Bundle People and Culture (Open Session) 14 November 2024

Agenda attachments

00 Agenda OPEN

0 OPENING ITEMS

1 09:30 - Chair's Welcome, Apologies and Quorum

2 Declarations of Interest
Board Member Register of Interests-Updated 2024-09-30-Published.xlsx

3 Minutes of the last meeting: 30 August 2024
Item 03 Unconfirmed Open PCC mins 30 August 2024

4 Action Log & Matters Arising
Item 04 Action Log

4.1 Committee Highlight Report: 30 August 2024
Item 04.1 Committee Highlight Report 30 August 2024

5 09:35 - Director Update
Item 05 Director Update

6 09:45 - Ops Report Q2 24/25
Item 06 Operations Quarterly Report for Committees 24-25 Q2

6.1 FOR APPROVAL, ASSURANCE AND DISCUSSION

7 09:55 - Staff Story - Ela Lewis
Ela's staff story will cover her background and experience, the work she's involved with at WAST and her involvement in our Change Community (linking to our Change Management item later on the agenda).

7.1 10:20 - Staff Story Diagram
Item 07.1 Staff Story Diagram

8 10:20 - People & Culture Plan Metrics Update and Workforce Scorecard
Item 08 People and Culture Plan Metrics Update
Item 08a Appendix 2 - Quantitative PCP Metrics Sept 2024
Item 08bi Appendix 3 - People and Culture KPIs September 2024
Item 08bii Appendix 3 - People and Culture KPIs September 2024
Item 08biii Appendix 3 - People and Culture KPIs September 2024
Item 08biv Appendix 3 - People and Culture KPIs September 2024

8.1 10:30 - Monthly Integrated Quality and Performance Report
Item 08.1 MIQPR SBAR PCC SEPT24
Item 08.1 Annex 1 MIQPR PCC SEPT 24

8.2 10:40 - COMFORT BREAK

9 10:55 - Health and Well-being plan
Item 09 Health and Wellbeing Plan
Item 09a HWB Plan
Item 09b EQIA Health and Wellbeing Plan 31 October 2024

10 11:15 - Change Management (Interactive Session)
Item 10 Change Management

11 11:45 - WASPT Highlight Report
Item 11 WASPT AAA Report 25 September 2024

12 11:55 - Revalidation and Registration Report for NMC
Item 12 Nursing and Midwifery Council Registration and Revalidation 2024

12.1 12:00 - LUNCH

13 12:40 - Risk Management & Board Assurance Framework
Risk 160 - High absence rates;
Risk 163 - Maintaining Effective & Strong TU Partnerships;
Risk 201 - Reputation;
Risk 558 - Deterioration of staff health and wellbeing
Item 13 Risk Management Report

14 12:50 - Health & Safety Report (Bi-annual)
Item 14 Quarter 1 - Quarter 2 Health and Safety Performance Report

Item 14a Quarter 1 - Quarter 2 Health and Safety Performance Report Annex 2
Item 14b Quarter 1 - Quarter 2 Health and Safety Performance Report Annex 3

15 13:05 - Audit Tracker & Audit Reports
Item 15 Audit Tracker to Committees - Q2 Reporting - July-September Reporting - PCC
Item 15 Audit Tracker 2.0 Q2 July-September 2024 - Copy for Committee Reporting - PCC Copy
Item 15a Audit Tracker Audit Wales tab

16 13:15 - Policies for Approval
- *Welsh Language Policy (file replaced 12.11.24)*
- *Driving at Work Policy*
- *NHS Wales Flexible Pensions Policy*
- *All Wales Pregnancy Loss Support Policy*

Item 16 Policies for Committee Approval - PCC 14112024
Item 16a Welsh Language Policy v0.13 08112024
Item 16b Driving at Work Policy v3.8 04112024
Item 16c NHS Wales Flexible Pensions Policy - Final 28092024
Item 16d (Eng)All Wales Pregnancy Loss Support Policy FINAL 24072024 English
Item 16d (Welsh) All Wales Pregnancy Loss Support Policy FINAL 24072024 Welsh

16.1 Policy Amendment
Item 16.1 2024_11_14 ES - MAAW Revision Policy - PCC (002)
Item 16.1a Managing Attendance at Work Policy All Wales FINAL 100119 (1)

16.2 CONSENT ITEMS

17 Cycle of Business Monitoring Report and Committee Priorities
Item 17 Committee Priorities and Cycle of Business Monitoring Report - November 2024
Item 17a P&C Cycle of Business 2024-25 - Monitoring Report
Item 17b P&C Cycle of Business 2024-25 - Monitoring Report notes

18 WASPT Minutes
Item 18 2024_07_09- WASPT Minutes Final APPROVED (amended following SEPT '24 WASPT)

19 Assurance to ARAC regarding Trust Speaking Up Safely Arrangements
Item 19 Speaking Up Safely Assurance from PCC Chair to ARAC - Copy of ARAC Paper

20 HCPC Revised Standards of Conduct
Item 20 Impact of Recent HCPC Standards of Conduct Performance and Ethics Changes on Welsh Ambulance Services NHS Trust (WAST)

20.1 13:30 - CLOSING ITEMS

21 Reflections and Summary of Decisions/Actions

22 Any Other Business

23 Date and Time of Next Meeting: 18 February 2025

Length of Meeting:	04:10	Agenda Status:	14 November 2024 - OPEN People & Culture Committee					Deadline for Papers: 05/11/2024		
Time	**Mins allotted**	**Agendum**	**Title**	**Item for**	**Item requested by**	**Format of Item**	**Paper prepared by**	**Item presented by**	**Colleagues to cc**	**Scheduled at ELT**
			OPENING ITEMS							
09:30	00:05	1	Chair's Welcome, Apols and Quorum	Information	Standing	n/a	n/a	Ceri Jackson		
		2	Declarations of Interest	To State Conflicts	Standing	n/a	n/a	Ceri Jackson		
		3	Minutes of the Last Meeting: 30 August 2024	Approval	Standing	n/a	n/a	Ceri Jackson		
		4	Action Log & Matters Arising 4.1 Including the Committee Highlight Report from 30 August Meeting	Discussion	Standing	Paper	n/a	Ceri Jackson		
09:35	00:10	5	Director Update	Information	CoB	Paper	P&C	Angie Lewis		
09:45	00:10	6	Ops Report Q2 24/25	Information	CoB	Paper	Operations	Lee Brooks		
			FOR APPROVAL, ASSURANCE AND DISCUSSION							
09:55	00:25	7	Staff Story - Ela Lewis Ela's staff story will cover her background and experience, the work she's involved with at WAST and her involvement in our Change Community (linking to our Change Management item later on the agenda).	Discussion	CoB	Presentation	People	Angie Lewis	Sarah Davies	
10:20	00:00	7.1	Staff Story Diagram	Information	CoB	Paper	People	Angie Lewis	Sarah Davies	
10:20	00:10	8	People and Culture Plan Metrics Update and Workforce Scorecard	Assurance	CoB	Paper	People	Angie Lewis	Sarah Davies	
10:30	00:10	8.1	Monthly Integrated Quality and Performance Report	Assurance	CoB	Paper	SPP	Alex Crawford	Alex Crawford, Hugh Bennett, Mel O'Connor	
10:40	00:15		COMFORT BREAK							
10:55	00:20	9	Health and Well-being Plan	Approval	Ad hoc	Paper	People	Catherine Goodwin (Angie Lewis)	Catherine Goodwin, Adam Cann	
11:15	00:30	10	Change Management (Interactive Session)	Discussion	Ad hoc	Paper	People	Sarah Davies (Angie Lewis)	Sarah Davies	
11:45	00:10	11	WASPT Highlight Report	Assurance	CoB	Paper	Gov	Christian Fox or Mark Marsden	Trish Mils, Sara Williams	
11:55	00:05	12	Revalidation and Registration Report for NMC	Assurance	CoB	Paper	QPSE	Liam Willams	Alison Kelly	
12:00	00:40		LUNCH							
12:40	00:10	13	Risk Management & Board Assurance Framework Risk 160 - High absence rates; Risk 163 - Maintaining Effective & Strong TU Partnerships; Risk 201 - Reputation; Risk 558 - Deterioration of staff health and wellbeing.	Assurance	CoB	Paper	Gov	Julie Boalch	n/a	
12:50	00:15	14	Health & Safety Report (Bi-annual)	Assurance	CoB (Bi-annual)	Paper	QPSE	Liam Williams	Nicola White, Alison Kelly	
13:05	00:10	15	Audit Tracker & Audit Reports	Assurance	CoB	Paper	Gov	Trish Mills	Alex Payne	
13:15	00:15	16	Policies for Approval: - Welsh Language Policy - Driving at Work Policy - NHS Wales Flexible Pensions Policy - All Wales Pregnancy Loss Support Policy	Approval Approval Noting Noting	CoB	Paper	Gov	Julie Boalch	Lisa Trounce	
		16.1	Policy Amendment -Managing Attendance at Work	Adoption	CoB	Paper	Gov	Julie Boalch	Lisa Trounce	
			CONSENT ITEMS							
13:30	00:00	17	Cycle of Business Monitoring Report and Committee Priorities	Assurance	CoB	Paper	Gov	Trish Mills	Alex Payne	
		18	WASPT Minutes	Information	CoB	Paper	People	Angie Lewis	Sara Williams	
		19	Assurance to ARAC regarding Trust Speaking Up Safely Arrangements	Information	ARAC CoB	Paper	Gov	Trish Mills	Alex Payne	
		20	HCPC Revised Standards of Conduct	Information	Ad hoc	Paper	Clinical	Andy Swinburn	n/a	
			CLOSING ITEMS							
13:30	00:10	21	Reflections and Summary of Decisions/Actions	Discussion	Standing	n/a	n/a	Ceri Jackson	n/a	
		22	Any Other Business	Discussion	Standing	n/a	n/a	Ceri Jackson	n/a	
		23	Date & Time of the Next Meeting: 18 February 2025	Information	Standing	n/a	n/a	Ceri Jackson	n/a	
13:40	**04:10**		**CLOSE**							

LEAD PRESENTERS

Name	Position
Julie Boalch	Assistant Director of Corporate Governance and Risk
Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning and Transformation
Sarah Davies	Business Manager - People and Culture Directorate

Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Ceri Jackson	Non Executive and Chair of Committee
Angie Lewis	Director of Culture
Trish Mills	Director of Corporate Governance/Board Secretary
Mark Marsden/Christian Fox	Trade Union Partner
Liam Williams	Executive Director of Quality & Nursing

UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD AT CARDIFF MRD AND REMOTELY VIA MICROSOFT TEAMS ON FRIDAY 30 AUGUST 2024

Chair: Ceri Jackson

Members:

Ceri Jackson	Non-Executive Director and Chair (MRD)
Bethan Evans	Non-Executive Director

Prescribed Attendees:

Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning and Transformation
Christian Fox	Trade Union Partner
Estelle Hitchon	Director of Partnerships and Engagement
Angie Lewis	Director of People and Culture (MRD)
Trish Mills	Director of Corporate Governance/Board Secretary (MRD)
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources (MRD) (left at 13:10)
Damon Turner	Trade Union Partner

Attendees:

Julie Boalch	Head of Risk/Deputy Board Secretary (MRD)
Sarah Davies	People and Culture Directorate Business Manager
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Sara Mills	Head of Culture and OD
Steve Owen	Corporate Governance Officer
Linda Phillips	SWFP (MRD)
Felicity Quance	NWSSP Audit and Assurance
Julie Stokes	Head of People Services
Tim Villanueva	Trainee Clinical Psychologist
Kayleigh Wheeler	(Staff Story) (MRD)
Nicola White	Head of Health and Safety (H and S Item only)
Liam Williams	Executive Director of Quality and Nursing

Apologies:

Kathryn Cobley	Head of Inclusion and Engagement
Caroline Jones	Corporate Governance Officer

Jo Kelso	Head of Workforce Education & Development
Mark Marsden	Trade Union Partner
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Lizzie O'Shea	Freedom to Speak up Lead Guardian
Alex Payne	Corporate Governance Manager
Hannah Rowan	Non-Executive Director
Joga Singh	Non-Executive Director
Marcus Viggers	Trade Union Partner

52/24 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the hybrid meeting of the People and Culture and confirmed the meeting was quorate.

53/24 DECLARATIONS OF INTEREST

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

RESOLVED: That no new declarations were received.

54/24 MINUTES OF PREVIOUS MEETING, ACTION LOG AND HIGHLIGHT REPORT

The Minutes of the Open meeting held on 9 May 2024 were considered and agreed as a correct record.

Action 07/24 - Ceri updated Members of conversations that had been held relating to Equality, Diversity and Inclusion (EDI) initiatives and reiterated that EDI is a priority on the agenda. Hannah Rowan suggested Non-Executive Directors might support more EDI initiatives. Further conversations were needed once Hannah Rowan returned from holiday. It was agreed to close the action with any significant updates being reported back.

Action 34/24 in relation to increased workload and significant change was referenced within the Director Update and the action was closed.

Action 36/24a The local system for managing sickness absence in Pembrokeshire and the potential to scale this system across the organisation had been added to the managing attendance action log. Work was progressing well with conversations at Caernarfon reinforcing the importance of sharing best practice; the action was closed.

Action 36/24b – Focus on achieving consistency in record management approaches together with need for individual approaches while maintaining consistency was

recognised. Staff knowledgeable about record management sensitivities were involved. Members agreed to close the action.

Action 39/24 Violence and aggression would be discussed later in the meeting and therefore the action was closed.

Action 40/24 Diesel fumes communications have been placed on Siren for ease of accessibility for staff. This would be considered ongoing work, and the action was closed.

Action Qu02 Concerns were raised about relief gap powers and reassurance was provided regarding recruitment efforts. This would need to be communicated to QUEST.

Members agreed that a process to ensure actions assigned to other Committees were promptly communicated by providing an extract of relevant information from the minutes to the appropriate person.

RESOLVED: That the

1) **minutes of the meeting held on 9 May 2024 were approved; and**
2) **Actions as set out above were agreed.**

55/24 DIRECTOR OF PEOPLE AND CULTURE DIRECTORATE UPDATE

Angie Lewis emphasised the Trust's focus on change management, particularly in addressing change hotspots. Angie Lewis provided Members with reassurance that a robust change management workstream under the clinical transformation model, had been implemented with a specific focus on people. It was suggested that the Committee maintain focus on change at future meetings given the significant portfolio of change underway.

There was recognition for EMT colleague, Lindsey Keyes, who had been nominated for Skills Academy Wales Higher Apprentice of the Year; this is the third year running the Trust has won this highly regarded Higher Apprenticeship award for our EMT Induction Programme.

Engagement sessions had been held across Wales with the EMT2 workforce to discuss potential changes, with positive feedback from the direct conversations with staff on the changes and their impact. Andy Swinburn shared that staff feedback was positive and reassuring, and staff were keen to emphasise the ability to do more for patients, rather than just having additional funds, and consistently highlighted how the increased scope of practice would enable them to offer more to patients.

A virtual session had been held with newly qualified paramedics to address their concerns about the changes. Insights received from the Newly Qualified Paramedics (NQPs) process had prompted a review of support method for NQPs.

Following the Big Bang recruitment there was successful onboarding of newly qualified paramedics.

Angie Lewis confirmed she had been personally recognised across the UK as one of the top 30 most influential HR practitioners for the work on culture change and sexual safety. Additionally, she mentioned the publication of an article in an international People and Culture Review Journal about the Trust's People and Culture Plan.

Damon Turner extended congratulations, along with others, to Angie Lewis for receiving an award for influence. He also expressed appreciation for the Trust's acknowledgement of the significant change affecting staff.

Liam Williams observed the relationship between change and quality improvement/management systems with emphasis on continuous quality improvement and its integration with change initiatives.

RESOLVED: That

1) **positive feedback had been received for the team's efforts in embracing challenges and change;**
2) **follow up sessions with NQPs would be progressed; and**
3) **showcasing best practices in driver education was recognised.**

56/24 OPERATIONS QUARTERLY REPORT

It was recognised that due to the reporting cycle some of the information in the report had been superseded.

Lee Brooks began by congratulating the Chair, Ceri Jackson, on her appointment as Vice Chair of the Trust.

Lee Brooks highlighted the following areas of the report:

- **Manchester Arena Inquiry Submission (MAI):**
    - The MAI submission had been made to the Commissioners which outlined the Trust's financial ask associated with addressing the inquiry recommendations.
- **Risk 594:**

    - Risk 594, Lee confirmed this had now been incorporated into the immediate release protocol.

- **Center of Excellence Standards:**
    - Issue with call handling quality resolved, the Trust was no longer in remediation.
- **EMSC Reconfiguration:**
    - New management roles were imminent.
    - Excitement among EMSC staff about new structures and career progression.
- **Single Allocator Model:**
    - Small scale implementation is planned to familiarise staff with the new approach to mitigate the risk of overwhelming colleagues.
- **Team-Based Working:**
    - Virtual meeting with London Ambulance Service held.
    - Visit scheduled to learn about their team-based approach.
    - Trade union partners invited to observe.
- **EMT3 Role:**
    - Progressing towards planning stages for training by the end of the year.
- **End of Shift Overruns:**
    - Improvement in managing long overruns.
    - Investigations revealed procedural issues with hot swaps.
    - Efforts to align CAD and financial reporting data.
- **Pod Approach at Swansea Bay:**
    - Positive impact in relation to progress on missed meal breaks and stress-related sickness.
    - Encouragement from the Health Board's new Chief Executive, Abigail Harris.
- **111 Vacancies:**
    - Timeline for achieving budgeted establishment had been extended.
    - Optimism about reaching establishment before winter.
- **Clinical Model Transformation:**
    - Numerous pilots and trials underway.
    - Strong engagement and communication efforts.
    - Collective effort to support changes for the upcoming winter.
- **Acknowledgements:**
    - Recognition of the team's hard work and positive progress.
    - Appreciation for the ongoing efforts to manage significant challenges.

Members were encouraged by the positive progress and improving figures with appreciation for the team's hard work.

Time off in lieu (Toil) and the difficulties some staff faced in accessing this in the normal way was raised.

Lee Brooks explained the benefits and positive impact of Team based working and spoke of an upcoming visit to London Ambulance Service (LAS) where managers are on duty at the same time as their teams consistently, allowing for briefings, debriefings and collective team meetings. LAS benefited from being resource rich with less geographical spread compared to WAST, however consideration of how these practices could be adapted was being explored.

RESOLVED: That the Operations progress was noted.

57/24 STAFF STORY – Kayleigh Wheeler Co-Chair of Voices Network

Angie Lewis introduced Kayleigh Wheeler, highlighting her involvement in the Voices Network, her leadership qualities and her desire to continue to learn and improve.

Kayleigh attended a recent CIPD award ceremony which was a valuable opportunity to connect with colleagues. Kayleigh was an example of the diversity and uniqueness of individuals across the Trust.

As an Operations Manager based in North Wales, Kayleigh gave a presentation in which she shared her background and experiences. Having been with the Trust since 2014 she has held various roles including Operational Team Leader and Operations Manager. She is also involved in volunteering particularly with Space Careers UK and holds roles supporting the LGBTQ+ community within the Trust.

Her background in acoustic engineering has enabled her to work with some well-known bands. Being neurodivergent and having been diagnosed with dyslexia and autism has helped Kayleigh become an advocate for diversity and inclusion. Kayleigh highlighted her leadership style and achievements including her work with McDonald's as Planet Champion and her involvement with the London Olympics.

Kayleigh went on to share her experiences of poor behaviour from colleagues, including homophobia, misogyny and sexual harassment. She became a co-chair of WAST Voices Network to channel her energy into activism and support for others.

Kayleigh explained that she was about to commence a Masters in Advanced Management for Health, Innovation and Transformation at Swansea University and aims to achieve Chartered Manager status and continue advocating for issues like cross-border contract impacts within the NHS.

Members praised Kayleigh for her presentation highlighting her talents and diverse career background.

Estelle Hitchon spoke of the emphasis on recognising the full history and talents of individuals beyond their current roles and the importance of considering a person's overall abilities and experiences when promoting within the Trust. She also acknowledged Kayleigh's resilience and positive attitude despite past challenges.

Kayleigh summed up by saying there were still ongoing frustrations and barriers within the Trust but recognised the positive changes and improvements with increased accessibility to senior leaders and transparency from the top down.

RESOLVED: That the presentation was well received and the challenges faced were recognised.

58/24 PEOPLE AND CULTURE PLAN METRICS UPDATE

Angie Lewis spoke of the commitment to provide quarterly updates to the Committee on progress against the People and Culture Plan.

The report included both quantitative and qualitative data with insights and feedback included throughout the agenda.

Emphasis was on connecting all elements of the meeting to see the overall picture and ensuring continuity. Referencing Lee Brook's paper on Operations she highlighted the impact of overruns on sickness absence, demonstrating the interconnectedness of initiatives.

There was a focus on digital literacy as an Integrated Medium-Term Plan (IMTP) deliverable with significant investment in training to improve staff confidence and effectiveness using digital tools which had provided positive feedback.

The Staff Survey free text comments indicated a need for senior leaders to be aware of scrutiny and challenges regarding leadership. The survey feedback that could be perceived negatively could also be seen as a positive in that staff felt able to share their views and it gave the Trust an opportunity to address any concerns.
Lee Brooks shared his concern over the length of time it took to release the data from the NHS survey which hadn't allowed the Trust time to respond to the feedback. He asked if there was anything that could be done to improve engagement in the next survey.

Angie Lewis confirmed a robust action plan had been put in place to ensure there was more proactive measures adopted to encourage participation and feedback

had been given to HEIW regarding delays in receiving the data for the 2023 survey results.

Reference was made to some key findings from the recent nursing retention plan that had been developed. This plan had been produced by the nursing retention lead and provided valuable information regarding the experiences of nursing staff within WAST. It also highlighted areas of good practise and areas for improvement which are now being taken forward.

Angie confirmed it was important to balance the numerical data with richer feedback and their was on ongoing need to make connections between the different elements of the report, especially regarding EDI initiatives. This will continue to be a focus going forward.

RESOLVED: That the report was received and the progress to date was commented on.

59/24 WORKFORCE SCORECARD AND MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Angie Lewis drew the Committee's attention to several key points within the report relating to the following:

Sick Absence:

- There was a consistent downward trend in sick absences, particularly in the EMS operations area.
- A short-term increase in July was due to gastro problems and colds, but August showed a positive downward trend, which is unusual for the summer holiday period.
- Despite increasing concerns and disciplinary cases, sick absence is reducing, indicating positive progress.

Job Evaluation:

- Job evaluation is facing challenges due to high volume and resourcing issues.
- An action plan is in place to reduce the backlog and address process issues.
- Additional resources are being allocated to improve the situation.

Statutory and Mandatory Training:

- Good progress is being made in this area.

Occupational Health:

- Challenges due to sick absence, maternity leave, and team changes were being addressed and were expected to be resolved soon.

An expected increase in employee relation cases specifically in relation to sexual safety and inappropriate behaviour was viewed positively, in that staff were feeling more comfortable to come forward. Additional investigating officers were also in place to provide additional capacity to respond to this increase.

RESOLVED: That the report was received, and the reported performance and associated actions were commented on.

MIQPR

Alex Crawford highlighted some key areas for Members relating specifically to the PCC:

Performance Challenges:

- Red and Amber performance remained challenging but has improved.
- Handover delays were still an issue.

Data Quality and Call Handling:

- Working through data quality issues with 111 services.
- 111 call handling performance is stabilising, though the abandonment rate was still above the 5% target.
- Staffing issues and sickness absence have impacted performance.

Sickness Absence:

- A spike in sickness absence was noted during the CAD rollout, driven by stress and anxiety.
- Efforts are underway with wellbeing and psychology teams to support staff, and the situation is improving.

Ambulance Care:

- Performance is stable, but changes are expected in the coming months due to restructuring.
- Efforts are focused on clinical model transformation to improve performance.

Support for Staff:

- Emphasis on supporting staff through changes and addressing performance issues.

Bethan Evans queried the recruitment gap that had been identified and how easily would it be to fill this gap. Lee Brooks confirmed the vacancy gap had been identified through financial spend monitoring, indicated by unspent funds. Recruitment had been paused due to potential financial impacts from anticipated role re-banding. Lee confirmed that 42 EMT positions had recently been advertised to target areas with the most significant shortages. Work was ongoing to understand and address the gaps and timelines for filling them. Establishment was hoped to be at 98% by the end of this financial year.

Lee Brooks confirmed that EMS was setting the benchmark for the rest of the Operations Directorate relating to sickness management. Two Assistant Directors were focusing on integrated care with 111 and ambulance care where there had been an unusual increase in sickness compared to EMS. Reasons were not clear for the increase however efforts were being made to address the issue.

Ceri Jackson recognised the challenges faced and commented on the steady and significant progress being made.

RESOLVED: That the June/July report was considered.

60/24 CULTURAL THEMES AND TRENDS REPORT

Angie Lewis provided a summary of the report highlighting the following:

Employee Relations and Sick Absence:

- Regular deep dives were conducted on specific issues, with recent focus on employee relations and sick absence.
- Employee relations cases were increasing, reflecting efforts to encourage colleagues to speak up and prioritise psychological safety.
- Sick absence rates had not significantly increased, which was seen as positive.

Compassionate Practices:

- The Trust is embedding compassionate practices, aiming for sustained improvement rather than punitive measures.
- Fast-track cases have decreased, likely due to the seriousness of recent cases.
- Efforts were ongoing to reduce the average duration of cases, despite challenges such as resource constraints and police involvement.

Managing Attendance:

- There was a downward trajectory in sick absence, but it remained a high-level risk.
- Initiatives were in place to support staff, address concerns, and manage attendance actively.
- Stress, anxiety, and depression are the most common reasons for sick absence, with some cases linked to disciplinary actions.

Cultural Reviews:

- Cultural reviews were being conducted to explore the correlation between sick absence and wider cultural issues.

Andy Swinburn commented on the misconception that mistakes lead to immediate disciplinary action, but the data showed this was not the case. Most cases were due to behavioural issues and not clinical errors. There was interest in understanding the outcome of cases involving inappropriate behaviour, such as whether they resulted in informal discussions or more severe actions. Andy asked that a distinction be made between making a clinical error and being negligent.

Members also noted that local managers were relied on to lead on cultural behaviours with significant effort and resources invested in training. A trend of individuals raising concerns indicated trust in their manager's ability to handle issues appropriately. Managers were reaching out for advice on handling difficult situations, showing a proactive approach and were being trained to set the tone and culture for their teams.

The Health and Care Professions Council (HCPC) is the registering body for paramedics and other allied health professionals. They conducted a session with the Executive Leadership Team on cultural trends, inappropriate behaviour and sexual safety across ambulance services. Collaboration with HCPS focuses on learning from referrals and identifying common themes.

National work was ongoing to develop programmes for HR specialists to handle sexual safety complaints and new legislation coming in October 2024 would impact how those complaints were managed. Training sessions with Trade Union partners were planned to address these changes in legislation.

RESOLVED: That the ongoing work was noted.

61/24 ANNUAL HEALTH AND SAFETY REPORT

Liam Williams confirmed the report would cover the full range of Health and Safety work and requested that members note the detailed conversations on the work ongoing to reduce the impact and the environmental impact of diesel fumes; however, did not labour the points already made. The workstream was being led at Executive level and contributed to direct conversations with Trade Union colleagues through Welsh Ambulance Services Partnership Team.

He stated that Nicola White would spend some time highlighting the work that had been undertaken in relation to violence and aggression.

The report covered a wide range of topics related to keeping people safe, providing assurance of compliance, collaboration with others and future plans. It included performance metrics from 2022 to 2024 to show the impact of workforce expansion and investment.

The Team had grown from four to 12 members in October 2022, adding roles such as a Deputy Head, Violence and Aggression Strategic Manager, DSC, manual handling advisor and four Band 6 posts. The team was selected to ensure a diverse range of age demographics and skill sets, including NHS and non-NHS experience.

Corporate Risk 199 embedding a mature health and safety culture was reduced from a high risk of 20 to a target score of ten by December 2023. Other directorate risks related to team resource capacity and Covid-19 have also been closed.

Legislative Compliance - An internal Audit by Shared Services last year awarded the Trust reasonable assurance across all six criteria. The legislative compliance register had improved with ongoing efforts to increase compliance levels.

The Health and Safety policy now included a statement of intent, a comprehensive arrangement section and a training needs analysis. New procedures for expectant mothers and cost assessment have been developed, with training to support these procedures.

The top five themes for non-patient incidents include slips, trips, falls and manual handling, with patient handling being a key focus.

With regards to Health and Wellbeing, focus areas included meal breaks, diesel fume exposure, shift overruns and workplace stress. Reported incidents decreased by 52% from April 2021 to March 2023, partly due to meal breaks being recorded on a different platform and team interventions.

Performance and Reporting - Members were informed of the introduction of frequency rates for comparison with other ambulance sectors. A 23% decrease in reporting rate from April 2021 to March 2023. Significant improvement in RIDDOR submission compliance was attributed to team expansion and close collaboration with operational colleagues.

Violence and Aggression – the majority of incidents were verbal aggression which showed a slight increase over the last three years. Increased reporting indicated staff confidence in addressing these issues. Post Covid-19 pandemic mental health issues have escalated, affecting incident rates.

Manual Handling incident frequency rate decreased by 36% from April 2022 to March 2023. The recruitment of a new manual handling advisor led to a deep dive into incidents and the development of training and safety procedures. The improved collaboration with the training school led to the development of risk assessment skills for ambulance care staff.

Attention was drawn to the 100% completion of workplace risk assessments and inspections in collaboration with Trade Union Partners and operational teams.

Other highlights included updates on training and development, partnership and collaboration, achievements and recognitions and future plans which include:

- Undertaking a baseline assessment for Health and Safety management.
- Continuing improvements in the metric dashboard and health and safety culture.
- Focus on succession planning and resilience within the team.

Liam Williams mentioned the work of the Health and Safety Committee and time would be given to maintaining a balanced focus on all workstreams at an upcoming away day.

Members noted the maturing culture of health and safety at WAST and the

focused attention the team has had on this throughout the year.

The Health and Safety Annual Report 2023/24 was approved.

RESOLVED: That the

1) **Contents of the report were received; and**
2) **The Health and Safety Annual Report 2023/24 was approved.**

62/24 WASPT HIGHLIGHT REPORT

The Report covered the meeting from 2 May 2024 with a verbal update provided on the 9 July 2024 meeting. Key points were as follows:

May 2nd Meeting:

- No red alerts were reported.
- Positive engagement and discussions on specific policy applications, leading to a new six-weekly session with trade union colleagues (TU) to address these issues.
- Discussion on the CAS system going live.

July 9th Meeting:

- Focused on the EMT 2/3 proposal and next steps.
- Session on the clinical transformation model to keep everyone informed.
- Updates on the non-pay elements of the 2022-2024 collective agreement, including occupational health and unsocial hours pay, to reassure the Committee of progress.

The improving relationships between Trade Union Partners, Managers, Directors and Non- Executives was noted.

RESOLVED: That relationships were strong, and progress was being made.

63/24 STRATEGIC WORKFORCE PLAN

The commitment from last year's audit on workforce planning was referenced and the development of this plan was evidence of significant progress having been made to deliver a key document that is necessary in every organisation. The Trust was leading the way in terms of creating a Strategic Workforce Plan across the NHS in Wales and was working with HEIW to share the approach taken and the final product for wider circulation.

Angie Lewis acknowledged the significant effort required to develop the Strategic Workforce Plan and praised the team's work. Linda was introduced to provide more context and background to its development. The Strategic Workforce Plan aims to address current and future workforce needs, improve recruitment, retention, productivity, and process efficiency. The plan aligns with various strategies and includes data highlights, such as demographic trends and workforce characteristics.

Key risks identified include an aging workforce, unclear career pathways, and retention challenges.

To ensure the Strategic Workforce Plan remains dynamic and relevant, it would be managed by the Integrated Technical Planning Group (ITPG). The ITPG has developed a Workforce Monitoring Report to provide snapshots of recruitment and leavers, aiding in forecasting and aligning with other operational needs. The ITPG reports to the Strategic Planning Group, which then reports to the Executive Leadership Team (ELT) and the Senior Leadership Team (SLT) in Operations. Regular reviews and updates will be conducted, with quarterly updates to the ELT and potential annual updates for the Committee. All planned activities are detailed in Section 5 of the document.

Estelle Hitchon stressed the importance of proactive planning to avoid future issues and acknowledged the critical nature of the ongoing work.

Andy Swinburn raised a concern about the need for greater professional involvement in developing work profiles, recruitment, and retention strategies. He suggested involving relevant professionals earlier in the process for better outcomes.

Alex Crawford highlighted the dynamic nature of the workforce plan and its integration with clinical plans being developed by Andy Swinburn and Liam William's teams. He appreciated that the plan consolidates various other plans, creating a comprehensive strategy. The plan had been reviewed by the Integrated Planning and Development Group and the Assistant Director Leadership Team, ensuring representation across the Trust. Alex Crawford emphasised the importance of including both operational roles and corporate functions in the plan.

Bethan Evans commented on the plan's importance as a cornerstone for achieving future goals, focusing on having the right people in the right roles. The top five workforce planning risks were crucial to the plan's success, despite external challenges. She inquired about an operational plan to track progress and adapt to external factors, stressing the need for strategic use of funding and involvement of key personnel across WAST to prioritise resources effectively.

Chris Turley acknowledged the financial constraints that will impact the workforce plan and emphasised the importance of career development and clear career paths within the Trust. He noted that while some roles have clear progression, others do not and suggested thinking more flexibly about career pathways.

Ceri Jackson also highlighted the need for continued engagement and suggested strengthening the plan's focus on diversity. Appreciating the comprehensive and

engaging nature of the plan the importance of using available resources effectively was stressed.

The 2024-2030 Strategic Workforce Plan was received and reviewed by the Committee. Some amendments were agreed and endorsed for approval by Trust Board. The Committee recognised the criticality of this work in aligning with our long-term vision and Integrated Medium-Term Plan.

RESOLVED: That the Strategic Workforce Plan 2024-2030 was endorsed subject to some agreed amendments.

64/24 PARTNERSHIPS AND ENGAGEMENT REPORT

This was the first report of its kind which focused on the Regional Partnership Boards (RPB) and the Wellbeing of Future Generations (Wales) Act, with a working group developing Wellbeing objectives. Engagement in relation to the refreshed clinical model was split between internal and external communications. Estelle highlighted political engagement and the upcoming WAST Awards. She also mentioned the recent addition of the Charity to the Directorate portfolio and the appointment of a Head of Charity. Estelle planned to review the Directorate's structure and roles, emphasising succession planning.

It was suggested that the report should highlight the impact and outcomes of collaborations and partnership work for the Committee's understanding, including examples and qualitative feedback in future reports to highlight the impact and outcomes of partnerships and processes. The importance of understanding the outcomes of collaborations was emphasised. Additionally, a desire to see more context on third sector collaboration and partnership work in future reports was expressed.

Alex Crawford spoke of the ongoing efforts in the Strategy, Planning and Performance Directorate to integrate intelligence, information, and influence through strategic planning processes. He has worked with his team to define the desired state for managing relationships with Health Boards and partners.

Liam Williams had encouraged the creation of an additional funding tracker to monitor non-core funding sources like RPB funding. This tracker would help keep track of start and end dates, as well as reporting requirements, which was currently not centralised. Progress was being made on this, and it would aid in organising and understanding the various areas of work.

Trish Mills confirmed that the Committee was tasked with overseeing partnerships and engagement related to people and cultural change with other forums looking at relationships and collaborations. There was a need to map out these engagements clearly ensuring they aligned with the Committee's priorities.

The report signified a move towards more strategic engagement and partnership working, aligned with broader organisational and national priorities.

RESOLVED: That Members considered and discussed the report.

65/24 END OF SEASON FLU REPORT 2023-24

The Trust's final uptake of staff vaccinated for the Seasonal Influenza Campaign 2023/24 was 36.5%, which was a decrease of 8% from last year's campaign. This was due in part to hybrid working and the ability to reach people throughout the day. Lessons learnt from this campaign have informed an extensive list of areas that require continued development for future flu campaigns.

RESOLVED: That the report was noted.

66/24 STRATEGIC EQUALITY PLAN (SEP) ANNUAL REPORT FOR 2023/24

The Strategic Equality Plan Annual Report 2023/24 was endorsed. Of note there remains work to be done to realise the Trust's ambition of becoming a truly inclusive organisation; notwithstanding this and the Workforce Race Equality Standard report, there is positive traction particularly around networks being established for Black, Asian and Minority Ethnic colleagues. It was acknowledged that the accessibility standards need to be considered more fully in the presentation of future reports.

RESOLVED: That the Strategic Equality Plan Annual Report for 2023/24 was endorsed.

67/24 ANNUAL WORKFORCE EQUALITY MONITORING REPORT 2023/24

The Annual Workforce Equality Monitoring Report 2023/24 was endorsed. Of note, challenges remained in key areas which included incomplete monitoring data on ESR, limited participation in the NHS Staff Survey and time to engage in EDI initiatives due to operational pressures.

RESOLVED: That the Workforce Equality Monitoring Report 2023/24 was endorsed.

68/24 ANNUAL GENDER PAY GAP REPORT 2023/24

The Gender Pay Gap Report 2023/24 was endorsed. Of note, the gap remained consistent at 5.6% with fewer women in pay bands 8a and above. Flexible working is often disproportionate towards women in the workplace.

RESOLVED: That the Gender Pay Gap Report 2023/24 was endorsed.

69/24 WELSH LANGUAGE ANNUAL REPORT 2023/24

The Welsh Language Annual Report 2023/24 was endorsed. The report was presented bilingually, and the breadth and depth of the report was appreciated by members. The introduction of a standards baseline is a new feature for 2024/25 to more objectively report on and increase standards compliance.

RESOLVED: That the Welsh Language Annual Report 2023/24 was endorsed.

70/24 RISK MANAGMENT & BOARD ASSURANCE FRAMEWORK REPORT

The report data was the same as presented in May 2024 due to the reporting cycle; however, assurance was provided to Committee in that the risks had been reviewed and updated according to the risk management governance framework.

The four risks within the remit of the Committee were reviewed as below:

160 – High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service; whilst it remains at a rating of 20 (5x4) an improvement is beginning to show in specific areas of the business and there are early indications of a positive downward trajectory across the organisation against a backdrop of increasing concerns and disciplinary cases.

Committee acknowledged that elements of the risk had been discussed throughout the agenda linked closely to the People & Culture Plan performance metrics and cultural themes and trends. Two areas of focus were discussed in that EMS are setting a benchmark for the rest of operations; however, Ambulance Care has an off trend increase in sick absence.

201 – Damage to the Trust's reputation following a loss of stakeholder confidence which remains at a score of 20 (4x5). The risk is inextricably linked to several of the metrics measured and discussed at PCC.

163 – Maintaining effective and strong Trade Union partnerships remains at a score of 16 (4x4). The risk was presented in detail to the Welsh Ambulance Services Partnership Forum for the first time in May 2024.

558 - Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remains unchanged at a score of 15 (3x5).

RESOLVED: That the contents of the report were considered and discussed.

71/24 AUDIT TRACKER & AUDIT REPORTS

The Audit Tracker was reviewed, and the Committee noted the update with a reduced number of actions closed in quarter. Plans to close more actions off in Q3 were expected.

The Internal Audit on Disciplinary Case Management report was received with reasonable assurance. The purpose of the audit was to assess the adequacy of the arrangements in place for the management of the disciplinary process, and to focus on the demonstration of compassionate leadership principles, in addition to compliance with the Trust's defined disciplinary processes.

The Volunteers Governance Internal Audit was presented and received reasonable assurance. The purpose of the audit was to review the adequacy and effectiveness of the Trust's governance and operational management of volunteer activities.

RESOLVED: That the

1) **Disciplinary Case Management Internal Audit Report was received; and**
2) **Volunteers Governance Internal Audit Report was received.**

72/24 POLICIES FOR APPROVAL

The Professional Regulation Policy was approved by Committee, and the NHS Wales Respect and Resolution Policy formally adopted. It was acknowledged that the HR Starting Policy had been reclassified as a Standard Operating Procedure and the rationale for that was approved by the Policy Group and the Executive Leadership Team.

RESOLVED: That the

1) **Professional Regulation Policy was approved; and**
2) **NHS Wales Respect and Resolution Policy was formally adopted.**

73/24 COMMITTEE CYCLE OF BUSINESS MONITORING REORT & PRIORITIES

Members received the Cyle of Business Monitoring Report, and the Committee priorities update with no issues to escalate.

RESOLVED: That the Cycle of Business Monitoring Report and the Committee Priorities were received.

74/24 CONSENT ITEMS

No comments were received on the items for consent.

75/24 KEY MESSAGES FOR BOARD

Any messages for Trust Board would be included in the highlight report from the Committee.

76/24 ANY OTHER BUSINESS

Carl Kneeshaw would join WAST as the Director of People from 1 November 2024 and will begin by engaging in several key events during October. Angie Lewis will continue in the role of Director of People and Culture until Carl arrives and will then take up the role of Director of Culture thereafter.

77/24 DATE OF NEXT MEETING

The next meeting was scheduled for the 14 November 2024.

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

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
38/24	9 May 2024	People and Culture Plan Metrics	With regard to the dedicated investigation team that would be reviewing cases, it was requested that cases where there was police involvement that these should be separated out to provide more accurate timelines of investigations.	Angie Lewis	14 November 2024	**Update for November Meeting**: Going forward this detail will be included in the Cultural Trends and Themes report. This action is proposed for closure	Complete
68/24	30 August 2024	Strategic Workforce Plan	To strengthen the narrative particularly around diversity	Angie Lewis	14 November 2024	**Update for November Meeting:** Complete and signed off at Board. Also QIA has been completed and signed off.	Complete
66/24	30 August 2024	Health and safety	To consider whether there was a correlation with sickness absence and the impact of violence and aggression incidents. Details to be included in future report.	Angie Lewis	14 November 2024	**Update for November Meeting:** Discussions are ongoing on how best to ensure V&A data is accurately recorded. The committee to consider if the action should remain open	Open
69/24	30 August 2024	Partnerships and Engagement	To include in the next report, outcomes and impacts using examples in terms of qualitative feedback as an overall partnership piece. Further discussion with the Chair, and Trish Mills to consider which data should be captured	Estelle Hitchon	14 November 2024	**Update for November Meeting:** meeting in process of being arranged to understand the requirement in order that appropriate report can be developed. The action should remain open.	Open

PEOPLE AND CULTURE COMMITTEE
HIGHLIGHT REPORT TO BOARD

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

The papers for this meeting can be found by following this link to the Committee page on the Trust website.

Trust Board Meeting Date	26 September 2024
Committee Meeting Date	30 August 2024
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The **2024-2030 Strategic Workforce Plan** was received and reviewed by the Committee. Some amendments were agreed, and the plan, which is on the Board's agenda was endorsed for approval The Committee recognised the criticality of this work in aligning with our long term vision and IMTP.

2023/24 Annual Reports for approval by Board

2. The **Workforce Race Equality Standards (WRES) Report for 2024** was taken in private session due to the small numbers of individuals in these categories being potentially disclosive. 59 members of staff declared their ethnicity as Black, Asian or Minority Ethnic which accounts for 1.4% of the WAST workforce. This is under representative of the Welsh population of 6.2%. The main issues for the Board's attention include:
   - the low levels of Black, Asian and Minority Ethnic recruitment into WAST
   - Black, Asian and Minority staff are less likely to be shortlisted for vacancies
   - there is a decreased likelihood of ethnic minority staff being appointed after shortlisting
   - Black, Asian and Minority Ethnic staff are five times more likely to be put through disciplinary processes than white staff.

   The action plan was reviewed (much of which was already in train under the Strategic Equality Objectives work), and members were of the view that more attention is required on this and the equality, diversity and inclusion (EDI) work by this Committee and the Board. The Chief Executive and the Director of People and Culture will meet with Prof. Emmanuel, the Lead for WRES NHS Wales and Social Care, to discuss the report and the actions proposed.

3. The **Strategic Equality Plan Annual Report 2023/24** was endorsed and is attached at Appendix x for approval by the Board. Of note there remains work to do to realise the Trust's ambition of

becoming a truly inclusive organisation; notwithstanding this and the WRES report, there is positive traction particularly around networks being established for Black, Asian and Minority Ethnic colleagues. It was acknowledged that the accessibility standards need to be considered more fully in the presentation of future reports.

4. The **Workforce Equality Monitoring Report 2023/24** was endorsed and is attached at Appendix x for approval by the Board. Of note, challenges remain in key areas including incomplete monitoring data on ESR, limited participation in the NHS Staff Survey and time to engage in EDI initiatives due to operational pressures.

5. The **Gender Pay Gap Report 2023/24** was endorsed and is attached at Appendix x for approval by the Board. Of note, the gap remains consistent at 5.6% with fewer women in pay bands 8a and above. Flexible working often is disproportionate towards women in the workplace.

6. The **Welsh Language Annual Report 2023/24** was endorsed and is attached at Appendix x for approval by the Board. The report was presented bilingually, and the breadth and depth of the report was appreciated by members. The introduction of a standards baseline is a new feature for 2024/25 to more objectively report on and increase standards compliance.

ADVISE

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

7. **Kayleigh Wheeler, Operations Manager Ambulance Care**, shared her journey to her current leadership role at WAST. She has a wide and varied background, with her leadership journey beginning at McDonald's, where she was recognized for her contributions and leadership skills. She carried these skills into her roles at WAST, focusing on coaching and supporting her team. Kayleigh has faced challenges at WAST, including homophobia, misogyny, and bullying, which impacted her and her partner's experiences within the service. Despite these challenges, she found support from colleagues, leading to her involvement in the WAST Voices network. Kayleigh is focused on amplifying quieter voices within the organization and addressing issues like bullying and harassment. The network plans to engage in various campaigns and sessions to support staff. Kayleigh's presentation was a powerful testament to her resilience, leadership, and commitment to positive change at WAST. Elements of frustration and some barriers continue; however, Kayleigh felt the organisation is moving in the right direction with accessibility to, and transparency of, senior leaders improving.

8. The **Health and Safety Annual Report 2023/24** was approved and is attached at Appendix x for information for the Board. Members noted the maturing culture of health and safety at WAST and the focused attention the team has had on this throughout the year.

9. The **2024 NHS Staff Survey** will be released shortly. It was noted that concerns had been raised with HEIW who oversee the survey regarding that lack of sufficient time to make meaningful progress on actions since the 2023 results were published. However the e importance of increasing engagement was emphasised, and a communications plan is ready to launch, aiming to

increase participation rates and demonstrating actions that have taken place in response to the previous survey's feedback.

10. The **partnerships and engagement** report received and welcomed, focusing on regional partnership Boards and the Wellbeing of Future Generations Act, aiming to develop well-being objectives. The report signifies a move towards more strategic engagement and partnership working, aligning with broader organizational and national priorities.

11. The Committee commended Angie Lewis, Director of People and Culture on being named as one of the top **30 most influential HR Practitioners in the UK**. This recognition highlights the outstanding work we are doing at WAST and shines a light on our commitment to excellence and focus on our people.

12. There is a significant amount of **learning and development** taking place at all levels in the Trust. This ranges from essential digital literacy skills and critical thinking courses to our driver education and in house ILM coaching and mentoring qualifications. The introduction of the 'WAST Way' to enable a culture of compassionate, inclusive and collaborative leadership includes leadership behaviours which are drafted and engagement on these is underway.

13. The **Q1 Operational Update** highlighted the positive impact on meal breaks, sickness and overruns of the pods at Morriston Hospital. There is optimistic on recovery for reaching establishment on call handlers for 111 and teams were commended for the significant amount of piloting and trials that are ongoing to support progress on the evolving clinical model.

14. **Carl Kneeshaw will join WAST as the Director of People** from 1 November and will start engaging in several key events during October ahead of that date. Angie Lewis will continue in the role of Director of People and Culture until Carl arrives and will then move to .6 FTE as the Director of Culture thereafter.

15. **Reflections** on the meeting were that, despite technical issues with the hybrid meeting and its length, it was well chaired. Whilst there were a lot of positives, with highlights being the staff story and the progress shown in the Health and Safety Annual Report.

ASSURE

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

Quality and Performance

16. The Committee received the People and Culture Plan Metrics (focusing on qualitative data from the NHS Staff Survey), the MIQPR for June/July and the July Workforce Scorecard. Given the fact that the Board does not receive all these metrics, particularly those that are qualitative, the following areas of assurance will be of interest.

17. More than 200 individuals across Wales have completed Active Bystander training since May 2023, and the Trust recently won a HPMA Cymru Award 2024 for its Bystander to Upstander initiative.

This is an important EDI initiative.

18. Free text comments from the 2023 NHS staff survey were reviewed, and whilst a large number of comments were negative in their tone, it is positive that our people are telling us their points of view and that enables us to act and ensure established programmes are reflecting issues raised.

19. Three monthly check-ins with newly recruited colleagues were positive with 90% recommending WAST as a place to work. This reduced to 80% of a smaller cohort who responded after 12 months. More work is to be done here with respect to the 12 months celebration for a larger cohort, but the Committee was assured that those check-ins are in place for new starters.

20. The cultural themes and trends paper reviewed the managing attendance at work programme and the key themes for sickness and absence reasons. Whist the target of 6% has not been achieved, there is a general decrease in the number of employees starting long term sickness from January to May 2024. August is also showing a downward trend which is positive given that in the past this period has often seen a peak. Good use is being made of Health Assured by employees on sickness absence and there has been a reduction in physiotherapy referrals in the period. Training continues to be rolled out across WAST on best practices for managing attendance.

21. There is positive movement in the recruitment activity for 42 EMTs in central Powys and the Hywel Dda area. Pressure on the training school for these new recruits and EMTs transitioning to the higher banding will continue to be monitored and managed.

Cultural Themes and Trends

22. The Committee reviewed the data relating to employee relations cases, sickness and training and the impact that was having on the culture at WAST. The focus on creating an environment where wellbeing and compassion are at the heart of the experience of our people, and where their voices are heard was evident.

23. There has been an increase in employee relations cases, and the Board is reminded that this was predicted in line with our focus on ensuring colleagues feel safe to speak up. The data indicates that there is not a corresponding increase in sickness absence despite this rise which is a promising sign, suggesting issues are being addressed without adversely affecting overall employee health.

24. Inappropriate behaviour persists as the predominant reasons for disciplinary measures. Closure of respect and resolution cases has reduced significantly since the same time last year. However, 228 individuals have been trained in compassionate practices, and 70 have attended investigating officer training. Three full time investigating officers have now started in post. Training has also focused on the People Services Team to support their development.

25. **The Internal Audit on Disciplinary Case Management** relates to the above, and this received reasonable assurance. The purpose of the audit was to assess the adequacy of the arrangements in place for the management of the disciplinary process, and to focus on the demonstration of compassionate leadership principles, in addition to compliance with the Trust's defined disciplinary processes.

26. The **Volunteers Governance Internal Audit** was presented and received reasonable assurance. The purpose of the audit was to review the adequacy and effectiveness of the Trust's governance and operational management of volunteer activities.

27. The **WASPT highlight report** was received following their meeting on 2 May 2024 and a verbal update from the July meeting, with no issues to escalate to the Board. Trade Union Partners at the People and Culture Committee noted the excellent partnership working at WAST and recognised that the structures are embedding well to enable WASPT to be a more strategic forum. The issue of diesel fumes remains an important topic at these meetings. Workshops post WASPT meetings are now a regular feature with July looking at the outcome of workshops on the evolving clinical model.

28. The Trust's final uptake of staff vaccinated for the **Seasonal Influenza Campaign 2023/24** was 36.5%, which is a decrease of 8% from last year's campaign. Lessons learnt from this campaign have informed an extensive list of areas that require continued development for future flu campaigns.

29. In private session the Committee reviewed progress against seven **suspensions over four months** which is an increase from four reported in the last quarter. Five cases were lodged with the **Employment Tribunal** (an increase of one from the previous quarter) and by the end of the quarter this is expected to reduce to three. Members were assured on actions in place to manage these cases.

30. The **Audit Tracker** was reviewed, and the Committee noted the update with a reduced number of actions closed in quarter, but with plans to do so in Q3.

31. The **Professional Regulation Policy** was approved by Committee, and the **NHS Wales Respect and Resolution Policy** formally adopted. It was acknowledged that the HR Starting Policy has been reclassified as a Standard Operating Procedure.

32. Members received the Cyle of Business **Monitoring Report, and the Committee priorities update** with no issues to escalate.

RISKS

Risks Discussed: The four risks within the remit of this Committee were reviewed as below:

160 – High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service; whilst it remains at a rating of 20 (5x4) an improvement is beginning to show in specific areas of the business and there are early indications of a positive downward trajectory across the organisation against a backdrop of increasing concerns and disciplinary cases. Committee acknowledged that elements of the risk had been discussed throughout the agenda linked closely to the People & Culture Plan performance metrics and cultural themes and trends. Two areas of focus were discussed in that EMS are setting a benchmark for the rest of operations; however, Ambulance Care has an off trend increase in sick absence.

201 – Damage to the Trust's reputation following a loss of stakeholder confidence which remains at a

score of 20 (4x5). The risk is inextricably linked to several of the metrics measured and discussed at PCC.

163 – Maintaining effective and strong Trade Union partnerships remains at a score of 16 (4x4). The risk was presented in detail to the Welsh Ambulance Services Partnership Forum for the first time in May 2024.

558 - Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remains unchanged at a score of 15 (3x5).

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

COMMITTEE AGENDA FOR MEETING		
Director of People and Culture Update	Operations Quarterly Report Q1	Staff Story
People and Culture Plan Metrics	Workforce scorecard	MIQPR
Cultural themes and trends report	Annual health and safety report	WASPT highlight report
Strategic Workforce Plan	Partnerships and engagement report	End of season flu report 2023/24
SEP Annual report 2023/24	Annual workforce equality monitoring report 2023/24	Annual gender pay gap report 2023/24
Welsh language annual report 2023/24	Risk management and BAF	Audit tracker Disciplinary Case Management Internal Audit Volunteers Governance Internal Audit
Policies for approval: Professional Regulation Policy and NHS Wales Respect and Resolution Policy	Committee cycle of business, monitoring report and priorities	Staff story diagram

COMMITTEE ATTENDANCE				
Name	**9 MAY 2024**	**8 AUGUST 2023**	**16 NOVEMBER 2023**	**20 FEBRUARY 2024**
Ceri Jackson				
Bethan Evans				
Joga Singh				
Hannah Rowan				
Angela Lewis				
Chris Turley		Until item 13		
Lee Brooks	Sonia Thompson			
Liam Williams	Jonathan Turnbull-Ross			
Estelle Hitchon				
Andy Swinburn				
Rachel Marsh	Alex Crawford	Alex Crawford		
Trish Mills	Julie Boalch			
Damon Turner				
Mark Marsden				
Christian Fox	Hugh Parry			
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member

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

Director Update: *People & Culture*

PEOPLE AND CULTURE COMMITTEE
14 NOVEMBER 2024

ANGIE LEWIS
DIRECTOR OF PEOPLE & CULTURE

Culture

It's a pleasure to welcome Carl Kneeshaw to our team, taking up the role of Director of People and I look forward to working together with Carl to deliver on our People and Culture ambitions.

Our efforts to engage colleagues in the 2024 NHS Wales Staff Survey are paying off; at the one month mark (30th October), we've already reached a response rate of 23%, with the survey remaining open for another 30 days. During that time, we'll continue delivering against our comms and engagement plan, in a bid to encourage as many colleagues as possible to participate.

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

In October, we dedicated significant focus on our "Speak Up Safely" framework, reinforcing our commitment to creating a culture where everyone feels empowered to voice concerns without hesitation. Key activities included a "Speak Up Safely" carousel featured in our CEO Roadshows, allowing colleagues to engage in conversations about the importance of speaking up. Additionally, Board members were invited to publicly pledge their support, reinforcing leadership's commitment to establishing a safe and inclusive environment for all voices to be heard.

'Our WAST Way' Leadership Framework is a key step toward embedding compassionate, inclusive, and collaborative leadership at all levels of WAST. We've made good progress, drafting behaviours that define good leadership across roles, drawing on NHS and ambulance sector research, cultural review recommendations, and best practices. To date, we've engaged over 100 stakeholders, including leaders, managers, and TU partners, to refine these behaviours. Following recent ELT approval, we are moving to the next phase: developing learning pathways tailored to each leadership level. A dedicated employee group will support this work to ensure these pathways address the varied needs of our teams. We are excited to bring this back to the committee in Q4 with a comprehensive update on our progress.

Capacity

Our inclusive recruitment initiative to encourage more applications from people within Black, Asian and Ethnic Minority communities is underway within the Digital Directorate which is recruiting to over 30 vacancies across a range of posts. Specific training has been delivered to recruiting managers within the team to increase awareness of unconscious bias during the recruitment process. We have reached out to our ethnically diverse communities and delivered a series of workshops for potential applicants to meet the team and learn more about the roles and our recruitment procedures. We have seen a notable increase in interest from applicants and plan to analyse the impact of our actions and the initiative outcomes at the end of the financial year.

We're pleased to share that extensive consultation has continued on our **Health and Wellbeing Plan (2025-2029)** with feedback from across the organisation reflected and incorporated.

Our Occupational Health and Wellbeing team has been actively addressing the impact of poor sleep, particularly among colleagues working shifts, as part of our commitment to enhancing colleague health and wellbeing and reducing sickness absence. The team recently completed a two-day training programme on identifying and treating common sleep difficulties, equipping them to assess, signpost and provide brief sleep advice to those in need.

The Flu vaccination campaign is well underway, with clinics available across the Trust and peer vaccinators providing convenient, local access. The engagement from both peer vaccinators and colleagues has been encouraging, highlighting the value of this collaborative approach.

Capability

We are thrilled to have our Education and Development contribution to both awards scooped by WAST at the NHS Wales Awards recognised - the team have been key to the success of both the introduction of Penthrox for our Community First Responders use to manage pain with our patients and our Care of the Newborn and Thermoregulation education and development programme.

We're proud to share that Catherine Wynn-Lloyd (pictured) recently won the Moneyworks Workplace Champion Award, at the Credit Unions of Wales Awards. This award is aimed at highlighting the positive effect a workplace champion can have in establishing positive and inclusive financial services to their colleagues through engagement and promotion and is a testament to Cath's hard work around financial wellbeing at WAST.

Our Education and Development team awaits the outcomes of several prestigious recognitions this season: having already secured the Skills Academy Wales Higher Apprentice of the Year award for the third consecutive year, we are now shortlisted for both the global Learning Technologies Award for Best Blended Learning in a Public Sector Organisation and the Learning Awards' People Development Programme of the Year. These nominations reflect the team's dedication to delivering exceptional workforce development, and we look forward to receiving final results in the coming months.

Our OD Manager for EDI, Hayley Jones Dunne helped to organise the Mastering Diversity Conference in Wales Principality Stadium in September, where our Digital colleagues hosted the 'Digital Zone' which focussed on 'Women in Tech'. Hayley was also awarded the Founders Award at the Mastering Diversity Conference Awards for over 25yrs contribution to diversity and gender equality.

And that's not all! We have our own WAST Awards finalists in the team too! David Sullivan, Laura Wilson and Faz Tahir are in the running for awards - it's safe to say we collectively have EVERYTHING crossed!

WAST AWARDS
WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST

Challenges & Risks

- Winter pressures
- Pace of change and activity across the organisation

Coming Up

- Leadership Symposium 11th November
- Staff Survey concluding 29th November
- WAST Awards 12th November

OPERATIONS DIRECTORATE
QUARTERLY REPORT FOR COMMITTEES
2024-25 Q2 (July– September 2024)

National Operations & Support

IMTP

Volunteer Care Driver Oncology Pilot

Our volunteer oncology project currently has 20 volunteers who are classed as 'oncology priority'. These drivers have completed 1249 journeys (496 inbound/ 753 outbound) since April and are consistently meeting our measures for oncology (inbound 90% / outbound 94%). We have now moved onto the second phase of the pilot which is ensuring that our oncology patients are paired up with the same volunteer driver for the entirety of their treatment. This is proving to be very successful from both a measurement perspective, but more importantly from a patient experience perspective. We are currently working with PECI colleagues collecting patient feedback and will be using this to assist us to measure the success of the pilot.

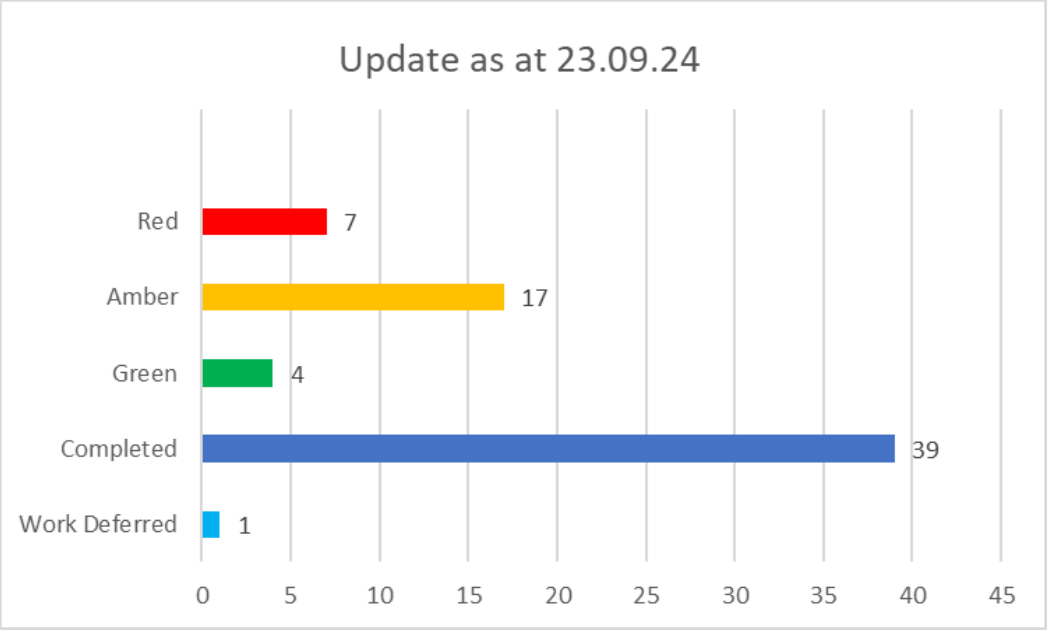
General Update

Volunteer Services OCP

Our Volunteer Management team have launched a period of Organisational Change (OCP), stepping away from a long-standing service-based model into a function-based model with a volunteer onboarding service, and support service across all volunteer roles. The consultation will run from September to October. Steps are also being taken to advance the volunteer pathway, commencing as a CWR, and progressing to CFR.

Manchester Arena Inquiry (MAI)

Progress against the 68 recommendations, directly or through partnership working, that relate to the Trust continues. The Trust has undertaken a detailed review of its provision as part of its obligation under recommendations 105 and 106 and has recently produced an evidence-based series of reports aimed at addressing the identified gaps. This has been supported further by the development of three Quality Impact Assessments that have been approved by the Clinical Quality Governance Group. The work identified 20 recommendations for which there is a financial dependency. The submission to commissioners of the Trust's reports relating to these recommendations has now occurred and the Trust awaits their considered response. The remaining recommendations continue to be progressed and it is anticipated these will conclude within the next six months. At the time of preparing this report, below is the status of recommendations:



To ensure the continued visibility of these report findings within the Trust, a corporate risk is being developed for inclusion in the Trust's risk register. This will enable the alignment of outstanding MAI recommendations with a clearly defined business-as-usual framework, ensuring proper governance of capability gaps while awaiting financial decisions from commissioners and the implementation of necessary changes.

Major Incident Declaration Cardiff

On Thursday 29 August 2024 at 2317hrs, a major incident was declared in Cardiff following an initial call into 111 which was subsequently passed to 999. The call reported difficulty in breathing with reports suggesting that this incident was of a potential gas/carbon monoxide origin with several symptomatic patients. However, following further investigation from the multi-agency response, the incident was later confirmed not to be of airborne origin but because of a water borne issue. Multiple resources from WAST attended the incident including three managers, three emergency ambulances and the Hazardous Area Response Team. Four patients were conveyed to hospital, with no other casualties reported and the major incident was stood down at 0329hrs.

Operational Effectiveness

Operational effectiveness continues to progress, with performance closely monitored through regular Local Delivery Plan reviews and Performance, Demand & Capacity meetings with the Operations Senior Leadership Team. Upcoming Quality & Support days will focus on Mobilisation, Time Spent at Scene, and Clinician Travelling, aiming to assess the current state and identify opportunities for improvement. Subsequent sessions will target driving change and implementing enhancements. Recent Quality & Support days addressed the Multiple Attendance Ratio and Multiple Dispatch Ratio, with findings scheduled to be reviewed and shared.

Medical Emergency Response Incident Team (MERIT)

Correspondence has been sent to Welsh Government Health Strategy and Planning team to inform them of our organisational position that there is no longer a requirement to request MERIT to attend

the scene of an incident. MERIT are nurses from health boards who attend the scene of a major incident in two separate waves. The organisational position was confirmed following a review of MERIT skillsets alongside those now provided by WAST staff. WAST has previously provided training for MERIT and it was confirmed that this is not specifically commissioned. The letter sets out the discussions with both clinical and operational colleagues across the trust and the rationale on the position. The assessment determined that MERIT nurses provide lesser clinical response to that now provided by WAST clinicians.

Resourcing, EMS Coordination and Quality

Challenges

Accredited Centre of Excellence (ACE) status with the International Academies of Emergency Dispatch (IAED)

The Trust reported 5% non-compliance for the Medical Priority Dispatch System (MPDS) for Q1 24/25 which is under the 7% threshold, meaning the Trust is no longer in remediation status with the IAED for MPDS and maintains its status as an Accredited Centre of Excellence (ACE). This is following a 3-month period of remediation in Q4 23/24 where an action plan was submitted to and approved by the Senior Operations Team (SOT) and Senior Leadership Team (SLT). The Trust continues to work closely with Academy colleagues to sustain performance and feedback from the IAED has been positive with the improvements achieved. Monthly assurance memos were escalated to SOT and through to SLT during the period of remediation and the final memo was submitted in July 2024 which provided an update on removal from remediation status and a continued commitment to progress the actions approved in the associated action plan.

HM Coroners (HMC)

EMS Coordination/Operations Quality continues to receive coroner requests which has meant the backlog of statements has remained consistent. Capacity within Operations Quality (OQ) continues to be realigned where possible to support with the construction of statements and a robust QA process is in place to ensure that accurate statements can be reviewed and signed by the Service Managers/Head of Service for serving to HMC. At the time of preparing this report there are 24 outstanding coroner statements which is down from 34 in Q1. Of the 24 outstanding, 8 have breached the requested return date, however, these are all at some point in the QA process. Any requests from HMC to prioritise or final deadlines are prioritised dynamically. All other outstanding statements are not yet due, and the OQ team is completing these alongside other investigations (concerns and nationally reportable incidents (NRIs)).

Absence Abstractions EMDs

While we continue to actively recruit EMDs into the service, recently the overall number of absences due to sickness for EMDs is a concern. Absence Management processes are being followed and individuals are being supported, but consequently resource levels for the call handling function is sporadic with short term absence being particularly impactful. This said, we continue to deliver good overall performance levels with the call answering performance fluctuating between 93.4% and 96.4% of all calls answered within 6 seconds. In the context of focus on culture in EMS Coordination, rates of attendance appear at times not to be improving. A preliminary check of call handler utilisation has not presented levels that, on the face of it, are concerning.

Establishment
The current establishment in EMSC remains a challenge, although the situation is more favourable for EMDs (who are currently over-established). The under-establishment is largely due to the existing dispatch function, which is under-established due to changes required as part of the Organisational Change Policy (OCP), EMDs are trained to rotate through various functions to mitigate this issue. To mitigate the impact of the overall under establishment, two additional induction courses are scheduled for September. It is also anticipated that by the end of October / early November the OCP will have been complete, and the new structure will be in place that will resolve some of the existing shortfalls.

Resourcing
The current capacity in the Resourcing team is actively engaged in supporting various initiatives, including a number of transformation projects and service changes, all of which have implications for rostering. Notable activities include the Urgent Care Service (UCS) Review, development of the Remote Integrated Care Service (RICS), Rapid Clinical Screening, NEPTS Roster Review and Dispatch Roster Review. Although the roster review for the APP expansion has been paused, we have recruited new staff to address these needs. As a relatively small team this presents a challenge as there are competing pressures on the team to engage with the significant change that necessarily have rostering implications.

IMTP

Estates and Infrastructure
EMS Coordination has benefited from significant investment to improve the working environment for our centres in both Llangunnor and the relocation of staff from the existing Bryn Tirion site in North Wales. This work continues to move forward with Llangunnor moving to start works at the end of Q2, with the Ty Elwy and Snowdon House worked being likely to commence in Q3. Both these projects will improve significantly the environment for those colleagues working from those facilities.

EMSC Restructure and Reconfiguration
The restructure and reconfiguration programme is progressing well; The final organisational change (OCP) document was issued to EMS Coordination colleagues in July 2024, which marked the start of the implementation phase. All aspects of the project are on track with anticipated conclusion in Q3. The delivery of this programme will mark a new era in EMS Coordination with improved ways of working, with a much-needed progressive career structure, and capacity to better support our people.

Delivery of a function Resourcing Team model.
The options appraisal for the potential move of 111 Resourcing to the GRS system is currently being drafted and will be discussed with Integrated Care. Plans are underway to prioritise the transition of clinicians in alignment with the RICS model, while 111 Call Handlers will be reviewed based on demand, capacity, and roster considerations. This, together with the development of the 111 Resourcing Standard Operating Procedure will aid the intent to move to a function-based model for the Resourcing Department. At present the department largely works on a geographic basis, but there is an intent to move to a functional model that will service the needs of colleagues based on their department as opposed to their geographical location. The draft SOP for 111 Resourcing will

form the basis for the EMS Coordination Resourcing SOP. The overarching intent is to ensure we have clear processes set out for both 111 and EMSC that will enable the move to a single, integrated resourcing function for the 111/999 contact centres. This will ensure that there is consistency of approach across Wales for the 111 / 999 Centres, but also the other two main functional units, namely EMS and Ambulance Care.

Electronic Timesheets Project Scoping

A preliminary scoping exercise for the e-timesheets project, specifically the GRS Electronic Claim Form, is underway, with a workshop to follow in Q3. To support this, a visit to South West Ambulance Trust took place in August 2024 to learn from their implementation and rollout experiences.

General Update

Medical Transfer Protocol Suite (MTPS)

MTPS went live on the 30th July 2024 and external stakeholders were informed of the changes to inter-facility call processing. Up to end of August 2024, 820 incidents were processed on these new protocols. Of these, 330 were red calls. The MTPS task and finish group continues to meet and review data and internal/external feedback. There have been some concerns raised due to the increase in reds due to introduction of MTPS, as a result of which a focussed audit was undertaken in August 2024. Results showed a 23% non-compliance rate. Whilst this is higher than anticipated for the random audit, it is to be expected as these are brand new protocols and processes which take time to embed.

Learning identified during the audit is fed back to the individual Call Taker to ensure change to practice and any wider themes/trends identified during the audit process are being considered at the task and finish group. The use of the MTPS codes continues will be subject to further focused audits in September and further engagement will take place with Health Care Practitioners that access our services to ensure the appropriate coding and prioritisation of calls.

EMS Coordination Culture

As part of the non-pay annex aspect of the 2023 pay and conditions work, the Trust agreed to focus on the culture of EMS Coordination. An action plan has been created in partnership with Trade Union colleagues and more recently the Director of People and Culture conducted a series of visits across the three centres to listen to staff and their experiences. The feedback from these visits was shared with the EMSC Senior Leadership Team in early September 2024 with learning to be incorporated into the ongoing action plan.

Flexible Working SOP Development

The Flexible Working SOP Task & Finish Group is developing a framework to assist operational managers in reviewing flexible working requests. This SOP aims to ensure consistency in decision-making and explore alternative solutions that balance individual needs with service delivery requirements. It will also reinforce the need for a robust and periodic review process to maximise flexible working solutions for the expanding workforce.

Emergency Medical Service

Challenges

Lost Hours to Handover

Delayed transfer of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service with timely response to calls. The total amount of lost hours in July 2024 at 19,599, August at 17,540 and September to date at 16,050 (as at 25 September). While there has been some improvement over the past three months the transfer of care delays remains excessive and intolerable within existing rosters. The impacts of these delays and associated system pressures are regularly discussed at Committee and Trust Board.

Red and Amber Performance

As we notice a continued very poor position in transfer of care delays, this is ultimately being translated into a similarly poor red performance and delayed response to our most critical patients. On the whole, the red performance continues to fluctuate in the 45% to 50% range and also continues to fall well short of 65% in all Health Board areas. This is under constant scrutiny within EMS and EMS Coordination teams to improve the level of response in this area.

The Amber median trend continues to show overall response times not where we would like them to be. However, there have been slight signs of improvement in July 2024 but still above the average Amber response times for the last 12 months. A reduction in handover delays would support our response to these patients and prevent escalating through the Clinical safety Plan (CSP) with further response implications to this category of patients, especially amber 2 patients.

IMTP

End of Shift Overruns

While it is noted that the level of investigation of over 2-hour end of shift overruns has continued to improve, along with the uptake of utilising the options available to reduce the end of shift overrun, it is now evident that a number of these overruns are down to staff not correctly booking off duty, or undertaking the 'Hot Swap' MDT facility. However, to further support the wellbeing of staff and to report correctly we continue to work on a number of initiatives to further reduce end of shift overruns. Despite the continued level of handover delays, the average length of overrun has remained at levels lower than 12-15 months ago, with the over 2 hour overrun trajectory improving considerably.

CHARU Roll-out

CHARU recruitment and training courses are continuing to maximise the opportunities to fill remaining CHARU vacancies and to ensure parity of cover between urban and rural areas in line with the D&C review. Where some areas, particularly rural, have struggled to recruit into vacant CHARU lines, there is an imminent go-live with an EA/CHARU rotational model in Welshpool which could be a future model to adopt in difficult to recruit areas following evaluation. We are however now at a position where direct recruitment is likely required.

APP Recruitment

Two stages of APP recruitment have been completed to allow progression of the Modernisation Strategy. Firstly, both external qualified APPs and WAST existing funded MSc staff were recruited, and secondly, internal WAST staff were recruited to undertake funded MSc education to commence in September 2024. While the recruitment has progressed well, the desired numbers have not been fully achieved so a third APP recruitment process is likely to be undertaken again before the end of the financial year. This will allow staff to undertake a funded MSc education programme commencing in March 2025.

General Update

Quality & Support Days

The quality and support days continue to be undertaken across all areas of the operations team, however, to further support operational staff these days will be subject themed moving forward. In Q2 a quality and support day was held in July focussed on end of shift overruns and discussing the Shift Start and Finish SOP. This saw operational managers spending end of shift periods (morning and evening) embedded with EMSC to support the end of shift processes to enable, where possible, crews to finish on time or to reinforce plans for them to be relieved on scene or at hospital as soon as possible.

The following quality and support day held on 23rd August 2024 focussed on the impact and control of diesel fumes and the use of initiatives to reduce the impact of them. A third day in September is focussed on the operational effectiveness programme. Themes and trends will again be collated and fed back through the senior leadership team.

Financial Savings Plan 2024/25 Overtime Allocation

Financial report showing £104k surplus to date with EMS underspend mostly due to overtime not being taken up by staff. To support the routine day-to-day overtime allocation an 'Overtime Allocation SOP' is in use to support this business-as-usual process. Every attempt is being made to provide overtime opportunities in a timely manner to improve uptake and to increase UHP as a result. Non-pay showing a large overspend however fuel prices currently below budget. The application of the overtime process was subject to internal audit, with field work completed during Q2. The output of this audit is anticipated at Committee in Q3.

Ambulance Care

Challenges

UCS Transition

The UCS transition has remained challenging due to several factors that also affect the UCS team. While the modified code set which includes suitable calls has been agreed, the implementation will need to be timed to coincide with the new recruited EMS workforce that are operational from Mid-September. EMS crewing matrix and CSP (Clinical Safety Plan) are also linked to the change and discussions on both have taken place to ensure when the code set changes are implemented these factors are considered and activation plans are in place. This will allow the Service to continue to respond to appropriate calls by all the Operational teams.

IMTP

End of Shift Overruns

The UCS ACA2 service have continued to monitor overruns jointly with our EMS colleagues has seen the number of 2hour overruns continue to improve as mentioned earlier by the EMS team. As the UCS ACA2 team are fewer in number to EMS we are moving into a different phase and will begin to focus on 90mins for all UCS ACA2 crews. We hope this move will support the ongoing support and welfare to the crews and may identify new trends and factors due to the shorter timeframe.

General Update

NEPTS Roster Review

The Trust has received the initial assessment carried out by ORH using updated data post pandemic, with the next steps and methodology being discussed and agreed with ORH. It is anticipated that we will have the refreshed roster keys in September 2024, to progress work with Total Mobile. The next steps will be to have a shadow project board set up, and this will be stepped up into a full project board in September 2024 when we have the initial roster keys.

There will be a recruitment process for a 12-month fixed term post as project manager to support this project once it has commenced. This is anticipated to start in October 2024

Integrated Care

Challenges

111 Call Handler Establishment

The CAS replacement project required all the Trust's training capacity and estate to be re-directed to that project resulting in a significant period where recruitment hasn't possible. Because of this, together with a small increase in attrition the current 111 Call Handler establishment is challenged. This is resulting in sub-optimal resourcing and therefore call answering performance. Integrated care has a clear and closely monitored recovery plan to achieve full establishment prior to the peak demand periods this coming winter; an improved position on that previously reported.

Sickness

Sickness absence remains stubbornly high across Integrated Care despite considerable efforts to target the causes of sickness absence. Absence due to stress and anxiety continues to be the highest category. Integrated Care is working with the Trust's workplace wellbeing psychologist to understand the key drivers of this rise and develop meaningful interventions.

IMTP

Clinical Model Transformation

The Clinical Model Transformation programme has been a significant focus for the Integrated Care team. Work is underway to align 111 and CSD, develop the Remote Integrated Care Service (RICS) model, develop new pathways and test the 111-call handling software in the wider operational environment. Trials have taken place including:

- **CPSS of Green calls**
  Phase 1 was a 3-day trial (9/10/11 July 2024, 0830-1630hrs each day) with two 111 Call Handlers sitting with 111 Specialist lead. Green calls which are normally triaged by 111 Clinicians were triaged by 111 Call Handlers using CPSS. Results were positive with approx. 25% closed by 111 Call Handlers. Phase 2 will be undertaken in September 2024 during which calls will be warm transferred from the 999 Call Handler to the 111 Call Handler. A high priority line will be used to avoid delays in 111 Call Handler answering. All 111 Call Handlers will take these calls for phase 2.

- **Electronic transfer from 111 Call Handlers to 999**
  This trial took place in August over 3 days with 999 calls electronically sent from the 111 CAD to 999 CAD, followed by a phone call and confirmation of details.
  Post trial analysis showed an average of 50 seconds per call saved. This was implemented as BAU from 0900 on the 3rd of September 2024.

- **Managing Delayed 999 Responses using CPSS**
  Trial to be undertaken in September 2024 which will include a dedicated CSD Clinician who will be sat side-by-side with a 111 Call Handler. The CSD Clinician will identify calls waiting for an ambulance response which may benefit from a CPSS assessment. When an appropriate call is identified, the 111 Call Handler will complete their assessment which can be validated clinically if appropriate.

111 Dental

The new urgent dental model for Wales went live in April. Following its first few months of operations outcomes and service quality indicators have been reviewed collaboratively with WAST and the Chief Dental Officer. This review found an extremely high level of outcome accuracy and service quality indicating that many more of the right patients were reaching the right service in a more efficient way than before. Work is now underway with the Six Goals Programme to develop the business case to role this model out into the Health Boards which WAST currently aren't commissioned to provide.

General Update

Police Clinical Support

Following an agreement at JESG to resume the police remote clinical assistance work, CSD have been working with South Wales, Gwent, and North Wales Police. This arrangement had previously been in place with South Wales and Gwent but will now expand to North Wales Police colleagues. As a result,

Police colleagues will be able to access remote clinical support from CSD colleagues and, in the future, the clinical navigation team.

Promoting Welsh Language calls in 111

Following an initial trial to offer Welsh call answering, the trial has been extended, allowing us more time to refine our processes and operations. We are pleased to announce a forthcoming meeting with the Welsh Language Improvement Lead to explore new strategies for increasing the number of Welsh Language speakers within the Trust. Additionally, the 111 service are actively seeking expressions of interest from call handlers who wish to receive extra training in Welsh. We are also working on further technical enhancements to the IVR queue system to allow patients greater choice to wait for a call handler who can answer in Welsh.

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

Required Action

1. Continue to progress with WAST Voices and support in network organisational and delivery
2. Explore how best my research project for my Masters can benefit WAST (hoping to focus research on organisational culture).
3. Continue to manage compassionately and be a positive role model for colleagues.

Themes

- Career progression
- People & Culture
- Organisational development
- Compassionate practice and Leadership development

Kayleigh's Story

Kayleigh has demonstrated exceptional leadership, initiative and commitment since joining the Trust in 2014. Over the years, she has held several key roles, including Operational Team Leader and Operations Manager, consistently making a positive, tangible difference in her colleagues' workplace experience. Known for her passion and dedication, Kayleigh is highly respected by her peers, who often speak to her significant contributions and compassionate leadership style. Beyond her formal roles, Kayleigh is deeply committed to diversity and inclusion. As a neurodivergent individual, diagnosed with dyslexia and autism, she has become a powerful advocate for neurodiversity and LGBTQ+ rights within the Trust, volunteering extensively with Space Careers UK and championing roles that support underrepresented communities. Her advocacy work has earned her numerous awards, highlighting her unwavering commitment to creating an inclusive and positive work environment. Kayleigh's leadership journey is also distinguished by her involvement as a Planet Champion at McDonald's, her contributions to the London Olympics and her service as an adult leader for St John Ambulance. In response to facing challenges, including instances of homophobia, misogyny and harassment, Kayleigh channelled her energy into constructive activism. She became co-chair of the WAST Voices Network, where she supports colleagues and advocates for positive cultural change across the organisation.

Next Steps

My next biggest goal is to find something that I want to play a real part in changing within WAST – this is likely to be related to people and organisational culture.

Focus my time and energy into understanding bullying and harmful cultures that may be within my team and wider teams and try to understand how I can help be a part of influencing and changing that.

Continue to build my learning and experience to ensure I can be a well rounded manager of the future – I would like to move into more strategic roles that are focused on culture and the people of our organisation.

Continue with my role in operations and learn to use my passion here.

Continue to network and make noise in the right places.

AGENDA ITEM No	**8**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**3**

PEOPLE AND CULTURE METRICS

MEETING	People and Culture Committee
DATE	14th November 2024
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Sarah Davies – People and Culture Directorate Business Manager
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to provide Committee members with an update (September 2024 data) against several of the previously agreed qualitative People and Culture Plan metrics, in order to provide a high level indication of the impact of our People and Culture Plan.

2. The item also incorporates the People and Culture Scorecard, sharing an overview of the key People and Culture performance data and trends (September 2024) and associated improvement actions.

KEY ISSUES/IMPLICATIONS

3. PCC is asked to:

   - **RECEIVE** and **COMMENT ON** progress to date.

REPORT APPROVAL ROUTE

- PCC 14.11.24
- ELT 20.11.24

REPORT APPENDICES

Appendix 1: SBAR – People and Culture Metrics
Appendix 2: People and Culture Plan Metrics Update September 2024
Appendix 3: People and Culture Scorecard September 2024

REPORT CHECKLIST

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

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

Appendix 1: SBAR: People and Culture Metrics – September 2024

SITUATION

1. The purpose of this report is to:

    a. provide Committee members with an update against several of the previously agreed qualitative People and Culture Plan metrics (September 2024 data), in order to provide a high level indication of the impact of our People and Culture Plan; *and*
    b. provide an overview of the key People and Culture performance data and trends (September 2024) and associated improvement actions.

2. 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.

BACKGROUND

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

4. As agreed at the August 2024 PCC meeting, this item will now also incorporate the People and Culture Scorecard, in a bid to more clearly show the associated connections.

ASSESSMENT

5. In terms of People and Culture Plan metrics, the summary document contained within **Appendix 2** provides an overview of quantitative data currently available.

6. With a further four weeks to go, our NHS Wales Staff Survey completion rate is currently sitting at 23.2% (compared with a final response rate of 23.3% for the 2023 survey). Whilst the appendix doesn't include response rates (**Appendix** 2 reflects September data and the survey didn't open until October 1st), we want to reference it here given its importance to our cultural transformation goals. The current

participation rate is promising and shows that colleagues are increasingly willing to share their experiences and perspectives. This engagement will provide valuable feedback to guide further improvements and shape our ongoing People and Culture objectives.

7. The increase in networks and growing membership indicates a developing sense of community and belonging, a core element of our People and Culture Plan. These networks provide platforms for connection, support and empowerment, enabling colleagues to play an active role in shaping our culture. This, in conjunction with the current staff survey engagement rates, is a promising indicator that our cultural initiatives are enabling inclusivity and increasing engagement.

8. The evident reduction in sickness absence is a strong indicator that the positive impact of our focus on wellbeing, compassionate practices and supportive work environments is being felt by colleagues. These reduced absence rates indicate a healthier, more resilient workforce, suggesting that our cultural work is creating tangible, positive changes for colleague health and wellbeing.

9. Although disciplinary cases are rising, this trend aligns with our efforts to encourage speaking up and reinforce a culture of transparency and accountability. Increased reporting suggests that colleagues feel more comfortable raising concerns, which links to our ambition to increase levels of psychological safety across the Trust. This increase should therefore be seen as progress towards establishing a healthy, open organisational culture.

10. **Appendix 3** provides a summary of People and Culture KPIs up to and including September 2024 data.

11. We acknowledge the decrease in PADR compliance compared to the previous month and are actively working to increase our completion rates whilst continuing our focus on quality improvements. To improve, we're reviewing staff feedback and holding conversations to understand what works and what doesn't in the PADR process. This helps us find ways to make PADRs more meaningful and easier to complete. Rather than just aiming for numbers, we want every PADR conversation to count. The quality of the discussion—focused on personal growth, support, and our values—will be the new measure of success. As part of our new development framework for leaders and managers, we're ensuring PADRs align with the culture we're building, with a focus on caring, valuing everyone and connecting.

12. In relation to Statutory and Mandatory training compliance, whilst performance is above the target expected by Welsh Government, the Trust has continued to invest in a concerted effort to improve compliance rates in two particular areas, namely Information Governance and Fire Safety. This effort is beginning to flow through with increases in both areas evident throughout the reporting period.

13. Although R&R cases have been quite steady for the past few months, 5 cases have been resolved and closed in the month of October and we will be expecting a significant decrease to be reflected in the next reporting period. The theme of the majority of these cases relates to behaviours. Although there are 47 formal ER cases reported, this is not reflective of volume of caseload to include cases at the Initial Assessment stage and those with 3rd party involvement e.g. Counter Fraud/Police. The majority of cases relate to inappropriate behaviour with 30% of cases having allegations of a sexual nature. There are 10 disciplinary hearings planned in November which should show an increase in conclusion of formal cases.

14. September 2024 showed a Trust-wide reduction in sickness absence (7.43% compared with 7.52% in August 2024). Comparing the same period in 2023, the Trust reports an overall reduction of 1.33%. The Operations Directorate reported a reduction in September 2024 to 8.06% compared with 8.26% in August 2024. Comparing the same period in 2023 Operations have reported an overall decrease of 1.59%. Short term absence continues to fluctuate month on month, however, positively, long term absence is decreasing.

15. During August, dedicated resources were seconded to Job Evaluation to improve timelines, develop an action plan and present recommendations. Some of the resulting highlights achieved during September include:

    - Regular job matching and consistency panels to manage the expectations of those Senior Managers undertaking OCPs with regular updates and realistic timelines;
    - Delivered two two-day training courses in North and South Wales, resulting in 25 new job matchers (9 Management and 16 Trade Union);
    - Commenced a deep dive into the Job Evaluation function and processes;
    - Reduced the number of job descriptions that had been in the system more than 28 days;
    - Continued to improve the average number of days to complete a Job Description going through the process.

RECOMMENDED

1. That PCC:

    a. **RECEIVE** and **COMMENT ON** progress to date.

OUR PEOPLE AND CULTURE METRICS

September 2024

Culture

	Baseline	Sept 23	Mar 24	May 24	Sept 24	
Staff Survey Completion Rate:	*39%*	9.12%	23.2%	23.2%	*	
Network Membership:	*N/A*	184	202	220	404**	
Disciplinary Cases:	*28*	28	32	39	47***	
Formal Requests for Resolution:	*15*	8	13	13	13	
Cultural Reviews Underway:			3	3	2	

Capacity

Turnover:	*9.81%*	9.37%	9.12%	9.01%	8.21%	
Sickness (12 Month Rolling):	*8.78%*	8.69%	8.52%	8.46%	8.18%	
Sickness (In Month):	*7.5%*	8.78%	7.67%	7.55%	7.43%	

Capability

MIST Compliance:	*N/A*	15.5%	92%	20%	47.18%****	
Stat Mand Compliance:	*78.73%*	79.71%	81.2%	82.71%	86.53%	
PADR Completions:	*73.5%*	70.72%	79.51%	78.11%	75.89%	

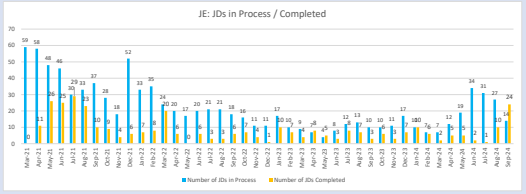
Notes to accompany dataset:
* 2024 Staff Survey opened 1st October
** This has now expanded to include the following networks:

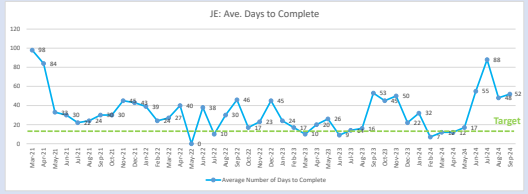
- WAST Voices
- Culture Champions
- LGBTQ+ Network
- BEAM Network (Black, Ethnic, Asian and Minority)
- Women's Health Network
- Nothing Without Us Disability Network
- Working Carers Network

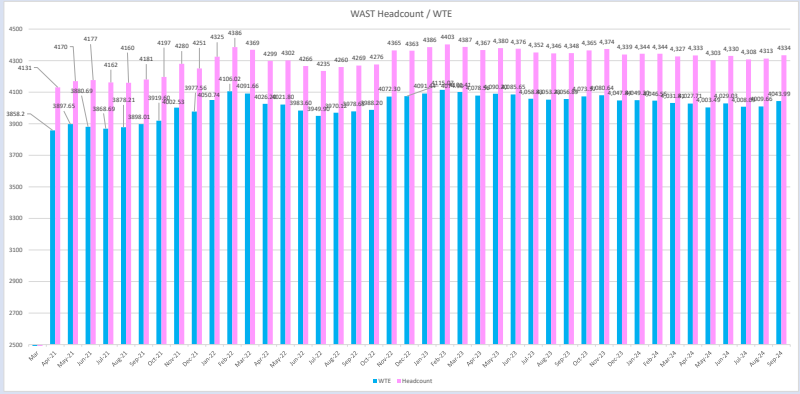
*** Grey (neutral) coloured arrows used as a reminder to treat increases / decreases against these metrics with caution; an increase could be associated with increased confidence for our people to report concerns and not necessarily an indicator of poor cultural health
**** New MIST programme (2024-25) commenced 1st April 2024.

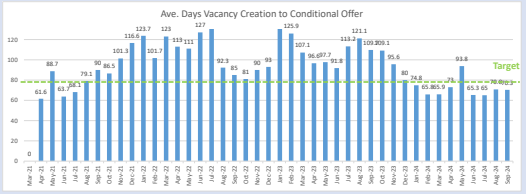
EMERGENCY AMBULANCE

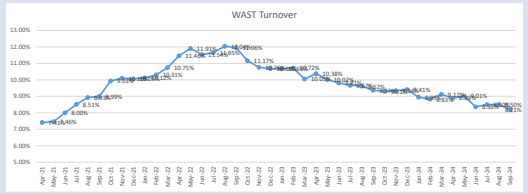
Return to Summary











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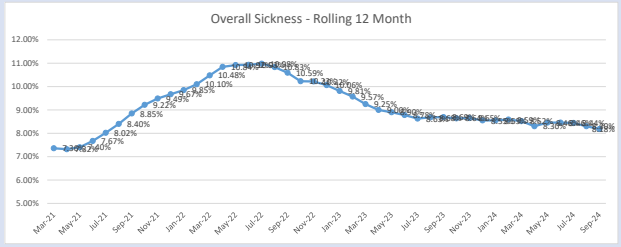

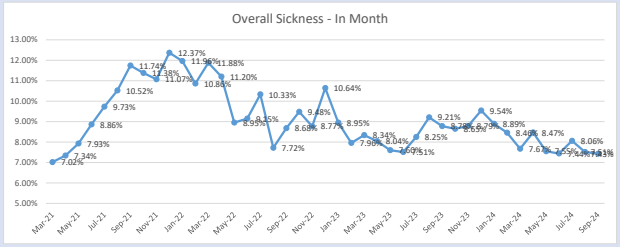

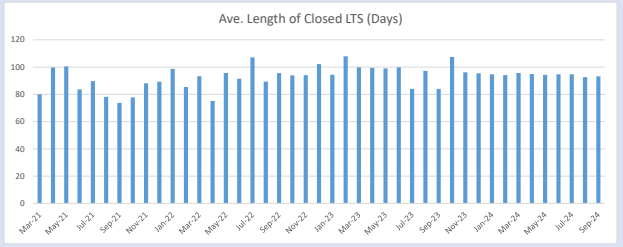

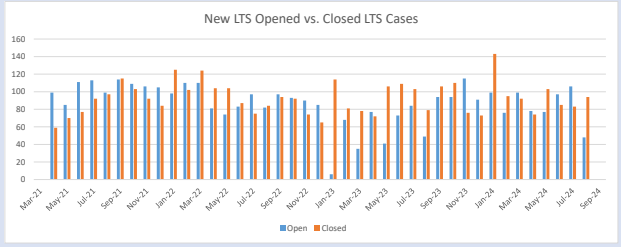

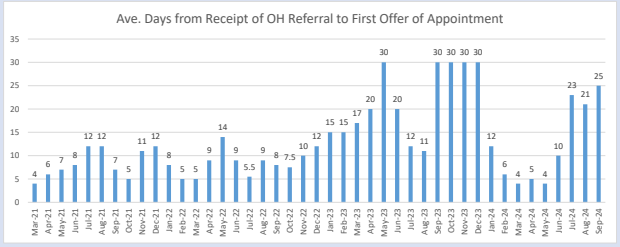

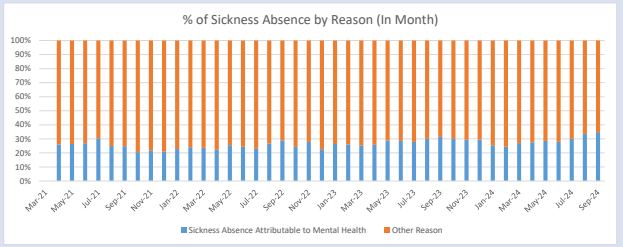

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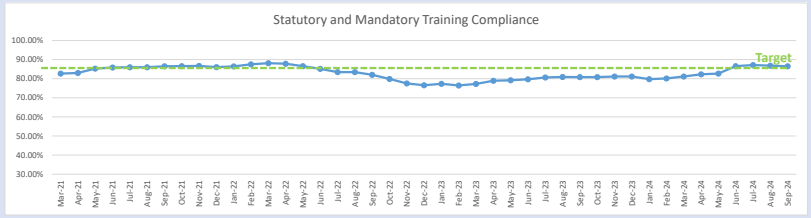
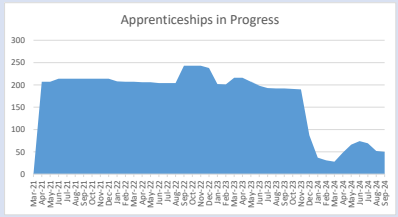
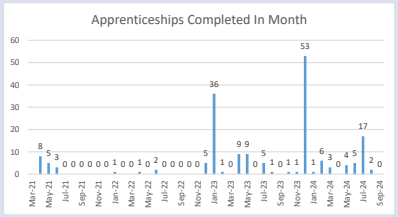
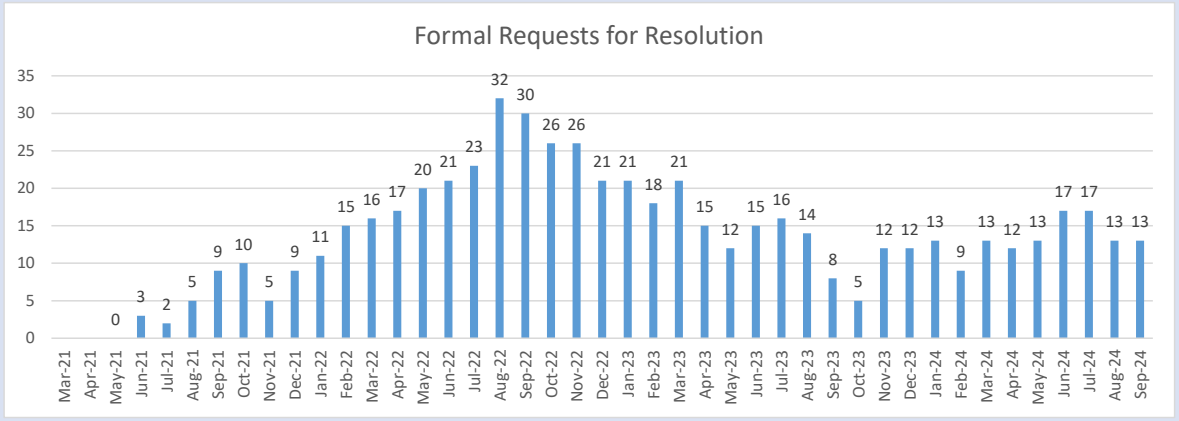
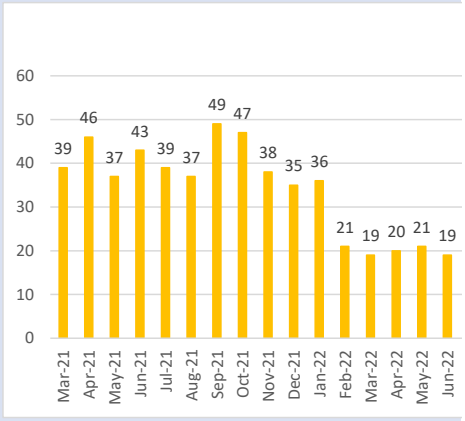


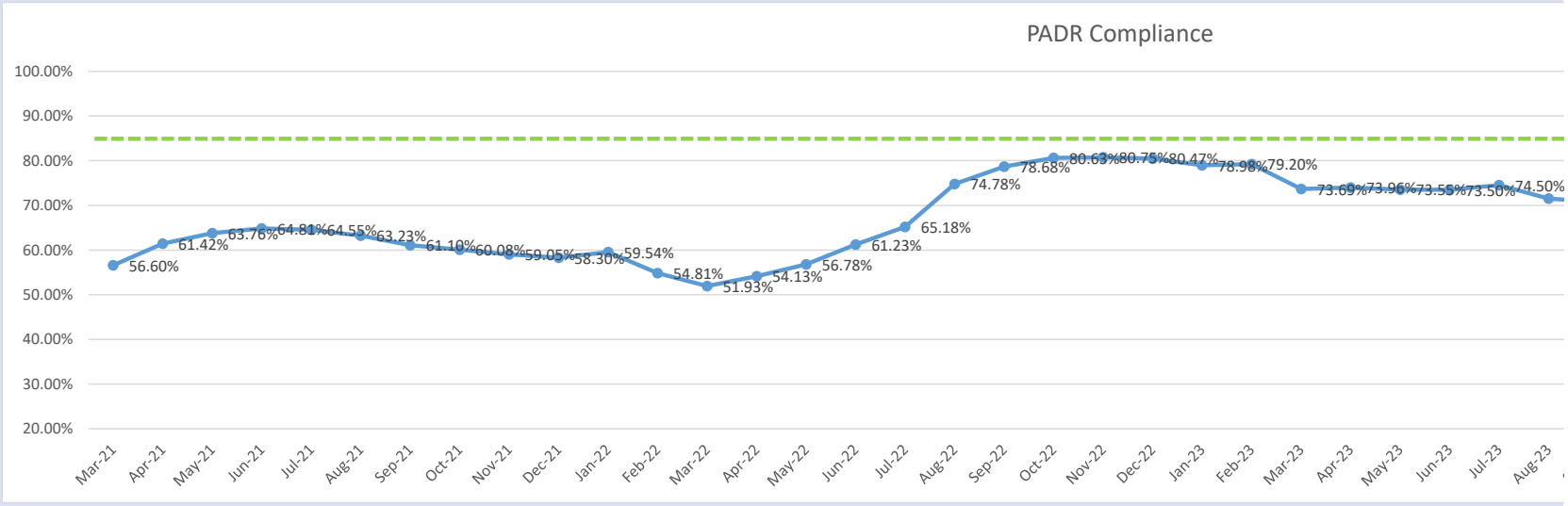




Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru
Welsh Ambulance Services NHS Trust







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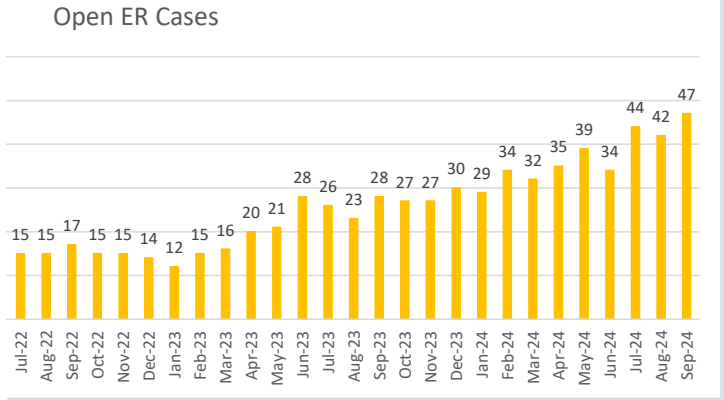
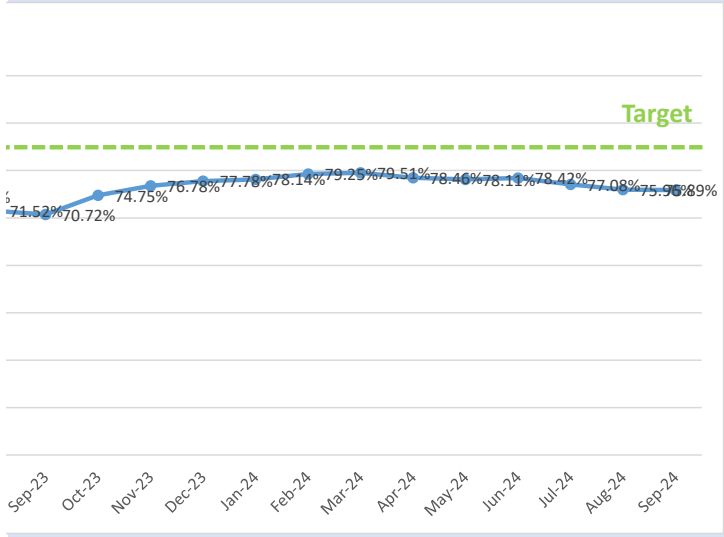




AGENDA ITEM No	8.1
OPEN	
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – September 2024

MEETING	People & Culture Committee (PCC)
DATE	14th November 2024
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Melanie O'Connor - Senior Performance Analyst Mark Thomas – Commissioning & Performance Manager Hugh Bennett - Assistant Director, Commissioning & Performance
CONTACT	Melanie.O'Connor@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Hugh.Bennett2@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **September 2024.**

2. The report aims to provide an integrated view of quality & performance, so is made available to all three committees, to give that overview, with more specific and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators:-

3. Data quality issues have been identified and are being addressed within 111, APPs and throughout the quality indicators with the result that there are a number of Board approved metrics which are not available at this time.

4. The response times to 999 callers remains a key concern with red 8-minute performance at 48.95% in September 2024 and Amber 1 median at 1 hour and 43 minutes, which the Trust knows leads to avoidable patient harm. The Trust continues to work on tactical actions within its control to mitigate this risk including maintaining high levels of EA production (95% in September,

achieving benchmark) and fully rolling out the CHARU service (84% in September, highest achieved to date); whilst also undertaking more transformative actions through the Clinical Model Transformation (CMT) Programme.

5. The Trust lost 20,693 hours to handover in September 2024 (higher than September 2023). This level of lost capacity is difficult to compensate for, despite all the actions being taken by the Trust. Following an action from the Executive Director of Ops at the last meeting, a graph is displayed in point 13 of this document highlighting the correlation between areas with the highest number of lost hours and challenges in releasing ambulances for Immediate Release Requests (IRR).

6. The 2024/25 budget includes further investment in activities designed to shift demand left and mitigate the impact of handover lost hours, in particular, investing in clinical screening and APPs, which form part of the CMT Programme.

7. 111 call handling performance has stabilised post-delivery of the new 111 CAS and is improving, returning towards the 5% abandonment rate. This is due to a number of factors, in particular, a lower level of staff in post caused by training capacity having to be diverted to the implementation of the new system and sickness absence. The Trust anticipates that staff in post will be restored to commissioned levels by November 2024.

8. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance is stable, with oncology remaining above target and renal performance achieving its target. Both the NET Centre and NEPTS transport are due to be re-rostered in 2024/25 (on target), a key efficiency.

9. 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 & Culture Plan. Sickness absence was 7.43% in September 2024 maintaining the consistency of being below 8% since March 2024. The IMTP ambition is to reach 6%. The Trust will continue its focus on sickness absence. EMS abstractions were marginally above the 30% benchmark in September 2024 at 30.72%.

10. The Trust is continuing to deliver its Clinical Model transformation (CMT) programme at pace, aiming to get key aspects of the change programme in place in advance of winter, in particular, remote clinical screening (RCS).

RECOMMENDATION

PCC is asked to: -

i. **Consider** the September 2024 Integrated Quality & Performance Report and actions being taken and determine whether:
   a) The report provides sufficient assurance.
   b) Whether further information, scrutiny or assurance is required, or
   c) Further remedial actions are to be undertaken through Executives.

REPORT APPROVAL ROUTE
07.11.24 Executive Director Strategy, Planning & Performance

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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

SITUATION

1. The purpose of this report is to provide senior decision makers in the Trust with an integrated dashboard (Our Patients, Our People, Value and Partnerships/System Contribution) focused on the "vital few" key metrics. This report is for **September 2024.**

2. The report aims to provide an integrated view of quality & performance, so is made available to all three committees, to give that overview, with more specific and detailed reports supplementing it. Whilst giving an integrated overview, each slide contains an icon denoting the lead committee for each set of indicators:-

BACKGROUND

3. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus: -

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

4. As previously agreed, the metrics which form part of this committee/Board report are updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust's plans (IMTP) and strategies. The 2024/25 revised metrics have been agreed.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

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

6. **999** call answering times declined in September with the 95th percentile at 18 seconds, compared to 4 seconds in August 2024. The 65th percentile and median performance remain consistently good in September 2024.

7. **111 call answering performance has improved over recent weeks,** although the call abandonment performance was at 7% in September and off target (5%). One of the key issues has been the temporary reduction in call handling staff in post caused by a redirection of available training capacity towards the delivery of

the new 111CAS system. Recruitment is now underway again and it is anticipated that the staff in post to establisment position will be recovered by by November. It should be noted that there is also a reduction in the commissioned level of call handler FTEs in 2024/25 compared to last year (-4%).

8. 111 demand in September 2024 was 1.6% lower than during September 2023, however, the longer term trend is up. The Trust is expecting to shortly procure a third party to undertake a collaborative (with commissioners) and independent review of the Trust's 111 call handler rostering practices, including a review of demand levels and required staffing capacity.

9. **111 Clinical response:** clinical ring back times for patients with the highest priority remained above target at 99.1%. Response times for lower priority calls also achieved the target this month, recording 98.6% and 97.1% for P2CT and P3CT respectively.

10. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for September 2024 was 48.95%, remaining below the 65% target; however, the Trust is reaching more red patients in 8 minutes, but the denominator (demand) has also grown. The Amber 1 median in September was 1 hour 43 minutes and the Amber 1 95th percentile was 6 hours 59 minutes. These long response times have a direct impact on outcomes for many patients.

11. Traditionally the main factors which affect response times are demand and capacity (recruitment and lost hours). A recruitment gap has been identified and is currently being addressed through a series of corrective actions, but the lost capacity through handover at hospital remains extremely challenging and largely out of the Trust's control to address. The Trust's main focus in the first half of 2024/25 is to implement a material change in how it responds to patient demand by evolving its clinical model through the Clinical Model Transformation (CMT) programme, elements of which will be implemented before winter. Areas of focus include: -

    - Data quality issues have been identified with APPs and these are currently being addressed.
    - Further investment into remote clinical capacity (+28.5 FTEs);
    - Further investment in APPs (+32 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: Connecting Support Cymru, mental health response pilot, Falls response etc.
    - Formal reporting of the 2023 collaborative and independent EMS Demand & Capacity review.

12. The one area of particular focus for recruitment is CHARU: with the Trust looking to recruit up to the modelled 153 FTEs; and connected to this a focus on CHARU productivity, with a detailed presentation given at Sep-24's Finance & Performance Committee (findings positive) etc. The Trust achieved an 84% CHARU UHP in Sept-24, the highest it has achieved and is now seeking to close the remain gap through the recruitment of fully qualified paramedics.

13. As above, the extreme level of lost hours to **handover outside Emergency Departments** remains the critical component of long waiting times and patient safety incidents. 20,693 hours were lost during September 2024. Cardiff & Vale's handover lost hours continue to remain comparably much lower, due to an organisational focus within the health board. While some small improvements have been seen in other health boards in recent months, Betsi Cadwaladr health board remains significantly high and just above its two-year average figure (7,700). WG have re-iterated to health boards the critical importance of improvements in this area. The WG pan-Wales target of no handovers of more than one hour, equates to 7,500 lost hours.

14. **Ambulance Care (Patient Experience)**: Oncology performance in September 2024 was 75.52%, hitting the 70% target. Renal performance also remains above target at 71.15%. Advanced discharge & transfer journey performance increased compared to the previous month to 82% but remains below the 95% target. Overall demand for NEPTS continues to increase but remains below pre-pandemic levels. The Trust has a comprehensive Health Transport transformation workstream in place, which includes delivering a range of efficiencies and improvements, for example: re-rostering NEPTS transport in 2024/25 which will better align available capacity with changing demand patterns (on target).

15. **National Reportable Incidents (NRIs) / Concerns Response**: data quality issues have been identified which are currently being addressed. There is currently no data past June reported and no analysis therefore on how well the organisation is performing.

16. **Clinical outcomes**: The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 89.9% in September 2024, remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system and this improvement is being seen clearly in most of the clinical indicators. The return to spontaneous circulation (ROSC) compliance rate decreased to 19.4% in September 2024 compared to 24.2% in August 2024.

17. The Trust is now able to report on call to door times for Stroke and STEMI patients. For September 2024, these highlight call to hospital door times of two hours and 34 minutes for stroke patients and two hours and twelve minutes for STEMI. Clearly these times are too long and are representative of the longer

response times for all calls as a result of the pressures and issues outlined in this report.

18. In September 2024, 9,440 patients **cancelled** their ambulance, and the Trust was unable to send an ambulance due to the application of the Clinical Safety Plan levels to approximately 481callers. The Trust believes that 50% of this combined number is unmet demand and is likely to be presenting elsewhere in the system. Anecdotal evidence from health boards supports this view, but data linking planned for 2024/25 is a key enabler to properly evidence this.

Our People (workforce resourcing, experience, and safety)

19. **Hours Produced**: The Trust produced 116,986 Ambulance Response unit hours in September 2024 and delivered an emergency ambulance unit hours production (UHP) of 95%, achieving the 95% target.

20. **Response Abstractions:** EMS abstraction levels increased to 30.72% in September 2024, just above the 30% benchmark figure. Response sickness abstractions stood at 6.97% (benchmark 5.99%).

21. **Trust sickness absence:** the Trust's overall sickness percentage was 7.43% in September 2024, a decrease on the 7.52% recorded in August 2024. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan. The 7.43% is above the 2023/24 IMTP ambition of 6%.

22. **Staff training and PADRs:** PADR rates did not achieve the 85% target in September 2024 but have been remaining consistent (75.89%). Compliance for Statutory and Mandatory training decreased slightly to 83.79%, just shy of the 85% target.

23. **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 another round of a pan-Wales of CEO Roadshows in October 2024 and collection of feedback is underway.

Finance & Value

24. **Financial Balance**: the reported outturn performance at Month 6 is a surplus of £41k and the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

Partnerships & System Contribution

25. We are not able to fully report on the consult & close rates as the 111 contribution is not available due to issues with system changes within the 111 CAS system. The IMTP ambition (and Welsh Government target) remains 17% at this point in time. The Trust has a recovery plan in place, with further work continuing during 2024/25.

26. Same Day Emergency Care (SDEC) centres continue only see a low level of ambulance activity and handover levels remain extreme, which make the work on the updated clinical model, before next winter, a tactical imperative.

Summary

27. Data quality issues have been identified and are being addressed within 111, APPs and throughout the quality indicators. The indicators used at this high-level highlight that 111 has stabilised post the 111CAS implementation with the coming months seeing a focus on recruiting back up to the establishment, which was affected by the implementation of the new system. EMS is stable, but likewise off target with the primary cause being handover lost hours. The Trust has largely exhausted traditional approaches to improving EMS performance and therefore is now focused on evolving the clinical model at pace this side of winter. Ambulance Care performance is stable and above target for its two-headline metrics.

RECOMMENDATIONS

PCC is asked to: -

i. **Consider** the September 2024 Integrated Quality & Performance Report and actions being taken and determine whether:

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

Welsh Ambulance Services University NHS Trust

Monthly Integrated Quality & Performance Report

September 2024

Annex 1 – Top Indicator Dashboard

GIG CYMRU NHS WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
University NHS Trust

Annex 1 – Top Indicator Dashboard
Version 1.0
Released: October 2024

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard

Top Monthly Indicators	Target 2024/25	Aug-24	Sep-24	2 Year Average	RAG
Our Patients					
Timeliness Indicators					
NHS111 Call Handling Abandonment Rates	< 5%	8.9%	7.0%	11.3%	R
111 Clinical Triage Call Back Time (P1)	90%	97.4%	99.1%	98.3%	G
999 Call Answer Times 95th Percentile	00:06	00:04	00:18	00:20	R
999 Red Response within 8 minutes	65%	51.8%	49.0%	49.1%	R
999 Amber 1 Median	00:18	01:11	01:48	01:23	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	76.8%	75.5%	72.3%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	78.0%	82.1%	81.9%	A
Clinical Outcomes / Quality Indicators					
Return of Spontaneous Circulation (ROSC)	Increasing Trend	24.2%	19.4%	18.6%	A
Stroke Patients with Appropriate Care	95%	88.4%	89.9%	78.8%	A
Stroke Call to Hospital Door Times	Reduction Trend	02:17	02:34	02:17	R
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	59.0%	70.0%	47.0%	R
National Reportable Incidents reports (NRI)		N/A	N/A	5	
Can't Send & Cancelled by Patient Volumes	Reduction Trend	8,476	9,440	9,048	A
Concerns Response within 30 Days	75%	N/A	N/A	41.7%	
Enactment of the Duty of Candour	100%	N/A	N/A	73.3%	
Our People					
Capacity					
Hours Produced for Emergency Ambulances	95-100%	90%	95%	90%	G

Top Monthly Indicators	Target 2024/25	Aug-24	Sep-24	2 Year Average	RAG
Health & Well-being					
Sickness Absence *(all staff)*	6.0%	7.52%	7.43%	8.09%	A
Mental Health Absence Rates	Reduction Trend	2.52%	2.59%	2.23%	A
Staff Turnover Rate	Reduction Trend	8.10%	8.21%	9.12%	A
Statutory & Mandatory Training	>85%	84.66%	83.79%	75.57%	A
PADR/Medical Appraisal	>85%	75.96%	75.89%	73.35%	R
Number of Shift Overruns	Reduction Trend	3812	3870	3,673	R
Inclusion & Engagement / Culture					
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	2.0%	2.2%	1.5%	G
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100.00%	100.00%	100%	G
EMS Utilisation Metric (CHARU)	Increasing Trend	25.3%	26.8%	27%	R
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.34	2.29	2.34	R
NEPTS on the Day Cancellations	Reduction Trend	12.8%	13.1%	13%	G
Partnerships / System Contribution					
Inverting the Triangle					
Successful Consult & Close Outcome	17.0%	10.1%	9.7%	13.2%	
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	11.71%	11.44%	11.3%	G
Number of Handover Lost Hours	7,500	17,540	20,693	22,717	R
NHS111					
NHS111 Dental Calls	Increasing Trend	N/A	N/A	6,704	
Consult & Close Volumes by NHS111	Increasing Trend	N/A	N/A	1,003	

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)

Our Patients: Quality, Patient Safety & Experience
111 Call Answering/Abandoned Performance Indicators

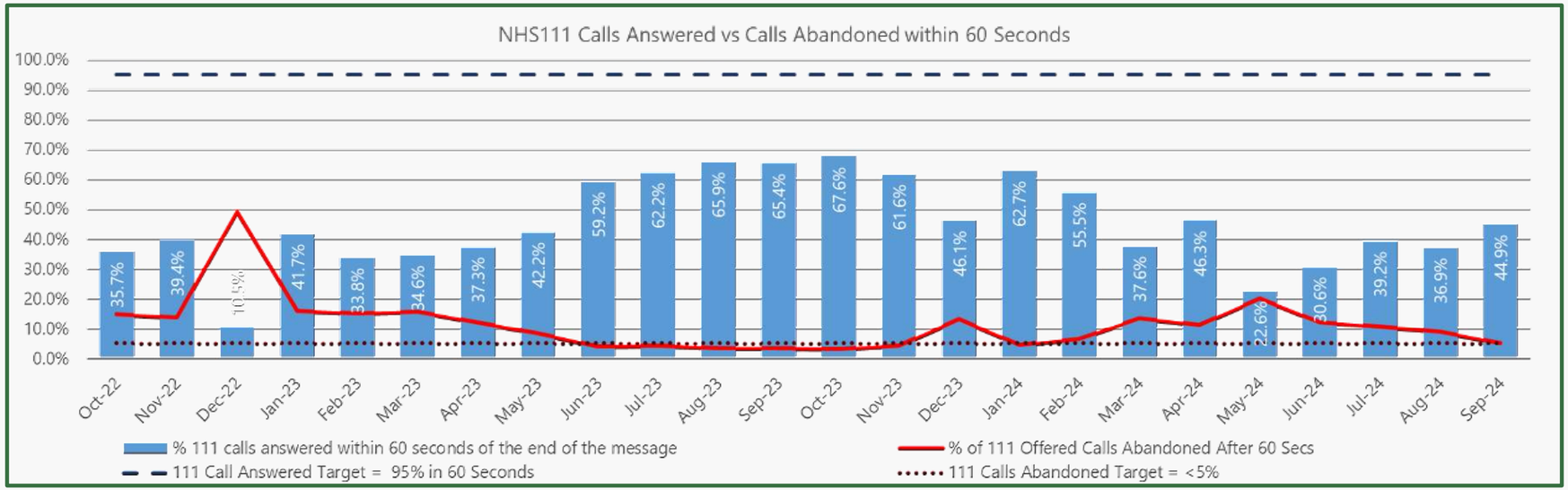
(Responsible Officer: Lee Brooks)

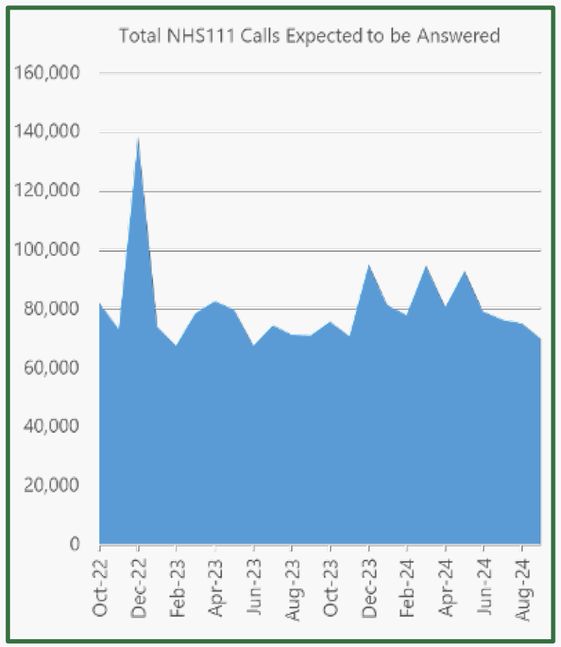
Abandonment Rate: A

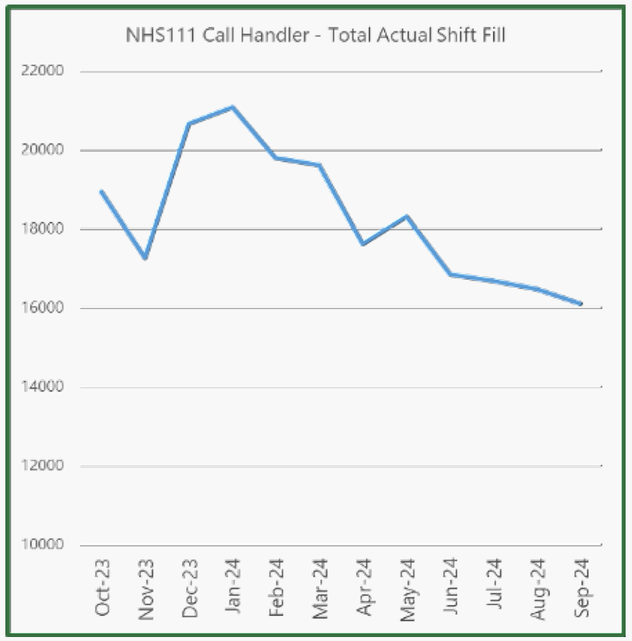
FPC

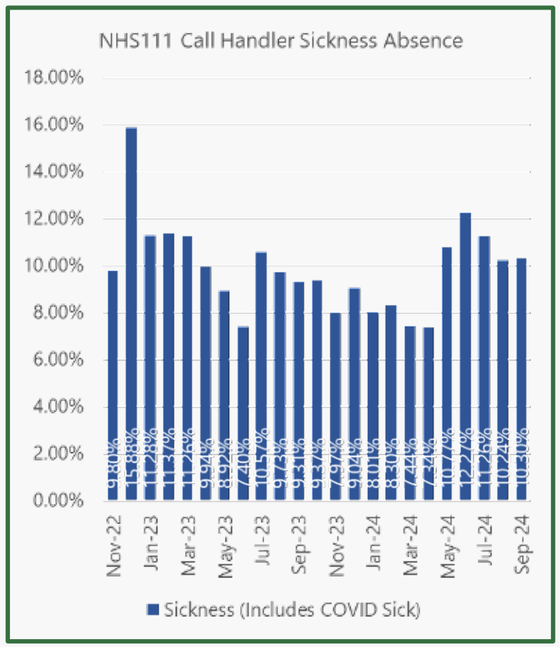
Influencing Factors – Demand and Call Handling Hours Produced

NB: Data quality issues have been identified in 111. These are currently being addressed.









Analysis

The 111-call abandonment rate improved from 8.9% in August 2024 to 7% in September 2024, but did not achieve the 5% target for 8 months. The percentage of 111 calls answered within 60 seconds improved, from 36.9% in August 2024 to 44.9 % in September 2024, but continues to remain below the 95% target.

The new 111CAS system went live on 30th April 2024. In the run up to implementation, staff were abstracted for training, and in addition recruitment was paused. After go-live, staff are familiarising themselves with the system, which is having some on-going impact on efficiency.

Remedial Plans and Actions

Key actions include:

- Recruitment up to commissioned levels, with cohorts starting over the summer and a plan to be at commissioned levels by November, a slip from the previous August deadline;
- Further action is being undertaken to try and improve on the call handling position across the Winter months e.g. possible over-establishment.
- A focus on realising the benefits of the new 111CAS;
- A 111-re-roster pre-work review that takes account of the increased demand the Trust is seeing, what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.

Expected Performance Trajectory

The expectation is that once the new system has bedded in and additional staff have been recruited performance will improve once again; however, there are risks including demand, levels of commissioned call handers being lower than last year and an unknown impact of the new system.

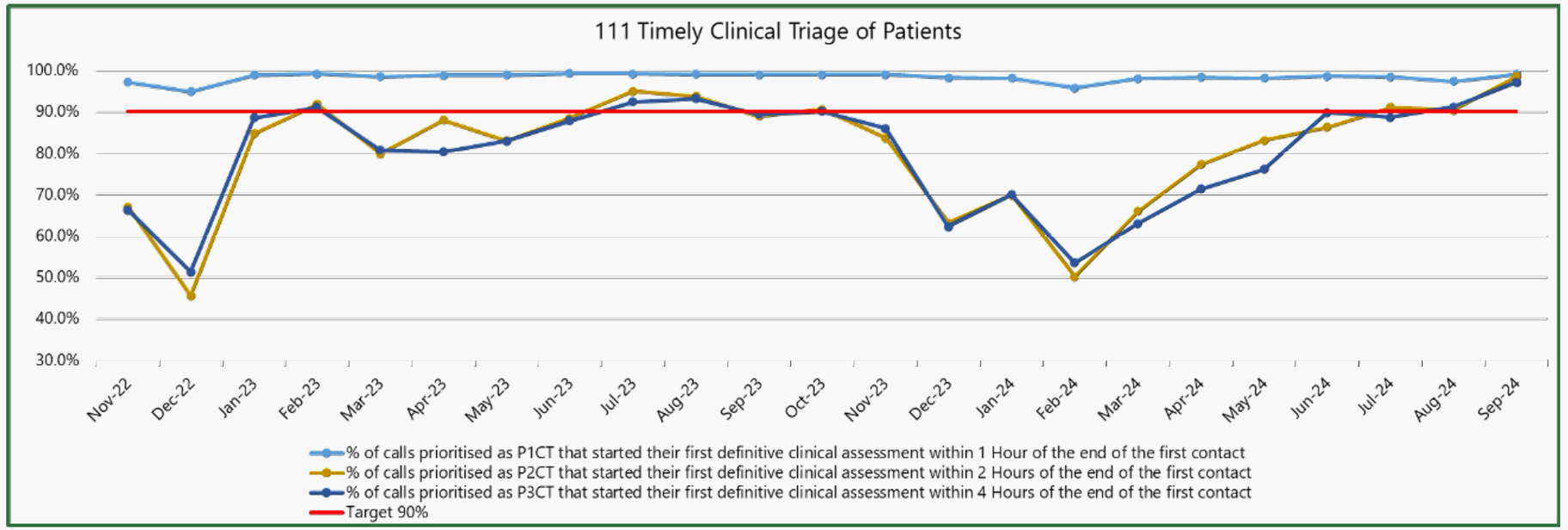
Our Patients: Quality, Safety & Patient Experience
111 Clinical Assessment Start Time Performance Indicators
Influencing Factors – Demand and Clinical Hours Produced

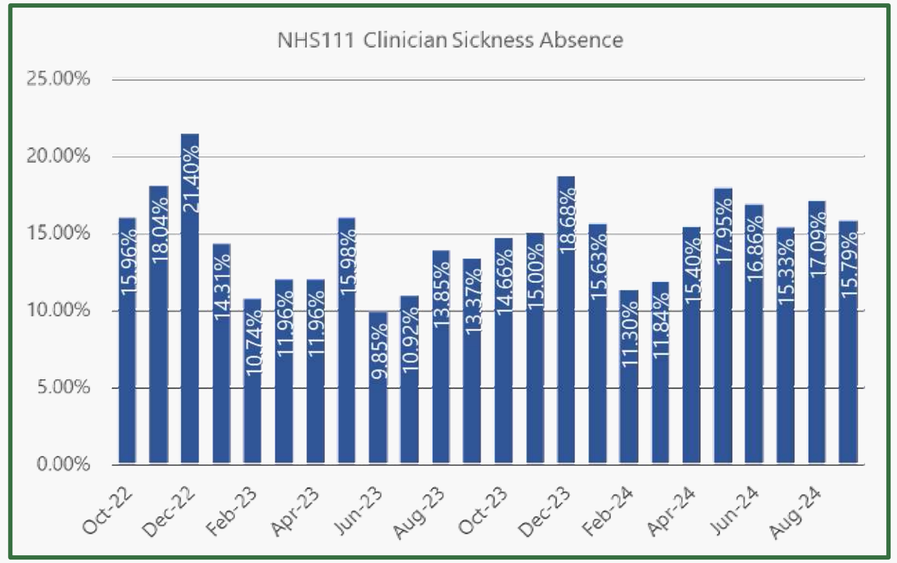
(Responsible Officer: Lee Brooks)

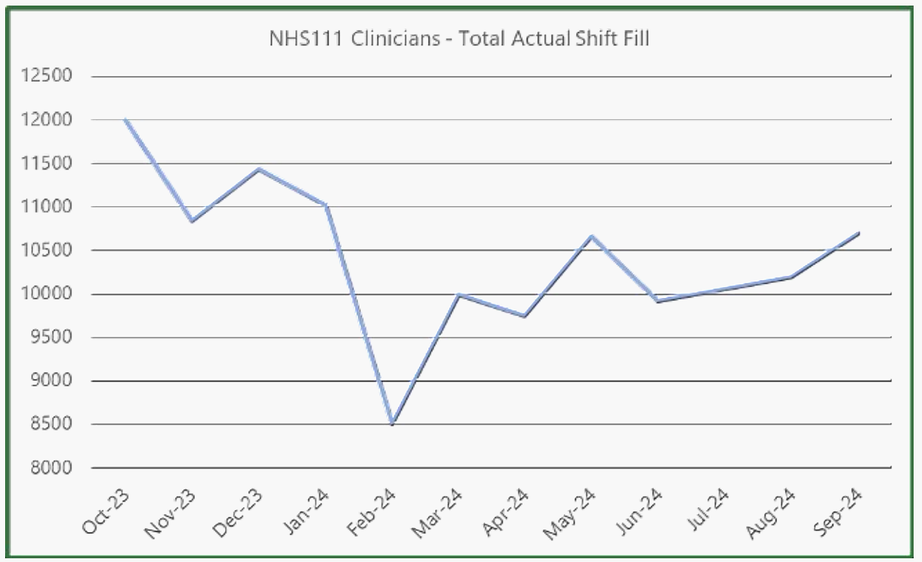
P1CT

FPC

NB: Data quality issues have been identified in 111. These are currently being addressed.







Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 99.1% in September 2024.

Ring back times for lower category calls have improved since February 2024, reversing a previous deterioration in performance, this was despite a drop in shift fill levels during June 2024.

Numbers of clinician hours produced increased again in September 2024 for the third month in a row to 10,688. Clinician sickness absence also improved during the month to 15.79%.

Remedial Plans and Actions

The key actions include:

- A focus on delivering the benefits of the new 111CAS.
- Recruitment up to commissioned levels of clinicians
- A demand and capacity review to determine appropriate levels of capacity to meet increasing demand (this may now be delayed to enable the impact of the work on the digital front end to take effect).

Expected Performance Trajectory

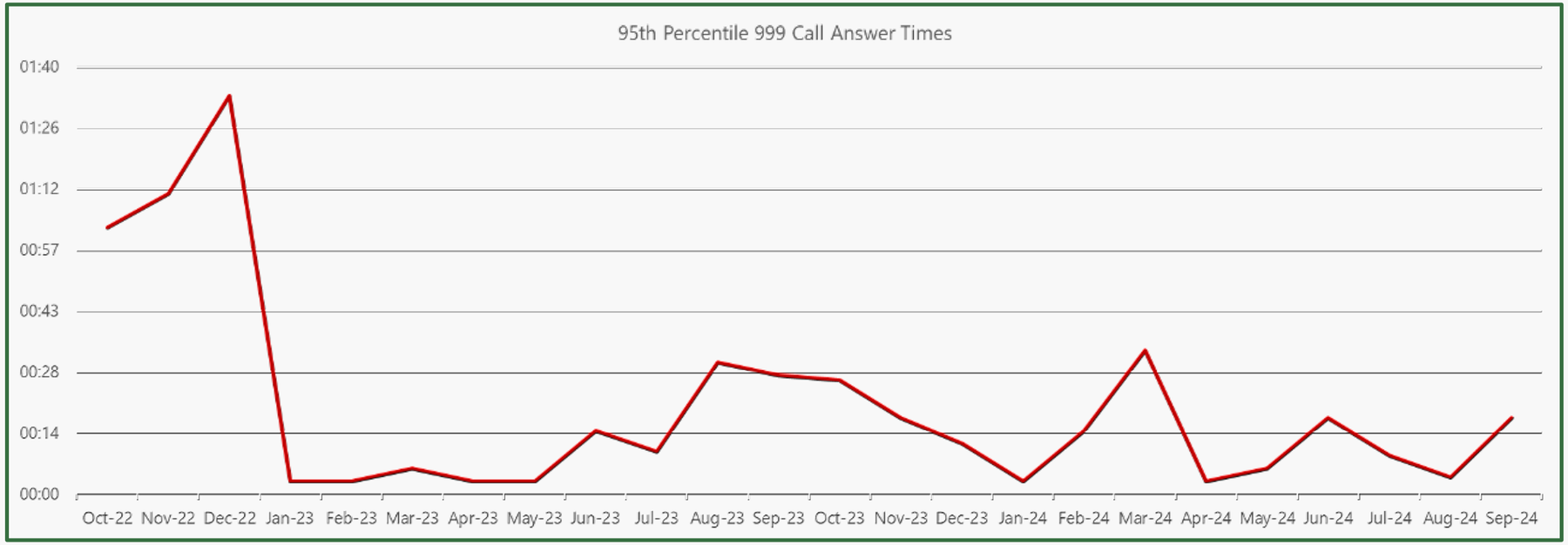
The new 111CAS will bring performance benefits. Welsh Government have asked that WAST model call handling performance through the winter. This is not the same as clinician performance but should provide useful intelligence on what the Trust may achieve for clinical triage performance..

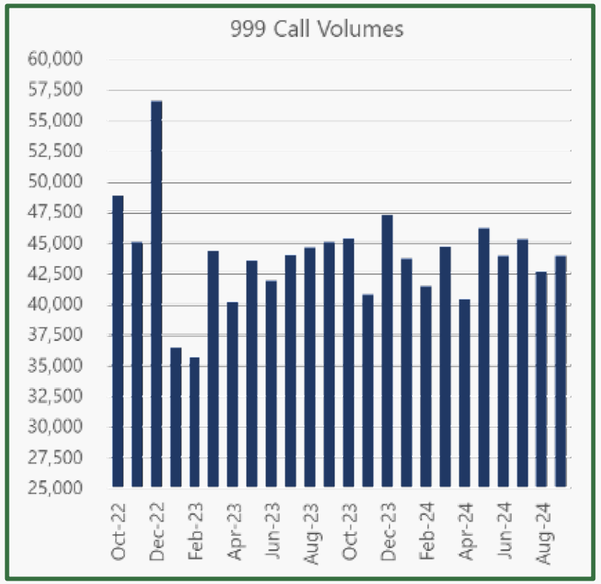
Our Patients: Quality, Safety & Patient Experience
999 Call Performance Indicators

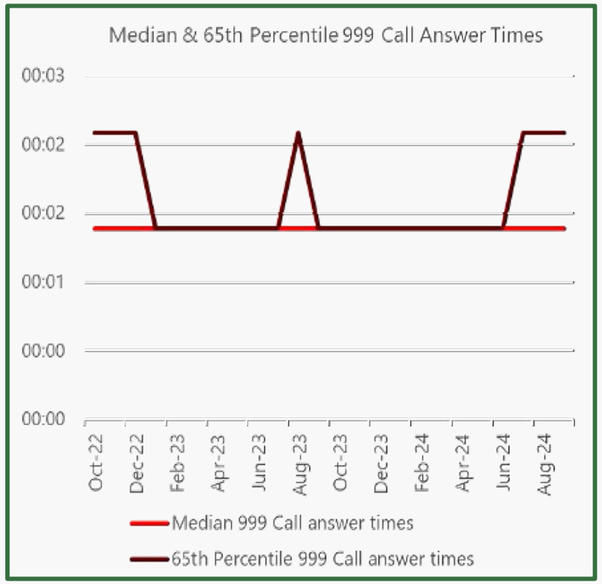
(Responsible Officer: Lee Brooks)

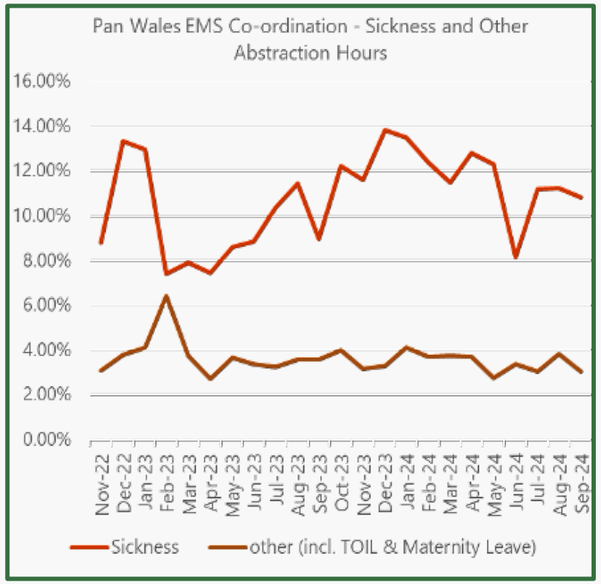
R FPC CI

Influencing Factors – Demand and Hours Produced









Analysis

The 95th percentile 999 call answering performance did not achieve the 6 second target (00:18) in September 2024. The median call answer time for the 999-service remained consistent at 2 seconds in September 2024.

There was an increase in demand in September 2024 to 44,000 calls from 42,707 in August 2024.

Sickness levels saw a minimal decrease from 11.26% in August 2024 to 10.82% in September 2024.

Remedial Plans and Actions

- Over establishment has been approved for EMSC by the Executive Director of Operations with call takers currently above establishment (105.5 FTEs v 126.26 WTEs).
- Will continue to overrecruit for the next few months (as approved by the ADO and the EDoOps) into the winter months.
- Further recruitment drives in all three centres are planned for November, January & March with 12 per cohort.

A transformation programme is underway:

- **Roster Review.** A dispatch roster review for Allocators and Dispatchers.
- **Boundary changes.** Realignment of dispatch boundaries to balance workload and pressures for individual dispatch teams.
- **Broader Ways of Working**. This project is looking to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and reduction in variation across centres.

Expected Performance Trajectory

The median and 65th percentile are performing very well and are stable. The above changes should provide further resilience. There is some resilience to demand increases, but this needs to be kept under review.

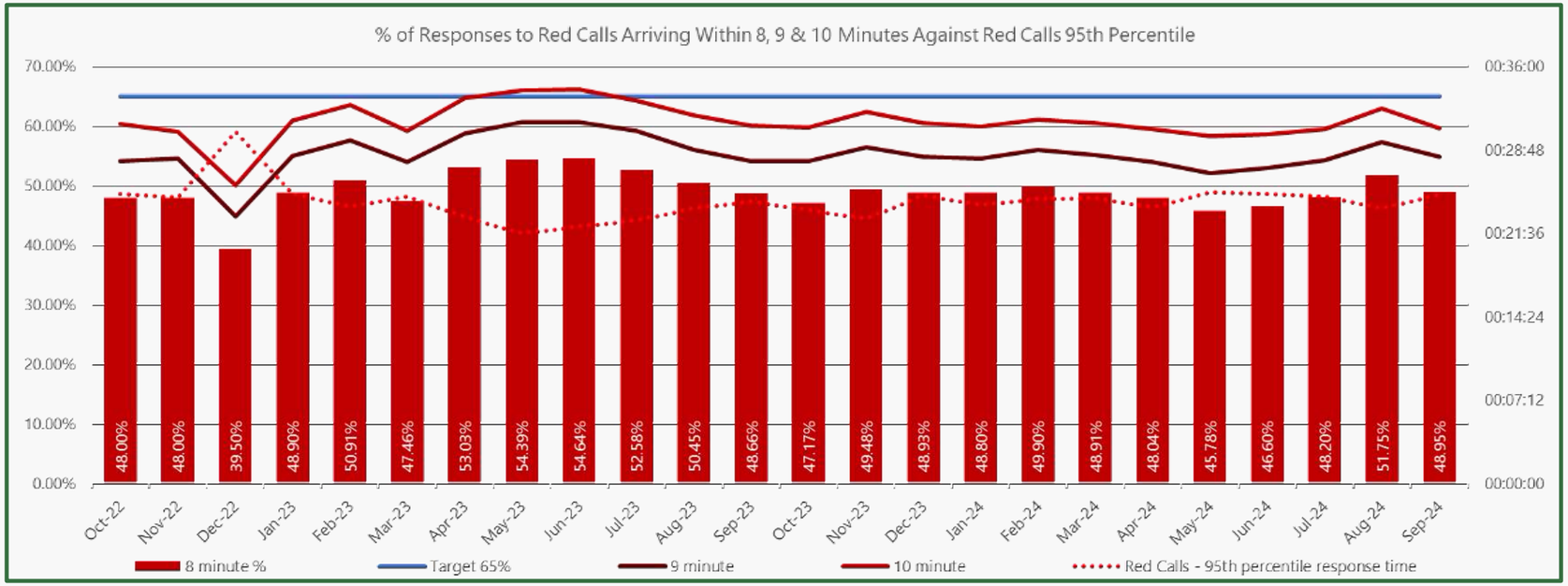
Our Patients: Quality, Safety & Patient Experience
Red Performance Indicators

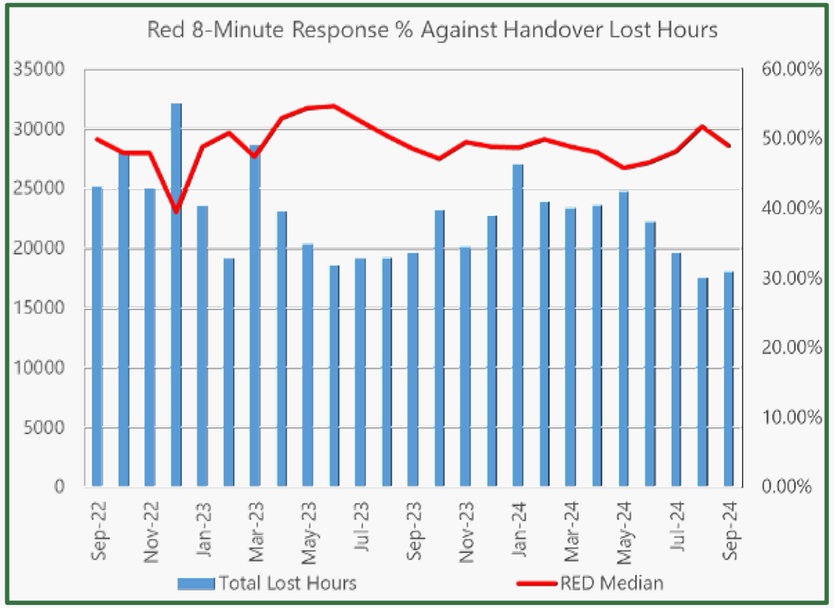
Influencing Factors – Demand, Hours Produced and Hours Lost

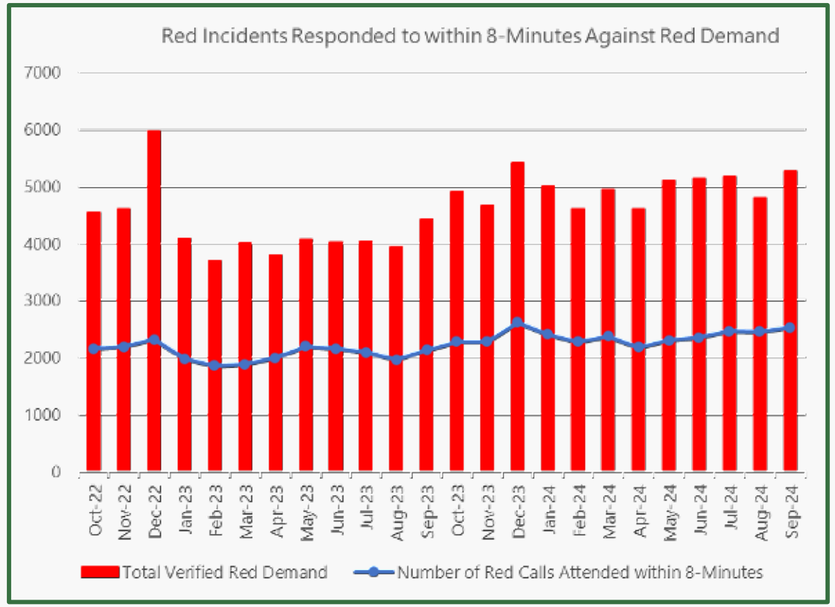
(Responsible Officer: Lee Brooks)

8 Min
R

QUEST
FPC
CI







Analysis

Red 8-minute performance continues to remain below the 65% target decreasing marginally during September 2024 to 48.95%.

Red 10-minute performance for September 2024 was 59.6%, which is marginally below the 2-year average (60.9%).

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in September 2024 being 18.6% higher than that seen in September 2023. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for September 2024 being 2,528 (18.6% higher than the figure for September 2023) i.e. the Trust is reaching more red calls in 8 minutes, but the denominator is also increasing.

The lower left graph demonstrates the correlation between overall Red performance and **hospital handover lost hours**, which shows that as handover rates decrease, so red performance improves. There were 20,693 lost hours in September 2024.

Remedial Plans and Actions

The main improvement actions in the Trust's gift are:

- To maintain commissioned establishment in post levels overall.
- To recruit an additional cohort of 21 EMTs in November.
- Full roll out of the Cymru High Acuity Response Unit (CHARU), now largely complete (128 FTEs v target of 153 FTEs) with the exception of some hard-to-reach areas.
- Continued focus on production and abstractions (EA production was 95% UHP in September 2024 and CHARU production 84% against full roll out);
- The rapid deployment, before winter 2024/25 of the first phase of actions towards an updated clinical model e.g. rapid clinical screening, as outlined in our IMTP.

Expected Performance Trajectory

Modelling for Summer 2024 (school holiday period) indicates a level of Red performance below target (most likely scenario 46%) and Amber 1 (over two hours). Modelling for winter has now also been completed.

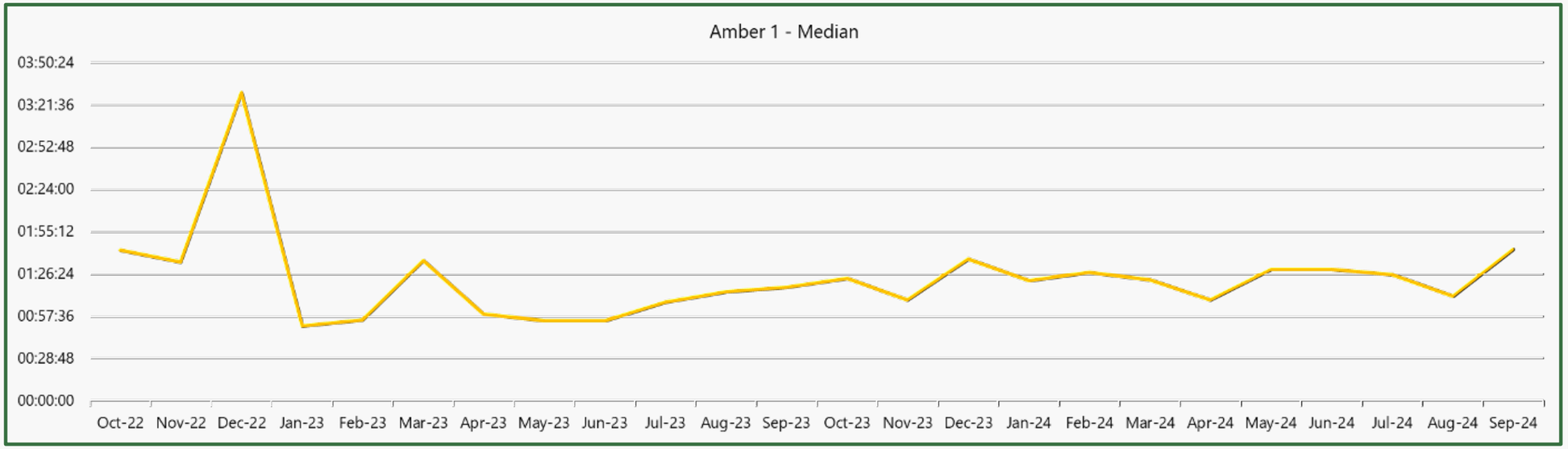
Our Patients: Quality, Safety & Patient Experience
Amber Performance Indicators

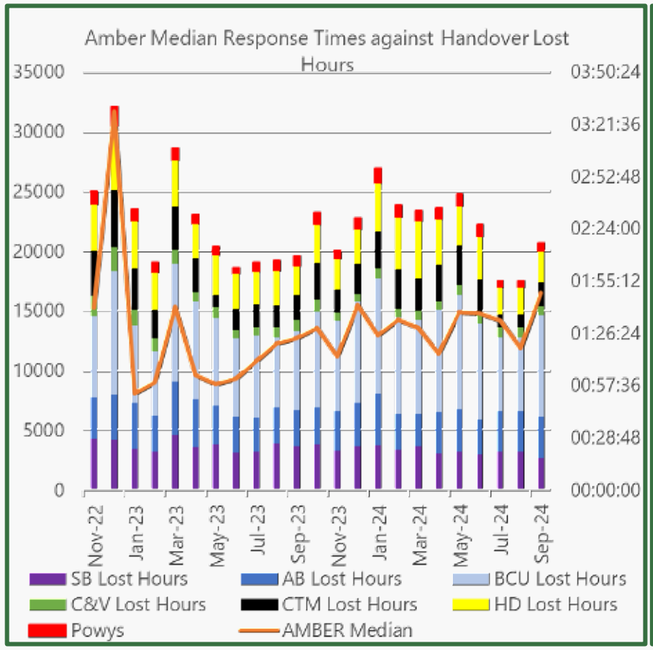
(Responsible Officer: Lee Brooks)

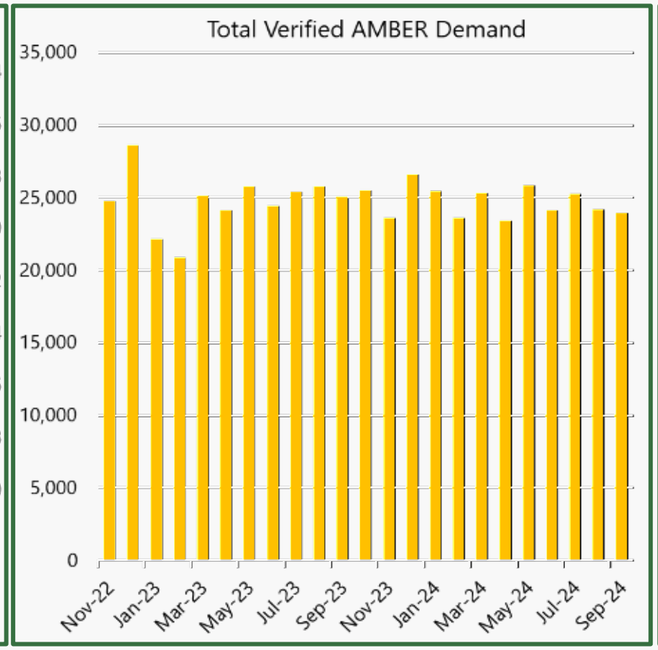
R

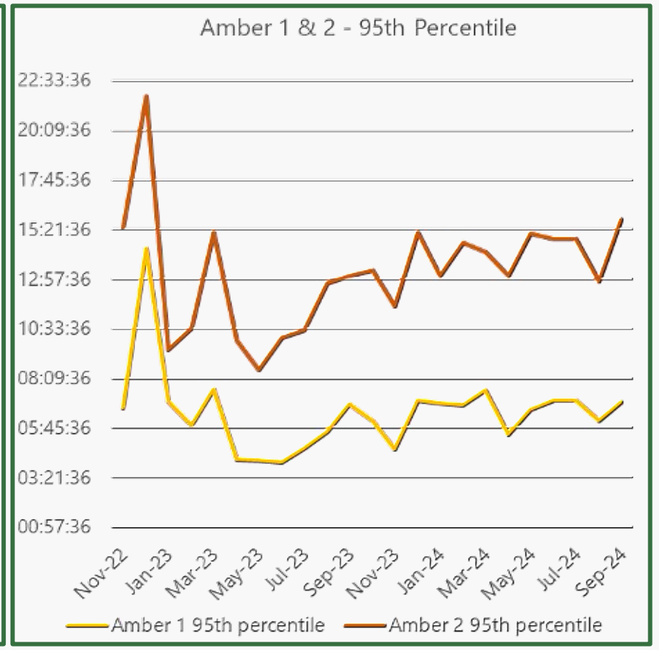
FPC CI QUEST

Influencing Factors – Demand, Hours Produced and Hours Lost









Analysis

The Amber 1 median performance time increased during September 2024 to 1 hour 43 minutes compared to 1 hour 11 minutes in August 2024. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile also increased during September 2024 to 6 hours 59 minutes from 6 hours 7 minutes in August 2024. This time remains far too long, and once again increased above the 2-year average figure of 6 hours 34 minutes.

As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays.

Remedial Plans and Actions

The actions being taken are largely the same as those related to Red performance on the previous slide.

Expected Performance Trajectory

The Trust is currently evolving its clinical model and has completed a new 2023 EMS Demand & Capacity Review.

Our Patients: Quality, Safety & Patient Experience

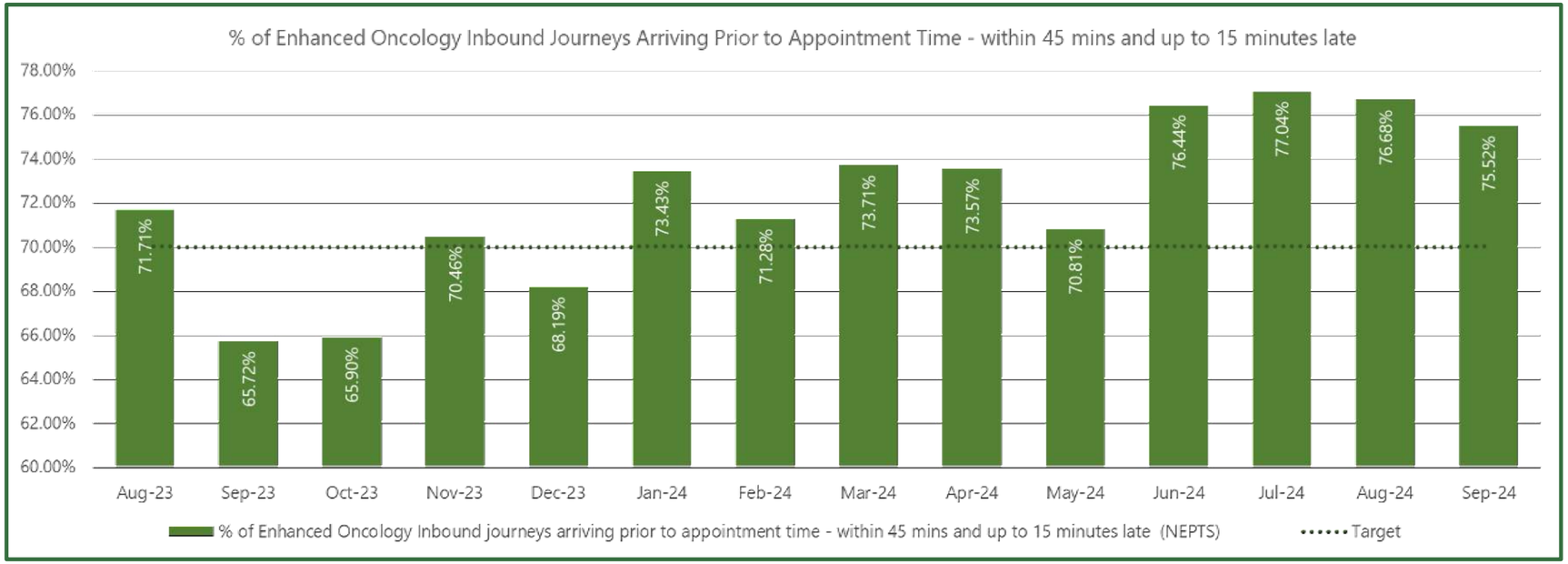
Patient Experience – Influencing Ambulance Care Indicators

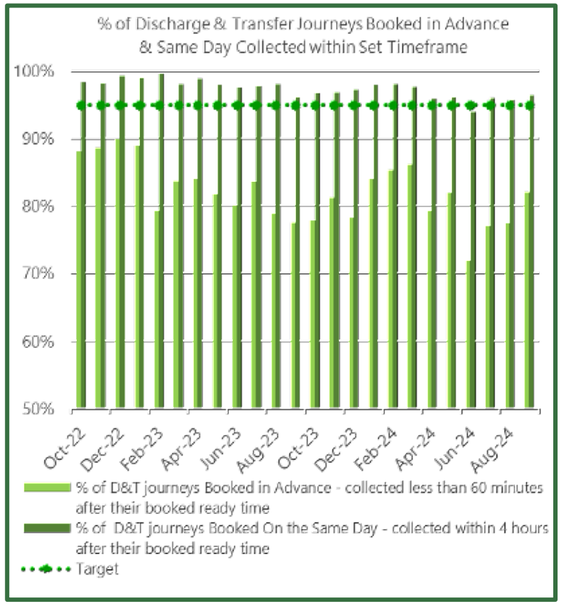
(Responsible Officer: Lee Brooks)

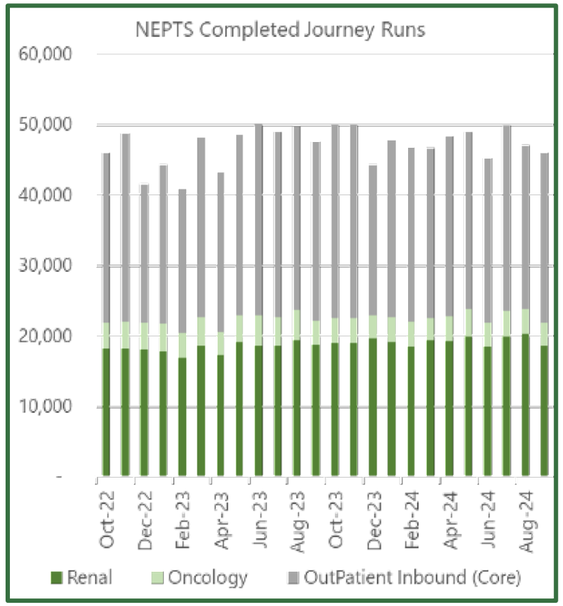
D&T	Oncology	Welsh Calls
A	G	G

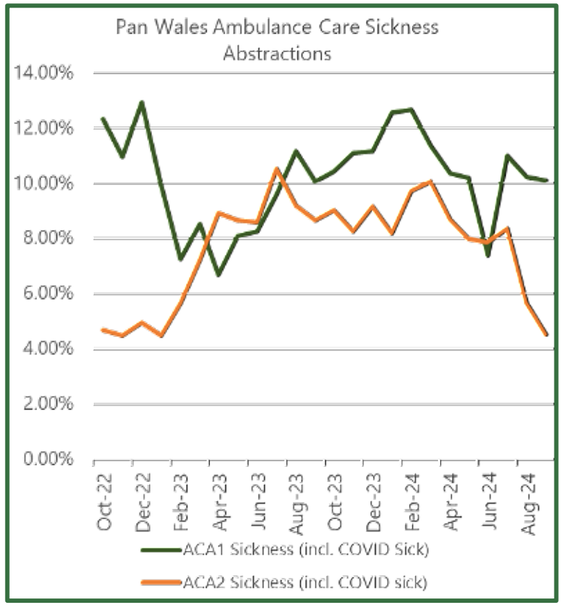
FPC

CI









Analysis

75.52% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time, a minimal decrease from the 76.6% in August 2024, but achieving the 70% target for the ninth month in a row. Oncology performance continues to be an area of focus for the service, and we continue to invest both time and resources on these journeys.

Discharge and Transfer journeys booked in advance and collected less than 60 minutes after their appointment remains below target (95%) at 82% in September 2024, although this was an improvement from 78% in August.

Enhanced Renal journeys, remained decreased slightly to 71%, but continues to exceed the agreed performance standard (70%).

Call volumes answered increased further in September 2024 to 17,662 compared to 16,222 in August2024; however, the average speed of call answering improved from 5 minutes 12 seconds in August to 4 minutes 55 seconds in September.

ACA2 sickness achieved the 5.99% target, attaining 4.51% in September 2024.

Remedial Plans and Actions

Increased performance on data management and journey recording times is underway, with enhanced focus on weekend performance. Projecting an improvement in performance over next few months, although caution on achieving the 95% figure as this was always an aspirational target that needs engagement and system change from Health Boards which is complex and challenging to achieve.
New rosters keys are just being finalised based on updated demand, which will then be taken into a NEPTS transport roster review.
Enhanced sickness monitoring has been implemented at the ADO/HoS level and all long term and complex cases are being reviewed regularly.

Expected Performance Trajectory

Performance is anticipated to follow recent trends.

Our Patients: Quality, Safety & Patient Experience
Clinical Indicators

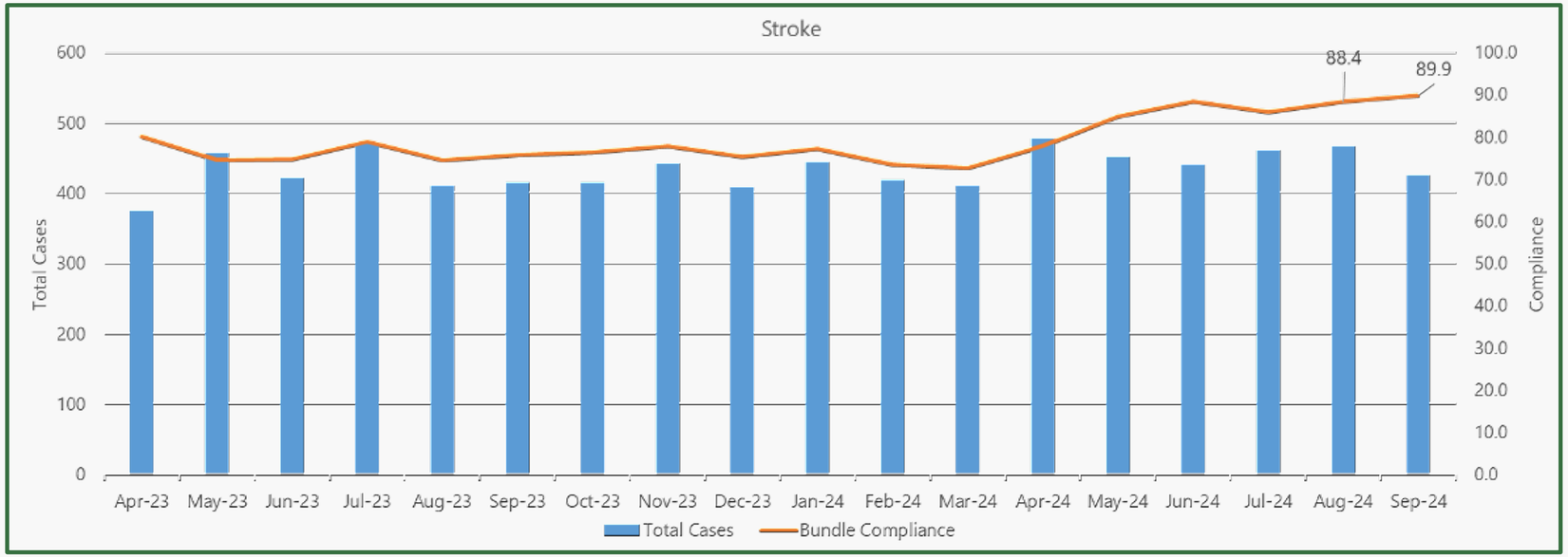
Return of Spontaneous Circulation, Suspected Stroke Patients with Appropriate Care, ST-elevation myocardial infarction (STEMI) with Appropriate Care

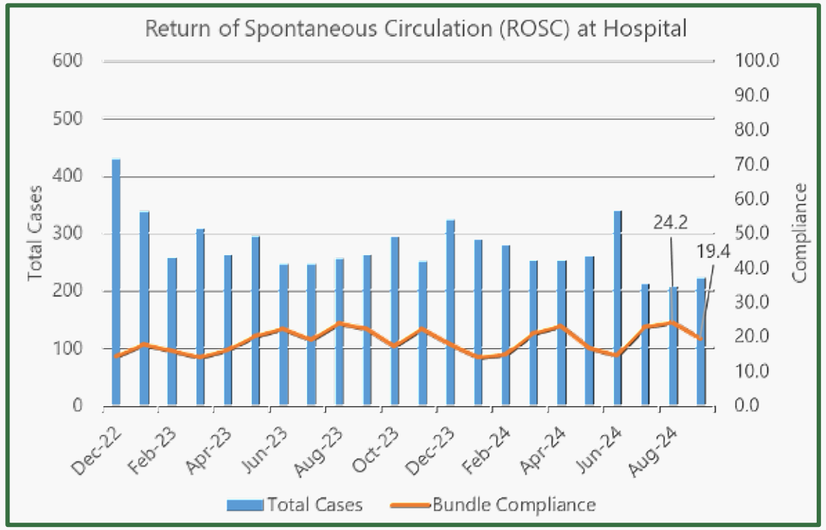
Stroke	ROSC	STEMI
A	G	R

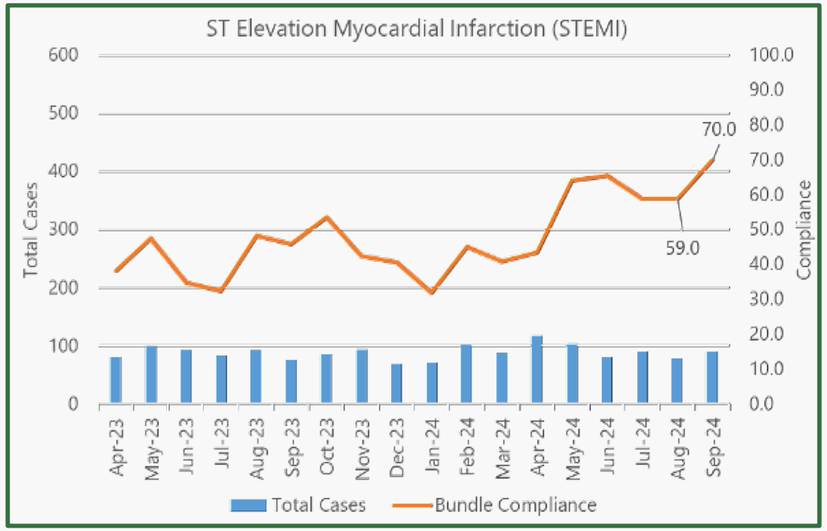
Self-Assessment: Strength of Internal Control: Moderate

QUEST

(Responsible Officer: Andy Swinburn)







Analysis

The percentage of patients documented as receiving appropriate care bundles in **September 2024** was:

Stroke – 89.9%, an increase from 88.4% in August. A recent update to the scripting contributed to the improved compliance. There is a correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance, this has informed the recovery plan and interventions.

STEMI (heart attack) – 70.0%, an increase form 59.0% in August. There was an improvement in all four criteria which contributed to the improved bundle compliance. User Interface changes for justified exceptions with GTN to improve electronic Patient Clinical Record completion and compliance will be implemented in October/November. A 'nudge' is also planned to improve compliance to Aspirin and GTN.

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 19.4%, a decrease from 24.2 % in August. Issues with the ROSC coding scripting were identified and subsequently updated from the July 2024 figures, which now shows a step change with August being the highest since ePCR was implemented.

N.B. Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this include response times, bystander resuscitation and response type/numbers.

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

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

Further electronic Patient Clinical Record User Interface changes are planned for the next ePCR update scheduled for Spring 2025 and the impact will be monitored.

Our Patients: Quality, Safety & Patient Experience Clinical Indicators

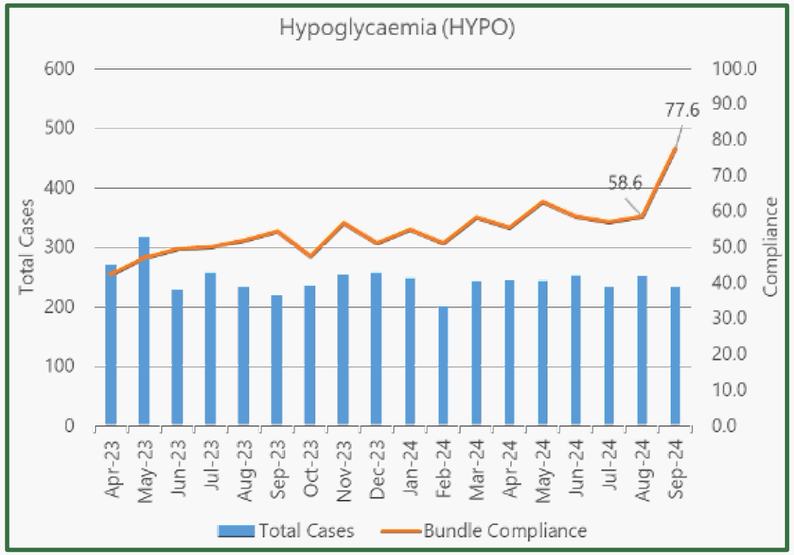
Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (Stroke & STEMI)

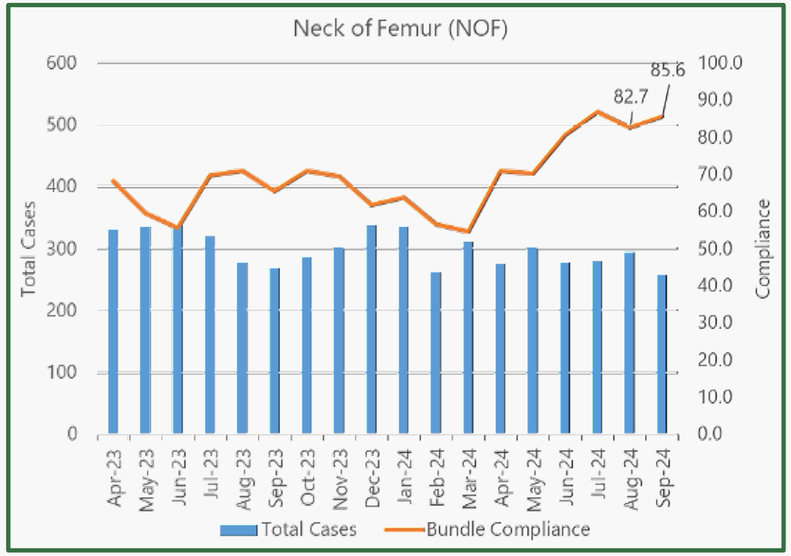
(Responsible Officer: Andy Swinburn)

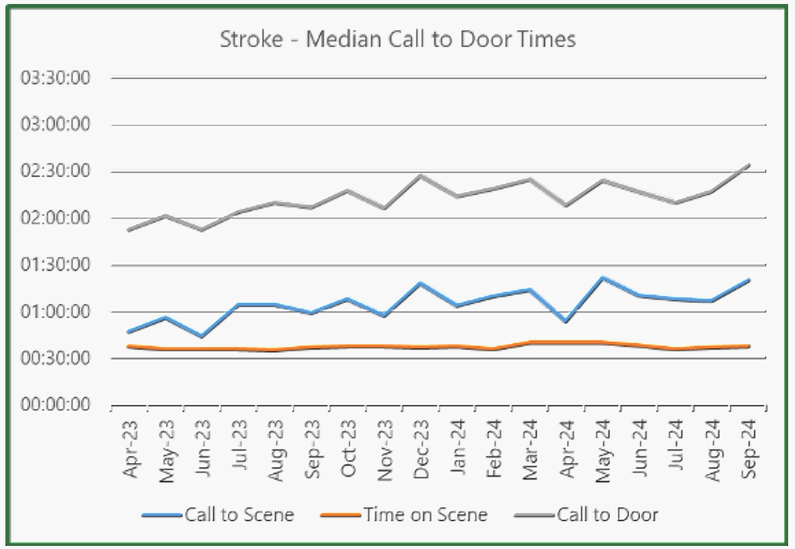
Call to Door
R

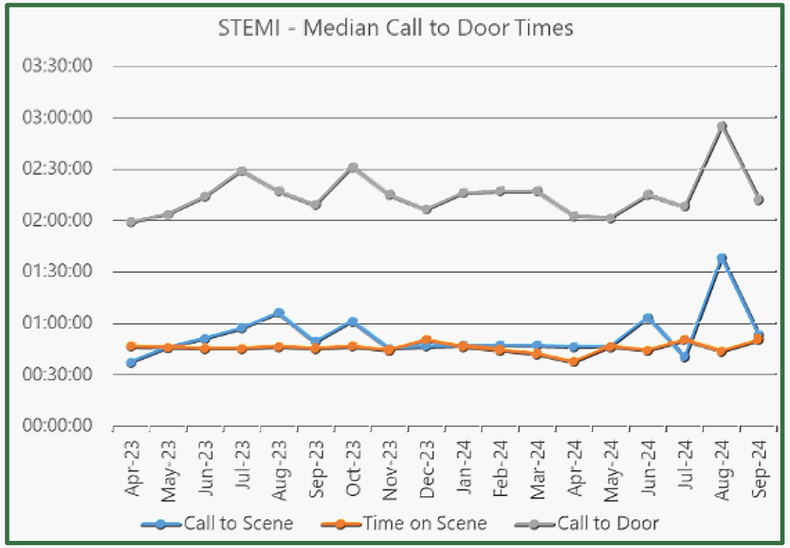
Self-Assessment: Strength of Internal Control: Moderate

QUEST









Analysis

The percentage of patients documented as receiving appropriate care bundles in **September 2024** was:

Hypoglycaemia (diabetic patients with low blood glucose) – 77.6%, an increase from 58.6 % in August. A recent update to the scripting contributed to the improved care bundle compliance. There has also been an increase in documenting each of the criteria for this care bundle; pre & post treatment blood glucose checks as well as treatment administered.

Fractured Neck of Femur (hip fracture) – 85.6%, an increase from 82.7 % in August. The use of a 'nudge tool' for analgesia implemented in June provided a prompt when important information is not documented. Compliance has consistently improved for this since then, with September analgesia being 96%, the highest since the electronic Patient Clinical Record was implemented.

Call to door times for Stroke and STEMI – the data has returned to a more consistent level for STEMI following the anomalies noted for August across WAST which were due to two incidents with a significantly extended incident cycle time.

Remedial Plans and Actions

A recovery plan has been implemented to improve compliance; actions include:

- Focussed communication with clinicians to use the bespoke electronic Patient Clinical Record fields (in addition to the narrative).
- Providing weekly non-compliant data to support Senior Paramedics conversations with clinicians to improve compliance.
- Health Board focussed workshops to promote understanding of Clinical Indicators, care bundles and electronic Patient Clinical Record completion.
- Reviewing the scripting used for reports for each Clinical Indicator bundle.
- Following the success of the 'nudge' tool with analgesia for Fractured Neck of Femur (hip fracture), further 'nudges' are being implemented in a stepwise approach, those for Aspirin & GTN with STEMI, and aspects of ROSC are scheduled during October.

Expected Performance Trajectory

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

Our Patients: Quality, Safety & Patient Experience
Patient National Reportable Incidents & Patient Concerns

(Responsible Officer: Liam Williams)

Concerns.

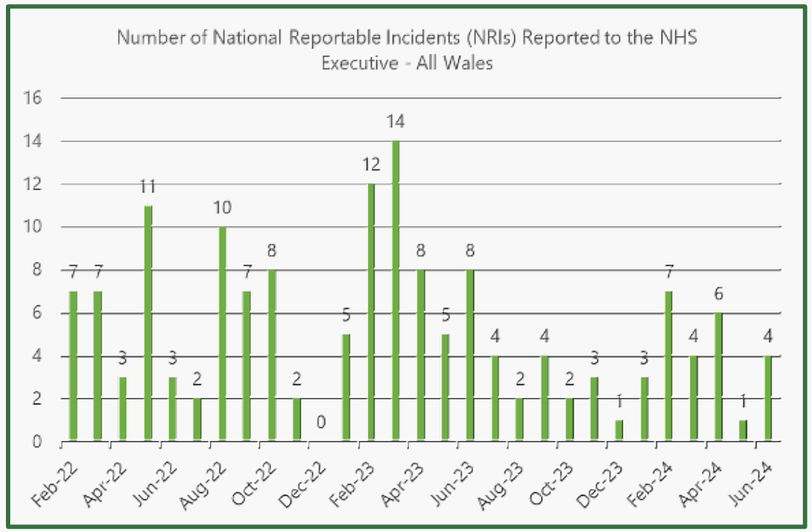
Self-Assessment: Strength of Internal Control: Moderate

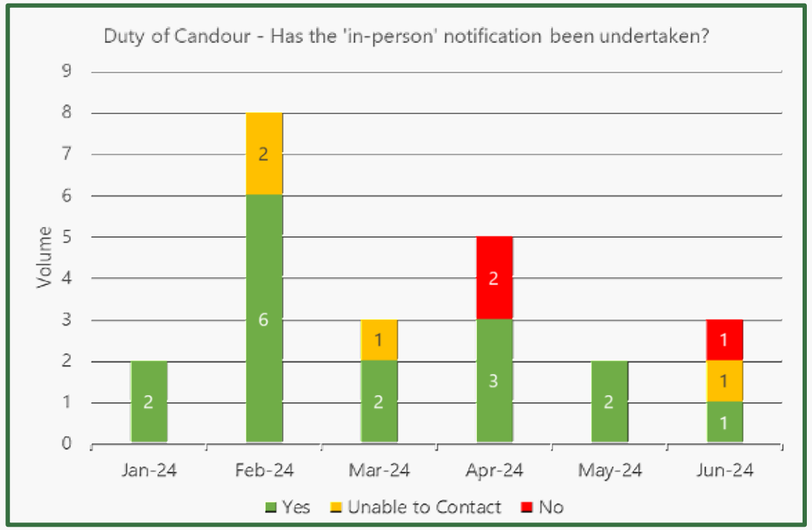
QUEST

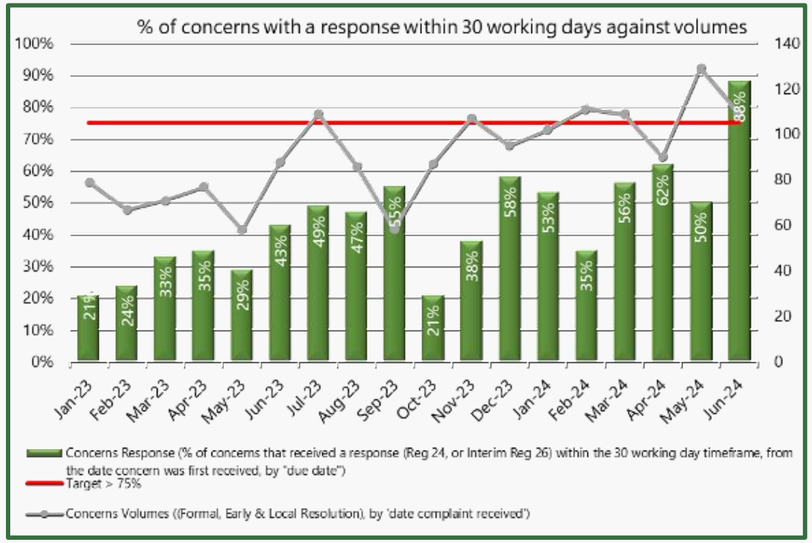
Health & Care Standard
Health - Safe Care / Timely Care

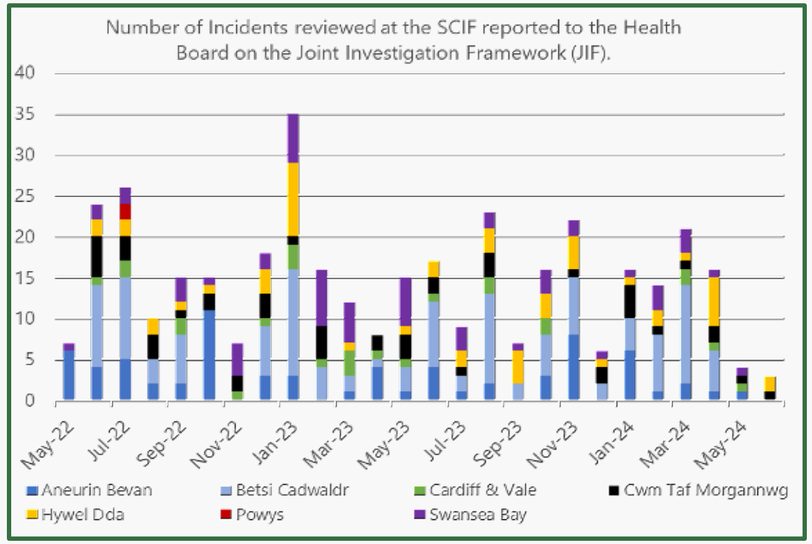
Responses Indicators

NB: Data quality issues have been identified in many Quality metrics. These are currently being addressed with no data available after June 2024.









No additional analysis possible given no data is currently available on these metrics.

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

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

Our Patients: Quality, Safety & Patient Experience
Patient & People Safety Indicators

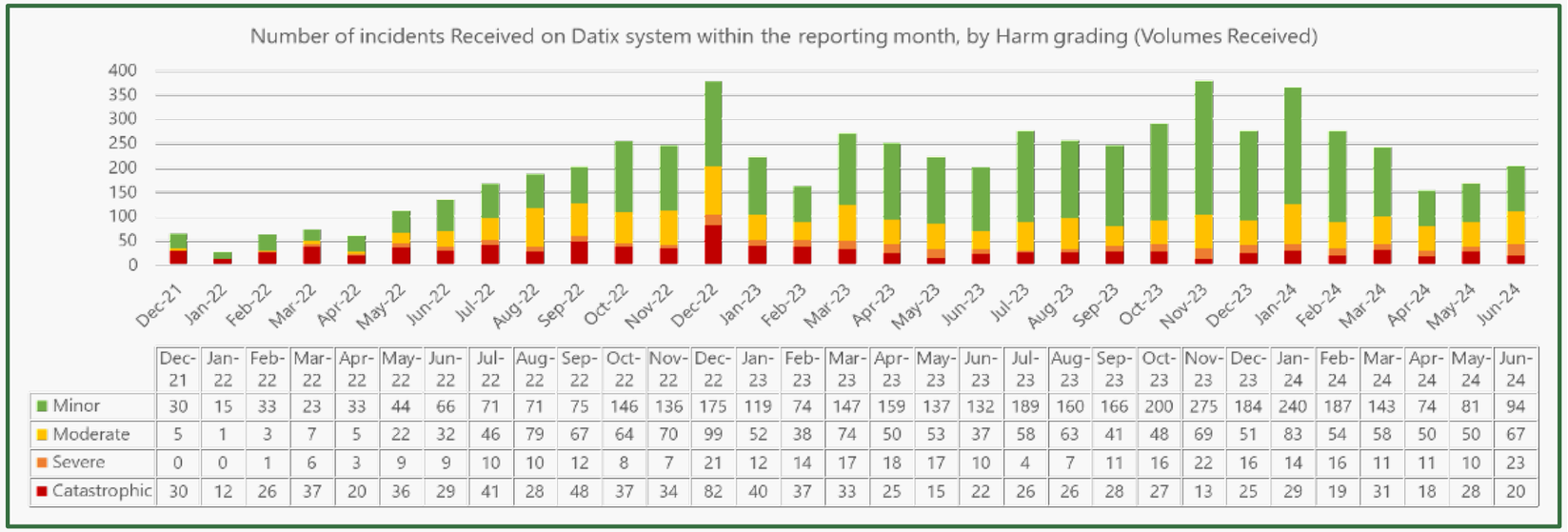
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

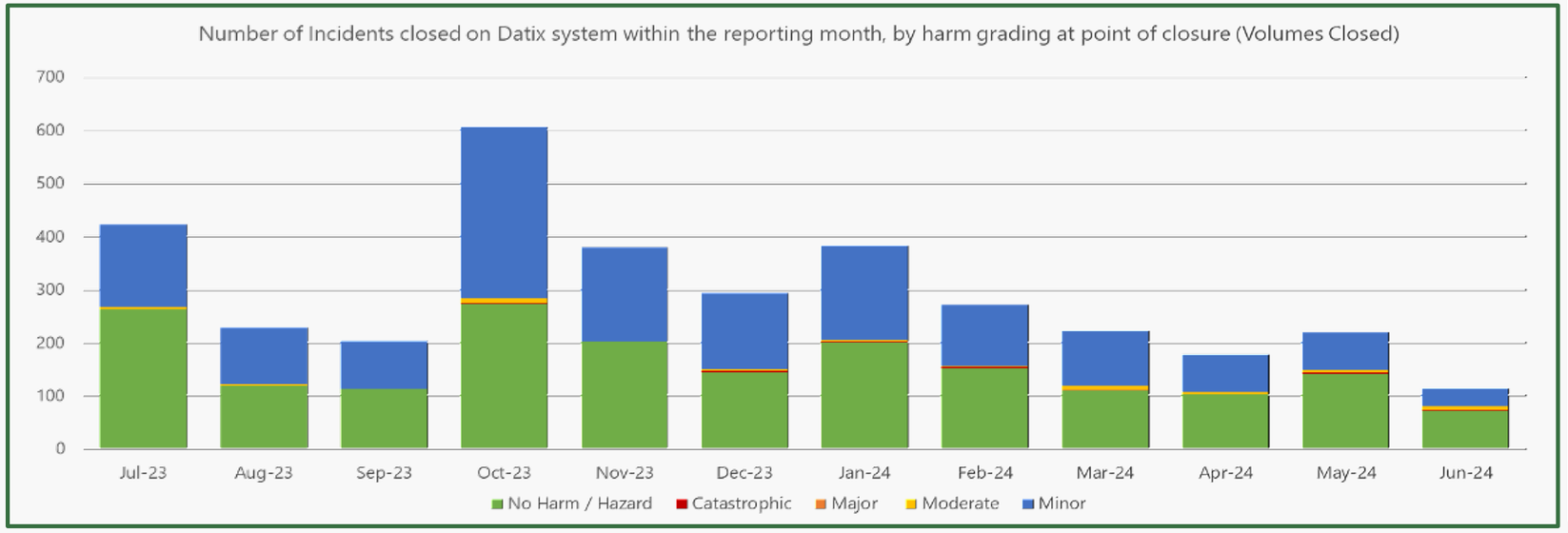
QUEST

Health & Care Standard
Health – Safe Care

NB: Data quality issues have been identified in Quality metrics . These are currently being addressed with no data available after June 2024.



	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Minor	30	15	33	23	33	44	66	71	71	75	146	136	175	119	74	147	159	137	132	189	160	166	200	275	184	240	187	143	74	81	94
Moderate	5	1	3	7	5	22	32	46	79	67	64	70	99	52	38	74	50	53	37	58	63	41	48	69	51	83	54	58	50	50	67
Severe	0	0	1	6	3	9	9	10	10	12	8	7	21	12	14	17	18	17	10	4	7	11	16	22	16	14	16	11	11	10	23
Catastrophic	30	12	26	37	20	36	29	41	28	48	37	34	82	40	37	33	25	15	22	26	26	28	27	13	25	29	19	31	18	28	20



No additional analysis possible given no data is currently available on these metrics.

Data source: Datix

Our Patients: Quality, Safety & Patient Experience
Coroners, Mortality and Ombudsmen Indicators

(Responsible Officer: Liam Williams)

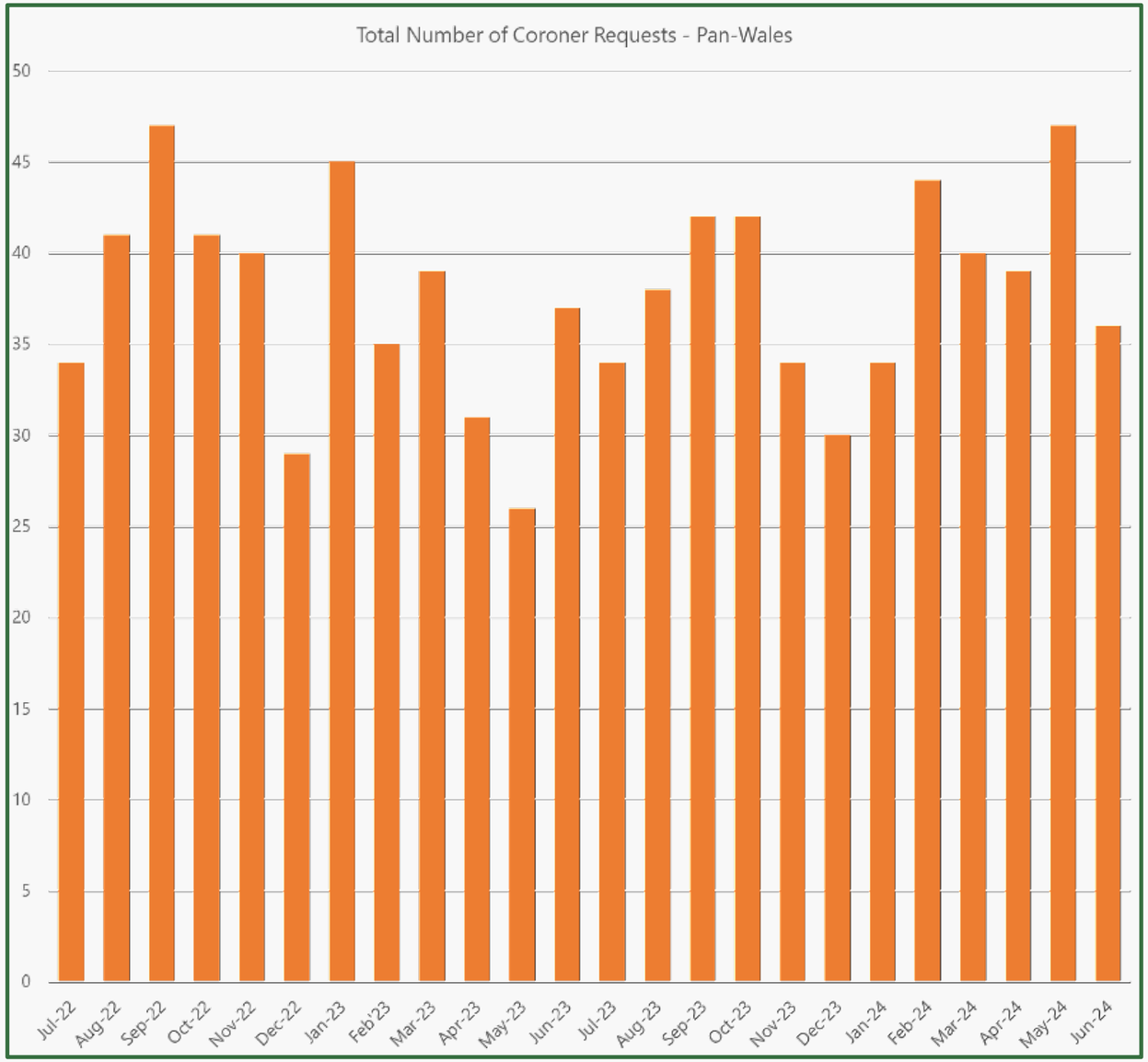
Coroners Self-Assessment: Strength of Internal Control: Moderate

Mortality Self-Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard
Health – Safe Care

NB: Data quality issues have been identified in Quality metrics . These are currently being addressed with no data available after June 2024.



No additional analysis possible given no data is currently available on these metrics.

*NB: Temporary graph at All-Wales level: The Trust is currently unable to report Coroner requests at Health Board level due to the implementation of the new Datix system

Mortality Reviews Data source: Internal Web Application

Our Patients: Quality, Safety & Patient Experience
Safeguarding, Data Governance & Public Engagement Indicators

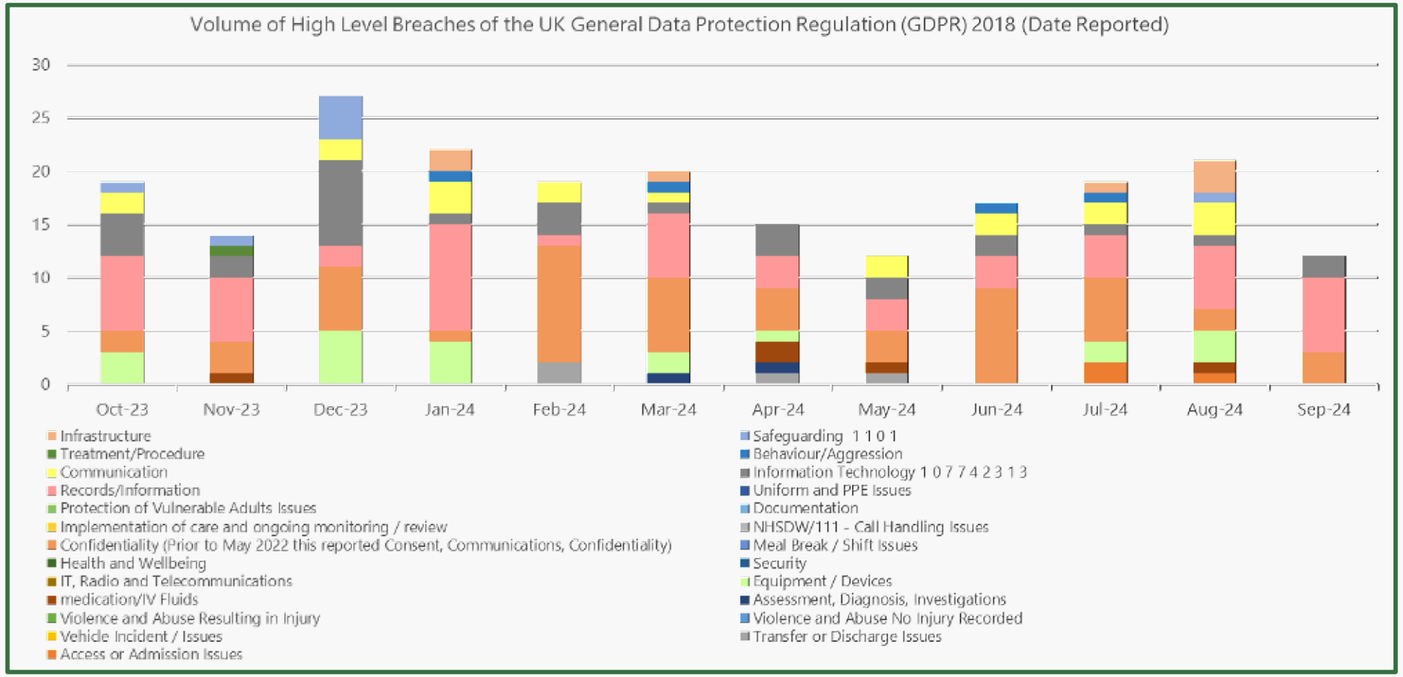
NB: Data quality issues have been identified within Safeguarding. These are currently being addressed.

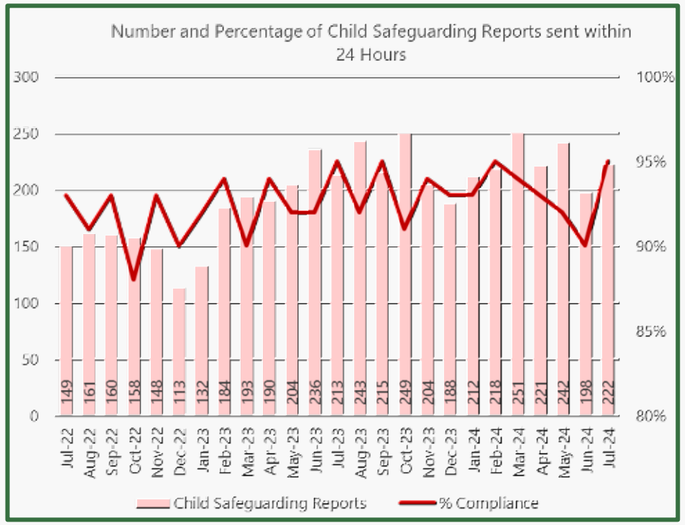
(Responsible Officers: Jonny Sammut & Liam Williams)

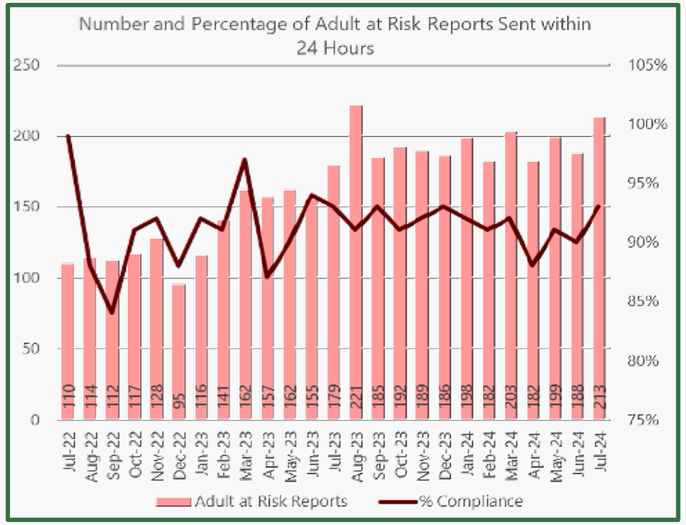
Self-Assessment: Strength of Internal Control: Strong

PCC

Health & Care Standard
Health – Safe Care







Analysis

Safeguarding: In July 2024 staff completed a total of 213 Adult at Risk Reports, 93% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 556 reports were received and processed a local authority during this reporting period. There have been 222 Child Safeguarding Reports in July 2024, 95% of these were processed within 24 hours.

Data Governance: In September 2024, there were 12 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 12 breaches, 3 related to IG/Confidentiality, 7 Records/Information, and 2 Information Technology.

Public Engagement: During September, PECI attended 15 community engagement opportunities, engaging with approximately 1,628 people. This included attending the Cardiff 999 Emergency Services Day and North Wales Police Open Day. This month we also attended the Cardiff Metropolitan University and University of Cardiff Student Fresher Fayres. At these events we were able to talk to young adults about their experiences of using the service as well as promoting the safe and appropriate use of services, promote the NHS 111 Wales service and the Press 2 option for people struggling with their mental health. We continued to engage with colleagues from Llais and attended 2 meetings with regional branches.

Remedial Plans and Actions

Safeguarding: The Trust primarily manages all safeguarding reports digitally via Docworks Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports. Numbers of paper safeguarding reports have significantly reduced with the embedding of Docworks; however, they are used as a back-up and are sent directly to the Safeguarding Team for further action.

Data Governance: During the reporting period, of the 12-information governance related incidents reported on Datix, 0 incidents were reported to the Information Commissioner's Office (ICO). The IG Team continues to review and provide advice on reported incidents where applicable.

Public Engagement: The PECI Team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive. We are actively working with colleagues across the Trust in a number of different departments to try and agree on solutions that would allow us to directly contact more patients to ask for feedback about their experiences with us.

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 IG Toolkit Improvement Action Plan continues to be worked on with aims to achieve all actions by November 2024. The status of the Action Plan is reported to and monitored by IGSG.

Public Engagement: All feedback received is shared with relevant Teams and Managers and continues to be used to influence ongoing service improvement. Patient experience and community engagement information is now shared weekly at the Senior Quality Team meeting.

**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

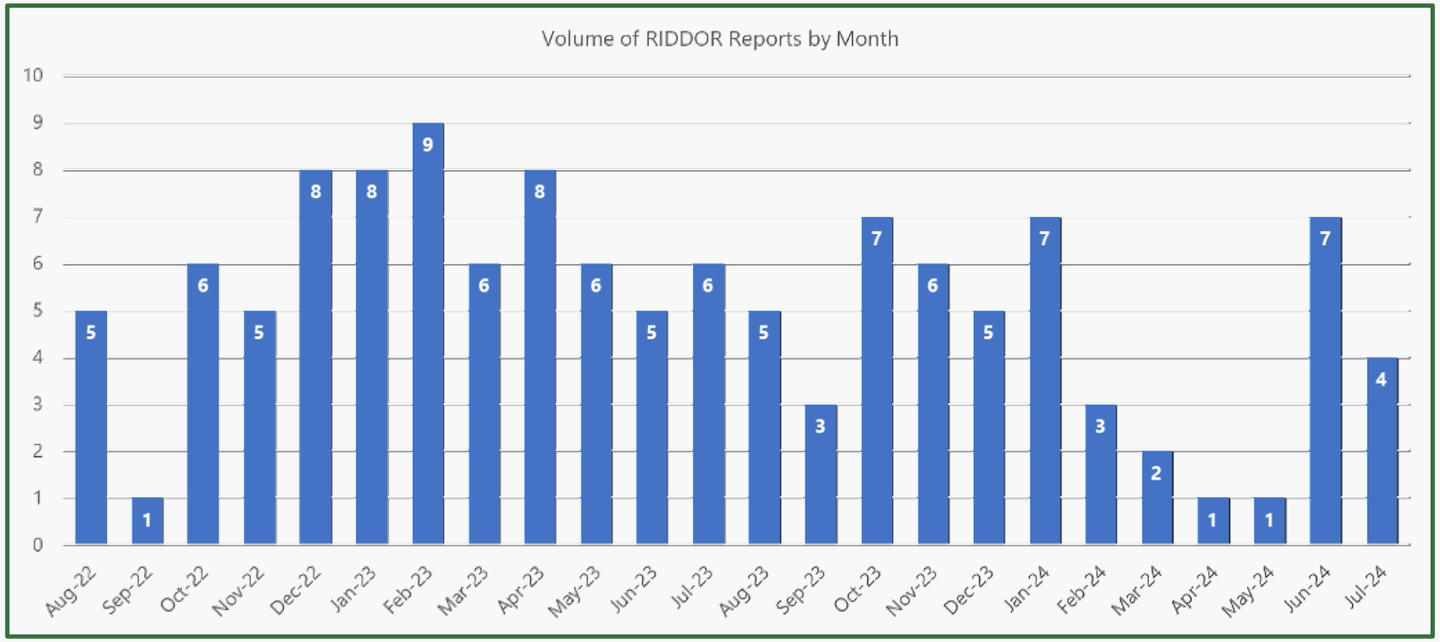
(Responsible Officer: Liam Williams)

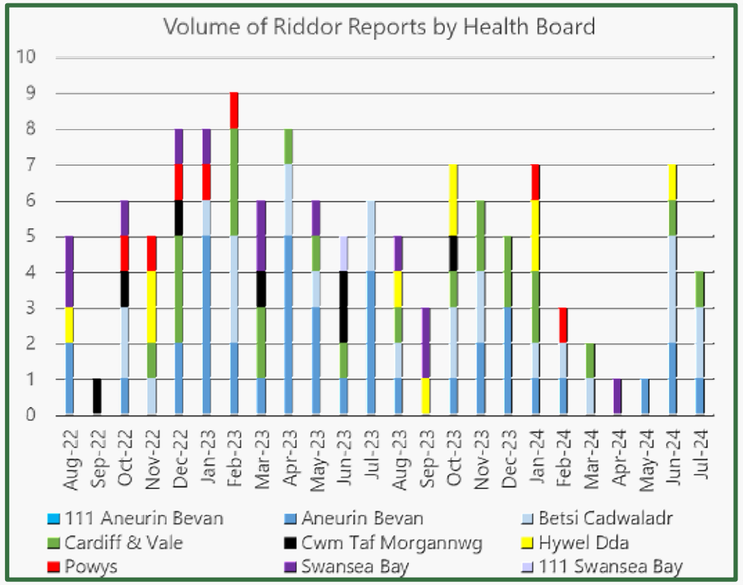
Self-Assessment: Strength of Internal Control: Moderate

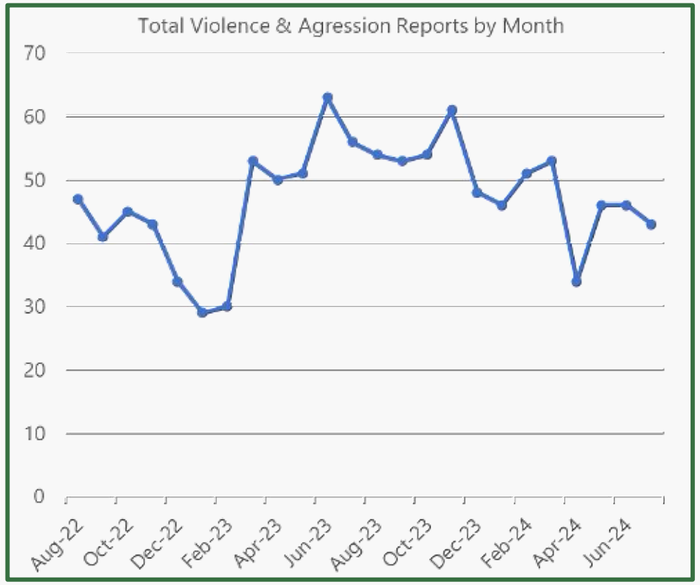
PCC

Health & Care Standard
Health – Safe Care

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





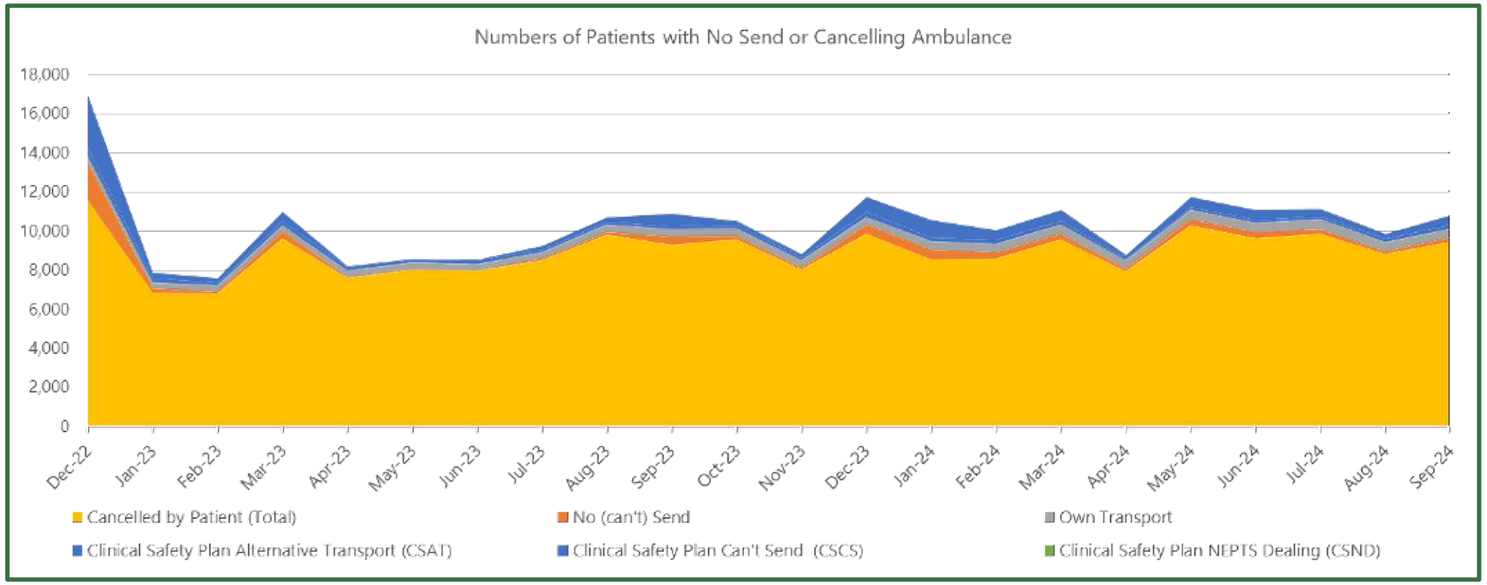


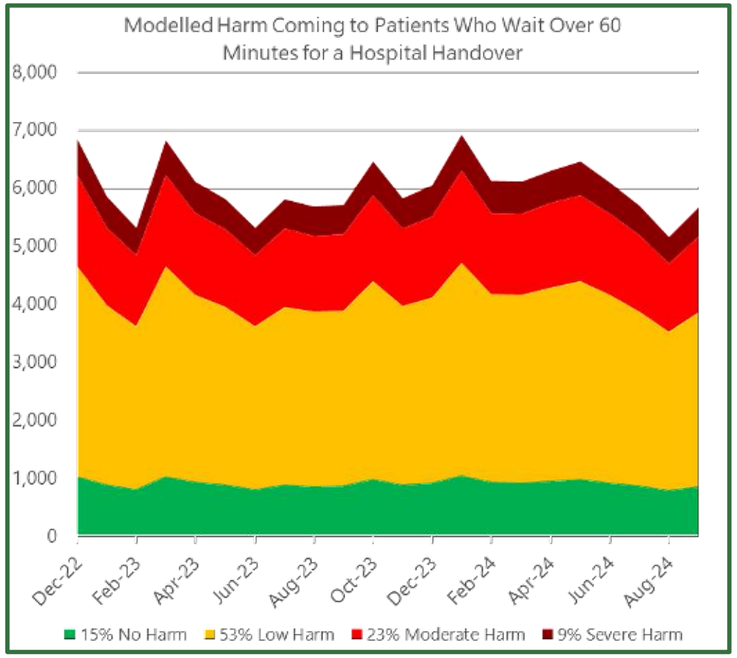
No additional analysis possible given no data is currently available on these metrics.

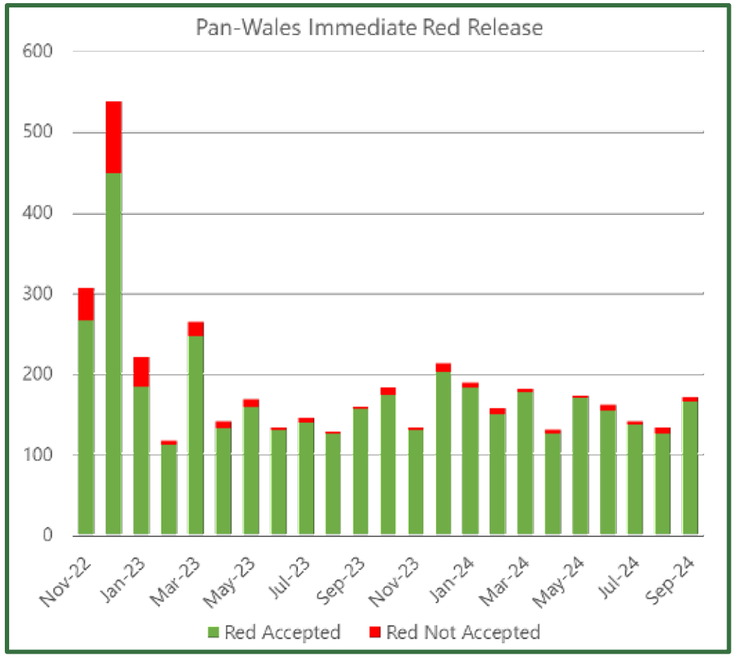
Data source: Datix

Our Patients: Quality, Safety & Patient Experience
Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn) A FPC







Analysis

In September 2024, 190 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 481 were stopped due to CSP 'Can't Send' options. In addition, 9,421 ambulances were cancelled by patients (including patients refusing treatment at scene) an increase from the 8,785 in August 2024.

There were 691 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in September 2024. Of these 165 were accepted and released in the Red category, with 6 not being accepted. Further to this, 165 ambulances were released to respond to Amber 1 calls, but 355 were not.

The graph in the bottom left shows that in September 2024 of the 5,665 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume that 15% (850 patients) would experience no harm, 53% (3,002 patients) would experience low harm, 23% (1,303 patients) would experience moderate harm and 9% (510 patients) would experience severe harm.

In September 2024 CSP levels for the Trust were:

Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings had been paused as the Trust moves into the new commissioning arrangements, but have now restarted. The NHS Wales Performance Delivery framework 2024/25 has a target of no handovers of more than one hour, this equates to 7,500 hours of handover lost hours.

Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trust's ability to respond to demand. See also slides on Red performance and Amber performance, in particular, remedial actions.

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

Our Patients: Quality, Safety & Patient Experience
Patient Experience Surveys

(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Moderate

PCC

Health & Care Standard
Health – Safe Care

September 2024		
NEPTS (161 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	82
Were you happy with the transport you received?	85	94
999 (23 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	54
The 999-call taker who answered your call explained what was going to happen next.	85	60
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	53
The length of time I waited for an ambulance to arrive was acceptable.	85	50
111 (18 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	65
Did you follow the advice given to you by NHS 111 Wales?	85	88
Would you consider using NHS 111 Wales again?	85	64
WAST Overall - Friends & Family Test How was your overall experience with the service today?	Ranked from very poor to very good.	
o Ambulance care	91.91% Good	3.68% Poor
o Integrated Care (NHS 111 Wales Telephone line only)	60.00% Good	26.67% Poor
o EMS (including CSD)	43.48% Good	43.48% Poor
o NHS 111 Wales Online	57.89% Good	21.05% Poor
	* Where totals above do not add up to 100%, this is because a 'Do Not Know' answer was given, these are excluded from overall total.	

Analysis

Within the NEPTs survey the response provided did not hit the benchmark in relation to the question 'How long did you wait for your transport to take you home after your appointment, while the question 'Were you happy with the transport your received', came out above the 85-benchmark figure (n=94).

Two questions within the 999-section failed to achieve the benchmark, these being 'The 999-call taker who answered your call was reassuring' (n=54) and 'You felt confident in the call taker ability to manage your call and provide appropriate advice?' (n=53), whilst within 111 only one question 'Did you follow the advice given to you by NHS 111 Wales' achieved the benchmark (85) with 88, however the other questions failed to achieve the benchmark.

Response rates to the 999 and 111 surveys remain low and it's acknowledged that these do not reflect an entirely representative picture based on overall call volumes.

Remedial Plans and Actions

We continue to make available 4 core Patient Experience surveys, covering the Trust's main service delivery areas:

- 999 EMS Response (incorporating CSD)
- Ambulance Care (NEPTS)
- NHS 111 Wales Telephony
- NHS 111 Wales Online

•We are continuing to work on a DPIA to be submitted to the ICO for their consideration about use of SMS text messages to directly distribute survey requests to 999 service users.

•Plans to place QR codes in the back of EMS vehicles to increase patient feedback are progressing and we have spoken to IPC and Fleet colleagues about what is needed to proceed.

•We continue to work closely with the Trust's Falls Improvement Lead to deliver a targeted survey looking at the experiences of people who are responded to by either a Level 1 or Level 2 falls responder. Plans are in place to duplicate this method of survey delivery with patients attended to by a CWR Volunteer.

•We continue to engage with the Once for Wales Programme Board who have updated the 'All Wales Patient Experience Question Set' and 'People's Experience Framework'. The Framework and new questions will be formally launched by WG in the coming months.

Expected Performance Trajectory

An overall aim of increasing visibility of experience surveys and maximising opportunities to capture patient experience data.

Our People
Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production: G

Abstractions: A

CI

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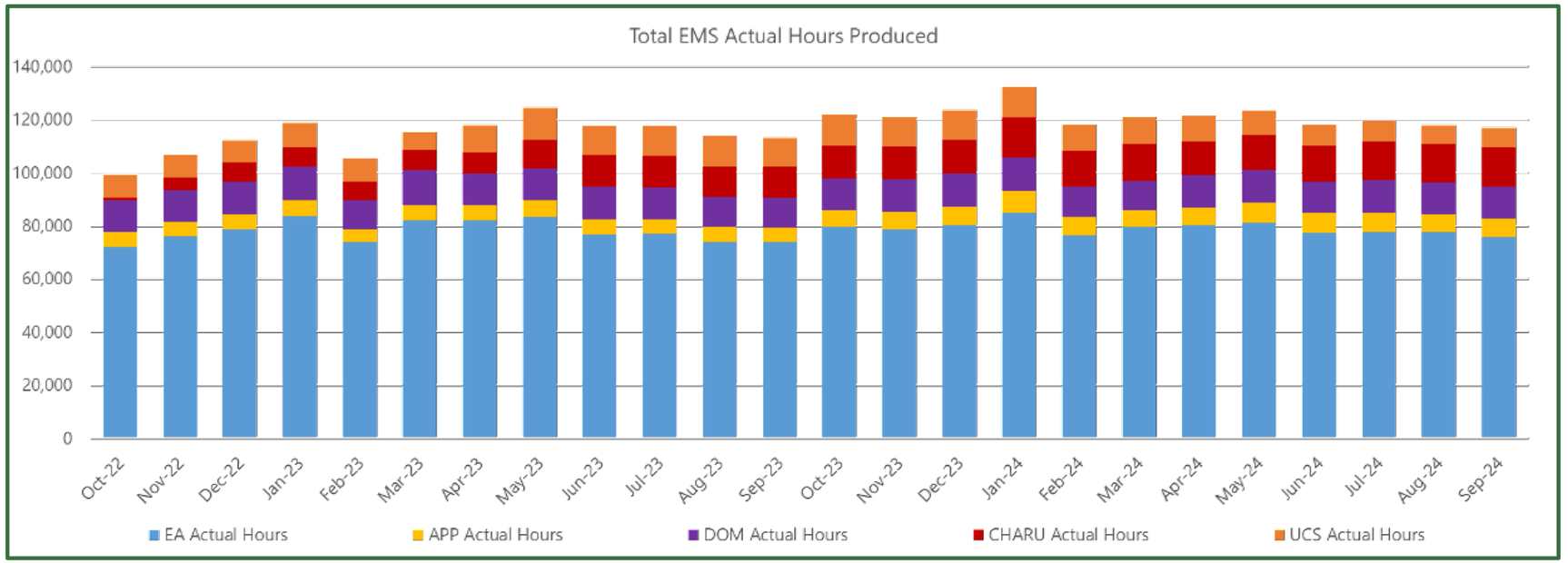
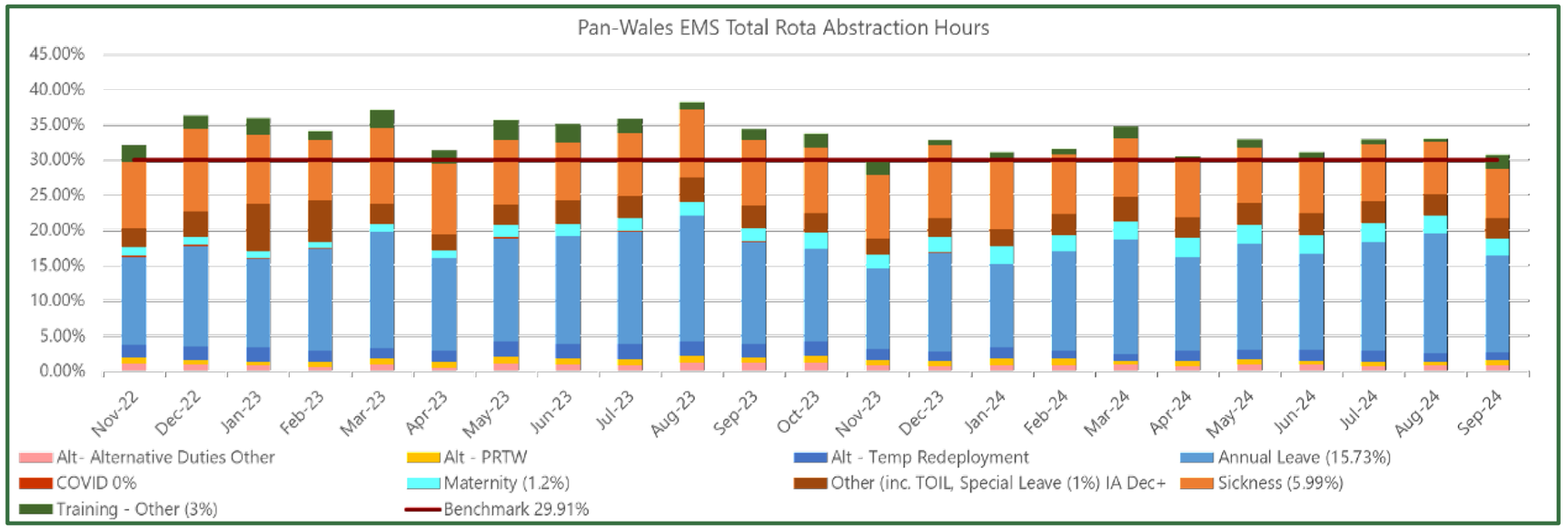
FPC





Analysis

The total EMS hours produced is a key metric for patient safety. The Trust produced 116,986 hours during September 2024, an increase compared to the 113,409 hours produced during September 2023. The Trust is delivering good levels of production.

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. September 2024, saw a total EMS abstractions (excluding Induction Training) of 30.72%. This was a decrease on the 33.07% recorded in August 2024. The highest proportion of abstractions was due to annual leave at 13.67% followed by sickness at 6.97%.

Emergency Ambulance Unit Hours Production (UHP) achieved 95% in September 2024 which equated to 75,846 Actual Hours.

In September 2024 CHARU UHP was 84% 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

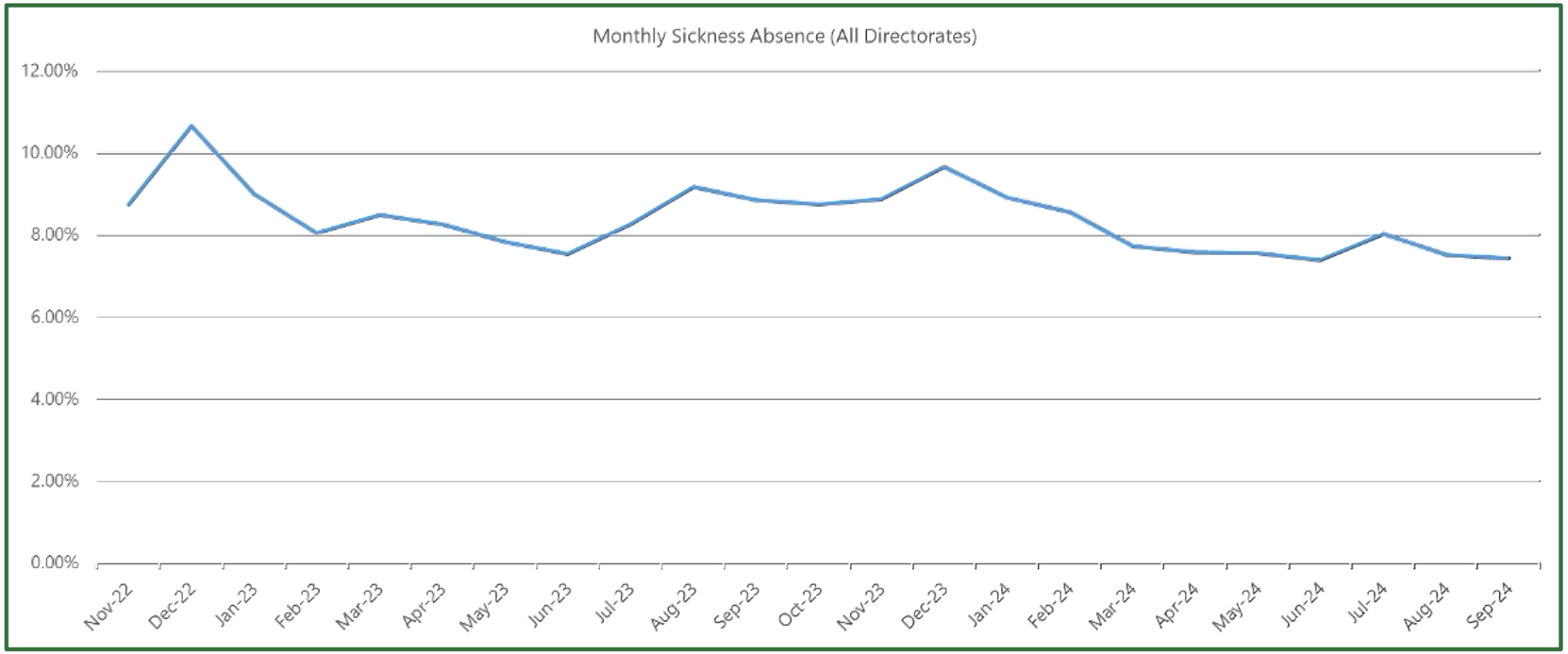
UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good.
The Trust maintains an ambition to reduce sickness to 6% and abstractions to 30%. This has not yet been achieved for sickness, but the direction of travel is good, while the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

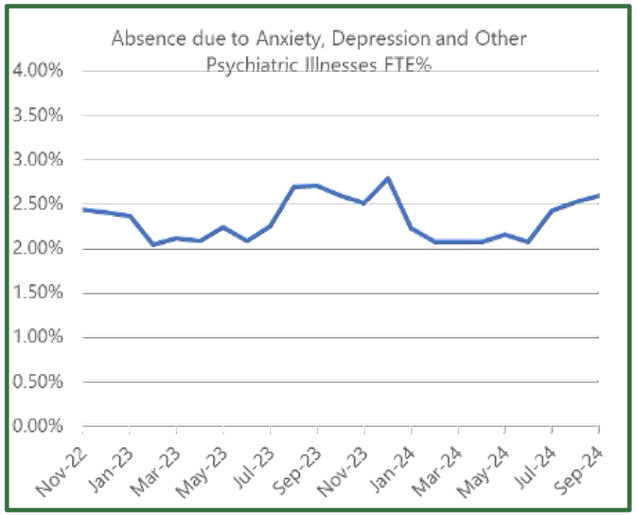
Our People
Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)

Mental Health
A

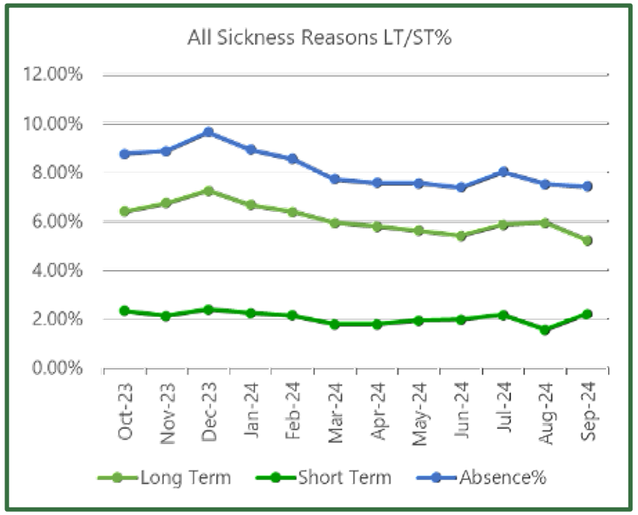
CI





Average working days lost per FTE (Annual)	
18.64 days	
Single month Absence %	
7.43%	
Long Term	**Short Term**
5.22%	2.21%
Mental Health	**Other MSK**
(S10 Stress/Anxiety)	(excluding Back)
2.59%	0.90%

September 2024



Analysis

There was a slight decrease in overall sickness absence rates between August 2024 and September 2024, dropping from 7.52% to 7.43%. Long term absence also decreased from 5.95% in August 2024 to 5.22 % in September 2024, while short-term absence increased slightly to 2.21% in September from August 2024 (1.57%).

The highest reasons for absence in September 2024 were Anxiety/ Stress/ Depression, back problems, other musculoskeletal problems and cold, cough, flu/influenza. Absence due to Mental Health increased from 2.52% in September 2024 to 2.59% in September 2024.

109 OH management referrals were received in September and the number of self-referrals is increasing, (30 self-referrals in September compared to 22 in August).

In September we received a total of 68 Wellbeing referrals, offered 81 assessment appointments and completed 51 wellbeing assessment appointments for signposting. There were 32 wellbeing management referrals, 16 self-referrals and 20 walk-in appointments.

Remedial Plans and Actions

- Monitoring continues with ongoing reviews in both long term and short-term absences with monthly meetings to track sickness and provide support.
- MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions).
- Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.
- We have recently recruited 2 Occupational Health Advisors to cover maternity leave, we also recruited a Clinical Team Lead.

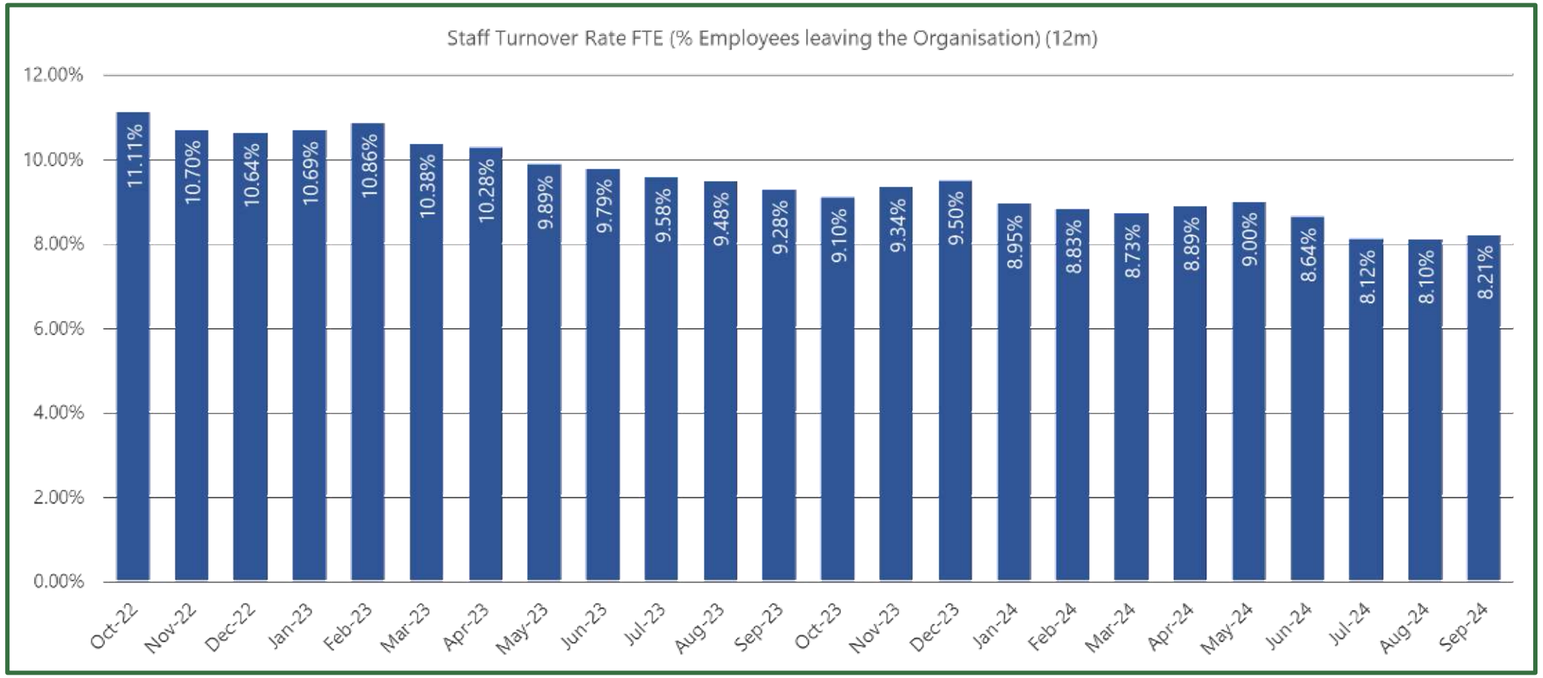
Expected Performance Trajectory

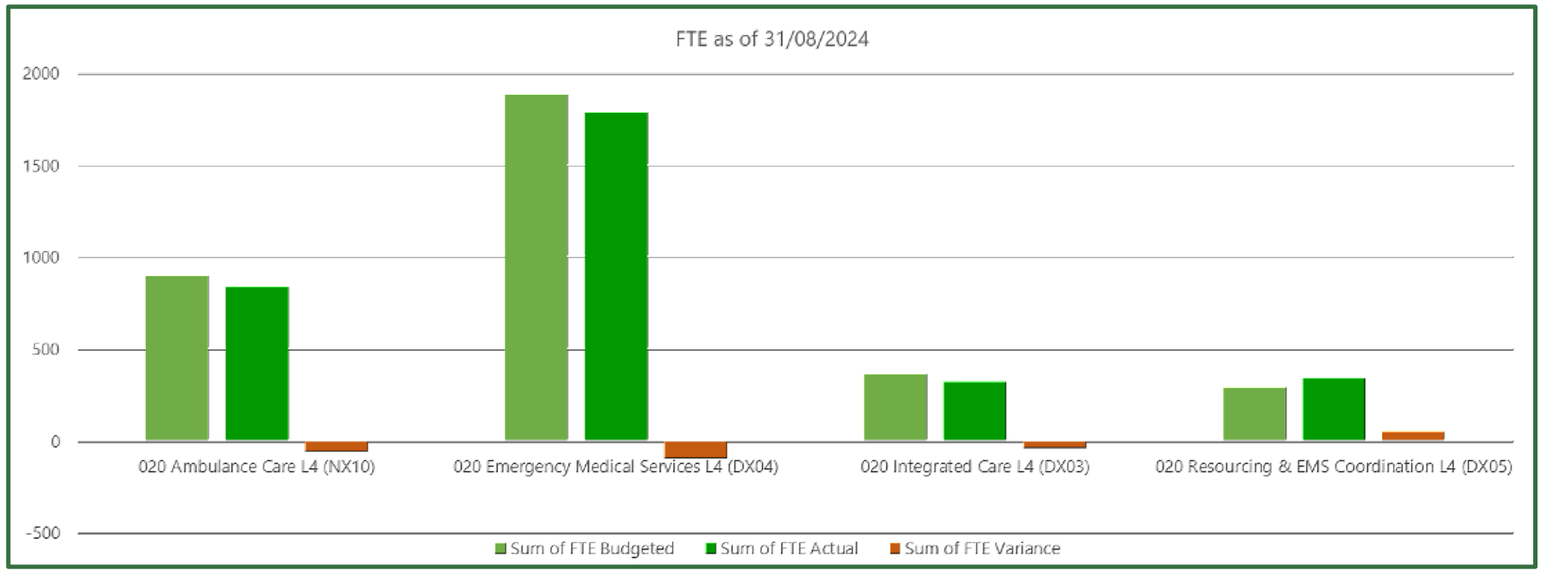
The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but that there remain risks to delivery.

Our People
Capacity - Turnover

(Responsible Officer: Angela Lewis)

G





Analysis

Staff turnover rates in September 2024 were 8.21%, a slight increase from the 8.10% recorded in August 2024. September saw 33 leavers (27.17 FTE). Turnover in months at the end of the quarter are generally higher. This was balanced with 56 joiners (51.45 FTE) in September, of those leaving, the group with the greatest number were Emergency Medical Dispatchers (6 people).

Due to staff sickness and staff changes (new team members to be inducted/trained etc.) our occupational health waiting times have slightly increased. Currently colleagues are waiting around 29 working days. From receipt of Wellbeing referrals to first call (from one of our Wellbeing Practitioners), the waiting time is still 1-2 days.

Remedial Plans and Actions

- We are working to improve our data collection through Our MI system (Opas G2). The (All Wales) decision has been made to extend the contract with Civica for 1 year (as opposed to 2 years) for our MI system, Opas G2.
- The team continue to support staff by providing advice and guidance on how to use the MI system and have facilitated events.
- The self-referral portal on Opas G2 for Occupational Health and Wellbeing continues to prove popular and has streamlined the service.
- We are still working closely with health boards to standardise our reporting, however in addition to this we have built our own customised reports, which help us identify themes and trends.
- The Health and Wellbeing strategy for 2025/29 is out for consultation.
- The team have been working closely with the Clinical Directorate flu project team for the start of the 2024/25 flu campaign, they have been holding flu clinics across the regions, a full schedule of clinics is available on Siren.
- Working on re-evaluating plans/timelines to attain SEQOHS accreditation. A meeting with SEQOHS has been scheduled with a deadline of the end of November 2024.

Expected Performance Trajectory

The People and Culture Strategy continues with its wellbeing focus. We are currently in the process of writing the WAST Health and Wellbeing strategy for 2025/29.

Our People
Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR: A

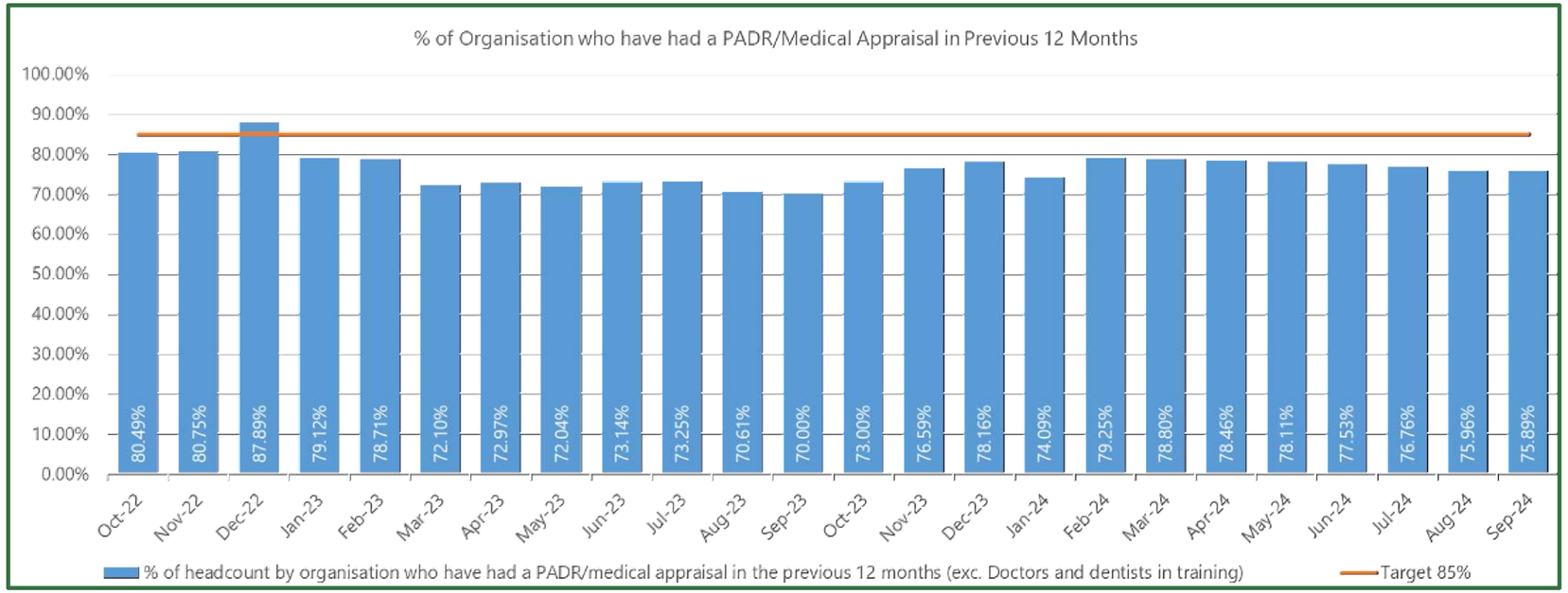
Stat & Mand: R

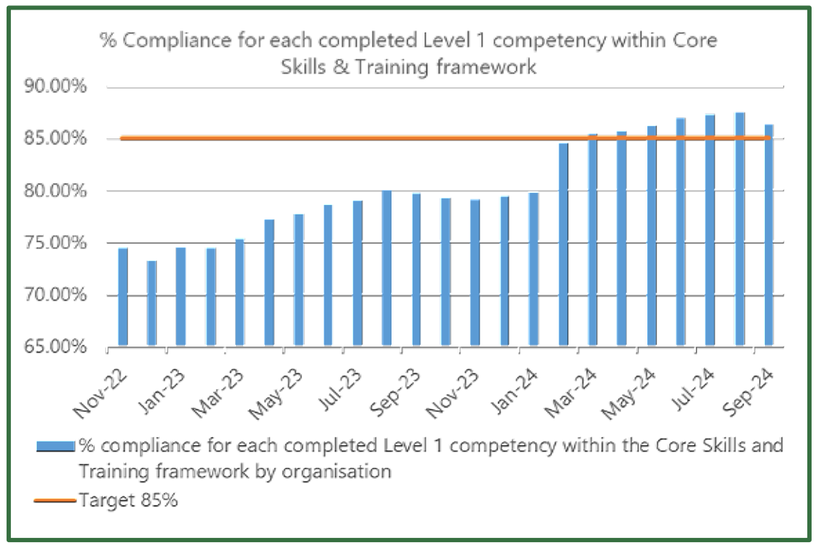
CI

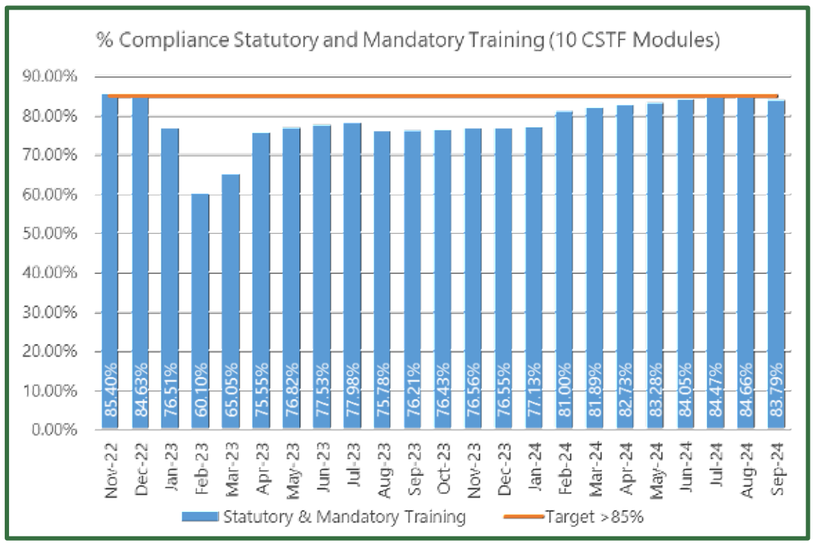
PCC

Health & Care Standard
Health – Staff & Resources

Self-Assessment: Strength of Internal Control: Strong







Analysis

PADR rates minimally decreased from 75.96% in August 2024 to 75.89% in September 2024 and remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In September 2024 Statutory & Mandatory Training rates reported a combined compliance of 83.79%; which is the first time in 9 months that here has been a decline. However, only Dementia Awareness (95.15%) and Moving & Handling (92.88%), achieved the 85% target. Equality & Diversity (82.48%), Safeguarding Adults (83.47%). Fire Safety (78.97%), Information Governance (76.48%), Violence Against Women, Domestic Abuse & Sexual Violence (72.62%), Paul Ridd (72.39%), Fraud Awareness (68.09%) and Welsh Language Awareness (66.46%) all remain below this target.

There are currently 18 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table:

Remedial Plans and Actions

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

There has been a continuation of the climb toward achievement of the 85% target across the remainder of the Core Skills Training Framework competencies which is projected to continue to increase as more learning content is moved to the user friendly LMS365 environment enabling easier access to these reportable competencies.

Expected Performance Trajectory

Performance is improving as compliance has risen.

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

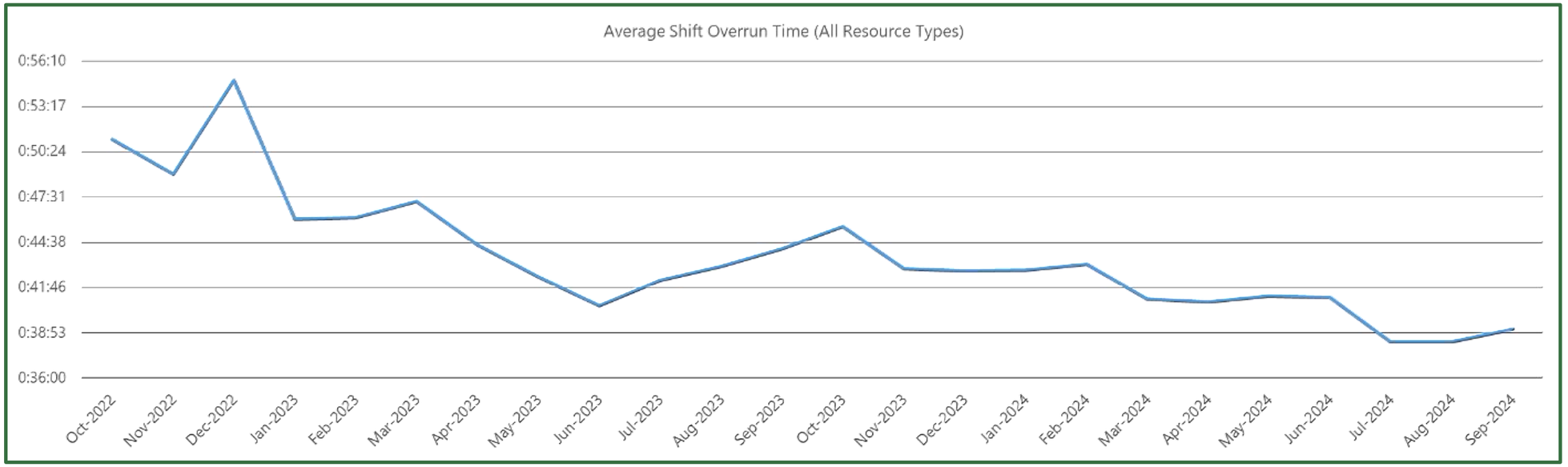
Data source: ESR

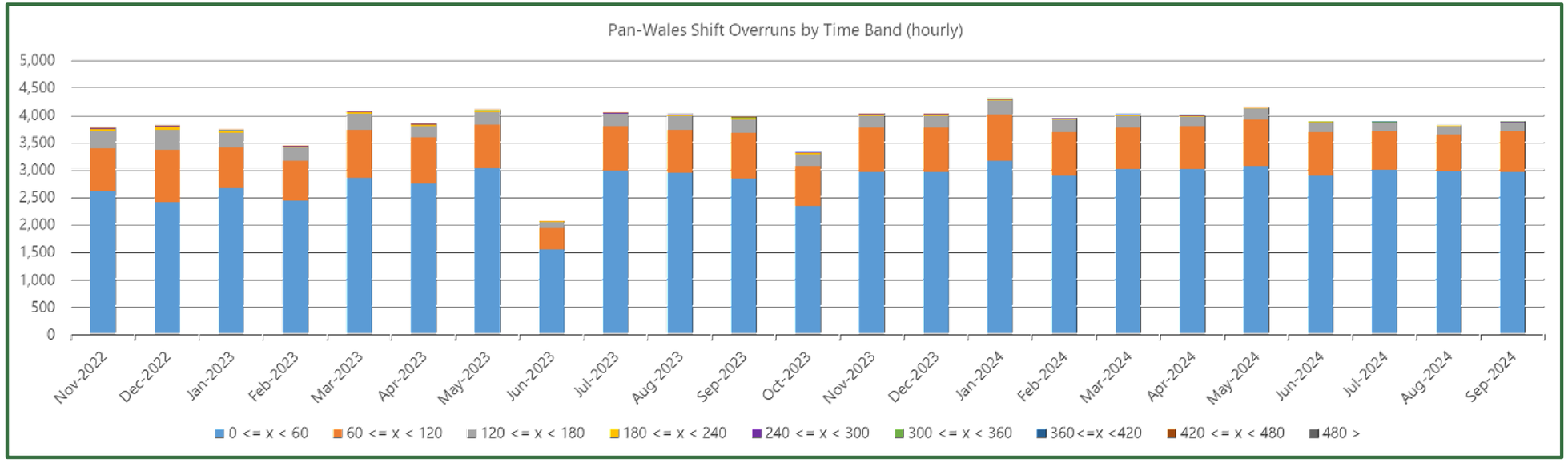
Our People
Health and Well-being – Shift Overruns

(Responsible Officer: Angela Lewis)

Overruns
R

CI





Analysis

The average overrun figure for September 2024 was 39 minutes and 7 seconds, a minimal increase from August 2024 (00:38:17). 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 74.6% of the total. 19.7% fall within the 61 to 120-minute category, 5.1% in the 121 to 180-minute category, 0.4% in the 181 to 240-minute category and 0.3% in the 241 minutes and over category.

Remedial Plans and Actions

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

As part of the Trust's winter resilience planning, it introduced "pods" at some hospital locations to aid staff finishing on time. These are continuing, at this time, into 2024/25.

Expected Performance Trajectory

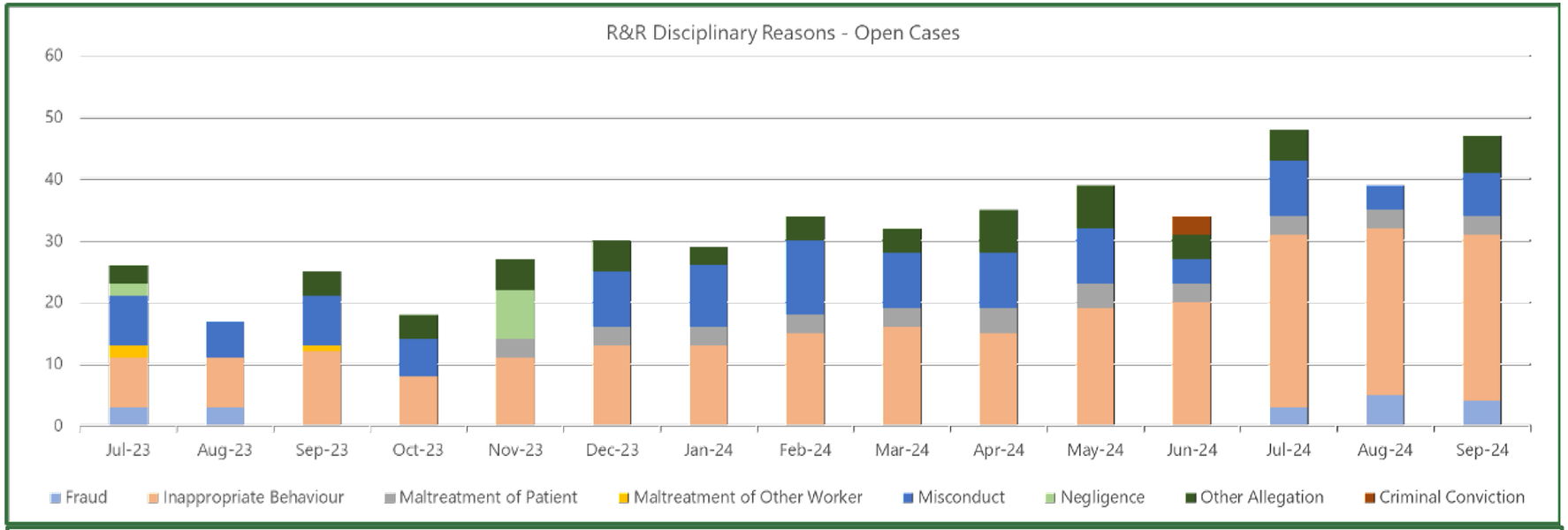
Overruns correlate with handover lost hours. As we have moved out of winter both levels had started to drop. We may expect this to stabilise before moving into higher levels again next winter.

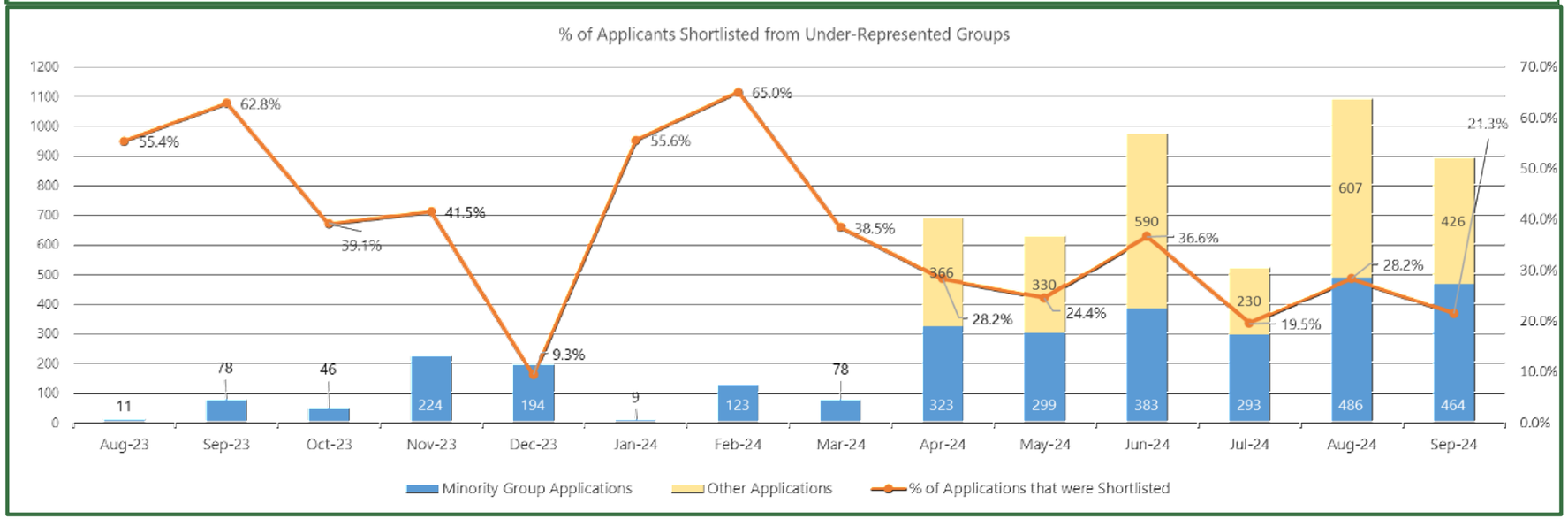
Our People
Culture – Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups

(Responsible Officer: Angela Lewis)

Self-Assessment: Strength of Internal Control: Moderate

PCC





Analysis

There were 47 open formal disciplinary cases recorded at the end of September 2024; an increase compared to 39 in August 2024 which was the highest number seen over the past 12 months. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by misconduct.

There were 13 open formal Respect and Resolution cases submitted by employees in September 2024, four less than in August 2024. These are a mixture of both Respect and Resolution Grievances and Dignity at work.

The bottom graph shows that in September 2024, 890 job applications were processed, and 318 interviews were planned.

Of the 890 applications, a total of 464 were from under-represented groups with 341 in the category of Ethnicity, 71 within Disability and 52 within Sexual Orientation.

In September 2024, 28123 (n=99) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a decrease from the 28.2% in August 2024.

Remedial Plans and Actions

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

Applications: The inclusive recruitment work is ongoing to develop targeted recruitment campaigns and events. One workshops has taken place, with a second to take place in Nov-24 to recruit for Black, Asian and Ethnically diverse applicants into our digital roles.
Unconscious bias training is also being undertaken my managers in the Digital directorate to assist with recruitment.

Expected Performance Trajectory

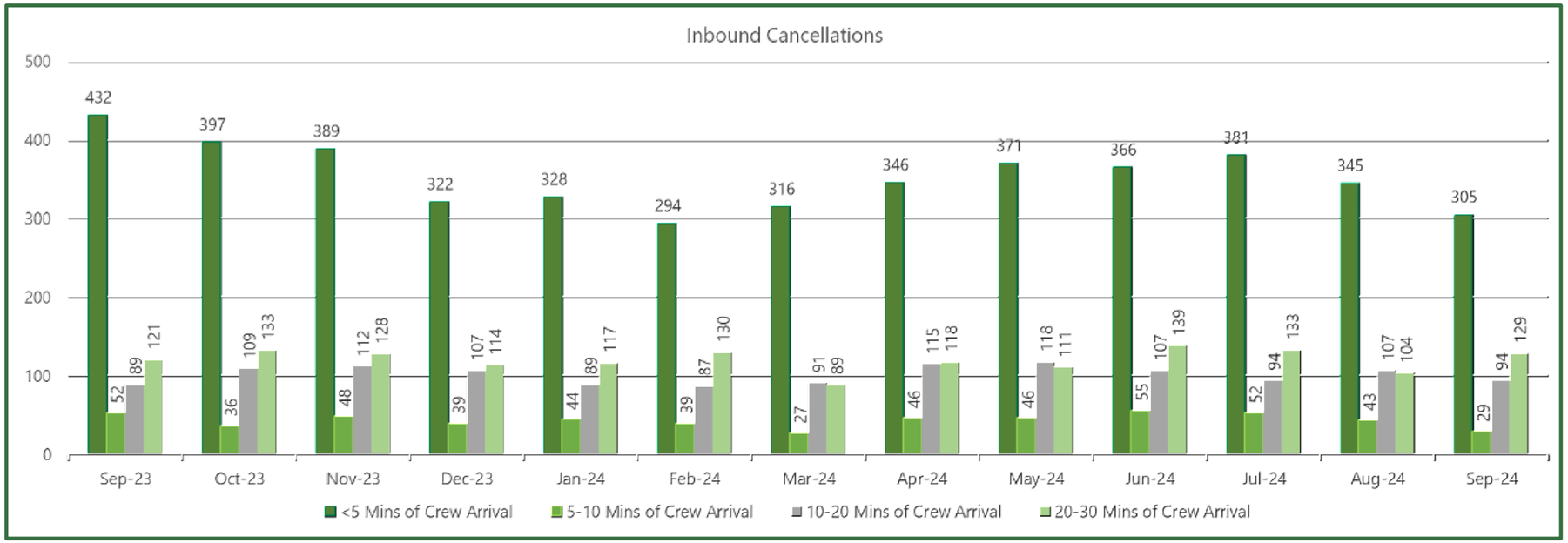
Continue to monitor levels, no trajectory for this measure.

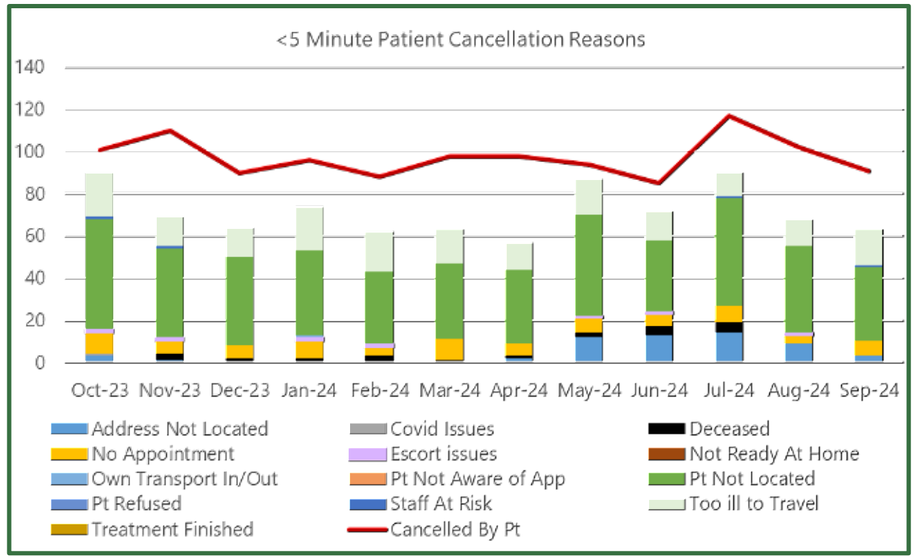
Finance, Resources and Value
Value: Ambulance Care Indicators

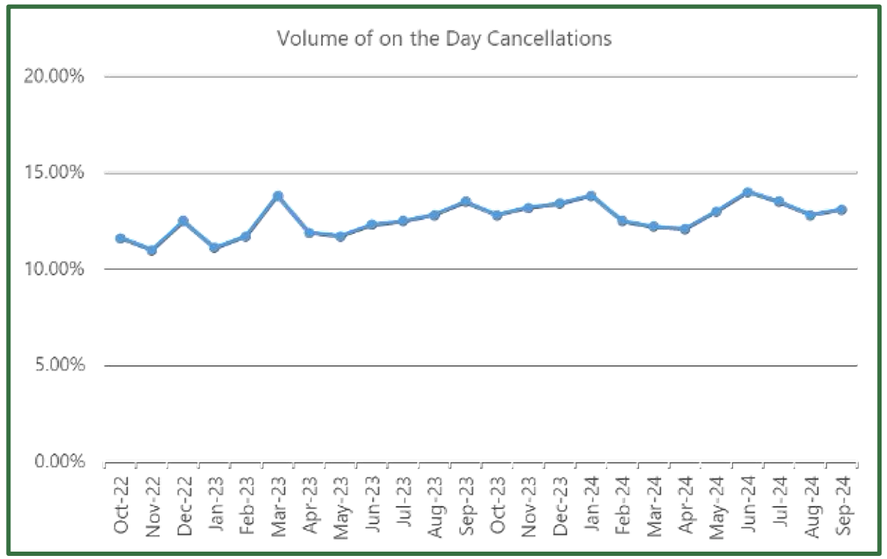
(Responsible Officer: Lee Brooks)

Cancellations

G







Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in September 2024 to 305, compared to 345 in August 2024. The total number of cancellations within 30 minutes decreased from 599 in August 2024 to 557 in September 2024.

In September 2024 there were 91 appointments cancelled by patients, decreasing from 102 in August 2024.

The other top reasons for less than 5-minute cancellations included: 35 patients not located, 17 unwell/too ill to travel and 7 no appointment.

Same day cancellations increased slightly in September to 13.1% from August 2024 (12.8%).

Remedial Plans and Actions

Work with Hywel Dda to develop a direct link between their PAS system and our CAD but has been delayed by a clash of organisational priorities. Once in place this will allow for WAST to be notified once the health board cancels or alters an appointment.

Work is also underway to enhance the service's text messaging options to improve notification to patients. This should be complete in Q2.

Expected Performance Trajectory

Until this work is completed, we do not anticipate a significant shift in the trajectory as many of the factors affecting this are outside of our direct control.

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

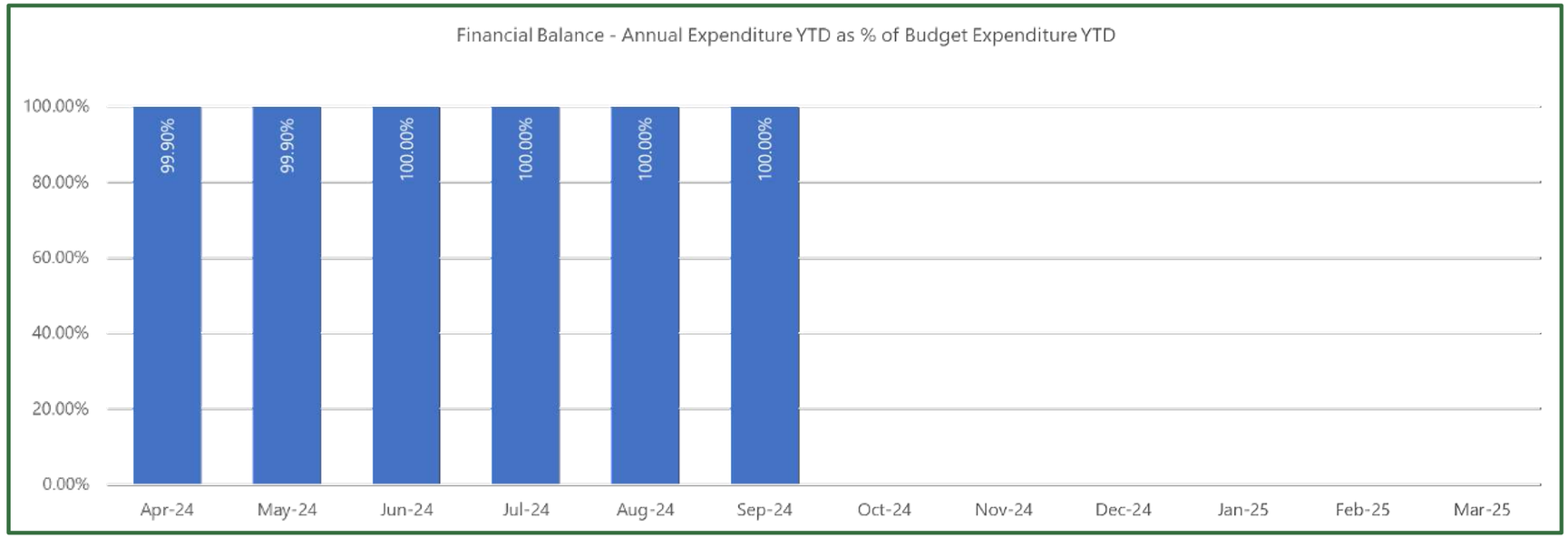
**Please note that MDTs do not appear to provide specific cancellation reasons for either inbound or outbound journeys. There are at present multiple and duplicated reasons both crews, control and the liaison desk can select.*

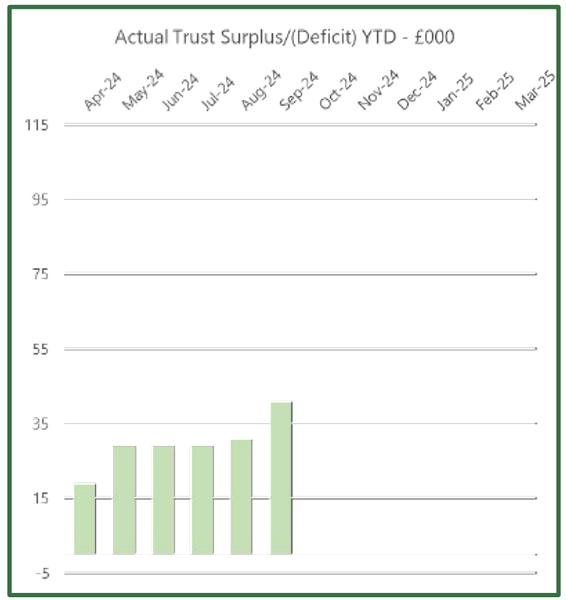
Finance, Resources and Value
Value - Finance Indicators

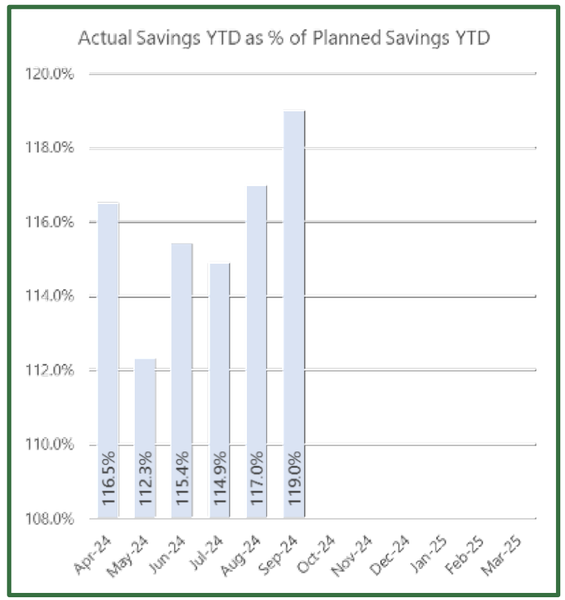
(Responsible Officer: Chris Turley)

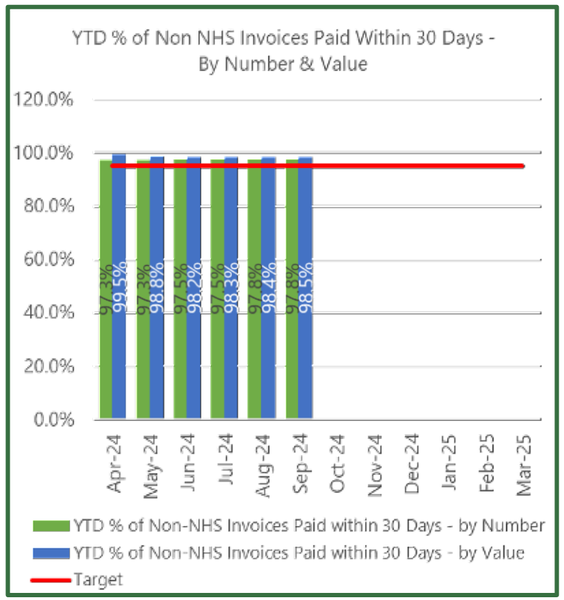
G

FPC









Analysis

The reported outturn performance at Month 6 is a surplus of £41k.

For Month 6 the Trust is reporting planned savings of £3.369m and actual savings of £4.013m (an achievement rate of 119.1%).

The Trust's cumulative performance against PSPP as at Month 6 is 97.8% against a target of 95%.

At Month 6 the Trust is forecasting to achieve both its External Financing Limit and its Capital Expenditure Limit.

Remedial Plans and Actions

There is no remedial plan required given the Trust is forecasting to breakeven; however, as the Trust moves into 2024/25 key areas of focus include:-

- Undertaking a review of commercial opportunities for income generation (Report being considered by FSP group).
- A continued focus on the Trust's financial sustainability programme.
- Improved governance for Value Based Health Care, with a particular focus on benchmarking; and
- An improved approach to benefits realisation

Expected Performance Trajectory

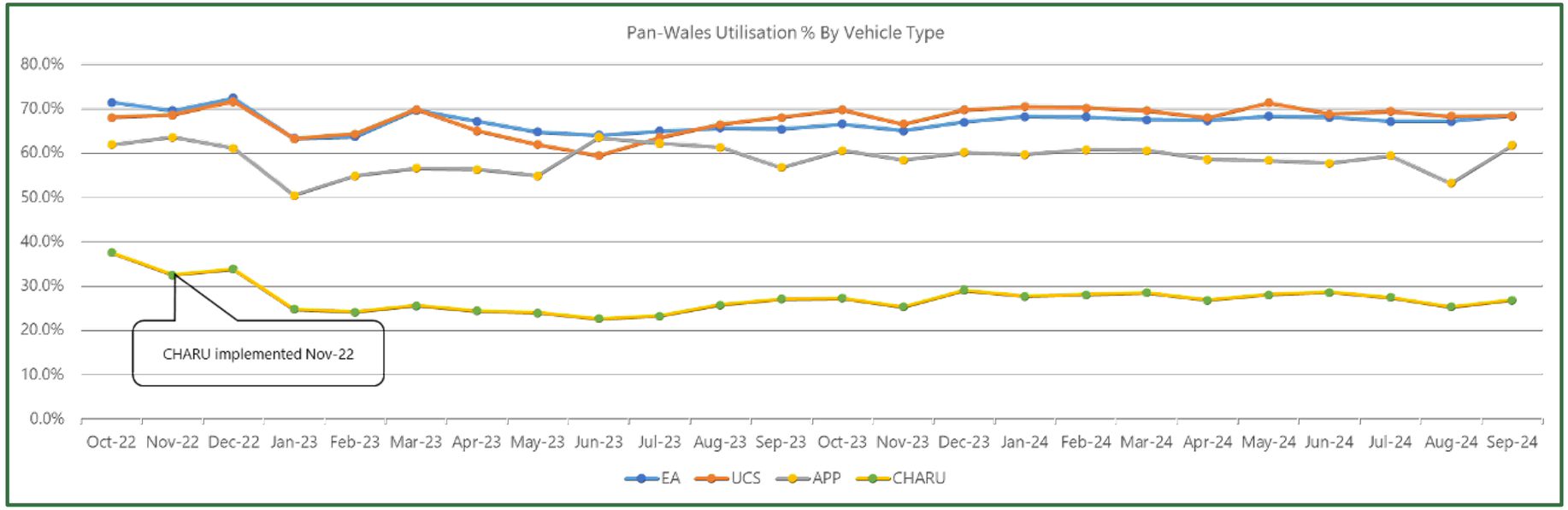
The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2024/25 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver a planned level of savings in the 2024/25 financial year of c£6.4m.

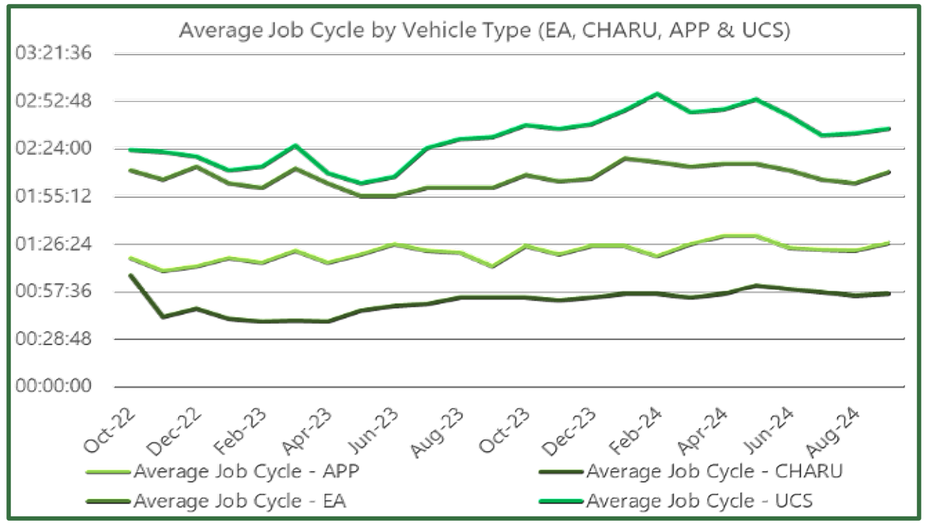
Finance, Resources and Value
EMS Utilisation & Average Job/Shift Times

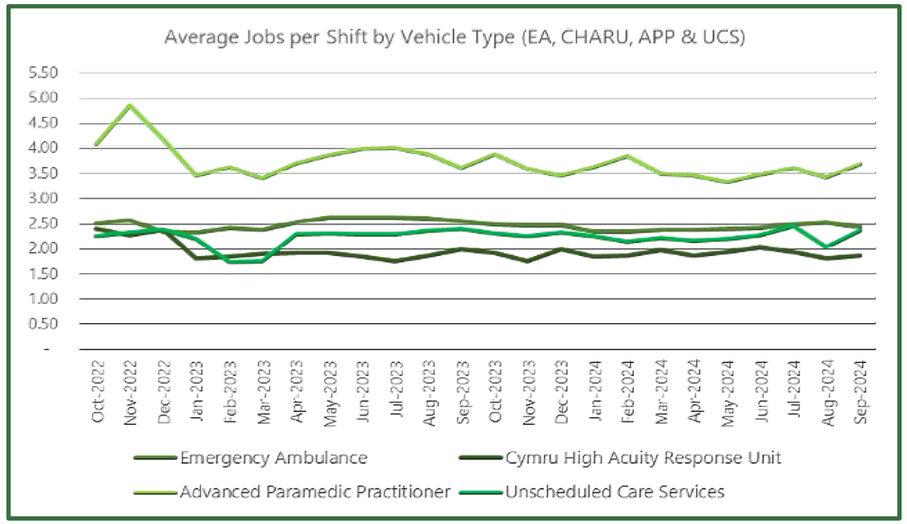
(Responsible Officer: Lee Brooks)

Jobs Per Shift	CHARU Utilisation	FPC
R	R	

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







Analysis

Pan Wales Utilisation metrics in September 2024 were 57.9% for all vehicles types, increasing slightly from 56.8% in August 2024. UCS and EA were both the highest rate during the month at 68.4%. Both have seen a generally stable trend over the past two years. The optimal utilisation rate for EAs needs to lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle increased in all categories in September 2024, to 2 hours 10 minutes for EAs, 56 minutes for CHARU and to 1 hour, 27 minutes for APPs and 2 hours and 36 minutes for UCS.

Overall average jobs per shift was 2.29 in September 2024, indicating a slight decrease from August 2024 (2.34). EAs averaged 2.43 jobs per shift and UCS crews 2.35 jobs per shift This is more than what would be ideal and a product of handover delays.
APPs attended on average 3.68 jobs per shift and CHARU's 1.87 jobs per shift. Both sets of data are under review.

Remedial Plans and Actions

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

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

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

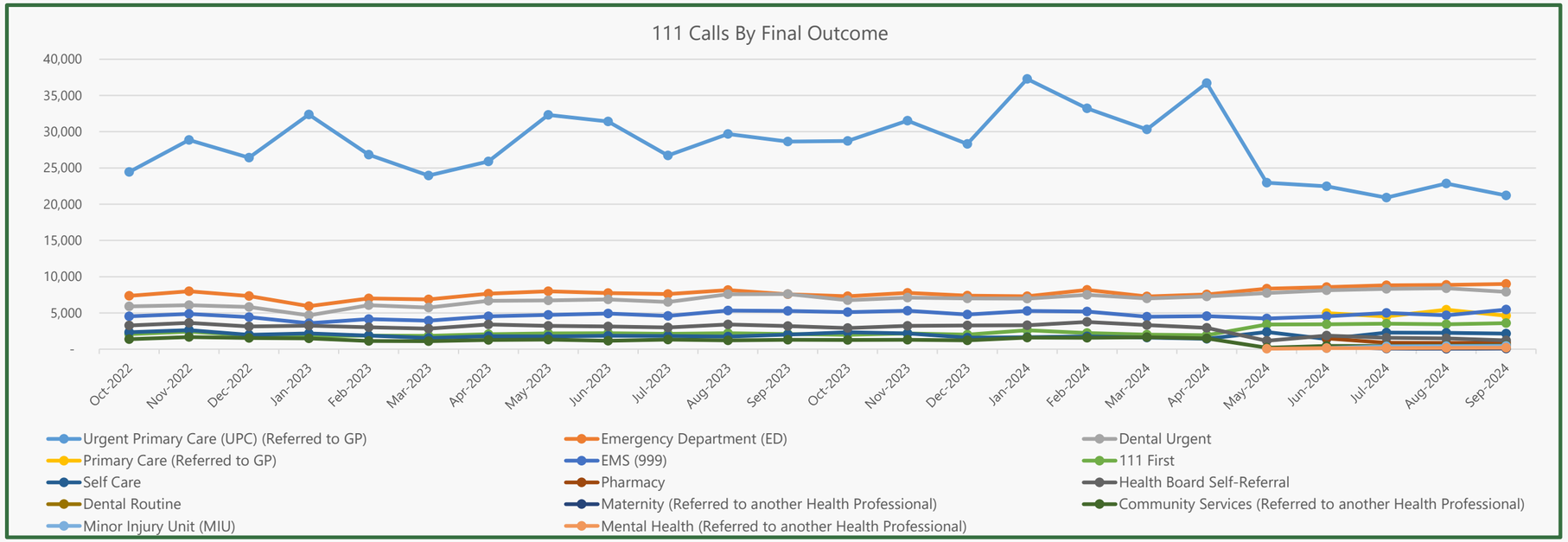
Expected Performance Trajectory

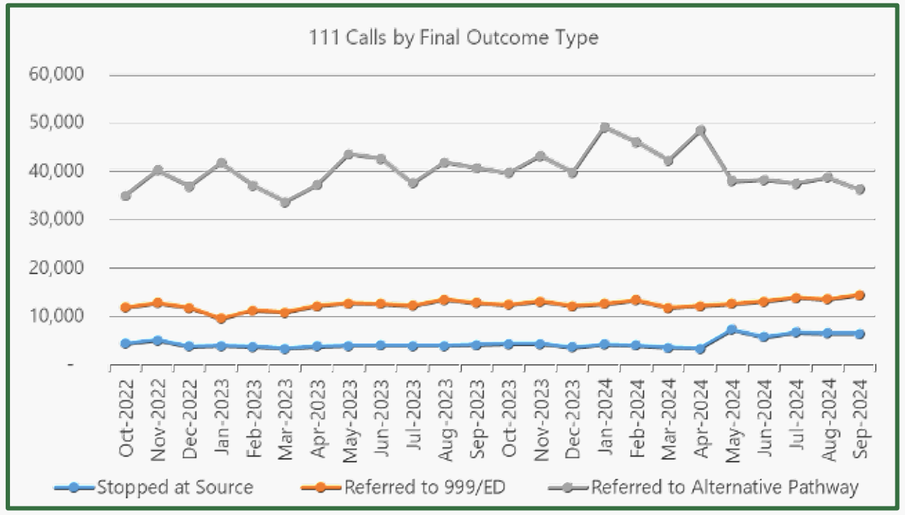
The Trust's ability to reduce the high utilisation rates for EAs and UCS is a product of handover, which it does not control. The Trust would expect an increase in APP and CHARU utilisation during 2024/25 linked to the remedial actions identified above.

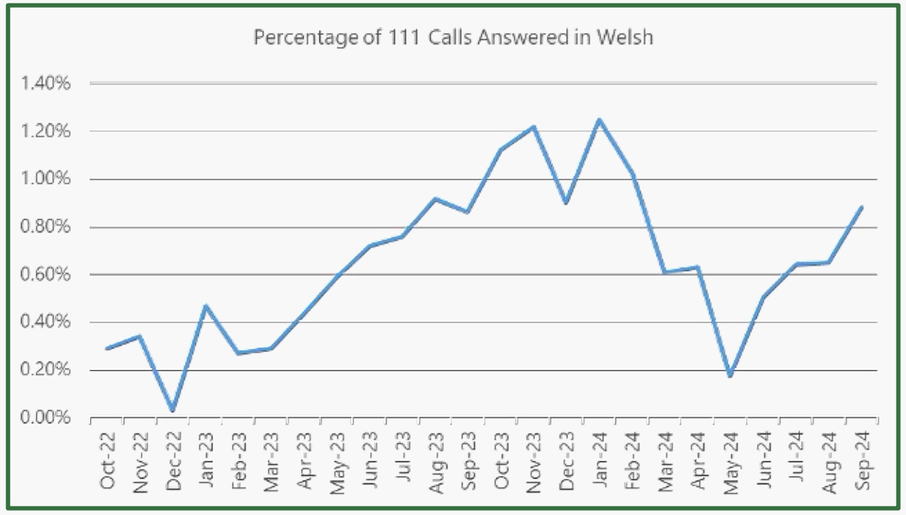
Partnerships / System Contribution
NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators
Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

NB: Data quality issues have been identified in 111. These are currently being addressed.







Analysis

During September 2024, 57,093 calls were allocated into the 14 categories displayed in the graph opposite, a slight decrease compared to the 58,742 seen during August 2024. However, data quality issues have been identified in 111 which are currently being addressed.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 37.14% of all calls during September 2024, but there has been a material drop since the implementation of new 111CAS.

As the bottom left graph highlights, in September 2024, 6,434 calls were 'Stopped at Source', with no onward referral, a slight decrease from the 6,550 in August 2024. 14,450 calls were referred to 999/ED in September, an increase from the 13,521 in August.

The percentage of 111 calls answered in Welsh increased from 0.65% in August 2024 to 0.88% in September 2024. This equated to 47.4% of all 111 calls being offered in Welsh being answered.

Remedial Plans and Actions

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

Expected Performance Trajectory

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

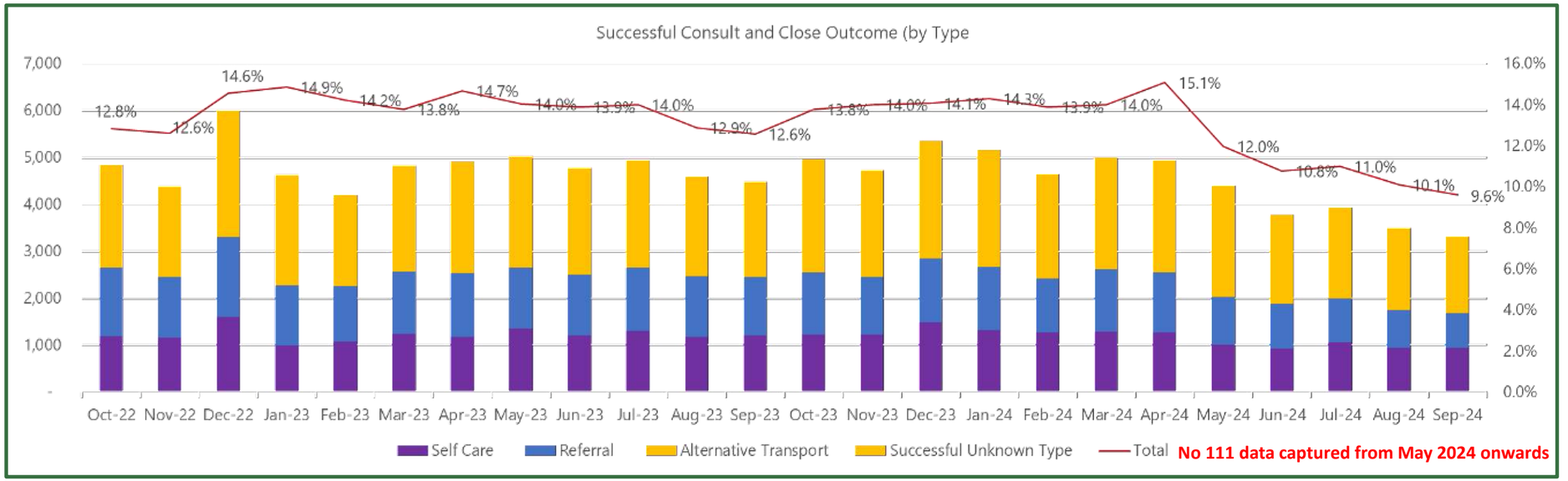
Partnerships / System Contribution
Consult & Close Indicators

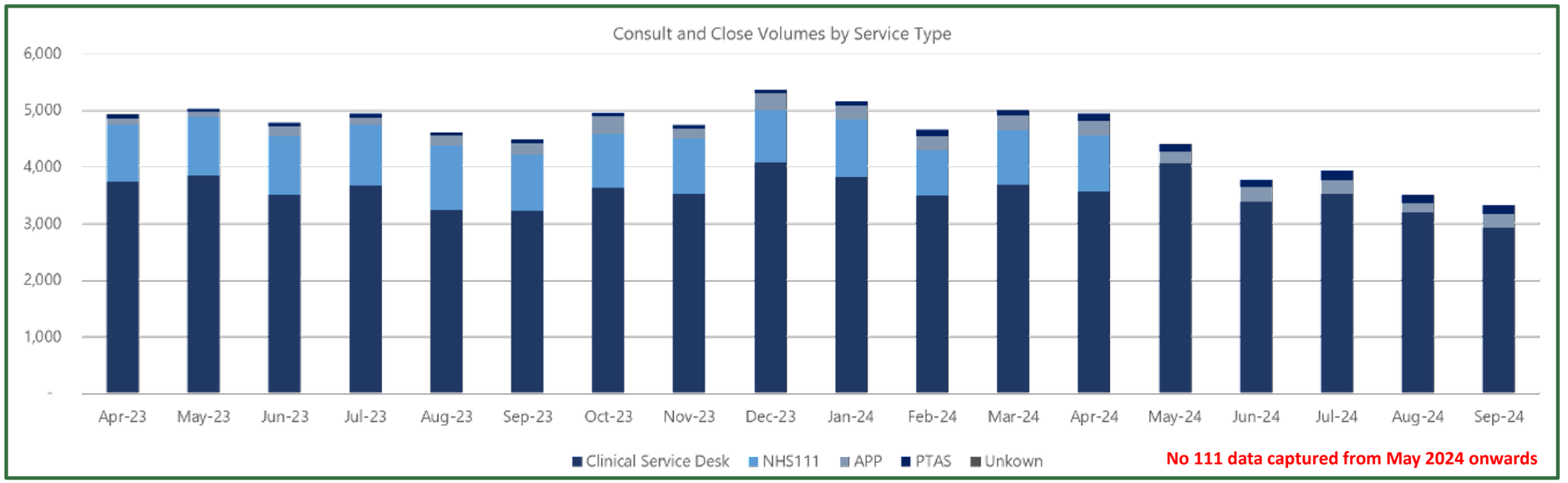
(Responsible Officer: Lee Brooks)

C&C Outcomes

FPC

NB: Data quality issues have been identified in 111. These are currently being addressed.





Analysis

Consult and Close, with contributions from Clinical Service Desk (CSD) (8.5%), NHS111 (0%), WAST APP (0.7%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.5%) achieved 9.7% in September 2024, dropping from 10.1% in August 2024 and remaining short of the 17% IMTP ambition. The number of 999 calls resulting in a Consult and Close outcome was 3,325, a decrease from 3,499 in August 2024.

**There is currently a reporting issue with the 111 contribution, which is incorrectly showing as 0%.*

Of the calls successfully closed in September 2024, 946 patients received an outcome of self-care; 732 patients were referred to other services (including to Minor Injury Units and SDEC) and 1,647 were advised to seek alternative transport services to acquire treatment.

Remedial Plans and Actions

- Work underway with HI to establish a quality assured data warehouse for all new 111CAS data and resolve 111 reporting issue.
- Recruitment of additional 28.5 FTEs into rapid clinical screeding for 24/25.
- Implementation of key aspects of the Clinical Model Transformation Programme before winter are expected to increase remote management

Expected Performance Trajectory

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

Partnerships / System Contribution
Conveyance to ED Indicators

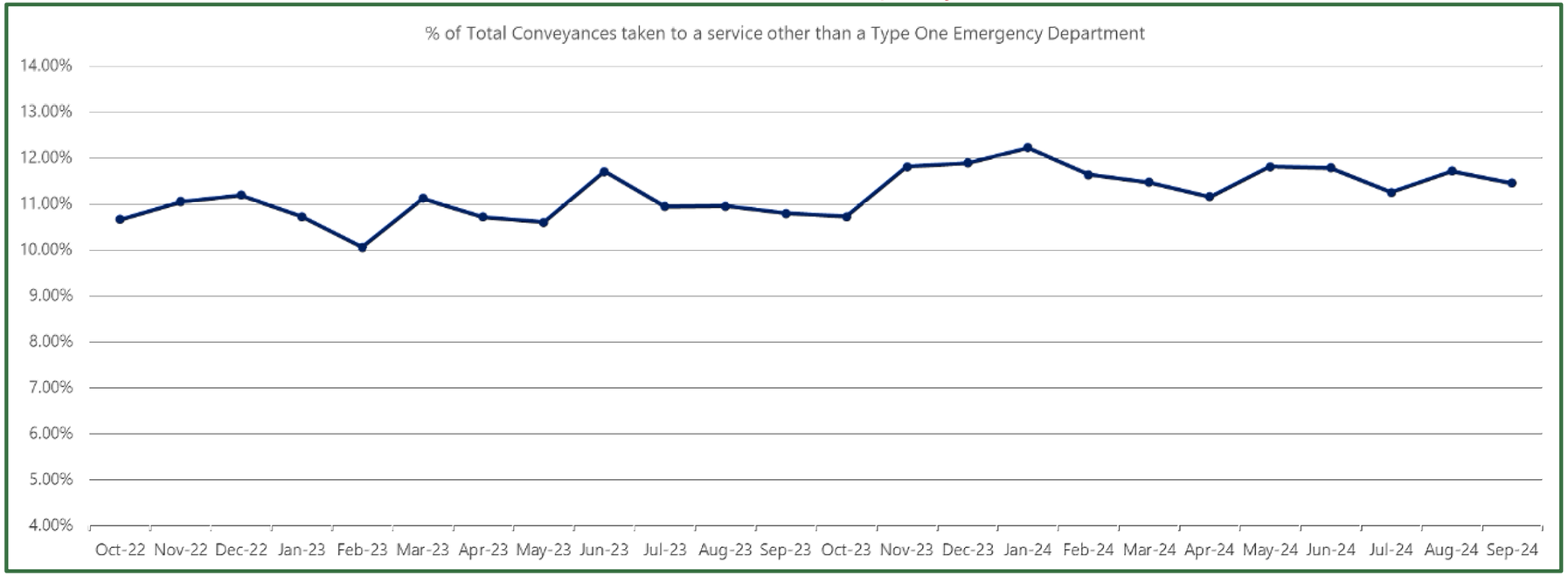
(Responsible Officer: Andy Swinburn)

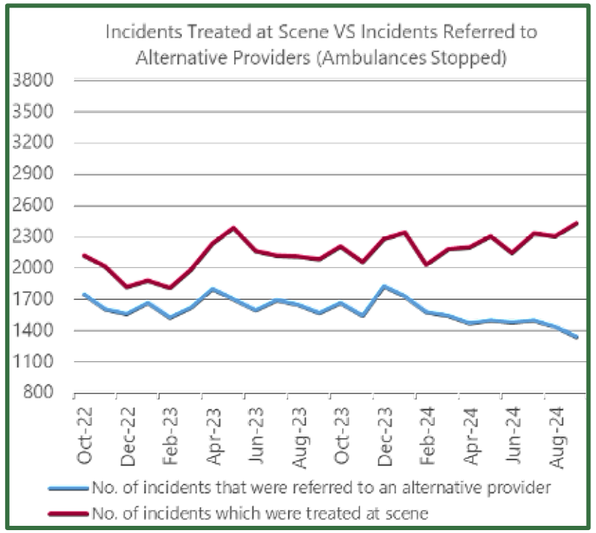
Conveyances
A

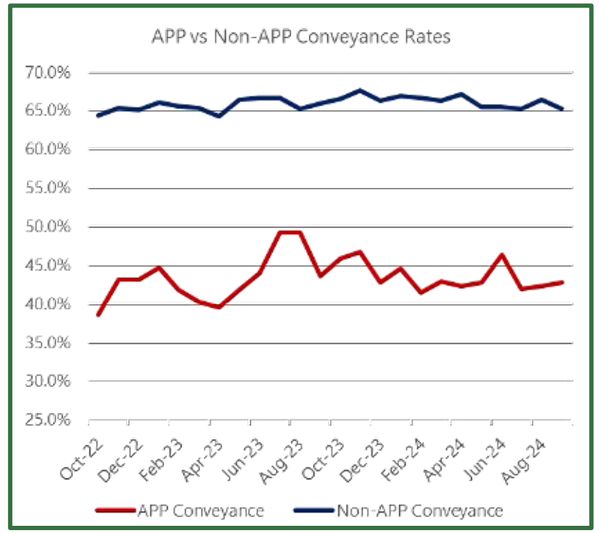
FPC

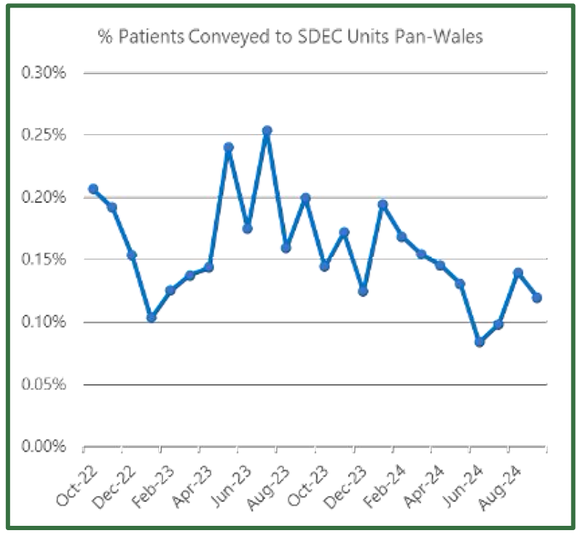
Ministerial Measure

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









Analysis

In September 2024 11.44% of patients (1,537) were conveyed to a service other than a Type One ED, while 34.6% of patients were conveyed to a major ED, as a percentage of verified incidents.

The combined number of incidents treated at scene or referred to alternate providers increased slightly, from 3,735 in August 2024 to 3,753 in September 2024.

The APP conveyance rate was 42.8% in September 2024 and continues to experience a generally increasing trend since March 2023; whilst the DCR table highlights by code the incidents where the preferred response should be an APP (if available), pilot schemes are in place to clinically dispatch advanced and enhanced clinical resource to safely manage care closer to home, however, data quality issues around accurately capturing APPs on shift is likely to be contributing to discrepancies in this figure.

Patients conveyed to SDEC's remained low at 0.12%.

Remedial Plans and Actions

- Continued contribution to the SDEC strategy the 6 goals programme with HB actions around reporting measures from referral and bedding of SDECs in times of escalation. It should be noted that WAST data reflects a direct referral to an SDEC where some HB models require a conveyance to ED initially and then streaming to SDEC on this basis.
- Further investment in the APP workforce in 2024/25 (+32 APPs).
- Formal education support and induction package for APPs agreed trust-wide in support for completing their studies and giving stability and consistency to the learner.
- Embedding the Urgent Care response within the Clinical Model Transformation, tasking optimisation (alongside HB partners if available), scheduling care and APP development and workforce.
- Inclusion of specific Frailty and Falls workstream within Urgent Care Response Service with involvement in the review of the All Wales Falls Response Framework alongside NHS Executive Colleagues.

Expected Performance Trajectory

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

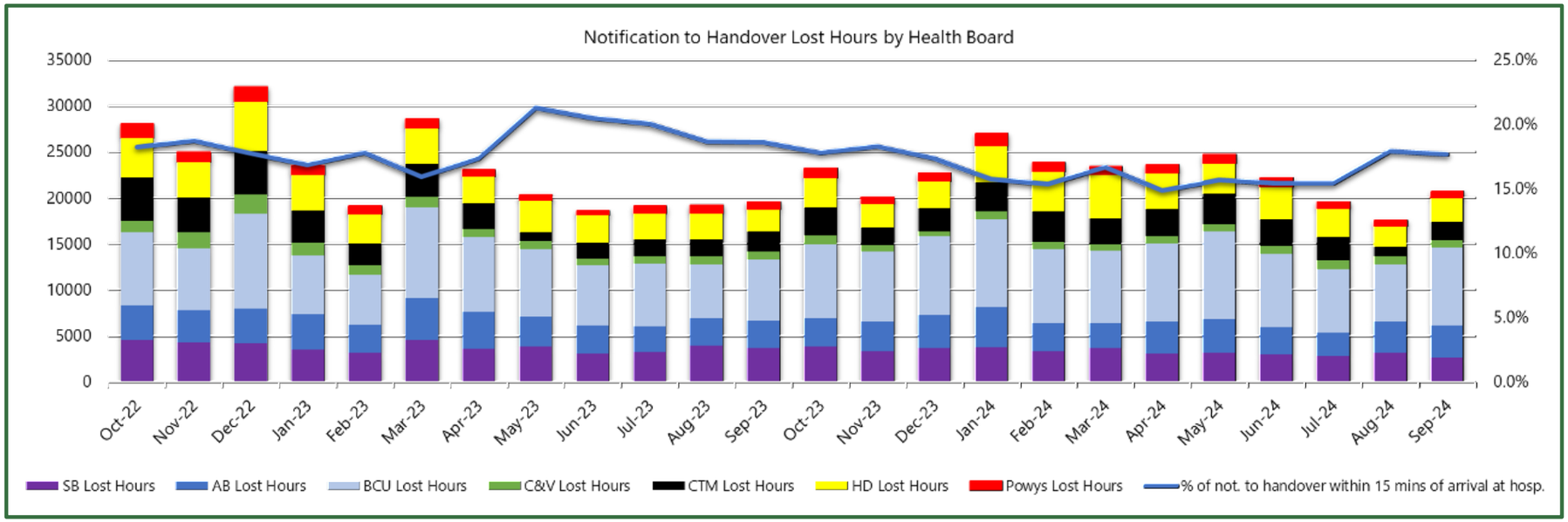
Partnerships / System Contribution
Handover Indicators

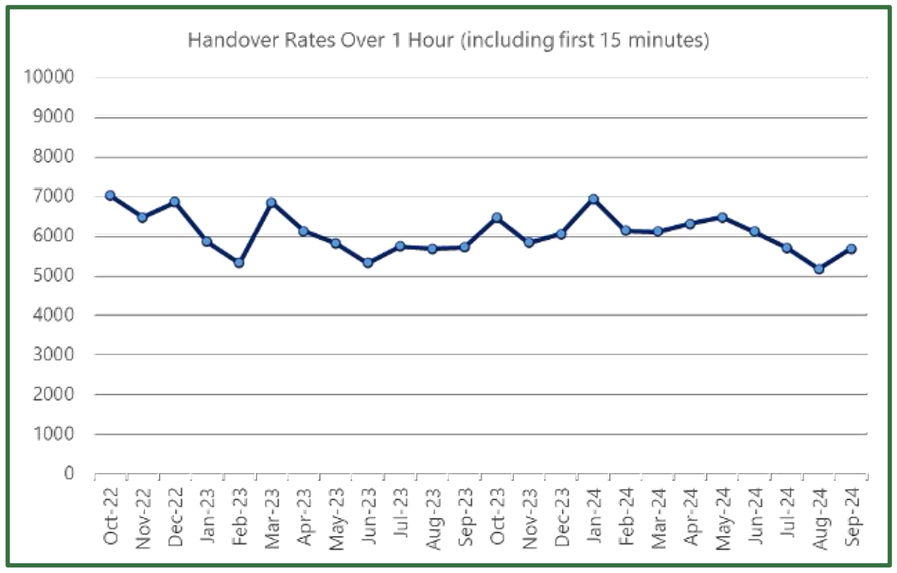
(Responsible Officer: Health Boards)

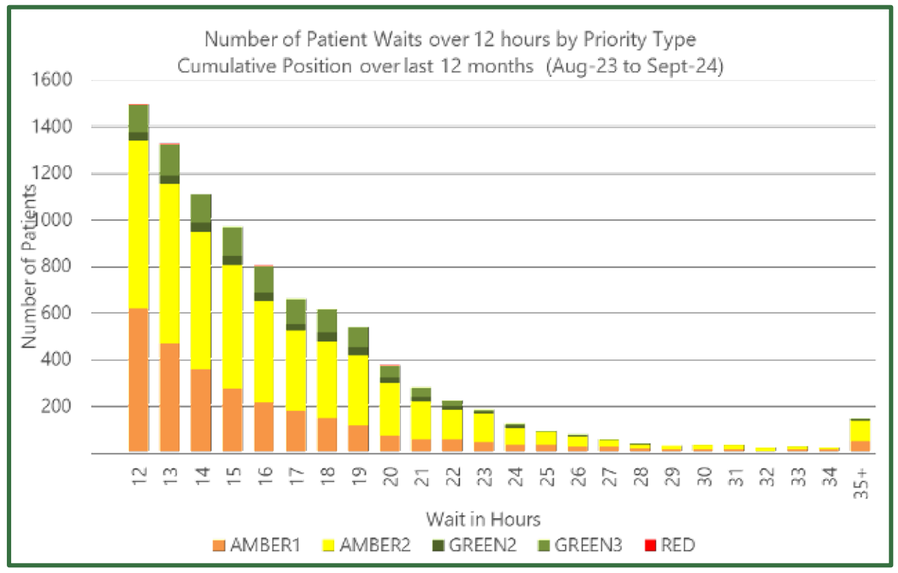
Lost Hours R

CI

QUEST







Analysis

268,904 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (Oct-23 to Sept-24), compared to 277,456 over the same timeframe the previous year. There were 20,693 hours lost in September 2024. The September 2024 figure is 5.5% higher than the figure recorded in September 2023.

The hospitals with the highest levels of handover delays during September 2024 were:

- Grange University Hospital (ABUHB) at 3,370 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,759 lost hours
- Maelor General Hospital (BCUHB) at 2,711 lost hours
- Morriston Hospital (SBUHB) at 2,573 lost hours

Notification to handover lost hours averaged 690 hours per day during a 30-day September 2024 compared to 566 hours a day in a 31-day August 2024.

In September 2024, the Trust could have responded to approximately 6,527 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

In September 2024, 704 patients waited over 12 hours for an ambulance response. In September 2024 45 compliments were received from patients and/or their families.

Remedial Plans and Actions

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

Expected Performance Trajectory

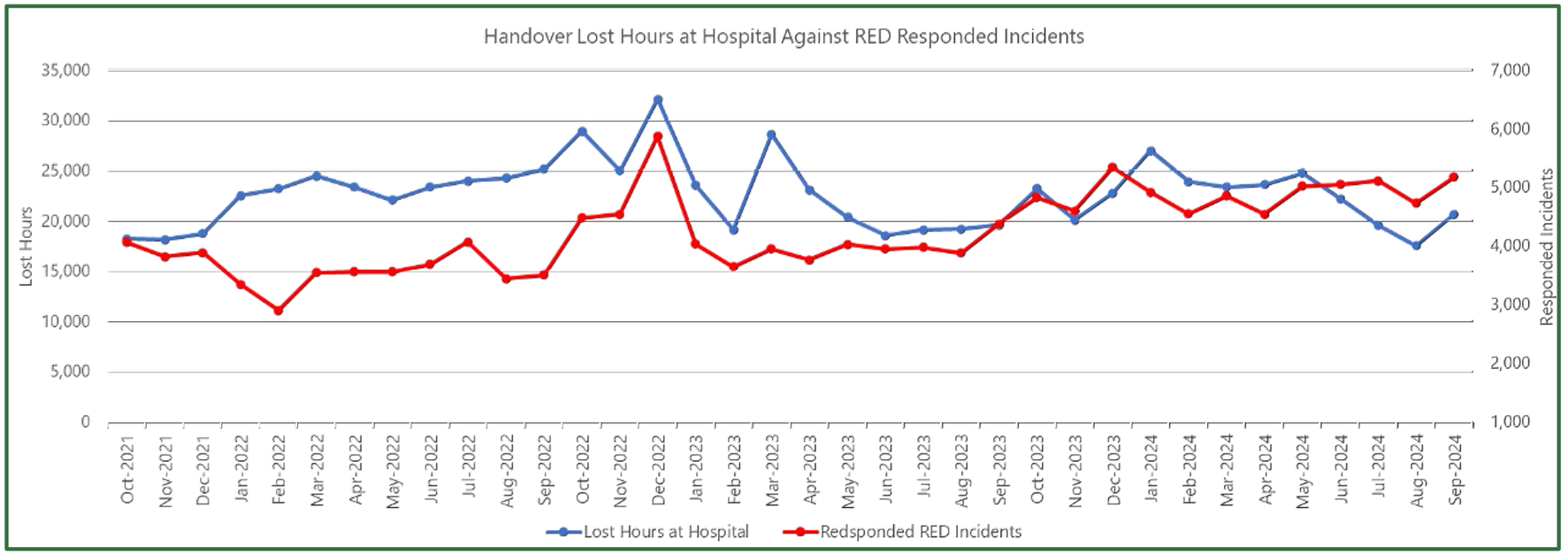
The Welsh Government handover target for 2024/25 is no waits over one hour; this equates to 7,500 hours lost to handover delays per month. There would need to be a 60% reduction in current handover levels for this to be achieved.

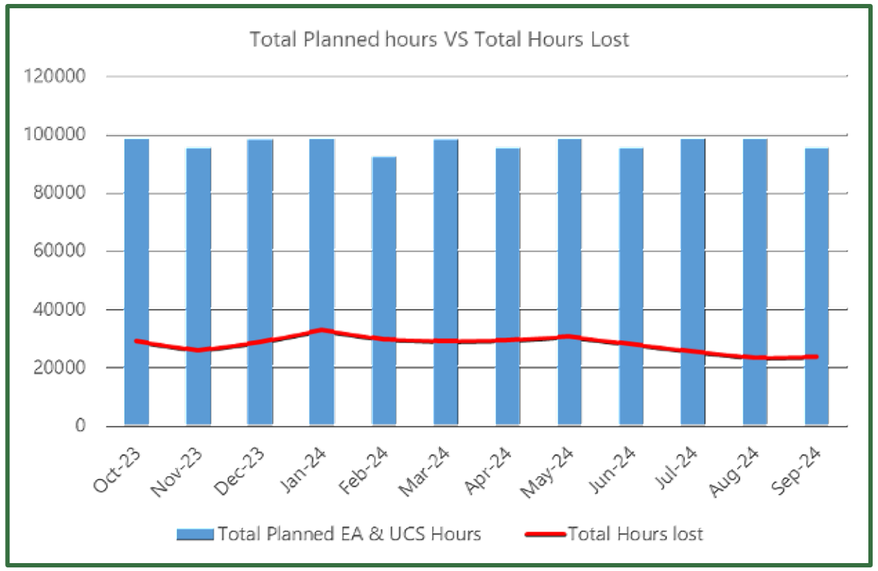
Partnerships / System Contribution

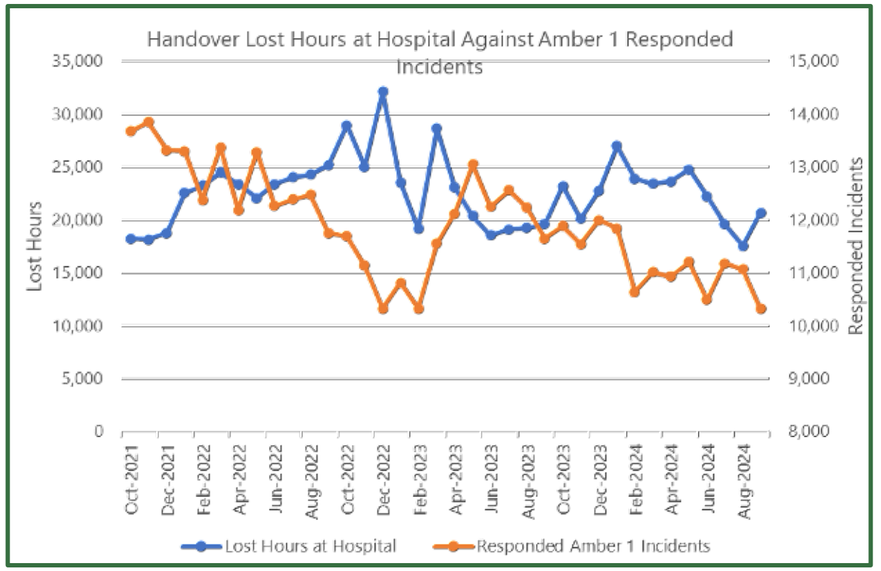
Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

CI QUEST







Analysis

The top graph highlights that as handover lost hours have increased since September 2021, so too have the number of Red incidents being responded to. This shows that when CSP is in periods of high demand and hospital handover increases, Red responses are protected, even during high pressure within the system.

However, as the bottom graph illustrates, as the response to Red increases, there is an impact on Amber 1 responses, particularly at times of high demand, such as during December 2022. During these periods, the number of Amber 1 incidents attended decreases, notwithstanding that some of these patients within the Amber 1 category will still be seriously ill.

The bottom graph also highlights the correlation between lost hours and Amber 1 performance. As lost hours increase, so Amber 1 performance declines.

Remedial Plans and Actions

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

Expected Performance Trajectory

The Welsh Government target is no patient handovers of more than one hour, which equates to 7,500 lost hours a month. Welsh Government want to see a 30% reduction by December 2024 as a move towards this target. The Trust is currently experiencing lost hours in excess of 20,600 hours, with handover in September 2024 5.5% higher than September 2023. Unless there is a material change in direction, the Trust is likely to see higher handover lost hours this winter than last.

**NB: Data correct at time of abstraction*

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

Definition of Indicators

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

AGENDA ITEM No	**9**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**2**

HEALTH AND WELLBEING PLAN 2025-2029

MEETING	People and Culture Committee
DATE	14th November 2024
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Dr Adam Cann – Head of Workplace Wellbeing
CONTACT	adam.cann@wales.nhs.uk

EXECUTIVE SUMMARY

1. Ambulance staff are more at risk of mental ill health, suicide and are more likely to attribute work as a contributing factor to their difficulties. The expectations and challenges our people, employees, students and volunteers, face have increased alongside pressures on health and social care. We know there are risks associated with supporting people in their most distressing moments.

2. This paper presents our Health and Wellbeing Plan, detailing strategic objectives and targeted actions to enhance colleague health and wellbeing across WAST. The plan integrates comprehensive support measures designed to address core challenges, such as burnout and handover delays, whilst embedding wellbeing into leadership practices and exploring increased funding through charity partnerships.

3. The Health and Wellbeing Plan 2025-2029 provides principles and a plan for the delivery of our continued improvements to the health and wellbeing of our people across WAST. The plan highlights the need for preventative wellbeing interventions that reach beyond traditional individualised interventions, touching every aspect of our work. Our Plan has been developed in line with the HEIW Health and Wellbeing Best Practice Guide for Organisations.

4. This plan takes strategic direction from the People and Culture Plan 2023-2026 which sets out our vision for a workplace culture of belonging, inclusion, where our people can be at their best and bring their whole self to work as

part of #TeamWAST. Fulfilling and meaningful work bolsters our wellbeing and health.

5. The plan is structured around five core objectives, each with targeted deliverables that reflect a commitment to improving physical, mental and psychological support for our people. Notable elements include:

Objective 1: Assess and Understand Workforce Health and Wellbeing

We will implement a robust assessment framework to identify and address specific stressors. The data-driven approach will provide actionable insights, enabling targeted interventions and creating a foundation for sustainable wellbeing improvements. Charity funding will be sought to support and expand these assessment tools.

Objective 2: Proactively Promote Health and Wellbeing at All Levels

This objective includes broad wellbeing programmes with a focus on burnout prevention and team resilience building. By strengthening staff networks (e.g., TRiM and Peer Support) and seeking charity funding for additional resources, the plan aims to cultivate a supportive environment, creating stronger peer connections and overall engagement.

Objective 3: Provide Comprehensive Health and Wellbeing Services

To ensure preventative and reactive wellbeing measures at each stage of employment, we will provide access to trauma-informed support and flexible resources. Leadership development will incorporate wellbeing skills, ensuring managers are equipped to support and engage teams effectively. We'll also pursue partnerships to facilitate "no wrong door" access to wellbeing resources, enabling easier and more effective support pathways.

Objective 4: Achieve High Health and Wellbeing Standards

By pursuing external accreditations, such as the Occupational Health accreditation SEQOHS and benchmarking best practices, we will validate and enhance our commitment to high quality, proactive health and wellbeing support.

Objective 5: Strengthen Health and Wellbeing Partnerships within WAST and the Communities We Serve

Through partnerships in research and innovation, we aim to position WAST as a leading hub for NHS health and wellbeing initiatives, driving forward evidence-based practices that benefit our workforce and community. Collaborating closely with Trade Unions will ensure our colleagues' wellbeing

needs are represented and prioritised at every stage of organisational development.

6. The plan was first presented to People and Culture Committee on 20th February 2024 for comment and since then there has been an extensive consultation. The final draft was circulated to Executive Leadership Team (ELT) members at the end of October for awareness.

RECOMMENDATION:
The People and Culture Committee is asked to REVIEW and ENDORSE the Health and Wellbeing Plan 2025-29 and recommend its submission to the Trust Board for approval.

KEY ISSUES/IMPLICATIONS
Ensure the Trust fulfils its commitment to improve the health and wellbeing of our people.

REPORT APPROVAL ROUTE
14 November 2024: People and Culture Committee – For Endorsement 29 November 2024: Trust Board – For Approval

REPORT APPENDICES
Annex 1: Health and Wellbeing Plan 2025-2029 Annex 2: EQIA

REPORT CHECKLIST

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

HEALTH & WELLBEING PLAN

2025-2029

Take Ownership
Broaden our Understanding
Respect others
Show Belief in each other
Practice Ethically
Continually improve our Service
Be inclusive of the whole Team
To get there, we all need to be

OUR BEST

Foreword

Jason Killens

Chief Executive

As we look toward the future of the Welsh Ambulance Service, we remain deeply committed to the health, wellbeing, and overall experience of every individual within our organisation. The vital work that you do, often under intense pressure, can take a toll both physically and mentally. It is our duty to ensure that we cultivate an environment where you feel supported, respected, and empowered to care for yourself while carrying out the essential work of caring for others. Our Health and Wellbeing Plan for 2025-2029 is designed to address this directly, working to create a healthier working culture and a positive day-to-day experience for every single member of #TeamWAST.

Our approach is fully aligned with the Health Education Improvement Wales (HEIW) Good Practice Guide launched in 2024, supporting Welsh NHS organisations to drive the change needed.

Our plan goes beyond traditional support measures. It reflects our understanding that a healthier workplace is one where mental, physical, and emotional wellbeing are integral to our operations and culture. We aim to make tangible improvements to how we work, how we communicate, and how we support one another, ensuring that personal wellbeing is prioritised as much as the professional services we provide. By enhancing support systems, creating spaces for personal health, and encouraging a culture of wellness, we are confident that this plan will benefit every employee and volunteer, helping #TeamWAST thrive in a demanding yet rewarding environment. Together, we will build a future that supports both personal health and the overall wellbeing of our organisation, ensuring that we can continue to serve and support the people of Wales.

Message from **Ceri Jackson**
Non-Executive Director and Vice Chair

As a board, we are fully committed to embedding the principles of health and wellbeing into the core of the Welsh Ambulance Service culture. We recognise that the success of this organisation to serve the people of Wales relies on the wellbeing of the people who keep it running, and this Health and Wellbeing Plan is a testament to our commitment to you. We will hold ourselves accountable, monitoring the progress of these initiatives closely to ensure that they deliver real, lasting change for every member of staff, every student and every volunteer.

By investing in your health and wellbeing, we are investing in the future of this service. We understand that the pressures of your roles can be immense, and it is our responsibility to ensure that the systems and support are in place to help you manage those pressures. This plan is about creating a sustainable, healthy working environment that enables you to continue delivering the high-quality care that our communities depend on, while also maintaining your own personal health and fulfilment. Your wellbeing is the foundation of our service, and we are committed to protecting and promoting it at every level.

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

The health and wellbeing of our people is not just a priority, but a cornerstone of the culture we are building here at Welsh Ambulance. We recognise that, for our team to be at its best, we need to focus on creating an environment that supports both personal and professional wellbeing. The Health and Wellbeing Plan for 2025-2029 reflects our commitment to developing a working culture that prioritises health—whether through access to mental health resources, enhanced work-life balance, or proactive support for physical health. This plan includes everything from mental health support, peer support networks, and comprehensive wellbeing assessments to flexible working arrangements designed to ease the demands of daily life.

Our goal is to ensure that everyone, employee, student and volunteer, no matter their role, feels valued and supported within this organisation. This is about more than addressing the challenges that come with the job—it's about creating a workplace that actively promotes wellness. We want to equip our people with the tools, resources, and structures necessary to thrive in their career without compromising personal health and wellbeing. Together, we can build a culture of care, respect, and resilience that reflects our values and mission.

Vision

Our people face unique challenges serving the people of Wales. The COVID-19 pandemic highlighted the impact of healthcare work on the health and wellbeing of staff within the National Health Service.

Individual wellbeing support alone is not sufficient, we must place equal focus on the systems, environments and processes in which individuals work.

This plan takes strategic direction from the People and Culture Plan 2023-2026 which sets out our vision for a workplace culture of belonging and inclusion, where our people can be at their best and bring their whole self to work as part of #TeamWAST. Fulfilling and meaningful work bolsters our wellbeing and health.

Our approach to workplace wellbeing recognises the risks associated with the work we do including sleep difficulties, musculoskeletal problems, and workplace injuries. We know that there can be no health without mental health and are committed to improving both the physical and psychological health of our workforce.

We know that ambulance service workers are more at risk of mental ill health, suicide and are more likely to attribute work as a contributing factor to their difficulties. We recognise the risks associated with supporting people in their most distressing moments. The expectations and challenges our people face have increased alongside pressures on health and social care.

We recognise the significant impact of system pressures. From long waits at A&E to attending more unwell patients who may have been unable to access earlier treatment.

This plan builds on the key drivers from our People and Culture Plan Three C's: ensuring we have the culture, capacity, and capability to address the challenges we face as an organisation.

Our Health and Wellbeing Plan is underpinned by these **five key pillars**:

Mental health and **psychological** wellbeing

Physical health and wellbeing

Financial wellbeing

Social wellbeing

Environmental wellbeing

Fulfilling and meaningful work

Promoting autonomy and empowering our people to apply all their knowledge and skills at work, whatever their role, is essential. We must inspire a culture of inclusivity, fairness and psychological safety to ensure our people can be their best.

AUTONOMY	BELONGING	CONTRIBUTION
The need to have **control** over one's work life, and to be able to act consistently with one's **values**	The need to be **connected** to, cared for, and caring of colleagues, and to feel valued, **respected** and supported	The need to experience **effectiveness** in work and deliver valued **outcomes**

The Kings Fund 2022

Quality relationships with our colleagues, managers and the leadership of the organisation set the tone for how we feel about our work. Experiencing a sense of belonging, being valued and respected are the foundations for thriving at work. Our people frequently work independently, or in small teams, which can present challenges for feeling connected and cared for. Every colleague contact is an opportunity to connect and nurture relationships, setting the culture climate at WAST.

The pressures on the system in which we operate can lead our people to feel they are not able to always maintain a high quality service. We all need to experience effectiveness in our work to maintain our motivation, we need to address the barriers to feeling we are making a vital contribution to the service.

Our aim is to be as proactive and preventative as possible, recognising and providing support across a range of issues that can impact all of us, while also providing specific interventions and support for individuals as needed.

Common factors necessary for wellbeing and engagement at work include flexible and reliable shift patterns, meeting physical needs in accessing a choice of healthy foods, regular breaks and finishing shifts on time to support rest, work/life balance and caring responsibilities. We recognise the impact when these basic needs are not met, particularly for those with protected characteristics.

Increasing understanding of the impact of life events on our population is key too; pregnancy, menopause, chronic conditions, aging, and loss will all shape our working lives.

We recognise that the design of job plans, systems and processes have a profound impact on the health and wellbeing of our people. Transformation of our services to increase efficiency and quality is strengthened by ensuring that change holds health and wellbeing at its core. Furthermore, physical and digital infrastructure sends a signal to our people about their value and is an opportunity to further our commitment to their welfare.

We also need to understand and respond to the nuances and challenges of our work, and support individuals, and their managers where possible, in developing bespoke wellbeing support and structures that may include a range of components from our occupational health and wellbeing teams as wells as external providers.

Clear and open communication within and between our teams is essential for our people to feel supported and informed about the challenges and triumphs across WAST. Facilitating multiple two way communication channels to ensure all our people can feel heard and our senior leaders are confident they are reaching everyone with key information is vital.

Our People and Culture teams understand that creating an inclusive, accepting and safe culture can mitigate the need for more formal mediation and psychological intervention. A culture of respect and professionalism should be the foundation of our working relationships to create a psychologically and relationally safe working environment. Our WAST behaviours represent and provide direction for our relationships with each other.

As a core and universal requirement for our wellbeing, we are committed to continuing to improve the safety of our working environments. Workplace safety is bolstered by consistent communication via our digital systems, collaboration with our emergency services partners and robust processes where risks are identified.

Our health and safety, wellbeing and occupational health teams support and collaborate with our people to ensure risks are mitigated and that we learn from adverse incidents. If our people come to harm then we are committed to supporting them throughout their journey of recovery, psychological and physical, including welfare support through legal processes.

Our people must have the confidence that WAST recognises, values and supports their work no matter the challenges.

Harassment, discrimination, and bullying remain a cultural challenge across the Ambulance sector. This is compounded by the presence of hierarchical and authoritarian leadership, where staff feel fearful about speaking up. We must foster an inclusive, compassionate, and connected culture. It has been recognised that the challenges of our working environment and pressures on our services can amplify a blame culture, where raising concerns or getting things wrong can be threatening. This undermines the innovation we need our people to lead in order adapt to a demanding sector.

Our work in collaboration with the Association of Ambulance Chief Executives (AACE) and WAST Voices Network established our Sexual Safety Guiding Principles. We also demonstrated our commitment to addressing violence and aggression from the public in our With Us or Against Us public campaign. The right to feel safe from sexual harm, fear, discomfort or intimidation is absolute. We are committed to swift and robust action where concerns are raised. We recognise that sexual harassment or assault sit on the same continuum as lower-level behaviour such as banter. We must see cultural change as part of our approach to creating a safer workplace.

The 3 Cs

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

Our Strategic Objectives

Our approach is defined by five strategic objectives that continue to shape our health and wellbeing offer, enabling us to plan our work and hold ourselves to account.

Objective One: *Assess and understand the health and wellbeing of our workforce*

We recognise that we can only improve the health and wellbeing of our workforce if we continue to identify the challenges our people face. We know health is not static. Our people operate in a dynamic work environment – we must balance addressing well-established trends with being responsive to new developments.

The health and wellbeing of our people is everyone's business and is a shared responsibility between us, our colleagues, managers, and senior leadership. We recognise the importance of the voice of our people in driving improvement.

We will continue to use a range of tools to collect, analyse and report on the key drivers and modifiers of wellbeing at work to inform improvement. We will continue the use of culture assessment tools in working to create the psychological safety we need to deliver quality services in a modern NHS.

We must take a considered and deliberate approach to planning health and wellbeing interventions, guided by those delivering our services and the available evidence-base.

We know that the culture change mapped out in our People and Culture Plan requires a commitment to be curious, open to feedback and willing to take risks to innovate. We must continue to give a voice to people throughout the organisation. Our Speaking Up Safely work continues to provide a supportive and confidential route where anyone who may be concerned about speaking out is heard.

Objective Two: *Proactively promote protective health and wellbeing offers at all levels within WAST for our people and their families and ensure they are available to all*

We know that our dynamic and fast-paced working environment presents a challenge to ensuring our people have access to the right support, advice and guidance. We will use a broad range of communication strategies, being mindful that access to digital resources can be limited for certain groups, for example our volunteers and students.

We will provide the resources our people need to improve their workplace wellbeing, from managing menopause to mental health. We will engage our staff networks and platforms to ensure that we pre-emptively answer the key challenges our people face in their individual health and wellbeing.

We will have a renewed focus on enabling our managers and senior staff to be skilled and compassionate leaders. Our managers and leadership play a key role in setting the tone for the workplace - creating the open and inclusive culture we need. Ensuring our managers are able to be their best is a core preventative wellbeing strategy.

Our People, Health and Wellbeing services continue to work toward our people accessing the care they need early, ensuring there is no wrong door when asking for help. We will proactively engage people who have been harmed in the course of their duties, particularly those who have been the victim of physical and sexual violence or abuse. Ensuring our response across the organisation is evidence-based and trauma-informed.

Promoting the Welsh language is at the heart of public services in Wales. We will continue to facilitate working in the medium of Welsh throughout the employment journey, including recruitment. We recognise this will enable us to serve our Welsh speaking communities far better.

Our inspiring volunteers are vital to our work, ensuring that the people of Wales receive the quality of care they deserve. Our volunteers must feel that the organisation resources are fully available to them.

We know that lone and home working is common throughout WAST. We are committed to building and strengthening communities, promoting cohesion and opportunities for peer-support and mentorship.

"We're looking forward to think how we support people before things go wrong. If support services are involved before service changes happen...we can make sure the human element is at the heart of this work."

Objective Three: *Provide comprehensive preventative and reactive health and wellbeing services and training for everyone at each stage of their WAST career path*

We recognise that NHS staff working in emergency and unplanned care need health and wellbeing services designed for their needs. Services must be proactive and preventative, whilst being able to flex to the changing demands of our work environment and accessible to all.

We know that just as the operating environment changes, so too do our people. We take an intersectional and lifespan approach to understanding the needs of our workforce. Holding in mind that the needs of those at the start of their WAST journey are different to those starting their retirement.

Preventative wellbeing interventions reach beyond traditional individualised interventions, touching every aspect of our work. Our Plan has been developed in line with the HEIW Health and Wellbeing Best Practice Guide for Organisations. The guide recognises that wellbeing at work is influenced by the building blocks of our jobs – the systems, processes and procedures that make up our every day experience.

As digital innovation becomes more a part of our lives, so do opportunities to improve our work and wellbeing. We must never lose sight of the unintended consequences of automation, particularly where human contact is reduced.

The core of our preventative and reactive health offers must always take a person-centred focus – ensuring the organisation's understanding of psychological distress, trauma and burnout, respect that these experiences are idiosyncratic. Whilst recognising that our life experiences inform and enrich our work. We will increase confidence and skill in responding to suicide risk in our managers and leaders and will respond to suicide risk proactively and compassionately, including offering postvention guidance should it be needed.

"I worried I'd burden someone with the trauma we go to, it's helpful to be cared for by a WAST person. We're more protected and its confidential. I knew the Wellbeing Service were bound by WAST behaviours and would treat my problem confidentially. They knew the pressures we're under and they knew that we're stoic people who don't always put ourselves forward for support."

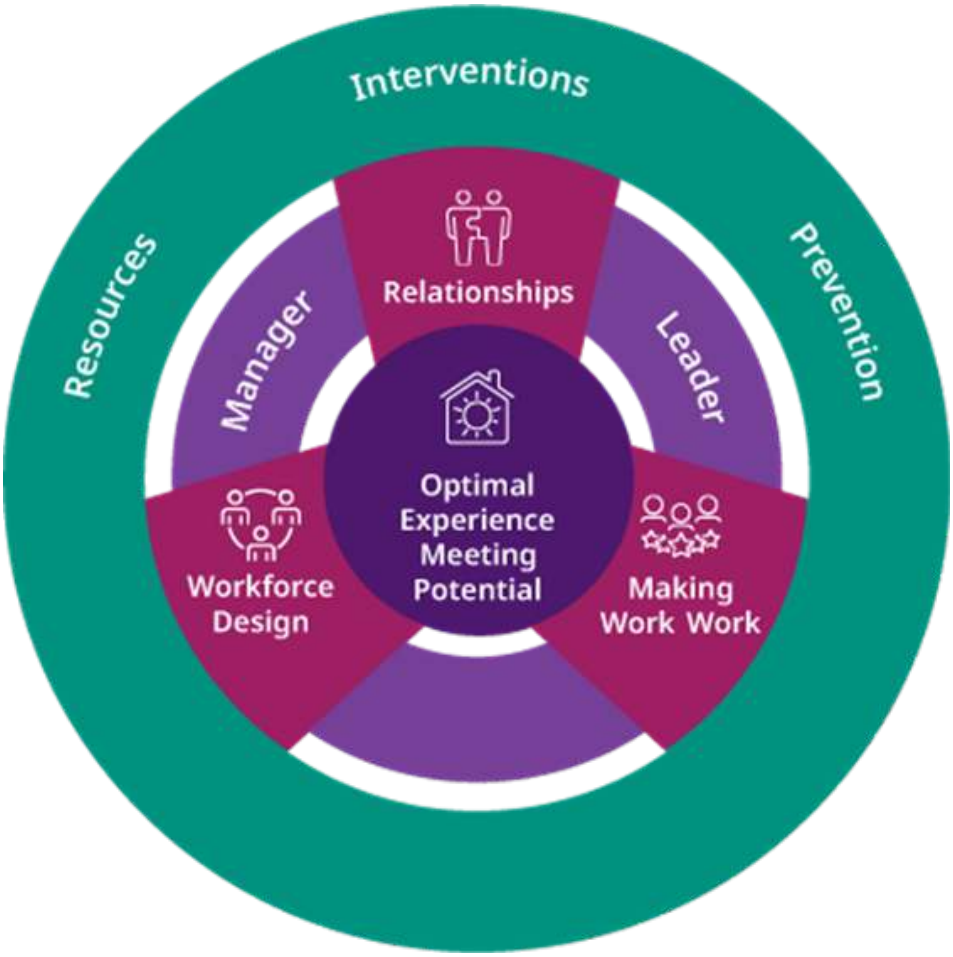
Our relationships with our peers, our manager and the wider organisation sets the tone of our working environments. A culture of respect and professionalism should be the foundation of our working relationships to create a psychologically and relationally safe working environment. We commit to placing staff health and wellbeing at the centre of service design and planning – recognising that the wellbeing of our people leads to the highest quality of care for our patients.

Objective Four: *Succeed in achieving high level Health and Wellbeing standards that are robust and recognised for excellence by external organisations*

We recognise that the system pressures in health and social care highlights further the importance of our commitment and investment to quality, evidence driven, workplace wellbeing support.

We are committed to the highest standards in health, wellbeing and support services across the organisation. Our Occupational Health and Wellbeing department are working towards SEQOHS accreditation as a mark of quality workplace health services.

We work in line with the Health Education and Improvement Wales (HEIW) Best Practice Guide for NHS Wales to ensure quality health and wellbeing interventions of consistent quality across Wales.



HEIW Best Practice Guide for Organisations

We commit to advocating for our people when accessing health services and using our knowledge of NHS systems to navigate the pathway to receiving quality care, such as supporting prompt access secondary care services.

We collaborate with the Association of Ambulance Chief Executives (AACE) and work in collaboration with our partners in NHS organisations, charities and government to share good practice and benchmark our workplace wellbeing services.

We will not be driven by the market of wellbeing products, rather we will scrutinise and use professional expertise in selecting, implementing and evaluating wellbeing interventions, recognising the currently limited evidence of effectiveness for individualised workplace wellbeing interventions.

Objective Five: *Strengthen our health and wellbeing partnerships within WAST and the communities we serve*

We go further together. We will continue to build strong relationships throughout the organisation to drive the improvement to health and wellbeing that our people deserve.

As the WAST charity continues to grow, we will endeavour to use this resource to support our health and wellbeing initiatives.

We are committed to the development of our staff networks as drivers of culture change. Our networks cut through hierarchies and service-structures, sharing ideas, experiences and initiatives. Our staff networks are key stakeholders in all wellbeing, inclusion and culture strategies.

Connected, compassionate and cohesive communities are resilient communities.

Our external partnerships throughout the ambulance, health and education sectors provide vital collaboration on meeting the challenges of our work. We will continue to tackle silo working and collaborate across key projects, ensuring complex problems are addressed with the broadest thinking. We will ensure there is no wrong door to services within the organisation.

We will ensure that health and wellbeing initiatives are developed and delivered whilst keeping pace with our broader strategic plans. We will capitalise on the expertise and lived experienced of our entire workforce when planning health and wellbeing initiatives. We commit to invest in our reputation as a driver of innovation and developing the next generation of healthcare practitioners.

Delivering on our Commitments

Our delivery plan sets out an ambitious agenda of health and wellbeing developments which has been shaped by our people. The strategic objectives define the principles of our approach, informed by our WAST behaviours.

Our People and Culture Plan 2023-2026 set out our ambition to create a culture of true inclusivity and respect, where the voice of our people is heard and valued. We will balance system-wide interventions with individual support, reactive support with preventative interventions, and combine evidence based practice and local practice based evidence. We know our people have the insights and local knowledge to make change work.

This is a plan that stretches across the organisation with deliverables shaping the way we work across the service. This framework will allow our vision to adapt and evolve with future challenges.

Thank you to all those who contributed to this plan and to all those who will to continue to influence and shape our health and wellbeing plan throughout the delivery period and beyond.

Appendices

Appendix 1: Our **Rich Picture** - *a visual representation of how it will look and feel to work in WAST upon delivery of this Plan, alongside the People and Culture Plan 2023-2026.*

Appendix 2: Delivery Plan - *this document articulates the actions we need to take to deliver our plan. Our plan is defined by our strategic objectives and key deliverables.*

Reaching our people

Building bonds

Managers leading Wellbeing

Supporting our people to perform

Wellbeing conversations

Preventing violence

Health surveillance

Quality support services

Collaboration

Amplify the voice of our people

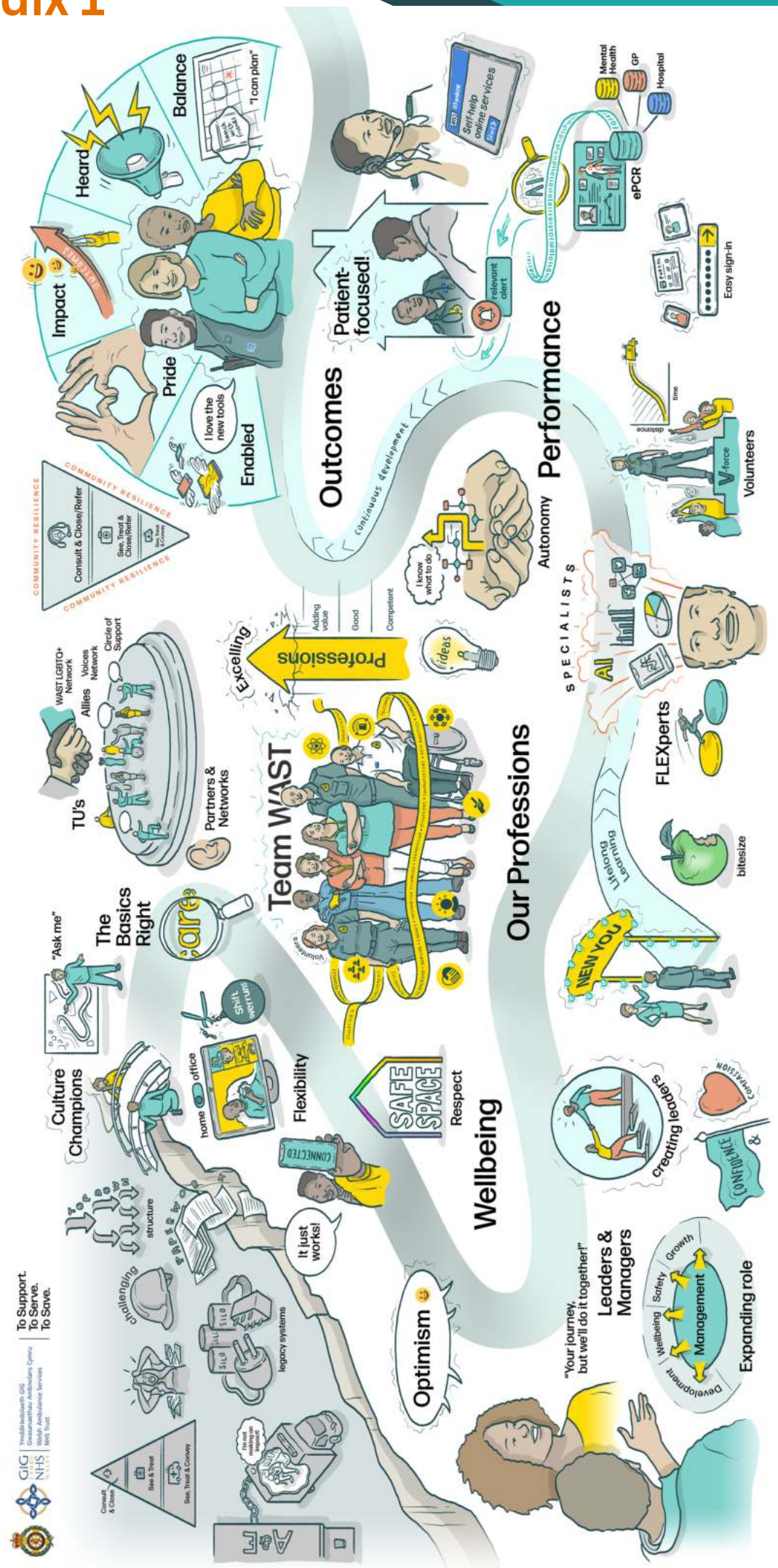
Achieving accreditation

Developing our people

Investing in our networks

Thank you for reading - Please email wellbeing.support.service@wales.nhs.uk if you have any comments, suggestions and questions

Appendix 1


Outcomes
Patient-focused!
Performance
Autonomy
Professions
Excelling
Adding value
Good
Competent
Our Professions
Team WAST
Wellbeing
Flexibility
Respect
Culture Champions
The Basics Right
"Ask me"
Partners & Networks
TU's
WAST LGBTQ+ Network
Allies
Voices Network
Circle of Support
Leaders & Managers
"Your journey, but we'll do it together!"
Expanding role
Optimism
It just works!
legacy systems
challenging
structure
home
office
Shift swerrum
CONNECTED
SAFE SPACE
NEW YOU
Lifelong Learning
bitesize
FLEXperts
AI
SPECIALISTS
Volunteers
Creating leaders
COMPASSION
CONFIDENCE
Management
Wellbeing
Safety
Growth
Development
Impact
Heard
Balance
Pride
Enabled
"I can plan"
I love the new tools
Consult & Close/Refer
See, Treat & Close/Refer
See, Treat & Convey
COMMUNITY RESILIENCE
Self-help online services
relevant alert
ePCR
Mental Health
GP
Hospital
Easy sign-in
I know what to do
ideas
distance
time
To Support. To Serve. To Save.

Appendix 2

Objective 1: Assess and understand the health and wellbeing of our workforce

1. **Deliverable:** Develop a WAST Health and Wellbeing Assessment Framework
   - **Description:** Create and implement a robust package of tools to assess and analyse key wellbeing challenges, with specific focus on burnout levels, handover delays and areas where staff feel unsupported. Engage with charity partners to explore funding opportunities that enhance these assessments and allow for more extensive support resources.
   - **Outcome:** Clear data-driven insights that pinpoint specific health and wellbeing risks, leading to tailored interventions that directly address root causes like burnout and mitigate as far as possible the impact of workplace stressors such as handover delays.
2. **Deliverable:** Evidenced Health and Wellbeing Programs
   - **Description:** Implement and measure the impact of initiatives such as sleep support and flexible scheduling to mitigate burnout, system pressures and chronic high workload. Seek resources to expand access to wellbeing programmes, particularly in areas directly impacting staff mental health.
   - **Outcome:** A sustainable suite of effective interventions, validated through before-and-after metrics, that address staff fatigue, mental and physical health and improve overall service consistency.
3. **Deliverable:** Enhanced Learning Capacity in Occupational Health and Wellbeing Services
   - **Description:** Allocate dedicated time for service innovation and improvement, ensuring that staff wellbeing needs—particularly things like trauma exposure, suicide risk, MSK issues —are met with forward-thinking solutions. Our WAST Way leadership development programme incorporates health and wellbeing essential skills, equipping leaders to support staff proactively.
   - **Outcome:** A culture of continuous improvement in workplace health that prioritises wellbeing, reducing burnout and enhancing team resilience.
4. **Deliverable:** Support for Managers in Balancing Service Pressures with Staff Welfare
   - **Description:** Provide consultation and decision-making support for managers to prioritise staff health alongside service needs, with practical guidance on managing high-pressure scenarios, support and guidance with implementing flexible working and reasonable adjustments.
   - **Outcome:** Empowered managers capable of making balanced, wellbeing-focused decisions, reducing risks of burnout from excessive service demands and improving the work experience of all our people.

Objective 2: Proactively promote protective health and wellbeing offers at all levels within WAST for our people and their families and ensure they are available to all

1. **Deliverable:** Targeted Health and Wellbeing Promotion Programmes
    - **Description:** Launch programmes focused on physical and mental health, emphasising prevention of burnout and stress management as core priorities, whilst recognising the impact of work experience, culture and environment on burnout. Introducing themed promotions in line with relevant awareness programmes, such as sleep, men's health, and MSK.
    - **Outcome:** Broad access to health resources, resulting in improved health and wellbeing being, especially in high-pressure roles.
2. **Deliverable:** Supportive Staff Networks
    - **Description:** Strengthen support networks like TRiM and Peer Support, promoting a culture of peer assistance in times of stress. Develop partnerships with charities to secure additional resources for maintaining and expanding these support networks.
    - **Outcome:** Enhanced staff connectivity and culture of care, helping mitigate the impact of burnout and fostering a more engaged, well-supported resilient workforce.
3. **Deliverable:** Financial Wellbeing Support
    - **Description:** Provide resources and guidance to support financial health, which can alleviate underlying stress that contributes to poor health and wellbeing.
    - **Outcome:** Reduced financial stress among staff, contributing to overall wellbeing.
4. **Deliverable:** Quality Clinical Supervision
    - **Description:** Ensure that clinical supervision is consistent and restorative, providing a structured support outlet to discuss clinical and work related issues.
    - **Outcome:** Improved staff resilience, wellbeing and expertise, with clinical supervision serving as a proactive measure against burnout, as well as improved performance, safety and service delivery.

Objective 3: Provide comprehensive preventative and reactive health and wellbeing services and training for everyone at each stage of their WAST career path

1. **Deliverable:** Psychologically Informed Team Support
   - **Description:** Provide teams with interventions that help them manage stressors and build strong team relationships, which can buffer against burnout and mental and physical ill health that contributes to our high sickness rates. Ensure all leadership development programs emphasise skills in psychological safety and wellbeing support.
   - **Outcome:** Healthier team dynamics and increased resilience, lowering absence rates.
2. **Deliverable:** 'No Wrong Door' Access to Services
   - **Description:** Ensure that any contact with our support services can help staff access the appropriate resources, eliminating barriers to help. Increased understanding of the signposting and advice giving nature of our internal wellbeing service.
   - **Outcome:** Staff feel supported at any point of contact, preventing poor health and wellbeing from unmet needs and improving retention.
3. **Deliverable:** Trauma-Informed Services
   - **Description:** Educate staff on the impact of trauma, helping to build awareness and understanding of the impact of trauma, from work and from outside of work both for our people and the people we serve.
   - **Outcome:** A psychologically and trauma informed workforce that's more equipped to understand trauma and stress whatever their role.

Objective 4: Succeed in achieving high level Health and Wellbeing standards that are robust and recognised for excellence by external organisations

1. **Deliverable:** Benchmarking and Sharing Best Practices
   - **Description:** Engage in knowledge-sharing networks to ensure we adopt leading wellbeing practices. Incorporate charity funding where possible to pilot innovative best practices in wellbeing support and share successes widely.
   - **Outcome:** Continuous improvement of our wellbeing initiatives, with external validation affirming our commitment to staff wellbeing.
2. **Deliverable:** SEQOHS Accreditation
   - **Description:** Obtain this occupational health accreditation to demonstrate our excellence in providing occupational health and wellbeing support.
   - **Outcome:** Enhanced credibility and recognition for prioritising high-quality, proactive occupational health and wellbeing services.
3. **Deliverable:** Ongoing Service Development
   - **Description:** Continuously improve our health and wellbeing services to adapt to emerging challenges, ensuring that health and wellbeing risk factors are addressed promptly.
   - **Outcome:** Dynamic, responsive services that meet the changing health and wellbeing needs of our staff, supporting exemplar service delivery.

Objective 5: Strengthen our health and wellbeing partnerships within WAST and the communities we serve

1. **Deliverable:** Facilitate Research and Innovation
    - **Description:** As a University NHS Trust, we will establish a culture of research and innovation within health and wellbeing to develop evidence-based practices and support initiatives.
    - **Outcome:** Establish WAST as a vibrant hub for NHS research and innovation in health and wellbeing, leading to enhanced resources and programmes that benefit both our workforce and the wider community.
2. **Deliverable**: Trade Union Partnership and Collaboration
    - **Description:** Continue to build constructive partnerships with Trade Union Partners to ensure staff wellbeing is prioritised across all stages of organisational development and change.
    - **Outcome:** Stronger alignment with staff interests and needs, with Trade Unions actively supporting the development of a workplace culture that values and promotes health and wellbeing for all employees.

EMERGENCY AMBULANCE

View results

Respondent

31 Adam Cann

52:56
Time to complete

About this EQIA

1. Name *

Dr Adam Cann

2. Job Title *

Head of Workplace Wellbeing

3. Email Address *

adam.cann@wales.nhs.uk

4. Team / Directorate *

People & Culture

5. Executive Lead for this work *

Angela Lewis

6. Governance Approval Route *

People & Culture Committee, then Trust Board

7. What are you impact assessing? (Insert document title) *

Health and Wellbeing Plan 2025-2029

8. What type of document are you impact assessing *

- ( ) Policy / Procedural Guidelines
- (•) Strategic Plan
- ( ) Business Case / Service Development
- ( ) Service Change / Closure

9. Who has been involved in undertaking this EQIA? *

Dr Adam Cann, Head of Workplace Wellbeing. Kat Cobley, Head of Inclusion and Engagement. The Health and Wellbeing Steering Group.

10. EQIA Start Date *

10/17/2024

11. Provide an overview of what you are impact assessing *

Please describe the overall aims and objectives and who will benefit. How will you achieve this and measure any outcomes and success. Please include any timeframes for this work.

The Health and Wellbeing Plan 2025-2029 has been developed to maintain and improve the health and wellbeing of the WAST workforce, including volunteers. It sets the strategic objectives of the health and wellbeing work we are undertaking. It describes an organisational-wide approach and includes a delivery plan setting out our commitments.

Links to objectives and other areas of work

12. Does this work link to the WAST Behaviours? (please tick each relevant behaviour)

For further information on WAST behaviour please click here: The Culture Champions Network (sharepoint.com)

- [x] Take ownership
- [x] Broaden our understanding
- [x] Respect others
- [x] Show belief in each other
- [x] Practice ethically
- [x] Continually improve our service
- [x] Be inclusive of the whole team

13. Does this work help to achieve the Strategic Equality Plan Objectives? (please tick each relevant objective)

- [ ] We will design equitable services
- [x] We will lead by example
- [x] We will be an employer of choice
- [ ] We will create allyship

14. Does this work help to achieve the Wellbeing Goals of the Wellbeing of Future Generations Act? (please tick each relevant option)

For further information on the Wellbeing Goals please click here: The Well-being of Future Generations | GOV.WALES

- [ ] A Prosperous Wales
- [x] A Resilient Wales
- [ ] A More Equal Wales
- [x] A Healthier Wales
- [x] A Wales of Cohesive Communities
- [x] A Wales of Vibrant Culture and Thriving Welsh Language
- [ ] A Globally Responsible Wales

15. Human Rights: The Human Rights Act contains 15 Articles (or rights), all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For further information on the Human Rights Act, please click here: Human rights in health and social care | EHRC (equalityhumanrights.com)

Tick whether this work applies to any of the following:

- [x] Article 2: The right to life
- [x] Article 3: The right not to be tortured or treated in an inhuman or degrading way
- [x] Article 5: The right to liberty
- [ ] Article 6: The right to a fair trial
- [x] Article 8: The right to respect for private and family life, home and correspondence
- [ ] Article 11: The right to freedom of thought, conscience and religion

16. Is this work aligned to the FREDA Principles?

- [x] Fairness
- [x] Respect
- [x] Equality
- [x] Dignity
- [x] Autonomy

17. Does this work link to any other policies, plans or related areas of work?

Please list any other documents that need to be read in conjunction to what you are impact assessing.

This plan takes strategic direction from the People and Culture Plan 2023-2026; safeguarding policies; risk assessment policies (e.g., maternity, health and safety); violence and aggression policy; Retention Plan; Workforce Plan; IMTP

Consultation and Engagement

18. Please provide details of any consultation and engagement that you have done

This could include consultation and engagement with specific staff groups, community groups and individuals. If you have engaged with people with a protected characteristic, please provide details here.

We have undertaken a consultation process including: taking direction and feedback from the Health and Wellbeing Steering Group; an open consultation in which any member of staff has been able to offer feedback anonymously or bookable sessions; we have presented the plan to teams across WAST including Digital, Occupational Health and Wellbeing, ADLT, Health and Safety, Corporate Partnership Forum, Safeguarding, People and Culture Business Meeting, Organisational Development. We have reached Operations staff predominantly through the open consultation. Many groups we have presented to have included significant TU representation.

19. Were there any emergent themes from the consultation and engagement?

Key themes that emerged throughout the consultation period including: mental ill health; workplace trauma; our industrial injury response; maternity and carer needs; support available throughout the lifespan from study to later life; the impact of pressures facing the ambulance sector and their impacts (e.g., overruns); and loneliness, lone working and loss of human contact.

20. Have you made any changes or amendments as a result of the consultation and engagement?

The plan has been extensively changed based on the feedback we have received, particularly in the formation of the delivery plan.

21. Do you plan to undertake any further consultation and engagement? Please provide details

The plan will now go to People and Culture Committee and Trust Board

22. How will the outcome of the final decision be shared?

Yes, internally. We will launch a comms campaign including wide digital distribution, roadshows, targeting workforce groups who may have less access to online resources (E.g., volunteers)

23. Please provide details of any further evidence that you have used to inform your plans?

This could include external research, population data, etc

The plan is informed by the HEIW Best Practice Guide for Organisations; NICE Guidelines; psychological and psychiatric research; NHS Wales guidance (e.g., Matrics Cymru); and Welsh Law (e.g., the Mental Health Measure 2010)

EQIA

Use this section to identify any potential impact your plans may have upon people with a protected characteristic and other community groups. You can learn more about the Equality Act 2010 and the protected characteristics here: Protected characteristics | EHRC (equalityhumanrights.com)

For further guidance and video tutorials on equality impact assessment, please visit this page on SIREN:
Equality Impact Assessments (sharepoint.com)

PLEASE NOTE: You may identify a potential positive and a negative impact against some of the protected characteristics. If this happens, you should tick both the 'positive' and 'negative' options and provide your narrative for each in the box below.

AGE

Think about older people, children and young people, young adults, etc, and how your plans may affect them differently.

24. What impact will your plans have upon people within different age groups *

- (●) Positive Impact
- ( ) Negative Impact
- ( ) No Impact

25. Please state why you have selected the above options *

This plan has been developed to improve the health and wellbeing of our people throughout their lifespan

26. If you have identified potential negative impacts, please state what actions you plan to take to mitigate against them *

N/A

Disability

This includes disabilities affecting mobility, sensory loss, long-term health conditions, hidden disabilities, learning disabilities, mental health conditions and neurodiversity. Further detail on disability and the Equality Act can be found here - Disability: Equality Act 2010 - Guidance on matters to be taken into account in determining questions relating to the definition of disability (HTML) - GOV.UK (www.gov.uk)

27. What impact will your plans have upon people with a disability? *

- [x] Positive Impact
- [ ] Negative Impact
- [ ] No Impact

28. Please state why you have selected the above options *

This plan has been developed to improve the health and wellbeing of our people with disabilities, supporting them to flourish at work. There is a particular focus on mental health.

29. If you have identified potential negative impacts, please state what actions you plan to take to mitigate against them *

N/A

Sexual Orientation

30. What impact will your plans have upon LGBTQ+ people? *

- [x] Positive Impact
- [ ] Negative Impact
- [ ] No Impact

31. Please state why you have selected the above options *

This plan has been developed to improve the health and wellbeing of our people throughout the organisation, with a focus on ensuring our support services are adapted to relevant risk factors for mental ill health and suicide, including identifying as LGBTQ+

32. If you have identified potential negative impacts, please state what actions you plan to take to mitigate against them *

N/A

Gender Reassignment / Gender Identity

This includes people who identify as a gender which may be different to their sex assigned at birth. This includes people who are trans or non-binary.

33. What impact will your plans have upon people due to their gender reassignment or gender identity? *

- (●) Positive Impact
- ( ) Negative Impact
- ( ) No Impact

34. Please state why you have selected the above options *

This plan has been developed to improve the health and wellbeing of our people throughout the organisation, with a focus on ensuring our support services are adapted to relevant risk factors for mental ill health and suicide, with gender identity and gender reassignment considered in the delivery of our services

35. If you have identified potential negative impacts, please state what actions you plan to take to mitigate against them *

N/A

Sex

Think about how your plans may impact men and women differently

36. What impact will your plans have upon people due to their sex? *

- [x] Positive Impact
- [ ] Negative Impact
- [ ] No Impact

37. Please state why you have selected the above options *

This plan has been developed to improve the health and wellbeing of our people throughout the organisation, with a focus on ensuring our support services are adapted to sex and the specific implications of sex in the culture of the UK

38. If you have identified potential negative impacts, please state what actions you plan to take to mitigate against them *

N/A

Race and Ethnicity

Think about how your plans may impact upon people from Black, Asian and Minority Ethnic backgrounds.
This includes Gypsy, Roma, Traveller Communities and could include White people from a non-British background.

39. What impact will your plans have upon people due to their Race and Ethnicity? *

- [x] Positive Impact
- [ ] Negative Impact
- [ ] No Impact

40. Please state why you have selected the above options *

This plan has been developed to improve the health and wellbeing of our people throughout the organisation, with a focus on ensuring our support services are adapted to relevant risk factors for mental ill health and suicide, with people of ethnic minority backgrounds included. We know that being from an ethnic minority background convey health risks in the UK context.

41. If you have identified potential negative impacts, please state what actions you plan to take to mitigate against them *

N/A

Religion and Belief

Think about how your plans may affect people who practice a specific religion or live their life according to a set of beliefs.

42. What impact will your plans have upon people due to their religion or beliefs? *

- [x] Positive Impact
- [ ] Negative Impact
- [ ] No Impact

43. Please state why you have selected the above options *

This plan has been developed to improve the health and wellbeing of our people throughout the organisation, we are committing to improving and expanding our chaplaincy, maintaining an offer of spiritual support in staff wellbeing services

44. If you have identified potential negative impacts, please state what actions you plan to take to mitigate against them *

N/A

Pregnancy and Maternity

Think about how your plans may impact upon people who are pregnant or on maternity

45. What impact will your plans have upon people who are pregnant or on maternity? *

- [x] Positive Impact
- [ ] negative Impact
- [ ] No Impact

46. Please state why you have selected the above options *

This plan has been developed to improve the health and wellbeing of our people throughout the organisation, we have particularly focused on the needs of carers including new and expectant mothers.

47. If you have identified potential negative impacts, please state what actions you plan to take to mitigate against them *

N/A

Marriage and Civil Partnership

Think about how your plans may impact those who are married or in a civil partnership and those who are not.

48. What impact will your plans have upon people who married or in a civil partnership and people who are not *

- [ ] Positive Impact
- [ ] Negative Impact
- [x] No Impact

49. Please state why you have selected the above options *

No impacts identified

50. If you have identified potential negative impacts, please state what actions you plan to take to mitigate against them *

N/A

Unpaid Carers

An unpaid carer is someone who provides help and support to a family member, friend or neighbour who cannot manage without the carer's help.

51. What impact will your plans have upon unpaid carers? *

- [x] Positive Impact
- [ ] Negative Impact
- [ ] No impact

52. Please state why you have selected the above options *

This plan has been developed to address the needs of the health and wellbeing of our workforce, with a particular focus on the needs of carers in the organisation

53. If you have identified potential negative impacts, please state what actions you plan to take to mitigate against them *

N/A

Armed Forces Covenant

Consider members of the Armed Forces and their families, whose health needs may be impacted long after they have left the Armed Forces and returned to civilian life.

Consider their unique experiences when accessing and using public services compared to the general population. Think about their unfamiliarity with civilian life, frequent moves around the country and the subsequent difficulties in maintaining support networks.

54. What impact will your plans have upon people who belong to the Armed Forces Community? *

- [x] Positive Impact
- [ ] Negative Impact
- [ ] No Impact

55. Please state why you have selected the above options *

This plan has been developed to address the needs of the health and wellbeing of our workforce

56. If you have identified potential negative impacts, please state what actions you plan to take to mitigate against them *

N/A

Welsh Language Impact Assessment

For further information on the requirements of the Welsh Language Standards and Welsh Language Impact Assessment, please click here:
https://ambulance.nhs.wales/about-us/welsh-language-standards/
Or please contact Melfyn.Hughes@wales.nhs.uk for further advice.

57. Will your plans ensure that patients and carers can choose to live and receive services through the medium of Welsh? *

- ( ) Yes
- ( ) No
- (•) Not applicable

58. Please provide an explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: *

This is a staff focused plan that will be translated into Welsh.

59. What impact will your plans have upon the opportunities for people to use the Welsh language? *

- [ ] Positive Impact
- [ ] Negative Impact
- [x] No Impact

60. Please provide an explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: *

Our employee assistance programme is able to deliver counselling in the medium of Welsh.

61. Will your plans encourage staff to use Welsh in the workplace and provide opportunities for staff to learn and improve their Welsh language skills? *

- ( ) Yes
- ( ) No
- (•) Not applicable

62. Please provide an explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: *

N/A

63. Will your plans encourage Welsh language cultural awareness, activity and integration? *

- ( ) Yes
- ( ) No
- (•) Not applicable

64. Please provide an explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: *

N/A to this plan, although we are committing to building and strengthening communities within WAST

65. Will your plans increase the Trust's ability to deliver services in the medium of Welsh? *

- ( ) Yes
- ( ) No
- (•) Not applicable

66. Please provide an explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: *

N/A

67. Do your plans treat the Welsh language no less favourably than the English language? *

- ( ) Yes
- ( ) No
- (•) Not applicable

Socioeconomic Duty

The Socioeconomic Duty aims to improve outcomes for people who experience socioeconomic disadvantage. This may include people on low incomes, lone parents, students, the homeless, etc. People who live in rural and urban areas can be affected by socioeconomic disadvantage in different ways. For example, consider the impact of fuel poverty, wifi poverty, job opportunities, unemployment rates, access to health and social care systems, etc.

When assessing the impact of your plans, please consider the following domains:

Education:
Consider the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have access to training opportunities and qualifications
Think about how careers support, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.

Health:
Consider the expected health outcomes of the local population. What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.

Living Standards:
Consider the impact of poverty and deprivation. Are there groups who may be disproportionately impacted by poverty e.g. disabled people / lone parents / unemployment / homelessness. This domain includes issues of accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces.

Work:
Welsh Ambulance Services NHS Trust provides numerous opportunities for people to access work. Will this plan impact on employment / apprenticeship / volunteering opportunities? What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, and people who are unable to work due to ill-health. Consider people living in work poverty.

Justice and Personal Security:
Consider local crime rates and feeling safe. Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of physical violence and coercive control.

Participation:
How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal? Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see https://gov.wales/more-equal-wales-socio-economic-duty

68. What impact do your plans have upon those who are affected by socioeconomic disadvantage? *

- [x] Positive Impact
- [ ] Negative Impact
- [ ] No Impact

69. Please state why you have selected the above options *

We are committing to promoting financial wellbeing services in our workforce

70. If you have identified potential negative impacts, please state what actions you plan to take to mitigate against them *

N/A

EQIA Outcome Decision

71. Using the information provided in this assessment, are you able to proceed with your plans?

- (●) Yes
- ( ) No

72. What are your next steps? Please provide details of any required changes, further changes and consultation, decisions, etc. *

Presenting to People and Culture Committee and Trust Board. Socialising the plan throughout the Trust.

Thank you for completing this EQIA.

Please ensure that you tick the box which allows you to edit your EQIA after submission. This will allow you to make any necessary updates as required.

AGENDA ITEM No	**10**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**0**

CHANGE MANAGEMENT

MEETING	People and Culture Committee
DATE	14th November 2024
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Sarah Davies – People and Culture Directorate Business Manager
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY

1. This covering paper outlines the purpose of the People and Culture Committee meeting Change Management session (agenda item 10). The session will provide Committee members with an overview of progress made in relation to implementing change management at WAST and an overview of our future vision for embedding these practices. A slide pack will be shared on the day, which will facilitate this item.

2. The session aims to a) provide assurance of the progress made in establishing a change management foundation within WAST; b) clarify the strategic direction for embedding these practices; and c) seek commitment from committee members to support this journey. This session is an opportunity to update Committee members on our change management journey and to engage leaders in shaping the path forward.

KEY ISSUES/IMPLICATIONS

n/a

REPORT APPROVAL ROUTE

- PCC 14.11.24

REPORT APPENDICES

N/A

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

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

WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT)
HIGHLIGHT REPORT

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

WASPT Meeting Date All WASPT meetings are held in person	25 September 2024
People and Culture Committee Meeting Date	14 November 2024
Chair	Jason Killens

KEY ESCALATION AND DISCUSSION POINTS

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

1. There were no alerts from this meeting.

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

2. The Chair updated members on progress of the transition for **Emergency Medical Technicians to band 5**, noting that an agreement to issue a third and final partnership notice will set out transition arrangements. All affected staff have been contacted regarding their intention to transition and work is underway for the necessary training recognising this will take place over the coming months. Backpay arrangements are also being worked through as far as timing is concerned.

3. Updated infection, prevention control and personal protective equipment guidance has been issued in dealing with a Highly Contagious Infections Disease following WHO and UK Health Security Agency **MPox alerts**. A review has taken place of current training status for Donning and Doffing and for Respiratory Protective Equipment that has identified a large cohort of staff requiring renewal or updating. TUPs were requested to support the messaging for members to avail themselves of training opportunities and ensure they were up to date. In addition to the current RPE provision and requirements, roll out is taking place of the planned move towards vehicle issued Powered Air Purifying Respirator (PAPR) Versaflow Hood systems to be completed by the end of November.

4. As part of the ACAS action plan, this meeting was the first of an **observation and reflection session** as part of the ongoing efforts to reinforce collaboration and joint problem-solving within

the Trust. During the WASPT meetings in September and November, Sara Mills, Head of Culture and Organisational Development will observe and reflect on how partnership behaviours and conflict management styles are used during discussions. At the end of this meeting, there was an opportunity to complete a survey, and observations will be shared with members at the November meeting.

5. The upcoming **Christmas** period presents significant operational challenges and members discussed option to address this. Key issues included:

   - Historically low Unit Hour Production (UHP) during the key dates of 24th to 26th December, insufficient to meet the demand for services.
   - Significant staff abstractions, including annual leave, sickness, and other factors, contribute to reduced UHP during the festive period.
   - Consistently low uptake of overtime, particularly on key dates like Christmas Day, despite previous attempts to incentivise staff.
   - Insufficient staffing levels during critical dates increase the risk of adverse outcomes for patients.
   - The existing approach places considerable stress on staff working during the key dates, potentially leading to burnout and dissatisfaction.
   - Trade Union Partners and staff resistance to stricter leave policies or alteration to annual leave caps.

   Options included a combination of abstraction management, early bank worker engagement and supplementing with third party providers on existing frameworks as the most effective way of managing the challenges of the Christmas period, safeguarding both patient safety and staff wellbeing.

   The discussion acknowledged the contentious nature of the topic and the need for collective action to ensure the service is as safe as possible on key dates. The goal is to improve the experience for people at work, even though a perfect solution may not be achievable. It was agreed that the solutions would be worked through at an urgent Christmas Planning Group which will be held in the coming days.

6. The **spotlight item in Siren** as a result of this meeting will be focused on progression of the options to address diesel fumes ahead of Winter.

7. Members **reflected** that it was good to see new faces around the table. This was the first meeting for Aimee Williams, Royal College of Nursing (RCN) Full Time Officer who has agreed to represent RCN as a member of WASPT until a WAST RCN member is able to do so. Christian Fox attended the meeting also in the capacity of shadow joint chair of the Trade Union. Christian will be more closely involved in agenda setting and the meeting arrangements more generally. Members were of the view that the meeting was positive with good energy in the room.

8. The issue of **secondary assignment** was raised for clarification following a recent WAST Live. The People and Culture Directorate Notice 28/23 was cited as guidance which required a secondary assignment for management on clinical shifts but not for EMT and ACA.

9. A **WASPT workshop** was held after the meeting on the strategic workforce plan and themes and trends from the NHS staff survey. It was agreed that this was informative and useful.

ASSURE

(Detail here any areas of assurance)

1. An update on **diesel fumes options** and practical solutions to supplement the existing plans and behavioural change programme was provided in readiness for winter: It was reinforced that the existing mitigating actions need to be implemented as well as the additional ones now planned. Piloting of an extractor fan with filtration is taking place on two sites; the Health and Safety Team are commencing the process to employ a fixed-term contract occupational hygienist to conduct dynamic air quality assessments; a master class is being commissioned from an academic and industrial expert pollution and diesel air quality for members of this meeting and the Trust board, which will also be recorded to provide further assurance to colleagues across the organisation and; Dyson Sahara Fans are being made available at Emergency Departments (EDs) to enable further environmental changes for crews working in vehicles under canopies. Manufacture reassurance was stated on the filtration system of the saloon Eberspächer heater exhaust. Of note this requires investment from Health Boards to secure a change to current shoreline to a 'drop-down' 240-volt power source.

2. Actions were reported to be on track **Welsh Health Circular: Implementation of the Non-pay Elements of the 2022-4 Collective Agreement**. There is currently a formal review of the industrial injury process as requested by the trade union and progress is being made here. A workshop on the 36 hour week is scheduled to take place at the November meeting.

3. The **ACAS Action Plan** update was received with no escalations. The report included feedback from partnership sessions and the next phase of events starting in Q3 2024/25. Future activities include an observation and reflection session at the WASPT meeting, additional partnership sessions, and a conference in Q4 2024/25 with potential participation from the Minister for Social Partnership. The report also highlighted the importance of building strong relationships and effective partnership arrangements. The theme of "walking in each other's shoes" was emphasized, with development sessions led by Sara Mills and Liz Rogers. The next steps involve Sara Mills observing and providing feedback on relationships and behaviours to ensure the committee role models expected behaviours in local partnership forums. Henry Garrard has been developing an induction package for the Warm WAST welcome which aims to convey the value of joining one of the four recognised unions at WAST.

Local Partnership Forums

4. The **Senior Leadership Team/Trade Union Partnership** met on 28 August 2024. There was nothing for escalation. Issues of TOIL are being dealt with by the Senior Operations Team/ Trade Union Partnership (SOT/TUP) but there was recognition that that may escalate to SOT/TUP for further discussions. Trade Union colleagues commented that the opportunity to become more familiar with the clinical model transformation was welcomed, noting that there was good Trade Union representation at the task and finish groups involved in the model. Significant change will bring with it the need to ensure there is a good engagement plan to bring all staff up to speed with the new model. The attendance at Local Partnership Forums (LPFs) have noticeably improved and the action regarding the monitoring of LPFs is now be closed with significant improvement in AAAs noted.

5. The **Corporate Partnership Forum** met on 24 July and 28 August 2024 with positive discussions and the following was noted:

   - Disabled parking at Ty Elwy was discussed and will be included in the equality impact assessment for the move of EMSC.
   - The draft Health and Wellbeing Plan was circulated, presenting core principles and support functions, including culture, sexual safety, and the HIEW Best Practice Guide. It emphasizes peer support and received positive feedback with suggestions for improvement.
   - Organograms have been drafted as part of the Service Review, and the project board is exploring improvement opportunities. Staff feedback has been positive, with over 200 ideas for improvement. Next steps include the Assistant Director Leadership Team reviewing their areas and presenting a draft report to the Executive Leadership Team.
   - The forum terms of Reference were reviewed and updated with no material changes other than the change of titles of members.

RISKS

No formal risk register risks discussed, or new risks identified.

COMMITTEE AGENDA FOR MEETING		
Update on EMT 2/3 business case	Diesel fumes options update	Christmas planning
Update on non-pay elements of the 22-24 collective agreement	ACAS actions update	NHS Survey
SLT/TUP AAA report	Corporate Forum AAA report	Spotlight item for Siren Communications
Completion of self-reflection survey		
WASPT WORKSHOP		
Strategic Workforce Plan		

COMMITTEE ATTENDANCE						
Name	**02 May 2024**	**09 July 2024**	**25 September 2024**	**15 November 2024**	**27 January 2025**	**28 March 2025**
Joint Chairs						
Jason Killens	Chair		Chair			
Mark Marsden (Unison)		Chair				
Management Representatives						
Angela Lewis						
Lee Brooks						
Rachel Marsh						
Chris Turley						
Andy Swinburn						
Estelle Hitchon						
Trish Mills	Julie Boalch					
Chair Corporate LPF	Catherine Goodwin	Julie Stokes	Julie Stokes			
Trade Union Representatives						
Unite representative		Alison Williams	Alison Williams			
Unite representative	Hugh Parry	Hugh Parry	Hugh Parry			
Unite representative	Christian Fox	Christian Fox	Christian Fox			
GMB representative			Richie Bullen			
GMB representative	Maldwyn Jones	Maldwyn Jones	Maldwyn Jones			
GMB representative	Marcus Viggers	Marcus Viggers	Marcus Viggers			
Unison representative	Henry Garrard	Henry Garrard	Henry Garrard			
Unison representative	Bethan Williams	Bethan Williams	Bethan Williams			
Unison representative	Damon Turner	Damon Turner	Damon Turner			
RCN representative			Aimee Williams			
RCN representative						
RCN representative						

	Attended
	Deputy attended
	Apologies received
	No longer member/Not member

AGENDA ITEM No	**12**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**1**

NURSING AND MIDWIFERY COUNCIL REGISTRATION AND REVALIDATION 2024

MEETING	People and Culture Committee
DATE	14 November 2024
EXECUTIVE	Liam Williams, Executive Director of Quality and Nursing
AUTHOR	Deborah Armstrong, Hed of Education, Professional and Clinical Practice (Nursing)
CONTACT	Deborah.armstrong@wales.nhs.uk

EXECUTIVE SUMMARY

1. This Report sets out the Welsh Ambulance Services University NHS Trust (WAST) processes for ensuring that all Registered Nurses and Midwives maintain their professional registration obligations with the Nursing and Midwifery Council (NMC). It also provides registration updates as of September 2024 for the NMC.

RECOMMENDED that the People and Culture Committee accept this paper as assurance.

KEY ISSUES/IMPLICATIONS

(i) Delay in publication of the NMC/ESR monthly Report. Report received between the 6th- 10th of the month. Implication: lapse in registration could go unnoticed and unregistered nurses might continue to practice whilst unlicenced. Mitigation of Line Managers checking their team registration on 1st of each month.

REPORT APPROVAL ROUTE

People & Culture Committee	14 November 2024

REPORT APPENDICES

ANNEX 1 - SBAR which provides the background for this report.

REPORT CHECKLIST

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

ANNEX 1

SITUATION

1. This Report sets out the Welsh Ambulance Services University NHS Trust (WAST) processes for ensuring that Registered Nurses and Midwives maintain their professional registration obligations with the Nursing and Midwifery Council (NMC).

2. A fundamental tenet of professional registration is the maintenance of appropriate clinical and professional competencies to ensure fitness to practise aligned to the NMC Code: Professional standards of practice and behaviour for Nurses, Midwives, and Nursing Associates.

BACKGROUND

Nursing and Midwifery

3. The NMC is the independent regulator for Nurses and Midwives in the UK, and Nursing Associates in England. To be registered with the NMC to practise in the UK, every Nurse is expected to uphold a set of professional standards and act in line with the Code.

4. Revalidation was introduced in the UK by the NMC in April 2016 in response to a recommendation of the report by Sir Robert Francis QC (2013) into the role of commissioning, supervisory and regulatory bodies in the monitoring of standards at Mid Staffordshire Foundation NHS Trust.

5. In May 2018, the NMC published new Standards of Proficiency for Registered Nurses to reflect the changes taking place in society and health care, and the implications these changes have for Registered Nurses. These Standards are also designed to support nurses to practise competently with diverse communities, to address health inequalities, and to recognise and challenge discrimination.

6. Revalidation is the method by which Nurses renew their registration. The purpose of revalidation is to improve public protection by making sure that Nurses and Midwives remain fit to practice throughout their career. It is the responsibility of the individual Nurse/Midwife to maintain their registration by meeting a range of revalidation requirements and submitting evidence every 3 years (**Table 1**). Additionally, an annual fee is required to maintain registration with the NMC.

Table 1: Revalidation and Registration Requirements

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

7. There is an inbound professional body interface that updates NMC registration information in the Electronic Staff Record (ESR). The Professional Registrations Interface currently links with the General Medical Council (GMC), NMC, Health and Care Professions Council (HCPC), General Dental Council (GDC) and General Pharmaceutical Council (GPhC). Three types of notifications are triggered to the relevant role holders: Medical Staffing Officer Role (M&D), Nursing Professional Registration Role (NMC), HCPC Registration Role, Dental Professional Registration Role and Pharmacy Professional Registration Role.

8. **Update Notification**: Where a full match is made on the relevant matching criteria when comparing the ESR person record with the Professional Body details, the ESR Professional Body record is automatically updated, and a notification is sent to the role holder highlighting the new details.

9. **Decision Notification (NMC):** Where there is a mismatch on date of birth, first name, last name, but the professional registration number matches, this notification will be sent to the role holder asking them to confirm whether the details for the person are correct. If the role holder accepts the match, then the professional registration changes are applied to the professional registration record.

10. Updates of the same colour will be grouped into one notification i.e., all the green updates will be received in one single notification, red updates in another, and amber in another. This is ordered according to an agreed RAG status against the registration status (Table 2).

Table 2: RAG Rating of ESR Dashboard

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

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

ASSESSMENT

12. Monthly returns from the ESR Data Team pick up registrations recorded in ESR and their matching status against the NMC Register. The monthly NMC ESR Report is sent to WASTs Professional Nursing Lead, to review and validate then provides a monthly assurance update to the Executive Director of Quality and Nursing.

13. Any anomalies on the Report are cross referenced with the NMC online database, with Line Managers and with individuals. Common causes of anomalies include incorrect position numbers on ESR, duplicate ESR records and errors in how the NMC number is recorded. Nurses who have an NMC approved extension date for revalidation may show as having a lapsed registration on the monthly Report. This is updated when revalidation takes place by the new agreed date. Missed or delayed payments mean automatic removal from the Register.

14. The monthly Report is usually received after the first of the month so there is a risk of a lapsed registration not being evident in a timely manner and a Nurse undertaking a shift whilst not registered. Nurses and Midwives on the NMC Register have different expiry dates which are aligned to their month of qualification and first date of entry onto the Register. As an extra layer of assurance, Nursing Managers have access to the NMC Employer Check System and, it is recommended that they conduct a routine monthly check for nurses in their team.

2024 registration updates for NMC

15. The September NMC/ESR Report, received on 7 October 2024 is a typical representation of what is seen throughout the year:

- 290 people in the organisation with an active NMC registration
- 2 people highlighted as in a position requiring active NMC registration but are not registered. These are both examples of incorrect position numbers. This most commonly occurs where Paramedics and Nurses undertake the same role e.g. 111/Clinical Support Desk. Once identified, this is rectified by the Line Manager.
- 1 person highlighted as having two NMC numbers. This was related to data input. In this case the letter 'O' was used instead of the number '0.'
- 1 person highlighted as having a lapsed registration. The individual had agreed an extension of their revalidation date with the NMC. This is confirmed by the individual and Line Manager and evidence of the new date is seen. Additionally, a manual check on the NMC database is performed to confirm active registration for the individual. Once the new date is reached, the record will update automatically.

16. NMC Registration and Revalidation within the Trust has remained at 100% compliance during 2024.

AGENDA ITEM No	**13**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**4**

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	People and Culture Committee
DATE	14 November 2024
EXECUTIVE	Trish Mills, Director of Corporate Governance / Board Secretary
AUTHOR	Julie Boalch, Assistant Director of Corporate Governance & Risk
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the 4 risks that are relevant to Committee's remit and additionally the Trust's 2 highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight.

2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4.

3. The more detailed description contained within the BAF provides the Committee with an opportunity to review the controls in place against each of these principal risks and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the frameworks in Annex 2.

4. All principal risks were presented to the Trust Board on 26 September 2024 and have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3.

5. Updates are highlighted in blue on the BAF which show changes to the narrative, mitigating actions, controls, and assurances.

6. The Trust's two highest scoring risks **223** (*the Trust's inability to reach patients in the community causing patient harm and death*) and **Risk 224** (*Significant handover of care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients*) scoring 25 remain unchanged because of sustained and extreme pressure across the Welsh NHS urgent and emergency care system

which is negatively impacting on patient flow leading to avoidable patient harm and death.

7. Despite a slight decrease in the number of handover lost hours between June and July 2024 the sustained and extreme pressure continues to have an impact.

8. The Trust Board continues to focus on the actions to mitigate these two risks that are within its control, and these are highlighted in the avoidable harm action plan which is presented at each Board meeting. Further mitigations and transformative actions are described in the Integrated Medium Term Plan (IMTP) to address these risks.

9. There are a range of efficiencies described in the report that the Trust has undertaken in mitigation of these two risks. Two key ones being the number of calls being closed safely and efficiently by clinicians through the Consult and Close initiative in the contact centres as well as a significant improvement in sickness and attendance levels.

10. Most of the Trust's actions in the action plan have been completed and a several efficiencies and improvements implemented that have stabilised performance; however, the Trust is unable to mitigate the scale of handover lost hours due to the environment which it is operating in or make improvements in performance because of the continued challenges in the urgent and emergency care system.

11. To support the continued, detailed review and mitigation of these risks, a workshop took place on 06 September 2024 with the Risk Owners and teams to consider a different approach to managing and monitoring those areas that are within the Trust's control and those that are not. The outcome of this will be reported through the next round of governance.

12. Risk 160 *High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service*, is rated 20. Sickness absence remains a key challenge for the organisation and whilst there has been a significant reduction in absence levels, the score remains static as these are higher than desired.

13. Risk 163 *Maintaining Effective & Strong Trade Union Partnerships* remains at 16 (4x4); however, it is likely to reduce to a 12 (3x4) in the next reporting period. This is due to the programme of engagement and relationship building that has taken place and the work underway to deliver the action plan in partnership. At the People & Culture meeting in August 2024, Trade Union partners noted the excellent partnership working at WAST and recognised the structures are embedding well.

14. In relation to Risk 201 *Reputation*, whilst it is acknowledged that the rating for this risk remains high and has been static for some time it is inextricably linked to several of the metrics measured and discussed at the People & Culture Committee.

15. Risk 558 *Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures* currently remains unchanged.

RECOMMENDATION:

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

KEY ISSUES/IMPLICATIONS
17. The key issues are set out in the Executive Summary above.
REPORT APPROVAL ROUTE
18. The BAF was considered by: • Assistant Directors Leadership Team (22 July 2024) • Executive Leadership Team (07 August 2024) • Audit Committee (12 September 2024) • Trust Board (26 September 2024)

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

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

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
223 QuEST	The Trust's inability to reach patients in the community causing patient harm and death	**IF** significant internal and external system pressures continue **THEN** there is a risk of an inability and/or a delay in ambulances reaching patients in the community **RESULTING IN** patient harm and death	Executive Director of Operations	**25 (5x5)** →
224 QuEST	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service	**IF** patients are significantly delayed in ambulances outside A&E departments **THEN** there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised **RESULTING IN** patients potentially coming to harm and a poor patient experience	Executive Director of Quality & Nursing	**25 (5x5)** →
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	**IF** there are high levels of absence **THEN** there is a risk that there is a reduced resource capacity **RESULTING IN** an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Director of People & Culture	**20 (5x4)** →
201 PCC	A loss of stakeholder confidence that damages the Trust's reputation	**IF** there is an inability of the Trust to deliver its core services because of system or organisational pressures **THEN** there will be a loss of stakeholder confidence in the Trust **RESULTING IN** a lack of stakeholder support for the Trust's long term strategic vision, a failure to deliver	Director of Partnerships & Engagement	**20 (4x5)** →

CORPORATE RISK REGISTER				
RISK ID	**NEW RISK TITLE**	**NEW SUMMARY DESCRIPTION**	**EXECUTIVE OWNER**	**RISK SCORE**
		its strategic ambition, damage to reputation and increased external scrutiny		
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	**IF** the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained **THEN** there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised **RESULTING IN** a negative impact on colleague experience and/or services to patients.	Director of People & Culture	**16 (4x4)** →
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	**IF** significant internal and external system pressures continue **THEN** there is a risk of a significant deterioration in staff health and wellbeing within WAST **RESULTING IN** increased sickness levels, staff burnout, poor staff and patient experience and patient harm	Director of People & Culture	**15 (3x5)** →

Annex 2 - Risk Scoring Matrix

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

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

Annex 3 - Frequency of Risk Review

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

Annex 4 – Board Assurance Framework

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	25/06/2024	TREND	25 (5x5)
		Date of Next Review:	25/07/2024	➡	

IF	THEN	RESULTING IN
significant internal and external system pressures continue	there is a risk of an inability and/or a delay in ambulances reaching patients in the community	patient harm and death

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	5	5	25
Target	2	5	10

IMTP Deliverable Numbers: 1, 2, 3, 4, 5, 6, 7, 8, 10, 14, 15, 20, 22, 24, 25, 27

EXECUTIVE OWNER	Director of Operations	ASSURANCE COMMITTEE	Quality, Safety and Patient Experience Committee

Risk Commentary Q1 2024/2025

The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death because of the Trust not being able to reach patients in the community. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. **Handover lost hours in June were 22,230 and July 19,599.**

The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives.

Improvement actions led by Welsh Government and system partners include: -

a) Audit Wales's investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E)
b) Consideration of additional WAST schemes to support risk mitigation through winter (I)
c) NHS Wales reduces emergency department handover lost hours by 25% (E)
d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E)
e) Alterative capacity equivalent to 1000 beds (E)
f) Implement nationwide approach to emergency department 'Fit 2 Sit' (E)
g) Implementation of Same Day Emergency Care services in each Health Board (E)
h) National Six Goals programme for Urgent and Emergency Car (E)

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Regional Escalation Protocol	1. Daily conference calls to agree RE levels in conjunction with Health Boards
2. Immediate release protocol	2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)
3. Resource Escalation Action Plan (REAP)	3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.
4. 24/7 Operational Delivery Unit (ODU)	4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.
5. Strategic, Tactical and Operational 24 hour/ 7 day per week system to manage escalation plans	5. Same as **4** - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required. On Call cover is reviewed weekly at SLT Performance Meetings.
6. Limited Alternative Care Pathways in place	6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.
7. Consult and Close (previously Hear and Treat)	7. The Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Reported through integrated quality meeting. Whilst Consult and Close is in place, the action to increase compliance is detailed in the action plan.
8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation	8. WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	25/06/2024	TREND	25 (5x5)
		Date of Next Review:	25/07/2024	➡	

IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	5	5	25
Target	2	5	10

	setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth. **This is part of the IMTP Deliverables 2024-2027.**
9. Clinical Safety Plan	9. **Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The subsequent reduction in the demand is the assurance which is dynamically monitored via ODU.**
10. Recruitment and deployment of CFRs	10. **11 new onboarding courses for June to December with projection of 110 new CFRs by 3rd December 2024. Currently 400 volunteers supporting 6500 hours every month.** Response data indicates that our CFRs are reaching more patients, especially those with life threatening conditions in 8 minutes compared to this time last year. Numbers of CFR's, percentage of contribution to performance a governance framework is in place. Monitoring through AD 1:1's and volunteer highlight report (IMTP).
11. ETA scripting	11. The ETA Dashboard is a tactic that was signed off by ELT. The dashboard supports scripting analysed by comparing with real time data. ETA performance is reviewed weekly at SLT weekly performance meeting. The effect of the ETA scripting results in cancellations of ambulances which is monitored through algorithmic review process.
12. Clinical Contact Centre (CCC) emergency rule	12. Emergency Rule is incorporated into CSP 999 levels.
13. National Risk Huddle	13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.
14. Summer/Winter initiatives	14. Monitoring through SLT and STB. Senior Planning Team (SPT) **was** stood up for the duration of Winter 2023/24. **Christmas Planning Meetings established from April 2024 for winter period 2024/2025**.
15. CHARU implementation	15. Recruitment of 153 WTE has continued; To lift further, a trial of a rotational model is due to be trialled in Aneurin Bevan Health Board area.
16. Clinical Model and clinical review of code sets	16. Reported through CPAS and DCR Review reporting through CQGG
17. Remote clinical support enabling discharge at scene	17. Strategic Transformation Board – IMTP deliverable; Providing support to the Community Welfare Responders (CWR) initiative and supporting CFRs to discharge at scene with current non conveyance rates for CFRs in excess of 40%
18. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)	18. Formally documented action plan – actions captured are contained within and monitored via the Mitigating avoidable harm paper from PIP.
19. Information sharing	19. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.
20. Completed EMS Roster Review	20. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner. Monitor production against the rosters weekly at performance meeting and that provides a level of UHP as a percentage.
21. Delivered a reduction in the number of multiple vehicle attendances dispatched to red calls	21. This will increase vehicle availability generally across the Trust and is monitored through SLT weekly performance meeting**.**
22. Transfer of Care	22. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently, work has commenced to withdraw WAST staff from portering duties on hospital premises, cease the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents: i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief
23. Virtual Ward – Connect Support Cymru	23. Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. • Phase 1 delivered through St John Ambulance Cymru with a further extension in place. • Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach and has now completed. • Work **ongoing** to recruit CWR volunteers with engagement taking place with organisations across Wales. • St John Ambulance Cymru virtual ward now extended to the end of **May**2024**.**
24. ARA – - **YGC**, **Swansea Bay and GUH**	24. **ARA in GUH finished 31st March 2024. Holding area in Swansea and YGC remains ongoing**.

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	25/06/2024	TREND	25 (5x5)
		Date of Next Review:	25/07/2024	➡	

IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	5	5	25
Target	2	5	10

25. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.	25. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.
26. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.	26. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the 'Six Goals for Urgent and Emergency Care' work.
27. **Swansea Bay Winter Actions**	**27. Some plans are in train following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.** • **Palliative Care Paramedics commenced on 15/01/2024** • **POS solution now in operation which is facilitating shift breaks. Palliative care paramedics have been deployed for a pilot in care homes and nursing homes.** **Significant reduction in overruns realised. In action, during last 2 months, 0 missed meal breaks recorded in Swansea Bay area.**

GAPS IN CONTROLS	GAPS IN ASSURANCE
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system	1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards. An extraordinary incident declared by WAST on 22 October 2023 as direct result of system risk associated with handover delays at Morrison hospital has increased focus on handover delays with external partners and across the media. Some plans are in train (detailed in actions) following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.
2. Blockages in system e.g., internal capacity within Health Boards which affect patient flow	
3. Local delivery units mirroring WAST ODU	
4. Handover delays link to risk 224	
5. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 12 months there is a low confidence in attaining this.	5. The majority of Health Boards have failed to deliver on this ambition; With the exception of Cardiff and Vale University Health Board, the remaining 5 Health Boards with acute Trusts that were required to deliver on this target, have failed to do so.
6. Handover Improvement Plans agreed between WAST and Health Boards	6. Performance targets for Handover with Health Boards have been introduced by the commissioner.
7. Access to Same Day Emergency Care (SDEC) for paramedic referrals	7. This forms part of the handover improvement plans in place with Health Boards; however, assurance is limited given that the uptake is low (less than 1% of total demand). There is an inconsistency in approach from Health Boards on eligibility and availability; The national Once for Wales acceptance criteria has not been uniformly deployed by Health Bards across Wales.
8. Mental Health users connecting via the 999 system to 111 press 2 services. Discrepancies in pathway between 111 and CSD – point of entry influences pathway.	
9. Volunteer Alternative Responder Scheme (VARS)	9. Live from June 2024 with further scheme due to rollout across Wales.
Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST	

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	25/06/2024	TREND	25 (5x5)
		Date of Next Review:	25/07/2024	➡	

IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	5	5	25
Target	2	5	10

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.	Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)	ADLT Sub-Group	30.09.22 - Superseded	
3. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]	Director of Paramedicine / Director of People & Culture	**Superseded**	WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth. May24 - Initial bid unsuccessful however an action within the new IMTP to grow our APP workforce by up to 40 per year for the next 3 years. Updates will progress through the IMTP within quarters. Milestone changed from March 2024 to June 2024.
4. APP recruitment	Assistant Director of Operations	**March 2025**	Aug24 – Modelling of APP growth trajectory to be modelled through the APP recruitment Steering Group for approval at ELT. Numbers to be confirmed at point of approval.
5. **IMTP Deliverables 2027-2027 – implementation of new clinical model.**	**Assistant Director of Operations Transformation**	**March 2025**	**Phase 1 for winter** **May24 – Ops engagement commenced April 2024. Temporary ADO recruited to support winter actions. Plans to deployment between October 2024 and March 2025.**
6. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Quality & Governance / Head of Quality Improvement	Ended March 2023	The temporary extension of the SJAC contract for overnight provision was evaluated, demonstrating on available evidence a positive performance impact over the period of operation (Jan-April 2023). The evaluation report was presented to EMT on 5 April 2023. The contract extension (as a temporary arrangement) ceased on 5 April 2023. Falls service enhanced day and night provision remains in place and utilisation of resources is reviewed at weekly performance meetings by Operations SLT.
7. New 2023 EMS Demand and Capacity (roster) review	Assistant Director of Planning & Performance	August 2024	ORH modelling underway. Initial findings January 2024, full report to Trust Board and EASC in March. May24 - The review is scheduled to be presented to Trust Board end of July 2024. Milestone changed from March 2024 to August 2024.
8. Connected Support Cymru – is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.	Assistant Director of Quality Governance	**May 2024 (Phase 1 is finished)**	Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. • Phase 1 delivered through St John Ambulance Cymru with a further extension in place **and further extended until May2024**

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death	Date of Review:	25/06/2024	TREND	25 (5x5)
		Date of Next Review:	25/07/2024	➡	

IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	5	5	25
			Target	2	5	10

			• Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach and has now completed. Work is now ongoing to recruit CWR volunteers with engagement taking place with organisations across Wales.
9. Maximise the opportunity from Consult and Close: - Successful resolution without ambulance (double EMS) - Successful resolution without conveying to ED		March 2025	Trust ambition is to improve Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Consult and Close compliance remains around 14%. Action plan activities therefore continue with a review of triage processes which may lead to shorter triage durations, along with increase in staffing, which together will enable more triages to take place, thus increasing the number of successful resolutions without a double EMS ambulance and numbers conveyed to an ED.
10. Development of new model of care	Head of Strategy Development	2024/25	**May24 – during May operationalisation has commenced with expected live date ahead of winter.**
11. Palliative Care Paramedic Unit	Assistant Director of Operations	Extended to May 2024 - **new date TBC**	Reducing demand via APPs – 15th January Start. 15/04/2024 - 3 Month Health Board funded trial ended. Whilst utilisation was low, the results demonstrated a circa 75% ED avoidance therefore local decision made to extend for a further 2 months, however, opening the trial up to wider community and crew referrals. **21/06/2024 - Unit still ongoing.**
12. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	CEO	Q1 2024-2025	• Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support) • WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. • Expected outcomes in 2023/24.
13. Royal Glamorgan Early Diagnostic	Executive Director of Operations	**August** 2024	• Initial data from Qlik shows that there has been no reduction in N2H times however data received from Health Board show indication of patient benefit to reach earlier diagnostic. Local meetings this month to discuss findings and explore opportunities. • **May24 – No improvement in N2H time. Local management having discussions with Health Board for review and next steps.**

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients	Date of Review:	20/06/2024	TREND	25 (5x5)
		Date of Next Review:	20/07/2024	➡	

IF	THEN	RESULTING IN
patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

IMTP Deliverable Numbers: 1, 3, 8, 14, 15, 22, 23, 24, 25, 26, 27, 30, 31

EXECUTIVE OWNER	Director of Quality & Nursing	ASSURANCE COMMITTEE	Quality, Safety and Patient Experience Committee

Risk Commentary Q2 2024/25

- The risk score remains constant at 25 for quarter 2 2024/25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. **JCC set a target of 15,000 hours lost by the end of Q2 and 12,000 hours lost by the end of Q3. Handover lost hours in April 2024 were 23,614 compared to 23,082 in April 2023. Eradication of handover waits of > 4 hours: there were 3,404 over four-hour patient handovers in April 2024, compared to 2,730 in April 2023. The expectation is that these would have been eradicated by end of 2023/24. Cardiff & Vale UHB has demonstrated material improvement and is a positive outlier when compared to other health boards. Recently, Welsh Government have re-iterated to Health Boards that the reduction in long handovers is a priority for this year with an expectation that over 1 hour waits would be reduced by 30% by December 2024.** The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, coronial enquiries and redress / claims. The Trust continues to receive Prevention of Future Death Reports (Regulation 28) from Coroners across NHS Wales. The Trust received the first Prevention of Future Deaths Report in February 2024 relating to pressure damage, which is a joint Report with Swansea Bay University Health Board. On 22.02.2024 a Prevention of Future Deaths Report was sent solely to the Minister for Health and Social Services, Welsh Government in respect of delays responding to a patient in community which also references handover of care delays. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. WAST CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant forums and continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. Given the long-standing nature of the system pressures and long handover times, we have commenced work to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and, Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for our ambulance trolleys.

Improvement actions led by Welsh Government and system partners include:

a) Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) ***by the end of April 2025***
b) National Six Goals programme for Urgent and Emergency Care: Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales. WAST is represented on the Clinical Reference Group by the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning & Performance.
c) The Trust also has a presence on all the individual goal boards. The Trust has been asked to provide a presentation on its offer to the system at the next Six Goals Programme Board (24 January 2024).
d) NHS Wales eradicates all emergency department handover delays more than 4 hours (LHB CEOs) ***revised to March 2023/24.***
e) Alternative capacity equivalent to 1,000 beds project (LHB CEOs) – 678 additional beds delivered, a significant achievement, but short of the target of 1,000.
f) Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales)
g) Implement nationwide approach to emergency department 'Fit 2 Sit' (Welsh Government: Chief Medical Officer and Chief Nursing Officer) – paused. **Health boards have previously been required to develop handover reduction action plans, which are monitored at their Integrated Quality, Planning & Delivery (IQPD) meetings by Welsh Government. Handover is also discussed at the Integrated Commissioning Action Plan (ICAP) meetings (currently paused as commissioning arrangements transition into the new Joint Commissioning Committee) which are held monthly between the CASC, the Trust and each Health Board.**

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.	1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.	2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the 'Six Goals for Urgent and

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients	Date of Review:	20/06/2024	TREND	25 (5x5)
		Date of Next Review:	20/07/2024	➡	

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

	Emergency Care' work. An event reviewing the effectiveness of the Joint Investigation Framework is currently being scoped nationally.
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)	3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).	4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.
5. Workstreams put in place to meet requirements of *Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026.* Goal 4 incorporates the reduction of handover of care delays through collective system partnership.	5. **Monthly Integrated Quality and Performance Report and WAST is represented on the Clinical Reference Group by the Director of Paramedicine and on the overarching programme board by the Executive Director of Strategy, Planning & Performance. The Trust also has a presence on all the individual goal boards**.
6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).	6.
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.	7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure. REAP has undergone an annual review with v4.1 released in November 2023.
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient's Fundamentals of Care as best they can in the circumstances.	8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process and Putting Things Right Quarterly Reports to Clinical Quality Governance Group and QuEST
9. 24/7 operational oversight by ODU with dynamic Clinical Safety Plan review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.	9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays. In December 2023, Version 2.21 of the Clinical Safety Plan was released. The reduction in the demand is the assurance which is dynamically monitored via ODU.
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.	10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end. On Call cover is reviewed weekly at SLT Performance Meetings.
11. Escalation forums to discuss reducing and mitigating system pressures.	11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.	12. Monthly Integrated Quality and Performance Report (**April 2024** overall **82**% - Safeguarding is **78%** and dementia awareness remains over 91%).
13. Clinical audit programme in place.	13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report *Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover* (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.	14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals.	15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including 'Actions to Mitigate Avoidable Patient Harm Report' (last presented to Trust Board **May 2024**) and Board sub-committee oversight and escalation through 'Alert, Advise and Assure' reports.

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients	Date of Review:	20/06/2024	TREND	25 (5x5)
		Date of Next Review:	20/07/2024	➡	

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating "The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service's statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets."	
16. Implementation of Duty of Quality, Duty of Candour, and new Quality Standards requirements in April 2023.	16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of **May 2024** is 'Implementing and operationalising'. The Trust has representation on the All Wales Duty of Candour Implementation Group and is actively engaged in developing resources. From April 2024 the Trust will publish an annual quality report and compliance with Duty of Candour. Operational oversight occurs at the Quality Management Group and Executive oversight is via the Clinical & Quality Governance Group.
17. Clinical Support Desk First in place	17.
18. Summer/Winter initiatives	18. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2024/25.
	External Sources of Assurance Management (1st Line of Assurance)
	1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC), the Emergency Ambulance Services Committee (EASC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).
	2. Healthcare Inspectorate Wales (HIW) 'Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover' Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC
	3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.
	4. Internal Audit Report (April 2024) Serious Incidents: Joint Investigation Framework (WAST internal processes) provided 'Reasonable Assurance' with low to moderate impact on residual risk exposure until resolved. Improvement actions are monitored via the Audit Tracker.
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures – recruitment in line with Organisational Change Process is progressing with full establishment expected by July 2024.	
2.	1. Implementation of the revised Joint Investigation process with good engagement seen by system partners. Several overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 56 overdue nationally reportable incident (NRI) investigations, with 63 NRIs open in total. Shared system learning from the Joint Investigation Framework is currently limited with no new learning identified to date.
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales.	2. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. In October 2023, 23,232 hours were lost with 1,888 +4 hour delayed patient handovers.
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients' NEWS.	3. Strengthening of patient safety reports and audit processes as e PCR system embeds.
5. Variation pan Wales / England as position not implemented across all emergency departments.	4. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.

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		Date of Next Review:	20/07/2024	➡	

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	**THEN** there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	**RESULTING IN** patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

6. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas.

5. HIW approve and sign off WAST elements of recommendations.

External Gaps in Assurance

1. Lack of escalation and response to AQIs by the wider urgent care system and regulators

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project	WAST QI Team (QSPE)	TBC – Paused	• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).
2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.	Assistant Director of Quality & Nursing	Q3 2024/25	• Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. • Access to ePCR data (NEWS) now available and access for the Patient safety Team is being explored. Work on-going with Health Informatics regarding patient safety and health board dashboards capacity in Health Informatics impacting and dates revised. • Local dashboards have been developed but requiring manual data extraction
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.	Executive Director of Quality & Nursing	Monthly and as required.	• Monthly meetings continue to be held and networking through EDoNS.
4. Recruit and train more Advanced Paramedic Practitioners.	Director of Paramedicine	Q4 2024/25	• **The Trust uplifted its APP establishment by a further 15.7 FTEs in** • **2023/24 (funded through internal movements). For 2024/25 the Trust** • **is funding a further uplift of 32 APPs (additional funding, not internal** • **movements).** • **• The above uplifts will increase the APP establishment to 120.7 FTEs.**
5. Overnight falls service extension and future modelling	Executive Director of Quality & Nursing	31.09.2024	• **Overnight falls service extension and future modelling** • **Night Car Scheme extension agreed to 31 September 2024** • **(2 regional resources)** • **Utilisation rates continue to be monitored:** • **Nighttime utilisation: -** • **Q2 65%** • **Q3 64%** • **Q4 to date 64%** • **April 2024 - 67%** • **Daytime utilisation: -** • **Q2 57%** • **Q3 56%** • **Q4 to date 58%** • **April 2024 – 54%** • **Combined day and night Q2-Q3 58%** • **Combined day and night Q4 to date 59%** • **Combined day and night April 2024- 55%** • **There is now also an additional Level1 nighttime resource through RPB and Gwent Resilience Plan ringfenced to ABUHB. AB dedicated level 1** • **62% for April 2024** • **The 2023 EMS Demand & Capacity Review has completed its modelling of falls level 1 and level 2 resources. This will now need to be considered further by the Trust, commissioners and health boards. There is an immediate focus on the contract beyond September 2024.**

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients	Date of Review:	20/06/2024	TREND	25 (5x5)
		Date of Next Review:	20/07/2024		

IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	**THEN** there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	**RESULTING IN** patients coming to significant harm and a poor patient experience

	Likelihood	Consequence	Score
Inherent	5	5	25
Current	5	5	25
Target	3	2	6

			• **The 2023 EMS Demand & Capacity Review will be formally reported to Trust Board in July 2024**.
6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded. Quality Report development underway – mandatory requirement to publish 2024/25 (no fixed date for publication nationally).	Executive Director of Quality & Nursing	Q4 2024/25	• Monthly updates to progress against actions following the baseline assessment and readiness returns continued. • RL Datix Dashboards and KPIs under development nationally by National Quality & Safety Group. • Key policies updated and approved further updates following release of revised Putting Things Right Regulations which is delayed now expected release by Welsh Government in Autumn 2024 therefore timescale amended. • Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly.
7. Connected Support Cymru is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.	Executive Director of Quality & Nursing	Q2 2024/25	• **Currently awaiting WG feedback on the submitted business case.** • **Further meetings arranged with between the Executive Director of Quality & Nursing and Six Goals Programme/WG/. Trust has also approach WG with a smaller ask to facilitate 7 FTE CSD clinicians to** • **provide a continuation of the Luscii solution - this would enable a proof of value pilot to further inform a business case.**
8. Organisational change process (OCP) of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.	Executive Director of Quality & Nursing	Q2 2024/25	• OCP commenced 25.09.2023 and the consultation period has concluded with the final new structure confirmed. Next steps are to recruit to vacant positions which has commenced. It is anticipated that all positions will be filled by May 2024 (taking notice periods into account). Recruitment is progressing well with multiple applications for each post and some internal promotion opportunities. • Final posts due to be recruited to and in place by July 2024.
9. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?	CEO	Q2 2024/25	• Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support). • WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. Expected outcomes in 2023/24. • The audit is proceeding. Trust awaiting the outcome. AD Commissioning & Performance has requested an update from Audit Wales. • Audit Wales have confirmed this has been reprofiled into 2024/25.
10. Patient handover actions.	Executive Team	Under review	• Some English ambulance services operate a system whereby handovers are mandated or forced after a certain period e.g. WMAS and LAS. This will be reviewed by the Executive team.
11. Work in progress to better define mitigations to safety risks and quality of care deriving from extended periods in an ambulance; these include the application of Mental Capacity Act and Deprivation of Liberty Safeguards and Fundamentals of Care including pressure area care, mobilisation and nutrition. One specific area of focus is the development of a prototype mattress for ambulance trolleys.	Executive Director of Quality & Nursing	Q3 2024/25	• Fundamentals of Care meeting, chaired by the Executive Director of Quality & Nursing held on 08.03.2024.
12. Trust to produce its own six goals plan (Goal 4 links to handover of care)	**Executive Director of Strategy, Planning &**		• **Trust to produce its own six goals plan (Goal 4 links to handover of care)**

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	14/06/2024	TREND	20 (5x4)
		Date of Next Review:	14/07/2024	➡	

IF	THEN	RESULTING IN
there are high levels of absence e.g., sickness and alternative duties.	there is a risk that there is reduced resource capacity	an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	5	4	20
Target	3	4	12

IMTP Deliverable Numbers: 13, 14, 15, 22, 24, 25, 26

EXECUTIVE OWNER	Director of People & Culture	ASSURANCE COMMITTEE	People and Culture Committee

Risk Commentary

Sickness absence remains one of the key challenges for the organisation. Whilst there has been a significant reduction in absence levels over the past 18 months, rates remain higher than desired and therefore a continued focus on supporting good attendance at work is needed by both managers and the People and Culture team. Increased pressures on our people like handover delay, missed breaks and cost of living impact on health and wellbeing. **The score has been reviewed mid-June and whilst results for the early part of the quarter look positive, it is important to consider the results during July and August which traditionally has seen spikes in short term absence to assess whether this improvement is maintained. The score will be considered in September 2024.**

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Managing Attendance at Work Policy/Procedures in place and followed	1. (a) Audits undertaken by People Services Team (b) Outputs reviewed
2. Respect and Resolution Policy- recognising issues at work may contribute to sick absence	2. R&Rs addressed in timely way to reduce risks of sickness absence. Compassionate Practices approach engaged. Referral of colleagues to appropriate levels of support
3. Updated Freedom to Speak Up Policy replacing the Raising Concerns Policy- recognising issues at work may contribute to sick absence	3. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames Completed - 28/11/23 Freedom to speak Up Safely process introduced from the start of October 2023 including three Trust guardians.
4. Health and Wellbeing Strategy – key document that outlines commitment to wellbeing and supportive culture	4. Regular reference to strategy to ensure themes are addressed and linked to wider people and culture plan 28/11/2023 Health and Wellbeing Strategy coming to an end in 2024 to be replaced with a new plan with a focus on employee experience in line with the All-Wales Framework and the People and Culture Plan 2023-2026
5. Operational Workforce Recruitment Plans - provide evidence of sufficient resources and identify any gaps or potential areas of increased workload pressure	5.
6. Roster Review & Implementation- to support demand and capacity which can have an impact on absence levels	6. Roster Review for EMS completed. Review in 111 underway
7. Return to Work interviews are undertaken - SharePoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required	7. Process regularly reviewed and managers provided with relevant training and coaching on process and importance of carrying out return to work interviews promptly
8. Training on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained	8. Regular bitesize training provided for managers, adapted to reflect feedback and to ensure all aspects of managing attendance is understood
9. Directors receive monthly email with setting out ESR sickness data - ensures ownership and awareness.	9. Monthly reporting provided with opportunity for discussion with relevant people services lead and Director
10. Operational managers receive daily sickness absence data via GRS- ensures ownership and awareness	10. Provided daily, with opportunity for discussion with relevant people services lead and operational managers
11. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support	11. Monthly reporting on services provided, volume of referrals and timeframes for accessing support.
12. WAST Keep Talking (mental health portal) additional measures to offer support	12. Quarterly reporting on numbers accessing and regular promotion of service. Reported in MIQPR
13. Suicide first aiders- additional layer of support	13. Quarterly reporting of numbers of trained suicide first aiders and numbers who have access. Mental Health Team deliver this
14. TRiM- additional layer of support	14. Quarterly reporting on access to TRiM and promotion of service Included in MIQPR
15. Peer Support network- additional level of support	15. Promotion of network and support provided
16. Coaching and mentoring framework- additional level of support	16. Promotion of network and support provided 28/11/2023 on pause to focus on Leadership Framework with a focus on culture and its impact on the experience of work and workplace wellbeing
17. Staff surveys- assess levels of engagement and wellbeing	17. New HIVE survey tool will provide data on overall engagement and wellbeing 28/11/2023 the NHS Wales Staff Survey has also just closed and will provide information in the new year to inform us further.
18. Stress risk assessments- identify measures that can be taken to address issues	18. Reference to the assessments during attendance management line manager training and to the TUS 28/11/2023 OH to lead on a refresh of stress risk assessments use

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	14/06/2024	TREND	20 (5x4)
		Date of Next Review:	14/07/2024	➡	

IF	THEN	RESULTING IN
there are high levels of absence e.g., sickness and alternative duties.	there is a risk that there is reduced resource capacity	an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	5	4	20
Target	3	4	12

19. Sickness statistics are reported to SLT, SOT, People & Culture Committee, Trust Board and the CASC	19. Sickness forms part of Workforce Scorecard to People & Culture Committee and is also supported by PCC deep dives into sickness. Reporting is also shared with CASC and EASC. Discussions on sickness are reported in minutes and AAA to Board
20. External agencies support e.g., St John Ambulance, Fire and Rescue- if needed at times of increased demand pressure	20.
21. Monthly reviews of colleagues on Alternative duties	21. Action plans arising from meetings with colleagues implemented through monthly diarised meetings
22. Manager guidance on managing Alternative duties	22. Evidence of managers guidance in place and referenced in attendance management training
23. Monthly report on absence to ELT and report to every meeting of People & Culture Committee via the Workforce Report and provision of deep dives when requested.	23.
24. Sickness audits for localities- provides additional level of detail	24. Audits carried out and actions taken forward
25. Additional support for areas with higher-than-average absence – emphasis is on understanding reasons and developing action plans	25. Dedicated meetings taking place and support from people services for areas with absence with local plans in place to address specific issues
26. Review of top 100 cases -carried out monthly	26. Provides a focus on cases with a clear focus on support and making sure there are plans attached to each case.
27. Deep dives on specific issues and reasons for absence	27. Enables wider consideration of additional measures that may be adopted and identifies themes and keeps focus on absence management e.g. – mental health and causes 28/11/23 Recognition of the impact of employee experience and workplace conditions and link to absence. Reported to ELT for information
28. Implementation of the Managing Attendance Project 2022-23 completed and ongoing activities maintained	28. BAU evaluating for delivery
29. Implementation of Behaviours Refresh Plan completed	29. BAU evaluated for delivery
30. 2023 10-point action plans shared with EMT for assurance and RAG rated to track progress quarter	30. Offers assurance to ELMT on the activities and measures in place. Figures on absence are being reported monthly to ELT which is reflected in the minutes and AAA reports
31. Work in Confidence system implemented and Freedom to Speak Up Month in October 2023 focused attention on this	31. External Management (2nd Line of Assurance)
32. Actions from Audit of Nov 22 completed	32. Audit actions completed
33. Strengthen Freedom to Speak Up Arrangements policy and advice and roll out of platform for raising concerns (in relation to Freedom to Speak Up Arrangements) (Having additional mechanisms in place for individuals to speak up potentially reducing work related stress and anxiety which is a key reason for absence)	33. Monitor FTSU concerns and they are dealt with in agreed timeframes and assessed whether absence related to mental health and anxiety reduces.
34. Health and Wellbeing Steering Group in place	34. Monitored through numbers of FTSU concerns raised and continual promotion via Comms and Roadshow Events.
35. Actions identified from the Managing Attendance Audit implemented	35. Agendas, minutes etc.
36. PADR review undertaken and now including wellness questions	36. Underway and now BAU – we need to say what this means by way of assurance
37. Scrutinising on a monthly basis all long-term sickness absence case to ensure there is a tailored, individual action plan which identifies interventions that will support a return to work as soon as reasonably possible.	37. PADRs undertaken and questions asked; Discussion on levels of long-term sick absence is undertaken in a variety of forums including EASC, ELT and PCC.
38. Accountability meetings on attendance management between People Services and senior ops managers to ensure this issue is given sufficient focus on priorities.	38. Meetings taking place and active discussions on operational areas experiencing high levels of absence
39. Senior Ops Managers have accountabilities sessions on attendance management with their Heads of Service.	39. Meetings taking place and active discussions on operational areas experiencing high levels of absence
40. Specific issues associated with muscular skeletal conditions is discussed regularly at the H&S Committee and relevant additional interventions are identified	40. It is on each agenda and outcomes are available for discussion at H&SC.
41. Review of top 100 cases by the wider People & Culture Team - monthly (Wellbeing, OCC Health, People Services). **This takes place to consider whether any of those cases required additional interventions.**	41. **Director of People & Culture receives assurance from the team following each of the monthly meetings.**
	Independent Assurance (3rd Line of Assurance)

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	Date of Review:	14/06/2024	TREND	20 (5x4)
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IF	THEN	RESULTING IN
there are high levels of absence e.g., sickness and alternative duties.	there is a risk that there is reduced resource capacity	an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	5	4	20
Target	3	4	12

	1b. Internal Audits scheduled through Shared Services Partnership. Last audit on attendance was November 2022 and the last actions from this due at the end of December 2023. (last audit November)
	2. Audit Wales – Taking Care of the Carers report in October 2021
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
(a) Consistency and Application in Managing Attendance at Work Policy	There are other factors that impact on sickness which can't be controlled
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received	9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers
1 – 22 Education and communication with managers about resources available and how to implement it e.g., stress risk assessments	1.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Develop guidance and training for line managers to equip them with the confidence and skills to have meaningful and sensitive conversations related to attendance.	Head of Culture	**31/01/25**	Measured through ongoing participation in development sessions and feedback from TU regarding management handling of absence cases**. Piloting bite size chunks in Autumn with results in January 2025.**
2. Case studies developed on examples of areas of business where attendance management has improved significantly to share learning across WAST	Deputy Director of People & Culture	**31/10/24**	Case studies **will be** published**, shared** and discussed at leadership meetings and evidence of good practice adopted
3. Connect to other Ambulance sector organisations to identify additional interventions they have implemented to address attendance management, share learning and consider whether to adopt in WAST	Deputy Director, People and Culture	**31/01/25**	Discuss at P&C Business Meeting and share at ELT/PCC with recommendations**.**
4. Targeted culture change reviews are undertaken in areas of the business where levels of absence are high and other metrics such as turnover indicates concerns. Alongside this these areas are also experiencing significant change.	Director of People & Culture	Ongoing	Culture review action plans are produced and taken forward. Sick absence in these areas is evaluated and monitored to assess whether reductions are achieved.
5. Implementation of new approach to regularly checking in with staff. Piloting a simple conversation framework for Managers to use with their staff on a monthly basis which provides a focus on wellbeing, goals and personal development.	AD for Culture, Inclusion & Wellbeing	Ongoing	Evaluation of pilot after 6 months to assess if there has been a reduction in sick absence in specific areas where this approach has been adopted.
6. Development of the 2024/25 Managing Attendance Plan (see below for individual actions.	Deputy Director, People and Culture	To commence 30/05/24	Key plan actions noted below
7. Delivery of actions to support managers handling attendance issues with skills, capability and confidence	Deputy Director, People and Culture	31.03.2025	
8. Coaching for managers on cases on one and locality basis.	Deputy Director, People and Culture	31.03.2025	
9. Increase manager support on data interpretation and analysis	Deputy Director, People and Culture	31.03.2025	
10. Increase manager understanding of options for colleagues who are not able to sustain their attendance e.g. flexible hours, reduced hours etc	Deputy Director, People and Culture	31.03.2025	
11. Culture work on creating the sense of team and peer responsibility / ownership	AD for f Culture Inclusion and Wellbeing	31.03.2025	
12. Analyse link between hot spots and the culture in these areas to address cultural issues	AD for Culture, Inclusion & Wellbeing	31.03.2025	
13. Improve preventative measures and pro-active work	Deputy Director of People and Culture	31.03.2025	
14. Identify opportunities to improve roles – flexibility, control, confidence	Deputy Director of People and Culture / ADs, Operations	31.03.2025	
15. Opportunities to adapt the work environment – overruns, shift patterns, rest and recuperation	Deputy Director of People and Culture / ADs, Operations	31.03.2025	

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		Date of Next Review:	14/07/2024	➡	

IF there are high levels of absence e.g., sickness and alternative duties.	THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience

	Likelihood	Consequence	Score
Inherent	4	4	16
Current	5	4	20
Target	3	4	12

16. Review workloads	Deputy Director of People and Culture / ADs, Operations	31.03.2025	
17. Review patterns of absence	Deputy Director of People and Culture	31.03.2025	
18. Development of a mental health referral pathway	AD for Culture, Inclusion and Wellbeing	31.03.2025	
19. Develop the team around the person model / individual support network	Deputy Director of People and Culture	31.03.2025	
20. Increase lifestyle advice and guidance	AD for Culture, Inclusion and Wellbeing	31.03.2025	
21. Undertake proactive testing to identify undiagnosed conditions	AD for Culture, Inclusion and Wellbeing	31.03.2025	
22. Review reporting on OH	AD for Culture, Inclusion and Wellbeing	31.03.2025	
23. Review opportunities on men's mental health e.g. support groups	AD for Culture, Inclusion and Wellbeing	31.03.2025	

Risk ID 201	A loss of stakeholder confidence that damages the Trust reputation	Date of Review:	19/07/2024	TREND	20 (4x5)
		Date of Next Review:	19/08/2024	➡	

IF	THEN	RESULTING IN
there is an inability of the Trust to deliver its core services because of system or organisational pressures	there will be a loss of stakeholder confidence in the Trust	a lack of stakeholder support for the Trust's long term strategic vision, a failure to deliver its strategic ambition, damage to reputation and increased external scrutiny

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	4	5	20
Target	3	5	15

IMTP Deliverable Numbers: 1, 2, 3, 4, 5, 6, 7, 8, 9,10, 11, 12, 13, 16, 25, 27

EXECUTIVE OWNER	Director of Partnerships and Engagement	ASSURANCE COMMITTEE	People and Culture Committee

Risk Commentary Q3 2024/25

The risk score remains constant at 20 (highly likely and catastrophic). The organisation's reputational risk is one which is long-standing and entrenched. After initial improvements in risk rating some years ago, the impact of the pandemic, long standing performance and morale issues, coupled with the levels of patient harm and poor patient experience which are being documented all result in limited opportunity to de-escalate the risk. Significant efforts are being made to address all of these factors. However, to date, the issues which contribute to reputation continue to be problematic and, therefore, militate against de-escalation of the risk for the foreseeable future. As part of the mitigation, extensive stakeholder engagement briefing, including with Welsh Government and civil service colleagues, together with politicians, commissioners and partners, media relations work, patient experience and internal communication and engagement continue, in order to build trust and credibility. The day-to-day experience of staff and patients, coupled with the need to further build relationships, mean the risk remains heightened. The lead Director and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder engagement is regularly reviewed in this context, including as it relates to support for the Trust's longer-term strategy and ambition.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. CEO and DSP meeting with HB CEOs throughout Q4 to informally discuss strategic ambition	1. Feedback reported via ELT, TSAG etc/
2. Revision of engagement framework delivery plan (approved by Board Jan 2023) to reflect feedback from stakeholders and revised timelines for strategy engagement	2. Will report via strategy programme architecture plus discussion at Board development/PCC etc. Included in 2024/25 IMTP
3. Challenging of media reports to ensure accuracy	3. Programme of daily media engagement documented on digital system
4. Media liaison to ensure relationships developed with key media stakeholders	4. Programme of daily media engagement documented on digital system
5. Routine stakeholder and staff engagement, including the recent round of Executive roadshows and WAST Live.	5. Agendas, minutes, and documents of engagement events. Informal feedback via ELT and reported via Trust Board (CEO update)
6. Engagement governance and reporting structures are in place	6. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g., ELT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs.
7. Annual deep dives on reputation in place	7. Reported to Committees, documented in minutes, action logs and papers
8. Engagement of the Board on matters of reputation in development sessions. If required, escalation procedure for issues to the Board where circumstances dictate, following discussion at ELT	8. Minuted meetings, action logs and Board papers
9. Regular engagement with senior stakeholders e.g., Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders	9. Informal feedback reported via ELT and occasionally in formal correspondence (nature of discussion often precludes formal recording)
10. Monitoring external factors that may affect the Trust	10. ELT verbally updated on a regular basis with written notes if appropriate
11. Board oversight, scrutiny and challenge of performance, concerns, quality	11. What is the assurance that this control is effective
12. Internal Quality and Performance monitoring in the Trust and raising system issues	12. What is the assurance that this control is effective - reports at ELT, Finance and Performance Committee, Quality, Safety and Patient Experience Committee, People and Culture Committee, Audit Committee
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
1. The delivery plan is currently under review and is subject to further agreement	1.
2. Managing the narrative of the media	2.
3. Strategic collaboration – further work needed to formalise opportunities	3.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Reputation audit year two planned	Director of Partnerships & Engagement	**Complete – will move to controls**	Audit launched on 09 April 2024 and ran until 01 May 2024. **High-level results presented at People and Culture Committee on 09 May and at Board Development on 27 June.**
2. Agree Stakeholder Influencing Plan	Director of Partnerships & Engagement	Q1 24/25	Currently in development.
3. Roll out of Stakeholder Influencing Plan	Director of Partnerships & Engagement	Q2 24/25 onwards	
4. Reputation Audit deep dive on findings to be presented at Board Development	Director of Partnerships & Engagement	Q1 2024/25	Findings **were** also presented at the 09 May People and Culture Committee meeting.

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	14/06/2024	TREND	16 (4x4)
		Date of Next Review:	14/07/2024	➡	

				Likelihood	Consequence	Score
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained	**THEN** there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	**RESULTING IN** a negative impact on colleague experience and/or services to patients	**Inherent**	5	3	15
			Current	4	4	16
			Target	4	3	12

IMTP Deliverable Numbers: 1, 13, 14, 19, 22, 30, 32

EXECUTIVE OWNER	Director of People & Culture	ASSURANCE COMMITTEE	People & Culture Committee

Risk Commentary

The score remains at a 16 which is due to a tailored bespoke development programme for managers and Trade Union Partners at all levels has been launched to address issues. The programme of engagement and relationship building will continue throughout 2024/25. Also, specific workforce issues related to potential respect and resolution processes have been addressed.

Work is well underway to seek to improve partnership working through the delivery of the action plan. The engagement structures below WASPT are in place and running. The Deputy Director of P&C and Head of Culture and OD have delivered workshop sessions for TU partners and managers across the organisation in senior and local roles. Personal relationships with TUPs are generally good. However, there is a further prospective risk as discussions on pay commence for 2024/25 which are out of the gift of WAST but may result in further tension and industrial action if an offer made is not accepted by the trade unions. This is in the context of the current financial pressures for Welsh Government who are seeking to make significant savings. **At a local level there are ongoing discussions on a range of organisational change issues and currently engagement and partnership working is working well.**

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership	1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement	2. Both parties refer to the documents and are signed up/committed to it
3. IPA Workshops	3. Meetings completed with participation from TUs and senior managers. Attendance lists are available
4. Trade Union representation at Trust Board, Committees	4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned because of TU partner buy in
5. Monthly Informal Lead TU representatives and Chief Executive meetings	5. Diarised meetings
6. Staff representative management in Task & Finish Groups	6. Good attendance and commitment are observed at the meetings. TU partners listed as members in terms of reference
7. WASPT re-established post stand down of cell structure post pandemic.	7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.
8. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team in place and operating	8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings
9. Quarterly Report on TU activity to People and Culture Committee	9. Report at every P& C committee meeting regarding activities TUPs involved with which is noted. Whenever Partnerships are discussed, the value of these is formally minuted in the Board and Committee minutes
10. Structures below WASPT in place from June 2023	10. Triple A reports through to WASPT and to PCC. Any escalations are appropriately noted.
11. Project plan in place to support the improvement in relationships based on the ACAS report from 2022.	11.Development of mentoring and training opportunities for TUPs to support their roles.
12. AAA report of formal Partnership Forum (WASPT) reported to PCC or Board in future (return to BAU).	12.Training for local managers and TUPs in development and diarised delivery for February / March 2024.
13. AAA from SLT Partnership Forum and Corporate Partnership Forum reported to WASPT	13.Change in senior TU personnel on a temporary basis meaning new senior TU representative needs to be brought up to speed with work on improving partnership working.
14. Externally facilitated mediation session(s) building on the IPA workshops and specifically to address the thorny issue of what happens when we fail to agree.	14. Action plan developed and shared with TUs. Implementation underway. **A series of partnership working sessions (5) have been delivered to around 120 colleagues – managers and TU partners. Feedback from the sessions was captured and next steps were reviewed.** There is an ACAS action plan which is a live doc and is reported to WASPT to update progress.
15. Rhythm of meetings to curate and focus on relationships	15. **AAA, minutes, monthly sessions with CEO, DoPC and DoO. Informal sessions with CEO, DoPC and Branch Chair and Sec on a quarterly basis. 6 weekly meetings with DoPC on other partnership forum arrangements.**
GAPS IN CONTROLS	**GAPS IN ASSURANCE**

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships	Date of Review:	14/06/2024	TREND	16 (4x4)
		Date of Next Review:	14/07/2024	➡	

IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained	**THEN** there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	**RESULTING IN** a negative impact on colleague experience and/or services to patients

	Likelihood	Consequence	Score
Inherent	5	3	15
Current	4	4	16
Target	4	3	12

1. Need to move back to business-as-usual footing	None identified
2. Facility to manage situations where there is a failure to agree, to avoid grievance and disputes from occurring	

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. Refresh of engagement programme post Industrial Action and establish work	Deputy Director of People & Culture	30/08/23 Underway and work ongoing. Plan delivery to be completed in 2024. However, this will be subject to the national picture.	Plan agreed and being monitored via WASPT. Draft training development underway in partnership with TUPs – list of training needs shared from TUPs. Principles on engagement being developed (in part from the training) and as a result the partnership statement will be updated.
2. Continue the rollout of partnership training across WAST	Deputy Director of People & Culture	Ongoing	
3. Develop the next round of initiatives based on the output from recent sessions	Deputy Director of People & Culture	30/**09/**24	
4. Learning and Development opportunities for TU partners e.g. shadowing, digital skills, coaching and mentoring	Deputy Director of People & Culture	**31/03/25**	
5. Develop consultation guidance for managers	Deputy Director of People & Culture	**31/03/25**	
6. Consider how we celebrate success and capture the positive learning	Deputy Director of People & Culture	**31/01/25**	

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	Date of Review:	23/07/2024	TREND	15 (3x5)
		Date of Next Review:	23/08/2024		

IF	THEN	RESULTING IN
significant internal and external system pressures continue	there is a risk of a significant deterioration in staff health and wellbeing within WAST	increased sickness levels, staff burnout, poor staff and patient experience and patient harm

	Likelihood	Consequence	Score
Inherent	4	5	20
Current	3	5	15
Target	2	5	10

IMTP Deliverable Numbers: 13, 14, 21, 26

EXECUTIVE OWNER	Director of People & Culture	ASSURANCE COMMITTEE	People & Culture Committee

Risk Commentary

This risk should be considered alongside Risk 160 as the resulting increased sickness levels mentioned above will be addressed by the same controls and assurances. However, the ongoing system pressures including long handover delays, overruns, missed breaks and the perpetuating impact of increased sickness levels continues to mean this risk remains static. WAST continues to work in partnership with the system to pilot viable options for addressing the external factors. Although there has been some success in some areas, we are yet to see these being scaled to an extent that the employee experience has been impacted. Since 2020 we have not seen the previous pattern of easing over the summer months and with the current public health risk of measles and continuing risks of covid this risk remains static. The People and Culture Plan 2023-2026 is a good summary of the controls and actions addressing this risk. The old Health and Wellbeing Strategy and its replacement build on this. Nationally the Health and Wellbeing Framework due for publication in Summer 2024 also addresses the system wide employee experience challenges. The ongoing system challenges remain with long handover delays which are likely to worsen again as we head into winter pressures. Work on reducing shift overruns continues with various pilots being run to test viable options which could be implemented. Front line operations had little respite over the summer months.

CONTROLS	ASSURANCES
	Internal Management (1st Line of Assurance)
1. Health and wellbeing strategy 2020-2024 in place and shared across the Trust. The new Health and Wellbeing Plan 2025-2028 has now been drafted and is out for consultation. The aim of the new plan is to expand on consideration of employee experience to recognise that individual wellbeing interventions are not sufficient in mitigating system wide pressures.	1. New Health and Wellbeing Plan 2025-2028 aligned closely to People and Culture Plan and delivery monitored via the Health and Wellbeing Steering Group, reporting into the People and Culture Business Meetings. New All Wales Framework also in development with an emphasis on workplace experience due for publication in June 2024.
2. Occupational Health & Wellbeing team with range of support options for individual mental health interventions, MSK support, reasonable accommodations and recommendations, supported by mental and physical health expert clinicians.	2. Current waiting times now within SLA of 6 days, self-referrals and self-appointment booking. External providers meet quarterly and provide monthly engagement figures. Reporting into OHW operational team meeting and MIQPR.
3. Wellbeing support and training for line managers a peer support network and TRiM intervention for trauma information.	3. Rolling programme of workshops, attendance at team events when requested, evaluation and numbers trained reported at OHW operational meetings. Diarised meetings, webinars and workshops in place through a rolling programme. Have these happened and what was the benefit? How do we measure it.
4.	4. Tools are available on WAST intranet.
5. TRiM	5. TRiM Coordinator has regular dialogue with TRiM managers and practitioners. Project plan and training schedule in place.
6. Acting on results of staff surveys relating to staff experience, data triangulated with pulse surveys and other cultural metrics as detailed in the People and Culture Plan.	6. Each Directorate has developed their own action plan to address staff surveys. NHS staff survey high level results released 19/02/204 with directorate specific data released in April 2024.
7. HSE stress risk assessments	7. Undertaken by managers and advice is provided on how to use them by Occupational Health and Health and Safety teams.
8. KPIs are reported fortnightly to regarding Occupational Health and Wellbeing activity	8. Received at OHW operational team meeting and reported in MIQPR.
9. Wellbeing drop-in sessions for CCC and 111 staff	9. These sessions are now part of business as usual across services and a user experience form is being designed to collate more formal quantitative feedback for OHW operational team meetings. Data to date has been qualitative and the quantitative has been measured by engagement with the service.
10. Fast track physiotherapy to address MSK issues.	10. Regular review meetings with physiotherapy provider and monthly monitoring information received at People and Culture Business meetings and MIQPR
11. Occupational Health team inclusion in sickness and absence meetings	11. Have the meetings been of benefit and how do we measure it
12. Stress risk assessments	12. These are part of the IOSH Managing Safely Training.
	External - Independent Assurance - Audit Wales – Taking Care of the Carers report in October 2021 – all actions complete
GAPS IN CONTROLS	**GAPS IN ASSURANCE**
	4. Reporting on wellbeing training take up this is now being reported into OHW Operational Team Meetings.
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety. With the arrival of the new OH Manager these discussions have restarted, and	Lack of awareness about staff wellbeing services, this continues to be a challenge due to small team, non-wired colleagues and competing communication messages.

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences	Date of Review:	23/07/2024	TREND	15 (3x5)
		Date of Next Review:	23/08/2024		

IF significant internal and external system pressures continue	THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10

colleagues are directed to the stress risk assessment information and education sessions will be started in Q1 & Q2.

Effects of elevated reap status affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing. Attendance at all events by operational staff consistently low due to service pressures.

Actions to reduce risk score or address gaps in controls and assurances	Action Owner	By When/Milestone	Progress Notes:
1. People and Culture Plan 2023-2026 relevant Actions	Assistant Director for Inclusion, culture and wellbeing	Annual Plan	First year due to be reviewed at next People and Culture Committee May 2024 **23/7/24 Final year review included in consultation process for new plan**
2. Health and Wellbeing Plan 2025-2029	Assistant Director for Inclusion, culture and wellbeing	To be agreed at board autumn 2024.	New plan out for consultation until June 2024 16/4/2024 Ongoing **23/7/24 Extended consultation period until end of August 2024**

Key - List of Strategic and IMTP objectives

Strategic Objective 1: Providing the right care or advice, in the right place, every time		***BAF risks***
1.	A modern, easily accessible, user-friendly and integrated digital offer	223, 224, 623, 260, 201,163, 424
2.	Rapid (111) call answering, initial triage and onward referral	223, 424
3.	Timely, high quality clinical assessment, advice and referral	223, 224, 424
4.	Seamless transfer of 111 callers to wide range of available pathways	223, 424
5.	Immediate 999 call answering, and efficient and effective dispatch of the right resource	223, 424
6.	High quality, timely, clinical triage, assessment and consultation, with personalised response	223, 424
7.	High quality, immediate or timely on scene assessment, care and conveyance where needed	223, 100, 424
8.	A range of 24/7 pathways available for further assessment or treatment, closer to home	223, 224, 424
9.	A flexible, user-centred Non-Emergency Patient Transport Service with the right capacity in place to meet demand	100,139, 424
10.	A dedicated and timely transfer & discharge service supporting HBs with their transformation agendas	223, 424
11.	A clear vision for Ambulance care services that supports wider health and care transformation	100, 201, 424
12.	A high quality, safe (NEPTS) service with improved patient experience	100, 139, 424
Strategic Objective 2: Enabling our people to be the best they can be		
13.	Culture: • Enhance and strengthen internal capacity for delivering culture change • Develop amplify employee voice to increase employee engagement • Continue the implementation of our compassionate practices approach	160, 558, 623, 201, 163, 424
14.	Capacity: • Implement our Strategic Workforce Plan • Continue to embed a culture of positive attendance management • Continue our focus on 'getting the basics right.'	100, 160, 163, 223, 224, 424, 558, 594, 623
15.	Capability: • Grow and develop our leadership and management capability • Reinforce and promote career pathways and professional development. • Create an environment centred around effective, ongoing conversations ('Check Ins')	100, 139, 160, 223, 224, 260, 594, 424
16.	Strengthen Welsh Language compliance through strong leadership, enabling Welsh language to flourish	201, 424
Strategic Objective 3: Being at the forefront of innovation and technology		
17.	The right buildings in the right place, enabling our staff to provide the best and safest care across Wales	542, 424
18.	The right fleet in the right place, enabling our staff to provide the best and safest care across Wales	139, 542, 623, 424
19.	Develop & agree Digital Plan • Everyday essentials • Security, Safety & Cyber • Digital Pioneers • Transformation • Data, Information & Insight	163, 260, 623, 424
Strategic Objective 4: Developing services in collaboration		
20.	Well-placed to influence system thinking / strategy development	100, 223, 424
21.	Meet the requirements of the Wellbeing of Future Generations Act	558, 424
22.	University Trust Status in collaboration with WG, embracing a 'democratised culture' of learning, research and innovation	160, 163, 223, 224, 424
Strategic Objective 5: Being quality driven and clinically led		
23.	Systems that meet the requirements of the Duty of Quality and Duty of Candour	224, 424
24.	Excellent clinical leadership	100, 139,160, 223, 224, 260, 594, 424
25.	A culture of quality improvement with robust quality management systems	100, 139, 160, 201, 223, 224, 424
26.	High quality Putting Things Right, Safeguarding and Health & Safety systems	160, 224, 558, 424
27.	Meaningful engagement and co-production with communities	223, 224, 424
28.	A risk management framework as a key enabler of our long-term strategy and decision making	No corporate/principal risks
29.	An integrated governance framework	No corporate/principal risks
Strategic Objective 6: Delivering exceptional value		
30.	Sustainable savings & efficiencies	139, 163, 224, 424
31.	Generate income alongside our core commissioned functions	139, 224, 424,
32.	A Value-Based approach across the organisation which is embedded in culture	100, 139, 163, 424
33.	Developing and implementing our plans for Environmental Sustainability and Adaptation	542, 424

AGENDA ITEM No	**14**
OPEN or CLOSED	**OPEN**
No of ANNEXES ATTACHED	**3**

QUARTER 1 - QUARTER 2, 2024/25
HEALTH AND SAFETY PERFORMANCE REPORT

MEETING	People and Culture Committee
DATE	14 November 2024
EXECUTIVE	Liam Williams, Executive Director of Quality and Nursing
AUTHOR	Nicola White, Head of Health and Safety
CONTACT	Nicola.white3@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report will provide an update to the People and Culture Committee (PCC) on the key information in relation to health and safety performance for Quarter 1 - Quarter 2, 2024/25 and, also an updated position as of 16 October 2024.

2. Data within this Report and within the accompanying slide pack is up to 30 September 2024, as reported onto DATIX Cloud and may be subject to change as investigations are closed. Data retrieved from DATIX Cloud on the 7 October 2024.

PCC is requested to note the following:

- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) compliance for Quarter 1, 2023/24 was 40% improving in Quarter 2 to 72%. Recent additions to the RIDDOR Submissions Forms by the Health and Safety Executive (HSE) requiring details of each associated investigation have impacted on responding to all RIDDORS within the required timescales.
- Statutory Health and Safety and Fire Safety training compliance continue to be below Trust's and Welsh Government standards. All staff are encouraged to bring their training levels up to Trust requirements. Compliance is monitored via the relevant Business Meetings for Managers awareness and to encourage staff to raise their compliance levels.

PCC is to be assured that:

- The Trust maintains significant sustained focus on responding to staff and Trade Union concerns about diesel fume exposure.
- A third tranche of Environmental Surveys commenced on 18 June 2024. Monitoring at seven priority sites. This tranche extended the monitoring process to a one-off 24-hour period. Reports are currently under development with a

position paper expected to be presented to Executive Leadership Team (ELT) in November 2024.

For PCC it may be helpful to note that:

- The reporting of incidents for diesel fumes exposure has further decreased during Quarter 1 with 15 reported and further in Quarter 2 to 2 incidents. However, we recognise that the level of handover delays and feedback from Trade Union Partners (TUPs) demonstrates an ongoing level of staff concern.

- Sustained efforts are being undertaken by the organisation in collaboration with Health Boards and Locality Managers to mitigate/reduce diesel fume exposure for the Welsh Ambulance Services University NHS Trust (WAST) and Health Board staff. Additional measures were considered and subsequently trials have commenced on a potential thermal comfort unit solution. Output from this Trial is being reviewed within a Task and Finish Project Group. Output from the Group is provided via Trust's governance processes.

- Despite significant work undertaken to reduce fume exposure to staff and educate on individual actions that can be taken to minimise risk, there remains concern that not all staff are taking the advised measures. The Health and Safety Team and the Operations Teams are working closely to increase awareness and implementation of the mitigations.

RECOMMENDED that the People and Culture Committee notes the content of the report.

KEY ISSUES/IMPLICATIONS
(i) The Trust is not compliant to NHS Wales and Trust training requirements for Health and Safety and Fire Safety.
(ii) Work remains in progress to ensure the health and wellbeing of staff exposed to diesel fumes as a result of delays in handovers of care at hospital.
(iii) Sustained resource on diesel fume exposure continues to significantly impact on progress across the Trust's wider health, safety and welfare work and the specific programme to demonstrate cultural maturity integration.

REPORT APPROVAL ROUTE

National Health, Safety and Welfare Committee	31 October 2024 (For Noting)
Senior Quality Team	6 November 2024
Executive Leadership Team	13 November 2024 (For Noting)
People and Culture Committee	14 November 2024
Senior Operations Team	19 November 2024

REPORT APPENDICES
ANNEX 1 - SBAR which provides the background for this report. **ANNEX 2 -** Health and Safety Performance Metric Report Quarter 1. Data source 1 July 2024 DATIX CLOUD **ANNEX 3 -** Health and Safety Performance Metric Report Quarter 2. Data source 7 October 2024 DATIX CLOUD

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

ANNEX 1

SITUATION

1. The Alert Advise Assure Highlight Report provides a concise overview of health and safety performance throughout the organisation for Quarter 1 - Quarter 2, 2024/25. Additionally, it provides updated positions on items where applicable as of 16 October 2024.

ASSESSMENT

ALERT/ ESCALATE	<u>AAA Highlight Report</u> <u>Statutory/Mandatory Training Compliance</u> 1. The Trust's statutory and mandatory compliance rates for Health and Safety and Fire Safety are below Trust expectations. The Trust continues to encourage staff uptake and compliance to statutory and mandatory training requirements.
ADVISE	<u>RIDDOR Compliance</u> 2. During Quarter 1, 40% of RIDDORS were submitted within HSE required timescales increasing to 72% in Quarter 2. Manual Handling Patients and Slips and Trips continue to be the most consistent theme for RIDDOR submissions. Recent additions to RIDDOR submissions requiring instigation details by the HSE has impacted on the Trust's compliance to submission requirements. 3. A sustained effort is put in by the Health and Safety Advisors is maintaining a high level of reporting within the HSE time scales, but further improvement is required to attain the legal requirement (100%) consistently. 4. 14 RIDDORs were reported in Quarter 1, 2023/24 and eleven during Quarter 2. Of these, seven in Quarter 1 and 2 in Quarter 2 RIDDORs were submitted outside of HSE requirements due to handler delays and additionally changes to RIDDOR reporting increasing the scope of requirements. 5. RIDDOR performance is presented as a regular agenda item to Operational Business Meetings and Senior Operations Meetings for monitoring and local scrutiny with the relative Heads of Service. 6. A breakdown of DATIX incidents including RIDDOR compliance is included (**ANNEX 2 AND 3**).

Diesel Fumes

7. Health and safety and operational resources continue to be utilised in the management of fume exposure at Emergency Departments (EDs).

8. Fume Risk Assessments conducted at EDs across Wales noted 87 additional actions to control fume exposure. 83 have been completed to date, with the additional four medium term actions being monitored by the Health and Safety Team, in conjunction with the Health Boards and Operational Teams.

9. Recent unannounced Audits undertaken in Quarter1, 2024 by Trust Health and Safety Advisors have evidenced high levels of non-compliance to the currently prescribed safe operating procedures and actions, as detailed and determined through Risk Assessments. Quality and Safety Days led through operational Line Managers has brought attention to this issue and highlighted to staff the importance of adhering to procedures. Audits suggest continued efforts are needed to affect behavioural change and compliance with procedures.

10. An Executive Summary proving further potential mitigations for the management of diesel fume exposure was presented to the Executive Leadership Team in August 2024. This paper included the current position on fixed term sentinel monitors, Dyson thermal cooling units and enhanced levels of inspections. Several options were approved for further investigation.

11. A Diesel Fume Mitigation Project Task and Finish Group managed by the Trust Deputy Head of Health and Safety as established in September 2024 to oversee the implementation of additional control measures as approved by ELT. A plan is in place to achieve phased implementation for approved areas for implementation in November - December 2024. A position paper is expected to be presented to ELT in Quarter 3, 2024.

12. Work is underway to create a behavioural based safety (BBS) Audit Program to inform diesel fume exposure

	related behaviors. The BBS Program is detailed as a control measure within the Trust Corporate Risk 199 and is fundamental to the Trust cultural maturity journey. However, challenges currently arise in providing resource to allocate members of staff due to current operational requirements. <u>Trust's Hazard Register</u> 13. A bi-annual review of the Trust's Legislative Compliance Register as been deferred from Quarter 2, 2024 to Quarter 3, 2024 as resources continue to be focused on diesel fume mitigation.
ASSURE	<u>Workplace Risk Assessment Compliance</u> 14. Compliance for Workplace Risk Assessment is 65% at the end of Quarter 2. Risk Assessments are being reviewed in line with priority risk rating and being reviewed via the relevant teams. <u>Trust Legislative Compliance Register</u> 15. The Trust's Compliance Register continues to provide an assessed compliance score of moderate level of assurance. The Register is available for viewing on the Health and Safety functions Intranet page. 16. Areas identified requiring improvement in legislative compliance will be monitored through the Quality Management Group Meetings, in which local service area management can be supported to implement improvement/actions required. 17. This is a living document and will be subject to change in line with improvements, changes to action, information and intelligence on the confidence of process in place to attain compliance against a piece of legislation. 18. It is expected that, as the overall Register improves, more specific risks and issues related to individual legislation will be identified and highlighted to Committee and/or managed through the Trust Risk Register.

	19. Further pieces of legislation in relation to violence and aggression are currently being added, with an expectation of assessment in Quarter 3, 2024. <u>Corporate Risk 199</u> 20. 'Failure to embed a culture of Interdependency resulting in a breach or harm' retains its target risk rating of 10. This risk is reviewed on a quarterly basis.
INFORM	<u>Professional Accreditation</u> 21. The Head of Health & Safety was successful in achieving the highest level of accreditation to Chartered Fellow of the Institute of Safety and Health (CFIOSH) as a recognition of 'giving back' to the profession. <u>Institute of Occupational Safety and Health (IOSH) Leading Safely</u> 22. Following a request from the Quality Improvement, Governance and Risk Directors (QIGARD) Strategic Advisor, the Trust's Deputy Head of Health and Safey has delivered two training sessions during Quarter 2 to QIGARD members to enable them to take a more strategic view of health, safety and welfare across all aspects of their service. <u>CEO Health and Safety Podcast</u> 23. On 24 September 2024, the Trust's CEO delivered a podcast to SHP (Safety, Health Practitioner) on their perspective of effective health and safety. SHP is a renowned international platform providing a wealth of information for Health and Safety Professionals. <u>Safe Operating Procedures</u> 24. The following Procedures have been developed and approved by Senior Quality Leadership Team on 19 June 2024: • Lifting Equipment and Lifting Equipment Procedure • Provision and Use of Workplace Equipment Procedure • First-Aid Procedure

25. First Aid Risk Assessments have been undertaken across the Trust's portfolio with compliance levels of 100% upon end of Quarter 2.

<u>Manual Handling (MH) and Display Screen Equipment (DSE)</u>

26. Manual handling continues to be the Trust's most reported trend for RIDDOR reporting. Complex cases with carry chairs as the main theme.

27. During Quarter 1, 69% of MH incidents are categorised within the low harm frequency rate decreasing to 39% in Quarter 2.

28. 25% of incidents categorised as moderate harm in Quarter 1 increasing to 46% in Quarter 2.

29. In Quarter 1 3% of incidents categorised as causing severe harm decreasing to 1.2% in Quarter 2.

30. In Quarter 1 0% of incidents were categorised as no harm increasing to 1.2% during Quarter 2.

31. The Health and Safety Team continue to roll out Risk Assessment Training for staff working with patients with complex needs.

32. A deep dive into manual handling incidents has been undertaken identifying trend and causation factors with recommendations for improvement from both an equipment and behavioral perspective. The findings and recommendations of this paper will be incorporated into a Manual Handling and DSE Improvement Plan. This is expected in Quarter 3 - Quarter 4 2024.

33. During Quarter 2 the Trust has experienced an increase in reported incidents in relation to tracked carry chairs injuring staff when being removed from their storage location on the EAs. A Safety Alert reminding staff on correct storage of equipment has been issued in October 2024.

<u>Non-Patient Safety Incidents</u>

34. As of 16 October 2024, there 592 open incidents on DATIX Cloud. Hywel Dda, Aneurin Bevan and Betsi Cadwalader University Health Board areas have the highest number of open incidents.

35. Incident closure compliance rates are monitored monthly Senior Operations Team Meetings, Local Partnership Forums and respective Business Meetings.

Violence and Aggression (V&A)

36. For Quarter 1 there is a slight decrease in the reporting of V&A related incidents with 126 reported incidents, a total of 109 verbal and 17 physical incidents. There is a slight increase in the reporting of V&A incidents for Quarter 2 with 134 reported during the quarter. A total 126 verbal incidents and 8 physical incidents. A breakdown of V&A incidents is in included within Annexes 2 and 3.

Category - Initial Reporting	Quarter 1	Quarter 2
No Harm	26	29
Low Harm	42	77
Moderate	44	25
Severe	4	3
Total	126	134

37. Initial reporting of severe reported categories are *as perceived by the reporter*. However, it is expected that a proportion of these will be re-categorised upon a full investigation. Recent changes to the DATIX systems undertaken by the Trust will see an improvement in investigation standards and data.

38. The Trust's V&A Manager continues to work with RL DATIX to improve coding and create mandatory fields for case outcomes to completed prior to closure.

39. Work is underway to develop online Incident Investigation Training to assist improving the quality of reporting and subsequent investigations.

40. The Trust's V&A Manager continues to advise and support the Chair of The Anti-Violence Collaborative. The revised Guidance was launched with Head of NHS Wales, Welsh Government, and partners on 30 May 2024. This increased awareness and support of this will potentially impact positively on the number of incident reports.

41. The Trust's V&A Manager is working with the Association of Ambulance Chief Executives (AACE) and WAST Training Department plan to introduce the Approved Guidance Module and Restrictive Interventions Module to supplement current provision, with the aim of prevention of escalation to undesirable incidents. WAST opportunity to include in Mandatory In Service Training (MIST) will be in the next 12 months.

42. The health and safety function continue to support staff and respective Line Managers following an episode of violence and aggression with many cases being progressed through to criminal proceedings. The Trust's Case Manager continues to support 29 live police investigations.

43. Five Cases have progressed through the Courts legal system resulting in:

- Community Order/Financial Penalty - 4
- Custodial sentences - 1

44. The introduction of a development opportunity for staff on restricted duties to support the V&A Case Manager with incidents is proving beneficial. A second individual has been identified and appointed on a temporary basis. This continues to allow for further scrutiny on themes and trends and providing support with investigations on RL DATIX CYMRU.

45. A paper outlining the Trust's position against the Obligatory Response to Violence in Healthcare Circular, recommending a workforce review of the violence and aggression function was approved at Senior Quality Team Meeting on 3 July 2024. The paper is expected to be progressed via respective governance routes during

	Quarter 3, 2024 and be presented at National Health & Safety Committee in Quarter 4, 2024. 46. Visits have been conducted at 111Wales and the Clinical Contact Centre (CCC) by the Manager and Case Manager invited in by staff and TU partners to observe and understand workplace pressures and advise on process of Risk Assessment and incident reporting. The work continues via the Integrated Care High Incident Service user (HISU) Review Task and Finish Group. 47. Work is underway with People Services and the V&A function in relation to recording sickness absences on Electronic Staff Record (ESR) following being subject to an episode of V&A.

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Welsh Ambulance Services
NHS Trust

Health, Safety and Violence and Aggression Quarter 1 Report (April/June 2024)

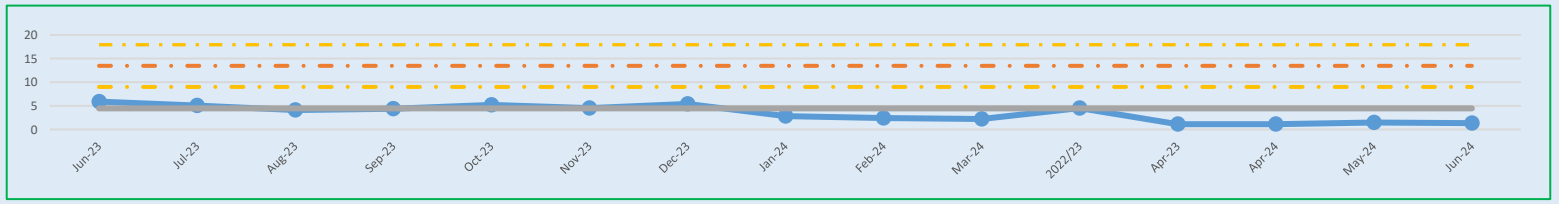
Health Safety and V&A

Health and Safety

Incidents per 1000 999 Journeys

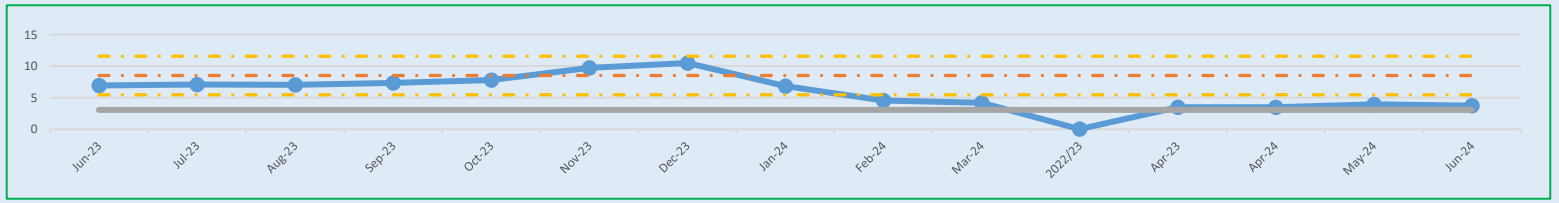
The total number of H&S incidents for the Quarter was 338 Resulting in 7.94 Events incidents per 1000, 999 journeys during (Q1). The rolling 12month breakdown of these incidents is shown below

No Harm Quarter 1.29



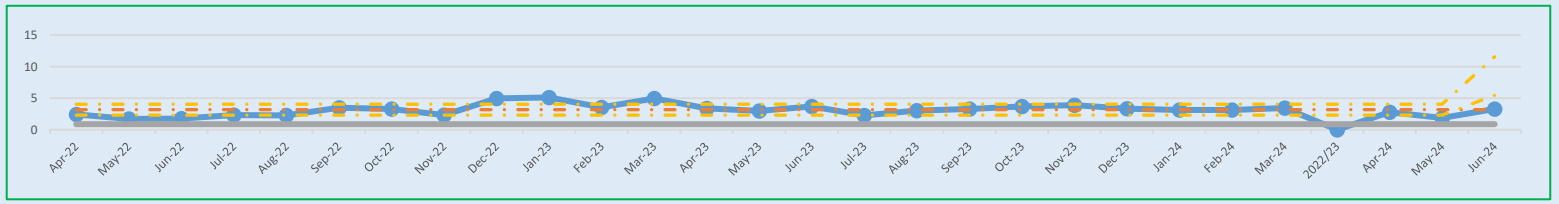
- **55 incidents were recorded in the frequency rate in the 'No Harm' category.**
- **26 for violence and aggression, 12 for infrastructure.**

Low Harm Quarter 3.71



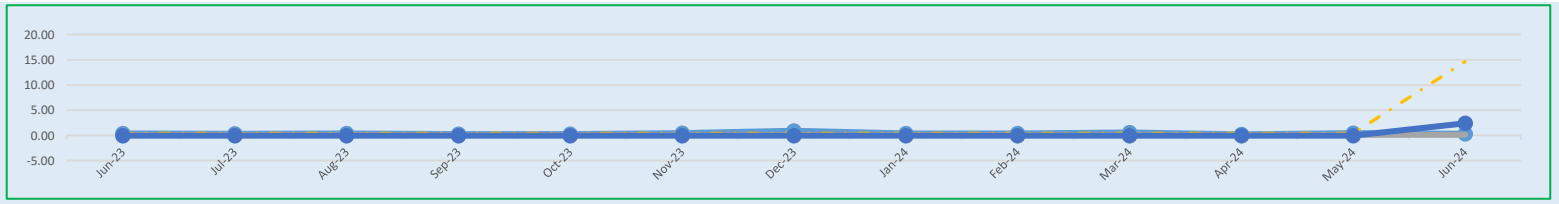
- **158 incidents were recorded in the 'Low Harm' category.**
- **53 for violence and aggression, 21 for manual handling of patient, 13 for Slip, trip & Fall and 9 for manual handling – non patients.**

Moderate Harm Quarter 2.63



- **112 incidents were recorded in the 'Moderate Harm' category.**
- **44 for violence and aggression, 15 for manual handling of patient, 11 for infrastructure, 6 for manual handling – non patient.**

Severe Harm Quarter: 0.31



- **13 incidents recorded in the 'Severe Harm' category.**
- **4 for violence and aggression, 6 for infrastructure, 1 for manual handling of patient.**

Frequency Rate — Mean — UCL — LCL

Baseline FY 21/22

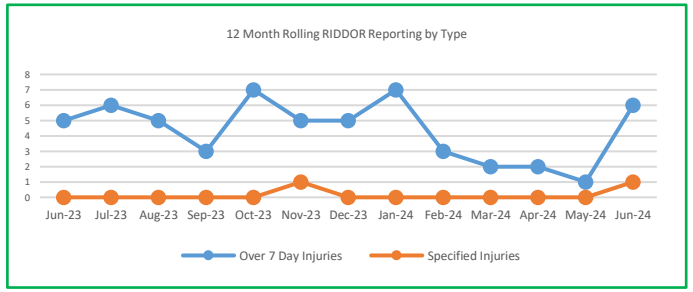
Health Safety and V&A

Health and Safety

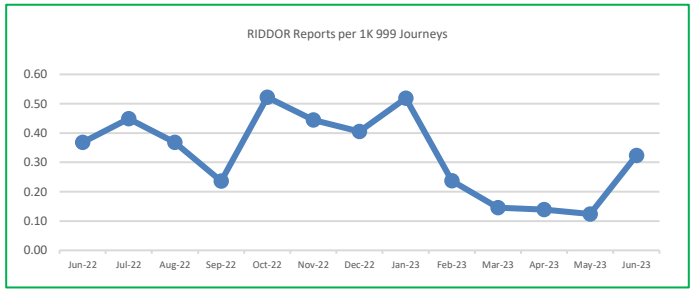
Incident Types & RIDDOR

RIDDOR Incidents

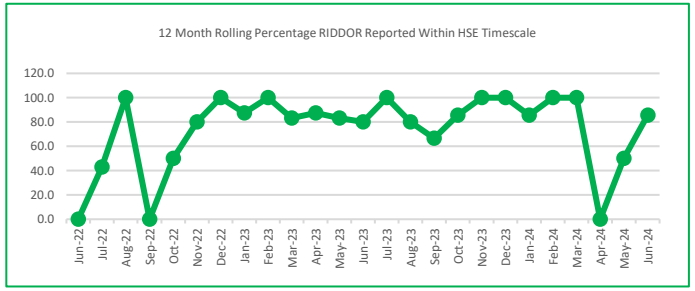
Number of Incidents



Rate of Incidents

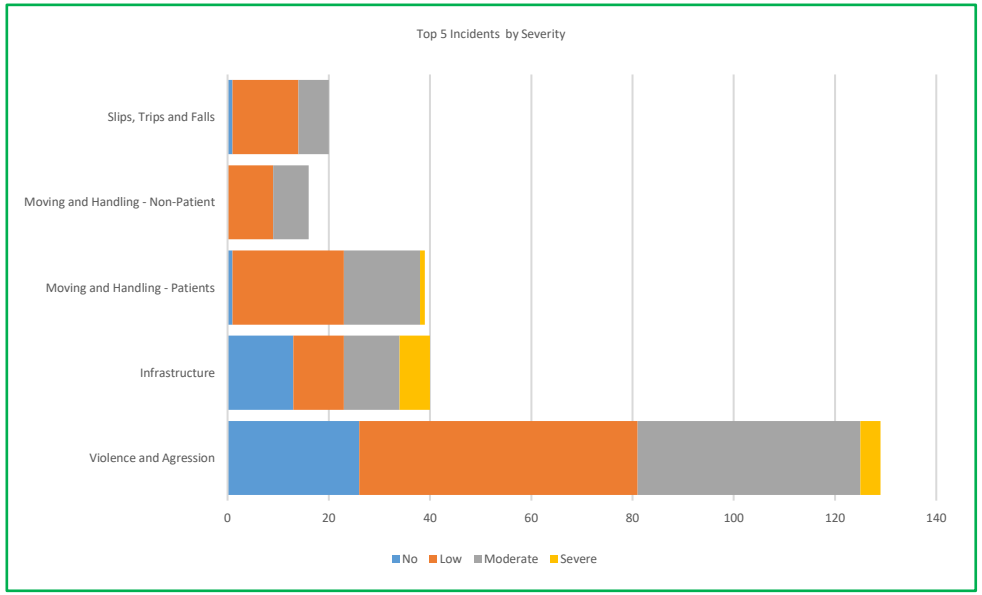


RIDDOR HSE Reporting

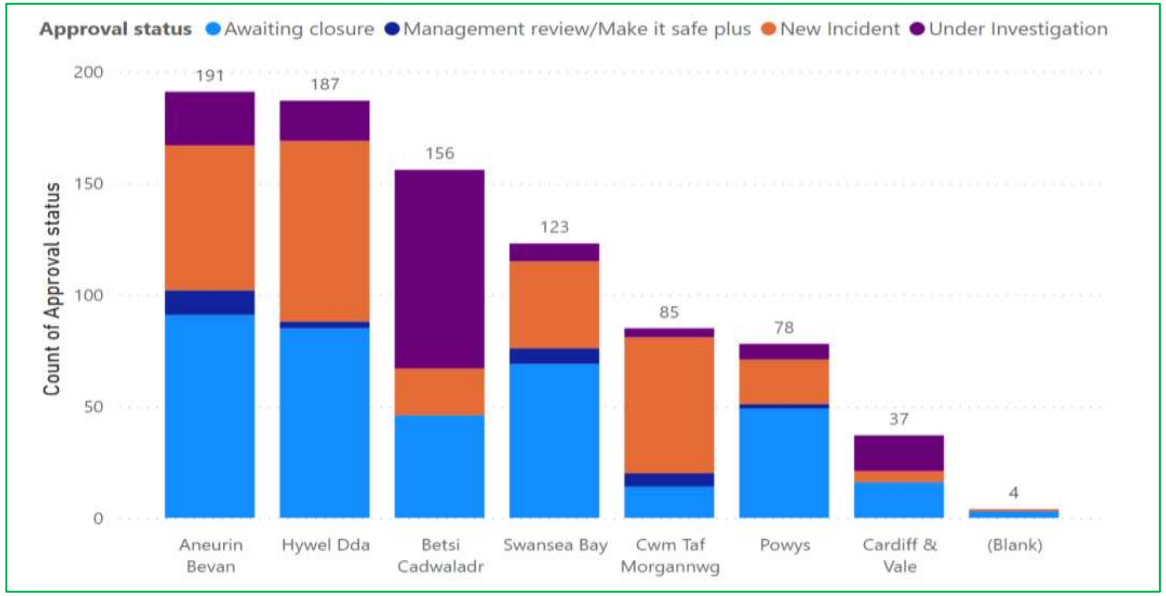


Incident Causes and Closeout Rates

Top 5 Incident Causes



Incident Closure by Health Board



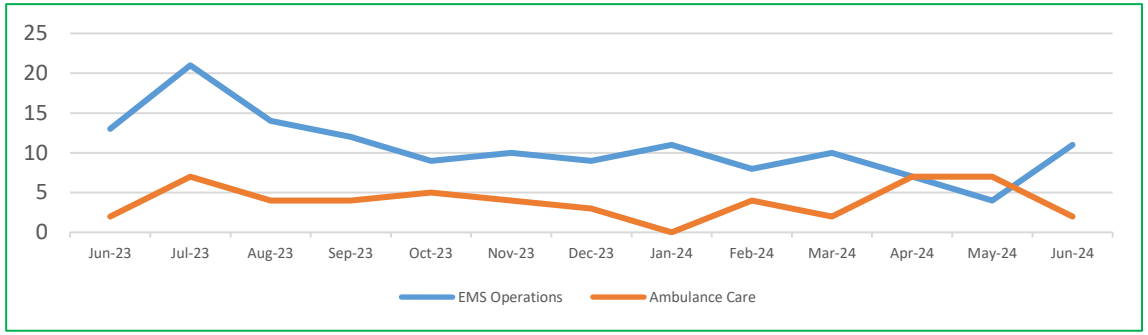
Health Safety and V&A

Health and Safety

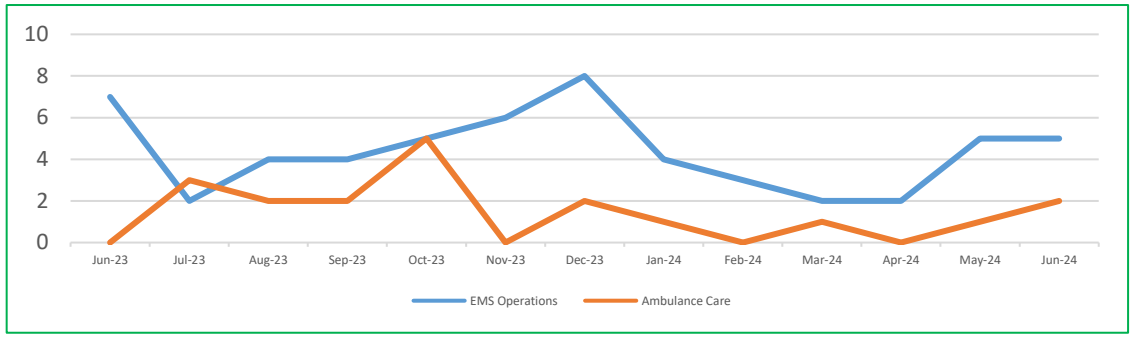
MSK Incidents

Manual Handling Incident by Service

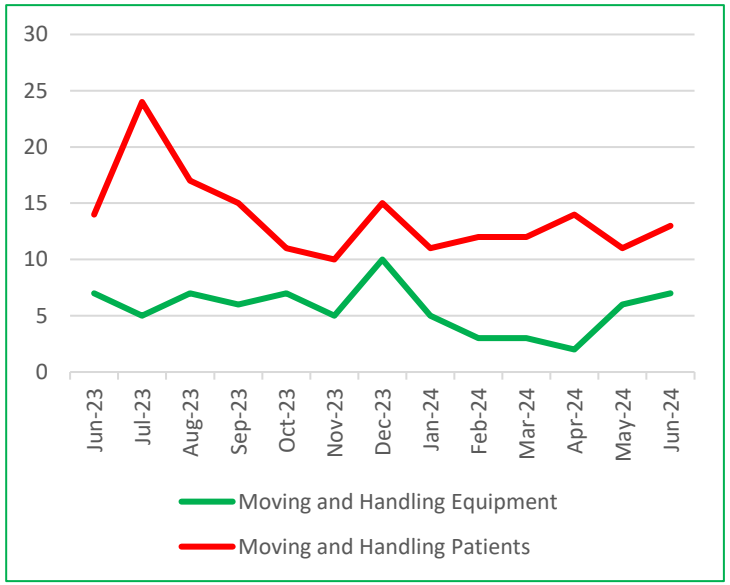
Patient Handling



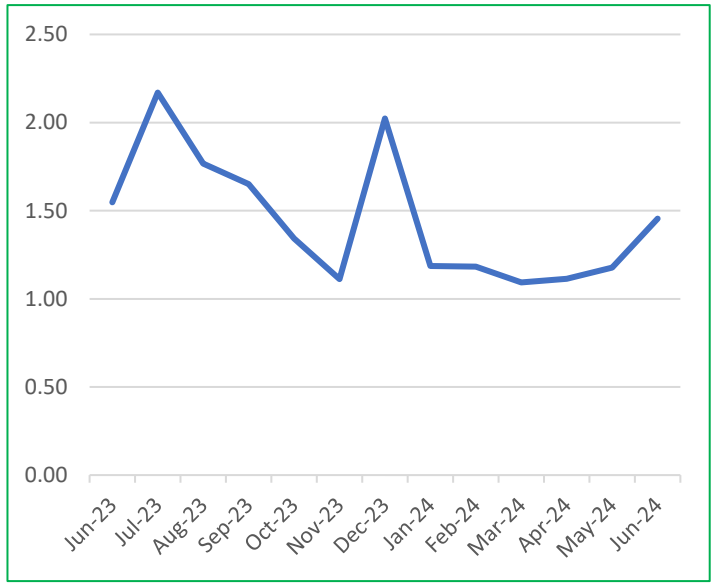
Equipment Handling



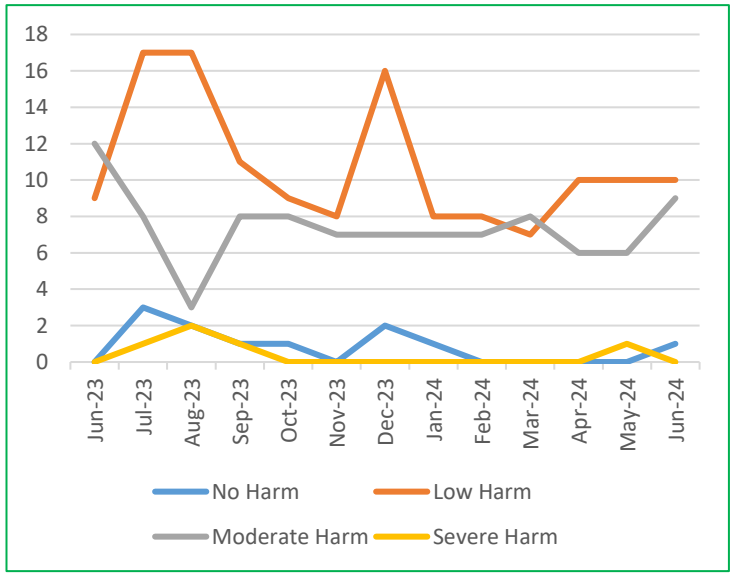
Incidents by Type



Incidents Per 1000 Journeys



Incidents by Harm



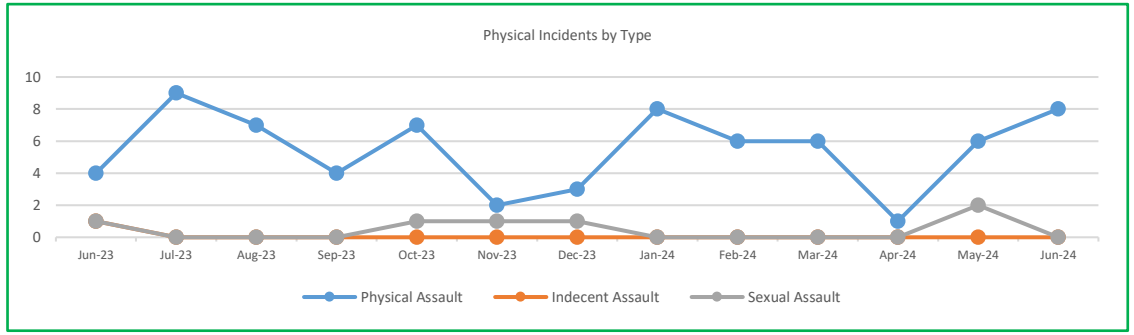
Health Safety and V&A

Violence and Aggression

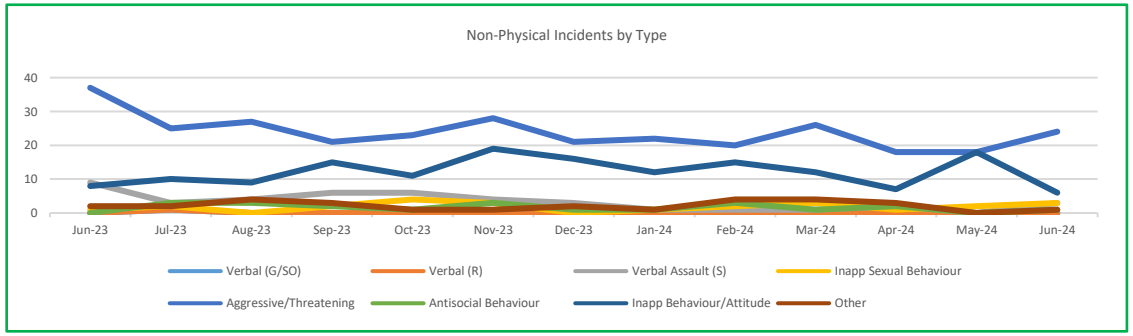
Incidents

V&A Incident Types

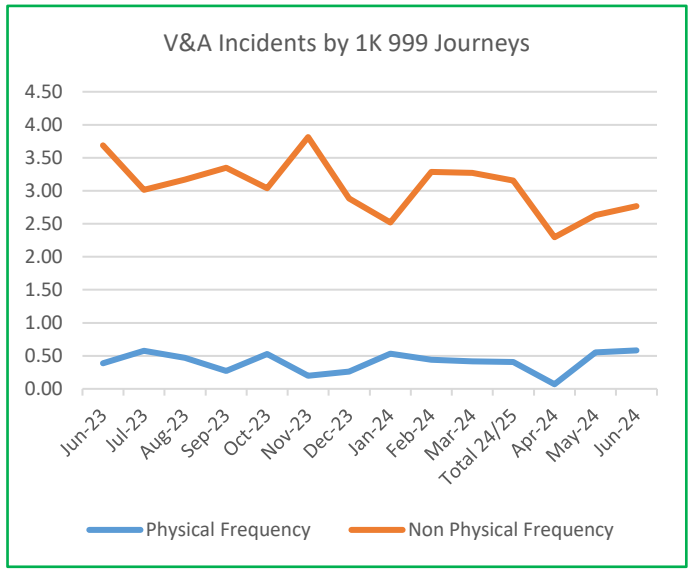
Physical Aggression



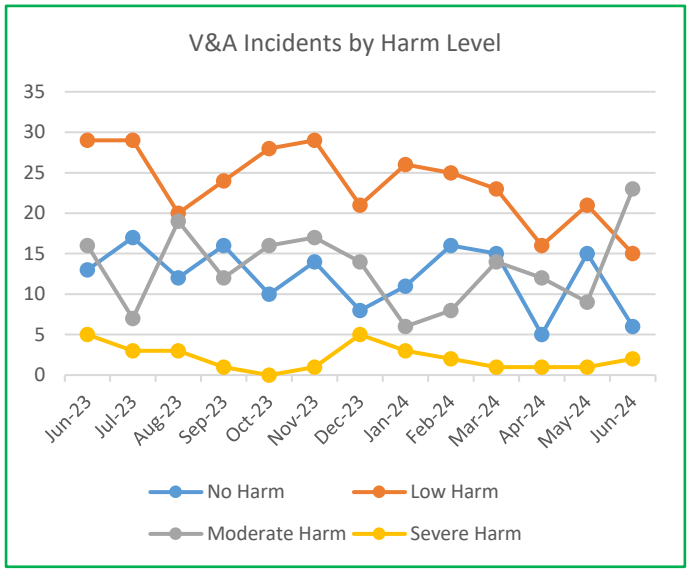
Non-Physical Aggression



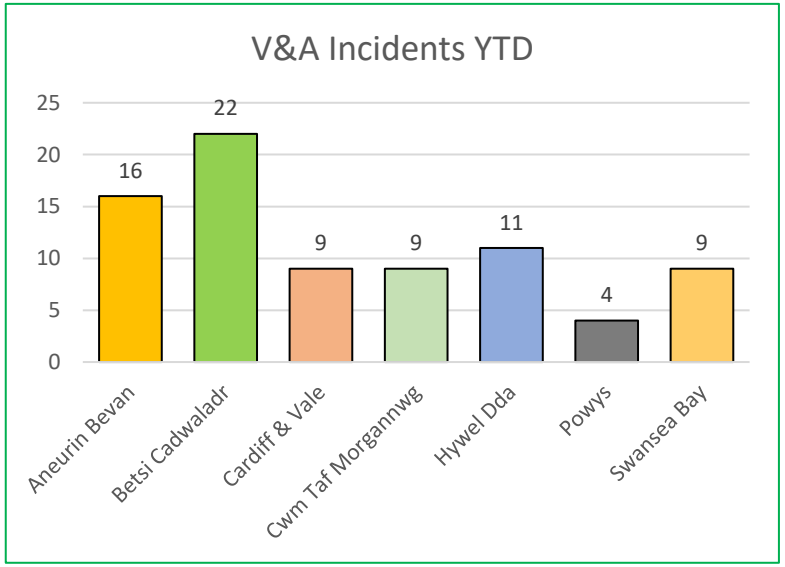
Incidents Per 1000 Journeys



Incidents by Harm



Incidents by Health Board



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NHS Trust

Health, Safety and Violence and Aggression Quarter 2 Report (July/Sept 2024)

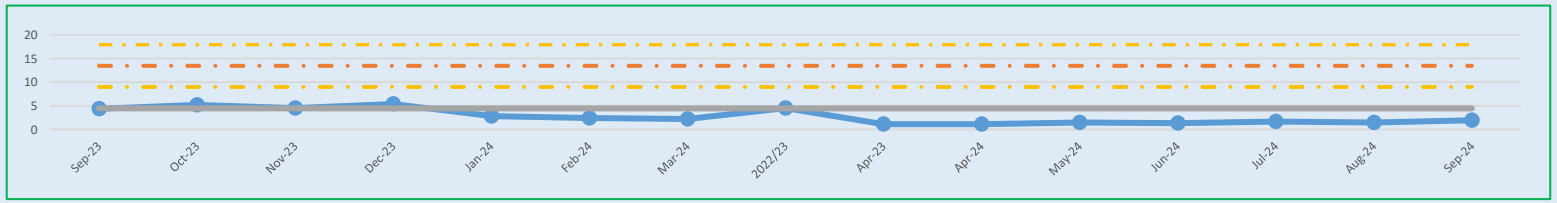
Health Safety and V&A

Health and Safety

Incidents per 1000 999 Journeys

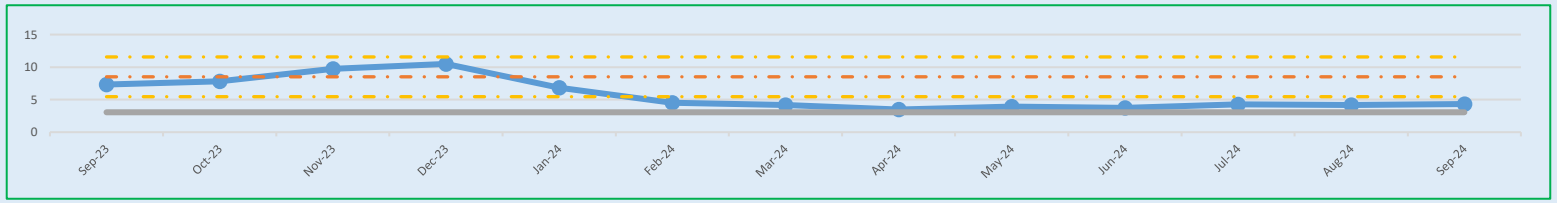
The total number of H&S incidents for the Quarter was 345 Resulting in 8.20 Events incidents per 1000, 999 journeys during (Q2). The rolling 12month breakdown of these incidents is shown below

No Harm Quarter 1.69



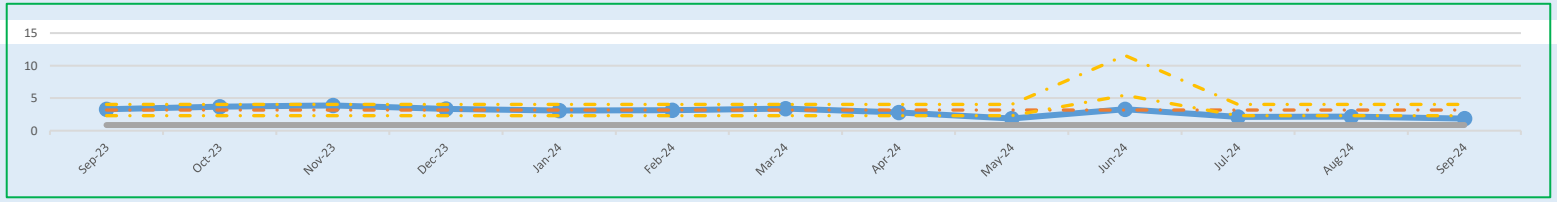
- **71 incidents were recorded in the frequency rate in the 'No Harm' category.**
- **29 for violence and aggression, 13 for equipment, Devices, 4 for Road traffic Collision.**

Low Harm Quarter 4.25



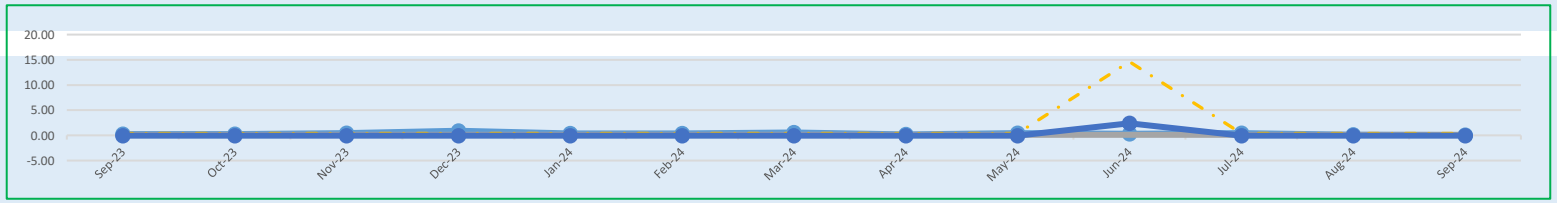
- **179 incidents were recorded in the 'Low Harm' category.**
- **78 for violence and aggression, 22 - manual handling of patient, 13 - Slip, trip & Fall, 11 - contact with needles or medical sharps, 10 for manual handling – non patients.**

Moderate Harm Quarter 2.04



- **86 incidents were recorded in the 'Moderate Harm' category.**
- **25 for violence and aggression, 14 for manual handling of patient, 10 for manual handling – non patient, 9 for slip, trip or fall.**

Severe Harm Quarter: 0.21



- **10 incidents recorded in the 'Severe Harm' category.**
- **3 for violence and aggression, 2 for infrastructure, 2 for ill health.**

Frequency Rate — Mean — UCL — LCL

Baseline FY 21/22

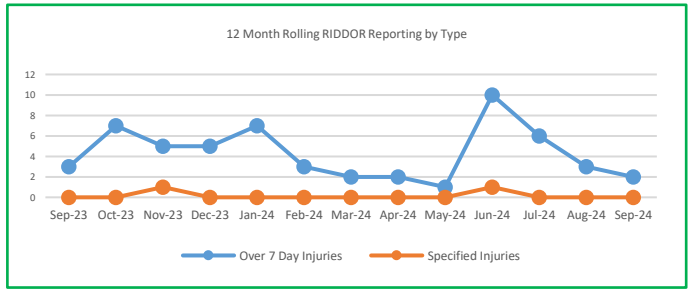
Health Safety and V&A

Health and Safety

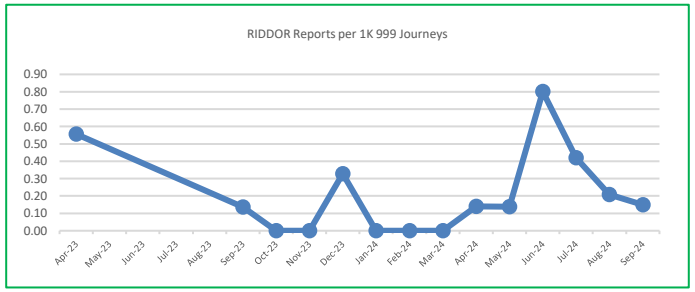
Incident Types & RIDDOR

RIDDOR Incidents

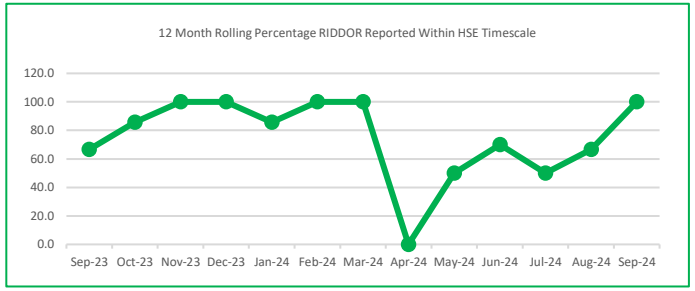
Number of Incidents



Rate of Incidents

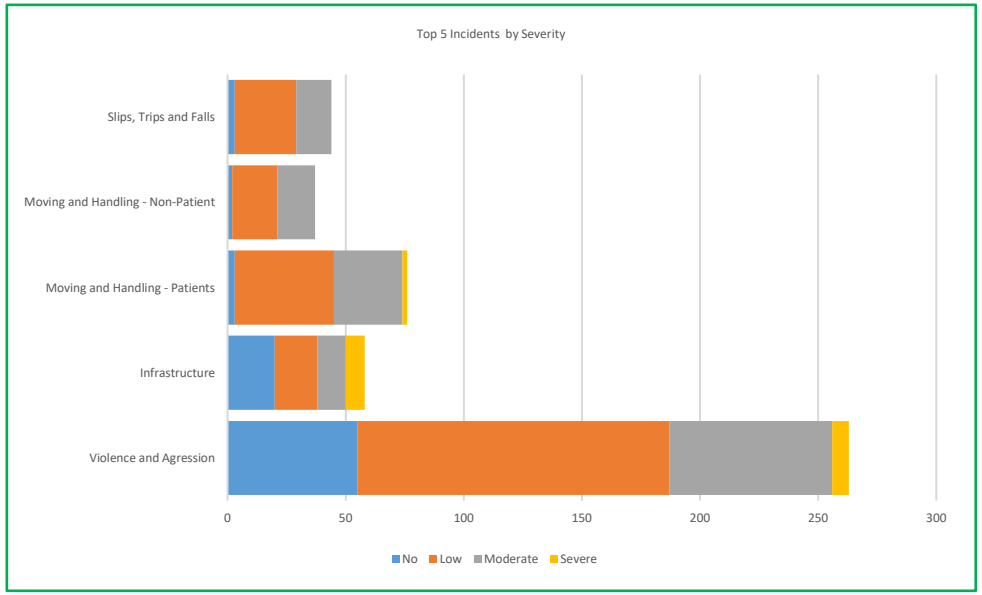


RIDDOR HSE Reporting

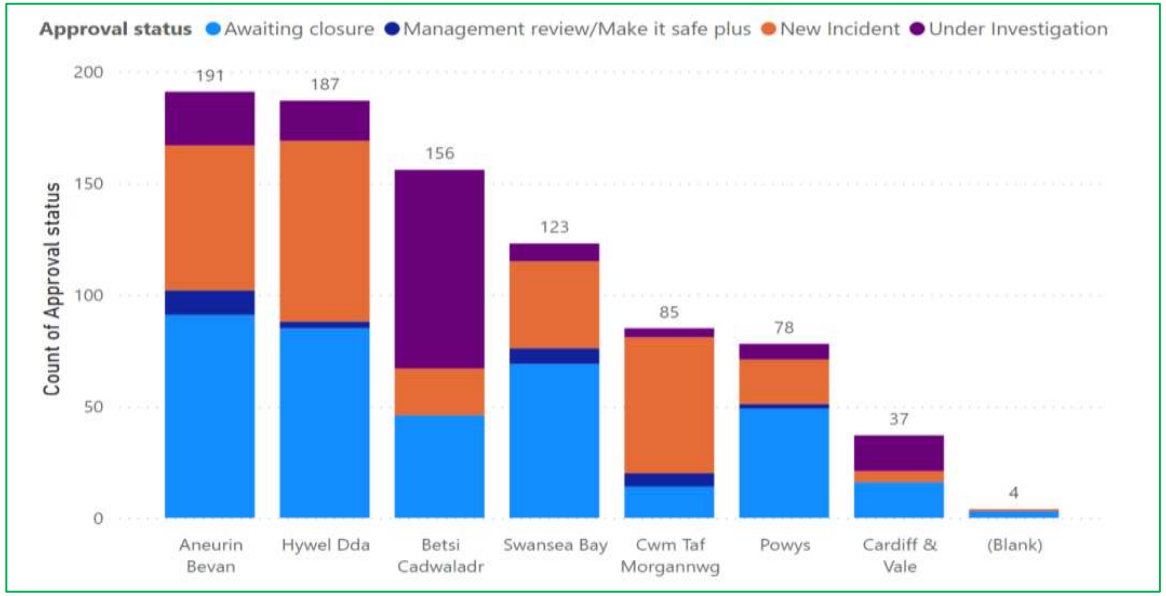


Incident Causes and Closeout Rates

Top 5 Incident Causes



Incident Closure by Health Board



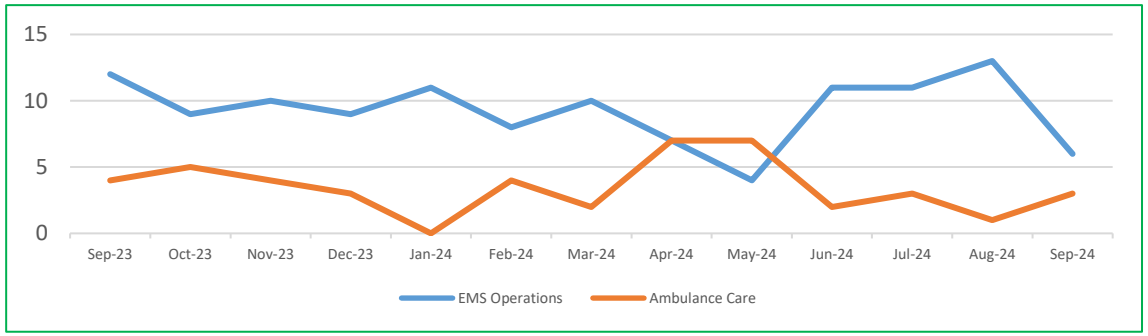
Health Safety and V&A

Health and Safety

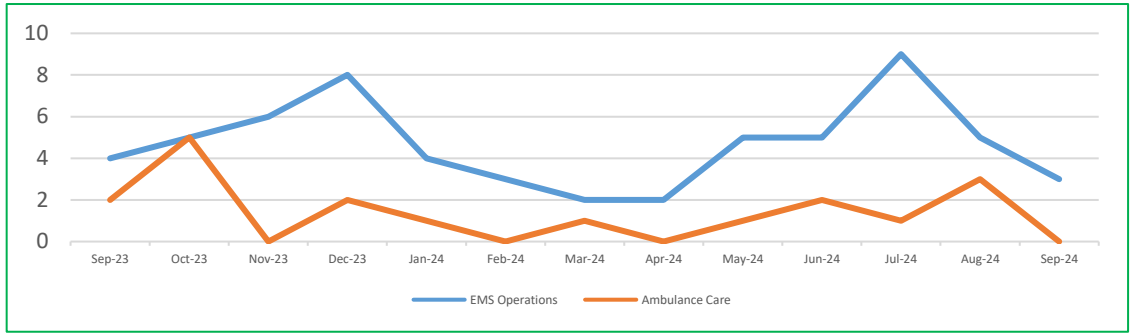
MSK Incidents

Manual Handling Incident by Service

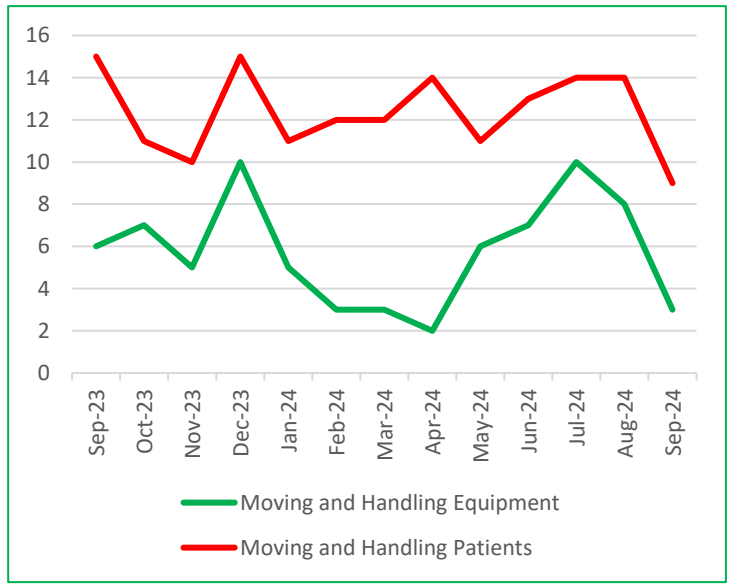
Patient Handling



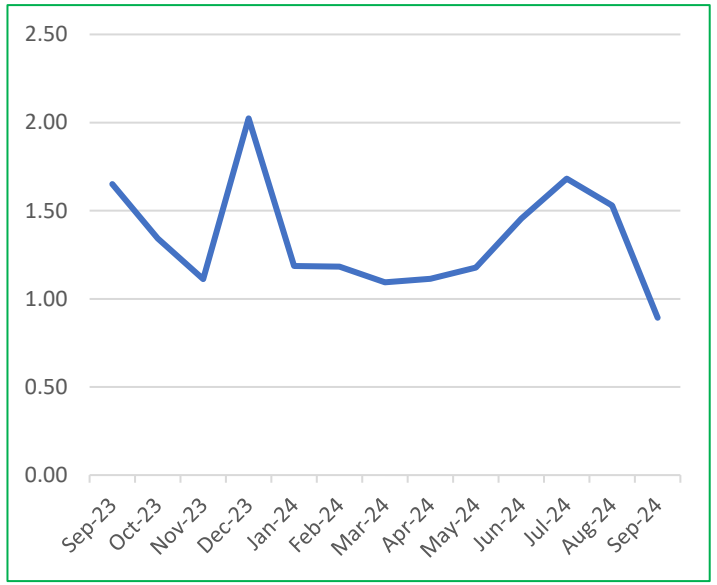
Equipment Handling



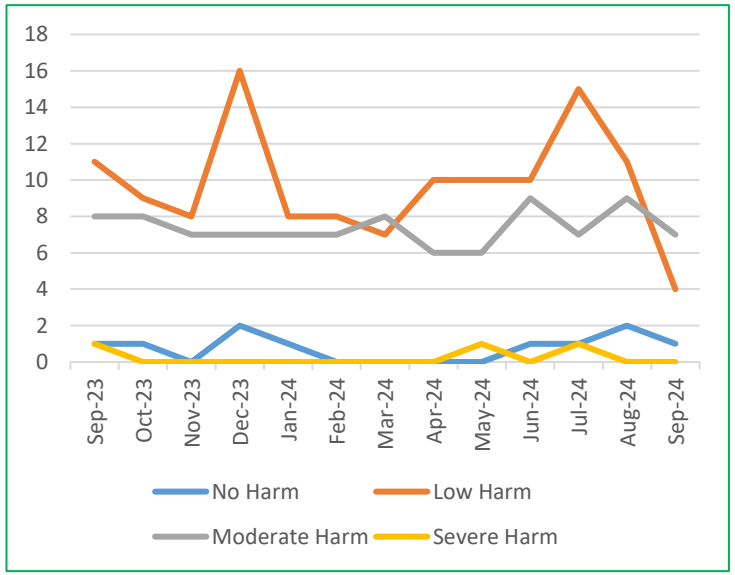
Incidents by Type



Incidents Per 1000 Journeys



Incidents by Harm



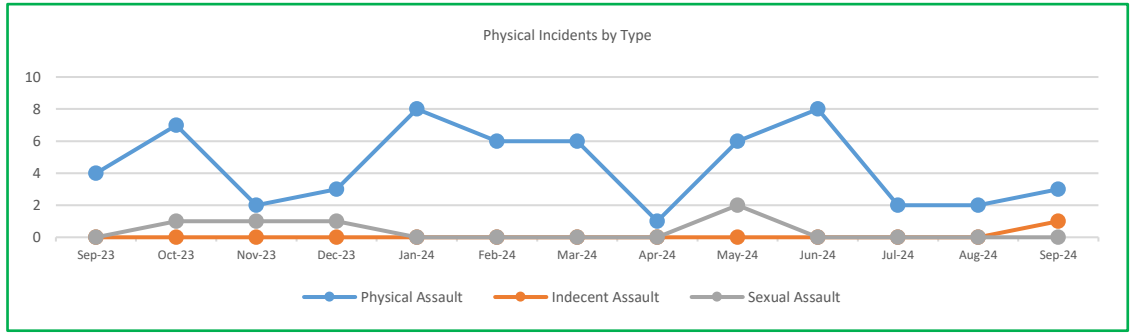
Health Safety and V&A

Violence and Aggression

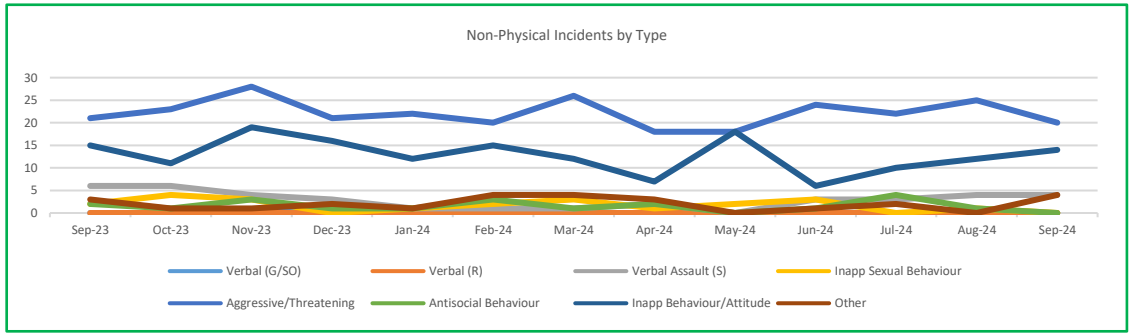
Incidents

V&A Incident Types

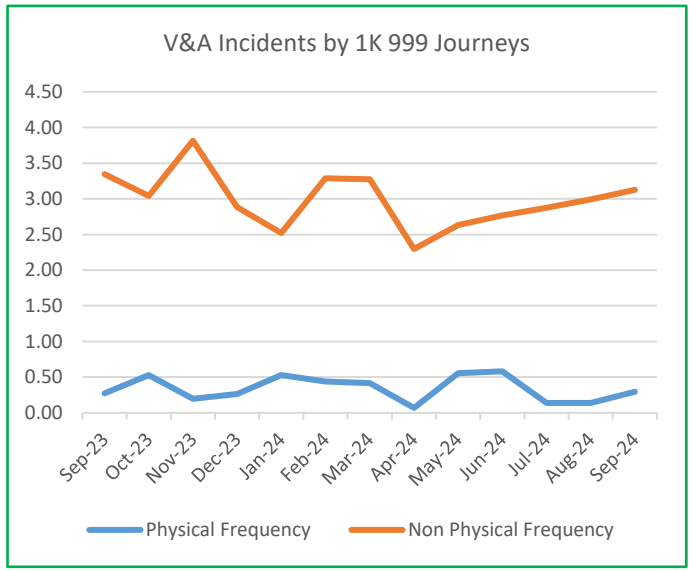
Physical Aggression



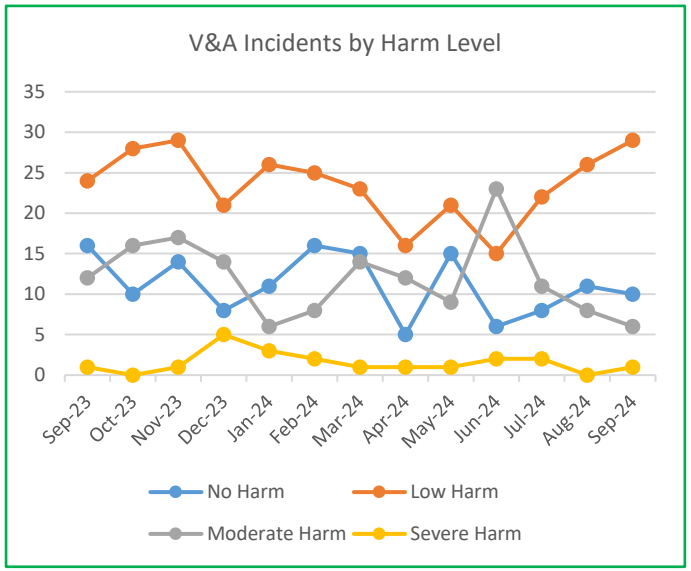
Non-Physical Aggression



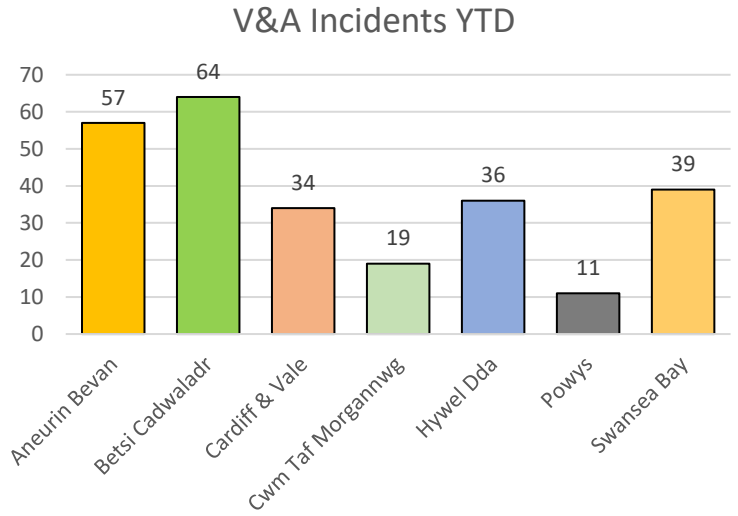
Incidents Per 1000 Journeys



Incidents by Harm



Incidents by Health Board



AGENDA ITEM No	**15**
OPEN or CLOSED	**OPEN**
No of ANNEXES	**1**

AUDIT TRACKER 2.0 – SEPTEMBER 2024 (Q2)

MEETING	People and Culture Committee
DATE	14 November 2024
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary Alex Payne, Corporate Governance Manager
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EXECUTIVE SUMMARY

1. This paper provides the Committee with the current position with respect to management actions for audits within the purview of the People and Culture Committee (PCC).

2. Of those internal audit actions relevant to this Committee**,** 15 have been closed in quarter of a total of 29 due in quarter (52%%). There are 13 actions which have had a change in date proposed (marked in blue). There is one open action on its third revised date; action 613 (Senior Paramedic Role internal audit).

3. Of those external audit actions relevant to this Committee, none have been closed in quarter of a total of seven. All of the external audit actions has a revised date in quarter (marked in blue). They all relate to the 'Review of Workforce Planning Arrangements' audit completed by Audit Wales in 2023/24.

4. The current version of the tracker is now open for Directorate review for actions due in October, November and December 2024. These updates will then be reported to the Committee at its meeting in February 2025.

RECOMMENDATION

5. The Committee is requested to:

   (a) Receive and review any Internal Audits and Audit Wales reviews within their remit where relevant. There are none for review at this meeting;

(b) Monitor management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).

KEY ISSUES/IMPLICATIONS
As set out above.

REPORT APPROVAL ROUTE
Tracker presented to ADLT on the 14 October 2024.

REPORT APPENDICIES
Annex 1 – Tracker 2.0 –July-September 2024 for Committee Reporting

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

SITUATION

6. This paper provides the Committee with the current position with respect to management actions for audits within the purview of the People and Culture Committee (PCC).

BACKGROUND

7. In September 2023 the Audit Committee approved the Audit Process and Reporting Handbook. The Handbook has been further revised since this date to include Audit Wales content.

8. The Handbook includes roles and responsibilities for the various stakeholders including:

   - The Assistant Directors Leadership Team (ADLT) as the forum to agree closure of actions, taking a check and challenge role on the Tracker.

   - Different reporting for the Audit Committee and Executive Leadership Team (ELT) to that provided to Committees, with the latter focused more on individual audits, progress and impact, and Audit Committee and ELT on the broader audit framework, progress, and exposure. This will start when Tracker 3.0 is developed which will draw the agreed reporting from the tracker via Power BI.

   - The introduction of a point of contact in Directorates for audits. This person(s) steers the audit with the Director and Assistant Directors/Deputies, ensuring internal audits feature on the directorate agenda monthly, they update the Tracker, and escalate issues as appropriate.

9. The Tracker has been updated in Quarter two 2024/25. A copy of the Tracker is reproduced at Annex 1 filtered to the actions assigned to this Committee for oversight. There are two tabs; one for the internal audit actions and one for the Audit Wales and Health Inspectorate Wales actions.

10. The team continues to work on the development of the SharePoint solution for Tracker 3.0 with colleagues in the Digital Directorate. It is intended that this solution will be ready to implement / use later in the 2024/25 financial year, however further work is required to consider the transition from Tracker 2.0 to Tracker 3.0.

ASSESSMENT

11. The Handbook notes that it is the responsibility of a Board Committee (other than Audit Committee) to:

    - Receive audits in their remit;
    - Monitor management actions to address recommendations; and
    - Scrutinise impact of actions in response to audit recommendations in terms of, for example, quality improvement, the provision of more efficient and effective patient care, improved governance, better use of resources etc.

    Internal Audit

12. Of those internal audit actions relevant to this Committee**,** 15 have been closed in quarter of a total of 29 due in quarter (52%%). There are 13 actions which have had a change in date proposed (marked in blue). There is one open action on its third revised date; action 613 (Senior Paramedic Role internal audit).

    External Audit

13. Of those external audit actions relevant to this Committee, none have been closed in quarter of a total of seven. All of the external audit actions has a revised date in quarter (marked in blue). They all relate to the 'Review of Workforce Planning Arrangements' audit completed by Audit Wales in 2023/24.

    Management and Development of the Tracker

14. Discussions have also taken place on historical actions and those where management actions may need to be amended in view of the current operating context. There has been some traction with these, and discussions will continue into Quarter two with a view to closing down or revising as many as possible.

15. With respect to the Committee's responsibility to scrutinise the impact of actions, in 2023 the Committee agreed that the most effective way to improve the scrutiny of the impact of actions was by identifying actions within audits as audit reports are reviewed by the Committee, going forward.

16. The current version of the tracker is now open for Directorate review for actions due in October to December 2024/25. These updates will then be reported to the Committee at its meeting in February 2024. The team will work with Directorate contacts to ensure a smooth transition between Tracker 2.0 and 3.0.

17. There continues to be good engagement with the Directorate points of contact to support the management of the actions in the Tracker. The Corporate Governance Team will work closely with the points of contact as the SharePoint Tracker 3.0 develops.

RECOMMENDATION

18. The Committee is requested to:

    (a) Receive and review any Internal Audits and Audit Wales reviews within their remit where relevant. review any Internal Audits and Audit Wales reviews within their remit where relevant. There are none for review at this meeting;

    (b) Monitor management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).

Points of Contact, Directors and Owners of Audit Actions - Do Not Amend Any Column With a Red Header
When proposing a revised 1st, 2nd or 3rd date, include the rationale for the movement and any progress on the action to date
ALL FINAL INTERNAL AUDIT REPORTS CAN BE FOUND ON THE CORPORATE GOVERNANCE SIREN PAGE

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No.in Audit	Recommendation	Respons e No.in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed	1st revised date	2nd revised date	3rd revised date	Closure Status	Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date 3. Reason(s) why action is overdue and
612	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	2.1	A standardised process to formally request trade union time should be agreed and appropriate monitoring mechanisms put in place to ensure practices are applied and managed consistently. The process should also incorporate the method of approval and payment / TOIL as well as the management of refusals.	2.1 (c)	The comments of audit colleagues are noted and accepted. Whilst there was a template provided, reps were advised that they needed to maintain a personal record but flexibility was given on how this was to be done. The audit feedback will be shared with TU partners for information and clarification. The current spreadsheet can not be completed on an iPad. Also managers are often not able to respond to a request as soon as it is submitted due to shift patterns and operational pressure **Action:** Engagement with the senior TU partners will be undertaken with the aim of reaching agreement on implementing a standardised simplified approach (in the context of IA within WAST).	Sep-24	Not Met	Dec-24			Open	07024: (AP) Revised date of December 2024 applied in Q2 24/25, in line with update. 20.09.24: Request that the date is moved to December 2024 as suggested in March in line with the action 613, as the two actions are related. LR will provide further updates on her return to the Trust in Autumn 2024.
613	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	3.1	A standardised process to formally record facility time, and in sufficient detail, should be agreed and implemented.	3.1 (a)	WAST do not currently have the systems to record this information centrally and to do this manually will take more administrative support which is not good value for money. Most TU reps are based in Operations and are recorded in GRS. Only a handful are working outside of the GRS system. **Action:** We will review whether the information could be held in ESR effectively and what the maintenance of this would be and the ease of collecting it. It needs to be in one place for ease of reporting and management. If this is not a realistic option (in terms of cost), we will explore options for alternative methods of recording total time.	Nov-23	Not Met	Mar-24	Dec-24		Open	26.06.24 - JS - Request to extend deadline to December 2024 as previously agreed. This is being managed by Operations Directorate (Jonathan Edwards). The revised date was applied in Q1 24/25 reporting period, in line with the update provided. 20.03.24 - LR - work on electronic timesheets is ongoing. The ESR system is going to be replaced and the current options for recording time are unlikely to work well. Recommend that this is extended in line with the implementation of electronic timesheets and TUPs continue to record time and complete their Ops timesheets in the usual way and record TU activities in diaries etc until then. (Please see comments above re Social Partnership and partnership working as these are very relevant). Propose a change in date to Dec 24 re the electronic timesheet due to the sensitivity regarding negotiations with TU partners. Target date moved in quarter 3 to quarter 4 (to December 2024). Dec 23 - The management response to this item was:- 'We will review whether the information could be held in ESR effectively and what the maintenance of this would be and how easily could be be accessed and collected. It needs to be in one place for ease of reporting and managment. It this is not a realistic option (in terms of cost) , we will explore options for alternative methods of recording total time.' This is wrapped up in the wider challenges in terms of TU relationships and therefore we want to treat with sensitivity. Facility Time is recorded in GRS and Shift Track. We don't have any reps who are not using one or other of those systems. 111 and other areas are likely transferring to GRS so all will be captured in one system. Also the potential work around electronic timesheets will also impact on record keeping. There is a potential option to record TU time in ESR but we are in the early stages of exploring this but we will give it due consideration. Our ESR lead is currently away from work. Propose an extension to March 24 when we will likely have more clarity on electronic timesheets and moving all colleagues on shifts into GRS.
606	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	1.1	Periodic analysis of GRS data should be undertaken to ensure all SPs are adhering to the recommended split of their shifts.	1.1	A GRS report will be generated using a randomised sample of the SP group; and this report will be submitted to the SP Steering Group.	Jan-24	Not Met	May-24	Aug-24		Closed in Quarter	021024: (AP) Proposed closure accepted; evidence received; status updated. Last updated 01102024: Recommend for closure. GRS report data included in the powerpoint presentation now going through SP Steering Group. First presentation including GRS data provided for evidence to close. 040724: (AP) Revised date of August 2024 added in Q1 24/25. Last Updated 270624: (JL) Report was due to go to SP Steering Group scheduled by May '24 however meetings were cancelled. Chair (Darren Panniers) has scheduled meeting for July '24 and report to be presented then. Request extension of revised due date to Q2 for approved report to be submitted as evidence following Steering Group in July. 04.04.2024 The report has been requested but has not yet been sent to Greg Lloyd but he should get it for the steering group in April - it will likely have to be a manual report run each time as someone has to break down the shifts for the group. Report to be shared as evidence once available. Revised date proposed to May24. Changed in Q4 to May24.
608	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	2.1(b)	A review of allocation of Ps and Ts is undertaken to ensure consistency across Wales.	2.1(b)	A review of options for reducing variances in the size of SP teams will be presented to the quarterly SP Steering Group.	Jan-24	Not Met	May-24	Aug-24		Closed in Quarter	021024: (AP) Proposed closure accepted; evidence received; status updated. Last updated 01102024: Recommend for closure. SP team size variance included in the powerpoint presentation now going through SP Steering Group. First presentation including variance data provided for evidence to close. 040724: (AP) Revised date of August 2024 added in Q1 24/25. Last updated 270624: (JL) Figures provided to demonstrate change in numbers in operational areas but report required through Steering Group to demonstrate as evidence. Request extension of revised due date to Q2 as above for approved report to be submitted following Steering Group in July. 170424: Action remaining opent until business received at Steering Group. Date revised in Q4 to May24. Last Updated 04.04.2024 Recommended for closure: the main issue was in one particular area that we have now recruited into so that has reduced the team size, the additional four SPs were allocated according to the average size of the team in each of the operational areas so size variance is now at an acceptable level. This will be monitored in the Steering Group (as per updated below) and action taken again should the levels change in future.
611	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	3.1	Training status for all SPs should be collated and captured with regular reporting within an appropriate forum to monitor progress.	3.1	Updated reports on education progress of the SP cohorts to be brought together into a single progress report. This will be presented through the Clinical Directorate Business meeting and the Senior Operations Team.	Jan-24	Not Met	May-24	Aug-24		Closed in Quarter	021024: (AP) Proposed closure accepted; evidence received; status updated. Last updated 01102024: Recommend for closure. SP education progress included in the powerpoint presentation now going through SP Steering Group and to SOT where required. First presentation including education progress provided for evidence to close. The training statuses will continue to be reported to the SPSG and then matters escalated to the CDBM should that be required. 040724: (AP) Revised date of August 2024 added in Q1 24/25. Last updated 270624: (JL) Report was due to go to SP Steering Group scheduled by May '24 however meetings were cancelled. Chair (Darren Panniers) has scheduled meeting for July '24 and report to be presented then. Request extension of revised due date to Q2 for approved report to be submitted as evidence following Steering Group in July. 04.04.2024 Report to be pulled together (and shared as evidence for closure) for next steering group. Revised date proposed in Q4 of May24.

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No.in Audit	Recommendation	Response No.in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed	1st revised date	2nd revised date	3rd revised date	Closure Status	Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date
612	22/23	PCC	Senior Paramedic Role	Reasonable	Darren Panniers	Andy Swinburn	Medium	3.2	A training plan, and expected timeline for the required clinical skill enhancements should be established.	3.2	An Extended Skills Working Group has been established to deliver four new areas for skill development during 2024. The first meeting is in November 2023 with two priorities already agreed (sedation for post ROSC patients and the management of ABD). The workplan and draft terms of reference have been shared with Audit for information. These skills will initially be for the SP group only until an assessment and audit is completed for further consideration on safety and efficacy.	Dec-23	Not Met	May-24	Aug-24	Dec-24	Open	081024: (AP) To seek additional evidence of the training plan and timelines before closure (as it wasn't clear from the PPT evidence provided). This note was received in Q2 therefore revised date of December 2024 applied in Q2 24/25. Closure will be accepted when the training plan and associated timelines have been received. Last updated 01102024: Recommend for closure. Exetnded skills information included in the powerpoint presentation now going through SP Steering Group. First presentation including extended skills plan provided for evidence to close. 040724: (AP) Revised date of August 2024 added in Q1 24/25. Last Updated 270624: (JL) ToR for working group shared with training plan timelines to go through Steering Group, Request extension of revised due date to Q2 as above for approved details and timelines to be submitted following Steering Group in July. 04.04.2024 Steve Magee is leading this group with Huw Jackson, a timeline has yet to be identified and Jen Lloyd will pick this up with the team to implement though work has started with the identified skills. Revised date proposed of May24 in Q4. 201223 - update received however further queries raised on training plan by Board Secretary
613	22/23	PCC	Senior Paramedic Role	Reasonable	Darren Panniers	Andy Swinburn	Low	4.1	The terms of reference should be reviewed to: • Include a defined pathway for escalation of issues; • Update membership to ensure representation from each locality; andNov • Define quoracy.	4.1	The SP steering group has changed to a quarterly meeting and the terms of reference are being updated to reflect the audit findings. An Alert/Assure/Advise report will be completed and submitted to the Senior Operations Team.	Nov-23	Not Met	Feb-24	May-24	Aug-24	Open	021024: (AP) CGT not accepted closure position as the ToR revisions don't include everything that is required by the management action. Quorum not included and escalation process not explicit (although says that will provide AAA to SOT). Marked date of August 2024 as red, to indicate not completed. AP engaged wtih Clinical Directorate to provide advice and request revision of ToR; Greg Lloyd is aware of position. Last updated 01102024: Recommend for closure. SOT approved ToR on 10/09/24. AAA and ToR received as evidence for closure. 040724: (AP) Revised date of August 2024 added in Q1 24/25. Last Updated 270624: (JL) Report was due to go to SP Steering Group scheduled by May '24 however meetings were repeatedly cancelled. Chair (Darren Panniers) has scheduled meeting for July '24 and report to be presented then. Request extension of revised due date to Q2 for approved report to be submitted as evidence following Steering Group in July. GL following up with DP to confirm presentation at July SG and the following SOT. Confident this will then be completed by end of Q2. AS has given approval at Clinical Business Meeting 28.06.24 04.04.2024 Darren Panniers chairs the group and has seen the ToR but they need approval at SOT which we hope to do after the next meeting in April (and shared for evidence). Revised date proposed of May24 in Q4. Target date moved in quarter 3. 201223 - Meetings to finalise TOR in January.
614	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	5.1	The Trust should undertake a lessons learned exercise on the development and evolution of the SP role.	5.1	A review on the evolution of the role will be completed to highlight any lessons that can be learned for future role development.	Feb-24	Not Met	May-24	Aug-24	Mar-25	Open	071024: (AP) Clarified with Clinical Directorate that this action is yet to be completed. Requested revised date of March 2025 to allow this to be completed. Revised date for this action of March 2025 added in Q2 24/25. 040724: (AP) Revised date of August 2024 added in Q1 24/25. Last Updated 270624: (JL) Discussion not yet taken place due to postponed Steering Group. Request extension of revised due date to Q2 to allow for discussion at Steering Group in July. 04.04.2024 Not yet commenced. Jen Lloyd to send reminder to Greg Lloyd for discussion at Steering Group. Revised date proposed of May24 in Q4.
615	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	5.2	The Trust should report regularly on the impact and effectiveness of the SP role, including analysis of their utilisation across Wales and the achievement of the wider IMTP objective.	5.2	A report including number of rideouts undertaken and the outcomes (action plans/issues resolved during the shift/documentation/CPD/NQP portfolio reviews) will be developed into a regular report into the SP Steering Group on a quarterly basis.	Jan-24	Not Met	May-24	Aug-24		Closed in Quarter	021024: (AP) Proposed closure accepted; evidence received; status updated. Last updated 01102024: Recommend for closure. SP rideout data included in the powerpoint presentation now going through SP Steering Group. First presentation including rideout data provided for evidence to close. 040724: (AP) Revised date of August 2024 added in Q1 24/25. Last Updated 270624: (JL) Report was due to go to SP Steering Group scheduled by May '24 however meetings were repeatedly cancelled. Chair (Darren Panniers) has scheduled meeting for July '24 and report to be presented then. Request extension of revised due date to Q2 for approved report to be submitted as evidence following Steering Group in July. 04.04.2024 To be done for next Steering Group in April and shared as evidence for closure. Revised date proposed of May24 in Q4.
616	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	5.3	Feedback from Paramedics and Technicians should be included as a standing agenda item on the SP Steering Group for consideration / action as appropriate.	5.3	Feedback through the Power BI reporting process will be included on the SP Steering Group quarterly meeting.	Jan-24	Not Met	May-24	Aug-24	Dec-24	Open	081024: (AP) To seek additional evidence re business on SPSG agenda. Accept closure when the additional evidence of the forward programme for the SPSG has beeen received, as required by the management action. This evidence not received in Q2 so date revised to December 2024 in Q2 24/25. Last updated 01102024: Recommend for closure. Feeback on the SP role from other staff groups included in the powerpoint presentation now going through SP Steering Group. First presentation including feedback and survey data provided for evidence to close. 040724: (AP) Revised date of August 2024 added in Q1 24/25. Last updated 270624: (JL) Report was due to go to SP Steering Group scheduled by May '24 however meetings were repeatedly cancelled. Chair (Darren Panniers) has scheduled meeting for July '24 and report to be presented then. Request extension of revised due date to Q2 for approved report to be submitted as evidence following Steering Group in July. 04.04.2024 To be done for next Steering Group in April and shared as evidence for closure. Revised date proposed of May24 in Q4.
655	23/24	PCC	Retention of Staff	Reasonable	Liz Rogers	Angela Lewis	Medium	1.1(b)	The 'Moving on Interview' process should be finalised and approved in accordance with Trust procedure.	1.1(b)	The team are still exploring opportunities to generate automatic triggers for managers and staff rather than relying on managers remembering to ask a colleague to complete.	Jun-24	Not Met	Sep-24	Dec-24		Open	071024: (AP) Revised date of December 2024 applied in Q2 24/25 in line with the update given. 18.09.24 - JS - There has been a delay from NWSSP, the app has now gone live and is being used, however further synchronisation is needed to generate the automatic trigger that is desired following a termination. Digital are now working to put this automatic trigger in place for the Moving On form to replace the current manual trigger. Request to extend deadline to December 2024. 05.07.24 - AP - Updated due date to September 2024 in Q1 24/25. 26.06.24 - JS - It is expected the app will be able to go live in June 24 from NWSSP, a presentation to SOT this week. May 24 - HCM - Following a pause and discussion with NWSSP colleagues, the Staff Movement Advice App will be rolled out within the organisation in June 24. This app will support the moving on process and specific elements will be included in the bite sized training. March 24 - The trigger for an email reminder for managers was to be the exception form. When the exception form is submitted, then this would trigger a reminder email to complete a Moving on Conversation. There is an intermittent fault with the button and not all emails are being generated. However, work on this continues and alongside that,NWSSP have developed a new form which will be implemented which may resolve this problem for us.

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No.in Audit	Recommendation	Response No.in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed	1st revised date	2nd revised date	3rd revised date	Closure Status	Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date
657	23/24	PCC	Retention of Staff	Reasonable	Liz Rogers	Angela Lewis	Medium	1.3	The Trust should look to develop an appropriate training package to assist managers in the use of the new Moving on Interview Process.	1.3	Guidance for managers on using the process developed and signed off	Jun-24	Not Met	Sep-24	Mar-25		Open	231024: (AP) Revised date to March 2025 applied in Q2, in line with update. 231024: (AP) Update from PCC: Propose for extension – Unfortunately due to the need to move re-prioritise team resource into manage employee relations and operational HR work, it has not been possible to complete the project as originally scheduled. Resources are currently being evaluated on how to proceed effectively and it has been requested that an adjustment of March 2025 is made to the completion date. This will allow these challenges to be addressed and appropriate capacity to be assigned to focus on the desired developments. 26.06.24 - JS - Training will be launched once the app is live. 05.07.24 - AP - Updated due date to September 2024 in Q1 24/25. May 2024 - HCM - Following a pause and discussion with NWSSP colleagues, the Staff Movement Advice App will be rolled out across the organisation in June 2024. This app will support the moving on process and specific elements will be included in the bite sized training sessions. March 24 - LR - Guidance for managers (process document) has been developed. Drop in bite sized sessions will be developed for managers to attend.
658	23/24	PCC	Retention of Staff	Reasonable	Liz Rogers / Peter Brown	Angela Lewis	Medium	2.1	The Trust should undertake, and report to an appropriate forum, an evaluation of the initiatives introduced to determine their impact and effectiveness in retaining staff.	2.1	An evaluation report will be developed in association with the 111 senior team. It is noted that not all initiatives are appropriate for other areas of the organisation based on role types, culture differences and different pressures.	Sep-24	Not Met	Mar-25			Open	231024: (AP) Revised date to March 2025 applied in Q2, in line with update. 231024: (AP) Update from PCC: Propose for extension – Unfortunately due to the need to move re-prioritise team resource into manage employee relations and operational HR work, it has not been possible to complete the project as originally scheduled. Resources are currently being evaluated on how to proceed effectively and it has been requested that an adjustment of March 2025 is made to the completion date. This will allow these challenges to be addressed and appropriate capacity to be assigned to focus on the desired developments. 18.09.24 - JS - During the development of the moving on conversation process, close working relationships with the 111 management team were had throughout the pilot, which enabled feedback from users to be incorporated into the final process. The form that has been developed as the final process has formally been rolled out across 111 and a rollout plan across WAST will commence in October.
707	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	1.1	The Trust should consider options to address volunteers development. This may not be as formal as a PADR process but should demonstrate the consideration of volunteers improvement needs.	1.1	The Trust accepts this recommendation and will consider options to address volunteer development. This will be assessed during the forthcoming financial year.	Mar-25	Not Yet Due				Open	
708	23/24	PCC	Volunteers Governance	Reasonable	Duncan Robertson	Lee Brooks	Medium	1.2	The Trust should undertake a review of outcomes and measures now available through the roll out of ePCR to consider indicators which would complement the current performance activity captured.	1.2	Trust Volunteer leads and clinical leads will review and recommend clinical outcome measures for CFRs as well as recommending where these data items will be reported. This action can be held at the Clinical Intelligence and Assurance Group.	Nov-24	Not Yet Due				Open	
709	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	2.1	Management should establish a link between the VSG and the Trust Policy review group to allow sight of any relevant policies and allow for volunteer input to be provided, where applicable.	2.1	The Trust agrees that VSG is an appropriate mechanism for the volunteer voice when developing appropriate and relevant policies; We will seek to design a mechanism to support input from VSG for relevant policies.	Nov-24	Not Yet Due				Open	
711	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	3.1	The Trust should consider addressing the highlighted enhancements to Operations Manuals outlined above. ** Each manual includes an outline of volunteer team structure but not an outline of where volunteer responsibility sits within the Trust. The inclusion of detail relating to executive and volunteer team responsibilities would enhance the robustness of the manuals.* ** Individual volunteer agreements have been developed for each volunteer role. It includes volunteers should 'be aware of, and respectful of applicable WAST policies and procedures.' As a signed agreement there is opportunity to strengthen the wording to include an expectation to comply with Trust policies.* ** The CFR Operations Manual includes a skills matrix for clinical roles. A copy of the dispatch codes which generate CFR deployment are included as an appendix within the CFR Operations Manual, however these are not the latest version in use. It could offer greater clarity to volunteers to include a copy of the skills matrix in place of the deployment codes.* **There are triggers for non-compliance with the mandatory elements of the role, but this is not included within either manual. Inclusion of this may assist in volunteer awareness of their responsibilities and processes in place.* **The Volunteer Problem Solving process for the management of volunteer issues or concerns does not contain a timescale for the completion of any review. Examples of similar procedures identified in use in other Ambulance Trusts specified targets of between 20-28 days. The Trust should introduce a timescale related to the Problem Solving Process.*	3.1	The Operations Manuals were recently published in February 2024. The Trust will review the Operations Manuals and will incorporate any amendments into this review process.	Feb-25	Not Yet Due				Open	
712	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	4.1	The Trust should ensure the distribution of received guidance in relation to fundraising to the full CFR population.	4.1	On receipt of any guidance on fundraising, the National Volunteer Manager will within one month, convene a Task and Finish Group, under the governance of the Operations Directorate. The T&FG will be tasked with cascade of any guidance to volunteers	Mar-25	Not Yet Due				Open	
713	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	4.2	The development of a fundraising standard operating procedure should include consideration of the need for periodic returns on fundraising activity and use of funds.	4.2	The T&FG will be responsible for execution of the actions described at 4.1-4.4. Any issue escalation to be reported through ADLT to ELT, noting it is not yet possible to determine the outputs from the T&FG, including the risk owner.	Mar-25	Not Yet Due				Open	
714	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	4.3	The Trust should consider the development of good practice documents to support donation fund management, which could be incorporated into CFR team constitutions and processes.	4.3	The T&FG will be responsible for execution of the actions described at 4.1-4.4. Any issue escalation to be reported through ADLT to ELT, noting it is not yet possible to determine the outputs from the T&FG, including the risk owner.	Mar-25	Not Yet Due				Open	

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715	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	4.4	The Trust should prioritise the completion of a Volunteer fundraising risk, including clarifying the ownership of the risk within the Trust.	4.4	The T&FG will be responsible for execution of the actions described at 4.1-4.4. Any issue escalation to be reported through ADLT to ELT, noting it is not yet possible to determine the outputs from the T&FG, including the risk owner.	Mar-25	Not Yet Due				Open	
716	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	5.1	The Trust should incorporate Safeguarding training compliance within the established one to one reporting template.	5.1	This finding relates to refresher training compliance. The Trust will incorporate safeguarding training compliance into the established one to one reporting template.	Sep-24	Met				Closed in Quarter	111024:(AP) This action is complete and can therefore be closed. Evidence received and status updated. 270924 Recommending new deadline date for Dec24, Template for 1:1 has now embeded the safeguarding compliance within the 1:1 documentation. 1:1 scheduled for 10th December (between Lee and Judith) to discuss compliance rates and evidence of the 1:1 will be provided as evidence towards this action.
717	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	5.2	Trust management should ensure that gaps in compliance with safeguarding training are addressed for both CFR and VCS roles.	5.2	The Trust will ensure that gaps in safeguarding compliance are addressed for VCS and CFRs.	Sep-24	Not Met	Nov-24			Open	041024: (AP) Revised date of November 2024 added in Q2 24/25, in line with update given. 270924 Recommending new deadline for November24. A three stage approach is being taken to address the gaps in Safeguarding compliance. Documentation and projected timelines of the 3 stage approach will be the evidence to support this action for recommended closure.
718	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	6.1	The Trust should consider mechanisms to monitor the uptake of the mentoring arrangements outlined within the CFR Operational Manual.	6.1	The Trust will consider mechanisms to monitor the uptake of the mentoring arrangements.	Nov-24	Not Yet Due				Open	
719	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Low	7.1	The Trust should introduce a process which includes responsibility for allocation of calls or timeframes for addressing these [CFR Welfare and Activity Returns].	7.1	The Trust will introduce a process which includes the responsibility to a named individual for allocation of calls and timeframes for addressing these concerns.	Oct-24	Not Yet Due				Open	
720	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Low	7.2	Where a submission has resulted in discussion of any welfare or performance concerns an entry should be maintained within the CFRs individual record.	7.2	This process will also include the documentation of any follow up action on the CFR individual record.	Mar-25	Not Yet Due				Open	
721	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Low	7.3	The Trust should consider approaches to encourage the full completion of welfare returns to include a response of thriving, surviving, or struggling.	7.3	The Trust will consider approaches to encourage the full completion of welfare returns.	Oct-24	Not Yet Due				Open	
722	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	8.1	Management should ensure key dates and stages are completed within the VCS Recruitment spreadsheet. The spreadsheet should be modified to include forecast dates aligned to the six-week recruitment check completion target.	8.1	The Trust will ensure that key dates and stages are completed on the VCS recruitment spreadsheet, including the modification to support forecast dates aligned to the six-week target.	Oct-24	Not Yet Due				Open	
723	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	8.2	Monitoring arrangements should include the retention of key recruitment dates for a period following recruitment to allow the review of process for any steps which cause delays or blockages.	8.2	The Trust will ensure that monitoring arrangements will include the retention of recruitment dates for a determined period to support the review process.	Oct-24	Not Yet Due				Open	
724	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	9.1	As part of the migration of VCS records onto Assemble the Trust should undertake a records stocktake, and address any subsequent gaps identified.	9.1	Following the introduction of Assemble, the Trust will undertake a records stock take and address any gaps identified.	Mar-25	Not Yet Due				Open	
725	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	9.2	Noting the gap in vehicle check records, there should be inclusion of a completion of vehicle check forms as part of MiST course arrangements.	9.2	The Trust will introduce a system to include the completion of vehicle check lists for VCS volunteers.	Mar-25	Not Yet Due				Open	
726	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	10.1	The Trust should confirm a consistent selection criterion for the selection of claims to be validated which includes risk assessment and adequate coverage of outliers.	10.1	The Trust will agree a consistent selection criterion for validation of checks, to include risk assessment and coverage of outliers.	Oct-24	Not Yet Due				Open	
727	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	10.2a	Noting the unavailability of summary and validation documents for the Central and West region management should obtain and review documents to confirm the undertaking of checks.	10.2a	The Trust will satisfy itself that Central and West records are subject to appropriate checks and validation.	Jul-24	Not Met	Nov-24			Open	041024: (AP) Revised date of November 2024 added in Q2 24/25, in line with update given. 270924 Recommending new deadline of Nov24 - spreadsheets are now in place to ensure appropriate checks and validation. Further evidence of this will be discussed in upcoming meetings for the moniroing of these checks. Agenda and summary notes will be provided before recommending closure of action.
728	23/24	PCC	Volunteers Governance	Reasonable	Jennifer Wilson	Lee Brooks	Medium	10.2b	There should also be periodic checks to ensure documents are saved in a shared accessible location.	10.2b	The Trust will ensure that periodic checks are undertaken to ensure documents are saved in a shared accessible location.	Oct-24	Not Yet Due				Open	
729	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	1.1	The compassionate practices action plan should be reviewed to ensure timescales are reasonable and capture both the planned changes and implementation periods.	1.1	Undertake a review of the action plan with an aim to move to implementation of several of the outstanding actions, closing those that have been completed.	Aug-24	Met				Closed in Quarter	071024: (AP) Closure accepted in line with update and evidence (receipt of the Compassionate Practices Action Plan). October Update from P&C: Propose for closure - The Compassionate Practices Action Plan has been created and updated in July 2024. There have been actions concluded and additonal actions created in line with the Employee Relations Audit. The action plan is scheduled to go to a future People & Culture Committee, but a static copy of the Compassionate Practices Action Plan has been provided as evidence to show that a review has happened and closures have taken place.

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730	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	1.2	Revised timescales should feature within the updates provided to the People and Culture Committee to ensure awareness of any delays to plan implementation.	1.2	Ensure all outstanding actions have a realistic completion date. To provide a regular update on plan to People & Culture Committee.	Aug-24	Met				Closed in Quarter	071024: (AP) Closure accepted in line with update and evidence (receipt of the Action Plan, evidence of its receipt at the August 2024 People and Culture Committee, and inclusion in the P&C Committee Cycle of Business). October Update from P&C: Propose for closure - The Compassionate Practices Action Plan shows realistic completion dates for its actions which can be evidenced through the Action Plan document. It has been referenced in the previous People & Culture Committee (taking place in August 2024) under the Cultural Themes and Reports and the Governance Team has included this in the Committee's Cycle of Business, so that future updates are programmed as required. The Compassionate Practices Action Plan will be going to the January PCC as a whole document.
731	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	2.1	The Trust should review the case management tracker to identify individuals that have previously been involved in undertaking initial assessments as a priority group for attending future compassionate practices training sessions.	2.1	Managers identified requiring training will be contacted with available dates to attend. Training is sourced via HEIW and not internally delivered. Therefore, training dates are limited.	Sep-24	Met				Closed in Quarter	071024: (AP) Closure accepted in line with update and evidence (email sent to managers). October Update from P&C: Propose for closure - Training dates are scheduled and delivered by HEIW. They have provided further training dates for colleagues to attend, which have been passed on to the appropriate managers identified. This can be evidenced via emails that have been circulated by KJ to these appropraite managers with all available dates that HEIW are hosting.
732	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	2.2a	Post training feedback should be sought in line with the original action, to capture attendees learning from the training and identify any changes in practice.	2.2a	Contact will be made with HEIW as the training provider to confirm evaluation process.	Sep-24	Not Met	Dec-24			Open	211024: (AP) Revised date of December 2024 applied in Q2 24/25 as position is not clear. 20.09.24 - KJ - The evaluation is a planned process being undertaken by AB Health Board, this evaluation is underway and expected to be completed this Autumn. 16.08.24 - KJ - There was a planning meeting on 31.07.24 to discuss the format of the evaluation that is planned for Autumn 2024. This is evidenced in the Compassionate Practices Action Plan and via a planning group that has already been formed. However evluation is ongoing, and action to remain open until it is concluded.
733	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	2.2b	*Recommendation as per 2.2a.*	2.2b	Introduce a disclaimer that all investigating Officers complete to ensure they have undertaken all relevant training including compassionate practice.	Sep-24	Met				Closed in Quarter	211024: (AP) Evidence of disclaimer document has been received and updated status to closure proposed. 211024: (AP) Update from P&C Directorate: Meeting with TU Partners has taken place and the document was accepted and signed off. Among other documents, the new disclaimer for Investigating Officers, has been sent to the People Services Team for future use, which is shown in the evidence presented.
734	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Low	3.1	To enhance the thematic review of disciplinary case management the Trust should consider the inclusion of the good practice elements of sickness status/periods and reasons for delay.	3.1	Sickness status and reason for delay will be added to the tracker as per recommendation	Aug-24	Met				Closed in Quarter	071024: (AP) Closure accepted in line with the update and evidence (copy of Tracker headings). October Update from P&C: Propose for closure - A meeting has taken place on 19.08.24 where the relevant fields for KPIs have been added into the tracker to be completed moving forward, including the sickness status and reason for delay. The added KPI fields have been sent as evidence.
735	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Low	3.2	For performance management, the case management tracker should incorporate the measurement of timescale compliance within the fields in use.	3.2	Time scales will be added to the tracker as per recommendation.	Aug-24	Met				Closed in Quarter	071024: (AP) Closure accepted in line with the udpate and evidence (copy of Tracker headings). October Update from P&C: Propose for closure - A meeting has taken place on 19.08.24 where the relevant fields for KPIs have been added into the tracker to be completed moving forward, including timescales. The added KPI fields have been sent as evidence.
736	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	4.1	Management should consider approaches to ensure timescales are met as set out within the All-Wales policy, such as provisional appeal dates being agreed at the disciplinary hearing.	4.1	The Trust will continue to monitor compliance against All Wales Policy and ensure any delays are kept to a minimum by proactively securing dates for hearings/appeals etc at the earliest opportunity and note any reason for delays. People Business Leaders will monitor compliance relevant to their Directorates.	Aug-24	Not Met	Dec-24			Open	211024: (AP) Revised date of December 2024 applied in Q2 24/25 as position is not clear. 16.08.24 - KJ - Compliance is continually monitored as dates are provided in the Employee Relation Tracker and there are meetings that are held once a month for this to be discussed.
737	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	4.2	The Trust should include key timescales for each process to be periodically included within reporting provided to the People and Culture Committee for assurance that cases are being progressed in line with agreed All-Wales timescales.	4.2	ER tracker will include times scale compliance against each case. Any non-compliance will be supported with rationale. This will be monitored by the Deputy Head of People Services and People Business Leaders on a monthly basis.	Aug-24	Not Met	Dec-24			Open	211024: (AP) Revised date of December 2024 applied in Q2 24/25 as position is not clear regarding the evidence. Clarifications on the evidence provided not resolved in the reporting period. October Update from P&C: Propose for closure - The relevant KPIs have been added to the tracker, which has been sent across as evidence. The relevant members of the team will continue to monitor on a monthly basis and updates are being provided to the People & Culture Committee via the Cultural Themes and Trends standing item, with the document from August PCC sent over.
738	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	4.3	The Trust should establish its own expected timescale for formal investigations to be undertaken and ensure the officers tasked with undertaking these are aware of this.	4.3	With the investment of three full time investigating officer roles (interviews 14/06/2024), when in post will support dedicated investigation with a focus on complexity and agreed time scales.	Aug-24	Met				Closed in Quarter	071024: (AP) Closure accepted in line with update and evidence provided (template ToR doc, which prompts the respective Officers to define the timescales and include in the final ToR for each investigation. Template ToR received). Propose for closure - The Trust now have three full time investigating officers (IOs) in place to support dedicated investigations. The expected timescales will be determined and agreed by the IO on a individual basis and is included in the Terms of Reference document that is created and signed by the appropriate IO for each disciplinary investigation. A copy of the Terms of Reference document has been provided as evidence, which shows the inclusion of expected timescales and the ability for IOs to agree and sign.
739	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	High	5.1	The Trust should develop a checklist to ensure the completeness of case files for each element of the disciplinary process. This should include end process retention requirements for both People Services and the employee record.	5.1	Implement a checklist to ensure all required documentation is maintained for a disciplinary process. Checklist should be signed off by the People Business Leader/ People Services Business Partner for their directorate on completion of all stages of the process.	Jul-24	Met				Closed in Quarter	211024: (AP) Closure proposal accepted, evidence received in line with update. 211024: (AP) Meeting with TU Partners has taken place and the document was accepted and signed off. Among other documents, the new checklist, has been sent to the People Services Team for future use, which is shown in the evidence provided.
740	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	High	5.2	Following development of the checklists, the People Services team should incorporate a periodic check of adherence of a sample of recently closed cases.	5.2	Undertake periodic audits on the compliance with checklist.	Jul-24	Met				Closed in Quarter	071024: (AP) Closure accepted in line with update and evidence provided (checklist e.g., audit schedule and example outcomes of an audit, and comms to HR colleauges). October Update from P&C: Propose for closure - An Employee Relations Audit checklist has been created, and an example of this document being completed form the last periodic audit has been shared as evidence. This led to an audit schedule being put in place which has been added to the diary moving forward, as this schedule begins it will eventually move to business as usual. All these appropriate actions have been emailed out to the team and both the schedule and reminder have been noted as evidence.
741	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	High	5.3	Any revision to disciplinary toolkit template documentation should retain direction that completed copies should be shared with the People Services team.	5.3	Update as required using version control for disciplinary tool kit available on Siren.	Jul-24	Met				Closed in Quarter	071024: (AP) Closure accepted in line with update and evidence (email comms). October Update from P&C: Propose for closure - An email has been sent out to the team that includes a reminder that if any documentation in the manager's toolkit is amended or updated then version control has to be used, alongside new documents being shared that have version control automatically turned on. This email to staff has been provided as evidence to show the reiteration that completed copies will be retained and shared in the People Services Team.

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742	23/24	PCC	Disciplinary Case Management	Reasonable	Karen Jones	Angela Lewis	Medium	6.1	The People Services team should ensure that ESR records accurately reflect the outcome of disciplinary processes, and should review the case management tracker to identify any historic records which require amendment.	6.1	On completion of all disciplinary hearings, People Services representative to ensure that ESR accurately reflects the outcome of dismissal. Contact with NWSSP payroll may be required to make the changes to past cases ensuring accurate information is recorded.	Aug-24	Not Met	Dec-24			Open	211024: (AP) Revised date of December 2024 applied in Q2 24/25 as evidence clarifications required. 071024: (AP) Not accepted closure proposal; requested evidence of checks. October Update from P&C: Propose for closure - A reminder has been sent to the team via email and includes appropriate guidelines and docuemnts. This can be provided as evidence, and this process will continue as business as usual moving forward.

Points of Contact, Directors and Owners of Audit Actions - Do Not Amend Any Column With a Red Header
When proposing a revised 1st, 2nd or 3rd date, include the rationale for the movement and any progress on the action to date

Trust Ref No.	Audit Wales or HIW Report	Year	Committee Assigned to	Report Title	Responsible Officer	Director	Priority Level	Rec. No. in Audit	Recommendation	Response # (no.) in Audit	Management Response	Agreed Deadline in Report	Status	1st revised date	2nd revised date	3rd revised date	Where a management action has not met the agreed or revised date, Director must inlcude here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. **Please add most recent update first**	Closure Status
123	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Linda Phillips	Angela Lewis	Medium	2.1	Workforce information systems We found that there is scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. The Trust should work to ensure that (medium priority):	2.1	Use of Power BI reporting feeding into the Integrated Technical Planning Group is in development by the workforce planning team. This will be used for reporting and maintenance of the data.	Sep-24	Not Met	Dec-24			211024: (AP) Revised date of December 2024 applied in Q2 24/25 as position not clear. 12.09.24 - LP - The team have piloted a Power BI version of the current PowerPoint Workforce Monitoring Report, however work is ongoing to finalise the final Power BI version. The HI team have been asked to link ESR data warehouse to a Power BI dashboard report and work on this link is ongoing. 30.05.24 - JK - this work is progressing with its first phase nearing completeion - delivery of an accurate status quo on Staff in Post v Budgetted Establishment. Subsequent phases will include the ability to goal seek, post What If analysis and forecast by varaibe manipulation.	Open
124	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Hugh Bennett	Angela Lewis		2.1(a)	Workforce information systems We found that there is scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. The Trust should work to ensure that (medium priority): • Systems that hold workforce information including Electronic Staff Record (ESR), Global Rostering System (GRS) and finance systems interconnect, where possible.	2.1(a)	Alongside this we are working on Integrated Planning Nexus via the Planning and Strategy team which enables our understanding of the interconnection between workforce, fleet, estate etc. *Excel version*	Mar-24	Not Met	Oct-24	Dec-24		211024: (AP) Revised date of December 2024 applied in Q2 24/25 as position not clear. 22.08.24 - JK - THe Nexus part of the recommendation has been completed, however, confirmation has not been given as to whether the joining up of the suggested systems will be achieveable for the Trust. Further consideration is taking place. 26.06.24 - JK - Further development has taken place for the PowerBI solution, however it is not yet QA'd for release but it is being used within the ITPG. It will be refined during July 2024 with an ELT specific summary produced highlighting KPIs and any relevant sensitivity analysis. 17.05.24 - JK - Manually generated monthly report created as the forerunner of the PowerBI Monthly Workforce Dashboard - work progressing on this solution with its delivery scheduled for June 2024. 21.03.24 - LR - The Workforce Transformation and Planning Team now produce a highlight report on key workforce information. Propose an extension to this action as the work on Nexus will be longer than expected. To date the following has been undertaken. Date moved in Q4 to October 2024. Project team established. Initial mapping completed. Currently developing what the end product will look like to work backwards to the requirements Complex exercise meaning timelines are difficult to estimate. Investment in connecting GRS, ESR and Oracle would be needed to build interfaces therefore Nexus is the solution for the time being.	Open
125	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Hugh Bennett	Angela Lewis		2.1(b)	Workforce information systems We found that there is scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. The Trust should work to ensure that (medium priority): • Explore ways to resource the management of a system to ensure an up-to-date establishment model.	2.1(b)	Alongside this we are working on Integrated Planning Nexus via the Planning and Strategy team which enables our understanding of the interconnection between workforce, fleet, estate etc. *Potential PowerB1 version*	Sep-24	Not Met	Dec-24			211024: (AP) Revised date of December 2024 applied in Q2 24/25 as position not clear. 22.08.24 - JK - The team are currently working on this and have access to a relevant version to share as evidence that this is ongoing. LP advises a Power BI version of the current PowerPoint Workforce Monitoring Report has been piloted and work is ongoing to finalise a final Power BI version. 26.06.24 - JK - further development of the PowerBI solution - not yet QA'd for release but being used within the ITPG - will be refined during July 2024 with an ELT specific summary produced highlighting KPIs and any relevant sensitivity analysis. 17.05.24 - JK - manually generated monthly report created as the forerunner of the PowerBI Monthly Workforce Dashboard - work progressing on this solution with its delivery scheduled for June 2024.	Open
126	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Dee Udeze-Chibuzor / Liz Rogers	Angela Lewis	Medium	3.1	Evaluating workforce planning training We found that the Trust is strengthening workforce planning capability through training initiatives, but it will need to evaluate these to ensure they are having the desired impact. The Trust should develop an evaluation framework to measure the success of its training programme (medium priority).	3.1	We will implement an evaluation process to baseline where managers are pre and post training and post 3 months to measure improvement.	Jun-24	Not Met	Aug-24	Dec-24		211024: (AP) Revised date of December 2024 applied in Q2 24/25 as position not clear. 22.08.24 - JK - The Workforce Planning training has been moved onto Learn 365 and development is ongoing to include an evaluation and feedback facility in the future. Evidence has been provided of the training up and running on Learn 365. 04.07.24 - AP - Added revised date of August 2024 in Q1 2024/25 in line with narrative provided. 17.05.24 - JK - Workforce Planning training is being rolled out pan Trust. However, to allow the sufficient time for all areas to receive this training and commence an evaluation, it was requested that the deadline be moved to August 2024.	Open
127	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Dee Udeze-Chibuzor / Liz Rogers	Angela Lewis	Medium	4.1	Recruitment support We found that only the emergency ambulance services department has dedicated support from the central management team for recruitment activity, due to capacity issues. While the central team can provide support on a case-by-case basis, the Trust should review opportunities to increase the corporate support offered to other departments across the organisation (medium priority).	4.1	The recruitment team focus primarily on EMS but do offer support where needed to other services. This would need to be agreed by ELT and the Directorates as resource would need to be moved into the team from elsewhere. Report to be produced and shared with ELT.	May-24	Not Met	Sep-24	Dec-24		211024: (AP) Revised date of December 2024 applied in Q2 24/25 as position not clear. 05.07.24 - AP - Revised date of end of Q2 added in Q1 24/25, and to discuss closure evidence required with Directorate. 21.05.24 - JK - additional Fixed Term support secured in the function.	Open
128	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Dee Udeze-Chibuzor / Liz Rogers	Angela Lewis	Medium	5.1	Metrics for People and Culture plan monitoring The Trust has recently approved the metrics to enable monitoring progress of the People and Culture Plan, however the metrics do not include targets or milestones. The Trust should work to develop targets and milestones to enable the Committee to understand the progress against the Plan (medium priority).	5.1	Recommendation Accepted. We will build in appropriate targets and milestones into the plan which will be frequently reviewed for delivery and effectiveness of both the plan and the measures	May-24	Not Met	Sep-24	Dec-24		211024: (AP) Revised date of December 2024 applied in Q2 24/25 as position not clear. 05.07.24 - AP - Revised date of end of Q2 added in Q1 24/25, and to discuss closure evidence required with Directorate. 21.03.24 - LR - Query this action here as it was requested to be removed as it was not relevant to this audit and incorrect. However, the P&C Directorate Plan has milestones and measures for 2023/4 and will have for 2024/25. CGT have further narrative regarding this action.	Open
129	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Liz Rogers / Hugh Bennett	Angela Lewis	Medium	6.1	Benchmarking The Trust does not routinely benchmark its workforce performance metrics with other health bodies in Wales. Its performance benchmarking with other ambulance trusts is infrequent. The Trust should introduce regular workforce benchmarking with similar organisations and use this to inform relevant groups and committees on its performance and efficiency and to identify and share good practice (medium priority	6.1	Recommendation accepted for high level measures and will be based on what other organisations share / make available. Benchmarks need to be with ambulance sector rather than Health Boards	Jun-24	Not Met	Sep-24	Dec-24		211024: (AP) Revised date of December 2024 applied in Q2 24/25 as position not clear. 16.09.24 - HB - The 2023 EMS Demand & Capacity Review was reported to F&P Committee in a closed session on 16.07.24. 22.08.24 - JK - The Trust now have the ability to access on occassion the AACE HRD Network, which will allow us to see a shared spreadsheet with all Ambulance Services in England. As a pan Wales Trust, we do not have the ability to benchmark against another ambulance service in Wales but it will give the ability to benchmark against appropriate Trusts in England. 05.07.24 - AP - Revised date of end of Q2 added in Q1 24/25, and to discuss closure evidence required with Directorate. 26.06.24 - JK - the AACE HRD Network could be positioned to assist the Trust with this. 26.06.24 - HB - the Trust has recently received the final 2023 EMS Demand & Capacity Review, which benchmarks the Trust's performance on a range of metrics. This will be reported to F&P Committee on 16.07.2024.	Open

POLICIES RECOMMENDED FOR COMMITTEE APPROVAL AND ADOPTION

Committee	People and Culture Committee	**Date of Meeting**	14/11/2024

Presenting Officer	Julie Boalch, Assistant Director of Corporate Governance and Risk [Chair of Policy Group]

Policy Name	Directorate	EqIA	Date of Policy Group	Date of ELT	Points of Note
Welsh Language Policy [New]	Corporate Governance	Completed No Issues	23/10/2024	07/11/2024	For Approval
Driving at Work Policy	People Services	Completed No Issues	23/10/2024	07/11/2024	For Approval
NHS Wales Flexible Pensions Policy	People Services	N/A	23/10/2024	07/11/2024	For Noting
NHS Wales Pregnancy Loss Support Policy	People Services	N/A	23/10/2024	07/11/2024	For Noting
NHS Wales Managing Attendance at Work Policy [Policy Amendment]	People Services	N/A	23/10/2024	07/11/2024	For Adoption

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

Welsh Language Policy

Policy Number:	113	**Version No:**	0.13 Draft	**Supersedes:**	0.12 Draft
Date of Approval:	TBA	**Review Date:**	3 years from date of approval	**Impact Assessments Completed:**	Yes – EqIA submitted
Classification of Document:	Corporate	**Type of Document:**	Policy	**Approved by:**	People and Culture Committee
Brief Summary of Document:	The purpose of this policy is to establish responsibilities with regards to using the Welsh language internally to ensure compliance with the Welsh Language Standards and to promote and facilitate the use of the Welsh language.				
Scope:	This policy applies to all staff employed by the Welsh Ambulance Services University NHS Trust, volunteers, Non-Executive Directors, our people and third-party contractors.				
To be read in conjunction with:	Welsh Language Standards (No. 7) Regulations 2018. WAST Welsh Language Standards Compliance Notice.				
Owning Committee	People and Culture Committee				
Policy Lead: **Trade Union Lead:**	Melfyn Hughes Hugh Parry	**Job Title:**	Welsh Language Services Manager Trade Union Partner		
Executive Director:	Trish Mills	**Job Title:**	Director of Corporate Governance/Board Secretary		

Version Control Sheet

Version	Date	Author	Summary of Changes
0.1	29/07/2024	Melfyn Hughes	• New Policy
0.2	08/08/2024	Lisa Trounce	• Review of new draft policy for quality checking prior to Policy Group Meeting: • Policy on old template – to be transferred • Version number corrected & updated on front page • Version Control Sheet updated
0.3	09/08/2024	Melfyn Hughes	• Policy content transferred to 2024 template • Presentation aligned with corporate brand
0.4	09/08/2024	Lisa Trounce	• Version on front cover updated • Key words added • Minor formatting throughout (alignment) • Paragraph numbering amended • Contents Page updated
0.5	20/08/2024	Policy Group	• Comments received from Policy Group
0.6	25/08/2024	Lisa Trounce	• Front cover amended/formatted • Date of EqIA recorded under Impact Assessment Review • Version Control Sheet updated • Policy Approval Route updated
0.7	28/08/2024	Melfyn Hughes	• Amended section 6.3.11 Clinical Consultations following comment received from Policy Group • Amended email signature in Appendix A to reflect corporate branding.
0.8	29/08/2024	Lisa Trounce	• Final quality check & minor formatting prior to Trust-wide consultation
0.9	08/10/2024	Melfyn Hughes	• Updated section 6.2 Policy Making Standards (Standards 69 – 77)
0.10	18/10/2024	Lisa Trounce	• Final formatting before submission to Policy Group post consultation.

Version	Date	Author	Summary of Changes
0.11	31/10/2024	Lisa Trounce	• Approval route updated prior to submission to ELT and Committee for approval.
0.12	08/11/2024	Melfyn Hughes	• Amendments made following feedback from ELT 07/11/2024: - Section 6 Paragraph re: Welsh Language Standards Compliance Notice added - Section 6.3 Standard numbers amended - Page 22 Roles and responsibilities added for both Trust Board and the Board Welsh Language Champion.
0.13	08/11/2024	Lisa Trounce	• Version number amended on front cover • Review of amendments and positioning • Formatting prior to presentation to People and Culture Committee for approval • Contents page refreshed
Keywords	Welsh, language, translation, active, offer, standards, Act, Cymraeg, future generations, more than just words, duty of quality, equality		

Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
EqIA / Welsh Language	23/07/2024	Melfyn Hughes / Kat Cobley

Task and Finish Group Members

Name	Job Title
Sonia Thompson	Assistant Director of Operations, EMS
Melfyn Hughes	Welsh Language Services Manager
Iwan Griffiths	111 Service Manager
Gill Pleming	Head of Service EMS Co-ordination EMS
Anita Owen	NEPS National NET Centre Manager
Hugh Parry	Trade Union Partner
Nia Barlow	Public Engagement Co-ordinator, PECI
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Rhian Watts	Senior Finance Business Partner
Kate Evans	Welsh Language Translator
Kathryn Cobley	Head of Inclusion and Engagement
Jeff Prescott	Communications Officer

Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
Policy Group	20/08/2024	Draft new policy approved for Trust-wide consultation
28-day Trust-wide Consultation	29/08/2024 – 26/09/2024	Comments
Policy Group	23/10/2024	Presentation of changes made to draft policy post-consultation. Recommended for Approval
ELT	07/11/2024	Recommended for Approval
People and Culture Committee	14/11/2024	Approval and Adoption

Disclaimer
If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the Amb_policies@wales.nhs.uk

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1. INTRODUCTION

On 30 May 2019 the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing new Welsh Language Standards under the Welsh Language Measure (Wales) 2011. As a result, the Trust must implement actions for compliance with its Statutory Compliance Notice from the Welsh Language Commissioner.

The Welsh Ambulance Services University NHS Trust (WAST) is committed to creating a vibrant, inclusive, and healthy culture where all of our people are supported to thrive. As an organisation, we are committed to nurturing a positive, flexible, and sustainable work environment. Our aspiration is to be an exemplar organisation for wellbeing, where our people are supported to ensure that their experience of work enables them to be healthier, happier in work, and able to be at their best.

This policy describes the steps the Trust will take to foster a bilingual ethos within the organisation, to ensure that staff feel comfortable and empowered to use their Welsh language skills during the working day, and to support staff in developing and improving those skills, no matter the level. At the core of this is how our use of the Welsh language (Cymraeg) can contribute to our organisational behaviours.

The actions in this policy are in addition to the statutory requirements on the Trust, as an employer under the Welsh Language Standards which are itemised in this policy.

The use of Cymraeg is not just of relevance to the requirements of the Welsh Language Standards. Other plans and initiatives of relevance and which align to the Welsh Language Standards include:

- People and Culture Plan 2023-2026: This notes the importance of delivering the training, education and support to leaders and managers to equip and enable them to meet the needs of a diverse workforce. Working for an ambulance service is demanding with significant external pressures, but by supporting each other and striving for this culture we can create a work environment that allows everyone to flourish. Aligned with this is our commitment to the delivery of our Strategic Equality Objectives and the implementation of 'More Than Just Words', moving towards the Welsh language 'Active Offer'.

- Well-being of Future Generations (Wales) Act 2015: WAST is a public body under the Act and is required to contribute to the goals of this Act, one of which is “A Wales of Vibrant Culture and Thriving Welsh Language”.

- More Than Just Words, Five-year plan 2022–27:
  The Welsh Government’s plan for the use of the Welsh language within the Health and Social Care sector requires all service providers to be able to make an “Active Offer” of a Welsh language service.

- Cymraeg 2050: A million Welsh speakers: The Welsh Government’s plan to increase the number of Welsh speakers and those who use the language regularly. This

includes a particular focus on the workplace, and notes that "more Welsh speakers use Welsh with their colleagues where the employer is supportive of the use of Welsh in most aspects of the work of the business".

- Duty of Quality: Strengthening Welsh language provision supports our quality care. The Duty of Quality highlights the Welsh Government's commitment to safe, effective and person-centred health services. The purpose of the duty of quality is to ensure that NHS Wales bodies secure improvements in the quality of services they provide, and the Welsh language is an integral part of this.

Within Wales, the Welsh language is treated the same as a protected characteristic and has its own legislation to ensure its protection. Feedback from our consultation and engagement on the Strategic Equality Plan (SEP) demonstrated how important bilingualism was to our service users in terms of inclusivity and equality. Therefore, our Strategic Equality Plan has been developed to sit alongside our Welsh Language Framework and both will aim to ensure that Welsh speakers are not discriminated against or disadvantaged in any way. The SEP will reinforce the cultural aspirations expressed here.

2. POLICY STATEMENT

The Trust is very proud of its status and of its identity, as a distinctly Welsh organisation. Cymraeg is an intrinsic part of that national identity and has an importance not only for the services that we provide to the Welsh public but also to the staff within our organisation.

The Welsh Language Standards (No. 7) Regulations 2018 are clear about the statutory requirements that apply to our services and our administration; this policy meets the requirements of Standard 79, namely "*the Trust must develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language*". However, the contents of this policy are not only about how we meet the Standards; they are about how we go about creating a cultural change within our organisation that normalises use of Cymraeg and ensures we foster a bilingual ethos. The more we can develop our bilingual culture, the easier and more natural compliance with the Standards will become.

This policy sets out how we will work to remove any barriers that are currently preventing Welsh speakers from using the language with one another. The policy details how we will create a supportive learning environment for those seeking to acquire and improve their Welsh-language skills, and how we will enable those among our people who are not Welsh speakers themselves to develop and demonstrate respect and support for the language.

3. AIM

The policy aims to ensure that various areas of WAST come together and use Welsh more in their various capacities, so that WAST becomes a workplace where Welsh is

normalised. The more visible, audible and openly used in the workplace Welsh is, the more this enabling environment allows us to use Welsh to support the public.

This policy aims to set out the areas of the Welsh Language Standards that our people must comply with, whilst explaining why these are important to us at WAST and how they align to providing an Active Offer to our people and our patients.

4. OBJECTIVES

This policy aligns with Standard 79 of the Trust's Compliance Notice, i.e. that WAST will develop a policy on using Welsh internally for the purpose of promoting and facilitating the use of the language by:

- Developing the formal and social use of Welsh amongst our workforce through regular learning and social support, and greater participation in a variety of formal and informal language networks and events.

- Increasing the opportunities for staff to develop their Welsh language skills, by increasing their confidence and improving the bilingual services we provide.

- Promoting and projecting a bilingual workplace ethos externally with a view to attracting more bilingual staff.

5. SCOPE

This policy is to ensure that all staff meet and maintain the requirements of the Welsh Language Standards and, in particular, to ensure the promotion and facilitation of the Welsh language in the context of the internal business of the Trust, (Standard 79).

Unless otherwise stated, "we" in this policy refers to WAST, as an organisation.

6. WELSH LANGUAGE POLICY

Under the Welsh Language (Wales) Measure 2011, all public service organisations in Wales are required to comply with language duties, which ensure that the Welsh language is not treated less favourably than the English language. The duties encourage promotion of the Welsh language, the use of Welsh within internal administration and require that provision is made for the accessibility of Welsh to the public.

Section 44 of the 2011 measure permits the Welsh Language Commissioner to issue a compliance notice, requiring a body to comply with one or more standards specifically applicable to it. The Welsh Language Standards (No.7) Regulations 2018 were then introduced to the health sector organisations in Wales.

In accordance with section 44 of the 2011 measure, the purpose of the Welsh Language Standards is to provide:

- Clarity for organisations on the Welsh language.
- Clarity for Welsh speakers on what services they can expect to receive in Welsh.
- Greater consistency in Welsh language services and improvement of quality for users.

There are 114 Standards within the Trust's Welsh Language Standards Compliance Notice, split into the following areas of compliance:

- Service Delivery
- Policy Making
- Operations
- Record Keeping

The full text of what is required from WAST under the compliance notice for all 114 standards can be found in our WAST Welsh Language Standards Compliance Notice. Staff are expected to familiarise themselves with all of the relevant Standards. What follows is further detail on how to apply these Standards and support the cultural change at WAST.

6.1 Service Delivery Standards

The set of standards contained in **Appendix A** identifies how the Trust is required to use the Welsh language in different situations so that Welsh speakers can have unhindered access to Welsh language services; for example, when sending correspondence, dealing with telephone calls, providing on-line or face-to-face services.

6.2 Policy Making Standards (Standards 69 – 77)

These Standards ensure that public bodies consider what effect, if any, their policy decisions will have on patients' ability (and/or staff) to use the Welsh language in their dealings with the Trust, treating the Welsh language no less favourably than the English language.

- When formulating a new policy, or reviewing or revising existing policies, the Trust must consider whether the policy would have an effect on opportunities to use the Welsh language.

- The Trust must consider how the policy could be formulated or changed to have a positive effect on opportunities to use the Welsh language and seek views on this when consulting on a policy

All new and revised policies formulated by the Trust will be subjected to an Equality Impact Assessment (EqIA) of which Welsh language is a standard equality strand, and to be undertaken in conjunction with the Welsh Language Services Manager.

6.3 Operational Standards

The set of Operational Standards deals with the way the Trust uses the Welsh language internally and gives employees the right to receive our People Services in their chosen language.

6.3.1 Supporting our Welsh-speaking staff

We consider the Welsh language to be an inclusion issue; we want our people to feel comfortable and supported to speak Cymraeg both with colleagues and with other professional contacts, as well as on a social level.

We will be setting up a Welsh Language Network, to enable our Welsh-speaking colleagues to have a Welsh-medium work-based forum. This aims to provide a sense of community, model good practice in professional Welsh, enable Welsh-speaking colleagues to keep their work-based Welsh skills up to date and share knowledge and experience, and enable those less confident to use their developing skills in a supportive environment.

As a minimum, all staff at WAST have certain rights to use Welsh that are enshrined in the Welsh Language Standards and we encourage colleagues to become aware of those and feel confident to exercise those rights, (Standards 79 – 114).

6.3.2 Internal Administration (Standards 80 – 82)

When offering a new post to an individual, the Trust must ask each employee whether they wish to receive the following in Welsh:

- Any paper correspondence relating to their employment.
- Documents relating to their training needs.
- Documents outlining their performance objectives.
- Documents outlining their career plan.

Trust polices relating to the following must be published in Welsh:

- Behaviour in the workplace.
- Health and well-being at work.
- Salaries or workplace benefits.
- Performance management.
- Absence from work.
- Working conditions.
- Work patterns.

6.3.3 Complaints (Standards 83 – 85)

When a member of staff makes a complaint, the Trust must:

- respond in Welsh to any complaint made in Welsh.
- state in any complaint procedure that staff may make a complaint in Welsh;
- offer to conduct any meeting relating to a complaint in Welsh.

If the member of staff wishes this, the meeting must be conducted in Welsh (if necessary, with the assistance of a simultaneous or consecutive translation service)

When the Trust informs a member of staff of a decision reached in relation to a complaint made by him or her, or in relation to a complaint made about him or her, the Trust must do so in Welsh if that member of staff:

- made the complaint in Welsh;
- responded in Welsh to a complaint about him or her;
- asked for a meeting about the complaint to be conducted in Welsh, or
- asked to use the Welsh language at a meeting about the complaint.

6.3.4 Disciplinary Cases (Standards 86 – 88)

The Trust must allow staff members to respond in Welsh to allegations made against them in any internal disciplinary process. This should be done by:

- stating in any disciplinary arrangements that staff may respond in Welsh.
- when organising a disciplinary meeting the Trust must offer to conduct the meeting in Welsh, and
- if the staff member wishes to do so, conduct the meeting in Welsh (if necessary, with the assistance of a simultaneous or consecutive translation service).

When the Trust informs a member of staff of a decision following a disciplinary process, the Trust must do so in Welsh if they:

- responded to allegations made against them in Welsh.
- asked for a meeting regarding the disciplinary procedure to be conducted in Welsh, or
- asked to use the Welsh language at a meeting regarding the disciplinary procedure.

6.3.5 Learning

The Welsh Ambulance Services University NHS Trust has a responsibility under the Welsh Language Standards to provide opportunities for our people to learn Welsh, and to learn through the medium of Welsh (Standards 97 – 101).

Language is not acquired solely through a classroom or course; regular use and practice are necessary to embed learning and increase confidence. Therefore, we aim to ensure that there are opportunities for all to use the Cymraeg that they have, whatever level that may be.

6.3.6 Learning through the medium of Welsh (Standards 97 - 98)

We will continue to be open to the needs of our people to access learning on other matters through the medium of Welsh and will facilitate wherever practicable. We also provide materials to support this on SharePoint (e.g., guidelines on using Welsh during meetings).

Opportunities must be provided to staff for training in Welsh in the following areas, if such training is provided in English:

- Recruitment and interviewing.
- Performance management.
- Complaints and disciplinary procedures.
- Induction.
- Dealing with the public; and
- Health and Safety.

The Trust must provide opportunities for training in Welsh on using Welsh effectively in:

- Meetings.
- Interviews; and
- Complaints and disciplinary procedures.

6.3.7 Welsh Language Courses (Standards 99 – 101)

To enable our people to learn Welsh, a variety of options are available to them, including:

- Free Online Cymraeg Gwaith (Work Welsh) Healthcare sector specific introductory modules and Entry level courses.
- Welsh language confidence building sessions which are funded by the Welsh Government.

Details of these courses and how to register for one are available on the Learning Welsh page of the Welsh Language SharePoint page or contact the Welsh Language Services Manager

We will continue to be open to new ways of learning and will enable our people to access opportunities wherever we can.

The Trust must:

- provide opportunities during working hours for your employees to receive basic Welsh language lessons;
- provide opportunities for employees who have completed basic Welsh language training to receive further training, free of charge to develop their language skills;
- provide opportunities for employees to receive training, free of charge to improve their language skills.

6.3.8 Supporting Our Learners

We will facilitate a range of activities to support our people who are learning Welsh, such as:

- Regular newsletters with tips on learning and information on cultural events;
- Speaking practice sessions on Teams.

- Mentoring scheme, matching more advanced learners with confident speakers for 1:1 speaking practice.
- Dedicated Teams channel for those who are learning Welsh.

We will continue to look for new opportunities and initiatives to enhance our people's learning, particularly for those with the skills but who lack the confidence to use them.

6.3.9 Language Awareness (Standards 102 – 103)

It is important that our people develop awareness of the Welsh language, (including awareness of its history and its role in Welsh culture), as well as an understanding of how the Welsh language can be used in the workplace.

During the Trust's 'Welcome Days' information must be provided for the purpose of raising awareness about the Welsh language during the orientation process for new employees.

All staff are required to complete the mandatory Welsh language awareness course on ESR.

6.3.10 Recruiting and appointing (Standards 106 – 109)

When you assess the requirements for a new or vacant post, the Trust must assess the need for Welsh language skills, and categorise it as a post where:

- Welsh language skills are essential.
- Welsh language skills need to be learnt when appointed.
- Welsh language skills are desirable.

Recruiting managers must complete the Welsh language requirement assessment for all posts.

When advertising posts, the Trust must state that applications submitted in Welsh will not be treated less favourably than applications submitted in English.

The following must be published in Welsh:

- Application forms for posts.
- Material that explains your procedure for applying for posts.
- Information about the interview process or assessment methods.
- All job descriptions.

The Trust must:

- not treat an application for a post made in Welsh less favourably than an application made in English.

- ensure that its application forms for posts provide a space for applicants to indicate that they wish an interview or other method of assessment in Welsh, and if an applicant so wishes, the Trust must conduct any interview in Welsh, or if necessary, provide a simultaneous or consecutive translation service.

- inform an applicant of its decision in relation to an application for a post, the Trust must do so in Welsh if the application was made in Welsh.

6.3.11 Clinical Consultations (Standards 110 - 110A)

In accordance with Standard 110, the Trust will explore opportunities to develop and publish a five year plan on the extent it is able to offer to carry out clinical consultations in Welsh.

'Clinical consultation' is defined in the **Welsh Language Standards (No.7) Regulations 2018 as** follows:

- 'A "clinical consultation" ("ymgynghoriad clinigol") means a health provision interaction between one or more individuals and a body.

- A "health provision" ("darpariaeth iechyd") means provision of health services as part of the national health service to an individual and includes the assessment, diagnosis or treatment of that individual.'

- The term "individual" refers to someone attending a clinical consultation in a private capacity.

Three years after publishing a plan and at the end of a plan's five year period the Trust must in accordance with standard 110A assess the extent to which it has complied with the plan and publish that assessment within six months.

The Welsh Language Commissioner has published a good practice advice document that offers clarity on the requirements of Standard 110 of the Welsh Language Standards (No. 7) Regulations 2018:

6.3.12 Signage and notices in the workplace (Standards 111 – 113)

When you erect a new sign or renew a sign in your workplace (including temporary signs), or publish or display a notice in your workplace, any text displayed on the sign or notice must also be displayed in Welsh.

The Welsh language text must be positioned above or to the left of the English text.

The Trust must ensure that the Welsh language text on signs and notices displayed in your workplace is accurate in terms of meaning and expression.

6.3.13 Technology

In accordance with **Standard 89,** the Trust must provide staff with computer software for checking spelling and grammar in Welsh and provide Welsh language interfaces for software (where an interface exists).

All PCs and laptops in the WAST estate are to have the Microsoft Welsh pack installed as standard, so all staff have access to basic Welsh proofing tools on Office 365 applications. Instructions on how to access and enable these tools to be made available on the Welsh Language SharePoint page.

The gold standard for Welsh language spell-checking and grammar support continues to be the Cysgliad package from Canolfan Bedwyr in the University of Bangor, which is licensed for use across the NHS in Wales, and we recommend that this is installed on the systems of all who will be drafting writing in Welsh, whatever their reported level of Welsh. Installation of this resource to be made via request to the Trust's Digital Team.

Teams offers an automatic translation of text entered into its Chat function, enabling staff who are non-Welsh speakers to translate messages and comments left by those who wish to use Teams in Cymraeg. Instructions on how to use this function are available on the Welsh Language SharePoint page.

The Teams platform also has the facility to bring a simultaneous interpreter in on a call, so that meetings can take place in Cymraeg and those who do not speak the language can still participate. Instructions on how to use this function are available on the Welsh Language SharePoint page.

For internal use, what is important is that staff have the confidence to use their Cymraeg naturally as part of their day-to-day activities, regardless of their level, and/or demonstrate respect for the language which can be best achieved through writing and using Cymraeg rather than through translation.

There are a number of excellent Welsh dictionaries, corpora and tools available online, and details of these are to be made available on the Welsh Language SharePoint page.

The "Iaith Gwaith" (orange badge) resources (lanyards and badges) continue to be freely available to staff who speak or are learning Welsh. Electronic versions of the badge are available on the Welsh Language SharePoint page, and staff are encouraged to adopt these for use in a digital environment, such as in email signatures and on Teams backdrops (Standard 104).

In accordance with **Standard 105,** the Trust must make available to members of staff who are able to speak Welsh a badge for them to wear to convey that.

6.4 Record Keeping Standards (Standards 115 – 117)

A **record** keeping standard places a duty imposed on the Trust regarding keeping and maintaining details regarding compliance with the standards.

The Trust must:

- keep a record, in relation to each financial year, of the number of complaints it receives relating to its compliance with the standards.
- keep a record (following assessments of its employees' Welsh language skills made in accordance with standard 96), of the number of employees who have Welsh language skills at the end of each financial year and, where that information is available, the Trust must keep a record of the skill level of those employees.
- keep a record, in relation to each financial year, of the number of new and vacant posts which were categorised (in accordance with standard 106) as posts where:
    - Welsh language skills are essential.
    - Welsh language skills need to be learnt when appointed to the post.
    - Welsh language skills are desirable, or
    - Welsh language skills are not necessary.

6.5 Leadership

All leaders at WAST have a responsibility to model good practice and demonstrate respect for Cymraeg. As a minimum, leaders can incorporate "linguistic courtesy" into their practice by using a Welsh greeting (e.g., bore da, prynhawn da) and other incidental Welsh (e.g., diolch, da iawn). The More Than Just Words plan includes an action for all senior leaders in the NHS in Wales to take part in a "Leading in a Bilingual Country" programme by 2025, which will support this practice.

It is important that the whole spectrum of language acquisition is visible, so that those who speak a little Welsh or who are less confident in their use of Welsh play a vital role in changing general perceptions towards the language. Those who have some Welsh skills, or are currently learning, can encourage others by being proactive in using what they have acquired so far. Whatever a colleague's role, those who choose to share their language within their teams and encourage others (e.g., by sharing a "word of the day" or similar) should be encouraged and supported to do so. In this way, all our people, at whatever band, have the opportunity to demonstrate leadership.

Those who are more confident Welsh speakers can support their colleagues by using the language in as many situations as possible and using the "Iaith Gwaith" orange badge to indicate that they speak Welsh or are learning Welsh. These Welsh speakers are encouraged to be patient and helpful to those who are learning or less confident in the language; tips on how to support others are available on the Welsh Language SharePoint page.

6.6 Welsh Language Culture

6.6.1 Communications and Engagement

Embedding Welsh across a large and complex healthcare system will mean a change in our organisational culture, which will mean enabling people to change their

behaviours. This being said, change in behaviour does not happen in a vacuum, and our people will need the support and resources to do more in Welsh.

Accepting this means we can start to think strategically about what needs to happen to encourage the change in behaviours we need to see across the system, so that whenever a person who speaks Welsh wants to use Welsh, they are able to do so without any friction or resistance.

Welsh needs to be seen as something WAST does, and not something WAST has done to it. It needs to be seen as part of the fabric of our organisational life and simply another aspect of service delivery. All of our work aims to ensure this happens, but our logo and brand for all Welsh language development work will strengthen the feeling that this is 'our' agenda.

6.6.2 Promotion and Events

We will aim to run regular raising awareness events throughout the year, to highlight the importance of the language, to signpost to the Welsh Language SharePoint page as a source of support and information, to encourage staff to join the WAST Cymraeg Teams channel, and to invite people to contact the Trust's Welsh Language Services Manager with any queries they might have around the Welsh language. The Welsh Language Network will play a key role in awareness-raising activities.

These events will make use of established dates in the Welsh-language calendar, such as:

• Dydd Miwsig Cymru (February)
• Gŵyl Dewi Sant (March)
• Eisteddfod yr Urdd (May)
• Eisteddfod Genedlaethol (July/August)
• Diwrnod Shwmae/Su'mae (October)
• Diwrnod Hawliau'r Gymraeg (December)

6.6.3 Internal WAST Events

Considering our Welsh speaking staff, the Welsh language will be more visible and heard at our internal WAST events via publicity material and presentations. These events will include:

- Annual General Meeting
- CEO Roadshows
- WAST Awards
- Long Service Awards

We encourage directors and managers to start and end internal emails, presentations, and video blogs in Welsh.

Publicity material for internal organisational wide campaigns to be published in Welsh e.g. NHS Wales Staff Survey.

6.6.4 Linguistic Courtesy

Several organisations in Wales seek to enable all staff to demonstrate "linguistic courtesy", which is a basic level of understanding to ensure that they can pronounce Welsh names and place names correctly, give simple greetings, and use incidental Welsh.

We will encourage all staff to embrace this concept, and resources to inform and enable this will be available on SharePoint. It is an action for all Health Boards and Trusts in the More Than Just Words action plan for health and social care in Wales that all staff will have achieved this basic level of Welsh skills by 2027.

See **Appendix B** Welsh Language Linguistic Courtesy skills.

6.7 Welsh Language Translation Service

Our internal translation service is the central point for all WAST staff who require translation of any documents and projects between Welsh and English, be it signs, social media, web content or documents and forms. The Trust has an internal translation service to support translation requests from staff and provide a proof-reading service for staff who draft documents in Welsh. The email address for the translation service is amb_translations@wales.nhs.uk

Job descriptions and adverts for WAST posts will be translated into Welsh and held centrally to avoid duplication and provide easy access to recruiting managers.

7. TRAINING AND IMPLEMENTATION

All staff will be made aware of this policy upon commencement with the Welsh Ambulance Services University NHS Trust. Copies can also be viewed on the Trust's intranet or obtained from the Welsh Language Department.

All staff shall receive mandatory Welsh language awareness training through ESR.

Regular awareness training and briefings will be communicated to staff as required.

Current Welsh language standards compliance guides that are available on the Welsh Language SharePoint page to be refreshed and promoted across the Trust.

8 IMPACT ASSESSMENTS

8.1 Equality Impact Assessment (EqIA)

The Welsh Ambulance Services University NHS Trust is committed to implementing the policy in a way which promotes the fair and equal treatment of all employees and

eliminates discrimination on the grounds of ethnicity disability, gender, gender reassignment, pregnancy and maternity, civil partnership, age, sexual orientation, religion and belief, Welsh language, and human rights.

All finalised policies and service developments require an EqIA to be undertaken in conjunction with or quality checked by the Inclusion and Engagement Team and completed in partnership with the identified Trade Union partner(s).

8.2 Welsh Language Impact Assessment

The Welsh Language (Wales) Measure 2011 established the principle that the Welsh and English languages should be treated on a basis of equality. The duties deriving from the standards mean that the Trust will be required to assess what effect a policy decision would have on the opportunities for persons to use the Welsh language or treating the Welsh language no less favourably than the English language.

The Trust is required to publish several policies in Welsh; particularly those that relate to the following:

- behaviour in the workplace.
- health and well-being at work.
- salaries or workplace benefits.
- performance management.
- absence from work.
- working conditions.
- work patterns.

8.3 Environmental Standards and Impact Assessment

This policy will put the relevant requirements in place in ensuring that any text displayed on a sign or notice on WAST premises, including temporary signs and notices, will be bilingual, with the Welsh text positioned so that it is likely to be read first. (Standards 47, 48, 49, 111, 112 and 113).

8.4 Counter Fraud

The Welsh Ambulance Services University NHS Trust is committed to taking all necessary steps to counter fraud, bribery, and corruption within the Trust. Staff are encouraged to report suspected incidents of fraud and corruption to the Trust Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns. Alternatively, staff may contact the confidential NHS Fraud and Corruption Reporting Line on 0800 028 40 60; or online reporting facility *https://cfa.nhs.uk/report-fraud*

Where there is any suspicion or an allegation that a loss has been caused by means of deception (by staff or patient) this must be referred to the Trust's Local Counter Fraud Specialist for investigation. The results of any such investigation could lead to internal disciplinary and/or civil/criminal prosecution proceedings being instigated against the

person/persons involved. The Trust must allow staff members to respond in Welsh to allegations made against them in any internal disciplinary process (Standards 86 – 88).

8.5 Records Management

WAST recognises the importance of sound records management arrangements for both clinical and corporate records.

The Trusts' records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations.

Records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public.

The Trust must keep a record (following assessments of its employees' Welsh language skills made in accordance with standard 96), of the number of employees who have Welsh language skills at the end of each financial year and keep a record of the skill level of those employees (Standard 116).

8.6 Information Governance

Information Governance (IG) is an overarching term used to describe all aspects of information management.

The Trust and its staff shall ensure that they provide satisfactory assurance to stakeholders as to how the organisation fulfils its statutory and organisational responsibilities in relation to the management of information.

It will enable managers and staff to make appropriate decisions, work effectively and comply with relevant legislation and the organisations aims and objectives.

The IG framework ensures that it sets out the high-level principles for confidentiality, integrity, and availability of information to promote and build a level of consistency across the Trust.

9. TRAINING

WAST is committed to providing high quality evidence-based education to an engaged and skilled workforce operating within an organisational culture and framework that enables colleagues to work to the top of their skill set to deliver high quality care and services with competence and confidence.

Staff are encouraged to discuss any concerns or queries regarding education and training with a member of the Education and Training Team, by telephoning the Learning & Development Hub on 0300 123 2319 or via email at amb_LDHub@wales.nhs.uk

10. ROLES AND RESPONSIBILITIES

10.1 Trust Board

The Board is responsible to approve the Trust's Welsh Language Standards Annual Report that outlines the steps taken by the Trust to implement the Welsh Language Standards as listed in our compliance notice.

As part of the More Than Just Words action plan the Board must demonstrate how they will provide Board leadership to develop and cascade an organisational culture of belonging that supports bilingualism and mainstreaming of Welsh language in plans.

Board Members along with Executive Directors will have overall responsibility for ensuring that the Trust appoints a person to be responsible for ensuring delivery on the actions and targets set in the More Than Just Words action plan.

10.2 Board Welsh Language Champion

The Board's Welsh Language Champion is responsible to encourage and foster a bilingual ethos within the Trust and that the Welsh language is promoted at board level and that there is broad understanding of the active offer.

10.3 Chief Executive Officer

The Chief Executive, as Accountable Officer, has responsibility for ensuring the Trust complies with this policy.

The Chief Executive to provide assurance on the delivery of the More Than Just Words action plan via annual progress meetings with the Minister for Health and Social Care.

10.4 Director of Corporate Governance / Board Secretary

The Director of Corporate Governance/Board Secretary is the Executive lead for the Welsh language and is responsible for the effective management of and compliance with this policy. This will include:

- To lead by example, and to encourage and foster a bilingual ethos within the organisation and that the Welsh language is promoted at the highest level within the Trust and there is broad understanding of the active offer.

- To oversee the Trust's legislative requirement of compliance with the Welsh Language Standards and to ensure an annual Welsh Language Standards Annual Report is provided annually to the People and Culture and Committee, who has oversight of compliance with the Welsh Language Standards.

- Responsibility for ensuring that this policy is maintained and updated.

10.5 Executive Leadership Team (ELT)

- Directors are responsible for the effective management of and compliance with this policy.

- They are responsible for ensuring that all policies within their remit are maintained and updated by liaising with the appropriate policy leads.

- They are responsible for ensuring that the appropriate advice and assistance is provided to authors and that consideration is given to any training and resources implications that are defined.

- Directors have overall responsibility for implementing the Welsh Language Standards within their own directorate including the record keeping and monitoring of compliance with specific standards within their areas of responsibility. Operations Directorate for the monitoring of compliance of answering 111 calls in Welsh.

- Directors are responsible for ensuring that their Directorates' structures and processes embrace new ways of working that facilitate and normalise Cymraeg, and to provide leadership around the language.

10.6 Welsh Language Services Manager

The Welsh Language Services Manager is responsible for the effective management of and compliance with this policy in ensuring that the Trust delivers its statutory legal requirements in relation to the Language Standards under the Welsh Language Measure (Wales) 2011. This includes communication of the policy across the Trust and to develop monitoring mechanisms to evaluate, analyse and provide assurance regarding compliance to the People and Culture Committee, Board and to the Welsh Language Commissioner.

10.7 Service Managers / Clinical Leads / Locality Managers

Are responsible for**:**

- Ensuring that new members of staff who join the Trust are made aware of the policy control system at local induction, and how to access Trust wide and local policy documents specific to their area.
- Understanding the policy process and their role in supporting best practice.
- Working with staff without access to the intranet to ensure they have access to relevant documentation.
- Ensuring that local arrangements are established to monitor the receipt and understanding of all relevant Trust documents; thus, reducing the risk of misuse of misinterpretation.

10.8 Line Managers

Are responsible for ensuring that the staff for whom they are responsible are aware of and adhere to this document. This includes ensuring that:

- Information is disseminated on a regular basis, to ensure staff have read and understood the relevant documents and are aware of any new guidance or revisions.
- The identification of specific staff training needs on the implementation of new or updated documents.
- Systems exist to enable the review, audit and compliance testing of all relevant departmental policies as required.

10.7 All Staff

All members of staff are expected to:

- Be fully committed to promoting the Welsh language.

- Be fully compliant with the Welsh Language Standards and proactively help with their imposition:

    - Offering an initial bilingual greeting, either face to face or by telephone.
    - Respect language choice or, if necessary, correspond bilingually.
    - Having a bilingual e-mail signature.
    - Having a bilingual out-of-office reply.
    - Having a bilingual message on their work voice mail with the Welsh message first.
    - Completing their Welsh Language Competencies on ESR.
    - Taking personal responsibility for the use and development of their Welsh skills.

- Make the Welsh language a consideration in every decision that they make be respectful and sympathetic to the rights of those who use the Welsh language or wish to do so.

- Maintain an awareness and understanding of the historical, social, cultural and legal context of a bilingual Wales and our subsequent need for excellent bilingual services.

Welsh Language Standards compliance Quick Guides can be found on the Welsh Language SharePoint page.

11. AUDIT AND MONITORING

The Welsh Language Advisory Group will provide an oversight of for compliance with this policy via the quarterly meetings of the Group to identify and promote areas of good practice and explore possible solutions to areas of non-compliance.

The Welsh Language Advisory Group are responsible for raising awareness of this policy and encourage others to embrace its ethos.

Key indicators for this policy will include:

- Setting up a baseline of compliance and celebrating successes that demonstrate examples of good work.
- The increasing percentages of staff at all levels of the Welsh skillset, as recorded on ESR.
- The increasing number of staff starting, and completing Welsh language courses both online (Cymraeg Gwaith, Dysgu Cymraeg) and in person with local learning providers.
- Compliance with the Welsh Language Standards reported in the Welsh Language Standards Annual Report, published each year.

12. REFERENCES

Welsh Language (Wales) Measure 2011

Welsh Language Standards (No. 7) Regulations 2018

13. APPENDICES

Appendix A – Service Delivery Standards

Appendix B – Welsh Language Linguistic Courtesy

Appendix A – Service Delivery Standards

a) Correspondence (Standards 1, 4, 5, 6, 7)

Correspondence is one of the first ways in which we interact with the public, partners, and clients etc. Therefore, it is of paramount importance that we ensure that those we contact are aware that we welcome correspondence in Welsh, and that we will not treat Welsh less favourably than English.

Should the Trust receive written correspondence in Welsh from a member of the public, the Trust will respond in Welsh, unless the correspondent has stated otherwise.

Should a person contact the Trust for the first time, via email, staff will include an email signature requesting the language preference of the person, and use the information received to communicate from that point on in the preferred language of that person.

All Trust e-mail signatures, and letter-headed paper should clearly display that Trust accepts correspondence in Welsh and English and that corresponding in Welsh will not lead to a delay. In accordance with Standard 7 the following statement must be displayed on emails and letters:

Rydym yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg - byddwn yn ymateb yn gyfartal i'r ddwy ac yn ateb yn eich dewis iaith heb oedi.

We welcome correspondence in Welsh and English - we will respond equally to both and will reply in your language of choice without delay.

In order to demonstrate that we are a bilingual organisation staff will be required to use a bilingual email signature and out of office replies: (Additional guidance can be sourced from our Corporate Brand Guidelines (sharepoint.com))

Enw Llawn / Full Name
Teitl Swydd / Job Title
Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru/Welsh Ambulance Services University NHS Trust

Ffôn / Tel: 00000 000000
Est / Ext: 00000
Symudol / Mobile: 00000 000000

GIG CYMRU NHS WALES | Ymddiriedolaeth Brifysgol GIG Gwasanaethau Ambiwlans Cymru Welsh Ambulance Services University NHS Trust

Rydym yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg - byddwn yn ymateb yn gyfartal i'r ddwy ac yn ateb yn eich dewis iaith heb oedi.
We welcome correspondence in Welsh and English - we will respond equally to both and will reply in your language of choice without delay.

b) Example of an 'Out of Office' reply:

Rwyf allan o'r swyddfa tan [**insert date here**]. Os oes angen ymateb brys arnoch, cysylltwch â [insert name of colleague here] ar [**insert number here**] neu [**insert email address here**], neu byddaf yn ymateb i'ch neges cyn gynted ag sy'n bosibl ar ôl i mi ddychwelyd. Diolch yn fawr.

I am out of the office until [**insert date here**]. Please contact [**insert name of colleague here**] on [insert telephone number here] or [**insert email address here**] if the Trust enquiry is urgent, or I will respond to your email as soon as possible after my return. Many thanks.

All members of staff within the Trust who speak Welsh fluently will insert this image at the bottom of their e-mail signature and teams background to let our service users and colleagues know that they can correspond in Welsh.

c) Telephone calls (Standards 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18,19)

A phone call is one of the first ways in which we interact with our partners, clients, the public etc. Therefore, it is of paramount importance that we ensure that those that contact us are aware that we welcome communications in Welsh, and that we will not treat Welsh less favourably than English.

The Welsh Language Standards as imposed upon the Trust place no legal requirement to answer 999 calls in Welsh.

The Trust must be able to deal with telephone calls from the public in Welsh if that is their wish. This will be done by:

- Greeting the person in Welsh.
- Informing the person that a Welsh language service is available.
- Dealing with the call in Welsh if possible, or
- Transferring the call to a Welsh speaking colleague.

When publishing telephone numbers, the Trust must state that:

- Calls are welcomed in Welsh.

- Keep a record of the person's wish to speak Welsh and conduct telephone calls with them in Welsh from then onwards. This standard will be applied to the 111 service, NEPTS service and Putting Things Rights.

- Ensure that all answer machine messages are bilingual, with the Welsh message first.

- Provide any automated telephone service systems in Welsh.

d) Meetings (Standards 21 – 30)

Regarding meetings, there are various factors that will need to be considered to ensure that the Welsh language is treated no less favourably than the English language and that help us comply with the Welsh Language Standards and also create a favourable culture of proactive bilingualism.

When arranging meetings with individual members of the public, the Trust will be responsible and accountable for ensuring that language choice has been offered, respected and accommodated.

When arranging meetings that are open to the public at which public participation is allowed, all advertisements and invitations will be bilingual, stating that the use of Welsh and English is welcomed at the meeting.

Attendees to the meeting will be asked prior to the meeting to identify their language preference and communication needs, and simultaneous translation services will be arranged if required.

The Trust's Welsh Language Services Team will be able provide advice on how to acquire a simultaneous translation service.

All Welsh speaking presenters will be encouraged to use the Welsh language for all or part of their presentation.

The Trust Board agenda will be available in Welsh.

e) Public events (Standard 31 and 33)

Regarding events, there are various factors that will need to be considered to ensure that the Welsh language is treated no less favourably than English – this helps us comply with the Welsh Language Standards and also creates a favourable culture of proactive bilingualism.

If the Trust organises or funds at least 50% of a public event, the Welsh language must be treated no less favourably at the event, for example announcements, signs, publicity.

Attendees will be asked prior to public events to state their language preference and communication needs, and simultaneous translation services will be arranged if required.

Speakers at the public event will be asked if they wish to present in Welsh, and if so, staff will ensure that this is possible and that translation services for attendees is organised.

The Trust's Welsh Language Team will be able provide advice on how to acquire a simultaneous translation service.

f) Producing and Publishing Documents (Standards 34 – 38)

If the Trust produces a form or any publication that will be available to the public, the Trust must produce it bilingually. The only exception to this will be if the technicality of the production is too complicated to allow this to be achieved e.g. maps or plans.

If the Trust produces a document that is available to one or more individuals, the Trust must produce it in Welsh if the subject matter of the document suggests that it should be produced in Welsh or if the anticipated audience and their expectations suggest that the document should be produced in Welsh.

If a Welsh language version is required, the English language version will clearly state that the document or form is also available in Welsh:

Documents Strapline:

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

Forms Strapline:

Mae'r ffurflen hon ar gael yn Gymraeg.
This form is available in Welsh.

g) Website, Social Media, Apps (Standards 39 – 46)

The Trust's website will be available in English and Welsh and will be equally accessible to the user in both languages.

The Trust's website will not treat the Welsh Language less favourably than the English Language. Corporate Social Media accounts will be available in English and Welsh, and should a question be raised in Welsh, a response will be given in Welsh.

All Apps that the Trust publishes will be fully functional in Welsh as well as English (other than clinical apps intended for staff only).

h) Signage (Standards 47- 49)

When erecting new signs or renewing a sign (including temporary signs), they must be bilingual with:

- the Welsh language text positioned above or to the left of the English text, and
- accurate in terms of meaning and expression.

The Trust will ensure that the "Welsh language first" bilingual signage requirement is included in all relevant tenders, contracts etc and that the requirement is implemented and monitored.

i) Reception services (Standards 50, 52 and 53)

If the Trust provides a reception service in English, the Trust must also ensure that an equivalent Welsh reception service is available.

If no face-to-face Welsh language reception service is available at your reception, the Trust must ensure that a Welsh language reception service is available over the phone.

A sign must be displayed that states that persons are welcome to use the Welsh language at the reception.

Staff that can speak Welsh must wear the orange Iaith Gwaith/Working Welsh badge to convey this.

j) Contracts (Standards 57 – 59)

When an invitation for a tender is published, the Trust will state that tenders may be submitted in Welsh. If such a tender is submitted, then it will not be treated less favourably than a tender in the English language e.g. timescales for receiving tenders and for informing tenderers of decisions.

k) Communications and Corporate Identity (Standards 60 – 62)

"Corporate identity" includes the way the Trust presents itself by means of visual statements, names used, branding and slogans.

All job titles on staff identification badges must be bilingual.

Job titles on epaulettes on staff uniforms must be bilingual.

l) Education Courses offered by the Trust (Standard 63)

If the Trust offers an education course that is open to the public i.e. seminar, training, workshop or similar provision which is provided in order to educate or to improve the skills of members of the public the Trust must undertake an assessment of the need for that course to be offered in Welsh.

If the assessment indicated that the course needs to be offered in Welsh, the Trust must offer that course in Welsh.

Compliance with this standard does not include an education course:

- that prepares a participant for a qualification or an exam.
- where the majority of participants are undertaking the course as part of their professional development.
- where the majority of participants will be members of staff, or
- for which a fee is paid.

m) Public Announcement Systems (Standards 64)

All recorded public announcements should be in Welsh as well as in English with the Welsh announcement made first.

This standard will apply to all new WAST vehicles from 30 May 2019 onwards that have audio announcements for when a vehicle is reversing.

Appendix B - Welsh Language Linguistic Courtesy

There are two official languages in Wales, Welsh and English.

Welsh is widely spoken in the communities in Wales, and it is a growing language.

It is an integral part of the history, geography and culture of Wales. Pronouncing peoples' names and place names correctly and using a few simple words or phrases can make all the difference.

What follows is an introduction to the pronunciation of Welsh names, common greetings and basic phrases, specifically for non-Welsh speaking staff.

Pronunciation – Names

In the course of your duties, you will deal with people who have Welsh first names.

BOYS – BECHGYN	GIRLS - MERCHED
Arwel	Angh**ar**ad
Dewi	**Cer**i
Dafydd	**Ell**iw
Geraint	**Ei**rian
Gerallt	Gwen**lli**an
Hywel	**Hel**edd
Ifan	**Iol**a
Ieuan	**Low**ri
Llew	**Llin**os
Rhys	**Mair**
Si**ô**n	Si**â**n

Pronouncing names correctly shows cultural and linguistic courtesy.

Pronunciation – Place Names

In Wales the majority of place names that you will encounter will be in Welsh. Even though you may not be fluent in Welsh you will be able to show linguistic courtesy if you make an effort to say place names correctly. The following are some place names of WAST sites across Wales.

GOGLEDD	CANOLBARTH A'R GORLLEWIN	DE DDWYRAIN
NORTH	**CENTRAL & WEST**	**SOUTH EAST**
Aberconwy	Aberaeron	Aberdâr (Aberdare)
Abergele	Aberdaugleddau (Milford Haven)	Abercarn
Amlwch	Abergwaun (Fishguard)	Abertyleri (Abertillery)
Bae Colwyn (Colwyn Bay)	Aberhonddu (Brecon)	Bargoed
Bangor	Abertawe (Swansea)	Bronllys
Blaenau Ffestiniog	Aberteifi (Cardigan)	Bryncethin
Bwcle (Buckley)	Aberystwyth	Caerdydd (Cardiff)
Caergybi (Holyhead)	Caerfyrddin (Carmarthen)	Caerffili (Caerphilly)
Caernarfon	Castell-Nedd (Neath)	Casnewydd (Newport)
Corwen	Crymych	Crucywel (Crickhowell)
Dinbych (Denbigh)	Dinbych-y-pysgod (Tenby)	Cwmbrân
Dolgellau	Doc Penfro (Pembrokedock)	Cymmer
Llandudno	Glyn-nedd (Glynneath)	Gelli
Llanelwy (St Asaph)	Hwlffordd (Haverfordwest)	Gorseinon
Llangefni	Llanbedr Pont Steffan (Lampeter)	Llanilltud Fawr (Llantwit Major)
Llanrwst	Llandeilo	Maesteg
Porthmadog	Llandrindod (Llandrindod Wells)	Merthyr Tudful (Merthyr Tydfil)
Pwllheli	Llanelli	Pontyclun
Rhuthun (Ruthin)	Llanfair-ym-Muallt (Builth Wells)	Trefynwy (Monmouth)
Treffynnon (Holywell)	Llanfyllin	Pontypŵl (Pontypool)
Tywyn	Llanidloes	Y Bont-faen (Cowbridge)
Wrecsam (Wrexham)	Llangunnor	Y Coed-duon (Blackwood)
Y Bala	Llanymddyfri (Llandovery)	Y Fenni (Abergavenny)
Y Bermo (Barmouth)	Machynlleth	
Y Fflint (Flint)	Pen-y-bont ar Ogwr (Bridgend)	
Y Rhyl (Rhyl)	Pontardawe	
Yr Wyddgrug (Mold)	Porthcawl	
	Rhydaman (Ammanford)	
	Tregaron	
	Trefyclo (Knighton)	
	Y Drenewydd (Newtown)	
	Ystradgynlais	
	Y Trallwng (Welshpool)	

Commonly Used Greetings

1. Shwmae **or** Su'mae – Hi there
2. Sut dach chi? - How are you?
3. Da iawn – very good
4. Bore da – good morning
5. P'nawn da – good afternoon
6. Noswaith dda – good evening
7. Croeso – Welcome
8. Os gwelwch yn dda - please
9. Diolch – Thank you
10. Hwyl – bye

Numbers 1 – 10

1 – un

2 – dau

3 – tri

4 – pedwar

5 – pump

6 – chwech

7 – saith

8 – with

9 – naw

10 – deg

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

Driving at Work Policy

Policy Number:	045	**Version No:**	3.8	**Supersedes:**	3.7
Date of Approval:	TBC	**Review Date:**	3 Years from date of approval	**Impact Assessments Completed:**	Yes
Classification of Document:	Employment	**Type of Document:**	Policy	**Approved by:**	People & Culture Committee
Brief Summary of Document:	The purpose of this document is to ensure compliance with our legal obligations and to standardise our approach to driving at work. In terms of risk, the policy will inform safe practice for all staff driving on behalf of the Trust, to reduce driving related incidents and risks.				
Scope:	The principles of this policy apply to all driving Welsh Ambulance Services University NHS Trust (WAST) personnel, contractors employed by the Trust, Community First Responders, Volunteer drivers and any other persons driving on behalf of the Trust. Certain sections or information within this policy will only be applicable to trained emergency drivers, although the policy determines the expected standards for non-emergency as well as emergency driving.				
To be read in conjunction with:	Health and Safety Policy Tyres and Wheels Policy Recruitment and Selection Policy Substance Misuse Policy Disciplinary Policy NHS All Wales Lease Car Pool Vehicle Policy and Procedure EMS Crewing Matrix Standard Operating Procedure Closed Circuit Television Policy				
Owning Committee	People & Culture Committee				
Policy Lead: **Trade Union Lead:**	Andrew Morgan Damon Turner	**Job Title:**	Senior Education & Development Lead (Driving) Trade Union Partner		
Executive Director:	Angela Lewis	**Job Title:**	Director of People and Culture		

DRAFT

Version Control Sheet

Version	Date	Author	Summary of Changes
1.0	February 2018	Andrew Challenger	New Policy.
2.0	21/06/21	Task & Finish Group	Implement recommendations highlighted in the Driver Medicals Audit. Update to reflect current regulations and procedures. Update to reflect new reference material and trust internet page.
2.1	14/08/21	Julie Boalch	New front cover pages of Policy and hyperlinks
3.0	14/06/2024	Task & Finish Group	References to Welsh Ambulance Services NHS Trust refreshed to reflect addition of university status. NHS All Wales Lease Car Pool Vehicle Policy and Procedure, EMS Crewing Matrix Standard Operating Procedure and Closed Circuit Television Policy added to “to be read in conjunction with” docs. Policy and Trade Union Partner amended. Executive Director amended. Task and Finish Group Members amended. Refreshed grammar throughout document. Hyperlinks updated. Removed date of publication from all references to Highway Code. Included RTI in conjunction with RTC. References to NEPTS changed to Ambulance Care. References to HR and Human Resources changed to People Services. 6.4 Amended to reflect change in responsibility for PCC annual assurance report. Removed 10-year validity. Updated penalty points referral process. 6.5 Amended to include: Trust staff must inform their line manager, at the earliest opportunity, if they receive any driving endorsements or convictions.6.6 Amendment

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Version	Date	Author	Summary of Changes
			to offer further information to group 2 medical standards in relation to driving licences. Insulin Dependent Diabetic (IDD) Staff removed as all medical conditions affecting group 1 & 2 are covered in 6.6 Fitness to Drive. 6.8 Amended to include mandatory 20mph on some restricted roads & terminology changes for vehicle categorisation. 6.9 Amended to reflect the enforcement of The Road Vehicles (Construction and Use) Regulations 1986. 6.12 Amended to reflect the installation of Mobile Data Vehicle Solution / National Mobilisation Application in Trust vehicles. 6.14 Title changed and amended to include a recognised Emergency Response Driving qualification. 6.21 Title changed to Solo Response Vehicle (SRV) and amended to reflect authorisation/qualification to drive a Car/Van under emergency response conditions. 6.27 Amended to reflect all occupants. 6.31 Amended to reflect current clinical notice regarding the use of child restraints. 6.39 Amended to include Vaping 6.41 Updated to include Smoke-free Premises and Vehicles (Wales) Regulations 2020. 10. Amended responsibilities to reflect change of job title. 10.8 Amended to include: Must report Driving Collisions/Incidents/Near misses to their Line Manager & Must comply with investigations in relation to complaints, claims or incidents Appendices Amend appendix 1 to include AdBlue check. Removal of appendix 3 - Guidance for Staff who are Insulin Dependent Diabetics. Update appendix 4 to reflect current exchange details and contact numbers.

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Version	Date	Author	Summary of Changes
3.1	16/07/2024	Andrew Morgan	Review of above amendments prior to submission to Policy Group
3.2	08/08/2024	Lisa Trounce	Review of updated policy prior to Policy Group on 20/08/2024. File name & version control amended Version Control Sheet amended/updated Minor formatting throughout (alignment) Comments to Policy Lead indicating where action / further information required Footer populated with Policy Number and Policy Name TFG Membership section amended to show previous and current (2024) membership. Policy Approval Route amended – entries dated >3 years removed
3.3	04/09/2024	Andrew Morgan	Comments from Policy Group actioned: Throughout policy reference to Trust contact centres updated to Emergency Medical Service Coordination (EMRC) & Journey Coordination Centre (JCC). Key Words added to enable online search. Contents amended. Pg8 Introduction – amended. Pg9 Aim – amended. Pg10 Legal Aspects – terminology amended. Pg20 6.2 RRVs changed to SRVs.
3.4	10/09/2024	Lisa Trounce	Final formatting / preparation prior to Trust-wide consultation
3.5	18/10/2024	Andrew Morgan	Consideration and inclusion of comments received during consultation
3.6	21/10/2024	Lisa Trounce	Version number on front page updated, and Version Control Sheet updated
3.7	31/10/2024	Andrew Morgan	Comments from Consultation & Policy Group actioned: 6.4 Amended to reflect:

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Version	Date	Author	Summary of Changes
			• Change in responsibility for assurance report to SLT and driving licence check occurrence rate reduced to 3 months. • Trust staff must inform their line manager, at the earliest opportunity, if they receive any driving penalty points (endorsements). • The Trust will not submit impact assessments for staff members in support of any driving offences. 6.5 Amended to state: Trust staff who are disqualified from driving MUST inform their line manager, at the earliest opportunity. 6.8 Diagram updated to include 20mph. 6.38 Reword paragraph to reflect Trust staff responsibilities following an RTC.
3.8	04/11/2024	Lisa Trounce	Final formatting prior to submission to ELT and Committee
Keywords	Driving, Licence, ERD, Reversing, RTC, SRV, Traffic, Vehicle		

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Impact Assessment Reviews

Area	Date of Review	Name of Reviewer
Data Protection	15/07/2024	EqIA completed
EqIA / Welsh Language		
Environment		
Quality		

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Policy Approval Route

Meeting Title	Date	Purpose/Outcome
Policy Group	27/07/2021	Review reasonable changes
Trade Union Partners Team	24/08/2021	Recommended for approval
EMT	25/08/2021	Recommended for approval
People & Culture Committee	07/09/2021	For approval and adoption
Policy Group	20/07/2024	For approval and adoption > Pending amendments approved for consultation
Trust-wide Consultation	10/09/2024-08/10/2024	Comments / feedback
Policy Group (post consultation)	23/10/2024	Recommend for onward travel to ELT
ELT	07/11/2024	Recommend for onward travel to Committee
People & Culture Committee	14/11/2024	Approval and adoption

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1. INTRODUCTION

The very nature of an Ambulance Trust leads the public to associate ambulance personnel with a high standard of driving skill and road behaviour. These higher expectations apply not just to the driver and their actions, but also to the behaviour and actions of those travelling as attendants or passengers.

Reference is made to the UK Ambulance Services Emergency Response Driver's Handbook 3rd edition (ERDH), Roadcraft (2020) and the Current Highway Code (HWC) in this document. The term 'Trust Vehicle' refers to any vehicle owned, hired, leased or borrowed by the Trust.

2. POLICY STATEMENT

The Trust Board acknowledges the need for a Trust wide commitment in taking this policy forward. Working together with staff, the Trust is committed to developing and implementing an effective risk management system to reducing the number and consequences of road traffic collisions by ensuring:

- Staff are competent and medically fit to drive the required class of vehicle appropriate for their role.
- All Trust vehicles are fit for purpose and maintained in a safe and fit condition. Journeys wherever possible are planned, sensibly scheduled and that unnecessary travel is reduced to a minimum.

3. SCOPE

The principles of this policy apply to all Welsh Ambulance Services University NHS Trust (Trust) personnel, contractors employed by the Trust, Community First Responders, Volunteer drivers and any other persons driving on behalf of the Trust. Certain sections or information within this policy will only be applicable to trained emergency drivers, although the policy determines the expected standards for non-emergency as well as emergency driving.

As with the Official Highway Code, where the words MUST or MUST NOT are used within this document, they refer to specific legal requirements. Failure to comply would mean the driver may be committing an offence or a deviation from Trust policy and would be open to prosecution, internal action, or both. The wording SHOULD or SHOULD NOT and DO and DO NOT refer to advice to be followed to maintain the required standards. Failure to comply could be used to assist in determining accountability should an incident, collision or complaint occur.

The Highway Code is issued with the authority of Parliament under the Road Traffic Act. Whilst failure on the part of a person to observe the advice given within the Highway Code does not in itself render that person to criminal proceedings, any failure to adhere to the Code's principles does.

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In addition, all persons who drive on Trust business have a responsibility to ensure that they do so in a safe and lawful manner. This includes the need to raise and maintain public confidence.

4. AIM

The purpose of this document is to ensure compliance with legal obligations and to standardise the Trust's approach to driving at work. The document draws attention to certain aspects of driving and vehicle care which will result in reduced accidents and lessen risk to patients, other road users and Trust personnel.

5. OBJECTIVES

The objectives of this policy are:

- To reduce the number of road traffic collisions (RTCs) (also referred to as road traffic incidents – RTIs) relative to vehicles engaged on Trust activities.
- To provide a robust assessment process ensuring that high standards of driving within the Trust are maintained.
- To ensure vehicle daily inspections (VDIs) are carried out.
- Ensuring that vehicles operated by the Trust are fit for purpose and maintained to a safe standard with a view to reducing emissions and therefore impact on the environment.
- To provide guidance to all drivers in support of their legal and professional responsibilities whilst driving on Trust business and to ensure compliance with the Road Traffic Act.
- To maintain the safety and wellbeing of staff, patients, passengers and other road users.
- To ensure that all staff required to drive Trust vehicles as part of their role are medically fit to do so.

6. DRIVING AT WORK

6.1. Authorisation to Drive Specific Vehicles

Trust Staff and Trust appointed, external organisations, MUST hold a valid DVLA licence that contains the appropriate category leading to entitlement to drive any given vehicle within the Trust. To be granted authority to drive, the 'driver' MUST have received the appropriate permission, level of training or assessment that is specific to that vehicle. As per 'Rule 43' HM Coroner's Rules 1984 (Training on the specific vehicle to be used prior to using it); person/s using a Trust vehicle without authorisation and consent of the Trust will be uninsured.

6.2. Legal Aspects

The driver is responsible in law, for ensuring that the vehicle is in a roadworthy condition. Vehicle Daily Inspection (VDI) (Appendix 1) of operational vehicles MUST be completed as per current procedures. ALL Trust staff using a vehicle for Trust purposes MUST

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check their vehicle to ensure they comply with the law. In certain instances, Make Ready staff may have prepared the vehicle for the start of the shift however it remains the driver's legal responsibility to ensure the relevant checks are made prior to the vehicle use, paying special attention to:

- Lights (condition and cleanliness)
- Windscreen, wipers and washers (clean, undamaged and working)
- Number plates (clean)
- Demisters (operating correctly)
- Steering (free from excess play and defects)
- Exhaust (noise levels)
- Horn
- Tyre pressures

Please refer to VDI form in Appendix 1.

- Tyres (including spare when present) must have a tread depth of 1.6mm across the central ¾ section of the tyre and around the entire circumference to be legal. Tyres MUST be free from certain cuts and other defects. The Trust follows the advice given by reputable tyre manufacturers of a 3mm tread depth for all front line and other vehicles (except lease cars) used for emergency response driving. This ensures that tyre treads do not fall below the legal requirement (Tyre and Wheel Policy).
- Tyres for Lease Cars will be changed at 2mm, there is no distinction between normal lease drivers and response drivers.
- Tyre pressures – Inflation pressures are marked on the respective wheel arches. Staff perform a visual check on each of the vehicle's tyres as part of the VDI.

Where a tyre appears to be underinflated, Emergency Medical Services Coordination (EMSC) or Ambulance Care, Journey Coordination Centre (JCC) should be informed and if the driver deems it safe to do so the vehicle must be driven "Non-Response" to the local workshops/contractor for checking and rectifying. Pool or lease car users should contact the relevant leasing company.

If the vehicle tyre is significantly deflated and the vehicle cannot be moved, then the tyre contractor must be contacted to carry out the necessary repair.

6.3. Spectacles / Contact Lenses

You **MUST** be able to read a vehicle number plate, in good daylight, from a distance of 20 metres (or 20.5 metres where the old-style number plate is used). If you need to wear glasses or contact lenses to do this, you **MUST** wear them at all times whilst driving. The Police have the power to require a driver to undertake an eyesight test. **Laws RTA 1988 Sect 96 & MV (DL) Reg 40 & Schedule 8 (Highway Code, Rule 92)**

Drivers who wear spectacles or contact lenses to correct their vision should carry, where available, a spare pair at all times.

If staff have or develop any problems with their eyesight that may impair their ability to drive safety, they are responsible for notifying the Trust.

6.4. Driving Licence Check

The employee (any Trust employee who drives on Trust business) is required to present their driving licence for inspection every 12 months, or shorter intervals if requested. With the removal of the driving licence paper counterpart, employees MUST agree to comply with any mandate, as required by the Trust, which provides the authority for the Trust to check individual licence validity with the DVLA.

As per Road Traffic Law, it is the driver's responsibility to ensure their licence details are accurate and the licence itself can be produced upon request. It is the driver's responsibility to ensure they inform their Line Manager immediately of any endorsements to their licence. All Notices of Intended Prosecution (NIP) for Trust vehicles will be sent to the National Fleet office at Wrexham. The NIPs are sent next working day to designated persons within the Trust regions for distribution to the respective personnel for processing. If an employee is subject to an NIP whilst driving on duty other than when responding to an Emergency call and claiming a justifiable exemption, the NIP will be forwarded to the driver and it is that person's responsibility to ensure settlement with the Police.

The requirement for licence checking is the responsibility of the employee's Line Manager, who will keep a record of the checks (**Appendix 2**). Completed check forms will be reported on quarterly and held centrally by the Operations directorate. For auditing purposes, the Learning and Development team will spot check staff driving licences, for entitlement and validity, against the DVSA database, during return to work programmes and staff referrals.

A driving licence assurance report will be compiled on a quarterly basis and submitted to the Senior Leadership Team (SLT). The report will be compiled by the National Operations Business Support Team every quarter, covering the previous 3 months and will be made available to the next SLT meeting after that date.

Trust staff must inform their line manager, at the earliest opportunity, if they receive any driving penalty points (endorsements). Continued delay and failure to present their driving licence, could result in suspension from driving duties, until such time as the licence is presented and checked. The Trust will not submit impact assessments for staff members in support of any driving offences.

The process outlined below will be put into place with the following criteria when penalty points are incurred:

- 3-6 points – discussion with and support from Line Manager. Licence resubmitted for checking. Consider referral for driving assessment.
- 9 points – discussion with and support from Line Manager and referred for driving assessment.

- 12 points – discussion with and support from Line Manager, referred to Senior Manager/People Services for consideration of effect on ability to carry out contractual duties.

Photo card licences have a validity period (because of the photographic facial image of the driver) and it is the driver's responsibility to ensure their licence does not lapse past this period. Section 4b on the photo card licence states the date of expiry. Failure to notify the DVLA of up-to-date information is an offence under Section 99.5 of the Road Traffic Act.

6.5. Disqualification from Holding a Driving Licence

The policy applies to all Trust staff for whom the possession of a current driving licence is a pre-requisite to employment and driving continues to form an integral part of the duties of their post. Trust staff who are disqualified from driving **MUST** inform their line manager, at the earliest opportunity. If a member of staff is disqualified from driving, there may be a breach of contract of employment unless there are exceptional mitigating circumstances. Relevant policies will be referred to in the event that any further action by the Trust is required.

6.6. Fitness to Drive

In addition to the legal minimum standard, the Trust adopts the higher Group 2 medical standards for all employees and volunteers driving either under emergency conditions or carrying patients. Guidelines surrounding medical fitness to drive can be found within the current Highway Code and the DVLA Medical Guidance document.

https://www.gov.uk/health-conditions-and-driving

It is the driver's responsibility to ensure they are fit to drive. If you are in any doubt as to your fitness to drive following the prescription of medication, or whilst taking 'over the counter' medications, or following a medical event, you MUST seek advice from your doctor or dispensing chemist and inform your manager of the outcome. As from the 2nd of March 2015 the UK drug driving laws changed, information can be found at:

https://www.gov.uk/drug-driving-law.

Failure to declare any medical reason that prevents the driver from operating a vehicle would invalidate the Trust's insurance (Welsh Risk Pool) and render the vehicle uninsured whilst being driven by that person.

Guidance can be provided by the Trust's Occupational Health Department on the medical conditions which could affect the employee's ability to drive safely both under standard and response conditions.
https://www.gov.uk/government/collections/assessing-fitness-to-drive-guide-for-medical-professionals

Health assessment based on the Group 2 medical standards are undertaken preplacement via the Trusts Occupational Health Service. Ongoing health surveillance in relation to fitness to drive will be carried out in line with DVLA recommendations.

Staff members within the Trust currently fall into 1 of 3 different categories regarding medical checks:

- If a staff member acquired their driving licence **prior to January 1997**, they will have automatically been granted a C1 licence category on their licence and will only require a medical when the reach **70 years of age**, and every year after.

- If a staff member acquired their C1 licence category **after 1997**, when they reach 45 years of age, they **must have a medical every 5 years.**

- If a staff member acquired their C1 licence category **after 2013**, they **must sign a medical declaration form every 5 years,** and once they reach the age of 45 years, they must have a **medical every 5 years.**

This information regarding the expiry of a licence can be found on the rear of a driving licence card under column 10, and under the column 'Can drive' on the licence summary.

6.7. Removal of Driving Licence Category Entitlements for Medical Reasons

Any removal of licence category entitlement will be dealt with on an individual basis in consultation with Occupational Health, DVLA medical recommendations, Line Manager and People Services.

6.8. Speed Limits for Trust Vehicles When Not Engaged on Emergency Response

Drivers when engaged in Trust activities MUST always, drive within posted speed limits and in accordance with road, weather and traffic conditions, to afford the maximum protection to other road users.

Trust drivers are governed by the same regulations as other drivers using the road and it is only when engaged on emergency calls allocated by EMSC, that the legal exemption from statutory speed limits can be claimed.

Please refer to the following table:

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NB: Welsh Government passed a law on 17 September 2023 which means that, the speed limit on some restricted roads in Wales will reduce from 30mph to 20mph. These are usually roads which have a system of street lighting and currently have a 30mph limit.

The Highway Code and Road Traffic Regulations for normal road use MUST be complied with at all times. There is no mitigation to defend a driver's actions of exceeding mandatory speed limits when engaged on Non-Emergency duties.

6.9. Mobile Communications

Whenever possible the attendant should be tasked with communications; where this is not possible the driver MUST ensure voice messages are short and succinct and this MUST NOT affect the driver's control of the vehicle. If the driver needs to use any of the mobile communication devices the driver MUST be able to justify not only that the use of the equipment was necessary, but also that its use was carried out safely.

The Road Vehicles (Construction and Use) Regulations 1986 (Regulation 109), prohibits the driver of a vehicle from being distracted by a screen, directly or by reflection for any information other than:

(a) about the state of the vehicle or its equipment.
(b) about the location of the vehicle and the road on which it is located.
(c) to assist the driver to see the road adjacent to the vehicle; or
(d) to assist the driver to reach his destination.

The Department of Transport has granted the ambulance service a Vehicle Special Order to regulation 109 which allows an exemption up to 7mph and displaying of symbols and other vehicle location above 7mph. The National Mobilisation Application development has included road traffic icons within the mapping software in which a single responder can be updated on route with critical information whilst reducing the distraction to the driver to a minimum.

Voice activation has been developed to allow a responding driver to acknowledge incoming status messages without the need to take their hands off the wheel, increasing public and driver safety under blue light response. Text to voice has also been developed to allow the system to voice concise critical updates related to patient and crew safety, informing the responder of essential information.
Handheld communication devices MUST NOT be used whilst driving. Mobile telephones and other specialist equipment, including Mobile Data Terminals (MDT) and screens will not be used by the driver whilst the vehicle is in motion, or at any time when its use may distract the driver.

Non-compliance is an offence contrary to Regulation 110[1] of the Road Vehicles (Construction and Use) Regulations 1986, Section 41D of the Road Traffic Act 1988 and Schedule 2 of the Road Traffic Offenders Act 1988.

6.10. Mobile Phones

The Road Traffic Act 1988 (Section 41D/42) and the Road Safety Act (Section 26) states the following regarding the use of mobile phones:

No person shall drive, or cause, or permit to be driven, a motor vehicle on a road if the driver is using:

- A hand-held mobile telephone, or
- A hand-held device, other than a two-way radio, which performs an interactive communication function by transmitting and receiving data (including sending or receiving a voice or text message, fax, picture, videos and internet use).

Under the regulations it is not an offence to use a mobile phone if in a hands-free cradle and it does not need to be held during its use. It is also not an offence under the regulations to push buttons on a phone whilst it's in a cradle or if it's being operated via buttons on a steering wheel. The use of mobile phones is permitted to call Emergency Services on 999 for a genuine Emergency or if it is unsafe or impracticable to stop driving.

Trust Employees are permitted to use mobile phones and similar devices when on duty only when they are in a hands-free cradle and are at no point during the period of operation held in the hand. If a call must be made on a mobile using hands free equipment, it is best for the driver to park safely and switch the engine off.

Drivers must be aware that using a mobile phone under any circumstances (including hands free) whilst driving may still distract attention from the road and must not be used without justification to avoid unnecessary distraction. Failure to do so could leave the driver open to prosecution for Dangerous or Careless Driving.

Whenever possible the attendant should be tasked with communications; where this is not possible the driver MUST ensure messages are short and succinct and it MUST NOT affect the driver's control of the vehicle.

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6.11. In-Vehicle Technology (Section 150 Highway Code)

Laws RTA 1988 (Sect 2 & 3 & Construction and Use Regulations 104)
There is a danger of driver distraction being caused by in-vehicle systems such as satellite navigation systems, congestion warning systems, PCs, multi-media etc. You MUST always exercise proper control of your vehicle. Do not rely on driver assistance systems such as cruise control, or lane departure warnings. They are available to assist but you should not reduce your concentration levels. Do not be distracted by maps or screen-based information (such as navigation or vehicle management systems) while driving or riding. If necessary, find a safe place to stop.

The in-vehicle technology has been placed in the vehicles to support this legislation. Satellite Navigation systems are fitted with voice directions and the driver should use these when responding to an emergency rather than using visual prompts. If the vehicle has an attendant, they should assist the driver with direction where possible.

6.12. Fixed Airwave Radios and Mobile Data Terminals (MDT)

Under the regulations it is not an offence to use a hand-held two-way radio microphone. In line with legal requirements, drivers of vehicles who operate a fixed radio system and/or MDTs whilst driving must only do so when it is safe. All messages passed must be brief to avoid unnecessary distraction.

It remains the driver's responsibility to ensure the standard of driving is not detrimentally affected by such activity, failure to do so could leave the driver open to prosecution for Dangerous or Careless Driving. All responders will receive case data via the National Mobilisation Application on the MDT, critical updates will be voiced when travelling over 7mph. Updates will be acknowledged by voice – the words to acknowledge a status update or a message are "voice accept".

MDT equipment can be used by touch pressing the screen when the response vehicle is stationary or when it is mobile and the update hasn't been accepted within 30 seconds.

Trust drivers should also be aware of the sensitive nature of the information that can be accessed by this technology and take whatever steps that are proportionate and reasonable to reduce any viewing of the data by unauthorised persons. The driver should ensure that the MDT screen is blanked before leaving the vehicle.

There are a variety of brackets to secure the MDT to the vehicle across the WAST fleet. Where an MDT screen is fixed using a moveable bracket, the screen must be secured in the position where the full screen is visible to the driver before driving. Where an MDT bracket hinges upwards, the MDT must be in the lowered position before driving.

6.13. Bus Lanes

Exemption for the use of a bus lane during its period of operation can be claimed when a vehicle has been deployed by Trust EMSC for the purposes of undertaking an

emergency response. Local agreements may be in operation for all NHS Ambulance vehicles to access bus lanes.

6.14. Authorised Third-Party Responders (e.g. EMRTS and BASICS)

NO EXEMPTIONS are afforded to drivers using any of the Doctors' co-operative vehicles under any circumstances when green visual warning lights are fitted.

Where emergency warning equipment (audible and visual) is fitted exemptions can be claimed when authorised, provided that:

- The driver has successfully completed a recognised Ambulance NHS qualification in Emergency Response Driving, validated by the Senior Education & Development Lead (Driving).

- It is solely used to respond to a medical emergency, deployed by Trust EMSC.

6.15. Voluntary Car Service (VCS)

NO EXEMPTIONS are afforded to Voluntary Car Service drivers. The relevant responsible manager MUST ensure that the legal requirements are met relating to the vehicle, licence, insurance and conduct, whilst carrying out Trust appointed journeys.

6.16. Community First Responders (CFRs), Staff Responders and Allied Co-Responders

NO EXEMPTIONS are afforded to Community First / Staff Responders, when driving their own or scheme vehicle. Allied co-responders i.e. Fire Service can claim the relevant emergency exemptions and are covered by individual Fire Service insurance.

6.17. Lease and Pool Vehicles

The Lease Car Scheme operates within the Agenda for Change NHS Terms and Conditions of Service. Under the Lease Car Scheme, the Trust will provide cars which can be used for business and private use to employees who fall within the scope of the scheme.

All Trust lease vehicles MUST be procured via the Car Leasing Scheme to ensure that such vehicles are fit for purpose and adequately insured. Lease vehicles which are required to be driven under emergency conditions will have the appropriate warning devices fitted to the lease vehicle.

Pool Vehicles must only be driven by Trust employees who possess a full UK driving licence. The use of pool vehicles is subject to certain criteria and must be used in conjunction with the NHS All Wales Lease Car Pool Vehicle Policy and Procedure.

6.18. Driver Training and Emergency Driving Procedures

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The Trust acknowledges the inherent risks associated with general driving, but more specifically to emergency response driving. Additionally, technical mastery in itself is insufficient to enable the driver to be safe and progressive; this MUST be underpinned with a comprehensive knowledge of the Highway Code and Road Traffic Law relating to exemptions applied to emergency response driving.

Trust staff who are required to utilise Emergency Warning Equipment (EWE) as part of their role within the Trust, have legal obligations when utilising this equipment. EWE is fitted to the vehicle to provide advanced warning of the presence of the emergency vehicle and afford maximum protection to other road users, therefore, if this equipment is fitted, then other road users and pedestrians are entitled to the warning it provides. It is not acceptable for the driver to have provision of EWE and to choose not to utilise it where necessary. It is an offence under the Road Traffic Act 1988 and the Road Vehicle Lighting Regulations 1989 (amended 2005) to utilise EWE without receiving the appropriate training.

All Trust staff MUST hold a recognised, transferable NHS Ambulance Service Emergency Response Driving Qualification before the use of EWE can be authorised.

Collisions involving Emergency Vehicles responding to Emergency calls have raised concerns where there is an increased possibility of legal proceedings resulting from evidence of unsafe dangerous or careless driving.

The Trust is committed to reducing operational road risk and improving road safety for their staff with specific attention being afforded to:

- Protecting the public and Trust employees from injury in road traffic collisions.
- Reducing the number of Road Traffic Collisions (RTCs) or Ambulance Vehicle Collisions (AVCs) for Trust vehicles engaged on Trust business.
- Ensuring the standards of driving within the Trust are consistent with the driving standards as required by law.
- Ensuring every eligible employee is registered under the High Speeding Driving Regulations in accordance with Section 19 (when enacted) of the Road Safety Act 2006.
- Ensuring that all staff are competent and medically fit to drive the required category of vehicle appropriate to their role.
- Ensuring staff and managers are aware of their legal requirements and responsibilities with regards to response and non-response driving.
- Ensuring that all staff will have received the appropriate training for the category of vehicle that they are expected to drive in accordance with Rule 43 amended by Regulation 28 of the Coroner's (Investigations) Regulations 2013.

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6.19. Monitoring

The internal monitoring of individual driving standards will be recorded in line with Section 19 of The Road Safety Act 2006 (when enacted) and evaluated against the Codes of Practice contained within the High Speed Driving Regulations.

Any Trust driver who has been absent from a driving role for a period in excess of 12 months will be required to undertake a driving standards review relevant to their role as part of their Return To Work (RTW). This includes those staff who have moved to a non-operational role but who undertake operational duties in order to maintain Continued Professional Development (CPD) for Paramedic registration.

Where it is identified and evidenced that the standard of driving compromises safety for the Trust, driver or public, Line Managers MUST request a driving review.

This may be as a result of:

- Road traffic incident involving a Trust vehicle.
- Supervisory intervention to raise standards, which may result from complaints, claims or RTIs.
- A return to operational driving duties following a period of absence.
- A transfer of employment from another Trust.
- Self-referral by staff.

All entitlements to drive Trust vehicles and attendance on driver training courses and assessments will be recorded and maintained electronically on the employee's training record.

6.20. Withdrawal from Driving Trust Vehicles

Withdrawal of staff from driving duties and Trust vehicles should take place where there has been an incident involving a Trust vehicle resulting in serious injury that has been sustained by any person or extensive damage to the vehicle. The Senior Education & Development Lead (Driving) in conjunction with the Line Manager will be responsible for the withdrawal and reinstatement of driving duties for their staff should the situation arise.

Line Managers have the responsibility to ensure an adequate investigation is commenced and all collision documentation is completed accurately and within a reasonable time. Driving guidance and advice regarding the investigation can be obtained from the Education and Training Team.

Withdrawal from driving duties should also be considered following a serious adverse incident or if there is a pending prosecution for an offence against the driver of the Trust vehicle; this will be dependent upon the offence committed.

Staff employed by the Trust or driving on Trust business should not routinely be withdrawn from driving, but in all cases a reasoned judgement will be made based on

the available facts, which MUST consider public safety and protection of the organisation.

6.21. Solo Response Vehicle (SRV)

Staff can provide an emergency response in a B category, car or van if they have completed a recognised Emergency Response Ambulance Driving (ERD) programme prior to 1st April 2023 and are authorised to do so. Staff who have completed an ERD programme with the Trust after this date will not be trained to drive B category cars/vans under emergency response conditions and will require an additional course to do so.

If a staff member is absent from an SRV role for 12 months or more, they will be required to undertake a driving assessment in an SRV before returning to driving duties.

With regards to SRV driving, further guidance should be sought from the EMS Crewing Matrix Standard Operating Procedure.

6.22. The High Speed Driver Regulations (HSDR)

Section 19 of the Road Safety Act 2006 (when enacted) makes statutory requirements regarding the training and re-training of Emergency Ambulance Staff and managers who are equipped and trained to perform 'High Speed' driving duties. Eligible employees utilising this exemption in law will have a responsibility to ensure they comply with the provision of the Act.

High speed driving can be defined as:

Any circumstance where an ambulance vehicle of any type, or covert vehicle equipped with emergency warning equipment (EWE) authorised by the Trust, exceeds the speed limit and the driver utilises the statutory exemption to do so as part of their operational duties. It might also be interpreted as a speed which is below the posted speed limit, but in excess of a speed which would normally be appropriate to the prevailing road conditions.

In order to comply with the Act, only staff who have undertaken and successfully completed the full UK Ambulance Service Trusts recognised ERD Assessment/programme will be eligible to become a 'High Speed' registered driver and subsequently be authorised to claim this exemption.

Any new employee who attends the Trust's ERD programme will be trained and assessed against the High Speed Driving Regulations Codes of Practise (COP) and subject to successful completion, will be recorded as a High Speed Driver.

Upon enactment of the High Speed Driving Regulations, it will be the responsibility of every employee to ensure that their currency is maintained and valid in order to drive emergency vehicles in accordance with this policy and to comply with the Road Safety Act 2006.

6.23. Use of Statutory Exemptions

General Principles

Trust drivers, if authorised, are afforded exemptions from specific sections of the road traffic legislation when their vehicle is being used for ambulance purposes.

Drivers should not, under any circumstances, take any action which may endanger other road users.

Drivers should continually carry out a dynamic risk assessment based on the information available whilst ensuring accurate assessments are made regarding developing hazards and formulation of driving plans.

The Road Traffic Act 1988 authorises the use of any vehicle that is being used for the purpose of providing a response to an emergency at the request of an NHS ambulance service so long as the conditions of use are met:

a) That the vehicle MUST primarily be used for the purpose of providing medical response to emergencies; and
b) When the vehicle is being driven, the driver of the vehicle has been authorised to drive the vehicle by an organisation specified in the schedule.

To complement Statutory Exemptions all Driver Training bulletins can be accessed via the following hyperlink:
https://nhswales365.sharepoint.com/sites/AMB-Intranet/_layouts/15/search.aspx/siteall?q=driver%20training%20bulletin

6.24. Use of Audible Warnings – Training Bulletin 03/07

With regards to the intelligent use of sirens, this may be considered in situations where it would not have helped or warned others, i.e. in some situations during the hours of darkness. However, if there is any ‘reasonable expectation’ of the presence of others, either seen or not seen, who would benefit from the exposure to the warning given by sirens, then audible equipment MUST be utilised.

Emergency Warning Equipment (EWE) will normally be activated for the duration of the journey when exemptions are being claimed. Exemptions to this could include on the approach to a vehicular obstruction where progress is temporarily hindered, i.e. road junction temporarily blocked or stationery vehicles, or in the presence of animals e.g. horses whereby the use of the equipment is not proportionate to the potential danger it may cause in disturbing the animals. This is further justified by the need to significantly reduce road speeds in this situation. In these instances, audible warning equipment will be turned off with emergency lighting equipment remaining active. Once passage can be resumed or the hazard has passed, the audible warnings will be reactivated as necessary.

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Drivers are reminded that if a safe drive is to take place, a professional judgement MUST take place equally balancing safety with skill. The use of EWE gives no right of way whatsoever and can render the driver more vulnerable. When driving an emergency vehicle in any situation, and particularly when operating EWE, you should remember that you have NO legal exemption under law to drive in any way other than safely.

Full application of care and attention, with due consideration to all other road users, including pedestrians is necessary on all occasions. At all times you are obliged and have the duty of care to provide the maximum protection to other road users.

6.25. Emergency Response Speed Limit Guidance – Training Bulletin 03/07

The driver MUST always be able to justify the speed and manner in which they drive the vehicle, possibly in a court of law. Trust staff SHOULD NOT exceed a speed limit by more than 20mph above the posted speed limit. These standards apply to all vehicles when responding on behalf of the Trust when activated by the Trust EMSC.

6.26. Escorting Under Emergency Response Conditions – Training Bulletin 01/09

No WAST driver is equipped with the training and/or competencies required to provide emergency escorts. There are no occasions that would give any WAST driver authority to provide an escort, or offer mitigation as defence when challenged legally, and therefore the Trust would not support any member of staff who undertake this activity. Offences liable to this Act pertain to the Road Vehicle Construction & Use Regulations 1986 (amended 2005), Road Traffic Act 1988 and the Road Vehicle Lighting Regulations 1989 (amended 2005).

In the event of an RRC responder remaining with the patient enroute to hospital, a suitably qualified staff member may be asked to drive the RRC to the receiving hospital. When this situation arises, the RRC will travel to the receiving hospital adhering to road traffic regulations. There are no exemptions in Road Traffic Law to utilise EWE when leading or following an Ambulance on route to a receiving hospital.

Where multiple vehicles are leaving the same location under emergency conditions, they SHOULD NOT travel in convoy. This may confuse other road users where they are unable to clearly identify the number of approaching vehicles. If this situation arises then an appropriate distance should be maintained between vehicles.

EMERGENCY ESCORTING BY TRUST STAFF IS NOT PERMITTED UNDER ANY CIRCUMSTANCES

6.27. Attending Motorway Incidents

It is imperative that ANY Trust employee, who by nature of their role or coincidental attendance at the scene of a motorway incident is fully conversant with the procedures for attending motorway incidents, particularly in relation to parking. Safety is paramount, and drivers SHOULD NOT at any time park in an unprotected or non-sterile lane.

There is absolutely no permission granted for any vehicle to park on a live carriageway to deal with an incident on the opposite carriageway, unless directed to do so by the Police or other authorised agency e.g. South Wales Trunk Road Agency (SWTRA), North and Mid Wales Trunk Road Agency (NMWTRA). For further guidance refer to Section 13 of the Emergency Response Driver's Handbook V3 (Attending motorway incidents).

A covert vehicle should not be deployed or deploy to incidents where it would result in it being in the first vehicle at the scene of a motorway incident. The exemption to this would be that the scene has been protected or made sterile by either the Police or Road Agency Staff prior to arrival. **HM Coroners – Action to Prevent Future Deaths Regulation 28**

6.28. Wearing of Seat Belts and Harnesses

All occupants of Trust vehicles are required by law to wear seat belts.. All patients MUST be secured using the appropriate harness and restraints. If these restraints are not used due to a clinical reason or the individual refuses, for EMS they MUST be recorded on the Patient Clinical Record. Ambulance Care and Volunteer car drivers MUST inform JCC so this can be added to the Patient Journey Notes.

There are exemptions which include:

- If you are driving a vehicle and are carrying out a manoeuvre at low speed, which includes reversing.
- If you have a valid medical exemption certificate.
- If your seat belt has become defective on your journey, and you are enroute for subsequent repair at a workshop nominated by the Out of Hours Fleet Service. Should the front passenger belt be defective, the attendant or passenger should travel in another seat with a working seat belt for this journey. If the driver seat belt is faulty, the vehicle should be recovered.

Conveyance of Babies

When a baby is being conveyed as the patient, they must be transported in a suitable baby restraint. For further guidance, see Safety Notice 2024-017.

Where the baby is the passenger, the following advice must be followed:

- Where the patient is time critical, conduct a dynamic risk assessment.
- Children >9KG and <25KG who can support their own head weight should be secured and transported in the child restraint fitted to the jockey seat.
- Children < 9KG should be secured and transported in a car seat, which will be secured appropriately. Under **no** circumstances can a baby be conveyed in a car seat in the front cab of the vehicle.

Babies who are the patient **must not** be conveyed in a car seat. If both mother and baby require medical aid, then it may be necessary for two ambulances to attend.

Incubators or Baby Pods

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Depending on the baby's condition they may be transported in an incubator or baby pod (supplied by some hospitals). Only Trust staff that have been trained in the use of specific types of incubator/pods, should conduct a dynamic risk assessment and consider requesting that hospital staff assist in securing the device. Staff members are reminded that these must be secured appropriately before moving off.

6.29. Exemption from Wearing of Seat Belts (Staff only) – Training Bulletin 02/16

Section 14 (1) and (2) of the Road Traffic Act 1988(a) as amended by the Deregulation Bill 24th June 2014 provides an exemption from the requirement to wear a seat belt for persons riding in a motor ambulance while the person is providing medical attention or treatment to a patient, which due to its nature or the medical situation of the patient, cannot be delayed.

A patient is defined as having the same meaning as in the National Health Service Act 2006, including a woman who is pregnant or breast-feeding, or who has recently given birth.

6.30. Vehicle Reversing

A significant percentage of collisions involving Trust vehicles occur while carrying out low-speed manoeuvres, especially those involving reversing. Many of these incidents could be avoided if basic standard procedures were diligently put into practice. Often negligence has a major influence. Adherence to the procedure would significantly reduce repair costs and vehicle downtime as well as promoting safety for staff and the public.

When an ambulance service vehicle is being reversed, one member of the crew (if on a double crewed ambulance) MUST stand outside the vehicle and assist the driver with the manoeuvre. The driver MUST always keep the assistant in view and bring the vehicle to an immediate standstill if they are lost from view.

Should a patient require constant or immediate attention from the attendant this MUST take priority. The driver should seek assistance from elsewhere if possible, or exercise particular caution by ensuring that they have fully observed and assessed the area into which they are reversing.

In circumstances where the Trust vehicle has a driver only, the driver should seek assistance from elsewhere if possible and MUST exercise particular caution when carrying out the reversing manoeuvre as above.

In circumstances where the Trust vehicle is a car and the driver has better all-round vision if assistance is not readily available the driver MUST exercise particular caution when carrying out the reversing manoeuvre.

At all times for safety reasons, the audible reversing alarm will be used when reversing (if fitted to the vehicle).

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Reversing Cameras/Sensors – drivers MUST NOT rely entirely on the technology fitted to modern ambulances in the form of audible sensors or cameras as they can sometimes omit blind spots or certain parts of the vehicle. Reversing cameras and reversing sensors should be considered a reversing aid ONLY and the decisions about the reversing manoeuvre MUST NOT be made on these alone.

6.31. Ambulance Care

There are no uniform, Trust-wide child restraint facilities fitted within Non-Emergency Patient Transport Service vehicles for journeys involving the transportation of children. Children may be transported as 'stretcher' patients, but this is dependent on the size and/or age of the patient. If a child harness is available this MUST be used.

6.32. Vehicle Security

When vehicles are not resourced and parked on station they should be locked and the keys stored within a designated secure cabinet where possible. During operation, vehicle keys MUST always remain with the driver. Faulty locks to either the premises or vehicles should be reported as a matter of urgency and where necessary additional measures implemented to maintain the security of the premises/vehicle.

Staff SHOULD ensure that their personal vehicles are locked and that all valuables are removed from sight. The Trust does not accept any responsibility for theft from, or damage to any private vehicle whilst parked on Trust premises or in the community, whilst employees are on official Trust business.

Parking and waiting on inclines - All staff must ensure when leaving a vehicle that is parked on an incline the guidance specified in Training Bulletin 08/07 is followed for the safety of the vehicle and other road users.

6.33. Securing of Doors

Ambulance vehicle doors MUST be properly fastened to ensure that they do not open whilst the vehicle is in motion. Trust vehicles MUST not be driven with any doors open.

It is the driver's responsibility to ensure that the rear/side steps and tail lift are safely stowed or suitably secured and that all doors are closed before moving off. Where a door becomes defective whilst in use, provided an appropriate assessment of risk to staff and other road users has been undertaken, it may be reasonable to temporarily secure it to undertake a journey to a place of repair.

6.34. Road Traffic Collision (RTC)

The Road Traffic Act 1991 – Section 170 RTC definition:

When, owing to the presence of a mechanically propelled vehicle on a road, an accident occurs causing injury or damage to:

- Any person (other than the driver of the vehicle)
- Any vehicle (other than the motor vehicle or trailer drawn thereby)
- Any animal (other than an animal in, or on, that motor vehicle or trailer drawn thereby) for the purpose of this act, 'animal' means sheep, horse, ass, goat, pig, cattle, mule or dog.
- Any other property constructed on, fixed to, growing in or otherwise forming part of the land on which the road in question is situated or land adjacent thereto.

6.35. Duties of Driver Involved in an RTC

If you are involved in a collision which causes damage or injury to any other person, vehicle, animal or property, you MUST:

- STOP.

- Give your own and the vehicle owner's name and address, and the registration number of the vehicle, to anyone having reasonable grounds for requiring them.

- If you do not give your name and address at the time of the collision, report it to the Police as soon as reasonably practicable, and in any case within 24 hours.

Law RTA 1988 sect 170 HWC Rule 286

6.36. RTC Reporting to Police – Clinical Justification

There is no legal exemption from leaving the scene of a Road Traffic Collision (RTC) even when engaged on an Emergency call. EMSC must be informed immediately following an RTC in order to allocate another vehicle to the original call if appropriate.

If transporting a patient to diffinative care and the driver is UNABLE to give their information (e.g. due to clinical condition of the patient), then the driver must report the incident to CCC immediately, a police officer, or at a police station as soon as possible and in any case within 24 hours.

6.37. RTC Reporting to WAST

All RTCs MUST be reported to EMSC/JCC. Pool or lease car users should contact relevant leasing company.

The Trust driver (or the attending manager if the driver is unable to due to injury etc.) MUST complete a Datix and a Traffic Accident Report Form (TARF) (**Appendix 3)** when they return to base. This includes community First Responders. Where the RTC involves injury to any party, TARF MUST also be completed and submitted through a Line Manager. If the incident involves a third party vehicle or property, then any damage to these must also be noted on the Datix system.

Any driver whilst engaged on Trust business MUST comply with the Highway Code Rule 286; in addition, they must inform the Trust if they are involved in an RTC, this includes

non-operational staff, lease car holders and any other person who uses their vehicle for Trust Business i.e Trust employee using own car, Contractor, Community First Responder, Volunteer car drivers etc.

Vehicles used by Community First Responders must satisfy the Trust's Fleet Department. Copies of MOT, Service History, Licence and Insurance details must be inspected by the appropriate CFR manager on an annual basis.

6.38. RTC Reporting to Insurers – Trust and Own Insurance

Reporting of Trust vehicle collisions or vehicles utilised for Trust Business
All Trust drivers and any other person utilising the Trust insurance policy MUST be aware of their responsbilities to comply with the Road Traffic Act 1988 Section 170 as ammended by RTA 1991, in relation to the reporting of collisions; this imposes obligations on drivers of mechanically propelled vehicles who are involved in a road accident.

A driver of a Trust vehicle who is involved in a Road Traffic Collision MUST inform the Trust and should inform their own insurance company (if they are a driver or named driver of another vehicle). Failure to inform your private motor insurance company may result in the insurer withdrawing cover, even after a claim has been submitted.
RTC reporting MUST be completed as soon as practicable and in any case within 24hrs to ensure compliance with the RTA 1988 Section 170 (4).

A person who fails to comply with the above requirements is guilty of an offence. For further RTC guidence, please refer to **Appendix 4.**

6.39. Vehicle Damage

If damage is identified upon vehicle inspection it is the responsibility of the driver to report this regardless of origin. This should be reported via the Vehicle Daily Inspection form (**Appendix 1**).

6.40. Smoking / Vaping

Smoking/Vaping is expressly forbidden in any Trust vehicle, or any vehicle being utilised on Trust business, whether leased or owned. The Welsh Government Smoke-free Premises and Vehicles (Wales) Regulations (2020) will apply at all times.

6.41. Planning of a Journey: Non-Operational Staff

The Trust encourages reduction of unnecessary journeys and use of video and teleconference facilities where this is practical.

Road journeys will only be carried out when they are really necessary. Vehicle sharing is encouraged when practical.

The Trust will ensure that necessary journeys are sheduled to a realistic timetable and are planned to take into account the essential need for adequate rest periods.

Any employee who feels that their timetable/schedules are unrealistic and they need to take risks / break speed limits to complete them, MUST voice their concerns with their line manager as soon as possible.

The management will monitor weather conditions and will reschedule patient appointments etc. if road conditions become too dangerous to operate the vehicle. Driving in Adverse Weather Conditions is detailed in **Appendix 5**.

6.42. Planning of a Journey: Operational Staff

The Trust recognises the importance of guarding against fatigue and stress to protect the health, safety and wellbeing of those driving on behalf of the Trust, patients, other road users and third parties. It will ensure that drivers do not drive on behalf of the Trust for more than ten hours in any 24 hour period and that they receive sufficient time off throughout the working week to avoid excess fatigue and stress.

Driving is defined as being in control of a moving vehicle and does not include sitting in a stationary vehicle whilst on standby.
Emergency exemption and temporary relaxation of drivers' hours and working time rules - GOV.UK (www.gov.uk)

6.43. Fatigue

Driving when tired can greatly increase the risk of collision. Irregular work and shift patterns increase the risk of tiredness and alertness is reduced if you drive at all times when you would normally be asleep. Driving for long periods in monotonous conditions can promote tiredness.

You must ensure you are fit to drive before undertaking any type of driving, particularly emergency response driving. You can help combat fatigue by adjusting your seat so you are comfortable, bad posture causes muscle tiredness. Take regular breaks on long journeys, have caffeinated drinks (remember this takes about 15 minutes to start to work). Further advice on how to combat fatigue can be found in the (Highway Code Rule 91) and in Roadcraft Chapter 3 – Human Factors that affect Observation and Anticipation.

6.44. Control of Contractors / Sub-Contractors

Before any contractor is employed the Trust's Health and Safety Policy point 2.11 MUST be complied with; in addition a copy of the Contractor's vehicle insurance policy, maintenance regimes and copies of MOTs (if required) MUST be obtained. Details of how they record and monitor driving licences must also be obtained and recorded. The contractor MUST inform the Trust of any Road Traffic Collision.

6.45. Health and Safety – Risk Assessments

All operational vehicles have been risk assessed in partnership with the Vehicle Working Group and in accordance with the Trust's Risk Assessment guidance.

6.46. Ergonomic Considerations

All new operational vehicles will undergo a Risk Assessment to take into account ergonomic considerations with particular attention paid to ensuring that appropriate seating positions and driving postures can be achieved. As part of driver training, drivers will be provided with guidance on mantaining good postures whilst driving and where appropriate on how to correctly set their seat. In support of the Trust's requirement to reduce its carbon footprint, speed limiters are fitted to all new Trust vehicles which are in operation when on Non-Emergency duties.

7. EQUALITY

The Trust recognises the diversity of its workforce. Our aim is to provide a safe environment where staff are treated fairly and equally and with dignity and respect. The Trust recognises that the promotion of equality, human rights and the Welsh language are central to its work both as a provider of health care and as an employer. This policy has been impact assessed to ensure that it promotes equality and human rights. The Impact Assessment indicates no impact on any protected characteristic.

8. TRAINING AND IMPLEMENTATION

Appropriate training will be provided by the Education & Training department who will monitor relevant legislation and deliver training to ensure compliance. All drivers of Trust vehicles MUST undertake the relevant driver training or assessment (HM Coroners – Action to Prevent Future Deaths Regulation 28). When Section 19 of the Road Safety Act (High Speed Driving Regulation) legislation is enacted, staff will have a responsibility to ensure compliance with High Speed Driver Training (HSDT) assessments.

9. AUDIT AND MONITORING

The effective monitoring of this policy will be carried out through a review of working practises in all Trust areas, annual audit safety documentation from all departments, monitoring of incidents throughout the Trust and review of the policy at the stated time.

A structured approach will be adopted for the monitoring of the policy. This will be achieved by reviewing all Datix incidents (Trust incident/accident reporting system) the policy will be reviewed every 3 years unless legislation requires otherwise.

10. RESPONSIBILITIES

The allocation of duties relating to this policy are as follows:

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10.1 Chief Executive

The Chief Executive Officer has overall responsibility for the management of health and safety within the Trust. These responsibilities include the resourcing and implementation of all measures needed to comply with the relevant road traffic legislation.

10.2 Executive Director of Quality & Nursing

The Executive Director of Quality & Nursing has delegated responsibility for the management of health and safety within the Trust and will ensure implementation of the Driving at Work Policy.

These responsibilities also include ensuring that the Trust receives competent advice regarding driving at work practices and that adequate training and monitoring takes place.

10.3 Head of Workforce Education & Development

The Head of Workforce Education & Development has delegated responsibility for driver education within the Trust and will ensure the implementation of the Driving at Work Policy, with the inclusion of adequate training and monitoring.

10.4 Senior Education & Development Lead (Driving)

- Will plan and ensure the delivery of driver training programmes.
- Will be responsible for the coordination and supervision of training and support to the National Training Team including Learning and Development Managers and Operational Driving Instructors.
- Will advise on the formulation of driving at work strategy and policy and contribute to relevant developments.
- Will advise managers and staff, as required and work in partnership with other agencies to ensure unity.
- Will advise managers in the undertaking of driving risk assessments, problem solving and the setting up of safe systems of work.
- Will advise in the investigation of driving incidents, accidents, near-misses, claims and complaints.
- Will play a key role providing expert knowledge in the evaluation / design of both vehicles and equipment.
- Will advise managers in the undertaking of driving licence checks and other relevant driving qualifications.
- Will ensure driving licence compliance and validity for all new Trust driving employees.
- Will work in collaboration with People Services and OH to evaluate driver medicals and ensure records are being reconciled.

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10.5 Health and Safety Managers

- Will provide advice to managers and staff in respect of driving at work issues and monitor compliance with the Trust's Safer Handling Policy.
- Will assist in the investigation of driving accidents and near misses to ensure that all relevant information is obtained and preventative measures taken.
- Advise Managers in the undertaking of risk assessments.
- Advise in driving accidents and untoward incident reports and compile regular reports and statistic for relevant committees etc.

10.6 Heads of Service / Service Managers

- The Ambulance Operations Managers / Heads of Department have responsibility for the management of health and safety within their area of responsibility.
- Ambulance Operations Managers / Heads of Department will:
- Ensure that a copy of the Driving at Work Policy is available in each workplace.
- Provide approved vehicles that are suitable for the various ergonomic and environmental conditions encountered ensuring safer practice.
- Ensure that all employees receive mandatory driving assessments (as per Road Safety Act Section 19 2006 (when enacted)) and training as per national ambulance standards and that records of attendance are maintained.
- Be responsible for the analysis and action of any recommendations arising from the risk assessment process and ensure that systems to monitor safe practice are in place and followed.
- Ensure that all employees are adequately supervised in the workplace. Ensuring all practical techniques carried out by employees complies with this policy and that any necessary remedial action is taken.
- Ensuring all driving at work accidents, incidents and "near misses" are recorded and reported.
- Give due regard at pre-employment stage to fitness for work of employees as assessed by the Occupational Health Department.
- Refer any employees considered "at risk", as highlighted in the Trust's Sickness Policy to the Occupational Health Department for advice.
- Ensure that all vehicles are regularly maintained in accordance with manufacturer's guidelines.
- Will ensure driving licence checks, for all Trust driving employees, are completed as per guidance in **Appendix 2**.
- Will ensure driving licence checks are reported on quarterly and available for auditing purposes.
- Monitor current practice, using the approved audit system, on an annual basis.
- Ensure staff release for driver training and assessments as required.

10.7 Line Managers / On Call Managers

- Will ensure that a copy of the Driving at Work Policy is readily available in each workplace.
- Will ensure that all staff receive driver training and that records of attendance are maintained.

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- Will ensure that all employees are adequately supervised in the workplace. Ensuring that all practical techniques comply with this policy and that any remedial action is taken as appropriate.
- Will refer individuals considered “at risk” to the Occupational Health Department for advice. This will include all operational and non-operational staff who return to work after a long-term absence.
- Will implement safe systems of work as risk assessed, ensuring that documentation is available to employees.
- Will ensure that all driving at work accidents, incidents and near misses are reported, recorded and remedial or other action is taken to prevent reoccurrence.
- Will ensure that vehicles are available in the workplace, are suitable and sufficient for the purpose for which it is being used and be regularly maintained in accordance with the Trust’s policies and procedures and manufacturers guidance.
- Will ensure driving licence checks, for all Trust driving employees, are completed as per guidance in **Appendix 2**.
- Will ensure driving licence checks are available for reporting and auditing purposes.
- Ensure staff release for driver training and assessments as required.

10.8 Employee Responsibilities (Including Volunteers)

- Will comply with Trust policies and procedures.
- Staff must not be involved in driving at work unless they have received training to the appropriate level.
- It is mandatory for employees to attend driver training as arranged by their Manager or Director of Workforce and OD.
- Have a responsibility to ensure that they are fit and well for driving at work tasks. Any change in health status must be reported to their line manager.
- Must ensure they hold a valid, current driving licence appropriate to their role. Any changes to licence status e.g. endorsements, must be reported to their Line Manager.
- Must report Driving Collisions/Incidents/Near misses to their Line Manager.
- Must comply with investigations in relation to complaints, claims or incidents
- Must report any injury in the workplace either to themselves and / or others to their line manager in accordance with the Trust’s policies and procedures.
- Staff are responsible for undertaking a “dynamic” risk assessment if circumstances change, regardless of prior assessment.
- Will ensure that vehicles are used appropriately following risk assessment and after receiving training in use.
- Should ensure that the clothes / uniform (refer to Uniform Policy), including footwear, worn at work are suitable for the tasks to be undertaken, and allow for freedom of movement.
- Will report all hazards, defects in vehicles, incident and near misses in accordance with the incident reporting procedure.
- Will advise their line manager if they identify additional training needs or do not feel competent / safe in carrying out their driving at work duties.
- Care must be taken for colleagues and any other persons during driving manoeuvres.

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10.9 Occupational Health Departments

- Occupational Health will carry out pre-employment screening in order to advise if a potential employee is suitable for a role and also advise if any reasonable adjustments should be considered. This includes current employees who change roles within the organisation.
- Will work in collaboration with People Services and E&D to evaluate driver medicals and ensure records are being reconciled.

10.10 Workforce Education & Development Team

- Will act as advisers on safe driver education practices.
- Will liaise with managers to provide training and / or information on safe driving practice.
- Will provide advice on difficult / unique driving matters.
- Will liaise with Managers to support and assist those staff with driver training needs.
- Will liaise with Managers to support and assist operational and non-operational staff returning to work following driving incidents.
- Will work with all staff to ensure the full implementation of this policy.
- Will liaise with Managers and advise on the checking of driving licences.
- Will provide or organise specific training as required for each department.
- Will carry out or organise training in the working environment specific to the staff group.
- Will retain training records within ESR.
- Will ensure monitoring of the Driving at Work Policy, using the approved audit system.
- Will work in collaboration with People Services and the OH to evaluate driver medicals and ensure records are being reconciled.

10.11 Fleet Department

The departmental manager will consult with the appropriate persons to consider proposed new vehicle design(s) at the various planning stages. This is necessary to ensure provision of suitable ergonomic and environmental conditions for all driving duties.

Contractors on any Trust property must provide evidence of driving at work risk assessments before commencing work.

For all equipment both workshop and vehicle, which requires regular servicing and inspection by statutory requirements, (i.e. LOLER 1998 and PUWER 1998) contracts will be established and monitored. Records will be kept by the Fleet Department.

Further information on driving at work relating to Fleet Department Staff can be found in the Vehicle Workshops Health and Safety Policy.

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10.12 Trade Union Health and Safety Partners

- The release of TU Health and Safety partners to participate in investigations / risk assessments etc will be ensured through TUP and management collaboration.
- Will advise their members of the existence of support services for staff who are involved in frequent driving at work incidents.
- Will advise their members to comply with the Driving at Work policy.

11. ANTI-FRAUD AND CORRUPTION CONCERNS

Anti-Fraud and Corruption Concerns
The Welsh Ambulance Services NHS University Trust is committed to taking all necessary steps to counter fraud, bribery and corruption within the Trust.

Staff should report suspected incidents of fraud and corruption to the Trust Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns.

Alternatively, staff may contact the confidential NHS Fraud and Corruption Reporting line 0800 028 40 60; or on-line reporting facility www.reportnhsfraud.nhs.uk .

Fraud investigations may lead to disciplinary action and / or prosecution and civil recovery procedures.

12. REFERENCES

- Health and Safety at Work Act 1974
- Road Safety Act 2006 (as amended section 19) & Seatbelt Regulations
- Road Traffic Act (drugs and driving) 1988 & Seatbelt Regulations 1991
- Road Traffic Regulations Act 1984
- Road Traffic Offenders Act 1988
- Road Vehicle Lighting Regulations 1989 & amended 2005
- Motor Vehicles (driving licence) Regulations 1999 & Seatbelts Regulations 1993
- Seatbelt Regulations 2006
- HM Coroners (Investigation) Regulations 2013
- Association of Chief Police Officers (ACPO) Guidance on Driving
- Lord Chief Justice Recommendation on speeds when engaged on Emergency Response
- Roadcraft – The Police Drivers Handbook
- UK Ambulance Service - Emergency Response Drivers Handbook
- Highway Code
- Health and Safety (signs and signals) Regulations 1996
- Road Vehicles (Construction and Use) Regulations 1986 & as amended 2005
- National Health Service Act 2006
- Deregulation Act 2015 – Section 50

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APPENDIX 1: VEHICLE DAILY INSPECTION FORM

WELSH AMBULANCE SERVICE – VEHICLE DAILY INSPECTION FORM

Shift VDI Check **Station: ……..... Registration No: ……..... **

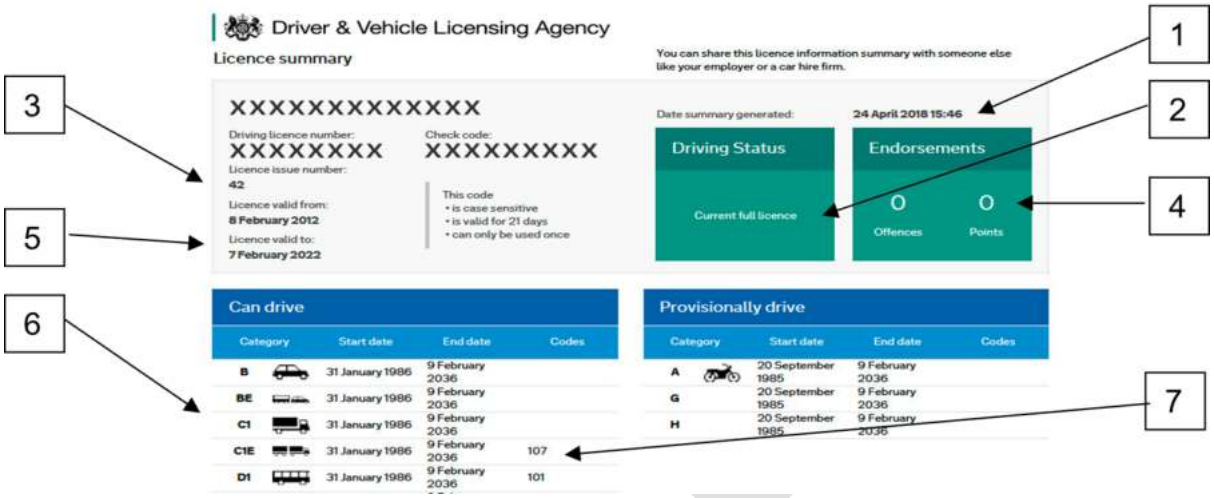
1: It is the driver's legal responsibility to check the following items in red before using the vehicle. This should not normally take any longer than 10 minutes	**D1**	**D2**	**Tick as appropriate and please put any additional comments in defect book:**
Walk round all automatic emergency lighting check.			
Whilst doing the above, carry out a general bodywork check, looking for damage or anything that could cause a hazard, report any new damage in the defect book.			
Check all lights, reflectors, side, head, rear, stop and indicators, Fog and Hazard Warning Lights are working correctly.			
Check all Tyres & Pressures and report any issues			
In the Cab/Saloon:			
Check Mirrors and their positioning			
Check the Horn and Siren operation			
Check Radio / Communications / Satellite Navigation			
Check the Power Steering for feel			
Check Seat belts/Harness and their operation (cab and saloon)			
Check Wipers/ Washer operation & Check and top up windscreen washer fluid			
Check Foot & Hand Brakes for feel/Test			
Ramp/Lift/Door operational			
Engine Oil Level and visual check for any signs of Oil or Fuel leaks			
Check the Defect Book and note any faults or any repairs or items that can wait until service.			
2. During Shift, or as soon as possible:			
Check the Fuel card is with the vehicle, it's in date and is the correct registration			
As applicable check the Clutch operation & fluid level			
Check the AdBlue (if applicable) & Coolant level, note, **H&S view only**			
Check all Glasses and drivers' vision of the road etc.			
Door / Exits general operation			
Fire Extinguishers full and in the right location			
Attendant to check that all Equipment is operational			
Interior Lights cab and saloon			
Gauges and Warning Lights check			
Heaters / Demister / Check Ventilation / Air Conditioning			
Automatic Transmission feel anything to note			
Lowering Suspension working			

Driver 1 Print Name: ……..…….. Signature: ……..……..

Driver 2 Print Name: ……..…….. Signature: ……..……..

APPENDIX 2: GUIDANCE TO SUPPORT THE CHECKING OF DRIVING LICENCES

Licence Summary Check



1. Ensure the licence summary was generated within 21 days.
2. Ensure the licence is a full UK driving licence.
3. The Driving Licence Summary and Photocard issue number **MUST** correspond.
4. Check for penalty points (guidance offered in Section 6.4 of Driving at Work Policy).
5. Ensure the valid From/To are in date and corresponds with photocard.
6. Ensure the licence has the correct vehicle category for the staff role (e.g. C1 for EMS vehicles). Further guidance: Driving licence categories - GOV.UK (www.gov.uk)
7. A licence code (aligned to a vehicle category) identifies what conditions the licence holder must meet to drive (e.g. 01 – Eyesight correction (glasses or contact lenses must be worn). Further guidance: HTTPS://WWW.GOV.UK/DRIVING-LICENCE-CODES

Driving Licence Photocard Check

The following Photocard details **MUST** be checked in conjunction with the licence summary:

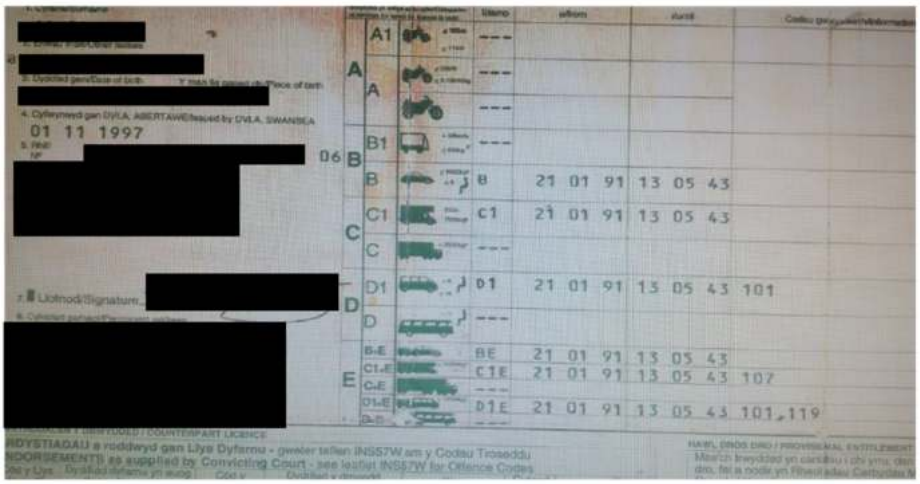
1. Check surname
2. Check first name(s)
4. Check date of Photocard licence issue (a)
4. Check date of Photocard licence expiry (b)
5. Check driver number & issue number
8. Check address
9. Check vehicle category entitlements
10. Check date from which a driving category is valid
11. Check date to when a driving category is valid
12. Check the code numbers aligned to the driving licence summary.

Please note that the Photocard licence may vary in appearance depending on year of issue.

Paper driving Licences

Old style paper driving licences (example below) issued before the photocard was introduced in 1998 will still be valid. If a driver updates their licence (returned to DVLA) following a change of address, name or to notify a medical condition, the updated licence issued by the DVLA will be a photocard licence.

If the licence holder presents this type of licence (example below), it **MUST** be checked against the licence summary.



Counterpart Driving Licence (D740)

The paper counterpart (pictured below) to a driving licence has had no legal status since the 8th of June 2015 and should not form part of the licence checks.

Annual Driving Licence Check Form

Annual Driving Licence Checks													
Surname	First Name	Date of Birth	Full UK Driving Licence Y/N	Summery & Photo Card Issue Number correspondY/N	Driving Licence Number	Driving Licence Expiry Date	C1 Obtained Date (if applicable)	C1 Expiry Date (if applicable)	Number of Penalty Points (Endorsments)	Endorsement Code	Condition Code Checked (if applicable)	Checked By (To include WAST Pin Number)	Date Licence Checked
BLOGGS	JOE	21/12/1978	Y	Y	BLOGG603215JR9	20/02/1965	06/02/1965	06/07/2019	3	SP30	Y	R THOMAS (2446)	01/09/2020

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APPENDIX 3: TRAFFIC ACCIDENT REPORT FORM

YMDDIRIEDOLAETH GIG GWANSANAETHAU AMBIWLANS CYMRU
WELSH AMBULANCE SERVICES NHS UNIVERSITY TRUST
TRAFFIC ACCIDENT FORM

This form must be completed in respect of every accident involving a Trust vehicle and must be sent without delay to the Locality Ambulance Officer, who will retain a copy, send the original to the National Fleet Office at Wrexham.

This form should be filled in and submitted without delay. If any of the information required is not readily available this should be forwarded as soon as possible.

Important

1. The driver must NOT admit liability for the accident by word or deed.
2. To be completed by the driver/s either at the time of the accident or immediately on return to base.
3. Where the Driver of the Trust vehicle has not given his name and address to any person having reasonable grounds for so requiring it (e.g. a Police Officer, owner/driver of the other vehicle or injured person) he should report to the police within 24 hours.

a. Accident	Date: ____/____/____ Time: _____hrs Location:_____

b. Trust Driver Trust Attendant	Name and Department: 1._____ 2._____	Station _____ _____	Duty on which engaged at time of incident:

c. Trust Vehicle	Registration No:	Nature and extent of damage:

d. Ambulance Patients	Case No: _____ _____ _____	Name: _____ _____ _____	Injured: Yes/no Yes/no Yes/no	Case No: _____ _____ _____	Name: _____ _____ _____	Injured: Yes/no Yes/no Yes/no

e. Driver and passenger of other vehicle	Driver – Name & address: _____ _____ _____	Injured: Yes/no	Passenger -Name & address: _____ _____ _____	Injured: Yes/no

Details must be given of all persons injured as a result of the accident.

f. Other Vehicle	Type:	Make:	Reg. number:	Name & address of insurance co:	Policy No.

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g. Owner of other vehicle	Name and address: _____ _____

h. Apparent damage to other vehicle	Description of damage:	Can be seen at:

i. Damage to property or animals	Name and address of owner: _____ _____	Details of damage:	Location etc:

j. Lights and warnings	Daylight/ Night	NHS vehicle – were the lights on yes/no	Other vehicle – were the lights on yes/no	Visual/audible warnings in use yes/no. Were they necessary yes/no? If no why? _____

k. Speed of vehicles and road conditions	Trust vehicle mph: Other vehicle mph:	Weather conditions: Sunny/clear/ foggy/rain/sleet/snow Other:	Area: Built up/not built up	Road: straight/bend cross roads Traffic lights _____

l. Police Officer details	Name: Number:	Police station:	Did he/she see the accident: Yes/no	Was a statement made: Yes/no

m. Independent witness details	Name of witness 1_____ 2_____ 3_____	Address of witness _____ _____ _____	Tel number _____ _____ _____	Age: ____ ____ ____	Occupation: _____ _____ _____

Space for Sketch

A sketch should be provided showing:

1. Position of vehicle before and after accident
2. Direction of vehicle
3. Width of road
4. Traffic signs and lights
5. Skid marks
6. Any other relevant detail

Statement of Ambulance Driver – (Please give a full description of the accident, if necessary use an additional sheet of paper and attach to the form)

Signature: _____
Date: _____

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Certification – (to be completed by a responsible officer)

I certify that Driver _____ was acting within the scope of his official duty on the occasion of this report.

Particulars of journey of ambulance: From: _____ to: _____
Purpose of journey: _____

Signed: _____

Status: _____

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APPENDIX 4: RTC GUIDANCE

In the event of a road traffic incident involving a Trust vehicle please use the following points as guidance
Highway Code:
Rule 286
If you are involved in a collision which causes damage or injury to any other person, vehicle, animal or property, you **MUST**

- stop
- give your own and the vehicle owner's name and address, and the registration number of the vehicle, to anyone having reasonable grounds for requiring them.
- if you do not give your name and address at the time of the collision, report it to the police as soon as reasonably practicable, and in any case within 24 hours.

Law RTA 1988 sect 170

Highway Code:

Rule 287
If another person is injured and you do not produce your insurance certificate at the time of the crash to a police officer or to anyone having reasonable grounds to request it, you **MUST**
report it to the police as soon as possible and in any case within 24 hours
produce your insurance certificate for the police within seven days.

Law RTA 1988 sect 170

Trust Guidance in addition to Highway Code

- The incident is to be reported to EMS control as a 999-telephone call if any injuries are suspected.
- Do not admit any liability.
- Exchange details of the Trust Putting Things Right Dept (see below) passed to any party wishing to make a formal complaint or a claim against the Trust, vehicle registration, insurance, etc.
- Take photographs at scene if possible before the vehicles are moved. Photos should show:
  - The actual location.
  - Vehicle positions.
  - Any skid marks.
  - Damage caused to third party vehicle.
  - Road markings and actual location.

- Complete a sketch plan at the scene as an aide memoire.
- Obtain full contact details for any independent witnesses including address, postcode and contact telephone numbers.

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- Report the incident to Ambulance Care/EMS control for record and to arrange transport of patients, if necessary, management assistance etc. Control to log incident on Launchpad, Fleet.
- Control to inform the duty OTL/CTL/LM as appropriate who must make contact or attend the operational staff involved to check and ensure their welfare.
- A road traffic incident form (RTI) is to be completed as soon as is practicable. Please take photographs showing the incident, positioning of vehicles, extent of damage sustained by the third-party vehicle, the actual location, including road and physical location as these may help in future debate.
- A detailed statement of the chronology of the events should accompany the RTI form providing in the information indicated in the Trust's Guidance on the Preparation of Statements including the provision of contact details for all parties involved including witnesses and staff called to scene to assist.
- A Datix report must be completed for every incident identifying faulty equipment, patient injuries etc.
- If at any point following the incident staff have concerns, they should approach the Ambulance Care/EMS management team for support.

Exchange details and Contact numbers:
Legal Services Team, Ty Elwy, St Asaph Business Park, St Asaph Denbighshire. LL17 0LJ. Tel: 0300 321 3211. The Trust's website also provides details, including an on-line form that can be completed.

DOM / On-call manager – Relevant to each Locality.

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APPENDIX 5: DRIVING IN ADVERSE WEATHER CONDITIONS

Rule 226

You **MUST** use headlights when visibility is seriously reduced, generally when you cannot see for more than 100 metres (328 feet). You may also use front or rear fog lights but you **MUST** switch them off when visibility improves (see Rule 236).

Law RVLR regs 25 **&** 27

Rule 227 – Wet Weather

Wet weather. In wet weather, stopping distances will be at least double those required for stopping on dry roads (see 'Typical stopping distances'). This is because your tyres have less grip on the road. In wet weather

- you should keep well back from the vehicle in front. This will increase your ability to see and plan ahead
- if the steering becomes unresponsive, it probably means that water is preventing the tyres from gripping the road. Ease off the accelerator and slow down gradually
- the rain and spray from vehicles may make it difficult to see and be seen
- be aware of the dangers of spilt diesel that will make the surface very slippery (see Annex 6: Vehicle maintenance, safety and security)
- take extra care around pedestrians, cyclists, motorcyclists and horse riders.
- Rule 228 – Icy and Snowy Weather
- In winter check the local weather forecast for warnings of icy or snowy weather. **DO NOT** drive in these conditions unless your journey is essential. If it is, take great care and allow more time for your journey. Take an emergency kit of de-icer and ice scraper, torch, warm clothing and boots, first aid kit, jump leads and a shovel, together with a warm drink and emergency food in case you get stuck, or your vehicle breaks down.

Rule 228 – Icy and Snowy Weather

In winter check the local forecast for warnings of icy or snowy weather. **DO NOT** drive in these conditions unless your journey is essential. If it is, take great care and allow more time for your journey. Take an emergency kit of de-icer and ice scraper, torch, warm clothing and boots, first aid kit, jump leads and a shovel, together with a warm drink and emergency food in case you get stuck, or your vehicle breaks down.

Rule 229

Before you set off

- you **MUST** be able to see, so clear all snow and ice from all your windows
- you **MUST** ensure that lights are clean and number plates are clearly visible and legible
- make sure the mirrors are clear and the windows are demisted thoroughly
- remove all snow that might fall off into the path of other road users

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- check your planned route is clear of delays and that no further snowfalls or severe weather are predicted.

Laws CUR reg 30, RVLR reg 23, VERA sect 43 **&** RV(DRM)R reg 11

Rule 229: Make sure your windscreen is completely clear

Rule 230
When driving in icy or snowy weather

- drive with care, even if the roads have been treated
- keep well back from the road user in front as stopping distances can be ten times greater than on dry roads
- take care when overtaking vehicles spreading salt or other de-icer, particularly if you are riding a motorcycle or cycle
- watch out for snowploughs which may throw out snow on either side. Do not overtake them unless the lane you intend to use has been cleared
- be prepared for the road conditions to change over relatively short distances
- listen to travel bulletins and take note of variable message signs that may provide information about weather, road and traffic conditions ahead.

Rule 231
Drive extremely carefully when the roads are icy. Avoid sudden actions as these could cause loss of control. You should

- drive at a slow speed in as high a gear as possible; accelerate and brake very gently
- drive particularly slowly on bends where loss of control is more likely. Brake progressively on the straight before you reach a bend. Having slowed down, steer smoothly round the bend, avoiding sudden actions
- check your grip on the road surface when there is snow or ice by choosing a safe place to brake gently. If the steering feels unresponsive this may indicate ice and your vehicle losing its grip on the road. When travelling on ice, tyres make virtually no noise.

Rule 232 – Windy Weather

High-sided vehicles are most affected by windy weather, but strong gusts can also blow a car, cyclist, motorcyclist or horse rider off course. This can happen on open stretches of road exposed to strong crosswinds, or when passing bridges or gaps in hedges.

Rule 233

In very windy weather your vehicle may be affected by turbulence created by large vehicles. Motorcyclists are particularly affected, so keep well back from them when they are overtaking a high-sided vehicle.

Rule 234 – Fog

Before entering fog check your mirrors then slow down. If the word ‘Fog’ is shown on a roadside signal but the road is clear, be prepared for a bank of fog or drifting patchy fog ahead. Even if it seems to be clearing, you can suddenly find yourself in thick fog.

Rule 235

When driving in fog you should

- use your lights as required (see Rule 226)
- keep a safe distance behind the vehicle in front. Rear lights can give a false sense of security
- be able to pull up well within the distance you can see clearly. This is particularly important on motorways and dual carriageways, as vehicles are travelling faster
- use your windscreen wipers and demisters
- beware of other drivers not using headlights
- not accelerate to get away from a vehicle which is too close behind you
- check your mirrors before you slow down. Then use your brakes so that your brake lights warn drivers behind you that you are slowing down
- stop in the correct position at a junction with limited visibility and listen for traffic. When you are sure it is safe to emerge, do so positively and do not hesitate in a position that puts you directly in the path of approaching vehicles.

Rule 236

You **MUST NOT** use front or rear fog lights unless visibility is seriously reduced (see Rule 226) as they dazzle other road users and can obscure your brake lights. You **MUST** switch them off when visibility improves.

Law RVLR regs 25 & 27

Rule 237 – Hot Weather

Keep your vehicle well-ventilated to avoid drowsiness. Be aware that the road surface may become soft or if it rains after a dry spell, it may become slippery. These conditions could affect your steering and braking. If you are dazzled by bright sunlight, slow down and if necessary, stop.

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Flexible Pensions Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn Gweithio mewn Partneriaeth
NHS Wales Working in Partnership

Approved September 2024
Welsh Partnership Forum
Medical and Dental Business Group

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Section 1

Policy scope, principles and benefits

1.Introduction

The definition of retirement is changing and broadening. Many employees are considering how they can gradually adjust their working patterns to achieve a healthy work-life balance and a smoother transition from their working life into retirement. This shift towards retiring flexibly leaves behind the expectation that retirement means permanently leaving the workplace and employment, or that full time work should immediately be replaced with full time retirement.

Flexible working is just as valuable for staff approaching the end of their careers, and for retired staff who are returning to the NHS, as it is for those joining the NHS for the first time or returning from parental leave.

Flexible working is key to retention, employee engagement and supporting staff to live healthy working lives, and NHS Wales is committed to offering more flexible, varied roles and opportunities to their employees.

To support employees to access flexible working later in their careers this policy has been developed to provide an overview of the options available to employees who are members of the NHS Pension Scheme to access their pension or part of it and/or plan for retirement through utilising the flexibilities available within the scheme which fit with employees' aspirations for flexible working and work/life balance.

2.Policy statement

NHS Wales is committed to developing and maintaining arrangements which make it a great place to work and learn, and to the delivery of a quality service, recognising that our staff are fundamental to our success, and that we need to attract new staff from a varied range of backgrounds. NHS Wales also understands that it is vital to retain the embodied investment in knowledge, skills and experience of staff over many years, which we commit to maintain both now and in the future.

Consistent with this commitment to ensuring all staff can access the benefits of flexible working, NHS Wales is committed to supporting and enabling staff to utilise the flexible pension provisions and benefits offered through membership of the NHS Pension Scheme.

3.Scope

To ensure promotion and consistent application of flexible pension options, this policy has been developed in partnership, for use within all NHS Wales organisations and supersedes/replaces any existing policies, guidance, minimum standards e.g. Retire & Return Policies at employer/organisation level.

This Policy:
✓ ***Will enable employees to understand the range of options available to access their pension and combine this with flexible working***
✓ ***Will enable employers to understand, promote and discuss flexible pension options with staff.***
✓ ***Sets out the expectations and requirements of employees and employers in pursuing and considering applications to access one of the options.***
✓ ***Seeks to ensure that employees later in their careers will feel valued, rewarded, and recognised by their employer for their experience, service and commitment.***
✓ ***Forms part of the contract of employment for staff working in NHS Wales.***

The aim of this policy is to enable employees and employers to make informed choices regarding the appropriate use of the flexible pensions available. The approach advocated by Welsh Government, employers and trade union partners is that these flexibilities are of mutual benefit with the expectation that conversations and applications will be progressed and approved.

This means that the default position will be that a request to access one of the pension flexibilities options, that meets the requirements of the Pension Regulations, will be approved, and every possible avenue explored to facilitate this. Requests will only be declined where there are clear business reasons in policy and law that prevent approval.

NHS Wales will not discriminate, either directly or indirectly, on the grounds of any of the characteristics protected by the Equality Act 2010 or any other personal characteristic in the implementation of this policy. We aspire to a diverse workforce and recognise that compassionate leadership does not mean treating everyone the same but treating them fairly and considering detailed knowledge of each individual staff members' needs, circumstances and background.

4.Principles

Flexible pension options support the following principles:

To support:	**Through:**
Work-life balance	➢ employees working flexibly later in their careers helping to achieve a healthy work-life balance
Retaining experience	➢ enabling experienced employees to stay in the NHS for longer and pass their valuable skills and knowledge to colleagues.
Health and Wellbeing	➢ supporting the health and wellbeing of employees who are later in their careers.
Financial Wellbeing	➢ supporting the financial wellbeing of employees through offering retired staff,

	the option to re-join the NHS Pension Scheme after full or partial retirement thereby enabling employees to build up further pension.
Managing work later in careers	➢ providing employees with flexible working options as a bridge between taking their NHS Pension and receiving their State Pension benefits.
Managing pension growth	➢ controlling pension growth to support staff affected by the annual allowance.

5.Benefits

The NHS Pension Scheme offers several flexible pensions options. These options can support employers attract and retain experienced staff whilst supporting employees, through a range of options, to access pension benefits whilst continuing to work for NHS Wales.

NHS Pensions and NHS Employers both provide further information on the NHS Pension scheme and the wider scheme design and contractual considerations of flexible retirement. Their resources can be accessed by following these links:

NHS Pensions

NHS Employers

Flexible pensions options support employees to:

- work flexibly towards the end of their careers
- to achieve a healthy work-life balance
- stay working in the NHS for longer and pass their valuable skills and knowledge to colleagues.
- maintain their experience within NHS Wales supporting the delivery of high-quality patient care.

By enabling employees to retire flexibly, employers can:

- Support the health and wellbeing of employees who are approaching the end of their careers.
- Develop working arrangements which fit with lifestyles and desired attendance patterns. Such arrangements support ongoing retention of employees and their productivity, while reducing rates of stress, fatigue and burnout.
- Offer retired employees the option to re-join the NHS Pension Scheme after full to supporting financial wellbeing, as it allows employees to build up further pension and may help to bridge any gap between taking their NHS Pension and State Pension benefits.
- Through partial retirement support employees who may be affected by the annual allowance, as the ability to take all or part of their pension whilst continuing to work may help some employees to control their pension growth.

Section 2

Flexible pensions guide and options

6. Pensions considerations

6.1 The NHS Pension Scheme - overview

There are 2 NHS Pension schemes. There's the 1995 / 2008 Scheme and the 2015 Scheme. From 1 April 2022, all active members of the NHS Pension Scheme are members of the 2015 Scheme.

The NHS Pensions website has extensive information on the schemes and sets out the benefits of membership withing the two member guides:

- The 1995/2008 Member Guide
- The 2015 Member Guide

6.2 How do I know what Pension Scheme an individual is in?

The NHS Pension Scheme has had several changes since 1995, and members may have service in more than one scheme. The Total Reward Statement, which can be accessed through ESR, provides information on an individual's NHS Pension Scheme membership.

An individual may have service in more than one scheme, particularly if they have been an NHS Pension Scheme member since before 1 April 2012, and if so, their service will be detailed in two separate parts in the Pension Statement e.g. there would be an Annual Benefit Statement for 2015 Scheme service and an Annual Benefit Statement for 1995 Scheme service.

6.3 Considering the impact of the McCloud remedy

The McCloud remedy has been put in place following a legal case ruling (McCloud) and is the process of removing age discrimination that was judged to have arisen in public service pension schemes, including the NHS Pension Scheme.

Employees who joined the NHS Pension Scheme on or before 31 March 2012 and who were still members of the scheme on 1 April 2015 are eligible for the McCloud remedy. If an individual is considering applying for one of the Flexible Pension options, it is important that they understand their position in respect of the McCloud remedy.

As part of the McCloud ruling, affected members have had their pensionable service for the McCloud remedy period - 1 April 2015 to 31 March 2022 - put back into the 1995/2008 Scheme.

If this affects the individual once, they will be contacted by NHSBSA in the 12 months after they have accessed all or part of their pension and asked to choose between keeping these benefits in the 1995/2008 Scheme or taking 2015 Scheme benefits for the remedy period instead.

When it comes to making this choice, the part of the Scheme that's better for them could be different depending on how long they continue to work after they've taken partial retirement. Their McCloud choice means there are other factors to consider when deciding what percentage of their pension to take at partial retirement, as it could affect their tax position, or their final salary link, if they have one. And if they later choose to take 2015 Scheme benefits for the remedy period, they may have lump sum overpayments to pay back.

Further information about the McCloud remedy is available on the public services pensions remedy – McCloud (NHSBSA) links to modelling tools to support the decision-making process.

6.4 Choosing when to retire

Each member of the NHS Pension Scheme has a normal pension age (NPA), at which they can retire and claim pension benefits. This age is defined by the scheme they are a member of (or additionally have preserved benefits in e.g. the 1995 scheme).

There is also a minimum pension age (MPA) which is the earliest age at which individuals are eligible to take their NHS pension.

Scheme	Normal pension age (NPA),	Minimum pension age (MPA)
1995	60 (55 for Special classes)	Age 50 if joined pre 06/04/2006 and not had a break of 5 years or more. Otherwise, age 55*
2008	65	55*
2015	State Pension Age	55*

* The minimum age that an individual can start taking their pension is changing from 55 to 57 from 6th April 2028.

The NHS Pension Scheme enables members to be flexible about the age at which they retire to suit their plans. This allows individuals to retire earlier or for the 2008 and 2015 schemes, later than their NPA.

If an individual is considering retirement:

- before their NPA, the pension they receive will be reduced because it is being taken earlier. This is because their pension will be paid for longer.
- later than their NPA, their pension benefits may increase by the application of late retirement factors. Late retirement enhancement is only available for membership of the 2008 scheme and 2015 scheme.

6.5 Early retirement

As noted, taking pension benefits before NPA will result in a reduction to the pension because it is being paid earlier. This is called an “actuarial reduction” and is based on the earlier age at which the individual is choosing to take their benefits compared with their NPA.

The term ‘actuarial reduction’ refers to the tables used to calculate the reduction to their benefits if they retire early. An individual incurs this reduction when their pension is paid earlier than normal and, therefore, potentially it will be in payment for longer. NHS Pensions have produced a factsheet which can be accessed here, setting out the early retirement percentage reductions across the different schemes.

Where an individual has membership in more than one NHS Pension scheme, then the actuarial reduction is applied to each specific period of membership in each scheme. For example, someone aged 58 (without Special Class Status) with a state pension age of 67 wishing to retire early would have any of their 1995 membership reduced by 2 years because they are retiring 2 years before age 60, however any membership they have in the 2015 scheme would be reduced by 9 years because their normal pension age (NPA) is the same as the state pension age i.e.67.

It is important to note that the pension paid to dependents will be based on their pension before actuarial reduction and further information is set out in their Total Reward Statement section on Adult Dependant’s Pension.

6.6 Early retirement reduction buy out (ERRBO)

Early Retirement Reduction Buy Out (ERRBO) is part of the 2015 scheme. If an individual claims their 2015 pension before their Normal Pension Age (NPA), it will be reduced, however they can plan to buy out one, two or three years of any reduction before their NPA but no earlier than age 65. Through purchasing an ERRBO this would enable the individual or the employer if they agree, to pay extra contributions so they can buy out the reduction that would apply to their 2015 Scheme benefits if they retired before their NPA.

NHS Pensions have produced a ERRBO Factsheet which provides more information regarding the scheme and the costs of additional contributions which are payable to buy out 1,2 or 3 years of reduction.

6.7 Employer pension contributions recycling/alternative payment

In certain circumstances an individual’s pensionable pay may result in a pension growing to a level which exceeds the annual allowance.

The arrangements set out in Section 7 Flexible Pensions provide mechanisms which can support members of the NHS Pension Scheme to manage their pension growth which enables individuals to manage their level of annual allowance.

However, individuals who are under the Normal Pension Age (NPA) are not able to manage their pension growth in this way and they may seek to reduce their pensionable pay through a reduction in their clinical activity as a way of managing any annual allowance liability/charge. Maintaining clinical activity is critical for NHS Wales services and a specific facility has been established on an All-Wales basis to support such individuals through a

scheme where they can apply, on an annual basis, to receive an alternative payment in place of their employer pension contributions whilst they are opted out of the NHS Pension Scheme.

This provision is open to staff who can demonstrate that their level of earnings in the NHS (which may be a projection of earnings) will result in their being impacted by the annual allowance in any financial year and who are unable to manage their pension growth through accessing the partial retirement provisions or reduce their level of pensionable pay without an impact on their activity.

To approve an alternative payment, employers are required to take legal considerations into account and to evidence whether there is an objective justification based on the risk to service delivery posed by an individual reducing hours or being reluctant to take on additional work.

Further details on the criteria and considerations regarding employer pension contributions recycling are included in the [1]Employer Pension Contributions - Model Alternative Payments Policy process which employers administer in line with the provisions at a local level.

6.8 What is abatement?

The Scheme regulations say a pensioner cannot receive more in pension and re-employed salary than the salary earned before retirement. This is known as an earnings margin.

If this earnings margin is exceeded, the annual pension will be reduced. This is known as abatement.

In March 2020, the Department of Health and Social Care (DHSC) suspended abatement for members who have Special Class (SC) and Mental Health Officer (MHO) status and claim age retirement pension benefits before age 60.

On 1 April 2024, abatement will be removed for these members if they retire and return.

Abatement is also the term used to describe the reduction or removal of pension payments if pensionable earnings have increased to pre partial retirement level within the first 12 months of partial retirement.

When will abatement apply?

Retire and return

If the individual is under their Normal Pension Age (NPA), abatement will apply if they retire on one of the following grounds and return to NHS work before their NPA:

- ill health under the previous ill health retirement arrangements
- ill health Tier 1 or Tier 2 under the current ill health retirement arrangements
- early payment of deferred benefits due to ill health
- redundancy if you retired before 1 October 2011
- early retirement in the interests of the efficiency of the service

[1] This Model Policy was previously issued by NHS Wales Employers as a guide for employing organisations. It is not an All Wales Policy agreed with BMA. Please contact your Workforce Department for the local policy/position.

Their pension being reduced depends on:

- their earnings while re-employed
- when they left the Scheme
- when they claimed their pension benefits
- the type of pension benefits claimed.

Abatement rules stop once they reach their NPA of the Section or Scheme which they've claimed their pension benefits from.

Individuals will not be subject to abatement if:

- they were over their NPA when they retired
- they are receiving redundancy benefits and retired after 30 September 2011
- they are receiving Actuarially Reduced Early Retirement (ARER) benefits.

Partial retirement

Partial retirement is a pension flexibility and requires employees to have a change in their terms of employment, and to reduce their pensionable pay by 10% or more for at least 12 months (based on the previous 12 months pensionable pay).

In the 12 months after partial retirement, if the member has a further change to their terms that increases their level of pensionable pay beyond the level required, they will no longer be eligible for the pension taken. Their pension payments will therefore be "abated".

Individuals will not be subject to abatement if there has been no change to their terms of employment, e.g. they have not been appointed to a new role at a higher rate of pay, not increased their substantive contracted hours.

7. Flexible pensions – the options

Summary of Flexibilities			
Flexibility	What is it?	What is the benefit	Considerations
Partial retirement	You can take between 20% and 100% of your pension benefits, without having to leave your current job. You can also continue to build your pension benefits in the 2015 Scheme.	Partial retirement enables you to claim all or some of your pension, whilst continuing to work, but without having to take a break and leave your job.	Whilst you won't need to take a break or change jobs, you will need to work with your employer to change your terms (such as by adjusting your hours) so your "pensionable pay" is reduced by 10% for the first year.
Retire and return/re-join	Accessing your full pension, then returning to work after a short break and, if you wish, re-joining the 2015 NHS Pension	If you're not ready to stop work altogether and you don't want to reduce your pensionable earnings, you can access your pension and re-	If you decide to re-join the NHS, you can work as many hours as you choose and in most cases your pension payments won't be reduced or

Summary of Flexibilities			
	Scheme to keep building your future pension benefits.	commence work in your current role after a 24-hour break.	stopped (known as 'abatement').
Step down	You may not be ready to retire but wish to step down to a different role, for example, to reduce the level of responsibility while remaining in NHS employment.	This option enables you to change the intensity or type of work on the approach to retirement whilst supporting the organisation to retain your skills and experience. You may wish to use this option where you wish to change role as you approach retirement, but you don't want to access your pension.	With this option you may be eligible to have your higher level of pensionable pay protected, which would mean that your final salary benefits are not affected when you do access your pension
Reduction in Hours/wind down	You may wish to reduce the number of hours or days that you work but remain in your current post	This option may support you to remain in work for a longer period before retirement through reducing the hours or days which you work. You may wish to use this option where you wish to reduce your hours as you approach retirement, but you don't wish to access your pension.	Reducing working commitments will reduce pensionable pay and there will be less pension building up each year compared to the previous higher number of hours worked. However, any final salary benefits built up in the 1995/2008 scheme will continue to be based on whole-time equivalent pensionable pay and protected from changes in working patterns.

7.1 Partial retirement

Partial retirement, sometimes referred to as draw down, enables active NHS Pension Scheme members who have reached minimum pension age to take all or part of their pension whilst continuing to work.

NHS Pensions have produced an Employers Factsheet and a Members Factsheet which should be read alongside this policy.

To be eligible for Partial Retirement an individual must:

- ✓ Have reached their minimum pension age.
- ✓ Be an active member of the Scheme (if they are not an active member, they would need to rejoin and be an active member for at least one month before taking Partial Retirement).

- ✓ Reduce their actual pensionable pay by at least 10% for the 12 months starting from the date they take Partial Retirement (for GP's, Dental Practitioners, Ophthalmic and non-GP Providers a 10% reduction in commitment is required).
- ✓ Make sure their 10% reduction in pensionable pay is calculated based on their previous level of pensionable pay for the 12 months before they take partial retirement.
- ✓ Have a change in their terms and conditions of employment to reflect their reduction in pensionable pay.
- ✓ Expect their new level of pensionable pay to last at least 12 months from the point partial retirement is taken.
- ✓ Not have already claimed partial retirement on two occasions.

Partial retirement is a pension flexibility and requires employees to have a change in their terms of employment, and to reduce their pensionable pay by 10% or more for at least 12 months (based on the previous 12 months pensionable pay). There is no need for the individual to end their contract of employment or have a break in service to take their pension benefits. Annual leave entitlements, salary and additional earnings such as clinical excellence awards will continue based on the new working pattern/revised terms and conditions.

For most staff, this reduction can be achieved via a reduction in working hours.

However, if an employee does not want to reduce their working hours, employers may consider alternative ways of meeting this requirement including split contracts (separate employment contracts/assignments) which would enable the employee to opt out of the NHS Pension Scheme for one of the contracts in order to reduce their pensionable pay by at least 10% for at least 12 months or work (non-pensionable) overtime to maintain their working hours. Further guidance on these options is set out in 7.1.1 – 7.1.3.

After taking partial retirement, individuals will continue to build up further pension in the 2015 Scheme unless they choose to opt out of the NHS Pension Scheme.

7.1.1 Achieving the 10 per cent reduction in pensionable pay

If an individual is considering partial retirement, they will need to have a conversation with their manager to agree a change to their terms and conditions of employment to achieve the required 10 per cent reduction in pensionable pay.

The 10% reduction in pensionable pay will be calculated based on their previous level of pensionable pay for the 12 months before they take partial retirement, ending on the day they take partial retirement.

In the 12 months after partial retirement, if the member has a further change to their terms that increases their level of pensionable pay beyond the level required, they will no longer be eligible for the pension taken. During this period, they may still be able to do additional work that doesn't count towards their pension, such as "overtime" or bank work (if opted out for the bank contract). If a member receives a nationally agreed pay award in the 12 months after taking partial retirement, they would still be eligible for their pension as their terms of employment would not have changed.

Agreement needs to be reached on how to reduce the individual's pensionable pay before they proceed with their application for partial retirement.

Open conversations between the individual and manager are key to understanding the circumstances, needs and preferences. These will need to be considered and balanced alongside the aims and priorities of the manager and employer, to agree a solution which suits both parties.

There are many ways of reducing pensionable pay and the most effective method will depend on the individual circumstances of the employee and the employer. There is no one size fits all solution to reducing pensionable pay and, in some cases, bespoke arrangements will need to be agreed.

Whilst individuals may be happy to maintain the reduction in pensionable pay following the end of the 12 months, they may specifically wish to agree that the change to terms and conditions of employment/the reduction in their pensionable pay is only for the 12-month period, with an agreement that at the end of that period, their working/contractual arrangements will return to normal.

Employers must not insist on permanent changes when the employee does not wish for the 12-month reduction in pensionable pay to be a permanent change to their contract. Reverting to previous arrangements/pay should be the default unless it has been agreed otherwise. However, this does not happen automatically and will require the Employer to notify payroll of the change. The individual will need to advise the payroll/pensions if they wish to rejoin the pension scheme.

7.1.2 Reducing hours and working overtime

To facilitate the reduction of hours whilst maintaining a similar level of activity to that which was previously worked, members could consider agreeing on a change of terms to reduce pensionable pay by 10% and working non-pensionable overtime for a 12-month period as part of a Flexible Pensions Agreement.

The NHS Pension Scheme regulations set out that overtime is non-pensionable. For members who have not taken partial retirement in the previous 12 months, overtime is defined as any period worked more than whole-time, according to the member's contract. This means that any hours worked beyond whole-time (by full-time or part-time staff) are non-pensionable, but hours worked up to whole time by part-time staff are pensionable.

However, for members who have taken partial retirement in the previous 12 months, any period worked more than their contract is overtime, regardless of whether or not this contract is full-time or part-time.

This means that if a member agrees to change their terms and reduce their pensionable pay to access partial retirement (for example, moving from full-time to 0.8 FTE), in the 12 months after they have taken partial retirement, they could do overtime to take them up to full-time equivalent. They would still be eligible for their partial retirement pension, as this overtime would not be pensionable, so it would not lead to an increase in their pensionable pay.

7.1.3 Combining partial retirement with an additional contract or bank agreement

To facilitate the reduction of hours whilst maintaining a similar level of activity to that which was previously worked, individuals may choose to be engaged on an additional (split) contract or bank agreement in addition to their substantive (normal) contract and as part of a Flexible Pensions Agreement.

Employees who are employed on an additional contract or engaged on a bank worker agreement may opt out of the NHS Pension Scheme in respect of the additional contract or bank agreement, whilst continuing to be a member of the NHS Pension Scheme in respect of their substantive (main) contract of employment.

To ensure the required 10% reduction in pensionable earnings level is met, opting out of the scheme from an additional (split) contract or bank agreement will need to be requested from the first day of partial retirement and within the first month of the arrangement commencing by employees completing the NHS Pensions Scheme form SD502.

This flexibility would enable the individual to reduce their hours and pensionable pay under their substantive contract of employment (as required to access partial retirement), whilst working additional capacity on a non-pensionable (opted out) basis under the terms of an additional (split) contract or bank agreement.

If contract splitting is being considered, then:

- The proposed contracts should be structured so that they are capable of being separately performed. This means that the roles under each contract should be distinguishable, and not “continuous” with the other. So, an employee could stop one job, but continue with the other; and

- The terms in the respective contracts need to be clearly defined and be capable of allowing proper maintenance of payroll records distinguishing between the two.

An example of this approach would be where clinical duties performed under a core contract which is pensioned under the NHS Pension Scheme, and management or clinical leadership role/additional NHS duties/external NHS duties under a second contract where the individual opts out of the NHS Pension Scheme.

Splitting contracts does not automatically require re writing of Job Descriptions or separate Job Evaluation as this can be set out and managed through the flexible pensions process for the 12-month period.
In addition, splitting contracts does not automatically require the use of a Bank worker agreement. However, if a Bank engagement is being considered, then:

- Individuals need to ensure that they opt out of the NHS Pension Scheme for any Bank agreement, and
- The different contractual relationship of a bank worker agreement should be recognised.

Where it is not possible for employers to agree to change of terms and a reduction in pensionable pay, but the employee wishes to claim 100% of their 1995 Scheme pension, using retire and return/re-join would offer a very similar outcome and so should be considered.

7.1.4 Monitoring the 10 per cent reduction in pensionable pay

Employers

Employers need to be confident that the agreed contractual change to working arrangements will lead to a reduction in pensionable pay of at least 10 per cent for the 12-month period. Employers should have a mechanism in place to ensure that the individuals pensionable earnings meet the requirements of partial retirement for the 12-month period. During the first 12 months of partial retirement, employers and individuals have a joint responsibility to notify NHSBSA if the individual has a change to terms and conditions that results in pensionable pay increasing to more than 90 per cent of the pensionable pay before partial retirement. If this does occur, then abatement may apply in full and the pension benefits in payment may be stopped.

Where pay does increase to more than is allowed and abatement occurs, the pension will only start to be paid again, once pensionable pay is reduced by a minimum of 10 per cent of the pay that the original partial retirement was based on.

At the end of the 12-month period, unless agreed otherwise when the individual submitted their request or in advance of the 12-month point, the terms will revert to those in place prior to the partial retirement.

Workforce & OD teams should give clear instructions to their pension and payroll colleagues to ensure that the agreed changes to working arrangements or pensionable pay are accurately processed and updated on the employee's pension and payroll records.

Employees

Employees should not agree any further changes to their contract of employment which would increase pensionable pay above 90 per cent of pensionable pay before partial retirement was agreed during the 12-month period.

Annual pay awards and pay increases members receive as they move through their pay band or pay scales do not count towards this, but any pay increase resulting from a contractual change to terms and conditions will. For example, if they decide to apply for a different job with a higher salary, increase substantive hours or increase commitments.

It is important that employers make members aware of the changes that could lead to abatement and overpayments which would need to be recovered.

7.1.5 What should be considered when deciding how much pension to take?

If an individual is applying for partial retirement, they should consider a number of factors when deciding how much of their pension they wish to take. The NHS Pensions Members Factsheet has more information regarding the decision making process and this should be read alongside the guidance in this policy.

A Partial Retirement Calculator has been developed by NHS Pensions and is available on the NHS Pensions scheme website. This will allow the individual and the employer to see how taking different percentages of their pension at partial retirement affects the amount of pension benefits they will get overall.

It is recommended that individuals use this calculator to work out the amount of pension they want to take and the change in working arrangement that's best for them before applying for partial retirement. In the event this calculator doesn't provide the information needed, they can contact NHSBSA for specific information

It is important that individuals know the whole picture regarding the impact of taking their pension whilst continuing to receive income from employment, for example the income tax

considerations and therefore accessing independent financial advice should be considered when determining whether it would be the right option for them. NHS Employers have compiled a list of organisations which are able to give advice and guidance on pension tax issues which can be accessed via this link. In addition, certain benefits will be impacted so it is important that employers share and communicate all relevant information to individuals and encourage them to take appropriate advice before making a final decision.

7.1.6 The impact of differing Normal Pension Ages (NPAs) when considering partial retirement.

If an individual takes their benefits before their normal pension age (NPA), their benefits will be reduced. As referenced in section 6, different NPAs apply in the 1995 scheme, 2008 scheme and 2015 scheme. This may affect their preferences around how much pension they may wish to take and when.

Members are not able to choose which scheme they take their benefits from. When a member chooses to take partial retirement, their chosen percentage is applied sequentially across all their benefits in the NHS Pension Scheme. This means that they would effectively take or use up their 1995/2008 Scheme benefits first, followed by their 2015 scheme benefits. Therefore, if they wish to take their 1995/2008 scheme benefits but not their 2015 scheme benefits (perhaps to avoid an early retirement reduction being applied to their 2015 scheme benefits) the individual and employer will need to indicate this on the application form provided by NWSSP Pensions Team.

NHS Pension Scheme members are not able to take their lump sum separately from their pension. Taking partial retirement involves claiming a proportion of their pension and any lump sum associated with that pension.

7.2 Retire and return/re-join

Retire and return is a way of retiring flexibly which works alongside the NHS Pension Scheme Regulations and can be used by employers as a tool to retain valuable and experienced staff and boost capacity. Individuals who have reached the minimum pension age may leave NHS employment, claim their pension benefits and later decide to return to NHS employment.

When employees retire and return, they must leave their employer, their existing contract of employment ends, and they must enter a new contract of employment with their employer.

Unless the individual requests otherwise (i.e. a longer break), the default position is that the only break in service required for retire and return is that prescribed by the pension rules (24 hours). All NHS Wales organisations will operate the break in contract on this basis, unless the individual requests a break of a different duration.

Illustration - to achieve the required break of 24 hours, an individual who finishes on 31st March with no annual leave outstanding must not return/re-join before 2nd April.

Individuals must be offered the right to return on the same contractual basis as they were pre-retirement. This means being engaged on a permanent contract and with the same terms and conditions, unless the individual requests a different working arrangement.

Individuals who have retired and returned prior to this policy being in place, and were appointed on a fixed term or locum contract, have the right to request for this contractual status to be reviewed in accordance with the terms of this policy.

Prior to taking retire and return, all annual leave should be taken to ensure that the last date of service and new date in service and as a result the pension payment is not impacted.

7.2.1 Specific retire and return considerations for medical & dental staff

- Retention of Clinical Excellence / Clinical Impact awards

  National award holders, who begin receiving their pension after 1 April 2023, will retain their award. This is subject to the standard scheme rules around job changes where any changes to working arrangements are made as a consequence of retire and return.

  As with any job change, award holders and employers should discuss job change plans with the Advisory Committee on Clinical Impact Awards (ACCIA) secretariat before the job change has been implemented to avoid losing the award or being required to re-apply early.

- Associate Specialists 2008 – the right to return to this grade

  An Associate Specialist on the 2008 Contract who retires, and returns will have the right to be re-engaged on the same Associate Specialist terms if they wish.

7.2.2 Retire and re-join

From 1 April 2023, all staff who choose to retire and return can join the 2015 scheme – this applies to staff who've retired from the 1995, 2008 and 2015 Schemes, so long as they are under age 75.

Employees who retire and return are contractually enrolled into the 2015 scheme on the first day of their employment, in the same way as any other new starter and if they do not wish to pay pension, they must opt out within the first month.

7.2.3 Differences between retire and return and partial retirement

The key distinction between retire and return and partial retirement is that with retire and return, as an NHS Pension Scheme member the individual must leave NHS employment, take their pension and be re-employed on a new contract of employment at a later date. With partial retirement, NHS Pension Scheme members can take their pension without leaving their job or taking a break in service and so their existing contract of employment continues to be in place.

Another important difference is that members who retire and return must take all their benefits from the 1995 Scheme at once, whereas partial retirement provides additional flexibility for members to take some or all of their pension in one or two payments.

Partial retirement provides a more seamless approach and is designed to provide an effective means for employees to access their pension if they already know that they plan to continue working after taking their pension.

Retire and return has specific provisions and under the NHS Pension Scheme regulations, members must take a 24-hour break before returning to employment to take their pension from the 1995 scheme.

There is no requirement to ensure an employee takes a longer break in service to achieve a break in continuous service and under this policy NHS Wales organisations must not insist on a longer break in service.

Employers must offer the same terms and conditions of employment to individuals upon their return. Through offering the same terms and conditions, including pay, annual leave and sick pay, it is the aim of this policy to support and encourage experienced staff who want to claim their pension to continue working, if they wish, as well as attracting staff who have recently retired back to work.

7.3 Step down

An individual may not be ready to retire but wish to step down to a different role, for example, to reduce the level of responsibility while remaining in NHS employment. This option enables them to change the intensity or type of work on the approach to retirement whilst supporting the organisation to retain their skills and experience.

If an individual has reached minimum pension age and choose to step down to a role where their new or remaining duties are less demanding and carry less responsibility than their previous duties, they may be able to apply for voluntary protection of the link to their higher level of pensionable pay if their pay reduces by 10% or more.

Voluntary protection of their previous pensionable pay level is part of the 1995 Scheme of the NHS Pension Scheme. This provision recognises that in the run up to retirement individuals may prefer, if possible, to remain in NHS employment, perhaps in a lesser capacity, while protecting, for the calculation of their final salary pension benefits, the previous salary level at which their benefits in the 1995 scheme were calculated.

Any ‘step down’ arrangement needs to be agreed between the individual and their employer and they will have to provide NHS Pensions with information that the step down has been agreed.

The provision is also intended for lasting, rather than trivial or short-term reductions in pay. It would normally be expected that the step down would occur with the same employer however, if a suitable role to ‘step down’ to cannot be provided by one employer, but can be arranged with another, this would be acceptable. In this case both employers will have to provide information that confirms a ‘step down’ arrangement has been agreed.

It is possible for an NHS Pension Scheme member to leave one employer and join another on a reduced rate of pay and to apply for voluntary protection of pensionable pay provided both employers agree to the step-down arrangement. The provision is not intended for situations where a member leaves one employer and joins another on a reduced rate of pay without an agreement between employers.

7.3.1 Eligibility criteria for voluntary protection of pensionable pay

To be eligible for voluntary protection of pay the individual must:

- have a final salary link to 1995 Scheme pension benefits

- have stepped down to a role where their new or remaining duties are less demanding and carry less responsibility than their previous duties (as confirmed by their employer(s))
- have a reduction in pensionable pay of at least 10% for a period of at least one year, beginning with the first pay day on which the reduced pensionable pay was paid (as verified by their employer(s))
- not have had any other reduction in pensionable pay in the 12-month period before they stepped down (as verified by their employer(s))
- have applied after 12 months, but within 15 months, of their pensionable pay being reduced
- have reached their minimum pension age in the 1995 Scheme
- have attained at least two years qualifying membership within the NHS Pension Scheme at the time they step down
- have not previously protected their pensionable pay under the voluntary protection of pay arrangements

7.3.2 Arrangements for 2008 Scheme and 2015 Scheme membership

The voluntary protection of pay arrangements is specifically for membership within the 1995 scheme of the NHS Pension Scheme.

The 1995 scheme uses best of the last three years when calculating an individual's pension, so the ability to protect the higher level of whole-time equivalent pay is important to retain the highest level of pay which is used to calculate their pension when they retire.

In the 2008 Scheme – Total Reckonable pay is the average of the best three consecutive years of pensionable pay in the last ten. Each year's pay in the last 10 years before retirement is increased by the cost of living to bring that pay figure up to what it would be worth on the day of leaving. The 2008 scheme therefore supports individuals "stepping down" in the last 10 years before retirement and so protection arrangements are not required.

In the 2015 Scheme – The amount of pension an individual earns each year is determined by what is known as the 'build up rate' which is shown as a fraction of their pensionable earnings. In the 2015 Scheme the build-up rate is 1/54th of pensionable pay. Therefore, they earn a pension of 1/54th of their pensionable earnings each year, or part year if they leave before the end of a financial year. Due to the way in which the 2015 scheme builds up each year any higher level of pension previously built up is secure in their overall pension record and any further pension which they build up is based on the stepped down role.

7.4 Reduction in hours/wind down

Individuals may wish to reduce the number of hours or days that they work but remain in their current post. This is called wind down.

Reducing working commitments will reduce pensionable pay and there will be less pension building up each year compared to the previous higher number of hours worked. However, any final salary benefits built up in the 1995 or 2008 schemes will continue to be based on whole-time equivalent pensionable pay and protected from changes in working patterns as noted in 7.3.2.

All employees working in NHS Wales are eligible to apply for flexible working through the All Wales Flexible Working Policy.

This option may support individuals to remain in work for a longer period before retirement through reducing the hours or days which they work. They may wish to use this option where they wish to reduce their hours as they approach retirement but don't wish to access their pension.

8. Flexible Pensions Option Request Process

8.1 Making a request

Where an individual wishes to access one of the flexible pensions options in Section 7 of this Policy, they should complete Part A of the Flexible Pension Request Form (Appendix 1). It is recommended that they have an informal discussion with their manager before submitting a formal request and managers are encouraged to facilitate this when requested to do so. However, the request will not be formally considered until it is put into writing.

If the manager refuses or is not receptive to an application at an informal discussion, they may still decide to proceed with a formal application. They may wish to seek advice and assistance from their workforce team or their trade union or a workplace colleague.

8.2 Responding to a request

Managers should be aware that there is a legal requirement to consider flexible working applications and inform their employees of the outcome within 2 months of the date the request and should take this into consideration to ensure they have an adequate time frame to give the request due consideration. Managers should also be aware that once agreed, there are steps that NWSSP Pension Team need to take prior to submission of any request to NHS Pension Scheme. Once submitted, NHS Pension scheme application timescales (at least 3 months) should also be factored in. Therefore, any discussions regarding the effective date of any change to contract, retirement etc. need to be cognisant of the work required by other agencies to progress and action the application.

Manager should arrange to discuss the application with the individual as soon as possible after receiving a request form (this can be in person, by telephone or via MS Teams). This will allow them to get a better understanding of the changes the individual is looking for and how they see things working in practice. The discussion should explore how the proposed working arrangement will work in practice, any potential positive and negative impacts it may have on service provision and how it may affect other team members. Employees have the right to be accompanied by a workplace colleague or a trade union representative at this meeting. If the manager intends to approve the request, this meeting is not a requirement, but it may still be helpful to discuss practical arrangements.

Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the individual or their colleagues would become lone workers).

Advice can be sought from People Services/Human Resources/W&OD, Health and Safety and Occupational Health as appropriate.

8.3 Considering a request

All requests should be approached with a can-do attitude, with the presumption that they will be granted unless it is genuinely not possible to do so for one of the business reasons set out below. The request should be considered carefully and the benefits of implementing the change should be weighed against any costs. In considering the application line managers must ensure that they do not directly or indirectly discriminate against the employee. If there is any doubt about what that might entail, then advice can be sought from the local EDI or People Services/Human Resources/ W&OD team. Once a decision is made the manager should inform the individual in writing using Part B of the request form.

8.4 Decision making

If it is decided to approve the application, or accept it with modifications, a discussion should take place to determine how and when the changes might best be implemented. The line manager is responsible for ensuring that Payroll are notified of any changes to pay, and specific contractual changes must be clarified with the individual in advance of the new arrangements commencing. To start the NHS Pensions application process, the individual is responsible for contacting the NWSSP Pension Team to request a link to a form specifically generated for the member of staff...

Managers must make all endeavours to accommodate the request in full or in part, or by providing an alternative. If, after a discussion with and consideration of all alternatives available, the manager feels that they are unable to support a flexible pensions request in a particular post, they must discuss the application with People Services/Human Resources/ W&OD.

If following this conversation, they still do not feel able to approve the request and cannot find a mutually agreeable alternative they will meet with individual to explain this and will provide written, objectively justified reasons for the decision and give a clear operational reason why the proposed arrangements were not practicable. The manager must provide details/evidence of the business grounds for refusing the request and how they apply in the individual's case. Within the context of a manager being required to make all endeavours to accommodate a request, where it is determined this is not possible this can only be justified by one or more of the reasons included in the following list:

- Significant burden of additional cost
- Detrimental effect on ability to meet patient/customer needs
- Inability to re-organise work among existing employees and/or engaging/recruiting other staff.
- Detrimental impact on quality
- Detrimental impact on performance
- Detrimental impact on the ability to meet service demands
- Insufficient work for the periods during which you propose to work
- Planned structural changes to the department

8.5 Escalation

This stage should be used if the line manager has not been able to reach agreement on a solution in the exploratory/application stage. The purpose is to check for other possible solutions including whether the form of flexible pensions which the individual is seeking could be accommodated in a different team, location or role. If a request for flexible pensions has not been accommodated, and the individual would no longer feel able to continue to work in that department because they would be unable to balance their work / life responsibilities, then managers are expected to support employees in identifying any alternative roles within the organisation which may be more supportive of their circumstances and in line with their request.

Should an individual fail to attend a meeting to discuss their application and one further rearranged meeting without explanation, the manager can consider the application withdrawn. In these circumstances, the manager must inform the individual that the application has been withdrawn and provide a reasonable opportunity to respond.

8.6 Appeal

Where a flexible pensions request has been refused, the individual may lodge an appeal within 14 days of being notified of the refusal of their request by contacting their manager's line manager.

This must be in writing and clearly state the grounds on which they are appealing. These may be:

- Insufficient evidence has been provided to support the reason for refusal.
- Where the manager has incorrectly treated the application as withdrawn.
- Where new information is now available in relation to the request
- Where it is felt that the application was not handled in line with the policy
- Where there may be proposal that has not been fully considered or insufficient evidence has been provided in relation to a business reason for refusal.
- Where it is felt that the application was not dealt with in a reasonable manner or that the individual has been discriminated against.

An appeal meeting will be held, normally within one month of receipt of the written appeal. This will be dealt with impartially by a more senior person than the manager who made the original decision.

The individual should be given the opportunity to be accompanied by a trade union representative or work colleague at any appeal meeting. The outcome of the appeal will be communicated in writing within seven days of the appeal meeting. This is the end of the procedure and there is no further appeal, although further requests for flexible working/pensions can be submitted.

9. Monitoring and review

Employers will keep a record of all formal applications for Flexible Pensions arrangements in place and a record of any rejections and appeals.

Organisations should ensure that data relating to applications for flexible pensions and outcomes of decisions are recorded and regularly reported through the usual partnership and governance structures.

This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and by department.

Appendix 1 – Flexible Pensions Request Form

Part A of the request form should be completed by the employee.

Part B of the form should be completed between the line manager following the review meeting.

When agreement has been reached the employee will be required to contact the NWSSP Pension Team to commence the Pension Scheme Application Process.

Part A: Request Details

Name of employee:	
Post:	
Band:	
Employee number:	
Email address:	
Department:	
Service Group:	
Line Manager:	

Flexible Pension Option requested:

Using the detail from the relevant section of the Policy as a guide, please provide information to be considered in support of your request against the relevant option below. Please note: Once the application is approved, the Manager and Individual will be required to access and complete the relevant Pensions/Payroll forms to action the requested changes.	
Partial Retirement (reducing my pensionable pay by at least 10% for first 12 months) *	
Retire, start receiving my pension and recommence employment (Retire and Return) *	

Step down (to a role with less responsibility/lower band)	
Reduction in Hours/wind down	

Employee Signature	**Date:**

Part B: Outcome Section

Managers decision (please tick to state one of the outcomes below):

Successful application

Request for flexible pensions option has been reviewed and accepted.	
Request has been accepted subject to certain amendments as outlined below	
Partial Retirement Confirm the NWSSP - Partial Retirement Supplementary Form has been completed for submission	
All Options Confirm the relevant change notifications have been submitted to Payroll	

Please note: Once the application is approved, the Manager and Individual will be required to access and complete the relevant Pensions/Payroll forms to action the requested changes.

Unsuccessful application

Application has not been successful.	
Rationale for rejecting application: This can only be justified by one or more of the reasons included in the following list: • Significant burden of additional cost • Detrimental effect on ability to meet patient/customer needs • Inability to re-organise work among existing employees and/or engaging/recruiting other staff. • Detrimental impact on quality • Detrimental impact on performance	

• Detrimental impact on the ability to meet service demands • Insufficient work for the periods during which you propose to work • Planned structural changes to the department	

New substantive employment arrangements – Flexible Pensions Agreement

Start date of change:	
Partial Retirement applications only: End date of change/ date due to revert to previous contractual terms. (this must be no earlier than 12 months from the date of partial retirement).	
Retire & Return applications only: Date due to return, following retirement (note there must be a 24-hour break following a retire and return application)	
Change in arrangements:	
Band:	
Hours:	
Salary and Incremental point:	
Any additional allowances to be continued/previously accrued (i.e. additional annual leave):	
Commencement of Bank Contract (if applicable)	

Signatures

Manager Signature	Signature: Date: - - /- -/ - - - -
Employee Signature I confirm that this flexible pension option request has been discussed with me and I agree to the adjustments to my working arrangements	Signature: Date: - - /- -/ - - -

NHS Wales

Pregnancy Loss Support Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn Gweithio mewn Partneriaeth
NHS Wales Working in Partnership

Version: FINAL July 2024

NHS Wales

Pregnancy Loss Support Policy

1.0 Background

1.1 The aim of this policy is to provide the support employees need during this difficult time in their life, and to help managers and colleagues know how to support people affected, with kindness, understanding and without judgement.

1.2 It supports pregnant employees and employed partners through pregnancy loss and encourages them to feel confident to talk to their manager, colleagues and friends at work about what has happened. It challenges attitudes that pregnancy loss is a taboo subject, and that people have to suffer in silence.

1.3 If an employee is reading this document, it is likely they are either going through or supporting somebody through this very difficult period so please do reach out to your local workforce department or a manager to talk with in order to ensure that you receive appropriate support.

2.0 Scope

2.1 The scope of policy is defined in Appendix 1 and includes, but is not limited to: miscarriage, anembryonic pregnancy, ectopic pregnancy, molar pregnancy, embryo transfer loss and termination of pregnancy.

2.2 This policy applies to employees only. It does not apply to agency workers, consultants, self-employed contractors, volunteers or interns. If you are not an employee but have experienced pregnancy loss, we encourage you to speak with your normal point of contact in our organisation [our Pregnancy and Baby Loss Champion] or a member of the HR Department. They will be able to discuss with you what support is available.

2.3 This policy applies to all employees that suffer a pregnancy loss, at any time before 24 weeks, regardless of whether it has happened directly to them, their partner, surrogate or the adoptive parents in an approved adoption placement. It also applies regardless of the employee's gender, type of contract of employment, length of service, role or base.

2.4 When an expectant employee suffers a pregnancy loss after 24 weeks, they will still be entitled to statutory maternity leave and SMP if their baby is born early; is stillborn after the start of their 24th week of pregnancy or dies after being born. This is in addition to the provisions contained within Section 23: Child Bereavement Leave of the NHS Terms and Conditions of Service Handbook (the provisions equivalent to those contained in section 23 will apply to medical and dental staff); as well as the provisions within local organisational policies.

2.5 If an employee is affected by pregnancy loss but is not the carrier of the pregnancy, the partner of the employee carrying the pregnancy or the intended parent in a surrogacy or adoption arrangement, they should speak with their line manager or the HR Department about how they can be supported.

2.6 The NHS Organisation recognises the distress, both physical and emotional, that may result from pregnancy loss and the impact this may have on individual employees regardless of when or how the loss occurs. This policy has been prepared to provide paid time off and support in relation to pregnancy loss. However, it is appreciated that no situations will be identical, and that pregnancy loss can result in grief unlike other types of grief. Employees are therefore encouraged to discuss with their line manager or a member of the HR Department what support they may need.

2.7 [An employee may prefer to speak with our Pregnancy and Baby Loss Champion in the first instance, while keeping in mind that their line manager or the HR Department may need to be involved in subsequent discussions.]

Note: - An employer may wish to appoint a Pregnancy and Baby Loss Champion. This individual would be trained in pregnancy and baby loss and perhaps have some experience of this type of loss themselves. Appointment of a Pregnancy and Baby Loss Champion would enable employees experiencing pregnancy loss to speak with someone outside of their reporting line and HR who would be well-equipped to listen to their questions or concerns. If an employer appoints a Pregnancy and Baby Loss Champion, appropriate references should be included in this policy.

3.0 Experiencing Pregnancy Loss at Work

3.1 If a pregnancy loss starts while at work, employees are encouraged to speak with their line manager or a trusted colleague. They can then arrange for your preferred contact to be notified and find a suitable place for you to remain while any medical care is organised, or arrangements are made for you to travel home.

3.2 It is recognised how traumatic the experience may be, both physically and emotionally. Consequently, the NHS Organisation wants to ensure that no employee feels that they have to go through the experience on their own or continue with their work. The employee's line manager or colleague should agree with you on how your absence will be communicated to others, if needed.

3.3 The preferred contacts of an employee experiencing pregnancy loss will be allowed to leave work at short notice to provide support.

4.0 Pregnancy Loss Paid Leave

4.1 Those affected by a pregnancy loss, regardless of the reason (See Appendix 1 for further information), before week 24 are entitled to a maximum of ten working days' full pay (pro-rata for part-time staff). Depending on the employee's wishes and needs, the leave may be taken as consecutive or ad hoc days/hours. It is appreciated that some employees may not want to take leave straight away, or at all. If an employee

does want to take leave under this policy, they are asked to take it within 26 weeks of the pregnancy loss.

4.2 If the NHS Organisation employs the employee affected by pregnancy loss and their partner, they will both be entitled to apply for pregnancy loss leave in their own right.

4.3 If an employee suffers more than one pregnancy loss in a calendar year, they will be entitled to receive the maximum amount of paid leave, per loss.

4.4 In order to apply for leave following a pregnancy loss, the employee should contact their line manager in the first instance who will advise them on any local arrangements. An employee may self-certify any leave taken in accordance with this policy. They will not be required to provide a Fit Note or letter from a healthcare professional. The employee and their manager can complete the application process retrospectively, following the return to work, as long as they have discussed and verbally agreed the leave.

4.5 It is recognised that it will not always be possible to request pregnancy loss leave in advance. However, an employee is encouraged to speak with their line manager or a member of the HR Department as soon as possible if they are considering taking pregnancy loss leave in accordance with this policy.

5.0 Additional Leave

5.1 Emotional and physical recovery from a pregnancy loss does not have a time limit. Grieving could go on longer than the initial bereavement event.

5.2 The employee may therefore require a further period of absence from work, following the period of paid leave. The additional absence by the employee could be facilitated by the Managing Attendance at Work Policy and / or the Flexible Working Policy or by taking unpaid leave. Leave taken under this policy will not count for monitoring purposes under the Managing Attendance at Work policy. Where appropriate, and with the consent of the employee, consideration will also be given to an occupational referral or temporary redeployment.

5.3 The NHS Organisation recognises that flexibility is often important to employees that are suffering a pregnancy loss. Managers should therefore, where possible, aim to facilitate flexible working requests for these employees, wherever possible. Further guidance around Flexible Working can be found in the All-Wales Flexible Working Policy.

5.4 We recognise that returning to work after pregnancy loss may be challenging and the preferred support will vary from employee to employee. With this in mind, we encourage employees to speak with their line manager about how they can support a return to work. If an employee has any suggestions for steps that can be taken as to support you during this time, they should discuss these with their line manager.

6.0 Paid Time Off for Medical Appointments

6.1 Employees will be entitled to receive additional paid time off to attend pregnancy loss related appointments, or to accompany their partner, should they not fall within the agreed period of paid pregnancy loss leave (10 working paid days, pro-rata part-time staff). This will include but is not limited to medical examinations, scans and tests, and mental health-related appointments.

6.2 Managers should recognise that it would not always be possible for employees to arrange these appointments around the demands of their work, due to the nature of pregnancy loss. Therefore, they should support employees in managing the impact of time away from work, in these circumstances.

7.0 General Support

7.1 The NHS Organisation aims to facilitate an open and understanding working environment. Employees are therefore encouraged to inform their manager that they are suffering a pregnancy loss at an early stage. This will help to ensure that they are provided with the necessary support, in a timely manner.

7.2 Where an employee does not initially feel comfortable discussing the issue with their direct line manager, they may find it helpful to have a confidential conversation with, e.g.

- A trusted manager or colleague;
- The Staff Psychological Wellbeing Service;
- A member of the Occupational Health Team;
- A Health Board Maternity Bereavement Officer;
- The Chaplaincy Service;
- An external bereavement support charity or organisations (See Appendix 2);
- Member of Workforce & OD Team; or
- A Trade Union representative

8.0 Responsibilities

8.1 Everyone is expected to be sensitive to the impact of pregnancy loss and to consider their colleagues with kindness and understanding.

8.2 It is the manager's responsibility to support the employee with kindness, compassion and flexibility. Each person is different, and individuals may also need temporary work adjustments, or other levels of support.

8.3 Employees who have experienced pregnancy loss are actively encouraged to reach out and talk to someone they trust at the earliest opportunity, if they feel they need additional support or signposting.

9.0 Talking about a loss

9.1 It is entirely the employee's decision whether or how much to talk about their loss. The organisation will endeavour to provide an open and welcoming environment in which an employee can do so.

9.2 Equally, it is appreciated that there may be circumstances in which an employee may want to limit the number of individuals who know about their pregnancy loss, to the extent this is possible in the circumstances. If an employee chooses to discuss their pregnancy loss with their line manager, they are encouraged to speak with them about how they would like any related absences from work to be communicated to colleagues.

9.3 Any information you provide to us about your health will be processed in accordance with our Data Protection Policy. We recognise that this data is sensitive and will handle it in a confidential manner.

Appendix 1

Pregnancy loss includes but is not limited to:

- **Miscarriage**: the spontaneous loss of pregnancy until 24 weeks of gestation. NHS Information on Miscarriage

- **Termination**: a medical or surgical procedure to end a pregnancy. NHS Information on Termination

- **Ectopic Pregnancy**: when a fertilised egg implants and grows outside of the uterus. NHS Information on Ectopic Pregnancy

- **Anembryonic Pregnancy**: when the cells of a baby stop developing early on, and the tiny embryo is reabsorbed. However, the pregnancy sac, where the baby should develop, continues to grow.
  Miscarriage Association Information on Anembryonic Pregnancy

- **Molar Pregnancy**: a rare form of pregnancy in which a non-viable fertilised egg implants in the uterus and will fail to reach full term. NHS Information on Molar-Pregnancy

- **Embryo transfer loss** – when the embryo does not transfer during fertility treatment and results in no pregnancy. Learn more about embryo transfer loss www.liverpoolwomensnhs.uk

Appendix 2

External Bereavement Support Charities and Organisations

Many charities in the UK that provide help, support and information to those are suffering from a pregnancy loss. The following are some of the largest and where applicable, local charities:

- **ARC**

Is a charity that offers non-directive information and support to parents before, during and after antenatal screening; when they are told their baby has an anomaly; when they are making difficult decisions about continuing with or ending a pregnancy, and when they are coping with complex and painful issues after making a decision, including bereavement.

Telephone: 0207 713 7486. Helplines are answered by trained staff Monday to Friday, 10.00 to 17:30pm.

- **Cruse Bereavement Care**

Trained bereavement volunteers, who offer emotional support to anyone affected by bereavement, staff the Cruse Bereavement Care free phone national helpline.

Telephone: 0808 808 1677
Email: helpline@cruse.org.uk
Helplines are open Monday-Friday 09.30 to 17.00 (excluding bank holidays), with extended hours on Tuesday, Wednesday and Thursday evenings, when they are open until 20:00.

- **London Friend LGBT Bereavement Helpline**

Support for gay, lesbian, bisexual and transgender people expecting or experiencing bereavement.

Telephone: 0207 7837 3337 Tues 19:30 to 21:30
Webpage: www.londonfriend.org.uk

- **Miscarriage Association**

Provides advice and support to those who had experienced miscarriage, molar pregnancy or ectopic pregnancy.

Telephone: 01924 200799
Website: www.miscarriageassociation.org.uk

- **NHS Bereavement Helpline**

Qualified nurse that can provide guidance and support to individuals who are suffering a pregnancy loss runs the NHS Bereavement Helpline.

Telephone: 0800 2600 400 – Helpline is open every day 08:00 to 20:00.

- **Petals - The Baby Loss Charity**

Petals provide a free, counselling service to support women, men and couples through the devastation of baby loss. Their counselling programme meets the needs of those who have suffered pregnancy complications, pregnancy loss or the death of a baby. Their counsellors

are experts in this field and have years of experience between them of counselling people after all types of baby loss.

Telephone: 0300 688 0068
Email: counselling@petalscharity.org
Website: Petalscharity.org

♥ **Stillbirth and Neonatal Death Society (SANDS)**

Welcomes calls from anyone affected by a stillbirth of a baby.

Telephone: 020 7436 5881
Email: helpline@uk-sands.org
Website: www.sands.org.uk

♥ **The Ectopic Pregnancy Trust**

A registered national charity established to meet the needs of people who have experienced ectopic pregnancy and the health care professionals who care for them.

Telephone: 020 7733 2653
Website: www.ectopic.org.uk

♥ **Tommys**

Tommys believe that every baby lost is one too many. Tommys exists to support, care for and champion people, no matter where they may be on their pregnancy journey. They provide expert, midwife-led advice for parents before, during and after pregnancy, working together towards safer, healthier pregnancies. Click her for Tommys Baby Loss Support Information

If you would like to speak to one of the Tommys midwives about your pregnancy, or need support and advice following a pregnancy loss, you can contact the team directly.

Telephone: **0800 014 7800** (Monday to Friday, 09:00 to 17:00).
Email: midwife@tommys.org
Website: www.tommys.org

♥ **The Samaritans**

24-hour helpline support every day of the year for anyone in distress, including those who are bereaved.

Telephone: 08457 90 90 90
Website: www.samaritans.org

♥ **Canopi (nhs.wales)**

GIG Cymru

Polisi Cefnogi Colli Beichiogrwydd

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn Gweithio mewn Partneriaeth
NHS Wales Working in Partnership

Fersiwn TERFYNOL Gorffennaf 2024

GIG Cymru

Polisi Cefnogi Colli Beichiogrwydd

1.0 Cefndir

1.1 Nod y polisi hwn yw darparu'r cymorth sydd ei angen ar gyflogeion yn ystod y cyfnod anodd hwn yn eu bywyd, a helpu rheolwyr a chydweithwyr i wybod sut i gefnogi pobl yr effeithir arnynt, gyda charedigrwydd, dealltwriaeth a heb farn.

1.2 Mae'n cefnogi cyflogeion beichiog a phartneriaid cyflogedig drwy golli beichiogrwydd ac yn eu hannog i deimlo'n hyderus i siarad â'u rheolwr, eu cydweithwyr a'u ffrindiau yn y gwaith am yr hyn sydd wedi digwydd. Mae'n herio agweddau bod colli beichiogrwydd yn bwnc tabŵ, a bod yn rhaid i bobl ddioddef yn dawel.

1.3 Os yw gweithiwr yn darllen y ddogfen hon, mae'n debygol ei fod naill ai'n mynd drwy'r cyfnod anodd iawn hwn neu'n cefnogi rhywun mewn sefyllfa debyg, felly cysylltwch â'ch adran gweithlu leol neu reolwr i siarad â nhw er mwyn sicrhau eich bod yn cael cymorth priodol.

2.0 Cwmpas

2.1 Mae cwmpas y polisi wedi'i ddiffinio yn Atodiad 1 ac mae'n cynnwys, ond nid yw'n gyfyngedig i: gamesgoriad, beichiogrwydd anembryonig, beichiogrwydd ectopig, beichiogrwydd molar, colli embryonau wrth drosglwyddo a therfynu beichiogrwydd.

2.2 Mae'r polisi hwn yn berthnasol i weithwyr yn unig. Nid yw'n berthnasol i weithwyr asiantaeth, ymgynghorwyr, contractwyr hunangyflogedig, gwirfoddolwyr nac interniaid. Os nad ydych yn gyflogai ond wedi profi colled beichiogrwydd, rydym yn eich annog i siarad â'ch pwynt cyswllt arferol yn ein sefydliad [ein Hyrwyddwr Beichiogrwydd a Cholled Babanod] neu aelod o'r Adran Adnoddau Dynol. Byddant yn gallu trafod pa gymorth sydd ar gael i chi.

2.3 Mae'r polisi hwn yn berthnasol i bob gweithiwr sy'n dioddef colled beichiogrwydd, ar unrhyw adeg cyn 24 wythnos, p'un a yw wedi digwydd yn uniongyrchol iddynt hwy, eu partner, mam fenthyg neu'r rhieni mabwysiadol mewn lleoliad mabwysiadu cymeradwy. Mae hefyd yn berthnasol waeth beth fo rhyw y gweithiwr, y math o gontract cyflogaeth, hyd gwasanaeth, rôl neu sylfaen.

2.4 Pan fydd gweithiwr sy'n disgwyl yn dioddef colled beichiogrwydd ar ôl 24 wythnos, bydd yn dal i fod â hawl i absenoldeb mamolaeth statudol ac SMP os caiff ei faban ei eni'n gynnar; yn farw-anedig ar ôl dechrau ei 24ain wythnos o feichiogrwydd neu'n marw ar ôl cael ei eni. Mae hyn yn ychwanegol at y darpariaethau yn Adran 23: Absenoldeb Profedigaeth Plentyn o Lawlyfr Telerau ac Amodau Gwasanaeth y GIG (bydd y darpariaethau sy'n cyfateb i'r rhai a gynhwysir yn adran 23 yn berthnasol i staff meddygol a deintyddol); yn ogystal â'r darpariaethau o fewn polisïau sefydliadol lleol.

2.5 Os yw colled beichiogrwydd yn effeithio ar gyflogai ond nad yw'n cario'r beichiogrwydd, partner y gweithiwr sy'n cario'r beichiogrwydd neu'r rhiant arfaethedig mewn trefniant benthyg croth neu fabwysiadu, dylai siarad â'i reolwr llinell neu'r Adran Adnoddau Dynol ynghylch sut gellir ei cefnogi.

2.6 Mae Sefydliad y GIG yn cydnabod y trallod, yn gorfforol ac yn emosiynol, a all ddeillio o golli beichiogrwydd a'r effaith y gallai hyn ei gael ar weithwyr unigol ni waeth pryd neu sut y mae'r golled yn digwydd. Paratowyd y polisi hwn i ddarparu amser i ffwrdd â thâl a chymorth mewn perthynas â cholli beichiogrwydd. Fodd bynnag, gwerthfawrogir na fydd unrhyw sefyllfaoedd yn union yr un fath, ac y gall colli beichiogrwydd arwain at alar yn wahanol i fathau eraill o alar. Anogir gweithwyr felly i drafod gyda'u rheolwr llinell neu aelod o'r Adran Adnoddau Dynol pa gymorth y gallent fod ei angen.

2.7 [Efallai y byddai'n well gan gyflogai siarad â'n Hyrwyddwr Beichiogrwydd a Cholled Babanod yn y lle cyntaf, gan gadw mewn cof y gallai fod angen cynnwys ei reolwr llinell neu'r Adran Adnoddau Dynol mewn trafodaethau dilynol.]

Sylwer: - Efallai y bydd cyflogwr yn dymuno penodi Hyrwyddwr Beichiogrwydd a Cholled Babanod. Byddai'r unigolyn hwn yn cael ei hyfforddi mewn beichiogrwydd a cholli baban ac efallai bod ganddo rywfaint o brofiad o'r math hwn o golled ei hun. Byddai penodi Hyrwyddwr Beichiogrwydd a Cholled Babanod yn galluogi gweithwyr sy'n profi colled beichiogrwydd i siarad â rhywun y tu allan i'w llinell adrodd ac AD a fyddai'n ddigon parod i wrando ar eu cwestiynau neu eu pryderon. Os bydd cyflogwr yn penodi Hyrwyddwr Beichiogrwydd a Cholled Babanod, dylid cynnwys cyfeiriadau priodol yn y polisi hwn.

3.0 Profi Colled Beichiogrwydd yn y Gwaith

3.1 Os bydd colled beichiogrwydd yn dechrau tra yn y gwaith, anogir cyflogeion i siarad â'u rheolwr llinell neu gydweithiwr y maent yn ymddiried ynddo. Yna gallant drefnu i'ch cyswllt dewisol gael ei hysbysu a dod o hyd i le addas i chi aros tra bod unrhyw ofal meddygol yn cael ei drefnu, neu y gwneir trefniadau i chi deithio adref.

3.2 Cydnabyddir pa mor drawmatig y gall y profiad fod, yn gorfforol ac yn emosiynol. O ganlyniad, mae Sefydliad y GIG am sicrhau nad oes unrhyw weithiwr yn teimlo bod yn rhaid iddo fynd drwy'r profiad ar ei ben ei hun na pharhau â'i waith. Dylai rheolwr llinell y gweithwyr neu gydweithiwr gytuno â chi ar sut y bydd eich absenoldeb yn cael ei gyfleu i eraill, os oes angen.

3.3 Caniateir i gysylltiadau dewisol gweithiwr sy'n profi colled beichiogrwydd adael y gwaith ar fyr rybudd i roi cymorth.

4.0 Absenoldeb â Thâl - Colli Beichiogrwydd

4.1 Mae gan y rhai yr effeithir arnynt gan golled beichiogrwydd, waeth beth fo'r rheswm (Gweler Atodiad 1 am ragor o wybodaeth), cyn wythnos 24 hawl i uchafswm o ddeg diwrnod gwaith o dâl llawn (pro-rata ar gyfer staff rhan-amser). Yn dibynnu ar ddymuniadau ac anghenion y gweithiwr, gellir cymryd y gwyliau fel diwrnodau/oriau

olynol neu ad hoc. Gwerthfawrogir efallai na fydd rhai gweithwyr eisiau cymryd gwyliau yn syth, neu o gwbl. Os yw gweithiwr am gymryd gwyliau o dan y polisi hwn, gofynnir iddynt ei gymryd o fewn 26 wythnos i golli'r beichiogrwydd.

4.2 Os yw Sefydliad y GIG yn cyflogi'r gweithiwr yr effeithir arno gan golli beichiogrwydd a'i bartner, bydd gan y ddau hawl i wneud cais am absenoldeb colli beichiogrwydd yn eu rhinwedd eu hunain.

4.3 Os bydd gweithiwr yn dioddef mwy nag un golled beichiogrwydd mewn blwyddyn galendr, bydd ganddo hawl i gael yr uchafswm o wyliau â thâl, fesul colled.

4.4 Er mwyn gwneud cais am absenoldeb yn dilyn colled beichiogrwydd, dylai'r gweithiwr gysylltu â'i reolwr llinell yn y lle cyntaf a fydd yn ei gynghori ar unrhyw drefniadau lleol. Gall gweithiwr hunan-ardystio unrhyw wyliau a gymerir yn unol â'r polisi hwn. Ni fydd yn ofynnol iddo ddarparu Nodyn Ffitrwydd na llythyr gan weithiwr gofal iechyd proffesiynol. Gall y gweithiwr a'i reolwr gwblhau'r broses gais yn ôl-weithredol, ar ôl dychwelyd i'r gwaith, cyn belled â'u bod wedi trafod a chytuno ar lafar ar yr absenoldeb.

4.5 Cydnabyddir na fydd bob amser yn bosibl gwneud cais am absenoldeb colli beichiogrwydd ymlaen llaw. Fodd bynnag, anogir gweithiwr i siarad â'i reolwr llinell neu aelod o'r Adran Adnoddau Dynol cyn gynted â phosibl os yw'n ystyried cymryd absenoldeb colli beichiogrwydd yn unol â'r polisi hwn.

5.0 Gwyliau Ychwanegol

5.1 Nid oes terfyn amser i adferiad emosiynol a chorfforol o golli beichiogrwydd. Gallai galaru barhau'n hirach na'r digwyddiad profedigaeth cychwynnol.

5.2 Mae'n bosibl felly y bydd angen cyfnod pellach o absenoldeb o'r gwaith ar y gweithiwr yn dilyn y cyfnod o absenoldeb â thâl. Gallai'r Polisi Rheoli Presenoldeb yn y Gwaith a/neu'r Polisi Gweithio Hyblyg hwyluso'r absenoldeb ychwanegol gan y gweithiwr neu drwy gymryd gwyliau di-dâl. Ni fydd absenoldeb a gymerir o dan y polisi hwn yn cyfrif at ddibenion monitro o dan y polisi Rheoli Presenoldeb yn y Gwaith. Lle bo'n briodol, a chyda chaniatâd y gweithiwr, rhoddir ystyriaeth hefyd i atgyfeiriad galwedigaethol neu adleoli dros dro.

5.3 Mae Sefydliad y GIG yn cydnabod bod hyblygrwydd yn aml yn bwysig i weithwyr sy'n dioddef colled beichiogrwydd. Dylai rheolwyr, felly, anelu at hwyluso ceisiadau gweithio hyblyg ar gyfer y gweithwyr hyn, lle bynnag y bo modd. Ceir rhagor o ganllawiau ynghylch Gweithio Hyblyg ym Mholisi Gweithio Hyblyg Cymru Gyfan.

5.4 Rydym yn cydnabod y gall dychwelyd i'r gwaith ar ôl colli beichiogrwydd fod yn heriol a bydd y cymorth a ffefrir yn amrywio o un gweithiwr i'r llall. Gyda hyn mewn golwg, rydym yn annog gweithiwyr i siarad â'u rheolwr llinell am sut y gallant gefnogi dychwelyd i'r gwaith. Os oes gan weithiwr unrhyw awgrymiadau am gamau y gellir eu cymryd i'ch cefnogi yn ystod y cyfnod hwn, dylai drafod y rhain gyda'i reolwr llinell.

6.0 Amser i ffwrdd â Thâl ar gyfer Apwyntiadau Meddygol

6.1 Bydd hawl gan weithwyr i gael amser i ffwrdd â thâl ychwanegol i fynd i apwyntiadau beichiogrwydd cysylltiedig â cholled, neu i fynd gyda'u partner, pe na baent yn dod o fewn y cyfnod y cytunwyd arno o absenoldeb beichiogrwydd â thâl (10 diwrnod gwaith â thâl, staff rhan-amser pro-rata). Bydd hyn yn cynnwys ond heb fod yn gyfyngedig i archwiliadau meddygol, sganiau a phrofion, ac apwyntiadau sy'n ymwneud ag iechyd meddwl.

6.2 Dylai rheolwyr gydnabod na fyddai bob amser yn bosibl i weithwyr drefnu'r apwyntiadau hyn o amgylch gofynion eu gwaith, oherwydd natur colli beichiogrwydd. Felly, dylent gefnogi gweithwyr i reoli effaith amser i ffwrdd o'r gwaith, o dan yr amgylchiadau hyn.

7.0 Cefnogaeth Gyffredinol

7.1 Nod Sefydliad y GIG yw hwyluso amgylchedd gwaith agored a dealladwy. Anogir gweithwyr felly i hysbysu eu rheolwr eu bod yn dioddef colled beichiogrwydd yn gynnar. Bydd hyn yn helpu i sicrhau eu bod yn cael y cymorth angenrheidiol, mewn modd amserol.

7.2 Os nad yw gweithiwr yn teimlo'n gyfforddus i drafod y mater gyda'i reolwr llinell uniongyrchol i ddechrau, efallai y byddai'n ddefnyddiol cael sgwrs gyfrinachol gyda, e.e.

- Rheolwr neu gydweithiwr y gellir ymddiried ynddo;
- Gwasanaeth Llesiant Seicolegol y Staff;
- Aelod o'r Tîm Iechyd Galwedigaethol;
- Swyddog Profedigaeth Mamolaeth y Bwrdd Iechyd;
- Y Gwasanaeth Caplaniaeth;
- Elusen neu sefydliadau cymorth profedigaeth allanol (Gweler Atodiad 2);
- Aelod o'r Tîm Gweithlu a Datblygu Sefydliadol; neu
- Cynrychiolydd Undeb Llafur

8.0 Cyfrifoldebau

8.1 Disgwylir i bawb fod yn sensitif i effaith colli beichiogrwydd ac ystyried eu cydweithwyr gyda charedigrwydd a dealltwriaeth.

8.2 Cyfrifoldeb y rheolwr yw cefnogi'r gweithiwr gyda charedigrwydd, tosturi a hyblygrwydd. Mae pob person yn wahanol, ac efallai y bydd angen addasiadau gwaith dros dro, neu lefelau eraill o gymorth, ar unigolion hefyd.

8.3 Mae gweithwyr sydd wedi profi colled beichiogrwydd yn cael eu hannog i estyn allan a siarad â rhywun y maent yn ymddiried ynddo cyn gynted â phosibl, os ydynt yn teimlo bod angen cymorth ychwanegol arnynt neu eu cyfeirio.

9.0 Sôn am golled

9.1 Penderfyniad y gweithiwr yn gyfan gwbl yw p'un ai i siarad am ei golled neu faint i'w siarad. Bydd y sefydliad yn ymdrechu i ddarparu amgylchedd agored a chroesawgar lle gall gweithiwr wneud hynny.

9.2 Yn yr un modd, gwerthfawrogir y gall fod amgylchiadau lle gallai gweithiwr fod eisiau cyfyngu ar nifer yr unigolion sy'n gwybod am eu colled beichiogrwydd, i'r graddau y mae hyn yn bosibl dan yr amgylchiadau. Os bydd gweithiwr yn dewis trafod colli beichiogrwydd gyda'i reolwr llinell, fe'i hanogir i siarad ag ef am sut yr hoffai i gydweithwyr gael gwybod am unrhyw absenoldebau cysylltiedig o'r gwaith.

9.3 Bydd unrhyw wybodaeth a roddwch i ni am eich iechyd yn cael ei phrosesu yn unol â'n Polisi Diogelu Data. Rydym yn cydnabod bod y data hwn yn sensitif a byddwn yn ei drin mewn modd cyfrinachol.

Mae colled beichiogrwydd yn cynnwys ond heb fod yn gyfyngedig i:

- **Camesgor**: colli beichiogrwydd yn ddigymell hyd at 24 wythnos o'r beichiogrwydd. Gwybodaeth y GIG ar Gamesgor

- **Terfynu**: gweithdrefn feddygol neu lawfeddygol i ddod â beichiogrwydd i ben. Gwybodaeth GIG ar Derfynu

- **Beichiogrwydd Ectopig**: pan fydd wy wedi'i ffrwythloni yn mewnblannu ac yn tyfu y tu allan i'r groth. Gwybodaeth y GIG ar Feichiogrwydd Ectopig

- **Beichiogrwydd Anembryonig**: pan fydd celloedd babi yn peidio â datblygu'n gynnar, a'r embryo bach yn cael ei adamsugno. Fodd bynnag, mae'r sach beichiogrwydd, lle dylai'r babi ddatblygu, yn parhau i dyfu. Miscarriage Association Information on Anembryonic Pregnancy

- **Beichiogrwydd Molar**: math prin o feichiogrwydd lle mae wy wedi'i ffrwythloni nad yw'n hyfyw yn mewnblannu yn y groth a bydd yn methu â chyrraedd tymor llawn. Gwybodaeth GIG ar Feichiogrwydd-Molar

- **Colled wrth drosglwyddo embryo** – pan na fydd yr embryo yn trosglwyddo yn ystod triniaeth ffrwythlondeb ac yn arwain at ddim beichiogrwydd. Dysgwch fwy am golled wrth drosglwyddo embryo www.liverpoolwomensnhs.uk

Elusennau a Sefydliadau Cymorth Profedigaeth Allanol

Mae llawer o elusennau yn y DU sy'n darparu cymorth, cefnogaeth a gwybodaeth i'r rhai sy'n dioddef colli beichiogrwydd. Mae'r canlynol yn rhai o'r elusennau mwyaf a lle bo'n berthnasol, lleol:

♥ **ARC**

Mae'n elusen sy'n cynnig gwybodaeth a chymorth anweithredol i rieni cyn, yn ystod ac ar ôl sgrinio cyn-geni; pan ddywedir wrthynt fod gan eu babi anomaledd; pan fyddant yn gwneud penderfyniadau anodd ynghylch parhau â beichiogrwydd neu ddod â beichiogrwydd i ben, a phan fyddant yn ymdopi â materion cymhleth a phoenus ar ôl gwneud penderfyniad, gan gynnwys profedigaeth.

Rhif ffôn: 0207 713 7486. Mae llinellau cymorth yn cael eu hateb gan staff hyfforddedig o ddydd Llun i ddydd Gwener, 10.00 tan 17:30pm.

♥ **Gofal Galar Cruse**

Mae gwirfoddolwyr profedigaeth hyfforddedig, sy'n cynnig cymorth emosiynol i unrhyw un y mae profedigaeth yn effeithio arnynt, yn staffio llinell gymorth genedlaethol rhadffôn Gofal Profedigaeth Cruse.

Rhif ffôn: 0808 808 1677
E-bost: helpline@cruse.org.uk
Mae llinellau cymorth ar agor o ddydd Llun i ddydd Gwener rhwng 09.30 a 17.00 (ac eithrio gwyliau banc), gydag oriau estynedig ar nosweithiau Mawrth, Mercher a Iau, pan fyddant ar agor tan 20:00.

♥ **London Friend LGBT Bereavement Helpline**

Cefnogaeth i bobl hoyw, lesbiaidd, deurywiol a thrawsrywiol sy'n disgwyl neu'n profi profedigaeth.

Rhif ffôn: 0207 7837 3337 Dydd Mawrth 19:30 i 21:30
Tudalen we: www.londonfriend.org.uk

♥ **Miscarriage Association**

Yn darparu cyngor a chefnogaeth i'r rhai sydd wedi profi camesgoriad, beichiogrwydd molar neu feichiogrwydd ectopig.

Rhif ffôn: 01924 200799
Gwefan: www.miscarriageassociation.org.uk

♥ **Llinell Gymorth Profedigaeth y GIG**
Nyrs gymwys sy'n gallu rhoi arweiniad a chymorth i unigolion sy'n dioddef colled beichiogrwydd sy'n rhedeg Llinell Gymorth Profedigaeth y GIG.

Rhif ffôn: 0800 2600 400 – Llinell gymorth ar agor bob dydd 08:00 i 20:00.

♥ **Petals - Yr Elusen Colled Babanod**

Mae Petals yn darparu gwasanaeth cwnsela rhad ac am ddim i gefnogi menywod, dynion a chyplau trwy'r dinistr o golli babanod. Mae eu rhaglen gwnsela yn diwallu anghenion y rhai sydd wedi dioddef cymhlethdodau beichiogrwydd, colli beichiogrwydd neu farwolaeth babi. Mae eu cynghorwyr yn arbenigwyr yn y maes hwn ac mae ganddynt flynyddoedd o brofiad rhyngddynt o gwnsela pobl ar ôl pob math o golli babi.

Rhif ffôn: 0300 688 0068
E-bost: counselling@petalscharity.org
Gwefan: Petalscharity.org

♥ Stillbirth and Neonatal Death Society (SANDS)

Yn croesawu galwadau gan unrhyw un yr effeithir arno gan farw-enedigaeth babi.

Ffôn: 020 7436 5881
E-bost: helpline@uk-sands.org
Gwefan: www.sands.org.uk

♥ Yr Ymddiriedolaeth Beichiogrwydd Ectopig

Elusen genedlaethol gofrestredig a sefydlwyd i ddiwallu anghenion pobl sydd wedi profi beichiogrwydd ectopig a'r gweithwyr gofal iechyd proffesiynol sy'n gofalu amdanynt.

Rhif ffôn: 020 7733 2653
Gwefan: www.ectopic.org.uk

♥ Tommys

Mae Tommys yn credu bod pob babi a gollir yn un yn ormod. Mae Tommy's yn bodoli i gefnogi, gofalu am a hyrwyddo pobl, ni waeth ble y gallent fod ar eu taith beichiogrwydd. Maent yn darparu cyngor arbenigol, dan arweiniad bydwragedd i rieni cyn, yn ystod ac ar ôl beichiogrwydd, gan weithio gyda'i gilydd tuag atfeichiogrwydd mwy diogel ac iachach. Cliciwch yma am Wybodaeth Cymorth Colli Babanod Tommys

Os hoffech siarad ag un o fydwragedd Tommys am eich beichiogrwydd, neu os oes angen cymorth a chyngor arnoch ar ôl colli beichiogrwydd, gallwch gysylltu â'r tîm yn uniongyrchol.

Ffôn: 0800 014 7800(Dydd Llun i ddydd Gwener, 09:00 i 17:00).
E-bost: midwife@tommys.org
Gwefan: www.tommys.org

♥ Y Samariaid

Cefnogaeth llinell gymorth 24 awr bob dydd o'r flwyddyn i unrhyw un sydd mewn trallod, gan gynnwys y rhai sydd mewn profedigaeth.

Rhif ffôn: 08457 90 90 90
http://www.samaritans.org

♥ Canopi (gig.cymru)

AGENDA ITEM No	**16.1**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

AMENDMENT TO NHS WALES MANAGING ATTENDANCE AT WORK POLICY

MEETING	People and Culture Committee
DATE	14 November 2024
EXECUTIVE	Carl Kneeshaw, Director of People
AUTHOR	Sara Williams, Workforce Policy and Governance Lead
CONTACT	Sara.Williams5@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report outlines an amendment to the NHS Wales Managing Attendance at Work Policy, intended for immediate adoption by the Welsh Ambulance Services University NHS Trust. It is presented to the People and Culture Committee for formal adoption.

KEY ISSUES/IMPLICATIONS

Not applicable.

REPORT APPROVAL ROUTE

2. **People and Culture Committee on 14 November 2024 – for adoption.**
3. Policy Group on 23 October 2024 - for noting.

REPORT APPENDICES

Appendix 1 – NHS Wales Managing Attendance at Work Policy

REPORT CHECKLIST

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

Health Improvement	Y	Socio Economic Duty	NA
Health and Safety	Y	TU Partner Consultation	Y

SITUATION

1. This report outlines an amendment to the NHS Wales Managing Attendance at Work Policy, which is intended for formal adoption by the Welsh Ambulance Services University NHS Trust.

2. The policy has not been reissued by NHS Wales Employers at this stage however the change has been communicated to all Health Boards and Trusts in Wales for adoption with immediate effect.

BACKGROUND

3. The NHS Managing Attendance at Work Policy, attached at Appendix 1, was developed in partnership and applies to all employees.

4. Following recent engagement with organisations and subsequent agreement at the Welsh Partnership Forum Business Committee on 16 October 2024 an amendment to the paragraph on Sickness During a Period of Annual Leave in the "How to Procedure Notification and Certification" Section 2 page 20 was agreed.

ASSESSMENT

5. The current paragraph shown at page 20 of the Policy has been amended and should now read as follows:

   "Sickness during period of annual leave:

   When an employee falls sick during annual leave, they will be required to report that illness in line with normal notification procedures. In such cases the employee will be deemed to have been on sickness absence rather than annual leave from the date of the notification (this includes leave booked that falls on a Bank Holiday).

   In the majority of situations, normal sickness certification requirements will apply. However, where a requirement for Fit Notes for all absences is in place as part of a managing attendance process, or in cases where managers can evidence concerns regarding the individual's health and wellbeing and/or pattern of absence, Fit Notes can be requested from Day 1 of absence. This should only be in exceptional cases with evidence to support the requirement provided.

Where an employee's sickness absence falls on a Bank Holiday (which wasn't a rostered workday, booked as leave), there is no entitlement to an additional day off.

With regard to shift workers and other staff working in the 24/7 environment, if an individual is sick on a Bank Holiday that was scheduled as a rest day, then the Bank Holiday will not be deducted from their annual leave entitlement. If an individual is sick on a Bank Holiday that they are scheduled to work, then the Bank Holiday will be deducted and paid as annual leave."

6. NHS Employers have advised that this change will be included in the next version of the Policy when released but should be applied in practice with immediate effect.

RECOMMENDED

7. The amendment to NHS Wales Managing Attendance at Work Policy is presented to the People and Culture Committee for formal adoption.

NHS Wales
Managing Attendance at Work Policy

Sections

01 NHS Wales Managing Attendance at Work Policy

02 How to Procedure Notification and Certification

03 How to Procedure Managing Frequent Short Term Sickness Absence

04 How To Procedure Managing Long Term Sickness Absence

05 How to Procedure Occupational Health

06 How to Procedure Return to Work

07 How to Procedure Phased Return and Temporary Redeployment

08 How to Procedure Reasonable / Tailored Adjustments

09 Minimum Standards

01

NHS Wales Managing Attendance at Work Policy

Approved by: Welsh Partnership Forum Business Committee

Issue Date: October 2018

Effective Date: October 2018

Review Date: 2021 (Quarterly evaluation)

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1 NHS Wales Managing Attendance at Work Policy

1.0 The Core Principles of NHS Wales:

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

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

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

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

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

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

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

They have been developed in partnership with Trade Unions, employers and employees.

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

This Policy and its How to Procedures must be applied equitably and with sufficient flexibility to ensure that the Core Principles of NHS Wales are not compromised. Managers are expected to use their *discretion in their application of this policy to promote and prioritise the values and behaviours of:

Welsh Ambulance Service NHS Trust (WAST)

2.0 Policy Aims, Objectives and Approach

2.1 Policy Aims

The aims of the policy are to:

- ensure that employees are treated according to their circumstances and needs
- outline the requirements of employees in respect of consistent and effective attendance at work to ensure continuity of service provision
- clearly set out the responsibilities of the employees and managers
- ensure fair treatment of employees with a disability and ensure that obligations in respect of the Equality Act 2010 are met
- adhere to Agenda for Change and Medical and Dental terms of service in the provision of managing attendance at work
- acknowledge an employee's right to sickness absence and pay, within the scope of the policy, when they are unable to work due to illness or injury
- to ensure managers support employees when they are unable to work due to sickness.

2.2 Policy Objectives

The objectives of the policy are to:

- support the health and wellbeing of employees in the workplace
- support employees to return to work following a period of sickness absence safely and as quickly as possible
- support employees to sustain their attendance at work.

2.3 Policy Approach – Supporting the Health and Wellbeing of Employees in the Workplace

A consistently good experience of work is recognised to be a positive health outcome: good work can truly be good for your health. However, a negative overall experience of work is considered by experts to have a greater impact on health than being unemployed. We recognise that our employees are our greatest asset and are essential to the sustainability of our organisation and our aim is to provide the highest possible clinical standards of care to the people of Wales.

The NHS Wales workforce is ageing and there is a recognised correlation between the age of the workforce and sickness absence. There will be an increasing need to retain older workers and therefore, we need an effective way to manage sickness absence whilst supporting the health and wellbeing of our employees, which is a national NHS priority.

Health and wellbeing incorporates a number of factors, which include physical, psychological, social, economic and environmental factors. If any of these are out of balance, then this can have a negative impact on wellbeing.

Every job brings certain pressures, demands and challenges and these can be motivating and satisfying. However, individuals react to circumstances both work related and personal in many different ways. These pressures may lead to a negative situation, which affects wellbeing. The NHS in Wales is committed to the introduction of strategies that support the maximisation of health and wellbeing in the workplace, including early interventions that support employees to maintain a healthy wellbeing.

The National Health and Wellbeing Programme Board, working in collaboration with Trade Union has launched new health and wellbeing products to support employees and managers. These signpost to information and resources to enable them to make choices with regards to their own health and wellbeing and that of others:

Our Wellbeing Matters
Manager Wellbeing Matters

NHS Wales is committed to improving arrangements for returning staff to work after illness including the consideration of rapid access and early referral of staff to certain key services; and work is underway to progress this for mental health and musculo-skeletal services.

2.3.1 Physical Wellbeing

A state of physical wellbeing is not just the absence of disease. It includes lifestyle behaviour choices to ensure health, avoid preventable diseases and conditions, and to live in a balanced state of body, mind, and spirit. Promoting good physical health and wellbeing among employees can reduce their levels of sickness, increase energy levels and boost levels of concentration.

Managers should encourage employees to undertake physical activity, take rest breaks, eat meals regularly, keep hydrated throughout the shift, and have opportunities to de-stress through talking to peers.

2.3.2 Mental and Psychological Wellbeing

In NHS Wales 27% of sickness absence is attributable to stress, anxiety and psychological conditions, managers need to be aware of the following key aspects of the work environment, to reduce workplace stressors where possible and ensure that appropriate supports are in place:

- the quality of and fairness of workplace relationships
- the implementation of organisational policies known to support health and wellbeing
- the way in which jobs are designed and work allocated
- the quality and health of the team and how it functions
- the quality and availability of social support
- the availability of information about the psychosocial demands within the workplace, including the range of common stressors
- follow recommendations on how to support employees following unusually challenging experiences and incidents

- supporting employees who experience stress resulting from employee relations process i.e. disciplinary, capability, grievance, suspension
- access to specialist support such as those offered by Workforce, the Employee Wellbeing Service and Occupational Health.

Further detail of these aspects can be found in the

(Organisation name)

*Employee Health and Wellbeing Policy

2.3.3 Environmental and Social Wellbeing

(Organisation name)

recognises that there may be times when employees require additional support in the workplace to maintain a safe working environment. Occupational Health/Health and Safety can advise on managing health related risks, ensuring compliance with HSE guidelines, concerning the following:

- Pregnancy
- Computer/Display Screen Equipment (DSE)
- Manual Handling
- Following diagnosis of a work-related injury and/or health condition

Employees may also require additional support in the form of time away from the workplace to respond to other pressures e.g. those arising from caring responsibilities where a few hours absence may be required whilst an issue is resolved. This is not sickness absence and both employees and managers should be honest in the categorisation of absence which isn't due to sickness.

A 'Borowing Leave' protocol is being developed as an additional approach to support employees when they are unable to utilise other arrangements such as annual leave, purchase additional annual leave, special leave, flexible working etc.

2.3.4 Financial Wellbeing

(Organisation name)

understands the importance of how financial concerns can affect employee mental and physical health, as well as a recognition that, as income providers, we play a vital role in our employees financial lives.

Stress caused by debt, pay levels, or lack of financial awareness can have a detrimental impact on employee performance.

Employers can play an important role in addressing this challenge. Managers can signpost to financial advice through one of the following resources where they exist in the organisation, if they become aware of financial distress:
(add contact details)

- Our Wellbeing Matters
- NWSSP Payroll/Pensions department
- Credit Unions
- Citizens Advice Bureaux
- Money Advice Service - a free and impartial money advice, set up by government
- Trade Unions.

3.0 Policy Scope, Responsibilities and Definitions

3.1 Scope

This policy and its How to Procedures apply to all employees in NHS Wales organisations.

3.2 Responsibility

Sustaining health and wellbeing is considered to be a shared responsibility between the employee and the organisation.

3.2.1 Manager Responsibilities

a) The primary responsibility for the management of attendance rests with managers. The rationale for this approach is that our managers should "know their employees" and be familiar with the issues surrounding the attendance profile and needs of their employees.

b) *The manager in "knowing their employee", has the discretion that when reviewing their health and wellbeing following an episode of sickness absence, they will consider as to whether the employee progresses through the procedure. The decision will be determined and rationale recorded as part of the return to work/informal/formal stage meetings.

c) Managers are responsible for ensuring that employees are aware of the range of health and wellbeing support that is available to them in and out of the workplace. In addition, managers should make employees aware that support or advice may be available through trade union representatives if required.

d) Managers must consider the opportunities to return employees to work safely and at the earliest opportunity through the supportive mechanisms such as Phased Return and Temporary Redeployment / and Reasonable / Tailored Adjustments.

e) Managers are responsible for creating an environment, which is conducive to health and wellbeing, and in which a low sickness absence record and regular attendance at work is expected.

f) The manager is responsible for addressing employee sickness absence and managing it in accordance with this policy and associated How to Procedures.

3.2.2 Employee Responsibilities

a) Employees are responsible for their own health and wellbeing.

b) Employees should take up all reasonable opportunities to maximise and protect their own health and wellbeing.
c) Employees should seek medical advice and treatment as soon as possible to pport their own health and wellbeing.

d) Employees have a responsibility to attend Occupational Health appointments and sickness absence meetings when requested to do so.

e) Employees can self-refer to available services where they exist, i.e. Occupational Health, Physiotherapy, Employee Wellbeing, where this would be beneficial to their own health and wellbeing.

f) Employees have the responsibility for keeping in touch regularly with their manager when unwell.

g) Employees must consider whether there are any reasonable / tailored adjustments that may help them to remain in work or return to work at the earliest opportunity.

h) Employees have a responsibility to maximise attendance at work in line with their own contract of employment.

i) Employees have a duty to care for and support colleagues in doing the jobs they have agreed to do.

3.2.3 Role of Trade Union Representative

It is the role of trade union representatives to:

a) Support the individual member and their organisation in minimising absence from work caused by sickness.

b) Provide their members with advice on all aspects of the policy.

c) Ensure an appropriate trade union representative is available at all levels of the procedure should their member wish

to be accompanied and to ensure that meetings can occur in a timely manner.

d) Work closely with managers and other groups to make the policy effective at organisational level, including being aware of all relevant legislation.

e) Maintain their competence in the application of the policy and in supporting their member through absence due to sickness.

f) Work with their individual member, the manager and Occupational Health to facilitate a return to work as soon as possible following a period of sickness.

The Minimum Standards for Managing Attendance at Work Policy outlines other responsibilities.

4.0 Definitions and Policy Framework

4.1 Short Term Sickness Absence - is regarded as any period lasting less than 28 calendar days.

4.2 Long Term Sickness Absence - is regarded as any continuous period of 28 calendar days or longer.

4.3 Terminal Illness or Condition - is a disease that cannot be cured or adequately treated and there is a reasonable expectation that the employee will die within a relatively short period of time.

Support for employees with a terminal illness should be given in line with the Welsh TUC 'Dying to work' charter.

Where an employee is diagnosed with a terminal illness or condition, they will be covered by Equality legislation. The absence figures for employees with terminal illness or condition, whilst also forming part of the overall sickness figures will also be reported separately.

4.4 Planned Sickness Absence - is a health condition that requires an operation or treatment programme which may have a recognised period of expected recovery or duration.

4.5 A Sickness Day - is when an employee becomes unwell and has been unable to undertake their daily hours of work / shift. Where an employee has carried out more than half their daily hours of work / shift, but is unable to complete the day / shift, this day will not count as a sickness day as far as sick pay is concerned. It must, however, be recorded as part of the Return to Work Meeting and may be taken into account when considering any accumulated pattern of sickness.

4.6 Rolling Year - if an episode of sickness occurs the manager should review the twelve-month period preceding the first day of that specific absence.

4.7 Tailored Adjustments – are changes that can help support the health and wellbeing of the employee to remain or return to work at the earliest opportunity. These could include a phased return to work, changes to working start finish times for a short period, changes to some duties, temporary redeployment. Further details are availble in the How to Procedure Reasonable / Tailored Adjustments.

4.8 Reasonable Adjustments
Employers are under a legal duty to make reasonable adjustments to ensure workers with disabilities, or physical or mental health impairments, are not put at a substantial disadvantaged when doing their jobs.

This would also apply to job candidates at the onset of the employment cycle.

Further details are availble in the How to Procedure Reasonable / Tailored Adjustments.

4.9 Work Related Absence - when one or more of the absences are related to:

- an industrial injury, incident or accident at work (including psychological harm), which has been reported to the manager as close to the time it occurred as practicable and where an incident report has been completed
- or a serious condition acquired at work and which has been notified to the manager
- Diarrhoea and Vomiting (D&V) or similar infection, which is considered by Infection Control or Occupational Health to be associated with an outbreak in the working environment. Further information is available from the How to Procedure Notification and Certification

These periods of absence should normally be discounted when considering further action under the procedure for the management of frequent short term sickness absence.

Your local injury allowance procedure may be considered in conjunction with the above.

4.10 Pregnancy Related Illness

Where an illness is attributable to pregnancy, sickness absence will not be counted towards the review prompt of the management of sickness absence.

However, any such sickness will be managed in accordance with this policy to facilitate a return to work as soon as possible with any necessary support or adjustment to duties during the pregnancy.

As required, under the management of Health and Safety at Work Regulations 1999, written risk assessments should be undertaken regularly throughout the pregnancy. Guidance can be obtained through the organisation's maternity policy, and through the HSE publications on New and Expectant Mothers at Work, A referral to the occupational health service for medical advice and support may be required.

If an employee is off sick due to pregnancy related illness on or after the fourth week before the expected week of confinement, their ordinary maternity leave will commence the day after their first completed day of sickness absence.

Where a pregnant employee suffers from non-pregnancy related sickness absence, these absences will count towards the management of sickness absence as usual.

4.11 Notification of Sickness Absence

On the first day an employee is unable to attend work due to sickness it is their responsibility to report their sickness absence by telephone (or by text phone for employees with a hearing impairment) to their manager or designated deputy (as per their local procedure) as soon as they become aware that they will not be able to attend work. Early notification is particularly important when alternative cover needs to be arranged. This will normally be no later than the normal time of commencement of duty. Further information is available from the (How to Procedure Notification and Certification.

4.12 Communication and Maintaining Contact

(Organisation name)

will ensure that:

- this policy is easily accessible by all members of the organisation
- employees are notified of all changes to this policy.

The employee and their manager must communicate regularly to discuss their progress during the sickness absence, in order to ensure that any necessary additional support and / or expert advice can be sought that may aid a return to work. The frequency of contact will be mutually agreed at the beginning of the absence period and depend on the likely duration of the absence.

Employees must inform their manager on the first day that they regard themselves as being fit for duty whether or not they are due to work that day. Further information is available from the How to Procedure Return to Work.

The following How to Procedures provide the detail on maintaining contact:-

How to Procedure Managing Long Term Sickness Absence

Appendix How to Procedure Managing Frequent Short Term Sickness Absence.

4.13 Entitlement to Sick Pay

Under the provisions of this policy there may be an entitlement to occupational sick pay. This is set out in the schedule of main terms & conditions of services issued to all employees on commencement of their employment. This does not automatically allow employees to remain in the employment of the organisation until the occupational sick pay is exhausted.

Sick pay is not normally payable for an absence caused by an accident due to active participation in sport as a profession or where contributory negligence is proved, in accordance with the NHS Terms and Conditions Handbook.

4.14 Medical Appointments

(Organisation name) recognises that employees will need to make occasional visits to a dentist, GP or other health professional or may be required to attend a hospital or clinic for investigation and/or treatment. Wherever it is possible to do so, employees (both full and part time) must endeavour to arrange such appointments at a time that they are not scheduled to work or, if this is not possible, as near to the beginning or end of the working period as possible so as to minimise the absence from work and disruption to the service. Employees should not be refused permission to attend a pre-arranged appointment as long as reasonable notice has been given.

The manager must keep a record of any such appointments and must ask to see documentary confirmation of the appointment where this is available.

Where employees need to attend routine appointments (with GPs, Dentists, blood tests or hospital checkups) during work time, they will be required to make up the time taken at the earliest opportunity. Employees must discuss and agree with their manager how this will be achieved. The following are options that can be agreed

- arriving earlier or leaving later on the day of the appointment
- a temporary increase in hours over a short period
- unpaid leave
- annual leave
- time in lieu
- any other arrangement agreed with the manager.

Where a medical appointment involves treatment which results in an employee being unfit for work afterwards, the period of absence will be recorded as sick.

Where such appointments form part of an ongoing treatment programme for a serious health condition, or are related to a disability or long term health condition, or are for a work related disease or injury, the manager must discuss such appointments with the employee to plan any necessary support to be offered. Reasonable time off to attend such appointments as part of their programme of care and support will be given full consideration.

4.15 Occupational Health

In addition to the normal medical care provided by their dentist, GP or other health professionals an employee may be required to attend an assessment with Occupational Health when asked to do so. Time taken to attend such appointments will not be required to be worked back. Where employees are not currently in work due to sickness absence every reasonable effort must be made to attend Occupational Health appointments. Other sources of medical advice will be arranged as necessary by Occupational Health. Further information is available from the How to Procedure Occupational Health.

4.16 Rights of Accompaniment

Employees requested to attend a formal meeting relating to their sickness under this policy will have the right to be accompanied by an official of a recognised Trade Union or Employees Organisation or a work colleague, if they so wish.

In certain circumstances, employees will be able to request in advance a manager / supervisor of a preferred gender to carry out interviews under the procedure and this will be respected wherever it is practicable.

It is not considered necessary for the employee to be accompanied at informal meetings.

However, if requests to be accompanied by an official of a recognised trade union or employees organisation or by a workplace colleague, are made, the manager should not unreasonably refuse this request.

5.0 Policy Framework and how to use it - How to Procedures

This section of the policy highlights the procedures relating to the management of sickness and sickness related absence. It is particularly important that concerns regarding attendance and health and wellbeing are discussed and addressed at an early stage. Managers should discuss any concerns with their employee and fully consider everything that is relevant and respond appropriately.

Full details can be found in the following How to Procedures:

- Notification and Certification of Sickness Absence
- Managing Frequent Short Term Sickness Absence
- Managing Long Term Sickness Absence
- Occupational Health
- Return to Work
- Phased Return and Temporary Redeployment
- Reasonable / Tailored Adjustments.

6.0 Premature Retirement on Ill Health Grounds

There are two tiers of ill health retirement:

Tier 1 - This is where an individual is unable to undertake their current job due to permanent ill health. In this case the employee's pension is based on accrued membership without reduction.

Tier 2 - This applies where an individual is unable to carry out regular employment due to permanent ill health. The employee's pension is based on accrued membership without reduction PLUS an enhancement of two-thirds of their prospective membership to normal retirement age.

6.1 It may be possible to move between the tiers after retirement where the medical advisers indicate a condition may meet Tier 2 requirements within 3 years of retiring or if the condition is such that it is not possible to determine at the outset whether the employee will recover sufficiently to undertake any regular work.

6.2 It is the employee's responsibility to apply for ill health retirement pension benefits.

6.2.1 In all cases where the employee may be eligible, via appropriate membership of the NHS pension scheme, the potential for application for premature retirement on the grounds of ill health should be discussed with the employee.

6.2.2 The employee must be made aware that the decision to terminate employment is not linked to or subject to ill health retirement and the decision on such retirement lies with the NHS Pension Agency and not:

(Organisation name)

6.2.3 The ending of employment will not necessarily be delayed in order for a pension application to be made and processed. It is therefore important that employees do not delay making a pension application once appropriate medical advice has been received and/or the decision to terminate employment is made.

6.2.4 The relevant section of Form AW33 should normally be completed by the employee's general practitioner, or a medical specialist.

7.0 Help and advice

Help and advice regarding the detail relating to the application and interpretation of this policy is available within the How to Procedures. Further advice can be sought from Workforce, recognised Trade Unions and Employee Organisations.

8.0 Review of policy

This policy will be subject to regular review at a frequency determined by the Welsh Partnership Forum.

02

How to Procedure Notification and Certification

2 How to Procedure - Notification and Certification

How To Procedure - Notification and Certification (includes workplace injury / illness and annual leave during sickness absence)

This How to Procedure provides the necessary information for both managers and employees and must be followed for reporting and notification of sickness absence.

Wherever there is reference to the number of days, this means calendar days whether or not the employee would be expected to work on that day.

Initial day of absence and within 48 hours

It is the responsibility of the employee to report their sickness absence by telephone (or by text phone for employees with a hearing impairment) to their manager or designated deputy as soon as they become aware that they will not be able to attend work. Early notification is particularly important when alternative cover needs to be arranged. This will normally be no later than the normal time of commencement of duty. If an employee calls in late and / or without a satisfactory reason, their absence may be counted as unauthorised and considered as unpaid.

The employee must notify their manager themselves as above when they are unable to attend work due to sickness. Where in exceptional circumstances, this is not practicable a third party may notify on their behalf.

However, it is the employee's responsibility to ensure that this is done appropriately in accordance with the Departmental requirements for notification. Where the manager is unable to take the call personally he/she will ring the employee back as soon as is practicable.

During contact with the manager (or designated deputy in the manager's absence), the employee will be expected to advise them of the following:

- The first day of sickness.
- The reason for the absence.
- The likely duration of the illness and anticipated date / day of return or when they will be able to advise of the likely duration of the illness and anticipated date / day of return.
- Any intention of the individual to visit / contact their GP / Occupational Health and Wellbeing service.
- The next contact date if a date of return cannot be given.
- Confirmation of their telephone number and contact details for the duration of their period of sickness absence.

During the discussion with the employee, the manager should consider whether sick leave is the appropriate category for leave and whether in the circumstances a different category of leave should be applied i.e. special leave.

Where appropriate the manager should also consider any reasonable / tailored adjustments that could be made that would enable the employee to continue to work rather than having to take sick leave, full details are available in the How to Procedure Reasonable / Tailored Adjustments.

Additionally the manager should also consider whether an appointment should be made to any Occupational Health or Wellbeing services that are available which may assist the employee in their recovery. Full details are available in the How to Procedure Occupational Health.

All sickness absences must be recorded as soon as practicable via the agreed organisational process.

Fit Note Certificates

For any period of sickness absence between 1–7 calendar days an employee must complete a self-certification form unless already certified by a Fit Note or hospital certificate.

Employees must submit doctors Fit Note certificates for sickness absence from the 8th calendar day of sickness absence onwards. Ongoing medical certificates must be sent to the manager **within 3 days**, from the date of the expiry of the previous Fit Note. If this is not possible, the employee should telephone the manager to inform them of the situation. The organisation is not obliged to accept backdated Fit Notes and any gaps may be considered as unauthorised absence and therefore occupational sick pay will be withheld.

Hospital Certificates

When an employee is hospitalised, the hospital will provide certificates confirming that the employee is expected to be an inpatient for a certain period of time. Such certificates should be submitted to the manager in the normal way.

Employees are not required to provide additional self-certificates or Fit Notes from their GP when they are covered by a hospital certificate.

Planned Long Term Sickness Absence

Sickness absence can be planned where it is known that the employee will be undertaking a programme of clinical treatment that will be debilitating for a recognised period of time, for example, to undertake an operation or chemotherapy.

The manager and employee will meet prior to the absence and discuss the following:

- The likely period of time the employee will be absent;
- Agreed dates and times for maintaining regular contact, to update each other on work and progress of recovery;
- Agreed date and time for a formal meeting to start to plan a return to work;
- Any other issue of concern for either party;
- A mutually agreed plan must be drawn up and a copy kept by both parties;
- Support in the drawing up this plan can be obtained from the Occupational Health Department.

Undertaking other work whilst absent

Once reported as absent due to sickness, an employee should not undertake other work including, self-employment, without the prior written consent of the manager. Failure to do so may be considered as breach of contract and subject to disciplinary action, which may result in the involvement of the counter fraud department and / or dismissal. Such action will only be taken following advice from Workforce.

Medical exclusion following infectious / notifiable disease

Where the absence is the result of diarrhoea and vomiting or other relevant notifiable infectious disease and whilst the employee is suffering from the effects of the disease, the absence will be recorded as a period of sickness in the usual way and count towards review prompts.

The manager must obtain information regarding the nature of the illness and obtain advice, if necessary, from Occupational Health / Infection Control as to whether a period of further exclusion is required after the symptoms have subsided and the period of sickness has ended.

Where the advice requires the employee, for purposes of infection control to remain off work, this subsequent period will be regarded as medical exclusion with pay and not be recorded as sickness absence and will not count toward policy review prompts.

Occupational Health / Infection Control may require the employee to provide a specimen for microbiological examination in line with the Infection Control Policy.

Medical Suspension

When an employee is deemed unfit to work by their manager, due to reasons of ill health, the manager has the right to enforce a short term period of absence for no longer than 7 days in which time an employee must seek advice from their GP regarding their fitness to work. This absence will be counted as suspension from duty with pay for medical reasons. A risk assessment needs to be completed by the manager and advice sought from Workforce and Occupational Health.

Where

(Organisation name)

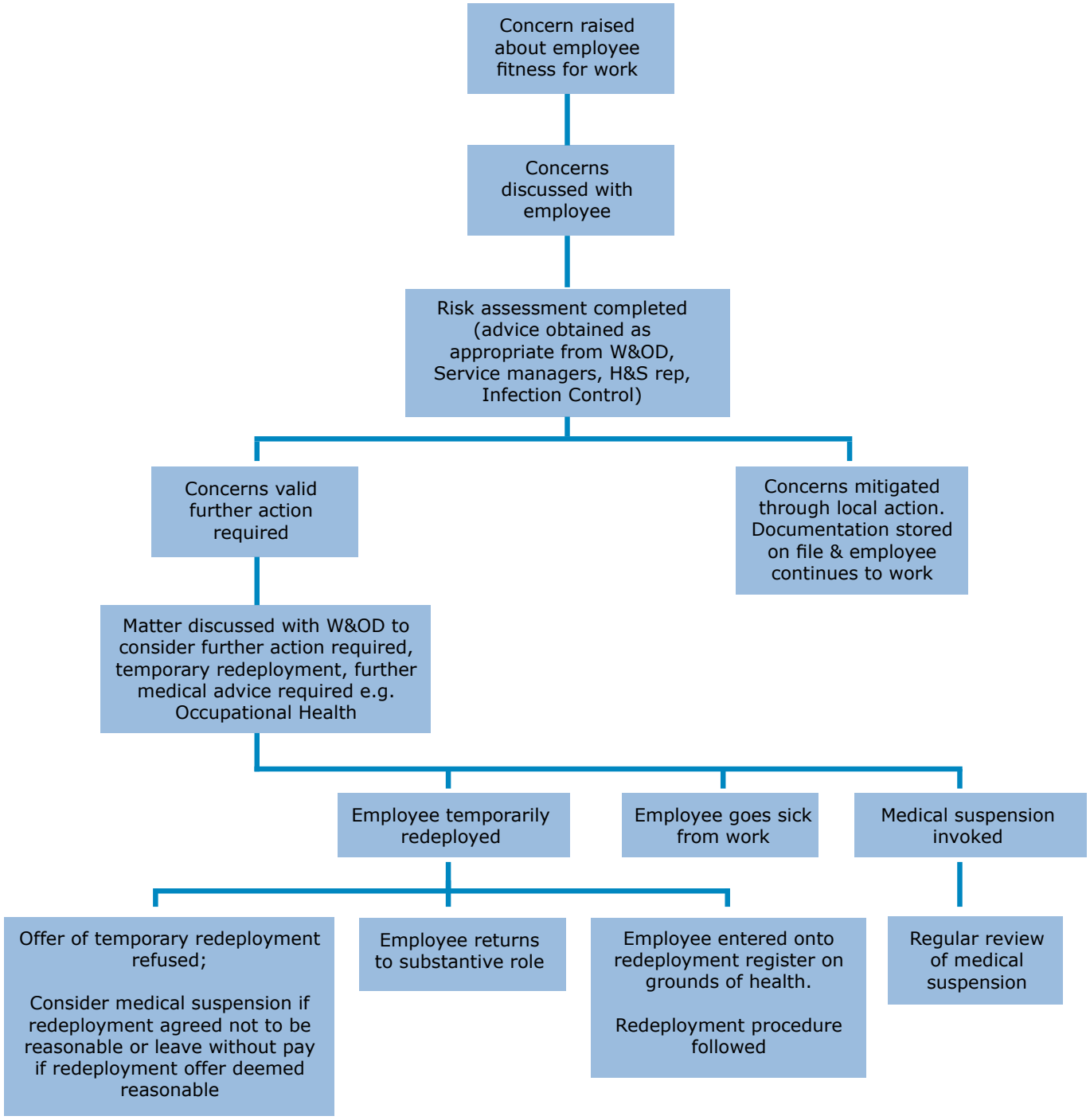
can demonstrate that the employee has refused a reasonable offer of alternative employment as an alternative to medical suspension, the employee will not receive pay for the period of medical suspension.

Where the employee's GP advice conflicts with that of Occupational Health

(Organisation name)

will rely on its Occupational Health department's advice following discussions between the GP and Occupational Health.

The flowchart outlines how this process should flow:



Accidents involving a third party

In cases where employees are absent from work as a result of an injury sustained wholly or partly as a result of the actions of a third party against whom the employee has made a claim, any payments made to the employee by the organisation will be recoverable. The employee must notify the fact that they are making a claim to their manager at the commencement of the absence, or as soon as practicable. The manager should notify Payroll of this fact. Where an employee is unable to notify their manager personally because of, for example, serious injury, notification maybe undertaken by another party.

Sickness during period of annual leave

When an employee falls sick during annual leave they will be required to report that illness in line with normal notification procedures and produce a Fit Note covering the period from the first day of sickness.

Where an employee's sickness absence falls on a Bank Holiday (which wasn't a rostered work day and booked as leave), there is no entitlement to an additional day off.

In order to allow annual leave to be reinstated a satisfactory Fit Note must be received within 3 working days of the beginning of the illness (unless abroad). In such cases the employee will be deemed to have been on sickness absence rather than annual leave from the date of the certificate. (this includes leave booked that falls on a Bank Holiday).

Only in exceptional cases will a foreign medical certificate of more than one month be accepted for payment purposes. A U.K. Fit Note should be obtained on return to the country.

Annual leave / holidays during a period of sickness absence

All employees are expected to take their annual leave entitlement during the leave year and should not normally carry over annual leave. However, employees on long term sickness absence must be given the opportunity to take annual leave during their sickness absence period.

The employee does not need to be signed fit to work during this period. Their records will continue to show as a continuous period of sickness absence and will be treated as one episode. Managers must notify Payroll of an employee's intention to take annual leave during a period of sickness absence.

Where employees are in receipt of a reduced level of occupational sick pay and / or Statutory Sick Pay, the salary will be 'topped up' to the value of the contractual occupational full pay.

An employee is likely to take paid annual leave at the same time as sickness absence if:

- the employee has been on sickness absence for a considerable period and sick pay has reduced
- the employee has been on long term sick absence and sick pay has ceased.

At no point, can any combination of annual leave pay, occupational sick pay and statutory sick pay exceed the normal full pay entitlement.

During a period of sickness absence employees are expected to be available to attend meetings /appointments in relation to their absence and consequently if they go away on holiday (either abroad or in the UK) they will be expected to obtain permission from their manager, this will be taken as annual leave.

Accrual / carry over of annual leave

All employees are expected to take their annual leave entitlement during the leave year and should not normally carry over annual leave. Where staff are returning from long term sickness absence they should be expected to take any outstanding leave within the current leave year. This should be managed carefully taking account of the needs of the service and the practicalities of them being able to use up all of their entitlement in that leave year. Any annual leave accrued at the time of the return to work may also be taken, by agreement with the manager to allow the employee a more gradual return to work.

During an employee's sickness absence, annual leave continues to accrue. Every effort must be made to utilise the annual leave whilst absent as explained above. However, if the accrued annual leave spans over two or more leave years and the leave has not been utilised the employee may carry over to the new leave year. This annual leave is based on the statutory entitlement and not contractual. Therefore, the statutory entitlement of annual leave per annum is 20 days if working full time, and pro rata for part time staff.

03

How to Procedure Managing Frequent Short Term Sickness Absences

3 How to Procedure Managing Frequent Short Term Sickness Absences

The key purpose of this How to Procedure is to support the employee's attendance at work. Managers are required to proactively manage absence where the pattern or frequency of absence gives rise to concern, both for the health and wellbeing of the employee and the provision of service.

1. Management support for frequent short term absence

1.1 Initial day of absence and within 48 hours

It is the responsibility of the employee to report their sickness absence by telephone (or by text phone for employees with a hearing impairment) to their manager or designated deputy as soon as they become aware that they will not be able to attend work.

Managers must make contact with the employee to ascertain the reason for the absence in circumstances where the employeel has reported sick to someone other than them. Further information is available from the How to Procedure Notification and Certification.

1.2 Within first seven days of absence

Evidence suggests that if someone is off sick for more than seven days, the absence is more likely to become prolonged. Managers should maintain contact with the employee during this time and consider all the support that may be appropriate to offer, including options to available to assist with a return to work.

Further information is available from the How to Procedures:

- Return to Work
- Phased Return and Temporary Redeployment
- Reasonable / Tailored Adjustments.

2. Managing frequent short term sickness absences

2.1 Frequent short term Review Prompts

Following a period of sickness absence a return to work meeting will take place with the manager and the employee where the below reviews prompts will be considered and if met, when previous absences are taken into account, further management support may be required at the manager's *discretion. Managers may want to consider a number of factors e.g. the employee's previous sickness record, the nature of the absence etc. Further information is available from the How to Procedure Return to Work.

- three episodes of sickness absence of any length in any rolling 6-month period
- two or more absences totalling 10 calendar days or more in a rolling 12-month period
- recognisable patterns of absence, including any in previous years, which cause concern but may not meet other review prompts.

These review prompts include any episodes of short or long term sickness absence which occur within the rolling period.

The definition of the rolling period is the 6-month or 12-month period counted back from the first day of the episode of sickness being looked at.

There are specific absences that should be discounted for the purposes of review prompts in relation to work related absences and pregnancy related illness. Further information is available from the How To Procedure Certification and Notification.

3. Supporting attendance at work

3.1 Stages

The following stages are to be followed when managing frequent absences: informal discussion; first formal stage; second formal stage; and third / final formal stage. At each stage a meeting is held with the manager and the employee. Refer to Appendix 1.

*The manager in "knowing their employee", has the discretion that when reviewing their health and wellbeing following an episode of sickness absence, they will consider as to whether the employee progresses through the procedure. The decision will be determined and rationale recorded as part of the return to work / informal / formal stage meetings.

3.2 Meetings

3.2.1 Employee attendance

Employees must attend informal discussion and formal sickness meetings as requested by their manager. There is no notice requirement of attendance at return to work meetings or informal discussions, and if appropriate can be a combined meeting.

A minimum of seven calendar days' notice in writing will be given for attendance at formal meetings.

If the employee is not able to attend the scheduled date, the manager will arrange one further meeting taking into account the reason for the non-attendance.

Following this, if the employee fails to attend the rearranged meeting without good reason, the manager may hold the meeting in their absence (taking due consideration to all circumstances) and make a decision about the situation based on the evidence they have at hand, which may result in further action being instigated under the policy.

The unavailability of an employee's preferred representative should not delay sickness meetings taking place, as long as a suitable alternative representative is available.

3.2.2 Right to be accompanied

Employees requested to attend a formal meeting relating to their sickness under this policy will have the right to be accompanied by an official of a recognised Trade Union or Employees Organisation or a work colleague, if they so wish.

In certain circumstances, employees will be able to request in advance a manager/ supervisor of the preferred same gender to carry out interviews under the procedure and this will be respected wherever it is practicable.

It is not considered necessary for the employee to be accompanied at informal meetings, however, if requests to be accompanied by an official of a recognised Trade Union or Employees Organisation or by a workplace colleague, are made, the manager should not unreasonably refuse this request.

3.3 Purpose of meetings

The meetings, both informal and formal, are an opportunity for the manager and employee to explore the circumstances of the employee's sickness absence record. The discussions will be supportive, handled with sensitivity and in confidence. It is an important opportunity for the employee to raise any matters which they feel may be causing or exacerbating their sickness whether this is work related or not.

The manager should consider the following during the meetings:

- frequency and pattern of sickness absence review prompts
- the nature and cause of the sickness absence
- the attendance record of the employee
- the content and outcome of the informal discussion and previous formal sickness meetings
- what opportunity has been given to improve health and wellbeing and attendance at work
- Reasonable / Tailored Adjustments that have been considered and / or introduced
- referral to Occupational Health
- all medical advice available
- whether there is a diagnosis of an underlying medical condition
- the likelihood of improvement in the foreseeable future
- redeployment which could prevent further absence as a short term measure
- impact on service continuity and delivery including sickness targets.

3.4 Setting levels of improvement – Review Period

It is important that the employee understands the level of improvement required and this must be explained at the meeting. The definition of the review period is 12 months running forward from the last date of the most recent episode of sickness that occurred before the sickness review meeting. It is the time period within which a further review prompt is met (which can be established by looking at the rolling period) may lead to escalation through the stages of the policy.

The review period may be paused if an employee is absent from work for a period in excess of 28 days, to cover the period where sickness absence cannot be monitored. The review prompts set out in Section 2.1 are used to measure improvement.

Thus, where no review prompt is met during the review period this will be regarded as an appropriate level of improvement. However, where a review prompt is met this will be regarded as an unacceptable level of improvement and a further meeting may be held.

The manager should arrange for review meetings to be undertaken every three months at each of the stages.

3.5 Overtime / Bank Working

Where the manager feels that continuing to work overtime or bank working, in addition to their contractual hours, may be contributing to an employee's sickness absence, managers can restrict employees from undertaking additional work / shifts following sickness.

To support an employee to regain their full health capacity when returning to work after a period of long term sickness, the manager may feel that continuing to work overtime or bank working, in addition to their contractual hours, may be impacting their recovery. The manager may therefore suggest restricting the employee from undertaking these additional shifts / hours for a set period of time. In this situation and only where the employee does not agree with the manager's assessment, advice from Occupational Health should be sought regarding restricting employees from undertaking additional work / shifts for a temporary period following sickness. Should this be included in the how to long term sickness.

3.6 Informal Discussion

This meeting will be between an appropriate manager and the employee only and as it is informal there is no requirement for a member of Workforce to be involved.

If there are no further review prompts met within the 12-month review period, then there will be no escalation, a meeting will take place, acknowledging the improvement and the employee will no longer be reviewed under the procedure.

If they meet a further review prompt within the review period the manager will apply *discretion on whether to move to the next stage. This discussion should be documented and shared with the employee. It may also be helpful to give the employee a copy of Appendix 1 for clarification.

3.7 Formal Sickness Meetings

If the employee's absence has met a review prompt, the manager will consider *discretion and make a decision whether to hold a First Formal Sickness meeting, it will be appropriate for the employee to be informed that they are now on the First Formal Stage of the procedure and a 12-month review period will be set. The employee must be informed that if a further review prompt is met during this review period, the manager will consider *discretion and make a decision regarding whether they should be asked to attend a Second Formal Meeting.

Where the manager decides not to place the employee on the next stage of the procedure the employee will be reminded of their personal responsibility to maintain attendance at work; their individual sickness record and sickness review prompts. The manager must also record on the personal file the rationale for applying discretion and their decision not to move through the procedure.

At the formal meetings, a member of Workforce may be in attendance, if required, however, must be in attendance at the Third / Final Formal Meeting. The information given at each of the meetings must be confirmed in writing to the employee and retained on the personal file.

Where one or more of the review prompts are met whilst on the Second Formal Stage, the manager will apply *discretion and make a decision whether to hold a Third / Final Formal Sickness meeting.

3.8 Third / Final Formal Sickness Meeting

If a further review prompt is met then it may be appropriate for the case to be referred to a senior manager with the authority to dismiss so they can make a decision on the employee's continued employment. In this circumstance it is essential that the following factors be fully considered in reaching this decision:

- the overall attendance record of the employee
- the appropriateness and fairness of the previous stages applied
- any other meetings / counselling sessions undertaken
- the medical advice (where available) and whether any underlying condition has been identified
- what opportunity has been given to improve health and wellbeing and attendance at work
- the likelihood of improvement in the foreseeable future
- the needs of the service and difficulties caused by the absence
- any alternative action considered / offered including reasonable adjustments / tailored adjustments, permanent or temporary reduction in hours, redesign or modification of duties, redeployment or ill health retirement.

An appropriate member of Workforce must be in attendance at the Third / Final Formal Meeting.

A written summary of the position to date must be given to the employee, seven calendar days' in advance of the meeting, setting out the reasons why dismissal is being considered. It should be clear that much of this will have been addressed much earlier in the process and if the employee has reached this stage of the procedure it is only after a full and thorough review of all these matters has been undertaken.

Termination of employment cannot be considered unless the employee has been informed in writing that their absence may lead ultimately to dismissal.

Employees must be advised of their right to appeal.

A decision to terminate employment must not be made without medical advice from Occupational Health or other specialist, unless the lack of such advice is caused by failure to attend Occupational Health appointments or other specialist medical appointments.

The employee should, in these circumstances, be advised that failure to attend may result in limited information being available to the manager, which may influence the decision made to the detriment of the employee.

Where, following full consideration of the circumstances, the manager decides that termination is not appropriate, the manager may decide to put in place a further 12-month review period, dated from the last day of the last episode that prompted the meeting.

4. Appeals Process

Appeals against dismissal under the policy should be directed to the Director of Workforce and OD within 14 calendar days of the confirmation of dismissal being received. The notification of intention to appeal should set out the grounds on which the appeal is based.

The appeal must be heard, whenever possible, within 28 calendar days of receipt of the notification.

The Appeal Officer will be a senior manager nominated by the Director of Workforce and OD, in line with the organisation's scheme of delegated authority, and must not have been involved in the sickness review procedure at an earlier point.

A member of Workforce will be in attendance to support and give advice to the Appeal Officer.

The manager who made the decision to dismiss will be in attendance to present their decision at the Appeal Hearing.

The Appeal Hearing will consider whether the decision to dismiss was fair and reasonable at the time that the action was taken.

The Appeal Hearing will:

- give the employee, or their representative, an opportunity to expand the details contained within their appeal letter

- give the Appeal Officer an opportunity to ask questions of those present to clarify the nature of the appeal

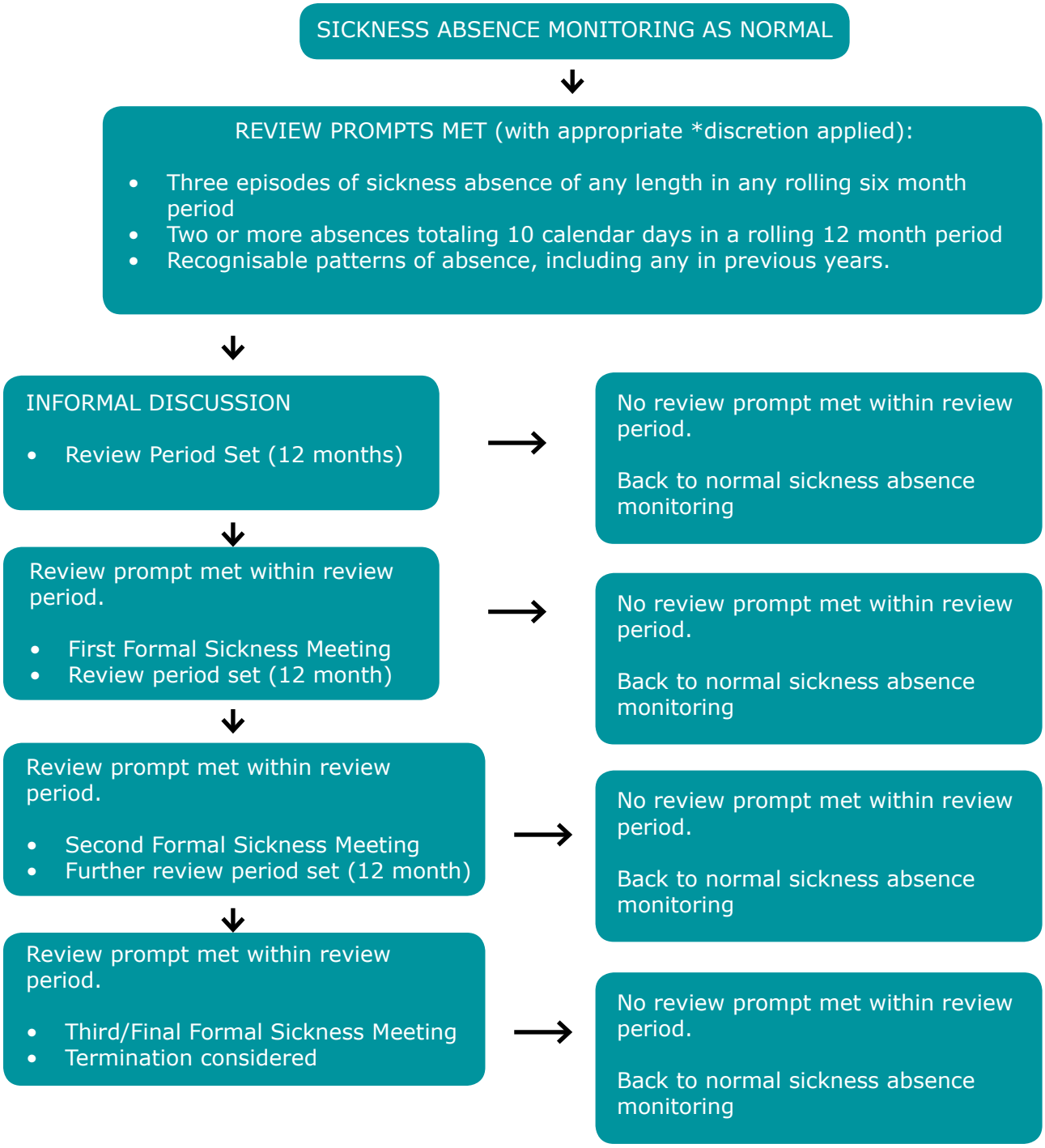
- if present, give the manager who made the decision to dismiss, the opportunity to make a statement about their decision and the process adopted, and be questioned about it as necessary

- give the employee, or their representative, an opportunity to sum up the grounds for the appeal.

When a decision is reached by the Appeal Officer, the decision must be confirmed in writing within 7 calendar days. This exhausts all procedures within the organisation.

Appendix 1

FREQUENT SHORT TERM SICKNESS ABSENCE FLOWCHART



The review period is 12 months from the last day of the period of sickness that prompted the meeting.

A rolling period means that when an episode of sickness occurs the manager must look back from the first day of the absence for a period of 12 months to establish if the employee has met a review prompt.

04

How to Procedure Managing Long Term Sickness Absence

4 How to Procedure Managing Long Term Sickness Absence

How to Procedure Managing Long Term Sickness Absence

The key purpose of this how to procedure is to support employee's attendance at work and ensure any health conditions are effectively managed. The manager should look at options and practical ways to support absent employees to return to work, giving due consideration to both the wellbeing of the employee and the provision of service.

Employees absent due to long term sickness, will need help and support during their recovery and their return to work. An understanding and sensitive approach should be taken by the manager in all cases.

Help and advice regarding the procedure is available from Workforce, recognised Trade Unions and Employee Organisations.

Managers should at the earliest opportunity proactively and positively manage long term sickness, with the primary aim of supporting the employee and facilitating a return to work as soon as possible.

*The manager in "knowing their employee", has the discretion that when reviewing their health and wellbeing following an episode of sickness absence, they will consider as to whether the meployee progresses through the procedure. The decision will be determined and rationale recorded as part of the return to work / informal / formal stage meetings.

Throughout this process consideration needs to be given to any reasonable / tailored adjustments that may facilitate the employee returning to work. Before any management intervention, the manager must consider whether the employee's attendance record is directly attributable to a disability. Further information is available in the How to Procedure Reasonable / Tailored Adjustments.

1. Communication and Maintaining Contact

Regular contact allows the manager to keep track of the employee's recovery and progress and will also provide an important connection for the employee back to the world of work.

The aim of regular contact is to support the employee whilst they are absent and to facilitate the employee's return to work. Regular contact will also allow the manager to manage the employee's workload in their absence.

Managers should keep in touch and agree with the employee when and how frequent telephone or face-to-face catch ups should be and in what format. Arrangements for such contact should be agreed when the sickness is first reported and kept under review.

Weekly contact is usual within the first 28 calendar days, thereafter this frequency may change, i.e. when a Fit Note is extended or when interventions have taken place that could lead to improvement or a return to work.

It is expected that this contact will be two-way and that the employee will keep in touch to ensure that the manager is regularly updated on their condition / progress.

It is recognised that, for some employees, returning to work after a prolonged period of absence can be difficult. It is expected that managers will proactively and positively manage long term sickness so as to be able to offer appropriate help and support.

It is important that the manager maintains a written record of the date and content any communications.

There may be circumstances where it may be detrimental and difficult for the manager to attempt to contact the employee. In such cases advice should be sought from the Workforce and/or Occupational Health.

2. Long Term Sickness Meetings

During the employee's long term sickness absence, it will be necessary to arrange long term sickness meetings. Where appropriate, the meeting should ideally be held no later than the 28th day of absence.

This meeting is an opportunity for the manager and employee to explore the circumstances of the employee's sickness absence record. The discussions will be supportive, handled with sensitivity and in confidence. It is an important opportunity for the employee to raise any matters which they feel may be causing or exacerbating their sickness whether this is work related or not.

Timescales for holding each long term sickness meeting will depend on individual circumstances and some sickness absence issues may be dealt with over a longer or shorter period than others.

Prior to holding, the employee should be written to, giving seven calendar days' notice, and invited to attend a long term sickness meeting to discuss their ongoing sickness absence.

In this letter, they should be notified of their entitlement to accompaniment. A Workforce representative may attend this meeting.

The employee should also be advised that their continued absence may lead ultimately to dismissal.

Permanent redeployment and ill health retirement options should formally be explored and agreed at a long term sickness meeting, if a return to their role or previous full duties is not possible.

Termination of employment may only be considered and agreed at a third / final formal meeting.

The main points discussed at the long term sickness meeting, including any further action to be taken, must be noted.

The manager should confirm to the employee in writing the outcome and main points of the long term sickness meetings.

2.1 Employee attendance

Employees must attend long term sickness meetings as requested by their manager.

A minimum of seven calendar days' notice in writing will be given for attendance at long term sickness meetings.

If the employee is not able to attend the scheduled date, the manager will arrange one further meeting taking into account the reason for the non-attendance. Following this, if the employee fails to attend the rearranged meeting without good reason the manager may hold the meeting in their absence (taking due consideration to all circumstances) and make a decision about the situation based on the evidence they have at hand, which may result in further action being instigated under the policy.

2.2 Right to be accompanied

Employees requested to attend a long term sickness meeting will have the right to be accompanied by an official of a recognised Trade Union or Employees Organisation or a work colleague, if they so wish.

In certain circumstances, employees will be able to request in advance a manager/ supervisor of a preferred gender to carry out meetings under the procedure and this will be respected wherever it is practicable.

2.3 Meeting content

The discussion may cover the following issues (as appropriate to the particular case):

- any relevant work updates that have occurred in the employee's absence
- the nature and cause of the employee's sickness absence
- progress towards their recovery
- the prospect of a return to work in the foreseeable future
- the outcome of any previous sickness meetings during this period of absence
- any updated medical advice provided to the employee (or need for further advice)
- whether there is a diagnosis of an underlying medical condition
- the expiry of the employee's current / last Fit Note
- referral to Occupational Health.
- any phased return, reasonable / tailored adjustments and or redeployment, that have been considered and / or could be introduced that may facilitate a return to work, including any barriers to these
- if there is a need for any other support or assistance
- consideration to Premature Retirement on Ill Health Grounds (Occupational Health or Workforce advice required)
- annual leave
- impact on service continuity and delivery including sickness targets
- the frequency and arrangements for regular contact (including any concerns)
- agree future long term sickness meetings
- the employee should also be advised that their continued absence may lead ultimately to dismissal
- the employee must be made aware that the manager's decision to terminate employment is not linked to or subject to ill health retirement.

The ending of employment will not be delayed in order for a pension application to be made and processed.

3. Occupational Health

The absent employee may benefit from a referral to Occupational Health for an assessment of the effects of the illness or condition, the likely duration of the absence and whether or not there are any steps that the manager could take to facilitate the employee's return to work.

An employee does not need to be referred to Occupational Health before they can return to work. However, for more complex cases, you may wish to obtain advice to discuss the need for a phased return to work, varied duties / hours, redeployment or any other reasonable / tailored adjustments.

An Occupational Health referral must be obtained, before considering termination of employment (unless the employee has refused or failed to attend the Occupational Health appointment). Workforce can support management with advice on this.

Arrangements for implementing a referral to Occupational Health are covered in the How to Procedure Occupational Health.

4. Therapeutic Return / Reorientation

A therapeutic return can be a helpful way to enable employees that have been away from work to re-connect with colleagues in advance of a formal return to work. It may involve attending work for a meeting with the manager / team in order to keep up to date with what's been happening and overcome any initial anxieties about returning to work.

The employee is still considered to be off sick whilst completing a therapeutic return. It is important to ensure the therapeutic return is limited to a small number of hours. No undue pressure or responsibility is applied to the employee during this period. It is expected that a therapeutic return is followed by a structured phased return to work.

To support an employee to regain their full health capacity when returning to work after a period of long term sickness, the manager may feel that continuing to work overtime or bank working, in addition to their contractual hours, may be impacting their recovery. The manager may therefore suggest restricting the employee from undertaking these additional shifts / hours for a set period of time. In this situation and only where the employee does not agree with the manager's assessment, advice from Occupational Health should be sought regarding restricting employees from undertaking additional work / shifts for a temporary period following sickness.

5. Termination of Employment

Termination of Employment will only be considered when all options have been explored:

- a return to work in any capacity is unlikely in light of the medical evidence
- a return to work is not forth-coming despite medical advice that a return is possible
- redeployment
- there are no reasonable / tailored adjustments that would facilitate a return to work
- there is no prospect of suitable alternative work becoming available.

The case will be referred to a senior manager with the authority to dismiss so they can make a decision on the employee's continued employment. In this circumstance, it is essential that the following factors be fully considered in reaching this decision:

- the overall attendance record
- all communication and contact with and by the employee during their absence
- the content and outcome of any formal or informal meetings
- medical opinion (unless this is not available due to the lack of co-operation of the employee)
- the likelihood of returning to work (with or without reasonable adjustments)
- reasonable / tailored adjustments to the original post
- redeployment to an alternative post
- redesign or modification of duties (where possible)
- if the employee is permanently incapable of a return to this post, Premature Retirement on Ill Health Grounds
- any other relevant issues raised by the employee and/or their representative
- the needs of the service and for the work to be done.

Where termination of employment is being considered at a third / final meeting an appropriate member of Workforce must be in attendance.

A written summary of the position to date must be given to the employee, seven calendar days' in advance of the meeting, setting out the reasons why dismissal is being considered. It should be clear that much of this will have been addressed much earlier in the procedure and if the employee has reached this stage, it is only after a full and thorough review of all these matters have been undertaken.

Termination of employment cannot be considered unless the employee has been informed in writing that their absence may lead to termination of employment.

A decision to terminate employment will not be taken without up to date medical advice (within previous three months), unless the lack of such advice is caused by failure to attend appointments or failure on the part of the employee to allow access to relevant medical reports. The employee should, in these circumstances, have been advised that failure to attend or allow access to their medical records may be to their detriment, and result in less information being made available to the manager to make their decision.

Where following full consideration of the circumstances, the manager decides that termination of employment is not appropriate, the manager may decide to put in place a further 12-month review period.

A decision to terminate employment will be confirmed in writing and shall be on the grounds of capability. This shall be the responsibility of the manager with the authority to terminate the employment of the employee concerned.

Any decision to terminate employment should not be based on sick pay entitlement and may occur prior to expiry of such pay in appropriate circumstances.

Equally, where sick pay entitlement has expired, this will not automatically lead to termination of employment, as this will depend on the circumstances of the particular case.

Notice of termination of employment shall be given in accordance with statutory / contractual provisions, paid notice or payment in lieu of notice, whichever is the more appropriate.

If termination of employee is on the grounds of ill health, they must receive payment for accrued but untaken annual leave for the current leave year plus any previously accrued but untaken statutory annual leave.

5.1 Authority to dismiss

The decision to terminate will be made by the manager with the authority to terminate the employee's employment, in accordance with the organisations scheme of delegation.

5.2 Appeals Process

Appeals against dismissal under the policy should be directed to the Director of Workforce and OD within 14 calendar days of the confirmation of dismissal being received. The notification of intention to appeal should set out the grounds on which the appeal is based. The appeal must be heard, whenever possible, within 28 calendar days of receipt of the notification.

The Appeal Officer will be a senior manager nominated by the Director of Workforce and OD, in line with the organisation's scheme of delegated authority, and must not have been involved in the sickness review procedure at an earlier point.

A member of Workforce will be in attendance to support and give advice to the Appeal Officer.

The manager who made the decision to dismiss will be in attendance to present their decision at the Appeal Hearing.

The Appeal Hearing will consider whether the decision to dismiss was fair and reasonable at the time that the action was taken.

The Appeal Hearing will:

- give the employee, or their representative, an opportunity to expand the details contained within their appeal letter

- give the Appeal Officer an opportunity to ask questions of those present to clarify the nature of the appeal

- if present, give the manager who made the decision to dismiss the opportunity to make a statement about their decision and the process adopted, and be questioned about it as necessary

- give the employee, or their representative, an opportunity to sum up the grounds for the appeal.

When a decision is reached by the Appeal Officer, the decision must be confirmed in writing within seven calendar days. This exhausts all procedures within the organisation.

Appendix A

Equality Act 2010

The Equality Act 2010 came into force on 1st October 2010. The Act brings together a number of existing anti discrimination laws and introduces changes that give individuals greater protection from unfair discrimination. It sets out the characteristics that are protected by law and the behaviour that is unlawful. The protected characteristics are (in alphabetical order):

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief
- Sex
- Sexual orientation

Under the Act people are not allowed to discriminate, harass or victimise another person because they have any of the protected characteristics. There is also protection where someone is perceived to have one of the protected characteristics or where they are associated with someone who has a protected characteristic. The Act changes and extends certain concepts and definitions and recognises 6 forms of discrimination: direct; indirect; discrimination by perception; discrimination by association; harassment and victimisation.

The Equality Act 2010 Statutory Code of Practice on Employment provides a detailed explanation of the provisions of the Act relating to discrimination in employment and work-related activities. The Code may be downloaded from the Equality and Human Rights Commission's website

The following sections are taken from the Statutory Code of Practice on Employment (Chapters 2 and 6) and provide information on the protected characteristic of Disability and the legal duty to make reasonable adjustments.

Disability

Only a person who meets the Act's definition of disability has the protected characteristic of disability. In most circumstances, a person will have the protected characteristic of disability if they have had a disability in the past, even if they no longer have the disability.

The Act says that a person has a disability:

'if they have a physical or mental impairment which has a long-term and substantial adverse effect on their ability to carry out normal day-to-day activities'.

Physical or mental impairment includes sensory impairments such as those affecting sight or hearing. Long-term means that the impairment has lasted or is likely to last for at least 12 months or for the rest of the affected person's life. Substantial means more than minor or trivial.

Where a person is taking measures to treat or correct an impairment (other than by using spectacles or contact lenses) and, but for those measures, the impairment would be likely to have a substantial adverse effect on the ability to carry out normal day to day activities, it is still to be treated as though it does have such an effect.

This means that 'hidden' impairments (for example, mental illness or mental health conditions, diabetes and epilepsy) may count as disabilities where they meet the definition of the Act.

Cancer, HIV infection and multiple sclerosis are deemed disabilities under the Act from the point of diagnosis. In some circumstances, people who have a sight impairment are automatically treated under the Act as being disabled.

Progressive conditions and those with fluctuating or recurring effects will amount to disabilities in certain circumstances.

For more on the concept of disability, see Appendix 1 of the Statutory Code of Practice on Employment. Guidance on matters to be taken into account in determining questions relating to the definition of disability is also available from the Office for Disability Issues

05

How to Procedure Occupational Health

5 How to Procedure Occupational Health

How To Procedure Occupational Health

The best source of support an employee can get is from a manager who knows and cares about their individual needs and who is aware of the range of resources that are available to maintain health and wellbeing.

Occupational Health is one such resource, that when used appropriately, can provide expert advice to both managers and employees.

1.0 Referrals to Occupational Health

1.1 In order to provide support to employees and to ensure that managers can seek the necessary advice, managers can at any time request that an employee attends Occupational Health. Management referrals should always be discussed with the employee before the referral so the employee is fully aware of the reasons for the referral and the importance of attending. A copy of the completed referral form should be given to the employee by the manager making the referral.

1.2 In very rare circumstances the employee may not consent to the referral to Occupational Health. In this case, the manager should politely and clearly set out to the employee why a referral is required and give the employee an opportunity to discuss the referral with them. If the employee refuses to discuss the referral and continues to withhold their consent, or continues to withhold their consent after the discussion, then the manager can still make the referral without the employees consent.

If a referral is made without the employee consent the rationale for this must be set out on the referral form

1.3 An employee can self-refer to Occupational Health at any time.
A discussion will be held with the employee at the time of the consultation as to whether it is felt appropriate for a report to be sent to their manager and whether they give their consent for this or unless legal or professional / regulatory requirements override this.

2. When to refer

2.1 There is no set time when to refer to Occupational Health. The optimum time to refer will depend on the manager "knowing their employee" and their individual circumstances. A manager does not have to wait until the employee goes off sick before making a referral to Occupational Health for advice and not every episode of sickness will require a referral. It is, however, essential that when termination of employment is being considered on health grounds, up to date Occupational Health advice has been obtained.

2.2 A referral may also be considered in the following circumstances:

- where there are concerns that the work being undertaken may be impacting on a health condition (even where the employee is not absent)
  NB. this includes scenarios such as musculoskeletal issues / skin problems within a clinical role, symptoms of stress being demonstrated but as yet no sickness absence has occurred
- where there are general concerns regarding attendance

- after an employee has been, or is likely to be, absent for 28 calendar days where there is no clear return to work date
- where sensitive cases exist that are likely to be off long term, early referral should still be considered to access appropriate support and advice e.g. employees with cancer / long term condition
- if absence is due to stress and / or musculoskeletal / violence and aggression issues, an automatic referral to Occupational Health may not be required if the employee is able to access Wellbeing and / or Physiotherapy interventions and the manager is able to support the employee in the workplace. The manager may still make a referral to Occupational Health if advice on how to support the employee in the workplace is required
- referrals to Occupational Health in cases of short term absence are not routinely required, however, should be considered when guidance is required as to whether there is an underlying health condition impacting on frequent short term sickness absence
- where advice is required on reasonable / tailored adjustments not already in place, that can be implemented to reduce / remove the risk of aggravating an underlying health condition
- if health issues are impacting performance
- if there are concerns following medical suspension, injury, violence and aggression and ability to undertake elements of role
- in line with the Equality Act 2010
- routine, planned operations do not require an assessment unless there are complications or concerns about the employee's ability to return to work.

3.0 Referral process

3.1 Each NHS Wales Occupational Health Service will have its own referral pathway with unique forms and processes. Managers should ensure that they are aware of the Occupational Health referral process within their organisation.

3.2 Please be aware that employees have a legal right to request to see all documentation in their personal Occupational Health file including managerial referral forms.

3.3 When completing the referral form it is vital that the following is included:

- full name and date of birth
- correct telephone number for the employee
- information about the job and job tasks that are required to be undertaken
- factual background information regarding the situation. The Occupational Health professional assesses a case by taking into account the information from the manager, the information from the employee and the medical elements of the case. Information provided by the manager will ensure that the Occupational Health professional has sufficient information to undertake a full balanced assessment and to provide an effective report
- ask relevant questions, the referral report will address these to help the manager in managing the case.

3.4 This information is necessary to ensure time spent with Occupational Health is maximised, and that the assessment provided during the appointment can be used effectively by both the employee and the department.

3.5 Once an appropriately completed referral has been received by Occupational Health, it will be triaged by Occupational Health and an appointment will be arranged with the most appropriate professional / method.

3.6 The assessment will take place and a report will be generated responding to the questions raised in the referral. The Occupational Health professional will decide if further information is required from the employee's doctor, hospital specialist or other health professional to provide further guidance. In these cases the report may be delayed, but Occupational Health will always inform the manager if this applies.

3.7 The Occupational Health professional will confirm with the employee their consent, at the time of the assessment for the release of the report to the line manager. Under the General Medical Council (GMC) guidance, the employee has a right to view the report before it is sent to the manager. In these cases the report may be delayed, however, Occupational Health will always inform the manager if this applies.

3.8 The employee can request factual changes but the Occupational Health opinion will not be changed. If consent is not provided, Occupational Health will write to the manager explaining that consent has not been provided.

3.9 If the employee does not wish to see the report prior to its release to the manager, then they will receive a copy at the same time.

3.10 In some circumstances, the Occupational Health professional may arrange to review the employee. The manager may be requested to provide a written update on the situation in order to ensure that the Occupational Health professional has up to date information during this consultation.

4.0 Failure to attend Occupational Health

4.1 If the employee is unable to attend their allocated appointment they must notify the Occupational Health immediately so that another appointment can be arranged and the original appointment allocated to another employee.

4.2 Failure to attend without prior notice will be classified as a Did Not Attend (DNA) and the manager will be notified. According to NHS data each DNA can incur significant costs to the organisation. Therefore, it is essential that Occupational Health resources are utilised appropriately and the manager highlights the importance of attending the Occupational Health appointment when the referral is being made.

4.3 Failure to attend two consecutive appointments without notification will result in the referral process being stopped and the manager will be advised to seek Workforce advice and to manage the case without Occupational Health advice.

4.4 Failure to attend may result in limited information being available to the manager which may influence decisions and management of the absence to the detriment of the employee.

06

How to Procedure Return to Work

6 How to Procedure Return to Work

How to Procedure Return to Work

The return to work meeting is the single most important element in the management of sickness absence and it is important that it is undertaken consistently and appropriately after every period of absence. It is important that the return to work meeting is conducted on the first day of return or if that is not possible, as early as possible after their return. The form needs to be completed in full and dated. The return to work meeting is an excellent opportunity to review the employees' health and wellbeing and attendance record, offer any appropriate support and establish a plan to maximise future attendance.

The return to work meeting should be in the form of a supportive meeting and should not form part of any formal procedures. It should be carried out in a sensitive and considerate manner where the primary focus is ensuring that the employee is fit and well to carry out their duties required.

Return to work meetings should:

- be conducted in private, with sensitivity, and any issues should be explored in a caring and concerned manner
- be approached with an open mind, and give the employee the opportunity to discuss reason behind their absence
- not be judgmental and assumptions about the absence should not be made
- an opportunity for signposting to relevant support services
- consider whether any review prompt discussion is required

1. Notification of fitness for work

Employees must inform their manager on the first day that they regard themselves as being fit for duty whether or not they are due to work that day. This is important and will ensure that both their sickness records and their remaining entitlement to sick pay provision are accurate. To ensure overall sickness rates are accurate managers must also ensure that employees are recorded as fit for work on the first day the employee reports as being fit for work, even if the employee is not due to work that day i.e. weekends or non-rostered day.

2. Preparing for the return to work meeting

The manager must ensure they have all the relevant facts and information in advance of the meeting. This may include:

- E-Roster / ESR record
- absence calendar / monitoring record
- the Managing Attendance at Work Policy review prompts
- The appropriate 'How to Procedure' to support the employees return to work
- medical advice
- previous absence related paperwork including reasonable / tailored adjustments agreements

3. When to hold the return to work meeting

The return to work meeting with the employee should take place on the first day back or as soon as possible following return. If this presents practical difficulties, it may be appropriate to conduct the meeting over the phone or for the manager to arrange to delegate the meeting to a nominated deputy. Regardless of the method, the return to work meeting should be completed no later than one week following return.

4. At the return to work meeting

4.1 Welcome

At the outset of the meeting, the manager should welcome the employee back to work and explain that it is routine to hold such a meeting and that it is in line with the Managing Attendance at Work Policy.

4.2 Discuss the Absence:

- ansure the employee is fit to work
- discuss the reasons for the absence and any relevant issues arising from it e.g. identifying any contributing factors (underlying health conditions / work related issues / domestic/ personal matters / pregnancy / menopause / breastfeeding etc.) and offering help, advice and/or signposting to relevant resources / services where appropriate
- assess the need for any reasonable / tailored adjustments to support their return to work
- consider whether the attendance record is directly attributable to a disability. Further information is available from the How To Procedure Reasonble / Tailored Adjustments.
- make the employee aware of their attendance record and whether the absence will necessitate a review prompt meeting, explaining the consequences and next steps in the process in line with the Managing Attendance at Work Policy
- consider if any further support is required, including Occupational Health, Employee Well Being Services, Our Wellbeing Matters / Manager Wellbeing Matters, Physiotherapy (where available).
- ensuring that they are proactively managing their health and wellbeing.

4.3 Documentation

The meeting should be documented on a Return to Work Form, along with a self-certification. If the episode of sickness results in a requirement for a review prompt meeting, the manager must apply *discretion regarding whether to instigate an informal / formal meeting as appropriate. The rationale with regards to escalation should be clearly documented. The form should be agreed with the employee and signed off by both parties as a fair record of what has been discussed. The form should be kept for future reference in the employees' personal file and a copy should be shared with them.

Enter the link to your organisations return to work form below:

4.4 Other policies

There may be occasions when consideration should be given to other Health Board / Trust policies and additional support offered to the employee. For example:-

- All Wales Dignity At Work Policy
- All Wales Special Leave Policy
- Alcohol and Drug/Substance Misuse Policy
- Flexible Working Policy

5. Returning from a long term sickness absence

Where an employee is returning from long term sickness absence any support needs or workplace adjustments are likely to have been identified and should have been addressed prior to this meeting. However, the manager will have the opportunity to welcome the employee back, give any relevant workplace updates and confirm any arrangements or modified work schedules. It is also an opportunity to facilitate their return back into the workplace.

07

How to Procedure Phased Return and Temporary Redeployment

7 How to Procedure Phased Return and Temporary Redeployment

How to Procedure Phased Return and Temporary Redeployment

A phased return to work is now one of the standard options on a Fit Note. GPs and Medical Advisors often recommend that managers implement a phased return to support an employee's return to work. A phased return to work is an effective means of assisting employees who have been on long term sickness (more than 28 calendar days), back to work. It is based on the principle that the employee is well enough to carry out some aspects of their work, and is likely, given time, to recover sufficiently to continue in their substantive role - with or without reasonable / tailored adjustments (further information is available from the How to Procedure Reasonable / Tailored Adjustments. A phased return to work will not be suitable in every situation and would not normally be recommended after short term illness.

What is a Phased Return?

A phased return is a period of time following long term sickness absence where an employee works fewer than their full contracted hours and / or undertakes partial duties, in order to have a moderate reintroduction to work.

Arrangements for a phased return to work will, by definition, involve a change from the employee's normal work hours and / or restricted duties. A phased return can alter working hours in several ways. For example, a reduced number of days / shifts per week; shortening of the working day, including working only mornings or afternoons or by working shorter hours outside peak commuting time; by altering working hours to ensure that support / supervision is available throughout the shift.

Consideration should be given to whether work could feasibly be undertaken in a different location, for example at the employee's home or another NHS office closer to home by agreement. Further consideration should be given to whether the duties to be undertaken could be adjusted to reduce physical and / or mental effort during the period of phased return. The employee's health condition will determine what type of phased return to work plan could help achieve a successful return to work.

Length of a Phased Return

The length of a phased return should be agreed in discussion with the employee. Managers are advised to consider all relevant factors, including medical advice (where available), on a case by case basis (see "Discussing a Phased Return"). The average length of a phased return is four weeks but can be shortened or lengthened as required. A phased return would be expected to last a minimum of two weeks and a maximum of six weeks.

Hours worked during a phased return

This should be agreed between the employee and their manager. However, it is anticipated that the employee will work at least 30% of their contracted hours during the first week, increasing to 100% over the agreed period of the phased return. Annual leave and Bank Holidays which fall during the period of phased return should not be counted as part of the period.

When should a phased return be considered?

A phased return will usually be recommended in a Fit Note from the employee's GP, or in the medical opinion from Occupational Health. In addition to ticking the "phased return to work" option, GPs are required to advise on any restrictions / limitations. Where a medical opinion has been provided, consideration should be given to all additional guidance provided. Whilst phased returns will usually occur in the above way, managers are advised not to unreasonably refuse a reasonable request for a phased return from the employee or their representative. Alternatively, managers may consider that a phased return is appropriate in the circumstances. The absence of medical opinion should not prevent a reasonable phased return to work plan being agreed.

NB. Employees should not be referred to Occupational Health solely for advice regarding a phased return, particularly if this will delay the employee from returning to work.

Discussing a phased return

Where an employee advises that they are considering returning from long term sickness absence, a face to face discussion would usually take place as part of a long term sickness meeting. At these meetings, employees may arrange to be accompanied by a Trade Union official or colleague. It may become necessary for a separate meeting to be arranged, to finalise the arrangements of the return to work plan.

As a guide the phased return to work meeting should consider the following points, along with any suggestions from the employee:

- when the phased return to work will commence
- the hours the employee will work during the phased return
- tailored adjustments that may be required during the phased return, further information is available in the How to Procedure Reasonable / Tailored Adjustments
- any further reasonable adjustments that might need to be made (for instance, a special chair or computer equipment to help counter the effects of any disability) and whether Access To Work might be able to assist, further information is available in the How to Procedure Reasonable / Tailored Adjustments
- at what location the employee will start the phased return (for example, at home or in the office)
- whether temporary redeployment needs to be considered and if so, whether it can be accommodated
- how long the phased return to work is expected to last
- what arrangements will be put in place to monitor the employee's progress and any difficulties encountered
- to whom the employee should report if they have any difficulties with the arrangements.

The manager should keep an open mind about what may be possible when discussing a phased return to work with the employee. It is important to consider suggestions from the employee. Where the employee's suggestions are not practicable, it is good practice for managers to recommend alternative practical proposals, rather than simply responding negatively.

If it is not possible to agree arrangements at the first meeting, due to more information being needed or further consideration of requests, a further meeting should be arranged. A record of the meeting(s) should be kept, along with agreed arrangements for the phased return.

Recording arrangements for a phased return

Phased return to work plans should be recorded on Appendix 1 Phased Return and Therapeutic Return Recording Form. The employee and manager should sign the form to agree the return to work plan. A copy should be retained by the employee as well as placed on the employee's personal file. If the agreement is reached during a long term sickness meeting, a long term sickness outcome letter may replace the form.

Monitoring the phased return

It is important that employee and manager monitor the phased return to ensure it is appropriate and supportive for the employee. In order to evaluate its success, targets should be set at the beginning of the phased return period and monitored at regular review meetings. The frequency of the reviews should be agreed prior to the commencement of the phased return, weekly meetings are advisable. If any problems are encountered the return to work plan may be adjusted accordingly and updated on the form.

Pay during phased return

Employees will be paid at their full contractual pay during an agreed period of phased return, including any contractual enhancements. Where an employee wishes to extend their phased return, beyond that agreed in the return to work plan this may be considered with utilisation of annual leave.

What happens if the phased return does not work?

If, despite all efforts, the phased return is unsuccessful, a further period of absence may be required.

A referral to Occupational Health should be considered with a view to obtaining further guidance on the likelihood of a successful return in future with or without reasonable / tailored adjustments and / or consideration to permanent or temporary redeployment. Further information is available in the How to Procedure Occupational Health.

Temporary Redeployment (up to 3 months)

If the employee is fit to attend work but not to their substantive post, or a phased return is attempted but is not successful, the manager may also consider whether or not there are any other posts that the employee can undertake in the organisation they are employed by or another NHS employer that is within their capabilities, if supported by Occupational Health advice.

In the first instance, temporary redeployment should be looked for within the employee's own organisation, however, in recognition of the varying sizes of NHS employers, geographical constraints, suitability of the redeployment and the nature of absence from work it should also be looked for in other relevant NHS organisations to see if temporary redeployment opportunities exist.

Every NHS employer within Wales should assign a named point of contact in Workforce who will be able to share the current list of vacancies that exist within the organisation. If a post is identified as suitable by Workforce the employee's line manager will be made aware and discussions will take place with the employee. If a suitable post is identified for a temporary period (up to 3 months) payroll will ensure that there is a transfer of salary and this should not be an impediment to a temporary relocation. When the redeployment is to a lower banded post the employee will not suffer a detriment in normal take home pay (in

line with the phased return section of this policy). The redeployment should be regarded as temporary, however, the time scales should be agreed between the employee (taking account of their specific circumstances), the substantive employer and the employer accepting the employee on a temporary basis for up to a period of 3 months. All aspects of the temporary redeployment should be discussed with the employee.

Temporary redeployment to another NHS organisation will be considered in conjunction with local redeployment protocols, not in conjunction with the All Wales Organisational Change Policy.

Steps in process:

1. Confirm if temporary redeployment is an option which the employee can agree to, in line with occupational health advice.

2. Are there suitable temporary redeployment opportunities with the employer (check with named contact in Workforce).

3. If the answer to 2. is no, establish what other NHS employers are suitable from a logistical point of view and obtain a list of opportunities from the named person in Workforce at these organisations.

4. If opportunities exist, the line manager and Workforce will initiate discussions to establish if the temporary redeployment can be agreed by the accepting employer and the employee in question.

5. Payroll will be informed and the necessary financial arrangements made.

Therapeutic Return / Reorientation

A therapeutic return can be a helpful way to enable employees that have been away from work to re-connect with colleagues in advance of a formal return to work. It may involve attending work for a meeting with the manager/team in order to keep up to date with what's been happening and overcome any initial anxieties about returning to work. The employee is still considered to be off sick whilst completing a therapeutic return. It is important to ensure the therapeutic return is limited to a small number of hours. No undue pressure or responsibility is applied to the employee during this period. It is expected that a therapeutic return is followed by a structured phased return to work.

Appendix 1

PHASED RETURN

Name of Employee:

Date:

Time:

Venue:

IN ATTENDANCE

1:

2:

3:

4:

INTRODUCTION

Advise the employee that the meeting has been convened in accordance with the All Wales Managing Attendance at Work Policy.

NOTES OF DISCUSSION

Briefly review relevant documentation (fit notes/medical reports) and note discussion

Discuss advice regarding phased / therapeutic return

Ensure employee is aware of technical aspects of phased / therapeutic return, e.g. duration, pay

Discuss any adaptations needed to hours of work / work to be undertaken

Discuss whether therapeutic return might be helpful and how that could be accommodated

Agree any factors which need further consideration before phased / therapeutic return can be agreed

AGREEMENT

Outline the agreed phased return, ensuring that factors including timing, duration, hours of work each week, location, work to be undertaken / not undertaken, any agreed adjustments to be put in place, whether any therapeutic return is to take place, timing of regular reviews etc.

Identify any support / reasonable / tailored adjustments which may be required to enable the employee to undertake the phased return as set out above.

Employee and manager to sign below to agree above notes are a true record/and that the phased return has been agreed. Signed copy to be kept on the employee's personnel file and ESR updated.

Employee's signature		**Date**	
Manager's signature		**Date**	

PHASED RETURN REVIEW (use as required)

Review 1

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 2

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 3

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 4

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 5

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

Review 6

Note how the phased / therapeutic review has gone and note any changes which need to be made.

Employee's signature		**Date**	
Manager's signature		**Date**	

08

How to Procedure Reasonable / Tailored Adjustments

8 How to Procedure Reasonable / Tailored Adjustments

How to Procedure Reasonable / Tailored Adjustments

Reasonable Adjustments

Employers are under a legal duty to make reasonable adjustments to ensure workers with disabilities, or physical or mental health impairments, are not disadvantaged when doing their jobs. This also apply to job candidates at the onset of the employment cycle.

The Equality Act 2010 defines a disability as an impairment that has a long term and substantial adverse effect on a person's ability to undertake normal day to day activities. Long term means that it must be expected to last for 12 months or more.

People with progressive conditions can be classed as disabled. A progressive condition is one that gets worse over time. You automatically meet the disability definition under the Equality Act 2010 from the day you're diagnosed with HIV infection, Cancer or Multiple Sclerosis.

Tailored Adjustments

Not all illnesses are disabilities, however, if an employee is asking for support with a health and wellbeing condition, it is best to provide support accordingly, assuming it is proportionate to do so. There are many benefits of this including supporting the employee back into work and to remain in work.

Tailored adjustments are short to medium term changes that can help support the health and wellbeing of the employee. Tailored adjustments should be considered and where possible implemented at the earliest opportunity to help an employee.

This can be arranged through discussion between a manager and an employee that is having difficulty with a known health and wellbeing condition. Tailored adjustments could include changes to working hours for a short period, changes to duties etc.

Why should managers make work based adjustments?

Beyond legal requirements for disabled employees, evidence has shown that good work is beneficial for health and wellbeing and that work can aid recovery for employees with physical and mental health conditions.

The proactive management of employees' mental and physical health can produce a range of benefits including greater employee engagement and productivity, reduction of sickness absence and reduced employee turnover.

Making small adjustments (reasonable / tailored adjustments) to enable an employee to remain in work during personal difficulties or when experiencing mild-moderate conditions that impact upon health and wellbeing in work.

Tailored adjustments are changes which can be agreed for varying reasons and periods of time based on individual needs that can be agreed through discussion between the manager and employee.

We recognise that managers should have a good understanding, and be familiar with the individual needs of their employees and any associated health and wellbeing conditions or disabilities that may affect their work. To support employees, reasonable / tailored adjustments should be considered and where possible implemented at the earliest opportunity to help an employee remain in work or reduce the need for sickness absence / aid an earlier return to work after a period of absence. Managers should consider such options when assessing an employee's health and wellbeing in situations where there is a reasonable expectation of improvement or where reasonable / tailored adjustments may prevent a deterioration. This proactive approach should enable an employee to maintain wellness at work and reduce the need for sickness absence.

2.0 Examples of reasonable/ tailored adjustments

In many cases, simple and cost-effective workplace adjustments can make a big difference and enable people with health conditions and disabilities to remain in work and live healthy and productive lives. The adjustment needed could be a change in practice or workload. Some examples of reasonable / tailored adjustments might include:

- allowing additional breaks for an employee with a musculoskeletal difficulty to undertake self-management exercises
- temporarily reduced duties to enable an employee with anxiety to manage their working day effectively
- changing an employee's equipment, for instance providing an adapted keyboard if they have arthritis or providing a specialist chair because of back problems.

The aim of the adjustment is to minimise or reduce the impact of the health condition for the employee and enable them to carry out their job / duties. Contacting Workforce or Occupational Health may be required to discuss any conditions and a referral to Occupational Health should be considered if a specialist opinion is required, further information is available in the How To Procedure Occupational Health.

2.1 General approach

Wherever possible, the organisation will support employees that have a known health and wellbeing condition or disability. This support may be a legal requirement under the Equalities Act 2010, or good practice in supporting employees with mild-moderate health conditions. An employee with a health and wellbeing condition / disability can expect:

- a discussion with their manager
- for the matter to be dealt with confidentially and sensitively
- everything that is relevant to be considered
- all possible options and outcomes to be considered
- implementation of the identified and appropriate options, where they are reasonable and proportionate
- regular reviews.

2.2 Declaration of a Health and Wellbeing Condition / Disability

2.2.1 Where an employee with a health and wellbeing condition / disability reports that they are experiencing health difficulties it is important to respect their right to confidentiality and ensure on-going discussion.

2.2.2 The manager should meet with the employee in order to discuss their condition(s). The manager should seek to put in place any short term reasonable / tailored adjustments to ensure that the employee is not placing themselves at risk.

This may include conducting a risk assessment in order to identify any potential short-term adjustments. Completion of the Reasonable / Tailored Adjustment Agreement should be undertaken at this stage (Appendix 1).

2.2.3 If following the implementation of reasonable / tailored adjustment agreement, or where specific advice is required, the manager may consider making a referral to Occupational Health. The referral should include details of the discussion with the employee and a copy of the tailored adjustment agreement that has been put in place. A copy of the referral to Occupational Health should be discussed with the employee prior to submission. Further information is available from the How To Procedure Occupational Health.

2.2.4 On completion of the Occupational Health referral, the manager will receive a report advising in respect of any further suggested restrictions or adjustments that need to be considered. The manager should then meet with the employee in order to discuss and consider the Occupational Health report to enable a more informed discussion to be undertaken.

2.2.5 The purpose of the discussion is to consider the advice and what further reasonable / tailored adjustments could be put in place to enable the employee to continue undertaking the duties and responsibilities of their role and whether the adjustments are deemed reasonable.

2.2.6 Where there are barriers to progress, all parties have a duty to consider how these may be overcome; support from Workforce, Trade Union representatives, Equality Advisors and Occupational Health may be required. Ultimately it is the decision of the manager to determine whether any proposed reasonable / tailored adjustment can be accommodated.

3.0 Disability / Health and Wellbeing Condition Leave

Disability / Health and Wellbeing Condition leave is reasonable paid time off for a reason related to someone's known health and wellbeing condition and /or disability as part of a programme of care. Disability / Health and wellbeing condition leave is not disability related sickness absence. Effectively, it is a form of special leave and will usually be requested by the employee and approved by the manager in advance. Disability/ Health and wellbeing condition leave should be recorded on ESR. Typical examples of Disability / Health and wellbeing condition leave may include regular hospital and medical appointments / treatments / follow up assessments in respect of a known disability / health and wellbeing condition. Disability leave will typically apply to part, or the whole, of one working day.

4.0 Reasonable / Tailored Adjustment Agreement

4.1 The Reasonable / Tailored Adjustment Agreement is an on-going record of tailored adjustments agreed between an employee with a disability / health and wellbeing condition and their manager. In the case of reasonable adjustments it is anticipated these will continue to apply if the employee changes roles wherever possible.

The purpose of this agreement is to:

- Ensure that the employee and the manager, have an accurate record of what has been agreed.
- Minimise the need to re-negotiate reasonable adjustments every time the employee changes jobs, is re-located or assigned a new manager.
- Provide the employee and their manager with a basis for discussion about tailored adjustments at future meetings.

4.2 This is a live document and should be reviewed regularly by both the employee and manager and updated as appropriate. Specialist advice from third parties, such as Occupational Health and other practitioners may be needed. Managers who need help in deciding whether or not an adjustment is reasonable can contact Workforce for advice.

4.3 New managers of employees with agreed reasonable / tailored adjustments should accept the adjustments outlined in the agreement as reasonable and ensure that they continue to be implemented unless this causes significant operational difficulties, in which case further discussion will be necessary.

4.4 Reasonable / Tailored Adjustment Agreement will need to be reviewed and amended when changes occur. Where employees are moving to new roles / departments, they should make their new manager aware of any agreement in place and be prepared to discuss it.

4.5 The agreement allows the employee to:

- explain the impact of the disability / health and wellbeing condition on them at work
- suggest adjustments that will make it easier to do their job
- explain any change in their circumstances.

4.6 The agreement allows the manager to:

- understand how an employee's disability / health and wellbeing affects them at work
- explain the needs of the Organisation
- review the effectiveness of the adjustments already agreed
- explain any change in the employer's circumstances.

Advice on Reasonable / Tailored Adjustment Agreements are available from Workforce.

NHS Wales Managing Attendance at Work Policy
Reasonable / Tailored Adjustments Agreement

Employee's Name	
Job Title	
Department	
Manager's Name	

Reasonable / Tailored Adjustments

Requests for reasonable adjustments must be considered for staff who have conditions which could potentially be defined as a disability under the Equality Act 2010. Tailored adjustments should be considered to support employees with a health and wellbeing condition which may not be a disability as described above. Wherever possible, agreed adjustments should be implemented at the earliest opportunity to help the employee maintain wellness, remain in work and reduce the need for sickness absence. They may also aid an earlier return to work after a period of absence.

The purpose of this agreement is to:

- help an employee maintain wellness, remain in work, reduce the need for sickness absence and may aid an earlier return to work after a period of absence;
- ensure that both the employee and the employer have an accurate record of what has been agreed;
- minimise the need to renegotiate reasonable / tailored adjustments every time the employee changes job, is relocated or is assigned a new manager within the organisation; and
- provide the employee and their manager with the basis for discussions about reasonable / tailored adjustments at future meetings.

This agreement may be reviewed and amended as necessary with the agreement of both parties:

- at any regular one-to-one meeting;
- at a return to work meeting following a period of sickness absence;
- at 6-monthly and / or annual PADR's;
- before a change of job, duties or work location, or the introduction of new technology or ways of working; or
- before or after any change in circumstances for either party.

Employee	
My health and wellbeing condition and / or disability* in the workplace is: *you are not obliged to give details of your disability, impairment or health and wellbeing condition, only how this affects you in your working life.	
My disability and / or health and wellbeing condition has the following impact on me at work:	
I require the following agreed reasonable/ tailored adjustments: • *Detail what adjustments are required:*	Date Manager agreed /implemented:
Where reasonable / tailored adjustments requested cannot be agreed and implemented, the reasons should be recorded below:	
Reasonable/tailored adjustment requested	**Reason if cannot be accommodated**

I will let you know if there are changes to my disability / health and wellbeing condition that have an effect on my work and / or if the agreed reasonable / tailored adjustments are not working. We will then meet confidentially to discuss any further reasonable / tailored adjustments or changes that should be made.

If you notice a change in my performance, behaviour or attendance at work or feel that these reasonable/tailored adjustments are not working, I would be happy to meet you confidentially to discuss what needs to be done.

Employee's signature	
Date	
Employer's signature	
Date	

FREQUENTLY ASKED QUESTIONS

Q What is the reasonableness of a Reasonable Adjustment?

Answer: This is difficult to define and is open to interpretation, managers must ensure they consider a range of aspects to determine whether or not an adjustment is reasonable and proportionate, these could include: the cost of the adjustment and the organisation's resources, the practicality of the adjustment, the efficiency of the adjustment in preventing the disadvantage, the disruption to the organisation and effects on others caused by the adjustment, health and safety considerations, the length of service of an employee, the amount of help and support already provided. This is not an exhaustive list but could be part of the considerations.

Q What is the difference between Tailored Adjustments and Reasonable adjustments?

Answer: Tailored Adjustments are an option Managers can consider and if reasonable implement to support an employee with a known health and wellbeing condition/disability to remain in work during a period of difficulty. Reasonable Adjustments are a legal obligation on an Organisation.

Q. Do employees need to tell their employer that they have a health and wellbeing condition / disability?

Answer: There is no obligation on an employee or a job applicant to disclose their disability to their employer. However, when supporting employees with their absence or a health and wellbeing condition a manager should make reasonable enquiries to find out if an employee has a disability.

A manager could do this through discussion with the employee and if required with support from Occupational Health. Even if an employee isn't classed as having a disability, considering and implementing tailored adjustments will help employees to maintain wellness and remain in work.

Q. Does the reasonable / tailored adjustment agreement apply to employees who do not have a health and wellbeing condition that is considered as a disability?

Answer: The manager can consider and implement appropriate tailored adjustments to employees to help support their health and wellbeing.

Q What does a manager do if they cannot support specific tailored adjustments that have been suggested?

Answer: Where possible these adjustments should be supported and full consideration given to their implementation, however, if it is considered by the manager not to be reasonable, then further discussion with the employee is necessary to consider if there are any alternative adjustments that could be put in place as an option to aid the employee, the decisions why the adjustment cannot be accommodated should be documented and where this is not possible please contact Workforce for further advice.

Q What does a manager do if they cannot support specific reasonable adjustments that have been suggested?

Answer: There is a legal duty to consider requests for reasonable adjustments from employees whose disability/health and wellbeing condition may be covered by the Equality Act 2010. Every attempt should be made to accommodate these adjustments, further advice should be sought from Workforce.

Q What happens if an employee is no longer able to do their current job because of their health and wellbeing condition/ disability?

Answer: If an employee is no longer able to do their job even with all possible reasonable / tailored adjustments in place, please contact Workforce for advice.

09

Minimum Standards

Minimum Standards for Management of Attendance at Work Policy

Managers

Employees

Trade Unions

Occupational Health

Workforce & OD

How to Procedures

Wellbeing Matters

Reasonable / Tailored Adjustments

Minimum Standards

of Employees in the Management of Attendance at Work

To be responsible for your own health and wellbeing.

When you are unwell keep in touch regularly with your manager. (Click on the “Keep In Touch” icon to access the How to Procedures Notifications and Certification.)

Seek medical advice and treatment as soon as possible to support your health and wellbeing.

Consider any reasonable / tailored adjustments that may help you remain or return to work. (Click here to access How to Procedure Reasonable / Tailored Adjustments).

Attend occupational health appointments and sickness absence meetings when requested to do so.

We support all our colleagues in doing the jobs they have agreed to do, and to attend work in line with their contract of employment.

Minimum Standard for Managing Attendance at Work Policy

Minimum Standards

of Managers in the Management of Attendance at Work

Actively promote and encourage the health and wellbeing of all employees.

Keep in touch regularly with the employee who is unwell, keeping accurate records. Ensure fit notes are received and absences are recorded on ESR. (How to Procedure - Notifications and Certification)

Signpost employees to wellbeing support services. Click here to access "Our Wellbeing Matters".

Consider and discuss any reasonable / tailored adjustments to support an employee's return to work (How to Procedure Reasonable / Tailored Adjustment).

Refer to Occupational Health where appropriate and review any advice.

Maximise the impact on NHS services by supporting employees in doing the jobs they have agreed to do and through the Managing Attendance at Work Policy, using a proactive and preventative approach.

Minimum Standard for Managing Attendance at Work Policy

Minimum Standards

of Occupational Health in the Management of Attendance at Work

Provide confidential support and guidance to employees regarding their health and wellbeing and signpost employees to the full range of services available for support and assistance.

Provide written advice to managers regarding the impact of the employee's illness on their fitness to work and advise of any reasonable / tailored adjustments that my support them in attending work regularly and / or returning to work after a period of sickness.

Provide advice on rehabilitation and how employment may be matched to employee capability following illness. This may include assessment of the workplace.

Access advice and support for the employee from other professionals, as the need arises and with the agreement of the employee.

Work with the employee and manager and where relevant the trade union representative, to facilitate a return to work as soon as possible following a period of sickness.

Provide and support multi-disciplinary Occupational Health/Wellbeing education and training to the wider organisation.

Minimum Standard for Managing Attendance at Work Policy

Minimum Standards

of Trade Unions in the Management of Attendance at Work

Support the employee "member" and organisation in minimising absence of work caused by sickness.

Ensure trade union representation is available at all levels of the procedure should the member wish to be accompanied and ensure that this is achievable in a timely manner.

Provide the member with advice on all aspects of the policy and ensure knowledge and understanding of the equality act, specifically in relation to disability and reasonable / tailored adjustments, and how this is applied in practical terms.

To ensure that the member understands the wider impact of their absence on NHS services.

To actively encourage the member to participate in intervention in a timely manner, e.g. attendance at occupational health appointments, and engaging with services available and self-help action.

To actively participate in a multi-disciplinary approach to the delivery of the Health Board/Trust sickness absence training.

Minimum Standard for Managing Attendance at Work Policy

Minimum Standards

of Workforce and OD in the Management of Attendance at Work

To foster good working relationships and high levels of interpersonal trust, supporting managers through coaching and development activities.

Develop a positive working environment and foster a culture of support for staff.

Provide specialist advice, training and support on managing sickness absence, e.g. reasonable / tailored adjustments (How to Procedure - Reasonable / Tailored Adjustments.

Working with managers and trade union representatives to achieve consistent application of the policy and fair and acceptable outcomes.

Support the management of sickness through the collation of information and provision of data to enhance decision making and workforce planning.

Undertake periodic audits to monitor the implementation and effectiveness of the policy and procedure and to provide information as necessary.

Minimum Standard for Managing Attendance at Work Policy

This policy was developed in partnership with Trade Union representatives and colleagues from Workforce, Organisational Development, Occupational Health and staff Health and Wellbeing from across NHS Wales.

#WellbeingCymru

GIG CYMRU NHS WALES

AGENDA ITEM No	**18**
OPEN or CLOSED	**Open**
No of ANNEXES	**1**

Committee Priorities and Cycle Monitoring Report

MEETING	People and Culture Committee
DATE	14 November 2024
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary Alex Payne, Corporate Governance Manager
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the priorities it set for 2024/25 and progress against the agreed Cycle of Business for the Committee. There are no matters to escalate with respect to the Priorities.

RECOMMENDATION: -

2. **The Committee is asked to note the update.**

KEY ISSUES/IMPLICATIONS

No issues to raise.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

Annex 1: Cycle of Business 2024/25 Monitoring Report – November 2024

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

COMMITTEE PRIORITIES FOR 2024/25 AND CYCLE MONITORING REPORT

SITUATION

3. This report updates the Committee on progress against the priorities it set for 2024/25 and progress against the agreed Cycle of business. There are no matters to escalate with respect to the Priorities.

BACKGROUND

4. During the course of the effectiveness reviews, it was agreed that it is good practice for Committees to set priorities for the forthcoming year. The Committee's priorities, which are set out below, were agreed by the Trust Board in May 2024 and will be tracked quarterly.

5. The Committee's cycle of business was approved by the Committee in May 2024. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.

6. 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.

7. 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.

ASSESSMENT

8. The Committee priorities, and progress against them is as follows:

Priority	Progress
• Impact of wellbeing initiatives on our people.	- The Health and Wellbeing Plan which - will be received by the Committee in November 2024 - includes commentary on the Trust's approach to understanding the impact of wellbeing initiatives on our people.

	- Objective 1 of the Health and Wellbeing Plan is proposed to be to "Assess and Understand the health and wellbeing of our workforce". In relation to this objective, the Trust will implement a robust assessment framework to identify and address specific stressors. The data-driven approach will provide actionable insights, enabling targeted interventions and creating a foundation for sustainable wellbeing improvements. Charity funding will be sought to support and expand these assessment tools. - Additionally, Objective 2 of the Health and Wellbeing Plan is proposed to be "Proactively promote protective health and wellbeing offers at all levels within WAST for our people and their families and ensure they are available to all". The Health and Wellbeing Plan is being received by the Committee at its meeting in November 2024 for endorsement. - The Committee regularly receives the People and Culture Plan Metrics, the Workforce Scorecard, and the MIQPR, through which it will understand the impact of various wellbeing initiatives on our people. Additionally, the Committee receives the output of 'Pulse Surveys' and annual NHS Staff Survey, with the associated actions plans – both of which are programmed in the Committee's Cycle of Business.
• Culture of conversations with a focus on communication and conversations with managers and their people.	- The Trust's focus on a 'Culture of Conversation' continues. A significant aspect of our improvement strategy is moving beyond simply focusing on the completion rates of PADRs. We are working towards making every PADR conversation meaningful, ensuring that these discussions reflect our values of compassion, inclusivity, and collaboration.

	- This shift aligns with the development of *Our WAST Way*, a new behaviours and development framework for leaders and managers that outlines their responsibilities in creating a positive and supportive work environment. The Committee will receive updates regarding the development of *Our WAST Way* over the coming months. - Additionally, the Committee continues to have a focus on the organisational culture, with 'Cultural Themes and Trends' reports being brought forward regularly. The Committee received this report at its meeting in August 2024. The next 'Cultural Theme and Trends Report' will be received by the Committee in February 2025, in line with the Cycle of Business.
• A continued focus on equality, diversity and inclusion and the implementation of the strategic equality objectives.	- The Committee has an ongoing focus on equality, diversity and inclusion – with the relevant business having been incorporated into its annual Cycle of Business. The Director of Culture will provide updates to the Committee regarding the work of the Equality, Diversity and Inclusion Steering Group (EDISG), as required. The EDISG will be supporting the implementation of the Strategic Equality Objectives from which the Director of Culture will provide assurance to the Committee. - The Trust is committed to ensuring that equality, diversity and inclusion are integral to all we do within People and Culture. Rather than viewing EDI as a separate initiative, we strive to make it a continuous golden thread that connects every workstream. By doing so, we help colleagues see and embrace EDI as foundational to our work, creating a space where decisions are influenced by our commitment to inclusion and equity.

	- At the August 2024 meeting the Committee received the Strategic Equality Plan Annual Report for 2023/24, the Annual Workforce Equality Monitoring Report for 2023/24, the Annual Gender Pay Gap Report for 2023/24 and the Workforce Race Equality Standards Report for 2023/24, and the Welsh Language Annual Report for 2023/24. These are the key matters of annual reporting regarding equality, diversity and inclusion.
• The Trust's approach to development of our people.	- At its meeting in May 2024 the Committee received the 'Staff Development Outline Plan' which is a deliverable of the People & Culture Plan. The aim of this is to provide equity in development opportunities for our people to undertake their roles and benefit from progression opportunities. - At the May meeting the Committee were assured that mapping was underway on professions and roles, which will define skills and competencies. An update will be given to the Committee at a future date. It is noted that the 'Learning and Development' reporting is still in development. - The People and Culture Plan metrics – which the Committee receives at every meeting – includes metrics regarding the statutory and mandatory training (giving organisational compliance figures) in addition to the MIST compliance. - The People and Culture Plan metrics provided to the Committee also include qualitative feedback regarding the Trust's learning and development initiatives, which enables us to take a continuous improvement approach to the development of our people.

9. There remain areas of reporting that are being developed which include:

   (a) Learning and development reporting;
   (b) The Committee elements of the revised Health and Care Standards;
   (c) The Speaking Up Safely Report;
   (d) The report on Anti-racist Wales Action Plan;
   (e) The reporting on the Welsh Language Standards.

RECOMMENDATION

10. The Committee is asked to note the update.

PAPER	PRE C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE	COMMENT
PEOPLE AND CULTURE COMMITTEE - CYCLE OF BUSINESS 2024/25									
TERMS OF REFERENCE NOTED IN RED TEXT									
People and Culture C'ee elements of IMTP	STB	Annually					DPC	Endorsement	Q3: Review of the 25-28 IMTP elements.
IMTP exception reporting	STB	Ad Hoc					Relevant Director	Assurance	
Strategic Workforce Plan	TBC	BI-annually	→				DPC	Endorsement	Q1: Programmed for Q1 but deferred and proposed Q2/Q4 programming for 24/25. Programmed for Q2.
Cultural themes and trends report	TBC	BI-annually					DPC	Assurance	Regular reporting on the Compassionate Practices Action Plan to be included.
Learning and development reporting	TBC	TBC					DPC	Assurance	
People and culture metrics annual review	TBC	Annually	→				DPC	Approval	Programmed for Q2.
MIQPR review for people and culture metrics	FPC	Annually					EDSPP	Endorsement	
People and culture metrics report	TBC	Quarterly					DPC	Assurance	Q1: Inc deep dive on disciplinary case management and cultural themes. Q3: Merged w/Workforce Scorecard.
Workforce Scorecard	TBC	Quarterly					DPC	Assurance	Q3: Merged with P&C Metrics Report.
MIQPR	ELT	Quarterly					EDSPP	Assurance	
Suspensions over 4 months report	TBC	Quarterly					DPC	Assurance	*Closed session*
End of Season Flu Campaign Report	CQGG	Annually					DP	Assurance	
Health and Safety Report [Note 3]	NH&S C'ee	BI-annually					EDQN	Assurance	
Annual Health & Safety Report	NH&S C'ee	Annually					EDQN	Assurance	Q2: To include related item of 'violence and aggression report'.
Revalidation and registration report [Note 4]	N/A	Annually		→			EDQN & EDP	Assurance	Q2: NMC deferred to November 2024 Q3; EDoP advised that HCPC registration report not due until Autumn 2025.
Gender pay gap report	TBC	Annually					DPC	Assurance	
Annual Equality Report [Note 11]	TBC	Annually	→				DPC	Assurance	Timing tbc going forward.
Health and care standards	TBC	TBC					DPC	Assurance	
Staff Story	N/A	Quarterly					DPC	Discussion	
Staff Story updates [Note 5]	None	Quarterly					DPC	Assurance	
NHS Staff survey and action plan [Note 6]	ELT	Annually			→		DPC	Assurance	Q1: Programmed for, as deferred from Feb 2024. Deferred from Q3 to Q4 as not available for Nov' 2024.
WAST pulse surveys and action plans	ELT	Ad Hoc					DPC	Assurance	Q2: To be included in the P&C metrics update should results be available.
Speaking Up Safely Report [Note 7]	TBC	TBC					DPC	Assurance	
Report on Anti-racist Wales Action Plan [Note 8]	TBC	TBC					DPC	Assurance	
Reporting on Welsh Language Standards	WLAG	Bi-annually					BS	Assurance	
Welsh Language Annual Report	WLAG/ELT	Annually					BS	Endorsement	
WASPT AAA report [See note re placement]	WASPT	Quarterly					DPC	Assure/Escalate	As well as minutes (effective 24/25).
Partnership Agreements [Note 9]	WASPT	Ad Hoc					DPC	Endorsement	
Partnerships & Engagement Report	TBC	Bi-annually					DPE	Assurance	
Partnership Agreements [Note 9]	ELT	Ad Hoc					DPE	Review	
NHS Workforce Model	Workforce Planning Grp	TBC					DPC	Endorse	
Workforce Plan aligned to IMTP	Workforce Planning Grp	Annually					DPC	Endorse	This went to Q2 meeting as opposed to Q3.
Report from policy group	Policy Group	Annually					BS	Assurance	
Policies for review and approval	Policy Group/ELT	Ad Hoc					Various	Approval	
Board Assurance Framework	Board	Quarterly					BS	Assurance	
Corporate Risk Register - People and culture	Board	Quarterly					BS	Assurance	Q1: Deep Dive on Reputational Risk 201 programmed.
Audit Recommendation Tracker	ADLT	Quarterly					BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc					Relevant Director	Assurance	
Operational Update	N/A	Quarterly					EDO	Information	
Director of P&C Update	N/A	Quarterly					DPC	Information	Including spotlight on TUP successes and challenges from 1 April 2025
GOVERNANCE									
Committee effectiveness review annual report	Audit/Board	Annually					BS	Approval	
Review of Terms of Reference	Audit/Board	Annually					BS	Approval	
Committee Cycle of Business annual refresh	N/A	Annually					BS	Approval	
Committee Cycle of Business monthly review	N/A	Quarterly					BS	Review	
Committee Review of Annual Priorities	N/A	Quarterly					BS	Review	
SUB-GROUPS									
Where applicable	N/A	Ad Hoc					N/A	N/A	
PROMPTS									
Relevant External Reports	N/A	Ad Hoc					Various	Assurance	

DPP = Director of People & Culture
EDO = Executive Director of Operations
EDQN = Executive Director of Quality and Nursing
DPE = Director of Partnerships and Engagement
EDP = Director of Paramedicine
BS = Board Secretary

Key: Pre-agenda setting
- Cycled for each meeting
- Ad hoc item - prompt for agenda setting
- Reporting developing

Key: Post-agenda setting
- Presented as cycled
- Ah hoc / item considered - not programmed
- → Item deferred
- Reporting developing

1	**Health and wellbeing**	TOR 3.5 - health and wellbeing offer will be included in the People and Culture Plan and reported via the IMTP
2	**Flu Vaccine**	Not mandatory; WG have a target for patient facing staff
3	**Health and Safety**	Delivery on the Working Safely Programme is via IMTP however bi-annual updates on working safely programme to maintain visibility over 23/24 Health and Safety Internal Audit Report July 2023 - *There is good oversight over the Programme with regular reporting to the Programme Board and to the People and Culture Committee (PCC) but could be enhanced by noting progress against the programme's deliverables*
4	**Revalidation**	RNC every 3 years; HCPC every 2 years; GMC every 3 years
5	**Staff story updates**	Advisory Internal Audit on learning organisation - 3.1 'We recommend that staff stories are evaluated to identify and deliver actions to address the issues they raise. Agreed to be completed by person curating story. To be on agenda for the following meeting.
6	**Staff survey**	Staff survey goes out [Sept?] and reports end [March].
7	**Speaking Up Safely**	DPC will develop reporting on Speaking Up Safely through 24/25 as FTSU Guardians embed; in the meantime the cultural themes and trends captures some of this reporting. (AP): 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.
8	**Anti-racist Wales Action plan**	Wider public, third sector and Government funded private sector In relation to the leadership responsibility we hold for public, third and those private sector organisations we fund. 5 core actions identified WG will expect and will hold them to account, via our Accountability Group: 1. A strong commitment to lead from the front and demonstrate it in terms of anti-racist values, behaviours, representation at all levels of your organisations and accountability measures. 2. Participation in all decision making and senior leadership groups in a way that enables lived experiences of ethnic minority people to be heard and acted upon. 3. Achieve, at the very least, minimum requirements of the Equality Act 2010 and publish your results in an open and accessible forum/platform. 4. Ensure minimum standards and provision of culturally sensitive and appropriate services, including provision of translation and interpretation. 5. Ensure robust complaints policies and processes for racial harassment that are validated to the satisfaction of ethnic minority groups.
9	**Working in Partnership**	Standing Orders 6.0.4 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'.
10	**EDI Networks**	Promote the networks and Committee involvement including NED champion roles
11	**Annual Equality Report (S)**	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 coorindated 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.
	General	These cycles are developed with reference to the specific lines of the TOR for this Committee. This methodology seeks to ensure that all responsibilities in the TOR are discharged by the Committee on behalf of the Board

UNCONFIRMED MINUTES OF THE WELSH AMBULANCE SERVICES PARTNERSHIP TEAM (WASPT) HELD IN PRIVATE SESSION FACE TO FACE CARDIFF MRD ON 9 JULY 2024

PRESENT:

Mark Marsden	Trade Union Partner and Joint Chair, (Chair of this meeting)
Jason Killens	Chief Executive and Joint Chair
Lee Brooks	Executive Director of Operations
Angela Lewis	Director of People and Culture
Chris Turley	Executive Director of Finance and Corporate Resources
Trish Mills	Director of Corporate Governance/Board Secretary
Estelle Hitchon	Director of Partnerships and Engagement (via video conference)
Maldwyn Jones	Trade Union Partner GMB (via video conference)
Marcus Viggers	Trade Union Partner GMB
Damon Turner	Trade Union Partner Unison
Henry Garrard	Trade Union Partner Unison
Alison Williams	Trade Union Partner Unite
Hugh Parry	Trade Union Partner Unite
Christian Fox	Trade Union Partner Unite

APOLOGIES:

Andy Swinburn	Executive Director of Paramedicine
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Member	Trade Union Partner GMB
Member	Trade Union Partner Unison
Member	Trade Union Partner RCN
Member	Trade Union Partner RCN
Member	Trade Union Partner RCN

IN ATTENDANCE:

Julie Stokes	Head of People Services
Angharad Steele	Workforce Policy and Governance Advisor (notetaker)

18/24 WELCOME AND QUORUM

Mark Marsden, Chair, welcomed all to the WASPT meeting which was held face-to-face at Cardiff MRD.

19/24 DECLARATIONS OF INTEREST

None declared other than those on the record.

20/24 MINUTES OF LAST MEETING

It was agreed that the minutes of the previous WASPT meeting held on 2nd May 2024 would be carried over to the next WASPT meeting on 25th September 2024, to allow members sufficient time to review them.

Action: The draft minutes from the previous WASPT meeting held on 2nd May 2024 will be circulated and reviewed as part of the papers for the next WASPT meeting on 25th September 2024.

21/24 ACTION LOG AND MATTERS ARISING

08/23 ACAS Action Plan:

It was confirmed that this particular item was on the WASPT meeting agenda and would be kept running as an item.

Action: ACAS Action Plan to be discussed in WASPT and kept as a running agenda item.

10/23b Infection Prevention and Control (IPC) Policy
Due to sickness absence work will be progressed in July/August for consideration at the next IPC Strategic Group. Date moved to September 2024.

Action: The Infection Prevention and Control (IPC) SOP is to be kept as a running agenda item.

03/24 – 05/03 Diesel Fumes

It was confirmed that the AAA report from the national Health, Safety and Welfare Committee meeting was on the agenda for the WASPT meeting and this is specifically in relation to reporting activity on diesel fumes.

Action: Reporting activity on diesel fumes to be discussed as part of the WASPT agenda and AAA report to be received for diesel fumes and escalations at future meetings. Action complete and closed.

06/24 Welsh Health Circular (WHC) 2024 – Implementation of the Non-pay Elements of the 2022-4 Collective Agreement

The WHC Non-pay Annex is for information, and actions were reported to be on track. This will be kept on the agenda until January 2025.

Action: WHC Non-pay elements is to be kept on the WASPT agenda until January 2025.

08/24 Paid Parental Leave

Angie Lewis confirmed that she would meet with trade unions on a 6-weekly basis to discuss policies and other issues. Henry Garrard queried if paid parental leave could be discussed locally; Angie Lewis confirmed that she is a member of the Welsh Partnership Forum and any issues about pay cannot be discussed locally and she would follow it up in the next 6-weekly meeting.

Action: The action in respect of paid parental leave has been completed on the Action Log.

13/24 Male Menopause Policy

Angie Lewis confirmed that the People and Culture Team had looked at options for a Male Menopause Policy for the trust, and she had a formal update to circulate following the meeting.

Action: Angie Lewis to share a formal update on Male Menopause Policy.

10/24 Minutes for LPF AAA reports

Lee Brooks shared that there had been an improvement in the quality of the LPF AAA reports. He suggested that this is delegated to the SLT group.

Action: LPF AAA reports to be delegated to the SLT group.

22/24 OUTCOME OF CONSULTATIVE BALLOT ON EMT3

Jason Killens shared the update that Paul Seppman, Regional Officer, Unite, had written to him on behalf of the full-time officers, following the outcome of the ballot for EMT2/3 posts. The ballot was passed and supported by all three unions; Unite, GMB and Unison.

Jason Killens explained that a joint partnership notice will be drafted to confirm the outcome of the ballot on EMT3 and to headline the next steps. He explained that it had also been suggested that the three full-time officers would prepare a letter of support for a business case for investment to Welsh Government along similar lines to the approach used when Paramedics moved into AfC band 6 some years ago. The draft business case has been shared with Stephen Harrhy, Chief Ambulance Services Commissioner for comment at this stage. Jason Killens noted that the business case is not a pre-requisite to enable the outcome, but it is a pre-requisite to do it without impact or detriment to other parts of the establishment within the organisation.

Hugh Parry voiced that a commitment is given to not just the business case but to start the planning regarding the scheduling of training. He added that unless there is direction, they might miss the momentum. He also asked for the training material to be published.

Jason Killens agreed that there is a need to continue with the momentum, get the timing right, and share the intent. This would be part of the message that they would try and draft in the joint partnership notice.

Angie Lewis gave assurance that this was already being looked at and appreciated the importance of the wording.

Marcus Viggers queried the timescale the Trust was working towards and if this would be November. Jason Killens confirmed that this would be done by November at the latest. He clarified that the business case would be submitted within the next couple of weeks, and they would reach out to Judith Paget towards the end of July/early August, with a covering note that this needs to move fairly rapidly.

Damon Turner queried if it was reasonable to inform members that they would have their back pay by November. Jason Killens responded that a commitment had been made to implement by November 2024, and the backpay will follow. Chris Turley clarified that they could not guarantee that people would receive backpay by November 2024.

Julie Stokes confirmed that there is a lot of work that needs to be done with Payroll/NWSSP with respect to backpay that involves individual calculations for each staff member effected by the change..

Action: A joint partnership notice regarding EMT3 will be developed to share with the organisation. An update on the timing of back pay will be provided at the next WASPT meeting. Progress for implementation of EMT3 is to be kept on the agenda for future WASPT meetings.

23/24 **FUTURE WORKSHOP – 36 HOUR WEEK**

Henry Garrard shared that Scotland have a new pay deal and he thought that the potential introduction of a 36-hour working week could be looked at in a workshop.

Julie Stokes confirmed that the potential introduction of a 36-hour working week is a national non-pay annex commitment from 22/23, and there were some workshops looking at this. A feasibility study is being undertaken across Wales which will be completed in September, and updates are being provided to the Welsh Partnership Forum. There is a need to understand the feasibility study and what this means for WAST. She suggested that it would be helpful to get updates from there to steer them.

Henry Garrard highlighted that the learning in Scotland was to try and initiate discussions at an early stage to understand the commitment required, e.g. staffing and resources.

Jason Killens confirmed that he was happy to explore what a 36-hour working week for us may mean in a WASPT workshop, but it did not mean there was a commitment to implement it. A reduction in 1.5 hours per week across staff would impact on relief rate, roster change, fleet and the overall pay bill.

Angie Lewis shared that the outcome of the feasibility study could be used to prompt discussion.

Hugh Parry queried if this would be creating extra work, for example, Jo Kelso is leading on related work regarding annualised hours. He suggested that rather than working in silos they needed to look at the bigger picture.

Angie Lewis confirmed that she would liaise with Jo Kelso and thought that it would fit with the non-pay strategic work, and a workshop could take place in November.

Action: Angie Lewis / Julie Stokes to schedule a WASPT workshop in November 2024 to consider the potential introduction of a 36-hour working week, which is a national non-pay annex commitment from 22/23.

24/24 ACAS ACTION PLAN UPDATE

Angie Lewis thanked all who were involved in joint partnership sessions. The current schedule of partnership sessions for managers and Trade Union Partners has completed with the last session held on 6th June, attracting over 120 colleagues. The feedback across Wales was really positive, with different perspectives from different parts of the organisation, and will be used to inform the next phase in Q3.

Angie Lewis explained that they had given a commitment to do these twice a year because this really made a difference and it helps to explore some of the challenges from management and trade unions. Liz Rogers and Sara Mills are looking at what might come next.

There is an awareness within Welsh Government that WAST is running these sessions and there is an interest that we could run these in different health boards. Angie Lewis suggested that WAST could potentially think about holding their own social partnership conference at the end of this year, to consider how we are working together. There is also interest from the Minister for Social Partnership that the Welsh Ambulance Service is working hard to move social partnership to the next level.

Damon Turner confirmed that he found the workshops really positive, noting that the roleplay exercises and difficult conversations were helpful, and the work they are doing is the envy of some health boards.

Angie Lewis thanked Trish Mills for her work with senior Trade Union Partners and the Chairs of committees; this enables Trade union Partners to understand their roles, feel supported, and add value. She emphasised the importance of bringing people to meetings to raise their understanding and knowledge, so they are not dependent on just a few Trade Union Partners, and to try and support new Trade Union Partners with mentoring and support.

Jason Killens asked what people's sense was for having a social partnership conference at the end of the year, and there was support for this suggestion.

Jason Killens shared that he attended the Welsh Government Social Partnership Conference in Cardiff the previous week. The general feeling from the conversations which took place was that working in partnership can be tough at

times, however, the time investment has put us in a good place, and this was the envy of others.

Christian Fox confirmed that he also attended the conference and they had shared how well they work together.

Action: Arrangements will be made for a WAST Social Partnership Conference.

25/24 **SLT TU AAA REPORT**

The SLT/TUP met on 9th May 2024 and held a more recent meeting the week prior. Lee Brooks explained that health and safety representation was agreed to be on the basis of ensuring the right people were in attendance for health and safety escalations or working safely items, rather than amend the SLT/TUP membership. The LPFs spending sufficient time on health and safety, and having that clear on their AAA report was emphasised.

Lee Brooks explained that the OCP for EMS Coordination was presented by Jonathan Sweet and an update was provided on the timing of the OCP, the consultation process, and evaluation of the job descriptions.

A variation in the quality of LPF AAAs was noted, therefore the chair of SOT/TUP will focus on improvements which will be reported through SLT/TUP. Some improvements have been seen, however, there will be one further cycle of meetings to review this, and outcomes will be reported in upcoming SLT/TUP AAA reports.

Lee Brooks referred to the CSD Culture Discovery Report by Honne, which was provided to WASPT members. He explained that Jonathan Sweet has met with a number of staff groups to share the report, and he had attended a number of meetings with the CSD management team.

Lee Brooks explained that he has asked Pete Brown to take this as the ADO for Operations Transformation, working with Julie Stokes and Angie Lewis' team. The People and Culture Directorate will continue to own this, under the Assistant Director of Operations for Integrated Care, to co-design the action plan in response.

Angie Lewis confirmed that the first step is to undertake mediation across the teams and then co-design the action plans. They are trying to source skilled mediators to do this work around bringing groups together.

Julie Stokes confirmed that they have a trade union meeting on Thursday to discuss the next steps and the requirement for a procurement process for mediation.

Action: Julie Stokes to meet with trade unions on Thursday 11th July regarding the next steps, following the outcome of the CSD Culture Discovery Report.

26/24

CORPORATE PARTNERSHIP FORUM AAA REPORT

Julie Stokes reported that the Corporate Partnership Forum (CPF) had met on 22nd May and 26th June. She referred to the AAA reports presented, and members were updated as follows:

- Whilst it was confirmed that colleagues who work at Ty Elwy were involved in the Bryn Tirion EqIA, it was recognised that there are opportunities for further discussion with them.
- With respect to ICT equipment availability, this is an issue when corporate staff are hotdesking. The Digital Team are exploring equipment can be secured so that it is readily available.
- On the IMTP 2024-27 the 'what it means for me' approach in the overview detail was welcomed and discussions were had on accessibility of the plan.
- Further Trade Union Partner involvement in the Health and Wellbeing Plan was welcomed and will be taken forward with the steering group.
- Updates were provided to the meetings on estates, to include changes to waste and recycling at premises and implementation of recording of calls for nuisance calls to administrative colleagues, and a solution is being investigated. The availability of bottled water and its even distribution across the estate was discussed and confirmation that risk assessments are carried out on all water facilities in the estate. This issue was also raised in the National Health, Safety and Welfare Committee.
- The availability of Datix on iPads was raised and has been escalated to the Digital Team.
- The issue of points of contact for references for staff who have left WAST was discussed, and it was confirmed that these should be channelled through the People Services team. Guidance will be drafted on this.

Julie Stokes confirmed that the alert regarding wellbeing and diesel fumes is being addressed in a number of forums.

It was agreed that the CPF is capturing the corporate voice now in a way that was intended.

Action: Julie Stokes to query with the Digital Team the reasons why IT equipment has been removed from various locations.

27/24 EFFECTIVENESS REVIEW ACTIONS AGREED FROM THE LAST REVIEW

Trish Mills referred to the actions from February 2024 and provided a progress update.

She clarified that the provision of WASPT minutes for the People and Culture Committee is a regular item.

The spotlight item on Siren will be focused on our partnership working and the development that has taken place.

In terms of item 10a, annual report, Lee Brooks raised the issue of the lack of RCN representation at WASPT, LPFs and board committee meetings. Jason Killens confirmed that he has been in contact with the RCN representative to offer support. Angie Lewis and Liam Williams have also spoken to the RCN formally regarding the need for RCN representation, and the RCN have agreed to start a campaign for this. If these efforts do not result in increased member participation, it might be necessary to request the presence of Full Time Officers from the RCN at WASPT meetings.

Henry Garrard offered his support and thanked Trish Mills for inviting Trade Union Partners to attend the joint sessions regarding running effective meetings.

Action: Angie Lewis and Liam Williams to continue to engage with the RCN regarding RCN representation.

28/24 H&S AAA REPORT (RELATED TO DIESEL FUMES)

The National Health, Safety and Welfare Committee AAA report from the May meeting was provided, noting that the Committee reports directly to the Executive Leadership Team. Trish Mills noted that the alert section of the AAA will serve to act as escalation to this partnership forum of matters from the committee, with relevant team members invited to join the discussion from time to time.

Damon Turner shared that a report had been presented at the last SLT/TUP meeting, whereby it was confirmed that health and safety had completed an audit into the diesel fumes. Damon Turner explained that this was more focused on staff compliance with shorelines and not on eliminating the diesel fumes and their effects. He emphasised that this needs to be addressed before the winter.

Lee Brooks explained that in SLT/TUP, the health and safety audit outcomes were received via SOT/TUP. The reflection was that the quality support days were generally good in terms of response to the mitigating actions. However, the health and safety audits provide a slightly different story. Lee Brooks explained that these

observations appeared to be inconsistent, and they wanted a conversation to think about what they could do together to improve consistency. That was the overriding aim of the discussion.

Lee Brooks acknowledged that issues which require vehicles to keep running, such as handover delays, will persist for some time, and they are making some model changes this year. He emphasised that he wants to understand why there is inconsistency, and focusing on mitigation measures to reduce exposure to fumes is crucial.

Maldwyn Jones highlighted that crews need to congregate somewhere together as a coping mechanism / hot de-brief, and shared the example of there being a limited number of shorelines available at the Grange Hospital. He was concerned that there appeared to be an attempt from the health and safety team to discourage trade unions from bringing these concerns to the forum.

Jason Killens thanked Maldwyn Jones for his useful feedback; he confirmed that he had spoken to members of the national health and safety committee regarding the challenges. The challenging nature of the discussions in the committee were noted and understood that there is work which needs to be done to achieve a more collegiate, collaborative way.

Jason Killens confirmed that the point on shorelines is valid but Health Board Chief Executives had responded that WAST are not using the shorelines which are already there, which weakens our argument for further assistance. He noted that there is also a compliance challenge as some of our people are still running the engines without using the shoreline bays which are available to them. Jason Killens emphasised that all WAST colleagues have a duty in law to take reasonable steps to maintain a safe working environment, and that it was not unreasonable to gently remind people to follow the guidance which WAST has issued that is designed to support their own wellbeing in the workplace

Damon Turner highlighted that plugging into a shoreline does not heat or cool a vehicle, and he felt their members are being asked to do something that does not resolve the problem.

Lee Brooks queried if they could arrange for someone to attend WASPT and present a single consistent position on how the heating and cooling system works on ambulances.

Damon Turner responded that air conditioning has to run off the engine; the diesel fuelled heater was a stand-alone unit. Chris Turley highlighted that there are variables but the principle is you need an auxiliary heater which they don't have, or the heater on the back needs to be running. Maldwyn Jones highlighted that the

fumes which cause the problems are raw carcinogenic fumes, there is no filtration, whereas the fumes on the back of the vehicle go through a filtration system.

Chris Turley confirmed that all the work has been done to determine what auxiliary heating for the saloons is available. They are working tirelessly with industry experts to find a solution. One of the challenges is the shorelines and the electrical capacity. Discussions have continued with government and health board partners. There will always be an issue regarding shoreline access. The second point is it would appear that those units would not pass crash testing. They are probably at a point where they would only look at new builds going forward, and the ability to retrofit is not a viable solution. Chris Turley explained that if it is not a fleet solution, then they need to consider how they can work together to find a solution, e.g. a portable solution. Chris Turley agreed that they need to consider what the alternatives are to improve things for this winter.

Jason Killens suggested that if they want to make an impact before winter, the only solution is a stock of heaters of each Emergency Department that can operate off an external electrical power source. He agreed that retrofitting vehicles is going to take too long.

Henry Garrard shared his concerns that the report presented at SLT/TUP stated that 85% of staff are not doing something right, whereas this could be partly the responsibility of the trust, and the tone felt wrong. He explained that he had issued a questionnaire to WAST Unison members regarding diesel fumes, and shared some of results with WASPT members during the meeting. He queried if WAST is doing enough to prevent diesel fumes, and confirmed that he has asked for questionnaire to go out to health boards for nurses.

Hugh Parry agreed that it has been a challenging committee meeting. He suggested that that further involvement in discussion regarding the newer vehicles would assist, rather than accept portable heaters. He also suggested that if they knew that a particular vehicle was dumping diesel fumes then they could perhaps move that vehicle away, with support from Fleet. Damon Turner agreed this could be explored.

Christian Fox confirmed that Trade Union Partners will continue to work with health and safety and senior leadership, and that a behavioural survey regarding this is not going to go down well with staff.

Estelle Hitchon confirmed she had spoken to Lois Hough regarding the information on Siren; this is not visible on the homepage and you need to search for it. She confirmed that had asked her team to update details with a link on the homepage. Estelle Hitchon emphasised that any ideas for communications would be much appreciated.

Jason Killens confirmed that a poster with a QR code on stations would be designed to direct people to the page on Siren.

Jason Killens acknowledged that there was some learning and reflection, and he would endeavour to attend a national health and safety meeting. There would be an update for ELT on 10th July regarding the practical solutions.

Action: The Health and Safety Team are to present viable options to the ELT on 10 July. The issue of diesel fumes will be highlighted more on Siren, and a QR code will be added to a poster at ambulance stations to direct staff to that information (Estelle Hitchon and Trade Union Partners).

29/24 **AAA REPORT FROM MAY WASPT MEETING**

This item was for noting; Mark Marsden confirmed that this had been updated by Trish Mills. Trish Mills reminded the meeting that the AAA report is circulated to members soon after the meeting and that is the opportunity to seek amendments, as soon afterwards it goes into the public pack of papers for the People and Culture Committee, so retrospective amendments are difficult.

ANY OTHER BUSINESS

30/24 **Granting TOIL requests**

Hugh Parry queried if the process for requesting TOIL had changed. He was concerned that requests for TOIL were being declined, even with 3-4 weeks' notice, without exploring other options e.g. shift swaps. Damon Turner also raised this as a concern. Henry Garrard added that 91% UHP to decline TOIL seemed to be a high threshold. Lee Brooks confirmed that there has been no change to the process and asked Trade Union Partners to email him with the examples.

Action: Trade Union Partners to email Lee Brooks examples whereby TOIL has been declined.

31/24 **Risk Assessments**

Maldwyn Jones queried the validity regarding the risk assessments. Hugh Parry suggested that this was brought to the health and safety committee.

Action: Risk assessments to be brought to the health and safety committee.

32/24

SUMMARY OF ACTIONS AND KEY DECISIONS FOR AAA

- The draft minutes from the previous WASPT meeting held on 2nd May 2024 will be circulated and reviewed as part of the papers for the next WASPT meeting on 25th September 2024.

- ACAS Action Plan Update – The ACAS Action Plan is to be kept as a running agenda item. A WAST Social Partnership Conference will be held at the end of the year.

- Infection Prevention and Control (IPC) SOP is to be kept as a running agenda item at WASPT.

- H&S AAA Report (related to diesel fumes) - Jason Killens has requested the Health and Safety Team to present viable options to the ELT on 10th July 2024. The issue of diesel fumes will be highlighted more on Siren, and a QR code will be added to a poster at ambulance stations to direct staff to that information (Estelle Hitchon and Trade Union Partners).

- Welsh Health Circular: Implementation of the Non-pay Elements of the 2022-4 Collective Agreement – The WHC Non-pay Annex is for information, and actions were reported to be on track. This will be kept on the agenda until January 2025.

- Paid Parental Leave: Angie Lewis will meet with trade unions on a 6-weekly basis to discuss policies and other issues. The action in respect of paid parental leave has been completed on the Action Log.

- Male Menopause Policy: Angie Lewis to share a formal update on the Male Menopause Policy.

- LPF AAA reports to be delegated to the SLT group.

- Outcome of consultative ballot on EMT3 - a joint partnership notice regarding EMT3 will be developed to share with the organisation. An update on the timing of back pay will be provided at the next WASPT meeting. Progress for implementation of EMT3 is to be kept on the agenda for future WASPT meetings.

- Future workshop – 36-hour week Angie Lewis / Julie Stokes to schedule a WASPT workshop in November 2024 to consider the potential introduction of a 36-hour working week, which is a national non-pay annex commitment from 22/23.

- Honne report on the CSD Cultural Review - Julie Stokes to meet with trade unions on Thursday 11th July regarding the next steps, following the outcome of the CSD Culture Discovery Report. A process of mediation is to be arranged.

- Corporate Partnership Forum AAA Report - Julie Stokes to query with the Digital Team the reasons why ICT equipment has been removed from various locations.

- RCN members not attending WASPT, LPFs and board committee meetings - Angie Lewis and Liam Williams to continue to engage with the RCN regarding RCN representation.

- Industrial Injuries update – a change in process regarding requests for information was agreed and will be added to the directorate plan, along with training for managers.

- The spotlight item on Siren as a result of this WASPT meeting will be focused on partnership working and the development that has taken place. It was agreed that Angie Lewis and Mark Marsden would discuss.

33/24 **REFLECTIONS**

Members reflected that this was a collegiate meeting with good discussion on difficult issues, and a sense of momentum on others.

34/24 **DATE AND TIME OF NEXT MEETING**

The date of the next meeting is scheduled for 25th September 2024.

AGENDA ITEM No	**19**
OPEN or CLOSED	**Open**
No of ANNEXES	**0**

COPY OF PAPER TAKEN TO THE AUDIT, RISK AND ASSURANCE COMMITTEE ON 12 SEPTEMBER 2024

Assurance to ARAC on Speaking Up Safely Arrangements at WAST

MEETING	Audit, Risk and Assurance Committee
DATE	12 September 2024
EXECUTIVE	Ceri Jackson, Vice Chair of Trust Board, Chair of People and Culture Committee
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The National Audit Office Effectiveness Tool requires that the Audit, Risk and Assurance Committee ensures the organisation operates appropriate and effective whistleblowing practices, and this is regularly considered by ARAC.

2. The People and Culture Committee has the following mandate it its terms of reference which were approved by the Trust Board in May 2024:

   Receive assurance that arrangements are in place to allow staff to raise concerns in confidence, and that those processes allow any such concerns to be investigated proportionately and independently and that the learning from such concerns is considered and applied

3. As Chair of the People and Culture Committee and Non-Executive Director Champion for Raising Concerns, I provide the following assurance.

4. The All-Wales Speaking Up Safely Framework was adopted by the People and Culture Committee in November 2023 and ratified by the Trust Board at its November meeting. A self-assessment against the framework as requested by Welsh Government was completed in 2023.

COPY OF PAPER TAKEN TO THE AUDIT, RISK AND ASSURANCE COMMITTEE

5. The Speaking Up Safely Lead Guardian, Lizzie O'Shea, joined the Trust in 2024 and together with our other Speaking Up Safely Guardian, Catherine Goodwin, will further develop this important function.

6. Anybody within the Trust can speak with a Speaking Up Safely Guardian in a completely confidential way. Guardians provide a valuable service that help improve patient safety, the safety of our people and working relations, whilst supporting wellbeing. People may want to speak with a Guardian about patient safety concerns, bullying and harassment or the safety of our people as well as many other things.

7. Whilst Guardians advocate that a conversation is had first with a staff members' line manager, if this is not possible for any reason, the Guardians are there to listen and support offering safe and confidential spaces to talk through concerns. This can be done via Teams, phone, email, face to face or anonymously on the Work in Confidence (WiC) platform.

8. The WiC platform protects the identify of a staff member when using the system, with all sensitive information, including messages being encrypted. These are encrypted before being stored on the WiC servers and WAST does not have access to them.

9. The Guardians meet quarterly with myself, the Chief Executive, and Director of People and Culture to provide feedback on themes, areas of concern and to identify areas for improvement.

10. The People and Culture Directorate will develop reporting on Speaking Up Safely through 2024/25 as the Speaking Up Safely Guardians embed in the Trust. In the meantime, the cultural themes and trends and other key metrics monitored at the People and Culture Committee captures some of this reporting.

11. It is anticipated that with the change in portfolios with the Director of Culture and the Director of People from Q3 2024/25, the Committee will have more of a focus on Speaking Up Safely reporting to that forum, and to the Board, for 2025/26.

12. The People and Culture Committee heard at their August 2024 meeting that instance of reporting, the number of disciplinary cases and Employment Tribunal cases are rising. This was anticipated when the Speaking Up Safely programme was launched, and the Committee welcomes this as a positive sign that our people feel safe to report issues. The Committee will of course keep an eye on this over the coming twelve months.

13. There is an internal audit on Speaking Up Safely taking place in Quarter 4 of 2024/25 and the brief for that audit has been agreed.

RECOMMENDATION: The Committee is requested to receive assurance on the arrangements for Speaking Up Safely at WAST and note that the People and Culture Committee will continue its oversight of this area, reporting annually to ARAC.

KEY ISSUES/IMPLICATIONS
No issues to raise.

REPORT APPROVAL ROUTE
Not applicable.

REPORT APPENDICES
Not applicable

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

AGENDA ITEM No	**20**
OPEN or CLOSED	**Open**
No of ANNEXES ATTACHED	**1**

IMPACT OF RECENT HCPC STANDARDS OF CONDUCT, PERFORMANCE, AND ETHICS CHANGES ON WELSH AMBULANCE SERVICES NHS TRUST (WAST)

MEETING	People and Culture Committee (PCC)
DATE	14th November 2024
EXECUTIVE	Andy Swinburn (Executive Director of Paramedicine)
AUTHOR	Andy Swinburn (Executive Director of Paramedicine)
CONTACT	Andy.Swinburn@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Health and Care Professions Council (HCPC) has updated its Standards of Conduct, Performance, and Ethics, emphasising clinicians' responsibilities towards each other in areas such as collaboration, peer accountability, and reporting concerns. For WAST, these changes could significantly influence both clinical practice and internal culture.

Key Impacts:

1. **Enhanced Team Accountability**
   Clinicians are now expected to take action if colleagues fall short of expected standards, promoting a higher standard of care. This may improve patient outcomes, but could also introduce tensions if not handled constructively.
2. **Supportive Culture Development**
   With an emphasis on mutual respect and support, the standards aim to foster a more collaborative environment. This could reduce clinician burnout and improve job satisfaction, although sustained leadership and training will be essential to manage difficult conversations.
3. **Professional Relationships and Conflict Management**
   The duty to address substandard performance may lead to improved care if approached without judgment. However, it could also create reluctance to report concerns due to fear of conflict, underscoring the need for conflict resolution training.
4. **Impact on Mental Health and Wellbeing**
   These standards align with WAST's ongoing mental health initiatives by encouraging clinicians to support each other. However, increased

accountability could feel burdensome, making it important to reinforce that these changes aim to enhance support, not pressure.

Recommendation:
The committee is asked to note these updates, which have been communicated to all registrants and highlighted by the Director of Culture in recent roadshows, underscoring WAST's commitment to embedding a supportive, high-standard culture.

KEY ISSUES/IMPLICATIONS
Not applicable.

REPORT APPROVAL ROUTE
People and Culture Committee - 14th November 2024

REPORT APPENDICES
What has changed |

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

SITUATION

1 The Health and Care Professions Council (HCPC) has revised its Standards of Conduct, Performance, and Ethics, with notable changes affecting the responsibilities healthcare professionals have towards each other. This includes a greater emphasis on collaboration, peer accountability, and the duty to act when colleagues fall short of expected professional standards. For the Welsh Ambulance Services NHS Trust (WAST), where clinicians operate in high-pressure environments and face ongoing service delivery challenges, these changes could influence both clinical practice and as importantly the internal culture of the organisation.

BACKGROUND

2 The HCPC sets the standards that paramedics must adhere to in order to maintain their registration. The recent revisions include changes designed to improve the quality of care and promote a safer and more supportive working environment. These changes emphasise clinicians' duties not only to patients but also to each other. The updated standards now include stronger requirements for reporting concerns about colleagues' performance, maintaining professional respect, and providing peer support.

3 These changes are intended to foster a culture of openness, mutual accountability, and continuous improvement. However, there may be challenges in implementing these changes without adding to the existing pressures felt by staff.

ASSESSMENT

4 Of the 59 standards contained within this iteration, 33 are unchanged from the previous version, 11 have been updated and 15 are completely new standards. These can be reviewed here.

5 The impact of these changes within WAST can be evaluated across several areas:

Enhanced Team Accountability

6 The updated HCPC standards call for clinicians to actively take responsibility for the conduct and performance of their colleagues. This means that if a healthcare professional notices that a peer is struggling or falling below the required standard of care, they have a duty to act. This could involve directly addressing the issue with the colleague, escalating concerns to a supervisor, or using formal channels to report unsafe or unethical behaviour.

7. Potential Impact:

Positive: This could lead to higher standards of patient care and safety, as clinicians may feel more empowered to intervene before mistakes occur or problems escalate.

Challenge: However, this could also create tension within teams, particularly if feedback is not well-received, or if staff feel they are being overly scrutinised by their colleagues.

Supportive Culture Development

8. The HCPC's revised standards also emphasise the importance of mutual professional respect and collaboration. This could lead to a more positive, supportive working environment where clinicians feel encouraged to support one another in their professional development, provide mentorship, and share expertise.

9. Potential Impact:

Positive: In a high-pressure setting like WAST, this could be a crucial step towards reducing feelings of isolation and burnout. Junior or less experienced staff may feel more supported by their colleagues, which could help with retention and job satisfaction.

Challenge: However, fostering such a culture requires sustained effort. This will depend on effective leadership and training to help clinicians navigate difficult conversations about performance and conduct. If not managed properly, the requirement to challenge colleagues could lead to divisiveness or even reluctance to report concerns for fear of damaging professional relationships.

Professional Relationships and Conflict Management

10. A key element of the new standards is the responsibility to intervene when a colleague's performance falls below acceptable standards. This can create challenges, as professionals may fear confrontation or feel uncomfortable raising concerns about those they work closely with.

11. Potential Impact:

Positive: If managed appropriately, this could lead to improved patient outcomes and a higher standard of care across the board. Staff would understand that raising concerns is not about blame or judgement, but about maintaining high standards and protecting patient safety.

Challenge: On the other hand, if staff are not properly supported in handling these situations, it could lead to tension, mistrust, and reluctance to work collaboratively. It's important that WAST provides training in conflict resolution and emphasises that feedback should be constructive and aimed at helping colleagues improve.

Impact on Mental Health and Wellbeing Initiatives

12. WAST has been focusing on improving staff mental health and wellbeing, particularly in light of the emotional and physical toll that ambulance services can take on clinicians. The new HCPC standards, with their focus on peer responsibility, should be aligned with these initiatives.

13. Potential Impact:

Positive: Encouraging clinicians to look out for each other's performance and wellbeing could strengthen team dynamics, especially in high-stress scenarios. This approach complements wellbeing initiatives by fostering an environment where staff feel safe to admit when they are struggling, knowing their peers will support them.

Challenge: However, the potential increase in peer accountability could be perceived as additional pressure by staff, especially if they feel that any mistake or lapse will be reported. This makes it essential for WAST to reinforce that these standards are about improving support systems, not about adding to the burden.

RECOMMENDED: That

a) **The committee notes these changes to the HCPC Standards of Conduct Performance and Ethics and recognises that direct communication to all registrants has already taken place when the standards were published.**
b) **The committee notes that these changes were also further emphasised by the Director of Culture during the recent Chief Executive Roadshows**