

## Bundle People and Culture (Open Session) 5 May 2026

### Agenda attachments

#### 00 Agenda

- 0 09:30 – OPENING ITEMS
- 1 Chair's Welcome, Apologies and Quorum
- 2 Declarations of Interest
  - Item 02 Board Member Register of Interests
- 3 Minutes of the last meeting on 10 February 2026
  - Item 03 2026-02-10 People and Culture Committee Public Minutes
- 4 Action Log and Matters Arising
  - Item 04 Action Log
- 4.1 FOR APPROVAL, ASSURANCE AND DISCUSSION
- 5 09:35 – Directors' Update
  - Item 05 Directors' Update
- 6 09:55 – Operations Report Q4 2025/26
  - Item 06 Operations Quarterly Report Q4 2025-2026
- 7 Staff Experience [No Staff Experience presented at this meeting]
- 8 10:10 – Staff Experience Update Ben Collins
  - Item 08 Staff Experience Update Ben Collins
- 9 10:15 – NHS Staff Survey Update
  - Item 09 2025 Staff Survey Results
  - Item 09 Annex 2 Qual Data Themes
  - Item 09 Annex 1 2025 Staff Survey Results – High Level Analysis
- 10 10:35 – People and Culture Plan Metrics Update and Workforce Scorecard
  - Item 10 People and Culture Plan Metrics
  - Item 10 Annex 1 Quant Metrics PCC Mar 26
  - Item 10 Annex 2 People and Culture KPIs March26
  - Item 10 Annex 3 PCC Metrics Sickness Absence Data
- 11 10:55 – Internal Audit Report: Job Evaluation [CK] [Reasonable Assurance]
  - Item 11 Internal Audit Report Job Evaluation
- 11.1 11:05 – COMFORT BREAK
- 12 11:20 – Monthly Integrated Quality and Performance Report (MIQPR)
  - Item 12 MIQPR
  - Item 12 Annex 1 MIQPR
- 13 11:35 – Health & Safety and Violence & Aggression Report January – March 2026
  - Item 13 Health and Safety and Violence & Aggression Report – January – March 2026
  - Item 13 Annex 1 Health and Safety and Violence & Aggression Report – January – March 2026
  - Item 13 Annex 2 Health and Safety and Violence & Aggression Report – January – March 2026
- 14 11:50 – Internal Audit Report: Welsh Language Standards [TM] [Reasonable Assurance]
  - Item 14 Internal Audit Report Welsh Language Standards
- 15 12:00 – WASPT Highlight Report : 22 January and 18 March 2026

Item 15 WASPT AAA Report 22 January 2026

Item 15 WASPT AAA Report 18 March 2026

- 16 12:10 – Risk Management and Board Assurance Framework:  
*Annex 3 is available to view in the Reading Room*  
*Risk 160 High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service. (16)*  
*Risk 558 Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences. (15)*  
*Risk 163 Maintaining Effective & Strong Trade Union Partnerships. (12)*  
*Risk 680 Failure to prioritise people capability and organisational culture could result in deteriorating Employee Experience, reduced wellbeing and absence (16)*  
Item 16 Risk Management Report
- 17 12:20 – Audit Tracker Q4 2025/26  
Item 17 Audit Tracker 25–26 Q4 (Jan–Mar26) Updates
- 17.1 CONSENT ITEMS
- 18 AAA Highlight Report 10 February 2026  
Item 18 People and Culture Committee AAA Highlight Report 10 February 2026
- 19 Cycle of Business Monitoring Report and Committee Priorities 2026/27  
Item 19 Report to committee on Cycle of Business May 2026  
Item 19 Cycle of Business Monitoring Report  
Item 19 Cycle of Business Notes
- 19.1 12:30 – CLOSING ITEMS
- 20 Reflections
- 21 Any Other Business
- 22 Date & Time of the Next Meeting: 11 August 2026 at 9:30am

Length of Meeting		Agenda	5 May 2026 - PUBLIC People & Culture Committee				Deadline for Papers: 23 April 2026		Last good practice Exec Review: 22 April 2026		
Time	Min	Agenda Title	Format of Item	Item for	Item requested by	Paper prepared by	Item presented by	Colleagues to cc	Scheduled at BLT	Further approval route (if app.)	Notes
<b>OPENING ITEMS</b>											
		1 Chair's Welcome, Apologies and Quorum	n/a	Information	Standing	n/a	Carl Jackson	n/a			
09:30	00:05	2 Declarations of Interest	n/a	To State Conflicts	Standing	n/a	Carl Jackson	n/a			
		3 Minutes of the last meeting on 10 February 2026	n/a	Approval	Standing	n/a	Carl Jackson	n/a			
		4 Action Log and Matters Arising	Paper	Discussion	Standing	n/a	Carl Jackson	n/a			
<b>FOR APPROVAL, ASSURANCE AND DISCUSSION</b>											
09:55	00:20	5 Directors Update	Paper	Discussion	CoB	PBC	Angie Lewis	Sarah Parry			
09:55	00:15	6 Operations Report: Q4 2025/26	Paper	Discussion	CoB	Operations	Lee Brooks	Tom Marie Norman, Sophie Francis			
10:10	00:00	7 Staff Experience (No Staff Experience presented at this meeting)	Presentation	Discussion	CoB	People	Carl Kneebaw	Sarah Parry			
10:10	00:05	8 Staff Experience Update Ben Collins	Paper	Information	CoB	People	Carl Kneebaw	Sarah Parry			
10:15	00:20	9 NHS Staff Survey Update	Paper	Assurance	CoB	People	Angie Lewis	Sarah Parry			
10:35	00:20	10 People and Culture Plan Metrics Update and Workforce Scorecard	Paper	Assurance	CoB	People	Angie Lewis, Carl Kneebaw	Sarah Parry			
10:55	00:10	11 Internal Audit Report: Job Evaluation (CX) (Reasonable Assurance)	Paper	Assurance	CoB	Gov	Oliver Lloyd	Lisa Trounce			
<b>COMFORT BREAK</b>											
11:05	00:15	12 Monthly Integrated Quality and Performance Report (MQPR)	Paper	Assurance	CoB	SPP	James Houston	Hugh Bennett, Mark Thomas, Mtd O'Connor			
11:35	00:15	13 Health & Safety and Violence & Aggression Report January - March 2026	Paper	Assurance	CoB	QPSI	Penny Durant	Graham Stockford, Alison Kelly			
11:50	00:10	14 Internal Audit Report: Welsh Language Standards (TM) (Reasonable Assurance)	Paper	Assurance	CoB	CorGov	Trish Mills	Melvin Hughes, Lisa Trounce			
12:00	00:10	15 WADPT Highlight Report: 22 January and 18 March 2026	Paper	Assurance	CoB	Gov	Christian Fox	Trish Mills, Alex Payne			
12:10	00:10	16 Risk Management and Board Assurance Framework Risk 160 High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service. (16) Risk 108 Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of emergency experiences. (15) Risk 163 Maintaining Effective & Strong Trade Union Partnerships. (12) Risk 082 Failure to prioritise people capability and organisational culture could result in deteriorating Employee Experience, reduced wellbeing and absence (18)	Paper	Assurance	CoB	Gov	Julie Booth	Dan King			
12:20	00:10	17 Audit Tracker Q4 2025/26	Paper	Assurance	CoB	Gov	Trish Mills	Lisa Trounce			
<b>CONSENT ITEMS</b>											
12:30	00:00	18 AAA Highlight Report 10 February 2026	Paper	Information	CoB	Gov	Trish Mills	Sarah Harland			
12:30	00:00	19 Cycle of Business Monitoring Report	Paper	Information	CoB	Gov	Trish Mills	Sarah Harland			
<b>CLOSING ITEMS</b>											
12:30	00:05	20 Reflections	n/a	Discussion	Standing	n/a	Carl Jackson	n/a			
12:30	00:05	21 Any Other Business	n/a	Discussion	Standing	n/a	Carl Jackson	n/a			
		22 Date & Time of the Next Meeting: 11 August 2026 at 9:30am	n/a	Information	Standing	n/a	Carl Jackson	n/a			
12:35	00:05	<b>CLOSE</b>									

**LEAD PRESENTERS**

Name	Position
Julie Booth	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations
Penny Durant	Deputy Director of Nursing, Quality and Governance
Christian Fox	Trade Union Partner
James Houston	Head of Strategy Development
Carl Jackson	Non Executive and Chair of Committee
Carl Kneebaw	Director of People
Angie Lewis	Director of Culture Change
Trish Mills	Director of Corporate Governance/Board Secretary
Andy Smithum	Executive Director of Paramedicine

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhiannon	<b>Non-Executive Director</b> * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		08-Feb-26
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1985		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
BEESLEE, Jayne	<b>Non-Executive Director</b> * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Member of the Royal College of Nursing	Non-Financial Professional	2007		
		Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
BROOKS, Lee	<b>Executive Director of Operations</b>	Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
		Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John’s Ambulance Cymru	Any Other Interest	06 April 2023		
CURRAN, Peter	<b>Non-Executive Director</b> * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Council Member – St John’s Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
		Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
		Company Director - Action for Children [04764232]	Directorships	01 February 2021		
		Company Director - Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022	17 July 2025	
		Chair - Taff Housing Association	Any Other Interest	17 July 2025		
		Company Director - Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board - National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024	30 September 2025	
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Member of Governing Body / Independent Member – Kaplan International Colleges UK Ltd [05268303]	Directorships	01 March 2024		
DENNIS, Colin	<b>Chair of Trust Board and Non-Executive Director</b> * Chair of Remuneration Committee	Independent Member - Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
		Chair - Citizen Housing [Charity] (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015	January 2025	
		Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships	29 August 2017		
		Company Director - Citizen Treasury Vehicle Ltd	Directorships	04 September 2017		
		Chair - North Devon Homes	Position in Charity or Voluntary Organisation	01 October 2021	January 2025	
		Company Director - North Devon Homes	Directorships	01 April 2022		
		Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation	26 March 2024		
		Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships	26 March 2024		
EVANS, Bethan	<b>Non-Executive Director</b> * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Company Director - Green Square Estates Ltd [8719365]	Directorships	26 March 2024		
		Chief Executive Officer (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019		
		Non-Executive Board Member at Beacon Housing (Social Housing Organisation - Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019		
		Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director - Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director - Moorlands Property Ltd	Directorships	16 August 2022		
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020		
		Company Director - Springfield Property Lettings Ltd	Directorships	16 August 2022		
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director - Luk Ros Property Limited	Directorships	12 March 2020		
[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	Directorships	12 March 2020				

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

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Date Left Trust
<b>WILLIAMS, Liam</b>	<b>Executive Director of Quality and Nursing (from 01 August 2022)</b>	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		
		Vice Chair - Royal College of Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	03 February 2025		
<b>WOOD, Emma</b>	<b>Chief Executive (from 01 October 2025)</b>	Chartered Fellow of CIPD (Chartered Institute of Personnel and Development)	Non-Financial Professional	2000		
		External Moderator for HR Masters modules for University West of England	Financial Interest	September 2024	21 January 2026	
		Member of Yoga Professional Alliance	Non-Financial Personal	July 2025		
		Part-time Yoga Teacher at Burnham Swim and Sports Academy Leisure Centre	Financial Interest	July 2025		
		Sub/Relief Yoga Teacher at Omni Studio, Worle, Norh Somerset	Financial Interest	04 April 2026		



GIG  
CYMRU  
NHS  
WALES

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

## UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE PUBLIC MEETING HELD AT CARDIFF MRD AND REMOTELY VIA MICROSOFT TEAMS ON 10 FEBRUARY 2026

### Meeting started at 09:30

#### PRESENT:

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

#### PRESCRIBED ATTENDEES

Lee Brooks	Executive Director of Operations
Penny Durrant	Deputy Director of Nursing, Quality and Governance
Christian Fox	Trade Union Partner
Estelle Hitchon	Director of Partnerships and Engagement
Jo Kelso	Head of Workforce Education and Development
Carl Kneeshaw	Director of People
Angela Lewis	Director of Culture Change
Mark Marsden	Trade Union Partner / WASPT Co-Chair
Trish Mills	Director of Corporate Governance/Board Secretary
Lizzie O'Shea	Speaking Up Safely Guardian
Andy Swinburn	Executive Director of Paramedicine
Damon Turner	Trade Union Partner
Marcus Viggers	Trade Union Partner

#### IN ATTENDANCE

Timothy Cahalane	Trade Union Partner
James Houston	Assistant Director for Planning and Transformation
Chris Turley	Executive Director of Finance and Corporate Resources



## OPENING ITEMS

### 1. CHAIR'S WELCOME, APOLOGIES AND QUORUM

- 1.1 Apologies from Timothy Cahalane, James Houston and Chris Turley were noted. Quorum was confirmed.

### 2. DECLARATIONS OF INTEREST

- 2.1 There were no other declarations recorded.

### 3. MINUTES OF PREVIOUS MEETING 13 NOVEMBER 2025

- 3.1 The minutes of the open meeting of the People and Culture Committee held on 13 November 2025 were received and approved.

### 4. ACTION LOG AND MATTERS ARISING

- 4.1 The Action Log was received and updated.

#### 4.2 AAA HIGHLIGHT REPORT 13 NOVEMBER 2025

- 4.2.1 The committee received and noted the AAA Highlight Report from the meeting held on 13 November 2025.

## ITEMS FOR ASSURANCE, DISCUSSION OR APPROVAL

### 5. DIRECTORS UPDATE

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

- 5.1 Angie Lewis and Carl Kneeshaw delivered an overview of the Directors update. Lee Brooks commented that the Health and Wellbeing Passport was presented as relevant to managers and employees, and asked how it would apply to volunteers and how they could access it. Angie agreed to take an action to ensure the Health and Wellbeing Passport is accessible and applicable to volunteers.



- 5.2 Hannah Rowan sought clarification on how the Health & Wellbeing Passport would support negotiating reasonable adjustments. Angie Lewis explained that adjustments for new starters are normally identified through recruitment and Occupational Health, while the passport is primarily designed to help existing staff feel confident to discuss their needs, particularly where conditions develop or change over time. Angie emphasised that most adjustments are small, the tool aims to build trust and guide open conversations, and it also helps set realistic expectations about what is and isn't achievable. A pilot will test how well the approach works in practice before wider rollout.
- 5.3 The Chair acknowledged recent achievements and emphasised the strategic value of Culture Change and apprenticeships, requesting further discussion on apprenticeships and Equality, Diversity and Inclusion (EDI) learnings. Angie agreed to return insights from the NHS Tackling Inequalities Leadership Programme, highlighting the link between staff and population health inequalities and offering to share these at a future meeting. Carl reported that Chief People Officers across NHS Wales are benchmarking to strengthen representation and inclusivity by examining overlaps between workforce and population needs. The Chair proposed that she meet with Hannah Rowan, Angie Lewis and Carl Kneeshaw to consider what strategic insights could be brought back to the committee.

## **6. OPERATIONS REPORT Q3 2025/26**

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

- 6.1 Key points from the Operations Report were that the new Ambulance Performance Framework (APF) went live smoothly and a staff survey will be developed to assess the change experience following Phase 2. Lee updated the committee on plans to deploy e-timesheets, but raised concerns that technical adjustments required for the organisation's unique needs may be cost prohibitive, and remaining on the current Excel based solution would be disappointing. Work to address overruns continues, with Trade Union involvement and the aim to further reduce overruns and improve workplace experience.
- 6.2 Bethan Evans asked if any concerning themes emerged from the resourcing culture feedback session. Lee advised there were no new themes identified, which have been shared with the operations management teams for self-assessment. Lee suggested that sharing these themes with the committee might be worthwhile, the Chair agreed, and it would be included on the committee planner for receipt at a future meeting.



- 6.3 Hannah Rowan asked whether confidence in the next roster review is delivering the desired impact, given the range of issues affecting NEPTS performance, and whether this is the right intervention considering the effort required. Lee Brooks advised that confidence depends on the modelling, with expected efficiency gains; but acknowledged not everyone will benefit equally and emphasised the necessity of the review for efficiency, while noting it is not a silver bullet. The Chair remarked that this is a cross-cutting issue, as roster changes can have varying impacts and are part of ongoing organisational change.
- 6.4 The Chair asked what "good" looks like for e-timesheets from a People and Culture perspective. Lee Brooks responded that it would be a semi-automated process lifting hours from Computer Aided Dispatch System (CADS), allowing electronic submission and approval, streamlining payroll, reducing errors, and saving managers time, with dependencies including moving to the GRS cloud based system.

## 7. **STAFF EXPERIENCE [BEN COLLINS – CULTURE REVIEWS]**

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

- 7.1 Angie Lewis introduced Ben Collins, Culture Change leader, who has been an early adopter of tools such as the cultural early warning score toolkit, working closely with Sara Mills and her team. Angie described Ben as an exemplar leader embracing Culture Change within the organisation.
- 7.2 Ben Collins, Interim Head of Service for Emergency Preparedness Resilience and Response (EPRR) presented a detailed account of his leadership journey and the cultural transformation he has delivered in the Emergency Medical Service for South Central. Within his story he emphasised the value of visible, grounded, approachable, adaptable leadership, reflection and balancing compassion with accountability as a leader. Ben described implementing monthly one-to-one welfare check-ins, biannual culture days, and collaborative local delivery plans, which foster team cohesion and reduced negative culture scores. Ben noted challenges in maintaining regular contact with his teams due to the mobile nature of the workforce and limited management capacity but found culture days to be particularly effective for engagement.
- 7.3 Bethan Evans asked Ben which aspects of his leadership most inspire and develop future leaders. Ben responded in saying it is a collective effort, celebrating successes and empowering the team are key, ensuring progress continues even in his absence.



- 7.4 The Chair asked Ben how leaders in People and Culture could ensure his approach to staff engagement is effectively replicated. Ben acknowledged the challenges posed by a mobile workforce and limited managerial capacity, noting that a range of methods, such as regular one-to-one conversations and culture days, are employed to maintain engagement, although attendance at some initiatives varies.
- 7.5 Hayley Hutchings observed that Ben's approach appears highly effective, describing his team as welcoming, positive and cohesive during her recent visit, and encouraged him to continue his efforts. Sara Mills added that while Ben leads cultural work from the front, his greatest strength lies in developing leaders around him, giving permission, sharing control, and encouraging staff to contribute ideas and solutions. Sara reflected that during the first culture day, Ben initiated discussions and gradually delegated responsibility, with subsequent sessions demonstrating increased ownership by others and a reduced need for his direct leadership.
- 7.6 The Chair thanked Ben for coming to the committee to share his experience.

## 8. SKILLS MIX ON EMERGENCY AMBULANCES

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

- 8.1 Carl Kneeshaw presented the Skills Mix on Emergency Ambulances report. Members noted that the introduction of new roles and revised crewing models has significantly increased the complexity of workforce planning. This complexity is shaped by multiple interdependent factors, including the current clinical model, changing demand patterns, financial constraints and wider system pressures. Members recognised that moving towards a future proofed, affordable workforce model that supports improved patient outcomes will be a long term process. Delivery will rely primarily on natural workforce turnover rather than immediate or largescale structural change.
- 8.2 Members discussed the potential impact of the proposed Skills Mix changes on Newly Qualified Paramedics (NQPs). It was highlighted that the Trust will need to carefully consider whether continued investment in NQP recruitment remains appropriate over the coming years. This will require a careful balance between workforce affordability and operational need, alongside the Trust's responsibility to safeguard professional pipelines, education provision in Wales and internal career pathways. Members noted that no decisions have yet been taken. Any future approach will be developed in partnership with Trade Unions and system partners, with a clear focus on minimising workforce disruption, protecting staff wellbeing and patient safety.



- 8.3 Members recognised a three pronged challenge in achieving the appropriate emergency ambulance crew mix:
- maintaining clinical safety and operational effectiveness;
  - making informed decisions regarding ongoing recruitment of NQPs; and
  - managing the associated financial pressures.
- 8.4 Andy Swinburn highlighted that the Clinical Model Transformation (CMT) provides greater precision in matching skills to patient need, helping to reduce clinical risk. Andy noted that flexibility within the model will be essential to reflect local variation, particularly between rural and urban settings. Members took assurance from the constructive approach being adopted, the strength of partnership working and the continued focus on staff wellbeing during this period of change.
- 8.5 Damon Turner acknowledged that the Skills Mix programme has been particularly challenging, with documented staff concerns, difficulties and anxiety. Damon confirmed that active discussions are ongoing between Trust management and Trade Union Partners to address these issues. Members were reassured by the strength of partnership working, with mature and open dialogue supporting staff throughout the transition. Key risks identified included workforce anxiety, potential retention challenges, reputational considerations, and the need to protect the credibility and sustainability of professional pathways and education pipelines.
- 8.6 Bethan Evans raised concerns regarding the overall complexity of the Skills Mix changes and the potential risks associated with workforce retention and reputational impact, particularly for NQPs, and sought assurance regarding staff reactions. Carl Kneeshaw acknowledged these concerns, recognising the understandable anxiety among staff, and reiterated that the Trust is prioritising clear communication, targeted support and continued partnership working with Trade Unions to help staff understand and navigate the changes.
- 8.7 Hayley Hutchings asked whether the Skills Mix changes were being considered within the wider system context, including the potential future need for more senior or advanced paramedics to support evolving team structures. Andy Swinburn advised that, although the position is complex, the Clinical Model Transformation enables more accurate deployment of ambulance resources according to patient need. Andy further advised that future dispatch arrangements will better align clinical skills with patient requirements, reducing risk, and noted that some variation in the paramedic/EMT Skills Mix is expected based on local characteristics, including rurality.



- 8.8 Christian Fox reported that early communications regarding the Skills Mix changes had caused significant concern among Trade Union Partners, particularly fears relating to potential redundancies. Christian advised that as more detailed information and reassurance had been provided, members felt increasingly reassured, although some uncertainty remains as the situation continues to evolve.
- 8.9 Estelle Hitchon highlighted that the phased implementation of the Skills Mix changes through natural turnover creates uncertainty for individuals regarding timescales. Estelle emphasised the importance of strengthened communication and coordinated messaging between management and Trade Unions to support staff throughout this extended period of transition.
- 8.10 Marcus Viggers noted that the most recent Trade Union session had been very well attended, potentially the highest attendance since the pandemic. Marcus expressed concern as to whether the new Skills Mix model is fully embedded in North Wales and highlighted ongoing challenges in matching patient needs with the appropriate skill mix due to extended delays.
- 8.11 Members acknowledged that this is a complex and sensitive area that requires careful navigation over time, rather than immediate change, with workforce turnover identified as the key mechanism for implementation. Members noted the strong level of maturity and partnership working between management and Trade Union Partners. While the initial proposals generated anxiety, staff confidence has improved through clearer communication, FAQs and ongoing engagement. However, Members emphasised that further work is required to reduce residual uncertainty.
- 8.12 The Chair concluded by acknowledging the complexity and evolving nature of the Skills Mix programme. The Committee expressed assurance in the organisation's continued approach, particularly the emphasis on communication, engagement and partnership working, and confirmed that it is satisfied with the current direction and management of this work.

## **9. STAFF STORY UPDATES – ESSENTIAL SKILLS TUTORS**

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

- 9.1 The Committee received an update following the previous staff story, in which the Essential Skills Tutors presented their work. Carl Kneeshaw confirmed that one tutor has since achieved an internal promotion, helping retain talent within the organisation, and a new Welsh speaking colleague



has joined the team, enabling the full suite of essential skills support to be delivered bilingually.

- 9.2 Jo Kelso highlighted that the team's work, particularly in digital skills and core communication and numeracy, forms an early foundation for the forthcoming People Development Plan. The Committee noted the progress and expressed appreciation for the contribution and positive impact of the Essential Skills team.

## 10.1 CULTURAL THEMES AND TRENDS REPORT

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

- 10.1.1 Carl Kneeshaw provided an overview of the Cultural Themes and Trends report, highlighting that the response rate for Moving on Conversations is one-third of leavers, but there is a goal to raise this to 50% in the next reporting period. Insights and trends identified from these conversations are being used to drive further improvements for our people.
- 10.1.2 Hayley Hutchings thanked Carl and enquired regarding the recurring themes in the Moving On questionnaire relating to recognition and learning and development opportunities. Hayley asked whether these comments reflected broader issues or individual perception. Carl noted ongoing organisational work to better showcase available development opportunities and confirmed that the forthcoming People Development Plan will map clear career pathways and accessible development options.
- 10.1.3 Angie Lewis advised that work is underway to strengthen recognition across the organisation, including both formal awards and everyday acknowledgment. Angie confirmed that a structured recognition framework is being developed, with a proposal due to be presented to ELT.
- 10.1.4 Andy Swinburn asked whether repeating the earlier sexual safety survey would help understand whether staff experiences have changed. Angie Lewis agreed, noting it has been several years since the original survey and that updated insights would be valuable. Lizzie O'Shea reported that sexual safety concerns continue to be raised through Speaking Up Safely and described ongoing collaborative work to develop improved feedback mechanisms for quality and support days.



10.1.5 Lee Brooks noted that incivility remains a key theme and outlined plans for an operations management event featuring Dr. Deborah Fradkin to explore its impact. Lee also referenced work is underway to improve the employee experience during workplace investigations, aiming to resolve issues earlier and reduce the need for formal processes.

## 10.2 PADR PROCESS REVIEW UPDATE JANUARY 2026

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

10.2.1 Becky Smith reported that the PADR process is being aligned with the organisation's values and essential conversations, aiming for meaningful, values led discussions to improve compliance. Key changes include a simplified form, updated guidance, refreshed training and a feedback mechanism to assess conversation quality. Initial feedback from 73 responses is positive, with the new form and guidance rated 4 out of 5. A pilot is planned for Q1, with wider rollout later in the year. The main challenge identified is ensuring protected time for operational staff to participate.

10.2.2 Members discussed engagement in the development of the new PADR process, including the use of prior staff feedback, a pilot phase to shape and refine the approach, and enhanced training to support meaningful, values led conversations aligned to the WAST Way. Leadership accountability and executive role modelling were emphasised as critical to improving the quality and consistency of PADR conversations, with confirmation that executives are committed to the approach and that PADR will be aligned with clinical assessment processes to ensure a unified and meaningful experience.

**The Committee endorsed the recommendations to establish the revised PADR process which will be introduced as a pilot initially.**

## 11.1 PEOPLE AND CULTURE PLAN METRICS UPDATE AND WORKFORCE SCORECARD

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

11.1.1 Carl Kneeshaw delivered an overview of the report. Hayley Hutchings asked Carl if there were different themes emerging in various departments or if the themes were consistent across the organisation. Carl responded that while there is some consistency in themes, there are also local variations. People Business Partners address local hotspots, and deep dives are



conducted when requested by managers, but overall, the key themes are shared across most areas of WAST.

11.1.2 The Chair raised the need for more visible leadership at emergency departments, especially during times of pressure, and suggested that non-executive directors discuss offline what effective visible leadership should look like. The Chair noted it's not just about being seen but understanding pressure points and opportunities, and proposed a conversation with Lee Brooks to clarify this. Carl agreed, explaining that senior leaders often support staff in other areas during pressure, which may not always be visible, and welcomed the offline discussion to improve leadership practices.

11.1.3 Hayley Hutchings shared that during her recent visits to an emergency department and the HART team, staff appreciated her presence and viewed it as valuable, emphasising that visible leadership, regardless of who provides it, is important and well received. The Chair agreed, noting she has also received positive feedback during visits and stated that non-executive directors may have more capacity than Executive during high pressure periods.

11.1.4 Estelle Hitchon emphasised the strategic importance of maintaining momentum on cultural initiatives, especially as reduced new staff intake could risk workforce stagnation and less fresh thinking. Estelle highlighted the need to support adaptation to Skills Mix changes and ensure new starters are well integrated. Angie Lewis responded by acknowledging the risk and reassured that the organisation's strong internal appetite for improvement, evidenced by 1,000 staff involved in networks and champion roles, should be harnessed to sustain cultural progress during challenging times.

## **11.2 PEOPLE AND CULTURE IMTP OBJECTIVES AND PRIORITIES 2026-29**

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

11.2.1 The committee received the draft People and Culture IMTP objectives and priorities for 2026–2029. Angie Lewis outlined that the proposed priorities remain fully aligned to the Trust's existing People & Culture Plan and are structured around capacity, capability and culture. Key themes include belonging, inclusivity, safety, leadership development and embedding the principles of the WAST Way.



11.2.2 It was agreed to consider adding more information into the IMTP objectives about collaboration, sharing resources, and portfolio career opportunities, as well as emphasising ongoing work with NHS partners in Wales and England. The focus is on ensuring strategic collaboration, skill mix, and future workforce solutions, including rotational opportunities and portfolio careers for staff.

**The Committee endorsed the People and Culture IMTP Objectives and Priorities for 2026-29.**

**12. INTERNAL AUDIT REPORT: MANDATORY IN-SERVICE TRAINING (MIST)**

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

12.1 Carl Kneeshaw welcomed the findings of the Internal Audit Report on Mandatory In-Service Training (MIST), with reasonable assurance opinion. Carl confirmed that actions are underway within local delivery plans, with realistic timescales and ongoing improvements to communications, training and digital systems.

**13. MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)**

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

13.1 Hugh Bennett provided an overview of the MIQPR, highlighting that overall performance showed mixed trends, with improved ambulance handover hours in December compared to previous years but increased pressures in January. People related indicators showed stable turnover, improved statutory and mandatory training compliance and PADR compliance below target. Ongoing challenges continue relating to sickness absence, shift overruns and violence and aggression incidents.

13.2 Andy Swinburn welcomed a pleasing downward trend in shift overruns, with only a slight increase in December. The Chair highlighted that this improvement reflects significant work and collaboration between the Operations Directorate and TU partners.

13.3 The Chair enquired about the impact of the new performance framework on violence and aggression incidents, specifically whether any early insights were available regarding its effect on patient behaviour towards staff. Lee Brooks advised there was no evidence of a correlation at this stage, noting that any recent increase in incidents likely relates to seasonal pressures rather than the new framework. The Chair added that rising numbers may



also reflect increased staff awareness and reporting, emphasising the importance of interpreting these metrics carefully.

**14. 2025/26 QUALITY GOVERNANCE REVIEWS: COMMITTEE ANNUAL REPORT 2025/26 AND CYCLE OF BUSINESS 2026/27**

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

14.1 Trish Mills presented an overview of the committee annual report 2025/26 and the Cycle of Business 2026/27, proposing that future committee priorities focus on streamlining non-MIQPR metrics and that the business be integrated as agenda prompts within the cycle, rather than separate papers. Both the Chair and Carl Kneeshaw confirmed their support for this streamlined approach, emphasising the importance of strategic oversight and interconnectivity. Estelle Hitchon suggested creating space for strategic dialogue on major people and culture issues, such as Skills Mix, beyond compliance reporting.

**The Committee:**

- 1. Approved the draft Annual Report; and**
- 2. Approved the draft Cycle of Business for 2026/27.**

**15. WASPT HIGHLIGHT REPORT: 23 SEPTEMBER 2025 (revised) AND 20 NOVEMBER 2025**

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

15.1 The committee received the WASPT Highlight Reports from the 23 September and 20 November 2025 meetings, there were no questions or comments were raised by members.

**16. HEALTH EDUCATION AND IMPROVEMENT WALES (HEIW) EDUCATION COMMISSIONING REPORT 2027/28**

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

16.1 Carl Kneeshaw introduced the Health Education Improvement Commissioning report, explaining it is a new requirement from Health, Education and Improvement Wales (HEIW) for annual education commissioning numbers, and will be reviewed internally and signed off by the Trust Board following endorsement by the People and Culture Committee. The purpose of this is to support future workforce planning



and informing Welsh Government funding allocations. The draft numbers were submitted in January, with final changes allowed until the end of March.

- 16.2 Jo Kelso clarified that the requested pre-registration numbers for paramedic science reflect the Trust's current workforce needs and are set at a minimum level for the upcoming intake, with only 20 full time students requested and an increased focus on part-time pathways for internal staff progression. Jo explained the inclusion of adult nursing numbers as a compensatory measure for system balance, highlighted the alignment of postgraduate requests with clinical transformation priorities, and noted that the figures remain draft due to the absence of a confirmed financial settlement from HEIW, with final numbers to be agreed by the end of March 2026.
- 16.3 Members were assured that the Trust is making decisions based on current information. Lee sought clarification on the implications of the remote clinical decision-making modules and advanced practice numbers, asking whether these would affect job roles or create a surplus of qualified staff without available positions. Jo and Carl responded that the remote clinical modules are for professional development only and do not impact roles, while the advanced practice numbers are based on both anticipated vacancies and aspirational growth, with Andy adding that some of the funding also supports ongoing students.

**The Committee supported the Health Education and Improvement Wales (HEIW) Education Commissioning Report 2027/28 for Trust Board approval.**

**17. HCPC REGISTRATION AND NMC REVALIDATION 2025**

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

- 17.1 Andy Swinburn stated that the report on Health and Care Professions Council (HCPC) registration and Nursing and Midwifery Council (NMC) revalidation is now highly detailed and mature, providing granular tracking of individual staff revalidation and registration, which gives strong assurance that processes are in place to prevent lapses and unregistered practice.
- 17.2 Members discussed the effectiveness of processes for monitoring professional registration and revalidation, receiving assurance that proactive reminders, manager checks and controls are in place, with any issues quickly identified and addressed. It was agreed to explore a move to exception based reporting to provide proportionate assurance to the committee and Trust Board, with the Cycle of Business updated accordingly.



**The Committee received assurance of the Trust's professional registration processes.**

**18. RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK**

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

18.1 Julie Boalch presented the Risk Management and Board Assurance Framework (BAF), confirming that the paper provides assurance on risks relevant to the committee, with data from the January Trust Board. Julie highlighted ongoing work to merge sickness and wellbeing risks into a single overarching risk focused on culture, capability and capacity, with full details to be brought to the next meeting.

18.2 Julie also noted the creation of a new strategic risk for Objective 2, to be included in a revised BAF template. The committee was assured that all risks had been reviewed, with no material changes, and agreed to continue monitoring these developments, including the alignment and articulation of risks in plain language for future documents.

**The Committee received assurance that risks have been reviewed in quarter and that further work is underway to better articulate both risks 160 and 558 as well as the strategic BAF risk.**

**19. AUDIT TRACKER Q3 2025/26**

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

19.1 Trish Mills reported that the Audit Tracker for Q3 is a positive update, noting that 88% of internal audits due in the period were closed. Trish attributed this success to the People and Culture teams, who are highly responsive in closing audit actions, and to improved collaboration with Internal Audit.

19.2 Trish Mills emphasised that management actions are now more realistic and evidence based, with deadlines set appropriately rather than promising immediate completion. Trish also highlighted the importance of avoiding repeated revised dates and confirmed that the tracker provides assurance for the committee.



## 20. POLICIES FOR APPROVAL/NOTING

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

20.1 Trish Mills reported that the three policies [*Transfer Policy; People and Development Policy; and All Wales Reserved Forces Training and Mobilisation Policy*] had undergone review by the Policy Group and ELT, and requested committee approval as the final stage in their governance process.

### **The Committee:**

- 1. Approved the Transfer Policy;**
- 2. Approved the People Development Policy; and**
- 3. Noted the All Wales Reserved Forces Training and Mobilisation Policy for adoption by the Trust.**

## CONSENT ITEMS

### 21. CYCLE OF BUSINESS MONITORING REPORT AND COMMITTEE PRIORITIES 2025/26

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

21.1 Members noted the Cycle of Business Monitoring Report and Committee Priorities 2025/26.

## CLOSING ITEMS

### 22. REFLECTIONS

22.1 Bethan Evans highlighted many positives in the meeting, especially the progress and plans around the Health and Wellbeing Passport and the Digital Handbook for the warm WAST welcome. Bethan noted that several reports showed clear progress despite ongoing challenges, and acknowledged that some reports, such as the Skills Mix report, were more complex and not clear cut. Overall, she felt there was a lot of positivity and assurance provided by the meeting.

22.2 The Chair agreed with Bethan's positive assessment and emphasised the high quality of papers, noting the balance between detail and clarity. The Chair appreciated the input from executive colleagues, especially their scrutiny and observations during agenda items. The Chair also highlighted the achievement of having 1000 people involved in staff networks, viewing it as a significant milestone in the cultural journey.



## **23. ANY OTHER BUSINESS**

23.1 The Chair congratulated Meshack Ezeadim on being appointed to a role in the People and Culture Directorate, and expressed that it was not goodbye but a transition to seeing Meshack in another space. Meshack expressed his delight at joining the organisation, his gratitude for support during the Aspiring Board Members Programme, and commitment to supporting everyone and excelling in his new role.

23.2 Angie Lewis noted that Dr Catherine Goodwin is leaving the Trust. She formally thanked to Catherine for her instrumental role in driving sexual safety work, championing psychological safety and compassion, and making a significant difference to the People and Culture Directorate and the committee, noting she will be greatly missed as she moves to a new role at the BBC.

## **24. DATE AND TIME OF THE NEXT MEETING**

24.1 The next meeting is on the 5 May 2026 at 9:30am

**MEETING CLOSE: 14:10**

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
13-13/25	13 November 2025	Health Safety and Violence and Aggression (V&A) Bi-Annual Report	<p><b>Health and Safety &amp; Violence and Aggression Reporting Review</b></p> <p>Once the MIQPR is settled, a review is to be conducted with Penny, Angie, and Carl to determine which metrics should be brought to the committee, aiming to reduce duplication and ensure clarity. This would allow Graham Stockford's biannual report to potentially become a more succinct quarterly dashboard, aligned with the committee's needs.</p>	Trish Mills	5 May 2026	<p><b>Trish Mills Update 16 April 2026</b></p> <p>This work has started and a verbal update will be provided at the meeting on 5 May 2026.</p> <p><b>10 February 2026</b></p> <p>Trish updated the committee that work is underway, in collaboration with Rachel Marsh and executive leads from relevant committees, to develop a principle-based approach for non-MIQPR metrics, including health and safety, violence and aggression metrics, with meetings scheduled over the next six weeks and a progress update to be provided at the next meeting. Trish agreed to provide an update on the progress of developing a principle based approach for committee metrics at the next meeting, hence the due date being updated from 10 February to 5 May 2026.</p> <p><b>Penny Durrant Update 27 January 2026</b></p> <p>The MIQPR is currently under review and will settle in Quarter 1, following which a review of the metrics to be brought to be Committee will be undertaken</p>	Open
21-02/26	3 February 2026	Reflections	<p><b>ACTION FROM QUEST AGENDA ARISING FROM MEETING 3 FEBRUARY 2026</b></p> <p><b>Staff Wellbeing and Moral Injury Insight</b></p> <p>In response to concerns raised by Ceri Jackson regarding staff wellbeing and the impact of moral injury across clinical and corporate teams, the committee requested that Liam Williams provide an update summarising (1) current organisational work on stress and moral injury, (2) how this links to the People &amp; Culture Committee's ongoing work, and (3) how learning will be integrated into service improvement and staff support programmes.</p>	Liam Williams	7 May 2026	<p><b>Update 3 March 2026</b></p> <p>Committee Chair and exec leads made aware of this action from QuEST.</p>	Open
5.1-02/26	10 February 2026	Directors Report	<p><b>Health and Wellbeing Passport</b></p> <p>Lee Brooks commented that the Health and Wellbeing Passport was presented as relevant to managers and employees, and asked how it would apply to volunteers and how they could access it. Angie agreed to take an action to ensure the Health and Wellbeing Passport is accessible and applicable to volunteers.</p>	Angie Lewis	5 May 2026	<p><b>Sarah Parry Update 14 April 2026</b></p> <p>Meeting will be scheduled in May with the National Volunteer Manger to explore the possibilities of having the Health &amp; Wellbeing Passport available to volunteers.</p>	Open
5.4-02/26	10 February 2026	Directors Report	<p><b>Strategic Insights</b></p> <p>Ceri Jackson, Hannah Rowan, Angie Lewis and Carl Kneeshaw to meet to consider the strategic insights emerging from the NHS Tackling Inequalities Leadership Programme and agree what should be brought back to the People &amp; Culture Committee for future discussion.</p>	Angie Lewis	5 May 2026	<p><b>Sarah Parry Update 14 April 2026</b></p> <p>Last NHS TILP session scheduled for 9 July 2026. Meeting will be scheduled for mid-July to discuss this action.</p>	Open
6.2-02/26	10 February 2026	Operations Report	<p><b>Resourcing Culture</b></p> <p>Bethan Evans asked Lee Brooks if any concerning themes emerged from the resourcing culture feedback session. Lee advised there were no new themes identified, only commonalities previously found, which have been shared with the operations management team for self-assessment. Lee suggested that sharing these themes with the committee might be worthwhile, the Chair agreed, and Lee also agreed to take this forward as an action.</p>	Lee Brooks	5 May 2026	<p><b>Lee Brooks Update 16 April 2026</b></p> <p>Resource Centre Culture Review themes to be included in the Operations Quarterly Report.</p>	Complete
10.1.4-02/26	10 February 2026	Cultural Themes and Trends Report	<p><b>Sexual Safety Survey</b></p> <p>Andy Swinburn asked whether repeating the earlier sexual safety survey would help understand whether staff experiences have changed. Angie Lewis agreed, noting it has been several years since the original survey and that updated insights would be valuable. Angie Lewis to review.</p>	Angie Lewis	5 May 2026	<p><b>Sarah Parry Update 14 April 2026</b></p> <p>Review is currently being undertake of the qualitative data from the NHS Staff Survey to assess the scope and focus for a specific Sexual Safety Survey.</p>	Open
11.1.2-02/26	10 February 2026	People and Culture Plan Metrics Update and Workforce Scorecard	<p><b>What "good" looks like in effective visible leadership</b></p> <p>The Chair raised the need for more visible leadership at emergency departments, especially during times of pressure, and suggested she have an offline discussion with Lee Brooks and non-executive directors to discuss what "good" looks like in effective visible leadership.</p>	Ceri Jackson	5 May 2026	<p><b>Ceri Jackson Update 16 April 2026</b></p> <p>Ceri Jackson and Lee Brooks will continue to identify priorities and opportunities for NED visits both in person and virtually, however the need for cost savings in the travel budget is likely to reduce in person visits.</p>	Open
17.4-02/26	10 February 2026	HCPC Registration and NMC Revalidation 2025	<p><b>Registration and Revalidation Assurance</b></p> <p>Andy Swinburn, Penny Durrant and Trish Mills to review and propose a revised reporting approach for registration and revalidation assurance, considering exception reporting and appropriate frequency (annual for NMC, biennial for HCPC), and to discuss offline before implementation and Cycle of Business to be adjusted once agreed.</p>	Andy Swinburn, Trish Mills	5 May 2026	<p><b>Update from Trish Mills 16 April 2026</b></p> <p>This is related to action 13/13-25, above, and verbal update will be provided at the meeting on 5 May 2026.</p>	Open

# Director Update: *People & Culture*

PEOPLE AND CULTURE  
COMMITTEE  
5 MAY 2026



**CARL KNEESHAW**  
DIRECTOR OF  
PEOPLE

**ANGIE LEWIS**  
DIRECTOR OF  
CULTURE CHANGE

## Culture

The Senior Leadership Community came together to pause and reflect on how we lead during a period of significant pressure and change. The focus was on what helps leaders stay clear, calm and connected. Leaders explored how to look after their own energy, have honest adult-to-adult conversations, and create the conditions where people feel supported, valued and able to do their best work.

People Networks continue to grow and make a meaningful contribution across the Trust, helping to highlight the challenges faced by different groups within our workforce and communities. We now have more than 1,000 members across 10 Networks, representing almost a quarter of our colleagues, and the newly established Veterans People Network is already expanding rapidly.

Our Purple Space Network Chairs attended the Ambulance Leadership Forum to showcase the work that we have done in partnership with the AACE Disability Network to develop a neurodiversity pledge. This pledge aims to create consistent support across all Ambulance Trusts for people who are neurodiverse.



We continue to prioritise awareness of Speaking Up Safely. A Detriment Mitigation Tool is being piloted and applied to all new cases. This approach has the potential to set a new standard for detriment mitigation across the Guardian network within the ambulance sector and, potentially, across NHS Wales. Our longer-term ambition is for this approach to extend beyond the Guardian network and be adopted more widely by anyone receiving concerns.

International Women's Day was celebrated across the Trust, Emma Wood was interviewed as one of only two female CEOs within the UK Ambulance Service. Our Lunch & Learn sessions provided valuable opportunities to explore topics such as tackling imposter syndrome, as well as increasing understanding of the perimenopause and the support mechanisms available in the workplace.

The EDI Team hosted a stand at the North Wales Women's Health Conference. The Save a Life Cymru team gathered feedback on new bra prototypes designed for use on CPR mannequins, that aim to provide a more realistic training experience and support efforts to increase bystander CPR for women, who are statistically less likely to receive CPR in emergency situations.



## Capacity

Following the Board's decision not to appoint NQPs in 2026/27, affected students were informed in late March. A pan-Wales Trainee EMT advert will be published shortly, ring-fenced for these graduates and prioritised over external applicants. Additional actions include a survey of EAP career intentions, the establishment of a Skills Mix Action Planning Group, and targeted work on rotational roles, retire and return processes, job share options and internal-first recruitment. Engagement with Trade Union partners remains ongoing.

Furthermore, HEIW in agreement with WG and WAST, has taken the decision to pause the commissioning of new direct-entry Paramedic Science programmes for the 2026-27 academic year. This decision reflects a reassessment of workforce demand following post-COVID planning assumptions, WAST's new clinical model, improved workforce retention, and ongoing financial pressures, which have collectively reduced employment opportunities for NQPs. The pause is intended to rebalance future supply and demand and improve employment prospects for current Paramedic Science students. The decision does not affect EMT to paramedic conversion programmes or progression routes, which will continue as planned.

Following on from the successful pilot of our inclusive recruitment initiative within our Digital Directorate, we have extended this to Integrated Care with open days for our BAME Communities at our contact centres in Swansea and Newport. With ongoing call handler vacancies, we are hoping to increase the diversity of our contact centre workforce over the course of the year.

## Capability

We are pleased to share that **"Your Best – People Development that Cares, Connects and Values Everyone"** is now available on SharePoint. This platform is designed to support colleagues to build skills, grow confidence and shape their career within WAST. You will find a wide range of practical tools, learning opportunities, guidance and resources to help you develop new skills, progress into specialist roles, step into leadership, plan career pathways, and enhance your confidence and wellbeing at work.

Following wide engagement with teams across WAST, we've been refreshing the PADR process based on colleague feedback and ideas. We're now moving into a pilot phase, where the updated approach will be tested and feedback gathered before finalising the refreshed process for wider rollout. Our aim is to improve the quality of PADR conversations, not just compliance with the process, but about supporting more regular, meaningful conversations that focus on people.

Disciplinary awareness sessions were delivered in collaboration with Operations colleagues, focusing on the end-to-end disciplinary process and the application of good practice principles. These sessions were designed to support a consistent and fair approach to disciplinary matters and directly support the implementation of the revised All-Wales Disciplinary Policy, which came into effect on 1 April 2026.

## Key Milestones

- Analysis of NHS Staff Survey quantitative and qualitative data
- Launch of the Warm WAST Digital Handbook
- Launch of Health & Wellbeing Passport
- Application submitted to revalidate the Gold Award Status for the Employer Recognition Scheme
- Strengthened OCP Framework

## Coming Up

- Social Partnership Development Days
- NASPF Sexual Safety Event
- CPO Recruitment

## Risks & Challenges

- Staff Health & Wellbeing
- Implementation of the EA Skill Mix
- Pace of change and activity across the Trust
- 2026/27 Financial Constraints





GIG  
CYMRU  
NHS  
WALES

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

## OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2025-26 Q4 (January – March 2026)

The Committees are informed this report is now structured according to the new Operations Directorate Assistant Director of Operations portfolios. This has resulted in five portfolios reducing to four to support the creation of the new Deputy Director of Operations role. An appointment to this position has been made following the recruiter supported process and a start date will be confirmed shortly. Paul Underwood has accepted an offer and is to join WAST from Aneurin Bevan University Health Board where he has been the General Manager, Urgent Care for the last six years. Paul has extensive experience across health (including ambulance) as well as in the private and third sectors.

The structure of this report shall be reviewed following Paul's induction to the organisation and Directorate.

### National Operations & Support

#### General Update

##### **Putting Things Right Recovery Plan**

As part of the broader Trust wide PTR recovery plan, Operations Quality has met the trajectory set for overdue complaints at the end of March, ensuring complaint responses are proportionate to enable timely completion within required timeframes/targets. The department closed the recovery plan on trajectory with only 4 complaints overdue the PTR Tier 1 target, down from 88 in October 2026.

##### **Accredited Centre of Excellence (ACE) for MPDS**

Work has commenced on the 20 points of accreditation for re-accreditation as an ACE for MPDS, due in December 2026. Operations Quality is working closely with the International Academies of Emergency Dispatch (IAED) on re-accreditation activities. The Trust has been an ACE for MPDS since 2017. ACE not only provides assurance that the Trust provides high quality 999 call taking to internal and external stakeholders but also provides several other benefits including call handler certification and recertification costs, access to IAED college courses, software versions and updates, and client support. To achieve ACE, the Trust needs

to meet the required standard of 999 call compliance from random audit (approximately 350 calls a month) including achieving under 7% non-compliant calls. Random call compliance is well within the IAED set criteria and has been for the past 12-months, putting the Trust in a strong position for re-accreditation.

### **Resource Department Culture Review**

A programme of work is underway focussed on the culture in the Resource department. A listening exercise and poll was undertaken in December 2025 and in March 2026, we brought all Resource teams together for the first time as a follow up exercise to review the themes (attached at Appendix A), commence the development of a team charter and agree next steps. Feedback from the day was positive and we will continue to work with the OD team to develop an action plan and next steps.

## **Coordination & Integrated Care**

### **Challenges**

#### **Abstractions**

Sickness related abstractions within EMSC continue to present challenges. Work is underway with People Services and Service Managers to develop a formal action plan, alongside a coordinated programme led by Locality Managers to ensure a consistent approach across all sites.

EMSC coordination continues to maintain a safe and effective service, with mitigation measures in place to manage abstraction levels.

#### **111 Clinical Performance**

Clinical performance within the 111 service continues to experience pressures. A comprehensive deep-dive review is currently underway, led collaboratively by the Operational Delivery Unit data analysis team, the Head of Service, Integrated Care and Integrated Care Operational colleagues. This review aims to fully understand the underlying drivers of performance challenges and to identify opportunities for improvement across clinical processes, workforce deployment, and service efficiency. Findings and recommended actions will be shared once the analysis is complete.

### **IMTP**

## **Clinical Navigator TEAMS® Video Functionality**

This enhancement to Remote Clinical Support went live on 10 March 2026, strengthening clinical decision-making, patient safety and access to appropriate pathways and outcomes.

The service is available to WAST responders on scene, enabling real-time visual review of the patient's clinical presentation and context by senior clinical colleagues within the EMS Co-ordination Centres. Subject to patient consent, this is delivered via one-way video, complementing existing telephone-based clinical navigator support and enhancing remote clinical assessment when advice is requested.

## **Integrated Care First Line Organisational Change Process (OCP)**

The Organisational Change Process (OCP) has now been fully completed, with interviews for the newly established positions concluding in early February 2026. Successful candidates have been identified, and preparatory work is well underway to support the transition into the new structure.

Work continues on the development of Standard Operating Procedures (SOPs), associated training materials, and updated rosters to ensure clarity of roles, consistency of practice, and operational readiness across all impacted functions.

Targeted engagement is ongoing with affected staff, including secondees returning to their substantive posts, to ensure they receive the necessary information, guidance, and support required for a smooth transition into the revised arrangements. To safeguard service continuity and minimise disruption, the transition will be delivered using a phased, tiered implementation approach. This will allow teams to embed new processes gradually and ensure any emerging issues can be addressed promptly.

### **111 Roster Review**

Roadshows to support survey engagement were held across Wales from 12 to 15 January. Survey closed on 8 February with an approximate 65% response rate, representing staff across call handlers, clinicians and varying contract lengths. The suite of rosters has been agreed between, staff, Trade Union Partners and the project team. Briefing Sessions for manager to carry out detailed 1-to-1's with all staff to share the roster lines and to agree choices will be carried out in the coming weeks. The allocation rule set has been agreed in partnership so that in the event of over-subscription to an individual line then a fair and equitable process will be followed. It is anticipated that rosters will be placed onto GRS in the coming weeks with a phased implementation to commence on 1<sup>st</sup> June 2026.

## General Update

### LifeX C3 Interface

The LifeX–C3 interface went live on 7 January 2026, enabling Response Coordinators to manage radio operations directly within C3 CAD, reducing the need to use a separate system and supporting more efficient crew and call management.

Key benefits:

- Radio integrated in C3, reducing system switching.
- Simplified radio traffic handling to improve operational efficiency.
- Clearer prioritisation of Priority Request to Speak via on-screen indicators.
- Improved Shift Manager oversight for monitoring and call clearing.
- Quicker group calls to a callsign (no directory search/scrolling).
- Visible identification of monitored talk groups.

### Section 136 Patients

A new call process and AQM questionnaire were introduced to record section 136 requests from police for transporting mental health patients. This process will improve data on the volume of these calls and provide evidence to support the 'Right Care Right Person' agenda with police forces.

### C3 Pre-Alert Functionality Update

Pre-alerts for RCS0 (ineffective breathing) calls will no longer appear immediately on the Clinical Navigators queue. Instead, these calls will only show up once fully coded and confirmed as RCS0. This change boosts accuracy, which allows Clinical Navigators to concentrate on relevant incidents, and increases clinician capacity by ensuring urgent cases get immediate responses. It also improves efficiency in allocating clinical resources for appropriate calls.

### Paramount Pro QA Upgrade

The International Academies of Emergency Dispatch (IAED) mandates that each user or service routinely updates the Medical Priority Dispatch System (MPDS) (the 999-call prioritisation system used by WAST) to the latest version, typically on a biannual basis. This

ensures adherence to best practice and consistency. Additionally, agencies certified as Accredited Centres of Excellence (ACE), including WAST, are required to implement the most recent MPDS version within one year of its release.

These upgrades are clinically imperative to maintain compatibility with other UK Ambulance Trusts, particularly when exchanging calls electronically across services. Accurate matching and translation of clinical dispatch codes, whether MPDS or Pathways, is vital to safeguard patient safety.

We can report that an upgrade was carried out on 10 February 2026. During the Clinical Model Transformation, the Trust experienced delays deploying updates as focus shifted to support key operational changes. Alert to the potential for risk the Operations Quality Team, EMSC, and other stakeholders collaborated to ensure all necessary updates were given priority attention in early 2026. Consequently, the Trust is now nationally aligned.

The upgrade also provided an opportunity to review the CHARU and CFR Code Set. The upgrade also provided an opportunity to review the CHARU and CFR Code Set.

Comprehensive training was delivered to all EMSC staff in advance of this upgrade.

## **CAD Upgrade**

Several improvements were made following the CAD upgrades to the following areas:

- MAIT (Multiagency Incident Transfer)
- Escalation Functionality within CAD
- Changes to CFR / CWR Allocation Process
- Call Escalation via LowCode
- P1–P4 Back-Up Requests – CAD System Change

## **Staff Relocation to Matrix**

Thanet House served as the work base for more than 150 staff, in addition to varying numbers of bank staff and GP Hub personnel. Following assessment, the aging facility at Thanet House was deemed no longer fit for purpose, prompting the decision to move services to a modern, more suitable environment that supports the Trust's long-term operational needs.

Colleagues previously based at Thanet House have now been successfully relocated to the Matrix site in Swansea, in line with the Trust's strategic aspirations for future service delivery.

Building works at the Matrix site completed at the end of January 2026, enabling relocation activity to begin on 4 February 2026. All staff have now transitioned to the new site, ensuring continuity of service and improved facilities for teams supporting patient care.

## **Falls Desk Trial**

To best utilise the funding provided by Welsh Government there was a short term expansion of the Falls Desk service to offer improved support at night. Stronger daytime coverage and new night-time services offered greater clinical assistance and more consistent decision-making throughout extended hours. During the night period (Dec-March), the desk managed 673 patients, with only 322 requiring ambulance conveyance. (48%). From February 2 to March 31, 2026, a pilot program tested the APPNAV intervention for Falls and Frailty patients who were at risk of worsening conditions or repeat visits. The funding allocations for 2026/27 does not support continuation of night shift cover, but this will be continually evaluated. Beyond these calls, APPNAVs performed standard APPNAV tasks, concentrating on falls and frailty, and coordinated community and urgent care to prevent unneeded ED escalation.

A pilot from 2 February to 31 March 2026 tested the APPNAV intervention for Falls and Frailty patients at risk of deterioration or repeat attendance. Beyond these calls, FAPPNAVs performed standard APPNAV tasks, concentrating on falls and frailty, and coordinated community and urgent care to prevent unneeded ED escalation.

In its first three months, the Falls Desk handled 2,370 incidents and provided early clinical advice in nearly 2,000 cases. Through new remote guidance, 415 patients (18%) were safely helped up, and over 70% were assisted off the floor within two hours, lowering risks associated with long periods of immobility. Patients who received remote assistance had balanced clinical outcomes: 31% were safely managed via Consult and Close pathways, while the rest were almost evenly divided between those transported and those not transported. This shows that early clinical assessment can safely reduce unnecessary transport without increasing risk in a group that needed intervention.

Falls Responder utilisation rose from 52% to 62.5%. Daytime usage is still higher than overnight, mainly due to resource availability.

Following our evaluation of 2025/26 funding has been confirmed to continue the Falls Desk via Welsh Government for 2026/27. However, there is no line of sight to direct funding beyond this financial year so we will need to develop a plan in-year.

## **Respiratory Desk Trial**

An Integrated Care Respiratory Desk was trialed from 4 to 18 February 2026 to test a focussed respiratory assessment point within Integrated Care, enabling earlier identification of patients suitable for management through community respiratory pathways, SPoA services, or other non-ambulance options. This approach aimed to support more effective use of WAST resources and strengthen collaboration with community teams increasingly able to manage higher-risk respiratory patients at home when appropriate.

Clinicians involved in the trial received additional respiratory-specific training and were supported throughout by the Specialist Respiratory Lead to ensure a consistent, high-quality assessment approach. During the trial, the Respiratory Desk clinician primarily triaged MPDS code 06D02 (difficulty speaking between breaths) directly from the Clinical Support Desk queue and operated between 06:30 and 18:30, Monday to Sunday.

The trial is currently being evaluated, with results expected by the end of the quarter.

## **Single Clinician Queue**

Technical development of the Single Clinical CAD Module is progressing well, with the module now installed in the Training system and currently undergoing configuration to ensure operational readiness. Training packages are being developed in parallel, with delivery sessions scheduled from late March to mid-April. Engagement sessions will begin in early March, followed by dedicated Q&A opportunities to support staff understanding and preparedness. Work also continues with Health Boards to confirm Remote Worker access arrangements.

Alongside this, development of Standard Operating Procedures and associated processes is underway, including detailed plans to maintain business continuity in the event of any service interruptions. Overall, all workstreams remain on track and aligned with the planned Go-Live date of 21 April.

## **Emergency Operations**

### **Challenges**

## **TOIL Allocation**

A pilot scheme was agreed in Partnership which saw a monitored approach to TOIL allocation with an overwhelming 'can do' approach to allowing staff to utilise TOIL. The

benefits of this will see the Trust TOIL balance reduce appropriately and importantly improve staff wellbeing by enabling time off when needed to rest and recuperate.

Throughout the months of December, January & February a TOIL approval rate of over 80% has been observed. During regular TOIL project meetings, the reasons for decline have been scrutinised and the overwhelming reason for declined TOIL requests was due to low UHP and therefore to protect safe levels of local resource availability.

March sees the last month of the pilot, and a final meeting is scheduled at which there will be a determination as to how we adopt the process as BAU, and importantly how we monitor the figures going forward. A final pilot meeting will take place at the beginning of May which will review the whole period and moving forward a monthly Toil scrutiny meeting will be held, working in partnership with TUs and chaired by Emergency Operations Head of Service.

### **SORT Uplift**

Preparations for the SORT uplift training are progressing well, with proactive collaboration from EMS teams to optimise staff abstraction while safeguarding UHP. Communication around cross-charge arrangements are ongoing to support the FSP framework. We are currently at 222 SORT members with a recruitment plan in place to deliver 290 by end of September 2026; no training will be undertaken through the 6-week school summer holidays due to high abstractions. SORT staff on duty between 0600-0200 are being recorded and reported on the daily risk huddles with a mechanism being developed to provide assurance and identify themes and trends.

### **Specialist Operations Vehicles**

The fleet department advised they were on course to deliver enhanced operational capability, with the planned acquisition of five additional SORT crew carriers and five replacement HART vehicles scheduled for completion by the end of the financial year. Conversations are ongoing with fleet to identify delivery dates.

### **Continuity 2 Rollout**

The Continuity 2 training programme continues to advance, with the majority of Trust-wide departments either having completed training or confirming dates. A minor delay is anticipated, with six departments outstanding, the EPRR team is actively pursuing engagement and will escalate through SOT channels should timely cooperation not be forthcoming.

## IMTP

### **APP Roster Review**

The APP Roster review deliverable is progressing well with all Health Boards providing OMDA with key local information. OMDA are interpreting this information and applying into their algorithms and methodology to use Optima Predict to provide vital APP demand data. The output from OMDA will include recommended rotas including all local APP rotations (i.e., Primary Care, APP Navigator etc). Based upon this information local APP roster design will take place in partnership and full APP involvement.

### **Increasing Capacity in Rural Areas**

The actions of the Task & Finish Group have progressed and made some local impacts in supporting local individuals in preparing for readiness to apply for EMT roles. As an IMTP deliverable this subject has now demonstrated assurance, so it has formally been closed. However, this workstream is seen as requiring constant focus to have maintain operational capacity, so the Task & Finish Group members have agreed to terminate T&F Group but re-establish itself as an ongoing working group have a constant overview of the rural position. The recommendation that the working group will continue to liaise closely with the workforce team and work through a series of long, medium and short term actions to improve and sustain rural capacity.

## General Update

### **Mandatory In-Service Training (MIST)**

Mandatory In-Service Training (MIST) compliance continues to show positive progress across EMS. In 2025/26, EMS is closing the year at 93.66% compliance, with the remaining gaps largely understood and managed. Processes are underway regarding a small number of colleagues who did not complete their training as expected. All other outstanding cases relate to staff who do not currently require assessment, such as those on long-term sickness or maternity leave, and these will be addressed through return-to-work arrangements. For 2026/27, early engagement has been strong, with 69% of EMS staff and 68% of ACA staff booked onto MIST as at 8 April, following the introduction of self-booking. Managers are now allocating sessions where required, with the expectation that all staff will be booked by the end of May. The first MIST session commenced on 14 April, marking the formal start of delivery for the new year. It is expected this revised and trade union approach to planning will reduce the number of mop-up/additional training requirements placed on our training colleagues.

## Ambulance Care

### Challenges

#### Financial Saving Plan

The organisation faces a significant operational and financial challenge arising from the discontinuation of last year's additional funding that heavily supported Discharge & Transfer capacity, winter resilience, and delivery against key performance targets. This temporary funding has been critical in reducing cancellations, stabilising flow, and maintaining service performance during peak pressure periods.

While discussions with Commissioners are continuing, we do not yet have confirmed agreement for next year's plans or funding arrangements. This creates some uncertainty for operational planning, particularly as the additional discharge and transfer capacity, and the Capacity Management Plan (CMP) support that has helped reduce cancellations, are currently due to conclude on 31 March.

Without continued investment, our ability to meet forecast demand, sustain patient flow, and protect performance, especially through high-pressure periods, will be significantly constrained. The loss of this capacity will also place increased strain on core services, with likely implications for handover delays, staff workload, and overall system resilience. This year our IMTP includes the NEPTS Improvement Programme which will ensure we are maximising our approach to capacity.

### IMTP

#### NEPTS Roster Review

The roster review process is progressing as planned. Working Party 3 has now been completed, and there will be a six-week period before Working Party 4 convenes. The six-week gap between Working Parties provides sufficient time for teams to make any final adjustments to their submissions ahead of the final review. During this interval, staff groups have been tasked with refining and finalising two roster options for consideration. These two options will be formally presented at Working Party 4, which will mark the final stage of the design phase.

A two-week voting period will then take place, led and overseen by union representatives to ensure transparency, fairness, and independence in the selection process. Staff will vote for their preferred roster, and the option receiving the majority support will become the final agreed roster.

Subject to completion of the voting process and any subsequent implementation planning, the new rosters are expected to go live in Q2.

## General Update

### Cleric Patient Application

The development of the new Cleric patient app is progressing well and is now approaching final completion. This application is designed to significantly improve the patient experience by allowing users to:

- Receive real-time vehicle location and journey status updates
- Mark themselves as ready for collection
- Book, manage, or cancel journeys directly through the app

Implementation timeline has been impacted by extended governance requirements. Specifically, the approval of the Data Protection Impact Assessment (DPIA) which has taken longer than anticipated.

The implementation timeline has been delayed due to a requirement to complete a wider WAST DPIA related to the MDVS tracking on all current vehicles which is linked with an out of date WAST privacy policy . An amended version of the app, without the real time vehicle location, is being developed with CLERIC with a phased implementation date targeted for June.

### Culture Review

Following the completion of the externally led Culture Review earlier this year, the NEPTS management team has continued to progress the next phase of work. The findings and recommendations were shared with staff, and since then we have met with the Culture Team and local management groups to develop a structured action plan directly aligned to the review's recommendations.

A number of improvements are already underway, including:

- Standardisation of the three-week induction programme for all new JCC staff, ensuring a consistent and supportive introduction to the service.
- Targeted ad-hoc training, including focused support on making difficult calls, handling cancellations, and other challenging communication scenarios.
- Additional recommendations from the review have been incorporated into a wider improvement plan, which teams are now actively working through.

This work will continue throughout the year, with regular updates to staff as actions are completed and further improvements are implemented.

## **Discharge and Transfer**

The Discharge and Transfer process is now fully embedded into business as usual, with booking behaviours consistently aligning to the expectations set by Welsh Government. Sites are demonstrating much stronger discipline around advance bookings, resulting in smoother planning, fewer late changes and a more reliable approach to managing demand. This has strengthened operational predictability and improved the overall flow of patients through the system.

We have now also implemented a live Discharge and Transfer Dashboard, providing site leads and operational teams with real-time visibility of their bookings. This has already streamlined late activity and enabled quicker intervention when issues arise. The dashboard is now used daily at the national 11:00hrs Health Board huddle, where it has been extremely well received, offering a clear picture that supports patient flow across the system.

## **Fleet Replacement**

A total of 65 new large Peugeot Boxer vehicles are scheduled for fleet deployment by the end of Quarter 4, accompanied by an additional 13 smaller NEPTS multi-use replacement vehicles to further enhance operational capacity and readiness

## **Pan Directorate Updates**

### **Financial Savings**

The Operations Directorate has developed a Financial Savings Plan for 2026/27 to deliver £4.337 of savings, representing 1.8% of its overall budget. The plan builds on a strong track record of delivering required savings and sets out a combination of schemes already identified through Senior Leadership Team planning, alongside further workstreams being developed through the Operations Financial Savings Group (OFSG). The majority of schemes are intended to be recurrent, supporting longer-term financial sustainability.

Governance arrangements have been established through the OFSG to provide oversight, scrutiny and assurance of delivery. Each savings scheme has clear ownership, delivery actions and phasing assumptions, with performance monitored at scheme level. Monthly monitoring will align with end-of-month finance reporting, enabling early identification of under- or over-delivery and timely mitigation where required.

While there is confidence in the overall direction of travel, a small residual delivery and phasing risk remains. This will continue to be actively managed through ongoing scrutiny, identification of alternative schemes where necessary, and a strong focus on maximising

recurrent savings. Regular assurance updates will be provided to senior leadership and executive leadership to maintain visibility of progress, risks and mitigating actions throughout the financial year.

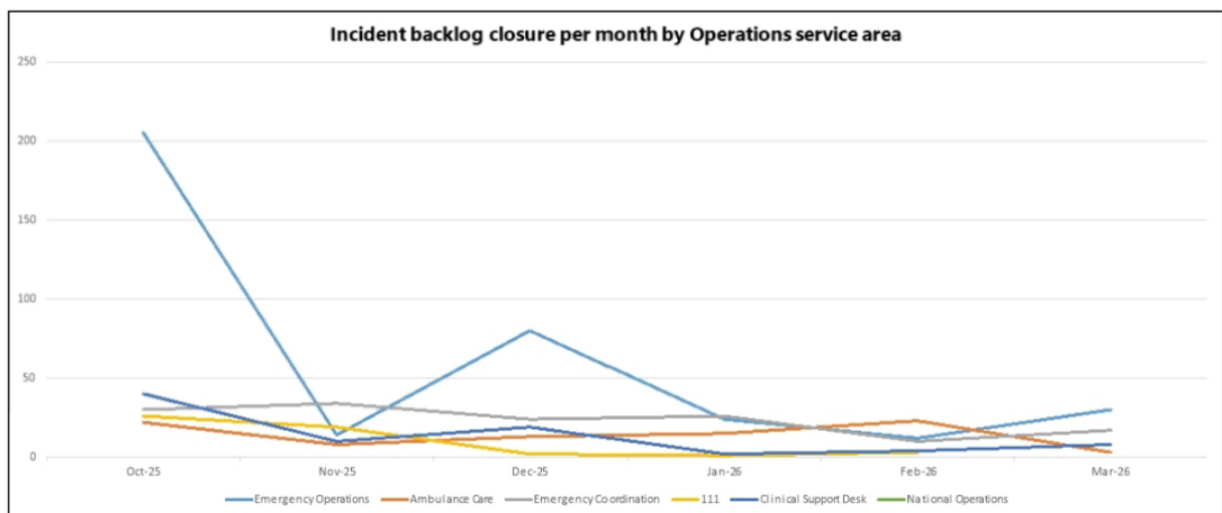
## Datix Backlog

Progress against the Datix Backlog Action Plan continues to be positive, with 41 actions currently identified across all Operations service areas and Quality, Safety and Patient Experience Directorate. Of these, 15 actions have been completed and 18 are actively progressing.

Since backlog recovery work commenced in September 2025, a total of 1,389 historic incidents have been closed, representing a 43% reduction from the original 3,205 cases, some of which dated back to 2021/22. Variances identified within the current reporting data are being reviewed with the Trust Datix Lead to confirm the accurate position.

From September 2025, services have reported 2,416 new incidents and closed 1,408 of them, achieving a 58% closure rate. Notably, 69% of these new incidents closed, were closed within 30 days, indicating encouraging improvements in compliance and timeliness.

### Incident closure period: 01 September 25 – 29 March 26



## Quality and Support Days

Quality and Support Days were delivered across Operations throughout January and February on the following dates:

- Integrated Care: 14 January and 11 February
- EMS Operations, EMS Coordination and Ambulance Care: 15 January and 12 February

Across both months, a total of 969 MS Forms were completed. Feedback themes were as follows:

January – Christmas and New Year Period:

Feedback focused on operational and staff-experience matters relating to the festive period, including:

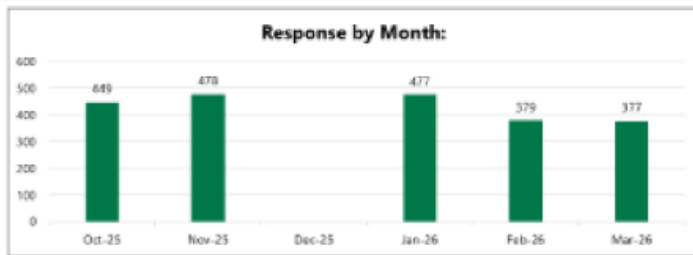
- Christmas period cover
- Christmas dinners
- Voucher scheme
- Self-rostering

February:

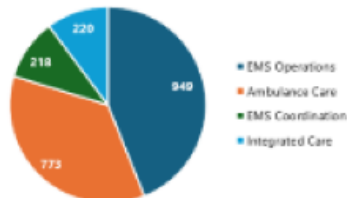
Feedback centred on key workforce and compliance topics:

- Sexual harassment
- CPD training and compliance
- E-Learning (EMS Coordination only)

Operations Managers are currently engaging with local teams who have expressed interest in implementing self-rostering for the upcoming festive period. February results will also be reviewed by local management teams during March.



**Response by Operations Service Area:**



**Staff wellbeing prioritised during a significant period of change via CMT programme while addressing both Trust-wide themes and local service priorities. Key areas of focus included:**

- Emotional wellbeing status
- NHS Wales Staff Survey
- CMT Programme
- Infection Prevention and Control
- Overruns and Shift Start and Finish SOP
- Statutory and Mandatory Training including MIST
- Compliance
- Communication
- Ambulance Care Capacity Management Plan and
- Performance Standards
- Christmas Planning
- Sexual Safety
- Continuous Professional Development
- Work environment and support
- Wellbeing impact and resources

**Feedback gathered during these sessions is actively shaping local action plans and informing national programmes:**

- Engaging in supportive conversations with staff who may benefit from additional support
- Increasing PADR compliance
- Supporting staff in accessing ESR training through iPads
- Influencing MIST training to ensure consistency and relevance across roles,
- Contributing to work aimed at reducing overruns.
- Christmas dinners and voucher scheme (funded via the Welsh Ambulance Charity).
- Team based self roster during the festive period.
- Training needs around sexual harassment reporting.
- CPD opportunities and development
- Staff resilience and wellbeing support

Additional priorities included strengthening awareness of key guidance and legal requirements, such as seatbelt use and the Shift Start and Finish SOP.


**Continuous feedback regarding impact of communication challenges, particularly difficulties navigating Siren to find essential information and documents.**

**\* Feedback from February and March relating to CPD and staff wellbeing support is currently under review with relevant corporate teams.**


**Key Outcomes:**

- **50 follow-up conversations held with staff requesting additional support.**
- **18 staff without a completed PADR have now either completed one or have a date scheduled**
- **Over 80% of EMS response staff engaged in November reported that the current MIST training programme is beneficial to their role and support replacing CPD hours with dedicated rostered training days for MIST and pre-planned CPD.**
- **64% of EMS response staff engaged in November reported an improvement in overruns over the past 12 months and indicated that the Start & Finish SOP is effective in improving end-of-shift finishes and reducing overruns.**
- **92% of staff working core Christmas shifts reported sufficient management support to escalate issues when required.**
- **72% staff whose teams implemented Christmas self-rostering reported that it worked 'Extremely/Very Well'.**
- **93% of staff who opted in to answer questions relating to sexual harassment in February indicated being very confident/confident in identifying and understanding sexual harassment in the workplace (14/379 staff opted out of answering questions).**
- **93% of staff in March reported they feel supported by their team and line manager**

## APPENDIX A – Resource Department Culture Themes



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




Resourcing Team Listening Exercise

Theme Summary

**How we treat and interact with each other**

- Teamwork, humour and pride in the service are clear strengths.
- Cultural experiences differ, some colleagues feel excluded or unable to speak up.
- Everyone can help build a more inclusive culture by noticing who's left out and encouraging positive behaviours.







**How we experience leadership and management**

- Many people experience their managers as supportive valuing regular check-ins and team meetings.
- Leadership can feel inconsistent across sites, with unclear decisions, formal or fragmented communication and avoided difficult conversations.
- Everyone can strengthen the culture by communicating clearly, giving constructive feedback and supporting one another, regardless of role.

**How we communicate and feel heard**

- People generally feel comfortable sharing ideas and staying connected through natural, informal communication.
- Feedback doesn't always lead to visible action, leaving some unsure whether their voice matters and sometimes creating tension.
- Everyone can support better communication by checking understanding, sharing information and raising ideas constructively.






**How our workload, systems and pressures affect us**

- There is a strong can-do attitude, with teams pulling together under pressure and committed to delivering quality work.
- However, uneven workloads, duplicated systems and deprioritised meetings create frustration and leave little time for improvement.
- Teams can help by raising issues early, sharing ideas, supporting one another and collaborating on small, achievable improvements.

**How trust and fairness feel in our hybrid ways of working**

- Employees value flexible hybrid work, in-person collaboration and the trust to manage their own time.
- Challenges arise from inconsistent hybrid experiences, perceptions of monitoring or autonomy and assumptions about productivity, creating tension and mistrust.
- Focusing on contributions rather than work location and challenging unhelpful assumptions can improve trust and collaboration.





**How supported, included and able to grow we feel**

- Peer support and care within the team are strong, especially during busy or pressured times.
- Challenges include inconsistent access to wellbeing support, uneven development opportunities and managers needing more guidance on complex people issues, affecting morale and retention.
- Fostering an inclusive environment, offering support, mentoring, and creative development opportunities can improve confidence, growth and team wellbeing.

Thank you for your honesty,  
engagement and commitment - let's  
continue improving together.....



OUR WAST WAY  
HOW WE LEAD TO BE OUR BEST





GIG  
CYMRU  
NHS  
WALES

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



## Required Action

1. Establishing **clear leadership expectations** and **behavioural standards** across EPRR to provide consistency, accountability and clarity.
2. Actively gathering and using **staff feedback, engagement data and informal insights** to identify priority cultural risks and opportunities.
3. Working inclusively across all staff groups to address behaviours that undermine **trust, psychological safety or team cohesion**.
4. Supporting managers through greater clarity, constructive challenge and development to enable **confident and effective culture conversations**.
5. **Applying learning** from the South Central culture work to shape and strengthen the approach within EPRR and Specialist Operations.



## Themes

- **Leadership visibility and consistency:** Colleagues consistently emphasised the importance of leadership that is visible, accessible and dependable, with clear accountability and follow-through.
- **Psychological Safety:** Sustainable culture change depends on creating psychologically safe environments where colleagues feel confident to raise concerns, challenge existing practices and contribute to improvement.
- **Listening and follow-through:** Engagement is most meaningful when staff can clearly see that their feedback is heard, valued and translated into tangible action.
- **Consistency across teams:** While specialist and operational teams face different roles, risks and pressures, aligned cultural expectations remain essential to building trust, cohesion and shared standards.

# Ben's Story

Over the past year, Ben has led a sustained focus on cultural improvement within EMS South Central, more recently extending this work into EPRR and Specialist Operations. The work has been grounded in listening carefully to staff feedback, understanding lived experience, and openly acknowledging long-standing cultural challenges. By demonstrating visible leadership and translating insight into structured, practical action, the approach has helped to strengthen leadership behaviours, psychological safety and team engagement.

Learning from the South Central is now being thoughtfully applied within EPRR and Specialist Operations, recognising the critical importance of consistent culture, clear accountability and staff wellbeing in high-risk, specialist environments. Throughout, the emphasis has been on openness, trust and clarity of expectations, with a clear commitment to sustainable culture change rather than short-term interventions.



## Next Steps

- Continuing to embed a **consistent and inclusive culture framework** across EPRR and Specialist Operations.
- **Strengthening mechanisms** for ongoing staff feedback, alongside clear assurance that agreed actions are being delivered and monitored.
- Maintaining **strong leadership** focus on **behaviours, values and psychological safety** in parallel with operational performance.
- Regularly reviewing progress and adapting the approach as needed to ensure cultural improvements are embedded and **sustained** over time.



GIG  
CYMRU  
NHS  
WALES

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

Agenda Item No. 09

## REPORT TITLE

2025 NHS Wales Staff Survey

## MEETING

Name of meeting	PCC
Date of meeting	05 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	Choose item from below

## REPORT SPONSOR

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

## PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input type="checkbox"/> Noting



GIG  
CYMRU  
NHS  
WALES

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

## REPORT SUMMARY:

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

The purpose of this report is to:

- present a high level summary of the results of the recent NHS Wales Staff Survey; *and*
- summarise our approach to collectively responding to the findings in order to make meaningful improvements.

A high-level overview of key findings and insights from quantitative data is contained within **Annex 1**. A summary of qualitative data is contained within **Annex 2**.

The data suggests that colleague commitment, pride and local team support remain strong and are improving but these positive experiences are being sustained within a system that remains under significant and unsustainable pressure. The overall trajectory is one of gradual improvement in sentiment and engagement but with persistent structural and cultural constraints that continue to drive workload strain, burnout risk and frustration across the workforce.

## RECOMMENDATION(S)

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

PCC is requested to:

1. **NOTE** the contents of the report;
2. **COMMENT ON** insights shared;
3. **ENDORSE** the three organisational priority areas aligned to Care, Connect and Value Everyone;
4. **CHAMPION** a whole-organisation approach; *and*
5. **SUPPORT** utilisation of the results to meaningfully inform decision-making and action.

## ADDITIONAL PAPER(S)

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

**Annex 1** High Level Summary – Quantitative Data

**Annex 2** Summary of Qualitative Data Themes



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

### STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

### RISK(S) THIS REPORT MITIGATES

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

Deteriorating Employee Experience and Workforce Capacity due to underinvestment in people and organisational culture

### HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

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

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement & Research	<input checked="" type="checkbox"/> Whole Systems Approach

### WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a

### IMPACT ASSESSMENTS FOR CONSIDERATION

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

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	--

If yes, what impact assessment is attached

### APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
20 April 2026	Angela Lewis – Director of Culture Change



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## SITUATION

1. The purpose of this report is to:
  - present a high level summary of the results of the recent NHS Wales Staff Survey; *and*
  - summarise our approach to collectively responding to the findings in order to make meaningful improvements.

## BACKGROUND

2. Following closure of the Survey on 1<sup>st</sup> December 2025, access to quantitative data was provided to WAST on 23<sup>rd</sup> February 2026; a high-level overview of key findings and insights is contained within **Annex 1**. Qualitative (free-text response) data was shared with the organisation on 2<sup>nd</sup> April 2026; following this, thematic analysis was undertaken and further insight is shared within this report and a summary is contained within **Annex 2**.

## ASSESSMENT

3. Response rates have continued to increase, rising by 22.7% since 2024 and 81.5% since 2023, indicating stronger colleague engagement and a broader evidence base. Notably, the engagement index has also increased from 65.8% to 67.3%, which is significant given that higher participation typically places downward pressure on positivity scores.
4. Positivity scores have improved across all quantitative themes, with the most notable gains in patient safety and speaking up, indicating strengthening confidence in psychological safety and reporting culture. Improvements in intention to stay and organisational pride further suggest a strengthening of engagement and organisational attachment.
5. Free text sentiment has also improved, with the number of positive comments increasing from 7% to 13% and negative comments reducing from 74% to 69%, alongside a higher volume of responses. The overall narrative remains predominantly negative, however, with over two-thirds of comments expressing negative sentiment.



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6. Respondents reference strong pride in their work, particularly in relation to patient care and making a difference to service users in moments of need. There is also consistent evidence of compassionate behaviours, both towards patients and between colleagues, with many describing supportive, respectful and caring team environments. Positive experiences are strongly associated with immediate team dynamics and line management relationships, with colleagues highlighting feeling supported, trusted and able to ask for help when needed. In addition, themes relating to development, inclusion and a sense of belonging are present, indicating that in many areas there is a solid foundation of engagement and commitment. These strengths are important as indicators of current positive experience and critical assets that can be built upon to address the wider systemic challenges identified elsewhere in the data.
7. These improvements sit alongside persistent and systemic challenges; workload and capacity pressures, a strong performance focus and the impact on wellbeing, burnout and work-life balance continue to dominate the narrative. Free text responses highlight “doing more with less,” unpaid overtime and insufficient resourcing, alongside concerns that organisational ambition is outpacing capacity. There are also repeated concerns that poor performance and behaviours are not being effectively addressed, leading to uneven accountability. Colleagues report that this is impacting team dynamics, with higher-performing colleagues carrying additional workload, creating frustration and risking disengagement.
8. A consistent cross-cutting theme is the gap between organisational intent and lived experience, particularly in relation to wellbeing, flexibility and involvement. This is contributing to reduced trust and perceptions of inconsistency, with leadership behaviours, including micromanagement and a focus on task over people, identified as key drivers.
9. Data indicates that the organisation is at a critical juncture; increased participation and improving engagement indicate that colleagues are willing to speak up, presenting a clear opportunity to act, however, this also creates a tipping point, as without visible and meaningful action, there is a real risk that trust may decline, reducing future engagement. At the same time, reports of sustained workload pressures, presenteeism and burnout indicators suggest the organisation is operating close to capacity limits. Continued reliance on discretionary effort is not sustainable and risks impacting performance, safety, retention and quality of care. Without intervention, there is a risk of both disengagement and avoidable harm; targeted action is therefore required to stabilise engagement and support workforce sustainability.



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10. In response to these findings, two collaborative workshops have been held (one with the Executive Team and a further session jointly with Executive colleagues and Trade Union partners). The purpose of these sessions was to collectively review the data and agree three priority focus areas, alongside identifying organisational levers that can be pulled to positively impact colleague experience and outcomes. In line with last year’s approach, these focus areas have been aligned to the themes of Our WAST Way (Care, Connect, Value Everyone):

<b>OWW Theme</b>	<b>Focus Area</b>	<b>Levers</b>
Care	Workload, Capacity & Resource Pressure	<ul style="list-style-type: none"> <li>• Be clear regarding what is being paused / stopped, increasing visibility internally and externally</li> <li>• Explore how we can maximise the benefits of digital tools, automation and AI</li> </ul>
Connect	Leadership & Management Behaviours	<ul style="list-style-type: none"> <li>• Focus on Management Essentials</li> <li>• Clarify what consistency means in the context of leadership and management</li> <li>• Gain a clear understanding of best ways of working for individual teams</li> </ul>
Value Everyone	Fairness, Opportunity & Career Experience	<ul style="list-style-type: none"> <li>• Review our approach to recruitment, with a specific focus on selection methods and processes</li> </ul>

11. This work reflects a shared recognition that the organisation appears to be approaching a pivotal point, with both significant opportunity and risk. There is a clear collective commitment to moving from insight to action, focusing on organisational-level interventions that improve colleague experience, strengthen engagement and support sustainable performance. This approach emphasises partnership working, with colleague and Trade Union voice central to shaping the response and recognises that colleague experience is a core enabler of safe, effective and sustainable services.

12. It is positive to see that the Trust’s IMTP already reflects many of these areas, providing reassurance that we are focusing on the right priorities and that the data is reinforcing this direction. In particular, areas such as clarifying what will be paused or stopped and maximising the benefits of digital tools, automation and AI sit beyond People and Culture alone and present opportunities for collective ownership. The next phase will involve sharing directorate-level data and supporting teams to develop locally relevant action plans aligned to these priorities, ensuring that organisational focus is translated into meaningful, context-specific action at team level.



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## RECOMMENDATIONS

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

## NEXT STEPS

14. Provide directorate-level data to enable local ownership and action planning;
15. Engage directorate leads to enable them to work with their teams to develop locally relevant action plans aligned to agreed organisational priority areas;
16. Continue quarterly pulse surveys to provide ongoing insight into colleague experience and emerging themes;
17. Share pulse survey results at local level to enable continuous feedback loops and support teams to test and refine the impact of their action plans;
18. Continue triangulation of staff survey data with other workforce, operational and organisational data sources to strengthen insight and understanding;
19. Engage with system partners to identify learning and good practice that can be applied within WAST;
20. Begin preparatory work for the 2026 staff survey programme, including a review of lessons learned from the 2025 survey cycle;
21. Refresh the communications and engagement plan to strengthen awareness, participation and impact of the next survey cycle;
22. Produce a follow-up paper to ELT summarising outputs from the two workshops and confirming agreed priority focus areas;
23. Share wider organisational updates via established channels, including CEO vlog and dedicated segment on WAST Live, to ensure visibility and consistent messaging.



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# 2025 Staff Survey

Qualitative Data Themes

## Strengths



### Compassionate Care & Behaviours

- Compassion shown to patients/service users
- Kindness and empathy between colleagues
- Supportive and understanding leadership behaviours
- Care shown during difficult personal circumstances (e.g. sickness, caring responsibilities)



### Pride, Purpose & Meaningful Work

- Pride in working for the organisation
- Strong sense of making a difference to patients/service users
- Enjoyment of the job / role satisfaction

## Challenges



### Task & Performance Focus

- Excessive focus on task / delivery (neglecting people elements)
- In certain areas, very strong focus on performance
- Micromanagement and task-focused leadership
- Unrealistic expectations and increasing demands



### Workload, Capacity & Resource Pressure

- Excessive workload and “doing more with less”
- Organisational ambition outpacing capacity
- Current pace becoming the “new normal”
- Good performers being overburdened whilst poor performance is not being addressed
- Lack of staff to match demand (and references to top heavy structure)
- Unpaid overtime, “enforced” overtime
- Blocked secondments / progression due to resourcing pressures
- Skills underutilisation and decay
- Insufficient time for statutory and mandatory training (expected to complete in own time)
- No time for breaks, recovery, annual leave



### Wellbeing & Burnout

- Burnout
- Impact on families and personal life
- Presenteeism driven by sickness policy fears
- Moral injury due to inability to do meaningful patient work
- Stress, irritability, lack of work/life balance
- Flexible working not being delivered despite organisational commitment
- Inconsistency (what we say versus what we do); perception that commitments to wellbeing, culture etc are disingenuous and performative
- Lack of support following traumatic calls

## Themes

## Free Text Responses

“I feel that the People and Culture teams within WAST are trying to provide stronger wellbeing opportunities for its staff but there still a macho culture of just getting on with the job without worrying about wellbeing.”

“Workload is unsustainable, it's difficult to maintain morale when working at a pace with no respite.”

“It is a very caring kind organisation. I personally had a catastrophic medical emergency and was off for months. The organisation were caring compassionate, thoughtful, cared for my family. This is the best organisation I have worked for. Thank you.”

“I value my role and have a passion for every aspect of my role requirements, I remain positive and give my best every day.”

“Management are only interested in zero sickness, mobilisation times and UHP. Everything else has lip service paid to it and all the fancy email footers and posters are meaningless.”

“Discussions about wellbeing or development sometimes feel procedural rather than genuine. I know that many managers care deeply but the system they operate within gives them little opportunity to lead proactively or support their teams effectively.”

“The service is not driven by providing health advice/care for patients but rather is driven by stats and how many calls are made to the service or patients disconnect from.”

“It is a very rewarding but challenging environment to work in and I am proud to work for the organisation.”

“I feel it is a privilege to work for the ambulance service. The service has helped me pave a career from being on UCA to transforming into a paramedic. The trust has come a long way in terms of culture. I enjoy my job and the people I work with.”

“The organisation claims to put its staff first when this is clearly not the case. The organisation puts the achievement of KPIs and statistics first and I believe it lets itself down by forgetting it is run by people, and all have their own challenges, and they come a long way second to the needs of the organisation.”

“I feel there is a lot of pressure in the system and in my role, I feel like I am "juggling a lot of plates". At times the workload feels relentless. This means that I feel that there is no or limited quality in the work I do which leads to dissatisfaction in my role.”

“Way too much pressure... you are expected to deal with patient after patient and timed for toilet breaks, sometimes challenged why you've taken so long, no staff wellbeing is being explored.”

“I am really proud of where I work and the team I work in!”

“I am proud to work for WAST, and the sense of teamwork and satisfaction in my work I have experienced at times has been exceptional.”

“I get frustrated that staff in my team and area of work aren't addressed for poor work. Senior management are also giving me more work that is difficult in my role, without any thought of whether it is achievable.”

“A lot of the opportunities that have come out the last few months have been secondments which as a department we are unable to be released for due to staffing, so very much holding us back.”

“People need to matter more than statistics.”



## Strengths



### Strong Teams & Supportive Relationships

- Great colleagues and peer support
- High performing, cohesive teams
- Feeling included and part of the team
- Positive day to day working relationships



### Supportive Line Management & Local Leadership

- Line managers providing support and guidance
- Flexible, empathetic management (return to work, caring responsibilities, flexible working)
- Feeling listened to by immediate managers
- Trust in day to day leadership relationships

## Challenges



### Relationships & Organisational Culture

- Strained working relationships across teams and management layers
- Reduced time for informal connections, 1:1s and peer support
- Low trust in senior leadership
- “Us and them”
- Leadership disconnected from frontline realities
- Poor behaviour seen to be rewarded



### Leadership & Management Behaviours

- Inconsistent behaviour (say vs do)
- Incivility, particularly among managers
- Contact with staff limited to problems or performance discussions
- Lack of appreciation for good work
- Non-clinical managers reinforcing performance focus in clinical areas
- Inconsistent policy and practice across teams and areas
- Disconnect between frontline staff and senior leadership
- Limited leadership visibility
- Bullying
- Micromanagement



### Speaking Up & Listening

- Questions asked and feedback given but ignored / no follow up
- Reluctance to speak up (“no point”)
- Fear of detriment
- Issues raised / known but ignored
- Lack of confidentiality

## Themes



## Free Text Responses

“Feels like bullies are rewarded and you are criminalised when you complain, in fact management close ranks and tell other managers to be aware that you report people so that you're made to feel an outcast which is just as bad as the actual bullying.”

“it is becoming harder to sustain the same level of trust and cohesion.”

“DOMs are mostly office-based and too distant from frontline operations.”

“I am very lucky to have such supportive line management, always concerned about my wellbeing and helped me during a difficult time.”

“I can honestly say I have never felt more supported than I have since working for WAST. I do speak to others who do not feel the same but the care and support I feel I've had has been fantastic and I'm more than grateful. Sometimes the role can feel like your not getting anywhere when the seasonal pressure and busy times hit with ever growing queues but I think that's a normal feeling. I've had a few difficult situations with my children and my health and have always been able to reach out.”

“Staff are in fear of speaking up about things that are going on within the workplace, due to repercussions from senior managers. Those who've spoken up have been made to feel in the wrong. This organisation has and do transfer bullying staff members to other positions and a lot of the time given promotion, this leaves other staff feeling disillusioned and demoralised.”

“Recently moved to the team and can not praise them enough, they are a positive team who help each other. I feel comfortable and happy within this team. I feel support by my manager of the team.”

“I have recently had a big change in my personal circumstance - becoming a carer. My line manager has been very supportive which has helped keep me in work. I feel very lucky to have their support.”

“There are some frustrations between staff about poor performing staff or staff with behavioural issues not dealt with robustly. This affects the team as a whole.”

“Bad behaviour gets rewarded, instead of dealing with the issue.”

“There appears to be a culture of accepted rudeness or undermining, and I have seen pockets of bullying behaviour with minimal accountability.”

“Even if resources were doubled, until bridges are built and teams work more effectively and communicate better, then no amount of additional resource will work. “

“We are never checked in on and our voices aren't heard”

“I feel that some services are neglected, everything is focused around EMS.”

“I love working for WAST, the directorate I work for is supportive, fun to work with, friendly and always available to give guidance and support when required. “

“Management only make contact when there is an issue.”

“Since this new role the micromanaging has increased and has made the department environment one that has become very difficult to work in.”

“I think the pressure on the service has reached an unprecedented level which has left morale and wellbeing extremely low due to having no respite between calls to speak to any of our colleagues and build friendships with anybody due to the little time we have to be able to try and get to know each other.”

## Strengths

## Themes

## Free Text Responses

“The service is going through so much change at the moment that it is unclear if anyone from senior management has taken the time to consider the toll that these changes are having on the staff, specifically relating to mental wellbeing.”

“We are not given comfortable chairs in the office to do our job and often many of us are left with bad backs.”

“I am frustrated that I have been waiting for a laptop to work from home. We are always told that there are no laptops available.”

“There is no interaction other than passive aggressive emails of changes within the organisation. It feels like they are avoiding any contact or staff having the opportunity to challenge or question any decisions made.”

“My manager continually goes above and beyond to foster a strong sense of teamwork and belonging among their staff. They demonstrate exceptional leadership by ensuring everyone feels heard and appreciated. Their willingness to always make time for their team and all staff, reflects their dedication to open communication and collaboration. It is a honour to work along side such a dedicated person who wants to make change for the good of the staff and service.”

“The office lightning causes most of us to have headaches by mid-way through shift because of the LED lights in them we are unable to turn them off or dim them”

“Things have improved beyond measure in WAST recent years. Concerns about personal wellbeing, flexible working, stress and work life balance were dismissed and your capability for the job would be questioned. There were limited opportunities to progress and when they did arise, they were very commonly already earmarked for a friend of the recruiter within the trust. Staff morale and well being has definitely improved.”

“Work is incredibly repetitive due to standardised scripting and extreme focus on non-deviation from scripting, this also makes you feel like robots or parrots.”

“The current approach to disciplinary procedures, including suspensions and investigations, is often prolonged and lacks perceived impartiality when conducted by regional management.”

“Burnout, stress, and exhaustion is prevalent due to WAST's overambitious plans and pressure on staff to deliver.”

“I am very happy with the way I have been treated regarding my medical issues. I have never been made to feel bad for having multiple appointments or having days worse than others. I am looked after by my team and manager every shift. This is the first time in many years where I have not been made to feel like a burden for something I cannot control.”

“Sickness policy feels punitive, and significantly increases staff stress.”

“I don't feel that staff have enough time to update themselves on process and organisational changes yet are getting penalised at audit for their incompetence.”

“As a new employee to WAST, I am impressed by the organisation, their policies and behaviours. The team are welcoming, approachable and supportive.”

“WAST is currently in a very turbulent time of change. Change that was rushed in and its staff are feeling the pressure of senior management making decisions without full evaluation of consequences. “

“I am not given the opportunity to suggest ideas or made decisions about my work. Even though I am fully aware of my workload, I am frequently given instructions on what do to in a way that feels unnecessary and discouraging.”



### Inclusion, Belonging & Being Valued

- Feeling included and respected
- Feeling part of the organisation and team
- New starters feeling welcomed and supported
- Feeling valued as an individual

### Growth, Development & Continuous Improvement

- Opportunities for development and progression
- Access to learning and skill development
- Constant improvement in practice and ways of working
- Ability to grow within role

## Challenges

### Change

- High volume and pace of change
- Lack of involvement of impacted colleagues in decision-making
- Insufficient time or support to absorb changes
- Training or communication delivered too late or in ineffective ways
- Perception of waste and inefficiency due to wrong people designing processes (linked to lack of engagement and involvement)

### Fairness, Opportunity & Career Experience

- Lack of progression opportunities
- Career development (secondments) blocked due to resourcing gaps / management decisions
- Interview processes not allowing colleagues to demonstrate skills / competencies (based on words)
- Favouritism, nepotism, “if your face fits”
- Underutilisation of skills and experience

### Infrastructure, Systems & Processes

- Poor estates and working environment (furniture, lighting, desks)
- Inflexible scripting and call audit systems reducing autonomy and causing frustration
- Limited access to ICT and tools required for the job
- Pay errors
- Concerns re: disciplinary and investigation processes
- Concerns re: sickness policy / process



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# 2025 NHS Wales Staff Survey

High Level Results:  
Initial Analysis



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**High Level Summary: Infographic**



**Section 1: Notes to Accompany Dataset**



**Section 2: Response Rate**



**Section 3: Staff Engagement Index**



**Section 4: Themes**



**Section 5: Top 10s - 2023 vs 2024**



**Section 6: Spotlight - Workplace Safety**



**Section 7: Spotlight - Speaking Up**



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# 2025 NHS Wales Staff Survey

## High Level Results

**1937**

completed surveys



**43.2%**

response rate

**80%** (up from 78.8%)



understand their work responsibilities



**79%**

enjoy working with colleagues in their team  
(up from 75.9%)

**44.4%**

(down from 46%)

reported having personally experienced abuse at work from patients / service users, their relatives or other members of the public in the last 12 months



**82.3%**

(up from 79.3%)

feel that people here take effective action to help patients/service users in distress



(up from 78%)

feel trusted to do their job

**67%**

(down from 71%)

of respondents came to work in the last 3 months, **despite not feeling well enough** to do their duties



(down from 46.9%)

do not feel **involved** in deciding on changes introduced that affect their work area / team / department



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67.3%

## Staff Engagement Index

(up from 65.8%)

42%

(up from 41%)



reported that their team does not often meet to discuss effectiveness

38%

(down from 41%)



report not having enough energy for family and friends during leisure time

44%

reported feeling unwell in the last 12 months as a result of **work-related stress**

(down from 48%)

0

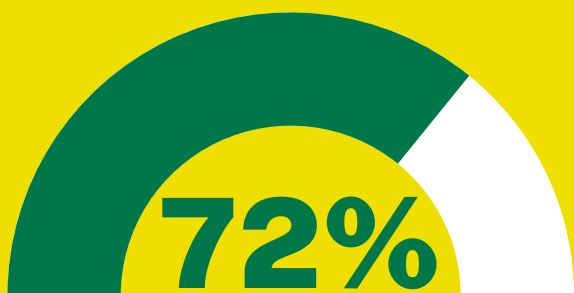
20

40

60

80

100



72%

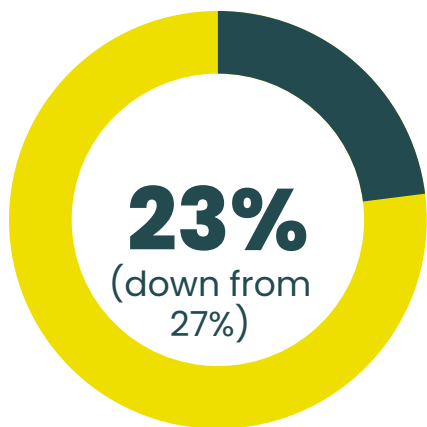
are happy to go the extra mile at work, when required (up from 71%)



79%

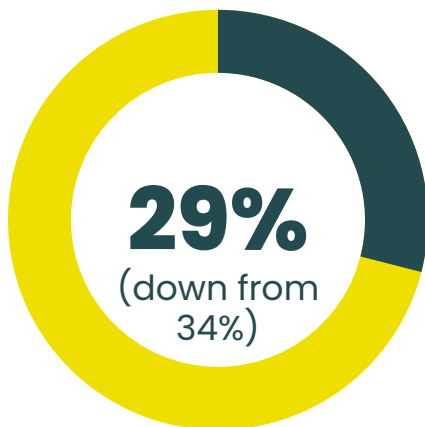
(up from 73.7%)

of respondents report feeling that WAST encourages us to report errors, near misses or incidents



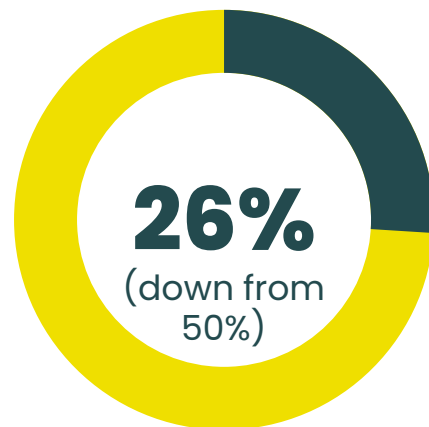
23%  
(down from 27%)

of respondents do not feel safe to speak up about anything that concerns them in WAST



29%  
(down from 34%)

indicated that if they spoke up about something that concerns them, they would not feel confident that WAST would address their concern



26%  
(down from 50%)

stated that the last time they experienced harassment / bullying at work, neither they nor a colleague reported it



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# Section 1

## Notes to Accompany Dataset

### **Benchmarking**

For the purpose of benchmarking, organisations have been grouped and a separate NHS Wales organisational average has been calculated for 'Health Board' organisations and 'Trust/Authority' organisations. The NHS Wales organisational average reported in this document and the accompanying paginated report therefore relates to Trust/Authority organisations. The organisations included in this benchmark group are DHCW, HEIW, NHS Executive, NWSSP, PHW, Velindre University NHS Trust and WAST. All-Wales data has been requested for benchmarking purposes and will be shared on receipt.

### **Positivity Scores**

Positivity scores have been calculated for each theme and sub-theme and are based on the percentage of people that responded positively to each question included in each theme and sub-theme.

### **Staff Engagement Index**

To calculate the Staff Engagement Index score, responses to the 7 relevant questions were weighted based on their scale position from 1 to 5 (on a scale of strongly disagree to strongly agree, or Never to Always). The index score was then calculated as the average of: (i) the weighted percentage score for questions 22a, 22b, and 22c, (ii) the weighted percentage score for questions 23a and 23d, and (iii) the weighted percentage score for questions 23b and 23c. The higher the staff engagement index score, the higher the proportion of people that responded positively to the questions.



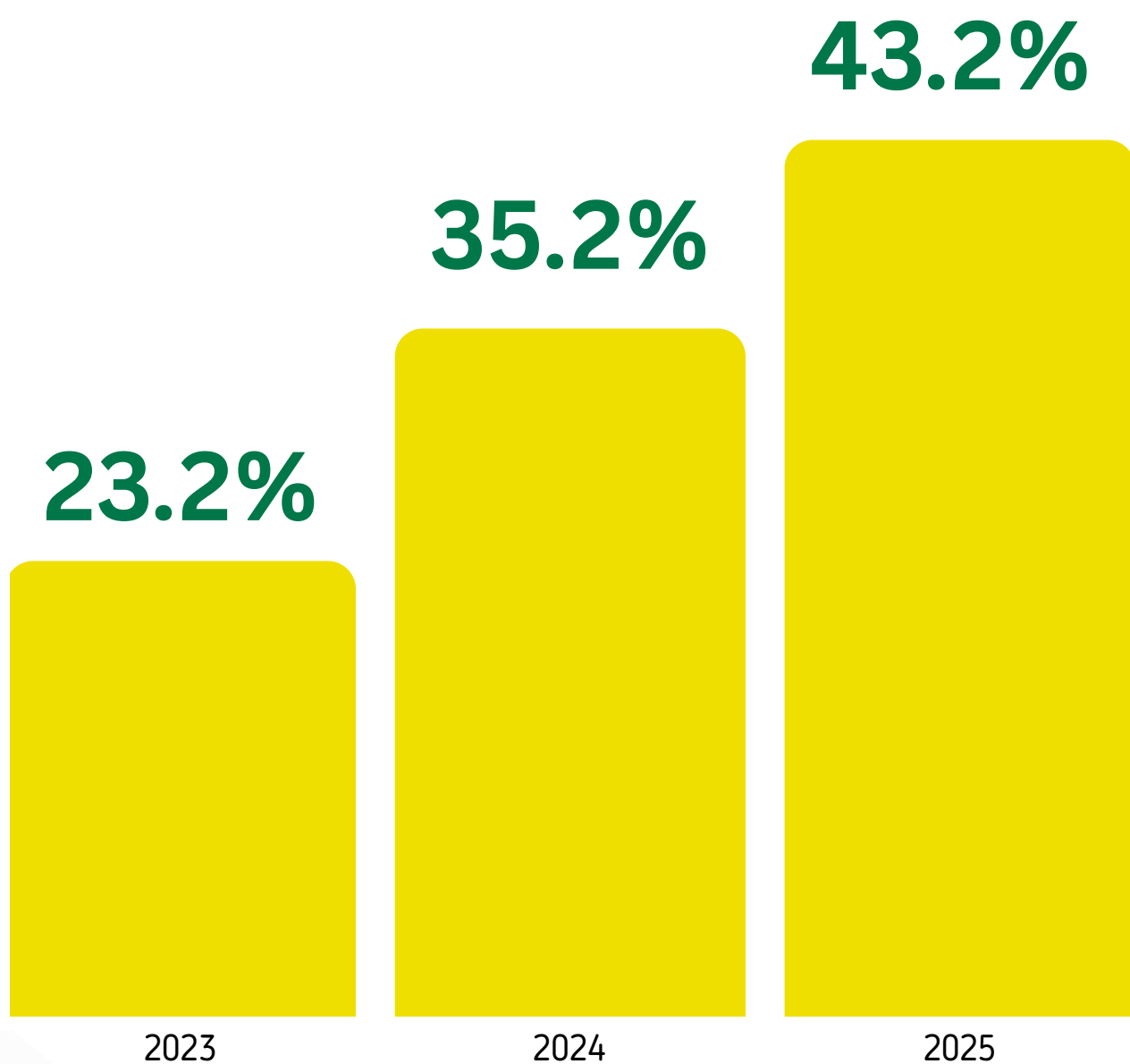
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## Section 2

### Response Rate

# WAST Response Rate





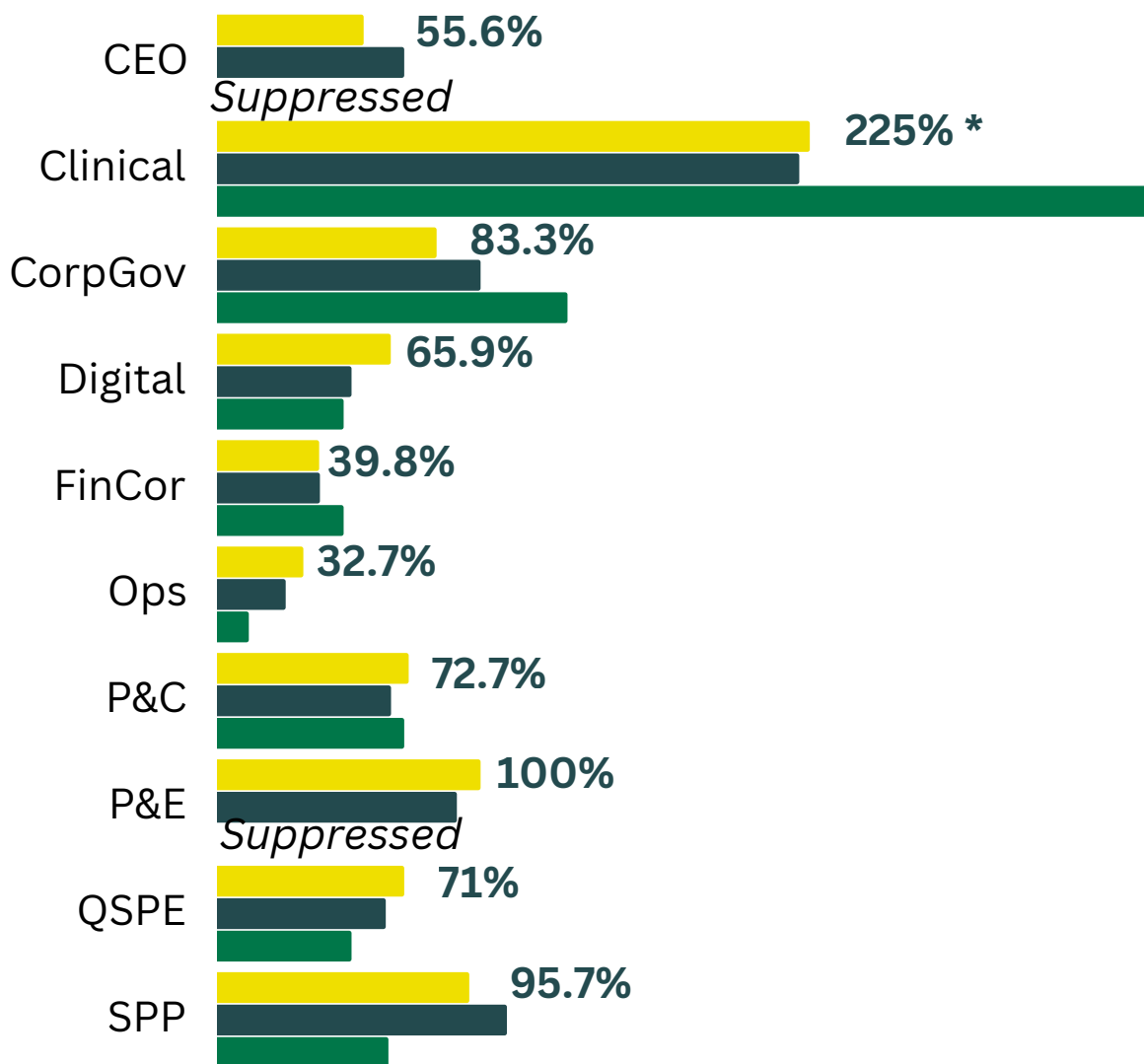
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## Section 2

### Response Rate

● 2025 ● 2024 ● 2023



\* Whilst some colleagues are still selecting the wrong Directorate, our focused efforts to mitigate this risk have resulted in a significant reduction and we will continue to work on this for the next survey

# Section 2

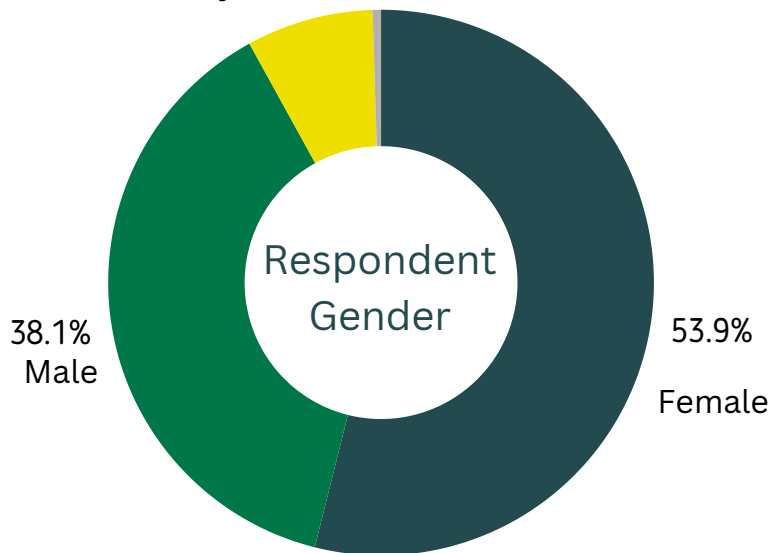
## Response Rate

Prefer not to say 7.5% 0.5% Prefer to self describe

17.6% (331) of respondents consider themselves **neurodivergent** or **neurodiverse**

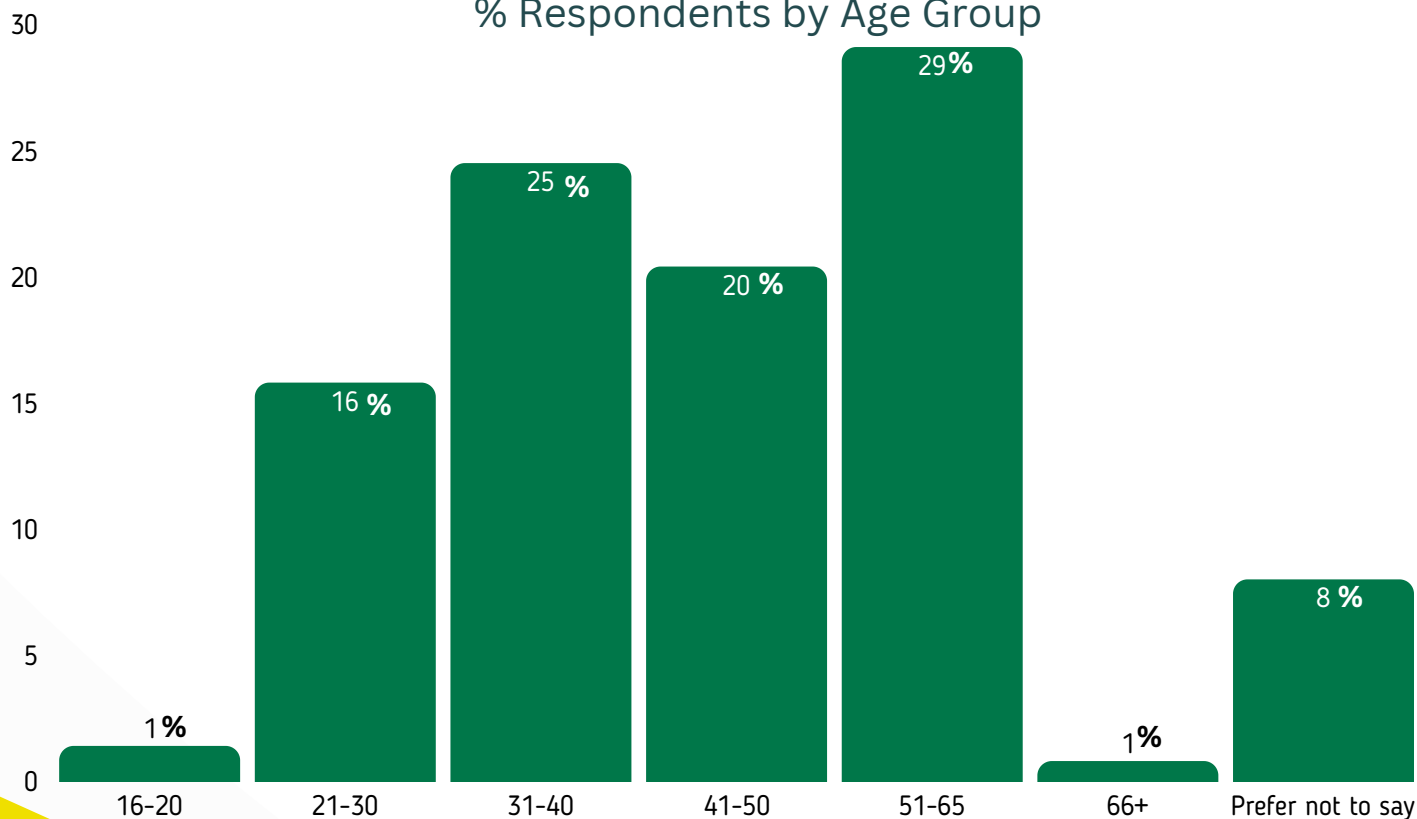


8.2% prefer not to say



(Non-Binary < 10 responses therefore suppressed)

% Respondents by Age Group





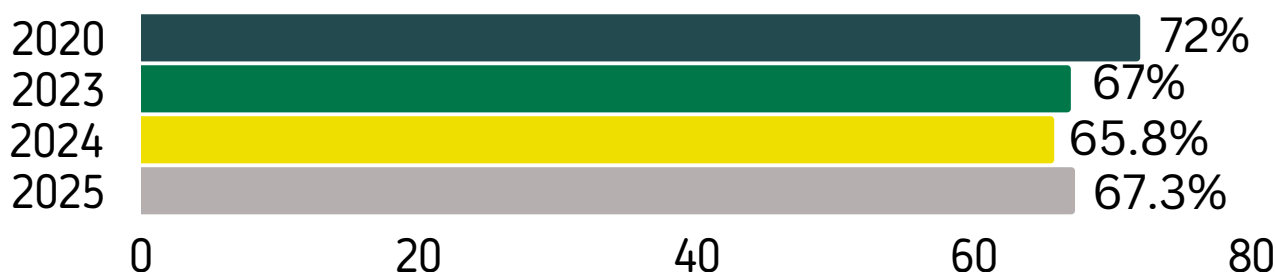
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## Section 3

### Staff Engagement Index

Staff Engagement Index



Staff Engagement Index Score has increased from **65.8%** in 2024 to **67.3%** in 2025. Whilst this year's increase from last year is relatively small, it is a positive signal, especially given the increased participation rate.

Engagement index is calculated from responses to the following 7 questions:

- 22a) I look forward to going to work.
- 22b) I am enthusiastic about my job.
- 22c) I am happy to go the extra mile at work when required.
- 23a) I am able to make improvements in my area of work.
- 23b) I would recommend my organisation as a place to work.
- 23c) I am proud to tell people I work for my organisation.
- 23d) I am involved in deciding on changes introduced that affect my work / area / team / department.

Initial analysis regarding which specific aspects of engagement have driven this increase show that growing enthusiasm and pride among respondents have had the biggest impact on positivity scores.

Building on this momentum, a key focus must remain on ensuring that enthusiasm and pride are translated into meaningful involvement, giving colleagues real opportunities to be heard, contribute to decisions and feel valued in shaping the changes affecting their work.



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# Section 4

## Themes

Positivity scores have been calculated for each theme and sub-theme and are based on the percentage of people that responded positively to each question included in each theme and sub-theme. Positivity scores across all themes increased in 2025. The greatest increases in positivity scores are within the following themes: **Patient safety (up 4.06%)**; **We are all able to speak up (up 3.33%)**.

Theme	Year	Positivity Score	Annual Trend
Morale	2023	45.8%	
	2024	48.7%	▲ 2.93 pp
	2025	51.5%	▲ 2.79 pp
Patient safety	2023	47.4%	
	2024	52.3%	▲ 4.95 pp
	2025	56.4%	▲ 4.06 pp
Staff engagement	2023	50.4%	
	2024	50.9%	▲ 0.52 pp
	2025	52.5%	▲ 1.67 pp
We are all able to speak up	2023	55.1%	
	2024	55.8%	▲ 0.72 pp
	2025	59.1%	▲ 3.33 pp
We are compassionate and inclusive	2023	62.9%	
	2024	65.3%	▲ 2.44 pp
	2025	68.5%	▲ 3.15 pp
We are continuously learning and improving	2023	55.9%	
	2024	57.8%	▲ 1.94 pp
	2025	59.9%	▲ 2.04 pp
We are stronger together	2023	60.2%	
	2024	62.6%	▲ 2.39 pp
	2025	65.2%	▲ 2.54 pp
We champion flexible working	2023	47.8%	
	2024	52.7%	▲ 4.90 pp
	2025	54.6%	▲ 1.95 pp
We nurture healthy working environments	2023	50.5%	
	2024	52.3%	▲ 1.83 pp
	2025	53.5%	▲ 1.15 pp
We recognise everyone's contribution	2023	50.6%	
	2024	52.9%	▲ 2.38 pp
	2025	56.0%	▲ 3.03 pp



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# Section 5

## Top 10s: 2024 vs 2025

2025: Top Ten Positivity Scores	
1	16d People here take effective action to help patients/service users in distress.
2	14b I am trusted to do my job.
3	1i I feel able to ask other members of this team for help when I need it.
4	14a I always know what my work responsibilities are.
5	1g I enjoy working with the colleagues in my team.
6	16b People here give good support to colleagues who are distressed.
7	16c People here are compassionate in the way they behave towards patients/ service users.
8	13c My organisation encourages us to report errors, near misses or incidents.
9	16a People here are compassionate towards colleagues when they face problems.
10	1a The team I work in has a set of shared objectives.

2024: Top Ten Positivity Scores	
1	16d People here take effective action to help patients/service users in distress.
2	14a I always know what my work responsibilities
3	14b I am trusted to do my job.
4	1i I feel able to ask other members of this team for help when I need it.
5	16c People here are compassionate in the way they behave towards patients/ service users.
6	16b People here give good support to colleagues who are distressed.
7	1g I enjoy working with the colleagues in my team.
8	16a People here are compassionate towards colleagues when they face problems.
9	13c My organisation encourages us to report errors, near misses or incidents.
10	22c I am happy to go the extra mile at work when required

2025: Top Ten Negativity Scores	
1	20c How often, if at all, does your work frustrate you?
2	20e How often, if at all, do you feel worn out at the end of your working day/shift?
3	19b My PADR helped me to improve how I do my job.
4	23d I am involved in deciding on changes introduced that affect my
5	20a How often, if at all, do you find your work emotionally exhausting?
6	1b The team I work in often meets to discuss the team's effectiveness.
7	20b How often, if at all, do you feel burnt out because of your work?
8	20g How often, if at all, do you not have enough energy for family and friends during leisure
9	2a I have unrealistic time pressures.
10	20d How often, if at all, are you exhausted at the thought of another day/shift at work?

2024: Top Ten Negativity Scores	
1	21d In the last three months have you ever come to work despite not feeling well enough to perform your duties?
2	20c How often, if at all, does your work frustrate you?
3	20e How often, if at all, do you feel worn out at the end of your working day/shift?
4	21c During the last 12 months have you felt unwell as a result of work-related stress?
5	23d I am involved in deciding on changes introduced that affect my
6	11a In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?
7	20a How often, if at all, do you find your work emotionally exhausting?
8	20b How often, if at all, do you feel burnt out because of your work?
9	1b The team I work in often meets to discuss the team's effectiveness.
10	20g How often, if at all, do you not have enough energy for family and friends during leisure



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## Section 5

### Top 10s: 2024 vs 2025

#### Headlines:

- Respondents consistently feel that colleagues at WAST are compassionate towards patients and each other
- There remains a strong perception that the Trust encourages reporting of errors, near misses and incidents
- Colleagues feel trusted to do their jobs
- Work is increasingly impacting colleague wellbeing

Of the 10 questions with the highest negativity, six relate directly to wellbeing, indicating that workload, fatigue and work-life balance continue to present significant challenges for colleagues. Conversely, among the 10 questions with the highest positivity, four relate to compassion and three to team dynamics, reflecting that, despite ongoing pressures, colleagues continue to support one another and demonstrate care for patients and each other. Together, these findings paint a dual picture: our workforce remains resilient and collaborative, yet systemic pressures are continuing to impact wellbeing and highlight areas for ongoing focus.



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# Section 6

## Spotlight: Workplace Safety

Results indicate a combination of encouraging progress and areas requiring continued focus regarding harassment, abuse and violence in the workplace. Overall, responses indicate improvements across most measures, however, there are two areas where scores have deteriorated: questions 10a and 10b, relating to unwanted behaviour of a sexual nature from both patients and colleagues. While overall trends show progress, these findings highlight that sexual safety remains a priority and that continued attention is required to ensure all colleagues feel safe and supported at work; our focus on fear of detriment may address this in conjunction with the work we're doing to embed the anti-sexual harassment policy.

Question	Year	Positive responses (%)	Annual trend	Negative responses (%)	2025 position
09a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public	2023	60.1%		37.5%	Improved
	2024	61.8%	▲ 1.69 pp	36.8%	
	2025	62.5%	▲ 0.72 pp	36.1%	
09b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Managers / Team leaders	2023	69.7%		24.7%	Improved
	2024	74.4%	▲ 4.67 pp	22.9%	
	2025	77.6%	▲ 3.22 pp	19.4%	
09c) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues	2023	70.8%		25.4%	Improved
	2024	74.0%	▲ 3.24 pp	24.1%	
	2025	75.8%	▲ 1.77 pp	21.8%	
10a) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users	2023	82.4%		16.7%	Deteriorated
	2024	83.4%	▲ 1.03 pp	15.6%	
	2025	81.4%	▼ -2.07 pp	17.9%	
10b) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues	2023	88.1%		10.1%	Deteriorated
	2024	89.6%	▲ 1.57 pp	8.9%	
	2025	89.2%	▼ -0.48 pp	9.6%	
11a) In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?	2023	68.9%		29.1%	Improved
	2024	52.7%	▼ -16.18 pp	46.0%	
	2025	54.3%	▲ 1.62 pp	44.4%	
12a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives, or other members of the public	2023	83.4%		15.7%	Improved
	2024	87.5%	▲ 4.10 pp	12.0%	
	2025	87.8%	▲ 0.28 pp	12.0%	
12b) In the last 12 months how many times have you personally experienced physical violence at work from...? Managers / Team leaders	2023	98.3%		0.8%	Improved
	2024	99.1%	▲ 0.76 pp	0.5%	
	2025	99.4%	▲ 0.36 pp	0.3%	
12c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues	2023	98.5%		0.7%	Improved
	2024	98.1%	▼ -0.36 pp	1.4%	
	2025	98.8%	▲ 0.66 pp	0.9%	



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# Section 7

## Spotlight: Speaking Up

Positivity scores across all questions in the Speaking Up theme have increased, suggesting that initiatives such as Speaking Up Safely, alongside wider efforts to amplify colleague voice, increase involvement and create psychologically safe environments, are having a positive impact.

Question	Year	Positive responses (%)	Annual trend	Negative responses (%)	2025 position
14a) I always know what my work responsibilities are.	2023	77.5%		12.1%	
	2024	78.8%	▲ 1.30 pp	11.9%	
	2025	80.0%	▲ 1.17 pp	10.5%	Improved
14b) I am trusted to do my job.	2023	79.2%		10.7%	
	2024	78.2%	▼ -0.99 pp	11.7%	
	2025	81.7%	▲ 3.52 pp	8.9%	Improved
14c) There are frequent opportunities for me to show initiative in my role.	2023	59.3%		21.0%	
	2024	55.1%	▼ -4.15 pp	25.0%	
	2025	58.8%	▲ 3.73 pp	21.0%	Improved
14d) I have a choice in deciding how to do my work.	2023	47.6%		32.4%	
	2024	47.0%	▼ -0.65 pp	33.5%	
	2025	51.5%	▲ 4.52 pp	28.0%	Improved
14i) I would feel secure raising concerns about unsafe clinical practice.	2023	62.6%		16.4%	
	2024	66.7%	▲ 4.02 pp	15.5%	
	2025	70.2%	▲ 3.58 pp	13.0%	Improved
14j) I would feel secure raising concerns about unethical behaviour.	2023	66.6%		18.0%	
	2024	68.5%	▲ 1.82 pp	17.4%	
	2025	71.1%	▲ 2.69 pp	15.7%	Improved
14k) I am confident my organisation would address my concern.	2023	41.7%		28.2%	
	2024	46.1%	▲ 4.33 pp	27.9%	
	2025	49.2%	▲ 3.18 pp	25.8%	Improved
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	47.8%		31.2%	
	2024	50.1%	▲ 2.32 pp	27.4%	
	2025	55.7%	▲ 5.53 pp	22.7%	Improved
17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.	2023	34.9%		34.6%	
	2024	37.4%	▲ 2.51 pp	34.0%	
	2025	42.6%	▲ 5.18 pp	29.0%	Improved
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	33.5%		45.7%	
	2024	30.0%	▼ -3.46 pp	46.9%	
	2025	30.2%	▲ 0.22 pp	45.0%	Improved



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Agenda Item No.

10

## REPORT TITLE

People and Culture Plan Metrics

## MEETING

Name of meeting	People and Culture Committee
Date of meeting	05 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	n/a

## REPORT SPONSOR

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

## PURPOSE OF REPORT

- |  |  |
|--|--|
| <input type="checkbox"/> Approval                            | <input type="checkbox"/> Endorsement           |
| <input checked="" type="checkbox"/> Assurance                | <input checked="" type="checkbox"/> Discussion |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting                |



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## REPORT SUMMARY:

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

1. The purpose of this report is to:
  - a. provide committee members with an update (March 2026 data) against quantitative People and Culture Plan metrics, in order to provide a high level indication of the impact of our People and Culture Plan; *and*
  - b. provide an overview of the key People and Culture performance data and trends (March 2026) and associated improvement actions.

## RECOMMENDATION(S)

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

The committee is requested to:

1. Comment on progress to date.

## ADDITIONAL PAPER(S)

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

**Annex 1** Quantitative Metrics March 2026

**Annex 2** Scorecard March 2026

**Annex 3** Sickness Absence

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



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

### STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

### RISK(S) THIS REPORT MITIGATES

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

**680** Deteriorating Employee Experience and Workforce Capacity due to underinvestment in people and organisational culture

### HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

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

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

### WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a

### IMPACT ASSESSMENTS FOR CONSIDERATION

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

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

### APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
24 April 2026	Director of Culture Change & Director of People



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## SITUATION

1. The purpose of this report is to:
  - 1.1. provide committee members with an update against quantitative People and Culture Plan metrics (March 2026 data), in order to provide a high level indication of the impact of our People and Culture Plan; *and*
  - 1.2. provide an overview of the key People and Culture performance data and trends (March 2026) and associated improvement actions.

## BACKGROUND

2. Following discussion at the August 2023 meeting of the People and Culture Committee, it was agreed that updates will be shared with the committee every quarter, to demonstrate progress in terms of implementation and impact of our People and Culture Plan. As agreed, these updates will alternate between a focus on quantitative and qualitative metrics; this item focusses on quantitative metrics.
3. As agreed at the August 2024 PCC meeting, this item also incorporates the People and Culture Scorecard, in a bid to more clearly show the associated connections.

## ASSESSMENT

4. The summary document contained within **Annex 1** provides an overview of qualitative data currently available; **Annex 2** provides a summary of People and Culture KPIs up to and including March 2026 data.
5. Membership of our People Networks has grown to 790 colleagues, demonstrating sustained interest and engagement in our equality, diversity and inclusion agenda; it also highlights the value colleagues place on having spaces to connect, share experiences and influence organisational culture. Importantly, this growing community includes members of our Change Community and Culture Champions, who are actively contributing to our people and culture journey. This widening cohort is critical to sustaining momentum and embedding change across the organisation as culture change cannot be delivered by a small central team alone; it relies on distributed ownership, with colleagues at all levels shaping behaviours, conversations and decisions in their day to day work.



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6. There are currently 46 open disciplinary cases, which remains at a similar level to previous reporting periods. Given the sustained focus on culture change, behaviours and speaking up, it is our expectation that we will continue to see similar levels of cases. There are 13 formal requests for resolution, which remains relatively steady and in line with recent reporting, indicating a consistent level of formal concerns being raised.
7. In relation to Job Evaluation, several long-standing roles have been progressed and released during Q4, resulting in the backlog being cleared by the end of March 2026. This has had a positive impact on processing times, with the majority of roles received since January progressing within an average of around three weeks. Where cases have taken longer, this has largely been due to additional information being required from managers to support the evaluation, with short delays while this information is gathered and considered through the process. Demand has also reduced during this period, which is consistent with the end of the financial year and has supported improved throughput. Activity is expected to increase again from April as services enter the new financial year and organisational change activity resumes.
8. Statutory and Mandatory training compliance stands at 91.62%, sustaining the organisation's consistently high performance over the past year and remaining above the Welsh Government target of 85%. This continued stability demonstrates an embedded culture of accountability for learning and development, with teams maintaining strong engagement despite operational pressures. The position supports organisational readiness, reduces exposure to regulatory risk and reinforces the foundations for safe, high-quality service delivery.
9. In relation to recruitment KPIs, Trac data shows an increase in advertising durations beyond the standard 7–14 days; these extended timeframes have impacted overall recruitment performance. Delays experienced have primarily been driven by hiring manager availability without delegation, delayed qualification approvals, candidate non-compliance with pre-employment checks and extended gaps between recruitment stages. In one case, a 39-day delay was recorded between advert closure and offer issuance. Whilst early stages of the process remain within expected timescales (e.g. time to advertise and move to shortlisting), later stages continue to extend overall timelines. Year-to-date averages show 44.5 working days from vacancy creation to offer and 77 working days from vacancy creation to ready-for-start. Recruitment teams are continuing to address these issues through targeted data cleansing, improved use of Trac milestones and increased manager education to reduce avoidable delays and improve end-to-end performance.



10. While PADR completion rates have increased slightly since the last reporting period, it remains below the 85% target. Current focus is on improving the quality and value of PADR conversations through a refresh of the process, making it more meaningful and easier to use. A pilot is now underway to test these changes, with the expectation that improved experience will support increased completion rates following full roll-out. Alongside this, delivery of Our WAST Way development has already shown positive traction, with more than 280 colleagues completing the interactive brochure and self-assessment tool, over 130 accessing Management Essentials and over 500 attendances on live learning through Our WAST Way Applied and Essential Conversations. In parallel, the Leadership Community has now grown to almost 400 colleagues, demonstrating clear appetite for shared learning and connection. This level of meaningful take-up shows the framework is resonating with colleagues and is already helping to build more confident conversations, more consistent leadership practice, and a more connected culture.
11. There were 50 Safeguarding cases open at the end of quarter 4 and 75 cases opened in total during the year April 2025-March 2026. Domestic abuse, coercive control and sexual misconduct remained the most prominent and persistent themes across the reporting year, with both categories appearing at comparable levels. Following these, concerns relating to theft, fraud, financial exploitation, clinical practice and substance misuse continued to feature regularly. In response to the continued prevalence of sexual safety concerns, new awareness materials have been deployed across WAST sites to promote safe working environments, encourage reporting and direct staff to appropriate support channels.
12. The Trust's sickness absence rate for March 2026 is 7.45%, reflecting a 1.24% reduction over the past three months. This sustained downward trajectory indicates that current interventions and management approaches are having a positive impact, with improvement being delivered in a stable and controlled manner. Year-on-year comparison for the January to March period shows a marginal reduction of 0.02%, demonstrating overall stability and resilience in absence levels despite seasonal system pressures, including RSV and flu. This suggests that the organisation is not only achieving improvement but is increasingly able to sustain gains over time. Within the Operations Directorate, the March absence rate of 7.95%\* represents a 1.28% reduction over the past three months. Year on year comparison shows a 0.10% reduction compared to the same period last year; this is the third lowest monthly position since 2025. This reflects consistent progress in a key delivery area and indicates that targeted



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absence management approaches are beginning to embed. Importantly, this progress is being supported by a strengthened partnership between managers and People Services, with a continued focus on providing timely advice, case management support, and consistent application of absence policies. This is enabling managers to take earlier, more confident action, contributing to improved outcomes. *Further detail regarding sickness absence contained within **Annex 3**. \*Individual absence data may vary between reports dependant on the date data was pulled from ESR.*

### RECOMMENDATION(S)

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



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# Our People and Culture Metrics

A Focus on Quantitative Data  
March 2026



## Culture

	Baseline	Sept 23	Mar 24	May 24	Sept 24	Mar 25	Sept 25	Mar 26	
Staff Survey Completion Rate:	39%	9.12%	23.2%	23.2%	-	35.2%	*	43.2%	↑
Network Membership:	N/A	184	202	220	404	542	732	790	↑
Disciplinary Cases:	28	28	32	39	47	42	41	46	↑
Formal Requests for Resolution:	15	8	13	13	13	13	12	13	↑
Cultural Reviews Underway:			3	3	2	2	2	1	↓
Open Safeguarding Allegations:						46	38	50	↑

## Capacity

Turnover:	9.81%	9.37%	9.12%	9.01%	8.21%	8.42%	8.02%	7.75%	↓
Sickness (12 Month Rolling):	8.78%	8.69%	8.52%	8.46%	8.18%	7.83%	7.79%	7.92%	↑
Sickness (In Month):	7.5%	8.78%	7.67%	7.55%	7.43%	7.35%	7.77%	7.47%	↓

## Capability

MIST Compliance:	N/A	15.5%	92%	20%	47.18%	90.44%	56.59%	92%	↑
Stat Mand Compliance:	78.73%	79.71%	81.2%	82.71%	86.53%	87.84%	90.17%	91.62%	↑
PADR Completions:	73.5%	70.72%	79.51%	78.11%	75.89%	77.91%	75.35%	76.65%	↑

Notes to accompany dataset:

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



## People and Culture KPIs

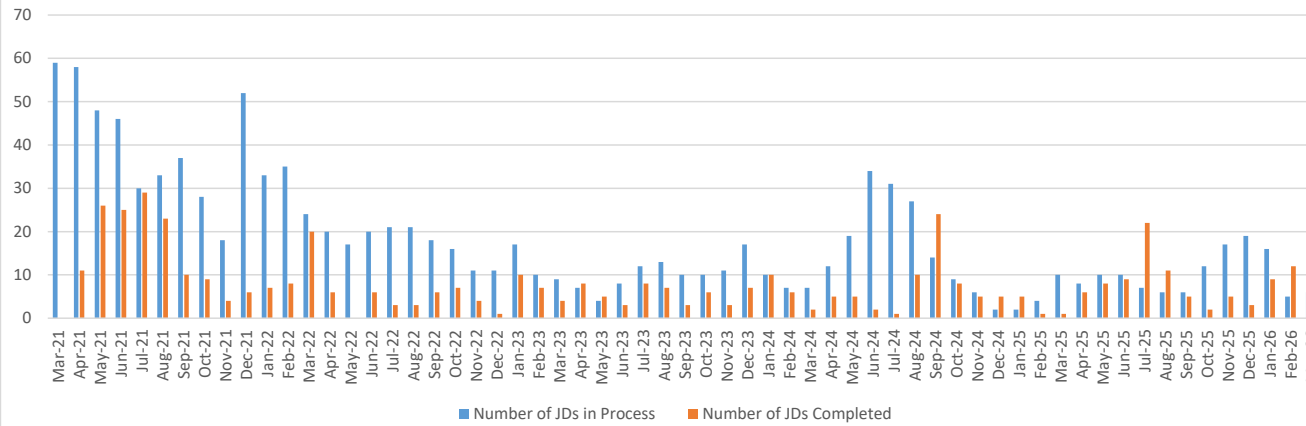
		March 2026			
<b>Plan</b>	<b>Job Evaluation</b>				
	JDs currently in process:	6	↑		
	JDs completed in month:	3	↓		
	Ave. days to complete:	23	↓		
<b>Recruitment</b>	Vacancy creation to unconditional offer:		70.4	↓	
	<b>Sickness</b>				
	Rolling 12 month:	7.92%	↑		
	In month:	7.47%	↓		
<b>Wellbeing</b>	OH referral to first offer of appointment:		4.14	↓	
	Sickness absence attributable to MH:		34.80%	↓	
	<b>Educate</b>				
<b>Stat Mand training compliance:</b>	Stat Mand training compliance:		91.62%	↑	
	<b>Apprenticeships</b>				
	Apprenticeships in progress:	74	↓		
Apprenticeships completed:	1	↓			
<b>PADR Compliance:</b>	PADR Compliance:		76.65%	↑	
	<b>Open ER cases:</b>		46	↑	
	<b>Formal requests for resolution:</b>		13	↑	
		<b>Resource</b>			
		<b>Engage</b>			

te: Sickness data is generated around 23rd of each month, so some reports may not include the latest figures depending on when the data is collected

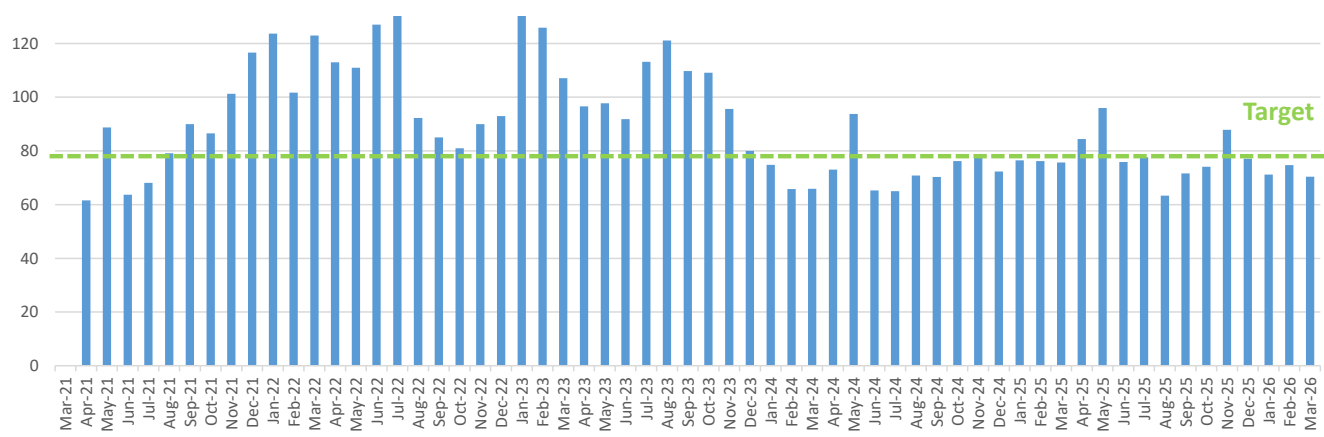


Ymddiriedolaeth GIG  
Gwasanaethau Ambiwlaens Cymru  
Welsh Ambulance Services  
NHS Trust

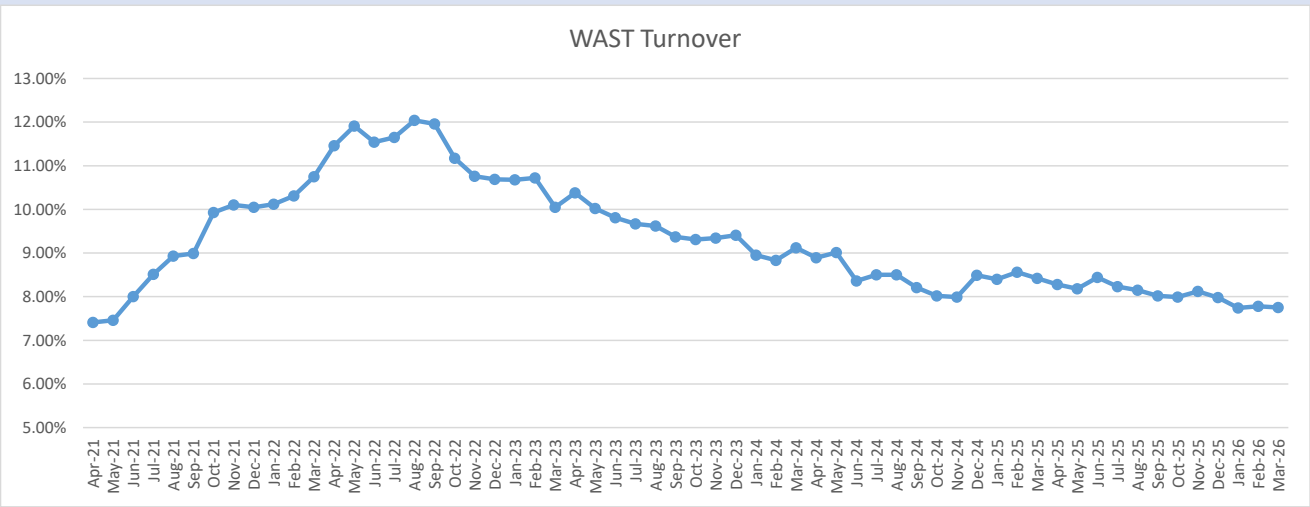
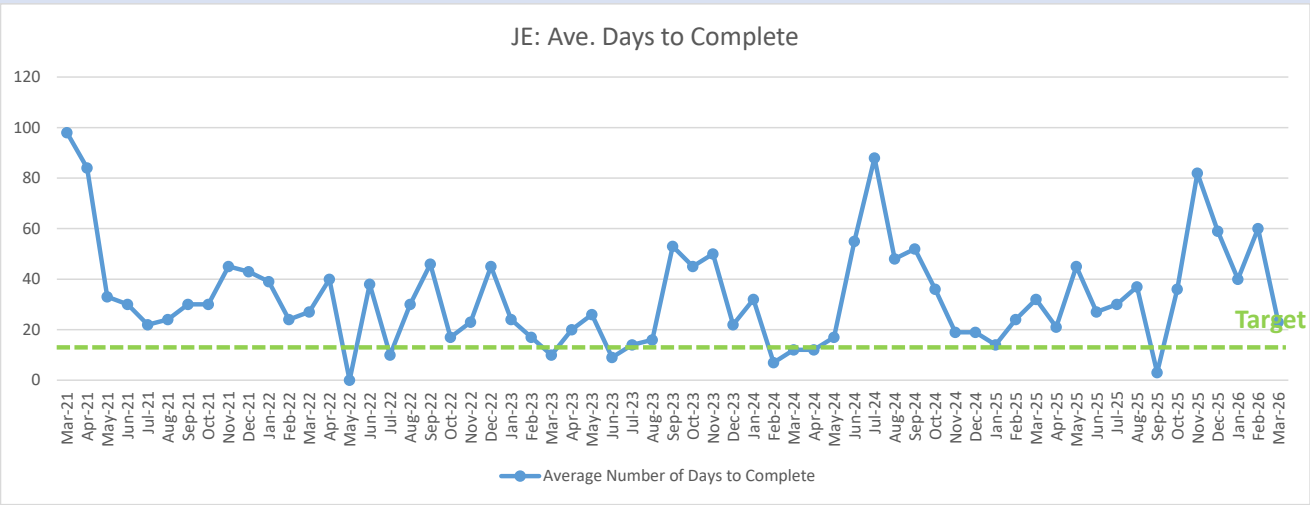
### JE: JDs in Process / Completed



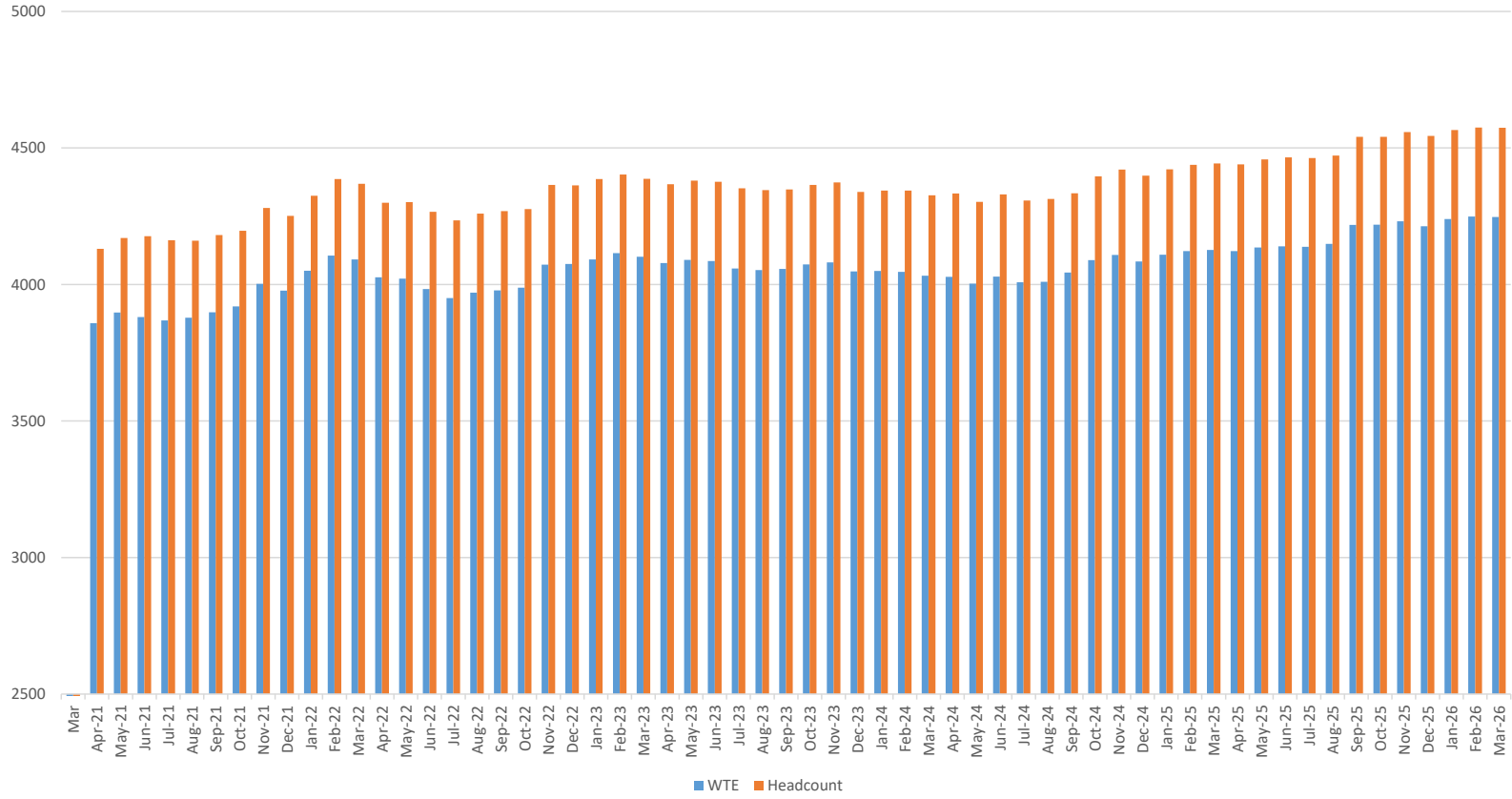
### Ave. Days Vacancy Creation to Conditional Offer



**Return to Summary**

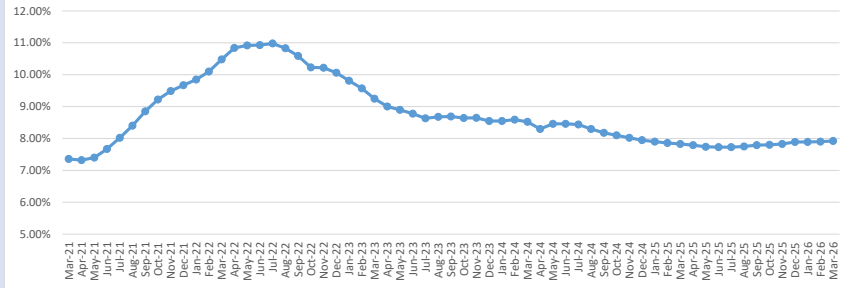


WAST Headcount / WTE

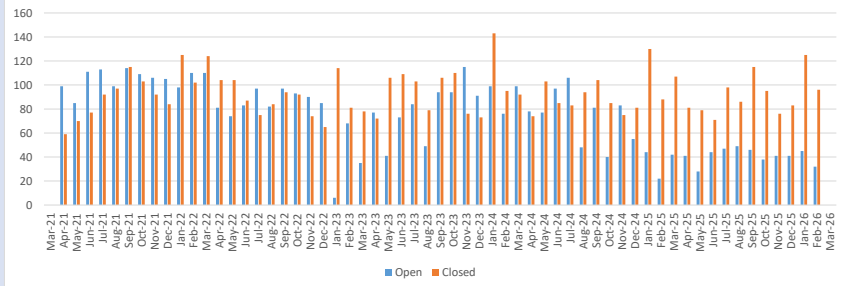




### Overall Sickness - Rolling 12 Month

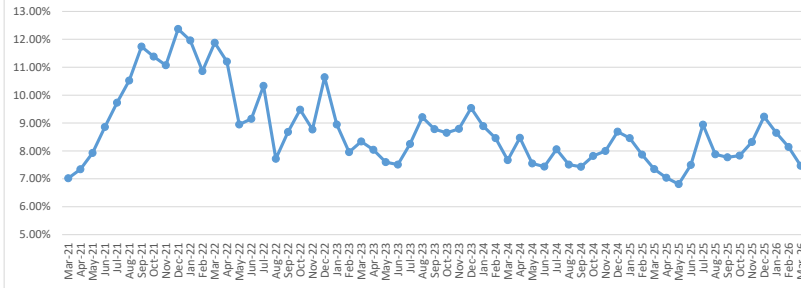


### New LTS Opened vs. Closed LTS Cases

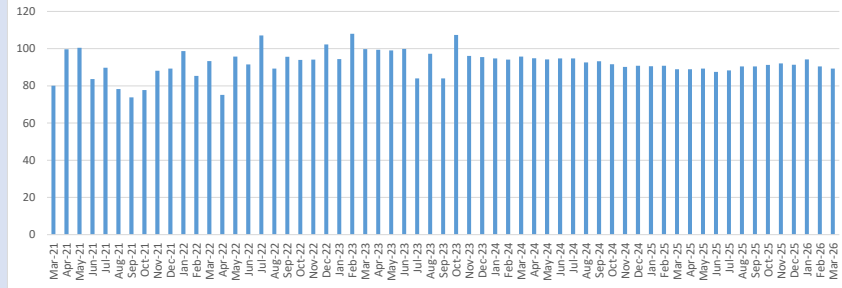


[Return to Summary](#)

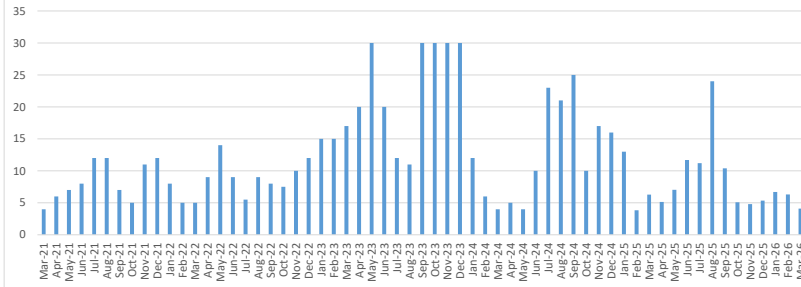
Overall Sickness - In Month



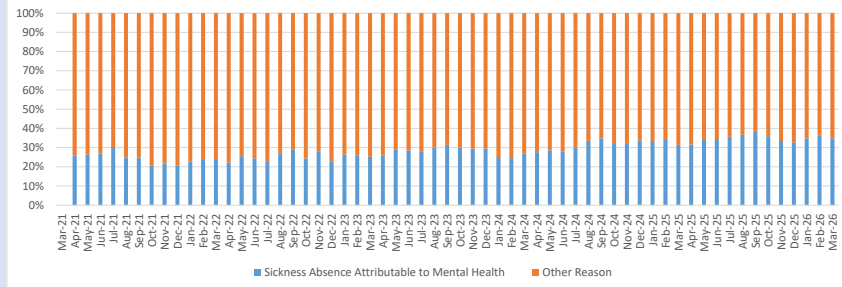
Ave. Length of Closed LTS (Days)



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



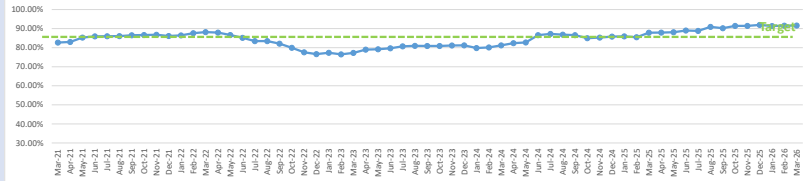
% of Sickness Absence by Reason (In Month)



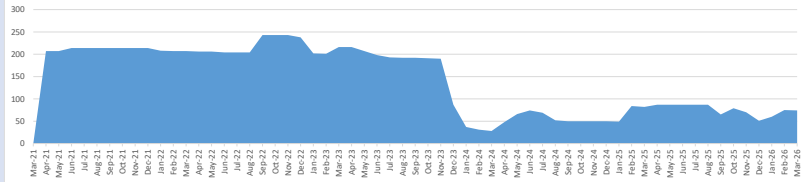


[Return to Summary](#)

Statutory and Mandatory Training Compliance



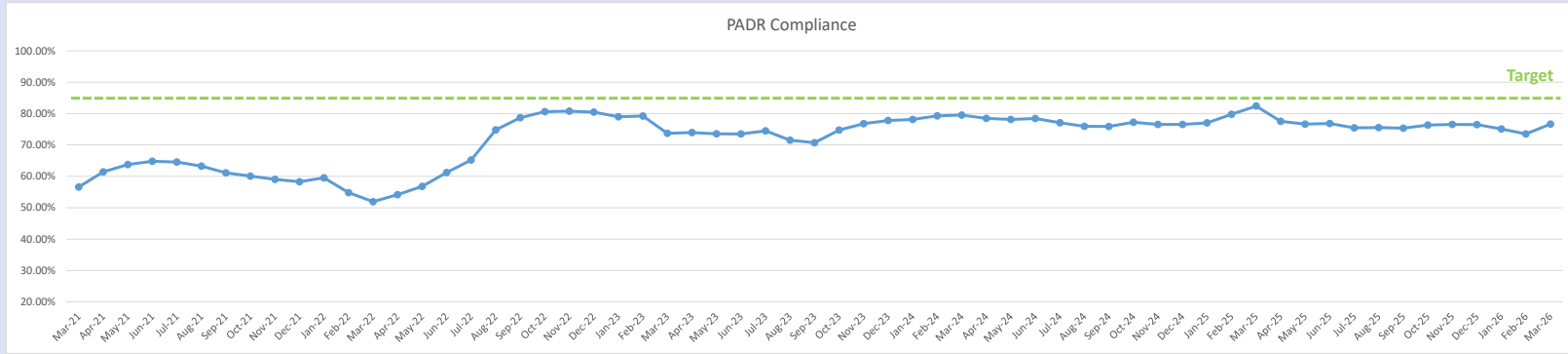
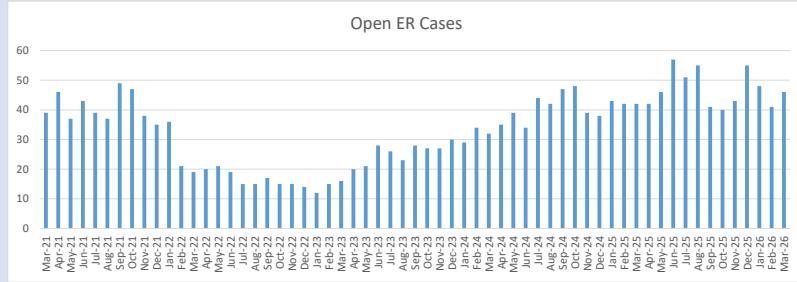
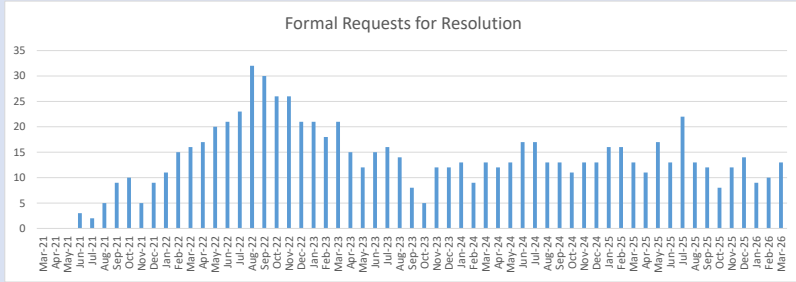
Apprenticeships in Progress



Apprenticeships Completed in Month

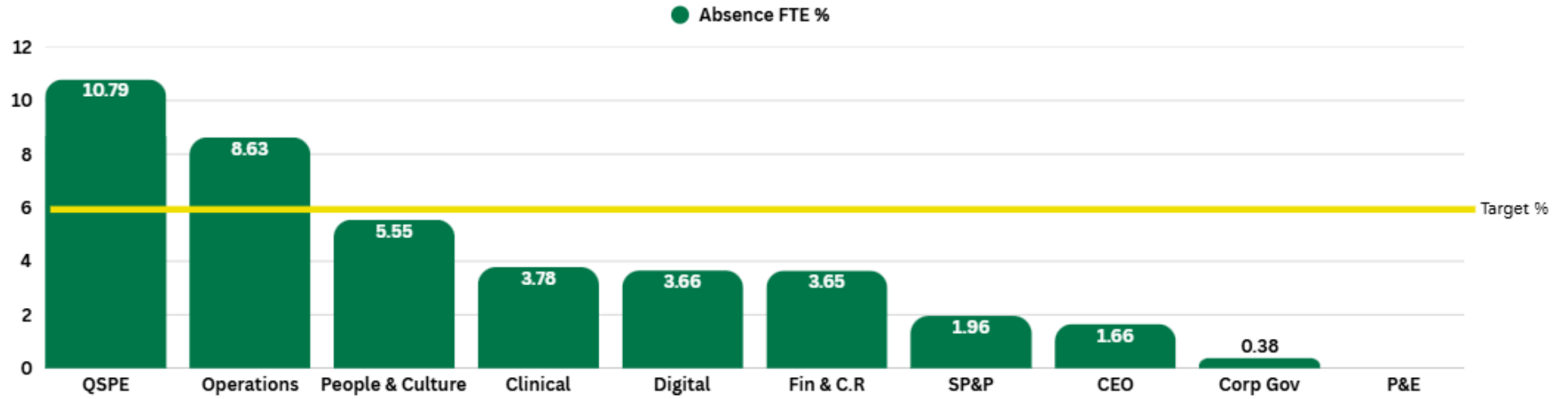


[Return to Summary](#)

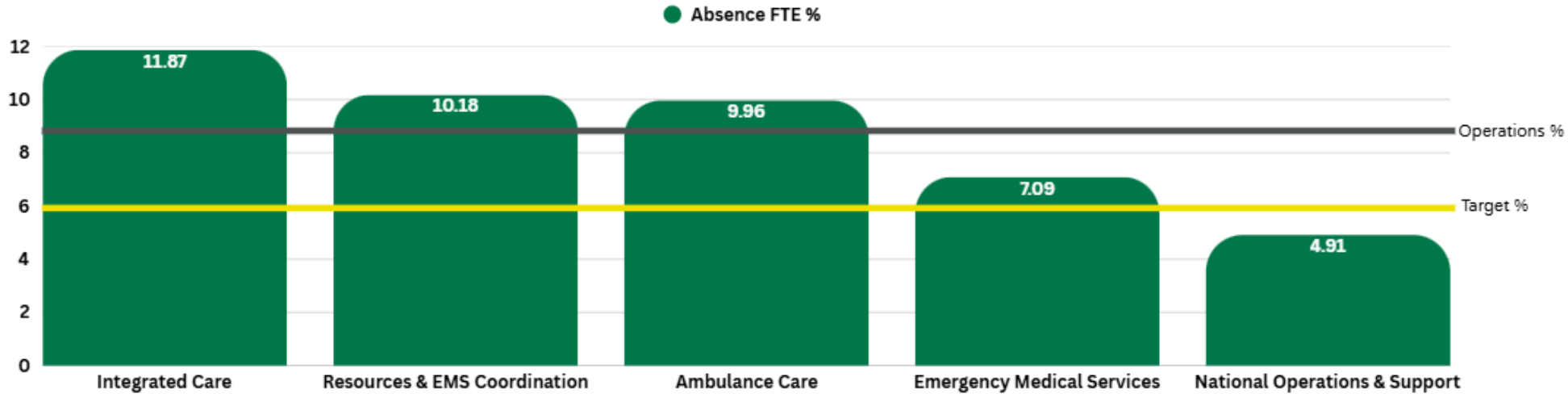


# SICKNESS ABSENCE ANALYSIS

### Directorate Absence FTE % (March 2026)



### Operations Absence FTE % (March 2026)



# SICKNESS ABSENCE ANALYSIS

## Top 5 Lowest Performing Areas

	Team	% Absence FTE	Employee Count	Estimated Cost	Estimated Cost Anxiety S10
1	Integrated Care	11.87	611	£566,706	£251,494
2	QSPE	10.79	136	£177,404	£134,230
3	Resourcing & EMSC	10.18	427	£372,759	£167,917
4	Ambulance Care	9.96	951	£587,222	£194,633
5	Emergency Medical Services	7.09	1929	£1,538,830	385,007

## Top 5 Highest Performing Areas

	Team	% Absence FTE	Employee Count	Estimated Cost
1	Partnerships & Engagement	0	14	£0
2	Corporate Governance	0.38	12	£386
3	Chief Executive	1.66	19	£10,606
4	Strategy, Planning & Performance	1.96	25	£5,768
5	Finance & Corporate Resources	3.65	163	£35,474

### ANALYSIS:

- Workforce factors, including workload, shift patterns and skill mix, remain a significant influence on absence levels, with local management approaches shaping how these pressures are experienced in practice.
- Strengthening early-intervention approaches to anxiety-related absence, alongside consistent use of occupational health and wellbeing resources, remains a key organisational focus
- Variability in the application of sickness absence policy and management practice continues to influence the timeliness and consistency of attendance management across services.

# Job Evaluation

## Final Internal Audit Report

### 2025/26

Welsh Ambulance Service University NHS Trust



Reasonable Assurance

#### Contents

Executive Summary .....	1
Findings & Agreed Action Plan .....	4
Appendix A: Assurance Opinion & Prioritisation of Findings.....	15

Review Reference  
Fieldwork  
Executive Sign Off  
Audit Committee  
Executive Lead  
Audit Team

WAS-2526-18

January 2026 - February 2026

26 March 2026

28 April 2026

Carl Kneeshaw, Director of People

Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit

# Executive Summary

## Purpose

To assess how effectively the requirements of the NHS Job Evaluation Handbook are being applied by the Welsh Ambulance Services University NHS Trust (the Trust).

## Overview

Job evaluation is the process of determining the relative value of a job compared to other roles within an organisation, with the aim of establishing a fair and rational pay structure. It is a key part of the pay system for NHS staff covered by the 'NHS Terms and Conditions of Service Handbook' (Agenda for Change). One of the aims of Agenda for Change is to enable NHS bodies to operate more flexibly by redefining and developing roles in partnership, supporting the ongoing modernisation of services for the benefit of patients.

The introduction of the NHS Job Evaluation Scheme ensures that all posts are assigned to appropriate pay bands through a structured job matching and evaluation process. This approach ensures fairness, consistency, and equality for all staff. The Trust is required to comply with the standards set out within the NHS Job Evaluation Handbook (the Handbook).

Alongside the NHS Handbook, separate guidance is in development at the Trust designed to help managers understand the job evaluation process and access additional resources, including reference to the expected target time for completion of the job evaluation process. When replacing vacant posts, managers need to consider whether the existing role remains appropriate or whether it can be redesigned to align with service improvement and evolving organisational needs.

An assessment of the Trust's job evaluation function was undertaken in January 2025 to identify the causes of backlogs during periods of heightened demand and to determine priorities for strengthening the function's capacity and resilience. The findings from this review informed recommendations to streamline the process and enable the function to meet future demand sustainably. An action plan was subsequently developed, outlining short and medium-term initiatives. A 14-day turnaround target was identified as a future goal for the completion of the job evaluation process (compared to the current, albeit not formally documented, 28-day requirement). However, we note that limited reporting has taken place on progress against these actions due to resourcing constraints.

The current structure aligns to the findings and resulting requirements of the assessment. At the time of audit fieldwork (January 2026), there were no resource gaps and no backlog of job evaluations.

We have concluded **reasonable** assurance for this review. The matters requiring management attention include:

1. Ratification of the Job Evaluation Standard Operating Procedure is required to provide clear operational guidance and ensure consistent application of the JE process
2. Delays in progressing job matching occur due to limited availability of trained panel participants (both staff-side and management), leading to panel cancellations and reduced resilience, affecting timeliness and potentially impacting the experience of staff awaiting outcomes.
3. Documentation and audit trail weaknesses persist, consistent with the findings of our previous Job Evaluation report (issued February 2021; limited assurance). Issues include incomplete or missing records of matching, re-evaluation and consistency checking activity, insufficient evidence of attendance and gaps in supporting documentation.
4. No recent or structured training has been delivered for job matchers, analysts, or consistency checkers, and no central record of practitioner training is maintained. Again, this is consistent with the findings of our previous review.
5. Conflicts of interest identified, with some individuals participating in both job matching and consistency checking panels for the same job description.
6. Monitoring and reporting against agreed JE improvement actions is insufficient, with no recent updates presented to the Executive Leadership Team.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

## Scope & Assurance Summary

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

		Related Findings	Assurance
1	The Trust has appropriate policies and procedures in place, which clearly set out the job evaluation process, roles and responsibilities, and promote fairness, consistency and equality for all members of staff.	1	<b>Reasonable</b>
2	Arrangements for managing the evaluation of new posts, re-evaluations of changed posts and outcome review requests are compliant with policy.	1,2,3	<b>Reasonable</b>
3	Staff involved in job matching, analysis, evaluation, and outcome review requests have received suitable training and support.	2,4,5	<b>Limited</b>
4	Appropriate local consistency checking requirements are in place and meet the recommendations set out in the NHS Job Evaluation Handbook.	3,5	<b>Reasonable</b>
5	Periodic analysis reporting to an appropriate committee is taking place and is evident.	2,6	<b>Reasonable</b>

### Management Actions

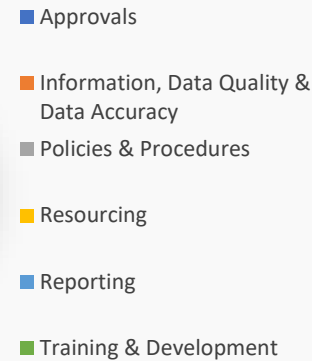


High Priority



Medium Priority

### Themes

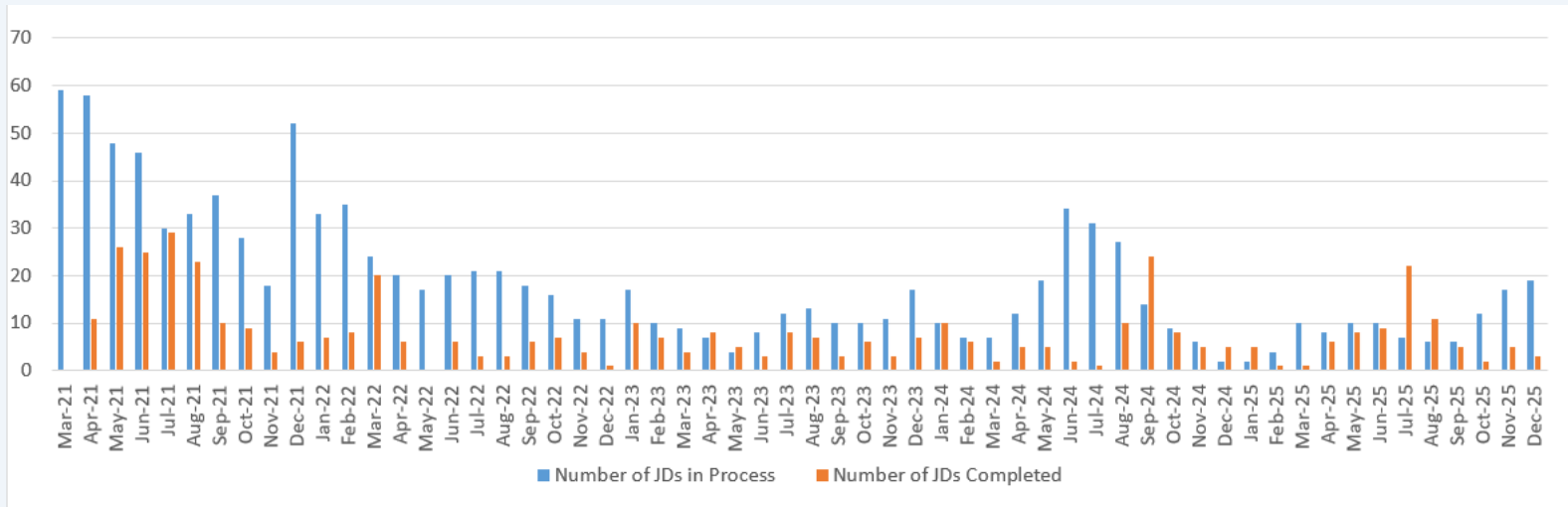


### Risk Types

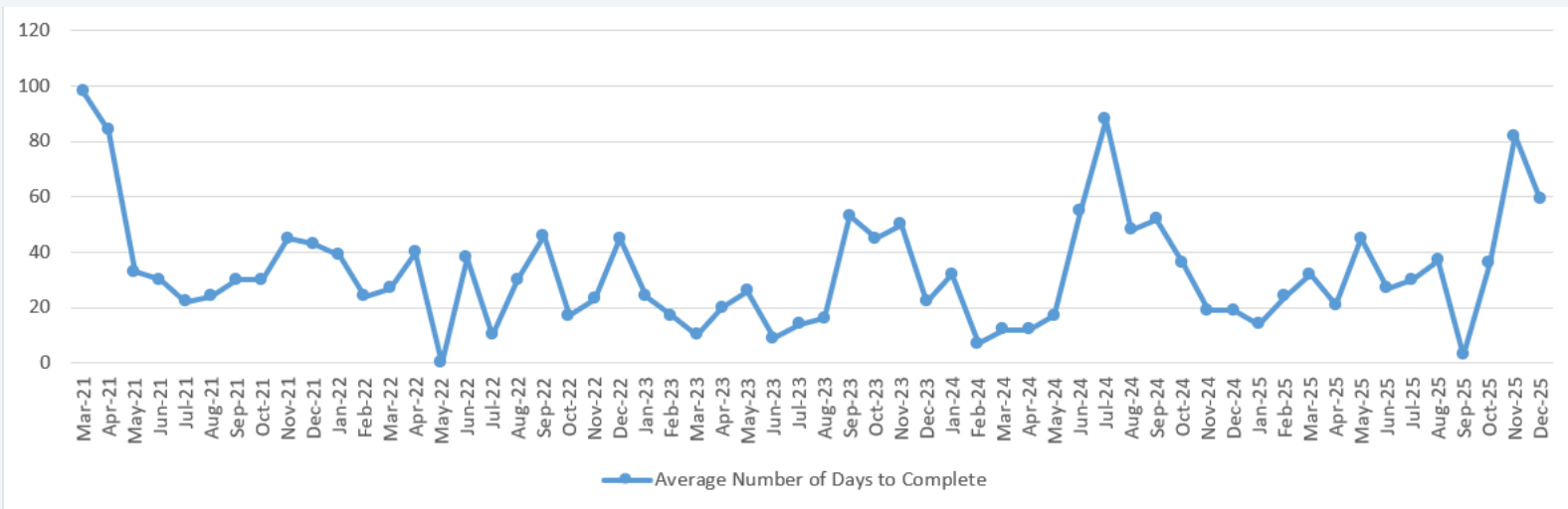
Quality or Safety Issues  
 Legal & Regulatory Non-Compliance  
 Public Perception & Reputational Risk

# At a Glance: People and Culture KPIs

**Table 1:** Number of job descriptions in process/completed <sup>1</sup>



**Table 2:** Average number of days taken to complete the job evaluation process <sup>1</sup>



<sup>1</sup> Metrics extracted from data presented to the People and Culture Committee (February 2026)

# Findings & Agreed Action Plan

**Objective 1:** The Trust has appropriate policies and procedures in place, which clearly set out the job evaluation process, roles and responsibilities, and promote fairness, consistency and equality for all members of staff. **Reasonable**

Our previous Job Evaluation (JE) audit (report issued February 2021; limited assurance) concluded that the combination of the NHS Wales Job Evaluation Handbook (the Handbook) and national procedures provided a strong framework for the JE process to operate in. These documents remain available and in use across the Trust.

The dedicated JE page on Siren provides access to the Handbook, the comprehensive guide for all NHS organisations, (now in its eighth edition and last updated in January 2024), as well as links to national guidance such as *'Introductions to Job Evaluation and Writing Job Descriptions'* and *'Writing Successful Job Descriptions'*. The page also includes brief statements outlining what constitutes (1) new roles, (2) changed roles; and (3) re-evaluations, alongside links to the job description and personal specification proformas.

Recent completion of this same audit at other NHS Wales organisations noted the presence of locally developed Standard Operating Procedures (SOPs) that supplement the Handbook by setting out the detailed local processes. These were supported by manager toolkits and a locally produced JE Handbook. Such supporting materials are currently not in place at the Trust. We recognise that WAST is a different type of organisation to Health Boards and that direct comparisons should therefore be treated with caution. However, consideration of the approaches adopted elsewhere could still provide useful context and help inform any future enhancements to the Trust's processes.

At the time of audit fieldwork, we were advised that a SOP for JE had been developed, with the intention of publishing by April 2026 - circa 12 months later than originally planned. The delay reflects challenges relating to team capacity, competing priorities and changes in JE management within the team (see **Key Finding 1**). This work stems from an assessment of the JE function undertaken in January 2025 and reported to the Executive Leadership Team (ELT). The assessment stated *'This procedure will provide managers with clear, practical guidance on preparing and submitting job descriptions, ensuring a transparent and consistent process across the Trust. Additionally, JE administrative processes will be reviewed and aligned with the new procedure to streamline the receipt and progression of job descriptions.'*

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>Delayed development of the Job Evaluation Standard Operating Procedure (SOP)</b></p> <p>The Job Evaluation Standard Operating Procedure (SOP), whilst drafted (albeit circa one year behind the original implementation deadline) has yet to be approved.</p>	<p>Inconsistent processes, reduced managerial clarity, and inequitable job evaluation outcomes, undermining confidence in the fairness and reliability of the JE process.</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. Job Evaluation SOP to be presented to the P&amp;C Business Meeting by 31 May 2026</li> <li>2. SOP published by 30 June 2026</li> </ol> <hr/> <p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>• Agenda evidence from P&amp;C Business Meeting</li> <li>• Approved SOP published, evidence of intranet communication to the organisation.</li> </ul>
	<b>Medium Priority</b>	<b>Officer:</b> Liz Rogers, Deputy Director of People

Key Findings	Risk & Impact	Agreed Management Action
<b>Theme:</b> Policies & Procedures	Control Design	<b>Target Implementation Date:</b> (1) 31 May 2026; (2) 30 June 2026

Job evaluation (also known as job matching) occurs when a job description is matched against an existing national profile. Where no suitable profile exists, a job analysis questionnaire is completed, and a JE panel evaluates the role on its merits. A separate re-evaluation route exists for postholders who believe they are working beyond their current job description. In such cases, the individual must evidence the differences between their substantive role and actual duties, with approval from the line manager and budget holder before submission. All JE activity is undertaken within the national Computer Aided Job Evaluation (CAJE) system, with documentation stored electronically.

JE panels are routinely scheduled, with up to six sessions per week depending on the availability of job matchers. Whilst not formally documented (see **Key Finding 1**), local expectations require the JE process to be completed within 28 working days. We note positively that the Trust currently has no backlog of JE panels. The Handbook states that matching panels must operate in partnership and should ideally include equal numbers of Trade Union and management practitioners, typically four members (two of each). Panels may proceed with three or expand to five to support new practitioners' development. The Trust currently has 23 active management practitioners and 15 active Trade Union practitioners trained to undertake JE duties.

Due to a smaller pool of Trade Union practitioners, we are advised that panel cancellations do occur. Of the 98 panels scheduled between 1 January 2025 and 23 January 2026, 23 were cancelled: 14 due to unavailability of panel members (not clarified by role), 5 where no job descriptions were available for evaluation; and four with no recorded reason (see **Key Finding 2**). Operational pressures also limit the ability of practitioners, particularly Trade Union practitioners, to participate, as JE activities are often accommodated using Time Off in Lieu (TOIL) rather than formal release time. This can restrict practitioner availability, contribute to cancellations, and pose resilience risks for the JE process (see **Key Finding 2**). However, as previously noted, there is currently no backlog.

We reviewed all JE submissions received between 1 January 2025 and the date of audit fieldwork (5 February 2026). Thirty-nine submissions were recorded, covering new posts, re-bandings, re-evaluation, and banding outcome review requests. A sample of ten JEs and five re-evaluations across a range of bands were examined in detail to assess compliance at each stage. While core job descriptions and technical documents were available in all cases, we identified several inconsistencies in documentation quality and completeness, mirroring issues reported in our previous JE audit (February 2021). Whilst key dates were confirmed following the audit fieldwork, supplemental documentation was not provided for all. It is anticipated that the implementation of the SOP will strengthen these areas (see **Key Finding 1**). Issues identified, where enhancement in documentation is required, included:

- **Timeliness:** 6/10 JEs and 3/5 re-evaluations exceeded the Trust's internal requirement to complete the process within 28 working days, but we recognise this is within the timescale of 12 weeks as per the national guidance. (see **Key Finding 2**).
- **Missing proformas:** 3/10 JE files lacked the required proforma. All re-evaluations included them (see **Key Finding 3**).
- **Missing national profiles:** While all JEs contained national profiles, 3/5 re-evaluations did not (see **Key Finding 3**).
- **Welsh translations:** Evidence of required Welsh translations (Welsh Language Standard 107A) was absent in 3/10 JEs and 3/5 re-evaluations (see **Key Finding 3**). The JE Team advised that translation is the responsibility of Recruitment. While re-evaluations do not always require immediate translation, good practice would support translating approved job description for future use. As advised by the Trust, there is currently not the organisational capacity to translate posts going through JE.

- **Consistency checking:** Evidence confirming that consistency panels had taken place was missing in 3/10 JEs and 1/5 re-evaluations. Attendance records were unclear in 6/10 JEs and 3/5 re-evaluations, and whilst further evidence was provided to confirm panels had occurred in line with the Handbook, documentation remained insufficient (see **Key Finding 3**).

We also assessed whether JE and consistency panels were free from conflicts of interest and whether individuals were not participating in both panels for the same job. While panels were held in accordance with the Handbook, some individuals attended both the matching and consistency panels for the same post (refer to *objective 4*).

Once the JE process is complete, the responsibility for the issue / communication is that of the managers / budget holders for the specific area.

Key Findings	Risk & Impact	Agreed Management Action
<p>2 <b>Panel Cancellations</b></p> <p>Of the 98 JE panels scheduled over the past 12 months (Jan 2025 to Jan 2026) a total of 23 were cancelled. 14 due to practitioner availability, five as there were no roles to evaluate and four had no recorded reason. - .</p> <p>Current practice at the Trust is for Trade Union practitioners to utilise TOIL to participate in job evaluation panels, which we are advised could be a barrier to participation. Accordingly, there is a small pool of trained and approved individuals from which the Trust can select for panels and cancellations occur.</p> <p>The implications of this are that several JE and re-evaluation cases exceeded the Trust's internal 28-day timescale for completion (6/10 JEs and 3/5 re-evaluations sampled), reflecting the impact of a range of contributing factors (e.g., delays in receipt of required supporting information from management, panel cancellations and potentially affecting the experience of staff awaiting outcomes. We do, however, note that the 28-day timescale is within the national guidance timescale of 12 weeks.</p>	<p>Reduced practitioner availability may cause delays and inconsistent scheduling, weakening the reliability of the JE process.</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. Rationalise the current list of trained practitioners to identify people who need to be removed.</li> <li>2. Deliver refresher training to those who require it.</li> <li>3. If required, expand the pools of trained, accredited practitioners, both managers and TU partners, but recognising the potential restrictions as a response organisation and circa 90% of TU partners being in operational roles.</li> <li>4. Update the expected timescale for completion from 28-days to 8 weeks. Monitoring and report JE timeliness on this revised timescale to ensure cancellations, delays and capacity issues are routinely identified and escalated where necessary. Reporting will be to the People &amp; Culture Business meeting (volumes) and to the Executive Leadership Team (exception reporting)</li> </ol> <p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>• Revised list of practitioners</li> <li>• Training session dates for refresher training (if appropriate)</li> <li>• Evidence of recruitment of new practitioners, and associated training (if required)</li> <li>• Reporting on the JE and re-evaluation process completion timeline to <i>the People &amp; Culture Business meeting (volumes); and to the Executive Leadership Team (exception reporting).</i></li> </ul>
<p><b>Theme:</b> Resourcing</p>	<p><b>Medium Priority</b></p> <p>Control Design</p>	<p><b>Officer:</b> Liz Rogers, Deputy Director of People</p> <p><b>Target Implementation Date:</b> (1) 30 June 2026; (2) 30 November 2026; (3) 31 March 2027; (4) 30 June 2027</p>

Key Findings	Risk & Impact	Agreed Management Action
<p>3 <b>Inconsistent Documentation and Incomplete Job Evaluation Records</b></p> <p>Testing identified multiple documentation gaps, including missing proformas, absent national profiles, incomplete evidence of consistency checking, unclear attendance records.</p> <p>Further, there was limited evidence of required Welsh translations (Welsh Language Standard 107A). These issues mirror those identified in the previous JE audit and indicate inconsistent adherence to documentation standards.</p>	<p>Missing documentation reduces transparency and consistency, increasing the risk of challenge and weakening confidence in JE outcomes.</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. Create checklist for JE team to use as an audit tool / aide memoire to ensure all relevant paperwork is in place.</li> <li>2. Development of opportunities to digitise JE processes to support document management.</li> </ol> <p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>• Updated guidance; and confirmation of route of issue and to whom.</li> </ul>
<p><b>Theme:</b> Information, Data Quality &amp; Data Accuracy</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Officer:</b> Liz Rogers, Deputy Director of People</p> <p><b>Target Implementation Date:</b> 31 December 2026</p>

### **Job Matching / Consistency Checking Training**

The Trust maintains a register of job matchers and consistency checkers, with individuals marked inactive if they withdraw from duties. As noted under *Objective 2*, there are currently 15 Trade Union practitioners actively involved in JE/matching (three of which are also involved in consistency checking), and 23 management-side practitioners (15 of which also undertake consistency checking). These figures are broadly comparable with those reported in our previous Job Evaluation audit (15 staff side: 37 management).

The limited number of practitioners results in frequent reliance on the same individuals and has contributed to panel cancellations and, in some cases, conflicts of interest where individuals participate in both matching and consistency panels for the same job description (see **Key Finding 5**). The JE Team recognises the need to recruit additional practitioners, particularly from Trade Union partners, but notes that operational pressures make staff release challenging (see **Key Finding 2**).

Although the team advised that they only utilise job matchers and consistency checkers who have undertaken the appropriate training, we found that there is no central training record for job matchers and consistency checkers, and no recent formal training has been delivered as those undertaking panels have done so for some time (see **Key Finding 4**). This is consistent with the position at the time of our previous audit (final report issued February 2021), where we recommended a review of trained staff to assess readiness for active participation and identify training needs. Although the JE team is reviewing its training programme for 2026, no sessions had been scheduled at the time of audit fieldwork.

For practitioners who have not participated in a panel for an extended period, there is currently no structured refresher training, with optional shadow opportunities being the only informal option.

We note that actions are being taken to improve support and communication for those involved in JE process, although these will take time to embed. These include:

- A Teams channel for the JE Team (in place since 2022); and
- A JE Network Channel for all JE practitioners, expected to go live by the end of April 2026.

### **Manager Awareness Training**

At the time of audit, the Trust did not provide structured manager awareness training. Rather, managers have access to guidance available on the Trust's JE SharePoint site, alongside ad-hoc support from the JE Team as needed.

Benchmarking against other NHS Wales organisations identified the availability of more structured training provision for managers in several areas, including Manager Pathway sessions, Manager Awareness sessions, and Job Description Writing Workshops. However, we note that the Trust is a smaller organisation with a lower demand for training. Manager advice and training is delivered on an ad hoc, one to one basis as required by the organisation.

We acknowledge that the forthcoming SOP is expected to provide enhanced and more consistent guidance for managers at the Trust once approved and implemented.

Key Findings	Risk & Impact	Agreed Management Action
<p>4 <b>Gaps in Training Provision and Support for JE Practitioners and Managers</b></p> <p>There is no recent or structured training available for job matchers or consistency checkers, and no central record is maintained of practitioner training. Refresher training is also lacking for individuals who have not participated in panels for extended periods, with shadowing being the only informal option.</p> <p>These issues were identified in the previous Job Evaluation audit (February 2021), where similar concerns were raised regarding the need to review trained staff, assess readiness for active participation, and address training gaps.</p>	<p>Lack of structured training and support may lead to inconsistent JE practice, inaccuracies, delays and reduced confidence in JE outcomes.</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. Create and maintain a central register (including last panel involvement) which can be used to inform panel selection and identify practitioners requiring upskilling.</li> <li>2. Contact inactive practitioners to establish intent and deliver refresher training for those who have not participated in panels within 18 months; and remove those who will no longer be participating from the updated list.</li> <li>3. Deliver structured training for new practitioners covering job matching, panel procedures, documentation, consistency checking etc; ensuring the training content reflects current national JE guidance as required.</li> </ol> <p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>• Training materials, including refresher training, and plans for / evidence of delivery.</li> <li>• Register in place and up to date</li> </ul>
<p><b>Theme:</b> Training &amp; Development</p>	<p><b>Medium Priority</b></p> <p>Control Design</p>	<p><b>Officer:</b> Liz Rogers, Deputy Director of People</p> <p><b>Target Implementation Date:</b> (1&amp;2) 30 June 2026; (3) 30 November 2026</p>

Similarly to the JE Panels, there is only a small pool of 'active' Trade Union practitioners (15) and management practitioners (3) involved in consistency checking at the Trust. As a result, the same individuals are often involved in both JE panels and consistency checking panels (see **Key Finding 5**).

Individuals who participated in the original JE panel for a job description should not take part in discussions at the consistency checking panel for the same job (noting that multiple job descriptions may be considered at each meeting). Best practice requires that they recuse themselves from the relevant discussion, that such recusals are formally recorded, as was noted when completing a similar audit at another NHS Wales organisation, and that any instance reported to Local Partnership Forum and / or accompanied by a declaration of interest.

Consistency checking panels are currently scheduled on a fortnightly basis (previously they were arranged on an ad hoc basis) and are always conducted via Microsoft Teams. The JE Team confirmed that there have been no significant delays in scheduling panels, and there is currently no reported backlog.

From our sample of ten JEs and five re-evaluations, we assessed compliance with national consistency checking requirements. As previously reported, a number of documentation gaps were identified highlighting the need to improve on the audit trail that is being maintained; and for such to be maintained in a consistent manner as per the requirements of the Handbook. Evidence confirming that consistency checking panels had been held was absent for 3 of the 10 JEs and 1 of the 5 re-evaluations. In addition, panel attendance was not clearly documented in 6 of the 10 JEs and 3 of the 5 re-evaluations. Although this missing information were subsequently provided, and we were satisfied that the panels had been conducted in line with the national Handbook, the audit trail retained on file remains insufficiently robust (see **Key Finding 3**).

A spreadsheet is maintained to record key information for each consistency panel; however, panel outcomes are not consistently completed, with many fields remaining blank. Whilst no issues have arisen to date, ensuring this information is completed in full would strengthen the robustness and clarity of the audit trail.

Key Findings	Risk & Impact	Agreed Management Action
<p>5 <b>Limited Practitioner Capacity and Inconsistent Documentation Undermine Panel Independence and Assurance Over Consistency Checking</b></p> <p>A shortage of trained JE practitioners continues to result in individuals serving on both matching and consistency-checking panels for the same role, with three such instances identified in our sample. The constrained practitioner pool also affects operational resilience and panel scheduling.</p> <p>Panel documentation remains inconsistent in parts, limiting the ability to demonstrate compliance clearly. In contrast, in another NHS Wales organisation reviewed as part of similar audit work, internal consistency checking forms were completed</p>	<p>Limited capacity and inconsistent documentation increase conflict of interest risks and weaken confidence in JE outcomes; limiting the Trust's ability to evidence compliance.</p>	<p><b>Agreed Action:</b></p> <p>Consistent with the actions outlined in key findings 2 and 4:</p> <ol style="list-style-type: none"> <li>1. If required, expand the pools of trained, accredited practitioners, both managers and TU partners, but recognising the potential restrictions as a response organisation and circa 90% of TU partners being in operational roles.</li> <li>2. Deliver structured training for new practitioners covering job matching, panel procedures, documentation, consistency checking etc; ensuring the training content reflects current national JE guidance as required.</li> </ol>

Key Findings	Risk & Impact	Agreed Management Action
<p>after each panel and stored alongside the job documentation. Whilst not a national requirement, this represents good practice and provides a more reliable and complete audit trail.</p>		<p><b>Expected Evidence of Implementation:</b></p> <p>Consistent with the evidence outlined in key findings 2 and 4:</p> <ul style="list-style-type: none"> <li>• Evidence of recruitment of new practitioners and associated training (if required)</li> <li>• Training materials, including refresher training, and plans for / evidence of delivery.</li> </ul>
<p><b>Theme:</b> Approvals</p>	<p><b>Medium Priority</b></p> <p>Control Design</p>	<p><b>Officer:</b> Liz Rogers, Deputy Director of People</p> <p><b>Target Implementation Date:</b> 31 December 2026 (1) 31 March 2027; (2) 30 November 2026</p>

### **Internal Reporting**

The JE team regularly runs activity reports from CAJE to monitor workload, outcomes and any anomalies. Verbal updates are provided at weekly team meetings, and key performance indicators (KPIs) are shared at the monthly People & Culture business meeting.

Updates are provided to the Executive Leadership Team (ELT) on request. The most recent update (January 2025) included an assessment of the JE function, the causes of previous backlogs, and priorities for strengthening capacity and resilience. An accompanying action plan set out short and medium-term initiatives; however, at the time of audit fieldwork, all actions remained outstanding, and no progress update had been reported back to ELT due to resourcing pressures within the JE team (see **Key Finding 6**).

We acknowledge that national guidance does not set out specific reporting requirements or KPIs; however, such measures would enhance organisational oversight and facilitate benchmarking. Within the Trust, a high-level summary of JE activity is presented quarterly to the People and Culture Committee. Reported metrics include the number of job descriptions in progress, completed within the month, and the average time taken to complete them. At the February 2026 Committee meeting, 19 job descriptions were in progress, three had been completed, and the average completion time was 59 days (which exceeds the Trust's internal KPI of 28-days - see **Key Finding 2**)

### **External Reporting and Networks**

Organisations within NHS Wales are required to comply with All-Wales JE policy and maintain internal governance and audit arrangements; however, there is no requirement to submit JE performance or activity data to Welsh Government or any UK-wide body.

Although not formal reporting channels, there are a number of All Wales groups that support consistency, training and technical discussions. These include the Wales Monitoring Group, Wales Training Group, Wales Profile Group, Wales JE Technical Group, National Training Group, and the NHS Wales CAJE Review Meeting. In addition, an Association of Ambulance Chief Executives (AAACE) group was established in 2025 to consider non-pay related JE points. While much of the content reflects NHS England priorities, the JE Lead attends these meetings where possible. Attendance has been restricted recently due to resourcing pressures within the JE team, though full establishment was reached in January 2026, and participation is anticipated to improve.

Recognising that the Trust operates differently to other UK Ambulance Services, and that their JE processes are not standardised, we acknowledge that the Trust does not benchmark its JE function or activities, nor does it maintain any formal links with other ambulance trusts for the comparison or shared learning.

Key Findings	Risk & Impact	Agreed Management Action
<p>6 <b>Weaknesses in Performance Reporting and Oversight Limit Assurance Over the JE Function</b></p> <p>While periodic internal updates are provided, reporting on JE activity is not supported by clearly defined KPIs or agreed timeframes, limiting the ability to monitor performance and challenge delays. The audit confirmed that currently no evaluations were outstanding and there were no significant delays. Nevertheless, progress against the JE action plan has not been reported back to ELT due to resourcing pressures, reducing oversight of key improvement activity.</p>	<p>Without KPIs or oversight, JE delivery lacks transparency and assurance, increasing the risk of inefficiency, delays and unsound decisions.</p>	<p><b>Agreed Action:</b></p> <ol style="list-style-type: none"> <li>1. Develop and approve a small set of KPIs covering timeliness, activity levels, cancellations, documentation quality and case backlog for routine monitoring at the People and Culture Business Meeting.</li> <li>2. Report to P&amp;C Business Meeting on progress against plan ensuring sustained visibility of improvement activity.</li> </ol> <p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>• Relevant set of KPIs developed, for quarterly reporting to P&amp;C Business meeting.</li> <li>• Progress reporting on the JE action plan to P&amp;C Business Meeting.</li> </ul>
<p><b>Theme:</b> Reporting</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Officer:</b> Liz Rogers, Deputy Director of People</p> <p><b>Target Implementation Date:</b> 30 November 2026</p>

# Appendix A: Assurance Opinion & Prioritisation of Findings

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

## Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit, Risk & Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Welsh Ambulance Service University NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Welsh Ambulance Service University NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.





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Agenda Item No.

12

## REPORT TITLE

Monthly Integrated Quality Performance Report – March 2026

## MEETING

Name of meeting	People and Culture Committee
Date of meeting	5 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	n/a

## REPORT SPONSOR

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

## PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input checked="" type="checkbox"/> Assurance	<input checked="" type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input type="checkbox"/> Noting



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## REPORT SUMMARY:

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

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the “vital few” key metrics. This report is for March 2026.
2. The general data quality in the report is good (and the amount of data comprehensive), but a number of specific data quality issues have previously been identified. Some have been resolved, and others are being worked through with a clear Executive focus on Phase 2 of the Ambulance Performance Framework, which is now live. Additional capacity is being sought for the Insight & Data Services (IDS) function with a number of appointments into new posts being made, but onboarding and then a lead in time for these new staff to come up to speed is required. In the interim, IDS capacity is being actively managed by senior IDS managers and also through a CMT Metrics Workplan. The CMT Metrics Workstream has now closed, with any outstanding actions passing to the new CMT Benefits Workstream.
3. The Trust continues to focus on its people, with a range of actions in place to improve workplace experience including, for example, reducing shift overruns, whilst also continuing with the more strategic focus on the People and Culture Plan.

## RECOMMENDATION(S)

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

The People and Culture Committee is requested to:

1. Consider the March 2026 Integrated Quality and Performance Report and actions being taken and determine whether:
  - a. The report provides sufficient assurance;
  - b. Whether further information, scrutiny or assurance are required; or
  - c. Further remedial actions are to be undertaken through Executives.

## ADDITIONAL PAPER(S)

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

**Annex 1** Monthly Integrated Quality and Performance Dashboard



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

## STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input checked="" type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input checked="" type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

## RISK(S) THIS REPORT MITIGATES

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

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

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

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

## HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

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

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement and Research	<input checked="" type="checkbox"/> Whole Systems Approach

## WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> A socially responsible employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a



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## IMPACT ASSESSMENTS FOR CONSIDERATION

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

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

## APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
29 April 2026	Hugh Bennett – Assistant Director Commissioning & Performance



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## SITUATION

1. The purpose of this report is to provide senior decision-makers within the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for March 2026.

## BACKGROUND

2. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level, which aim to demonstrate how the Trust is performing across four integrated areas of focus:
  - Our Patients (Quality, Safety and Patient Experience).
  - Our People;
  - Finance and Value; and
  - Partnerships and System Contribution.
3. December's Board Development received a presentation on options for the MIQPR, based on feedback received from NEDs and Executives. The following actions were agreed:
  - a) To review the current set of KPIs against the Trust's strategic objectives, with a view to reducing the number of KPIs (the Trust will undertake the usual review against the IMTP and other changes in the health care system in Wales);
  - b) Disaggregate the MQIPR into committee specific KPIs, but retain the overall scorecard for each committee in order to avoid silo working and maintain an overall awareness of the Trust's operating context across its balanced scorecard;
  - c) Report by exception, so for the committee specific KPIs, only that that are off target will receive a narrative detailing what is causing the KPI to be off target and what is being done about it. For KPIs that are on target, graphs will be provided in an appendix with no supporting narrative;
  - d) Retain the balanced scorecard as a way of achieving strategic alignment in a quantitative form;
  - e) Seek to add a more predictive element to the reporting (this will take a period of time to achieve, but the Trust has a strong track record of forecasting & modelling);



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- f) Remove the use of upward/downward trend as a target and replace with agreed benchmarks/targets; and
  - g) A greater use of statistical process control charts, but agreement to empower the Trusts' analysts to determine the best way of visualising the data.
4. These changes will take place over a number of months, with full go live in Q1 + Q2, once the 2026-29 IMTP has been agreed and once the Trust is in a new financial year. Trust Board will also receive a report to its March meeting on a revised scorecard (set of metrics) and revised ambitions (benchmarks and ranges). This will then go live from 1 April 2026, with further work required with each committee during Q1 on their committee specific metrics. As a first step, the F&P report focuses on the KPIs for which it is the lead committee.

## ASSESSMENT

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

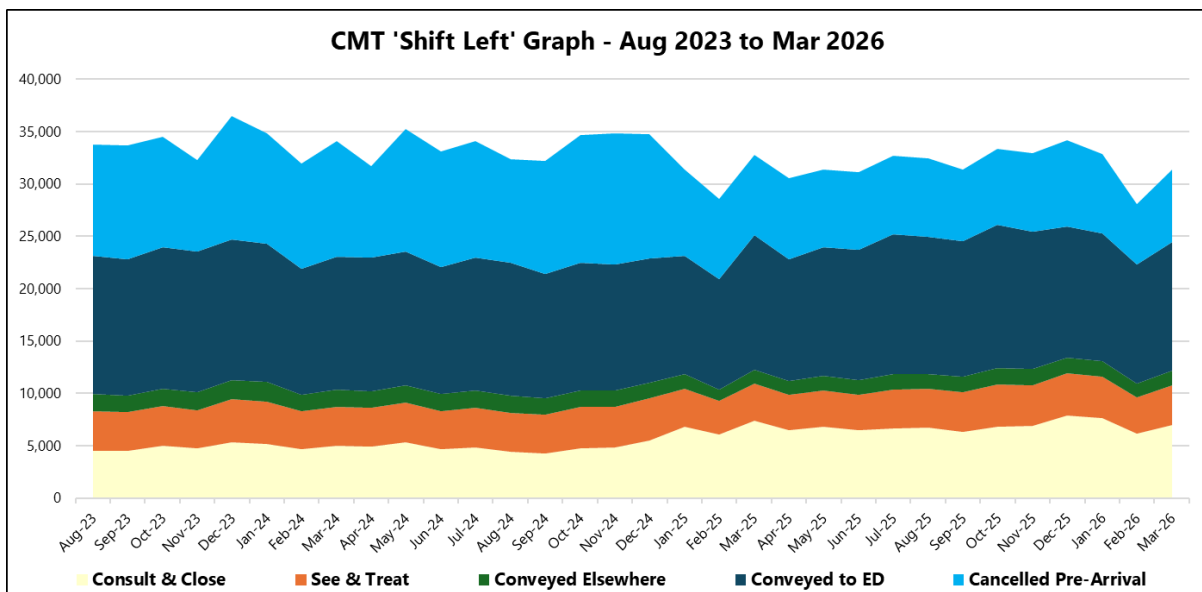
5. Traditionally, the main factors which affect response times are demand and capacity (recruitment and lost hours). EMS production has been stable however decreased to 93% in March 2026, and handover lost hours have significantly improved; with this improvement particularly feeding through into the Amber/Now category's performance. Health Boards are implementing new actions in order to further reduce handover lost hours. The Trust's main focus is to continue to implement a material change in how it responds to patient demand by evolving its clinical model through the Clinical Model Transformation (CMT) programme. Areas of focus include:
- Potential further reinvestment into remote clinical capacity;
  - Potential further reinvestment in APPs;
  - Development of the remote integrated care service (111 clinicians and CSD clinicians);
  - Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: use of volunteers, mental health response pilot, Falls response etc.; and
  - The transformation of the various clinical model categories as per the previous paragraph.



Our People (workforce resourcing, experience, and safety)

6. **Hours Produced:** The Trust produced 124,935 Ambulance Response unit hours during March 2026 and delivered an emergency ambulance unit hours production (UHP) of 93%, dropping below the 95% target (this will be a product of abstractions being above benchmark and the current vacancy factor).
7. **Response Abstractions:** EMS abstraction levels increased minimally to 33.25% during March 2026 and exceeds the 30% benchmark figure. Response sickness abstractions stood at 7.25% (benchmark 5.99%).
8. **Trust sickness absence:** the Trust's overall sickness percentage was 7.47% in March 2026, matching the same percentage as March 2025, which is in line with seasonal factors. Actions within the IMTP concentrate on staff well-being with an aim to reduce this level to the IMTP ambition of 6%.
9. **Staff training and PADRs:** PADR rates did not achieve the 85% target in March 2026 at 76.65%. Compliance for Statutory and Mandatory training increased slightly to 89.19% achieving the 85% target
10. **People & Culture Plan:** the Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook a round of pan-Wales CEO Roadshows in mid-April 2026.

11. Partnerships & System Contribution





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The graph focuses on the Trust's ambition to allow more patients to be dealt with remotely, either without the need for a physical response or the need to convey. It highlights an improvement in both Consult & Close and See & Treat rates as well as a decline in the number of patient cancellations, thus reducing the unmet demand.

### **RECOMMENDATION(s)**

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

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# Monthly Integrated Quality & Performance Report

March 2026

Annex 1 – Top Indicator Dashboard



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Annex 1 – Top Indicator Dashboard  
Version 1.0  
April 2026

by Commissioning & Performance Team

# Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators	Target 2025/26	Jan-26	Feb-26	Mar-26	2 Year Average	RAG	Top Monthly Indicators	Target 2025/26	Jan-26	Feb-26	Mar-26	2 Year Average	RAG
<b>Our Patients</b>							<b>Capacity</b>						
<b>Timeliness Indicators</b>							Hours Produced for Emergency Ambulances	95-100%	97%	96%	93%	93%	A
NHS111 Call Handling Abandonment Rates	<5%	14.0%	13.1%	15.2%	11.7%	R	Sickness Absence ( <i>all staff</i> )	<6%	8.72%	8.25%	7.47%	7.88%	R
111 Clinical Triage Call Back Time (P1)	>90%	87.3%	90.3%	92.4%	96.1%	G	Staff Turnover Rate	<10%	7.74%	7.78%	7.75%	8.18%	G
999 Call Answer Times 95th Percentile	00:06	00:06	00:12	00:03	00:21	G	Statutory & Mandatory Training	>85%	87.98%	88.73%	89.19%	86.02%	G
Arrest (Purple) Median	6-8 Minutes	07:08	06:49	07:37	N/A	G	PADR/Medical Appraisal	>85%	75.11%	73.52%	76.65%	74.33%	R
Emerg. (Red) Median	6-8 Minutes	09:33	08:54	09:25	N/A	R	Number of Shift OVERRUNS	<2,800	3,777	3,342	3,507	3,713	R
Now (Orange) Median	<30 Minutes	01:52	01:14	01:24	N/A	R	<b>Value</b>						
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	>70%	76.8%	78.9%	79.5%	76.6%	G	Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100.00%	100.00%	N/A	100%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	>90%	78.9%	74.4%	77.6%	78.7%	R	EMS Utilisation Metric (CHARU)	30%	30.5%	28.1%	29.2%	28%	A
<b>Clinical Outcomes / Quality Indicators</b>							Average Jobs per Shift (All Vehicles)	2.73	2.68	2.71	2.75	2.52	A
Return of Spontaneous Circulation (ROSC)	>25%	23.4%	21.4%	22.5%	21.1%	A	NEPTS on the Day Cancellations		15.6%	14.8%	14.7%	14%	
Stroke Patients with Appropriate Care	>95%	89.5%	87.7%	89.7%	88.5%	A	<b>Partnerships / System Contribution</b>						
Stroke Call to Hospital Door Times	Under Review	02:56	02:21	02:15	02:26		<b>CMT</b>						
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	>95%	76.6%	73.2%	78.2%	68.9%	R	Successful Consult & Close Outcome	>22%	20.8%	19.6%	20.0%	17.5%	R
National Reportable Incidents reports (NRI)		5	4	4	4		No of Handovers over 45 mins	Zero	5,549	4,564	4,791	5,880	R
Can't Send & Cancelled by Patient Volumes	<6000	6,352	4,806	5,771	7,387	G	Number of Handover Lost Hours	<7500	19,243	14,957	16,469	18,717	R
Concerns Response within 30 Days	>75%	60%	59%	70%	62%	R							
Enactment of the Duty of Candour Total		6	6	5	5								

**In-Month RAG Indicates = TBD: Status cannot be calculated (To Be Determined)**  
**Green: Performance is at or has exceeded the target (Indicates no action is required)**  
**Amber: Performance is at or within 10% of target (Indicates some issues/risks to performance (monitoring is required))**  
**Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)**  
**Increasing/Reducing Trend is over the last 3-month period**

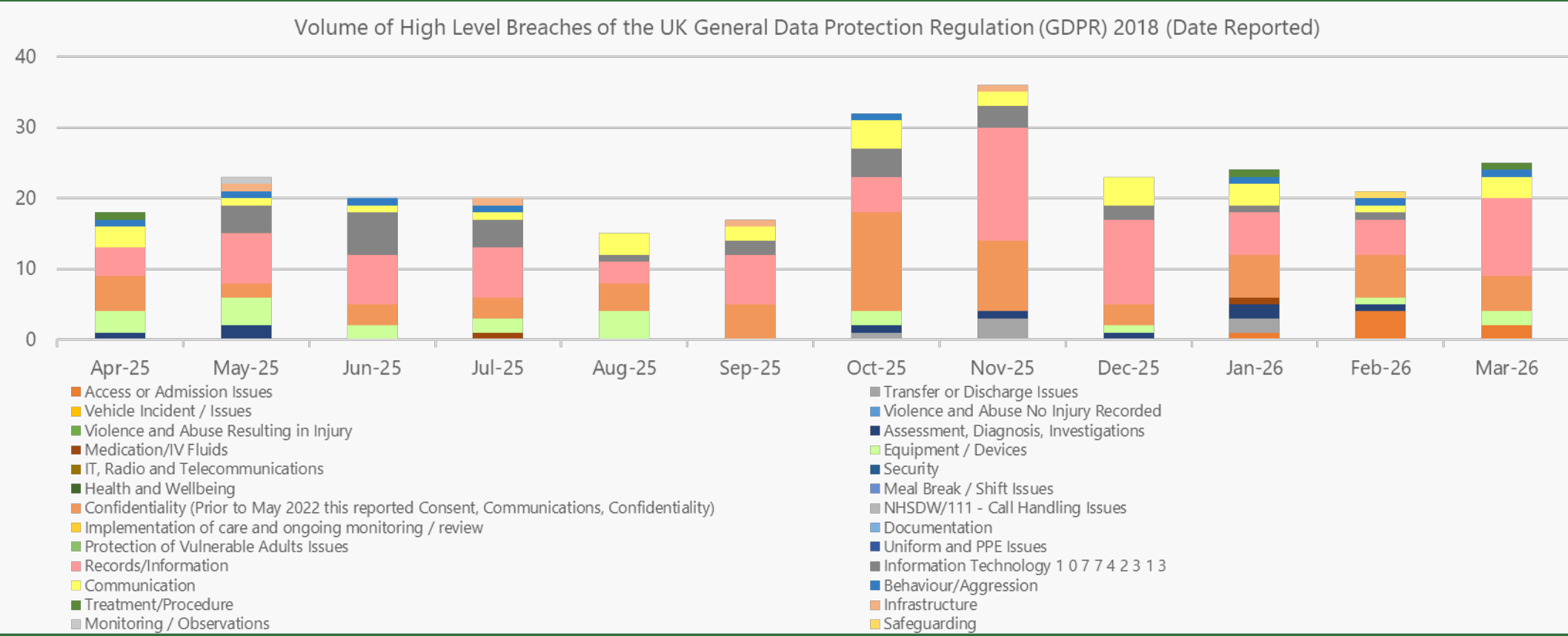
# Our Patients: Quality, Safety & Patient Experience

## Safeguarding, Data Governance & Public Engagement Indicators

(Responsible Officers: Jonny Sammut & Liam Williams)

Health & Care Standard  
Health – Safe Care

Self-Assessment:  
Strength of Internal Control:  
Strong



### Analysis

**Safeguarding:** In March 2026 WAST colleagues submitted a total of 235 Adult at Risk Reports, 95% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 891 reports were shared with local authorities across Wales during this reporting period. There have been 300 Child Safeguarding Reports submitted in March 2026, 92% of these were processed within 24 hours.

**Data Governance:** In March, there were 25 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 25 breaches, 11 related to Records/Information, 5 IG/Confidentiality, 3 Communication, 2 Equipment/Devices, 2 Access/Admission, 1 Behaviour/Aggression, 1 Treatment/Procedure.

### Remedial Plans and Actions

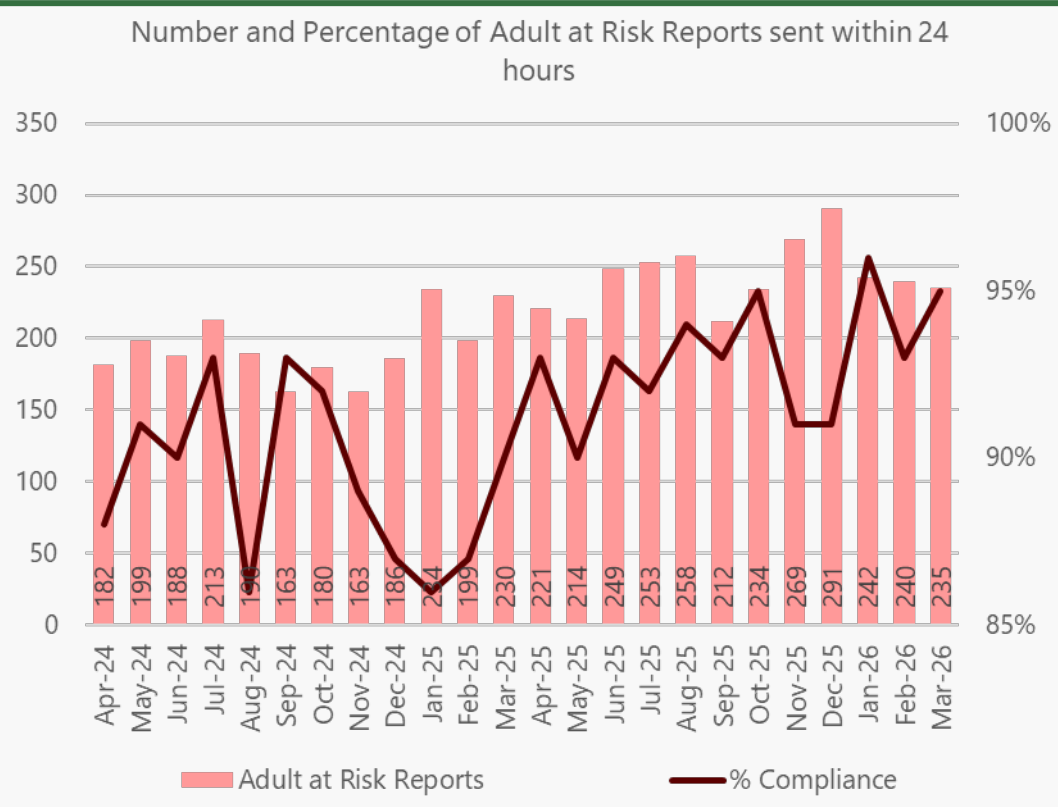
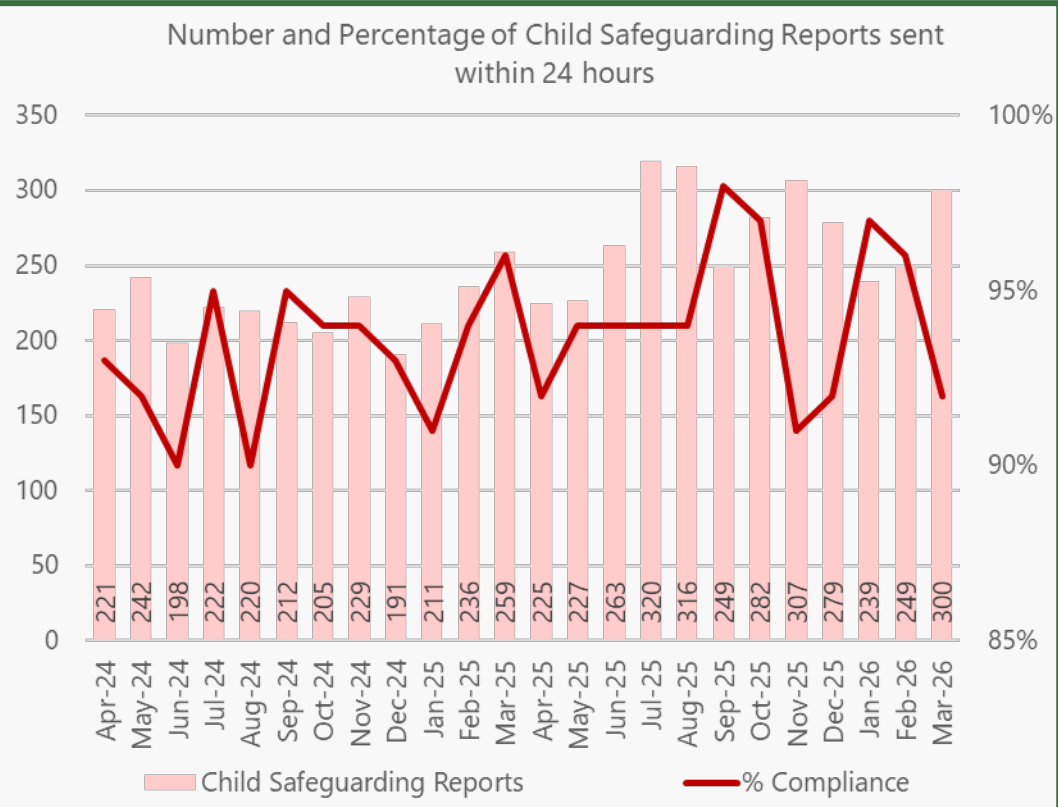
**Safeguarding:** The Trust manages all safeguarding reports digitally via Doc-works Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support WAST colleagues with using the Doc-works Scribe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

**Data Governance:** During the reporting period, of the 25-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). The IG Team continues to monitor, and review reported incidents where applicable.

### Expected Performance Trajectory

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

**Data Governance:** The Datix cleansing exercise which aimed to ensure all previous reported incidents are checked for IG considerations and removed where relevant has been completed.



\*NB: Data Governance Incidents are based on 'Date Reported' rather than 'Incident Date' as the process is currently manual until a dashboard is implemented and is therefore subject to change

Safeguarding Data source: Doc Works

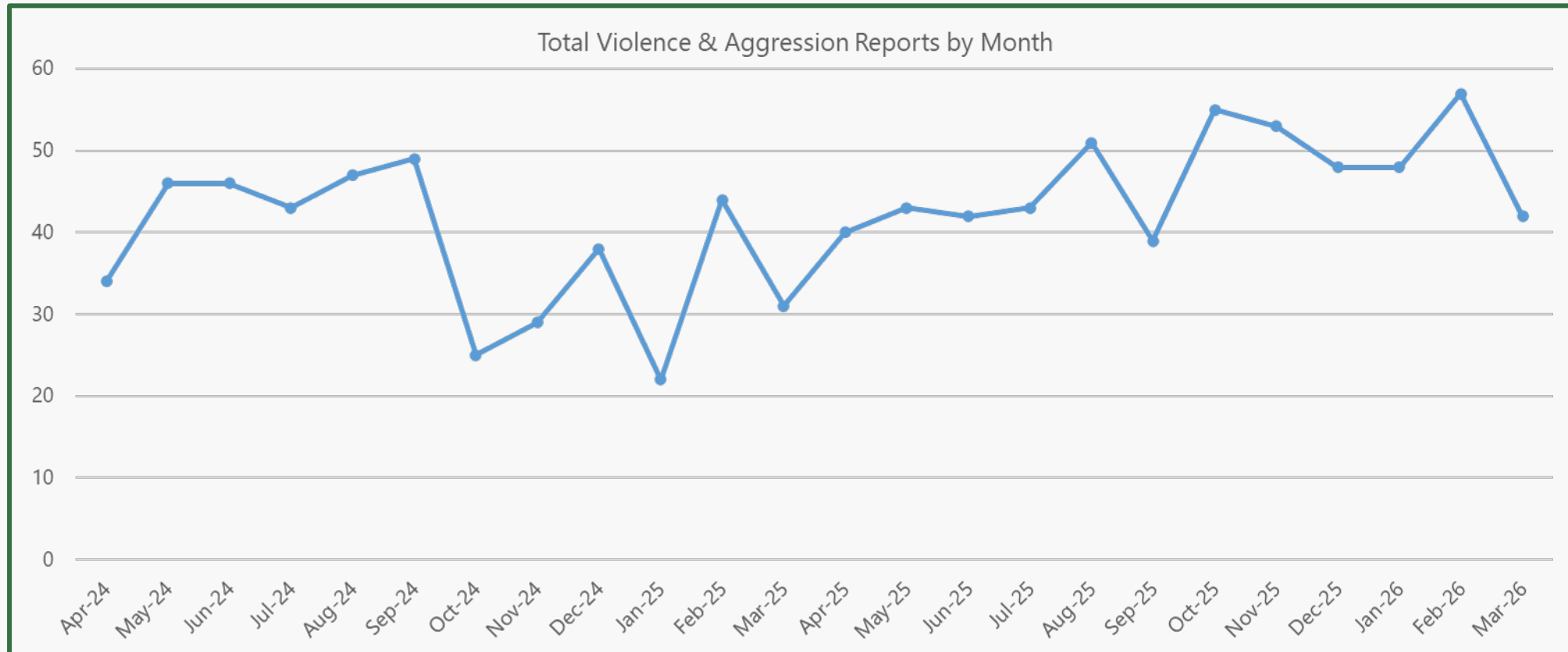
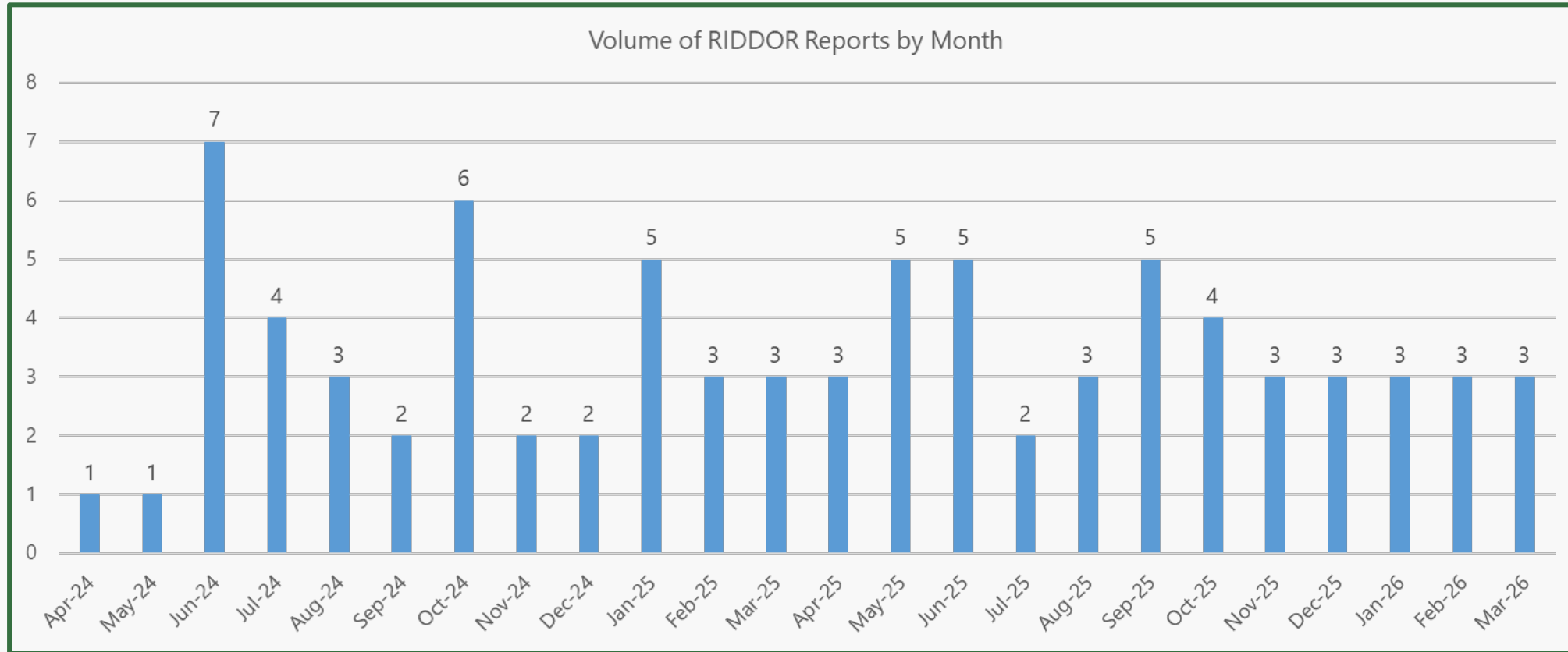
# Our Patients: Quality, Safety & Patient Experience

## Health & Safety (RIDDORS) Indicators

(Responsible Officer: Liam Williams)

Self-Assessment:  
Strength of  
Internal Control:  
Moderate

Health & Care  
Standard  
Health – Safe Care



### Analysis

**RIDDOR:** There were 3 incidents requiring reporting under RIDDOR during March 2026 all were for an injuries requiring over 7 days of work.

- 33% of the RIDDOR's were submitted within the HSE reporting timelines, which is big drop from the previous months.
- 2 RIDDOR's reported during the month were as a result of manual handling incident and 1 for slip, trip or fall.

### Violence and Aggression:

- A total of 42 incidents have been reported of V&A in March.
- The number of Aggressive/Threatening behaviour reports remains fairly static with 20 for the month compared to 22 for the previous month.
- 4 Physical Assault on staff were reported during the month with 2 incidents of verbal assault that were for swearing.
- 0 incidents were reported as Severe harm, 8 incidents were reported as Moderate in harm and 14 noted as low harm with 20 cases being noted as causing no harm.

### Remedial Plans and Actions

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

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

### Expected Performance Trajectory

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

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

Data source: Datix

# Our Patients: Quality, Safety & Patient Experience

## Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment:  
Strength of  
Internal Control:  
Moderate

Health & Care  
Standard  
Health – Safe Care

March 2026		
<b>NEPTS</b> (292 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	86
Were you happy with the transport you received?	85	95
<b>999</b> (16 responses)	Benchmark	Score
The 999-call taker who answered your call listened carefully and explained what was going to happen next.	85	98
The length of time I waited for an ambulance to arrive was acceptable.	85	92
<b>111</b> (8 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	33
Did you follow the advice given to you by NHS 111 Wales?	85	83
Would you consider using NHS 111 Wales again?	85	60
<b>WAST Overall - Friends &amp; Family Test</b> How was your overall experience with the service today?	Ranked from very poor to very good.	
o Ambulance care	93.04% Good	4.78% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	40.00% Good	40.00% Poor
o NHS 111 Wales Online	56.25% Good	31.25% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

### Analysis

The PECEI Team has not routinely attended community engagement events over the past months due to a combination of capacity and a refocusing of the Team's work in view of the organisational change process (OCP). The announcement of an OCP affecting the Team, has at times, led to some ambiguity amongst WAST teams regarding responsibility for community engagement activity, particularly between corporate functions and local operational teams. As a result, the team has prioritised the capture, analysis and application of patient experience feedback to support service improvement, quality and organisational learning, representing a strategic use of limited capacity in areas where the team have been able to add greatest value at an all-Wales level.

### Remedial Plans and Actions

Community engagement activity has not completely ceased. There has been local activity with the PECEI team providing support, advice, and guidance to operational teams to enable engagement within their locality/areas. The Team has been developing tools and processes to support the consistent recording and reporting of engagement activity across the organisation, which will improve oversight, reduce duplication and strengthen assurance regarding the scale and impact of types of engagement work. This approach will support a more locally led model of community engagement, whilst enabling the PECEI Team to maintain a strategic focus on capturing people's experience and organisational learning.

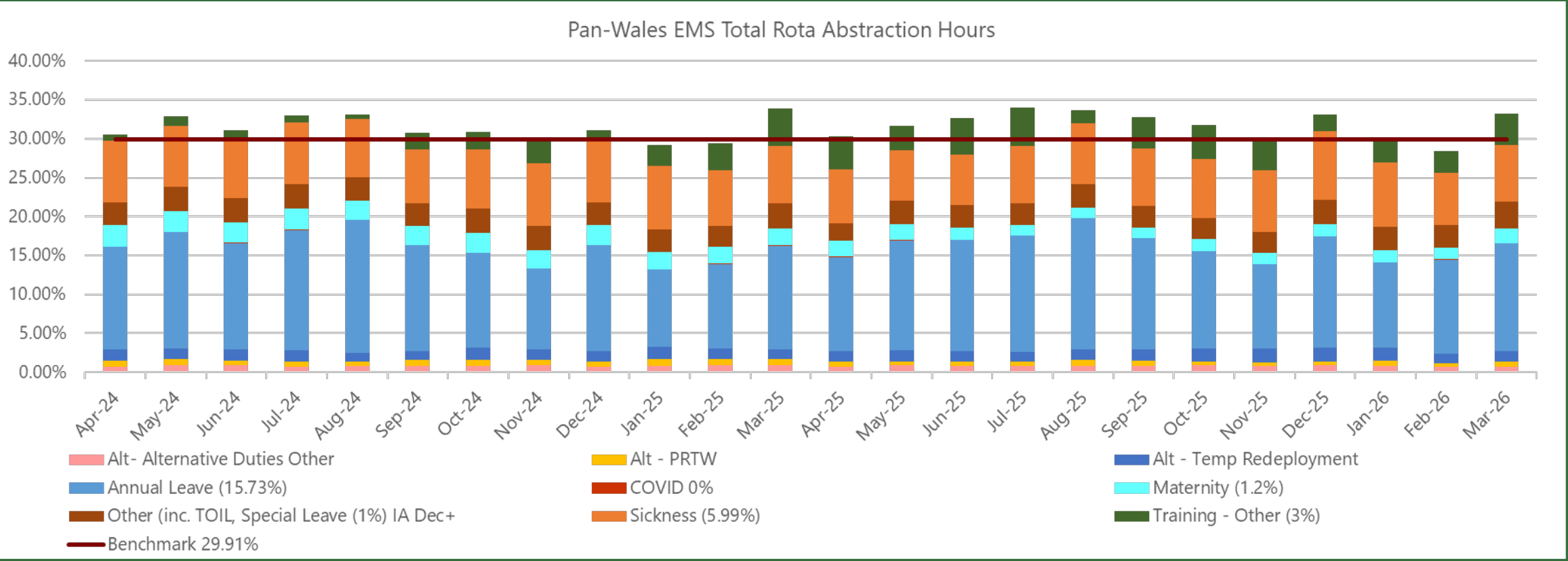
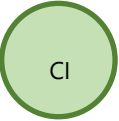
### Expected Performance Trajectory

The Team is carrying several vacancies which cannot be backfilled due to the impending OCP. This will impact on our ability to support community engagement opportunities, and the Team is re-focusing its day-to-day efforts onto our core function of patient experience.

# Our People Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production  
A



### Analysis

Monthly abstractions from the rosters are key to managing the number of hours the Trust produces, as are the total number of staff in post. March 2026, saw total EMS abstractions (excluding Induction Training) of 33.25%. This was a minimal decrease on the 33.86% recorded in March 2025 and remains above the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 13.83% followed by sickness at 7.25%.

The total EMS hours produced is a key metric for patient safety. The Trust produced 124,935 hours during March 2026; an increase compared to the 118,812 hours produced during March 2025. The Trust is still delivering good levels of production.

**Emergency Ambulance Unit Hours Production (UHP) achieved 93% in March 2026** which equated to 80,191 Actual Hours.

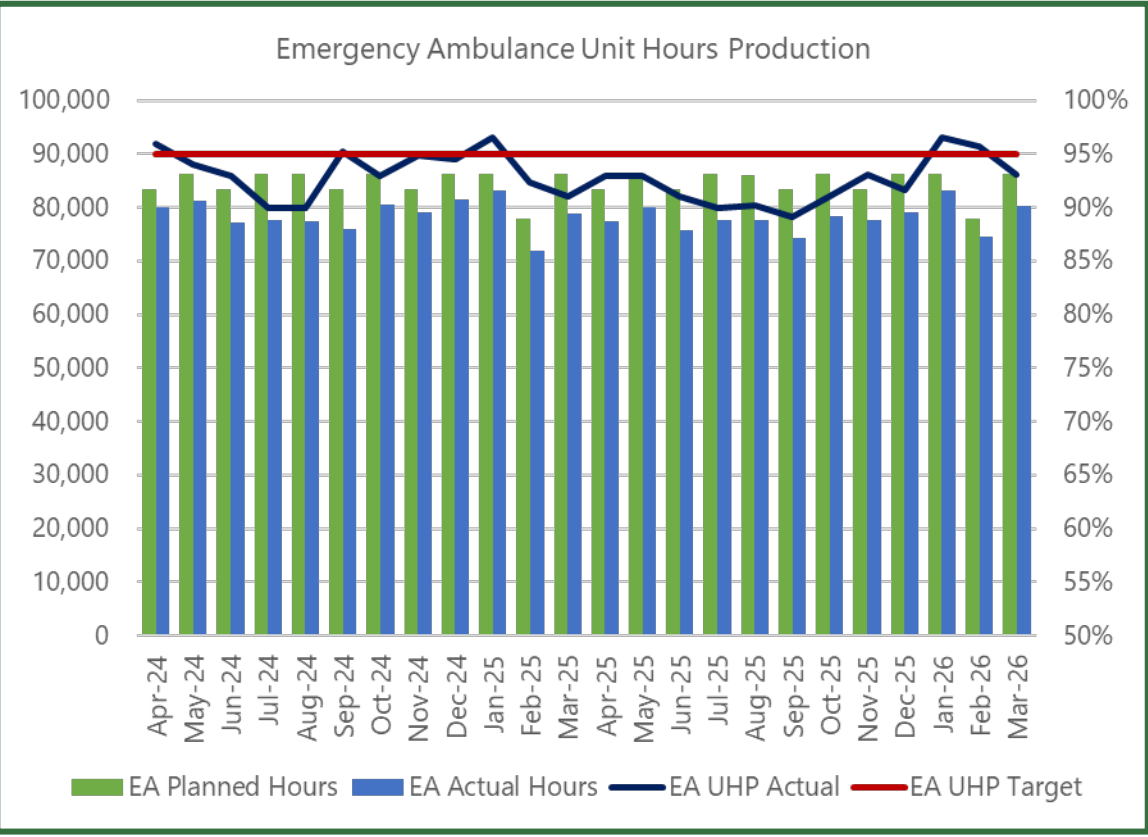
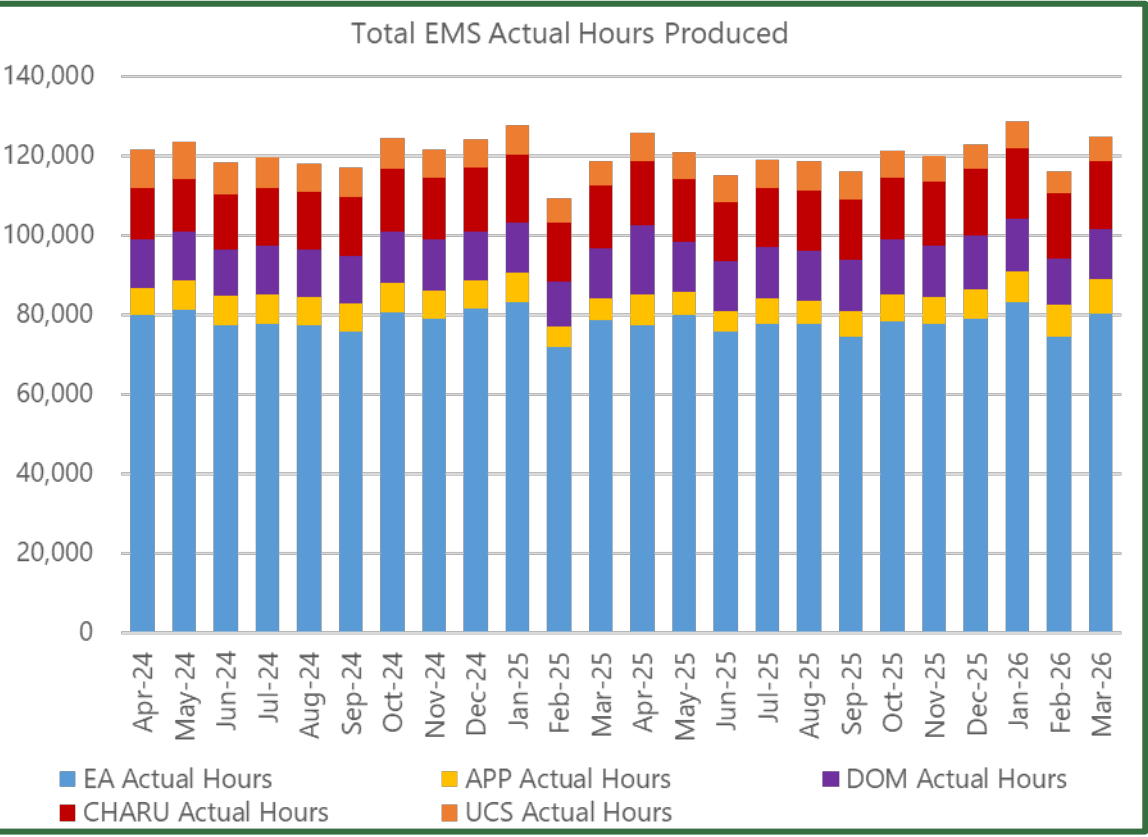
In March 2026 CHARU UHP was 95% against the full roll out requirement.

### Remedial Plans and Actions

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

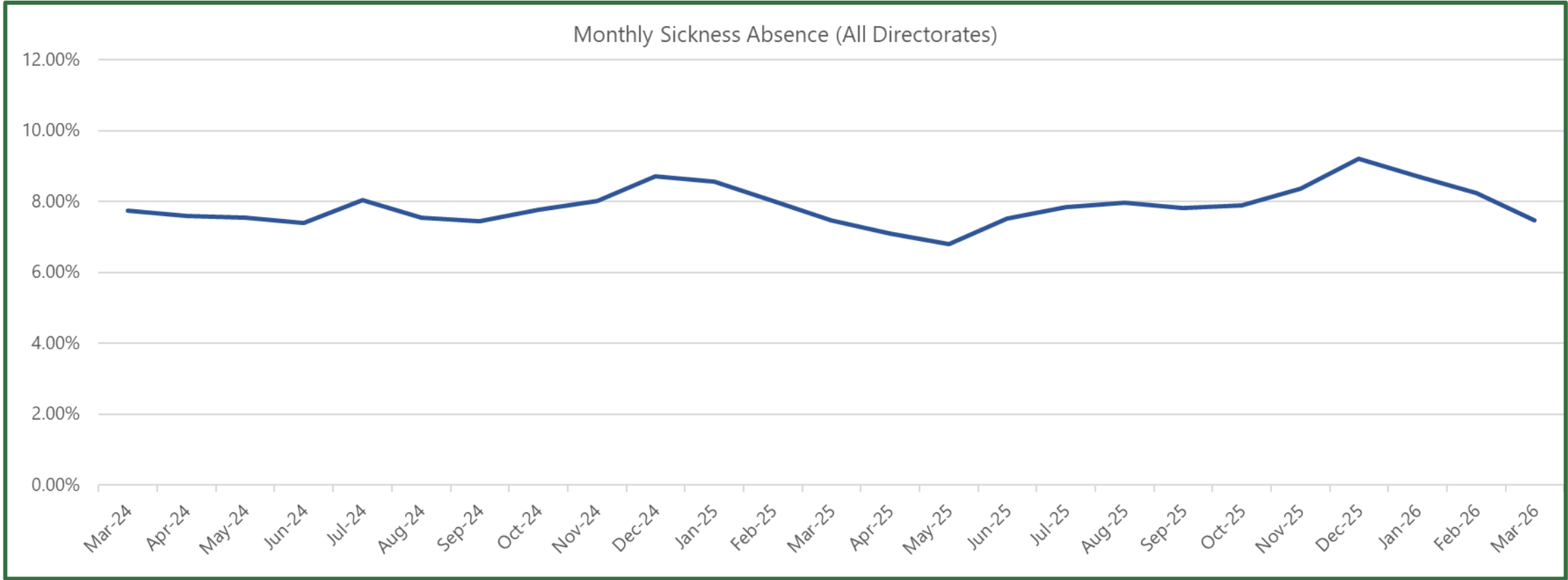
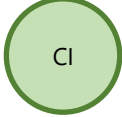
### Expected Performance Trajectory

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



# Our People Capacity - Sickness Absence Indicators

(Responsible Officer: Carl Kneeshaw)



**Analysis**

Staff sickness absence rates in both March 2025 and March 2026 were 7.47%. Long term absence minimally decreased from 5.66% in March 2025 to 5.30% in March 2026, however short-term absence increased slightly to 2.16% (March 2025 - 1.81%). The highest reasons for absence in February 2026 were Anxiety/ Stress/ Depression, other musculoskeletal problems, gastrointestinal problems and back problems.

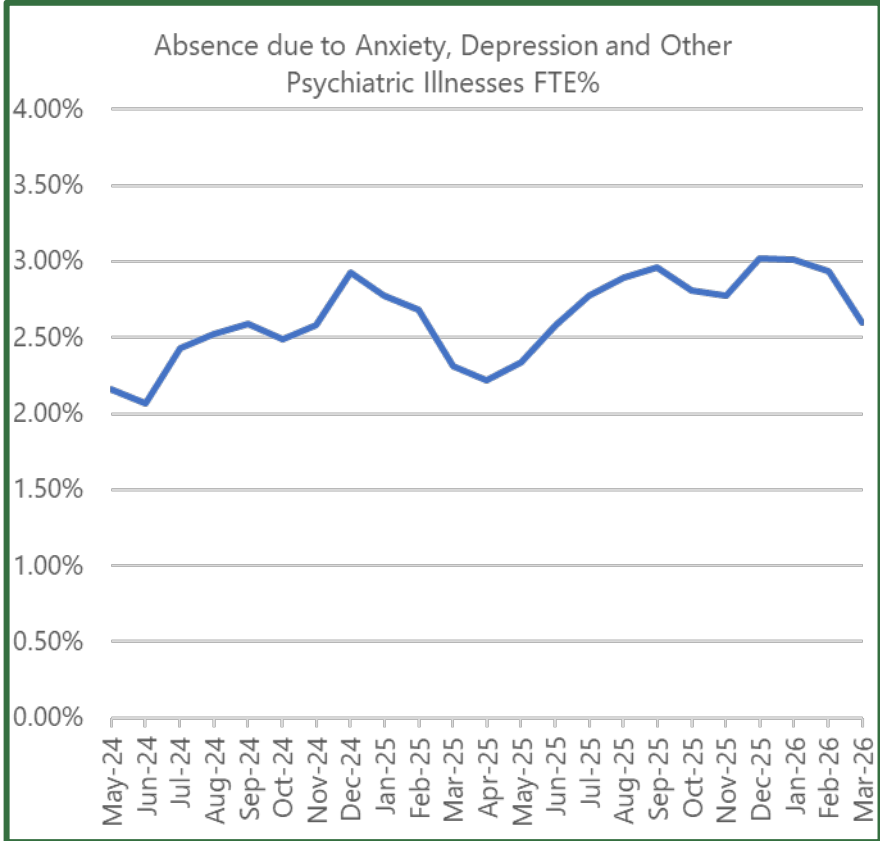
The WAST annual flu campaign ended at the end of February 2026, with 28.76% of WAST staff receiving the vaccine, a 0.58% decrease from last year (28.93%).

**Remedial Plans and Actions**

- The work of the OH/Wellbeing team’s work is underpinned by the Health and Wellbeing Plan 2025-29, with a continued focus on strengthening workplace relationships, increasing organisational awareness of trauma, and addressing key health and wellbeing priorities while maintaining individual support. .
- Team members from OH/Wellbeing/TRiM continue to promote our services via Siren, outstation visits and drop-in clinics. We regularly give presentations to newly recruited staff to highlight and promote the Occupational Health & Wellbeing service.
- The team continue to collect feedback and review services provided by our external partner organisations to help improve those services.

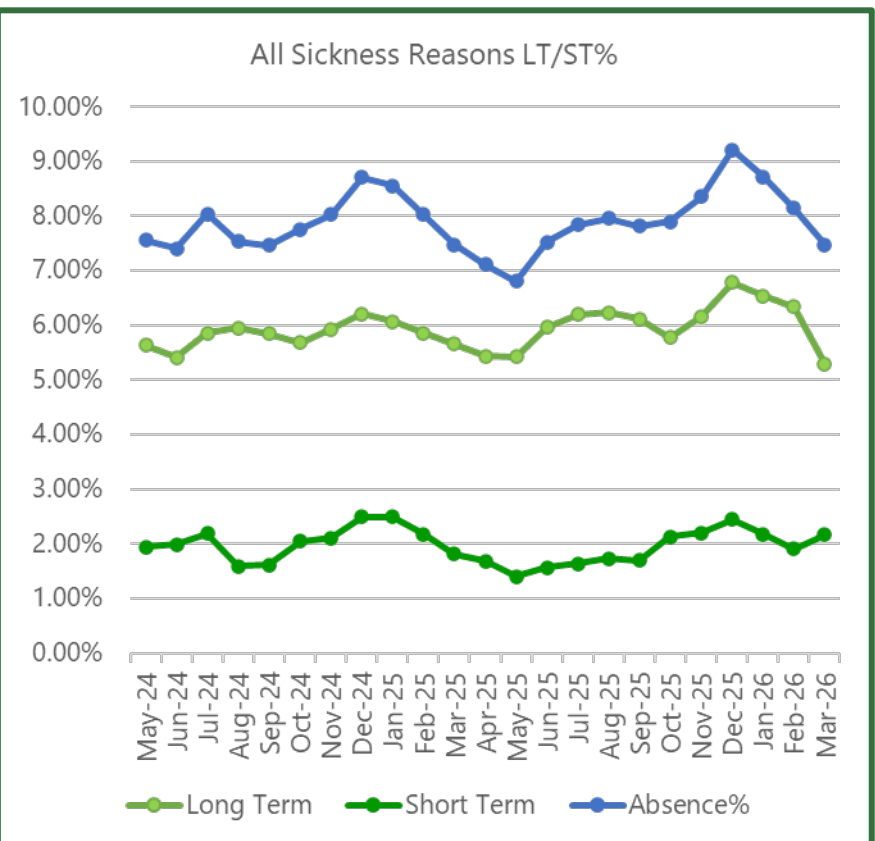
**Expected Performance Trajectory**

A review of all our external providers has been completed in preparation for the new financial year, with ongoing work alongside Procurement to ensure value for money. Reduced capacity due to staff sickness continues to impact referral waiting times; however, to maintain KPIs and ensure timely support, the service continues to utilise Insight Health.



Mar-26	
Average working days lost per FTE (Annual)	
18.05 days	
Single month Absence %	
7.47%	
Long Term	Short Term
5.30%	2.16%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.60%	0.77%

March 2026

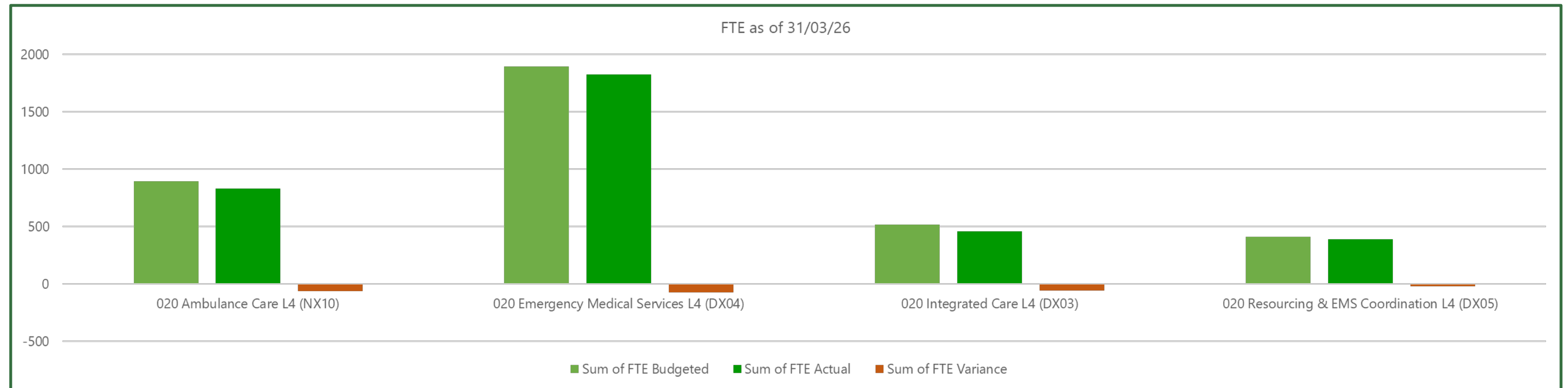
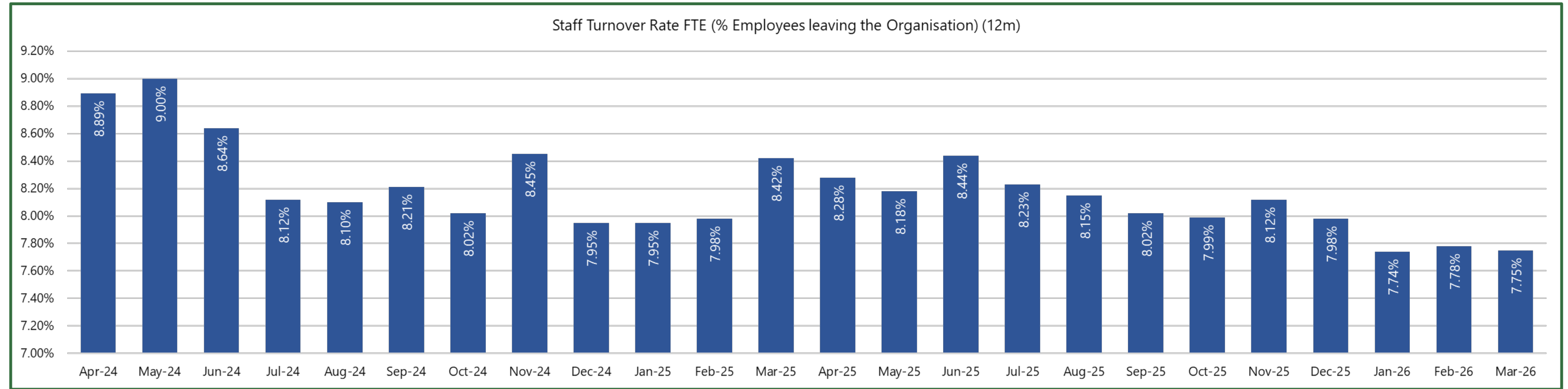


\*NB: Sickness data will always be reported one month in arrears

# Our People Capacity – Staff Turnover

(Responsible Officer: Carl Kneeshaw)

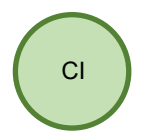
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# Our People Capability - PADR and Training Rates Indicators

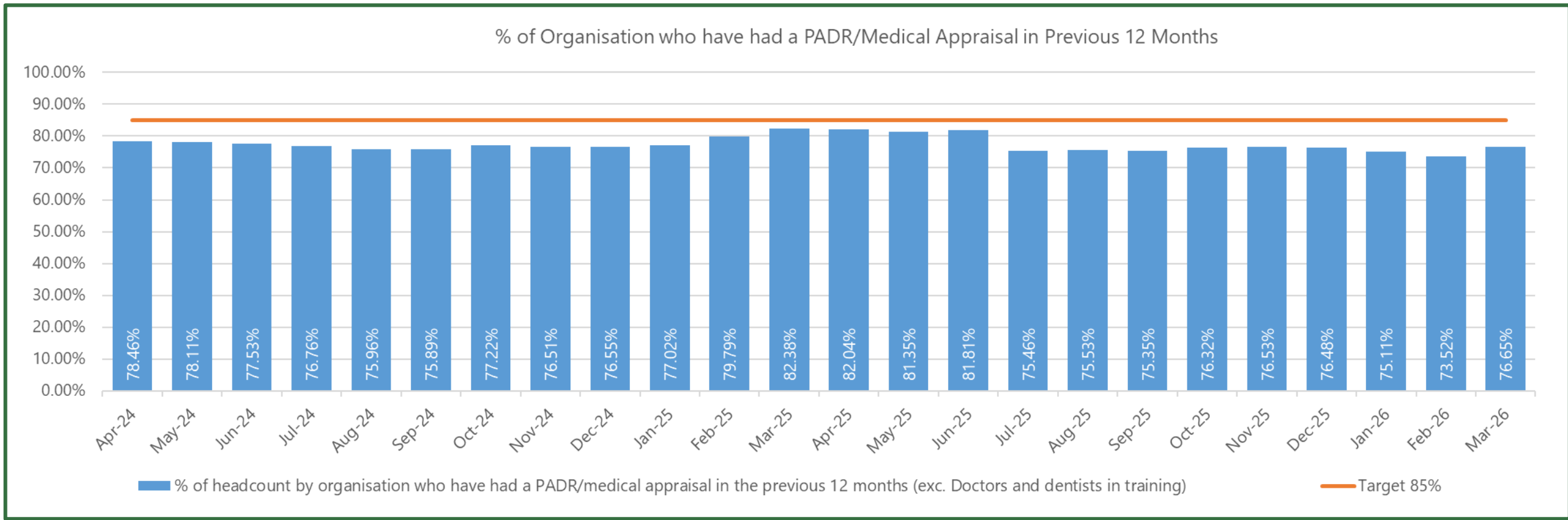
(Responsible Officer: Angela Lewis)

PADR	Stat & Mand
R	G



Health & Care Standard Health – Staff & Resources

Self-Assessment: Strength of Internal Control: Strong

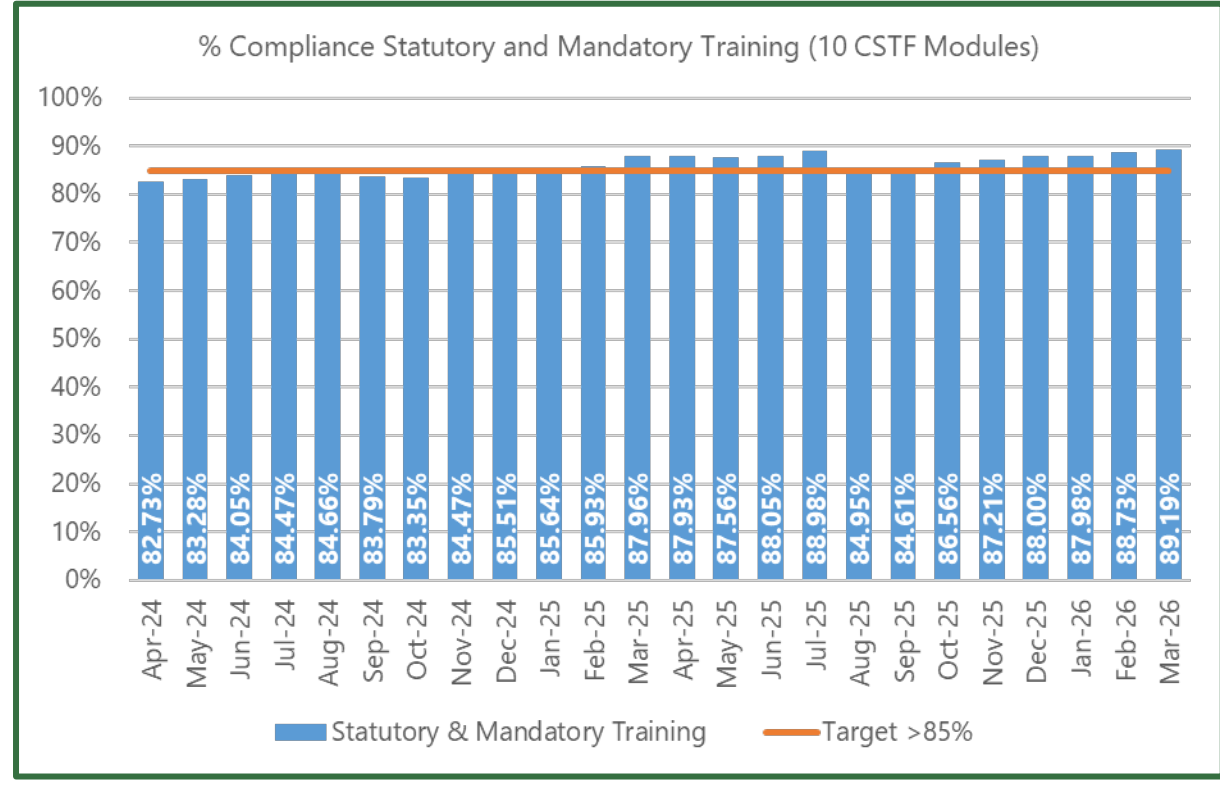
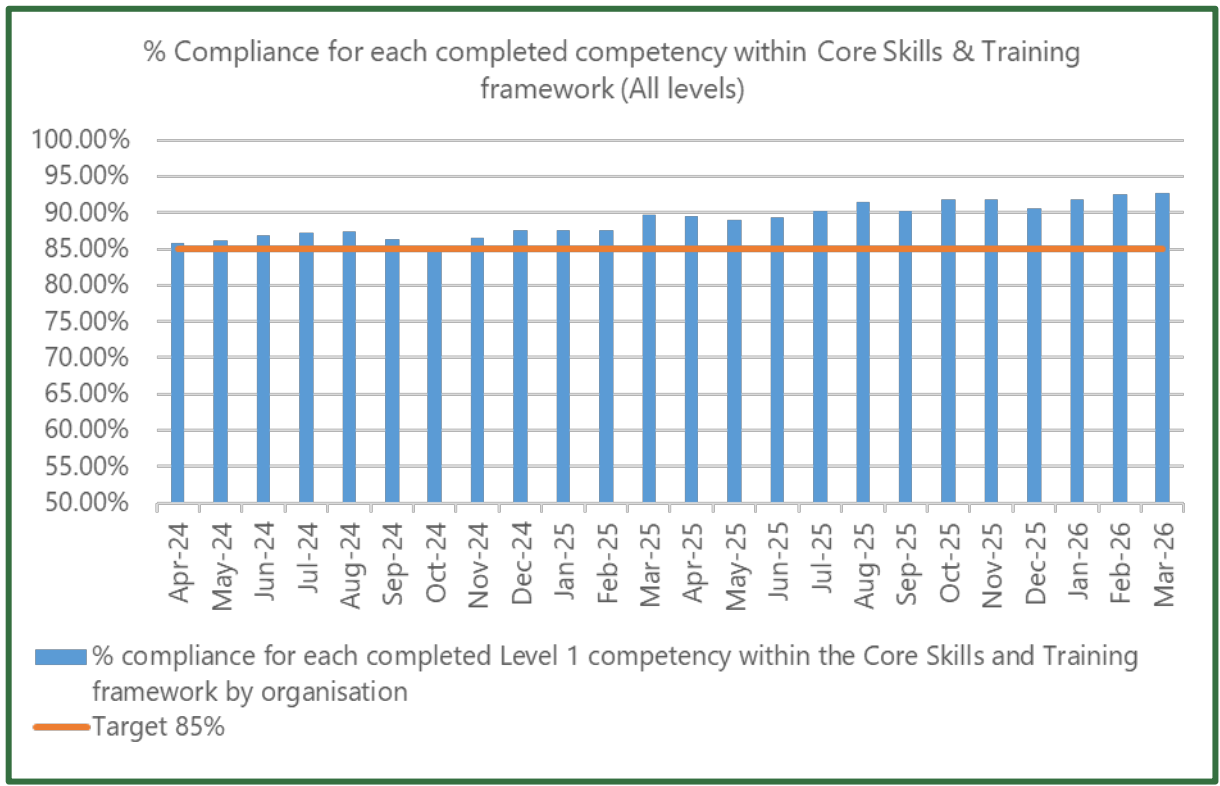


**Analysis**  
 PADR rates (excluding pay progression meetings) have decreased from 82.38% in March 2025 to 76.65% in March 2026 and remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

**Remedial Plans and Actions**  
 Engagement in the PADR process serves as a key metric for evaluating team cultural health. By increasing engagement with the PADR process, our goal is to enhance employee development, support better communication between managers and employees and develop a culture of accountability and continual improvement. The PADR has undergone a refresh, a pilot will help shape the final version before wider rollout across the Trust.

**Expected Performance Trajectory**  
 Performance is improving as compliance has risen.

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



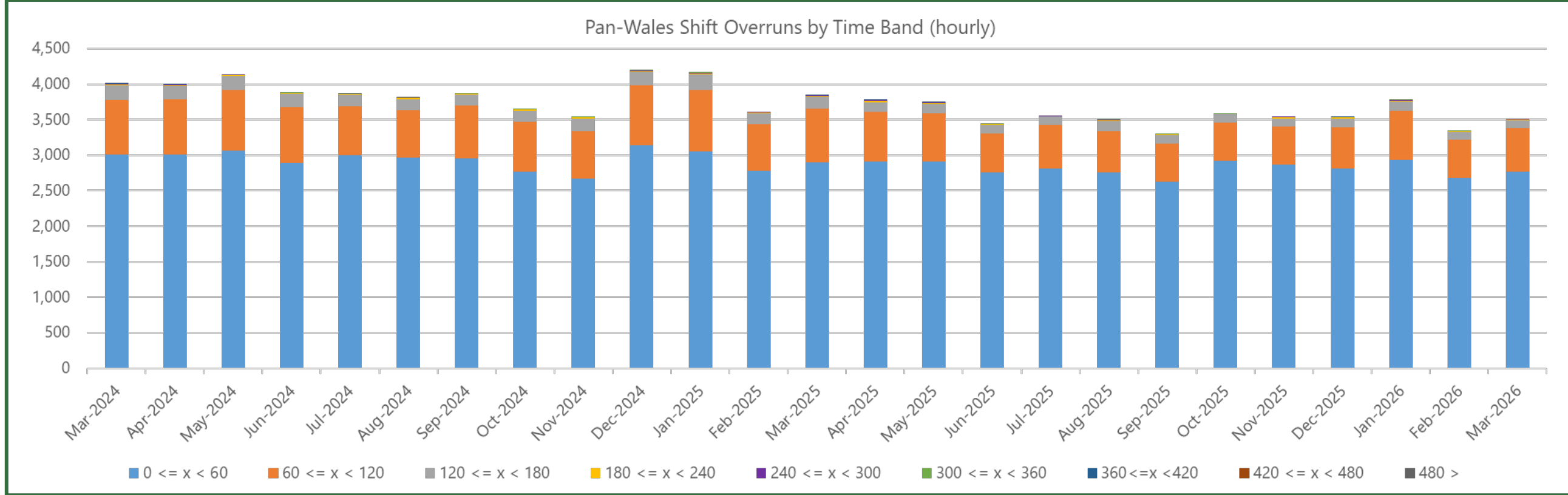
# Our People

## Health and Well-being – Shift OVERRUNS

(Responsible Officer: Angela Lewis)

Overruns  
**R**

CI



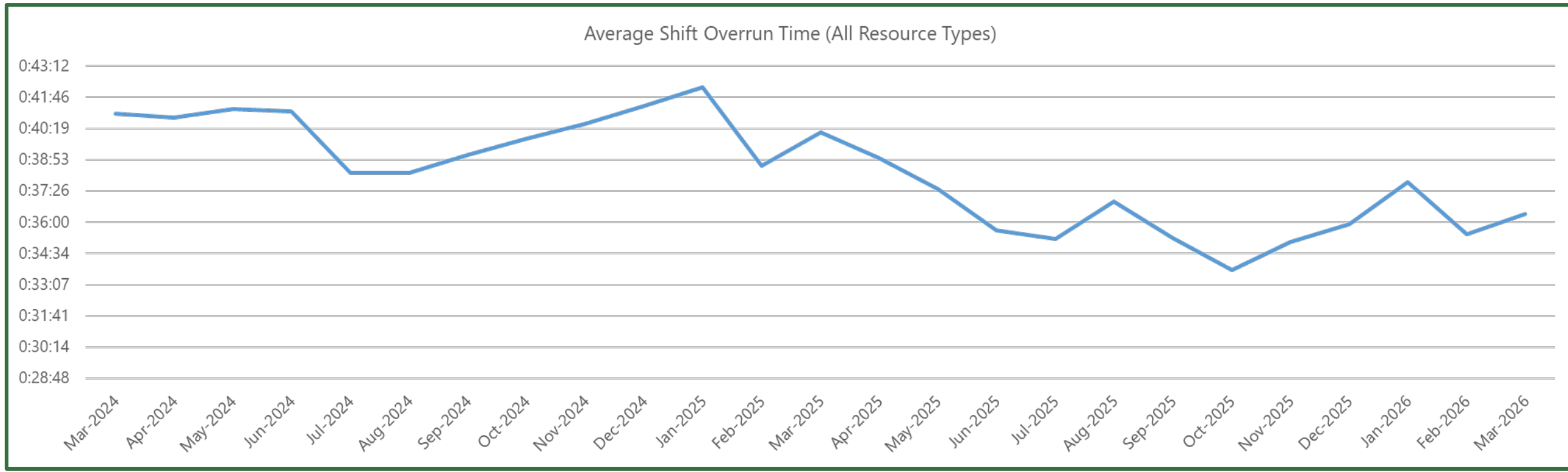
**Analysis**  
There were 3,507 shift overruns during March 2026. The average overrun figure for March 2026 was 36 minutes and 22 seconds, a decrease from March 2025 (40 minutes 8 seconds). The trend continues to be downward over the past two years.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 78.6% of the total. 16.6% fall within the 61 to 120-minute category, 3.5% in the 121 to 180-minute category, 0.3% in the 181 to 240-minute category and 0.1% in the 241 minutes and over category.

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

Collaborative work is ongoing with our Trade Union Partners via the Dispatch Framework Steering Group to find and test innovative ways to reduce overruns for our people; however, it must be noted that there is a limit to what the Trust can do to mitigate the impact of handover lost hours. The application of W45 remains the key solution.

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

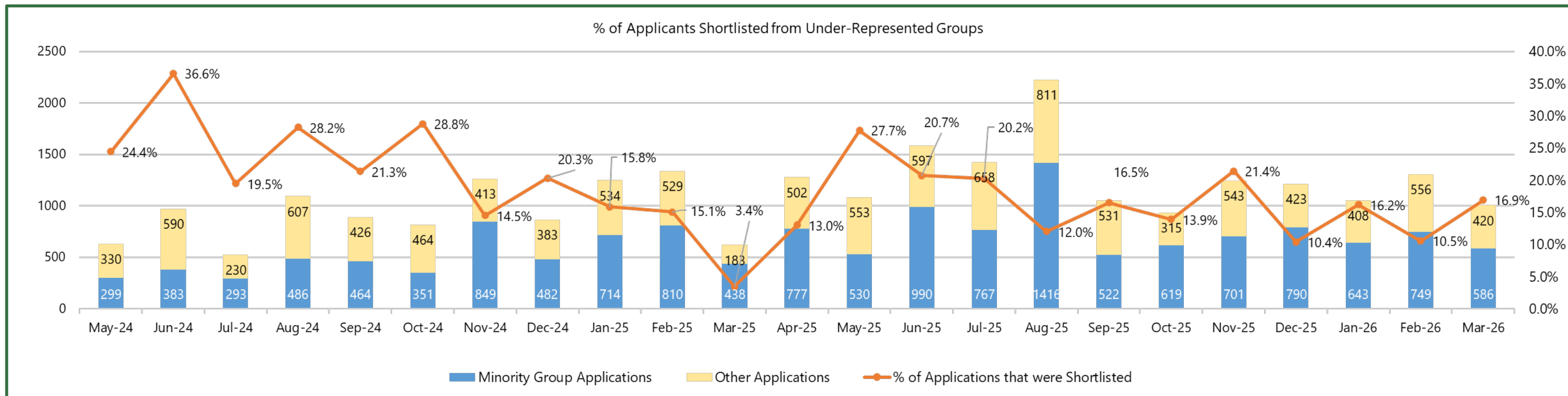
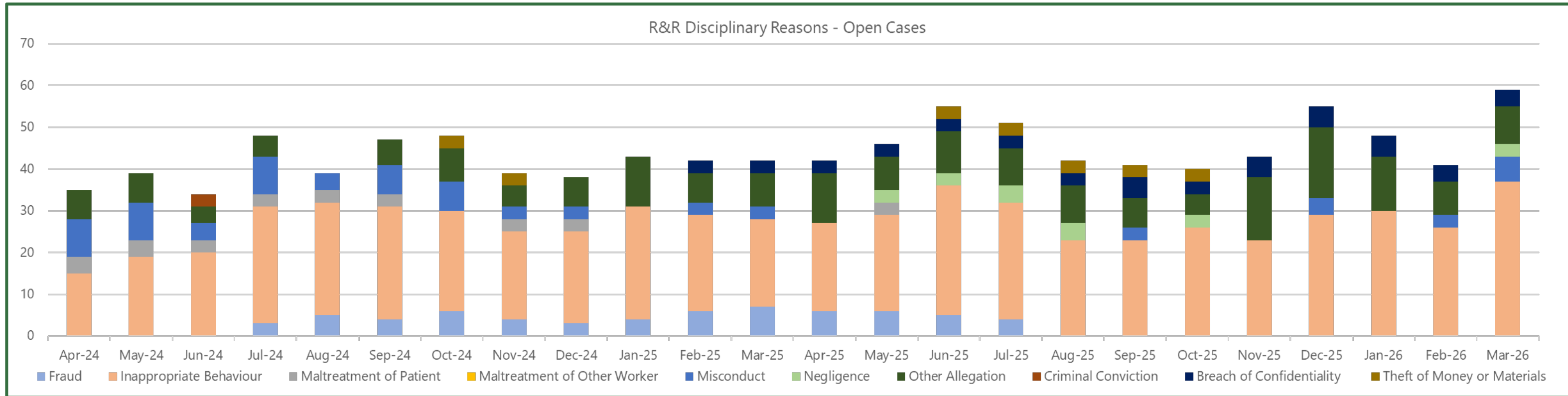


# Our People

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

(Responsible Officer: Angela Lewis)

Self-Assessment:  
Strength of Internal  
Control: Moderate



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

# Definition of Indicators

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



GIG  
CYMRU  
NHS  
WALES

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

Agenda Item No.

13

## REPORT TITLE

Health & Safety and Violence & Aggression Report: January - March 2026

## MEETING

Name of meeting	People and Culture Committee
Date of meeting	5 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	n/a

## REPORT SPONSOR

Executive sponsor	Liam Williams, Executive Director of Quality & Nursing
Author(s) of report	Graham Stockford, Interim Health of Health & Safety

## PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input type="checkbox"/> Assurance	<input type="checkbox"/> Discussion
<input type="checkbox"/> Information (goes in consent items)	<input checked="" type="checkbox"/> Noting



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Welsh Ambulance Services  
University NHS Trust

## REPORT SUMMARY:

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

1. This report provides a comprehensive overview of health and safety performance across the Trust for the months of January to March of the 2025/26 financial year, with updates as of 31 March 2025. It aims to assure statutory compliance, identify emerging risks, and evaluate mitigation effectiveness.
2. The report alerts the meeting to staffing constraints within the Health & Safety and Violence & Aggression Team and how this has impacted the key objective of the 2025/25 Health and Safety Annual Plan.
3. It also alerts the meeting to the consistently high prevalence of violence and aggression incidents in the Betsi Cadwaladr and Aneurin Bevan Health Boards.
4. The meeting is advised that there has been an improvement in the compliance with reporting incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) with 89% of reportable incidents completed within the required timeframe.
5. The AAA Report also notes the consistency and timely reporting of investigations into the learnings from incidents submitted to Welsh Risk Pool with over 73% of cases submitted being accepted by the Learning from Events Panel.
6. There were 151 violence & aggression incidents recorded for Quarter 4. All affected have been offered support by the Violence & Aggression Team and currently 11 members of staff are being actively supported during the months of January - March 2026 by the Trusts seconded Case Manager.
7. The Report provides assurance on a range of topics including the support for infrastructure projects and Local Partnership Forums along with the assessment of substances used by the Trust that could be hazardous to one's health.
8. Assurance is also noted from the work undertaken alongside the Infection, Prevention and Control (IPC) Team; this collaboration has provided benefits to the Trust in terms of occupational safety risks impact on IPC compliance across the Trust.
9. To ensure workplace hazards are suitable addressed, the rolling programme for Workplace Risk Assessment review is monitored by the Health and Safety Team with 54% of Trust properties having been reviewed to date through the financial year. There has been a dip in the rates of assessment reviews for Quarter 4 as a number of Assessments had a review date set for late March. This will be addressed in Quarter 1, 2026/27



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## RECOMMENDATION(S)

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

The People & Culture Committee is requested to:

1. Note the content of the report.
2. Support the continued focus on improving compliance, reducing environmental risk and strengthening staff engagement on key health and safety measures.

## ADDITIONAL PAPER(S)

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

The People & Culture Committee is requested to receive the following:

**Annex 1:** Health Safety and Violence & Aggression Quarterly AAA Report, January to March 2026

**Annex 2:** Health Safety & Violence & Aggression Report, April 2025 - March 2026



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

### STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

### RISK(S) THIS REPORT MITIGATES

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

**Risk 199** Failure to embed an interdependent and mature health and safety culture which cause harm and breach compliance.

### HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input type="checkbox"/> Effective
<input type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

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

<input checked="" type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

### WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

### IMPACT ASSESSMENTS FOR CONSIDERATION

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

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

### APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
14 April 2026	National Health, Safety & Welfare Committee

## Health & Safety and Violence & Aggression: January to March 2026 Report AAA REPORT TO PEOPLE AND CULTURE COMMITTEE

The Alert Advise Assure Highlight Report provides a concise overview of health and safety performance throughout the organisation for the months of January and March of the 2025/26 financial year. Additionally, it provides updated positions on items where applicable as of 31<sup>st</sup> March 2026. The purpose of the AAA is to provide assurance regarding the Trust's statutory compliance, identification of emerging risks, and the effectiveness of mitigating actions in place.

<b>Meeting Date</b>	5 May 2026
<b>Author</b>	Graham Stockford

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

##### ***H & S Strategic Plan***

- The key objectives for the Health, Safety and Violence and Aggression Team have been impacted by long term sickness and staff absence through the quarter. To mitigate the effect of these absences the Team have focused on key areas of statutory compliance and improvement. These include the focused improvement in compliance with the Control of Substances Hazardous to Health Regulations, personal injury case management and the Trusts response to the Obligatory Response to Violence in Healthcare Wales.

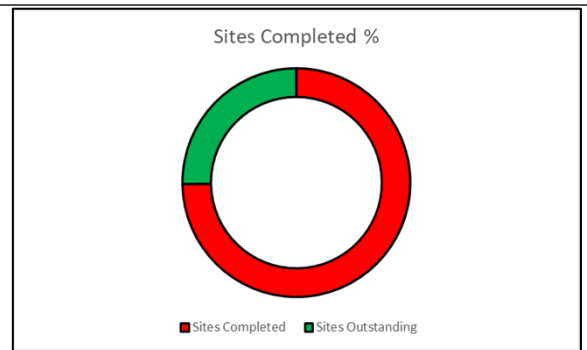
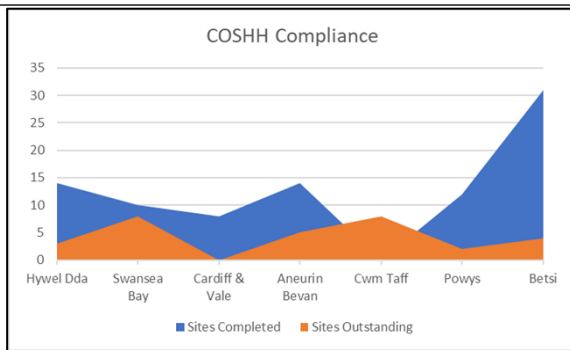
##### ***V & A Risk Mitigation***

- A review of the Violence and Aggression, (V&A) Datix reports shows a consistently high prevalence of V&A incidents within the Aneurin Bevan and Betsy Cadwaladr Health Boards. This trend is being analysed by the V&A Team to identify and common causation with the aim of putting corrective actions in place.
- A review of the quality of V&A incidents recorded in Datix has shown that there are significant inconsistencies in the reporting of incidents with 17 cases being noted as not being cases of violence or aggression. The V&A Team is working to provide guidelines to support the effective reporting of V&A incidents.

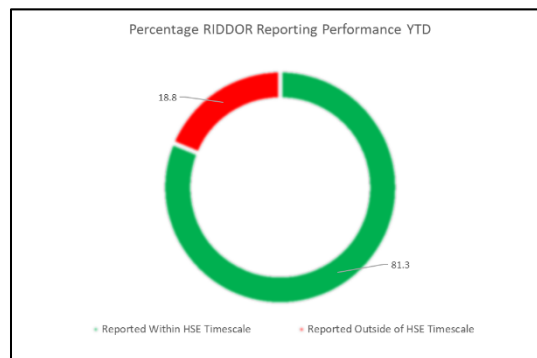
#### ADVISE

##### ***H & S Strategic Plan***

- A key objective for the Health and Safety Team has been to assess the Trust's compliance with the Control of Substances hazardous to Health Regulations, (COSHH). In this regard a further 38 site visits have been conducted to identify the chemicals stored on Ambulance Stations, Make Ready Depots, (MRD) and Administrative Buildings.



- The key themes identified during the visits were the lack of suitable COSHH cabinets for storing chemicals, substances stored in un-labelled containers and chemicals found that were outside of the WAST chemical procurement list. These issues have been addressed through the COSHH risk assessments undertaken on the substances that identify the correct use and storage required for each chemical used. All unlabelled substances and those outside of the WAST procurement list were removed from sites during the visits.
- The requirements to report RIDDOR Incidents within a timely manner a key performance measure for the Health Safety and V&A Team continues to be actively monitored by the Team with 100% reporting on time an expectation from the HSE. During Q4 the reporting rate is noted as 100%. In conjunction with the operational management teams the Health and Safety Team are identifying the root cause of the incidents to inform the HSE of what actions have been taken to prevent a reoccurrence of the incident.



- Then Health and Safety Team continue to investigate the personal injury claims that occur from staff injuries with 73% of investigation to prevent reoccurrence of the incident being accepted by the Welsh Risk Pool. The process for investigating claims and presenting any learnings from the incident to the Welsh Risk Pool Learning Advisory Panel has been refined in collaboration with the Putting Things Right Team resulting and consistent timely reporting of learnings from new personal injury claims.
- During Q4, the learnings from 5 non-patient safety incidents were presented to the Welsh Risk Pool for consideration. The panel accepted the work undertaken on 2 of the incidents was sufficient to prevent a reoccurrence of such incidents and requested further clarification on 3 incidents. The quality of the investigations undertaken by the H&S Team has resulted in 83% of cases submitted being accepted by the Welsh Risk Pool.

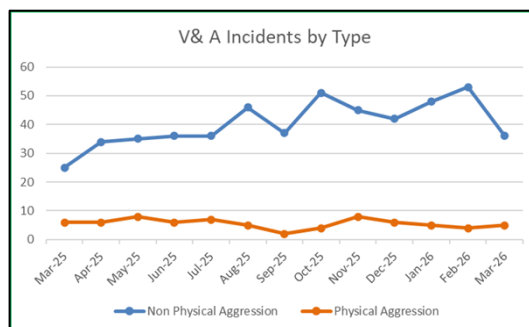
### H & S Plan and Pilot

- The Health and Safety Team continue to support the Workplace Risk Assessment programme and monitoring software package developed between Operation Directorate Business Support Team and Health and Safety Team shows a compliance rate of 54% for the year as a number of risk assessments were due to be reviewed in March 2026. The reviews will be conducted in conjunction with Health and Safety and operational teams in Q1 2026/26. The table below shows the key themes for each Health Board Area.

Health Board	Overall Profile	Key Themes
<b>Betsi Cadwaladr</b>	High throughput	Lone working and traffic/parking issues dominate. Many repeated assessments note no TU presence.
<b>Cwm Taf Morgannwg</b>	Mixed Green/Amber	Fire and housekeeping frequent. Several overdue reassessments marked as “urgency to complete.”
<b>Hywel Dda</b>	Generally stable	COSHH and housekeeping common; fewer significant hazards.
<b>Powys</b>	Generally compliant	Electrical and fire hazards recur, but fewer Red cases.
<b>Cardiff &amp; Vale</b>	Mostly Green	Gas/DSEAR and IPC consistent themes.
<b>Aneurin Bevan</b>	Mixed	Fire risks and slips/trips issues feature prominently.

### V & A Risk Mitigation

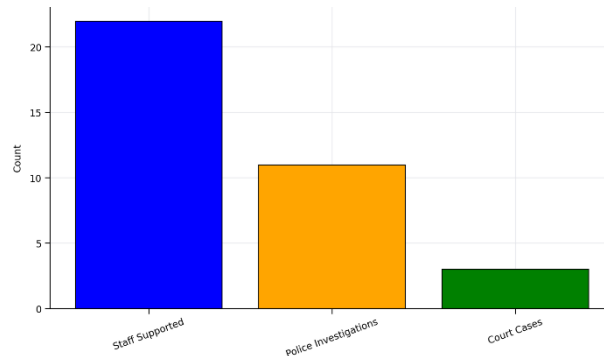
- The Trust’s V&A Case Manager has reviewed a total of 151 Datix incident reports during Q4, this has resulted in the Case Manager being able to provide advice and support to the staff affected and help for managers when updating the incident report.



- In total 22 members of staff have been contacted individually to provide the support and guidance following the incident they reported.
- During Q4 there were 11 case reported that involved Police investigations with the V&A Case Manager

directly supporting staff affected and assisting the wider investigation. A number of other cases have been reported that have no Police reference number and the V&A Case Manager is working with staff to get more engagement to progress these cases further.

- One V&A incident came to Crown Court during the quarter the defendant made no plea, and the case has been postponed to the 20<sup>th</sup> of April 2026 pending a report on the defendant's fitness to please. A further 2 cases are sat with the Crown Prosecution Service pending a decision as to whether they will proceed to court. All staff involved in these incidents are being supported by the V&A Case Manager.



## ASSURE

### **H & S Strategic Plan**

- A full lighting assessment has been carried out at Llangunnor EMS Control Room following major refurbishments and an LED lighting upgrade. No significant risk was identified as lighting levels were found to be within the range noted in HSG 38 (Lighting at Work) The lighting levels and characteristic continue to be a challenge for some staff, and these concerns are being acted upon by the management team in the area.
- The Health Safety and V&A Team have continued their support for a number of Project Boards for infrastructure developments within Estates facilities to ensure the health safety and welfare requirements of staff were given the required priority. These included the new Dolgellau Station, Monmouth Ambulance Station, Abergavenny Ambulance Station and Thanet House relocation project. This support includes the monitoring of contractor activity to reduce the risk of injury on site and maintain the reputation of the Trust
- Local Partnership Forums across Wales had continued to be supported by the Health Safety and V&A Teams with attendance noted during Q4 at the following meetings:
  - Ambulance Care LPF
  - Integrated Care LPF
  - North and Central EMS LPF
  - Southeast/South Central EMS LPF

### **H & S Plan and Pilot**

- The Health and Safety Team continue to support the Workplace Risk Assessment programme and monitoring software package developed between Operation Directorate Business Support Team and

Health and Safety Team shows a compliance rate of 67.20% for the year to date. The table below shows the completion rates for Workplace Risk Assessments by Health Board Area.

- Support and advice have been provided by the Health and Safety Team to the Fleet Commissioning and CHANTS Teams regarding the introduction of a new Ambulance to support neonatal hospital transfers. A number of issues were identified bespoke to the transfer of neonatal patients, and equipment and improvements are planned in relation to the vehicle tail lift and staff seating positions.

### ***Fume Mitigation/Evaluation***

- Fume mitigation measures continue to reduce the risk of exposure to diesel engine exhaust emissions at Emergency Departments across Wales. The provision of bladeless fans to ensure the thermal comfort of patients and staff waiting outside of Emergency Departments during periods of high demand has been monitored by the Health and Safety Team in conjunction with the Infection, Prevention and Control, (IPC) Teams over Q4. This has enabled the maximum use of the fans at peak times limiting the need to run vehicle engines and diesel heaters thus contributing to an improvement in air quality in these areas.
- The Health and Safety Team has supported the IPC Team in the review of the use of an atomised oxidising cleaner as a means of decontaminating vehicles at WAST MRD's providing an understanding of how vehicle use and cleaning regimes impact on the risk to staff and patients across Wales.

### ***V & A Risk Mitigation***

- The Trust remains compliant with our commitment to a dedicated Violence and Aggression Case Manager meet requirements of Welsh Health Circular 24/2024 and Obligatory Response to Violence in Healthcare Wales. The Interim Head of Health & Safety Team and the V&A Manager are scheduled next All Wales Strategic Anti -Violence Collaborative Meeting Tuesday 31st March 2026 where the new proposed Violence Reduction and Prevention standards for Wales, Training, Data Standards, Risk Management and Warning Markers will be set out.
- The V&A staff continue to develop their knowledge through Liverpool John Moores University Level 7 Violence Prevention and Reduction studies. This course is linked with Public Health Wales approach to Trauma Informed Interventions and strategies for better outcomes for staff and patients. The learnings from the course have already informed the WAST V&A and Lone Worker Policies.



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NHS Trust

# Health, Safety and Violence and Aggression Quarterly Report (Quarter 4 2025/2026 )





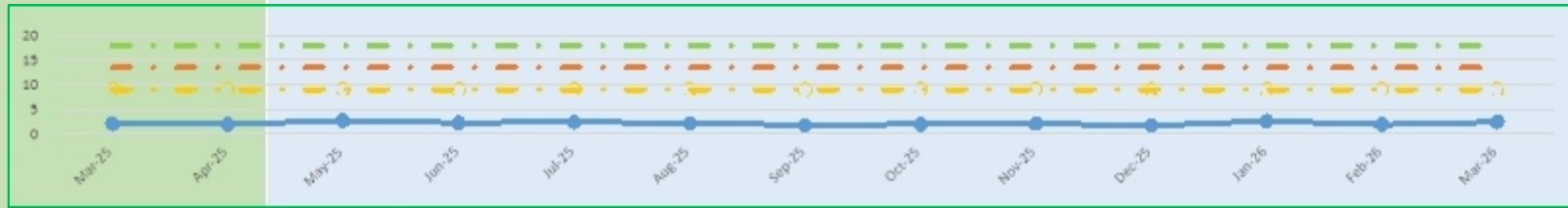
## Health Safety and V&A

## Health and Safety

## Incidents per 1000 999 Journeys

The total number of H&S incidents for the quarter was 354 Resulting in 8.23 Events incidents per 1000, 999 journeys during (quarter 4). The rolling 12 month breakdown of these incidents is shown below

### No Harm Quarter 4 2.3



- 97 incidents were recorded in the frequency rate in the 'No Harm' category.
- 54 for violence and aggression, 16 for equipment and devices, 11 for communication .

### Low Harm Quarter 4 3.96



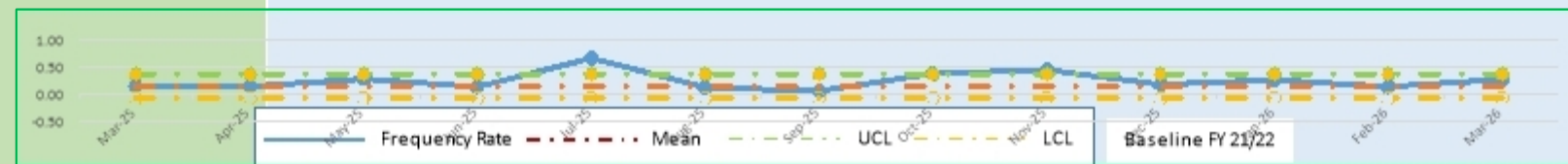
- 166 incidents were recorded in the 'Low Harm' category.
- 65 for violence and aggression, 17 for patient handling, 16 for slips, trips and falls.

### Moderate Harm Quarter 4 1.87



- 78 incidents were recorded in the 'Moderate Harm' category.
- 28 for violence and aggression, 16 for manual handling-patients, 10 for ill health (work related)

### Severe Harm Month: 0.24



- 10 incidents recorded in the 'Severe Harm' category.
- 3 for violence & aggression, 2 for ill health (work related).





The majority of incidents remain within the no and low harm categories, providing assurance that most risks are being effectively managed at an early stage.

However, the continued occurrence of moderate and severe harm incidents indicates that risk is not yet consistently controlled across all areas and requires ongoing focus on prevention, learning and targeted mitigation.



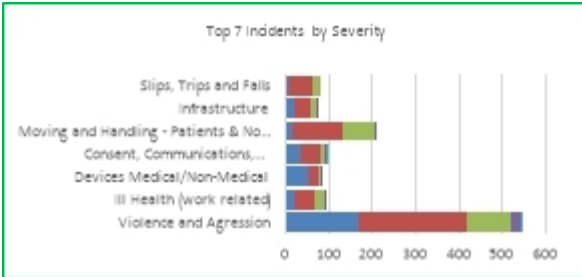
## Health Safety and V&A

## Health and Safety

## Incident Types & RIDDOR

### Incident Causes

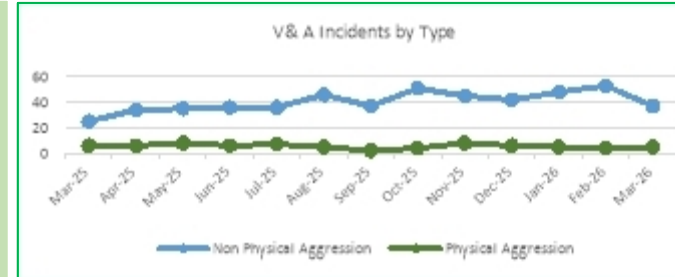
#### Top 7 Incident Causes



- Violence and Aggression is the biggest issue for quarter 4 with 154 incidents.
- 13 incidents for Communication, 42 for Manual Handling activities.
- 29 for Communication, 24 ill health (work related) and 21 for Slips, trips and falls and infrastructure.

### Assaults on Staff

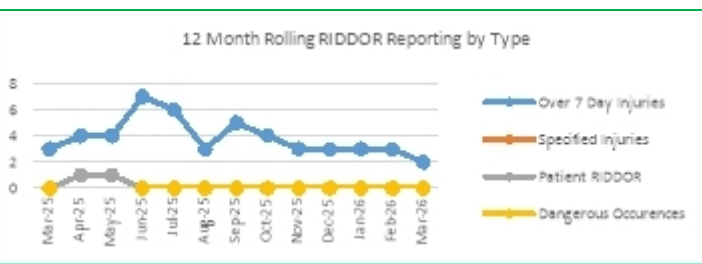
#### Assaults on Staff



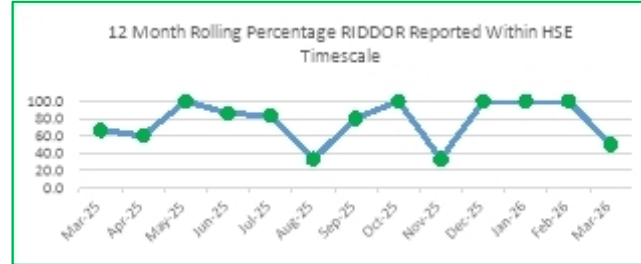
- The number of V&A incidents reported in the quarter was 154 incidents. 14 were reported as physical assault.
- Toolbox talks, raising awareness of case management support are taking place across the Region by the V&A Team to support staff and raise awareness

### RIDDOR Incidents

#### Number of Incidents

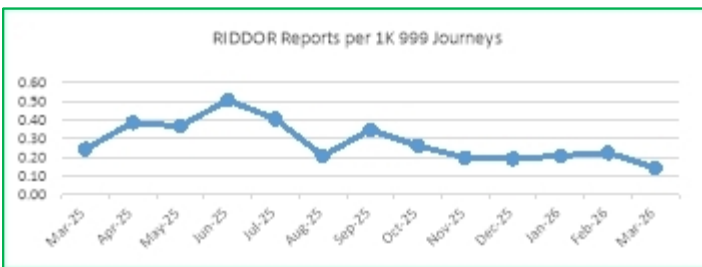


#### RIDDOR HSE Reporting



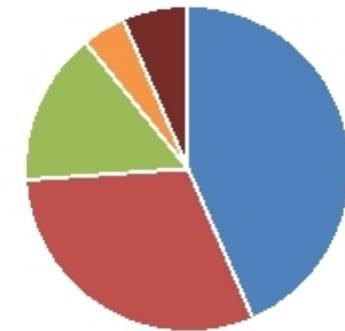
- There were 8 incidents requiring reporting under RIDDOR during quarter 4.
- 6 RIDDOR's were for Patient handling, and 1 for non-patient handling and 1 for a slip, trip or fall.
- 7 of the 8 were reported within the legal timeframe for reporting. The Health and Safety team will continue to work with Incident Handlers to ensure reports continue to be submitted within the required timescales.

#### Rate of Incidents



#### RIDDOR Report by Cause

### RIDDOR Reportable Incidents by Cause - YTD



- Manual Handling Patients
- Manual Handling Objects
- Slips, Trips and Falls
- Health and Wellbeing
- Violence and Aggression
- Struck Against or by an Object
- Contact with needles or medical sharps
- Contact with object or animal





Health Safety  
and V&A

Health and  
Safety

Incident Types  
& RIDDOR

The report demonstrates that statutory compliance and core health and safety controls are in place and operating effectively across the organisation, supported by strong performance in RIDDOR reporting and consistent incident management processes. The harm profile indicates that the majority of incidents result in no or low harm, suggesting that risks are generally identified and managed at an early stage.

However, the data also highlights areas where risk remains and is not yet consistently controlled. Violence and aggression continues to present a sustained risk to staff safety and wellbeing, alongside recurring manual handling incidents. The continued occurrence of moderate and severe harm incidents, together with variation in areas such as workplace risk assessment coverage, indicates the need for continued focus on prevention, consistency and strengthening of control.

Aligned to Risk 199 – Health & Safety Culture





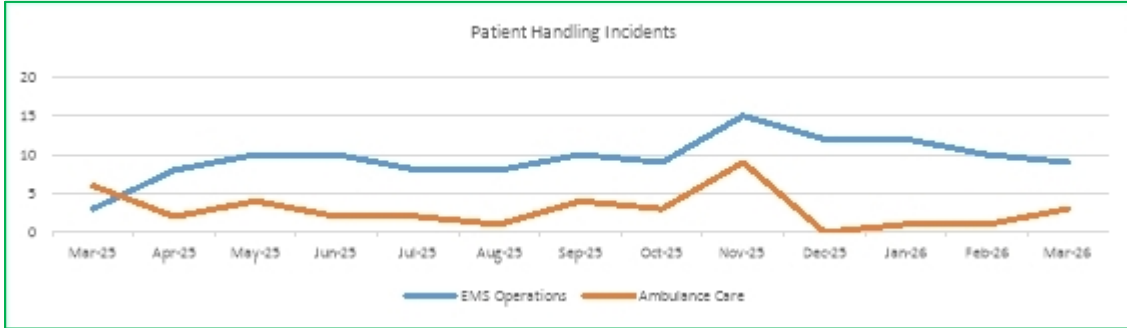
Health Safety  
and V&A

Health and  
Safety

MSK Incidents

Manual handling Incident Types

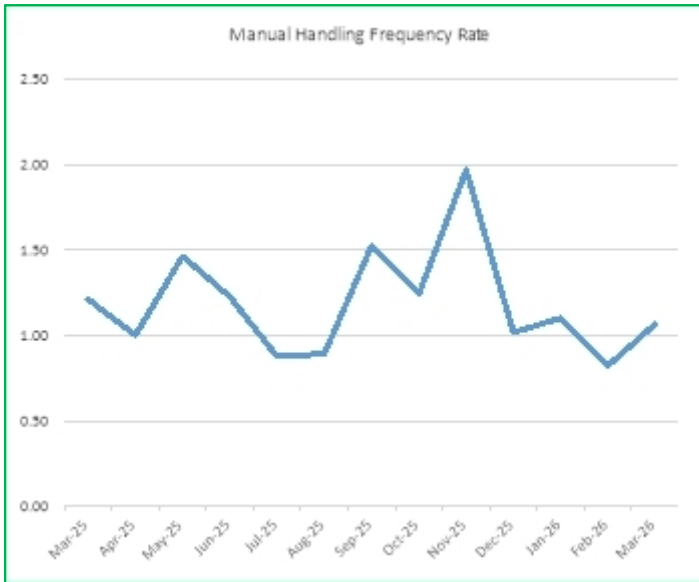
Patient Handling



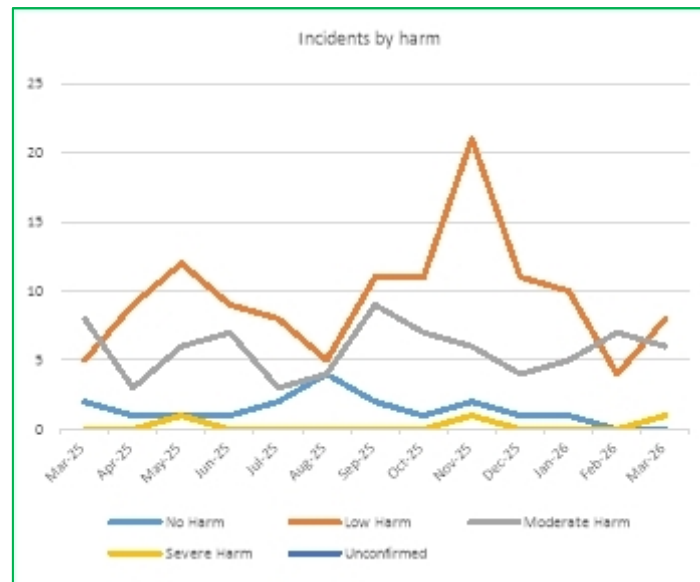
Equipment Handling



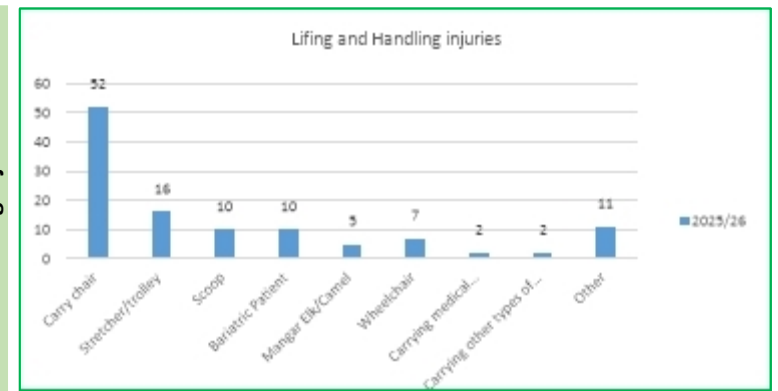
Incidents Per 1000 Journeys



Incidents by Harm



Items involved in Lifting and handling injuries



Key Updates

- 40 injuries because of manual handling operations were recorded during the month.
- 27 reports for manual handling of a patient.
- 9 injuries using a carry chair, 7 using a stretcher and 5 using a Scoop.





Health Safety  
and V&A

Health and  
Safety

MSK Incidents

Manual handling incidents, particularly those relating to patient handling, continue to represent a consistent source of harm across the organisation. The data shows ongoing activity across both EMS Operations and Ambulance Care, with associated injury types reflecting the physical demands of patient movement and equipment use. While most incidents result in low or moderate harm, the frequency and recurrence of these events indicate that this remains a persistent risk area.

Controls are in place, including training, equipment and local risk management; however, the continued pattern of incidents suggests that risk is not yet consistently reduced. This highlights the need for sustained focus on prevention, safe systems of work and the consistent application of controls across all areas to reduce variation and support safer practice.





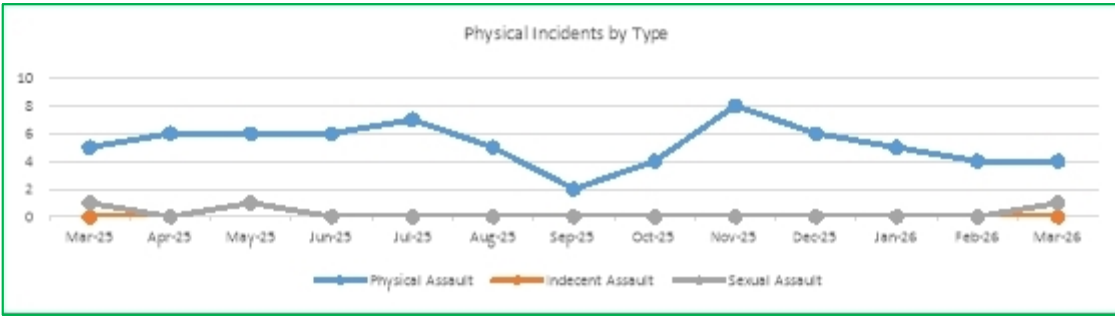
## Health Safety and V&A

## Violence and Aggression

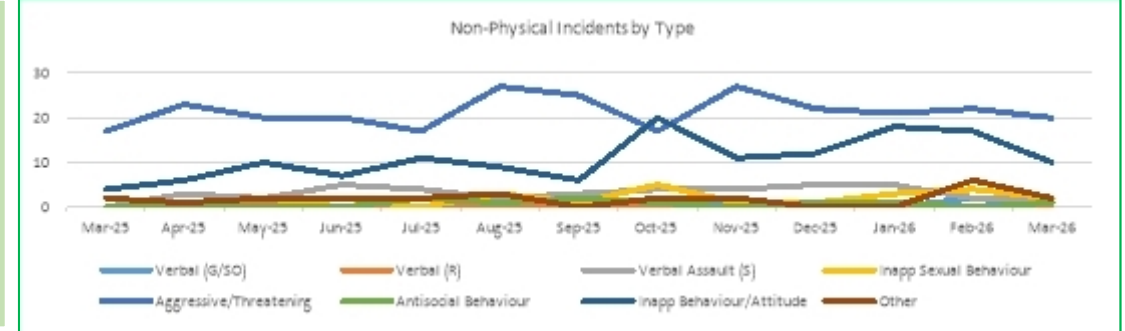
## Incidents

### V&A Incident Types

#### Physical Aggression



#### Non-Physical Aggression



#### Incidents Per 1000 Journeys



#### Incidents by Harm



#### Key Updates

- A total of 152 incidents have been reported for V&A in quarter 4
- 14 Physical Assaults on staff were reported during the month with incidents of verbal abuse amounting to 138 for the quarter.
- 3 incidents were reported as severe in harm, 28 incidents were reported as Moderate in harm and 65 noted as low harm which continues the higher trend seen since August 2023.
- Verbal abuse continues to be the major category of reporting received with aggressive and threatening behavior toward staff still at high levels.





Health Safety  
and V&A

Violence and  
Aggression

Incidents

Violence and aggression incidents continue to represent a significant and sustained risk across the organisation, with non-physical aggression, particularly verbal abuse, remaining the predominant category. While levels of physical assault are lower, they continue to occur and contribute to the overall risk profile. The data indicates that incidents are not isolated, with consistent reporting patterns across the period, highlighting the ongoing exposure of staff to challenging and, at times, unsafe situations.

Arrangements are in place to support staff and manage incidents, including case management, reporting processes and engagement with wider system partners. However, the continued volume and nature of incidents, including those resulting in moderate and severe harm, indicate that risk is not yet consistently reduced. This reinforces the need for sustained focus on prevention, staff support and system-wide action to address the underlying causes of violence and aggression.





## Summary

Across the quarter, there is clear evidence that statutory compliance and core health and safety controls are in place and operating effectively, particularly in relation to RIDDOR reporting and incident management processes. The majority of incidents continue to result in no or low harm, indicating that risks are often identified and managed at an early stage.

However, key areas of risk remain. Violence and aggression continues to present a sustained risk to staff safety and wellbeing, alongside recurring manual handling incidents and variation in aspects of environmental and workplace risk control. The continued occurrence of moderate and severe harm incidents demonstrates that risk is not yet consistently reduced across all areas.

The focus for the next period will be on strengthening prevention, improving consistency in the application of controls, and reducing variation across the organisation. This will include targeted action on violence and aggression, continued emphasis on safe systems of work for manual handling and improving oversight of workplace risk assessments to support a more mature and proactive safety culture.



# Welsh Language Standards

## Final Internal Audit Report

2025/26

Welsh Ambulance Services University NHS Trust



Reasonable Assurance

### Contents

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Findings & Agreed Action Plan .....	4
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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

WAS-2526-02

October 2025 - February 2026

13 March 2026

28 April 2026

Trish Mills, Executive Director of Corporate Governance

Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit

# Executive Summary

## Purpose

To provide assurance on the adequacy and effectiveness of the arrangements in place to comply with the requirements of the Welsh Language Standards.

## Overview

The Welsh Language (Wales) Measure 2011 establishes a legal framework that places a statutory duty on the Welsh Ambulance Services University NHS Trust (the Trust), and other public bodies, to comply with the Welsh Language Standards. These Standards aim to strengthen the use of the Welsh language in public services, enhancing both the quality and accessibility of services delivered in Welsh.

The Measure is underpinned by two key principles:

- The Welsh Language should be treated no less favourably than the English language in Wales; and
- People in Wales should be able to live their lives through the medium Welsh if they choose to do so.

On 30 May 2019, the Trust transitioned from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to adopting the Welsh Language Standards introduced by 2011 Measure. From that date, new statutory requirements came into effect across Wales, with all public sector organisations receiving Compliance Notices outlining the specific Standards applicable to them. The Trust’s Compliance Notice identified 114 Standards that it must meet.

We have concluded **reasonable assurance** in this area. The Trust has established positive foundations to support compliance with the Welsh Language Standards. There is clear leadership in place, supported by a comprehensive Welsh Language Policy and practical guidance that promotes consistent bilingual practice across the organisation. Staff engagement is strengthened through initiatives such as the Welsh Language Network and targeted training opportunities, and the Trust continues to meet statutory reporting requirements. Evidence of compliance is evident across key Service Delivery Standards.

Despite these strengths, we identified areas requiring improvement to ensure the Standards are fully embedded and subject to effective oversight. The matters requiring management attention include:

- Insufficient evidence of ongoing monitoring and embedding of compliance arrangements.
- Absence of a structured framework for oversight, accountability and assurance for the Standards.
- Governance weaknesses within the Welsh Language Advisory Group, including repeated non-quoracy and inconsistent attendance.
- Inconsistent recording and escalation of Welsh-language-related complaints.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

For management information, we have also highlighted the absence of formal arrangements to address the persistent non-compliance with Welsh Language Awareness mandatory training. No separate finding has been raised, as this issue aligns with an existing recommendation in our Mandatory In-Service Training Report (issued November 2025: reasonable assurance).

## Scope & Assurance Summary

Objectives	The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.	Related Findings	Assurance
1	To assess whether clear leadership and accountability structures are in place for Welsh Language Standards compliance.	2	<b>Reasonable</b>
2	To determine if up-to-date policies and procedures support consistent application of the Standards.	-	<b>Substantial</b>
3	To evaluate whether staff are sufficiently informed and trained to meet their Welsh language obligations.	-	<b>Reasonable</b>

4	To review whether services are delivered in a way that meets the Standards and ensures equitable access in Welsh.	1	<b>Reasonable</b>
5	To confirm that effective mechanisms exist to monitor compliance and report on performance.	2	<b>Reasonable</b>
6	To check whether complaints and feedback related to Welsh language provision are managed and used to improve services.	3	<b>Reasonable</b>

### Management Actions

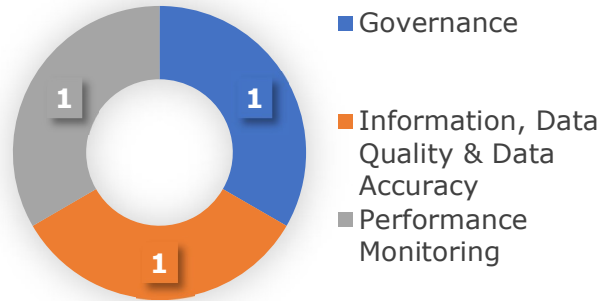


High Priority



Medium Priority

### Themes



### Risk Types

- Legal & Regulatory Non-Compliance
- Public Perception & Reputational Risk

# At a Glance: Welsh Language Skills across the Workforce <sup>1</sup>

<sup>1</sup> Data extracted from the Trust's Welsh Language Standards Annual Report 2024/25

**Table 1: Welsh Language Skills of Staff Profile – Listening/Speaking**

0 No Skills	1 Entry	2 Foundation	3 Intermediate	4 Higher	5 Proficiency	Unknown	Total
2,414	816	280	169	170	401	178	<b>4,428</b>

**Table 2: Welsh Language Proficiency per Directorate**

Directorate	Intermediate	Higher	Proficiency
Chief Executive	1	1	0
Corporate Governance	0	0	2
Digital	1	1	6
Finance & Corporate Resources	1	7	11
Clinical	1	2	7
Operations	153	151	356
Partnerships & Engagement	0	2	0
People & Culture	4	2	8
Quality, Safety & Patient Experience	8	4	10
Strategy, Planning & Performance	0	0	1
<b>Total</b>	<b>169</b>	<b>170</b>	<b>401</b>

# Findings & Agreed Action Plan

**Objective 1:** To assess whether clear leadership and accountability structures are in place for Welsh Language Standards compliance.

**Reasonable**

The Trust’s Welsh Language Standards Report (2024/25) details the Welsh language leads and champions. The Director of Corporate Governance/Board Secretary is the Executive Lead, and there is a Non-Executive Director Welsh Language Champion involved in promoting the use of Welsh Language both internally and externally.

Operationally, the Welsh Language Services Manager reports to the Head of Compliance & Assurance and is supported by a Welsh Language Translation Officer. While there is no wider Welsh Language Team within the organisation, recent structural changes have introduced administrative support, strengthen the capacity of the service.

The Welsh Language Advisory Group (WLAG) operates to provide oversight, support and monitoring of compliance with the Standards, the Welsh Government’s ‘More Than Just Words’ (MTJW) Framework, and any emerging Welsh language requirements. Reference should be made to Objective 5 for our assessment of the effectiveness of this governance structure.

We were advised that the Trust intends to develop a network of Welsh Language Champions across the organisation to support and promote Welsh language activity at locality level. As this has not yet been implemented, a Welsh Language Network (WLN) was established in July 2025 to help fill this gap. The WLN is an open and inclusive forum, available to all staff who wish to support the use and development of the Welsh language and its culture within the Trust. It operates as a Microsoft Teams channel rather than a formal group and currently has 56 subscribed members.

The Welsh Government’s MTJW programme aims to ensure that Welsh speakers can access health and social care in their preferred language by embedding Welsh language provision as a routine and integral part of service delivery. To support this aim, the Welsh Government has issued a five-year action plan consisting of 38 actions for which each Health Board and Trust in Wales is accountable. The Trust has submitted an annual response, as required, outlining its position and progress against each action. These responses are appended to the Welsh Language Standards Annual Report (2024/25). No formal feedback on the Trust’s action plan has been received to date.

Standard 79 (Operational Standard) of the Compliance Notice requires the Trust to “*develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language, and publish that policy on its intranet.*” While the Standard does not prescribe specific content requirements, the Trust’s Welsh Language Policy (updated in 2024) is appropriately aligned with the overarching thematic areas set out across the 114 applicable Standards: Service Delivery, Policy Making, Operations, and Record Keeping.

The policy contains the expected core components—Roles and Responsibilities, Training, and Impact Assessments—consistent with the Trusts’ standard policy structure. It also includes a dedicated section on Communication and Engagement (6.6.1), which outlines the Trust’s intention to embed the Welsh language as a normalised and integral part of organisational culture. This approach positions Welsh as a natural part of the organisation’s identity, rather than being viewed solely through a compliance lens. This is reinforced through initiatives such as bilingual branding, awareness-raising campaigns, visible bilingualism at internal events, and encouraging staff to adopt basic “linguistic courtesy”.

A comparison with policy documents from other NHS Wales organisations found the Trust’s policy to be notably more comprehensive and strategically focussed. One comparator policy functioned largely as a procedural guide; while another focussed mainly on compliance from a patient-facing perspective. To further support the practical application of the Standards, the Trust provides a range of supplementary guidance designed to help staff engage with and improve their Welsh language skills, including:

- Quick guides for events, telephone calls, and meetings.
- Welsh Language Courtesy Skills – a series of Trust-produced YouTube videos offering support with the pronunciation of greetings, place names, numbers, and common names.
- Guidance on bilingual email signatures.

Section 6.3.3 of the Welsh Language Policy sets out the Trust’s arrangements for dealing with complaints received, as per Standards 83-85. This is further complemented by the Trust’s Putting Things Right Policy (Section 8). Monitoring and reporting of complaints are further considered under *objective 6*.

In addition, section 11 of the policy outlines the Trust’s arrangements for monitoring overall compliance. The WLAG is responsible for overseeing performance, promoting good practice, and tracking key indicators through its quarterly meetings. Further commentary on these governance arrangements is provided under Objectives 4 and 5.

In line with NHS Wales Statutory and Mandatory Training requirements, all Trust staff are required to complete Welsh Language Awareness (WLA) training on a three-year cyclical basis (commencing 1 April 2023). The Trust Board and its Board-level Committees receive the Monthly Integrated Quality and Performance Report (MIQPR), which includes data on Trust-wide compliance against the Welsh Government target of 85% for all statutory and mandatory training.

As at 9 January 2026, WLA compliance (as recorded on ESR) was 78.55%, with more than 20% of operational staff yet to complete the course. We were informed that even if all nine remaining service areas within the Trust were to achieve 100% compliance, overall compliance would only increase marginally to 79.54%.

Our recent Mandatory In-Service Training report (issued December 2025: reasonable assurance) highlighted weaknesses in accountability structures for monitoring and addressing individual non-compliance, with no formal arrangements for managing persistent cases. As this matter is being monitored through the Trust's internal audit recommendation tracker, we have not sought to replicate the recommendation in this report.

For non-Welsh speaking staff, the Trust offers Welsh taster sessions providing introductory Level 1 support. Additional beginner-level Welsh language courses have recently been made available through the National Centre for Learning Welsh, aligned to the Welsh Government's *More than Just Words* (Mwy na Geiriau) strategy, which aims for all health and social care staff to reach courtesy-level Welsh by 2027.

During 2025/26, a new training course—*Welsh in an Emergency: Essential Welsh for Paramedics / Emergency Medical Technicians / Emergency Ambulance Practitioners*—was developed specifically for Emergency Medical Services (EMS) staff. The programme consists of ten weekly one-hour tutor-led sessions aimed at beginners and focuses on improving communication with patients and families through basic conversation, commands, clinical scenarios, and anatomical terminology. It was advertised on Learn365, the Trusts' training platform, and staff were required to register their interest due to limited capacity (12 places per cohort). More than 50 expressions of interest were received; however, rota constraints meant only eight staff were able to attend. Whilst positive feedback was shared with the course provider, we note the challenges in offering training that EMS staff can consistently attend, given the varying rota patterns across localities. The Trust has not yet determined next steps, whether to continue offering the course despite attendance difficulties, or to provide progression opportunities for those who completed the initial programme.

Standards 96 and 116 (Operational Standards) require the Trust to assess and record employees' Welsh language skills, with performance reported annually through the Welsh Language Annual Report (refer to At A Glance, page 3). This information is captured within ESR (Electronic Staff Record), and completion of the self-assessment is the responsibility of each employee. As of 31 March 2025, approximately 96% of staff had recorded their Welsh language skills, compared with 91.5% in the previous year.

A Welsh Language Standards (WLS) tracker is maintained by the Welsh Language Manager, outlining each applicable Standard and the current status of compliance. Of the 59 Service Delivery Standards, the status at the last date of update (20 October 2025) was reported as Complete: 41 Standards; Partly Met: 14 Standards; Not Met: 1 Standard; Not Applicable: 3 Standards.

While the tracker provides a useful position statement, it does not include an audit trail to evidence when individual Standards were implemented. As a result, we were unable to assess the timeliness or progression of compliance activity. In addition, our review of a sample of five Standards marked as complete confirmed that arrangements were in place to meet the specified requirements; however, there was limited evidence of ongoing monitoring to demonstrate continued compliance or the sustained embedding of these arrangements.

The Welsh Language Manager advised that the WLS tracker is a working document and has not been formally presented to any governance forum. Although the Welsh Language Annual Report provides narrative updates each year against the categories of the Standards, it does not clearly identify which Standards remain non-compliant or only partially met. This reduces transparency and limits oversight of outstanding actions (see **Key Finding 1**).

In 2024/25, the Trust established a Welsh Language Standards Compliance Baseline across four areas: Correspondence (Standards 1 & 4-7); Document Publication (Standards 36-38); Signage (Standards 47-49); and Reception Services (Standards 50-53). Compliance was assessed through Translation Service audits and a Trust-wide self-assessment survey conducted in April 2025. This identified compliance in the first three areas, while Reception Services were highlighted as requiring further improvement. This work has been carried forward into 2025/26, with additional audits and spot checks planned to support continuous improvement.

Standard 110 requires the Trust to develop and publish a five-year plan setting out: (a) the extent to which it is able to offer clinical consultations in Welsh; (b) the actions it intends to take to increase its ability to do so; and (c) the timetable for delivering those actions. The Trust published its plan for the 2019–2024. However, Standard 110A requires the Trust to assess compliance with that plan and publish the assessment within six months. The Trust has not met the requirement under 110A, and limited work was undertaken on the five-year plan until 2024/25. (**See Key Finding 1**).

Historically, the Trust has highlighted challenges in meeting the Telephone Call Standards (8-20) for 111 call handling. Performance increased from 18.1% in 2022/23 to 45.5% in 2023/24 and remained stable at 45.7% for 2024/25. This sits alongside low Welsh-language demand, with Welsh calls representing just over 1% of all 111 calls. Following discussions with the Office of the Welsh Language Commissioner and recognising the complexities of delivering Welsh-language clinical consultations through the 111 service, the Trust has now committed to developing and finalising a revised plan during 2026–27.

Consideration of Standard 107A (operational standard covering publication of application forms, job information and interview materials) has been undertaken separately as part of our Job Evaluation audit, with any findings to be reported within that report.

In December 2025, the Welsh Language Commissioner required the Trust to complete a self-assessment of its compliance with the Standards, rating assurance levels from no assurance to high assurance and providing justification and planned actions for any Standard not rated high. Of the 56 statements responded to, the Trust assessed 25 as High Assurance; 15 as Medium Assurance; 7 as Low Assurance; 2 as No Assurance; and 7 as Not Applicable. The assessment was submitted in January 2026, with feedback outstanding at the time of reporting. We were advised that, because the self-assessment represented a broader organisational review, limited progress was made against the 2024/25 baseline improvement actions. These actions are now expected to be incorporated into a wider organisational compliance plan for 2026/27 once the Commissioner's feedback is received.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>Insufficient Oversight and Monitoring of Welsh Language Standards Compliance</b></p> <p>There is insufficient evidence that Welsh Language Standards compliance arrangements are consistently embedded, monitored, or subject to effective oversight across the Trust.</p> <p>Sample testing of five Standards marked as completed confirmed that initial arrangements had been established; however, there was limited evidence of ongoing monitoring to demonstrate continued implementation within service delivery.</p> <p>The Trust did not meet the requirements of Standard 110A, having failed to assess and publish its compliance with the 2019–2024 five-year plan within the required timeframe. Work to refresh the plan for 2026–27 has only recently commenced.</p> <p>There is an absence of a structured framework to support systematic monitoring, accountability, or assurance. The compliance tracker, covering all 114 applicable Standards, lacks core governance elements such as responsible owners, implementation timelines, or defined monitoring arrangements. Oversight of standards compliance has rested solely with the Welsh Language Manager since his appointment in 2018, creating a single point of dependency and limiting organisational ownership of compliance. We acknowledge, however, that revised arrangements are planned for implementation from 2026.</p>	<p>Weak oversight and monitoring increase the risk of continued non-compliance with Welsh Language Standards, potentially resulting in regulatory challenge, reputational harm, and reduced assurance that Welsh-language services are delivered consistently across the Trust.</p>	<p><b>Agreed Action:</b></p> <p>1.1 WLS Compliance Tracker has been updated. <b>Complete</b></p> <p>1.2 (Std 110) 5-Year Clinical Consultation Plan 2026-2031 ~ regular reporting from Welsh Language Advisory Group (WLAG) to the Equality Diversity and Inclusion (EDI) Steering Group, then on to Executive Leadership Team (ELT).</p> <p>1.3 Reporting and monitoring ~ Regular reporting from the Welsh Language Advisory Group (WLAG) to the Equality, Diversity and Inclusion (EDI) Steering Group, then on to the Executive Leadership Team (ELT).</p> <p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>• Copy of revised tracker with assigned leads for actions and dated reviews (1.1) - <b>Complete</b></li> <li>• Copy of published 5-year Clinical Consultation Plan 2026-2031 (1.2)</li> <li>• WLAG and EDI Steering Group AAA report for three cycles of business. (1.3)</li> </ul>
<p><b>Theme:</b> Performance Monitoring</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Officer:</b> Melfyn Hughes (Welsh Language Services Manager)</p> <p><b>Target Implementation Date:</b> (1.1) Already completed March 2026; (1.2) &amp; (1.3) August 2026</p>

A governance framework is in place to support compliance with the Welsh Language Standards and to ensure statutory reporting requirements are met. Key elements include:

- Welsh Language Advisory Group (WLAG): Provides, oversight, support and monitoring of compliance with the Standards, the MTJW Framework, and emerging Welsh language requirements
- Equality, Diversity Inclusion (EDI) Steering Group: Ensures alignment between the Welsh Language Standards and the Strategic Equality Plan.
- Executive Leadership Team (ELT): Drives culture change and organisational commitment to Welsh language compliance.
- People & Culture Committee (PCC): Provides Board-level assurance that the Trust is discharging its statutory Welsh language obligations.
- Trust Board: Approves the Welsh Language Annual Report and oversees key performance indicators relating to the Welsh language.

The WLAG terms of reference (ToRs), last updated in April 2024 and subject to annual review, specify quarterly meetings or as otherwise directed by the Chair. Review of AAA (Alert, Advise, Assure) reports since July 2024 shows that meetings have occurred on an ad hoc basis, with only five meetings held to date (see **Key Finding 2**). Quoracy was not achieved at three of the last four meetings, largely due to the absence of a Trade Union representative and no deputy attendance recorded. Additionally, defined membership has not been met, including the omission of the Putting Things Right team. Attendance records also show that around a quarter of members routinely do not attend and are not represented by deputies (see **Key Finding 2**).

Review of WLAG agenda items confirmed alignment with the ToRs and the requirements of the Welsh Language Standards (see **Key Finding 1**).

The EDI Steering Group receives AAA Reports summarising WLAG activity, with onward reporting to ELT. Formal Welsh language reports, including the Welsh Language Annual Report and the Strategic Equality Plan Annual Report, are presented to EDI Steering Group prior to ELT consideration. Where formal approval is required, reports are subsequently considered by PCC and the Trust Board. The MIQPR, presented to the Board and its sub-committees, includes Welsh-language-related metrics such as call answering rates, monitored over a 12-month period.

The Trust's Welsh Language Annual Report, required under Standard 120, was finalised in August 2025 and published within the six-month statutory deadline. Review of reporting since the requirement was introduced in 2019/20 confirms consistent adherence to this timeframe.

Key Findings	Risk & Impact	Agreed Management Action
<p>2 <b>Weaknesses in WLAG Terms of Reference and Governance Arrangements</b></p> <p>Our review identified several weaknesses in the WLAG Terms of Reference ToR) and their application in practice.</p> <p>Attendance has been inconsistent with several members failing to attend four or more consecutive meetings. This includes the Trade Union representative, whose repeated non-attendance resulted in the group being non-quorate for four consecutive meetings. Approximately a quarter of the membership routinely fail to attend, and deputies are not being nominated in their place.</p> <p>Section 4 of the ToRs sets out the membership requirements. While paragraph 4.1 lists the expected representation, the table at paragraph 4.2 omits a representative from the Putting Things Right team, an omission reflected in AAA reports, which confirm no attendance from this area. Membership should be reviewed to ensure sufficient and appropriate representation across the Trust.</p> <p>In addition, the group is not meeting with the expected quarterly frequency. While the ToR allows for meetings “as otherwise directed by the Chair”, the current ad hoc scheduling does not align with the need for regular oversight and reduces assurance over effective monitoring of Welsh Language Standards compliance.</p>	<p>Weaknesses in WLAG membership, attendance, and meeting frequency increase the risk of ineffective oversight of Welsh Language Standards, potentially resulting in gaps in compliance, reduced organisational assurance, and exposure to regulatory or reputational consequences.</p> <p style="text-align: center;"><b>Medium Priority</b></p>	<p><b>Agreed Action:</b></p> <p>2.1 WLAG Terms of Reference / membership to be reviewed in line with the review of Integrated Governance Structures which will also include the EDI Steering Group.</p> <p>2.2 Quarterly meeting schedule to be developed, with attendance and deputy arrangements reinforced to ensure quoracy, and attendance routinely monitored and reported.</p> <p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>• Copy of revised WLAG ToR and membership list (2.1)</li> <li>• Copy of published WLAG meeting calendar 2026/27 (2.2)</li> <li>• Copies of WLAG AAA reports including record of attendance (2.2)</li> </ul> <p><b>Officer:</b> Melfyn Hughes (Welsh Language Services Manager)  <b>Target Implementation Date:</b> (2.1 &amp; 2.2) June 2026</p>
<p><b>Theme:</b> Governance</p>	<p>Control Design</p>	

**Objective 6:** To check whether complaints and feedback related to Welsh Language provision are managed and used to improve services.

**Reasonable**

The Trust’s Welsh Language Policy requires that a record is kept each financial year of all complaints relating to compliance with the Welsh Language Standards, in line with Standard 115. Standard 120 further requires the annual report to include the number of such complaints received during the reporting year.

Our review of Welsh Language Annual Reports from 2019/20 onwards confirmed that the Trust consistently reports formal Welsh language complaints, along with a summary of the Trust’s response and any actions taken. The Welsh Language Manager maintains a spreadsheet recording all formal complaints received to date (a total of 19). Review of a sample of three complaints confirmed appropriate evidence was retained to support the actions taken. Whilst some delays were identified in responding to the Welsh Language Commissioner (maximum of three days), these were not considered significant, and the Trust complied with the 20 day-response requirements under the PTR regulations.

We were advised that some Welsh-language-related concerns are resolved quickly and locally without escalation to the Welsh Language Manager, Corporate Governance Team, or the PTR Team. While early local resolution is permitted under both Trust policy and PTR Regulations, the PTR policy also requires such cases to be recorded “on an early resolution form or electronically via the Datix Cymru system to the Putting Things Right Team”. The Welsh Language Manager has been made aware of instances where early-resolution complaints were not reported in accordance with this requirement (see **Key Finding 3**).

We have been advised that a formalised complaints-tracking document will be introduced from 2026 to strengthen administrative oversight and monitoring of Welsh language complaints.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 <b>Inconsistent Recording and Escalation of Welsh Language Complaints</b></p> <p>We were advised that some Welsh-language-related complaints are resolved promptly at a local level and are therefore not escalated to the Welsh Language Manager or the Corporate Governance Teams. While both the Trust’s Putting Things Right Policy and the wider national PTR regulations permit early or local resolution through informal management, they also require all such cases to be formally recorded, either via an early resolution form or through the Trust’s incident management system (Datix), to ensure a complete and accurate record of complaints.</p> <p>Although the overall number of Welsh language complaints remains low (19 since the implementation of the Standards), incomplete reporting limits the Trust’s ability to assess complaints consistently, identify themes and trends, and take proactive action to prevent recurrence. Failure to capture all</p>	<p>Failure to consistently record and escalate Welsh language complaints increases the risk of incomplete assurance, missed themes or trends, and inaccurate reporting within the Welsh Language Standards Annual Report.</p>	<p><b>Agreed Action:</b></p> <p>3.1 Process to be agreed between the Corporate Governance, Operations and QSPE (PTR Team) to ensure that all Welsh language complaints received (even those resolved locally) are reported and recorded on Datix.</p> <p>3.2 Welsh language complaints are reported within the <b>Welsh Language Annual Report</b>; however, the narrative within the report should be further developed to provide greater insight into themes, organisational learning and any service improvements arising from complaints.</p> <hr/> <p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>Confirmation of the agreed tripartite process between Corporate Governance, Operations, and QSPE (PTR Team) Directorates (3.1)</li> </ul>

Key Findings	Risk & Impact	Agreed Management Action
complaints also risks incomplete disclosure within the Welsh Language Annual Report.		<ul style="list-style-type: none"> <li>Copy of 2025/26 Welsh Language Annual Report containing reporting on Welsh language related complaints and any learning identified (3.2)</li> </ul>
<b>Theme:</b> Information, Data Quality & Data Accuracy	Control Operation	<b>Officer:</b> Melfyn Hughes (Welsh Language Services Manager) <b>Target Implementation Date:</b> June 2026

# Appendix A: Assurance Opinion and Prioritisation of Findings

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

## Disclaimer

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Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Non-Executive Directors or officers including those designated as Accountable Officer. They are prepared for the sole use of the Welsh Ambulance Services University NHS Trust and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Welsh Ambulance Services University NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.





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## WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT) HIGHLIGHT REPORT

This highlight report provides the reader with details of the key areas discussed at the last WASPT meeting. The report is intended to be used to communicate the work of this Board advisory group to the People and Culture Committee and the wider organisation. Areas that require the attention of the People and Culture Committee are set out in the Alert section.

<b>WASPT Meeting Date</b> All WASPT meetings are held in person	22 January 2026
<b>People and Culture Committee Meeting Date</b>	May 2026
<b>Chair</b>	Lee Brooks (deputy for Emma Wood)

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the People and Culture Committee to areas of attention)

1. No alerts arise from this meeting for the People and Culture Committee's attention.

#### ADVISE

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

2. It was agreed that the **spotlight item in Siren** will focus on the review of the industrial injuries process.
3. There were concerns about **violence and aggression toward staff**, raised in relation to the Anti-Violence Collaborative Initiative and the limitations current data-sharing rules create for maintaining safety. Previous information-sharing arrangements with partner organisations have lapsed, prompting questions about whether renewed or alternative approaches could better protect staff. Participants reflected on incidents where unclear guidance or lack of follow-up left colleagues exposed, emphasising the need for clearer organisational processes, stronger reporting cultures, and better mechanisms to identify and manage repeat risks. It was suggested that the Health and Safety Committee (HSC) may be best placed to explore these issues in more depth, particularly as national work on guidance for withdrawal of care continues to evolve. The matter will be referred to the HSC and discussions fed back to WASPT as appropriate.
4. The **workshop** after the WASPT meeting was regarding the Social Partnership and Public Procurement Act, with a focus on the social partnership component. The social partnership self-assessment was completed by each attendee. The self-assessment outcomes were collectively



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discussed, and the exercise is to be repeated amongst other management and trade union groups for comparisons at the Social Partnership development days (see item below re ACAS actions).

- Members **reflected** that the meeting was efficient and well chaired.

## ASSURE

(Detail here any areas of assurance)

- The outcome of the review of the **industrial injuries process** was received. A review was presented covering both the appeals process and recent case volumes, which have now been separated into distinct reporting streams. The current approach remains heavily paper-based and administratively burdensome, and work is underway to streamline the system, including the introduction of a digital application process to improve efficiency. A key challenge continues to be the variable and often insufficient quality of submitted applications, which frequently lack the level of detail required for appropriate consideration.
- The group discussed the mixed quality of **submissions for industrial injury claims** and emphasised the importance of comprehensive supporting information to enable robust decisions. The need for clearer guidance was noted, potentially including a short guide and illustrative examples of appropriate evidence, to support greater consistency across the organisation. The group further reflected on whether any refinements to the role or remit of the appeals panel may be required, noting previous contention in this area.
- Overall, the progress made on this process was welcomed by trade union colleagues, for who this was a matter requiring some attention. It was agreed to develop an accompanying 'check list' to help guide the completion of submissions.
- Following changes from Band 4 Emergency Medical Technician (EMT) to Band 5 Emergency Ambulance Practitioners (EAP), work has focused on the future skill mix for Emergency Ambulances to deliver best value clinically and financially. The group reviewed progress on the ongoing **workforce skill-mix programme** and took stock of the work completed to date. The preferred organisational option has been confirmed. There is currently no intention to implement redundancies or voluntary exit schemes, with changes expected to be achieved primarily through natural turnover, revised recruitment practices, and role-specific adjustments, including job-sharing, retire-and-return arrangements, and prioritisation of internal recruitment. These developments remain subject to Equality and Quality Impact Assessments. The organisation is engaging with national partners regarding the implications for future workforce pipelines and training programmes, noting the need to balance long-term skill-mix aims with the impact on current staff. Assurance was provided that external stakeholders continue to be engaged and that data emerging from integrated care initiatives will inform future deployment decisions. The group agreed that ongoing discussion, monitoring, and refinement will be essential as the programme develops, recognising the potential for this approach to significantly strengthen future operational capability.



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10. An update was received on the **ACAS actions** update. It was noted that progress is being made on the social partnership development days for line managers. This includes six days of delivery across March and April 2026 and that the Trust was attempting to align this activity with other WAST events to make the best use of time.
11. A presentation was given of the **Integrated Medium-Term Plan (IMTP) 2026-29**, which included the IMTP emerging priorities, financial planning considerations, and the next steps with the IMTP development milestones before year-end. The importance of the people and culture activities, learning and development opportunities, and meaningful PADRs were acknowledged.

### **Local Partnership Forums**

12. The *Senior Leadership Team/Trade Union Partnership (SLT/TUP) AAA from the 20 November 2025* was received. There was one alert regarding the MDVS position statement memo, where the Trust's position to MDVS was set and concerns were heard regarding the removal of in-cab screens, citing safety risks and disagreement with the legal interpretation.
13. Trade union colleagues did not raise concern in the meeting regarding the position however were encouraged to return this to SLT/TUP meeting should it be necessary. Other matters discussed at the SLT/TUP were working safety matters regarding Dyson fan maintenance, and violence and aggression reporting; RICS terms and conditions; the revised Ambulance Performance Framework; audit tracking and eTimesheet development.
14. The *Corporate Partnership Forum (CPF) met on 26 November 2025*, with key updates as follows:
  - The group received a presentation from colleagues in Estates regarding fire safety matters, and were given updates on estates workstreams: Dolgellau, Bangor, Monmouth, Abergavenny, HART, Thanet House/Matrix merger, and Bassaleg. There were concerns raised regarding COSHE compliance which will be progressed by the Health and Safety Team.
  - The group received an update on the Quality, Safety and Patient Experience (QSPE) Directorate organisational change process. A new quality hub is available on Siren and the group heard that there has been positive engagement with the WINN platform.
  - A presentation was delivered the IMTP 2026-29 development. It was noted that there was an IMTP planning event on the 15 January 2026.
  - A presentation was delivered on the 2024-29 digital innovation and transformation journey. This included discussion of ongoing digital workshops and the AI Steering Group.

### **RISKS**

There were no discussions regarding relevant risks.



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COMMITTEE AGENDA FOR MEETING		
Items raised by TUPs after pre-meet	Review of industrial injuries process and industrial injuries claim report	ACAS actions update
Skills mix on emergency ambulance	IMTP 2026-29 development	Corporate partnership AAA from 26 November 2026
SLT/TUP AAA from 20 November 2025	Siren spotlight	
WASPT WORKSHOP		
Social partnership self-assessment		

COMMITTEE ATTENDANCE						
Name	30 May 2025	24 July 2025	22 Sept 2025	20 Nov 2025	22 Jan 2026	
Jason Killens	<b>Chair</b>					
Emma Wood						
Mark Marsden (UNISON)				<b>Chair</b>		
Carl Kneeshaw						
Lee Brooks				Sonia Thompson	Deputy chair	
Rachel Marsh		Interim CEO	Interim CEO <b>Chair</b>			
Chris Turley			Ed Roberts	Ed Roberts	Ed Roberts	
Andy Swinburn						
Estelle Hitchon						
Trish Mills						
Chair Corporate LPF	Liz Rogers		Liz Rogers	Sara Williams	Liz Rogers	
Unite representative	Christian Fox	Christian Fox <b>Chair</b>	Christian Fox	Kevin Gamblin	Christian Fox	
Unite representative	Kevin Gamlin	Hugh Parry	Hugh Parry	Hugh Parry	Hugh Parry	
Unite representative	Alison Williams	Alison Williams	Alison Williams	Alison Williams	Alison Williams	
GMB representative	Marcus Viggers	Marcus Viggers	Marcus Viggers		Marcus Viggers	
GMB representative	Jane Wellington-Rees	Mal Jones	Charlie Phillips	Sharon Thorpe	Mal Jones	
GMB representative					Jane Wellington-R	
UNISON representative	Mark Marsden		Chris Ferris	Carol Roberts	Carol Roberts	
UNISON representative	Henry Garrard	Henry Garrard	Henry Garrard	Henry Garrard <b>Chair</b>	Henry Garrard	
UNISON representative		Carol Roberts	Damon Turner	Damon Turner		
RCN representative		Vicky Rees	Vicky Rees	Vicky Rees	Vicky Rees	
RCN representative						
RCN representative						

	Attended
	Deputy attended
	Apologies received/Not attended
	No longer member/Not member



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## **WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT) HIGHLIGHT REPORT**

This highlight report provides the reader with details of the key areas discussed at the last WASPT meeting. The report is intended to be used to communicate the work of this Board advisory group to the People and Culture Committee and the wider organisation. Areas that require the attention of the People and Culture Committee are set out in the Alert section.

<b>WASPT Meeting Date</b>	18 March 2026
<b>People and Culture Committee Meeting Date</b>	5 May 2026
<b>Chair</b>	Mark Marsden

### **KEY ESCALATION AND DISCUSSION POINTS**

#### **ALERT**

(Alert the People and Culture Committee to areas of attention)

1. No alerts arise from this meeting for the People and Culture Committee’s attention.

#### **ADVISE**

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

#### **Integrated Medium Term Plan (IMTP) 2026-29 and financial plan 2026/27**

2. Members considered the draft IMTP and financial plan, noted the extremely challenging planning context, with significant financial pressures expected across NHS Wales in 2026–27 and beyond. The organisation has made a number of significant changes and investments in recent years. The focus now is on embedding those changes and maximising benefits, particularly in terms of improving patient outcomes and reducing harm. The plan reflects a consolidation of priorities and represents a material shift from previous approaches.
3. The IMTP follows engagement with the Senior Leadership Team, the Board, and the People and Culture and the Finance and Performance Committees from December to March, with Trade Union Partners shaping the emerging plan in those forums. Financial savings proposals have been developed on the basis of no redundancies, introducing vacancy controls, a requirement for recurrent savings wherever possible, and a continued commitment to protect front line and core service spend. Greater emphasis is being placed on areas such as travel and subsistence and procurement savings. Despite this approach, the group noted ongoing internal cost pressures and a number of currently unsupported schemes, including the recruitment of newly qualified paramedics and the implications arising from demand and capacity reviews. The intention remains to present a balanced financial plan for 2026–27, with further work planned through March and Q1 to identify and close the remaining residual gap.



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4. Key people commitments arising from staff engagement include sexual safety, sustained reductions in sickness absence, and enhanced engagement and participation in decision making, alongside a future workforce solution through ESR, development for all staff, phase 2 of Our WAST Way, supporting managers to lead change, and the recruitment strategy. Further priorities where Trade Union Partner engagement and support is particularly important includes refreshing the organisation's long-term strategy, operationalising the outcomes of the emergency ambulance skill mix review, and delivering the financial sustainability and savings plans.
5. The group noted constructive suggestions from Trade Union Partners, including a request for greater clarity on measures relating to our people commitments, particularly around overruns. The addition of a relevant measure within the Board level metrics in the MIQPR will be explored in the next iteration. The potential for 111 call handlers to work from home was also discussed and while members recognised potential benefits, it was noted that the current cost is prohibitive unless offset by cash released elsewhere.

#### Issues Raised Following the TUP Pre-Meet

6. It was confirmed that operational training delivered to date is compliant with the new **All Wales Disciplinary Policy** and aligns with the associated guidance. Representatives from People Services will attend forthcoming all Wales training later in the month and in early April, with a further update to be provided on the wider organisational rollout and any implications. Assurance was given that key stakeholders have been engaged in development and that relevant materials can be shared as needed.
7. Members discussed paid **parental leave** in the context of partnership working and the aspiration to remain an employer of choice. It was reiterated that any changes to provision would need to be progressed on an all-Wales basis, and that local variations are not currently preferred or affordable. The current arrangements remain aligned to Welsh Government policy.
8. It was agreed that the **spotlight item in Siren** will focus on the work set out below on overruns.
9. The **workshop** after the WASPT meeting was on the changing political landscape.
10. Members **reflected** that discussions were robust and respectful.

#### ASSURE

(Detail here any areas of assurance)

#### Shift Overruns

11. Members received a presentation on work underway to address shift overruns. Actions taken to date, delivered in partnership, include investigations into all 60 and 90-minute overruns, piloting targeted hospital offload windows in YGC under the '#getmehome' initiative, enhanced end of shift planning and daily tactical huddles to support timely crew release, and the establishment of a dedicated overruns desk. Progress has also been supported by a single integrated action plan, a review of relevant SOPs, regular deep dives into overrun themes and trends, clear frontline accountability across EMS Operations and EMSC, and the delivery of quality and support days.



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12. Members noted early signs of improvement, with an overall downward trend in overruns. This has been uneven across Wales, with more limited improvement in some rural areas, and a temporary winter-related uptick. This reinforced the importance of consistent application of SOPs and targeted support to ensure improvements are felt more widely by staff.
13. The group welcomed a strengthened partnership approach, with agreement to bring related workstreams together under a single overarching group to improve coordination and pace. This will align existing overrun actions with the development of alternative dispatch models, smart tethering, and quick wins such as enhanced return-to-base intelligence to support end of shift decision making. Phase 1 of smart tethering has been approved, with proof of concept testing underway alongside clinical safety assurance, to balance overrun reduction with appropriate clinical prioritisation.
14. Members recognised strong partnership working, characterised by constructive challenge and a shared commitment to staff wellbeing and getting crews home on time. Feedback from EMS and EMSC staff indicates that improvements are being seen, alongside clear messages on where further progress is needed, including stronger end of shift protection, improved hospital transfer of care, clearer and more consistent SOP application, and improved operational coordination.
15. The Group discussed the dominant role of hospital handover delays as a key driver of overruns, noting that this remains a complex system issue requiring continued partnership with Health Boards and national stakeholders. Members emphasised the need to maintain momentum, empower dispatch and operational teams to work differently where appropriate, and continue to pursue multiple levers rather than relying solely on improvements in hospital flow.
16. The group deferred their **2025/26 quality and governance review** to the June meeting to allow more members to take part in the survey.
17. It was agreed that all original actions outlined in the Welsh Health Circular relating to the **non-pay elements of the 2022-24 Collective Agreement** have been completed. Additional areas of work and actions identified through partnership discussions and feedback from Trade Union Partners are now being managed as part of business-as-usual activity.

#### **Local Partnership Forums**

18. The *Senior Leadership Team/Trade Union Partnership (SLT/TUP) AAA from 15 January 2026* was received with no matters raised for escalation. The meeting focused on the NEPTS roster review and TOIL. Clear improvement continues on the TOIL pilot with members recognising the personal impact of declined requests. TOIL will remain a standing item at the SLT/TUP to support ongoing monitoring and collaborative improvement.
19. The Corporate Partnership Forum (CPF) did not meet between meetings.

#### **RISKS**

Risks related to delivery of the IMTP 2026-29 and financial plan 2026/27 were discussed.



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AGENDA FOR MEETING		
Items raised by TUPs after pre-meet	Shift overruns	SLT/TUP AAA
IMTP 2026-29 and financial plan 2026/27	2025/26 annual governance review	Non-pay elements of the 2022-24 collective agreement closure report
Siren spotlight		
WASPT WORKSHOP		
Changing political landscape		

ATTENDANCE						
Name	30 May 2025	24 July 2025	22 Sept 2025	20 Nov 2025	22 Jan 2026	18 Mar 2026
Jason Killens	<b>Chair</b>					
Emma Wood						
Mark Marsden (UNISON)				<b>Chair</b>		
Carl Kneeshaw						
Lee Brooks				Sonia Thompson	Deputy chair	
Rachel Marsh		Interim CEO	Interim CEO <b>Chair</b>			
Chris Turley			Ed Roberts	Ed Roberts	Ed Roberts	Ed Roberts
Andy Swinburn						
Estelle Hitchon						
Trish Mills						
Chair Corporate LPF	Liz Rogers		Liz Rogers	Sara Williams	Liz Rogers	
Unite representative	Christian Fox	Christian Fox <b>Chair</b>	Christian Fox	Kevin Gamblin	Christian Fox	
Unite representative	Kevin Gamlin	Hugh Parry	Hugh Parry	Hugh Parry	Hugh Parry	Hugh Parry
Unite representative	Alison Williams	Alison Williams	Alison Williams	Alison Williams	Alison Williams	Alison Williams
GMB representative	Marcus Viggers	Marcus Viggers	Marcus Viggers		Marcus Viggers	Marcus Viggers
GMB representative	Jane Wellington-Rees	Mal Jones	Charlie Phillips	Sharon Thorpe	Mal Jones	Richie Bullen
GMB representative					Jane Wellington-Rees	Jane Wellington-Rees
UNISON representative	Mark Marsden		Chris Ferris	Carol Roberts	Carol Roberts	Carol Roberts
UNISON representative	Henry Garrard	Henry Garrard	Henry Garrard	Henry Garrard	Henry Garrard	Henry Garrard
UNISON representative		Carol Roberts	Damon Turner	Damon Turner		Damon Turner
RCN representative		Vicky Rees	Vicky Rees	Vicky Rees	Vicky Rees	Vicky Rees
RCN representative						
RCN representative						

	Attended
	Deputy attended
	Apologies received/Not attended
	No longer member/Not member



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Agenda Item No. 16

## REPORT TITLE

Risk Management and Board Assurance Framework Report

## MEETING

Name of meeting	People & Culture Committee
Date of meeting	05 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	n/a

## REPORT SPONSOR

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

## PURPOSE OF REPORT

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Approval                            | <input type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance                | <input type="checkbox"/> Discussion  |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting      |

## REPORT SUMMARY:

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

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the risks that are relevant to this committee's remit.
2. The summary of these risks is set out in Annex 1, and the more detailed Board Assurance Framework (BAF) is in the reading room. This provides the committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable.



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3. Members can take assurance that each of the principal risks have been reviewed since the last meeting with extensive work being undertaken to better align risks 160 (*High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service*) and 558 *Deterioration of staff health and wellbeing as a consequence of both internal and external system pressures*. This is to ensure a more holistic focus rather than maintaining two separate risks as foreshadowed at the meeting in February 2026.
4. Both these risks have been removed from the BAF and replaced by a new risk 680, *Failure to prioritise people capability and organisational culture could result in deteriorating Employee Experience, reduced wellbeing and absence*. This risk focuses on the adverse impact on workforce capacity and patient safety arising from underinvestment in people capability and organisational culture. Further work is underway to strengthen the supporting detail of this risk in the forthcoming governance round which aligns its controls, gaps in controls, and actions against the three Cs of the People and Culture Plan, those being culture, capacity and capability.
5. Additionally, work has continued to articulate the first risk on the strategic BAF related to strategic objective 2 – enabling our people to be the best they can be. The summary of this risk is included in Annex 2. Work will continue with the People Services Directorate on the detailed controls, assurances and the effectiveness of these over the three lines of defence.
6. Whilst there have been no further material changes made during this period, the BAF includes a commentary for each risk for the risk owner to describe the rationale for each of the risk ratings which is particularly important where ratings have remained static.

## RECOMMENDATION(S)

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

The People & Culture Committee is requested to receive assurance that risks have been reviewed in quarter and that work continues to strengthen the supporting detail of the new risk 680 and the strategic risk aligned to strategic objective 2.

## ADDITIONAL PAPER(S)

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

The Committee is requested to receive the following:

**Annex 1** Principal Risk Summary

**Annex 2** Strategic Risk Extract

**Annex 3** BAF (in reading room)



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

## STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input type="checkbox"/> SO6: Delivering exceptional value

## RISK(S) THIS REPORT MITIGATES

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

As above, this paper goes to mitigations against people and culture related risks

## HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input checked="" type="checkbox"/> Equitable	<input checked="" type="checkbox"/> Person Centred

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

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input checked="" type="checkbox"/> Culture
<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

## WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a

## IMPACT ASSESSMENTS FOR CONSIDERATION

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

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
--	--

If yes, what impact assessment is attached

## APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
08 April 2026	Executive Leadership Team



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Annex 1 – Summary

CORPORATE RISK REGISTER				
RISK ID	RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
NEW 680  PCC	Failure to prioritise people capability and organisational culture could result in deteriorating Employee Experience, reduced wellbeing and absence.	<p><b>IF</b> insufficient focus on people capability and organisational culture</p> <p><b>THEN</b> will lead to a poor employee experience, low morale, burnout, fatigue, reduced wellbeing and increased sickness absence</p> <p><b>RESULTING IN</b> Adversely impacted workforce capacity, patient safety and the Trust's ability to deliver safe and effective ambulance services</p>	Director of People	<b>16</b> <b>(4x4)</b>
160  PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	<p><b>IF</b> there are high levels of absence</p> <p><b>THEN</b> there is a risk that there is a reduced resource capacity</p> <p><b>RESULTING IN</b> an inability to deliver services which adversely impacts on quality, safety and patient/staff experience</p>	Director of People	<b>16</b> <b>(4x4)</b>
558  PCC	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	<p><b>IF</b> significant internal and external system pressures continue</p> <p><b>THEN</b> there is a risk of a significant deterioration in staff health and wellbeing within WAST</p> <p><b>RESULTING IN</b> increased sickness levels, staff burnout, poor staff and patient experience and patient harm</p>	Director of Culture Change	<b>15</b> <b>(3x5)</b>
163  PCC	Maintaining Effective & Strong Trade Union Partnerships	<p><b>IF</b> the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained</p> <p><b>THEN</b> there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised</p> <p><b>RESULTING IN</b> a negative impact on colleague experience and/or services to patients.</p>	Director of People	<b>12</b> <b>(3x4)</b>  ➔



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## Annex 2 – Strategic Board Assurance Framework Risk Extract

### STRATEGIC BOARD ASSURANCE FRAMEWORK EXTRACT

RISK ID	STRATEGIC OBJECTIVE	RISK TITLE	SUMMARY DESCRIPTION	RISK APPETITE LEVEL	RISK SCORE
TBD	SO2 - Enabling Our People to Be the Best That They Can Be	Organisational Culture, Capability and Capacity Risk	<p><b>If</b> the organisation is unable to create and sustain the culture, capability and capacity needed for our people to develop and perform at their best</p> <p><b>Then</b> we will not be able to build and maintain a skilled, engaged and empowered workforce capable of meeting current and future service demands</p> <p><b>Resulting in</b> reduced organisational resilience, impaired ability to innovate and improve, and failure to deliver our strategic objectives</p>	<p><b>Open</b> Fostering a positive culture to promote, develop, and motivate our people through providing support for upskilling, comprehensive training, and personal development.</p>	TBD



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Agenda Item No. 17

## REPORT TITLE

Audit Tracker 25-26 Q4 (Jan-Mar26) - Exception Reporting

## MEETING

Name of meeting	People and Culture Committee
Date of meeting	05 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	n/a

## REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Lisa Trounce, Head of Compliance and Assurance

## PURPOSE OF REPORT

- |  |   |
|--|---|
| <input type="checkbox"/> Approval                            | <input checked="" type="checkbox"/> Endorsement |
| <input checked="" type="checkbox"/> Assurance                | <input checked="" type="checkbox"/> Discussion  |
| <input type="checkbox"/> Information (goes in consent items) | <input type="checkbox"/> Noting                 |

## EXECUTIVE SUMMARY:

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

- This paper provides the Committee with the 2025/26 quarter 4 position with respect to management actions for audits within the purview of this committee.
- The Audit Handbook notes that it is the responsibility of this committee to:
  - Receive audits in their remit;
  - Monitor management actions to address recommendations; and
  - Scrutinise impact of actions in response to audit recommendations in terms of, for example, quality improvement, the provision of more efficient and effective patient care, improved governance, better use of resources etc.



3. The Audit Tracker has been updated in quarter 4 of 2025/26. To reduce the volume of papers presented to committee, rather than supply a copy of the tracker, the committee is provided with an audit exception report, of which this is the first version. This will provide the committee with details of high audit actions or audit actions from limited assurance audits, where a final revised date has been sought.
4. It is intended that exception reporting will provide committee with the information it requires to receive assurance regarding the mitigation in place to address the risks identified via internal audits, and where appropriate to levy appropriate challenge where further assurance may be needed. The content and format of the exception report will evolve as feedback is received regarding committee requirements.

### Internal Audit

5. During 2025/26 quarter 4, there were a total of 38 open internal audit recommendations relevant to the committee. Of the 38 open internal audit recommendations, seven were due to be completed in quarter, and 31 were not yet due.
6. By end of quarter, four audit actions were confirmed as completed, leaving 34 open. Three of the closed actions were due in quarter, plus one not due until the end of September 2026 which was completed earlier than scheduled. Three of these four audit actions met their original implementation date, with the remaining one completed by its 1<sup>st</sup> revised date.
7. During quarter 4, there was only one the following audit recommendations that was a high priority key finding which in this case related to a limited assurance which is on its final revised dates:

Audit Ref & Description	Original Deadline	1 <sup>st</sup> Revised Date	2 <sup>nd</sup> Revised Date
Audit Ref: 015-24/25 Resourcing Policy (Action 1.2) ~ Construct standard operating procedures to support consistent application relevant to individual functions.	31/03/2025	30/09/2025	30/09/2026

With respect to this action, workshops took place in March and April 2026 to commence work on this. As at the end of quarter 4, the actions are reported as being on track for completion by the specified implementation dates.

8. At the end of quarter, there were 34 remaining open actions, which are due for completion as shown below:



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Year	Quarter	Period	No. Audit Action Due for Completion
2026/27	Quarter 1	April – June 2026	14
	Quarter 2	July – September 2026	6
	Quarter 3	October – December 2026	8
	Quarter 4	January – March 2027	5
2027/28	Quarter 1	April-June 2027	1

### External Audit

9. During 2025/26 quarter 4, there were no open external audit recommendations relevant to the Committee.

## RECOMMENDATION(S)

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

The Committee is requested to:

1. Review and scrutinise the current position regarding high priority audit actions and ensure that there is sufficient assurance in terms of mitigation of associated risks.

## ADDITIONAL PAPER(S)

n/a



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

### STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input checked="" type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

### HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> Safe	<input checked="" type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

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

<input checked="" type="checkbox"/> Leadership	<input checked="" type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement and Research	<input type="checkbox"/> Whole Systems Approach

### WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input checked="" type="checkbox"/> A pro-active, accessible and equitable care provider
<input type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input type="checkbox"/> n/a

### IMPACT ASSESSMENTS FOR CONSIDERATION

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

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment	N/A [DPIA Checklist > DPIA not indicated]

### APPROVAL/SCRUTINY ROUTE

Date	Person/Group/Committee
23 April 2026	Director of Corporate Governance/Board Secretary



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## PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT TO BOARD

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

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

<b>Trust Board Meeting Date</b>	26 March 2026
<b>Committee Meeting Date</b>	10 February 2026
<b>Chair</b>	Ceri Jackson

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. There are no alerts to raise from this meeting.

#### ADVISE

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

2. The committee heard from **Ben Collins, Interim Head of Service for EPRR**, who presented a detailed account of his leadership journey and the cultural transformation he has delivered in the Emergency Medical Service for South Central. Within his story he emphasised the value of visible, grounded, approachable, adaptable leadership, reflection, and balancing compassion with accountability as a leader. He described implementing monthly one-to-one welfare check-ins, biannual culture days, and collaborative local delivery plans; which fostered team cohesion and reduced negative culture scores. Ben noted challenges in maintaining regular contact with his teams due to the mobile nature of the workforce and limited management capacity but found culture days to be particularly effective for engagement. Committee members praised Ben's approach, highlighting his ability to empower others and create sustainable change. The impact Ben has made across the Trust in developing other leaders within his team was acknowledged. The committee acknowledged the positive impact on staff well-being and patient care, recognised the difficulties in replicating such engagement across all areas, and recommended further efforts to embed these practices more widely throughout the organisation.



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3. The priorities relevant to the remit of this committee for the **IMTP for 2026-29** were endorsed and members were assured they are aligned to the 3 C's of the People and Culture Plan.
4. The **report from the Director of Culture Change** and the **Director of People** was received with a focus on the Health and Wellbeing Passport (designed to facilitate supportive conversations between staff and managers about workplace adjustments) and the WAST Welcome Digital Handbook, designed to improve onboarding for new staff (covering organisational structure, support resources, benefits, safety, learning, and engagement). Both were welcome additions. Strong engagement across the organisation was highlighted, with over 1,000 colleagues now involved in People Networks supported by Executive sponsors, alongside external recognition of progress through a national award win and a further award nomination, reflecting the positive impact of the Trust's People and Culture work.
5. The **Q3 Operational Update** highlighted the following people and culture related issues:
  - Smooth implementation of the December go-live of the Ambulance Performance Framework supported by significant change management efforts. Staff will be surveyed after phase two to assess their experience of the change. Members formally thanked all staff for their achievement on this.
  - E-Timesheets aim to reduce payroll errors and management workload. Moving to GRS cloud is a dependency, scheduled for May 2026. Technical specification to meet organisational nuances are expected to be submitted in Q4 with some concern that the degree of change could make the solution cost prohibitive.
  - Ongoing work to further reduce overruns and improve staff experience will need some development of informing dispatch decisions, with Trade Union Partners forming part of the working group. Reduction in shift overruns was evident and welcomed in the MIQPR reviewed at this meeting, notwithstanding an uptick in December.
  - The NEPTS roster review aims to balance work life with operational efficiency by achieving an additional 3-400 journeys a week.
6. The committee received an update on the ongoing work to achieve an **optimal skills mix within Emergency Medical Services, Emergency Ambulances**. Members noted that the introduction of new roles and crewing models has increased the complexity of workforce planning, which remains heavily influenced by clinical model, changing demand, financial constraints, and wider system factors. It was recognised that the shift towards a futureproofed and affordable model that supports improved patient outcomes will take several years and will rely largely on natural turnover rather than immediate structural change. This approach creates a degree of uncertainty for staff and makes it difficult to provide firm timelines at this stage. The committee was assured by the strong partnership working between management and trade union representatives, with mature dialogue helping to address challenges and support staff throughout the transition. Trade union partners were reported to be actively working through issues with management and acting in the best interests of their members. Key risks discussed included workforce anxiety, potential retention challenges, reputational considerations, and the need to safeguard the credibility and sustainability of professional pathways and education pipelines. The committee emphasised the importance of clear and consistent communication and unified messaging to staff during what is expected to be a prolonged period of



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change, acknowledging that the situation will continue to evolve and will require ongoing collaboration and adaptability.-proofed and affordable model that supports improved patient outcomes will take several years and will rely largely on natural turnover rather than immediate structural change. This approach creates a degree of uncertainty for staff and makes it difficult to provide firm timelines at this stage.

7. The following **policies were approved**:

- Transfer Policy
- People Development Policy
- All Wales Reserved Forces Training and Mobilisation Policy

8. Members **reflected** positively on the meeting, noting clear progress across a range of initiatives and expressing confidence in the constructive plans presented. They acknowledged ongoing challenges but felt assured by the quality of the discussions and papers, as well as the strong engagement from colleagues. Overall, reflections highlighted a sense of optimism and assurance, with recognition of both achievements to date and areas where continued focus is needed, particularly around culture and organisational connectivity.

## ASSURE

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

9. The Committee scrutinises performance across several metrics within its remit. Whilst the Board receives the **Monthly Integrated Quality and Performance Report (MIQPR)**, there are a range of additional metrics this committee receives, including wider **People and Culture Plan Metrics** (focusing on qualitative measures this quarter), and **Cultural Themes and Trends**. Given this, the following areas of assurance will be of interest to the Board:
- Between July and December 2025, 74 new disciplinary cases were opened. It is noted that this is the highest total for this period in three years. During the period there were two dismissals. Less than 12% of cases are related to sexual safety concerns. 14% of current disciplinary cases feature a sexual safety element.
  - In the last period January to July 2025, 88% of the new Respect and Resolution cases submitted in the period remained open however this has reduced to 13% in this period, demonstrating more cases are being closed quicker and ensuring staff and managers are supported.
  - Turnover fell from 8.36% to 7.98% (0.38%), which demonstrates a stable position. EMSC and IC roles show higher turnover despite some improvement.
  - Currently, the response rate for Moving on Conversations is one-third of leavers, but there is a goal to raise this to 50% in the next reporting period. Insights and trends identified from these conversations are being used to drive further improvements for our people.
  - Speaking Up Safely concerns have been raised during the period. 45% of those concerns have come through via the Working in Confidence platform. 74% of concerns are linked to incivility, around 10% include sexual safety issues. 7 of the 13 cases open are linked to HR processes. 75% of cases are closed, which demonstrates that we are listening and acting to concerns raised.



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- With PADR compliance currently 76.48% (in December 2025) members were updated on a new process that is linked to our WAST Way and essential conversation skills. A pilot will take place in Q1 following staff engagement on a simplified form and process.
10. The reasonable assurance **Mandatory In-Service Training (MIST) Internal Audit Report** was received as was the feedback from the Audit, Risk and Assurance Committee. Members will ensure ongoing oversight of actions to mitigate risks via the audit tracker.
  11. The **HEIW commissioning report** was noted which outlined the annual education commissioning process with a focus on future workforce requirements and pre-registration requirements. Members discussed key points in relation to paramedic numbers and skill mix, advanced practice pipeline, funding and external dependencies, university viability and delivery as well as ongoing collaboration with HEIW and universities to adapt to changing workforce requirements and funding realities. Members were assured that the Trust is making decisions based on current information.
  12. The Welsh Ambulance Services Partnership Team (WASPT) is the Board's local partnership advisory forum. The **WASPT highlight report** sets out the ongoing projects, upcoming challenges, and the steps being taken to address them in partnership. Discussions at the 20 November WASPT meeting included issues reviewed at this committee meeting, including shift overruns and the future skill mix for emergency ambulances.
  13. The annual report on **HCPC registration and NMC registration and revalidation 2025** with no escalations to the board.
  14. The Committee held the second part of its **Quality Governance Review** (formerly effectiveness review) for 2025/26 and approved its annual report and cycle of business.
  15. The **Q3 Audit Tracker** was reviewed and the Committee noted excellent progress on closing internal audit actions, with no escalations to board.
  16. In the **private session** the committee reviewed progress against suspensions over four months, and Employment Tribunal cases. Members were assured of actions in place to manage these cases. An update was also provided on the programme of work that will take place over the next four years for all NHS organisations in England and Wales to move to the Future Workforce Solution, creating a single, connected platform for the NHS workforce. This was taken in private session due to commercially sensitive information. Members noted a significant cost pressures from years 3 and 4 of the programme for the Trust and a risk with respect to colleagues' capacity for implementation, however updates will be provided in the lead-up to that, which is expected from 2028/29 for WAST.
  17. The committee received the **cycle of business monitoring and committee priority report**.



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## RISKS

### Risks Discussed:

Members acknowledged the risks associated with the skills mix changes, specifically regarding workforce anxiety, retention and reputational risks; the detail is captured within that item above.

Committee noted the work undertaken to streamline and align Risk 160 (high absence rates) and Risk 558 (wellbeing) into one holistic risk. The new risk, which will be presented at the next meeting, relates to deteriorating employee experience and workforce capacity because of potential underinvestment in people and culture.

Members were pleased to hear of the work undertaken to date to articulate a new strategic risk aligned to Strategic Objective 2 as part of the new Strategic Board Assurance Framework.

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

### COMMITTEE AGENDA FOR MEETING

Directors' update	Operations quarterly report Q3	Staff story and staff story update
Skills mix on emergency ambulances	Staff story update – essential skills tutors	Cultural themes and trends report PADR process review update
People and culture plan metrics; people and culture plan IMTP objectives and priorities 2026-29	MIST internal audit	MIQPR
2025/26 quality and governance review – annual report and cycle of business	WASPT highlight report	HEIW commissioning report
HCPC registration and NMC registration and revalidation 2025	Risk management and BAF	Audit tracker
Policies for approval		



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COMMITTEE ATTENDANCE				
Name	15 May 2025	12 August 2025	13 November 2025	10 February 2026
Ceri Jackson				
Bethan Evans				
Hayley Hutchings				
Hannah Rowan				
Angela Lewis				
Carl Kneeshaw				
Chris Turley				
Lee Brooks	From item 6	Sonia Thompson	From item 5	
Penny Durrant				
Estelle Hitchon				
Andy Swinburn		Greg Lloyd		
Alex Crawford		James Houston	Hugh Bennett	
Trish Mills				
Lizzie O'Shea				
Damon Turner				
Marcus Viggers			Left for items 9-13	
Christian Fox			Hugh Parry	
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member



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Agenda Item No.

19

## REPORT TITLE

Cycle of Business Monitoring Report 2026/27

## MEETING

Name of meeting	People and Culture Committee
Date of meeting	5 May 2026
Public or Private	Public
If private - <a href="#">rationale</a>	n/a

## REPORT SPONSOR

Executive sponsor	Trish Mills, Director of Corporate Governance/Board Secretary
Author(s) of report	Sarah Harland, Corporate Governance Officer

## PURPOSE OF REPORT

<input type="checkbox"/> Approval	<input type="checkbox"/> Endorsement
<input type="checkbox"/> Assurance	<input type="checkbox"/> Discussion
<input checked="" type="checkbox"/> Information (goes in consent items)	<input type="checkbox"/> Noting



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## REPORT SUMMARY:

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

1. This report updates the committee on progress against the agreed cycle of business for the committee.
2. The committee's cycle of business was approved by the committee in February 2026. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.
3. The monitoring report is at Annex 1. The 'pre-agenda setting' key indicates that items in green show where they are cycled for a particular meeting. Items in beige indicate they are a prompt at agenda setting as they may be ad hoc items such as business cases or external reports.
4. The 'post-agenda setting' key indicates that items in blue were either on the agenda as scheduled or is an *ad hoc* item which was discussed in agenda setting and scheduled. The orange indicates where an item was programmed for receipt but has been deferred to a future meeting.
5. The following matters are escalated to the committee on the monitoring report. Q1 2026/27, the Strategic Equality Report has been deferred to Q2 as was too soon to be presented at this meeting. It is also noted that the staff experience item was stood down from the agenda as no experience was available for presentation.

## RECOMMENDATION(S)

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

The committee is requested to NOTE the update.

## ADDITIONAL PAPER(S)

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

The committee is requested to receive the following:

1. People and Culture Committee Cycle of Business Monitoring Report May 2026



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

## STRATEGIC OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input checked="" type="checkbox"/> SO1: Providing the right care or advice, in the right place, every time	<input type="checkbox"/> SO2: Enabling our people to be the best they can be
<input type="checkbox"/> SO3: Being at the forefront of innovation and technology	<input type="checkbox"/> SO4: Developing services in collaboration
<input checked="" type="checkbox"/> SO5: Being quality driven and clinically led	<input checked="" type="checkbox"/> SO6: Delivering exceptional value

## RISK(S) THIS REPORT MITIGATES

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

N/A

## HEALTH & CARE QUALITY STANDARD(S) THIS REPORT SUPPORTS

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

<input type="checkbox"/> Safe	<input type="checkbox"/> Timely	<input checked="" type="checkbox"/> Effective
<input checked="" type="checkbox"/> Efficient	<input type="checkbox"/> Equitable	<input type="checkbox"/> Person Centred

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

<input checked="" type="checkbox"/> Leadership	<input type="checkbox"/> Workforce	<input type="checkbox"/> Culture
<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Learning Improvement & Research	<input type="checkbox"/> Whole Systems Approach

## WAST WELLBEING OBJECTIVE(S) THIS REPORT SUPPORTS

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

<input type="checkbox"/> A socially responsible and inclusive employer	<input checked="" type="checkbox"/> An innovative and sustainable organisation	<input type="checkbox"/> A pro-active, accessible and equitable care provider
<input checked="" type="checkbox"/> n/a	<input type="checkbox"/> n/a	<input checked="" type="checkbox"/> n/a

## IMPACT ASSESSMENTS FOR CONSIDERATION

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

Does this paper require an impact assessment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what impact assessment is attached	

## APPROVAL/SCRUTINY ROUTE

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

PAPER	PRE C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE	COMMENT
<b>PEOPLE AND CULTURE COMMITTEE - CYCLE OF BUSINESS 2026-27 MONITORING REPORT</b>									
<b>TERMS OF REFERENCE NOTED IN RED TEXT</b>									
Aligned strategies and plans	TBC	Ad Hoc					DPC/DCC	Endorsement	As plans are due for review
TBC assurance reporting on 'what good looks like' for PCC remit	STB						DPC/DCC	Assurance	Reporting developing in 2025/26
End of Season Flu Campaign Report	CQGG	Annually					EDP	Assurance	To include flu and general vaccination status in accordance with statutory and regulatory requirements
Cultural themes and trends report	TBC	Bi-annually					DCC	Assurance	
People and culture metrics report	TBC	Quarterly					DPC	Assurance	
Workforce Scorecard	TBC	Quarterly					DPC	Assurance	
MIQPR	ELT	Quarterly					EDSPP	Assurance	
Complex Case Update <i>Suspensions over 4 months report</i>	TBC	Quarterly					DPC	Assurance	Closed session
Staff Experience	N/A	Quarterly					DPC/DCC	Discussion	Staff stories to be topical to the main issues where possible. Q2 Staff Experience stood down as no one available. SH 22/04/2026
Staff Experience updates	None	Quarterly					DPC/DCC	Assurance	Closing of the loop from themes/issues raised in staff stories.
NHS Staff survey and action plan	ELT	Annually					DPC/DCC	Assurance	
Health and Safety Report	NH&S C'ee	Quarterly					EDQN	Assurance	Bi-annual report on the working safely programme but MIQPR to include KPIs
Annual Health & Safety Report	NH&S C'ee	Annually					EDQN	Assurance	Requested for inclusion from 2024/25 onwards; to be received in the August meeting.
WASPT AAA report	WASPT	Quarterly					DPC/WAST Chair	Assurance	
Gender pay gap report	TBC	Annually					DPC	Endorsement	SH 02032026: SP advised will be ready for Q2
Strategic Equality Report	TBC	Annually					DCC	Endorsement	SH 02032026: SP advised will be ready for Q2
WRES report	TBC	Annually					DPC	Endorsement	SH 02032026: moved from Q1 to Q3
Welsh language annual report	EDISG	Annually					BS	Endorsement	
Speaking Up Safety Report	TBC	Annually					DCC	Assurance	AP 040326: At the ASM agreed the frequency would be annual at August, and then annual report to board. Any relevant narrative regarding SUS will come forward at the other meetings of the committee through the directors' report, as appropriate.
Policies for review and approval	Policy Group/ELT	Ad Hoc					Various	Approval	Board to approve Raising Concerns and H&S policy (SoRD para 17)
Reporting to be considered - to include volunteers									To be developed in 2026/27
Reporting to be considered over and above workforce plan									To be developed in 2026/27
Learning and development reporting	TBC	TBC					DPC	Assurance	Reporting to be developed in 2025/26 to assure the Committee on training, education, development & succession
Education and training reporting	TBC	TBC					DP	Assurance	To be developed in 2026/27
HEIW commissioning report	TBC	Annually					DPC	Approval	
Collaboration with education partners	TBC	TBC					DP	Assurance	To be developed in 2026/27
Revalidation and registration report (HCPC every two years)	N/A	Annually					EDQN & EDP	Assurance	Report from EDQN and DP confirming revalidation of registered staff - see Note 4
People and culture metrics annual review	TBC	Annually					DPC	Approval	To review and agree the Committee level metrics for the coming year (i.e. those over and above MIQPR metrics)
MIQPR review for people and culture metrics	FPC	Annually					EDSPP	Endorsement	People and culture, H&S, and Welsh Language KPIs for inclusion in MIQPR
Board Assurance Framework	Board	Quarterly					BS	Assurance	
Corporate Risk Register - People and culture	Board	Quarterly					BS	Assurance	
Audit Recommendation Tracker	ADLT	Quarterly					BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc					Relevant Director	Assurance	
Operational Update	N/A	Quarterly					EDO	Information	
Director of P&C Update	N/A	Quarterly					DPC	Information	Including spotlight on TUP successes and challenges from 1 April 2025
<b>GOVERNANCE</b>									
Committee effectiveness review annual report	Audit/Board	Annually					BS	Approval	TORs provide that this is the first meeting of the year. Reports go to Audit C'ee in April and Board May
Review of Terms of Reference	Audit/Board	Annually					BS	Approval	TORs provide that this is the first meeting of the year. Reports go to Audit C'ee in April and Board May
Committee Cycle of Business annual refresh	N/A	Annually					BS	Approval	
Committee Cycle of Business monthly review	N/A	Quarterly					BS	Review	Review against cycle progress at each meeting
Committee Review of Annual Priorities	N/A	Quarterly					BS	Review	
<b>SUB-GROUPS</b>									
Where applicable	N/A	Ad Hoc					N/A	N/A	WASPT reporting detailed above. No other sub-groups at this time
<b>PROMPTS</b>									
Relevant External Reports	N/A	Ad Hoc					Various	Assurance	

DPP = Director of People  
 EDO = Executive Director of Operations  
 EDQN = Executive Director of Quality and Nursing  
 DPE = Director of Partnerships and Engagement  
 EDP = Executive Director of Paramedicine  
 BS = Board Secretary  
 DCC = Director of Culture Change

**Key: Pre-agenda setting**  
  Cycled for each meeting  
  Ad hoc item - prompt for agenda setting  
  Reporting developing

**Key: Post-agenda setting**  
  Presented as cycled  
  Ad hoc / item considered - not programmed  
  Item deferred

1	<b>Revalidation</b>	RNC every 3 years; HCPC every 2 years; GMC every 3 years
2	<b>Staff story updates</b>	Advisory Internal Audit on learning organisation - 3.1 'We recommend that staff stories are evaluated to identify and deliver actions to address the issues they raise. Agreed to be completed by person curating story. To be on agenda for the following meeting.
3	<b>Staff survey</b>	Staff survey goes out [Sept?] and reports end [March].
4	<b>Speaking Up Safely</b>	For 25/6 the timing of the PCC assurance to ARC on the FTSU arrangements (whistleblowing) needs to be considered - take to ARAC after PCC. Review for 25/26 CoB.
5	<b>Anti-racist Wales Action plan</b>	Wider public, third sector and Government funded private sector In relation to the leadership responsibility we hold for public, third and those private sector organisations we fund. 5 core actions identified WG will expect and will hold them to account, via our Accountability Group: 1. A strong commitment to lead from the front and demonstrate it in terms of anti-racist values, behaviours, representation at all levels of your organisations and accountability measures. 2. Participation in all decision making and senior leadership groups in a way that enables lived experiences of ethnic minority people to be heard and acted upon. 3. Achieve, at the very least, minimum requirements of the Equality Act 2010 and publish your results in an open and accessible forum/platform. 4. Ensure minimum standards and provision of culturally sensitive and appropriate services, including provision of translation and interpretation. 5. Ensure robust complaints policies and processes for racial harassment that are validated to the satisfaction of ethnic minority groups.
6	<b>Working in Partnership</b>	Standing Orders 6.04 says 'the Board shall keep under review its partnership arrangements to ensure continued clarity around purpose, desired outcomes and partners responsibilities. It must ensure timely action to change, adapt or end partnerships where they no longer serve a useful purpose, in accordance with its statutory duties; any specific requirements or directions made by the Welsh Ministers; and the agreed terms and conditions for the partnership'.
7	<b>Annual Equality Report</b>	SEP 2024-2028 approved March 24. 22/23 report presented in February (Q4) 24. TBC timing of this going forward. WRES reporting (national WRES report being coordinated by HEIW. WRES data will help provide baseline for future actions on ARWAP. This should be a group of reports to be received in August: the SEP Annual Report, the Annual Workforce Equality Monitoring Report and the Workforce Race Standards report.
8	<b>PADR</b>	Audit Wales Quality Governance Review 2022 made recommendations related to mortality reviews. The 2024 Quality Governance Follow Up Review (October 2024) re-opened previously closed recommendations as follows: R5 - The Trust has low Personal Appraisal and Development Reviews (PADR) compliance rates, for example in June 2022 the Trust's compliance was 59% against the 85% target. As part of embedding its new behaviours, the Trust should ensure that PADR rates are improved and set out the actions it will take to achieve this. The report found whilst PADR completion rates have improved since our original review, they continue to be below the Trust's target rate.