

Bundle People and Culture (Open Session) 15 May 2025

Agenda attachments

- 00 PCC Agenda 15 May 2025
- 0 09:30 – OPENING ITEMS
- 1 Chair's Welcome, Apologies and Quorum
- 2 Declarations of Interest
ambulance.nhs.wales/files/publications/trust-registers/board-member-register-of-interests-update-d-26-march-2025-pdf/
Board Member Register of Interests – Updated 26 March 2025
- 3 Minutes of the last meeting: 18 February 2025
Item 03 2025-02-18 unconfirmed Open People and Culture Minutes
- 4 Action Log & Matters Arising
Item 04 PCC Action and Decisions Log (Open)
- 5 09:50 – Directors Update (Combined Report)
Item 05 Director Update
- 6 10:05 – Operations Report Q4 2024-2025
Item 06 Operations Quarterly Report Q4 2024-2025 v2
Item 06a Quarterly Sub-Report March 2025 – QS Day Outcomes FINAL
- 6.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 7 10:15 – Staff Story: Mandy McWatt, Impact of Menopause
Mandy's story highlights the impact of menopause affecting her confidence and career progression. Despite significant challenges, Mandy's journey is a testament to her resilience and dedication to learning and the value of enabling continued professional development during significant life transitions.
- 8 10:45 – NHS Staff Survey and Action Plan
Item 08 Staff Survey – PCC May 2025
Item 08a Staff Survey Appendix 2
- 8.1 11:05 – COMFORT BREAK
- 9 11:20 – Internal Audit Report: Speaking Up Safely
Item 09 Internal Audit Report Feedback from ARAC – Speaking up Safely
Item 09a WAS-2425-18 Speaking Up Safely_Final Internal Audit Report
- 10 11:40 – WASPT Highlight Report: 28 March 2025
Item 10 WASPT AAA Report March 2025 – Final 140425
- 11 11:50 – People & Culture Plan Metrics Update and Workforce Scorecard
Please note that there is a supporting annex this paper in the 'Reading Room', which is accessible via 'Documents – Shared Folders' on the left hand side menu.
Item 11 PC Plan Metrics Update
Item 11a Appendix 2 – Quantitative PCP Metrics Mar 2025
- 11.1 Monthly Integrated Quality and Performance Report (MIQPR)
Item 11.1 MIQPR, PCC May 2025
Item 11.1 Appendix 1 – MIQPR PCC May 2025
- 12 12:20 – Volunteer Strategy 2020-2025 Action Plan Update (Year 5 Progress)
Please note that there is a supporting annex this paper in the 'Reading Room', which is accessible via 'Documents – Shared Folders' on the left hand side menu.
Item 12 Volunteer Strategy Action Plan Final May 25
Item 12a Strategy for Volunteering – Visible Valuable Volunteering v1.0 30_09_2021
Item 12c WAST 2324-11_VGovernance_Final Internal Audit Report
- 12.1 12:45 – LUNCH
- 13 13:25 – Strategic Equality Plan – 6 monthly progress update
Item 13 SEP NHS Performance Framework Report SBAR PCC May 2025
- 14 13:40 – Annual Health & Safety Report
Item 14 Health and Safety Annual Report 24-25
Item 14a Annual Report 24-25 (1)
- 15 13:55 – Internal Audit Report: Occupational Health and Wellbeing Support

- Item 15 Internal Audit Report Feedback from ARAC – Occupational Health and Wellbeing Support
Item 15 WAS-2425-17-OH & Wellbeing_Final Internal Audit Report
- 16 14:05 – Risk Management and Board Assurance Framework
Risk 160 – High absence rates (20)
Risk 163 – Maintaining Effective & Strong TU Partnerships (12);
Risk 201 – Reputation (20);
Risk 558 – Deterioration of staff health and wellbeing (15).
Item 16 Risk Management Report PCC 150525
- 17 14:15 – Audit Tracker Q4 2024/25 Reporting
Please note that there are supporting annexes this paper in the 'Reading Room', which is accessible via 'Documents – Shared Folders' on the left hand side menu.
Item 17 Audit Tracker 24-25 Q4 Reporting (Jan-Mar25) – PCC 150525
- 18 14:25 – Feedback from Effectiveness Review, Committee Cycle of Business Monitoring Report and 2025/26 Priorities
Item 18 Effectiveness Review Follow Up, Committee Cycle of Business Monitoring Report and 2025-26 Priorities
Item 18a Annex 1 – PCC Menti Results 180225
Item 18b Annex 2 – Changes to board and committee operating arrangements 2025-26
- 18.1 14:40 – CONSENT ITEMS
- 19 WASPT Minutes – January 2025 Meeting
Item 19 20250127 WASPT Minutes – Approved on 280325
- 20 Committee Highlight Report– 18 February 2025 Meeting
Item 20 2025-02-18 People and Culture Committee AAA Highlight Report
- 20.1 14:40 – CLOSING ITEMS
- 21 Reflections and Summary of Decisions/Actions
- 22 Any Other Business
- 23 Date & Time of Next Meeting: 12 August 2025 09:30

Length of Meeting: 05:20		Agenda Status:		15 May 2025 - OPEN People & Culture Committee					Deadline for Papers: 06/05/2025	
Time	Mins allotted	Agendum	Title	Item for	Item requested by	Format of Item	Paper prepared by	Item presented by	Colleagues to cc	
OPENING ITEMS										
09:30	00:20	1	Chair's Welcome, Apologies and Quorum	Information	Standing	n/a	n/a	Ceri Jackson	n/a	
		2	Declarations of Interest	To State Conflicts	Standing	n/a	n/a	Ceri Jackson	n/a	
		3	Minutes of the Previous Meeting: 18 February 2025	Approval	Standing	n/a	n/a	Ceri Jackson	n/a	
		4	Action Log & Matters Arising	Discussion	Standing	Paper	n/a	Ceri Jackson	n/a	
09:50	00:15	5	Director Update (Combined Report)	Information	CoB	Paper	People and Culture	Angie Lewis, Carl Kneeshaw	Sarah Davies	
10:05	00:10	6	Operations Report Q4 2024/25	Information	CoB	Paper	Ops	Lee Brooks	Toni-Marie Norman	
FOR APPROVAL, ASSURANCE AND DISCUSSION										
10:15	00:30	7	Staff Story: Mandy McWatt - Impact of Menopause	Discussion	CoB	Presentation	People and Culture	Angie Lewis, Carl Kneeshaw	Sarah Davies	
10:45	00:20	8	NHS Staff Survey and Action Plan	Assurance	Forward Planner	Paper	People and Culture	Angie Lewis	Sarah Davies	
11:05	00:15	COMFORT BREAK								
11:20	00:20	9	Internal Audit Report: Speaking Up Safely	Assurance	Ad Hoc	Paper	CorGov	Angie Lewis	Lizzie O'Shea, Alex Payne, Lisa Trounce	
11:40	00:10	10	WASPT Highlight Report - 28 March 2025	Assurance	CoB	Paper	Gov	Mark Marsden	Trish Mills, Alex Payne	
11:50	00:30	11	People and Culture Plan Metrics Update and Workforce Scorecard [To include ref. to PADR elements of Audit Wales Quality Governance Follow Up report]	Assurance	CoB	Paper	People and Culture	Carl Kneeshaw	Sarah Davies	
		11.1	Monthly Integrated Quality and Performance Report	Assurance	CoB	Paper	SPP	Alex Crawford	Alex Crawford, Hugh Bennett, Mel O'Connor	
12:20	00:25	12	Volunteer Strategy 2020-2025 Action Plan Update (Year 5 Progress)	Assurance	Forward Planner	Paper	Ops	Lee Brooks	Jenny Wilson, Tonie Marie-Norman	
12:45	00:40	LUNCH								
13:25	00:15	13	Strategic Equality Plan - 6-monthly progress update	Assurance	Ad hoc	Paper	People and Culture	Angie Lewis	Sarah Davies, Kat Copley	
13:40	00:15	14	Annual Health & Safety Report	Assurance	CoB (biannual)	Paper	QPSE	Liam Williams	Penny Durant, Nicola White, Alison Kelly	
13:55	00:10	15	Internal Audit Report: Occupational Health and Wellbeing Support	Assurance	Ad Hoc	Paper	People and Culture	Carl Kneeshaw [Osian Lloyd]	Alex Payne, Lisa Trounce	
14:05	00:10	16	Risk Management and Board Assurance Framework Risk 160 - High absence rates (20) Risk 163 - Maintaining Effective & Strong TU Partnerships (12); Risk 201 - Reputation (20); Risk 558 - Deterioration of staff health and wellbeing (15).	Assurance	CoB	Paper	Gov	Julie Boalch	n/a	
14:15	00:10	17	Audit Tracker Q4 2024/25 Reporting	Assurance	CoB	Paper	Gov	Trish Mills	Lisa Trounce	
14:25	00:15	18	Feedback from Effectiveness Review, Committee Cycle of Business Monitoring Report and 2025/26 Priorities	Approval	Ad hoc	Paper	Gov	Trish Mills	Alex Payne	
CONSENT ITEMS										
14:40	00:00	19	WASPT Minutes - January 2025 Meeting	Information	CoB	Paper	People and Culture	Mark Marsden	Alex Payne	
		20	Committee Highlight Report - 18 February 2025 Meeting	Information	CoB	Paper	CorGov	(Ceri Jackson)	Alex Payne	
CLOSING ITEMS										
14:40	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: 12 August 2025	Information	Standing	n/a	n/a	Ceri Jackson	n/a	
14:50	05:20	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
Christian Fox	Trade Union Partner and Co-Chair of WASPT
Ceri Jackson	Non Executive and Chair of Committee
Carl Kneeshaw	Director of People
Angie Lewis	Director of Culture Change
Osian Lloyd	Head of Internal Audit, NWSSP
Mark Marsden	Trade Union Partner and Co-Chair of WASPT
Trish Mills	Director of Corporate Governance/Board Secretary
Liam Williams	Executive Director of Quality and Nursing

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhiannon	Non-Executive Director * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1995		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
		Member of the Royal College of Nursing	Non-Financial Professional	2007		
BEESLEE, Jayne	Non-Executive Director * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
		Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
BROOKS, Lee	Executive Director of Operations	Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
		Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
CURRAN, Peter	Non-Executive Director * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Company Director - Action for Children [04764232]	Directorships	01 February 2021		
		Company Director - Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022		
		Company Director - Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board – National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024		
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Interim Independent Member – Kaplan International Colleges UK Ltd [05268303]	Directorships	01 March 2024		
		Independent Member – Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
DENNIS, Colin	Chair of Trust Board and Non-Executive Director * Chair of Remuneration Committee	Chair – Citizen Housing (Charity) (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015		
		Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships	29 August 2017		
		Company Director - Citizen Treasury Vehicle Ltd	Directorships	04 September 2017		
		Chair - North Devon Homes	Position in Charity or Voluntary Organisation	01 October 2021		
		Company Director - North Devon Homes	Directorships	01 April 2022		
		Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation	26 March 2024		
		Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships	26 March 2024		
		Company Director - Green Square Estates Ltd [8719365]	Directorships	26 March 2024		
		Managing Director (Employed) at My Choice Healthcare Limited.	Any Other Interest	01 June 2019		
EVANS, Bethan	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Non-Executive Board Member at RHA (Social Housing Organisation – Community Benefit Society)	Position in Charity or Voluntary Organisation	01 November 2019		
		Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director - Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020		
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director - Luk Ros Property Limited	Directorships	12 March 2020		
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	Directorships	12 March 2020		
		Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	Directorships	27 April 2022		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glyncomel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
HUTCHINGS, Hayley	Non-Executive Director * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995		
HITCHON, Estelle	Director of Partnerships and Engagement	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
JACKSON, Ceri	Non-Executive Director & Vice Chair of the Trust Board * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KILLENS, Jason	Chief Executive	Honorary Professor - Swansea University	Personal or Departmental Sponsorship	2019		
		Chairperson – Association of Ambulance Chief Executives (AACE)	Non-Financial Professional	September 2024		
		Company Director of the Association of Ambulance Chief Executives (AACE), Co No. (07761209)	Directorships	September 2024		
		Officer of the Order of St John	Any Other Interest	January 2024		
		Member of the Order of St John	Any Other Interest	2009	2024	
KNEESHAW, Carl	Director of People	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
		Nil Declaration				
LEWIS, Angela	Director of Culture Change	Nil Declaration				
MARSH, Rachel	Executive Director of Strategy, Planning and Performance	Nil Declaration				
MILLS, Patricia (Trish)	Director of Corporate Governance/ Board Secretary	Nil Declaration				
PARRY, Hugh	Trade Union Partner	Nil Declaration				
ROWAN, Hannah	Non-Executive Director * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
		Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017		
SAMMUT, Jonathan (Jonny)	Director of Digital Services [appointed 26.09.2023]	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel – Digital Health	Any Other Interest	05 July 2023		
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
SWINBURN, Andrew (Andy)	Executive Director of Paramedicine	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	Executive Director of Finance and Corporate Resources	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	Trade Union Partner	Nil Declaration				
WILLIAMS, Liam	Executive Director of Quality and Nursing [from 01 August 2022]	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		



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

UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING (OPEN SESSION) HELD AT CARDIFF MRD AND REMOTELY VIA MICROSOFT TEAMS ON 18 FEBRUARY 2025

Chair: Ceri Jackson

Members:

Ceri Jackson	Non-Executive Director and Chair (MRD)
Bethan Evans	Non-Executive Director (virtual)
Hayley Hutchings	Non-Executive Director (virtual)
Hannah Rowan	Non-Executive Director (virtual)

Prescribed Attendees:

Lee Brooks	Executive Director of Operations (virtual)
Alex Crawford	Assistant Director of Planning and Transformation (virtual)
Christian Fox	Trade Union Partner (MRD)
Estelle Hitchon	Director of Partnerships and Engagement (MRD)
Carl Kneeshaw	Director of People (MRD)
Angela Lewis	Director of Culture Change (MRD)
Trish Mills	Director of Corporate Governance/Board Secretary (MRD)
Lizzie O'Shea	Freedom to Speak up Lead Guardian (MRD)
Andy Swinburn	Executive Director of Paramedicine (virtual)
Chris Turley	Executive Director of Finance and Corporate Resources (virtual)
Damon Turner	Trade Union Partner (virtual)
Marcus Viggers	Trade Union Partner (MRD)

Attendees:

Rhiannon Beaumont-Wood	Non-Executive Director (virtual)
Mark Churchill	Ambulance Care Assistant (MRD)
Kat Cobley	Head of Inclusion and Engagement (virtual)
Sarah Davies	People and Culture Directorate Business Manager (virtual)
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing (MRD)

Caroline Jones	Corporate Governance Officer (virtual)
Fflur Jones	Audit Wales (virtual)
Osian Lloyd	Head of Internal Audit (virtual)
Sara Mills	Head of Culture and OD (virtual)
Alex Payne	Corporate Governance Manager (MRD)
Liz Rogers	Deputy Director of People and Culture Directorate (MRD)
Liam Williams	Executive Director of Quality and Nursing (virtual)

Apologies:

Julie Boalch	Assistant Director of Corporate Governance and Risk
Tim Cahalane	Trade Union Representative
Jo Kelso	Head of Workforce Education & Development
Mark Marsden	Trade Union Partner

121/24	<p>WELCOME AND APOLOGIES FOR ABSENCE</p> <p>The Chair opened the meeting of the People and Culture Committee by welcoming everyone and introduced Hayley Hutchings and Rhiannon Beaumont-Wood, recently appointed Non-Executive Directors attending; Hayley as a member of the Committee and Rhiannon as part of her induction. She also welcomed Mark Churchill who was attending for the Staff Story agenda item.</p>
122/24	<p>DECLARATIONS OF INTEREST</p> <p>No new declarations were made in addition to the standing declarations which were already noted on the Trust Register of interests.</p> <p>RESOLVED: That no new declarations were received.</p>
123/24	<p>MINUTES OF PREVIOUS MEETING, ACTION LOG AND HIGHLIGHT REPORT</p> <p>The Minutes of the Open meeting held on 14 November 2024 were considered and agreed as a correct record.</p> <p><i>Action 69/24 - To include in the next report (partnerships and engagement), 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. The action was discussed and it was agreed that further discussion would be held regarding reporting of partnerships and engagement</i></p>

that are outside the remit of this committee, potentially with a view to taking that directly to the board. The action remained open.

Action 97/24 – Angela Lewis agreed to ensure that change management principles and techniques are embedded in the leadership work being done, particularly through change and ensuring that change management is at the heart of leadership development. Our WAST Way featured on the agenda and the action was closed.

Action 101/24 – Chris Turley noted the mixed messaging in fire safety reporting in the People and Culture Metrics report and the Health & Safety report. One being highlighted as improving area and one flagged as red indicating a need for action. He agreed to take the lead with Fire Safety and the need for improvements and potential issue re data quality and ESR figures. The figures reported were both correct as the timing of the reporting periods for each were different. A detailed annual fire safety update paper had been to Finance & Performance Committee. Additionally, Chris Turley highlighted that Fire Safety compliance training was just below 80%. The Committee were content with the level of assurance provided and the action was closed.

Members noted the highlight report from the meeting held on 14 November 2024 and had no further comments.

RESOLVED: That the

- 1) Minutes of the meeting held on 14 November 2024 were approved; and**
- 2) Actions 97/24 and 101/24 were both closed and action 69/24 remained open as set out above; and**
- 3) The highlight report from the 14 November 2024 meeting was noted.**

124/24

DIRECTOR UPDATE

Angie Lewis highlighted several areas of the report which included excitement around the upcoming International Women's Day on March 11, where both Hayley Jones-Dunne and Kat Copley would be attending an event at the House of Lords, hosted by Dame Tanni Grey-Thompson.

Angie flagged the people networks and the work that Laura Stephens had been involved with in terms of spotlights and culture change events. There were now 161 culture champions of whom 68% were from operational areas. Sara Mills expanded on Laura's work by explaining how Laura has been visiting stations and having conversations with

colleagues and promoting staff networks and initiatives. Sara emphasised the importance of going out to colleagues rather than expecting colleagues to come forward, and thanked Laura for her efforts and the EMS and Ambulance Care colleagues for welcoming her.

Angie Lewis praised Catherine Goodwin for presenting at the Tackling Workplace Sexual Harassment in the public sector conferences, supported by Welsh Government. Hannah Rowan expressed her appreciation for Catherine's work and commented on positive feedback she had received from another Board about how interesting and helpful the presentation had been.

Catherine Goodwin's work was recognised and a sexual safety training programme pilot for operational colleagues will start in March.

Carl Kneeshaw spoke of the development of a coaching award linked to the emergency ambulance practitioner development pathway, aimed at professionalising the service and ensuring continuous development across the Trust.

He referenced the recruitment of essential skills tutors within education development, which would support colleagues in literacy, numeracy, and digital skills, enhancing their employability and career progression within the Trust. He emphasised the alignment of these initiatives with the workforce plan agreed last year, focusing on continuous development and strengthening the employee offer.

He mentioned the moving on process which looked at people's experience at work. This would be discussed in more detail later in the agenda.

Lastly, the job evaluation improvements were noted, ensuring that job descriptions and adverts were able to be progressed in a timely manner.

Andy Swinburn praised the investment in the skills tutors, noting that WAST excelled in providing our people with a range of additional skills.

Hannah raised her concern about shift overruns with anecdotal feedback suggesting that progress that had been made was not felt on the frontline and queried what was being done to communicate any improvements to colleagues.

Lee responded by confirming that this would be included in the outputs from the Welsh Ambulance Services Partnership Team (WASPT) to the

organisation, acknowledging that the general theme was one of containment, meaning the situation was neither worse nor improved. This was considered a degree of success given the Winter period. Lee went on to say that an agreement with TU Partners to conduct a series of task & finish groups in March/April had been agreed. The aim of the groups was to explore additional steps to further reduce shift overruns, conceding that most of the issues were outside the Trust's control.

Ceri provided some of her reflections from the paper which included:

- the positive light on the Equality, Diversity and Inclusion work and its progress;
- welcoming the climbing over 100 places in the workforce employer index; and
- celebrating the 225 applications for flexible working.

Angie Lewis indicated that whilst the improvement in the workplace employer index was a positive sign of progress, there was still room for improvement. She emphasised that the external accreditations and recognitions, such as the disability confidence commitment and the carers' confidence, were deliberate efforts to hold the organisation accountable and to seek external help to improve further. Angie committed to providing additional context on where the Trust stands overall in the index at the next meeting.

RESOLVED: That

- 1) The positive progress being made, visible in the Director Update, was noted; and**
- 2) Angie Lewis agreed to provide additional context on the Workforce Employer Index relating to the Trust's position in the index.**

125/24

OPERATIONS QUARTERLY REPORT

Lee Brooks began by expressing his condolences to the friends, family and colleagues of Jason Jones and Carl Merritt who had passed away recently.

He also congratulated Jerry Adams, a Community First Responder, who had recently been awarded his MBE at Buckingham Palace.

Lee Brooks highlighted several key points for Committee Members:

- The initiation of the E-timesheet workshop and its alignment with the migration of GRS to a cloud-based solution which was scheduled for next year.
- The conclusion of changes within EMS Co-ordination, including the introduction of new roles and the single allocator model, which faced challenges during the Winter, but was now showing positive feedback from staff.
- Collaboration between the operational, medical and clinical teams to improve clinical supervision for Advanced Paramedic Practitioners (APP), and the inclusion of prescribing for all Band 7 APPs was highlighted.
- The progression of palliative care paramedics, including the potential for advanced practice and external financial support.
- Discussions were ongoing with Trade Union Partners to agree on the rules of engagement for the next roster review, accepting the learning opportunities from previous experiences.
- The joint efforts of Ambulance Care and EMS Coordination to ensure Urgent Care Staff adhered to their scope of practice, with high compliance rates, was praised. Opportunities for clinical supervision in Ambulance Care was mentioned.

Members were content with the comprehensive report and no queries were raised.

RESOLVED: That the Operations progress was noted.

126/24

STAFF STORY – Mark Churchill

Mark Churchill has been a WAST employee for the past 10 years; he shared his career journey and experiences. Before joining the Trust, Mark had a diverse career, including 33 years with South Wales Police, where he developed skills in communication, investigation, and community engagement. He also worked for a drug and alcohol charity and as an investigator for the Office of National Statistics. These roles equipped him with valuable skills in dealing with people, building trust, and handling complex situations.

In his current role, Mark works in Ambulance Care, primarily transporting vulnerable and elderly patients to their medical appointments, including those in dementia units, dialysis units, and oncology. He emphasised the importance of building relationships with patients, providing social support, and ensuring their safety and comfort.

He highlighted the dedication of his colleagues and their commitment to treating patients with dignity and respect.

Mark also discussed areas for improvement within the Trust, particularly around communication and planning. He mentioned that staff often felt their suggestions for improvement were not heard or acted upon, leading to frustration. He suggested that localising planning could improve efficiency and reduce stress for both staff and patients. Mark also called for better integration of diversity training into mandatory training sessions to ensure all staff understood acceptable behaviour and practices.

Angie Lewis expressed her appreciation for Mark Churchill's openness and honesty in sharing his story. She acknowledged the positive aspects of his narrative, particularly highlighting the value of his extensive previous experience and how it contributed to his current role. Angie also noted the importance of Mark's feedback on training and communication, emphasising the need to connect and make training more accessible to colleagues. She thanked Mark for his contributions and for being candid about areas for improvement.

Bethan Evans thanked Mark Churchill for joining the committee and sharing his story, appreciating his honesty and transparency. She acknowledged the positive aspects of his work, particularly the relationships built with patients. Bethan noted that some of Mark's points resonated with her from her visit to Hawthorn station. She recognised the challenges in communication within a geographically dispersed organisation and asked Mark what one change would make the most significant difference in helping staff feel more appreciated and valued.

Mark Churchill responded to Bethan Evans by stating that there was not a single "golden nugget" to fix everything, but rather a combination of small improvements. He emphasised the importance of communication and local planning. Mark highlighted that staff often find the planning unrealistic and unachievable, leading to frustration. He suggested that

localising planning could significantly help staff and improve the overall service.

Hannah Rowan thanked Mark Churchill for his focus on what could be improved and stressed the importance of learning from those who knew the job well. She reflected on the specific issues Mark mentioned, such as inaccurate timings from hospitals and planning not being aligned with road conditions. Hannah highlighted the importance of addressing specific problems that make the job more difficult and worsen the patient experience. She expressed curiosity about how these issues were being taken forward.

Marcus Viggers appreciated Mark's balanced feedback, but noted that in the EMS and clinical directorates, staff ideas were often listened to and implemented if valid. However, he acknowledged that this level of engagement might not be present in Ambulance Care, currently.

Lee Brooks responded by emphasising the significant advancements made in Ambulance Care, referencing Mark Harris's recent presentation at the Trust Board. He highlighted the progress since the McClellan review of 2013, noting that the idea of devolving back to Health Boards was no longer discussed, which was a testament to the progress made. Lee acknowledged Mark Churchill's perception and thanked him for his honesty. He pointed out the structural differences between Ambulance Care and EMS, noting that Ambulance Care Managers handled larger teams and had less capacity compared to their EMS counterparts. Lee mentioned ongoing efforts to introduce clinical oversight for ACA staff, which could offer new career paths. He also addressed the planning issue, cautioning against creating a divide between field staff and control room staff.

RESOLVED: Mark Churchill's story was well received and the improvements suggested were noted.

Staff Story Diagram – Ela Lewis

The Staff Story Diagram from the previous meeting was received for information and was noted.

OUR WAST WAY

Angie Lewis explained that Our WAST Way was a key piece of work in culture change and invited Sara Mills to share her presentation with the Committee.

Sara Mills provided an update on the progress of the WAST Way project, emphasising its importance in driving cultural change within the organisation.

Sara focused on the vision and progress which aimed to articulate what good leadership looked like at different levels within the Trust, promoting a culture of compassion, inclusive and connected leadership. Three core leadership principles were developed,

- Care
- Value Everyone
- Connect

The project included structured development opportunities aligned with the principles to support leaders and managers at various career stages and create a more engaged, motivated and productive workforce.

Sara emphasised the link between staff experience and patient experience, noting that the culture within the organisation could significantly impact how staff interacted with each other and with patients.

Members were able to share their views, with Estelle Hitchon expressing concern about the environment that created poor managers and questioned whether the recruitment process focussed enough on disposition rather than just qualifications. She highlighted the pressure on middle management and suggested this could lead to poor behaviour. Andy Swinburn spoke of the importance of professionalising leadership as a skill set, noting that both disposition and qualifications were necessary for effective leadership.

Bethan asked how the Trust planned to measure performance against the leadership behaviours and how line managers would be trained to respond positively and constructively to 360 feedback.

Andy Swinburn responded by saying both attitude and disposition skills were crucial for effective leadership and that the Trust could implement specific metrics together with regular evaluations, which may include feedback from 360 reviews, appraisals and direct observations. He also

suggested providing training programmes which focussed on both technical and soft skills required for effective leadership.

Hannah reflected on the importance of addressing specific issues raised by staff and ensuring the Trust took steps to improve the work environment.

Angie Lewis summarised the discussion by emphasising the importance of the leadership behaviours and principles in driving cultural change within the organisation. She highlighted the need for clear leadership behaviours and structured development opportunities as key drivers for achieving true cultural change. She also acknowledged the rich insights and questions raised and mentioned the importance of continuous learning and improvement based on the feedback received.

RESOLVED: That the Committee

- 1) took assurance from the update provided on the WAST Way;**
- 2) commented on and received the content of the update; and**
- 3) committed to the role in this agenda.**

128/24

CULTURAL THEMES AND TRENDS REPORT

Liz Rogers provided an overview of the key data related to employee relations, turnover, and moving on interviews for the period from July to December 2024. Key points included:

- 63 new disciplinary cases, a significant increase compared to the same period last year.
- 18 requests for respect & resolution (R&R) cases, a slight decrease from the previous year.
- The average duration for a case to be closed was 33 days, a significant improvement from previous averages.
- Fast track cases saw a 18% increase, with 14 cases during the period.
- Complex cases, particularly those involving sexual safety concerns, took longer to resolve, with an average of 209 days.
- The average duration for cases involving police investigations was 122 days.

There was a significant increase in the number of cases resolved through informal action, such as training and development or informal conversations.

Liam Williams raised a point about the importance of ensuring that local resolution genuinely led to the cultural change the Trust was seeking. He emphasised the need for confidence that local resolution not only addressed the immediate issue but also contributed to a true cultural shift, preventing the recurrence of similar issues.

Liz Rogers discussed the feedback from the moving on interview pilot data, highlighting the depth of information now available through the new process, which went live across the Trust in January. Key points included:

- The new process included a digital trigger and reminder for managers to conduct interviews or for leavers to complete the questionnaire.
- The data provided insights into reasons for leaving, levels of satisfaction with workplace relationships, recognition, and whether thoughts and ideas were heard.
- There were differences in feedback based on gender, with significantly more female leavers than male leavers.

The data also covered areas such as career progression, coaching, and mentoring opportunities.

Angie Lewis discussed the Speaking Up Safely data, emphasising its importance as the first meaningful insight available to the committee. Key points included:

- 65 concerns were raised in the last six months, with a notable increase in October during the Speaking Up Safely month and its promotion at CEO Roadshows.
- The number of anonymous concerns decreased after rapport was built with those reporting a concern by Lizzie O'Shea.
- 63% of the concerns were related to incivility.
- Many concerns were resolved at a local level or by senior leaders, which aligned with the vision of addressing issues at the most appropriate level.

There was a focus on understanding and mitigating detriment experienced by individuals who came forward with concerns.

RESOLVED: That the Committee

- 1) accepted and noted the report and presentation deck;**

- 2) noted the rollout of Moving on Conversations across the organisation with future updates to be received through the Cultural Themes and Trends report; and
- 3) noted the Speaking Up Safely case volumes identified in the report.

129/24

COMPASSIONATE PRACTICES UPDATE AND ACTION PLAN (Compassionate Practices Deep Dive)

Liz Rogers provided an update on the compassionate practices, highlighting the following points:

- The journey began in 2022, inspired by work from Aneurin Bevan University Health Board.
- 224 colleagues have been trained in compassionate practices, with more to follow.
- 70 colleagues have received investigating officer training, and additional training sessions on misogyny and sexual safety have been conducted.
- An internal audit identified four actions, most of which were completed, with some still in progress.
- An external evaluation by a university in Austria was underway, analysing quantitative and qualitative data to assess the effectiveness of the initiatives.

The focus was on embedding compassionate practices across all managerial activities, not just disciplinary processes, to create a consistent and supportive work environment.

Members welcomed the update and no queries were raised.

RESOLVED: The Committee

- 1) confirmed assurance on the progress against the audit actions; and
- 2) noted the progress against the action plan.

130/24

PEOPLE AND CULTURE PLAN METRICS UPDATE AND WORKFORCE SCORECARD

Angie Lewis provided an update on the People and Culture Metrics, focusing on the following points:

- The inclusion of safeguarding data for the first time, reflecting the work done with Liam William's team on behaviours and sexual safety concerns. The transparency in reporting 45 open safeguarding cases, including elements of sexual misconduct was a crucial step towards addressing these issues and ensuring accountability.
- People networks are thriving, with a significant number of participants leading to better communication, collaboration and morale.

Providing updates on change management showed a commitment to continuous improvement and adaptation. This helped in keeping everyone informed and aligned with the Trust's goals.

Angie discussed the review of People and Culture Metrics, highlighting the following recommendations:

- It is proposed to continue alternating between qualitative and quantitative metrics.
- The categorisation of metrics under the three Cs will be maintained: culture, capacity, and capability, linked to the People and Culture Plan.
- The current quantitative measures will be maintained while adding safeguarding and speaking up safety metrics.
- Reporting will continue spotlighting specific issues during the qualitative reporting.

Angie Lewis reiterated the importance of equality, diversity, and inclusion as a golden thread through the People and Culture work. She highlighted key priorities for the upcoming year, including the Clinical Model Transformation Programme, and sought feedback on whether any important areas were missing from the priorities list.

Angie Lewis highlighted the importance of the metrics in understanding the impact of initiatives and ensuring that the Trust was moving in the right direction. Angie also mentioned the importance of evaluating the effectiveness of actions and continuing to build on the work done so far.

Members queried what good would look like in 2028. The response highlighted the vision for 2028, emphasising the importance of understanding what tangible difference would be seen and how the Trust would feel and operate differently. Angie Lewis confirmed that the

team were actively considering and planning for the long term visions referencing previous discussions and materials.

Angie Lewis also confirmed that progress would be measured through employee relations, speaking up and other activities. It was noted that these measures would eventually stabilise and drop, indicating progress.

RESOLVED: That the Committee

- 1) received and commented on the progress to date;**
- 2) supported the recommendations made in relation to metrics; and**
- 3) supported the proposed priority focus areas for the 2025-28 IMTP.**

130a/24

MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT (MIQPR)

Alex Crawford presented the MIQPR for December 2024/ January 2025 and pointed out the following key areas:

- During the winter period, hours lost to handover increased, which was a significant factor affecting staff experience. However, during peak periods, the Trust was able to produce above 95% of the required hours, reaching 97% at peak times.
- The abstraction rates were slightly below the benchmark of 30%, primarily driven by annual leave rather than sickness. Sickness rates showed a downward trend, with January figures at 8.12%, still above the target but improving.
- Stress and anxiety continued to be the leading causes of sickness, with a notable increase in short-term sickness during December. Long-term sickness trends showed some improvement.
- The flu vaccination uptake was 28.4%.
- There was significant progress in the Clinical Model Transformation (CMT) programme, particularly for corporate staff and operational staff in senior roles. Workshops in January helped reflect on the pace of the programme and adjust it to maintain momentum without causing burnout.
- The issue of shift overruns was addressed earlier in the meeting, so it was not elaborated on further in this report.

- Performance Appraisal and Development Review (PADR) completion rates increased but were still not at the desired level. Mandatory training compliance was above target.

Overall, the report highlighted key performance metrics, trends in sickness and abstraction rates, progress in the CMT programme, and the importance of maintaining a balanced pace to avoid staff burnout.

Ceri Jackson queried the figures relating to applications received which stated that 714 of the 1248 received were from underrepresented groups. The figure was an error and would be corrected in the next report.

RESOLVED: That

- 1) the MIQPR report was considered, and the Committee took assurance from the update given; and**
- 2) Alex Crawford would revisit the number of applications received from underrepresented groups and ensure this was updated in the next report.**

131/24

INTERNAL AUDIT REPORT: RESOURCING POLICY

Lee Brooks acknowledged that the limited assurance audit was anticipated and had to a certain extent been expected. The committee was informed that the primary issue was the outdated resourcing policy, which required a holistic refresh. The team has committed to addressing this in the upcoming year, working with Trade Union Partners to meet the timeline set out in the management response, aiming for completion by October.

Lee emphasised the significant amount of work required to review and republish the resourcing policy, but was committed to achieve this. It was recognised there was a need to develop departmental focused standard operating procedures to separate policy from procedure.

Damon Turner highlighted that within the policy the main issues raised by members, included overruns, and TOIL, which were significant concerns for their members.

Actions to address recommendations include ongoing oversight and monitoring of working time regulations, establishing a reporting mechanism using the senior operations team, and developing departmental standard operating procedures.

Bethan Evans noted there were significant variances in working time breaches across different areas, with the southeast showing the highest number of 11-hour breaches. A detailed analysis report was planned to understand and address these variances. Lee Brooks agreed to provide a report for Committee once the findings were known.

RESOLVED: That the Resourcing Policy audit was received and noted the commitment to progress a refreshed policy.

132/24

WASPT HIGHLIGHT REPORT – JANUARY 2025

Christian Fox mentioned that WAST had been invited to deliver a session at the annual Ambulance Leadership Forum (ALF) conference next month, to talk about WAST's experience, learning and activities of building respectful and cohesive relationships. TU Partners were asked to feed back to the Committee at the next meeting on this.

A Social Partnership Conference was due to be held in March to look at how to build relationships and move forward following a recommendation from an earlier ACAS report. Staff were working together to present key aspects of partnership working at the conference. Liz Rogers had been organising the Social Partnership Conference with preparations well underway for guest speakers and internal speakers from the Trust being finalised.

Health boards are working with WASPT to provide the necessary electrical infrastructure for the new Dyson fans purchased to reduce exposure to diesel fumes for members.

Christian mentioned ongoing issues with members being unable to take TOIL, linked to delays at hospitals. A task and finish group has been set up to address these issues and find a way forward.

Christian briefly mentioned that they were starting to look at planning for Christmas, although it was still early in the year.

RESOLVED: That the

- 1) detail contained within the report was noted; and**
- 2) TU representatives would provide feedback to the Committee on their experience at the ALF conference.**

133/24

INTERNAL AUDIT REPORT: EXPOSURE TO FUMES

The internal audit provided reasonable assurance across the areas of work. Management actions have been confirmed, and several had progressed since the report was completed.

It was recognised that progress has been made in securing and rolling out Dyson fans for heating to address temperate weather conditions.

Efforts were underway to secure a master class with an expert public health consultant to further address the issue.

Liam Williams acknowledged the challenges in ensuring compliance with mitigation measures. The Health and Safety team, Operations team, and Trade Union Partners were all involved in this effort.

RESOLVED: That the exposure to fumes internal audit report was received.

134/24

ANNUAL EFFECTIVENESS REVIEW 2024/25

Trish Mills presented the annual effectiveness review, stressing that they provided a valuable chance for the committee to collectively assess its effectiveness.

Estelle mentioned the need to triangulate the information received in the Committee with what was seen at Board level and during Non-Executive visits.

Sara Mills stressed the importance of connecting metrics to the specific issues the committee aimed to address. She proposed that metrics should be linked to particular cultural themes or issues, such as social partnership and leadership and management, to offer a clearer direction and focus. Sara also mentioned that rather than using all available metrics, it would be more effective to associate specific metrics with particular projects, like "Our WAST Way," to provide a more focused evaluation and clearer narrative.

Catherine Goodwin voiced her discomfort with including Respect & Resolution (R&R) disciplinary cases and suspensions under the Speaking Safely metrics. She stressed that speaking up safely covered a broader range of issues, such as raising concerns about patient safety, and should be considered separately from disciplinary matters.

Liam Williams emphasised the need to distinguish between reporting specific incidents where staff did not feel safe under the Speaking Up

Safely initiative and the general reporting of patient safety incidents through the Datix system. He pointed out that most patient safety incidents were reported through the Putting Things Right team and stressed that these two reporting routes should remain separate to prevent confusion.

Angie Lewis recognised that much of the reporting on equality, diversity, and inclusion was statutory and mandatory. She suggested that there should be more focus on visible indicators such as sick absence, discipline, grievance, and R&R metrics, and emphasised that these should be reported separately from the Speaking Up Safely metrics.

Ceri Jackson stressed the importance of triangulating the Monthly Integrated Quality Performance Report (MIQPR) metrics with other reports to provide context. She noted that while the MIQPR included many relevant metrics, it was essential to link them to the broader context of the People and Culture Committee's work. Ceri also mentioned the need for the MIQPR to be more tailored to the Committee's needs, while recognising the challenge of ensuring that the context from other parts of the report was not lost.

Trish Mills discussed the importance of concentrating on the strategic direction and the long-term impact of the Committee's work. She suggested that the committee should shift its focus from merely monitoring the implementation of plans to evaluating their outcomes and impact. Trish highlighted the need to ensure that the metrics and reporting provided to the Committee were aligned with the strategic objectives, offering a clear line of sight to the desired outcomes. Additionally, she emphasised the importance of triangulating metrics and ensuring that the Committee received reports that linked various elements together, providing a comprehensive view of the Trust's progress.

Carl Kneeshaw explained that the skills mix was part of the broader strategic workforce plan, emphasising that having the right people in the right place at the right time was crucial for determining the skills mix, which was an operational aspect of the plan. He highlighted that workforce planning involved analysing the strategic workforce plan, identifying what was needed, and implementing the requirements back into the model to ensure the Trust had the appropriate skills mix to meet its needs.

Chris Turley endorsed the inclusion of the skills mix in the Committee's considerations, noting the importance of capturing the broader context of both clinical and non-clinical elements, even while focusing on specific parts of the business. He mentioned that incorporating the skills mix would help address the broader capacity perspective and ensure that the committee's focus aligned with the Trust's overall objectives.

Lee Brooks supported the inclusion of volunteers in the Committee's considerations, emphasising that volunteers were an integral part of the organisation, much like paid staff, and should be included in the People and Culture Committee's remit. However, he expressed caution regarding the inclusion of the skills mix, noting the potential for overlap with other committees such as Quest and Finance and Performance. Lee highlighted the importance of avoiding duplication and confusion when addressing the skills mix from both clinical and budgetary perspectives.

Trish observed that the Committee had not received standalone reports on leadership and management development and succession planning until the current meeting, where the "Our WAST Way" was presented. She suggested considering changes in the wording around the capability section to better reflect the committee's focus and responsibilities.

Trish also raised the possibility of including additional elements under capability, such as HEIW commissioning, registration and revalidation, learning and development, and assurance on the armed forces covenant. There was a discussion on whether to include assurance around DBS and driving licence checks, but it was noted that these were transactional and managed by Shared Services. The discussion also touched on whether to specifically highlight the skills mix, but it was noted that this fell under the strategic workforce plan and was more operational. Additionally, it was suggested to include volunteers in the capability section, as they are considered part of the Trust.

A discussion was facilitated as outlined above to consider what changes and improvements could be made to the Committee's operations. The draft Annual Report was reviewed, however the final Report for submission to the Audit, Risk and Assurance Committee, and the revised Terms of Reference for 2025/26, would be circulated for approval by Chair's Action after the meeting.

RESOLVED: That

- 1) Committee discussed its remit in line with the terms of reference;**

- 2) **Members evaluated the cycle of business and proposed potential changes and improvements;**
- 3) **The draft Annual Report was reviewed; and**
- 4) **The final Annual Report and revised Terms of Reference for 2025/26 would be circulated for approval by Chair's Action.**

135/24

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK

Trish mentioned that the risk management report was not a fresh set of risks for the Committee because it had been seen at the Board previously. She was discussing with Julie about potentially changing the cycle to better align with the committees.

Trish highlighted the four top risks, noting that two were rated at 20 (sickness and reputation).

Risk 160 - High absence rates;

Risk 163 - Maintaining Effective & Strong TU Partnerships;

Risk 201 - Reputation;

Risk 558 - Deterioration of staff health and wellbeing.

Trish pointed out that the Trade Union relationship risk had reduced to a score of 12.

The health and well-being of staff risk remained unchanged, with new mitigations and actions updated.

Ceri Jackson expressed concern about taking assurance on the items listed in the risk report because the information might be outdated or inaccurate due to the timing of the report. She noted that the end of March is only six weeks away, and it is important to ensure that the deadlines are met.

Trish assured members that all risks have had reviews, and there were new mitigations and actions updated. The risks were coming to the Executive Leadership Team for further review.

Trish suggested that if the timing of the report could not be aligned, the report should include a summary of any significant updates or issues that needed attention. This would ensure that the committee was aware of the most current and critical information, even if the full report was slightly outdated.

Carl also provided assurance that the team had been working on updating the risks and actions, and the next iteration of the report would show completed or removed actions, as well as any additional

ones that come on stream. He mentioned that the updated report would be presented to the Board, providing more accurate and current information.

RESOLVED: That

- 1) The report was considered and discussed; and**
- 2) Future reports where reporting was out of alignment to meetings, an updated position would be provided in the SBAR.**

136/24

DEEP DIVE ON RISK 160 (High Absence Rates): Managing Attendance

Liz provided a detailed presentation on the deep dive into managing absences risk by way of a presentation. She highlighted the comparison of sickness absence data from the last quarter of 2024 against 2023, noting the trends and patterns observed, noting that the general trajectory of sickness was downward, which was positive.

She identified areas with higher levels of sickness absence, specifically in integrated care and EMS, and discussed potential drivers for these increases.

Liz outlined the actions planned in response to these challenges, emphasising the importance of targeted interventions and ongoing monitoring to mitigate the impact of high absence rates.

She also mentioned the national position of ambulance services, comparing their sickness absence rates to provide context and benchmarks.

Additionally, Liz spoke to the performance of corporate service teams, noting that some teams showed very small to zero absences in the last five months, while others experienced increases due to significant workloads and ongoing changes.

She shared a case study from Swansea and Neath, where the introduction of welfare pods led to a consistent reduction in sickness absence and positive feedback from staff regarding stress levels and mental health.

Estelle Hitchon raised a question about the calculation of sickness absences, specifically comparing WAST's method to that of West Midlands Ambulance Service. She noted that WAST counts all days in the week as sick days if someone is off for their shifts and not back for

the following days, whereas West Midlands only counts the working days. Estelle questioned whether this method was right, wrong, or indifferent, as it seemed to her that it might be skewing the data.

Carl Kneeshaw agreed to review how sickness was recorded to ensure alignment with other UK ambulance services; noting that West Midlands recorded their data differently.

RESOLVED: That

- 1) the contents of the presentation were noted; and**
- 2) Carl Kneeshaw agreed to review how sickness was reported in line with other UK ambulance services.**

137/24

AUDIT TRACKER Q3 2024/25 REPORTING

Trish Mills discussed the audit tracker, pointing out that the current format was a long spreadsheet, and that work was ongoing to developing more intelligent reporting. She highlighted that 17% of the actions were closed, with three more pending confirmation of evidence. Additionally, over 40% of the actions had moved dates, but she assured members that there was robust challenge and confirmation when dates were moved. Trish emphasised that the goal was to avoid moving dates unless absolutely necessary and to ensure that high-priority recommendations were addressed promptly.

Trish Mills asked the committee to endorse the approach of closing the outstanding actions from the Trade Union Release Time audit, acknowledging that they may not be closed in the originally envisaged manner but ensuring that the risks were mitigated.

Ceri Jackson mentioned that at the Audit Committee, it was agreed that for items on their third revised date, the responsible Director would be invited to provide an update. This process ensured accountability and transparency for actions that had been delayed multiple times.

RESOLVED: That

- 1) the new Internal Audits and Audit Wales reviews within the remit were received and reviewed;**
- 2) the management actions to address recommendations in the Audit Tracker be monitored; and**
- 3) the update provided in respect of the two audit actions relating to Trade Union Release Time were received and considered and confirmed a closed position.**

138/24 POLICIES FOR APPROVAL

The Committee recognised that the policies listed below had all been through the appropriate route and were approved by Committee.

Occupational Health Policy
Recruitment and Selection Policy
Occupational Immunisation Policy
Equality Impact Assessment Policy
Bank Worker Policy

RESOLVED: That the five policies listed above were approved.

139/24 CONSENT ITEM – Not discussed in the meeting

Committee Cycle of Business Monitoring Report & Committee Priorities.

140/24 CONSENT ITEM – Not discussed in the meeting

Welsh Ambulance Services Partnership Team (WASPT) Minutes of the meeting held on the 15 November 2024.

141/24 REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

Reflections on the meeting were that the discussion regarding Our WAST Way was of particular importance given its role in leadership and management development and in driving cultural change. The approach taken to the facilitation of the committee effectiveness review was commended. The focus on more strategic as opposed to transactional matters of business was acknowledged, and Members felt that the hybrid approach worked well.

142/24 ANY OTHER BUSINESS

Nothing raised.

143/24 DATE OF NEXT MEETING

The next meeting is scheduled for the 15 May 2025.

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
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	14/11/2024 15 May 2025	<p>Update for May 2025 meeting: PCC is responsible for the partnerships and engagement related specifically to people and culture i.e. staff survey, staff stories, roadshows, notices etc as well as any TUP or other partnerships relating to people. However the wider, more strategic partnerships and engagement - closely linked to risk 201 on reputation - is for the board directly. Therefore, it is proposed that risk 201 comes out of PCC and goes directly to board from May 2025. The board will receive a report on strategic partnerships and engagement at their May meeting and the BAF for risk 201. Action complete and proposed for closure.</p> <p>Update at February 2025 meeting: - It was agreed that further discussions would be held regarding reporting of partnerships and engagement that are outside the remit of this committee, potentially with a view to taking that directly to the board.</p> <p>Update for February 2025 Meeting: Ceri Jackson, Estelle Hitchon and Trish Mills met to discuss this on 26 November. Estelle will provide a verbal update to the February meeting, however scoping work has commenced to define more clearly what is encompassed under 'partnerships' and to determine which committee or committees are responsible for this area. It is anticipated that this effort will extend into the first quarter of 2025/26 to prevent overburdening the teams during a busy period. A paper will be presented to Trust Board in May regarding partnerships and engagement at a strategic level, linked also to reputational risk 201.</p> <p>Update at November Meeting: Action to remain open with a report to be received at the next meeting.</p> <p>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.</p>	Complete
124/24	18 February 2025	Director Update	The Trust has been awarded a Stonewall Bronze Award and climbed over 100 places in the Workforce Employer Index. Angie agreed to providing additional context on where the Trust stands in the overall index.	Angie Lewis	15 May 2025	<p>Update for May 2025 meeting - WAST is currently ranked 118th out of 246 organisations who are on the Stonewall Workplace Equality Index. We have not submitted an assessment this year due to the fact that Stonewall has been going through an internal restructure which has impacted their ability to provide feedback and support on the WEI process. In line with the requirement for the Trust to make financial savings, having reviewed the cost of annual membership (approx. £3,5000 p/a) and the current offer of available support and resources from Stonewall, we have taken the decision not to renew our membership with the Stonewall Diversity Champion Scheme this year. Instead, we will use this money to fund diversity and inclusion training and resources for staff. We will review the Stonewall Diversity Champion Scheme membership in the future and we are able to rejoin the scheme at any point in the future if Stonewall are able to offer support and resources which will be of benefit to the Trust. Action complete and propose for closure.</p>	Complete
130/24	18 February 2025	MIQPR	MIQPR - Pg 23 - Application figures referenced stated 714 of the 1248 received were from under represented groups, which was noted to be incorrect. It was asked that Alex Crawford review this and confirm the correct figure to members.	Alex Crawford	15 May 2025	Verbal Update to be provided at May Meeting.	Open
131/24	18 February 2025	Resourcing Policy Internal Audit Report	Bethan queried the working time breaches and the variance in figures. Lee confirmed work was ongoing to review the breaches and would bring a report back to Committee once the findings were known.	Lee Brooks	15 May 2025	20 February 2025 - Lee shared the outcome for his action and asked that it be shared with Committee Members. Action now complete.	Complete
132/24	18 February 2025	WASPT Highlight Report	TU colleagues to feed back to Committee following their attendance/experience at the ALF conference in March 2025. This will be sought via the WASPT AAA, if possible.	Christian Fox/ Marcus Viggers	15 May 2025	Update for May 2025 Meeting - Christian will provide some feedback verbally.	Open
135/24	18 February 2025	Risk Management	Due to the placement of the meetings and the reporting to PCC, where reporting is out of alignment to meetings an updated position will be provided in the SBAR on any issues for escalation.	Julie Boalch	15 May 2025	Update for May 2025 Meeting - This request has been noted and will be built into the work programme going forward. Propose action for closure.	Complete
136/24	18 February 2025	Deep Dive on Risk 160 Managing Attendance	Carl Kneeshaw agreed to review how sickness was recorded to ensure alignment with other UK services; noting that West Midlands record theirs differently.	Carl Kneeshaw	15 May 2025	<p>Update for May 2025 Meeting - The way sickness absence is recorded within ESR for all employees regardless of where the information is coming from is always recorded as calendar days and not dependent on rosters or part time working scenarios. This is for the purpose of Occupational Sick Pay calculations and also falls in line with legislation for Statutory Sick Pay payments if applicable. ESR works on FTE per day (both absence and availability) and this calculation takes into account part time workers and those on a roster.</p> <p>Therefore, the way WAST are recording it is correct and is in line with the rest of Wales and the National approach. WAST are not an outlier in any way. This is the methodology provided by NHS Digital: Methodology - NHS England Digital. Action complete and propose for closure.</p>	Complete
FPC 18.03.25	18-Mar-25	IMTP Delivery/Assurance Progress 24/27	In response to the discussion and concerns regarding the impact of the pace of changes over the last year to staff it was agreed to refer to the People and Culture Committee (PCC) to seek assurance on the ways in which morale, wellbeing and support are a focus in the change management programmes in place to support delivery of the IMTP and provide an update back to the FPC.	Carl Kneeshaw	20 May 2025	<p>Update for May 2025 Meeting - The following updated has been provided to FPC: We are actively working to embed the principles of effective change management throughout WAST. We recognise that meaningful and sustainable change can only happen when people are brought on the journey and feel supported throughout; wellbeing is a central thread in this work and we are aligning our efforts with our Health and Wellbeing Plan and the emphasis on listening through mechanisms such as Speaking Up Safely. We're also working to ensure that leaders and managers are equipped with the skills and confidence they need to support their teams effectively, including in relation to change, having meaningful, regular 1-1s and crucial conversations, supported through Our WAST Way leadership development framework and the Managers' Essentials programme. Change management capability is intentionally woven throughout Our WAST Way, reinforcing that these are core leadership skills as opposed to additional / separate skills. To help embed these principles more widely, we've established a Change Community made up of colleagues from across the organisation, all of whom have completed accredited change management training. This network is helping to embed change principles at every level, effectively supporting change and building momentum "from within". In larger programmes such as the Clinical Model Transformation CMT programme, we've introduced dedicated Change Leads within each workstream to maintain focus on the people aspects of change (including wellbeing and engagement), offer practical tools and support and bring a structured change lens to delivery. This work is closely aligned with our wider organisational efforts, including our response to the staff survey and our commitment to the three themes of the Our WAST Way leadership and management development framework (Care, Connect, Value Everyone). If the committee is satisfied with this update the action can be closed.</p>	Complete
Quest 04.02.25	4 February 2025	Patient Story	The Chair asked that the People and Culture Committee (PCC) monitor the progress of the wider accessibility initiative, focusing on supporting deaf individuals and others facing barriers to accessing services and engaging with the Trust. It was agreed that as Chair of the PCC, Ceri Jackson would take this action forward.	Chair of PCC Committee	1 August 2025		Open

Director Update: People & Culture

PEOPLE AND CULTURE
COMMITTEE
15 MAY 2025



Culture

We recently supported the Operational Managers Development Day, focusing on resilience, professionalism and leadership growth. The event aimed to continue our work to build a culture of autonomy, belonging and confidence in raising concerns and making decisions. Highlights included; Martine Wright MBE, a 7/7 survivor and Paralympian, delivered an inspiring keynote on resilience and overcoming challenges, and Julie Stone, an expert in ethics and professionalism, led an interactive session on professional boundaries and behaviours, emphasising the role of leaders in maintaining standards. The day provided valuable opportunities for Operational Managers to connect, reflect, and enhance their leadership effectiveness.

We are proud to launch Our WAST Way at the end of May. Our WAST Way is a values-based leadership and management framework designed to build a culture where staff feel valued, involved, trusted, and empowered. It builds on three core principles: Care, Connect, and Value Everyone, and has been developed in response to national leadership expectations, internal culture feedback from our staff, and a growing need to provide more consistent support to those in people management roles.



Following the implementation of our People and Culture Plan, we're 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.

As part of our campaign to promote sexual safety within the Trust, we have developed a multi-level training plan targeting different staff groups to raise awareness of and address sexual harassment. Additionally, there is work underway to develop a new Sexual Harassment Policy for NHS Wales organisations by the All Wales People Network. This is a crucial step in ensuring that everyone who works in WAST, as well as our patients, feels safe.

Christian, Sara, Angie, Huw and Liz presenting WAST's partnership working journey at ALF 2025

Several members of our team were invited to showcase our leadership ambitions at the Ambulance Leadership Forum (ALF) in March. Angie and Sarah delivered a session on our change journey, highlighting challenges, successes, lessons learned, and future vision. Alongside this, Angie, Liz, and Sara, along with Trade Union Partners, Huw and Christian shared our journey around partnership working at WAST. This highlights the brilliant work across our organisation where we are helping colleagues to feel valued and feel that they can contribute to the long-term success of the organisation (pictured).



CARL KNEESHAW
DIRECTOR OF
PEOPLE

ANGIE LEWIS
DIRECTOR OF
CULTURE CHANGE

Capacity

We're thrilled to announce the launch of a Health Diagnostics pilot programme for all WAST staff aged 46 and above, aimed at enhancing cardiovascular disease awareness and prevention. Participants will complete a digital health questionnaire to determine eligibility for a face-to-face assessment at our clinics. Eligible staff will receive a 20-minute nursing consultation and a personalised health report highlighting risk factors and lifestyle improvements. This initiative supports our commitment to enabling our people to be the best they can be, by creating a healthy workplace, promoting physical wellbeing and enabling our staff to provide outstanding service.



Catherine Wynn Lloyd delivering our Warm WAST Welcome to new starters joining the Trust

We're enhancing our Warm WAST Welcome Programme by developing a digital onboarding platform within LMS365 to improve our employee experience. This platform will provide new starters with a seamless induction and delivering consistent information to help them succeed in their new role. We're also integrating a 3 month check-in process into the system, offering timely support and feedback during new hires' transition. By linking this with onboarding data, we will gain valuable insights into early experiences, helping us identify and address retention risks early. We are now in the second phase of development, building the full induction programme using Articulate 360. This will be embedded into LMS365 courses for the piloting stage.

Capability

We're pleased to have launched our Change Management SharePoint site, a central resource for all things change. This is a key milestone in our P&C Plan, aimed at strengthening our change management capacity and capability. The site offers practical tools, templates, and guidance to support change at every level, build confidence in leading change, connect people involved in change, and celebrate ongoing efforts. With significant transformation underway, this site addresses feedback from staff surveys and conversations with TUPs, ensuring colleagues feel more involved and supported during periods of change. We'll regularly add new resources, tips, and tools. Colleagues can request materials, ask questions, and provide feedback to help us improve. This development aligns with the upcoming launch of Our WAST Way and Managers' Essentials, forming a strong foundation for inclusive, confident, and effective leadership and engagement in change across WAST.

We have successfully recruited into the Essential Skills Team, advancing our ambition to enhance colleague experience and support the professionalisation of our services. This, along with the development of Apprentices, demonstrates our commitment to the Wellbeing of Future Generations Act and the Trust's role as part of the foundational economy.

We have reviewed the latest round of bursary applications for 2024/25. The first round for 2025/26 submissions opened in April, with a renewed focus on ensuring full statutory and mandatory compliance. This initiative is part of our ongoing commitment to support continuous professional development across the organisation, with these bursaries providing colleagues with opportunities to further their education, skills and knowledge, contributing to a highly skilled workforce that meets the evolving needs of the service.

As part of our ongoing commitment to fostering an environment where colleagues can develop the skills they need to thrive and grow, we are excited to announce the launch of bespoke educational products. This initiative includes the Ferno Neo-Mate Training, which focuses on new equipment designed to transport tiny babies safely and comfortably, ensuring we provide the highest level of care to our youngest patients. Additionally, we are introducing the Patient Group Directive (PGD) Magnesium Sulfate Learning program, which empowers paramedics to administer an additional drug to patients in need, keeping our Trust's practitioners at the forefront of pre-hospital patient care.

◆ Coming Up ◆

- Leadership Symposium 18th June
- ELT and Senior Leadership Community development event
- Long Service Awards

◆ Challenges & Risks ◆

- Pace of change and activity across the Trust
- Shift overruns
- Skills mix on EAs

◆ Strategic Milestones ◆

- Our WAST Way launch (28th May)
- Appointment of Essential Skills Tutor Team



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OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2024-25 Q4 (January – March 2025)

National Operations & Support

General Update

AACE Ambulance Leadership Forum – Presentation on Community Welfare Responder Project

The National Volunteer Manager was invited to speak at the Ambulance Leadership Forum 2025, providing an overview of the Community Welfare Responder project. This has led to further conversation with NHS Charities Together about potential funding opportunities through 2025/26, for which we will ensure our Head of Charity and other colleagues are involved.

HART Drone Pilot

HART are introducing a drone capability to their list of assets to assist the team and Trust when responding to certain types of incidents. The incidents where the use of a drone will be beneficial are as follows:

- Large incidents to gain spatial situational awareness
- Incidents where operating environments may be hazardous - drone to be used to gain situation awareness and aid in risk assessments (water rescue incidents during nighttime or where daylight is minimal)
- Persons in water (thermal imaging cameras to help identify persons)
- Persons injured in rural areas (able to cover areas and thermal imaging cameras to assist)
- Ability to live stream to incident command rooms through a dedicated and secure server

HART will have 7 pilots (1 per team/watch), along with a Chief Pilot (HART Training Manager) trained to standards in line with the Civil Aviation Authority (CAA). Pilots will receive training in drone operation, pre-flight checks, safety critical process (including pre-flight risk assessments) and how to operate the drone for the incidents listed above.

Training was completed week commencing 31.03.2025 and all operatives successfully passed the course. Plans are in place with the IT Project Management Team to set up some live streaming on an exercise to showcase the capability.

SORT

Since the Trust received confirmation of the SORT enhancement funding, work has been underway to roll out the associated plans. The two band 7 posts have now been recruited and post holders commenced in their roles in March 2025. Some of the equipment items have also been sourced at a cost less than originally anticipated. However, the remainder of the revenue spend remains on track. We were unable to source vehicles from the capital aspect of the case in time for the end of the year and funding was subsequently returned. We anticipate funding of £290,000 to be subsequently returned to us and work is actively underway in relation to vehicle specification, conversion and securing of vehicle chassis. We do anticipate that the capital funds may not cover the full vehicle costs but are unable at this point to provide exact costs for the vehicles until final quotes are received. However, we are actively engaged with WG capital finance colleagues in this respect.

Communications Tactical Advisor (CTA) Courses

The College of Policing delivered a nationally recognised CTA course from March 18th-20th to enhance the CTA cadre within the Trust. Managing Airwave capacity is crucial for coordinated incident response. The Trust has been able to provide funding to achieve a situation whereby all NILOs have achieved this accreditation and therefore the Trust can now demonstrate 24/7 on-call capability. However there remains an operational need to deliver training for key identified roles to bring CTA cover to the 'on-duty' as well as access to the supporting software platform 'Insight'. This is not within the operating budget of WAST to deliver and as such there is a dependency upon additional funding from commissioners. This funding request has been submitted to JCC and a decision is anticipated in Q2/3 of this financial year.

Manchester Arena Inquiry (MAI)

Following the submission of WAST's consideration to the MAI recommendations in August 2024 to commissioners with a copy to the NHS Executive, a series of scrutiny workshops have taken place with commissioners over March and April. These sessions have allowed the commissioners, who called upon the expertise of EPRR leads from Health Boards, to scrutinise the detail in the submission before considering and providing their formal response which expected back to the Trust in August 2025.

Whilst every effort has been made to deliver all MAI recommendations by the end of the 2024/25 financial year, four recommendations (R1, R26, R88, & R111), that were initially on track for timely completion, have experienced some slippage due to factors beyond the project's control. These recommendations have now been transitioned to Corporate Risk 641 for ongoing management.

The actions required are within WAST's capacity to implement and do not currently necessitate additional funding. Work continues on all four recommendations, with R1 and R111 expected to be fully completed by the end of May 2025. This will leave a total of 20 outstanding recommendations on the Corporate Risk register, 18 of which relate to submissions to commissioners.

The Operations Directorate maintains oversight of these actions and is confident in addressing the final four recommendations. Plans for progression routes are established. This update is provided for committee awareness, and it is anticipated that future developments will be documented and updated through the Corporate Risk framework as the MAI project transitions to standard business arrangements.

Resourcing, EMS Coordination and Quality

Challenges

Life X/Control Room Solution

On 23rd January 2025, there was a significant national outage of the Control Room Solution (CRS), utilised by all Ambulance Trusts in England, Scotland and Wales, which impacted on our radio and control room telephony solutions. In response to this outage, WAST implemented business continuity plans that resulted in very little impact on our operations. Consequently, we did not need to declare an incident, such was the effectiveness of our business continuity arrangements.

One of the issues raised during the outage was the lag in time for the system to switch to the fallback data centre, which is a concern for any future fallback arrangements. This prompted the Ambulance Radio Programme (ARP) to instigate a full investigation into the circumstances and root cause of the outage with Frequentis, the software supplier. ARP are working with NHS England who are undertaking external assurance regarding the incident and will be reviewing the plans and actions so that there is external scrutiny on the incident and the response.

A further outage occurred on the 10th March 2025 and again our business continuity arrangement were instigated. The lessons learned from the first outage in January 2025 were implemented and this time the time to recovery of the functionality was far more efficient.

However, this has raised concerns regarding the stability and reliability of the system. As a result, ARP senior management are briefing Westminster Ministers and Senior representatives from within the Department for Health and Social Care to ensure that there is suitable scrutiny applied to the supplier to ensure appropriate prioritisation and associated resourcing is in place to help resolve the underpinning issues. ARP are briefing Trusts via the National Digital Leads Group, which our Director of Digital, is a member.

EMSC Sickness

Sickness absence remains an area of focus across the EMSC centres including an approach to support our people to be in work. Following a workshop undertaken with the EMSC leadership team, trade union partners and People Services, the team agreed key areas to focus on, especially around wraparound support for new Call Handlers. The Managing Attendance Policy has been appropriately applied, a new career structure has been deployed, and working environments are being improved. It has been pleasing to see some signs of improvement however focus shall remain in the foreseeable future.

Overdue investigations

Operations Quality continues to experience challenges in completing and returning investigations for concerns and coroners. There are now 95 outstanding concerns investigations of which 66 have breached the Welsh Government Tier 1 target, and 55 outstanding coroner's statements of which 20 have breached the HMC return date. There continues to be challenges in obtaining information critical to investigations in relation to clinician input (Clinical Support Desk). The teams are working together to expedite required information wherever possible and dynamically prioritise coroner's statements when requested by Legal Services. Audit has been identified as a bottleneck; however it is also important to set out that more audits have been completed than before. The issue is one of capacity to absorb activity, and there are plans for auditor growth in the coming months.

IMTP

Culture

The culture plan was developed in partnership and significant amount of work has been achieved to date, signalling a positive shift. Monthly time-to-talk in all centres are well attended which allows opportunities for increased staff engagement as well as actioning some ideas and concerns from colleagues. Monthly sway newsletter has also been developed to better communicate with our people. People Services have provided learning events for the managers and supervisors in application of managing attendance at work and occupational health processes, policies and procedures.

Estates

Llangunnor estate refurbishment has almost been concluded which will support the wellbeing of our people by providing a fantastic environment that includes training suites and so forth.

The moving of North EMSC from Bryn Tirion to Ty Elwy remains on track with great progress being made. The OCP has concluded in March 2025. Relocation transition is commencing w/c 28th April for Ambulance Care and the resource centre with EMSC moving on the 8th May 2025. The Chief Executive and Executive Director of Operations will join the team on 8 May. There is no requirement for others to attend as plans for a formal opening of the new Centre will follow.

Electronic Timesheets

The project board, team and supporting task and finish groups have now been established, terms of reference, project initiation document and project core principles agreed.

Resourcing Functional Model

Phase 1 of the transition to a functional resourcing model has commenced with the alignment of JCC Pan Wales and NET Centre resourcing aligned to one team (previously aligned to regions). Discussions have taken place to align NEPTS CW with NEPTS North which will be implemented from April.

General Update

EMSC Restructure and Reconfiguration

This is now embedding well with positive feedback from our people. The Operations Manager role has signalled a positive impact on some of our performance measures with real time supportive performance management in place.

MPDS Version 14

All emergency calls received by the Trust are prioritised using MPDS. This system is licensed and regulated by the International Academies of Emergency Dispatch (IAED) which provides the system with an overarching and robust clinical governance structure.

Version 14 of MPDS was successfully implemented in March 2025, this was a seamless transition. The enhancement to specific protocols will enhance patient care at the point of accessing our 999 services and the advice provided.

The implementation of Version 14 introduced substantial updates to the 'Pregnancy/Childbirth/Miscarriage' protocol. Notable changes include the removal of the cord pulse check instructions, the elimination of guidance on tying the umbilical cord with a shoelace, and the incorporation of recommendations to maintain appropriate warmth for both the newborn and the environment. These updates align with ongoing advancements in thermoregulation practices and underscore the Trust's active role in shaping global standards, particularly through its representation on the IAED's Obstetrics Council, ensuring the Trust's influence in these international revisions.

Additional updates include the revised protocol for honey administration in cases of button battery ingestion and enhanced instructions for cardio-pulmonary resuscitation, among other refinements.

Business Continuity Plan revised and updated

Following the implementation of Rapid Clinical Screening, the plans were updated to reflect those changes. Workshops were undertaken with Integrated Care colleagues to ensure robustness of the plans. These were tested during a planned C3 CAD server upgrade outage on the 31st March 2025 which tested the new plans and proved to be fit for purpose with a debrief planned for further learning and enhancement to the plans. This is a good example of the types of procedural or plan changes required as the Integrated Clinical Services Model evolves.

Emergency Medical Service

Challenges

Clinical Model Transformation

Work in progress to review affected SOPs and plan and develop training plans in preparation for implementation 1st July 2025 in line with the Welsh Government's announcement regarding the review of our current red targets and performance metrics and the 12-month trial shifting the emphasis from response times to patient outcomes.

Red Performance

Our ability to respond to the sickest patients remains difficult with the continued level of wider system pressures including handover delays at hospitals. Red performance remains below the 65% target and has done so for the past 12 months

Hospital Handover Delays

Patient transfer of care at the Emergency Departments has continued to be a significant challenge this last quarter. Work continues at both national and local level to improve this position where possible. Following the release of the Welsh Government WHC – Ambulance Patient Handover Guidance, meetings have now been held within the four Service areas with NHS Wales Executive, Health Boards and WAST Head of Service(s) to discuss actions against this guidance and future plans to support patient transfer of care.

IMTP

Advanced Paramedic Organisational Change Process

The APP OCP process is complete and the required number of Senior APPs (SAPP) in place. This saw the SAPP transition from Ops to the Clinical Directorate for management purposes, though the APPs remain within Operations. The remaining APPs throughout the Trust have now been aligned to a SAPP team where clinical leadership and mentorship will be provided. Ongoing APP recruitment against funded and approved vacancies will continue over the coming months.

DOM Roster Review

The final adjustments have been made to the DOM Roster Review process, and this will be completed soon with a concluding paper submitted to SOT & SLT.

General Update

Emergency Ambulance Practitioner (EAP) Training

Throughout this reporting period the EAP training courses have progressed at pace. Across the Trust there have been 6 completed courses and a further 3 ongoing that commenced on 24th March 2025. This means that circa 96 members of staff have completed their EAP course within this period and a further circa 48 actively ongoing.

The general uptake from staff to get allocated to a course date has been extremely encouraging with most staff being allocated to their first-choice course. Most staff who have attended the course have completed it, with a limited number requiring to leave the course for personal reasons. These will be allocated onto a future course to allow them to complete the EAP course objectives. Initial feedback from staff is that they are finding the course enjoyable and now wanting to commence the new EAP role operationally.

Glangwili Hospital End of Shift POD

Following an initiative through our Estates Department we have now opened the newer and larger end of shift handover POD at Glangwili Hospital. This newer POD compliments the PODS already in place in Morryston and YGC Hospitals and now has a capacity of 5 stretcher patients to further promote staff wellbeing and timely end of shift finishing.

To further support end of shift overruns planning has taken place to run a series of workshops in partnership with the aim of jointly determining methods of improving the position and improving staff wellbeing. The first workshop is scheduled to take place on 1st April 2025.

Ambulance Care

Challenges

NEPTS Roster Review

The NEPTS roster review Working Parties have commenced with all areas completing the first 2 working parties of the 4 scheduled. The working parties are planned every 4 weeks to allow for information to be presented and allow station representatives to return to operational teams to discuss and input into the roster design process..

Through the working party process we have received a significant amount of feedback on both the process, rationale for change, methodology and data in addition to the outputs of local engagement for consideration. In addition, several respect and resolution requests were received from a number of staff groups, and a collective respect and resolution from trade unions.

Upon reflection of this feedback, we have decided that rather than continuing to progress upon the existing plan timelines, we need to review the feedback and adjust the timeline to ensure the most optimal methodology is in place to keep the review moving forward.

Further engagement will also be completed with our data modelling partner to identify any alternative solutions to address some of the concerns raised and also deliver improvements to our rostering position and service efficiency.

This will mean that the next working party will be delayed to accommodate this work. An additional session will also be introduced to feedback on the outcome of our considerations, set out the way forward, answer any questions that colleagues may have and consider and respond to any additional support requirements .

The additional time in the process will also allow us to respond to the respect and resolution submissions appropriately, hopefully through the utilisation of a single, combined process.

NEPTS Capacity Management Plan (CMP) Cancellations Update

The NEPTS service uses CMP to prioritise and manage situations where capacity exceeds funded resource available. This can result in patient transport being cancelled at late notice.

Over the past couple of years we have seen the number of times the CMP has been used increase reaching a peak in March 2025 when 900 patient journeys were canceled under CMP, the majority of which were for outpatient appointments . This may mean that patients are not able to attend their appointments and has resulted in an increase in concerns from elected members. Dialysis and oncology patients are continually prioritised.

Data analysis has identified that increases in the acuity of patients, with proportionally more patients now needing an ambulance vehicle and an increase in the complexity and distance of journeys are directly contributing to reduced patient loading and reduced efficiency. High levels of short notice cancellations by patients and Health Boards also significantly impact on available capacity and a number of workstreams are underway to address this.

The service has been engaging with commissioners for some time on this matter and has illustrated the challenges faced and the actions required to address. Whilst progress is being made on the actions within our gift (which include the roster review), limited progress/feedback on actions that require system support has been received. Of particular concern are the levels of late notice cancellations made by Health Boards and patients, which stood at 5,265 for March 25. Late cancellation of journeys significantly impacts upon resource utilisation; if minimised this lost capacity could significantly reduce CMP cancellations.

IMTP

General Update

SMS Communication

2-way SMS communication has been live since the 24th February 2025 which allows service users that have opted in to cancel their transport if required. This reduces the need to call the Net Centre and has seen a positive increase in the number of cancellations prior to the

commencement of the planning process. Within the last month Ambulance Care has seen 283 cancellation requests made through the system.

Whilst the initial volumes of cancellations are still very low when compared to the overall level of cancellations, upcoming changes to opt in procedures and additional 2-way text functionality will increase this volume.

Integrated Care

Challenges

Absence: this remains a concern; however, we have seen improvement in some areas. Call taker absence remains high but is decreasing (was 14.82% in Feb and 11.84% in March 25), with further improvements in April. Clinician absence has decreased from 14.2% in January 25 to 10.26% in March 2025.

Call Taking Performance: challenges remain in relation to call taking performance. Recruitment is ongoing through March and April 25. Additionally, there have been periods of extended waiting times for call takers accessing Clinical Advice (via the Clinical Advice Line), which has further impacted on call taking performance. Work is underway to explore pinch points and determine improvements.

Service User Experience: a review of patient experience for a 12-month period has demonstrated some elements of negative feedback. This includes issues with access, timeliness of advice/support and satisfaction. Numbers of returns are low (210 returns) for a 12-month period. The Integrated Care Senior Leadership Team (ICSLT) are meeting alongside colleagues from the Quality Management Group to consider improvement actions because of the feedback. Additionally, we will explore options to improve current returns of feedback, to ensure it is representative of the total demand, to inform future learning.

IMTP

General Update

Care Planning-

In collaboration with the Quality Safety and Patient Experience Directorate, the Integrated Care Team successfully secured continued investment for the LUSCII clinical platform, through Welsh Government funding. This platform is essential for the Care Planning function, so that clinicians can provide remote monitoring for patients accessing 999. The

funding through the Small Business Research Initiative was due to end in March 25, but a successful evaluation presented to the Project Board led to continued funding through 25/26. The cross-directorate teams are now considering key metrics, ensuring robust data capture systems and will be working with external organisations to undertake a full evaluation. Further clinicians have also been recruited to continue to build resilience within the Care Planning function. A presentation was delivered at the Ambulance Service Leadership Forum, highlighting the key evaluation findings along with qualitative feedback from clinicians.

LUSCII Evaluation: An evaluation was completed and shared with WAST and the SBRI programme board in March 2025, in relation to the LUSCII clinical dashboard. The evaluation report examined patient outcomes, final dispositions, staff experience feedback and care home staff feedback. The team were able to examine outcomes for incidents which did not require an ambulance response (dealt with by Care Planning) and those incidents which required a response to scene. A total of 291 patients were onboarded onto the LUSCII dashboard from the 22nd of August 2024 to the 13th January 2025, measured by LUSCII. A total of 143 patients were able to be further examined and outcomes captured from the WAST CAD system. A total of 52 incidents (36%) did not require a response to scene. A total of 67% of incidents not requiring a response, were dealt with by the Care Planning Desk function. Data demonstrated an increased clinician confidence, along with higher numbers of referrals to GP in hours/out of hours because of increased clinical intelligence. Care Home staff provided positive feedback, explaining that the LUSCII solution often helped residents to access services, which helped to avoid unnecessary admission to the Emergency Department.

External Evaluations: The team have supported the external evaluation of the Extended Clinical Hub and WAST SICAT. The evaluations are being completed by the South Central and West Commissioning Support Unit and will be available in April 25. The Integrated Care Team along with Insights and Data Services worked to consider metrics, capture appropriate data and provide the insights to support the wider evaluation.

Emergency Communication Nurse System (ECNS)

It was reported to SLT and ELT in January 2025 via a paper prepared by colleagues in Integrated Care to highlight the need for auditing within Integrated Care, specifically for the Call Prioritisation & Streaming System (CPSS) and the Emergency Communication Nurse System (ECNS)

The paper highlights the necessity of audits to ensure the quality and effectiveness of patient assessments. The Clinical Support Desk (CSD) holds the 'Accredited Centre of Excellence' (ACE) standard, which requires strict audit compliance. As CSD transitions to the Remote Integrated Care Service (RICS), it must meet these standards. Currently, there are insufficient audit resources to meet the required standards for CPSS and ECNS.

All Call Handlers use CPSS, and Clinicians use ECNS to assess patients remotely. Audits are essential to maintain service quality and inform individual practice. The CSD must audit 2.5% of all calls, with 93% compliance. At the time of preparing the report, each clinician was receiving an audit however rates of non-compliance were too high.

The introduction of CPSS and ECNS in the 111-service necessitated dedicated auditors. The current audit rate is below the required baseline, and this is inhibiting the Academy from establishing compliance standards.

The paper outlined three options for auditing, considering financial constraints, and subsequently the SLT and ELT agreed that it should sustain an ambition to attain and maintain centre of excellence accreditation standards. There are plans to grow auditors with financial investment this year and prioritise volume of audit ahead of improving the quality of feedback and response to audit outcomes.

111 Roster Review

Status currently is green (on target), with draft recommendations expected in June (phase 1) with likely phase 2 (a formal re-roster). In addition, the review includes some demand and capacity work. Commissioners are represented on the project board, therefore engaged and sighted. A deep dive into call answering performance has been provided to Commissioners.



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Operations – Quarterly Sub-Report Quality and Support Day Key Insights and Developments

Integrated Care

Quality & Support days continue to be a key focus in Integrated Care. These dates are planned well in advance to free up our managers, allowing them to have quality time in face-to-face meetings with staff. This dedicated time is used to listen to staff in a safe space about issues and concerns raised.

We begin each session with a consistent set of wellbeing questions, focusing on wellbeing scores and ways to improve them. By prioritising how staff feel right from the start, we establish a rapport and emphasize their wellbeing, rather than seeking data that only serves the Trust's interests.

The results provide trackable reported wellbeing scores, which we can compare month on month. This should provide earlier awareness of any deterioration in staff morale or increased issues coming to the forefront. These insights are invaluable as they allow us to learn about the underlying factors affecting staff wellbeing and morale. By understanding these factors, we can tailor our support and interventions more effectively.

We utilise themed questions that allow us to deeply dive into specific areas of learning, choosing metrics that align with our objectives.

1. **Communication Styles and Preferences:** Understanding how staff prefer to communicate helped us improve our internal communication strategies and ensures everyone feels heard and understood.
2. **Staff Wellbeing and Morale:** Focusing on the overall wellbeing and morale of staff allowed us to identify areas where support is needed and implement measures to boost morale based on direct feedback from staff at ground roots level.
3. **Sexual Safety at Work:** Addressing the sexual safety topic ensured that staff feel safe and respected in their workplace, which is crucial for a healthy work environment. It allowed space to have conversations around culture, which was prominent in the media at the time of the Quality and Support Day. We were able to identify staff who felt they wanted more training on this topic and utilised the time to signpost to appropriate resources.

4. **You Said – We Did (Feedback Day):** This theme allowed us to show staff that their feedback is valued and acted upon, fostering a culture of continuous improvement, trust and demonstrating effective listening to our staff.
5. **Christmas Wellbeing:** Focusing on wellbeing during the holiday season helps us address any challenges staff may face during this time of increased pressures and ensures they feel supported. We have been able to establish ideas for improvement on next year's Christmas planning.

These themed days allow us to really probe into how staff feel about particular topics and provided direction and guidance when considering future Quality and Support Day themes. We have been able to link in with other groups such as the Wellbeing Cell, Christmas Planning team and Communications colleagues to work collaboratively, share knowledge, and avoid inundating staff with forms and surveys. We have been able to collate qualitative data that has provided valuable insights into the effectiveness of our initiatives, by learning from these insights, we can continuously improve our approach to staff wellbeing and create a supportive and responsive work environment.



Overview IC Quality
Support Days.pptx

EMS Response

The latest Quality & Support Day took place on 13th February 2025 and saw EMS managers, including DOMs, LMs, SMs & HoS engaging with as many on-duty operational staff as possible. The key focus areas for this particular day were:

- Dyson Bladeless Fans
- Respiratory Protective Equipment (RPE) – Versaflow Hoods
- Use of Shorelines at Hospitals
- Vehicle Security
- Vehicle Communications

An MS Form was designed covering the above subjects to ensure a consistent and transparent approach Trust wide. A total of 85 crews were engaged with at either hospital sites or ambulance stations covering the 7 Health Board areas.

The discussions with crews focussed on raising awareness, promoting appropriate use of equipment and following best practice, and to generally have a supporting two-way

discussion. The newly introduced Dyson Bladeless Fans and the vehicle based RPE were extremely topical and timely for the appropriate level of discussion.

Some key learning and future workstream requirements came out of the QSD in relation to vehicle communications. An audit has been completed which showed a depletion in communication devices on board our vehicles. This has obviously initiated some further digging in relation to the locations, connectivity requirements and how we communicate in 2025 in comparison with when the mobile devices were purchased in 2015. A working group lead by the Service Manager, North EMS will be initiated to look into alternative options of communication, firstly at nil cost, but then considerations will be given to other options for completeness. We consider this as a potential risk to the organisation so priority will be given to this piece of work.

We will also be revisiting the Dyson bladeless fans topic once all have been installed at ED sites pan Wales. We felt the data did not represent a true picture of the user experience due to the limited number of fans in situ at time of data collection.

The attached presentation slides summarise the crews' responses to the MS Form feedback which is generally very positive and again demonstrates that the Quality & Support days are very effective tools in increasing manager visibility and providing support to staff.



QSD Feb 2025 -
EMS.pptx

Ambulance Care

On February 25th, the Quality Support Day focused on enhancing the operational efficiency and safety of ambulance services, particularly through the lens of Shift Start and Vehicle Security during shifts. This initiative aimed to ensure that staff are well-prepared, and vehicles are properly checked before commencing their duties.

Key Areas of Focus

1. Shift Start SOP Awareness:

The survey revealed that approximately 25% of staff were not aware of the Shift Start Standard Operating Procedure (SOP). This highlights a significant gap in communication and training, suggesting that more efforts are needed to ensure all staff are familiar with these crucial guidelines.

2. VDI Completion:

Vehicle Daily Inspection (VDI) processes showed variability, with 50% of staff completing paper-based forms alongside MDVS (Mobile Data Vehicle System) acknowledgments, while the other 50% relied solely on MDVS acknowledgments. This inconsistency points to the need for a standardised approach to VDI completion to ensure thorough and uniform checks.

3. Understanding VDI Requirements:

There was confusion among staff regarding the correct procedure for completing a VDI for a cold vehicle. Responses varied from 5 to 30 minutes, whereas the correct procedure stipulates 15 minutes. This indicates a need for clearer instructions and training to ensure staff are aware of the proper protocols.

Proposed Interventions

Based on the survey results, three focused interventions have been identified to address these issues:

1. Aligning the Shift Start SOP:

Minor adjustments are needed to better align the Shift Start SOP with the needs of NEPTS (Non-Emergency Patient Transport Services) teams. This will help ensure that all staff, regardless of their specific roles, are on the same page regarding shift commencement procedures.

2. Improving VDI Completion:

Efforts will be made to standardize the VDI completion process, ensuring that all staff follow the same procedures and understand the importance of thorough vehicle inspections. This may involve additional training and clearer guidelines.

3. Reviewing MDVS Functionality:

The functionality of the MDVS will be reviewed to prevent duplication of VDI checks and streamline the process. This will help make the system more efficient and user-friendly, reducing the likelihood of errors and ensuring that all necessary checks are completed.

The Quality Support Day has provided valuable insights into the current practices and areas for improvement within ambulance care. By addressing the identified gaps and implementing the proposed interventions, the goal is to enhance the overall efficiency, safety, and preparedness of ambulance services. These changes will not only benefit the staff but also ensure better care and service for patients.



Quality Support Day
13022025 AC.pptx

AGENDA ITEM No	8
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

2024 NHS WALES STAFF SURVEY

MEETING	People and Culture Committee
DATE	15 th May 2025
EXECUTIVE	Angela Lewis - Director of Culture Change
AUTHOR	Sarah Davies – Head of Change and People Insights
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY
<p>The purpose of this report is to:</p> <ul style="list-style-type: none"> • provide an update on engagement activity following the 2024 NHS Staff Survey; • summarise key insights emerging from the data (including free text response thematic analysis summary); • share the outputs of two workshops held with ELT and WASPT; • take a deeper look at two specific areas identified as a priority by the Committee Chair (<i>abuse from patients / public and involvement in change and decision-making</i>); and • provide an overview of next steps.

KEY ISSUES/IMPLICATIONS
<ul style="list-style-type: none"> • Further engagement undertaken in relation to results and actions to be taken in response; • Thematic analysis of qualitative data (free text responses) undertaken; • Directorate-level data now shared, to enable teams to develop local actions in response to local data.

REPORT APPROVAL ROUTE
<ul style="list-style-type: none"> • ELT 19.02.25 • Trust Board 27.03.25 • PCC 15.05.25

REPORT APPENDICES
<p>Appendix 1: SBAR – 2024 NHS Wales Staff Survey</p> <p>Appendix 2: Summary by OWW Theme</p>

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

Appendix 1: SBAR: 2024 NHS Wales Staff Survey

SITUATION

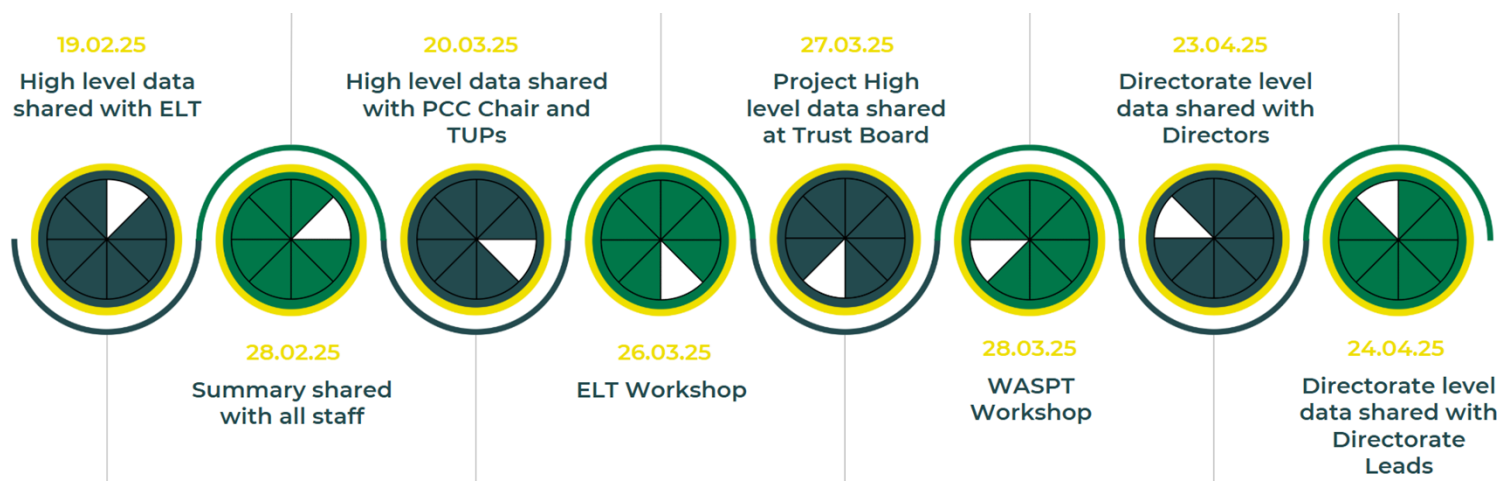
1. The purpose of this report is to:

- provide an update on engagement activity following the 2024 NHS Staff Survey;
- summarise key insights emerging from the data (including free text response thematic analysis summary);
- share the outputs of two workshops held with ELT and WASPT;
- take a deeper look at two specific areas identified as a priority by the Committee Chair (*abuse from patients and involvement in change and decision-making*); and
- provide an overview of next steps.

BACKGROUND

2. Following closure of the Survey on 29th November 2024, access to quantitative data was provided to WAST in February and qualitative data (free text responses) in March.

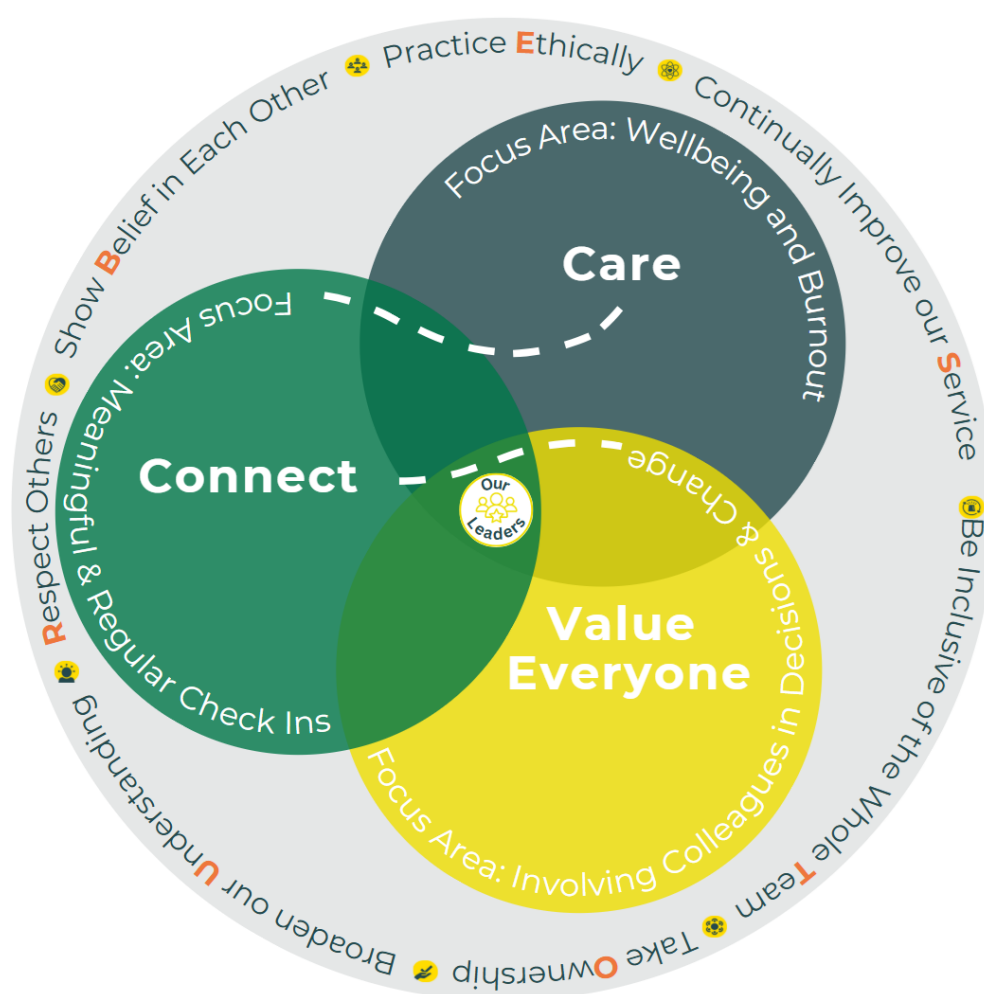
3. Summary of engagement activity undertaken:



ASSESSMENT

4. We have identified three priority focus areas from the staff survey findings (burnout and wellbeing; regular, meaningful check-ins with managers; involvement in change) and aligned these with the organisational themes of *Our WAST Way*: Care, Connect, and Value Everyone (Fig. 1). This alignment provides a clear and consistent framework for action, ensuring that our response is rooted in our core values and resonates with how we want colleagues to feel and experience work. It also helps us focus efforts in a joined-up way, linking the NHS Wales Staff Survey to broader organisational priorities and enabling directorates to tailor their actions whilst contributing to shared goals.

Fig. 1: Staff Survey focus areas aligned with Our WAST Way themes:



5. Thematic analysis has now been undertaken on the free text responses provided; a summary of themes arising and examples of comments are included within **Appendix 2**. This document also provides an overview of quantitative data relating to areas where we've improved, where we've declined and where we are seeing polarisation / divergent experiences.
6. We've engaged ELT and WASPT colleagues through two key workshops to explore the staff survey data through the lens of *Care*, *Connect* and *Value Everyone* in greater depth. The ELT workshop surfaced three immediate priority areas:

- Under the *Care* theme, the group identified a need to review the volume of competing priorities across the organisation, recognising the cumulative impact on people's wellbeing and effectiveness.
 - For *Connect*, there was a strong emphasis on ensuring our Trade Union Partners are supported to navigate the increasing complexity and sensitivity of workforce issues, aligning this to the focus we're giving to supporting our leaders and managers through *Our WAST Way*.
 - Under *Value Everyone*, the group supported the idea of exploring how we might better articulate shared expectations (clarifying what colleagues can expect from the organisation and what the organisation expects in return), thus aiming to create greater mutual clarity and helping reinforce the behaviours and culture we want to see across the Trust.
7. In parallel, WASPT workshop attendees echoed and expanded on these insights. Discussions under *Connect* highlighted inconsistencies in local approaches (e.g. in TUP release time and investment across functions) as well as the need for standardised training and progression routes for managers. Under *Value Everyone*, participants reflected on the polarised nature of staff experiences and the disconnect this can create, the ongoing challenge of apathy and disengagement and the importance of recognising both blockers and role models. Under *Care*, there were questions about increasing reports of violence and aggression from patients, wider societal pressure and the strain on managers who may not feel equipped to handle complex situations.
 8. Two areas have been selected for a more detailed exploration in this paper, reflecting feedback from the Committee Chair and the significance of these issues within the broader dataset; these are *abuse from patients / public* and *colleague involvement in decision-making and change*.
 9. **Abuse from patients / public:** 2024 data shows a marked increase in reported abuse from patients / public (696 colleagues reported experiencing at least one incident of abuse from patients or the public, more than double the 292 respondents who reported this in the 2023 survey). Additionally, the proportion of colleagues who reported *never* experiencing abuse has fallen significantly (from 68.9% last year to just 53% this year). Whilst the overall response rate to the survey has increased this year (from 23.2% in 2023 to 35.2% in 2024), the rise in reported incidents of abuse is disproportionate to that increase, thus suggesting that the rise in reported abuse is not simply a result of higher participation but may instead reflect a real and concerning shift in the experiences of our people.
 10. Some possible contributors to this increase include a broader societal context in which public frustration, dissatisfaction and pressure across the health and care system are resulting in more challenging behaviours. Alongside this, it could indicate an internal cultural shift towards lower tolerance for abuse and unacceptable behaviour, as well as increased confidence in reporting. This may have been influenced by recent prosecutions and public commitments made by the organisation to protect colleagues who experience such abuse (for example, Our Chief Executive's recently reinforced organisational stance of

zero tolerance, making it clear that abuse in any form will not be tolerated). In addition, efforts to raise the visibility of organisational support (including encouraging colleagues to speak up) may also be driving the increase in reported cases.

11. Whilst it is positive that more colleagues may now feel empowered to report their experiences, the scale and severity of the issue must not be underestimated. It is important that this issue is kept front and centre not only in relation to physical violence but also the broader spectrum of abuse, including verbal aggression and disrespect.
12. **Involvement in change and decision-making:** Whilst year-on-year changes in scores related to staff involvement in decision-making may not appear significant at first glance, the overall results remain a cause for concern and warrant focused attention. In 2024, only 30% of colleagues said they feel involved in decisions about changes that affect their work, down slightly from 33.5% in 2023. Meanwhile, 46.9% actively disagreed (an increase from 45.7% last year).
13. When broken down by staff group, the data reveals further disparity: over half (55.6%) of ambulance colleagues disagreed, compared with 39% of nurses and 27.8% of administrative and clerical respondents. This suggests that colleagues working closest to the frontline may feel the least included in shaping decisions that directly impact them thus providing us with useful insight to inform our focus.
14. Similarly, only 47% of respondents in 2024 felt they have a choice in how to do their work (a marginal decline from 47.6% in 2023) with disagreement increasing from 32.4% to 33.5%. Again, variation by staff group is notable: 39.5% of ambulance staff disagreed, compared with 37.3% of nurses and 16.3% of administrative colleagues.
15. These results highlight a perception among portions of our workforce (particularly those in operational roles) that they have limited influence or autonomy in their day-to-day work and broader decisions. Whilst the statistical shifts may be small, the underlying message is that there is still more to do to involve colleagues meaningfully in change, enhance their sense of control and build the psychological safety needed for people to contribute their views openly and constructively.
16. Importantly, conversations at the recent ELT workshop explored that in some roles (especially those governed by clinical protocols), higher levels of autonomy may simply not be possible. In these cases, it's vital that we recognise and respect the context in which colleagues operate, whilst still seeking out meaningful ways for them to shape aspects of their working lives.
17. Supporting this, we are continuing to embed change management as a core capability across the organisation, integrating it into how we lead, rather than positioning it as an additional task. As part of this, tools such as the Crucial Conversations framework within *Our WAST Way* are designed to help shift the dial by enabling more open dialogue, particularly around change. Regular check-ins between managers and teams also provide space to explore concerns and input ideas, which will be vital for building a stronger culture

of involvement, especially in the context of change, even if not always in relation to autonomy.

18. There may also be more to do to build shared understanding about what we mean by terms such as “autonomy” and “initiative.” For some, these concepts may feel disconnected from the practical reality of their work. Clearer conversations between managers and colleagues, supported by targeted guidance, could help clarify what autonomy can look like in different roles and where opportunities for influence genuinely exist.

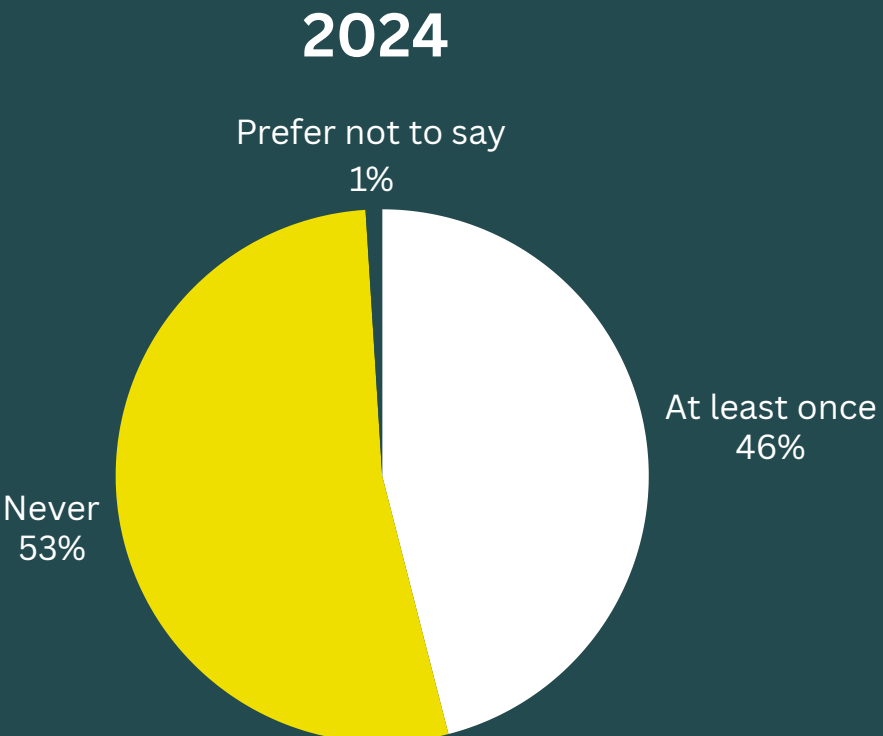
Next Steps

19. Directorate level data has now been shared to enable local teams to develop targeted actions in response to their results. To measure progress and impact, directorate-specific pulse surveys will run during May, August and February, allowing us to track improvements against our 3 themes (Care, Connect and Value Everyone) over time.

RECOMMENDED

20. That PCC:
 - **NOTE** the contents of the report; *and*
 - **COMMENT ON** insights shared.

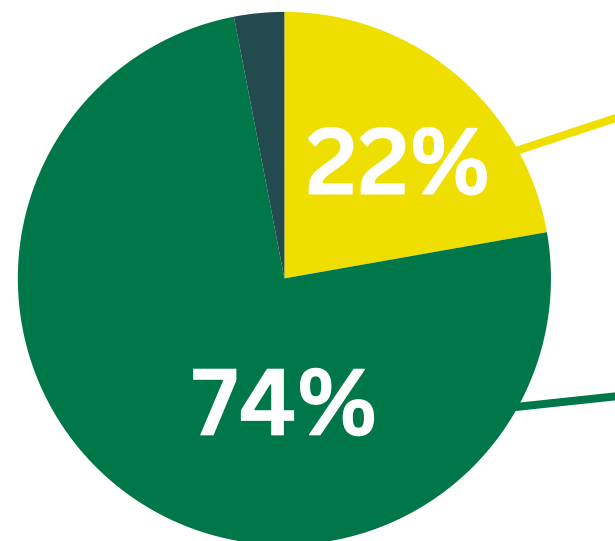
In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?



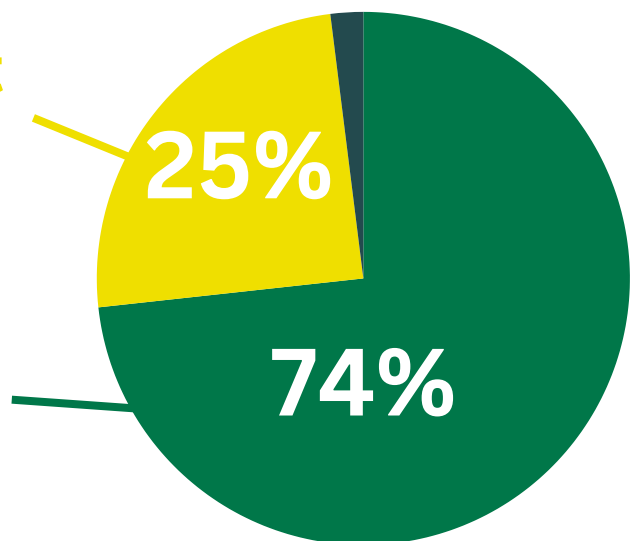
696 respondents (46%) report personally experiencing **at least one** such incident in 2024, up from **292** (29%) in 2023

In the last 12 months how many times have you personally experienced harassment or bullying at work from:

Managers / Team Leaders



Other Colleagues



21



compared with 7 in 2023

respondents reported having personally experienced **physical violence** at work from other **colleagues**, on at least one occasion

41%
(617 respondents)

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



32% report this is **sometimes** the case; 27% report that this is **rarely or never** a problem

(2.4% increase in negativity scores compared with 2023 data)



satisfied with the opportunity for **flexible working patterns** (799 respondents)

(7.8% increase in positivity score and 6.1% decrease in negativity score compared with 2023 data)

Themes



Burnout



Handover delays



Overruns



Working patterns



Bullying



Stress



Free Text Responses

“Great flexibility. I get to work from home which allows me to work additional shifts and cover shortfalls. I feel well supported”

“I am struggling at the moment to enjoy coming to work. The service is extremely busy and we are expected to work every weekend which is the busiest time. I am stressed and find it difficult to remain positive at work when it is relentless at the moment. There is not much consideration for people with children trying to balance work and home life”

I have been with the organisation for a number of years and so much has changed in that time, good and bad. There is so much more pressure within the organisation and low morale with the staff. I would like to remain within WAST but will be looking for a different role as the role I am in at present has become a lot more stressful and mentally exhausting”

“I think WAST is trying really hard to address cultural issues, it takes time and we have to keep working at it and making sure colleagues feel safe. There is a genuine desire to make this a great place to work for everyone”

“I feel that a lot of people on the road are feeling burnt out as they are spending far too much time stuck outside of the hospital with patients and it feels as if there is nothing being done about it. A lot of people are trying to find ways off the EAs to not be stuck outside the hospital with patients as it is unfair for the patient and for the crew. In a run of four shifts I may see two or three patients of my own the rest of the time I am taking over other crews so they can go for meal breaks or finish later at the end of a long shift. I really hope that in the future either we are waiting a lot less and able to get to patient within a reasonable time frame or the ambulance is made to be more comfortable for both the crew and the patient. A lot of the time patients are in pain because the stretcher is not designed to be on for extended periods of time and I go home with lower back pain from the seats in the back of the ambulance”



65%

agree / strongly agree that their line manager works **together** with them to come to an **understanding** about their problems

up from 61.4% in 2023 but also with a 0.8% increase in negativity score compared with 2023 data

67%



agree / strongly agree that their line manager is interested in **listening** to them when they describe **challenges** they face

(up from 63.1% in 2023 but also with a 0.3% increase in negativity score compared with 2023 data)



“My line manager gives me **clear feedback** on my work”



62.5%



22.3%

(5.4% increase in positivity score and 1.3% decrease in negativity score compared with 2023 data)

33.7%

report having felt **pressure from their manager** to come to work (361 respondents)

(0.2% increase in negativity score and 0.2% decrease in positivity score compared with 2023 data - minimal shift)

65.1%

feel their line manager takes effective action to help them with any problems they face

up from 61.2% in 2023



Themes



Leadership behaviours



Confidentiality



Focus on targets



Manager support



Communication



Trust



Free Text Responses

“Organisation focuses on getting calls answered and dealt with in the shortest possible time for statistical reasons. Not interested in staff retention and the reason why people leave. Happy staff are productive staff.”

“I am lucky to have a very supportive manager who has helped me through a challenging year for myself with medical problems, they deserve a lot of credit!”

“There is a tendency to micromanage. Very free and easy with letting you know what you have not done correctly, never any positive feedback”

“Management never communicate with staff members to “check in” to see how staff are doing”

“My manager is absolutely amazing, they are a great leader to us all, they are exceptionally knowledgeable and the best person to learn from and develop your skills and knowledge base. They are caring, kind and thoughtful and always there to listen. They are the best manager I have had within my career and it will be hard to leave their team when the time comes”

“My manager has not taken forward any of the concerns that I have raised to them about inappropriate behaviour and I have heard from colleagues that they have betrayed my trust as they have shared my concerns with a few of them”

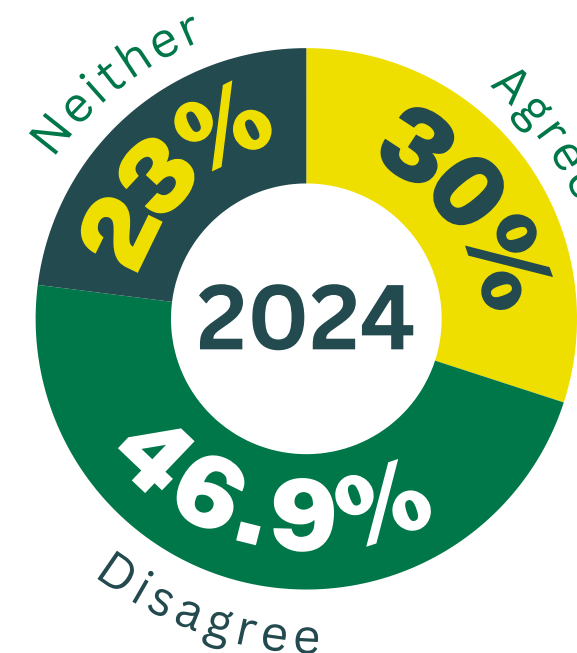
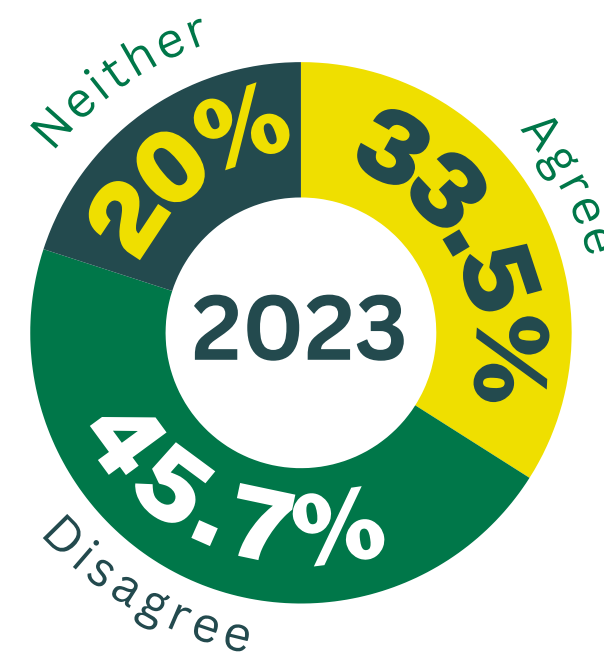


55%

agree / strongly agree that there are frequent **opportunities** for them to **show initiative** in their role

(4.2% reduction in positivity score and 4% increase in negativity score compared with 2023 data)

“I am **involved** in deciding on **changes** that affect my work / area / team / dept”



(3.5% reduction in positivity score and 1.2% increase in negativity score compared with 2023)



47%

of respondents feel they have a **choice** in deciding **how** to do their work

(0.6% reduction in positivity score and 1.1% increase in negativity score compared with 2023 data)

46.1%

feel **confident** that WAST would **address** their concern

(4.4% increase in positivity score and 0.3% reduction in negativity score compared with 2023 data)

50.1%

feel able to speak up about anything that concerns them at WAST

(up from 47.8% in 2023 and negativity score reduced by 3.8%)



Themes



Inclusivity / exclusivity



Managing change



Speaking up



Addressing concerns



Autonomy



Development



Free Text Responses

“I feel that staff are not listened to when it comes to change. I often feel undervalued as a member of staff, and that what I do is not good enough or not enough”

“I enjoy working in WAST and would love to stay for as long as possible. However, I find that to progress in my career I would have to look elsewhere as WAST do not have enough development opportunities for lower banded staff (3-7) across the organisation, not just in my department. I would also feel happy to raise concerns to my manager as I feel they have my best interests in mind at all times. However I know others who have raised concerns and have felt the organisation has let them down”

“I've felt a really positive change since joining this organisation and my immediate line manager and current team have been very welcoming, and I have felt included and a valued part of the team”

“Though I have only been at the organisation for a brief time I have been made to feel very welcomed and appreciated within my role. I have felt supported by nearly every colleague and there is always friendly help available when I have questions or I am not sure”

“Overall I enjoy my job but I feel frustrated that I am not encouraged to use my own initiative during my daily duties”

“There are too many competing priorities, a clear long-term vision but no clear steer on where to practically focus collaboration efforts first, and significant change fatigue across the organisation. We are burning our people out”



AGENDA ITEM No	10
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

INTERNAL AUDIT: SPEAKING UP SAFELY - FEEDBACK FROM ARAC

MEETING	People and Culture Committee
DATE	15 May 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Steve Owen, Corporate Governance Officer
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Audit, Risk and Assurance Committee (the ARAC) received and discussed the **Speaking up Safely internal audit report** at its meeting on 1 May 2025. This report summarises the discussion from this meeting in reference to this report.
2. **Speaking Up Safely – Reasonable Assurance.** The purpose was to review the implementation of the framework and assess its impact in promoting a culture that enables staff to raise concerns.

The NHS Wales Speaking Up Safely (SUS) Framework (WHC/2023/036) highlights the importance of fostering a culture where individuals can raise concerns without fear of victimisation or detrimental treatment. The Trust has implemented several measures to support this, including the appointment of a lead Guardian and the use of the Work in Confidence (WIC) platform to record and manage concerns. Following high-profile cases, the Welsh Government has mandated NHS organisations to undertake self-assessments against the framework and develop action plans to address any gaps. The Trust has completed its self-assessment and is working on an action plan to ensure compliance and continuous improvement – this will come into the People and Culture Committee for oversight.

Three objectives in the audit were rated 'reasonable assurance' and one (review and analysis of recurring themes and trends) was rated 'limited assurance'. There were five medium, and one high priority management action raised. Those actions include developing an action plan to address gaps identified in the self-assessment, consistently issuing surveys post-closure of SUS cases to gather feedback, enhancing training for staff to embed the framework's requirements, and triangulating concerns data from



all sources for effective oversight. It was agreed that recommendation 6, an annual speaking up safely report to this committee, was not required as the ARAC responsibility for ensuring arrangements for 'whistleblowing' were in place and effective is discharged with an annual assurance report to that effect from the Chair of People and Culture Committee.

The committee discussed the challenges of auditing cultural impact and noted significant progress in this area which, for several reasons including confidentiality and the qualitative nature of information, was difficult to capture and audit. It was recognised that the Trust has made progress in addressing concerns and taking proactive action in problematic areas, noting also that there has been an increase in the NHS staff survey related to colleagues feeling able to raise concerns.

RECOMMENDATION: The People and Culture Committee is asked to note the discussion at the meeting of the ARAC on 1 May 2025, and the assurance that was received following receipt of the Speaking up Safely audit report and agreed management actions.

KEY ISSUES/IMPLICATIONS

Not applicable.

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

Speaking Up Safely

Final Internal Audit Report

2024/25

Welsh Ambulance Service University NHS Trust



Reasonable Assurance

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Review Reference
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Executive Sign Off
Audit Committee
Executive Lead
Audit Team

WAS-2425-18
December - February 2025
2 April 2025
1 May 2025
Angela Lewis, Director of Culture Change
Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit



Executive Summary

Purpose

To review the implementation of the framework and assess its impact in promoting a culture that enables staff to raise concerns.

Overview

The NHS Wales Speaking Up Safely Framework (WHC/2023/036) states that *'this is the Framework that organisations, departments and teams are required to follow in order to establish and sustain a culture where no individual will suffer victimisation or detrimental treatment as a result of speaking up, and where organisations learn and improve as a result of listening and responding to concerns raised'*.

Having effective arrangements which enable staff to speak up (also referred to as 'raising a concern') helps to protect patients, the public and the NHS workforce, as well as helping to improve the population's experience of healthcare. The Welsh Ambulance Services University NHS Trust (the Trust) is committed to ensuring concerns raised are dealt with seriously and effectively. The Trust also recognises that the traditional route of raising a concern, such as through line management structure, may not always be an option for staff; therefore, Speaking Up Safely (SUS) Guardians are available to support and to ensure the staff voice is heard in a confidential and safe space. Such concerns are recorded on the Work in Confidence (WIC) platform and managed by Trust staff, which is in line with the approach at some other NHS Wales bodies. The Trust has also further invested with the appointment of a lead Guardian in June 2024 and the positive impact of this post has already been noted in terms of the management of those conversations which are logged on the WIC platform (refer to page 3) as well as the number directly raised with this individual (42 cases in quarter 3 of which 18 were via the Guardian and 13 via WIC).

This is further emphasised through the Association of Ambulance Chief Executive's Consensus Statement (October 2023) – *Reducing misogyny and improving sexual safety in the ambulance service*. This statement sets out the shared commitment to lead meaningful reduction of misogyny and improvement of sexual safety across the ambulance sector, focusing on reducing harm caused by themes of misogyny through a learning approach to change, removing barriers to speaking up, accessing support and embedding a culture of respect, understanding and safety. A statement to which the Trust is fully committed with the work it is doing.

Following a number of high-profile cases, in August 2023, the Welsh Government set out the expectation for NHS organisations to undertake a self-assessment against the organisational requirements detailed in section 6 of the Framework, and develop an action plan to address any gaps between current practice and expectations. The Trust completed and submitted its completed self-assessment in October 2023; with a revisit and refresh of the detail undertaken in November 2024.

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

1. The development of an action plan to effectively manage and implement the gaps identified in the Trust's self-assessment of the Framework; and the monitoring of such.
2. Consistent issue of surveys post closure of SUS cases, to ensure feedback and lessons learnt are enabled appropriately.
3. Enhancement of the training provision available to equip staff to embed the requirements of the SUS Framework.
4. Triangulation of concerns data from all sources available and the strengthening of the reporting on concerns received to provide effective oversight, including outcomes, themes, trends and timeliness of action etc.
5. Whilst updates from reporting at People & Culture Committee are received by the Audit, Risk & Assurance Committee, there has been no formal annual reporting in relation to SUS as per expectation.

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

Scope & Assurance Summary

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

Related Findings

Assurance

	Objectives	Related Findings	Assurance
1	The process for staff to raise concerns is clearly documented and subject to regular review.	1	Reasonable
2	Staff are aware of the process for raising a concern and can do so with confidence that they will be fully supported and not suffer detriment as a result.	2	Reasonable
3	Designated contacts responsible for the handling of staff concerns are aware of their responsibilities and have received adequate training to deal with the concerns appropriately.	3	Reasonable
4	Concerns raised by staff are monitored, reviewed and analysed to identify recurring themes or trends, with issues escalated as appropriate.	4, 5, 6	Limited

Management Actions



High Priority



Medium Priority

Themes

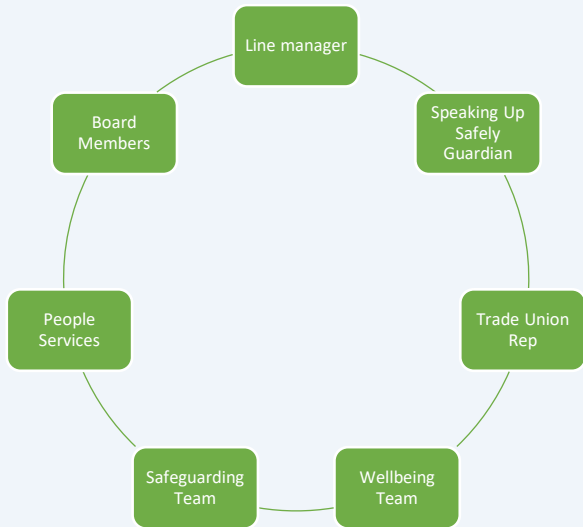


- Reporting
- Training & Development
- Lessons Learnt
- Planning, Delivery & Deadline Management
- Information, Data Quality & Data Accuracy

Risk Types

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

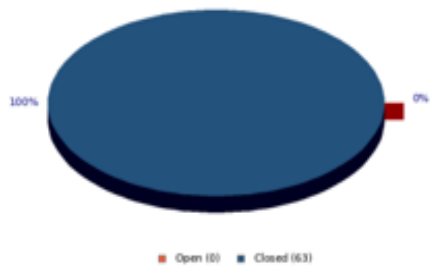
At A Glance: Routes by which to Speak Up Safely



At A Glance: Reporting from the Work in Confidence Platform

**Conversations held 1 October 2023 to 2 June 2024
(post implementation of Framework and prior to Lead Guardian)**

Between 01/10/2023 to 02/06/2024 you had 63 conversations started. This is the current status of those.



Average time to first response

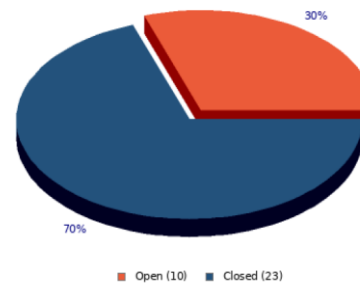
6 days

Average time to close

80 days

**Conversations held 3 June 2024 to 20 February 2025
(post appointment of Lead Guardian)**

Between 03/06/2024 to 20/02/2025 you had 33 conversations started. This is the current status of those.



Average time to first response

23 hours

Average time to close

49 days

Findings & Agreed Action Plan

Objective 1: Raising Concerns Process

Reasonable

National guidance documents which outline requirements for staff to raise concerns include:

- Speaking Up Safely: a Framework for the NHS in Wales (2023);
- Putting Things Right Guidance (updated 2023).

The Health and Social Care (Quality and Engagement) (Wales) Act 2020 and the Public Interest Disclosure Act 1998 are also applicable to the process of raising concerns.

The Duty of Candour (the requirement to be honest and transparent with patients and families who use NHS services) closely aligns to Putting Things Right. We acknowledge that Speaking Up Safely is wider than the duty of candour, but there may be situations where it is necessary to exercise both to effectively provide patient care in the future.

In addition, there are a number of policies and procedures in place which outline the process for staff to raise concerns, the details of which are signposted on Siren (see *objective 2*), including:

- Procedure for NHS Staff to Raise Concerns – to be read in conjunction with the Speaking Up Safely Framework (adopted following approval by the Welsh Partnership Forum Business Committee);
- Respect and Resolution Policy (adopted following approval by the Welsh Partnership Forum Business Committee);
- NHS Wales Policy: Disciplinary Procedure; and
- Safeguarding policies (including the extant Management of Allegations Policy).

In respect of the Framework, the Director General Health and Social Services / NHS Wales Chief Executive requested the following information by 30 October 2023: *'As part of your reflection on the operation of your current quality and safety governance arrangements, the Welsh Government expects all NHS Boards, Trusts and Special Health Authorities to undertake a self-assessment against the organisational requirements detailed in section 6 of the Framework and develop an action plan to address any gaps between your current practice and the expectations of the Framework.'*

The self-assessment is based on a total of 13 areas within Section 6 of the Framework from which it can be seen the Trust identified a number of actions following its initial review in October 2023; however no formal implementation plan was developed to support these actions.. The self-assessment was further reviewed by the Trust in November 2024 – our review of this updated position notes that the actions to address four of the areas had been completed, with good progress having been made on the initial actions identified for the remaining nine but with some further work required to be fully addressed. Recognising that work is still required to address some of the actions, and that new actions have been identified post this review, the development of an action plan would be a useful tool to set out ownership, and target dates to take the actions forward (see **Key Finding 1**).

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Completion of Action Plan</p> <p>Although we can evidence that progress against the requirements of the Framework has been made there are still areas, from both the October 2023 and, more latterly, the November 2024 self-assessments which require development. There will also be some actions for consideration from the findings at this Internal Audit report.</p> <p>However, there is no action plan in place to support the detail of the work, assigned responsibility and expected timeline.</p> <p>Regular reporting of the actions, to an appropriate forum, would facilitate monitoring of progress of implementation.</p>	<p>Reduced accountability and evaluation of goals which may lead to missed deadlines.</p>	<p>We responded in detail to the request from Welsh Government to assess ourselves against the requirements of the framework in October 2023 and November 2024 and used this to plan our actions including the introduction of the lead Guardian.</p> <p>Agreed Action:</p> <p>We will transfer outstanding actions into an action plan format.</p> <p>Expected Evidence of Implementation:</p> <p>Action plan and governance route.</p>
<p>Theme: Planning, Delivery & Deadline Management</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Speak Up Safely Lead Guardian</p> <p>Date: 30 September 2025</p>

There are several routes through which Trust staff can speak up (see page 3). There is also a network of Culture Champions across the Trust (circa 160 members with a strong Operations representation), from whom staff can access support. We note that the Trust has made the distinction between SUS cases and wider concerns received. Concerns raised via these 'traditional routes' would be dealt with via the Procedure for NHS Staff to Raise Concerns, and recorded on Datix. As confirmed in a report to the Audit, Risk and Assurance Committee (September 2024) it considers SUS cases to be the 'alternative' route to reporting concerns and would only apply to those raised via the dedicated Work in Confidence (WIC) platform that allows individuals the ability to raise a concern informally and anonymously with a dedicated responder, known as a Guardian. The platform allows for a two-way anonymous discussion to take place to resolve raised concerns.

Individuals can also raise concerns directly to a Guardian. The Trust currently has two Guardians: one being the Lead, full time Guardian; and the second being the Assistant Director Inclusion, Culture and Wellbeing who has a percentage of their time allocated to this role.

There is a Speaking Up Safely page on the Trust's Siren intranet site. This provides resources for staff on how to raise a concern, including links to policies and procedures (including the Framework which includes a flowchart outlining the process to raise a concern), Frequently Asked Questions, the WIC system, and the Guardian's email address is also provided should individuals wish to email any concerns directly. The Guardians and the WIC System are also promoted across the Trust via several means, including but not limited to, Chief Executive Officer Roadshows, visits to students, attendance at senior operational meetings, via WAST Live and through the Culture Champions. Individuals have the ability to maintain anonymity when raising a case via the SUS route, unless there are extenuating circumstances, for example a serious issue has been raised that may result in patient harm in which case the Guardian would have to report accordingly.

Data confirms that '*reluctance to speak up*' is an area for improvement at the Trust. The results of the NHS Wales Staff Survey (2023 – noting the 2024 results have yet to be shared), for which a 23% response rate was recorded for the organisation, stated that 31% of respondents indicated that they did not feel safe to speak up; 35% indicated that they were not confident that the Trust would address their concerns if they did speak up; and 29% of respondents confirmed that they had not reported previous incidents of harassment / bullying.

The Lead Guardian acknowledges that the feedback loop needs to be stronger in WAST. The quarter 2 (2024/25) report to the Chief Executive, Non-Executive Director Champion and Director of Culture Change, prepared by the Lead Guardian mirrors this concern, and states that the '*follow up process [is] not fully embedded or recognised by all*'. We note that a survey is issued post closure of cases raised via WIC to determine how satisfied the individual was with the SUS process. However, the Guardian confirmed that there is no certainty this occurs for every case noting that it is issued manually (see **Key Finding 2**). As noted in the most recent Cultural Themes and Trends report to the February 2025 People and Culture Committee: '*Feedback from those engaging is wide ranging from feeling heard and validated to 'I will never speak up again'. These comments will be driven by a range of reasons including the individual's perception of the outcomes to the issues raised*'. In addition, a Lessons Learnt Group was established in January 2025 which considers actions from across the organisation.

The Trust has arrangements in place to ensure that staff do not suffer detriment, including a Highly Confidential Datix Group (for highly confidential concerns) and also via the Speaking Up Safely route (where concerns may be raised anonymously via WIC or the Guardian directly). However, we are aware of recent instances where this has not been managed appropriately. Such falls outside the scope of this audit review but we do acknowledge that these instances have led the team to review the process to mitigate the risk of recurrence.

Key Findings		Risk & Impact	Agreed Management Action
2	<p>Feedback</p> <p>Surveys are not consistently being issued following closure of SUS cases on the WIC platform thereby reducing the ability to obtain meaningful feedback into the management and outcome of the case.</p> <p>There is also further work required regarding lessons learnt and feedback loops to demonstrate actions taken by the Trust post 'speaking up', and also how detriment is managed.</p>	<p>Reduced opportunities to learn from lessons.</p>	<p>Progress continues to be made, and surveys have been routinely sent automatically from WIC since its introduction on closure of a conversation. The Guardian also sends a questionnaire on closure of all other cases that are reported to the Guardian via email, call or in person.</p> <p>The Director of Culture Change flagged that we were exploring how to address detriment and as such it falls outside the remit of this audit. However, we have carried out initial research and put support in place for those who have experienced detriment.</p> <p>Agreed Action:</p> <p>Lessons learned meetings regularly scheduled to review cases across key professions.</p> <p>Develop risk assessment framework to mitigate potential detriment.</p> <hr/> <p>Expected Evidence of Implementation:</p> <p>Routine recording that questionnaires have been sent.</p> <p>Meetings scheduled and lessons learned collated and shared in an appropriate forum.</p> <p>Risk Assessment framework.</p> <hr/> <p>Officer: Speak Up Safely Lead Guardian</p> <p>Date:</p> <ul style="list-style-type: none"> • Surveys and lessons learned meetings in place: 30 September 2025. • Sharing of lessons learned process: 31 March 2026
	<p>Theme: Lessons Learnt</p>	<p>Medium Priority</p>	<p>Control Operation</p>

Objective 3: Management of Concerns Raised

Reasonable

The Executive Lead for Speaking Up Safely is the Director of Culture Change; and the Non-Executive Director Champion is the Vice Chair of the Board as well as Chair of the People and Culture Committee.

At the 'Listening to Workers, A Speak Up Review of Ambulance Trusts in England' (February 2023) it was recommended that '*ambulance trusts need to invest in at least three whole time equivalent Freedom to Speak Up guardians to meet the needs of their workers in this challenging environment*'. As noted in *objective 2*, the Trust currently has two Guardians in post (one full time), which are supported by the Culture Champions.

The Guardians details are included for selection on the WIC database should individuals wish for them specifically to consider their case, although the Assistant Director Inclusion, Culture and Wellbeing only has capacity to take on one SUS case per month. Guardians are required to undertake training to execute their roles, utilise the WIC platform and working towards building a SUS culture. This has been completed by both Guardians in place at the Trust.

It is the responsibility of line managers and directorates to manage and investigate those concerns raised outside of the WIC platform; and appropriate resources have been put in place to provide guidance. An 'Induction for Leaders' presentation has been rolled out across the Trust to ensure that managers effectively deal with individuals that raise concerns outside of the SUS process (via the traditional routes). Non mandatory training modules are also available on ESR, including the National Guardian's Office 'Speak Up, Listen Up and Follow Up', however, more work is needed to embed the requirements of the national Speaking Up Safely Framework within the training offerings (see **Key Finding 3**). Such has also been recognised in the Trust's completion of the self-assessment (see *objective 1*) which notes that an All-Wales approach would be welcomed. We note that whilst these aren't mandatory training courses, completion rates are not currently monitored.

The Framework outlines the process for dealing with concerns raised in a flowchart for line managers / others to whom a concern has been raised. However, the Q2 2024/25 report (see *objective 2*) highlights that in some instances, leaders may not be aware of the process for escalating concerns and refer to individuals to the SUS process by default. Accordingly, further training may be required to embed this ethos. Similarly, it was noted that there '*Needs to be clarity in the People and Culture Directorate of roles and responsibilities*' (see **Key Finding 3**).

Key Findings	Risk & Impact	Agreed Management Action
<p>3 Training and Development</p> <p>As has already been recognised, more work is required to embed the requirements of the national SUS Framework within the training offerings.</p> <p>The need for further training on the internal processes available has been identified to ensure the correct and timely direction for the concern/issue raised at the Trust; in addition to clarity in the People and Culture Directorate of roles and responsibilities as well as those of the line managers.</p>	<p>Increased risk of errors and delays to the process, which may result in poor staff experience.</p>	<p>The people and culture plan aspires to cultivate a culture of psychological safety and while training on the speak up process is helpful, dialogue and awareness raising is our preferred medium.</p> <p>Agreed Action:</p> <p>Formal plan to raise awareness of Speaking Up Safely process that encourages reporting through appropriate channels.</p> <p>Signposting to SUS training included in Manager's Essentials.</p> <p>Collaboration across People and Culture directorate to work more closely and understand each other's roles.</p> <p>Continued culture work to increase psychological safety.</p>

Key Findings	Risk & Impact	Agreed Management Action
<p>There is a need to manage the broader education, at a local level, of the positive nature of Speaking Up in the workplace and to minimise the feat of alienation / retribution.</p>		<p>Expected Evidence of Implementation:</p> <p>Record of numbers of people completing training.</p> <p>Awareness raising and engagement plan.</p> <p>Support for those who speak up including clinical psychology support in line with recommendations from NGO.</p> <p>People and Culture Plan milestones.</p> <p>Weekly meetings with deputy head of people services and Guardian (in place).</p>
<p>Theme: Training & Development</p>	<p>Medium Priority</p> <p>Control Operation</p>	<p>Officer: Speak Up Safely Lead Guardian</p> <p>Date: 31 March 2026</p>

Recording and Monitoring of Concerns

SUS cases are recorded on WIC and we note that a separate log is also maintained by the Guardian for those which are received directly. A total of 197 SUS cases have been raised since the inception of the WIC platform in October 2023 – 96 via WIC and, therefore, the majority of remaining cases have been direct via the Guardian. Details of each case are held including the day the concern was raised, the date of response, whether they're confidential, open or anonymous, area / directorate where they work, who or what they're speaking up about, what action has been taken, and the survey functionality from WIC. A WIC Conversation Report can be generated which confirms high level information including total conversations raised per month, average times to first response and closure of conversations, and themes (categories). At the time of audit, 10 cases currently remain open on WIC (see page 3).

The SUS Framework includes toolkits for recording and monitoring of concerns. Toolkit 3 outlines the Line Managers Process for SUS and outlines the timescales for dealing with concerns i.e. *'Acknowledge receipt of concern within 7 days; Follow up on concern within 14 days; [and] Communicate outcome within 28 days.'* At a recent WIC Conversation Report, average first response times were reported as 23 hours, with the time to close concerns averaging 49 days (see page 3). We note that this is in line with other NHS Wales organisations who use the same platform; and we note an improvement in the response times since the Lead Guardian has been in post.

These performance reports were produced at the request of audit rather than being routinely reported on. The same applies to wider concerns outside of the SUS process. Whilst the Guardian records the date that the concern was received and its status, until recently there has been a lack of recording across all available fields, including key elements of the framework such as to capture key timescales (date received, date acknowledged, followed up every 14 days, date outcome communicated), outcome of concern, and where applicable, to better understand the reason for raising via the WIC platform. Review of the most recent quarterly report (Q3 2024/25) report (see objective 2) noted that whilst timelines have been reported, such is limited to the most serious ongoing cases (Q3: 3 cases, two of which having been raised with management prior to Speaking Up Safely); and with statuses only reported for the given quarter rather than on a cumulative basis (see **Key Finding 4**).

The SUS Framework defines data points for recording and monitoring individual concerns. This guide recommends that when concerns are closed, learning is triangulated and the outcome communicated with the Workforce team. There are several ways of raising a concern (formally and informally) and currently different types of concerns and categories are not aggregated to form an overall view of concerns across the Trust. This hinders monitoring and reporting of trends or themes, and the feeding back of lessons learned to services (see **Key Finding 5**). There is recognition within national guidance that most disagreements can be resolved quickly and informally through discussion with colleagues or a line manager. Due to their nature, a formal audit trail won't typically be maintained to capture themes and trends as a result.

Reporting

Formal reports on SUS data including numbers of cases, themes and trends are presented by the Lead Guardian to the Chief Executive, Non-Executive Director (SUS Champion), Director of Culture Change on a quarterly basis (which we note is continuously evolving and developing), to the People and Culture Committee every six months and to the Board annually. However, as noted above, timescales within which cases are dealt with are not reported (see **Key Finding 4**). Details (i.e. numbers / themes) of wider concerns are also not reported (see **Key Finding 5**).

We are advised that enhancements to lower-level concerns have been identified in terms of reporting to inform the Organisational Development work as well as SUS work that feeds into the existing Cultural Themes and Trends Report.

The People and Culture Committee (PCC) has oversight of SUS having assumed responsibility from the former task and finish group in November 2023. It is required to report annually to the Audit and Risk Assurance Committee (ARAC); however, at the date of fieldwork an annual report had yet to be submitted (see **Key Finding 6**).

Key Findings	Risk & Impact	Agreed Management Action
<p>4 Recording, monitoring and reporting of concerns</p> <p>The functionality and capability of the WIC platform is currently not being maximised by the Trust. There is a lack of recording across all available fields, including key elements of the framework, such as to capture key timescales (date received, date acknowledged, followed up every 14 days, date outcome communicated), outcome of concern, and to better understand the reason for raising via the WIC platform. All of which would improve the triangulation of data in relation to SUS.</p> <p>The same is applicable to the records that are maintained by the Guardian for those cases received directly.</p> <p>We note that the Q3 report to the Chief Executive, Non-Executive Director (SUS Champion), Director of Culture Change has been updated to incorporate reporting on timelines but such is limited to the most serious ongoing cases from that quarter (3 cases).</p> <p>Further, whilst the report provides a status update of cases, it is only in relation to those raised within that given period rather than a cumulative position.</p> <p>There is a lack of reporting and analysis of the above, including compliance with timescales, both locally and to Board-level committee.</p>	<p>Limited assurances in respect of wider concerns and Speaking Up Safely cases.</p> <p>Timelines for dealing with cases may be protracted leading to detriment.</p>	<p>The lead guardian maintains an excel database that includes all cases reported to the Guardian via the four routes in scope – email, call, in person, WIC. All the information outlined in the findings (4) is recorded there and has been since the start of Q4. WIC routinely records the data outlined for all conversations raised via that platform. We are working with WIC to include the additional information the Guardian holds on their database to streamline and automate reporting, this relates to demographic data that will be reported once there is sufficient to ensure those who have spoken up are not identifiable.</p> <p>Agreed Action:</p> <p>Work with WIC so that their product can replicate the Guardian’s database to reduce data management time in producing reports.</p> <p>Routine reporting of timescales in quarterly reports.</p> <p>Expected Evidence of Implementation:</p> <p>Reports at appropriate meetings on time with robust confidential data.</p>
<p>Theme: Reporting</p>	<p>Medium Priority</p> <p>Control Operation</p>	<p>Officer: Speak Up Safely Lead Guardian</p> <p>Date: 31 October 2025 <small>subject to engagement from WIC</small></p>

Key Findings	Risk & Impact	Agreed Management Action
<p>5 Triangulation of Concerns Data</p> <p>The SUS Framework defines data points for recording and monitoring individual concerns through the triangulation of lessons learned from closed concerns and the communication of outcomes. However, currently information on all concerns raised through various sources is not collated or reported into a collective document or report for management therefore making it difficult to identify themes or trends and feed learning back to directorates.</p>	<p>Limited assurances in respect of wider concerns and Speaking Up Safely cases.</p>	<p>The remit of the Speaking Up Safely Guardian is limited to those cases that are reported via email, call, in person or WIC directly to the Guardian. It would not be practical to incorporate concerns that are raised along other routes such as the patient safety team, safeguarding, clinical concerns, people services, the EDI team, or highly confidential Datix in our reporting. However we meet with these teams in lessons learned forums to discuss and notice themes.</p> <p>We also feel it's important to highlight that it is important not to lose sight of the individuals accessing our services and the culture we wish to create, in the pursuit of data for reporting purposes.</p> <p>Given the relatively small numbers of SUS concerns in relation to numbers of people in directorates we are cautious about committing to reporting back directorate themes given increasing any fear of identification; inadvertently silencing people. Detriment is something we are trying to mitigate against and this is one area that can support that mitigation. This is certainly something that we could review once we have more years of data to share.</p> <p>Agreed Action:</p> <p>Share themes in reporting to CEO, Board champion and Directors of Culture Change and People (in place).</p> <p>Share themes in lessons learned forums and in discussion of people and culture themes and trends paper (in place).</p> <p>Expected Evidence of Implementation:</p> <p>Discussion at lessons learned forums and in reporting to CEO.</p>
<p>Theme: Information, Data Quality & Data Accuracy</p>	<p>High Priority</p> <p>Control Operation</p>	<p>Officer: Speak Up Safely Lead Guardian</p> <p>Date: 31 May 2025</p>
<p>6 Completion of an Annual Report</p> <p>Whilst high level analysis of SUS cases is reported to PCC, and incorporated into the AAA report to ARAC as appropriate, there</p>	<p>Limited assurances in respect of Speaking Up Safely cases.</p>	<p>The lead Guardian has been in post less than a year and the annual report is due to go to ARAC in June 2025. The Trust Board has received a six-monthly report at its meeting on 27 March 2025.</p>

Key Findings	Risk & Impact	Agreed Management Action
<p>has been no annual report submitted to ARAC in line with expectation.</p>		<p>Agreed Action: Annual report to ARAC.</p> <p>Expected Evidence of Implementation: Report at ARAC.</p>
<p>Theme: Reporting</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Speak Up Safely Lead Guardian</p> <p>Date: Report due to go to ARAC in June 2025.</p>

Appendix A

Assurance Opinion

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

Prioritisation of Findings

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

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

Disclaimer

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

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

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

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

Public Sector Internal Audit Standards

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





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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	28 March 2025
People and Culture Committee Meeting Date	15 May 2025
Chair	Mark Marsden

KEY ESCALATION AND DISCUSSION POINTS

ALERT

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

No alerts from this meeting.

ADVISE

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

1. The first **WAST Social Partnership Conference** will be held on 31 March and the meeting was updated with the final preparations. Thanks were given to Liz Rogers and Henry Garrard for driving this forward. A verbal update on the event will be provided to the People and Culture Committee.
2. The upcoming April **CEO Roadshow** approach and arrangements were discussed. Changes and benefits of the new clinical model will be a focus, as will the various carousels and CPD offering.
3. The WAST **Wellbeing Objectives** that were approved by the Trust Board were shared with members. Those objectives were developed in partnership as part of our duty under the Wellbeing of Future Generations Act and the Social Partnership and Procurement Act and are:

Objective One:
A Socially Responsible Employer



Objective Two:
An Innovative and Sustainable Organisation



Objective Three:
A Pro-active, Accessible and Equitable Care Provider





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There was good discussion on the next steps for embedding these objectives into our service, particularly with respect to targeting our future workforce and ensuring our community engagement is broadened with a long term view.

4. The Head of Charity, David Hopkins, joined the meeting to share the development of the **Welsh Ambulance Service Charity** (Elusen Gwasaneath Ambiwylans Cymru) charity strategy. This includes continuing to support wellbeing and training of staff and volunteers (including WISH ambulance); building community resilience; and enhanced patient care. Discussion included the need to ensure the charity's vision speaks to a wide audience, i.e. staff, the public and grant funders. Views will be considered in the next iteration to go to the Charity Committee and Corporate Trustees.
5. The final **2025-28 IMTP** was reviewed, noting that WASPT had a full presentation of this in January and some members had also seen it through the various board committees ahead of it being approved at Board on 27 March. The challenges around the financial plan that accompanies the IMTP for 2025/26 were discussed.
6. It was agreed that the **spotlight item in Siren** will be focused on the social partnership forum.
7. **Reflections** on the meeting included that it was managed well within the time and discussions were fruitful and collegiate.
8. The **WASPT workshop** that followed the meeting was on the NHS Staff Survey.

ASSURE

(Detail here any areas of assurance)

9. With respect to **diesel fumes**, good progress was underway with all Standard Operating Procedures now complete and roll out - or a roll out plan - for all Emergency Departments first included except for Cardiff and Vale. Sites in Cwm Taf Morgannwg have recently been added following a further review of emergency department canopies. Cardiff & Vale Health Board have not supported electrical installation; however, it was noted that handover delays are less problematic. While discussion on this can be picked up in the next SLT/TUP meeting it was noted that perhaps the emergency department at University Hospital Wales is not progressed further given the effort to reduce handover delays. The roll-out effort was recognised and compliance with connecting to shorelines reinforced. A potential issue with front line staff accessing information on diesel fumes via Siren on iPads was raised and will be investigated further.
10. The task and finish group to consider the disparity between **111 and CSD working arrangements** (e.g. CPD hours) has now been established and will hold its first meeting on 7 April. Updates will come back to WASPT.



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11. An update was provided on colleagues moving from **EMT 2/3 (Emergency Medical Technician) to EAP (Emergency Ambulance Practitioner)** under the established induction programme. There are 539 colleagues in this cohort and 23% have completed the programme which will run until May 2026. The programme design principles were shared which are driven by the scope of practice for EAPs including ensuring the programme was accessible and inclusive, and with the introduction of a mentoring qualification as part of the role (also part of Our WAST Way). The aim is for this program to be accredited and achieve national recognition. The programme is enhanced by adopting a feedback and feedforward approach, which has already seen strong participation and practical application. The ECG-related learning components have been especially valuable.
12. A task and finish group has been formed to collaborate on ensuring the **clinical modelling of the skills mix** for emergency ambulance crews is appropriate. While terms of reference are still being finalised, progress has been positive. Regular updates will be provided to WASPT.
13. Updates were received on the actions within the **Welsh Health Circular: Implementation of the Non-pay Elements of the 2022-4 Collective Agreement** noting that positive progress has been made. This update will come to every other meeting now.
14. The **ACAS Action Plan** update was received and is progressing well with no escalations.

Local Partnership Forums

15. The Senior Leadership Team/Trade Union Partnership (SLT/TUP) AAA from 13 February 2025 was received. No escalations were raised; however, it was noted that the following issues were discussed:
 - AAA report from SOT/TUP
 - Working safely, with a focus on diesel fumes
 - Internal audit (both relating to ECNS deployment and the 2025/26 plan)
 - Christmas planning, noting the approach for 2025 is to be agreed
 - Overruns, noting that a task and finish group is established to complete in April
 - TOIL, noting that SLT/TUP will return to this at the next meeting but that the overruns task and finish group will focus on reducing the accumulation of TOIL
 - NEPTS roster review overview, with further discussion in future meetings
 - The reflections were that it was a constructive meeting with some challenging issues discussed respectfully, and a desire to work together
16. The Corporate Partnership Forum AAA from 20 February 2025 was received. No escalations were raised; however, it was noted that the following issues were discussed:
 - Attendance was an issue and this will be addressed prior to the next meeting
 - Task and finish group established to reduce unacceptable behaviour over the phone to receptionists



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- Cleaning materials for hot desks, noting these are now available, however there remains issues with IT equipment missing in Ty Elwy (wires/cables etc)
- IMTP update was provided as was an update on the service review
- Health and wellbeing update, noting additional support for the TRIM programme; digital view of health surveillance for managers to access information to confirm staff compliance with checks e.g. audios
- Estates work update was provided

17. The group held is **2024/25 effectiveness review** and proposed some minor changes to its terms of reference and operating arrangements, but no change in membership.

RISKS

18. No formal risk register risks discussed, or new risks identified, however it was agreed that risk 163, maintaining strong trade union relationships, would be presented at least twice a year.

COMMITTEE AGENDA FOR MEETING – NOVEMBER 2024

Items raised by TUPs after pre-meet	Social partnership conference	CEO roadshows
Wellbeing objectives	EMT 2/3 implementation update	Diesel fumes update including internal audit
Charity strategy development	Annual effectiveness review	Update on WHC implementation of non-pay elements of the 2022-24 collective agreement
ACAS actions update	SLT/TUP AAA report	Corporate Forum AAA
IMTP 2025-28		
WASPT WORKSHOP		
NHS Staff Survey		



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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		Christian Fox Chair		Chair
Management Representatives						
Angela Lewis						
Carl Kneeshaw						
Lee Brooks						
Rachel Marsh					Chair	
Chris Turley						
Andy Swinburn						
Estelle Hitchon						
Trish Mills	Julie Boalch			Julie Boalch		
Chair Corporate LPF	Catherine Goodwin	Julie Stokes	Julie Stokes	Liz Rogers	Liz Rogers	Liz Rogers
Trade Union Representatives						
Unite representative		Alison Williams	Alison Williams	Alison Williams	Alison Williams	
Unite representative	Hugh Parry	Hugh Parry	Hugh Parry	Hugh Parry	Hugh Parry	Hugh Parry
Unite representative	Christian Fox	Christian Fox	Christian Fox	As above	Christian Fox	Christian Fox
GMB representative			Richie Bullen		John Phillips	
GMB representative	Maldwyn Jones	Maldwyn Jones	Maldwyn Jones	Maldwyn Jones	Maldwyn Jones	Maldwyn Jones
GMB representative	Marcus Viggers	Marcus Viggers	Marcus Viggers	Marcus Viggers	Marcus Viggers	Marcus Viggers
Unison representative	Henry Garrard	Henry Garrard	Henry Garrard		Henry Garrard	Henry Garrard
Unison representative	Bethan Williams					
Unison representative	Damon Turner	Damon Turner	Damon Turner	Damon Turner		Damon Turner
RCN representative			Aimee Williams ¹	Aimee Williams ²		Jane Carroll ³
RCN representative						
RCN representative						

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

¹ Aimee Williams is a RCN Full Time Officer, attending in her capacity as RCN staff representative

² Aimee Williams is a RCN Full Time Officer, attending in her capacity as RCN staff representative

³ Jane Carroll is a RCN Full Time Officer, attending in her capacity as RCN staff representative



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AGENDA ITEM No	11
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

PEOPLE AND CULTURE METRICS

MEETING	People and Culture Committee
DATE	15 th May 2025
EXECUTIVE	Angela Lewis - Director of Culture Change Carl Kneeshaw – Director of People
AUTHOR	Sarah Davies – Head of Change and People Insights
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY
<p>The purpose of this report is to provide Committee members with an update (March 2025 data) against several of the previously agreed quantitative People and Culture Plan metrics, in order to provide a high level indication of the impact of our People and Culture Plan.</p> <p>The item also incorporates the People and Culture Scorecard, sharing an overview of the key People and Culture performance data and trends (March 2025) and associated improvement actions.</p>

KEY ISSUES/IMPLICATIONS
<p>PCC is asked to:</p> <ul style="list-style-type: none"> • RECEIVE and COMMENT ON progress to date.

REPORT APPROVAL ROUTE
<ul style="list-style-type: none"> • ELT 26.03.25 • PCC 15.05.25

REPORT APPENDICES
<p>Appendix 1: SBAR – People and Culture Metrics</p> <p>Appendix 2: People and Culture Plan Metrics Update March 2025</p> <p>Appendix 3: People and Culture Scorecard March 2025</p>

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

Ethical Matters	YES	Risks (Inc. Reputational)	YES
Health Improvement	YES	Socio Economic Duty	YES
Health and Safety	YES	TU Partner Consultation	YES

Appendix 1: SBAR: People and Culture Metrics – March 2025

SITUATION

1. The purpose of this report is to:
 - a. provide Committee members with an update against several of the previously agreed quantitative People and Culture Plan metrics (March 2025 data), in order to provide a high level indication of the impact of our People and Culture Plan; *and*
 - b. provide an overview of the key People and Culture performance data and trends (March 2025) 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 also incorporates 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. 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 our 2024 staff survey participation rate, is a promising indicator that our cultural initiatives are enabling inclusivity and increasing engagement.

7. 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. March 2025 showed a Trust wide reduction in sickness absence (7.35% compared with 7.93% in February 2025). Comparing the absence percentage for March 2024, the Trust reports an overall reduction of 0.4%. The Operations Directorate reported a reduction in March 2025 to 7.92% compared with 8.54% in February 2025. Comparing the absence percentage for March 2024, Operations have reported an overall decrease of 0.55%. Short term absence continues to fluctuate month on month, however, positively, long term absence continues to decrease.
8. Although R&R cases have been consistent for the past few months, 5 cases have been resolved and concluded between January – April 2025. The theme of the majority of these cases relates to behaviours.
9. Whilst there are 42 formal ER cases reported, this is not reflective of volume of caseload to include cases at the Initial Assessment stage. There are six cases on hold due to 3rd party involvement e.g. Counter Fraud/Police. 22 cases have concluded between January – April 2025. Cases in relation to allegations of Inappropriate behaviour has increased significantly to 50% of current caseload and 25% of caseload is related to allegations of a sexual nature. There are 10 cases at the hearing stage for April & May to conclude formal process.
10. During 2024/25 there was involvement in 100 safeguarding allegation cases; this sharp increase (compared with 37 in 2022/23 and 34 in 2023/24) has put exceptional and continuous pressure on the Safeguarding Team. As of March 2025 there were 46 open safeguarding allegation cases; of these, 12 involved sexual misconduct elements (22%) and 5 involved stalking or harassment. Work is ongoing with the Management of Allegation Policy and associated risk assessment. Work is also being progressed to further support education across the organisation to ensure that Safeguarding is prioritised both operationally and strategically.
11. **Appendix 3** provides a summary of People and Culture KPIs up to and including March 2025 data.
12. Requests for Job Evaluation (JE) activity increased in March and have continued to rise into April. As anticipated, panel activity reduced during this period — with only four panels held — due to two bank holidays and annual leave around school holidays and trade union involvement in internal training. This contributed to a dip in completed evaluations and an increase in the average time to complete. Currently, 11 roles are outstanding on the JE register: 4 are awaiting panel presentation, while the remaining 7 are either pending consistency checks or awaiting further input from managers. A slightly longer-than-usual completion timeframe is expected to be reflected in the April figures, though eight panels are scheduled in May to respond to increased demand and improve turnaround times.

13. An increase in PADR completion rates is reflected for March (82.38%); this represents the highest recorded rate within this dataset, as shown in the accompanying visualisation, with data tracked from April 2021 onwards. As per the recommendation noted within the Quality Governance Follow Up Review, we are reviewing the PADR process to continue to improve both compliance and the quality of conversations. Our focus is on making the conversation the core of the process, with the form acting as a simple tool to guide (not define) the discussion. This will involve simplifying the form, providing training for managers to support meaningful conversations and continuing to use colleague feedback to shape improvements. Progress and quality will be measured through staff and manager feedback and monitoring trends in completion rates alongside indicators of engagement and development in the NHS Staff Survey.

14. We are pleased to report that once again, we have seen an increase in our statutory and mandatory training compliance (87.84%, against a Welsh Government target of 85%). As at 31st March 2025, 90.44% of colleagues required to attend Mandatory In-Service Training (MIST) had done so.

RECOMMENDED

15. That PCC:
 - a. **RECEIVE** and **COMMENT ON** progress to date.



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OUR PEOPLE AND CULTURE METRICS

March 2025

Culture

	Baseline	Sept 23	Mar 24	May 24	Sept 24	Mar 2025	
Staff Survey Completion Rate:	39%	9.12%	23.2%	23.2%	*	35.2%	
Network Membership:	N/A	184	202	220	404	542	↑
Disciplinary Cases:	28	28	32	39	47**	42**	↓
Formal Requests for Resolution:	15	8	13	13	13	13	↔
Cultural Reviews Underway:			3	3	2	2	↔
Open Safeguarding Allegations:						46	↑

Capacity

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

Capability

MIST Compliance:	N/A	15.5%	92%	20%	47.18%	90.44%	↑
Stat Mand Compliance:	78.73%	79.71%	81.2%	82.71%	86.53%	87.84%	↑
PADR Completions:	73.5%	70.72%	79.51%	78.11%	75.89%	82.38%	↑

Notes to accompany dataset:

* 2024 Staff Survey opened 1st October

** 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



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AGENDA ITEM No	11.1
OPEN	Open
No of ANNEXES ATTACHED	1

Monthly Integrated Quality and Performance Dashboard March 2025 / April 2025

MEETING	People and Culture Committee (PCC)
DATE	15 May 2025
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Georgia Tizzard – Commissioning and Performance Officer Melanie O’Connor - Senior Performance Analyst Mark Thomas – Commissioning & Performance Manager Hugh Bennett - Assistant Director, Commissioning & Performance
CONTACT	Georgia.Tizzard@wales.nhs.uk 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 **March 2025/ April 2025**.
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 for red 8-minute performance was 50.9% in April 2025, with performance marginally increasing compared to March 2025. The Amber 1 median was 1 hour 48 minutes, which was also a slight improvement on the 1 hour 51 minute 12-month average. The Trust knows these extended times (the ideal is 18 minutes) lead 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 (91% in March, slightly below the

benchmark) and fully rolling out the CHARU service (87% in March); whilst also undertaking more transformative actions through the Clinical Model Transformation (CMT) Programme.

5. The Trust lost 21,183 hours to handover in April 2025 (30-days). This level of lost capacity is difficult to compensate for, despite all of the actions being taken by the Trust.
6. The 2024/25 budget included 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, but the service did not achieve the 5% abandonment rate in April 2025, with performance decreasing to 11.7% from 11.2% in March 2025.
8. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance is stable, with both oncology and renal journeys remaining above target in April 2025. The NEPTS transport roster review has now started which is 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 7.35% in March 2025. The IMTP ambition is to reach 6%. The Trust will continue its focus on sickness absence. EMS abstractions rose above the 30% benchmark figure in March 2025 to 33.86%.
10. The Trust is continuing to deliver its Clinical Model transformation (CMT) programme at pace. Key parts went live in December, in particular, remote clinical screening (RCS), which was a cultural shift in how the Trust manages 999 demand. There are early indications in the data in this report that the clinical model transformation changes implemented over the winter are having an effect. The new Purple Arrest and Red Emergency categories were announced on 11 March 2025 and are due to go live on 01 July 2025.

RECOMMENDATION

PCC is asked to: -

- i. **Consider** the March 2025/ April 2025 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 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 **March 2025/April 2025**.
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:-



Slide Title	Slide Number
Safeguarding, Data Governance & Public Engagement	14
Health & Safety (RIDDORS) Indicators	15
Patient Experience Surveys	17
Ambulance Abstractions and Production Indicators	18
Sickness Absence Indicators	19
Turnover	20
PADR and Training Rates Indicators	21
Shift Overruns	22
Number of R&R Disciplinary Hearings and Number of Applicants Shortlisted from Under-Represented Groups	23

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 improved in March 2025 with the 95th percentile decreasing to 27 seconds, compared to 33 seconds in February 2025. The 65th percentile and median performance remain consistently good, however data quality checks are being undertaken. Work will be undertaken early in Q1 on a demand and capacity analysis of 999 call demand.
7. **111 call answering performance has decreased over recent weeks**, with the call abandonment performance for April 2025 being 11.7%, and still failing to achieve the 5% target. Recruitment has been undertaken to ensure that staff in post reflect the establishment position, and this has seen performance improve, but high sickness levels are having an effect. 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 April 2025 was 1.79% higher than during April 2024. The Trust procured a third party in January 2025 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 97.5%. Response times for lower priority calls declined, recording 69.6% and 60.9% for P2CT and P3CT respectively. This is consistent with previous years, but needs to be monitored closely over the coming months.
10. **Ambulance Response** (safety / patient experience): the red 8-minute response performance for April 2025 was 50.9%, remaining below the 65% target, but improving slightly compared to March 2025. The Trust is reaching more red patients in 8-minutes, but the denominator (demand) has also grown. The Amber 1 median in March was 1 hour and 48 minutes and the Amber 1 95th percentile was 7 hours 26 minutes. The Clinical Safety Plan and CHARUs will protect red demand, but Amber is where the impact of handover lost hours is felt i.e. there is a strong correlation. These long response times have a known impact on avoidable patient harm. New performance arrangements were announced by the Cabinet Secretary on 11 March 2025 which will come into effect on the 1st of July 2025 and will see the introduction of new purple arrest and red emergency categories alongside an increased emphasis on improving patient outcomes.

11. Traditionally the main factors which affect response times are demand and capacity (recruitment and lost hours). EMS production has been good, 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 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 have been implemented over the 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) and switching on of remote clinical screening (RCS) (completed);
- Recruiting up to 153 CHARU FTEs (91% UHP achieved in February 2025, benchmark 95%).
- Further investment in APPs (+32 APPs) (26 FTEs achieved);
- Development of the remote integrated care service (111 clinicians and CSD clinicians) (initial development completed as part of winter plan);
- Continued focus on a range of responses that support non-conveyance, where it is clinically safe and appropriate to do so: Connected Support Cymru, mental health response pilot, Falls response etc. (MH pilot live).
- Formal reporting of the 2023 collaborative and independent EMS Demand & Capacity review (reported to F&P Committee, but not yet formally reported to the JCC).
- New Purple Arrest and Red Emergency categories (announced on 11 March 2025) with go live planned for 01 July 2025.

12. 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. 21,183 hours were lost during April 2025. Cardiff & Vale's handover lost hours continues 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 during 2024, Betsi Cadwaladr health board remains significantly high and above its two-year average figure, with 7,251 hours being lost within the health board during April. 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.

13. **Ambulance Care (Patient Experience)**: Oncology performance in April 2025 was 79.6%, achieving the 70% target. Renal performance improved to 72.8% which was also above target. Advanced discharge & transfer journey performance however decreased marginally to 75% and remains below its 95% target. Same day discharge & transfer journey performance also dropped below target for the first time since the performance changes were made in April 2023

to 94%. Overall demand for NEPTS continues to increase and is now above pre-pandemic levels. The Trust has a comprehensive Health Transport transformation workstream in place, which includes delivering a range of efficiencies and improvements. The Trust is currently re-rostering NEPTS transport (now started) which will better align available capacity with changing demand patterns (on target). This is proving complex and difficult but will be delivered.

- 14. National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported six NRI's to the NHS Executive in March 2025, slightly less than February 2025 (7) and 33 serious patient safety incidents were referred to health boards under the Joint Investigation Framework. In March 2025 complaint response times increased to 55%, compared to the 52% recorded in February 2025, remaining below the 75% target, with cases remaining complex.
- 15. Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 91.6% in March 2025, improving but 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 19.8% in March 2025 compared to 23.9% in February 2025.
- 16.** The Trust can report on call to door times for Stroke and STEMI patients. For March 2025, these highlight call to hospital door times of two hours and 41 minutes for stroke patients and two hours and forty-eight 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.
- 17.** In April 2025, 5,951 patients **cancelled** their ambulance (this figure excludes patients who refused treatment), and the Trust sent alternative transport due to the application of the Clinical Safety Plan to approximately 71 callers. Both of these figures are a significant reduction on January 2025 levels, however an increase from February 2025 totals. This reduction is likely to be the impact of switching on RCS through the winter. The Trust believes that 50% (of the pre-RCS switch on figure) of this combined number is unmet demand and is likely to be presenting elsewhere in the system. Anecdotal evidence from health boards suggests that as the Trust has switched on RCS and as the level of patient cancellations has dropped, so has the demand presenting elsewhere in the system. Caution is required at this stage though as a longer run of data is required in order to properly evaluate the changes made. The Trust changed its Clinical Safety Plan in December, removing the "can't send" application, with the option remaining at the strategic commander's discretion in the new plan.

Our People (workforce resourcing, experience, and safety)

- 18. Hours Produced:** The Trust produced 126,639 Ambulance Response unit hours during April 2025 and delivered an emergency ambulance unit hours production (UHP) of 93%, remaining below the 95% target.
- 19. Response Abstractions:** EMS abstraction levels decreased to 33.86% in March 2025, below the 30% benchmark figure. Response sickness abstractions stood at 7.43% (benchmark 5.99%).
- 20. Trust sickness absence:** the Trust's overall sickness percentage was 7.35% in March 2025, an improvement on the 7.93% recorded in February 2025. 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 7.35% is above the 2023/24 IMTP ambition of 6%.
- 21. Staff training and PADRs:** PADR rates did not achieve the 85% target in March 2025 but improved slightly to 82.38%. Compliance for Statutory and Mandatory training increased slightly to 87.96% and continues to achieve the 85% target.
- 22. People & Culture Plan:** the Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working, and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook another round of a pan-Wales of CEO Roadshows in early April 2025.

Finance & Value

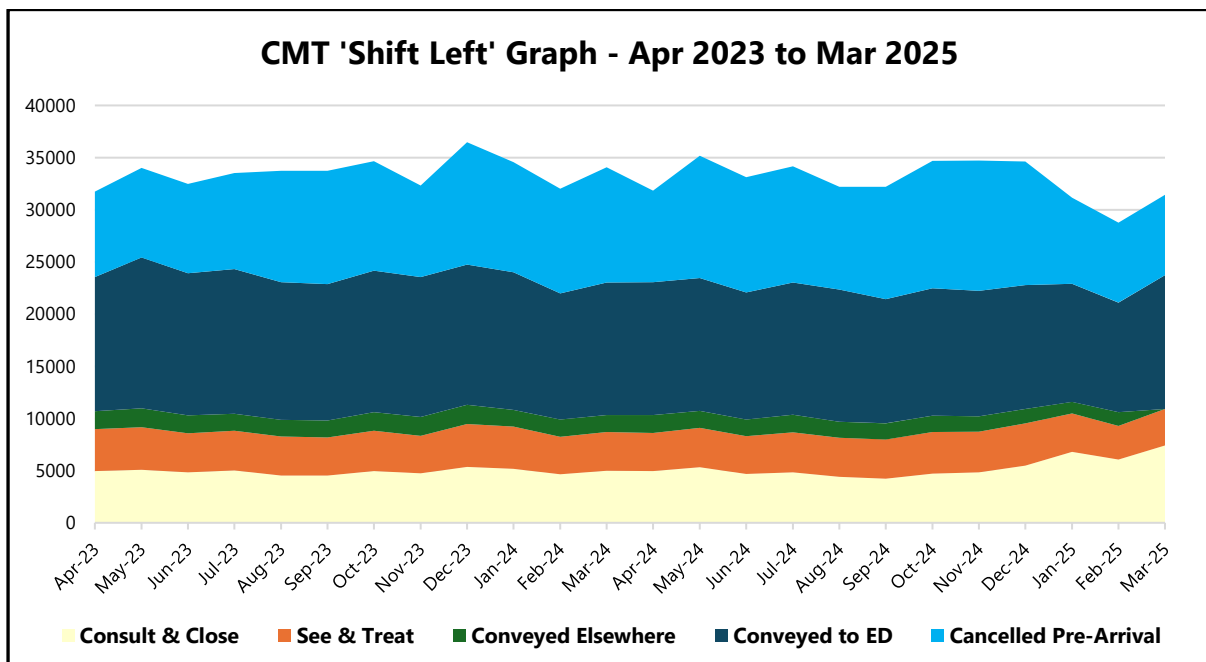
- 23. Financial Balance:** the reported outturn performance at Month 12 is a surplus of £70k and the Trust achieved both its External Financing Limit and its Capital Expenditure Limit.

Partnerships & System Contribution

- 24.** We are not able to 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 is currently validating new data in this area. A one-off Insight & Data Services consult & close graph indicates that the Trust is now achieving a consult & close rate of +20%. IDS have developed a new consult & close definition is Executive approve and is now with commissioners for sign off before formal reporting can restart.

Summary

25. The indicators used at this high-level highlight that 111 has been resilient during the winter months, more so than in previous years. For the 999-emergency pathway, the Trust produced good metrics on what it can control e.g. production, abstractions etc. and managed to turn on new elements of its clinical model transformation programme, which appears to be having a positive effect. However, hospital handover lost hours have increased and remain extreme. These levels give further imperative to continuing with the clinical model transformation. NEPTS performance was stable, with the Trust about to re-roster NEPTS transport.
26. The graph below has been included to show in broad terms what the outcomes (dispositions) are for 999 callers and to track changes. It shows that since December 2024 there has been a drop in the number of patients conveyed to ED and the number of ambulances being cancelled pre-arrival. It also highlights that there has been an increase in the Consult and Close rate over the same period.



RECOMMENDATIONS

PCC is asked to: -

- i. **Consider** the March 2025/April 2025 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

March 2025 /April 2025

Annex 1 – Top Indicator Dashboard



GIG
CYMRU
NHS
WALES

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

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

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators		Target 2024/25	Mar-25	Apr-25	2 Year Average	RAG	Top Monthly Indicators		Target 2024/25	Mar-25	Apr-25	2 Year Average	RAG			
Our Patients						Health & Well-being										
Timeliness Indicators																
NHS111 Call Handling Abandonment Rates	< 5%	11.2%	11.7%	8.5%	R	Sickness Absence (<i>all staff</i>)	6.0%	7.35%	N/A	7.84%	R					
111 Clinical Triage Call Back Time (P1)	90%	97.5%	N/A	97.9%	G	Mental Health Absence Rates	Reduction Trend	2.31%	N/A	2.32%	R					
999 Call Answer Times 95th Percentile	00:06	00:27	N/A	00:20	R	Staff Turnover Rate	Reduction Trend	8.42%	N/A	8.50%	G					
999 Red Response within 8 minutes	65%	50.3%	50.9%	49.6%	R	Statutory & Mandatory Training	>85%	87.96%	N/A	77.79%	G					
999 Amber 1 Median	00:18	01:53	01:48	01:32	R	PADR/Medical Appraisal	>85%	82.38%	N/A	72.96%	A					
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	74.8%	79.6%	73.0%	G	Number of Shift Overruns	Reduction Trend	3,839	3,773	3,681	R					
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	78.2%	75.1%	79.7%	R	Inclusion & Engagement / Culture										
Clinical Outcomes / Quality Indicators						NEPTS % of Total Calls Answered in Welsh						Increasing Trend	1.90%	2.30%	1.8%	G
Return of Spontaneous Circulation (ROSC)	Increasing Trend	19.8%	N/A	19.7%	G	Value										
Stroke Patients with Appropriate Care	95%	91.6%	N/A	82.0%	A	Financial balance - annual expenditure YTD as % of budget expenditure YTD						100%	100%	N/A	100%	G
Stroke Call to Hospital Door Times	Reduction Trend	02:41	N/A	02:25	A	EMS Utilisation Metric (CHARU)						Increasing Trend	30.7%	29.4%	28%	G
ST-Elevation Myocardial Infarction (STEMI) with Appropriate Care	95%	70.0%	N/A	53.2%	R	Average Jobs per Shift (All Vehicles)						Increasing Trend	2.56	2.64	2.35	A
National Reportable Incidents reports (NRI)		6	N/A	4	TBD	NEPTS on the Day Cancellations						Reduction Trend	12.9%	12.9%	13%	R
Can't Send & Cancelled by Patient Volumes	Reduction Trend	6,431	6,433	8,686	G	Partnerships / System Contribution										
Concerns Response within 30 Days	75%	55.0%	N/A	52.3%	R	Inverting the Triangle										
Enactment of the Duty of Candour Total		6	N/A	5	TBD	Successful Consult & Close Outcome						17.0%	N/A	N/A	13.1%	TBD
						NHS111										
						NHS111 Dental Calls						Increasing Trend	N/A	N/A	7,137	TBD
						Consult & Close Volumes by NHS111						Increasing Trend	N/A	N/A	962	TBD

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*)

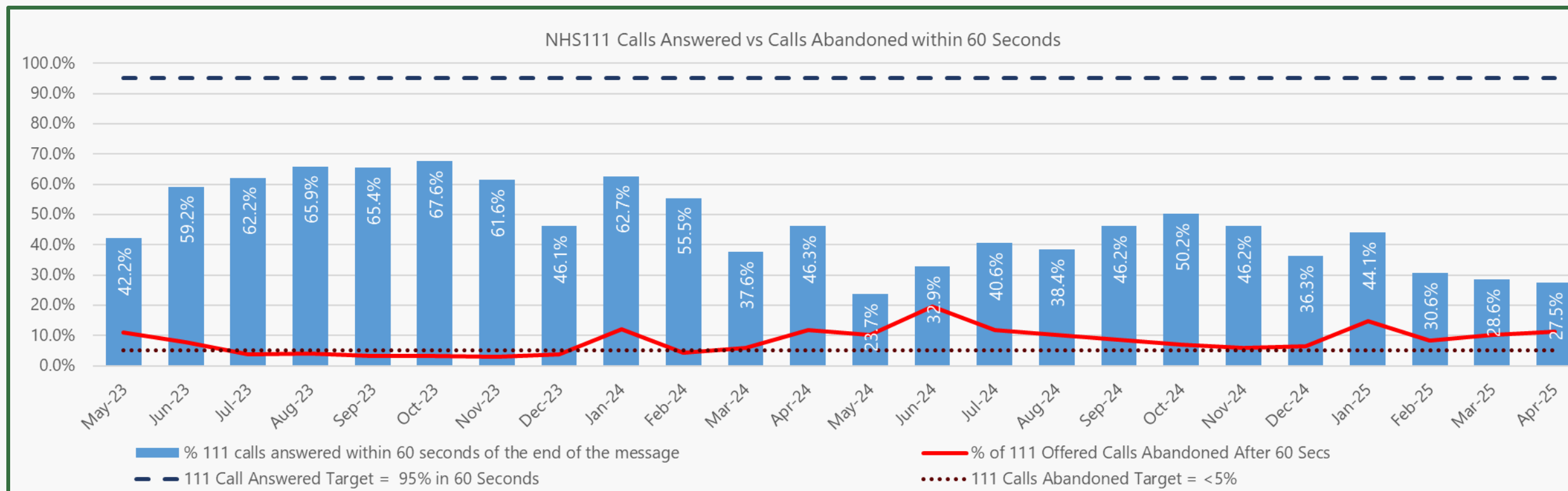
Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand and Call Handling Hours Produced



Analysis

The 111-call abandonment rate increased slightly to 11.7% in April 2025 from 11.2% in March 2025. The percentage of 111 calls answered within 60 seconds decreased, from 28.6% in March 2025 to 27.5% in April 2025 and continues to remain significantly below the 95% target.

Following a decline in performance during the middle part of 2024, due mainly to the introduction of the new 111CAS system, which went live on 30th April 2024, performance did improve during the latter months of 2024, however March and April 2025 have seen a further dip in performance levels. This follows a similar pattern to the last few years, which has seen demand increase during April. This is at a time when UHP capacity for call handlers has reduced slightly, compared to January 2025 and abstraction levels have increased to over 35%.

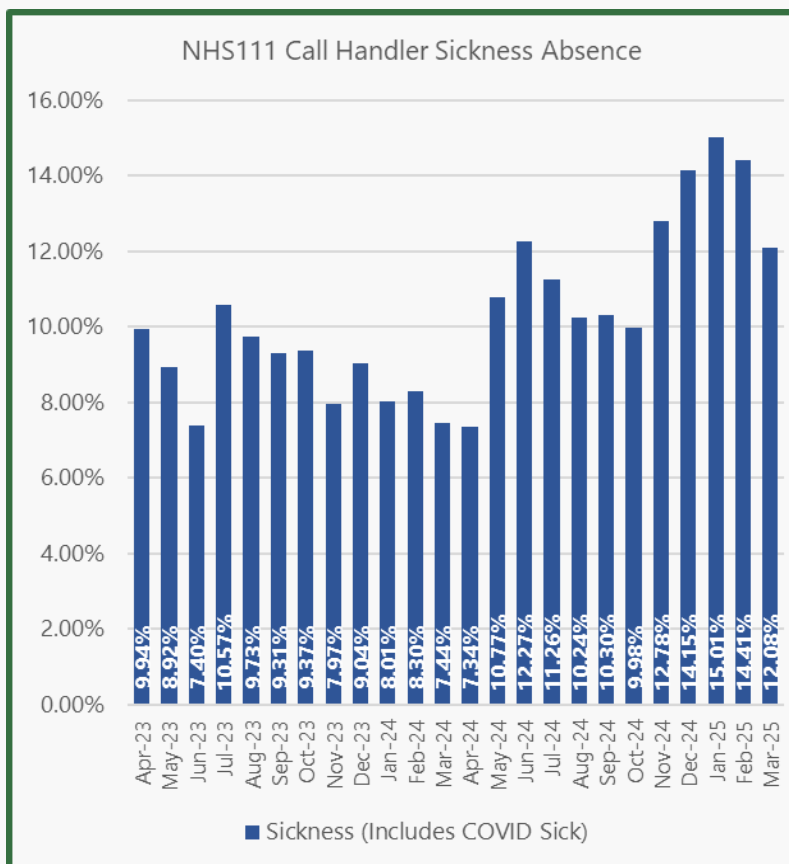
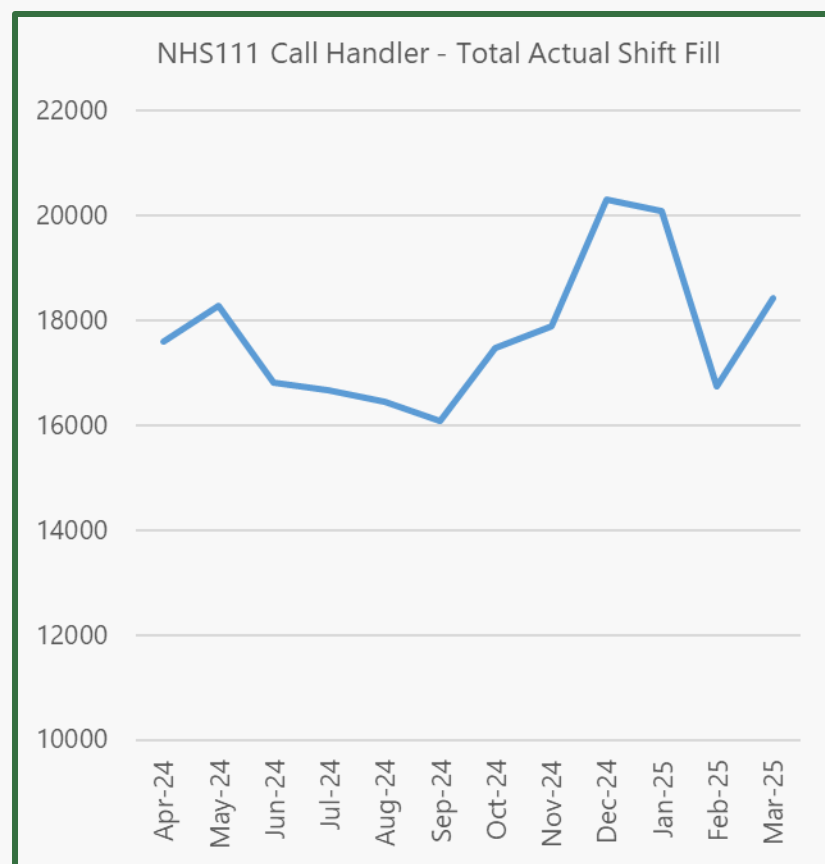
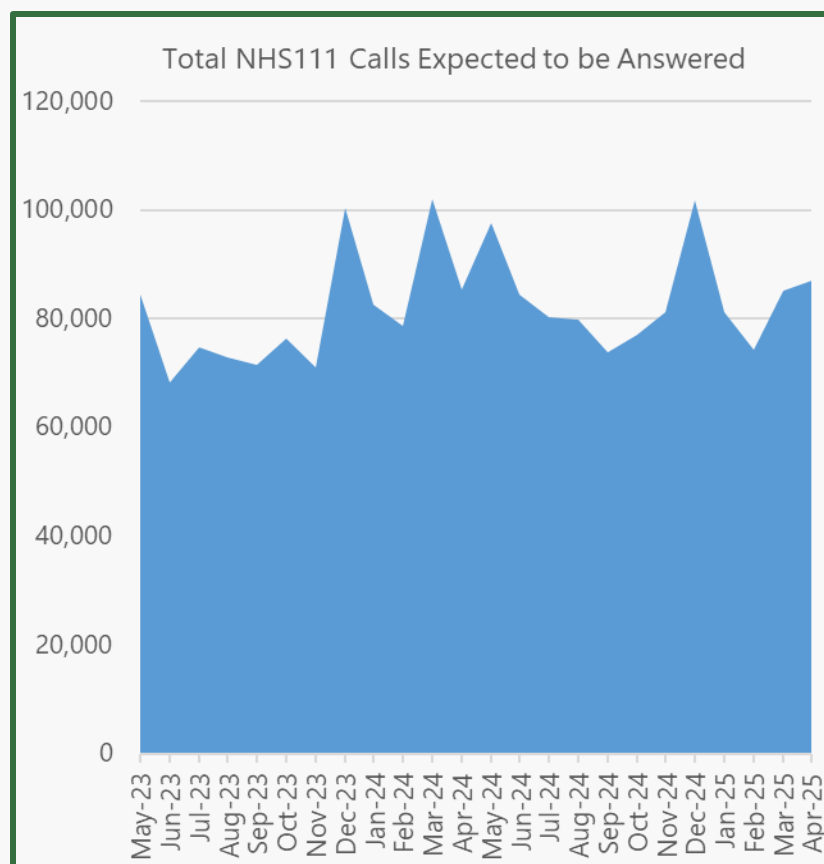
Remedial Plans and Actions

Key actions include:

- Actions have been undertaken to try and improve the call handling position across the Winter and Spring months with record levels of resourcing seen in December 2024 as well as opportunities for further bolstering including overtime, bank and managers/supervisors also re-aligned to call handling.
- A focus on realising the benefits of the new 111CAS;
- A 111-re-roster pre-work review (underway) that takes account of the increased demand the Trust is seeing; what levels of performance commissioners want and the mix of capacity and efficiencies to achieve this.
- The 111-re-roster project is also considered a key response to improving sickness levels i.e. more workable patterns.

Expected Performance Trajectory

We might expect to see an improvement in performance in the spring, traditionally a period with lower demand and sickness..

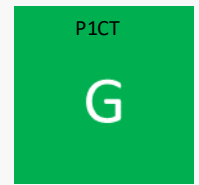


Our Patients: Quality, Safety & Patient Experience

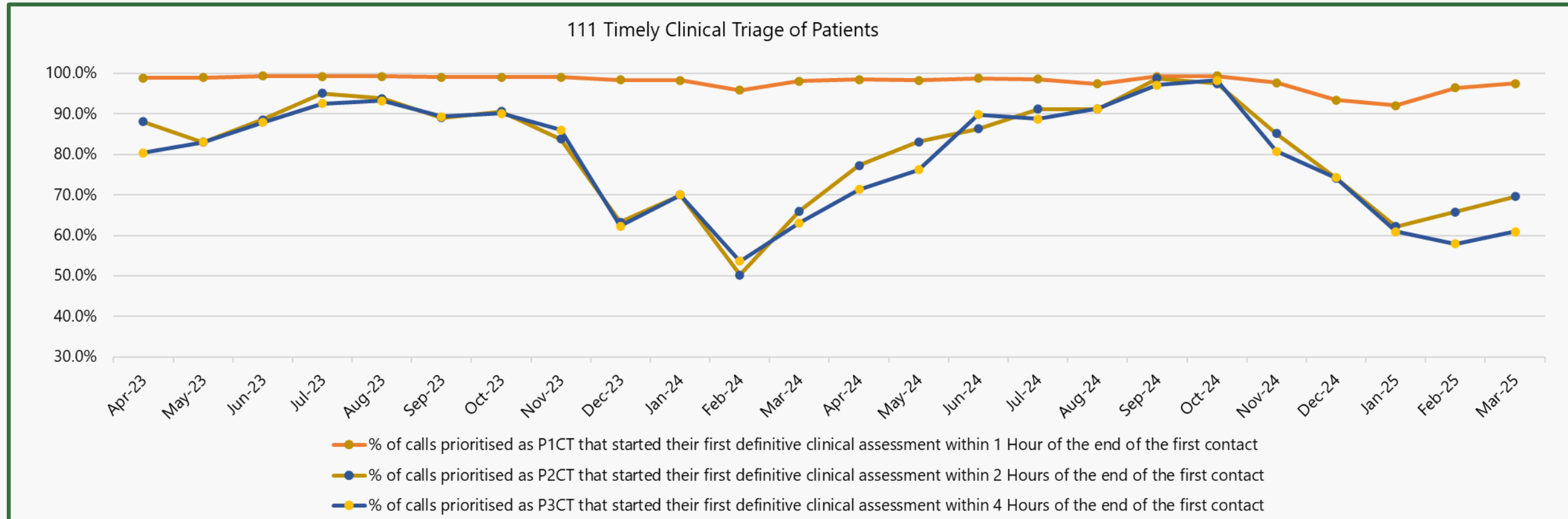
111 Clinical Assessment Start Time Performance Indicators

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

The highest priority calls, P1CT, achieved the 90% target, recording 97.5% in March 2025.

Ring back times for lower category calls did decline between October 2024 and January 2025, linked to a higher-than-average level of clinician sickness absence and an increase in demand, but we have seen an improvement over the past two months. If following a similar pattern to last year it is anticipated that these times will improve further over the next few months.

Numbers of clinician hours produced increased last month, rising from 10,268 hours in February 2025 to 11460 hours in March 2025. Clinician sickness absence during March 2025 was 8.53%.

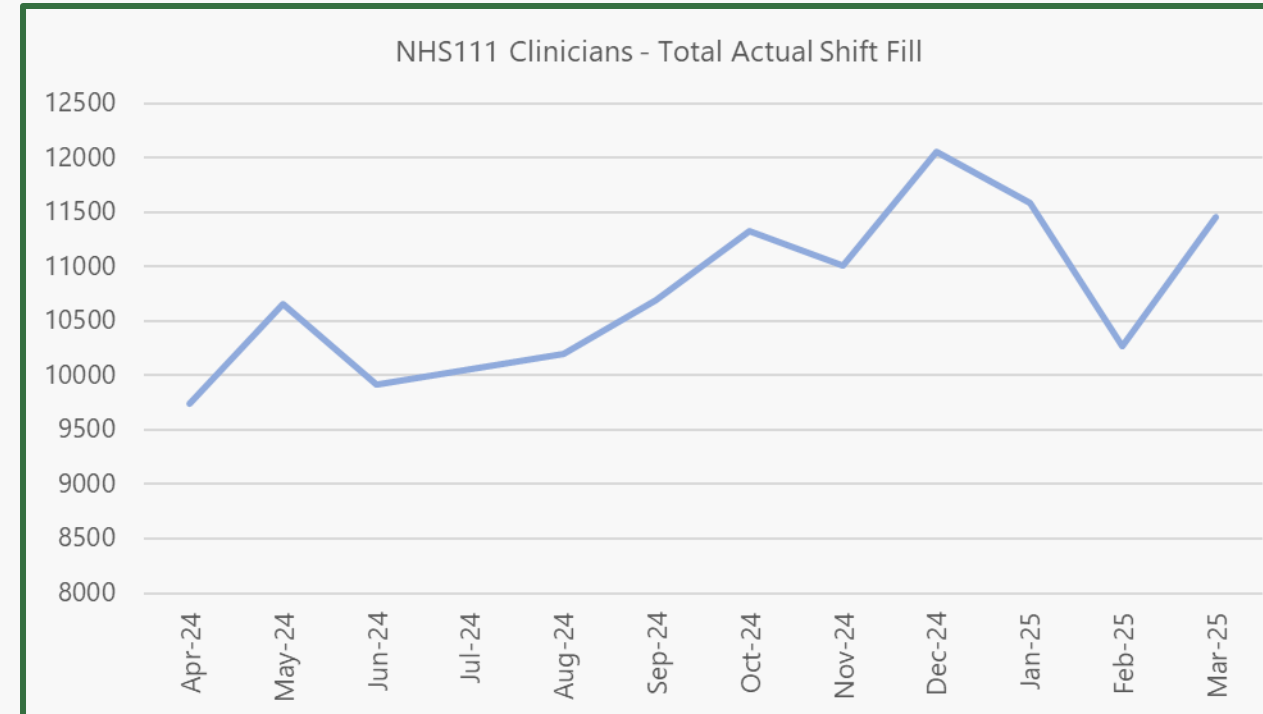
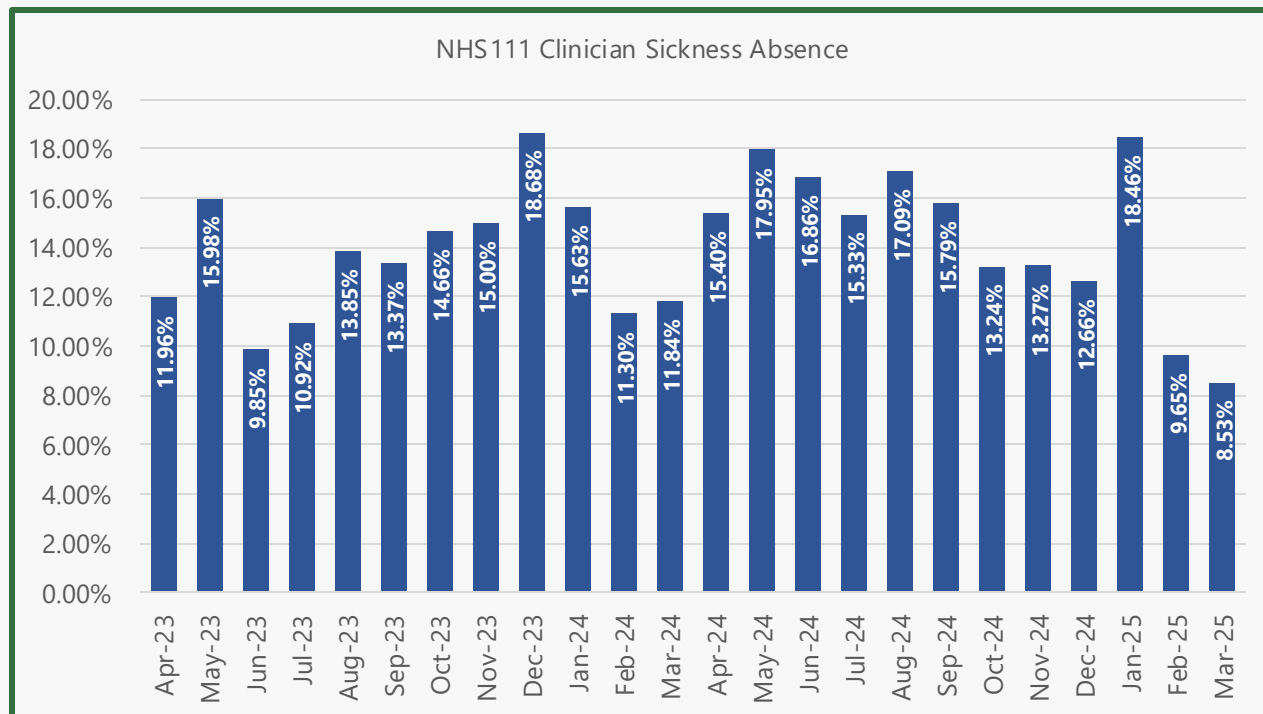
Remedial Plans and Actions

The key actions include:

- A focus on delivering the benefits of the new 111CAS.
- Recruitment up to commissioned levels of clinicians
- A review to determine appropriate levels of capacity to meet increasing demand, including rostering practice (review now live).
- This review also considered key to improving clinician sickness absence along with exploring rotation, as part of the Strategic Workforce Plan.

Expected Performance Trajectory

The new 111CAS will bring performance benefits. Initial approach to performance prediction developed, but further work being undertaken to refine the accuracy of the predictor.



Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

Influencing Factors – Demand and Hours Produced

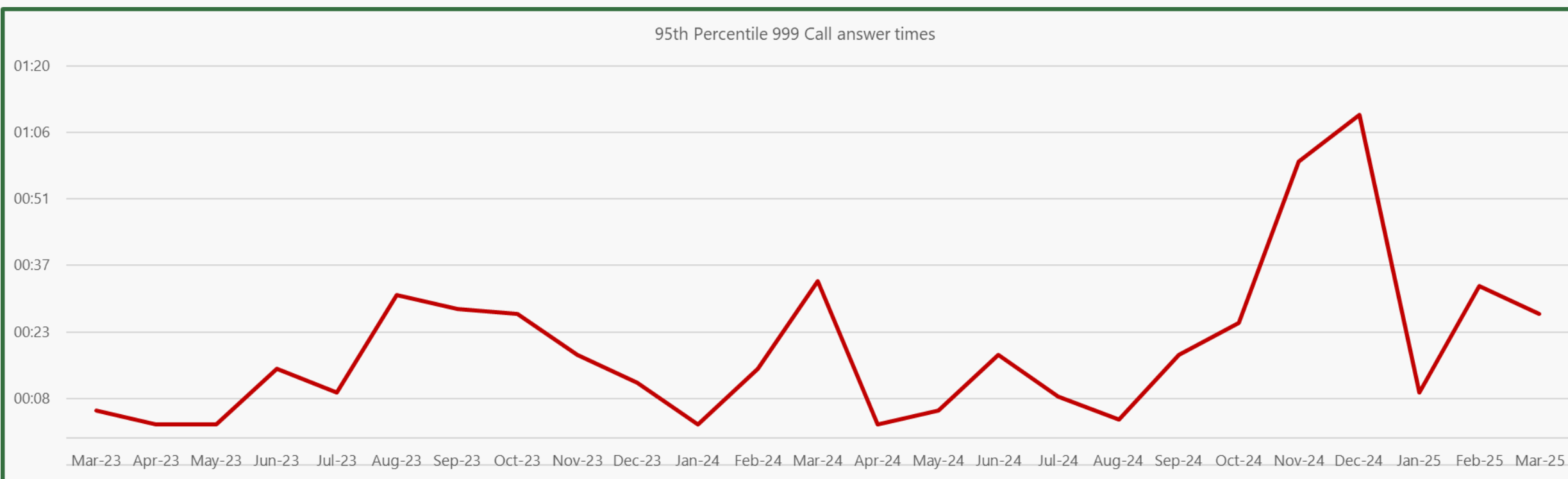
(Responsible Officer: Lee Brooks)

R

FPC

CI

95th Percentile 999 Call answer times



Analysis

The 95th percentile 999 call answering performance decreased to 27 seconds in March 2025 and failed to achieve the 6 second target; however, the median call answer time for the 999-service has been consistently good at 2 seconds (October 2024). However, due to the migration of the 999-telephony service, data quality checks are being undertaken for further 2024 data.

There was an increase in demand in March 2025 to 42,315 calls from 37,911 in February 2025.

Sickness levels saw a slight improvement, reducing from 10.62% in February 2025 to 9.99% in March 2025.

Remedial Plans and Actions

- Will continue to overrecruit for the next few months (as approved by the ADO and the EDOps) which will also support potential losses from the Bryn Tirion move to Ty Elwy.
- Further recruitment is underway in North, and 3 cohorts started by the end of the fiscal year.
- Work is ongoing to identify what is contributing to high sickness via the Managing attendance at work and attrition via the recruitment and selection processes.

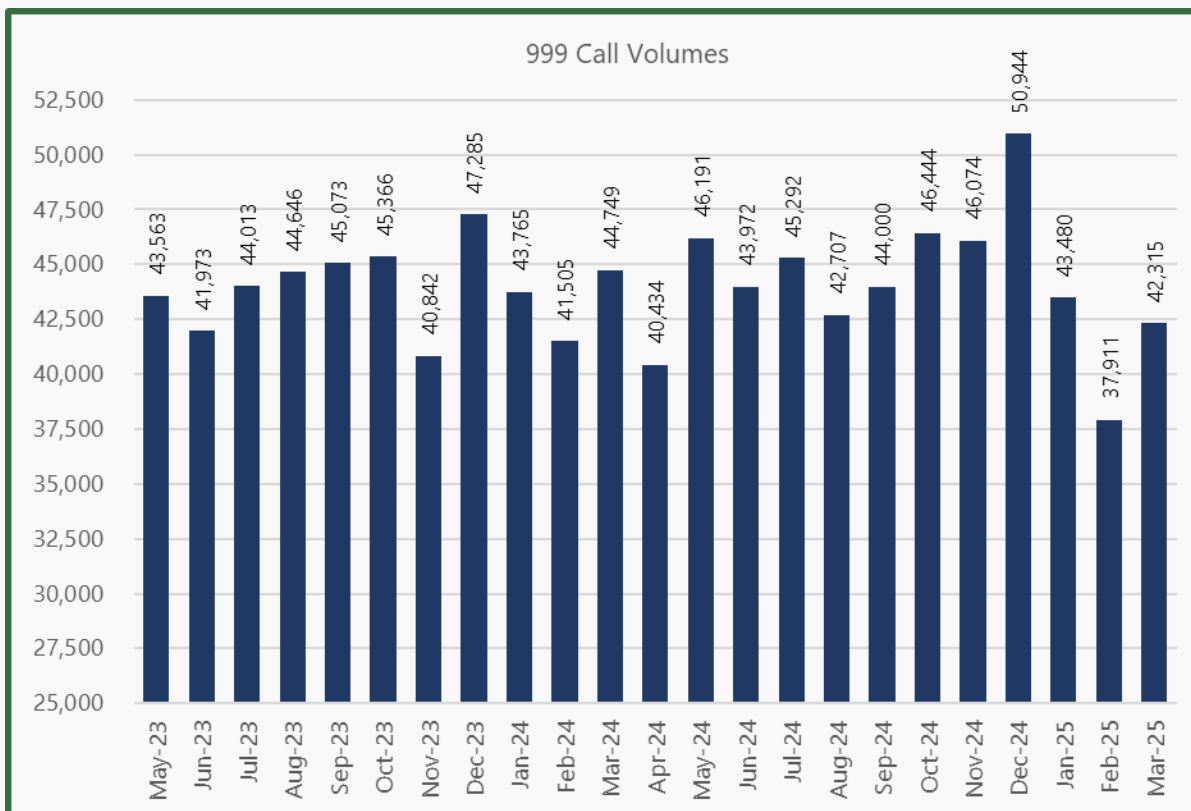
A transformation programme concluded:

- **Roster Review.** A dispatch roster review for Allocators and Dispatchers. Complete.
- **Boundary changes.** Realignment of dispatch boundaries to balance workload and pressures for individual dispatch teams. Complete.
- **Broader Ways of Working.** This project is looked 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. Complete.

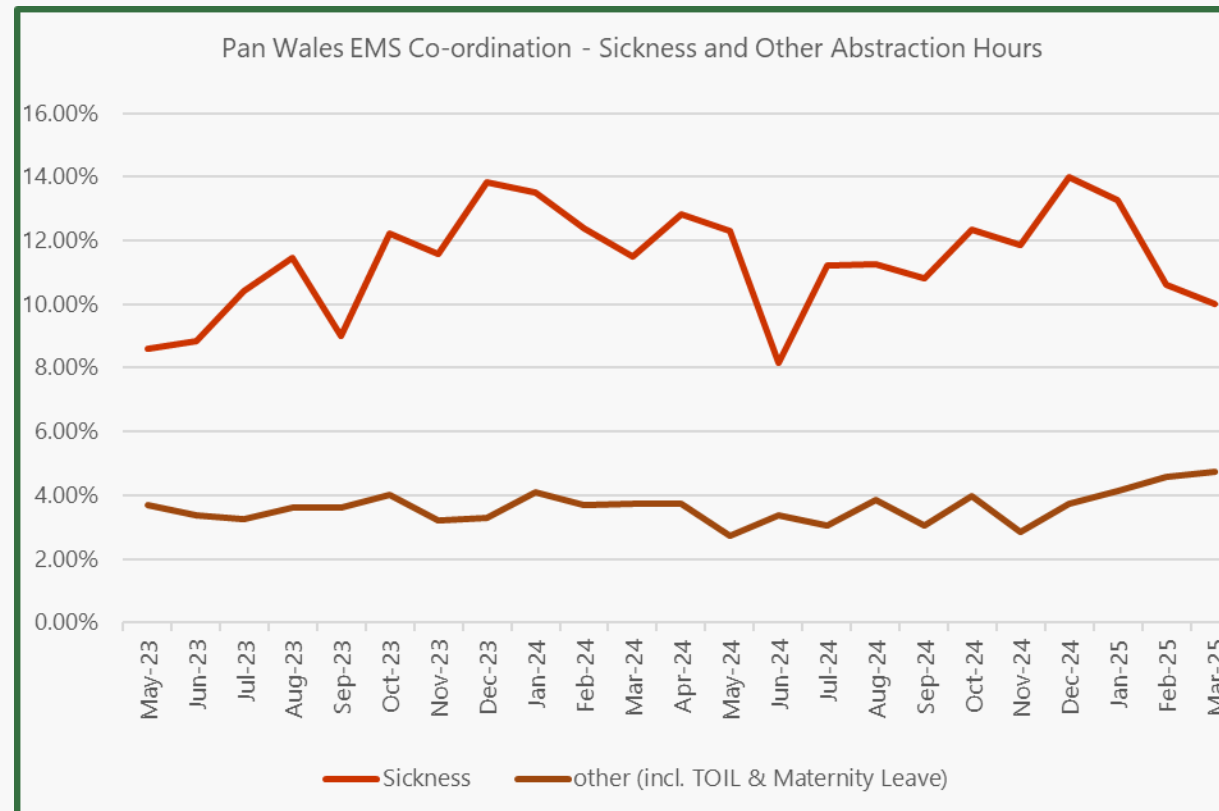
Expected Performance Trajectory

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

999 Call Volumes



Pan Wales EMS Co-ordination - Sickness and Other Abstraction Hours

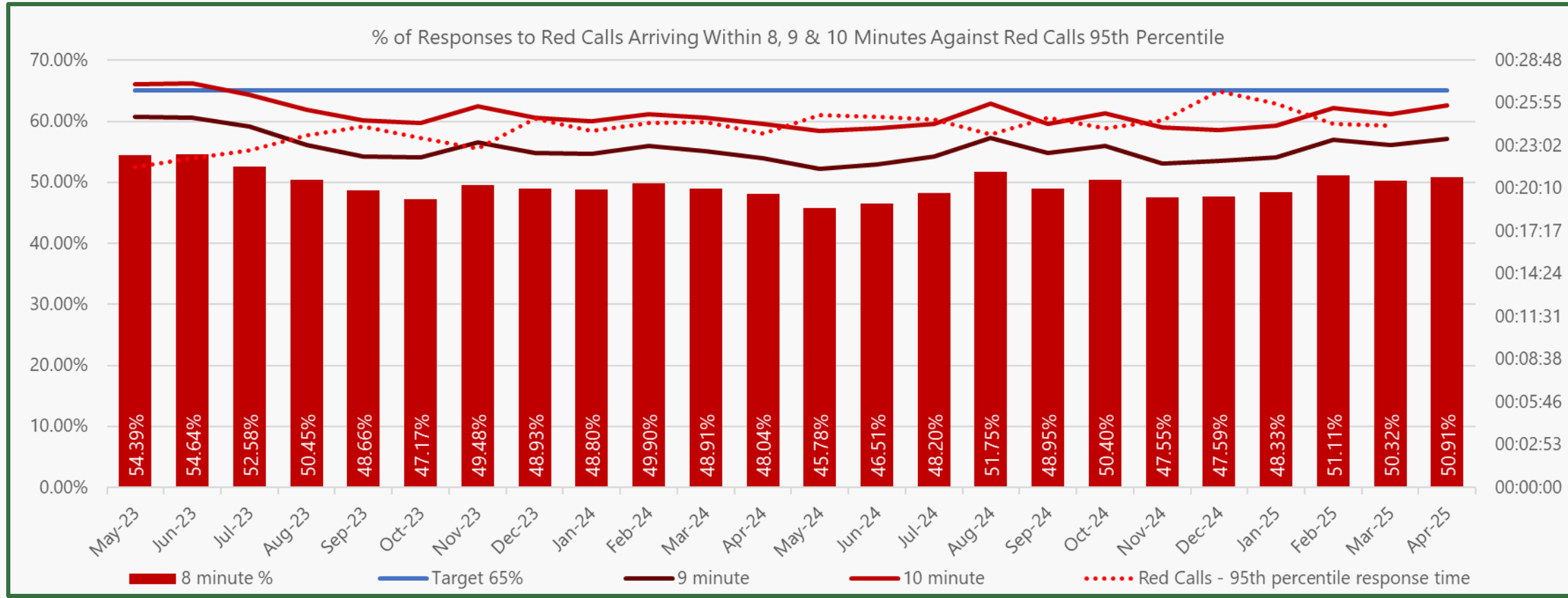
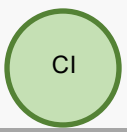


Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)



Analysis

Red 8-minute performance improved slightly in April 2025 to 50.9% from 50.3% in March 2025, but remained below the 65% target.

Red 10-minute performance for April 2025 was 62.6%, which is marginally above the 2-year average (61.1%).

One of the main determinants is **red demand**, which has **increased** over the last few years, with red demand in April 2025 being 12.5% higher than that seen in April 2024. As red demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for April 2025 of 2600, being 19.5% higher than the figure for April 2024, 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 21,183 lost hours during April 2025.

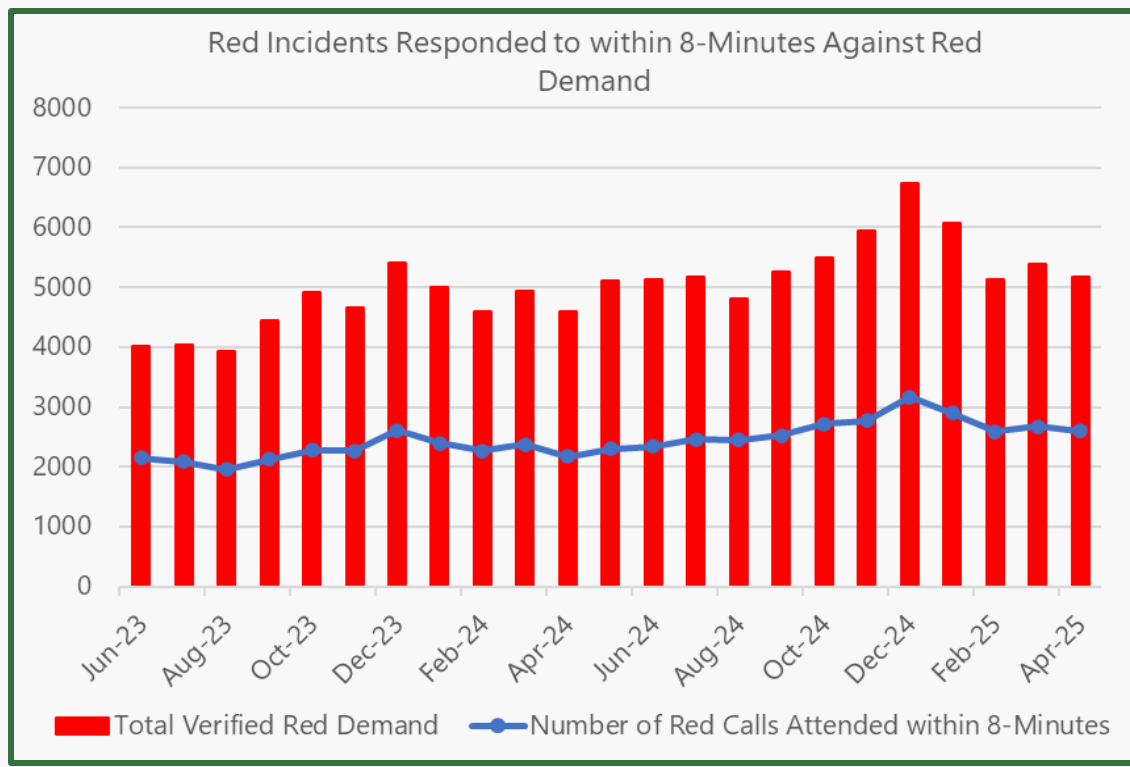
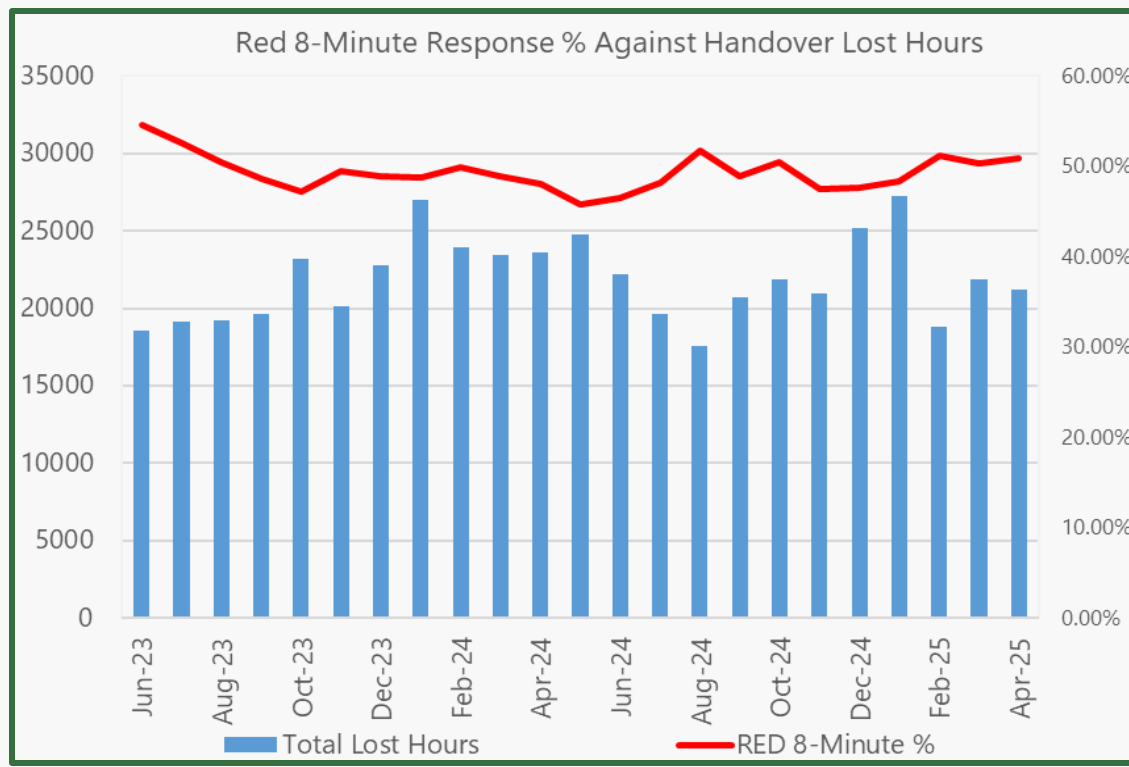
Remedial Plans and Actions

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

- To maintain commissioned establishment in post levels overall: the Trust remains close to achieving its 95% UHP benchmark in March with 91% UHP (all resources);
- Full roll out of the Cymru High Acuity Response Unit (CHARU): the Trust achieved its highest ever CHARU UHP in January;
- The deployment of rapid clinical screening, as outlined in our IMTP (the Trust achieved this); and

Expected Performance Trajectory

On the 11th March 2025 the Cabinet Secretary for Health & Social Care announced that the current Red category will be replaced with a new arrest category and emergency category from 01 July 2025, with the focus moving to measures of the chain of survival and patient outcomes i.e. saving lives, rather than a hit/miss time target.



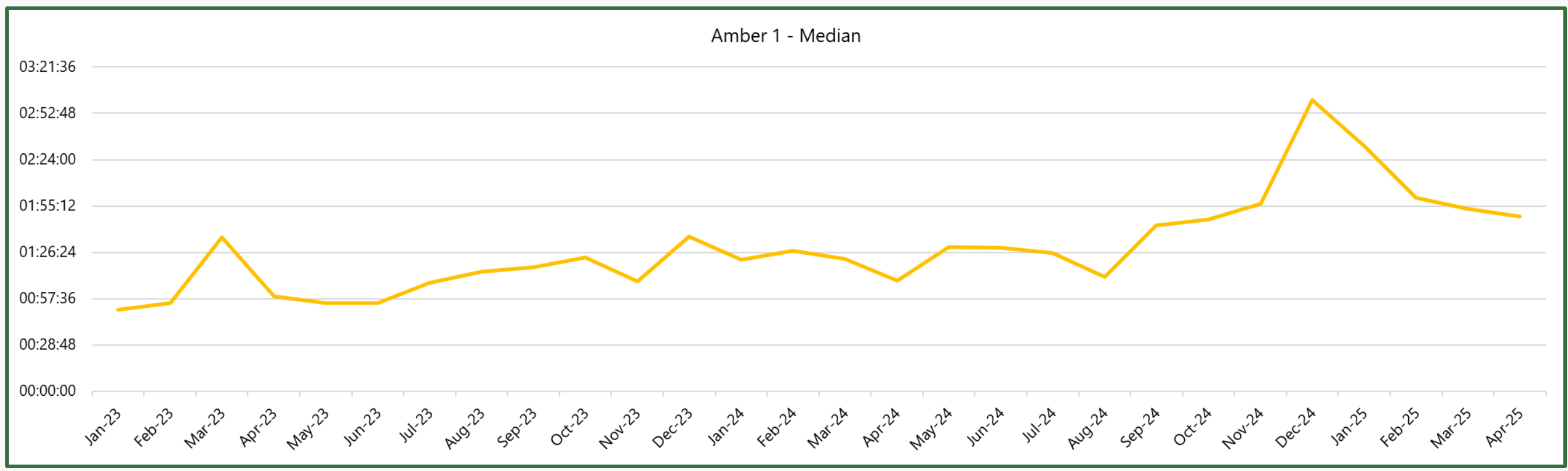
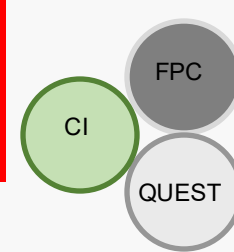
Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

R



Analysis

The Amber 1 median performance time decreased during April 2025 to 1 hour and 48 minutes compared to 1 hour 53 minutes in March 2025. The ideal Amber 1 median response time remains at 18 minutes.

The Amber 1 95th percentile also decreased during April 2025 to 7 hours 26 minutes, down from 7 hours 53 minutes in March 2025. This time remains far too long and remains above the 2-year average figure of 7 hours 02 minutes.

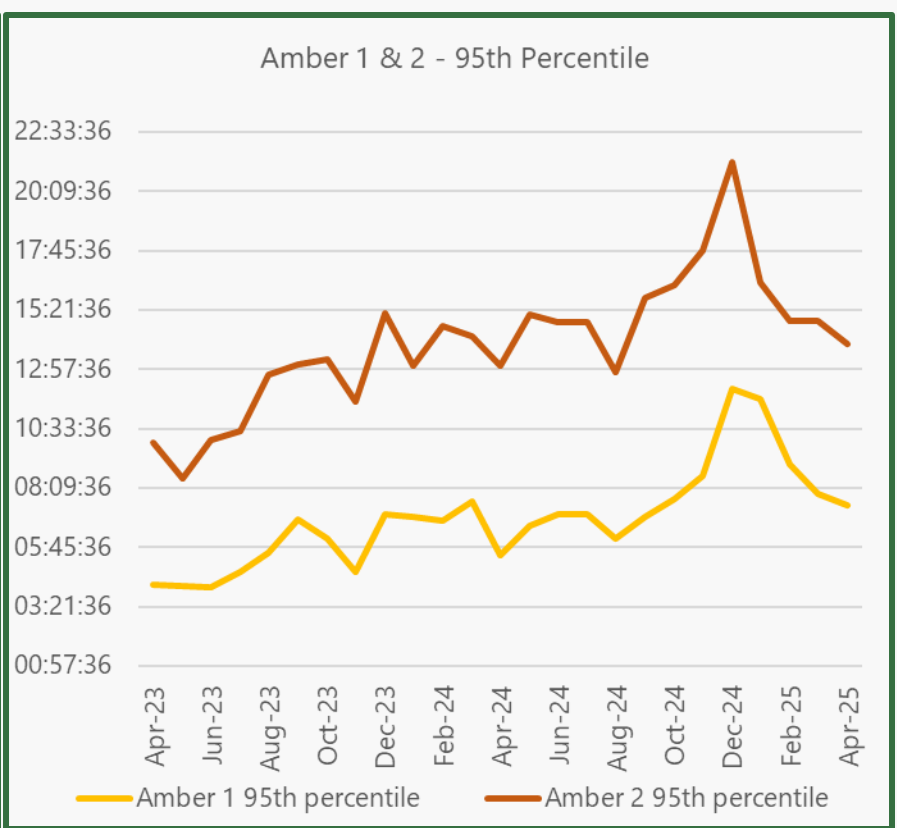
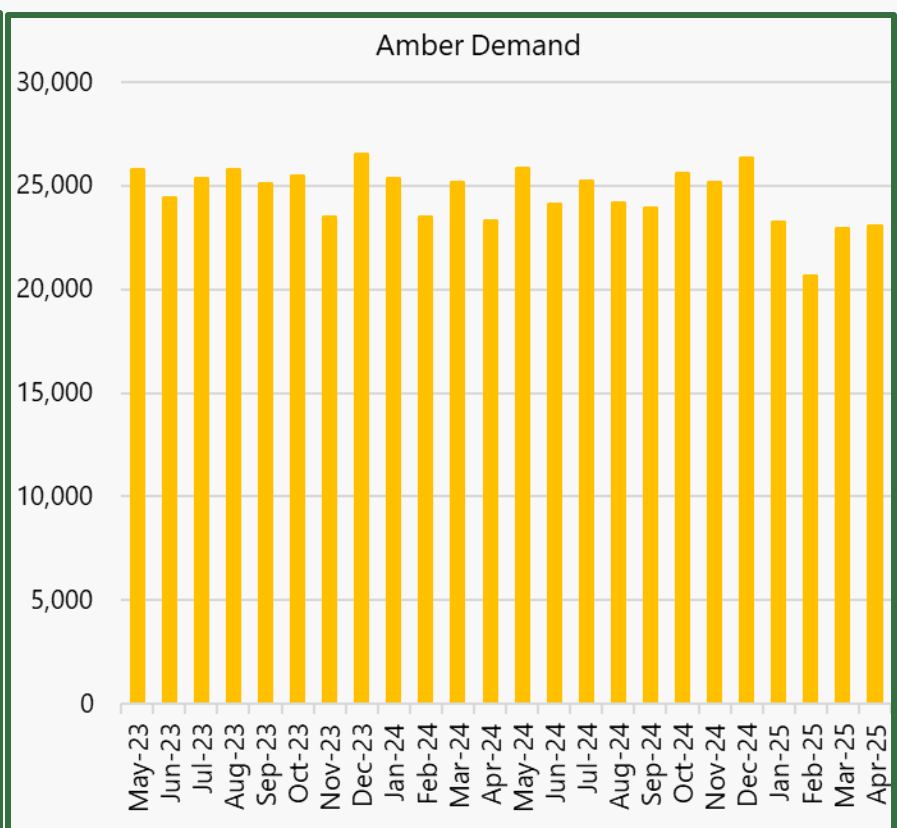
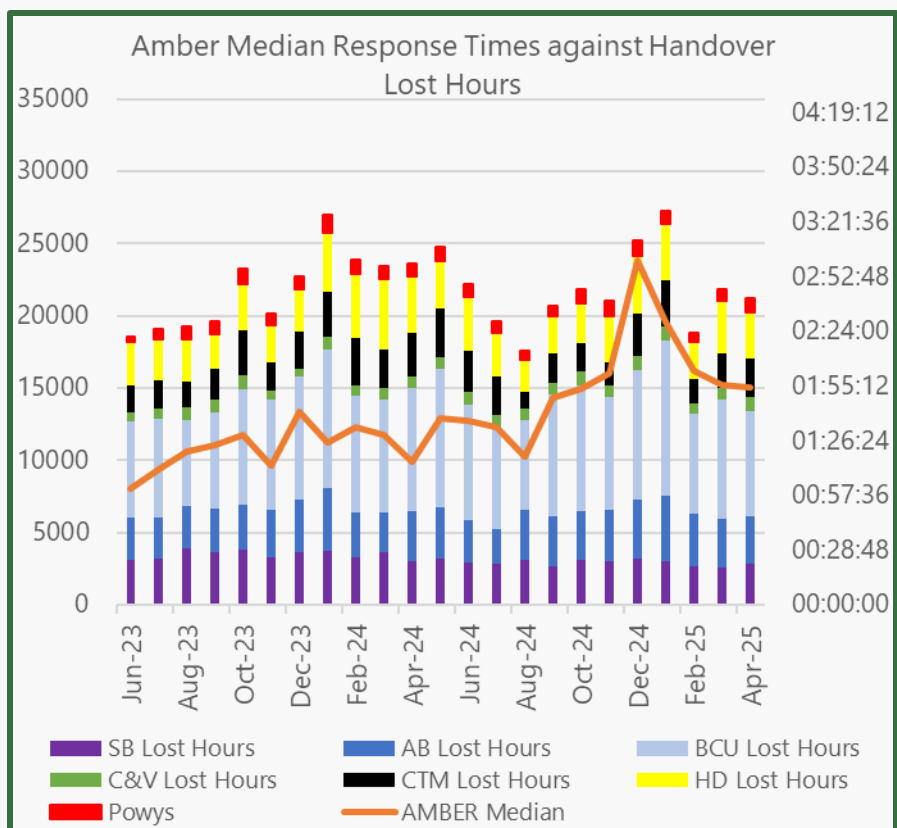
As with Red, there is a strong correlation between Amber performance and lost hours due to handover delays.

Remedial Plans and Actions

The actions being taken are largely the same as those related to Red performance on the previous slide. A Welsh Government review of Amber response times is due to start imminently.

Expected Performance Trajectory

The Trust's commissioned level of production (its rosters) is designed to cope with 6,000 hours of handover lost hours. Unless there is a material reduction in handover lost hours and a transformation of the 999 emergency ambulance pathways, the Trust will continue to see long amber waits and avoidable patient harm. Trust expecting to join a WG led meeting on how handover can be reduced to the 6,000 level.



Our Patients: Quality, Safety & Patient Experience

Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

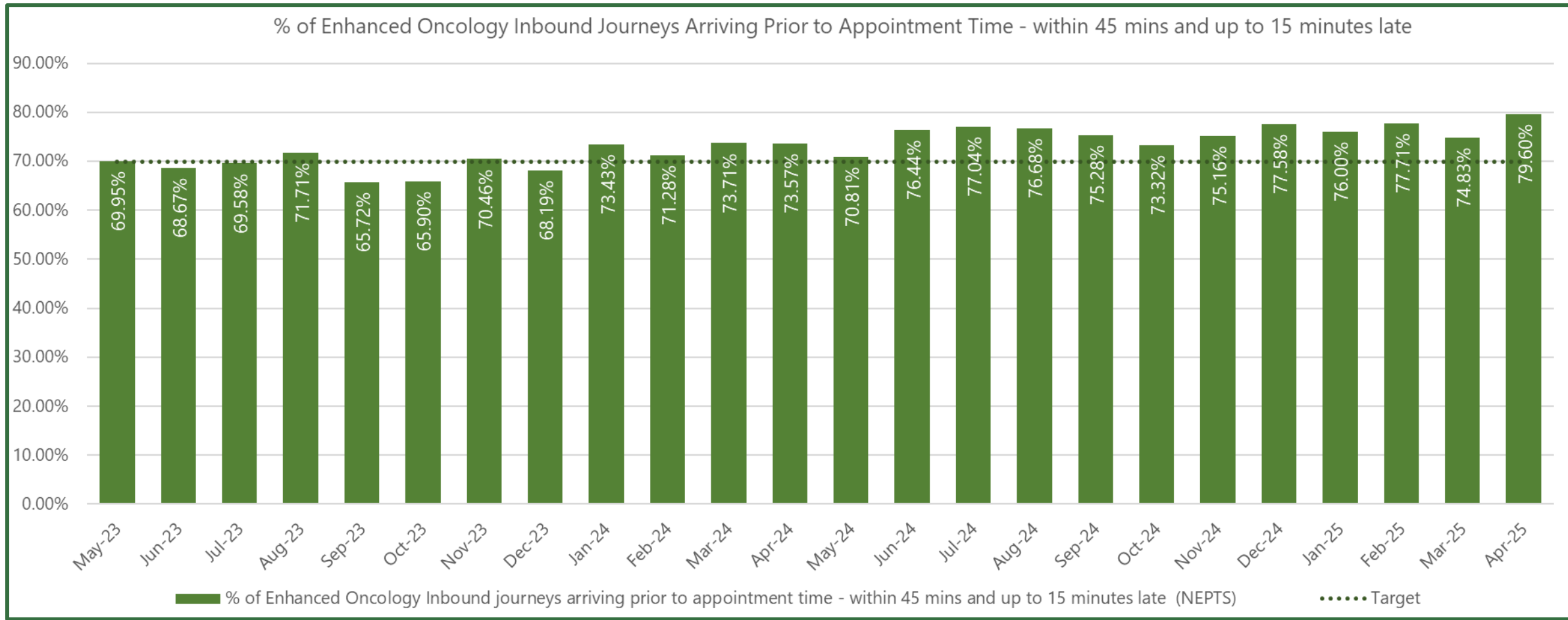
D&T
R

Oncology
G

Welsh Calls
G

FPC

CI



Analysis
79.60% of enhanced Oncology journeys arrived within 45 minutes prior and up to 15 minutes late of their appointment time in April 2025, once again achieving the 70% target. 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 decreased in April 2025 to 75% and remains below the 95% target. Discharge and Transfer journeys booked on the same day also failed to reach the 95% target in April 2025, achieving 94%. The lowest percentage since before the performance targets changed in April 2023.

Enhanced Renal journeys minimally decreased from 73.74% in March 2025 to 72.81%, however therefore achieving the agreed performance standard of 70% for only the fourth time since September 2024.

Call volumes answered decreased to 14,469 calls during April 2025, down from 16,389 in March 2025; however, the average speed of call answering increased from 7 minutes 52 seconds to 11 minutes 7 seconds.

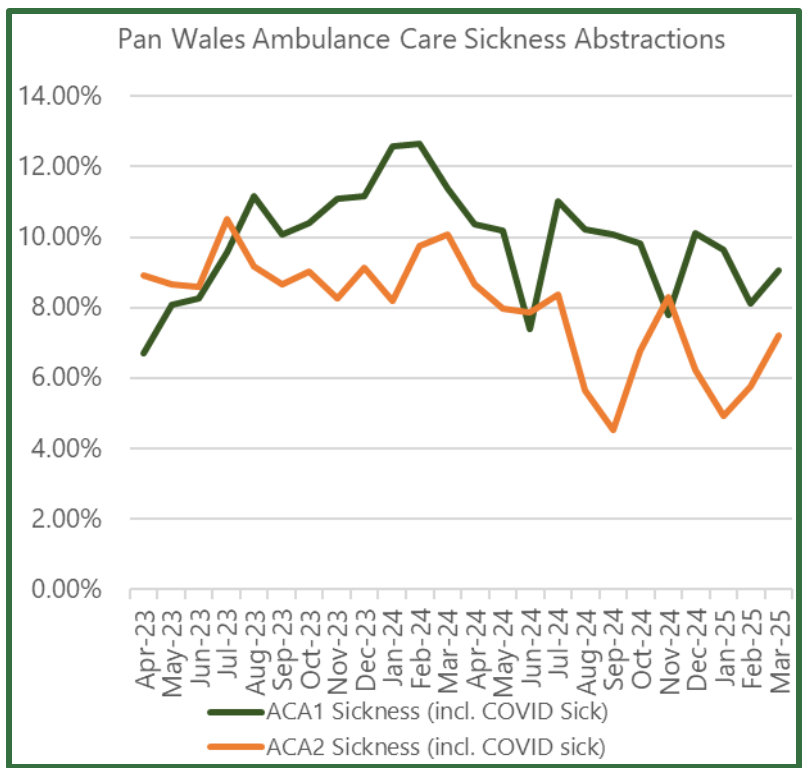
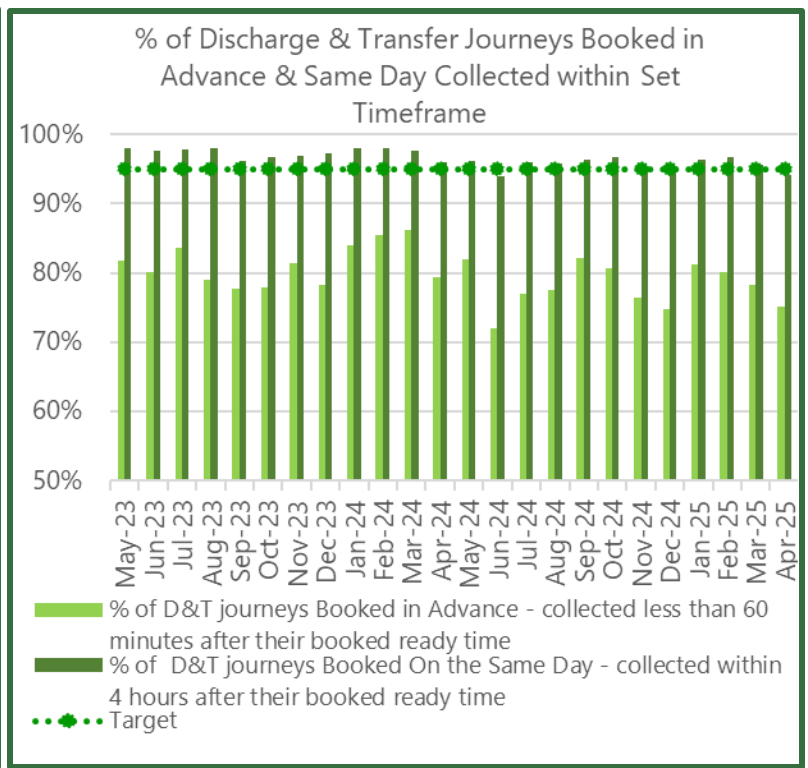
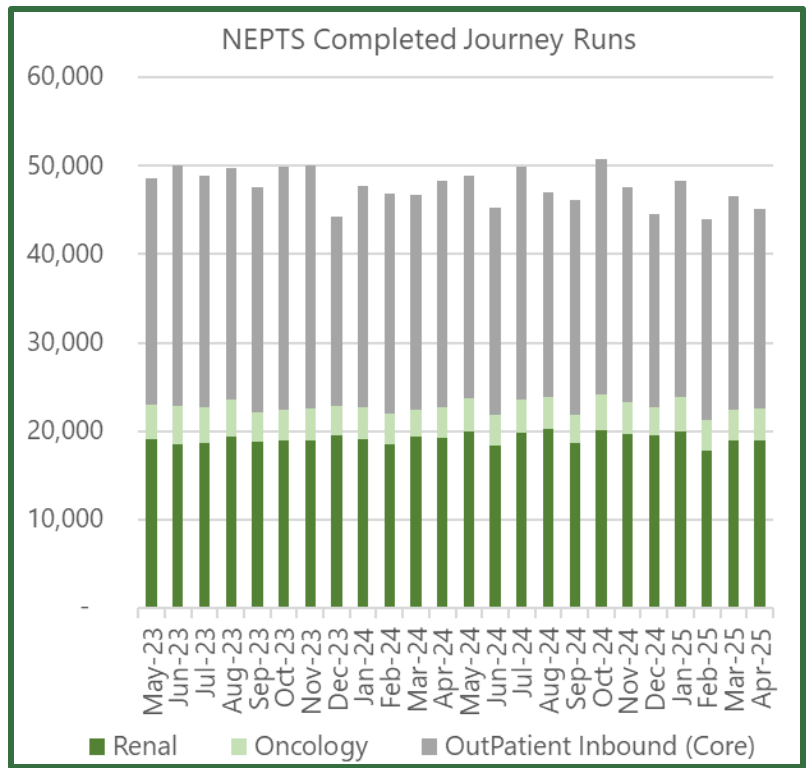
ACA1 sickness remains above the 5.99% target, at 9.04% in March 2025. ACA2 sickness has risen above the target increasing to 7.22% in March 2025.

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 have been finalised based on updated demand with the roster review now commenced.

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
The re-roster, which will take six months to deliver will enable the Trust to reach more patients within the current resource envelope



Our Patients: Quality, Safety & Patient Experience

Clinical Indicators

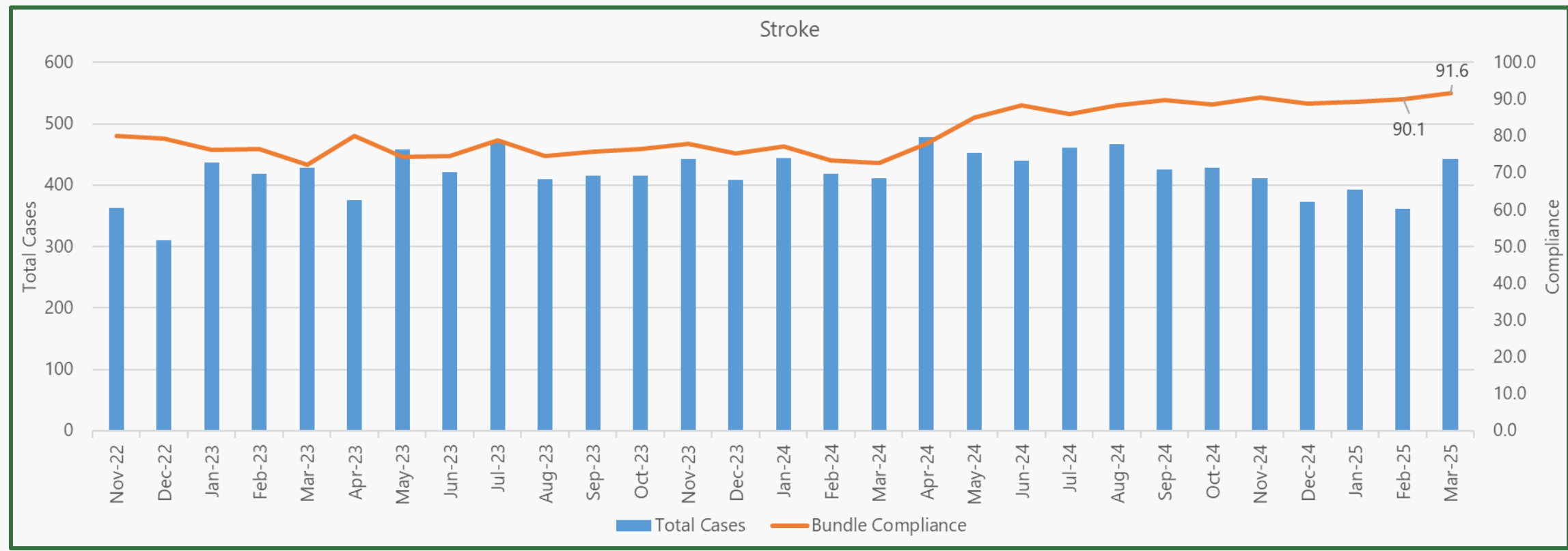
Stroke	ROSC	STEMI
A	G	R

Self-Assessment:
Strength of Internal
Control: Moderate

QUEST

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

(Responsible Officer: Andy Swinburn)



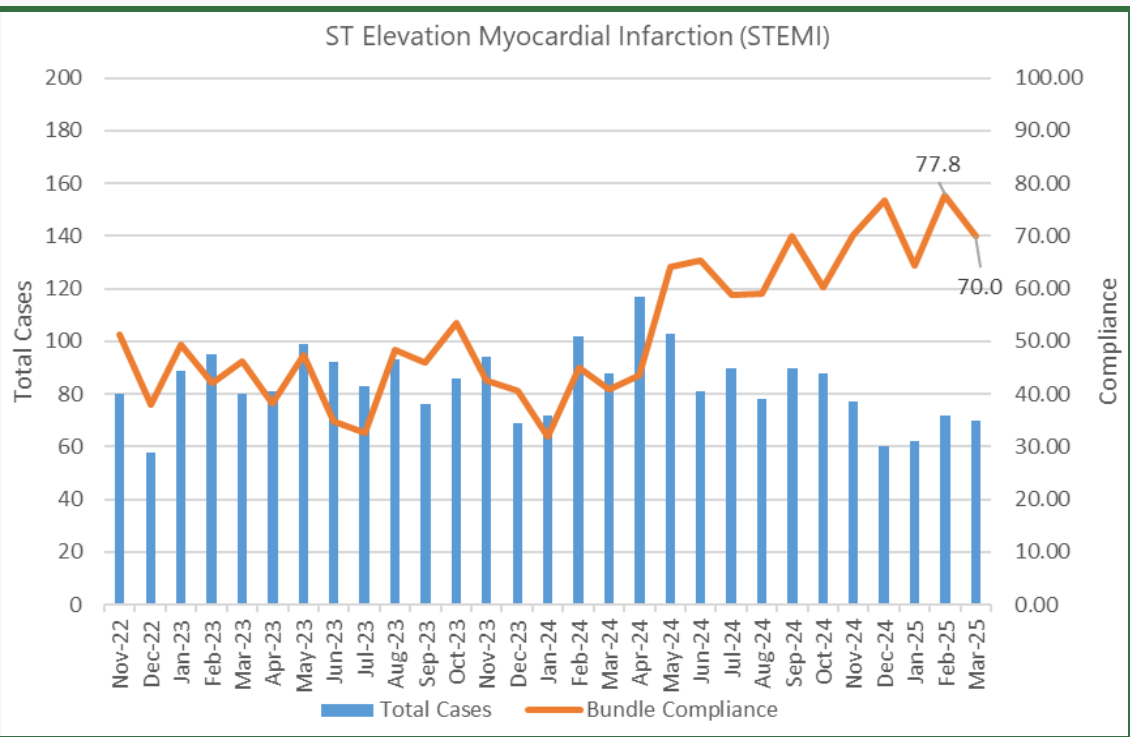
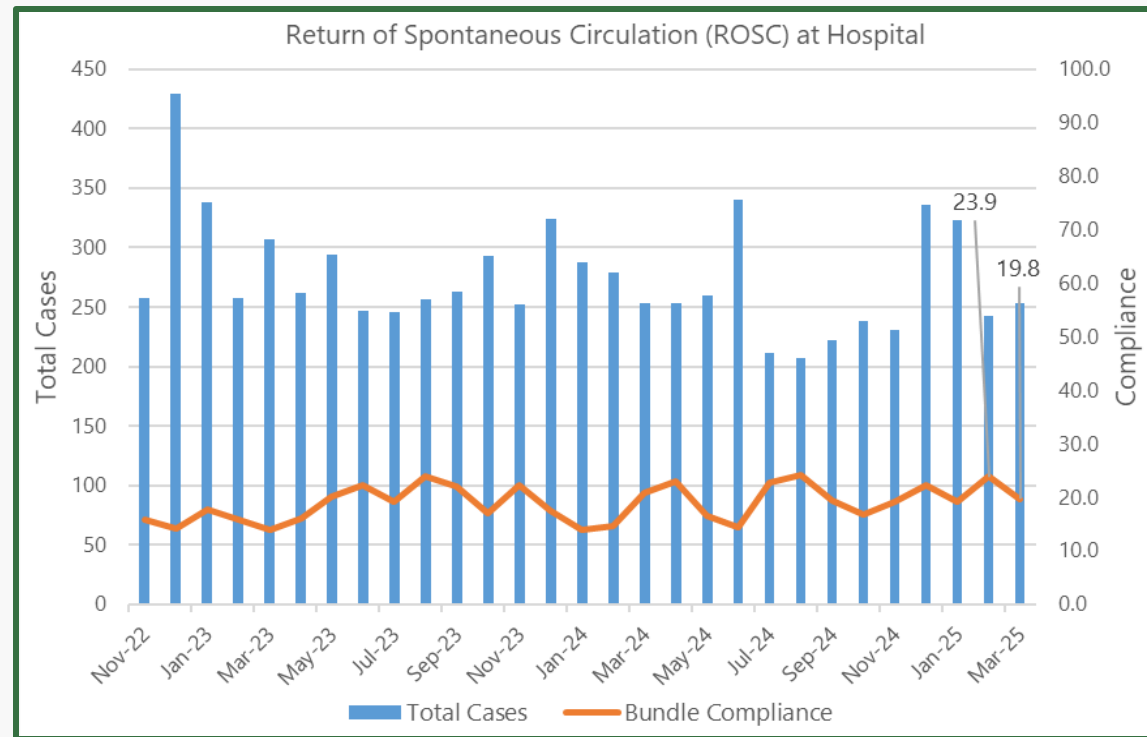
Analysis
The percentage of patients documented as receiving appropriate care bundles in March 2025 was:

Stroke – 91.6%, a slight increase from 90% in February 2025. There is a close correlation between documenting FAST (a test to detect symptoms of stroke) and care bundle compliance.

STEMI (heart attack) – 70%, a decrease from 77.8% in February 2025. There has been a decrease in documenting all criteria in Q1, particularly in the pain score and analgesia components. The number of cases remained low (70) therefore, increasing the volatility of the compliance data so this could be natural variance.

Return of Spontaneous Circulation at hospital (from cardiac arrest) – 19.76%, a decrease from 23.9% in February 2025. An update was made to the ROSC coding scripting which affected the data from July 2024. This resulted in a step change with August 2024 being the highest since ePCR was implemented. A 'nudge' to improve documentation for specific fields including outcome was implemented in October 2024. Months since have continued to see higher numbers of cases in this indicator.

N.B. Due to the nature of this metric, common cause variation occurs which can result in a marked reduction in performance from small numbers of unsuccessful resuscitations attempts. The factors that influence this are multifactorial and as such it is not possible to identify the specific element. Following the switch to the electronic Patient Clinical Record, the way data is collected has changed. Automated Clinical Indicator reports are generated from data directly inputted by clinicians. As a result of the anticipated low compliance, risk 535 was generated with three key mitigations to work on:
 Design of the electronic Patient Clinical Record User Interface
 Clinician interaction with the electronic Patient Clinical Record
 Accuracy of the scripting to extract the data from the data warehouse to create the reports.
 Further electronic Patient Clinical Record User Interface changes are planned for the next update scheduled for Spring 2025, the impact will be monitored by the Clinical Intelligence & Assurance Group.



Our Patients: Quality, Safety & Patient Experience

Clinical Indicators

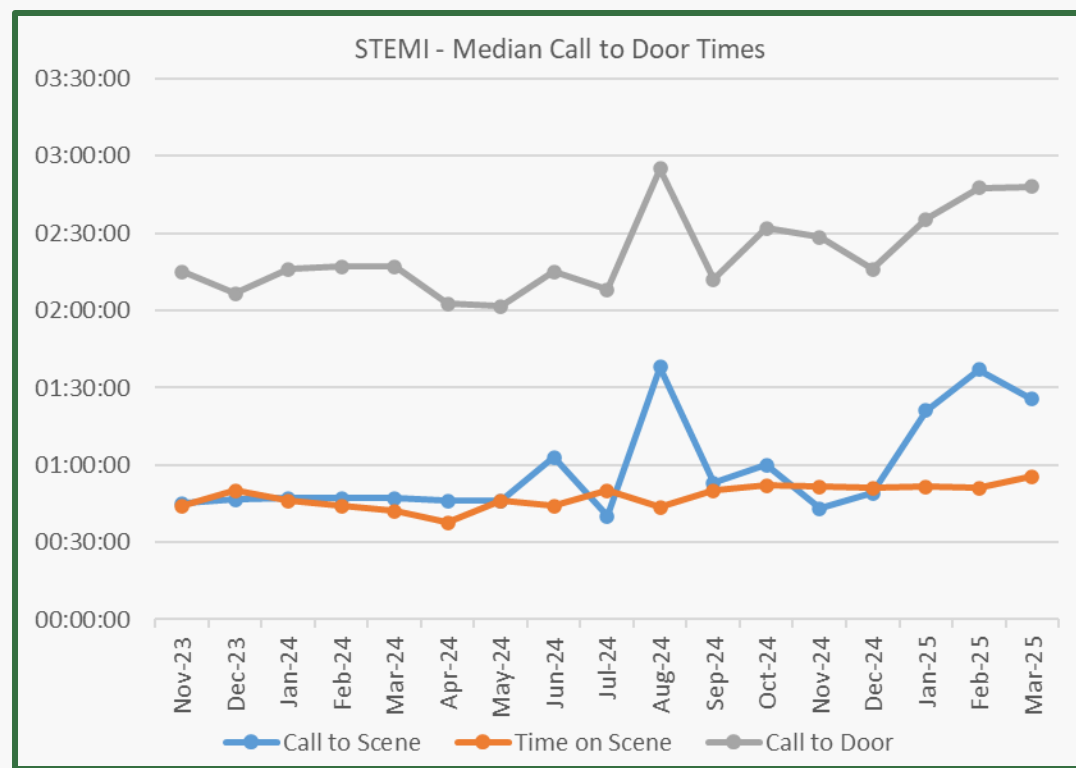
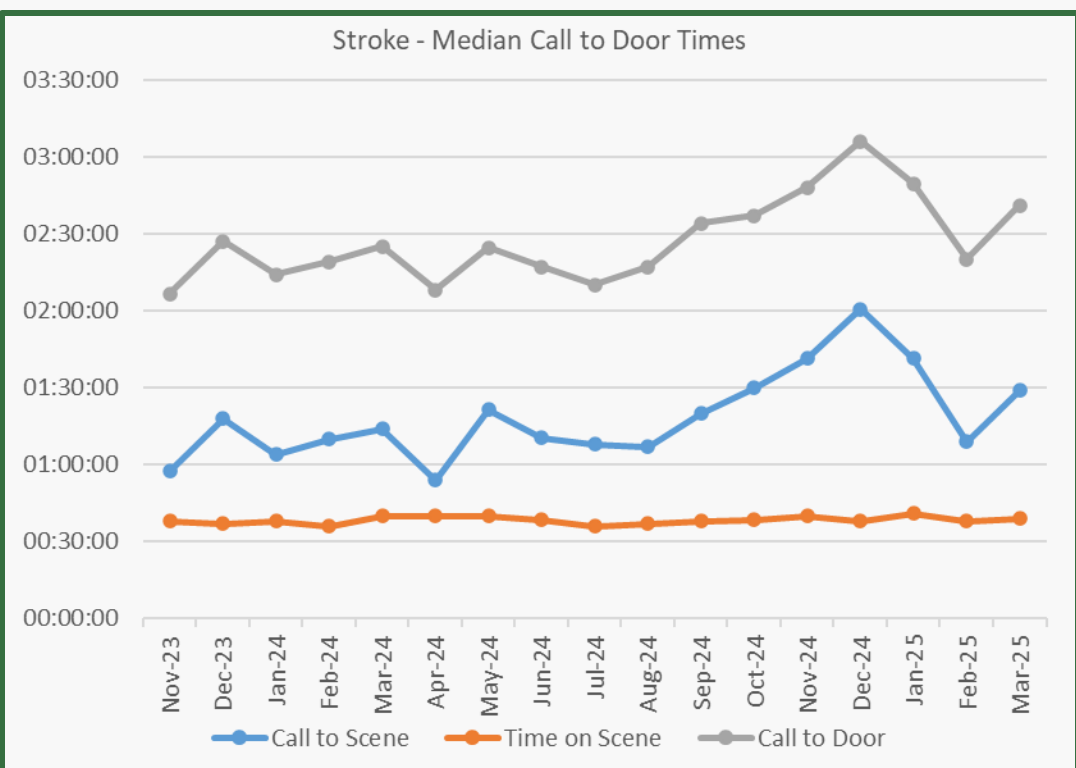
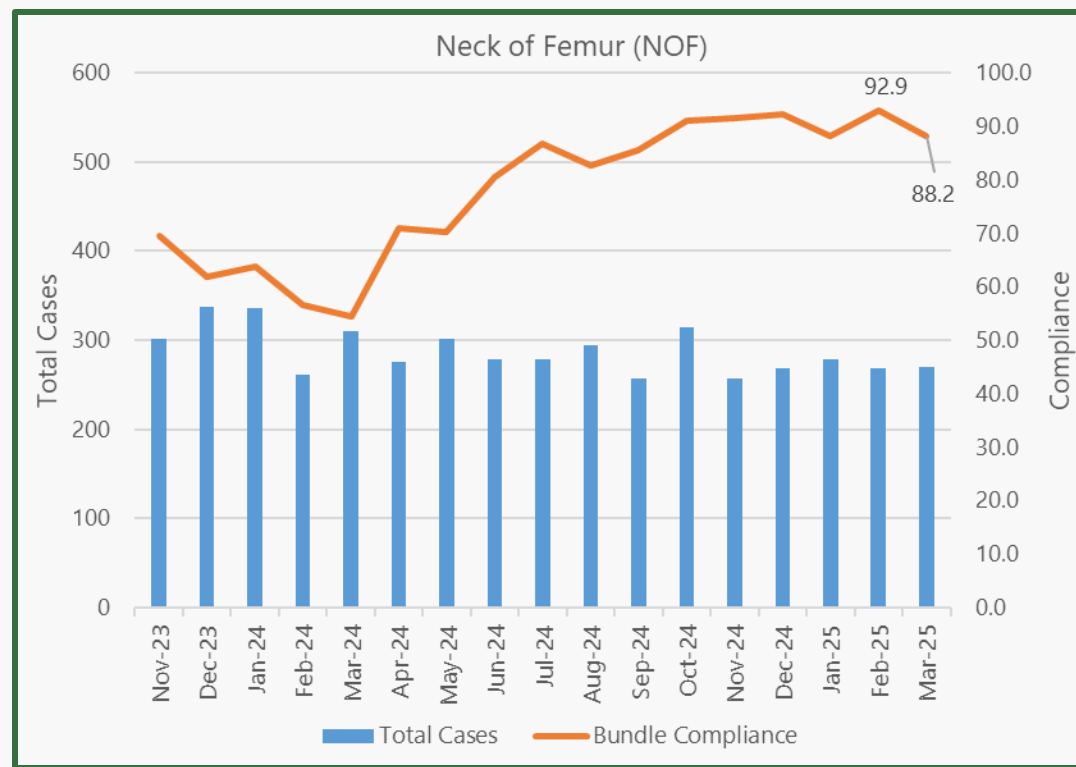
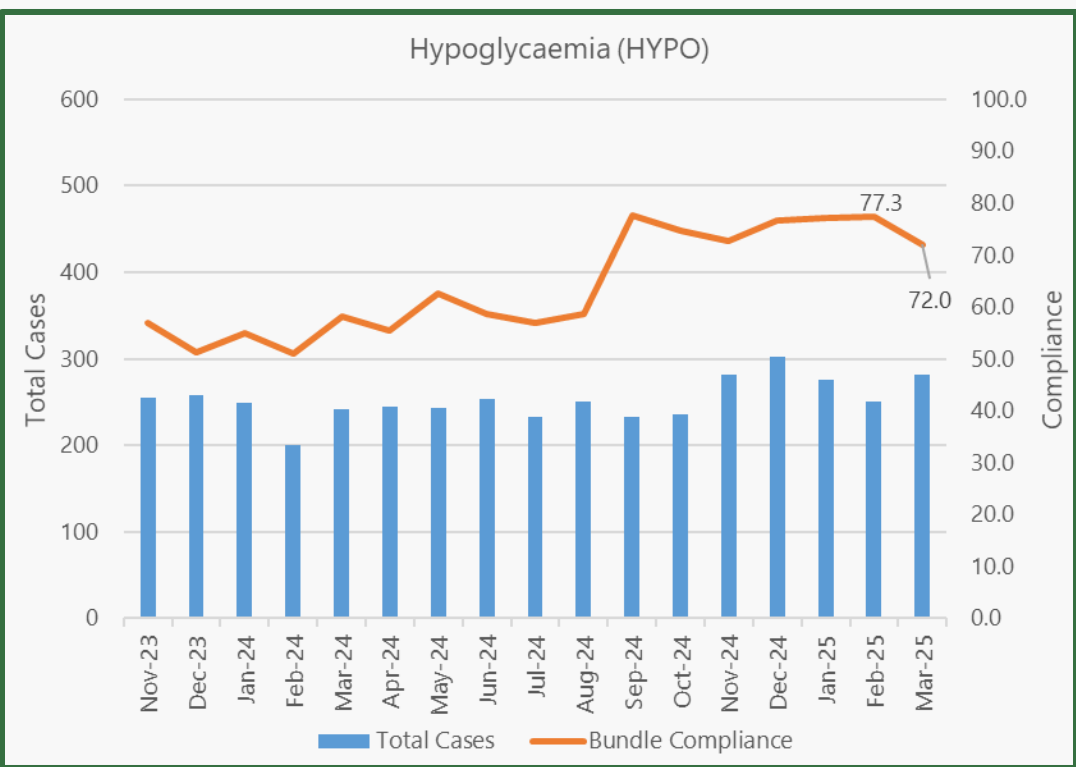
Hypoglycaemia, Fractured Neck of Femur (#NOF) and Time-Based metrics (Stroke & STEMI)

Call to Door
A

Self-Assessment:
Strength of Internal
Control: Moderate

(Responsible Officer: Andy Swinburn)

QUEST



Analysis

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

Hypoglycaemia (diabetic patients with low blood glucose) – 72%, a decrease from 77.3% in February. Compliance has remained quite static but dropping slightly in Q3, although with a slight increase in the number of cases from 251 (Feb 24) to 282 for March. This is likely to be within the natural variation.

Fractured Neck of Femur (hip fracture) – 88.2%, a slight decrease from 92.9% in February. Only a slight increase in compliance this can be attributed to a decrease in the documenting analgesia and vital signs elements.

Call to door times for Stroke and STEMI – Although call to door times extended for STEMI during Q1, the corresponding report for stroke improved with the changes both being attributed to the call to door element of the call cycle. There have been changes in the clinical model in this period and more analysis over an extended period will be required to understand the underlying trend and route cause of this.

Remedial Plans and Actions

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

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 Responses Indicators

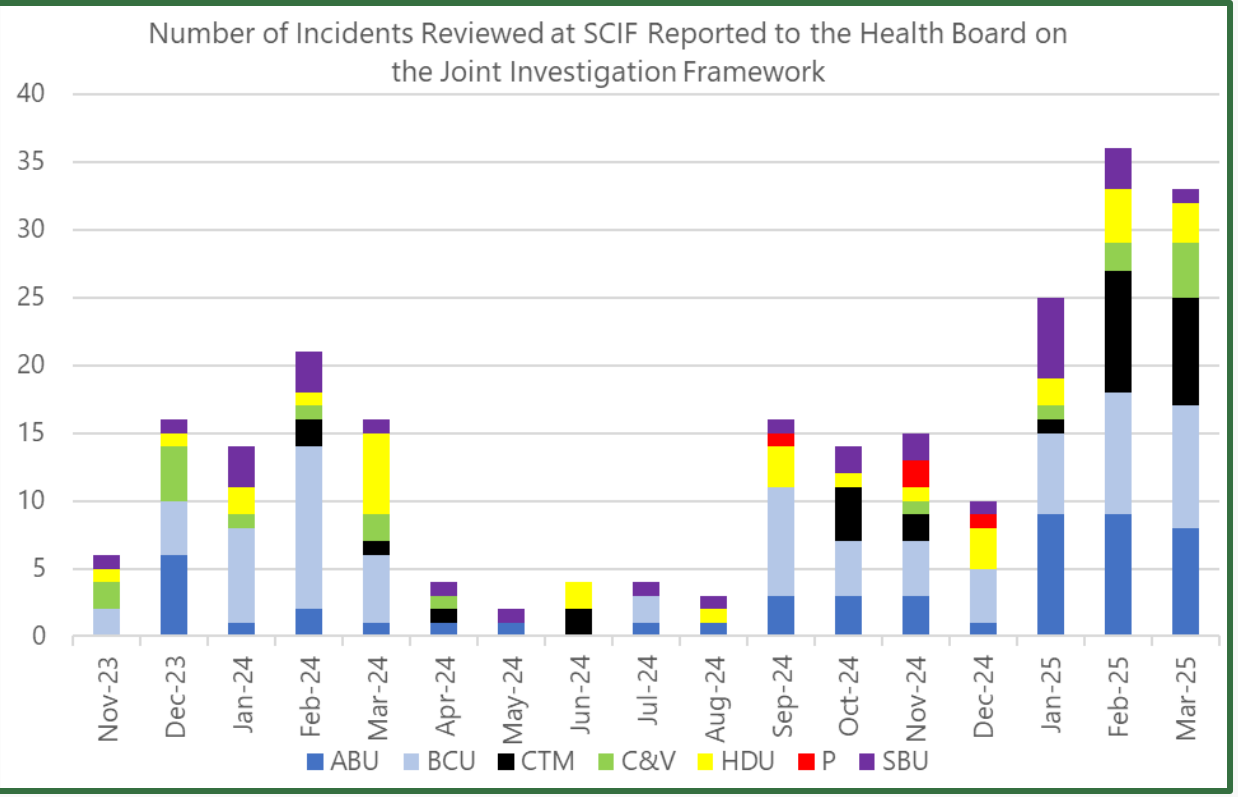
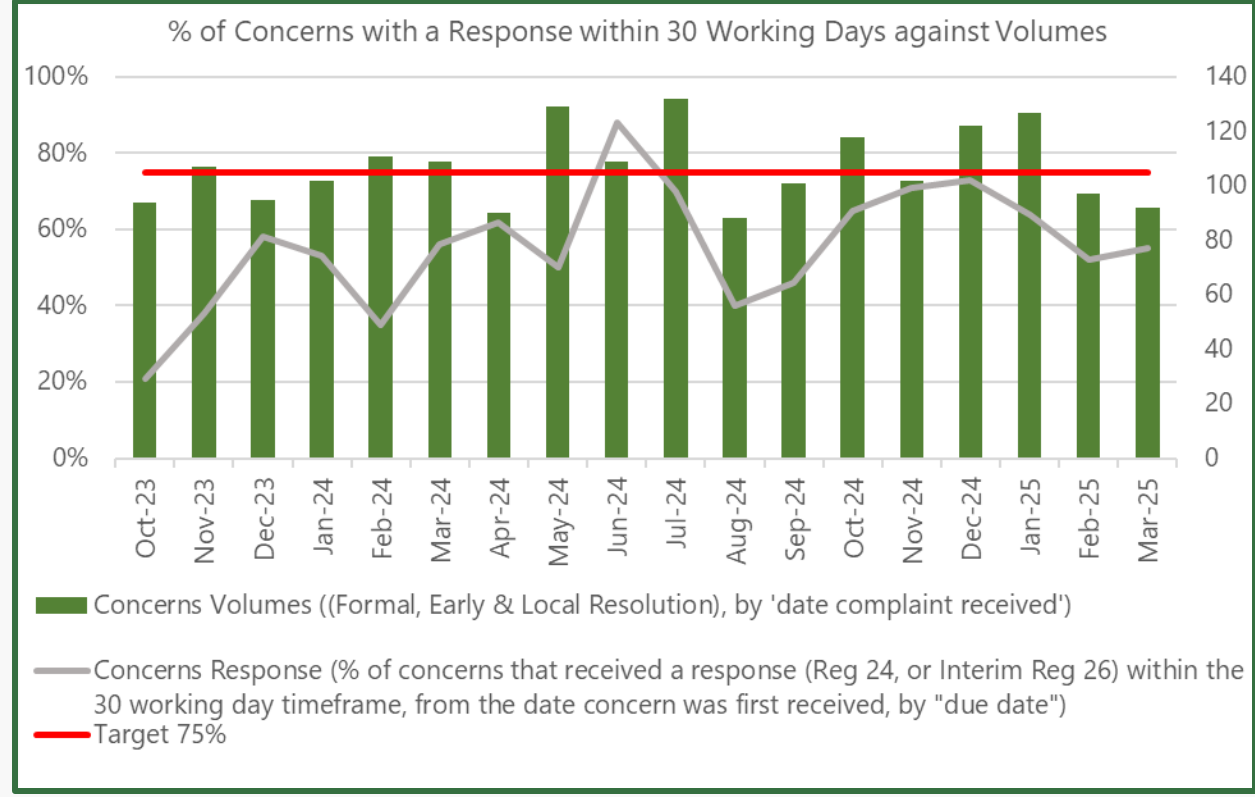
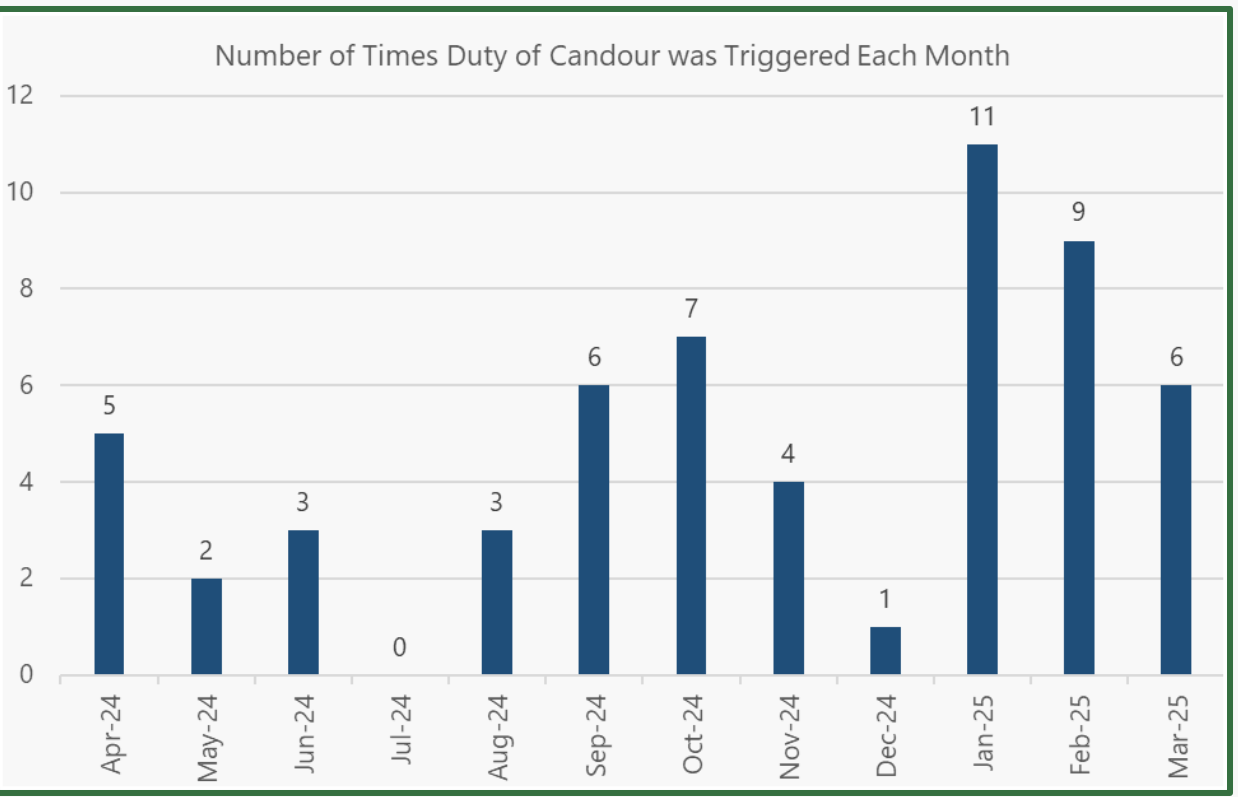
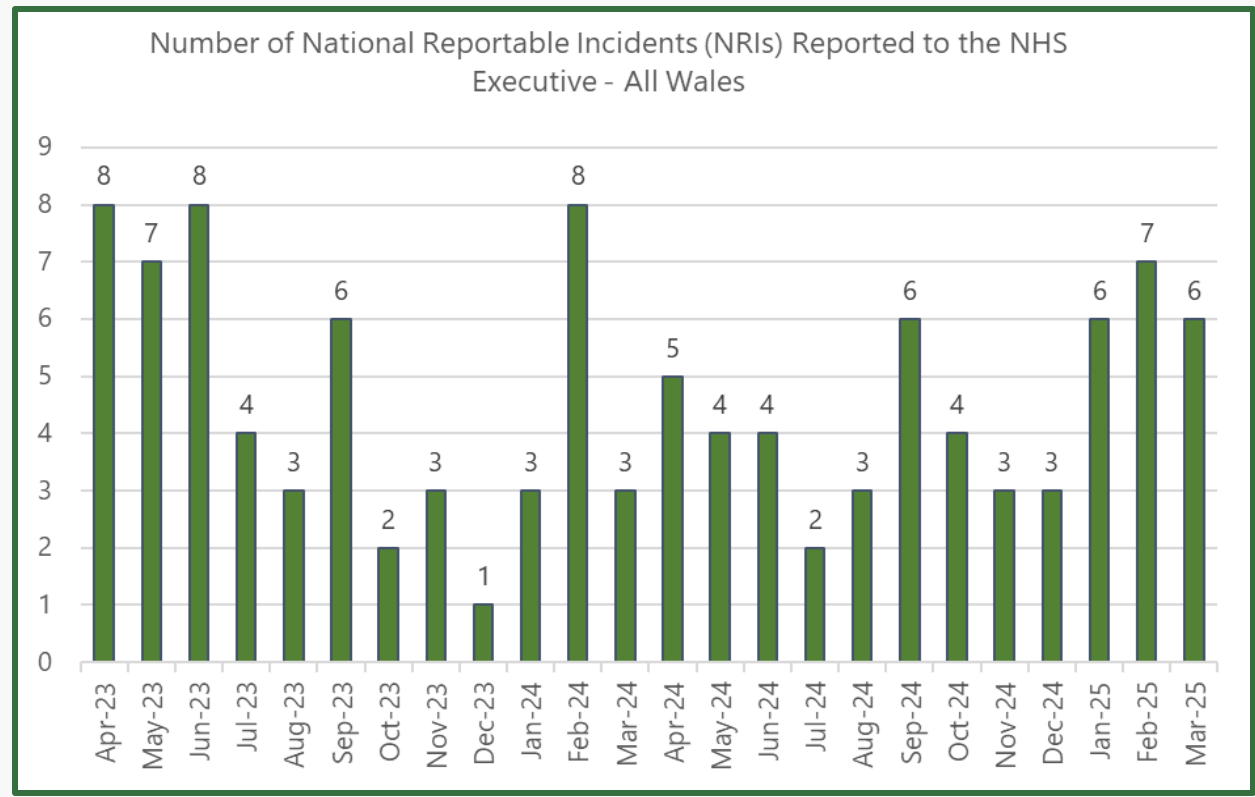
(Responsible Officer: Liam Williams)

Concerns.
R

Self-Assessment:
Strength of Internal Control:
Moderate

QUEST

Health & Care Standard
Health - Safe Care / Timely Care



Analysis

Compliance with the 30 working day complaints target has improved slightly on last month, however, continues to reflect the challenges associated with increased pressures across the organisation during the winter period. Open complaint volumes have also continued to grow. Challenges in obtaining critical information to complete investigations in relation to information from Clinical Support Desk (CSD) remain.

The number of NRIs reported shows a demonstrable 'winter peak' following a period of Critical Incident declaration and sustained high levels of operational activity. The Trust continues to develop maturity in identifying Moderate harm incidents that trigger the statutory Duty of Candour, in addition to those which meet the threshold for NRI reporting.

Historically high volumes of incidents are being shared with Health Boards under joint investigation arrangements.

Remedial Plans and Actions

- Ongoing monitoring of national incident reporting, enactment of the Duty of Candour and Complaints performance is monitored by team leads on a regular basis.
- All teams are working to achieve national timescales and a benchmarking position comparative to other NHS Wales organisations as visible in the national Quality and Safety dashboard, Beacon.

Expected Performance Trajectory

Operational frontline focus over the winter period is likely to continue to influence complaints performance over coming months. Cross directorate teams continue to work together to expedite the required information wherever possible to conclude investigations, and provide short-, medium- and long-term solutions.

*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

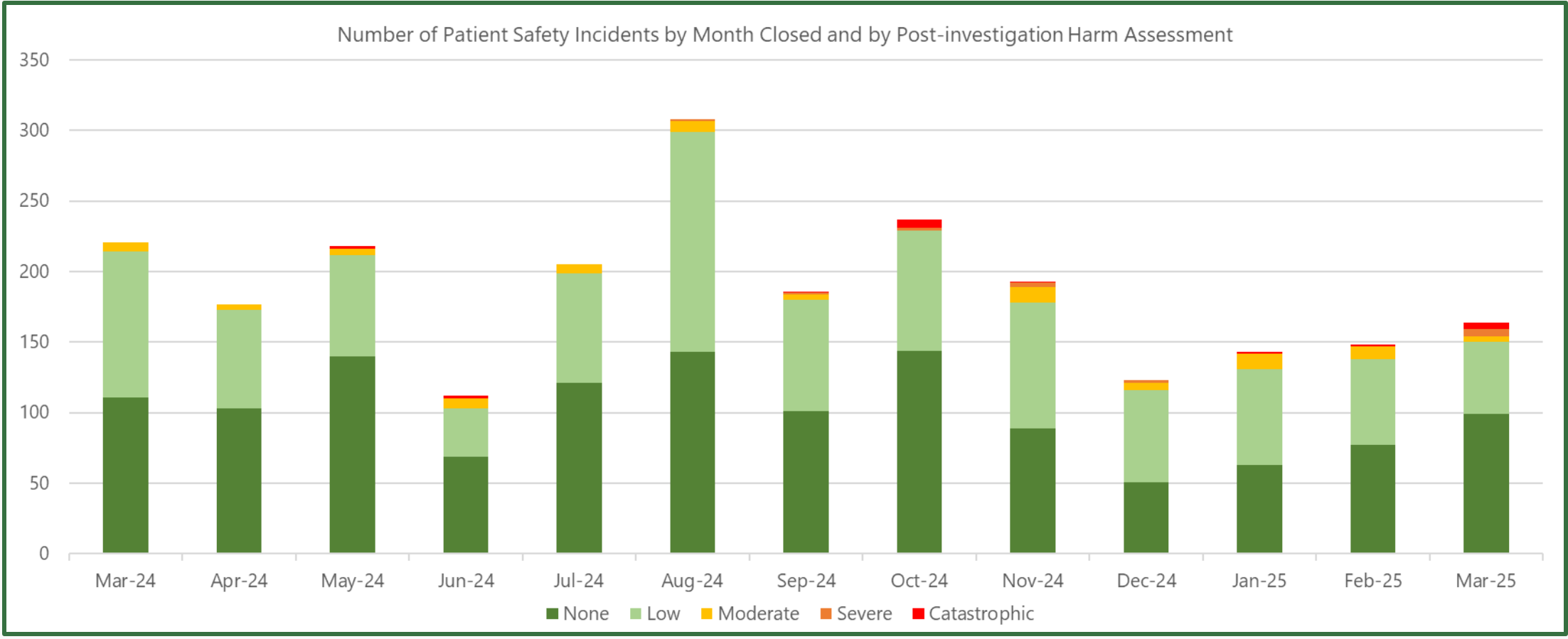
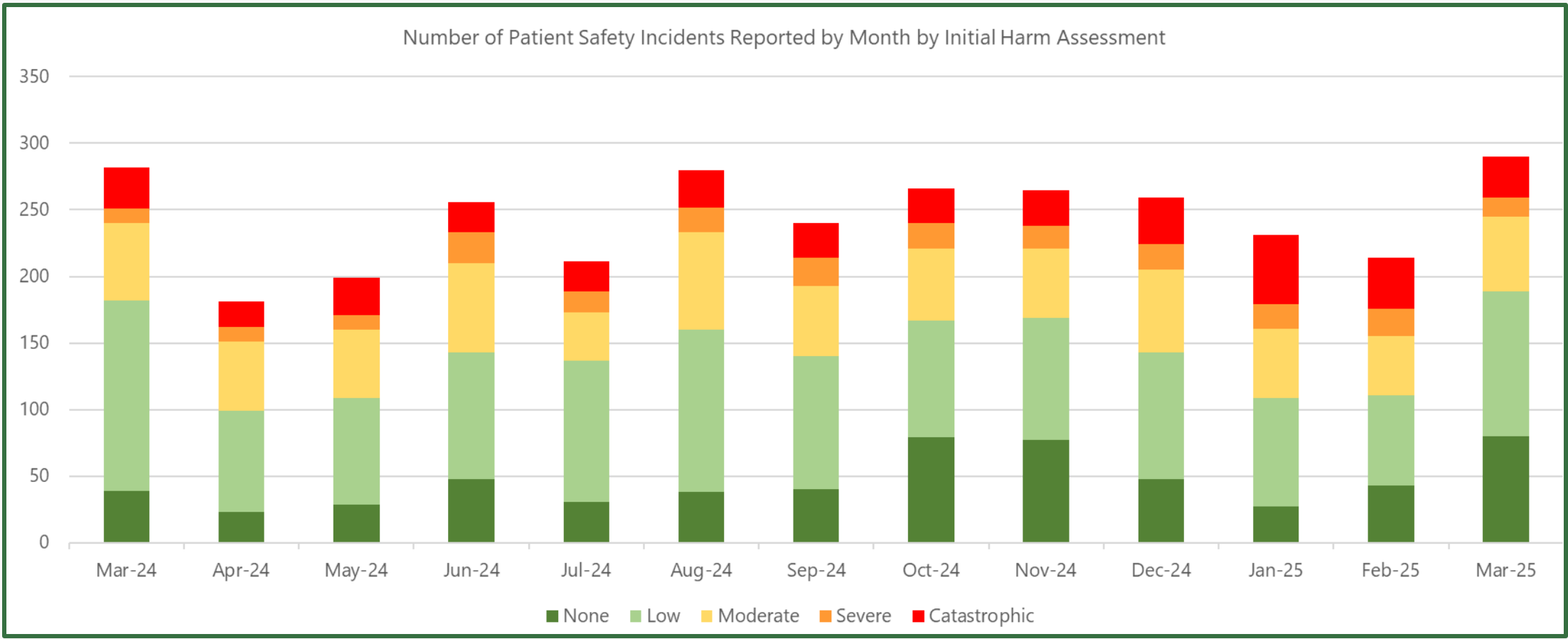
Patient & People Safety Indicators

Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

(Responsible Officer: Liam Williams)

Health & Care
Standard
Health – Safe Care



Analysis

Incident reporting volumes have increased since last month to a level comparable to March 2024. Near miss reporting is being encouraged during daily operational meetings to ensure we learn from all opportunities. Closed incidents continue to demonstrate that validated levels of severe or catastrophic harm remain consistently low. NRI's that have been closed with the NHS Executive Wales have improved during the last month.

Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident); however, the introduction of the Rejection SOP by the Quality Team has reduced the risk of duplication. Incident volumes include those reported internally by WAST staff, but also those reported by Health Board colleagues about WAST services or care.

Harm levels for March 2025 were: -

- No harm or hazard - 80
- Low - 109
- Moderate - 56
- Severe harm - 14
- Catastrophic/Death - 31

Remedial Plans and Actions

- Incident management culture is being supported through newly established Datix User and Datix Governance Groups (Datix Cymru is the electronic reporting software for incident reporting).

Expected Performance Trajectory

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

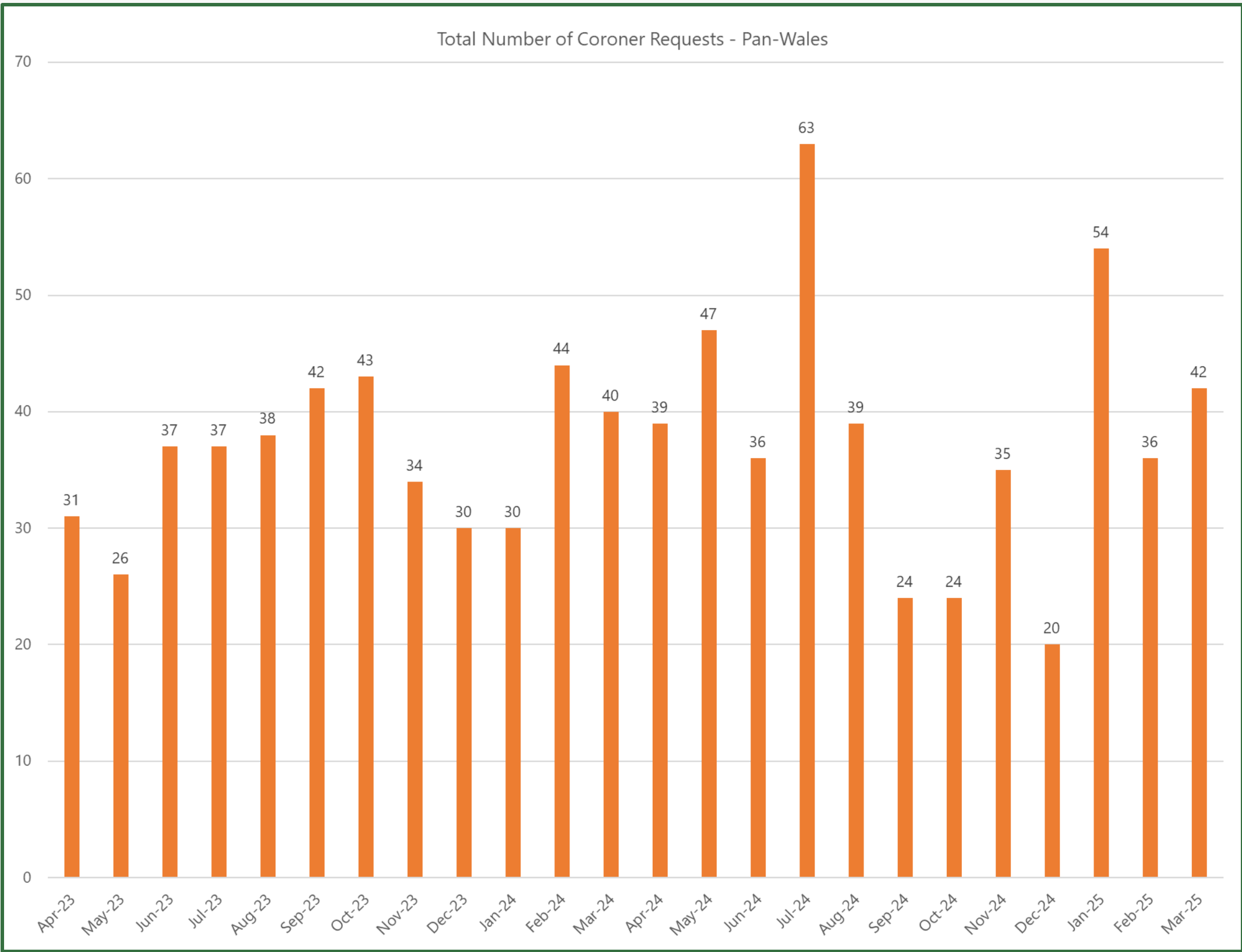
Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators

(Responsible Officer: Liam Williams)

Coroners Self-Assessment: Strength of Internal Control: Moderate	Mortality Self-Assessment: Strength of Internal Control: Moderate	QUEST
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Health & Care
Standard
Health – Safe Care



Analysis
The number of coroner approaches continues to bring a high level of activity to the Trust. Inquest cases continue to present with increased complexity and large numbers of statements and witnesses being called. It is noticeable that many requests are accompanied by short timescales. Challenges to meet deadlines, in particular those in relation to EMSC with Clinical Support Desk involvement, continue to require extension of deadlines.

The Trust continues to mature its Learning from Mortality approaches, through a quarterly meeting on thematic learning, weekly triage of Medical Examiner referrals and fortnightly learning panels for Medical Examiner feedback.

Mortality - Following the publication in May 2024 of the All-Wales Learning from Mortality Reviews Model Framework (Second Edition) (the Framework), the Trust has established an effective clinical governance structure to discharge all 5 levels of the Framework.

226 referrals were received from the MES between 1st October 2024 and 31st March 2025. Cases are triaged promptly at Level 1 with 26 cases have been triaged as requiring further review and investigation under the PTR guidance. Level 2 Medical Examiner Learning Panels will now run at increased frequency to address cases awaiting review.

There is a decreasing number of Medical Examiner referrals since April 2024 which is believed to be due to relational work undertaken with other health bodies to reduce the duplication of cases.

Remedial Plans and Actions

- Additional temporary resource in the Legal Services team is supporting the management of inquest coordination and activity across the Trust.
- Operations Quality have provided estimated completion dates for coronial deadlines, which will provide some assurance and expectations of completion dates to the coroner.

Expected Performance Trajectory
Coroner activity will continue to be monitored and delays in statement gathering escalated and prioritised internally as appropriate.

Mortality Reviews Data source: Internal Web Application

Our Patients: Quality, Safety & Patient Experience

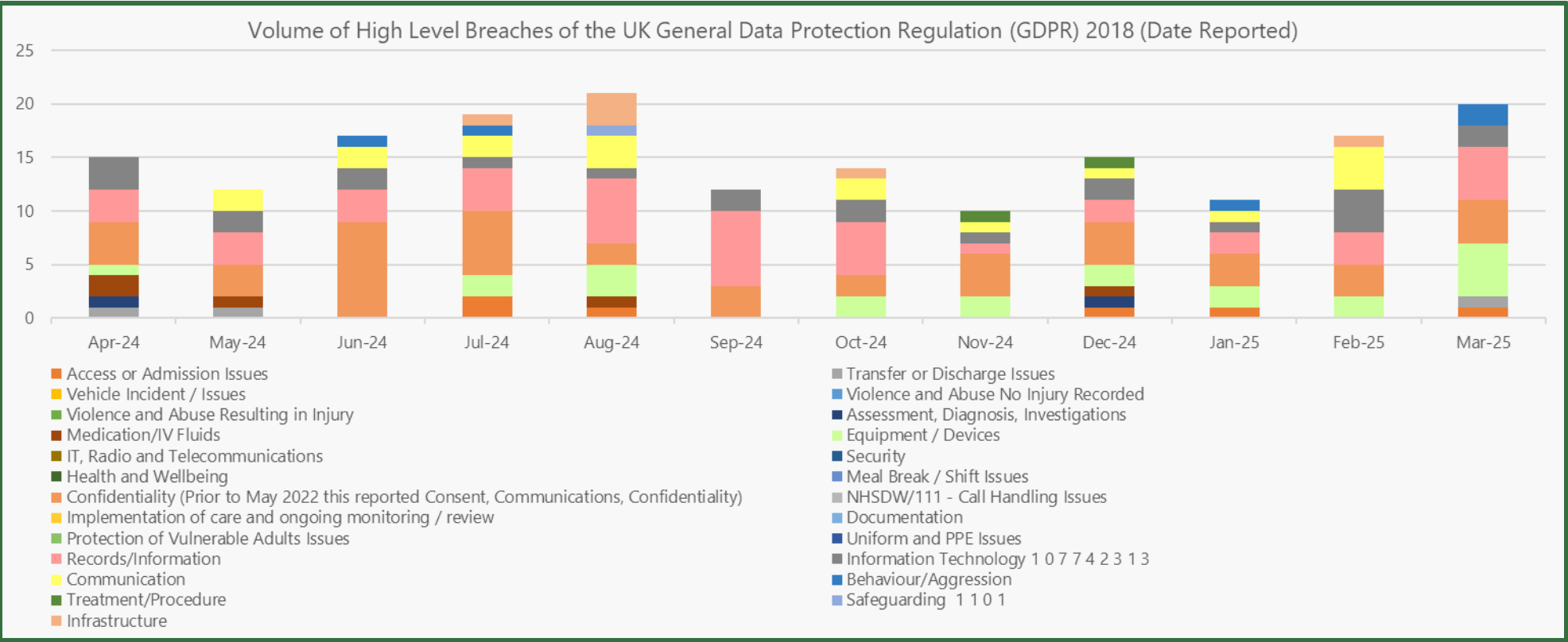
Safeguarding, Data Governance & Public Engagement Indicators

(Responsible Officers: Jonny Sammut & Liam Williams)

Health & Care Standard
Health – Safe Care

Self-Assessment: Strength of Internal Control: Strong

PCC



Analysis

Safeguarding: In March 2025 WAST colleagues submitted a total of 230 Adult at Risk Reports, 90% of these were processed within 24 hours. Whilst the Trust does not report on Adult Need for Care & Support reports (wellbeing); 719 reports were shared with local authorities across Wales during this reporting period. There were 259 Child Safeguarding Reports submitted in March 2025, 96% of these were processed within 24 hours.

Data Governance: In March 2025, there were 20 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 20 breaches, 5 related to Equipment / Devices, 5 Records/Information, 4 IG/Confidentiality, 2 IT, 2 Behaviour/Aggression, 1 Access/Admission, and 1 Transfer/Discharge.

Public Engagement: During March, PECl attended 34 community engagement opportunities, engaging with approx. 430 people. This included attending Newport 50+ Forum, a Women's Health event hosted by BCU Health Board, a BME Young People's Group hosted by EYST, Swansea LGBTQ+ Forum and Barry Veterans Group.

Remedial Plans and Actions

Safeguarding: The Trust manages all safeguarding reports digitally via Doc-works Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support WAST colleagues. Only minimal paper safeguarding reports are now received, they are used as a back-up.

Data Governance: During the reporting period, of the 20-information governance related incidents reported on Datix, no incidents were reported to the Information Commissioner's Office (ICO). The IG Team continues to monitor, and review reported incidents where applicable.

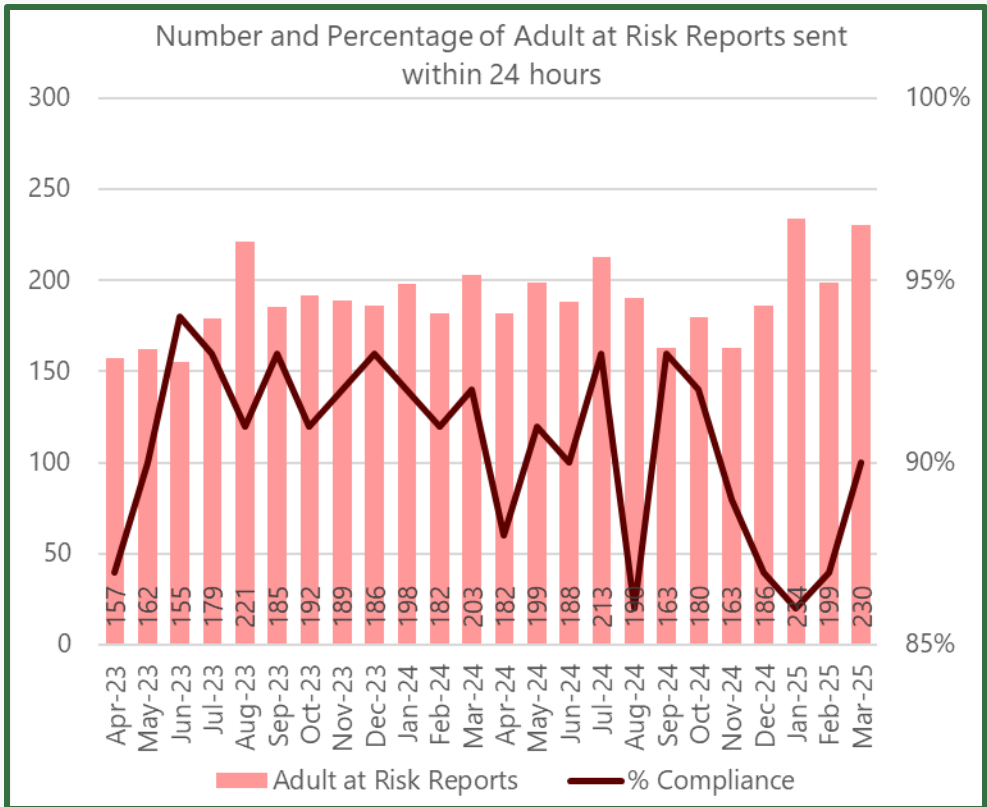
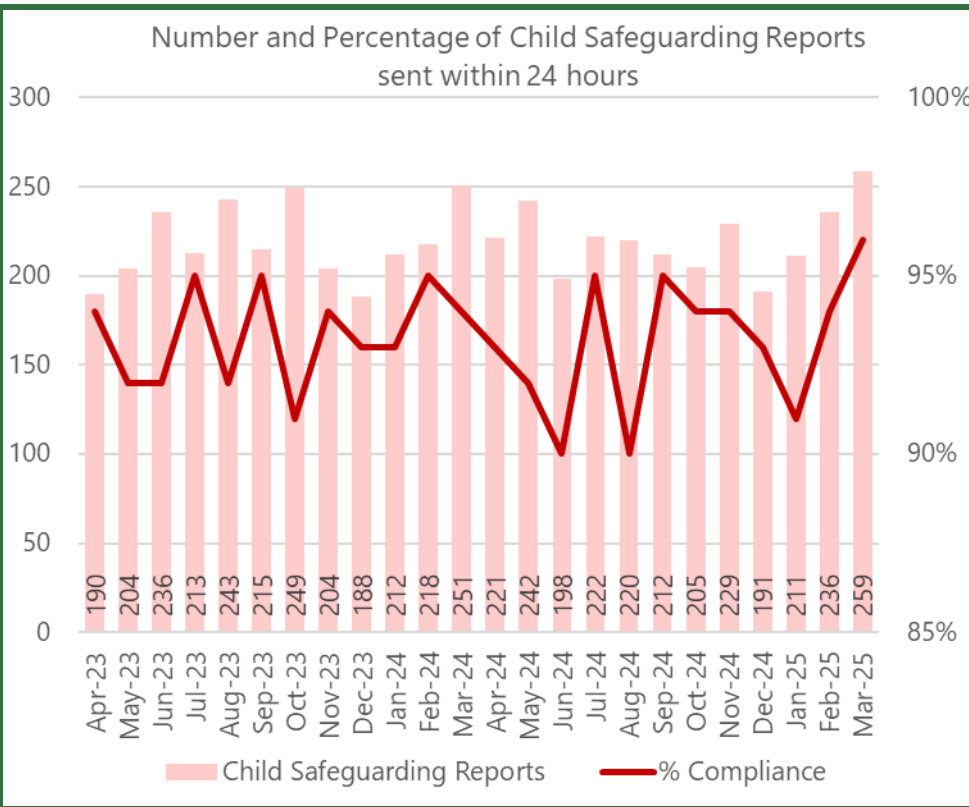
Public Engagement: Community involvement and engagement with patients/public forms an integral part of the Trust's strategic transformation ambitions to deliver value-based healthcare evaluated against service users' experiences and health outcomes. The PECl Team will continue to engage in an ongoing dialogue with the public on what they think could be done to improve services.

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 submission was completed on 31st March 2025.

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.



Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

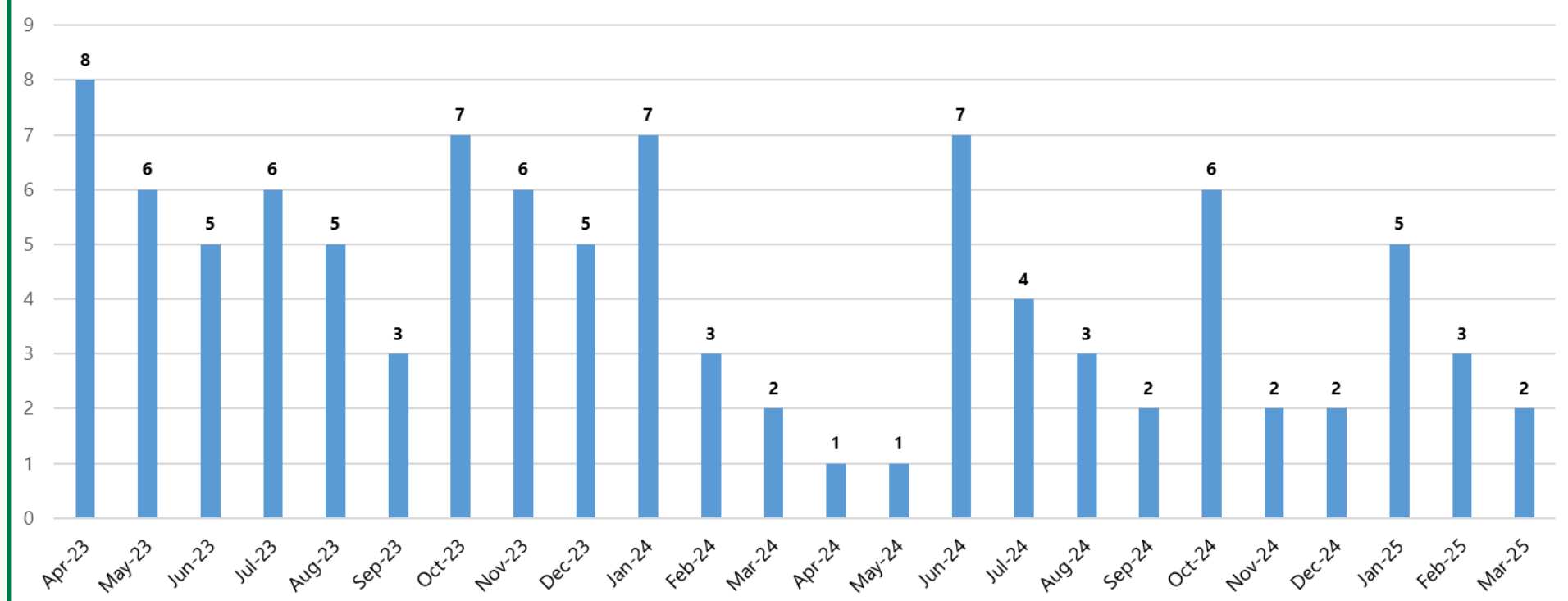
(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

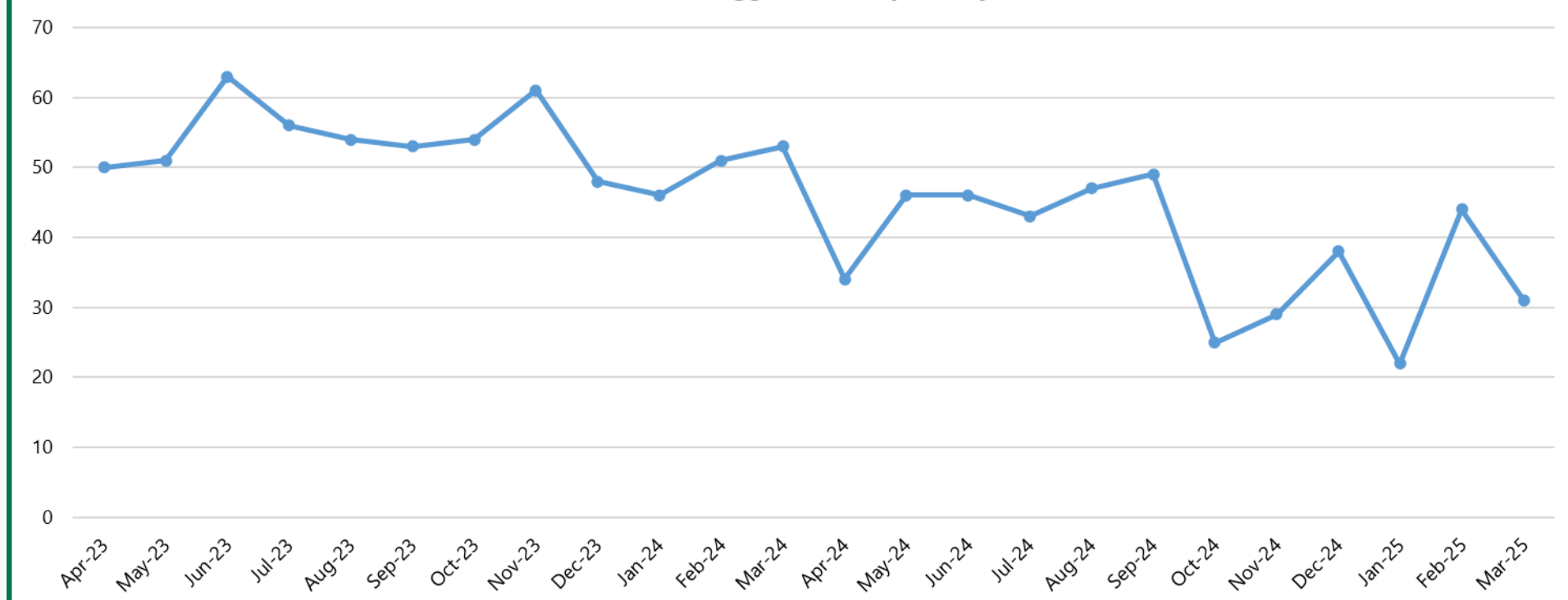
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Health & Care
Standard
Health – Safe Care

Volume of RIDDOR Reports by Month



Total Violence & Aggression Reports by Month



Analysis

RIDDOR: There were 2 incidents requiring reporting under RIDDOR during March 2025. Both were for an injuries requiring over 7 days of work

100% of the RIDDOR's were submitted within the HSE reporting timelines due to good working relationships with the H&S and Operational Teams.

1 over 7- day injury was due to fall over patients' items left at place of treatment
1 over 7-day injury was to staff members patella due to stepping on even ground.

Violence and Aggression: A total of 31 incidents have been reported of V&A in March. 6 Physical Assaults on staff were reported during the month with 25 incidents of verbal abuse 6 incidents were reported as Moderate in harm and 15 noted as low harm with 1 case being reported as causing severe harm.

The number of verbal assault incidents increased significantly during the month with aggressive and threatening behaviour accounting for 25 of the 31 incidents.

- The number of V&A incidents reported in March has decreased with 31 incidents for the month compared to 44 for the previous month.
- Toolbox talks, raising awareness of case management support are taking place across the Region by the V&A Team to support staff and raise awareness.
- Verbal abuse continues to be the major category of reporting received with aggressive and threatening behaviour toward staff still at high levels.

Remedial Plans and Actions

RIDDOR: A weekly Datix incident meeting is being used to identify RIDDOR reportable incidents and assign a Safety Advisor to assist with the investigation and reporting to the HSE.

Violence and Aggression: V&A incident causation is being trended to identify the suitability of recording incidents in response to the volume of low harm and no harm incidents to with the aim of undertaking suitable investigations and providing sufficient support for staff members affected. Of note is a number of staff on staff reported incidents
The team continue working with the Clinical Support Desk to explore mechanisms to better protect staff by use of Community Behavioural Orders via the Patient Care Plans.

Expected Performance Trajectory

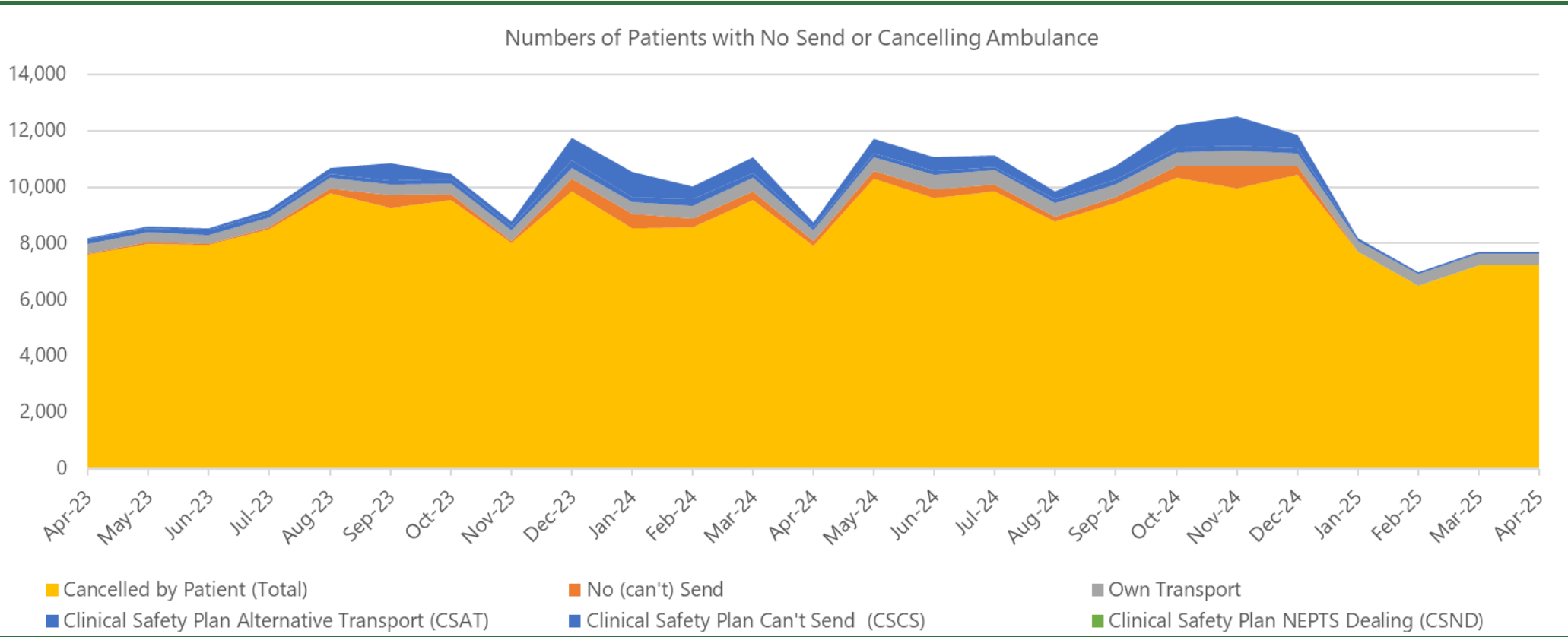
RIDDOR: As the weather improves over the coming months there us expected to be a lower number of slip and trip incidents reported due to improvement in ground conditions at patient properties.

Violence and Aggression: The number of verbal assaults is expected to rise over the coming months as staff become more confident in the support provided by the V&A team.

Our Patients: Quality, Safety & Patient Experience

Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn)



Analysis

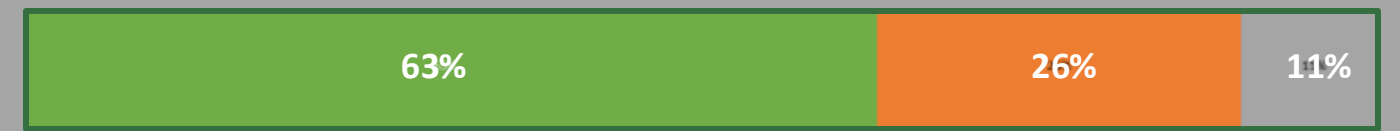
In April 2025, 71 ambulances were stopped due to Clinical Safety Plan alternative transport (CSPT). In addition, 7,232 ambulances were cancelled by patients (including patients refusing treatment at scene) a minimal increase from the 7,229 in March 2025. There has been a downward trend in patient cancellations since December 2024 which the Trust believes is connected to the implementation of Rapid Clinical Screening.

There were 712 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in April 2025. Of these 150 were accepted and released in the Red category, with 1 not being accepted and 192 ambulances were released to respond to Amber 1 calls, but 369 were not.

The graph in the bottom left shows the level of patient harm during April 2025. Of the 6,025 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% (903 patients) would experience no harm, 53% (3,193 patients) would experience low harm, 23% (1,385 patients) would experience moderate harm and 9% (542 patients) would experience severe harm.



In April 2025 CSP levels for the Trust were:

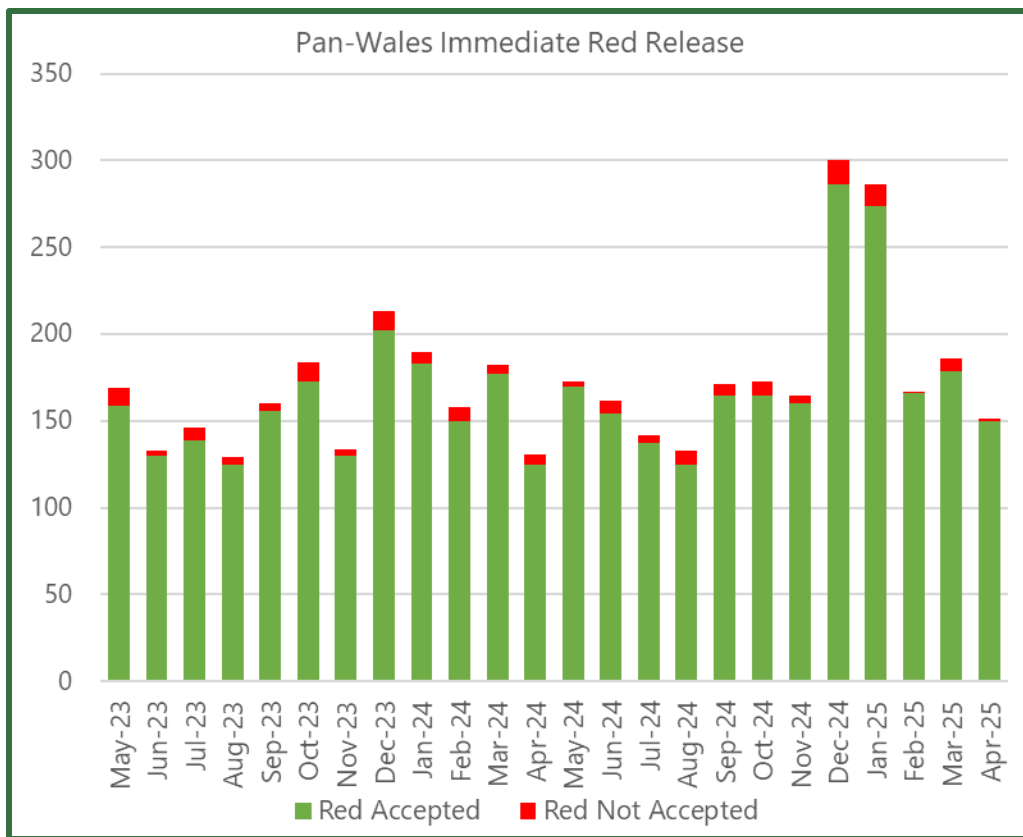
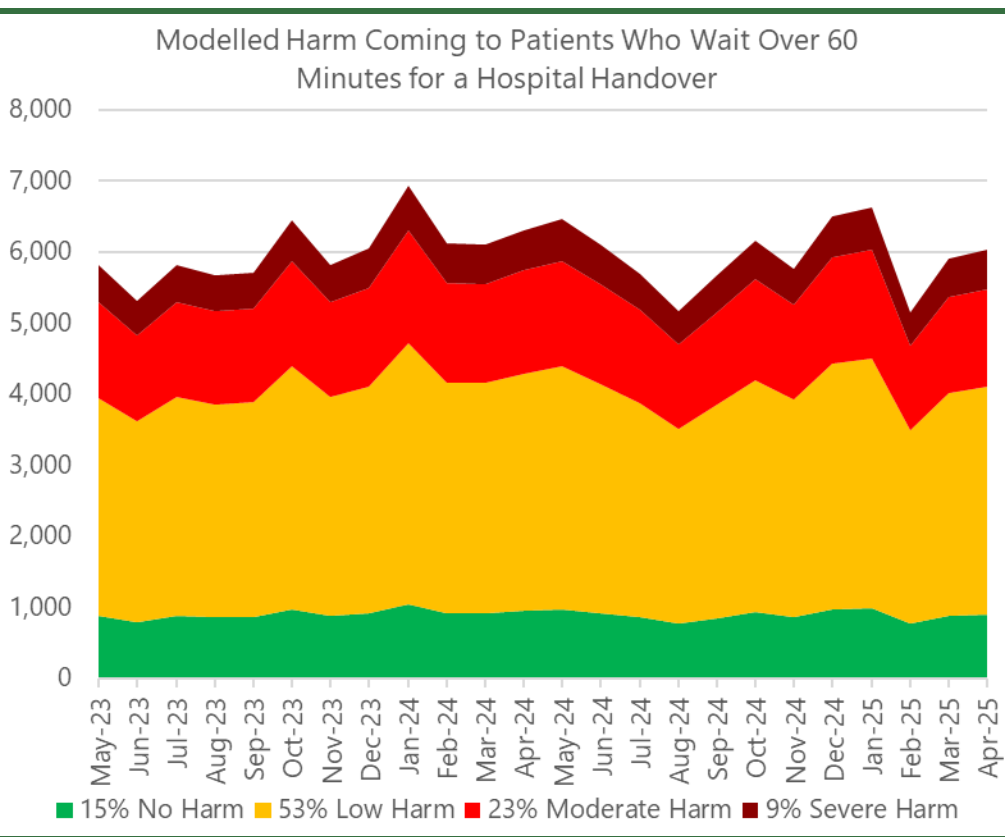


Remedial Plans and Actions

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 with new arrangements expected from Q1. 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

March 2025		
NEPTS (238 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	88
Were you happy with the transport you received?	85	96
999 (7 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	75
The 999-call taker who answered your call explained what was going to happen next.	85	100
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	75
The length of time I waited for an ambulance to arrive was acceptable.	85	83
111 (10 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	35
Did you follow the advice given to you by NHS 111 Wales?	85	100
Would you consider using NHS 111 Wales again?	85	25
WAST Overall - Friends & Family Test	Ranked from very poor to very good.	
How was your overall experience with the service today?		
○ Ambulance care	91.75% Good	5.15% Poor
○ Integrated Care (NHS 111 Wales Telephone line only)	0.00% Good	75.00% Poor
○ EMS (including CSD)	50.00% Good	33.33% Poor
○ NHS 111 Wales Online	50.00% Good	28.57% 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 you received', came out above the 85-benchmark figure (n=96).

In the 999 survey 'The length of time waited for an ambulance to arrive was acceptable' question failed to meet its target. Whilst within 111 survey the only question to achieve its 85-benchmark was 'Did you follow the advice given by NHS 111 Wales?'

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.

Engagement and survey outcomes remain largely consistent and tell us that people continue to be very concerned about response times in the community and frustrated at hospital handover delays. 111 callers have told us that they experienced long waits for call backs. NEPTS users told us that overall, they continue to be happy with the transport they receive but experience delays when waiting for their transport home following their appointment.

Remedial Plans and Actions

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

A DPIA to allow distribution of surveys to patients via SMS Texting is currently with the IG Team and we expect this to be submitted to the ICO for approval imminently.

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 have now been formally released by Welsh Government alongside an updated Welsh Health Circular.

Expected Performance Trajectory

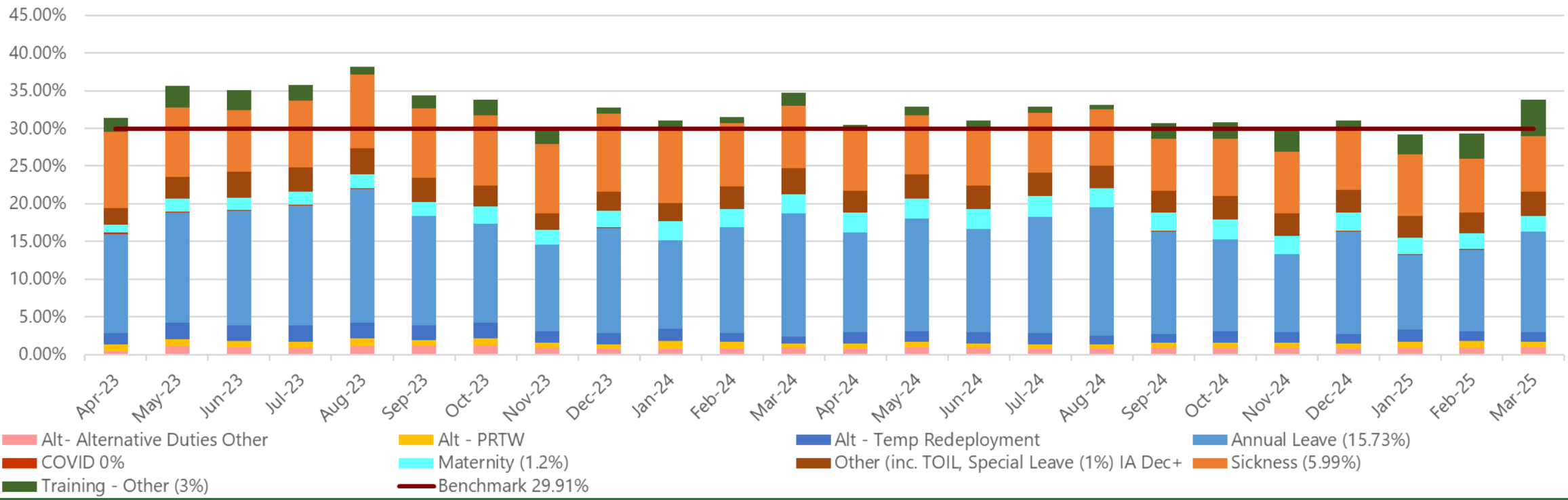
An overall aim of increasing visibility of experience surveys and maximising opportunities to capture patient experience data.

Our People Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production	Abstractions	CI	PCC
A	R		
			FPC

Pan-Wales EMS Total Rota Abstraction Hours



Analysis

The total EMS hours produced is a key metric for patient safety. The Trust produced 125,639 hours during April 2025, an increase compared to the 121,578 hours produced during April 2024. The Trust is delivering good levels of production.

As shown in the top 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. March 2025, saw a total EMS abstractions (excluding Induction Training) of 33.86%. This was an increase on the 29.36% recorded in February 2025 and does not achieve the 29.91% benchmark. The highest proportion of abstractions was due to annual leave at 13.31% followed by sickness at 7.43%.

Emergency Ambulance Unit Hours Production (UHP) achieved 93% in April 2025 which equated to 77,470 Actual Hours.

In April 2025 CHARU UHP was 91% against the full roll out requirement. The second highest UHP in the last four months.

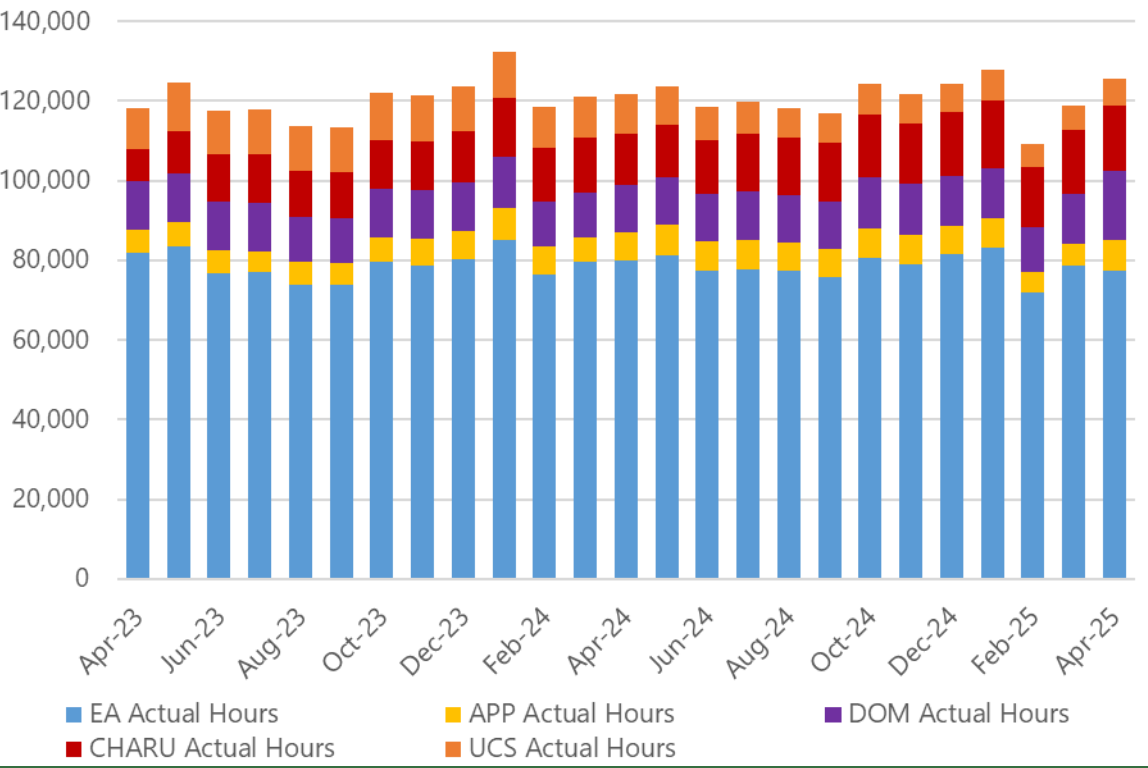
Remedial Plans and Actions

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

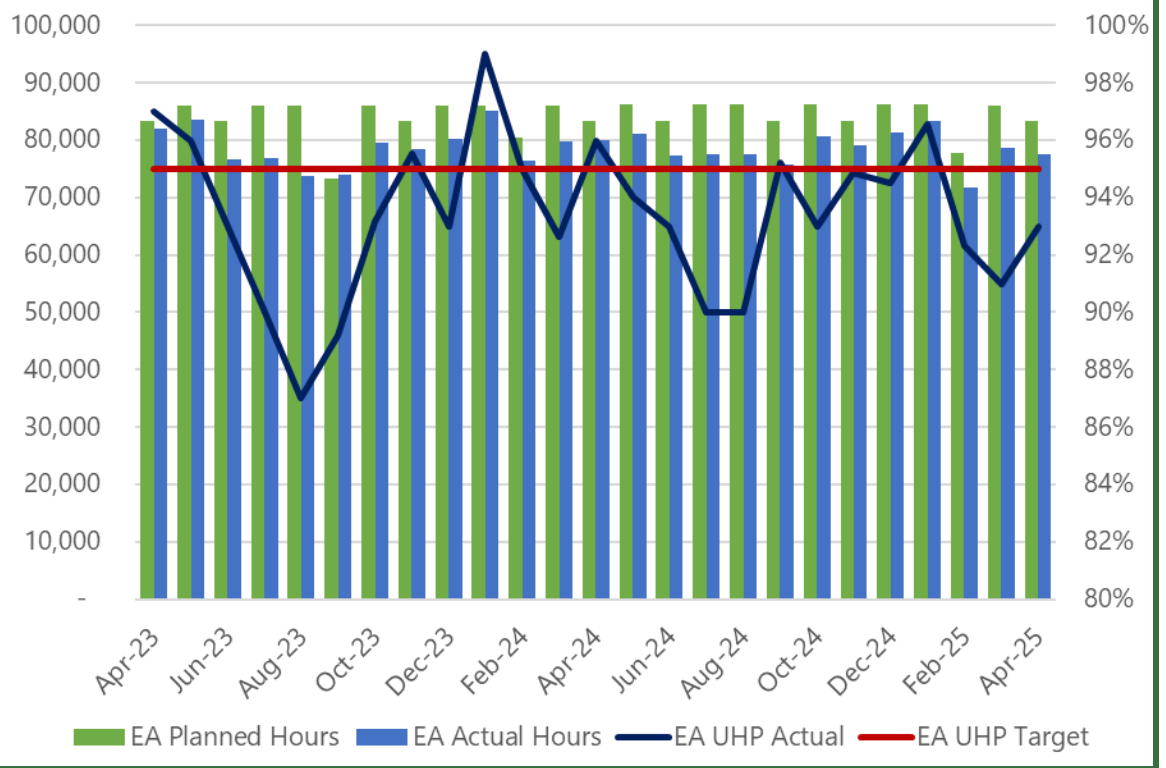
Expected Performance Trajectory

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

Total EMS Actual Hours Produced

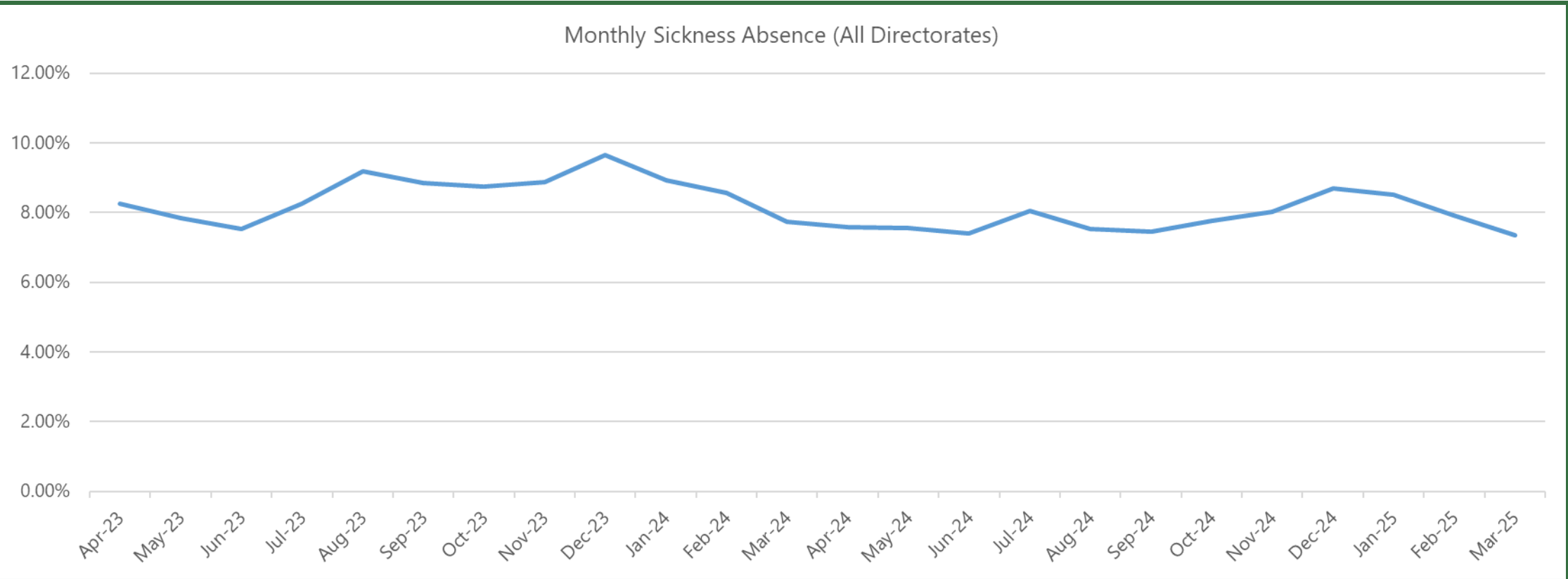
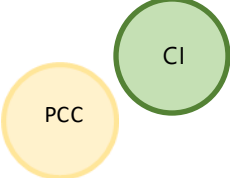


Emergency Ambulance Unit Hours Production



Our People Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)



Analysis

There was a slight decrease in overall sickness absence rates between February 2025 and March 2025, dropping from 7.93% to 7.35%. Long term absence decreased from 5.77% in February 2025 to 4.83% in March 2025, while short-term absence increased slightly to 2.51% in March 2025 from February 2025 (2.17%).

The highest reasons for absence in March 2025 were Anxiety/ Stress/ Depression, other musculoskeletal problems, Gastrointestinal problems and injury fracture. Absence due to Mental Health decreased slightly for the fourth consecutive month from 2.68% in February 2025 to 2.31% in March 2025.

55 OH management referrals were received in March compared to 166 in February. The self-referral portal on Opas G2 continues to prove popular and has helped streamline the service, 12 self-referrals were received in March. In March we received a total of 72 Wellbeing referrals; 29 wellbeing management referrals, 7 self-referrals and 36 walk-in referrals.

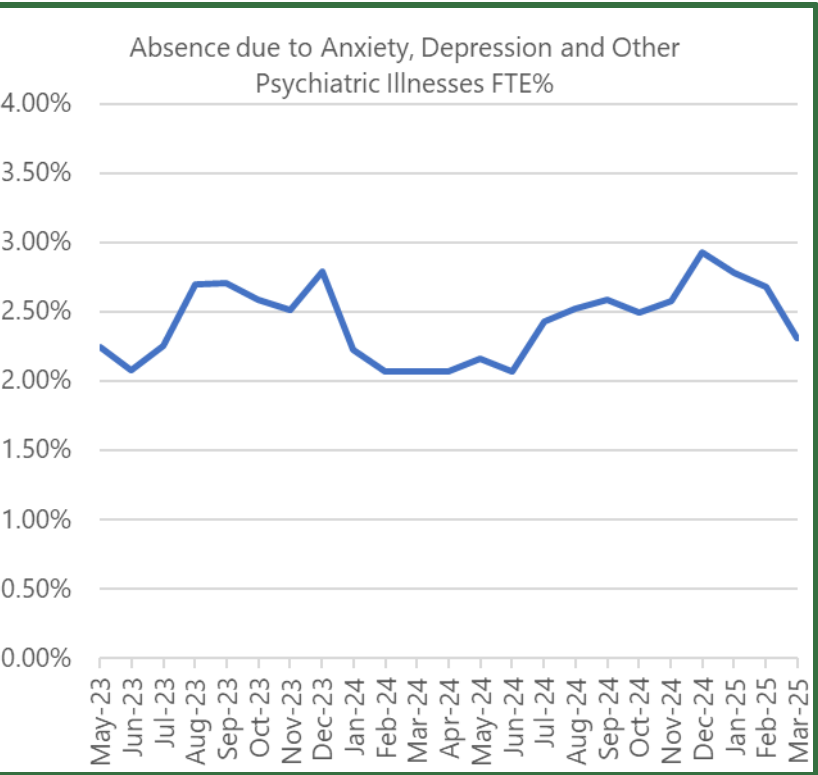
For the 2024/25 Flu campaign, 1,423 flu vaccines were administered by our WAST OH / Peer Vaccinators. 1,035 were given to WAST employed staff with 250 WAST staff also confirming they have received the flu vaccine elsewhere i.e. GP / Pharmacy, therefore, 28.93% of the WAST workforce were vaccinated. A further 277 WAST staff have completed our Microsoft Form to state they wish to opt-out from having the flu vaccine this year.

Remedial Plans and Actions

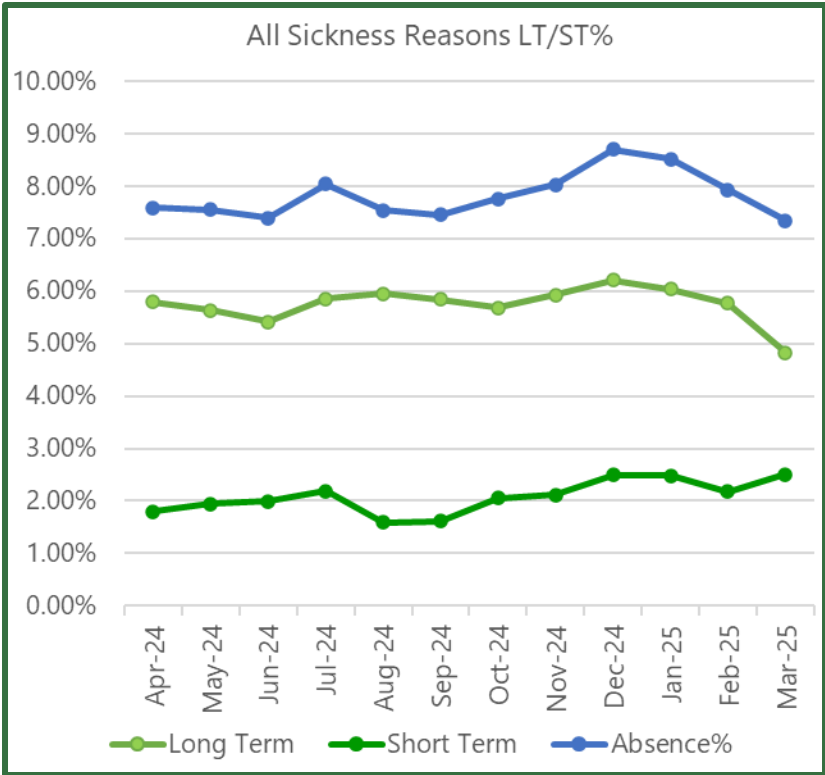
- The Health and Wellbeing Plan for 2025-29 has been approved by the WAST Board and a delivery plan has been developed and implemented. The focus of the plan is to improve workplace relationships, increase the trauma-awareness of the organisation and address health and wellbeing challenges increasingly on a systemic level, in addition to providing support on an individual level.
- The programme plan for the pilot Health Check Programme, Health Diagnostics, (HD), has now started. The programme was promoted at the roadshows, and we will be scheduling clinics inviting staff to book screening appointments.

Expected Performance Trajectory

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



Average working days lost per FTE (Annual)	
17.84 days	
Single month Absence %	
7.35%	
Long Term	Short Term
4.83%	2.51%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.31%	(excluding Back) 0.73%



March 2025

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

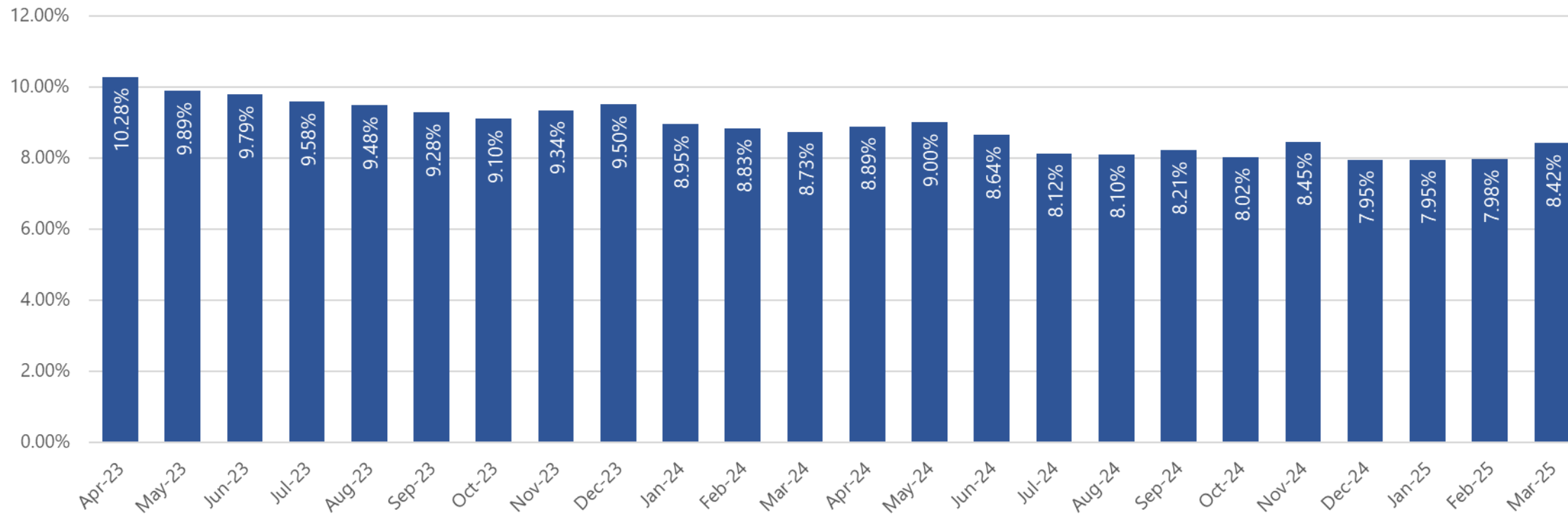
Our People Capacity – Staff Turnover

(Responsible Officer: Angela Lewis)

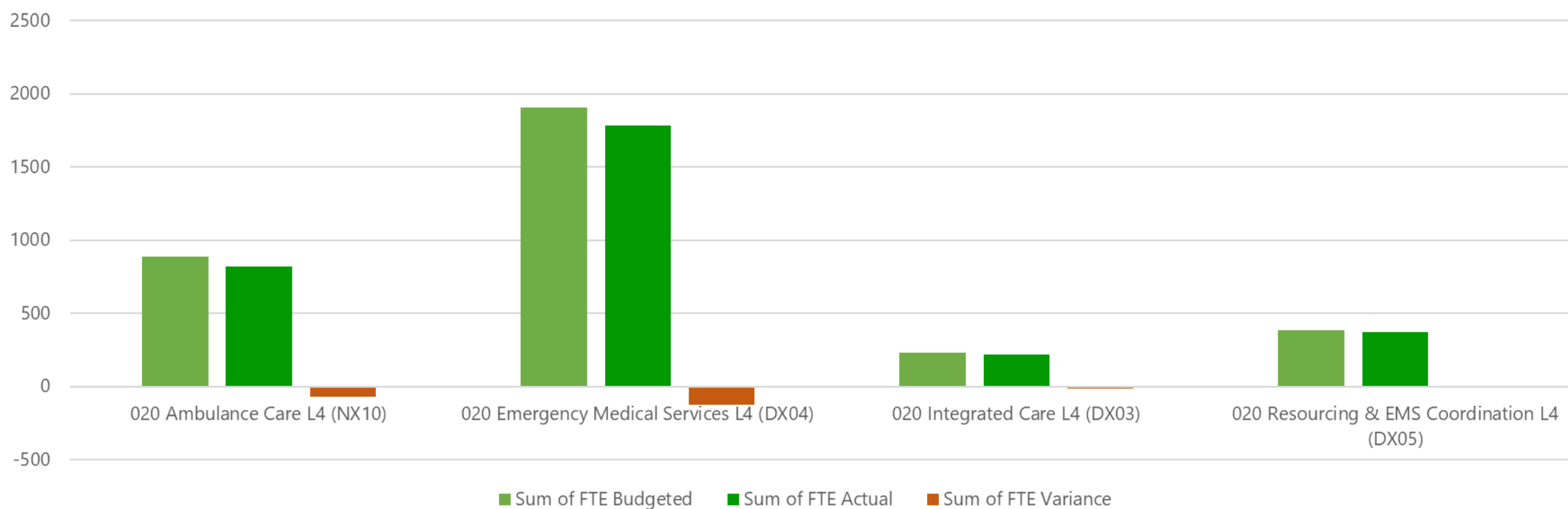
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Staff Turnover Rate FTE (% Employees leaving the Organisation) (12m)



FTE as of 01/03/2025



Analysis

Staff turnover rates in March 2025 were 8.42%, increasing from 7.98% in February 2025. March saw 52 leavers (43.97 FTE). Turnover trends are being monitored. Currently it has been noted that in January & February months a peak occurs predominately due to retirements. This was compensated by 42 joiners (41.35 FTE). Of those leaving, the group with the greatest number were Ambulance Care Assistants or Patient Transport Drivers (12 people), Technicians (11 people), Staff Nurse (5 people) and Paramedic (5 people).

Occupational Health continue to meet national KPIs set by the All-Wales Occupational Health standards and scope of practice, i.e., regarding turnaround times for referrals the national KPI states: The 1st offered appointment date will be within 29 calendar days of the date referral received. KPI that this is achieved 80% of the time.

Our waiting times have fluctuated over the past months, this has been due to staff changes and staff sickness. The current waiting time for management referral is 6.41 days.

Staff are currently waiting approx. 14.85 days for pre-employment screenings from date of this has been due to submission to first offered appointment.

Remedial Plans and Actions

- The team continue to work closely with Civica to improve the system, including a text reminder service for appointments and awaiting access to visual diaries.
- The Wellbeing team continue to support colleagues and managers by attending regular meetings, providing targeted support and facilitating drop-in sessions for colleagues.
- Team members from OH/Wellbeing/TRiM continue to promote our services via Siren, outstation visits and drop-in clinics. We regularly give presentations to newly recruited staff to highlight and promote the Occupational Health & Wellbeing service.
- Our Head of Workplace Wellbeing offers psychological consultation to managers and People Services for sensitive and complex situations (e.g., suicide risk, long-term sickness regarding mental ill health).

Expected Performance Trajectory

The team continue to review the Occupational Health and Wellbeing provision, so that we ensure that services/interventions offered are relevant, appropriate, and up to date, our focus is on continuous improvement.

Our People Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR
A

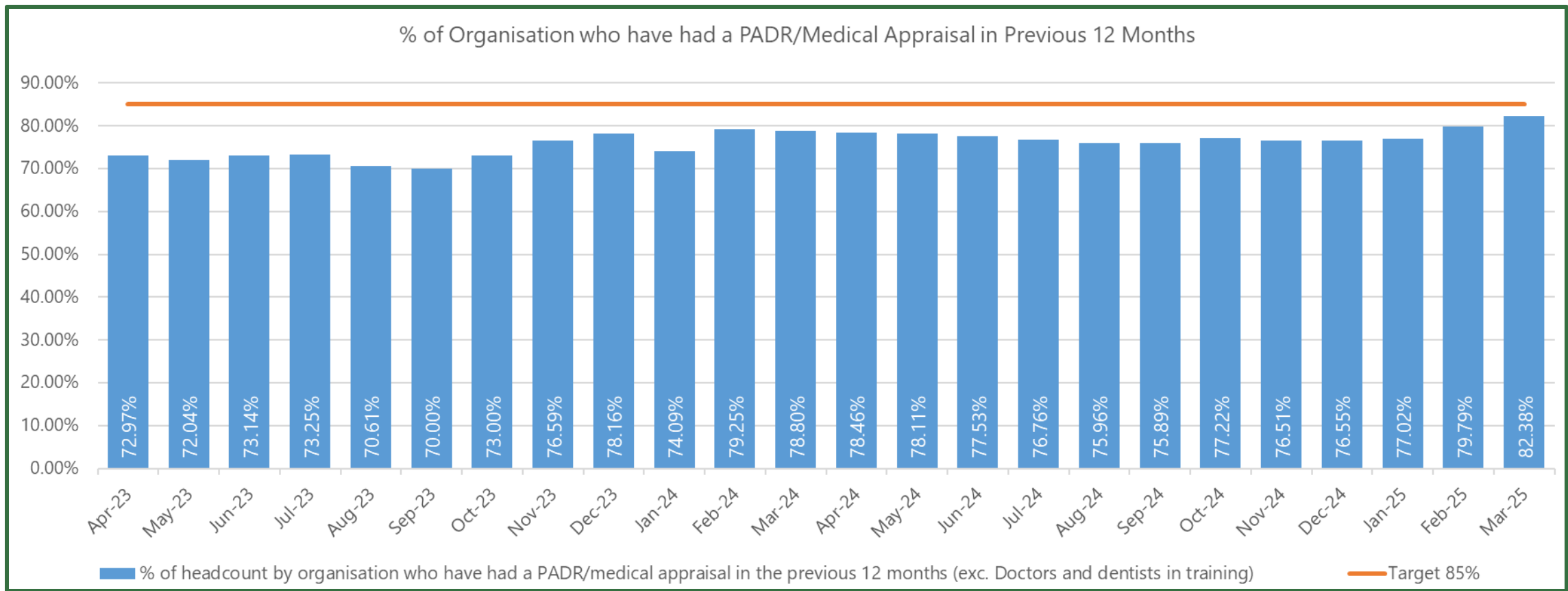
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Health & Care Standard
Health – Staff & Resources

Self-Assessment:
Strength of Internal Control: Strong



Analysis

PADR rates minimally increased from 79.79% in February 2025 to 82.38% in March 2025 and is close the 85% target. Over the reporting period this target has only been achieved once, in December 2022.

In March 2025 Statutory & Mandatory Training rates reported a combined compliance of 87.96% exceeding the 85% target for the fourth consecutive month. However, only Dementia Awareness (98.13%), Moving & Handling (95.67%) and Safeguarding Adults (97.94%), achieved the 85% target. Equality & Diversity (82.32%), Information Governance (79.20%), Fire Safety (77.16%), Paul Ridd (75.94%), Fraud Awareness (75.71%), Violence Against Women, Domestic Abuse & Sexual Violence (73.58%) and Welsh Language Awareness (70.79%) all remain below this target.

There are currently 19 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table:

Remedial Plans and Actions

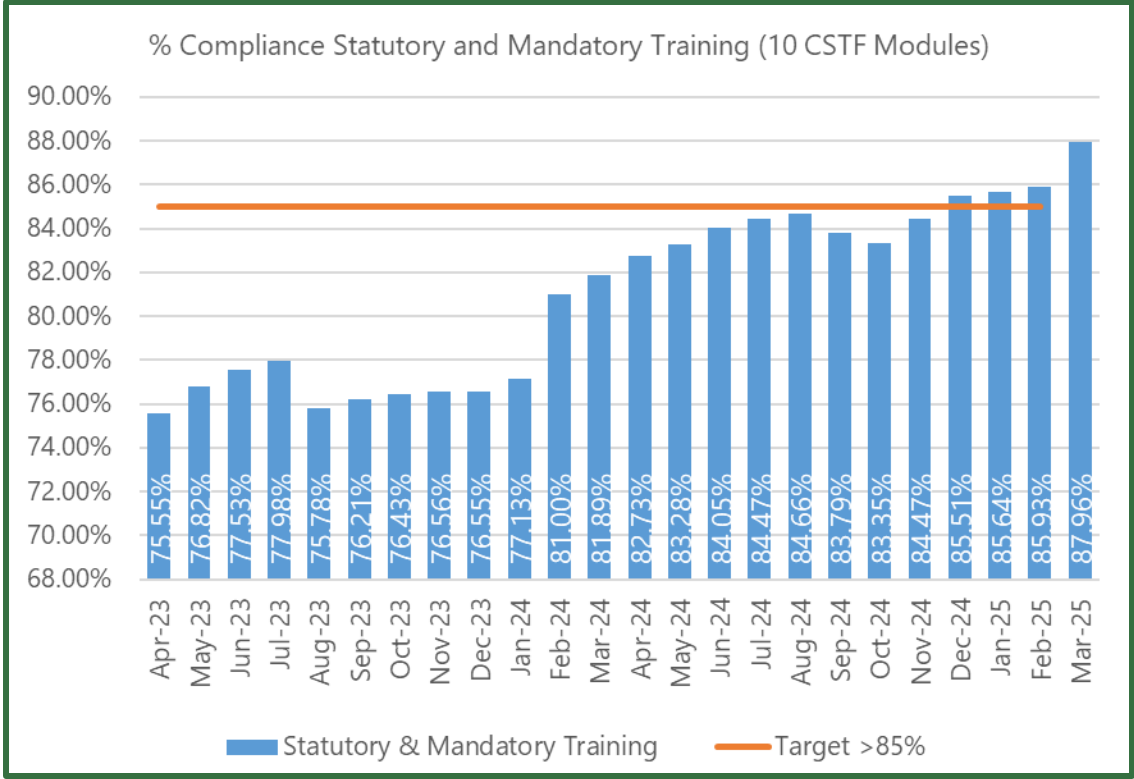
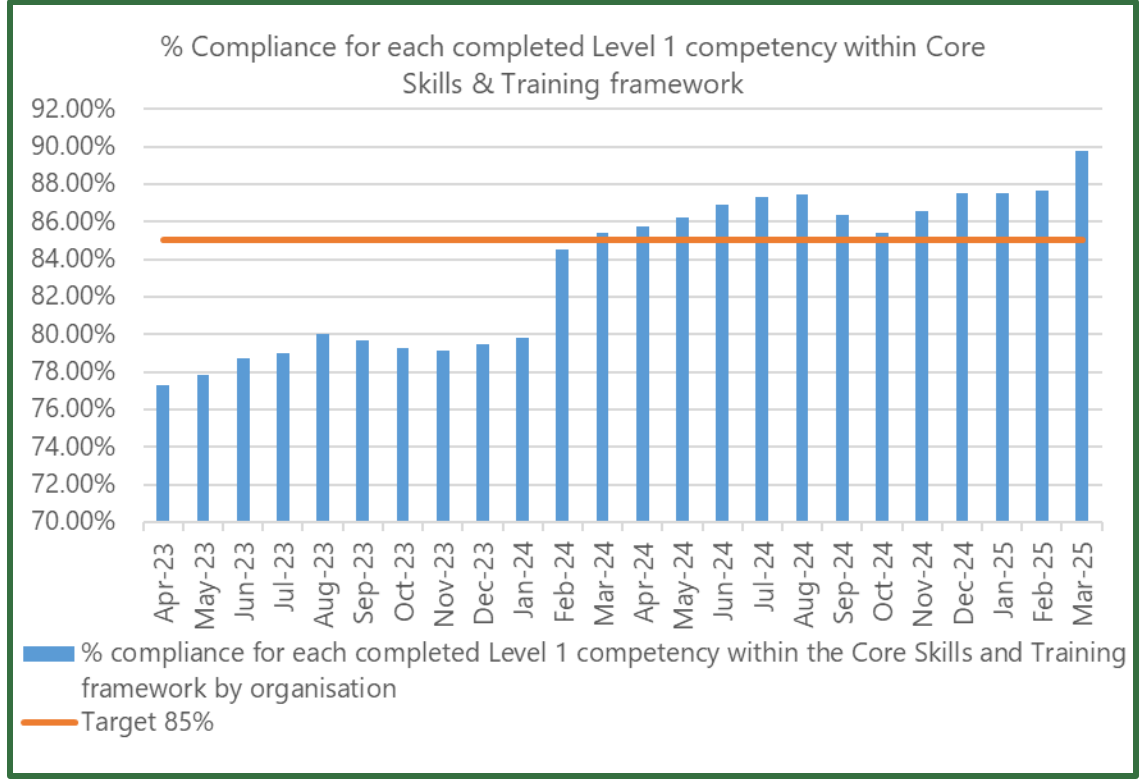
Engagement in the PADR process serves as a Key metric for evaluating team cultural health. By increasing engagement with the PADR process, our goal is to enhance employee development, support better Communication between managers and employees and develop a culture of accountability and continual improvement.

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

Expected Performance Trajectory

Performance is improving as compliance has risen.

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



Our People

Health and Well-being – Shift Overtimes

(Responsible Officer: Angela Lewis)

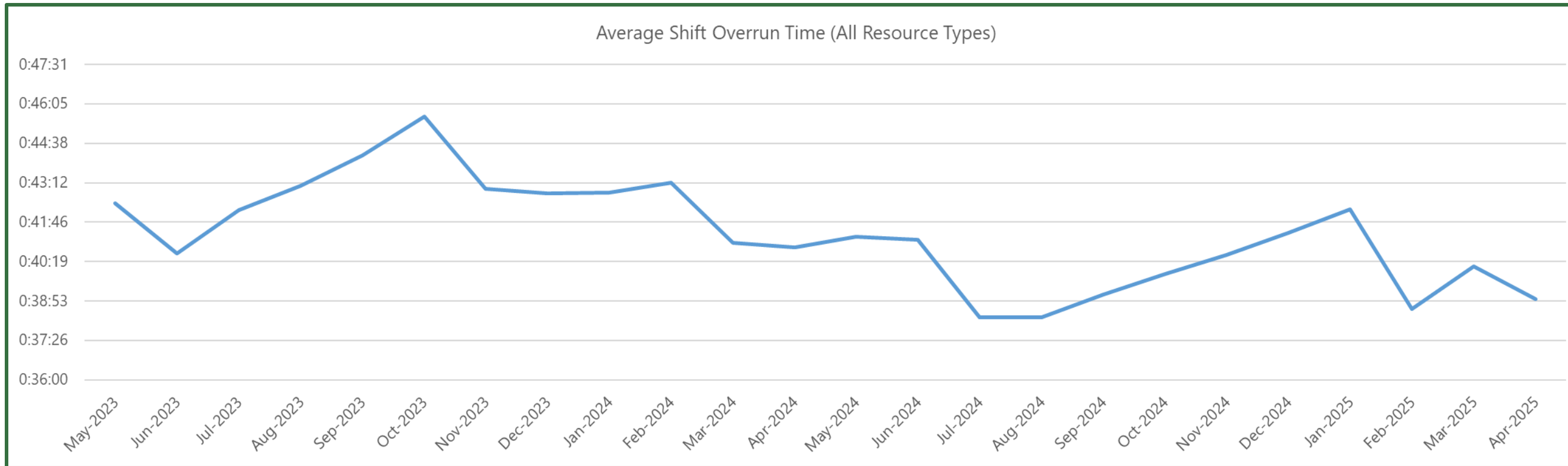
Overruns

R

CI

PCC

FPC



Analysis

There were 3,773 shift overruns during April 2025.

The average overrun figure for April 2025 was 38 minutes and 58 seconds, a minimal decrease from March 2025 (00:40:08). 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 75.8% of the total. 19.3% fall within the 61 to 120-minute category, 4.4% in the 121 to 180-minute category, 0.3% in the 181 to 240-minute category and 0.2% in the 241 minutes and over category.

Remedial Plans and Actions

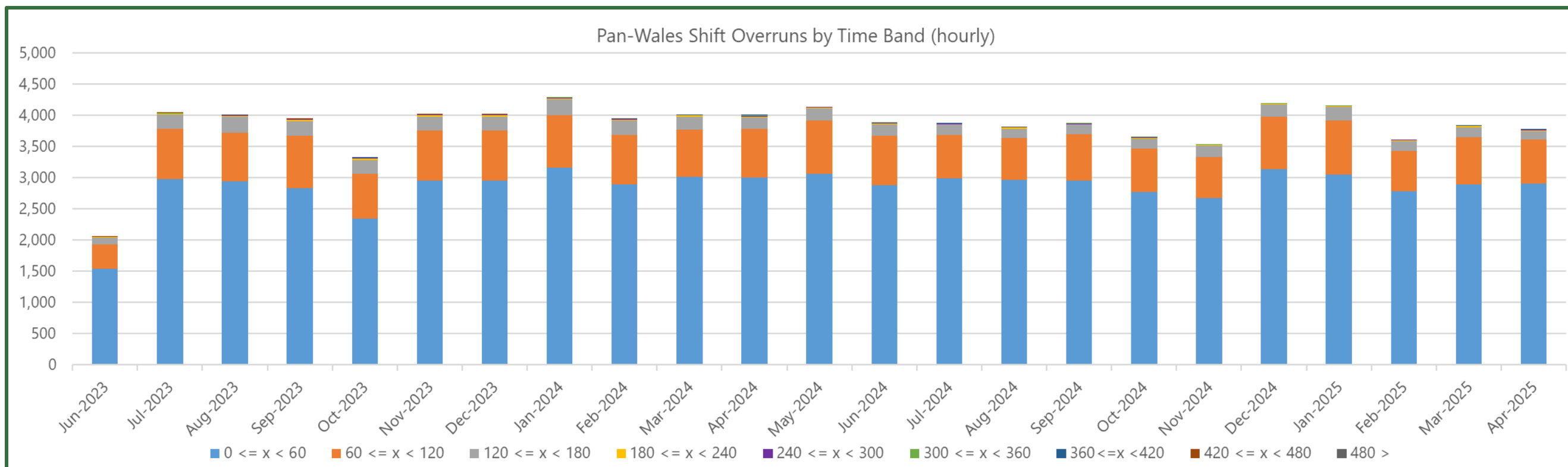
Shift overruns are a key element of staff wellbeing and work is ongoing to mitigate these in conjunction with handovers, as although not shown here there is a clear correlation.

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

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 2025.

Expected Performance Trajectory

Overruns correlate with handover lost hours and may continue to increase.

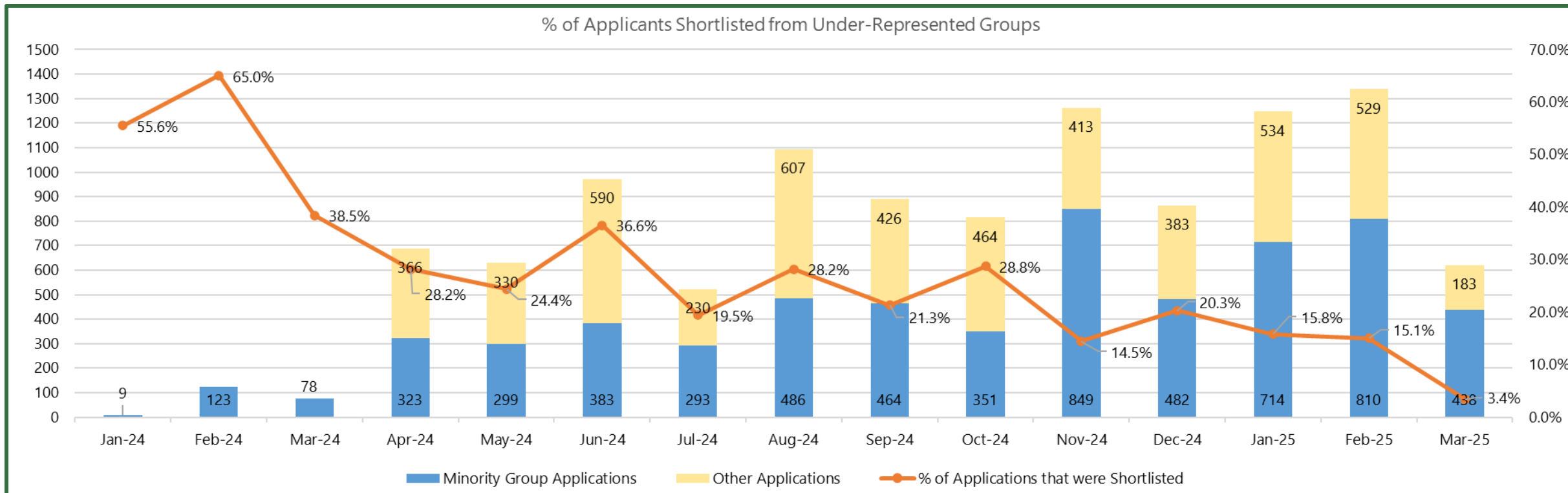
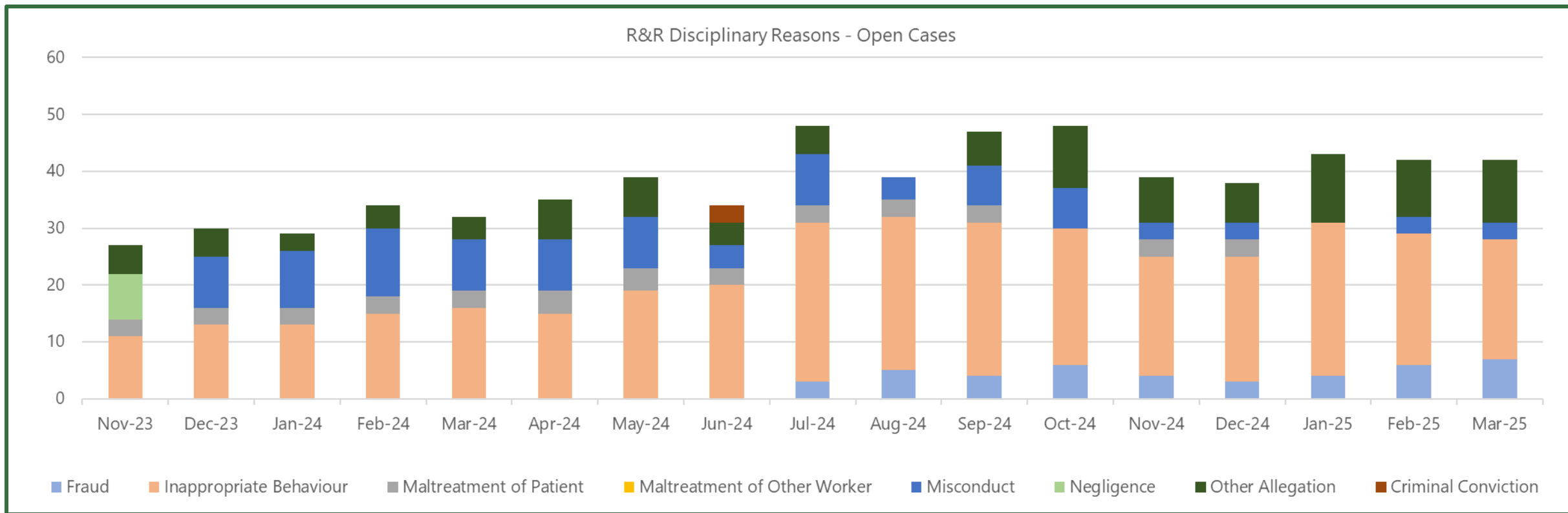


Our People

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



Analysis

There were 42 open formal disciplinary cases recorded at the end of March 2025, which remains consistent with the previous month. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by fraud.

There were 14 open formal Respect and Resolution cases submitted by employees in March 2025, two less than the 16 February 2025. These are a mixture of both Respect and Resolution Grievances and Dignity at work.

The bottom graph shows that in March 2025, 621 job applications were processed, and 32 interviews planned.

Of the 621 applications, a total of 438 were from under-represented groups with 328 in the category of Ethnicity, 74 within Disability and 36 identifying within Sexual Orientation.

In March 2025, 3.4% (n=15) of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a decrease from the 15.1% in February 2025.

Remedial Plans and Actions

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

Applications: The inclusive recruitment work is ongoing to develop targeted recruitment campaigns and events. Two workshops have taken place to recruit for Black, Asian and Ethnically diverse applicants into our digital roles and work is ongoing on how to expand this to other areas such as Graduate Paramedics. Unconscious bias training for the managers that will be involved in their recruitment is underway.

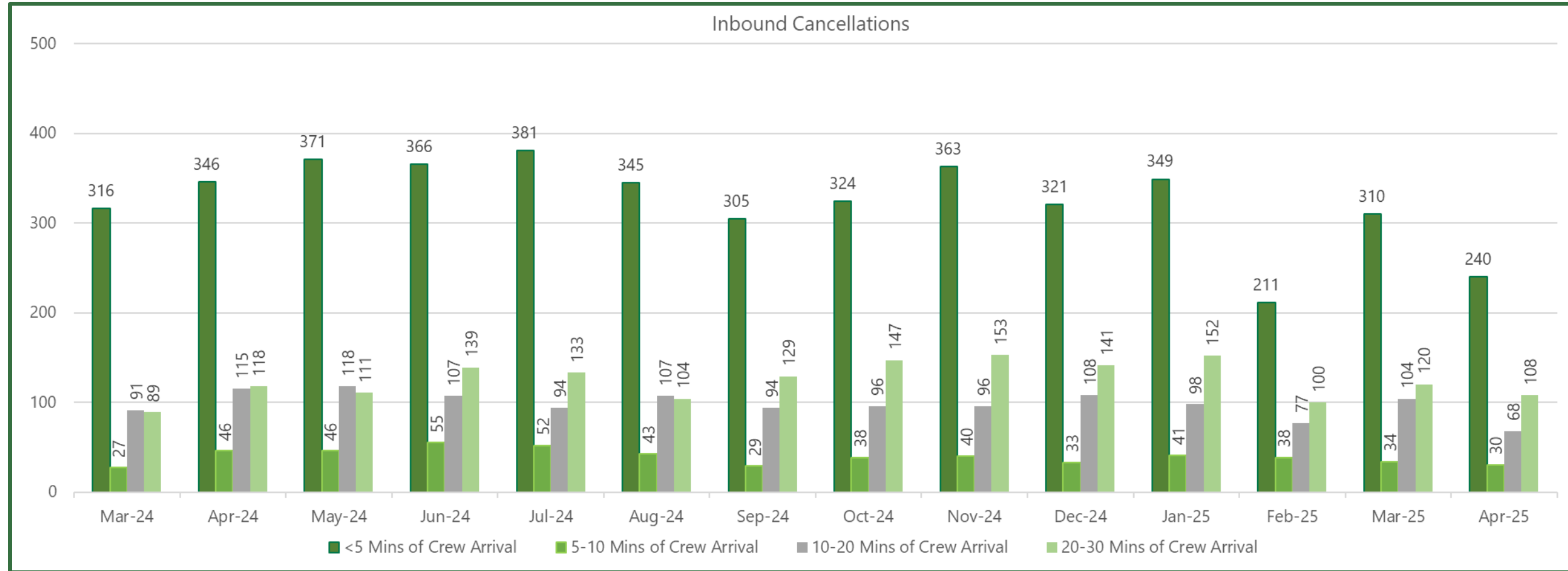
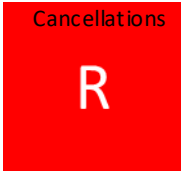
Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.

Finance, Resources and Value

Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)



Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a decrease in April 2025 to 240, compared to 310 in March 2025. The total number of cancellations within 30 minutes also decreased from 568 in March 2025 to 446 in April 2025.

In April 2025 there were 70 travel bookings cancelled by patients (including via SMS), decreasing from 96 in March 2025.

The other top reasons for less than 5-minute cancellations included: 20 patients not located, 6 unwell/too ill to travel, 6 no appointment and 5 address not located.

Same day cancellations remained consistent in April with March at 12.9%.

Remedial Plans and Actions

Work with Hywel Dda to develop a direct link between their PAS system and our CAD, 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, that requires WAST transport.

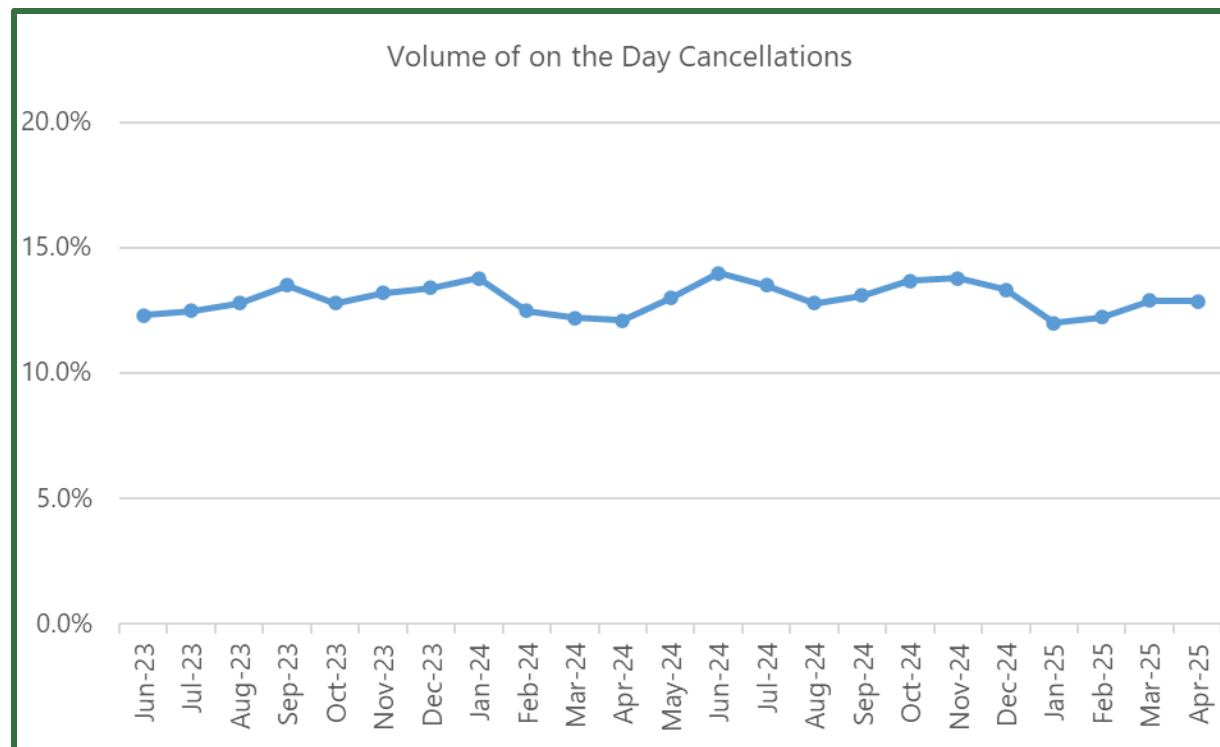
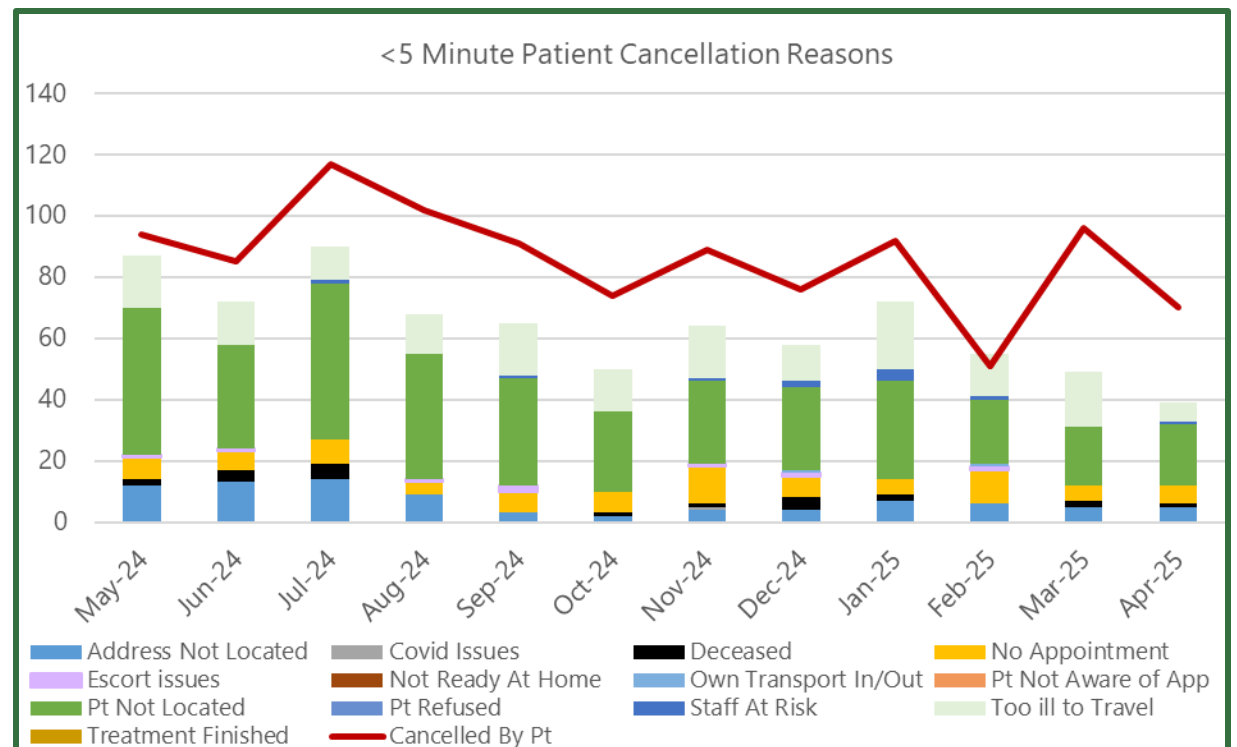
Work is also underway to enhance the service's text messaging options to improve notification to patients.

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

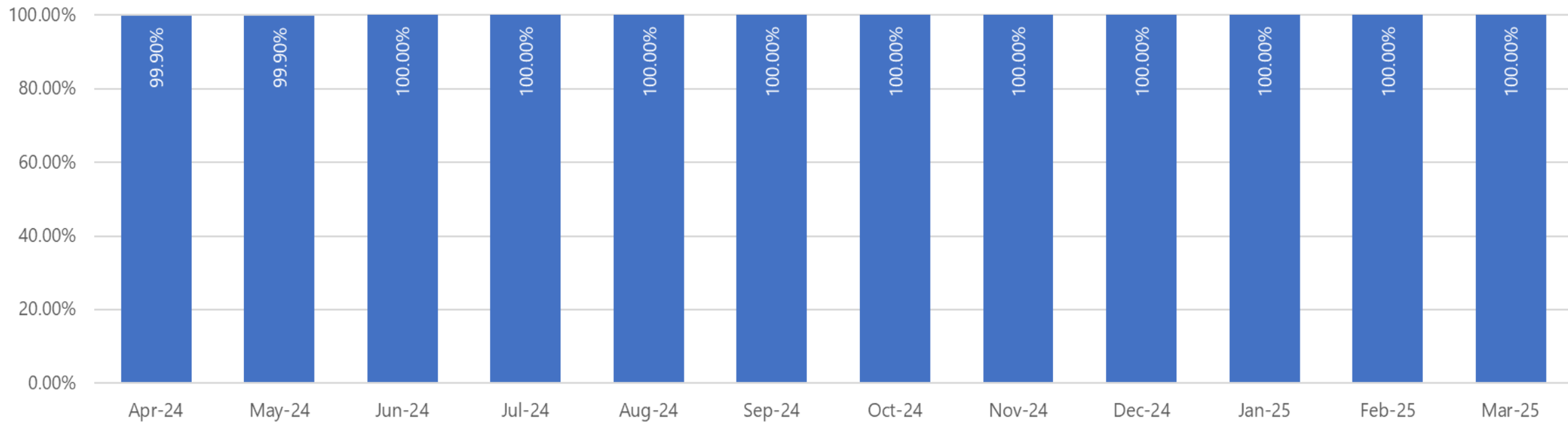
Value - Finance Indicators

(Responsible Officer: Chris Turley)

G

FPC

Financial Balance - Annual Expenditure YTD as % of Budget Expenditure YTD



Analysis

The reported outturn performance at Month 12 is a surplus of £70k.

For Month 12 the Trust is reporting planned savings of £6.421m and actual savings of £6.838m (an achievement rate of 106.5%).

The Trust's cumulative performance against PSPP as at Month 12 is 97.7% against a target of 95%.

At Month 12 the Trust achieved both its External Financing Limit and its Capital Expenditure Limit.

Remedial Plans and Actions

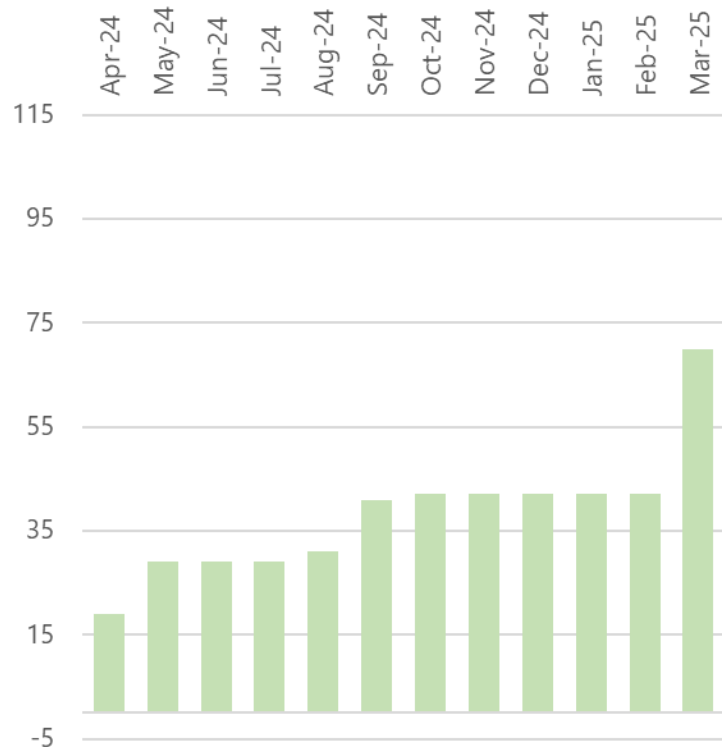
There is no remedial plan required given the Trust closed the year with a small surplus of £70k (subject to audit); however, key areas of focus in future years include:-

- 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

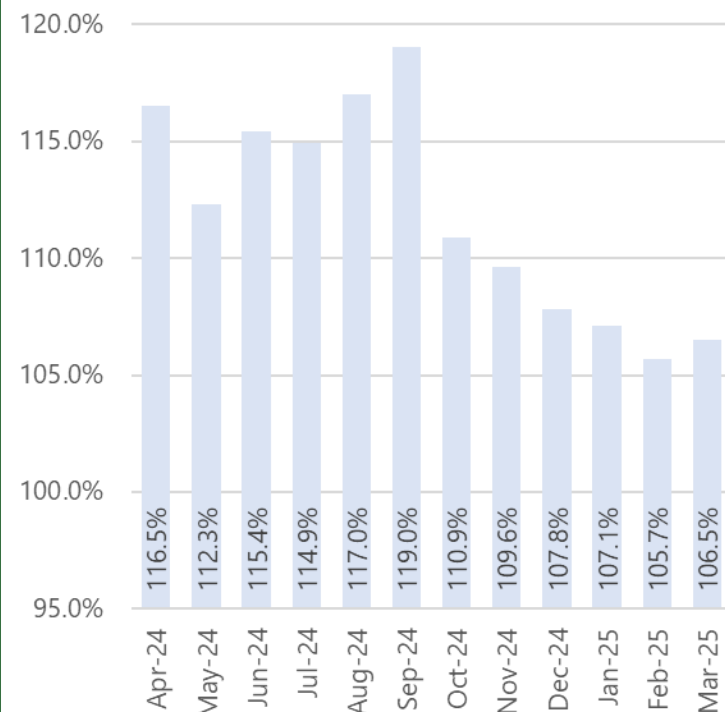
Expected Performance Trajectory

The month 12 / year end position was a small surplus of £70k (subject to audit)

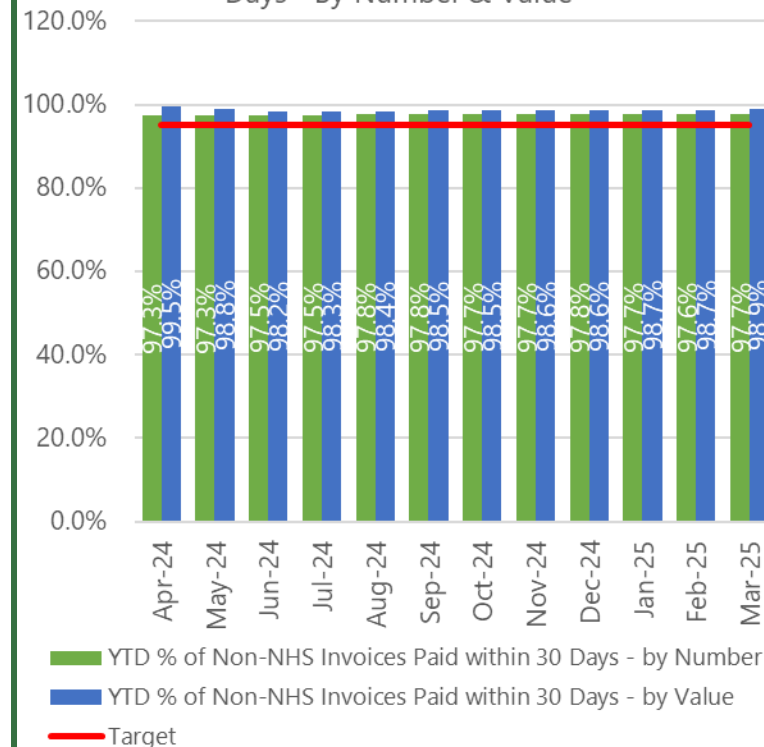
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



Finance, Resources and Value

EMS Utilisation & Average Job/Shift Times

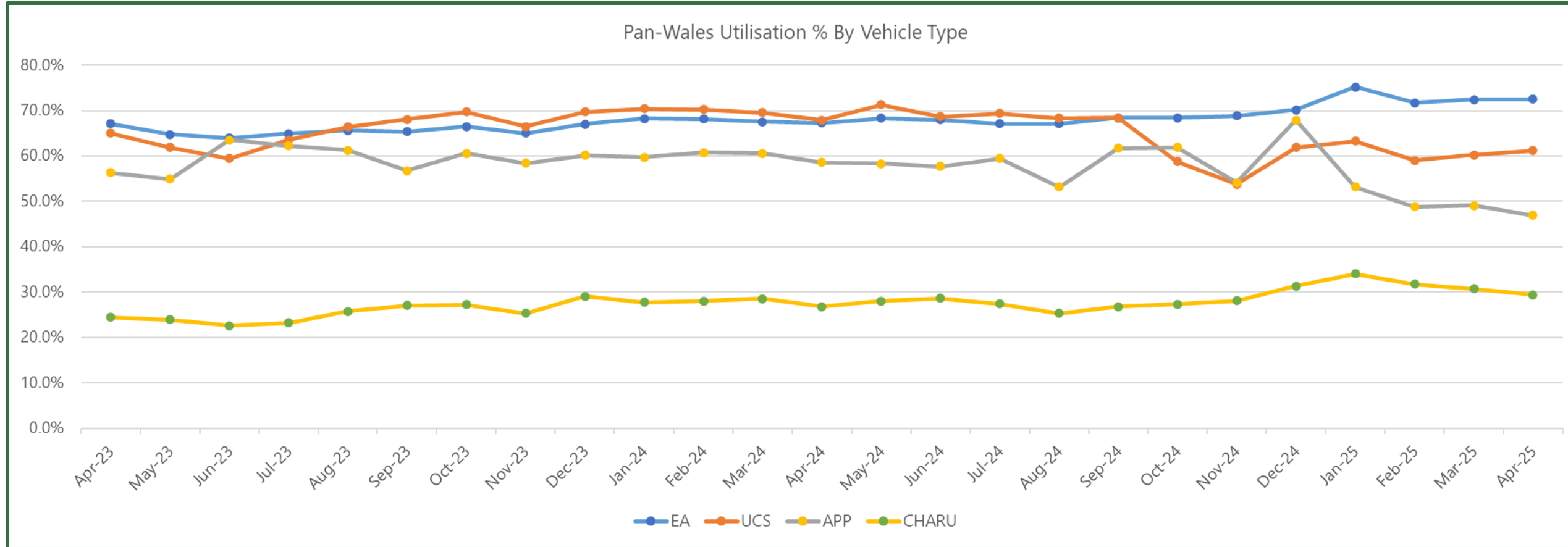
(Responsible Officer: Lee Brooks)

Jobs Per Shift
A

CHARU Utilisation
G

FPC

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



Analysis

Pan Wales Utilisation metrics in April 2025 were 63.7% for all vehicles types, a decrease from 64.4% in March 2025. EA saw the highest rate during the month at 72.5%, returning to the upward trend seen over the past year. The optimal utilisation rate for EAs needs to be lower so that they are free to respond to incoming calls.

As demonstrated in the bottom left graph, the average job cycle increased in April 2025 for EAs (2 hours 15 minutes) and APPs (1 hour 25 minutes). UCS (2 hours 47 minutes) remained the same as the previous month: however, CHARU minimally increased (46 minutes).

Overall average jobs per shift was 2.64 in April 2025, a minimal increase from March 2025 (2.56). EAs averaged 2.74 jobs per shift and UCS crews 2.08. This is lower than what would be ideal and a product of handover delays.

APPs attended on average 2.73 jobs per shift and CHARU's 2.39. However, both sets of data are under review.

Remedial Plans and Actions

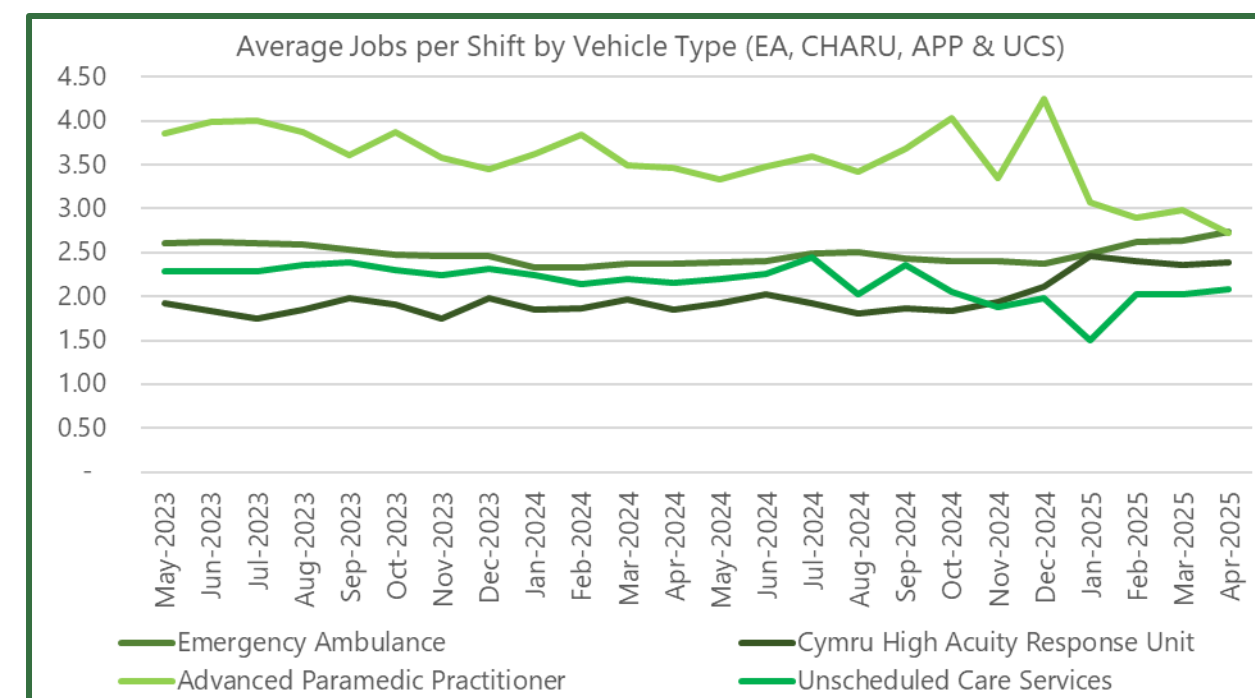
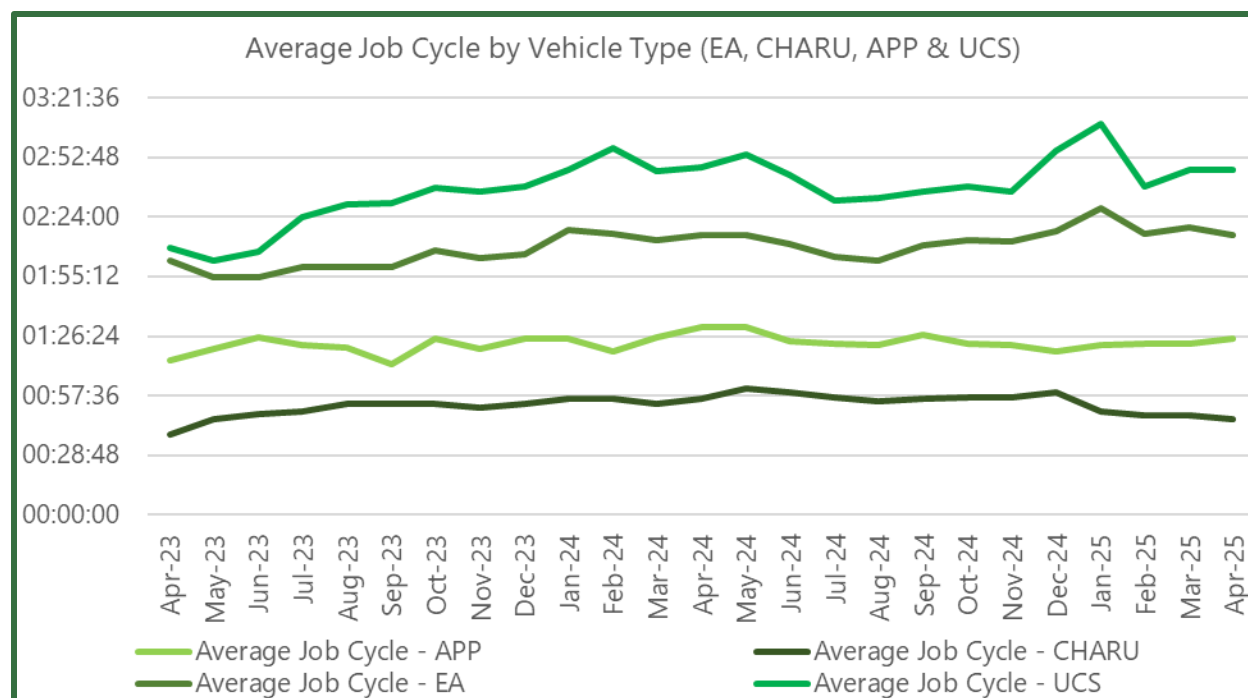
EA and UCS jobs per shift is fundamentally a product of handover delays.

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

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

Expected Performance Trajectory

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



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 April 2025, 59,345 calls were allocated into the 14 categories displayed in the graph opposite; an increase compared to the 58,114 seen during March 2025. However, data quality issues continue within 111 reporting which are currently being addressed.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 35.24% of all calls during April 2025, but there has been a material drop since the implementation of the new 111CAS system.

As the bottom left graph highlights, in April 2025, 6,344 calls were 'Stopped at Source', with no onward referral, a slight decrease from 6,363 in March 2025. 11,615 calls were referred to 999/ED in April 2025.

The percentage of 111 calls answered in Welsh increased slightly from 1.07% in March 2025 to 1.10% in April 2025. This equated to 55.4% of all 111 calls being offered in Welsh being answered.

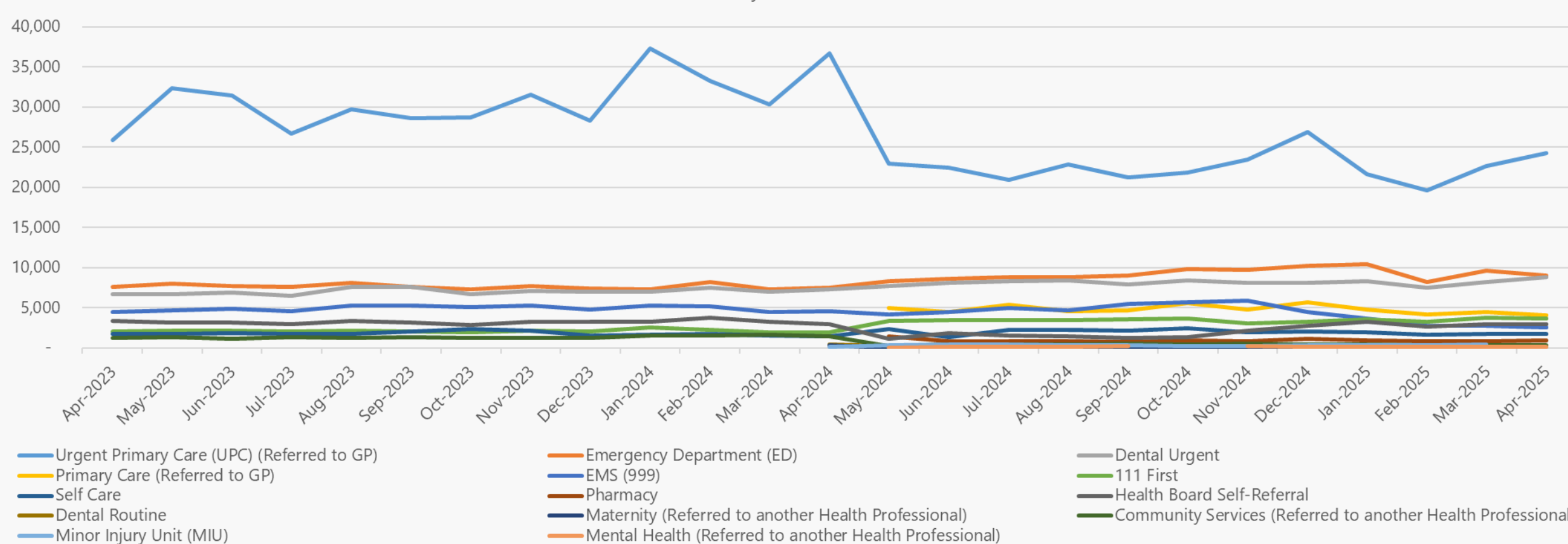
Remedial Plans and Actions

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

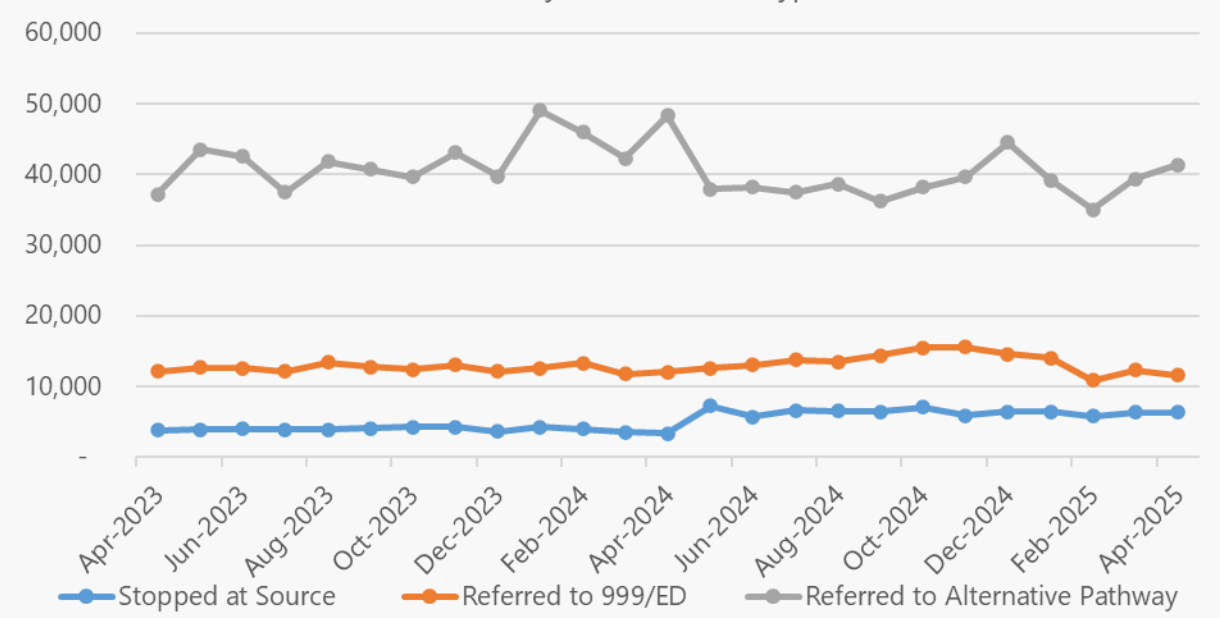
Expected Performance Trajectory

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

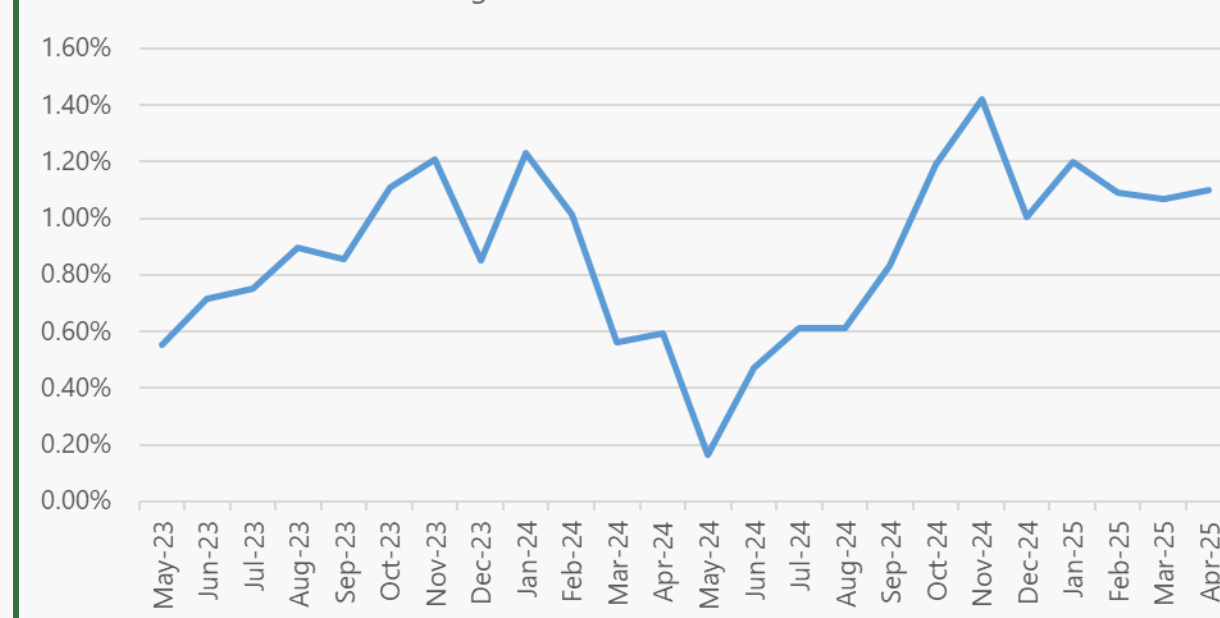
111 Calls By Final Outcome



111 Calls by Final Outcome Type



Percentage of 111 Calls Answered in Welsh



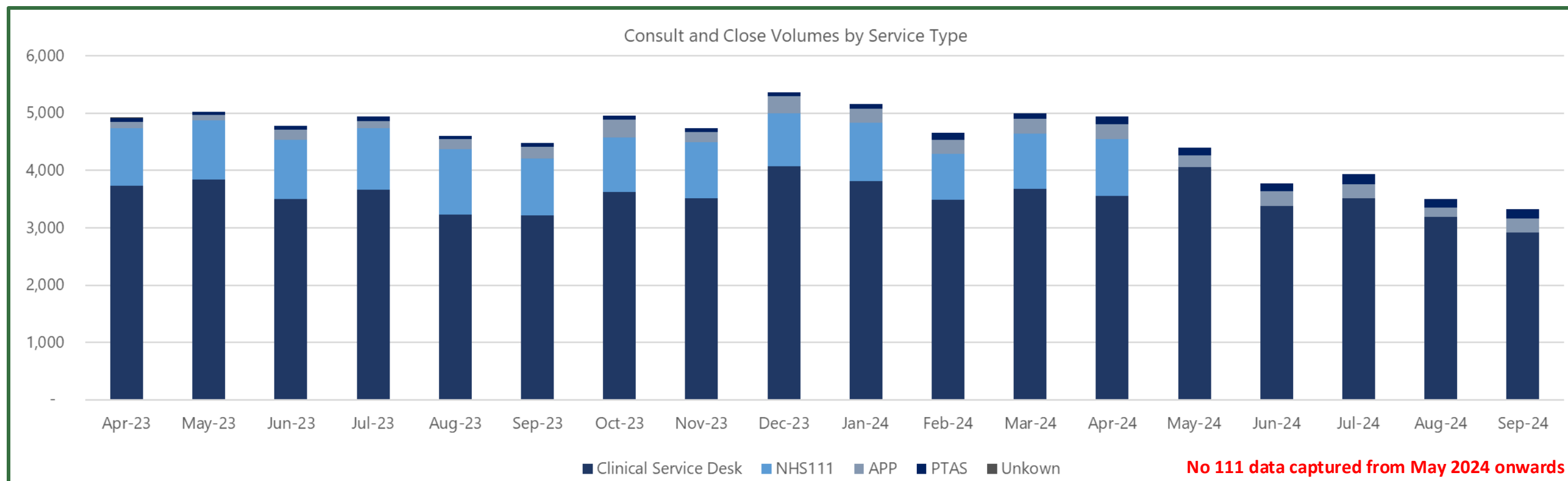
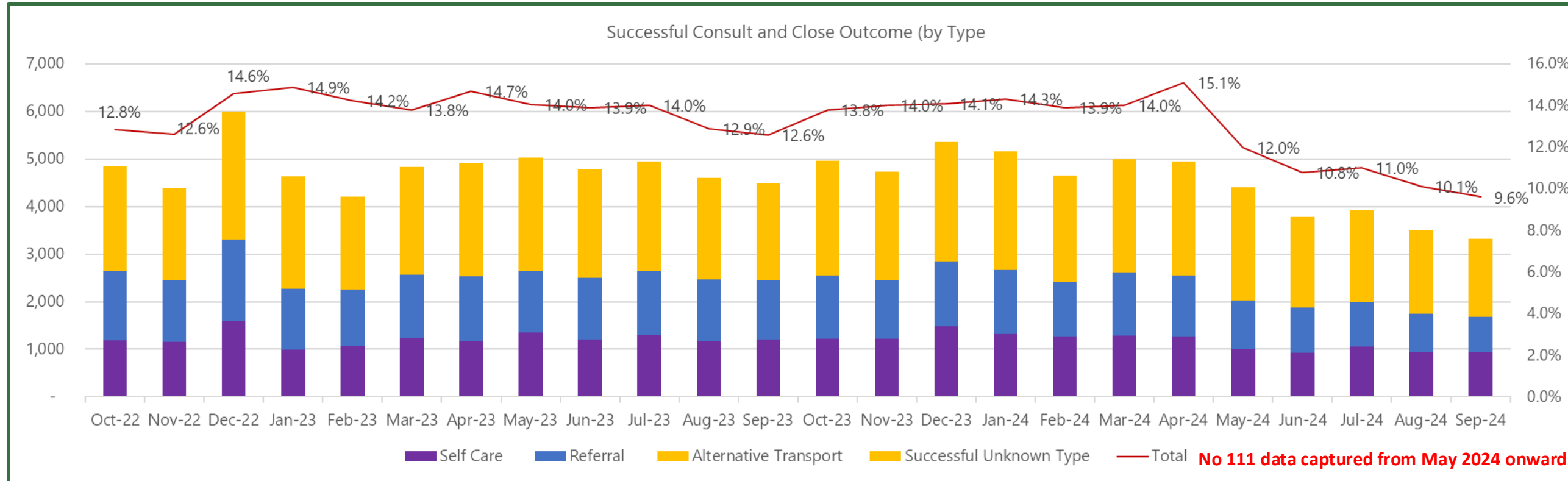
Partnerships / System Contribution Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C
Outcomes

FPC

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



No additional analysis possible given no 111 data is currently available on these metrics.

A revised metric is under development.

See separate patient harm mitigations report to Trust Board.

New metric definition agreed. With commissioners for approval.

A one-off IDS assured graph indicates that the Trust is achieving a +20% consult & close rate.

Partnerships / System Contribution Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

Conveyances

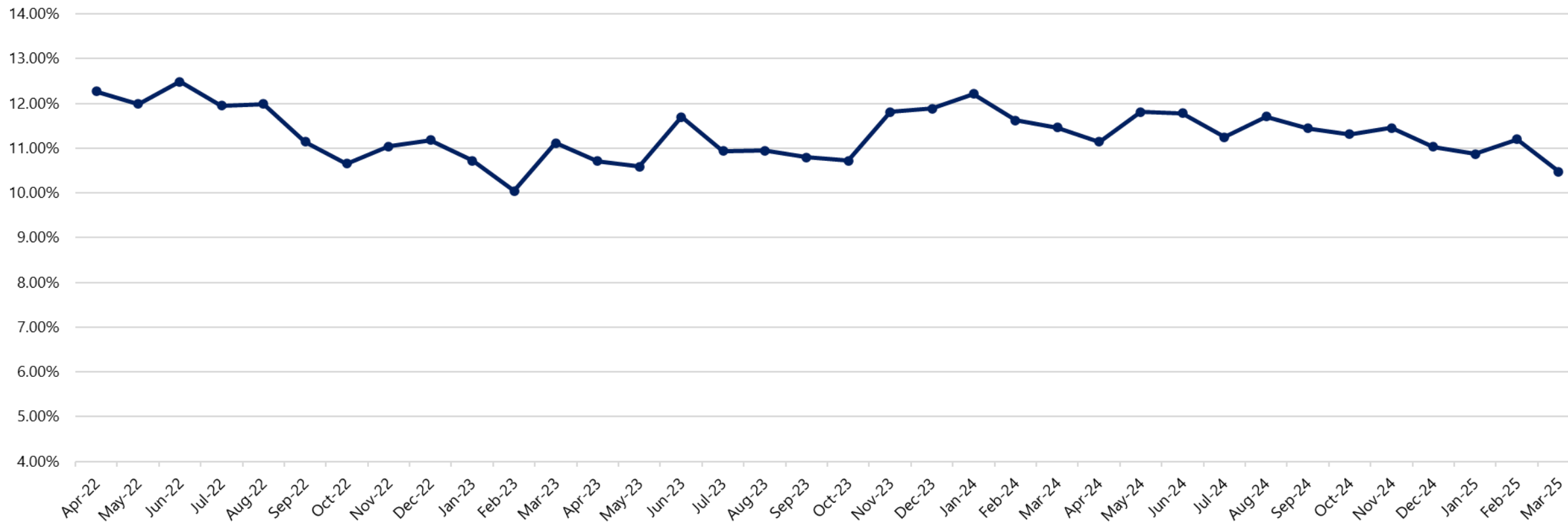
G

FPC

Ministerial Measure

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

% of Total Conveyances taken to a Service other than a Type One Emergency Department



Analysis

In March 2025 10.48% of patients (1,343) were conveyed to a service other than a Type One ED, while 38.18% 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, from 3,124 in February 2025 to 3,494 in March 2025.

The APP conveyance rate was 46.6% in October 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). Patients conveyed to SDEC's in October 2024 remained low at 0.14%. No further data is available.

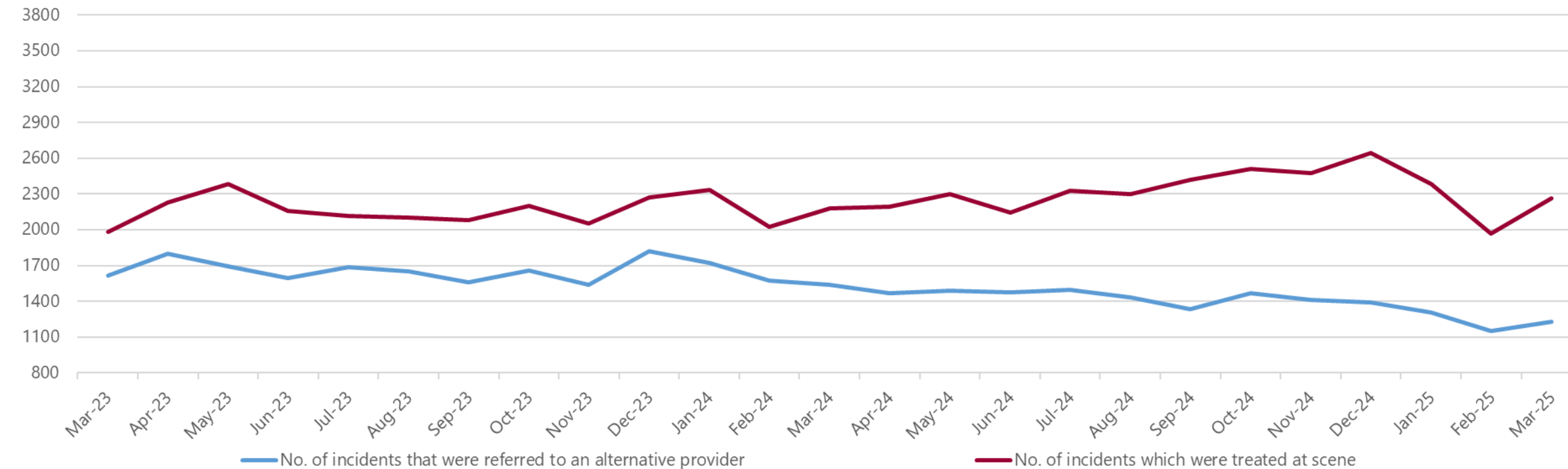
Remedial Plans and Actions

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

Expected Performance Trajectory

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

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



Partnerships / System Contribution

Handover Indicators

(Responsible Officer: Health Boards)

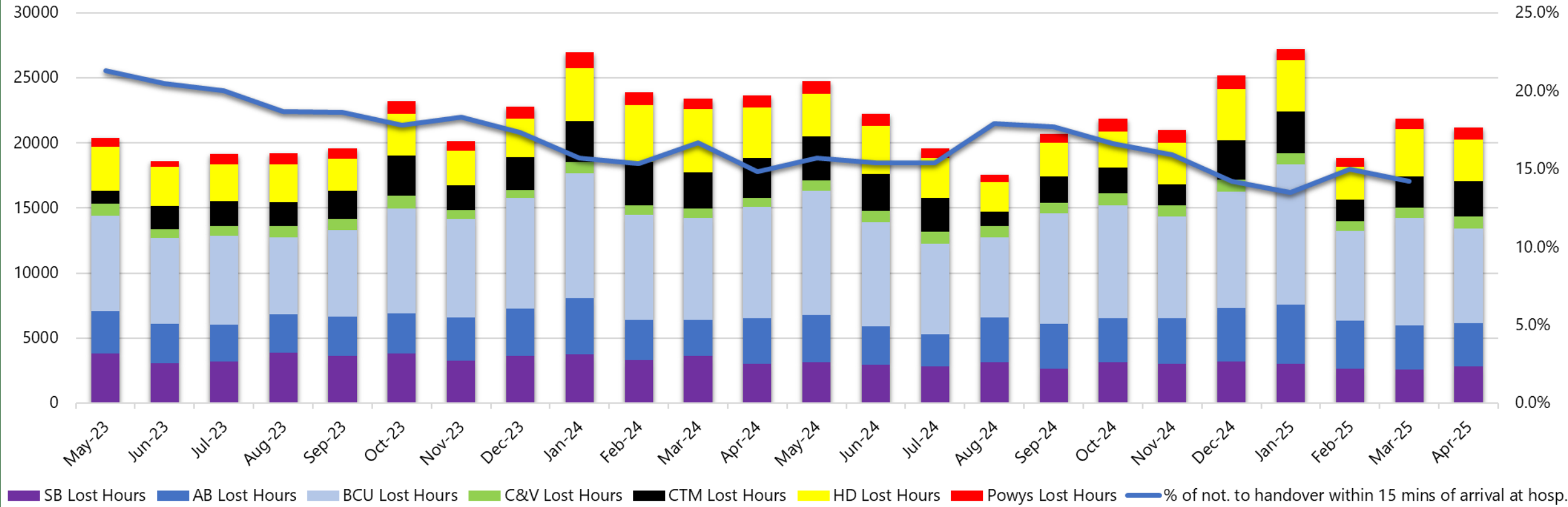
Lost Hours

R

CI

QUEST

Notification to Handover Lost Hours by Health Board



Analysis

261,945 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months (May-24 to Apr-25), compared to 260,947 hours over the same timeframe the previous year. There were 21,183 hours lost in April 2025, which is 10.3% lower than the 23,631 hours lost during April 2024.

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

- Grange University Hospital (ABUHB) at 3,169 lost hours
- Morriston Hospital (SBUHB) at 2,791 lost hours
- Ysbyty Maelor Hospital (BCUHB) at 2,578 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,265 lost hours
- Glan Clwyd Hospital (BCUHB) at 2,246 lost hours

Notification to handover lost hours averaged 706 hours per day during April 2025 (30 days) compared to 705 hours per day (31 days) in March 2025.

In April 2025, the Trust could have responded to approximately 6,682 more patients if handovers were reduced, which highlights the impact these numbers are still having on the service.

In April 2025, 776 patients waited over 12 hours for an ambulance response.

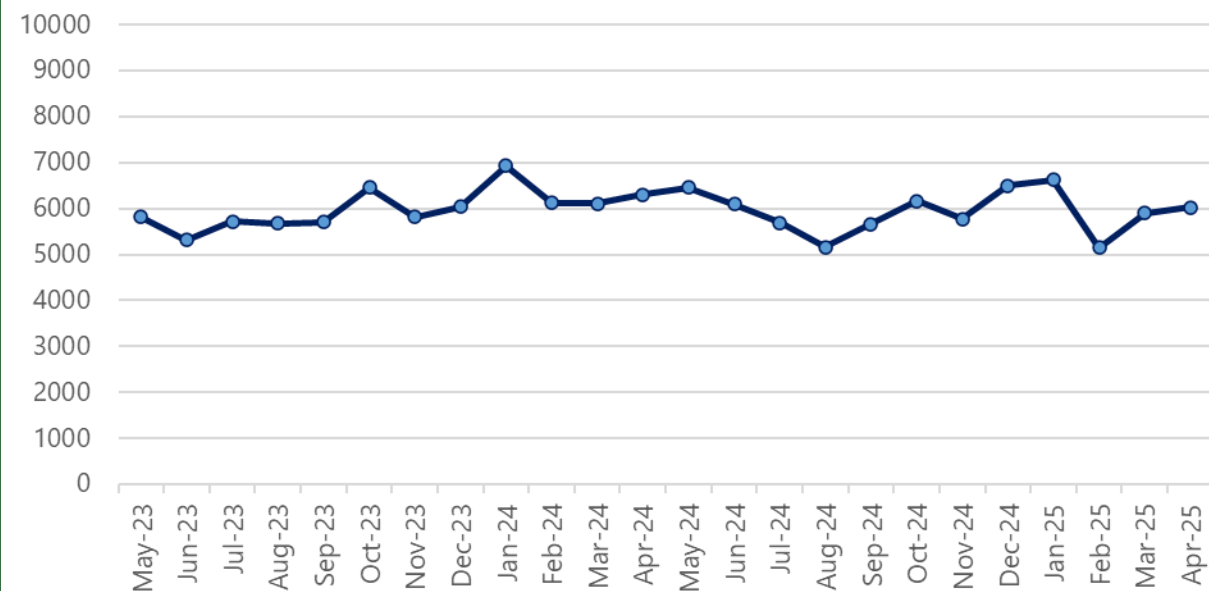
Remedial Plans and Actions

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.

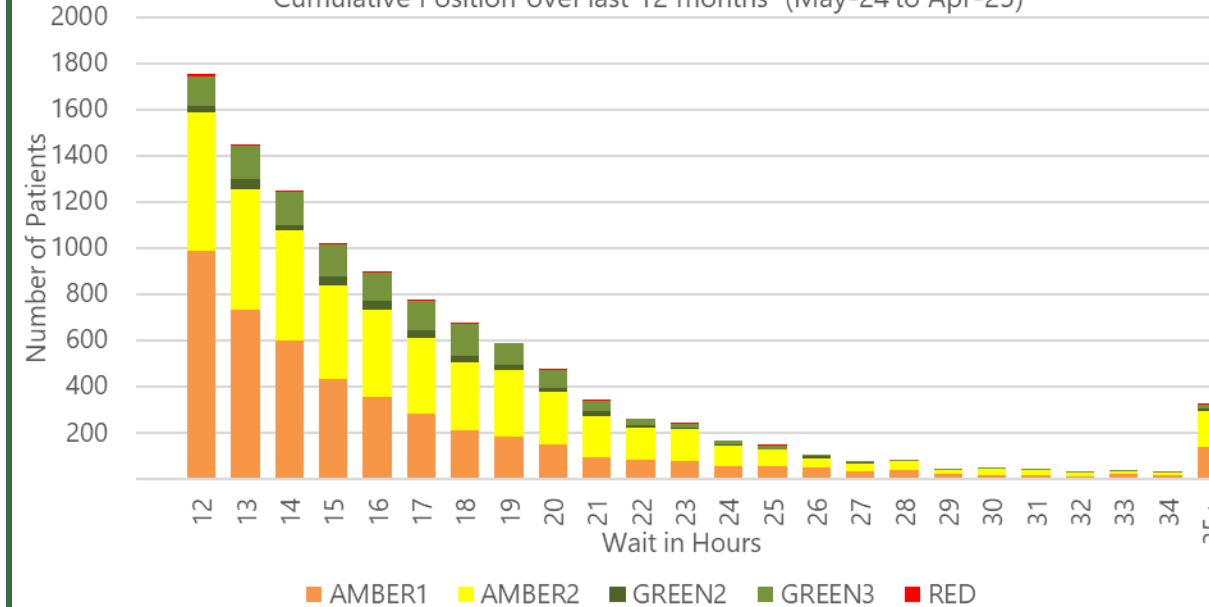
Expected Performance Trajectory

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.

Handover Rates Over 1 Hour (including first 15 minutes)



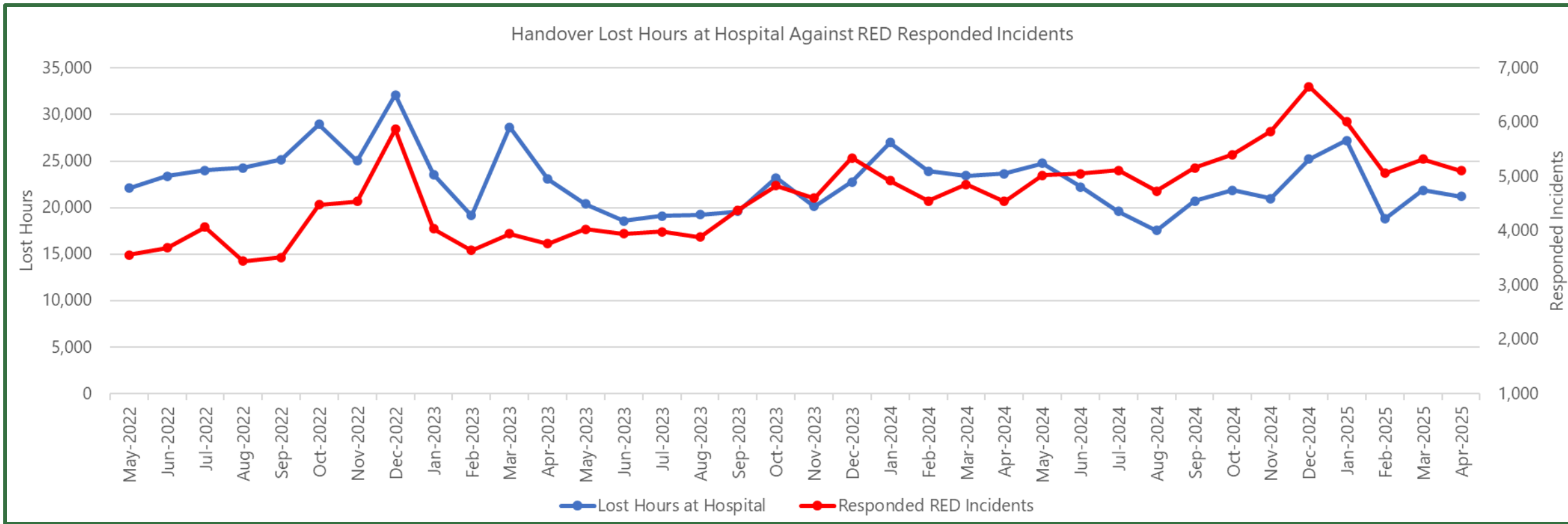
Number of Patient Waits over 12 hours by Priority Type
Cumulative Position over last 12 months (May-24 to Apr-25)



Partnerships / System Contribution

Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)



Analysis

The top graph highlights that when handover lost hours have increase, so too do 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.

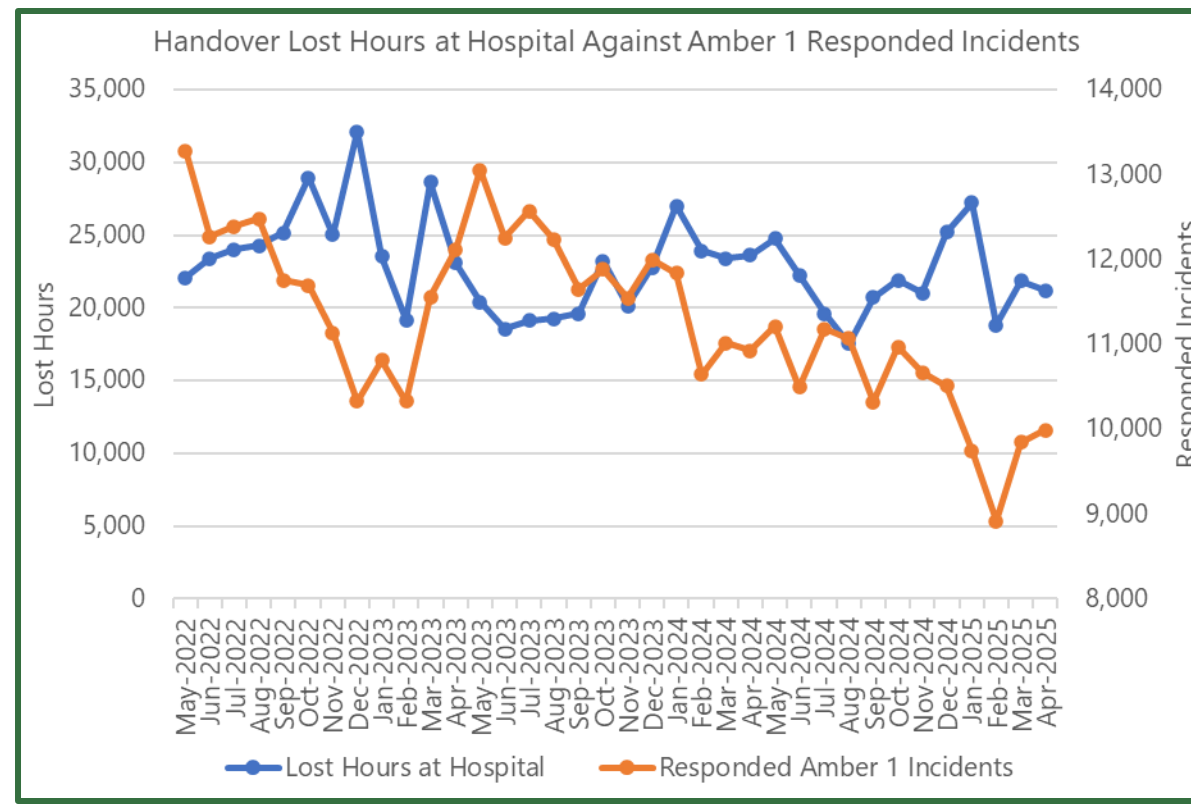
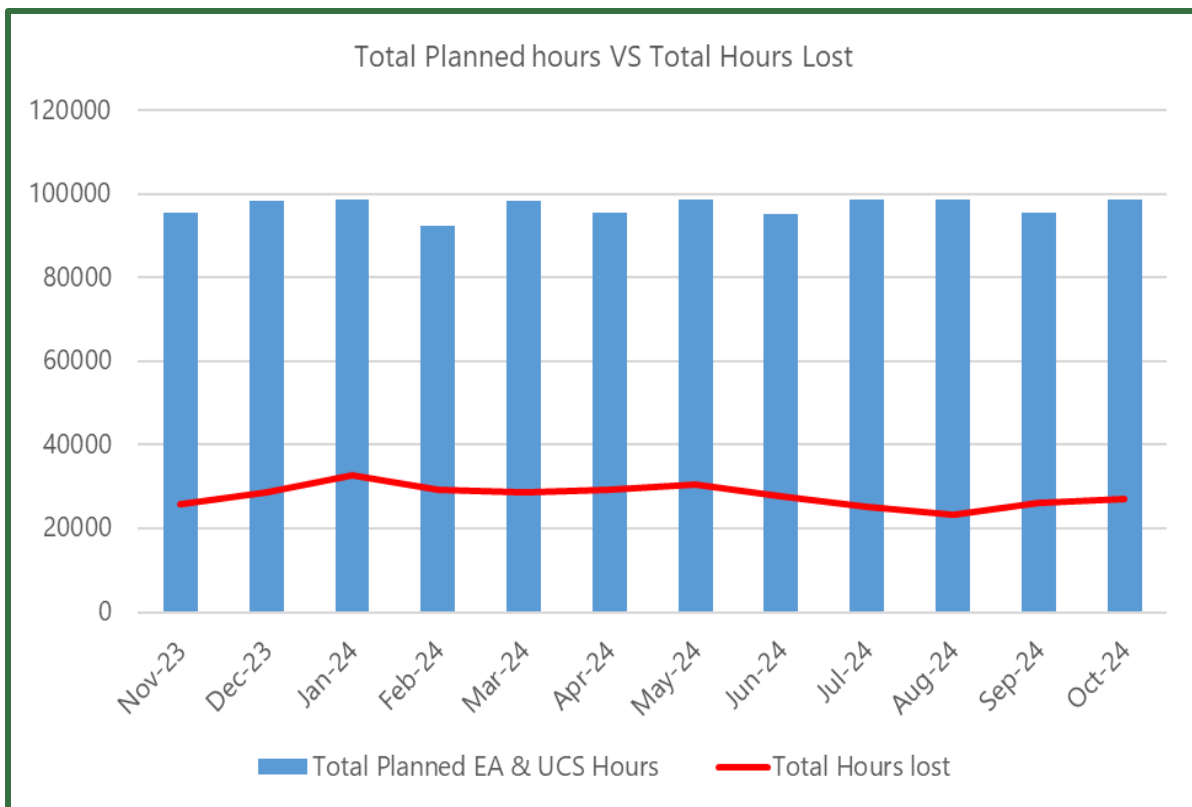
The bottom right graph illustrates, that there is also a correlation between lost hours increasing and a decrease in the number of Amber 1 incidents being responded to, particularly at times of high demand, such as during December 2022. This is notwithstanding that some of these patients within the Amber 1 category will still be seriously ill.

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. The Welsh Government target was to see a 30% reduction in this metric by December 2024. However, this has not been achieved, with the 21,183 hours lost in April 2025.



*NB: Data correct at time of abstraction

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

Definition of Indicators

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



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AGENDA ITEM No	12
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	3

VOLUNTEER STRATEGY ACTION PLAN YEAR 4 UPDATE

MEETING	People & Culture Committee
DATE	15 May 2025
EXECUTIVE	Lee Brooks, Executive Director of Operations
AUTHOR	Jenny Wilson, National Volunteer Manager
CONTACT	Jennifer.wilson3@wales.nhs.uk

EXECUTIVE SUMMARY

- The Volunteer Service has produced an End of Year 4 Highlight report to evidence progress against the Volunteer Strategy Action plan.
- Having completed an Organisational Change process, the team has moved into a function-based model bringing stability to colleagues and consistency of approach to our volunteers.
- A mapping exercise of our volunteer structure, co-designed with members of the Volunteer Steering Group aims to bring clarity around roles and responsibilities across volunteer teams.
- The Community Welfare Responder (CWR) role developed and rolled out across Wales has been successful in recruiting more than 150 CWRs in 2024/25, providing eyes and ears to remote clinicians and offering welfare support to patients where required
- Our responder pathway has been developed to support volunteer responders to upskill in a more efficient and streamlined process, from GoodSam to CWR to CFR
- A Volunteer representative will be invited to support Charity Committee and other business meetings, an important development in hearing the voice of the volunteer
- Additional Volunteer Alternative Responder schemes have been developed and rolled out across Wales in partnership with St John Ambulance Cymru



- A brand-new volunteer management system has been built (Assemble), tested and rolled out through the course of the year, with the ability to support our volunteers in a better way.
- Last year, what have become annual volunteer conferences were successfully held in dual locations across Llandudno & Swansea.
- Our recruitment for volunteer car drivers increased from 100 to 161 volunteer drivers, bringing a personalised and efficient service to patient transport.
- Further development of our VCS oncology project has been underway, offering a one-to-one personal transport service to patients undergoing oncology treatments
- Our Volunteer Steering Group refresh completed with new members bringing skills and experience from their professional lives into the VSG and therefore the Trust.

KEY ISSUES/IMPLICATIONS

- Significant resource has been channelled into the development of the Community Welfare Responder role over the last year. Whilst there are now good numbers of volunteers undertaking this pivotal role supporting the remote clinicians by providing observations on a face-to-face basis, much of the work has been undertaken by staff on fixed term contracts. These posts have been funded by grants provided by NHS Charities Together; posts to conclude between May and December 2025. Consideration for any future arrangements will be given by the Operations SLT in due course.
- Over the course of the last few years, we have developed and expanded the volunteer team; This volume of work delivered by a relatively small number of people is significant and worthy of recognition. The team will continue to maximise their resources to deliver as much as physically possible within available budget.
- A key issue for volunteers has been our ability to communicate on a two-way basis in parallel with mechanisms available to staff. The ability to provide Microsoft 365 access to all volunteers has been discounted as unaffordable although key roles across our volunteers such as the Volunteer Steering Group members have been provided with NHS email addresses. Assemble also supports communication with our volunteers. However, our broader volunteer workforce remains unable to access our intranet and associated materials directly.
- Historically, our volunteers have vocalised a lack of recognition, integration and resources, raising these issues at multiple touchpoints to make their voice heard.



More recently, our volunteers have been rightly recognised as a prominent, pivotal component of our workforce, with investment in roles, responsibilities, equipment, uniform, travel expenses and formal recognition processes. These issues of the past no longer feature in our dialogue with volunteers today, indicating that we have a strong foundation on which to continue to build.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

Appendix 1 – Visible, Valuable Volunteering (strategy)

Appendix 2 – Year 4 Action Plan Highlight Report

Appendix 3 – Volunteer Governance Audit Report

REPORT CHECKLIST

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

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1. This paper seeks to provide Committee with an update on progress against our Volunteer Strategy Action plan over the last four years and highlight key issues. The strategy is provided as Appendix 1.

BACKGROUND

2. The inaugural 5-year Volunteer Strategy, "Visible, Valuable Volunteering" was launched in April 2021, spanning the years 2021-2026. Accompanying this strategy was a three-year Action Plan (2021-2023) designed to support deliverables. This plan articulated strategic priorities into 47 key objectives, which were also incorporated into the IMTP for 2022-2025.
3. Eighteen of these objectives were assigned to Year 1, twenty-two for Year 2, and seven for Year 3. Any actions not completed within these specified periods were carried forward into the subsequent year.
4. The action items for Years 4 and 5 were approved by the Senior Leadership Team in June 2024, with sixteen new actions allocated to Year 4 and eight to Year 5.
5. An End of Year 4 Highlight Report has been produced (Appendix 2).

ASSESSMENT

Headline Achievements of Year 1

6. Our inaugural Volunteer Strategy – Visible, Valuable Volunteering, has been instrumental in recognising and integrating the vital role that volunteers play within the Trust. This strategic initiative has ensured that volunteers are not only acknowledged but also celebrated for their contributions. Volunteers have been included in the WAST awards and Long Service awards, where their contributions are formally recognised. Additionally, our Communications team has been proactive in sharing good news stories about volunteers, thereby highlighting their invaluable contributions to the organisation.
7. The Volunteer Strategy initiated the creation of the National Volunteer Manager role and united the Community First Responder Team, the Alternative Responders Manager and the Volunteer Car Service Team into one Volunteer Service. The development of the new service ensured the Trust maintained a focus on Volunteering and provided volunteers with clarity and direction.
8. To ensure the highest standards of training, our team of trainers convene quarterly to review and update training materials, courses, and teaching strategies. This regular review process ensures that the training provided is current, effective, and aligned with best practices. In line with this commitment



to excellence, we have invested in updated training courses and equipment. Notably, the introduction of feedback CPR manikins has significantly enhanced CPR training, elevating it to a new level of precision and proficiency.

9. Recognising the importance of equipping volunteers with the necessary tools, we have made substantial investments in purchasing equipment and uniforms for all volunteers. This investment ensures that volunteers are well-prepared and appropriately attired to perform their duties effectively, creating a sense of belonging to the broader WAST team.
10. The integration of technology into training has been a key focus area, supporting a blended learning approach. This approach allows volunteers to undertake part of their learning in an independent digital environment, utilising platforms such as Microsoft Teams, the training website, or monthly webinars. This digital learning is complemented by face-to-face practical training sessions, providing a comprehensive and flexible learning experience.
11. In the fiscal year 2021/22, WAST extended occupational health and Trauma Risk Management (TRiM) support to all volunteers. This support underscores the organisation's commitment to the well-being and mental health of its volunteers, ensuring they have access to necessary resources and assistance. Our wellbeing offer to volunteers is now equitable to that available to employees.
12. After an initial stand-down at the start of the Covid pandemic, volunteers resumed their activities equipped with appropriate levels of Personal Protective Equipment (PPE). This resumption of activities highlights the resilience and dedication of our volunteers, who continue to provide critical support while adhering to safety protocols.

Headline Achievements of Year 2

13. In Year 2, the Volunteer Steering Group was created and has been actively engaged since September 2022. This group has played a pivotal role in guiding volunteer activities and ensuring alignment with the Trust's objectives.
14. Volunteer support at events has been robust, with the entire Trust backing volunteer involvement at significant events such as the Royal Welsh Agricultural Show. Additionally, volunteer participation in PECL events has resumed post-pandemic, demonstrating a strong commitment to community engagement and support.
15. The structure of the volunteer team has been significantly enhanced with the addition of two new trainers, two Operational Assistants, and two Support Officer posts. These new permanent roles, which focus on compliance and training coordination, have strengthened the team's capacity to deliver high-quality support and training to volunteers.



14. A dedicated Band 7 Operations Manager has been appointed to focus entirely on community resilience and service development. This role has been instrumental in driving forward initiatives that enhance the Trust's ability to respond to community needs and develop services that are resilient and effective.
15. Engagement between the volunteer team and other departments, including Communications, PECl, and the broader Operations team, has seen a marked increase. This enhanced collaboration has supported the building of cross-directorate relationships and facilitated better coordination and support for volunteer activities across the Trust, including the creation of volunteer champion roles across EMS. These roles have been crucial in promoting the CFR program and ensuring that volunteers are effectively integrated into station activities.
16. Social media coverage of volunteers and volunteering activities has also increased, raising the profile of the Trust's volunteer efforts and highlighting the valuable contributions made by volunteers.
17. During periods of Industrial Action, volunteers provided significant support across CFR and VCS activities. The Volunteer Service released all response capable staff to EMS and non-response capable staff were deployed to support EMS and Ambulance Care where appropriate. Their dedication and commitment were evident as they supported continuity of services during challenging times

Headline Achievements of Year 3

18. In the third year, significant progress has been made in various areas, reflecting the dedication and hard work of our volunteers and staff. One of the notable achievements was the reinstatement of volunteer conferences since the Covid-19 pandemic. We successfully organised two well attended conferences across Wales, one in the North and one in the South, which provided valuable opportunities for volunteers to engage, share experiences, and receive updates on the latest developments.
19. Volunteer recruitment has seen an increase, with 8 new Volunteer Car Service volunteers recruited in 2022/23, rising to 34 in 2023/2024.
20. The introduction of VCS MiST (Mandatory in Service Training) courses marks another milestone. Prior to the implementation of this annual course, volunteer drivers received no further training once they had completed the initial onboarding course and were not up to date with changes to service provision or important operational issues. These courses are designed to equip volunteers with the necessary skills and knowledge to support the VCS role, thereby expanding the scope and impact of our volunteer services.



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21. A comprehensive Volunteer Governance Framework has been developed to ensure that our volunteer operations are conducted with the highest standards of accountability and transparency. This framework will guide the management and coordination of volunteer activities, ensuring consistency and quality across all levels.
22. We have also introduced a new volunteer agreement that incorporates a minimum requirement of 16 volunteer hours per month for Community First Responders (CFRs) and 8 hours per month for Community Welfare Responders (CWRs). This agreement aims to enhance the reliability and availability of our volunteer responders, ensuring that they are adequately prepared and committed to their roles, whilst retaining their learned skills.
23. The development of the VCS Oncology project is another significant achievement. This project focuses on providing consistent support to patients undergoing oncology treatment, pairing them with the same volunteer driver for each of their appointments at hospital. It was pleasing for this to be shared as a Trust Board patient/staff story recently.
24. Securing £400,000 in external grants to support the volunteer service is a major financial achievement. These funds have been instrumental in expanding and enhancing our volunteer programs, ensuring that we can continue to provide high-quality support to our communities.
25. The completion of the Community Welfare Responder (CWR) pilot, which utilised CFRs, has been a success. Building on this, we have developed the CWR project further to support the Connected Support Cymru programme, which aims to provide integrated and holistic support to individuals in need.
26. A thorough review of CFR MPDS (Medical Priority Dispatch System) codes has been completed, ensuring that our dispatch protocols are up-to-date and effective in prioritising and responding to medical emergencies.
27. The rollout of pain relief options, including Paracetamol and Pentrox, to CFRs represents a significant enhancement in our emergency response capabilities. This initiative ensures that our responders are adequately prepared to address pain management in emergency scenarios, thereby enhancing patient comfort and care. This accomplishment was acknowledged with an NHS Wales award with WAST being the first UK ambulance Trust to roll out Pentrox to volunteers.
28. the approval of the St John Ambulance Cymru VARS (Volunteer Alternative Responder Scheme) contract is a noteworthy achievement. This contract formalises the collaboration between our organisations, maximising the existing skills of SJAC responders and enhancing our capacity to respond to emergencies and support our communities effectively.
29. In September 2023 it was fantastic to include a spotlight on our progress for volunteering at the Annual General Meeting.



Headline Achievements of Year 4

30. The Volunteer Service Organisational Change Process (OCP) has been successfully completed in Year 4, resulting in the implementation of a new function-based team structure. This significant milestone marks a pivotal transformation in the way volunteer services are organised and managed, ensuring enhanced efficiency and effectiveness in service delivery. The new structure is designed to better align with the strategic objectives of the Trust, providing a robust framework for future growth and development.
31. Following an Internal Audit on Volunteer Governance arrangements with reasonable assurance rating, substantial progress has been made with the closure or proposed closure of 15 (of 22) audit actions. This achievement underscores the organisation's commitment to maintaining high standards of accountability and transparency. The progress of these actions reflects the diligent efforts of the Volunteer Service in addressing and resolving key issues, thereby strengthening the overall governance framework (Appendix 3).
32. The Trust has also hosted successful volunteer conferences in dual locations simultaneously, providing a platform for volunteers to engage, share experiences, and gain valuable insights. For the first time, the conference was streamed using technology between two locations.
33. VCS recruitment has seen a significant increase, with the number of volunteer drivers rising to 161 by the end of the year. The increase in volunteer drivers is expected to enhance our capacity to provide timely and efficient services to those in need.
34. The development and rollout of the CWR role across Wales has been a notable success, with over 150 CWRs recruited in the 2024/2025 fiscal year. This new role is designed to provide critical support to vulnerable individuals in the community, ensuring their welfare and well-being.
35. The Responder pathway has undergone significant development, providing a clear and structured progression for volunteers. This pathway is designed to equip responders with the necessary skills and knowledge to effectively carry out their roles, and a recruitment pipeline which build skills and competencies over a period of time. The development of this pathway reflects our commitment to continuous improvement and professional development for volunteers. It means in the future that volunteers will commence their journey as a VCS driver, or CWR, and can progress to a CFR through a modular approach. Direct recruitment to CFR will no longer occur eradicating the need for a volunteer to commit to 5 consecutive days of training.
36. The Volunteer Steering Group has undergone a refresh, ensuring that it remains aligned with the evolving needs and priorities of the Trust. This refresh has involved the introduction of new members, including a new Chair and the re-



evaluation of the group's objectives and strategies. The refreshed Steering Group is expected to play a pivotal role in guiding the future direction of volunteer services, ensuring that they continue to meet the highest standards of excellence. We would like to thank the previous Chair of the VSG for his commitment to the role, and welcome the new Chair.

37. Finally, the mapping of the new volunteer structure to support the service structure has commenced. This initiative aims to ensure that the volunteer framework is fully integrated with the broader Trust structure, facilitating seamless coordination and collaboration. The mapping process is a critical step in optimising the deployment of volunteer resources, ensuring that they are effectively utilised to support our strategic objectives.

Year 5 Actions to be Commenced within the 2025/2026 Fiscal Year

38. In the upcoming fiscal year, several strategic actions will be initiated to enhance the operational efficiency and community engagement of Trust. These actions are designed to leverage volunteer resources, establish robust governance frameworks, and improve patient access to local services.
39. Firstly, we will explore opportunities to create new volunteer roles across all directorates. This initiative aims to harness the diverse skills and enthusiasm of volunteers, thereby enriching our service delivery and fostering a culture of community involvement. By identifying and developing these roles, we can ensure that volunteers are effectively integrated into various aspects of our operations, contributing to both routine and emergency functions.
40. Secondly, we will commence development of a comprehensive volunteer policy and supporting governance documents that provide governance to all aspects of volunteering. This policy will serve as a foundational document, outlining the principles, guidelines, and procedures for volunteer engagement. It will ensure that all volunteer activities are conducted in a structured and consistent manner, aligning with our Trust values and legal requirements. The policy will also address issues such as volunteer recruitment, training, supervision, and recognition, thereby enhancing the overall volunteer experience and ensuring their contributions are maximised.
41. Additionally, we will explore the implementation of a staff clinical responder model. This model aims to augment our clinical response capabilities by enabling trained staff members to act as volunteer responders in emergency situations. By leveraging the clinical expertise of our staff, we can provide timely and effective care to patients, particularly in scenarios where traditional emergency response resources are stretched. This initiative will involve detailed planning and coordination to ensure that staff volunteer responders are adequately supported.



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42. We will review the drug formulary of our Responder Volunteers, focussing on the improvement of patient outcomes, to ensure our volunteers are providing the highest standards of patient care.
43. We will engage with colleagues across directorates to explore how we can develop a volunteer to career pathway, introducing career placements and work experience opportunities across the Trust. This will not only provide opportunities for our volunteers to develop a career within the Trust, it will also provide a base for the Trust's recruitment services to develop volunteers into Trust roles.
44. We will also work with colleagues across the Trust to explore and support opportunities for our workforce to volunteer both at home and abroad. In doing so we will provide opportunities for our workforce to utilise existing skills or develop new skills outside of the Trust whilst supporting communities, people and/ or services in need.
45. We explore opportunities to develop a VCS role to assist 999 and 111 patients in accessing local services. This role will be pivotal in bridging the gap between emergency response and community-based care, ensuring that patients receive appropriate support and follow-up after their initial contact with emergency services. The VCS role will involve working closely with local service providers to facilitate seamless referrals and support pathways, thereby enhancing patient outcomes and reducing the burden on emergency services and reducing the Trust's reliance on taxi services.
46. Lastly, we will support the Volunteer Steering Group to develop an annual Volunteer Service Delivery Plan each year beyond Year 5. These plans will support the overarching organisational Strategy and provide measurable outcomes for the Trust's IMTP and will ensure Volunteering remains at the heart of the Trust's service provision.
47. The Volunteer Service will also work alongside colleagues in Save a Life Cymru to establish support requirements of volunteers for PAD management across Wales, ensuring communities have access to serviced, available Public Access Defibrillators at all times.
48. These actions represent a significant step forward in our commitment to improving service delivery, patient experience and community engagement. By implementing these initiatives, we aim to build a more resilient and responsive organisation that is better equipped to meet the needs of our patients and communities.

RECOMMENDATION

49. People & Culture Committee are asked to:



- a) **RECEIVE and DISCUSS** the progress made to date in delivering Years 1 - 4 of the Volunteer Strategy Action Plan.

- b) **NOTE** the actions agreed for Year 5



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STRATEGY FOR VOLUNTEERING 2021 – 2026

Visible Valuable Volunteering

Time is the greatest gift of all; a quality volunteer experience is *time well spent*

Time Well Spent - A National Survey on the Volunteer Experience NCVO 100 – January 2019

Foreword



In 2019 our People and Culture Strategy committed us to build on volunteering capacity, strengthening governance and oversight, and improving the quality of the volunteering experience. I am pleased to share out inaugural Strategy for Volunteering which outlines our ambition for the next five years. Supporting the implementation of this strategy is a detailed action plan which outlines the ‘What and How’ of our aspiration.

We recognise the important and valuable contribution our volunteers make in enhancing the service provided by our paid workforce and improving the experience of our patients and service users across Wales. Our volunteers do not replace roles or process within the Trust, but complement and work alongside the paid workforce, enhancing, adding value, and improving outcomes and experiences. We are

also committed to taking our corporate social responsibility seriously and bringing these opportunities to life.

Providing opportunities for volunteers that will embrace cultural diversity is an aim of this strategy. We want our volunteers to be representative of the communities in which they live. Building resilient communities is a priority for us and this strategy will help build healthier communities with improved resilience. We believe our volunteers are at the heart of this.

Our strategy also aims to unite and bring under one umbrella the existing work undertaken by Welsh Ambulance Services NHS Trust (WAST) volunteers and recognising the contribution of our uniformed co-responding partners with their own unique and valued identity. We also hope to further strengthen and support collaborative opportunities within the voluntary sector.

This document has been developed with the intention of supporting our three-year People and Culture Strategy which aims to enable our people to be their best. This strategy will also make an important contribution to the implementation of the Wellbeing of Future Generations (Wales) Act 2015 and Welsh Government’s ‘A Healthier Wales’ vision and identify ways our volunteers can support a number of actions highlighted in the Amber Review 2018 and our internal Being Our Best: Our People and Culture Strategy 2019-2022.

We fully acknowledge and appreciate the significant contribution that volunteers can have on the lives of others. It can be as powerful as the impact any of our employees can have with a unique opportunity to leave a positive long term impact. We also recognise that working with volunteers is quite different to working with employees, so we are committed to recognising these differences by providing extra support and opportunities for volunteers who chose to gift their time to WAST.

Lee Brooks QAM
Director of Operations

Our values and principles

During 2015, we spent time together reflecting on where we have come from and where we need to go to. Many colleagues helped shape our story so that we can explain our journey.

We considered what we are here for *[our purpose]*, where we want to go to *[our vision]* and how we need to behave to get there *[our behaviours]*.



We are now confident that we all understand where we are heading, what we must do, and how we can do it to achieve our aim. We are part of a bigger picture, as demonstrated by how the Welsh Public Services Values and NHS Wales Principles link with our own behaviours.

Being Our Best is our way of understanding, reminding ourselves about, and practicing our purpose, vision, and behaviours.

Our purpose

To be a caring and responsive ambulance service for the people of Wales.

Our mission

A leading ambulance service providing the best possible care and services through our skilled professional and healthy workforce.

Our vision for volunteering

Our vision for volunteering is:

- Our volunteers will add value to user experience and the care we provide;
- Our volunteers will have a personally rewarding experience and know that their contribution has made a difference;
- Our approach to volunteering will strengthen the contribution we make to community resilience.

What our current volunteers do

About volunteers:

- ✓ The Trust has approximately 800 volunteers across Wales
- ✓ Volunteers have been part of the Trust for many years
- ✓ Volunteer Car Drivers were introduced in 1974
- ✓ Community First Responders began to operate in 1998
- ✓ The Learning Disability Community Champions programme was developed in 2016, and is led and supported through the Patient Engagement and Community Involvement (PECI) team
- ✓ In the financial year 2019-20, our Community First Responders attended a total of 24,486 incidents of which 2,760 were immediately life-threatening emergencies
- ✓ Our Volunteer Car Drivers undertook 122,828 journeys to transport patients to their appointments
- ✓ Working alongside the PECI team in sharing lifesaving skills, our volunteers regularly attend major public engagement events such as the annual Royal Welsh Show and National Eisteddfod
- ✓ In 2019, 44 of our Community First Responders supported the nationwide Restart a Heart campaign, demonstrating to young people in schools across Wales how to carry out effective CPR

Our commitment to volunteering

WAST is committed to:

- ✓ Providing a meaningful experience for all our volunteers
- ✓ Recognising and valuing the contribution of all our volunteers
- ✓ Listening to the views and ideas of volunteers and integrating the volunteer perspective
- ✓ Always treating our volunteers with respect and ensuring that they are treated fairly in accordance with WAST behaviours
- ✓ Communicating effectively with our volunteers and involving them in the development of our services
- ✓ Offering flexibility in the way we receive our volunteers' gift of time
- ✓ Providing regular support in an individual and group setting
- ✓ Creating the capacity to deliver on our commitments to volunteering
- ✓ Providing best possible training and equipment to enable volunteers to undertake their volunteering safely and in accordance with WAST policies
- ✓ Explaining the standards we expect of volunteers, encouraging and supporting them to achieve and maintain these standards
- ✓ Supporting our volunteers when things don't go to plan

We will provide all volunteers with the following:

- ✓ Flexible hours – volunteer when it suits you
- ✓ Paid expenses
- ✓ Full support and training
- ✓ Uniform
- ✓ Access to supervision and management support
- ✓ Wellbeing support
- ✓ The opportunity to make a difference to patients in communities across Wales
- ✓ A career pathway into the Welsh Ambulance Service



Responders in training with their instructor

Our plans for volunteering 2021 – 2026

Our key strategic priorities

1. Build awareness and embed a culture of volunteering
2. Enhance training, support, communication and involvement of volunteers
3. Increase volunteer contribution and diversity

To support delivery of our strategy, an initial three-year action plan has been developed. At the mid-point of this strategy, it is our intention to undertake a progress review and respond with the action plan for the final two year period.

Nik Dart, Community First Responder



“Hi, I’m Nik, a volunteer Community First Responder in the Maesteg area. I am married with two children of primary school age. I work in I.T. and I also volunteer as a Chair of Governors for a primary school.

I have always been interested in First Aid and held the First Aid at Work qualification in previous employment in the custodial and education sectors. In 2018, I attended a local open evening for persons interested in finding out more about the CFR role. Now, two years later, I respond regularly, either solo or with another responder from the locality. The training and support we receive from the Welsh Ambulance Service is second to none. We have a fantastic management and training department and receive regular refreshers and sessions to maintain and upskill our team members. We have good relationships with our local crews and stations and are seen as part of the team.

I love responding as a CFR. We get to meet so many members of our local community and help in times of need, whether providing immediate treatment in a serious medical emergency or providing reassurance and monitoring before our frontline colleagues are available to attend. We work with community partners to install and maintain public access defibrillators locally and provide free CPR and AED awareness sessions in the area. It really is a volunteer role where you can make a difference.”

Build awareness and embed a culture of volunteering

To achieve this strategic priority we will:	Key objectives: what we aim to achieve
Encourage a culture of open, effective and honest dialogue between employees and volunteers that embraces the voice of our volunteers	<ul style="list-style-type: none"> • More opportunities for employees and volunteers to openly discuss volunteering across WAST • Create a governance structure within WAST that recognises the role of a Volunteer Steering Committee and Chief Volunteer
Ensure that volunteering is embedded within our organisational strategies	<ul style="list-style-type: none"> • Highlight volunteering within the Being Our Best: Our People and Culture Strategy 2019-2022 and our Local Development Plans
Celebrate the success and recognise the contributions of all our volunteers	<ul style="list-style-type: none"> • Ensure stories and successes, including internal and external awards and conferences, are shared. • Raise the profile of volunteers within WAST at national volunteering events
Seek to increase partnership opportunities with the voluntary sector and include blue light partners across Wales to maximise their valuable contribution	<ul style="list-style-type: none"> • Strengthen our partnership model and models of care, and explore opportunities for innovation and collaboration
Encourage, support and equip our workforce to pursue volunteering opportunities outside of the Trust that benefit individuals, communities and returns value to the organisation	<ul style="list-style-type: none"> • Explore and support more opportunities for our workforce both at home and abroad to volunteer
Prepare and equip our employees to work with volunteers to best effect	<ul style="list-style-type: none"> • Create the right infrastructure to support volunteers and volunteering across WAST • Prepare our employees to work alongside and with volunteers
Increase opportunities to volunteer across WAST	<ul style="list-style-type: none"> • Evaluate services to assess capacity to involve volunteers in current roles and open opportunities for new volunteers
Ensure that we work towards the highest standards in volunteering	<ul style="list-style-type: none"> • Achieve externally recognised accreditation
Learn from concerns raised promptly and supportively	<ul style="list-style-type: none"> • Develop a Volunteer Policy that outlines procedures to address concerns or reported issues that involve volunteers

Enhance training, support, communication and involvement of volunteers

To achieve this strategic priority we will:	Key objectives: what we aim to achieve
Ensure that volunteers are sufficiently equipped to carry out their role and explore opportunities for skill development	<ul style="list-style-type: none"> • Design and deliver an induction that is accessible to all new volunteers • Regularly review service-specific volunteer training and ensure appropriate levels of training and supervision are provided • Provide the necessary and fit-for-purpose equipment that enables volunteers to perform their role • Develop and implement an approach to training using technology
Ensure that volunteers are aware of what is happening across the organisation and are encouraged to contribute their ideas and views	<ul style="list-style-type: none"> • Provide access to internal communications • Provide opportunities for volunteers to contribute and participate through available communication channels
Promote good health and wellbeing of our volunteers	<ul style="list-style-type: none"> • Provide Occupational Health services to our volunteers, including vaccinations and wellbeing initiatives
Ensure suitable governance frameworks are in place	<ul style="list-style-type: none"> • Review and revise our current governance frameworks and policies to recognise the voice of the volunteer

Anthony Roberts, Volunteer Car Driver

“I’ve been a volunteer for a couple of years now and still feel, from the first day on the road to now, an honour to be part of this amazing volunteer team. To be a part of helping patients, especially during these unprecedented times, to get to their hospital appointments is very rewarding. I get to meet a lot of different patients who could be the only person they have seen for weeks during the pandemic. A lot of patients say they don’t know what they would do without us. I feel very honoured to be able to help people in our community, to get them to and from their vital appointments.”



Increase volunteer contribution and diversity

To achieve this strategic priority we will:	Key objectives: what we aim to achieve
Build stronger links and work collaboratively with other community and voluntary organisations	<ul style="list-style-type: none"> • Showcase WAST volunteering at external conferences and events • Promote and publicise the activities and skills our volunteers undertake and use to support additional opportunities
Create more publicity about WAST volunteering through marketing and communication plans	<ul style="list-style-type: none"> • Provide relevant volunteering information through multiple media platforms • Highlight volunteering stories and successes • Generate volunteering stories for local and national media
Provide volunteer opportunities which attract individuals who are representative of local communities	<ul style="list-style-type: none"> • Advertise and promote volunteering opportunities within communities across Wales • Work with diverse groups to promote WAST volunteering • Record and retain accurate demographic information about our volunteers
Work with the Patient Engagement and Community Involvement team for opportunities to diversify best use of volunteer time	<ul style="list-style-type: none"> • Ensure our volunteers are included in the delivery of key WAST campaigns • Supporting and educating communities with lifesaving skills and health messages
Increase numbers and improve access to public access defibrillators (PAD)	<ul style="list-style-type: none"> • Working with volunteers, the public, charities and funding bodies to promote and support an increase in the number of PAD sites across Wales and ensuring these are detailed on our systems
Increase sign-up for GoodSAM alerts	<ul style="list-style-type: none"> • Encourage uptake of the WAST workforce, volunteers and other partners
Create a development pathway through our volunteering schemes	<ul style="list-style-type: none"> • Develop a progressive pathway that will enable volunteers (who wish to) to take on more responsibility as a volunteer or to progress into permanent roles across WAST

Grahame Giles, Volunteer Car Driver

“Having retired from the Welsh Ambulance Service Trust in 2018, I needed something to do a couple of days a week. What a great choice I made, the Welsh Ambulance Voluntary Car Service. I really enjoy meeting so many interesting people, who appreciate what you are doing for them. “



We will know we are making progress when:

- ✓ Our volunteers feel valued and part of the WAST family
- ✓ We have achieved accreditation for our volunteering approach
- ✓ The voice of the volunteer is valued by our Trust Board
- ✓ We have an infrastructure that is resourced to support and develop volunteering opportunities, and this strategy is being delivered across the Trust
- ✓ We have increased the number of volunteers
- ✓ We record improvements in volunteer activity through accurate data and have evidence of their contribution
- ✓ We are all engaging with our volunteers across WAST in our day-to-day work
- ✓ Our volunteers are representative of the communities they serve

Ben James, Community First Responder



“Hi, I’m Ben and I’m a CFR in the Tenby/Saundersfoot area. In my normal daily life, I’m the I.T. Network Manager at Greenhill Secondary School in Tenby. I also have a busy family life, being married with two primary age children.

My interest in First Aid began back in 1997 when I joined Tenby RNLI Lifeboat crew. I soon did the Casualty Care training, and this comprehensive First Aid course sparked my passion for helping those in need.

In 2016, the Welsh Ambulance Service advertised for CFRs in my area and I jumped at the chance. I completed the training over a combination of evenings and weekends and haven’t looked back since. I now respond both solo and with another responder, depending on availability. The ongoing training is great, with several CPD sessions a year and the support is first class – there’s always someone at the end of the phone if you need it after a difficult job. As a team, we are heavily involved in the community and have placed more than 40 AEDs [automated external defibrillators] over the years and continue to do so.

What I love most about being a CFR, is being able to make a difference in people’s lives when they need it most, whether that be from a life-threatening condition, or simply lifting someone back up off the floor after a fall. It’s definitely a role I can highly recommend.”



Aberafan Shopping Community First Responder Team

Volunteers Governance

Final Internal Audit Report

June 2024

Welsh Ambulance Services University NHS Trust

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Committee:	Audit Risk & Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement:

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note:



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

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Executive Summary

Report Opinion

		Trend
<p>Reasonable</p> 	<p>Some matters require management attention in control design or compliance.</p> <p>Low to moderate impact on residual risk exposure until resolved.</p>	 2018/19

Assurance summary¹

Objectives	Assurance
1 Volunteer Strategy	Reasonable
2 Policies and procedures	Reasonable
3 Volunteer recruitment, onboarding, clinical oversight and fundraising.	Reasonable
4 Oversight and escalation of key issues and risks.	Reasonable

Purpose

To review the adequacy and effectiveness of the Trust’s governance and operational management of volunteer activities

Overview

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

- Action is ongoing to mitigate the risk relating to volunteer fundraising and further guidance to address this and donation management is required.
- Governance framework documents have been developed, which could be enhanced to improve their robustness.
- The mechanism to monitor Volunteer Car Service (VCS) recruitment could be enhanced for clearer oversight of process.
- Poor compliance with vehicle checks within VCS.
- Inconsistencies in VCS expenses processes across regions, and Central and West validation records not available.
- Limited oversight of Community First Responders mentoring arrangements.
- Greater alignment with Association of Ambulance Chief Executives National Volunteering Strategy across volunteer development and quality indicators.
- There could be improved Volunteer Steering Group monitoring of strategic actions and policies.

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

Key Matters Arising		Objective	Control Design or Operation	Recommendation Priority
1	Alignment with AACE National Strategy	1,3	Design	Medium
2	Volunteer Steering Group compliance with terms of reference	1	Operation	Medium
3	Operations Manuals enhancements	2	Design	Medium
4	Volunteer fundraising and financial guidance	2,4	Design	Medium
5	Safeguarding training compliance	3	Operation	Medium
6	CFR mentoring arrangements	3	Operation	Medium
8	VCS recruitment oversight and monitoring	3	Operation	Medium
9	VCS records completeness	3	Operation	Medium
10	VCS expenses validation	3	Operation	Medium

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

1. Introduction

- 1.1 The Welsh Ambulance Services NHS Trust (the 'Trust') approved its Strategy for Volunteering 2021-2026 ('the Strategy') in September 2021. Recognising the important contribution volunteers make in enhancing the service provided to and experience of patients, in roles such as Community First Responders (CFRs) who attend appropriate 999 calls within their own community, and Volunteer Car Service Drivers (VCSs), who use their own vehicles to support the Non-Emergency Patient Transport Service (NEPTS) in transporting patients to and from hospital appointments.
- 1.2 The Strategy sets out the Trust's vision and key priorities for volunteering:
- Build awareness and embed a culture of volunteering;
 - Enhance training, support, communication and involvement of volunteers; and
 - Increase volunteer contribution and diversity.
- 1.3 A paper was presented to the Trust Charitable Funds Committee (now Charity Committee) in June 2021 which highlighted the lack of oversight of the receipt and use of donations in relation to CFRs. In 2020, a Trust Local Counter Fraud Specialists (LCFS) investigation highlighted similar themes. The Strategy action plan includes '*Review governance arrangements for Volunteer Fundraising and independent Community First Responders (CFR) charities, support the WAST Charity team to ensure funds are raised and spent in accordance with charitable purpose*' for completion by / in year three.
- 1.4 This review did not include review of the Trust Charity/Charitable Fund accounts noting the return to independent examination by Audit Wales for 2022/23, provided to the Trust in December 2023.
- 1.5 The risks considered during the review were:
- Poor volunteer experience resulting in a reduction in their contribution to the Trust;
 - Impact on patient care and experience; and
 - Fraudulent use of charitable funds.

2. Detailed Audit Findings

2.1 The table below summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	3	-	3
Operating Effectiveness	-	6	1	7
Total	-	9	1	10

2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in [Appendix A](#).

Objective 1: The Trust's Volunteer Strategy provides effective direction across key areas of governance, recruitment, retention and support of volunteers.

2.3 As per para 1.1 the Trust approved the Strategy in September 2021. Review of the supporting action plans to deliver its implementation identified that there have been specific areas of focus for each year:

- Year one - culture, training, and increasing volunteer contributions and diversity.
- Year two – governance, engagement and value
- Year three – people, processes, and service delivery.

Actions for years four and five were discussed at a January 2024 meeting of the Volunteer Steering Group (VSG). The Volunteer Management Team were reviewing the feedback alongside the development of timescales. We were advised an updated action plan would be provided to the executive lead in June 2024.

2.4 An update on progress in implementing the strategy was received by the People and Culture Committee (PCC) in August 2023. This outlined year one and two achievements whilst noting that some progress had been impacted by the service's response to the COVID-19 pandemic. Comparison of the structure between 2022 and 2024 indicates that there has been a number of changes within Volunteer Management and the wider team, but this has been accompanied by investment, noting additional recruitment and roles expand the teams from 16 staff in 2022 to 29 in 2024.

2.5 Review of the *Year Three Strategy Highlight report* (dated January 2024) confirmed status updates were provided against all original actions, alongside an additional 12 actions included following a review of annual priorities (as per 2.3) undertaken by the Volunteer Management Team (VMT) in 2023. Good progress is noted with 18 actions completed, 30 ongoing or underway, and 6 listed as deferred.

2.6 The Strategy includes actions to develop robust governance arrangements for the service. The original intention, as per year two of the action plan, to develop a

Volunteer Policy has been adjusted to focus on governance frameworks for each volunteer role, and includes the refreshment of the Volunteer Steering Group (VSG) undertaken and completed in 2022. The governance framework documents have a number of associated actions such as the development of a volunteer code of conduct, problem solving process, and service handbooks (also known as Operations Manuals). For further details of the governance framework documents refer to **audit objective two**.

2.7 The National Council of Volunteering Organisations (NCVO) issued guidance in 2021 in relation to the retention of volunteers. This highlighted areas including motivation, communication, valuing contributions, removing barriers and ensuring opportunities exist for development. We note progress has been made across a number of these areas with achievements including:

- recognition of volunteers within the rebranded WAST awards;
- two volunteer conferences in 2023;
- volunteer access to Trust occupational health and wellbeing services;
- CFR role development through the rollout of Pentrox and Paracetamol.

Review of the status of the action plan noted that some areas have been deferred, including the development of a protocol for Trust staff volunteering, and the formal accreditation of training qualifications – both of which are to be addressed within the remaining two years of the Strategy.

2.8 The Association of Ambulance Chief Executives (AACE) developed a *National Strategy for Volunteering* in 2023. Review and comparison of the national strategy against that of the Trust's highlighted alignment across the key themes of recruitment, recognition, training, and volunteer experience. The national strategy also suggests the requirement for a one-to-one Development & Wellbeing template and a Quality Assurance Framework, and their inclusion could further enhance the Trust's alignment with national good practice. **See MA1**.

2.9 The 2022 Audit Wales Structured Assessment reported that the original Strategy had not been financially costed. Discussion with VMT provided an outline of the route for approval for service developments within the Directorate, and for the recent piloting of the Community Welfare Responder (CWR) role there has been use of external sources of funding from NHS Charities Together, demonstrating a clear approach to addressing the Audit Wales concern.

2.10 As noted in para 2.6 the Strategy actions included the re-establishment of a VSG, for which the terms of reference (ToR) were approved in August 2022, and reviewed in January 2023. The ToR outline purpose, objectives, membership and quorum. Meetings have been held on quarterly basis, in line with its ToR, and meetings reviewed (June 2023 – November 2023) were quorate.

2.11 However, review of the meeting agendas did not identify the purpose of '*advise and recommend to VMT changes required to Trust wide policies*'. Further, '*the monitoring of delivery of strategic priorities*' – whilst it is clear this could have featured within the January 2024 VSG meeting, there could be use of the highlight

report (para 2.5) to support formal monitoring. This would also provide a balance to the discussion of operational issues which have predominantly featured within the group meeting minutes reviewed. **See MA2**

Conclusion:

2.12 The Trust's Volunteers Strategy and supporting action plan contains content to address governance, recruitment, retention and support, with clear outline of progress and those areas deferred. There is alignment with that of the AACE National Strategy, and other external good practice, but there could be further action to include volunteer development plans and quality assurance framework. The VSG has been re-established although we have identified enhancements to strengthen its operation. We assign this objective **reasonable** assurance.

Objective 2: A framework of appropriate policies and procedures to support the management of volunteers is in place.

2.13 Discussion with the National Volunteer Manager highlighted the development of Framework documents to provide both an outline of service processes, and to offer a clear source of guidance to volunteers. An operation manual has been developed for both the Community First Responder (CFR) and the VSCD (Volunteer Car Service Driver) role. Following the successful pilot of a new Community Welfare Responder (CWR) role in early 2024, there is intention to develop an Operations Manual, which will build upon the CWR Scope of Practice document produced as part of its pilot.

2.14 We note both documents were approved at an Operations Directorate Senior Operations Team (SOT) meeting in November 2023.

2.15 The CFR Operations Manual was issued to volunteers in March 2024, and the VCS Operations Manual was due to be released in mid-April 2024. Draft versions of both were provided to us ahead of distribution. Review of the manuals has confirmed that they are formatted in line with Trust branding, include an outline of the Volunteer Team structure, and contain detail of Trust responsibilities; but there is not an outline of where volunteer responsibility sits within the Trust. **See MA3**

2.16 Developed alongside the Operations Manuals are volunteer agreements, which include reference to recruitment checks, training, scope of practice, social media/information governance, operational detail such as ID cards/driving, and need for volunteers to inform the Trust where there is a change in circumstance which may impact the ability or suitability to volunteer. Consideration could be given to include an expectation to comply with Trust policies. **See MA3**

2.17 Review of framework content against key areas also noted the following:

<u>Key area</u>	<u>Content Summary</u>
<u>Recruitment</u>	<ul style="list-style-type: none"> • Both Operations Manuals contain <ul style="list-style-type: none"> ○ high level flowcharts relating to the recruitment stages that volunteers would progress through and use of TRAC.

	<ul style="list-style-type: none"> ○ reference role specific training or eLearning requirements. ○ include internal team tasks against the recruitment stages and the training /e-learning requirements.
<u>Onboarding & Training</u>	<ul style="list-style-type: none"> • Access provided via eLearning Wales website to complete the 14 topics set by the UK Core Skills Training Framework. • CFR recruitment is aligned to its training schedule developed on an annual basis (2023-24 - 17 training courses, increasing to 23 courses for 2024-25). • CFR - 5-day initial training course aligns with the good practice syllabus referenced in AACE's CFR Governance Framework alongside additional provision of Pentrox and Paracetamol training. • VCS - driving assessment and highway code check, recently introduced face to face induction training comprising training and administrative requirements.
<u>Clinical Oversight</u>	<ul style="list-style-type: none"> • Inclusion of the Trust <i>Scope of Practice & Clinical Standards Guideline for Ambulance Staff Grades</i> setting out the boundaries of practice for CFRs and a skills matrix of CFR approved practice. Due to the format of inclusion as a pdf file the skill matrix document is not accessible to CFRs. See MA3 • AACE <i>CFR Governance Framework</i> guidance lists some situations or environments which CFRs should not be knowingly sent to. The CFR Operations Manual (Section 13.3) includes only that deployment is <i>via auto allocation of the Computer Aided Dispatch</i> system. Dispatch codes are included as an appendix, these were last reviewed in conjunction with the Clinical Directorate and the Trust Clinical Prioritisation Assessment Software Group (CPAS) in June 2023. There has since been an update following a recent technical change in categorisation which has resulted in code amendments. See MA3
<u>Fundraising & Financial Guidance</u>	<ul style="list-style-type: none"> • Guidance provided for the areas of gifts, gratuities and hospitality with a copy of the Trust Standards of Business Conduct policy within the appendices of both manuals. • Expenses information varies between the two manuals, the CFR Operations Manual provides an expenses form and the validation process in use by the team. Whilst the VCS manual does not reference either, we note such is covered during induction. • As per para 1.3, there has been concern at the lack of oversight for CFR fundraising and use of donations. Further detail on action undertaken by the Trust can be found within audit objective four, however our review noted that the Operations Manuals contained no content in relation to these areas. See MA4

Alternative Responders

2.18 Responder roles have been developed in a number of instances, with external organisations in set geographic areas including St John Ambulance Cymru (alternative responder scheme in Rhayader, Powys), and Mid and West Fire and Rescue Services (individual schemes for Falls responder, and Out of Hospital Cardiac Arrest). Service level agreements are in place with each provider to set out arrangements for activation, training, and concerns management. We are also informed an agreement with Airbus for the facility in Broughton is under development.

Criteria/Timescales

2.19 Review of both Operations Manuals highlighted timescales relating to both the Trust management of volunteers, and volunteers own responsibilities. This includes a new requirement that volunteers provide a minimum number of hours (16) per month, which is comparable to that of ambulance Trusts elsewhere in the UK; and that of other voluntary roles such as special constables within the Police Service. Discussion with VMT indicated that the time commitment would result in a reduction in active CFRs, however it is felt that the benefits of engagement from CFRs will provide a balance.

2.20 Should a volunteer fail to retain compliance with the mandatory requirements of the role, the Operations Manuals state that *they could be temporarily or permanently stood down*. A compliance process which sets out the stages and triggers has been developed, but it is not included within either manual. **See MA3** Inclusion of this may assist in volunteer awareness of their responsibilities and processes in place.

2.21 There has also been development of a 'Volunteer Problem Solving' process to provide a set procedure for the management of issues or concerns raised by volunteers. A copy of the process is included within both manuals, but review of the document noted that it does not contain a timescale for the completion of any review. Examples of similar procedures identified in use by other ambulance Trusts specified targets of between 20-28 days. Discussion with management outlined that feedback from its recent roll out had highlighted a need for timescales to be clarified. **See MA3**

Communications

2.22 Volunteers are currently not provided with NHS Wales email accounts although we are informed that this will be considered within the updated Strategy action plan. Currently, communications from the volunteer team, such as notices of procedural changes or operational updates, are through a variety of methods including social media channels.

2.23 Regular meetings take place on a regional basis between Operations staff and CFR Co-ordinators (a volunteer role within each CFR Team supporting communications, logistics, and resources/rotas). Meeting coverage includes performance, procedural updates, training and common issues.

- 2.24 The VCS Operations Manager has undertaken a number of 'meet the manager' sessions, which has provided an opportunity to address areas highlighted within an online survey of drivers in autumn 2023. The Team has addressed concerns through establishment of central email addresses and phone numbers, a uniform audit to ensure standardisation, user guidance for electronic devices, and the introduction of MiST.
- 2.25 Discussion with the Alternative Responder Operations Manager noted that feedback from CWRs was captured as the pilot progressed. Changes were made to address issues highlighted in rotas and communication with the Clinical Service Desk, both during the pilot and within longer term actions.

Conclusion:

- 2.26 The Operations Manuals developed for CFR and VCS roles provide guidance across areas of operational processes, including relating to recruitment, onboarding/training, and oversight. We have identified areas where further detail could be made to their content, and a gap remains within the area of fundraising and financial guidance. Noting this we assign **reasonable** assurance to this objective.

Objective 3: There are systems and processes in place to provide appropriate oversight of the management of volunteer activities, including recruitment, onboarding, clinical oversight, and fundraising.

CFR – Recruitment & Onboarding

- 2.27 CFR recruitment is aligned to a training schedule developed on an annual basis. Discussion with management, and review of the schedule, confirmed an approach which considered red call performance, established CFR team locations/resilience and service development.
- 2.28 We selected a sample of 15 CFRs (recruited during 2023) and reviewed documentation retained within the CFR database. All reviewed contained valid onboarding requirements of ID checks, DBS clearance, occupational health screening outcomes, and information on driver's license validity/points, and insurance details. We note that the team process checks as a cohort and, as such, volunteer applications may not progress to checking until the cohort is filled. However, review of key dates within the process did not identify significant delays linked to any individual step.
- 2.29 We reviewed a sample of 25 CFRs (expanded from the sample in 2.28 to include additional longstanding CFRs) confirming retention of training records. Pentrox and Paracetamol, which were rolled out to CFRs in 2023, feature within initial training and MiST (Pentrox only). Noting this there were four entries within the database that did not include evidence to demonstrate that an assessment had been completed as required by the Trust Methoxyflurane Protocol. No recommendation raised noting the internal audit plan for 2024/25 includes a review to assess the roll out of Pentrox.

CFR - Oversight

- 2.30 In May 2022, an internal review of processes identified 8 active CFRs where the Trust did not have any record of DBS clearance, and a further 40 which had expired. The same review identified 34 CFRs non-compliant with safeguarding training. Actions taken to address this resulted in all CFRs undergoing DBS checks; and a reduction of safeguarding non-compliance to 7 CFRs by July 2022.
- 2.31 DBS clearance features within quarterly compliance reports produced for the CFR Team and review of the CFR database in February 2024 did not identify any CFR with expired DBS clearance.
- 2.32 Review of a February 2024 eLearning report identified 30 CFRs with safeguarding competency which had expired (*note: this reflects lapsed competencies and not a gap in training linked to recruitment*). Entries within CFR database included notes of prompts to individuals, and a bulletin had been issued in February 2024 to highlight the key areas where compliance is required, indicating ongoing management action to address this area. **See MA5**
- 2.33 The CFR Operations Manual sets out the Trust's recommended approach to mentoring for new CFRs. This includes a 'buddying' period for newly trained CFRs, and completion of an Emergency Medical Services Rideout shift within three months of completing training. Discussion with management outlined that the arranging of buddy shifts is through CFR co-ordinators, and no rideout records could be provided for the sample of 15 CFRs recruited in 2023, suggesting this approach is yet to be embedded. **See MA6**
- 2.34 At the completion of each volunteer shift CFRs are encouraged to complete an 'Activity and Welfare' submission through a Microsoft Form link. This return includes date of activity, number of hours provided, if the CFR attended a cardiac response; and to indicate their mindset at shift completion with the options of '*thriving, surviving or struggling.*' Any cardiac response or struggling response should prompt a welfare contact from the CFR team.
- 2.35 Review of the 2,200 forms returned during the period September 2023 – March 2024 noted 870 did not complete the mindset field. We note of the responses submitted, 59% responded as thriving, and only 126 responses listed a cardiac response (66)/surviving(52)/struggling(6). Review of a sample of 10 entries where the response registered either a concern for welfare or raised a query, noted:
- Seven could be evidenced through a related TEAMS entry or CFR file note, although one was as a result of contact for another issue; and
 - Three held no evidence of contact. **See MA7**

CFR - Fundraising/expenses

- 2.36 For further detail relating to fundraising see **audit objective 4**. The CFR Operations Manual includes the expenses procedure which states mileage relating to patient activity can be claimed, as well as any service support provided at the request of the Trust, and a meal allowance for initial recruitment training or service support. A sample of five of the 15 claims for the South East region (period of

November to December 2023) were reviewed and entries and mileage were confirmed as accurate.

VCS – Recruitment & onboarding

- 2.37 There have been two previous internal audit reports issued in respect of VCS Governance Arrangements (2018/29: Limited Assurance and 2019/20: Follow Up, Reasonable Assurance) with the latter noting some of the changes recommended would require time to embed.
- 2.38 Discussion with the VCS Operations Manager highlighted the current focus was to increase VCS numbers and raise the profile of the service. Our previous internal audit report had noted the development of a Communication and Engagement Plan to assist in recruitment. There is no current equivalent in place, however we were informed the team's recent focus has been supporting recruitment in the North and South Central regions, to pilot a scheme of pairing VCSD with oncology patients. We were also informed of agreement to use Trust social media channels to raise awareness of the VCS role, which had recently commenced.
- 2.39 There have also been some recent changes to VCS recruitment through the adoption of the NHS TRAC system which automates some of the previous employment checks. Internal process documents have been updated to reflect these changes and to outline responsibilities between the VCS Administrative Team and the training co-ordinator who liaises with the Trust driving school to coordinate assessments. As per para 2.17 there has been a new standardised induction introduced as part of this process.
- 2.40 We were informed that a 6-week target has been set within the team to process recruitment checks. A revised monitoring spreadsheet was introduced in 2023, and this captures the various recruitment stages, but does not capture all the elements outlined within the process document. **See MA8**

VCS - Oversight

- 2.41 The VCS Team are in the process of moving away from paper records, and will use a combination of the Ambulance Care electronic Cleric system and spreadsheets to monitor driver status, and recruitment. The introduction of a new volunteer electronic management system 'Assemble' will provide the team with a single system for maintaining volunteer records. Assemble was originally expected to be introduced in September 2023, and a phased rollout is planned to take place during 2024.
- 2.42 The internal review undertaken in May 2022 (see para 2.30) identified 68 VCS with expired DBS clearance, and 54 drivers out of compliance with safeguarding training. Action had been taken to address this, improving the position to two drivers requiring DBS clearance, and 13 to complete training by July 2022.
- 2.43 Cleric is currently used to capture VCS volunteer information, including in relation to DBS clearance, MOT, drivers licence and insurance. Additionally, Cleric includes road tax details, but this has only recently been populated January 2024, and does not feature within current reporting.

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- 2.44 On a monthly basis the VCS Administrative Team and Volunteer Compliance officer review a Cleric extract report against driver status from the VCS active driver spreadsheet to produce a VCS Dashboard report on driver compliance. There are data quality issues within the Cleric report i.e. inclusion of inactive drivers duplicate entries etc; therefore validation checks are required. The migration of VCS records to Assemble should address the data quality issues identified with reporting intended to be solely based upon returns from that system.
- 2.45 An exercise undertaken in April 2023, prior to the introduction of validation processes, had indicated around 60% of DBS entries within Cleric were out of date or blank. Compliance has improved significantly within the following period, and this has been sustained since.
- 2.46 There has been the introduction of MiST training for VCS, which we are informed has been welcomed by longer serving volunteers, and review of the course content shows alignment with the areas within the induction training day for new recruits (para 2.17). The VCS Driver database is used to monitor attendance, however no record of attendance or confirmation documentation could be provided for a sample of 7 records requested. **See MA9**
- 2.47 We were informed there have been challenges in the introduction of eLearning for VCS, with some volunteers unfamiliar with accessing the system. The team has also experienced delays in gaining access to the systems reporting functionality, and was required to undertake quality assurance checks of the data at the time of fieldwork due to discrepancies being highlighted by volunteers. A bulletin has been issued to prioritise the completion of an initial seven modules by April 2024, with the remaining to be completed by June 2024. **See MA5**
- 2.48 As detailed in the VCS Operations Manual, it is the responsibility of the respective volunteer to maintain their vehicle in a safe and road legal condition with a 'Vehicle Checklist Review' form to be completed. However, within a sample of 10 drivers from the North region, only 3 vehicle check forms could be provided. **See MA9**

VCS Expenses

- 2.49 Processing of expenses includes the comparison of submitted mileage to journey reports produced from the Cleric system:
- mileage summary papers are compiled listing each driver and a percentage variance from the Cleric report; and
 - a further validation paper is completed where individual journeys are reviewed to establish variance in mileage against the Cleric total.

It was outlined that variations in totals are inevitable due to ad hoc additional jobs, diversions to routes, and drivers returning home due to gaps in allocated jobs, therefore a 10% tolerance level has been adopted.

- 2.50 Expense payment schedules, mileage summary working papers, and validation papers were requested for all regions for the period October 2023 – December 2023. No summary or validation papers could be provided for the Central and West

region as the staff member responsible was absent and the documents were not saved centrally. **See MA10**

- 2.51 Review of documents provided for the North and South East regions confirmed validation had been undertaken, however there was inconsistencies of approach noted between each region, and with the level of check set out within a guidance document supplied by the VCS Manager. **See MA10**

Conclusion:

- 2.52 There are arrangements in place to provide oversight of volunteer activities within both CFR and VCS teams. We have highlighted areas where arrangements could be strengthened, to ensure consistency and where gaps in record keeping should be addressed. We assign this objective **reasonable** assurance.

Objective 4: There are arrangements to identify and escalate risks relating to volunteering; and actions from associated internal and external reports.

Directorate Performance Reporting

- 2.53 Compliance reports are prepared internally within the team for both CFRs (quarterly), and VCS (monthly) outlining status against DBS clearance, driver's license, insurance, and MOT. The service also compiles activity information to inform the monthly meetings held between the Assistant Director, National Operations and Support and the Executive Director of Operations.
- 2.54 Review of CFR activity data reported noted inclusion of number of responses, stand downs, red response performance against 8/9/10 minute targets, red and amber median times, non-conveyance rates and average and longest time spend on scene.

Table 1 – CFR Activity Reporting Comparison

CFR Performance	May 2022	October 2022	May 2023	October 2023
Responded Incidents	833	875	949	997
Red Incident Responses	151	244	244	344
Red median response time	8:47	8:12	8:40	8:15
Amber median response time	29:21	45:55	18:19	26:49

- 2.55 Discussion with the CFR Operations Manager advised that following the recent roll out of ePCR to CFRs, the Trust now has a wider range of clinical data relating to CFR attended calls. Noting the intention of AACE to develop volunteer quality assurance framework, the Trust should consider the quality or outcome measures applicable to the CFR role to complement current activity reporting. **See MA1**
- 2.56 VCS activity reported includes number of journeys completed, mileage, and the services percentage contribution to the Trust overall patient transportation.

Table 2 – VCS Activity Reporting Comparison

VCS D Performance	May 2023	August 2023	October 2023
Journeys completed	3580	3687	3693
Miles completed	117,832	123,739	124,144
Monthly VCS contribution	7.1%	7.4%	7.4%

2.57 In addition to the activity above, the VCS activity is monitored against Ambulance Care key performance indicators, with measurable time related standards for inbound and outbound journeys for renal, oncology, outpatient and discharged patients. Performance between 2023/24 (Q3) and 2022/23 (Q3) has remained broadly consistent, with only one indicator highlighting a drop of performance of over 5% (renal outbound).

Reporting to Committee

2.58 The Operations Directorate provide quarterly reports to Trust committees, and updates in relation to volunteers are provided under the National Operations and Support heading. In November 2022 the quarterly report to the People and Culture Committee provided a summary outline of progress against the Volunteer Strategy. As per para 1.3, in August 2023, the PCC received a dedicated report on the strategy achievements and action status. Meeting minutes include the positive reception from committee members noting the benefits and positive impact they provide to the organisation.

Risk and actions related to internal and external reports

2.59 The main risk recorded relating to volunteering has been the lack of oversight in relation to CFR fundraising and use of donations:

- A Trust Local Counter Fraud Specialist investigation report in December 2020 identified charitable funds had been used for personal purchases. A recommendation was raised to develop a policy to ensure that CFR teams have clear guidelines on the operation of charitable accounts.
- A Charity Committee report issued in June 2021 (para 1.3) highlighted the reputational risk from CFR fundraising and sponsored activities undertaken without the Trust's knowledge.

2.60 Historically CFR fundraising and donations were used to purchase uniform, kit and equipment which the Trust did not provide. There has since been investment to provide these required items to support CFR activity.

2.61 A Charity Committee task and finish group was put in place between 2022-2023 with a remit to review wider Trust charitable fund management, policies and procedures, including consideration of fundraising. However, it was unable to progress the fundraising element, and a corporate risk is in the process of being developed. **See MA4**

2.62 Initial informal enquiries were made at the Volunteer conferences in October 2023, and following this the CFR team co-ordinators were contacted to establish the extent of fundraising activities, balances, and account arrangements. Responses were received from 86 of 204 CFR teams, which reported around £60k being held

in funds (circa £10k of which raised within the previous 12 months) and a number of variations in arrangements and processes. **See MA4**

- 2.63 The Board Secretary confirmed that the Charity Committees view was that CFR fundraising was a Trust, rather than a Charity, responsibility. Following Executive Leadership Team discussion in February 2024, the Trust is currently seeking advice from an external legal provider. Discussion with the interim National Volunteer Manager indicated once received a further task and finish group would be established to develop a volunteer fundraising Standard Operating Procedure. **See MA4**
- 2.64 Audit Wales review of WAST Charitable Funds for 2021-2022 was the first full audit of accounts undertaken since 2014-15 and raised four recommendations. Review of the latest version of the audit recommendation tracker confirmed two recommendations are closed, and timescales are included for the remaining outstanding actions.

Conclusion:

- 2.65 There is regular internal reporting of volunteer activity, alongside wider updates against the delivery of the strategy. Actions are underway to seek external guidance to inform the Trust's approach to mitigating the risks raised by CFR fundraising and donation management. There is also clarity in ownership between the Trust and the Trust Charity, although the ownership of a corporate risk is yet to be determined. We assign this objective **reasonable** assurance.

Appendix A: Management Action Plan

Matter Arising 1: Trust alignment with AACE National Strategy (Design)		Impact	
<p>The Association of Ambulance Chief Executives (AACE) developed a National Strategy for Volunteering in 2023. Review and comparison of the national strategy against that of the Trust's highlighted alignment across the key themes of recruitment, recognition, training, and volunteer experience. The national strategy also suggests the requirement for a one-to-one Development & Wellbeing template and a Quality Assurance Framework, and their inclusion could further enhance the Trust's alignment with national good practice.</p> <p>Discussion with the CFR Operations Manager advised that following the recent roll out of ePCR to CFRs, the Trust now has a wider range of clinical data relating to CFR attended calls. Noting the intention of AACE to develop volunteer quality assurance framework, the Trust should consider the quality or outcome measures applicable to the CFR role to complement current activity reporting.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Potential to ensure fuller alignment between the Trust and national strategies 	
Recommendations		Priority	
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.	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.		
Agreed Management Action		Target Date	Responsible Officer
1.1	The Trust accepts this recommendation and will consider options to address volunteer development. This will be assessed during the forthcoming financial year.	March 2025	Jennifer Wilson, National Volunteer Manager

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 2024	Duncan Robertson, Assistant Director, Clinical Development
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Matter Arising 2: Volunteer Steering Group Compliance with Terms of Reference (Operation)		Impact	
<p>The Volunteer Strategy actions included the re-establishment of a Volunteer Steering Group, for which the terms of reference (ToR) were approved in August 2022. The ToR outline purpose, objectives, membership and quorum. Meetings have been held on quarterly basis, in line with its ToR, and meetings reviewed (June 2023 – November 2023) were quorate.</p> <p>However, review of the meeting agendas did not identify the purpose of <i>'advise and recommend to VMT changes required to Trust wide policies'</i>. Further, <i>'the monitoring of delivery of strategic priorities'</i> – whilst it is clear this could have featured within the January 2024 VSG meeting, there could be use of the highlight report to support formal monitoring. This would also provide a balance to the discussion of operational issues which have predominantly featured within the group meeting minutes reviewed.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Group failure to operate in line with agreed objectives. 	
Recommendations		Priority	
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.	Medium	
2.2	The regular inclusion of the Strategy action plan within VSG agendas should be accompanied by formal papers including action status and timescales.		
Agreed Management Action		Target Date	Responsible Officer
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 2024	Jennifer Wilson, National Volunteer Manager

2.2	Not accepted - The VSG has no formal accountability, nor is it a decision making group. Whilst the Trust supports the monitoring of the action plan through VSG, it is felt that a more formal approach may be a deterrent to membership.		
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Matter Arising 3: Operations Manuals Content (Design)	Impact
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Review of the CFR and VCS Operations Manuals and associated documents highlighted the following points for enhancement:

Potential risk of:

- The robustness of the governance framework could be impacted by gaps within its design.

Subject area	Content
Executive Responsibility	Each manual includes an outline of volunteer team structure but not an outline of where volunteer responsibility sits within the Trust. <i>The inclusion of detail relating to executive and volunteer team responsibilities would enhance the robustness of the manuals.</i>
Volunteer agreement	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.' <i>As a signed agreement there is opportunity to strengthen the wording to include an expectation to comply with Trust policies.</i>
CFR Clinical Guidance	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. <i>It could offer greater clarity to volunteers to include a copy of the skills matrix in place of the deployment codes.</i>
Compliance process	There are triggers for non-compliance with the mandatory elements of the role, but this is not included within either manual. <i>Inclusion of this may assist in volunteer awareness of their responsibilities and processes in place.</i>
Problem Solving Process	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. <i>The Trust should introduce a timescale related to the Problem Solving Process.</i>

Recommendations	Priority
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3.1	The Trust should consider addressing the highlighted enhancements to Operations Manuals outlined above.
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Medium

Agreed Management Action	Target Date	Responsible Officer
<p>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.</p>	<p>February 2025</p>	<p>Jennifer Wilson, National Volunteer Manager</p>

Matter Arising 4: Volunteer Fundraising and Financial guidance (Design)	Impact
<p>Concerns relating to the lack of oversight in relation to CFR fundraising and use of donations have been noted within a Trust LCFS investigation in 2020 and a Charity Committee report in June 2021.</p> <p>In late 2023, CFR team co-ordinators were contacted to establish the extent of fundraising activities, balances, and account arrangements. Responses were received from 86 of 204 CFR teams which included, circa£60k being held in funds (with circa £10k having been raised within the previous 12 months). Responses also set out variations in arrangements including:</p> <ul style="list-style-type: none"> • Type of account in use for donations/fundraising – business (1), personal (1) and joint team (20) • Teams with a constitution which references fundraising (11), those who do not (24), and those unsure (27) • Teams with a process to apply to spend funds (14), those responding unknown (28) • Teams who provide updates internally on purchases/use of funds (21), those responding unknown (17). <p>The CFR and VCS Operations Manuals currently contain no guidance in relation to fundraising or donation fund management.</p> <p>The Board Secretary confirmed that following Executive Leadership Team discussion in February 2024, the Trust is currently seeking advice from an external legal provider with intention to inform further communication to CFRs. Discussion with the interim National Volunteer Manager indicated once received a further task and finish group would be established to develop a volunteer fundraising Standard Operating Procedure.</p> <p>A Charity Committee task and finish group in place between 2022-2023 with a remit to review wider Trust charitable fund management had identified that a corporate risk relating to fundraising should be developed.</p> <p>An initial populated risk template was provided to us with some detail around controls and gaps, but the finalising of the risk has been paused awaiting the outcome of the legal advice above. Discussions also highlighted that while it has been agreed that CFR fundraising is a Trust rather than Trust Charity risk, the risk holder within the Trust is still to be agreed.</p>	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Misuse of charitable donations and reputational risk to the Trust.
Recommendations	Priority

4.1	The Trust should ensure the distribution of received guidance in relation to fundraising to the full CFR population.	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.		
4.3	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.		
4.4	The Trust should prioritise the completion of a Volunteer fundraising risk, including clarifying the ownership of the risk within the Trust.		
Agreed Management Action		Target Date	Responsible Officer
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	March 2025	Jennifer Wilson, National Volunteer Manager
4.2 - 4.3 - 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.	March 2025	Jennifer Wilson, National Volunteer Manager

Matter Arising 5: Safeguarding Training compliance (Operation)		Impact
<p>Non-compliance with safeguarding training by CFR and VCS had been identified within an internal review of processes in 2022 with subsequent action to address this.</p> <p><u>CFR</u></p> <p>Review of a February 2024 eLearning report identified 30 CFRs with an expired safeguarding competency. Entries within CFR database included notes of prompts to individuals, and a bulletin had been issued in February 2024 to highlight the key areas where compliance is required.</p> <p><u>VCS</u></p> <p>Review of an April 2024 eLearning report identified only 7/32 North region drivers had safeguarding compliance listed. A further 21 drivers were confirmed to be in compliance based upon the 2022 internal review which had required the submission of paper returns.</p> <p>We were informed there have been challenges in the introduction of eLearning for VCS, with some volunteers unfamiliar with accessing the system. The team has also experienced delays in gaining access to the systems reporting functionality, and was required to undertake quality assurance checks of the data at the time of fieldwork due to discrepancies being highlighted by volunteers. A bulletin has been issued to prioritise the completion of an initial seven modules by April 2024, with the remaining to be completed by June 2024.</p> <p>2022 returns for Central and West and South East were not available for comparison.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Volunteers lack of awareness of safeguarding practice and procedures.
Recommendations		Priority
5.1	The Trust should incorporate Safeguarding training compliance within the established one to one reporting template.	Medium
5.2	Trust management should ensure that gaps in compliance with safeguarding training are addressed for both CFR and VCS roles.	
Agreed Management Action		Target Date
		Responsible Officer

5.1	This finding relates to refresher training compliance. The Trust will incorporate safeguarding training compliance into the established one to one reporting template.	September 2024	Jennifer Wilson, National Volunteer Manager
5.2	The Trust will ensure that gaps in safeguarding compliance are addressed for VCS and CFRs.	September 2024	Jennifer Wilson, National Volunteer Manager

Matter Arising 6: CFR Mentoring Arrangements (Operation)		Impact	
<p>The CFR Operations Manual sets out the Trust's recommended approach to mentoring for new CFRs. This includes a 'buddying' period for newly trained CFRs, and completion of an Emergency Medical Services Rideout shift within three months of completing training.</p> <p>Discussion with management outlined that the arranging of buddy shifts is through CFR co-ordinators, and no rideout records could be provided for the sample of 15 CFRs recruited in 2023, suggesting this approach is yet to be embedded.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> New volunteers may not receive adequate support impacting confidence and experience. 	
Recommendations		Priority	
6.1	The Trust should consider mechanisms to monitor the uptake of the mentoring arrangements outlined within the CFR Operational Manual.	Medium	
Agreed Management Action		Target Date	Responsible Officer
6.1	The Trust will consider mechanisms to monitor the uptake of the mentoring arrangements.	November 2024	Jennifer Wilson, National Volunteer Manager

Matter Arising 7: CFR Welfare and Activity Returns (Operation)		Impact
<p>At the completion of each volunteer shift CFRs are encouraged to complete an 'Activity and Welfare' submission through a Microsoft Form link. This return includes date of activity, number of hours provided, if the CFR attended a cardiac response; and to indicate their mindset at shift completion with the options of 'thriving, surviving or struggling.' Any cardiac response or struggling response should prompt a welfare contact from the CFR team.</p> <p>Review of the 2,200 forms returned during the period September 2023 – March 2024 noted 870 did not complete the mindset field. We note of the responses submitted, 59% responded as thriving, and only 126 responses listed a cardiac response (66)/surviving(52)/struggling(6).</p> <p>Review of a sample of 10 entries where the response registered either a concern for welfare or raised a query, noted:</p> <ul style="list-style-type: none"> • Seven could be evidenced through a related TEAMS entry or CFR file note, although one was as a result of contact for another issue; and • Three held no evidence of contact. <p>At present the team divides the response to completed forms across the operations assistant, manager, and trainer roles.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Volunteer concerns and welfare may not be addressed where returns are missed
Recommendations		Priority
7.1	The Trust should introduce a process which includes responsibility for allocation of calls or timeframes for addressing these.	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.	

7.3	The Trust should consider approaches to encourage the full completion of welfare returns to include a response of thriving, surviving, or struggling.		
Agreed Management Action		Target Date	Responsible Officer
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.	October 2024	Jennifer Wilson, National Volunteer Manager
7.2	This process will also include the documentation of any follow up action on the CFR individual record.	March 2025	Jennifer Wilson, National Volunteer Manager
7.3	The Trust will consider approaches to encourage the full completion of welfare returns.	October 2024	Jennifer Wilson, National Volunteer Manager

Matter Arising 8: VCS Recruitment Oversight and Monitoring (Operation)		Impact
<p>VCS recruitment has recently included the adoption of the NHS TRAC system which automates some of the previous employment checks. Internal process documents have been updated to reflect these changes and to outline responsibilities between the VCS Administrative Team and the training co-ordinator who liaises with the Trust driving school to coordinate assessments.</p> <p>We were informed that there has recently been adoption of an internal 6-week target set within the team for the processing of recruitment checks. A revised monitoring spreadsheet was introduced in 2023, and this provides coverage of the recruitment stages, but we did note some variation in the completeness of data entry across the regions.</p> <p>Following induction the volunteer is transferred to a 'recruited' tab which holds additional key dates between recruitment and the driver activation, but this includes removal of prior data entered against the process. There is currently little opportunity to review the process over an extended period and identify any common issues and compliance with the new six-week target.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Issues in recruitment may not be identified; • Prolonged recruitment process impacting number of volunteers available.
Recommendations		Priority
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.	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.	
Agreed Management Action		Responsible Officer
		Target Date

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.	October 2024	Jennifer Wilson, National Volunteer Manager
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.	October 2024	Jennifer Wilson, National Volunteer Manager

Matter Arising 9: VCS Record Completeness (Operation)		Impact	
<p>The VCS team are in the process of moving from the retention of paper records, to combined use of the Ambulance Care electronic Cleric system alongside their own spreadsheets. The introduction of a new volunteer electronic management system 'Assemble' will provide the team with a single system for maintaining volunteer records. Assemble was originally expected to be introduced in September 2023, and a phased rollout was imminently expected as fieldwork closed in April 2024.</p> <p>There has been the introduction of MiST training for VCS, which we are informed has been welcomed by longer serving volunteers, and review of the course content shows alignment with the areas within the induction training day for new recruits. The VCS Driver database is used to monitor attendance, however no record of attendance or confirmation documentation could be provided for a sample of 7 records requested.</p> <p>As detailed in the VCS Operations Manual, it is the responsibility of the respective volunteer to maintain their vehicle in a safe and road legal condition with a 'Vehicle Checklist Review' form to be completed. However, within a sample of 10 drivers from the North region, only 3 vehicle check forms could be provided.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Unchecked vehicles may not meet or be maintained to Trust standards, resulting in poor patient experience or harm. 	
Recommendations		Priority	
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.	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.		
Agreed Management Action		Target Date	Responsible Officer
9.1	Following the introduction of Assemble, the Trust will undertake a records stock take and address any gaps identified.	March 2025	Jennifer Wilson, National Volunteer Manager

9.2	The Trust will introduce a system to include the completion of vehicle check lists for VCS volunteers.	September 2024	Jennifer Wilson, National Volunteer Manager
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Matter Arising 10: VCS Expenses validation (Operation)		Impact
<p>Processing of expenses includes the comparison of submitted mileage to journey reports produced from the Cleric system:</p> <ul style="list-style-type: none"> • mileage summary papers are compiled listing each driver and a percentage variance from the Cleric report; and • a further validation paper is completed where individual journeys are reviewed to establish variance in mileage against the Cleric total. <p>It was outlined that variations in totals are inevitable due to ad hoc additional jobs, diversions to routes, and drivers returning home due to gaps in allocated jobs, therefore a 10% tolerance level has been adopted.</p> <p>Expense payment schedules, mileage summary working papers, and validation papers were requested for all regions for the period October 2023 – December 2023. No summary or validation papers could be provided for the Central and West region as the staff member responsible was absent and the documents were not saved centrally.</p> <p>Review of documents provided for the North and South East regions confirmed validation had been undertaken, however there was inconsistencies of approach noted between each region, and with the level of check set out within a guidance document supplied by the VCS Manager.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Non-compliance with process, inconsistent approaches across regions.
Recommendations		Priority
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.	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.	
10.2b	There should also be periodic checks to ensure documents are saved in a shared accessible location.	

Agreed Management Action		Target Date	Responsible Officer
10.1	The Trust will agree a consistent selection criterion for validation of checks, to include risk assessment and coverage of outliers.	October 2024	Jennifer Wilson, National Volunteer Manager
10.2a	The Trust will satisfy itself that Central and West records are subject to appropriate checks and validation.	July 2024	Jennifer Wilson, National Volunteer Manager
10.2b	The Trust will ensure that periodic checks are undertaken to ensure documents are saved in a shared accessible location.	October 2024	Jennifer Wilson, National Volunteer Manager

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

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

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

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



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

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

**Strategic Equality Plan Biannual NHS Performance Framework Report
for WAST April 2025**

MEETING	People and Culture Committee Meeting
DATE	15 May 2025
EXECUTIVE	Angela Lewis, Director of Culture Change
AUTHOR	Kat Cobley
CONTACT	Kat.cobley@wales.nhs.uk

EXECUTIVE SUMMARY
<p>This report provides a six month update on the progress made to achieve the Trust's Strategic Equality Plan Objectives between 1 October 2024 – 31 March 2025.</p> <p>This report forms part of the NHS Performance Framework bi-annual reporting process and was returned to Welsh Government before the deadline of 15 April 2025.</p>

KEY ISSUES/IMPLICATIONS
<p>In line with the requirements of the Public Sector Equality Duty, the Trust agreed the following Strategic Equality Objectives for 2024-2028:</p> <ul style="list-style-type: none"> • Design Equitable Services • Lead by Example • Be an Employer of Choice • Create Allyship <p>The report provides details on the following key achievements within the past six months:</p> <ul style="list-style-type: none"> • Sexual safety training programme • People network growth and development <ul style="list-style-type: none"> ○ Women's health and wellbeing sessions, TU funded sanitary initiative and women's uniform ○ Inflammatory bowel disease awareness campaign ○ Ramadan and Iftar event ○ Carer Confident Level 1 Award ○ HIV education workshop ○ Culture Champions open days • EQIA policy and impact assessment guidance • Executive Champions for equity, diversity and inclusion • Allyship and Active Bystander training positive feedback • Inclusive recruitment initiative within Digital Team • Maternity skin tone training resources

Risks and Mitigating Actions

- **Operational Demands** - Staff may be unable to attend training due to operational demands. A hybrid training approach has been implemented to mitigate this risk.
- **Information Accessibility** - Managers may struggle to access information and learning when needed. Online resources are being developed.
- **Awareness of Key Roles** - Staff may not be aware of the key roles of certain individuals within the organisation. Targeted training and clear communications are being provided.
- **Procurement Processes** - Delays in improving women's uniforms due to procurement processes and costs. The Trust will continue to encourage progress and introduce its own measures if delays occur.
- **Cost Implications** - Ongoing costs to acquire support from external carer organisations and accreditation schemes. The Trust will review the cost-effectiveness of this expenditure routinely.
- **Lack of Workforce Diversity** - The current lack of diversity within the workforce makes it difficult to attract applications from more diverse applicants. To mitigate this, proactive and targeted, inclusive recruitment and engagement events will continue.
- **Engagement from Senior Leaders** - Engagement from senior leaders at people network events and community engagement events might be limited due to other competing priorities. To mitigate this, a calendar of events relating to equity, diversity, and inclusion is being developed to provide advance notice and manage diary commitments more efficient.

Next Steps:

- **Annual Reports** - Produce end-of-year annual reports and present them to the People and Culture Committee for scrutiny and discussion.
- **Gender Equality** - Implement a TU funded female sanitary initiative and explore options for improving women's uniform.
- **Anti-Racist E-Learning Module** - Implement the roll-out of the anti-racist e-learning module.
- **Sexual Safety Training** - Deliver the sexual safety training plan.
- **Accessible Communication Standards** - Continue to support Welsh Government with the review of the Accessible Communication and Information Standards.
- **Allyship and Active Bystander Training** - Pursue options to add training to LMS365 in modular format to increase capacity to deliver.
- **Inclusive Recruitment** - Provide support at the 'The Big Bang' event.
- **People Networks** - Continue to increase people network activity and support.

REPORT APPROVAL ROUTE

People & Culture Committee

REPORT APPENDICES

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	NA	Legal Implications	Yes
Estate	NA	Patient Safety/Safeguarding	Yes
Ethical Matters	Yes	Risks (Inc. Reputational)	Yes
Health Improvement	Yes	Socio Economic Duty	Yes
Health and Safety	Yes	TU Partner Consultation	Yes

SITUATION

1. In line with the requirements of the NHS Performance Framework, the Trust must return a bi-annual to Welsh Government report which outlines the steps it has taken to achieve the SEP objectives between 1 October 2024 – 31 March 2025.

BACKGROUND

2. The information in this report provides details on the key achievements made over the past six months and identified risks and barriers to implementation, along with the mitigating actions being taken to address these.
3. The information in this report will also be used to inform the Trust's Strategic Equality Plan Annual Report for 2024-2025 which will be presented to the Committee for endorsement in August 2025.

ASSESSMENT

4. Good progress has been made across all 4 of the SEP Objectives. Key achievements in the past six months include:

5. Sexual Safety

5.1 The Trust has developed a multi-level training plan to raise awareness and eliminate sexual harassment within the Trust. This includes bespoke sexual safety awareness sessions, detailed sessions for line managers, specialist training for key staff, and sharing best practices at national conferences.

6. People Networks

6.1 We have extended an invitation to our volunteers to join our people networks. Our volunteers are much more diverse than our current workforce and deserve equal access to our support networks. We also recognise the value and lived experience of our volunteers who can help us drive forward our people network initiatives.

6.2 Our People Networks have helped to drive the following achievements:

- **Women's Network** - Monthly women's health sessions have been delivered, leading to proposals for a TU funded sanitary initiative and improvements in ambulance uniforms for female colleagues.
- **Support for Carers** - The Trust was awarded Carer Confident Level 1 and implemented a promotional campaign about the Carers Leave Act.
- **Ramadan and Iftar Event** - The BEAM Network facilitated the Trust's attendance at the Halal Expo event in Cardiff and hosted the Trust's first Iftar event at headquarters in Newport. These events helped build relationships with Muslim communities and provided an opportunity to learn about Ramadan.

- **Support for LGBTQ+ Communities** - The LGBTQ+ Staff & Volunteer Network is reviewing an information resource to educate ambulance service staff about HIV. A workshop was run around HIV awareness, preventative medication, and the U=U campaign⁵. LGBTQ+ History Month was celebrated with local events across Wales.
- **Inflammatory Bowel Disease Awareness Campaign** - Purple Space Network working in collaboration with Crohn's and Colitis UK to deliver an awareness session on inflammatory bowel disease.
- **Culture Champions** – Our Champions have attended Allyship and Active Bystander training and the 'Demystifying Culture' workshop to strengthen their impact. They have hosted six open day events across North and South Wales to discuss culture, share network opportunities, and hear people's experiences.

7. EQIA Policy Development

7.1 The Trust's redeveloped EQIA Policy was approved, and an impact assessment guidance document was developed to strengthen governance procedures.

8. Executive Champions for Equity, Diversity and Inclusion

8.1 Increased influence and capacity in leadership roles with a focus on equity, diversity, and inclusion. This has led to greater involvement of Board members in supporting events and initiatives.

9. Allyship and Active Bystander Training

9.1 The Trust continues to roll out its award-winning training to staff. Positive feedback from attendees highlights the importance of the training. It is rated an average of 4.67 out of 5 stars, with 90% of attendees learning a great deal or a lot, and 92% planning to use what they have learned in the workplace every day or often. Additionally, 100% of attendees said the training met their expectations and would recommend it to others.

10. Inclusive Recruitment Initiative

10.1 The Digital Team implemented an initiative to address the lack of ethnic diversity within the workforce. This included unconscious bias training for recruiting managers and workshops for ethnically diverse applicants. There was a noticeable increase in applicants from ethnically diverse candidates and successful appointments of Black, Asian, and Ethnic Minority applicants. (9 vacancies advertised, 79% (1005) Black, Asian and Minority Ethnic applicants, 49% (57) interviewed, 3% (5) appointed. 1 additional applicant successfully appointed to a position within our Estates Team. This is an increase of 1.64% above our current baseline of existing Black, Asian and Minority Ethnic workforce which is 1.36%.)

11. Maternity Skin Tone Initiative

11.1 Black skin tone simulation mannequins were introduced to enhance training for childbirth. These mannequins will be added to training suites in Swansea, Cardiff, and Newport, and loaned out to other areas to ensure all staff have an opportunity to train with them.

12. Anti-Racist Wales National Conference

12.1 The Trust presented an update on the inclusive recruitment initiative within the Digital Team at the Anti-Racist Wales National Conference in Cardiff.

13. Risks Identified and Mitigating Actions

13.1 The following risk and mitigating actions have been identified:

- **Operational Demands:** Staff may be unable to attend training due to operational demands. To combat this, the Trust has implemented a hybrid training approach, offering both in-person and online sessions over a variety of time frames to support shift working, accessibility, and inclusion.
- **Awareness of Key Roles:** Staff may not be aware of the key roles of certain individuals within the organisation. To address this, the Trust is providing targeted training and clear communications to staff on signposting to appropriate support from the relevant specialist teams.
- **Procurement Processes:** Delays in improving women's uniforms due to procurement processes and costs. The Trust will continue to encourage the National Working Group to move forward with the women's uniform plans and will look to introduce its own measures to supply women with better fitting uniforms if delays occur.
- **Cost Implications:** Ongoing costs to acquire support from external Carer organisations and accreditation schemes. The Trust will review the cost-effectiveness of this expenditure routinely and maximise all available resources, in line with prudent healthcare principles.
- **Engagement from Senior Leaders:** Engagement from senior leaders into the equity, diversity, and inclusion agenda might be limited due to other competing priorities. To mitigate this, the Trust continues to use Executive Champions to reinforce the impact of poor culture and discriminatory practices at every corporate meeting.

14. Next Steps:

14.1 Below outlines the next steps:

- **Annual Reports:** Produce end-of-year annual reports and present them to the People and Culture Committee for scrutiny and discussion.

- **Gender Equality:** Implement a TU funded female sanitary initiative and explore options for improving women's uniform.
- **Anti-Racist E-Learning Module:** Implement the roll-out of the anti-racist e-learning module.
- **Sexual Safety Training:** Deliver the sexual safety training plan.
- **Accessible Communication Standards:** Continue to support Welsh Government with the review of the Accessible Communication and Information Standards.
- **Allyship and Active Bystander Training:** Pursue options to add training to LMS365 in modular format to increase capacity to deliver.
- **Inclusive Recruitment:** Provide support at the 'The Big Bang' event.
- **People Networks:** Continue to increase people network activity and support.

RECOMMENDATION

15. To **NOTE** the contents of this paper.



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AGENDA ITEM No	14
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

**WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST
HEALTH & SAFETY ANNUAL REPORT 2023-2024**

MEETING	People & Culture Committee
DATE	15 May 2025
EXECUTIVE	Liam Williams, Executive Director of Quality and Nursing
AUTHOR	Nicola White, Head of Health & Safety
CONTACT	nicola.white3@wales.nhs.uk 07973 829556

EXECUTIVE SUMMARY

1. The Welsh Ambulance Services University NHS Trust’s (WAST) success within Health & Safety (H&S) is driven by the Organisation’s desire for continuous improvement on its journey to a cultural state of interdependency.
2. This report will provide an overview to the People & Culture Committee on how the Trust is continually improving its compliance to meet its statutory duties during 2024-2025, under the Health & Safety at Work etc. Act 1974, the Management of H&S at Work Regulations 1999 and other supporting pieces of secondary Health & Safety Regulations and additionally via the Health and Care Standards Theme 2- Safe Care.
3. The report also contains some data commencing from 2021 to provide insight into the Trust’s H&S cultural journey and benefits of the Workforce Review implementation in October 2022.

RECOMMENDED, that the People & Culture Committee receives and approves the Health & Safety Annual Report.

KEY ISSUES/IMPLICATIONS

4. The Health & Safety Annual Report (Annex 2) provides evidence on how the Trust has performed during the 2024-2025 period in relation and giving assurance that the Trust is providing a safe a working environment as reasonably practicable.

5. It aims to give the Trust Board information on Welsh Ambulance Services University NHS Trust H&S activities, engagement and collaborative working with our partner and H&S professional agencies.
 6. Priority is given within the report to celebrate the success and achievements of the dedicated H&S team as well as sharing the good practices from our WAST colleagues, our improved systems and processes and our challenges.
- (1) The report highlights the Trust Corporate H&S Risk 199 sustaining its target score since November 2023.
 - (2) The implementation of the bladeless fans within emergency vehicles to reduce exposure to DEEEE.
 - (3) NWSSP Internal audit against Exposure to Fumes providing a Moderate level of assurance.
 - (4) Sustained focus on Diesel Exhaust Emissions Exposure (DEEE) and political issues impacted on the ability to progress at pace with the H&S IMTP 'culture change' deliverable.
 - (5) The improvements relationship with Trade Union Partners.
 - (6) The development of the Trust First Aid Procedure.

REPORT APPROVAL ROUTE	
Senior Quality Team	27 May 2025
Executive Leadership Team	28 May 2025
National HS&W Committee	08 May 2025
People & Culture Committee	15 May 2025

REPORT APPENDICES
ANNEX 1 - SBAR providing supporting background information
ANNEX 2 – Health & Safety Annual Report 2024-2025

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

SITUATION

1. The purpose of this report is to provide information on the Health & Safety (H&S) Annual report to members of People & Culture Committee (PCC).
2. It aims to give the Trust Board information on the continued effect in relation to improving H&S compliance activities as well as the necessary assurances that the statutory duties under the relevant H&S legislation and guidance are being fulfilled as far as reasonably practicable.

BACKGROUND

3. The Health and Safety Annual Report provides the Trust Board with the necessary assurances that the Organisation continues to make significant strides to ensure compliance with the Health & Safety at Work etc Act 1974 and other supporting pieces of secondary legislation.
4. It provides an overview of how the Trust has performed over this reporting period in relation to ensuring a safe working environment. Priority is given within the report to celebrate the success and achievements of the dedicated H&S team, as well as sharing the good practices from our WAST colleagues, our improved systems and processes and our challenges.

ASSESSMENT

5. During the reporting period several fundamental pieces of work were completed.
6. The Trust's H&S Violence and aggression and Lone Worker Policies were subject to review and extended to contain action cards to provide guidance to staff at local levels.
7. The Trust Corporate H&S Risk 199 – 'Failure to embed a culture of Interdependency resulting in breach of legislation or harm' sustained its target score which was achieved in November 2023. This risk is located on the Directorate Level Register and reviewed on a quarterly basis.
8. A further assessment was undertaken of Trust's compliance to its Legislative Compliance Register sustaining a moderate level of assurance increasing the Trust's compliance to H&S legislation from 2.2/3 to 2.32/3. This increase is due to improvements within estates compliance.

9. Compliance to RIDDOR Regulations reduced in 2024/25. This was due to changes within the RIDDOR form by the HSE requiring more information in relation to the incident. This poses challenges in obtaining all information within the required time frame. RIDDOR compliance increased in Q3 due to sustained focus from the H&S function and Operational staff.
10. Overall RIDDOR reported incidents have decreased by 23% from April 2021 – March 2024. Handling of patients and slips, trips and falls continue to be the Trust highest reported trend.
11. The data evidenced within this year's report demonstrates reductions in non-patient safety reported incidents since the implementation of the workforce review in October 2022 by 52%.
12. Reported incidents of violence and aggression saw a decrease of 29.8% less reported incidents. However, there may be several factors which may be influencing this reduction which contradicts national reporting levels which continue to rise. The V&A function supported 449 incidents during the time period of which 44 were reported as physical assaults.
13. Workplace inspections and Workplace Risk Assessment compliance both achieved 100% for the Trust's Estates portfolio.
14. A First aid Procedure was developed and implemented. Additionally, first aid risk assessments were undertaken at all 112 premises in partnership.
15. Further support was provided to our sector Trusts via the delivery of the Institute of Safety and Health (IOSH) 'Leading Safely' Training' to QiGard members. Additionally, advice on H&S culture change and supporting documentation was provided to NARSF colleagues.
16. The quarterly H&S newsletter evolved to include health initiatives and is developed and signed off in partnership.

Welsh Ambulance Services University NHS Trust

Health & Safety Annual Report 2024-2025



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Welsh Ambulance Services
University NHS Trust

Health & Safety Annual Report 24-25
Version 1.0
Released: 25 April 2025

Nicola White- Head of H&S
Nicola.white3@wales.nhs.uk

Introduction



The Welsh Ambulance Service University Trust (WAST) success within Health & Safety (H&S) is driven by the Organisation's desire for continuous improvement on its journey to a cultural state of Interdependency.

The Health and Safety Annual Report provides the Trust Board with the necessary assurances that the Organisation continues to make significant strides to compliancy with the Health & Safety at Work Act 1974 and other supporting pieces of secondary legislation.

It provides an overview of how the Trust has performed over this reporting period in relation to ensuring a safe working environment. Priority is given within the report to celebrate the success and achievements of the dedicated H&S team as well as sharing the good practices from our WAST colleagues, our improved systems and processes and our challenges.

The Executive Director of Quality and Nursing is the executive lead for Health & Safety within WAST. The Head of H&S has responsibility as he named professional for the management of H&S. This role provides assurance with the Trusts Statutory Legislation above. The Head of H&S takes the Organisational lead on all H&S matters.

The H&S team works collaboratively with senior managers and colleagues to promote a mature H&S culture, both articulated and lived at each level in the Organisation. External partnership is also integral to the team's role, WAST contribution to the work of our partner agencies is also highlighted within this report.



Retained target score since November 2023

Corporate Risk 199 - 'Failure to embed an Interdependent and mature health and safety culture causing harm or a breach in compliance'.

Risk 199 was raised in August 2019 and assessed as 20 (4x5).

Following significant work completed as part of the Working Safely Programme and investment into the Workforce Review, Risk 199 was reviewed and approved as reaching its target score of 10 (2x5) on the 7th December 2023.

This risk was de-escalated to the QPSE risk register and is reviewed on a quarterly basis.

Keeping our People Safe -Legislative Compliance

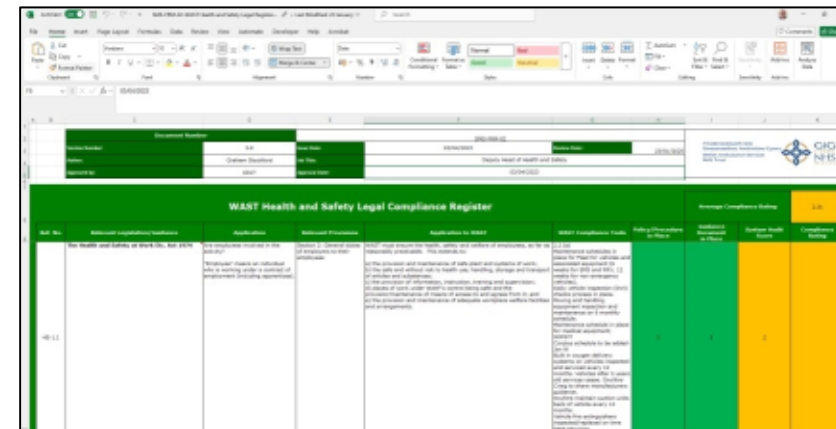


Internal audit - The Health and Safety (H&S) function was subject to an internal audit by Shared Services Partnership during Q3 2024/25 on 'Exposure to Fumes'.

The Auditors recognised the Trust's commitment to managing and improving exposure to diesel fumes and the work undertaken to date. Subsequently the Trust received a 'Reasonable' level of assurance across all 3 assessment criteria

The Trusts Legislative Compliance Register was subject to review by the H&S function in Q4 2024/25. Work undertaken by the Estates team increased the Trusts compliance to The Regulatory Reform (Fire Safety) Order 2005 increased overall legislative compliance levels from 2.22/3 to 2.32/3 continuing to provide a moderate leave of assurance was approved by the group on 17th April 2023. Further work continues to increase compliance levels further.

Assurance summary ¹	
Objectives	Assurance
1 Guidance documents	Reasonable
2 Monitoring and managing compliance with the Workplace Exposure Limits.	Reasonable
3 Reporting of emissions and their impact	Reasonable



Keeping Our People Safe –Documentation Developed



ED Bladeless Fan SOP

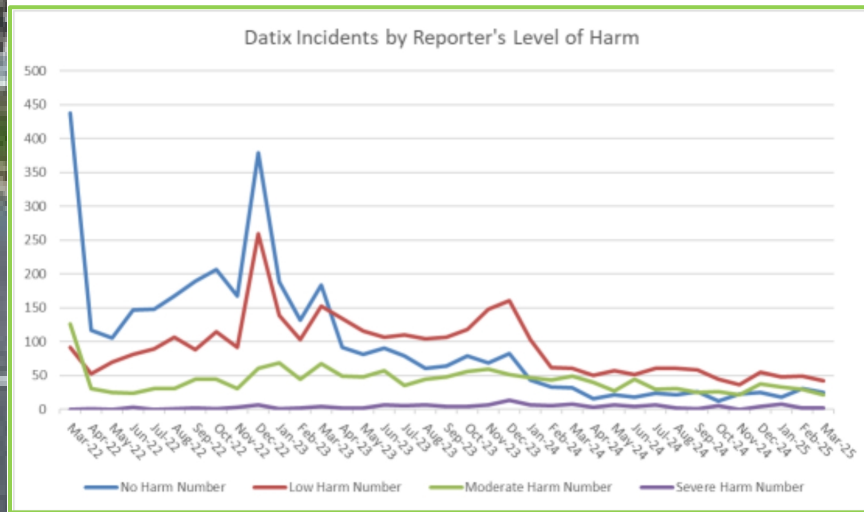


First Aid at Work SOP



Hand Arm Vibration SOP

Keeping Our People Safe- Non-Patient Incidents



Health and Safety Performance within this report for 2021/2025 relates to the Welsh Ambulance service University Trusts performance of top 5 H&S reported incidents.

The H&S team priority is to ensure that WAST colleagues work as safe as reasonably practicable within dynamic environmental conditions. This involves supporting investigations and applying lessons learned to prevent re-occurrence.

DATIX reported incidents have significantly decreased by 52% from April 2021 (284) - March 2024 (149).

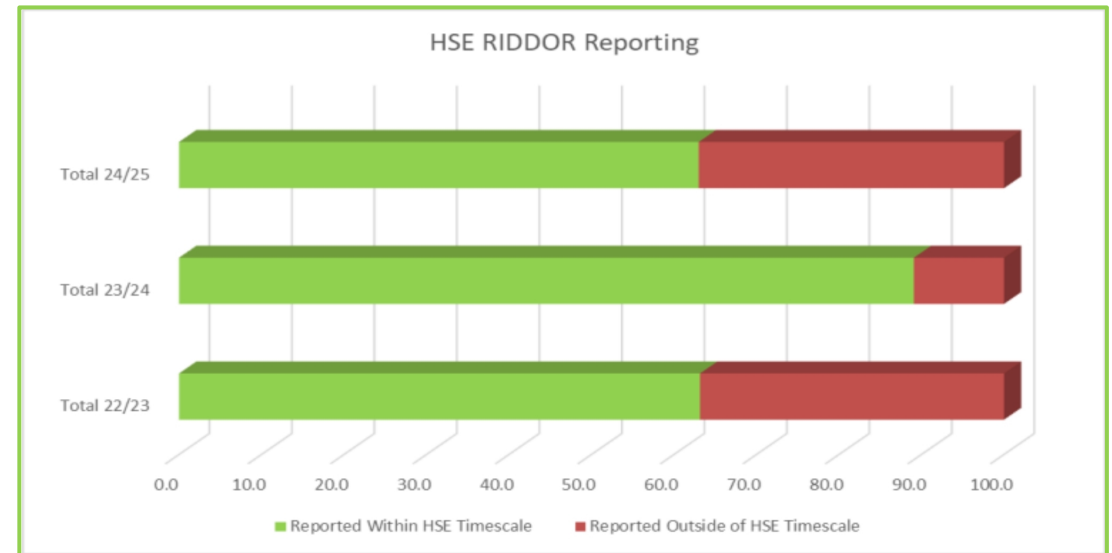
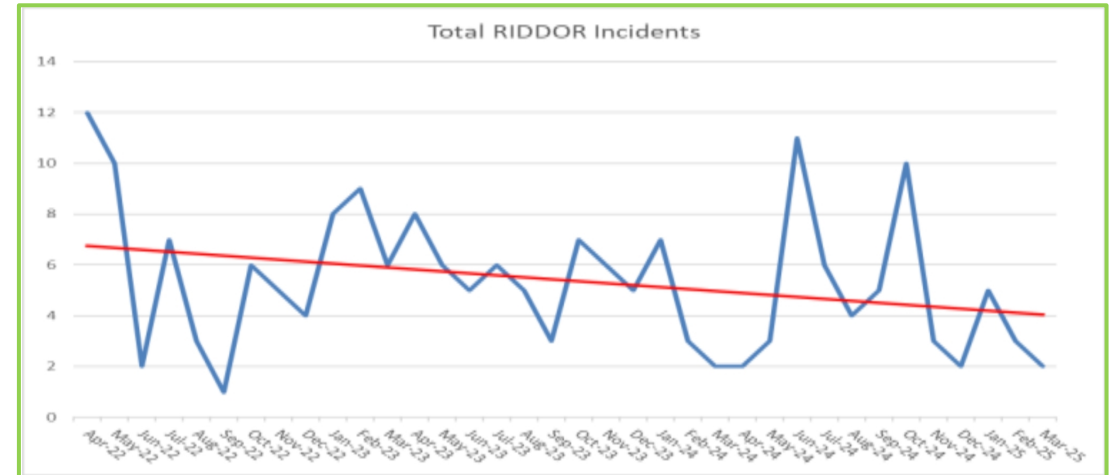
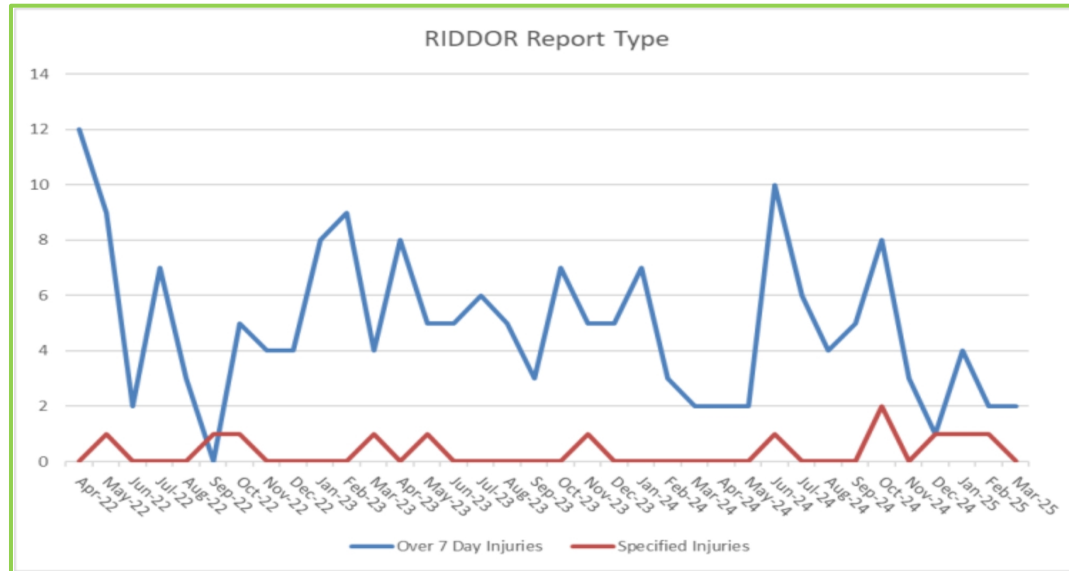
A significant number of incidents were recorded for missed meal breaks during the previous winter was not replicated during winter 23/24 and improvements in the way such incidents are recorded has further improved the ability of the Trust to analyse and trend harm incidents.

The incident frequency rate per 1000 Emergency Ambulance (EA) journeys has reduced by 61% from 16.79 in April 2022 to 10.37 by the end of March 2024

Keeping Our People Safe- RIDDOR



The total number of **RIDDOR** reported incidents have decreased by 64% from April 2021/22 (155) to March 2024/25 (56).

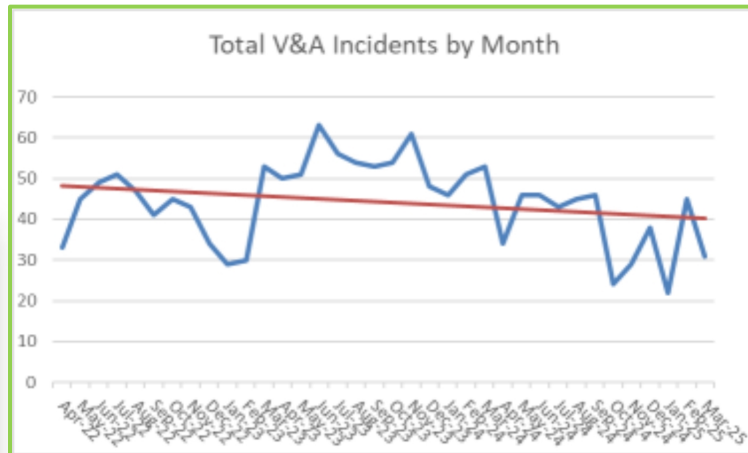
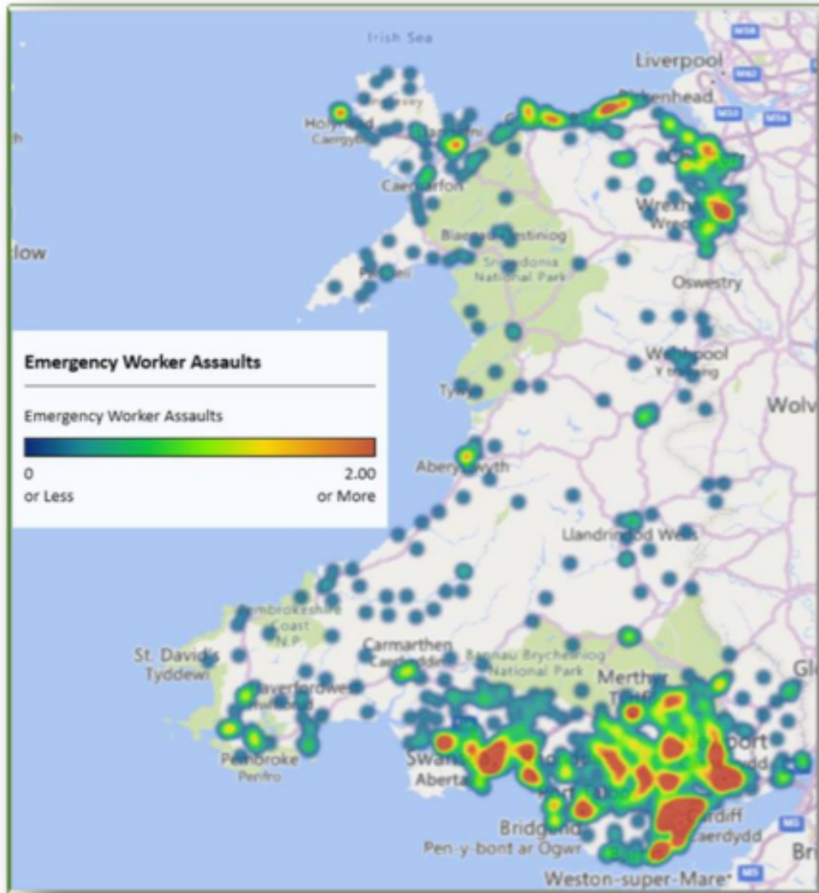


Categories for **RIDDOR** reportable incidents-

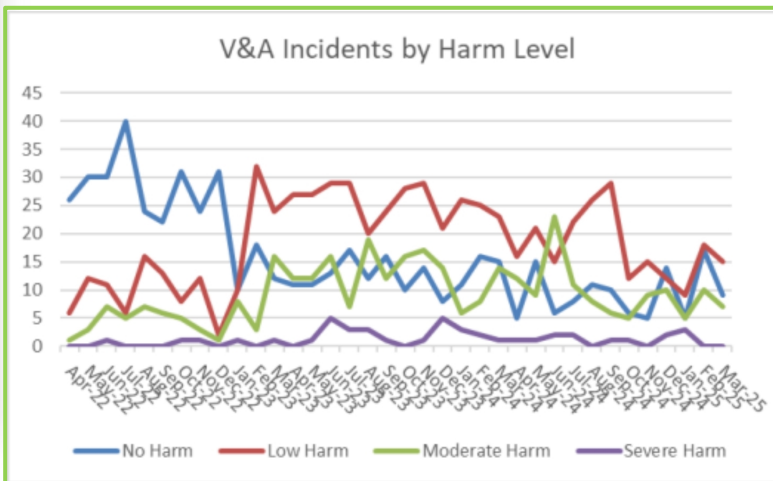
- Over 7-day injuries –reduction of by 66% from 2021-2025
- Specified Injuries - reduction of 50% from 2021 to 2025
- Most common trend manual handling injuries-patient handling and slip, trips and falls.

RIDDOR submissions have declined by 21% since 2021-2024. During 2024/25, compliance was impacted by the increase in information required by the HSE requiring additional time to obtain the information from line management.

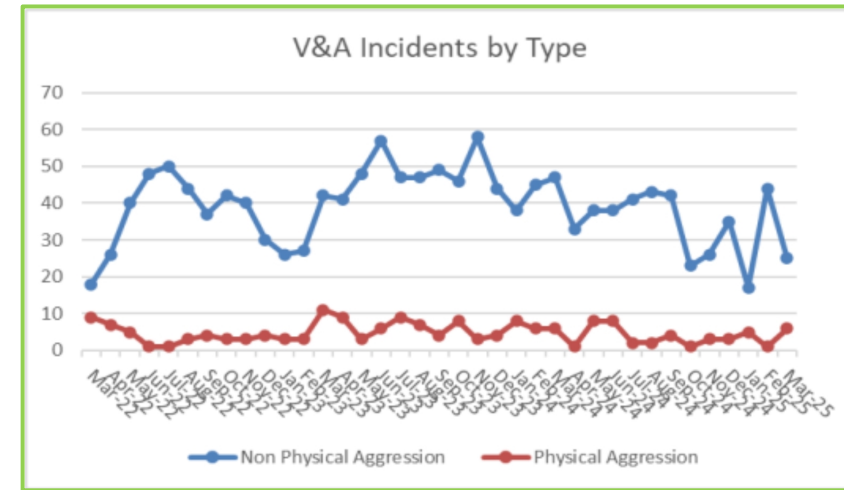
Keeping Our People Safe - Violence and Aggression



Statistics within WAST demonstrate majority of incidents are verbal abuse and aggressive behaviours mainly affecting the contact centres for 999 & 111



The trend over the last 3 years has shown a slight increase in V&A incidents. This trend has started to show a decrease as a result of the work undertaken by the V&A case management team together with other factors.



The number of moderate and severe harm V&A incidents remains low. The increase in low harm incident reports can be attributed to improvements in H&S reporting culture and the introduction of the Datix Cymru platform that enables better recording of V&A incidents.

Keeping our People Safe - Violence and Aggression



Following review of V&A 2023 Actions remaining resourcing V&A Function & Volunteers/Students systems / Communications. Risk 400 updated

V&A Manager continued to provide strategic input to NAsEG, AVC and the AACE Training V&A improvement meetings.

Case with Police reference -77.
Cases in Court -19

The Trusts V&A Manager advises the Chair of the AVC and Case managers Group with the sharing of best practice promoting violence reduction strategies

WAST provides quarterly report to the AVC for review and reflection in collaboration with the Crown Prosecution Service, Police and Welsh Government.



19 Freedom of Information requests responded to in relation to behaviours of Violence, Aggression, Assaults & Sexual Safety

Guidance advice & data sharing with JESG partners by V&A Manager #With us not Against us campaign, to raise awareness of violence against emergency workers across Wales

Improved visibility within Trust Senior Management Team via SOT and Pan Wales Business Management to provide support and guidance to managers. Supported by online tools via intranet page

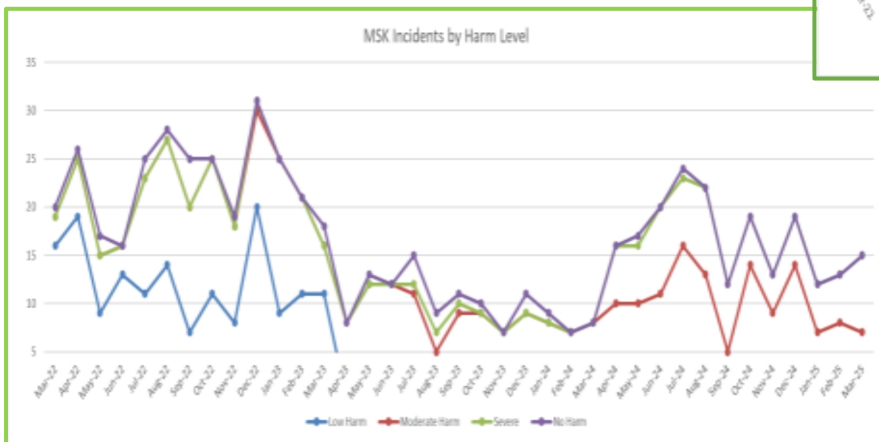
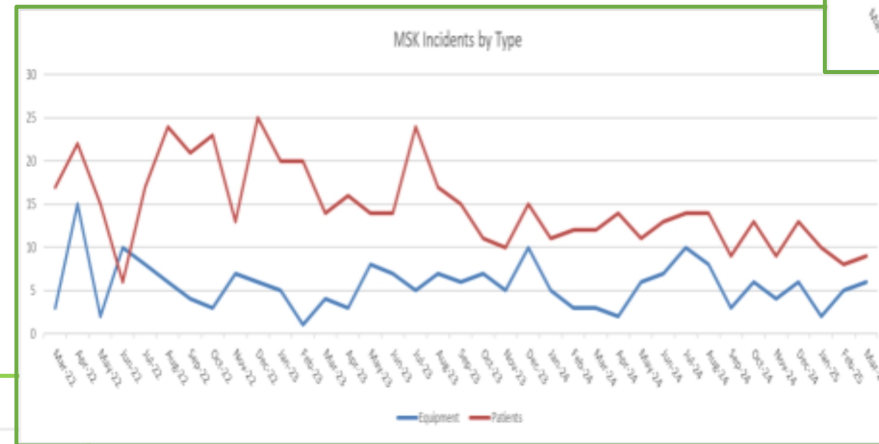
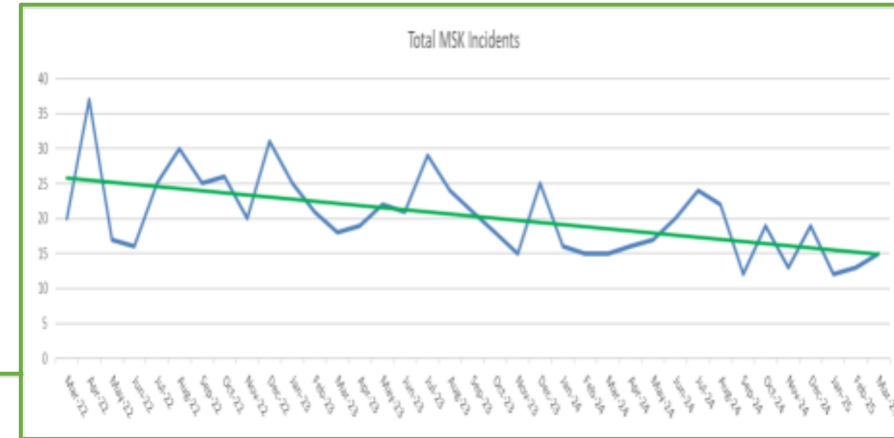
WAST CM attends The All-Wales Case Managers Group The group reports to the AVC and Heads of Health & Safety.

Keeping Our People Safe - DSE and Manual Handling



The downward trend in manual incidents has continued through the year with the incident frequency down from 2.86 to 1.25 per 1000 EA Journeys since April 2022.

Handling of patients remains the most frequently reported cause of injury.



The DSE/Manual Handling Advisor has undertaken a deep dive of incidents and made recommendations to lower incident numbers and harm levels even further. This being worked through via a task and finish group. [Welsh Ambulance Services University NHS Trust](#)

Keeping Our People Safe



Workplace Risk Assessments - undertaken in all 112 premises in conjunction with Operational Teams and Trade Union Partners.

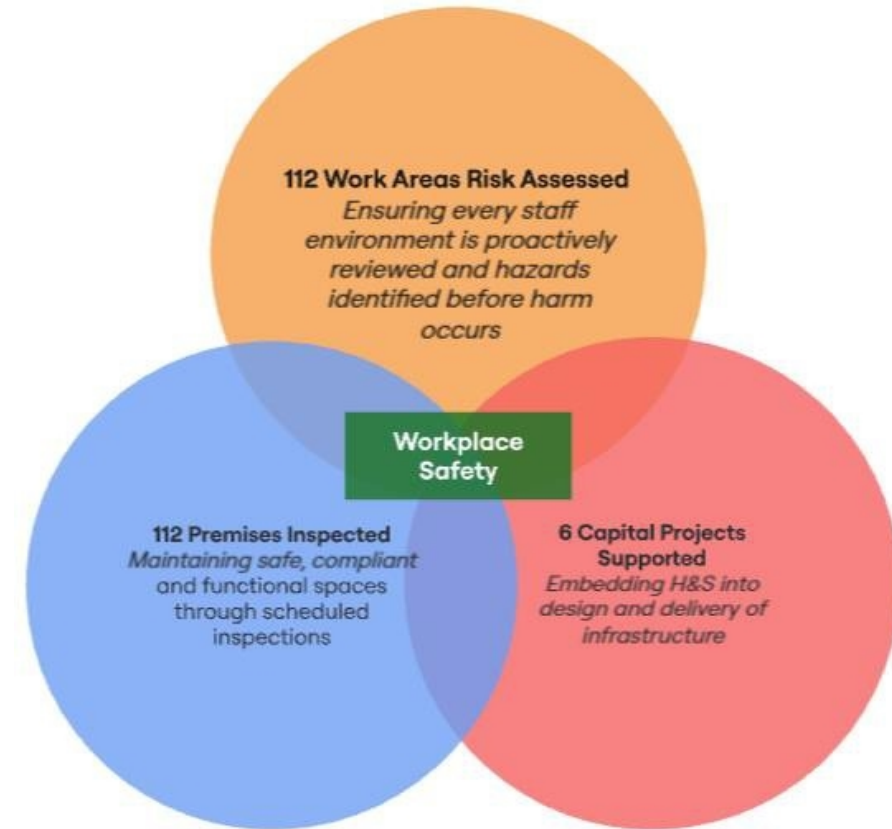
Workplace Inspections – all 112 inspections undertaken Pan Wales collaboratively with Operational Teams and Trade Union Partners. The inspection template also covers Estates related statutory legislation and integrates the requirements of the Equality Act 2010.

Noise Assessments have been undertaken in all 111 and Clinical Contact Centers Pan Wales and found to be below statutory legislative limits for long term exposure and short term 'peak' exposure levels.

First Aid Risk Assessments – all 112 RA undertaken

Capital Works Supported in Partnership;

Swansea Ambulance Project Group,
Pontadawe refurbishment
Glynneath refurbishment
Merthyr
Hawthorn Roof
Monmouth
Bryn Tyrion relocation
Ty- Elwy
Snowdon House 111



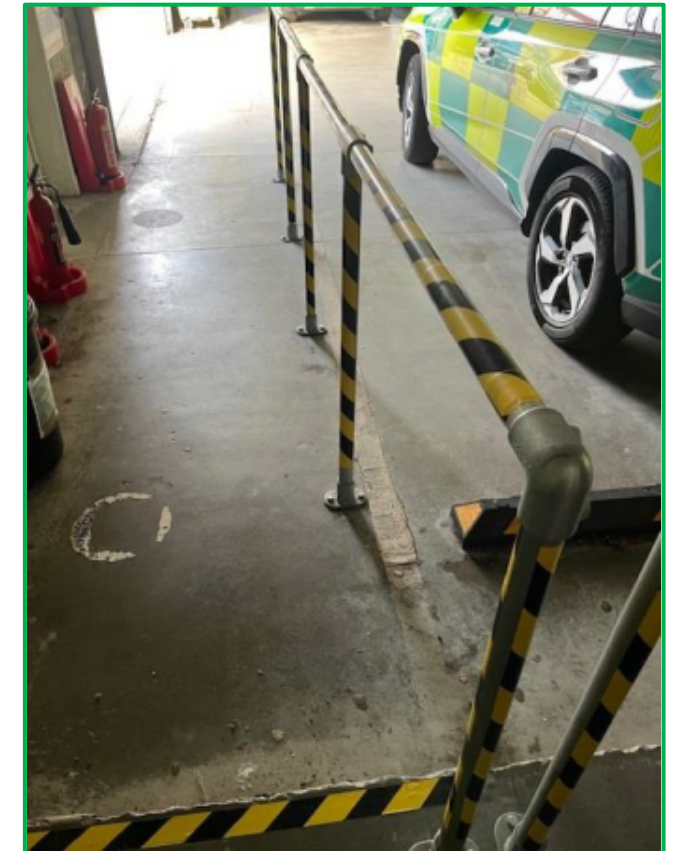
Workplace Risk Assessments

During recent visits to stations to review workplace risk assessments with Managers it was clear to see some of the hard work that has been carried out to make stations safer for staff.

One station that particularly impressed was Cwmbwrla, with lots of ongoing improvements taking place, not just in Health and safety.

- Cleaning shadow boards have been implemented to assist with better IPC control.
- Vehicle bags have had itemisation labels applied to make it easier for staff to identify exactly what the bags should include, and tags applied so staff know when the bag has been opened and requires checking.
- Kerbs and handrails have been identified with black and yellow for ease of identification
- Equipment used for training has been clearly identified with red training tape to prevent it being accidentally used elsewhere.

KEEP UP THE GREAT WORK!



Keeping Our People Safe



Training Highlights (IOSH MS, Human Behaviours & COSHH)	
8	Trade Union Partners
11	DOMS
4	Locality Managers
4	Paramedics
2	Emergency Technicians
1	Ambulance Car Staff
4	OTL's
6	Corporate
2	HART
1	Fleet
1	NEPTS Control



Quality Improvement



Mae angen i sefydliadau ddatblygu eu Systemau Rheoli Ansawdd, gyda:

Organisations need to develop their Quality Management Systems, with:



I gyd yn cydweithio i greu amgylchedd dysgu.
All working together to create a learning environment.

Several pieces of work have been undertaken which support the Duty Of Quality;

Governance:

- Local Partnership Forum's -improved Governance routes for local H&S related items,
- Terms of Reference revised on Partnership arrangements for National HSW Committee
- V&A and Lone Working policies reviewed,
- Health & Safety Induction training reviewed to include culture and human factors elements,
- Responsibility for the management of non-patient safety personal injury claims
- Change Risk Assessment developed to be embedded into Trust processes,

Continuous improvements:

- Bladeless fan introduction at ED's to reduce fume and improve patient thermal comfort,
- Manual Handling Deep-Dive - thematic review undertaken and recommendations to be taken forward,
- Quarterly newsletter undertaken in Partnership and includes health related topics.

Continuous Professional Development:

- ISO 45001 Lead Auditor, IOSH Management of Noise in the Workplace, Public Health V&A Prevention L3, NVQ L6 Health & Safety Practice training undertaken by team members.
- Head of H&S achieved Chartered Fellow of IOSH status as recognized for 'giving back to the profession'
- Utilisation of staff on alternative duties to support Case Management and raise awareness,

Supporting NHS Wales:

- Acted in the capacity of Chair for All Wales DATIX coding group,
- Continued to support Welsh Risk Pool (WRP) DATIX coding groups,
- Supported Complex Case Management process

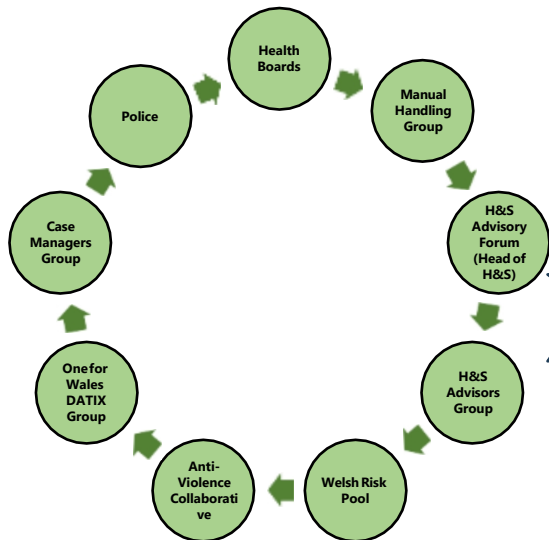
Supporting UK Sector:

- Responding to incidents involving Electric Vehicle awareness session delivered to stakeholders and incorporated into national sector training package via NARFS and DTAG.

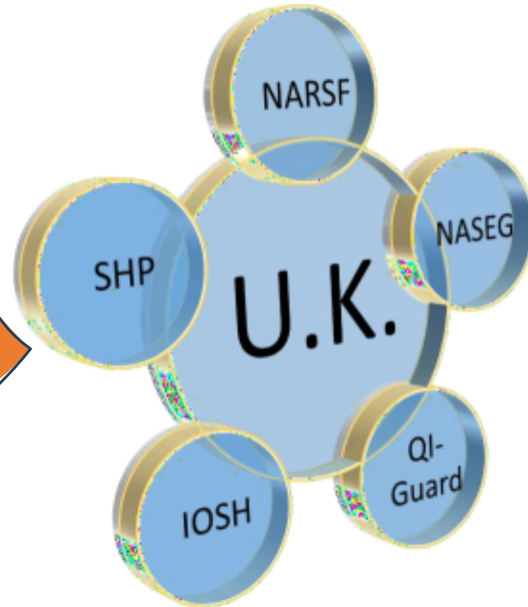
Working in Partnership Wales & U.K.



Wales NHS Stakeholders



UK Wide Partners



Raising The Ambulance Sector Profile -International

SHP (Safety & Health Practitioner) Podcast

Following the publication of the Trusts Working Safely Programme in IOSH January 2024 edition the Trusts CEO was invited to kick off a suite of CEO podcasts for the internationally renowned SHP magazine.

SHP is an online magazine and is an international source for health and safety news, opinions and stories with 175K professionals within its database. It provides breaking industry news, in-depth features, in-court stories, legislation updates, and the latest industry products.

The Trusts CEO provided a podcast in relation to his experience and perception of what an effective Health & Safety culture means to him and also the Trust. This was released on SHP media platforms during Q2 2024.

[CEO Spotlight – From the front...–The Safety Conversation with SHP – Apple Podcasts](#)



IOSH Videos

The Trust's CEO was also asked to provide a personnel video on the Trust's Working Safely Programme which was published on IOSH platforms on 24 December 2024.

IOSH membership consist of 50,000 members spread over 130 countries and is acknowledged as the world leading H&S accreditation body.

Good Practice Support



Further support provided by the function

- Delivery of 2 x IOSH Leading Safely Training events in England to QiGARD members.
- Provision of advice on the management of DEEE to NARSF colleagues.
- In collaboration with LAS leading on H&S Culture Change framework under development sector wide initiative.
- Continued to support Welsh Risk Panel Personal Injury Claims review panels,
- Supporting improvements with the provision of advice and documentation to NARSF colleagues.



- Supported the IPC function in the development of Amber level PPE risk assessments for volunteer staff and bladeless fan risk assessments.
- Provided professional judgement on Neo-Mate SOP and risk assessment
- Undertaken lighting and noise surveys within control centers
- Pilot undertaken on use of vibrating tools at Fleet Workshops
- Continued provision of Mentor support to LAS H&S Manager



Challenges

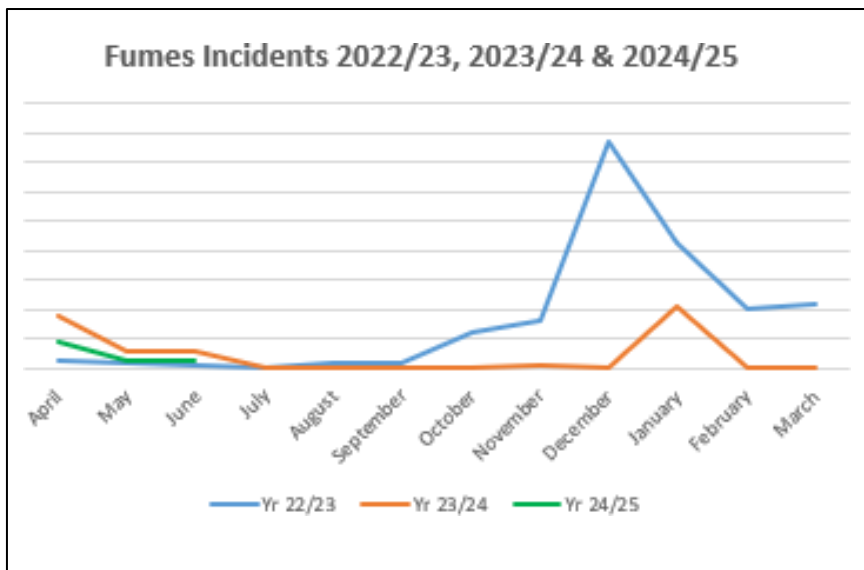


Significant time and resources were expended on the introduction of controls to reduce the amount of Diesel Engine Exhaust Emissions emitted whilst ambulances experience extended delay times outside of Emergency Departments.

A Fume Mitigation project was established to manage the implementation of further work required to minimise DEEE at ED's. These included the following:

- Identification of a bladeless fan with filtration to BSEN
- Undertaking risk assessment for the IPC risk of introducing bladeless fans
- Undertaking risk assessment on the use of bladeless fans at ED's
- Meetings with All-Wales IPC Teams to clarify risk level for the introduction of bladeless fans
- Meetings with Health Board Ventilation Groups to grant permission for use of fans on HB site
- Survey of electrical infrastructure at ED sites to understand design constraints regarding installation of 230v shorelines
- Meeting with Health Board Electrical Safety Teams to agree 230v installation design
- Electrical contractor coordination for installation of 230v equipment
- Creation of secure storage for bladeless fans and asset tracking
- Creation of Safe Operating Procedure for the use of bladeless fans
- Quality assurance process implementation

Fumes Incidents 2022/23, 2023/24 & 2024/25



Growing the Team



Jonathan Cushen (H&S Manager –North & Central)



This year marks nearly 10 years for me in the world of Health & Safety. I joined the NHS in 2020 as the Health & Safety Advisor at Prince Charles Hospital, before moving to the Welsh Ambulance Services NHS Trust in 2022 as the Health & Safety Manager for the North and Central regions.

Since joining WAST, I've continued to grow in the role, gaining wider exposure across different directorates and working with a brilliant mix of people - from paramedics and corporate staff to trade union partners. I feel lucky to be part of such a passionate, supportive team, and getting to travel through some of the most beautiful parts of Wales while doing it is a real bonus.

Phil Lloyd- V&A Manager



Previously I was the Security & Case Manager for Hywel Dda University Health Board. I was a member of the team that introduced the Obligatory Response to Violence in Healthcare in 2018. I joined WAST in 2022.

"I am passionate in delivering a safer place for all staff to work in and in doing so demonstrating the highest standards of care to both staff and the public we serve."

Prior to joining the NHS in 2016, I served as a Senior Investigating Officer in South Wales Police, Regionally and Nationally in Counter Terrorism Policing and Major Crime. A committed Detective throughout my career on retirement after 31 years' service I qualified as an Accredited Financial Investigator with the National Crime Agency and became a member of the Welsh Regional Asset Recovery Team.

I am an advocate of lifelong learning obtaining my NEBOSH General Certificate, and RSPH Level 3 Violence Aggression Strategic Management whilst supported by WAST. I have enrolled on the Level 7 master's course which focusses on trauma led clinical interventions to prevent and reduce incidents to staff.

Natasha McBeth- Interim V&A Case Manager



I joined WAST in December 2015 as the Receptionist, then appointed as the Mental Health Administrator in December 2018. In May 2020 I was aligned to the H&S team to help during Covid. I thrived here and really supported the H&S function during very difficult times. Most recently in June 2024 I secured a secondment as the Trusts Violence & Aggression Case Manager.

Since 2015 I have worked independently towards achieving work-based qualifications and gained NVQ L2, NVQ L3 and NVQ L4 in Business Administration, NVQ Level 3 in Leadership & Management, IQT Bronze, Welsh Level 1 and is a qualified Agile Project Manager. More recently I completed IOSH Managing Safely, Public Health Level 3 in Violence Prevention Reduction and I am enrolled to undertake the NEBOSH General Qualification in Occupational H&S starting in May 2025 followed by Level 7 in Violence prevention Reduction starting in Sept 2025

Hollie Ryan – Business Support Officer



I joined WAST in September 2024, returning to work from Maternity Leave after having my first child. I have a BA Degree in Business Management, and my most recent post was as an Associate Project Manager in the pharmaceutical industry. I have a further background in administration and project coordination from the manufacturing sector.

I am thoroughly enjoying my time as part of the Health and Safety team and look forward to advancing my knowledge, starting with my current enrolment in the NEBOSH General Certificate of Occupational Health and Safety course. I aim to continue to furthering my education in Health and Safety with various courses and training opportunities, whilst also learning each day from my colleagues within the team.

Welsh Ambulance Services University NHS Trust

Conclusion



Paper compliance is reassuring and sustained; however, continuous improvement is required to address ensure safe behaviours are always demonstrated.

This is partially being addressed via Human factors awareness delivered to Senior Management Team and integrated within RA and thematic reviews and additionally via the Quality and Safety inspections undertaken by operations function.

Continued sustained focus on DEEE has impacted on H&S Function capacity to progress the Trusts IMTP 'H&S Culture Change' objective.

Operational teams continue to take increased ownership and accountability for health and safety within their respective portfolios.

The Trusts H&S profile has continued to be publicised on national and international levels raising awareness on the importance of staff safety within the profession.

V&A – the Case Management profile is being further professionalised by increasing their knowledge and competence via H&S and specific V&A related qualifications. Level 7 Violence Prevention and Reduction Masters) to commence Sept 2025. Centred on recognised trauma/clinical informed responses



Moving Forward (IMTP)



Development of a H&S strategy incorporating H&S culture change.

Continue to improve V&A via the further professionalisation of the Case Management role

Continue to improve Manual Handling processes for reduction in severity and reported incidents

Continuation of succession planning and resilience

Thank you for listening

For any questions and/or support, please contact Nicola White.

Nicola.white3@wales.nhs.uk



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

H&S Annual Report 2024-2025



AGENDA ITEM No	15
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	0

**INTERNAL AUDIT: OCCUPATIONAL HEALTH AND WELLBEING SUPPORT –
FEEDBACK FROM ARAC**

MEETING	People and Culture Committee
DATE	15 May 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Steve Owen, Corporate Governance Officer
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Audit, Risk and Assurance Committee (the ARAC) received and discussed the **Occupational Health and Wellbeing Support internal audit report** at its meeting on the 1 May 2025. This report summarises the discussion from this meeting in reference to this report.
2. **Occupational Health and Wellbeing Support – Reasonable Assurance.**
The purpose of this review was to evaluate the programs in place at the Trust to improve the Occupational Health and Wellbeing services and promote staff wellbeing, and arrangements in place to monitor effectiveness.

Despite efforts to achieve a 6% sickness absence target, the Trust's rates remain higher than NHS England Ambulance Services, with recent figures showing an 8% sickness rate compared to NHS England's 6.5% (however there was caution proposed by ARAC given England's different operating context). There has historically been a low uptake of support services, including management of referrals to Occupational Health and Wellbeing provision. The implementation of the Health and Wellbeing Plan approved in November 2024 as well as the occupational health and wellbeing referral system, permitting both self-referrals and manager referrals, aim to improve the timeliness of the support provided.

All four objectives in the audit were rated 'reasonable assurance' and there were four medium priority management actions raised. These included the need for detailed deliverables in the Health & Wellbeing Plan, enhanced performance reporting, improved reporting to assess the quality and impact of initiatives, and regular feedback from managers on attendance management training sessions. A verbal update confirmed actions due by the



end of Q4 had been completed.

Members noted the importance of addressing musculoskeletal issues, particularly for staff in sedentary roles, and the need for leadership and management to encourage physical breaks. Additional assurance was provided on proactive measures, including increased physiotherapy referrals and improved performance for referral to first contact.

RECOMMENDATION: The People and Culture Committee is asked to note the discussion at the meeting of the ARAC on 1 May 2025, and the assurance that was received following receipt of the Occupational Health and Wellbeing Support audit report and agreed management actions.

KEY ISSUES/IMPLICATIONS

Not applicable.

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

Occupational Health & Wellbeing

Final Internal Audit Report

2024/25

Welsh Ambulance Services University NHS Trust



Reasonable Assurance

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Fieldwork
Executive Sign Off
Audit Committee
Executive Lead
Audit Team

WAS-2425-17
October – December 2024
11 March 2025
1 May 2025
Carl Kneeshaw, Director of People
Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit



Executive Summary

Purpose

To evaluate the programmes in place at the Welsh Ambulance Services University NHS Trust (the Trust) to improve the Occupational Health and Wellbeing services and promote staff wellbeing, and the arrangements in place to monitor effectiveness.

Overview

Sickness absence at the Trust has been, and continues to be a long-standing challenge, with it recording the highest percentage of sickness absence rates in Wales. The Trust continues to work to achieve its 6% target and there has been a sustained improvement on absence rates from 12.1% in January 2022. However, the Trust's sickness rates are higher than NHS England Ambulance Services which, in September 2024 (most recent published figures), had an average sickness rate of 6.5%, compared to the Trust's figure of 8%. We note that there have been monthly increases in sickness absence with 8.69% being recorded for December 2024 compared to the lowest percentage in September 2024 at 7.46%. The highest reasons for absence in November included anxiety/stress/depression; other musculoskeletal problems; gastrointestinal problems; injury/fracture; and cold/cough/ flu/influenza. Absence due to mental health conditions increased from 2.49% in October 2024 to 2.58% in November.

Noting these sickness levels, there has historically been a low uptake of support services including management of referrals to Occupational Health and Wellbeing provision. The Trust recognises it is important to understand what the health and wellbeing needs are of employees to ensure the right type of support is being provided in the right places and that it is accessible to all. The implementation of the occupational health and wellbeing referral system, permitting both self-referrals and manager referrals, aims to improve the timeliness of the support provided. The organisation has also recently invested to strengthen the team and its structure.

The Trust has also sought to embed a culture of positive attendance management through targeted intervention, supporting colleagues to remain in the workforce, and actively implementing its *Health and Wellbeing Plan* which includes coverage for areas such as musculoskeletal issues, manual handling and mental health.

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

1. The Health & Wellbeing Plan for 2025-29 includes detail of deliverables; however, the means by which achievement of the objectives will be measured and monitored were not identified. We understand that local action plans are being developed.
2. Whilst the All Wales key performance indicators are monitored, further information is available within the occupational health referral system that could be analysed to enhance performance reporting.
3. Whilst we were able to identify that structured support has recently been provided to the 111 Service, the Occupational Health team do not routinely run reports to identify services with high absence rates or referral themes that could be used to focus resources proactively.
4. The need to improve reporting to assess the quality, effectiveness and impact of the various initiatives the Trust offers, and to demonstrate value from the investments made.

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

The following opportunity for enhancement, in relation to the Managing Attendance at Work training, has been identified and does not impact the overall opinion rather highlighted for management information. Whilst there are regular sessions providing managers with training on the policy, feedback from attendees is not obtained and consideration should be given to such to ensure it is meeting the needs of the managers.

Scope & Assurance Summary

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

		Related Findings	Assurance
1	There are relevant strategies, policies and plans in place to outline the approach and priorities for the Occupational Health and Wellbeing services, which have been communicated appropriately.	1	Reasonable
2	Initiatives/programmes are in place that align to agree strategies and plans, and outcomes (including timeliness of access, next steps to be taken by managers etc) are reviewed.	4	Reasonable
3	An appropriate performance framework is in place for the occupational health service, which is effectively monitored and reported; and themes/trends are analysed to allow proactive provision to be established for Trust employees.	2,3,4	Reasonable
4	Evaluation measures are in place for the wellbeing interventions.	4	Reasonable

Management Actions

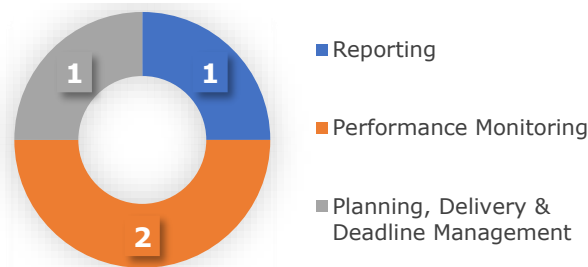


High Priority



Medium Priority

Themes








Risk Types

Quality or Safety Issues

Occupational Health Key Performance Indicators (KPIs)

The Trust's performance against the All Wales KPIs for occupational health in June and November 2024 is set out below. Whilst all targets have been achieved, there has been a slight decline in some areas, and we have been advised that this was due to staff sickness and vacancies.

All Wales KPIs	June 2024	November 2024	Trend
The first offered appointment date will be within 29 calendar days of the date referral received. KPI that this is achieved 80% of the time.	98%	85%	
Where consent is agreed during consultation, the report will be sent to the manager on the same day of the appointment. KPI that this is achieved 80% of the time.	100%	100%	
When an individual self-refers, an appointment with the relevant OH staff member will be provided within 29 calendar days. KPI that this is achieved 80% of the time.	100%	100%	
Completion of the health assessment will enable clearance for 'standard clearances' within 7 calendar days. KPI that this is achieved 80% of the time.	100%	86%	
Where required, individuals will be offered an appointment for Health Surveillance within 29 calendar days of receipt of questionnaire. KPI that this is achieved 80% of the time.	100%	86%	

Findings & Agreed Action Plan

Objective 1: There are relevant strategies, policies and plans in place to outline the approach and priorities for the Occupational Health and Wellbeing services, which have been communicated appropriately.

Reasonable

Overview / Summary of Observations

The current Wellbeing Strategy was published in 2020 for the period 2020-2024. This outlined that, as an organisation, the Trust needed to take action to address its current level of absence due to mental health and musculoskeletal conditions with this being seen as a key measure of the success of this strategy. The Strategy outlines its approach under five objectives:

- *Assess and understand the health and wellbeing of our workforce.*
- *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.*
- *Provide comprehensive preventative and reactive health and wellbeing services and training for everyone at each stage of their WAST career path.*
- *Succeed in achieving high level Health and Wellbeing standards that are robust and recognised for excellence by external organisations.*
- *Strengthen our health and wellbeing partnerships within WAST and the communities we serve.*

The new Health and Wellbeing Plan for 2025-2029 was endorsed at the November 2024 People and Culture Committee meeting, and subsequently approved by the Board during the same month. The objectives are consistent with those outlined above in the previous Strategy therefore indicating that further work is required in these areas. From review of the document, the means by which achievement of such will be measured and monitored were not identified; however we understand that local action plans are being developed to underpin the high-level outcomes set out within the Plan. (see **Key Finding 1**).

We note that the Strategy is supported by a range of Standard Operating Procedures, including procedures for hearing checks, delivering vaccines and employment screening; all of which are accessible to on Siren. Occupational Health and Wellbeing has its own section within Siren, which includes a Manager's Occupational Health & Wellbeing Toolkit, a direct link to the online referral system, and wellbeing advice. All the above is supported by a Wellbeing Newsletter which is published four times a year.

The Trust has also adopted the All Wales Managing Attendance at Work (MAAW) policy, for which training has been provided to Trust employees (three training events between April and December 2024 and a further four planned for 2025), although feedback from the training was not obtained.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Delivery of Wellbeing Strategy</p> <p>The Health & Wellbeing Plan for 2025-29 was approved by Board in November 2024. It includes detail of deliverables, such as the development of a Trust’s Health and Wellbeing Assessment Framework and outcomes.</p> <p>We note that the objectives remain the same as the previous plan and it is unclear the extent to which these have been achieved to date.</p> <p>From review of the document, the means by which the achievement of objectives will be measured and monitored were not identified, however we understand that local action plans are being developed to underpin the high-level outcomes set out within the Plan.</p>	<p>Objectives of the Wellbeing Plan are not achieved.</p>	<p>Agreed Action:</p> <p>Full implementation and measurement plan to be finalised and agreed locally, reporting to the People and Culture Committee. The plan includes key deliverables, how they will be promoted and how effectiveness will be measured.</p> <p>This will consist of work programmes that are delivered by the Occupational Health & Wellbeing service alongside broader work programmes that are not exclusively delivered by the service.</p> <p>Expected Evidence of Implementation:</p> <p>Delivery plan – to be completed and approved end of Q4 2024/25</p>
<p>Theme: Planning, Delivery & Deadline Management</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Dr Adam Cann, Head of Workplace Wellbeing</p> <p>Date: 31 March 2025</p>

Objective 2: Initiatives/programmes are in place that align to agreed strategies and plans, and outcomes (including timeliness of access, next steps to be taken by managers etc.) are reviewed.

Reasonable

Overview / Summary of Observations

The Trust has a number of programmes in place to support staff and managers, including TRIM (Trauma Risk Management) and providing REACT (Recognise, Engage, Actively listen, Check risk, Talk about actions) training to help staff identify when colleagues are suffering from mental health conditions, such as anxiety, stress and depression. Employees are sign posted to these through the Siren website and such is also reflected in the objectives of the Wellbeing Strategy.

The Employee Assistance Programme (EAP) is provided by an external provider (Health Assured), and is designed to help employees deal with personal and professional problems that could be affecting their work or personal life, health and general wellbeing. Services available include, legal information, bereavement support, medical information and online Cognitive Behavioural Therapy (CBT).

In-house provided services include occupational health clearance for new starters, promotion of health and education programmes, appointments with an occupational nurse. As well as undertaking management of sickness referrals, the Wellbeing team provides services such as hearing and vision tests, physiotherapy referrals, health promotion and education programmes as well as general support and advice.

Whilst we were able to identify that there has been focus on areas with high sickness absence rates, e.g. the 111 Service, where outcomes are being reviewed, reporting generally to assess the quality and effectiveness of the initiatives introduced could be strengthened (see objective 4 and **Key Finding 4**).

Objective 3: An appropriate performance framework is in place for the occupational health service, which is effectively monitored and reported; and themes/trends are analysed to allow proactive provision to be established for Trust employees.

Reasonable

Overview / Summary of Observations

Monthly performance reports are produced which focus on the five All Wales KPIs (refer to page 3), where it is noted that the Trust is meeting performance targets although there has been a recent dip due to staff absences. These are reported to the People & Culture Committee (PCC) and Finance & Performance Committee (F&PC). In addition, there are further national dashboards which are available to the Heads of Occupational Health & Wellbeing. They include data on the number of referrals received, the activities that have taken place; and completed clinic appointments; the detail of which we understand is shared with the team.

Whilst the Trust reports against the All Wales KPIs, there is further information that could be extracted from the occupational health referral system (OPAS G2) specific to Trust staff, including vaccine take up for example (see **Key Finding 2**). Further, the KPIs are limited in that they are typically focussed on measuring the timeliness of services, there is a lack of metrics on their quality and impact in preventing and reducing absences (see **Key Finding 4**)

The 111 Service has the highest sickness absence rates within the Trust at 12.34%. We understand that absences are particularly high between Friday to Monday, therefore the Occupational Health and Wellbeing Service, working with managers, has put a structured support system in place, including immediate support from occupational health professionals. However, areas with high sickness levels are not systematically highlighted for Occupational Health intervention (see **Key Finding 3**).

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Enhance Occupational Health Performance Data</p> <p>Whilst the All Wales KPIs are monitored, further information is available within the occupational health referral system that could be analysed to enhance performance reporting.</p>	<p>Programmes do not achieve their goals.</p>	<p>Agreed Action:</p> <p>Occupational Health will conduct a comprehensive review of available data within OPAS G2 to identify additional performance indicators that can enrich our reporting processes, alongside the All Wales KPIs. This will include monitoring areas such as needlestick injuries, immunisation reviews; and other relevant clinical activities. A robust process will be established to regularly analyse and report on these indicators to support service improvement and trend identification.</p> <hr/> <p>Expected Evidence of Implementation:</p> <p>Enhanced performance reports, and evidence of actions taken or discussed based on the findings.</p>

Key Findings	Risk & Impact	Agreed Management Action
		<p>Review quarterly to ensure that insights gained are translated into tangible improvements and meaningful change.</p> <p>First enhanced report to be available by May 2025; and to be reported within People and Culture directorate business meeting on 22/05/2025</p>
Theme: Performance Monitoring	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Kim Crichton, Occupational Health Manager</p> <p>Date: 22 May 2025</p>

Key Findings	Risk & Impact	Agreed Management Action
<p>3 Trend Analysis to Focus Service Provision and Resources</p> <p>Occupational Health do not run routine reports to identify services with high absence rates or referral themes that could be used to focus resources proactively.</p>	<p>Proactive activity to manage / mitigate absences not undertaken</p>	<p>Agreed Action:</p> <p>Occupational Health will develop and implement additional internal reporting process within the Occupational Health system OPAS G2; to identify key themes and trends from referrals, such as common reasons for referral, health conditions or patterns linked to specific service areas or staff groups. These reports will be used to highlight emerging issues and identify areas where proactive support or targeted interventions may be required.</p> <p>Occupational Health will work with People Services and the wider People and Culture directorate to agree how key information can be shared at an organisational level to support wider workforce planning and potential wellbeing initiatives.</p> <p>Expected Evidence of Implementation:</p> <p>The initial action involves setting up live dashboards and configuring reports within the Occupational Health system, OPAS G2, to track key data points such as referral reasons, health conditions and patterns related to service areas or staff groups.</p> <p>Once these dashboards and reports are established, monthly meetings will be scheduled with the Head of People Services / leads within People and Culture as required, starting in April 2025; to review both trends and discuss any necessary interventions.</p> <p>A formal quarterly review will follow to assess the effectiveness of the dashboards, reports and interventions; with adjustments made as needed.</p>
<p>Theme: Reporting</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Kim Crichton, Occupational Health Manager</p> <p>Date: 31 July 2025</p>

Overview / Summary of Observations

At present, the main cause of sickness absence within the Trust remains Mental Health and Musculoskeletal issues; which has led the Wellbeing Service to focus on mental health awareness by TRiM (Trauma Risk Management) and REACT Mental Health training as key preventative interventions. Funding from Welsh Government has enabled the Trust to train more than 30 colleagues as TRiM Practitioners, and nine of those as TRiM Managers. We also note that the Employee Assistance Programme (EAP) includes access to fast-track physiotherapy for employees to assist with MSK issues.

The current Wellbeing Strategy outlines that its success would include measurement of the uptake of services, use of the portal, usage of apps, mental health sickness absence rates and staff survey results. It also stated that high priority should be given to ensuring that managers have the skills and tools to support staff with mental health problems. There is a need to develop metrics on the quality of the service and outcome measures (see objective 3 and **Key Finding 4**), to demonstrate the value of the interventions the Trust has invested in. We understand that the Wellbeing Service is in the process of developing an enhancing the metrics it has in place, based on referrals to the service to allow it to better assess the success of the programmes of interventions, such as TRiM, which should address our findings going forward.

Key Findings	Risk & Impact	Agreed Management Action
<p>4 Evaluation of Service Quality and Outcome Measures</p> <p>Although we note that a range of early interventions have been implemented within the Trust, there has been limited evaluation data. The Service is working hard to be proactive and is reaching out to managers. However, there is a need to improve the arrangements in place, to demonstrate the quality of the service and outcome measures, to demonstrate the value of the interventions the Trust has invested in. This could include deep dive exercises into those introduced to support the main causes of sickness absence, to further inform and tailor the development of the same.</p>	<p>The value of interventions is not maximised.</p>	<p>Agreed Action:</p> <p>The Occupational Health & Wellbeing service will establish routine reporting systems to track the effectiveness of the programmes implemented.</p> <p>Wellbeing practitioner support, TRiM, REACT, EAP, Physio, Manager consultation outcomes will be routinely reported via both patient-reported experience measures (PREMs) and patient-reported outcome measures (PROMs) to ensure that they are delivering for our staff. It is noted that the effectiveness of these interventions will vary and therefore routine reporting is necessary to assess these trends.</p> <p>For example, TRiM will report access rates, number of staff engaging in follow-up, number of staff requiring further support and the destination of support (e.g. EAP). Furthermore, the user experience of TRiM will be routinely reported.</p> <p>Expected Evidence of Implementation:</p>

Key Findings	Risk & Impact	Agreed Management Action
		Routine reporting of qualitative and quantitative outcome measures.
Theme: Performance Monitoring	Medium Priority Control Design	Officer: Dr Adam Cann, Head of Workplace Wellbeing Date: 31 March 2025

Appendix A

Assurance Opinion

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

Prioritisation of Findings

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

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

Disclaimer

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





AGENDA ITEM No	16
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	4

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	People and Culture Committee
DATE	15 May 2025
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.
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. Each of the risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3 with continual and dynamic focus on the highest rated risks scoring 15-25. Attention has been given to the risk ratings of each principal risk and the mitigating actions identified and taken to ensure that risks achieve their target score. This is in addition to the standard and regular review of all controls, assurances, and any gaps.
5. All principal risks were presented to the Trust Board on 27 March 2025.
6. Updates are highlighted in blue on the BAF which show changes to the narrative, mitigating actions, controls, and assurances.
7. Risk 160 *High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service*, remains static at the score of 20 (5x4) despite there being a significant reduction in absence levels; however, the Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for relevant initiatives to support the mitigation of this risk.

8. Risk 163 *Maintaining Effective & Strong Trade Union Partnerships* remains unchanged at a score of 12 (3x4) in this review period.
9. Risk 201 *Reputation* remains static at a score of 20 (4x5) given that many of the mitigations are outside the Trust's control. Whilst the risk remains static, it is inextricably linked to several of the metrics measured and discussed at the People & Culture Committee. Significant winter pressures including the recent declaration of a critical incident mean that the risk to Trust reputation remains significant.
10. Risk 558 *Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures* currently remains unchanged at a score of 15 (3x5).

RECOMMENDATION:

11. **Members are asked to consider and discuss the contents of the report.**

KEY ISSUES/IMPLICATIONS

12. The key issues are set out in the Executive Summary above.

REPORT APPROVAL ROUTE

13. The BAF was considered by:
- Assistant Directors Leadership Team (03 February 2025)
 - Executive Leadership Team (19 February 2025)
 - Audit, Risk and Assurance Committee (06 March 2025)
 - Trust Board (27 March 2025)

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
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust’s ability to provide a safe and effective service	<p>IF there are high levels of absence</p> <p>THEN there is a risk that there is a reduced resource capacity</p> <p>RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience</p>	Director of People & Culture	<p>20 (5x4)</p> <p>➔</p>
201 PCC	A loss of stakeholder confidence that damages the Trust’s reputation	<p>IF there is an inability of the Trust to deliver its core services because of system or organisational pressures</p> <p>THEN there will be a loss of stakeholder confidence in the Trust</p> <p>RESULTING IN 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</p>	Director of Partnerships & Engagement	<p>20 (4x5)</p> <p>➔</p>
558 PCC	Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST</p> <p>RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm</p>	Director of People & Culture	<p>15 (3x5)</p> <p>➔</p>
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	<p>IF the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained</p> <p>THEN there is a risk that Trade Union partnership relationships increase in fragility and the ability to</p>	Director of People & Culture	<p>12 (3x4)</p> <p>➔</p>

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		effectively deliver change is compromised RESULTING IN a negative impact on colleague experience and/or services to patients.		

Annex 2 - Risk Scoring Matrix

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	Catastrophic
Safety & Well-being - Patients/ Staff/Public	Minimal injury requiring no/minimal intervention or treatment. No time off work. Physical injury to self/others that requires no treatment or first aid. Minimum psychological impact requiring no support. Low vulnerability to abuse or exploitation - needs no intervention. Category 1 pressure ulcer.	Minor injury or illness, requiring minor intervention. Requires time off work for >3 days. Increased hospital stay 1-3 days. Slight physical injury to self/others that may require first aid. Emotional distress requiring minimal intervention. Increased vulnerability to abuse or exploitation, low level intervention. Category 2 pressure ulcer.	Moderate injury/professional intervention. Requires time off work 4-14 days. Increased hospital stay 4-15 days. RIDDOR/Agency reportable incident. Impacts on a small number of patients. Physical injury to self/others requiring medical treatment. Psychological distress requiring formal intervention by MH professionals. Vulnerability to abuse or exploitation requiring increased intervention. Category 3 pressure ulcer.	Major injury leading to long-term disability. Requires time off work >14 days. Increased hospital stay >15 days. RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. Patient mismanagement, long-term effects. Significant physical harm to self or others. Significant psychological distress needing specialist intervention. Vulnerability to abuse or exploitation requiring high levels of intervention. Category 4 pressure ulcer.	Incident leading to death. RIDDOR Reportable. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/ Complaints/ Assurance/ Patient Outcomes	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment/service suboptimal. Formal complaint (Stage 1). Local resolution. Single failure of internal standards. Minor implications for patient safety. Reduced performance.	Treatment/service has significantly reduced effectiveness. Formal complaint (Stage 2). Escalation. Local resolution (poss. independent review). Repeated failure of internal standards. Major patient safety implications.	Non-compliance with national standards with significant risk to patients. Multiple complaints/independent review. Low achievement of performance/delivery requirements. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety. Inquest/ombudsman/inquiry. Gross failure to meet national standards/requirements.
Workforce/ Organisational Development/ Staffing/ Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/service due to lack of staff. Unsafe staffing level (>1 day)/competence. Low staff morale. Poor staff attendance for mandatory/key professional training.	Uncertain delivery of key objective/ service due to lack/loss of staff. Unsafe staffing level (>5 days)/competence. Very low staff morale. Significant numbers of staff not attending mandatory/key professional training.	Non-delivery of key objective/service due to loss of several key staff. Ongoing unsafe staffing levels or competence/skill mix. No staff attending mandatory/professional training.
Statutory Duty, Regulation, Mandatory Requirements	No or minimal impact or breach of guidance/statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty. Challenging external recommendations/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/ delivery requirements. Critical report.	Multiple breaches in statutory duty. Zero performance rating. Prosecution. Severely critical report. Total system change needed.
Adverse Publicity or Reputation	Rumours. Low level negative social media. Potential for public concern.	Local media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.	Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.	National media coverage <3 days, service well below reasonable public expectation. Prolonged negative social media, reported in national media, long-term reduction in public confidence & trust. Increased scrutiny: inspectorates, regulatory bodies and WG.	National/social media coverage >3 days, service well below reasonable public expectation. Extensive, prolonged social media. MP/MS questions in House/Senedd. Total loss of public confidence/trust. Escalation of scrutiny status by WG.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national targets. 10-25 per cent over project budget. Schedule slippage. Key objectives not met.	>25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Stability & Impact of Litigation	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget. Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5-1.0% of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification. Claim(s) >£1 million. Loss of contract/payment by results.
Service/ Business Interruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas in a location, possible flow to other locations.	Loss/interruption of >1 week. All operational areas of a location compromised, other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.
Environment/Estate/ Infrastructure	Minimal or no impact on environment/service/property.	Minor impact on environment/ service/property.	Moderate impact on environment/ service/property.	Major impact on environment/ service/property.	Catastrophic impact on environment/service/property.
Health Inequalities/ Equity	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	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 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:	22/01/2025	TREND	20 (5x4)
			Date of Next Review:	22/02/2025	➡	
IF there are high levels of absence e.g., sickness and alternative duties.	THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience		Likelihood	Consequence	Score
			Inherent	4	4	16
			Current	5	4	20
			Target	3	4	12
IMTP Deliverable Numbers: 13, 14, 15, 22, 24, 25, 26						
EXECUTIVE OWNER		Director of People	ASSURANCE COMMITTEE		People and Culture Committee	
Risk Commentary						
Sickness absence remains one of the key challenges for the organisation. Whilst there has been a significant reduction in absence levels over the past 18 months, rates remain higher than desired and therefore a continued focus on supporting good attendance at work is needed by both managers and the People and Culture team. Increased pressures on our people like handover delay, missed breaks and cost of living impact on health and wellbeing. The Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for relevant initiatives.						
CONTROLS			ASSURANCES			
			Internal Management (1st Line of Assurance)			
1. Significant policy frameworks and strategies embedded across the organisation including Managing Attendance at Work Policy, R&R, Speaking Up and the Health and Wellbeing Plan in place and followed with support from the P&C team.			1. (a) Audits undertaken by People Services Team (b) Outputs reviewed (c) Process reviews (d) PS team engagement on additional activities which could be delivered (e) Case support, advice and guidance with action planning to reduce absence R&Rs addressed in timely way to reduce risks of sickness absence. Compassionate Practices approach engaged. Referral of colleagues to appropriate levels of support Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames Completed - 28/11/23 Speak Up Safely process introduced from the start of October 2023 including the appointment of one Trust guardian. The Health and Wellbeing Plan 2025-2029 and People and Culture Plan 2023-2026 provide strategic direction for initiatives to improve the workplace, in line with HEIW Best Practice Guide for Organisations. These documents support us in ensuring that our offer is focused, and evidence driven.			
2. Operational Workforce Recruitment Plans, roster reviews and implementation to actively address demand and capacity and ensure sufficient resources to meet workload pressure			2. Maintenance of the workforce establishment to seek to ensure that colleagues are not unnecessarily stretched through vacancies			
3. Return to Work interviews are undertaken - SharePoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required			3. Process regularly reviewed and managers are trained and coached on the need to complete returns to work promptly			
4. Training for managers on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained			4. Managing Attendance training register of attendees.			
5. Reporting to Board, CASC, PCC, ELT, SLT, SOT, Directors and managers on sickness data. Leadership reporting includes deep dives and analysis of data.			5. Appropriate reporting for assurance to a range of audiences with feedback and support for further action.			
6. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support			6. Managers have access to specialist advice and guidance from People and Culture team colleagues			
7. Suicide first aiders, TRIM, Peer Support Networks, coaching and mentoring framework in place giving additional layers of support, Health and Wellbeing Steering Group in place.			7. Reporting in place on numbers of suicide first aiders and demand for support. Reporting on access to TRIM. Promotion of wellbeing support across WAST.			
8. Staff surveys- assess levels of engagement and wellbeing			8. Use of HIVE survey tool and insight data from the NHS Wales staff survey provides feedback on overall engagement and wellbeing			
9. Stress risk assessments- identify measures that can be taken to address issues			9. Reference to the assessments during attendance management line manager training and to the use of stress risk assessments promoted to managers			
10. External agencies support e.g., St John Ambulance, Fire and Rescue- if needed at times of increased demand pressure			10. SLA Agreements.			
11. Guidance for managers on alternative duties and monthly reviews of colleagues on Alternative duties			11. Action planning and timeboxed activities to support in a timely way.			

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:	22/01/2025	TREND	20 (5x4)																
			Date of Next Review:	22/02/2025	➔																	
IF there are high levels of absence e.g., sickness and alternative duties.		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience		<table border="1"> <thead> <tr> <th></th> <th>Likelihood</th> <th>Consequence</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent</td> <td>4</td> <td>4</td> <td>16</td> </tr> <tr> <td>Current</td> <td>5</td> <td>4</td> <td>20</td> </tr> <tr> <td>Target</td> <td>3</td> <td>4</td> <td>12</td> </tr> </tbody> </table>		Likelihood	Consequence	Score	Inherent	4	4	16	Current	5	4	20	Target	3	4	12	
	Likelihood	Consequence	Score																			
Inherent	4	4	16																			
Current	5	4	20																			
Target	3	4	12																			
12. Sickness audits for localities- provides additional level of detail and additional support for areas with higher sickness levels to support work to reduce those levels		12. Delivery of audits and follow up actions																				
13. Review of top 100 cases -carried out monthly		13. Provides a focus on higher risk cases where more intense action or support may be required.																				
14. Delivery of specific projects and pieces of work to support the reduction of sickness absence across the organisation.		14. Offers assurance to ELT on the activities and measures in place. Figures on absence are being reported monthly to ELT which is reflected in the minutes and AAA reports																				
15. Work in Confidence system implemented and Guardian appointed to support colleagues coming forward with concerns and potentially reducing levels of stress and avoiding sickness absence.		15. External Management (2nd Line of Assurance) and Audit.																				
16. Strengthen Speaking Up Safely Arrangements policy and advice and roll out of increased awareness of routes to speak up and raising concerns.		16. Monitor SUS concerns and they are dealt with in agreed timeframes and assessed whether absence related to mental health and anxiety reduces.																				
17. Actions identified from the Managing Attendance Audit implemented		17. Agendas, minutes etc.																				
18. PADR review undertaken and now including wellness questions		18. Underway and now BAU – ensures managers are talking about individuals' wellbeing and what additional support or signposting can be provided																				
19. Specific interventions on all long-term sickness absence cases to ensure there is a tailored, individual action plan which identifies interventions that will support a return to work as soon as reasonably possible.		19. PADRs undertaken and questions asked; Discussion on levels of long-term sick absence is undertaken in a variety of forums including JCC, ELT and PCC.																				
20. Accountability meetings on attendance management between People Services and senior ops managers to ensure this issue is given sufficient focus on priorities and ADs hold their senior teams accountable for their team figures		20. Meetings taking place and active on operational areas experiencing high levels of absence																				
21. TU engagement on attendance issues e.g. muscular skeletal conditions is discussed regularly at the H&S Committee and relevant additional interventions are identified		21. Included on agendas and outcomes are available for discussion at H&SC.																				
22. 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.		22. Director of People receives assurance from the team following each of the monthly meetings.																				
		Independent Assurance (3rd Line of Assurance)																				
		1b. Internal Audits scheduled through Shared Services Partnership. Last audit on attendance was November 2022 and the last actions from this due at the end of December 2023. (last audit November)																				
		2. 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 are difficult to control as they are linked to system wide challenges																				
		Absence data is not updated in a timely manner into ESR by managers																				
Opportunities to improve education and communication with managers about resources available and how to implement it e.g., stress risk assessments		Further roll out and access to learning around sickness absence on process, supporting docs and on how to approach managing attendance																				
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:																		
1. 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	31/05/25	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. This will form part of Management Essentials being launched in quarter one.																		
2. Areas of business where attendance management has improved significantly to share learning across WAST		AD for Culture, Inclusion and Wellbeing	31/6/25	Staff story at PCC in 2024 and visit to another area with low absence in 2024.																		
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	31/06/25	Discuss at PCC Business Meeting and share at ELT/PCC with recommendations. Looked at London Team Based Working																		

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:		22/01/2025	TREND	20 (5x4)
			Date of Next Review:		22/02/2025	→	
IF there are high levels of absence e.g., sickness and alternative duties.		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety, and patient/staff experience		Likelihood	Consequence	Score
				Inherent	4	4	16
				Current	5	4	20
				Target	3	4	12
				model, given that LAS have attributed TBW to improvement in attendance rates.			
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 Culture Change		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		Proposed Evaluation of pilot in EMSC after 6 months to assess if there has been a reduction in sick absence in specific areas where this approach has been adopted following culture work with teams.	
6. Development of the 2024/25 Managing Attendance Plan (see below for individual actions.		Deputy Director of People		To commence 30/05/24		Key plan actions noted below	
7. Delivery of actions to support managers handling attendance issues with skills, capability and confidence		Deputy Director of People		31.03.2025			
8. Coaching for managers on cases on one and locality basis.		Deputy Director of People		Complete and BAU		In place and BAU	
9. Increase manager support on data interpretation and analysis		Deputy Director of People		31.09.2025			
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 of People		Complete and BAU		225 applications for flexible working received post awareness raising. Ongoing work with managers on approving / seeking a mutually agreeable outcome with the requester.	
11. Culture work on creating the sense of team and peer responsibility / ownership		AD for Culture Inclusion and Wellbeing		31.09.2025		Incorporated in Our WAST Way – Leadership at all levels and the through the culture champions network, with focus on Our Best behaviours.	
12. Analyse link between hot spots and the culture in these areas to address cultural issues		AD for Culture, Inclusion & Wellbeing		31.03.2025		111 and 999 sickness levels reviewed: link to repetitive roles, exposure to distressed patients. Additional management layers in CCC should start to show positive impact on attendance. Consideration to be given to whether change management approach being applied in these areas is having an impact	
13. Identify opportunities to improve roles – flexibility, control, confidence		Deputy Director of People / ADs, Operations		31.03.2025		Work to be undertaken to review whether any correlation between approved flexible working requests and attendance rates	
14. Opportunities to adapt the work environment. Link to Risk 224 and Risk 558 regarding the risk with the impact on WAST colleagues of overruns as well as patients.		Deputy Director of People ADs, Operations Directorate colleagues		31.03.2025		ELT discussion via WASPT regarding feedback from TUPs on operational overruns and shift patterns.	
15. Review workloads and hours of work undertaken by colleagues. Including colleagues not on GRS.		Deputy Director of People /ADs, Operations		31.03.2025			
16. Review patterns of absence		Deputy Director of People		31.03.2025		Increase in STS, respiratory, coughs, colds etc.; example of targeted interventions put in place in response to identified patterns (Integrated Care). Reporting to ELT in Feb 25 on some of the findings.	
17. Development of a mental health referral pathway		AD for Culture, Inclusion and Wellbeing		31.03.2025		Scoping being carried out by Head of Workplace Wellbeing, links with existing provision and access to appropriate support and guidance for managers.	
18. Develop the team around the person model / individual support network		Deputy Director of People and Culture		31.03.2025			

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:	22/01/2025	TREND	20 (5x4)	
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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	
19. Increase lifestyle advice and guidance		AD for Culture, Inclusion and Wellbeing	31.03.2025	Occupational Health and Wellbeing Team developing expertise in specific areas; calendars of events; health promotion.				
20. Undertake proactive testing to identify undiagnosed conditions		AD for Culture, Inclusion and Wellbeing	31.03.2025	Health checks ready to be rolled out as soon as capacity allows.				
21. Review reporting on OH		AD for Culture, Inclusion and Wellbeing	31.03.2025					
22. Review opportunities on men's mental health e.g. support groups		AD for Culture, Inclusion and Wellbeing	31.03.2025	WAST voices ensure that proactive support for men's mental health, links with Men's Shed's, specific webinars and targeted campaigns and events.				

Risk ID 201	A loss of stakeholder confidence that damages the Trust reputation			Date of Review:	27/01/2025	TREND →	20 (4x5)
				Date of Next Review:	27/02/2025		
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 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 Q4 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. At the time of writing, conversations with key, mission critical stakeholders remain live in respect of the Trust's proposed clinical service model/transformation programme. The focus is currently on key clinical stakeholders in response to feedback received by both Welsh Government and Commissioners. We continue to keep colleagues at Llais updated. Currently both performance matters and transformation proposals present reputation risk. Significant winter pressures including the recent declaration of a critical incident mean that the risk to Trust reputation remains significant.							
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, CMT etc			
2. Revised engagement framework delivery plan is now described as the programme engagement plan and continues to be updated and revised to reflect feedback from stakeholders and revised timelines for strategy engagement				2. Reported at CMT at each meeting on who has been engaged with and risks that are emerging etc			
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 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 have been undertaken 2024/25.				7. Was 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. Minuted meetings, action logs and Board papers			
12. Internal Quality and Performance monitoring in the Trust and raising system issues				12. Data provided though reporting to Committee and Board for scrutiny and feedback.			
13. Reputation audit launched on 09 April 2024 and ran until 01 May 2024.				13. High-level results presented at People and Culture Committee on 09 May and at Board Development on 27 June to assist the Trust to understand the impact of the reputation audit and to support our approach to stakeholder engagement.			
14. Development of a Winter Media Plan				14. Monitored daily by the team and updated based on media coverage and public sentiment.			
GAPS IN CONTROLS				GAPS IN ASSURANCE			
1. Managing the narrative of the media				1.			
2. Strategic collaboration – further work needed to formalise opportunities – to think about how this translates into an action				2.			
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:		
1. Roll out of Programme Engagement Plan			Director of Partnerships & Engagement	Q4 24/25 and continued	Roll out underway.		
2. Board Development Session on political landscape			Director of Partnerships & Engagement	Q3-4 2025/26	To be finalised in the programme.		

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:	16/01/2025	TREND	15 (3x5)
			Date of Next Review:	16/02/2025		
IF significant internal and external system pressures continue	THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10
IMTP Deliverable Numbers: 13, 14, 21, 26						
EXECUTIVE OWNER		Director of People	ASSURANCE COMMITTEE		People & Culture Committee	
Risk Commentary						
<p>This risk should be considered alongside Risk 160 as the resulting increased sickness levels mentioned above will be addressed by the same controls and assurances. The ongoing system pressures including long handover delays, overruns, missed breaks and the perpetuating impact of increased sickness levels continues to remain a challenge to mitigate this risk. WAST continues to work in partnership with the system to pilot viable options for addressing the external factors. Although there has been some success in some areas, we are yet to see these being scaled to an extent that the employee experience has been impacted. Since 2020 we have not seen the previous pattern of easing over the summer months and with the current public health risk of measles and continuing risks of covid this risk remains static. The People and Culture Plan 2023-2026 is a good summary of the controls and actions addressing this risk. Work on reducing shift overruns continues with various pilots being run to test viable options which could be implemented. Proposed increase in score as a result of system pressures. Whilst we are seeking to address this and it will take time to have an impact. Adding in the potential future financial pressures (leaving vacant posts open for longer), will further exacerbate this issue</p>						
CONTROLS			ASSURANCES			
			Internal Management (1st Line of Assurance)			
1. The new Health and Wellbeing Plan 2025-2029 has now been drafted and is out for consultation. The aim of the new plan is to expand on consideration of employee experience to recognise that individual wellbeing interventions are not sufficient in mitigating system wide pressures.			1. New Health and Wellbeing Plan 2025-2029 is aligned closely to People and Culture Plan and delivery monitored via the Health and Wellbeing Steering Group, reporting into the People and Culture Business Meetings. This plan was created in line with the HEIW Best Practice Guide for Organisations			
2. Occupational Health & Wellbeing team with range of support options for individual mental health intervention signposting , MSK support, reasonable accommodations and recommendations, supported by mental and physical health expert clinicians.			2. Current waiting times are just above the national SLA of 29 days, at 31 days. , External providers meet quarterly and provide monthly engagement figures. Reporting into OHW operational team meeting and MIQPR.			
3. Wellbeing Service providing training, consultation and advice to line managers supporting members of staff with severe and complex health and wellbeing challenges. Including REACT training that supports managers with difficult conversations.			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. These offers are now evaluated via user experience questionnaires which are reported to the health and wellbeing steering group. Wellbeing training uptake numbers is reported into the OHW Operational Team Meetings.			
4. TRiM (Trauma Risk Management Network) in place to support staff following exposure to potential traumatic events and materials. The approach of watchful waiting by a clinician or peer supporter means we can support those who have been exposed to such events and escalate to support if required.			4. TRiM is facilitated by the Wellbeing Service Assistant Psychologists supervised by a Clinical Psychologist to provide appropriate professional oversight. Numbers of referrals, assessments, follow-ups and further support needs are reported to the Health and Wellbeing Steering Group			
5. Acting on results of staff surveys relating to staff experience, data triangulated with pulse surveys and other cultural metrics as detailed in the People and Culture Plan.			5. Each Directorate has developed their own action plan to address staff surveys. NHS staff survey high level results released 19/02/24 with directorate specific data released in April 2024. The survey was repeated in Autumn 2024, and we are awaiting the next set of results.			
6. HSE stress risk assessments			6. Undertaken by managers and advice is provided on how to use them by Occupational Health and Health and Safety teams.			
7. KPIs are reported fortnightly regarding Occupational Health and Wellbeing activity			7. Received at OHW operational team meeting and reported in MIQPR.			
8. Wellbeing drop-in sessions for CCC and 111 staff			8. These sessions are now part of business as usual across services and a user experience form is collating more formal quantitative feedback for OHW operational team meetings. Data to date has been qualitative and the quantitative has been measured by engagement with the service. Themes of staff concerns are also collated by wellbeing staff attending WAST sites.			
9. Fast track physiotherapy to address MSK issues.			9. Regular review meetings with physiotherapy provider and monthly monitoring information received at People and Culture Business meetings and MIQPR			
10. Occupational Health team inclusion in sickness and absence meetings			10. Qualitative anecdotal feedback has been positive, and it has strengthened relationships with the OH team. More formal feedback mechanisms are in development in line with our overhaul of service feedback.			
11. Stress risk assessments			11. 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 12			

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:	16/01/2025		TREND	15 (3x5)
			Date of Next Review:	16/02/2025		↑	
IF significant internal and external system pressures continue	THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	↑	Score
			Inherent	4	5		20
			Current	3	5		15
			Target	2	5		10
GAPS IN CONTROLS		GAPS IN ASSURANCE					
11. Need to increase the education and communication with managers about stress risk assessments. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety, along with a new policy . These discussions have restarted, and colleagues are directed to the stress risk assessment information and education sessions will be started in Q1 & Q2.		Lack of awareness about staff wellbeing services, this continues to be a challenge due to small team, non-wired colleagues and competing communication messages.					
		Effects of elevated REAP status affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing. Attendance at all events by operational staff consistently low due to service pressures.					
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:			
1. People and Culture Plan 2023-2026 relevant Actions		Assistant Director for Inclusion, culture and wellbeing	Annual Plan	First year reviewed at People and Culture Committee May 2024 23/7/24 Final year review included in consultation process for new plan			
2. Health and Wellbeing Plan 2025-2029		Assistant Director for Inclusion, Culture and Wellbeing	Approved by Board Q3 2024/25	Plan has been approved by Board. The delivery period begins 2025/2026. Promotion of the plan and key deliverables will commence then.			

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships		Date of Review:	16/01/2025	TREND	12 (4x3)
			Date of Next Review:	16/04/2025	➔	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained IMTP Deliverable Numbers: 1, 13, 14, 19, 22, 30, 32	THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score
			Inherent	5	3	15
			Current	4	3	12
			Target	4	3	12
EXECUTIVE OWNER		Director of People	ASSURANCE COMMITTEE		People & Culture Committee	
Risk Commentary						
<p>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.</p> <p>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 People Services 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. At a local level there are ongoing discussions on a range of organisational change issues and currently engagement and partnership working is operating well and as a result the score has been reduced to 12 (3x4) during the quarter. However, there is a recognition that the nature of partnership working and the issues that arise mean that the level of risk fluctuates more regularly than others and will be kept under review. The Executive Owner will change from November 2024 to Director of People – same for Risk 160. It is noted that work required on financial sustainability to meet savings requirements and projects such as reviewing the skill mix has the potential to disrupt relationships and may lead to a review of the score. On a national level, TUPs have not accepted the 2025 pay offer of 2.8% and there is a risk for industrial action should the offer not be improved.</p>						
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 TUPs 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 TUPs and Senior Operations Team in place and operating			8. Consistency of invitation and good attendance/commitment observed at meetings. Trade Union representations on SOT meetings			
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 TUPs. Implementation underway. A series of partnership working sessions (5) have been delivered to around 120 colleagues – managers and TU partners. Feedback from the sessions was captured and next steps were reviewed. 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			16. 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.			

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships		Date of Review:	16/01/2025		TREND	12 (4x3)
			Date of Next Review:	16/04/2025		➔	
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained	THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score	
			Inherent	5	3	15	
			Current	4	3	12	
			Target	4	3	12	
GAPS IN CONTROLS		GAPS IN ASSURANCE					
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	Ongoing	Plan agreed and being monitored via WASPT. The plan is dynamic with actions being completed and additional actions added to the plan as they arise. Draft training development underway in partnership with TUPs – list of training needs shared from TUPs. - Completed Principles on engagement being developed (in part from the training) and as a result the partnership statement will be updated. eLearning courses created by WG Social Partnership Team to be added to Learn365 Further session of partnership training to be scheduled in Q1 2025/6			
2. Continue the rollout of partnership training across WAST		Deputy Director of People	Complete	One additional session is being added to capture colleagues who have not yet attended.			
3. Develop the next round of initiatives based on the output from recent sessions		Deputy Director of People	Complete	Observation of partnership forums and further development work is ongoing regarding initiatives to support embedding partnership training across the organisation. Additional actions added to the action plan. WASPT updated on 27.01.25			
4. Learning and Development opportunities for TU partners e.g. shadowing, digital skills, coaching and mentoring		Deputy Director of People	31/03/25	Captured in action plan. e.g. TU rep shadowing on cases			
5. Develop consultation guidance for managers		Deputy Director of People	31/06/25	Date pushed out due to team capacity			
6. Consider how we celebrate success and capture the positive learning		Deputy Director of People	31/01/25				
7. Delivery of Social Partnership Conference		Deputy Director of People/ TUPs	31.03.25	Programme development underway. Scheduled for 31.03.25			
8. Task and Finish group to be established to work on mitigating the impact of EAP Band 5 post introduction and wider skill mix discussions.		Director/Deputy Director of People	30.04.2025	Email to TUPs from Director of Strategy and Planning. Meeting schedule in train.			

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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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	17
OPEN or CLOSED	OPEN
No of ANNEXES	1

AUDIT TRACKER – March 2025 (2024/25 Q4)

MEETING	People and Culture Committee (PCC)
DATE	15 May 2025
EXECUTIVE	Trish Mills, Director of Corporate Governance/Board Secretary
AUTHOR	Trish Mills, Director of Corporate Governance/Board Secretary Lisa Trounce, Head of Compliance & Assurance
CONTACT	trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This paper provides the Committee with the 2024/25 Q4 position with respect to management actions for audits within the purview of this committee.
2. The Audit Handbook notes that it is the responsibility of this committee to:
 - Receive audits in their remit;
 - Monitor management actions to address recommendations; and
 - Scrutinise impact of actions in response to audit recommendations in terms of, for example, quality improvement, the provision of more efficient and effective patient care, improved governance, better use of resources etc.
3. The Audit Tracker has been updated in Quarter 4 2024/25. In an attempt to manage volume of papers, the tracker has been added to the lbabs reading room filtered to the actions assigned to this committee for oversight. This digital reading room hosts documents for additional information, not essential for scrutiny or decision-making. Access to the reading room is through the documents/shared folder in lbabs' main menu. Documents in the reading room will not be posted on the Trust's website with committee papers; however, copies can be provided to those without access to lbabs upon request.

Internal Audit

4. At the beginning of 2024/25 Quarter 4, there were a total of 48 open internal audit recommendations relevant to the Committee: 24 from 2023/24, and 24 from 2024/25.



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5. Of the 48 open audit recommendations, 40 were due for closure in quarter, and eight were not yet due.
6. By end of quarter, 30 of the 40 (75%) audit recommendations due for closure during Quarter 4 were confirmed as completed. Of those, 13 met their original deadlines, with the remaining 17 completed after one or more deadline revisions.
7. New revised deadlines have been proposed for ten recommendations which remain open: seven from 2023/24 (six on their first revision, and one on their second revision) all related to the Volunteers Governance Internal Audit; and three from 2024/25 (all on their first revision) related to the Exposure to Fumes Internal Audit.

External Audit

8. All six external audit recommendations relevant to the Committee that remained open at the start of Quarter 4 were closed during the quarter. There are now no outstanding actions related to the 2023/24 Audit Wales '*Review of Workforce Planning Arrangements*' audit.
9. In relation to the 2023/24 Audit Wales '*Review of Workforce Planning Arrangements*', the Committee is asked to note the rationale for closure of the following key recommendations:

9.1 *Actions 123, 124 and 125 – Integrated Planning Nexus*

The Integrated Planning Nexus system was initially considered a suitable solution and its implementation was partially progressed. However, it became clear that the system did not adequately meet service needs. Consequently, implementation was paused, and it has been deprioritised in light of the ongoing Clinical Model Transformation Programme. The Trust has reverted to its previous spreadsheet-based reporting approach, which continues to inform weekly ITPG meetings where fleet and estates remain standing agenda items. The Trust has confidence in the accuracy and effectiveness of this approach, and the related audit actions have therefore been closed.

9.2 *Action 126 – Evaluating Workforce Planning Training*

Workforce planning training was delivered and supporting evidence has been provided. Although a post-training evaluation survey was issued, no responses were received. Nevertheless, verbal feedback received during the April 2025 session from Trade Union Partners was extremely positive. The training has since been transferred to the LMS365 online platform, with formal evaluation scheduled for Q1 of 2026/27. Additionally, Health Education and Improvement Wales (HEIW) is now delivering training via a workforce platform; however, the



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Trust does not have oversight or evaluative authority over this provision. Based on the above, this action has been closed.

9.3 Action 127 – Centralisation of Recruitment Support

A business case for centralising recruitment support was developed and the proposal was included in the Trust’s recent Service Review. The Executive Leadership Team (ELT) considered but did not support the proposal. As the action cannot be progressed without ELT backing and associated funding, it has been formally closed.

9.4 Action 129 – Benchmarking

The Trust has explored available options for national benchmarking. However, such efforts have proven time-consuming and resource-intensive, with limited ability to compare metrics consistently across organisations. Where benchmarking data is meaningful and accessible, it is already reported through the Committee — for example, the sickness absence deep dive presented in February 2025. On this basis, the action has been closed.

10. The current version of the tracker is now open for Directorate review for actions due in April, May and June 2025. These updates will then be reported to the Committee at its meeting in August 2025.

RECOMMENDATION

11. The Committee is requested to:

- (a) Receive assurance on the monitoring of management actions to address recommendations in the Tracker, noting any revised dates for actions.
- (b) Note the rationale for closure of the 2023/24 Audit Wales ‘*Review of Workforce Planning Arrangements*’ recommendations detailed within section 9.

KEY ISSUES/IMPLICATIONS

As set out above.

REPORT APPROVAL ROUTE

2024/25 Q4 Audit Tracker updates presented to the Assistant Directors Leadership Team on the 14 April 2025.

REPORT APPENDICIES

Annex 1 – Tracker 2.0 24-25 Q4 (January-March 2025) - Copy for PCC 150525 (in reading room)



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REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	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



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

Feedback from Effectiveness Review, Committee Cycle of Business Monitoring Report and 2025/26 Priorities

MEETING	People and Culture Committee
DATE	15 May 2025
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. The committee discussed its effectiveness on the 18 February 2025. It was agreed at that meeting that it would be necessary to seek agreement of the final committee annual report, terms of reference and cycle of business via Chair's Action. This was completed in early April and ratification of the decision made is now sought.
2. The documents approved by Chair's Action (the final Committee Annual Report for 2024/25 and Committee Terms of Reference 2025/26) are available in the iBabs Reading Room.
3. The results from the Mentimeter survey completed in the meeting on the 18 February are included at **Annex one** for information as well. The results from the Mentimeter were summarised and included in the final committee annual report.
4. The full package of documents from the 2024/25 annual committee effectiveness reviews were presented to the ARAC at its meeting on the 01 May. A verbal update will be provided following the receipt of these documents at the ARAC on the 01 May.
5. The intended changes to operating arrangements for the committee are cited within **Annex two**; however, there are no specific arrangements for the Committee. The majority of the changes are general to all meeting arrangements and / or are components of the Integrated Governance Programme.



6. The committee is asked to discuss and approve its priorities for the 2025/26 financial year. It is suggested that the committee consider no more than two priorities for 2025/26. The committee priorities for 2024/25 and the progress update are cited below: -

- Impact of wellbeing initiatives on our people;
- Culture of conversations with a focus on communication and conversations with managers and their people;
- A continued focus on equality, diversity and inclusion and the implementation of the strategic equality objectives;
- The Trust’s approach to development of our people.

7. The cycle of business monitoring report for the committee has been presented for information for quarter one in **Annex three**. There are no issues to raise or escalate to the committee.

RECOMMENDATIONS:

8.

8.1 The committee is asked to ratify the decisions made by Chair’s Action effective the 24 April 2025 in relation to the outputs of the annual committee effectiveness review;

8.2 The committee is asked to note the output of the Mentimeter survey held on the 18 February 2025;

8.3 The committee is asked to note the proposed changes to operating arrangements for 2024/25 and the outcome of the meeting of the ARAC on the 01 May;

8.4 The committee is asked to discuss and agree its priorities for the 2025/26;

8.5 The committee is asked to note the cycle of business monitoring report for quarter one of 2025/26.

KEY ISSUES/IMPLICATIONS

Not applicable.

REPORT APPROVAL ROUTE

Not applicable.



REPORT APPENDICES

Annex 1: Mentimeter results from 18 February 2025
Annex 2: Proposed 2024/25 changes to operating arrangements
Annex 3: Cycle of business monitoring report – quarter one

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	Y
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 – PCC Menti Results from 18 February 2025

What would help you as report writers/reviewers/receivers of assurance?

Clarity on the ask from committee

Summary of the key issues for consideration/ discussion

Clarity on the ask. Avoidance of duplication with other committees where issues may have already been aired

Common pro-forma, less duplication, presentation and SBAR and cover sheet, too much

To be sure of the objective of each report that is submitted.

triangulation of assurance metrics

Questions in advance to enable effective tailoring of presentations / paper positioning

Deep dives, less reports and quality conversations

Succinct presentations

A more manageable agenda

A particular theme to focus on to give wider context and substance to people and culture committee

Less wordy papers

Clear and sometimes more succinct reports

Connections across reports

Fewer reports and deeper conversations about the topic

Draw attention to key questions/asks

Shorter and more concise papers e.g. the People and Culture Director's report is always only 2 pages but full of updates

Permission as a report writer to do things differently - more visual representation

Annex 1 – PCC Menti Results from 18 February 2025

Requests for reports to be concise, with a clear ask for the committee.

More time to discuss points

Ensure we are strategic and not being seen to micromanage

Taking papers as read

Annex 1 – PCC Menti Results from 18 February 2025

What works well in this committee?

Engagement

Discussion

Good secretariat support

Staff story

It is treated as a priority

Opportunity for reflection

Respectful

Well chaired and keeps us to time

Good engagement

Contribution

Hybrid

Good debate

Hybrid option

Supportive challenge from NEDs

Less reports

Transparency

Often some challenging discussions

Attendance

Annex 1 – PCC Menti Results from 18 February 2025

Good chairing - inclusive

Openness

Style of the chairing

Responsiveness of P&C team to feedback e.g. developing metrics

Staff stories are powerful

Having the right people in the room

Openness about our challenges not glossing over them

Reflection

The want to do the best by our people

Hybrid meetings

Can be productive, positive and uplifting, good challenge at times. Often keeps to time.

strategic and long terms focus needs raising compared to here and now, and operational diving.

Annex 1 – PCC Menti Results from 18 February 2025

What improvements could we make in this committee?

More of a strategic focus

Understanding impact of metrics

Fewer reports, there's lots on the agenda and time is tight

More manageable agenda

Less papers, more debate/discussion

Consideration of overlap with other committees

Do away with the SBAR

Meeting themes -so we put emphasis on certain topics or issues to enable us to explore in more depth and join dots

Less reports per session and more chance to discuss in depth some of the key topics

Less duplication with that discussed at other committees

Clear and concise presentations

Less on the agenda. The work for teams on the run up to committee is huge, often falling on one or two people and then the item time being short. As people and culture we should lead the way

Do we need to explore everything at every meeting - more focus on our specific challenges

Shorter agendas

Intros to papers to be shorter - allow more time for discussion

More focus on the so what and things that make a difference.

Triangulation

Annex 1 – PCC Menti Results from 18 February 2025

Questions before meeting and opportunity to ask questions on papers

Specific MIQPR for P&C

Shorter more targeted agenda

Managers not being defensive

Drawing out specifically issues relating to corporate teams, the majority of whom have been hybrid working for five years and may feel forgotten

Presenters to be more brief - time spent on discussing the 'so what' and way forward

Take papers as read and go to questions

Diversity of committee

No need to bring everything to committee - a lot of duplication from MIQPR across committees...

CHANGES TO OPERATING ARRANGEMENTS 2025/26

Committee	Changes to operating arrangements
Board and all committees	<ul style="list-style-type: none"> • Further consideration to holding board meetings at venues other than Cardiff in 2025/26. • Introduce progress reports on 'what good looks like' for the strategic objective within committee remits will support the call for more of a strategic focus. • Revised approach to minutes for the board and committees. • Updated board skills mix and align to committees. • Where possible in 2025/26 the introduction of more hybrid meetings. • A reduction in the reporting against the audit tracker will be considered by ARAC in an attempt to reduce volume for committees and increase assurance. • New report front covers and SBAR templates. This includes a short form report which includes a requirement to set out purpose of report and alignment to strategic objectives, wellbeing objectives and health and care quality standards. This will support the desire to use more presentations over SBAR where appropriate • Writing guidance will set out the purpose of executive summaries in an attempt to ensure they are reflective of the comments received by members of this and other committees. • Presentation guidance and support will be provided. • Feedback following meetings on reports – both positive and where there are areas of improvement – are encouraged from committee members. This will ensure we are working towards a continuous improvement in paper length and assurance. • A 'reading room' will be established in Ibabs for documents that members may wish to review for further information, but which are not vital for scrutiny and oversight. • Members were encouraged to pose questions to report writers before meetings and allowing more time for questioning during sessions were suggested to enhance engagement. There is functionality in Ibabs to do this, or directly by email. • Continue with agenda setting meetings and encourage themes for meetings to aid in the flow and triangulation. Members are encouraged to review the agenda both when it is commissioned and closer to the meeting and alert the secretariat if insufficient time has been allocated. Likewise, presenters should ensure they are cognisant of the time allocated which includes time to present and for discussion.

CHANGES TO OPERATING ARRANGEMENTS 2025/26

Committee	Changes to operating arrangements
People and Culture Committee	<ul style="list-style-type: none">• Many of the issues raised are incorporated into the first section applicable to all committees and the board.



**UNCONFIRMED MINUTES OF THE WELSH AMBULANCE SERVICES PARTNERSHIP
TEAM (WASPT) HELD IN **CLOSED** SESSION FACE TO FACE CARDIFF MRD ON
27 JANUARY 2025**

MEMBERS PRESENT:

Rachel Marsh	Executive Director of Strategy, Planning & Performance (Chair)
Lee Brooks	Executive Director of Operations
Christian Fox	Trade Union Partner & Co-Chair (Unite)
Henry Garrard	Trade Union Partner (Unison)
Estelle Hitchon	Director of Partnerships and Engagement
Mal Jones	Trade Union Partner (GMB)
Jason Killens	Chief Executive and Co-Chair (Item 07/25 onwards, except 09/250)
Carl Kneeshaw	Director of People
Mark Marsden	Trade Union Partner & Co-Chair
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner (Unite)
John Phillips	Trade Union Partner (GMB)
Liz Rogers	Deputy Director of People and Culture/Chair Corporate LPF
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Marcus Viggers	Trade Union Partner (GMB)
Alison Williams	Trade Union Partner (Unite)
Liam Williams	Executive Director of Quality and Nursing (Items 04/25 & 09/25)

IN ATTENDANCE:

Alex Crawford	Assistant Director of Strategy and Planning (Item 08/25)
Alex Payne	Corporate Governance Manager

APOLOGIES:

Angela Lewis	Director of Culture Change
Vicky Rees	RCN
Carol Roberts	Trade Union Partner
Sharon Thorpe	Trade Union Partner
Damon Turner	Trade Union Partner (Unison)
Bethan Williams	Trade Union Partner (Unison)

1 WELCOME AND APOLOGIES

1.1 The Chair welcomed members and apologies were noted.

2 DECLARATIONS OF INTEREST

2.1 No interests were declared.

3 MINUTES FROM THE PREVIOUS MEETING

3.1 The minutes from the meeting of the Welsh Ambulance Services Partnership Team (WASPT) held on the 15 November 2024 were agreed as a correct record with no amendments requested.

The Group RESOLVED TO:

To approve the minutes of WASPT held on the 15 November 2024.

4 ACTION LOG AND MATTERS ARISING

4.1 The Action Log was discussed and updated.

5 TU ITEM: TOIL AND OVERRUNS/IMPACT ON STAFF

5.1 Henry Garrard cited the continued issue of overruns, accrual of Time Off In Lieu (TOIL), the protocols around use of accrued TOIL and the impact on staff well-being. Henry noted that colleagues are required to wait until the end of each month before it is possible to submit a claim for TOIL accrued, which delays when an individual can use the TOIL.

5.2 Trade Unions are surveying their members on the issues and raising it to their full time officers. There was frustration expressed that despite overruns featuring in the Integrated Medium Term Plan, there was not the desired reduction in overruns. The extent of the concerns regarding this issue were reiterated by several Trade Union Partners. Hugh Parry noted that there will soon be surveys issued to seek views from members regarding the impacts observed.

5.3 The frustrations discussed were shared by management and a discussion ensued on the initiatives in place within the Trust to mitigate the issues, such as shift protection and well-being pods. It was agreed that much was outside of the Trust's control, with long handover delays being the primary cause for shift overruns. Lee Brooks acknowledged the concerns and stated the importance of finding solutions to the problems.

- 5.4 Lee Brooks suggested that the WASPT task his Senior Leadership Team (SLT) to convene a Task and Finish Group to formalise the discussions specifically around the issues of overruns. It was noted that the issues in relation to TOIL are being dealt with through the Operations Directorate SLT/TU, as indicated in the AAA report received at today's meeting.
- 5.5 Additionally, it was noted that it would be helpful to understand the campaign which Hugh Parry referred to and it was agreed that Hugh would ensure that the WASPT remains sighted on the progress and outcomes of this membership engagement survey.

The Group RESOLVED to:

Note the action assigned to Lee Brooks regarding WASPT tasking the Operations Directorate SLT to convene a Task and Finish Group to formalise the discussions regarding overruns and the associated issues regarding and impact on TOIL.

6 PARTNERSHIP CONFERENCE TASK AND FINISH GROUP UPDATE

- 6.1 Henry Garrard noted that the Social Partnership Conference is open to all WAST managers and is scheduled for Monday 31 March 2025. The event will be hosted by Jason Killens.
- 6.2 Jack Seargent MS, Minister for Culture, Skills and Social Partnership is confirmed to speak. The breakout sessions are not yet finalised; however, when available an Eventbrite event will be shared with colleagues.

7 PROGRESS ON THE EMT 2/3 BUSINESS CASE

- 7.1 An update on the progress of the Emergency Medical Technician (EMT) 2/3 business case was received. Rachel Marsh advised that it had been formally considered by the Joint Commissioning Committee (JCC).
- 7.2 It was advised that Commissioners had not been able to commit to fund the £10m recurrent growth required for the EMT pay deal in the context of other financial commitments and pressures yet to be considered.
- 7.3 It had therefore been agreed that the in-year costs would be absorbed by the Trust to cover the back pay from November 2023 and the part-year effect from November 2024 to March 2025. It was likely that the Trust would also have to bear the additional cost in 2025/26.

- 7.4 This position does remove any flexibility that the Trust may have had to undertake other discretionary schemes before financial year end. The more significant issue is the Integrated Medium Term Plan (IMTP) process for 2025/28. The additional costs resulting from the new Band 5 EAP role would need to be mitigated in order to reach a balanced financial position.
- 7.5 Members agreed that a collective Task & Finish group would be convened to consider all the options for the crewing mix for EAs, and how these can be brought into effect and ensure alignment with the IMTP process and the planning, should the agreement to fund centrally not be reached.

The Group RESOLVED to:

Note the existing action regarding the creation of a Task and Finish Group to consider the options regarding the crewing mix in EAs as mitigation for the additional costs associated with the EMT 2/3 business case, should the agreement to fund centrally not be reached.

8 INTEGRATED MEDIUM TERM PLAN 2025-28 / WELLBEING OBJECTIVES

- 8.1 Alex Crawford delivered a presentation regarding the progress on the development of the Integrated Medium Term Plan for 2025-28. This included the proposed Wellbeing Objectives, which were developed in partnership and include: A sustainable employer; an environmentally sustainable organisation; a collaborative partner and a proactive and innovative care provider.
- 8.2 The activity which sits under each of the Trust's strategic objectives (SO) was discussed. With regards to SO2, Henry Garrard asked if it would be possible to apply a numerical descriptor against overruns, as an area of focus. Rachel Marsh stated that further work needs to be done to understand the most appropriate way of articulating this within the IMTP. Rachel asked that any feedback be given to her or Alex Crawford directly.

9 DIESEL FUMES UPDATE

- 9.1 Liam Williams advised that the Trust is moving forward with the procurement and installation of the Dyson fans, with the related risk assessments being completed. Work has commenced on the Standard Operating Procedure which will operationalise the deployment of the fans at local level. This will need to be shared with respective Emergency Departments to ensure arrangements are being prepared.
- 9.2 Liam noted that there is additional work ongoing at some sites to secure shorelines; however, all sites have committed to this initiative. There is no time frame for completion of this work at all sites; but the Trust is working directly with Health Boards to progress / implement at local level.

- 9.3 With respect to the related matter of 'any other business' – '*Confirmation from the Health & Safety Team of the workings, cleanliness and servicing regarding the internal / external filtration of Emergency Ambulances*', Christian Fox noted that a question had been asked regarding the Infection, Prevention and Control procedures in place regarding the fan filtration systems and cleanliness of the fans.
- 9.4 Liam advised that he would take a formal action to understand the position with the fan filtration and cleanliness and feed back to the WASPT what measures are in place to assess and mitigate the risk associated with pathogens being circulated through the filtration systems. It was asked that This query extend to NEPTS vehicles as well as emergency ambulances.

The Group RESOLVED to:

Note the action assigned to Liam Williams to understand the position with the fan filtration and cleanliness and feed back to the Group what measures are in place to assess and mitigate the risk associated with pathogens being circulated through the filtration systems.

10 UPDATE ON WELSH HEALTH CIRCULAR IMPLEMENTATION OF THE NON-PAY ELEMENTS OF THE 2022-24 COLLECTIVE AGREEMENT

- 10.1 Carl Kneeshaw noted that the associated papers were published this morning for the WASPT due to the need to finalise them before the Welsh Government deadline, which had been brought forward from the 31 January to the 24 January 2025.
- 10.2 Carl thanked colleagues for their contributions and support over the last few days in order to meet the deadline. The workshop scheduled for the 06 February was noted, after which this business would be brought back to WASPT. Carl indicated the positively of the partnership relationship within the Trust.

11 ACAS ACTIONS UPDATE

- 11.1 Liz Rogers presented the associated report and noted the detail within the Executive Summary. The report was received as presented and there were no questions or concerns.

12 SLT/TU AAA REPORT FROM 18 DECEMBER 2024

- 12.1 Lee Brooks presented the SLT/TU AAA Report from its meeting on the 18 December 2024. At this meeting the group discussed TOIL issues in detail, and the AAA detailed that the Group agreed to explore a trial framework where TOIL requests would be approved if they are submitted at least 28 days in advance and taken within six months of the request date.

- 12.2 Additionally, it was agreed by the SLT/TU group that the Resource Policy would be reviewed and updated to align with the trial findings and Agenda for Change guidance. After receipt of the AAA, Lee gave WASPT an overview of activities over the festive period regarding the use of third party providers.
- 12.3 Mal Jones gave feedback regarding negative comments heard in respect of these providers. Lee asked for specific details and occurrences of such instances at which point he would follow up the concerns; as he was not comfortable accepting this feedback anecdotally.
- 12.4 Jason Killens reflected on the progress made regarding these arrangements and considered that this position was positive. Hugh Parry asked if discussions regarding rotas for the festive period could be discussed as soon as possible. Lee indicated that Operations colleagues were ready to discuss the 2025 festive rotas.
- 12.5 John Phillips indicated that it would be helpful to begin the related conversations for NEPTS colleagues, particularly with reference to shift swapping over the festive period. Lee advised that he would alert Mark Harris; but noted that the approach was different for NEPTS colleagues.

13 SPOTLIGHT FOR SIREN

- 13.1 The area of business regarding overruns and TOIL discussed and the ongoing work to address the issues raised, was agreed to be the focus of the Siren communication following this meeting.

14 HIGHLIGHT REPORT FROM THE 15 NOVEMBER 2024 MEETING

- 14.1 This report was received by WASPT. Trish Mills noted that she would prepare a combined report from the Group from its meeting in November and January for the People and Culture Committee.

15 REFLECTIONS

- 15.1 Meeting reflections included recognition that the overrun and TOIL discussion was emotive and difficult, but that those discussions were managed by the members of the Group professionally.

16 DATE OF THE NEXT MEETING

- 16.1 The next meeting is scheduled for the 28 March 2025.



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PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT TO BOARD

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

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

Trust Board Meeting Date	27 March 2025
Committee Meeting Date	18 February 2025
Chair	Ceri Jackson

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. No alerts arose from this meeting.

ADVISE

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

2. **Condolences were expressed** for the recent losses of Jason Jones, Health Information Advisor in NHS 111 Services, and Carl Merritt, Emergency Medical Technician.
3. Gerry Adams, Community First Responder, was congratulated on recently receiving his **MBE award**.
4. The priorities for people and culture in the **IMTP for 2025-2028** were discussed and supported by the committee. The board will see those elements when the IMTP is circulated ahead of the board meeting in May.
5. **Mark Churchill**, a colleague from Ambulance Care spoke to the committee of his role. Mark has worked for WAST for 10 years, and he shared his career journey, which included 33 years with South Wales Police, roles in a drug and alcohol charity, and at the Office for National Statistics. In his current role, Mark transports vulnerable and older patients within Ambulance Care. Mark emphasised the importance of building relationships, providing social support, and ensuring patient safety and comfort. He highlighted the dedication of his colleagues and their commitment to treating patients with dignity and respect. Mark highlighted areas for improvement, particularly around communication and planning. He also called for better integration of diversity training into mandatory sessions. Members thanks Mark for his openness and honesty, commenting that his commitment and dedication to his role was demonstrate through his story.



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6. The **report from the Director of Cultural Change** and the **Director of People** was received with the following of particular note:
- There are now 161 culture champions, with 68% from operational areas, indicating strong engagement across the organisation. Engagement with colleagues across stations to promote the culture champions network has been particularly well received. This has been a good opportunity to promote initiatives like staff networks and the speaking up safely initiatives.
 - Catherine Goodwin's work presenting at national conferences on suicide in the sector and tackling workplace sexual harassment in the public sector was acknowledged. A pilot sexual safety training program for operational colleagues will start next month.
 - Coaching awards are being introduced, linked to the emergency ambulance practitioner development pathway, aimed at professionalising the service and supporting continuous development.
 - New tutors have been appointed to support colleagues in literacy, numeracy, and digital skills, enhancing colleague experience and employability.
 - Emphasis was placed on continuous development and strengthening the employee offer, aligning with the workforce plan agreed last year.
 - Improvements in the job evaluation process are ensuring timely job descriptions and adverts.
7. The following **Policies were approved**:
- Occupational Health Policy
 - Recruitment and Selection Policy
 - Occupational Immunisation Policy
 - Equality Impact Assessment Policy
 - Bank Worker Policy
8. The **Q2 Operational Update** from the Executive Director of Operations highlighted several initiatives related to our people and our culture, including:
- Acknowledgement that the situation with shift overruns has been contained but not significantly improved. To address this, a series of task and finish groups will be conducted in March and April with Trade Union partners to explore additional steps to reduce overruns further.
 - The migration of GRS to a cloud-based solution next year is underway, which is key to advancing the ambition to move to e-timesheets.
 - Positive feedback has been received on new roles and the single allocator model in EMS coordination, despite initial challenges during winter.
 - The collaboration with the clinical teams to improve clinical supervision for advanced paramedic practitioners and progress prescribing for Band 7 APPs.
 - Recent work to enhance palliative care paramedics, including potential progression to advanced practice.
 - Final discussions that are underway with trade union partners to agree on the rules of engagement for the next roster review.
 - High compliance with UCS staff scope of practice and plans to introduce clinical supervision in ambulance care.



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9. **Reflections** on the meeting were that the discussion regarding Our WAST Way was of particular importance given its role in leadership and management development and in driving cultural change. The approach taken to the facilitation of the committee effectiveness review was commended. The focus on more strategic as opposed to transactional matters of business was acknowledged, and Members felt that the hybrid approach worked well.

ASSURE

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

10. The Committee welcomed the new **leadership and management framework - Our WAST Way** - which will launch in Q1/Q2 2025/26. The framework sets out clear leadership behaviours based on three core principles:

- *Care*: Supporting others, understanding their challenges and looking after personal wellbeing to perform at our best.
- *Valuing Everyone*: Building an inclusive, respectful culture where diverse perspectives are sought, heard and acted upon.
- *Connect*: Strengthening collaboration, communicating purpose, leading through change and inspiring others to deliver results.

The Committee were assured that the framework will support the Trust in achieving a compassionate leadership culture. Workshops will be conducted to introduce the framework and equip managers to have meaningful development conversations, and an advisory group will help refine and communicate the framework. The impact of the framework will be evaluated through the NHS Wales Staff survey, cultural reviews, and individual leadership journeys.

11. The Committee scrutinises performance across several metrics within its remit. Whilst the board receives the **Monthly Integrated Quality and Performance Report** (MIQPR), there are a range of additional metrics this committee receives, including wider **People and Culture Plan Metrics** (qualitative this quarter) **Workforce KPIs** and **Cultural Themes and Trends**. Given this, the following areas of assurance will be of interest to the board:

- Safeguarding data is now included in the metrics received by the committee, highlighting 45 open safeguarding cases, some involving sexual misconduct. The inclusion of this data aims to provide a comprehensive view of the organisational impact of behaviours and concerns.
- The report noted the thriving people network, with significant engagement and participation.
- A positive update on change management progress was provided, building on discussions from the previous People and Culture Committee meeting.
- The workforce KPIs were reviewed, with a focus on the progress made in relation to mandatory training (MIST). While good progress was noted, there is a need to maintain focus to ensure compliance by the end of the financial year.
- There has been an increase in disciplinary cases from July to December, and a decrease in respect of resolution cases. The average duration for case closure has improved significantly, with fast-track cases being resolved quickly, while complex cases, especially those involving sexual safety concerns,



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taking longer. The importance of local resolution leading to genuine cultural change was emphasised.

- The turnover rate has decreased by 1.5%, but specific areas including EMS, 111, and integrated care still face high turnover rates.
- The new process for moving on interviews, implemented in January, provides detailed data on reasons for leaving, satisfaction levels, and cultural perceptions. Key themes include workplace relationships, recognition, and career progression.
- Speaking Up Safely insights include:
 - 65 concerns raised in the last six months, with a significant increase in October during the Speaking Up Safely month
 - Initially, many concerns were raised anonymously, but that number has decreased which was seen as positive
 - 63% of concerns were related to incivility
 - Many concerns were resolved at the local level by managers and senior leaders, there is a focus on minimising detriment to individuals who raised concerns.
 - The first lessons learned review was conducted to understand what went well and what could be improved, with a future focus on reducing detriment and providing support to those who come forward

12. Assurance was provided on progress since 2022 on **compassionate practices**, with an increasing number of colleagues trained. Actions related to a recent audit on disciplinary case management had led to ongoing evaluation work on compassionate practices with an external evaluation currently underway.

13. The Welsh Ambulance Services Partnership Team (WASPT) is the board's local partnership advisory forum. The **WASPT highlight report** sets out the ongoing projects, upcoming challenges, and the steps being taken to address them in partnership. The following was noted from the WASPT meetings in November 2024 and January 2025:

- WAST have been invited to deliver a session at the Annual Ambulance Leadership Forum Conference (ALF), which is to be held in Leeds on 11 and 12 March this year on the main conference stage. This will focus on WAST's experience, learning and activities of building respectful and cohesive relationships.
- The first WAST Social Partnership Conference will be held on 31st March 2025. The conference will be opened with a keynote address by the Minister for Skills, Culture and Social Partnership, Jack Sargent. Members agreed this will be a key demonstration of WAST's good partnership working.
- The issue of overruns and TOIL was discussed at both meetings, with Trade Union Partner raising concerns regarding staff wellbeing due to overruns and consequent delays in approval of TOIL. As can be seen in the Operations Update above, task and finish groups have been established to work in partnership on these issues.

14. The **Exposure to Fumes Internal Audit** was received. This evaluated actions being taken by the Trust to ensure the health and wellbeing of staff exposed to fumes as a result of delays in handovers of care at hospital. The review received reasonable assurance overall and the management of



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actions will be monitored by this committee. This issue is reported at WASPT and comes through that groups AAA reports to this committee and acts as a helpful triangulation to these second line of defence audit reports, as do board member visits to emergency departments.

15. The **Resourcing Policy Internal Audit** was received. This audit looked at the policy's compliance with national terms and conditions, and to assess its application as an enabler for effective resource production. The review received limited assurance (with two objectives limited and two reasonable) overall. The management of the actions to address the two high and three medium level matters arising will be monitored by this committee.
16. The Committee's **annual effectiveness review** was held, with a revised approach taken across all committees. A discussion was facilitated to consider what changes and improvements could be made to the Committee's operations. The draft Annual Report was reviewed, however the final Report for submission to the Audit, Risk and Assurance Committee, and the revised Terms of Reference for 2025/26, will be circulated for approval by Chair's Action after the meeting.
17. The **Audit Tracker** was reviewed, and the Committee noted the update and that there was good 'confirm and challenge' throughout the process of reporting on audit action closures; notwithstanding a slower rate of closures this quarter (17%) with 41% of recommendations having a changed date. Longstanding Trade Union Release Time audit actions were closed. Whilst the recommendations for these were not implemented in full, the committee was satisfied that the risk was mitigated and the relationship with Trade Union Partners maintained in the way forward.
18. In private session the committee reviewed progress against ten **suspensions over four months** which is a decrease from eleven reported in the last quarter. Six cases are with the **Employment Tribunal** (an increase of two from the previous quarter). Members were assured on actions in place to manage these cases.
19. 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 and it was acknowledged that these had been discussed throughout the items within the agenda:

160 –High absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service - whilst there has been a significant reduction in absence levels, the score of 20 (5x4) remains static however, this will remain under review given the significant work undertaken to strengthen the controls, assurances, and mitigating actions. A deep dive was held on this risk, and it was noted that despite positive progress there will need to be continued action taken to mitigate the risk and reduce the score.

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



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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 has reduced in score from 16 (4x4) to 12 (3x4) reflecting the positive engagement and partnership working operating well and ongoing discussions on a range organisational change issues.

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).

The Committee acknowledged risks **223 and 224** overseen by the Quality, Safety & Patient Experience Committee; however, considered at each of the Board Committees given they impact every area of the Trust.

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

COMMITTEE AGENDA FOR MEETING

Director Update	Operations Quarterly Report Q3	Staff Story and Staff Story Update
Our WAST Way	Cultural themes and trends report	Compassionate practices update and action plan
People and culture plan metrics	MIQPR	Resourcing Policy Internal Audit
WASPT Highlight report	Exposure to Fumes Internal Audit	Annual effectiveness review
Risk management and BAF	Deep dive on risk 160 (high absence rates)	Audit tracker Q3
Policies for approval	Cycle of business and monitoring report	WASPT Minutes November 2024

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				
Carl Kneeshaw				
Chris Turley		Left at end of item 13		
Lee Brooks	Sonia Thompson			
Liam Williams	Jonathan Turnbull-Ross			
Estelle Hitchon				
Andy Swinburn				
Alex Crawford				
Trish Mills	Julie Boalch			
Damon Turner				
Marcus Viggers				
Christian Fox	Hugh Parry			
Tim Cahalane				

	Attended
	Deputy attended
	Apologies received
	No longer member