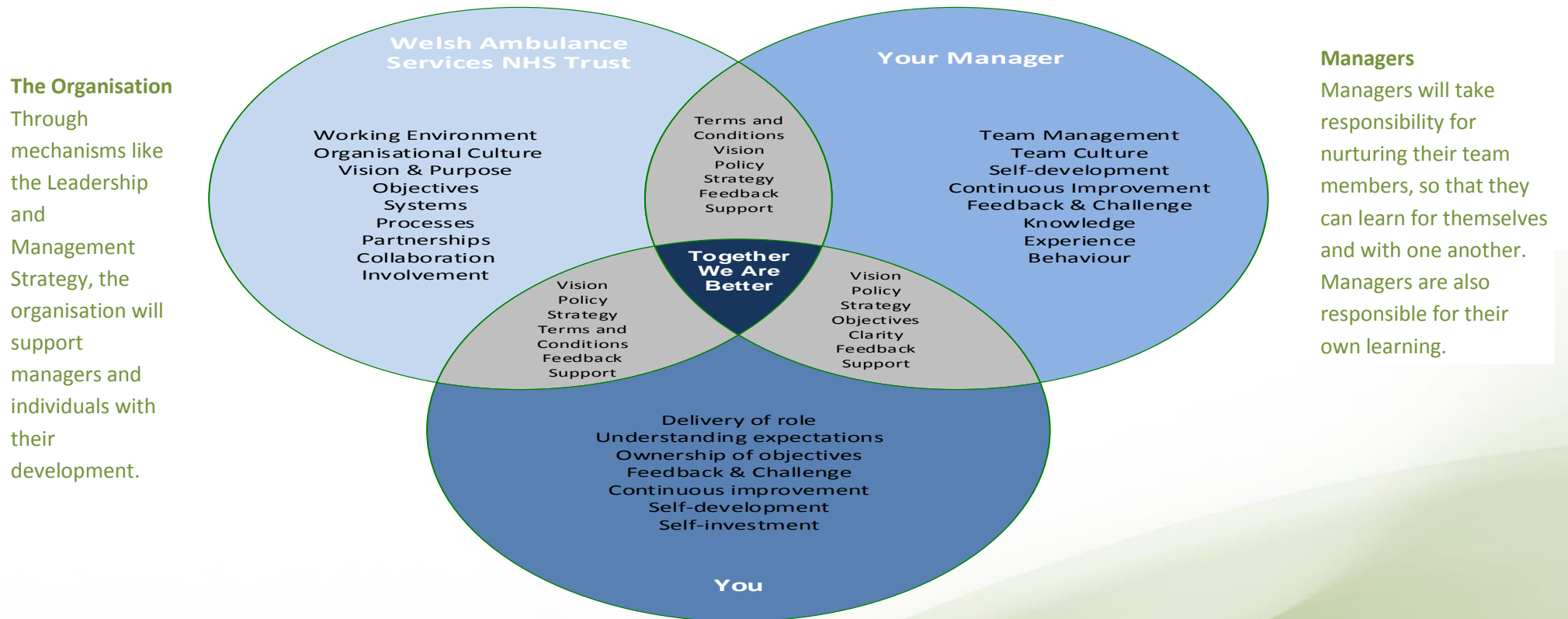
	SKILLS / COMPETENCIES	LEADERSHIP BEHAVIOURS
Advanced	<p><b>Making things better for people:</b></p> <ul style="list-style-type: none"> <li>• Clinical / operational policy</li> <li>• Risk management</li> <li>• Learning from events</li> <li>• Improving quality together</li> <li>• Change management</li> <li>• Evaluation and sustainability</li> <li>• Relationships</li> <li>• Seeking Views</li> <li>• Influence and impact</li> </ul> <p><b>Making things better for staff:</b></p> <ul style="list-style-type: none"> <li>• Policies</li> <li>• Creating a positive environment</li> <li>• Engagement</li> <li>• Team working</li> <li>• Integrity</li> <li>• Leading by example</li> <li>• Feedback</li> <li>• Empowerment</li> <li>• Learning</li> </ul> <p><b>Managing Resources:</b></p> <ul style="list-style-type: none"> <li>• Planning</li> <li>• Recruitment</li> <li>• Skill mix and competence</li> <li>• Information and data management</li> <li>• Turning information into intelligence</li> <li>• Business case development</li> <li>• Financial management</li> <li>• Procurement</li> <li>• Responsibility</li> </ul>	<p>For each of the leadership dimensions, behaviours are shown on a four-part scale which ranges from essential through proficient and strong to exemplary.</p> <p>Although the complexity and sophistication of the behaviours increase as you move up the scale, the scale is not tied to particular job roles or levels.</p> <p>The nine dimensions are as follows:</p> <ul style="list-style-type: none"> <li>• Inspiring shared purpose</li> <li>• Leading with care</li> <li>• Evaluating information</li> <li>• Connecting our service</li> <li>• Sharing the vision</li> <li>• Engaging the team</li> <li>• Holding to account</li> <li>• Developing capability</li> <li>• Influencing for results</li> </ul>
Progression		
Entry		

## Example Development Opportunities and Interventions

Intervention	Description	Duration	Examples could include
<b>Master-classes</b>	A development session delivered by someone who has expert knowledge, experience and skill in a particular area	Can range between short sessions (1-2 hours) to a full day	Collaborative Working Trade Union Partnership Working Political Awareness Compassionate Leadership
<b>Workshops</b>	A usually brief development session that encourages active participation, discussion and involvement of learners to develop understanding, consider application and realise impact	Can range between ½ day to a full day (or series of sessions)	Having Challenging Conversations Holding Effective PADR Influencing & Negotiating
<b>Programmes</b>	A planned series of development delivered in a variety of ways to enhance and build upon learning to achieve a long-term aim	Can be short term (over 3-6 months), or longer term (2 years)	ILM Programmes, e.g. Coaching Team Leading Programme Senior Leadership Experience Improvement & Innovation Bronze & Silver IQT
<b>Leadership Experiences</b>	Developing leadership and management behaviours and skills through exposure to a range of unconventional and challenging environments. These experiences bring together leaders, and potential leaders from across public services to push boundaries and encourage reflective practice	According to intervention	Academi Wales Summer School Shadowing / Cross Sector Projects Development Centres Cont. Improvement Conference
<b>Peer Support</b>	Interventions where colleagues give each other support on a reciprocal basis. This can be face-to-face, online, telephone	Dependent on need	Action Learning Sets Coaching and Mentoring
<b>Reading / Research</b>	Undertaking research, further reading to support own learning and development	Self-managed or planned reading	Reading Lists Kingsfund Reports
<b>Self-directed / Self-managed learning</b>	Where individuals take the initiative, with or without the help of others, in identifying their learning needs, formulating development plans, and committing to achieving their own learning goals	Ongoing and integral to developing and improving leadership and management competence and behaviours	On-line learning Preparing for PADR Seeking feedback from Peers Keeping up-to-date with developments in profession

## Priority 3 – Our Approach to Embedding and Sustaining

The Leadership and Management Development Strategy is owned by the Organisation, however, the Trust alone is not wholly responsible for the learning and development of colleagues. This is a shared responsibility, and our priorities, ambitions and vision can only be realised when we all take ownership and responsibility for learning.



### Individuals

If we want to develop in any role, we must take responsibility and ownership of our development and own self-improvement, accepting that personal development involves personal investment and commitment.

It is important to ensure that we embed our approach to leadership & management development through encouraging our current workforce to take ownership of their personal and professional development. Also the Trust will need to provide an environment to apply and embed their learning. The line manager will play an important role in this through the PADR process and 1-1 discussions. Opportunities will include Master classes; Action Learning Sets; Leadership & Management Experiences; Peer Support; Reflective Practice & Self-evaluation; 360 feedback tools.

This Strategy has a role to play in enabling our colleagues to make their own decisions and really take ownership for themselves. It is clear that a coaching and developing a coaching culture through 1:1 and group discussions increases qualitative and quantitative performance outcomes. Adopting a coaching culture is a key enabler of this and this philosophy and sits at the heart of this Leadership and Management Development Strategy and will be a key enabler to support the achievement of the priorities outlined in this Strategy.

The Trust has developed a coaching vision is that embraces the following:

- all colleagues are comfortable with using a coaching style (especially our leaders and managers)
- any colleague can access a coach
  - 1-1 coaching
  - Group or team coaching sessions
- we have a network of accredited coaches who are supported with CPD and supervision
- we are fully part of coaching networks across Welsh Public Services

We need to develop more of a coaching culture where we are encouraged to make choices. This is important for us all, because if we choose to do something ourselves, we are much more likely to do it than if we are told to do it. This approach is encouraged and is an integral part of our Colleague Welcome Days, the development of a cadre of qualified ILM Coaches and introducing and exposing a coaching style for the participants on the team leader programme

## 6. OUTLINE DELIVERY PLAN

Strategic Priority	Desired Outcome	How we will achieve this	Yr 1	Yr 2	Yr 3
<b>Enabling actions for the delivery of Priorities 1, 2 and 3</b>	Establishing the Strategy Foundation	Identify and review key measures that enable effective evaluation of leadership and management development. Generate a current baseline to evaluate against	•	•	•
		Identify current and potential leadership and management positions, along with hard-to-fill leadership and management roles	•	•	•
<b>Priority 1</b> - We need to develop a structured approach to succession planning and the identification of current and future leaders and managers.	Ensure process are in place to enable the Identification and encouragement of our current and future leaders and managers	Skill development for Quality PADR and on-going people management discussions	•	•	•
		Bespoke Development Centres	•		•
		Open Development centres		•	
		Leadership & Management Diagnostic Tools	•	•	•
<b>Priority 2</b> - We need to create and sign post to innovative opportunities for them to continue to develop their own leadership and management capability, capacity and competence through evidenced and recognised leadership and management competency and behaviour frameworks and activities.	To develop, nurture and build confidence, capability and capacity in our current and aspiring leaders and managers at all levels  <i>*to include Public Services Wales opportunities</i>	Bespoke Board and EMT Development	•	•	•
		Bespoke Deputy Director & Assistant Director Development to include being a Shadow Board	•	•	•
		Bespoke Heads of Service, Area and Locality Managers Development	•		
		Bespoke Aspiring Leaders Development		•	
		Team Leader Development Programme (including Silver IQT)	•	•	•
		Leadership and Management Opportunities, e.g. accessing apprenticeships, self-directed development, coaching, mentoring, Winter and Summer School	•	•	•
		Leadership and Management Academic Qualifications	•	•	•
<b>Priority 3</b> - We must embed our approach through encouraging our current workforce to take ownership for their personal and professional development and to sustain and implement their learning within the workplace.	Embedding of intervention and practices that reinforce and evidence continuous learning	Coaching network development, application of learning from IQT, ILM, action learning and reflective practice.	•	•	•

## **7. STRATEGY OVERSIGHT AND IMPLEMENTATION**

The governance and audit of the **Strategy** will be through the following avenues:

- Evaluation updates at Executive Management Team
- Local outcomes identified through individual PADR
- End of year evaluation report to Board or People and Culture Committee
- External providers governance processes

## **8. HOW WILL WE KNOW THE STRATEGY HAS BEEN SUCCESSFUL?**

### **Evaluation and measurement of success**

It is important that we measure the 'why' and the 'what' behind the Strategy, determining key areas for evaluation and gathering data providing a baseline to measure against. Often there are too many variables to prove an outcome is totally attributable to leadership and management development. However many outcomes do show a strong correlation to these development activities. Improvements would be expected, and measured, in the following areas:

- Absence
- Dignity at Work
- Employee Engagement
- Retention
- Patient Experience
- Disciplines
- Turnover
- Complaints (Public)
- Staff Survey Results – all areas
- Grievance

Anecdotal evidence would also be collated via:

- PADR discussions and outcomes
- Intervention evaluation
- 360 appraisal outcomes
- Facilitator feedback

## **9. SUMMARY**

In summary, effective leadership will have the ability to positively impact and influence others including patients and colleagues. Our leaders and managers play an integral part in achieving this regardless of Directorate or role in the Trust. This strategy embraces the philosophy that both leadership and management helps to maximise the effectiveness, efficiency and wellbeing of our colleagues. Good leadership and management is also key to enabling our colleagues to be their best, and is therefore an integral part of the strategy, as every role is pivotal to taking the Trust forward, and closer to achieving our Vision.

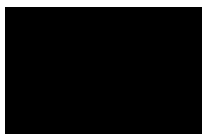
*“Before you are a leader, success is all about growing yourself. When you become a leader, success is all about growing others.” – Jack Welch*



## Leadership & Management Development Strategy – Update January 2022 - Q4 Year 3 Appendix 2

The Strategy contains three high level priority aims supported by a three year implementation plan.

**Click to watch and listen to the achievements against the L&M strategy.**



Recognising we are in Q3 of Year 3 of the 3 year implementation of the Strategy, the ratings are a reflection of:

- Priorities being paused due to the pandemic, the redeployment of 3 of the 4 OD team in wave 1 and the inability of staff to be released to undertake development activity.
- Year 2 of the strategy being paused

In addition to the strategy update below the team in response to the needs of the organisation throughout the pandemic, have also achieved the following:

- Delivered three wellbeing leadership advance interventions which focused on the pandemic on our leaders, our approach and resilience to change and our own wellbeing.
- Delivered three leading on wellbeing interventions with a focus being the leaders wellbeing
- Wellbeing leadership offering ranging from 30 minutes sessions to 3 half day workshops has been developed to be launched on 30<sup>th</sup> November.
- Developed OD commissioning process to prioritise teams support across WAST in the areas of staff wellbeing and patient care.

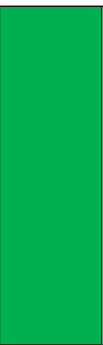
Strategic Priority	Key Deliverables	Y 1	Y 2	Y 3	RAG Rating	Update and RAG Status
<b>Enabling actions for the delivery of Priorities 1, 2 and 3</b>	Identify and review key measures that enable effective evaluation of leadership and management development. Generate a current baseline to evaluate against	✓	✓	✓	Yellow	<ul style="list-style-type: none"> <li>• Key measures have been identified including the staff survey. These were to be incorporated into our leadership and management development strategy survey scheduled for March 2020.</li> <li>• Progress was hindered by vacancies in the team and the pause of work due to the pandemic. It will be considered as part of the refreshed Leadership &amp; Management strategy.</li> </ul>
	Identify current and potential leadership and management positions, along with hard-to-fill leadership and management roles	✓	✓	✓	Red	<ul style="list-style-type: none"> <li>• Development of this work on hold due to OD Team vacancy since July 2019 and in Year 2 paused due to the Pandemic.</li> </ul>
<b>Priority 1 - We need to develop a structured approach to succession</b>	Skill development for Quality PADR and on-going people management discussions		✓	✓	Yellow	<ul style="list-style-type: none"> <li>• Year 2 progress due to OD team vacancies.</li> <li>• Introduced light touch PADR in response to the pandemic.</li> <li>• Pilot commenced in CCC using revised approach to PADR's.</li> </ul>

planning and the identification of current and future leaders and managers.						<ul style="list-style-type: none"> <li>Further work commencing for implementation for a revised process from April 2022 onwards.</li> </ul>
	Identify Aspiring Senior Leaders to include: <ul style="list-style-type: none"> <li>All Wales Talent Summit</li> <li>Bespoke and open development Centres</li> </ul>	✓	✓	✓		<ul style="list-style-type: none"> <li>Work has commenced with Health Education Improvement Wales (HEIW) relating to Talent Management and Succession Planning.</li> <li>Individuals have been identified in WAST to be a part of All Wales talent pool of potential to participate in an All Wales Talent Summit in June 2020.</li> <li>One of our Deputy Directors secured a place on the National Aspiring Director programme.</li> <li>This work has been stepped down due to the pandemic</li> <li>Discussions have been initiated 23.06.20 to reinvigorate this work to confirm identification of talent as talent and potential will have been identified during the pandemic. Delivery of the approach will utilise new technologies. 10 Deputy/ Assistant Directors identified to participate in a development opportunity called Talentbury.</li> </ul>
	Leadership & Management Diagnostic Tools	✓	✓	✓		<ul style="list-style-type: none"> <li>Work paused due to the Pandemic.</li> </ul>

Strategic Priority	Key Deliverables	Yr 1	Yr 2	Yr 3	RAG Rating	Update
<b>Priority 2</b> - We need to create and sign post to innovative opportunities for them to continue to develop their own leadership and management capability, capacity and competence through evidenced and recognised leadership and management competency and behaviour frameworks and activities.	Bespoke Board and EMT Development	✓	✓	✓		<ul style="list-style-type: none"> <li>Tenders have been submitted and have been reviewed. The preferred provider was offered the opportunity to deliver the programme. Programme commenced Autumn 2020 and completed in Autumn 2021.</li> <li>Discussions have commenced regarding next steps</li> </ul>
	Bespoke Deputy Director & Assistant Director Development to include: <ul style="list-style-type: none"> <li>being a Shadow Board</li> <li>Leadership &amp; Management Masterclass series</li> </ul>	✓	✓	✓		<ul style="list-style-type: none"> <li>Joint Senior Leadership Forum chaired by Chief Officers from the three Blue Light Partners was held October 2019. Discussions are ongoing regarding a second workshop in Autumn 2022.</li> <li>Three bespoke masterclasses have been delivered as a result of new technologies and the ability to hold them virtually.</li> <li>WAST Managers Conference Symposium held in 2021</li> <li>ADLT development approved. Phase 1 delivered – learning into action session deferred to Feb 2022 due to Pandemic and winter pressures. Phase 2 – development of a shadow board currently being discussed for commencement in Feb 2022.</li> </ul>
	Bespoke Heads of Service, Area and Locality Managers Development	✓				

						<ul style="list-style-type: none"> <li>Supported the DOM induction programme by delivering sessions in relation to: Leadership, PADRs, coaching &amp; mentoring, teams and EDI</li> <li>This will be developed further as a priority in the revised Leadership and Management strategy.</li> <li>Bespoke leadership and management bitesize sessions delivered in the areas of leadership in WAST, compassionate leadership, difficult conversations and communication.</li> </ul>
	Bespoke Aspiring Leaders Development		✓			<ul style="list-style-type: none"> <li>Development of this work on hold in Year 2 due to the Pandemic. During 2021 a number of focus groups were held with Aspiring and existing leaders and a draft aspiring leaders proposal has been developed. Approval and communication will take place during January – March 2022 for implementation for April 2022 onwards.</li> <li>Delay in implementation due to Pandemic.</li> </ul>
	Team Leader Development Programme (including Silver IQT)	✓	✓	✓		<ul style="list-style-type: none"> <li>Prior to the pandemic learners were progressing on the programme. Re-engagement with learners is due to commence July 20</li> <li>The plans in place for Cohort 14 due to commence in April 20 on hold. Discussions with the Operations Directorate are required to determine if Cohort 14 is to be planned</li> <li>As a result of the Pandemic Cohorts 1 to 13 learning and submission of work was halted in agreement with the training providers and will not affect funding to undertake the programme</li> <li>Support has been provided by the OD team and training providers. During the Pandemic 35 learners completed their ILM's with 5 due to complete shortly. Discussions are now underway regarding the activations of learners this will be dependent upon ability of learners to be released.</li> </ul>
	Leadership and Management Opportunities across Wales & UK, e.g. accessing apprenticeships, self-directed development, coaching, mentoring, Winter and Summer School	✓	✓	✓		<ul style="list-style-type: none"> <li>Many opportunities for leadership and management learning and development throughout 2019 and early part of 2020 were taken.</li> <li>February 2021 Winter school and June 2021 Summer school – WAST colleagues took the opportunity to be part of these</li> </ul>
	Leadership and Management Academic Qualifications	✓	✓	✓		<ul style="list-style-type: none"> <li>Development of this work on hold initially due to OD Team vacancy since July 2019 and subsequently paused due to the Pandemic and redeployment of team.</li> </ul>

Strategic Priority	Key Deliverables	Yr 1	Yr 2	Yr 3	RAG Status	Update and RAG Status
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<p><b>Priority 3</b> - We must embed our approach through encouraging our current workforce to take ownership for their personal and professional development and to sustain and implement their learning within the workplace.</p>	<p>Coaching network development, application of learning from IQT, ILM, action learning and reflective practice.</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>		<ul style="list-style-type: none"> <li>• 32 in-house WAST coaches developed todate and are in the process of submitting their coaching portfolis and assignments.</li> <li>• Coaching supervision is in place</li> <li>• A structured WAST coaching network will be stablised through the approval of the draft Coaching and Mentoring framework.</li> <li>• Worked with team leaders to support the development of their teams.</li> </ul>
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**GIG**  
CYMRU  
**NHS**  
WALES

Ymddiriedolaeth GIG  
Gwasanaethau Ambiwylans Cymru  
Welsh Ambulance Services  
NHS Trust

<b>AGENDA ITEM No</b>	<b>19</b>
<b>OPEN or CLOSED</b>	<b>Open</b>
<b>No of ANNEXES ATTACHED</b>	<b>1</b>

<b>TRADE UNION PARTNER CELL REPORT 1 NOVEMBER 2021 – 31 JANUARY 2022</b>
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<b>MEETING</b>	<b>People and Culture Committee</b>
<b>DATE</b>	<b>22 February 2022</b>
<b>EXECUTIVE</b>	<b>Claire Vaughan, Executive Director of Workforce &amp; OD</b>
<b>AUTHOR</b>	<b>Sara Williams/Angharad Steele, Workforce Policy and Governance Lead/Advisor</b>
<b>CONTACT</b>	<a href="mailto:angharad.steele@wales.nhs.uk">angharad.steele@wales.nhs.uk</a>

<b>EXECUTIVE SUMMARY</b>
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This report highlights some of the key areas of activity which have been undertaken in partnership through the Trade Union Partner (TUP) Cell, which was established as part of the partnership working response to COVID-19, for the period 1 November 2021 – 31 January 2022.

<b>KEY ISSUES/IMPLICATIONS</b>
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The TUP Cell continues to meet regularly to discuss key activities where there are workforce implications. Attendance at TUP cell is good and discussions are wide ranging with input from all TU partners attending.

There have been a wide range of topics a list of which can be found in the report below. TU partners are involved with a range of cells such as Health and Safety and Logistics.

There has been tension between Trade Union Partners and WAST Management Team regarding the drafting in of military support for the service, resulting in a number of meetings to seek a mutually agreeable way forward. A first grievance was submitted by the GMB Union on behalf its members alleging bullying tactics on behalf of local WAST managers in asking individuals to crew with a non-clinical (military) colleagues. This grievance is presently being dealt with under the new NHS Wales Respect and Resolution Policy at appeal stage. Trade Union partners have also recently collectively submitted a further grievance (04 02 2022) regards the application of the recently developed 'Informal Process for Supporting Colleagues with Concerns on Working with Non-Clinical Support,' which will also need to be facilitated under the Respect and Resolution Policy as soon as possible.

It has also been acknowledged in discussions that there is a need to return to a more business as usual footing for formal consultation and engagement as soon as is possible, and there is a commitment to bring forward the plans previously developed following the IPA workshops back in early 2020. This will include a review

of the work started on a refreshed terms of reference for the Partnership Forum, and meeting arrangements etc.

The Committee is asked to: **RECEIVE AND COMMENT ON** the work undertaken by the Cell and **NOTE** the submission of two Respect and Resolution Grievances on the subject of crewing with non-clinical (military) colleagues.

### REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
WOD Business Meeting	31 January 2022	For noting
EMT	9 February 2022	For noting
People and Culture Committee	22 February 2022	For noting

### REPORT APPENDICES

#### 1: SBAR

### REPORT CHECKLIST

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

## Appendix 1: SBAR

### SITUATION

1. The purpose of this report is to provide the Committee with an update on the activities undertaken through the TU cell which has continued to meet since its implementation in March 2020, as part of the pandemic infrastructure.

### BACKGROUND

2. The virtual Cell is chaired by the Head of People Services, supported by members of the Assistant Directors Leadership Team and Executive Director Team, as required. The Cell has continued to work in partnership through important workforce issues, with good membership and attendance across all Trade Unions.

3. Since 15 June 2021 and in line with the Trust's "monitor" phase, the frequency of the TUP Cell meeting continued to be fortnightly. Further to operational/service demands during the pandemic and escalation to REAP Level 4, the meeting frequency increased to a weekly basis, with effect from 4 January 2022 subject to review, with consideration of the recent de-escalation to REAP Level 3.
4. Trade Union Partners have continued to be key members of the Health and Safety Cell, Logistics Cell, Business Continuity and Recovery Cell, Infection Prevention and Control Cell, as well as the Strategic Pandemic team, and their contribution is valuable and welcomed.

## **ASSESSMENT**

5. During the pandemic, the Trade Union Partner Cell continues to provide the opportunity for robust discussions and recently around the following important issues:
  - The Operational Production and Resource Unit (OPRU), to provide support for Operations, Resourcing and Fleet, following the introduction of approximately 250 Military personnel to support the Trust.
  - The Association of Ambulance Chief Executives (AACE) Survey on Infection Prevention Control (IPC), which will provide data and information on attitudes, perceptions, and concerns regarding IPC in the pre-pandemic and pandemic era.
  - Mechanical CPR
  - Close COVID-19 contacts working with immunosuppressed/clinically extremely vulnerable patients.
  - COVID-19 Action Card updates for managers and staff
  - COVID 19 Guidance (Workforce and Organisational Development)
6. There has also been the opportunity to engage on non-COVID issues, and notably there are discussions on the following:
  - Working Safely – Standard item
  - Developing inclusive partnership working workshops
  - Tactical Approach to Production
  - Shift Start and Finish Standard Operating Procedure
  - Physician Response Unit (PRU)
  - Overtime and Pay During Annual Leave – Leavers and Retirees
  - Staff Wellbeing in Clinical Contact Centres (CCC)
  - EMT training course, delivered by an external supplier in Tamworth
  - Night working survey
  - Secondary assignments
  - Online transfer list
  - Cohort modelling
  - Inter-site transfers across Wales
  - EMS Transition Plan

- Allyship programme to help create an inclusive organisation
  - Informal Process for Supporting Colleagues with Concerns on Working with Non-Clinical Support
  - Quarterly figures for disciplinary cases
  - Mental Health Innovation
  - Integrated Medium Term Plan (IMTP)
  - Pay and annual leave arrangements
7. As noted in the key issues section, the Trade Unions have submitted two grievances under the NHS Wales Respect and Resolution Policy regarding the decision of the Trust to require EMS staff to crew with a non-clinical (military) colleague. These grievances are currently being addressed and it would not be appropriate to comment further and pre-empt the process at this stage as it will require some EMT/Board engagement going forward.
8. The following procedure and agreement has been presented to the Cell as part of the formal approval route:
- The revised Procedure for NHS Staff to Raise Concerns
  - Facilities Agreement: Time off and Facilities for Trade Union Partners

Outside of the cell structure, there has also been ongoing dialogue between Trust Executives and Trade Union Partners on partnership working, service demand and improvement initiatives.

#### **RECOMMENDED:**

2. The Committee is asked to:
- **RECEIVE AND COMMENT ON** the work undertaken by the Cell, and
  - **NOTE** the submission of two Respect and Resolution Grievances on the subject of crewing with non clinical (military) colleagues.



<b>AGENDA ITEM No</b>	<b>20</b>
<b>OPEN or CLOSED</b>	<b>OPEN</b>
<b>No of ANNEXES ATTACHED</b>	<b>2</b>

## Minutes of PCC Sub-Groups

<b>MEETING</b>	People and Culture Committee
<b>DATE</b>	22 February 2022
<b>EXECUTIVE</b>	Claire Vaughan – Executive Director of Workforce and OD
<b>AUTHOR</b>	Claire Vaughan
<b>CONTACT</b>	<a href="mailto:Claire.Vaughan@wales.nhs.uk">Claire.Vaughan@wales.nhs.uk</a>

EXECUTIVE SUMMARY
<p>This paper sets out the key discussion points of note from the Committee Sub-Group meetings held during the period November 2021 – January 2022. The Committee is advised that there will be a review of the Committee Sub-Group structure as part of the overall Committee review process in due course.</p> <p><b>RECOMMENDED: The PCC is invited to NOTE</b> the key discussion points and intention to review the Committee sub group structure in due course.</p>

KEY ISSUES/IMPLICATIONS
<ul style="list-style-type: none"> <li>Inability to hold meetings of the Strategic Education Steering Group due to REAP 4;</li> <li>Proposal to review Sub-Group structure as part of the ongoing Committee Review process</li> </ul>

REPORT APPROVAL ROUTE
<p><b>WOD Business Meeting 31.01.2022</b> <b>People and Culture Committee 22.02.2022</b></p>

REPORT APPENDICES
<p><b>Appendix 1: SBAR</b> <b>Appendix 2: Diversity and Inclusion Steering Group Minutes</b></p>

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	(as part of developing strategic plans)	Financial Implications	YES

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

## Appendix 1: SBAR

### SITUATION

1. The purpose of this report is to provide an overview of:
  - a. Key discussion points from Sub-Group meetings held between November 2021 and January 2022;
  - b. Note the impact of operational challenges and escalation plans on ability to hold Strategic Education Steering Group meetings.

### BACKGROUND

2. The following Sub-Groups currently report into People and Culture Committee:
  - a. Strategic Education Steering Group
  - b. Diversity and Inclusion Steering Group
  - c. Health and Wellbeing Steering Group (not currently meeting)
  - d. Strategic Workforce Planning Group (not currently meeting)

### ASSESSMENT

3. At the meeting of the Diversity and Inclusion Steering Group held on 19<sup>th</sup> January 2022, the following item of note was discussed (please refer to **Appendix 2** for the full set of minutes):
  - Attendees discussed the presentation of the recently developed Allyship Programme to Board and the subsequent interest in participation and engagement across the organisation. Concern was raised regarding how this could be rolled out, especially to Operational colleagues, and a discussion was held around the need to adapt resources to enable this e.g. providing shorter tailored sessions, e-learning options, videos and library resources.
  - The Trust has been invited to deliver a spotlight session on the Allyship Programme as a part of the Ambulance Trust anti-racism campaign.
  - Also noted was that the EDI agenda and Wellbeing agenda were being aligned through the NHS Confederation calendar to pre-plan communication and engagement for National/International campaigns for the year ahead.
4. The Strategic Education Steering Group was due to meet in December 2021 but due to ongoing operational pressures (and subsequent impact on key attendance), this was postponed to January 2022. Given the worsening operational situation, the decision was taken to cancel the meeting and attempt to deal with appropriate agenda items virtually. The Group is next scheduled to meet in March 2022.

5. There have been no meetings of the Trust's Health and Wellbeing Steering Group or Workforce Planning Group as a result of pandemic pressures.
6. The Committee is advised the ongoing Committee Review process will include a review of all PCC Sub-Groups, the terms of reference and membership arrangements. The purpose is to ensure appropriate alignment of the sub-groups to P&C Committee, that governance arrangements are robust, the membership profile and agendas are pertinent, and the sub-groups actively support the activities of the Committee.

**RECOMMENDED:**

7. The PCC is asked to:
  - **NOTE** the key discussion points *and* the intention to review the Committee Sub-Group structure as part of the Committee review process.

**Equality, Diversity & Inclusion Steering Group  
Wednesday 19<sup>th</sup> January 2022**

**Present:**

Catherine Goodwin	Assistant Director, Inclusion, Culture and Wellbeing	CG
Gareth Thomas	Patient Experience Interim Head of Service	GT
Fatehullah Tahir	OD Manager - Leadership	FT
Charlie Boshier	Recruitment Manager	CB
Jessica Hooper	OD Manager - EDI	JH
Jo Kelso	Head of Workforce Transformation	JK
Angela Roberts	UNISON Branch Secretary	AR
Keithley Wilkinson	Head of Inclusion & Engagement	KW
Kim Tovey	Head of Leadership & Organisational Development	KT
Ceri Bryant	OH & WB Manager	CB
Melfyn Hughes	Welsh Language Officer	MH
Catherine Lloyd	OD Project Support Officer	CL

**Apologies:**

Joga Singh	Non-Executive Director	JS
Beth Eales	Communication Officer	BE
Joanne Rees-Thomas	General Manager	JRT

REF		ACTION
<b>1.</b>	<b>WELCOME AND APOLOGIES</b>	
	The group introduced themselves and a brief outline of their roles for the benefit of new members.	

Page Break

<b>2.</b>	<b>MINUTES OF PREVIOUS MEETING / ACTION LOG</b>	
	<p>Previous minutes reviewed for accuracy. Action log updated and reviewed:</p> <ul style="list-style-type: none"> <li>• CG confirmed updated minutes were submitted to the People &amp; Culture Committee</li> <li>• GT confirmed verbal feedback was provided on the LGBTQ consultation process</li> <li>• Toilet signs – postponed due to ongoing Covid pressures. Hoped to be picked up again in the next couple of weeks.</li> <li>• Transgender policy – postponed due to ongoing Covid pressures. It is hoped this will be picked up again in the next couple of weeks.</li> <li>• A link to the Steve Russell speech was shared and feedback has been received</li> </ul>	

	<ul style="list-style-type: none"> <li>• JH asked for user story templates from the Recruitment Project to be provided once complete</li> <li>• JH has provided feedback on the Race Equality Action Plan</li> </ul>	
	<p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>• JH to share the Steve Russell link with KW</li> </ul>	JH
3.	<p><b>NATIONAL NETWORKS UPDATE</b></p> <ul style="list-style-type: none"> <li>• GT provided an update on the LGBT national Ambulance Network meeting recently attended. Meetings continue to be held quarterly and online. The network meetings are split in half, North &amp; South to make them more manageable. Discussions were held on the feasibility of when face to face meetings could recommence as it was identified that a time of rebuilding was required for the network due to recent inactivity. GT felt encouraged that the National Network were in a similar position to several other organisations following the extra pressures of Covid.</li> <li>• JH advised there was no further update on the National Ambulance BME Forum since the last meeting</li> <li>• JH advised the national Ambulance Disability Network rebranding launched on the 3<sup>rd</sup> December 2021. This was a whole new rebranding including a new logo. It is hoped engagement will be increased as a result.</li> <li>• JH confirmed FT are leading on a piece of work around an interfaith group which links with the National Ambulance Diversity and Inclusion Forum. It was suggested WAST piloted this group.</li> <li>• JH shared that the Ambulance Trust are running an anti-racism campaign. A spotlight every month on different pieces of work across the country. WAST have been approached to do a spotlight on the allyship program</li> <li>• CG asked if WAST had signed up to Purplespace as similar to other Ambulance Trusts. JH provided confirmation that that membership was due for renewal in June 2022 and it would be good practice to review prior to making a commitment.</li> </ul>	
	<p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• KT would like to be included with the interfaith work</li> </ul>	
4.	<p><b>ALLY PROGRAMME</b></p> <ul style="list-style-type: none"> <li>• JH shared that an allyship workshop and workbook have been developed to encourage colleagues to take on self-learning and reflective practices around the protected characteristics.</li> <li>• The workshops/workbook were presented to the Board in December 2021 and were well received and resulted in six/seven different groups wanting to roll out of the workshops within their teams and Directorates. CG thanked JH for</li> </ul>	

	<p>delivering the session to the Board and that there has been ongoing positive feedback.</p> <ul style="list-style-type: none"> <li>• AR shared concerns regarding how the allyship workshop could reach and engage with our Operational colleagues</li> <li>• JH confirmed a couple of requests had already been made by Senior Managers within Ops to run workshops and acknowledged AR concerns</li> <li>• JH confirmed the workshops could be tailored to the specific needs of the group such as providing shorter sessions for Operational colleagues, e-learning modules, videos, documentaries, or books.</li> <li>• JH advised a calendar of National/International events would be created that will link into the allyship with the view of creating an allyship journey that can be built upon. JH, Bronwen Biddle &amp; CL will be working on this next week.</li> <li>• JH, CG &amp; AR discussed how these workshops will be promoted and all agreed that those joining the organisation would be included in a session as part of their induction process and current staff members would be encouraged to attend but that it wouldn't be made compulsory. It is hoped the uptake will grow organically.</li> <li>• JK reminded all that the learning Launchpad could also be utilised in sharing the allyship workshops.</li> <li>• JH asked the group if an allyship workshop would be welcomed for this group – agreements were received.</li> <li>• KW asked if this workshop could be put into place as soon as possible</li> </ul>	
	<p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>• Make arrangement to deliver an allyship workshop to the EDI steering group</li> </ul>	JH
<b>5.</b>	<b>RECRUITMENT OUTREACH</b>	
	<ul style="list-style-type: none"> <li>• JH shared that the EDI agenda and Wellbeing agenda were being aligned using the NHS Confederation calendar to pre-plan communication and engagement for National/International campaigns for the year ahead.</li> <li>• JH, FT &amp; GT discussed the need to liaise with our Comms team regarding the sharing of the supported events</li> <li>• CG asked for CB to be consulted on Occupational Health events to avoid any overlap. JH &amp; CB confirmed this has already been planned.</li> </ul>	
	<p><b>ACTION:</b></p> <ul style="list-style-type: none"> <li>• <i>None</i></li> </ul>	
<b>6.</b>	<p><b>AOB</b></p> <ul style="list-style-type: none"> <li>• Encouragement to complete the Wellbeing survey</li> <li>• Stonewall membership is due for renewal in June 2022 and WAST would like to continue being a member.</li> </ul>	All
<b>7.</b>	<b>DATE OF NEXT MEETING – TBC</b>	