

Bundle People and Culture (Open Session) 20 February 2024

Agenda attachments

00 PCC OPEN – Agenda – 20 February 2024

- 0 OPENING ITEMS
- 1 09:30 – Chair's Welcome, apologies and confirmation of quorum
- 2 09:31 – Staff Story
- 3 09:51 – Declarations of Interest
Board Member Register of Interests–Updated 2024.01.23–Published.xlsx (nhs.wales)
- 4 Minutes of last meeting – 16 November 2023
ITEM 04 Unconfirmed OPEN PCCmins 16 November 2023
- 5 Action Log and Matters Arising
ITEM 05 ACTION LOG
- 6 09:55 – Director of People and Culture Update
ITEM 06 Director Update
- 7 10:05 – Operations Quarterly Report Q3
ITEM 07 Operations Quarterly Report for Committees 23–24 Q3 FINAL 4 Jan
- 7.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION
- 8 10:15 – Strategic Equality Plan
ITEM 08 SEP Approval PCC Feb 2024 – SBAR
ITEM 08a App A – Strategic Equality Plan 2024–2028 Welsh Ambulance Service NHS Trust
ITEM 08b App B – Cynllun Cydraddoldeb Strategol 2024–2028 Ymddiriedolaeth GIG Gwasanaeth
Ambiwlans Cymru
ITEM 08c App C – SEP 2024–2028 EQIA
- 9 10:35 – Annual Workforce Reports
ITEM 09 Gender Pay Gap and Workforce Equality Monitoring Reports 2022–2023 SBAR PCC
February 2024
- 9.1 Annual Workforce Equality Monitoring Report 2022/23
ITEM 09.1 Equality Monitoring Report 2022–2023
- 9.2 Annual Gender Pay Gap Report 2022/23
ITEM 09.2 Gender Pay Gap 2022 2023
- 10 10:45 – Anti Racist Wales Action Plan
ITEM 10 ARWAP Update SBAR PCC Feb 2024 – SBAR
ITEM 10a ARWAP Update December 2023 Report
ITEM 10b WRES Indicators Summary
- 11 10:55 – Welsh Government More Than Just Words Annual Report
ITEM 11 More than just words annual report 2022 to 2023
ITEM 11a Annex 1 More than just words annual report 2022 to 2023
- 11.1 11:05 – COMFORT BREAK (11:00)
- 12 11:15 – Workforce Priorities relating to the IMTP
ITEM 12 PCC Report IMTP Objectives 2024–2027
ITEM 12a Appendix – DRAFT IMTP Objectives with metrics
- 13 11:25 – People and Culture Plan Metrics Update
ITEM 13 PC Plan Metrics Update Feb 24
ITEM 13a App 2 – PCC PC Metrics Feb 23
ITEM 13b App 3 – PCC Presentation – 19.01.24
- 14.1 11:40 – Workforce Scorecard
KPIS update will be emailed to the Committee.
ITEM 14 Workforce Performance Scorecard
- 14.2 Monthly Integrated Quality and Performance Report
Published on 16 February 2024.
ITEM 14.2 – MIQPR SBAR PCC February 2024
ITEM 14.2 Annex 1 MIQPR PCC December 23 January 2024
- 15 11:55 – Risk Management and Board Assurance Framework Report

- ITEM 15 Risk Management Report PCC 200224
- 15.1 12:10 – LUNCH BREAK (12.10 – 12.40)
- 16 12:40 – Health and Wellbeing Plan
 - ITEM 16 Draft Health and Wellbeing Plan Update
 - ITEM 16a Appendix – DRAFT Health and Wellbeing Plan
- 17 12:50 – Annual Effectiveness Review
 - ITEM 17 Committee Effectiveness 2023–24
 - ITEM 17a Appendix 1 – PCC 2023–24 Results
 - ITEM 17b Appendix 2 – PCC Annual Return 2023–24 DRAFT
 - ITEM 17c Appendix 3 – People and Culture Committee TOR 24–25 DRAFT
- 18 13:05 – Audit Tracker
 - 18.1 – Retention of Staff Internal Audit Report (Reasonable)*
 - ITEM 18 SBAR Audit Tracker to PCC Q3 Reporting – February 2024v2 FILE REPLACED
 - ITEM 18a Audit Tracker 2.0 Q3 October–December 2023 – PCC Internal Audit Tab
 - ITEM 18a Audit Tracker 2.0 Q3 October–December 2023 – PCC External Audit Tab
 - ITEM 18.1 WAST_2324_016_Retention of Staff_Final Internal Audit Report
- 19 13:10 – Policy
 - 19.1 All Wales Flexible Working Policy
 - ITEM 19.1 NHS Wales Flexible Working Policy Feb 2024 PCC Report
 - ITEM 19.1a NHS Wales Flexible Working Policy Cymraeg Dec 2023
 - ITEM 19.1b NHS Wales Flexible Working Policy Final Dec 2023 Eng
 - ITEM 19.1c Flexible Working Policy (NHS Wales) EQIA v3
 - 19.2 Homeworking Policy
 - ITEM 19.2 P&C Ctte_Homeworking Policy
 - ITEM 19.2a Appendix – Homeworking Policy v3 Final
- 20 13:15 – WASPT Highlight Report
 - ITEM 20 WASPT AAA Report 14 December 2023
- 20.1 CONSENT ITEMS
- 21 Cycle of Business Monitoring Report
 - ITEM 21 Committee Cycle of Business Monitoring Report
 - ITEM 21a MONITORING REPORT
- 21.1 CLOSING ITEMS
- 22 13:20 – Key Messages for Board/Actions/Decisions
- 23 Reflections of Meeting
- 24 Any Other Business
- 25 Date of next meeting – 9 May 2024

OPEN MEETING OF THE PEOPLE AND CULTURE COMMITTEE

Held on Tuesday 20 February 2024 from 09:30 to 13:25

Meeting held virtually via Microsoft Teams

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's Welcome, apologies, and confirmation of quorum	Information	Paul Hollard	Verbal	1 min
2.	Staff Story	Discussion	Angie Lewis	Verbal	20 mins
3.	Declarations of Interest	To State Conflicts	Paul Hollard	Verbal	4 mins
4.	Minutes of last meeting – 16 November 2023	Approval	Paul Hollard	Paper	
5.	Action Log and Matters Arising	Review	Paul Hollard	Paper	
6.	Director of People and Culture Update	Information	Angie Lewis	Paper	10 mins
7.	Operations Quarterly Report Q3	Information	Lee Brooks	Paper	10 mins
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
8.	Strategic Equality Plan	Endorsement	Kat Cobley	Paper	20 mins
9.	Annual Workforce Reports 9.1 - Annual Workforce Equality Monitoring Report 2022-2023 9.2 Annual Gender Pay Gap Report 2022-2023	Endorsement	Kat Cobley	Paper	10 mins
10.	Anti-Racist Wales Action Plan	Assurance	Kat Cobley	Paper	10 mins



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Welsh Ambulance Services
NHS Trust

11.	Welsh Government More Than Just Words Annual Report	Assurance	Trish Mills	Paper	10 mins
COMFORT BREAK (11:00)					
12.	Workforce Priorities related to IMTP	Assurance	Angie Lewis	Paper	10 mins
13.	People and Culture Plan Metrics Update to include cultural themes – priorities for 2024/25	Assurance	Angie Lewis	Paper	15 mins
14.	14.1 Workforce Scorecard 14.2 Monthly Integrated Quality and Performance Report	Assurance	Angie Lewis Alex Crawford	Paper	15 mins
15.	Risk Management and Board Assurance Framework Report	Assurance	Julie Boalch	Paper	15 mins
LUNCH BREAK 30 Minutes (12:10 – 12:40)					
16.	Health and Wellbeing Plan	Discussion	Catherine Goodwin	Paper	10 mins
17.	Annual Effectiveness Review 17.1 Committee Annual Report 17.2 Terms of Reference Review 17.3 Priorities for 2024/25 (Including update on progress against 23/24 priorities)	Approval Endorse Approval	Trish Mills	Paper	15 mins
18.	Audit Tracker <i>Internal Audit Reports</i> 18.1 Retention of Staff Internal Audit	Assurance	Trish Mills Angie Lewis	Paper	5 mins
19.	19.1 All Wales Flexible Working Policy	Approval	Julie Boalch	Paper	5 mins



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

	19.2 Homeworking Policy				
20.	WASPT Highlight Report	Assurance	Angie Lewis	Paper	5 Mins

CONSENT ITEMS

The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.

21.	Cycle of Business Monitoring Report	Information	Trish Mills	Paper	-
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CLOSING ITEMS

22.	Key Messages for Board/ Actions/Decisions	Discussion	Paul Hollard	Verbal	5 mins
23.	Reflections of Meeting	Discussion	Paul Hollard	Verbal	
24.	Any Other Business	Discussion	Paul Hollard	Verbal	
25.	Date of next meeting: 9 May 2024	Information	Paul Hollard	Verbal	

Lead Presenters

Name	Position
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Kat Cobley	Head of Inclusion and Engagement
Alex Crawford	Assistant Director of Planning and Transformation
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Paul Hollard	Committee Chair and Non-Executive Director
Angie Lewis	Director of People and Culture
Trish Mills	Board Secretary

**UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE MEETING
 (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON 16 NOVEMBER
 2023**

Chair: Paul Hollard

Members:

Paul Hollard	Non-Executive Director and Chair
Bethan Evans	Non-Executive Director
Hannah Rowan	Non-Executive Director

Prescribed Attendee:

Lee Brooks	Executive Director of Operations
Tim Cahalane	Trade Union Partner
Alex Crawford	Assistant Director of Planning and Transformation
Estelle Hitchon	Director of Partnerships and Engagement
Angie Lewis	Director of People and Culture Services
Trish Mills	Board Secretary
Paul Seppman	Trade Union Partner
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Jonathan Turnbull-Ross	Assistant Director of Quality
Damon Turner	Trade Union Partner

Attendee:

Julie Boalch	Head of Risk/Deputy Board Secretary
Sarah Davies	People and Culture Directorate Business Manager
Colin Dennis	Trust Chair
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Osian Lloyd	NWSSP Internal Audit
Caroline Jones	Corporate Governance Officer
Fflur Jones	Audit Wales (attended for item 97/23)
Kathryn Cobby	Head of Inclusion and Engagement
Sara Mills	Head of Culture and OD
Alex Payne	Corporate Governance Manager
Liz Rogers	Deputy Director of People and Culture

APOLOGIES:

Joga Singh	Non-Executive Director
Ian James	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

83/23 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the hybrid meeting of the People and Culture Committee noting that some members, including the Trust Chair and the Executive Lead were in the room, with others attending via Teams.

Apologies were recorded from Joga Singh, Ian James and Liam Williams.

84/23 DECLARATIONS OF INTEREST

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

RESOLVED: That no new declarations were received.

85/23 MINUTES OF PREVIOUS MEETING, ACTION LOG AND HIGHLIGHT REPORT

The Minutes of the Open meeting held on 17 August 2023 were considered and agreed as a correct record.

There were no actions to be reviewed at this meeting.

The highlight report from the August 2023 meeting had been received by the Board and there were no comments on the report.

RESOLVED: That the minutes of the meeting held on 17 August 2023 were approved.

86/23 DIRECTOR OF PEOPLE AND CULTURE DIRECTION UPDATE

The Director of People and Culture highlighted some areas from the report which included the NHS staff survey with the position reported at a 19.94% response rate; which as an organisation was higher than Health Boards, but not as high as other Trusts. The deadline had been extended by two weeks and a last push to encourage staff to participate would be needed. It was hoped that NHS Wales as a whole would achieve a 30% response rate. Trade Union Partners confirmed they were engaging with members. It was also confirmed that the results would be broken down into staff groups.

Recognition was given to the 100 colleagues who had attended the leadership symposium, building on the work that had already taken place regarding insights colour preferences and thinking about the broader impact, with the development programs continuing. There had also been a recent development session between

the Executive Team and Trade Union partners to build on the insights preferences as part of the commitment to enhance partnership working.

The Director of People and Culture encouraged members to look at Business Goose, a tool to help people navigate some of the digital tools used within WAST and was designed by a colleague in the Learning and Development Team, and also highlighted the training on LMS 365 around newborn thermoregulation which was delivered via the ipads.

The Director of People and Culture requested that colleagues book onto the active bystanders and allyship training sessions if they hadn't already done so.

Also referenced within the report were challenges and risks with winter pressures a significant issue, and the financial landscape still challenging. The Head of Culture and OD asked that Laura Stephen be recognised for winning the Inspiring Others award, whilst the Director of People and Culture confirmed that Darren Anthony had also won an award and would be invited to the next meeting of the Committee to share his apprenticeship experience.

RESOLVED: That the update from the Director of People & Culture was noted.

87/23

OPERATIONS QUARTERLY REPORT

Condolences were extended to Michelle Perry's family, a colleague who recently passed away, recognising that this would also be a difficult time for staff who had known Michelle throughout her time with the Trust.

Exercise Dollhouse was undertaken in July with representatives from across the Trust participating. The exercise tested the Trust's response to a Manchester Arena style attack and our collaboration with multiagency colleagues using the Joint Emergency Service Interoperability Programme (JESIP). Overall, the exercise showed that our Commanders had a robust understanding of the need to deploy front line staff quickly but safely in the event of a Marauding Terrorist Attack environment to save lives.

Two volunteer conferences had been held and were a huge success. The Director of Volunteering Delivery from Volunteering Matters, provided the keynote, and was extremely complementary in terms of the Trust's approach to volunteering in the organisation.

An increase in the sickness rates for EMS coordinations was reported which had previously been down to 8% however the long term sickness rates had pushed the figures up.

It was reported that there would be some change within the EMSC Department for

the North, which would be an unsettling period for the staff, as remaining at the current site was not an option. The Project Board would be making progress in the coming weeks.

A need to engage on the single allocator model would alter the ways in which work was undertaken but needed to be included in the structure for EMSC.

The structure of the department was an issue in terms of capacity for supervision, and support and work was underway to do more on the structure with what was currently available.

System pressures had worsened in recent weeks culminating in an incident declaration in October. The Executive Director of Operations spoke at the recent roadshows of the impact on our people which influenced the business continuity decisions that were made.

From meetings with other Directors of Operations, it was recognised that the lower take up of overtime during the summer months was not unique to the Trust, and despite the tighter spending controls that were in place for a period of time, the forecast for going into Winter was improved.

Positive feedback was received in relation to 111 conversations in 111 which had opened up two way conversations with simple changes being made to make life easier for staff.

During a levelling exercise delivered by the International Academy of Emergency Dispatch (IAED), it was identified that there was a widespread issue relating to the compliance of audits relating to breathing problems. Auditors had been over-auditing breathing problems and marking them as non-compliant due to ineffective breathing descriptors, which was now recognised to be incorrect. The Director of Paramedicine confirmed the complexity around this issue and the difficulties faced in trying to navigate it and welcomed the the deep dive to see what could be done.

The demand for coroner's statements across Wales continued to remain high with 18 statements currently with Operations Quality that required completion. The due date had lapsed for 13 of these. The team had been supported by wider Operations Team colleagues to complete these statements, which had resulted in an improved position from over 40 outstanding at the end of 2022/23 Q4.

It was confirmed, in response to a query raised in relation to having the correct staffing levels, that committed additional investment for managing concerns was in place across both the Operations and Nursing Directorates; however due to the current operational pressures generating much activity, there remained a shortage of resources. Coroners were not issuing extensions therefore some of the simpler cases in terms of our involvement and what the issue was, were sent to EMS Managers to complete.

RESOLVED: That the Operations Quarterly Report was noted.

88/23

STAFF STORY – CEO ROADSHOWS – STAFF FEEDBACK

Approximately 400 colleagues who attended and participated in the recent Roadshows were thanked by the Director of People and Culture. Each table was facilitated by a member of the Executive Team or Assistant Director Leadership Team. A survey had been issued to provide feedback, not only from those who attended, but to look at the barriers for those who weren't able to attend in order to widen accessibility as much as possible. With varying numbers of operational staff attending the roadshows it was acknowledged that more operational attendance would be welcomed.

At the events, staff were asked to participate in an immediate feedback survey and asked how they were feeling in terms of stress levels. 53% of the respondents at the Roadshows positioned themselves in the 'highly' or 'very highly' stressed zone with workload, competing priorities, cultural conditions and insufficient resource being cited as stressors. It was hoped that with a baseline now to work from that in six months there would be a positive shift in terms of the key stressors.

The most popular themes on the question about "hopes for the future" included support, safety, progression, improvement, and stability. Furthermore, 70 questions were asked during the Roadshows, some of which were answered on the days with others being finalised and which would be published shortly.

It was felt that staff were more open at the roadshows and were willing to disclose issues of concern to senior members of staff, and work needed to continue to provide confidence to staff that they were being listened to. It was also recognised that conversations that were had during the breaks provided significant feedback and genuine interest in future plans. It was identified that table work and networking time which allowed staff the opportunity to connect could be increased during the next round of Roadshows, with a less focussed approach to format.

Trade Union Partners had not attended the roadshows as they felt that the flow of information from the Chair of the Trust and other senior staff on a routine basis was sufficient.

RESOLVED: That the experience and feedback from the roadshows was noted.

ENGAGEMENT FRAMEWORK DELIVERY PLAN AND ASSOCIATED ENGAGEMENT ACTIVITIES

The report provided an update on engagement activities, including engagement on the Trust's longer term strategy as outlined in the Engagement Framework Delivery Plan, approved by Trust Board in January 2023. The Engagement Framework differed from previous iterations in that it focused almost exclusively on the organisation's strategy and what had previously been described as inverting the triangle, and looking at how stakeholder support could be secured.

The widening of the Engagement Plan would begin in February 2024 but was not yet systemised. A significant amount of engagement on an informal basis had been ongoing around inverting the triangle, and now needed to test the broader piece of work.

Representation at the Regional Partnership Boards (bar one) was undertaken by the Director of Partnerships and Engagement or the Director of Strategy and Planning, which gave rise to identifying partnership opportunities.

The reputation audit conducted in the latter part of 2022/23 provided a mixed reception dependent upon the stakeholders. There were some very positive comments, similarly there were some that felt there was more work to be done. The reputation audit was revisited in quarter four of 2023/24, with results coming to Committee and to Board Development to understand the position with colleagues on reputation, as it would have an impact on the discussion outcomes.

In relation to Risk 201 – damage to trust reputation and loss of stakeholder confidence - it had been static (risk score of 20) for some time, and given the sustained pressures across the system and the patient experience, it was not deemed necessary to escalate. However, it could not be de-escalated either. Increased political scrutiny was likely to be elevated in the Winter.

A number of external stakeholder meetings were due to take place over the coming weeks, as well as an updated stakeholder briefing being developed for the Minister of Health and Social Services.

With regards to the pilot provision of a mental health vehicle, the Director of Paramedicine updated colleagues on discussions held with South East Coast Ambulance Service on their mental health vehicle whereby due to shortfalls within existing community provision in their area, it was actually driving activity and the vehicle had been rescinded. It was asked that learning be reviewed prior to moving forward with a similar provision. An evaluation would need to be provided to the Regional Partnership Board to warrant further investment.

RESOLVED: That

- 1) the contents of the report were noted; and**
- 2) the Committee would continue to be apprised of progress in the stakeholder engagement arena on at least a six-monthly basis.**

90/23 HEALTH AND CARE PROFESSIONAL COUNCIL REGISTRATION AND NURSING AND MIDWIFERY COUNCIL REVALIDATION 2023

The report set out the process for the ensuring all paramedic and allied health professionals (temporary, permanent, bank and voluntary) continued to maintain their professional obligations to the Health and Care Professions Council (HCPC) and all Registered Nurses and Midwives maintained their professional registration obligations with the Nursing and Midwifery Council (NMC).

Under the Health Professions Order 2001 it is the responsibility of the Paramedic to maintain their registration. In order to be registered with the NMC to practise in the UK, every nurse is expected to uphold a set of professional standards and act in line with the Code.

The process identified two cases which were investigated and addressed, which provided assurance to the Committee that registration requirements for all colleagues affected had been reviewed and any issues highlighted/addressed.

RESOLVED that the People and Culture Committee received this report and confirmed assurance was taken from the processes in place to ensure that all Paramedic and Allied Health Professionals (temporary, bank and voluntary) continue to maintain their professional registration obligations to the HCPC and that all Registered Nurses and Midwives maintain their professional registration obligations with the NMC.

91/23 PEOPLE AND CULTURE ELEMENTS OF 2024-2027 IMTP

The report updated the People and Culture Committee with an initial and draft overview of year two of the 2023-2026 IMTP and our People and Culture Plan, along with our Workforce Plan.

The delivery of the year one objectives was well underway. Monthly monitoring of progress and updating of the Directorate Plan was completed by the team. Key items were reported through either Executive Leadership Team, Strategic Transformation Board or through the Committees of the Trust Board.

Year two activities would be updated shortly as the 2024-27 round of the IMTP developed. Headlines of proposed activities were included in the report. The

development of the Strategic Workforce Plan was underway with significant consultation across the organisation.

Members welcomed the ambition of the People and Culture Team, but sought to ensure that these were focused on key activities and priorities, aligned to our principal risks, financial envelope, and capacity.

RESOLVED: That

- 1) The report was noted; and**
- 2) The proposed priorities were commented on and discussed.**

92/23

HEALTH AND SAFETY UPDATE AND POLICY

This item was considered earlier in the meeting than scheduled to provide discussion time.

Jonathan Turnbull-Ross outlined key areas from the report which included training compliance, fumes, road traffic collisions and seat belts. Diesel fumes continued to be an issue and continue to raise the issue with counterparts. Assurance on the installation of shorelines nationally has been received from the Operations Management Team, which was not a solution, but would help the situation. It was recommended that incidents were logged accurately by way of a diesel register. Trade Union Partners warned not to take assurance on lower reporting as the problem would increase over the winter when heaters would be required more often.

Risk 199 – The Trust Corporate Health and Safety risk, as reviewed recently and would be reduced to the target score of ten, previously 15, with the rationale being presented in the report to Trust Board.

The cultural journey of Health and Safety in the organisation was discussed, recognising that health and safety advisors were supporting more with working safely as opposed to a tick box exercise working with from line and locality managers. The workplace compliance position was that four out of five sites had a risk assessment with a rolling programme, which Health and Safety advisors were supporting.

The growing confidence of the team and improvements in areas such as RIDDOR compliance which had substantially improved to 82%, was highlighted.

The recent internal audit provided confidence that progress was being made and made recommendations to areas that required more work.

Reference was made to the injuries sustained due to the way staff exited an ambulance with an Ergonomist working with the team to improve the experience for staff.

It was also noted that the Executive Director of Operations wrote to staff members who had been the victim of an assault, which was appreciated by those colleagues; however due to an issue around notification, this had not happened since July 2023.

The next Health & Safety report would focus on violence and aggression and manual handling.

Health and Safety Policy

The Health and Safety Policy was approved and would be presented to the next Trust Board meeting.

RESOLVED: That

- 1) The report was noted; and**
- 2) The Policy was approved and would be presented to the next Trust Board meeting for ratification (as required by the Trust Standing Orders).**

93/23

STRATEGIC EQUALITY PLAN

Under the requirements of the Equality Act 2010: The Public Sector Equality Duty, the Trust is required to publish a Strategic Equality Plan (SEP) and a set of objectives by 31 March 2024 which will demonstrate how the Trust will:

- eliminate discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

The Head of Inclusion and Engagement presented the draft SEP as part of the consultation process, which was still ongoing. It was confirmed that many people had already been consulted both internally and externally. It was recognised that the Plan needed to be embedded across the Trust, so it would take time to see the progress made.

The four overarching Strategic Equality Objectives were:

- Designing Equitable Services;
- Leading by Example;
- Being an Employer of Choice;
- Creating Allyship.

It was noted that some Operational staff found it difficult to attend some of the training sessions due to the continued pressures faced by the service. It was intended that the Committee would receive the plan again in February ahead of its approval by the Trust Board in March 2024.

RESOLVED: That the

- 1) Committee discussed and noted the progress made on the Strategic Equality Plan; and**
- 2) Strategic Equality Plan would return to the Committee in February 2024 ahead of its approval by the Trust Board in March 2024.**

94/23 SPEAKING UP SAFELY FRAMEWORK

The Speaking up Safely Framework was designed to support individuals in speaking up safely and confidently within the NHS in Wales. It outlined the principles and expectations for employees, line managers, NHS boards, and executive leads.

The Framework document provided guidance on how to raise concerns, what support was available, and how concerns would be investigated. It emphasised that individuals did not need absolute proof of wrongdoing to raise a concern and that they would not be responsible for investigating the concern.

The Framework highlighted the importance of confidentiality and protection from retaliation for those who spoke up and overall, the Speaking up Safely framework aimed to create a culture of openness and transparency within the NHS in Wales. The Framework was to be considered alongside the slightly revised NHS Wales Raising Concerns Procedure and summarised the revisions that brought the procedure in line with the Framework, and the recommendation by Welsh Government that all NHS Wales organisations adopt the slightly revised version.

As part of the launch of the Framework, Welsh Government wrote to all NHS Wales Chief Executives requesting a response to the self-assessment in section six of the Framework. The self-assessment to Welsh Government demonstrated how much progress has been made by the the Trust in respect of speaking up safely.

Freedom to Speak Up month was in October and a Hive survey had been issued to understand how this campaign had been received.

RESOLVED: That the Committee adopted the All Wales Framework in line with Welsh Health Circular dated September 2023 and noted that it would be presented to the next Trust Board meeting for ratification.

95/23

RISK MANAGEMENT AND BOARD ASSURANCE FRAMEWORK REPORT

The report showed the risks that were presented to the September meeting of the Trust Board. The current updates were navigating Trust governance processes and further updates to risks will be presented to the November meeting of the Trust Board.

The risks within the remit of this Committee were reviewed. The three highest risks for this Committee are set out below:

160 – high absence rates impacting on patient safety, staff wellbeing and the Trust’s ability to provide a safe and effective service remains at a rating of 20 (5x4) as of July 2023. Despite positive movement in sickness rates, it was agreed that it was premature to reduce the score at this stage.

201 – damage to the Trust’s reputation following a loss of stakeholder confidence remains at 20 (4x5). This score has not changed. The bi-annual partnerships and engagement report was discussed as was the likelihood and consequence ratings, noting that appetite for questions in the Senedd regarding WAST was low.

163 – maintaining effective and strong Trade Union partnerships increased in score from 12 (3x4) to 16 (4x4). Whilst the national pay dispute had ended for most Trade Unions, relationships with Trade Union Partners needed to be approached sensitively. There were a range of issues that required engagement and partnership working, alongside the full implementation of all aspects of the WAST annex.

Updates were provided to risks **199** (failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with health and safety statutory legislation – score of 15). As noted the recent internal audit on health and safety received a reasonable assurance rating.

Risk **558** (deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences) remains static at a score of 15.

The Committee also reviewed risks 223 and 224 and agreed that the newly added commentary box for all risks was useful to provide rationale and context.

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

96/23

WORKFORCE CHALLENGES

The report shared with People and Culture Committee includes the headlines from the Audit Wales NHS Workforce data briefing produced in September 2023. The document highlighted the growing workforce pressures in the NHS across Wales.

The Trust's performance against other Health Boards and Trusts was strong in terms of agency spend and vacancy numbers, mid table for turnover and low for sickness absence. However, the report noted how the Trust compared with the ambulance sector rather than health organisations across Wales.

It was noted that the West Midlands Ambulance Service had lower absences rates than other ambulance services and this was due to calculation of sickness which varied from other services. It was agreed that exit interview themes and trends would be brought back to the next meeting of the Committee.

RESOLVED: That the Committee recognised the challenges and noted the report.

97/23

WORKFORCE PLANNING AUDIT

The feedback from the Workforce Planning audit undertaken by Audit Wales was presented. This included audits across the Health Boards and Trusts in NHSWales to review approaches to workforce planning given the concerns about the sustainability of the NHS Workforce.

The audit outcome was positive with the Trust being in a good place, with no significant risks or urgent actions identified.

A lot of effort, energy and investment had gone into workforce planning with the Trust able to demonstrate areas of control, good improvements, responding to some of the immediate operational challenges, and diversity and recruitment challenges. The biggest challenge was how to approach implementing the strategic changes on a large scale and at pace in the current climate.

The Auditor thanked everyone for their time and expressed the positive experience of working with the Trust. The report would be presented to the Audit Committee at the end of November.

The Committee requested a couple of minor changes to the report prior to its publication, one in relation to cohorting spend not being typical agency spend and the second related to an amendment of a job title.

RESOLVED: That the report was noted.

98/23 PEOPLE AND CULTURE PLAN METRICS

The report was the first quarterly update against the metrics which were signed off in August, with focus on quantitative data, qualitative data would be presented to the February meeting, which would include the information gathered from HIVE, but also some high level information from the NHS staff survey.

There was an overall downward trend in terms of turnover whilst appreciating there were some areas within the organisation that had shown an increase. A forthcoming audit in relation to staff retention was due to be undertaken which would provide further insight and enable improvement.

The Executive Leadership Team would be sighted on cultural metrics, looking at trends every eight weeks.

RESOLVED: That the progress was noted and the report was received.

99/23 CULTURE REVIEW TOOL

The report set out to provide a high level overview of the tools designed to support and enable managers to develop and improve culture within teams and be able to identify and make recommendations for the next steps.

Both Welsh Government and Health Education and Improvement Wales (HEIW) had shown an interest in this work and whether the tools could be applied in other parts of the NHS in Wales.

It was recognised that managers would be critical in shaping the future culture of the organisation and the toolkit was designed to make culture feel more manageable and to set out a process that managers could follow with support and practical tools.

The toolkit would be piloted with some operational teams in order to develop it, then offer it more widely to managers of teams. It was hoped that areas that were doing well together with those where more work and improvement was needed, would be included in the pilot.

Cultural Early Warning Signs (CEWS) the diagnostic tool to help diagnose cultural issues within a team, had been shared with Trade Union Partners who had provided some useful feedback. This would create a score which would give a baseline measure to work from.

It is on Hive, a survey that uses our WAST behaviours and asks staff to rate the extent to which they're observing or experiencing those behaviours within the teams they're looking across the team.

RESOLVED: That the approach was endorsed as outlined.

100/23

PEOPLE AND CULTURE PERFORMANCE SCORECARD

The report provided an overview of the key people and culture performance data and trends and associated improvement actions. Key areas were Improvements against "time to shortlist" KPI and a deep dive into PADRs.

Sickness absence saw a blip in August but was now on a continuing downward trajectory with October looking good. There was a triangulation of other data as well, looking at things like missed meal breaks as well as violence and aggression cases, the muscular skeletal injuries to identify issues.

Corporate staff should be encouraged to complete their statutory and mandatory training. The Committee were asked to receive and comment on the reported performance and associated actions.

RESOLVED: That the report was received and commented on.

101/23

MIQPR

The indicators used at this high-level showed an increase of system pressure (and warning signs for Winter), in particular, with increased handover lost hours and therefore worsening quality and performance for the Emergency Medical Service (EMS). 111 was showing continuous improvement throughout 2023, with abandonment rates and call answer times achieving the best performance since February 2022.

Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance had been stable, but with demand (with the exception of outpatients) increasing to pre-Covid levels, performance had dipped slightly over the past two months. Overall, the picture remains one in which the Trust can demonstrate clear improvement over things it controls, but a more mixed picture where there were system dependencies e.g., handover lost hours.

It was acknowledged that much of the work done in this Committee would be crucial over the next few months with the impact of the increasing handovers expected during Winter and the correlation of stress on staff.

RESOLVED: That assurance was gained from the report

102/23 PULSE SURVEY

In order to effectively establish the views and opinions of colleagues in a fast and responsive way, a product called Hive had been purchased. This would provide feedback quickly and enable a "you said, we did" environment.

The first survey was due to close imminently which entailed seven questions; four around freedom to speak up and how confident people were to raise a concern, with the remaining questions on advocacy, loyalty and pride. Currently there was approximately 11% return rate on the survey.

The People Science Team from Hive have a team of Occupational Psychologists who would work with the Trust to look at areas that required focus. It was recognised that pulse surveys were the direction of travel to respond quickly to rapidly changing environments.

RESOLVED: That the report was noted.

103/23 WASPT HIGHLIGHT REPORT

The report confirmed that lots of issues had been discussed and that the two meetings that had been held since the last Committee meeting had been constructive. It was noted that the conversations at these meetings was now back to pre-pandemic levels and that a huge amount of good work was being done in partnership, which needed to be promoted.

The WASPT specific insights training had taken place and was well received. The Corporate Partnership Forum had been set up which would provide a good forum for discussion alongside the operational forums. Members noted that despite industrial action there was a lot of good work to celebrate and capture.

RESOLVED: That the report and progress was noted.

104/23 AUDIT TRACKER and SENIOR PARAMEDIC ROLE INTERNAL AUDIT REPORT

Trish Mills advised that the current version of the Audit Tracker was named 2.0 and would be moving to 3.0 SharePoint solution shortly. Members of the People and Culture Team were thanked for their engagement in closing down 30% of their recommendations in the quarter. The historical action 496 relating to the EDI group terms of reference was also going to be closed.

It was reported that there were no 2021/22 open actions which was very positive, with constructive conversations held with auditors in reaching solutions to closing actions. Where there were revised date presented against management actions these were indicated in blue text within the Tracker.

There had been some scrutiny, concern, and challenge to focus on the impact of actions that had been closed, and it was suggested that some recommendations from the internal audits be brought back to the Committee in 12 or 18 months' time to review what the impact has been.

Senior Paramedic Role Internal Audit Report

The reports gave a positive review with a reasonable assurance rating and would be reviewed by the Audit Committee later this month. Some actions identified had already been completed and was recognised as a fair and balanced report by the Trust.

RESOLVED: That

- 1) the report was noted;**
- 2) the audit report was recognised as a positive report; and**
- 3) the Senior Paramedic Role Internal Audit report was received.**

105/23 STAFF STORY DIAGRAM

The feedback loop recognised the closure of the actions and was welcomed, which was recognised as being due to the calibre of management that the Volunteer Team now had.

106/23 COMMITTEE PRIORITIES AND CYCLE OF BUSINESS MONITORING REPORT

The priorities and cycle of business monitoring report was noted.

107/23 KEY MESSAGES FOR BOARD

Any messages for Trust Board would be picked up within the highlight report from the Committee.

108/23 ANY OTHER BUSINESS

None raised.

109/23 DATE OF NEXT MEETING

The date of the next meeting is 20 February 2024.

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

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
57/23	17 August 2023	Operational Report	NHSCT grant award - for the Committee to receive an update in the future as it part of the volunteering strategy and how it'll be used to develop a Community Welfare responded role.	Lee Brooks	20 February 2024	Verbal Update to be received at the meeting.	Open
60/23	17 August 2023	Welsh Language Standards Annual Report	Future reports to include statistics for Welsh speakers also identifying the number of Welsh speakers with Welsh as first language	Melfyn Hughes	20 February 2024	Update for February 2024 meeting - A more detailed survey would need to be carried out to target those Welsh speakers to identify if Welsh was their first language. Action to remain open and date to be changed.	Open
63/23	17 August 2023	Workforce Scorecard	Deep dive into increase in disciplinary themes/trends. To be programmed at a future meeting - Date to be confirmed	Angie Lewis	20 February 2024	Update for February meeting. Agreed that this would be brought to the May meeting of the Committee, however there is content with the People & Culture Plan metrics discussion which does cover some of this business. Committee to decide whether the action is complete or not.	Open
Aud 01/23	22 September 2023	Transfer from Audit Committee	PCC to oversee the arrangements around home working through the review of the Trust's Home Working Policy. To be programmed at a future meeting - Date TBC	Angie Lewis	20 February 2024	Transfer from Audit Committee. On agenda for February - can be closed if Committee satisfied as the Home Working and Flexible Working Policies are being received at the February meeting.	Complete
93/23	16 November 2023	Strategic Equality Plan	Strategic Equality Plan to be brought to Committee in February ahead of its approval at Trust Board in March.	Angie Lewis	20 February 2024	On agenda for February meeting - to be closed.	Complete
96/23	16 November 2023	Workforce Challenges	Themes and trends from Exit interviews to be brought to February meeting	Angie Lewis	20 February 2024	To be combined with item 98/23 - to be closed.	Complete
98/23	16 November 2023	P&C Plan Metrics Update	People and Culture Plan metrics to have qualitative data at February meeting.	Angie Lewis	20 February 2024	On agenda for February meeting - to be closed.	Complete

Director Update: *People & Culture*

PEOPLE AND CULTURE
COMMITTEE

20TH FEBRUARY 2024



ANGIE LEWIS
DIRECTOR OF PEOPLE &
CULTURE

Culture

On 9th January, we co-delivered an 'Understanding Sexual Safety in the Workplace' online event, led by Bron Rebelo (WAST) and Daniella Mahapatra (NWSSP), with over 140 colleagues across NHS Wales attending. We are also pleased to share that we've been shortlisted for a CIPD Award for our work on addressing Sexual Safety at WAST, putting a spotlight on our unique and impactful approach to this important issue.



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

We have developed a partnership session for ELT and senior TU partners which was delivered on 1st February. This session focused on building relationships and addressed the challenging areas of conflict management and how we work together in collaboration for our people, recognising that we will not always agree but we are individually responsible for our behaviours and how we engage. The session uses Colour Insights as a cornerstone, building on the successful session with the group in November. We are scheduled to hold similar sessions with local Partnership Forums across Wales over the next 6 weeks.

We have now delivered compassionate practices training to 171 managers and TU colleagues across the organisation and the metrics demonstrate the impact of this, particularly in relation to the length of time to complete an investigation including the hearing. We are working closely with ABUHB and HEIW promoting the adoption of compassionate practises across Health and wider public services. We are also actively contributing to the all Wales review of the Disciplinary Policy so it better reflects the reduction of avoidable employee harm.

The newly developed Culture Toolkit for Managers designed to help with the work of influencing, shifting and shaping culture in positive ways is currently being piloted with some of our operational teams. Sessions have been held this month to familiarise P&C colleagues with the toolkit, gather feedback and to consider ways we can work collaboratively to support managers and teams. Following this pilot phase, the toolkit will be further enhanced in response to feedback and made available to management teams supported by training.

Capacity

We are delighted to share that, following receipt of funding from HEIW, we've appointed Paola Spiteri to the post of Retention Lead and are in the process of developing a work plan to address issues that impact on retention, including daily experience, health and wellbeing, training and development, relationships and manager capability.

Committee members will be familiar with the journey we have been on regarding the lack of information we received from leavers. Engaging with colleagues who are choosing to move on gives us rich insight and learning. After some significant challenges with technology, we have an updated process, robust pilot information and a BI dashboard which can be accessed via Teams. We will be able to share data on leavers with managers and look at whether there are patterns emerging. We are also looking for ways to automate this process with automatic triggers and reminders to ensure questionnaires are completed.

Angie recently visited Glyndwr University Paramedic Science students and participated in scenario-based learning (pictured). Learners provided excellent feedback regarding the support provided by our Practice Educators and their experience on placement at WAST.

The revised All Wales Flexible Working Policy will be adopted by the Trust imminently which incorporates the new legislative changes. These changes will enable colleagues to request to work flexibly from day 1 of employment and can make more than 1 flexible working request per year regardless of the reason. Colleagues will no longer be required to explain how their flexible working request may impact their employer. Alongside the revised policy the Trust is working to create a culture that positively receives and encourages flexible working requests to help create a better working environment.

Capability

As well as supporting the review of Paramedic Science programs by the College of Paramedics, several new initiatives have commenced to enhance the professionalisation of our workforce and emphasise the importance of Continuing Professional Development and Lifelong Learning. Notably, we are working on the Ambulance Service Educator Professional Standards and Development, focusing on providing educators with the necessary knowledge and skills for a changing workforce. Another important area is Student Safety, where we are incorporating Student Paramedics into the ongoing work on Sexual Safety initiated by WAST and AACE.

The initial stage of implementing workforce planning training for managers has been completed. In this phase, all locality managers and some DOMs totalling 25 individuals have undergone training. These colleagues are now utilising management planning tools, such as the SWOT analysis template. A comprehensive evaluation is scheduled to assess the effectiveness of this training.

Good progress is being made regarding compliance with Mandatory In-Service Training across the Trust. The scenario based approach first utilised with EMS and Ambulance Care is now in place across our Volunteer workforce. Early discussions have been held to see how the approach could be applied to Integrated Care and EMS Co-ordination, given the significant benefits realised from an engaging and interactive approach that enables networking with colleagues across the Trust.



Over recent weeks we've been developing the IMTP objectives for 2024/27 alongside prioritising activities for Year 2 of our People and Culture Plan. There is a long list of things we would like to deliver but the team is looking to ensure that workloads are manageable, objectives can be achieved and there is capacity to deliver the day job and take on unseen projects as they inevitably arise. We will continue to look at how we use technology and what we can streamline or stop doing to give us capacity within the resources we have.

Challenges & Risks

- Winter pressures

Coming Up

- Implementation of Strategic Workforce Plan
- International Women's Day 8th March 2024
- Implementation of our new Health and Wellbeing Plan



OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2023-24 Q3 (October - December 2023)

National Operations & Support

IMTP

Manchester Arena Inquiry Recommendations

The work on the Manchester Arena Inquiry (MAI) recommendations has now been ongoing for 6 months, and a mid-year review was completed in December. This reviewed progress and scope and subsequently recategorized some of the recommendations, all of which have been approved through the SLT governance process as supported by the ELT. 27 of the 68 recommendations are complete with a few others nearing completion. Work is now focussed on the completion of the assessment of our capacity to respond to an incident and the subsequent outline resource case to the Commissioner which specifically connects to one of the recommendations.

The following table is a status reflection of the 68 recommendations that WAST is working on. It should be noted that the RAG coding is to aid areas for focus for the team; they are not used conventionally.

Priority	Number of Recommendations	Status
Red	7	
Amber	19	
Green	10	
Deferred	5	Other organisation dependency
Complete	27	For approval/closure

One of the recommendations from the MAI is the introduction of two new triage tools for mass casualty incidents. Ten Second Triage (TST) is designed to be used by anyone responding to a major incident to provide care to casualties prior to the arrival of clinicians on scene, and the Major Incident Triage Tool (MITT) is for use by NHS Responders at scene. Work has been ongoing to introduce this new tool within WAST with the UK Ambulance Services go-live date set for 1 April 2024.

New Marauding Terrorist Attack (MTA) Joint Operating Procedures have been rolled out through Pan Wales multiagency training courses; this has been the first-time tri-service courses have been delivered on this scale to so many emergency service personnel.

The ELT is to receive a full update on progress in its face-to-face meeting in January 2024, and work will continue to bring to the ELT the case for investment in response to recommendations for consideration in March 2024. Alongside this, it will be necessary to also provide updates to the EASC Management meeting in February 2024.

General Update

Volunteering Conferences

More than 200 volunteers attended two conferences in September and October with one held in Llandudno and one in Swansea. The agenda was varied with keynote speakers including Figen Murray OBE, the mother of one of the victims of the Manchester Arena bombing who spoke candidly about the loss of her son and public site security. Other sessions included Ten Second Triage, wellbeing, safeguarding, and first-hand accounts from our volunteers themselves. Our volunteers were also presented with awards aligned to our behaviours at a gala dinner in the evening of both conferences. We are grateful to all who participated, our speakers, our sponsor, and of course our volunteers who make these events worthwhile.

Community Welfare Responders (CWR) Pilot

Twelve of our CFR teams have been piloting the Community Welfare Responder role across Wales since 16 October 2023. At the time of creating this report it is too early to confirm success, however, early results are promising. The ambition to upscale the pilot quickly is being explored, with a focus on capacity within CSD. The pilot tests the concept of the welfare responder through existing volunteers. It remains our intent to introduce an additional volunteer role to which we will recruit new volunteers.

EPRR - Mass Casualty Exercise

A pan Wales Mass Casualty Exercise took place in September to test the All Wales Mass Casualty Arrangements. All the Health Boards participated with WAST undertaking the lead facilitator role. Learning has been identified from the exercise which will be incorporated into the All Wales Mass Casualty Arrangements. It is regretful that testing the release of ambulances from an emergency department was not included, which has been considered against our associated corporate risk.

Joint Emergency Services Interoperability Programme (JESIP) Assurance Visit

A JESIP assurance visit to Wales took place in November, with the assurance team spending time with South Wales Police, South Wales Fire and Rescue and visited WAST on 15 November. This was a pilot visit to review the feasibility of a national assurance program to include devolved nations; however, it also gave WAST the opportunity to have the Trust's compliance with JESIP assessed by the national JESIP team. A report following the visit has been received and will be reviewed for any follow up actions.

Review of Key Plans

During Quarter 3, a number of key plans have been refreshed or rewritten as part of the annual review process. These include:

1. REAP – Resource Escalation Action Plan

In November version 4.1 of the Trust's REAP plan was published. This plan provides the ability to manage our response in situations where demand or other significant factors within the service see an increase, and any challenge to the capacity to manage these demands.

2. Incident Response Plan (IRP)

In November, Version 2.0 of the IRP was released. In light of a number of incidents, changes to key pieces of national guidance, and the release of the Manchester Arena Inquiry reports alongside learning from internal debriefs, the IRP underwent a significant rewrite rather than a simple refresh. It was approved by the ELT and will be presented to the F&P Committee in its usual annual assurance.

3. Clinical Safety Plan (CSP)

In December, Version 2.2.1 of the CSP was released. The CSP provides a framework for WAST to respond to situations where the demand for emergency services is greater than the available resources. This update was a relatively minor update reflecting evolutionary change to CSP with a wider review planned for 2024.

Resourcing, EMS Coordination & Quality

Challenges

Resourcing

High abstraction rates across operational areas and governance in relation to financial savings targets have resulted in an increased workload for the Resource Team. Skill mix remains challenging in some areas particularly Powys due to the numbers of NQPs recruited into paramedic vacancies, with the team continuing to work closely with local management teams.

EMS Coordination

As winter pressures increase, the service is seeking to train and recruit 4 EMD cohorts in Q3 with a view to fully rollout by the end of the financial year. The service continues to support London Ambulance Service with call handling since July 2023. The capacity levels allowed the service to assist LAS with 5% of their calls per hour between the hours of 15:00 – 03:00 each Sunday for 12 weeks and concluded on 31/10/23. This provides income to WAST without detriment to our own service levels as these continue to be monitored closely.

Operations Quality

The outstanding tasks sitting with the Operations Quality (OQ) Concerns Team is at 168. This is down from 209 in Q2. The OQ Team continues to work closely with the Putting Things Right (PTR) Team to prioritise work to meet deadlines and requests. The additionality to the Concerns Team will be realised in January 24 as four WTE ISOs have been appointed. Concerns returns within the Tier 1 target time reduced in Oct and Nov 23 to 70.6% and 67.6% respectively, but this was due to a number being sent to OQ a number of days after they had been registered by the Trust and those awaiting consent. December 23 is in a healthier position at 81.3%, and those concerns with no consent will be investigated in time order with other concerns from Jan 24.

Coroner statement demand remains high; however, 17 coroner's statements are outstanding which is down from 24 in Q2. The majority of these statements have been written and are either in QA or with Legal Services for review. It is anticipated that the coroner statement position will continue to improve once the backlog has been fully addressed and an assurance SBAR went to SOT/SLT to update which was received well.

NRIs remain high at 33 outstanding. The International Academies of Emergency Dispatch (IAED) has audited a number of the ineffective breathing calls and plan to review the remaining before Christmas. An approach to address the learning on ineffective breathing is being developed and an SBAR is being prepared for SOT /SLT and CQGG for January 24.

IMTP

Resourcing Rostering Systems Manager

We have welcomed James Roberts to the team in the new post of Rostering Systems Manager. James who was previously an ICT SQL Systems Engineer, returns to resourcing where he began his WAST career in 2009 as a coordinator. James is a welcome addition to the team and will play a key role in system development and improvement, to streamline current manual processes, and improve capacity within the team. Over 34 workstreams have been initially identified in a comprehensive project plan, to include a review of the ESR/GRS interface, GRS Everbridge and GRS CAD.

Resourcing Policy

The relief planning pilot for 5-week roster publication went live on 25 September for rosters published to 30 October. Monitoring and evaluation will take place monthly from November, and evaluation metrics will include a comparison of UHP, abstractions and additional resources at publication (5 weeks vs 4 weeks vs actual post-production)

EMS Coordination Reconfiguration

The current IMTP (legacy) deliverable of reconfiguring EMSC has now been replaced by a proposal for a revised leadership structure, which will also incorporate the original single allocator model and dispatch boundaries recommendations.

Initial work was carried out to progress the boundaries recommendation in early 2023 and it became clear that Project Board were keen to refresh the data to ensure that the original (2017) paper and therefore data remained valid in the current context. As a result, further modelling was carried out by ORH in September 2023 that considered more recent and up to date data (Sept 2022 to May 2023). The revised D&C recommendations (Sept 2023) were considered as part of the wider EMS Coordination Reconfiguration Project and an initial paper has set out a proposed structure that will provide a leadership structure that is fit for purpose but will also address the two outstanding recommendations (noted above) from the original ORH Report in 2017.

The final paper will be submitted to colleagues and will be shared with Trade Union in partners in January and all elements will feature as part of the Organisational Change Process (OCP).

Bryn Tirion Relocation.

On the 9 October 2023, the inaugural Bryn Tirion Project Board was held to explore options available to relocate staff from the Bryn Tirion site. It has been broadly accepted that the site is not fit for purpose and as a consequence, monies have been set aside from this years' Discretionary Capital budget to relocate staff to a more suitable premises. At the Project Board on the 16 November 2023 an options appraisal of three options for potential new

locations was undertaken, with Ty Elwy being selected as the preferred relocation site. This was ratified by the Strategic Transformation Programme Board on the 27 November 2023.

It is recognised that the decision to move from Bryn Tirion to Ty Elwy, which is some 25 miles further east, is going to be challenging for some of our staff. As a result, a small space has been identified in the Snowdon House facility in Bangor to accommodate staff who would be unable to move to Ty Elwy. This does not in any way reduce the 111 desk numbers in Snowdon House but does involve some minor alterations to the internal infrastructure to release the additional capacity. An OCP process has been instigated and People Services have been engaged to support staff with identifying the main issues and 1:1 session to scope the impact on individuals.

It is acknowledged that the actual relocation of staff from Bryn Tirion is unlikely to happen before June / July 2024 as there is work required to ensure the space set aside in Ty Elwy meets the specific requirements set out by the teams and to enable the necessary technology requirements to be delivered.

General Update

Death of Michelle Perry, Emergency Dispatch Quality Improvement Manager

In November, we announced the sad death of our colleague Michelle, who died peacefully surrounded by her family. Michelle joined the Trust in 1999 having previously worked for Mid and West Wales Fire and Rescue Service. She progressed from a 999 call handler into dispatch and then into learning and development roles within EMSC before becoming an MPDS Facilitator in 2011. Michelle was much loved and respected by colleagues not only in Operations, Quality and EMS Coordination, but throughout WAST and the International Academy of Emergency Dispatch (IAED) who invited Michelle to become a member of the accreditation panel, such was her expertise. We were fortunate to benefit from Michelle's character and knowledge, and she will be sadly missed.

Culture and Behaviours

The Resource team are to be part of a culture pilot supported by People Services. A questionnaire on team behaviours will be circulated during November, followed by an Insights questionnaire during December with an ambition to facilitate a pan Wales workshop in Q4.

IAED Accreditation

The Trust was awarded reaccreditation for MPDS by the IAED at the UK Navigator Conference. The Trust is now a dual accredited organisation as it was awarded ECNS accreditation for the first time.

EMSC Staff recognition

Members of EMS Coordination in the north were nominated for EMD of the year with one staff member winning, two shortlisted and seven runners up. Four members of EMS Coordination were nominated in the staff awards, all of whom were successful.

Emergency Medical Service

Challenges

Delayed handover of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service. 19,119 hours were lost in July, 19,240 in August, 19,602 in September, 23,222 in October, 20,126 in November, and 22,756 hours in December. The detrimental impact of the resultant pressure is regularly discussed at Committee and Trust Board.

Lost Hours Trend



Overtime Controls

Financial savings is on plan, and in some areas had overachieved on modelling and assumptions. As part of this savings plan, EMS Response has continued to control the level of overtime allocation. However, the overtime allocation allowance for December allows for additional resourcing to respond to the expected increased demand in the build up to Christmas and on key dates. Original data identified predicted UHP levels as a result of implementing the savings plans. The reduced overtime allocation commenced on 1 July 2023 and the resultant UHP levels have been extremely close to the original plan predictions (for example, in October UHP modelling predicted 35% abstractions, with an end of month position of 34.77% abstractions, ranging between 30.89% - 38.49% across the Health Board areas), with monitoring through the Senior Operations team and Senior Leadership Team. Despite controls, not all available overtime has been taken up. Overtime allocations have been determined for the rest of the year and will continue to be monitored closely, redistributing money should it be unspent.

Visit from Health Minister, Eluned Morgan

In December, WAST was pleased to host a visit from Health Minister Eluned Morgan. The Minister spoke with operational crews and attended two incidents including a red release to a cardiac arrest call. Following this, the Minister visited Vantage Point House and attended EMS Coordination and CSD spoking with the CSD Service Manager and team about the work of the Clinical Support Desk, and how CSD is supporting patients who have accessed 999 with alternative appropriate opportunities to access care, safeguarding those that may have a significant wait for an ambulance response and providing remote clinical support for non-clinical staff attending scene. The Minister has thanked the Trust for hosting the visit.

IMTP

IMTP deliverables are on target with the current arrival of Big Bang NQPs making a big difference to the rural (Powys, BCU etc) vacancies and rural recruitment. Retention is often a challenge however and so it will be important to monitor transfer requests.

General Update

Winter Planning

Winter Planning progressed well with the Senior Planning Team stood up during November with a remit to oversee all winter planning arrangements, including planning for any impact of the Junior Doctor Industrial Action scheduled for January 2024.

Ambulance Care

Challenges

Net Centre

Call taking via the NET Centre continues to be a challenge. Whilst there has been a good period of stability with performance, retention of staff has had a detrimental effect on the consistency during peak periods of demand.

Demand

Demand for the service continues to increase as NHS planned care services increase activity. This is particularly the case for those patients requiring ambulance conveyance where activity levels are now in excess of those seen prior to the pandemic. It is not clear at present what is driving this shift in acuity.

Of particular note is Renal activity, which continues to trend at a level higher than the historically funded average. Like other areas of the service patients requiring ambulance conveyance seem to be increasing more rapidly, in August Renal patients requiring ambulance conveyance were higher than at any point over the last 5 years.

This is impacting on wider service delivery as the service prioritises renal transport provision. Forecasts from the Welsh Kidney Network indicate that this growth will continue by 5% per annum.

The Ambulance Care senior team are working closely with commissioners to ensure that the appropriate capacity exists to continue the good levels of performance currently seen within the renal transport service.

Volunteer Car Service Capacity

During the pandemic a considerable proportion of the Volunteer Car Service drivers were either required to or chose to stand down from active volunteering. This reduction in capacity was offset by a subsequent reduction in demand following reduced planned care activity.

However, as planned care activity increases the ability of the service to absorb additional demand, particularly for Oncology patients, is compromised.

In response, the National Volunteer team is working on increasing VCS driver numbers from 100 to 200 by the end of the financial year. Good progress with recruitment of new volunteer drivers has been made already with 10 new drivers recruited by November and 51 new drivers planned to be in place by end of February 2024.

General Update

CMP (Capacity Management Plan)

The team has reviewed the current Capacity Management Plan, which sets out how the service applies the Welsh Government WHC 2007(005) eligibility criteria for non-emergency transport and the process for managing scenarios where demand for transport exceeds available capacity.

The revised plan, which has been through a EQIA and QIA process, modifies the approach to a position where the service will only take bookings from patients that meet the criteria as per the Welsh Health Circular. Patients who do not meet the eligibility criteria will not be entitled to Non-Emergency Patient Transport and will be signposted to alternative transport solutions only. This plan has been shared with CASC and supported at the DAG meeting.

This refresh will further align the service the Welsh Health Circular, whilst also ensuring that patients that are eligible for transport, in particular those within the enhanced service category, continue to receive the best possible service.

Vehicles development

The delivery and operational roll out of the new B class MAN Ambulances commenced in November. The vehicles will be trialled by UCS colleagues in Barry, Bassaleg and the Grange transfer team. As the vehicles are a very different concept to those currently in service, a full review will be completed and will incorporate colleague feedback and data to help inform decisions on future design.

Integrated Care

Challenges

111

Welsh Language Performance

The 111 Operations team have deployed an action plan designed to improve Welsh call answer performance, specifically the percentage of callers answered in Welsh where this is their chosen language. Performance has been consistently improving and throughout Q3 has remained stable.

Dental Performance

Delivery of the 111 urgent dental care performance indicators has been previously challenged, principally due to the relatively high absence rates within the Dental Advisor Team and vacancies which had been held open in order to support the Directorate savings plan. However, urgent dental care performance is now at 90% as staffing has stabilised.

IMTP

CSD

ECNS Accreditation

The Trust received confirmation on 14 September 2023 that following a review by the Board of the International Academies of Emergency Dispatch (IAED) that the Welsh Ambulance Service was approved as an Emergency ECNS Dispatch Centre of Excellence.

Consult and Close

Work against the consult and close action plan continues. Although consult and close incidents have increased, verified incidents have also increased and therefore percentage of consult and close compliance remains around 14%. Action plan activities therefore continue with a review of triage processes which may lead to shorter triage durations, along with an increase in staffing, which together will enable more triages to take place thus increasing the percentage of consult and close towards the 17%.

General Update

111

Time to Triage

The current 'time to triage' performance is mostly within the KPI standards. However, work has been done to identify opportunities to maintain this performance during the winter season. This was discussed in the 111 Performance Review Group, and as a result, a workshop took place in October. An action plan has been developed, which is overseen by the 111 Performance Review Group.

Business Continuity Exercising

From October, a series of business continuity exercises and training sessions commenced for all 111 operational managers, including Tactical Leads, SCAs, and CHCs. This training involves the EPRR team and the Digital Directorate. Its purpose is to ensure that all 111 managers are well-versed in the 111 business continuity plans and the relevant organizational procedures.

CSD

Police Pilot

Through agreement in the Joint Emergency Services Group (JESG), a second CSD Police Pilot commenced in September 2023. An earlier pilot had low take up, so subsequently the second pilot encompasses a greater geographical area. The trial includes South Wales Police and Gwent police forces and will run for 3 months. The purpose of the trial is to

broaden the Remote Clinical Support offer to Police for circumstances where Officers on scene with a patient are waiting for an ambulance response.

Recruitment

Four clinicians joined CSD in September 2023 with a further eight in November. An additional two Mental health clinicians and a trauma desk clinician have also been recruited and the FTE is now at full capacity for the challenging winter months.

Opportunities for promotion within the team have included one PPED colleague being successful in obtaining a position as Senior Practice Educator and a full time Duty Operations Manager position which has also been filled by a member of the team.



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

STRATEGIC EQUALITY PLAN 2024-2028
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MEETING	People and Culture Committee
DATE	20 February 2024
EXECUTIVE	Angela Lewis, Director of People and Culture Services
AUTHOR	Kat Cobley
CONTACT	Kat.cobley@wales.nhs.uk

EXECUTIVE SUMMARY

1. Under the requirements of the Equality Act 2010: The Public Sector Equality Duty, the Trust is required to publish a Strategic Equality Plan (SEP) and a set of objectives by 31st March 2024 which will demonstrate how the Trust will:
 - eliminate discrimination, harassment and victimisation and other conduct prohibited by the Act;
 - advance equality of opportunity between people who share a protected characteristic and those who do not;
 - foster good relations between people who share a protected characteristic and those who do not.
2. This work must involve a review of the previous SEP and the progress made against the objectives. The new 4yr plan and objectives must be informed by the relevant information that we already hold, followed by consultation and engagement with staff, service users and stakeholders, in particular, those with a protected characteristic, Welsh speakers and other minority groups or those who are vulnerable. The SEP should also take into account the findings published in the Equality Human Rights Commissions' 2024 Report 'Is Wales Fairer?'
3. The responsibility for meeting the requirements and giving due regard to the PSED lies with all employees, senior leaders, and board members.
4. Based on the information we have and the feedback received during consultation and engagement, we have drafted an SEP for 2024-2028 with the following overarching strategic equality objectives:

- Designing Equitable Services
- Leading by Example
- Being an Employer of Choice
- Creating Allyship

5. During the consultation period no further comments were received which require changes to the draft SEP and objectives. However, feedback has suggested that there is a need for the Trust to produce an easy read version alongside the plan for people whose first language isn't English or Welsh. Plans are in place to explore options to create an easy read version and a video animation to provide an overview of the SEP.

KEY ISSUES/IMPLICATIONS

6. The Trust will soon be conducting its final annual review of the previous SEP for 2020-2024. Annual reports on the progress made against the SEP objectives are published each year on the website along with a gender pay gap report and a workforce equality monitoring report which provides data on the diversity of our current workforce.

7. Good progress has been made over the past four years and WAST has implemented excellent initiatives to help reduce inequalities for service users, staff and stakeholders. However, there is clearly more that can be done to make further improvements. The new four-year SEP and objectives aim to build upon the work already undertaken.

8. The following points require addressing when implementing the SEP 2024-2028:

- The need to embed SEP Objectives into all other plans and strategies. Individual directorates and teams must take ownership of the actions required of them as the SEP Objectives cannot be achieved by the Organisational Development and Culture Team alone. Directorate Plans will need to include local actions to help achieve the overarching SEP objectives and there needs to be genuine support from senior managers and staff to realise the SEP objectives.
- Progress in some areas can be slow and difficult to measure. Actions which aim to raise awareness and change cultural attitudes can often occur over long periods of time and can be influenced by external societal factors making it difficult to implement and measure change within the workplace.
- Competing priorities and meeting operational targets may mean that staff have little capacity to focus on implementing actions to achieve SEP Objectives. Lack of capacity and funding may also make it difficult for staff to attend relevant training around equality, diversity and inclusion.

- Lack of diversity in the workplace and incomplete workforce equality data. Current recruitment challenges and national recruitment procedures can impede active recruitment of a more diverse workforce. The Trust will need to explore more creative ways of attracting and supporting applications from people with a protected characteristic. The Trusts will also need to encourage accurate equality data reporting from staff (which is a voluntary process) to monitor current workforce diversity.

9. The Committee is asked to **ENDORSE** the SEP

REPORT APPROVAL ROUTE

PCC 20.02.24

REPORT APPENDICES

Appendix A – Final Draft SEP (English)
 Appendix B – Final Draft SEP (Cymraeg)
 Appendix C – EQIA

REPORT CHECKLIST

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



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STRATEGIC EQUALITY PLAN 2024-2028



A WORD FROM THE CHAIR AND CHIEF EXECUTIVE



JASON KILLENS
CHIEF EXECUTIVE

COLIN DENNIS
CHAIR

As Chair and Chief Executive of Welsh Ambulance Service NHS Trust, we are proud to present our Treating People Fairly Strategic Equality Plan for 2024-2028.

Reflecting on the progress made over the past four years, we are pleased to see how far we have come as an organisation to create a fair and inclusive service for our service users, staff and stakeholders. This new four-year plan builds upon the foundations which have been laid and continues to maximise our efforts to be an exemplar organisation for equality, diversity and inclusion. Over the next four years we will continue in our ambition to lead by example and succeed in creating a truly inclusive environment for all, treating everyone fairly regardless of who they are, their background or circumstances.

There is no denying that the last four years has seen significant challenges which have greatly influenced the way in which we work. The COVID-19 global pandemic had an unprecedented impact upon people's physical and mental health and wellbeing. This coupled with the impact of leaving the EU and the ongoing cost of living crisis has changed the way in which healthcare services are delivered. These events have had a detrimental effect upon everyone, with some of the most vulnerable people within our communities finding themselves faced with even more challenges. Health inequalities have been brought to the forefront highlighting the need to bridge the gap and eliminate discrimination. This plan focuses its efforts on doing just that; providing services that are equitable and accessible to all, tailoring our service to meet individual needs.

This plan has been developed to align with our new People and Culture Plan and will sit alongside our Delivering Excellence: A Vision for 2030. We have also developed a new set of behaviours and cultural values for the Trust which are woven through all of our strategic plans. This plan underpins these behaviours and is designed to further embed them throughout the Trust.

We are an organisation that prides itself on celebrating diversity and individual differences. We value and respect all those who come into contact with the Trust. We continue to support our staff to develop an understanding of the communities we serve in order to meet people's individual needs and make a positive contribution in the delivery of healthcare services. This plan is not just about compliance with legislation; we appreciate the value and benefits of having a diverse workforce that is culturally aware in order to improve quality of care and increase innovation to adapt to our evolving diverse population.

We look forward to collaborating and working in partnership with our staff, citizens, commissioners and other key stakeholders and groups across health and social care, public sector and beyond to achieve the ambitions and commitments set out in this strategy.

As the Director and Non-Executive Director with the lead for Equality, Diversity and Inclusion across the Welsh Ambulance Service, this is our opportunity to share with you why we believe it is so important that we make greater progress towards achieving our strategic equality objectives over this next four years.

As a Trust we want to work more effectively with our people and the public to enable them to recognise, understand and value difference and the positive impact that diversity brings. We want everyone to understand that this is not just about compliance or a problem to be solved, or even just because we feel a moral and ethical obligation to do something to tackle injustice. It is all these things and more. We firmly believe this is about showing leadership at all levels of the organisation and throughout the health and social care system. This is about doing what's right for our people and for our public.

We are committed to putting our people and culture at the heart of everything we do. Creating a diverse and culturally competent workforce that demonstrates respect, empathy, support and understanding for others is a priority. By investing in our people, we hope to enhance creative thinking and innovation, helping them to realise their full potential. We recognise that this is key to achieving success in improving quality of care and service user experience.

Engaging with our staff, service users and stakeholders has been a crucial part of developing our strategic equality objectives. Listening to what people want and hearing their ideas for change has helped us to identify themes of focus and has provided clear direction for the Trust in order to become a truly inclusive organisation. This has led us to developing four overarching objectives which will aim to help us:

- Design equitable services
- Lead by example
- Be an employer of choice
- Create allyship

The above objectives are intrinsically linked with the aims of our People and Culture Plan which focus around culture, capacity and capability. The Strategic Equality Plan reinforces our ambition to create a positive and inclusive working environment, where everyone can bring their whole self to work, actively contributes and is proud to work for #TeamWAST. Our people should all feel valued, respected and supported to help us deliver the best possible service to the people of Wales.

We look forward to seeing the plan being implemented over the next four years and we are confident that aligning our Strategic Equality Plan, our People and Culture Plan and our long-term visions, we will succeed in achieving our objectives.

INTRODUCTION



Hannah Rowan

HANNAH ROWAN
NON-EXECUTIVE DIRECTOR

Angela Lewis

ANGELA LEWIS
DIRECTOR OF PEOPLE
AND CULTURE

WHO WE ARE



Over 4000 members of staff ranging from paramedics, nurses, consultants and ambulance care assistants to corporate teams, workforce managers, finance assistants, estates and maintenance teams, plus many more invaluable people who make up our workforce.



Providing a range of frontline healthcare services including emergency paramedicine, non-emergency patient transport, healthcare advice via NHS 111 Wales.



Over 700 volunteers who include Community First Responders, Volunteer Car Service Drivers and others who provide voluntary services for our staff and service users.



Serving just over 3.1 million people in Wales across 7 Health Boards and 22 Counties.

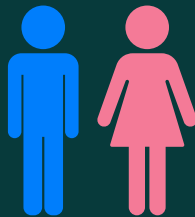
THE PEOPLE WE SERVE



115,000 veterans



Over one fifth aged 65yrs+



49% 51%



6% identify with an ethnic group other than white



18% speak Welsh



21% with a long-term health condition or illness expected to last 12 months or more



Polish, Arabic and Romanian are the three most common languages across Wales apart from English and Welsh



10.5% unpaid carers



900 BSL service users



1.4 m Christians
67,000 Muslims
12,000 Hindus
10,000 Buddhists
5,000 Pagans
4,000 Sikhs
2,000 Jews



Over 10,000 people with a different gender to their sex assigned at birth



77,000 identify as lesbian, gay, bisexual or another minority sexual orientation



22,000 cannot speak English or Welsh very well

BACKGROUND

The Trust is committed to implementing a series of Strategic Equality Objectives because we value our staff, service users and stakeholders. We believe that everyone has the right to be treated fairly with dignity and respect. We recognise that some people face additional challenges in their everyday lives for a number of reasons. In particular, those with a protected characteristic, minority and vulnerable groups, people who experience socioeconomic disadvantage, people who speak Welsh, unpaid carers, veterans and people who belong to the armed forces community. It is our aim to meet the needs of everyone and ensure that our services are accessible and inclusive of all those who come into contact with the Trust.

There are also a number of legislative and statutory duties placed upon the Trust to help us deliver equitable services. A number of national strategy and policy drivers have shaped our thinking and the design of our strategic objectives. These include:

- Wellbeing of Future Generations Act,
- A Healthier Wales, the Health and Social Care (Quality and Engagement) (Wales) Bill 2019
- A More Equal Wales, Is Wales Fairer? Report
- Public Sector Equality Duty

As a public body, we have a responsibility to ensure we consider how we can positively contribute to a fairer society through advancing equality and good relations between all in our day-to-day activities and the design of our policies and services. When making decisions and delivering services we must have due regard to:

- Eliminating discrimination, harassment, victimisation and any other conduct that is prohibited under the Act.
- Advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Fostering good relations between persons who share a relevant protected characteristic and persons who do not share it.

As well as the general duty, we have a responsibility to meet the specific duties. The specific duties set out steps that we must take in order to demonstrate we are meeting and supporting better performance of the general duty. The Specific Duties underpin the General Duty. These can be found here alongside more information on the public sector equality duty: [The Essential Guide to the Public Sector Equality Duty: An overview for listed public authorities in Wales | Equality and Human Rights Commission \(equalityhumanrights.com\)](#)

PROTECTED CHARACTERISTICS

Who are we referring to when we talk about those individuals with a protected characteristic?



Age



Disability



Race and Ethnicity



Religion or Belief



Sex or Gender



Gender Reassignment



Sexual Orientation



Marriage and Civil Partnership



Pregnancy and Maternity

WELSH LANGUAGE



Within Wales, Welsh language is treated the same as a protected characteristic and has its own legislation to ensure its protection. The Welsh Language Standards require organisations to provide public services in the medium of Welsh and promote opportunities for people to use the Welsh language. The Trust values and respects our Welsh speaking staff, service users and stakeholders, and actively supports the recruitment of Welsh speaking staff and recognises the importance of delivering bilingual services. The Trust's Welsh language framework which incorporates the More Than Just Words Action Plan 2022-27 sets out our aims and objectives to increase the visibility and opportunities for the Welsh language and outlines our targets to increase support for our Welsh speaking communities and our Welsh learners. Feedback from our consultation and engagement on the Strategic Equality Plan demonstrated how important bilingualism was to our service users in terms of inclusivity and equality. Therefore, our Strategic Equality Plan has been developed to sit alongside our Welsh language framework and will both aim to ensure that Welsh speakers are not discriminated against or disadvantaged in any way.

INTERSECTIONALITY



We recognise that many individuals have more than one protected characteristic. The intersectionality of people with multiple characteristics means that they are likely to experience unique modes of discrimination or different barriers and challenges compared to people with just one characteristic. The Trust aims to take a more intersectional approach to understanding our equality, diversity and inclusivity data and priorities where appropriate.

CONSULTATION AND ENGAGEMENT

Listening to people is key to helping us learn how best we can create a truly inclusive organisation. This plan has been shaped by the views of our staff, service users and stakeholders. Consultation and engagement is an ongoing process here at the Trust which has resulted in opinions being gathered via a range of methods. Our Patient Engagement Community Involvement Team have been talking to members of the public at various public events, such as health and wellbeing events, school educational events, recruitment open days, etc. Staff have also attended specific events for people with a protected characteristic to ensure that everyone has had the opportunity to voice their opinions. For example, conversations were held at various Pride events, local sight loss support groups, homeless cafés, mosques, churches, volunteer conferences, learning disability groups, multicultural drop-in cafes, and many more.

In addition to the face-to-face conversations, an accessible online survey was available to all (paper copies and alternative formats were available upon request). National charities and support groups such as Age Cymru, Welsh Government Youth Parliament and Carers Wales, were also invited to complete the survey.

The Strategic Equality Plan was also discussed in detail at various stakeholder groups and internal meetings, for example, the NHS Wales Equality Leadership Group and the Welsh Language Advisory Group. Staff have also had the opportunity to help shape the plan at a series of roadshow events across Wales.

We recognise that consultation and engagement is an ongoing process. We want our Strategic Equality plan to be flexible to adapt to the needs of our people; objectives can be strengthened, actions can be added, and priorities can change to meet the needs of our people. Therefore, plans are in place to ensure that the conversations continue and regular reviews of our objectives will take place. Progress and updates will be reported and published annually on our website.

OUR HEALTHCARE SERVICES

Improving the quality of our services and the outcomes for service users is a key priority for the Trust. In line with the requirements of the Duty of Quality which forms part of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, the Trust is committed to implementing improvements across all service areas. There are clear links between the Strategic Equality Plan and the six domains within the Duty of Quality which aim to ensure that the care we deliver is safe, timely, effective, efficient, equitable and person-centred. Therefore, the actions set out within this plan will each have the underlying aim to enable our staff to be their best in order to deliver the best healthcare services.

OUR STRATEGIC EQUALITY OBJECTIVES

We will aim to

DESIGN EQUITABLE SERVICES

LEAD BY EXAMPLE

BE AN EMPLOYER OF CHOICE

CREATE ALLYSHIP

DESIGN EQUITABLE SERVICES

What will we do?

By 2028 we will improve the way we plan and design our services to ensure that they are designed to suit the needs of the all of our diverse population.

When designing our services we will consider the specific needs of people to ensure that our services are accessible to all and inclusive of everyone

How will we do it?

Continue to develop and implement robust impact assessments throughout each of the service planning stages.

Undertake regular engagement and consultation with our service users and build relationships with communities and individuals who find accessing our services challenging . We will listen to their feedback and look for solutions together.

Amend service plans and implement changes where necessary to help meet the needs of our service users.

How will we measure our success?

Evidence of EQIA procedures, including socioeconomic and Welsh language impact assessments

QIA procedures

Feedback from engagement and consultation events

Putting Things Right resolutions.

OUR STRATEGIC EQUALITY OBJECTIVES

We will aim to

DESIGN EQUITABLE SERVICES

LEAD BY EXAMPLE

BE AN EMPLOYER OF CHOICE

CREATE ALLYSHIP

LEAD BY EXAMPLE

What will we do?

We will ensure that our all of our staff actively promote a culture of inclusion and wellbeing across the organisation.

Staff will demonstrate an understanding and awareness of the individual needs of the diversity population that we serve.

Our senior leaders and managers will promote the Trust as an inclusive organisation. They will display genuine empathy and support for those who are disadvantaged in any way. They will not accept discriminatory behaviour in any form.

How will we do it?

Use lived experience to help identify where improvements can be made and ensure that staff are supported to put their ideas into practice.

Continue to develop, evaluate and embed WAST behaviours which foster inclusivity and respect for everyone.

Create links and support networks with other organisations who aim to eliminate discrimination

Ensure that senior leaders and managers' personal objectives include a focus around improving equality, diversity and inclusion.

How will we measure our success?

Meaningful commitments in our IMTP, our People and Culture Plan, and other published strategies

Evidence of managers' personal objectives and actions which aim to improve equality, diversity and inclusion, eliminate discrimination, promote the use of Welsh language and a thriving Welsh culture.

Visible support for people with a protected characteristic and joint working initiatives.

OUR STRATEGIC EQUALITY OBJECTIVES

We will aim to

DESIGN EQUITABLE SERVICES

LEAD BY EXAMPLE

BE AN EMPLOYER OF CHOICE

CREATE ALLYSHIP

BE AN EMPLOYER OF CHOICE

What will we do?

We will aim to increase the diversity in our workforce so that it is reflective of the population we serve.

Staff will feel at ease to bring their whole self to work and will be free from judgement and discrimination in the workplace.

We will proactively offer support to staff according to their individual needs in order to help them perform in the workplace to the best of their ability.

How will we do it?

Develop recruitment strategies which include targeted recruitment initiatives

Ensure that our strategic workforce plan is reflective of the needs of our diverse population

Health and wellbeing initiatives – health assured, work in confidence

Establish career progression pathways which are fair and inclusive of all staff.

How will we measure our success?

Workforce equality monitoring reports / ESR Data / Staff Surveys

Feedback from staff engagement events

TRAC Reports

Feedback from recruitment events

Uptake of occupational health and wellbeing support.

Measure staff Welsh language skills

OUR STRATEGIC EQUALITY OBJECTIVES



We will aim to

DESIGN EQUITABLE SERVICES

LEAD BY EXAMPLE

BE AN EMPLOYER OF CHOICE

CREATE ALLYSHIP

CREATE ALLYSHIP

What will we do?

We will equip our workforce with the skills and knowledge to act as true allies to all those who face discrimination and challenges.

We will increase staff awareness and understanding of the issues faced by minority groups to create empathy and create a series of staff support networks.

How will we do it?

Develop and deliver training sessions for staff to increase their knowledge of equality, diversity and inclusion matters

Work with experts on niche topics of equality, diversity and inclusion to help raise awareness amongst staff of the challenges that people may face

Create psychological safety for all staff who wish to raise concerns

How will we measure our success?

Uptake of EDI training / Welsh Language Awareness Training

Feedback from training
Staff surveys

Monitor R&R cases with a link to EDI, Welsh language and other forms of discrimination and ensure that appropriate solutions have been identified and implemented

Get Involved

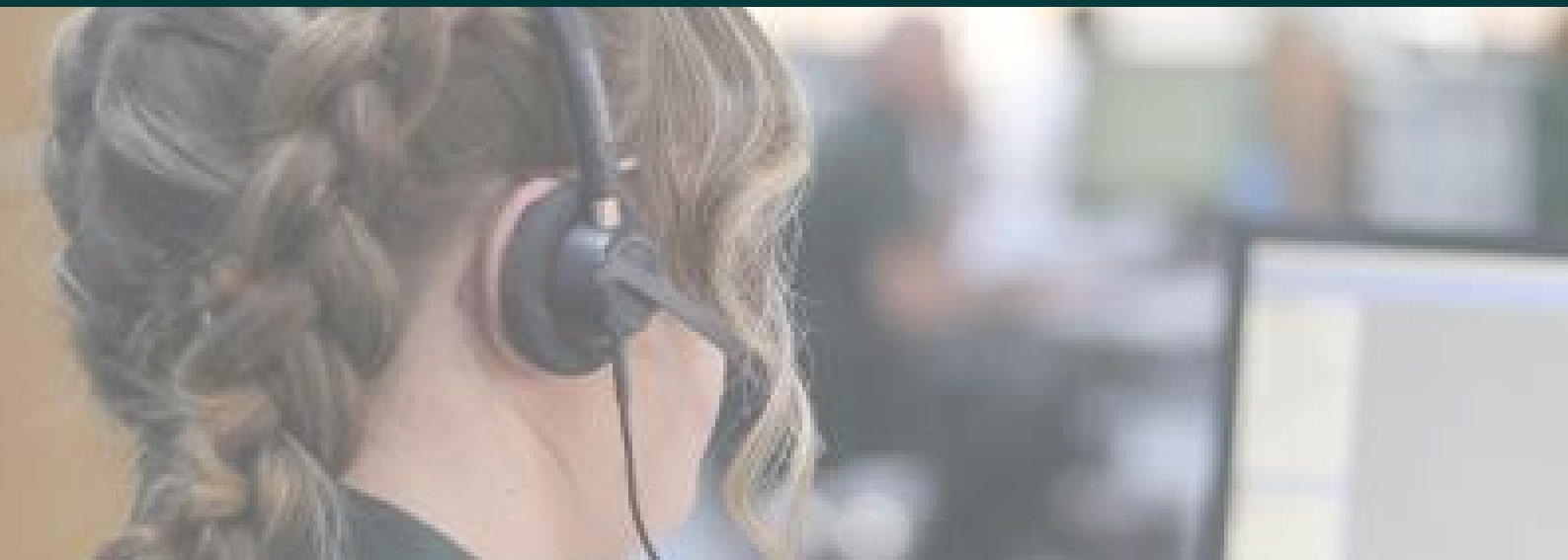


Thank you for taking the time to read our Strategic Equality Plan for 2024-2028.

We welcome all comments or questions on all aspects of this plan.

If you would like to comment, know more about the work, or how to get involved, please contact:

**Head of Inclusion and Engagement
Welsh Ambulance Service NHS Trust
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SA6 8RE
Tel: 01792 311773
Email: AMB_Inclusion@wales.nhs.uk**



This document can also be made available in alternative formats and languages.
Please contact the details above to make a request.



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CYNLLUN CYDRADDODLEB STRATEGOL 2024-2028



Fel Cadeirydd a Phrif Weithredwr Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru, rydym yn falch o gyflwyno ein Cynllun Cydraddoldeb Strategol Trin Pobl yn Deg ar gyfer 2024-2028.

GAIR GAN Y CADEIRYDD A'R PRIF WEITHREDWR

Gan fyfyrio ar y cynnydd a wnaed dros y pedair blynedd diwethaf, rydym yn falch o weld pa mor bell yr ydym wedi dod fel sefydliad i greu gwasanaeth teg a chynhwysol i'n defnyddwyr gwasanaeth, ein staff a'n rhanddeiliaid. Mae'r cynllun pedair blynedd hwn yn adeiladu ar y sylfeini a osodwyd ac yn parhau i uchafu ein hymdrechion i fod yn sefydliad enghreifftiol ar gyfer cydraddoldeb, amrywiaeth a chynhwysiant. Dros y pedair blynedd nesaf byddwn yn parhau yn ein huchelgais i arwain drwy esiampl a llwyddo i greu amgylchedd gwirioneddol gynhwysol i bawb, gan drin pawb yn deg waeth pwy ydyn nhw, eu cefndir neu eu hamgylchiadau.

Does dim amheuaeth bod y pedair blynedd diwethaf wedi gweld heriau sylweddol sydd wedi effeithio'n andwyol ar y ffordd yr ydym yn gweithio. Mae'r pandemig bydol COVID-19 wedi cael effaith digynsail ar iechyd a lles corfforol a meddyliol pobl. Mae hwn, ynghyd â'r effaith o adael yr Undeb Ewropeaidd a'r argyfwng costau byw parhaus wedi herio'r ffordd y caiff gwasanaethau iechyd eu cyflenwi. Mae'r digwyddiadau hyn wedi cael effaith niweidiol ar bawb, gyda rhai o'r bobl fwyaf agored i niwed yn ein cymunedau yn wynebu hyd yn oed mwy o heriau. Mae anghydraddoldebau iechyd wedi cael eu dwyn i'r amlwg gan dynnu sylw at yr angen i bontio'r blwch a dileu gwahaniaethu. Mae'r cynllun hwn yn canolbwyntio ei ymdrechion ar wneud hynny; darparu gwasanaethau sy'n deg ac yn hygyrch i bawb, gan deilwra ein gwasanaethau i ddiwallu anghenion unigol.

Mae'r cynllun hwn wedi'i ddatblygu er mwyn alinio â'n Cynllun Pobl a Diwylliant a bydd yn cyd-fynd â'n cynllun Cyflawni Rhagoriaeth: Gweledigaeth ar gyfer 2030. Rydym hefyd wedi datblygu set newydd o ymddygiadau a gwerthoedd diwylliannol ar gyfer yr Ymddiriedolaeth sydd wedi'u cynnwys yn ein holl gynlluniau strategol. Mae'r cynllun hwn yn sail i'r ymddygiadau hyn ac mae wedi'i gynllunio i'w wreiddio ymhellach ar draws yr Ymddiriedolaeth.

Rydym yn sefydliad sy'n ymfalchïo mewn dathlu amrywiaeth a gwahaniaethau unigol. Rydym yn gwerthfawrogi ac yn parchu pawb sy'n dod mewn cyswllt â'r Ymddiriedolaeth. Rydym yn parhau i gefnogi ein staff i ddatblygu dealltwriaeth o'r cymunedau rydym yn eu gwasanaethu er mwyn diwallu anghenion unigol pobl a gwneud cyfraniad cadarnhaol wrth ddarparu gwasanaethau gofal iechyd. Nid yw'r cynllun yn ymwneud â chydymffurfio â deddfwriaeth yn unig; gwerthfawrogwn werth a manteision cael gweithlu sy'n ddiwylliannol ymwybodol er mwyn gwella ansawdd gofal a chynyddu arloesedd i addasu i'n poblogaeth amrywiol sy'n esblygu.

Edrychwn ymlaen at gydweithio a gweithio mewn partneriaeth â'n staff, dinasyddion, comisiynwyr a rhanddeiliaid a grwpiau allweddol eraill ar draws iechyd a gofal cymdeithasol, y sector cyhoeddus a thu hwnt i gyflawni uchelgeisiau ac ymrwymïadau a nodir yn y strategaeth hon.



JASON KILLENS
PRIF WEITHREDWR

COLIN DENNIS
CADEIRYDD

Fel y Cyfarwyddwr a'r Cyfarwyddwr Anweithredol ynghyd â'r arweinydd dros Gydraddoldeb, Amrywiaeth a Chynhwysiant ar draws Gwasanaeth Ambiwlans Cymru, dyma ein cyfle i rannu gyda chi pam ein bod yn credu ei bod mor bwysig ein bod yn gwneud mwy o gynnydd tuag at gyflawni ein hamcanion cydraddoldeb strategol dros y pedair blynedd nesaf.

Fel Ymddiriedolaeth rydym am weithio'n fwy effeithiol gyda'n pobl a'r cyhoedd i'w galluogi i adnabod, deall a gwerthfawrogi gwahaniaeth a'r effaith gadarnhaol a ddaw yn sgil amrywiaeth. Rydym am i bawb ddeall nad yw hyn yn ymwneud â chydymffurfedd yn unig neu broblem i'w datrys, neu hyd yn oed oherwydd ein bod yn teimlo rhwymedigaeth foesol a moesegol i wneud rhywbeth i fynd i'r afael ag anghyfiawnder. Mae'n ymwneud â'r holl bethau hyn a mwy. Credwn yn gryf fod hyn yn ymwneud â dangos arweinyddiaeth ar bob lefel o'r sefydliad a thrwy'r system iechyd a gofal cymdeithasol. Mae hyn yn ymwneud â gwneud yr hyn sy'n iawn i'n pobl ac i'n cyhoedd.

Rydym wedi ymrwymo i roi ein pobl a'n diwylliant wrth wraidd popeth a wnawn. Mae creu gweithlu amrywiol a diwylliannol cymwys sy'n dangos parch, empathi, cefnogaeth a dealltwriaeth i eraill yn flaenoriaeth. Trwy fuddsoddi yn ein pobl, rydym yn gobeithio gwella meddwl ac arloesi creadigol, gan eu helpu i wireddu eu potensial llawn. Rydym yn cydnabod bod hyn yn allweddol i sicrhau llwyddiant wrth wella ansawdd gofal a phrofiad defnyddwyr gwasanaeth.

Mae ymgysylltu â'n staff, defnyddwyr gwasanaeth a rhanddeiliaid wedi bod yn rhan hanfodol o ddatblygu ein hamcanion cydraddoldeb strategol. Mae gwrando ar yr hyn y mae pobl ei eisiau a chlywed eu syniadau am newid wedi ein helpu i nodi themâu ffocws ac mae wedi rhoi cyfeiriad clir i'r Ymddiriedolaeth er mwyn dod yn sefydliad gwirioneddol gynhwysol. Mae hyn wedi ein harwain at ddatblygu pedwar amcan trosfwaol a fydd yn ceisio ein helpu i wneud y canlynol:

- Dylunio gwasanaethau cyfartal a hygyrch
- Arwain drwy esiampl
- Bod yn gyflogwr o ddewis
- Creu cynghreiriaeth

Mae'r amcanion uchod wedi'u cysylltu'n gynhenid â nodau ein Cynllun Pobl a Diwylliant sy'n canolbwyntio ar ddiwylliant, galluedd a gallu. Mae'r Cynllun Cydraddoldeb Strategol yn atgyfnerthu ein huchelgais i greu amgylchedd gwaith cadarnhaol a chynhwysol, lle gall bawb dod â'u hunan cyfan i'r gwaith, yn cyfrannu'n weithredol ac yn falch o weithio i #TeamWAST. Dylai ein pobl teimlo eu bod wedi'u gwerthfawrogi, eu parchu a'u cefnogi i'n helpu ni ddarparu'r gwasanaeth gorau posibl i holl bobl Cymru.

Edrychwn ymlaen at weld y cynllun yn cael ei roi ar waith ar draws y pedair blynedd nesaf ac rydym yn hyderus y byddwn yn llwyddo i gyflawni ein hamcanion drwy alinio ein Cynllun Cydraddoldeb Strategol, ein Cynllun Pobl a Diwylliant a'n gweledigaethau hirdymor.

CYFLWYNIAD



Hannah Rowan

HANNAH ROWAN

CYFARWYDDWR ANWEITHREDOL

Angela Lewis

ANGELA LEWIS

CYFARWYDDWR POBL A
DIWYLLIANT

PWY YDYM NI



Dros 4000 aelod o staff yn amrywio o barafeddygon, nyrsys, ymgynghorwyr a chynorthwywyr gofal ambiwlans i dimau corfforaethol, rheolwyr y gweithlu, cynorthwywyr cyllid, timau ystadau a chynnal a chadw, ynghyd â mwy o bobl werthfawr sy'n rhan o'n gweithlu.



Cyflawni ystod o wasanaethau gofal iechyd rheng flaen gan gynnwys parafeddygaeth brys, cludo cleifion di-frys, cyngor gofal iechyd drwy GIG 111 Cymru



Dros 700 o wirfoddolwyr sy'n cynnwys Ymatebwyr Cyntaf Cymunedol, Gyrwyr Gwasanaeth Car Gwirfoddol a phobl eraill sy'n darparu gwasanaethau gwirfoddol i'n staff a'n defnyddwyr gwasanaeth.



Yn gwasanaethu ychydig dros 3.1 miliwn o bobl yng Nghymru ar draws saith bwrdd iechyd a 22 sir.

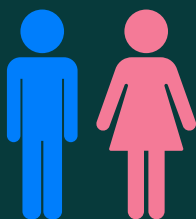
Y BOBL RYDYM YN EU GWASANAETHU



115,000 o gyn-filwyr



Dros un bumed 65oed a mwy



49% 51%



6% yn uniaethu â grŵp ethnig ar wahân i wyn



18% o siaradwyr Cymraeg



21% â chyflwr iechyd neu salwch hir dymor sy'n debygol o bara 12 mis neu fwy



3.1 Miliwn o Bobl



Pwyleg, Arabeg a Rwmaneg yw'r tair iaith fwyaf cyffredin ar draws Cymru ar wahân i Saesneg a'r Gymraeg



10.5% gofalwyr di-dâl



900 sy'n defnyddio gwasanaethau BSL



1.4 m Cristnogion
67,000 Mwslimiaid
12,000 Hindŵiaid
10,000 Bwdhyddion
5,000 Paganiaid
4,000 Sikhiaid
2,000 Iddewon



Dros 10,000 o bobl sydd â rhyw gwahanol i'w rhyw a gofrestrwyd adeg geni



77,000 yn hunaniaethu fel lesbiaidd, hoyw, deurywiol a chyfeiriadedd rhywiol lleiafrifol arall



22,000 yn methu siarad Saesned neu Gymraeg yn dda iawn

CEFNDIR

Mae'r Ymddiriedolaeth wedi ymrwymo i weithredu cyfres o Amcanion Cydraddoldeb Strategol oherwydd ein bod yn gwerthfawrogi ein staff, defnyddwyr gwasanaeth a rhanddeiliaid. Credwn fod gan bawb yr hawl i gael eu trin yn deg ag urddas a pharch. Rydym yn cydnabod bod rhai pobl yn wynebu heriau ychwanegol yn eu bywydau bob dydd am nifer o resymau. Yn benodol, y rhai sydd â nodwedd warchoddedig, grwpiau lleiafrifol a bregus, pobl sy'n profi anfantais economaidd-gymdeithasol, pobl sy'n siarad Cymraeg, gofawyr di-dâl, cyn-filwyr a phobl sy'n perthyn i gymuned y lluoedd arfog. Ein nod yw diwallu anghenion pawb a sicrhau bod ein gwasanaethau'n hygyrch ac yn gynhwysol o bawb sy'n dod i gysylltiad â'r Ymddiriedolaeth.

Mae hefyd nifer o ddyletswyddau deddfwriaethol a statudol yn cael eu gosod ar yr Ymddiriedolaeth i'n helpu i ddarparu gwasanaethau teg. Mae nifer o yrwyr strategaeth a pholisi cenedlaethol wedi siapio ein syniadau a dyluniad ein hamcanion strategol. Mae'r rhain yn cynnwys y canlynol:

- Deddf Llesiant Cenedlaethau'r Dyfodol
- Cymru Iachach, Deddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2019
- Cymru sy'n Fwy Cyfartal, Adroddiad A yw Cymru'n Decach?
- Dyletswydd Cydraddoldeb Sector Cyhoeddus

Fel corff cyhoeddus, mae gennym gyfrifoldeb i sicrhau ein bod yn ystyried sut y gallwn gyfrannu'n gadarnhaol at gymdeithas decach drwy hyrwyddo cydraddoldeb a pherthynas dda rhwng pawb yn ein gweithgareddau o ddydd i ddydd a dyluniad ein polisiau a'n gwasanaethau. Wrth wneud penderfyniadau a darparu gwasanaethau mae'n rhaid i ni roi sylw cyhoeddus i'r canlynol:

- Dileu gwahaniaethu, aflonyddu, erledigaeth ac unrhyw ymddygiad arall a waherddir o dan y Ddeddf.
- Hyrwyddo cyfle cyfartal rhwng personau sy'n rhannu nodwedd warchoddedig berthnasol a phersonau nad ydynt yn ei rhannu.
- Meithrin perthnasoedd da rhwng personau sy'n rhannu nodwedd warchoddedig berthnasol a phersonau nad ydynt yn ei rhannu.

Yn ogystal â'r ddyletswydd gyffredinol, mae gennym gyfrifoldeb i gyflawni'r dyletswyddau penodol. Mae'r dyletswyddau penodol yn nodi'r camau y mae'n rhaid i ni eu cymryd er mwyn dangos ein bod yn bodloni ac yn cefnogi gwell perfformiad o'r ddyletswydd gyffredinol. Mae'r Dyletswyddau Penodol yn sail i'r Ddyletswydd Gyffredinol. Gellir dod o hyd i'r rhain yma ochr yn ochr â mwy o wybodaeth am ddyletswydd cydraddoldeb y sector cyhoeddus: [Y canllaw hanfodol i ddyletswydd cydraddoldeb y sector cyhoeddus: Trosolwg i awdurdodau cyhoeddus rhestredig yng Nghymru | Comisiwn Cydraddoldeb a Hawliau Dynol \(equalityhumanrights.com\)](#)

NODWEDDION GWARCHODEDIG

At bwy yr ydym yn cyfeirio ato pan fyddwn yn siarad am bobl â nodweddion gwarchoddedig?



Oed



Anabledd



Hil ac
Ethnigrwydd



Crefydd
neu Gred



Rhyw



Ailbennu
Rhywedd



Cyfeiriadedd
Rhywiol



Priodas a
Partneriaeth
Sifil



Beichiogrwydd
a Mamolaeth

YR IAITH GYMRAEG



Yng Nghymru, mae'r Gymraeg yn cael ei thrin yr un â nodwedd warchoddedig ac mae ganddi ei deddfwriaeth ei hun i sicrhau ei bod yn cael ei diogelu. Mae Safonau'r Gymraeg yn ei wneud yn ofynnol i sefydliadau ddarparu gwasanaethau cyhoeddus drwy gyfrwng y Gymraeg a hyrwyddo cyfleoedd i bobl ddefnyddio'r Gymraeg. Mae'r Ymddiriedolaeth yn gwerthfawrogi ac yn parchu ein staff, defnyddwyr gwasanaeth a rhanddeiliaid sy'n siarad Cymraeg, ac yn cefnogi recriwtio staff sy'n siarad Cymraeg ac yn cydnabod pwysigrwydd darparu gwasanaethau dwyieithog. Mae'r Fframwaith y Gymraeg Ymddiriedolaeth sy'n ymgorffori Cynllun Gweithredu Mwy na Geiriau 2022-27 yn nodi ein nodau a'n hamcanion i gynyddu gwelededd a chyfleoedd i'r Gymraeg ac yn amlinellu ein targedau i gynyddu cefnogaeth i'n cymunedau Cymraeg a'n dysgwyr Cymraeg. Dangosodd adborth o'n hymgyngoriad a'n hymgysylltiad ar y Cynllun Cydraddoldeb Strategol pa mor bwysig oedd dwyieithrwydd i'n defnyddwyr gwasanaeth o ran cynwysoldeb a chydaddoldeb. Felly, mae ein Cynllun Cydraddoldeb Strategol wedi'i ddatblygu i gyd-fynd â'n Fframwaith y Gymraeg a bydd y ddau yn anelu at sicrhau nad oes gwahaniaethu yn erbyn siaradwyr Cymraeg nac o dan anfantais mewn unrhyw ffordd.

CROESTORIADEDD



Rydym yn cydnabod nad un nodwedd yn unig sydd gan unigolion. Mae croestoriadedd gan bobl sydd â nodweddion lluosog yn meddwl eu bod yn debygol i wynebu dulliau unigryw o wahaniaethu neu rwystrau neu heriau gwahanol o gymharu â phobl sydd ag un neu nodwedd yn unig. Mae'r Ymddiriedolaeth yn bwriadu defnyddio dull mwy croestoriadol at ddeall ein data cydraddoldeb, amrywiaeth a chynhwysiant ac yn blaenoriaethu camau gweirtheu lle bo'n berthnasol.

YMGYNGHORI AC YMGYSYLLTU

Mae gwranddo ar bobl yn allweddol i'n helpu i ddysgu sut orau y gallwn greu sefydliad gwirioneddol gynhwysol. Mae'r cynllun hwn wedi'i lunio gan farn ein staff, defnyddwyr gwasanaeth a rhanddeiliaid. Mae ymgynghori ac ymgysylltu yn broses barhaus yma yn yr Ymddiriedolaeth sydd wedi arwain at gasglu barn drwy amrywiaeth o ddulliau. Mae ein Tîm Profiad Cleifion a Chynnwys y Gymuned wedi bod yn siarad ag aelodau'r cyhoedd yn ystod digwyddiadau amrywiol, megis digwyddiadau iechyd a llesiant, digwyddiadau addysgol ysgol, diwrnodau agored recriwtio, ac ati. Mae staff hefyd wedi mynychu digwyddiadau penodol ar gyfer pobl gyda nodwedd warchoddedig i sicrhau bod gan bawb y cyfle i leisio eu barn. Er enghraifft, cynhaliwyd sgysiau mewn gwahanol ddigwyddiadau Pride, grwpiau cymorth colli golwg lleol, caffis i bobl ddigartref, mosgiau, eglwysi, cynadleddau gwirfoddolwyr, grwpiau anawsterau dysgu, caffis galw heibio amlddiwylliannol, a llawer mwy.

Yn ogystal â'r sgysiau wyneb yn wyneb, roedd arolwg hygyrch ar-lein ar gael i bawb (roedd copïau papur a fformatau amgen ar gael ar gais). Gwahoddwyd elusennau cenedlaethol a grwpiau cymorth fel Age Cymru, Senedd Ieuenctid Llywodraeth Cymru a Gyrfa Cymru i gwblhau'r arolwg hefyd.

Trafodwyd y Cynllun Cydraddoldeb Strategol yn fanwl hefyd mewn gwahanol grwpiau rhanddeiliaid a chyfarfodydd mewnol, er enghraifft, Grŵp Arweinyddiaeth Cydraddoldeb GIG Cymru a Grŵp Cynghori'r Gymraeg. Mae staff hefyd wedi cael y cyfle i helpu i lunio'r cynllun mewn cyfres o ddigwyddiadau sioe deithiol ledled Cymru.

Rydym yn cydnabod bod ymgynghori ac ymgysylltu yn broses barhaus. Rydym am i'n Cynllun Cydraddoldeb Strategol fod yn hyblyg er mwyn addasu i anghenion ein pobl; gellir cryfhau amcanion, gellir ychwanegu camau gweithredu, a gall blaenoriaethau newid i ddiwallu anghenion ein pobl. Felly, mae cynlluniau ar waith i sicrhau bod y sgysiau'n parhau a bydd adolygiadau rheolaidd o'n hamcanion yn cael eu cynnal. Bydd cynnydd a diweddariadau yn cael eu hadrodd a'u cyhoeddi'n flynyddol ar ein gwefan.

EIN GWASANAETHAU IECHYD

Mae gwella ansawdd ein gwasanaethau a'r canlyniadau i ddefnyddwyr yn flaenoriaeth allweddol i'r Ymddiriedolaeth. Yn unol â gofynion y Ddyletswydd Ansawdd sy'n ffurfio rhan o Ddeddf Iechyd a Gofal Cymdeithasol (Ansawdd ac Ymgysylltu) (Cymru) 2020, mae'r Ymddiriedolaeth wedi ymrwmo i weithredu gwelliannau ar draws bob maes gwasanaeth. Mae cysylltiadau clir rhwng y Cynllun Cydraddoldeb Strategol a'r chwe pharth o fewn y Ddyletswydd Ansawdd sy'n ceisio sicrhau bod y gofal a ddarparwn yn ddiogel, amserol, effeithiol, effeithlon, teg ac yn canolbwyntio ar yr unigolyn. Felly, bydd gan y camau a nodir yn y cynllun hwn y nod sylfaenol i alluogi ein staff i fod ar eu gorau er mwyn darparu'r gwasanaethau gofal iechyd gorau.

EIN HAMCANION



CYDRADDOLDEB STRATEGOL



Byddwn yn anelu at

DYLUNIO GWASANAETHAU CYFARTAL

ARWAIN DRWY ESIAMPL

BOD YN GYFLOGWR O DDEWIS

CREU CYNGHREIRIAETH

DYLUNIO GWASANAETHAU CYFARTAL

Beth fyddwn yn ei wneud?

Erbyn 2028 byddwn yn gwella'r ffordd rydym yn cynllunio ac yn dylunio ein gwasanaethau i sicrhau eu bod wedi'u cynllunio i ddiwallu anghenion ein holl boblogaeth amrywiol

Wrth ddylunio ein gwasanaethau, byddwn yn ystyried anghenion penodol pobl er mwyn sicrhau bod ein gwasanaethau'n hygyrch i bawb ac yn cynnwys pawb

Sut byddwn yn gwneud hyn?

Parhau i ddatblygu a gweithredu ystod o asesiadau effaith cadarn ym mhob un o'r camau cynllunio gwasanaeth

Ymgysylltu'n rheolaidd ac yn ymgynghori â'n defnyddwyr gwasanaeth a meithrin perthnasoedd â chymunedau ac unigolion sy'n cael hi'n heriol cael mynediad i'n gwasanaethau'n. Byddwn yn gwrandao ar eu hadborth ac yn chwilio am atebion gyda'n gilydd

Diwygio cynlluniau gwasanaeth ac yn gweithredu newidiadau i'n gwasanaethau lle bo angen er mwyn helpu i ddiwallu anghenion ein defnyddwyr gwasanaeth

Sut byddwn yn mesur ein llwyddiant?

Tystiolaeth o weithdrefnau Asesiad o'r Effaith ar Gydraddoldeb, gan gynnwys asesiadau effaith economaidd-gymdeithasol a'r Gymraeg

Gweithdrefnau Effaith ar Ansawdd

Adborth o ymgysylltu a digwyddiadau ymgynghori

Penderfyniadau Gweithio i Wella

EIN HAMCANION



CYDRADDOLDEB STRATEGOL



Byddwn yn anelu at

DYLUNIO GWASANAETHAU CYFARTAL

ARWAIN DRWY ESIAMPL

BOD YN GYFLOGWR O DDEWIS

CREU CYNGHREIRIAETH

ARWAIN DRWY ESIAMPL

Beth fyddwn yn ei wneud?

Byddwn yn sicrhau bod ein holl staff yn mynd ati i hyrwyddo diwylliant o gynhwysiant a lles ar draws y sefydliad

Bydd staff yn dangos dealltwriaeth ac ymwybyddiaeth o anghenion unigol y boblogaeth amrywiol rydym yn eu gwasanaethu

Bydd ein huwch arweinwyr a rheolwyr yn hyrwyddo WAST fel sefydliad cynhwysol. Byddant yn dangos empathi a chefnogaeth wirioneddol i'r rhai sydd dan anfantais mewn unrhyw ffordd. Ni fyddant yn derbyn ymddygiad gwahaniaethol ar unrhyw ffurf

Sut byddwn yn gwneud hyn?

Defnyddio profiad bywyd staff a defnyddwyr gwasanaeth i helpu nodi lle gellir gwneud gwelliannau a sicrhau bod staff yn cael eu cefnogi i roi eu syniadau ar waith

Parhau i ddatblygu, gwerthuso ac ymgorffori ymddygiadau WAST sy'n meithrin cynwysoldeb a pharch at bawb

Creu cysylltiadau a rhwydweithiau cymorth gyda sefydliadau eraill sy'n ceisio dileu gwahaniaethu

Sicrhau bod amcanion personol uwch arweinwyr a rheolwyr yn cynnwys ffocws ar wella cydraddoldeb, amrywiaeth a chynhwysiant

Sut byddwn yn mesur ein llwyddiant?

Ymrwymadau ystyrlon yn ein Cynllun Tymor Canolig Integredig, ein Cynllun Pobl a Diwylliant, a strategaethau cyhoeddedig eraill

Tystiolaeth o amcanion a champau gweithredu personol rheolwyr sy'n anelu at wella cydraddoldeb, amrywiaeth a chynhwysiant, dileu gwahaniaethu, hyrwyddo defnydd Cymraeg a diwylliant Cymreig bywiog

Cefnogaeth weladwy i bobl sydd â nodweddion gwarchoddedig a mentrau gweithio ar y cyd

EIN HAMCANION



CYDRADDOLDEB STRATEGOL



Byddwn yn anelu at

DYLUNIO GWASANAETHAU CYFARTAL

ARWAIN DRWY ESIAMPL

BOD YN GYFLOGWR O DDEWIS

CREU CYNGHREIRIAETH

BOD YN GYFLOGWR O DDEWIS

Beth fyddwn yn ei wneud?

Byddwn yn anelu at gynyddu'r amrywiaeth yn ein gweithlu fel ei fod yn adlewyrchu'r boblogaeth rydym yn ei gwasanaethu

Bydd staff yn teimlo'n gyfforddus i ddod â'u hunan cyfan i'r gweithle a byddant yn rhydd o farn a gwahaniaethu yn y gweithle

Byddwn yn cynnig cefnogaeth i staff yn rhagweithiol yn unol â'u hanghenion unigol er mwyn eu helpu i berfformio yn y gweithle hyd eithaf eu gallu

Sut byddwn yn gwenud hyn?

Datblygu strategaethau recriwtio sy'n cynnwys mentrau recriwtio wedi'u targedu

Sicrhau bod ein cynllun strategol y gweithlu'n adlewyrchu anghenion ein poblogaeth amrywiol

Mentrau iechyd a lles - sicrwydd iechyd, gweithio'n hyderus

Sefydlu llwybrau dilyniant gyrfa sy'n deg ac yn gynhwysol o'r holl staff

Sut byddwn yn mesur ein llwyddiant?

Adroddiadau monitro cydraddoldeb y gweithlu / Data cofnod electroneg staff / Arolygon Staff

Adborth o ddigwyddiadau ymgysylltu â staff

Adroddiadau Trac

Adborth o ddigwyddiadau recriwtio

Mwy o bobl yn cael cymorth iechyd galwedigaethol a lle

Mesur sgiliau Cymraeg ein staff

EIN HAMCANION



CYDRADDOLDEB STRATEGOL



Byddwn yn anelu at

DYLUNIO GWASANAETHAU CYFARTAL

ARWAIN DRWY ESIAMPL

BOD YN GYFLOGWR O DDEWIS

CREU CYNGHREIRIAETH

CREU CYNGHREIRIAETH

Beth fyddwn yn ei wneud?

Byddwn yn rhoi'r sgiliau a'r wybodaeth i'n gweithlu i weithredu fel cynghreiriad cywir i bawb sy'n wynebu gwahaniaethu a heriau

Byddwn yn cynyddu ymwybyddiaeth staff o'r materion sy'n wynebu grwpiau lleiafrifol i greu empathi a chreu cyfres o rwydweithiau cefnogi staff

Sut byddwn yn gwneud hyn?

Datblygu a chyflwyno sesiynau hyfforddi i staff gynyddu eu gwybodaeth am faterion cydraddoldeb, amrywiaeth a chynhwysiant

Gweithio gydag arbenigwyr ar bynciau arbenigol o gydraddoldeb, amrywiaeth a chynhwysiant i helpu codi ymwybyddiaeth ymhlith staff o'r heriau y gallai pobl eu hwynebu

Creu diogelwch seicolegol i'r holl staff sy'n dymuno codi pryderon

Sut byddwn yn mesur ein llwyddiant?

Mwy o bobl yn cwblhau hyfforddiant cydraddoldeb, amrywiaeth a chynhwysiant / Cymraeg

Adborth o hyfforddiant cydraddoldeb, amrywiaeth a chynhwysiant

Arolygon Staff

Monitro achosion urddas a pharch yn y gwaith gyda chysylltiad â chydraddoldeb, amrywiaeth a chynhwysiant, Cymraeg a ffurfiau eraill gwahaniaethu a sicrhau bod atebion priodol wedi'u canfod a'u rhoi ar waith

Cymryd rhan



Diolch am gymryd yr amser i ddarllen ein
Cynllun Cydraddoldeb Strategol ar gyfer 2024-2028.

Rydym yn croesawu unrhyw sylwadau neu gwestiynau
ar bob agwedd y cynllun hwn.

Os hoffech roi sylwad, gwybod mwy am y gwaith, neu sut i gymryd rhan,
cysylltwch â ni:

**Pennaeth Cynhwysiant ac Ymgysylltiad
Ymddiriedolaeth GIG Gwasanaeth Ambiwlaens Cymru
Matrix One
Northern Boulevard
Parc Menter Abertawe
Abertawe
SA6 8RE
Ffôn: 01792 311773
Ebst: AMB_Inclusion@wales.nhs.uk**



Gall y ddogfen hon fod ar gael mewn fformatau ac ieithoedd eraill.
Cysylltwch â'r manylion uchod i wneud cais.



**GIG
CYMRU
NHS
WALES**

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlaens Cymru
Welsh Ambulance Services
NHS Trust

View results

Respondent

1 Kathryn Cobley

106:19
Time to complete

About this EQIA

1. Name *

Kathryn Cobley

2. Job Title *

Head of Inclusion and Engagement

3. Email Address *

Kat.cobley@wales.nhs.uk

4. Team / Directorate *

People and Culture Servcies

5. Executive Lead for this work *

Angela Lewis, Director of People and Culutre

6. Governance Approval Route *

People and Culture Committee / Board

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

Strategic Equality Plan 2024-2028

8. What type of document are you impact assessing *

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

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

The Diversity and Inclusion Team, Welsh Language Service Manager

10. EQIA Start Date *

12/11/2023



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

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

A new 4 year Strategic Equality Plan and set of objectives which will help WAST to comply with the PSED requirements to:

- eliminate discrimination, harassment and victimisation and other conduct prohibited by the Act;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not.

The new 4yr SEP must be published by 31 March 2024.

Progress against the SEP objectives will be monitored throughout the year and will be reported on in the Annual SEP Report which will be published on our website.

WAST will also publish annual statistical data reports detailing our pay gaps and workforce equality monitoring data.

[Links to objectives and other areas of work](#)

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

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

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

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

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

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

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

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

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

Tick whether this work applies to any of the following:

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

16. Is this work aligned to the FREDA Principles?

- Fairness
- Respect
- Equality
- Dignity
- Autonomy

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

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

This plan links to the following:
People and Culture Plan
IMTP
Strategic Workforce Plan
Welsh Language Policy
Is Wales Fairer (EHRC)
Anti-Racist Wales Action Plan (Welsh Government)
LGBTQ+ Action Plan (Welsh Government)
More Than Just Words (Welsh Government)

Consultation and Engagement

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

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

Survey went out to the public, staff and stakeholders between June and September. This was available online via the website, paper format and alternative formats. The was promoted via social media, staff meetings and public engagement events.

The PECEI Team provided a summary of the key themes emerging from their public engagement over the past year.

Staff Networks, including those with a focus on protected characteristics, were given the opportunity to feedback.

The Head of Inclusion and Engagement presented reached out to many community groups to offer the opportunity to meet and discuss the SEP. Visits took place with specific community groups, including the homeless, Black Asian and Minority Ethnic, sensory loss and learning disabilities.

The draft SEP objectives were presented for consultation at numerous staff directorate meetings, Senior Leadership Team, People and Culture Committee, WAST Live and the CEO Staff Roadshows.

Workshops were also held with the Non-Executive Directors to discuss the SEP.

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

Themes emerging from the consultation and engagement tended to focus on the following:

Inclusive and fair recruitment procedures

More public involvement in designing and shaping service design and strategies

More engagement with specialist organisations for people with a protected characteristic.

Simplifying points of access to services

Consideration of rural community needs

Accessibility of WAST premises and ambulances

promote visible bilingualism

Improve communication for BSL service users

Improved service for mental health related calls

making EDI more visible

Embedding WAST behaviours and challenging those that do not align

Improved investigation of incidents

Value and appreciation of staff in various roles

Increase EDI training, understanding and awareness

Create psychological safety for all

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

The draft SEP and set of objectives were developed and amended throughout the consultation and engagement process to reflect the feedback received.

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

The draft SEP and Objectives are out for consultation for a period of 8 -12 weeks before receiving final approval at People and Culture Committee and the Board prior to publication.

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

The SEP will be published on our website in line with the PSED requirements.
The People and Culture Team will promote the SEP at every opportunity to staff to ensure that a whole organisation approach is taken to implementing the objectives.

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

This could include external research, population data, etc

The Census Data 2021 was used to inform the background of the SEP for the population of Wales.
The research informing the EHRCs Is Wales Fairer Report and Welsh Government's Anti-Racist Wales Action Plan and LGBTQ+ Action Plan.
People and Culture Plan engagement.

EQIA

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

For further guidance and video tutorials on equality impact assessment, please visit this page on SIREN:

Equality Impact Assessments (sharepoint.com)

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

AGE

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

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

- Positive Impact
- Negative Impact
- No Impact

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

The SEP aims to improve equity for people who belong to all ages and address specific challenges that each age group may experience. For example, better access to employment for younger people. More inclusive recruitment for older people.

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

See SEP Objectives

Disability

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

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

- Positive Impact
- Negative Impact
- No Impact

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

The plan aims to improve equitable access to service for people with a disability and those who are neurodiverse. It also aims to improve the working environment for staff who fall into this category.

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

See SEP

Sexual Orientation

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

Positive Impact

Negative Impact

No Impact

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

The SEP aims to continue to build upon the work already done to improve engagement with LGBTQ+ communities, and to support staff who are LGBTQ+.

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

See SEP

Gender Reassignment / Gender Identity

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

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

Positive Impact

Negative Impact

No Impact

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

The SEP aims to improve education and awareness for better inclusivity and support for people who are transgender or non-binary.

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

See SEP

Sex

Think about how your plans may impact men and women differently

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

Positive Impact

Negative Impact

No Impact

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

The SEP aims to create equality between people of different sex, both for service users and staff.

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

See SEP

Race and Ethnicity

Think about how your plans may impact upon people from Black, Asian and Minority Ethnic backgrounds.

This includes Gypsy, Roma, Traveller Communities and could include White people from a non-British background.

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

Positive Impact

Negative Impact

No Impact

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

The SEP will aim to increase accessibility of services to people who are Black, Asian and Minority Ethnic. This also applies to our workforce and recruitment procedures. Various support initiatives will be put into place as the SEP is implemented in line with the requirements of the Anti-Racist Wales Action Plan

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

See SEP

Religion and Belief

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

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

Positive Impact

Negative Impact

No Impact

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

The SEP aims to improve education and awareness around religion and beliefs for staff and service users.

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

See SEP

Pregnancy and Maternity

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

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

Positive Impact

negative Impact

No Impact

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

The SEP is in line with workforce policies which support protect people who are pregnant or on maternity.
Education for operational staff dealing with pregnancy related incidents will continue to be updated and rolled out accordingly.

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

See SEP and other workforce policies.

Marriage and Civil Partnership

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

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

Positive Impact

Negative Impact

No Impact

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

The SEP aims to create equality for all and does not discriminate against people who are married or in a civil partnership and those who are not.

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

See SEP

Unpaid Carers

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

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

- Positive Impact
- Negative Impact
- No impact

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

The SEP will help WAST to continue its implementation of support initiatives for unpaid carers.

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

See SEP

Armed Forces Covenant

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

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

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

Positive Impact

Negative Impact

No Impact

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

Inclusive recruitment strategies will provide support for Armed Forces veterans and their families.
Education and awareness raising will also help operational staff when dealing with members of the public who have connections with the Armed Forces.

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

See SEP

Welsh Language Impact Assessment

For further information on the requirements of the Welsh Language Standards and Welsh Language Impact Assessment, please click here:

<https://ambulance.nhs.wales/about-us/welsh-language-standards/>

Or please contact Melfyn.Hughes@wales.nhs.uk for further advice.

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

- Yes
- No
- Not applicable

58. Please provide an explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: *

Objectives around accessible services and EQIA are linked to the requirements of the Welsh Language Standards. The Welsh Language Service Manager works closely with the Head of Inclusion to ensure that Welsh language and Welsh speakers are given the same considerations as the protected characteristics and are linked together in the SEP.

59. What impact will your plans have upon the opportunities for people to use the Welsh language? *

- Positive Impact
- Negative Impact
- No Impact

60. Please provide an explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: *

The SEP will aim to improve bilingual service provision and raise opportunities for staff to use Welsh in the workplace. The SEP will work in tandem with WAST Welsh Language Policy,

61. Will your plans encourage staff to use Welsh in the workplace and provide opportunities for staff to learn and improve their Welsh language skills? *

- Yes
- No
- Not applicable

62. Please provide an explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: *

The SEP is linked to WAST Welsh Language Policy and People and Culture Plan which both encourage the use of Welsh in the workplace and support staff who wish to learn and improve their Welsh language skills.

63. Will your plans encourage Welsh language cultural awareness, activity and integration? *

- Yes
- No
- Not applicable

64. Please provide an explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: *

The SEP is very much focussed on the needs of the population of Wales which includes Welsh culture, activity and integration. This includes meeting the needs of our Welsh speaking populations, especially those in our rural communities who may face additional challenges. The SEP also aims to foster good relations between Welsh speakers and other communities. There is also a focus on intersectionality where some Welsh speakers with a protected characteristic face additional challenges and have different experiences. For example, providing the right services to Welsh speaking dementia patients.

65. Will your plans increase the Trust's ability to deliver services in the medium of Welsh? *

- Yes
- No
- Not applicable

66. Please provide an explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts: *

The SEP will support WAST Welsh Language Policy and Recruitment Strategies.

67. Do your plans treat the Welsh language no less favourably than the English language? *

- Yes
- No
- Not applicable

Socioeconomic Duty

The Socioeconomic Duty aims to improve outcomes for people who experience socio-economic disadvantage. This may include people on low incomes, lone parents, students, the homeless, etc. People who live in rural and urban areas can be affected by socioeconomic disadvantage in different ways. For example, consider the impact of fuel poverty, wifi poverty, job opportunities, unemployment rates, access to health and social care systems, etc.

When assessing the impact of your plans, please consider the following domains:

Education:

Consider the impact of education on the local population, children and adults with additional learning needs, basic literacy levels and those less likely to have access to training opportunities and qualifications

Think about how careers support, including apprenticeships and volunteer work placements can be promoted to support young people furthest from the job market.

Health:

Consider the expected health outcomes of the local population. What are the current health needs and what action can be taken to increase access to healthcare for those who experience socio-economic disadvantage? Have the costs of transport and travel been taken into account? Think about the design of the built environment on the physical and mental health of patients, staff and visitors.

Living Standards:

Consider the impact of poverty and deprivation. Are there groups who may be disproportionately impacted by poverty e.g. disabled people / lone parents / unemployment / homelessness. This domain includes issues of accessibility of transport, healthy food, leisure activities, road safety and the quality and safety of play areas and open spaces.

Work:

Welsh Ambulance Services NHS Trust provides numerous opportunities for people to access work. Will this plan impact on employment / apprenticeship / volunteering opportunities? What are the implications of the proposal for people on low income, those who are economically inactive, unemployed, and people who are unable to work due to ill-health. Consider people living in work poverty.

Justice and Personal Security:

Consider local crime rates and feeling safe. Think about people who live in less safe areas and those more likely to be victims of domestic violence and abuse. Evidence suggests that domestic violence incidents are becoming more complex and serious, with higher levels of physical violence and coercive control.

Participation:

How is participation enabled, how is engagement sustained with people with lived experience of socio-economic disadvantage and how has this informed your proposal? Think about digital exclusion and digital poverty, people living in rural areas and those unable to access services and facilities.

For a comprehensive guide to the Socio-Economic Duty in Wales and supporting resource please see <https://gov.wales/more-equal-wales-socio-economic-duty>

68. What impact do your plans have upon those who are affected by socioeconomic disadvantage? *

Positive Impact

Negative Impact

No Impact

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

The SEP addresses inequalities experienced by those who are affected by socio-economic disadvantage. The actions which will sit under the objectives will improve service design and accessibility. EQIA will encourage considerations and mitigating actions which are required. Workforce policies and initiatives will also aim to support for staff who are impacted by socio-economic disadvantage.

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

See SEP

EQIA Outcome Decision

71. Using the information provided in this assessment, are you able to proceed with your plans?

Yes

No

72. What are your next steps? Please provide details of any required changes, further changes and consultation, decisions, etc. *

To assess any further comments / feedback on the draft SEP and Objectives and make any necessary changes to the plan to reflect these.
Prepare final reports for approving committees prior to publication.
To liaise with other NHS Wales organisations and public sector partners to assess the development of our SEPs.

Thank you for completing this EQIA.

Please ensure that you tick the box which allows you to edit your EQIA after submission. This will allow you to make any necessary updates as required.



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlians Cymru
Welsh Ambulance Services
NHS Trust

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

GENDER PAY GAP REPORT & WORKFORCE EQUALITY MONITORING REPORT 2022-2023

MEETING	People and Culture Committee
DATE	20 February 2024
EXECUTIVE	Angela Lewis, Director of People and Culture Services
AUTHOR	Kat Cobley
CONTACT	Kat.cobley@wales.nhs.uk

EXECUTIVE SUMMARY

1. The gender pay gap reporting requirements and equality monitoring data requirements are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.
2. As an organisation that employs more than 250 people the Welsh Ambulance Services NHS Trust must publish and report specific information about our gender pay gap both on our own website and the Government’s website.
3. As a public sector body, we are required to publish workforce data and assess the diversity of the workforce in relation to the population we serve. This information is pulled from our ESR system and the TRAC system.
4. Gender pay gap is the difference between the average earnings of men and women across an organisation. In 2022-2023 our gender pay gap was 5.4%. This compares favourably to other NHS Wales organisations with some of these between 20-25%. It also sits in the middle of the table comparison between UK Ambulance Trusts whose gender pay gap reports range from 0.85% (NEAS) to 10.77% (NWAS).
5. In 2022-2023, there was a small increase in the diversity of our workforce in relation to the number of staff with a disability, those who identify as LGBTQ+ and those from a Black, Asian and Minority Ethnic background.
6. Both data reports will be published on the Trust website prior to the deadline on 31st March 2024 and will sit alongside the Strategic Equality Plan Annual Report for 2022-2023 which has already been approved and published.

KEY ISSUES/IMPLICATIONS

7. As a public sector body, we are required to publish workforce data and assess the diversity of the workforce in relation to the population we serve. To do this, we are reliant upon staff voluntarily completing the equality monitoring questions on ESR and sharing their personal data with us. We can see from the data we hold on ESR that many staff have not provided this data. Therefore, the data that we publish is not a full picture of our workforce. Actions have been identified within the EDI Workplan to work with the ESR Lead to develop guidance on how to update equality monitoring data on ESR and will develop a communication plan to build trust and confidence amongst staff to share this data and address these gaps.
8. Overall, the data provided on these data reports does not indicate any large risks to the organisation. Some of the data compares favourably to other NHS Wales organisations, in particular our gender pay gap data and our staff who identify as LGB+. We recognise that current systems do not allow for staff to identify as any other gender apart from male or female. This is a current limitation of the national ESR system which we cannot amend. The planned replacement ESR system will include the option for staff to accurately record their gender when the system is introduced in the coming years. In the interim, internal processes are in place to support staff who identify as another gender and our LGBTQ+ group have worked closely with AACE to develop a number of resources to help managers support staff in the workplace.
9. When assessing whether our workforce is reflective of the population we serve, there are some shortfalls in the following areas:

Non-White population in Wales 6.2% (Census data 2021)	WAST Staff from BAME background 1.83%
People with a disability in Wales 21.1% (Census data 2021)	WAST Staff with a disability 5.93%

Please note:

10. *The non-White population figures and the People with a disability in Wales figures include children and people over the age of 65 and is not reflective of the general working age population
*The data above is Wales-wide. The population percentages for the non-White category is much higher in urban areas of Wales, in particular Cardiff, Newport and Swansea.
11. Work is already ongoing to increase diversity in our workforce via a number of initiatives such as the inclusive recruitment programme and the implementation of the actions set out in the Anti-Racist Wales Action Plan. The inclusive recruitment programme should also focus on attracting higher numbers of staff with a protected characteristic in our urban areas to be more reflective of the

local populations. Funding has been made available to introduce Retention Leads within NHS Wales organisations who will be contributing to the development of inclusive recruitment and retention initiatives in 2024-2025.

12. Even though our gender pay gap has not worsened over the past 6 years and there has been minimal fluctuation, the gender pay gaps still exists within the Trust despite the actions taken to improve our female staff experience in the workplace. We will continue to implement initiatives which focus on encouraging career progression amongst our female staff and are continuing to support women's health in the workplace via staff networks and policy development, e.g. All Wales Menopause Policy, Shared Parental Leave Policy, Flexible Working Policy, etc. Actions will focus on engagement with our female staff to understand the reasons behind the gender pay gap. This work will also link to our actions around increasing psychological and sexual safety in the workplace.
13. The Trust has not been able to obtain data relating to the recruitment of staff with a protected characteristic. The Trust is required to publish data for 2022-2023 on the number of applicants with specific protected characteristic (LGBTQ+, Black, Asian and Minority Ethnic and Disability). The Trust is also required to report on the number of those applicants who were shortlisted and those who were appointed. This information is collated within the TRAC system, however, this information is erased from the TRAC system after 400 days, meaning that we cannot access this data for the 2022-2023 financial year. To rectify this, the Trust will commit to including a comparison of data over a 2-year period when it publishes it workforce data reports for 2023-2024.
14. In 2022-2023, 514 people left the Trust. 237 of these were in Band 3 (46.1%) and 103 were in Band 6 (20%). We believe that the reasons for this is due to the high turnover of contact centre staff in Band 3 roles which is comparable to other Ambulance Service Trusts. We also believe that the high turnover of staff in Band 6 is in part due to the retirement of paramedics who remained in work to support the pandemic effort who subsequently retired post pandemic and having more leavers as a result of working through COVID which was experienced by all health organisations.
15. In 2022, we also increased the organisational headcount by an additional 100. Due to the numbers being appointed and the short timescales, some applicants were appointed at risk, meaning they were offered posts and started training whilst checks were underway. This meant that some starters did not meet the requirements of the checks and the employment offer was withdrawn. There were seven candidates this applied to. In addition, a small number of successful candidates did not feel the role was a good fit for them and left relatively quickly during training. Comparing the year-to-date data on the number of staff who

have left the Trust, we can already anticipate a noticeable decrease in these figures:

	Total leavers	Band 3	Band 6
2022-2023	514	237	103
2023 - date	360	144	73

16. The new Retention Lead took up post in February 2024 and will be focussing initiatives to reduce staff turnover going forward into 2025.
17. There is a discrepancy in the total headcount of staff in the Gender Pay Gap Report and the Annual Workforce Equality Monitoring Report. The Gender Pay Gap Report must include information on our bank staff, therefore the total headcount of staff for 2022-2023 is 4731. The data for this report is automatically populated in the specific gender pay gap data tab on ESR.
18. The Workforce Equality Monitoring Report does not include our bank staff, therefore, the total headcount of staff for 2022-2023 is 4383. The data for this report is pulled from different data tabs on ESR which lacks some capability to breakdown data in relation to the workforce.

RECOMMENDATION – The Committee is asked to receive and endorse the 2022-23 Gender Pay Gap Report & 2022-23 Workforce Equality Monitoring Report for progression to Trust Board for approval. The reports must be approved and published no later than the 31 March 2024.

REPORT APPROVAL ROUTE			
PCC 20.02.24			
REPORT APPENDICES			
Appendix A – Gender Pay Gap Report 2022-2023			
Appendix B – Workforce Equality Monitoring Report 2022-2023			
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	Y	Risks (Inc. Reputational)	Y
Health Improvement	Y	Socio Economic Duty	NA
Health and Safety	NA	TU Partner Consultation	NA



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Ymddiriedolaeth GIG
Gwasanaethau Ambiwllans Cymru

Welsh Ambulance Services
NHS Trust

WORKFORCE EQUALITY MONITORING REPORT

2022/2023



Take
ownership



Broaden our
understanding



Respect
others



Show belief
in each other



Practice
ethically



Continually
improve
our service



Be inclusive
of the
whole team

Table of Contents

- Introduction
- Background
- Equality data of current workforce
- Equality data of people who have left the Trust



Introduction

We are pleased to present the Welsh Ambulance NHS Services Trust's Workforce Equality Monitoring Report for 2022-2023.

This report provides equality monitoring data in line with the requirements of the Equality Act 2010 and the Public Sector Equality Duty.

Built on TeamWAST Cultural DNA:

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

A Clear Purpose

Pride in what we achieve

A Strong Community

Commitment to each other

A Healthy Workplace

Compassion and care for each other

A Professional Service

Everyone able to play their part

A Developing Workforce

Growth and opportunity for everyone

Background

The Equality Act 2010 and Public Sector Equality Duty require all public bodies to produce an annual report by 31st March each year. Public bodies are should demonstrate in their annual reports to what extent they have been able to meet the three main objectives of the Duty. These are:

- To eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- To advance equality of opportunity between people who share a protected characteristic and people who do not share it; and
- To foster good relations between people who share a protected characteristic and people who do not share it

The annual report also provides public bodies with the opportunity to:

- Monitor and review progress;
- Monitor and review the effectiveness and appropriateness of arrangements;
- Review objectives and processes in light of new legislation and other new developments;
- Engage with stakeholders around these issues, providing partners and the public with transparency.

Welsh Ambulance Service NHS Trust has published its Equality Annual Monitoring Report report which outlines our achievements and the progress made towards meeting the objectives of the Public Sector Equality Duty. This report can be found on our website.

This report provides information on our workforce data. This allows us to look at the diversity of our workforce which can be used to identify gaps and areas for improvement. We recognise that in order to fully understand and meet the needs of our service users, our workforce needs to be reflective of the population we serve.



EQUALITY DATA



The information in this report provides a breakdown of our workforce equality data in the following areas:

- Staff in post by their protected characteristic
 - All staff breakdown by grade
 - Each grade broken down by sex
- Working pattern broken down by sex
 - Employment assignment broken down by sex
- All staff breakdown upon leaving the Trust
 - Leavers by their protected characteristics

It is important to note that the data included in this report uses the data stored in our electronic staff record system. It is entirely voluntary for individual members of staff to choose whether they wish to upload this data to their personal records. Upon analysis of the data held on our system, we know that there are many members of staff who have not provided personal data on the equality monitoring section of their staff records.

Data capture is an area that has been identified for improvement. The Trust acknowledges that it must do more to increase employee confidence in providing this data and provide assurance to staff on how the data will be used and ensuring confidentiality.

The data provided in this report is based upon the total headcount of staff as at 31st March 2023 which was 4383.

EQUALITY DATA

“

Staff from Black Asian and Minority Ethnic backgrounds increased from 1.34% to 1.83%

”

“

Women increased from 48.2% to 49.2%

”

“

Staff with a disability increased from 5.20% to 5.93%

”

“

Staff who identify as LGB+ increased from 4.54% to 5.32%

”

Please note: The ESR system currently does not have the data fields to allow for the collection of data on gender reassignment or gender identity. The Trust has requested that any new systems are inclusive of all gender identities. Plans are already underway nationally to replace the current ESR system with a new one.

Banding and Contracts by Gender

Further information on gender can be found in our Gender Pay Gap report 2022/2023

Pay band	Female %	Male %
Band 2	1.10%	1.32%
Band 3	16.70%	13.30%
Band 4	8.74%	10.40%
Band 5	5.61%	5.13%
Band 6	11.96%	12.64%
Band 7	3.01%	5.16%
Band 8A	1.03%	1.41%
Band 8B	0.52%	0.46%
Band 8C	0.21%	0.50%
Band 8D	0.14%	0.16%
Other	0.21%	0.30%

Contact Type	Female %	Male %
Unspecified	0.00%	0.00%
Part Time	13.12%	6.57%
Full Time	36.09%	44.22%

Flexible Working Pattern	Headcount	%
Other Flexible Working	2	0.05%
Unspecified	4,381	99.95%
Grand Total	4,383	100.00%

Age

Age Band	Headcount	%	FTE
<=20 Years	45	1.03%	44.32
21-25	293	6.68%	283.77
26-30	477	10.88%	454.19
31-35	551	12.57%	518.77
36-40	442	10.08%	418.33
41-45	440	10.04%	414.48
46-50	597	13.62%	574.99
51-55	638	14.56%	605.28
56-60	535	12.21%	484.86
61-65	300	6.84%	247.34
66-70	59	1.35%	47.46
>=71 Years	6	0.14%	3.64
Grand Total	4,383	100.00%	4097.43

Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	112	2.56%	105.85
Divorced	281	6.41%	259.43
Legally Separated	58	1.32%	54.17
Married	2,068	47.18%	1903.75
Single	1,510	34.45%	1443.07
Unknown	275	6.27%	257.65
Unspecified	54	1.23%	51.91
Widowed	25	0.57%	21.60
Grand Total	4,383	100.00%	4097.43

Religion and Belief

Religious Belief	Headcount	%	FTE
Atheism	1,008	23.00%	956.14
Buddhism	13	0.30%	12.64
Christianity	1,923	43.87%	1785.27
Hinduism	3	0.07%	3.00
Islam	9	0.21%	9.00
Not Disclosed	841	19.19%	795.07
Other	460	10.50%	432.26
Sikhism	1	0.02%	1.00
Unspecified	125	2.85%	103.03
Grand Total	4,383	100.00%	4097.43



People who have left the Trust

Between 1st April 2022 - 31st March 2023, 514 staff members left the Trust.

55.3% were female

5.7% identified as LGB+

2% were from Black, Asian Minority Ethnic background

6.8% had a disability.





Gender Pay Gap Report

2022-2023



Take
ownership



Broaden our
understanding



Respect
others



Show belief
in each other



Practice
ethically



Continually
improve
our service



Be inclusive
of the
whole team

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—————	Introduction
—————	Snapshot data
—————	About mean and median
—————	Quartile Data
—————	Trend over time
—————	Action
—————	Conclusion

Introduction

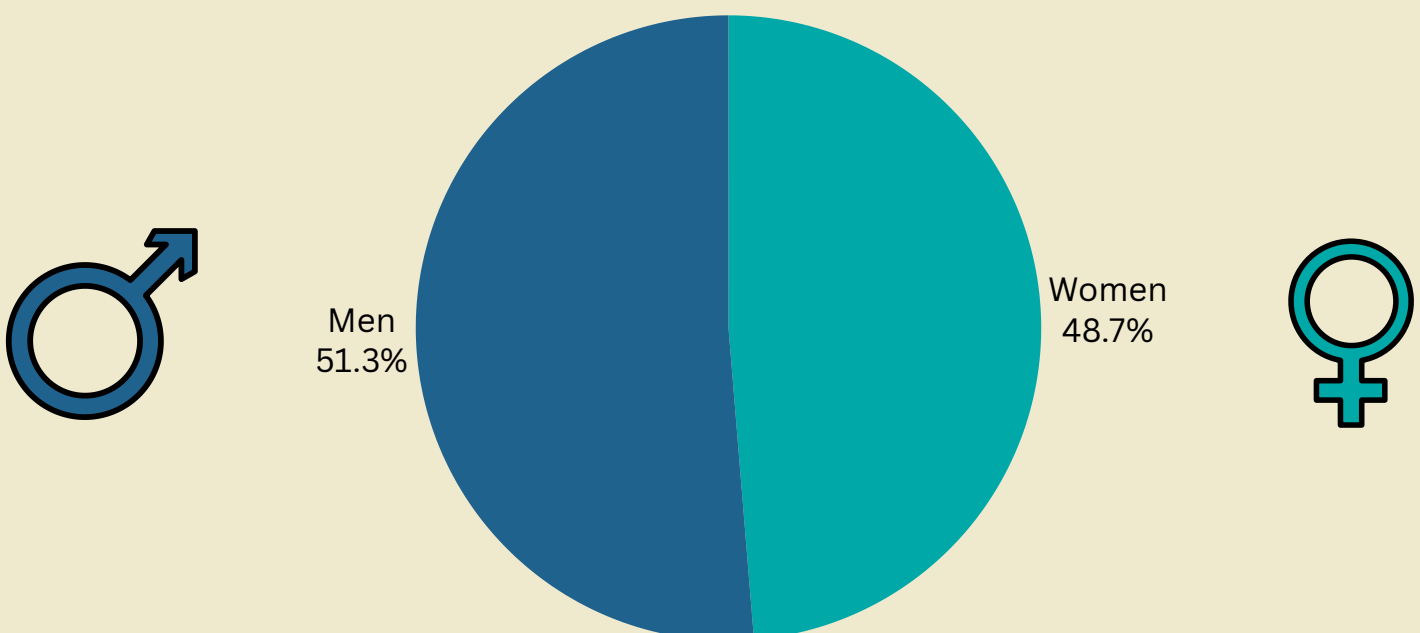
The gender pay gap reporting requirements are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people the Welsh Ambulance Services NHS Trust must publish and report specific information about our gender pay gap both on our own website and the Government's website.

It is important to recognise and understand that the gender pay gap differs from equal pay. Equal pay means that men and women in the same employment performing 'equal work' must receive 'equal pay', as set out in the Equality Act 2010. It is unlawful to pay people unequally because of their gender. The NHS Agenda for Change job evaluation process evaluates the job and not the post holder. This job evaluation process looks at the job without any reference to gender or any other protected characteristic so equal pay is assured.

Gender Pay Gap is the difference between the average earnings of men and women across an organisation.

This data is provided as an annual snapshot of the gender pay gap between 1st April 2022 and 31st March 2023.

On the 31st March 2023 the Welsh Ambulance Service employed 2306 women and 2425 men therefore 48.7% of the workforce was female.



Snapshot data as at 31 March 2023

Women's mean hourly rate is 5.4% lower than men's.

In other words when comparing mean hourly rates, women get paid 94.5p for every £1 that men get paid.

Women's median hourly rate is 6.3% lower than men's.

In other words when comparing median hourly rates, women get paid 93.7p for every £1 that men get paid.

No bonus payments were made therefore there is no mean or median bonus gender pay gap to report on bonus payments.



About mean and median

The mean hourly rate is the average hourly wage across the entire organisation so the mean gender pay gap is a measure of the difference between women's mean hourly wage and men's mean hourly wage.

The median hourly rate is calculated by ranking all employees from the highest paid to the lowest paid, and taking the hourly wage of the person in the middle; so the median gender pay gap is the difference between women's median hourly wage and men's median hourly wage.

Quartile Data


Pay quartiles are calculated by splitting all employees in the organisation into four even groups according to their level of pay. Looking at the proportion of women in each quartile gives an indication of women's representation at different levels of the organisation.

Quartile 1: Lower quartile (lowest paid)

50.74% (549)	
49.26% (533)	

51% of the lower quartile are women



Quartile 2: Lower middle quartile

53.83% (583)	
46.17% (500)	

54% of the lower middle quartile are women



Quartile Data

Quartile 3: Upper middle quartile

50.14% (543)	
49.86% (540)	

50% of the upper middle quartile are women

Quartile 4: Upper quartile (highest paid)

39.85% (432)	
60.15% (652)	

40% of the top quartile are women

This table shows the ratios of male to female employees split between those working part time and full time. There is an important difference in the part time/full time split for males and females supporting the hypothesis that more women choose part time roles, and this is likely to be a reflection of caregiving responsibilities.

Gender	Female	Male
Part time	15.30%	10.31%
Full Time	33.44%	49.94%

This table demonstrates the ratio of male to female across the different pay bands in the organisation. In general, our differences across the pay bands is relatively small in terms of percentage. With the exception of bands 3, 5 and 8C, we have more men in each other pay band which is indicative of the gender pay gap across the Trust, particularly within our higher paid bands.

Pay Band	Female	Male
Other	0.21%	0.30%
Band 2	1.10%	1.32%
Band 3	16.70%	13.30%
Band 4	8.74%	10.40%
Band 5	5.61%	5.13%
Band 6	11.96%	12.64%
Band 7	3.1%	5.16%
Band 8a	1.3%	1.41%
Band 8b	0.52%	0.46%
Band 8c	0.21%	0.50%
Band 8d	0.14%	0.16%

Trend over time

When comparing the annual data over time, there is small fluctuation amongst the gender pay gap. We continue to work smarter to understand what is causing this gap and consider what we can do to reduce and eventually eliminate this gap in the future.

	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Women's mean hourly rate as % lower than men's.	5.3%	4.7%	5.5%	5.2%	6.7%	5.4%
Women's mean hourly rate for every £1 that men get paid.	95p	95p	94p	95p	93p	94.5p
Women's median hourly rate as % lower than men's.	11.2%	8.9%	9.9%	7.94%	7.29%	6.3%
Women's median hourly rate for every £1 men get paid.	89p	91p	90p	92p	93p	93.7p

Action

WAST continues to aim to be an employer of choice. We recognise that we are in a sector where there is intense competition and staff turnover rates can often prove challenging for healthcare sector organisations. This can have an effect upon our ability to nurture and encourage female career progression within the Trust.

We understand the importance of ensuring that all our staff have a keen sense of belonging within the Trust where everyone is treated fairly, and everyone has access to learning and development opportunities. This is why we have prioritised actions to help us close our gender pay gap and improve gender equality. The Strategic Equality Plan 2020-2024 includes actions which will help us to do this although we recognise that more needs to be done. Some of the initiatives we are implementing to help close the gender pay gap include:

- We continue to roll out our support for staff who are unpaid carers with the support of Employers for Carers Scheme. This will include the introduction of a Carer's Support Network, access to wellbeing activities and support resources from Carers Wales.
- We are reviewing our Flexible Working Policy in line with new statutory requirements. This policy will aim to offer more flexible working patterns and workspaces to help recruit and retain staff and to facilitate a healthy work-life balance that is essential to the health and wellbeing of our workforce.
- We are reviewing our Women's Health Group to increase awareness around women-specific challenges, such as menopause and childcare. The support network will aim to introduce additional support mechanisms for women in the workplace.
- We will monitor the implementation of the NHS All Wales Menopause Policy and will continue to offer advice to staff and line managers.
- We will ensure that our Active Bystander and Allyship training includes reference to gender discrimination and promotes gender equality.
- We will continue to lead on sexual safety awareness across the UK Ambulance Trusts. This has included the development of a sexual safety charter which we will promote widely across the Trust.
- We also continue to participate in the sharing of best practice across the UK Ambulance Sector and Welsh Health Boards.

Conclusion

When developing initiatives, it is essential to remember that we are many things and have different individual experiences. For example, women from ethnic minorities, women with a disability, and gay or trans women will have very different experiences. We need to be conscious of these unique experiences and intersectionality.

We continue on the journey of improvement. We need to continue to embed our actions to improve the gender pay gap, promoting culture change and encouraging better employee experience across the Trust. These will be reflected in our People and Culture Plan 2023-2026 and our new Strategic Equality Plan 2024-2028.

**Only together may we begin to peel
back the layers of inequalities**



Make WAST a truly inclusive organisation



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlians Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	10
OPEN	Open
No of ANNEXES ATTACHED	2

ANTI-RACIST WALES ACTION PLAN UPDATE

MEETING	People and Culture Committee
DATE	20 February 2024
EXECUTIVE	Angela Lewis, Director of People and Culture Services
AUTHOR	Kat Cobley
CONTACT	Kat.cobley@wales.nhs.uk

EXECUTIVE SUMMARY

1. In March 2022, following a lengthy planning and consultation period, Welsh Government published its vision to achieve an Anti-racist Wales by 2030. A detailed action plan sets out the actions needed to improve the experiences of Black, Asian and Minority Ethnic individuals.
2. The plan sets out a series of goals and actions across public sector domains in Wales.
3. In the health section of the plan, there are 5 specific goals with 9 specific actions for NHS Wales Boards and organisations with agreed timelines for implementation between July 2022 and December 2023.
4. The attached update report provides an outline of the progress made to date and the further actions needed.
5. Welsh Government have requested that progress against the ARWAP actions be included in the bi-annual SEP update which is presented as part of the NHS Wales Performance Framework Policy Assurance. It is also recommended that NHS Wales organisations include a progress update in their annual Strategic Equality Annual Reports which are published on our website.

KEY ISSUES/IMPLICATIONS

6. The Equality Leadership Group (ELG) which consists of EDI Managers across NHS Wales continue to share best practice and discuss the implementation of the ARWAP at its bi-monthly meetings. The ELG has maintained links with Welsh

Government and engaged in discussions around some of the challenges in implementing the actions.

7. The Trust participated in an inquiry into Welsh Government's implementation of the ARWAP back in November 2023 but are awaiting the outcome.
8. The attached report outlines what has gone well in terms of the Trust's progress against the actions.

Highlights include:

- The development and roll-out of Active Bystander and Allyship training
- Audit of workforce policies undertaken in partnership with Diverse Cymru
- Review of Strategic Equality Objectives
- Improved impact assessment procedures
- Links made with PHW HDdUHB and BCUHB Black, Asian and Ethnic Minority Staff Networks

Further actions required:

- Explore EDI objectives and training for Board Members
- Develop commitment statement outlining the Trust's stance on EDI (Racism)
- Establish small internal staff network
- Prepare to submit first WRES report (HEIW to coordinate national report)

Risks:

- Current lack of diversity within the workforce, in particular, staff from non-white backgrounds
- Limitations of current workforce systems to record and produce the data required for the WRES indicators
- Incomplete data picture of the entire workforce – EDI data is provided voluntarily
- Some ARWAP actions are depended upon other organisations completing their preliminary actions
- Operational pressures an workload capacity may prevent staff from attending training and engaging with the ARWAP

Reporting and Monitoring Mechanisms:

9. A small ARWAP sub-group has been established to progress the actions. The sub-group will report on progress and escalate any risks via the EDISG who will provide assurance to the People and Culture Business Meeting on the implementation of the ARWAP. This will be monitored via the People and Culture Business Plan.

10. Annual progress updates on the Trust’s progress against the ARWAP actions will be included in the Annual Strategic Equality Plan Report which will be approved by the People and Culture Committee and the Board prior to publication.

RECOMMENDATION:

The Committee is asked to note the ARWAP update report.

REPORT APPROVAL ROUTE

PCC 20.02.24

REPORT APPENDICES

Appendix A – ARWAP Update Report
Appendix B – WRES Indicators

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwllans Cymru
Welsh Ambulance Services
NHS Trust

Anti-Racist Wales Action Plan Update

December 2023

Cymru
Wrth-hiliol



An Anti-Racist
Wales

5 Goals for Health



Black, Asian and minority ethnic people will have confidence that action is being taken to address health inequalities and their voice is heard in shaping decisions which affect them.



The NHS in Wales will be anti-racist, and will not accept any form of discrimination or inequality for employees or service users



Staff will work in safe, inclusive environments, built on good anti-racist leadership and allyship, supported to reach their full potential, and ethnic minority staff and allies; both be empowered to identify and address racist practice.



Data in relation to race, ethnicity and intersectional disadvantage will be routinely collated, shared and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients.



We will identify and break down barriers which prevent equitable access to healthcare services for Black, Asian and Minority Ethnic people

9 Actions for NHS Wales Boards and Organisations



Require anti-racist leadership at all levels by direction. All NHS Boards, Trusts and Special Authorities to report demonstrable progress in driving anti-racism at all levels by:

- **appointing 'Executive Equality Champions' and 'Cultural Ambassadors'**
- **implementing a leadership and progression pipeline plan for Black, Asian and Minority Ethnic staff**
- **providing Ethnic Minority Networks appropriate levels of resource and access to the Board**



Use existing legislative frameworks to require NHS organisations to develop anti-racism action plans; for both employment and service delivery as a specific part of their wider approach to equality, inclusion and diversity. Progress will be monitored and reported via IMTP and Annual Plans, and the Joint Executive Team process.



All NHS Board members will undertake an anti-racist education programme and implement and report progress against personal objectives (for all Board members) to meet vision of an anti-racist Wales.



Data in relation to race, ethnicity and intersectional disadvantage will be routinely collated, shared and used transparently, to level inequalities in health and access to health services, and provide assurance that the NHS Wales is an anti-racist and safe environment for staff and patients.

9 Actions for NHS Wales Boards and Organisations



Commission an independent audit of all existing workforce policies and procedures through an anti-racist lens, and expect Black, Asian and Minority Ethnic representation within forums or groups established to design the audit/and oversee and support their effective implementation and application.



Higher Education Institutions (HEIs) and NHS Organisations will co-design anti-racist education programmes with Black, Asian and Minority Ethnic people. Set a requirement for all NHS Staff, NHS Volunteers and students to complete redesigned anti-racist education programmes.



HEIW will ensure all commissioned programmes provide evidence of anti-racist principles and reflect HEIW's Strategic Equality Plan in order to meet objectives regarding differential attainment, widening access and under-representation of Black, Asian and Minority Ethnic people in NHS Wales.



Ensure our COVID-19 recovery plans are fully inclusive and targeted to address known health inequalities in access to care and service provision



Each NHS organisation will commit to their involvement in the Aspiring Board Members Programme, ensuring education, mentoring and support to participants who will be from a Black, Asian and minority ethnic background.

Academi Wales, to work in partnership with NHS Wales and other appropriate organisations to develop and run an Aspiring Board Members Programme.

Actions for NHS Wales Boards

What's going well in WAST?

The Board

- Director of People & Culture appointed Executive EDI Champion
- Hannah Rowan appointed Non-Exec EDI Champion
- Board member attendance at Active Bystander and Allyship Training
- Allyship and information session delivered to Board in 2021 and cultural competencies session delivered in 2023 by Diverse Cymru.
- Current PADR process asks Board Members to identify actions undertaken to demonstrate Trust values and behaviours

Action Planning

- SEP Objectives and Annual EDI Workplan incorporates anti-racism actions
- IMTP includes overarching actions to ensure compliance with SEP and ARWAP actions
- People and Culture Plan includes actions around recruitment, retention, diversity in the workplace and career progression
- EDISG to monitor SEP & ARWAP implementation and report to P&C Business Meeting

Policy Development

- Audit of workforce policies undertaken by Diverse Cymru - Awaiting audit outcomes
- Improved EQIA procedures implemented which includes race and ethnicity impact assessment
- Strengthened policy monitoring via Policy Group and Corporate Governance T&F Group

Actions for NHS Wales Boards

What's going well in WAST?



Career Pathways

- Managers Skills Programme in final stages ready for roll out
- WAST Learning Launchpad now available to staff
- HEIW Aspiring Executive Talent Pool applications open
- CALNAS Training Modules near completion



Anti-Racist Training

- Active Bystander and Allyship Training will help to promote anti-racism and encourage inclusivity
- EDI Training raises awareness and develops cultural competency to improve the quality of service delivery to our ethnically diverse communities



Staff Network

- Links made with PHW to explore opportunity for staff to join their Ethnicity Staff network
- Expression of interest shared with BCUHB to create a national Ethnicity Staff Network for AHPs

Actions for NHS Wales Boards

What next for WAST?



The Board

- More Board Members to complete anti-racist training programme
- Explore option to introduce EDI personal objective for Board Members based on local authority model
- Identify suitable candidates on Aspiring Board Member Programme and link to NED mentor



Policy Development

- Develop overarching EDI Policy for the Trust



Career Pathways

- Link with NADIF members to explore options to work with Prince's Trust to help young Black, Asian and Minority Ethnic people into WAST
- Monitor implementation of Managers Skills Programme



Anti-Racist Training

- Explore opportunities to roll out Active Bystander Training and Allyship Training to volunteers and students.
- Contact HEIW for further update on anti-racist education programme within HEIs

Actions for NHS Wales Boards

What next for WAST?



Staff Networks

- Look to establish small Ethnicity Staff Network within WAST
- Create stronger links with AACE Black, Asian and Minority Ethnic Staff Network



Commissioning

- Contact HEIW for update on commissioned programmes



WRES

- 12 indicators on WRES for NHS Wales organisations
- HEIW will coordinate a national NHS Wales WRES report
- HEIW to pull data from ESR and NHS Staff Survey
- WAST to provide some data for inclusion in report around PADR objectives
- HEIW to provide WAST data report early April to check for accuracy and approval
- HEIW to submit final WRES data report on behalf of NHS Wales in April 2024
- WRES 2024 data will help to provide a baseline to inform future actions

Associated Risks for WAST

- Lack of diversity in current workforce, applicants and qualified student pools
- Current workforce systems do not allow us to provide accurate data for the WRES - providing ethnicity data remains voluntary for staff
- NHS Wales cannot provide some of the data required by the WRES due to confidentiality and lack of accurate ethnicity data of staff
- Some ARWAP actions are dependent upon other organisations undertaking preliminary steps
- Lack of information on the Aspiring Board Members Programme
- Lack of capacity of Board Members (in particular NEDs) to attend training and achieve personal objectives
- Operational pressures may prevent staff from attending training and staff network activities



Llywodraeth Cymru
Welsh Government

Safon Cydraddoldeb Hil y Gweithlu (SCHG)

Gweithlu cynhwysol sy'n darparu'r gofal gorau

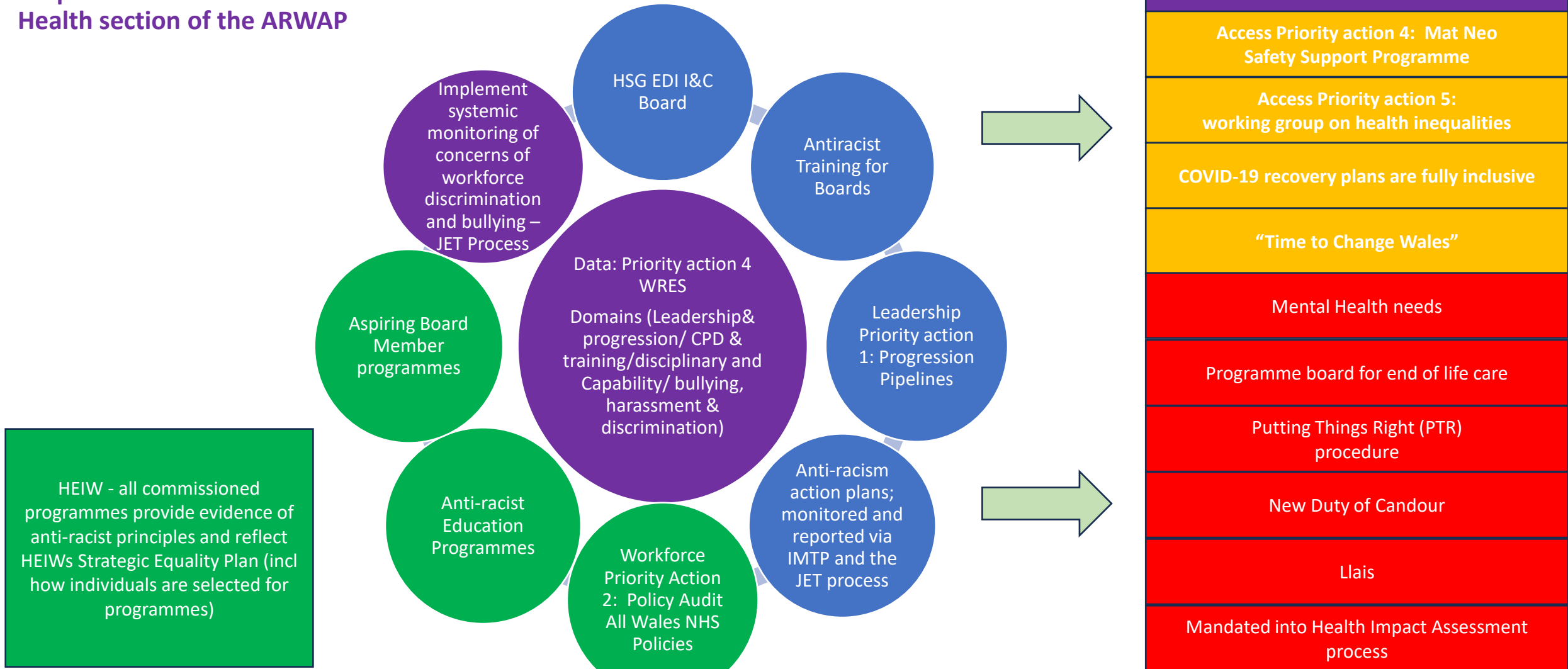
Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

Scope of the WRES within the Health section of the ARWAP

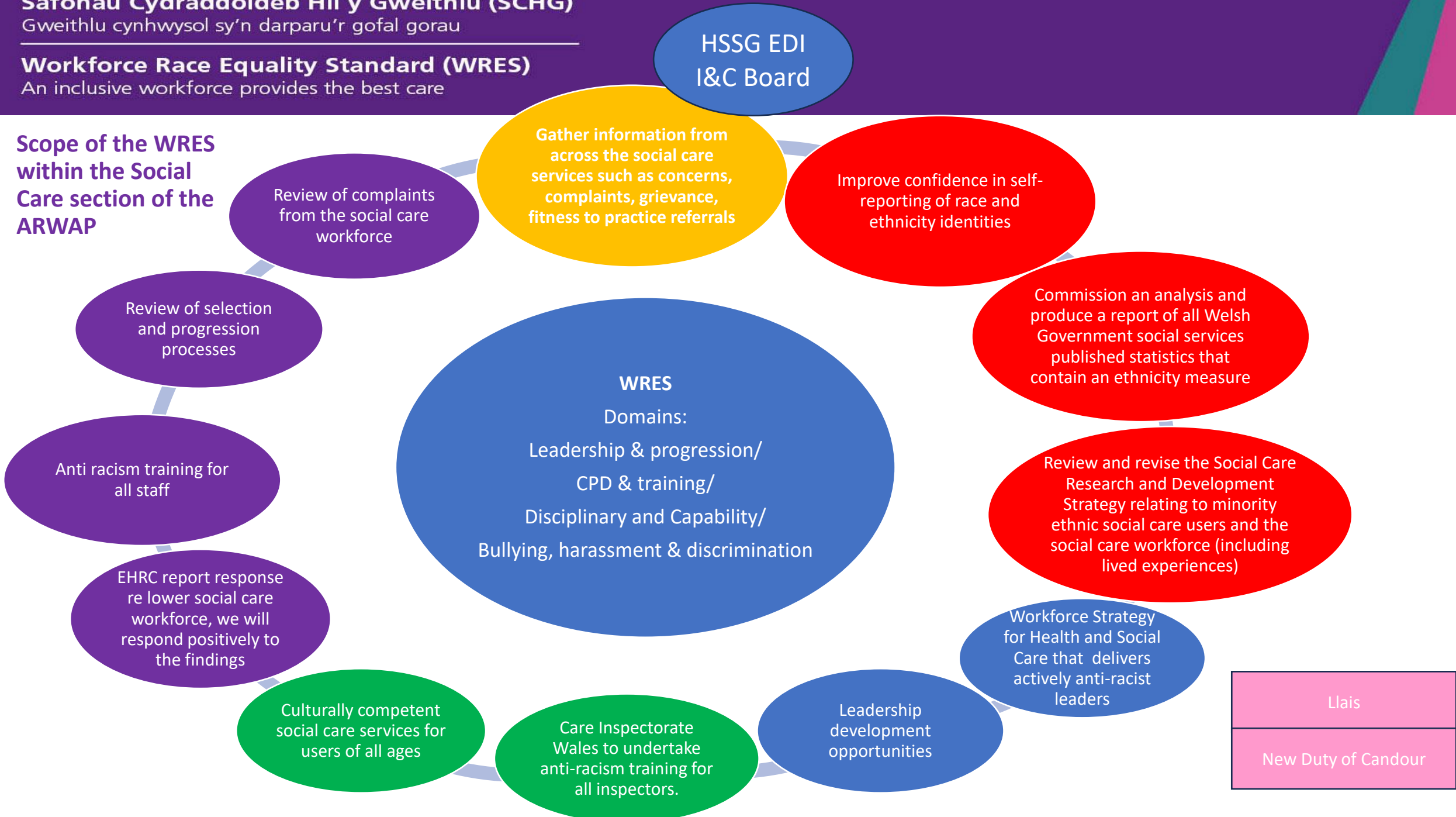


Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

HSSG EDI
I&C Board

Scope of the WRES within the Social Care section of the ARWAP



Data repository - Update on progress by sector

Templates:

Secondary/Primary/Social

Guidance:

Guidance is available for secondary **in Draft**. Guidance for Primary and Social Care is being developed

Times frames:

- Guidance for secondary to be shared in DRAFT with Information managers, Equality leads and WODDS before the **end of November 23**.
- Drop-in sessions are being held on the **18 and 25 January**, these will be recorded and hosted on the NHS WRES website.
- Data collection for secondary care will take place **End of March 24**. Primary and Social care will follow **before October 24**

Safonau Cydraddoldeb Hil y Gweithlu (SCHG)

Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

	No.	Indicator
LEADERSHIP + REPRESENTATION	1	Percentage difference by ethnicity between the organisations' Board voting membership and its overall workforce.
	2.	Percentage of staff by ethnicity in each of the AfC Bands 1-9 and VSM compared with the percentage of staff in the overall workforce
	3.	Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion
	4.	Relative likelihood of (Proportion of) Black, Asian and Minority Ethnic staff seeking a progression opportunity compared to white colleagues.
	5.	Relative likelihood of staff being appointed from shortlisting across all posts
CPD + TRAINING	6.	Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian or Minority Ethnic colleagues
	7.	Percentage of staff by ethnicity completing anti-racist training and objectives set during appraisal
DISCIPLINE + CAPABILITY	8.	Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to white colleagues
	9.	Relative likelihood of Black Asian or minority ethnic staff entering capability processes compared to white colleagues
BULLYING, HARASSMENT + DISCRIMINATION	10:	Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to white colleagues.
	11	Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to white colleagues
	12	In the last 12 months have you personally experienced discrimination at work from any of the following? Manager/team leader or other colleagues

Safon Cydraddoldeb Hil y Gweithlu (SCHG)

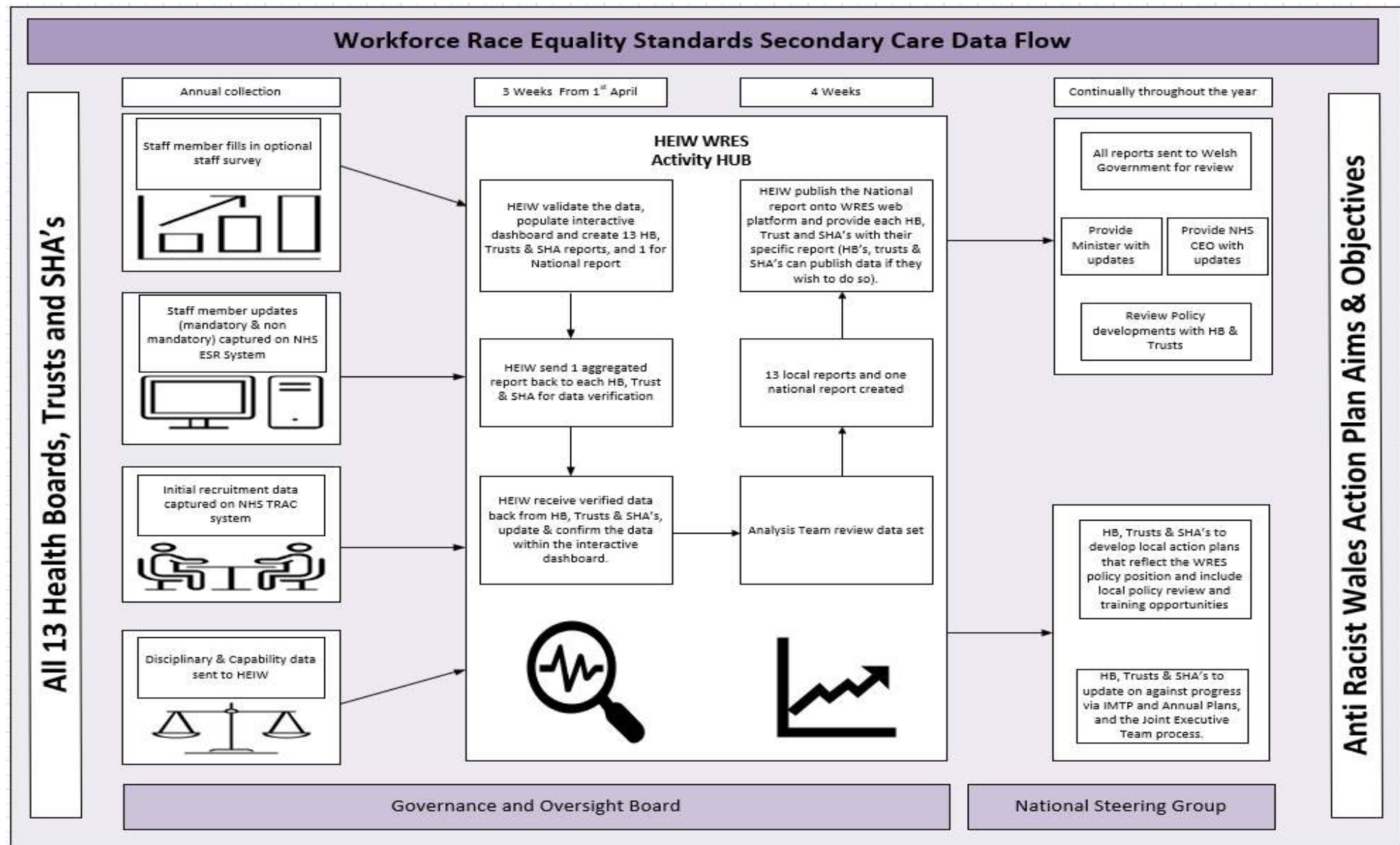
Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Race Equality Standard (WRES)

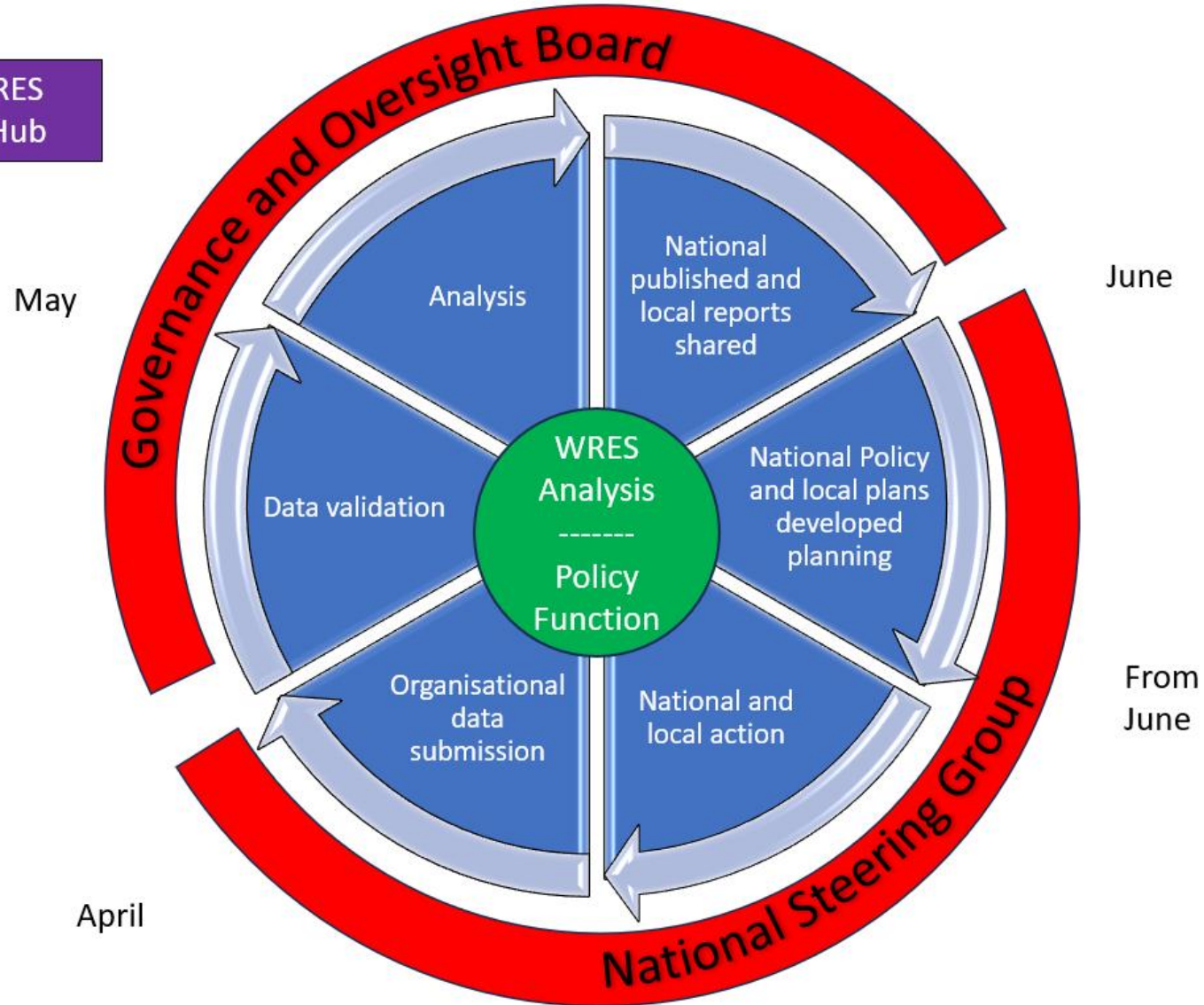
An inclusive workforce provides the best care

Reporting and Governance

Data flow



HEIW WRES
Activity Hub



Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

National Steering Group (Meets 1/4ly **reducing to bi-annually)**

- Strategic oversight and advice of work to embed the WRES and cultural change across health and social care systems;
- Promote workforce race equality and the WRES;
- Role model appropriate inclusive behaviours, raise ambition at every level, inspire strong leadership, help remove barriers to cultural and transformational change, and celebrate success;
- Empower health and social care providers, commissioners, regulators, and the wider collective workforce;
- Promote best practice and the sharing of 'what works' in this area
- Secure appropriate resources to aide successful implementation of the WRES;
- Help identify 'what good looks like' in terms of workforce race equality and the implementation of cultural change on this agenda;
- Work in collaboration and partnership with all ALBs and key stakeholders on the issues of workforce race equality;
- Encourage and support organisations which appear not to be doing well on this agenda.

Governance and Oversight Board (to meet bi-annually**)**

- Beyond implementation we will need independent scrutiny of the analysis.
- Membership to be agreed, but suggest include delivery partners, WOD representative, WG, TUS, statistician (RDEU) and KAS, Staff survey representatives, NHS Exec?
- Longer term, representation should be comparable across all three sectors on this Board.
- Purpose and role - Review, refine and finesse
- Ensure National and Local reports meet the set ambition as defined by the ArWAP

National and Organisational reports

NATIONAL REPORT

Style

NHS organisations listed

Data aggregated and anonymised

Comparator against each other and the national level by indicator

Published by the WRES team on the WRES Web platform

Use

Used to inform and support Ministerial/ Chair/ Chief exec discussions. Focussed on the national picture

Demonstrating progress against the ArWAP actions within the (leadership/workforce/data (workforce) goals)

ORGANISATIONAL REPORTS

Style

Data aggregated and anonymised

Identifies specific local inequalities

Not published by WRES team, but NHS org can choose to do so alongside their supporting action plan.

Use

Attached to a call for local focussed action (already mandated through the planning framework)

Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

Potential of the national report

Figure 8. AfC bands: Clinical (percentage representation)

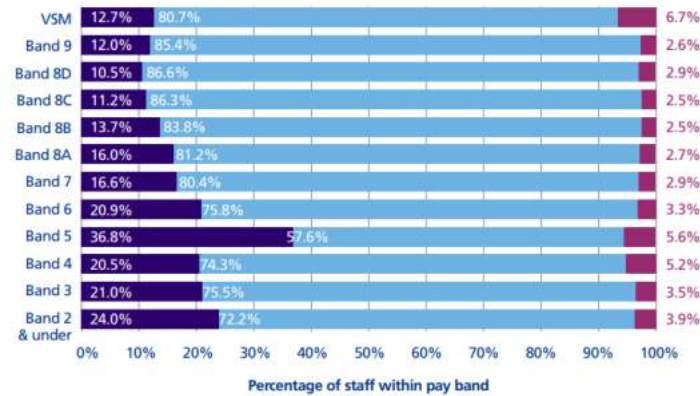
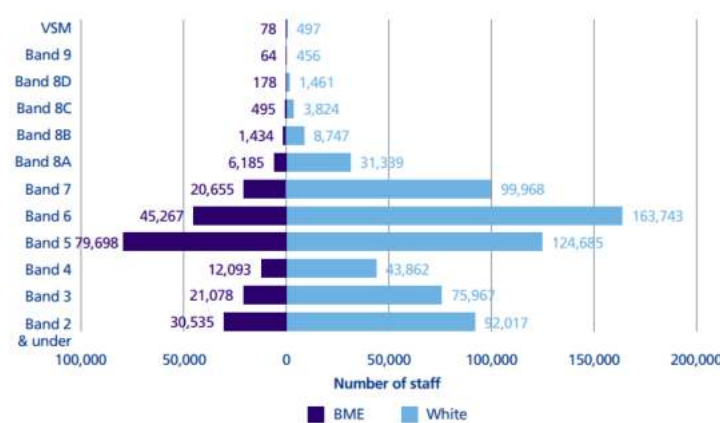


Figure 9. AfC bands: Clinical (headcount)



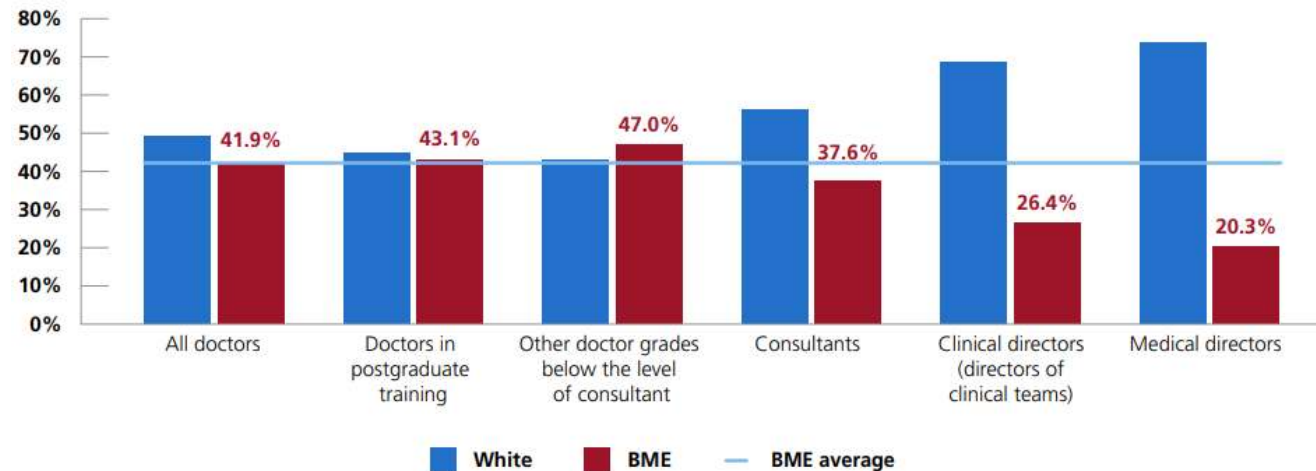
Overall workforce representation

Midwives: Representation by ethnicity in NHS Trusts, overall and by pay band

1) Percentage representation by ethnicity within pay bands

Pay bands	Grouped	National				
		White	BME overall	Asian	Black	Mixed / Other
	Overall	84.14%	12.48%	2.29%	7.33%	2.86%
Pay bands grouped	Band 5 and under	77.86%	15.52%	3.16%	7.94%	4.42%
	Band 6	84.83%	11.92%	2.27%	6.96%	2.69%
	Band 7	85.76%	12.31%	1.81%	7.96%	2.54%
	Band 8a and over	78.81%	18.96%	2.23%	13.75%	2.97%
	Overall	84.14%	12.48%	2.29%	7.33%	2.86%
Pay bands in detail	Band 1	20.00%	0.00%	0.00%	0.00%	0.00%
	Band 3	63.64%	36.36%	18.18%	18.18%	0.00%
	Band 4	100.00%	0.00%	0.00%	0.00%	0.00%
	Band 5	77.95%	15.51%	3.12%	7.93%	4.45%
	Band 6	84.83%	11.92%	2.27%	6.96%	2.69%
	Band 7	85.76%	12.31%	1.81%	7.96%	2.54%
	Band 8a	79.72%	18.43%	2.30%	12.90%	3.23%
	Band 8b	75.00%	18.75%	3.13%	12.50%	3.13%
	Band 8c	66.67%	33.33%	0.00%	33.33%	0.00%
	Band 8d	100.00%	0.00%	0.00%	0.00%	0.00%
Band 9	100.00%	0.00%	0.00%	0.00%	0.00%	

Specific sector representation



Potential of the national report

Percentage of staff experiencing discrimination at work from other staff in the last 12 months

Figure 34. Ethnicity and gender in detail, 2021 NHS staff survey

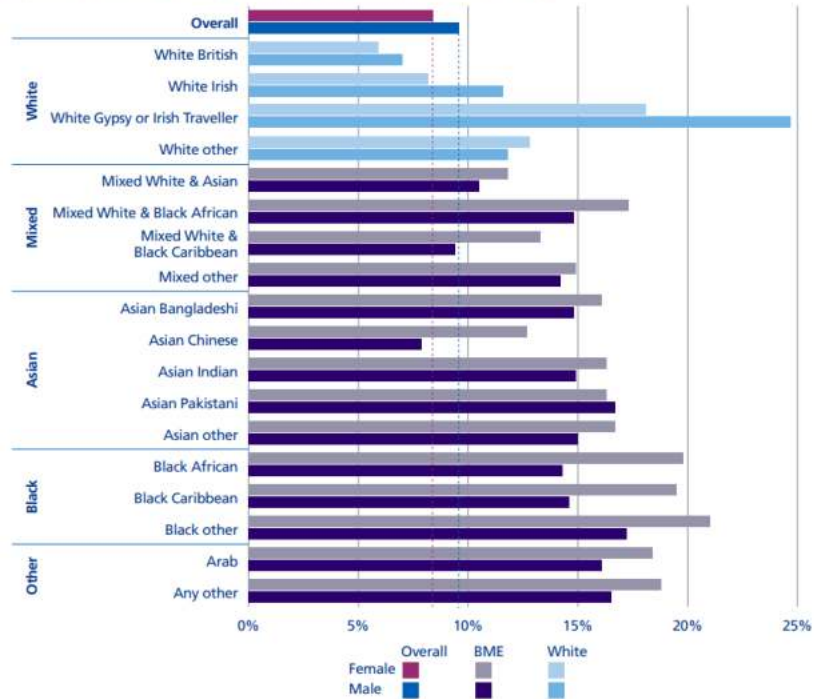
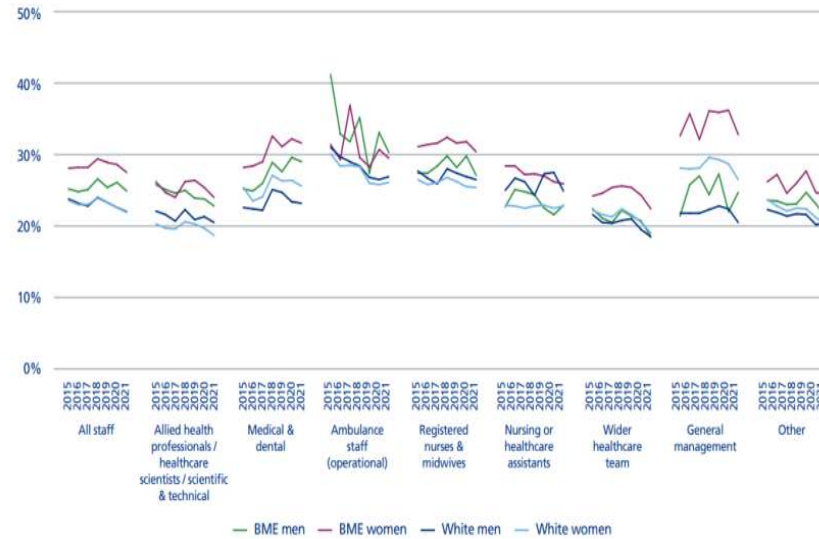


Figure 27. Ethnicity, gender and profession, 2015 to 2021 NHS staff surveys

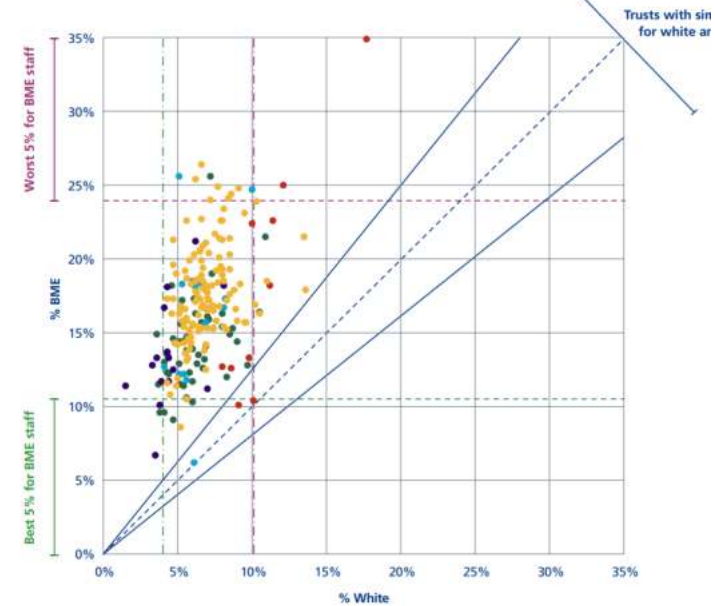


The power of disaggregation

The power of comparison

Percentage of staff experiencing discrimination at work from other staff in the last 12 months

Figure 55. Performance by trust, 2021 NHS staff survey (trust types marked)



Potential of the organisational report

The national heatmap

Areas for Improvement

A maximum of three high priority areas for improvement have been identified for the ICS. These are the areas from amongst the ICS' indicators with the worst percentile rankings against other ICS's, and where the ICS performs in the worst quarter of ICS's nationally. For indicators 1 to 4 and 9, a further criterion is that the indicator is different from equality to a statistically significant degree.

High priority areas for improvement within the ICS (to a maximum of three):
Indicator 1: Career progression in non-clinical roles (middle to upper levels)
Indicator 1: Career progression in non-clinical roles (lower to upper levels)
Indicator 1: Career progression in non-clinical roles (lower to upper levels)

Areas of Best Performance

A maximum of three areas of best performance have been identified for the ICS. These are the areas from amongst the ICS' indicators with the best percentile rankings against other ICS's, and where the ICS performs in the best quarter of ICS's nationally. For indicators 1 to 4 and 9, a further criterion is that the indicator is not different from equality to a statistically significant degree.

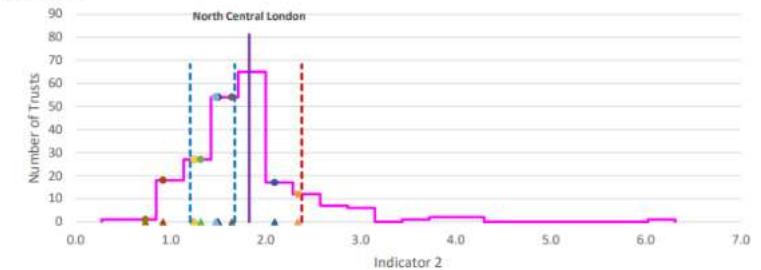
Areas of best performance within the ICS (to a maximum of three):
None identified

The local heatmap

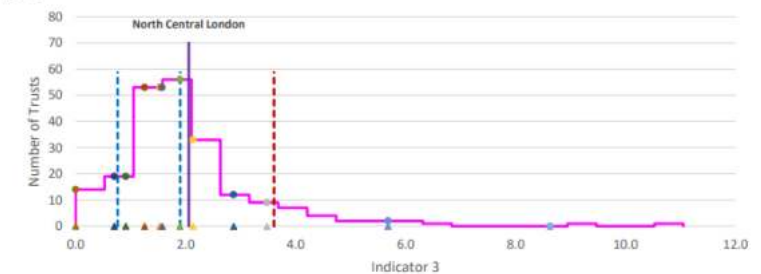
Indicator number and description	ICS	London	National	Percentile rank*		
Indicator 1: BME representation in the workforce by pay band						
BME representation in the workforce overall						
	47.6%	48.1%	22.4%			
Pay band at which BME under-representation first occurs	Non-clinical	Band 4 and under Band 5 and over	Band 3 Band 8A	Band 3 Band 8A	Band 3 Band 8B	
		Clinical	Band 4 and under Band 5 and over	Band 4 Band 7	Band 4 Band 7	Band 3 Band 6
			Medical	Consultant	Consultant	Consultant
Race disparity ratios	Non-clinical	Lower to middle	1.42	1.37	0.91	83%
		Middle to upper	2.31	1.92	1.39	100%
		Lower to upper	3.27	2.63	1.27	98%
	Clinical	Lower to middle	2.24	2.03	1.59	71%
		Middle to upper	2.09	2.10	1.36	90%
		Lower to upper	4.68	4.25	2.16	95%
Indicator 2: likelihood of appointment from shortlisting						
likelihood ratio White / BME	1.83	1.62	1.61	83%		
Indicator 3: likelihood of entering formal disciplinary proceedings						
likelihood ratio BME / White	2.06	1.54	1.14	95%		
Indicator 4: likelihood of undertaking non-mandatory training						
likelihood ratio White / BME	0.95	0.95	1.14	15%		
Indicator 5: harassment, bullying or abuse from patients, relatives or the public in last 12 months						
BME	29.9%	31.1%	28.9%	54%		
White	27.8%	31.2%	25.9%	41%		
Indicator 6: harassment, bullying or abuse from staff in last 12 months						
BME	30.2%	29.8%	28.8%	85%		
White	25.8%	25.9%	23.2%	83%		
Indicator 7: belief that the organisation provides equal opportunities for career progression or promotion						
BME	64.3%	65.4%	69.2%	95%		
White	85.1%	83.7%	87.3%	56%		
Indicator 8: discrimination from a manager/team leader or other colleagues in last 12 months						
BME	16.7%	17.1%	16.7%	49%		
White	7.7%	8.0%	6.2%	80%		
Indicator 9: BME representation on the board minus BME representation in the workforce						
Overall	-26.8%	-25.5%	-9.8%	98%		
Voting members	-26.3%	-26.2%	-10.0%	95%		
Executive members	-34.1%	-33.1%	-13.5%	98%		

* ranks the ICS from 0% (best in the country) to 100% (worst in the country) on each indicator.

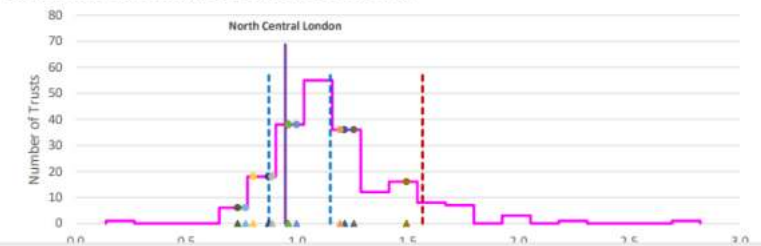
Indicator 2: The relative likelihood of white applicants being appointed from shortlisting compared to BME applicants



Indicator 3: The relative likelihood of BME staff entering the formal disciplinary process compared to white staff



Indicator 4: The relative likelihood of white staff accessing non-mandatory training and continuing professional development (CPD) compared to BME staff





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Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	11
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

WELSH GOVERNMENT MORE THAN JUST WORDS ANNUAL REPORT 2022-23

MEETING	People and Culture Committee Meeting
DATE	20 February 2024
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Melfyn Hughes, Welsh Language Services Manager
CONTACT	Melfyn Hughes, Melfyn.Hughes@wales.nhs.uk

EXECUTIVE SUMMARY

1. The new More than just words plan 2022-27 was launched by the Minister for Health and Social Services in August 2022. The five year plan was developed following an independent evaluation of the first More than just words five-year plan.
2. Attached at Annex 1 is the first Welsh Government annual report on the More than just words plan 2022-27 covering the initial year of implementation i.e. August 2022 – August 2023 and Welsh Government’s progress on the plan.
3. This report also updates the Committee on Trust initiatives to support the More than just words action plan since the last update in August 2023.
4. Welsh language features again in the IMTP for 2024-27, being as it is in the second year of a three year plan. Members will have an opportunity to review the full IMTP at a Board development session in February and at Board in March, however the intention for 2024/25 is to build an environment in which the Welsh language can flourish. This will ensure we focus on cultural change as well as standards compliance.

RECOMMENDATION

5. The People and Culture Committee are requested to note the Welsh Governments’ More Than Just Words Annual Report 2022-23 and receive assurance against the Trust’s progress in delivering its commitments to the plan.

KEY ISSUES/IMPLICATIONS
As above

REPORT APPROVAL ROUTE		
WHERE	WHEN	WHY
PCC Meeting	20 February 2024	To note

REPORT APPENDICES
Annex 1 – Welsh Government More than just words Annual Report 2022/23

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 ¹	Financial Implications	N/A
Environmental/Sustainability	N/A	Legal Implications	Yes
Estate	N/A	Patient Safety/Safeguarding	Yes
Ethical Matters	N/A	Risks (Inc. Reputational)	Yes
Health Improvement	N/A	Socio Economic Duty	N/A
Health and Safety	N/A	TU Partner Consultation	Yes

¹ EqIA not required, but consideration of Welsh language in this paper.

MORE THAN JUST WORDS ANNUAL REPORT 2022-23

SITUATION

1. The purpose of this report is to provide the Committee with the first Welsh Government Annual Report of the More Than Just Words Action Plan 2022-23 and an update on the Trust's progress in delivering its commitments to the action plan.

BACKGROUND

2. The new More than just words plan 2022-27 was launched by the Minister for Health and Social Services in August 2022. The five year plan was developed following an independent evaluation of the first More than just words five-year plan.
3. Attached at Annex 1 is the first Welsh Government annual report on the More than just words plan 2022-27 covering the initial year of implementation i.e. August 2022 – August 2023 and Welsh Government's progress on the plan.
4. From 2023 onwards the Minister will be holding annual progress meetings with the Chief Executive Officer to gain assurance on the delivery of the WAST actions to implement the plan.
5. In July 2023 the Trust provided a return to Welsh Government on delivering its Year 1 actions and this was presented to the People and Culture Committee on 17 August 2023. The Year 2 report will be presented in August 2024 alongside the Welsh Language Annual Report.

ASSESSMENT

6. By way of update to the Committee, set out below is a snapshot of the Trust's progress against the plan.
7. *The National Centre for Learning Welsh:* A significant number of staff working in the health and social care sectors may be able to speak Welsh, but they may have not used their Welsh for some time as they lack the confidence to use the language. The National Centre for Learning Welsh has developed a Health and Care Learning Welsh Programme for tutors to provide support to raise confidence for staff in NHS Wales. Discussions are ongoing for the 111 Service staff to receive Welsh language confidence building sessions which are funded by Welsh Government. A staff engagement exercise was carried out as to ascertain how many staff would be eligible for these with the result that 23 of our people, ranging from call handlers to clinicians, have expressed interest in attending the raising confidence course.

8. *Visual markers to identify Welsh speaking staff:* The “Iaith Gwaith” (orange badge) resources (lanyards and badges) continue to be freely available to staff who speak or are learning Welsh and staff are encouraged to adopt these for use in a digital environment, such as in email signatures and on Teams backdrops. We will be working with our operational teams to identify ways to display markers for our Welsh speaking staff to enable our service users to identify them.
9. *Gradual introduction of a minimum “courtesy” level of Welsh language skills:* The National Centre for Learning Welsh is leading on the work of developing a national Welsh language courtesy course with relevant stakeholders. The online module ‘Croeso Cymraeg Gwaith’ has been key for the Trust supporting staff who are at the beginning of their journey to learn Welsh. Work will be developed with support of the Chief Executive and Chair to introduce Welsh language courtesy skills to Board members, and this is included in the IMTP 2024-27 plan.
10. *Welsh language awareness course:* One of the actions in the More than just words plan is that all NHS Wales and social care colleagues undertake a language awareness course which will explain how important the Welsh language is in the delivery of services and to patient needs. This course was introduced in November 2022. The course is mandatory for all NHS Wales staff (including those who do not deal directly with patients / service users) and it will need to be retaken every 3 years. Since the introduction of the mandatory Welsh language awareness courses on 1st April 2023, 54.47% of Trust staff have completed the course. We will be further promoting the course in Quarter 4 as to increase compliance.
11. *Strategic workforce planning:* One of the identified workstream is Welsh language, for which key stages have been completed to identify key strategic objectives and programme of underpinning actions. Key Achievements include:
 - Stakeholder Engagement: We have actively engaged with key stakeholders, including employees, language experts, community representatives, and relevant government agencies. This collaborative approach has allowed us to gather valuable insights and perspectives to inform our strategic workforce planning.
 - Language Proficiency Assessments: Key activities have been undertaken to identify priority areas requiring Welsh language speakers. A comprehensive assessment of the Welsh language proficiency levels among our workforce has also been conducted. This has enabled us to identify areas of strength and areas that require targeted interventions.

- **Environmental Scanning:** An environmental scanning exercise aimed at service levels across the Trust has been conducted. This enabled us to access both the internal and external business environment within which WAST's operates helping us to identify strengths, weaknesses, and opportunities that we can maximise or minimise appropriately to ensure sustainability.

Upcoming Steps:

- **Skills Gap Analysis:** We are in the third stage of the Six-Steps Methodology, which is a workforce planning methodology. The aim of this stage is to be cognizance of the skills available within our workforce currently, ascertain the skills we need to meet our future objectives and then identify what the gap is.
 - **Training and Development Initiatives:** Building on the assessment results, we will initiate tailored training and development programs to enhance Welsh language skills among our employees. These programs will focus on both basic language proficiency and specialised vocabulary relevant to our industry.
 - **Recruitment Strategies:** In line with our commitment to linguistic diversity, our recruitment strategies will include measures to attract and evaluate candidates based on their Welsh language proficiency. This ensures that our workforce is reflective of the linguistic diversity within our community.
 - **Monitoring and Evaluation:** We will continue to monitor the effectiveness of our initiatives through regular assessments, employee feedback, and performance metrics. This ongoing evaluation will help us refine our strategies and address emerging needs.
12. *Translation and terminology initiatives:* Following the successful recruitment of a Welsh language translator a managed approach is underway in introducing Trust service areas to the new internal Welsh language translation service and reducing reliance on service areas using external translation providers. The next step is to set up translation support with NWSSP via a MOU that will include access to NWSSP's extensive translation memory software that will enable faster and consistent translation of documents.
13. *111 Service Welsh call answer improvement plan:* Following a challenged Welsh answer rate for the 111 service during 2022 into early 2023 an action plan was developed during the summer of 2023 to improve this performance. The plan involved new initiatives that included new ways of working in 111 including:
- Raising awareness within the 111 service of the requirement and plan. This included introduction of the concepts to the following internal meetings structures within 111

- Weekly reporting to the 111 Performance Review Group
 - Weekly reporting to the Directorate Capacity, Demand and Performance Group
 - Development of accurate Qlik reports to enable ongoing monitoring.
 - Weekly review of Welsh language cover within call handling rosters during the 111 Resource Management Group.
 - Coaching sessions in the Welsh language to increase staff confidence.
- Dedicated Welsh Language only agents during peak demand. Over the last 2-3 months a pre-determined number of Welsh speaking call handlers with exclusive Welsh skillset only at selected times during the week have been introduced in 111. Initially this has been on weekends and bank holidays between 0800-1300.
 - Dequeuing Interactive Voice Response (IVR) adjustment. Work is ongoing at the current time on changing the de queue system in the IVR to a manual de queuing offer in addition to automate de queuing that will remain under certain thresholds.
14. A review of the initiatives is **planned** but early indications show a significant improvement in Welsh answer rate overall with challenges noted with all calls over November and December months.
15. We have been asked to share this good practice with the Welsh Language Commissioner's Office following our recent annual review with them.
16. *Engage with the research and innovation teams at WAST.* One of the aims over the next year will be to engage with the Research and Innovation teams at WAST and externally to discuss ideas and opportunities to develop Welsh language services across the organisation. Engagement is ongoing on Welsh language issues with the Connected Support Cymru project team that involves connecting patients with community-based responders and clinical expertise within our clinical contact centres to provide remote clinical assessment through technology enabled health solutions. We are looking on how we the Welsh language can be incorporated into this project to improve patient outcomes.
17. *Promote importance and opportunities for Welsh language skills within WAST.* HEIW has developed the 'Tregyrfa' Portal which was designed to target Welsh speakers and it is already being utilised to attract the future workforce for NHS Wales. HEIW has attended several careers / public events where the stand has been completely bilingual to ensure that they can respond to the needs of Welsh speakers who may be considering careers in NHS Wales. The intention is to look

for opportunities for dialogue with HEIW on promoting careers for future employees with Welsh language skills.

Welsh Language IMTP 2024-27

18. The Welsh Language framework was included in the 2023-26 Integrated Medium Term Plan (IMTP) and has progressed well.
19. For 2024-27 we will be focused on ensuring we are establishing an environment for Welsh language to flourish, with close alignment to the equality, diversity and inclusion work under the People Plan.
20. The Welsh Language Advisory Group is now feeding into the Equality, Diversity and Inclusion Steering Group to further align to the Strategic Equality Plan.

RECOMMENDATION

21. The People and Culture Committee are requested to note the Welsh Governments' More Than Just Words Annual Report 2022-23 and receive assurance against the Trust's progress in delivering its commitments to the plan.



Llywodraeth Cymru
Welsh Government

Cymraeg

More than just words

Annual Report 2022-23

gov.wales



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15	Theme 3 – Sharing best practice and an enabling approach
20	Appendix A
30	A Glossary of Abbreviations and Acronyms

Patient experience¹:

“I feel more at ease speaking in my mother tongue. It’s like being at home with all the usual familiar worn and comfortable clutter around you. Speaking the second language is like being you but in someone else’s house.”

Case study – Learning Welsh

Welsh Learner of the Year 2023

The Welsh Learner of the Year of this national competition organised by the National Eisteddfod and the National Centre for Learning Welsh was Alison Cairns and one of the finalists was Manuela Niemetscheck:

Alison Cairns is originally from Scotland and lives in Anglesey. She started learning Welsh by listening to BBC Radio Cymru, watching S4C and reading her daughter’s books. She now uses Welsh confidently every day, without ever having had a formal Welsh lesson. Welsh is the language of the family, and Alison who works in the care sector realises how important using Welsh can be when dealing with patients.

Manuela Niemetscheck hails originally from Canada and lives in Bethesda and works as a Psychotherapist at Ysbyty Gwynedd, Bangor. She was inspired to learn the Welsh language not only because of her family and her community, but also because she believes that using Welsh in mental health services is extremely important and she has made an enormous contribution to providing Welsh services in Betsi Cadwaladr University Health Board (UHB).

¹ Davies, E. *Different Words Different Worlds?* The Concept of language choice in social work and social care, p. 20.

Introduction

Eluned Morgan MS, Minister for Health and Social Services

When I launched the More than just words plan last year I made it clear that I see the delivery of the Active Offer and developing the language skills of our workforce as a Unique Selling Point (USP) for our health and social care system that is proud to deliver services within a bilingual country.

I have been pleased to see the progress that has been made since the introduction of the plan and the foundations that have been laid which will enable organisations to build on this work going forward. Developments include the introduction of a mandatory Welsh language awareness course for all staff in the National Health Service Wales with similar courses being developed for the social care and the higher education sector; senior managers taking part in our Leading in a Bilingual Country programme; the National Centre for Learning Welsh working

with health boards and trusts to increase the confidence of staff to speak Welsh; the introduction of a fully bilingual NHS Wales app and the establishment of an advisory board to monitor and scrutinise progress against the plan.

Cymraeg belongs to us all across health and social care and implementing the More than just words plan will help ensure that Welsh speakers can receive the care they deserve and require.



How this report is structured

This report is the first annual report on the More than just words plan 2022-27 which builds on the previous More than just words frameworks and aims to further develop and strengthen Welsh language provision in health and social care. It covers the initial year of implementing More than just words (August 2022 – August 2023).

The first section provides an overview by theme of what has been achieved and some of the challenges encountered. Appendix A includes an update on the relevant action points from the More than just words plan. This report is based on information received from the stakeholders who have responsibility for the actions in the plan.

Background

Language and communications are integral components of delivering health and social care. The many thousands of staff in health and social care interact with individuals several times a day, and the vast majority of these interactions involve communication. That principle of communication is at the heart of the More than just words plan because it is about meeting the language needs of users and therefore improving the quality of care.

In Wales, almost 200,000 staff deliver health and social care, by far the largest employer in Wales. There is therefore a huge opportunity for health and social care to become exemplars in providing Welsh language services and to contribute to the Welsh Government's ambition to increase language use and the number of Welsh speakers by 2050.

The new More than just words plan 2022-27 was launched by the Minister for Health and Social Services at the National Eisteddfod in August 2022. The ambitious five year plan was developed by an expert group, following an independent evaluation of the first More than just words five-year plan. Research showed that, for many Welsh speakers, being able to access

services in their own language made a significant positive difference to their overall experience and, in many cases, their health and well-being outcomes. But it also demonstrated that people often found it difficult to access the services they need and were reluctant to ask when Welsh language services were not offered. That is why at the core of the strategy is the principle of the Active Offer which places a responsibility on health and social care providers to offer services in Welsh, rather than on the patient or service user to have to request them.

The plan is made up of several actions under five topics:

- **Culture and leadership**
- **Welsh language planning and policies**
- **Supporting and developing Welsh language skills of the workforce**
- **Sharing best practice**
- **Monitoring Progress**

In August 2023 an Advisory Board was established to monitor progress against the actions in the More than just words plan.

Summary of Progress

Overarching theme: Culture and Leadership

Culture and leadership is an overarching theme in the More than just words plan. The task & finish group which developed the plan identified an urgent need to mainstream the Welsh language and to strengthen system leadership and accountability at all levels. It also identified the need for a major cultural shift in order to achieve the required change and improvement. We have to create a culture where Cymraeg belongs to us all; where there is a pride in working in a bilingual health and social care system that is centred on the individual, providing a proactive Welsh language offer.

Personal performance objectives

In the first year of implementing the More than just words plan personal performance objectives were set for NHS Wales and social care bodies to ensure the delivery of More than just words. The aim of the objectives was to ensure that the organisations demonstrated how they have provided leadership to develop and cascade an organisational culture of belonging that supports bilingualism and mainstreaming

of the Welsh language in plans and delivery of services. This helped the organisations to focus on improving data on workforce language skills to support planning of services to enable the Active Offer, ensure that staff completed the Welsh language awareness training, and that Board Champions were appointed in NHS Wales organisations. These objectives were also on the agenda for the annual meetings held between the Minister for Health and Social Services and NHS Wales Board Chairs.

Behavioural change

During 2022-23 Social Care Wales (SCW) began work with Bangor University to pilot the ARFer programme into 3 care homes across North Wales. Two residential care homes in Wrexham and Denbighshire have signed up to the pilot. The focus is on behavioural change to normalise the use of the Welsh language in a care setting – creating a culture where the Welsh language is used.

Phase 2 of the project will focus on using the pilot to identify approaches to support employers to implement a cultural shift to promote and embed the use of Welsh language services, in order to develop a framework and model to roll out across the social care sector in Wales.

Leading in a Bilingual country

Although a medium term target (to be completed by 2025) in the More than just words plan, senior managers in health and social care bodies have already started to take part in the Leading in a Bilingual country programme. The programme brings together senior leaders from the Welsh public sector to discuss how exactly they can lead their organisation in a way which will contribute to the spirit and letter of Cymraeg 2050. Two pilot cohorts of leaders across the public sector have completed the programme and the third cohort started the training in June 2023. The strength of the programme is that it is a place where people can learn from each other and after the workshop those attending will nominate two nominees to work on a baseline assessment about the culture around Cymraeg in each organisation. The expected outcome is that after the workshop, everyone will champion an organisational leadership culture in which Cymraeg can flourish.

Evidence from the evaluation of the initial More than just words plan suggested that whilst it may have successfully won the hearts and minds of many strategic level policy makers and frontline practitioners, the challenge of changing the culture and mindset has been greater at the operational planning level. Leadership will be a key driver for the successful implementation of More than just words. Strong leadership is required to underpin the necessary actions to promote the Welsh language, to drive the impetus for change and to create a culture where people feel empowered to use the Welsh language each day at work.

Whilst there are examples of excellent initiatives across the sector, these have often been instigated by the efforts and enthusiasm of individual Welsh language officers and practitioners rather than being inspired by system leadership to drive system change. To achieve the objectives set out in the More than just words plan leadership must be demonstrated at all levels of an organisation.

NHS Wales Leadership Board meetings

The Director General of Health and Social Services and Chief Executive of NHS Wales meets regularly with NHS Wales Chief Executives as part of regular NHS Wales Leadership Board meetings. During the first year of implementing the More than just words plan it has been on the agenda for two meetings where the importance of implementing the plan in the context of providing high quality care was discussed along with opportunities to work with the National Centre for Learning Welsh to introduce confidence raising courses for staff.

Theme 1

Welsh language planning and policies including data

Policies, guidance and initiatives

Having the right plans and policies in place will help ensure the successful delivery of the Active Offer.

The Health and Social Services Group in the Welsh Government produces a number of policies, guidance and initiatives for NHS Wales and social services and these policies are subject to Welsh language impact assessments in order to consider the impact of the policy, both positive and negative, on the Welsh language. The NHS Wales Planning Framework also includes a requirement that the Integrated Medium Term Plans (IMTPs) of local health boards are planned and delivered in line with the More than just words plan. Most IMTPs include reference to the Welsh language and More than just words, although the Welsh language could be more clearly embedded in the plans with more meaningful performance indicators attached to some of them.

Strategic Workforce Planning for the Welsh language strategy

Health Education and Improvement Wales (HEIW) has produced a draft “Strategic Workforce Planning for the Welsh language” strategy in line with action 30 of the “Health and Social Care Workforce Strategy”. The aim of the strategy is to help organisations to plan for Welsh language skills and there is an appetite amongst health boards to start an Action Group around this strategy. This idea is something that would benefit from being taken forward and developed further over the next few months to ensure that there is a robust strategy and clear actions in place to help ensure a health and social care workforce with the skills and capacity to meet the needs of people in Wales who need Welsh language services.

Duty of Quality

Strengthening Welsh language provision is about providing quality care. The Duty of Quality highlights the Welsh Government’s commitment to safe, effective and person-centred health services. The purpose of the duty of quality is to ensure that NHS Wales bodies secure improvements in the quality of services they provide, and the Welsh language is an integral part of this. The Duty of Quality was introduced on 1 April 2023 with the statutory guidance recognising the importance of the Welsh language and the More than just words plan; it drives quality health outcomes for the people of Wales by encouraging organisations to ensure patient access to services in the Welsh language. The guidance requires Welsh language considerations to be embedded in the culture of quality and be considered through the lens of the Health and Care Quality Standards. Welsh language responsibilities must be included in quality reports.

Theme 2

Supporting and developing the Welsh Language skills of the current and future workforce

Developing the Welsh language skills of the health and social care workforce is both a short and long term process. More than just words adopts a two-pronged approach whereby work is undertaken now to develop the skills of the current workforce, whilst adopting a more strategic approach in order to understand what skills are required by the future workforce and to plan accordingly.

Welsh language awareness course

The Welsh language skills of the workforce are critical to effectively engage with Welsh speakers to ensure the success of the More than just words plan. It is hoped that colleagues will want to learn Welsh or improve their existing skills. But that does not mean that everyone has to be fluent in Welsh. Being able to say a few words in Welsh can go a long way and even if staff do not speak Welsh an understanding of the needs of Welsh speakers can make a big difference. One of the actions in the More than just words plan is that all NHS Wales and social care colleagues undertake a language awareness course which will explain how important the Welsh language is in the delivery of services and to patient needs. This course was introduced in November 2022 (see Welsh Health Circular – WHC/2022/28) and was developed by Betsi Cadwalader University Health Board with support from the Welsh Government. It can be accessed via the Electronic Staff Record (ESR) system and Learning@Wales platforms. The course is mandatory for all NHS Wales staff (including those who don't deal directly with patients / service users) and it will need to be retaken every 3 years.

The initial response to the new course has been very positive and as a mandatory course it has the potential to contribute to the facilitation of bilingual healthcare service provision throughout the country. Below is some of the feedback received to the course:

“It gave me a real insight into the rationale for not only helping to keep the Welsh language “alive” but that it will motivate me to try to learn and maintain even the smallest amount of Welsh words and phrases.”

“As these courses go, this was a good one. Nice to see links to free courses that users can access. The real patient experiences were a nice touch.”

“Loved the use of videos as this really helps to demonstrate lived experience and is impactful. Perhaps a couple more videos.”

“I felt it was a helpful overview of the key issues, and helpful in raising awareness. It was also good to dispel some common myths.”

Patient experience:

“It’s not practical to expect everyone to be able to communicate in Welsh, but everyone can show respect and flexibility. Professionals need to take a step back and show a bit of professional humility. It doesn’t have to cost money. It’s about attitude, the wish to improve.”

The following table shows the percentage of staff in each health board and trust who have completed the Welsh language awareness course. In their reports on implementing the first year of More than just words plan the health boards and trusts have outlined their commitment to raise the completion rates going forward.

Percentage of staff in each health board, trust and special health authority who have completed the Welsh language awareness course

Organisation	Percentage who have completed the course (figures as of Summer 2023)
Aneurin Bevan University Health Board	No figure provided – the health board reports that there were initial issues with the new module, but responses have been positive to date.
Digital Health & Care Wales	25%
Welsh Ambulance Services Trust	34%
Cardiff and Vale University Health Board	47%
Cwm Taf Morgannwg University Health Board	54%
Velindre University NHS Wales Trust	56%
Health Education and Improvement Wales	61%
Hywel Dda University Health Board	63%
Swansea Bay University Health Board	68%
Betsi Cadwaladr University Health Board	70%
Public Health Wales	71%
Powys Teaching Health Board	73%
NHS Wales Shared Services Partnership	85%

As well as the Welsh Government’s Welsh language awareness course, a Welsh language awareness e-learning module is being developed by Social Care Wales. It is in the final stages of development. This resource will be available for people coming into the sector and existing workers. This will raise their awareness of legislation, and how and why the Welsh language is a skill at any level and an integral part of care. The Coleg Cymraeg Cenedlaethol has also launched a “More than just words – Communicating in Health and Care” course which is live on the Coleg Cymraeg’s website. The aim of the resource is to introduce language awareness in health and care to higher education students and professional practitioners to foster the confidence of students to use their Welsh language skills with patients and colleagues in NHS Wales. **[Mwy na Geiriau: Cyfathrebu mewn lechyd a Gofal \(porth.ac.uk\)](http://porth.ac.uk)**

Courtesy level of Welsh language skills

Building on the Welsh language awareness course, one of the actions in More than just words (MJW) is to gradually introduce a minimum “courtesy” level of Welsh language skills. Work has started on this to introduce a minimum “courtesy” level of Welsh language skills making staff more aware of the positive impact that learning Welsh can have on individuals accessing and receiving health and social care services.

In order to achieve this successfully a number of factors need to be considered, for example to define what is meant by “courtesy” level Welsh so that there is consistency across the health and social care sectors in Wales and also ensure that the concept is introduced in a way that ensures the buy-in of senior managers and the workforce.

Introducing courtesy level Welsh does not mean that we are starting from scratch as most organisations have various initiatives to ensure that their staff can learn basic Welsh. There are a number of examples of organisations having prepared simple vocabularies for switchboard / reception staff and Betsi Cadwaladr University Health Board has a courtesy Welsh language course specifically for reception staff. Others have posters to encourage their staff to use basic Welsh. Cardiff and Vale University Health Board is in the process of establishing Rhwydiaith for those who are learning or want to develop their skills and practice speaking Welsh with others. Hywel Dda University Health Board has already proposed that all staff attain level one Welsh language skills which will be further developed in 2023-24. One organisation made the point that an analysis of their staff skills level suggested that younger staff have more ability in Welsh, suggesting that the skills level of their staff will naturally increase over time.

The sector agrees that national guidance to support this action would be beneficial and this is something that is being taken forward by the Welsh Government with the National Centre for Learning Welsh leading on the work of developing a courtesy course with relevant stakeholders.

Building the confidence of staff to speak Welsh

A significant number of staff working in the health and social care sectors may be able to speak Welsh, but they may have not used their Welsh for some time as they lack confidence to use the language. The National Centre for Learning Welsh has developed a Health and Care Learning Welsh Programme in response to the More than just words plan and they have

secured additional funding for this from the Welsh Government as part of their Cymraeg Gwaith scheme. This is the first time that the Centre had implemented a national plan specifically for the health and care sectors. The scheme builds on the ‘building confidence’ course originally introduced in collaboration with the National Centre for Learning Welsh at Hywel Dda University Health Board. Hywel Dda University Health Board reports that the benefits are already being felt as staff who attended the course report using some Welsh with service users, where previously they would not have done so.

A presentation was made to NHS Wales Leadership Board in April 2023, and the proposal was strongly supported. The Centre has appointed a Senior Project officer to lead on this work. Seven full-time tutors will be located in the following health boards and will be implementing specific plans agreed with each health board. The National Centre will be monitoring and tracking what is being achieved.

1. [Betsi Cadwaladr Health Board](#)
2. [Swansea Bay Health Board](#)
3. [Cwm Taf Morgannwg Health Board](#)
4. [Cardiff and Vale Health Board](#)
5. [Aneurin Bevan Health Board](#)
6. [Powys Teaching Health Board](#)
7. [Hywel Dda Health Board](#)

In addition to their work with the health boards, the tutors will provide support to raise confidence in NHS Wales organisations in line with capacity and demand. As well as placing tutors within the health boards, the centre is also in discussions to pilot various smaller projects with specific audiences including the Welsh Ambulance Services Trust, Velindre University NHS Wales Trust and Public Health Wales.

Welsh language skills within careers in health and social care

Looking at the longer term and Welsh language skills within careers in health and social care, HEIW continues to promote this utilising the Tregyrfa / Careersville portal, an interactive digital resource containing information on jobs and opportunities in health and care in Wales. The Tregyrfa Portal was designed to target Welsh speakers and it is already being utilised to attract the future workforce for NHS Wales. Externally HEIW has attended a number of careers / public events where the stand has been completely bilingual to ensure that they can respond to the needs of Welsh speakers who may be considering careers in NHS Wales.

Social Care Wales ran a National Welsh language campaign to improve the confidence of those who work in the sector and already have some Welsh language skills and to encourage workers to learn Welsh.

Welsh language skills and Electronic Staff Record (ESR)

Health and social care organisations need to identify the Welsh language skills gaps of their workforce in key areas and develop plans to address them in order to fully understand their workforce requirements. In NHS Wales the ESR records and maps the availability of key skills and competencies of staff, enabling employers and managers across the sector to utilise these skills to best effect.

When the previous More than just words strategy was first launched in 2016, the number of workers who had recorded their Welsh language skills in the ESR varied across health boards, trusts and special health authorities in Wales. There are a number of reasons for this, for example Cardiff and Vale University Health Board reported that the ESR has proved challenging as once an individual has uploaded their updated Welsh language skills, their line manager has to approve the changes within

seven days, but often managers are not aware of the need to approve and not all managers are best placed to assess the Welsh language skills of their team. There are also instances in some organisations where due to the nature of their work staff don't have access to computers and therefore have difficulty in accessing the ESR. The fact that the ESR is a system for the whole of the UK also means that it is difficult to adapt it for Wales. By 2020, there had been an increase in the proportion of staff who had recorded their Welsh language skills and ability in the system across almost all health boards and trusts (although the level of progress achieved varied – see table

below), and that increase has continued up until the current time. The increase can be attributed to the More than just words strategy and the support of Welsh language Officers across health boards, trusts and special health authorities to encourage staff to register their Welsh language skills level. Some organisations are making it a requirement that over 90% of staff complete their Welsh language skills profile and Betsi Cadwaladr University Health Board for example has published guidance to help staff update their Welsh language skills. We are in a position now where organisations have meaningful data from the ESR to actively plan Welsh language services.

ESR Welsh Language Skills Completion Rates

Organisation	Completion rate (%) 2023	Completion rate (%) 2020
Swansea Bay University Health Board	32%	14%
Cardiff & Vale University Health Board	36%	37%
Health Education & Improvement Wales	44%	22%
Aneurin Bevan University Health Board	74%	17%
Cwm Taf Morgannwg University Health Board	83%	65%
Velindre NHS Wales Trust	86%	85%
Powys THB	87%	74%
Welsh Ambulance Services Trust	89%	94%
Betsi Cadwaladr University Health Board	92%	84%
Public Health Wales	93%	39%
NHS Wales Shared Services Partnership	94%	93%
Digital Health & Care Wales (DHCW)	95%	DHCW was not established until 2021
Hywel Dda University Health Board	97%	81%

Bilingual skills strategies

Most organisations have a bilingual skills strategy which provides guidance to recruitment managers on how to assess the language requirements of posts, but this guidance is not always followed. One health board has acknowledged that the number of posts that have been advertised as Welsh essential, and / or with a level of Welsh specifically defined, is low. There is demand for guidance at a national level to define the level of Welsh language skills required in all job adverts and the Welsh Government is working with other stakeholders on this.

Patient experience:

“Every social worker we’ve had over the years has been a Welsh speaker. That’s crucial for us. As a mother I’m the one who speaks for X and I’m more comfortable in Welsh. But all the health clinics are in English; we have difficulty understanding sometimes. When you have someone who speaks Welsh, it makes a difference.”

National awareness and promotion campaign to make staff more aware of the positive difference using Welsh can make

A medium-term action in the More than just words plan is to instigate a national awareness and promotion campaign to make staff more aware of the positive difference that learning and using Welsh can make to the services they provide. Although an action for the medium term HEIW have had a series of meetings and discussions with SCW, and as well as setting up a joint steering group have also set up a joint communications sub group, who are responsible for developing and delivering a series of messages to the target markets. They have been developing plans with SCW around their Tregyrfa / Careersville website to encourage people of all ages to consider careers in NHS Wales with the additional message that “A little bit of Welsh goes a long way”. This was trialled with a bilingual audience at the Royal Welsh Show in July, and it received a very warm response from members of the public who visited the HEIW stand at the Show.

Theme 3

Sharing best practice and an enabling approach

An important element of the successful delivery of the objectives in the More than just words plan is that health professionals can communicate and share good practice. There are examples of good practice, but they are not always shared more widely either within organisations or beyond.

Sharing best practice

A portal to collate and share innovative examples of sharing best practice from the perspective of Welsh language services is being developed by the Digital Health and Care Wales. This will be used to share examples of innovative Welsh language practice in the health and social care sectors as well as being a repository for knowledge, information and guidance on providing Welsh language services.

Research and Innovation Hubs have been set up to co-ordinate Research & Innovation (R&I) activity across health and social care in the regions. Some organisations have said that they aim to engage with the relevant R&I teams to discuss ideas and opportunities to develop Welsh language services across their organisations. The Welsh Government's Health & Social Services Group's Welsh Language Policy Unit meets quarterly with the Welsh Language Officers in NHS Wales. They have circulated contact details for the innovation hubs and encouraged the Welsh Language Officers to engage with them.

Welsh language Executive leads and Welsh language officers and champions to meet nationally

Most health boards and trusts have internal groups to help mainstream the Welsh language. There is also an NHS Wales Welsh Language Managers Group which meet to share best practice and discuss the implementation of More than just words. These meetings help with the sharing of best practice and ensure a consistency of approach on key issues.

There is a role for the Welsh Government to lead on ensuring that Welsh language Executive leads and Welsh Language Officers and Champions meet nationally to share best practice and celebrate success. A Community of Practice will be established in early 2024 to take this forward.

Celebrating success

Some organisations have annual Welsh language awards where there is a category for Welsh language learners or for Welsh language services. Aneurin Bevan University Health Board has introduced a Welsh language award to their Staff Recognition Awards, partly due to the new More than just words plan. Most health boards however do not and there is no national award specifically for the Welsh language. The annual NHS Wales Awards, for example, do not have a specific Welsh language category but the Welsh language could feature in a number of its categories, such as "improving health and Wellbeing" or "delivering person-centred services".

Primary care

Welsh language standards apply to NHS Wales primary care services that are contracted by the health boards, including NHS Wales dentists.

Welsh language standards currently don't apply to independent providers. However, since 2019 Welsh language duties have been placed on independent primary care contractors, which include:

- notify the local health board if they provide services through the medium of Welsh
- provide Welsh language versions of all documents or forms provided to it by the local health board
- ensure that any new sign or notice provided is bilingual. Contractors can use local health boards translation services for this purpose
- encourage staff to wear a badge or lanyard to show that they are able to speak or learning Welsh, if they provide services in Welsh
- establish and record the language preference of a patient
- encourage and assist staff to utilise information and/or attend training courses or events provided by the local health board.

Following the introductions of these duties a survey was undertaken in 2019 which showed that most GP practices were not aware of the Active Offer and whilst 75% of practices believe that they have sufficient Welsh speaking reception staff, less than half of those Welsh speaking staff said that they wore a laith gwaith badge / lanyard.

A new survey will be held in 2024 with the aim of understanding Welsh language provision and practices across primary care providers in Wales, with regard to the Welsh language duties and the Active Offer. The findings will be used to inform initiatives to further progress and enhance services in Welsh.

Visual markers to identify Welsh speaking staff

Evidence from the sector suggests that most eligible staff are wearing visual markers (such as the laith Gwaith badge) to enable service users to identify Welsh speaking staff and to convey the message that Welsh is a “normal” everyday part of service delivery. One health board reported that although they could not be certain that all Welsh speakers wore a laith Gwaith badge or lanyard, they had seen a substantial increase in the requests for the laith Gwaith badge as a result of introducing the mandatory Welsh language awareness training earlier in the year. Some organisations also reported that they would like funding to produce laith Gwaith material. One health board holds an annual Mystery Shopper scheme to see if staff and receptions have visual markers to show that a Welsh language service is provided which is an initiative that others could follow.

It appears as though a small minority of fluent Welsh speaking staff in some organisations are still reluctant to use visual markers to identify themselves as a Welsh speaker. Concerns about being allocated additional responsibilities and a lack of confidence in using their Welsh language skills were cited for this. “Welsh learner” lanyards are now being provided as many staff feel more comfortable wearing the “Welsh learner” markers as it invites at least some engagement in Welsh from service users without raising expectations that they can conduct a full conversation in Welsh.

As well as staff wearing badges, some organisations are using the “laith Gwaith” symbol more extensively with Cwm Taf Morgannwg University Health Board, building on a scheme originally introduced by Betsi Cadwaladr University Health Board, reporting that it was using “Cymraeg” magnets to identify Welsh-speaking patients and facilitate the delivery of bilingual services and the Active Offer principle in its wards. It also uses STREAM – an internally developed

discharge-planning tool, which is designed to support patient flow within healthcare settings. The STREAM system provides information about each patient’s individual linguistic preferences; utilising data that is automatically taken from Patient Administration System for Wales (WPAS), a digital version of the orange “Iaith Gwaith” badge is displayed on screen. This ensures that all staff who use STREAM are informed about the presence of Welsh speaking patients on their wards.

Cwm Taf Morgannwg University Health Board has developed an innovative solution to displaying and sharing patient information, including language choice on e-whiteboards. A feature of the system is the list view which allows staff to click on a symbol and see all patients for whom that symbol has been used and where the patients are located. Staff can therefore see which patients are Welsh-speaking, and plan ward rounds accordingly to provide a Welsh language service.

In some organisations, although systems can capture language choice, this depends on the language choice field being completed and capacity to deliver the Service, for example with NHS Wales 111 service and CAS (Clinical Assessment Service).

Patient experience:

“There are a lot of Welsh-speaking and non Welsh-speaking nurses on the children’s ward and every effort was made to ensure that there was a nurse who was able to speak Welsh on the shifts.”

Technology

Responsibility for the delivery and support of health and care technology in Wales lies with DHCW, which helps NHS Wales produce digital healthcare systems including software and hardware. This includes the introduction of online services for patients and the development of healthcare IT specialists.

The COVID-19 pandemic led to necessary changes in the way health and social care services are delivered in Wales, including greater use of digital platforms. This increased use of digital technology presents both challenges and opportunities in the way service users engage with services, as well as the way those working in the sector access information and training. There is a need to ensure that the sector remains aware of the risks and opportunities for Welsh language provision that accompany service delivery changes such as these. Moving forward, *More than just words* needs to ensure that Welsh language provision is considered as a fundamental part of wider service delivery changes.

A number of health boards and trusts actively engage with DHCW to help ensure that the Welsh language is embedded into technology and many have made the relevant teams in their organisation aware about the Bilingual Technology Toolkit. One health organisation provided examples of its Shared Learning sites – Gwella and Y Tŷ Dysgu which have strict protocols for the development of bilingual content. Betsi Cadwaladr provided an example of the Welsh language team having been actively involved with a Dementia – Friendly Environments app project, with representations from the team on the Steering Group from the outset.

Hywel Dda University Health Board actively engages with DHCW and their internal digital team on new technologies and systems ensuring that the Welsh language is embedded in all. In 2022-23, for example, Hywel Dda University Health Board has worked closely with Organisation for the Review of Care and Health Apps (ORCHA) to provide a bilingual platform to share the range of health-related apps that are available to its population. While individual apps are beyond the scope of the health board's reach, the platform upon which it sits has been changed to ensure bilingual and digital accessibility standards are met.

One major development for 2022-23 is the introduction of NHS Wales App which has been developed bilingually from the beginning with Welsh speakers testing prototypes in one-to-one sessions with the developer. A language switch is built into the app and the language choice is triggered in the app versions, so if you have the Welsh language set as standard in your mobile device this is picked up. It is also possible to leave feedback in Welsh.

Also in DHCW a new Welsh language technical group has been set up to ensure that the Digital Medicines Transformation portfolio complies with the requirements of the DHCW Welsh language scheme and standards.

But in some areas progress has been slow. For example, it is only recently that Cardiff & Vale University Health Board's new patient appointment system can produce bilingual appointment letters.

More work needs to be done on the sharing, recording and tracking of information between systems, including language preference. Whilst it is possible to record patient language choice on WPAS and the Wales Clinical Portal there is no certainty that this data is being collected and then shared between systems.

Translation and terminology

Organisations are producing more bilingual material than ever before. A number of health boards and trusts have invested substantially in their translation resources in recent years (mainly as a result of their statutory obligations under the Welsh language standards). For example, one health board had 3.5 internal translators who had translated nearly 1 million words during the reporting period. Another's internal team of translators translated most of the 4-5million words they translate annually.

Many organisations use Translation Memory software and are scoping the possibility of sharing this resource with others which will help improve translation times and also lead to better standardisation of terminology which will ultimately benefit patient care. Funding has been secured by Betsi Cadwaladr University Health Board to develop a dictionary resource which will be housed on NHS Wales Shared Services Partnership (NWSSP) website and linked to the new best practice portal in DHCW.

Work has been ongoing to develop a terminological database to be used by NHS Wales translators across Wales. They are also working with other health organisations to use the same translation memory software – this would help reduce costs and time. However, this has been ad-hoc rather than systematic in its approach. There is a need for more practical tools to be developed to support staff to use their Welsh language skills, for example *Gair i Glaf* as well as a need to develop a terminological corpus for health and social care. Terminology has been translated in the past, but there has not been a concerted national approach to ensure consistency about what is translated or that it is standardised.

Monitoring Progress

This report will be considered by the Minister for Health and Social Services and shared with health and social care leaders.

An Advisory Board to monitor and scrutinise progress against the action plan was established in August 2023. The advisory board will make recommendations to the Minister where further progress could be made and highlight any emerging concerns where ambition is not being met.

Data

The More than just words plan makes it clear that relevant and timely data is required to measure progress against the More than just words plan. The plan includes actions to map available data and the introduction of a dashboard and a performance management framework to measure progress against the action plan. Recognising the importance of data to the overall More than just words plan, the Active Offer and the delivery of bilingual services, this will be a priority for the More than just words plan over the next few months.

Appendix A

The Plan (Actions for 2022-23)

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027	Update
1.	We'll set personal performance objectives to ensure the delivery of <i>More than just words</i> so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS Wales boards and the Directors of Social Services report (Annual Council Reporting Framework).	All health and social care bodies Welsh Government to lead on objectives for Chairs.	Short Term	Objectives agreed with chairs of NHS Wales boards. The objectives are: <ul style="list-style-type: none"> Demonstrate how they have provided Board leadership to develop and cascade an organisational culture of belonging that supports bilingualism and mainstreaming of Welsh language in plans and delivery of services. The Board has assured itself on progress on the short-term actions set out in the More than just words framework for health bodies. This to include: <ul style="list-style-type: none"> Improved data on workforce language skills (over 90% of staff recorded skills) to support planning of services to enable the active offer. Over 90% of staff completing Welsh language awareness training. Board champions appointed and best practice evidenced and delivering system improvements. Discussions ongoing with Association of Directors of Social Services (ADSS) re. Objectives for Directors of Social Services.
2.	Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience. In the meantime we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan.	Welsh Government/ HEIW/ SCW	Short to Medium Term	During 2022-23 SCW began work with Canolfan Bedwyr at the University of Bangor to pilot the ARFer programme into 3 care homes across North Wales. Two residential care homes in Wrexham and Denbighshire have signed up to the pilot. This focuses on behavioural changes to normalise the use of Welsh language within a care setting. Creating a culture where the Welsh language is used. Phase 2 of the project will focus on using the pilot to identify routes and approaches to support employers to implement a cultural shift to promote and embed the use and importance of services through the medium of Welsh, in order to develop a national framework and model to roll out across the social care sector in Wales.
3.	We'll expect those in leadership roles to take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of <i>Cymraeg 2050</i> in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all aspects of our work to using what levers we have to increase its use.	Chairs and Chief Executives of health and social care bodies	Medium Term	Leading in a Bilingual Country programme (LIBC) explores changes through the prism of bilingualism. The programme brings together senior leaders from the Welsh public sector to discuss how exactly they can lead their organisations in a way which will contribute to the spirit and letter of Cymraeg 2050. Two pilot cohorts of leaders across the public sector have completed the programme and the third cohort started the training on 15 June 2023 which includes senior managers from NHS Wales and local authorities in line with the action in Mwy na geiriau (MNG).

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027	Update
4.	We'll appoint national cultural change makers to work with organisations across health and social care to facilitate change and transformation and to support practitioners and middle managers to overcome challenges or barriers in delivering the Active Offer.	Welsh Government	Medium Term with appointment process undertaken during the first 12 months.	<p>This action is supposed to be completed by 2025 with the appointments process commencing in MJW's first year.</p> <p>Defining the role of the cultural change makers and the type of person required to implement the role has been challenging. There are a number of considerations - is this a mentoring / training function, what is most important – influencing skills / an understanding of how NHS Wales / social care works? Who would appoint and manage these officers? Are there individuals who could undertake this work? With managers at what level should these officers work?</p> <p>There are Welsh language officers in all health boards / trusts and local authorities, and some were of the view that the cultural change makers function was already being undertaken by the Welsh language officers.</p> <p>At a meeting of the MJW Advisory Board members discussed the role of the cultural change makers and felt that there needed to be a clear definition of the role. Members agreed that a new piece of work should be done to redefine this role and a paper on this subject will be discussed at the Advisory Board meeting in March 2024.</p>

Theme 1

Welsh language planning and policies including data

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027	Update
7.	Ensure national planning and guidance for health and social care is clear on Welsh language planning requirements, implementation and measuring delivery of outputs. This to include IMTPs and regional population needs assessments.	Welsh Government	Short Term	<p>IMTPs for NHS Wales include Welsh language planning and requirements which are reviewed annually by Welsh Government and comments made to strengthen them if required.</p> <p>The Health and Social Services Group in the Welsh Government produces a number of policies, guidance and initiatives for NHS Wales and social services which are subject to Welsh Language Impact Assessments in order to consider the impact of the policy on the Welsh language.</p>
9.	An annual report will be prepared by an appropriate body to bring together the data relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different contexts e.g. HEIW, SCW, Health Boards.	HEIW / SCW, health and social care bodies	Short/Medium Term	Welsh Government will be commissioning this work.
10.	<p>That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified.</p> <p>The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance inform the work of the relevant regulators and inspectorate as appropriate.</p>	HEIW / Social Care Wales	Short term	<p>HEIW Workforce and Organisational Development (WOD) Department has produced a draft “Strategic Workforce Planning for the Welsh Language” strategy. There is an appetite amongst the Health Boards to start an Action Group around this strategy. For this to gain proper traction, HEIW believes that significant resource may need to be committed to the follow through and continuation of the work across all the Health Boards and Trusts in Wales.</p> <p>SCW has worked with its internal team to ensure the categorisation of Welsh language skills on its register matches the recognised national levels.</p> <p>SCW has also worked with HEIW and the National Centre for Learning Welsh to adapt the Welsh language checker they have. This allows for more robust means of language level checking rather than solely relying on self-assessment.</p> <p>The Welsh Language skills in your workforce, using them effectively toolkit is being reviewed and digitalised. The toolkit will support employers to make effective use of the skills of their workforce for the benefit and well-being of people who use their services, as they would any other skill.</p> <p>The digital toolkit will be an interactive skills matrix, identifying current skill level and skill gap. The gaps identified will inform what training requirements will be required, e.g., CAMAU Welsh language entry and foundation learning course for the social care sector.</p> <p>Social Care Wales commissioned Practice Solutions to research the 'current state' of workforce planning across Wales and look at what's needed in the future. The report highlights the variation in how local authorities across Wales carry out workforce planning for social care, and the need for more investment to help some develop their approach.</p> <p>SCW is going to consider what actions and resources are needed locally, regionally and nationally to be able to respond effectively and agree those with the relevant partners and stakeholders.</p> <p>The executive summary can be read on SCW's website through the following link – Social care workforce planning fit for the future Social Care Wales.</p>

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027	Update
11.	The importance of the Active Offer in planning and delivering quality services to be included in the guidance and reporting requirements for the Duty of Quality and refreshed health and care standards. The Health and Social Care (Quality and Engagement) (Wales) Act ('the Act') 2 became law on 1 June 2020 with its full implementation to be completed by spring 2023. This includes reframing and broadening the existing duty of quality on NHS Wales bodies.	Welsh Government	Short Term	The statutory guidance for the Duty of Quality recognises the importance of the Welsh language and the MJW plan; it drives quality health outcomes for the people of Wales by encouraging organisations to ensure patient access to services in the Welsh language. The guidance requires Welsh language considerations to be embedded in the culture of quality and be considered through the lens of the Health and Care Quality Standards. Welsh language responsibilities must be included in quality reports.

Theme 2

Supporting and developing the Welsh language skills of the current and future workforce

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027	Update
14.	We'll expect all NHS Wales and social care colleagues to follow a language 'awareness' course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training.	Health and Social Care bodies	Medium Term	<p>The Welsh Government introduced a mandatory Welsh language awareness course for NHS Wales last autumn (see WHC 2022/028) which explains how important Cymraeg is in service delivery and to meet patient need. A course for social services is currently being developed by Social Care Wales.</p> <p>A more than just words – Communicating in Health and Care course is now live on the Coleg Cymraeg's website. The aim of the resource is to introduce language awareness in health and care to higher education students to use their Welsh language skills with patients and colleagues in NHS Wales.</p>
15.	The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We further recommend that Welsh Government explore what resources are required to deliver adequate support for such a scheme including supporting employers to release key staff to undertake substantive Welsh language learning.	Welsh Government/ National Centre for Learning Welsh	Medium Term	<p>A significant number of staff working in the health and social care sectors may be able to speak Welsh, but they may have not used their Welsh for some time as they lack the confidence to use the language. The National Centre for Learning Welsh has developed a Health and Care Learning Welsh Programme in response to the More than just words plan and they have secured additional funding for this from the Welsh Government as part of their Cymraeg Gwaith scheme. This is the first time that the Centre had implemented a national plan specifically for the health and care sectors.</p> <p>A presentation was made to NHS Wales Leadership Board in April 2023, and the proposal was strongly supported. The Centre has appointed a Senior Project officer to lead on this work. Seven full-time tutors will be located in the following health boards, and they will be implementing specific plans agreed with each health board. The National Centre will be monitoring and tracking what is being achieved with each project.</p> <p>Bwrdd Iechyd Betsi Cadwaladr Bwrdd Iechyd Bae Abertawe Bwrdd Iechyd Cwm Taf Morgannwg Bwrdd Iechyd Caerdydd a'r Fro Bwrdd Iechyd Aneurin Bevan Bwrdd Iechyd Powys Bwrdd Iechyd Hywel Dda</p> <p>In addition to their work with the health boards, the tutors will provide support to raise confidence in the health trusts in line with capacity and demand. As well as placing tutors with the health boards, the centre is also in discussions to pilot various smaller projects with specific audiences including the Welsh Ambulance Services, Velindre University NHS Trust and Public Health Wales.</p>

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027	Update
16.	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities.	Health and social care bodies	Medium Term (Guidance to be developed and shared in the short term)	<p>There is demand for guidance at a national level to define the level of Welsh language skills required in all job adverts. Most organisations have a bilingual skills strategy which provides guidance to recruitment managers on how to access the language requirements of posts – but this guidance is not always followed. One organisation has acknowledged that the number of posts that have been advertised as Welsh essential, and / or with a level of Welsh specifically defined, is low.</p> <p>HEIW’s “Strategic Workforce Planning for the Welsh Language” document covers this point and helps move the agenda forward significantly. There is also an appetite amongst the Health Boards to start an Action Group around this document.</p>
17.	Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh.	Health and social care bodies	<p>Short Term – introduction</p> <p>Long term – all staff have courtesy level Welsh</p>	<p>A group is being established to take this action forward and to draw up guidance that will be issued centrally by Welsh Government.</p> <p>The National Centre for Learning Welsh is leading on the work of developing a courtesy course with relevant stakeholders.</p>
20.	Careers Wales/ HEIW and SCW to promote the importance and opportunities Welsh language skills can provide within careers in health and social care utilising the Tregyrfa portal resources and through roadshows and engagement sessions with young people.	Careers Wales/ HEIW and SCW	Short/Medium Term	<p>HEIW has developed the Tregyrfa Portal which was designed to target Welsh speakers and it is already being utilised to attract the future workforce for NHS Wales.</p> <p>HEIW has also attended a number of careers / public events where the stand has been completely bilingual to ensure that they can respond to the needs of Welsh speakers who may be considering careers in NHS Wales. However, to fully capitalise on the opportunities to maintain dialogue with Welsh medium schools and attract more Welsh language skills into NHS Wales, HEIW state that they require more resources.</p> <p>In April 2023 Social Care Wales ran a national Welsh language campaign through WeCare. The purpose of this was to try and improve the confidence of those who work in the sector and already have some Welsh language skills and to encourage workers to learn Welsh. They highlighted More than just words and the active offer for those receiving care and support. There were newspaper articles, radio adverts and social media posts.</p> <p>Virtual events have been delivered with Careers Wales to year 10-12 students in English and Welsh medium schools, to raise awareness of how and why the Welsh language is a valued skill in the social care and early years sector. The sessions have been welcomed and positive feedback received. Some of the sessions have been recorded and are used as resources on the Careers Wales portal.</p> <p>The following views for the campaign were:</p> <ul style="list-style-type: none"> LinkedIn: 24k vs 7,500 planned TikTok: 113k vs 80,000 planned Snapchat: 69l vs 60,000 planned Facebook/Instagram: 1.1m reach vs 623,392 planned

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027	Update
21.	<p>HEIW, Higher Education Funding Council for Wales (HEFCW) and SCW monitor the numbers of bilingual students being trained as health and social care professionals each year in line with the agreed framework for measuring Welsh language skills, and publish the data annually. This could reflect or develop upon requirements that are already in place in relation to HEIW contracts, SCW monitoring and/or Higher Education Statistics Agency (HESA) data. In relation to publishing the data we recommend that a specific table is included in the annual Statistics Bulletin – Welsh in Higher Education Institutions to report on this data. This data to also be incorporated in the dashboard development set out under Section 4,</p>	HEIW / HEFCW and SCW	Short Term	<p>Initial data returns from Higher Education Institutions look to have good levels of response on Welsh language data of students in accordance with their contractual requirements. HEIW expects to have the full set of data in November.</p> <p>SCW have a regulatory role in validating, reviewing and ensuring the quality of regulated social work degree and post graduate programmes. Every programme must have a Welsh language action plan to promote and embed opportunities for students to learn and be assessed through the medium of Welsh. These are submitted and reviewed as part of annual monitoring processes.</p> <p>Bangor University currently offers a Welsh medium MA where those seeking to become Social Workers can complete their training through the medium of Welsh. For the academic years 2022-23, 23 students received a bursary from SCW, 10 Level 1 students and 13 Level 3 students. A further six didn't receive a bursary but studied there. That means a total of 29 potential Social Workers trained through the medium of Welsh.</p> <p>At present there is no mechanism to gather data on the number of Social Care workers completing training through the medium of Welsh. SCW will work with Colegau Cymru to determine if this can be included in future returns.</p>
22.	<p>Welsh Government monitor the number of bilingual learners and apprentices undertaking Health and Social Care courses and/or apprenticeships each year in line with the agreed framework for measuring Welsh language skills and publish the data annually. This data to also be incorporated into the dashboard development set out under Section 4.</p>	Welsh Government	Short Term	<p>The Welsh Government is currently monitoring the number of bilingual learners and apprenticeships undertaking Health and Social Care courses and/or apprenticeships.</p>
23.	<p>Welsh Government / HEFCW have established a benchmark for bilingual provision i.e. that one third of a course (at least) is available in Welsh. Such a benchmark allows students who are confident in Welsh to undertake part of their course through the medium of Welsh and to develop a level of confidence to work bilingually. This also reflects international best practice e.g. University of Helsinki Medical School.</p> <ul style="list-style-type: none"> • HEIW / SCW to work with universities in Wales and the Coleg Cymraeg Cenedlaethol to identify any courses where students cannot at present study one third of their health and social care courses bilingually and take appropriate action to ensure that bilingual provision is offered on every health and social care course in Wales. Appropriate consideration is also given to placements and support provided for students to undertake bilingual placements as part of their training. 	HEIW/SCW/ Coleg Cymraeg Cenedlaethol	Short Term	<p>Meetings have taken place between HEIW and the Coleg Cymraeg Cenedlaethol. In the first instance, HEIW have shared with them a list of all the courses they fund, and they will let them know how much Welsh is delivered on each course.</p> <p>SCW has undertaken provisional work on this with its Quality of Education team. More work on this is planned for 2023-24</p>

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027	Update
24.	Welsh Government consider what incentives (financial or otherwise) may be offered to students undertaking an element of their course through the medium of Welsh. Incentives are already offered in relation to the Education workforce.	Welsh Government	Short Term	Discussions ongoing.
25.	Consideration is given to expanding the highly successful Doctoriaid Yfory scheme which supports prospective students to apply successfully to medical school, to encompass all health and social care professions where the application process for University study is competitive. More broadly Welsh Government to consider whether such a scheme may assist pupils from deprived backgrounds to apply successfully to study medicine and other subjects.	Welsh Government	Short Term	Doctoriaid Yfory is now part of the Widening Access stream transferred to HEIW. HEIW continues to support the project.
26.	Every provider of health and social care training in Wales prepares a medium-term plan on developing Welsh language awareness and bilingual skills of their students and submits the plan within 12 months to the relevant commissioning / accrediting / regulatory body. These should include details of the teaching capacity required to deliver bilingual programmes as required. Welsh Government to consider the role Coleg Cymraeg Cenedlaethol could have to review and provide feedback and advice to the relevant bodies on the medium term plans.	Health and social care training providers	Short Term	<p>HEIW reports that this requirement is not explicitly asked for in its current contracts with HEIs. An internal HEIW meeting will be held to review the position and confirm HEIW's approach to obtaining these plans.</p> <p>Although it would be the responsibility of Qualifications Wales and the awarding body consortium (Health and Care Learning Wales) to compel the approach to Welsh Language plans within training provision. Social Care Wales have been developing and delivering activity that will support the workforce in this area.</p> <p>SCW has been developing a Welsh language awareness e-learning module. It is in the final stages of development. The module includes:</p> <ul style="list-style-type: none"> • the shadow of history (a brief history of the Welsh language) • legislation and the active offer • why using Welsh at work is important • Home from home (a short film demonstrating the impact of dementia and the Welsh language) • more resources to support language awareness and development • next steps. <p>This resource will be available for people coming into the sector and existing workers. This will raise their awareness of legislation, and how and why the Welsh language is a skill at any level and an integral part of care.</p> <p>They have also been working with the National Centre for learning Welsh to develop social care specific Camau courses for the sector.</p> <p>For the Camau Mynediad already launched there have been:</p> <ul style="list-style-type: none"> • 155 learners accessing the North Wales version • 114 learners signed up for South Wales version • 166 learners enrolled in total. <p>The first 20-hour module of the Camau foundation course will be ready for the sector to begin by the end of September.</p>

Theme 3

Sharing best practice and an enabling approach

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027	Update
29.	We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs.	Welsh Government/ Welsh language officers	Short	Digital Health & Care Wales (DHCW) is developing an area of their e-library to be a portal for sharing examples of innovative good practice and this will be accessible across the health and care sector. The Welsh Language Policy Unit in HSSG has invited representatives of the Research and Innovation Hubs to one of the quarterly meetings it holds with NHS Wales Welsh language officers to discuss how the health board and trusts can collaborate with the hubs from the perspective of the Welsh language.
30.	We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages.	DHCW/ NHS Wales organisations	Short Term	NHS Wales App introduced which has been developed bilingually from the beginning with Welsh speakers testing prototypes in one-to-one sessions with the developer. A language switch is built into the app and the language choice is triggered in the app versions so if you have the Welsh language set as standard in your mobile device then this is picked up. It is also possible to leave feedback in Welsh. Many organisations use Translation Memory software and are scoping the possibility of sharing this resource with others which will help improve translation times and also lead to better standardisation of terminology which will ultimately benefit patient care.
32.	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting <i>More than just words</i> within existing awards and accolade schemes.	Welsh Government, Health and social care bodies	Short Term	Most organisations have internal groups to help mainstream the Welsh language. NHS Wales Welsh language officers also meet quarterly with the Welsh Government to discuss issues related to implementing the actions in MJW. There is also a Welsh Language Managers Group which meets to share best practice and discuss the implementation of MJW. There is no national accolade specifically for MJW, but some health boards / trusts have internal accolades to recognise individuals and teams who have made a substantial contribution in specific areas. The annual NHS Wales Awards don't have a specific Welsh language category, but the Welsh language could feature in a number of its existing categories, such as "improving health and wellbeing" or "delivering person-centred services". There is a role for Welsh Government to lead on ensuring that Welsh language executive leads and Welsh language officers and champions meet nationally to share best practice and celebrate success and to promote MJW within existing accolade schemes.
33.	We'll undertake a survey with primary care providers to understand the impact the Welsh language duties have had in delivering the Active Offer. This will identify best practice and provide advice for Executive Directors of Primary Care to further progress and enhance services in Welsh, working closely with the clusters.	Health Boards and Primary Care Clusters	Medium Term	Welsh language standards currently don't apply to independent providers. However, they must follow Welsh language duties. The specification for this survey is being drawn up currently with the intention of issuing the survey in early 2024.

Ref	Action Description	Lead Accountability	Timeline Short Term– by 2023 Medium – by 2025 Long Term – by 2027	Update
35.	<p>Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the laith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing laith Gwaith badges or lanyards. We'll also in our Information and Communications Technology (ICT) systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh – so we can use our Welsh with them. (Consideration would need to be given to additional funding/resources to enable this to be delivered.)</p>	<p>Welsh Government/ DHCW/ health and social care bodies</p>	<p>Short Term</p>	<p>Most eligible staff are wearing visual markers (such as the laith Gwaith badge) to enable service users to identify Welsh speaking staff and to convey the message that Welsh is a “normal” everyday part of service delivery. One health board reported that although they could not be certain that all Welsh speakers wore a laith Gwaith badge or lanyard, they had seen a substantial increase in the requests for the laith Gwaith badge as a result of the mandatory Welsh language awareness training. Some also reported that they would like funding to produce laith Gwaith material. One health board held an annual Mystery Shopper scheme to see if staff and receptions had visual markers to show that a Welsh language service was provided - this is an initiative that others could follow.</p> <p>Some health boards have gone further by using logos to identify Welsh speakers on the wards. For example, one health board reported that it had an award-winning Language Choice Scheme with “Cymraeg” magnets to identify Welsh-speaking patients – and facilitate the delivery of bilingual services and the “Active Offer” principle in its wards. It also used STREAM – an internally developed discharge-planning tool, which is designed to support patient flow within healthcare settings. The STREAM system provides information about each patient’s individual linguistic preferences: utilising data that is automatically taken from WPAS, a digital version of the orange “laith Gwaith” badge is displayed on screen. This ensures that all staff who use STREAM are informed about the presence of Welsh-speaking patients on their wards.</p> <p>Another health board has developed an innovative solution to displaying and sharing patient information, including language choice on whiteboards. Another feature of the system is the list view which allows staff to click on a symbol and see all patients for whom that symbol has been used and where the patients are located. Staff can therefore see which patients are Welsh-speaking, and plan ward rounds accordingly to provide a Welsh language service.</p> <p>In some organisations, although systems can capture language choice, this depends on the language choice field being completed and capacity to deliver the service, for example with NHS Wales 111 service and CAS.</p> <p>Officers in SCW continue to engage at every opportunity at events, both virtual and face to face with the social care sector to raise awareness of MJW and the resources available to support them to deliver a bilingual service and make the Active Offer.</p>
37.	<p>We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example <i>Gair i Glaf</i>. This to include in the short term Welsh language officers and translators working together on collation of terms and translation capacity and capability.</p>	<p>Welsh Government/ Health and social care bodies</p>	<p>Short Term – joint working and approaches on developing standard terms</p> <p>Long Term – health and social care terminological corpus</p>	<p>A number of organisations have invested substantially in their translation resources in recent years. For example one health board has 3.5 internal translators who had translated over 956k words during the reporting period with 117k words being translated by external agencies.</p> <p>Work has been on-going to develop a terminological database to be used by NHS Wales translators across Wales. They are also working with other health organisations to use the same translation memory software – this would help reduce costs and time. However, there is a need for more practical tool to be developed to support staff to use their Welsh language skills, for example <i>Gair i Glaf</i>.</p> <p>The Welsh Government has started initial discussions with a view of establishing a group of stakeholders to develop a terminological corpus for the health and social care sectors.</p>

A Glossary of Abbreviations and Acronyms

Abbreviation	Description
ADSS Cymru	Association of Directors of Social Services
CAS	Clinical Assessment Service
DHCW	Digital Health and Care Wales
ESR	Electronic Staff Record
FEI	Further Education Institute
HEFCW	Higher Education Funding Council for Wales
HEIW	Health Education and Improvement Wales
HESA	Higher Education Statistics Agency
ICT	Information and Communications Technology
IMTP	Intermediate Mid-Term Plans (NHS)
LIBC	Learning in a Bilingual Country
MJW	More than just words
MNG	Mwy na geiriau
NHS	National Health Service
NWSSP	NHS Wales Shared Services Partnership
ORCHA	Organisation for the Review of Care and Health Apps
SCW	Social Care Wales
R&I	Research & Innovation
UHB	University Local Health Board
USP	Unique Selling Point
WHC	Welsh Health Circulars
WOD	Workforce and Organisational Development
WPAS	Patient Administration System for Wales



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

AGENDA ITEM No	12
OPEN	Open
No of ANNEXES ATTACHED	1

IMTP OBJECTIVES 2024-2027

MEETING	People and Culture Committee
DATE	20 February 2024
EXECUTIVE	Angela Lewis, Director of People and Culture
AUTHOR	Liz Rogers, Deputy Director of People and Culture
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EXECUTIVE SUMMARY
<ol style="list-style-type: none"> 1. The purpose of the report is to share with People and Culture Committee the IMTP objectives 2024-2027 for the Directorate for approval by the Committee. 2. This is a follow up report from the report presented to PCC in November 2023 sharing progress against IMTP objectives for 2023-2026 and a draft list of objectives for the 2024-2027 IMTP. The draft list has been reviewed and the final objectives are shared in this report for approval by the Committee. 3. Appended to the report are the proposed metrics for measuring progress. The IMTP objectives and milestones are monitored and measured through the Directorate Plan. 4. The Committee is asked to: <p>APPROVE the IMTP 2024-27 objectives and metrics for the People and Culture Directorate.</p>

KEY ISSUES/IMPLICATIONS
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • APPROVE the IMTP objectives and metrics.

REPORT APPROVAL ROUTE		
WHERE	WHEN	WHY
P&C Committee	20 February 2024	For approval

REPORT APPENDICES
IMTP objectives and metrics

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

SITUATION

1. Each year the organisation produces the Integrated Medium Term Plan. Each Directorate considers the key objectives the Directorate needs to deliver to make their contribution and support wider service delivery, performance, and the direction of travel of the organisation and wider system.
2. This report shares the proposed IMTP objectives with the People and Culture Committee for approval.

BACKGROUND

3. At the last meeting of the Committee, a report was provided to members which reviewed performance against the 2023-2027 IMTP and considered the draft list of objectives for 2024-2027. Members welcomed the report and valued the high aspirations in terms of the content and number of objectives on the draft list.
4. Members suggested that the objectives for the IMTP should be refined further to ensure that the plans were realistic and achievable. Therefore, the Directorate Leadership Team have reviewed the list to rationalise the key objectives and aligned to the three themes of the People and Culture Plan, i.e. Culture, Capacity and Capability. It should be noted that this is not the only work being undertaken across the Directorate, there is also business as usual activity and in year projects to deliver.
5. Key metrics to measure progress against the objectives will also be in place and are outlined in the report.

ASSESSMENT

IMTP Objectives

Culture

6. Under the heading of culture, the IMTP objectives will be as follows:
 - **Enhance and build our internal capacity for delivering culture change.**
 - **Develop and amplify employee voice, of both the individual and collectively through social partnership, to increase employee engagement.**

- **Continue and expand the implementation of our compassionate practices approach for all our people focused activities and the ways we lead and manage.**
7. Over the past year we have been creating change capacity across the organisation, including delivering formal change qualifications to cohorts of people working in different roles and 'recruiting' culture champions to support the culture journey. Over the next 12 months, leveraging these colleagues will be a cornerstone of our culture work.
 8. To build a culture where our people feel valued, safe and supported, we need to continue to listen and act on feedback through as feedback channels as we can, such as our Voices Network, Hive and Freedom to Speak Up to understand and then work together to address concerns raised and put in appropriate support wherever possible.
 9. The implementation of a compassionate approach to reduce employee harm to disciplinary processes has had a positive impact over the last 18 months, especially with the support and engagement of TU partners on this work. Therefore, we feel that by using this approach for all areas of employee relations and by distilling it to underpin management and leadership approaches, there is an opportunity to develop a step change in the way managers and leaders support and engage with their teams.

Capacity

10. Under the heading of Capacity, our IMTP objectives will be:
 - **Implement our Strategic Workforce Plan.**
 - **Continue to embed a culture of positive attendance management including developing proactive health surveillance programmes.**
 - **Continue our focus on 'getting the basics right'.**
11. Our Strategic Workforce Plan will be a core dynamic document for WAST and will be the key for aligning our future workforce requirements to our business transformation. The final version will be presented to Trust Board in May 2024. The actions to deliver the workforce plan will be delivered over the next three to five years and will be consistently reviewed to ensure we have the right people in the right place at the right time with the right skills.
12. Attendance, inevitably, will remain a key objective. We have significantly matured our approach alongside building consistency in supporting colleagues to manage and improve attendance. This includes supporting them to change hours, reduce responsibilities and access alternative roles on a temporary or permanent basis so they can successfully continue their careers. We have also worked closely with

managers to address cases where poor levels of attendance cannot be sustained because of the impact on the team and the service. Moving on, we will expand our response by focusing on early and proactive health surveillance and implement the actions articulated in our new the Health and Wellbeing Plan. Alongside continuing to address the cultural issues and management styles that result in absence from work.

13. A key success in 2023 was the implementation of a digital exception form which has reduced administration time for processing employee changes. Our objective on getting the basics right will be twofold. Firstly, what we do locally by identifying other processes which could be digitised or removed and secondly, preparing our data, systems and processes for the replacement of ESR. This will be a few years away but is a huge project to deliver internally and a bigger piece of work across the NHS.

Capability

14. Under the heading of Capability, our IMTP objectives will be:
 - **Grow and develop our leadership and management capability for the future.**
 - **Reinforce and promote career pathways and professional development.**
 - **Create an environment centred around effective, ongoing conversations ('Check Ins').**
18. Manager and leadership capability will be front and centre for 2024. Linked to work on compassionate practices, psychological safety and change management, we will be developing and implementing our offer to managers to help extend their 'toolkits' and confidence so they can support their teams and build performance. Alongside this, working with managers and leaders on cultural assessments will focus on improving culture at a local and organisational level.
19. Our People and Culture Plan references our intentions on supporting our people to develop within their profession and to see themselves as professionals. The 'professionalisation' of a role or job family gives post holders pride in their role and a focus on their career pathway, looking at ways they can build on their knowledge, skills and experience to improve. This is a key driver for employee retention and engagement.
20. The final objective under Capability is to develop support tools and a framework for managers to ensure they are undertaking regular check-ins with their team members. The purpose being to support the needs of the individuals in the team, strengthen relationships and manage any issues early on. This will also support the PADR process.

21. Underpinning all of the objectives is the **golden thread** of **equality, diversity and inclusion**, including publishing and delivering on our Strategic Equality Plan and statutory requirements. EDI remains a cornerstone of all we do.

Managing the IMTP objectives

23. Supporting the IMTP objectives will be the plans to deliver the actions required. These are managed via the Directorate Plan which is reviewed and updated monthly by the team and overseen by the Director.

Measuring the IMTP objectives

24. As noted above, implementation progress will be measured and managed via the Directorate Plan and quarterly milestones. There are metric measures by which we can evaluate the impact of the objectives set.
25. The appendix attached outlines the draft metrics for the IMTP objectives. These will have some further refinement over the next month to ensure that they are the right measures, add value and reflect progress.

RECOMMENDED:

26. The Committee is asked to:

AGREE the IMTP 2024-27 objectives and metrics for the People and Culture Directorate.

People and Culture Draft IMTP Objectives 2024-2027

Theme	Objective	Metrics
Culture	<ul style="list-style-type: none"> • Enhance and build our internal capacity for delivering culture change. • Develop amplify employee voice, of both the individual and collectively through social partnership, to increase employee engagement. • Continue and expand the implementation of our compassionate practices approach for all our people focused activities and the ways we lead and manage. 	<ul style="list-style-type: none"> • Projects where change agents support • Number of change champions • Evaluation of change agent impact • Number of culture champions across WAST • Number of network members • Number of networks • Benefit analysis of culture toolkit utilisation • Hive survey output (and 'you said we did') • Numbers of Hive Fives per month • Freedom to Speak up metrics • Exit interview outputs • Attrition Data • CEO Roadshow attendance rates • Feedback from CEO Roadshows • Education and development programme evaluations (e.g. MIST) • Number of Voices Network members • Feedback from Voices network • Number of WAST Live attendees • Engagement in optional CPD (Continuing Professional Development) courses • Training numbers • Attendee feedback review • Employee Relations case metrics • Coaching relationships established
Capacity	<ul style="list-style-type: none"> • Implement our Strategic Workforce Plan 	<ul style="list-style-type: none"> • Delivery of the plan objectives • Establishment data / staff in post

People and Culture Draft IMTP Objectives 2024-2027

	<ul style="list-style-type: none"> • Continue to embed a culture of positive attendance management including developing proactive health surveillance programmes. • Continue our focus on ‘getting the basics right.’ 	<ul style="list-style-type: none"> • Headcount ratios by post type • Retention data • Recruitment data • % sickness absence • Short /long term absence • Absence type • Proactive work undertaken • Wellbeing Plan objectives • Number of surveillance reviews undertaken: Skin / Hearing / Lung Function / HAVS (Hand Arm Vibration Syndrome) • Employees participating in the Health Check Programme and follow ups • ESR (Electronic Staff Record) replacement plan timelines • ESR data quality metrics • ESR annual audit • % of data cleansing completed
<p>Capability</p>	<ul style="list-style-type: none"> • Grow and develop our leadership and management capability for the future. 	<ul style="list-style-type: none"> • Number of services using the CEWS toolkit • Training data • Pulse survey feedback. Repeat of some FTSU questions during 2023/24 • R&R • FTSU data • Leadership engagement and feedback • Development evaluation • Coaching & Mentoring enrolments

People and Culture Draft IMTP Objectives 2024-2027

	<ul style="list-style-type: none"> • Reinforce and promote career pathways and professional development. • Create an environment centred around effective, ongoing conversations ('Check Ins') 	<ul style="list-style-type: none"> • WAST Education Programme enrolments • Number of CIs, DIs, Practice Educators • Regulated qualifications – volume • People Development Plans – number of job families with documented plans • Apprenticeships – on programme, graduates, progressions • Part Time BSc – enrolments, graduates • Advanced Practice – continuing education enrolments • LMS365 enrolments, courses and training plan volume • Implementation of check ins • Number of teams using check-ins (rollout)
<p>All the above will be underpinned by our golden thread of equality, diversity and inclusion, including publishing and delivering on our Strategic Equality Plan and statutory requirements</p>		<ul style="list-style-type: none"> • EDI (Equality Diversity and Inclusion) metrics • R&Rs / Speaking up Safely EDI related • WRES (Wales Race Equality Standard) metrics



AGENDA ITEM No	13
OPEN	OPEN
No of ANNEXES ATTACHED	3

PEOPLE AND CULTURE PLAN METRICS UPDATE

MEETING	People and Culture Committee
DATE	20 February 2024
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Sarah Davies – People and Culture Directorate Business Manager
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY

1. A paper was shared with the People and Culture Committee at the August 2023 meeting, outlining the proposed approach to measuring the impact of our recently launched People and Culture Plan. Agreement was reached for regular updates to be provided to the Committee; this is the second such report.
2. As signalled within the November 2023 update, this report focusses on qualitative data available, including pulse survey comments, 'Moving on Interview' responses and MIST attendee feedback.
3. Noting that significant changes in organisational culture are unlikely to manifest within such short intervals, it is proposed that updates provided to PCC alternate between a focus on quantitative and qualitative metrics. The nature of cultural shifts often requires a more extended timeframe for meaningful change to be observable and substantial differences may not always be apparent in each reporting cycle. This approach, however, allows us to capture the subtleties of both data types over time, facilitating a more accurate depiction of the gradual development of our People and Culture initiatives.
4. Also appended to this item, is the bi-annually produced 'Cultural Trends and Themes' report (**Appendix 3**) which includes an overview of management of employee relations and attendance at work, demonstrating the impact of compassionate practises application. It is not intended to go through the presentation in detail at the meeting but it is provided to give additional context for discussion.

KEY ISSUES/IMPLICATIONS

5. PCC is asked to:

- **NOTE** the contents of the report;
- **COMMENT ON** insights shared;
- **AGREE** to the proposed reporting approach (paragraph 4 - alternating between quantitative and qualitative data focus).

REPORT APPROVAL ROUTE

- **ELT 17.01.2024**
- **People and Culture Directorate Business Meeting 23.01.2024**
- **PCC 20.02.2024**

REPORT APPENDICES

Appendix 1: SBAR – People and Culture Plan Metrics Update

Appendix 2: People and Culture Plan Metrics Update

Appendix 3: Cultural Trends and Themes 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)	YES	Financial Implications	YES
Environmental/Sustainability	N/A	Legal Implications	YES
Estate	N/A	Patient Safety/Safeguarding	YES
Ethical Matters	N/A	Risks (Inc. Reputational)	YES
Health Improvement	YES	Socio Economic Duty	YES
Health and Safety	YES	TU Partner Consultation	YES

Appendix 1: SBAR: People and Culture Plan Metrics Update

SITUATION

6. The purpose of this report is to provide a comprehensive overview of qualitative data currently available, to enable measurement of the effectiveness of our People and Culture Plan.
7. Data sources include responses from our recent, first HIVE pulse survey (centring around speaking up at WAST), insights garnered from recent 'Moving on Interviews', and feedback from Mandatory In-Service Training attendees. The purpose is to enable understanding of the Plan's impact on our organisational culture and employee experiences.

BACKGROUND

8. Following discussion at the August meeting of the People and Culture Committee, agreement was reached to provide regular updates to the Committee regarding implementation and impact of our People and Culture Plan; this is the second such report.
9. As signalled within the November 2023 update, this report focusses on qualitative data available. Noting that significant changes in organisational culture are unlikely to manifest within such short intervals, it is proposed that updates provided to PCC alternate between a focus on quantitative and qualitative metrics. The nature of cultural shifts often requires a more extended timeframe for meaningful change to be observable and substantial differences may not always be apparent in each reporting cycle. This approach, however, allows us to capture the subtleties of both data types over time, facilitating a more accurate depiction of the gradual development of our People and Culture initiatives.
10. Measuring the effectiveness of our People and Culture Plan is crucial in ensuring its ability to foster a positive and inclusive workplace. While quantitative metrics provide a numerical snapshot, qualitative data adds depth and context to our assessment. By reviewing employees' perceptions and experiences shared through surveys and feedback, we gain valuable insights into the nuances of our organisational culture. This dual approach allows us to identify both tangible outcomes and intangible elements that contribute to our Plan's success, as well as highlighting areas for improvement.

ASSESSMENT

11. The summary document contained within **Appendix 2** provides an overview of qualitative data currently available; key highlights are summarised below:
 - **Culture:** Pulse survey responses highlight current sentiment regarding staff confidence in voicing concerns, providing an indication of the Plan's impact on employee engagement and psychological safety.
 - **Capacity:** 'Moving on Interview' data reviews experiences of colleagues leaving the organisation or moving into other roles, shedding light on factors that influence retention and job satisfaction.
 - **Capability:** Feedback from the recently redesigned Mandatory In-Service Training provides insights into the effectiveness of our initiatives in embedding a culture of continuous learning, inclusivity and professionalism.

12. The summary synthesises employee perspectives, offering a qualitative lens to complement quantitative metrics. Key themes such as communication effectiveness, leadership behaviours, and physical working environment emerge, providing an holistic view of the Plan's success so far and areas for enhancement.
13. The appended 'Cultural Trends and Themes' report (**Appendix 3**) includes an overview of management of employee relations and attendance at work, demonstrating the impact of compassionate practises application.
14. Learning is a fundamental aspect of our commitment to continuous improvement and as we approach month 8 of the Plan, it is important to assess progress made and address challenges encountered. The intelligence gathered will serve as a foundational element in shaping the actions for the second year of our People and Culture Plan. By referencing the perspectives obtained, we aim to make informed decisions that resonate with the actual experiences and needs of our people. This data-driven approach aligns with our commitment to amplify the voices of our people and underscores our dedication to actively listening to feedback.
15. Committee members play a crucial role in keeping the Trust's leadership in touch with the reality of day-to-day operations. It is essential that our members remain attuned to the challenges and successes experienced by our people, ensuring a well-rounded understanding of organisational culture. Colleagues are therefore encouraged to actively participate in candid conversations with staff, utilising every opportunity to understand and assess cultural dynamics across the Trust. Gathering feedback directly from employees in this way will provide invaluable insights into our people's experiences and perceptions. Members are encouraged to share these insights with People and Culture colleagues, offering a firsthand account of WAST's cultural temperature and contributing to the ongoing refinement of our People and Culture Plan.
16. In the interest of keeping colleagues engaged with our People and Culture Plan and demonstrating transparency and accountability, we intend to share a selection of qualitative and quantitative data at the upcoming Leadership Symposium. It is hoped that this will foster further dialogue around our People and Culture Plan and enable wider collaboration to deliver.

RECOMMENDED

17. That PCC:

- **NOTE** the contents of the report;

- **COMMENT ON** insights shared;
- **AGREE** to the proposed reporting approach (paragraph 4 - alternating between quantitative and qualitative data focus).



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Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

A group of seven people, including several in dark green uniforms and one in a blue checkered shirt, standing in front of a yellow ambulance. The ambulance has "EMERGENCY AMBULANCE" written on its side. The background is a light, overcast sky with some greenery.

OUR PEOPLE AND CULTURE METRICS

*A Focus on
Qualitative Data*

February 2024

CULTURE

HIVE Survey Response Rate: 12% (499 responses)

How do our people feel about raising concerns?

Although there is room for improvement, the majority feel they can raise a concern, they are supported to speak up and are confident in expressing different opinions to their colleagues - which is essential for a psychologically safe and innovative organisation by helping to avoid group think and enabling creativity and change.

When it comes to feeling confident that something will be done about concerns scores start to drop off and operational teams are more likely to express this view.

What gets in the way of people raising concerns?

- **Lack of trust in management:**
 - confidentiality
 - lack of confidence that concerns would be properly managed
 - Fear that managers will protect each other and therefore concerns about managers won't be dealt with
- **Fear of reprisal:**
 - Speaking up will affect career progression
 - speaking up will affect relationships
 - seen as a "problem" if you speak up
- **Concerns around managing issues raised:**
 - Managers feeling unable to properly deal with concerns (fear being accused of bullying / victimising)
 - nothing will be done about it
- **Concerns about patient safety:**
 - Unable to provide the service we should
 - hospital delays are not being resolved
- **Behaviours:**
 - Bullying by management
 - blame culture
 - managers don't adhere to Trust behaviours
 - Micromanagement
- **Feeling undervalued and ignored:**
 - Perception that managers don't care about staff welfare
 - feedback never given (DATIX and concerns)
 - things are "swept under the rug"

CULTURE

How engaged are our people?

Nearly two thirds of our organisation feel proud to work for WAST, however around half of our workforce regularly considers alternative employment with the area most at risk being Operations.

We have almost double the number of 'Detractors' to 'Promoters.' Promoters are advocates and contribute positively to the workplace culture (Culture Champions). They describe WAST as a great place to work. Detractors openly express their discontentment and disengagement and this affects team morale. They are more likely to leave and discourage others from joining the organisation. Detractors represent untapped potential.

Promoters give insights into what's working well...

Vision and Purpose:

- 'I believe in WAST and what it is trying to achieve'
- 'Belonging in an organisation that you feel proud to represent and values your contributions'
- 'It is a forward-thinking organisation, trying to make a difference to patient care. I want to be part of that, and would encourage others'

Support and Welfare:

- 'If staff are struggling there is so much help in our organisation, so staff do not have to struggle alone. Our organisation is there to help people'
- 'Welfare and support is first class, very caring empathetic compassionate organisation and I have a good working relationship with people around me'

Team Working and Relationships:

- 'I do say to people who want a change from their jobs they are in to come join WAST, we are a big family at the end of the day, we look after each other especially us on the frontline of EMS'
- 'Despite frustrations, this organisation has provided my with a rewarding, well paid career for most of my life and I really do believe that The Trust values each one of us as part of a big team'

Progression and Development:

- 'I would recommend WAST as a good place to work, particularly in the past few years as more chance for progression through learning opportunities'
- 'There are now many avenues for development and a team of people who are committed to developing and supporting our staff like never before'

CULTURE

Rewards and Benefits:

- 'This is a life job for those that wish to work hard and take on board training, its hard work and can be challenging at times but I love it, you also have access to join a good pension scheme'
- 'I feel valued, part of a team, good benefits, security, flexible working and able to work from home'

Detractors highlight areas for improvement...

Behaviours

- 'Unless the micromanaging, bullying culture changes drastically I would not recommend working here'
- 'There is a culture of deliberately finding fault with colleagues'
- 'Unfortunately it's not the job I once joined, nobody works as a team as we used to'
- 'If your face fits, you will thrive. If it doesn't your life will be made a misery'
- 'Nepotism is rife and there seems to be an 'old boys club''

Management and Leadership:

- 'The organisation doesn't support its managers to deliver a service - it just closes its eyes to the fundamental problems, they say the right thing, but when an actual issue happens, they don't want to know'
- 'The relationships between departments and directorates make this a very challenging place to work. Investment in some areas of the organisation is lacking which leads to unnecessary pressure on workforce and whilst efforts are made by local managers to address this, these are very often unsupported by senior leaders'

Work Environment:

- 'The pressure is not good. There's no time for breaks as we're always so busy. I haven't had a lunch break in months'
- 'Work life balance is non-existent, there is little support for our well-being, and we are run ragged from the start of the shift to (hours past our) finish. Any concerns raised are met with the response of 'well you knew the job''
- 'The working environment is poor; we are often exposed to levels of pollution whilst queuing at the hospital. We often have overruns and finish late; the vehicles are not kept clean or maintained well to promote a positive environment to work from'

3 Month Check Ins (for Newly Recruited Colleagues)

16

Anonymous responses across all Directorates

87%

Would recommend WAST as a place to work

AVERAGE RATING OF EXPERIENCE:

8.0

10 being considered 'fantastic'
Nov 2021 - Sept 2023

CURRENT RATING OF EXPERIENCE:

8.3

July 2023 - September 2023 with 16 participants



25%

- Shared they didn't find their work satisfying
- Relationship difficulties with managers/management and/or colleagues
- Did not enjoy the environment they were working in
- Wellbeing support not easy to access
- Not enjoying the new challenge

- I know a few of the staff from when we worked with a previous trust and they have all expressed how much they enjoyed working for WAST & encouraged me to apply myself.
- I have worked in the NHS 6 years, this role suited my skill set.
- The progression opportunities, good recommendations about work culture from staff. The support for NQPs
- WAST is an organisation that has great progression and opportunities. I wanted to join WAST to help the people of my community and provide to best health service that I can.

RESPONSES SHARED WHEN ASKED

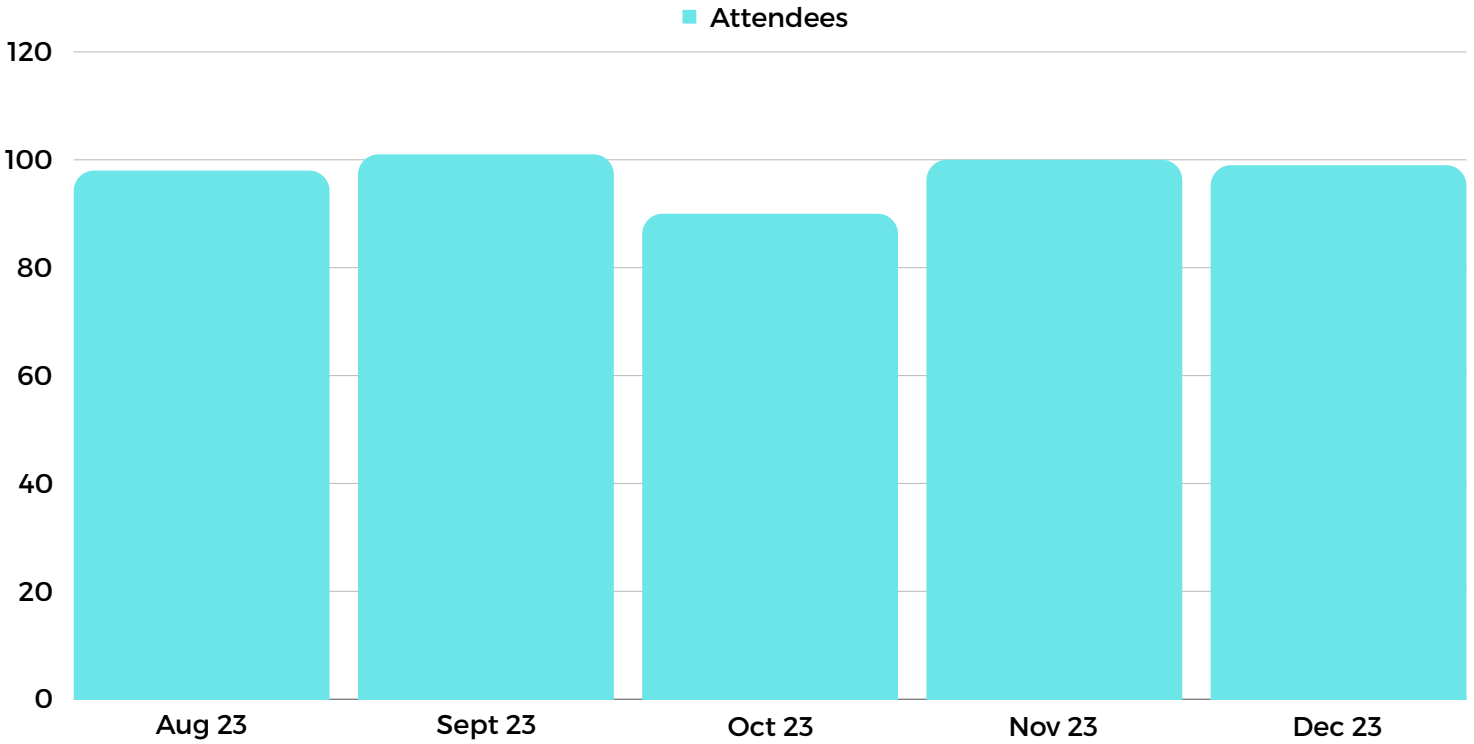
What attracted you to join WAST?

- Alternative pathways in Powys to avoid ED admission
- Work closer to home
- More work social activities/ice breakers
- To be able to do role & not sit outside ED nursing a patient
- Intubation training
- More of an office culture, less hot desks as this impacts returning to the office
- More face to face contact with wider team

SOME OF THE RESPONSES SHARED WHEN ASKED:

What would make your role more satisfying?

WAST Live



Themes of Questions Asked:



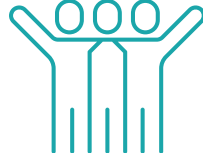
CULTURE

Network Membership



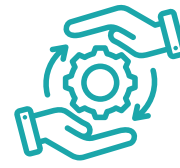
**Voices
Network**

85



**Culture
Champions**

72



**Change
Community**

35

Voices Network Themes

- An increase in domestic abuse related concerns where colleagues are in relationships with colleagues. ‘Love bombing’ has come up a few times.
- Feedback from ops Advocates that there is a positive shift in attitudes around banter, but not everywhere
- Feedback that some directors come along to WAST Voices meetings which is appreciated.
- Students sharing they feel better supported organisationally to challenge casual sexism without feeling they will become the problem by pointing it out.
- A waiting list of teams requesting learning and support around the subject of sexual safety.

CAPACITY

Exit Interviews

Reasons for leaving / changing role:

- Family health / carer responsibilities
- Role: expectations versus reality
- Remote working; lack of FtF support
- Poor work / life balance
- Rota / shift patterns
- Demand / workload
- Barriers to development
- Feeling undervalued

Best thing about current role:

- Autonomy
- Helping people, making a difference
- Training and development
- Colleagues
- Manager
- Variety
- Home-working
- Flexibility
- Pay and annual leave entitlement

Suggestions to improve health and wellbeing:

- More rota flexibility
- More time with team
- Address the blame culture
- More wellbeing dog visits
- Ability to subtly notify someone that a call has upset you (rather than calling wellbeing from desk)
- More preventative initiatives during high stress periods
- More home working opportunities
- Better buddying system

Worst thing about current role:

- Shift patterns
- Skill decay
- Isolation
- Sitting at a desk all day
- Dealing with difficult people
- Feeling rushed due to operational pressures
- Returning to work after illness
- Stressful, highly pressured environment
- Lack of face to face patient contact
- Little interaction with colleagues
- Repetition
- Manager behaviours

Changes to current role that would increase job satisfaction:

- Upskilling opportunities
- Regular clinical support and mentorship
- Progression and development
- Better physical work environment (less noise, more comfortable chairs)
- Breaks between calls
- More trust
- More autonomy
- Better shift patterns
- More hybrid and home working opportunities
- Feedback re: GPOOH referral outcomes, to enable learning
- More time with team
- More staff
- Sharing jobs amongst the team

CAPACITY

Exit Interviews

General comments:

- *Thoroughly enjoyed my time at WAST but need better work / life balance*
- *Really well supported by my manager*
- *Feel better now that I'm leaving*
- *It's just not the right job for me*
- *We need to better educate the public about the services we deliver*
- *I met many wonderful and kind people*
- *More needs to be done about staff mental health and wellbeing*
- *The experience improved my clinical knowledge*
- *Site safety needs to be reviewed*

Words used to describe WAST culture:



CAPABILITY

Mandatory In-Service Training (MIST): Attendee Feedback

1025 attendees provided feedback;
1007 (98%) of these said they had the opportunity to contribute to their learning experience

They reported to have done this through:

- Discussion
- Teamworking
- Practical exercises, simulation and scenarios
- Lots of opportunities for questions
- Interactive quizzes
- Collective learning
- Problem solving
- Reflective practice

Feedback from attendees describes the sessions as:

- Engaging, fun, enjoyable
- Empowering, interactive
- A clear change in culture
- Great learning atmosphere, safe space
- Inclusive, worked as a team, felt valued
- Relevant, beneficial, interesting

Respondents were asked to share ideas regarding how MIST could be improved; the following themes appear to be important to colleagues:

- Continue to deliver locally
- More frequent MIST (more than once a year)
- More content for NEPTS
- More on mental health and maternity
- Biscuits



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Welsh Ambulance Services NHS Trust

Cultural Themes and Trends



GIG
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WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Cultural Themes and Trends
Version 1.0
Released: January 2024

by People Services
AMB_peopleservices@wales.nhs.uk

Culture

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

2030 Strategy

We recognise that our journey to establish this culture is ongoing, and our employee relations data reveals an honest reflection of our present standing. Together, we'll leverage these insights to shape a brighter future, fostering an environment where our shared aspirations align with daily realities

To understand the present employee experience, we will candidly delve into the insights derived from the Moving on Interview Pilot and Managing Attendance at Work data. These indicators shed light on our current workforce's engagement, satisfaction, and overall well-being. Together, we will proactively build upon the employee experience, attracting and retaining the finest talents, and nurturing a workforce ready to embrace the challenges of the future.

Capacity

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

2030 Strategy

Capability

'Our leaders will be compassionate, collaborative and courageous'

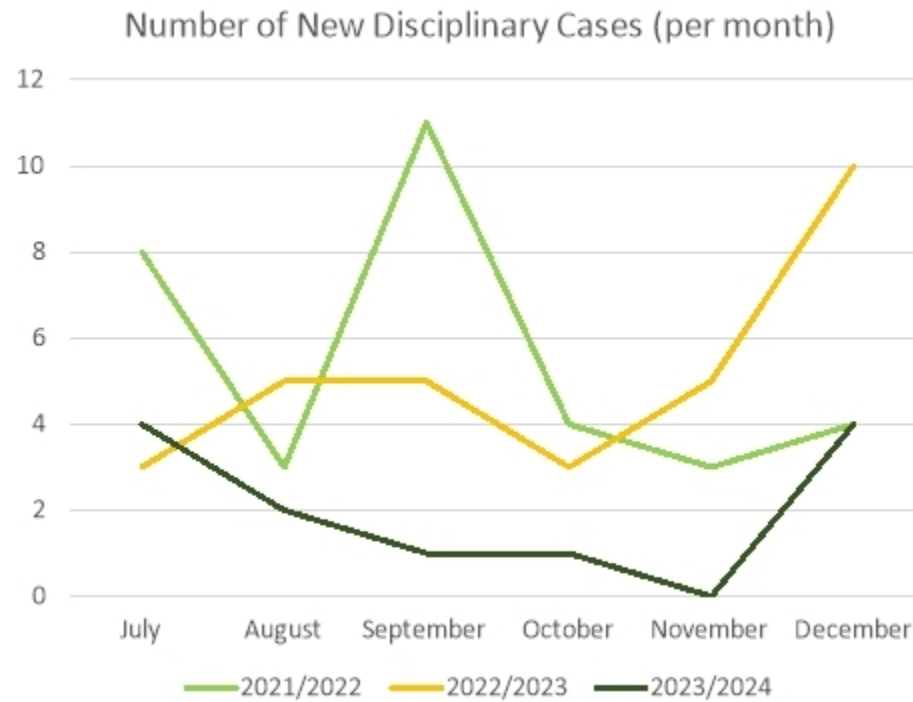
2030 Strategy

Our leaders and managers are a focal point in enhancing capability. We are committed to providing them with the necessary knowledge, skills, and adaptability to navigate complexities and respond effectively to the evolving needs and aspirations of our diverse workforce. We have delivered several Compassionate Practice sessions and MAAW training sessions to enhance organisational capabilities. Together, we shape a successful future.

EMPLOYEE RELATIONS



EMPLOYEE RELATIONS

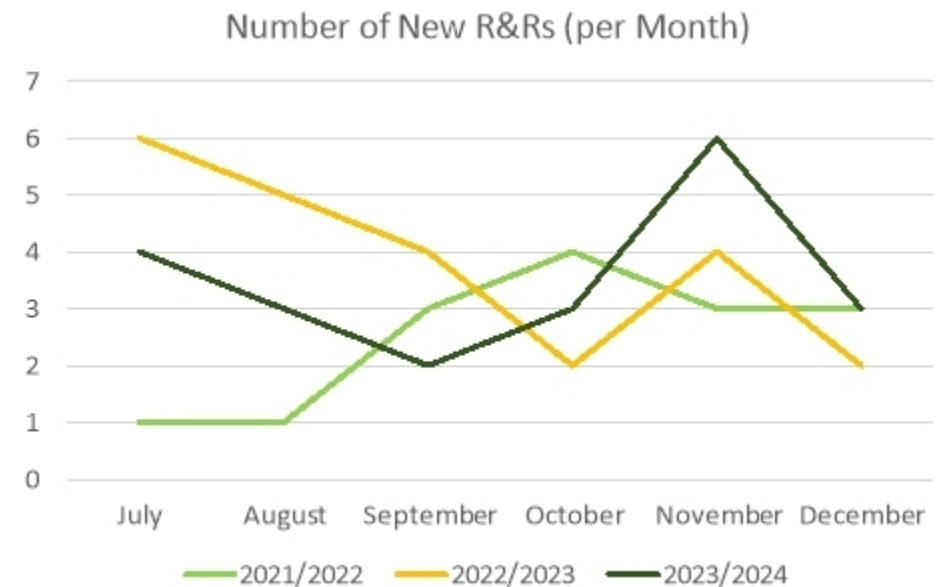


In the period July 2023 to December 2023, the total number of new R&Rs was 21. This is a **9% decrease** compared to the same period in 2022/2023.

Based on this period, the average number of new R&Rs per month is currently 3.5, compared to an average of 3.3 new R&Rs per month for 2022/2023.

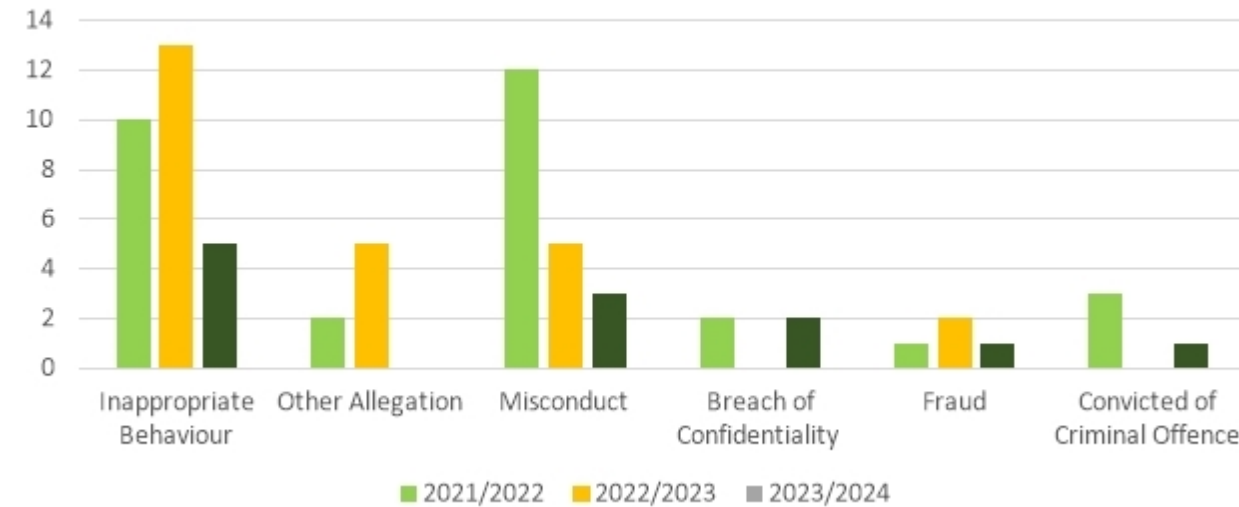
In the period July 2023 to December 2023, the total number of new disciplinary cases was 12. This is a **61% decrease** compared to the same period in 2022/2023.

Based on this period, the average number of new disciplinary cases per month is currently 2, compared to an average of 8 new disciplinary cases per month for 2022/2023.



EMPLOYEE RELATIONS: DISCIPLINARY CASES

Reason

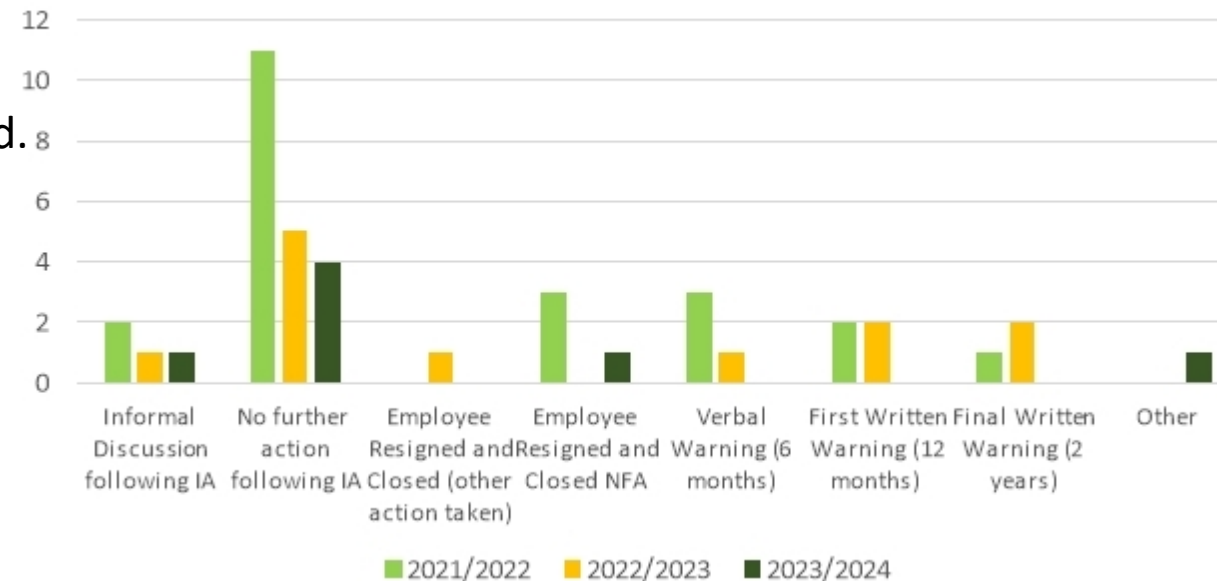


Inappropriate behaviour persists as the predominant reason for disciplinary measures, accounting for **42%** of cases between July 2023 and December 2023. This reflects consistency with the corresponding period in 2022/2023.

97 Days

The average duration of cases closed in 2023 was 97 days, from start to completion (inclusive of formal investigation). This is compared to an average of 201 days in 2022.

Outcome



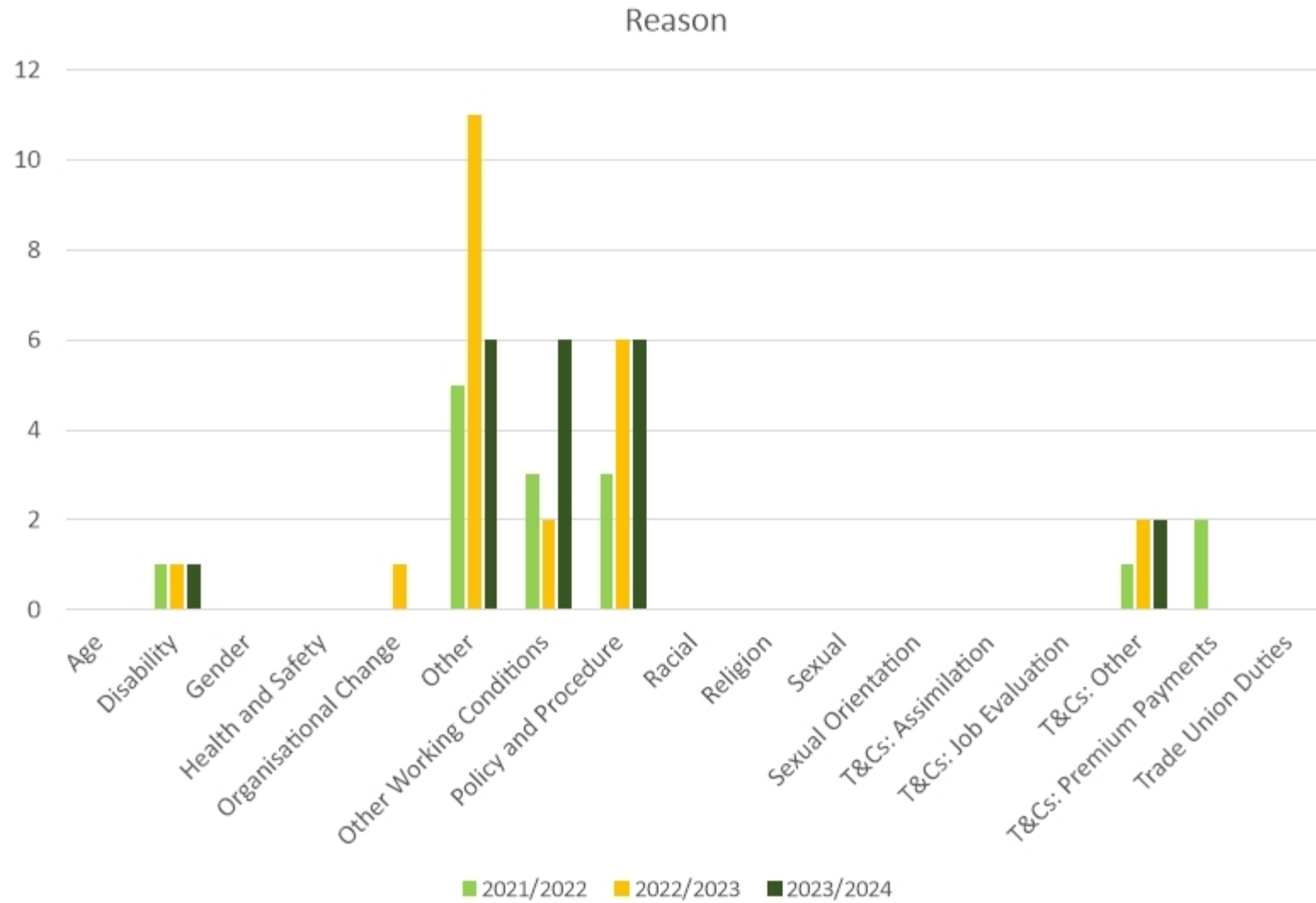
5 Cases were fast tracked between July and December 2023. This is consistent with the corresponding period in 2022/2023.

5 Fast Track

58% of the new disciplinary cases opened to date in 2023/2024 have been closed.

Of the closed cases, **67%** concluded with **no further action following the Initial Assessment**, an increase from 22% during the corresponding period in 2022/2023.

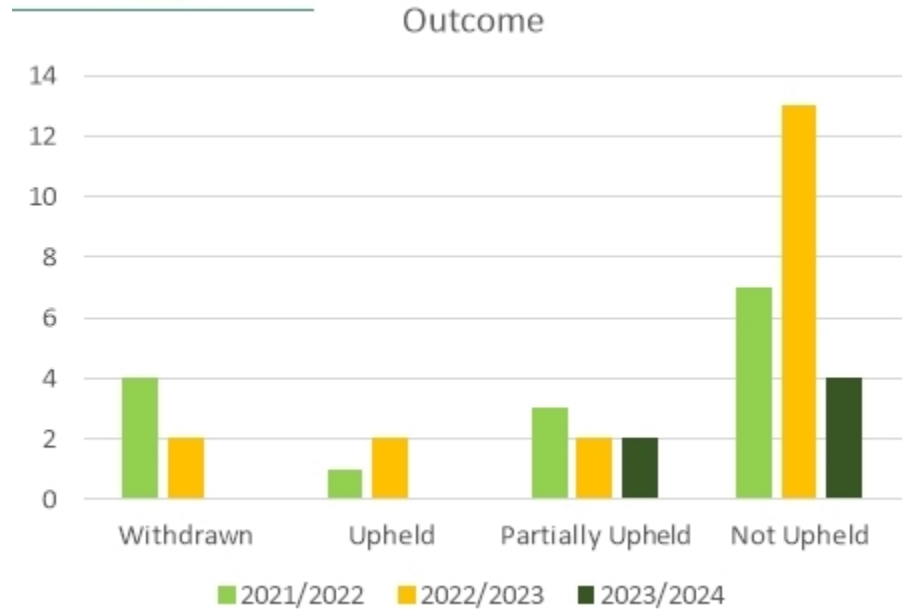
EMPLOYEE RELATIONS: REQUEST FOR RESOLUTION



The category 'other' is most commonly allocated to cases where the reason for submission is a conflict at work.



Of the new cases submitted to date in 2023/2024 **remain open**. Of the closed R&Rs, none were withdrawn.



For cases submitted and closed from July to December 2023, the average duration from submission to closure was 60 days, compared to 119 days for the corresponding period in 2022/2023.



COMPASSIONATE PRACTICES FOR ALL



We have successfully delivered 6 Compassionate Practices for All training sessions, employing a dynamic blend of both face-to-face and online formats to optimise engagement and facilitate broader participation.

A total of 171 individuals have attended a training session.



There is a strategic emphasis on engaging managers in our training initiative, with 57 managers identified within the Operations Directorate. We have achieved a significant milestone, as 32 of these individuals have actively participated in the program.



The Legal and Risk Team have delivered two Investigator Officer training sessions. **A total of 70 individuals have attended a training session.**



Support the development of the People Services Team...

To enhance the continuous professional development of the People Services Team, a pivotal action involved the delivery of targeted training sessions. The following sessions have been delivered with the aim to empower and enrich the team, fostering a culturally attuned environment:

- **Understanding sexual safety in the workplace training session** (delivered on 9 January 2024)
- **Reducing misogyny and improving sexual safety training sessions** (25 August 2023, 8 September 2023, 11 September 2023)

Additionally, team reflection time has been diarised each month to review cases and discuss what has gone well and what can we improve upon.



Initial assessment to be fair, thorough and unbiased, leading to appropriate outcomes for all and reduced employee harm...

In pursuit of refining our investigative processes, we successfully completed the revision of the initial assessment form. The enhancement process involved a thorough review of best practices employed by other NHS organisations, coupled with insightful consultations with our TUP colleagues.

The revised form underwent a practical trial in the EMS (South East locality) from 10 January to 10 February 2024. The results of which are currently being analysed.

Compassionate Practices Action Plan: Next Steps



Arrange dates for further compassionate practices training sessions



Review the effectiveness of the training that has been delivered



Review trial of revised initial assessment form and plan to roll out across the organisation



Review documentation associated with the disciplinary process



Develop guidance for individuals supporting the different roles within the disciplinary process e.g. welfare officer, investigating officer

WORKING TOWARDS IMPACT: Disciplinary and Compassionate Practices



FINDINGS:

- Two further Compassionate Practices for All training sessions have been successfully delivered, with a current engagement rate of 56% among Operational Managers.
- There has been a 61% reduction in the number of investigations, with investigations only being undertaken as a last resort clearly evidenced in the decrease in disciplinary investigation numbers.
- Our new approach is also having a positive effect on the number of Respect and Resolution cases, which again have also decreased by 9% in number.
- Likewise, a reduction in the average duration of cases is also visible and is encouraging.
- Fast track cases have significantly increased, accounting for 41% of newly opened cases, compared to 16% in the corresponding period of 2022.



ACTIONS:

- The Compassionate Practices for All Action Plan, aimed at enhancing support and refining timeframes with a primary focus on Wellbeing, has been instrumental in shaping positive changes. Work against this plan is ongoing, with further initiatives planned to further enhance our commitment to employee Wellbeing and cultivate a compassionate workplace culture.
- We continue to work closely with Trade Union Partners to improve our people processes.
- We have ensured that our People Services team, have received up to date relevant training, with reflection time now scheduled into diaries to discuss best practice and to work to the best of their ability.
- We have engaged with individuals who are comfortable to share their story and experience, to learn through listening and to respond to what they are saying.



IMPACT:

- We continue to articulate and embed a culture across the organisation which focuses on creating an environment where wellbeing and compassion are at the heart of the employee experience.
- We have made space for the voice of people with different experiences to be heard.
- Our employee relations data showcases a streamlined approach and quicker resolution, contributing to a more agile and responsive employee relations process.
- The reduction in investigations is indicative of the success of the ongoing implementation of the Compassionate Practices for All Action Plan.
- Most importantly we have created a greater understanding of the impact that our processes can have on individuals as well as those delivering and taking part in it.

MOVING ON INTERVIEWS



MOVING ON INTERVIEW PILOT DATA

Between 10th February and 31st December 2023, a total of 38 responses have been received...



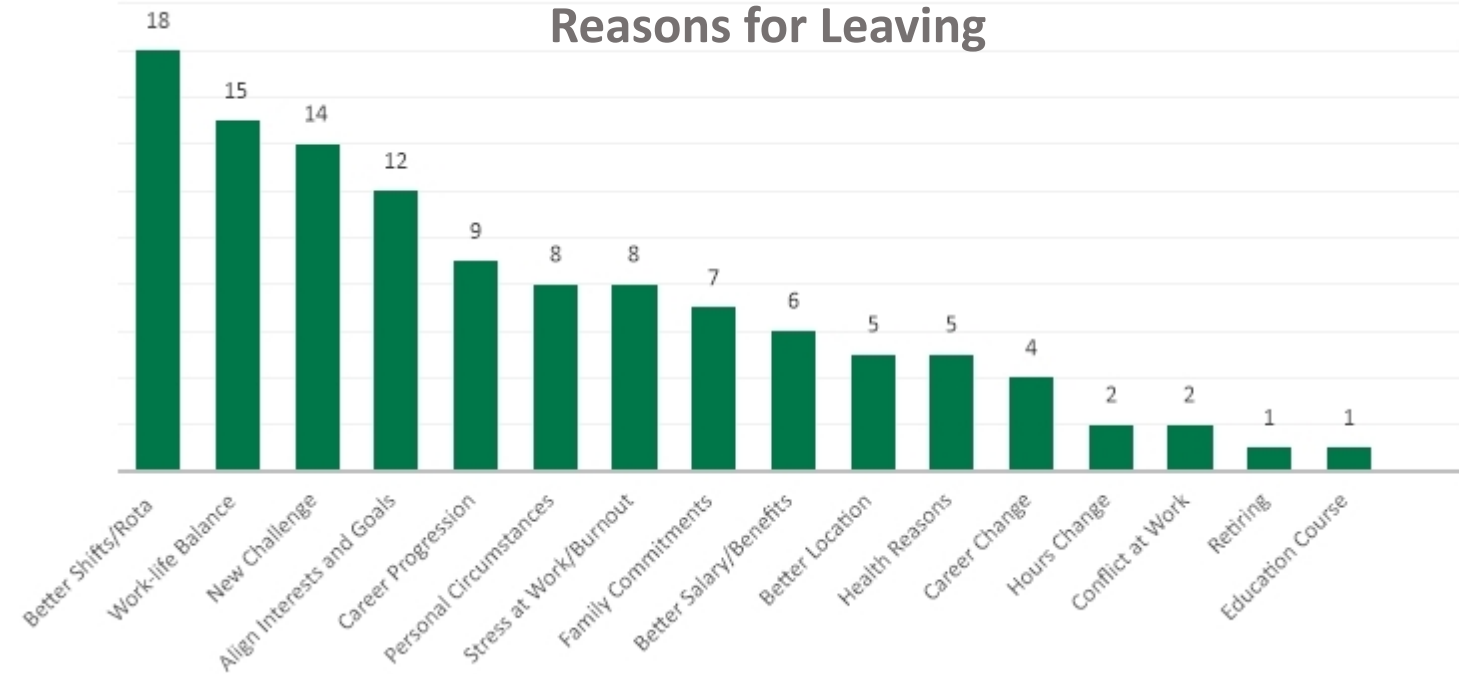
Of Trust leavers recorded in ESR for the same period have completed the questionnaire



90%

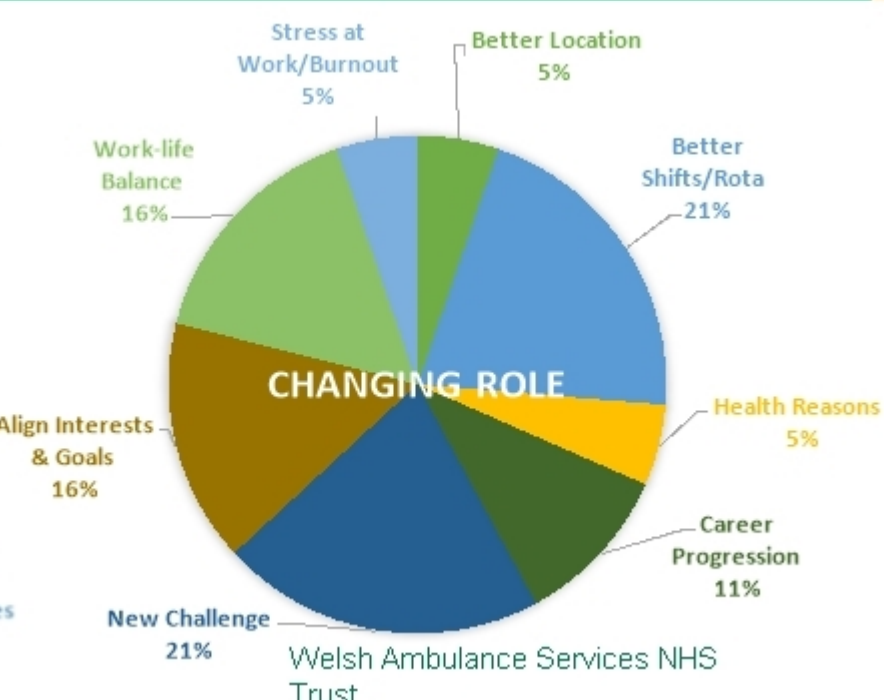
of questionnaires were completed as part of a Moving on Interview with a line manager, and 10% were completed independently by the employee

Reasons for Leaving

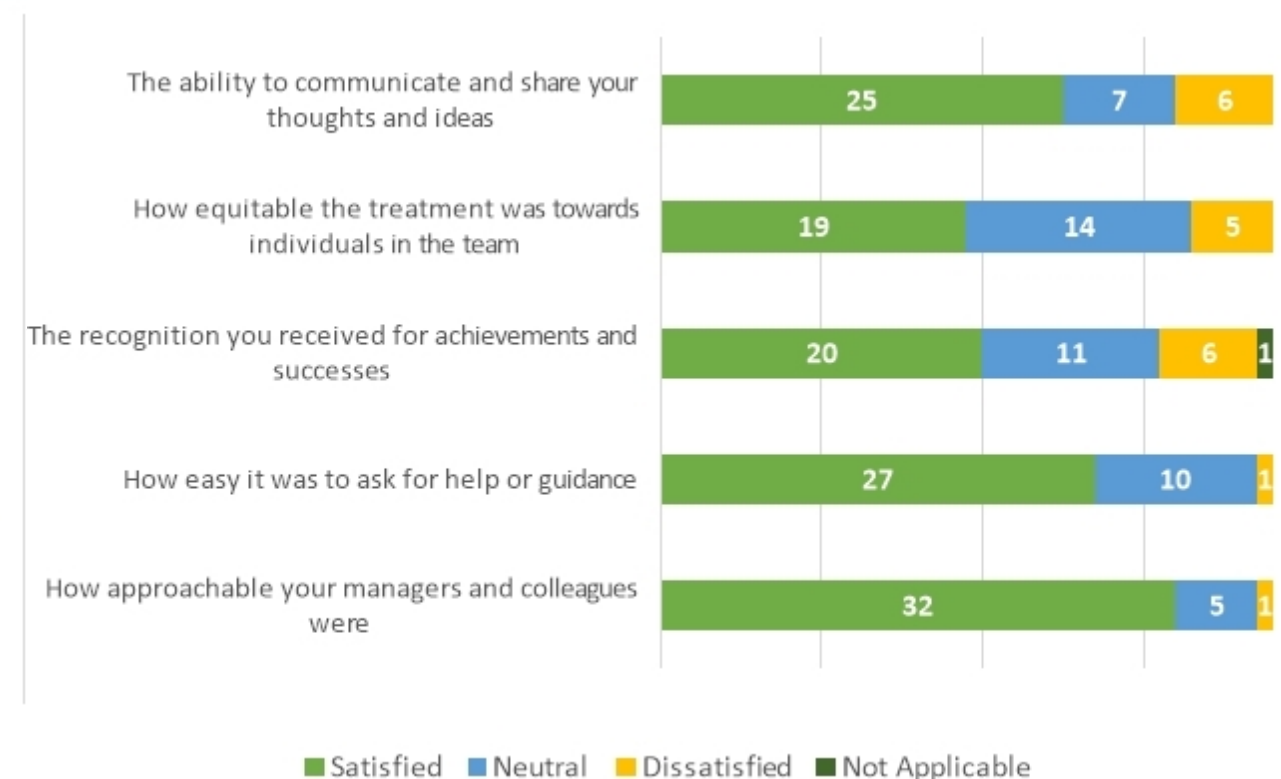
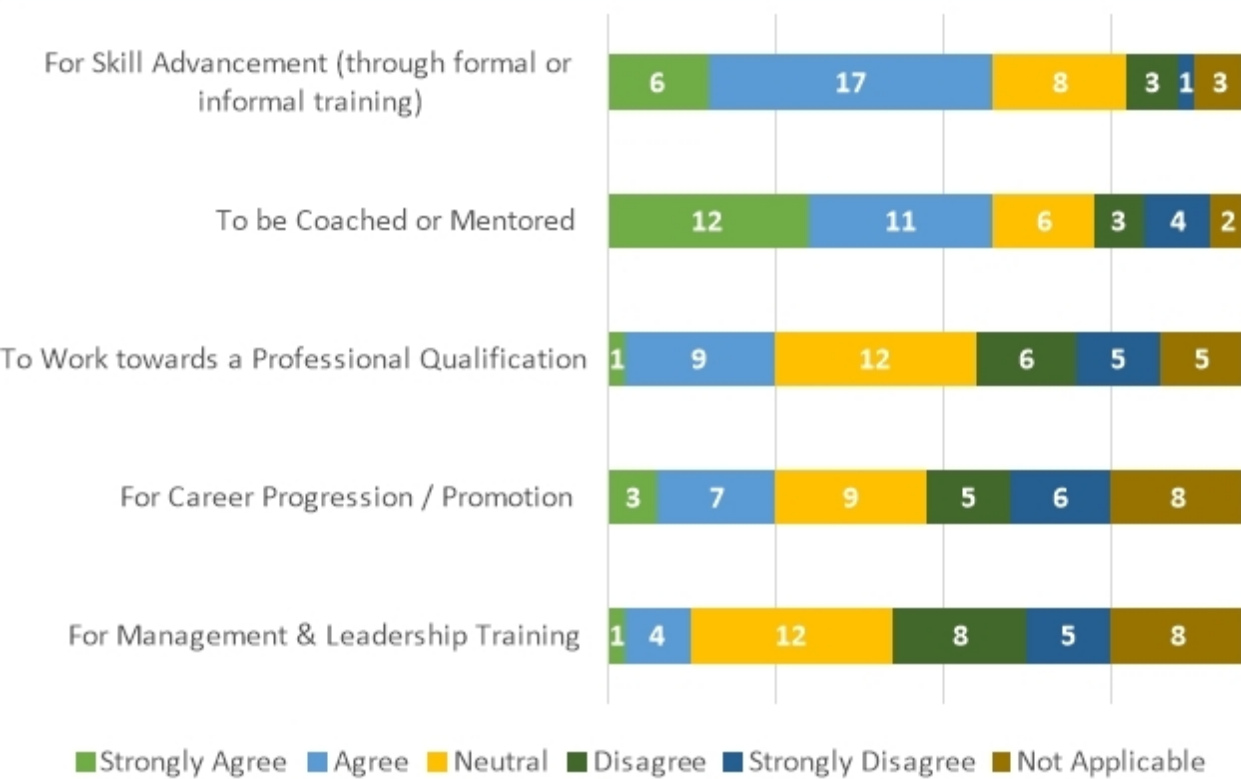


We asked employees to tell us their reasons for leaving / changing role:

- Family health / carer responsibilities
- Role: expectations versus reality
- **Remote Working: lack of FtF support**
- Poor work-life balance
- **Rota / shift patterns**
- Demand / workload
- **Barriers to development**
- Feeling Undervalued



Employee Perspectives on Training and Development Opportunities and Team Behaviours in the Workplace

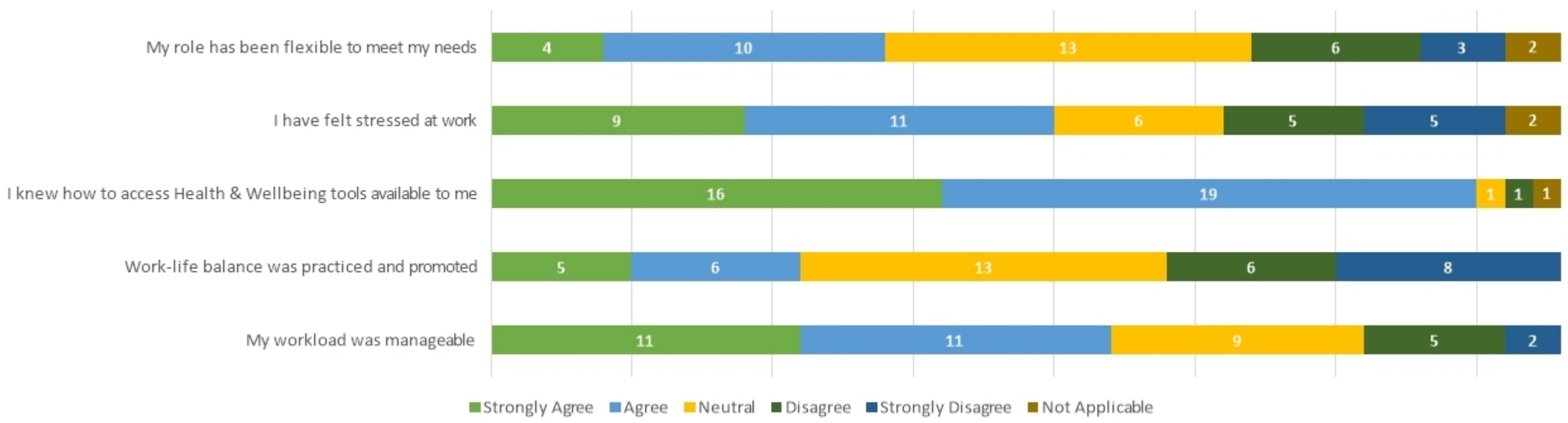


Key Themes and Suggested Improvements...

While the overall trend for communication and relationships is positive, the presence of neutral and dissatisfied responses in some areas suggests that there may be room for improvement in aspects related to equitable treatment and communication channels. Some respondents expressed concerns about management opportunities, with perceptions of favouritism and the need for equal access to development opportunities.

Some respondents expressed a desire for more opportunities for clinical supervision and peer support. Respondents expressed a strong desire for skill advancement, both formally and informally.

We asked, how much do you agree with the following statements around health and wellbeing practices at work...



Employee Perspectives on Reasonable Adjustments / Flexible Working:

- Flexible working arrangements often discussed but not accommodated
- Lack of flexibility
- Adjustments not addressing concerns
- Challenges to receiving permanent adjustments
- Transition to bank for more flexibility



Of employees indicated that their **role was flexible to meet their needs**

Of employees indicated that they **have felt stressed at work**



Suggestions to improve health and wellbeing:

- More rota flexibility
- More time with team
- Address the blame culture
- More wellbeing dog visits
- More preventative initiatives during high stress periods
- More home working opportunities
- Better buddying system

We asked employees to describe the Organisational Culture in three words...



WORKING TOWARDS IMPACT: Moving on Interviews



FINDINGS:

The Moving on Interview (Mol) Process was developed with the primary goal of systematically enhancing our understanding of the employee experience in WAST. Key findings from the Mol Pilot Data demonstrate:

- Shift patterns are a recurring concern, impacting family life and personal well-being.
- Employees appreciate roles where they can make a difference, support patients, and engage in meaningful work.
- Employees suggestions for improvement include better shift allocation, more team-building activities, flexibility in working patterns, and increased organisational responsiveness to concerns.



ACTIONS:

The Mol Process has been strategically designed to broaden data collection and gain nuanced insights into the employee experience and workplace culture:

- Tailored questions have been introduced to foster meaningful conversations that go beyond surface-level responses.
- Engagement with departing employees is prioritised by encouraging meaningful conversations between employees and line managers and offering expanded options for participation, allowing individuals to independently complete the questionnaire.
- The process has transitioned to an electronic format via MS Forms, featuring qualitative and quantitative questions on key themes such as role insights, training and development, working relationships, health and wellbeing, workplace culture, and equality.



IMPACT:

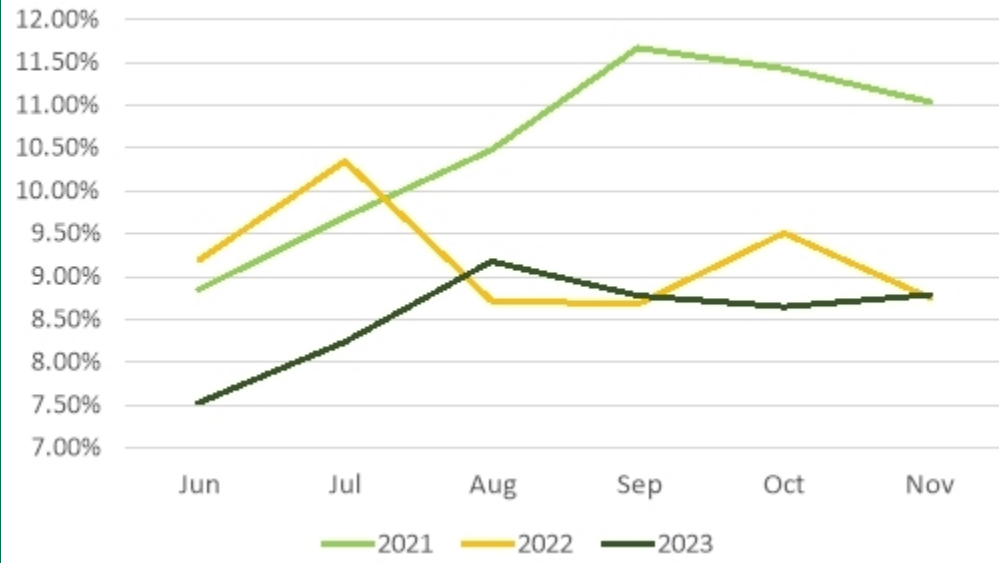
- The return of completed Moving on Interviews stands at 43%, showcasing a high level of engagement from departing employees.
- The ongoing pilot of the Mol Process in 111, Powys EMS, and Hywel Dda EMS continues to yield valuable data. The transition to an electronic format has streamlined data export to Excel for in-depth analysis. Additionally, efforts are underway to integrate MS Forms data into a Power BI dashboard, promising more immersive insights into employee departures.

MANAGING ATTENDANCE AT WORK



MANAGING ATTENDANCE AT WORK

Monthly Sickness Absence Rates



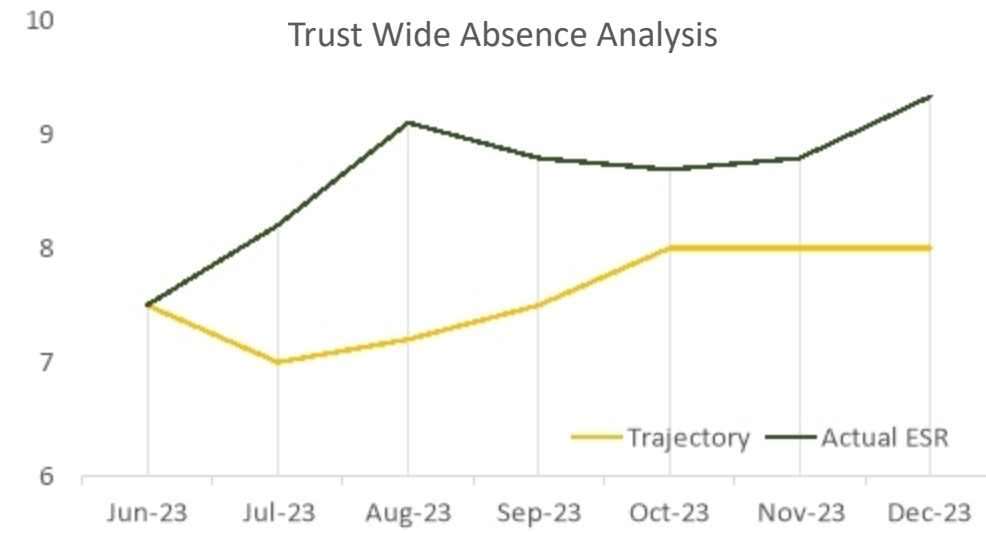
Overall, sickness absence rates from June 2023 to November 2023 **have shown improvement compared to the same period in 2022.**

Notably, the lowest absence rate was 7.53% in June 2023, a decrease from 8.68% in September 2022, while the highest rate was 9.18% in August 2023, down from 10.35% in July 2022.

Absence rates in the Trust **increased from 7.5% in June 2023 to 8.79% in November 2023**, with indicative ESR data for December 2023 showing a further increase to 9.33%.

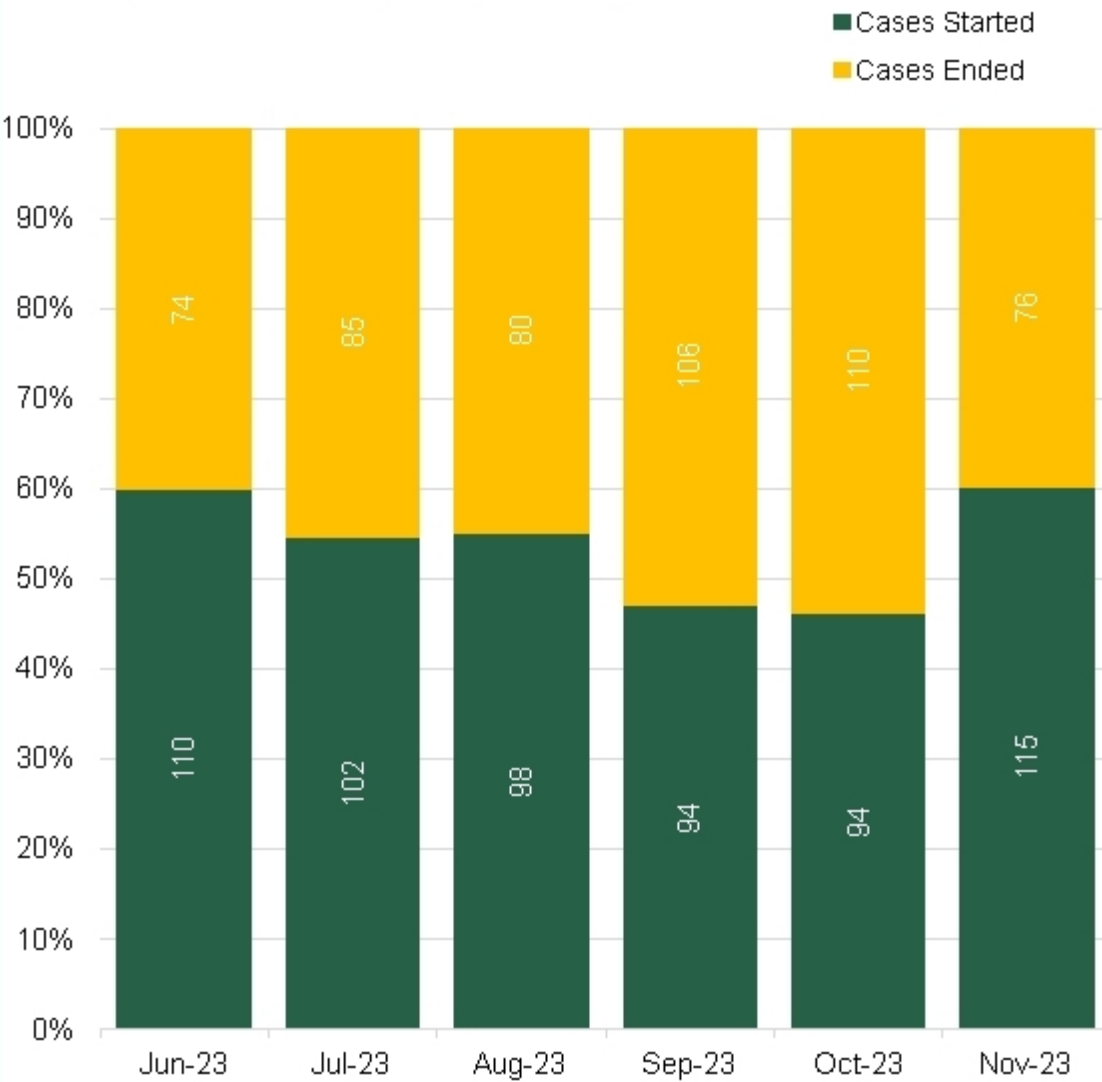
The Trust absence figures were in line with the trajectory between January and June 2023, however the actual percentages have consistently surpassed the trajectory from July 2023.

Trust Wide Absence Analysis

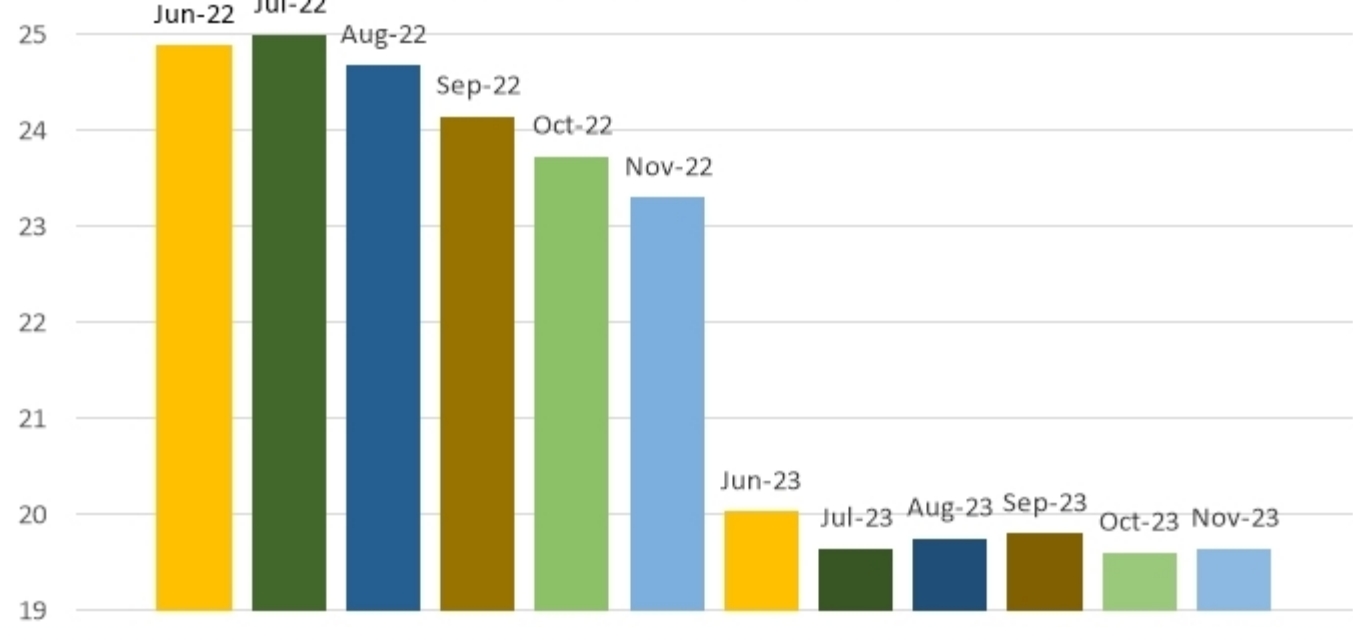


LTS Case Numbers & Average Days Lost per FTE

Monthly LTS Cases Opening/Closing



Average number of days lost per FTE



Key Themes...

The total number of long term sickness cases opened between June 2023 and November 2023 was 613. This is a 7.5% increase compared to the same period in 2022.

The average number of days lost per FTE has decreased from 20.02 in June 2023 to 19.64 in November 2023.

The average number of days lost per FTE for the period June 2023 and November 2023 has decreased by 23% compared to the corresponding period in 2022.

MANAGING ATTENDANCE AT WORK

Absence Reason	%		
	Sep-23	Oct-23	Nov-23
S10 Anxiety/stress/depression/other psychiatric illnesses	31.4	30	29.4
S11 Back Problems	6.6	4.8	6.3
S12 Other musculoskeletal problems	13.5	12	14.2
S13 Cold, Cough, Flu - Influenza	0.0	5.5	5.5
S15 Chest & respiratory problems	5.1	5.1	4.3
S19 Heart, cardiac & circulatory problems	4.7	4.1	4.8
S21 Ear, nose, throat (ENT)	2.8	0.0	2.8
S25 Gastrointestinal problems	5.1	6.9	7
S26 Genitourinary & gynaecological disorders	2.8	0.0	0.0
S28 Injury, fracture	8.8	7	6.1
S98 Other known causes - not elsewhere classified	3.2	4.4	3.2
S99 Unknown causes / Not specified	0.0	3.2	0.0

Key Themes...

Absence reasons related to anxiety, stress, depression, and other psychiatric illnesses (S10) consistently rank as the highest percentage across all three months.

Cold, cough, and flu (S13) as well as chest and respiratory problems (S15) are present, with a noticeable increase in November which may be attributed to seasonal factors.



Were made to Health Assured (EAP) in November 2023. This equates to 7.6% of employees absent with reason S10 in November 2023.



For physiotherapy were received in November 2023, indicating a significant increase from October (22 referrals).

Most referrals were for back injuries, with 23% of employees off work at the time of referral.

IMPROVING ATTENDANCE PROGRAMME



The People Services Team delivered 3 bitesize training sessions in November 2023, followed by another session in December. Additionally, a MAAW training session was delivered in December. Over the last 12 months, the People Services Team have successfully delivered a total of **7 MAAW training sessions** and **31 bitesize training sessions**



To further strengthen our training initiatives, all managers who have not yet attended the MAAW session received friendly reminders emphasising the importance of completing the training. This proactive approach aims to ensure that our entire managerial team is well-versed in the latest practices and policies.



Looking ahead for 2024, we have plans to schedule further bitesize training sessions and MAAW sessions. There are plans to transition the bitesize training sessions to an online format, enabling greater accessibility, flexibility, and participation from a wider audience.

WORKING TOWARDS IMPACT: MAAW



FINDINGS:

- Current data is showing an overall increase in long-term absence and a decrease in short-term absence, which is in line with the Trust's historic sickness trend, especially as we move through the winter months.
- Indicative figures for long-term absence in December 2023 did show a marginal decrease to 6.28% from 6.70% in November.
- Whilst indicative figures for short term absence in December 2023 show a slight increase to 3.05% from 2.93% in November.
- Health Assured, the Employee Assistance Program (EAP), recorded 58 calls in November, a slight increase compared to October when 51 calls were recorded.



ACTIONS:

- All actions within the plan are business as usual and are seen as good practice in the effective management of sickness absence.
- Hot Spot areas continue to be identified to ensure resources are more plentiful in these areas.
- Ongoing monitoring and monthly reviews are in place for both long-term and short-term absences, with regular meetings to track sickness and provide support.
- People Services Advisors are actively monitoring and supporting line managers in applying appropriate actions, discretion, and reasonable adjustments under the MAAW policy.
- Successful implementation of the new Opas G2 (CIVICA) Occupational Health system will provide the intelligence required to proactively be used in targeting health interventions.



IMPACT:

- Improved focus by line managers on managing staff in line with the policy, is evident in monthly monitoring meetings. This focus ensures that attendance management practices evolve over time, contributing to sustainable, positive impacts on workplace culture and employee well-being.
- When there is intense focus on sickness absence particularly across the Operations Directorate, a reduction in absence is seen. Seasonal impacts, such as Covid and Flu must however be considered.
- Training along with bitesize training opportunities have improved the knowledge and competency of line managers, making them more confident in their decision-making process.
- Monitoring of EAP usage continues to provide insights into the well-being and mental health support needs of the workforce.



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AGENDA ITEM No	14
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

PEOPLE AND CULTURE PERFORMANCE SCORECARD REPORT

MEETING	People and Culture Committee
DATE	20 February 2024
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Sarah Davies – People and Culture Directorate Business Manager
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to provide an overview of the key People and Culture performance data and trends (December 2023) and associated improvement actions.

KEY ISSUES/IMPLICATIONS

2. The Committee’s attention is drawn to the following areas:

- Increase in PADR completion rates;
- Establishment of a team dedicated to handling large scale recruitment, which we anticipate will resolve the negative impact usually seen as a result of Big Bang events (next event due to take place in April 2024).

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

REPORT APPROVAL ROUTE

- **People and Culture Committee 20.02.24**

REPORT APPENDICES

Appendix 1a: SBAR – People and Culture Performance Report for December 2023
Appendix 1b: People and Culture KPI Summary
Appendix 1c: MIQPR

REPORT CHECKLIST

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

Appendix 1a: SBAR: People and Culture Performance Report for December 2023

SITUATION

4. This report provides an overview of the December 2023 key trends and improvement actions as identified in the People and Culture KPI Summary enclosed at **Appendix 1b**.

BACKGROUND

5. This paper is intended to be read in conjunction with the **Monthly Integrated Quality and Performance Report** (item **14.2**). 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.

ASSESSMENT

6. The Committee is asked to note the following headlines:
7. **Time to Hire:** The Recruitment team continues to monitor metrics including 'Vacancy creation to conditional offer', 'Time to shortlist' and 'Vacancy creation to ready for start date', which greatly impacts on our time to hire. The pan Wales target for 'Vacancy creation to conditional offer' is 44 days and we returned an average of 49.3 days within the last 3 months. The pan Wales target for 'Vacancy creation to ready for start date' is 71 days but the Trust returned an average of 94.9 days. This is due to the recruitment team working with appointing managers to close older records. The target for 'Time to shortlist' is 3 days but we are currently on 6.5 days average which is an improvement from the last figure of 8.7 days.
8. As of last report, WAST was improving consistently but due to the mass NQP recruitment through the Big Bang, and the ongoing Bank ACA agreements for Swansea University students, the figures being returned for these KPIs have not been at a desired level due to the length of time, the new recruits stay on the recruitment timeline and this will continue to increase until the last NQPs start in January 2024. To give a true representation of our time to hire not including our

mass recruitment shared services have set up a separate team for mass recruitment and going forward we will be able to see figures from mass recruitment reflected separately to our general recruitment.

9. Due to Shared Services haven implemented this dedicated team for mass recruitment, in December our overall time to hire was 80 days against a target of 71 days. The next Big Bang is scheduled for April 2024, we should hopefully see a positive impact of this initiative following the event.
10. **Job Evaluation:** December 2023 saw an increase in job descriptions submitted to the Job Evaluation team, with 17 on file for review/evaluation compared to 11 in November 2023. 7 job descriptions were completed in December, taking on average 22 days to complete. This is a significant decrease when compared to an average of 50 days to complete in November 2023.
11. **Sickness Absence:** The latest ESR data for December 2023 showed an increase in sickness absence, going from 8.79% in November to 9.54% in December. Long term absence increased from 5.86% in November to 6.70% in December and short-term absence decreased from 2.93% in November to 2.84% in December. The indicative Trust absence for January 2024 (recorded 26 January 2024) is currently at 8.92%, a decrease from December 2023, with the IMTP target at 6%. Indicative figures show long term absence decreasing to 5.92% whilst short-term absence increasing to 3.00%. The top reason for short term absence in December 2023 & January 2024 was Cold/ Cough/ Flu, with Gastrointestinal issues and Chest & Respiratory problems as the next highest reasons. Covid related short term absences remained at 4 absences recorded for December 2023, the same number as recorded in November 2023, with an increase to 5 absences recorded as Covid related in January 2024.
12. **Statutory and Mandatory Training Compliance:** To date, Statutory and Mandatory training compliance is 81.2%. This is in line with performance for this point in the year with current training in progress that will see the Trust exceed the Welsh Government (WG) target of 85%. Some of the competencies form part of the face-to-face annual refresher training Operations colleagues attend and so this performance will improve as attendance on Mandatory In-Service Training (MIST) and Clinicians CPD for EMS/Ambulance Care and Integrated Care continues to roll out. To date, 2278 of the 2686 EMS/Ambulance Care and Integrated Care colleagues who achieve compliance with their competencies in this way have attended or booked to attend their MIST session; the remaining 15% will have their place booked for them by their respective Resource function with 100% of the workforce available to attend compliant by the end of the Financial Year. Colleagues absent from work due to Sickness, Maternity Leave or Sabbatical will be supported to gain compliance following their return to work and practice. Feedback from MIST sessions remains positive with 0.01% of the 1255 participants who have

fed back to date reporting disappointment. The remaining 99.99% shared their views of a useful and worthwhile educational experience helping them to confidently perform their various roles across EMS/Ambulance Care and Integrated Care.

13. In addition to delivery of the scheduled refresher programmes, individuals who are non-compliant across various competencies continue to have the situation drawn to their attention with a request to take action by completing the required items in ESR and local follow-up within their directorate.
14. **PADRs:** PADR completion rates across the organisation have increased from 73.1% (Oct 2023) to 77.8% (Dec 2023). A recorded session for managers on holding effective PADR conversations and guidance is available at a dedicated area on Siren. Further live sessions are currently being scheduled for Spring 2024.
15. **Employee Relations:** October 2023 saw a significant reduction in the number of formal Disciplinary and Respect and Resolution cases, but these have increased during November and December. In December 2023, there were 30 formal Disciplinary cases, with "inappropriate behaviour" reported as the highest reason for cases, followed by "misconduct". There were 12 formal Respect and Resolution cases in December, categorised as relating to "Policy and Procedure" and "other" as the main reasons.

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



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AGENDA ITEM No	14.2
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

**MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD –
December 2023/January 2024**

MEETING	People and Culture Committee
DATE	20 February 2023
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning & Performance Mark Thomas – Commissioning & Performance Manager Melanie O’Connor - Commissioning & Performance Officer
CONTACT	Hugh.bennett2@wales.nhs.uk Mark.Thomas12@wales.nhs.uk Melanie.O’Connor@wales.nhs.uk

EXECUTIVE SUMMARY

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 **December 2023/January 2024**.

Red 8-minute performance was 48.8% (target 65%) in January 2024 and Amber 1 median at one hour and 21 minutes. Clearly, these levels of performance remain concerning, and following a positive year-on-year performance picture in December 2023, January 2024 has seen a slight deterioration in both metrics, compared to January 2023 when red 8-minute was at 48.9% and Amber 1 median at 51 minutes.

Although demand did increase in January 2024 compared to January 2023 (+15.8%; n=4,919), which has had an impact on performance, bigger contributory factors are the significant rise seen in handover lost hours at emergency departments, which increased to 26,998 hours during January 2024 and the subsequent impact of the Trust going into REAP 4 between the 3rd and 4th of the month. Although red performance remained relatively stable, Amber 1 performance has been negatively impacted.

The Handover Lost Hours of 26,998 in January 2024, which is 14.8% higher than those lost in January 2023 (23,525), is the first time since March 2023 that there has not been a monthly improvement in performance compared with the previous year and is the third highest figure so far recorded.

The fact that red performance still maintained a relatively stable performance level during January 2024, despite the mitigating factors mentioned above, was a product of good seasonal planning by the Trust, with a strong tactical focus on EMS production and related initiatives. In January 2024 the Trust delivered 132,508 total unit hours (all emergency types) which was 11.4% above the 118,976 produced in January 2023. Emergency ambulance unit hours production (UHP) was at 99% in January 2024, thus improving and achieving the 95% target.

EMS abstraction levels in January 2024 dropped below 30% (29.9%) for the first time since prior to the Covid pandemic and this is also significantly below the 38% figure recorded in January 2023.

The Trust identified with senior stakeholders the need to achieve its IMTP ambition of 17% consult and close. Performance had dipped earlier in the year, but has now started to improve again, rising to 14.3% in January, with a corrective action plan in place. CHARU utilisation is just below 30% and is also an area of focus.

111 is showing continued improvement and is in a more resilient place than last winter as seen in the improved performance when demand increased significantly during December 2023. Even though demand achieved its second highest monthly figure over the past two years, call answer performance and abandonment rates remained above those levels seen at any point during last winter (October 2022 and March 2023). The abandonment rate in January 2024 was 4.4%, again achieving the target of 5%, which the Trust also achieved consistently between June and November 2023.

Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, with oncology returning above target and renal performance achieving its target.

The Trust continues to focus on its people, with a range of tactical actions in place linked to winter planning e.g. reducing shift overruns, welfare vehicles etc., whilst it also continues with the more strategic focus on the People & Culture Plan. Sickness absence was 9.54% in December compared to 8.82% in November 2023 (rolling two-year average).

Overall, the picture is more positive than in December 2022 and similar to January 2023, but performance levels for EMS remain a particular concern from a patient safety perspective. The Trust was recently asked by Welsh Government to identify five areas of focus: capacity, demand management, efficient use of resource, pathways and staff well-being, as detailed in the Dec-23 Trust Board harm report. The are all being worked on, but handover lost hours reduction remains critical. The Trust has made an offer to the system, via the Six Goals Programme, on how it can support handover reduction through reduced conveyance with potential areas of focus being the CSD and APPs. The Trust is also nearing the completion of the strategic EMS Demand & Capacity Review.

Finally, the indicators in this report are subject to annual review. All the updates from the most recent review have now been completed, with the exception of a metric on the duty of candour – this will seek to mirror what is reported at a national level, which is currently being determined; and value indicators for 111/CSD – this needs further consideration linked to health economics data.

RECOMMENDATION

PCC is asked to: -

- **Consider** the December 2023/January 2024 Integrated Quality and Performance Report and actions being taken and determine whether:
 - a) The report provides sufficient assurance.
 - b) Whether further information, scrutiny or assurance is required, or
 - c) Further remedial actions are to be undertaken through Executives.

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 **December 2023/January 2024**.

BACKGROUND

2. 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
3. These four areas of focus broadly correlate with the Quadruple aims set out in ‘A Healthier Wales’.
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 (Integrated Medium-Term Plan - IMTP) and strategies. A revised set were agreed for 2023/24. All the updates for the revised set have now been completed, with the exception of: a metric on the duty of candour – this will seek to mirror what is reported at a national level, which is currently being determined; completed symptom checkers; and value indicators for 111/CSD – this needs further consideration linked to health economics data.

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 achieved the 6 second answering target during the early part of 2023; however, in the second half of the year the 95th percentile began to worsen; in November 2023 it was 18 seconds with an improvement to 12 seconds in December 2023. The 65th percentile and median performance remain very good.
7. **111 call answering increased**, as expected after the holiday period, with the call abandonment target of <5% being achieved in January 2024 (4.4%). The number of calls being answered within 60 seconds still remains significantly below the 95% target, with it being 62.7% in January 2024, however a significant improvement on December 2023 (46.1%). Negotiations with commissioners have indicated that funding is available for 198 call handlers this year and recruitment has been underway to secure this number, but there remain a number of vacancies. It was agreed to recruit another cohort in November, with the aim of getting closer to the 198 level (current estimate for December is 181 FTEs, which is further boosted by bank and overtime). It should be noted that the Trust is anticipating a reduction in the commissioned level of FTEs next year. Significant improvement work has been undertaken on improving production and increasing productivity. There is also improved ICT in place since last winter. A priority was a commissioning intention to re-roster 111 (including demand & capacity work); however, the funding for this has been withdrawn.
8. **111 Clinical response:** saw the highest priority 111 calls (P1CT) remain stable and above target at 98.2%. P2 and P3 fell further below the 90% performance target in January 2024, with both figures being 70%. These decreases have been affected by an expected rise in call demand, however both have improved when compared to the previous month. The numbers of clinicians was at 94 FTEs in December 2023 against agreed establishment levels of 106 FTEs.
9. **Ambulance Response** (safety / patient experience): the Red 8-minute response performance for January 2024 was 48.8%, a slight reduction when compared to December 2023 (48.9%) and remaining below the 65% target. The actual number of Red incidents attended within 8-minutes has seen a general increase over the past two years with the monthly average in 2023 being 2,115 compared to 1,921 in 2022 and 1,813 in 2021. The figure for January 2024 was 2,399. The Amber 1 median in January was 1 hour 21 minutes (ideal is 30 minutes) and the Amber 1 95th percentile was 7 hours 58 minutes. These long response times have a direct impact on outcomes for many patients.

Capacity:

- Recruitment: The Trust currently has 95% of commissioned front-line posts in place. There is no significant recruitment planned over the next few months as forecasts identify that there is good coverage until March 2024.
- Some additional funding was made available to pilot the new Connected Support Cymru service in partnership with St John Cymru (SJA). This funding ended in Q3, but the National Collaborative Commissioning Unit (NCCU) directly procured the service through to 31 March 2024. The Trust is also continuing with this project through the volunteer Community Welfare Responders, which is producing some positive early results.

Efficiency (rosters, abstractions/sickness absence and post-production lost hours)

- The Managing Attendance Programme continues, delivered through this year's ten-point plan. There was a reduction in overall sickness levels during the middle part of 2023, and although increases have been seen over the past few months, further work is still on-going to reduce to 6% during 2023/24. There remain risks associated with delivery of this level of improvement especially in the context of winter viruses and Covid, as well as the impact of other winter pressures and handover delays.

Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close rate over the past 12 months, with over 5,000 successful consult and close outcomes achieved during January 2024 (n=5,164). Although slightly less than the figure for December 2023 (n=5,359), it was still the second highest number recorded in the past 12 months. The actual percentage achieved during the month (14.3%), although not quite as high as the 14.9% recorded for January 2023 was the third highest figure seen over the past 2-years. The Trust has been asked by senior external stakeholders what it can focus on through the winter, with the Trust identifying the 17% ambition as key, along with ambulance production (linked to targeted overtime and reduced abstractions).

Red Improvement Actions

- For Cymru High Acuity Response Units (CHARUs) the aim is to fully populate the CHARU roster keys (153 full time equivalents), with the current estimated staff in post of 115 FTEs. However, recruitment into the more rural parts of Wales is proving problematic. The Clinical Directorate is leading on CHARU recruitment and training, with more scheduled for February 2024. If this does not prove successful, the Integrated Technical Planning Group (ITPG) will look at whether the Trust can recruit fully qualified paramedics (FQP's) into these vacant posts, recognising that there has to be sufficient vacancies in the EA lines to fund this.

- Red review. This is being undertaken within additional resource, when possible, but ideally, as previously identified, would require additional FTEs. The resource requirement will be considered further through the 2023 EMS Strategic Demand & Capacity Review.
 - A more efficient response logic, which went live on 19 June 2023, is reducing the number of multiple attendances to certain categories of red call, releasing resource to respond to other calls.
- 10.** One of the key factors in relation to response times is the capacity lost to **handover outside Emergency Departments**. 26,998 hours were lost during January 2024, which is a 14.8% increase on the number lost in January 2023 (n=23,525). These levels remain so extreme that all the actions within the Trust's control cannot mitigate or offset this level of loss. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus, with other health boards reporting that they are seeking to learn lessons. Wales Immediate Release figures for January 2024 were: Red 183 accepted and 7 declined; and Amber 1,173 accepted and 395 declined. There has been some challenge from health boards on the accuracy of requests, with the Trust engaging in a workshop organised by the NCCU.
- 11. Ambulance Care (formally NEPTS) (Patient Experience):** Oncology performance achieved the 70% target in January 2024 to 73.89%. Renal performance marginally decreased in January 2024, however remained above target at 73.89%. Advanced discharge & transfer journey booked in advance performance increased compared to the previous month to 84%; however, remaining below the 95% target. Overall demand for NEPTS continues to increase but remains below pre-pandemic levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: aligning clinic patient ready times to ambulance availability and addressing oncology performance.
- 12. National Reportable Incidents (NRIs) / Concerns Response:** the Trust reported three NRI's to the NHS Executive in January 2024, a slight increase from the one reported in December 2023; and 16 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide. In January 2024 complaint response times decreased to 53%, down slightly on the 58% in December 2023, and remaining below the 75% target, with cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust is currently recruiting to a new structure for the Putting Things Right (PTR) team, which will increase capacity and leadership.

- 13. Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 75.3% in December 2023, a slight decrease from the 77.9% seen in November 2023, and remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system. The return to spontaneous circulation (ROSC) compliance rate decreased to 17.6% in December compared to 22.2% in November 2023.
- 14.** The Trust is now able to report on call to door times for Stroke and STEMI patients. For December 2023 these highlight call to hospital door times of two hours and 27 minutes for stroke patients and two hours and six 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.

Our People (workforce resourcing, experience, and safety)

- 15. Hours Produced:** The Trust produced 132,508 Ambulance Response unit hours in January 2024, an increase from the 123,727 produced in December 2023. Emergency ambulance unit hours production (UHP) was 99% in January 2024, thus improving and achieving the 95% target. CHARU UHP increased to 168% (note this is of the commissioned level, not full roll out). Key to the number of hours produced are roster abstractions, which remain above benchmark, but are reducing i.e. improving (see below).
- 16. Response Abstractions:** EMS abstraction levels decreased to 29.95% in January 2024 just below the 30% benchmark for the first time in 2 years. EMS Response sickness abstractions stood at 9.79% (benchmark 5.99%).
- 17. Trust sickness absence:** the Trust's overall sickness percentage was 9.54% in December 2023, a slight increase on the 8.82% recorded in November 2023. Actions within the IMTP concentrate on staff well-being with an aim to continue to reduce this level supported by the ten-point plan.
- 18. Staff training and PADRs:** PADR rates did not achieve the 85% target in December 2023 (78.16%). Compliance for Statutory and Mandatory training decreased very slightly to 76.55%.
- 19. People & Culture Plan:** The Trust launched its People & Culture Plan in April 2023 and workstreams are being delivered around behaviours, in particular, sexual safety, Freedom to Speak Up, 111 culture review, flexible working and the introduction of a staff pulse survey tool. The Executive Leadership Team undertook a pan-Wales round of CEO Roadshows in November 2023. Feedback from attendees identifies workloads as the main cause of stress and pressure.

Finance and Value

20. Financial Balance: The reported outturn performance at Month 9 is a surplus of £108,000, with a forecast to the year-end of breakeven.

Partnerships/ System Contribution

21. Shift left: much of Trust's work relates to working with health boards and other partners to provide the right care closer to home and reducing the number of patients who need to be conveyed to hospital. Good progress has been made through the year in increasing **consult and close** rates after 999 calls; and the Trust achieved 14.3% in January 2024, a slight increase from the 14.1% seen in December 2023, but below the Trust's 2023/24 IMTP ambition of 17%. In relation to increasing the numbers conveyed to places other than a main Emergency Department, little progress has been made through the year. Work continues with health boards on gaining access to their Same Day Emergency Centres.

22. In January 2024, 8,558 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 886 callers. A formal programme to take forward "inverting the triangle" has been established. The Trust has proceeded with growing the numbers of APPs in training. The current focus is on developing a "strategic case for change", a stakeholder engagement process and simulating the inversion through the 2023 EMS Demand & Capacity Review.

Summary

23. The indicators used at this high-level highlight that even though demand, and subsequently, system pressures, increased during December 2023, performance remained relatively stable, across all areas, and significantly exceeded the levels achieved during December 2022. January 2024 saw red performance continue to remain stable, while Amber 1 performance dropped, compared to the same month last year, primarily due to a number of mitigating factors, including increased demand, a rise in lost hours at hospital and the Trust entering REAP Level 4 for two days early in the month.

Red performance remained relatively stable during December 2023, and this has continued during January 2024, with the number of incidents being attended within 8-minutes achieving 48.8% compared to 48.9% in December. The number of Red incidents responded to within 8-minutes in January was 2,399, which remained above the two year average figure of 2,045.

Handover Lost Hours rose to 26,998 in January 2024, which is 14.8% higher than those lost in January 2023 (23,525) and is the first time since March 2023 that there has not been a monthly improvement in performance compared with the previous year. This level of handover is continuing to have a serious impact on the quality, safety, and patient experience that the Trust can deliver (long waits and unmet patient demand).

111 continued to show improvements, with abandonment rates during the latter half of 2023 continuously achieving better than target levels (5%). Even though these targets were not met in December 2023, where the abandonment rate rose to 13.1%, as demand increased, call answering still achieved a far better performance level than that seen during December 2022 where abandonment spiked to 49.1%. Performance in January 2024 has improved to pre-December levels, with the abandonment rate decreasing to 4.4% (below 5% target) and calls answered within 60 seconds increasing to 62.7% (although this remains below the 95% target).

Ambulance Care, in particular, NEPTS performance has been relatively stable. Overall, the picture remains one in which the Trust can demonstrate clear year on year improvement over some things it controls, even at times of higher demand, but there is a more mixed picture where there are system dependencies.

RECOMMENDATIONS

PCC is asked to: -

- **Consider** the December 2023/January 2024 Integrated Quality and Performance Report and actions being taken and determine whether:
 - a) The report provides sufficient assurance.
 - b) Whether further information, scrutiny or assurance is required, or
 - c) Further remedial actions are to be undertaken through Executives.

REPORT APPROVAL ROUTE	
Date	Meeting
21 February 2024	Executive Director Strategy, Planning & Performance
20 February 2024	PCC

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

Welsh Ambulance Services NHS Trust

Monthly Integrated Quality & Performance Report

December 2023 / January 2024

Annex 1 – Top Indicator Dashboard



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

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

by Commissioning & Performance Team

Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators	Target 2023/24	2 Year Average	Dec-23	Jan-24	RAG
Our Patients					
Timeliness Indicators					
NHS111 Call Handling Abandonment Rates	< 5%	11.2%	13.1%	4.4%	G
111 Clinical Triage Call Back Time (P1)	90%	97.6%	98.3%	98.2%	G
999 Call Answer Times 95th Percentile	00:06	00:38	00:12	N/A	R
999 Red Response within 8 minutes	65%	50.3%	48.9%	48.8%	R
999 Amber 1 Median	00:18	01:24	01:36	01:21	R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	72.8%	68.2%	73.9%	G
Advanced Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	84.4%	78.3%	84.0%	A
Clinical Outcomes / Quality Indicators					
Return of Spontaneous Circulation (ROSC)	Increasing Trend	18.5%	17.6%	N/A	A
Stroke Patients with Appropriate Care	95%	77.3%	75.3%	N/A	A
Stroke Call to Hospital Door Times	Reduction Trend	02:27	2:27	N/A	A
Acute Coronary Syndrome Patients with Appropriate Care	95%	43.2%	40.6%	N/A	R
National Reportable Incidents reports (NRI)	Reduction Trend	5	1	3	A
Can't Send & Cancelled by Patient Volumes	Reduction Trend	10974	11790	10568	A
Concerns Response within 30 Days	75%	37.8%	58%	53%	R
Our People					
Capacity					
Hours Produced for Emergency Ambulances	95-100%	94%	93%	99%	G

Top Monthly Indicators	Target 2023/24	2 Year Average	Dec-23	Jan-24	RAG
Health & Well-being					
Sickness Absence (<i>all staff</i>)	6.0%	9.19%	9.54%	N/A	R
Mental Health Absence Rates	Reduction Trend	2.39%	2.79%	N/A	A
Staff Turnover Rate	Reduction Trend	10.38%	9.50%	N/A	R
Statutory & Mandatory Training	>85%	79.34%	76.55%	N/A	R
PADR/Medical Appraisal	>85%	70.86%	78.2%	N/A	A
Number of Shift OVERRUNS	Reduction Trend	3811	4020	4289	R
Inclusion & Engagement / Culture					
NEPTS % of Total Calls Answered in Welsh	Increasing Trend	1.2%	1.5%	1.5%	A
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	N/A	G
EMS Utilisation Metric (CHARU)	Increasing Trend	31%	29.0%	27.7%	R
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.40	2.34	2.22	R
NEPTS on the Day Cancellations	Reduction Trend	19.6%	22.9%	22.3%	A
Partnerships / System Contribution					
Inverting the Triangle					
Successful Consult & Close Outcome	17.0%	13.2%	14.1%	14.3%	A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Increasing Trend	11.3%	11.88%	N/A	A
Number of Handover Lost Hours	15,000	23,314	22,756	26,998	R
NHS111					
NHS111 Dental Calls	Increasing Trend	6,267	6,971	N/A	A
Consult & Close Volumes by NHS111	Increasing Trend	1,102	919	616	R

In-Month RAG Indicates =

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

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

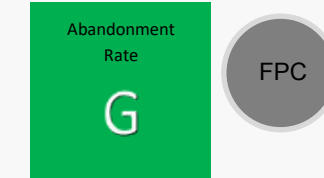
Red: Performance is less than 10% of target (*Indicates close monitoring or significant action is required*)

TBD: Status cannot be calculated (*To Be Determined*)

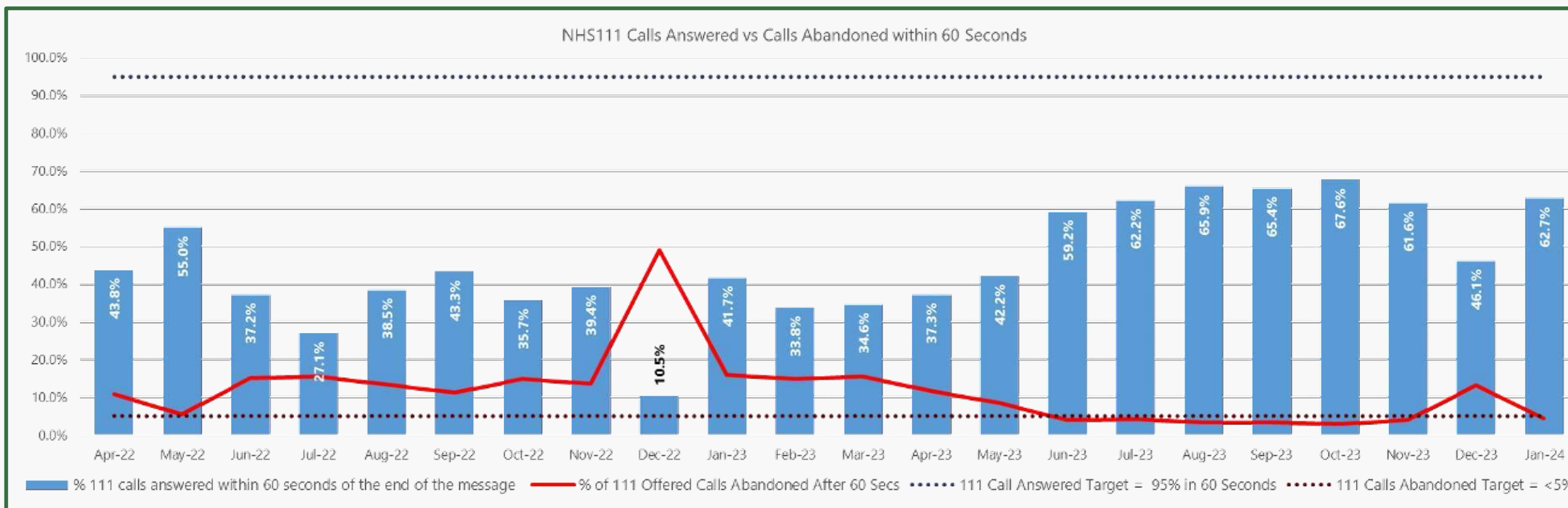
Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand and Call Handling Hours Produced



Analysis

The 111-call abandonment rate improved from 13.1% in December 2023 to 4.4% in January 2024. Again, achieving the 5% target. This figure is still well below the 11.4% abandonment rate recorded in January 2022 and, significantly, is also below the abandonment rates seen per month between January and March 2023.

The percentage of 111 calls answered within 60 seconds increased, from 45.1% in December 2023 to 62.7% in January 2024. Although this remains below the 95% target, it again is an improvement on the 41.7% figure seen last January. The drop in performance during December 2023 was due to a spike in demand, to its second highest level over the past two years, but due to increased staffing levels now in place the impact on performance was far less significant than seen during previous months of higher demand. The spikes in demand over the festive/winter period will always be difficult to manage, but the actions taken in this year have meant that the increased demand has been better managed, albeit the targets have not been achieved.

The percentage of 111 calls answered in Welsh increased from 0.91% in December 2023 to 1.28% in January 2024. Performance in December largely reflected the pressures on call answering and as anticipated performance recovered strongly in January. Additional technical changes are planned for Q4 which will further improve this performance

Abstractions due to sickness absence increased slightly, against the longer-term downward trend. 111 abstractions are lower (better) than benchmark.

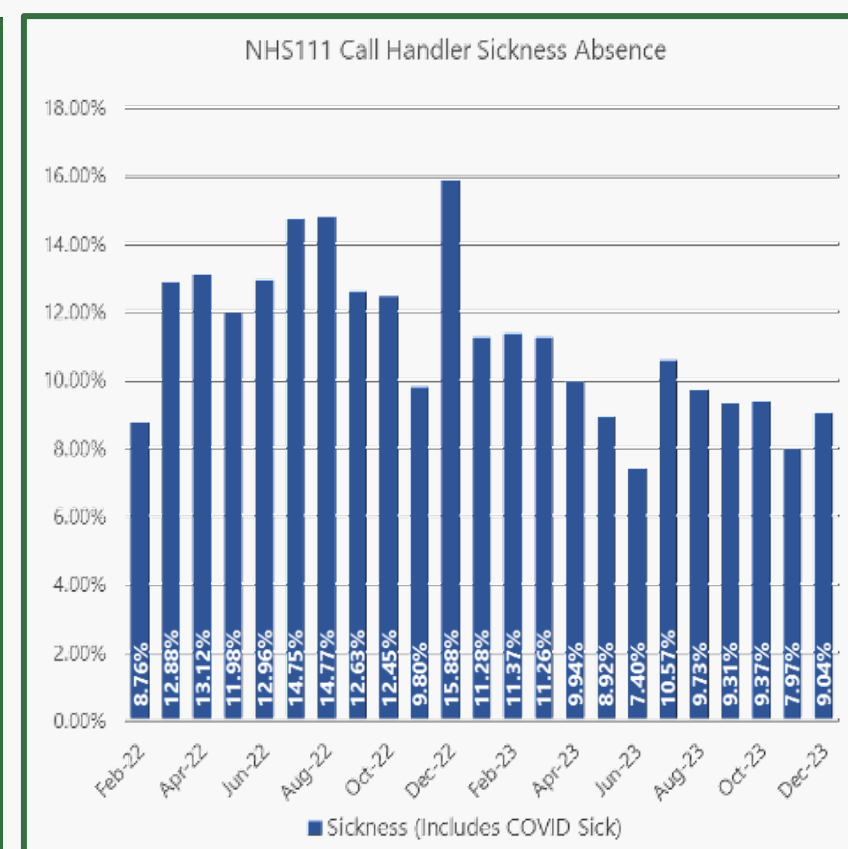
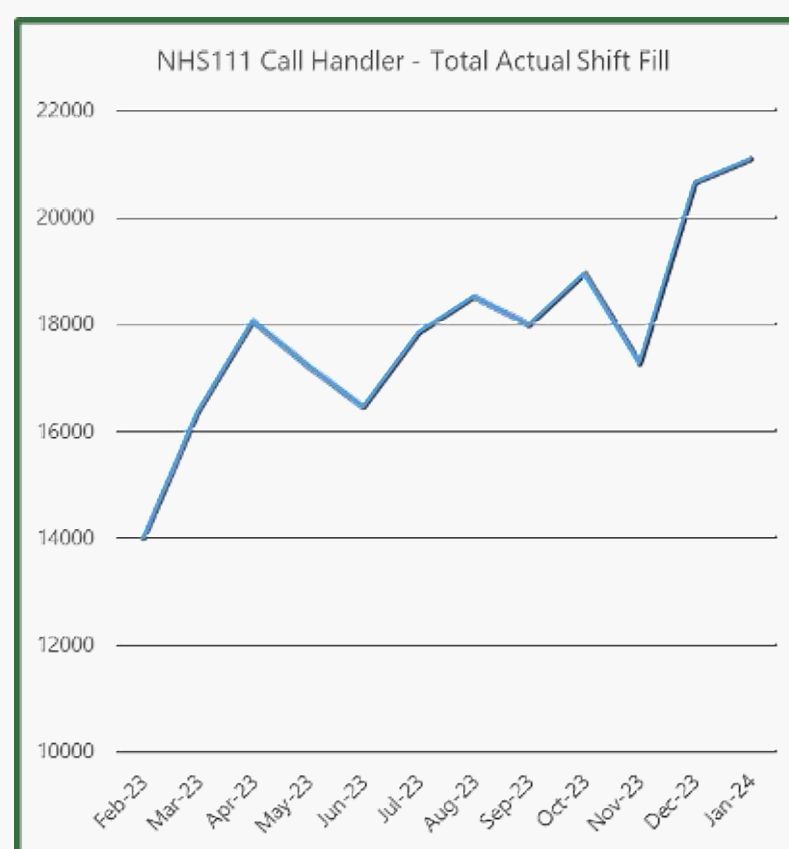
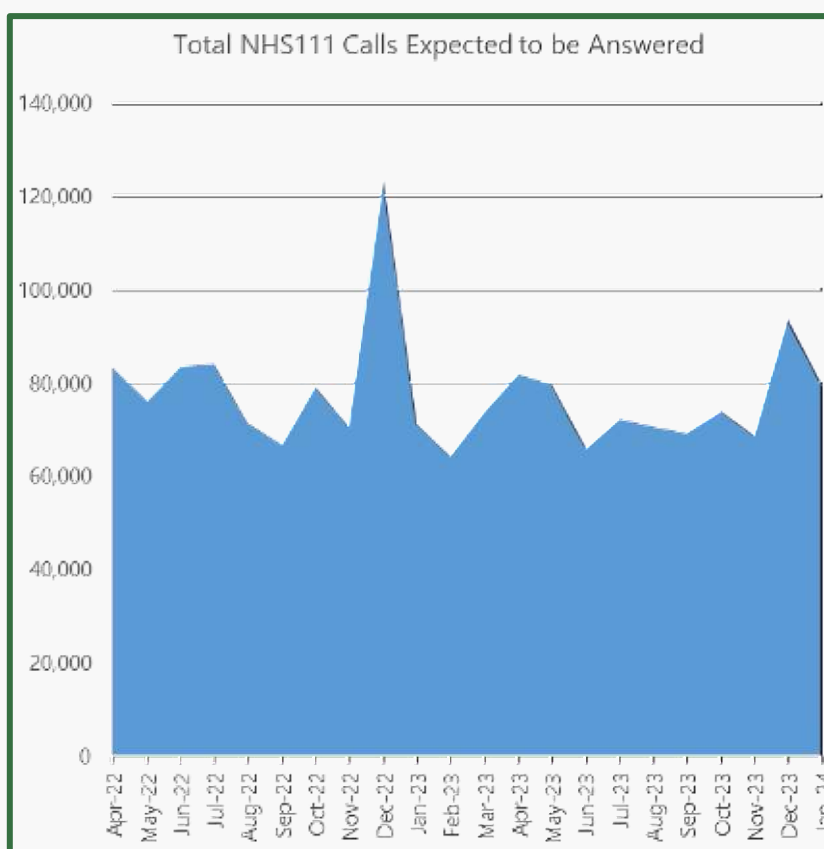
Remedial Plans and Actions

The key to improving call answering times is having the right number of call handlers, rostered at the right time to meet demand, and to maximise efficiency.

- Agreement has been reached with commissioners that 198 WTE call handlers will be funded in 2023/24. In Dec-23, 179 WTEs were in post for call handlers, with a further 8 WTE capacity being provided by bank and overtime. Call handler numbers are projected to increase to 195 WTEs in Jan-24.
- Work continues sickness absence in line with the Trust's managing absence work programme with an IMTP aim to get organisational sickness down to 6% by the end of 23/24.
- A roster review was planned in collaboration with the 111 commissioners to review rosters and ensure that capacity was aligned to demand, and to try and even out performance through the week. However, funding has been withdrawn, so this project is now paused.

Expected Performance Trajectory

The Trust has improved ICT, compared to last winter, and improved processes and is recruiting up towards the commissioned FTE totals.



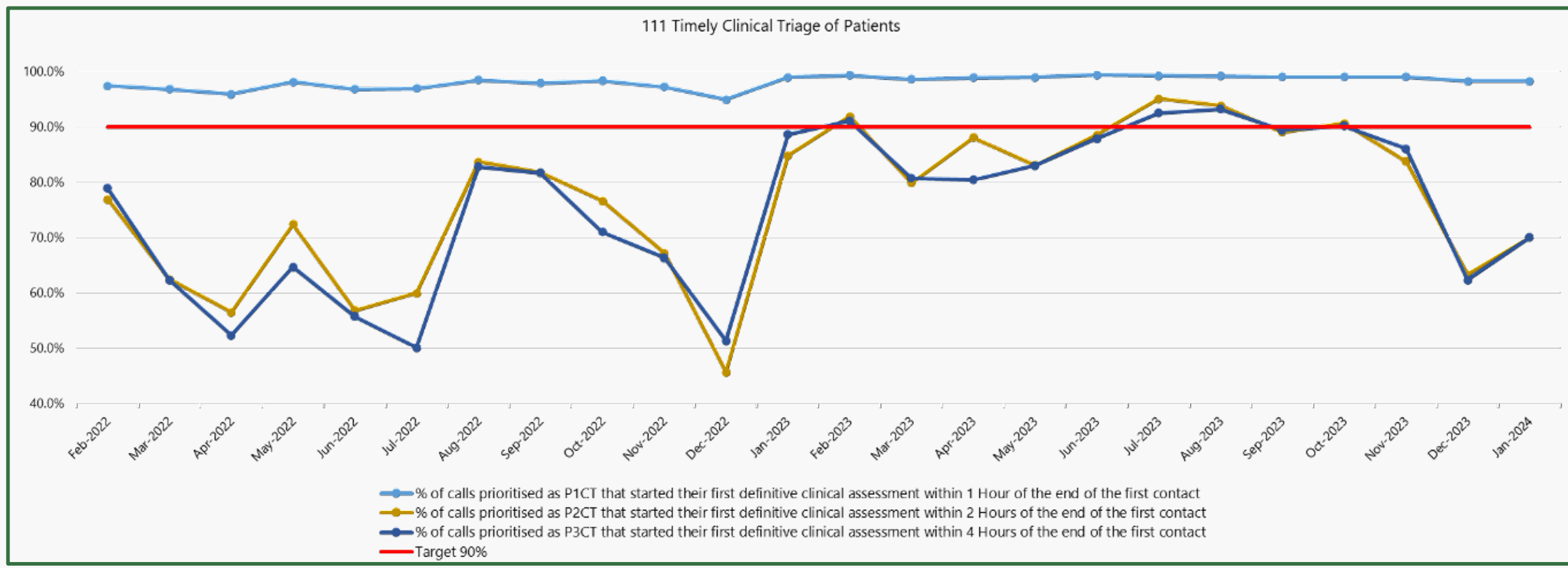
Our Patients: Quality, Safety & Patient Experience

111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

P1CT
G
 FPC



Analysis

The highest priority calls, P1CT, achieved the 90% target, recording 98.2% in January 2024.

Lower category calls both improved during January, recovering from a previous deterioration in performance, which was predominantly due to a significant increase in call demand during the month of December 2023.

P2CT increased from 63.2% in December 2023 to 70% in January 2024, while P3CT rose from 62.3% to 70%.

Clinical staff capacity decreased to 11,021 hours during January 2024, down by 414 hours when compared to December 2023. Clinician sickness absence increased to 18.68% in December 2023 from the 15% reported in November 2023.

Sickness absence management is another core component of capacity and workforce. Current levels within the 111 service, indicate that clinician absence remains too high in Dec-23 and further work is required.

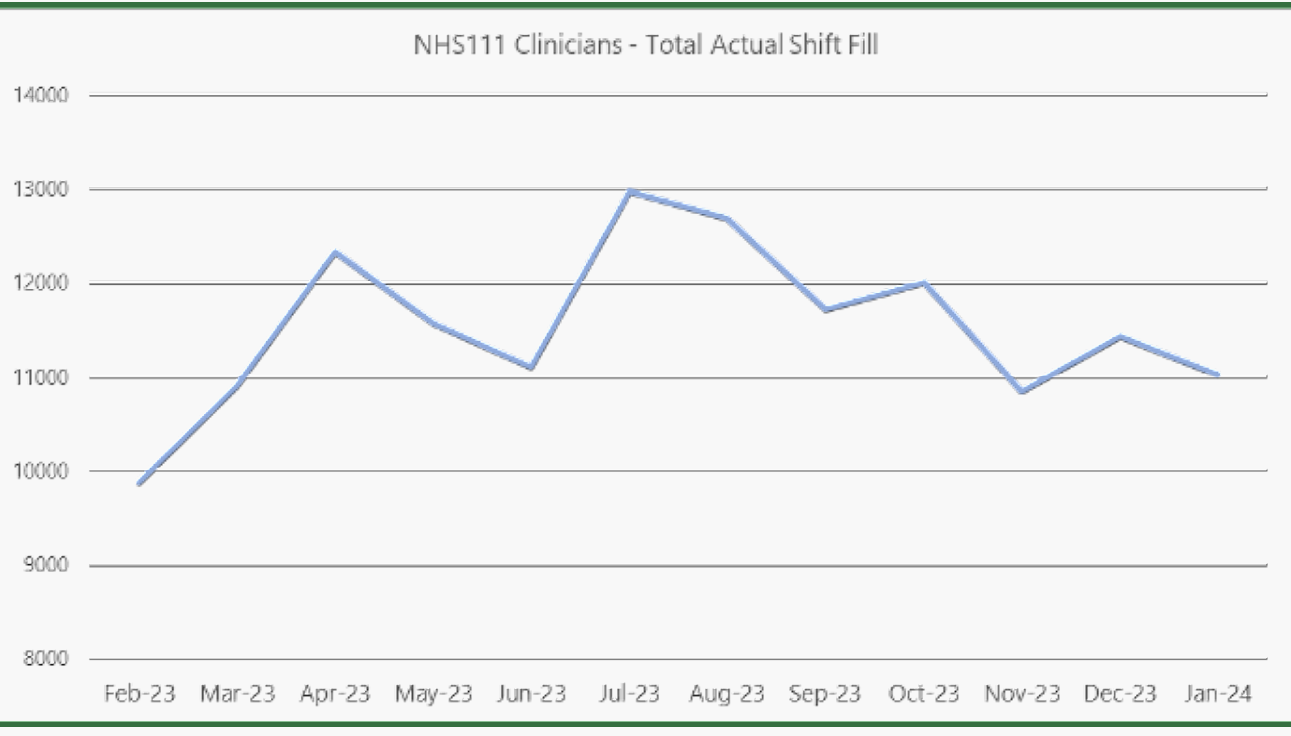
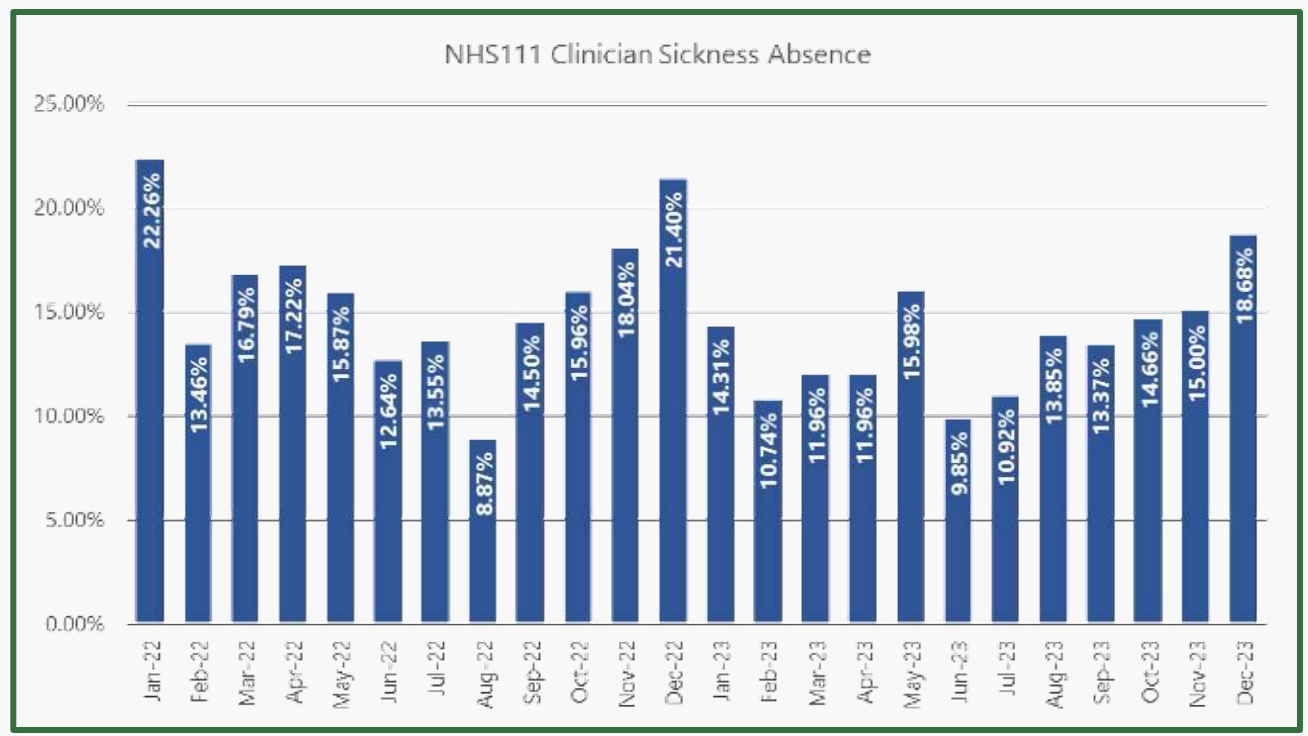
As during December 2022, there was a significant spike in demand during December 2023, although performance levels did not decline as much as in previous months of higher demand, due to the increased staffing levels in place, which has helped to mitigate against these increased demand levels.

Remedial Plans and Actions

The main driver for improved performance will be the correct number of clinicians in post to manage current and expected demand. There were 94 WTE clinicians in post in Dec-23, rising to a projected 101 WTEs in Jan-24 with a further capacity being provided by bank and overtime (9 FTEs in Dec-23) and commissioners have indicated that they have funding available for 102 WTE, albeit this could change next year.

Expected Performance Trajectory

The Trust has now moved into the winter period. The Trust has improved ICT, compared to last winter, and improved processes and is recruiting up towards the commissioned FTE totals. 29. The 111Wales CAS business case has been approved by Welsh Government with the project proceeding at high pace with a hard back stop of needing to have moved to the new system by 30 April 2024. As highlighted above, the increased demand during December 2023 did negatively impact upon performance, albeit not to levels seen during previous demand spikes, and it is anticipated that the service will return to delivering and achieving the targets again, once demand returns to normal monthly levels.

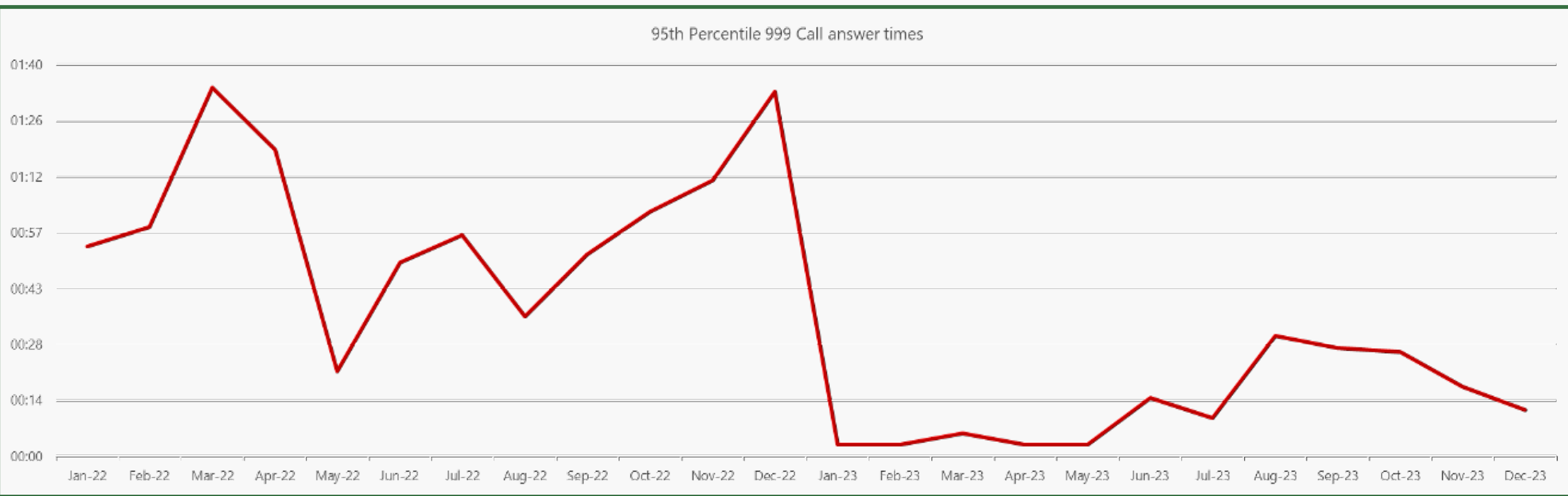
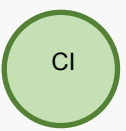
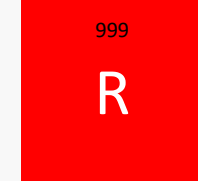


Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

Influencing Factors – Demand and Hours Produced

(Responsible Officer: Lee Brooks)

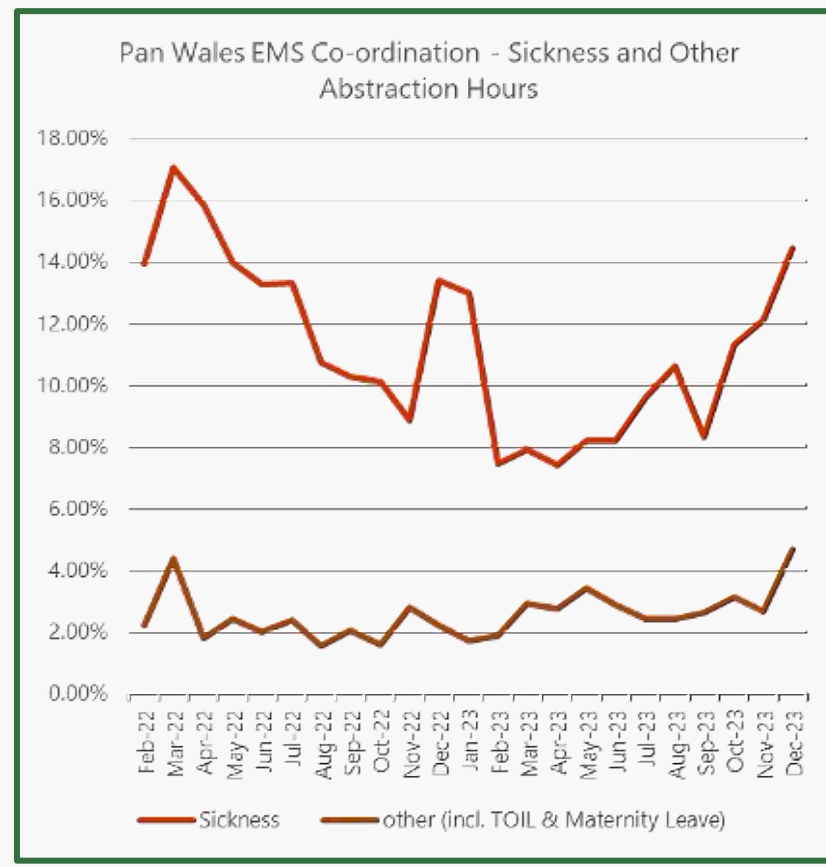
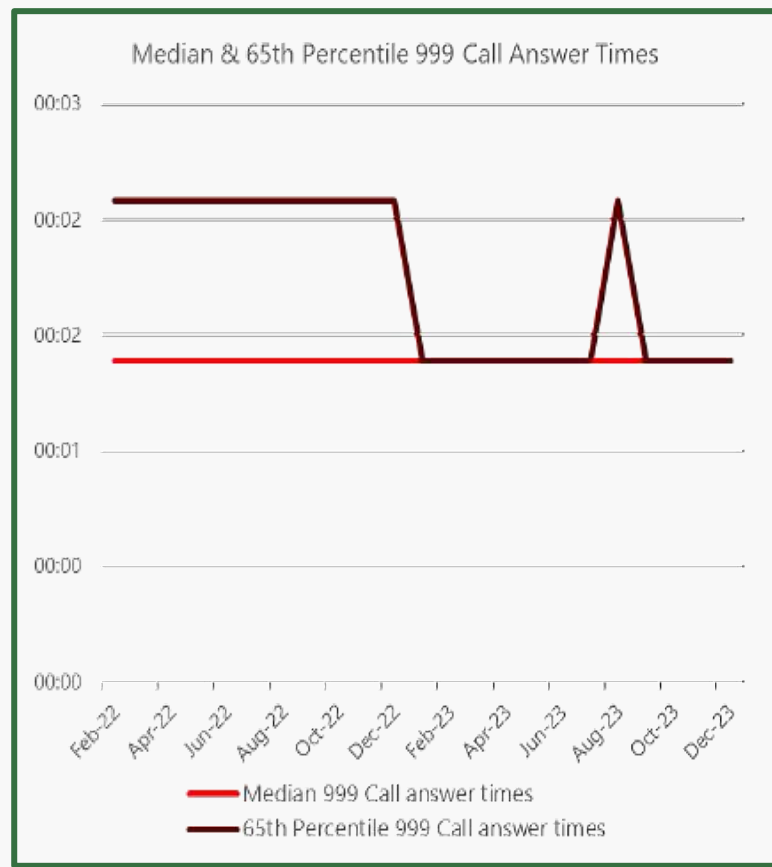
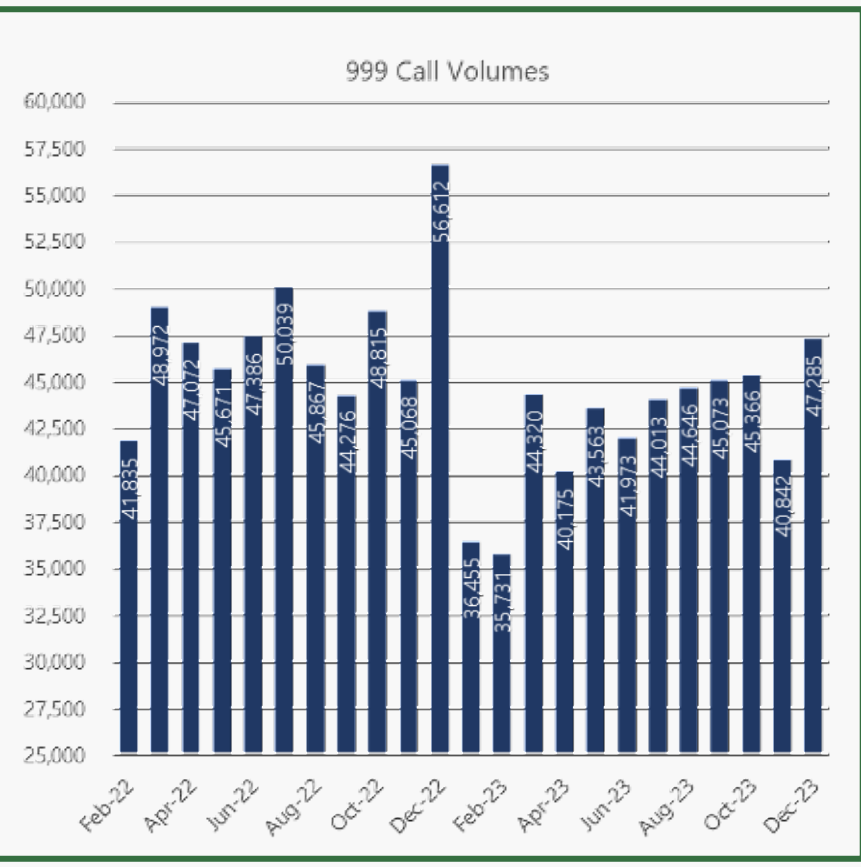


Analysis
The 95th percentile 999 call answering performance improved to 12 seconds in December 2023, down from 18 seconds in November 2023, but remained above the 6 second target. The median call answer time for the 999-service remained consistent at 2 seconds.

The Trust received 47,285 emergency 999 calls in December 2023, an increase from the 40,842 calls received during November 2023.

Overall sickness abstractions within EMS Coordination have risen over the past four months, after being on a downward trajectory until April 2023, rising to 14.4% in December 2023. The EA hours produced has declined slightly since June 2023, whilst overall sickness has been on an update trajectory since July 2023. These factors are likely to be having an impact on overall call answering performance which has not achieved the 6 second target since May 2023.

- Remedial Plans and Actions**
- Call takers are over established at call taker by 5 WTE, following ongoing recruitment.
 - There is a further recruitment drive ongoing for Feb and March which should provide an additional 36 WTE (if successful in recruiting) which would mitigate against attrition as well as the Bryn Tirion move to Ty Elwy.
 - Over establishment has been approved for EMSC by the Executive Director of Operations
 - Intelligent Routing Platform is now in operation following configuration changes.
 - Three workstreams are being progressed through the EMS Reconfiguration project (the complete reconfiguration has not commenced due to cost pressures required to fund the agreed model approved by ELT). This is on hold currently but will re commence in the next few weeks pending outcome and approval of a proposed new Structure for EMSC. This will require consultation.



Roster Review. Having successfully implemented an EMD roster review in February 23 the project has now progressed to commencing a dispatch roster review for Allocators and Dispatchers. About to restart, after the revised structures were agreed at Operations SLT in early January 2024.

Boundary changes. EMS Coordination intend to realign dispatch boundaries to balance workload and pressures for individual dispatch teams About to restart as above..

Broader Ways of Working. This project is looking to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and lack of variation across centres. About to restart as above.

Expected Performance Trajectory
 Performance is expected to get back on track as demand levels decrease and actions being taken to improve performance take effect.

Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

(Responsible Officer: Lee Brooks)

8 Min
R

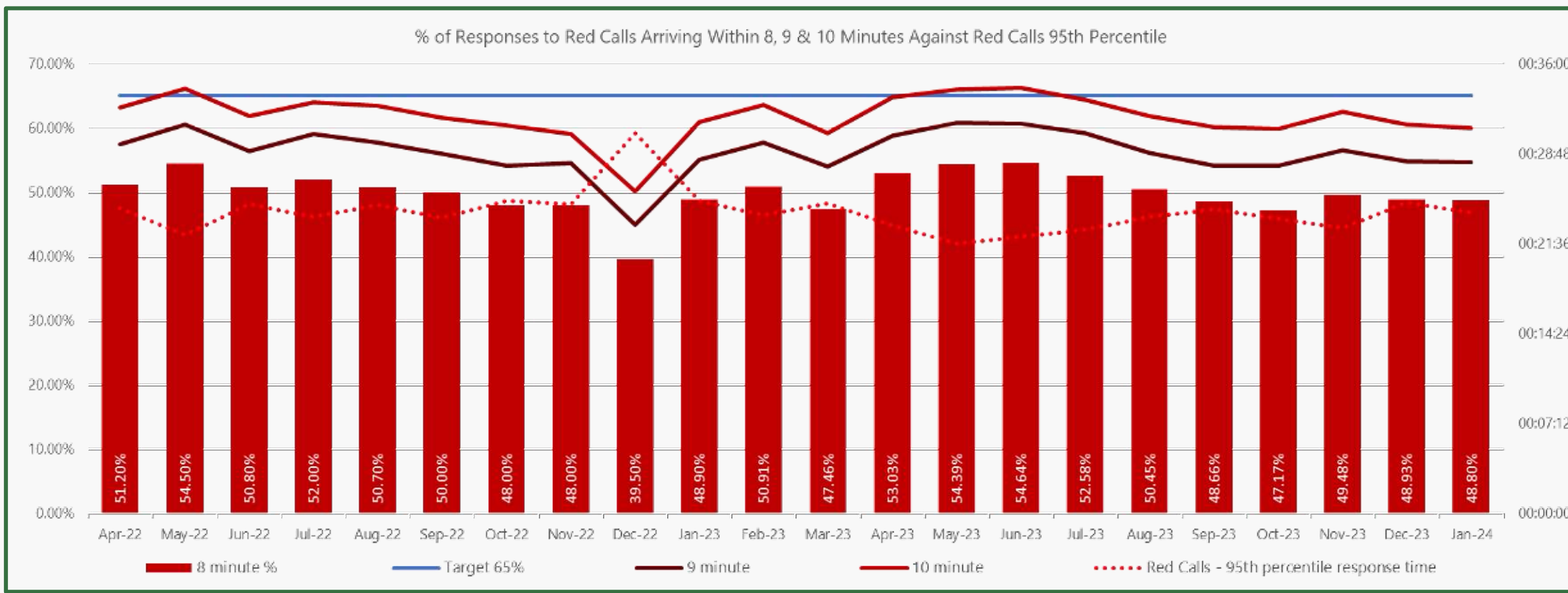
95%
R

QUEST

FPC

CI

Influencing Factors – Demand, Hours Produced and Hours Lost



Analysis

Red 8-minute performance continues to remain below the 65% target, but only declined marginally during January 2024 to 48.8%. Although this is a slight deterioration on the December 2023 percentage (48.9%), it is still an improvement on the figures recorded in both September and October 2023, when demand was significantly lower than that seen during both December and January.

Red 10-minute performance for January 2024 was 60.0%, down slightly from 60.5% in December 2023.

The bottom right graph shows that as demand has increased, so too has the number of red incidents responded to within 8-minutes, with the figure for January being 2,399. This is above the 12-month average (2,137) and would indicate that performance in this area is remaining stable and is mirroring the rise experienced in demand during the month.

The lower left graph demonstrates the correlation between overall Red performance and hospital handover lost hours. December 2023 (22,756) saw an improvement on the 32,098 recorded in December 2022, despite an increase in demand. However, slightly more concerning is the 26,998 lost hours reported for January 2024, as this is 15% higher than those lost in January 2023 (23,525) and is the first time since March 2023 that there has not been a monthly improvement in performance compared with the previous year.

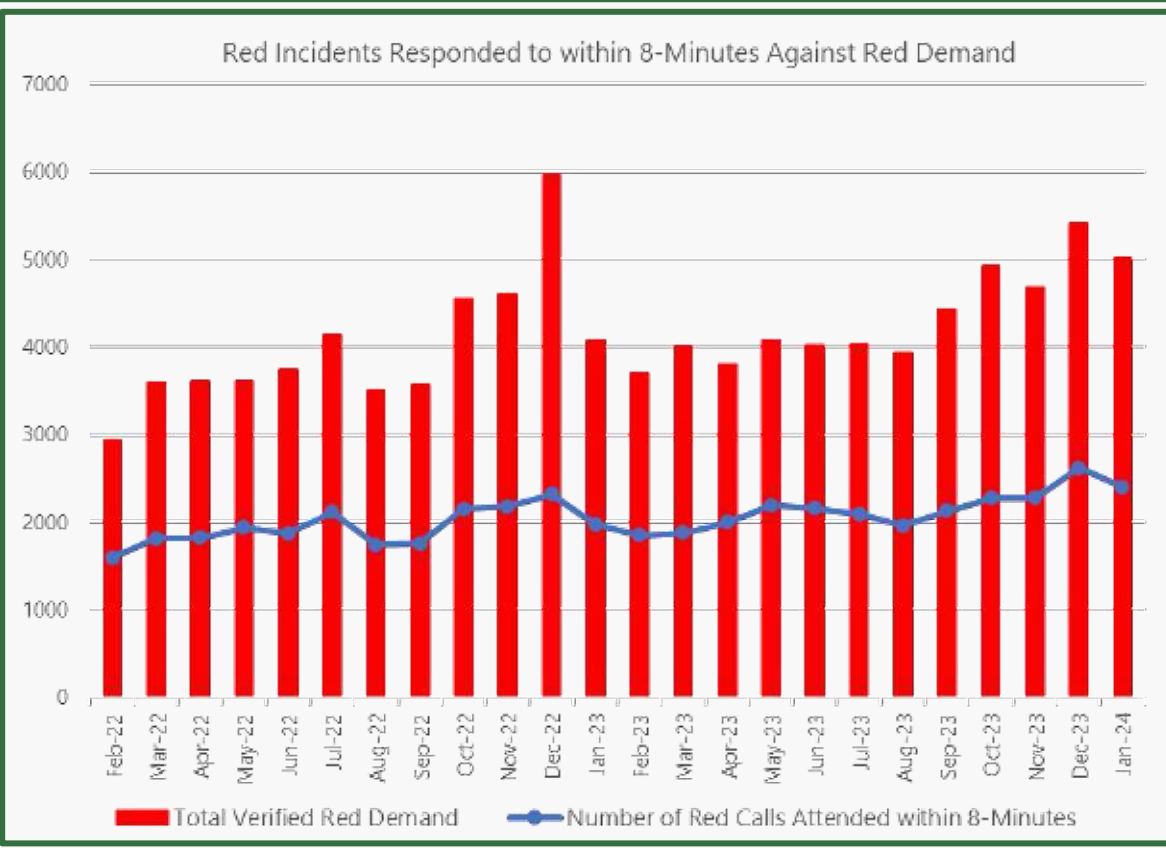
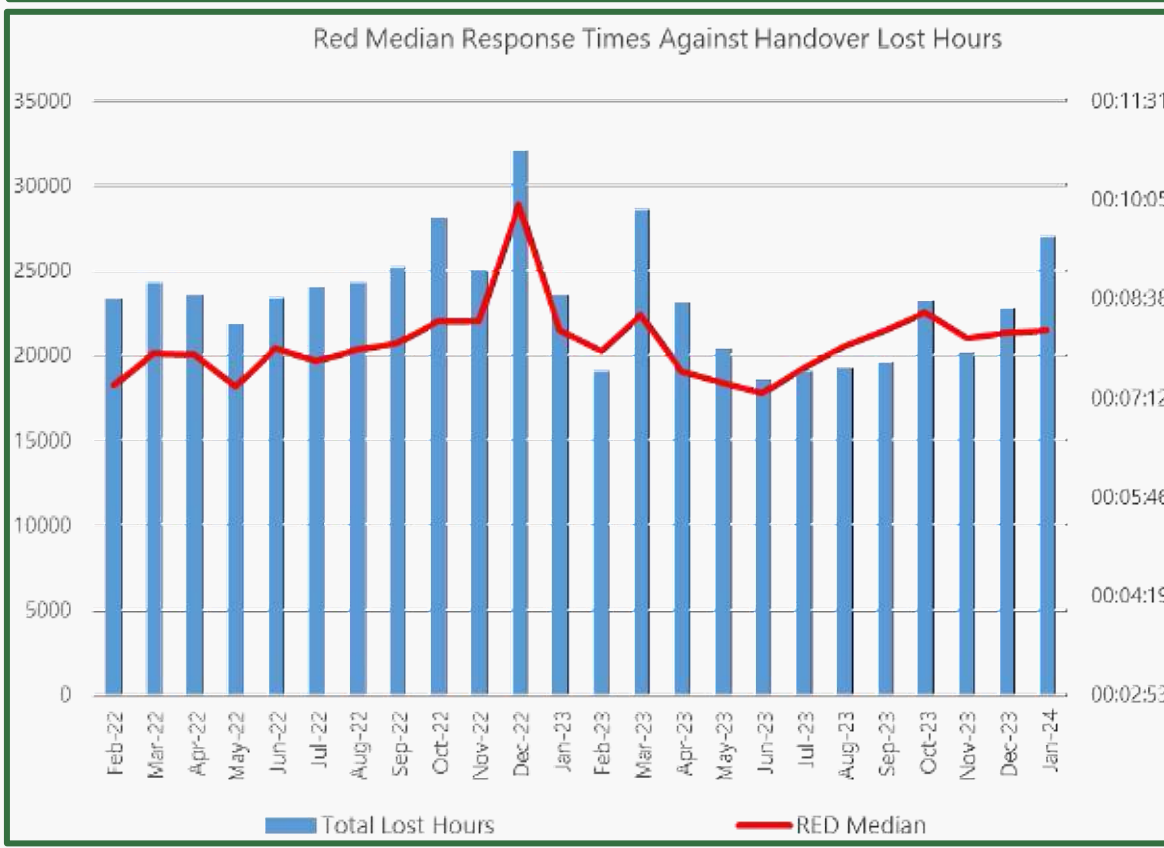
Remedial Plans and Actions

The main improvement actions are:

- To maintain commissioned establishment levels overall. WG have confirmed funding for the additional 100 will remain in place for this financial year
- Full roll out of the Cymru High Acuity Response Unit (CHARU), now largely complete (127 FTEs v target of 153 FTEs) with the exception of some hard-to-reach areas. Further actions to address;
- Changes to the response logic and clinical screening of red calls, which are now live (19 June 2023);
- Reduce hours lost through sickness absence via managing attendance programme – trajectory for improvement in place as part of the IMTP (6% Mar-24);
- Working closely with Health Boards to support reduction in lost hours and a reduction in conveyances to ED. This is undertaken within local Integrated Commissioning Action Plan meetings and will include work on improvements in referrals to Same Day Emergency Care Units (SDECs).

Expected Performance Trajectory

Winter modelling estimates Red 8 minute (most likely scenario) of 50% in October and November, declining to 45% in December, before recovering somewhat in Q4. The modelling has been shared with Welsh Government and EASC.



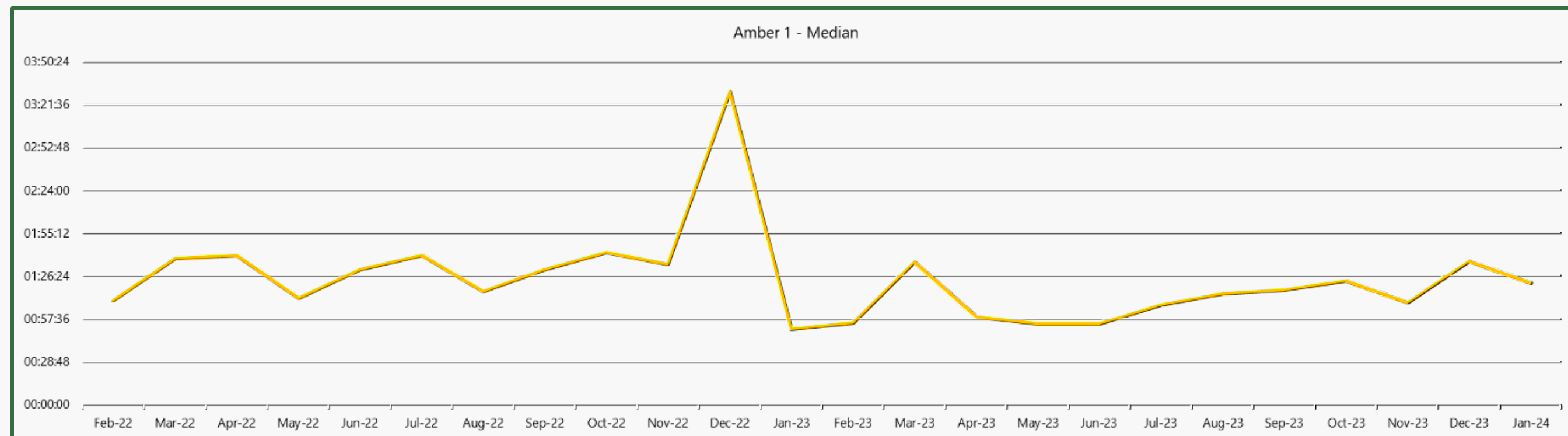
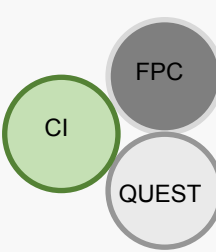
*NB: Data correct at time of abstraction

Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

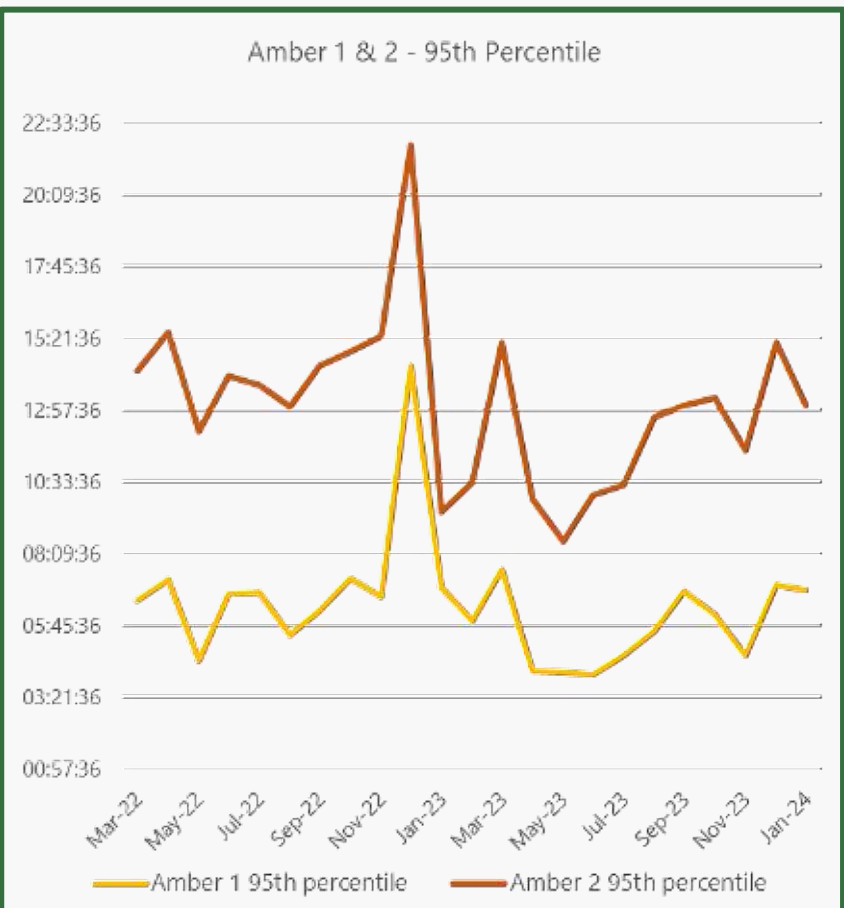
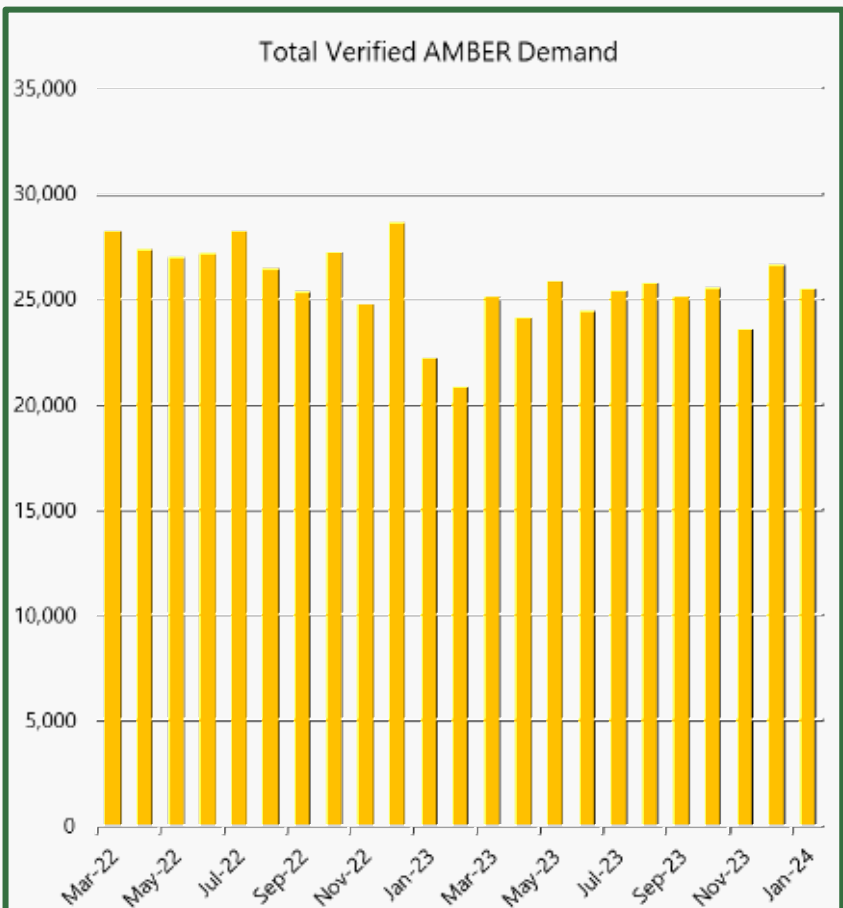
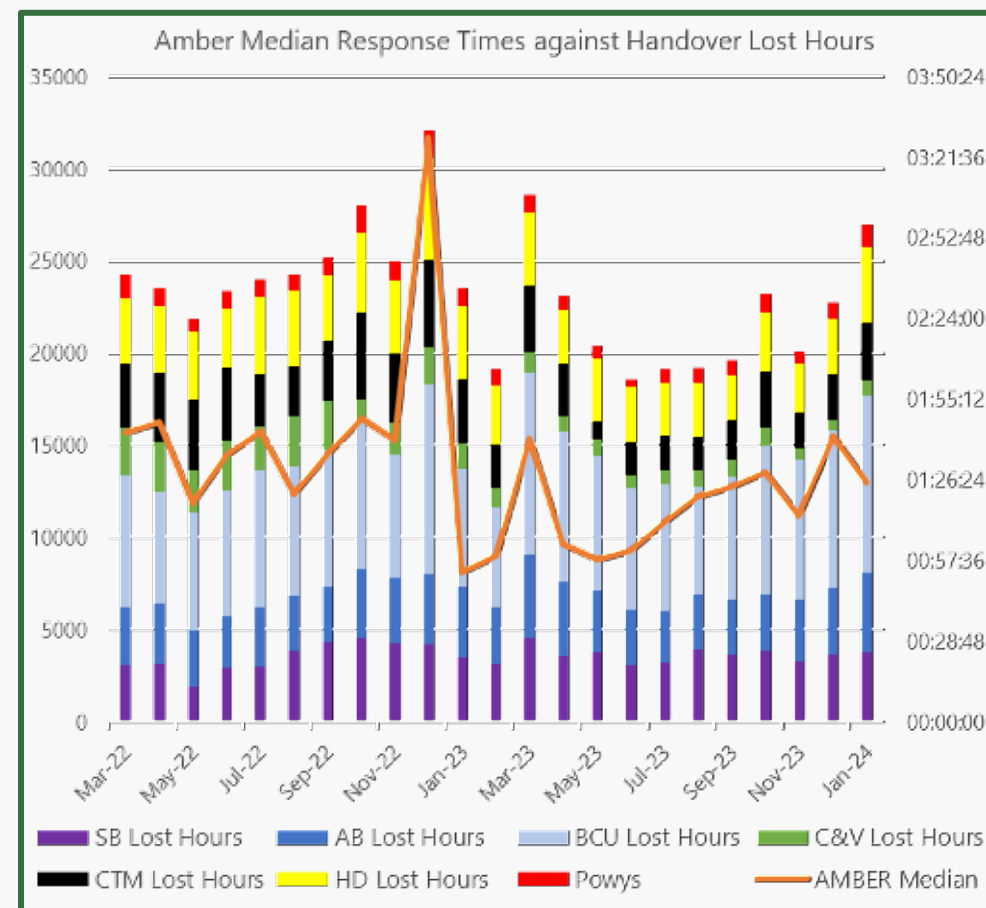


Analysis

Amber demand decreased by 4.5% in January 2024 compared to December 2023, dropping from 26,622 verified incidents to 25,471. This however remains considerably higher than the 22,165 incidents registered in January 2023.

Amber 1 median performance time decreased during January 2024 to 1 hour 21 minutes, from the 1 hour 36 minutes recorded in December 2023. Although this figure is also higher than the 51 minutes recorded for January 2023, it is against a month of significantly higher Amber demand (+3,306) and an unprecedented level of hours lost to handover at hospitals. The ideal Amber 1 median response time remains at 18 minutes, although this has yet to be achieved during the 3-year reporting period.

The Amber 1 95th percentile also decreased slightly during January 2024 to 6 hours and 58 minutes from 7 hours 6 minutes in December 2023.



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

Remedial Plans and Actions

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

Expected Performance Trajectory

The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments and system efficiencies, not all of which are within the Trust's control. This programme is now coming to an end, but the Trust is now well advanced with the strategic EMS Demand & Capacity Review.

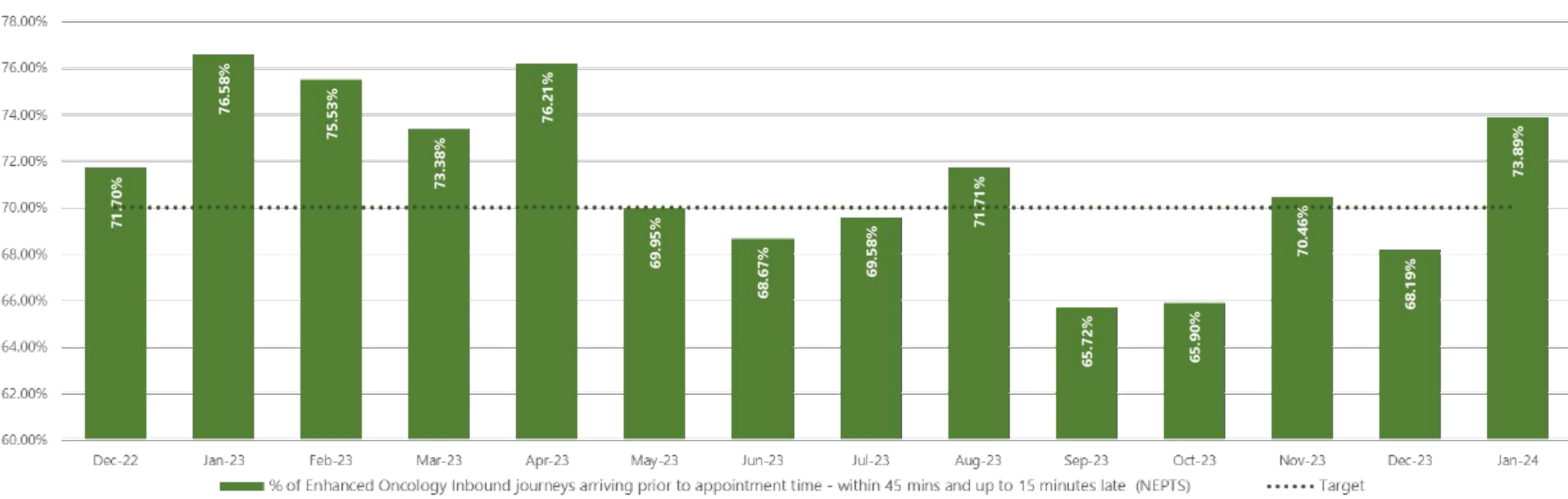
Our Patients: Quality, Safety & Patient Experience

Patient Experience – Influencing Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Oncology	Welsh Calls	FPC
G	A	CI

% of Enhanced Oncology Inbound Journeys Arriving Prior to Appointment Time - within 45 mins and up to 15 minutes late



Analysis

Ambulance Care (NEPTS element) performance increased slightly during January 2024. 73.89% of enhanced oncology journeys arrived within 45 minutes prior and up to 15 minutes late to their appointment time, an increase from 68.1% in December 2023, and achieving the 70% target. Enhanced Renal journeys, however, saw a slight decrease, from 73.98% in December 2023 to 73.89% in January 2024.

Overall demand has continued to increase as the planned care system continues to reset. In particular:-

- Completed journeys for Patients requiring Ambulance Transport – Non T1 & C3 mobility (exc. Discharge & Transfer) are at or in excess of levels seen prior to the pandemic.
- At the heart of the increases are constant increases in renal transport, these journeys are always our highest priority and increases here will reduce capacity elsewhere within the team.
- There has been a notable increase in requests for discharges from the ED. This correlates with EMS no longer facilitating these requests. However, despite good performance in Cardiff & Vale and Cwm Taf Morgannwg, the proportion of bookings made in advance for discharges and transfers has not increased.

Call volumes answered increased in January 2024 (18,810) compared to December 2023 (15,769) which is to be expected with the reopening of hospital clinics after the holiday period. The average speed of call answering declined for the second consecutive month in January 2024 (00:04:05) compared to December 2023 (00:02:19).

ACA1 (NEPTS) sickness increased in December 2023 to 11.16% compared to 11.08% in November 2023. ACA2 (UCS) sickness also increased to 8.84% in December 2023 compared to 8.27% in November 2023.

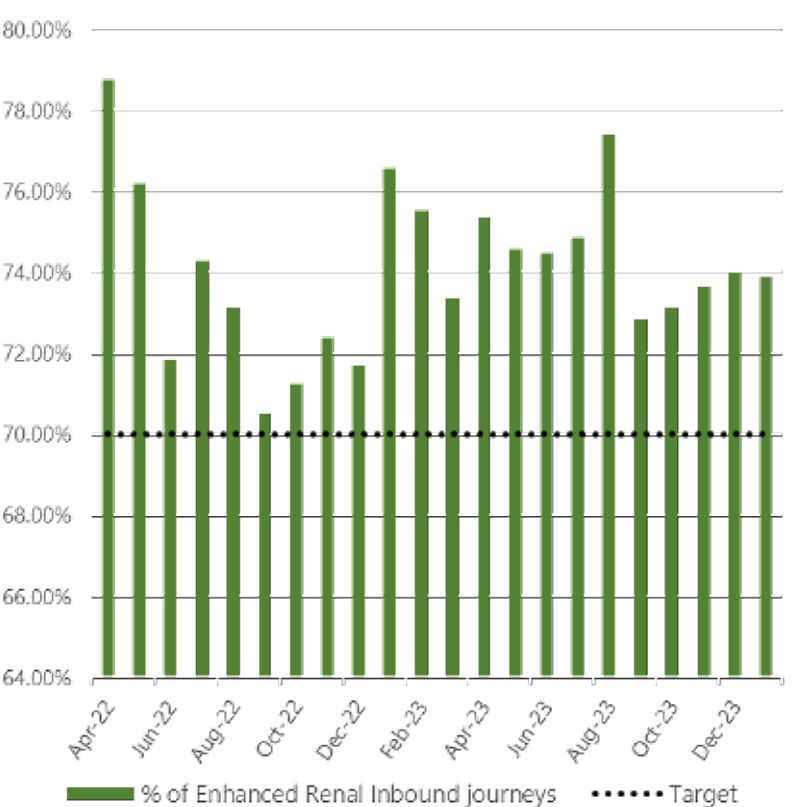
Remedial Plans and Actions

- Local management teams are working closely with Health Board colleagues to develop local actions in response to the current level of Oncology performance. This should address the lack of cohesive planning that includes transport as we have in Renal services.
- The volunteer team are bringing online an additional 20+ volunteers during Q4, these will be focused on Oncology performance initially

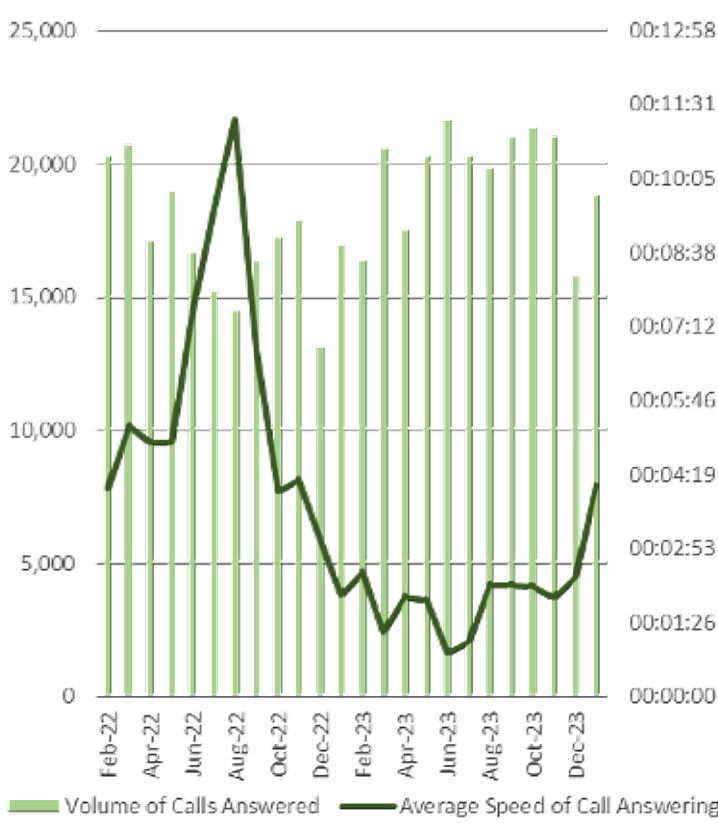
Expected Performance Trajectory

With the implementation of the above actions, it is anticipated that Oncology performance will improve over Q3. Initial improvement trends have already been seen after just a few of the actions have been partly implemented.

% of Enhanced Renal Journeys Arriving within 30 Minutes Prior to their Appointment Time and not Late (NEPTS)



NEPTS Average Speed of Answer vs Calls Answered



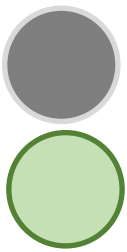
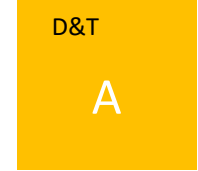
Pan Wales Ambulance Care Sickness Abstractions



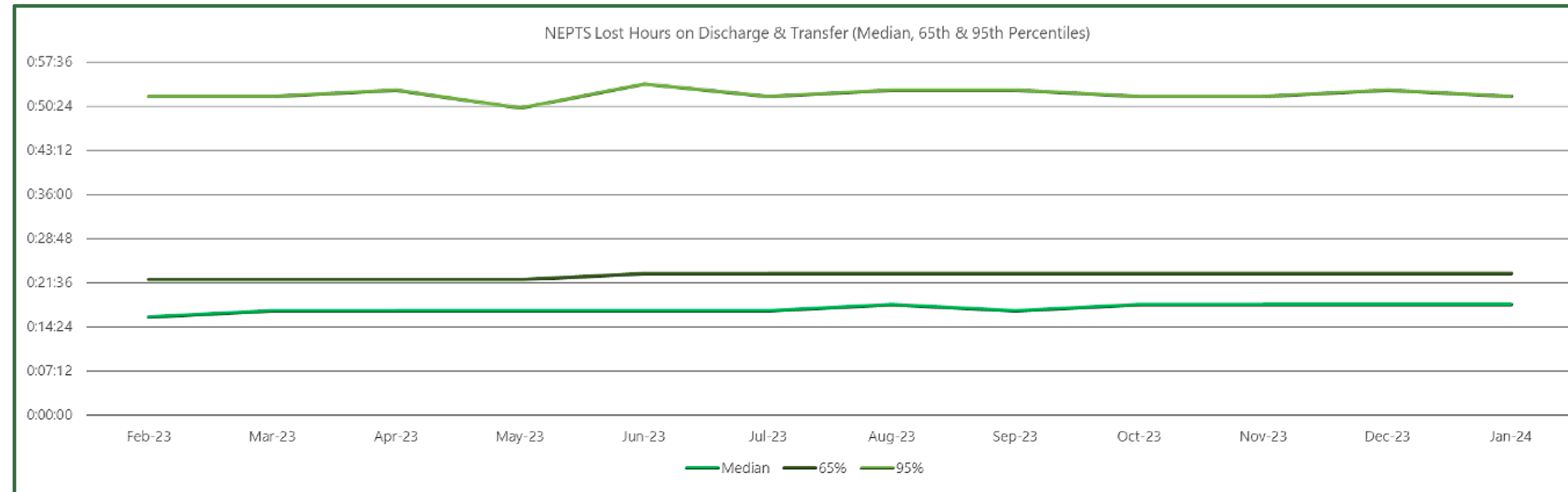
Our Patients: Quality, Safety & Patient Experience

Ambulance Care Indicators

(Responsible Officer: Lee Brooks)



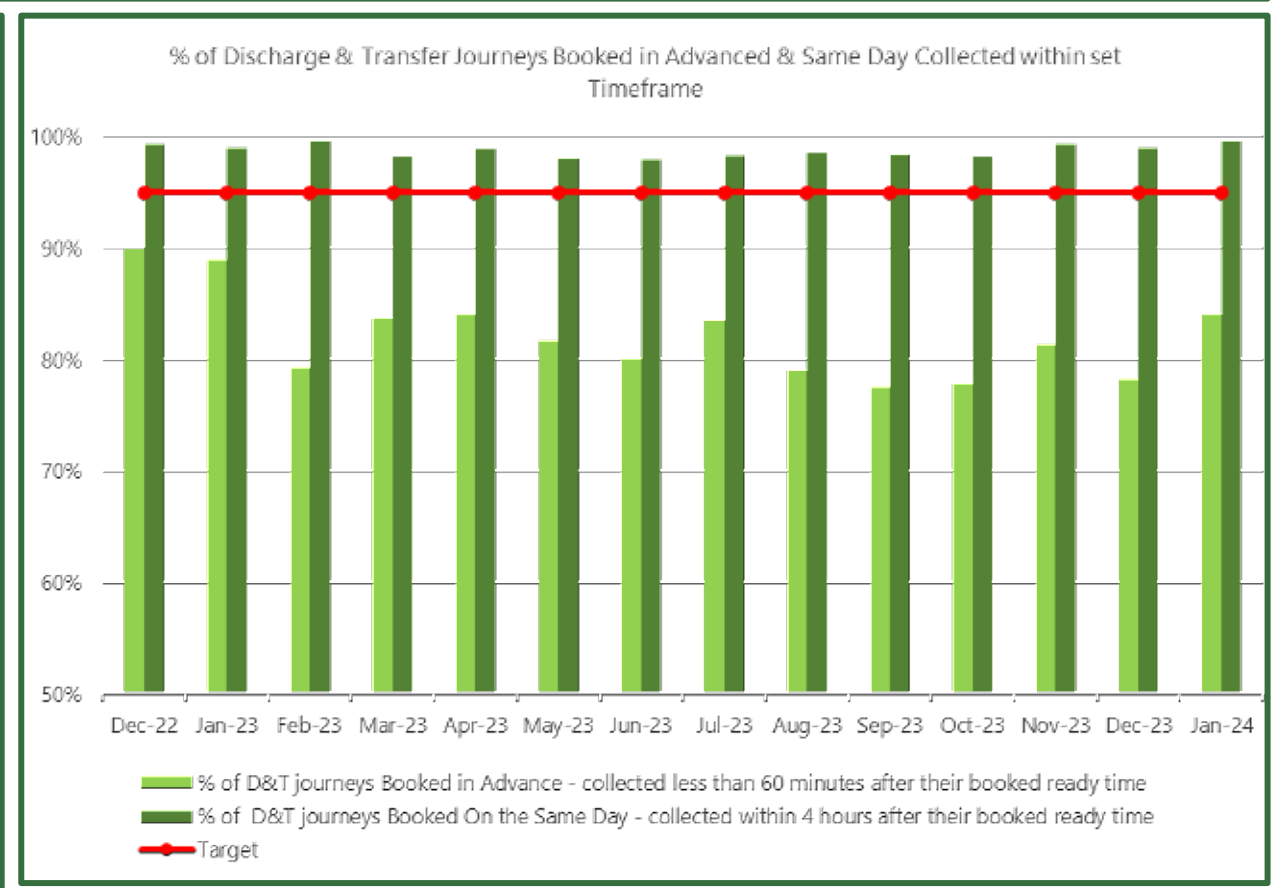
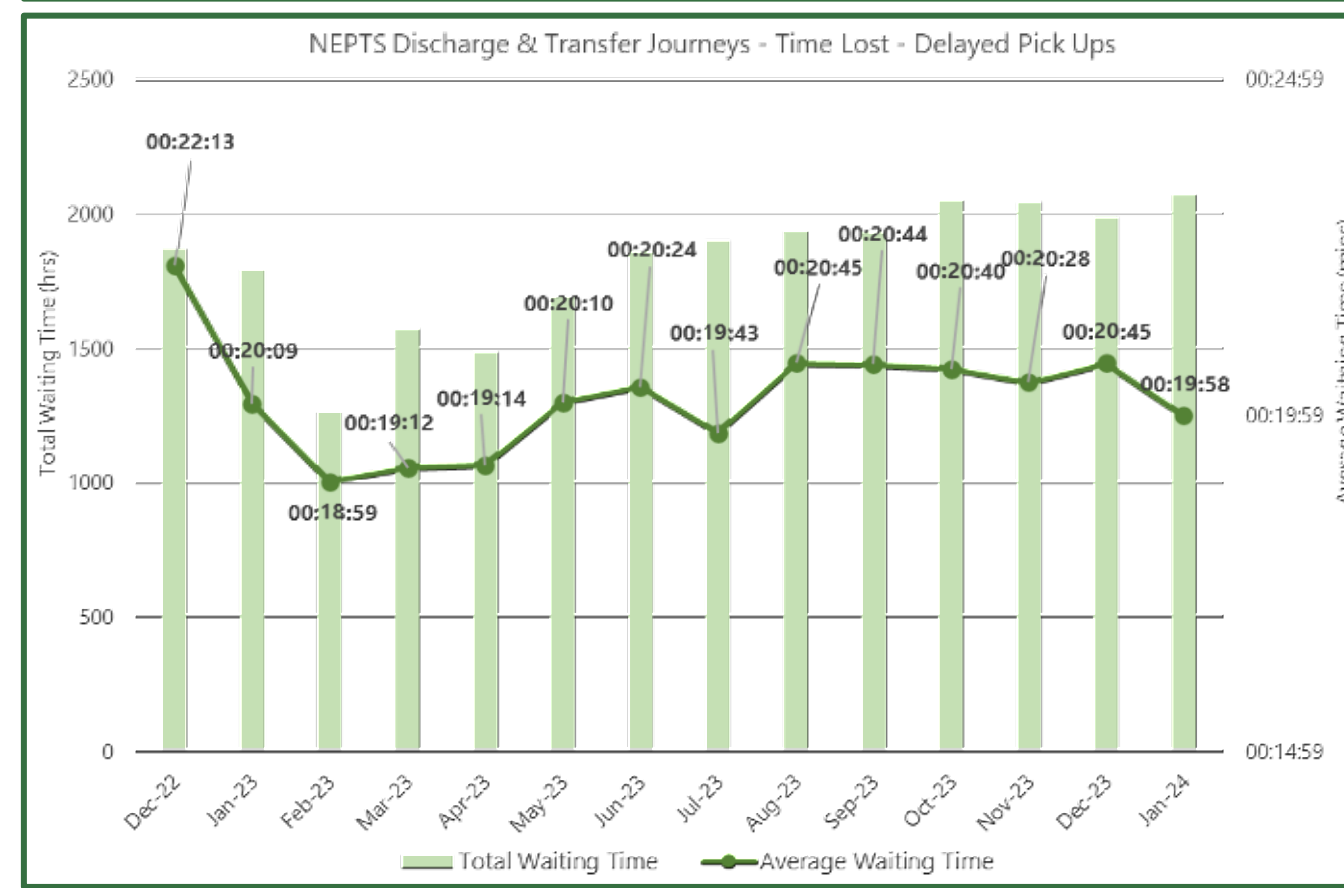
Patient Experience – Hospital > Hospital Transfer Waiting Times



Analysis
 Time lost on discharge and transfer pickup has remained consistent for some time now with minimal variation experienced.

The data shows that the average time lost over the past 12 months is 17 minutes, which includes time from arrival at site to when the patient is loaded on the vehicle. The hope is that over time this can be reduced to 15 minutes.

In April 2023, an additional KPI measure was introduced to measure the performance on discharges and transfers. The new measure separated out bookings made in advance and provided a tighter 1-hour target for these. This change also promoted a move to advanced booked discharges, which would help to reduce the time patients are required to wait prior to pickup, when ready for discharge. During this period, whilst there has been a slight increase in the volume of discharges, the overall percentage of bookings made in advance has only increased from 26% in December 22 to 26.4% in December 2023. Of note was Cardiff and Vale, where more than 40% of bookings were consistently made at least the day before discharge. In Cwm Taf Morgannwg, where work is underway to develop a process that can be copied nationally, the percentage of advanced discharge & transfer bookings has increased from 17.9% to 26% during the same period.



In January 2024, 84% of discharge & transfer journeys booked in advance were collected within 60 minutes of their booked ready time, an increase compared to December 2023 (78%), and below the 95% target. 100% of discharge & transfer journeys booked on the same day were collected within 4 hours of their booked ready time, which is an increase when compared to the previous two months (99%), and above the 95% target.

Remedial Plans and Actions
 Continue work with CTM on national optimal model

Expected Performance Trajectory
 Until the model is developed and rolled out, we do not anticipate any significant variation in this data. However, we continue to work with sites and the teams to identify opportunities to reduce.

Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

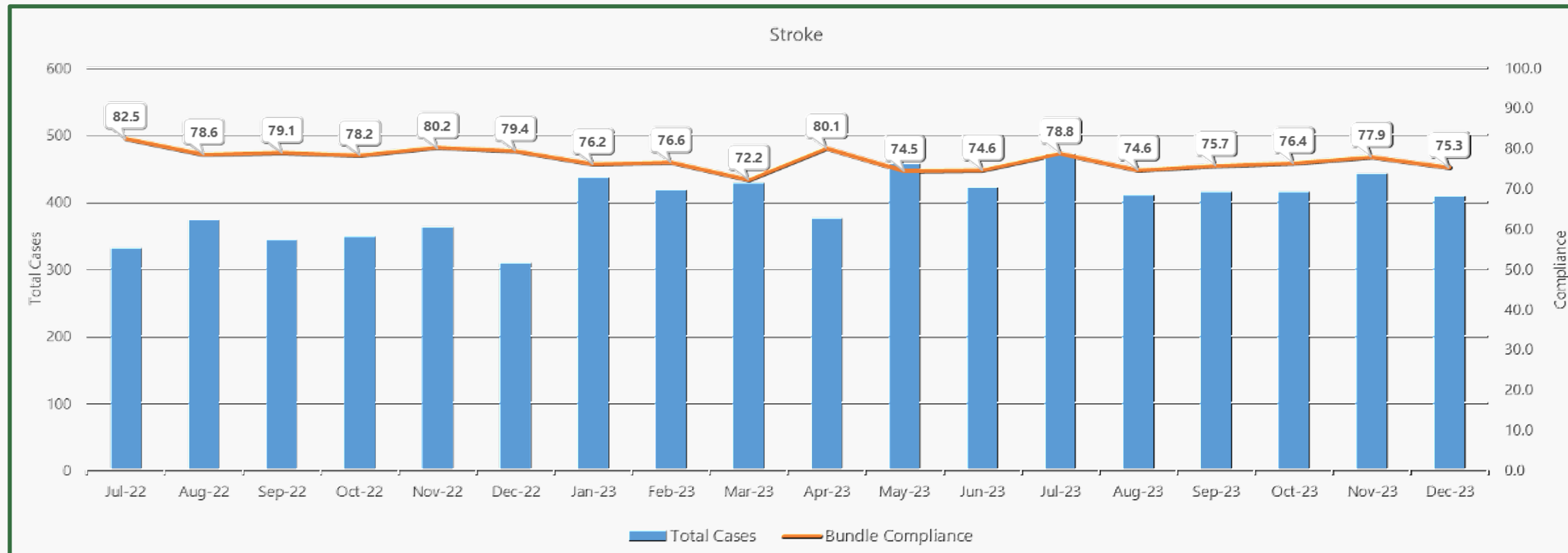
(Responsible Officer: Andy Swinburn)

ROSC/Stroke/STEMI
A

Self-Assessment:
Strength of Internal
Control: Moderate

QUEST

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



Analysis

The percentage of suspected stroke patients receiving an appropriate care bundle in December 2023 was 75.3%. This was a slight decrease from the 77.9% recorded in November 2023. This was against a total case number of 409 during the month of December. There is a correlation between documenting FAST and the care bundle, this will inform the improvement plan.

The ROSC rate for December 2023 was 17.6% a decrease from 22.2% in November 2023. This was against a total case number of 324 during the month of December. The highest rate recorded since the implementation was seen in August 2023, achieving 23.8% of ePCR.

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 may include:

- Response Times
- Bystander Resuscitation
- Response Type/Numbers

The percentage of suspected STEMI patients receiving an appropriate care bundle in November 2023 was 40.6%, a decrease from 42.6% in November 2023. This was against a total case number of 69 during the month of December. There is a correlation between documenting of Aspirin and the care bundle, this will inform the improvement plan.

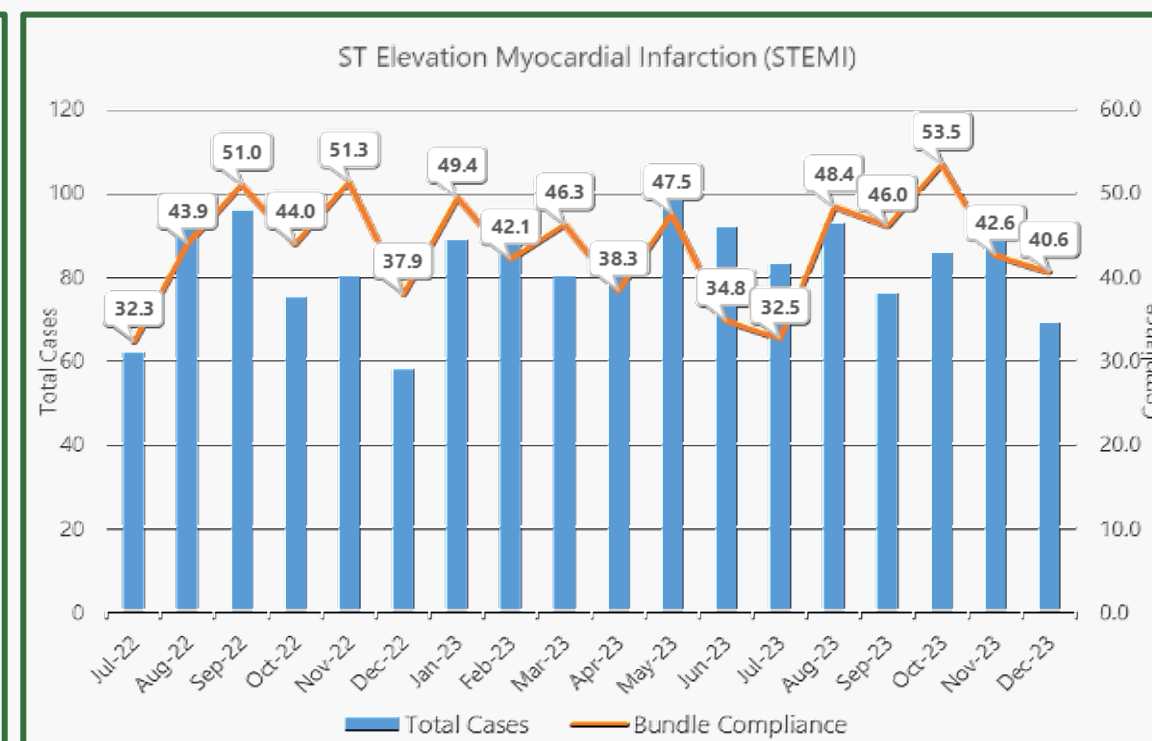
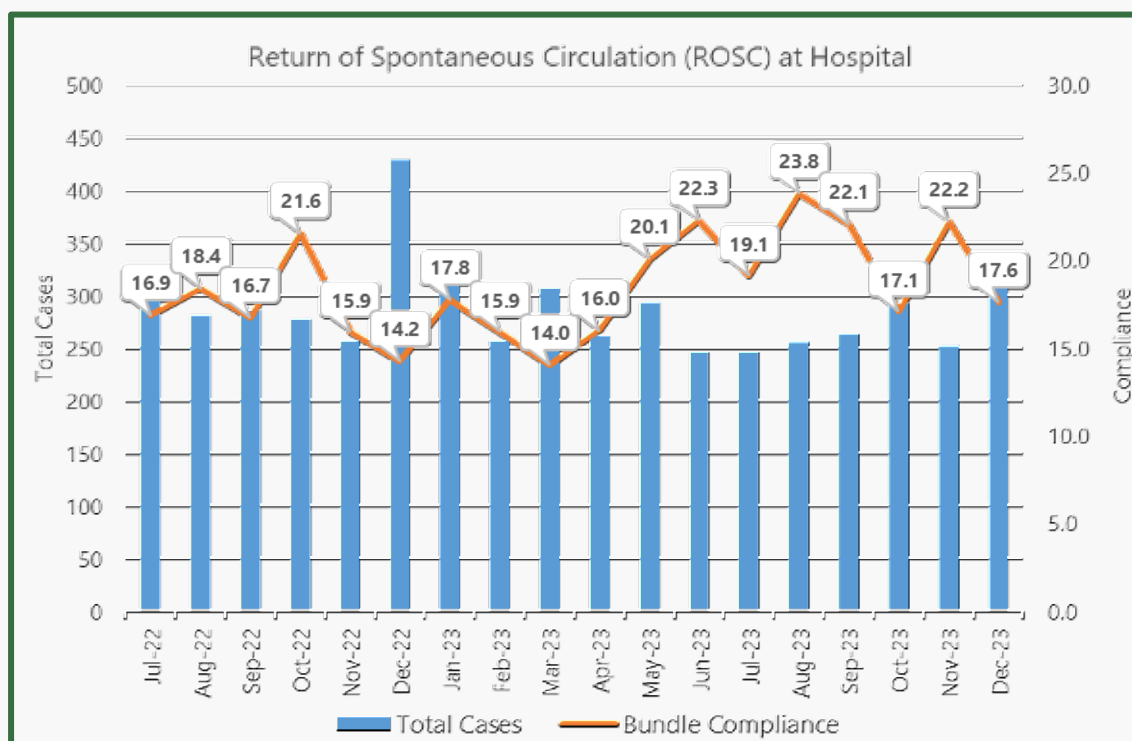
All CIs remain within the normal bundle control limits

Updates to the UI for the ePCR were rolled out on 12th December 2023, in particular around elements of the application that affect the CIs

We were aware that changing from Digital Pen to ePCR necessitated a change in data collection and anticipated a reduction in compliance as Clinical Indicators are now compiled from data recorded by clinicians and is not subject to any validation process.

In addition, other UK ambulance services reported a reduction in clinical indicator compliance when using ePCR data only. We generated risk 535 with three key mitigations to work on:

- User understanding and behaviour with the ePCR application
- Adapting the user interface
- Reviewing the coding used to draw data from the data warehouse



Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

(Responsible Officer: Andy Swinburn)

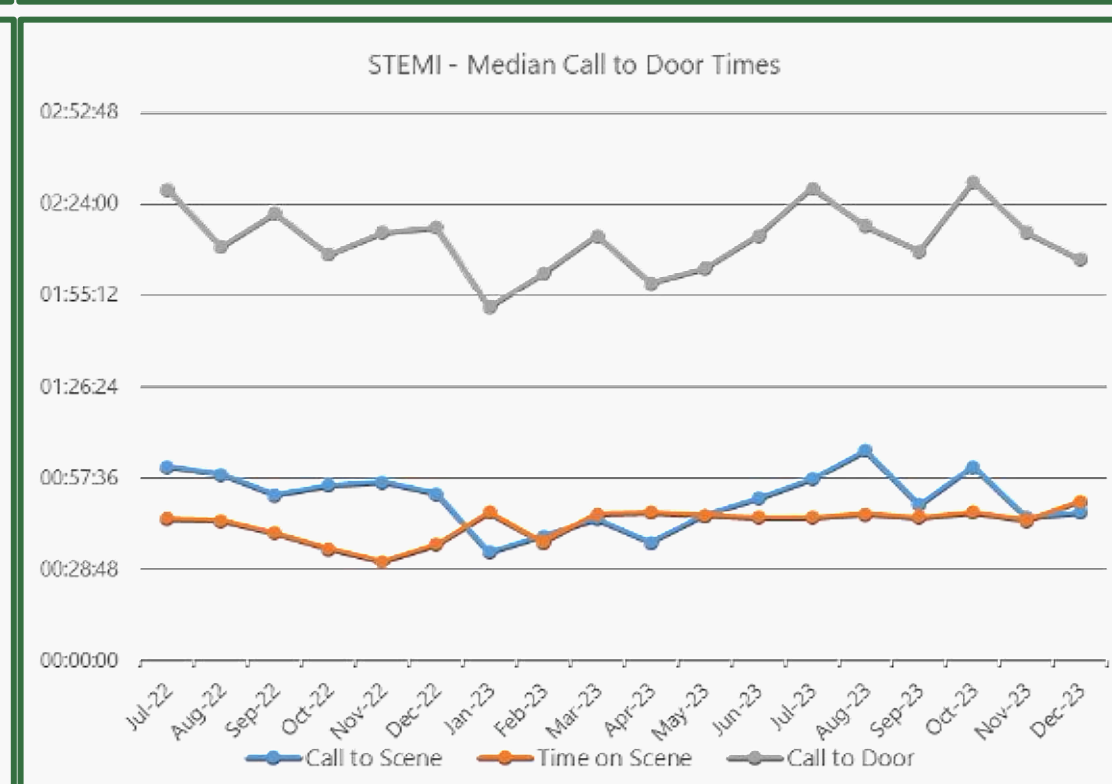
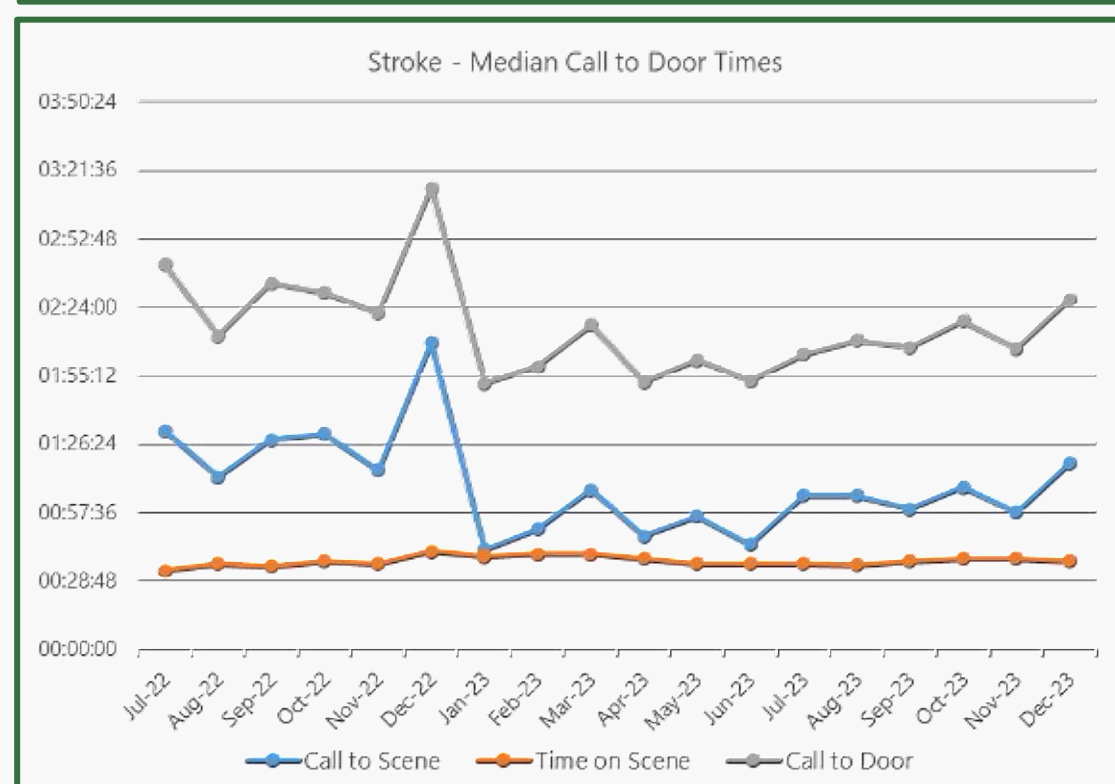
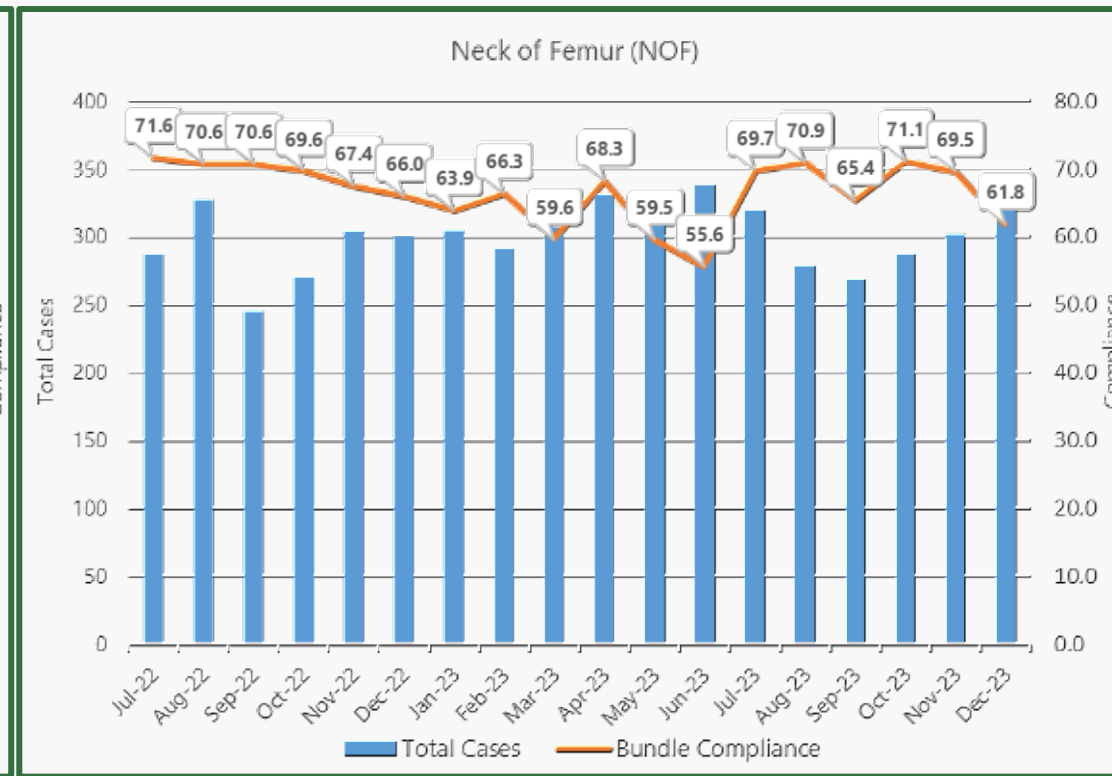
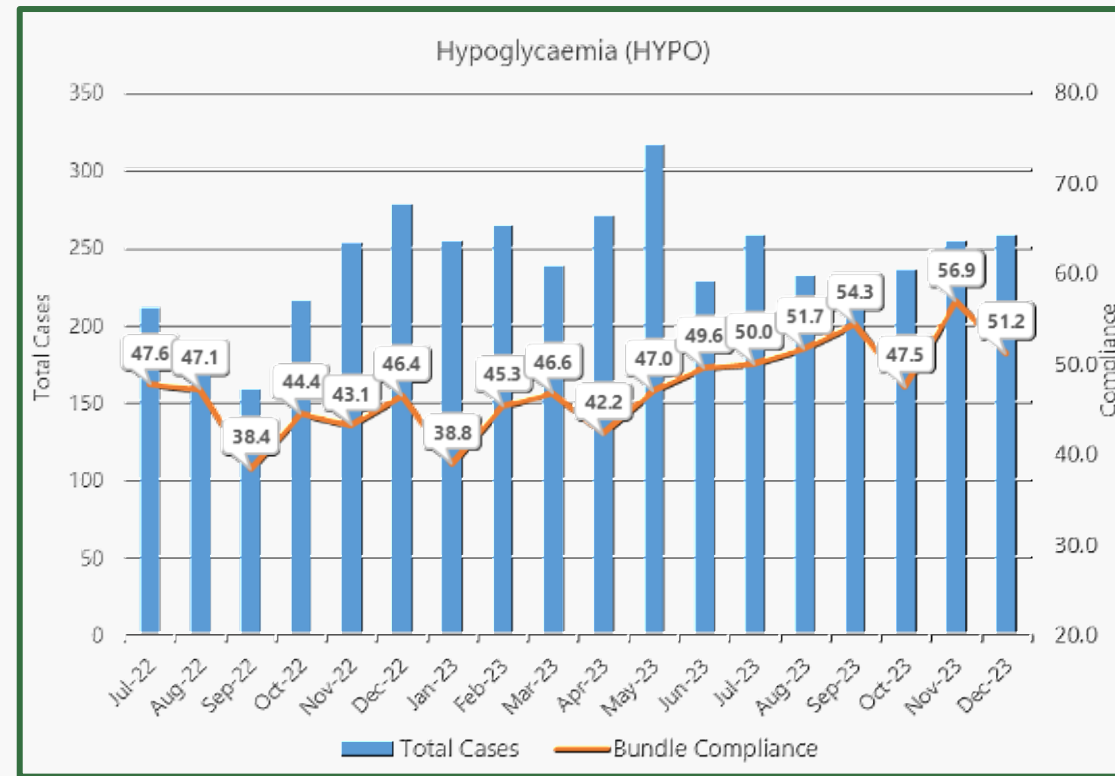
Stroke Door to Door

A

Self-Assessment:
Strength of Internal
Control: Moderate

QUEST

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



Analysis

The percentage of hypoglycaemic patients receiving an appropriate care bundle in December 2023 was 51.16%, a decrease from 56.86% in November. This was against a total case number of 258 in December. There is a correlation between documenting BM readings and the care bundle, this will inform the improvement plan.

The percentage of #NOF patients receiving an appropriate care bundle in December 2023 was 61.83%, a decrease from 69.54% in November. There is a correlation between documenting pain score and analgesia and the care bundle which will inform the improvement plan.

The development to enable reporting new clinical indicators relating to call to door times for STEMI and Stroke has been completed and approved. These show the breakdown for:

- Time the call started to time of arrival at scene
- Time on scene of the conveying vehicle
- Time the call started to time of arrival at hospital

Remedial Plans and Actions

An improvement approach has been taken which includes Senior Paramedics support to discuss CIs with WAST clinicians as part of the ride-out process. A CI dashboard (v2) which includes separate diagnostic code pages for '000' & '1-183' was approved by CIAG and is now available, this illustrates performance by HB area and informs discussions.

ePCR User Interface (UI) changes resulting from recommendations based on quality assurance audits conducted for each of the CIs were implemented during December 2023. This includes a further change to allow prompts and messages when an ePCR is being closed and alert the clinician to incomplete fields which will improve compliance.

A pain management framework has been developed in response to an internal audit action to improve assurance on completeness of documented pain management for patients, and the ability to extract data, identifying and reporting themes and trends.

The Trust's introduction of the Cymru High Acuity Response Unit (CHARU) model, based on improved clinical leadership and enhanced training, will further improve outcomes for patients and is our main response to improve ROSC rates. This has been in place in some areas since October 2022 and since May 2023 there has been an increase in numbers and availability.

Expected Performance Trajectory

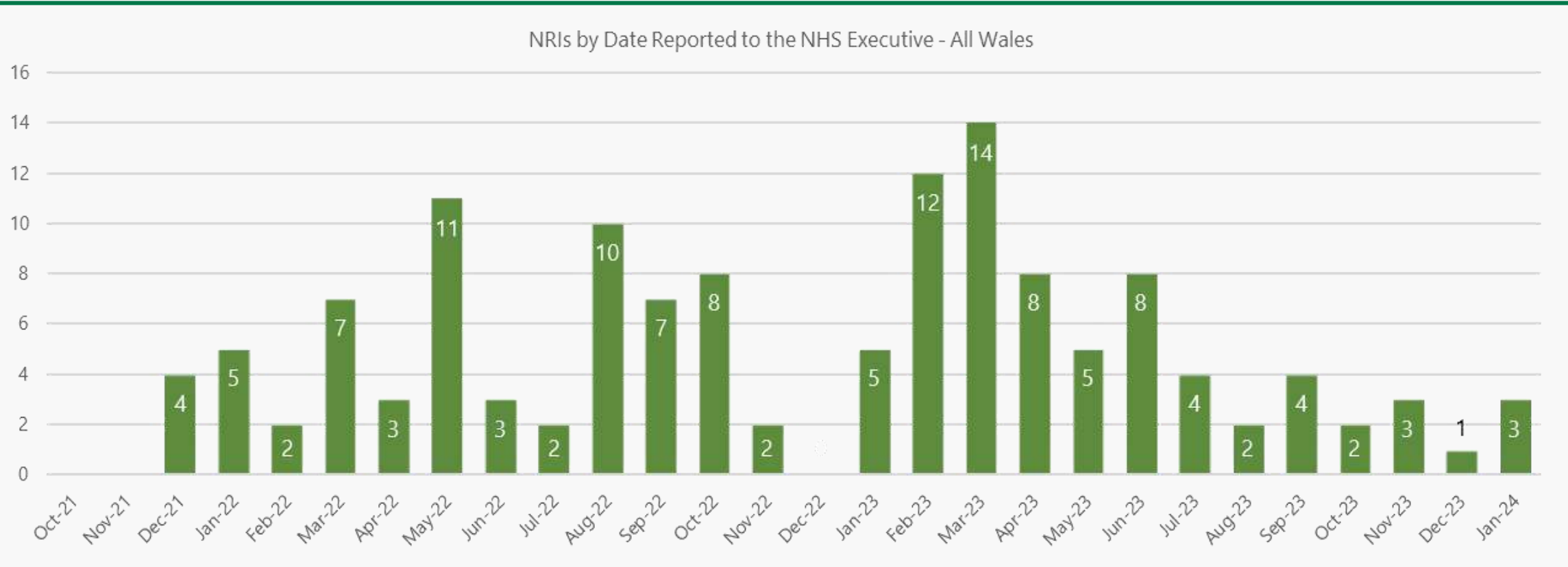
The UI change to allow prompts and messages when an ePCR is being closed and alert the clinician to incomplete fields will be monitored by the ePCR Compliance Approval Group. This, along with continuing improvements in clinical supervision and the support of SPs working with the Clinical Improvement and Clinical Intelligence and Assurance Teams should increase compliance rates.

Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators

(Responsible Officer: Liam Williams)

Concerns.	NRI.	Self-Assessment: Strength of Internal Control: Moderate	QUEST
R	A		
Health & Care Standard Health - Safe Care / Timely Care			



Analysis

The percentage of responses to concerns in January 2024 is 53% against a 75% target (30-day response) which is a slightly decreased position. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns has increased with 102 complaints being received and processed in January 2024. These complaints are frequently complex with our concerns administrators taking lengthy calls from distressed patients or family members for up to one hour per call.

Five (5) Serious Case Incident Forums (SCIF) were held during the month and 31 cases were discussed. Following discussion 3 serious patient safety incident were reported to the NHS Wales Executive and 16 cases were referred to Health Boards for investigation under the Joint Investigation Framework. The Trust received 3 referrals from Health Boards under the Joint Investigation Framework during the period. Learning from the Joint Investigation Framework process remains limited with Health Boards citing high levels of escalation as causal factors. All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families as appropriate.

Themes relating to serious patient safety incidents reported to the NHS Wales Executive (Delivery Unit) as Nationally Reportable Incidents (NRIs) include delayed community response times and call categorisation, predominately ineffective breathing which is being discussed at national ambulance forums as a consistent theme.

In January 2024, 586 patients waited over 12 hours for an ambulance response and 64 compliments were received from patients and/or their families.

Remedial Plans and Actions

A range of actions are in place:-
Recruitment, redeployment and assessment of workload and where to best place resources continues corporately and within the Operations Quality Team. Following financial agreement at the Executive Leadership Team in September 2023 an organisational change process commenced in the Putting Things Right Team on 25.09.2023 and posts are currently being recruited to. It is envisaged that the structure will be fully recruited to by April 2024.

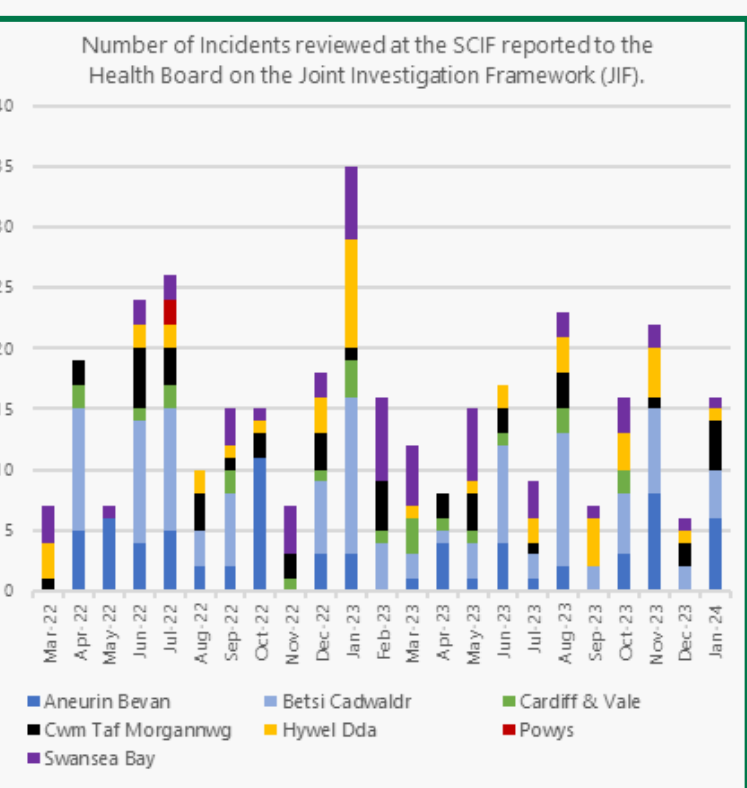
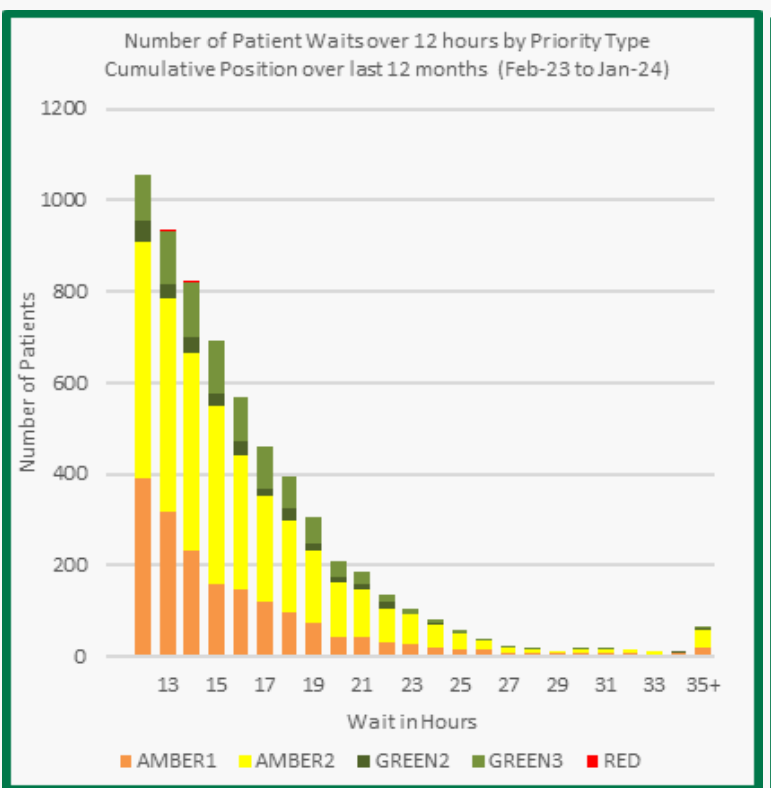
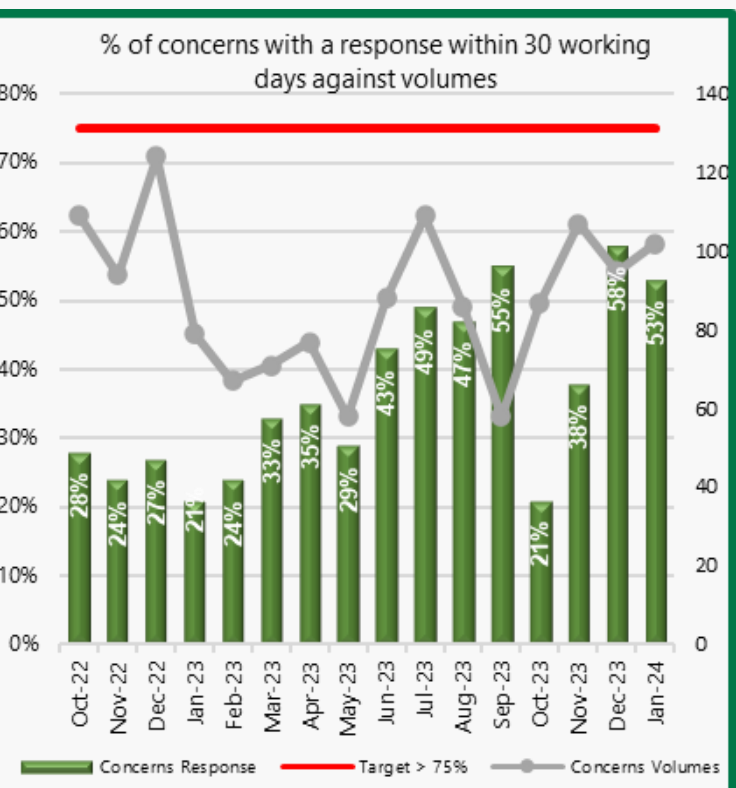
Delayed community response (Risk 223) and handover of care delays at hospitals (Risk 224) are the two highest rated risks on the Trust's Corporate Risk Register (both rated 25) and include detailed mitigations and current actions, both are considered at Board sub-committee level and at Trust Board.

The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

The Trust is expecting continuing challenges with performance especially as hospital delays remain a significant challenge impacting on the quality and safety of care to patients in the community and those delayed outside of hospitals awaiting transfer to definitive care which are detailed on the Corporate Risk Register.

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



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

**NB: 30 Day Compliance reported from Power BI and therefore data is not yet validated

Our Patients: Quality, Safety & Patient Experience

Patient & People Safety Indicators

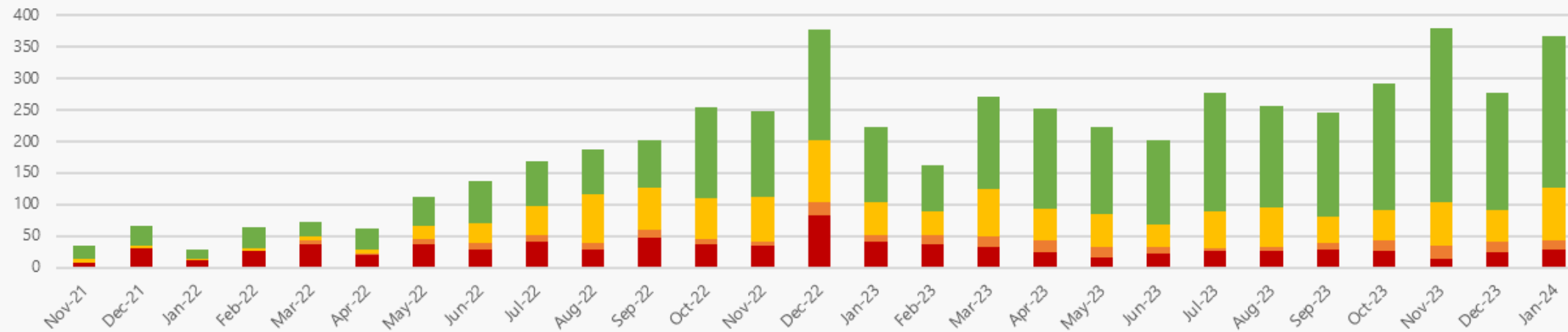
(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care

Number of incidents Received on Datix system within the reporting month, by Harm grading (Volumes Received)



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

Analysis

Once cases are investigated and any improvement actions / learning is identified by the Patient Safety or Clinical Team, (or for instances where serious harm has occurred referred to the Serious Case Incident Forum (SCIF) for review) they are closed.

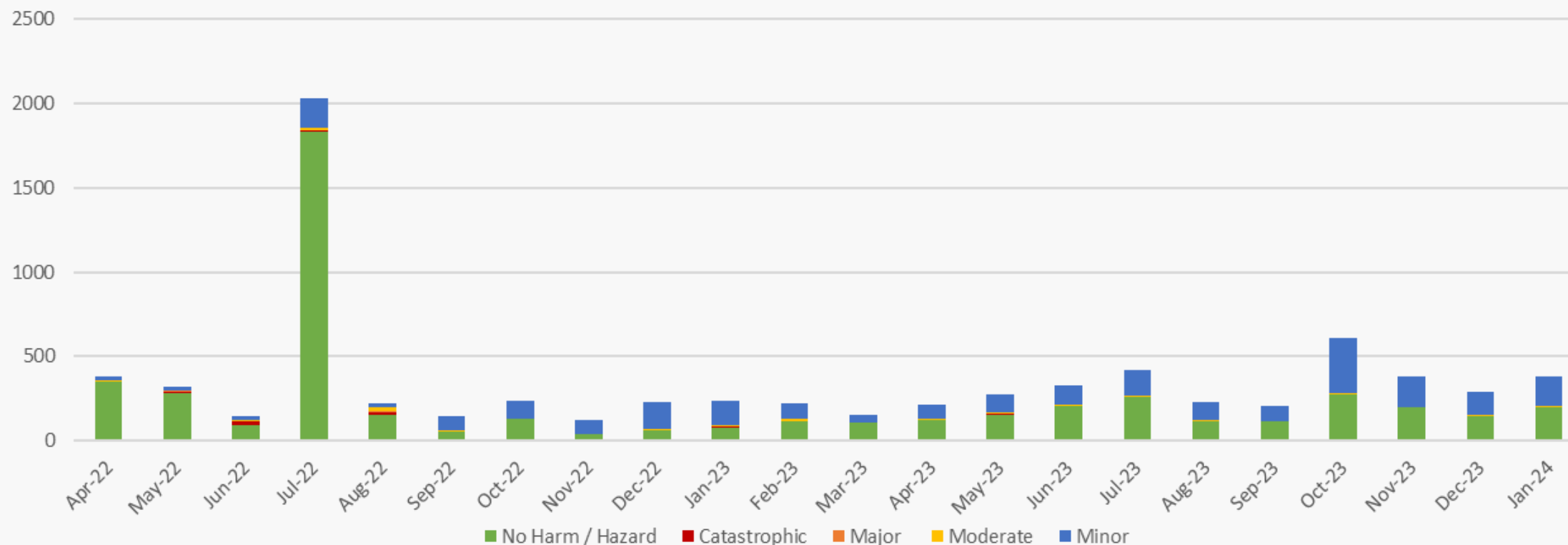
All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families. The Datix Cymru System has recently been updated nationally to allow Duty of Candour to be captured and reported and further work to develop a dashboard is in progress. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

- No harm or hazard – 105
- Minor harm – 240
- Moderate harm – 83
- Severe Outcomes – 14
- Catastrophic – 29

(*NB: Volumes received).

The bottom graph highlights the 382 Incidents that were closed on the Datix system in January 2024. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

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



Remedial Plans and Actions

Workload for all members of the team continues to be high due to continued system pressures resulting in a backlog of Putting Things Right concerns which are frequently complex. The combination of the implementation of the Duty of Candour, Duty of Quality and the Medical Examiner Service has meant additional activity for the Putting Things Right Team. There is also a backlog of MPDS audits currently. The EMSC team are working hard to conclude these as soon as possible.

The Putting Things Right Team organisational change process is progressing with posts being recruited to. This new structure has considered our local and national priorities and resources to meet the needs of our patients and families and is expected to be fully recruited to by end of April 2024.

The Trust is represented at national networks including Duty of Candour, Complaints, Ombudsman, Learning, Mortality, Claims, Redress and Datix Cymru development groups as resources allow. Work is progressing in respect of the development of dashboards and the aggregation of data and information to inform patterns, trends and learning opportunities as part of the quality management system.

Expected Performance Trajectory

The Trust will continue to identify quality and safety improvements through the Putting Things Right processes.

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

Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators

(Responsible Officer: Liam Williams)

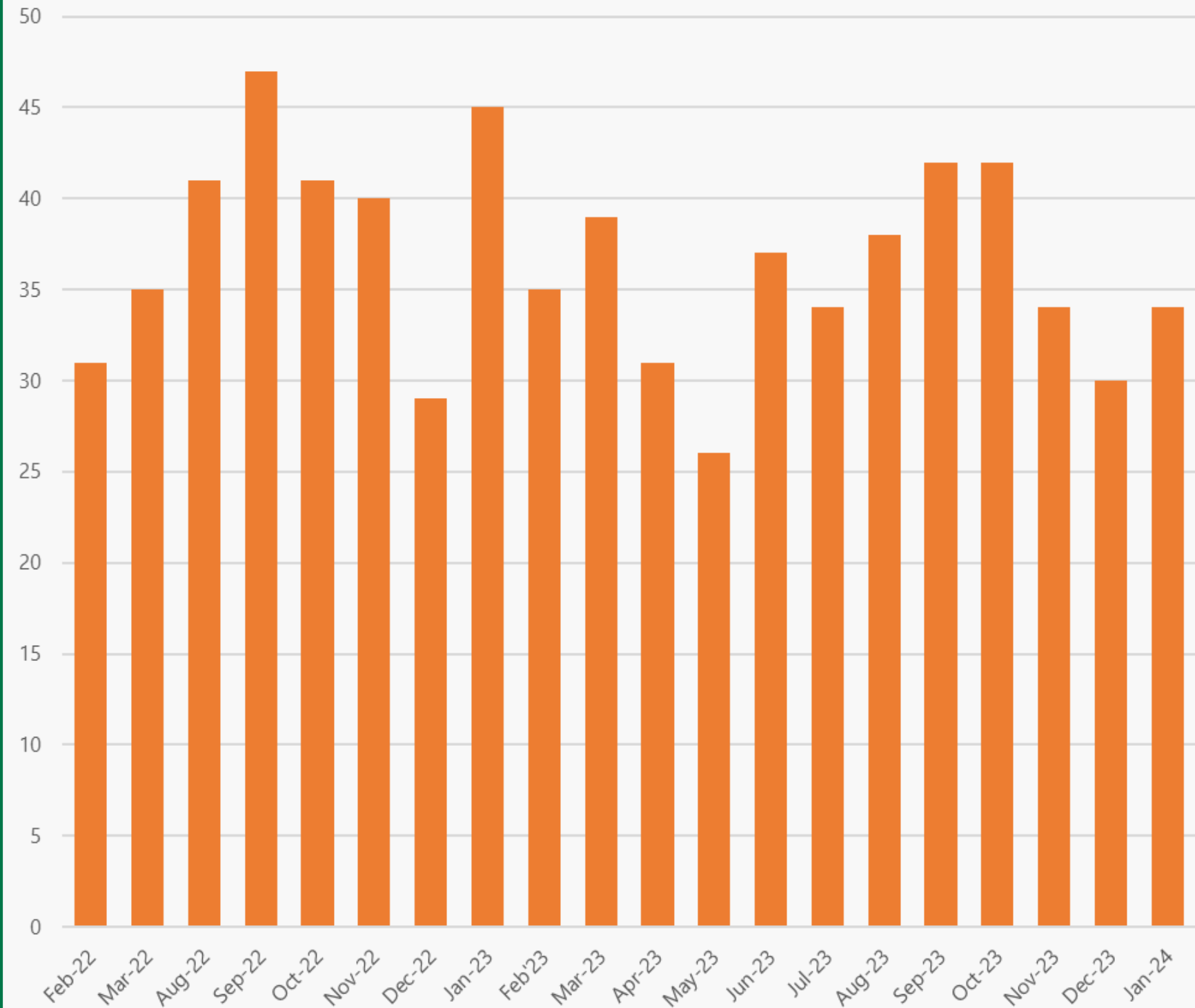
Coroners
Self-Assessment:
Strength of
Internal Control:
Moderate

Mortality
Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health – Safe Care

Total Number of Coroner Requests - Pan-Wales



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

Analysis

Coroners: The complexity of the cases remains high, with multiple statements and actions per approach. This is in addition to the work required to manage cases where the Trust has been given IP status. Cases continue to be registered and distributed. Delayed statement requests are escalated to ensure that the Trust does not receive a Schedule 5 summons. There continues to be additional work due to the ongoing recovery of the Trust solicitor/claims manager. There has been a new administrative team in Swansea Bay and the Trust has received several requests that have been delayed by the coroner's officer failure to make requests against the Trust.

Ombudsman: There has been a reduction in initial approaches to the Trust by the PSOW. All PSOW cases are now being managed via Datix Cymru. A deeper dive into the cases has been undertaken.

Mortality Review: The Trust continues to participate in Health Board led mortality reviews as appropriate, with attendance from the Patient Safety Team and clinical colleagues as available. Data and information is also provided by the Trust as required to the Medical Examiner Service to inform their reviews of deaths in acute care. Feedback from the Medical Examiner Service in respect of themes and trends include timeliness in response to patients in the community, handover of care delays and patients on the end-of-life care pathway being conveyed to acute care.

Currently the focus of the Medical Examiner Service is undertaking mortality reviews in the acute care setting and the plan is for all non-coronial deaths, including community deaths to be reviewed by the Medical Examiner Service by Autumn 2024. An increase in activity for requests / reviews for the Trust is expected when this occurs.

Remedial Plans and Actions

Coroners: There continues to be additional work due to the ongoing recovery of the Trust solicitor/claims manager, who is unable to travel for long distances. A temporary staff member's contract has been extended to the end of the financial year to try and minimise the impact of the additional work. This has resulted in the Trust being represented by external counsel (such as Legal and Risk Solicitors), all these cases require the instruction of counsel (preparation of bundles, instruction).

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

Mortality Review: The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews aligning to the national approach. This includes consideration of the resources required in the new Putting Things Right (PTR) Team structure with additional roles included in the Patient Safety Team. Recruitment to the new structure is expected to be completed by April 2024. Representation and contribution by the Trust at the All-Wales Mortality Working Group continues. The task and finish group established to review the process for contacting families following their meetings with the Medical Examiner Service has concluded with agreements in place that families will be signposted to current PTR processes in Health Boards and Trusts. The Patient Safety Team are engaged in the meetings lead by the Once for Wales Datix Cymru Team who are developing the Datix Cymru Mortality Module. The Learning from Deaths Forum, chaired by the Assistant Director of Quality & Nursing is established and is currently meeting on a monthly basis, with oversight and reporting to the Clinical Quality Governance Group. Following the finalisation of the All-Wales National Mortality Framework which will include the processes in primary care, the Learning from Deaths Forum will oversee the updates to the Trust's Framework.

Expected Performance Trajectory

Coroners: This level of activity seems to be the new normal and will continue to be monitored.

Ombudsmen: Learning has been placed in a Patient Safety Newsletter, for sharing pan-Wales.

Mortality Review: Whilst the multiple benefits of the Medical Examiner Service are recognised there will undoubtedly be significant resource implications for the Trust, particularly as the process expands to every non-coronial death in NHS Wales by the end of April 2024 and the Health Boards (who are at different levels of maturity regarding mortality reviews) start to develop and embed their processes. It is recognised that some cases will have already been reviewed via PTR processes internally through the Serious Case Incident Forum. Following the recruitment to the new PTR Structure (expected by April 2024) improvements in the timely review of MES referrals is expected.

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

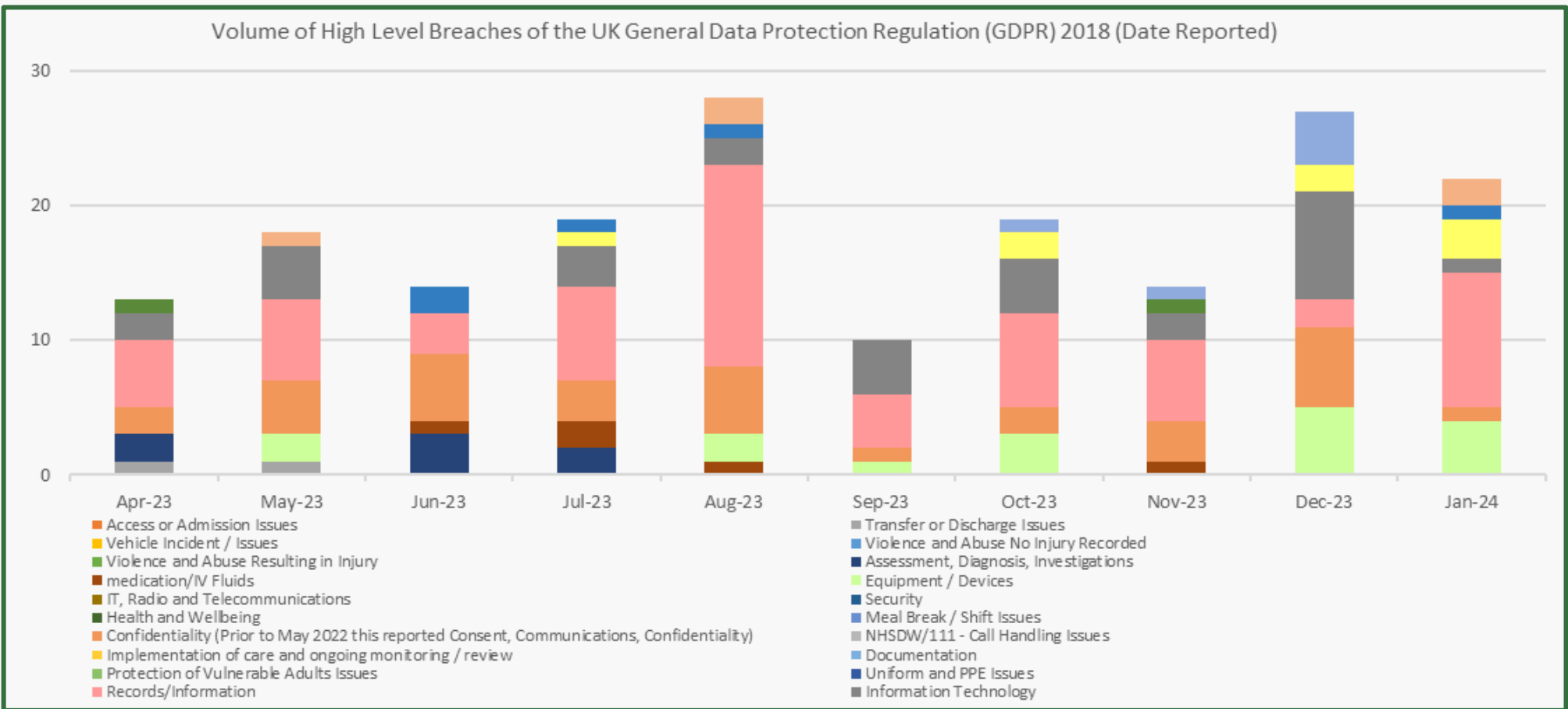
(Responsible Officers: Jonny Sammut & Liam Williams)

Self-Assessment:
Strength of Internal Control:
Strong

QUEST

Health & Care Standard
Health – Safe Care

Safeguarding Data source: Doc Works



Analysis

Safeguarding: In January 2024 staff completed a total of 198 Adult at Risk Reports, 92% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 621 referrals were received and processed to the local authority during this reporting period. There have been 212 Child Safeguarding Reports in January 2024, 93% of these were processed within 24 hours.

Data Governance: In January 2024, there were 22 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 22 breaches, 4 related to equipment and devices, 10 Records/Information, 1 Behaviour/Aggression, 3 Communication, 1 IG/Confidentiality, 2 Infrastructure, and 1 Information Technology.

Public Engagement: During January, the Patient Experience and Community Involvement Team attended 19 community engagement opportunities, engaging with approximately 227 people. This month engagement has included attendance at a number of mental health events and coffee mornings, where we listened to people tell us about their experiences of using the services we provide and how their mental health impacts their ability to manage their physical health and wellbeing. We attended a number of co-production forums, sharing information and best practice about how we can work in partnership more effectively and we also continue to meet regularly with colleagues from Llais as the national Citizen Voice body for Wales, maintaining an open dialog and sharing relevant information and opportunities to collaborate.

Remedial Plans and Actions

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

Data Governance: During the reporting period, of the 22-information governance related incidents reported on Datix, 1 incidents was reported to the Information Commissioner's Office (ICO) relating to a physical security incident. The IG Team will continue to review and provide advice on reported incidents.

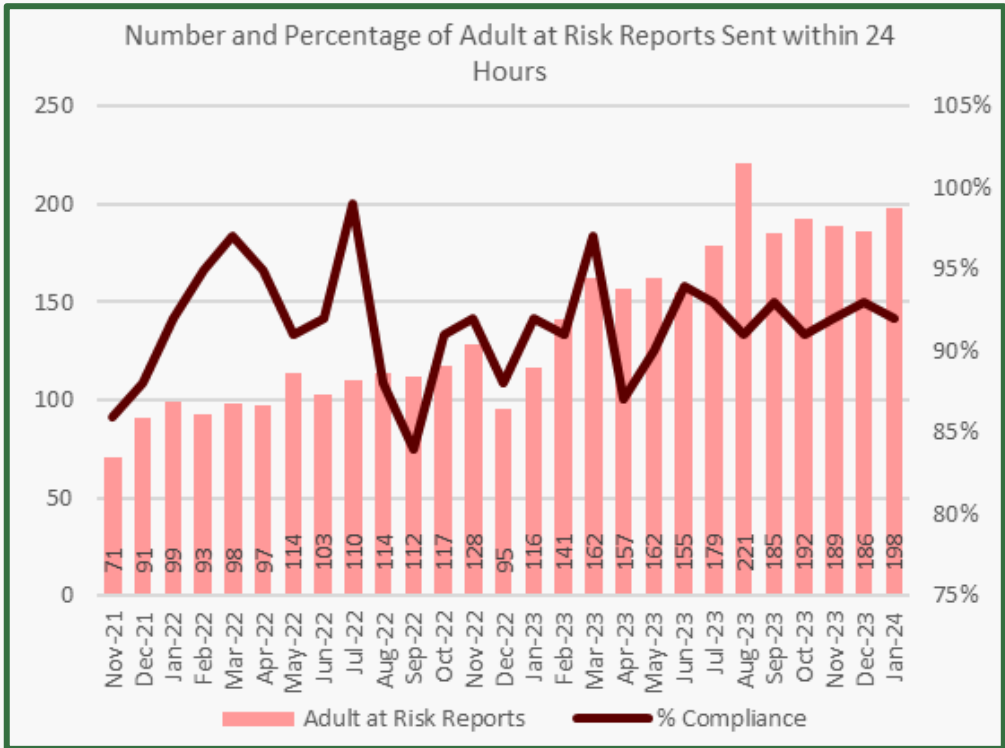
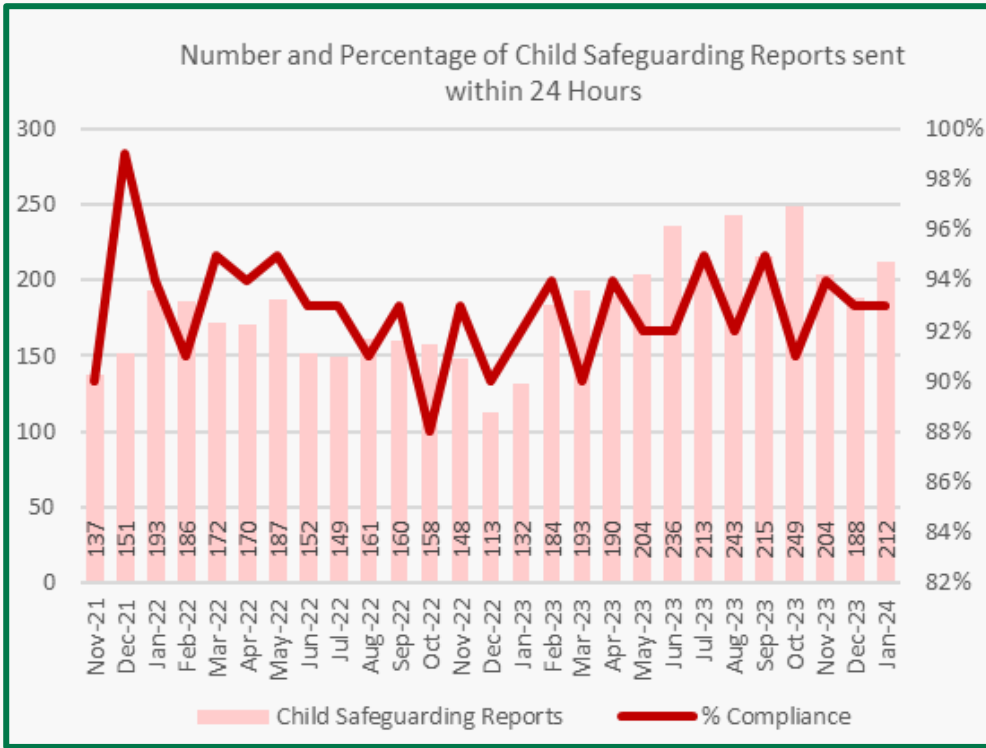
Public Engagement: Community involvement and engagement with patients/public forms an integral part of the Trust's ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PECEI Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination. The PECEI Team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive. Response rates to some of our PREM's surveys is disappointingly low and we acknowledge that this means we cannot report a truly reflective picture of what it feels like to be a user of some of our services. We are actively working with colleagues across the Trust in a number of different departments to try and agree on solutions that would allow us to directly contact more patients to ask for feedback about their experiences with us. We have escalated our concerns to barriers which are preventing us from directly contacting patients to colleagues at the Welsh Risk Pool who oversee implementation of the Once for Wales Civica & Datix systems. We are seeking their advice on a way forward following a letter to WAST from the Welsh Risk Pool which highlighted WAST as an outlier in not fully utilising all of the available features in Civica to record and report on patient experience.

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 for FY23/24 continues to be populated. The action plan for the Minimum Expectations criteria currently stands at 75% completed and continues to be monitored.

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



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

Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

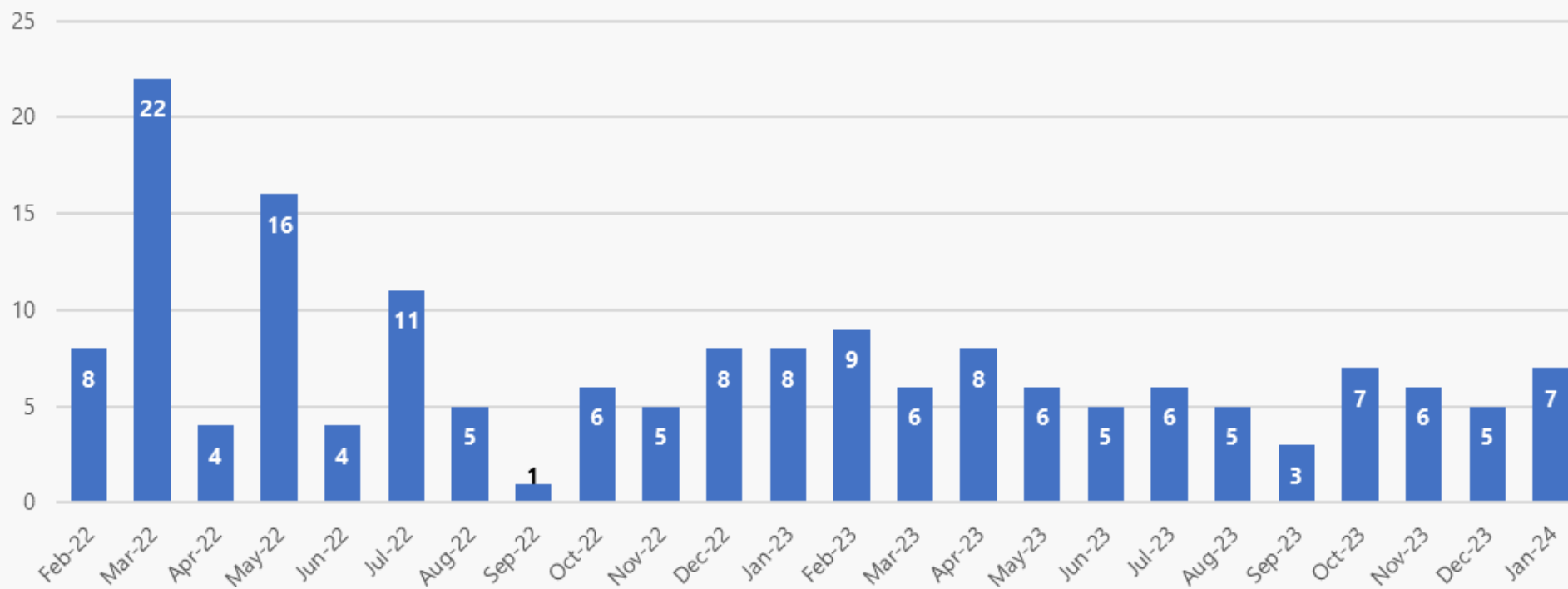
(Responsible Officer: Liam Williams)

Self-Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care

Volume of RIDDOR Reports by Month



Analysis

RIDDOR: There were 7 incidents requiring reporting under RIDDOR during January. All were related to staff being absent from work for over 7 days because of their injury. 86% of the reports were completed within the reporting required time frames. 1 Health and Safety team will continue to work with Incident Handlers to ensure reports are submitted within the required timescales.

The Health and Safety team will continue to work with Incident Handlers to ensure reports are submitted within the required timescales.

3 injuries are a result of manual handling operations were recorded during the month with 2 report resulting from slip/trip or fall incidents.

Violence and Aggression: A total of 46 incidents have been reported of V&A in January. 8 Physical Assaults on staff were reported during the month with incidents of verbal abuse amounting to 38 for the month.

Aneurin Bevan and Betsi Cadwaladr Health Boards remain the highest reporting area with a total of 11 incidents in Aneurin Bevan and 13 in Betsi Cadwaladr.

6 incidents were reported as Moderate in harm and 26 noted as low harm which continues to trend upwards since August 2023.

Verbal abuse continues to be the major category of reporting received- Work is being conducted with 111 call centres to address these reports.

Remedial Plans and Actions

RIDDOR: Bite-sized training modules have been produced to enable investigators to undertake quality investigations that identify the root cause of incidents. This training is being updated to take into account Datix updates and will be made available via Siren to allow easy access to staff members across Wales.

Violence and Aggression: An update on the subject of the use of body cameras was presented to the Senior Operations Team for consideration as one of the work streams to further protect our workforce from potential V&A incidents.

Site visits are ongoing by the V&A Team to provide support to Contact Centre staff with regard to the verbal aggression they experience.

The Case Manager continues to actively support staff who are involved cases being heard at Court to ensure they are given any help they require.

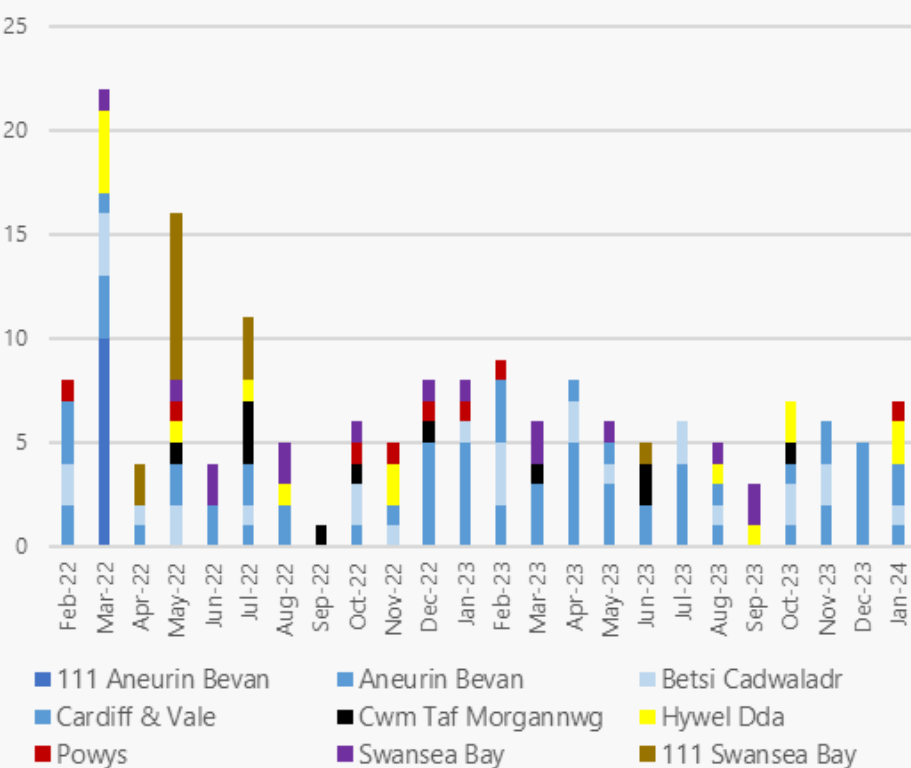
Expected Performance Trajectory

RIDDOR: As we come out of the winter period, we expect in manual handling injuries and slip, trip and fall events as weather conditions improve.

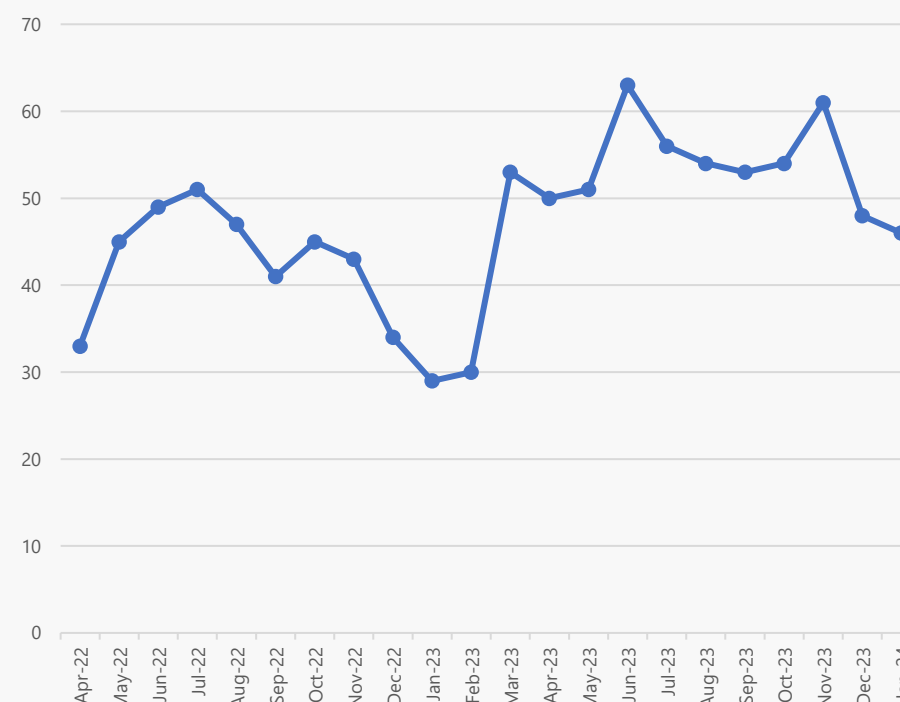
Violence and Aggression: The workstreams identified in the V&A Gap Analysis continue assist in the classification and investigation of incidents. This will have the effect of more accurate reporting and improved investigations and outcomes for staff incidents.

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

Volume of Riddor Reports by Health Board



Total Violence & Aggression Reports by Month



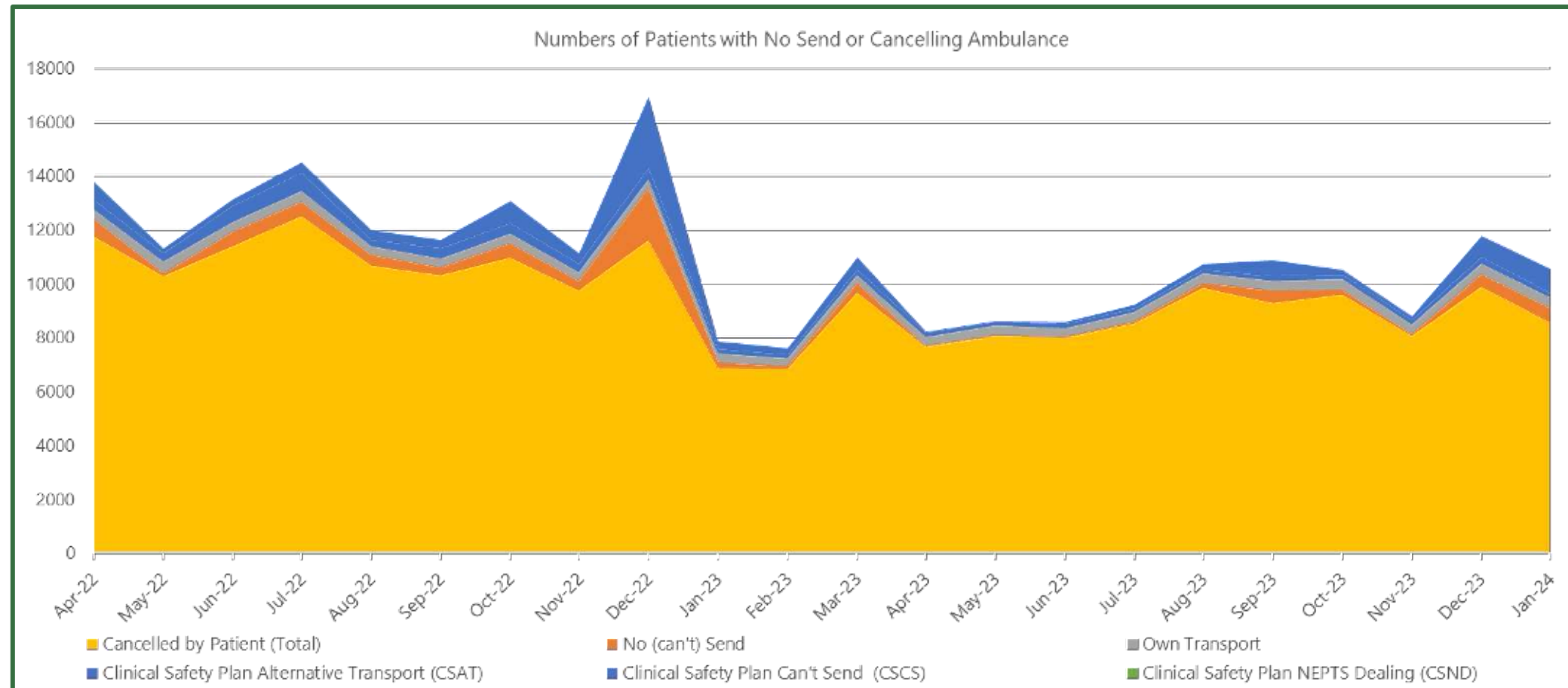
Our Patients: Quality, Safety & Patient Experience

Potential Patient Harm Indicators

(Responsible Officer: Andy Swinburn)

A

FPC



Analysis

In January 2024, 185 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 886 were stopped due to CSP 'Can't Send' options. In addition, 8,558 ambulances were cancelled by patients (including patients refusing treatment at scene) a slight decrease from 9,900 in December 2023 and 411 patients made their way to hospital using their own transport.

There were 758 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in January 2024. Of these 183 were accepted and released in the Red category, with 7 not being accepted. Further to this, 173 ambulances were released to respond to Amber 1 calls, but 395 were not.

The graph in the bottom left shows that in January 2024 of the 6,927 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% (1,039 patients) would experience no harm, 53% (3671 patients) would experience low harm, 23% (1593 patients) would experience moderate harm and 9% (623 patients) would experience severe harm.

In January 2024 CSP levels for the Trust were:



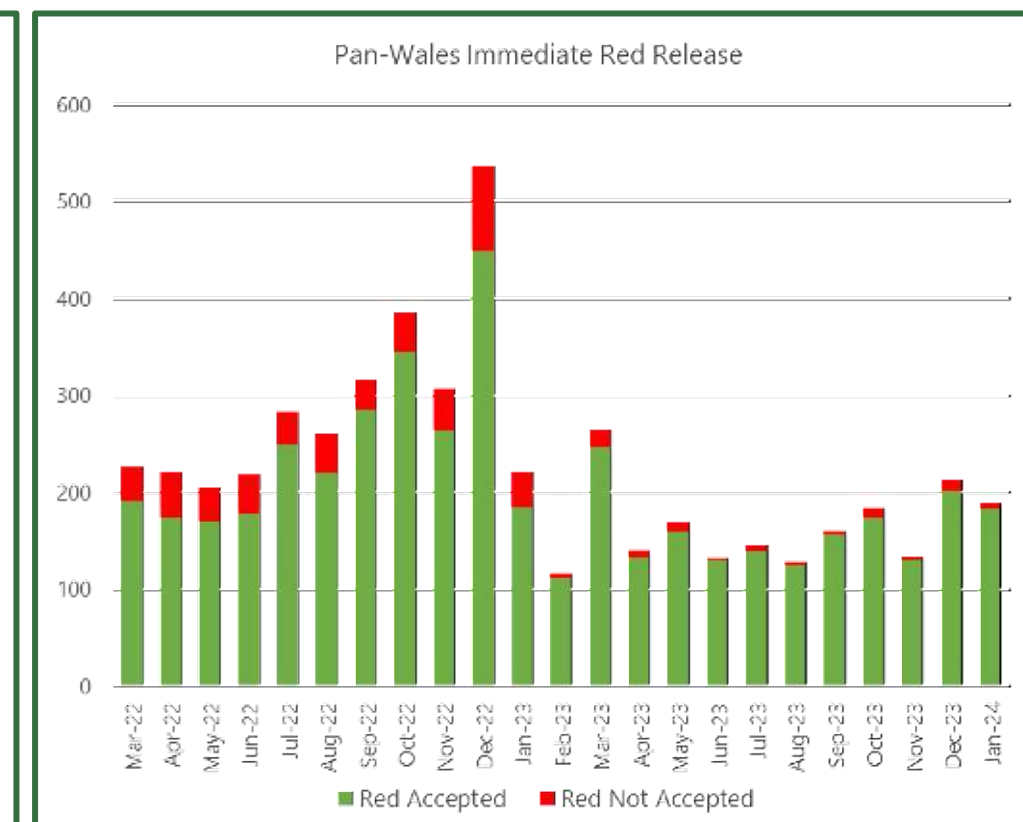
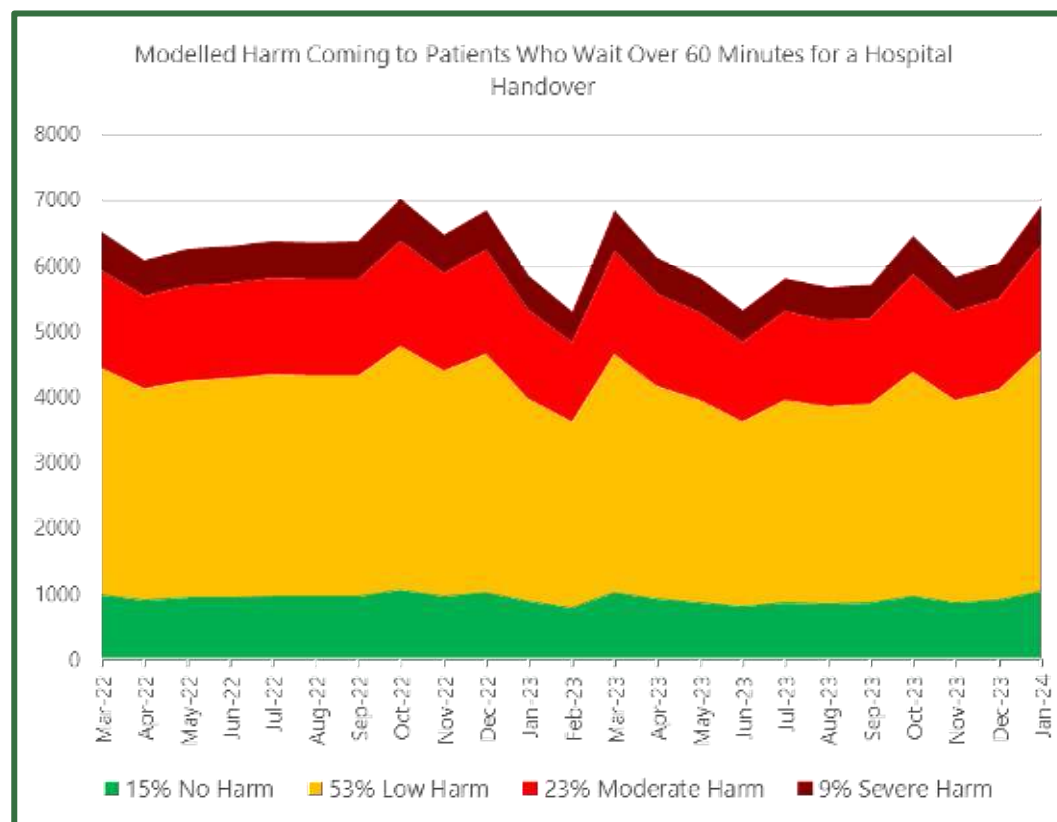
Remedial Plans and Actions

Red immediate release is monitored weekly by the Chief Executive and reported through to Health Board CEOs with the expectation that there are no declines for Red Release from any of the 7 Health Boards. All health boards have agreed to this measure. Integrated Commissioning Action Plan (ICAP) meetings have commenced with Health Boards, the Commissioner and the Trust and performance is reviewed monthly with questions posed to Health Boards regarding immediate release and handover reduction plans and actions.

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 Trusts ability to respond to demand. Seasonal pressures impact the Trust and planning is being used to prepare for this through a range of measures including the use of forecasting and modelling.

**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

December 2023		
NEPTS (81 responses)	Benchmark	Score
How long did you wait for your transport to take you home after your appointment.	85	73
Were you happy with the transport you received?	85	89
999 (0 responses)	Benchmark	Score
The 999-call taker who answered your call was reassuring.	85	
The 999-call taker who answered your call explained what was going to happen next.	85	
You felt confident in the call taker ability to manage your call and provide appropriate advice.	85	
The length of time I waited for an ambulance to arrive was acceptable.	85	
111 (11 responses)	Benchmark	Score
Do you feel your call to 111 Wales was helpful?	85	33
Did you follow the advice given to you by NHS Direct Wales?	85	78
Would you consider using NHS 111 Wales again?	85	67
WAST Overall - Friends & Family Test How was your overall experience with the service today?	Ranked from very poor to very good.	
○ Ambulance care	84.85% Good	9.09% Poor
○ Integrated Care (NHS 111 Wales Telephone line only)	33.33% Good	55.56% Poor
○ EMS (including CSD) No responses received	0% Good	0% Poor
○ NHS 111 Wales Online	56.52% Good	34.78% 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 responses 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, therefore not providing the level of service the patient expected. However, 90% were happy with the transport they did receive.

It is acknowledged that the small number of respondents for the 999 and 111 surveys does not provide a great enough response to reflect a true patient experience picture, but work is currently underway to develop a process that will increase response rates and make them more meaningful.

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

The Civica Experience platform provides some enhanced reporting facilities, including the ability to weight questions and produce 'Heat Maps' based on responses. A benchmark is set of 85, with aggregated scores of 85 and above representing a positive response. WAST is currently working through the requirements to add the SMS functionality within the Civica experience platform and other systems as well as strengthening information governance arrangements to increase the data experience returns.

The aim is to increase the number of patient experience feedback returns and to further integrate systems with Civica to push email/text surveys to patients. However, this requires input from the ePCR team to look at opportunities to capture patient permissions to participate in experience surveys.

These surveys are mandatory requirements; Under the Health and Social Care (Quality and Engagement) (Wales) Act 2020. WAST has a duty to secure quality in its services and must exercise its functions with a view to securing improvement in the quality of its services. The Duty of Quality includes the experiences of individuals to whom health services are provided.

Expected Performance Trajectory

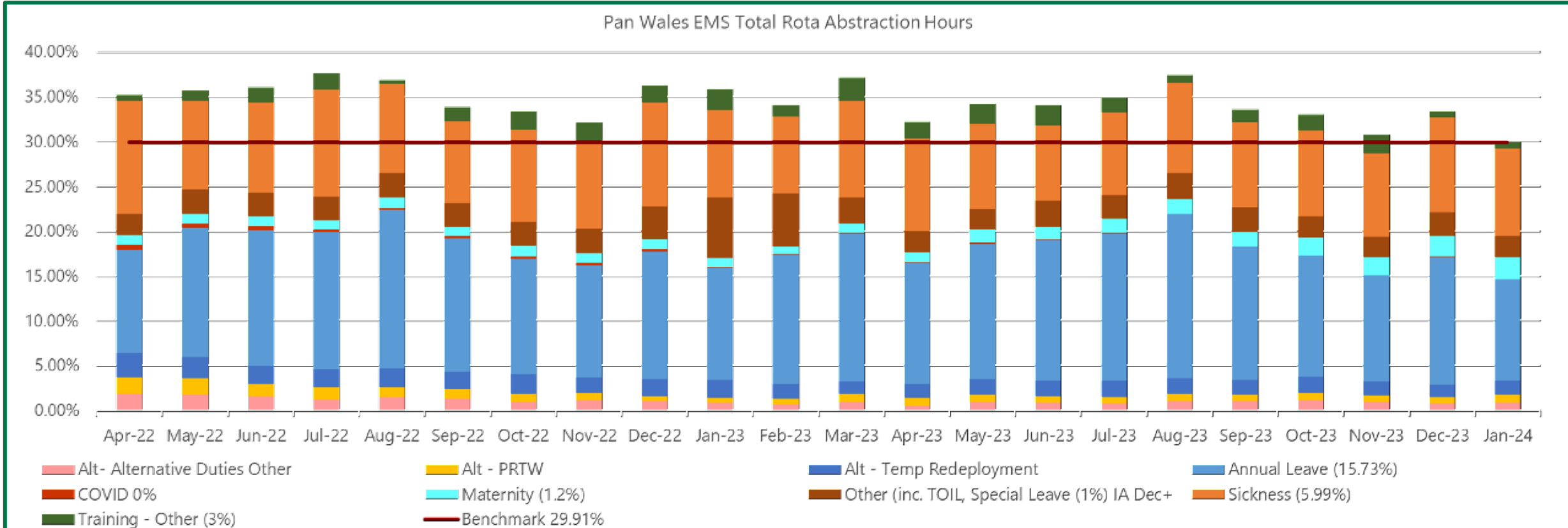
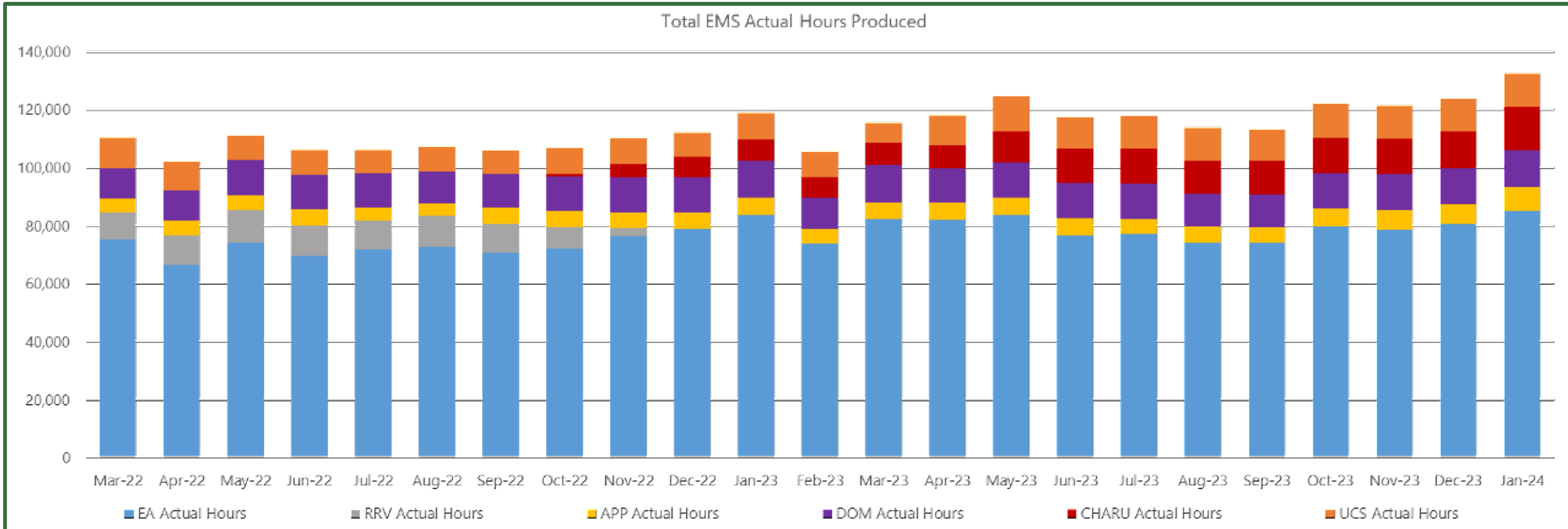
Further integrate our systems with Civica to push email/text surveys to patients. Requires input from ePCR team to look at opportunities to capture patient permissions to participate in experience surveys.

Our People Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

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

CI PCC FPC



Analysis

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced, as are the total number of staff in post. In January 2024, total EMS abstractions (excluding Induction Training) stood at 29.95%. This was a decrease from the 33.43% recorded in December 2023. This is the first time the Trust has dipped below 30% since the start of the pandemic. The benchmark is 30%. The highest proportion of abstractions was due to annual leave at 11.36% followed by sickness at 9.79%. This figure for sickness abstractions for January 2024 was a slight decrease when compared to the same month last year (9.82%).

Emergency Ambulance Unit Hours Production (UHP) achieved 99% in January 2024 which equated to 85,048 Actual Hours. This is a 1.8% increase on the Actual Hours produced during January 2023.

CHARU UHP achieved 168% (14,956 Actual Hours) compared to 146% in December 2023 (this is the commissioned level not the modelled level).

The total hours produced is a key metric for patient safety. The Trust produced 132,508 hours in January 2024, which is an increase on the 123,727 hours produced in December 2023, but a significant increase on the 118,976 hours produced during January 2023. This increase in UHP has helped to minimise the impact on performance levels at a time of extreme handover.

Remedial Plans and Actions

The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A formal programme of work has commenced to review and take action to reduce sickness absence / alternative duties, which is reported into EMT every two weeks.

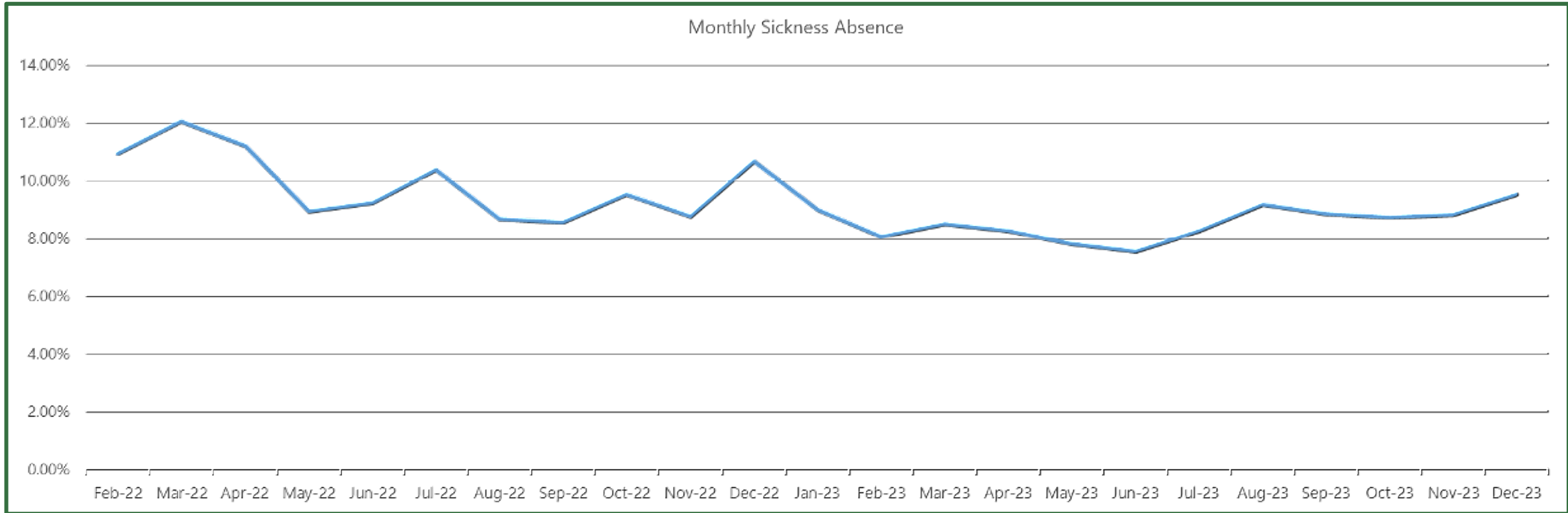
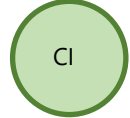
The Trust is currently widening out its focus on sickness absence to look at all abstractions recognising that abstractions are already regularly reviewed in Operations performance meetings.

Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to ELT. Production is good. The Trust has an ambition to reduce sickness to 6% and abstractions to 30% by March 2024, which would further boost production; however, the handover levels are extreme, and the rosters are simply not designed to cope with over 23,000 lost hours; they were predicated on 6,000 hours.

Our People Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)



Analysis

There was an increase in overall sickness absence rates between November 2023 and December 2023, rising from 8.82% to 9.54%.

Long term absence increased from 5.86 in November 2023 to 6.70% in December 2023 and short-term absence decreased from 2.93% in November 2023 to 2.84% in December 2023.

Indicative figures show a decrease in sickness absence in January 2024 to 8.92%, with long term absence decreasing to 5.92% and short-term absence increasing to 3.00%.

The highest reason for short term absence in December 2023 was Anxiety/ Stress/ Depression, other musculoskeletal problems and gastrointestinal problems.

Absence due to Mental Health has risen slightly since June 23 and is now at 2.79%, which is back in line with figures seen during the early part of 2022.

Physiotherapy: 7 referrals were received in December 2023. This is 24 less than the previous month and the lowest this year.

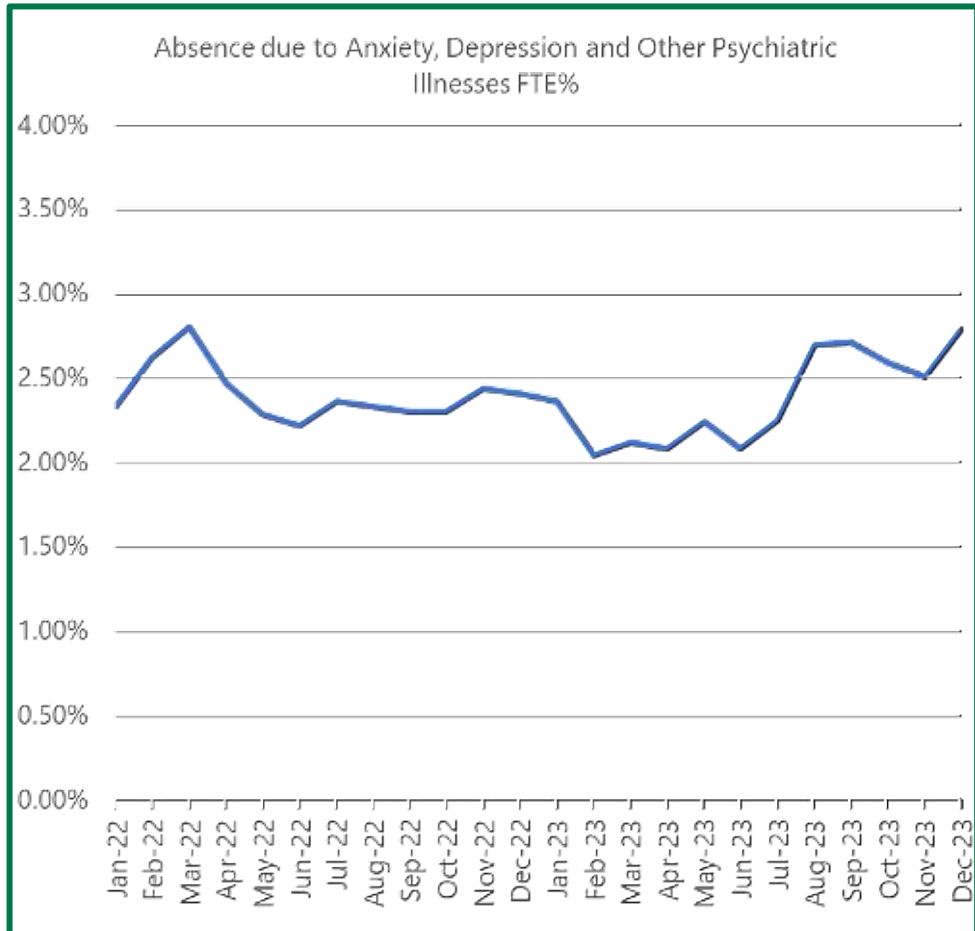
Remedial Plans and Actions

- Monitoring continues with ongoing reviews in both long term and short-term absences with monthly meetings to track sickness and provide support. MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions). Bespoke training sessions are provided when identified.
- In line with the Improving Attendance Action Plan, the People Services Advisors have undertaken audits on short term absence occurrences within the Operations Directorate.
- The findings of the audit displayed common themes across all areas within the Operational Directorate, including missing paperwork, no return-to-work meeting and inappropriate discretion applied.
- Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.

Expected Performance Trajectory

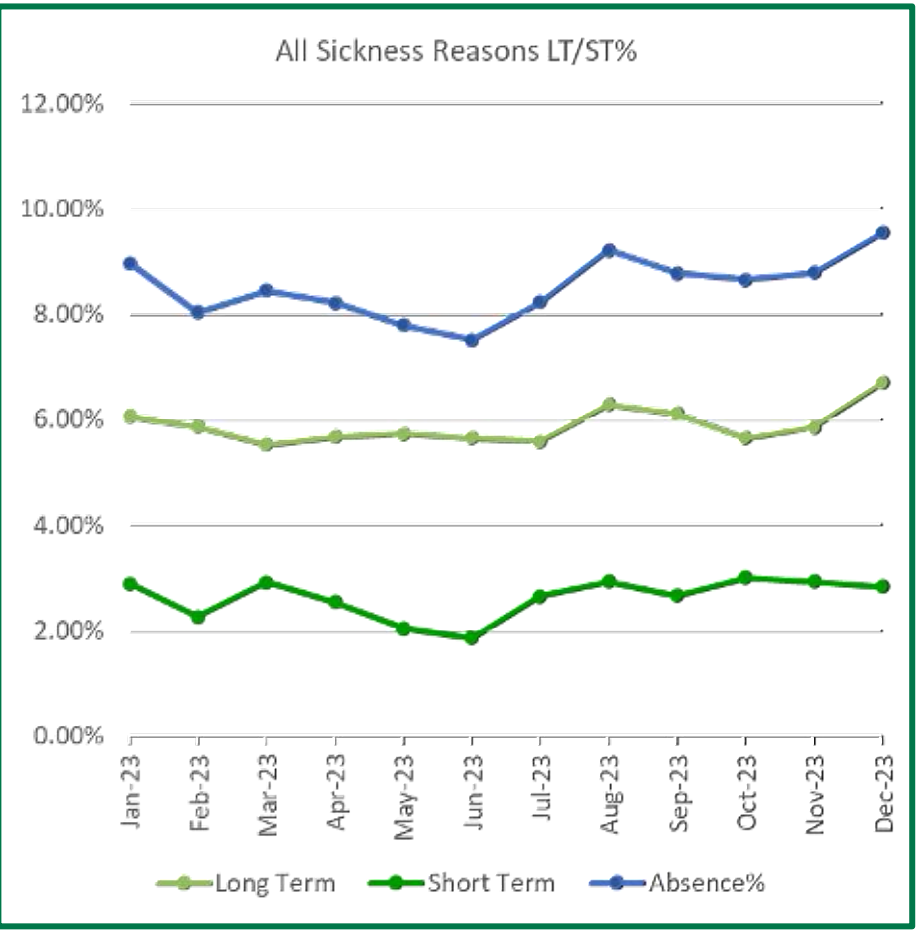
The Trust has indicated through its IMTP that sickness levels will fall in this financial year, but that there remain risks to delivery.

NB: Sickness data will always be reported one month in arrears. It should be noted that the figures reported in this presentation are official to 30th November 2023. All figures for December 2023 are indicative only (as of 27.12.2023).



Average working days lost per FTE (Annual)	
19.43 days	
Single month Absence %	
9.54%	
Long Term	Short Term
6.70%	2.84%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.79%	1.31%

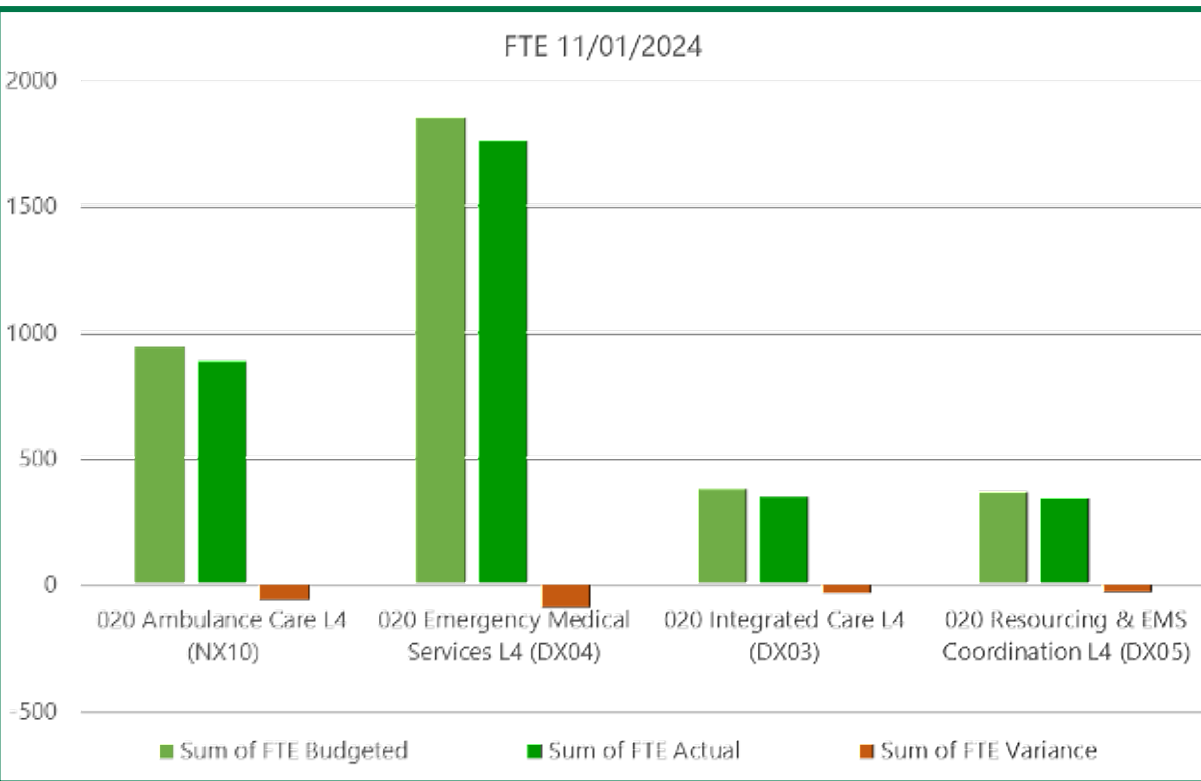
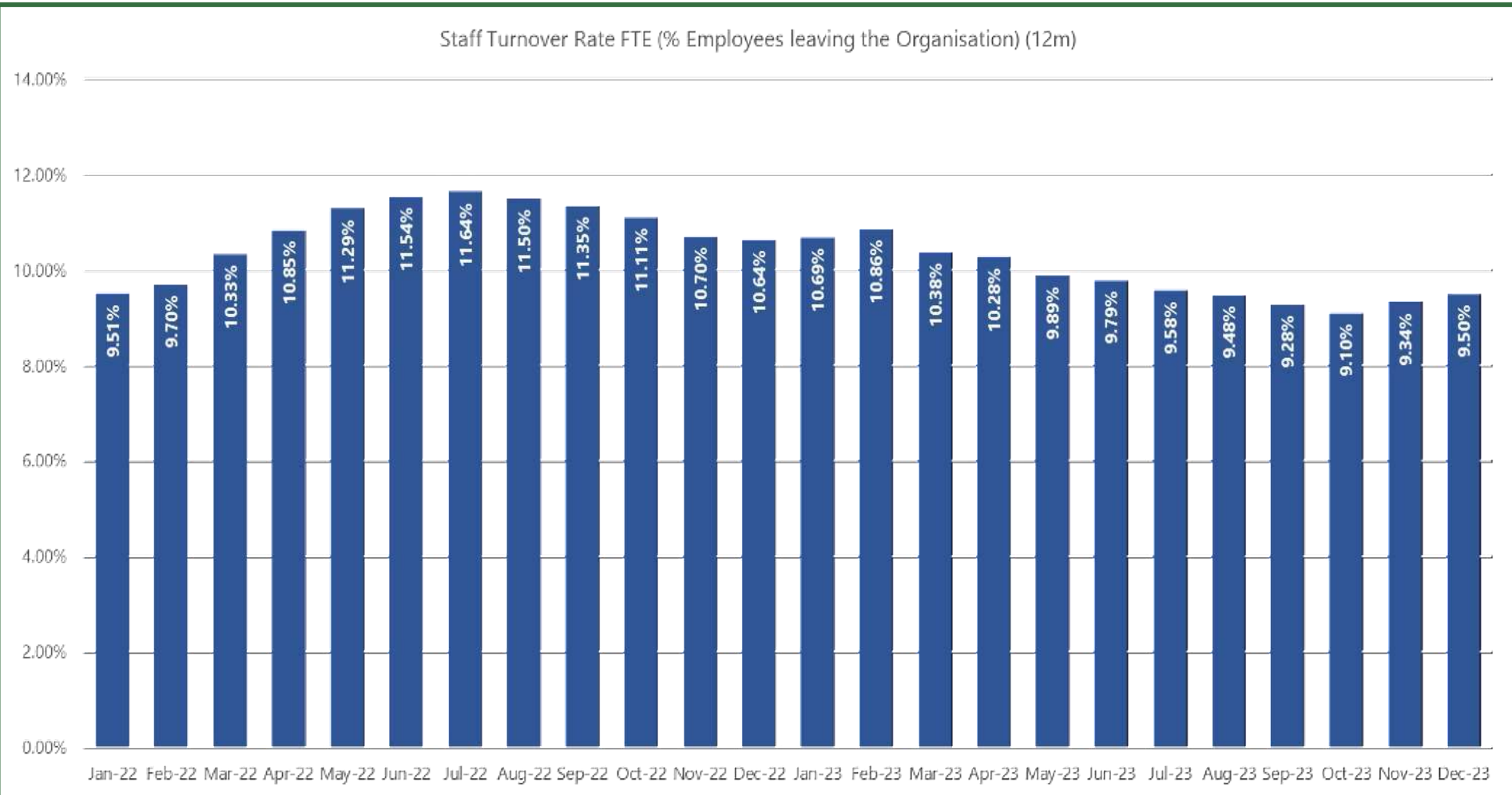
December 2023



Our People Capacity - Turnover

(Responsible Officer: Angela Lewis)

Turnover
R



Org L4 - Jan-24	Sum of FTE Budgeted	Sum of FTE Actual	Sum of FTE Variance
020 Ambulance Care L4 (NX10)	943.03	886.42	-56.61
020 Emergency Medical Services L4 (DX04)	1851.33	1762.99	-88.34
020 Integrated Care L4 (DX03)	377.1	346.35	-30.75
020 Resourcing & EMS Coordination L4 (DX05)	369.93	342.36	-27.57
Totals	3541.39	3338.12	-203.27

Analysis

Staff turnover rates in December 2023 were 9.50%, which is an increase from the 9.34% recorded in November 2023, although rates have generally been declining since they peaked in July 2022. Shift overrun average times have been steadily increasing again following a two year low recorded in June 2023. However, the average figure for January 2024 was 42 minutes and 51 seconds compared to 42 minutes and 49 seconds in December 2023. 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.

Due to reduced capacity within the team and the implementation of a new MI system, there have been slightly longer waiting times for appointments. This is now being resolved and we will be working toward improving this. As part of the continuing service review, we have recently conducted a successful tender process for the Employee Assistance Programme (EAP). The service specification has been based upon feedback from the team and WAST colleagues and the new contract will commence in March 2024. Where any additional support is requested the wellbeing team will adopt a targeted approach. From our MI data, the team look at emerging patterns and themes and provide additional support if identified.

Remedial Plans and Actions

To assist with training resource and increase agile training the team are exploring converting the current training programme onto e-learning.

The survey for feedback on flexible working process is due to be launched in February with findings to assist in the development of training and coaching materials for managers. There will also be Teams live sessions where colleagues can attend and share their experience and ideas to a panel made of representatives from the People & Culture Directorate and TU colleagues.

A number of key areas across the Operations Directorate are being supported through cultural reviews with an aim to improve management engagement & communication, work environments and overall wellbeing of colleagues. These areas include Integrated Care and EMS co-ordination.

There is a particular focus on supporting colleagues and managers who facing a number of large-scale changes to ensure they are supported appropriately through good communication, comprehensive Q&A's, drop-in Teams sessions as well as local sessions. As part of the continuing service review, we have recently conducted a tender process for our Employee Assistance Programme (EAP). Interviews with providers took place 15th January. Evaluation has taken place, and the successful provider will be appointed in preparation for commencement of the service in March 2024.

We are in the process of writing the Wellbeing strategy for 2025/29. The team has implemented outcome measures and integrated them into OPAS G2, our MI system. This means that we will be able to send questionnaires to colleagues around mental health assessment measures. This is still currently in progress. The clinical team continue to support People Services and managers through sickness absence meetings. Team members from OH/Wellbeing/TRiM continue to promote the service using our Occupational Health & Wellbeing vehicles, also presenting to new starters within WAST and through attendance at managers' meetings.

The team continue to deliver Drop-in sessions across all of our Clinical Contact Centres, dates for 2024 have been advertised. The REACT (Recognise, Engage, Actively Listen, Check Risk, Talk) training is still proving popular, upcoming dates are advertised on Siren. We are currently working on a plan for 2024 for the Health Surveillance programme, to help monitor staff health and to identify any potential health issues early and provide appropriate interventions (where necessary). A project plan for the implementation of a pilot Health Check Programme (for up to x 400 WAST staff, age 46+ years), Health Diagnostics, is still in process to look at reducing risk of cardiac ill health in our older workforce, by implementing a screening programme. The programme plan will be shared with the team to include key milestones and will be implemented initially as a pilot.

Expected Performance Trajectory

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

A robust wellbeing provision remains in place to support staff and managers- the service is regularly reviewed and updated with a focus on continuous improvement. Our tender process for an EAP has been successful and a provider will be appointed. The contract will be in place for 2 years. The team are referring colleagues to funded options for physiotherapy services to reduce costs attributed to our external provision. This is proving successful in most cases; we are monitoring the turnaround times/general service for colleagues. Through visits to stations and A+E departments, also to CCCs (to facilitate drop-in sessions) staff are more aware of the wide range of services that they can access.

Our People Culture - Staff Vaccination Indicators

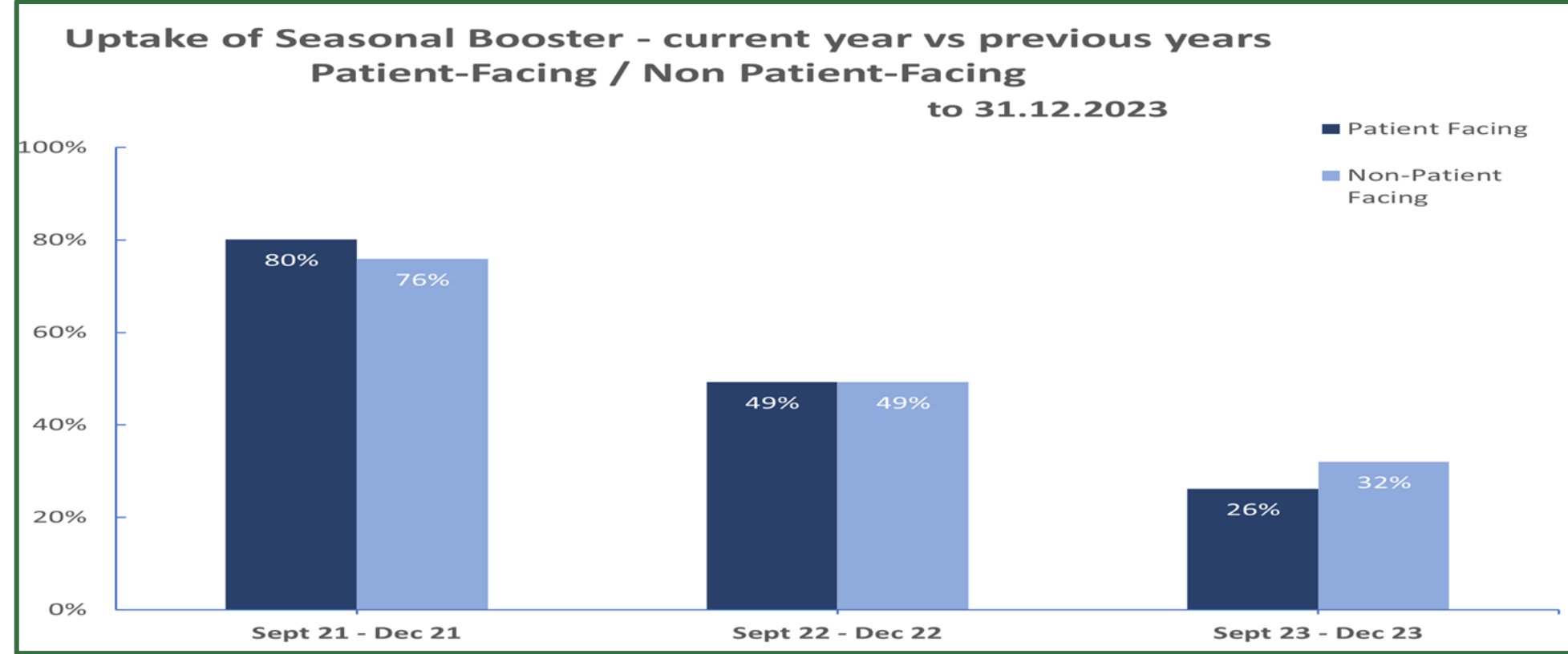
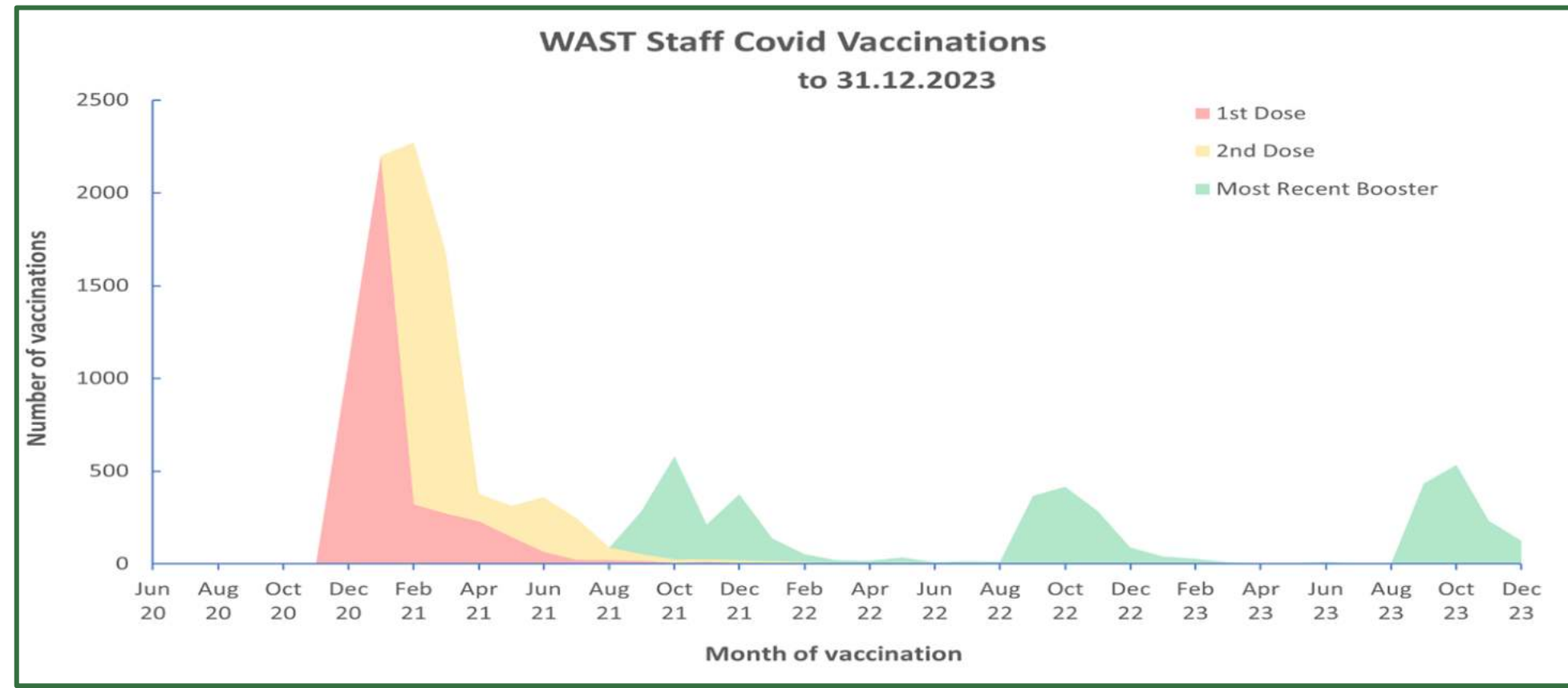
(Responsible Officer: Angela Lewis)

Self-Assessment:
Strength of Internal Control: Moderate

PCC

Health & Care Standard - Health (PPI)

CI



Analysis

Flu: During the flu campaign so far, 1,304 flu vaccines have been administered by our Vaccinators (including to staff from the follow groups:- CFRs, EMRTS, HCS, PHW, St John Cymru and Students), with both Occupational Health vaccinators and Peer Vaccinators are continuing to undertake ad-hoc vaccinations. Of these vaccines administered, 1,090 have been received by WAST staff* (*staff who hold an ESR payroll number). A further 377 WAST staff have completed our Trust Microsoft Form to confirm they have received the flu vaccine elsewhere (i.e. at their GP surgery or a COVID Booster setting). Consequently, a total of 1,467 WAST staff have received the vaccination against flu, equating to 33.8% of the overall workforce. Additional engagement has been received from 244 WAST staff completing the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine, meaning the campaign has reached a 39.4% engagement rate so far.

COVID-19: As of the end of December 2023, 95% of Patient-Facing, and 94% of Non-Patient-Facing staff have received both the first COVID-19 vaccination dose. As of the end of December 2023, 94% of Patient-Facing, and 94% of Non-Patient-Facing staff have received the second COVID-19 vaccination dose. 86% of Patient-Facing, and 87% of Non-Patient-Facing, WAST staff have received at least one of the Covid-19 boosters offered in the last 3 years.

Since September 2023, 26% of Patient-Facing staff and 32% of Non-Patient-Facing staff have received this season's Covid-19 Booster.

This is compared to 49%/49%, respectively, for the equivalent time period in 2022 and 80%/76%, respectively, for the equivalent time period in 2021.

Remedial Plans and Actions

Flu: In line with this campaign's Communications Plan, staff engagement will continue to encourage WAST staff to complete the Microsoft Form to inform us if they have had the flu vaccine elsewhere or choose to opt-out of having the flu vaccine. Also, additional notices and posters will be circulated to staff, to inform that flu vaccines are still available via Occupational Health Vaccinators and Peer Vaccinators and also to again promote this campaign's incentives; the prizes will comprise of 6x tier one vouchers of £250 each and 60x tier two vouchers of £20 each.

COVID-19: The four UK CMOs agreed it was appropriate to pause the alert level system, which was suspended on 30th March 2023. Routine testing was also paused for all symptomatic health and social care workers, care home residents, prisoners and staff and residents in special schools during the spring of 2023.

Expected Performance Trajectory

By continuing to engage with staff, the aim is for as many WAST staff as possible to complete the Microsoft Form to inform us if they have had the flu vaccine in the workplace, elsewhere or choose to opt-out of having the vaccine.

****NB:** COVID Vaccinations for the past 2 years have only reported using the WAST definition of Frontline Patient Facing employees and therefore only includes those employed within Emergency Services, and Patient Transport Services..

*****NB:** Flu data accurate at time of publication and subject to change / COVID-19 vaccination data correct at time of publication and subject to change.

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

Our People Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

PADR
A

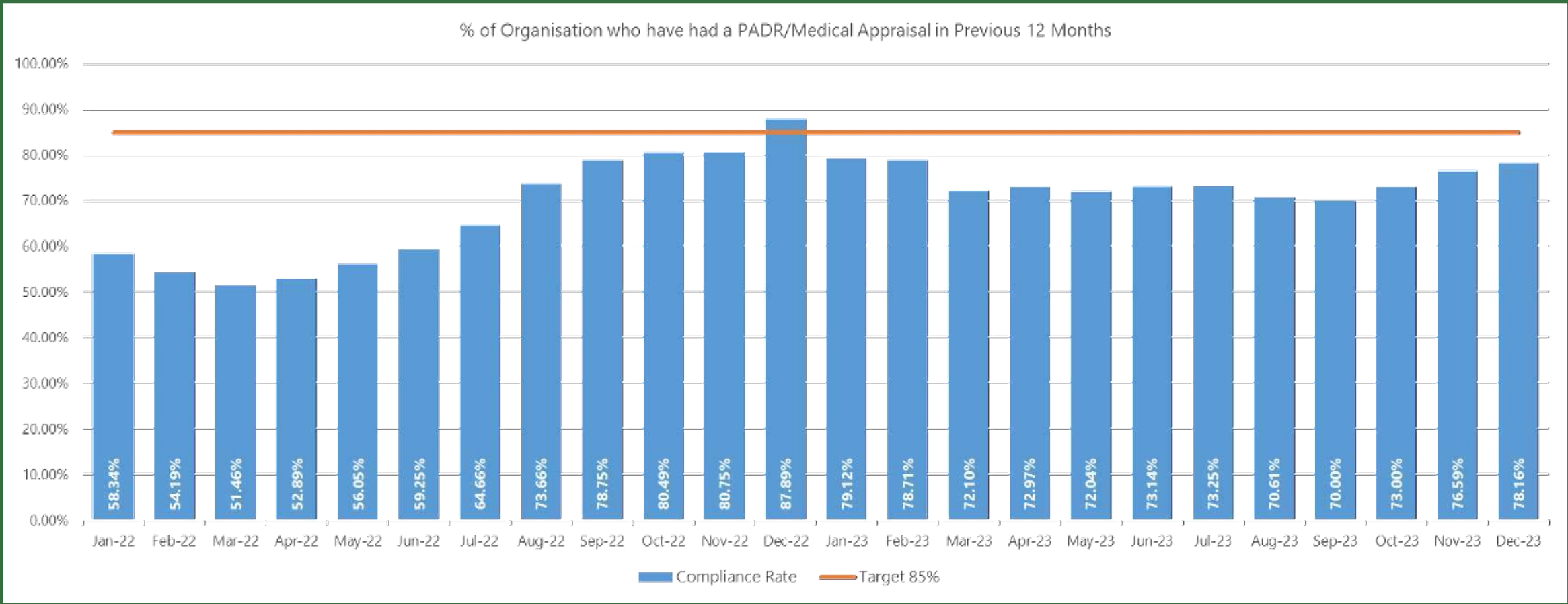
Stat & Mand
R

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PCC

Health & Care Standard
Health – Staff & Resources

Self-Assessment:
Strength of Internal Control: Strong



Analysis

PADR rates for December 2023 increased when compared to the previous month to 78.16% but remain below the 85% target. Over the reporting period this target has only been achieved once, in December 2022, although current rates remain higher than during the same period last year.

In December 2023 Statutory & Mandatory Training rates reported a combined compliance of 76.55%; with Dementia Awareness (92.43%) and Safeguarding Adults (89.05%) achieving the 85% target. Moving & Handling (75.75%), Fire Safety (76.55%), Equality & Diversity (79.78%), Information Governance (71.98%), Welsh Language Awareness (54.47%), Fraud Awareness (46.62%), Violence Against Women, Domestic Abuse & Sexual Violence (83.66%) and Paul Ridd (62.54%) all remain below this target.

There are currently 15 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table below:

Remedial Plans and Actions

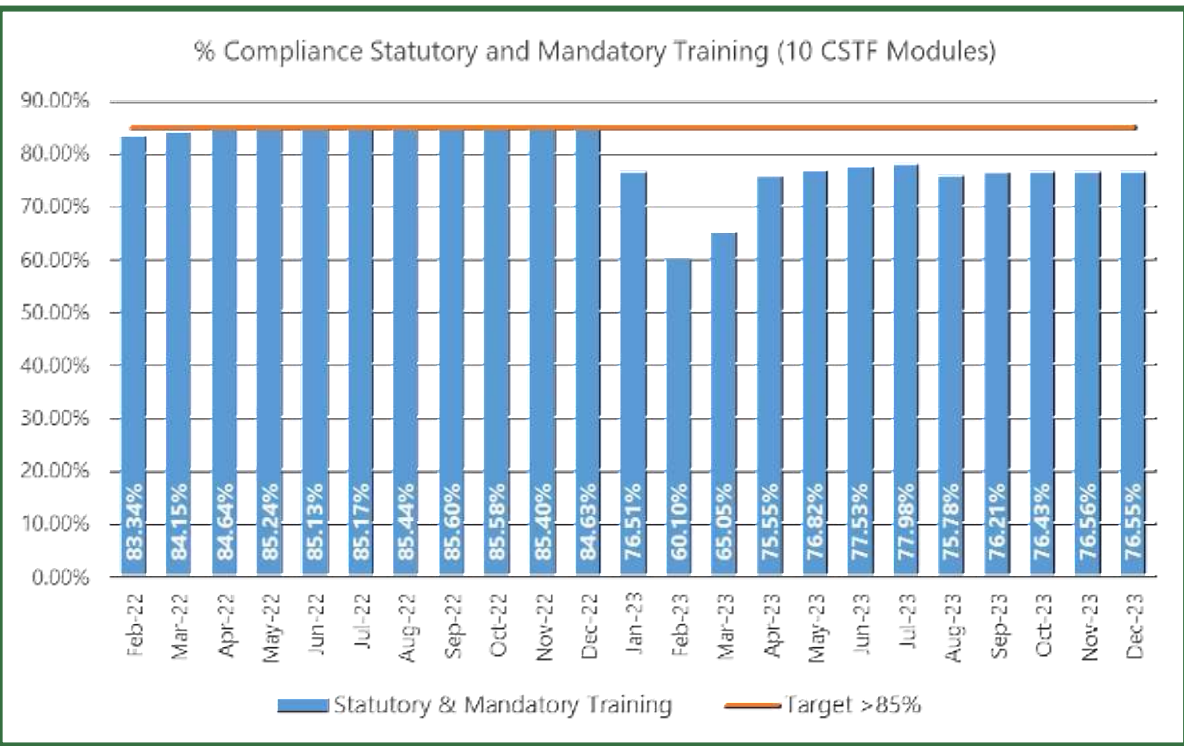
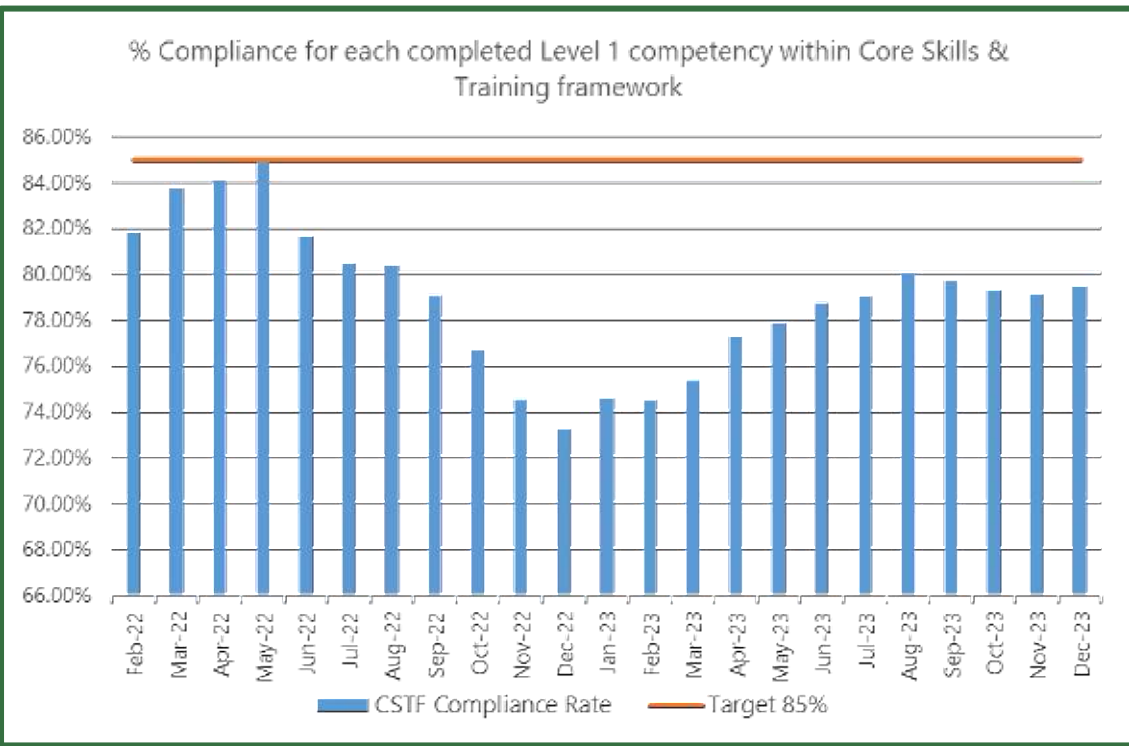
The annual face to face Mandatory In-Service & CPD Training programmes are mid delivery and will lead to increases in reportable CSTF competencies - these programmes have engaged with c50% of the relevant workforce with delivery planned to continue for the remainder of this financial year.

Welsh Language Awareness, Fraud Awareness and the Paul Ridd Learning Disability Awareness competencies will be reaching their first anniversary at the end of the financial year when it is expected that compliance will exceed the target of 85%. A targeted approach to assist individuals to access their eLearning and thereby update their knowledge and achieve compliance will be rolled out across the Trust during Q4. This will include achievement of these specific statutory and mandatory courses in addition to the full range of locally mandated provision the Trust offers and new content mandated via Welsh Government including Duty of Quality, Duty of Candour and Consent.

Expected Performance Trajectory

Performance is improving as compliance has risen in relation to Paul Ridd.

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



Data source: ESR

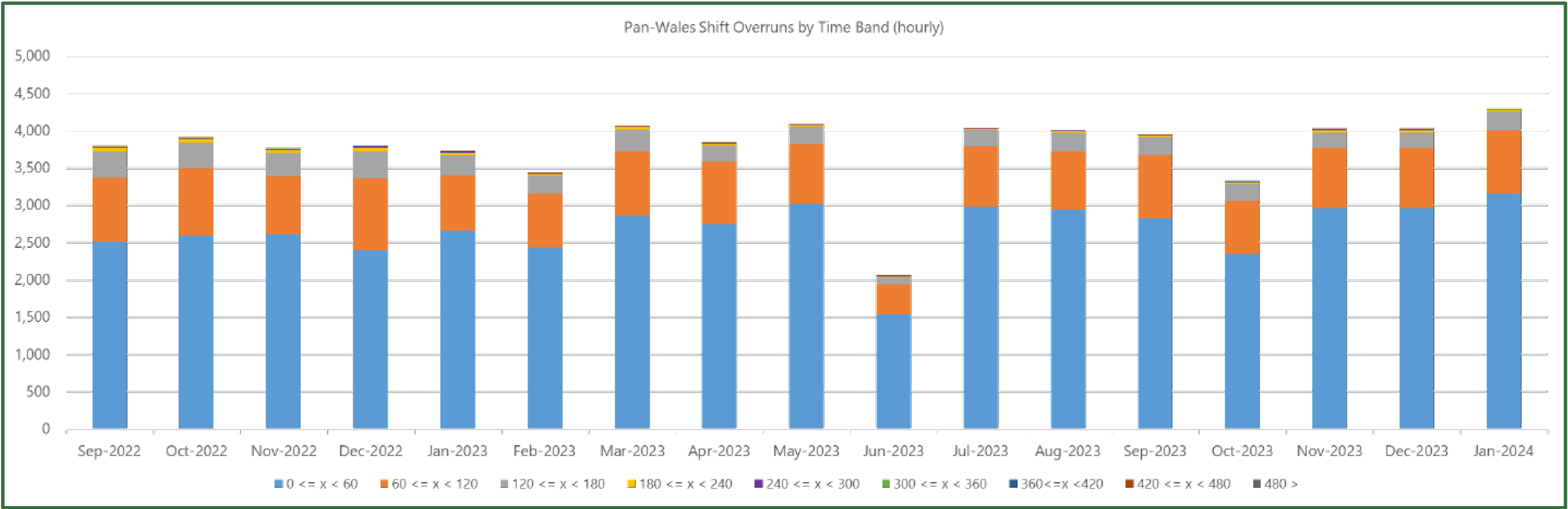
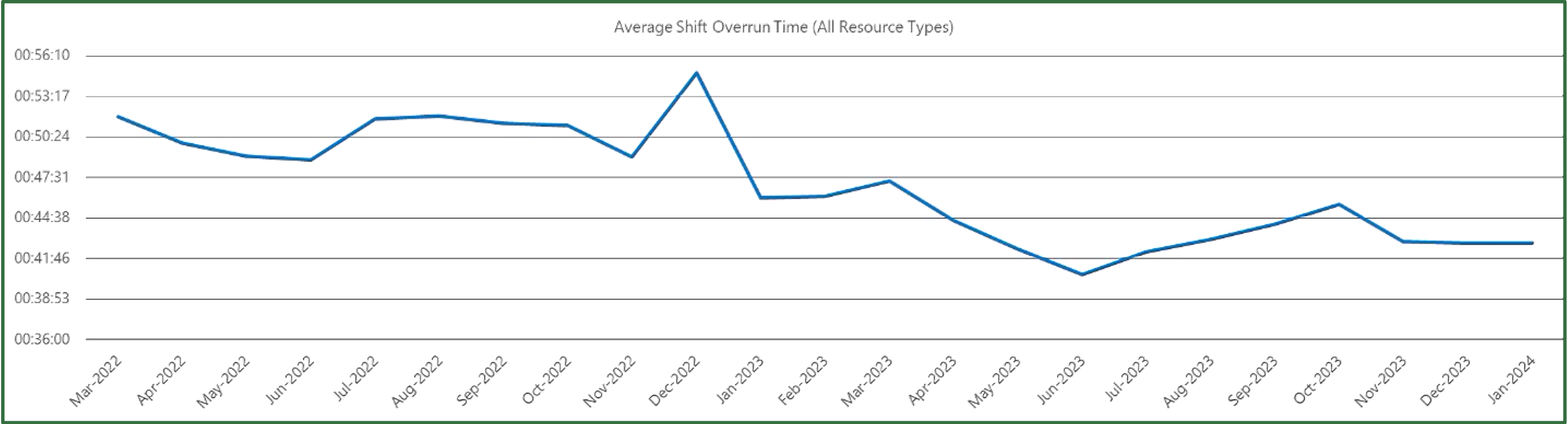
Our People

Health and Well-being – Shift Overtimes

(Responsible Officer: Angela Lewis)

Overruns
R

CI



Analysis
Shift overrun average times have been steadily increased between June and October 2023, but have since fallen. The average figure for January 2024 was 42 minutes and 51 seconds compared to 42 minutes and 49 seconds in December 2023.

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 73.5% of the total. 20.7% fall within the 61 to 120-minute category, 6.1% in the 121 to 180-minute category, 0.6% in the 181 to 240-minute category and 0.4% in the 241 minutes and over category.

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

As part of the Trust's winter resilience planning, it is introducing "pods" at some hospital locations to aid staff finishing on time.

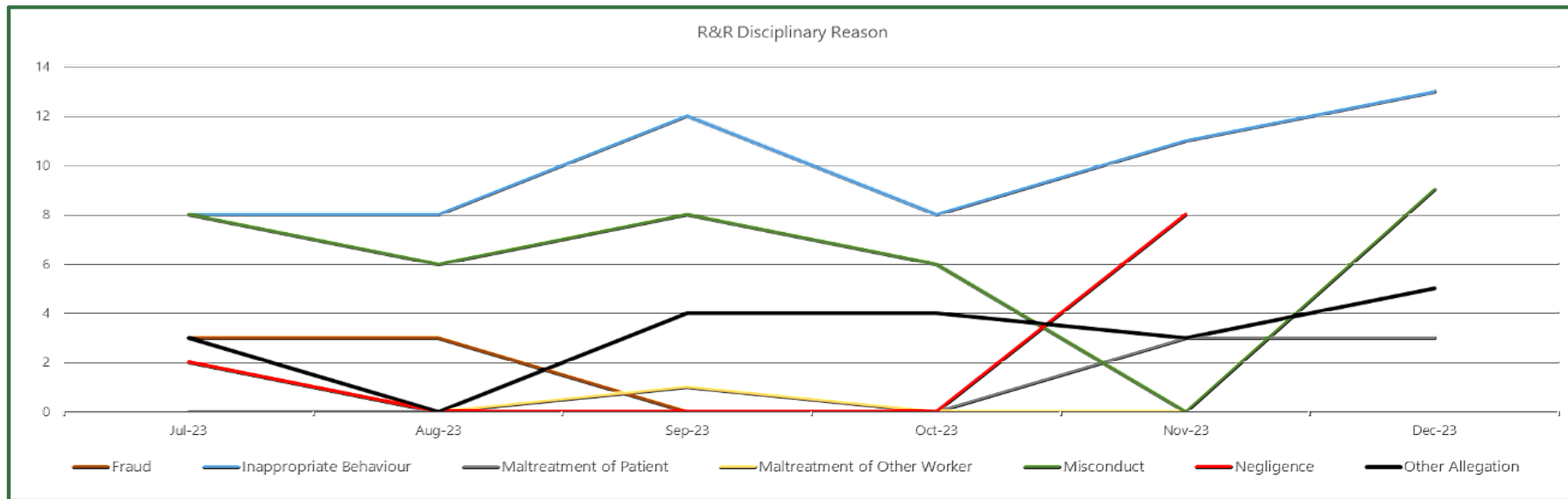
Expected Performance Trajectory
There is clearly an upward trajectory from Jun-23 as handover has started to increase. Whilst the Trust had amended its end of shift policies and introduced "pods" at key sites, as above, as handover increases further into the winter, we may expect overruns to increase.

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 30 open formal disciplinary cases recorded at the end of December 2023, an increase compared to the month of November 2023 where 27 open cases were recorded. Of these Disciplinary cases, the majority are again due to allegations of inappropriate behaviour, followed by misconduct.

There were again 12 open formal Respect and Resolution cases submitted by employees, the same number recorded in November.

In December 2023, 9.3% of all applications from under-represented groups made it through shortlisting and were invited for interview. This was a decrease from the 41.5% in November 2023, while the volume of applications also declined, from 224 to 194. However, there was a spike in recruitment activity during November with it being the highest month of WTE advertised this resulted in a higher number of applications received and interviews conducted.

Of the 194 total applications from under-represented groups in December 2023, 121 were in the category of Ethnicity, 45 within Disability and 28 within Sexual Orientation.

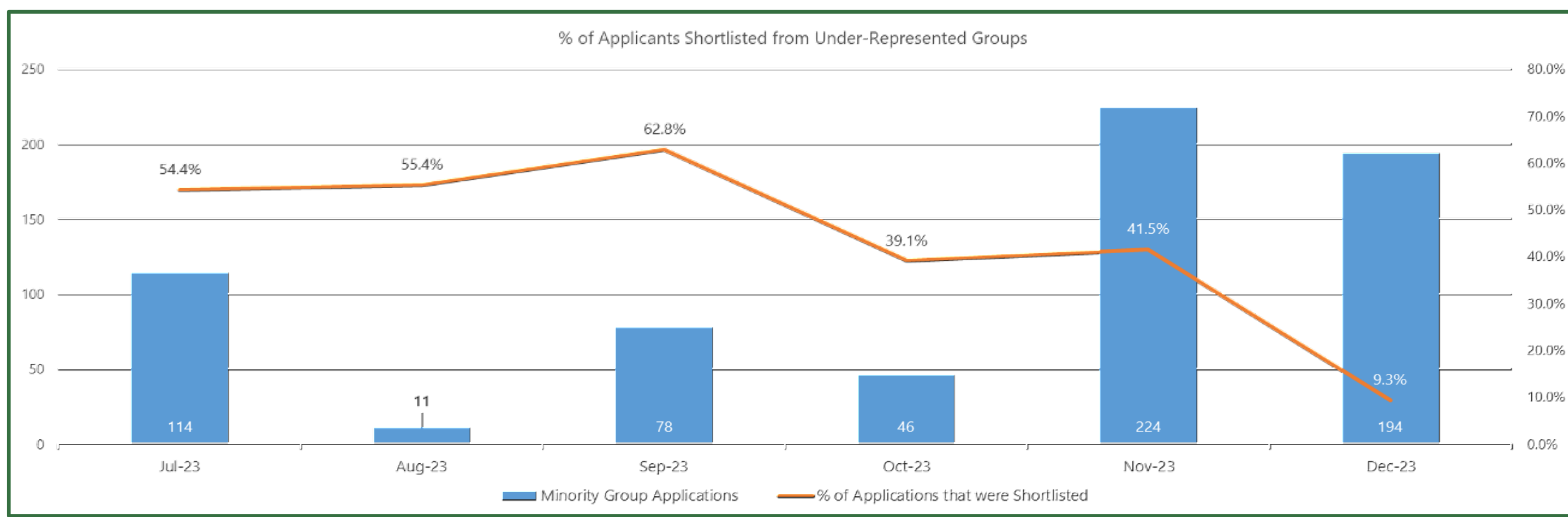
Remedial Plans and Actions

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.

Expected Performance Trajectory

Continue to monitor levels, no trajectory for this measure.

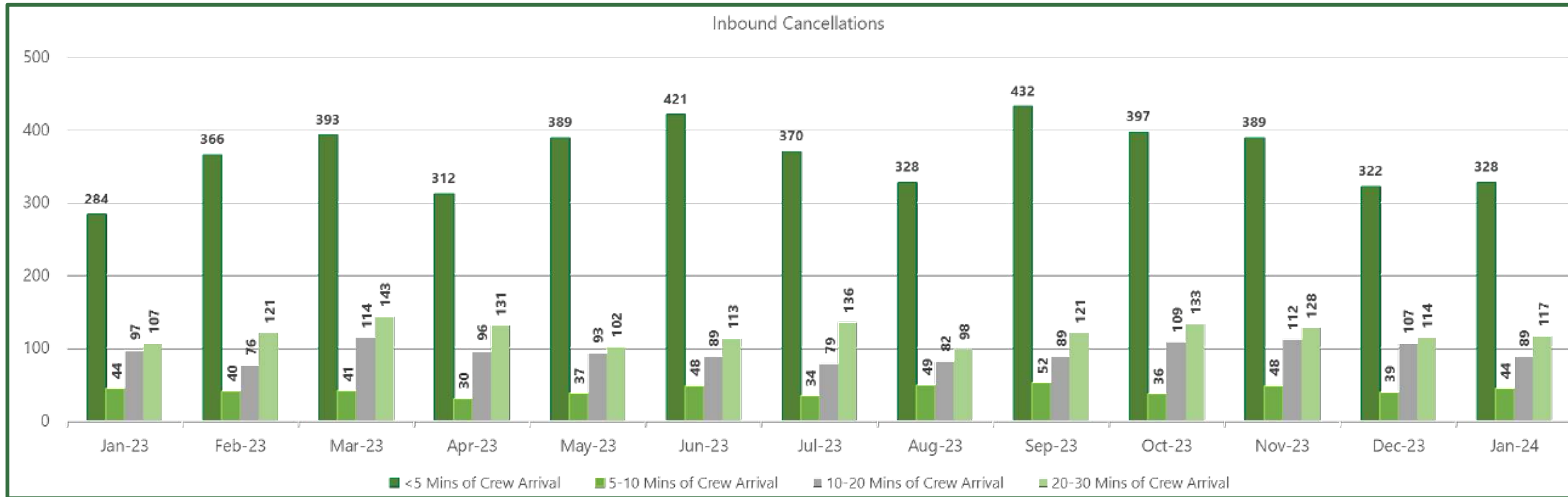


Finance, Resources and Value

Value: Ambulance Care Indicators

(Responsible Officer: Lee Brooks)

Cancellations
A



Analysis

Inbound cancellations of 5 minutes or less of the crew arrival time saw a slight increase in January 2024 to 328, compared to 322 in December 2023. The total number of cancellations within 30 minutes also decreased from 582 in December 2023 to 578 in January 2024. This is encouraging as hospital clinics are reopened after the holiday period which caused reducing flow throughout the month of December.

Cancellations within 5-minutes of arrival appears to have seen an overall increase during the past 12 months. In January 2024 there were 96 cancelled by patient* entries made within 5-minutes of crew arrival an increase compared to the previous month (90). The top reasons for less than 5-minute cancellations included: 40 patient not located, 21 too ill to travel and 8 no appointment. During the past 13 months there has been a minimum of 30 patients not located in the 5-minutes or less each month.

Same day cancellations decreased very slightly from 22.9% in December 2023 to 22.3% in January 2024.

Remedial Plans and Actions

Work is underway with Hywel Dda to develop a direct link between their PAS system and our CAD. Once in place this will allow for WAST to be notified once the health board cancels or alters an appointment.

This change should reduce the number of cancellations where crews arrive at a property and the patient advises that their appointment has been changed.

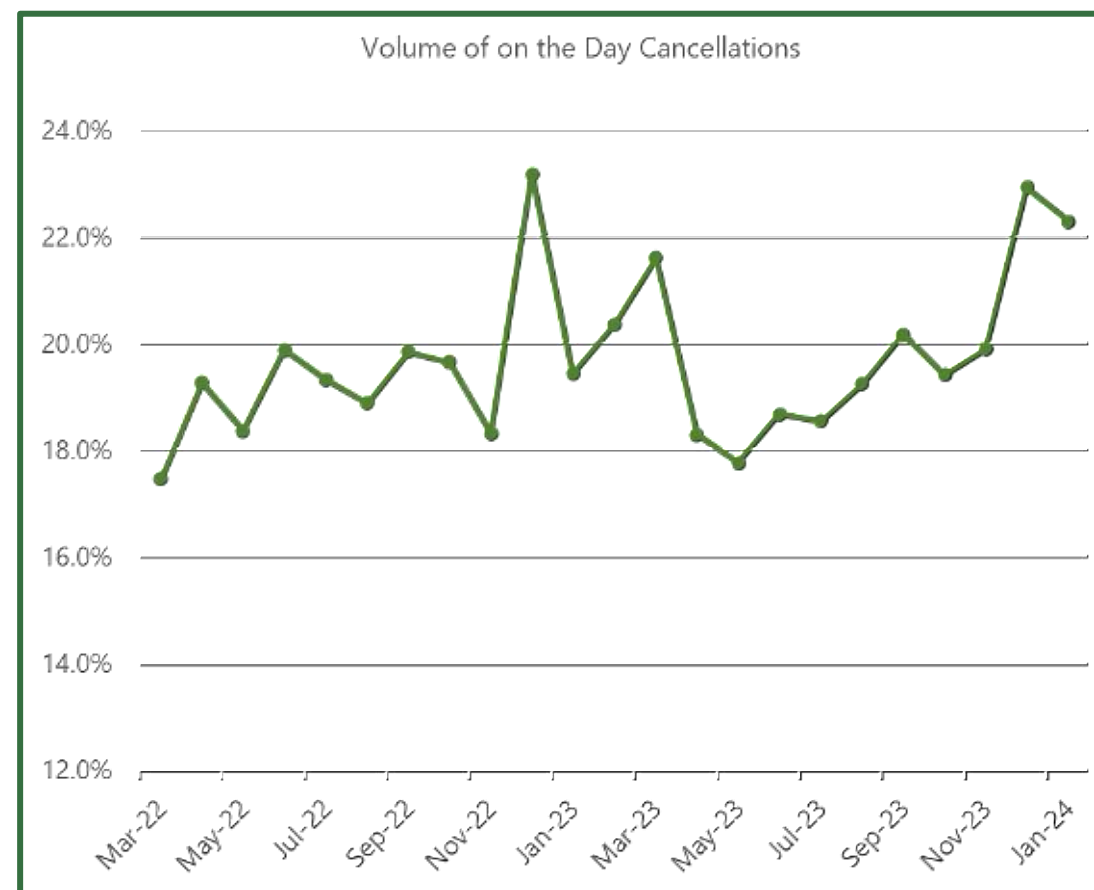
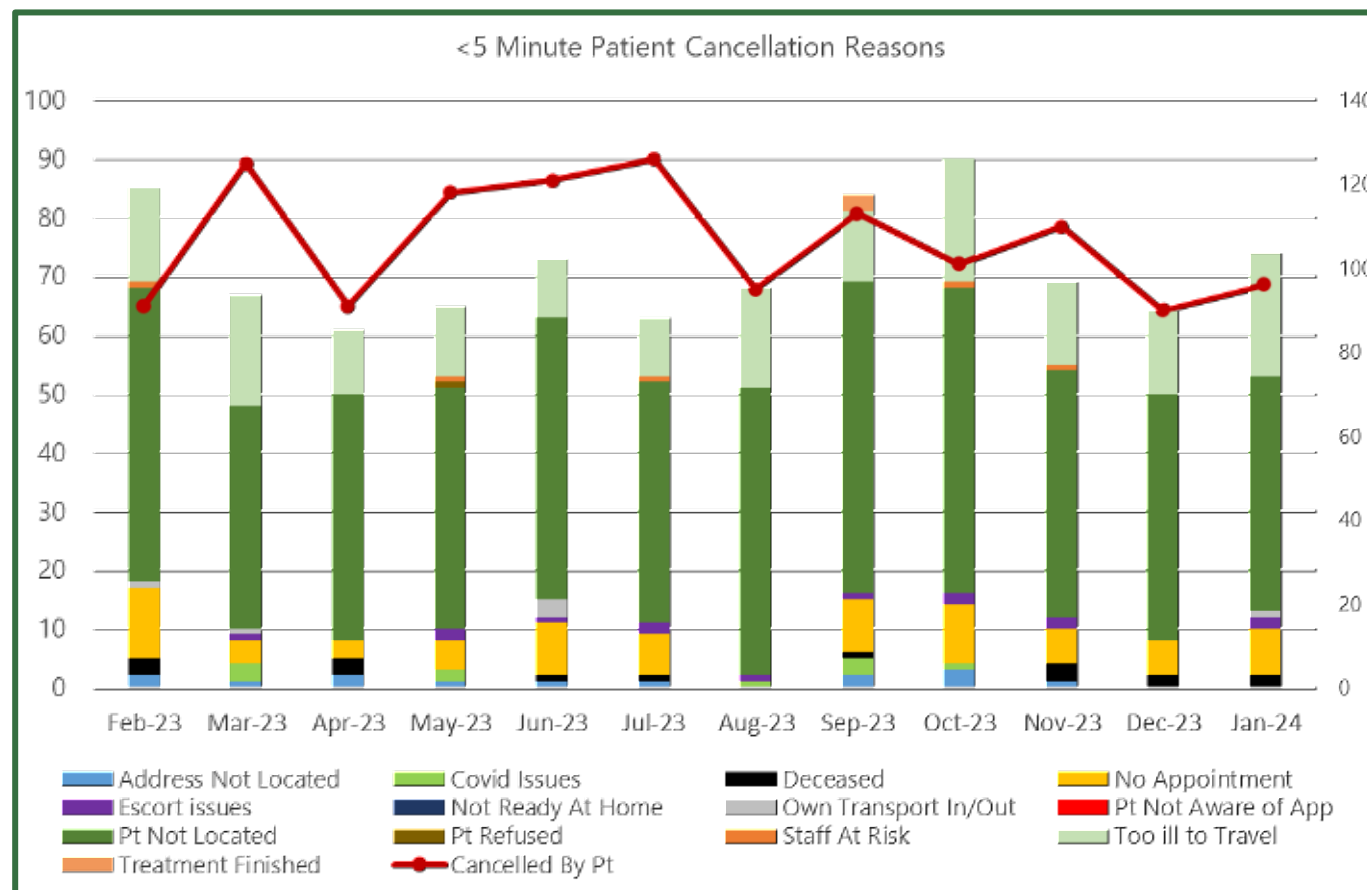
Data protection impact assessments have been completed and the systems have been able to connect and send non-identifiable information. Further testing and development is needed to ensure this works robustly and the appropriate governance is in place.

Expected Performance Trajectory

Until this work is completed, we do not anticipate a significant shift in the trajectory.

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

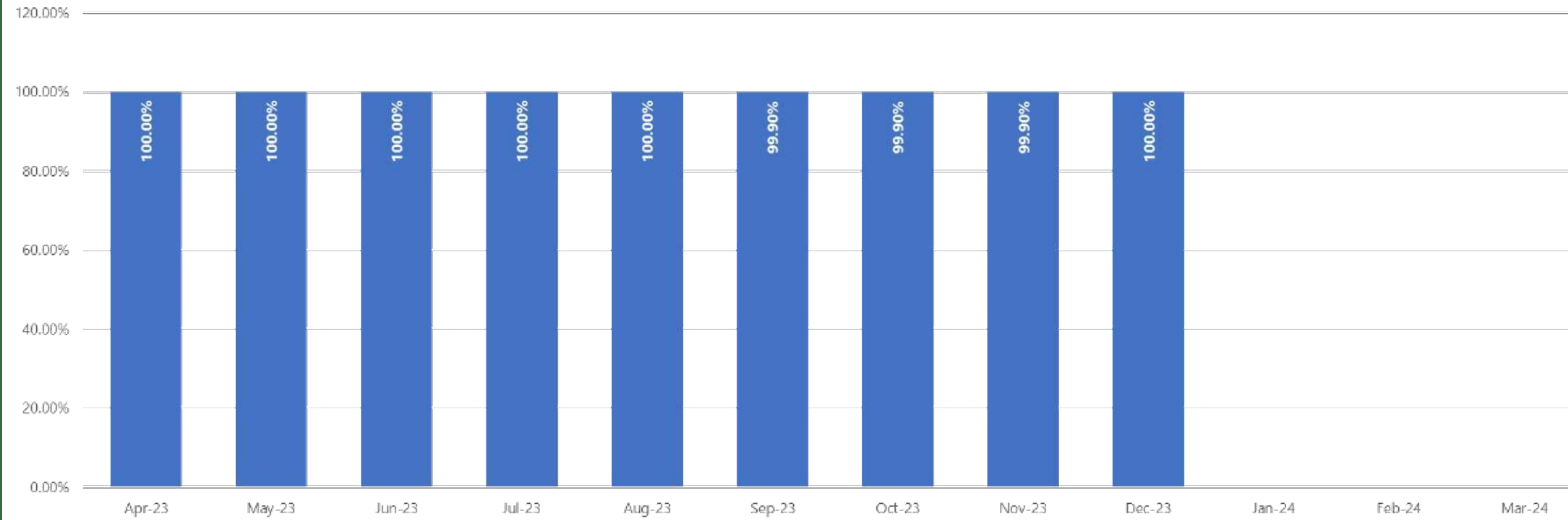
Value - Finance Indicators

(Responsible Officer: Chris Turley)

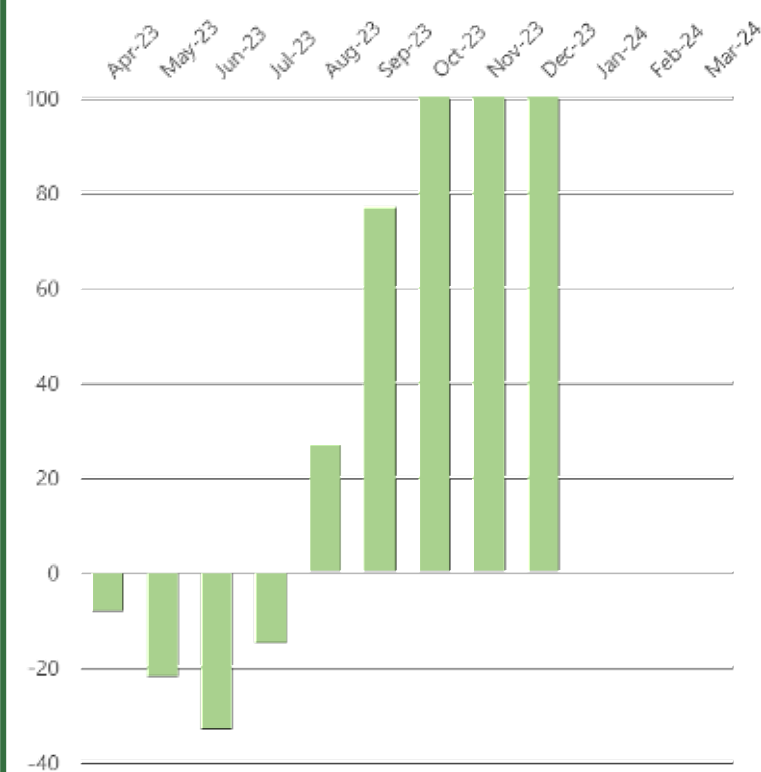
G

FPC

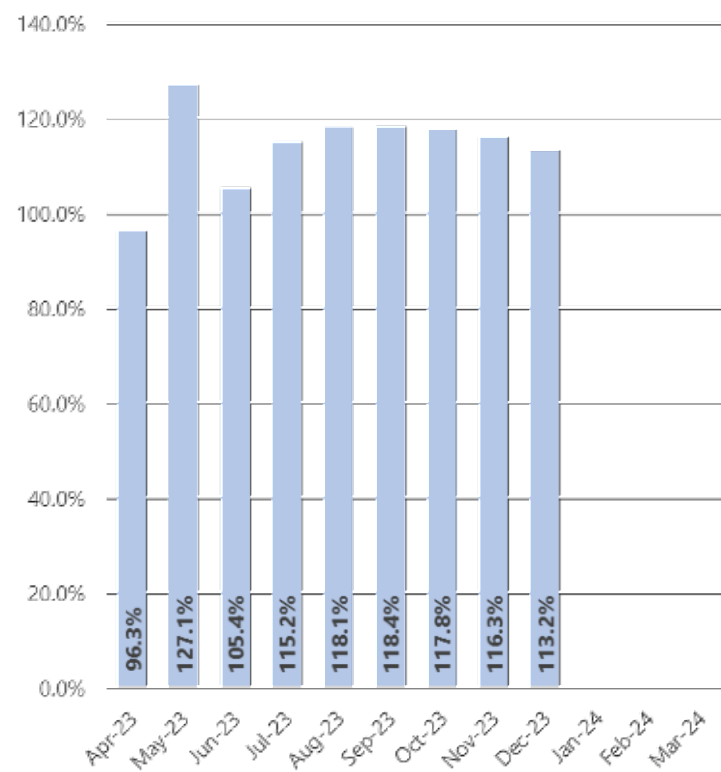
Financial Balance - Annual Expenditure YTD as % of Budget Expenditure YTD



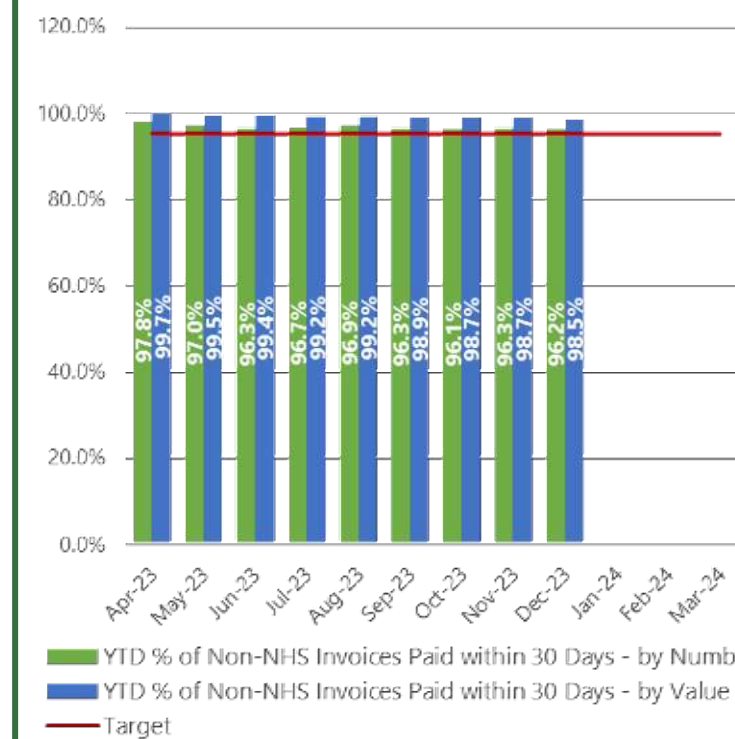
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



Analysis

The reported outturn performance at Month 9 is a surplus of £108k, with a forecast to the yearend of breakeven.

For Month 9 the Trust is reporting planned savings of £3.755m and actual savings of £4.250m (an achievement rate of 113.2%).

The Trust's cumulative performance against PSPP as at Month 9 is 96.2% against a target of 95%.

At Month 9 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

The Trust's financial plan for 2023-26 has been built on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2023-26 financial plan was submitted to WG following Board sign off on 31st March 2023.

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

Key specific risks to the delivery of the 2023/24 financial plan and beyond include:

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

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2023/24 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver further significant level of savings into the 2024/25 financial year.

Finance, Resources and Value

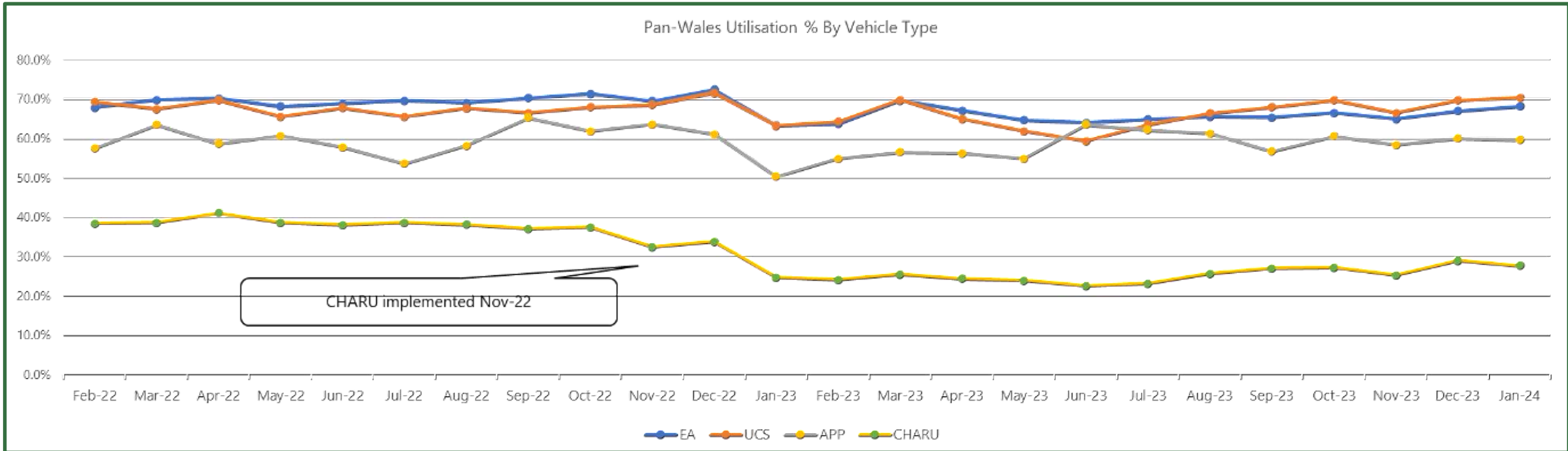
EMS Utilisation & Average Job/Shift Times

(Responsible Officer: Lee Brooks)

Job Cycle
R

CHARU Utilisation
R

FPC



Analysis
Pan Wales Utilisation metrics in January 2024 were 58.6% for all vehicles types, remaining consistent with December 2023 (58.6%). UCS achieved the highest rate during the month at 70.4% while EA was at 68.2%. Both have seen a generally stable trend over the past two years. The optimal utilisation rate for EAs needs to lower so that they are free to respond to incoming calls.

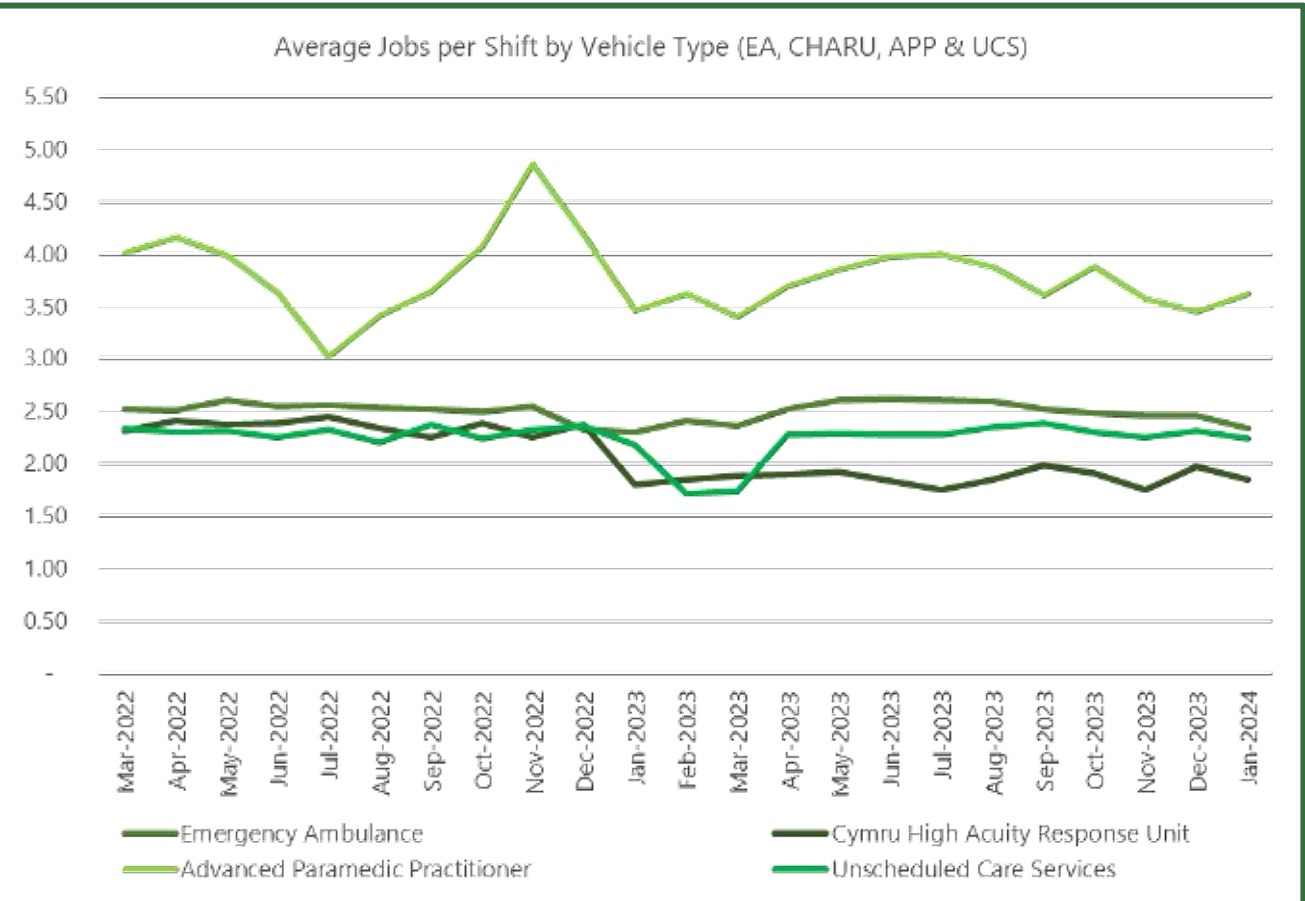
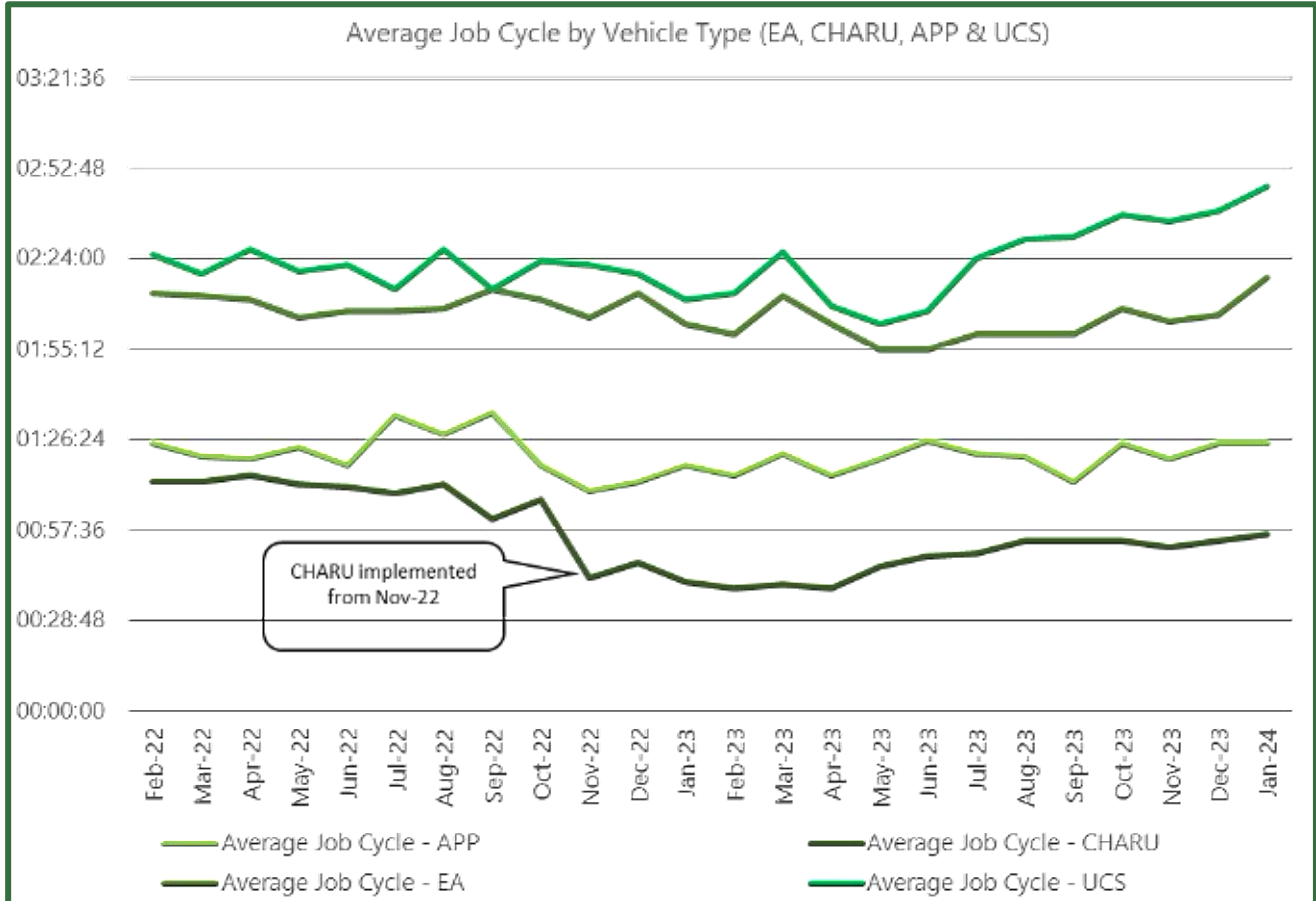
As demonstrated in the bottom left graph, the average job cycle in January 2024 increased to 2 hours 18 minutes for EAs, and to 2 hours 47 minutes for UCS crews. CHARUs also increased to 56 minutes, however, APPs remained the same as December 2023 at 1 hour 25 minutes.

Overall average jobs per shift was 2.22 in January 2024, a decrease from the 2.34 recorded in December 2023. APPs attended on average 3.62 jobs per shift, EAs 2.34 jobs per shift, UCS crews 2.24 jobs per shift and CHARU's 1.85 jobs per shift.

Overall average jobs per shift has remained relatively static with APP & CHARU resources having a job cycle that is half that of a conveying resource.

Remedial Plans and Actions
 The increase in average job cycle time since 2021 can be attributed to numerous factors including the introduction of ePCR and increasing hospital delays (staff pre-empting and packaging patients in readiness for long waits and patients waiting longer for an ambulance response therefore requiring more treatment/assessment). These times are monitored at Weekly Performance Meeting and local work to establish appropriate efficiency initiatives is ongoing

Expected Performance Trajectory
 The increase in job cycle time since 2021 is caused by numerous complex factors. As ePCR embeds, a decrease may be seen, but with the factors outside of WAST's control a reduction to pre pandemic levels may not be seen. The EA and UCS utilisation is too high. The APP utilisation is being considered via the inverting the triangle transformation work. The CHARU rate is being reviewed linked to modelling.

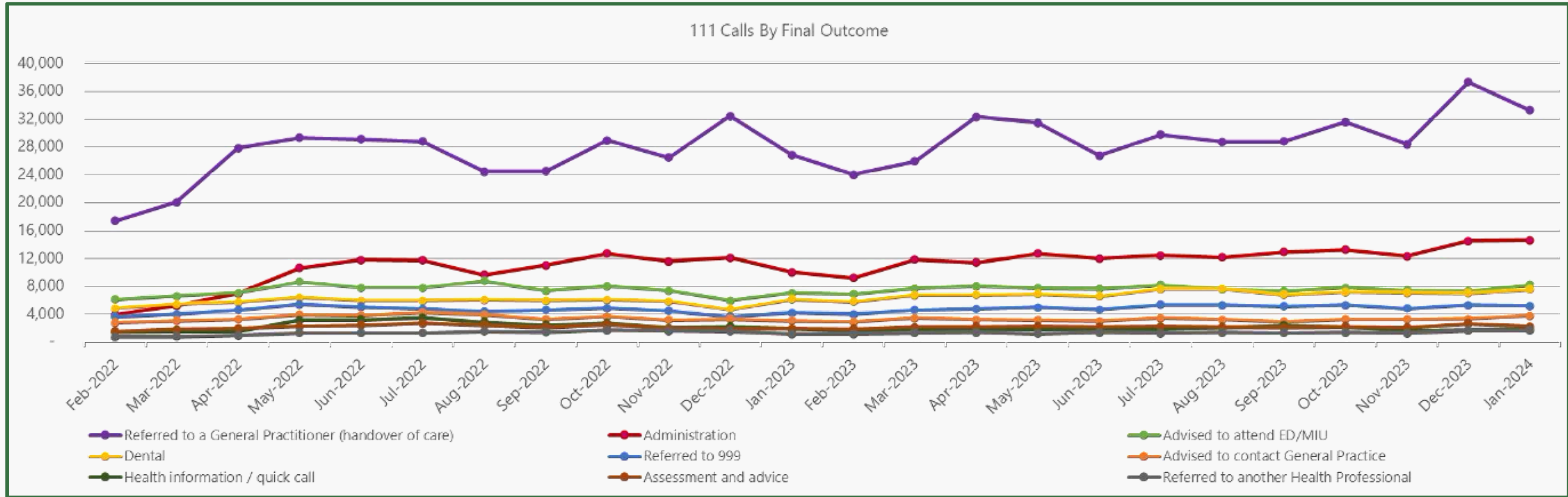


Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)



Analysis

During January 2024, 77,938 calls were received into the 9 categories displayed in the graph opposite, a decrease compared to the 80,449 received during December 2023.

Calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 42.62% of all calls during January 2024.

As the bottom left graph highlights, in January 2024, 22,302 calls into 111 were provided with information or advice, with no onward referral, an increase from the 22,018 in December 2023 and from the 16,714 during January 2023.

The percentage of total 111 calls being answered in Welsh increased in January 2024 to 1.28% compared to 0.91% in December 2023.

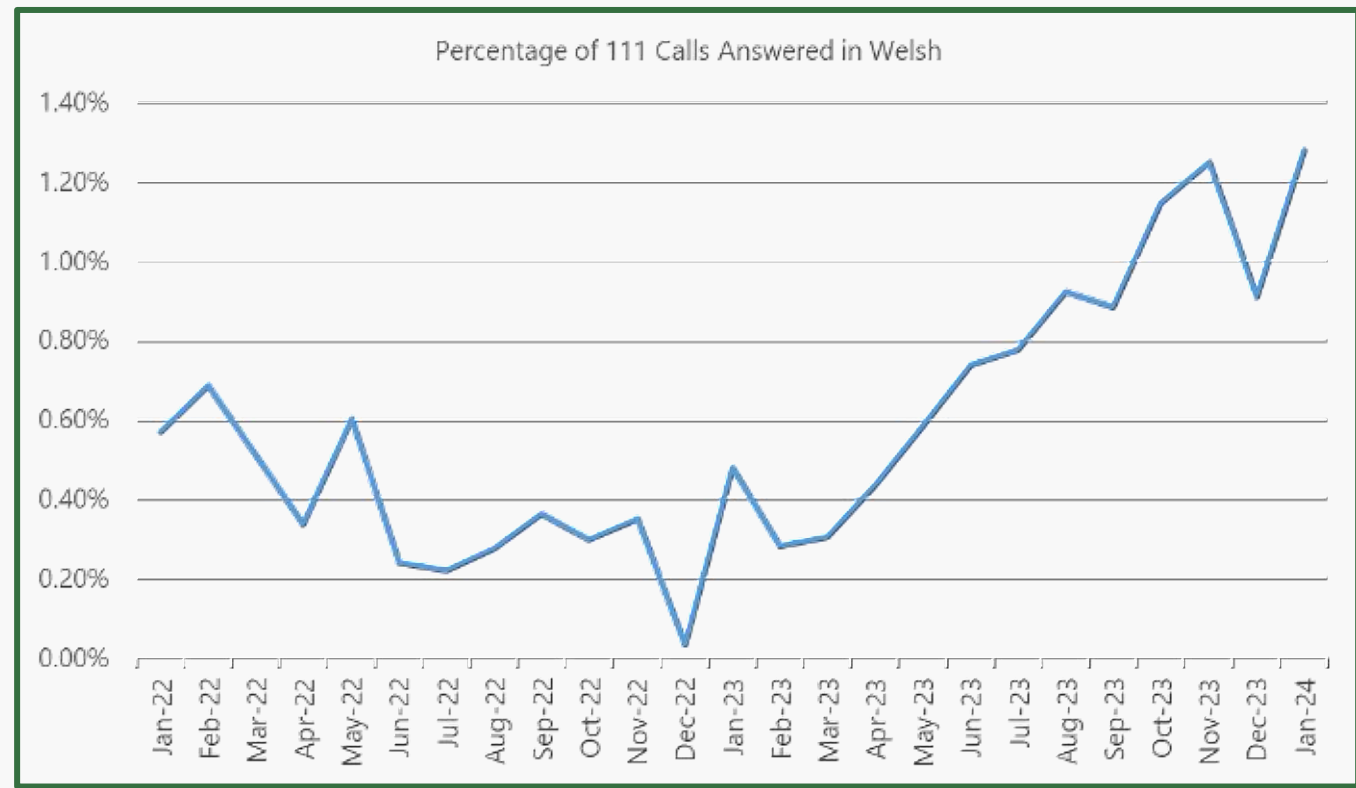
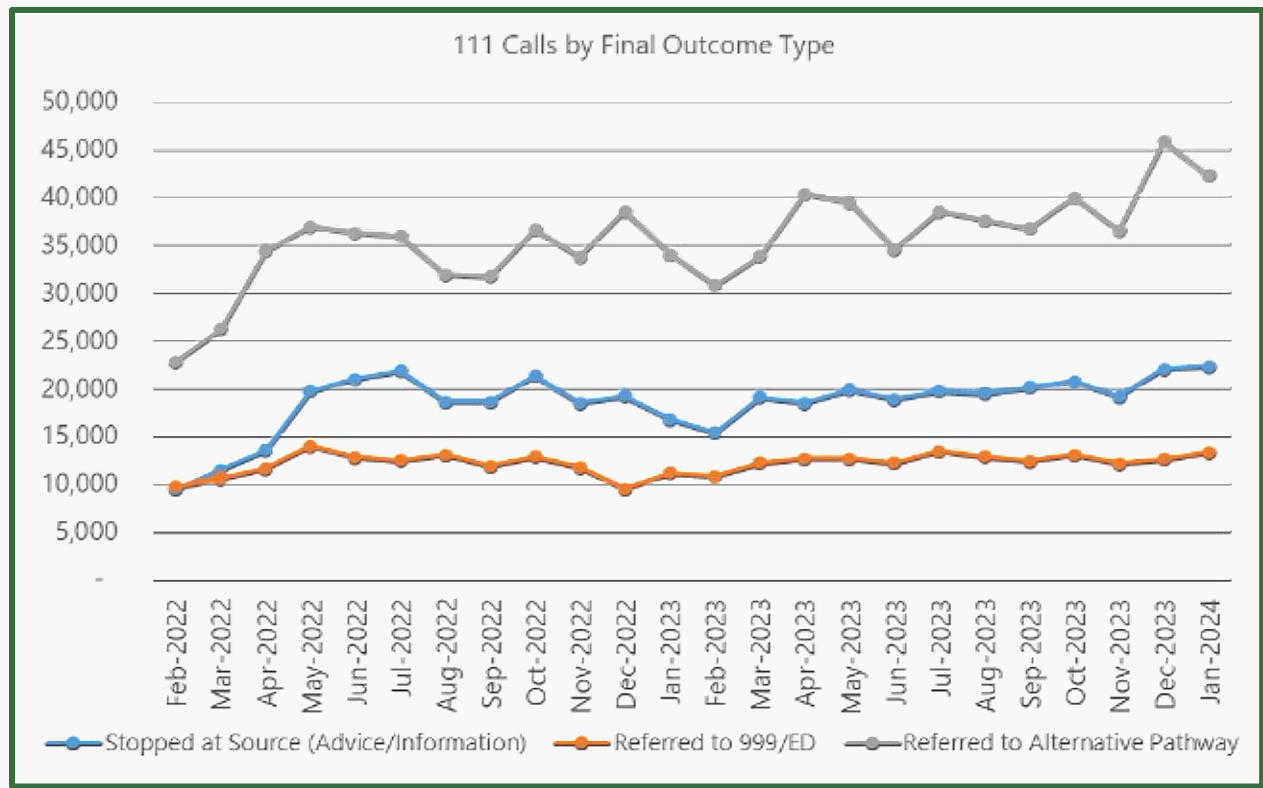
This equated to 58.8% of all 111 calls being offered in Welsh being answered, an increase from the 40.3% answered in December 2023.

Remedial Plans and Actions

There is currently a 111 Measures Task and Finish Group. This is a collaborative meeting between WAST its commissioners and DCHW. 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 these have been developed there will be an opportunity to develop benchmarks. The focus remains to shift left, where it is clinically safe and appropriate to do so.

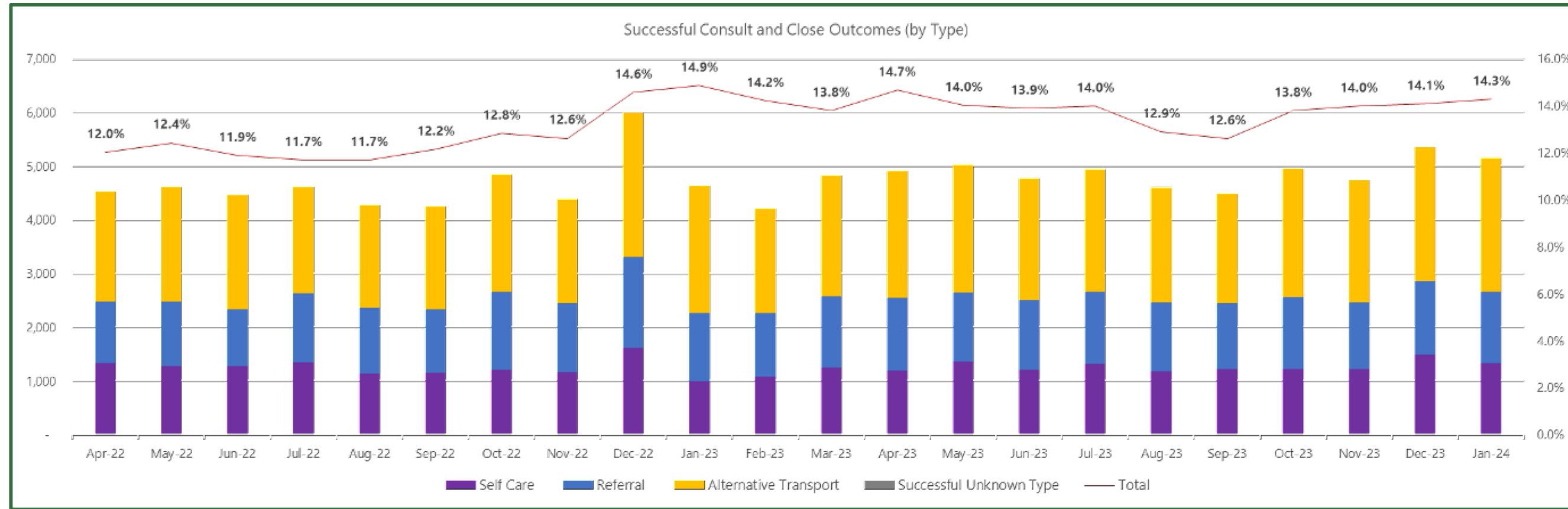


Partnerships / System Contribution Consult & Close Indicators

(Responsible Officer: Lee Brooks)

C&C
A

FPC



Analysis
Consult and Close, with contributions from Clinical Service Desk (CSD) (10.6%), NHS111 (2.8%), WAST APP (0.7%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.2%) achieved 14.3% in January 2024. This remains consistent with the 14.3% seen during December 2023, but remained short of the new 17% IMTP ambition. In January 2024, the number of 999 calls resulting in a Consult and Close outcome was 5,164, slightly down from 5,366 in December 2023.

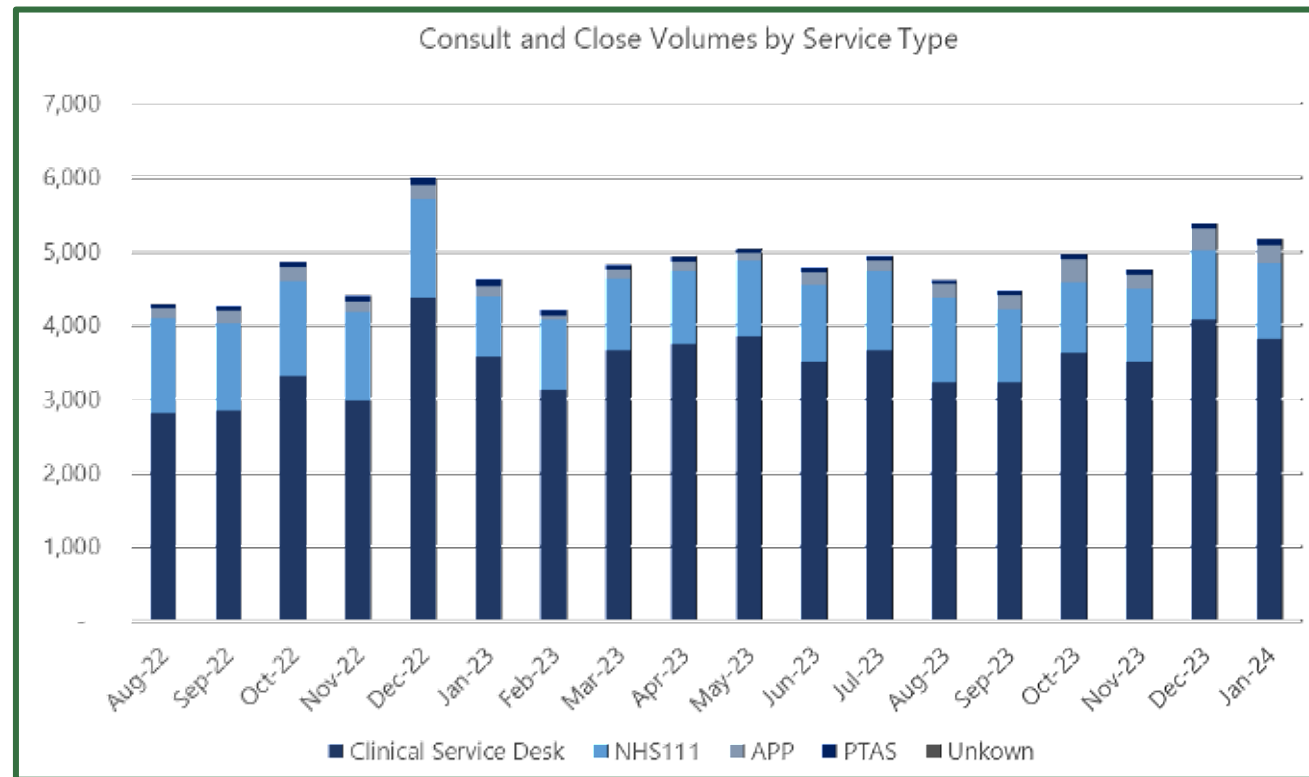
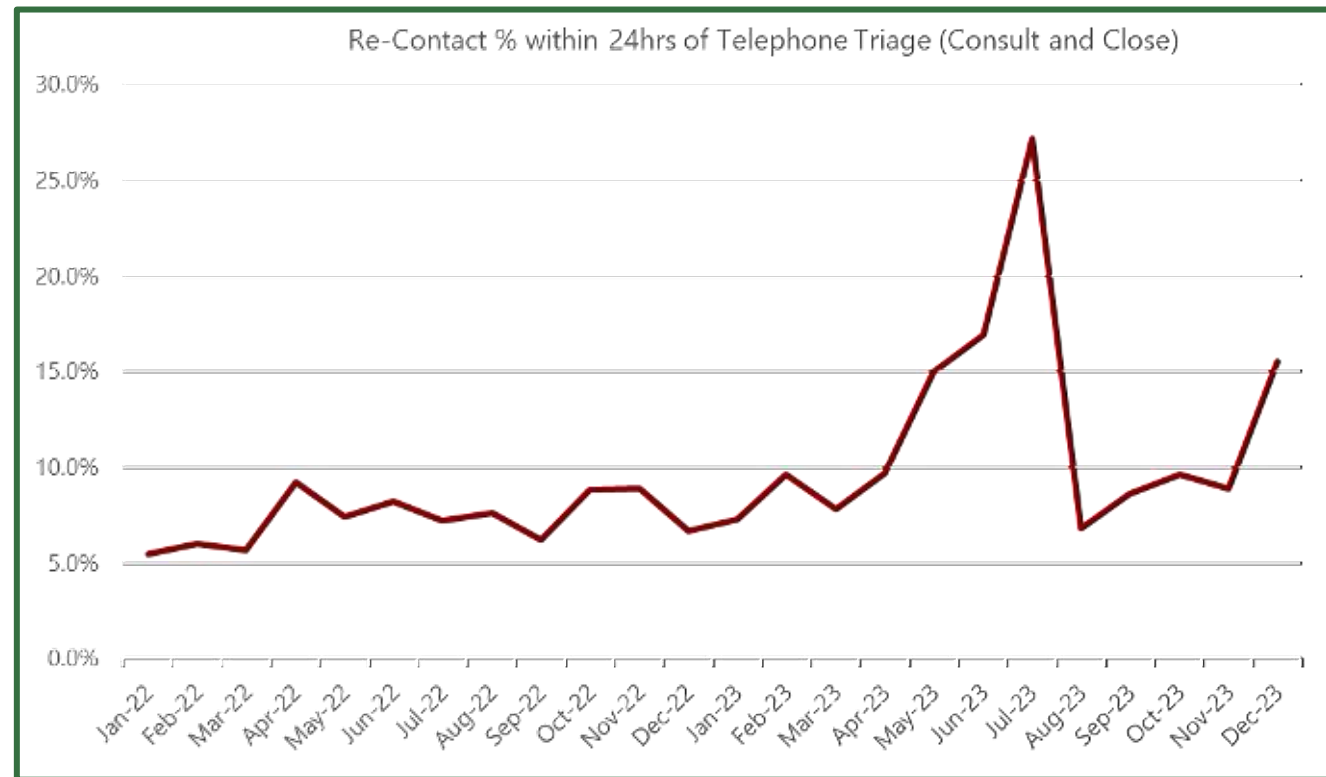
Of the calls successfully closed in January 2022, 1,327 patients received an outcome of self-care; 1,332 patients were referred to other services (including to Minor Injury Units and SDEC) and 2,505 were advised to seek alternative transport services in order to acquire treatment.

Re-contact rates in December 2023 were 15.5%, an increase on the 8.9% seen in November 2023.

Remedial Plans and Actions

- Work underway reviewing processes, has yielded efficiencies in remote clinical support which is recognised by those calling
- Reporting still challenging without telephony data
- Failed contact activity from EMSC has reduced
- Progressing process with 111 to pass calls electronically from CSD, saving time
- More staff are at work in CSD
- Work commenced on PDSA for CSD First

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



Partnerships / System Contribution

Conveyance to ED Indicators

(Responsible Officer: Andy Swinburn)

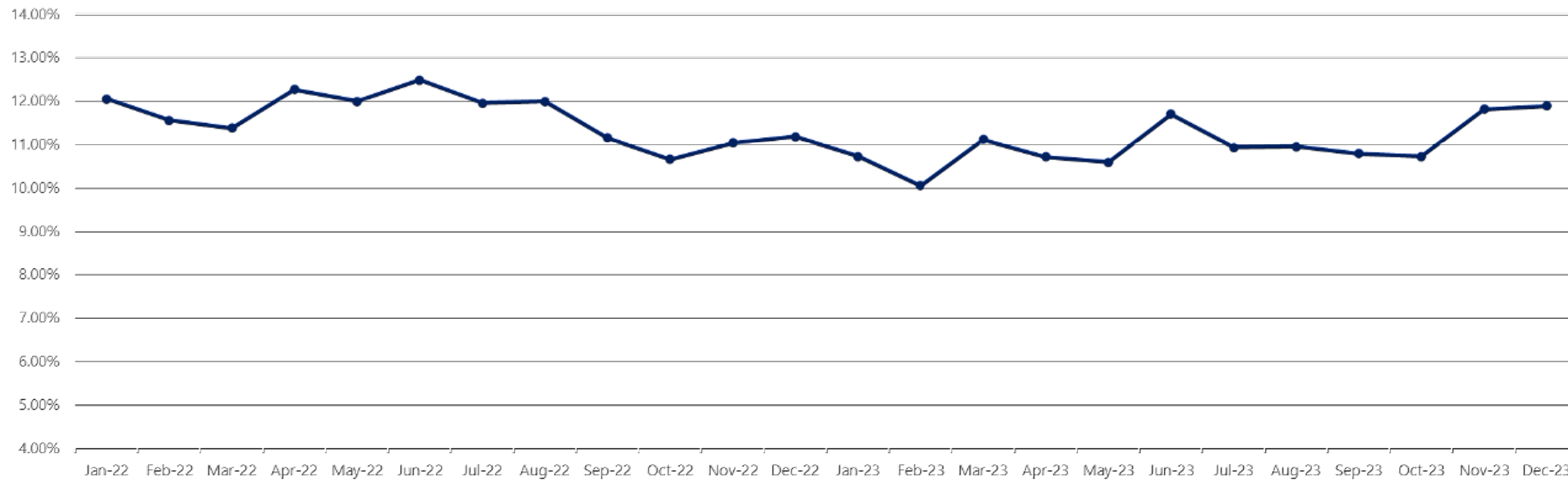
Conveyances

A

FPC

Ministerial Measure

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



Analysis

In December 2023 11.88% of patients (1,812) were conveyed to a service other than a Type One ED, while 35.51% 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 3,594 in November 2023 to 4,089 in December 2023.

APP conveyance rates increased slightly to 44.6% in January 2024, although there has been a general increase seen in recent months due to increased levels of CSP, which results in patients choosing to transport themselves to the ED, with only patients who do not have this ability (usually sicker) receiving a response.

Patients conveyed to SDEC's increased from 0.17% in December to 0.19% in January 2024.

Remedial Plans and Actions

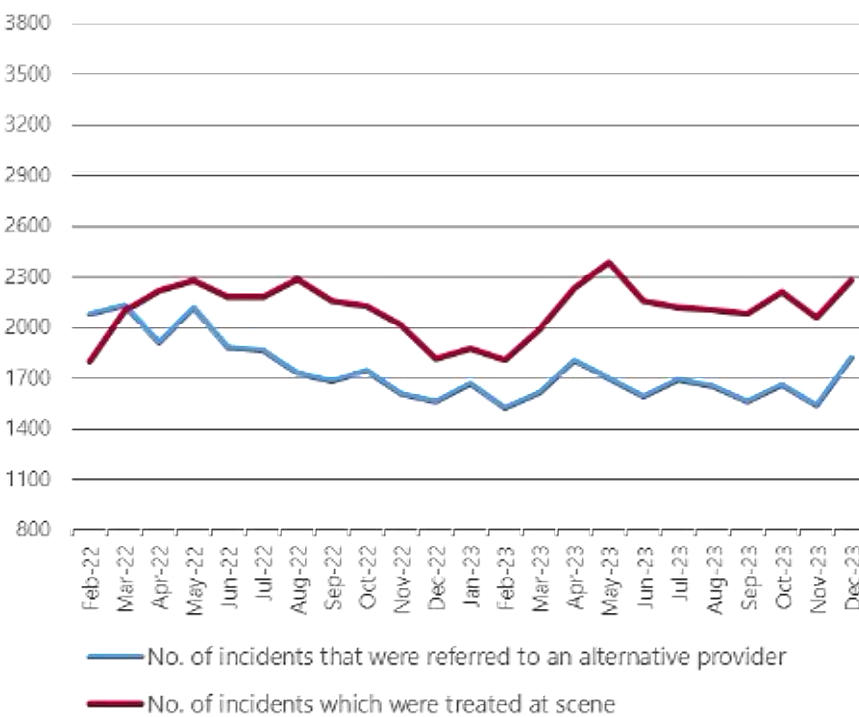
The Trust has modelled the use of same day emergency care (SDEC) services and identified that they could take an estimated 4% of EMS demand; it is currently less than 0.5%. The percentage increase in conveyance to services other than EDs is a Ministerial Priority. The Trust's ability to improve this figure is dependent on pathways that are open to the Trust such as SDECs.

Utilisation of APP resources will continue to be monitored as part of weekly performance reviews and evaluation of the appropriate APP code-set will be undertaken through the Clinical Prioritisation and Assessment Software (CPAS) group.

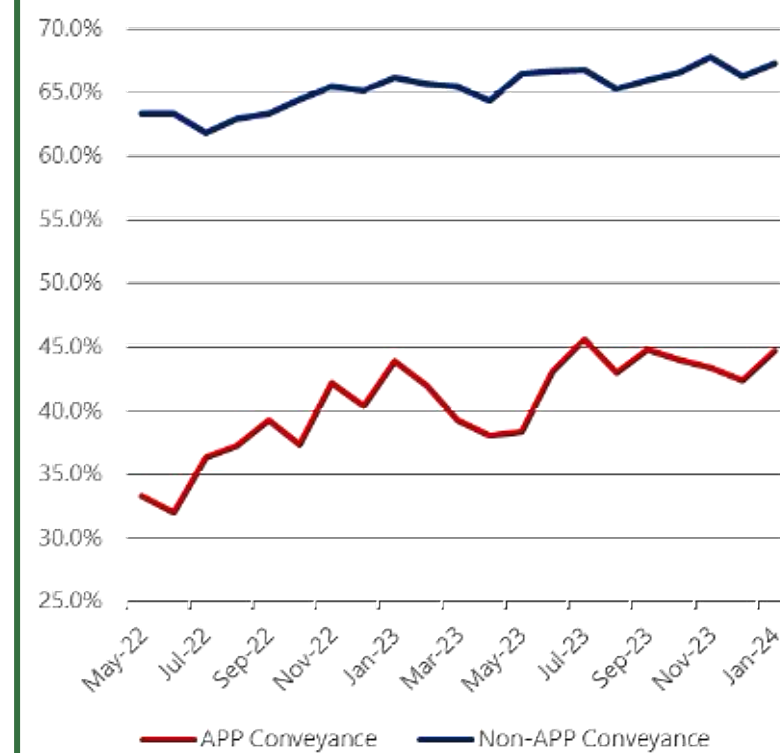
Expected Performance Trajectory

The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD and optimise allocation; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes are required as well. This modelling indicates a reduction in patients conveyed of 1,165 per week but is predicated on large scale investment in APPs (470 v starting position of 67).

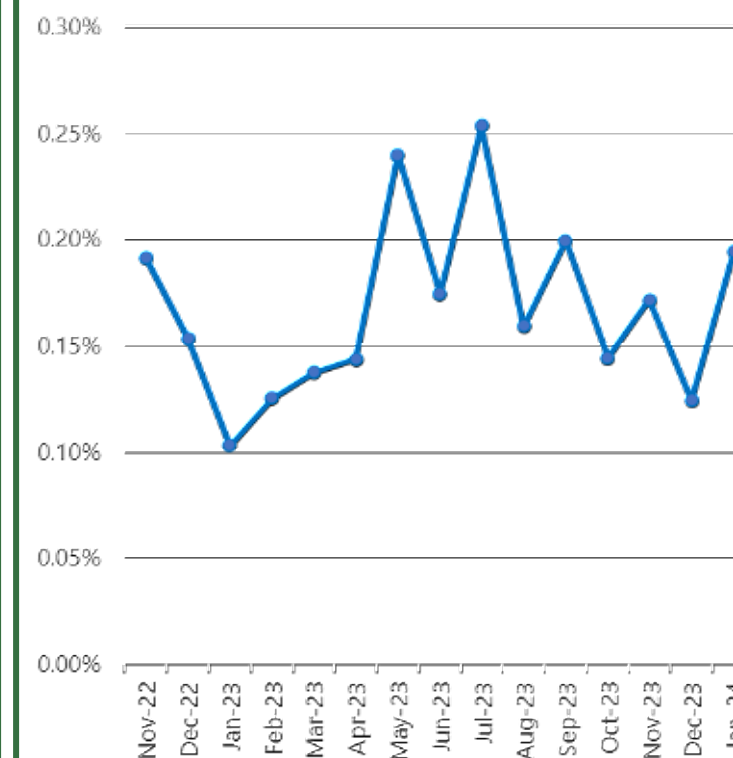
Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



APP vs Non-APP Conveyance Rates



% Patients Conveyed to SDEC Units Pan-Wales



Partnerships / System Contribution Handover Indicators

(Responsible Officer: Health Boards)

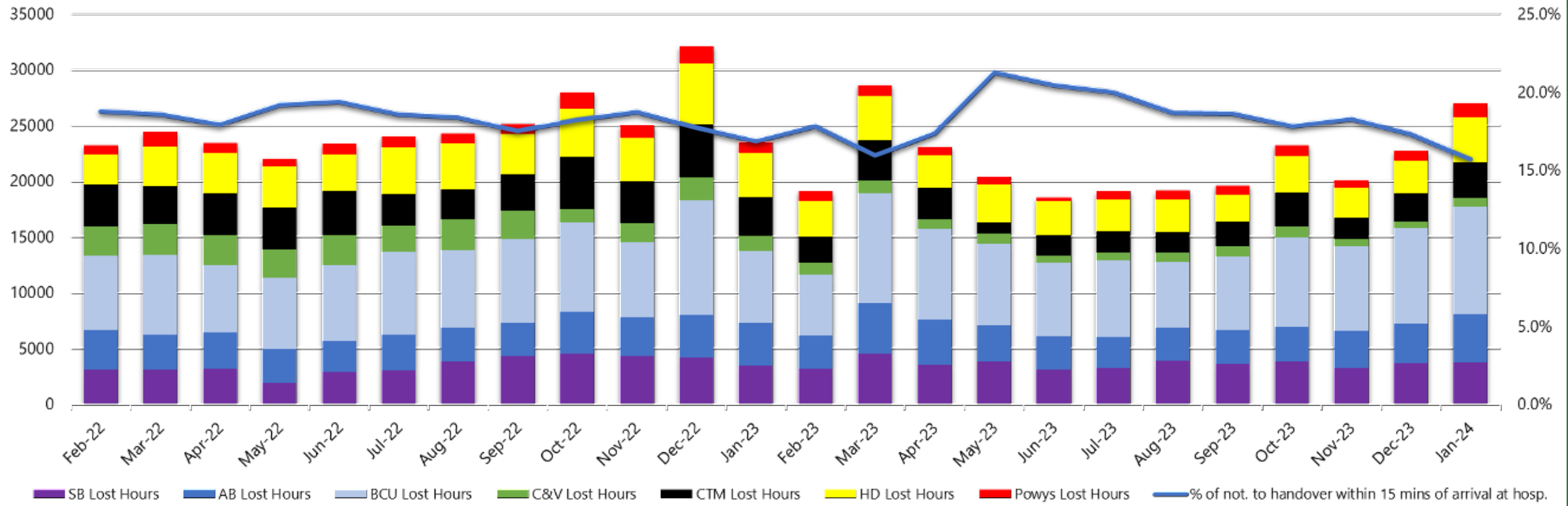
Lost Hours

R

CI

QUEST

Notification to Handover Lost Hours by Health Board



Analysis

260,844 hours were lost to Notification to Handover, i.e., hospital handover delays, over the last 12 months (Feb-23 to Jan-24), compared to 299,617 over the same timeframe the previous year. There were 26,998 hours lost in January 2024, an increase from the 22,756 lost in December 2023. January levels were 3,473 hours above where they were during January 2023 (23,525).

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

- The Grange University Hospital (ABUHB) at 4,095 lost hours
- Morryston Hospital (SBUHB) at 3,592 lost hours
- Glan Clwyd Hospital (BCUHB) at 3,401 lost hours
- Wrexham Maelor Hospital (BCUHB) at 3,318 lost hours
- Ysbyty Gwynedd Hospital (BCUHB) at 2,445 lost hours

Notification to handover lost hours averaged 871 hours per day during January 2024 compared to 734 hours a day in December 2023.

In January 2024, the Trust could have responded to approximately 8,518 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

Remedial Plans and Actions

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

Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

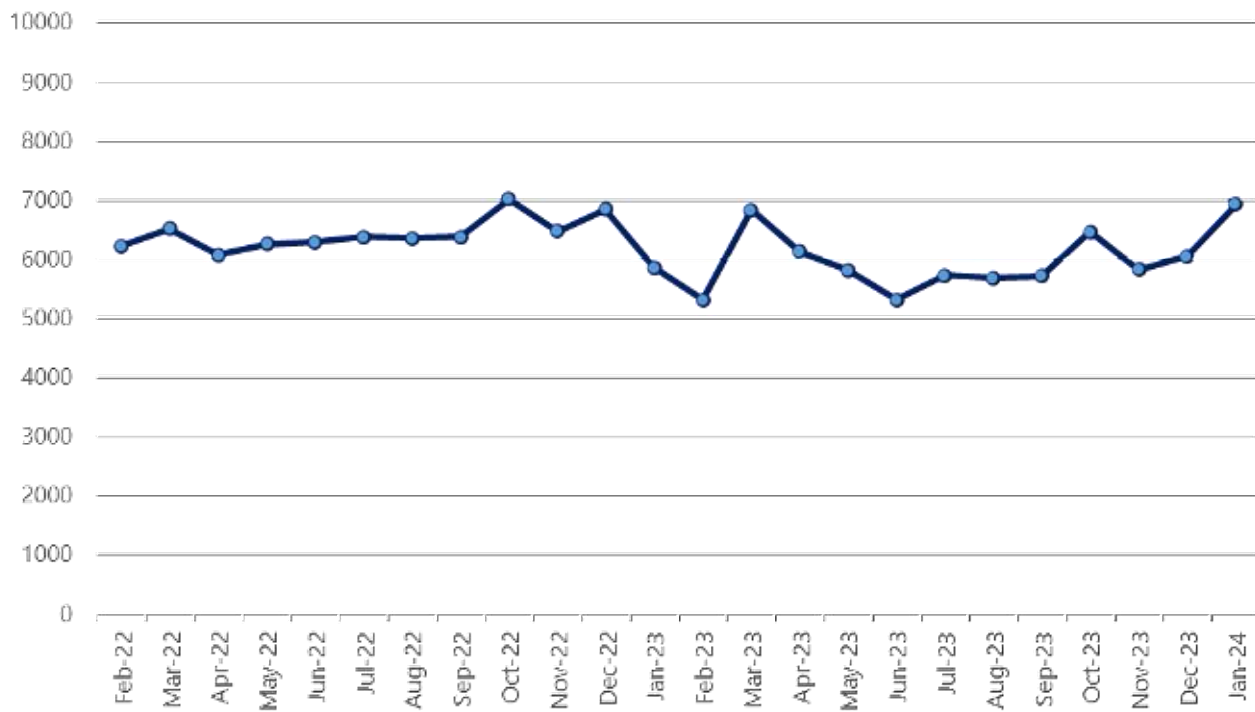
The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR).

Expected Performance Trajectory

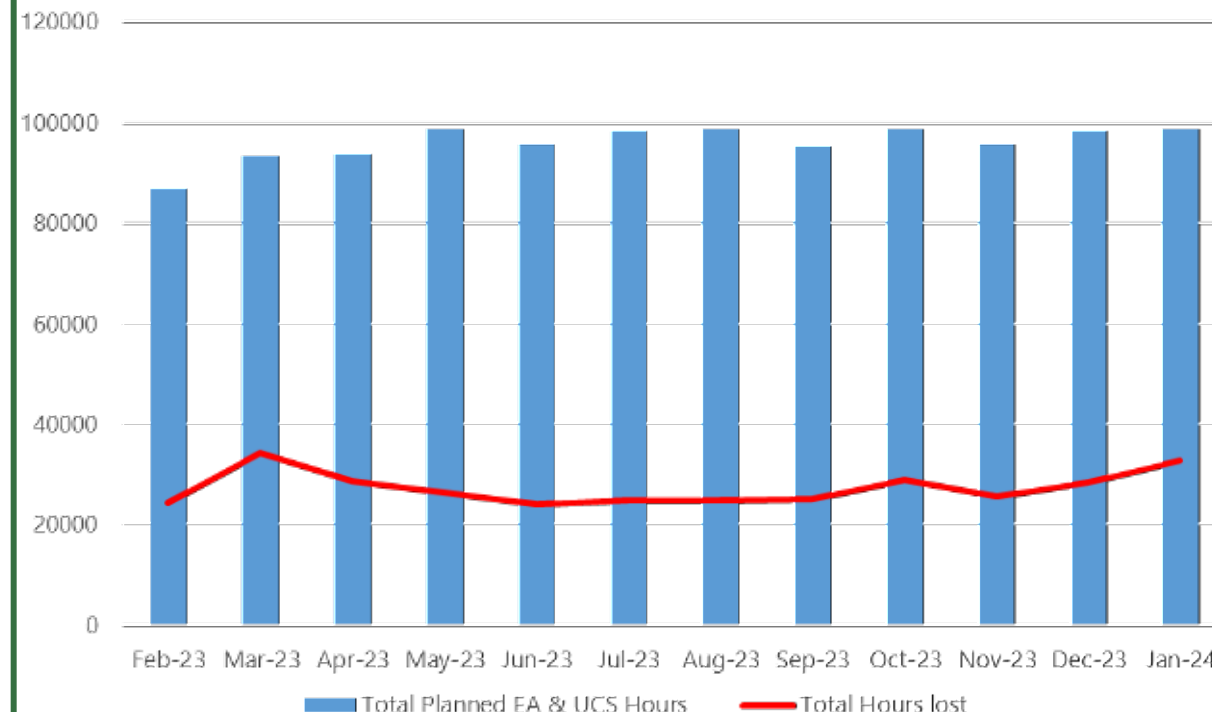
The Commissioning intention for 2023/24 is that handover lost hours should reduce to 15,000 hours per month, the same seen levels seen in the winter of 2019/20, which were considered extremely high, 12,000 hours by the end of Quarter 2 and sustained and incremental improvement in quarters 3 and 4. The ambition that there should be no waits over 4 hours during 2023/24. Non-release for Immediate Release Requests should become a Never Event.

**NB: Data correct at time of abstraction.*

Handover Rates Over 1 Hour (including first 15 minutes)



Total Planned hours VS Total Hours Lost



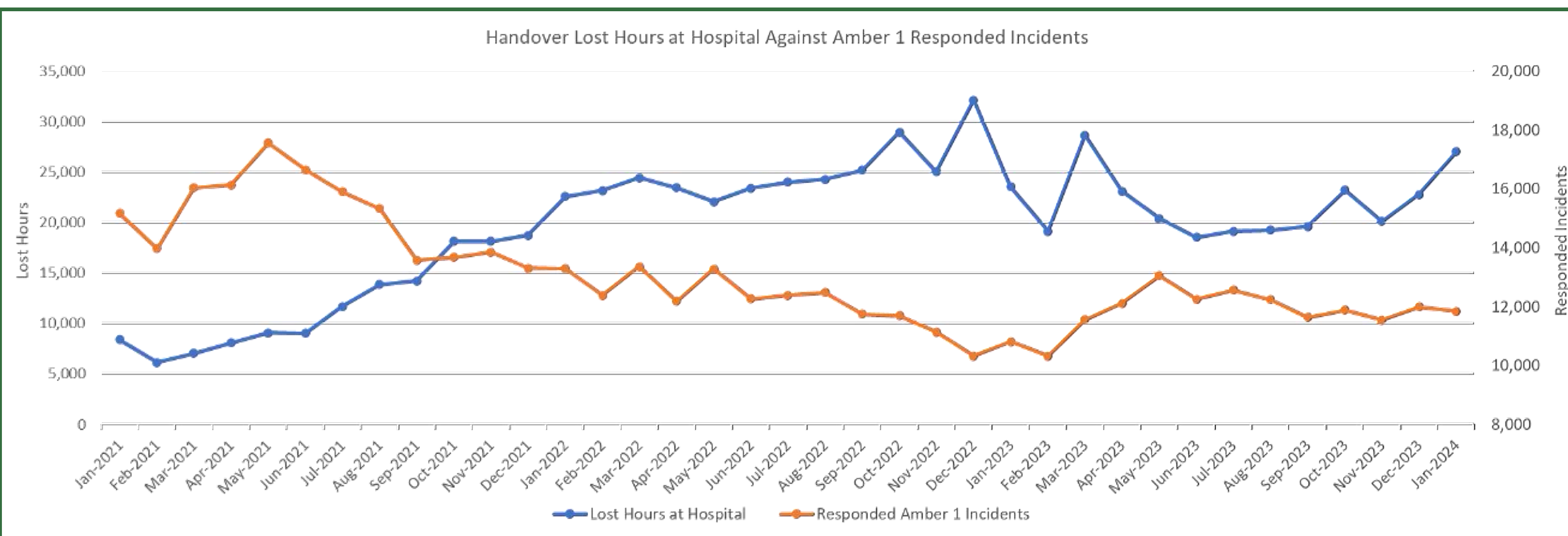
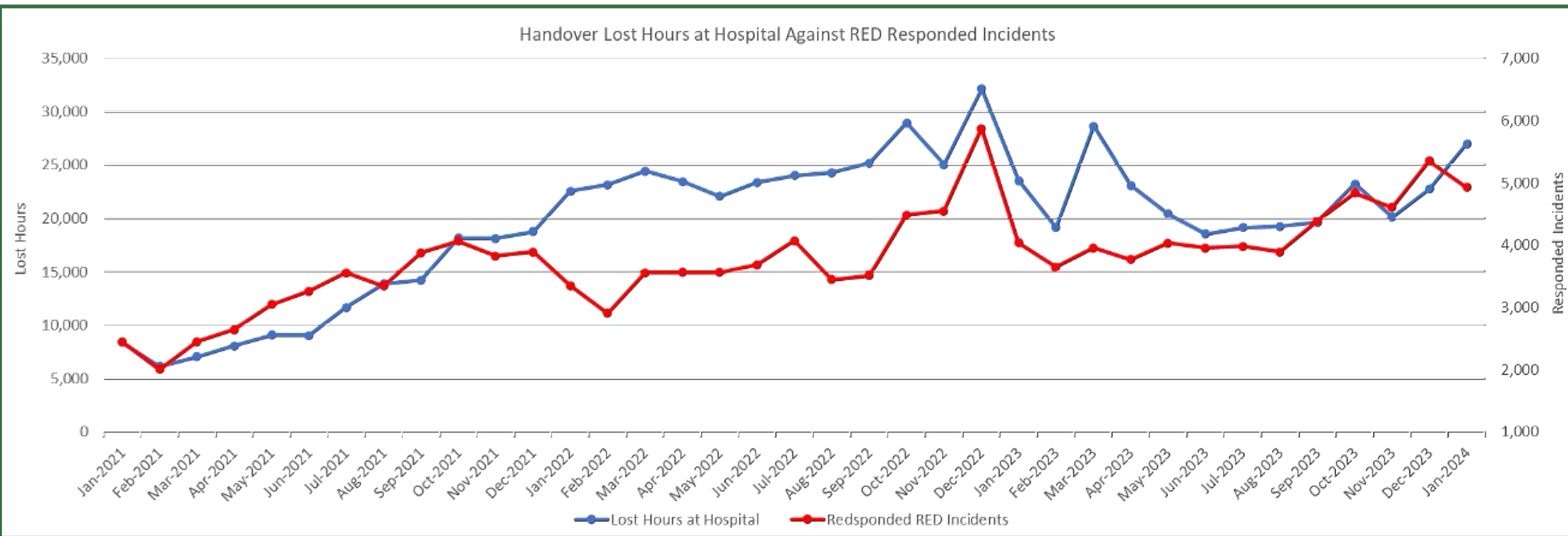
Partnerships / System Contribution

Handover Lost Hours Against Red & Amber 1 Responded Incidents

(Responsible Officer: Health Boards)

CI

QUEST



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

However, as the bottom graph illustrates, as the response to Red increases, there is an impact on Amber 1 responses, particularly at times of high demand, such as during December 2022. During these periods, the number of Amber 1 incidents attended decreases, notwithstanding that some of these patients within the Amber 1 category will still be seriously ill, although during December 2023 Amber 1 responses also increased slightly when compared to November 2023.

The bottom graph also highlights that as lost hours have increased since mid-2021, so Amber 1 responses have declined, due to the increased system pressures. However, as lost hours reduced during the first half of 2023, so Amber 1 responses increased, from 10,326 in December 2022 to 13,055 in May 2023. Therefore, it was possible to see the reduction of pressure within the system and subsequent performance improvement through the Amber 1 metric.

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

Expected Performance Trajectory
 The Commissioning intention for 2023/24 is that handover lost hours should reduce to 15,000 hours per month, the same seen levels seen in the winter of 2019/20, which were considered extremely high, 12,000 hours by the end of Quarter 2 and sustained and incremental improvement in quarters 3 and 4. The ambition that there should be no waits over 4 hours during 2023/24. Non-release for Immediate Release Requests should become a Never Event.

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

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.		
Renal Journeys arriving within 30 minutes of their appointment (NEPTS)	Proportion of renal journeys which arrive at hospital appointments within 30 minutes (+/-) of their appointment time.	111 Consult and Close	Consult and Close refers to the response to 999 callers where an alternative to a scene response has been provided. A cohort of 999 calls are passed to 111 where they are low acuity and the Clinicians in 111 may be able to help the caller with self-care, referral, etc. This is similar to the work of the Clinical Support Desk but for a lower acuity of caller. Where the outcome from the 111 clinical consultation ends in a Consult and Close outcome (self-care, referral, alternative transport) this is captured and forms part of the Trust’s Consult and Close reporting. Over 50% of calls passed to 111 in this way are successfully closed without an ambulance response.
Discharge & Transfer journeys collected less than 60 minutes after booked ready time (NEPTS)	Proportion of journeys being discharged from and/or transferred between hospitals which were collected within 60 minutes of the hospital booked ready time.	999 / 111 Hear and Treat	Proportion of 999/111 calls which are successfully completed (closed) without dispatching an ambulance vehicle response. This may include advice, self-care or referral to other urgent care services.
National reportable Incidents (NRI)	Volume of patient safety incidents reported in the month which caused or contributed to the unexpected or avoidable death, or severe harm, of one or more patients, staff or members of the public, during NHS funded healthcare.	% Incidents Conveyed to Major EDs	Proportion of patients transported to a hospital Emergency Department following initial assessment at scene by a Welsh Ambulance Services NHS Trust Clinician, as a proportion of total verified incidents. (NB: An ED provides a wide range of acute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions, and which usually has an Accident and Emergency Department).
Concerns Response within 30 Days	Proportion of concerns responded to by the complaints team within 30 working days of receiving the concern.	Number of Handover Lost hours	Number of hours lost due to turnaround times at EDs taking more than 15 minutes. Transferring the care of a patient from an ambulance to an ED is expected to take no longer than 15 minutes, with a further 15 minutes for ambulance crews to make their vehicle ready for the next call.
EMS Abstraction Rate	The percentage of Emergency Medical Services (EMS) staff unavailable for rostered duties due to reasons, such as: annual leave, sickness, alternative duties, training, other and COVID-19.	Immediate Release requests	The number of requests submitted to Health Boards for the immediate release of vehicles at Emergency Departments to release them back into the community to respond to other urgent and life-threatening calls



AGENDA ITEM No	15
OPEN	Open
No of ANNEXES ATTACHED	4

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	People and Culture Committee
DATE	20 February 2024
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk/Deputy Board Secretary
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 5 risks that are relevant to Committee’s remit and additionally the Trust’s 2 highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4.
3. The more detailed description contained within the BAF provides the Committee with an opportunity to review the controls in place against each principal risk 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 principal risks were presented to the Trust Board on 25th January 2024 and are updated as at 13th December 2023. These high rated risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3.
5. Updates are highlighted in blue on the BAF which show changes to the narrative, mitigating actions, controls, and assurances.
6. The focus for the forthcoming round of reviews will predominantly be in relation to the mitigating actions identified and taken to support risks to achieve their target score.
7. The Trust’s highest rated Risks 223 *the Trust’s inability to reach patients in the community causing patient harm and death*) and Risk 224 *(Significant handover of*

care delays outside accident and emergency departments impacts on access to definitive care being delayed and affects the Trust's ability to provide a safe & effective service for patients, scoring 25, remain unchanged because of sustained and extreme pressure across the Welsh NHS urgent and emergency care system which is negatively impacting on patient flow leading to avoidable patient harm and death. These risks continue to be closely monitored by management, Board Committees, and at the Trust Board meetings.

8. As reported to the November 2023 Trust Board, whilst good progress has been made on the actions that the Trust can control, the extreme pressure continues. As a result, the likelihood is that the levels of avoidable harm will continue. That does not mean that the Trust is not continually seeking additional actions to mitigate these risks and the actions are articulated in the avoidable harm paper that the Board receive at each meeting.
9. Several updates have been made to the controls and assurances in relation to Risk 223 and 224 during this period and these are highlighted on the BAF to address gaps in assurance. These two risks will be reviewed closely in conjunction with each other to ensure the synergy between them both and that they reflect the actions from the avoidable harm paper in the same way.
10. Additionally, these risks will be considered further as to how the Trust can approach them by applying the risk appetite methodology as part of the Risk Management Improvement Programme and the most efficient and effective way of managing them internally.
11. In relation to Risk 201 Reputation, whilst it is acknowledged that the rating for this risk remains high and has been static for some time given the status, the Trust is not able to de-escalate it. This risk is reviewed by the People and Culture Committee at each meeting and a deep dive was held at the last meeting in November 2023 and it was a topic of discussion at the ELT away day in December 2023.
12. As a result of these discussions, it is likely that the risk summary description will be amended in the next review and the "resulting in" element will be strengthened to describe the difficulties in being able to progress the organisation's long term strategic ambition because of lack of stakeholder confidence and support. Additional controls and mitigations will be articulated to support this change during the detailed review.
13. Risk 160 High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service, whilst good progress is being made to reduce sickness absence, a decision has been made to keep the risk rating under review.

14. Risk 163 Maintaining Effective & Strong Trade Union Partnerships – It was recognised that there would need to be a period of healing across the organisation following the industrial action in 2023. Since this has ended, there has been a significant focus placed on maintaining effective and strong trade union relationships at all levels. Whilst this has helped to improve communication and understanding of different styles and approaches there is still work to do particularly in relation to clarity of roles, openness and building trust. Several issues are currently being discussed where concerns have been raised by the TUs in relation to progressing respect and resolution processes due to dissatisfaction with management response.

15. On this basis, the score has increased from 16 (4x4) to 20 (5x4). Work will be undertaken in the next review to draw out and strengthen the mitigating actions and seek to reduce the score.

16. As reported to the November 2023 Trust Board, Risk 199 had achieved its target risk score of 10 (2x5). This was due to the demonstrable work undertaken across the Trust in relation to the Working Safely Programme and Health & Safety. The risk has therefore been de-escalated to the directorate register and will be monitored by the Executive Director and team on a quarterly basis.

RECOMMENDATION:

17. **Members are asked to consider and discuss the contents of the report and:**

- a) Note the increase in risk score of Risk 163 from 16 to 20.
- b) Note the de-escalation of Risk 199 from the Corporate Risk Register to the Directorate Risk Register as this has reached its target score of 10 (2x5).
- c) Note the ratings and mitigating actions for each principal risk.

KEY ISSUES/IMPLICATIONS

18. The key issues are set out in the Executive Summary above.

REPORT APPROVAL ROUTE

19. The BAF was considered by:
- ADLT (04 December 2023)
 - EMT (13 December 2023)
 - Trust Board (25 January 2023)

REPORT ANNEXES

- Annex 1 - Summary table describing the Trust's Corporate Risks.
- Annex 2 – Scoring Matrix
- Annex 3 – Frequency of Risk review
- Annex 4 - Board Assurance Framework

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

Annex 1 – Corporate Risk Register Summary

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
223 QuEST	The Trust's inability to reach patients in the community causing patient harm and death	IF significant internal and external system pressures continue THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community RESULTING IN patient harm and death	Director of Operations	25 (5x5) ➔
224 QuEST	Significant handover delays outside A&E departments impacts on access to definitive care being delayed and affects the trust's ability to provide a safe and effective service	IF patients are significantly delayed in ambulances outside A&E departments THEN there is a risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised RESULTING IN patients potentially coming to harm and a poor patient experience	Director of Quality & Nursing	25 (5x5) ➔
160 PCC	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service	IF there are high levels of absence THEN there is a risk that there is a reduced resource capacity RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience	Director of Workforce & Organisational Development	20 (5x4) ➔
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	IF the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained THEN there is a risk that Trade Union partnership relationships increase in fragility and the ability	Director of Workforce & Organisational Development	20 (5x4) ↑ 16 (4x4)

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		<p>to effectively deliver change is compromised</p> <p>RESULTING IN a negative impact on colleague experience and/or services to patients.</p>		
201 PCC	Damage to Trust reputation following a loss of stakeholder confidence	<p>IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations</p> <p>THEN there is a risk of a loss of stakeholder confidence in the Trust</p> <p>RESULTING IN damage to reputation and increased external scrutiny</p>	Director of Partnerships & Engagement	<p>20 (4x5)</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 Workforce & Organisational Development	<p>15 (3x5)</p>

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 223	The Trust's inability to reach patients in the community causing patient harm and death			Date of Review:	21/11/2023	TREND	25 (5x5)
				Date of Next Review:	21/12/2023	➡	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
IMTP Deliverable Numbers:							
EXECUTIVE OWNER		Director of Operations	ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
Risk Commentary Q2 2023/24							
<p>The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death because of the Trust not being able to reach patients in the community. In October 2023, over 23,232 hours were lost, equivalent to losing 25% of the Trust's conveying capacity. This is a significant increase on previous months as we approach the winter months. Only Cardiff & Vale University Health Board has demonstrated material improvement and is a positive outlier. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. Of note, recent data analysis highlights the increased levels of red activity which has doubled since the pre covid period, plus an average increased on scene time of circa 10 minutes. Both measures are reflective of an increasingly challenged system with WAST crews fully exploring admission avoidance alternatives.</p> <p>Improvement actions led by Welsh Government and system partners include: -</p> <ul style="list-style-type: none"> a) Audit Wales's investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E) b) Consideration of additional WAST schemes to support risk mitigation through winter (I) c) NHS Wales reduces emergency department handover lost hours by 25% (E) d) NHS Wales eradicates all emergency department handover delays in excess of 4 hours (E) e) Alternative capacity equivalent to 1000 beds (E) f) Implement nationwide approach to emergency department 'Fit 2 Sit' (E) g) Implementation of Same Day Emergency Care services in each Health Board (E) h) National Six Goals programme for Urgent and Emergency Car (E) 							
CONTROLS				ASSURANCES			
				Internal Management (1st Line of Assurance)			
1. Regional Escalation Protocol				1. Daily conference calls to agree RE levels in conjunction with Health Boards			
2. Immediate release protocol				2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)			
3. Resource Escalation Action Plan (REAP)				3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure. REAP is currently undergoing annual review with an updated to be released December 2023.			
4. 24/7 Operational Delivery Unit (ODU)				4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.			
5. Strategic, Tactical and Operational 24 hour/ 7 day per week system to manage escalation plans				5. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required. On Call cover is reviewed weekly at SLT Performance Meetings.			
6. Limited Alternative Care Pathways in place				6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.			
7. Consult and Close (previously Hear and Treat)				7. The Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates. Reported through integrated quality meeting.			
8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation				8. WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured.			

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	21/11/2023	TREND	25 (5x5)
			Date of Next Review:	21/12/2023	➔	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death	Likelihood	Consequence	Score	
			Inherent	4	5	20
			Current	5	5	25
			Target	2	5	10
		However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.				
9. Clinical Safety Plan	9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group. Clinical Safety Plan is currently under review with a release date December 2023.					
10. Recruitment and deployment of CFRs	10. CFR numbers have grown during 2022/23 which alongside a cleanse of the volunteer database has realised 500 current active volunteers with an ambition to recruit a further 100 by end of Q4. Response data indicates that our CFRs are reaching more patients, especially those with life threatening conditions in 8 minutes compared to this time last year. Numbers of CFR's, percentage of contribution to performance a governance framework is in place. Monitoring through AD 1:1's and volunteer highlight report (IMTP).					
11. ETA scripting	11. The ETA Dashboard is a tactic that was signed off by ELT. The dashboard supports scripting analysed by comparing with real time data. ETA performance is reviewed weekly at SLT weekly performance meeting. The effect of the ETA scripting results in cancellations of ambulances which is monitored through algorithmic review process.					
12. Clinical Contact Centre (CCC) emergency rule	12. Emergency Rule is incorporated into CSP 999 levels.					
13. National Risk Huddle	13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.					
14. Summer/Winter initiatives	14. Monitoring through SLT and STB. Senior Planning Team (SPT) is now stood up for the duration of Winter 2023/24.					
15. CHARU implementation	15. Recruitment of 153 WTE has continued; To lift further, a trial of a rotational model is due to be trialled in Aneurin Bevan Health Board area.					
16. Clinical Model and clinical review of code sets	16. Reported through CPAS and DCR Review reporting through CQGG					
17. Remote clinical support enabling discharge at scene	17. Strategic Transformation Board – IMTP deliverable; Providing support to the Community Welfare Responders (CWR) initiative and supporting CFRs to discharge at scene with current non conveyance rates for CFRs in excess of 40%					
18. Trust Board paper (28/07/22) detailing actions being taken to mitigate the risks (see actions section for details of specific work streams being progressed to mitigate this risk)	18. Formally documented action plan – actions captured are contained within and monitored via the Mitigating avoidable harm paper from PIP.					
19. Information sharing	19. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.					
20. Completed EMS Roster Review	20. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner. Monitor production against the rosters weekly at performance meeting and that provides a level of UHP as a percentage.					
21. Delivered a reduction in the number of multiple attendances dispatched to red calls	21. This will increase vehicle availability generally across the Trust and is monitored through SLT weekly performance meeting.					
22. Transfer of Care	22. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently, work has commenced to withdraw WAST staff from portering duties on hospital premises, cease the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents: i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief					
	23. Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. • Phase 1 delivered through St John Ambulance Cymru • Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach. Early results look promising and the ambition to upscale is being explored with a focus on CSD capacity. Whilst the pilot tests the approach with existing CFRs, the ambition is to introduce a new volunteer role to which we will recruit new volunteers.					

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	21/11/2023		TREND	25 (5x5)
			Date of Next Review:	21/12/2023		➔	
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death	Likelihood	4	5	20	
			Inherent	4	5	20	
			Current	5	5	25	
			Target	2	5	10	
GAPS IN CONTROLS		GAPS IN ASSURANCE					
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system		1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards. An extraordinary incident declared by WAST on 22 October 2023 as direct result of system risk associated with handover delays at Morrison hospital has increased focus on handover delays with external partners and across the media. Some plans are in train (detailed in actions) following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.					
2. Blockages in system e.g., internal capacity within Health Boards which affect patient flow							
3. Local delivery units mirroring WAST ODU							
4. Handover delays link to risk 224							
5. There is an ambition that no handover should exceed 4 hours and for lost hours to handover to be reduced by 25% but given the track record over last 12 months there is a low confidence in attaining this.		The majority of Health Boards have failed to deliver on this ambition; With the exception of Cardiff and Vale University Health Board, the remaining 5 Health Boards with acute Trusts that were required to deliver on this target, have failed to do so.					
6. Handover Improvement Plans agreed between WAST and Health Boards		12. Handover Improvement Plans have been replaced by Integrated Commissioning Action Plans (ICAPS) and are subject to review with EASC; However, it is noted that previous plans did not demonstrate sufficient improvement in reducing handover delays (see above)					
18. Access to Same Day Emergency Care (SDEC) for paramedic referrals		18. This forms part of the handover improvement plans in place with Health Boards; however, assurance is limited given that the acceptance of paramedic referrals is low (less than 1%). There is an inconsistency in approach from Health Boards on eligibility and availability; The national Once for Wales acceptance criteria has not been uniformly deployed by Health Bards across Wales.					
Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST							
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:			
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.		Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)			
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)		ADLT Sub-Group	30.09.22 - Superseded				
3. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I) [Source: Action Plan presented to Trust Board 28/07/22]		Director of Paramedicine / Director of People & Culture	Extended to March 2024	WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth.			
4. Maximise the opportunity from Consult and Close – stretch to 15% and beyond (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, Integrated Care	31.03.23 Complete	Work undertaken to map influences and progress towards each. Current % of Consult and Close increased from 12% to 15% at March 2023.			
5. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, National Operations & Support	Complete	System in place and ongoing.			

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	21/11/2023		TREND	25 (5x5)
			Date of Next Review:	21/12/2023		→	
IF significant internal and external system pressures continue		THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death		Likelihood	Consequence	Score
			Inherent		4	5	20
			Current		5	5	25
			Target		2	5	10
6. Weekly REAP review by senior Operations Directorate team with assessment of action compliance (I) Source: Action Plan presented to Trust Board 28/07/22]		Director of Operations / Operations Senior Leadership Team	Complete	In place and ongoing - Weekly Performance Meetings occur every Tuesday lunchtime to review performance, etc. and determine REAP level.			
7. Recruitment and deployment of new CFRs (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Operations, National Operations & Support / National Volunteer Manager	Complete 21.03.23	Additional CFR Trainers and Operations Assistants appointed to support recruitment and training of new CFRs. Volunteer Management Team, supported by the Volunteer Steering Group, now embarking on volunteer recruitment programme and increasing public engagement to raise awareness about volunteering opportunities available within WAST. Volunteer team has recruited and trained 173 additional volunteers between November and March 2023.			
8. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]			Superseded				
9. Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]		Assistant Director of Quality & Governance / Head of Quality Improvement	Ended March 2023	The temporary extension of the SJAC contract for overnight provision was evaluated, demonstrating on available evidence a positive performance impact over the period of operation (Jan-April 2023). The evaluation report was presented to EMT on 5 April 2023. The contract extension (as a temporary arrangement) ceased on 5 April 2023. Falls service enhanced day and night provision remains in place and utilisation of resources is reviewed at weekly performance meetings by Operations SLT.			
10. New 2023 EMS Demand and Capacity (roster) review		Assistant Director of Planning & Performance	March 2024	ORH modelling underway. Initial findings January 2024, full report to Trust Board and EASC in March			
11. Swansea Bay Winter actions		Assistant Director of Operations, EMS	December 2023	Some plans are in train following a meeting with Swansea Bay COO to include mobile imaging, pathways to bypass ED and a pod solution ahead of winter.			
12. Mental Health response pilot		Assistant Director of Operations, EMS	November 2023	Pilot to commence in Aneurin Bevan Health Board area Nov 2023			
13. Connected Support Cymru – is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.		Assistant Director of Quality Governance		Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. Phase 1 delivered through St John Ambulance Cymru Funding also obtained through external grant funding to pilot a volunteer phase. which went live mid-October with twelve teams piloting the approach. Early results look promising and the ambition to upscale is being explored with a focus on CSD capacity. Whilst the pilot tests the approach with existing CFRs, the ambition is to introduce a new volunteer role to which we will recruit new volunteers.			
14. Maximise the opportunity from Consult and Close – stretch to 17%				Trust ambition is to attain 17% Consult and Close rate, with an improvement plan in place to achieve this. The Trust has however already achieved the inclusion of Mental Health Practitioners in CSD, a key contributor to the achievement of Consult and Close rates.			
15. Development of new model of care		Head of Strategy Development	2024/25	Development of the model remains ongoing			
16. Development of the pathway which connects mental health users connecting via the 999 system to 111 Press 2 services		Assistant Director of Operations, Integrated Care	March 2024	Development of the model remains ongoing			

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients			Date of Review:	10/12/2023	TREND	25 (5x5)
				Date of Next Review:	10/01/2024	➔	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score	
			Inherent	5	5	25	
			Current	5	5	25	
			Target	3	2	6	
IMTP Deliverable Numbers:							
EXECUTIVE OWNER		Director of Quality & Nursing	ASSURANCE COMMITTEE	Quality, Safety and Patient Experience Committee			
Risk Commentary Q2 2023/24							
<p>The risk score remains constant at 25 for quarter 2 2023/24 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. There were 1,888 patient handovers in October 2023 which were over 4 hours. The target was originally to have zero by September 2022. In October 2023 over 23,232 hours were lost, equivalent to losing 25% of the Trust's conveying capacity. Cardiff & Vale University Health Board has demonstrated material improvement and is a positive outlier. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes, and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, coronial enquires and redress / claims. The Trust received three Prevention of Future Death Reports (Regulation 28) during this quarter. Two reports were issued to the Trust, Betsi Cadwaladr University Health Board and the North Wales Local Authorities due to extended community response and handover of care delays. To date (Q2 2023/24) the Trust has received 6 Prevention of Future Death Reports, 5 of which relate to delays in response and handover of care issues.</p> <p>The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. WAST CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant forums and continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. The Joint Investigation Framework in place to review incidents across the system is now approved and included in the recently published National Policy on Patient Safety Incident Reporting & Management (May 2023). Themes from system partners following review of incidents remains the consequences of high escalation levels in acute care and crowded emergency departments.</p> <p>Improvement actions led by Welsh Government and system partners include:</p> <ol style="list-style-type: none"> Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) by the end of April 2025 NHS Wales eradicates all emergency department handover delays more than 4 hours (LHB CEOs) revised to March 2023/24. Alternative capacity equivalent to 1,000 beds project (LHB CEOs) – 678 additional beds delivered, a significant achievement, but short of the target of 1,000. Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales) Implement nationwide approach to emergency department 'Fit 2 Sit' (Welsh Government: Chief Medical Officer and Chief Nursing Officer). 							
CONTROLS				ASSURANCES			
				Internal Management (1st Line of Assurance)			
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which was formalised in the National Patient Safety Policy in May 2023. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.				1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.			
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.				2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub-groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the 'Six Goals for Urgent and Emergency Care' work.			
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)				3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard on app use by Consultant Connect and shared at local and corporate meetings regarding patient safety and handover of care position across NHS Wales and NHS England.			
4. WAST Clinical Notice in place - Escalating a clinical concern with a deteriorating patient outside the Emergency Department (11.02.2021). National Early Warning Score (NEWS) trigger of 5 or above for escalation to hospital clinicians. NEWS data available via EPCR (electronic patient care record).				4. NEWS data now available via ePCR and escalation system in place via local managers and the Operational Delivery Unit.			

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients		Date of Review:	10/12/2023	TREND	25 (5x5)
			Date of Next Review:	10/01/2024	➔	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score
			Inherent	5	5	25
			Current	5	5	25
			Target	3	2	6
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership. WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit. Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.		5. Monthly Integrated Quality and Performance Report				
6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).		6.				
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.		7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure.				
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient's Fundamentals of Care as best they can in the circumstances.		8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process and Putting Things Right Quarterly Reports to Clinical Quality Governance Group and QuEST				
9. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.		9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays				
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.		10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end.				
11. Escalation forums to discuss reducing and mitigating system pressures.		11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.				
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.		12. Monthly Integrated Quality and Performance Report (October 2023 overall 76% - Safeguarding and dementia awareness remains over 91%).				
13. Clinical audit programme in place.		13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.				
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.		14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.				
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government. Evidence submission to Senedd Health and Social Care Committee. Written evidence submitted during Q4 21/22 to the committee to assist their inquiry into Hospital Discharge and its impact on patient flow through hospitals. Report published in June 2022 containing 25 recommendations with recommendation six specifically WAST related stating "The Welsh Government should explain how the targets outlined in the Minister for Health and Social Service's statement of 19 May 2022 on urgent and emergency care and the Six Goals Programme to eradicate ambulance patient handover delays of more than four hours and reduce the average ambulance time		15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including 'Actions to Mitigate Avoidable Patient Harm Report' (last presented to Trust Board November 2023) and Board sub-committee oversight and escalation through 'Alert, Advise and Assure' reports.				

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients		Date of Review:	10/12/2023	TREND	25 (5x5)
			Date of Next Review:	10/01/2024	➔	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score
			Inherent	5	5	25
			Current	5	5	25
			Target	3	2	6
lost per arrival by 25 per cent (from the October 2021 level) have been set. It should also confirm the target dates for the achievement of these targets."						
16. Implementation of Duty of Quality, Duty of Candour, and new Quality Standards requirements in April 2023.		16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of July 2023 is 'Implementing and operationalising'. The Trust has representation on the All Wales Duty of Candor Implementation Group and is actively engaged in developing resources. From April 2024 the Trust will publish an annual quality report and compliance with Duty of Candour. Operational oversight occurs at the Quality Management Group and Executive oversight is via the Clinical Quality Governance Group.				
17. Clinical Support Desk First in place		17.				
		External Sources of Assurance Management (1st Line of Assurance)				
		1. Monitoring and oversight of the Ambulance Quality Indicators (AQIs) including handover of care timeliness and Commissioning Framework by the Chief Ambulance Services Commissioner (CASC), the Emergency Ambulance Services Committee (EASC) including the Integrated Commissioning Action Plans (ICAPS) and Joint Executive Team (JET) meetings with Welsh Government (I&E).				
		2. Healthcare Inspectorate Wales (HIW) 'Review of Patient Safety, Privacy, Dignity and Experience whilst waiting in Ambulances during Delayed Handover' Report and system wide improvement plan with working group in place with WAST senior representation. Oversight by HIW and EASC				
		3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.				
GAPS IN CONTROLS		GAPS IN ASSURANCE				
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures.		1.				
2.		2. Implementation of the revised Joint Investigation process remains in pilot stage with good engagement seen by system partners. Several overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 38 overdue nationally reportable incident investigations. Shared system learning from the Joint Investigation Framework is currently limited with no new learning identified to date.				
3. Lack of implementation and holding to account regarding the NHS Wales of the Handover Guidance v2 and recognition of the patient safety risks pan NHS Wales*.		3. 15-minute handover target is not being achieved pan-Wales consistently and has led to a substantial growth in emergency ambulance handover lost hours. In October 2023, 23,232 hours were lost with 1,888 +4 hour delayed patient handovers.				
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients' NEWS*.		4. Strengthening of patient safety reports and audit processes as e PCR system embeds.				
5. Variation pan Wales / England as position not implemented across all emergency departments*.		5.				
6. Variation pan Wales / England as position not implemented across all emergency departments*.		6. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.				
7. Variable response pan Wales / England. WAST have minimal control on this at patient level*.		7.				
8. Variable response pan Wales / England. WAST have minimal control on this at patient level*.		8.				
9. Transition to ePCR impacting on data temporarily		9.				
10. National steer required to confirm the accountability arrangements regarding patients in ambulances outside of the emergency departments. The seven Local Health Boards (LHBs) in Wales are responsible for planning and securing delivery of primary, community, secondary care services, and also the specialist services for their areas*.		10. HIW approve and sign off WAST elements of recommendations.				
		External Gaps in Assurance				
		1. Lack of escalation and response to AQIs by the wider urgent care system and regulators				

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients			Date of Review:	10/12/2023	TREND	25 (5x5)
				Date of Next Review:	10/01/2024	➔	
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments	THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised	RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score	
			Inherent	5	5	25	
			Current	5	5	25	
			Target	3	2	6	
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:			
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project		WAST QI Team (QSPE)	<ul style="list-style-type: none"> TBC – Paused 	<ul style="list-style-type: none"> Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF). 			
2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.		Assistant Director of Quality & Nursing	<ul style="list-style-type: none"> Q4 2023/24 	<ul style="list-style-type: none"> Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. Access to ePCR data (NEWS) now available. Work on-going with Health Informatics regarding patient safety and health board dashboards. 			
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.		Executive Director of Quality & Nursing	<ul style="list-style-type: none"> Monthly and as required. 	<ul style="list-style-type: none"> Monthly meetings continue to be held and networking through EDoNS. 			
4. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE		Director of Paramedicine	<ul style="list-style-type: none"> Q4 2023/24 	<ul style="list-style-type: none"> WAST has attempted to secure additionality within its APP numbers, as the evidence illustrates a dramatic impact upon ED avoidance with more people being managed within the community. At this stage, no additional funds have been secured. However, it remains the case the prospective APPs are completing their education and could be deployed into the operational setting to mitigate the risk. ELT has therefore agreed to grow the APP numbers further this year, redirecting existing operational spend to bolster APP growth. 			
5. Overnight falls service extension		Executive Director of Quality & Nursing	<ul style="list-style-type: none"> 31.03.2024 	<ul style="list-style-type: none"> Night Car Scheme extension agreed to 31 March 2024 (2 regional resources) Utilization rates continue to be monitoring. Nighttime falls assistance 64% Utilisation (Apr 2023 -Jun 2023); Nighttime falls assistance 66% Utilisation (July – Oct 2023); Daytime utilisation sustained: July -August 58%. September- October 58% utilisation. Optima modelling has now been completed. The modelling clearly identifies that the level two falls' vehicles are the more effective resource. The modelling has identified an estimated need of 48 (38 day and 10 overnight) falls vehicle level 2 12 hours shifts. The modelling is now being built into the strategic (five year) demand & capacity review. 			
6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded.		Executive Director of Quality & Nursing	<ul style="list-style-type: none"> Q3 2023/24 	<ul style="list-style-type: none"> Monthly updates to progress against actions following the baseline assessment and readiness returns. RL Datix Dashboards and KPIs under development nationally. Key policies updated and approved. Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly. 			
7. Connected Support Cymru is initially designed to utilise NHS and voluntary-sector resources and responders to enable patients to be supported in their own home whilst waiting for an urgent healthcare need to be managed. The service will employ digital health technologies to connect patients, communities and clinicals to achieve better health outcomes. The initiative will improve patient experience and safety, while supporting the healthcare system in directing patients to the right pathway at an appropriate time for their care need. It is expected this will help reduce unnecessary demand upon Emergency Departments.		Executive Director of Quality & Nursing	<ul style="list-style-type: none"> Q3 2023/24 	<ul style="list-style-type: none"> Multi phased approach commenced in Dec 2022 with St John Ambulance Cymru virtual ward responder, a digital and telehealth platform, and a Community Welfare Responder model to enhance community resilience. Phase 1 delivered through St John Ambulance Cymru SJAC funded ended on 31 October 2023. Proof of concept using WAST CFR volunteers as CWRs is underway. Grant funding is being used to put in place roles and processes to recruit and train to new volunteer role. This eyes on support to CSD clinicians, by volunteers, is producing positive results, with early data suggesting a 35% consult & close rate for the cohort of patients covered by the pilot. The business case has now been completed and can be made available to key stakeholders. Now awaiting business case approval. The CWR will be modelled as part of the options being considered by the current EMS 			

Risk ID 224	Significant Handover of Care Delays Outside Accident and Emergency Departments Impacts on Access to Definitive Care Being Delayed and Affects the Trust's Ability to Provide a Safe & Effective Service for Patients			Date of Review:	10/12/2023	TREND	➔	25 (5x5)	
				Date of Next Review:	10/01/2024				
IF patients continue to be significantly delayed in ambulances outside Accident and Emergency Departments		THEN there is a continued risk that access to definitive care is delayed, the environment of care will deteriorate, and standards of patient care are compromised		RESULTING IN patients coming to significant harm and a poor patient experience		Likelihood	Consequence	Score	
						Inherent	5	5	25
						Current	5	5	25
						Target	3	2	6
8. Organisational change process (OCP) of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.		Executive Director of Quality & Nursing	• Q4 2023/24	• OCP commenced 25.09.2023 and the consultation period has concluded with the final new structure confirmed. Next steps are to recruit to vacant positions which has commenced. It is anticipated that all positions will be filled by April 2024 (taking notice periods into account).					
9. Connect with All Wales Tissue Viability Network to explore strengthening the current investigations into harm from pressure damage across the whole patient pathway.		Assistant Director Quality & Nursing	• Q4 2023/24	• Positive meeting held in August 2023 as planned with the Chair of the TVN network. Next steps are for the Patient Safety Team to attend a TVN leads meeting to discuss opportunities for collaborative working and data / information sharing. Date to be confirmed and there has been good engagement from Health Board Tissue Viability Nurses. Workshop date confirmed in January 2024.					
10. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		CEO	• Q4 2023/24	<ul style="list-style-type: none"> Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital: access to unscheduled care services and national arrangements (structure, governance, and support) WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. Expected outcomes in 2023/24. 					
11. Internal Audit to undertake a review of Serious Adverse Incidents & Joint Investigation Framework		Executive Director of Quality & Nursing	• Q4 2023/24	• Internal audit in progress. Delays due to sickness in internal audit team.					

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:	28/11/2023	TREND	20
			Date of Next Review:	28/12/2023	→	(5x4)
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:						
EXECUTIVE OWNER	Director of People & Culture	ASSURANCE COMMITTEE	People and Culture Committee			
Risk Commentary						
Sickness absence remains one of the key challenges for the organisation. Whilst there has been a significant reduction in absence levels over the past 18 months, rates remain higher than desired and therefore a continued focus on supporting good attendance at work is needed by both managers and the People and Culture team. Increased pressures on our people like handover delay, missed breaks and cost of living impact on health and wellbeing. As we move into winter, we also see increased absence due to respiratory illness and Covid. The outcome of this is to maintain the risk at a score of 20 and review the level at the end of Q4 2023/24.						
CONTROLS			ASSURANCES			
			Internal Management (1st Line of Assurance)			
Managing Attendance at Work Policy/Procedures in place.			1. (a) (b)			
1. Respect and Resolution Policy- recognising issues at work may contribute to sick absence			2.			
2. Updated Freedom to Speak Up Policy replacing the Raising Concerns Policy- recognising issues at work may contribute to sick absence			3. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames Completed - 28/11/23 Freedom to speak Up Safely process introduced from the start of October 2023 including three trust guardians.			
3. Health and Wellbeing Strategy – key document that outlines commitment to wellbeing and supportive culture			4. Regular reference to strategy to ensure themes are addressed and linked to wider people and culture plan 28/11/2023 Health and Wellbeing Strategy coming to an end in 2024 to be replaced with a new plan with a focus on employee experience in line with the All Wales Framework and the People and Culture Plan 2023-2026			
4. Operational Workforce Recruitment Plans- provide evidence of sufficient resources and identify any gaps or potential areas of increased workload pressure			5.			
5. Roster Review & Implementation- to support demand and capacity which can have an impact on absence levels			6. Roster Review for EMS completed. Review in 111 underway			
6. Return to Work interviews are undertaken - SharePoint Sway document ensuring accurate reporting of reason for absence and identifying any additional support required			7. Process regularly reviewed and managers provided with relevant training and coaching on process and importance of carrying out return to work interviews promptly			
7. Training on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained			8. Regular bitesize training provided for managers, adapted to reflect feedback and to ensure all aspects of managing attendance is understood			
8. Directors receives monthly email with setting out ESR sickness data- ensures ownership and awareness			9. Monthly reporting provided with opportunity for discussion with relevant people services lead and Director			
9. Operational managers receive daily sickness absence data via GRS- ensures ownership and awareness			10. Provided daily, with opportunity for discussion with relevant people services lead and operational managers			
10. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support			11. Monthly reporting on services provided, volume of referrals and timeframes for accessing support.			
11. WAST Keep Talking (mental health portal) additional measures to offer support			12. Quarterly reporting on numbers accessing and regular promotion of service.			
12. Suicide first aiders- additional layer of support			13. Quarterly reporting of numbers of trained suicide first aiders and numbers who have accessed.			
13. TRiM- additional layer of support			14. Quarterly reporting on access to TRiM and promotion of service			
14. Peer Support network- additional level of support			15. Promotion of network and support provided			
15. Coaching and mentoring framework- additional level of support			16. Promotion of network and support provided 28/11/2023 on pause to focus on Leadership Framework with a focus on culture and its impact on the experience of work and workplace wellbeing			
16. Staff surveys- assess levels of engagement and wellbeing			17. New HIVE survey tool will provide data on overall engagement and wellbeing 28/11/2023 the NHS Wales Staff Survey has also just closed and will provide information in the new year to inform us further.			
17. Stress risk assessments- identify measures that can be taken to address issues			18. Reference to the assessments during attendance management line manager training and to the TUS 28/11/2023 OH to lead on a refresh of stress risk assessments use			

Risk ID 160	High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service		Date of Review:		28/11/2023	TREND	20 (5x4)
			Date of Next Review:		28/12/2023	→	
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	
18. Sickness statistics are reported to SLT, SOT, People & Culture Committee, Trust Board and the CASC	19. Sickness forms part of Workforce Scorecard to People & Culture Committee and is also supported by PCC deep dives into sickness. Reporting is also shared with CASC and EASC. Discussions on sickness are reported in minutes and AAA to Board						
19. External agencies support e.g., St John Ambulance, Fire and Rescue- if needed at times of increased demand pressure	20.						
20. Monthly reviews of colleagues on Alternative duties	21. Action plans arising from meetings with colleagues implemented through monthly diarised meetings						
21. Manager guidance on managing Alternative duties	22. Evidence of managers guidance in place and referenced in attendance management training						
22. Monthly report on absence to ELT and report to every meeting of People & Culture Committee via the Workforce Report and provision of deep dives when requested.	23.						
23. Sickness audits for localities- provides additional level of detail	24. Audits carried out and actions taken forward						
24. Additional support for areas with higher-than-average absence – emphasis is on understanding reasons and developing action plans	25. Dedicated meetings taking place and support from people services for areas with absence with local plans in place to address specific issues						
25. Review of top 100 cases -carried out monthly	26. Provides a focus on cases with a clear focus on support and making sure there are plans attached to each case.						
26. Deep dives on specific issues and reasons for absence	27. Enables wider consideration of additional measures that may be adopted and identifies themes and keeps focus on absence management e.g. – mental health and causes 28/11/23 Recognition of the impact of employee experience and workplace conditions and link to absence						
27. Implementation of the Managing Attendance Project 2022-23 completed and ongoing activities maintained	28.						
28. Implementation of Behaviours Refresh Plan completed	29.						
29. 3128 2023 10-point action plans shared with EMT for assurance and RAG rated to track progress quarter	30. Offers assurance to ELMT on the activities and measures in place. Figures on absence are being reported monthly to ELT which is reflected in the minutes and AAA reports						
31. Work in Confidence system implemented and Freedom to Speak Up Month in October 2023 focused attention on this	31. External Management (2nd Line of Assurance)						
32. Actions from Audit of Nov 22 nearing completion							
33. 1. Freedom to Speak Up training in place.	Independent Assurance (3 rd Line of Assurance)						
	1b. Internal Audits scheduled through Shared Services Partnership (controls 1 - 24). 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 (controls 1 - 24)						
GAPS IN CONTROLS	GAPS IN ASSURANCE						
(a) Consistency and Application in Managing Attendance at Work Policy	There are other factors that impact on sickness which can't be controlled						
1. 9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received	1. 9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers						
1 – 22 Education and communication with managers about resources available and how to implement it e.g., stress risk assessments							
	External Gaps in Assurance None identified at the present moment						
Actions to reduce risk score or address gaps in controls and assurances	Action Owner						
Implementation of Improving Attendance project	Deputy Director of People & Culture	By When/Milestone	Progress Notes:				
1. Implementation of Behaviours Refresh Plan	Assistant Director – Inclusion, Culture and Wellbeing						
2. Long term sickness absence deep dive - long term absence cases being managed in line with the policy, more support for redeployments where this is the best option for an	Deputy Director of People & Culture						

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:	28/11/2023	TREND	20 (5x4)
			Date of Next Review:	28/12/2023	➔	
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	16
				Current	5	20
				Target	3	12
employee. Increased wrap around support. Long term cases where someone is unable to return then conclusions and options explored.						
3. Develop guidance for line managers to support addressing challenging conversations and change		Deputy Director of People & Culture	31.07.23 Extend to 31.01.24 based on new plan for 2023/24		Underway and ongoing. Downward trajectory in levels of long-term absence- proposed that this is extended until 31/12/23 to enable more detailed work of reasons, measures being implemented and impact.	
4. Roll out platform for raising concerns (in relation to Freedom to Speak Up Arrangements)		Freedom to Speak Up Arrangements Task & Finish Group Ownership moving to DWOD	31.07.22 Complete		Training produced and rolled out. Now BAU	
5. Strengthen Freedom to Speak Up Arrangements policy and advice		Assistant Director of Inclusion, Culture and Wellbeing	Extended from 31.07.22 to 31.03.23. Extended to 31.05.23 Extended to 31.08.23 Completed September 2023 with platform launched and Guardians appointed. 28/11/23 Freedom to Speak up Month in October and successful launch. First report due in January. CLOSED		Extended date in terms of project plans and impact of Industrial Action. 21.3 The task and finish group has completed its work, and the project is now going to be handed to DWOD as SRO for the work. 21.06 soft launch of the platform in August with official launch in September in line with Practice Ethically behaviour. 03/08/23 - Soft launch commenced 1 August 2023, full launch moved to October as it is freedom to speak up month. 28/11/23 BAU	
6. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements		Assistant Director Inclusion, Culture and Wellbeing	31.05.23 Extended to 31/08/23 Completed		Deadline extended to coincide with launch of new platform, although Guardians are in place and weekly review meetings taking place. They are receiving the highly confidential Datix, and concerns raised through networks and attendance at ER monthly review from July. SharePoint page constructed and comms plan being finalised following refresher demos to key stakeholders. Behaviours reinforced via culture champions group, rotating through behaviours, currently broaden our understanding. Head of Culture and OD in post from August to further this work. 03/08/23 - Share point page published, comms plan in place. complete	
7. Accountability meetings with senior ops managers		Deputy Director of People & Culture	31.05.23 extended to 30/9/23 Complete as ongoing part of the OD workplan as BAU. 28/11/2023 Training available on ESR for all.		Ongoing – extended until 30/9/23 to enable soft launch with feedback and policy and advice to be shared. Training plan will be produced with an emphasis on making the platform and use of freedom to speak up as simple and accessible as possible. SharePoint page constructed and comms plan being finalised following refresher demos to key stakeholders.	

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:	28/11/2023	TREND	20 (5x4)	
			Date of Next Review:	28/12/2023	➔		
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
			CLOSED	Head of Culture and OD in post from August to further this work. 03/08/23 - Training plan identified. 26/10/2023 ESR module to be available to all staff. Training video available to all for using the platform. Emphasis on creating a psychologically safe culture to encourage speaking up as the norm in teams. Culture tool developed.			
8. Attendance Management training for managers		Deputy Director of People & Culture	30.09.22 Complete and ongoing BAU	Underway, conversations re sickness absence well established and continuing			
9. PADR review including wellness questions		Assistant Director – Inclusion, Culture and Wellbeing	31.12.22 Complete and BAU	Underway and ongoing – now BAU 1.11.22			
10. Restart the Health and Wellbeing Steering Group		Assistant Director – Inclusion, Culture and Wellbeing	Complete	Complete. New PADR distributed October 22.			
11. Review of top 100 cases by the team on a monthly basis		Deputy Director of People & Culture	Complete Aug 23 – Paused 26/10/2023 Complete and BAU	Complete – group started 17.10.22 and will meet quarterly. 03/08/23 - Paused until key vacant posts, i.e., Head of Workplace Wellbeing and OH Manager, are filled. 26/10/2023 Head of Workplace Wellbeing in post and OH Manager due to start in December 2023. Group arranged for first week of December.			
12. Actions identified from the Managing Attendance Audit		Deputy Director, People and Culture	Commenced and ongoing – review 30.06.23 BAU	Underway and now BAU			

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships		Date of Review:	04/12/2023		TREND	20
			Date of Next Review:	04/01/2024		↑	(5x4)
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	5	4	20	
			Target	4	3	12	
IMTP Deliverable Numbers:							
EXECUTIVE OWNER		Director of People & Culture	ASSURANCE COMMITTEE		People & Culture Committee		
Risk Commentary This risk is regularly reviewed. Work is underway to seek to improve partnership working and an action plan has been created to deliver this. The engagement structures below WASPT are in place and running. The Deputy Director of P&C is currently writing a workshop session with TU partners to deliver to managers are TU reps across the organisation and a second session for senior TUPs and senior managers to improve the understanding of the challenges for both groups. Individual relationships with TUPs are quite good; however, there is a view that collective trust needs to be greater than it currently is with regards to shared purpose and working in partnership. However, there is a further prospective risk as discussions on pay commence for 2024/25 which are out of the gift of WAST but may result in further tension and industrial action if an offer made is not accepted by the trade unions. This is in the context of the current financial pressures for Welsh Government who are seeking to make significant savings. At a local level there are challenging issues to be managed such as USH payments for those off sick and EMT 2-3, demand and capacity reviews, industrial injury appeals and changes to the workforce profile by increasing APPs. Some of these issues are escalating and will likely result in R&R processes. When there are discussions on one area then there appears to be difficulty disengaging different issues. The fact that there is a significant amount of change taking place that impacts on our staff, does mean that this will continue to be an issue. Our focus has to be on building relationships, open communication, and clear understanding of what needs to be achieved.							
CONTROLS				ASSURANCES			
				Internal Management (1st Line of Assurance)			
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership				1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.			
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement				2. Both parties refer to the documents and are signed up/committed to it			
3. IPA Workshops				3. Meetings completed with participation from TUs and senior managers. Attendance lists are available			
4. Trade Union representation at Trust Board, Committees				4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned because of TU partner buy in			
5. Monthly Informal Lead TU representatives and Chief Executive meetings				5. Diarised meetings			
6. Staff representative management in Task & Finish Groups				6. Good attendance and commitment is observed at the meetings. TU partners listed as members in terms of reference			
7. WASPT re-established post stand down of cell structure post pandemic.				7. Diarised meetings with a formal agenda. Any business needed to be discussed is included in the agenda. Good attendance and commitment observed at meetings.			
8. Local Co-Op Forums, and informal monthly meetings between TUs and Senior Operations Team				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.			
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.				12. Training for local managers and TUPs in development			
13. Action plan developed from the recommendations of the ACAS report				13. Action Plan for delivery created and shared with TU Secretary for feedback from TUPs			
14. ToR agreed for refreshed Partnership Forum meeting and back to a business-as-usual footing				14. WASPT re-established. Third meeting scheduled T&F group undertaking work on the engagement model below WASPT through SLT and SOT is in progress with TU engagement. TU cell stood down.			
15. 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				15. Rearranged date 24.08.22 due to COVID in ACAS facilitators. First ACAS sessions delivered in June. Joint ACAS session with TUPs and Senior Team delivered on 24.08.22. Awaiting report from ACAS advised they are finalising by 23.09 and will forward week of 26th Sept. Draft plan in development to capture actions from the meeting. Actions from the ACAS recommendations will be added on receipt. Report received in October. Action plan developed and shared with TUs. Implementation underway			

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:	04/12/2023		TREND	20
				Date of Next Review:	04/01/2024			(5x4)
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		5	4	20
				Target		4	3	12
16.WASPT feeding into PCC				16. Minutes of formal Partnership Forum reported to PCC or Board along with AAA				
17.Formal meeting structures below WASPT agreed and established. Structures for Local Partnership Forums and SOT/ SLT for operations and Partnership Meeting for Corporate Services agreed including ToR.				17. Highlight reports shared at WASPT.				
18.TUs meet CEO Monthly, Chair and NED for PCC				18. Quarterly informal discussion held with Chair of TU and TU Sec to ensure information flow to address urgent and emerging issues				
19.Representation at All Wales Partnership and Business Forum to ensure effective information flow and strong communication is maintained with FTOs. Horizon scanning				19. Minutes, AL feed back into WASPT				
				External - Not applicable				
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. Effectiveness review of WASPT		Board Secretary		February 2024	Survey is already live and results will be ready for March 2024 meeting.			
2. Workshop session with Committee Chairs and TU Representatives on clarity of TU Roles at Committee meeting		Board Secretary/ Director of People & Culture		January 2024				
3. Refresh of engagement/ development programme post Industrial Action and establish work		Deputy Director of People & Culture		30/08/23 Underway and work ongoing. Plan delivery to be completed in 2024. However, this will be subject to the national picture.	<ul style="list-style-type: none"> Plan agreed and being monitored via WASPT. Draft training development underway in partnership with TUPs for Feb and Mar 2024 Range of development interventions underway – insights workshop, 4 additional workshops with TU reps and managers from across the country in terms of clarity of roles, responsibilities, relationships. Principles on engagement being developed (in part from the training) and as a result the partnership statement will be updated. Dedicated training on Change Management for TUs 			

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:	25/10/2023	TREND	20
				Date of Next Review:	25/11/2023		(4x5)
IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations	THEN there is a risk of a loss of stakeholder confidence in the Trust	RESULTING IN 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:							
EXECUTIVE OWNER		Director of Partnerships and Engagement	ASSURANCE COMMITTEE	People and Culture Committee			
Risk Commentary Q4 2022/23							
The risk score remains constant at 20 (highly likely and catastrophic). The organisation's reputational risk is one which is long-standing and entrenched. After initial improvements in risk rating some years ago, the impact of the pandemic, long standing performance and morale issues (including the impact of extended handover delays at hospitals), the impact of recent industrial action and the levels of patient harm which are being documented all result in limited opportunity to de-escalate the risk. Significant efforts are being made to address all of these factors. However, to date, the issues which contribute to reputation continue to be problematic and, therefore, militate against de-escalation of the risk for the foreseeable future. As part of the mitigation, extensive stakeholder engagement briefing, media relations work, patient experience and internal communication and engagement continue, but are not sufficient to outweigh the impact of the core issues which affect reputation. The lead Director and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder engagement is regularly reviewed in this context.							
CONTROLS				ASSURANCES			
				Internal Management (1st Line of Assurance)			
1. Regular engagement with senior stakeholders e.g., Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders				1. Agendas, minutes, and documents of engagement events			
2. Challenging of media reports to ensure accuracy				2. Programme of daily media engagement			
3. Media liaison to ensure relationships developed with key media stakeholders				3. Programme of daily media engagement			
4. Engagement Framework approved by the Board July 2022				4. Issues of reputation monitored at EMT via weekly Forward Look item – minuted meetings and action logs.			
5. Engagement Framework Delivery Plan approved by the Board January 2023				5. The Director of Partnerships and the Head of Strategy are working closely with colleagues from PWC to inform further detail regarding future engagement including stakeholder analysis, case for change etc. Routine stakeholder and staff engagement continues, including the recent round of Executive roadshows and WAST Live.			
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., EMT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs. Outcome of recent reputation audit to be reported through EMT in April and onward, as a minimum, to PCC.			
7. Escalation procedure for issues to the Board				7. Minuted meetings, action logs and Board papers			
GAPS IN CONTROLS				GAPS IN ASSURANCE			
1.				1.			
2.				2.			
3. The delivery plan is in abeyance pending outcome of the work underway by PWC in relation to the Trust's strategic ambitions.				3.			
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:		
1. Submit refreshed Board Engagement Framework to Trust Board for approval			Director of Partnerships & Engagement	26.05.22 Complete	Approved July 2022		
2. Roll out of the Engagement Framework Delivery Plan			Director of Partnerships & Engagement	Ongoing	Currently being revised in respect of both timelines and specifics to align with further emerging broader strategy work (the move from 'Inverting the Triangle' to transforming care more broadly). Implementation had been delayed by delays to completion of strategy consultancy work. Work has been undertaken to capture engagement on strategy to-date to inform future 24 iterations. BAU stakeholder engagement continues, including with politicians, key influencers, and media.		

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence		Date of Review:	25/10/2023	TREND	20 (4x5)	
			Date of Next Review:	25/11/2023	→		
IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations	THEN there is a risk of a loss of stakeholder confidence in the Trust	RESULTING IN damage to reputation and increased external scrutiny		Likelihood	Consequence	Score	
				Inherent	4	5	20
				Current	4	5	20
				Target	3	5	15
3. Board oversight, scrutiny and challenge of performance, concerns, quality	CEO / Executive Management Team		Ongoing				
4. Monitoring internal Quality and Performance of Trust and raising system issues	Executive Management Team, Finance and Performance Committee Quality, Safety and Patient Experience Committee, People and Culture Committee, Audit Committee		Ongoing				
5. Engaging with internal and external stakeholders to develop confidence	CEO & Director of Partnerships & Engagement		Ongoing BAU		Regular engagement continued with staff, TU partners and a range of external stakeholders such as AMs, MPs, Local Authorities etc. BAU.		
6. Monitoring external factors that may affect the Trust	CEO & Director of Partnerships & Engagement		Ongoing BAU				
7. Llais (the new Citizens Voice Body attending October 2023 Board Development	Director of Partnerships & Engagement		October 2023		Llais attending Board Development session on 26/10		
8. Reputation Audit deep dive on findings to be presented at Board Development	Director of Partnerships & Engagement		Q1 2024/25		Given pressure on agenda and time elapsed, it is proposed that further audit be undertaken (it was always the plan to make this annual), which will allow for comparison of data and analysis with a view to taking through governance structures in Q1 2024/25.		

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences		Date of Review:	28/11/2023		TREND	15
			Date of Next Review:	28/12/2023		→	(3x5)
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: TBC							
EXECUTIVE OWNER		Director of People & Culture	ASSURANCE COMMITTEE		People & Culture Committee		
Risk Commentary							
The ongoing system challenges remain with long handover delays which are likely to worsen again as we head into winter pressures. Work on reducing shift overruns continues with various pilots being run to test viable options which could be implemented. Front line operations had little respite over the summer months.							
CONTROLS				ASSURANCES			
				Internal Management (1st Line of Assurance)			
1. Health and wellbeing strategy in place and shared across the Trust.				1. Review undertaken of the Health and Wellbeing Strategy by Assistant Director annually. 28/11/23 Health and Wellbeing Strategy coming to a close in 2024 and new plan with emphasis on workplace experience being developed in line with the All Wales framework proposals and the People and Culture Plan 2023-2026.			
2. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme				2. Regular review meetings with all external providers to ensure they meet requirements of the SLA contracts. Regular management information received so that trends can be monitored.			
3. Self-referrals or managerial referrals to Occupational Health				3. Regular reports submitted by Occupational Health team to WOD Business Meetings for monitoring.			
4. Wellbeing support and training for line managers				4. Diarised meetings, webinars and workshops in place through a rolling programme.			
5. Development of range of wellbeing resources for staff and line manager				5. Tools are available on WAST intranet. Occupational Health and Wellbeing teams visit stations, A&E, CCCs and other locations regularly where operational staff are based to promote the occupational health and wellbeing offer.			
6. Peer support network forum				6. Network supported by Assistant Psychologist and TRiM lead. 28/11/23			
7. WAST Keep Talking (mental health portal) and Sway on the Intranet				7. Available on intranet for staff to access easily.			
8. TRiM				8. TRiM Coordinator has regular dialogue with TRiM managers and practitioners. Project plan and training schedule in place.			
9. Coaching and mentoring framework				9. Information on intranet on Learning launch pad available to all staff.			
10. Acting on results of staff surveys relating to staff experience				10. Each Directorate has developed their own action plan to address staff surveys. 28/11/23 NHS Wales Staff Survey has just closed with results due in the new year.			
11. HSE stress risk assessments				11. Undertaken by managers and advice is provided on how to use them by Occupational Health team.			
12. KPIs are reported monthly to WOD regarding Occupational Health and Wellbeing activity				12. Received at People and culture Business Meetings monthly.			
13. Wellbeing drop-in sessions for CCC and 111 staff				13. Diarised sessions in place as part of the programme.			
14. Fast track physiotherapy				14. Regular review meetings with physiotherapy provider and monthly monitoring information received at People and Culture Business meetings.			
15. Specialist trauma counselling service				15. Same as 15.			
16. Regular psycho-educational sessions with managers and staff				16. Diarised sessions			
17. Compassionate leadership training sessions				17. Same as 17 in place as part of the programme.			
18. Chaplaincy programme				18. Training plan and minutes of meetings produced quarterly for the Wellbeing Team – to be reviewed.			
19. Occupational Health team inclusion in sickness and absence meetings				19. Diarised meetings in place.			
20. Procure a pulse survey tool to benchmark how colleagues are feeling and get feedback on the employee experience				20. HIVE went live in September 2023.			
				External - Independent Assurance - Audit Wales – Taking Care of the Carers report in October 2021			
GAPS IN CONTROLS				GAPS IN ASSURANCE			
				4. Reporting on wellbeing training take up			

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:	28/11/2023		TREND	15 (3x5)
			Date of Next Review:	28/12/2023		→	
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	
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.		Lack of awareness about staff wellbeing services					
		Effects of REAP 4 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.					
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:			
1. Restart the Health and Wellbeing Steering Group (link to risk 160)		Assistant Director Inclusion, Culture and Wellbeing	Completed 03.08.23 Group paused due to two key vacancies. Completed 26/10 /23. Steering Group in place 28/11/2023 CLOSED	First meeting was on 17/10/2022. This however does not yet bring down the score of the risk as the Steering Group meeting was to re-establish a way forward. Next meeting to be scheduled within 2 months. 03/08/23 - Head of workplace Wellbeing due to be in post in October and OH Manager about to go to advert. No capacity within the team to restart the group. 26/10/23 Head of Workplace Wellbeing in Post, OH Manager starting in December. Steering Group arranged for first week of December.			
2. Increase the education and communication with managers about stress risk assessments		Head of Health & Safety	Completed	This is part of the IOSH Managing Safety Training BAU. OH to undertake workshops with CCC managers – dates to be confirmed this week.			
3. Deliver the employee engagement tool into WAST		Deputy Director of People and Culture	30.09.23 26/10/23 Complete 28/11/2023 First HIVE survey carried out November 2023 CLOSED	Software has been procured. Planning for rollout is underway. First survey delivery in October/ November 2023. 03/08/23 - Working on the timing of launch based on the rollout of the Freedom to Speak up platform. 26/10/23 Questions Finalised and first survey due to be distributed in November			



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AGENDA ITEM No	16
OPEN	Open
No of ANNEXES ATTACHED	1

DRAFT HEALTH AND WELLBEING PLAN

MEETING	People and Culture Committee
DATE	20 February 2024
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Dr Adam Cann, Clinical Psychologist / Head of Workplace Wellbeing
CONTACT	Adam.cann@wales.nhs.uk

EXECUTIVE SUMMARY

1. We are due to produce the next Health and Wellbeing Plan to provide strategic leadership to our health and wellbeing activities throughout 2025-2029. This is a first draft articulating the principles of our approach to improving the health and wellbeing of our people over the period 2025-2029.
2. We have re-established the Health & Wellbeing Steering Group to guide the preparation of the plan, with stakeholders from across WAST.
3. A consultation process is planned with all stakeholders including colleagues from a wide range of functions, TU partners and Trust leadership.
4. Our approach to the Health and Wellbeing Plan is defined by targeting our initiatives, workplace practices and interventions to the specific needs of all our colleagues, wherever they work in #TeamWAST. There is a recognition that individual wellbeing support alone is not sufficient, and we must also consider the systems, environments, and processes in which we work.

KEY ISSUES/IMPLICATIONS

PCC is asked to:

- **COMMENT ON** the draft plan.

REPORT APPENDICES

Appendix 1: Draft Health and Wellbeing Plan 2025-2029

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)	NO	Financial Implications	NO
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

DRAFT Health and Wellbeing Plan 2025- 2029

Chief Executive message

Director message

Context and Vision

Our people face unique challenges serving the people of Wales. The health and wellbeing of staff across all areas of the NHS has been spotlighted as a result of the pandemic and the continued system pressures. This he

We know individual wellbeing support alone is not sufficient, and we must shift equal focus on the systems, environments and processes in which individuals work.

We are committed to collaborating with our people to improve their wellbeing at work and recognise the importance of shared responsibility – workplace wellbeing is everyone’s business. This plan takes strategic direction from the People and Culture Plan 2023-2026 which sets out our vision for a workplace culture of belonging, inclusion, where our people can be at their best and bring their whole self to work as part of #TeamWAST. Fulfilling and meaningful work bolsters our wellbeing and health.

Our approach to workplace wellbeing recognises the risks associated with the work we do including sleep difficulties, musculoskeletal problems, and workplace injuries. We know that there can be no health without mental health and are committed to parity of esteem between physical and psychological health. There is an increasing evidence base suggesting that ambulance staff are more at risk of mental ill health, suicide and are more likely to attribute work as a contributing factor to their difficulties. We recognise the risks associated with supporting people in their most distressing moments. The expectations and challenges our staff face have increased alongside pressures on the health and social care. We acknowledge the impact that system pressures have on our people from long waits at A&E to attending more unwell patients who may have been unable to access earlier treatment. We recognise the diversity of roles within WAST and are committed to supporting those in clinical roles alongside those in our support and corporate services. We recognise that the challenging environment in which we operate has implications for all of our workforce. As a Wales-wide service, we recognise the challenges of maintaining highly responsive and flexible support services, of remote working and ensuring we access supervision and leadership to feel empowered to deliver our at our best.

Our interventions are driven by our People and Culture Directorate focus on our **Three C’s**: ensuring we have the culture, capacity, and capability to address the challenges we face as an organisation.

- The Health and Wellbeing Plan will address wellbeing in a holistic manner, addressing:
 - Mental health and psychological wellbeing
 - Physical health and wellbeing
 - Financial wellbeing
 - Social wellbeing
 - Environmental wellbeing

(Consider graphic)

Our approach

Whether on the frontline of emergency care or offering remote consultation, our workforce are highly skilled, autonomous and routinely take charge of complex clinical environments. We recognise the importance of fostering **autonomy** and empowering our staff to apply all of their knowledge and skills at work. It is our role as an organisation to inspire a culture of inclusivity, fairness and psychological safety to ensure that our we **enable our people to be the best they can be**.

It is central to our philosophy that quality relationships with our colleagues, managers and the leadership of the organisation set the tone for how we feel about our work – this is as important for our clinical staff as it is for our staff in corporate services. Experiencing a sense of **belonging**, being valued and respected are the foundations for thriving at work. Our workforce frequently work independently, or in small teams, which can present challenges for feeling connected and cared for by each other. We recognise all contact with our colleagues to be opportunities to connect and nurture the relationships, setting the tone for the culture at WAST.

We recognise that with pressures on the health system in which we operate can lead our people feel the quality of the care they offer is increasingly difficult to maintain. We all need to experience effectiveness and a sense of mastery in our work to maintain our motivation. We recognise the importance of addressing the barriers to our clinicians feeling they are making a vital **contribution** to the lives of those we care for. proud of the care they offer. Where our ability to offer immediate high quality care in compromised, the importance our mangers and leadership expressing gratitude and celebrating the efforts of our clinicians is even more important.



(King's Fund 'ABC' graphic and reference)

Our approach to health and wellbeing puts early and proactive intervention at the forefront, whilst recognising the need for robust processes where one of our people are in need immediate support.

We recognised that a stepped approach to wellbeing is necessary to address challenges faced across our workforce and the important of prevention. Rather than individualising wellbeing, we recognise that there are common factors necessary for wellbeing at work including flexible and reliable shift patterns, meeting the physical needs of our staff in accessing choice of healthy foods, timely breaks and finishing shifts on time to facilitate rest and work/life balance. We recognise the impact of

where these basic needs are not met, particularly for those with protected characteristics (equality act ref.), (e.g., pregnancy, long-term health conditions, menopause).

It is well understood that clear and open communication within and between our teams is important to ensure our people feel supported and informed about the challenges in the system. Clear communication routes from our frontline workers to leadership is vital for our people to feel their efforts are recognised and to report issues faced. We must provide a workplace environment that is encouraging of peer and managerial support, as we know support from those around us is vital for our resilience, sense of belonging and shared endeavour. Our People and Culture teams recognise that creating an inclusive, accepting and safe culture can mitigate the need for more formal psychological intervention. Our WAST behaviours represent and provide direction for the value-led approach to our work.

(Insert 'Our behaviours' graphic)

We know that the physical safety of our staff can be under threat in the course of their duties. As a core and universal requirement for our wellbeing, we are committed to continuing to improve the safety of our working environments. Workplace safety is bolstered by consistent communication via our digital systems, collaboration with our emergency services partners and robust processes where there are risks identified. Our health and safety, wellbeing and occupational health teams support and collaborate with our staff to ensure risks are mitigated and that incidents are learned from. In the worst cases of harm coming to our people are committed to supporting them throughout their journey of recovery, psychological and physical, including support through legal processes. Our people must have the confidence that WAST recognises, values and supports their work no matter the challenges.

We recognise the importance of a stepped approach to workplace wellbeing with universal, system-wide, factors taking precedent such as our working conditions, rights and physical environment. Where these needs are met, the need for further intervention is less likely and the interventions required will be less intensive. NHS Wales-wide bodies, Trust leadership, directors, managers and trade unions are key decision makers for this level of intervention.



(Stepped inter

Targeted interventions pertaining to specific sites, teams or directorates follow – initiatives that are more targeted to actively engage an issue and intervene directly. This is the core business of the People and Culture directorate, relating to organisational development projects and initiatives. These projects are likely to have high visibility and most staff will be aware of the work.

Finally, intensive interventions are highly targeted individual or team- focused support offered for a set period of time. This may involve an intensive piece of culture, inclusive or wellbeing work; it may be clinical assessment, intervention or evaluation (e.g., occupational health assessment, clinical psychology input or medic-led input). These interventions may be a result of acute challenges faced by an individual or team, are require specialist expertise.

Strategic Objectives

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

- Recognise that the health and wellbeing of our workforce is everyone’s business. Our wellbeing is a shared responsibility between us, our colleagues, managers, and Trust leadership.
- Using a range of tools to collect, analyse and report on the key drivers and modifiers of wellbeing at work – employing the use of surveys, focus groups, site visits, analysing anonymous wellbeing service data and validated psychological measures and various an to understand.
- Adopt a formulation-driven approach to wellbeing interventions – ensure our interventions are based on the available data and explicit hypotheses regarding drivers and modifiers of wellbeing. Avoid making assumptions about what is useful. Update our hypotheses alongside new information and adapt our approach.
- Improve the ability of our people to understand, assess and address the impacts of psychological difficulties in the workplace. Maintaining our focus on managerial skills and confidence in discussing difficulties.
- Improve the understanding of physical and psychological difficulties that impact wellbeing across the workforce, including the way in which risk factors intersect.
- Promote and support the use of workplace culture assessment tools, recognising workplace culture as a key modifier of wellbeing at work
- Build confidence and skill in responding to suicide risk in our managerial workforce

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

- Increase the knowledge of wellbeing offers within all levels of the organisation, increasing the ability and confidence of our managerial workforce in making offers of support. Using a

broad range of communication strategies, being mindful that access to digital resources can be limited for certain staff groups (e.g., volunteers).

- Maintain detailed knowledge of current NHS, charitable and local government support services available across Wales. Making connections with local health services where appropriate.
- Support our staff to access appropriate health and wellbeing services, including assertively engaging NHS services to advocate for our people.
- Ensuring our less represented groups have access to physical and psychological wellbeing provisions, particularly our volunteer workforce
- Maintain a high standard in assessing the evidence for interventions offered to our people. Ensuring we scrutinise and use professional expertise in selecting, implementing and evaluating wellbeing interventions. Recognising the currently limited evidence of effectiveness for individualised interventions for workplace wellbeing. Advocating for our people to receive robust evidence-based treatment for clinical problems.

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

- Maintain our provision of Culture, Inclusion, Health and Wellbeing services that provide care, support and expertise to our people. Balance the need for preventative and proactive provisions with reactive support that can flex with the needs of the organisation as they develop.
- Maintain the presence of our health and wellbeing workforce throughout our sites across Wales, ensuring that services have visibility and accessible, particularly to those who may be hesitant to ask for help.
- Maintain our culture, inclusion, health and wellbeing consultation provision, recognising that consultation to teams enhances the reach of our work, whilst fostering strong relationships across the organisation.
- Recognise knowledge and skill gaps in our workforce regarding health and wellbeing, in collaboration across our People and Culture Directorate offer training and workshops to address these needs. Culture and inclusion team offer innovative training, unique in the ambulance sector.
- Adopt a tailored approach to workplace wellbeing support that recognises the specific needs of our people at different stages of their WAST career, from students all way to retirement

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

- Recognise that the system pressures in health and social care highlights further the importance of our commitment and investment to quality, evidence driven workplace wellbeing support.
- Maintain WAST's Gold Corporate Health Standard accreditation to ensure we consistently strive for excellence in workplace wellbeing.
- Work in collaboration with our partners in NHS organisations, charities and government to share good practice, collaborate on initiatives and benchmarking our workplace wellbeing services.
- We commit to further advocating for our people when accessing health services and using our knowledge of NHS systems to navigate the pathway to receiving quality care (e.g., supporting prompt access secondary care services)
- Benchmarking our assessment and outcome measures against key partners and Welsh guidance. Our wellbeing services use standardised psychological measures for assessment and to measure clinical effectiveness.
- Our culture, inclusion, occupational health and wellbeing health teams are committed to measuring the effectiveness of our interventions, projects and business-as-usual services.

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

- We commit to continuing to foster strong relationships and consistent communication between internal services within WAST that contribute to improving health and wellbeing of our workforce. This is particularly key to ensuring efficiency whilst ensuring all relevant expertise are utilised on our initiatives.
- We recognise the importance of utilising the expertise and lived experienced of our entire workforce and commit to ensuring we always engage all key stakeholders.
- Our staff networks form a key part of our strategy to transform our culture. Our networks cut through hierarchies and siloed service-structures, sharing ideas, experiences and initiatives. Our culture champions and special interest groups are key stakeholders in all health and wellbeing strategies.
- WAST recognise the importance of the those we serve as key stakeholders. The public rightly expected the highest standard of care and compassion from our workforce. We also recognise the importance of the public in maintaining the wellbeing of our workforce, we will continue to engage with the media to raise awareness of the risks that our people face in their work. We will continue to monitor staff safety in their interactions with the public and provide support where required. Furthermore we recognise the role of interactions with our NHS and social care colleagues in acute settings and will work as an organisation to maintain positive relationships with our partners.

Principles for Delivery

- The wellbeing team will publish our yearly wellbeing promotion plan to govern our activities, including preparing for our offer in key periods of increased need (e.g., winter health system pressures).
- People and Culture departments will scrutinise new projects and initiatives to ensure they are in line with current evidence-based practice.
- We will measure, analyse and evaluate interventions and initiatives using a variety of means including psychological measurement tools, wellbeing team patient experience questionnaires, surveys and collating data from our EAP provision. Our approach will be flexible and adaptive in line with observed outcomes, modifying our approach where necessary. We will report our outcomes to ensure our services are of high quality and are accountable to those we serve.
- We will continue to expand our data streams for capturing staff experiences across our services which will enable us to drive appropriate and targeted initiatives and interventions. Members of our workforce must feel that their view counts, their voice is heard and acted upon. Promoting the work of our People and Culture Directorate can contribute to staff feeling their views are being addressed.
- We commit to being stakeholder led in the planning and implementation of our wellbeing services and initiatives, collaborating with both those who use our services and will our colleagues across WAST. We commit to working in a joined-up way to ensure that offer is informed by the input of our partner departments and to ensure work is not duplicated.



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AGENDA ITEM No	17
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	3

COMMITTEE EFFECTIVENESS REVIEW 2023/24

MEETING	People and Culture Committee
DATE	20 February 2024
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The Trust’s Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and prepare an annual report to the Trust Board.
2. As a result of the response to questionnaires completed by members and attendees a number of changes are now proposed to the Committee’s operating arrangements and terms of reference.
3. This report includes the responses to the questionnaires (at Annex 1), a draft Annual Report from the Committee to the Board (at Annex 2) and proposed marked up changes to the Terms of Reference (at Annex 3).

RECOMMENDATION:

4. The Committee is requested to:
 - (a) Review and approve the draft Annual Report at Annex 2.
 - (b) Review and approve any further changes to the terms of reference at Annex 3;
 - (c) Confirm the proposed changes to operating arrangements in response to issues raised in questionnaires as set out in the draft Annual Report; and
 - (d) Set priorities for the Committee for 2024/25.

REPORT APPROVAL ROUTE
Executive Management Team notified of proposed changes by email 5 February 2024
REPORT APPENDICES
<ol style="list-style-type: none"> 1. Annex 1 – Collated responses to effectiveness questionnaire 2. Annex 2 – Draft Committee Annual Report to Board 3. Annex 3 – Proposed changes to terms of reference (marked up)

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

COMMITTEE EFFECTIVENESS REVIEW 2023/24

SITUATION

1. Annual effectiveness reviews are designed to evaluate the effectiveness of the Board and its Committees, review its operating arrangements, and propose changes to improve its support, challenge, scrutiny, and oversight responsibilities. Whilst we demonstrate the duty of quality by adopting a continuous improvement methodology to the Board and its Committees throughout the year, this annual effectiveness review is an opportunity to formally review membership, look back at the work of the Committee during the year, and set the Committee's priorities for the coming year.

BACKGROUND

2. The Trust's Standing Orders, Committee Terms of Reference, and codes of governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part. Each Committee must submit an annual report to the Board through the Chair setting out its activities during the year and including the review of its performance.
3. The 2023/24 effectiveness reviews adopt the following cycle:

Stage	Process
Stage 1: Evaluation Design	<ul style="list-style-type: none">• Questionnaires for the Board Committees are developed by the Board Secretary in consultation with the Committee Chairs and Executive Leads. We adopted the same questionnaire as 2022/23 to see how the Committee has changed in comparison to this baseline.
Stage 2: Evaluation Process	<ul style="list-style-type: none">• Questionnaires are issued to Committee members and core attendees as set out in the Terms of Reference with responses being anonymised.• Committee Chair, Executive Lead, Governance Officer, Governance Manager and Board Secretary review questionnaires, review Terms of Reference and propose initial amendments.• Responses are collated and this report summarises the findings and includes proposed recommendations to address issues raised.

Stage 3: Discussion and actions	<ul style="list-style-type: none"> The proposed amendments to the Terms of Reference and the responses to the questionnaires are discussed by the Committee at this meeting.
Stage 4: Presentation to Audit Committee and Trust Board	<ul style="list-style-type: none"> Any changes to the Terms of Reference and operating arrangements are recommended to the Audit Committee firstly on 30 April 2024 and then to the Trust Board together with the Committee’s annual report on 30 May 2024.

ASSESSMENT

- The Committee Chair and Executive Lead met with the Corporate Governance team for stage 2 on 24th January 2024. Responses to the questionnaires were collated and reviewed and they are attached at Annex 1.
- The questionnaires sent to members and attendees provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Twenty questionnaires were sent out with seven responses being returned (a 35% return rate is slightly lower than 2022/23).
- Respondents were asked 27 questions around the themes of focus, engagement, team working, and effectiveness as well as free text on areas for development and what it should consider stopping, starting, and continuing. The standard questions also encouraged free text opportunities to explain or expand on choices.
- The draft Annual Report attached at Annex 2 sets out in paragraphs 10 to 22 the proposed view of this Committee on its effectiveness. This is drawn from the responses to the questionnaire, a review of the Committee’s adherence to its work plan during 2023/24, and the manner in which it has provided assurance to the Board. Changes to terms of reference are proposed in the draft Annual Report for review and discussion by the Committee at this meeting. Changes to the draft Annual Report will be made following this meeting and ahead of its presentation to the Audit Committee and Board.
- It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Such priorities may include a particular focus throughout the year, or in particular quarters. For example, the Committee may wish to prioritise more agenda time to any new issues it may be adopting in its terms of reference; focus on areas it may not have addressed as strongly last year or which are developing; or review of the Committee’s risks, both operational and

strategic. It is recommended that such priorities are limited to two or three, and that they are tracked quarterly by way of an assurance report by the Board Secretary report to ensure they are on track. The Committee may wish to consider any of the following:

- (a) Impact of wellbeing initiatives on our people;
- (b) Culture of conversations with a focus on communication and conversations with managers and their people;
- (c) A continued focus on equality, diversity and inclusion and the implementation of the strategic equality objectives;
- (d) The Trust's approach to development of our people.

RECOMMENDATION

9. The Committee is requested to:

- (a) Review and approve the draft Annual Report at Annex 2.
- (b) Review and approve any further changes to the terms of reference at Annex 3;
- (c) Confirm the proposed changes to operating arrangements in response to issues raised in questionnaires as set out in the draft Annual Report; and
- (d) Set priorities for the Committee for 2023/24.

Welsh Ambulance Services NHS Trust

People & Culture Committee Effectiveness Review 2023/24 Results



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Survey Summary



Survey Respondents included NEDs, management members, TU partners and Committee Governance Officer; **20 surveys sent with 7 returned [which is a 35% response rate versus 38.9% response rate 22/23]**. This PPT sets out the survey results and groups free text responses into areas of focus.

Respondents were asked to provide more detail where they selected 'disagree' and 'strongly disagree', however some have also used the free text section to elaborate on 'agree' and 'strongly agree' answers. The raw data can be viewed at the [Summary Link](#).

	Non-Executive Director Member	3
	Management Member	2
	TU Partner (s)	1
	Other	1



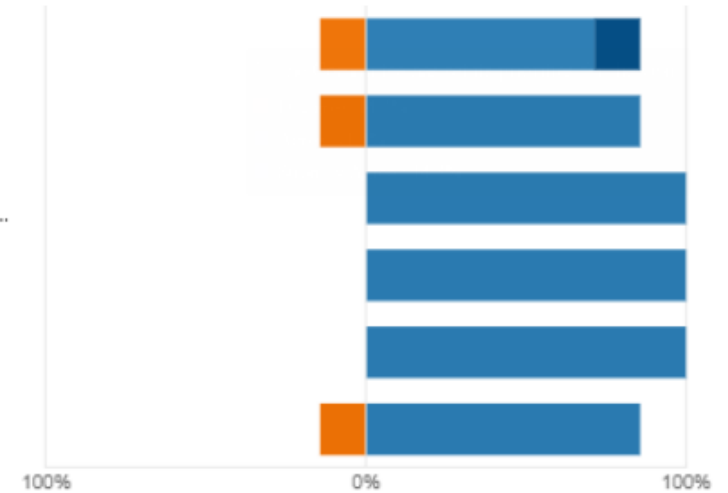
Theme 1: Committee Focus



2022/2023 Responses

Strongly Disagree Disagree Agree Strongly Agree

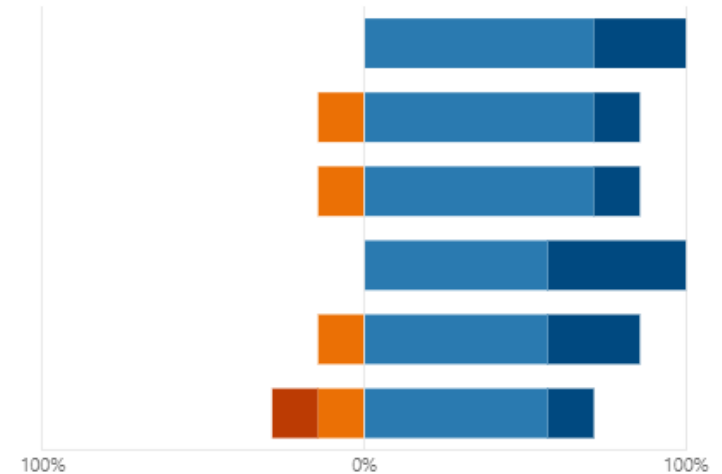
1. The Committee has set its priorities for the year:
2. The Committee has made a conscious decision about the information it would like to receive:
3. Committee members contribute regularly to the issues discussed, providing real and genuine challenge...
4. The Committee is aware of the key sources of assurance and who provides them:
5. Equal prominence is given to all key areas of the Committee's remit, and this is reflected in meeting...
6. The Committee's remit is appropriate and manageable:



2023/2024 Responses

Strongly Disagree Disagree Agree Strongly Agree

1. The Committee has set its priorities for the year:
2. The Committee has made a conscious decision about the information it would like to receive:
3. Committee members contribute regularly to the issues discussed, providing real and genuine...
4. The Committee is aware of the key sources of assurance and who provides them:
5. Equal prominence is given to all key areas of the Committee's remit, and this is reflected in meeting...
6. The Committee's remit is appropriate and manageable:





Theme 1: Committee Focus

Remit & Agenda Management

6. We also constantly deal with **very large agendas** so not sure all items are given appropriate discussion.

6 - The Committee's remit **doesn't currently feel manageable** due to very lengthy agendas.

(6) The remit of the Committee is appropriate however this can mean that **Agendas/Meetings/Papers are (rightly) very lengthy.**

I think the **remit of the Committee is large and this translates to full meetings** which are often difficult to manage. I believe there to be **some duplication** between business presented (regarding the metrics the Committee receives), so this should be considered throughout 2024/25.

2 - The committee receives **too much information**, which makes it difficult to give each paper the time and space it deserves.

5 - Agendas are **too long**: early items tend to overrun, **and then later items are covered very briefly as people become tired and lose focus.**

Contributions

3. **I don't think all members contribute to discussions.** Given the nature of the committee and the current cultural issues we have faced, I'm not sure the committee's challenge reflects this?



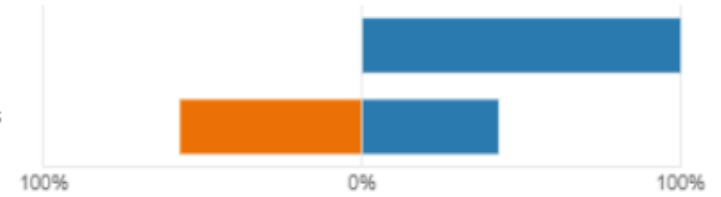
Theme 2: Committee Engagement

2022/2023 Responses

Strongly Disagree Disagree Agree Strongly Agree

7. The Committee is clear about its role in relation to other Committees;

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

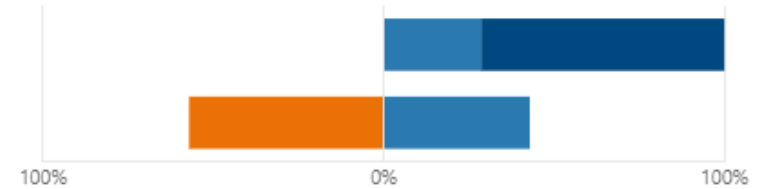


2023/2024 Responses

Strongly Disagree Disagree Agree Strongly Agree

7. The Committee is clear about its role in relation to other Committees;

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





Visits

Need to re-establish visits - some intelligence gained through Board Development session visits but will be strengthened by the new framework. CEO roadshows and WAST live provide excellent opportunities to test the water in terms of staff views and opinions.

8. I answered disagree because I **don't see committee members at stations, hospital sites or clinical contact centres** so if they are, the visibility isn't well advertised.

(8) Member **do visit services and teams however**, this can be affected by capacity, in terms of competing priorities.

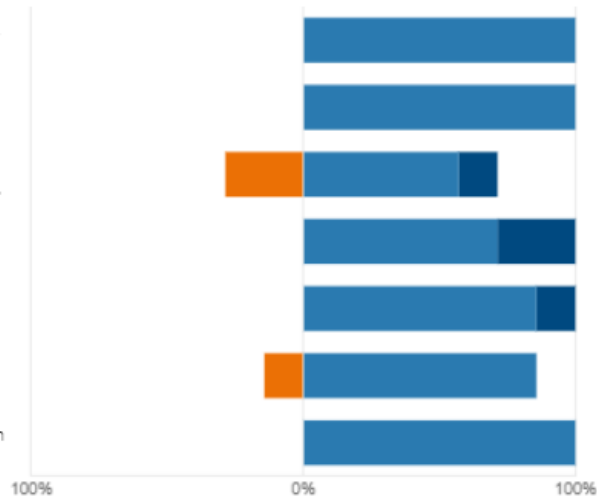
It's **not clear whether members of the Committee undertake visits specifically in their capacity as a member of this Committee**, or not. Could it be helpful to articulate what this could look like and be reflected in the Board Visits SOP?



2022/2023 Responses

Strongly Disagree Disagree Agree Strongly Agree

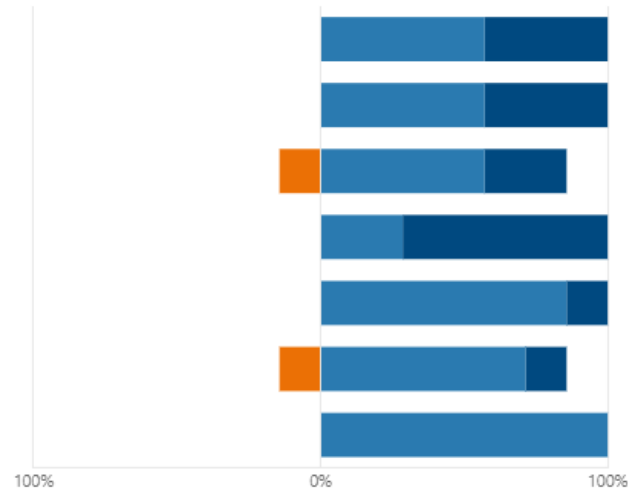
- 9. The Committee has the right balance of experience, knowledge, and skills to fulfill its role:
- 10. Management fully briefs the Committee on key risks, safety issues and any gaps in control:
- 11. Key risks are discussed at each meeting, including controls in place and assurances against controls, an...
- 12. The Trust's behaviours are reflected in the way the Committee enables people to express their view,...
- 13. The Trust's strategic priorities are reflected in the way the Committee operates and the information it...
- 14. Members hold their assurance providers to account for late or missing assurances:
- 15. Decisions and actions are implemented in line with the timescale set down:



2023/2024 Responses

Strongly Disagree Disagree Agree Strongly Agree

- 9. The Committee has the right balance of experience, knowledge, and skills to fulfill its role:
- 10. Management fully briefs the Committee on key risks, safety issues and any gaps in control:
- 11. Key risks are discussed at each meeting, including controls in place and assurances against controls, a...
- 12. The Trust's behaviours are reflected in the way the Committee enables people to express their view,...
- 13. The Trust's strategic priorities are reflected in the way the Committee operates and the information it...
- 14. Members hold their assurance providers to account for late or missing assurances:
- 15. Decisions and actions are implemented in line with the timescale set down:





Timeliness

(15) this can sometimes **be adversely affected by other business priorities** - although there **is a commitment** there to deliver on this.

Risks & Holding Assurance Providers to Account

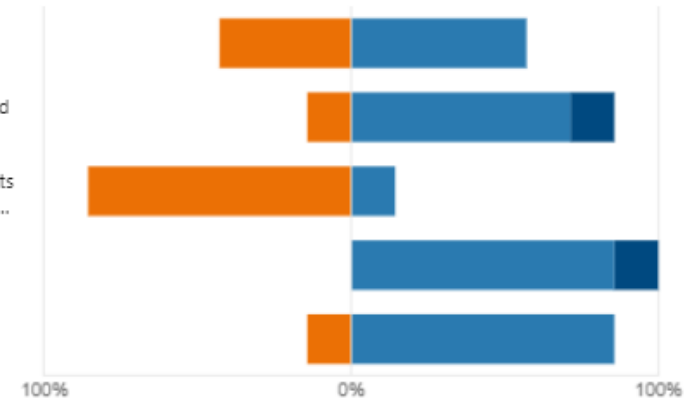
11 & 14 - I'm not sure I've seen this happen.



2022/2023 Responses

Strongly Disagree Disagree Agree Strongly Agree

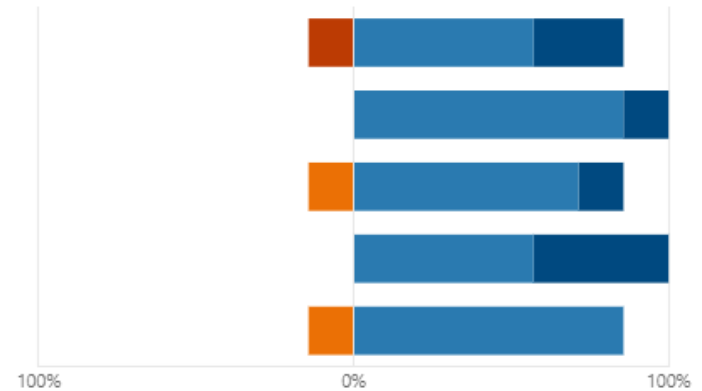
- 16. The quality of Committee papers received allows members to perform their roles effectively:
- 17. Each agenda item is 'closed off' appropriately, and the Committee is clear on the conclusion, who is...
- 18. At the end of each meeting the Committee reflects on the decisions and discusses what worked well, an...
- 19. The Committee highlight report appropriately reports and segments items into 'alert', 'advise',...
- 20. The Board challenges and understands the reporting from this Committee:



2023/2024 Responses

Strongly Disagree Disagree Agree Strongly Agree

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- 18. At the end of each meeting the Committee reflects on the decisions and discusses what worked...
- 19. The Committee highlight report appropriately reports and segments items into 'alert', 'advise',...
- 20. The Board challenges and understands the reporting from this Committee:





Quality of Information

(16) Whilst some **Reports are very lengthy**, they **do provide members** with the information required to consider the papers in front of them.

16 - Papers are **too long and too numerous**, which makes it **difficult to focus on the key issues**. It is possible to do this differently e.g. the Director of People and Culture update is always concise and focused.

Reflections

18. The reflections are more based around what we've discussed and what will go to the Board in regards to alerts. **We don't reflect on what went well / not so well** but I don't think this is deliberate.



2022/2023 Responses

Strongly Disagree Disagree Agree Strongly Agree

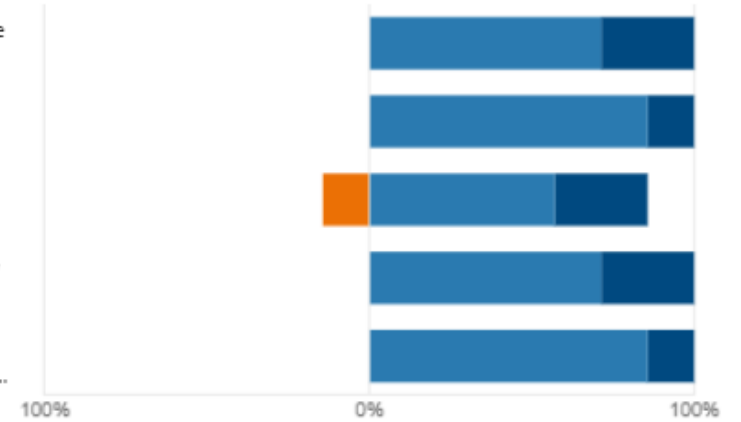
21. The Committee Chair has a positive impact on the performance of the Committee:

22. Committee meetings are Chaired effectively:

23. The Committee Chair is visible within the organisation and is considered approachable:

24. The Committee Chair allows debate to flow freely and does not assert his/her own view too strongly:

25. The Committee Chair provides clear and concise information to the Board on Committee activities an...



2023/2024 Responses

Strongly Disagree Disagree Agree Strongly Agree

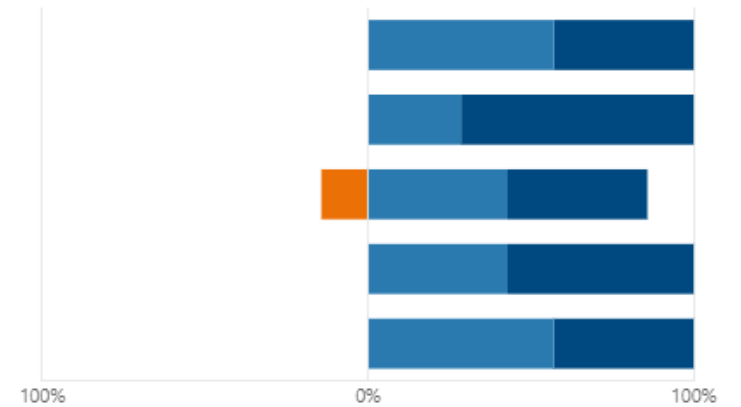
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Visibility

23. I agree the **Chair is visible at a certain level of the organisation**, I'm not confident this is reflective throughout the whole organisation though. However, the same could be said for all NEDs so going forward would suggest could building on profiles.

Reporting

(25) **Clear feedback of given to the Board** - the presentation of which is underpinned by **a robust AAA Report**.

Leadership

Paul **Chairs and coordinates the meeting with exemplary style**.

21 / 22 - Meetings need a **sharper focus, probably at the agenda setting stage**.

The Chair has an important role to play in setting the expectation for this.

What should the Committee stop, start or continue to do?

Start

Start setting the agenda with the **flow of the meeting in mind**; reduce the volume of content and sharpen the focus.

There are a plethora of **"performance" reports to the committee which need to be brought together to provide a more concise view** of performance in respect of people issues. This is currently being considered.

Continue

The staff stories are really enjoyable, however **I'm not sure there is enough balance**. We hear about the good news stories, **but not so much about when things have gone wrong, particularly for our staff**. Sometimes feels the committee is **being shielded from real life issues our members face, this is where we should learn**. I'd also suggest having a **TU report - similar to Dir of Ops or Dir P&C report**. The WASPT AAA doesn't give a full picture of partnership success and challenges.

Continue to discuss the issues that it does - **having a focus on all activities related to staff wellbeing, as a result of ongoing system pressures**.

Would welcome some **more staff stories**.

Are there any learning and development opportunities for members the Committee should consider?

As we move to in person meetings, would there be opportunities **to supplement the committee with workshops to support understanding.**

Our Corporate Secretary is in the process of arranging a TU **session with chairs of committees to understand what is expected of us whilst attending,** to make sure we're fulfilling our role adequately.

Not aware of any, but **new members** will need to establish relationships and understand **how the Trust is embedding its People and Culture plan.**

For all **Members to continue to develop their understanding** of the areas of work which are considered by this Committee.



PEOPLE AND CULTURE COMMITTEE ANNUAL REPORT 2023/24

SITUATION

1. The Trust's Standing Orders and Committee Terms of Reference require that Board Committees evaluate their effectiveness annually and present an annual report to the Trust Board.

BACKGROUND

2. As the factors underpinning effective governance can change, for example as people leave, organisations restructure, or strategy shifts, regular reviews of Board Committees ensure governance remains fit for purpose.
3. Standing Orders, Committee terms of reference, and Codes of Governance provide that Boards should routinely assess the effectiveness of their governance arrangements, of which the Board's Committees form an integral part.
4. The Committee met on 20 February 2024 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Committee Chair and Executive Lead ahead of that meeting. This Annual Report reflects on the effectiveness of the Committee in 2023/24 and proposes changes to terms of reference.

ASSESSMENT

Purpose of the Committee

5. The Committee is established to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, and organisational culture and behaviour to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of the Trust's leadership arrangements; behaviours and culture; training, education and development ; equality, diversity and inclusion; health, safety and welfare; people



and culture related partnerships and engagement; the Welsh Ambulance Services Partnership Team (advisory group); and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the Welsh Government, the NHS in Wales and other regulatory bodies.

Membership and attendance

6. The Committee met four times as scheduled in 2023/24 and was quorate on each occasion.
7. The Committee is supported by the Chair and three Non-Executive Directors as members, and several core attendees with good attendance.
8. The chart below illustrates attendance of members and prescribed attendees as listed in the terms of reference for 2023/24. The Committee welcomed non prescribed attendees at various meetings as well as external guests.

[chart to be updated with 20 February attendance]

COMMITTEE ATTENDANCE				
Name	9 MAY 2023	8 AUGUST 2023	16 NOVEMBER 2023	20 FEBRUARY 2024
Paul Hollard				
Bethan Evans				
Joga Singh				
Hannah Rowan				
Angela Lewis	Liz Roberts			
Chris Turley				
Lee Brooks	Judith Bryce			
Estelle Hitchon				
Andy Swinburn				
Jonathan Turnbull-Ross	Liam Williams	Liam Williams		
Alex Crawford	Hugh Bennett			
Trish Mills				
Damon Turner				
Paul Seppman	Hugh Parry			
Ian James				
Tim Chalane				
	Attended			
	Deputy attended			
	Apologies received			
	No longer member			

9. The Chair of the Committee, Paul Hollard, will complete his eight year tenure on the Board on 31 March 2024. This Committee will therefore have a new Chair from 1 April 2024 [insert here outcome of discussions with Trust Chair and Committee Chairs on NED membership of Committees in 2024/25]. The survey results



indicated that the Committee meetings were well led with the Chair coordinating meetings with exemplary style.

Committee Views on Effectiveness

10. The Committee's effectiveness was assessed through a review of its terms of reference, responses to a questionnaire, discussion with the Chair and Executive Lead, and at the 20 February Committee meeting.
11. The questionnaires provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Twenty questionnaires were sent out with seven responses being returned (a 35% return rate which is slightly lower than 2022/23). This survey was sent out in December which may have affected the return rate.
12. Respondents were asked 27 questions and were encouraged to provide free text answers to explain or expand on their choices. It is often difficult to pinpoint the exact issue or example in mind when reviewing the free text, however all responses were discussed with the Chair and Executive Lead. The responses were also reviewed by the Committee on 20 February against the same questions from last year.
13. On the themes of the Committee's focus and quality of information there were several comments on the length of the agenda, meetings and papers. These included that this felt unmanageable and impacted the ability of members to have appropriate discussion, and that more focus was required to address this at agenda setting. This was discussed with the Chair and Executive Lead and the terms of reference were reviewed to see where reductions in remit could be accommodated. It was felt this was not appropriate but that the next iteration of the cycle of business would need to reflect any attempts to combine assurance reporting, particularly as it relates to the MIQPR and people and culture metrics which respondents felt were duplicative and needed to be more concise for the remit of the Committee. Agenda setting meeting take place with the Chair and Executive Lead well in advance of the next meeting to ensure that papers are commissioned in a way that focuses the agenda on risks and priorities. The length of the meeting is reviewed at that time as well as a separate meeting with the Executive lead a week before papers close to revisit timing, focus and flow.



14. There was also a comment that not all members contribute to discussion or provide challenge. Whilst that could relate to the issue above on length of papers and agenda, the results relating to the leadership of the Committee indicates that those surveyed feel that Chair allows debate to flow freely without inhibiting contributions.
15. On the theme of Committee team working, whilst scores increased from last year, there was one comment that key risks are not discussed and that assurances providers are not necessarily held to account for late or missing assurances. Without understanding more about this comment, it is difficult to pinpoint the exact issue; however, the agenda is set with the highest rated risks set out on the draft agenda and the cycle of business prioritised around those risks, with relevant deep dives where required as can be seen from the work programme below. There is a risk management and BAF paper at each meeting with the detailed risk description, controls, assurances against controls, gaps, actions and progress against these. In that respect members and attendees have information before them to challenge progress and understand more fully the context of the risks and mitigations. Regular monitoring of the cycle of business, the action log and forward planner are in place to capture matters carried over. There is more work to be done on the monitoring report to make it clearer for 2024/25.
16. As with other Board Committees, the question related to visibility of Committee members scored poorly. Given that there is a Board visits Standard Operating Procedure in place which illustrates members visibility, it is anticipated that this question will be omitted from the 2024/25 survey. The rationale being that it is unlikely, no matter how visible a Non-Executive or Executive Director may be, that that will always resonate with each Committee.
17. Each meeting hears a lived experience of our people however there was a comment that these need to be more balanced on what went well and what did not go so well. A Trade Union Partner report was suggested to provide further context of partnership successes and challenges. The Director of People and Culture has recommended that a Trade Union 'spotlight' be included in her report to draw this out, and in addition to the WASPT AAA report, the approved minutes will also be part of the pack of papers for the Committee.
18. Good practice drawn out in responses included:



- Meetings are very well Chaired and run effectively.
- Chair is visible across the Trust.
- Reports / information given to the Committee are of high quality.
- Clear reporting and escalations to the Board via AAA report.
- Strong focus on appropriate business and activities which affect staff well-being, e.g. staff stories.

19. Areas to strengthen include:

- Reduce the volume and length of papers to give more focused content.
- Clarification for members re role / expectations on Trade Union Partners.
- Reporting on Trade Union successes and challenges.
- Understanding and resolving duplicative reporting around performance metrics.
- Greater balance for the Committee where things haven't gone well.
- Improving visibility – more visits / publication of visits to relevant stakeholders.

20. The Committee has a cycle of business that is aligned to its terms of reference. All matters scheduled for oversight and review have been brought to the Committee and in this respect it has discharged its responsibilities in providing assurance to the Board. The Committee's business in 2023/24 included:

20.1. The Committee welcomed the **change of name** of the Workforce and Organisational Development Directorate to the People and Culture Directorate, with Angie Lewis now known as the Director of People and Culture. This aligns to the Committee's remit and reflects the commitment of putting our people first and creating a positive workplace culture.

20.2. The **People and Culture Plan** was presented in May and subsequently approved by the Board. The year one priorities and the communications strategy to accompany it was discussed. Metrics, both quantitative and qualitative, have been shared with the Committee throughout the year as have cultural themes and trends.

20.3. The **culture review tool** was presented as a practical tool to deliver cultural change. It was thought to be particularly helpful for local managers.

20.4. **The lived experiences of our people** were shared at the meetings:



- In May the Committee heard from **Fatehullah Tahir** as a follow-up from the experiences he shared in November 2022 of the challenges working at an organisation lacking in diversity in terms of ethnicity and faith. Members heard that Fatehullah, who is our Organisational Development Manager, felt that whilst it was helpful to share his story, fundamentally nothing had changed, although he recognised that culture change can be slow to take effect and that several initiatives were in place and are planned under the people and culture plan.
 - In August **Ian Cross**, Voluntary Car Service Driver joined the meeting. Ian has been volunteering for 40 years, more recently with his dog Buddy accompanying him, was recently awarded the British Empire Medal for services to WAST. Members heard of the regular runs Ian has in South Wales and his trips further afield to support patients to receive treatment. Improvements which could improve the experience of volunteers such as ease of access to PPE, in car communication methods and signage were discussed and the Committee will review progress on these at the November meeting. Members thanks Ian for his service and the comfort and support he and Buddy give to our patients and their families.
 - In November rather than hearing from individual, **feedback** was presented that had been collected from our people after recent CEO Roadshow.
 - In February [insert]
- 20.5. A deep dive was conducted regarding **recruitment outcomes for Black, Asian and Minority Ethnic communities** with a review undertaken of applications from April 2022 to March 2023. WAST receives a positive level of applications at circa 9% of all those received, against census data of 5%, but a significant number are not successful at shortlisting. There is recognition of the need to get upstream with some roles e.g. paramedics, and work with university partners on attracting a more diverse range of students or look at opportunities to link into other providers with a more diverse student population.
- 20.6. Members were assured on progress against the **Anti-Racist Wales Action Plan** and were presented with the Welsh Government **LGPTQ+ Action Plan** published by Welsh Government in February 2023. The plan sets out an overarching vision to improve the lives of, and outcomes for, LGBTQ+ people. Whilst some elements await further direction from Welsh Government, the Committee was assured on progress.



- 20.7. The **Speaking Up Safely** Task and Finish Group completed its work, recommending the Trust adopt a speaking up safely guardian model and a confidential third-party platform to provide an alternative avenue to staff. This was a focus during the year with the All Wales speaking up safely framework adopted in November, and a self-assessment to Welsh Government demonstrating the work done in this area and links to wider culture work.
- 20.8. The **NHS Staff Survey** was released as was a **Pulse Survey** via the new tool Hive. A 'you said we did' will be collated to share with our people at CEO Roadshows.
- 20.9. The people and culture elements of the **IMTP 2024-27** were reviewed. Members welcomed the ambition of the people and culture team but sought to ensure that these were focused on key activities and priorities, align to our principal risks, financial envelope, and capacity.
- 20.10. An approach was endorsed to assess concerns over **skills development/skill fade of clinicians** due to handover delays and number of patients attended. This was communicated on picket lines during industrial action and whilst there is no clear clinical evidence of this, the work will enable the Trust to gain insight and intelligence on the impact handover delays have on clinical skills.
- 20.11. **Health and Safety updates** were received with a focus on RIDDOR compliance, risk assessment compliance, manual handling, the effects of diesel fumes on our people (which was also the subject of the advisory group WASPT discussions), and violence and aggression. Risk 199 was able to be closed off the corporate risk register, with the Committee noting an improvement in the cultural journey of the organisation regarding health and safety.
- 20.12. The Committee noted that the **Engagement Framework Delivery Plan** was paused earlier in the year due to realignment of timescales. Notwithstanding this, the Trust continued extensive engagement externally including with Llais (the new Citizens Voice Body). A presentation was provided on the **Reputation Audit** conducted of our stakeholders in Q3 2022/23 and it was agreed that more time will be devoted to the responses and the next steps at a Board development session.



- 20.13. The August meeting had a spotlight on volunteers, celebrating the successes and illustrating the ambition of the **Volunteer Strategy**. Members heard of the extent of the successful schemes introduced for volunteers and commended the team for the exemplar work. The benefit of volunteers in the challenging financial climate was emphasized and the Committee welcomed a further focus on volunteers at the Trust's Annual General Meeting on 27 September where the full extent of the advances was showcased.
- 20.14. The **Seasonal Influenza Campaign 2023/23** report was received following the close of the flu vaccination programme in March 2023.
- 20.15. The Committee received assurance on the processes in place for 2023 **registration and revalidation** with respect to the Health and Care Professional Council and Nursing and Midwifery Council.
- 20.16. **Updates are received from the Director of People and Culture** at each Committee, and these were changed in year to reflect a new look and a balanced view on both successes and challenges.
- 20.17. **Operational updates** are received at each meeting and often generate a good deal of discussion, particularly related to system pressures.
- 20.18. An update was received on the **Welsh Language Framework** which is included in the Integrated Medium Term Plan 2023-26 (IMTP). Members were assured that it included a combination of compliance with Welsh language standards, centralisation of translation, and the Welsh Government mwy na geiriau/More than just words action plan. In September the **Welsh Language Standards Annual Report 2022-23** was presented bilingually for the first time by the Welsh Language Manager, Melfyn Hughes which was welcomed.
- 20.19. The **MIQPR** and **Quarterly Workforce KPIs** were received at each meeting, with a particular focus on sickness absence levels, recruitment, PADR, statutory and mandatory training, moving on interviews, and shift overruns.
- 20.20. A **deep dive into absences** due to anxiety, stress, depression/other mental health illness was presented. Identifying a source of stress within this absence code is highly subjective however potential drivers include missed meal breaks, overruns and hand over delays, and Datix reporting would



support this. Support at WAST for colleagues with stress related issues include a range of in person and online options ranging from occupational health and clinical psychology to REACT training.

20.21. The **backlog of policies** – particularly those relevant to this Committee - was reviewed and escalated to the Board as an alert. A priority order of policies for review in 2023/24 was endorsed. The following policies were approved in 2023/24:

- Health and Safety Policy
- All Wales Speaking Up Safely Framework

20.22. In private session the Committee looks at **suspensions** over four months and **Employment Tribunal** cases.

20.23. **Reflections** are taken at the end of meetings and included:

- The volume of papers and consequently the length meetings.
- The desire to better link and align performance reporting and deep dives on the agenda.
- Positive discussion on additional actions in response to the feedback on Fatehullah's experience.
- The hybrid meeting (November) was well managed and there was a desire to replicate this more often across all Committees.
- Post meeting review of the volume of papers with the continued intention to look at reducing these and consolidating, particularly performance reporting, wherever possible.
- In February [insert]

20.24. **Audit Wales** joined the November meeting to present the NHS Workforce Data Briefing and the Workforce Planning Audit, both of which were also presented to the Board also. Overall, this was a positive outcome with WAST demonstrating areas of good improvement and responding to some of the immediate operational challenges and diversity and recruitment challenges.

20.25. The Committee **cycle of business** was approved.

20.26. **Risks** relevant to this Committee are reviewed at each meeting and the agenda is driven by these risks. The highest rated risks, sickness absence



(160), reputation (201) and latterly Trade Union relationships (163) were the focus and drive agenda setting

- 20.27. The **annual effectiveness review** was conducted in the February 2024 meeting.
- 20.28. The revised **Audit** tracker and process was reviewed, and good progress is being made to close management recommendations.
- 20.29. **The Senior Paramedic Role internal audit** (reasonable assurance) was presented.
- 20.30. The limited assurance **Trade Union Release Time internal audit** was received by the Committee and actions will be tracked in the audit tracker. The Director of People and Culture confirmed the outcome of audit was shared with Trade Union colleagues and realistic timeframes for management actions agreed.
- 20.31. The reasonable assurance **Health and Safety internal audit** was received with the Auditors recognising the Trust's commitment to improving health and safety and the work undertaken to date.
- 20.32. The **Committee's priorities for 2023/24** are reviewed at each meeting and a more detailed update appears later in this report. The Committee also reviews progress against its cycle of business at each meeting.
- 20.33. [add in assurance and oversight items from February 2024 meeting]
21. The Board received a highlight (AAA) report from this Committee by email circulation following each meeting which included alerts, advice, and areas of assurance. In November that report was provided verbally due to the proximity of the meeting and the Board meeting.
22. The Committee is serviced by one Sub-Committees, which is the Welsh Ambulance Service Partnership Team (WASPT). WASPT held its first meeting in April 2023 and the AAA Highlight Reports provided to each meeting set out the work of this advisory forum in the year which included:
- 22.1. The operational and corporate sub-structures that feed into WASPT, including local partnership forums were formed in 2023. These forums



will provide opportunities for resolution and escalation at a more local level, focusing WASPT on strategic issues.

- 22.2. Discussion regarding portering of patients and diesel fumes were the subject of several meetings. Both were also discussed by the Committee in that report but also in the Health and Safety updates.
- 22.3. Meetings were constructive.
- 22.4. The joint Executive and Trade Union Partner Insights Training Day was well received.
- 22.5. Despite industrial action there is a lot of good work to celebrate and capture.

Proposed Changes to the Terms of Reference

23. Extensive changes to the Terms of Reference for this Committee were made during the effectiveness reviews held in 2022. The changes this year are therefore minimal and include feedback from the Committee following the survey and the meeting on 20 February. The changes in the Terms of Reference are marked up in [Annex 1] and include:
 - A change in the narrative on assurance to provide clarity on approach.
 - Changes in the narrative on risk and audit to streamline responsibilities.
 - Specific chair's action provision inserted, particularly given the significant number of policies which are due for approval in 2024/25.
 - [insert following February meeting discussions]
24. Changes in operating arrangements in 2024/25 will include:
 - Reflections targeted more on what went well/not so well rather than what was discussed during the meeting.
 - WASPT approved minutes to be included in meeting bundle as well as the AAA report.
 - Next iteration of the cycle of business would need to reflect any attempts to combine assurance reporting, particularly as it relates to the MIQPR and people and culture metrics which respondents felt were duplicative and needed to be more concise for the remit of the Committee.
 - Revised monitoring report for the cycle of business.
 - Trade Union Partner and Committee Chair induction session to be held.



Committee priorities:

25. The Committee received an update on progress against its priorities at each meeting. The 2023/24 priorities were:

Priority	Progress
<p>Carry over the Committee priority from 2022/23 to support the implementation and championing of the strategic equality objectives, including Welsh Language, to promote an inclusive organisation.</p>	<p>As set out above focus on this priority during the year has been good. Consideration of equality, diversity, and inclusion (EDI) matters are the golden thread throughout all discussions held at the Committee. Diversity metrics were included within the 'culture' theme of the 'People and Culture Plan Metrics and Success Factors', which the Committee received at its meeting in August.</p> <p>The Strategic Equality Objectives have been in development throughout the year and the final version was endorsed by the Committee in February.</p> <p>In August, the Committee received the Welsh Language Annual Report for 2022-23 (before its progression to Trust Board for approval in September), and they also received an update on the More Than Just Words action plan</p>
<p>Development and implementation of the Speaking Up Safely Framework.</p>	<p>The Cultural Trends and Themes Learning Report was received by the Committee at its meeting in August. This included an update on Speaking Up Safely and other cultural indicators identified.</p> <p>The revised Speaking Up Safely Framework, the All-Wales Speaking Up Safely Policy was received by the Committee in November for endorsement (subsequently ratified for adoption by the Trust Board).</p>
<p>Development and Progress of the</p>	<p>The People and Culture Plan was approved by the Trust Board at its meeting in May 2023, and the</p>



Priority	Progress
People and Culture Plan	<p>Committee received an update by way of 'metrics and success factors' at its meeting in August.</p> <p>The Committee are receive qualitative and quantitative updates against the Plan.</p>

26. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Accordingly, the Committee has agreed the following priorities for 2024/25:

[to be confirmed by the 20 February meeting]

- (a) [insert]
- (b) [insert]

27. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.

Next Steps

28. The next steps are to update the cycle of business with revised terms of reference

RECOMMENDATION

The Trust Board is requested to

- (a) Receive and note the contents of the Committee Annual Report for 2023/24 and analysis of its effectiveness; and**
- (b) Approve the changes to the Terms of Reference and operating arrangements.**



PEOPLE AND CULTURE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS 2023/242024/25

1. INTRODUCTION

- 1.1. The Trust's Standing Orders provide that *"The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees"*.
- 1.2. In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.
- 1.3. The Board Committees play an important role in supporting the Board in fulfilling its responsibilities by:
- providing advice on strategic development and performance within the terms of reference;
 - undertaking scrutiny and gaining assurance on key aspects of organisational performance, and supporting achievement of the Trust's strategic goals;
 - carrying out specific responsibilities on the Board's behalf; and
 - providing a forum where ideas can be explored in greater detail than Board meetings are able to allow, providing time and space to consider issues in greater depth.

Regular and timely reporting and escalations to the Board on the issues within the Committee's remit allow for more focused discussions by the Board.

2. PURPOSE

- 2.1 The purpose of the People and Culture Committee ('the Committee') is to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, and organisational culture and behaviour to a level of depth and detail not possible in Board



meetings. The Committee will provide assurance to the Board of the Trust's leadership arrangements; behaviours and culture; training, education and development; equality, diversity and inclusion; health, safety and welfare; people and culture related partnerships and engagement; [the Welsh Ambulance Services Partnership Team \(advisory group\)](#); and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the Welsh Government, the NHS in Wales and other regulatory bodies.

- 2.2 The Committee will provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to staff and staffing of the Trust.
- 2.4 The Committee will approve on behalf of the Board, relevant Directorate policies, procedures and other written control documents in accordance with the Trust's scheme of delegation.

3. DELEGATED POWERS AND AUTHORITY

The Committee will, in respect of its role in providing advice and assurance to the Board: -

- 3.1 Oversee and contribute to the development of the Trust's **p**People and **€**Culture **p**Plan aligned to the 2030 Delivering Excellence Long Term Plan.
- 3.2 Noting that the Finance and Performance Committee oversees delivery of the Integrated Medium Term Plan (IMTP), this Committee will conduct any required deep dives into aspects of the people and culture elements of the IMTP and monitor delivery of other strategic people and culture priorities which may not be included in the IMTP.
- 3.3 Receive and consider projects of major strategic organisational change where there is a significant impact on our people's health and wellbeing, and cultural change.
- 3.4 Monitor progress and seek assurance of arrangements in place to embed the Trust's behaviours, ensuring a continued journey of positive culture change.
- 3.5 **Ensure-Receive assurance that** there is a robust plan in place for the health and wellbeing of our people and monitor the effectiveness of arrangements in place to support and protect the mental, physical, and financial wellbeing of staff.



- 3.6 Consider the experience of our people, including volunteers, and seek assurance of the effectiveness of mechanisms used for measuring, and for hearing and acting upon their experiences.
- 3.7 Receive assurance that ~~Ensure~~ arrangements are in place to allow staff to raise concerns in confidence, and that those processes allow any such concerns to be investigated proportionately and independently and that the learning from such concerns is considered and applied.
- 3.8 Oversee and contribute to the development of the Trust's equality, diversity and inclusion plan and be assured ~~monitor~~ its implementation is monitored; champion and support the plan and the work of the equality, diversity, and inclusion networks.
- 3.9 ~~Oversee~~ Receive assurance on the ~~the~~ development and implementation of the Trust's recruitment and retention plans.
- 3.10 ~~Ensure~~ Receive assurance that Trust management and Staff Side/Trade Union Partners representatives continue to develop and build a shared understanding and common purpose through formal and informal consultative partnership working to ensure the efficiency and success of the Trust for the benefit of all.
- 3.11 Receive assurance that ~~Ensure~~ the Trust has in place appropriate policies and procedures for its people; approve people and culture policies ~~and monitor compliance.~~
- 3.12 Monitor the effectiveness of the Trust's leadership and management development and succession planning arrangements.
- 3.13 Monitor performance against key people and culture indicators such including but not limited toas sickness absence, performance appraisal reviews, statutory and mandatory training, incidents of violence and aggression, disciplinaries and suspensions, turnover and recruitment; enabling deep dives to take place into specific areas of concern.
- 3.14 Monitor progress and seek assurance that arrangements are in place to meet the Welsh Language Standards and that the culture of Wales and the Welsh language is promoted within the Trust.
- 3.15 Ensure the Trust is discharging its statutory responsibilities, including but not limited to health and safety; equality, diversity, and inclusion; relevant Health and Care Quality Standards requirements; and that professional standards of registration and revalidation are maintained.



- 3.16 All matters relating to partnerships and engagement relevant to our people and cultural change.
- 3.17 any other matter in relation to the Committee's overall purpose and responsibilities

Corporate Risks and Audit Recommendation Tracker

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

3.19 ~~The Committee will receive and gain assurance from internal and external audits in their remit. It will also monitor management actions to address recommendations via the audit tracker and where appropriate scrutinise the impact of actions in response to audit recommendations.~~

Authority

3.183.20 The Committee is authorised by the Trust Board to investigate, or have investigated, any activity within its terms of reference. In doing so, it will have the right to seek any information it requires from any employee or inspect any books, records, or documents relevant to its remit, ensuring patient/client and staff confidentiality as appropriate. All employees are directed to cooperate with any reasonable request made by the Committee.

3.193.21 The Committee is authorised by the Board to obtain outside legal advice or other independent professional advice and to secure the



attendance of outsiders with relevant experience and expertise if it considers it necessary, in accordance with the Trust's procurement, budgetary and other requirements.

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

Chair's Action

3.23 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. This is most likely, but not exclusively, to arise with respect to approval of policies particularly given the current backlog.

3.24 In these circumstances, the Chair and the Lead Executive (Director of People and Culture), supported by the Board Secretary as appropriate, may deal with the matter on behalf of the Committee after first consulting with at least two other Members (Non-Executive Directors).

3.25 The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

Sub-Committees

3.213.26 The Committee may establish sub-committees or task and finish groups to carry out on its behalf specific aspects of Committee business. Formal sub-committees may only be established with the agreement of the Board.

3.223.27 The Welsh Ambulance Services Partnership Team (WASPT) is an advisory group of the Board and was re-constituted in November 2022 following the pandemic. The Board has agreed that WASPT is a sub-committee of this Committee and as such reports regularly by way of a AAA highlight report. Similarly, issues raised are reported, and where necessary escalated, to the Board by way of this Committee's AAA highlight report.

4. MEMBERSHIP



Members

4.1 The membership of the Committee will comprise:

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

Attendees

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

- Director of People and Culture
- Executive Director of Finance and Corporate Resources
- Executive Director of Operations (~~or Deputy/Assistant Director~~)
- Director of Partnerships and Engagement
- Executive Director of Paramedicine
- Assistant Director of Quality and Nursing (TBC)
- Assistant Director of Planning and Transformation
- Trade Union Partners (x4)
- Chairs of Sub-Committees (or their nominee)
- Board Secretary

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

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

4.5 Members may send deputies in their absence who will act with their full authority. To instigate a substitution arrangement, the member of the Committee must notify the Board Secretary before the day of the meeting that he/she is unable to attend and the name of the member who will attend as the substitute.

Member Appointments

4.6 The membership of the Committee shall be determined by the Board, based on the recommendation of the Trust Chair, taking account of the balance of



skills and expertise necessary to deliver the committee's remit, and, subject to any specific requirements or directions made by the Welsh Government.

- 4.7 Non Executive Members shall be appointed to hold office for a period of one year at a time, (Membership being reviewed by the Chairman of the Board on an annual basis) up to a maximum of their term of office. During this time a member may resign or be removed by the Board.
- 4.8 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Trust Chair and, where appropriate, on the basis of advice from the Trust's Remuneration Committee.

Secretariat and Support to Committee Members

- 4.9.1 The Board Secretary, on behalf of the Committee Chair, shall:
- (a) arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
 - (b) ensure the provision of a programme of organisational development for committee members, as part of the Trust's overall board development programme developed by the Director of People and Culture.

5. COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

- 5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less than seven days prior to each meeting.

Withdrawal of individuals in attendance

Page 7 of 9

Model Standing Orders – Schedule 3.5: People and Culture Committee TORs

Approved by Trust Board on [insert]



- 5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of particular matters.

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

- 6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:
- (a) joint planning and co-ordination of Board and Committee business; and
 - (b) sharing of appropriate information;
- in doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall assurance framework.
- 6.3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Trust's overall framework of assurance.
- 6.4 The Committee shall embed the Trust's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

- 7.1 The Committee Chair shall:

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



- (b) bring to the Board and the Chief Executive (Accountable Officer's) specific attention any significant matter under consideration by the Committee; and
- (c) ensure appropriate escalation arrangements are in place to alert the Trust Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Trust.

7.2 The Board Secretary, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in the Trust's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum (as set out in section 5)

9. REVIEW

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



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

AGENDA ITEM No	18
OPEN or CLOSED	OPEN
No of ANNEXES	1

AUDIT TRACKER 2.0 – DECEMBER 2023

MEETING	People & Culture Committee
DATE	20 February 2024
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This paper provides the Committee with the current position with respect to management actions for audits within the purview of the Committee.
2. The Audit Tracker has been updated in Quarter three following its complete revision in Quarter two again there has been excellent engagement from Directorates. C.32% of internal audit recommendations are presented as closed in quarter in this report and there are actions with a change in date proposed (marked in blue), many of which are due to be closed in Quarter four or Quarter one of 2024/25. C. 11% of external audit recommendations are presented as closed in quarter.
3. With respect to the Committee's responsibility to scrutinise the impact of actions, in October the Committee agreed that the most effective way to improve the scrutiny of the impact of actions was by identifying actions within audits as audit reports are reviewed by the Committee, going forward.
4. The current version of the tracker is now open for Directorate review for actions due in January, February, and March. These updates will then be reported to the Committee at its meeting in May 2024.
5. Due to the timing of reporting for Committee in January 2024 there are some actions which were due in December 2023 which may not have complete updates. These updates will be incorporated into the May 2024 Committee report.

RECOMMENDATION

6. The Committee is requested to:

(a) Receive and review any Internal Audits and Audit Wales reviews within their remit where relevant. The reports relevant to the Committee are:

- Retention of Staff Internal Audit

(b) Monitor management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue); and

KEY ISSUES/IMPLICATIONS

As set out above.

REPORT APPROVAL ROUTE

Tracker presented to ADLT via email in December 2023.

REPORT APPENDICIES

Annex 1 – Tracker 2.0 October - December 2023 for Committee Reporting

REPORT CHECKLIST

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

SITUATION

7. This paper provides the Committee with the current position with respect to management actions for audits within the purview of the Committee.

BACKGROUND

8. In September 2023 the Audit Committee approved the Audit Process and Reporting Handbook. The Handbook has been further revised to include Audit Wales content.
9. The Handbook includes roles and responsibilities for the various stakeholders including:
 - The Assistant Directors Leadership Team (ADLT) as the forum to agree closure of actions, taking a check and challenge role on the Tracker.
 - Different reporting for the Audit Committee and Executive Leadership Team (ELT) to that provided to Committees, with the latter focused more on individual audits, progress and impact, and Audit Committee and ELT on the broader audit framework, progress, and exposure. This will start when Tracker 3.0 is developed which will draw the agreed reporting from the tracker via Power BI.
 - The introduction of a point of contact in Directorates for audits. This person(s) steers the audit with the Director and Assistant Directors/Deputies, ensuring internal audits feature on the directorate agenda monthly, they update the Tracker, and escalate issues as appropriate.
10. The Tracker has been updated in Quarter three following its complete revision in Quarter two. Members will receive a copy of the Tracker by email and are invited to filter the excel sheet to their particular Committee to view the relevant audit actions. A copy of the Tracker is also reproduced at Annex 1 filtered to the actions assigned to this Committee for oversight.
11. Good progress has been made on the development of the SharePoint solution for Tracker 3.0 with colleagues in Digital Health and Care Wales Centre of Excellence. It is intended that this solution will be ready to implement / use early in the 2024/25 financial year.

ASSESSMENT

12. The Handbook notes that it is the responsibility of a Board Committee (other than Audit Committee) to:
 - Receive audits in their remit;
 - Monitor management actions to address recommendations; and
 - Scrutinise impact of actions in response to audit recommendations in terms of, for example, quality improvement, the provision of more efficient and effective patient care, improved governance, better use of resources etc.
13. There has been excellent engagement with Directorates on the revised Tracker 2.0, for Quarter three, with the result that c.32% of internal audit recommendations are presented as closed in quarter in this report. C. 11% of external audit recommendations are presented as closed in quarter.
14. Some actions have had a change in date proposed (marked in blue), many of which are due to be closed in Quarter four.
15. Discussions have also taken place on historical actions and those where management actions may need to be amended in view of the current operating context. There has been some traction with these, and discussions will continue into Q4 with a view to closing down or revising as many as possible.
16. With respect to the Committee's responsibility to scrutinise the impact of actions, in November the Committee agreed that the most effective way to improve the scrutiny of the impact of actions was by identifying actions within audits as audit reports are reviewed by the Committee, going forward.
17. The current version of the tracker is now open for Directorate review for actions due in January, February, and March. These updates will then be reported to the Committee at its meeting in May 2024.
18. Due to the timing of reporting for Committee in January 2024 there are some actions which were due in December 2023 which may not have complete updates. These updates will be incorporated into the May 2024 Committee report.

RECOMMENDATION

19. The Committee is requested to:

(a) Receive and review any Internal Audits and Audit Wales reviews within their remit where relevant. The reports relevant to the Committee are:

- Retention of Staff Internal Audit

(a) Monitor management actions to address recommendations in the Tracker, noting any revised dates for actions (in blue).

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No. in Audit	Recommendation	Response No. in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed deadline in report	1st revised date	2nd revised date	3rd revised date	Closure Status	Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. Please add most recent update first
496	21/22	PCC	Recruitment Practices – Equality, Diversity and Inclusion	Reasonable	Kat Cobleby	Angela Lewis	Medium		4.1 a. The Terms of Reference for the EDI Steering Group should be updated to reflect the correct reporting structure.		4.1 a. The Trust accepts this finding and will update the Terms of Reference with support from the Deputy Board Secretary.	Jun-22	Not Met	Jan-23	Dec-23		Closed in Quarter	271023: Revised ToR reviewed by Board Secretary 051023: New date proposed and discussions with Head of EDI planned. 210823 Board Secretary re-opened as TOR not yet approved. Last Updated 11/01/23 COMPLETED - The Terms of reference discussions have been reviewed. Board Secretary to present at next meeting . 250923 Revised ToR shared with Board Secretary 061123 Requested amendments made to ToR (re: reporting lines) and returned to Board Sec
583	22/23	PCC	Attendance Management	Reasonable	Liz Rogers	Angie Lewis	Medium		4.1 We recommend that the Trust investigate means to measure the quality and effectiveness of proactive mechanisms put in place to manage sickness absence. Also, the Trust should consider if management information provided by internal and external providers could be standardised with set key performance indicators for ease of comparisons and collection of data		Accepted – we will investigate options for evaluation of quality and effectiveness	Dec-23	Met				Closed in Quarter	Dec 23 - closure proposed on basis that we have reviewed the information which is received from internal and external providers. As the information and data provided is reporting on different things, with different parameters and external providers delivering different services, then standardisation of management information is not possible.
607	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	1.1	In partnership with the trade unions the Trust should revisit the agreement and associated documentation and ensure that there is a consistent, mandated, approach throughout the Trust.	1.1 (a)	Internal conversation on whether full time representatives are appointed in WAST [see context narrative that prefaced this action in the report - too large to include]	Mar-24	Not Yet Due				Open	This recommendation should be read in the context of the audit report. The recommendation was noted but not accepted per se based on the relationship with TUPs at the current time. The management response column notes the actions committed. Discussion paper to ELT in January 2024.
608	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	1.1	In partnership with the trade unions the Trust should revisit the agreement and associated documentation and ensure that there is a consistent, mandated, approach throughout the Trust.	1.1 (b)	Broader discussion with TU reps regarding maintenance and development of clinical skills whilst undertaking TU duties with the aim of reaching a shared understanding [see context narrative that prefaced this action in the report - too large to include]	Mar-24	Not Yet Due				Open	
609	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	1.1	In partnership with the trade unions the Trust should revisit the agreement and associated documentation and ensure that there is a consistent, mandated, approach throughout the Trust.	1.1 (c)	Regular discussions with senior TU reps in WAST re time for TU duties, trends and peaks in activity [see context narrative that prefaced this action in the report - too large to include]	Mar-24	Not Yet Due				Open	Amended the date of 'ongoing' in the original deadline to March 24 and will review the conversations that have taken place at that time.
611	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	2.1	A standardised process to formally request trade union time should be agreed and appropriate monitoring mechanisms put in place to ensure practices are applied and managed consistently. The process should also incorporate the method of approval and payment / TOIL as well as the management of refusals.	2.1 (b)	The comments of audit colleagues are noted and accepted. Whilst there was a template provided, reps were advised that they needed to maintain a personal record but flexibility was given on how this was to be done. The audit feedback will be shared with TU partners for information and clarification. The current spreadsheet can not be completed on an iPad. Also managers are often not able to respond to a request as soon as it is submitted due to shift patterns and operational pressure Action: Revisit manager's responsibilities in signing off TU time with managers across WAST. [see context narrative that prefaced this action in the report - too large to include]	Dec-23	Met				Closed in Quarter	040124: Board Secretary reviewed evidence of notices to staff and proposed closure. This action refers to the action in the audit report to revisit manager's responsibilities in signing off TU time with managers across WAST. Managers are being reminded of their responsibilities under the Facilities Agreement in terms of checking timesheets.
612	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	2.1	A standardised process to formally request trade union time should be agreed and appropriate monitoring mechanisms put in place to ensure practices are applied and managed consistently. The process should also incorporate the method of approval and payment / TOIL as well as the management of refusals.	2.1 (c)	The comments of audit colleagues are noted and accepted. Whilst there was a template provided, reps were advised that they needed to maintain a personal record but flexibility was given on how this was to be done. The audit feedback will be shared with TU partners for information and clarification. The current spreadsheet can not be completed on an iPad. Also managers are often not able to respond to a request as soon as it is submitted due to shift patterns and operational pressure Action: Revisit manager's responsibilities in signing off TU time with managers across WAST. [see context narrative that prefaced this action in the report - too large to include]	Sep-24	Not Yet Due				Open	
613	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	3.1	A standardised process to formally record facility time, and in sufficient detail, should be agreed and implemented.	3.1 (a)	WAST do not currently have the systems to record this information centrally and to do this manually will take more administrative support which is not good value for money. Most TU reps are based in Operations and are recorded in GRS. Only a handful are working outside of the GRS system.	Nov-23	Not Met	Mar-24			Open	Target date moved in quarter 3 Dec 23 - The management response to this item was:- 'We will review whether the information could be held in ESR effectively and what the maintenance of this would be and how easily could be accessed and collected. It needs to be in one place for ease of reporting and management. It is not a realistic option (in terms of cost) we will explore options for alternative methods of recording total time.'
614	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	High	3.1	A standardised process to formally record facility time, and in sufficient detail, should be agreed and implemented.	3.1 (b)	WAST do not currently have the systems to record this information centrally and to do this manually will take more administrative support which is not good value for money. Most TU reps are based in Operations and are recorded in GRS. Only a handful are working outside of the GRS system.	Nov-23	Not Met	Mar-24			Open	The management response to this item was:- 'We will review the recording of time in shift track for 111/CSD colleagues' Please see comments above and proposed extension to March 24
615	22/23	PCC	Trade Union Release Time	Limited	Liz Rogers	Angela Lewis	Medium	4.1	Accurate and timely management information detailing the time spent and cost of facility time, both on an individual basis and in total for the Trust should be generated. This information should be reviewed on a regular basis and action taken where necessary.	4.1	This is acknowledged. Our aim is to be able to provide this level of detail. However it is dependant on agreeing a standardised method of recording the time spent that is adopted by all TU's, and identifying a corporate system that will collate this information and produce accurate reports, alongside costs in a meaningful way.	Mar-24	Not Yet Due				Open	
630	22/23	PCC	Health & Safety	Reasonable	Nicola White	Liam Williams	Medium	1.1	Management should ensure that all policies and procedures that relate to health and safety arrangements, are updated as soon as possible.	1.1 (a)	The Trust's Health and Safety Policy is currently undergoing the substantial consultation process. Upon ratification the Health & Safety Policy will be sent for approval from Executive Management Team (EMT) and People & Culture Committee (PCC).	Dec-23	Met				Closed in Quarter	23.11.23 Health & Safety Policy approved at People & Culture Committee on 16.11.23 and ratified at Trust Board on 23.11.23. Proposed for Closure
631	22/23	PCC	Health & Safety	Reasonable	Nicola White	Liam Williams	Medium	1.1	Management should ensure that all policies and procedures that relate to health and safety arrangements, are updated as soon as possible.	1.1 (b)	Policies and Procedures will be updated in line with the Health and Safety Management System (HSMS). The HSMS will be reviewed to articulate the timeframe for the review of arrangements.	Sep-23	Not Met	Feb-24			Open	Target date moved in quarter 3 11.12.23: Revised target date of February 2024 (previously indicated December 2023) as Health & Safety Management System is not scheduled to be submitted to Senior Leadership Team Meeting until January/February 2024 (no date set as yet). SLT paperwork will be shared as evidence once tabled. Target date moved into quarter 28.11.23 Health & Safety Management System reviewed. To be submitted to Quality, Safety & Patient Experience Directorate Meeting, Senior Operations Team Meeting and Senior Leadership Team Meeting once approved by the Assistant Director of Quality Governance. The majority of policies are in date so will be Business as Usual. Possible extension request for December 2023.
632	22/23	PCC	Health & Safety	Reasonable	Graham Stockford	Liam Williams	Medium	1.2	Once approved, policies and procedures should be circulated to all staff.	1.2	Policies and Procedures will be issued via corporate communication platforms.	Mar-24	Not Yet Due				Open	11.12.23: On track for completion by March 2024 28.11.23 Action to be completed once Trust Ref 631 is completed.
633	22/23	PCC	Health & Safety	Reasonable	Graham Stockford	Liam Williams	Medium	2.1 (a)	All programme documentation should be stored in a centralised location to efficiently measure outcomes and capture ongoing learning	2.1 (a)	Review of documentation sources and centralise on MS 365 platform.	Dec-23	Met				Closed in Quarter	28.11.23 All complete. 'Propose for closure'. Link to MS 365 to be shared with Corporate Team. Board Secretary provided with link to the Working Safely Programme Teams Channel and reviewed a number of folders and documents on the site.

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No. in Audit	Recommendation	Response No. in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed deadline in report	1st revised date	2nd revised date	3rd revised date	Closure Status	Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. Please add most recent update first
635	22/23	PCC	Health & Safety	Reasonable	Graham Stockford	Liam Williams	Medium	2.1 (c)	The Programme Closure report should be appropriately approved and circulated to assist with the sharing of best practice and lessons learnt.	2.1 (c)	Programme Closure to be rediscussed at Strategic Transformation Board and closure noted in meeting minutes	Sep-23	Not Met	Nov-23			Closed in Quarter	27.11.23 Working Safely Closure Report presented to Strategic Transformation Board on 27 November 2023. Propose for closure. 28.9.2023: Working Safely Programme closure report to be presented to Strategic Transformation Board to close item. 15.08.23 and circulated virtually to STB members for approval. Revised plan and timescales now incorporated in IMTP and safety annual plan
636	22/23	PCC	Health & Safety	Reasonable	Graham Stockford	Liam Williams	High	3.1	Monitoring of compliance against health and safety legislation and that corrective action is taken promptly, where applicable, should be undertaken. Areas to consider should include: •Ensuring that risk assessments of the required standard are in place across all Trust sites, are periodically reviewed, and appropriately stored; •Wider circulation of inspection reports and a completed action plan to be shared with all action owners; •Determine the follow up process to ensure that corrective action has been taken; •Provide a clear audit trail of where non-compliance has been identified, recording the action that is proposed along with action owners and target dates; and confirmation when the corrective action has been taken; and •Issue of clear, documented guidance clarifying the roles and responsibilities of those involved.	3.1 (a)	Develop performance indicators around sharing inspections outcomes within 10 working days.	Dec-23	Not Met	Jan-24			Open	Target date moved in quarter 3 28.11.23 A centralised document library (excel spreadsheet) identifies review periods required for major legislative Policies and Procedures. It also identifies Trust wide Risk Assessments and review dates. Inspection Reports are sent out to respective Duty Operational Managers, with a meeting scheduled for 28.11.23 to ascertain how to manage actions going forward. The proposal is a Teams channel to notify responsible individuals of the actions from the Audits, which will include action owners and target dates. SOP currently in development. Extension request for January 2024.
637	22/23	PCC	Health & Safety	Reasonable	Graham Stockford	Liam Williams	High	3.1	Monitoring of compliance against health and safety legislation and that corrective action is taken promptly, where applicable, should be undertaken. Areas to consider should include: •Ensuring that risk assessments of the required standard are in place across all Trust sites, are periodically reviewed, and appropriately stored; •Wider circulation of inspection reports and a completed action plan to be shared with all action owners; •Determine the follow up process to ensure that corrective action has been taken; •Provide a clear audit trail of where non-compliance has been identified, recording the action that is proposed along with action owners and target dates; and confirmation when the corrective action has been taken; and •Issue of clear, documented guidance clarifying the roles and responsibilities of those involved.	3.1 (b)	Update the Health and Safety Management System to reflect new design.	Dec-23	Not Met	Feb-24			Open	Target date moved in quarter 3 11.12.23: Process for updating audits needs to be placed into a procedure - Not started. Propose new target date of February 2024
638	22/23	PCC	Health & Safety	Reasonable	Leanne Smith	Liam Williams	High	3.1	Monitoring of compliance against health and safety legislation and that corrective action is taken promptly, where applicable, should be undertaken. Areas to consider should include: •Ensuring that risk assessments of the required standard are in place across all Trust sites, are periodically reviewed, and appropriately stored; •Wider circulation of inspection reports and a completed action plan to be shared with all action owners; •Determine the follow up process to ensure that corrective action has been taken; •Provide a clear audit trail of where non-compliance has been identified, recording the action that is proposed along with action owners and target dates; and confirmation when the corrective action has been taken; and •Issue of clear, documented guidance clarifying the roles and responsibilities of those involved.	3.1 (c)	Explore a digital solution to advise relevant managers of their compliance and actions.	Mar-24	Not Yet Due				Open	
639	22/23	PCC	Health & Safety	Reasonable	Nicola White	Liam Williams	Medium	4.1	The Trust should revisit its training needs analysis to consider training frequency, monitoring arrangements and reporting tools to confirm that staff have attended the necessary training.	4.1	Trust's training needs analysis to be amended to include frequencies and mechanism for reporting compliance.	Sep-23	Not Met	Dec-23			Closed in Quarter	16.11.23 Health & Safety Policy approved at People & Culture Committee on 16.11.23 and ratified at Trust Board on 23.11.23 which includes Training Needs Analysis as Appendix 17.1. Proposed for Closure. Board Secretary reviewed policy and TNA. 19.9.23 TNA within H&S Policy revised to include training frequencies. Action to be closed following ratification of H&S Policy by PCC.
641	22/23	PCC	Health & Safety	Reasonable	Nicola White	Liam Williams	Medium	4.3	The corporate health and safety team's training matrix should be updated in line with job descriptions and management should ensure that succession planning arrangements have been appropriately considered.	4.3	The training matrix for the Health and Safety functions is a best practice model and exceeds the requirements within each respective job description. This allows the team to be able to support other departments (e.g. Estates) by providing advice and undertaking activities that contribute to providing a safe working environment (i.e. lighting assessments). This also contributes to cost savings negating the requirement for external provider in some instances. It also provides a route for succession planning. The function's training matrix will be revised to include: Essential; Desirable and Beneficial to make clear where the minimum standard is being attained.	Dec-23	Met				Closed in Quarter	221223: Training matrix received; action proposed for closure. 11.12.23: Graham Stockford to complete Training Matrix by end of w/c 15.12.23 and provide excel spreadsheet as evidence 28.11.23 A Training Matrix for the Health & Safety function is currently being developed and will include Essential; Desirable and Beneficial to make clear where the minimum standard is being attained.
606	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	1.1	Periodic analysis of GRS data should be undertaken to ensure all SPs are adhering to the recommended split of their shifts.	1.1	A GRS report will be generated using a randomised sample of the SP group; and this report will be submitted to the SP Steering Group.	Jan-24	Not Yet Due				Open	
607	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	2.1(a)	A review of allocation of Ps and Ts is undertaken to ensure consistency across Wales.	2.1(a)	The SP shown with the highest ratio was due to a vacancy in the operational area. This post has now been recruited into, so the team size has reduced to 35 each for the two SPs in the area and further SPs have been recruited with induction starting on 13 November (up to the 45 FTE).	Complete	Met				Closed in Quarter	Marked as complete when the audit was submitted to Internal Audit

Trust Ref. No.	Year/ Audit Plan	Committee assigned to	Report Title	Assurance Rating	Responsible Officer	Director	Priority Level	Rec. No. in Audit	Recommendation	Response No. in Audit	Management Response	Agreed Deadline in Report	Status - met or not met agreed deadline in report	1st revised date	2nd revised date	3rd revised date	Closure Status	Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. Please add most recent update first
608	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	2.1(b)	A review of allocation of Ps and Ts is undertaken to ensure consistency across Wales.	2.1(b)	A review of options for reducing variances in the size of SP teams will be presented to the quarterly SP Steering Group.	Jan-24	Not Yet Due				Open	
609	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	2.2	Arrangements should be put in place for the appropriate escalation of issues with ratios and ensure regular monitoring through an appropriate forum.	2.2	Team sizes and ratios will form part of a report into the quarterly SP Steering Group.	Jan-24	Not Yet Due				Open	
610	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	2.3	An assessment should be undertaken to establish and highlight the wider impact of not achieving the full growth of the SP role.	2.3	An analysis on the impact of not achieving the full growth of SPs has been completed and reviewed at internal clinical/operational and financial groups in light of the current financial savings plan.	Complete	Met				Closed in Quarter	Marked as complete when the audit was submitted to Internal Audit 201223 - Board Secretary has seen QIA
611	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	3.1	Training status for all SPs should be collated and captured with regular reporting within an appropriate forum to monitor progress.	3.1	Updated reports on education progress of the SP cohorts to be brought together into a single progress report. This will be presented through the Clinical Directorate Business meeting and the Senior Operations Team.	Jan-24	Not Yet Due				Open	
612	22/23	PCC	Senior Paramedic Role	Reasonable	Darren Panniers	Andy Swinburn	Medium	3.2	A training plan, and expected timeline for the required clinical skill enhancements should be established.	3.2	An Extended Skills Working Group has been established to deliver four new areas for skill development during 2024. The first meeting is in November 2023 with two priorities already agreed (sedation for post ROSC patients and the management of ABD). The workplan and draft terms of reference have been shared with	Dec-23	Not Met				Open	201223 - update received however further queries raised on training plan by Board Secretary
613	22/23	PCC	Senior Paramedic Role	Reasonable	Darren Panniers	Andy Swinburn	Low	4.1	The terms of reference should be reviewed to: •Include a defined pathway for escalation of issues; •Update membership to ensure representation from each locality; and Nov •Define quoracy.	4.1	The SP steering group has changed to a quarterly meeting and the terms of reference are being updated to reflect the audit findings. An Alert/Assure/Advise report will be completed and submitted to the Senior Operations Team	Nov-23	Not Met	Feb-24			Open	Target date moved in quarter 3. 201223 - Meetings to finalise TOR in January
614	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	5.1	The Trust should undertake a lessons learned exercise on the development and evolution of the SP role.	5.1	A review on the evolution of the role will be completed to highlight any lessons that can be learned for future role development.	Feb-24	Not Yet Due				Open	
615	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	5.2	The Trust should report regularly on the impact and effectiveness of the SP role, including analysis of their utilisation across Wales and the achievement of the wider IMTP objective.	5.2	A report including number of rideouts undertaken and the outcomes (action plans/issues resolved during the shift/documentation/CPD/NQP portfolio reviews) will be developed into a regular report into the SP Steering Group on a quarterly basis.	Jan-24	Not Yet Due				Open	
616	22/23	PCC	Senior Paramedic Role	Reasonable	Greg Lloyd	Andy Swinburn	Medium	5.3	Feedback from Paramedics and Technicians should be included as a standing agenda item on the SP Steering Group for consideration / action as appropriate.	5.3	Feedback through the Power BI reporting process will be included on the SP Steering Group quarterly meeting.	Jan-24	Not Yet Due				Open	

Audit Ref No.	Audit Wales or F&M Report	Year	Classification Assigned to	Issue Title	Responsible Officer	Director	Priority Level	Risk Rating	Recommendation	Response or Action	Management Response	Report Due/In Report	Status	1st revised date	2nd revised date	3rd revised date	Where a management action has not met the agreed or revised date, Director must include here: 1. Date (of your update) 2. Proposed revised date 3. Reasons why action is overdue and 4. Progress made if not yet complete. Please add most recent update first	Current Status
119	Audit Wales	22/23	PCC	Structured Assessment 2022	Angela Lewis	Angela Lewis			RS While the Trust has introduced a programme of services to support staff wellbeing, it is not currently undertaking sufficient evaluation and review to ensure these are meeting the needs of staff. The Trust should introduce a regular process to evaluate its staff wellbeing services, such as via pulse surveys or participant questionnaires. This evaluation should inform long-term investment decisions for such services.		* Follow up surveys will be carried out to identify utilisation of wellbeing services, gaps and impact on a twice-yearly basis.	Jun 23 Dec 23	Met				Noted on Structured Assessment 2023 that this is complete. The Trust worked with Swansea University to conduct a wellbeing survey and a report of the survey results was shared with the Trust's Executive Management Team in February 2023. The report contained insight into the wellbeing services offered by the Trust as well as suggested areas for further focus	Closed in Quarter
122	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Hugh Bennett / Liz Rogers	Angela Lewis	Medium	1.1	Terms of Reference We found that the Terms of Reference for both the Integrated Technical Planning Group and the Forecasting and Modelling Group require review. The Trust should review these to ensure they are accurate and up-to-date, particularly to clarify what role they will play in supporting the new People and Culture Plan and developing strategic workforce plan (medium priority).	1.1	Chair and Vice Chair of the ITPG and Forecasting and Modelling Group will update the Terms of Reference within the context of the internal governance structures	Dec-23	Not Met	Feb-24			201223: The ToR for both the ITPG and F&M have been reviewed and are going through the governance approvals route. The ITPG will be revised by the group this week for endorsement and the F&M in January, so the due date has been revised to February 2024 to allow for these approvals to be received. ToR have been reviewed and agreed by the Integrated Technical Planning Group	Open
123	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Linda Phillips	Angela Lewis	Medium	2.1	Workforce information systems We found that there is scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. The Trust should work to ensure that (medium priority).	2.1	Use of Power BI reporting feeding into the Integrated Technical Planning Group is in development by the workforce planning team. This will be used for reporting and maintenance of the data.	Sep-24	Not Yet Due					Open
124	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Hugh Bennett	Angela Lewis	Medium	2.1(a)	Workforce information systems We found that there is scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. The Trust should work to ensure that (medium priority). * Systems that hold workforce information including Electronic Staff Record (ESR), Global Rostering System (GRS) and finance systems interconnect, where possible.	2.1(a)	Alongside this we are working on Integrated Planning Nexus via the Planning and Strategy team which enables our understanding of the interconnection between workforce, fleet, estate etc. Excel version	Mar-24	Not Yet Due					Open
125	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements		Angela Lewis	Medium	2.1(b)	Workforce information systems We found that there is scope for the Trust to make better use of its workforce information by ensuring data is consistent, joined up and up to date. The Trust should work to ensure that (medium priority). * Explore ways to resource the management of a system to ensure an up-to-date establishment model.	2.1(b)	Alongside this we are working on Integrated Planning Nexus via the Planning and Strategy team which enables our understanding of the interconnection between workforce, fleet, estate etc. Potential PowerBI version	Sep-24	Not Yet Due					Open
126	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Dee Udeze-Chibuzor / Liz Rogers	Angela Lewis	Medium	3.1	Evaluating workforce planning training We found that the Trust is strengthening workforce planning capability through training initiatives, but it will need to evaluate these to ensure they are having the desired impact. The Trust should develop an evaluation framework to measure the success of its training programme (medium priority).	3.1	We will implement an evaluation process to baseline where managers are pre and post training and post 3 months to measure improvement.	Jun-24	Not Yet Due					Open
127	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Dee Udeze-Chibuzor / Liz Rogers	Angela Lewis	Medium	4.1	Recruitment support We found that only the emergency ambulance services department has dedicated support from the central management team for recruitment activity, due to capacity issues. While the central team can provide support on a case-by-case basis, the Trust should review opportunities to increase the corporate support offered to other departments across the organisation (medium priority).	4.1	The recruitment team focus primarily on EMS but do offer support where needed to other services. This would need to be agreed by ELT and the Directorates as resource would need to be moved into the team from elsewhere. Report to be produced and shared with ELT.	May-24	Not Yet Due					Open
128	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Dee Udeze-Chibuzor / Liz Rogers	Angela Lewis	Medium	5.1	Metrics for People and Culture plan monitoring The Trust has recently approved the metrics to enable monitoring progress of the People and Culture Plan, however the metrics do not include targets or milestones. The Trust should work to develop targets and milestones to enable the Committee to understand the progress against the Plan (medium priority).	5.1	Recommendation Accepted. We will build in appropriate targets and milestones into the plan which will be frequently reviewed for delivery and effectiveness of both the plan and the measures	May-24	Not Yet Due					Open
129	Audit Wales	23/24	PCC	Review of Workforce Planning Arrangements	Liz Rogers / Hugh Bennett	Angela Lewis	Medium	6.1	Benchmarking The Trust does not routinely benchmark its workforce performance metrics with other health bodies in Wales. To performance benchmarking with other ambulance trusts is infrequent. The Trust should introduce regular workforce benchmarking with similar organisations and use this to inform relevant groups and committees on its performance and efficiency and to identify and share good practice (medium priority)	6.1	Recommendation accepted for high level measures and will be based on what other organisations share / make available. Benchmarks need to be with ambulance sector rather than Health Boards	Jun-24	Not Yet Due					Open

Retention of Staff

Final Internal Audit Report

February 2024

Welsh Ambulance Services NHS Trust

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Auditors:	Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit; Ross Hughes, Principal Auditor
Executive sign-off:	Angela Lewis, Director of People & Culture Directorate
Distribution:	Liz Rogers, Deputy Director of People & Culture; Julie Stokes, Head of People Services; Peter Brown, Head of Service (111)
Committee:	Audit 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.

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Executive Summary

Purpose

To evaluate and determine the adequacy of the systems and controls in place within the Trust in relation to staff retention.

Overview

We have issued reasonable assurance on this area, noting that the Trust have identified that there were shortfalls in the retention process and are introducing new initiatives across the organisation, including the moving on interview process, to strengthen arrangements.

In response to the attrition rates noted within the 111 service, we have also considered the initiatives that have been implemented to enhance retention.

The matters requiring management attention include:

- Finalisation and ratification of the 'Moving on Interview' process, with a clear timetable for its roll out; and
- Evaluation of the effectiveness of the initiatives that have recently been introduced to improve staff retention;

Other recommendations / advisory points are within the detail of the report.

Report Opinion

Reasonable



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Trend

N/A

Assurance summary¹

Objectives	Assurance
1 Strategies and Policies	Reasonable
2 Retention Initiatives and Outcomes	Reasonable
3 Exit Interviews	Limited
4 Reporting and Analysis	Reasonable

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

Key Matters Arising

Key Matters Arising	Objective	Control Design or Operation	Recommendation Priority
1 Implementation of the 'Moving on Interview' process.	1, 3	Operational	Medium
2 Effectiveness of initiatives	2	Operational	Medium

1. Introduction

- 1.1 The retention of staff is a key issue for the NHS. Whilst focus may be given to the workforce supply to create a recruitment pipeline, it is important that both new and existing staff are supported and encouraged to remain with the Trust. Good staff retention levels will be the result of a combination of actions including, for example, supporting new starters, having development and career plans in place and developing organisational cultures and values.
- 1.2 The Trust's Integrated Medium-Term Plan (IMTP) 2023-26 highlights the following workforce challenges:
- *Focussing on retention of our people to reduce the demand on attracting new candidates.*
 - *Maintaining the national 111 service and improving 111 retention.*
- 1.3 The People and Culture Committee minutes for March 2023 notes that the People and Culture Plan 2023-26 and the Trust's IMTP Deliverables identifies emerging priorities such as building on the employee experience to attract and retain a diverse workforce, developing a recruitment and retention plan that supported all roles in the organisation, and continuing to build an effective employee brand while improving the effectiveness and application of the Trust's internal people processes.
- 1.4 As highlighted in Audit Wales's Review of Workforce Planning Arrangements report (November 2023): *in line with broader NHS Wales, since the pandemic, the Trust has been experiencing higher levels of turnover within its operations department. The increased turnover was particularly the case with within its 999 and 111 call-answering staff, due to the challenging working environment. The Trust has also seen a general increase in staff leaving within 6-12 months of recruitment.* The Trust is performing mid-table when comparing staff turnover rates across all Health Boards and Trusts in Wales for 2022-23.
- 1.5 The potential risks considered in the review were as follows:
- The Trust is unable to consistently operate in a safe manner due to insufficient staff;
 - Additional costs incurred by the Trust as a result of requiring potential overtime / agency staff or via additional recruitment campaigns;
 - Impact on staff morale and wellbeing from increased workloads due to reduction in resource;
 - Potential negative impact on the Trusts reputation;
 - Continued reduction in the Trusts workforce including loss of key talent, as a consequence of retention issues not being monitored and relevant action not being taken; and
 - Failure to capitalise or reap the benefits of development investment in individuals.

2. Detailed Audit Findings

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

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	-	-	-
Operating Effectiveness	-	4	-	4
Total	-	4	-	4

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: There are relevant strategies, policies and plans in place to outline the approach to staff retention.

2.3 As per para 1.2, retention of staff is flagged as a workforce challenge within the Trust's IMTP.

2.4 To help address this challenge, the Trust has developed a People & Culture Plan 2023 – 2026 (see para 1.3), approved by Trust Board (May 2023) 'with a commitment to creating an environment that *attracts, retains and develops exceptional talent and expertise*'. The plan focuses on three key areas:

- Culture – the way the Trust achieves its purpose.
- Capacity – the resource needed to achieve its purpose.
- Capability – the skills needed to achieve its purpose.

2.5 The People and Culture Plan includes a high-level action plan where in year 1 it looks to '*build on the employee experience to attract and retain a diverse workforce*.' Targets and milestones to deliver this plan are captured within the Directorate Plan. There are circa 80 actions included and the most recent progress report shows that the directorate is on track to achieve those which relate to staff retention. Monitoring of the progress against the actions is undertaken via the People and Culture Directorate Business meeting.

2.6 For further details on performance metrics to monitor progress against the People & Culture Plan, see audit objective 4.

2.7 The Trust has a 'Policy on Pre-Exit Interviews' available via its SharePoint site. The Policy was approved by the Trust Board in July 2004 and was due for review in July 2007. However, this review had not been undertaken. The review of the policy remained overdue because there was a proposal to develop an all-Wales approach to exit interviews which then did not materialise. See **MA1**

- 2.8 The People Services Team carried out a deep dive exercise into the exit interview process in September 2022. The outcome of this review highlighted limited data being held and an inconsistent approach applied across the Trust.
- 2.9 The issues identified were attributed to the following factors:
- Exit interviews are not compulsory and not all leavers want to complete one. (noting they will always be optional).
 - Managers do not always approach leavers to complete an exit interview, with no prompts or reminders to do so.
 - Exit interviews are paper based and not always shared centrally with the People Services Team by the manager.
- 2.10 In response to these findings, the Trust has developed a new procedure - the Moving on Interview (MOI) process. This will supersede the Pre-Exit Interview Policy and is intended to provide a better understanding of staff experience (See objective 3 for further details on the Moving on Process). This process encourages meaningful conversations between employees and their line manager; however, employees can also complete the questionnaire independently.
- 2.11 The MOI process has been piloted in three areas (111 Service and Powys EMS and Hywel Dda EMS), to test and evaluate it before rolling out across the organisation and has incorporated aspects of the People and Culture Plan (see para 2.4). The new procedure will apply to all staff, including those who move internally within the Trust. See **MA1**

Conclusion:

- 2.12 We note that the current pre-exit interview policy for the Trust has surpassed its review date by some time, however we recognise that steps are already underway to introduce a local Moving on Interview Process noting the lack of progress to develop an approach nationally. The recently implemented People & Culture Plan 2023-2026 outlines the Trust's intentions to retain and develop the workforce and progress is monitored via the People and Culture Directorate Business meeting. We therefore assign **reasonable** assurance to this objective.

Objective 2: Initiatives are in place that align to agreed strategies and plans, and outcomes are reviewed.

Organisation wide initiatives

- 2.13 As noted above, staff retention is highlighted as a challenge within the Trust's IMTP, particularly since the Covid-19 pandemic, with turnover exceeding 11% for the months between May 2022 and October 2022. The Trust has therefore looked to implement initiatives to improve the retention rate within the organisation. At the date of fieldwork, it was noted that a number of the initiatives are either still in their development stage, being piloted or still in their infancy including:
- **HIVE** – In October 2023, the Trust implemented the use of this software which allows the issue of short surveys to gather quick, confidential, real-

time information on potential challenges or issues within the organisation; allowing remedial action to be taken in a timely manner. To date the Trust has issued and closed one survey, with information being issued to the Organisational Development team for analysis. We acknowledge that the People Service team will assess the impact and benefit of the tool towards the end of the agreement.

- **Cultural Early Warning Score (CEWS)** – The development of a new toolkit for managers which is a cultural health check diagnostic. The toolkit assesses the cultural health of the team based on assigning a high/medium/low rating for sickness levels, wellbeing referrals, turnover rates, formal disciplinarys and other culture, capacity and capability indicators, and will be repeated over time to measure impact on any changes implemented. At present the toolkit is being piloted in Emergency Medical Dispatch and the People & Culture Team with the intention for further pilots in the 111 Service (January 2024) prior to roll out across the organisation by the new financial year.

2.14 Established mechanisms that have been running for a number of years include:

- **CEO Staff Roadshows** - The Trust has put on multiple roadshow events across Wales where the Trust's employees have the opportunity to engage with the Executive Team face-to-face to learn more about what the Trust is doing moving forward and what it is looking to achieve. The latest roadshow was held in November 2023 with circa 420 staff members registered to attend; and
- **WAST Live** - Staff can pre-submit questions to the Executive Team, which are then answered via a live stream. It also updates staff across the organisation on important issues, priorities, performance, challenges and subjects of interest.

2.15 We also acknowledge that the Trust have a number of other interventions, organisation-wide, to help support retention of staff, including culture reviews within individual teams; Freedom to Speak Up Safely; Sexual Safety Guiding Principles; Occupational Health support; and compassionate practices. We have, however, not reviewed these initiatives in detail during the course of our fieldwork.

111 Service Initiatives

2.16 During discussions with the senior staff within the Trust, we were informed that the 111 service has historically been an area with higher staff turnover levels. The Head of Service has undertaken work to support staff and improve retention within the service and we sought to determine the impact of such during the course of our fieldwork.

2.17 **111 Conversations** - Senior Management throughout the Trust shadowed 111 call handlers for initial 111 conversations (165 in total by the end of the initiative) to better understand the challenges being faced in their role. The conversations gave the call handlers an opportunity to relay issues, concerns or suggestions which would impact the longevity of their employment with the service.

Improvements implemented to date include around the working environment, culture, staff rosters and clearer career progression structures.

- 2.18 **Our Shared Success Framework** - a recommendation that came from the 111 conversations was that the employees wanted to know if they were doing a good job. Weekly face-to-face meetings between the call handler and supervisor are now held to review performance against a framework of indicators created by the service.
- 2.19 **Investment in Individuals** – to address the trend of staff leaving within 6-12 months with reasons cited including the poor quality of upfront training or to seek further education for a more clinical setting (nursing), the 111 service has introduced an initiative that gives the opportunity to acquire a NVQ in dealing with contact centre operations via Gower College. This allows career pathways to be built within the Trust. Management also advised that improvements have been made to initial training so that employees are better aware of the role and its requirements from the outset.
- 2.20 **111 Clinicians** – a deep dive (June 2023) into attrition levels noted that many clinicians left their post within 6 months of employment due to a lack of support after induction; they missed face-to-face contact with the patients; and there were issues with rostering. To address these issues, changes have been made including implementation of a new clinician framework of support, development and continued learning; a blend of observation shifts or rotational roles; increase in Continued Professional Development (CPD) - including the opportunity of undertaking postgraduate qualifications (MSc / PhD); and the introduction of an 'Academic Corner' in contact centres and on SharePoint, featuring academic achievements, advice, support and guidance.
- 2.21 It was noted that the majority of these initiatives are currently within their infancy and at this moment in time it is too early to undertake analysis to ascertain their effectiveness in retaining staff. However, there will be benefit to the Trust in completing this exercise in due course. See **MA2**

Conclusion:

- 2.22 The Trust has a number of initiatives in place to improve the retention of staff, however we recognise that many are currently being piloted or in their infancy and will take time to fully embed. From the review of the work undertaken, to date, within the 111 service we can see that these are having a positive effect, especially with the call handlers and clinicians; and consideration should be given to replication Trust-wide. Therefore, we assign **reasonable** assurance to this objective.

Objective 3: There is an effective leavers process in place that is clearly defined and there are tools available to support managers to process a leaver.

- 2.23 As outlined in objective 1, the Trust undertook a deep dive into its current Pre-Exit Interview policy. The exercise identified only 8% of leavers, during the timeframe reviewed, had shared a pre-exit interview centrally, meaning no meaningful

analysis could be undertaken to better understand the reasons for leaving. It was highlighted that this doesn't necessarily mean exit interviews were not undertaken and held locally. It was also noted that the pre-exit interview forms were paper based so any analysis that could be undertaken had to be done manually, which is inefficient and time consuming.

- 2.24 The Trust has therefore modernised its approach to engage with leavers, via the 'Moving on Interview' (MOI) process (see para 2.10). An electronic questionnaire has been created via Microsoft Forms which, on completion, is issued centrally to the People Services Team who can then share with the relevant team / manager as appropriate.
- 2.25 The questionnaire forms the basis of engagement work and to help understand the employees' experience throughout their employment with the Trust. The main areas of focus within the questionnaire are: 'Learning and Development', 'Working Relationships', 'Wellbeing' and 'Equality Monitoring'.
- 2.26 Individuals are encouraged to complete the questionnaire with their manager. Due to the form being electronic, they also have the option to do so by themselves and anonymously if preferred. The form can be accessed via a desktop or on a smart device via a QR code.
- 2.27 The data collated from the pilot scheme (see para 2.11) which took place between February and July 2023 highlighted an increase in the return rate from 8% to 56%. During the pilot the Trust's People Services Team had to manually collate the data to produce analysis within a highlight report.
- 2.28 The highlight report focused on the main themes and trends raised by leavers, whether leaving the Trust or moving to a new role within the organisation. This included pursuing further education, career development and progression, mental health and wellbeing, and shift patterns, and was presented to the August 2023 People and Culture Committee (see objective 4 below).
- 2.29 Going forward, the Trust has secured support from Digital Health and Care Wales (DHCW) to create a dashboard that will form the basis of ongoing regular reporting. We understand that the production of the dashboard will be automated, avoiding the time and effort involved with collating the data manually, and that DHCW are also looking to incorporate functionality that will allow individual directorates to analyse data specific to them, thus allowing the Trust and individual directorates to undertake proactive actions towards making the Trust a more attractive place to work and therefore reduce staff turnover. We were informed at the date of fieldwork closure that the dashboard has been developed and will be available imminently. We have therefore not raised a recommendation on this basis.
- 2.30 To assist in the development and implementation of the MOI process, the People Services Team has created an action plan. Whilst our review confirmed that it outlined the required actions and responsibility, it was noted that timescales for its roll out across the Trust have yet to be set. **See MA1**
- 2.31 As noted under audit objective 1, prior to the MOI process being rolled out across the Trust, the People Services Team is creating a process and guidance document

to guide managers and staff when completing the MOI. We were informed that the document will also include a link to 'working in confidence' which will allow the user to share any issues or concerns around harassment or bullying that the individual might not feel comfortable discussing in the MOI. In addition to the document, the team are also looking to create bitesize training sessions for managers and a FAQ document to support the process. **See MA1.**

Conclusion:

2.32 Although the new MOI process has yet to be implemented across the Trust, with no set date for its rollout, we recognise that positive steps have been taken in introducing the process to the organisation. The intention is that the new process will modernise exit interviews for leavers and supply the Trust with increased data for analysis to identify any trends or issues. However, noting that the process has currently only been piloted across three areas and managers' training has yet to be developed, we assign **limited** assurance for this objective.

Objective 4: Data is collected and analysed in relation to staff turnover rates plus other relative data such as exit interviews, PADR compliance, and staff engagement and staff surveys. The outcomes of which are analysed and reported on to facilitate effective monitoring of staff retention trends.

2.33 As noted under audit objective 3, to date, data from the pilot MOI process has been collated and analysed manually by the People Services Team; with the development of an automatic solution being undertaken by DHCW.

2.34 A review of People & Culture Committee (P&CC) papers identified that an Integrated Quality & Performance Report (MIQPR) is issued to each Committee meeting, as well as the Finance and Performance Committee and Board meetings. Part of the MIQPR focuses on Health and Wellbeing of the employees within the Trust including sickness absence indicators, staff turnover rates, equality and diversity, statutory & mandatory compliance and PADR completion.

2.35 In addition to the MIQPR, the following reports have been presented to P&CC:

- November 2022 – report on Exit Interviews
- May 2023 – update on the MOI process.
- August 2023 - a cultural themes and trends report, which provided analysis of the data from the MOI pilot.
- November 2023 – first quarterly People and Culture Plan metrics update providing a high-level indication of the impact of the plan under its three core headings (culture, capacity and capability). The report includes metrics on staff survey completion, staff turnover and PADR compliance.

2.36 In addition, we were informed that staff turnover rates are presented at the Executive Leadership Team. The Trust is also in the process of developing directorate level scorecards which will include a summary of key workforce metrics, in line with an action included in the Quality & Performance Management Framework work plan. The Workforce Transformation and Planning Team has

recently developed a highlight report on workforce data which is shared via the Integrated Technical Planning Group, and People Business Leaders are also available to support and provide further information to Directorates as requested.

- 2.37 The Audit Wales Review of Workforce Planning Arrangements report highlighted that: *The Trust does not routinely benchmark its workforce performance metrics with other health bodies in Wales. Its performance benchmarking with other ambulance trusts is infrequent. The Trust should introduce regular workforce benchmarking with similar organisations and use this to inform relevant groups and committees on its performance and efficiency and to identify and share good practice.* We have therefore not raised a recommendation at this report.

Conclusion:

- 2.38 There is sufficient reporting on turnover rates within the Trust, including via the People and Culture Committee, with a further introduction to the reporting recently via the People and Culture Plan Metrics report. The Trust is also in the process of producing directorate level scorecards and has recently developed workforce highlight reports. As recommended by Audit Wales, the Trust should undertake more regular benchmarking of its workforce performance metrics with similar organisations. We therefore assign **reasonable** assurance to this objective.

Appendix A: Management Action Plan

Matter Arising 1: Implementation of the Moving On Interview Process (Operation)		Impact
<p>The Trust's Pre-Exit interview policy was due to be reviewed in July 2007, however, this was not undertaken due to work being undertaken to implement an All-Wales approach. Due to lack of progress at a national level, the Trust undertook a deep dive into the process, from the results the Trust is looking to introduce a new 'Moving on Interview' (MOI) Process to supersede the policy.</p> <p>The MOI has been piloted in three areas of the Trust (111 Service and Powys and Hywel Dda EMS), but from review of the action plan created by the People Services Team, there is no clear timescale in which the process will be rolled out more widely across the organisation. This was in part reliant on external support to develop dashboard reporting which we understand will be made available imminently.</p> <p>The Team is also looking to create bitesize training sessions for managers and a FAQ document to support the process.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Continued reduction in the Trust's workforce including loss of key talent, as a consequence of retention issues not being monitored and relevant actions not being taken.
Recommendations		Priority
1.1	The 'Moving on Interview' process should be finalised and approved in accordance with Trust procedure.	Medium
1.2	The Trust should identify and confirm a clear timescale for the roll out of the 'Moving on Interview' process across the organisation.	
1.3	The Trust should look to develop an appropriate training package to assist managers in the use of the new Moving on Interview Process.	



Agreed Management Action		Target Date	Responsible Officer
1.1	The structure of the interview will be finalised shortly. The team are still exploring opportunities to generate automatic triggers for managers and staff rather than relying on managers remembering to ask a colleague to complete.	31 March 2024 30 June 2024	Deputy Director of People and Culture
1.2	Dates will be added to the action plan	31 March 2024	Deputy Director of People and Culture
1.3	Guidance for managers on using the process developed and signed off	30 April 2024	Deputy Director of People and Culture

Matter Arising 2: Effectiveness of Retention Initiatives (Operation)		Impact
<p>The Trust has introduced a number of initiatives in place to improve the retention of staff. At the date of fieldwork, it was noted that a number of these are either still in their development stage, being piloted or still in their infancy. As a result, it is too early to undertake analysis to ascertain the effectiveness of the initiatives in retaining staff.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Continued reduction in the Trusts workforce including loss of key talent, as a consequence of retention issues not being monitored and relevant actions not being taken.
Recommendations		Priority
2.1	The Trust should undertake, and report to an appropriate forum, an evaluation of the initiatives introduced to determine their impact and effectiveness in retaining staff.	Medium
Agreed Management Action		Target Date
2.1	<p>An evaluation report will be developed in association with the 111 senior team.</p> <p>It is noted that not all initiatives are appropriate for other areas of the organisation based on role types, culture differences and different pressures.</p>	30 September 2024
		Responsible Officer
		Deputy Director of People and Culture & Head of Service 111 Wales

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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AGENDA ITEM No	19.1
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	1

NHS WALES FLEXIBLE WORKING POLICY
--

MEETING	People & Culture Committee
DATE	20 February 2023
EXECUTIVE	Angela Lewis, Director of People and Culture
AUTHOR	Sara Williams, Workforce Policy and Governance Lead
CONTACT	Sara.Williams5@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report presents the revised NHS Wales Flexible Working Policy, for formal adoption by the Welsh Ambulance Services NHS Trust.

KEY ISSUES/IMPLICATIONS

2. The policy has been developed in partnership and the final version was agreed by the Welsh Partnership Forum on 16 November 2023. This now becomes the contractual policy for the application of flexible working within the NHS in Wales and can only be amended through agreement by the Welsh Partnership Forum.
3. It was presented to ELT prior to going to the People and Culture Committee for formal adoption on behalf of the Trust Board.

REPORT APPROVAL ROUTE

Policy Group on 19 December 2023 – for noting.
 Executive Leadership Team on 18 January 2024 - for noting.
 People and Culture Committee on 20 February 2024 – for adoption.

REPORT APPENDICES

Appendix 1a & 1b – NHS Wales Flexible Working Policy English and Welsh versions.
 Appendix 2 – Flexible Working NHS Wales EQIA v3

REPORT CHECKLIST

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

SITUATION

4. This report presents the revised NHS Wales Flexible Working Policy intended for formal adoption by the Welsh Ambulance Services NHS Trust.

BACKGROUND

5. The NHS Wales Flexible Working Policy was developed in partnership and the final version was agreed by the Welsh Partnership Forum at its meeting held on 16 November 2023.

ASSESSMENT

6. The revised policy (Appendix 1a and 1b) and EQIA (Appendix 2) has been issued by Sue Green, Director of NHS Employers, on behalf of the Joint Chairs of the Welsh Partnership Forum, to all Health Boards and Trusts in Wales for adoption and implementation at the earliest opportunity. This now becomes the contractual policy for the application of flexible working within the NHS in Wales and can only be amended through agreement by the Welsh Partnership Forum.
7. All Wales ESR management guidance will be issued in due course to sit alongside the policy; as an organisation we would welcome the use of the ESR facility at the earliest opportunity to manage all flexible working requests.
8. This policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives. Flexible working contributes to a positive work/life balance, which benefits both NHS employees through improved health and wellbeing, and employers because staff are more productive and satisfied at work. Offering flexible working opportunities is a way of attracting and retaining a diverse workforce and make the workplace more accommodating to diverse needs; it is a valuable tool in improving workplace equality and creating inclusive cultures.

9. RECOMMENDED

10. To **formally adopt** the revised NHS Wales Flexible Working Policy prior on behalf of the Trust.

A map of Wales showing its regional boundaries. The map is rendered in a light teal color against a darker teal background. The text is overlaid on the map.

Cymru Gyfan

Ymddiriedolaeth GIG Gwasanaethau
Ambiwlans Cymru

Polisi Gweithio Hyblyg

Sections

01 & 02

Datganiad Polisi
a Cwmpas

03

Egwyddorion

04

Manteision
Gweithio Hyblyg

05

Y Broses Gwneud
Cais Am Weithio
Hyblyg

06 & 07

Gohebiaeth a
Ystyriaethau
Telerau ac
Amodau

08 & 09

Dogfennau
Cysylltiedig Eraill
a Monitro ac
Adolygu

10

Atodiad 1

11

Atodiad 2

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Cymeradwywyd gan: Fforwm Partneriaeth Cymru

Dyddiad cyhoeddi: Rhagfyr 2023



01 & 02

Datganiad Polisi a
Cwmpas**1. Datganiad Polisi**

1.1 O fewn GIG Cymru, rydym yn gwybod, er mwyn diwallu anghenion iechyd a gofal ein poblogaeth yn effeithiol, ei bod yn bwysig cael gweithlu sy'n iach, yn ymgysylltiedig ac yn llawn cymhelliant. Rydym wedi ymrwymo i fod yn lle gwych i weithio a dysgu ac i ddarparu gwasanaeth o ansawdd, gan gydnabod bod ein gweithlu yn hanfodol i'n llwyddiant. Rydym yn cydnabod ein cyfrifoldeb i ddenu, cadw, defnyddio a datblygu pobl i wneud y mwyaf o'u potensial.

Un o'r ffyrdd o gyflawni hyn yw datblygu a chynnal diwylliant lle mae gweithio'n hyblyg yn cael ei ystyried yn alluogwr ar gyfer darparu gwasanaethau effeithiol ac effeithlon sydd â manteision i gydweithwyr, cleifion a'r sefydliad. Mae GIG Cymru wedi ymrwymo i hyrwyddo ac annog gwahanol ffyrdd o weithio er mwyn recriwtio pobl ragorol a chadw cyfoeth o wybodaeth, sgiliau a phrofiad ei weithlu presennol.

1.2 Mae hyblygrwydd mewn cyflogaeth yn helpu pobl i gydbwyso cyfrifoldebau gwaith ag agweddau eraill ar eu bywydau ac i ddiwallu'r anghenion a allai godi ar wahanol adegau yn eu bywydau. Yn allweddol i gyflawni hyn mae darparu ac argaeledd cyfleoedd gweithio hyblyg sy'n caniatáu i weithwyr wneud dewisiadau ynghylch sut a phryd y maent yn dymuno gweithio, ochr yn ochr â pholisïau sy'n cefnogi rheolwyr i gymryd yr amser i ddeall beth sydd ei angen ar bob person.

1.3 Mae Ymagwedd GIG Cymru tuag at Weithio Hyblyg wedi'i nodi mewn datganiad a ddatblygwyd ac a gytunwyd mewn partneriaeth. Nod y dull hwn yw cefnogi rheolwyr i wneud newid diwylliannol fel bod y cwestiwn yn mynd yn "Sut gallwn ni wneud i hyn ddigwydd" yn hytrach na "Ni allwn wneud hyn oherwydd..."? Mae hyn yn golygu mai'r sefyllfa ddiofyn fydd y bydd cais am weithio hyblyg yn cael ei gymeradwyo, a phob llwybr posibl yn cael ei archwilio i hwyluso hyn, oni bai bod rhesymau busnes clir mewn polisi ac o ran y gyfraith dros wrthod. Mae'r Polisi hwn yn nodi'r egwyddorion sy'n sail i drefniadau gweithio hyblyg sy'n caniatáu i bobl gydbwyso cyfrifoldebau gwaith ag agweddau eraill o'u bywydau ac yn disgrifio'r prosesau i'w dilyn wrth wneud neu ystyried cais.

1.4 Mae hyblygrwydd mewn cyflogaeth yn ffactor allweddol wrth ddangos ymrwymiad GIG Cymru i driniaeth deg a chyfartal yn y gweithle ac wrth ddenu'r gweithwyr o'r safon uchaf i weithio i'r sefydliad. Dylid ystyried cyfleoedd gweithio hyblyg ar gyfer pob gweithiwr a sicrhau eu bod ar gael cyn belled ag y bo'n ymarferol, waeth beth fo'u rôl, patrwm sifft, tîm neu fand cyflog a dylid eu hystyried hefyd ar gyfer gweithwyr sy'n gweithio ar gylchdro. Nid yw'n ddigonol i adrannau sydd â ffordd draddodiadol o weithio wrthod cais am weithio'n hyblyg dim ond am nad yw wedi cael ei roi ar brawf o'r blaen neu oherwydd mai 'dyma sut y mae wedi cael ei wneud erioed'.



1.5 Dylai holl sefydliadau'r GIG annog a hyrwyddo cyfleoedd i weithio'n hyblyg a defnyddio'r adnoddau sydd ar gael iddynt e.e. rhaglenni addysg, rheolaeth ac arweinyddiaeth i eirioli dros fanteision gweithio hyblyg a symud tuag at ddiwylliant sy'n ei dderbyn fel y norm. Lle bynnag y bo'n bosibl, dylai rheolwyr ystyried sut y gellir gwneud gwaith yn hyblyg a bod yn gefnogol i geisiadau i weithwyr weithio'n hyblyg i reoli cydbwysedd eu bywydau gwaith yn well, gan gynnal safonau gwasanaeth.

1.6 Er mwyn cefnogi diwylliant cadarnhaol o weithio'n hyblyg, bydd angen i sefydliadau ystyried sut maent yn cefnogi ac yn annog sgysiau agored am weithio'n hyblyg. Mae enghreifftiau o gyfleoedd i siarad am weithio'n hyblyg yn cynnwys mewn cyfarfodydd rheoli/ goruchwyllo llinell un-i-un, cyfarfodydd tîm/adrannol, fel rhan o sgysiau llesiant, neu fel rhan o brosesau recriwtio, ymsefydlu ac arfarnu blynyddol.

Wrth hysbysebu swydd, mae angen i sefydliadau sy'n cyflogi hefyd ystyried sut maent yn hyrwyddo'r hawl i ofyn am hyblygrwydd o'r diwrnod cyntaf ac argaeledd opsiynau gweithio hyblyg.

1.7 Mae GIG Cymru wedi ymrwymo i drin pawb yn gyfartal a chyda pharch, waeth beth fo'u hoedran, anabledd, ailbennu rhywedd, priodas neu bartneriaeth sifil, beichiogrwydd neu famolaeth, hil, crefydd neu gred, rhyw, neu gyfeiriadedd rhywiol. Mae Asesiad Effaith o'r Polisi hwn ar Gydraddoldeb wedi'i gwblhau.

2. Cwmpas

Mae'r polisi yn berthnasol i holl weithwyr o'r

diwrnod cyntaf o'u cyflogaeth. Fodd bynnag, trefnir trefniadau gweithio hyblyg ar gyfer meddygon dan hyfforddiant gan ac yn amodol ar gymeradwyaeth y Ddeoniaeth Feddygol, AaGIC.

03

Egwyddorion



3. Egwyddorion

3.1 Mae GIG Cymru wedi ymrwymo i ddiwylliant gweithio hyblyg, sy'n golygu y bydd cais am weithio'n hyblyg yn cael ei gymeradwyo, ac y bydd pob llwyr posibl yn cael ei archwilio i hwyluso hyn, oni bai bod rhesymau busnes clir fel y nodir yn y Polisi hwn i'w wrthod.

Dylai trefniadau gweithio hyblyg da gydbwyso anghenion yr unigolyn gyda thri ffactor sefydliadol allweddol: profiad cleifion/defnyddwyr gwasanaeth, darparu gwasanaethau a phrofiad gweithwyr. Efallai na fydd yn bosibl cytuno i'r union gais, ond mae disgwyl i reolwyr drafod trefniadau amgen gyda'r unigolyn a sicrhau bod pob llwybr wedi'i archwilio cyn gwrthod y cais.

3.2 Dylai fod gan bob gweithiwr fynediad cyfartal at weithio'n hyblyg, cyn belled ag y bo'n ymarferol, waeth beth fo'i rôl, patrwm sifft, tîm neu fand cyflog a gellir ystyried pob swydd ar gyfer gweithio hyblyg. Er y cydnabyddir efallai na fydd rhai swyddi'n addas ar gyfer pob math o drefniadau gweithio hyblyg yn eu cyfanrwydd, dylai rheolwyr ystyried a oes modd gweithio elfennau penodol o'r rôl yn hyblyg.

3.3 Gall cyflogeion ofyn am weithio'n hyblyg o'r diwrnod cyntaf o'u cyflogaeth gontractiol a gallant wneud mwy nag un cais gweithio hyblyg y flwyddyn, waeth beth fo'r rhesymau drostynt.

3.4 Bydd gweithwyr yn cael eu trin yn deg wrth ystyried ceisiadau am drefniadau gweithio hyblyg. Bydd pob cais am weithio'n hyblyg yn cael ei dderbyn yn agored gan y rheolwr llinell priodol ac yn cael ei ystyried yn unigol

ar sail ei rinweddau ei hun. Dylid ystyried unrhyw gais am weithio'n hyblyg gan dybio y bydd yn cael ei roi oni bai bod rheswm busnes dilys dros wrthod. Fodd bynnag, dylid ystyried unrhyw effaith bosibl ar weithwyr eraill a darparu gwasanaethau, gan gynnwys costau ychwanegol posibl.

3.5 Mae'n bwysig cytuno o'r cychwyn cyntaf a yw'r trefniadau gweithio newydd yn barhaol neu dros dro a rhaid dogfennu hyn i gyd yn ysgrifenedig. Pan fo'r trefniant dros dro neu am gyfnod penodol, rhaid ei adolygu'n rheolaidd i sicrhau bod anghenion y gwasanaeth a'r unigolyn yn dal i gael eu diwallu.

3.6 Ni fydd gweithwyr sy'n gweithio'n hyblyg yn cael eu trin yn llai ffafriol mewn perthynas â chyfleoedd hyfforddi a datblygu na chyfleoedd i gael eu dyrchafu.

3.7 Ni fydd unrhyw fath o weithio'n hyblyg yn caniatáu i weithwyr weithio yn groes i'r Rheoliadau Oriau Gwaith.

3.8 Er nad oes cyfyngiad ar nifer y ceisiadau y gall cyflogai eu gwneud o fewn cyfnod o 12 mis, gofynnir i weithwyr beidio ag ailgyflwyno ceisiadau sydd wedi'u gwrthod heb eu haddasu a/neu newid mewn amgylchiadau o fewn yr adran. Yn hytrach, fe'u hanogir i gynnal sgwrs reolaidd gyda'u rheolwr fel bod y ddwy ochr yn ymwybodol os bydd unrhyw beth yn newid ac yn gallu ymateb i'r newid hwnnw.

3.9 Rhaid cadarnhau newidiadau i gontract cyflogaeth gweithiwr yn ysgrifenedig.

04

Manteision Gweithio Hyblyg



4. Manteision Gweithio Hyblyg

Mae gweithio hyblyg o fudd i unigolion nid yn unig o ran caniatáu iddynt gydbwyso eu bywyd personol â'u bywyd gwaith ond hefyd o ran gwella iechyd a llesiant cyffredinol.

Mae unigolion sy'n hapusach gyda'u cydbwysedd rhwng bywyd i mewn ac allan o'r gwaith yn fwy cynhyrchiol yn gyffredinol, yn cynhyrchu gwaith o ansawdd gwell ac yn fwy gofalgarg. I reolwyr, gall gweithio hyblyg helpu i gadw gweithwyr – ac mae dal gafael ar bobl brofiadol a medrus yn bwysig o ran cynnal ansawdd a rheoli costau. Mae cynnig oriau hyblyg yn ehangu'r pwll talent, felly dylai rheolwyr allu recriwtio pobl â mwy o sgiliau. Gall hefyd gynyddu ymrwymiad a theyrngarwch gweithwyr a gall greu manteision trwy leihau lefelau absenoldeb a straen.

Gall Gweithio Hyblyg hefyd gefnogi ailgynllunio gwasanaethau trwy greu rolau cymysg newydd ac ail-lunio a datblygu rolau presennol, mewn ymgynghoriad â gweithwyr. Gall defnyddio rolau newydd a rolau sydd wedi'u hailgynllunio yn greadigol arwain at well gwasanaethau i gleifion a gyrfaoedd mwy gwerth chweil i'n gweithlu.

05

Y Broses Gwneud Cais Am Weithio Hyblyg



5. Y Broses Gwneud Cais Am Weithio Hyblyg

5.1 Efallai y bydd nifer o resymau pam y gallai fod angen i weithwyr fabwysiadu trefniant gweithio mwy hyblyg am gyfnod byr (h.y. hyd at 8 wythnos) i fynd i'r afael â mater penodol. Os felly, gall fod yn briodol i'r cyflogai a'r rheolwr drafod a chytuno ar hyn yn anffurfiol, yn enwedig lle nad yw'r newid yn effeithio ar ei delerau na'i amodau eraill (e.e. cyflog). Fodd bynnag, dylid dogfennu a chadarnhau canlyniad y drafodaeth yn ysgrifenedig.

5.2 Gwneud y cais

Os yw'r gweithiwr yn dymuno gwneud cais am fath o weithio'n hyblyg yn barhaol neu yn y tymor hwy, dylai gwblhau Ffurflen Gais Gweithio Hyblyg (Atodiad 1) neu gwblhau'r cais ar ESR a'i gyflwyno i'w reolwr llinell. Efallai y bydd y gweithiwr am gael trafodaeth anffurfiol gyda'i reolwr cyn cyflwyno cais ffurfiol ac anogir rheolwyr i hwyluso hyn pan ofynnir iddynt wneud hynny. Fodd bynnag, ni fydd y cais yn cael ei ystyried yn ffurfiol hyd nes y caiff ei gyflwyno'n ysgrifenedig.

Rhaid i'r ffurflen gais gynnwys yr wybodaeth ganlynol: -

- Rhaid iddo gael ei ddyddio a datgan pa newid i'w drefniadau gweithio y mae'n gwneud cais amdanynt, a phryd yr hoffai i'r newid hwn ddod i rym
- Lle bo'n berthnasol, anogir yr ymgeisydd i ddatgan a yw'n gwneud y cais mewn perthynas â Deddf Cydraddoldeb 2010, er enghraifft, fel addasiad rhesymol ar gyfer anabledd, neu ar ôl dychwelyd

o absenoldeb mamolaeth, neu pryd y mae ar gyfer gofal plant neu ddibynyddion.

5.3 Ymateb i gais

5.3.1 Dylai rheolwyr fod yn ymwybodol bod gofyniad cyfreithiol i ystyried y cais a rhoi gwybod i'r unigolyn am y canlyniad o fewn 2 fis ac fe ddylid ystyried hyn i sicrhau bod ganddynt amserlen ddigonol i roi ystyriaeth ddyledus i'r cais.

5.3.2 Dylai'r rheolwr drefnu i drafod y cais gyda'r gweithiwr cyn gynted â phosibl ar ôl derbyn ei ffurflen gais (gall hyn fod yn bersonol, dros y ffôn neu drwy MS Teams). Bydd hyn yn ei alluogi i gael gwell dealltwriaeth o'r newidiadau y mae ei gyflogai'n chwilio amdanynt a sut y gallai pethau weithio'n ymarferol. Dylai'r drafodaeth archwilio sut y bydd y trefniant gweithio arfaethedig yn gweithio'n ymarferol, unrhyw effaith gadarnhaol a negyddol bosibl y gallai ei chael ar ddarparu gwasanaethau a sut y gallai effeithio ar aelodau eraill o'r tîm. Mae gan weithwyr yr hawl i ddod i'r cyfarfod hwn gyda chydweithiwr yn y gweithle neu gynrychiolydd undeb llafur.

Os yw'r rheolwr yn bwriadu cymeradwyo'r cais, nid yw'r cyfarfod hwn yn ofyniad, ond gall fod yn ddefnyddiol trafod trefniadau ymarferol o hyd.

5.3.3 Rhaid i reolwyr ystyried a yw'r cais mewn perthynas ag addasiad rhesymol sy'n gysylltiedig ag anabledd neu nodwedd warchoddedig arall. Mae gweithwyr yn cael eu hannog i nodi lle mae hyn yn wir. Dylai rheolwyr hefyd ystyried unrhyw faterion iechyd a diogelwch a allai ddeillio o'r newid a nodi ffyrdd o'u lliniaru (e.e. os bydd y trefniadau gweithio yn golygu y byddai'r gweithiwr neu'i gydweithwyr yn dod yn weithwyr unigol). Gellir gofyn am gyngor gan y Gwasanaethau Pobl/Adnoddau Dynol/ Gweithlu a Datblygu Sefydliadol, Iechyd a

Diogelwch ac Iechyd Galwedigaethol fel y bo'n briodol.

5.4 Ystyried y cais

5.4.1 Dylid ymdrin â phob cais gydag agwedd 'gallu ei wneud', gyda'r rhagdybiaeth y bydd yn cael ei rhoi oni bai nad yw'n wirioneddol bosibl gwneud hynny am un o'r rhesymau busnes a nodir isod. Dylid ystyried y cais yn ofalus a dylid pwysu a mesur manteision gweithredu'r newid yn erbyn unrhyw gostau. Wrth ystyried y cais, rhaid i reolwyr llinell wneud yn siŵr nad ydynt yn gwahaniaethu'n uniongyrchol neu'n anuniongyrchol yn erbyn y gweithiwr. Os oes unrhyw amheuaeth ynghylch yr hyn y gallai hynny ei olygu, yna gellir gofyn am gyngor gan y tîm Cydraddoldeb, Amrywiaeth a Chynhwysiant neu Gwasanaethau Pobl / Adnoddau Dynol / Gweithlu a Datblygu Sefydliadol lleol.

Unwaith y gwneir penderfyniad, dylai'r rheolwr hysbysu'r gweithiwr yn ysgrifenedig gan ddefnyddio rhan 3 o'r ffurflen gais neu drwy ESR.

5.4.2 Os penderfynir cymeradwyo cais y gweithiwr, neu ei dderbyn gydag addasiadau, dylid cynnal trafodaeth i benderfynu sut a phryd y gellid gweithredu'r newidiadau orau. Gall hyn gynnwys cyfnod prawf. Mae'r rheolwr llinell yn gyfrifol am sicrhau bod PCGC yn cael ei hysbysu os oes unrhyw newidiadau i gyflog.

Rhaid i'r gweithiwr drafod a chytuno ar sut y bydd yn trefnu ei waith ac yn cyflawni terfynau amser ar y cyd â'i reolwr. Rhaid gwneud trefniadau rhwng y gweithiwr a'i reolwr i sicrhau eu bod yn cael gwybod am ddyletswyddau cyfredol y gweithiwr a ble/sut y bydd yn gweithio.

5.4.3 Rhaid gwneud pob ymdrech i ddiwallu ar gyfer y cais yn llawn neu'n rhannol, neu drwy ddarparu dewis arall. Os, ar ôl trafod gyda'r gweithiwr ac ystyried yr holl ddewisiadau amgen sydd ar gael, mae'r rheolwr yn teimlo nad yw'n gallu cefnogi gweithio hyblyg mewn swydd benodol, dylai drafod y cais gyda Gwasanaethau Pobl/Adnoddau Dynol. Yn dilyn y sgwrs hon, os yw'n dal i deimlo nad yw'n gallu cymeradwyo'r cais ac ni allant ddod o hyd i ddewis arall sy'n dderbyniol i'r ddwy ochr y mae'n rhaid iddo gwrdd â'r gweithiwr i egluro hyn iddo a darparu rhesymau ysgrifenedig, gyda chyfiawnhad gwrthrychol drosto a rhoi rheswm gweithredol clir pam nad yw hyn yn ymarferol. Rhaid i'r rheolwr ddarparu manylion am y rhesymau busnes dros wrthod y cais a sut maent yn berthnasol yn yr achos hwn.

Yr unig resymau derbyniol yw:

- Baich costau ychwanegol
- Effaith niweidiol ar y gallu i ateb galw cwsmeriaid
- Anallu i ad-drefnu'r gwaith ymhlith y gweithwyr presennol.
- Effaith niweidiol ar ansawdd
- Effaith niweidiol ar berfformiad.
- Effaith niweidiol ar y gallu i gwrdd â gofynion y gwasanaeth.
- Dim digon o waith ar gyfer y cyfnodau y mae'r gweithiwr yn bwriadu gweithio
- Newidiadau strwythurol arfaethedig i'r adran.



5.4.4 Efallai y bydd achlysuron pan fydd y rheolwr yn ansicr a yw trefniant gweithio hyblyg yn gynaliadwy, neu lle mae pryder am yr effaith bosibl ar eraill yn yr adran. Yn yr achosion hyn, gall y rheolwr gytuno i'r trefniadau gweithio hyblyg ar sail dros dro neu gyfnod prawf yn hytrach na gwrthod y cais. Dylid gofyn am gyngor gan y Gwasanaethau Pobl/Adnoddau Dynol / Gweithlu a Datblygu Sefydliadol.

5.5. Cyfnod Uwchgyfeirio

5.5.1 Dylid defnyddio'r cam hwn os nad yw rheolwr llinell wedi gallu dod i gytundeb ar ddatrysiad yn y cam archwilio. Y diben yw gwirio am ddatrysiadau posibl eraill gan gynnwys a ellid bodloni'r math o hyblygrwydd y mae'r unigolyn yn chwilio amdano mewn tîm, lleoliad neu rôl wahanol.

Os nad yw cais am weithio'n hyblyg wedi'i gymeradwyo, ac nad yw'n teimlo ei fod yn gallu parhau i weithio yn yr adran honno gan nad yw'n gallu cynnal cydbwysedd rhwng ei waith / cyfrifoldebau bywyd, disgwylir i reolwyr gefnogi'r unigolyn wrth nodi unrhyw rolau amgen o fewn y sefydliad a all fod yn fwy cefnogol i amgylchiadau'r unigolyn ac yn unol â'i gais.

5.5.2 Pan drefnir cyfarfod i drafod y cais, neu i ystyried apêl, a bod y gweithiwr yn methu â dod iddo neu un cyfarfod arall wedi'i aildrefnu heb reswm da, gall y rheolwr ystyried bod y cais yn cael ei dynnu'n ôl. Os yw'r rheolwr yn ystyried bod y cais yn cael ei dynnu'n ôl, rhaid iddo hysbysu'r gweithiwr am hyn.

5.6 Timescales

Pan fydd y rheolwr yn derbyn y cais ffurfiol am weithio'n hyblyg, rhaid ystyried a phenderfynu arno o fewn cyfnod o 2 fis ar ôl derbyn y cais am y tro cyntaf. Mae'r terfyn amser dau fis hwn yn ofyniad cyfreithiol ac ni ellir ei ymestyn oni chytunir gan y rheolwr a'r gweithiwr ar y cyd.

Rhaid i reolwyr fod yn ymwybodol o'r cyfnod amser 2 fis hwn wrth drefnu'r cyfarfod/sgwrs gychwynnol gyda'r cyflogai i sicrhau yr ymdrinnir â'r holl geisiadau o fewn yr amserlenni gofynnol.

Mae gan weithwyr GIG Cymru hefyd yr hawl i apelio os yw eu cais yn cael ei wrthod. Mae'r amserlenni ar gyfer gwneud apêl wedi'u nodi isod.

5.7 Derbyn mwy nag un cais tua'r un adeg.

Mae'n bwysig bod rheolwyr yn ystyried ceisiadau i weithio'n hyblyg mewn ffordd deg ond nid oes gofyniad statudol i'w hystyried yn llym yn y drefn y cânt eu derbyn.

Os bydd yn derbyn mwy nag un cais i weithio'n hyblyg tua'r un pryd, efallai na fydd yn bosibl cefnogi'r holl geisiadau a dderbynnir. Yna mae'n rhaid i'r rheolwr edrych yn fanwl ar yr effaith y byddai cefnogi'r ceisiadau yn ei chael ar y gwasanaeth a'r effaith bosibl y byddai gwrthod yn ei chael ar bob gweithiwr cyn dod i benderfyniad. Wrth benderfynu sut i ddelio â cheisiadau sy'n cystadlu â'i gilydd, dylai'r rheolwr gadw mewn cof y gwahanol rwymedigaethau cyfreithiol sy'n berthnasol a gall ofyn am gyngor gan y tîm Cydraddoldeb, Amrywiaeth a Chynhwysiant neu Gwasanaethau Pobl /

Adnoddau Dynol / Gweithlu a Datblygu Sefydliadol lleol. Bydd yn ddefnyddiol cael trafodaeth unigol gyda'r ddau (neu bob un) o'r ymgeiswyr i ddeall union natur eu ceisiadau ac i weld a ellir dod o hyd i unrhyw drefniant y gellir ei gytuno ar y cyd.

5.8 Apeliadau

5.8.1 Os gwrthodir y cais gweithio hyblyg, gall y gweithiwr gyflwyno apêl o fewn 14 diwrnod o gael gwybod am wrthod ei gais drwy gysylltu â rheolwr llinell ei reolwr.

Rhaid i hyn fod yn ysgrifenedig a datgan yn glir y sail y maent yn apelio arni. Gallai'r rhain fod:

- Pan fo gwybodaeth newydd bellach ar gael mewn perthynas â'r cais
- Pan fo'r gweithiwr yn teimlo na chafodd y cais ei drin yn unol â'r polisi
- Pan fo gan y gweithiwr gynnig nad yw wedi'i ystyried yn llawn mewn perthynas â rheswm busnes dros wrthod.

5.8.2 Cynhelir cyfarfod apêl, fel arfer o fewn mis i dderbyn yr apêl ysgrifenedig. Bydd hyn yn cael ei drin yn ddiudedd gan uwch berson na'r rheolwr a wnaeth y penderfyniad gwreiddiol.

Dylai gweithwyr gael y cyfle i ddod â chynrychiolydd undeb llafur neu gydweithiwr i unrhyw gyfarfod apêl. Bydd canlyniad yr apeliadau'n cael ei gyfleu'n ysgrifenedig o fewn saith diwrnod i'r cyfarfod apêl. Dyma ddiwedd y weithdrefn ac nid oes apêl bellach, er y gellir cyflwyno ceisiadau pellach am weithio'n hyblyg.

5.9 Adolygiad o Drefniadau Gweithio Hyblyg

5.9.1 Cyn y gwneir penderfyniad terfynol ynghylch a ellir cefnogi trefniant gweithio hyblyg ai peidio, gallai fod yn fuddiol cael cyfnod prawf cychwynnol o 3 mis ac adolygu'r trefniant ar ôl y cyfnod hwn i sicrhau ei fod yn gweithio i'r gweithiwr a'r gwasanaeth.

5.9.2 Pan gytunir ar drefniant gweithio hyblyg dros dro, mae'n bwysig ei adolygu ar adegau y cytunir arnynt i benderfynu a ddylid ei ymestyn neu ddod ag ef i ben ar y dyddiad y'i cytunwyd.

5.9.3 Ym mhob achos, argymhellir bod y trefniant gweithio hyblyg yn cael ei drafod yn flynyddol (e.e. wrth werthuso) i sicrhau ei fod yn dal i weithio i'r ddau barti. Os cytunir ar y trefniadau fel rhai parhaol o'r cychwyn cyntaf neu yn dilyn y cyfnod prawf tri mis a argymhellir, efallai na fydd bob amser yn bosibl i'r gweithiwr ailgydio yn ei drefniadau gwaith blaenorol gan y gallai cydweithwyr eraill fod wedi'u penodi i gyflenwi'r bwlch a grëwyd gan y trefniant gweithio hyblyg neu ailgynllunio gwasanaethau a allai fod wedi digwydd. Rhaid egluro hyn i'r gweithiwr yn ystod y trafodaethau cychwynnol. Fodd bynnag, dylai'r rheolwr ystyried unrhyw gais i ddychwelyd i'r hen drefniadau gweithio a chytuno lle bo'n bosibl gwneud hynny.



5.9.4 Os yw'r rheolwr o'r farn nad yw'r trefniadau gweithio hyblyg bellach yn gynaliadwy a bod angen eu newid, gellir cytuno ar hyn yn anffurfiol rhwng y rheolwr a'r gweithiwr fel rhan o'r sgwrs barhaus rhyngddynt. Lle mae'r cytundeb i gael ei derfynu/ei newid, dylid rhoi rhybudd rhesymol i alluogi'r ddau barti i wneud y trefniadau trosiannol priodol. Fodd bynnag, lle bynnag y bo'n bosibl, dylid cynnal trafodaeth ystyrlon a chytuno ar drefniant sy'n dderbyniol i'r ddau barti.

06 & 07

Gohebiaeth a Ystyriaethau Telerau ac Amodau



6. Gohebiaeth

Dylid cadw copïau o'r holl ohebiaeth mewn perthynas â cheisiadau ar ffeil bersonol y cyflogai a dylid cofnodi manylion y trefniadau y cytunwyd arnynt ar ESR er mwyn gallu monitro'r trefniadau gweithio hyblyg sydd ar waith ar lefel sefydliadol.

7. Ystyriaethau Telerau ac Amodau

Isod mae'r telerau ac amodau cyffredinol sy'n berthnasol i drefniadau gweithio hyblyg. Dylai rheolwyr sicrhau eu bod yn eu trafod â gweithwyr sydd â diddordeb mewn gweithio'n hyblyg i sicrhau eu bod yn deall unrhyw oblygiadau posibl. Yn ogystal, dylai gweithwyr sy'n ystyried gwneud cais am weithio'n hyblyg ystyried effaith y trefniant ar eu cyflogau a'u pensiynau a chael cyngor gan Adran Gyflogres/Pensiynau PCGC lle bo angen.

- **Oriau Dyletswydd**

Lle bo trefniadau gweithio hyblyg yn cael eu rhoi ar waith, dylid trafod a chytuno ar yr union oriau a sut y cânt eu gweithio cyn i'r newid gael ei roi ar waith

- **Gwyliau Blynyddol**

Cyfrifir gwyliau blynyddol ar sail pro rata, fel y bo'n briodol

- **Tâl Salwch**

Mae hawl i dâl salwch yn pro rata ac yn dibynnu ar hyd y gwasanaeth. Rhaid i weithwyr sy'n gweithio ar unrhyw drefniadau hyblyg roi gwybod am eu salwch yn yr un modd â phe na baent yn gweithio'n hyblyg

- **Mamolaeth / Rhiant newydd / Mabwysiadu / Absenoldeb Rhiant a Rennir**

Mae'r cyflog yn pro rata (fel y bo'n briodol) ac mae'n dibynnu ar hyd y gwasanaeth. Yn dilyn cyfnod mamolaeth/mabwysiadu neu absenoldeb rhiant a rennir, efallai y bydd gweithiwr yn dymuno dychwelyd i'r gwaith gyda threfniadau gweithio wedi'u haddasu i fodloni eu hamgylchiadau newydd. Mae'n ddyletswydd ar y Bwrdd Iechyd/Ymddiriedolaeth i gytuno i hyn lle bynnag y bo hynny'n bosibl. Os cytunir y gall cyflogai ddychwelyd ar sail hyblyg, gan gynnwys newid neu leihau oriau, am gyfnod dros dro y cytunwyd arno, ni fydd hyn yn effeithio ar ei hawl i ddychwelyd i'w swydd o dan ei gontract gwreiddiol ar ddiwedd y cyfnod y cytunwyd arno

- **Pensiynau**

Bydd cyfraniadau pensiwn yn pro rata i weithwyr sy'n gweithio llai nag oriau llawnamser

- **Treuliau**

Bydd yr holl dreuliau a godir (e.e. cynhaliaeth, teithio) yn cael eu talu yn yr un ffordd ag ar gyfer gweithwyr llawnamser. Bydd pob gweithiwr yn cadw lleoliad Bwrdd Iechyd/Ymddiriedolaeth at ddibenion hawlio costau teithio

- **Cyflogau**

Bydd y cyflog yn pro rata i weithwyr ar gontractau llai na llawnamser. Bydd y rhai sy'n gweithio yn ystod y tymor ac yn dymhorol yn cael eu talu mewn 12 rhandaliad cyfartal bob blwyddyn

- **Oriau Ychwanegol**

Os yw gweithwyr yn gweithio y tu hwnt i'w oriau arferol (ond nid y tu allan i oriau llawnamser arferol) rhaid i hyn fod drwy gytundeb gyda'r rheolwr llinell a bydd yn cael ei dalu ar gyfradd amser arferol neu ei gymryd fel amser i ffwrdd yn lle hynny

- **Polisiâu a Gweithdrefnau**

Mae gweithwyr sy'n gweithio'n hyblyg yn parhau i fod yn ddarostyngedig i holl bolisiâu a gweithdrefnau'r Bwrdd Iechyd/Ymddiriedolaeth.



08 & 09

Dogfennau Cysylltiedig
Eraill a Monitro ac
Adolygu**8. Dogfennau Cysylltiedig Eraill**

Dylid darllen y Polisi hwn ar y cyd â pholisïau eraill Cymru Gyfan a pholisïau lleol ar y canlynol:

- Rheoli Presenoldeb yn y Gwaith
- Ymddeol
- Absenoldeb Arbennig
- Mamolaeth/Mabwysiadu/Rhannu Absenoldeb Rhiant
- Gweithio Gartref
- Gweithio Ystwyth
- Seibiant Cyflogaeth.

Dylid ei ddarllen hefyd ar y cyd â'r canlynol:

- Cod Ymarfer ACAS ar Geisiadau Gweithio Hyblyg
- [Gweithio Hyblyg GIG Cymru – briffio ac arweiniad.](#)

9. Monitro ac Adolygu

Bydd pob Adran yn cadw cofnod o'r holl geisiadau ffurfiol am Weithio'n Hyblyg a chofnod o gymeradwyaeth/gwrthod ac apeliadau.

Dylai sefydliadau sicrhau bod data sy'n ymwneud â cheisiadau am weithio'n hyblyg a chanlyniadau penderfyniadau yn cael eu cofnodi a'u hadrodd yn rheolaidd drwy'r strwythurau cyd-bartneriaeth a llywodraethu arferol. Dylai'r wybodaeth hon gael ei chynnwys yn adroddiadau dyletswydd y sector cyhoeddus blynyddol a gyhoeddir gan sefydliad. Dylai'r wybodaeth a gyhoeddir ddangos canlyniadau ar gyfer ceisiadau gweithio hyblyg sydd wedi'u ddadgyfuno fesul nodwedd warchoddedig o Ddeddf Cydraddoldeb 2010. Yn ogystal, dylai sefydliadau ystyried adrodd canlyniadau fesul grŵp galwedigaethol a hefyd yn ôl adran.



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Atodiad 1

Diffiniadau

Mae **gweithio hyblyg** yn disgrifio math o drefniant gweithio sy'n rhoi rhywfaint o hyblygrwydd ar ba hyd, ble, pryd ac ar ba adegau y mae gweithwyr yn gweithio. Nod gweithio hyblyg yw diwallu anghenion personol gweithiwr a bodloni ei ofynion unigryw.

Gweithio ystwyth yw'r gallu i weithio ble ac ar yr adeg fwyaf priodol ar gyfer y dasg dan sylw. Er y gall gweithio ystwyth a gweithio hyblyg fod yn debyg o ran sut y maent yn cyflawni eu nod, er enghraifft gall y ddau ddull ganiatáu i weithiwr weithio gartref, mae gweithio'n hyblyg yn canolbwyntio ar y gweithiwr, tra bod gweithio ystwyth yn canolbwyntio ar yr effeithiau ar y busnes gan gynnwys perfformiad a chynhyrchiant.

Gall fod yn offeryn a all ategu neu gefnogi trefniant Gweithio Hyblyg, ond nid yw'n newid cytundebol i delerau nac amodau cyflogai. Mae gweithio ystwyth yn cynnig hyblygrwydd i weithwyr sy'n caniatáu iddynt weithio mewn ffordd sy'n addas iddyn nhw, ar yr amod bod y gwaith yn cael ei gyflawni.

Gweithio o bell yw pan fydd cyflogeion yn gweithio rhan neu'r cyfan o'u hwythnos waith mewn lleoliad oddi wrth eu lleoliad gwaith arferol. Gall hyn fod gartref neu mewn mannau eraill. Gall gweithio o bell fod yn drefniant gweithio hyblyg (e.e. os yw'r unigolyn yn gofyn amdano ac yn cael ei gytuno fel ffordd reolaidd, barhaus o weithio), ond gall hefyd fod yn fath o weithio ystwyth.

Mae gan y rhan fwyaf o sefydliadau'r GIG weithdrefnau lleol i alluogi gweithwyr i ofyn am weithio o bell. Os nad yw hyn yn wir, gellir cymhwyso'r prosesau a nodir yn y Polisi hwn.

Mae **gweithio hybrid** yn gymysgedd o weithio o bell ac o weithio o leoliad.

Mathau o weithio hyblyg a gwmpesir gan y polisi hwn

Mae llawer o fathau o weithio hyblyg y gall gweithwyr wneud cais amdanynt. Dylai rheolwyr ystyried sut mae'r opsiynau hyn yn cael eu cyfleu i'r holl weithwyr wrth recriwtio, ymsefydlu, ac mewn cyfarfodydd un-i-un rheolaidd. Nid yw'r rhestr hon yn gynhwysfawr, a bydd sefydliadau'n ystyried modelau eraill o weithio'n hyblyg yn ôl y gofyn i wneud hynny.

Gweithio'n rhan amser

Mae gweithio'n rhan-amser yn ffurf sefydledig o weithio hyblyg sy'n golygu bod y gweithiwr yn lleihau ei oriau gwaith dan gontract islaw llawnamser (37.5 awr) er mwyn gweithio llai o ddiwrnodau neu ddiwrnodau byrrach mewn patrwm rheolaidd a drefnwyd ymlaen llaw. Mae cyflog, gwyliau blynyddol a gwyliau banc yn cael eu lleihau pro rata.

Rhannu Swydd

Dyma lle mae dau weithiwr yn rhannu cyfrifoldebau, dyletswyddau a buddion un swydd llawnamser rhyngddynt. Mae cyflog ac amodau gwasanaeth cyfunol yn cyfateb i gyflog un swydd llawnamser ac fe'u rhennir yn unol â nifer yr oriau a weithir gan bob rhannwr swydd. Mae'r egwyddor o rannu swydd fel arfer yn adlewyrchu patrwm gweithio integredig, lle gellir rhannu rhywfaint o'r gwaith a dosberthir tasgau eraill yn gyfartal i bob rhannwr. Ni ddylai cyfanswm yr oriau fod yn fwy na rhai swydd llawnamser.



Yn achos rhannu swydd, os bydd un rhannwr yn gadael, dylai'r person arall sy'n rhannu'r swydd gael cynnig swydd lawnamser (os caiff ei derbyn, rhaid i'r rheolwr lenwi ffurflen newid). Os nad yw'r rhannwr presennol y swydd eisiau gweithio'n llawnamser, rhaid hysbysebu oriau gwag y swydd.

Gweithio yn Ystod y Tymor

Mae gweithio yn ystod y tymor yn fath o waith rhan-amser lle mae'r gweithiwr yn gweithio yn ystod tymor yr ysgol yn unig a'i fod i ffwrdd o'r gwaith yn ystod gwyliau'r ysgol. Mae'r amser i ffwrdd yn cynnwys cyfuniad o wyliau blynyddol ac absenoldeb di-dâl. Mae'r cyflog yn seiliedig ar nifer yr wythnosau yn y gwaith ac yn cael ei dalu mewn 12 rhandaliad cyfartal. Fe'i cyfrifir ar sail unigol i ystyried hawl gwyliau blynyddol yn seiliedig ar hyd y gwasanaeth ac unrhyw drefniadau diogelu. Mae cyflog, gwyliau blynyddol a buddion cysylltiedig yn cael eu lleihau pro rata, a thelir cyflog mewn 12 rhandaliad cyfartal.

Oriau Tymhorol

Mae gweithwyr yn gweithio eu horiau contract dros gyfnod y cytunwyd arno, yn hytrach na nifer penodol o ddiwrnodau. Mae'r rhain yn aml yn oriau blynyddol, ond gallant fod yn chwemisol, yn chwarterol neu'n fisol.

Oriau cywasgedig

Gall gweithwyr weithio eu horiau contract llawn dros gyfnod byrrach nag sy'n safonol. Mae oriau contract a thâl yn parhau heb eu newid, ond gall gweithwyr gael mwy o ddiwrnodau neu hanner diwrnodau i ffwrdd. Mae enghreifftiau'n cynnwys wythnos 4½ diwrnod neu bythefnos 9 diwrnod. Rhaid cytuno ar y diwrnod nad yw'n ddiwrnod gwaith ar y cyd a gall fod yn hyblyg i ddiwallu anghenion y gwasanaeth.

Gostyngiad Gwirfoddol Dros Dro mewn Oriau

Gall gweithwyr leihau eu horiau contract rhwng 5% a 50% am gyfnod o ddim llai na 3 mis, a dim mwy na blwyddyn. Ar ddiwedd yr amser a gytunwyd, byddant yn dychwelyd i'w horiau contract gwreiddiol. Bydd cyflog/gwyliau blynyddol ac ati yn cael eu lleihau pro-rata am gyfnod y cytundeb. Cynghorir gweithwyr i gysylltu â'r gyflogres i benderfynu a fydd newid mewn oriau yn effeithio ar eu hawliau pensiwn. Os yw'r gweithiwr yn dymuno ymestyn y trefniant hwn am fwy na 12 mis, mae'n ofynnol iddo gyflwyno cais gweithio hyblyg newydd.

Amser Fflecsi ("Flexitime")

Mae gweithio oriau hyblyg ("Flexitime") yn gynllun sy'n rhoi rhywfaint o ddisgresiwn i weithwyr o amgylch amser dechrau a diwedd y diwrnod gwaith, yn seiliedig ar amseroedd gwaith craidd. Er mwyn elwa o hyn, byddai angen i adran fod â threfniant Oriau Hyblyg ar waith (ni fyddai pob adran mewn sefyllfa i gynnig yr opsiwn hwn).

Gall gweithwyr gronni debyd neu gredyd o oriau a weithir o fewn cyfnod y cytunwyd arno (4 wythnos fel arfer) a throir oriau ychwanegol yn ddiwrnod neu'n hanner diwrnod i ffwrdd. Mae'r cynllun oriau hyblyg fel arfer yn seiliedig ar weithdrefnau manwl y cytunwyd arnynt yn lleol sy'n nodi:

- yr oriau craidd
- cyfyngiadau ar weithio'n gynnar ac yn hwyr
- yr isafswm egwyl ginio y gellid ei chymryd
- uchafswm nifer yr oriau credyd a debyd y gellir eu cronni
- cyfyngiadau ar nifer yr oriau y gellir eu cario drosodd i'r mis nesaf

- cyfyngiadau ar nifer y diwrnodau i ffwrdd a ganiateir mewn unrhyw un cyfnod
- cyfyngiadau ar nifer y gweithwyr a ganiateir i fod i ffwrdd ar unrhyw un adeg.

Ymddeoliad Hyblyg a Rhannol

Mae nifer o ffyrdd y gall gweithiwr gynefino i ymddeol mewn ffordd hyblyg. Nodir manylion y mathau o hyblygrwydd sydd ar gael a'r prosesau sydd i'w dilyn yn y Polisi Ymddeoliad.

Oriau Cyfnodol

Mae hyn yn caniatáu i weithwyr benderfynu ar eu patrymau gwaith yn wythnosol ac wedi'i gynllunio. Gellir gwasgaru oriau drwy'r wythnos neu ar un neu ddau ddiwrnod yn unig, o fewn amseroedd cyrraedd a gadael penodol, yn barhaol neu dros dro.

Holli Sifftiau

Mae hyn yn caniatáu i weithwyr gwblhau eu horiau gwaith mewn dau sifft neu fwy ar wahân, e.e. gweithio rhwng 7am ac 11am, ac yna dychwelyd i'r gwaith rhwng 4pm a 7pm.

Seibiant Cyflogaeth

Cyfle i adael y gweithle am gyfnod penodol o amser (rhwng un a phum mlynedd fel arfer) a dychwelyd i'r un swydd neu swydd debyg yn y sefydliad ar ddiwedd y cyfnod hwnnw. Am ragor o fanylion gweler Polisi Seibiant Cyflogaeth Cymru Gyfan.

Yn seiliedig ar Dîm / Hunan Restru

Mae'r gwaith rhestru yn seiliedig ar dîm yn dechrau ar y rhagdybiaeth bod gan bawb anghenion a dewisiadau cydbwysedd rhwng bywyd a gwaith, a bod angen trafod y rhain yn agored ac ar y cyd, ymhlith pawb ar bob rhestr ward, o fewn cyfyngiadau gwasanaeth ac anghenion ariannol. Mae hunan-restru yn gofyn i unigolion roi eu gofynion personol ar y rhestr bob mis, yn aml ar sail 'y cyntaf i'r felin'.

Mae Rhestru Tîm a Hunan Restru yn cael eu cyflwyno ar sail adran gyfan. Er ei bod yn mynd i'r afael ag anghenion cydbwysedd bywyd gwaith, ac egwyddorion gweithio hyblyg yn berthnasol, ni fydd y broses ymgeisio a nodir yn y Polisi hwn fel arfer yn briodol at y diben hwn.



11

Atodiad 2

Ffurflen Gais i Weithio'n Hyblyg

Rhan 1 - Gwybodaeth y gweithwyr	
Enw'r Gweithiwr:	
Swydd:	
Band:	
Rhif y gweithiwr:	
Cyfeiriad e-bost:	
Adran:	
Grŵp Gwasanaeth:	
Rheolwr llinell:	
Hoffwn wneud cais i weithio patrwm gwaith hyblyg sy'n wahanol i'm patrwm gwaith presennol.	
Dyddiad dechrau'r newid y gofynnwyd amdano:	
Hoffwn i'r newid hwn fod yn Barhaol/Dros Dro (dilëwch fel y bo'n briodol):	Parhaol/Dros Dro* *Am gyfnod o.....
Disgrifiwch eich patrwm gwaith presennol e.e. lleoliad/diwrnodau/oriau a weithir ac ati:	
Disgrifiwch y patrwm gwaith yr hoffech weithio e.e. diwrnodau/oriau/amseroedd a weithir/gartref/yn y swyddfa ac ati:	
A yw eich cais am weithio'n hyblyg mewn perthynas â Deddf Cydraddoldeb 2010 e.e. (cyfrifoldebau anabledd, mamolaeth, gofalu)?	Ydy/Nac ydy
<i>D.S. Nid oes rhaid i chi roi'r wybodaeth hon, ond bydd yn helpu'ch rheolwr i wneud penderfyniad ar eich cais.</i>	
Os 'Ydy', rhowch fanylion:	
Llofnod y gweithiwr:	
Dyddiad y cais:	

NAWR, RHOWCH Y CAIS HWN I'CH RHEOLWR LLINELL



Ffurflen Gais i Weithio'n Hyblyg

Rhan 2 - Derbyn cais	
Dyddiad derbyn	
Enw'r Rheolwr Llinell (printiwch os gwelwch yn dda)	
Teitl y Rheolwr Llinell:	
Trefnwyd cyfarfod/sgwrs ar gyfer:	

Rhan 3 - Ffurflen Derbyn neu Wrthod

Naill ai:

Yn dilyn y cyfarfod a gynhaliwyd ar (Date).....

Rwyf wedi ystyried eich cais am batrwm gweithio hyblyg newydd.

Rwy'n falch o gadarnhau fy mod yn gallu cymeradwyo'ch cais. Yn weithredol o (date). Bydd hwn yn newid parhaol/dros dro (dilëir fel y bo'n briodol). Os yw'n newid dros dro, daw i ben ar (date).

Gallaf gymeradwyo'ch cais ar gyfnod prawf i'w weithredu o (date) a'i adolygu ar date).

Ni allaf gymeradwyo'ch cais gwreiddiol. Fodd bynnag, gallaf gynnig y patrwm amgen yr ydym wedi'i drafod a gytunoch y byddai'n addas i chi.

Nodwch sut y bydd y gwasanaeth yn cael ei gynnal a sut y gellir lliniaru unrhyw effaith ar weithwyr eraill.

Bydd eich patrwm gwaith newydd fel a ganlyn:

Neu:

Mae'n ddrwg gennyf ond ni allaf gymeradwyo'ch cais am y rheswm (rhesymau) busnes canlynol (ticiwch bob un sy'n berthnasol):

Baich y costau ychwanegol

Effaith niweidiol ar y gallu i ddiwallu anghenion defnyddwyr/cleifion y gwasanaeth

Anallu i ad-drefnu'r gwaith ymhlith y staff presennol

Effaith niweidiol ar ansawdd

Effaith niweidiol ar berfformiad

Effaith niweidiol ar y gallu i gwrdd â gofynion gwasanaeth

Dim digon o waith ar gyfer y cyfnodau y mae'r gweithiwr yn bwriadu gweithio

Newid strwythurol wedi'i gynllunio i'r adran

Mae'r rhesymau hyn yn berthnasol o dan yr amgylchiadau oherwydd (egllurwch pam mae unrhyw batrymau gweithio y gallech fod wedi'u trafod yn y cyfarfod yn amhriodol. Parhewch ar daflen wag, os oes angen, **D.S. rhaid cwblhau'r adran hon i ddisgrifio sut mae'r rheswm a ddewiswyd uchod yn berthnasol yn yr achos hwn**)

Dyddiad dechrau'r trefniadau gweithio newydd (os yn berthnasol):	
Llofnod y Rheolwr Llinell:	
Enw'r Rheolwr Llinell (yn llawn):	
Dyddiad:	

Cadarnhewch pa un sy'n berthnasol:

Bydd y newid hwn mewn patrwm gwaith yn newid parhaol i'ch telerau ac amodau cyflogaeth oni nodir yn wahanol ac nid oes gennych hawl yn ôl y gyfraith i ddychwelyd yn ôl i'ch patrwm gwaith blaenorol oni chytunwyd yn flaenorol.

Neu: Bydd hwn yn newid dros dro i'ch trefniadau gweithio tan..... pan gaiff y trefniadau eu hadolygu.

Os ydych yn anfodlon gyda'r penderfyniad, gallwch apelio yn ei erbyn. Nodir manylion y weithdrefn apelio isod.

Llofnod y Rheolwr Llinell:	
Teitl y Rheolwr Llinell (yn llawn):	
Dyddiad:	

Os ydych yn derbyn y newid a amlinellir uchod, llofnodwch a chadarnhewch dderbyn y penderfyniad.

Llofnod y Gweithiwr:	
Dyddiad:	



I'r Gweithiwr:

Os ydych yn anfodlon â'r penderfyniad, gallwch apelio yn ei erbyn. Nodir manylion y weithdrefn apelio isod.

Proses Gwneudd Apel

Os gwrthodir cais am weithio'n hyblyg, mae gan y gweithiwr yr hawl i apelio yn erbyn y penderfyniad. Dylid cyflwyno apeliadau'n ysgrifenedig, gan nodi'r rhesymau dros apelio, cyn gynted â phosibl ar ôl cael hysbysiad o'r penderfyniad i wrthod y cais (o fewn 14 diwrnod).

Dylid cyflwyno'r apêl i reolwr eich rheolwr llinell, a'i chlywed gan uwch reolwr yn hytrach na'r rheolwr a wrthododd y cais gwreiddiol.

Mae gan y gweithiwr yr hawl i gael cwmni yn y cyfarfod hwn, a dylid rhoi rhybudd ymlaen llaw o ba bryd y bydd yn digwydd.

Nodiadau:

Rhan 1 - i'w chwblhau gan y Gweithiwr a'i hanfon at ei Reolwr Llinell

Rhan 2 a 3 - i'w cwblhau gan y Rheolwr Llinell

Dylid dychwelyd y ffurflen at y gweithiwr pan fydd wedi'i chwblhau a chadw copi ar ei ffeil bersonol.

Rhaid cwblhau Ffurflen Gwybodaeth Bersonol a'i chyflwyno i PCGC lle mae newid i'r oriau.

Designed by the NWSSP Communications Team



A stylized map of Wales is centered on a teal background. The map is outlined in white and filled with a light teal color. The text is overlaid on the map. The top of the image has a curved orange border.

All Wales

Welsh Ambulance Services NHS Trust

Flexible Working Policy

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Approved by: Welsh Partnership Forum

Issue Date: December 2023



01 & 02

Policy Statement and Scope

Approved by: Welsh Partnership Forum

Issue Date: December 2023

1. Policy Statement

1.1 Within NHS Wales we know that to meet the health and care needs of our population effectively it is important to have a workforce which is healthy, engaged and motivated. We are committed to being a great place to work and learn and to the delivery of a quality service, acknowledging that our workforce is fundamental to our success. We recognise our responsibility to attract, retain, deploy and develop people to maximise their potential.

One of the ways of achieving this is to develop and maintain a culture where flexible working is seen as an enabler for effective and efficient provision of services which has benefits for colleagues, patients and the organisation. NHS Wales is committed to promoting and encouraging different ways of working in order to recruit excellent people and retain the wealth of knowledge, skills and experience of its current workforce.

1.2 Flexibility in employment helps people to balance work responsibilities with other aspects of their lives and to meet the needs which may arise at different stages of their lives. Key to achieving this is the provision and availability of flexible working opportunities which allow employees to make choices about how and when they wish to work accompanied by policies which support managers to take the time to understand what each person needs.

1.3 The [NHS Wales Approach to Flexible Working](#) is set out in statement which was developed and agreed in partnership. The aim of this approach is to support managers to make a cultural shift so that rather than “We can’t do this because...” the question becomes “How can we make this happen”?

This means that the default position will be that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons in policy and law to decline it. This Policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives and describes the processes to be followed when making or considering a request.

1.4 Flexibility in employment is a key factor in demonstrating NHS Wales commitment to fair and equal treatment in the workplace and in attracting the highest calibre of employees to work for the organisation. Flexible working opportunities should be considered for all employees and made available as far as practicable, regardless of role, shift pattern, team or pay band and should also be considered for employees who work on rotation.

It is not sufficient for departments who have a traditional way of working to reject an application for flexible working just because it has not been tried before or because ‘this is how it has always been done’.



1.5 All NHS organisations should proactively encourage and promote opportunities to work flexibly and use the resources available to them e.g., education, management and leadership programmes to advocate for the benefits of flexible working and move towards a culture which accepts it as the norm. Wherever possible, managers should consider how work can be undertaken flexibly and be supportive of flexible working requests from employees to better manage their work life balance, while maintaining service standards.

1.6 To support a positive culture of flexible working, organisations will need to consider how they support and encourage open conversations about flexible working. Examples of opportunities to talk about flexible working include at one-to-one line management / supervision meetings, team / departmental meetings, as part of wellbeing conversations, or as part of recruitment, induction, and annual appraisal processes.

When advertising a job, employing organisations also need to consider how they promote the right to request flexibility from day one and the availability of flexible working options.

1.7 NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, or sexual orientation. An Equality Impact Assessment of this Policy has been completed.

2. Scope

The policy applies to all employees of the

from day one of their employment. However, flexible working arrangements for doctors in training are arranged by and subject to the approval of the Medical Deanery, HEIW.

03

Principles



3. Principles

3.1 The NHS in Wales is committed to a flexible working culture, which means that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons as set out in this Policy to reject it.

Good flexible working arrangements should balance the needs of the individual with three key organisational factors: patient/service-user experience, service delivery and employee experience. It may not be possible to agree to the exact request, but managers are expected to discuss alternative arrangements with the individual to ensure that all avenues have been explored before rejecting the request.

3.2 All employees should have equal access to flexible working, as far as practicable, regardless of role, shift pattern, team or pay band and all posts can be considered for flexible working. Although it is recognised that some posts may not be suitable for all types of flexible working arrangements in their entirety, managers should consider whether certain elements of the role can be worked flexibly.

3.3 Employees can request to work flexibly from day one of their contractual employment and can make more than one flexible working request per year regardless of the reasons for them.

3.4 Employees will be treated fairly when having requests for flexible working considered. Each request for flexible working will be received openly by the appropriate line manager and considered

individually on its own merits. Any request for flexible working should be approached on the assumption that it will be granted unless there is a legitimate business reason for refusal. However, consideration should be given to any potential impact on other employees and service delivery, including potential additional costs.

3.5 It is important that it is agreed from the outset whether the new working arrangements are permanent or temporary and this must all be documented in writing. Where the arrangement is temporary or for a fixed period, they must be reviewed regularly to ensure the needs of the service and of the individual are still being met.

3.6 Employees who are working flexibly will not be treated less favorably in relation to access to training and development opportunities or promotion opportunities.

3.7 No form of flexible working will allow employees to work in breach of the Working Time Regulations.

3.8 Although there is no limit on the number of requests an employee can make within a 12-month period, employees are asked to not simply re-submit requests that have been rejected without modification and/or a change in circumstances within the department. Instead, they are encouraged to maintain a regular conversation with their manager so that if anything changes both parties are aware and can respond to that change.

3.9 Changes to an employee's contract of employment must be confirmed in writing.

04

Benefits of Flexible Working



04 Benefits of Flexible Working

4. Benefits of Flexible Working

Flexible working benefits individuals not only in allowing them to balance their personal life with their working life but in enhancing general health and wellbeing.

Individuals that are happier with their balance between life in and out of work are generally more productive, produce better quality work and are more caring. For managers, flexible working can help retain employees- and holding onto experienced and skilled people is important in maintaining quality and containing costs.

Offering flexible hours widens the talent pool, so managers should be able to recruit people with more skills; it can also increase commitment and loyalty of employees and can benefit through reducing levels of absenteeism and stress.

Flexible working can also support service redesign through the creation of new blended roles and the reshaping and development of existing roles, in consultation with employees. The creative use of new and redesigned roles can result in improved services for patients and more rewarding careers for our workforce.

05

Flexible Working Request Process



05 Flexible Working Request Process

5. Flexible Working Request Process

5.1 There may be a number of reasons why employees may need to adopt a more flexible working arrangement for a short period (i.e., up to 8 weeks) to address a particular issue. Where this is the case, it may be appropriate for the employee and the manager to discuss and agree this informally, particularly where the change has no impact on their other terms and conditions (e.g., pay). However, the outcome of the discussion should be documented and confirmed in writing.

5.2 Making the request

Where the employee wishes to apply for a form of flexible working on a permanent or longer-term basis, they should complete a Flexible Working Request Form (Appendix 1) or complete the request on ESR and submit it to their line manager. The employee may wish to have an informal discussion with their manager before submitting a formal request and managers are encouraged to facilitate this when requested to do so. However, the request will not be formally considered until it is put into writing.

The request form must contain the following information: -

- It must be dated and specify the change to working arrangements that they are seeking, and when they would like this change to come into effect
- Where applicable, the applicant is encouraged to state if they are making the request in relation to the Equality Act 2010, for example, as a reasonable adjustment for a disability, or on return from maternity

leave, or when it is for childcare or dependants care.

5.3 Responding to a Request

5.3.1 Managers should be aware that there is a legal requirement to consider the application and inform the individual of the outcome within 2 months and should take this into consideration to ensure they have an adequate time frame to give the request due consideration.

5.3.2 The manager should arrange to discuss the application with the employee as soon as possible after receiving their request form (this can be in person, by telephone or via MS Teams). This will allow them to get a better understanding of the changes their employee is looking for and how they see things working in practice. The discussion should explore how the proposed working arrangement will work in practice, any potential positive and negative impact it may have on service provision and how it may affect other team members.

Employees have the right to be accompanied by a workplace colleague or a trade union representative at this meeting.

If the manager intends to approve the request, this meeting is not a requirement, but it may still be helpful to discuss practical arrangements.

5.3.3 Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the employee or their colleagues would become lone

workers). Advice can be sought from People Services/Human Resources/W&OD, Health and Safety and Occupational Health as appropriate.

5.4 Considering the Request

5.4.1 All requests should be approached with a can-do attitude, with the presumption that they will be granted unless it is genuinely not possible to do so for one of the business reasons set out below. The request should be considered carefully and the benefits of implementing the change should be weighed against any costs. In considering the application line managers must ensure that they do not directly or indirectly discriminate against the employee. If there is any doubt about what that might entail, then advice can be sought from the local EDI or People Services/Human Resources/W&OD team.

Once a decision is made the manager should inform the employee in writing using part 3 of the request form or via ESR.

5.4.2 If it is decided to approve the employee's application, or accept it with modifications, a discussion should take place to determine how and when the changes might be best implemented. This may include a trial period. The line manager is responsible for ensuring that Payroll are notified if there are any changes to pay.

The employee must discuss and agree how they will organise their work and achieve deadlines in conjunction with their manager. Arrangements must be made between the employee and their manager to ensure that they are informed of the employee's current duties and where / how they will be working.

5.4.3 All endeavours must be made to accommodate the request in full or in part, or by providing an alternative. If, after discussing with the employee and considering all of the alternatives available, the manager feels they are unable to support flexible working in a particular post, they should discuss the application with People Services/Human Resources/ W&OD.

If following this conversation, they still do not feel able to approve the request and cannot find a mutually agreeable alternative they must meet with the employee to explain this to them and provide written, objectively justified reasons for this and give a clear operational reason why this is not practicable. The manager must provide details of the business grounds for refusing the request and how they apply in this case. The only acceptable reasons are:

- Burden of additional cost
- Detrimental effect on ability to meet customer/patient needs
- Inability to re-organise work among existing employees
- Detrimental impact on quality
- Detrimental impact on performance
- Detrimental impact on the ability to meet service demands
- Insufficient work for the periods the employee proposes to work
- Planned structural changes to the department.



5.4.4 There may be occasions when the manager is unsure whether a flexible working arrangement is sustainable, or where there is concern about the possible impact on others in the department. In these cases, the manager may agree to the flexible working arrangements on a temporary or trial basis rather than rejecting the request. Advice should be sought from People Services/Human Resources/W&OD.

5.5. Escalation Stage

5.5.1 This stage should be used if a line manager has not been able to reach agreement on a solution in the exploratory stage. The purpose is to check for other possible solutions including whether the form of flexibility the individual is seeking could be accommodated in a different team, location or role.

If a request for flexible working has not been accommodated, and they no longer feel able to continue to work in that department as they are unable to balance their work / life responsibilities, managers are expected to support the individual in identifying any alternative roles within the organisation which may be more supportive of the individual's circumstances and in line with their request.

5.5.2 When a meeting is arranged to discuss the application, or to consider an appeal, and the employee fails to attend it or one further rearranged meeting without good reason, the manager is able to consider that the request is withdrawn. If the manager regards the application as withdrawn, they must inform the employee of this.

5.6 Timescales

When the manager receives the formal request for flexible working this must be considered and decided on within a period of 2 months from first receipt of the request. This two-month time limit is a legal requirement and cannot be extended unless mutually agreed by the manager and employee.

Managers must be mindful of this 2-month time period when arranging the initial meeting/conversation with the employee to ensure that all applications are dealt with within the required timescales.

NHS Wales employees also have the right to request an appeal if their request is turned down. The timescales for an appeal are set out below.

5.7 More than one request received at around the same time.

It is important that managers consider requests to work flexibly in a fair way but there is no statutory requirement to consider them strictly in the order in which they are received. If they receive more than one request to work flexibly at around the same time it may not be possible to support all the requests received. The manager must then look closely at the impact supporting the requests would have on the service and the potential impact that refusal would have on each employee before coming to a decision.

In deciding how to deal with competing requests, the manager should bear in mind the different legal obligations that apply and can seek advice from the local EDI or People Services/Human Resources/W&OD team.

It will be helpful to have an individual discussion with both (or all) of the applicants to understand the exact nature of their request and to see if any mutually agreeable arrangement can be found.

5.8 Appeals

5.8.1 Where the flexible working request is refused, the employee may lodge an appeal within 14 days of being notified of the refusal of their request by contacting their manager's line manager.

This must be in writing and clearly state the grounds on which they are appealing. These may be:

- Where new information is now available in relation to the request
- Where the employee feels that the application was not handled in line with the policy
- Where the employee may have a proposal that has not been fully considered in relation to a business reason for refusal.

5.8.2 An appeal meeting will be held, normally within one month of receipt of the written appeal. This will be dealt with impartially by a more senior person than the manager who made the original decision.

Employees should be given the opportunity to be accompanied by a trade union representative or work colleague at any appeal meeting. The outcome of the appeals will be communicated in writing within seven days of the appeal meeting. This is the end of the procedure and there is no further appeal, although further requests for flexible working can be submitted.

5.9 Review of Flexible Working Arrangements

5.9.1 Before a final decision is reached about whether or not a flexible working arrangement can be supported, it may be beneficial to have an initial trial period of 3 months and to review the arrangement after this period to ensure that it is working for both the employee and the service.

5.9.2 When a flexible working arrangement has been agreed on a temporary basis, it is important to review it at agreed intervals to determine if it should be extended or come to an end at the agreed date.

In all cases, it is recommended that the flexible working arrangement is discussed annually (e.g., at appraisal) to ensure that it is still working for both parties. Where the arrangements are agreed as permanent from the outset or following the recommended three-month trial, it may not always be possible for the employee to resume their previous working arrangements as other colleagues may have been appointed to cover the shortfall created by the flexible working arrangement or service redesign may have taken place.

This must be explained to the employee during the initial discussions. However, any request to revert to the former working arrangements should be considered by the manager and agreed where it is possible to do so.



5.9.3 Where the manager believes that the flexible working arrangements are no longer sustainable and need to be changed this may be agreed informally between the manager and the employee as part of the ongoing conversation between them. Where the agreement is to be terminated/changed reasonable notice should be given to enable both parties to make the appropriate transitional arrangements however, wherever possible a meaningful discussion should take place and a mutually agreeable arrangement found.

06 & 07

Correspondence & Terms and Conditions Considerations



06 & 07 Correspondence & Terms and Conditions Considerations

6. Correspondence

Copies of all correspondence in relation to requests should be kept on the employee's personal file and details of the arrangements agreed should be recorded on ESR to enable monitoring of the flexible working arrangements in place at an organisational level.

7. Terms and Conditions Considerations

Listed below are the general terms and conditions which apply to flexible working arrangements. Managers should ensure that they discuss them with employees who are interested in working flexibly to ensure that they understand any potential implications. In addition, employees considering making a request for flexible working should consider the effect of the arrangement on their salary and pension and take advice from the NWSSP Payroll/Pensions Department where necessary.

- **Hours of Duty**

Where flexible working arrangements are put into place the exact hours and how they are worked should be discussed and agreed before the change is put into place

- **Annual Leave**

Annual leave will be calculated on a pro rata basis, as appropriate

- **Sick Pay**

Sick pay entitlement is pro rata and dependent on length of service. Employees working on any flexible arrangements must report sick in the same way as if they were not working flexibly

- **Maternity/ New parent /Adoption/ Shared Parental Leave**

Pay is pro rata (as appropriate) and is dependent on length of service. Following maternity /adoption or shared parental leave an employee may wish to return to work on adjusted working arrangements to accommodate their changed circumstances. The NHS Organisation has a duty to accommodate this where at all possible. If it is agreed that the employee will return to work on a flexible basis, including changed or reduced hours, for an agreed temporary period this will not affect the employee's right to return to their job under their original contract at the end of the agreed period

- **Pensions**

Pension contributions will be pro rata for employees working less than full-time hours

- **Expenses**

All expenses incurred (e.g., subsistence, travelling) will be paid in the same way as for full-time employees. All employees will retain a NHS Organisation base for the purpose of claiming travel expenses

- **Pay**

Salary will be pro rata for employees on less than full-time contracts. Those on Term Time working and seasonal contracts will be paid in 12 equal instalments each year

- **Additional Hours**

If employees work beyond their normal hours (but not outside normal full-time hours) this must be by agreement with the line manager and will be paid at plain time rate or taken as time off in lieu

- **Policies and Procedures**

Employees working flexibly remain subject to all Policies and Procedures of the Health Board/Trust.



08 & 09

Other Associated Documents & Monitoring and Review**8. Other Associated Documents**

This Policy should be read in conjunction with other All Wales and local policies on:

- Managing Attendance at Work
- Retirement
- Special Leave
- Maternity/Adoption /Shared Parental Leave
- Home Working
- Agile Working
- Employment Break.

It should also be read in conjunction with:

- ACAS Code of Practice on Flexible Working Requests
- [NHS Wales Flexible Working – briefing and guidance.](#)

9. Monitoring and Review

Each Department will keep a record of all formal applications for Flexible Working and a record of approvals/ rejections and appeals.

Organisations should ensure that data relating to applications for flexible working and outcomes of decisions are recorded and regularly reported through the usual joint partnership and governance structures. This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and also by department.



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Appendix 1

Definitions

Flexible working describes a type of working arrangement which gives a degree of flexibility on how long, where, when and at what times employees work. Flexible working aims to accommodate employee's personal needs and meet their unique requirements.

Agile working is the ability to work in the place and at the time most appropriate for the task in hand. While agile working and flexible working may be similar in how they achieve their aim, for example both approaches may allow an employee to work from home, flexible working focuses on the employee, while agile working is focused on the impacts on the business including performance and productivity.

It may be a tool which can supplement or support a Flexible Working arrangement, but it is not a contractual change to an employee's terms and conditions. Agile working offers flexibility for employees that allows them to work in a way that suits them, provided the work happens.

Working remotely is when employees work all or part of their working week at a location remote from their base. This can be at home or elsewhere. Working remotely can be a flexible working arrangement (e.g., if requested by the individual and agreed as a regular, ongoing way of working), but it can also be a form of agile working.

Most NHS Organisations have local procedures to enable employees to request to work remotely. If this is not the case the processes set out in this Policy can be applied

Hybrid working is a mixture of remote working and working from a base.

Types of Flexible Working Covered by this Policy

There are many types of flexible working which employees may be able to apply for. Managers should consider how these options are communicated to all employees at recruitment, induction, and in regular one-to-one meetings. This list is not exhaustive, and organisations will consider other models of flexible working as requested to do so.

Part Time Working

Part-time working is a well-established form of flexible working which means that the employee reduces their contracted working hours below full time (37.5 hours) in order to work less days or shorter days in a pre-arranged, regular pattern. Salary, annual leave and bank holidays are reduced pro rata.

Job Sharing

This is where two employees share the responsibilities, duties and benefits of a single full-time post between them. The combined salary and conditions of service are equivalent to that of a single full-time post and are divided in accordance with the number of hours worked by each job sharer.

The principle of job sharing usually reflects an integrated pattern of working, where some of the work may be shared and other tasks distributed evenly to each sharer. The total hours should not normally exceed those of a full-time post.



In the case of job-sharing, if one sharer leaves, the existing job-sharer should be offered the full-time post (where accepted the manager must complete a changes form). If the existing job sharer does not want to work full-time, the vacant hours of the post must be advertised.

Term Time Working

Term time working is a form of part time working where the employee works only during the school terms and is off work during the school holidays. Time off is made up of a combination of annual leave and unpaid leave. Salary is based on the number of weeks in work and is paid in 12 equal instalments. It is calculated on an individual basis to take account of annual leave entitlement based on length of service and any protection arrangements. Salary, annual leave and related benefits are reduced pro rata. and salary is paid in 12 equal instalments.

Seasonal Hours

Employees work their contracted hours over an agreed period, rather than a set number of days. These are often annualised hours but can be bi-annual, quarterly or monthly.

Compressed Hours

Employees are able to work their full contracted hours over a shorter period than is standard. Contracted hours and pay remain unchanged, but employees are able to have more days or half days off. Examples include a 4½ day week or 9-day fortnight. The non-working day/half day must be mutually agreed and can be flexible to suit the needs of the service.

Voluntary Temporary Reduction in Hours

Employees are able to reduce their contracted hours by between 5 and 50% for a period of no less than 3 months, and no more than one year. At the end of the agreed time, they return to their original contracted hours. Salary/annual leave etc. will be reduced pro-rata for the period of the agreement. Employees are advised to contact payroll to determine whether a change in hours will affect their pension entitlements. If the employee wishes to extend this arrangement for longer than 12 months, they are required to submit a new flexible working request.

Flexi Time

Flexitime is a scheme which allows employees some discretion around the start and end time of the working day, based around core working times. To benefit from this a department would need to have a Flexi-time arrangement in operation (not all departments would be in a position to accommodate this option).

Employees can build up a debit or credit of hours worked within an agreed period (usually 4 weeks) and consolidate the extra hours into a day or half day off. Flexitime schemes are usually based on detailed, locally agreed procedures which set out:

- the core hours
- limits on early and late working
- the minimum lunch break to be taken
- the maximum number of credit and debit hours which can be accrued
- limits on the number of hours which can be carried over to the next month
- limits on the number of days off allowed in any one period
- limits on the number of employees allowed off at any one time.

Flexible and Partial Retirement

There are a number of ways in which an employee can ease themselves into retirement in a flexible way. Details of the types of flexibilities available and the processes to be followed are set out in the Pension Flexibilities Policy.

Staggered Hours

This allows employees to determine their work pattern on a planned weekly basis. Hours can be staggered through the week or on just one or two days, within specified arrival and departure times, on a permanent or temporary basis.

Split Shifts

This allows employees to complete their working hours in two or more separate shifts, e.g., working between 7am – 11am, then returning to work between 4pm and 7pm.

Employment Breaks

An opportunity to leave the workplace for a specific period of time (usually between one and five years) and to return to the same or a similar position inside the organisation at the end of that period. For further details see the All-Wales Employment Break Policy.

Team based / Self Rostering

Team-based rostering starts from the premise that everyone has work-life balance needs and preferences, and that these need to be openly and collectively negotiated, among all those on each ward roster, within the constraints of service and financial needs. Self-rostering asks individuals to put their personal requirements into the roster each month, often on a 'first come, first served' basis. Team and Self Rostering are rolled out on a department wide basis.

Although it addresses work life balance needs, and the principles of flexible working apply, the request process set out in this Policy will not usually be appropriate for this purpose.



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Appendix 2

Flexible Working Request Form

PART 1 - Employee information	
Name of employee:	
Post:	
Band:	
Employee number:	
Email address:	
Department:	
Service Group:	
Line Manager:	
I would like to make a request to work a flexible working pattern that is different to my current working pattern.	
Requested start date of change:	
I would like this change to be Permanent/Temporary (please delete as appropriate):	Permanent/Temporary* *For a period of.....
Please describe your current working pattern e.g., location/days/hours/ worked etc.:	
Please describe the working pattern you would like to work e.g., days/hours/times worked/at home / in the office etc.	
Is your request for flexible working in relation to the Equality Act 2010 e.g. (disability, maternity, caring responsibilities)? <i>n.b., You do not have to give this information, but it will help your manager to make a decision on your application.</i>	Yes/No
If yes, please provide details:	
Employee signature:	
Date of application:	

NOW PASS THIS APPLICATION TO YOUR LINE MANAGER



Flexible Working Request Form

PART 2 - Receipt of request	
Date of receipt:	
Line Manager Name (please print)	
Line Manager Title:	
Date meeting/ conversation has been arranged for:	

Part 3 - Acceptance or Rejection Form

Either:

Further to the meeting that took place on (Date)

I have considered your request for a new flexible working pattern.

I am pleased to confirm that I am able to grant your request. With effect from (date). This will be a permanent / temporary change (please delete as appropriate). If temporary to end on (date).

I am able to accommodate your request as a trial basis with effect from (date) to be reviewed on (date) (usually 3 months).

I am unable to accommodate your original request. However, I am able to offer the alternative pattern which we have discussed and which you agreed would be suitable to you.

Please set out how the service will be maintained and how any impact on other employees can be mitigated.

Your new working pattern will be as follows:

Or:

I am sorry but I am unable to accommodate your request for the following business ground(s) (please tick):

The burden of additional costs
 Detrimental effect on ability to meet service user/patient needs
 An inability to reorganise work amongst existing employees
 A detrimental impact on quality
 A detrimental impact on performance
 Detrimental effect on ability to meet service demands
 Insufficient work for the periods the employee proposes to work
 A planned structural change to the department

These grounds apply in the circumstances because (you should explain why any work patterns you may have discussed at the meeting are inappropriate. Please continue on a blank sheet, if necessary, **n.b this section must be completed to describe how the reason selected above applies in this case**).

Start date of new working arrangements (if applicable):	
Line Manager Signature:	
Line Manager Name (in Full):	
Date:	

Please confirm which applies:

This change in working pattern will be a permanent change to your terms and conditions of employment unless otherwise stated and you have no right in law to revert back to your previous working pattern unless previously agreed.

OR: This will be a temporary change to your working arrangements and will be until at which time the arrangements will be reviewed.

If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below.

Line Manager Signature:	
Line Manager Title (in full):	
Date:	

If you accept the change outlined above, please sign and confirm receipt of the decision.

Employee Signature:	
Date:	



To The Employee:

If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below.

Appeal Process

If an application for flexible working is turned down, the employee has the right to appeal against the decision. Appeals should be in writing, setting out the grounds for appeal, as soon as possible after receiving notice of the decision to reject the application (within 14 days).

The appeal should be submitted to your line manager's manager and heard by a more senior manager than the one who rejected the original application.

The employee has the right to be accompanied at this meeting and should be given advance notice of when it will take place.

Notes:

Part 1 - to be completed by Employee and forwarded to Line Manager.

Part 2, and 3 - to be completed by Line Manager.

Form should be returned to the Employee when completed and a copy kept on their personal file.

A PIF must be completed and submitted to NWSSP where there is a change in hours.

Designed by the NWSSP Communications Team



Equality Impact Assessment (EQIA) Form		
Ref no:		
Name of the policy, service, scheme or project:	Scope:	
Flexible Working Policy	The policy applies to all employees of the Health Board/Trust from day one of their employment with Health Boards and Trusts in Wales with the exception of doctors in training for whom flexible working arrangements are arranged by and subject to the approval of the Wales Deanery.	
Preparation		
Aims and Brief Description	<p>One of the defining features of the modern British labour market is its flexibility. In Britain the uptake of flexible working arrangements has increased slowly but steadily over the last decade (CIPD, 2019).</p> <p>This policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives. Flexible working contributes to a positive work/life balance, which benefits both NHS employees through improved health and wellbeing, and employers because staff are more productive and satisfied at work. Offering flexible working opportunities is a way of attracting and retaining a diverse workforce and make the workplace more accommodating to diverse needs. According to the CIPD flexible working is a valuable tool in improving workplace equality and creating inclusive cultures. It can help parents return to work, reduce the gender pay gap, help people with fluctuating health conditions stay in work and help carers to balance their work and caring responsibilities</p> <p>There is a strong, unmet demand for more flexible jobs; 87% of people want to work flexibly, but only 11% of jobs are advertised as being flexible!² • Advertising jobs as flexible can help organisations access a wider and more diverse talent pool – so you can get the best person for the job. Flexible working practices are a key reason for staff at all career stages being satisfied with their work and staying with their employer: flexibility can reduce staff turnover.¹⁴ Flexible working: the business case ² • For senior and managerial staff, flexible working arrangements</p>	

are pivotal for being able to continue to work and develop as professionals,¹⁵ particularly if they become parents. • For entry-level employees, flexible working reduces job-life spillover which in turn improves retention and commitment.¹⁶ • Higher levels of engagement, experienced by working flexibly, can reduce staff turnover by 87%.¹⁷ both from [flexible-working-business-case_tcm18-52768.pdf \(cipd.org\)](#) (CIPD November 2018)

[Research by Timewise](#) (2017) People are most likely to say their reason for wanting to work flexibly is work/life balance, or it being generally useful or convenient. Other key reasons include commuting issues, leisure or study interests, and caring responsibilities.

The policy aims to:

-
- to support managers to make a cultural shift so that rather than “We can’t do this because...” the question becomes “How can we make this happen”? This means that the default position will be that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons in policy and law to decline it.
- Promoting flexible working practices across all levels throughout NHS Wales
- Providing a framework for managers and their staff to hold a well-informed, confident and productive discussion around their request to work flexibly and the flexible working options that may be suitable for them.
- Promoting the business benefits of flexible working and ensuring that managers are fully engaged and supported to enable flexible working opportunities in their areas
- Ensuring that all managers/supervisors understand the principles of flexibility in the workplace and the procedure to be followed.
 - Ensuring that all applications for flexible working are welcomed from all and considered fairly and equitably

The policy follows on from the work undertaken to develop a more agile working culture within the organisation. The policy sets out the process by which staff can apply to work flexibly in order to improve their work life balance and to improve

	<p>recruitment and retention.</p> <p>The Policy takes account of the AFC Terms and Conditions (section 33) and the commitment made by NHS Wales to achieving the highest standards of health care services through recruiting and retaining highly skilled and motivated staff as set out in its Flexible Working statement.</p> <p>Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic and employees are encouraged to identify where this is the case.</p> <p>The Policy states that NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, or sexual orientation.</p>
<p>Who is involved in undertaking the EQIA</p>	<p>Rachel Pressley, Head of People Assurance and Experience, Cardiff and Vale UHB Vicky Richards, RCM Mitchell Jones, Senior Equality and Inclusion Manager, Cardiff and Vale UHB All Wales Flexible Working Policy Working Group</p>
<p>Have you consulted with stakeholders in the development of this policy?</p>	<p>A working group was established to develop the NHS Wales Flexible Working Policy is working group consisted of NHS Employers, Employers (Workforce) and staff side representatives.</p> <p>The revised policy was then sent out for consultation through:</p> <ul style="list-style-type: none"> • Workforce Directors • Trade unions
<p>Does the policy assist services or staff in meeting their most basic needs such as; Improved Health, fair recruitment etc</p>	<p>Yes. NHS Wales is committed to an agile working culture, which means that wherever possible requests for flexible working arrangements will be supported unless there is a legitimate reason for refusing them based on business grounds. NHS Wales is also committed to developing and maintaining a flexible working culture to support the most effective and efficient provision of services for the benefit of staff, patients and the organisation.</p> <p>The aim of this approach, as set out in the Flexible Working Statement, is to support managers to make a cultural shift so that rather than “We can’t do this</p>

	<p>because..." the question becomes "How can we make this happen"?</p> <p>Flexibility in employment is a key factor in demonstrating NHS Wales commitment to fair and equal treatment in the workplace and in attracting the highest calibre of staff to work for the organisation. Flexible working opportunities should be considered for all staff and made available as far as practicable, regardless of role, shift pattern, team or pay band.</p> <p>Flexibility means giving people options and allowing them to work in ways that meet their needs while also meeting the needs of your clients and organisation. This kind of adaptability can improve inclusion, diversity, and efficiency while also increasing engagement and performance.</p> <p>According to NVCO (the membership community for charities, voluntary organisations and community groups in England) there is still a stigma surrounding flexible working which can make it hard for people to ask for the working patterns they need to thrive and do their best work. They state that negative attitudes toward flexibility are too often a barrier to people applying for new or more senior roles and that at its heart, flexibility is about inclusion for everyone. Flexible working should be a central part of conversations about social justice, social mobility and how charities become more inclusive, equitable and diverse. We might typically associate flexible working with parents and carers, but there is growing understanding of how flexibility in employment can be of benefit to individuals of all ages, and in many different circumstances, across the voluntary sector.</p>
<p>Who and how many (if known) may be affected by the policy?</p>	<p>The policy will apply to all staff. NHS Wales recognises that staff have different needs at different times in their working lives and flexibility in employment makes it possible for them to make choices about how and when they wish to work, taking into account the needs of the service.</p> <p>Any form of flexible working must meet the business needs of the Health Board/Trust and its commitment and ability to meet the required level and quality of services to our service users and their families. It may not be possible to</p>

	<p>agree to the exact request, but managers are expected to discuss with employees alternatives that might be possible.</p> <p>Flexible Working is now a day one qualification for all NHS staff.</p> <p>Within the NHS there is no limit on the number of applications that can be submitted by an individual each year. This means that it is possible to be more responsive to changes in individual's circumstances.</p>
<p>What guidance have you used in the development of this service, policy etc?</p>	<p>The policy is based on:</p> <ul style="list-style-type: none">• NHS Terms and Conditions of Service• NHS Wales Flexible Working Statement,• Existing policies/procedures from NHS Wales organisations• RCN Flexible Working Guide• RCM Flexible Working Guidance• All Wales Flexible Working Key Principles – agreed in partnership in 2014• Draft All Wales Flexible Working Guidance – under development in partnership• Workforce Partnership Council Report on Flexible and Agile Working – published in December 2022

Equality Duties

The Policy/service/project or scheme Aims to meet the specific duties set out in equality legislation.	Protected Characteristics										
	Race	Sex/Gender	Disability	Sexual orientation	Religion and Belief	Age	Gender reassignment	Pregnancy and Maternity	Marriage & civil Partnerships	Welsh Language	Carers
To eliminate discrimination and harassment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Promote equality of opportunity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Promote good relations and positive attitudes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Encourage participation in public life	-	-	-	-	-	-	-	-	-	-	-
In relation to disability only, should the policy/service/project or scheme take account of difference, even if involves treating some individuals more favorably?			✓								

Key	
✓	Yes
x	No
-	Neutral

Human Rights Based Approach – Issues of Dignity & Respect

The Human Rights Act contains 15 rights, all of which NHS organisations have a duty. The 7 rights that are relevant to healthcare are listed below.			
Consider is the policy/service/project or scheme relevant to:	Yes	No	N/A
Article 2: The Right to Life			✓
Article 3: the right not to be tortured or treated in a inhumane or degrading way			✓
Article 5: The right to liberty			✓
Article 6: the right to a fair trial			✓
Article 8: the right to respect for private and family life	✓		
Article 9: Freedom of thought, conscience and religion	✓		
Article 14: prohibition of discrimination	✓		

Measuring the Impact

What operational impact does this **policy, service, scheme or project**, have with regard to the Protected Characteristics. Please cross reference with equality duties

	Impact
<p>consider:</p> <p>Race Sex/gender Disability Sexual orientation Religion belief and non belief Age Gender reassignment Pregnancy and maternity Marriage and civil partnership Other areas Welsh language Carers</p>	<p>According to the Future of Work Report Equality and Human Rights Commission (equalityhumanrights.com) flexible work accounts for almost a quarter (23%) of the workforces across British nations (6.7 million workers in England, 650,000 workers in Scotland and 370,000 workers in Wales have flexible time arrangements). The national and regional distribution of workers on contracts with flexible time arrangements in Britain is almost identical to the national and regional distribution of all other workers. However, the availability of other types of flexible work varies across nations and regions: for example, Wales has relatively widespread flexibility in terms of the time of work arrangements, but flexibility in place of work and informal flexibility is rarer than in Scotland and England.</p> <p>They show that working flexible hours increased during the COVID-19 pandemic, eventually falling as the labour market started to recover. The number rose by 21% between October to December 2019 and October to December 2020 (from 6.3 million to 7.7 million), before falling to 7.1 million between April and June 2021. Since then, headline employment numbers have continued to improve. As of October to December 2021, the number of people on flexible contracts is 53% higher than it was in 2009 (rising from around 5.1 million to 7.7 million), making up almost a quarter (23%) of all workers, compared to 17% in 2009. The data shows that, since 2009, inflexible employment has declined slightly and flexible employment accounts for all growth.</p> <p>The Future Work report states that It is not clear how much of the increased move to flexible working during the COVID-19 pandemic – whether in terms of time or place – will be permanent. However, as more evidence is collected, it appears that the demand for increasing flexibility continues. Research by the Trades Union Congress (TUC) showed that, in Britain, more than nine out of ten people (91%) who worked remotely during the pandemic wanted to continue working from home at least some of the time after the pandemic (TUC, 2021b).</p> <p>According to the NHS Workforce data briefing September 2023 by Audit Wales NHS Wales is becoming a more flexible and equal employer but there is still more to do.</p> <ul style="list-style-type: none"> • The participation rate of part time working in NHS Wales shows that generally fewer people are working part time up to the age of 30. Between the ages of 30 and 55 part time working is

increasing and beyond the age of 56, there is a clear movement to more staff working part time. The 'participation rate' is a measure of part-time working across an organisation's workforce. The higher the participation rate the more hours on average, an individual will work each week. 100% participation would mean that all staff are working full working weeks the briefing shows that female employees have a participation rate of 86% and male employees have a participation rate of 94%.

- NHS data on the ethnicity of the total workforce shows increasing employment of minority ethnic groups
- The percentage of staff identifying as disabled has increased over the last 5 years across Wales. The highest proportion of staff identifying as disabled are in Allied Health Professional (4.6%) and Admin and Clerical (4.3%) staff groups.
- Around third (30%) of NHS Wales staff have not stated their Welsh language competency in ESR. But of those who have, 59% of staff have indicated that they have no skills and only around 13% have identified that they have higher or proficient Welsh language skills

AGE:

According to the [Future of Work Report | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://www.equalityhumanrights.com) In Britain between 2009 and 2019, workers aged 50 to 69 years old experienced the sharpest increase in flexible working (a 27% increase in the number of older workers in flexible work). This was followed by workers aged 25 to 49 years old (a 10% increase), with no increase for workers aged 16 to 24 years old. In 2009 approximately 5 million workers were employed in flexible work, 6% of people aged 16 to 24, 9% of those aged 25 to 49 and 9% of those aged 50 to 69. Flexible working arrangements increased throughout the COVID-19 pandemic for workers of all ages. By 2021 those employed in flexible work had increased to 7.7 million workers. Of workers aged 16 to 24, 15% had flexible working arrangements, as did 25% of those aged 25 to 49 and 24% of people aged 50 to 69. Older workers were consistently employed more in flexible work. There are many reasons that could explain this difference, including individual needs and job requirements ([CIPD, 2019](#)). For example, older people are more likely to work flexibly to manage health conditions, caring responsibilities and / or to adjust towards retirement.

For many older workers, having access to flexible working opportunities is important for remaining active in the labour market. In particular, for people with additional needs or responsibilities, such as caring for a relative or managing a health condition, flexible working is imperative. ([AGE UK](#))

According to the CIPD report '[Understanding Older Workers](#)', older workers have higher rates of part-time working than younger workers. However, the finding that many would prefer shorter hours suggests there is still not enough flexibility to fully cater to older workers' preferences and employers should consider requests for reduced

hours. Older people are also much more likely to have caring responsibilities. This underlines the importance of ensuring employers take steps to increase the availability and range of flexibility as a means of both attracting and retaining workers as they get older.

[The Equal Opportunities Commission](#) says that discriminating against an employee or prospective employee because they are 'too old' or 'too young' is illegal and anyone who is subjected to unfair treatment or treated differently because of their age is considered to be a victim of age discrimination. All staff can apply for flexible working from day one of employment, and the Policy sets out the only reasons which can be given for rejecting an application. However, there may be differences in the ways different groups of staff want to work flexibly, for example, term-time working is designed specifically to assist employees with school age children, and is therefore more likely to be requested by younger workers.

One in eight older workers are forced out by ill health, and others are unable to fit work around caring responsibilities. Ethnically diverse communities and those in low-income jobs far more likely to have to stop work early for health reasons. Flexible working would benefit older workers managing long-term health conditions, needing to reduce their workload or with increased caring responsibilities by supporting them to stay in work longer if they want to. (<https://www.tuc.org.uk/research-analysis/reports/extending-working-lives-how-support-older-workers> 22 <https://www.tuc.org.uk/research-analysis/reports/older-workers-after-pandemic-creating-inclusivelabour-market>)

DISABILITY:

According to the [Future of Work Report | Equality and Human Rights Commission \(equalityhumanrights.com\)](#) the number of disabled workers on flexible contracts rose 58% from 2013 to 2019 (19% to 21% of disabled workers), far more than the 8% increase for non-disabled workers (from 18% to 19% of non-disabled workers). This increase continued throughout the COVID-19 pandemic for both groups. The number of disabled workers on flexible contracts increased by 127% (from approximately 540,000 to 1.1 million) from 2013 to 2021, while for non-disabled workers the number rose by 43% (from 4.5 million to 6 million). In 2021, disabled and non-disabled workers were almost equally likely to work flexibly, with 26% of disabled workers and 25% of non-disabled workers having flexible working arrangements, an increase from 19% and 18% respectively in 2013. Many disabled people and representative organisations have advocated for greater availability of flexible and remote working. For some, remote working can be a way to gain and retain employment, as it helps to overcome some accessibility issues (EHRC, 2017). Under the Equality Act 2010, flexible working arrangements can also be a reasonable adjustment for disabled workers.

If an employee is disabled, it may be a reasonable adjustment to allow them to work flexibly if this removes a barrier to them being able to do the job ([EHRC Guidance](#)). Employers must make reasonable adjustments to make sure workers with disabilities, or physical or mental health conditions, are not substantially disadvantaged when

doing their jobs. [Reasonable adjustments for workers with disabilities or health conditions - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

The [Equality and Human Rights Commission](#) states that equality law recognises that bringing about equality for disabled people may mean changing the way in which employment is structured, the removal of physical barriers and/or providing extra support for a disabled worker. This is the duty to make reasonable adjustments. The duty to make reasonable adjustments aims to make sure that, as far as is reasonable, a disabled worker has the same access to everything that is involved in doing and keeping a job as a non-disabled person

MATERNITY AND PREGNANCY:

- Employers are legally required to take reasonable steps to protect both the health and safety of pregnant employees and their baby. For example if they are finding it difficult to stand for long periods of time because of their advanced pregnancy, the employer must provide a suitable work space where they can sit down more frequently or take extra rest breaks. If sitting down or taking extra breaks are not feasible, the employer must provide suitable alternative work on similar conditions and terms. If there is no suitable work available, they would be entitled to have a suspension with full pay. ([Equal Opportunities Commission](#))
- The Policy states that If at the end of their maternity leave an employee wishes to return to work on different hours, their manager has a duty to facilitate this wherever possible, with them returning to work on different hours in the same job. If this is not possible, the manager must provide written, objectively justifiable reasons for this and the employee should return to the same grade and work of a similar nature and status to that which they held prior to her maternity leave. These provisions are mirrored for staff on adoption leave and is also available to staff returning from Shared Parental Leave. Employees who return to work following Maternity Leave who are breastfeeding are entitled to frequent breaks, a private room etc. and do not need to access this Policy to achieve this

RELIGION & BELIEF:

- The ACAS guide for [Religion or Belief discrimination: key points for the workplace \(2018\)](#) states that an employer is under no obligation to automatically give staff time off for religious holidays or festivals, time to pray or a place to pray. However, it should consider requests carefully and sympathetically, be reasonable and flexible where possible, and discuss the request and explore any concerns with the employee. Refusing a request without a good business reason could amount to discrimination
- Some religions or beliefs may require their followers to pray at certain times of day, to have finished work by a particular time or to fast for extended periods ([EHRC](#)). This may have flexible working implications
- The [Equality and Human Rights Commission](#) website has a toolkit to support employers if staff request a change to their working conditions because of their religion, belief or lack of religion or belief. They advise that whether you say yes or no will depend on the circumstances of each case. You need to balance the effect of agreeing to the request on your business and other staff, against the effect on the individual of

not agreeing to the request.

GENDER

- According to the [Future of Work Report | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://equalityhumanrights.com) Women are more likely to use flexible working arrangements than men in Britain, but since 2009 the use of flexible working arrangements has increased at a faster rate among men. Between 2009 and 2021 in Britain, on average 22% of women in work had flexible working arrangements compared to 16% of men. This is according to our analysis of data from the Labour Force Survey. Literature suggests that this contributes to some disadvantages for women, for example the gender pay gap (Costa Dias et al. 2018), and negative consequences for career progression (Chung, 2020). The COVID-19 pandemic, lockdowns, and widespread working from home for both men and women may have changed some of the negative perceptions around flexible work. Some evidence suggests that the appetite for continued remote working is equally high for men and women, and that the gender care gap narrowed during the pandemic between March and October 2020 (from 6.96 to 4.59 hours per week) (Nicks et al., 2021b). On the other hand, there is evidence to suggest that there were differences between how men and women experienced remote working during the pandemic, with women being more likely to report negative impacts on health, work–life balance and stress (Jones and Bano, 2021; Aviva, 2021). However, this requires further research to distinguish which patterns are long term and which are likely caused by unique circumstances during the pandemic. The number of women on flexible contracts rose 10% from 2009 to 2019, while the number of men on flexible contracts rose by 33% during the same period. This increase continued throughout the pandemic for both sets of workers. As of 2021, the number of women on flexible contracts is approximately 44% higher than in it was in 2009 (an increase from around 3.1 million to around 4.3 million), while the number of men on flexible contracts has risen by 65% (from around 2.1 million to around 3.5 million). The proportion of women on flexible contracts increased from 24% in 2009 to 29% in 2021, and the proportion for men increased from 15% in 2009 to 22% in 2021. Still, in November 2021, over 800,000 more women than men were working flexibly.
[\(Chung, H. \(2020\), 'Gender, Flexibility Stigma and the Perceived Negative Consequences of Flexible Working in the UK', Social Indicators Research, vol. 151, pp. 521–545.](#)
[Costa Dias, M., Joyce, R. and Parodi, F. \(2018\) 'IFS Working Paper: The gender pay gap in the UK: children and experience in work'. London: Institute for Fiscal Studies \[accessed: 5 April 2022\]](#)
[Nicks, L., Gesiarz, F. Likki, T., Baynham-Herd, Z. and Lohmann, J. \(2021b\), 'Impact of changes in flexible working during lockdown on gender equality in the workplace', London: The Behavioural Insights Team \[accessed: 7 April 2022\].](#)
[Jones, P. and Bano, N. \(2021\), 'The Right to Disconnect', Autonomy Website \[accessed: 7 April 2022\].](#)
- Women are bearing the brunt of caring responsibilities, with almost six out of 10 avoiding applying for promotion because it was too hard to balance work and care. [Research from Business in the Community](#) carried out by Ipsos revealed that one in five women (19%) have left a job because of difficulties balancing work with caring responsibilities. Women account for 85% of sole carers for children, and 65% of sole carers for older adults.

- While women are more likely than men to use flexible working arrangements, since 2009 the uptake of flexible work has been increasing at a faster rate among men. ([future of work report](#))
- Making flexible working available in all but the most exceptional of circumstances promotes greater gender equality. Research has shown that many of the underlying causes of the gender pay gap are connected to a lack of quality jobs offering flexible work. The unequal division of unpaid care and the lack of flexible working in jobs means that women often end up in part time work. (<https://timewise.co.uk/article/article-real-reasons-behind-gender-pay-gap/>, <https://www.tuc.org.uk/sites/default/files/2019-10/BEISFlexibleworking.pdf>)

GENDER REASSIGNMENT

- If a request to work flexibly is made because an employee proposes to undergo, is undergoing or has undergone gender reassignment, the employer should consider the request on the same basis as they would consider any similar request made under the right to request flexible working. Employers should not refuse a request or treat it less seriously because it is being made by a transsexual person ([EHRC Guidance](#)).

A [Government Equalities Office publication](#) (2015) offering guidance for employers on the recruitment and retention of transgender staff states that "We know that trans people often leave their jobs before transitioning and often take lower paid jobs when they return to the workplace, often because of the possible discrimination they imagine they will face if they stay in their place of work. This can result in a loss of expertise and investment for their original employer."

- [CIPD guidance on Transgender and non-binary inclusion at work](#) advises that organisations should not remove someone from duties against their wishes while they're transitioning. However, transitioning employees may request temporary redeployment, flexible working or adjustments to their role. This must be led by the individual's preferences, and you should accommodate requests as far as is possible

SEXUAL ORIENTATION

- A Business in the Community report '[Working with Pride - issues affecting LGBTQ+ people in the](#)

[workplace'](#) found that in relation to carers, gay/bi+ people are less likely to be accessing support from line managers, home working and flexible working policies, especially in the case of gay/bi+ male carers.

RACE

- [Research](#) commissioned by **Business in the Community**, The Prince's Responsible Business Network and Ipsos UK found that one in three (32%) Black, Asian, Mixed Race and other ethnically diverse people have left or considered leaving a job due to a lack of flexibility compared with one in five (21%) white people. The research also found that some groups were significantly more likely than others to have not applied for a job or promotion, or to have considered leaving or actually left a job, because of challenges combining paid work and care, including Black, Asian, Mixed Race and other ethnically diverse people; those on lower incomes; and shift worker
- According to [the Future of Work Report | Equality and Human Rights Commission \(equalityhumanrights.com\)](#) the number of workers from ethnic minorities on flexible contracts rose by 79% from 2009 to 2019, compared to 7% for White British workers. This saw the proportion of workers on flexible contracts increase from 18% of ethnic minority workers and 19% of White workers to 20% of both groups in 2019. This increase continued throughout the COVID-19 pandemic for all groups, with the number of workers from ethnic minorities on flexible contracts 171% higher in 2021 compared to 2009 (from approximately 700,000 to 1,740,000 workers), while the number of White British workers on flexible contracts only rose by 38% (from 4.5 million to 6 million). In 2021, this increased further, with 26% of workers from ethnic minorities and 25% of White British workers having flexible working arrangements.

OTHER FACTORS

- Flexible working supports a better work life balance, improved wellbeing, improving the experience of work for carers. It also improves productivity, increases staff retention and better recruitment (https://www.tuc.org.uk/research-analysis/reports/future-flexible-work?page=2#section_header)
- In some cases, the Equality Act can also protect carers from being treated unfairly because of their association with the person they care for; Associative discrimination or 'discrimination by association' comes about when someone is treated unfavourably on the basis of another person's protected characteristic. Discrimination by association doesn't apply to all protected characteristics. Marriage and civil partnership, and pregnancy and maternity are not covered by the legislation. Nor does it apply to instances of indirect discrimination by association - it has to be direct. This Policy will support staff in managing their work life balance more effectively (e.g. parents, those with caring responsibilities) Discrimination by Association should be considered when considering requests for flexible working,

- The ability to provide a service to Welsh Speaking patients should be considered when deploying our workforce (e.g. when considering requests for flexible working)
 - Numerous studies have found that flexible working arrangements can have a significant positive impact on people's mental health with better sleep and lower stress levels as common outcomes. Equally, someone's mental health can have a significant impact on their ability to perform well in their job.
 - [CIPD 2018](#) quoted research which has shown that flexible working can reduce absence rates as it allows employees to manage disability and long-term health conditions, and caring responsibilities, as well as supporting their mental health and stress. Parents and carers (especially those on low incomes) benefit the most – they tend to have increased wellbeing and are less troubled by stress when given access to flexible work
 - An [ONS report](#) from December 2018 showed that 25.8% of women were economically inactive (i.e. not employed or looking for/available for work, compared with 16.1% of men. The second biggest reason for being economically inactive is looking after family or home (the largest category is students)
 - The Policy states that flexible working opportunities should be considered for all employees and made available as far as practicable, regardless of role, shift pattern, team or pay band and should also be considered for employees who work on rotation. It is not sufficient for departments who have a traditional way of working to reject an application for flexible working just because it has not been tried before or because 'this is how it has always been done'.
 - The Policy states that Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the employee or their colleagues would become lone workers). Advice can be sought from People Services/Human Resources, Health and Safety and Occupational Health as appropriate.
- [Research by Timewise](#) has shown that good flexible working can help households manage rising costs. The [2021 Flexible Jobs Index](#) noted that only 1 in 4 jobs are advertised as flexible in any way. There are even fewer part-time jobs advertised (just 1 in 10), and they are clustered at the lowest-paid end of the scale, with very few higher-paid ones available. This is a particular problem for parents, carers or those with health issues or other responsibilities, who simply can't work full-time. Being able to find a quality part-time or flexible role can allow them to get into (or back into, or progress in) the workplace and increase their household income. And the availability of good flexible jobs also has a positive impact on society as a whole. Evidence shows that flexible working can play a part in tackling social inequality, reducing child poverty, supporting social mobility, and increasing workplace diversity.

Monitoring Arrangements

Each Department will keep a record of all formal applications for Flexible Working and a record of approvals/ rejections and appeals.

Organisations should ensure that data relating to applications for flexible working and outcomes of decisions are recorded and regularly reported through the usual joint partnership and governance structures. This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and also by department.



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Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	19.2
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

HOMEWORKING POLICY

MEETING	People and Culture Committee
DATE	20 February 2024
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Karen Jones
CONTACT	Karen.jones88@wales.nhs.uk Hugh.parry@wales.nhs.uk

EXECUTIVE SUMMARY

1. As part of the Policy prioritisation exercise, the Homeworking Policy & Procedure was identified as overdue for review, review date 26th March 2021.
2. It was expected that there would be All Wales Guidance for homeworkers following the flexibilities utilised throughout the COVID-19 pandemic, but this has now been confirmed this is not the case. Therefore, this policy will still be required within WAST. A task and finish group was established to review the policy in partnership, with Hugh Parry as the lead TU support.

KEY ISSUES/IMPLICATIONS

PCC is asked to:

AGREE to the updated policy and approve for dissemination

REPORT APPROVAL ROUTE

Policy Group – 23.10.2023
 ELT – feedback provided December 2023
 Policy Group – 23.01.2024 with amendments
 ELT- Feedback via AAA report – 31.01.2024
 People & Culture Committee – 20.02.2024

REPORT APPENDICES

Appendix 1: Homeworking Policy

SITUATION

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

3. The Policy was approved via policy group 23.10.2024 as reasonable change. The updated version was taken to Policy Group 22.01.2024 to include some clarity based on feedback from ELT.
4. This policy is not to be utilised for the application of remote or agile working, as this is approved and managed via local departments, where colleagues are allocated a base and have flexibility to work at home or remotely as part of their working week if their role allows.

BACKGROUND

5. The policy required minor legislation and policy changes, to include:
 - Updated DSE guidance for homeworkers and on-line assessment to replace the paper assessment forms.
 - Amendments to eligibility for all staff, to include more than one application in a 12 month period, in line with the new All Wales Flexible Working Policy.
 - An update to relevant policy links within the document.
 - Addition in the process to now include the recording of homeworkers by utilising ESR system recording on approval of applications. This will allow the organisation to record homeworkers and report on this activity.
6. Legal advice has been sought around 'true homeworkers' and this policy includes relevant legal and personal obligations that must be considered.
7. The policy will also continue to support recruitment of staff outside of Wales, where flexible working arrangements may continue in order to support ongoing recruitment campaigns.

ASSESSMENT

8. **Equality Impact Assessment** – An Equality Impact Assessment was carried out in partnership with TU Lead & Head of EDI. No risks or additional issues identified.
9. **Evidence base** – Updated current policy in line with All Wales Procedures and updated Health & Safety guidance.
10. **Compliance with Legislation/Regulations** – Updates in relation to All Wales Policies and amended Health & Safety guidance included in the revision of the policy. Counter Fraud guidance also updated and included in the revised policy as part of impact assessment.

Updated relevant impact assessments also carried out by:

- Counter Fraud – Carl Window – completed 12.09.23
- Information Governance- Kelly Holding 21.09.23.
- Records Management – Judith Birkett – Completed 31.08.23

11. Interested Parties

T&F Group included representatives from People Services, TU Partners, Health & Safety, ICT, 111 and Workforce Information.

Counter Fraud- provided input and comments on the policy to be incorporated.

ICT- Updated relevant sections regarding equipment and maintenance.

Head of EDI part of EQIA process.

12. **Consultation** – Policy Group have recommended as there was significant consultation at the last review and reasonable amendments only, no consultation is required. Agreed to send Agile guidelines for circulation with policy and communications.
13. **Publication** – All policies and associated impact documentation will be uploaded onto the new Policy and Procedures intranet page. People services to promote the revised policy with their business teams and via usual communications routes. An amended communications statement to accompany the policy once published.
14. **Dissemination** – People services to promote the revised policy with their business teams and via usual communications routes. Publication through SIREN.
15. **Implementation** – Update of existing policy only.

16. **Monitoring** – compliance of the policy will be monitored through the People Services Team on receipt of applications.

EQUALITY IMPACT ASSESSMENT

17. Equality impact assessment completed 12th September 2023 by Karen Jones (Project Lead), Hugh Parry (TU Partner), Kathryn Cobley (Head of EDI).



Home-working Policy & Procedure

Policy Number:	034	Version No:	3.0	Supersedes:	2.2
Date of Approval:		Review Date:	1 year from date of approval	Impact Assessments Completed:	Yes
Classification of Document:	Employment	Type of Document:	Policy	Approved by:	
Brief Summary of Document:	Home-working is one of the flexible working arrangements operated by the Welsh Ambulance Services NHS Trust to enable recruitment and retention of staff and facilitate a healthy work-life balance. This policy aims to provide a clear understanding of home-working and establishes a process for considering requests and ensuring the ongoing health and wellbeing of staff.				
Scope:	This policy applies to all staff employed by the Welsh Ambulance Services NHS Trust.				
	Health and Safety Policies (DSE Guidance & Procedures)		Flexible Working Policy		
	Lone Worker Policy		Managing Attendance at Work Policy		
	Special Leave Policy		Social Media Policy		
	Email Policy		Records Management Policy		
	Data Protection Policy		Information Governance Policy		
	All Wales NHS Dress Code		Virtual Meeting Etiquette		
	Counter Fraud Policy		Information Security Policy		
Owning Committee	People & Culture Committee				
Policy Lead:	Karen Jones	Job Title:	People Business Leader		
Trade Union Lead:	Hugh Parry		Trade Union Partner		
Executive Director	Angela Lewis	Job Title:	Executive Director of People & Culture		

Task and Finish Group Members

Name	Job Title
Karen Jones	People Business Leader
Hugh Parry	Trade Union Partner Unite
Hannah Rawlins	Health & Safety Advisor
Jan Cross	People Business Leader
Lesley Evans	Clinical Manager 111
Aled Williams	Head of ICT
Matt Dawson	Workforce Systems Assistant
Emily Syddall	Workforce Systems Devt Officer

Policy Approval Route

Meeting Title	Meeting Date	Purpose/Outcome
Policy Group	23.10.23	Approval for Reasonable Change
TU Partners Team Meeting		
WASPT		
EMT		
People & Culture Committee	20.02.24	Approval for Reasonable Change

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or email AMB_Policies@wales.nhs.uk

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1. INTRODUCTION

The Trust recognises that employees have different needs at different stages of their working lives. It accepts that rigid adherence to traditional patterns and methods of working may fail to maximise the considerable benefits, to both the employee and organisation that can be derived from flexible forms of working. The Trust also recognises that a failure to provide flexible forms of working may discriminate against people who are unable to conform to more conventional ways of working. There may be some circumstances where home-working may be a reasonable adjustment for employees with disabilities or long term health conditions. Offering flexible approaches to employment practices, including home-working, is therefore an important factor in demonstrating the Trust's commitment to equality and diversity in the workplace.

It is accepted that home-working may, in some roles or for some employees, not be a workable option. Whilst there are advantages to both the employee and organisation, it should be recognised that there are general disadvantages which should also be considered.

Therefore it is essential that the content of this policy is fully discussed and agreed between relevant parties before commencing an application for home-working. For further guidance please refer to Appendix 1.

2. POLICY STATEMENT

Home-working is one of the flexible working arrangements operated by Welsh Ambulance Services NHS Trust (WAST) to enable recruitment and retention of staff and to support work-life balance which is essential to the health and wellbeing of our workforce.

3. SCOPE

This policy applies to all WAST employees. In contrast to other flexible working requests (see the Flexible Working Policy), home-working may, in some circumstances, need to be agreed at the outset of employment. The Trust will therefore consider applications for flexible working from all WAST employees, not just those who meet the statutory criteria. WAST will ensure that the application of any part of this policy does not have the effect of discriminating, directly or indirectly, against WAST employees on the grounds of any protected characteristic(s) or any other unjustified reason. If a manager receives a number of home-working requests, priority will be given to those employees with a statutory right under the Flexible Working Regulations and Work and Families Act or other Equality legislation. All requests will take account of individual circumstances, however, there may be service or operational requirements which may lead to an application not being granted.

Successful operation of the policy will be dependent upon mutual trust and confidence, however on occasion, spot checks may be carried out to ensure the conditions of the agreement are being met. Any breach of the terms of agreement or policy must be

reported by the person who identifies the breach, this will be investigated and may lead to disciplinary action or immediate termination of the home-working arrangement.

4. AIM

The aims of this policy are to provide a clear understanding of home-working and to set out the benefits and potential challenges for both the employee and the organisation so that all aspects can be fully considered. It also sets out the procedure to follow when applying for home-working and the points that the organisation will take into account when considering an application.

This policy is not to be confused with Agile or remote working, where employees are allocated a base, but are able to work part of their role in an agile way, via local agreements.

5. OBJECTIVES

The objectives of this Policy & Procedure are to;

- Enable a balance between improving working life balance for employees and the need to optimise service delivery,
 - Provide a framework that enables home-working applications to be managed in a fair and consistent manner,
 - Ensures that all employees are treated in a manner that complies with equality and diversity legislation, principles and practice,
 - Enables the wellbeing and safety of home-workers and ensures both employee and organisation meet with legal obligations.
- To support any future targeted recruitment campaigns for hard to fill posts, where recruitment may be sought outside of Wales or indeed the UK.

6. DEFINITIONS

Flexible working is any type of working arrangement that enables an employer and employee some degree of flexibility as to when, where and how work is undertaken, this includes home-working.

Home-working is when an employee carries out all, or part of their duties from home rather than an employer's premises. An organisation can consider home-working being an occasional agreed day, a mix of home and office based work each week or a full time arrangement. There are three main types of home-working arrangements available:

6.1. Permanent Home-working

This is where an employee can apply to work permanently from home or a combination of home and office on a regular basis for all or some of their working hours. Permanent home-working will require a full health and safety risk assessment and may require the provision of specific equipment, however applications for permanent home working are usually a rarity.

6.2. Temporary Home-working

This does not constitute a permanent change to the contract of employment and may be informally agreed as a temporary arrangement, for example, following occupational health advice, to support a rehabilitated return to work or to accommodate a temporary change in circumstances if the nature of the role cannot support agile working. This will be subject to a monthly review.

The employee works from home for a temporary period of time as agreed, and will revert to their normal place of work and work pattern once the period has ended or the reason for wanting to work from home is no longer applicable.

6.3. Occasional Home-working

This is where, on an ad hoc basis, the line manager is in agreement that the employee can work from home, for example to complete a piece of work or where an employee would be more productive returning to their home, rather than Trust premises, to avoid incurring an unnecessary or lengthy journey which reduces the time available to work. This type of home-working can be verbally agreed in line with local Agile or Remote working, if your role allows. The employee and line manager may wish to agree the circumstances in which it would be acceptable for the employee to take a “last minute” decision to work from home; in these cases, an email or phone call may be made to the line manager to advise that the employee intends to work at home at that time.

It would not be appropriate to work from home when a child or dependant is unwell; if childcare provisions have broken down unexpectedly or if an employee falls ill. There are other supportive policies and solutions to consider to support in such circumstances, e.g. Managing Attendance at Work, Carers Leave or Special Leave.

Other forms of home-working may be requested and considered by the manager, however, the principles and procedures of this policy will apply.

7. ROLES AND RESPONSIBILITIES

7.1. Employee Responsibilities

For permanent and temporary home-working (as defined above), the applicant should request home-working following the application process in section 9.0 of this policy and complete the home-working request form at Appendix 2. The employee will also need to fully understand and agree to the conditions of home-working outlined in section 9.0 and 15.0 should they wish to apply for home-working.

Following the submission of the request, the employee is required to meet with the manager to discuss the request in further detail. Employees will have the right to be accompanied at the meeting by a recognised trade union partner or appropriate work colleague employed by the Trust.

Employees must ensure that they provide as much information and detail about the circumstances and requirements relating to the request in the application form to the manager, in order for their request to be given full and fair consideration.

Employees should complete Appendix 4 to apply for occasional home-working.

7.2. Manager Responsibilities

Managers should ensure that all requests for home-working are considered in respect of the criteria outlined in this policy and that all appropriate risk assessments are carried out accordingly. Managers should refer to the checklist in Appendix 3 prior to completing Part 3 of the home-working request form.

Managers have a responsibility to make themselves familiar with the Home-working Policy and Procedure. They also have a responsibility to make employees aware of the policy.

The decision to approve home-working on a temporary or permanent basis rests with the applicant's line manager, in consultation with an appropriate senior manager. Following submission of an application for home-working, the line manager must follow the procedure outlined in section 9.0.

Managers must inform staff that they have the right to be accompanied at the meeting by a recognised trade union partner or work colleague employed by the Trust.

Where an employee has permanent home-working approved the manager must ensure written notification of the employee's new base is provided, as an amendment to an employee's contract of employment. The Manager will also need to complete the Homeworker section on ESR via Manager Self Service (guidance can be found [here](#)).

7.3. Trade Union Partner Responsibilities

If requested, trade union partners will offer advice and guidance to their members on an application for home-working.

An employee will have the right to be accompanied at the meeting by a recognised trade union partner or work colleague employed by WAST.

7.4. People Services Team Responsibilities

The People Services team will offer managers advice and guidance on the process and principles to follow when considering an application for home-working. Members of the People Services Team will, where appropriate, attend meetings with the manager and employee to discuss the application for home-working.

8. ELIGIBILITY

When considering the suitability of home-working, the following criteria should be considered carefully before an application or agreement of home-working;

- Any request must not be considered in isolation, other members of a team/department must not be disadvantaged nor service compromised as a result of an approved home-working request;
- The reason for the request and suitability of the employee; the post and nature of the work required within the role. Prior to a home-working request being made,

employees must have completed all necessary training requirements and achieved a satisfactory performance at their last performance review,

- The impact of home-working on an employee's role, e.g. supervisory responsibilities and the team/department,
- Consideration for cost, practicability, service delivery and personal performance.
- Any adverse effect on patients / employee confidentiality and security of any confidential information,
- Employee suitability and ability to work within a suitable home-working office environment. All requests will be subject to a risk assessment.

9. APPLICATION PROCESS

9.1. Making a request for permanent or temporary home-working

Employees are eligible to submit more than one flexible working request in a 12 month period. Each request will be considered on a case by case basis. The agreement of one request will not necessarily mean that a similar request to home-working can be granted.

- 1) Before making a request, employees should take into account the benefits and challenges of home-working as set out in Appendix 1.
- 2) Employees must make any permanent or temporary home-working requests using the home-working request form in Appendix 2 and submit to their line manager. Informal discussions prior to formal submission are also encouraged.
- 3) Following receipt of the application form at Appendix 2, the manager will acknowledge receipt of the request in writing, normally within 14 calendar days.
- 4) The manager will arrange a formal meeting to discuss the home-working request. This meeting will take place within 28 calendar days of receipt of the request. This time limit may be extended by agreement of both parties. The manager will provide advance notice of the time, date and place of the meeting. The employee will have the right to be accompanied at the meeting by a trade union partner or appropriate workplace colleague employed by the Trust. The manager should consider a representative's availability at the time the application is submitted, wherever possible, to facilitate the arrangement of the meeting. It is the employee's responsibility to inform their trade union representative or workplace colleague at the outset of the request and of future meetings that may take place.
- 5) During the meeting, the manager should gather full information as to why the request is being made and give full consideration to all the factors necessary to deal with the request. Managers may, where appropriate, discuss with the employee other options, making reference to the Flexible Working Policy.
- 6) In considering the request, the manager should take into account the benefits and challenges of home-working, as set out in Appendix 1 and also refer to the checklist at Appendix 3.

- 7) Before agreeing any request, managers should consider;
- Whether the request can be accommodated in part or in full,
 - What impact the request will have on the team's ability to provide an effective service,
 - What the team objectives are and whether these continue to be met,
 - What impact if any, the request will have on others within the department. If appropriate, the manager may discuss the request with the team members (but not the reasons for its having been made, unless the employee has given explicit consent). This will provide an opportunity to explore the impact on other team members if the request were to be approved,
 - If the home-working is likely to incur additional costs, has approval been sought from the relevant budget holder?
 - Will the approval of home working support any ongoing recruitment for hard to fill posts?
- 8) The manager must respond to the request in writing within 14 calendar days of the meeting, by completing the second part of the home-working request form at Appendix 2.
- 9) If the request is accepted, the manager's response will provide confirmation of agreed arrangements, this may differ from the employee's original request. This will include whether arrangements are agreed in part or full, on a temporary or permanent basis, when the home-working agreement will commence and be reviewed, terminated or whether arrangements are agreed for a trial period. All the relevant details will be finalised in writing, copied to the employee's personal file and the People Services Hub notified. A letter to confirm the contract variation will be issued to the employee within 28 calendar days from the date of change to the employee's home-working request being agreed.
- 10) If the request is refused, the manager's response must provide clear rationale for the decision and be clearly communicated to the employee, by the manager, in a formal meeting.

An application may be refused if an employee has failed, without reasonable cause, to provide information which the Trust considers necessary to assess whether the employees request to work from home should be granted.

Section 80(G) (1) (b) of the Employment Rights Act 1996 lists the following eight legitimate grounds for turning down a request for home-working;

- Burden of additional costs,
- Detrimental effect on ability to meet customer demand,
- Inability to reorganise work among existing staff,
- Inability to recruit additional staff,
- Detrimental impact on quality,
- Detrimental impact on performance,
- Insufficiency of work during the periods the employee proposes to work,

- Planned structural changes.

- 11) If the request has been refused, an employee will have the right of appeal using the process outlined in section 10.0 below.
- 12) The manager is required to keep written records of all discussions, correspondence and meetings with the employee associated with the request. All correspondence should be kept on the employee's personal file when completed.
- 13) All requests for home-working, whether approved or refused, will be forwarded to the People Services team. This will allow the team to monitor the effectiveness of home-working within WAST.

10. APPEAL PROCESS

If a request for a home-working arrangement is refused, employees are entitled to receive a detailed rationale outlining the reasons for a manager's refusal and the right of appeal. This should be clearly set out using the form at Appendix 2, which should include details of the manager nominated to consider any appeal.

The appeal will be heard by the next level of manager within the department in the first instance. If this is not possible the appeal will be heard by an appropriate alternative next level of manager within the organisation.

Should an employee wish to appeal, Appendix 5 should be completed and must be submitted, to the manager nominated to consider the appeal, within 14 calendar days of receipt of the outcome.

The employee must clearly state the grounds for appeal, in response to the reasons for not granting a home-working application.

Written acknowledgement of the appeal must be provided by the Appeal Manager within 5 calendar days of receipt of the appeal.

A formal meeting to hear the appeal will take place within 14 calendar days of receipt of the appeal. If for any reason an appeal cannot be arranged within 14 calendar days then this time limit can be extended by mutual agreement of both parties.

At the appeal, the Appeal Manager will give full consideration to the employee's grounds of appeal. In addition, the Appeal Manager will also consider the rationale provided by the line manager in not granting a home-working application, in order to determine whether the outcome was fair and balanced. Written notification of the appeal outcome will be provided by the Appeal Manager no later than 14 calendar days following the appeal meeting.

The decision of the Appeal Manager is final, there will be no further right of appeal following completion of the appeal process.

A home working arrangement will not automatically transfer to a new position.

11. WITHDRAWAL OF AN APPLICATION

The line manager will consider an application for home-working to have been withdrawn if the employee has provided written notification of the wish to withdraw.

If an employee has failed, without reasonable cause, to attend an initial meeting, or subsequent meeting convened under this procedure, on more than one occasion, an application for home-working will be deemed to have been withdrawn. Written notification of the withdrawal will be provided by the manager.

12. MANAGING MORE THAN ONE REQUEST

Requests should be considered in the order they are received, (with the exception of requests covered by the Equality Act, 2010) based on the business needs at the time of the request. Having considered and approved the first request the manager should remember that the business context may have since changed and can be taken into account when considering a second request or future review.

If a line manager receives more than one request at any one time, they may want to have a discussion with the employees to see if there is any room for adjustment or compromise before coming to a decision.

If a line manager is unable to approve a request where a number of other employees are already working from home, the manager reserves the right to undertake a review of existing home-working policy arrangements.

13. REVIEW OF HOME-WORKING AGREEMENTS

Where home-working applications are accepted, the Trust recognises the importance of reviewing the arrangement at regular appropriate intervals.

A manager should consider whether;

- home-working has enhanced the individual's work life balance,
- home-working has improved patient/service provision,
- Trust has been established and maintained and not abused.

The Trust may decide, at its discretion, to carry out checks and review the home-working arrangement at any time should it be found that the home-working conditions and agreement are not being adhered to. Counter Fraud suggest that any staff working from home should keep a recorded time sheet, flexi checker which documents the hours worked by the employee. Additionally, keeping in touch arrangements should be made to ensure work is being delivered as expected.

14. TERMINATING A HOME-WORKING AGREEMENT

At the time of approval, a review of the home-working agreement will be set 3 months from the commencement of home-working to ensure that the agreement continues to operate satisfactorily. This may exclude employees who are employed within posts that require a post holder to work from home on a permanent basis.

With the exception of those employed within posts that require a post holder to work from home on a permanent basis, either party may terminate an agreement by providing written notification of termination within one month (or shorter if mutually agreed).

However, where performance issues have been identified, home-working arrangements may be terminated or suspended with immediate effect.

Any breach of the terms and conditions laid out within the Home-working Policy & Procedure, home-working agreement or associated Trust policies, will lead to the immediate suspension of home-working pending an investigation and may lead to action under the Trust's Disciplinary Policy & Procedure.

15. CONDITIONS OF HOME-WORKING

15.1. Place of Work

If an employee's main place of work is at home, a nominated work base must be agreed. Home-workers may be required to attend meetings at their nominated work base as and when required by their line manager, for example to attend one to one meetings, appraisals, team meetings or for training purposes.

Whilst attending an office base permanent home-workers will not be provided with a permanent office desk and may be required to 'hot desk'.

15.2. Communication

Whilst home-working may support employee's work life balance, some home-workers may find it difficult to establish clear boundaries between work and home life, which could prove challenging. They may also find working at home isolating and alienating, no longer feeling part of a team.

It is therefore important that employees who are home-workers continue to feel involved in the organisation through participation in specific activities such as regular one to one meetings, team meetings, outings and training.

A structured communication plan should be discussed and agreed between the manager and employee prior to commencing home-working to ensure home-working arrangements are regularly monitored and reviewed. Ensuring ongoing and effective communication is also a factor to be considered when determining equipment to be provided to a home-worker. Confirmation and expectation of working time hours must be agreed,

15.3. Health and Safety

The home office environment must comply with health and safety regulations in exactly the same way as they apply in a traditional office environment. Home-workers are expected to work safely, in compliance with the Trust's health and safety policies. Advice may be sought from the trade union health and safety representative or health and safety team.

The Management of Health and Safety at Work Regulations 1999 require risk assessments to be conducted for work carried out by home-workers, with joint responsibility on the part of both the employer and the home-worker to conduct the assessments. If a home-working environment significantly changes, an employee must immediately advise their line manager. In such circumstances, a further assessment will be required and must be carried out. Please refer to the health and safety section of the Trust's intranet for the latest version of the risk assessment.

For occasional home-working, the employee will be required to complete the form at Appendix 4, certifying that the working environment will be safe and adequate for purpose and that all steps necessary for safe working and a safe environment are taken. Where a computer is used, this will include completion of a DSE workstation assessment form. The DSE self assessment is completed online, by emailing AMB-healthandsafety@wales.nhs.uk. The user will then be granted access and will be sent instructions on how to complete.

. Copies must be provided to the line manager so that if issues are noted, these may be addressed. The employee may also be required to take a photograph of their work environment and will need to provide it to their line manager with the assessment. A DSE assessor within the Health & Safety team should be contacted for advice on any concerns relating to a risk assessment.

As part of the risk assessment process, it is important that the planning of the work area gives thorough consideration to;

- Dimensions of the proposed work area,
- Location of doors and windows,
- Position of electrical sockets and telephone points,
- Display Screen Equipment (DSE) requirements (all employees must complete AssessRite online training and conduct a self-assessment).

In exceptional circumstances, the employer may need to visit an employee's home for example to resolve any problems identified in the risk assessment or to carry out PAT tests on Trust equipment.

It is essential that home workers take regular breaks and that they are adhering to the Working Time Regulations 1998, which state that workers do not have to work more than 48 hours a week on average, unless they choose to. Home-workers are responsible for regulating breaks in accordance with the Working Time Regulations 1998. Further information relating to the Working Time Regulations can be found at: <http://www.hse.gov.uk/contact/faqs/workingtimedirective.htm>.

Employees are required to possess an adequate warning system, such as a smoke alarm, in the work or surrounding area that should be regularly tested. A way of escape and a small first-aid kit must also be available.

Any injuries or dangerous occurrences connected with home-working must be reported to the Trust without delay. It is the employee's responsibility to Datix any work related incidents and notify their line manager of any changes to their home office environment or personal health that may affect their health and safety. Information relating to Datix incidents can be found on the Quality, Safety & Patient Experience Directorate pages of the WAST intranet under the Putting Things Right & Patient Safety Hub.

15.4. Confidentiality and Data Protection

Staff working with corporate and personal identifiable information (whether electronic or paper) must have received information governance training and must ensure that their training is kept up to date.

The Trust will require the employee to certify that they are able to maintain security and confidentiality of equipment and documents within the home and comply with IT security and data protection requirements. A condition for home working is that the Trust may request access to the premises for this purpose, with permission to access not being unreasonably withheld.

Wherever possible, staff should not take confidential, sensitive or personal identifiable information away from WAST premises. However, if this is unavoidable they must ensure that the information governance and IT policies are adhered to. In particular, staff should ensure that they are familiar with the procedure on transport of information and adhere to physical security requirements such as: -

- Confidential conversations should be discussed where they are less likely to be overheard and screens position where it is less likely to be overseen;
- Print-outs should be collected from home printers as soon as possible and stored securely in locked drawers. Print-outs should be appropriately disposed of using a shredder (see Information Security Policy for recommendations)
- Devices and equipment should be locked away overnight or when not in use;
- Only using authorised equipment and software for work purposes (and not using unauthorised applications on personal devices to conduct work business);
- Remember to use unique and complex passwords and don't write these down.

It is essential that an employee working from home is able to maintain confidentiality of documents, computer files and equipment etc. when the home is occupied by others. In particular, only WAST owned equipment or devices may be connected to the Trust's network or hardware provided in respect of the role. No one, other than the employee may have access to the computer or to the network. Access to NHS Wales should be via a secure ID token, or VPN connection where appropriate.

The employer has the responsibility for ensuring data is properly backed up and for saving live data to the Trust's data repositories. All working practices must comply with the ICT, email, data protection and security policies of WAST.

15.5. Support

It is important that employees working from home recognise the responsibility for managing their own health and wellbeing but that they continue to be supported by their line manager. Home-workers should seek to notify their manager of any concerns about such issues as soon as possible. Likewise, managers need to be confident that they have sufficient awareness of such issues and consider them in their management and contract arrangements. Please refer to the Trust's Lone Worker Policy for further guidance.

15.6. Hours of Work

It is the responsibility of the employee and employee's line manager to ensure that the employee's contractual hours of work are adhered to. The employee's manager remains responsible for the supervision of the employee throughout their working hours. It is expected that the employee will agree the organisation of their work and deadlines to be achieved with their line manager. A record of hours work will need to be kept and submitted as per departmental process.

Employees must be available during the hours of work and may also be required to attend Trust premises at short notice. Therefore any domestic arrangements such as childcare/carer arrangements must remain in place throughout contracted hours of work.

15.7. Sickness Absence

An employee working from home must inform his/her line manager if they are sick or unable to work, in accordance with their local sickness absence reporting procedure. Employees are under obligation to adhere to the Trusts Managing Attendance at Work Policy.

15.8. Equipment

If a request for permanent or temporary home working is approved, WAST will provide the equipment necessary and this equipment will remain the property of WAST. No removable media should be used unless it has been approved for use by the Trust. The employer reserves the right to insist that all such equipment is used exclusively for use on behalf of WAST. The employer may not normally object to private use of equipment other than computers, networks and the business telephone line (where applicable) provided that there is no further cost, however this should be with prior agreement. Employees should have appropriate training on using equipment and will be responsible for ensuring that the equipment is safely maintained.

In the event of any fault with WAST ICT equipment (used for home working) the employee must log a call with the ICT service desk, and they may be required to take the equipment to ICT for repair, unless telephone support can rectify the fault. WAST would not ordinarily provide equipment for the occasional home worker, however it may be possible on an ad hoc basis to supply, for example, a lap top to enable home-working. In the event of an ICT failure, a home-worker will be required to work from their nominated work base.

On termination of the contract of employment, WAST will have the right to recover all its property including equipment, software and copy documents and files. Without prejudice to WAST's legal right, entry to the employee's home should always be by mutual agreement. The manager must keep an up to date log of equipment and furniture etc. provided to the employee for this purpose.

It is the responsibility of a home-worker to ensure they are familiar and adhere to the Trust's Social Media and Email Use Policies.

An employee is responsible for the physical security of any WAST equipment provided to them for home-working. Employees should not re-allocate their equipment to other members of staff without the permission of the ICT department to ensure accurate asset records are maintained. It is the employee's responsibility to report any ICT equipment that is damaged or stolen to the ICT service desk immediately. Should any ICT equipment become damaged or lost then a home-worker may be financially liable in any case of wilful neglect or damage. Accidental damage will be treated in exactly the same way as within a traditional office environment. If equipment needs to be returned to the organisation, the employee should discuss logistical arrangements with the ICT department.

15.9. Financing Home-working

For permanent home-working arrangements, the Trust might pay for the whole cost of the business telephone line and any broadband computer connection if this is required and provided by the Trust. The organisation will also pay the cost of maintenance and repair of this equipment. Any personal use of this equipment will need to be agreed and may have tax implications to the individual under HMRC taxable benefits home-working rules.

In accordance with Section 18.2 of the Agenda for Change Terms and Conditions, should an employee be required to telephone the Trust premises for the purposes of work, they will be entitled to claim for the reimbursement of telephone expenses. They should keep a record of the date, time and length of the call and claim this as an expense, which the manager must authorise. The Trust reserves the right to request an itemised bill as proof of calls. The Trust will not pay any additional lighting or heating costs.

15.10. Mortgage and Insurance

Legal restrictions may prevent the use of an employee's home for business use. It is the employee's responsibility to ensure that they have confirmation from their mortgage lender, home insurance provider and/or landlord that home-working is acceptable.

It is the responsibility of home-workers to provide adequate home buildings and contents insurance. The Trust will not accept liability for damage caused to the home or its contents. The home-worker will also be responsible for providing adequate car insurance should they need to transport any Trust property in their own vehicle.

The Trust will take responsibility for fair wear and tear and mechanical breakdown of any Trust equipment provided that the equipment has not been misused.

The Trust does not accept any responsibility for an employee who suffers any detriment, loss or legal action as a result of not obtaining the necessary permissions from their insurer, mortgage lender, landlord or local authority.

Under certain circumstances, the use of space in the home for business purposes could potentially render the property business rateable. The employee has the responsibility for verifying the position on this in individual circumstances. Further information on this is available at; www.voa.gov.uk and www.mybusinessrates.gov.uk.

15.11. Travel Expenses

When a permanent home-working request is agreed, whilst the employee's home will be the main place of work, a designated work base must be agreed. The employee may be required to visit the appropriate Trust premises on a regular basis. Travel expenses will not be paid for visits to the appropriate site. For the purposes of official mileage, the nearest Trust premises will be deemed the official start point of an office journey.

When a temporary/occasional home-working request is agreed, the employee's base will remain the appropriate Trust premises and travel from home to base will not be payable.

The HMRC provides further guidance on the possible tax implications for home-working, this should be reviewed by an employee prior to any application to work from home.

15.12. Guidance & Support with Implementation

Further guidance and support will be available to managers and employees considering home-working applications from the People Services team.

16. EQUALITY

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our employees reflects their individual needs and does not discriminate against individuals or groups on the grounds of any protected characteristic (Equality Act 2010).

Please see EQIA.

17. AUDIT AND MONITORING

Details of all requests for home-working and decisions reached upon each request will be reviewed at Departmental level. This information will be used for monitoring purposes, to aid future development of this policy and to meet the requirements under a policy impact assessment.

Systems will be audited and monitored in line with this policy and associated protocol.

Auditing and monitoring will only be carried out in agreement with the designated Information Asset Owner.

18. COUNTER FRAUD, BRIBERY AND CORRUPTION

The Trust is committed to taking all necessary steps to counter fraud, bribery and corruption within the organisation. In conjunction with this policy, staff should report any suspected incidents of fraud and corruption to the Trust Local Counter Fraud Specialist, who will be happy to discuss any issues or concerns. Such examples may be where staff are engaged in dual role employment, working for another provider whilst contracted for WAST or undertaking non work activities during work time. Such actions will not be tolerated, and would be investigated by the Local Counter Fraud Team as a consideration of Fraudulent practice. Such conduct may ultimately result in criminal prosecution, civil recovery, alongside disciplinary sanctions.

Alternatively staff may contact the confidential NHS Fraud and Corruption Reporting line 0800 028 40 60; or on-line reporting facility <https://cfa.nhs.uk/reportfraud>. Fraud investigations may lead to prosecution and civil recovery procedures, alongside internal disciplinary action.

19. RECORDS MANAGEMENT

The Welsh Ambulance NHS Services Trust recognises the importance of sound records management arrangements for both clinical and corporate records. The Trusts' records are its corporate memory, providing evidence of actions and decisions and representing a vital asset to support daily functions and operations. Records support policy formation and managerial decision-making, protect the interests of the Trust and the rights of patients, staff and members of the public.

20. REFERENCES

Additional information and guidance can be found at the following links;

<http://www.acas.org.uk/index.aspx?articleid=1616>

<http://www.acas.org.uk/index.aspx?articleid=4853>

Information Commissioners Office at; www.ico.org.uk

Information Governance Alliance (2016) Records Management Code of Practice for Health and Social Care 2016: NHS Digital

Data Protection Act 2018;

General Data Protection Regulations 2018;

Freedom of Information Act 2000 (FOI);

Environmental Information Regulations

2004; Equality Act 2010;

Information Governance Alliance: Records Management Code of Practice for Health and Social Care 2016;

Computer Misuse Act 1990; Common Law

Duty of Confidentiality; Information Security

Management ISO 27001

21. APPENDIX 1 - BENEFITS AND CHALLENGES OF HOME-WORKING

There are advantages and disadvantages of Home-working, both for the employee and the organisation. You will need to weigh up carefully all the benefits and disadvantages. Some examples of this are listed below;

For the Employee;

Benefits:

- Increased employee satisfaction and productivity.
- Supports work life balance.
- Reduced time spent on daily commute,
- A reduction in carbon footprint.
- Support to remain in employment.

Challenges:

- Could lead to a sense of isolation from work colleagues.
- Challenges with maintaining boundaries between work and home life.
- Cost implications associated with business rateable tax and home insurance.

For the Organisation;

Benefits:

- Increased employee job satisfaction and productivity.
- Potential for a decrease in overheads as a result of reduced office space requirements.
- Access to a wider pool of talent across geographical boundaries.
- Retention of employees who may otherwise leave for family or work/life balance reasons.
- Reduced absenteeism.
- Employees can be located closer to their service user bases, reducing travel times and costs.
- By reducing the home to work commute, home-working supports the reduction of carbon emissions.
- To support any flexible recruitment campaigns

Challenges:

- Consider confidentiality and data security in a home environment.
- Added complexities of managing Health and Safety across a wider number of locations.
- Robust communication with home-workers to ensure full inclusivity, equal opportunity and prevention of potential feelings of isolation.
- Ensuring that staff are providing an effective service to their full potential, as they would do within the office environment, and not engaged in non work activities.
- Resulting change if home-working is no longer deemed appropriate.

22. APPENDIX 2 - HOME-WORKING REQUEST FORM



Home-working Request Form

Note to the Employee:

You can use this form to make a request to work from home on either a permanent or temporary basis (not needed for occasional Home-working. See appendix 4). Before completing this form, please read the Home-working Policy & Procedure.

It will assist your manager to consider your request if you provide as much information as you can on the form. It is important that you complete all the questions, otherwise your application may be returned which will result in delay. Once you have completed the form you should immediately forward it to your line manager (keeping a copy for your own records). Your manager will then arrange a meeting with you to discuss your request. You have the right to be accompanied at the meeting by an appropriate Trade Union representative, staff representative or work colleague.

Note to the Manager:

There is a duty on employers to give thorough consideration to every application. You must arrange to meet your employee as soon as possible. However, if you are happy to grant the request without any modification, you do not need to have a meeting if agreed by mutual consent, simply complete the Application Acceptance Form. Please consider the checklist in appendix 3 and the need for a trial period prior to accepting the request.

Please note copies of all documentation should be kept on the Employee's personal file and a copy submitted to the People Services Department.

Part 1 - Employee Request	
Full Name of employee	
Payroll number	
Current Post	
Band	
Directorate/Department	
Current work base	
Line Manager	
Email/Contact Number	
Date of application	
Is this request Permanent or Temporary? (if temporary please state period of time)	
Please detail the working pattern you are requesting ie proportion of hours/days worked at home/office.	
Please provide details of the reason for your home-working application.	
Please provide details of the impact of the change requested on your role/department/team/service.	

<p>Please describe how any potential problems with a home-working agreement on your role/department/team/service can be overcome.</p>	
<p>Please describe what steps you will take to overcome challenges listed within the home-working policy, for example, home insurance, confidentiality, team meetings etc. including steps to support the maintenance of service delivery.</p>	
<p>Is your request for home-working as a result of an adjustment relating to a protected characteristic as listed in the Equality Act (2010) (please delete as appropriate) Yes / No If yes please provide details:</p>	
<p>Do you have a secondary employment and if so please provide details:</p>	
<p>I confirm that I have read and understood the home-working policy & procedure and hereby agree to the terms and conditions as set out within the home-working policy & procedure and associated policies.</p>	
Employee Name (please print):	
Signed:	
Date:	

Please provide Part 2 to Line Manager for completion.

Part 2 - Receipt of request	
Date of receipt	
Date of written acknowledgement	
Line Manager Name (please print)	
Line Manager Post Title	
Line Manager Current Base	
Line Manager email/contact number	
Date(s) of meeting to discuss application	
Summary of discussion	

Part 3 - Confirmation of Application Outcome

Further to the meeting that took place on(Date), with the following attendees:

.....
.....
.....I have considered your request to work from home.

Either:

- I am pleased to confirm that I am able to grant your request with effect from..... (date). This will be a permanent / temporary change (please delete as appropriate). If temporary, the arrangement will end on(date). If permanent, your base will be changed to your home address as of [date].

- I am able to accommodate your request with effect from..... (date) to be reviewed on(date).

- I am unable to accommodate your original request (in accordance with one or more of the 8 business reasons listed at section 9.1 (10) – Please state which reasons). However, I am able to offer an alternative which we have discussed and you agreed would be suitable to you as follows:

We also agreed the following actions/ monitoring arrangements:

Or:

The alternative could not be agreed and therefore I am sorry but I am unable to accommodate your request for the following reasons:

Date request declined:

Start date of home-working arrangements (if applicable):	
Line Manager Signature:	
Line Manager Name (in Full):	
Date:	
Employee Signature:	
Employee Name (in Full):	
Date:	

If you are unhappy with the decision you may appeal against it. Details of the appeal process are set out at section 10 of the home-working Policy & Procedure.

Notes:

- Part 1 - to be completed by Employee and forwarded to Line Manager.
 - Part 2 - to be completed by Line Manager and ESR updated to reflect Homeworking
- The form should be returned to the Employee when completed and a copy kept on their personal file.
 A copy of the completed form should be sent to the People Services Team.

23. APPENDIX 3 – HOME-WORKING MANAGER CHECKLIST

HOME-WORKING MANAGER CHECKLIST

This checklist is to be used as an aide by managers when assessing the feasibility of home-working. Its use will promote a consistent approach across WAST.

Suitability of the employee.

Is the employee:

- Able to complete work using own initiative and within established guidelines?
- Self-motivated and self-directed to meet deadlines?
- Able to manage time effectively?
- Able to work without direct supervision?
- Able to communicate well by telephone and in writing?
- Able to work in isolation from the team?
- Able to work alone without negative effect on their wellbeing?

Suitability of the role.

Is the role:

- Be suitable for home-working? (usually one that requires a high degree of personal concentrated work with very limited interaction and can be done at home in isolation from colleagues);
- Require an office base?
- Require the need for the post holder to be 'face to face' with service users?
- Be effectively completed from home without detriment to overall objectives?
- Be suitable for measurement in terms of clear outcomes/outputs?
- If approve, have an impact on other team members, and have they been consulted?
- If so, have their views been taken into account?

Equipment and responsibilities

- Does the employee have adequate equipment and access to systems to carry out the work at home?
- Has the employee been made aware of individual responsibilities including insurance, security, health and safety?
- Are you able to provide a "hot desk" for the times when the employee will need to attend WAST premises?

Managing the Employee – Guidelines for Managers

Managers may be concerned about supervision of the home worker and their productivity. However, a planned and methodical approach can make the process simpler for both sides. You should:

- Set measurable, time defined objectives and regular opportunities for feedback.
- Not take communication for granted. The employee should make sure that they are on email distribution lists for all the projects they are working on. If you are having organisational or team meetings, it is essential to encourage home workers to attend as

often as possible or to phone in. You may choose to specify in their contracts how often they should attend these meetings, within reason.

- Remember that home workers may feel more isolated so consider how you can transfer that principle of information exchange with colleagues to home workers. In addition, managers should have regular meetings with the home worker to ensure that lone working and potential isolation is not contributing to any mental wellbeing issues.
- Use online resources such as the intranet, wherever possible, to keep home workers feeling involved.
- Consider introducing a buddy system so a colleague keeps in close touch with the home worker.

The greatest challenge to managing home workers are trust and discipline. When managing a home-working employee, remember;

- A trusted home worker will be much more productive than one who feels they are being watched all the time.
- If disciplinary issues do arise, treat them as you would any disciplinary issue.

A home worker is working in their home and they are entitled to an appropriate level of privacy. You cannot just drop round or keep phoning to check up on them. Appropriate time recording measures should be incorporated to ensure effective work hours are completed.

- Training and development must be handled in exactly the same way for home workers as on site staff. Performance development reviews should be regularly scheduled and it is usually best to arrange for meetings such as these to be conducted on WAST premises.

24. APPENDIX 4 – OCCASIONAL HOME-WORKING CERTIFICATION FORM

Occasional Home-working Certification Form

I confirm that my home-working environment will be safe and adequate for the purpose of occasional home-working and that I will take all steps necessary for safe working and a safe environment (including completion of Appendix 5).

I confirm that while using electrical equipment provided to me by the Welsh Ambulance Services for the purpose of occasional home-working, I will not overload any electrical extension cable or any single power point and that I will not work in a way that causes trailing cables from my work equipment to be a trip hazard.

I confirm that while working with DSE equipment, I will take suitable and sufficient breaks from keyboard work and will work using an appropriate chair and work surface.

I confirm that I will adhere to the Working Time Regulations.

I confirm compliance and adherence to the requirements of the Home-working policy & procedure and all associated, relevant workplace policies.

Employee's Name: Date:

Employee's Signature:

Please return completed and signed form to your manager

Date of Receipt of Appeal Request:

Manager Signature:

Manager Title (in full):

Date:

Appeal Meeting scheduled for (must be within 14 days of receipt of appeal request):

Appeal Decision Form

Date of Appeal Meeting:

Following our meeting on the above date attended

by.....

.....

.....

.....

.....

.....

I have considered your appeal against the decision to refuse your application to work from home.

Either:

I accept your appeal against the decision. I am therefore able to accommodate your original request to work from home as follows: (continue on a separate sheet if necessary)

I am unable to accommodate you original request. However, I am able to offer you an alternative solution which we have discussed and you agreed would be suitable for you, as follows:

I am sorry but I must reject your appeal on the following business ground(s);

The grounds apply in the circumstances because:

Start date of Home-working arrangements (if applicable):	
Manager Signature:	
Manager Name (in Full):	
Date:	

A copy of the completed form should be sent to the employee and the People Services Team

Please note there is no further right of appeal



**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	14 December 2023
People and Culture Committee Meeting Date	20 February 2024
Chair	Jason Killens

KEY ESCALATION AND DISCUSSION POINTS

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

1. No alerts from this meeting.

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

2. There was a separate meeting with Trade Union Partners to discuss the issues regarding the **EMS establishment** following presentations in August and October WASPT meetings. It was agreed that Emergency Ambulance lines would not be taken down in this instance, but that as a one off relief gap would be created. The logistics of how this will be done (by running vacant lines with or without overtime or a call line) would need to be reviewed by the technical group to ensure it could be financially supported. The Chief Ambulance Services Commissioner would be notified of the reasons the decision was taken and the rationale.
3. An update was provided on the WAST **Hive Survey**. The number of colleagues who responded to the survey was positive for the first survey and indicative of the support from Trade Union Partners. It provides a good baseline to work with and will be shared with Trade Union Partners and socialised with the organisation at the WAST Live on 18 December.
4. Members **reflected** there had been good and robust discussion.

Commented [TM(ASNT01): Lee, I wasn't sure if I captured this right

ASSURE
(Detail here any areas of assurance)



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5. The members received a report with the results of **air monitoring for diesel engine exhaust emissions** (DEEE) at seven Emergency Departments (EDs) in Wales, and the actions taken to reduce the exposure and the risk to staff. The monitoring found that the UK exposure limits for combustion gases and the best practice EU limit for elemental carbon (EC) were not breached when averaged over an eight-hour period. However, three samples exceeded the EU limit for EC and one sample exceeded the UK limit for CO₂ when extrapolated to a twelve-hour period. Risk assessments have been conducted at twelve EDs in collaboration with the Health Boards, Operational Teams and Trade Union Partners. These assessments identified the current and additional controls to limit the exposure to DEEE during hospital delays. As of 21 November 2023, 78% of the additional controls had been implemented. A tender specification for static monitoring devices at ED locations has been developed to enable continuous monitoring and escalation of actions.

The all-Wales Respiratory Health Surveillance SOP and the WAST Occupational Health Referral for Respiratory Concerns have been reviewed and found to meet the requirements to support staff with respiratory concerns related to DEEE. Independent advice from an expert in diesel fume exposure has confirmed that the Trust is taking all practicable and evidence-based steps to reduce the risk to staff.

A site specific remedial action plan has been developed and there are additional shorelines on a number of sites. Colleagues were asked to support the plans in place with their membership, noting that a reduction in handover delays would of course reduce or eliminate exposure. It was raised that keeping the vehicles charged will not alleviate the main issue which is from the heater exhaust. Road diesel particulates are also a concern

In addition to Datix entries and the trade union diesel register, a database is being developed to ensure there is an enduring record of locations and staff and their time on site. The Trust is also seeking to determine the information storage requirements to retain DEEE related reports from staff across information systems such as Datix, Occupational Health, and CAD. The issue of how Datix reports were being categorised i.e., as handover delay issues vs omission exposure was raised potentially skewing the numbers showing as related to this issue. Liam Williams recognised and understand that our people are concerned about their level of exposure and emphasised that the actions set out in the paper were being taken regardless of the number of Datix concerns raised. All agreed that exposure to the omissions was deeply unpleasant for our people, our patients and ED staff.

The meeting discussed additional actions that could be put in place or considered including:

- Internal heaters;
- Fume extraction;
- Issue of a detailed bulletin to staff in January setting out what has been done and further actions, as well as clarity on route to reporting, and also talk to this at the WAST Live on 24 January;
- Where liability sits i.e. with WAST, with the Health Boards or jointly; and



- Lee Brooks to chase the Chief Operating Officer at Morriston regarding the use of the upper car park by WAST where appropriate.

Concerns were raised about the unknown long-term effects of exposure to DEEE on members. In response, it was confirmed that occupational health is providing clear pathways for colleagues, including full respiratory assessments where appropriate. However, proactive health surveillance, such as spirometry, is not being offered in line with expert opinion.

6. The **Infection Prevention and Control Policy** had been to the Policy Group and there had been an objection by Trade Union Partners to the inclusion of a statement allowing staff to carry snacks and drinks in the front of the vehicle. This item was taken as an AOB at this WASPT meeting with the agreement of the co-chairs.

There were concerns raised that allowing staff to carry snacks and drinks in the front of the vehicle, as stated in the policy, would breach the agreement made during industrial action not to change working conditions regarding rest breaks. However, Jason Killens and Liam Williams clarified that the intention was not to breach the agreement, but rather to legitimize what staff were already doing in a safe manner within the IPC environment. Without this statement, staff would be in violation of the policy, potentially leading to management action, which neither management nor Trade Union Partners wanted.

It was agreed to remove the statement from the policy and include it in another document (potentially a SOP) to enable this critical policy to be approved. Trade Union Partners sought further comfort that this would not affect rest breaks and Jason Killens offered to write a letter of comfort to Trade Union Partners confirming that our intent is not to breach the agreement on no changes to these working conditions.

A number of other issues related to IPC were discussed including recent IPC audits, spot audits, and PPE bags. Liam Williams agreed to take away actions to report back on these at the next meeting.

7. An update was provided on progress against the **actions agreed in partnership with ACAS** in 2022 and developing work with agreed target dates ranging with completion from September 2023 to June 2024. Good partnership working was noted here and agreed actions are as follows:

- Complete move to WASPT and substructure, noting that is now complete and operational.
- Workshop session on best practice (will inform partnership principles)
- Develop partnership principles to support partnership statement
- Redevelopment partnership statement
- Develop TU session for WAST warm welcome
- Rolling programme of Working Together sessions for managers and TU reps
- Develop mentoring, coaching and shadowing programme to share perspectives and experiences



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- Post-meeting reviews
- Develop consultation sheet for managers/TUPs

The update outlined the plan to hold two sessions for different levels of leadership and TU partners to improve partnership working, with the first session scheduled for February 2024 and the follow-up sessions in March 2024. The partnership statement has been reviewed and TU Partners will be invited to share their views and comments in a meeting in December 2023. A standard agenda item to review meeting engagement and experience has been implemented in Corporate Partnership Forum and will be added to other meeting structures. The update also notes that a joint Insights session with TU Partners, ELT members, and some ADLT members was held in November 2023, which helped them gain an understanding of preferred work styles and create a space for positive and open conversations.

8. The **Senior Leadership Team/Trade Union (SLT/TU)** met on 24 November 2023 and members were updated on the following discussions:
 - Quality and support days will look at a range of issues such as compliance with WAST uniform policy, IPC guidelines, correct use of equipment on vehicles, tyre pressure monitoring systems as well as use of seat belts and restraints. Trade Union Partners were thanked for their support for this initiative and feedback so far has been positive with good seat belt and restraint compliance reported.
 - The meeting was briefed on the role of the Community Wellbeing Responders, who attend low acuity calls and conduct welfare checks as part of the Connected Support Cymru project. Trade Union Partners will join the project group moving this forward.
 - The meeting was updated on the progress of addressing the issues related to Clinical Support Desk culture. These are felt to be individual rather than broader cultural issues and the SLT/TU will be updated at the next meeting as to whether this can now be dealt with in the Local Partnership Forum. Members of WASPT discussed this further and it was agreed that there had been some confusion on what was required and that details of any systemic cultural issues will now be sent to Steve Clinton so there is clarity on what is to be addressed. Additionally, a specific Hive survey or the recently introduced cultural tools may also support the teams.
 - **North EMS C / NEPTS Estate:** The meeting reported on the decision to relocate the North EMS C and NEPTS staff to Ty Elwy, and the challenges of engaging with the affected staff.
9. The **Corporate Partnership Forum** met on 30 October and 29 November and members were updated on the following discussions: Positive and good quality conversations.
 - Industrial injuries update: The report provides data on the number and approval of industrial injury cases and appeals, and the legal advice received from the Legal and Risk team. It also addresses the concerns raised by TU partners about the delays and quality of the process. The introduction of bitesize training and guidance notes for managers, the resolution of all outstanding stage II appeals, and the sharing of additional data on the time to process claims and appeals was covered.
 - Freedom to speak update: The report informs about the HIVE survey, the role of the Guardian, the feedback to ELT, and the business case for a full-time guardian. It also highlights the need to support managers where people have spoken up.



- People and Culture plan update: The report outlines the current themes of work under the People and Culture plan, such as sexual safety, compassionate practices, sickness absence, digital capability and flexible working. It also notes the Trade Union partners' request for guidance on how to process flexible working requests.
- Admin Review Recommendations update: Recommendations from the Admin Review report had been sent to ADLT, who were preparing a management response and a plan for implementation. Staff will be offered support, learning and development, and involvement in improving systems and processes.
- Deferred items: The report mentions that some items on the agenda were deferred to the next meeting due to some colleagues being unable to attend or having to leave early. These items were flexible working project, Hive survey, and QSPE.
- Culture tool kit was discussed as a tool that can help managers diagnose the culture health within their teams and empower them in their roles. The tool kit is currently being piloted with operational teams and some CPF members also expressed interest in participating.
- IMTP and service review: The IMTP team has conducted a PESTLE analysis, collected feedback from the CEO roadshows, and scheduled a workshop in January with Trade Union representation. The service review team has established a project team with Trade Union representation, sent out data packs and collection tools to departments, and developed coms and FAQs.

RISKS

Risks Discussed: No formal risks discussed from the risk register.

New Risks Identified: No new risks identified.

COMMITTEE AGENDA FOR MEETING

EMS Establishment	Diesel Fumes update	ACAS Actions Update
SLT TU AAA report	Corporate Forum AA report	

COMMITTEE ATTENDANCE

Name	13 April 2023	14 June 2023	30 August 2023	12 October 2023	15 December 2023	19 February 2023
Joint Chairs						
Jason Killens	Chair	Part meeting	Chair	Until 11am	Chair	
Mark Marsden (Unison)		Chair		Chair		
Management Representatives						
Angela Lewis						
Lee Brooks				Mark Harris		
Rachel Marsh	Alex Crawford					
Chris Turley						
Andy Swinburn			Part meeting			
Estelle Hitchon						
Trish Mills						
Trade Union Representatives						
Unite representative	Paul Seppman	Paul Seppman	Paul Seppman		Paul Seppman	



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COMMITTEE ATTENDANCE						
Name	13 April 2023	14 June 2023	30 August 2023	12 October 2023	15 December 2023	19 February 2023
Unite representative	Hugh Parry		Hugh Parry	Hugh Parry		
Unite representative	Christian Fox Carl Jones	Christian Fox	Christian Fox		Christian Fox	
GMB representative	Sharon Thorpe	Sharon Thorpe		Ian James		
GMB representative	Maldwyn Jones	John Phillips	Maldwyn Jones		Maldwyn Jones	
GMB representative	Marcus Viggers	Marcus Viggers		Marcus Viggers	Marcus Viggers	
Unison representative	Rob Morgan	Henry Garrard	Henry Garrard	Henry Garrard	Henry Garrard	
Unison representative	Bethan Williams	Bethan Williams		Bethan Williams	Bethan Williams	
Unison representative	Damon Turner	Damon Turner	Damon Turner	Damon Turner	Keith Rodgers	
RCN representative						
RCN representative						
RCN representative						

	Attended
	Deputy attended
	Apologies received
	No longer member/Not member



AGENDA ITEM No	XX
OPEN or CLOSED	Open
No of ANNEXES	1

Committee Cycle Monitoring Report

MEETING	People and Culture Committee
DATE	20 February 2024
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the agreed cycle of business for the Committee. There are some matters of business where the reporting is still developing.
2. The usual Committee update regarding progress against priorities for 2023/24 has been included in the annual Committee effectiveness review paper received separately at this meeting.

RECOMMENDATION

3. **The Committee is asked to note the update.**

KEY ISSUES/IMPLICATIONS

No issues to raise.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

None.

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

COMMITTEE CYCLE MONITORING REPORT

SITUATION

4. This report updates the Committee on progress against the agreed cycles of business. The usual Committee update regarding progress against priorities for 2023/24 has been included the annual Committee effectiveness review paper received separately at this meeting.

BACKGROUND

5. The Committee's cycle of business was approved by the Committee in May 2023. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.
6. The monitoring report is at Annex 1. Items in green show they are cycled for a particular meeting. Items in beige indicate they are a prompt at agenda setting as they may be ad hoc items such as business cases or external reports. The blue indicates that the item is either on the agenda as scheduled or is an ad hoc item which was discussed in agenda setting.

ASSESSMENT

7. There remain areas of reporting that are being developed which include:
 - (a) The Speaking Up Safely Report;
 - (b) The reporting on the Welsh Language Standards;
 - (c) Health and Care Standards (people and culture elements).

RECOMMENDATION

8. The Committee is asked to note the update.

PAPER	PRE C'EE FORUM	FREQUENCY	Q1 May	Q2 Aug	Q3 Nov	Q4 Feb	LEAD	PURPOSE	
PEOPLE AND CULTURE COMMITTEE - CYCLE OF BUSINESS 2023/24									
See full cycle of business for reference to the duties in the terms of reference as they relate to Committee reports below									
MAIN ELEMENTS									
People and Culture C'ee elements of IMTP	STB	Annually					DPC	Endorsement	Presented in Q3 along with workforce model for IMTP; requested to return for Q4.
IMTP exception reporting	STB	Ad Hoc					Relevant Director	Assurance	
MIQPR review for people and culture metrics	FPC	Annually					EDSPP	Endorsement	
Committee-specific KPIs review of metrics	TBC	Annually					DPC	Approval	P&C Plan metrics agreed Q2; P&C Plan metrics update inc. cultural themes and priorities for 24/25 programmed in Q4.
MIQPR	EMT	Quarterly					EDSPP	Assurance	
Committee-specific KPIS	TBC	Quarterly					DPC	Assurance	
Suspensions over 4 months report	TBC	Quarterly					DPC	Assurance	
Cultural Themes and Trends	TBC	Bi-annually					DPC	Assurance	First report presented in Q2 then in Q4; to include in the 24/25 CoB in line with this schedule of reporting.
End of Season Flu Campaign Report	CQGG	Annually					DP	Assurance	End of season flu report presented in Q1
Health and Safety Report	NH&S C'ee	Quarterly					EDQN	Assurance	Request by LW to defer for Q4 - next update to be received in Q1 24/25.
Revalidation and registration report	N/A	Annually					EDQN & DP	Assurance	Report in Q3
Gender pay gap report	TBC	Annually					DPC	Assurance	Q4 is the 2022/23 report. The 2023/24 report to come to Q2 in 2024
Annual Equality Report	TBC	Annually					DPC	Assurance	Q4 is the 2022/23 report. The 2023/24 report to come to Q2 in 2024
Health and care standards	TBC	TBC					DPC	Assurance	
Staff Story	N/A	Quarterly					DPC	Discussion	
Staff Story updates	None	Quarterly					DPC	Assurance	N/A for Aug meeting - this was presented as spotlight in May
NHS Staff survey and action plan	EMT	Annually					DPC	Assurance	Staff survey live in September. Full report in Q4 meeting; Deferred from Q4 as results not available.
WAST pulse surveys and action plans	EMT	Ad Hoc					DPC	Assurance	None for Q2; update in Q3 on [topic TBC]. None for Q4.
Speaking Up Safely Report	TBC	TBC					DPC	Assurance	Q1 update provided; Q3 update in Director report
Report on Anti-racist Wales Action Plan	TBC	TBC					DPC	Assurance	Q1 update provided; not inc. in Q3 equality objectives; Anti-racist Wales Action Plan programmed for Q4.
Reporting on Welsh Language Standards	WLAG	Bi-annually					BS	Assurance	Q1 framework (not standards) report; Q2 annual report presented; not inc. in Q3 equality objectives; not programmed in Q4.
Welsh language annual report	WLAG/EMT	Annually					BS	Endorsement	Presented in Q2
WASPT AAA report	WASPT	Quarterly					DPC	Assure/Escalate	
Partnership Agreements	WASPT	Ad Hoc					DPC	Endorsement	No TU partnerships agreements for Q2, Q3 or Q4.
Partnerships & Engagement Report	TBC	Bi-annually					DPE	Assurance	Engagement Framework Delivery Plan received in Q3.
Partnership Agreements	EMT	Ad Hoc					DPE	Review	No partnerships agreements for Q2, Q3 or Q4.
NHS Workforce Model	Workforce Planning Grp	TBC					DPC	Endorse	No paper for Q2, Q3 or Q4.
Workforce Plan aligned to IMTP	Workforce Planning Grp	Annually					DPC	Endorse	No NHS workforce model reporting for Q2; TBC if in 24-27 IMTP update in Q3; update programmed for receipt in Q4.
Report from policy group	Policy Group	Annually					BS	Assurance	Presented in Q2; full Policy Report only going to Audit Committee as of Q2.
Policies for review and approval	Policy Group/EMT	Ad Hoc					Various	Approval	No policies for review and approval for Q1 or Q2; H&S Policy to be received Q3 Flexible Working Policy in Q4
Board Assurance Framework	Board	Quarterly					BS	Assurance	
Corporate Risk Register - People and culture	Board	Quarterly					BS	Assurance	
Audit Recommendation Tracker	ADLT	Quarterly					BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc					Relevant Director	Assurance	
Operational Update	N/A	Quarterly					EDO	Information	
P&C Update	N/A	Quarterly					DPC	Information	
GOVERNANCE									
Committee effectiveness review annual report	Audit/Board	Annually					BS	Approval	Programmed for Q4.
Review of Terms of Reference	Audit/Board	Annually					BS	Approval	Programmed for Q4.
Committee Cycle of Business annual refresh	N/A	Annually					BS	Approval	Will be received in Q1 24/25.
Committee Cycle of Business monthly review	N/A	Quarterly					BS	Review	Programmed for all quarters.
Committee Review of Annual Priorities	N/A	Quarterly					BS	Review	EDI objectives; speaking up safely; people and culture plan; programmed for Q4.
SUB-GROUPS									
Where applicable	N/A	Ad Hoc					N/A	N/A	
PROMPTS									
Relevant External Reports	N/A	Ad Hoc					Various	Assurance	

DPP = Director of People & Culture
EDO = Executive Director of Operations
EDQN = Executive Director of Quality and Nursing
DPE = Director of Partnerships and Engagement
DP = Director of Paramedicine
BS = Board Secretary

Cycled for each meeting
 Ad hoc item - prompt for agenda setting
 Presented as cycled/ad hoc item considered at agenda setting
 Deferred
 Reporting developing
Denotes this item refers to a Committee Priority