

Bundle People and Culture (Open Session) 14 March 2023

Agenda attachments

ITEM 0 PCC OPEN - Agenda - 14 March 2023.docx

- 1 Chair's Welcome, apologies, and confirmation of quorum - Verbal (PH)
- 2 Declarations of Interest - Verbal (PH)
- 3 Minutes of last meeting - Paper (PH)
ITEM 3 OPEN P and C mins 29 November 2022.docx
- 4 09:30 - Action Log - Paper (PH)
ITEM 4 OPEN People and Culture Action and Decisions Log.xlsx
- 5 09:35 - Director of Workforce and OD Update - Paper (AL)
ITEM 5 PCC Director Update March 2023.pdf
- 6 09:45 - Operations Quarterly Report - Paper
ITEM 6 Operations Quarterly Report for Committees 22-23 Q3.docx
- 7 09:55 - Staff Story - Verbal (AL)
- 8 Sexism and Sexual Safety at Work Update - Presentation (AL)
ITEM 8 Sexual Safety - Update on Survey (1).pdf
- 9 Speaking Up Safely Update - Paper (TM)
ITEM 9 SBAR for PCC on Speaking Up Safely - Mar 23.docx
- 10 10:35 - People and Culture 2023-26 IMTP deliverables - Presentation (AL)
ITEM 10 IMTP People and Culture Slides 14.03.2023.pdf
- 10.1 10:50 - Comfort Break
- 11 11:00 - WASPT Advisory Group Highlight Report - Paper (TM)
ITEM 11 WASPT AAA Report following 25 January 2023 meeting.docx
- 12 11:10 - Corporate Risk Register & Board Assurance Framework - Paper (TM)
ITEM 12 Risk Management Report People and Culture Committee March 2023.docx
- 13 11:20 - Improving Attendance Project Progress Update and Internal Audit Review on Attendance Management - Presentation (LR)
ITEM 13 Improving Attendance Presentation P&C Committee 14.03.2023.pdf
ITEM 13.1 Internal Audit of Managing Attendance 14.03.23.pdf
- 14 11:30 - Monthly Integrated Quality and Performance Report -Paper (AC)
ITEM 14 MIQPR SBAR PCC January 2023 .docx final.docx
ITEM 14.1 Annex 1 MIQPR PCC January 2023.pptx FINAL.pdf
- 15 11:40 - Workforce Performance Scorecard Report - Verbal (AL)
- 16 11:50 - Annual Equality Report - Paper (AL)
ITEM 16 Annual Equality Report 20222023-Equality Monitoring Report 2021-2022.pdf
ITEM 16.1 Gender Pay Gap 2022.pdf
- 17 12:00 - Annual Committee Effectiveness Review & Annual Report - Paper (TM)
ITEM 17 PCC Effectiveness Review SBAR 22-23.docx
ITEM 17.1 PCC 2022-23 - Results (1).pptx
ITEM 17.2 PCC Draft Annual Report 2022-23.docx
ITEM 17.3 DRAFT People and Culture Committee TOR Draft 23-24.docx
- 18 12:15 - Health and Safety Update - Paper
ITEM 18 Q3 2022-2023 Health and Safety Performance Report - PCC March 2023.docx
ITEM 18.1 Appdx 1 - RIDDOR Poster.docx
ITEM 18.2 Appdx 2 - Statutory and Mandatory Training Compliance.pdf
ITEM 18.3 Appdx 3 - Fume poster.docx

ITEM 18.4 Appdx 4 - H&S Newsletter-December 22.pdf

ITEM 18.5 Appdx 5 - Health Safety and VA Q3 2022 Report.pdf

ITEM 18.6 Appdx 6 - EMT H&S Committee AAA Report - 1.02.2023.docx

19 12:25 - Internal Audit:

19.1 Audit Tracker - Paper (JB)

ITEM 19.1 Executive Summary PCC audit tracker March.docx

19.2 Internal Audits Review - Verbal (AL)

20 12:35 - People and Culture Committee Highlight Report

ITEM 20 People and Culture Committee Highlight Report Nov 2022.docx

21 Summary of Actions & Decisions, and Reflection - Verbal (PH)

22 Issues to be raised at Board - Verbal (PH)

23 Any Other Business - Verbal (PH)

24 Date of next meeting: 9th May 2023 - Verbal (PH)



OPEN MEETING OF THE PEOPLE AND CULTURE COMMITTEE

Held on Tuesday 14 March 2023 from 09.30 to 13.00

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	5 mins
2.	Declarations of Interest	To State Conflicts	Paul Hollard	Verbal	
3.	Minutes of last meeting	Approval	Paul Hollard	Paper	
4.	Action Log	Review	Paul Hollard	Paper	
5.	Director of Workforce and OD Update	Information	Angie Lewis	Paper	10 mins
6.	Operations Quarterly Report	Information	Lee Brooks	Paper	10 mins
ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION					
7.	Staff Story	Discussion	Angie Lewis (Bron Rebelo)	Presentati on	40 mins
8.	Sexism and Sexual Safety at Work Update	Discussion	Angie Lewis	Presentati on	
9.	Speaking Up Safely Update	Information	Trish Mills	Paper	
10.	People and Culture 2023-26 IMTP deliverables	Discussion	Angie Lewis	Presentati on	15 mins
COMFORT BREAK – 10 MINS					
11.	WASPT Advisory Group Highlight Report	Assurance	Trish Mills	Paper	10 mins
12.	Corporate Risk Register & Board Assurance Framework	Assurance	Trish Mills	Paper	10 mins
13.	Improving Attendance Project Progress Update and Internal Audit Review on Attendance Management	Assurance	Liz Rogers	Presentati on	10 mins
14.	Monthly Integrated Quality and Performance Report	Assurance	Alex Crawford	Paper	10 mins
15.	Workforce Performance Scorecard Report	Information	Angie Lewis	Verbal	10 mins
16.	Annual Equality Report	Assurance	Angie Lewis	Paper	10 mins
17.	Annual Committee Effectiveness Review Report	Assurance / Endorsement	Trish Mills	Paper	15 mins
18.	Health and Safety Update	Assurance	Liam Williams	Paper	10 mins



19.	Internal Audit: 19.1. Audit Tracker 19.2. Internal Audits Review	Assurance Assurance	Julie Boalch Angie Lewis	Paper Verbal	10 mins
CLOSING ITEMS					
20.	People and Culture Committee Highlight Report	Information	Trish Mills	Paper	
21.	Summary of Actions & Decisions, and Reflection	Discussion	Paul Hollard	Verbal	
22.	Issues to be raised at Board	Discussion	Paul Hollard	Verbal	5 mins
23.	Any Other Business	Discussion	Paul Hollard	Verbal	
24.	Date of next meeting: <i>9th May 2023</i>	Information	Paul Hollard	Verbal	

Lead Presenters

Name	Position
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning
Paul Hollard	Committee Chair and Non-Executive Director
Angie Lewis	Director of Workforce & OD
Trish Mills	Board Secretary
Liz Rogers	Deputy Director of Workforce & OD
Liam Williams	Executive Director of Quality and Nursing

**UNCONFIRMED MINUTES OF THE PEOPLE AND CULTURE COMMITTEE
 MEETING (OPEN SESSION) HELD REMOTELY VIA MICROSOFT TEAMS ON
 29 NOVEMBER 2022**

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non-Executive Director and Chair
Julie Boalch	Head of Risk and Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Alex Crawford	Assistant Director of Planning
Sarah Davies	Workforce and OD Business Manager
Colin Dennis	Trust Board Chair
Bethan Evans	Non-Executive Director
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Estelle Hitchon	Director of Partnerships and Engagement
Melfyn Hughes	Welsh Language Services Manager
Ian James	Trade Union Partner
Jo Kelso	National Ambulance Training College
Angie Lewis	Director of Workforce and OD
Trish Mills	Board Secretary
Donna Morgan	NWSSP Audit and Assurance
Alex Payne	Corporate Governance Manager
Jeff Prescott	Corporate Governance Officer
Liz Rogers	Deputy Director of Workforce and OD
Joga Singh	Non-Executive Director
Graham Stockford	Head of Health and Safety
Andy Swinburn	Director of Paramedicine
Faz Tahir	OD Project Manager
Chris Turley	Executive Director of Finance and Corporate Resources
Damon Turner	Trade Union Partner
Liam Williams	Executive Director of Quality and Nursing

APOLOGIES:

Hannah Rowan	Non-Executive Director
Angela Roberts	Trade Union Partner

65/22 WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed all to the meeting of the People and Culture Committee and advised that the meeting was being audio recorded. Apologies were recorded from Hannah Rowan and Angela Roberts.

66/22 DECLARATIONS OF INTEREST

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

RESOLVED: That no new declarations were received.

67/22 MINUTES OF PREVIOUS MEETING AND ACTION LOG

The Minutes of the Open meeting held on 05 September 2022 were considered and agreed as a correct record. The Action log was considered, reviewed and updated.

RESOLVED: That the Minutes of the meeting held on 05 September 2022 were AGREED.

68/22 DIRECTOR OF WORKFORCE & OD UPDATE

Angie Lewis gave an update on recent developments within the Workforce and Organisational Development Directorate. Members heard that following her first three months in post, she had enjoyed getting to grips with the role and had benefitted greatly from the Staff Roadshows where she had been able to reach around 500 colleagues.

Other highlights brought to the Committee's attention included updates on recruitment, which had continued at pace; with plans to deliver an additional 100 full-time equivalent staff by the end of January 2023. The recruitment was complimented by the associated training for new and existing staff, including Leadership training. In addition, the Trust had launched the Sexual Safety Survey and shared initial findings at CEO Roadshows to begin raising awareness of the problem, representing a key cultural change for the Trust. Finally, Members were informed about the Financial Wellbeing support which had been discussed at every Warm WAST Welcome session, recognising how pertinent this was to staff during the current cost of living crisis.

Members received the update and commented on the range of initiatives and work which had been undertaken. Members welcomed the financial wellbeing support which was being offered to staff, particularly now that financial pressures were increasing. Members then queried whether anything could be done to streamline the recruitment process in order to bring in new staff to the organisation more quickly. Angie Lewis confirmed that while everything was being done to simplify and streamline the process, it was also important to recognise that a period of due diligence would always be required to ensure that proper checks were in place and that the Trust did not recruit unsuitable candidates.

RESOLVED: That the update was NOTED.

69/22 OPERATIONS QUARTERLY REPORT

Lee Brooks introduced the Operations Quarterly Report as read and invited any comments or questions from Members, noting that colleagues and Committee Members had already had sight of the report at previous Committee meetings.

Members acknowledged having sight of the report at previous committee meetings. Members then raised a query around the recruitment and retention of staff, noting that in particular, Emergency Medical Dispatcher (EMD) recruitment and retention had been an issue for some time. Lee Brooks commented that the retention of staff remained an issue, especially within the EMD role. This area of difficulty had been noted in the report and steps were being taken to try and address the issue. These included the roster review, the additional recruitment of staff and a paper which had also been prepared for the Executive Management Team (EMT) to consider ways of retaining staff.

RESOLVED: That the update was NOTED.

70/22 STAFF STORY

Faz Tahir gave an account of his experiences of discrimination and the challenges he had faced throughout his life. Members heard how he had been subjected to inappropriate comments about the colour of his skin as well as openly racist comments about his appearance and faith.

While these experiences were largely isolated, the effects had been long lasting and had even resulted in him being treated differently to non-Muslims. Faz Tahir gave several examples and explained the depth of feeling these experiences had invoked. It was noted that while most of these incidents had taken place outside of work, there had still been rare occasions where he had been subjected to racism and inequality within the workplace.

Faz Tahir then spoke about the importance of his faith and the barriers which he had encountered throughout his life when it came to practicing his religion. These included difficulties in finding a suitable place to pray, as well as a lack of understanding from others about the importance of doing so, particularly when this was a fundamental part of his religion and something he would do five times per day.

Members thanked Faz Tahir for sharing his story with the Committee, noting how difficult it had been for him to openly discuss his experiences, thoughts and emotions with colleagues. Members observed how the account of the experiences had made them really stop, think and consider the impact that these must have had. Members also questioned whether more could be done to illuminate any future instances or experiences of racism and discrimination for other colleagues within the Trust, regardless of their faith, race or any other factors. It was observed that a number of anti-racism actions had been agreed with a focus on work to address equality, diversity and inclusion continuing throughout the organisation.

RESOLVED: That the staff story was NOTED.

PEOPLE PLAN AND IMTP DELIVERABLES

Angie Lewis introduced the People Plan and IMTP deliverables. The purpose of the report was to highlight key progress made against the 'Being Our Best: Our People and Culture Strategy 2019-2022'. The report also considered where the Trust was now, based on the current landscape, and the key areas of focus for the Trust's new People and Culture Plan for 2023 -2026.

Members heard how the People and Culture Plan for 2023 -2026 was based around the concept of the '3Cs', building the organisation's Culture, Capacity and Capability within the context of creating Autonomy, Belonging and Competence (ABC); which were the three psychological needs to grow motivation and enable better handling of stress.

In addition, the report also provided an early indication of the Trust's intended areas of focus for the 2023 IMTP and highlighted key actions required in relation to the organisation's Equality Diversity and Inclusion (EDI) agenda, specifically in relation to the Wales Anti-Racist Action Plan.

Dr Catherine Goodwin then discussed the Wales Anti-Racist Action plan in more detail, explaining that the purpose of the Plan was to make a measurable change to the lives of ethnic minority people by tackling racism. The Plan was intended to guide Welsh Government, the public sector and other sectors which Welsh Government can influence.

The plan was based on the values of being open and transparent, rights-based and putting lived experience at the heart of all Welsh Government activities. Members were informed that these activities would form part of the Trust's overall EDI agenda and would be reflected within the People and Culture Plan and IMTP Deliverables. It was noted the the EDI agenda was the golden thread which ran through the heart of all activities and concepts which were discussed as part of the People Plan.

Members received the report and welcomed the concept of the '3Cs', as well as the work around Autonomy, Belonging and Competence. Members also noted the important changes being sought under the Wales Anti-Racist Plan and acknowledged the challenges of now incorporating these values and concepts into the organisation.

RESOLVED: That

- 1. the proposed areas of focus for the Trust's People and Culture Plan were COMMENTED on and NOTED.**
- 2. the proposed IMTP priorities were COMMENTED on and NOTED.**
- 3. the Wales Anti-Racist Action Plan was NOTED and SUPPORTED.**

CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Julie Boalch gave a report on Corporate Risk Register and the Board Assurance Framework (BAF). The purpose of the report was to provide assurance in respect of the management of the Trust's principal risks, specifically the 6 risks that were relevant to Committee's remit, and additionally the Trust's 2 highest scoring risks which were assigned to Quality, Patient Experience and Safety Committee for oversight. The BAF provided the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls, where applicable.

Members were asked to note the inclusion of two new risks on the Register. These were Risk 557 (Potential impact on services as a result of Industrial Action) and Risk 558 (Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences). The report also advised that Risk 199 had been reduced from a risk score 20 to 15, having undergone a significant review which was approved by the EMT in August 2022 and reported to Trust Board in September 2022.

In addition, Members were asked to review the BAF and to note that the actions, which were contained in the July 2022 Board paper on avoidable harm and outlined at the last meeting, had been included in the action section of the BAF for the Trust's highest scoring risks - 223 and 224 - which were both rated 25. These actions sought to mitigate in real time, avoidable harm in the context of extreme and sustained pressure across the urgent and emergency care service.

Members received the report and discussed the recommendations. No further questions or queries were raised.

RESOLVED: That

- 1. the risks relevant to Committee were DISCUSSED. The Committee ACCEPTED the status of the corporate risks assigned for it to oversee the management of – risk 160, 201, 199 and 163.**
- 2. the inclusion of the new Risk 557 on the Corporate Risk Register at a score of 16 was NOTED.**
- 3. the inclusion of the new Risk 558 on the Corporate Risk Register at a score of 15 was NOTED.**
- 4. the decrease in score of Risk 199 from 20 to 15 was NOTED.**
- 5. the Board Assurance Framework was REVIEWED.**

WASPT ADVISORY GROUP UPDATE

Trish Mills gave a brief overview of the first formal meeting of the reconstituted Welsh Ambulance Service Partnership Team (WASPT), which was held on 15 November 2022. The report noted that The Terms of Reference had been revised and were available for review and endorsement by the People and Culture

Committee with a recommendation to the Trust Board for their approval at the next meeting being held on 26 January 2023.

Trish Mills advised Members of the key outcomes from the meeting. These included Local partnership forums being established in the sub-structure to deal with local tactical/operational matters, with WASPT focusing on strategic issues. WASPT meetings would take place bi-monthly for the first four meetings with the intention that they would be held quarterly thereafter.

Finally, the Standing Orders provided that the main link with the WASPT group and the Board was through its executive members. However, it was felt that reporting formally to the People and Culture Committee would be more effective, and aligns with the Committee's responsibility to provide advice and assurance to the Board on all matters relating to partnerships and engagement, including but not limited to Trade Unions.

Members received the update and welcomed the partnership working which the WASPT group provided, particularly as the Trust headed into a period of uncertainty around industrial action, coupled with the anticipated winter pressures.

RESOLVED: That

- 1. the WASPT Advisory Group update was NOTED.**
- 2. The revised terms of reference for the group were ENDORSED.**

74/22

IMPROVING ATTENDANCE PROJECT – PROGRESS UPDATE

Liz Rogers gave an update on sickness absence levels which were recognised as a significant issue in the Trust. To address the levels, an Improving Attendance Project Plan had been developed and was being delivered into the organisation by a joint team from Workforce and OD and Operations.

The report was presented as read with Liz Rogers only identifying key points and figures relating to sickness absence. This included an update on figures for October, which were higher than September at 9.53%. It was noted that the Trust had seen an increase in Covid absences compared to September which accounted in part for the increase. However, overall the Trust had seen a reducing trend across short and long term sickness.

Long term sickness absence since April had reduced from 6.18% to 5.60% in September, with short term sickness in August being as low as 3.03%, with a slight increase to 3.09% in September. In addition, the improving attendance project had recently been the subject of an internal audit review by NWSSP colleagues. The draft report had been shared and gave a rating of reasonable assurance along with some helpful recommendations for further improvement, which could be implemented.

Members received the report and welcomed the trend in reduced sickness absence across the Trust. Members also noted the rating of 'Reasonable Assurance' following the recent internal audit review, and commented that the rating showed the Trust was on the correct path and the project was having the desired effect on sickness absence levels.

RESOLVED: That

- 1. the data reported in the accompanying PowerPoint deck was COMMENTED on and NOTED.**
- 2. the contents of the report were COMMENTED on and NOTED.**

75/22

HEALTH AND SAFETY UPDATE

Graham Stockford provided an update to the Committee on key information in relation to health and safety performance over the period of 1 July - 30 September 2022. The report also provided an overview of discussions at the National Health and Safety Committee held on the 2 November 2022. Members were asked to give their attention to a number of key issues including:

- The reporting of incidents under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 to the Health and Safety Executive (HSE) continued to be a challenge with timely reporting due to information provided by handlers. Weekly Incident Meetings continued to be undertaken by the health and safety function to identify potential incidents for RIDDOR reporting. RIDDOR compliance metrics were to be presented at relevant Business Meetings for monitoring and further scrutiny.
- The report contained incident data as of 11 October 2022. However, this may have changed since that date due to quality assurance checks by the DATIX Team. Additionally, incidents had been, or were being reported late as staff continued to become familiarised with the new system. Weekly Incident Meetings were undertaken within the health and safety function to review coding and amend accordingly.
- Fume monitoring undertaken at three Emergency Departments in Quarter 4, 2021 and Quarter 1, 2022 had given assurance that diesel fumes had not exceeded the Workplace Exposure Limit (WEL) at the time the Surveys were undertaken. However, work was being undertaken within the function with costs sought for further monitoring.

Members received the report and noted the issues raised within. Trade Union partners emphasised the importance of continued monitoring of diesel fumes outside of Emergency Departments.

RESOLVED: That the key issues from the update were NOTED.

76/22

ENGAGEMENT FRAMEWORK DELIVERY PLAN

Estelle Hitchon gave a presentation on the Engagement Framework Delivery Plan. The Trust Board had previously approved the framework in July 2022, with the delivery plan now due to be considered by the Board in January 2023.

A paper had subsequently been submitted to the Board of Community Health Councils (CHC's) service planning committee with feedback suggesting that an engagement period of approximately 12 weeks would be required.

Members were informed that as the Welsh Ambulance Service was a commissioned service, it was extremely important that commissioners from all areas supported the delivery plan in principle, and were fully briefed prior to public engagement.

Members received the presentation and noted the large amount of work which lay ahead if the Trust was to successfully engage with partners, commissioners and the general public. It was noted that this would require a dedicated team, capable of making the plan as clear as possible and to aid in the understanding of the improvements and benefits that this would ultimately bring to the wider healthcare system. Members also emphasised the importance of being able to demonstrate a solid evidence base which clearly showed the rationale and the proven benefits of 'inverting the triangle' and changing the way in which the service is delivered.

RESOLVED: That Engagement Framework delivery plan was NOTED.

77/22

MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT, INCLUDING TURNOVER DEEP DIVE AND WELLBEING DEEP DIVE

Alex Crawford presented the Monthly Integrated Quality and Performance Report (MIQPR) as read, given that the report had previously been seen by other committees as well as going to Trust Board. No further queries or questions were raised by Members regarding the MIQPR as these have previously been asked at the preceding meetings.

Liz Rogers then updated Members on the deep dive into Turnover. The report was also presented as read with only key points being highlighted for the Committee's attention. The deep dive had shown the limitations of the data held on why people had chosen to leave the Trust, and the need for a review of the process for exit interviews.

Members were informed that work had already begun on reviewing the process to better suit organisational needs. The changes would be piloted to test the suitability of the process and also get feedback from managers and leavers on what worked, what didn't work, and what was missing. In addition, it was observed that currently, there was an exit interview policy. However, as a part of the review, it was recommended that this should be a process rather than a policy.

Dr Catherine Goodwin gave a presentation on the Wellbeing deep dive. The deep dive showed that the organisation was achieving its ambition of moving from a reactive occupational health service to a more reactive service with good outcomes in terms of first appointments being offered, returns to work and turnaround times.

The Occupation Health and Wellbeing service had also increased its profile across the Trust with more people now recognising what the service offered in terms of support as well as how to access those services. Members were also informed about the official launch of the The Ambulance Staff Charity (TASC) Crisis Line which was available to both staff and managers. The TASC crisis line would offer 24 hour support to staff who were at crisis point with support being provided by trained counsellors who understood the ambulance service.

Members received the presentation and recognised the important role being played by the Occupational Health and Wellbeing service. Members commented on the changes being implemented and welcomed the proactive approach which was now being taken.

RESOLVED: That

1. the October 2022 Integrated Quality and Performance Report and actions being taken provided sufficient assurance, whether further information, scrutiny or assurance was required, or whether further remedial actions were to be undertaken through Executives was CONSIDERED.

2. the content of the deep dive report into turnover was NOTED and COMMENTED on.

3. The findings of the Wellbeing deep dive were NOTED.

78/22

WORKFORCE PERFORMANCE SCORECARD REPORT

Angie Lewis gave a brief overview of the Workforce Performance scorecard and drew Members attention to key areas. These included the progress being made around job evaluations, observing that in October, 7 job descriptions were successfully completed, taking on average of 17 days to complete, which was a significant improvement compared to September where job descriptions took on average 46 days to complete.

The report also showed that work was underway with employees and managers in relation to respect & resolution requests, recommending early and appropriate intervention. Furthermore, following Compassionate Practices training, a full review of disciplinary investigations was currently being undertaken by the People Services team to identify areas of learning and to improve processes moving forward.

Members received the report and commented that the Compassionate Practices training had proven to be very beneficial and had helped enormously in the resolution of disciplinary investigations.

RESOLVED: That

1. That the Committee RECEIVED and COMMENTED on the reported performance and associated actions.

**79/22 INTERNAL AUDIT REPORT AND AUDIT TRACKER & QUALITY GOVERNANCE
AUDIT WALES PEOPLE AND CULTURE RELATED ISSUES**

The Internal Audit report was presented as read, noting that much of the content had already been covered and discussed as part of other items on the agenda. Members were only asked to note the extensions to some of the recommendations within the report. These were:

- 2021/22 Collaboration Reasonable Assurance review proposed completion date for one recommendation was extended from July 2022 to January 2023. The remaining recommendation is proposed for completion by March 2023.
- 2021/22 Recruitment Practices – Equality, Diversity and Inclusion proposed completion dates October and December 2022.
- 2021/22 Organisational Culture – A Learning Organisation due to be completed in December 2022.

Angie Lewis gave a brief verbal update on the Quality Governance update and informed Members that a written report would be circulated separately. Members noted the extensions and no further queries or questions were raised.

RESOLVED: That

- 1. the contents of the report were NOTED and Considered.**
- 2. the Internal Audit Plan activity was CONSIDERED.**
- 3. the Trust's proposals to address each recommendation with the inclusion of revised completion dates, specifically those relevant to the Committee were CONSIDERED.**
- 4. any specific items that the Committee wished to see raised to Senior Management and Audit Committee were AGREED.**

80/22 SPEAKING UP SAFELY UPDATE

The Speaking up Safely update was presented as read and for information purposes only.

RESOLVED: That the update NOTED.

81/22 COMMITTEE PRIORITIES

The Committee Priorities were presented as read and for information purposes only.

RESOLVED: That the update was NOTED.

82/22 STAFF STORY UPDATE

The staff story update was presented as read and for information purposes only.

RESOLVED: That the update was NOTED.

83/22 ISSUES TO BE RAISED AT BOARD

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

84/22 ANY OTHER BUSINESS

There was no other business

85/22 DATE OF NEXT MEETING

The date of the next meeting was scheduled for 21 February 2023.

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

Ref	Date	Agenda Item	Action Note	Responsible	Due Date	Progress/Comment	Status
N/A Passed over from Charitable Funds Committee	30 January 2023	Bids Highlight Report	People and Culture Committee to discuss the flu vaccine incentive as there were feelings that staff should not need to be incentivised in the role they undertake and that incentivising can be tricky.	Paul Hollard	9 May 2023		Open
77/22	29 November 2022	Staff Turnover Deep Dive	Look at exit data and try to map instances where an individual is still employed by WAST and has simply changed roles as opposed to actually leaving the Trust. The purpose of this is to root out occasions where it appears that someone has left the Trust and is included in the turnover data when in reality, they are still with the Trust, just in another role.	Liz Rogers	10 March 2023		Open
71/22	29 November 2022	People Plan and IMTP Deliverables	Look into the reasons (if possible) as to why all 58 recent applications from people identifying as being from Ethnic Minorities were unsuccessful and at what stage of the process their applications failed.	Liz Rogers	10 March 2023		Open

Director Update: *Workforce & OD*

PEOPLE AND CULTURE
COMMITTEE

14TH MARCH 2023



ANGIE LEWIS

DIRECTOR OF WORKFORCE & OD

Our Successes and Challenges: December - February

To support delivery of our ambitious organisational plans, we have procured a package of accredited and non-accredited Change Management training, as well as a bespoke masterclass for our Executive Management Team. These programmes will assist us in building our change management skills and abilities across the organisation, supporting people to embrace new ways of working and new opportunities. The first of these programmes is due to commence on 27th March 2023.

Angie Lewis, Director of Workforce and OD, has continued to connect with colleagues across the organisation, undertaking operational rideouts, inductions within CCC, 111 and CSD, facilitating "Ask Angie" sessions and meeting on a one to one basis with every member of the WOD team. During Industrial Action days, Angie has visited colleagues on picket lines and outside hospitals, listening to and learning from our people and sharing our plans for the next 3 years in terms of People and Culture.

Experience within Ambulance Care and CCC has now been incorporated into the first placement for our Paramedic Science degree students, with the aim of broadening understanding and enhancing learner experience. We are also pleased to share that all eligible first year Paramedic Science students have now been offered the opportunity to undertake an ACA Driver Training programme, enabling them to apply for bank agreements with WAST; this brings first year students in line with second and third year students, meaning all students are now eligible to apply for bank positions.



Work continues to develop our People and Culture Plan, setting out our vision and ambitions for the next 3 years. To help us bring our vision to life for all colleagues, we are developing a "rich picture", which will be shared alongside the Plan upon launch.

Industrial Action commenced on 15th December and has continued through to March. Whereas during early dates, we experienced reduced demand, this has not been the case across recent IA days. Positive feedback regarding Executive Team visits to picket lines and hospitals has been received from TUPs and colleagues and support from colleagues to undertake Territorial Single Point of Contact (TSPOC) duties has been greatly appreciated.

During January, we launched a Recruitment Control Process, as part of the Financial Sustainability Programme. To date, 57 submissions have been received, with 46 of these approved and 11 currently awaiting further information from managers for panel consideration. Whilst no posts have been rejected thus far, adjustments have been made in terms of tenure, advertising scope and FTE with regard to a number of posts.



OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2022-23 Q3 (Oct – Dec 22)

National Operations & Support

Challenges

Civil Contingency Act Obligations

A new corporate risk has been raised to highlight the Trust's inability to provide a civil contingencies response in the event of a major incident or mass casualty incident, and maintain business continuity, with potentially catastrophic consequences. This risk is articulated in the climate of ongoing external pressures across NHS Wales which precludes our ability to fulfil the pre-determined attendance requirements for major incidents as detailed within the Incident Response Plan. This could impede the Trust's legal obligations as a Category 1 responder under the Civil Contingencies Act 2004.

Industrial Action

December 2022 saw three dates of industrial action; 2 by RCN, predominantly affecting the Integrated Care portfolio, and 1 by GMB, which had more widespread impact across the Operations Directorate. An Industrial Action Planning Team was established in late November led by the Emergency Preparedness, Resilience & Response (EPRR) team and consisting of senior reps from across the Trust, and the team will continue to make arrangements for future strike dates. It is anticipated that industrial action will continue into Q4 with significant disruption as a result. The IA Planning Team will provide assurance to The Industrial Action Cell and Senior Business Continuity Planning Team (SBCPT) on planning arrangements for anticipated and confirmed industrial action.

IMTP

Manchester Arena

Following the Manchester Arena Inquiry, 149 recommendations have been identified within volumes 2 and 3 of the report. WAST's EPRR team will now need to consider and plan a response to these recommendations. Asks will need to be made to NHS commissioners for the additional resources required to ensure an effective response following the assessment against the recommendations.

A report is being considered at Emergency Ambulance Services Committee (EASC) on 17th January 2023 to note that for WAST to receive, review, consider and plan the response to all recommendations relating to the Manchester Arena Inquiry, additional resource to support the EPRR team to achieve this will need to be established. A plan is being prepared to protect resource to achieve this.

Volunteering

The Trust has commenced a rollout of analgesia (pain relief) provision for Community First Responders (CFRs). Initially this will consist of 500mg oral paracetamol as part of a stepped approach to further analgesia roll out at a later date. This is a significant development for volunteering and for patient experience, consistent with our Volunteer Action plan, given that because of protracted hospital handover, CFRs are experiencing extended on scene times with patients who are in pain.

General Update

Christmas

Christmas hampers were provided to all ambulance stations and were received well. Christmas dinners were also provided by hospitality establishments from across Wales for all staff working Christmas Day on a shift commencing before 14:00 hrs. Many establishments provided the dinners free of charge, and others were purchased through Charitable Funds. A further bid to Charitable Funds has been supported for additional winter welfare refreshments for all staff via the Senior Business Continuity Planning Team.

Resourcing & EMS Coordination

Challenges

EMD Recruitment and Retention

Recruitment and Retention has been an issue for some time but has been acute over the last 6-12 months. The current rate of external attrition for the 2022 calendar year pan-Wales is 24%, up from 14% for the 2021 calendar year, with more staff leaving to take up internal vacancies across the Organisation. Recruitment to other roles within EMS Coordination is generally achieved through recruitment internal to the department, and this has left the Emergency Medical Dispatcher (EMD) establishment under significant pressure. Of the current funded establishment of 111.76 WTE in the EMD function, 61 new EMDs (55%) have taken up post since August. This has a profound impact on the performance across the unit as new EMDs try to acclimatise to the operational environment after training, and also seriously diminishes the availability of experienced colleagues to support the new recruits. A further 20 EMDs have been recruited to start with EMS Coordination in January 2023 mitigating the 14 team members who are due to move to alternative positions within WAST, primarily ACA in Q4.

Concerns

The number of Concerns flowing through from the 'Putting Things Right' Team continues to challenge staff across Operations Quality. The number of investigations, audits and statements required as part of the investigation process remains high at circa 170. This activity is not solely related to the concerns of service users but also includes coronial work, medical examiner requests and briefings for Serious Case Incident Forums (SCIF). The Operations Quality team continues to work collaboratively with the 'Putting Things Right' team cross directorate to deliver a joint solution that meets the legislative requirements and patient safety needs with a proportionate investigative process.

Intelligent Routing Platform

Over the last 2 years the demand for 999 call answering services has increased dramatically and the ability of UK ambulance services to meet this demand has been challenged. This can impact BT's ability to answer incoming 999 calls. UK ambulance services are required to have pre-determined arrangements in place for BT to be able to direct 999 calls to an alternative site should the home Trust be unable to answer the call within an agreed timeframe. The current agreed timeframe is 5 minutes.

In November 2022, the 999 Intelligent Routing Platform (IRP) replaced the existing network partner arrangements by using automated technology to improve the speed and accuracy of manual practices. Following the implementation of IRP, WAST experienced increasing demand to support other UK ambulance services, peaking on the 18th of December 2022 at more than 600 calls being taken in a 24-hour period, equating to 34% of the total calls re-routed across the UK and 22% of WAST's total 999 demand.

Due to wider system pressures and the demand coming into the service, a Critical Incident was declared on 19 December 2022, and because of the significant and sustained pressure on the system, it was decided to withdraw WAST from the IRP. The Operations Directorate Senior Leadership Team (SLT) along with the EMS Coordination team continue to work with colleagues across NHS England and AACE on a solution to safely allow WAST to return to this process without compromising our call handling capacity and performance.

IMTP

Research & Innovation - Upgrade 999 Platform

An upgrade of the 999 platform is required to improve resilience, flexibility, and interoperability for 999 call processing. Discussions continue with ICT regarding funding to support the rollout of the new platform with an expected decision in Q4.

The Assistant Director of Operations, Resourcing & EMS Coordination has been in discussion with the Head of ICT regarding the approach to funding, and discussions are ongoing with the supplier in relation to the actual cost of the upgrade. Progress has been delayed slightly as the supplier has been through a change of ownership during the negotiation discussions.

EMSC Reconfiguration

The EMS Coordination Reconfiguration Project has been ongoing since 2018, and the current key workstreams include:

- Roster review: a collaborative review of rosters in partnership across Wales to better match our staffing profiles to demand and support our teams' wellbeing
- Boundary changes: to provide an improved balanced workload for dispatch staff and greater resilience to the service
- Broader ways of working: an assessment to provide improved productivity and effectiveness while improving processes and procedures for QPS

The first tranche of work in the roster review is complete. This included the provision of roster options for EMDs completed collaboratively with Resourcing, and with voting mechanisms and ratification of preferred options. Revised rosters for EMDs are rolling out in Q4. Work on the boundary changes and broader ways of working have begun but have been paused to allow the EMS Coordination team to react accordingly to managing the industrial action period. The next set of roster reviews is not now anticipated until Q1 of 2023/24.

General Update

Control Room Solution

In line with the Emergency Services Network (ESN) programme, and in collaboration with the Ambulance Radio Programme (ARP), EMS Coordination is supporting the roll out of a new Integrated Communication Control System (ICCS) provided by Frequentis. The LifeX solution is due to launch at the end of Q4, and WAST will be the first large scale ambulance service in the UK to go live on the new platform (Isle of Wight has been piloting the solution on a smaller scale).

ICT colleagues, EMS Coordination teams and the ESMCP project managers have been working with ARP to ensure infrastructure, operational plans and testing is completed and to the standard WAST requires to lead the UK with this innovative cloud-based product.

Instructors have been trained in readiness and a training programme has been designed in collaboration with ARP. January 23 will see those instructors and superusers receive refresher training in readiness for the wider rollout of system training to EMS Coordination teams in February and March 23.

Emergency Medical Service

Challenges

Continued System Pressure

Delayed handover of care at Emergency Departments across Wales remains a significant challenge in being able to provide a safe level of emergency service. 32,050 hours were lost in December 2022, an increase on the previous month of 7029 and resulting in a c38% loss of conveying capacity in Q3. In addition, several Health Boards across Wales have made business continuity and critical incident declarations in recent weeks.



Targeted Overtime

Following an increase in demand, handover delays outside EDs and the Trust's declaration of a Critical Incident on 19th December 2022, the Trust approved additional overtime payments for overtime worked during anticipated periods of high demand over the Christmas period, resulting in the following production uplift on the 5 enhanced dates:

	17	18	23	24	31	shift hou	unit hours	UHP%
EA	459.5	716	459.5	498	919.5	3052.5	1526.25	9%
CHARU	23	23	23	20	23	112	112	6%
APP	11.5	11.5	21	21	29.5	94.5	94.5	8%
DOM	23	53.5	29.5	45	68	219	219	9%
UCS	168.5	78.5	109.5	110	221.5	688	344	16%
other EMS*	90.5	19.5	93.5	78	46.5	4166	2295.75	10%
CSD	33.5	48	22	49.5	86.5	239.5	239.5	16%
CCC	55	71.5	28	71.75	95.75	322	322	5%

*CV: MRT,CRU, Triage; BCU: Berwyn Prison; SB: PCT; AB: Falls, PRU

IMTP

EMS Roster Review

The introduction of the **Cymru High Acuity Response Unit (CHARU)** has been deployed to support patients with suspected critical illness or injury. The CHARU has replaced the traditional RRV model and includes responding to an agreed dispatch criteria along with all red category calls.

All EA and UCS rosters are now live with 3 remaining which are still subject to internal processes but will be finalised in the next few weeks. CHARU is now live across Wales with the final part of recruitment taking place. Early indications are that the benefits are being realised with early intervention and leadership at critical incidents and positive feedback from CHARU operatives.

Improving Response Times in Rural Areas

EMT recruitment and recruitment to address the shortfalls in Powys continue. A workshop took place in Q3 with an accompanying paper due to be completed in Q4.

Develop Optimising Conveyance Improvement Plan

This IMTP deliverable is part of the Trust's activities contributing to 'Inverting the Triangle' and is being progressed as part of the Care Closer to Home Programme.

General Update

Business as Usual (BAU) Alongside Industrial Action Planning

It is recognised that with industrial action anticipated to last a number of months, there is also a requirement to service BAU needs in relation to winter pressures and other operational requirements. Following the first GMB strike day, the team is now seeking to balance responsibilities of industrial action planning and BAU workstreams to ensure service delivery is maintained.

Ambulance Care

Challenges

Contract Redesign Process

The implementation of the contract redesign process is progressing well. Of the 30+ contracts awarded, all but two commenced in December 22. The transition to the new providers has been smooth to date with no issues of note to report.

During the awards process, it was decided to not award contracts for 5 lots and to reissue the tenders to reflect an updated set of requirements. These lots were submitted for tender in December 22 and bidding has now closed with evaluation underway. It is proposed to award these as individual lots in line with the Trust scheme of delegation.

Of the two contracts yet to commence, the Cardiff & Vale discharge contract commences on Monday 16 January, and regular assurance meetings have been held with the incoming and outgoing providers as well as locally with the Health Board. There are several staff to transfer under the TUPE process and appropriate arrangements are in place to facilitate this.

The Swansea renal contract will commence on 1 March 2023. At present, both providers are working through the TUPE process. Whilst this has proved more challenging than anticipated for reasons outside of WAST's control, confidence is high that a smooth transition will occur.

NEPTS Cleric Upgrade

Following completion of the new externally hosted environment for the upgraded NEPTS Computer Aided Dispatch (CAD), the new CLERIC Pink system was due to go live in December 2022. However, this date was delayed to allow the provider to respond to the findings of an audit on the security of the hosted environment. These findings have now been addressed and a new date has been set for the 11 January 2023. Due to industrial action announced for this date, it has been decided to reschedule this date to the end of January 23.

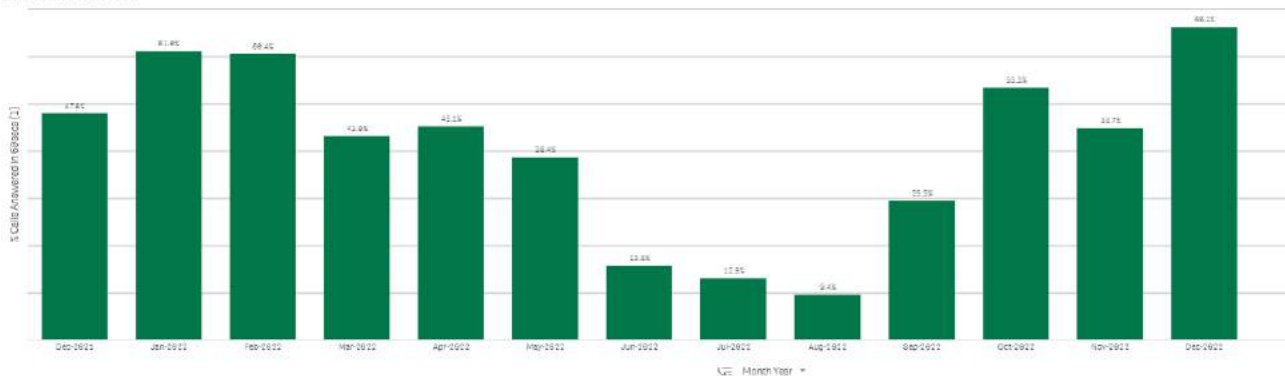
NEPTS Journey Booking Telephony Performance

The performance of the NEPTS journey booking service has at times in 2022 been below expectations. In July 2022, an action plan was implemented to deliver a recovery in the performance of the service.

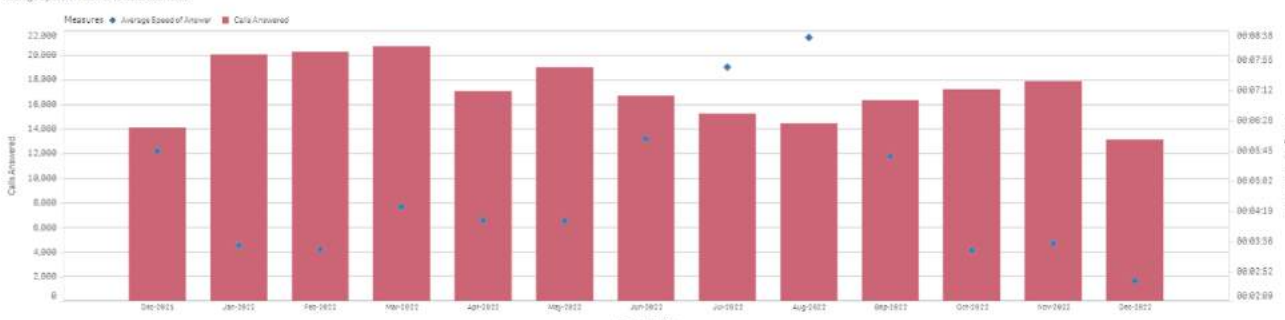
Whilst there is still more improvement to make, the service is starting to deliver a more consistent level of performance, which can be observed below.

Further actions are underway to continue this improvement including recruitment, changes to HCP booking arrangements and a review of staff rosters to address current hotspots of challenged performance.

† Calls Answered in 60secs



Average Speed of Answer vs Calls Answered



IMTP

Demand & Capacity Review

The revised roster keys have been developed. A PDSA has been written to test the ORH keys against the revised keys (ORH+) and the PID was completed in November 2022. The NET centre roster keys are currently being reviewed through the support of Erlang-C modelling from Optima. As this is a small and simple roster, it is not anticipated that there will be a delay on this process beyond the targeted completion date of 31st March 2023 (depending on organisational prioritisation).

NEPTS Operational Improvement

The review and implementation of the Resource Downtime workstream has been completed. The new report is in place and is being reviewed regularly under BAU arrangements. Contact has been made with BCUHB to restart the discharge lounge trial and data is being collated in relation to the oncology booking process PDSA and will be shared at the next ACT programme board.

Transfer and Discharge Service

The project team has been established and the PID has been approved by the transformation board. Work is in progress with regards to the modelling (ToR agreed, now at procurement stage) to help understand the data in support of the development of a concept for consideration by EASC at the end of the financial year.

Ready Times Refresh

One of the largest impacts within the D&C review was aligning the system allocated times for a return journey more closely with the actual position. This will aid planning, improve patient experience and minimise hours lost from crews waiting at sites for patients.

Significant work has been completed to review and refresh this process with 100 clinics reviewed already and a further 250 clinics in the review process, using a PDSA cycle to test the agreed processes. A system generated report has been developed that will allow all clinics to be reviewed and updated en-masse. Providing the latest PDSA cycle test shows the changes made to date have been effective, the process will be rolled out to all clinics nationally.

General Update

Winter Support Vehicles

The Ambulance Care Service was awarded £300k of funding to provide additional resource to support winter pressures. This allocation has been utilised to procure additional resources that are regional based and will be allocated to the areas with the greatest service pressures.

The resource procured is a mix of UCS and NEPTS resource and will be employed to support the service until 31 March 2023.

UCS Demand & Capacity Review

Following completion of the transfer of the Urgent Care Service from EMS to Ambulance Care, a strategic review has been commissioned through ORH to identify and understand how the UCS service works, what work it completes and to consider its role moving forward. This review commenced in November 22 and should be completed in April 23. The outcomes of this exercise will be used to inform decisions on how the service functions in the future. This review will be the first review solely focused on the service.

Integrated Care

Challenges

111 Adastra Outage

While the business continuity incident has ended for the Health Boards and Adastra systems have resumed, the “Concentrator” which joins the Adastra system to the WAST system is still out of action. Until this is resolved, WAST is on a heightened sense of awareness of the issue. The DHCW solution involving “robots” continues to operate to pass calls to the Health Boards, and this is expected to be in place until the concentrator is functional which is now expected in February 2023.

IMTP

Use of Video Consultation in Clinical Support Desk

The video element used within the ECNS triage system in CSD has been successfully implemented in December 2022. Used to enhance the patient/clinician interaction, video enables a closer look at ailments or specific injuries where this will benefit the consultation. We hope to glean intelligence regarding user experience to inform how this functionality is best used.

Clinical Support Desk Roster and Resourcing Review

The team in CSD have initiated a review of the recent update to the rosters. Feedback has been received from TU partners on some changes which are proposed by the staff, and the views have been understood in detail through a staff survey which concluded in December. This will be reviewed, and potentially changes to the existing rosters will be shared with the staff for input with a view to implementation around Easter 2023.

Consult and Close in the WAST surpasses 15%

Late December saw an increase in consult and close activity in CSD, 111 and with APP and HB partners. Coupled with the increased demand for service, consult and close rates of over 17% were seen on some days over the festive period. It is anticipated that consult and close will remain over 15% into 2023. This figure is potentially aided as a consequence of the use of the Clinical Safety Plan, and our operationalisation of the plan in the new version.

General Update

Integrated Care Estate

111 has moved into the new centre in Vantage Point House. The new facility is the main part of the VPH renovations which are still ongoing and has been firmly welcomed by the team. Work continues to provide a new welfare area and training facilities for all centres in VPH with expected completion in February 23. The works at Cardiff Ambulance station will complete in Q4.

Following our first Sexism & Sexual Safety at Work Survey, I want to personally thank all colleagues who took part, especially those affected by the issues raised. Thank you for trusting us with your experiences which for some, have not been easy to share.

There remains an open door to talk and to access appropriate support, via our Wellbeing Team or you can contact me directly.

ZERO TOLERANCE...we have learned that saying this is simply not enough. Your voices have been heard and your ideas for change, have shaped our response so far, which include the following-

Amplifying Voices

Our Chief Executive used all available opportunities to encourage colleagues to take part in our survey, or speak up in a way they feel comfortable with, to tell us about their experiences. Although we are at the start of our journey with this, we are already removing barriers to the conversation, by raising awareness to current colleagues about these issues across our organisation.

Normalise the Dialogue

We now facilitate group discussions with all new colleagues we meet at induction sessions by asking them the question, 'What does a sexually safe organisation look like?' and feedback from new colleagues tells us this exercise has improved their confidence in challenging inappropriate behaviour if they come across it, as well as knowing how to report.

WAST Voices-Employee Led Network

We have launched an employee led network of advocates that reflects our geographically dispersed and mobile workforce to build trust and provide colleagues with an alternative way to raise concerns. We are working with other organisations to develop a learning session that is meaningful, encourages reflection, and most importantly, removes any shame or fear from the conversation.

Empower through Mentoring

Through our network, we are building on our current mentoring framework to ensure we offer affected colleagues who may have lost confidence or have felt silenced the opportunity to engage with mentoring.

Listen & Learn

Reverse mentoring will be offered to all senior leaders by affected colleagues, to encourage a top down learning opportunity to reflect on our often unintentional biases. Some have already signed up to this.

Allyship Programme

Launched in December 2021, our Allyship Programme aims to create a more inclusive, compassionate and culturally responsible workforce in line with our Strategic Equality Objectives and our culture reset. We continue to deliver this programme across our organisation.

Review & Improve

A review of how we deal with concerns raised and learning from lived experience will help us make improvements.

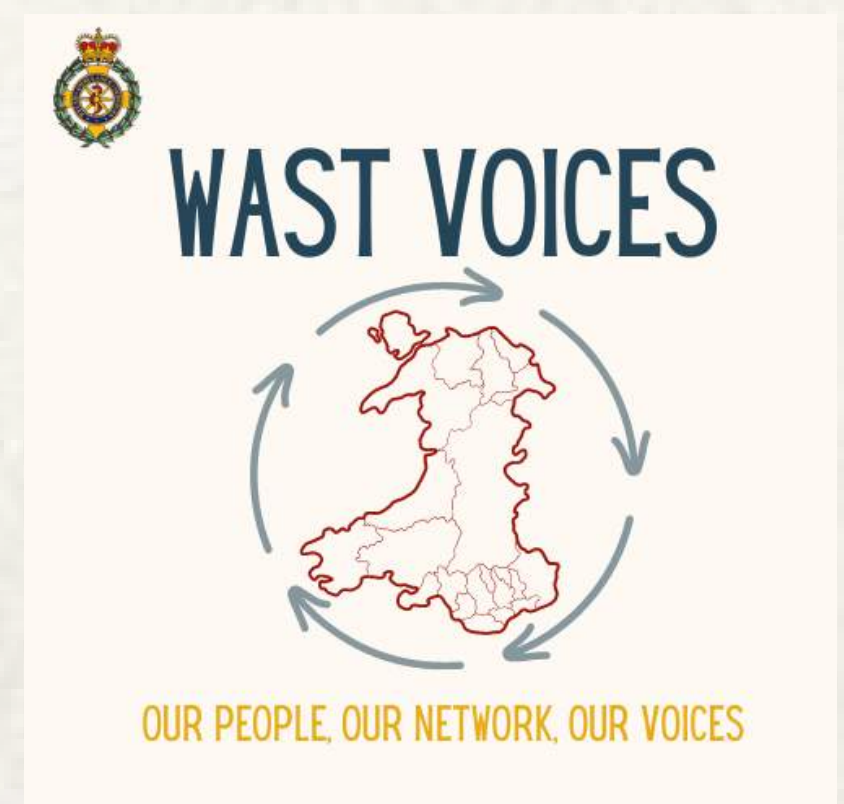
Sexual Safety Charter

We are working towards the launch of our own charter.

Why are these issues happening?

There is no straight forward answer to this, and we are continually learning but what we do know is that building on trust is the starting point, and creating a safe space for colleagues, particularly those with quieter voices to be heard. These issues are not just affecting women and the outcome of this survey has turned out to be much broader than expected.

**How can I find out more and get involved?
We really can't do it without you...become
a WAST Voices Advocate [HERE](#)**





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AGENDA ITEM No	9
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	N/A

RAISING CONCERNS AND SPEAKING UP SAFELY

MEETING	People and Culture Committee
DATE	14 March 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this paper is to provide the Committee with an overview of the work underway to develop a framework for raising concerns and speaking up.
2. The Speaking Up Safely Task and Finish Group has been formed to develop the framework and it reports to the Assistant Directors Leadership Team.
3. Staff can continue to raise concerns through the traditional routes of line management and escalation set out in the All Wales Procedure for Raising Concerns, and through the sensitive issues function in Datix whilst the framework is in development.
4. The Group has a comprehensive work plan to March 2023, but as the February meeting had to be postponed due to operational pressures this will need to be re-baselined.
5. Discussions with the Director of Workforce and Organisational Development will take place prior to this meeting on the framework and a verbal update provided at this meeting.

RECOMMENDATION:

6. The Committee is asked to note the update.

KEY ISSUES/IMPLICATIONS

7. No issues to raise at this point.

REPORT ROUTE

Assistant Directors Leadership Team (ADLT) AAA reports following each group meeting

REPORT APPENDICIES

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)	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

RAISING CONCERNS AND SPEAKING UP

SITUATION

1. The purpose of this paper is to provide the Committee with an overview of the work underway to develop a framework for speaking up safely.

BACKGROUND

2. This Committee approved the All Wales Procedure for Raising Concerns in November 2021.
3. Staff have the ability to raise concerns through a number of avenues currently, including through their line management mechanism, through a dedicated email address, and through a newly introduced 'sensitive issues' function in the Datix Incidents module. The procedure also provides for escalation where raising concerns where line management is inappropriate or not a route the staff member wishes to follow.
4. The Speaking Up Safely Task and Finish Group (the Group) was established in July 2022 by the Assistant Directors Leadership Team (ADLT). Its terms of reference require it to:
 - (a) Consider and understand the current framework for staff to raise concerns and how the Board is receiving information on themes and learning from the sources across the Trust.
 - (b) Identify and establish a comprehensive framework and supporting infrastructure for raising concerns that incorporates the new online platform.
 - (c) Consider and agree the full extent to which the platform will be used for, i.e., whether it is solely for raising concerns or whether it will also serve as a discussion board for improvement ideas.
 - (d) Consider and develop, with the providers, the consolidated case management element of the platform including reporting, dashboards, and outputs for learning and improvement.
 - (e) Consider, design and embed the Survey module that will be used to understand the culture of the organisation and take forward learning.
 - (f) Administer a soft launch of the platform that will include testing, feedback and promotion.
 - (g) Facilitate and monitor the onboarding process of the system within the Trust.
 - (h) Design an outline communications plan prior to and during launch.
5. A comprehensive work plan is in place focusing on framework and governance; work in confidence platform; and communications.

ASSESSMENT

6. The Group has met twice since the last People and Culture Committee in November (December and January) but was unable to meet in February due to current operational pressures. The next meeting will take place in March.

7. There is recognition that a robust framework must be in place to provide confidence that staff have a means by which to 'speak up', but they also have confidence that the Trust will appropriately 'listen up' and 'follow up'. At its December meeting the Group recommended the framework comprises the following:
 - (a) Policy: encompassing the legislative and regulatory environment and principles for speaking up, its aims and objectives, roles, responsibilities, and accountabilities;
 - (b) Processes and systems: including procedures, easy reads guidance, the work in confidence platform, a small triage group, investigation processes, reporting, and performance; and
 - (c) Education, Training and Communication: which takes place at induction and ongoing throughout the year, tiered training on the platform, and a planned series of communications throughout the year.
8. The All Wales Procedure for Raising Concerns is in place, and a new policy is in development by an All Wales group. We therefore have the basis upon which to develop easy reads and guidance for staff and start to build education and training elements.
9. The January meeting was extended to a wider cohort including the Chair of this Committee, Chief Executive and members of the Executive Management Team to enable them to see a demonstration of the Work in Confidence platform which was procured in 2022/23 but is not yet active. It was agreed that discussions would take place between the Director of Workforce and Organisational Development and the Board Secretary following that meeting to clarify the use of the platform and the speaking up safely model that would best suit WAST. That meeting will take place on 15 February and a verbal update will be provided to the Committee.
10. It should be noted that staff will continue to be encouraged to raise concerns through their line management mechanism, however the Work in Confidence platform is designed to give staff to a confidential third party platform to raise concerns should this be desired given their particular circumstances. Helpful discussions were held in January with Hywel Dda University Health Board and Betsi Cadwaladr University Health Board on their roll out and use of the Work in Confidence platform as a means to provide this confidential option to staff. Volumes have been relatively low for both Health Boards, indicating that staff continue to use line management structures to raise concerns.

RECOMMENDATION

11. The Committee is asked to note the update.




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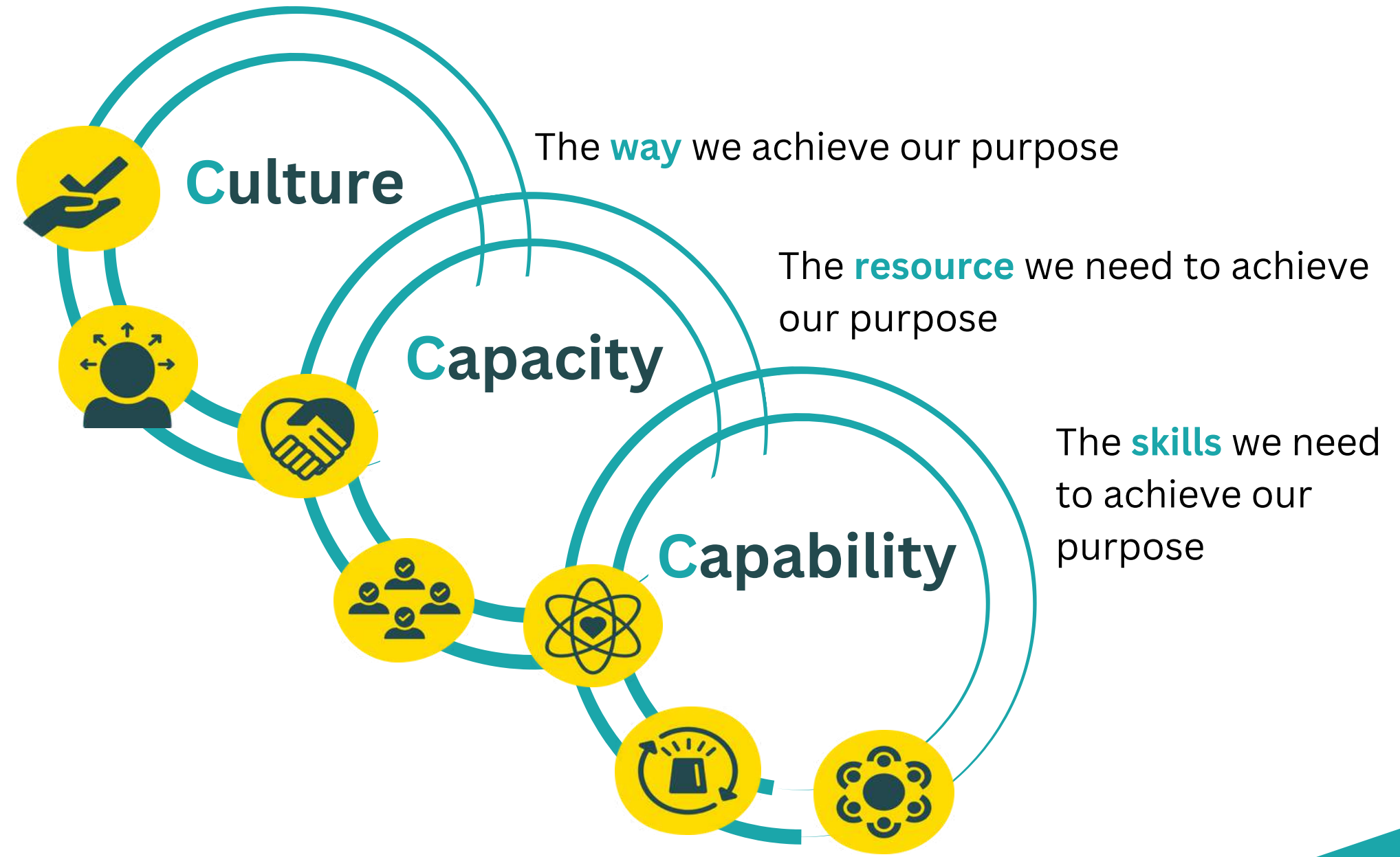
OUR PEOPLE & CULTURE DELIVERABLES

Session Objectives

- Ensure shared understanding of the structure and focus of our **People and Culture Plan** for the next 3 years
 - Share the key People and Culture activities articulated within our **2023-26 IMTP**, including our **Equality** and **Welsh Language** plans
- 

THE FOUNDATIONS OF OUR PLAN

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



EMERGING PRIORITIES 2023/26

CULTURE

- Continue to build and articulate our **desired culture**
- Sustain our focus on **improving wellbeing**
- Embed **partnership working**
- Improving the **working environment** including where and how you work

EMERGING PRIORITIES 2023/26

CAPACITY

- Build on the employee experience to **attract and retain a diverse workforce**
- Develop a **recruitment and attraction plan** that supports all roles in the organisation and continue to build an effective employee brand
- Improve the effectiveness and application of our internal **people processes (getting the basics right)**
- Years 2 and 3 of the **Managing Attendance** programme

EMERGING PRIORITIES 2023/26

CAPABILITY

- Continued focus on **enhancing management and leadership** capabilities
- **Change** capacity and expertise
- Commitment to development for all **professions**
- Digital capability and improving the **digital experience** for all staff
(Digital Workplace)

OUR EQUALITY, DIVERSITY & INCLUSION PLANS



Review and refresh our **Strategic Equality Objectives**



Implement **Anti-Discrimination Plans**



Increase engagement externally across all **protected characteristics**



Work proactively internally to ensure an inclusive organisation for all of our people, including extending our **Allyship Programme** and delivering our **Sexual Safety at Work** plan

OUR WELSH LANGUAGE PLANS

- Development of a **Welsh Language Framework**
- Centralisation of translation services with recruitment of a **Welsh Language Translator**
- Inclusion of **Welsh language call performance data** in Monthly Integrated Quality and Performance Report



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WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT) HIGHLIGHT REPORT

This highlight report provides the reader with details of the key areas discussed at the last WASTP 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	25 January 2023
Joint Chairs	Mark Marsden (in chair for 25 January meeting) 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. The meeting took an additional agenda item to discuss the **industrial action** which took place since the last meeting, including key metrics related to activity, handover delays, patient harm and UHP. Feedback from trade union colleagues was that staff felt WAST had facilitated their action in a positive and supportive way. Lessons learned related to payment of salaries for GMB members working to derogations in December were shared as was the intention to begin planning in the week commencing 30 January for the forthcoming action in February.
3. Progress on the **establishment of WASPT sub-structures** to ensure local issues are discussed at local levels was discussed. Governance forums include local partnership forums feeding into established operations forums with trade union representation. This structure will provide opportunities for resolution and escalation, focusing WASPT on strategic issues and escalations from the most senior forum, which is the senior operations team with trade union representation. It was agreed that the direction of travel for the sub-structure governance was appropriate, and further work on these sub-structures will take place ahead of the next meeting, to include proposed membership, terms of reference and a similar proposal for corporate structures.
4. Context for and progress on the **IMTP 2023-26** was presented to members with a focus on the elements of 'Our People' which centre around culture, capacity and capability. It was recognised that the partnerships formed in this forum will be key as will messaging to staff, particularly as the IMTP was developed with staff feedback.



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5. The amendment to the **terms of reference** sought by the People and Culture Committee were approved. These terms of reference will go to the Board in March for approval.

ASSURE

(Detail here any areas of assurance)

6. There were no items of assurance discussed at the meeting.

RISKS

Risks Discussed: Risks related to the IMTP were discussed including financial, capability, ongoing disruption due to industrial action, ongoing wider system pressures, and potential commissioning landscape changes.

New Risks Identified: No new risks identified.

COMMITTEE AGENDA FOR MEETING

1. WASPT Sub-structures

2. IMTP 2023-26

COMMITTEE ATTENDANCE

Name	15 Nov 2022	25 Jan 2023	15 Mar 2023
Joint Chairs			
Jason Killens	Chair 15/11/22		
Mark Marsden (Unison)		Chair 25/01/23	
Management Representatives			
Angela Lewis			
Lee Brooks			
Rachel Marsh		Alex Crawford	
Chris Turley			
Andy Swinburn			
Estelle Hitchon			
Trish Mills			
Trade Union Representatives			
Paul Seppman (Unite)			
Hugh Parry (Unite)			
Sean Herbert (Unite)			
Christian Fox (Unite)			
TBC (Unite)			
Henry Garrard			
Ian James (GMB)			
Maldwyn Jones (GMB)			
Marcus Viggers (GMB)			
Carl Hardwick (GMB)			
Mark Ivey (Unison)			
Bethan Williams (Unison)			
Damon Turner (Unison)			
TBC (RCN)			
TBC (RCN)			
TBC (RCN)			



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwlans Cymru

Welsh Ambulance Services
NHS Trust

	Attended
	Deputy attended
	Apologies received
	No longer member/Not member



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

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	People and Culture Committee
DATE	14 March 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The principal risks for this Committee are set out in Annex 1.
2. A more detailed description is contained within the Board Assurance Framework (BAF) in Annex 2 which provides the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those control where applicable.
3. The principal risks in the Annexes were presented to the Trust Board on 26 January 2023 and are updated as at 17 January 2023. The risk review schedule and governance routes agreed by the Audit Committee have been delayed due to current operational pressures including industrial action, as well as absence in the team.
4. Whilst updates have been received on actions for some of these principal risks there has not been an opportunity to complete the confirm and challenge exercised by the Corporate Governance Team. All endeavours will be made to formally review the risks prior to the March 2023 Board

RECOMMENDATION:

5. **Members are asked to consider the contents of the report.**

KEY ISSUES/IMPLICATIONS

As set out above.

REPORT APPROVAL ROUTE

6. The BAF was considered by:

- ADLT – 12th December 2023
- ADLT – 9th January 2023
- EMT – 18th January 2023
- Trust Board – 26th January 2023
- Audit Committee – 2 March 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	<p>IF significant internal and external system pressures continue</p> <p>THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community</p> <p>RESULTING IN patient harm and death</p>	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	<p>IF patients are significantly delayed in ambulances outside A&E departments</p> <p>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</p> <p>RESULTING IN patients potentially coming to harm and a poor patient experience</p>	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	<p>IF there are high levels of absence</p> <p>THEN there is a risk that there is a reduced resource capacity</p> <p>RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience</p>	Director of Workforce & Organisational Development	20 (5x4) ➔
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	20 (4x5) ➔

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
557 PCC	Potential impact on services as a result of Industrial Action	<p>IF trade unions take industrial action in response to the national pay award</p> <p>THEN this is likely to disrupt our ability to provide a safe, efficient and good quality service in the 6 core areas the business</p> <p>RESULTING IN potential harm to patients, adverse effect to patient outcomes, increase in SAls/concerns/coroners cases, negative media reports, and impact on the Trust's corporate reputation</p>	Director of Workforce & Organisational Development	<p>16 (4x4)</p> 
199 PCC	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation	<p>IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance</p> <p>THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments</p> <p>RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation</p>	Director of Quality & Nursing	<p>15 (3x5)</p> 

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
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> 
163 PCC	Maintaining Effective & Strong Trade Union Partnerships	<p>IF the response to tensions and challenges in the relationships with Trade Union partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained</p> <p>THEN there is a risk that Trade Union partnership relationships increase in fragility and the ability to effectively deliver change is compromised</p> <p>RESULTING IN a negative impact on colleague experience and/or services to patients.</p>	Director of Workforce & Organisational Development	<p>12 (3x4)</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. Insafe 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:	13/01/2023	TREND	25 (5x5)	
			Date of Next Review:	13/02/2023	➔		
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: 3, 7,9,11, 12, 14,16, 18, 21, 22, 26							
EXECUTIVE OWNER		Director of Operations	ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
CONTROLS			ASSURANCES				
1. Patient Flow Co-Ordination based in the Grange University Hospital			Internal Management (1 st Line of Assurance)				
2. Regional Escalation Protocol			1. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU				
3. Immediate release protocol			2. Daily conference calls to agree RE levels in conjunction with Health Boards				
4. Resource Escalation Action Plan (REAP)			3. 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)				
5. 24/7 Operational Delivery Unit (ODU)			4. 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.				
6. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans			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.				
7. Limited Alternative Care Pathways in place			6. 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.				
8. Consult and Close (previously Hear and Treat)			7. 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.				
9. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation			8. Monitoring CSD rates through AQIs. Consult and Close volumes form part of EMS CCC weekly reports to SLT. Regular reporting of incident volumes to Operational Review Groups. Summary level information about Consult and Close volumes, targets, trends and recontact rates reported to TB and sub-committees. Metrics relating to Ambulance Quality Indicators (AQI) published on a quarterly basis by EASC. Bi-monthly EASC Provider reports. Consult and Close performance reported in Joint Executive Team meeting every 6 months with Welsh Government. NWSSP Information Management Internal Audit report February 2022 (External Assurance)				
10. Clinical Safety Plan			9. Qlik sense APP dashboard monitors performance and provides assurance that APPs are flowing patients into alternatives to emergency department. Qlik sense is a national report and can drill down into regional, local and individual performance as required. APP Navigation – Test of Change Framework (Swansea Bay & Hywel Dda). Review of despatch criteria for APPs.				
11. Recruitment and deployment of CFRs			10. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group				
12. ETA scripting			11. Volunteers are another resource for response, Volunteer				
13. Clinical Contact Centre (CCC) emergency rule			12. The ETA Dashboard is a tactic that was signed off by EMT – there is a dashboard that supports scripting analysed by comparing with real time data				
14. National Risk Huddle			13. CCC Emergency Rule is policy that has been signed off by Execs.				
15. Handover Improvement Plans agreed between Health Boards and WAST			14. 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.				
16. Summer/Winter initiatives			15. Improvement plans are reviewed by EAST				
17. CHARU implementation			16. Monitoring through SLT and STB				
18. National Transfer & Discharge Model			17. Monitored via the EMS project Board				
			18. Task and Finish Group established				

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:		13/01/2023	TREND	25 (5x5)
			Date of Next Review:		13/02/2023	➔	
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	
19. Conveyance Reduction	19. This is part of the weekly performance review and aligned to Care Closer to Home Programme						
20. Access to Same Day Emergency Care (SDEC) for paramedic referrals	20. This forms part of the handover improvement plans in place with Health Boards						
21. Mental Health Practitioners in cars	21. Part of the Care Closer to Home workstream						
22. Roll out of ECNS	22. Reported through QuEST						
23. Clinical Model and clinical review of code sets	23. Reported through QuEST						
24. Remote Clinical Support Strategy	24. Strategic Transformation Board – IMTP deliverable						
25. 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)	25. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)						
26. Information sharing	26. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.						
GAPS IN CONTROLS		GAPS IN ASSURANCE					
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system		None immediately identified but subject to continual review					
2. Blockages in system e.g. internal capacity within Health Boards which affect patient flow							
3. Covid capacity streaming							
4. Transition Plan/Inverted Triangle – bid for transition plan has been put in and is now subject to funding							
5. Local delivery units mirroring WAST ODU							
6. Handover delays link to risk 224							
7. Tolerance in Health Boards has become the norm. As delays have increased, there appears to be no visible appetite to address these issues							
8. 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 6 months there is a low confidence in attaining this.							
9. Outputs from the NHS System Reset – it is a closer collaboration to address some of the system blockages and reduce system pressures. This is the aspiration							
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	31.12.22	Rural model options are being explored. Discussions have been opened up with one workshop held another scheduled for 28 th October 2022 with the aim of producing a set of recommendations for consideration by SLT and EMT.			
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)		ADLT Sub-Group	30.09.22 - Paused				
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters		Assistant Director of Operations EMS	Extended from 30.09.22 to 31.12.22	On schedule to implement all EA and UCS rosters by the end of November 2022. CHARU rosters may drift into December 2022 due to recruitment and training.			
4. Transition arrangements post pandemic		Executive Pandemic Team / Assistant Director of Strategic Planning (BCRT Chair)	Complete 30/08/22	Transition complete			
5. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE (I)		TBA	TBA				

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	13/01/2023		TREND	25 (5x5)
			Date of Next Review:	13/02/2023		➔	
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	
[Source: Action Plan presented to Trust Board 28/07/22]							
6.	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	31.12.22			Work undertaken to map influences and progress towards each. Trajectory cast until December 2022 - 15% to be achieved through efficiencies.	
7.	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.	
8.	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.	
9.	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	Ongoing			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.	
10.	Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]						
11.	Overnight Falls Service extension (I) [Source: Action Plan presented to Trust Board 28/07/22]	Assistant Director of Quality & Governance / Head of Quality Improvement	TBA			Level 2 Falls Service implemented as a pilot. Awaiting evaluation of the pilot and assessment of outcomes and potential longevity of this initiative.	
12.	External Controls detailed within the Action Plan presented to Trust Board on 28/07/22: 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 educes 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)						

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:	09/01/2023			TREND	25 (5x5)	
		Date of Next Review:	09/02/2023			➔		
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: 7,9, 10, 11, 12, 13, 14, 15, 16, 23, 24, 25, 26, 33, 35								
EXECUTIVE OWNER		Director of Quality & Nursing		ASSURANCE COMMITTEE		Quality, Safety and Patient Experience Committee		
CONTROLS				ASSURANCES				
				Internal Management (1 st 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 Delivery Unit under the Joint Investigation Framework which is currently in pilot phase and an evaluation is to be undertaken in quarter 4 2023.				1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIP), 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 – the pilot has commenced, and the next meeting is due to be held on 25.01.2023.To date the pilot is working well with good engagement from health board colleagues.				
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 monitors, reports 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. Learning from incident reporting processes.				
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. Patient Flow Coordinators (PFCs) are a commissioned service by the Health Board (x2 in ABUHB specifically for GUH) with a bespoke job description, these link directly with the National Delivery Managers in ODU.				
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP).				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 via 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				
9. 24/7 Operational Delivery Unit (ODU) escalating handover delays / patient condition to Health Board colleagues.				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. Integrated Quality and Performance Report (November 2022 overall 85% mandatory training target met) 11				

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:	09/01/2023			TREND	25 (5x5)	
		Date of Next Review:	09/02/2023			➔		
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
13. Clinical audit programme in place.			13. Clinical audit programme 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 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."			15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board (including 'Actions to Mitigate Avoidable Patient Harm Report') and Board sub-committee oversight and escalation.					
			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) and Joint Executive Team meeting 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 CASC					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIP), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.			1. Strengthen and triangulate patient safety metrics and look back data at ED, service and corporate level for baseline data for improvement projects and WAST reports.					
2. Inconsistent review of potentially serious / catastrophic patient safety incidents in line with the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019 (frequently referenced as 'Appendix B' Reports) by Health Boards pan NHS Wales and lack of ownership of system risks. Lack of whole system approach to handling patient safety incidents resulting from system pressures*.			2. Implementation of revised process, engagement and outcome and improvement measures at system level – early work commenced with the pilot in progress of the Joint Investigation Framework.					
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 from c6000 hours per month at the end of 2018 to in excess of 28,038 hours in October 2022. This scale of lost emergency ambulance capacity has peaked at 30% per month of the entire emergency ambulance fleet in October 2022.					
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients' NEWS*.			4. Strengthening of patient safety reports and audit processes as system embeds.					

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Inherent	5	5	25																				
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5. (a) Variation in appetite across the Health Boards to implement Fit2Sit, citing overcrowded emergency department waiting rooms as the reason. Limited confidence in system engagement to address Goal 4 and achieve reduction in handover delays*.				5. 15-minute handover target is not being achieved pan-Wales consistently.																			
5. (b) Protracted timescales in the 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 – by the end of April 2025. The number of people waiting over this period for ambulance patient handover will reduce on an annual basis until that point'. No detail on incremental improvements required at emergency department level or oversight mechanisms. EASC have stated that no delay should exceed 4 hours although WAST is yet to see any demonstrable plans to support this*.																							
6. Variation pan Wales / England as position not implemented across all emergency departments*.				6.																			
7.				7.																			
8. Variation pan Wales / England as position not implemented across all emergency departments*.				8. Health & Care Standards self – assessment in progress.																			
9. Variable response pan Wales / England. WAST have minimal control on this at patient level*.				9.																			
10.				10.																			
11. Variable response pan Wales / England. WAST have minimal control on this at patient level*.				11.																			
12.				12.																			
13. Transition to ePCR impacting on data temporarily				13.																			
14. 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*.				14. HIW approve and sign off WAST elements of recommendations.																			
15.				15.																			
				External Gaps in Assurance 1. Lack of escalation and response to AQIs by the wider urgent care system and regulators 2. Lack of collective system response to HIW 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' Report. Meetings cancelled x 2 in May 2022. WAST has representation on the working group*																			
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:																			
1. Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026 – Goal 4: Rapid response in physical or mental health crisis.		CEO	<ul style="list-style-type: none"> Checkpoint Q4 2022/23 	Led by the NHS Wales Deputy Chief Executive this programme seeks to modernise access to and the provision of Urgent and Emergency Care across Wales WAST will be represented on the Clinical Reference Group by the Director of Paramedicine (not yet established though or invite not received). <ul style="list-style-type: none"> The Trust is also working with the National Collaborative Commissioning Unit to develop integrated commissioning action plans in each Health Board which will support the 																			

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Inherent	5	5	25																			
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			ambitions within the Six Goals programme, particularly, goal 4 "Rapid response in a physical or mental health crisis". The Trust has also mapped the interactions nationally and locally into the Six Goals Programme, with updates brought via the Integrated Strategic Planning Group to Strategic Transformation Board to consider impact for WAST strategic planning.																			
2. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project	WAST QI Team (QSPE)	• Checkpoint Q4 2022/23	Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF)																			
3. Implement nationwide approach to emergency department 'Fit 2 Sit'	CMO/CNO	• Checkpoint Q4 2022/23	<p>Acceptance at meeting of Chairs and CEOs led by JP on 8/6/2022 that a national approach to Fit 2 Sit should be adopted. Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit. Meetings brokered by National Collaborative Commissioning Unit. Attendance at meetings often in excess of 50 attendees. WAST proposed clinician guidance document circulated to all health boards. Challenges around universal patient criteria. Challenges around rapid handover with patient booking self in. Challenges within some hospitals in infrastructure to host monitored area of fit2sit patients. Fit to Sit SBAR (6 September 2022) sent to the Trust from the NCCU. To be discussed at the next IQPD meeting to focus on the variation in practice being seen. More data identified as a key area for development before an evaluation can take place. Commitment to no >4 hour waits and a reduction in 25% overall. These have not yet had any impact in most areas.</p>																			
4. 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	• Checkpoint Q4 2022/23	Incremental improvements to quality and safety data and information to enable triangulation. Access to ePCR data (NEWS) now available.																			
5. Continued Health Board interactions – my next patient, patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.	Executive Director of Quality & Nursing	• Monthly • Checkpoint Q4 2022/23	Monthly meetings continue to be held and the content of the health board reports are currently under review.																			
6. HIW Improvement Plan / Workshop– WAST inputs / influencing improvements Response and improvement actions to Healthcare Inspectorate Wales Inspection report (2021) 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover' which links to Fundamentals of Care.	Assistant Director of Quality & Nursing	• August 2022 in progress • Checkpoint Q4 2022/23																				
7. Participation in the CASC led workshop to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) V2.2, dated July 2019.	Executive Director of Quality & Nursing	• Checkpoint post pilot Q4 2022/23	Revised joint investigation approach agreed which is to be piloted from November 2022.																			
8. Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation	Director of Workforce & Organisational Development	• Q4 2022/23	Good progress with pilot of payment of the C1 license proved a positive move. Over 370 new starters recruited this year. 60 of the 100 will be operational on 23.0123 with 30 more operational at the end of Feb. 99.5% of the establishment of 1761 will be in post at the end of March. Higher attrition than forecast was experienced at the end of 2022.																			
9. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE	Director of Paramedicine	• Checkpoint Q4 2023/24	Bid not successful. Feedback received from Welsh Government that will be incorporated into future bids.																			

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					Inherent	5	5	25
					Current	5	5	25
					Target	3	2	6
			However, Trust decision to proceed with 18 MSC places. 10 started in September (North) with the balance (eight) on target for March 2023 start. • RAG status reframed around the new timelines / programme					
10. Senior system influencing	Trust Chair Chief Executive Officer	• Checkpoint Q4 2022/23	CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant fora e.g. recent paper provided by EDQNs to CEOs on pressures and risk. Continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm, with potential CEO summit to be arranged following recent meeting with Minister.					
11. Emergency Department cohorting	Director of Operations	• Closed	Evaluation of cohorting has been completed and as a result, there has been an agreement to terminate these arrangements in Morriston and GUH.					
12. Transition Plan	Chief Executive Officer	• Checkpoint Q4 2022/23	Formally submitted to Commissioners in December 2021. As above +100 FTEs secured although nonrecurring at this point in time. Also, funding for additional APPs not secured via Value Based Healthcare fund; however, decision of Trust to proceed with take up of 18 MSC places anyway. Further discussions with funders as part of IMTP 2023-2026 required and also possible rebasing of EMS Demand & Capacity Review with increased system pressures built in, during 2023. This is now a required action with terms of reference to be developed.					
13. Overnight falls service extension	Executive Director of Quality & Nursing	• Scheme extension agreed to 31 March 2023 • Checkpoint Q4 2022/23	A Falls Utilisation Task and Finish Group has been set up. Aim to achieve 60% utilisation of Falls Assistant resources, by December 2022 and achieve consistent utilisation of 60% + through January-March 2023. Utilisation was 58% in August and September 2022 and 65% in October 2022, demonstrating an increase of 7% in utilisation. Current utilisation for the night vehicles for November (up to 13th) is 64%. 117 incidents were attended in September compared to 158 incidents in October 2022. Additional 'ideal code set' identified through Utilisation Task & Finish group and approved by CPAS, which went live 08 November 2022. Anticipated to support sustained improved utilisation. The Trust now has 6 ideal code sets. Falls level 1 and 2 impact evaluation report well underway, anticipated to be available for end of November 2022.					
14. 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?	Chief Executive Officer	• Checkpoint Q142023/2024	Conducted in three phases over the next 6 to 9 months 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 Audit Wales updated the Audit Committee on the Review of Unscheduled Care work they are undertaking at its meeting on 15 September 2022.					
15. Consideration of additional WAST schemes to support overall risk mitigation through winter	Director of Operations	• Checkpoint Q4 2022/23	Winter modelling complete and being reported to Welsh Government via Joint Executive Team meeting (16 November 2022). Winter schemes identified and funded e.g. additional UCS, additional overtime etc. Performance Improvement Plan (the Trust's rolling tactical seasonal plan up to date). Good progress on Performance Improvement Plan (and associated schemes). Winter event undertaken 16 November 2022. Specific seasonal structures (business continuity) approved and currently being enacted.					
16. National 111 awareness campaign	Director of Partnerships and Engagement	• Checkpoint Q4 2022/23	National public awareness campaign funded by Welsh Government to promote appropriate use of services (111 as an alternative to 999/ED where appropriate) Upgrade to 111 website and symptom checkers also underway					

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:	09/01/2023			TREND	25 (5x5)
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					Inherent	5	5	25
					Current	5	5	25
					Target	3	2	6
		Director of Digital						
17. 24/7 Operational oversight by ODU with dynamic review and system escalation as required		Director of Operations	• Checkpoint Q4 2022/23	Realtime management and escalation of risks and harm with system partners Triggering and escalation levels within Clinical Safety Plan 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.				
18. Implementation of Same Day Emergency Care (SDEC) services in each Health Board		NHS Wales Health Boards	• Checkpoint Q4 2022/23	Welsh Government funding provided to each Health Board to implement SDEC WAST has nationally agreed referral rights to these services enabling us to avoid the emergency department with suitable patients SDEC Implementation: four sites live in Hywel Dda and one in Betsi Cadwaldr. Expectation is at least one per health board, 12 hours a day seven days a week. Ongoing discussions with other Health Board to agree implementation plan. Welsh Government has asked the Trust to forecast the level of patient flow into the existing and proposed SDECs, which may be lower than anticipated. Also, the Forecasting & Modelling Group is planning to model the impact of SDECs, which again may be lower than anticipated.				

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:	12/01/2023	TREND	20	
		Date of Next Review:	12/02/2023	➔	(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: 1,5, 9, 10, 12, 17, 18, 19, 20, 26, 34						
EXECUTIVE OWNER	Director of Workforce & Organisational Development	ASSURANCE COMMITTEE	People and Culture Committee			
CONTROLS		ASSURANCES				
		Internal Management (1st Line of Assurance)				
1. Managing Attendance at Work Policy/Procedures in place		1. (a) Policy reviews to ensure policies and procedures are fit for purpose (b) Audits by People Services on sickness				
2. Respect and Resolution Policy		2. Policy reviews to ensure policies and procedures are fit for purpose				
3. Raising Concerns Policy		3. Policy reviews to ensure policies and procedures are fit for purpose				
4. Health and Wellbeing Strategy		4.				
5. Operational Workforce Recruitment Plans		5.				
6. Roster Review & Implementation		6.				
7. Return to Work interviews are undertaken		7.				
8. Training		8.				
9. Directors receives monthly email with setting out ESR sickness data		9.				
10. Operational managers receive daily sickness absence data via GRS		10.				
11. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme		11.				
12. WAST Keep Talking (mental health portal)		12.				
13. Suicide first aiders		13.				
14. TRiM		14.				
15. Peer Support network		15.				
16. Coaching and mentoring framework		16.				
17. Staff surveys		17.				
18. Stress risk assessments		18.				
19. Sickness statistics are reported to SLT, SOT, People & Culture Committee, Trust Board and the CASC		19. Sickness forms part of Workforce Scorecard to People & Culture Committee				
20. External agency support e.g. St John Ambulance, Fire and Rescue		20.				
21. Strategic Equality Objectives		21. Policy reviews to ensure policies and procedures are fit for purpose				
22. Volunteers		22.				
23. Monthly reviews of colleagues on Alternative duties		23. Action plans arising from meetings with colleagues implemented through monthly diarised meetings				
24. Manager guidance on managing Alternative duties		24.				
25. Fortnightly report on absence to EMT and report to every meeting of People & Culture Committee		25. Minuted meetings and action logs for EMT & People & Culture Committee				
		External Management (2nd Line of Assurance)				
		1a. All Wales review of All Wales Attendance at Work Policy				
		Independent Assurance (3rd Line of Assurance)				
		1b. Internal Audits scheduled through Shared Services Partnership (controls 1 - 24)				
		2. Audit Wales – Taking Care of the Carers report in October 2021 (controls 1 - 24)				
					17	

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:	12/01/2023	TREND	20
		Date of Next Review:	12/02/2023	➔	(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
			Current	5	20
			Target	3	12
GAPS IN CONTROLS		GAPS IN ASSURANCE			
1. (a) Consistency and Application in Managing Attendance at Work Policy (b) Education and communication with managers about resources available and how to implement it e.g. stress risk assessments		1. There are other factors that impact on sickness which can't be controlled			
4a. Wellbeing policy currently being produced		8. Reporting on training compliance			
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received		9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers			
1 – 22 Education and communication with managers about resources available and how to implement it e.g. stress risk assessments					
		External Gaps in Assurance None identified at the present moment			
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:	
1. Implementation of Improving Attendance project		Deputy Director of Workforce & OD	31.09.23	Underway and ongoing. Downward trajectory 8.77% for November 2022.	
2. Implementation of Behaviours Refresh Plan		Assistant Director – Inclusion, Culture and Wellbeing	31.10.22	Underway and ongoing	
3. Long term sickness absence deep dive		Deputy Director of Workforce & OD	31.07.23	Underway and ongoing. Downward trajectory in levels of long term absence	
4. Develop guidance for line managers to support addressing challenging conversations and change		Deputy Director of Workforce & OD	31.07.22 Complete	Training produced and rolled out. Now BAU	
5. Roll out platform for raising concerns (in relation to Freedom to Speak Up Arrangements)		Freedom to Speak Up Arrangements Task & Finish Group	Extended from 31.07.22 to 31.03.23	Pushed out date in terms of project plans and impact of Industrial Action	
6. Strengthen Freedom to Speak Up Arrangements policy and advice		Deputy Director of Workforce and OD	31.05.23	Ongoing	
7. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements		Deputy Director of Workforce and OD	31.05.23	Ongoing	
8. Accountability meetings with senior ops managers		Deputy Director of Workforce & OD	30.09.22	Underway, conversations re sickness absence well established and continuing	
9. Attendance Management training for managers		Deputy Director of Workforce & OD	31.12.22 Complete and BAU	Underway and ongoing – now BAU 1.11.22	
10. PADR review including wellness questions		Assistant Director – Inclusion, Culture and Wellbeing	Complete	Complete. New PADR distributed October 22.	
11. Restart the Health and Wellbeing Steering Group		Assistant Director – Inclusion, Culture and Wellbeing	Complete	Complete – group started 17.10.22 and will meet quarterly.	
12. Roll out of meta data compliance policy solution		Senior ICT Security Specialist	31.12.22		

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:	06/01/2023	TREND →	20 (4x5)
				Date of Next Review:	06/02/2023		
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
IMTP Deliverable Numbers: 2,18, 26, 34, 38							
EXECUTIVE OWNER		Director of Partnerships and Engagement		ASSURANCE COMMITTEE		People and Culture Committee	
CONTROLS			ASSURANCES				
			Internal Management (1 st 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			6. Due to be considered by Board 26/01/23				
7. 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				
8. Escalation procedure for issues to the Board			7. Minuted meetings, action logs and Board papers				
GAPS IN CONTROLS			GAPS IN ASSURANCE				
1. Inability to control external environment			1.				
2. Dependency on Commissioners' decisions			2.				
3. Unpredictable external environment affecting the way the Trust operates			3.				
4.			4.				
5. Engagement Framework Delivery Plan in development and due to be considered by the Board in January 2023			5. Engagement Framework Delivery Plan in development and due to be considered by Board in November 2022				
6. Lack of resilience in the function – team is very small so any absences would have an impact on ability to respond			6.				
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. Report progress on Engagement Framework Delivery Plan to the People and Culture Committee		Director of Partnerships & Engagement	30.12.22 extended to 23.01.23	Will be considered by January 2023 Trust Board			
3. Monitoring internal Quality and Performance of Trust		Executive Management Team Finance and Performance Committee Quality, Safety and Patient Experience Committee People and Culture Committee Audit Committee	31.03.23 Checkpoint Date				
4. Engaging with internal and external stakeholders to develop confidence		CEO & Director of Partnerships & Engagement	31.03.23 Checkpoint Date				
							19

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:	06/01/2023		TREND →	20 (4x5)
				Date of Next Review:	06/02/2023			
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		
5. Monitoring external factors that may affect the Trust	CEO & Director of Partnerships & Engagement	31.03.23 Checkpoint date						

Risk ID 557	Potential impact on services as a result of Industrial Action			Date of Review:	12/01/2023	TREND	16
				Date of Next Review:	12/02/2023	NEW	(4x4)
IF trade unions take industrial action in response to the national pay award	THEN this is likely to disrupt our ability to provide a safe, efficient and good quality service in the 6 core areas the business	RESULTING IN potential harm to patients, adverse effect to patient outcomes, increase in SAls/concerns/coroners cases, negative media reports, and impact on the Trust's corporate reputation		Likelihood	Consequence	Score	
			Inherent	3	4	12	
			Current	4	4	16	
			Target	2	4	8	
IMTP Deliverable Numbers:							
EXECUTIVE OWNER		Director of Workforce & Organisational Development	ASSURANCE COMMITTEE		People and Culture Committee		
CONTROLS			ASSURANCES				
			Internal Management (1st Line of Assurance)				
1. Detailed planning process in place			1. Industrial action plan agreed and published				
2. Significant preparation for industrial action prior to events			2. Documented processes and actions				
3. Negotiations with TU officers on derogations			3. Communications and engagement across the organisation				
4. Communications with organisation on IA – regular WAST Live Q&As, briefings and updates							
5. IA issues discussed and recorded at EMT and ADLT							
6. ADLT and Managers co-ordinated on picket sites during IA days							
7. Strategic Command arrangements and HR cover for whole of strike period							
8. Lessons learned exercise after each strike day							
9. Engagement with wider network to maximise system preparedness and support			External Independent Assurance (3rd Line of Assurance)				
GAPS IN CONTROLS			GAPS IN ASSURANCE				
1. Need to determine life and limb cover to meet our legal requirements under the Industrial Action Regulations			1. Awaiting outcome of UNISON ballot (Feb 2023)				
2. No control or mitigation on TU decisions on derogations			2.				
3.			4.				
4.			5.				
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:		
1. Maximum engagement with TU colleagues			Director of WOD	Ongoing	Daily meetings with relevant TUPs		
2. Negotiate the best derogations possible to protect patient safety			Director of WOD	Ongoing	Derogations negotiated for each IA day		
3. Consider options for external support if necessary			Director of WOD / CEO	Ongoing	Watching brief		

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation		Date of Review:	23/12/2022	TREND	15 (3x5)
			Date of Next Review:	23/01/2023	↓	
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance	THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation		Likelihood	Consequence	Score
			Inherent	4	5	20
			Current	3	5	15
			Target	2	5	10
IMTP Deliverable Numbers: 1, 7, 9, 12, 16, 17, 24, 25, 26, 33, 35, 38						
EXECUTIVE OWNER		Director of Quality and Nursing	ASSURANCE COMMITTEE		People and Culture Committee	
CONTROLS			ASSURANCES			
			Internal Management (1 st Line of Assurance)			
1. Systematic review and assessment of Health and Safety arrangements and Governance (All NHS Wales -Health & Safety Management System - HSMS).			1. Assessment criteria set for health and safety management system (HSMS) all Wales system). HSMS approved at ADLT in 2022. ADLT members sponsorship for all 11 management principles.			
2. Health & Safety Governance and reporting arrangements – National Health, Safety and Welfare Committee. Reporting into People and Culture Committee. (PCC)			10. Trusts Legislative Compliance Register in place. Assessments to be reviewed in ADLT in January 2023. Monthly, Quarterly and Annual H&S performance reports to ADLT and H&S National Health, Safety and Welfare Committee. <ul style="list-style-type: none"> Quarterly performance reports to ADLT, EMT, PCC. Reports published on H&S webpage. H&S climate cultural survey developed to determine perception of Trust position against Bradley Curve. 			
3. Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, - Regulation 7 'Health and Safety Assistance'.			11. The Working Safely team ceased on 31.09.22. The approval of the transformation of the H&S function business case allowed for significant increase into the function which commenced on 03.10.22. This allowed for the new structure to be implemented.			
4. Health & Safety Policy and Corporate level Procedures.			12. H&S Policy approved in 2018. Following landing of business case, Policy review underway Q4 2022. Violence and Aggression Policy, Risk Assessment procedure, Display Screen Equipment procedure, Workplace premise audits inspection procedure in place. Control of substances Hazardous to Health (COSHH), New and expectant Mothers Risk Assessment Procedure awaiting approval at ADLT in Jan 2023. Dangerous Substances Explosive Atmospheres (DSEAR) Procedure, Lifting Operations Lifting Equipment / Provision and Use of Workplace Equipment (PUWER) combined Procedure in draft with an expectation of approval during Q1 2023. Lone worker Procedure ongoing- expectation of second draft Q1 2023. Trust wide Hazard register framework in place. Expectation of being presented at ADLT in Q4 2023.			
5. Mandatory Health and Safety training for all staff on ESR. Induction training in place for all new operational staff.			13. Quarterly statistics provided by ESR support team and incorporated into Health and Safety' quarterly and annual Performance reports. Induction training compliance held on ESR			
6. 2 year rolling programme of scheduled H&S premise audits.			14. Inspections are being undertaken in line with schedule.			
7. Risk assessments (including local risk assessments - Covid 19, workplace risk assessments, risk assessments covering EMS and NEPTs activities, operations risk assessments).			15. Workplace risk assessments are undertaken by local management teams, reviewed by H&S team and previously monitored by BCRT. These are being monitored by local operations managers. Other operational risk assessments and SOPs are held on dedicated Share-point sections. Performance metrics in place.			
8. Working Safely Strategic Programme Board (STB) to provide oversight of the Working Safely Action plan. Dynamic Delivery Action Group to continue to undertake actions on the Working Safely Action Plan.			16. Working Safely Action Plan has been agreed and this is being held to account by Strategic Transformation Board. Deliverables are being monitored through the Dynamic Delivery Group meeting. Terms of reference for Dynamic Delivery Group are approved.			
9. Rolling programme of IOSH Managing Safely- for Managers- scheduled training programme in place.			17. Attendance and competency figures provided in a quarterly report to ADLT, National Health, Safety and Welfare Committee and People and Culture Committee.			
10. IOSH Leading Safely for Directors and Senior Managers training in place.			18. Attendance and figures provided in monthly report to ADLT. Personal safety commitments are being monitored on a quarterly basis			

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation		Date of Review:	23/12/2022		TREND	15	
			Date of Next Review:	23/01/2023		↓	(3x5)	
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance		THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation		Likelihood	Consequence	Score	
					Inherent	4	5	20
					Current	3	5	15
					Target	2	5	10
11. Board development Day covering Health & Safety Management and Culture Awareness training undertaken in April 2022.			19. Diarised meeting.					
12. Health and Safety Management System recognised document approval routes for health and safety documentation.			20. Approved and minuted at ADLT meeting in 2022.					
13. IOSH Leading Safely training delivered to majority of Board and Executive Team on 26 July 2022.			21. Compliance metrics held on H&S team database.					
14. IOSH Leading Safely additional sessions for new Board /EMT members and ADLT to be scheduled for 2023.			22.					
15. Leading Safely, Safety Positive conversations training to be delivered to Board and EMT in March 2023.			23.					
16.			24. Internal Audit to be undertaken in Q4 22/23 (controls 1– 10) (External Independent Assurance (3rd Line of Assurance)					
GAPS IN CONTROLS			GAPS IN ASSURANCE					
1.			1. Baseline audit for HSMS not to be commenced till Q1 2023 (being addressed in Action 1)					
2. Subgroups of National H&S and Welfare Committee currently under review. (being addressed in Action 2)			2. H&S Climate Cultural survey to be rolled out once political pressures (IA) reduce. Expectation of roll out Q4 2023 (being addressed in Action 3)					
3.			3.					
4. The Health and Safety Policy and some procedures are due to be reviewed by the end of Q4 2022 in Q1 2022 (being addressed in Action 4)			4. (a) Review of H&S Policy is due at end of Q4 2022 (being addressed in Action 4) (b) Workforce Transformational change will influence content within H&S policy (being addressed in Action 4)					
5. Poor uptake in statutory and mandatory H&S training (being addressed as part of Actions 5)			5.					
6.			6. Two-year Schedule for H&S inspections and visits commenced September 2022. Compliance metrics, themes and trends are to be included within monthly, quarterly and annual performance reports. (being addressed as part of Actions 6)					
7.			7. (a) Current copies of risk assessments and SOPs are not available at all stations. (being addressed as part of Actions 7) (b) Lack of clarification over many SOPs are required until HSMS baseline audit has been completed. (being addressed as part of Actions 7)					
8. Operational pressures on service impacting on Working Safely Programme delivery (being addressed in Action 8)			8.					
9. Staff availability to attend training (being addressed in Action 5)			9. Work ongoing to determine how many Managers require IOSH Manging Safely. (being addressed in Action 9)					
10. Effective learning from events to be documented (being addressed in Action 8)			10. Currently there is no structured monitoring process in place to ensure attendance on the IOSH Leading Safely course. (being addressed in Action 5)					
Actions to reduce risk score or address gaps in controls and assurances			Action Owner	By When/Milestone	Progress Notes:			
1. Meetings to be scheduled to undertake baseline assessment and feedback to EMT.			Head of Health and Safety	Q1 2023				
2. Meetings to be held with TU partners and AD/Head of H&S to agree arrangements for sub-groups.			Head of Health and Safety	Q4 2022	ToR Developed and presented at National HSW Committee in Q2 2022. Further discussions requested a Charter arrangement. Draft Charter developed and presented in National HSW committee in Q3 2022. Further discussions requested by TU partners.			
3. Assessment to be undertaken in Q4 of political pressure to determine viability of conducting culture survey			Head of Health and Safety	Q4 2022				
4. H&S Policy Group meeting to be established and draft policy to be created			Head of Health and Safety	Q4 2022/Q1 2023	Initial meeting held in December 2022 first draft to be presented at Policy Group Meeting in January 2023 for comments from key stakeholders.			

Risk ID 199	Failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health & Safety statutory legislation		Date of Review:	23/12/2022		TREND	15
			Date of Next Review:	23/01/2023		↓	(3x5)
IF there is a failure to embed an interdependent and mature health and safety culture, effective arrangements and associated governance	THEN there is a risk of a potential breach in compliance with the requirements of the Health & Safety at Work etc. Act 1974 and associated regulations and other statutory instruments	RESULTING IN death or serious injury, and punitive actions from multiple enforcement agencies including penalties and adverse publicity leading to damage to reputation		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	3	5	15	
			Target	2	5	10	
5. Quarterly report on training compliance to be presented to ADLT for actioning within respective Directorates		Head of Health and Safety	Q3 2022	Report is a standard section of quarterly H&S performance report to ADLT			
6. IT solution being investigated to collate data from inspections to enable trending and monitoring of actions generated		Deputy Head of Health and Safety	Q4 2023	The audit proforma has been migrated onto MS Forms to allow for improved data collection.			
7. H&S advisors will liaise with local management teams to identify risk assessments and SOP's in place and ensure visibility on SharePoint		Deputy Head of Health and safety	Q2 2023				
8. Priority Elements of Working Safely Action Plan to be identified and programme schedule presented to STB to ensure sufficient support from Operational Teams. migrate into Annual Health and Safety Improvement Plan.		Head of Health and Safety	Q4 2022	Priority actions for 2023-24 identified as Culture, Manual Handling, Violence and Aggression, Incident investigation training.			
9. Review of number of line managers within the Trust to put in place a suitable schedule to roll out training.		Deputy Head of Health and Safety	Q2 2023	Interim schedule in place to address known line managers.			
Completed Actions		Action Owner	When /Milestone	Progress Notes:			
1. Delivery of the Working Safely Action Plan (WSAP) (Priority top 25)		Head of Health & Safety	31.09.22 Partially completed.	Pump and Prime phase commenced 01.09.21. Closure report for PPP presented to EMT during Q3 2022/23. Working Safely Programme to continue being monitored by STB. Four priorities determined for 2023/24- Violence & Aggression, Culture, Manual Handling and Incident Investigation.			
2. IOSH Leading Safely training to be delivered to Exec Team and Board (forms part of WSAP)		Head of Health & Safety	31.12.22 Partially completed	Training delivered to Board and Executive team on 26.07.22. Further sessions to be scheduled for Q4 2022/2- Q1 2022/23 for new members.			
3. WAST Leading Safely Behavioural Audit training to Exec Team and Board (forms part of WSAP)		Head of Health & Safety	31.12.22 Scheduled	Scheduled for BDD - February 2023.			
4. H&S team workforce review (accompanying Business Case forms part of this) (this forms part of WSAP)		Head of Health & Safety	31.03.22 Completed	Completed- Workforce review fully implemented 03.10.22			
5. Culture survey to all members of staff (forms part of WSAP)		Head of Health & Safety	30.09.22 Partially completed	Survey developed and to be presented at National H&S Committee on 02.11.22 and SOT in December for feedback. Decision made during Q3 2022/23 to postpone survey unit political pressures ease. Expectation of roll out Q4 2023-Q1 2023/24.			
6. A compliance register that describes the requirements of the various Health & Safety legislation that the Trust needs to comply with (part of WSAP)		Deputy Head of H&S	30.06.22 Completed	Compliance Register framework developed Q2 2022.			
7. An initial assessment will provide assurance on how we are complying with the legislation.		Deputy Head of H&S	Partially completed Assurance - 0.06.22 Rolling programme of assessments – 31.12.22 (Checkpoint date)	Assessments undertaken. Some outstanding estates assessments scheduled January 2023.			

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:	13/01/2023	TREND 15 (3x5)	
			Date of Next Review:	13/02/2023		
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
IMTP Deliverable Numbers:						
EXECUTIVE OWNER		Director of Workforce & OD	ASSURANCE COMMITTEE		People & Culture Committee	
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.			
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. Agendas and minutes of meetings produced for each meeting.			
7. WAST Keep Talking (mental health portal)			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. Information in TRiM Teams folder.			
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.			
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 WOD 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 WOD 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.			
			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			
11. Need to increase the education and communication with managers about stress risk assessments			<ul style="list-style-type: none"> Lack of awareness about staff wellbeing services 			
			<ul style="list-style-type: none"> Effects of REAP 4 affecting the ability of staff to engage with staff health and wellbeing services 			

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:	13/01/2023	TREND	15 (3x5)
				Date of Next Review:	13/02/2023	➔	
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	
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	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.		
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.		

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:	12/01/2023	TREND	12		
				Date of Next Review:	12/03/2023	➔	(4x3)		
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained		THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised		RESULTING IN a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score	
				Inherent		5	3	15	
				Current		4	3	12	
				Target		4	3	12	
IMTP Deliverable Numbers: 2, 4, 6, 11, 20, 34									
EXECUTIVE OWNER		Director of Workforce and Organisational Development		ASSURANCE COMMITTEE		People & Culture Committee			
CONTROLS				ASSURANCES					
				Internal Management (1 st 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 as a result 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					
				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. Develop an action plan from the recommendations of the ACAS report				Deputy Director of Workforce & Organisational Development		Completed 12/01/23	Action Plan for delivery created and shared with TU Secretary for feedback from TUPs		
2. Agree the ToR for refreshed Partnership Forum meeting and move back to a business-as-usual footing				Deputy Director of Workforce & Organisational Development		Completed 12/01/23	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.		
3. Proposed 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				Deputy Director of Workforce & Organisational Development		Completed 12/01/23	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 26 th Sept. Draft plan in development to capture actions from the meeting. Actions from the ACAS recommendations will		

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:	12/01/2023	TREND	12 (4x3)
				Date of Next Review:	12/03/2023		
IF the response to tensions and challenges in the relationships with TU partners is not effectively and swiftly addressed and trust and (early) engagement is not maintained	THEN there is a risk that TU partnership relationships increase in fragility and the ability to effectively deliver change is compromised	RESULTING IN a negative impact on colleague experience and/or services to patients		Likelihood	Consequence	Score	
			Inherent	5	3	15	
			Current	4	3	12	
			Target	4	3	12	
				be added on receipt. Report received in October. Action plan developed and shared with TUs. Implementation underway			
4. Minutes of formal Partnership Forum should be reported to PCC or Board in future (return to BAU).		Deputy Director of Workforce & Organisational Development	Completed 12/01/23	WASPT feeding into PCC			

IMTP Deliverable Key

No.	IMTP Deliverable
1	We will recover our systems of working and implement new ways of working developed during the pandemic as we learn to live with COVID-19
2	We will engage with a range of stakeholders, developing genuine Pan-Wales representation on partnership structures and delivering strong political and media relationships across the spectrum
3	We will develop and deliver a collaborative programme of work to design and implement new models within EMS (Inverting the Triangles)
4	We will work with partners to promote and expand use of 111 across Wales
5	We will increase the capacity and capability of the clinical teams for 111 and 999 callers, increasing clinical information available to them and we will create one integrated national team
6	We will work with partners to increase the number of seamless 24/7 pathways from the 111 clinical team to appropriate face to face consultations
7	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
8	We will increase accessibility, content and user experience of the 111 Digital front end, which can offer increasingly personalised advice
9	We will increase and balance response capacity and capability across urban and rural area of Wales
10	We will increase skill levels and resources (information, equipment and technology) available to clinicians on scene to allow them to most effectively assess and treat patients
11	We will work with partners to increase number of seamless 24/7 referral pathways as alternatives to ED conveyance and improve hospital handover
12	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
13	We will develop and deliver an improvement plan for NEPTS and increase capacity where required to meet demand
14	We will develop and implement with partners an-All Wales transfer and discharge service
15	We will continue to deliver against our Transport Solutions Programme to embed as a business-as-usual approach to service delivery
16	We will take steps to continuously improve the safety and quality of the service and provide an improved patient experience
17	We will improve resource availability, tackling absence and recruitment challenges to deliver improved performance
18	We will effectively manage risk, governance and compliance to promote and protect colleague and patient safety, and ensure a safe, productive and fair work environment
19	We will purposefully shape our future People and Culture Strategy to equip our people to thrive in a changing environment
20	We will foster a culture of belonging and wellbeing where our people can engage, feel supported and represented
21	We will improve access to, and availability of services via the 111 Wales website and other digital channels (NHS Wales app)
22	Improved signposting to the most appropriate service
23	Improved digital tools and services to empower our teams to do their best
24	We will use modern technology to reduce repeat tasks and improve processes
25	Standardised information architecture and common approach to data and analytics across the organisation
26	We will deliver greater insights to WAST and NHS Wales, through improved data sharing, analytics and visualisation
27	Improved resilience, flexibility and interoperability for the 999-call platform
28	We will provide an improved financial plan to support our ambitions
29	Finalise our organisational position on achieving University Trust Status (UTS) in collaboration with WG, embracing a culture of learning, research and innovation
30	We will deliver the Estates Strategic Outline Plan
31	We will implement the Environmental and Sustainability Strategy
32	Deliver the Fleet SOP
33	We will secure and implement Quality Management and control systems
No.	IMTP Deliverable
34	We will transform the way we work and engage with people
35	We will revisit and implement the Public Health Plan
36	We will implement the Clinical Strategy to support developments across our service ambitions
37	We will deliver a values-based approach
38	We will deliver strong risk management processes and embed a Trust-wide risk culture that embeds the principles of good governance



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Improving Attendance Update

P&C Committee 14th March 2023





Improving Attendance Programme

EXECUTIVE SUMMARY

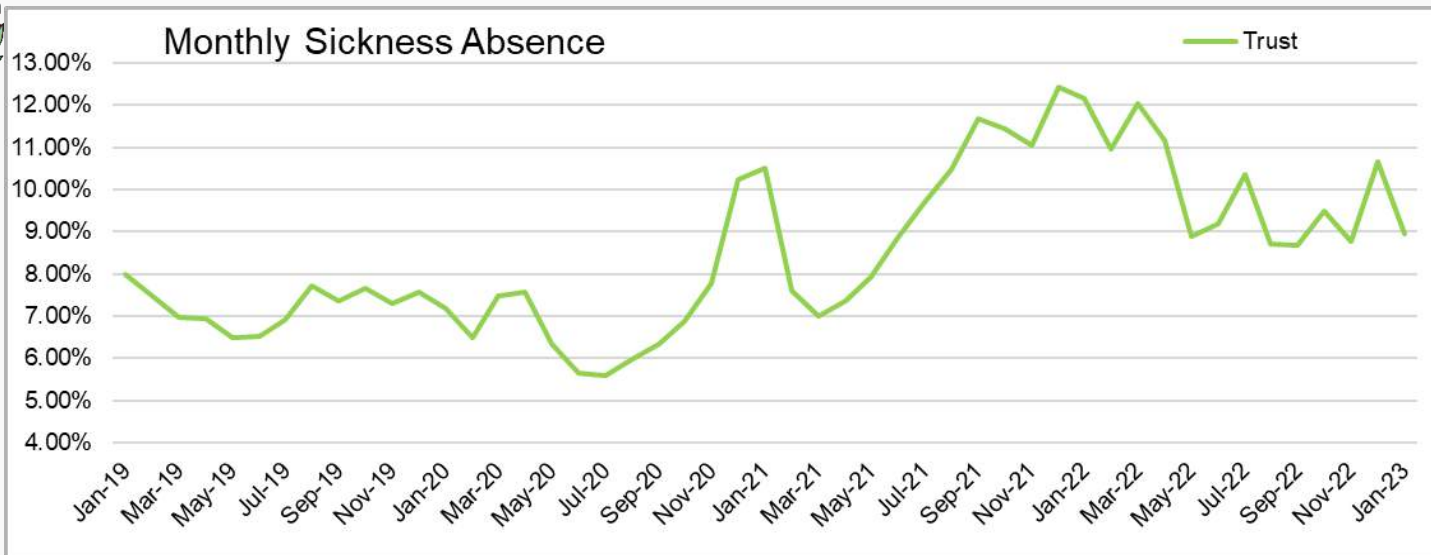
- November saw a good decrease in sickness absence as COVID and seasonal illnesses reduced
 - December data noted an increase again as seasonal illnesses increased and there was a slight increase in COVID absences again however January was significantly better than December
 - February indicative absence for the Trust is 8.04%, with long term at 5.10%, with short term at 2.94%.
- Sickness absence is high in EMS Co-ordination. There has been a high incidence of COVID post-Christmas, which has contributed to this level of absence
 - Positive and proactive engagement continues between People Services, Occupational Health and Management:
 - Meetings continue to support career conversations for those off with Long Covid
 - Bitesize training continues – sessions are planned throughout January
 - Sickness audits have been completed in EMS Co-ordination and results are being reviewed with action plans to support actions needed
 - KPIs have been agreed to support achievement of sickness absence target

	Trust Absence FTE %	Operations FTE %	Absence FTE
07/22	10.35%	11.31%	12,676.47
08/22	8.72%	9.47%	10,559.77
09/22	8.68%	9.38%	10,138.28
10/22	9.48%	10.26%	11,721.25
11/22	8.77%	9.44%	10,599.37
12/22	10.65%	11.40%	13,475.88
01/23	8.85%	9.49%	11,292.27

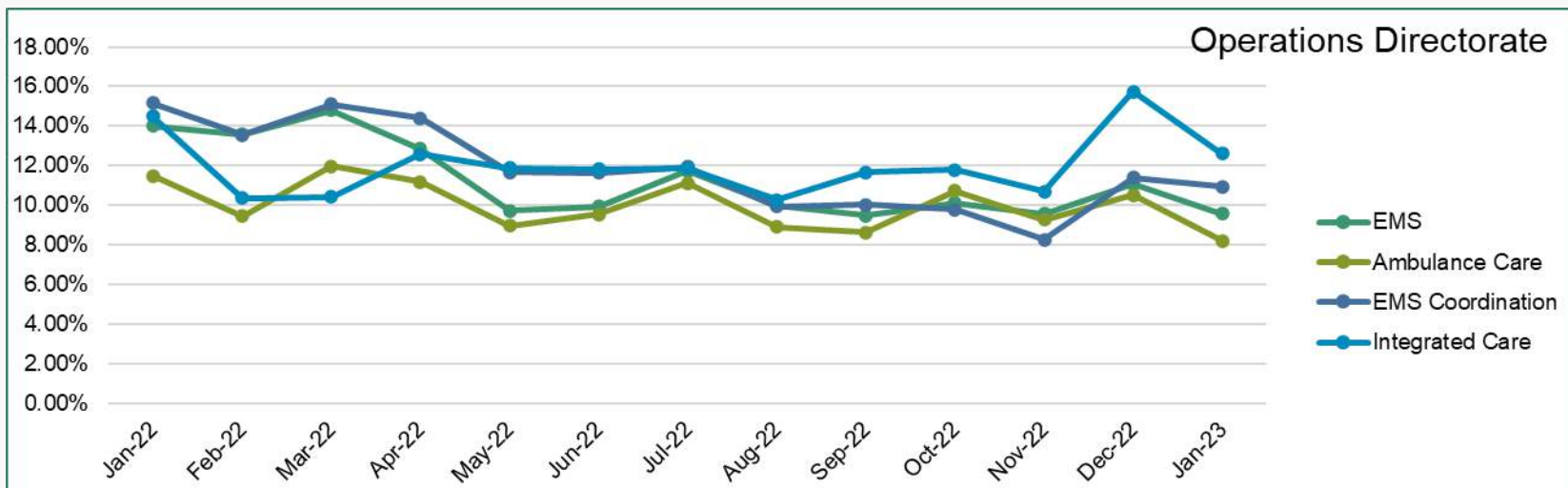




WAST: Sickness Absence



	2020	2021	2022	2023
Jan	7.17%	10.51%	12.15%	8.95%
Feb	6.49%	7.61%	10.95%	
Mar	7.48%	7.00%	12.03%	
Apr	7.56%	7.35%	11.16%	
May	6.33%	7.93%	8.89%	
Jun	5.66%	8.85%	9.19%	
Jul	5.59%	9.70%	10.35%	
Aug	5.97%	10.48%	8.72%	
Sep	6.34%	11.67%	8.68%	
Oct	6.89%	11.43%	9.48%	
Nov	7.79%	11.04%	8.77%	
Dec	10.26%	12.43%	10.65%	



	EMS	Ambulance Care	EMS Coordination	Integrated Care
Jan-22	14.00%	11.47%	15.16%	14.48%
Feb-22	13.59%	9.46%	13.56%	10.35%
Mar-22	14.80%	11.96%	15.08%	10.41%
Apr-22	12.86%	11.17%	14.41%	12.56%
May-22	9.71%	8.95%	11.67%	11.89%
Jun-22	9.93%	9.54%	11.62%	11.82%
Jul-22	11.73%	11.13%	11.92%	11.87%
Aug-22	10.00%	8.91%	9.93%	10.28%
Sep-22	9.49%	8.62%	10.01%	11.66%
Oct-22	10.10%	10.71%	9.79%	11.78%
Nov-22	9.58%	9.26%	8.27%	10.68%
Dec-22	11.06%	10.51%	11.38%	15.74%
Jan-23	9.56%	8.21%	10.93%	12.59%



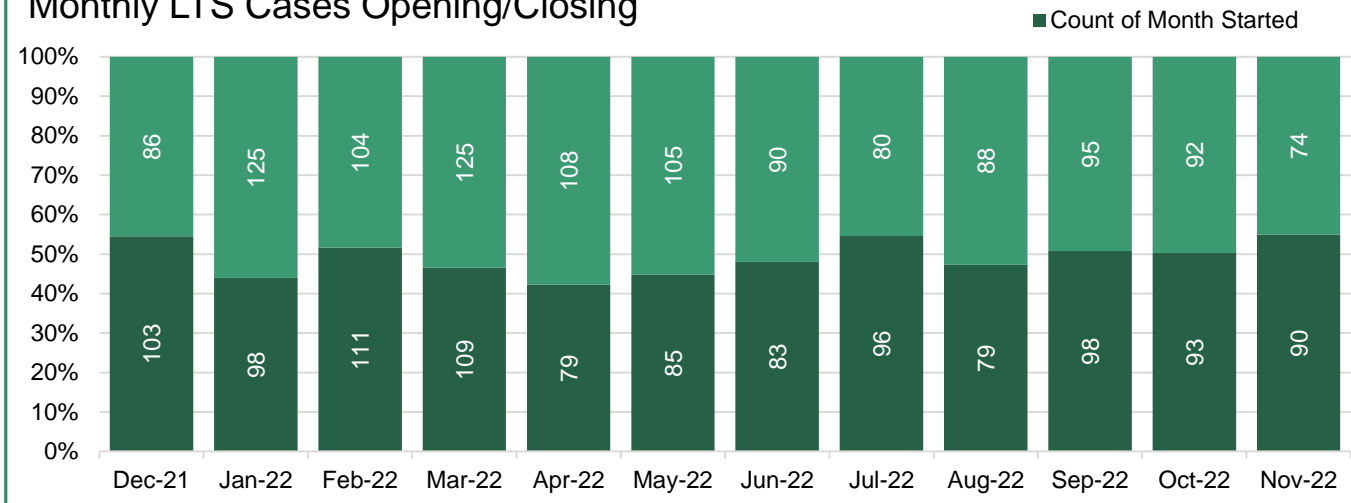


Analysis: Sickness Absence – Overview

November 2022

Average working days lost per FTE (Annual)	
23.30	days
Single month Absence %	
8.78%	
Long Term	Short Term
5.49%	3.29%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.44%	1.06%

Monthly LTS Cases Opening/Closing



Absence Reason	Headcount	Abs Occurrences	%	Abs FTE%
S10 Anxiety/stress/depression/other psychiatric illnesses	164	166	27.8	2.44%
S12 Other musculoskeletal problems	77	78	12.1	1.06%
S15 Chest & respiratory problems	100	100	7.2	0.63%
S13 Cold, Cough, Flu - Influenza	141	141	7.1	0.62%
S27 Infectious diseases	97	98	7.1	0.62%
S11 Back Problems	48	49	6.6	0.58%
S25 Gastrointestinal problems	127	127	5.8	0.51%
S28 Injury, fracture	39	39	5.7	0.50%
S19 Heart, cardiac & circulatory problems	28	28	3.8	0.34%
S98 Other known causes - not elsewhere classified	26	26	3.0	0.26%

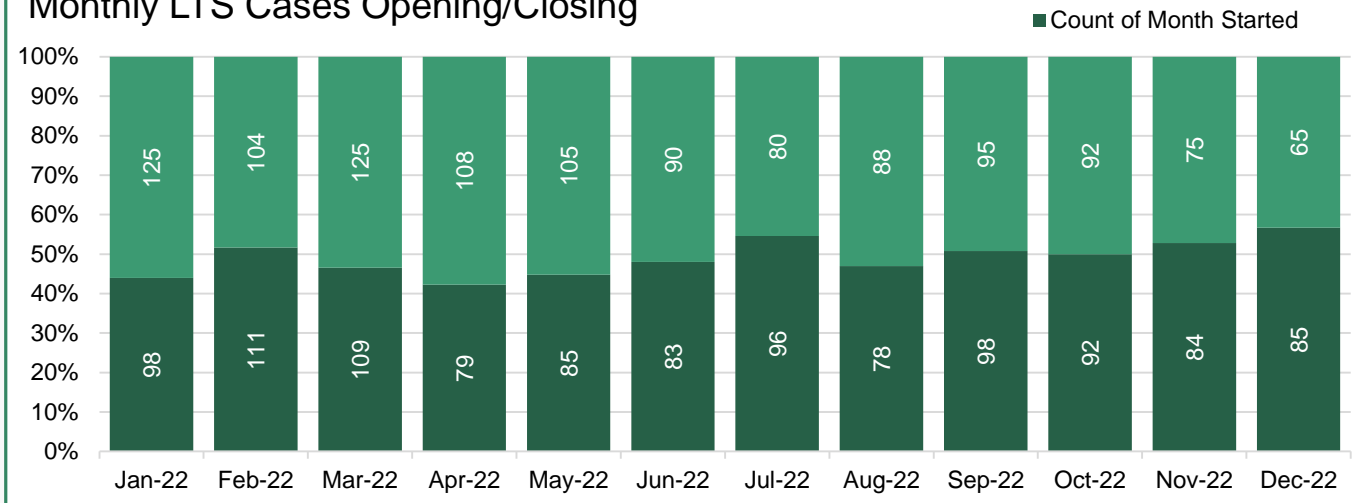


Analysis: Sickness Absence – Overview

December 2022

Average working days lost per FTE (Annual)	
22.96	days
Single month Absence %	
10.64%	
Long Term	Short Term
6.05%	4.60%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.41%	(excluding Back) 1.13%

Monthly LTS Cases Opening/Closing



Absence Reason	Headcount	Abs Occurrences	%	Abs FTE%
S10 Anxiety/stress/depression/other psychiatric illnesses	165	169	22.6	2.41%
S13 Cold, Cough, Flu - Influenza	333	339	13.2	1.41%
S15 Chest & respiratory problems	169	173	10.7	1.13%
S12 Other musculoskeletal problems	79	79	10.6	1.13%
S27 Infectious diseases	164	166	8.9	0.95%
S11 Back Problems	44	44	5.8	0.62%
S25 Gastrointestinal problems	157	161	5.7	0.60%
S28 Injury, fracture	34	34	3.9	0.41%
S21 Ear, nose, throat (ENT)	51	51	3.0	0.32%
S99 Unknown causes / Not specified	37	37	2.9	0.31%



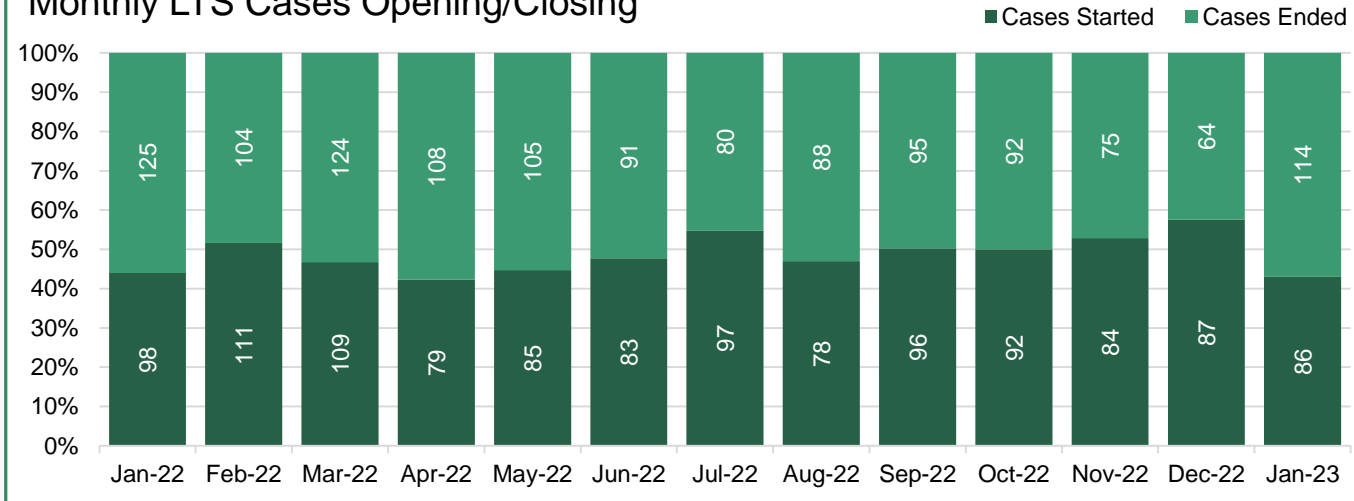


Analysis: Sickness Absence – Overview

January 2023

Average working days lost per FTE (Annual)	
22.38 days	
Single month Absence %	
8.94%	
Long Term	Short Term
5.69%	3.25%
Mental Health	Other MSK
(S10 Stress/Anxiety) 2.35%	(excluding Back) 1.04%

Monthly LTS Cases Opening/Closing

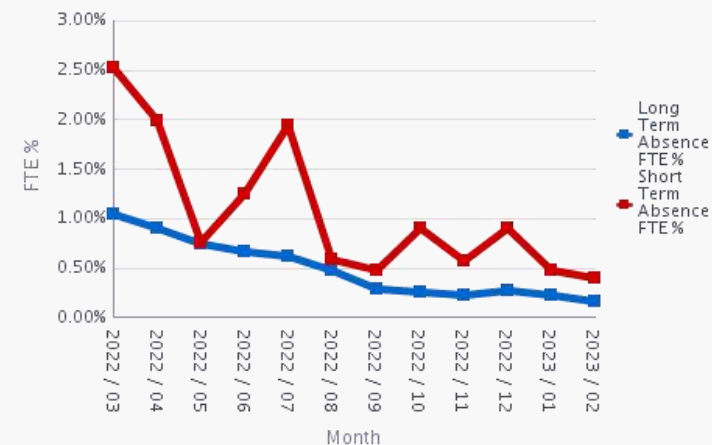
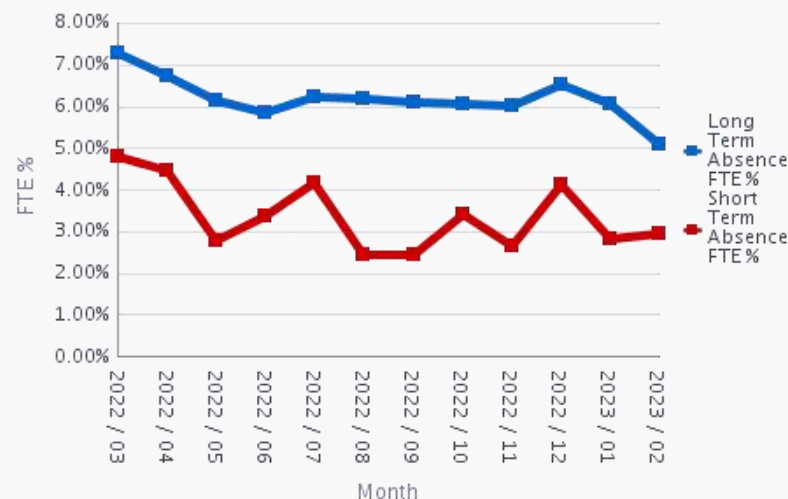
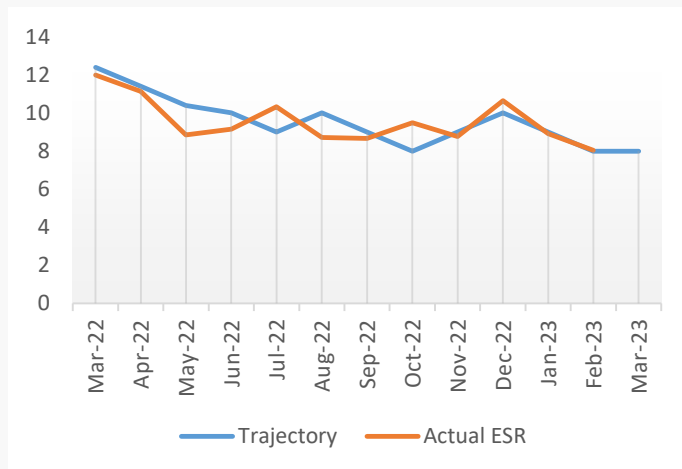


Absence Reason	Headcount	Abs Occurrences	%	Abs FTE%
S10 Anxiety/stress/depression/other psychiatric illnesses	168	171	28.6	2.36%
S12 Other musculoskeletal problems	77	78	12.6	1.04%
S13 Cold, Cough, Flu - Influenza	184	185	11.3	0.94%
S15 Chest & respiratory problems	79	80	6.4	0.53%
S11 Back Problems	46	46	5.8	0.48%
S25 Gastrointestinal problems	113	116	4.9	0.40%
S19 Heart, cardiac & circulatory problems	27	27	4.8	0.39%
S99 Unknown causes / Not specified	39	39	4.1	0.34%
S28 Injury, fracture	28	28	3.5	0.29%
S21 Ear, nose, throat (ENT)	47	49	3.3	0.27%





Trust Wide MAAW Analysis



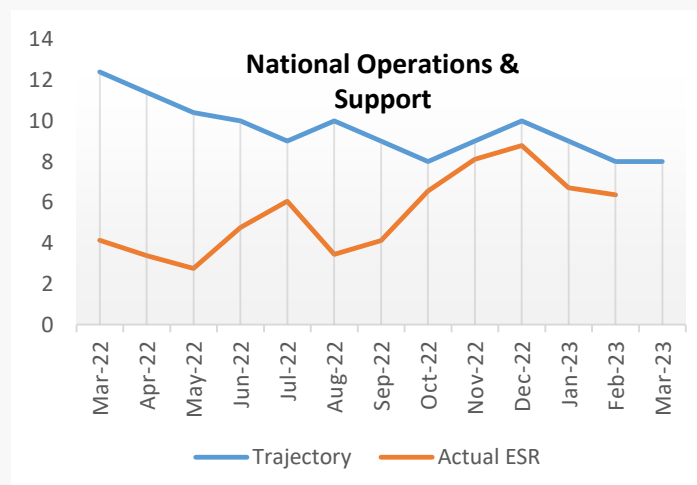
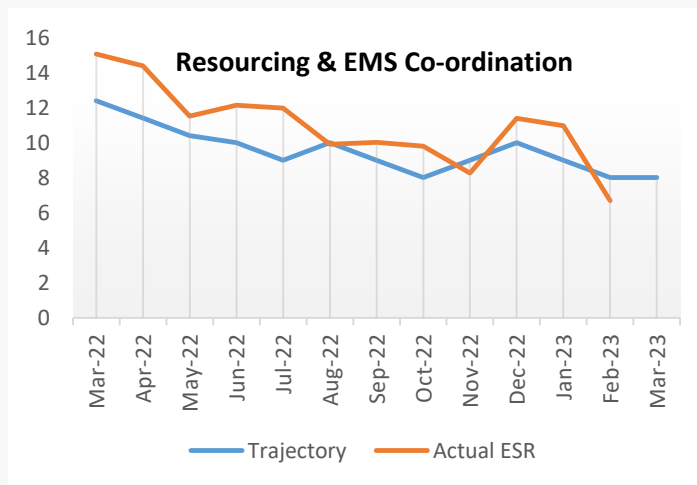
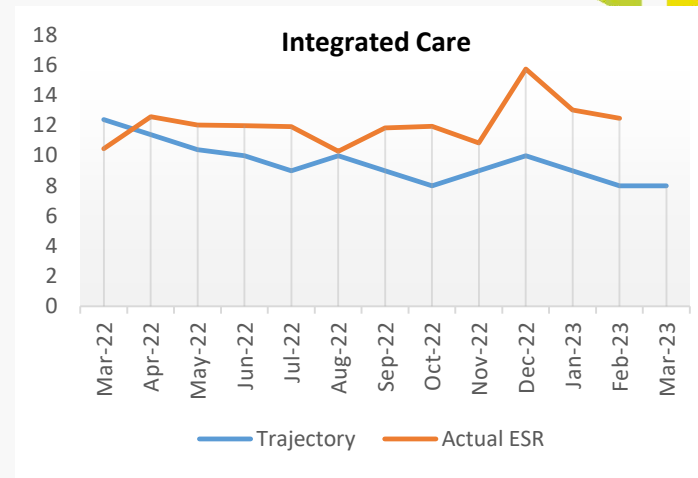
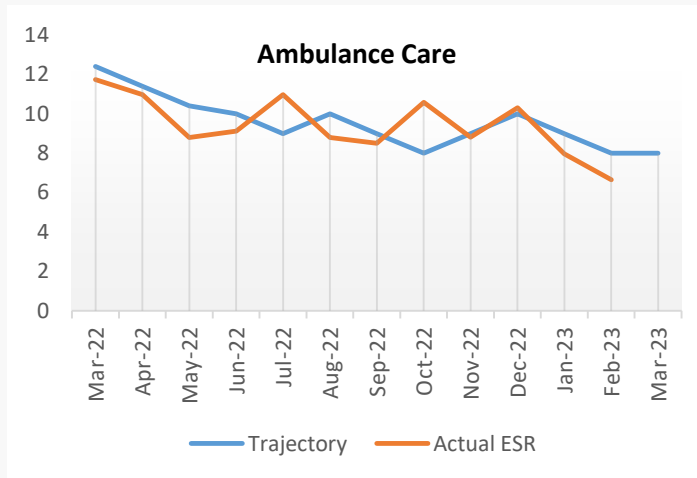
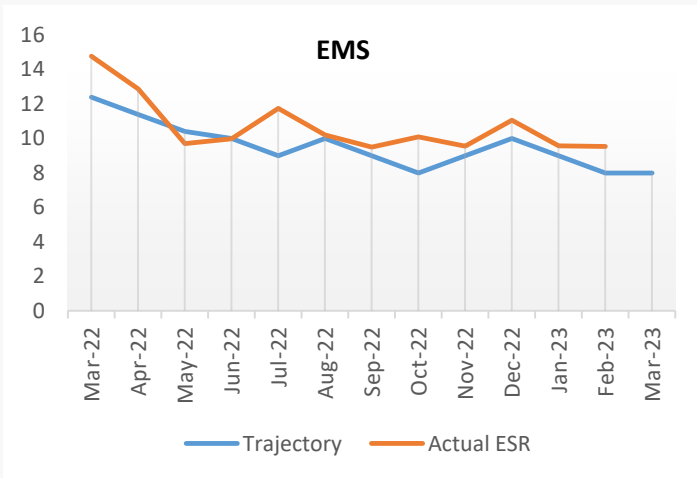
COVID Analysis

- Sickness decreased in January across the Trust and was in line with the trajectory
- Early indications are that February will see a decrease in sickness absence (decrease for long term, with a slight increase in short term sickness)
- The number of individuals off with long COVID continues to remain low (currently 6 as of 06.03.2023)





Actual vs Trajectory (February figures are indicative)





Improving Attendance Programme



- Concentrated support for EMS CTM. Whilst these figures are only indicative, January is showing a decline in sickness absence, which is promising, especially given Christmas and IA.
- High level analysis has been undertaken to review 111 sickness absence - short-term sickness is currently the highest it has been since January 2021. Discussions are being planned to review this with Head of Service, with a view to undertaking a deep dive for short term sickness.
- In December, cough, colds, flu was the second highest reason for absence - this is a change from recent months, where other MSK has been the second highest reason for absence.
- Work has begun with the ESR team, to look at how we can utilise ESR to record MAAW training, so that we can target attendance.
- The industrial injury process has been reviewed, using simplified language and a clearer process. Drop in sessions are available for managers to discuss industrial injury claims.





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Improving Attendance Internal Audit

P&C Committee 14th March 2022





Improving Attendance Audit Review



- The NWSSP audit team have recently reviewed attendance management in WAST
- The final audit report was received on 29th November 2022
- The focus was to assess the effectiveness of the early intervention mechanisms the Trust has put in place to improve staff attendance
- The audit classification was reasonable assurance
- There were no high priority recommendations made





Improving Attendance Audit Review



- The audit notes the work that we are doing to reduce sickness absence in WAST
- A range of data sources was provided e.g. reports to PCC and EMT, data reporting from systems
- Audit looked at the sickness trends data recognising the three highest reasons for sickness absence – mental health, musculoskeletal and chest / colds etc
- Interviews were undertaken with a number of WOD colleagues to establish processes, information and progress.





Audit Recommendations – Medium priority

Recommendation

- Review and reinstate the process and compliance toolkit for sickness audits to ensure consistency of approach and reporting.
- Incorporate gaining user or manager feedback on the effectiveness of proactive mechanisms as part of the sickness audit process.
- Consider expanding the recording of training attendance beyond the key programme to include the wider range of events and workshops. This could support analysis of training impact on sickness levels
- Consider methods for monitoring attendance at key training courses, and ensure regular inclusion of attendance figures within future reporting

Action

- We are reviewing the toolkit and value to WAST to keep the elements that add value and update the parts which don't.
- This will be done via surveys. Manager's survey submitted.
- Including the ½ day statutory training. Recording via spreadsheet as no LMS to maintain data.
- Manager Essentials training will also be rolled out shortly
- Reporting attendance to EMT.
- Following up with non-attendees to rebook.





Audit Recommendations – Medium priority

Recommendation

- Investigate means to measure the quality and effectiveness of proactive mechanisms put in place to manage sickness absence.
- 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.
- Include additional detail within its sickness reporting to capture if there are reductions in number of working days lost.
- Ensure key changes are shared at an appropriate forum (ADLT or EMT) on a regular basis.
- The Improving Management plan should be reviewed to ensure all actions have an assigned lead, start/finish date, and are appropriately RAG rated.

Action

- Difficult to do this as so many interventions have been put in place due to timelines and extent of the challenge.
- Setting up T&F group to review options.
- See above re T&F group
- Including this in EMT slide deck
- Will share with ADLT
- Completed





Audit Recommendations – Low Priority

Recommendation

- Agree a set definition of what constitutes alternative duties. Following this the Trust should continue to investigate methods of gathering information including the measurement of the effectiveness of providing alternative duties for staff to return to work after a sickness absence.
- Consider developing longer term comparisons of alternative duties reporting to indicate where they support more staff in returning to work sooner

Action

- Will work with resourcing team on this as driven in part by GRS data.
- Low priority. Not actioned yet (based on workload and demands on the team).





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AGENDA ITEM No	14
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – January 2023
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MEETING	People and Culture Committee
DATE	14 th March 2023
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning and Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning and Performance Nicola Quiller – Senior Commissioning & Performance Analyst
CONTACT	Hugh.bennett2@wales.nhs.uk Nicola.Quiller@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 **January 2023** (with the exception of Sickness, where December 2022 data is provided).

This Report contains information on 24 key indicators. The indicators used at this high-level show, in many areas, a continued poor picture in terms of the quality and safety of the service that the Trust can provide to patients.

RECOMMENDATION

Committee is asked to: -

- **Consider** the January 2023 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 **January 2023**.

BACKGROUND

2. This Integrated Quality & Performance Report contains information on 24 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 a part of this committee/Board report will be updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against our plans (IMTP) and strategies. This annual review is complete and was endorsed at the July 2022 Finance & Performance Committee and Trust Board meetings; some final amendments are still required in the next iteration.

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 answering times have been challenged through significant increases in call demand. The median and 65th percentile performance remain good; however, the call answering tail increased in December 2022 to 1 minutes 34 seconds, which is higher than the Trust would want. An Intelligent Routing Platform (IRP) was switched on in November 2022. The IRP enables BT to re-route 999 calls between different ambulance services in the UK. These re-routed 999 calls accounted for up to 9% of the Trust’s daily 999 demand. This percentage continued to increase during December and on the 21 December 2022 it was suspended, with a significant uplift in the Trust’s performance as a result (January 2023 95th percentile 3 seconds), this has now been switched back on as a pilot, however call volumes at present through this stream are low.
7. No additional funding was secured into 2022/23 for 999 call handlers (demand - relief gap 39 FTEs). Forecasting and modelling has been completed and fed into the EMS Co-ordination Reconfiguration project with a re-rostering project on target

for completion by March 2023, although this may now be delayed by maximum escalation in December 2022 and strike action. The roster review is proceeding without the funding for the relief gap in call handlers.

8. 111 call answering performance remains poorer than the Trust would want. December saw the service reach an unprecedented demand which resulted with a business continuity incident. Calls reached as high as 3,000 – 4,000 calls on the weekdays in late December with the weekend reaching highs of 6,000 plus calls. Christmas to New Year weekend saw the highest ever demand, recording over 8,000 calls on Sunday. The demand resulted in the infrastructure systems not being able to support the number of calls. Immediate resolutions were required to keep the service online including changing the call waiting length of time along with additional servers installed to meet the demand. Negotiations with commissioners earlier in the year suggested that the Trust has broadly the right number of commissioned and funded call handlers in post, however, there has been a recent agreement to uplift numbers by 10 WTE and work is ongoing to recruit these additional staff. Further work is required to reduce capacity lost through sickness absence, aligning capacity with demand and improving the efficient use of resource. A peer review of the 111 service has just been completed, which the Trust is currently considering; a key area of focus is likely to be re-rostering and moving to fixed roster patterns. A project initiation document is currently being developed for the potential re-rostering project.
9. **111 Clinical response:** whilst the Trust continues to see achievement of the clinical call back times for the highest priority 111 calls, and improvements have been made in the last three months for other priorities, there is still much to do. Recruitment and retention of clinicians remains a priority, with significant numbers of clinical vacancies. An urgent set of actions within a focused plan are now in place to increase clinician numbers. This includes introduction of a new base for staff within the Cardiff area, a more focussed recruitment campaign and consideration of expanded numbers of clinical professions. The commissioned number of clinicians for 111 is 140 FTEs i.e. the funded establishment, but the modelled need is higher at 168 FTEs (based on a 40% Clinical Advice Line – CAL – rate from call handlers) with the current level at 101 FTEs. The modelled need will be below the recent spike in 111 call volumes.
10. **Ambulance Response (safety / patient experience):** the Red 8 minute response performance for January 2023 was 48.9%, an improvement when compared to December 2022. Amber response also improved in performance across the percentiles; with, however Amber 1 waiting times remain far too long, for example, the 95th percentile was seven hours 2 minutes. These long response times have a direct impact on outcomes for many patients. Actions within the Trust's control include:

Capacity:

- **Recruitment:** the Trust has received an additional £3m (payment on results) in 2022/23 which will allow the Trust to recruit 100 FTEs over and above the existing establishment. The Trust expects to deliver most of the additionality in quarter four, but not for the 23 January 2023 milestone date due to higher levels of attrition as identified in this report. Further funding is required to fully

populate the new rosters with an identified gap of 64 FTEs. Executive Management Team has received several reports on workforce planning and recruitment & training for 2023/24 and 2024/25 with the final iterations on target for the end of February 2023.

- Additional Unscheduled Care Service (UCS) Capacity: the Trust has made additional funding available for third party capacity. Four vehicles a day, seven days a week have been secured with funding through to the end of the financial year.

Efficiency (rosters, abstractions/sickness absence and post production lost hours)

- The Ambulance Response roster review completed its go live in November 2022. This has been a complex large-scale project involving 1,800 staff, 146 rosters, and 60 working parties. This will have had the equivalent performance impact of +72 FTEs. A project evaluation is planned for quarter four. There are on-going discussions about the balance of CHARUs v Emergency Ambulances within the current funding envelope.
- A Managing Attendance Programme has been agreed with EMT, which includes seven work-streams. This is now live and being reported to EMT every two weeks. The aim is to reduce sickness absence in line with a trajectory included in the IMTP (8% by March 2023). Whilst there have been some spikes due to CoVID-19 and winter, there is a downward trend, with particular improvements noticeable in long term sickness and an expectation that the 8% IMTP ambition will be delivered by March 2023.
- Discussions with trade union partners on a range of other potential workforce efficiencies; however, dialogue between the Trust and TU partners on options for change has paused due to industrial action.

Demand Management

- The Trust has prioritised 41 additional clinicians into the Clinical Support Desk, with 36 Paramedic FTEs and five mental health practitioners successfully recruited and now operational. As well as improving the safety of the calls that are waiting, this investment will also mean an increase in consult and close rates, with the Trust now aiming to achieve a 15% rate by December 2022, an increase in the previous target of 10.2% which has been delivered. The Trust achieved 14.9% in January 2023.
- 11.** One of the key factors in relation to response times is the capacity lost to handover outside Emergency Departments. 23,525 hours were lost in January 2023, a significant reduction compared to the +30,000 hours in December 2022; however, 23,525 hours is still extreme (in December 2019 6,018 hours were lost to handover) and represents 20% of the total number of conveying resource hours produced for the month. The levels are so extreme that all the actions within the Trust's control cannot mitigate and offset this level of loss. Urgent and high-level discussions have taken place between the Trust, Health Board CEOs and the CEO of NHS Wales. A number of mitigating actions have been agreed and a target of no >4 hour waits and a reduction of 25% in minutes per ambulance arrival (from Oct. 21 baseline). Whilst this is a target and trajectories are in place, improvements have not yet been seen and the position has actually significantly

worsened since the target was set. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus. Immediate Release figures for January were: Red 184 accepted and 37 declined; and Amber 1 81 accepted and 200 declined.

- 12. Ambulance Care (formally NEPTS) (Patient Experience):** performance remains above target for enhanced renal patient arrivals prior to appointment (December 2022) and improved for patients requiring discharge. Overall demand for the service continues to increase, although it has not yet recovered to pre CoVID-19 levels. The Trust has a comprehensive Ambulance Care Transformation Programme in place, which includes delivering a range of efficiencies and improvements, for example: improved procurement through the plurality model, aligning clinic patient ready times to ambulance availability, re-rostering (NET Centre and NEPTS transport) and addressing oncology performance.
- 13. National Reportable Incidents (NRIs) / Concerns Response:** The Trust reported five NRIs to the Delivery Unit in January 2023, compared to zero in December 2022; however, thirty-five serious patient safety incidents were referred to health boards in January 2023 and three were received under the Joint Investigation Framework (previously "Appendix B" arrangement), increasing from the previous month. It should be noted that the relatively small numbers may represent a delay in referral across rather than an actual drop in numbers of serious cases. In January 2023 complaint response times decreased to 21%, failing to meet the 75% target. In the main, many of these incidents will be because of continued longer response times and the actions outlined above therefore are key. The Trust has put more capacity into the Putting Things Right team, but the level of concerns linked to the poor performance metrics is too great for the team. The Trust is concerned for the welfare of the team, given the nature and volume of what colleagues are reviewing. Consideration is being given to what further support can be provided.
- 14. Clinical outcomes:** the Trust is unable to fully report on the performance of all clinical indicators whilst work continues to link ePCR with the CAD and quality assure metrics. The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 79.4% in December 2022, below the 95% performance target. The introduction of ePCR enables the collection and sharing of information and data in a more timely and accurate manner. This will enable the Trust to better showcase clinical care provided to patients. Work is ongoing on the new call to door time-based metrics for STEMI and Stroke using the following roll out plan:
- Q3 (Oct – Dec 2022) – a decision will be made on the criteria to define 'call to door' and a reporting dashboard will be developed.
 - Q4 (Jan – Mar 2023) – the data will be tested internally to include data from April 2022.
 - April 2023 – approve for ASI reporting.

Our People (workforce resourcing, experience, and safety)

- 15. Hours Produced:** The Trust produced 118,976 Ambulance Response ambulance unit hours in January 2023. Emergency ambulance unit hours production (UHP) was 97% in January 2023, exceeding the 95% target. CHARU UHP increased

month on month, from 79% (note: the CHARU service was coming on stream in November, so this UHP figure needs to be treated with caution) to 83% in January 2023. Key to the number of hours produced are roster abstractions, which remain high and completion of planned recruitment into the CHARUs and the 100 FTEs. It is important to note that the Trust is not fully funded for the CHARU service (71 FTEs v a modelled need of 153 FTEs).

- 16. Response Abstractions:** Abstraction levels decreased to 39% in January 2023, remaining higher than the 30% benchmark. CoVID-19 has had a significant impact on abstractions with sickness abstractions at 10.22% in January 2023 (benchmark 5.99%). Abstractions in relation to training are also high, driven by internal movements linked to recruitment (currently more than 4%).
- 17. Trust sickness absence:** the Trust's overall sickness percentage was 10.64% in January 2023 representing a worsening position. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level. A specific Managing Attendance programme has been established, led by the Deputy Director of WOD, to identify and implement actions across a range of areas to improve sickness absence and alternative duties. The Trust's expectation remains to achieve its IMTP ambition of 8% by March 2023.
- 18. Staff training and PADRs:** PADR rates did not achieve the 85% target in January 2023 (79.12%), compliance for Statutory and Mandatory training also remained below the target achieving 76.51%.

Finance and Value

- 19. Financial Balance:** The Trust has reported outturn performance for January 2023 with a surplus of £5,000, and a forecast to the year-end of breakeven. At present the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit for 2022/23.
- 20. Post-production lost hours:** the efficient and effective use of the capacity that the Trust produces is a key indicator. This is measured within the EMS service by the calculation of post-production lost hours (PPLHs). The reasons for PPLHs are many and varied. The EMS Demand & Capacity Review identified that the Trust benchmarked favourably on all elements of PPLH other than return to base meal breaks. Dialogue between the Trust and TU partners on options for change has paused due to industrial action.

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 14.9% in January 2023, compared to the benchmark of 10.2%, which was exceeded during 2021/22. The benchmark has been revised up to 15%, to be achieved by December 2022, which the Trust has near enough achieved. The Trust is anticipating that this benchmark may be further revised upwards via the 2023/24 commissioning intention process.
- 22.** The Trust **conveyed** 39% of patients to emergency departments in January 2023. This figure needs to be treated with caution as analysis shows that conveyance

rates are linked to pressures within the system and the application of the Clinical Safety Plan (CSP), which will trigger the Trust being unable to send ambulances to lower acuity calls, with many patients cancelling the ambulance due to the long response times. In December, over 6,500 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 290 callers. In the longer term, as the Trust knows, the system needs to transform if it is to become more sustainable. A formal programme to take forward “inverting the triangle” has been established. A bid was submitted to Welsh Government to start to increase numbers of APPs being trained; this was not successful, but the Trust has decided to proceed with the option of an additional 10 MSC places from September 2022 and a further eight later in the year. The Trust has also appointed a Head of Strategic Development to take forward the “inverting the triangle” work, with the appointee now having started in the role. The current focus is on developing a “strategic case for change” and a public engagement process.

Summary

26. The indicators used in this high-level report paint a continued poor picture in terms of the quality and safety of the service that the Trust provides to its patients in the 111 and EMS pathways. NEPTS quality and safety is more stable. Patient demand across the 111 and EMS services has increased with exceptionally high call demand in both services, however, other factors such as the continuation of the CoVID-19 variants, levels of absences (including CoVID-19 related absence) and extreme handover lost hours continue to impact on the Trust. EASC, WG and the 111 Programme Board have been very supportive of the Trust through the pandemic, investing in a range of mitigations; however, funding for further initiatives is currently limited and is expected to worsen significantly in 2023/24. For 111 and Ambulance Care (NEPTS) the Trust can look to take a range of actions to optimise the balance between patient demand and capacity; however, for EMS the Trust cannot take sufficient actions within its control to mitigate the impact of the extreme handover lost hours. As a result, all three committees have expressed serious concern about the impact of handover lost hours on patient safety and staff well-being. The Trust has received further funding (£3m) for +100 FTEs into EMS, which is welcome, but it remains critical to patient safety that handover lost hours are reduced in line with Ministerial expectation.

RECOMMENDATIONS

Committee is asked to: -

- **Consider** the January 2023 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
01 Mar-23	Executive Management Team
10 Mar-23	People and Culture Committee

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard

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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Monthly Integrated Quality & Performance Report

January 2023

Annex 1 – Top Indicator Dashboard





Section 1: Monthly Indicators / Top Indicators Dashboard



Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Jan-23	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience					
NHS111 Abandoned Calls	< 5%	18.60%	16.0%		R
999 Call Answer Times 95th Percentile	95% in 00:00:06	00:52	00:03		G
999 Red Response within 8 minutes	65%	55.2%	48.9%		R
999 Amber 1 Median	00:18	01:10	00:50		A
Stroke Patients with Appropriate Care	95%	TBD	76.2%		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	TBD	42.3%		R
Renal journeys arriving within 30 minutes of their appointment (NEPTS)	70%	79%	74%		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	81.00%	90.0%		G
National Reportable Incidents reports (NRI)	Reduction Trend	5	5		A
Concerns Response within 30 Days	75%	61%	21.0%		R

Top Monthly Indicators	Target 2022/23	Baseline Position (2021/22)	Jan-23	2 Year Trend	RAG
Our Patients - Quality, Safety and Patient Experience					
NHS111 Abandoned Calls	< 5%	18.60%	16.0%		R
Capacity					
EMS Abstraction Rate	29.92%	42.00%	39%		R
Hours Produced for Emergency Ambulances	95%	95.0%	97%		G
Health and Wellbeing					
Sickness Absence (all staff)	8.00%	10.48%	-		A
EMS Operations Sickness Rates	8.00%	7.76%	9.00%		A
Staff Turnover Rate	Reduction Trend	8.71%	10.69%		A
Statutory & Mandatory Training	>85%	82.3%	76.51%		A
PADR/Medical Appraisal	>85%	60%	79.1%		A
Value					
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100.00%		G
Post-Production Lost Hours (EA, RRV, UCS)	Reduction Trend	TBD	9275		A
Partnerships / System Contribution					
NHS111 Consult and Close	Increasing Trend	TBD	4,637		A
Combined 999 & NHS111 Consult & Close	15.0%	TBD	14.9%		A
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	TBD	10.72%		TBD
Number of Handover Lost Hours	25% reduction from Oct-21 position	15,955	23,525		R

In-Month RAG Indicates =

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

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

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

TBD: Status cannot be calculated (To Be Determined)





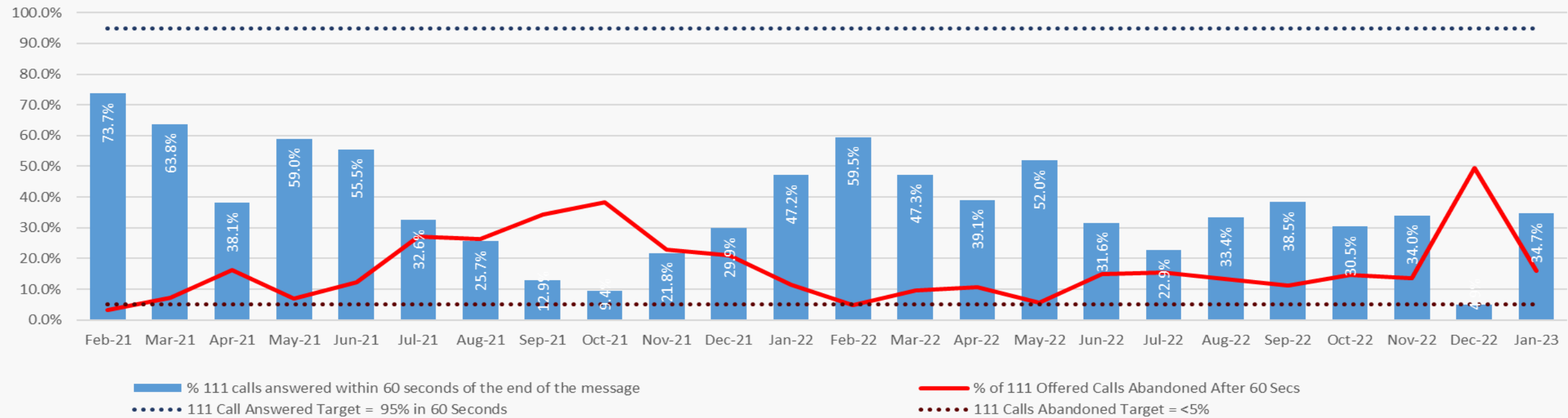
Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators



Influencing Factors – Demand and Call Handling Hours Produced

NHS111 Calls Answered vs Calls Abandoned within 60 Seconds



Analysis

111 call abandonment is a key patient safety indicator for the service. **January 2023** saw an abandonment rate of 16.0%, an improvement when compared to December 2022 (49.5%), but failed to meet the 5% target.

The percentage of 111 calls answered within 60 seconds of the end of the message increased in January 2023 to 34.7%. 111 call demand decreased when compared to December 2022..

Capacity (staff hours) has generally been increasing in line with planned roll-outs, however this is impacted by sickness abstractions for Call Handlers (which includes COVID-19 Sickness) a significant reduction was seen in January 2023, although sickness absence remains higher than the agreed trajectory at 14.31%.

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.

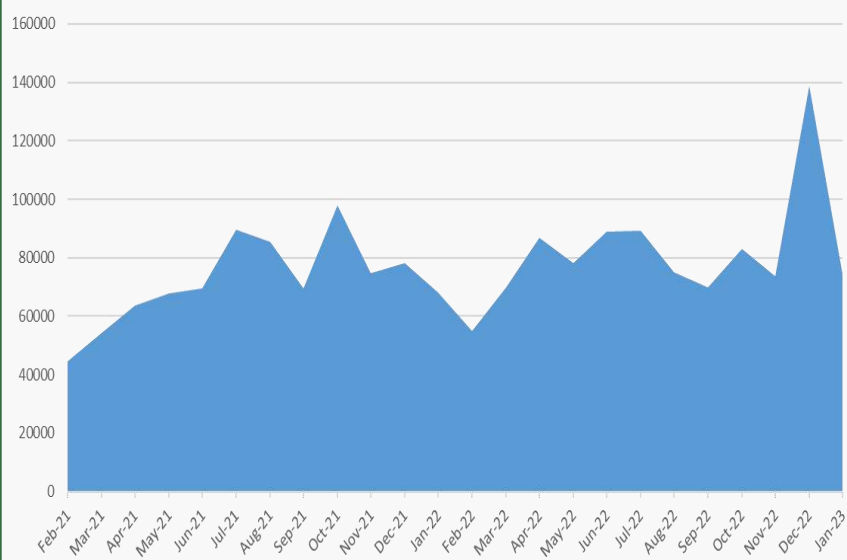
- Agreement has been reached with commissioners that 178 WTE call handlers will be funded this year. We are currently broadly at that number with no vacancies.
- Work continues with sickness absence in line with the Trust's managing absence work programme to increase capacity.
- Work is underway to look at the rosters and ensure that capacity is aligned to demand, and to try and even out performance through the week
- Work also continues in reviewing the use of the Clinical Advice Line which is available to call handlers who want some clinical advice whilst on call with the patient. The call handler has to wait for a clinician to answer the call and therefore the time spent is related to clinician availability. At present there are high levels of vacancies

Expected Performance Trajectory

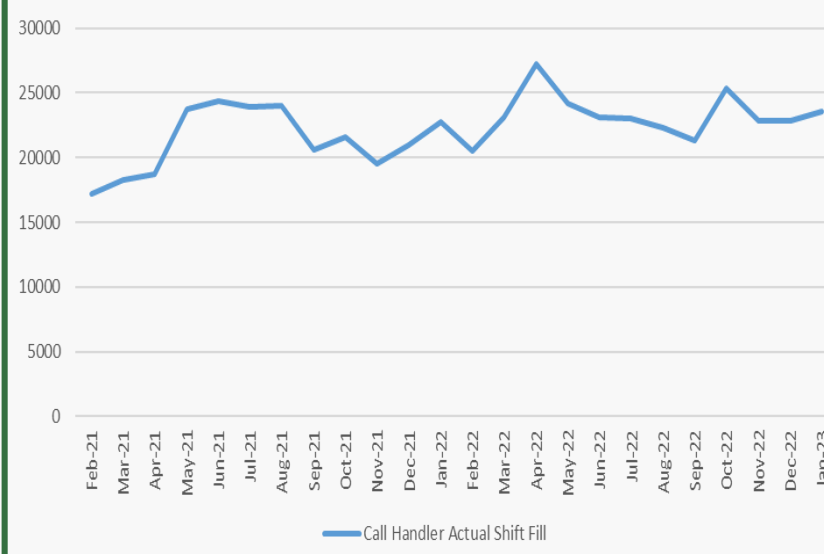
With call handler numbers broadly at commissioned levels, call answering times will only be improved through improved efficiency gains (reducing sickness absence, re-rostering, reducing time for CAL line).

If demand continues to be so high performance will be affected due to levels of call handlers and clinicians not matched.

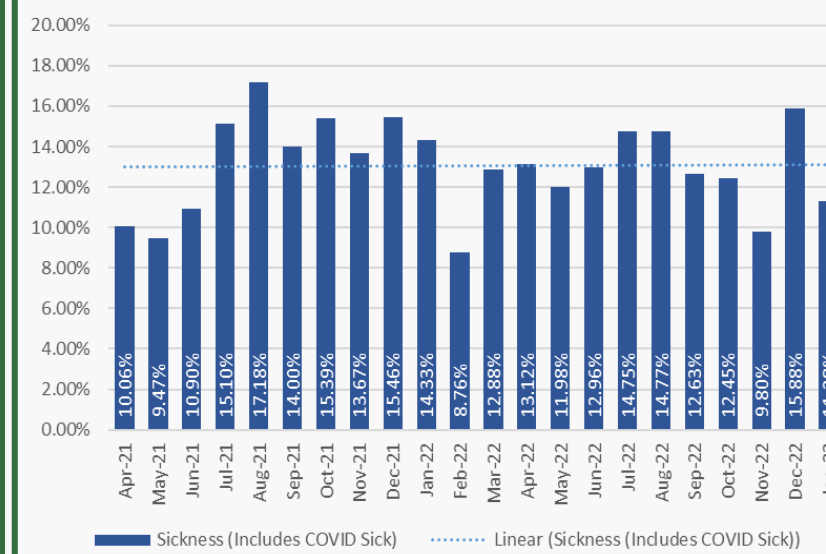
Total NHS111 Calls Offered



NHS111 Call Handler - Total Actual Shift Fill



NHS111 Call Handler Sickness Absence

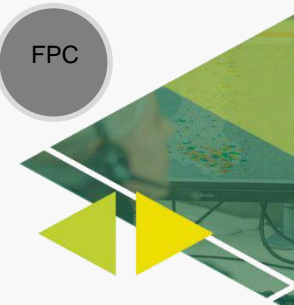
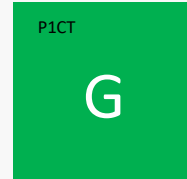




Our Patients: Quality, Safety & Patient Experience

111 Clinical Assessment Start Time Performance Indicators

Influencing Factors – Demand and Clinical Hours Produced



Analysis

The performance of 111 calls receiving a timely response to start their definitive clinical assessment saw an increase across the priorities. The highest priority calls, P1CT, continue to receive a timely response (98.9%) which has continuously achieved the 90% target over the last 2 years.

For lower category calls the Trust are not meeting the 90% target, P2CT & P3CT, however in January 2023 performance improved. Demand for NHS111 services has grown significantly, following unprecedented levels of demand in December 2022, call volumes reduced into January 2023.

Recruitment and retention of clinical staff continues to be a key issue.

14,588 hours were filled by clinicians in January 2023 an increase when compared to 13,479 in December 2022. Clinician sickness absence decreased from 21.40% in December 2022 to 14.31% in January 2023. At present there are 101.1 (FTE) nurses and paramedics employed within NHS111 and 39.01 FTE vacancies (data correct as of 12/01/23 and therefore subject to change).

Remedial Plans and Actions

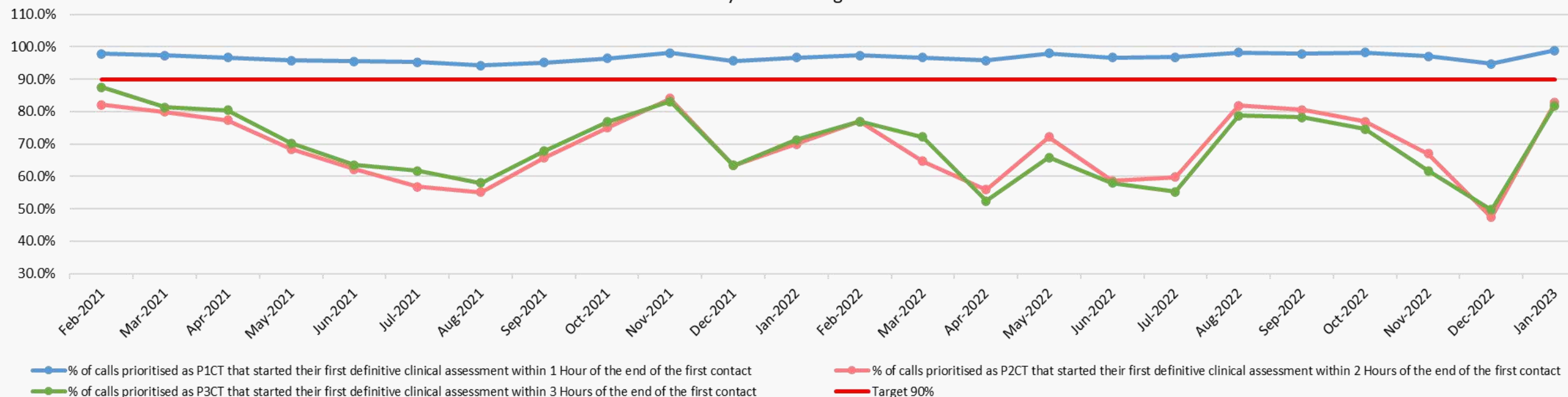
The main driver of improved performance will be the correct number of clinicians in post to manage current and expected demand. At present there are significant numbers of clinical vacancies. Urgent actions are in place now to increase recruitment this winter, including:

- Utilisation of other clinicians to fill vacancies;
- Maximising opportunities through remote / agile working;
- Review of existing staff bases including agreement to creating an additional Cardiff base, operational from mid December;
- Review of service model following Adastra outage / BCI;
- Targeted recruitment drive, which has commenced

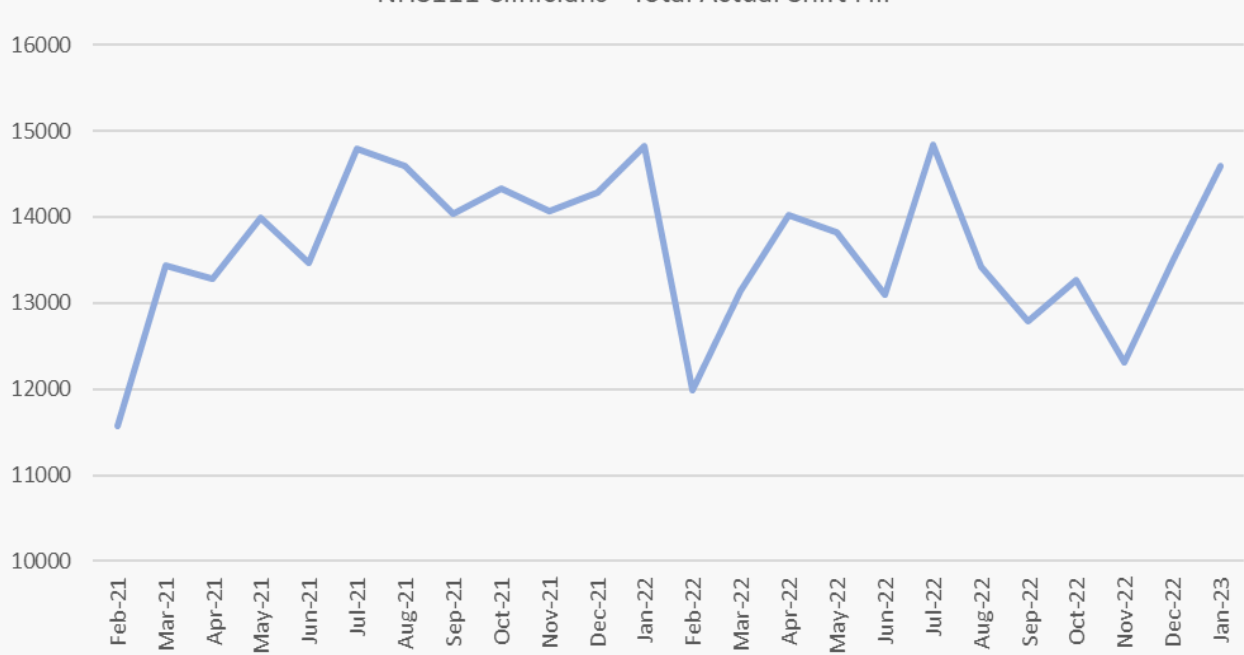
Expected Performance Trajectory

Risks have been highlighted in previous reports about the ability to recruit sufficient clinicians and this is now being seen. Although urgent actions are in play as set out above, performance is likely to be below levels expected until these bear fruit into Q4. Demand for the 111 service is also more difficult to forecast as it is often linked to government announcements or media coverage.

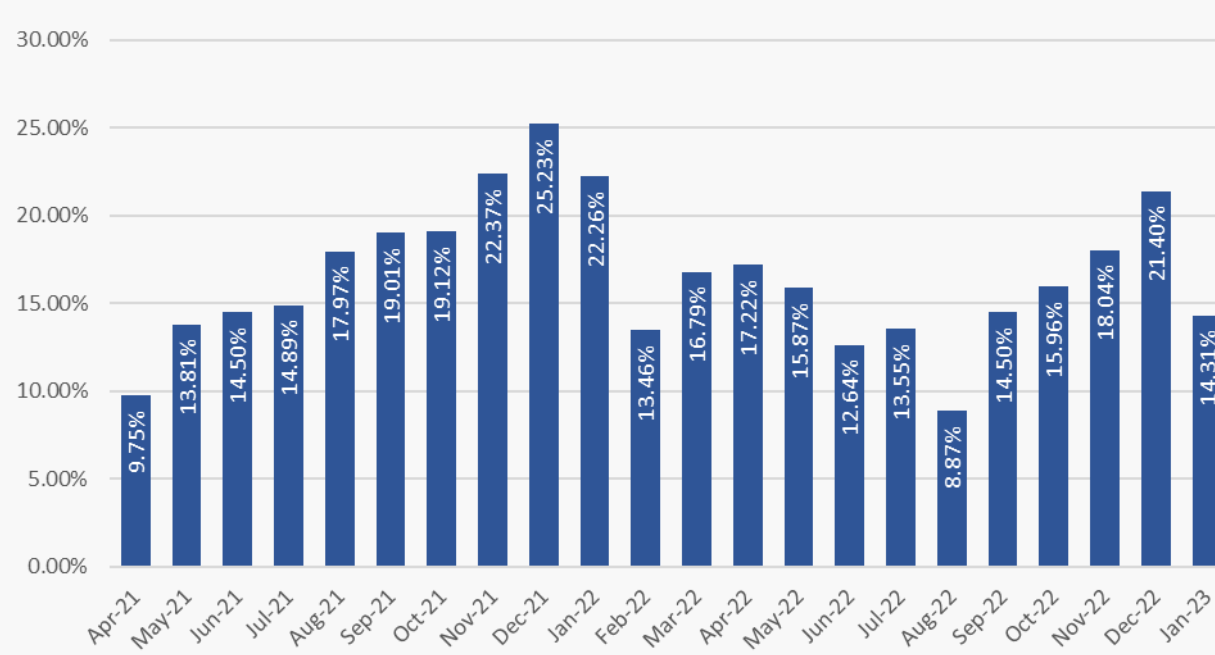
111 Timely Clinical Triage of Patients



NHS111 Clinicians - Total Actual Shift Fill



NHS111 Clinician Sickness Absence



(Responsible Officer: Lee Brooks)

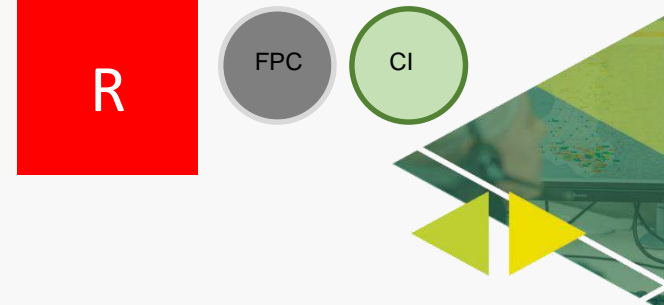
Welsh Ambulance Services NHS Trust



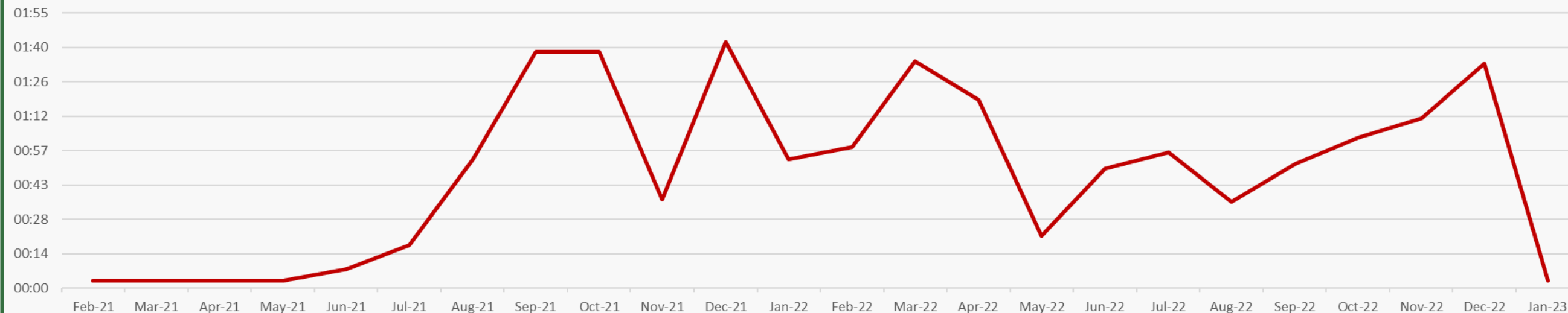
Our Patients: Quality, Safety & Patient Experience

999 Call Performance Indicators

Influencing Factors - Demand and Hours Produced



95th Percentile 999 Call answer times



Analysis

The 95th percentile 999 call answering performance decreased in January 2023 to 3 seconds, a significant improvement when compared to 1 minute 34 seconds December 2022. This is the first time since May 2021 that the Trust has seen a return to the usual 3 second answer time. In January 2023 99.1% of calls were answered within 6 seconds.

The median call answer times for 999 services remains consistently at 2 seconds. In December 2022 January 2023 65th percentile continued to average at 3 seconds.

The Trust received 36,455 emergency 999 calls in January 2023, a decrease compared to December 2022. January 2023 saw a decrease in sickness absstractions, in line with the planned trajectory.

Remedial Plans and Actions

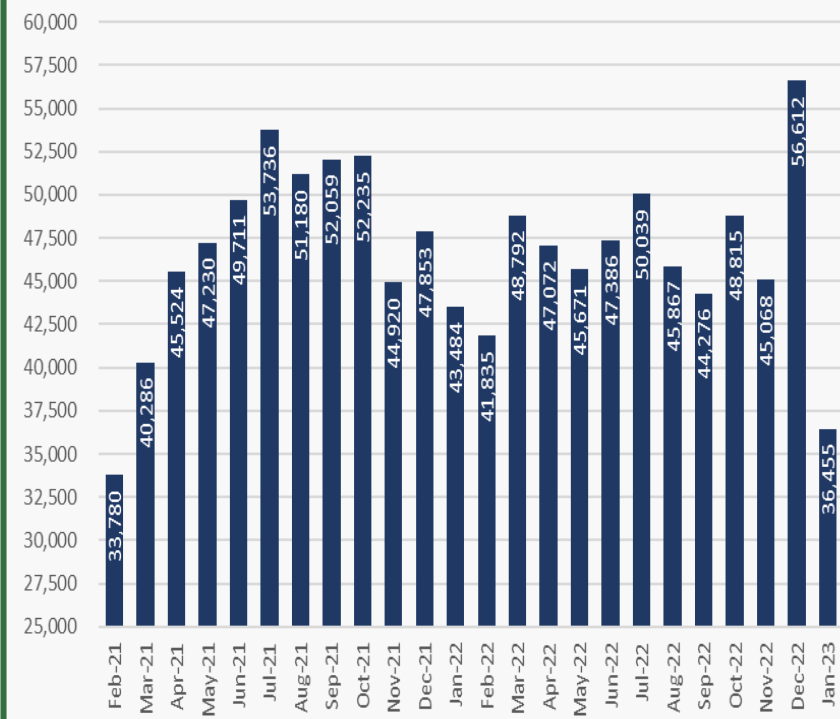
EMS CCC meet twice weekly to review demand profiles and align staffing levels appropriately.

- No additional funding is available this year to increase numbers of call handlers.
- Increased pressure and sustained levels of 999 demand is impacting on staff attrition and wellbeing.
- WAST requested exclusion from UK Intelligent Routing Platform as part of Critical Incident 19th December 2022.
- CCC FTE is currently 123.34 (data correct as of 16/01/23)

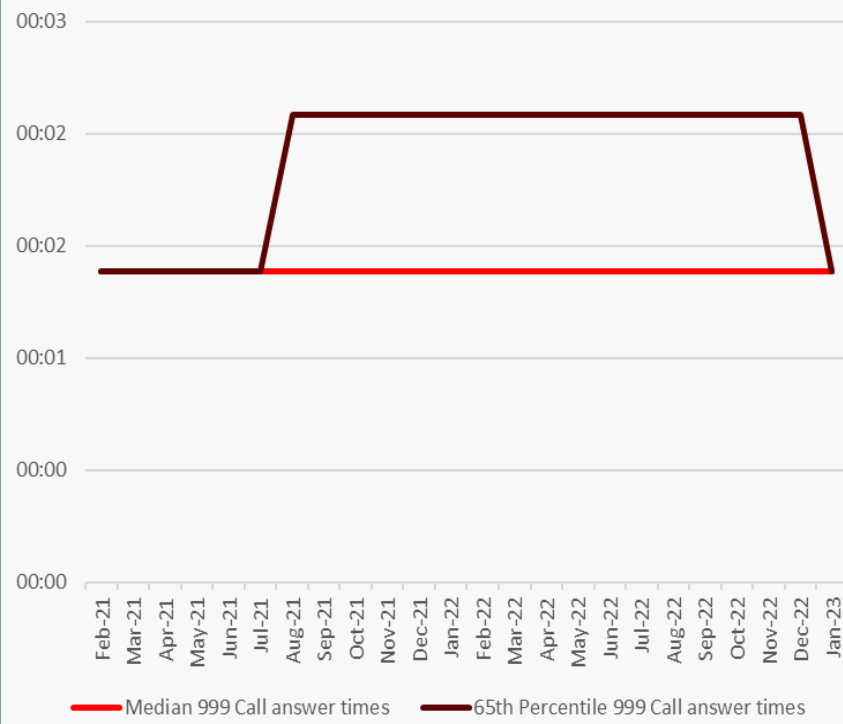
Expected Performance Trajectory

Performance has recovered since the exclusion from IRP. A further EMD cohort is scheduled to commence in Carmarthen and Bryn Tirion on 23rd January 2023 allowing EMSC to begin to align skill into vacancies in the dispatch function. Further recruitment is planned for an April start date. A 24 hour return to IRP is scheduled for 17th January 2023 to review the changes made to the configuration of the platform and reduction in demand now being managed, following this 24-hour WAST will exclude again to review implications before agreeing a more permanent return to the platform.

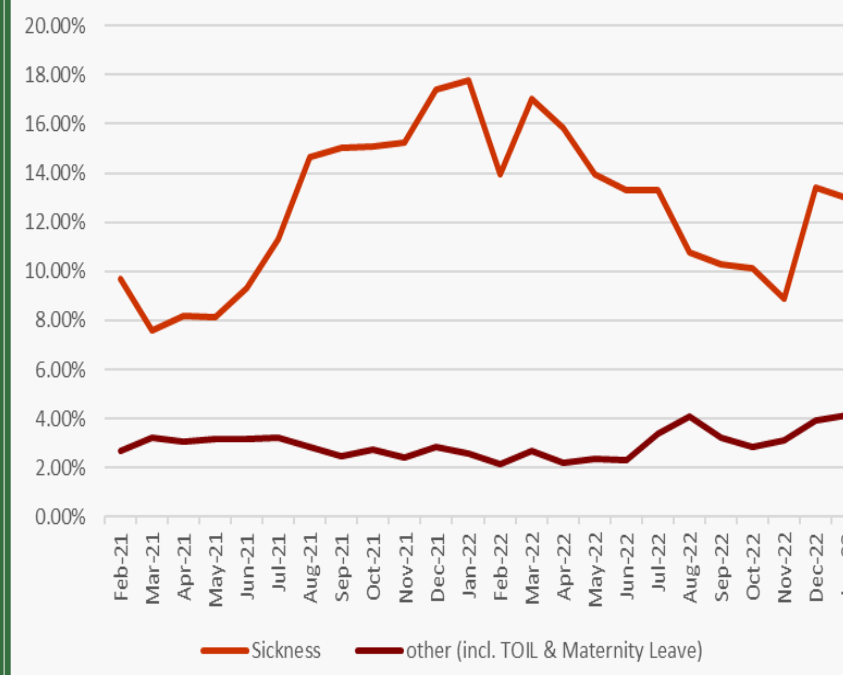
999 Call Volumes



Median & 65th Percentile 999 Call Answer Times



Pan Wales CCC Abstraction Hours - Sickness and Other Abstractions

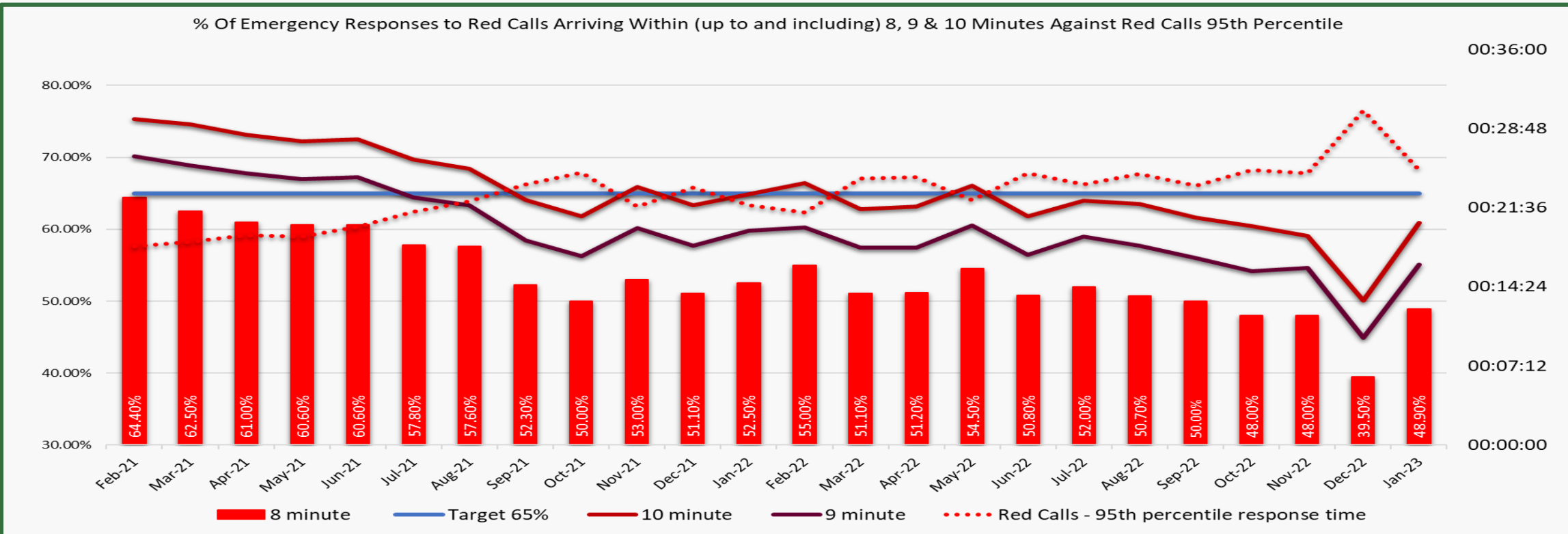
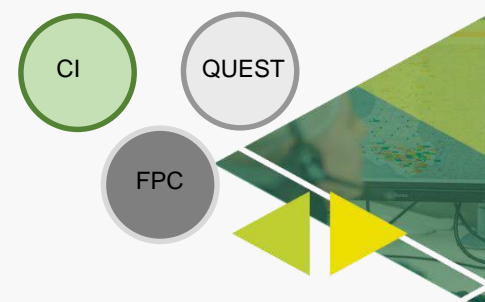




Our Patients: Quality, Safety & Patient Experience

Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



Analysis

Red performance improved in January 2023; however, it remains significantly lower than the 65% target; the target has not been achieved since July 2020. There was also significant health board level variation with none of the seven health board areas achieving the 65% target. A continuing level of poor performance was forecast based on predictions of demand, lost hours and hours produced. Red 10-minute performance was 48.9% in January 2023.

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

Red demand in the last 2 years has seen a particular increase, outside of normal expected variation which is impacting on response times. The change in DCR tables implemented in October has led to a further step up in demand as expected.

The lower centre graph demonstrates the correlation of performance with hospital handover lost hours, and despite a significant reduction the Trust continues to see extreme losses, with 23,525 hours lost in January 2023.

There are many other factors which affect Red, including additional time taken to don level 3 PPE to Red calls relating to some respiratory disease/issues (this requirement remains in place).

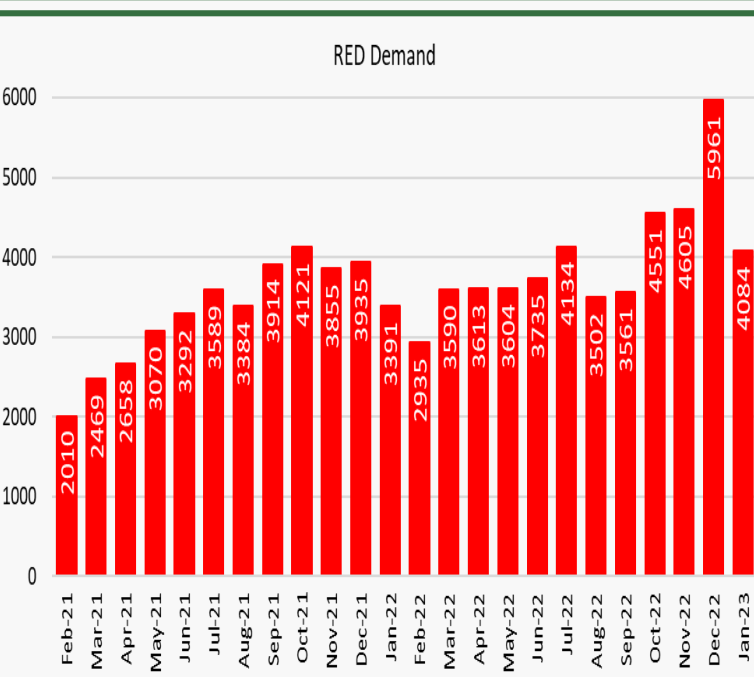
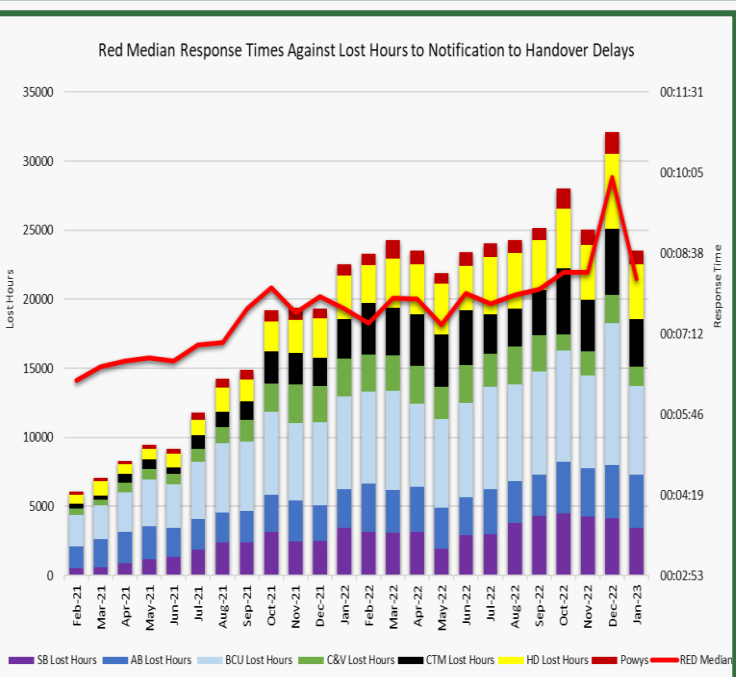
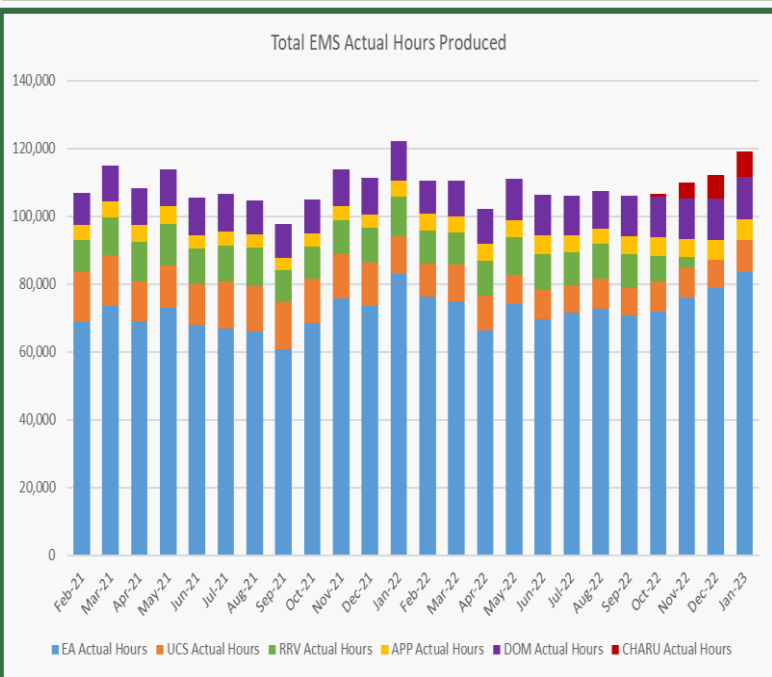
Remedial Plans and Actions

The main improvement actions are:

- Increase capacity where funded - recruitment of 100 FTEs, EMTs and ACA2s during 2022/23 (off target for all operational by end of Jan 2023, with most expected to be delivered by end of Mar 2023);
- Reduce hours lost through sickness absence through managing attendance programme – trajectory for improvement in place as part of IMTP (8% by Mar-23 attainable).;
- Health Board handover reduction plans are in place, but handover levels continue to increase and went over 30,000 for the first time in Dec-22;
- Improving efficiency; the roll out of new Response rosters, has provided the equivalent of 72 WTE additional staff (action complete);
- A clinical review of Red demand using ePCR data (initial findings reported to EMT);
- Tactical responses linked to escalation including: clinical managers responding, DOMs responding, targeted overtime on demand hot spots(actioned);
- Full roll out of the CHARU roster keys;
- Changes to the response logic;
- Modelling of additional tactical resource required to achieve a higher level of Red performance (complete); and
- Modelling of full roll out of Same Day Emergency Care (SDECs) by health boards (results expected w/c 23 Jan-23 and further modelling on Red improvements).

Expected Performance Trajectory

Winter modelling (March 2023) indicated that without reductions in handover in line with the Welsh Government directives, the Trust can expect to see Red 8 minute performance reduce to below 40% without the application of the Clinical Safety Plan to levels 3 and above and the recruitment of the +100. This is what has started to happen in December. Further modelling for Q1 2023/24 to be undertaken in Feb-23.



NB: Data correct at time of abstraction



(Responsible Officer: Lee Brooks)

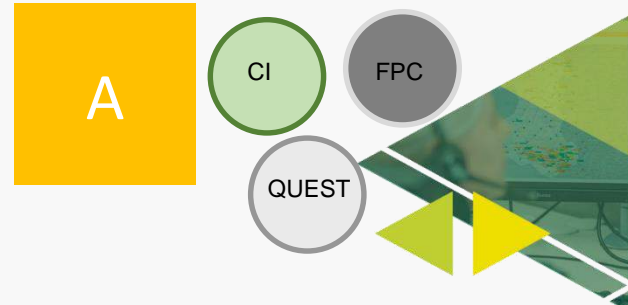
Welsh Ambulance Services NHS Trust



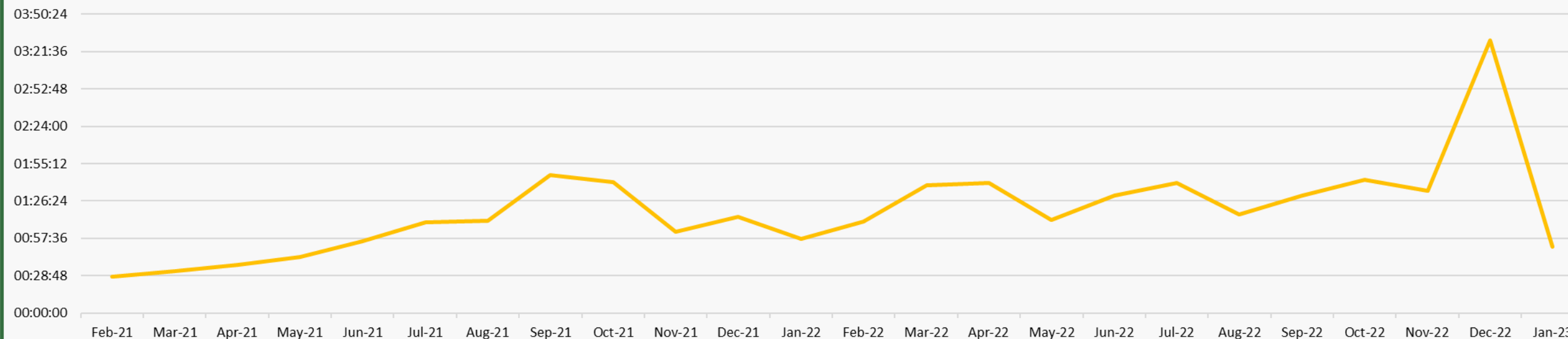
Our Patients: Quality, Safety & Patient Experience

Amber Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost



Amber 1 - Median Percentile



Analysis

Amber response times declined across the percentiles in January 2023. In addition, there were some very long patient waits in January (see below). The ideal Amber 1 median response time is 18 minutes, in January 2023 the Trust recorded median response times of 53 minutes.

In January 447 patients (all categories, not just Amber) waited over 12 hours, a significant reduction when compared to December 2022 (2,064), continuing to represent very poor quality and experience of service. 378 of these patients were in the Amber category.

Amber demand decreased in January 2023 and remains broadly stable.

There is strong correlation between Amber performance and lost hours due to notification to handover delays. The number of hours lost to notification to handover delays January 2023 although reduced were extreme at 23,525.

Remedial Plans and Actions

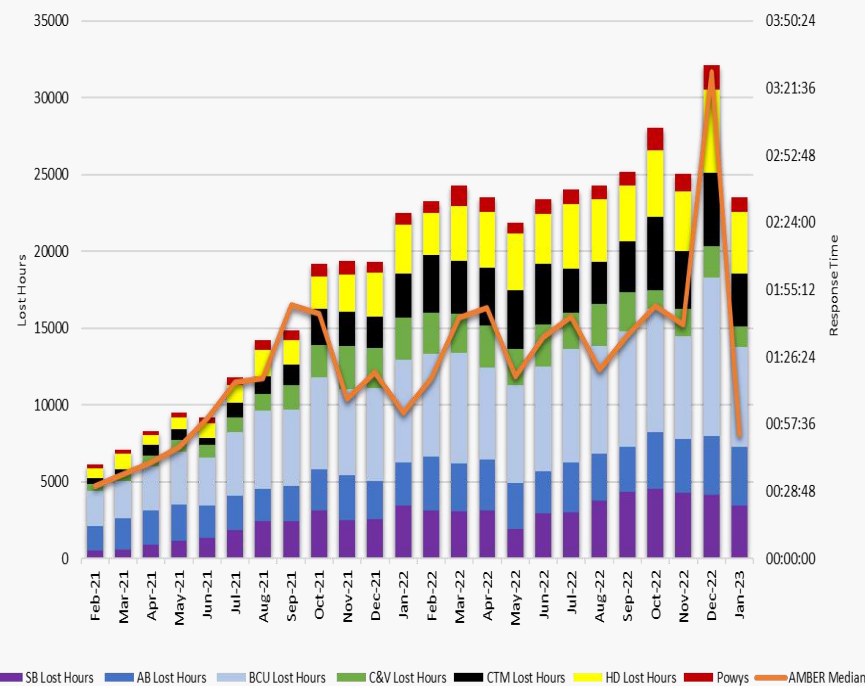
The Trust carefully monitors long response times and their impact on patient safety and outcomes. The Trust supplies regular information to the CASC and EASC; and from November 2020 the Trust began producing monthly quality, safety & patient experience (QSPE) reports for each health board. The actions being taken are largely the same as those related to Red performance on the previous slide.

Expected Performance Trajectory

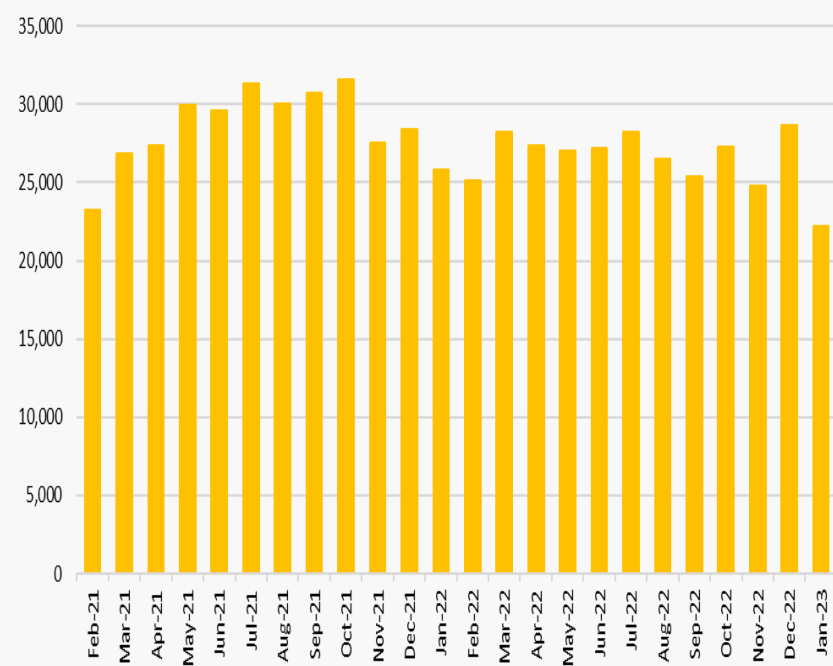
The EMS Operational Transformation Programme is the Trust's key strategic response to Amber. As per the commentary on Red performance delivering these benchmarks is dependent on a range of investments, efficiencies and system efficiencies, not all of which are within the Trust's control, and which are unlikely to show improvement in the coming months.

NB: December 2022 data is correct on the date and time it was extracted; therefore, these figures are subject to change.

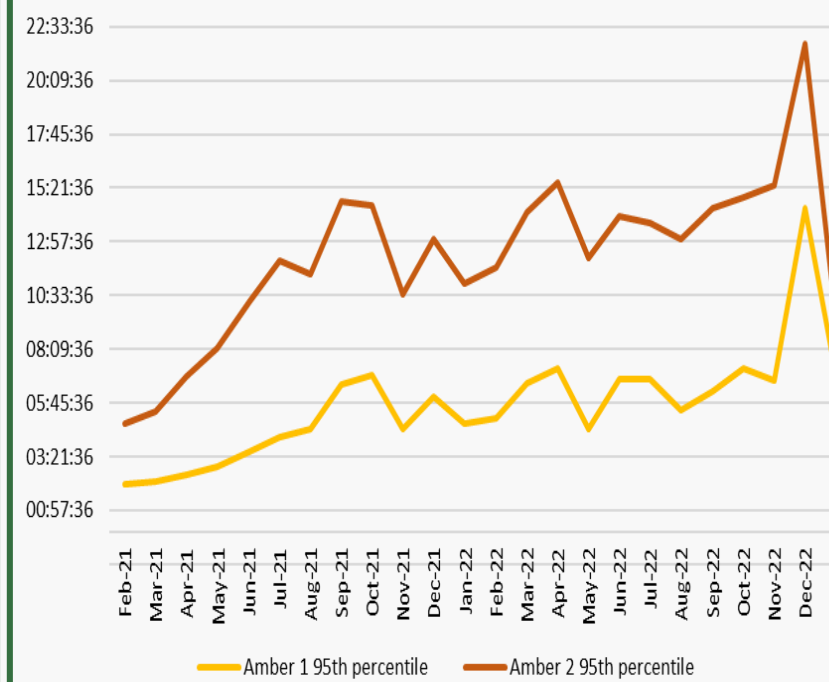
Amber Median Response Times against Lost Hours to Notification to Handover Delays



Total Verified AMBER Demand



Amber 1 & 2 - 95th Percentile



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



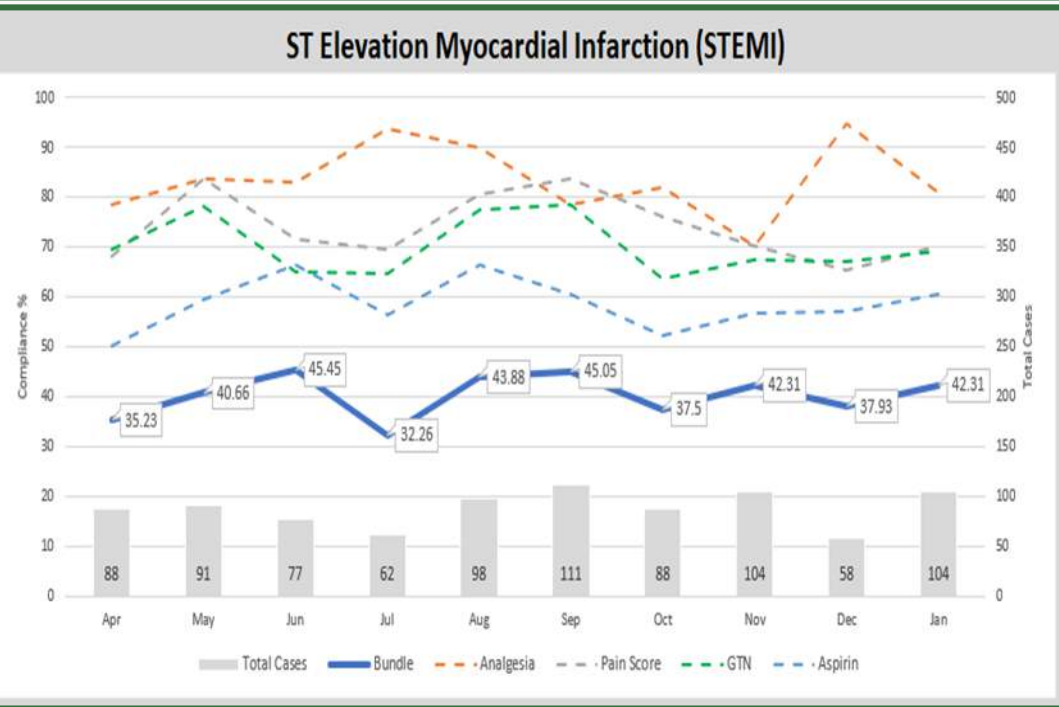
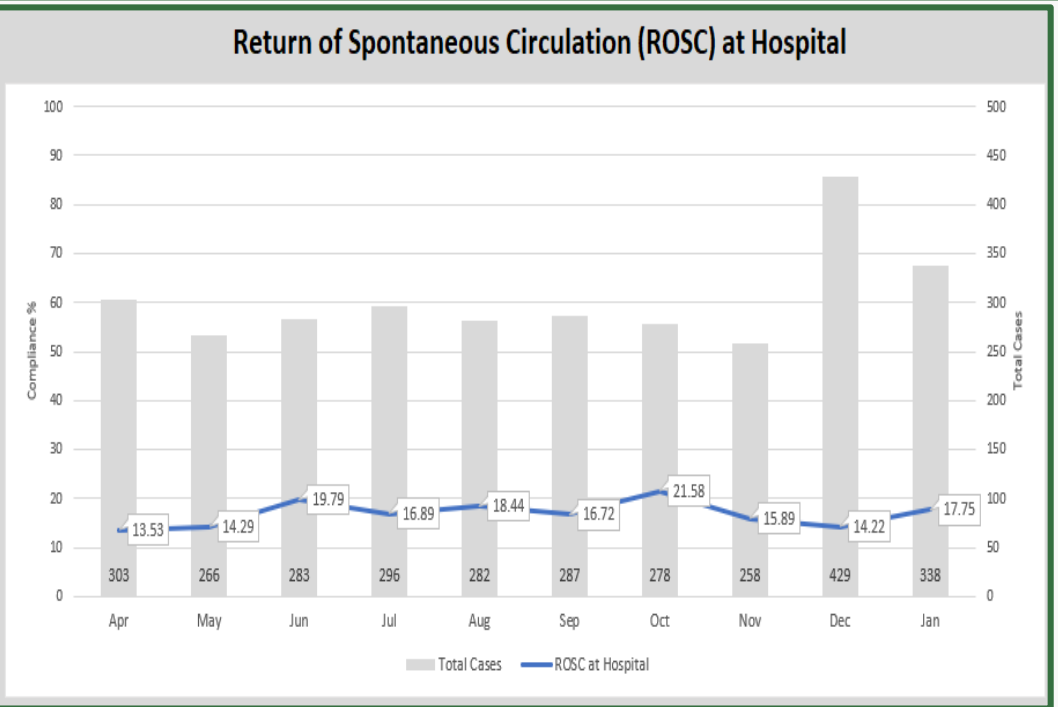
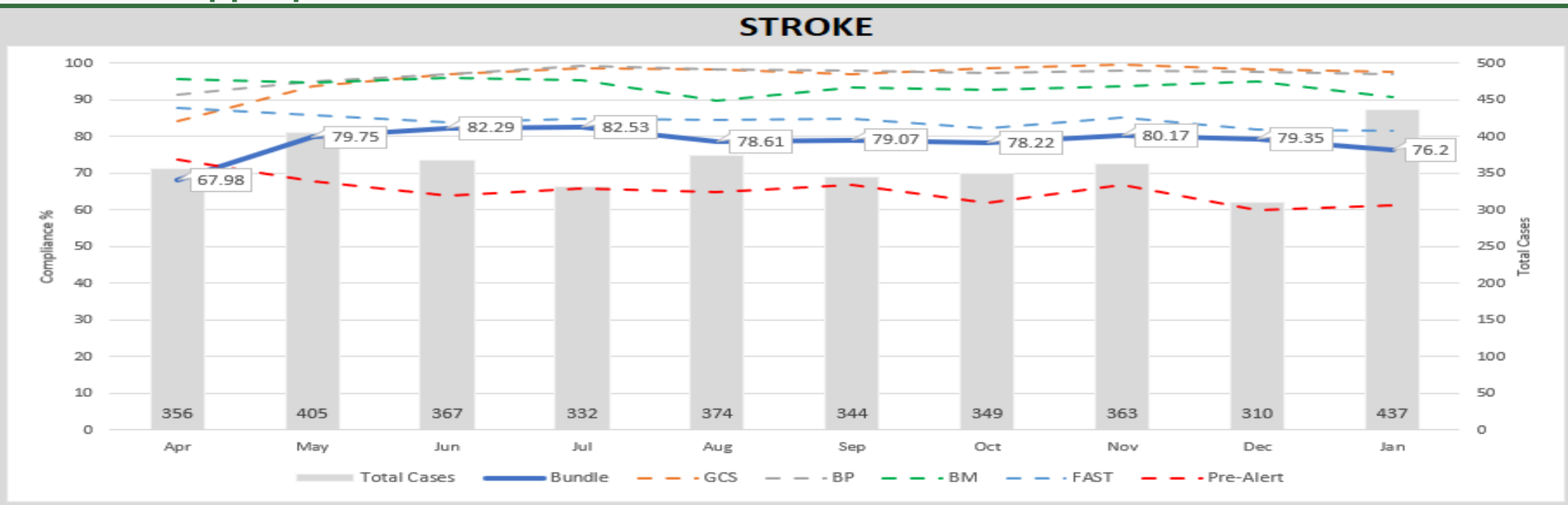
Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

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

Stroke/Hip Fracture/Hypoglycaemic. **R**

Self Assessment: Strength of Internal Control: Moderate



Analysis

The Trust currently uses ePCR to report on five clinical indicators (CI) to the Emergency Ambulance Service Committee (EASC), Fractured Neck of Femur (#NOF), Stroke, ST elevation Myocardial Infarction (STEMI), Hypoglycaemia and Return Of Spontaneous Circulation (ROSC at hospital). Work continues to develop, and quality assure metrics. It is likely that as the system continues to embed within clinical practice, that users are still getting used to an adjusted workflow and data points might be missed. An improvement approach has been taken and a series of 'Top Tips' posters have been circulated and specifically shared with Senior Paramedics to support their conversations with WAST clinicians as part of the ride-out process. This is based on deep dive audits conducted for each of the CIs and reported through the Clinical Intelligence Assurance Group prior to approving publishing CI data as Ambulance Service Indicators to EASC. In addition, the deep dive audits are contributing to recommending improvements that can be made to the ePCR user interface to enable better data capture in future versions of the application.

Remedial Plans and Actions

The introduction of ePCR enables the collection and sharing of information and data in a more timely and accurate manner. This will enable the Trust to better showcase clinical care provided to patients. The Clinical team are focussing on reporting of key clinical indicators and themes within reporting to ensure that good clinical practice is captured and reported.

New agreed indicators for this year (commissioning intention) include call to door time for STEMI and Stroke and Reporting on Outcomes (by response type). There is a lot of work required to agree and then report on these indicators, with the following roll out plan:

Q3 (Oct – Dec 2022)

A decision will be made on the criteria to define 'call to door' and 'at hospital' for the STEMI & Stroke time-based metrics, Following this the team will begin developing a reporting dashboard. Establish initial requirements with the NCCU for Reporting on Outcomes (by response type).

Q4 (Jan – Mar 2023)

Work continues with CIAT/Hi/NCCU to decide on the most appropriate data points, taking into consideration those used by English Ambulance Trusts. Finalise the time-based metrics dashboard and test the data internally to include data from April 2022. Review potential data points for use as test data/discuss with NCCU. Test reporting with initial data points/discuss with NCCU.

April 2023

Approve time-based metrics for ASI reporting

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. This commenced in October 2022 in some areas.

Expected Performance Trajectory

Clinical: As shown throughout the UK, the implementation of CHARUs will aid the Trust in successfully increasing ROSC rates. Once CHARU has been implemented it is anticipated that ROSC rates should increase.



(Responsible Officer: Andy Swinburn)

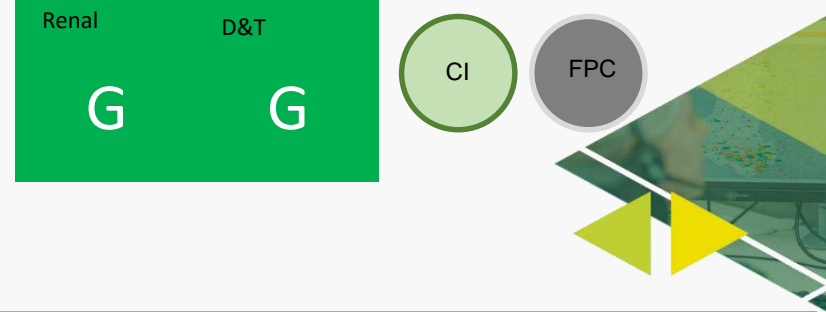
Welsh Ambulance Services NHS Trust



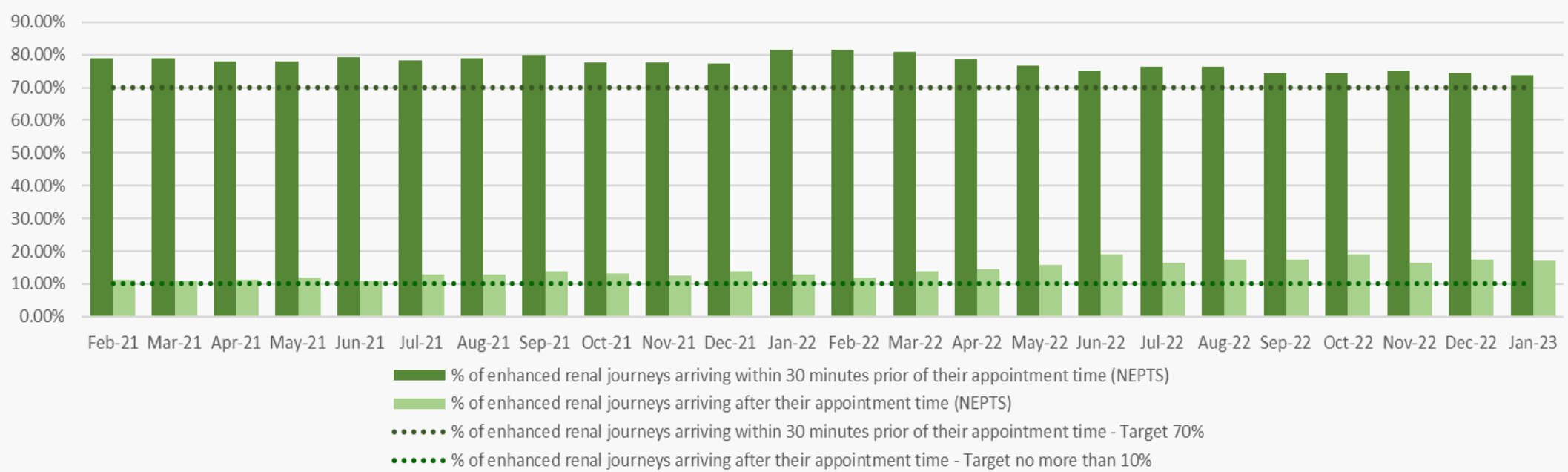
Our Patients: Quality, Safety & Patient Experience

Ambulance Care Indicators

Patient Experience



% Of Enhanced Renal Journeys - Arrival Times (NEPTS)



Analysis

Ambulance Care (NEPTS element) performance is stable. 73.9% of enhanced renal journeys arrived within 30 minutes prior to their appointment time, achieving the 70% target in January 2023.

90% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, therefore achieving the 90% target.

Key factors affecting these indicators are demand and capacity:

- **Capacity** continues to be adversely affected by other factors such as sickness absence levels, which increased in December 2022 to 12.86%. Annual Leave returned to levels below the 20% cap at 13.22%.
- Overall demand has been increasing since the initial reduction at the beginning of the pandemic, but overall it is still not quite at pre-pandemic levels.
- As the Trust emerges out of pandemic response and the health system is “re-set” it is anticipated that further demand increases could be experienced at which point capacity may be an issue. This has been modelled and mitigations put in place.

Remedial Plans and Actions

- **D&C Project:** currently awaiting feedback from tests of change for revised roster keys. Once received, the draft PID will be completed. Aim was to deliver by Nov-22, but delayed linked to escalation levels.
- **NEPTS Operational Improvement:** Discharge Lounge trial restarted on 21st November. However, HB operational pressures have brought the very brief start to a halt. WAST will again be engaging with BCUHB to establish a trial to be completed in the face of escalation. WAST may need to look at another HB to trial.
- **Transfer and Discharge Project:** Work is in progress with regards to the modelling with aim to complete by end of the financial year.
- **Transfer and Discharge Service:** work is in progress with regards to the modelling (ToR created and data collection almost complete with weekly project call now in place). Aim is to have the modelling complete by year end..
- **Transport Solutions:** Training of Health Boards for the online booking system is on track to be completed within December 2022, after which telephone bookings from HCP's will no longer be accepted. A position paper on eligibility is being created and has been discussed with NCCU with the view of then sharing with WG.
- **NEPTS Plurality Model:** Majority of all lots have been awarded; the last contract due to commence on 16 Jan-23.
- **NEPTS CAD Upgrade:** second penetration (PEN) test took place on 28th November and all identified issues were rectified. The scheduled go live has been postponed twice now due industrial action dates and has been rescheduled with the go live day being the 31st January 2023.

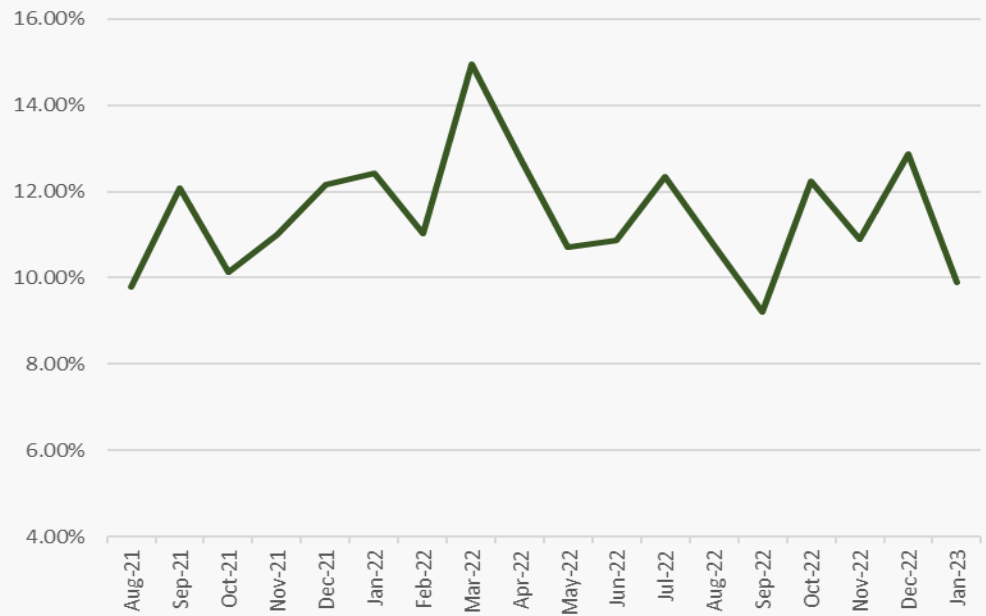
Expected Performance Trajectory

At present, the uncertainty around demand as HB's move through system recovery following the pandemic with the potential addition of austerity means that it is difficult to forecast performance. WAST will continue to work with the HB's through the commissioning DAG (NCCU) to deliver the best performance possible for the patient. It is likely that the service will experience both positive and negative fluctuations of performance until activity normalises across the system.

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



Pan Wales Ambulance Care Sickness (incl. COVID Sick) Abstractions



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators

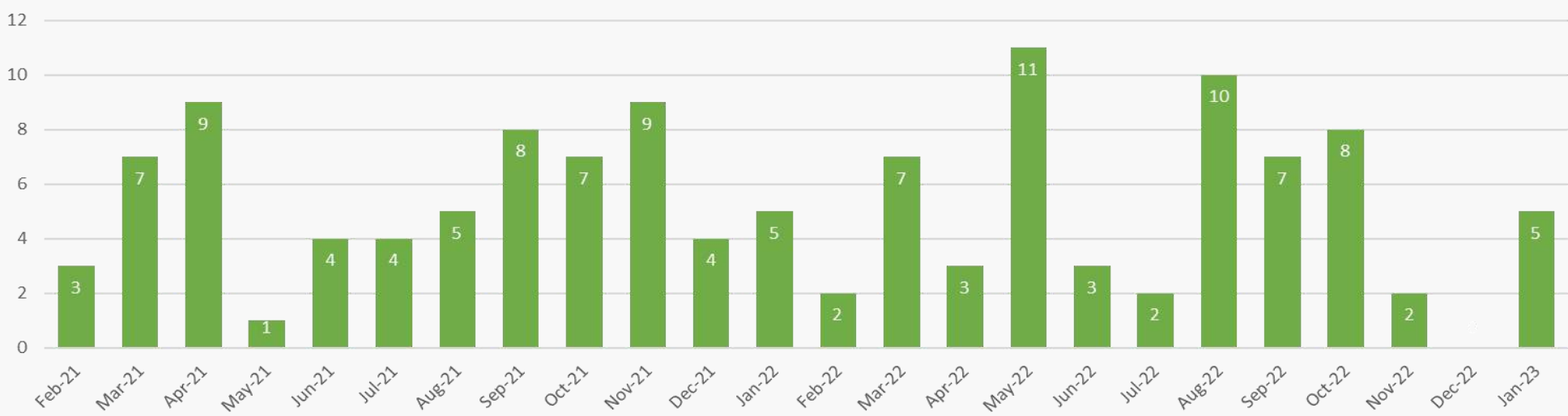
SCIF. **G**

Self Assessment: Strength of Internal Control: Moderate

QUEST

Health & Care Standard Health - Safe Care / Timely Care

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



Analysis

The percentage of responses to concerns in January decreased marginally to 21% against a 75% target. 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 decreased in January 2023 (80) when compared to December 2022 (124).

In January 2023 there were eight Serious Case Incident Forums (SCIF), and sixty-eight cases were discussed, 5 cases were reported to the NHS Wales Delivery Unit and thirty-five cases were referred to Health Boards for investigation and three received from the Health Boards under the Joint Investigation Framework (JIF). This has replaced Appendix Bs.

The percentage of responses to concerns in January decreased marginally to 21% against a 75% target. 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 decreased in January 2023 (80) when compared to December 2022 (124).

Themes relating to incidents reported to the NHS Wales Delivery Unit as Nationally Reportable Incidents (NRIs) include call categorisation and clinical aspects of care including misdiagnosis and subsequent management. The ineffective breathing descriptor remains a theme, as it does UK wide.

In January 2023 there were 2 NRIs relating to Red calls, 1 relating to Amber calls and 0 Green calls. There were 2 NRIs prioritised as Amber that should have been red. As reported earlier, in January, 447 patients waited over 12 hours for an ambulance response, a significant reduction month on month, also a reduction when compared to 503 in January 2022, but an increase compared to 89 in January 2021.

56 Compliments were received from patients and/or their families in December 2022, an increase compared to the previous month (37).

Remedial Plans and Actions

A range of actions are in place:-

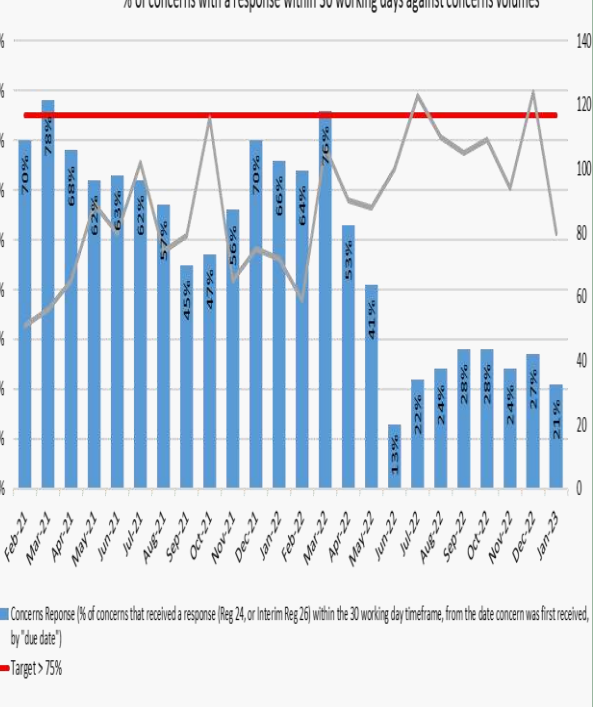
- Additional resources for complaints handling administration has been agreed by the Executive Management Team. Recruitment, redeployment and assessment of workload and where to best place resources continues.
- The general theme in relation to the Trust's concerns portfolio remains timeliness to respond.
- The Joint Investigation Framework pilot (to replace the appendix b process) is in progress with good engagement from system partners to date. Early feedback from health boards is there are some challenges regarding the 72 hour timeframe to arrange a meeting including all relevant system partners.
- Immediate improvement actions following the SCIF include education and training for individual staff, updates to operating procedures and circulation of bulletins to share learning and provide updates.
- Health care professionals (HCPs) diagnosing patients with life threatening conditions (Amber1) with protracted waits has been identified as a theme at the Serious Case Incident Forum (SCIF) also. In response a new HCP call task and finish group, led by the Assistant Director of Quality and Nursing is meeting currently to review the cases and determine any improvement actions.
- The key strategic action is the EMS Operational Transformation Programme. partners to date. Early feedback from health boards is there are some challenges regarding the 72-hour timeframe to arrange a meeting including all relevant system partners.
- Immediate improvement actions following the SCIF include education and training for individual staff, updates to operating procedures and circulation of bulletins to share learning and provide updates.
- Health care professionals (HCPs) diagnosing patients with life threatening conditions (Amber1) with protracted waits has been identified as a theme at the Serious Case Incident Forum (SCIF) also. In response a new HCP call task and finish group, led by the Assistant Director of Quality and Nursing is meeting currently to review the cases and determine any improvement actions.
- The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

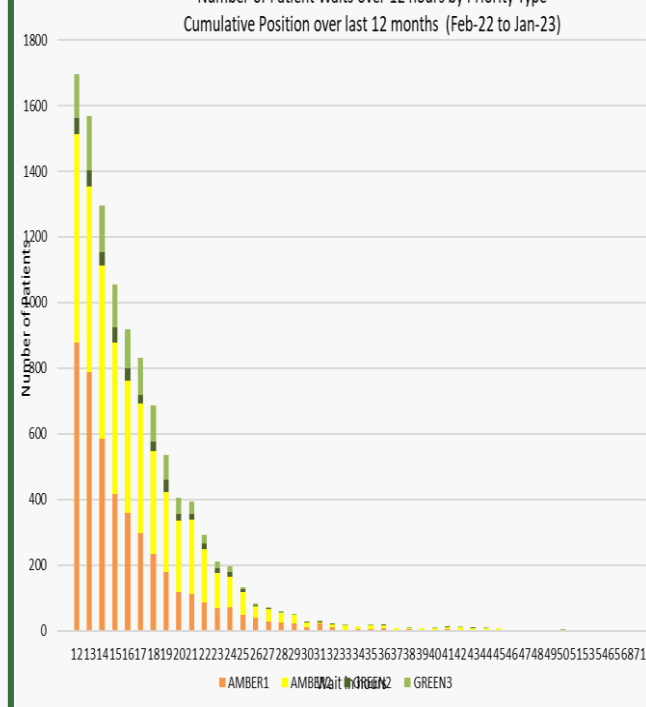
The Trust is expecting continuing challenges with performance especially as hospital delays remain a significant challenge impacting on the quality and safety of care to patients in the community and those delayed outside of hospitals awaiting transfer to definitive care.

***NB: January 2023 data is correct on the date and time it was extracted; therefore, these figures are subject to change.**

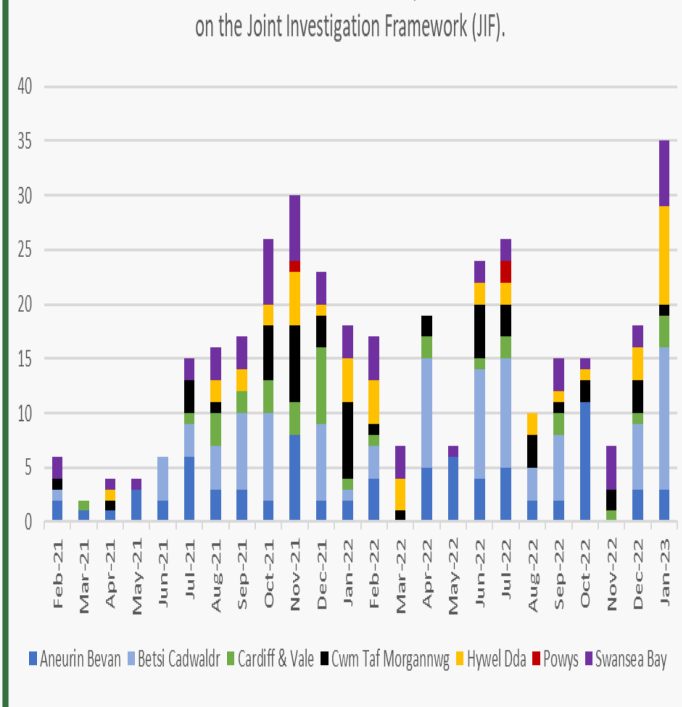
% of concerns with a response within 30 working days against concerns volumes



Number of Patient Waits over 12 hours by Priority Type Cumulative Position over last 12 months (Feb-22 to Jan-23)



Number of Incidents reviewed at the SCIF reported to the Health Board on the Joint Investigation Framework (JIF).



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



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Patient & People Safety Indicators

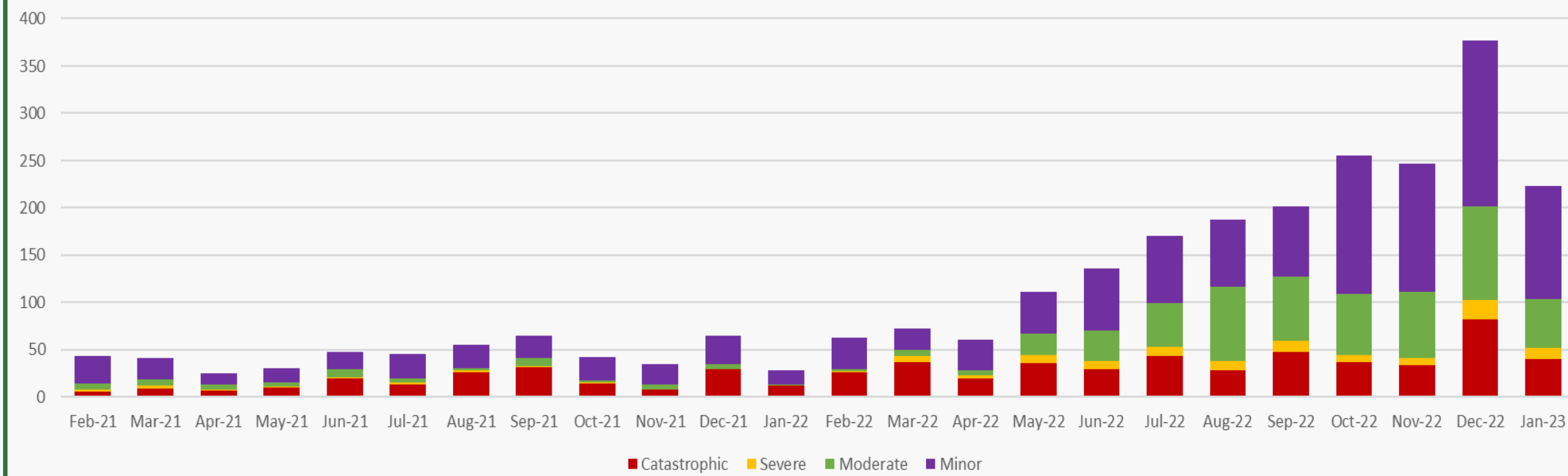
Self Assessment:
Strength of Internal
Control: Moderate

PCC

Health & Care
Standard
Health – Safe Care



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



Analysis

The number of patient safety adverse incidents volumes submitted on Datix Cymru via frontline crews, health boards, the Operational Delivery Unit (ODU) and CCC within January 2023 decreased to 394 when compared to 586 in December 2022. The 394 reports relate to incidents where the outcome for our patients was:

- No harm or hazard – 171
- Minor harm – 119
- Moderate harm - 52
- Severe Outcomes - 12
- Catastrophic - 40

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; 236 cases were closed in January 2023. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example; 2 crews submitting the same incident), however the increase in incident volumes is attributed to the current rise in hospital handovers.

RL Datix continues to throw novel issues at the team. We are engaged with the Once for Wales RL Datix lead to propose/recommend slight changes to the system to ensure timely completion is achieved.

Remedial Plans and Actions

Workload for all members of the team has increased during the current winter pressures and with a long tail of PTR concerns. Additional resources for complaints handling administration has been agreed by the Executive Management Team. Recruitment, redeployment and assessment of workload and where to best place resources continues. Industrial Action is also likely to impact on the Trusts ability to respond to Concerns due to key staff being redeployed on IA days.

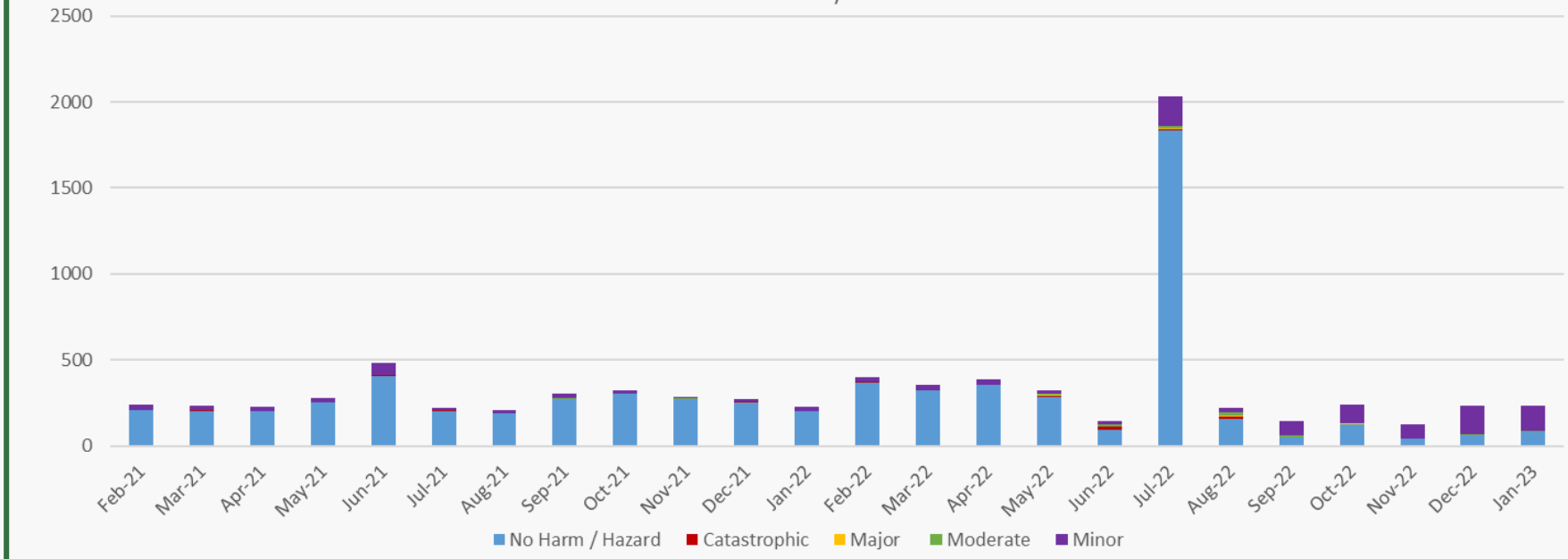
Engagement with all WAST stakeholders and support to audit teams will enable the PTR team to comply with PTR Regulations consistently

Expected Performance Trajectory

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

****NB: January 2023 data is correct on the date and time it was extracted; therefore, these figures are subject to change.**

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



Slide under Development:
Future iterations of the report will include: 12 Month Rolling Percentage RIDDOR Reported Within HSE Timescale

Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators

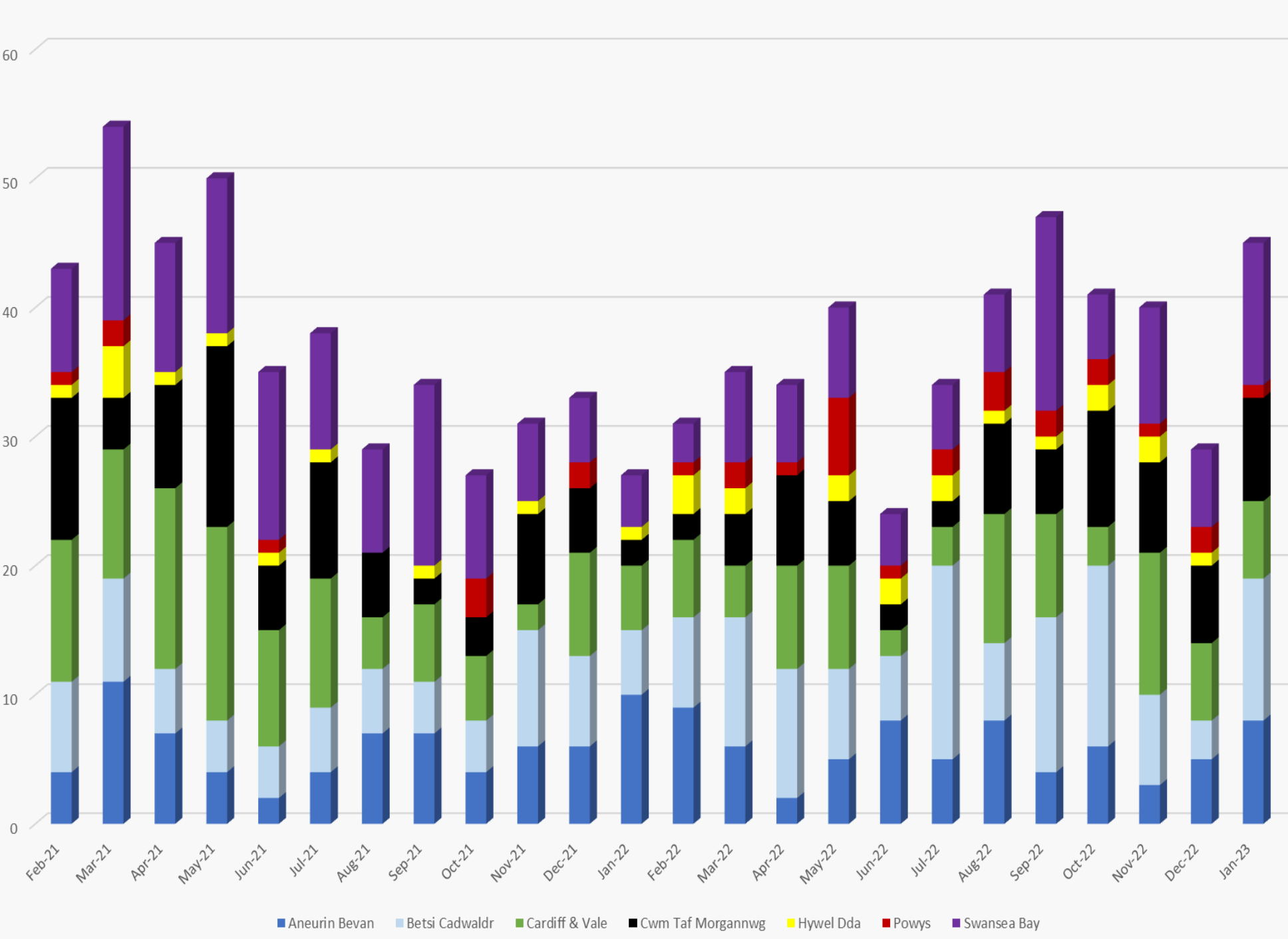
Coroners
Self-Assessment:
Strength of Internal
Control: Strong

Mortality
Self-Assessment:
Strength of Internal
Control: Moderate



Health & Care
Standard
Health – Safe Care

Number of Coroner Requests by Health Board



Analysis

Coroners: The number of in month request continues to be higher than pre-pandemic. In January 2022, the Trust received 27 requests, as opposed to 45 requests in January 2023. These increased numbers continue and are now the norm, rather than the exception.

At the end of January 2023 there are 416 claims open; these relate to Personal Injury (78 Claims); Personal Injury - Road Traffic Accidents (48 Claims), Clinical negligence (122 claims); Road Traffic Accident (159 claims) and Damage to Property (9 claims).

Ombudsman: There are currently 15 open Ombudsman cases in January 2023. At present cases are not being investigated, which supports the Trusts actions.

Mortality Review: The Trust participates in Health Board led mortality reviews as appropriate, with attendance from the patient safety team and clinical colleagues. Work is currently underway to address a backlog of mortality reviews with oversight from the Clinical Quality Governance Group. The Trust provides data and information to the Medical Examiner Service (MES) to inform their reviews. To date the Trust has not received any requests to undertake a Level 2 mortality review of patients in our care. Currently the focus of mortality reviews is acute care and the plan is for all non coronial deaths to be reviewed by the MES from June 2023.

Remedial Plans and Actions

Coroners: Cases continue to be registered and distributed in a timely manner. If there is likely to be a delay in responding the Trust ensures that the coroner is kept informed of the expected date of response. Inquests are now being arranged into Feb & March 2023. The Team has now recruited to vacancies, and following some training, the numbers on hand have started to reduce.

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 under the new approach. Meeting dates for the All-Wales Mortality Working Group have been shared recently by the NHS Wales Delivery Unit, at which WAST are represented.

Expected Performance Trajectory

Coroners: The number of cases on hand remains high due to some delays in obtaining statements, which require an MPDS audit.

Ombudsmen: A report in relation to lessons learned is prepared and taken to the Patient Safety and Experience Learning and monitoring Group.

Mortality Review: Whilst the multiple benefits of the ME process 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 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.

Mortality Reviews Data source: Internal Web Application Data source: Datix



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

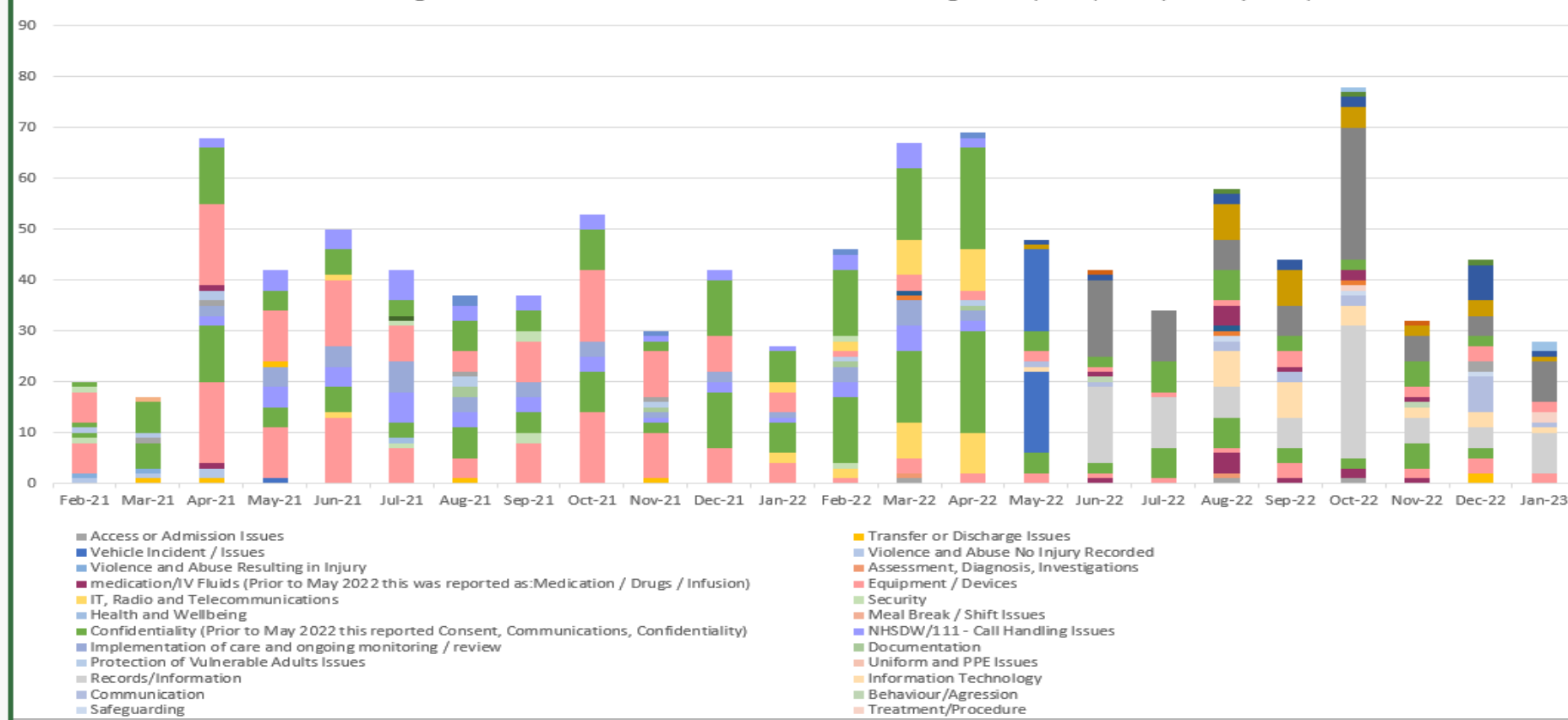
Safeguarding, Data Governance & Public Engagement Indicators

Health & Care Standard
Health – Safe Care

Self Assessment:
Strength of Internal Control: Moderate



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



Analysis

Safeguarding: In January 2023 staff completed a total of 116 Adult at Risk Reports, 92% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 438 referrals were received and processed to the local authority during this reporting period. There have been 132 Child Safeguarding Reports in January 2023, 92% of these were sent within 24 hours.

Data Governance: In January 2023 there were 14 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach, a decrease when compared to the previous month. Of these 14 breaches, 1 related to communication, 1 Information technology, 8 records/information, 2 treatment/procedure and 1 equipment / Devices.

Public Engagement: During January, the PECCI Team attended 13 engagement opportunities, engaging with 92 people. At engagement events throughout the month, we continued to place an emphasis on sharing information about pressures being experienced by the Trust and wider NHS and were able to provide information about other services people can access in their communities, such as the Common Ailment Scheme. Outcomes of our engagement are continuing to tell us that people are concerned that help will not be available when they need it. People have also experienced or expect to experience problems and delays in accessing primary care services, such as GP appointments. People who have called 999 were concerned about long waits for help to arrive. 111 callers have told us that they experienced long waits for their calls to be answered and reported long waits for call backs. NEPTS users told us that overall, they continue to be happy with the transport they receive but experience long delays when making their initial telephone booking.

Remedial Plans and Actions

Safeguarding: The Trust primarily manages all safeguarding reports digitally via Docworks and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support staff with the use of the Docworks Scribe App and liaise with local authorities when or where required. 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 14-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). Incidents have been reviewed and investigated where necessary by the IG team and remedial actions taken where appropriate.

Progress continues to be made with the IG Toolkit improvement actions. The next submission was due to open in January 2023 which has since been delayed and is now expected to open in February.

Public Engagement: Community involvement and engagement with patients/public will form an integral part of the Trusts ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PECCI 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 PECCI 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. Throughout December the Trust faced severe to extreme pressures and declared a critical incident. The team supported the push in public messaging to promote NHS 111 Wales and its health information website. Key public health concerns were predominately driven by; Respiratory issues; Strep A; Flu and Covid. People have been encouraged to share their concerns which have mainly focused around length of wait for an emergency ambulance; length of wait for calls to be answered by NHS 111 Wales and accessibility of information on the NHS 111 Wales website. The team also engaged with local communities as a response to the demands on the Trust in the provision of information on a range of other services across communities that could help when faced with a health emergency. This included attendance at a large number of Food Banks; engaged, listened and captured people's feedback and experiences through face-to-face meetings; online events and experience surveys and reported back to communities to strengthen relationships and confidence that the Trust is listening and acting to improve services. All feedback received has been shared with relevant Teams and Managers and continues to be used to influence ongoing service improvement.

Expected Performance Trajectory

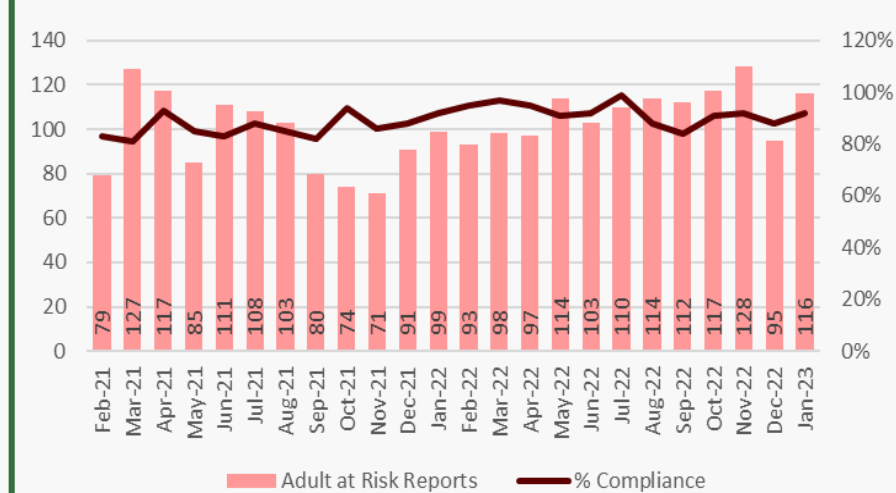
Safeguarding: The Trust continues to aim to achieve 100% of Adult and Children at risk referrals within 24 hours.

Data Governance: Progress continues to be made with the IG Toolkit improvement actions. The next submission is due to open in January 2023.

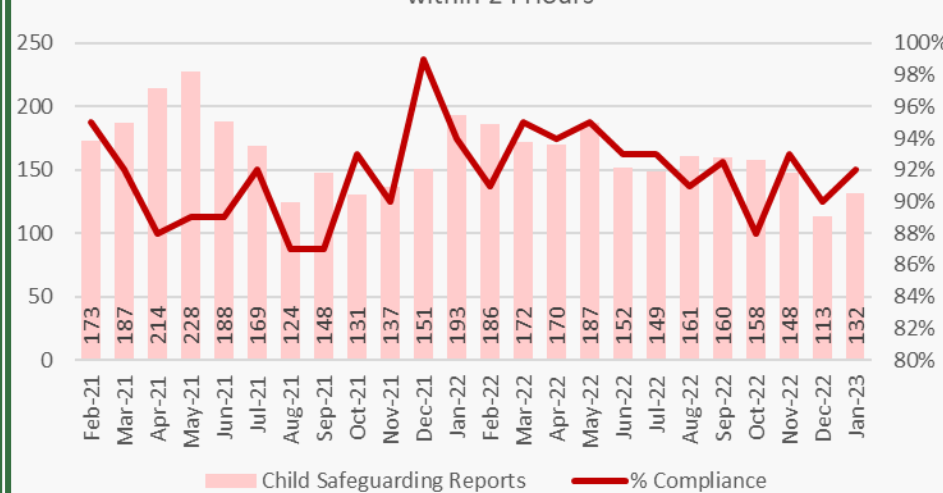
Public Engagement: All feedback received has been shared with relevant Teams and Managers and continues to be used to influence ongoing service improvement.

Safeguarding Data source: Doc Works

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



Number and Percentage of Child Safeguarding Reports sent within 24 Hours



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



(Responsible Officer: Liam Williams)

Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

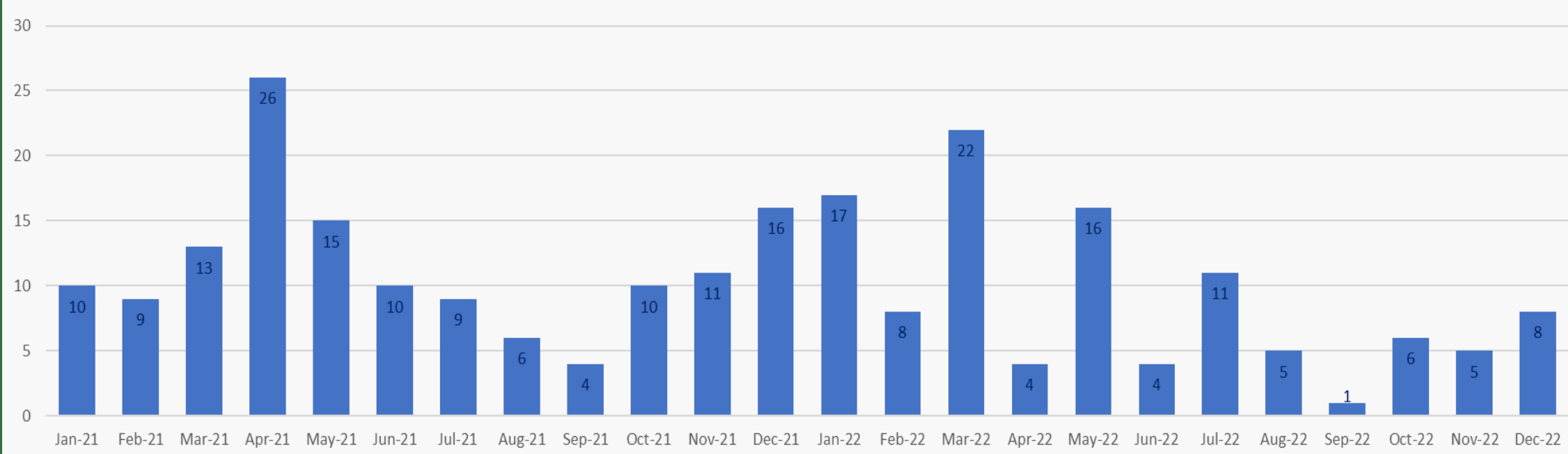
Self Assessment:
Strength of Internal
Control: Moderate

PCC

Health & Care
Standard
Health – Safe Care

NB: January 2023 data and narrative update not submitted at time of reporting

Volume of RIDDOR Reports by Month



Analysis

RIDDOR: There is a strong level of internal control with respect to metrics provided to the Health & Safety Executive (HSE), there are moderate levels of internal control in respect of the intelligence gathering for RIDDOR submission. Challenges around incident reporting times or handlers confirming staff sickness absence to the H&S function continue to impact on the timeliness of reporting to the Health and Safety Executive (HSE).

15 RIDDORS were reported in December all reported in line with HSE requirements. Over 7-day injuries continue to be the highest reported for RIDDOR reportable category. Slips, trips and falls injuries are the highest reported RIDDOR trend in December. 24 RIDDOR reports were submitted for Manual Handling injuries in 2022/23 with 18 for moving patients and 6 for inanimate loads.

Violence and Aggression: 112 incidents for aggressive non-physical behaviour were reported in Q3. 10 incidents for physical behaviour were reported during Q3. 2 incidents reported as physical acts categorised as severe harm at the time of collation of data. This has since been reclassified as moderate and low harm following investigation closure.

Remedial Plans and Actions

RIDDOR: DATIX incident review meetings continue to be held on a weekly basis to review non-patient safety incidents to check for potential RIDDORS and associated coding and allows for further scrutiny. Non patient health and safety incidents are reviewed daily by the Health and Safety Advisors. RIDDOR performance is presented in monthly reports and service units business meetings. A RIDDOR awareness poster has been developed and communicated across the Trust to improve RIDDOR compliance rates.

Violence and Aggression: The V&A Manager was appointed into the function in Q3 2022. The postholder will undertake a strategic review and transformative action in relation to V&A processes with an evaluation report to be presented during Q4.

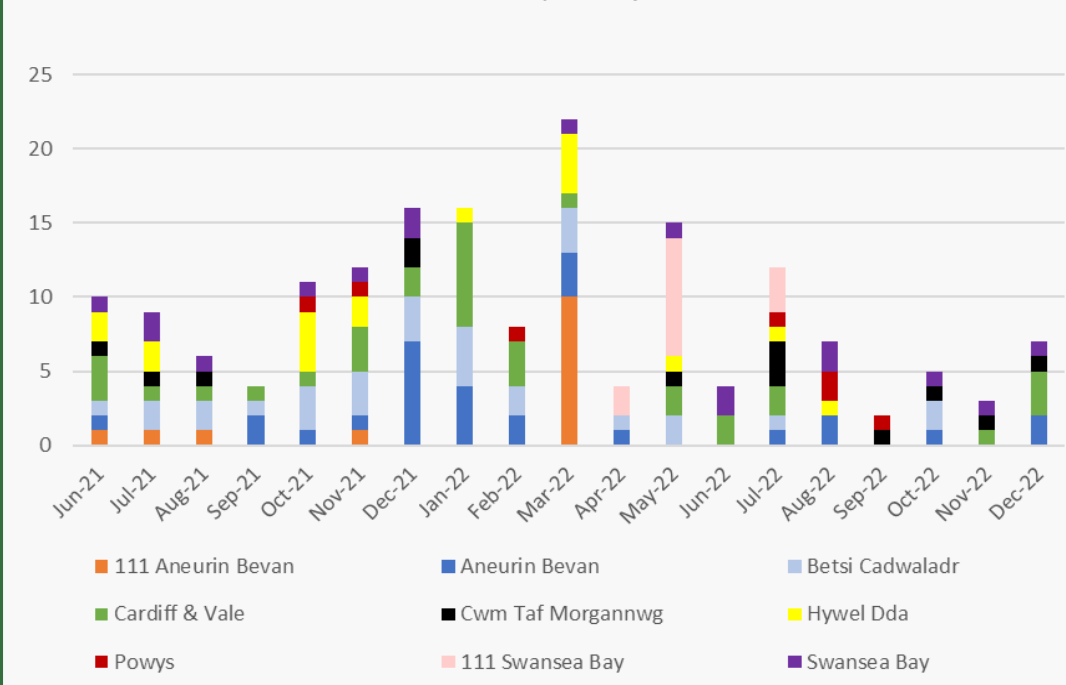
Collaborative working is ongoing with Training team in the review of V&A training. Reestablishment of working relationships with all four Welsh police forces have been undertaken.

Expected Performance Trajectory

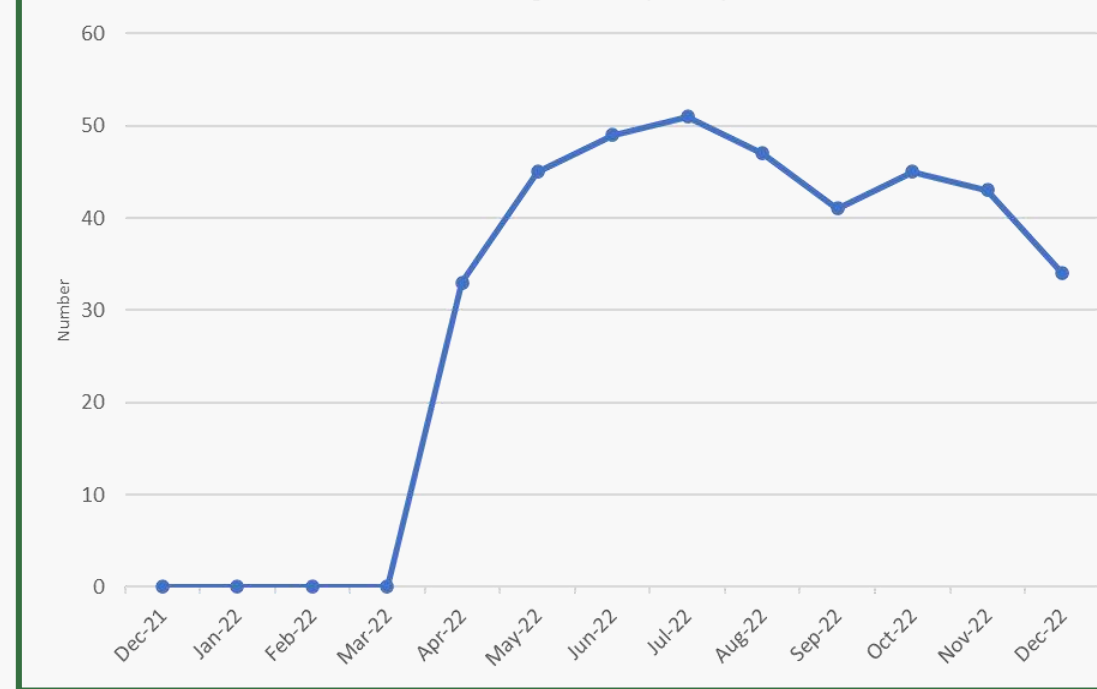
RIDDOR: Work is underway in the development of utilising Power BI to allow for intelligence to be relevant when required removing the challenges with data inconsistencies due to fluctuation as investigations are closed and associated coding finalised. RIDDOR compliance is to be presented at EMS business meetings for visibility and allow for further scrutiny at local level. This is expected to further improve performance data to a consistent 80-90% compliance.

****NB: December 2022 data is 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



Data source: Datix



(Responsible Officer: Liam Williams)

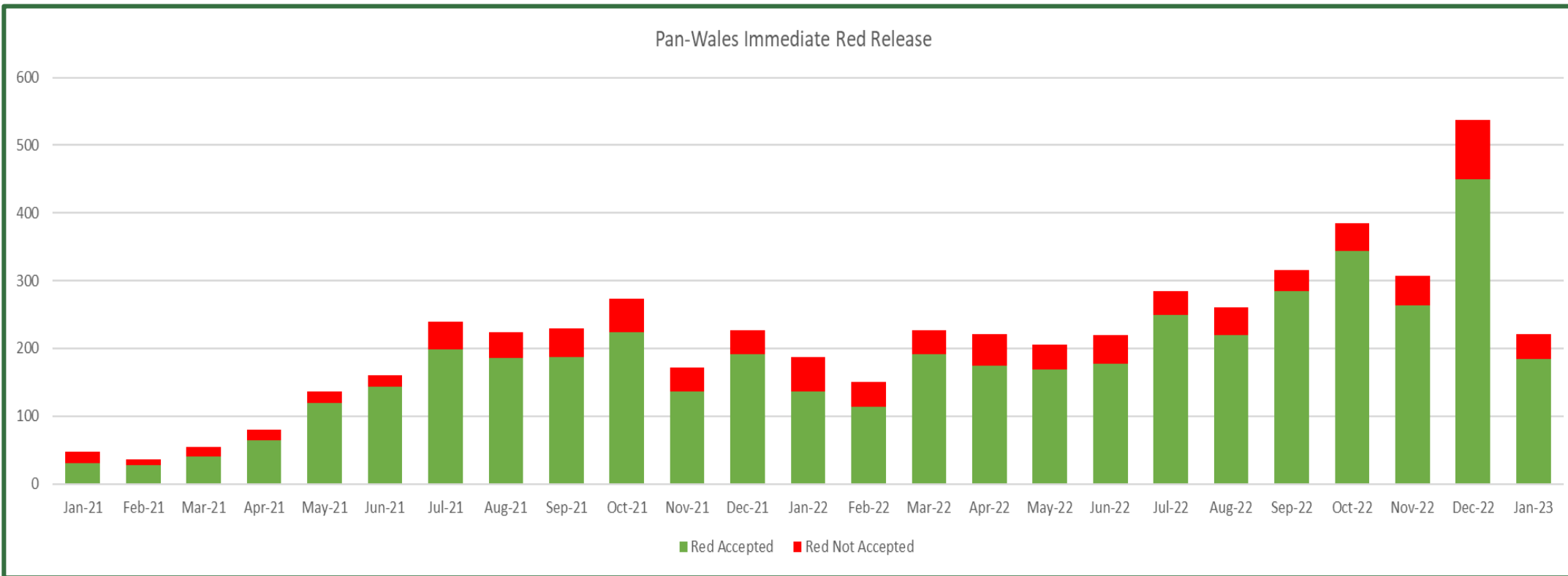
Welsh Ambulance Services NHS Trust



Our Patients: Quality, Safety & Patient Experience

Escalation and Patient Experience

TBD



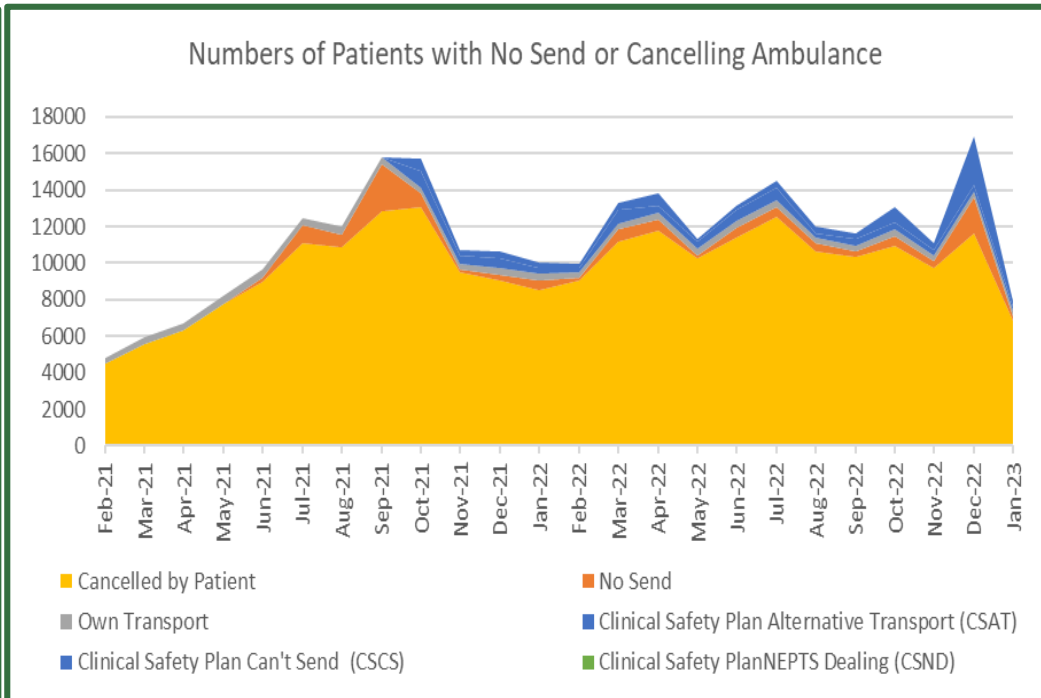
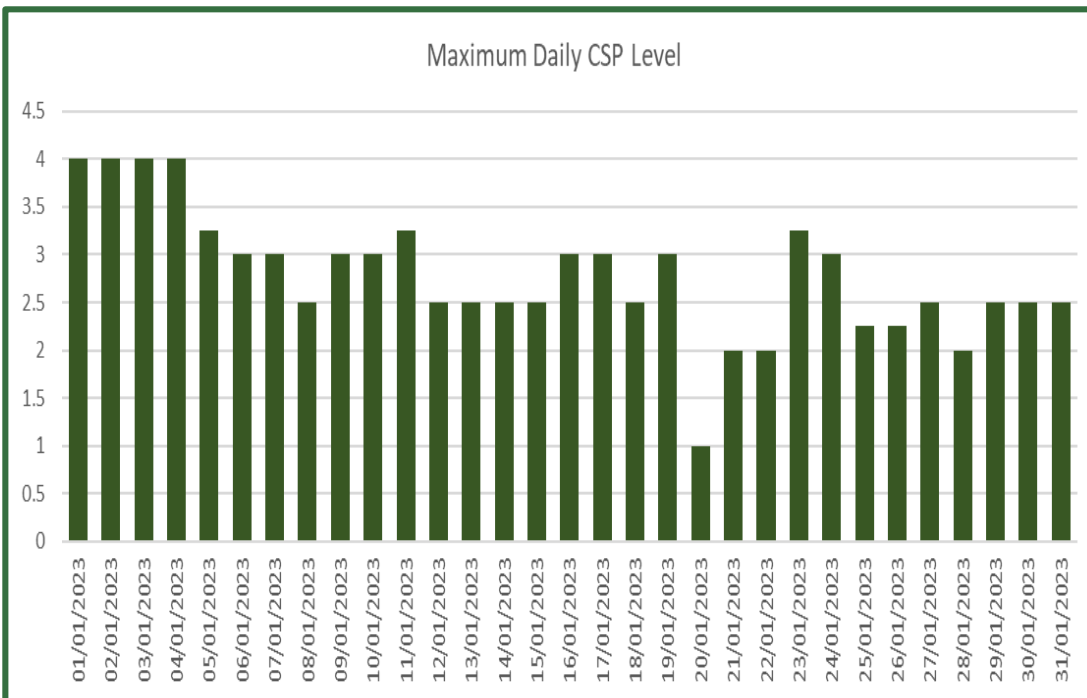
Analysis

There were 502 request made to Health Board EDs for immediate release of Red or Amber 1 calls in January. Of these 184 were accepted and released in the Red category, 37 were not accepted. In conjunction to this, 81 ambulances were released to respond to Amber 1 calls, but 200 were not.

In December 2022, 444 ambulances were stopped due to CSP alternative transport and 2,652 were stopped as a result of CSP Can't send options. In addition, 11,614 ambulances were cancelled by patients (including patients refusing treatment at scene) and 309 patients made their way to hospital using their own transport.

In January 2023 CSP levels for the Trust were:

CSP Level	No Of Days in January 2023	RED	AMBER 1	AMBER 2	GREEN	HCP
0	0	Business as Usual				
1	1	Respond	Respond	ETA – Alt Transport Respond to Exceptions		
2a	3	Respond	Respond	ETA – Alt Transport Respond to Exceptions		
2b	2	Respond	65 th ETA Script ALT Transport Respond to Exceptions			
2c	10	Respond	65 th ETA Script ALT Transport Respond to Exceptions		Can't Send Respond to Exceptions	Can't Send Pass to ROU or EMG
3a	8	Respond	90 th ETA Script ALT Transport Respond to Exceptions		Clinical Screening	Can't Send
3b	3	Respond	Clinical Screening	Can't Send	Can't Send	Can't Send
4a	4	Clinical Screening		Can't Send	Can't Send	Can't Send
4b	0	Clinical Screening	Can't Send	Can't Send	Can't Send	Can't Send



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.

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. Winter pressures will impact the Trust and seasonal planning is being used to prepare for this.

****NB: January 2023 data is correct on the date and time it was extracted; therefore, these figures are subject to change**



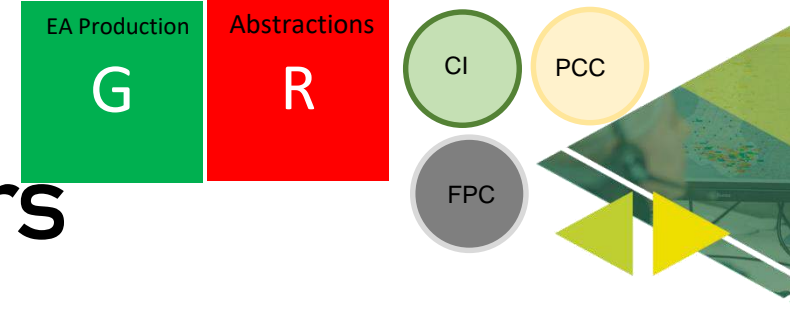
(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust

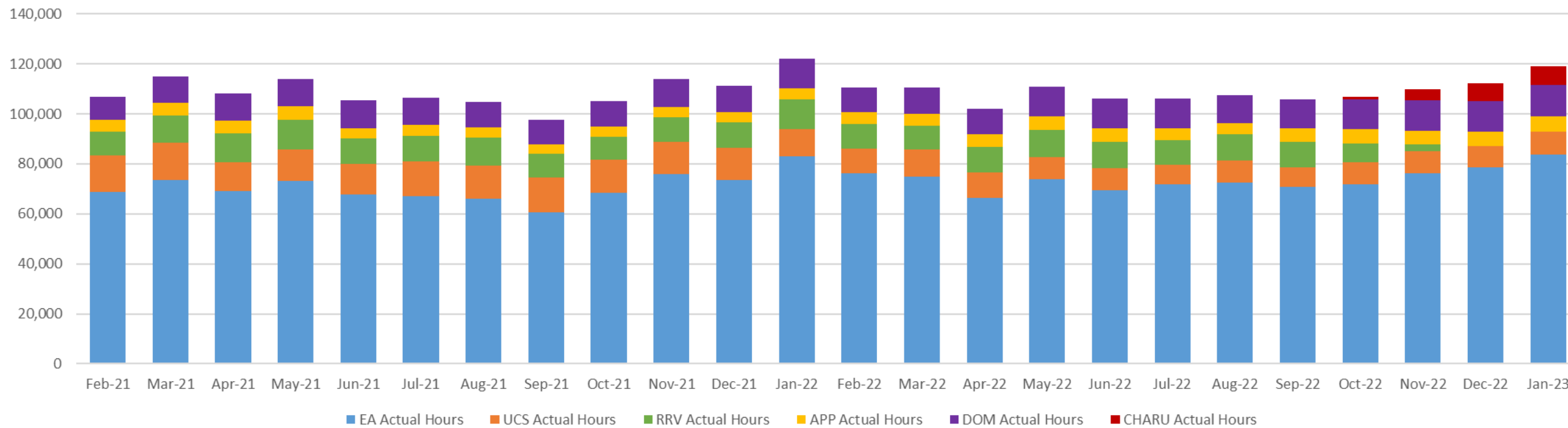


Our People

Capacity - Ambulance Abstractions and Production Indicators



Total EMS Actual Hours Produced



Analysis

As shown in the bottom graph, monthly abstractions from the rosters are key to managing the number of hours the Trust has produced. In January 2023, total abstractions stood at 39.01%. This compares to a benchmark set in the Demand & Capacity Review of 30% which the Trust was achieving pre-COVID-19. The highest proportion was Annual Leave at 13.03% and sickness at 10.22%. Sickness abstractions for January 2023 were lower when compared to the previous year (14.81%). COVID-19 (non-sickness) related abstractions decreased again in January 2023 when compared to the previous month and when compared to the same period last year accounting for 0.12% of overall abstractions.

Emergency Ambulance Unit Hours Production (UHP) was 97% in January 2023 (83,565 Actual Hours), therefore exceeding the 95% benchmark. CHARU UHP achieved 83% (7,444 Actual Hours) compared to 79% in December 2022. The total hours produced is a key metric for patient safety. The Trust produced 118,976 hours in January 2023.

Remedial Plans and Actions

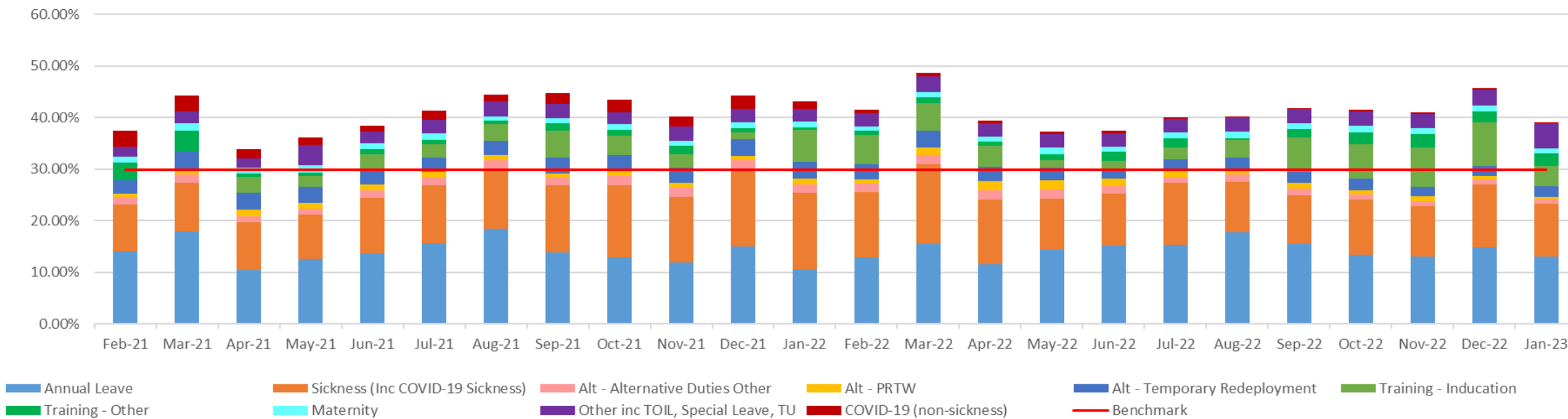
The EMS Demand & Capacity Review benchmark for GRS sickness absence abstractions is 5.99%. A formal programme of work has commenced to review and take action to reduce sickness absence / alternative duties, which is reported into EMT every two weeks.

The Trust has a budgeted establishment of 1,661 FTEs for 2022-23. The key actions to maximise production will continue to be the EMS Demand & Capacity Review with an additional 100 WTE to be recruited this year. The original target date was by 23 Jan-23. Due to higher than forecast attrition this date has been pre-programmed to the end of Feb-23. The new EMS Response rosters are now live; implementation of rosters, which concludes a two and a half year project.

Expected Performance Trajectory

Subject to the longer-term impact of COVID-19 the benchmark is a UHP of 95% across the Trust's three main resource types and an abstraction rate of 30%.

Pan Wales EMS Total Rota Abstraction Hours

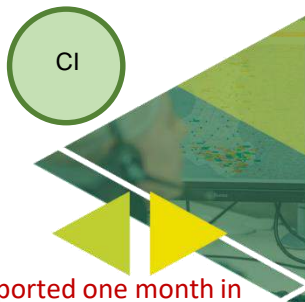


(Responsible Officer: Lee Brooks)

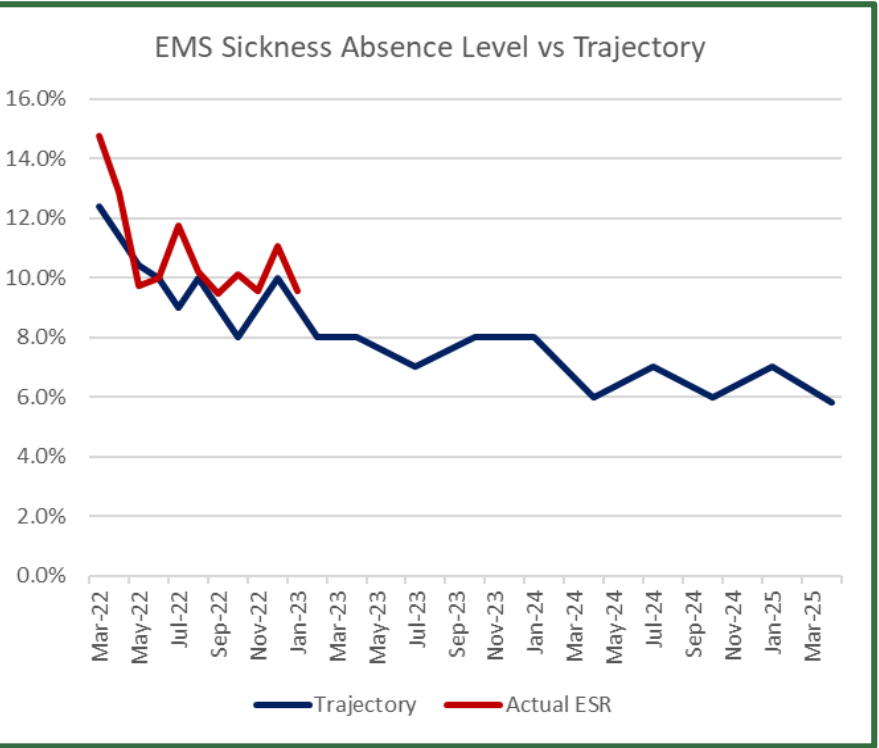
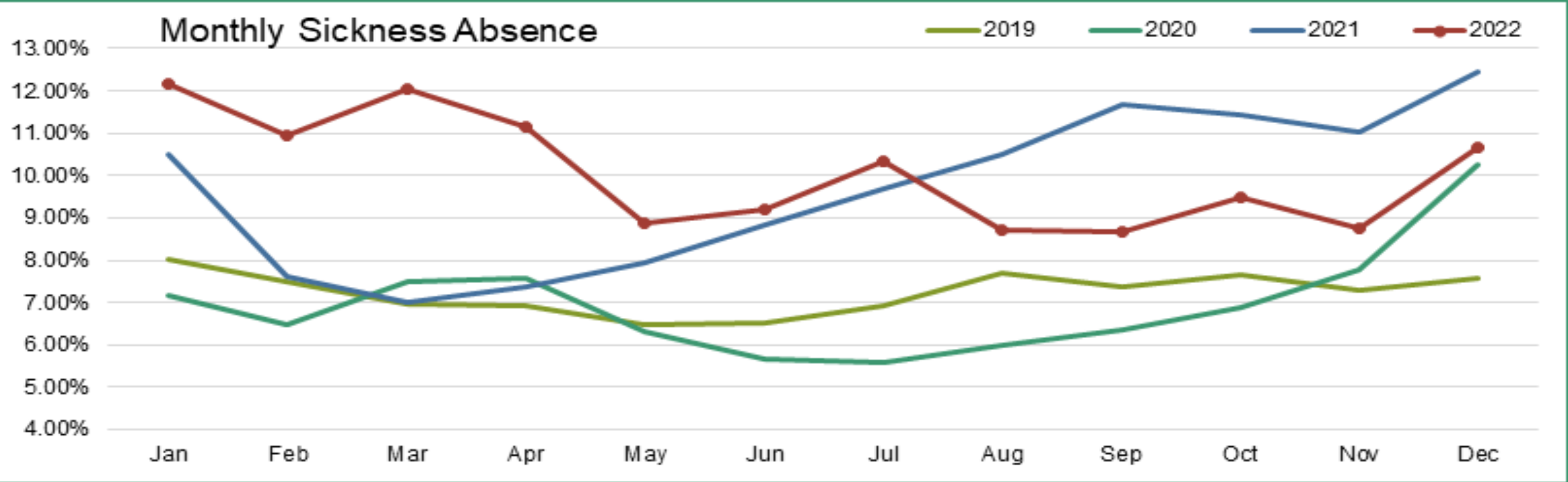
Welsh Ambulance Services NHS Trust



Our People Health & Wellbeing - Sickness Absence Indicators

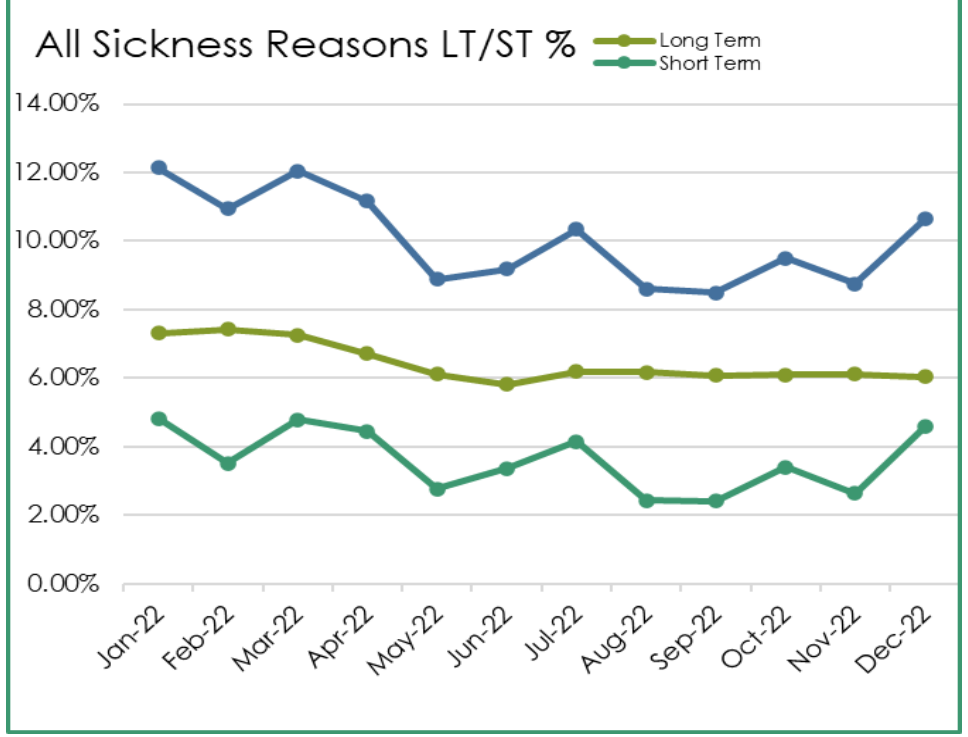


NB: Sickness data will always be reported one month in arrears (except for ESR reported Sickness Trajectory)



Average working days lost per FTE (Annual)	
22.96 days	
Single month Absence %	
10.64%	
Long Term	Short Term
6.05%	4.60%
Mental Health	Other MSK
2.41%	1.13%
(S10 Stress/Anxiety)	(excluding Back)

December 2022



Analysis

- Sickness increased in December across the Trust, rising from 8.75% in November to 10.64% in December, with short-term sickness (recorded as COVID and seasonal illnesses) increasing by 1.96%.
- Early indications are that January will see a decrease in sickness absence for both short-term and long-term sickness. The indicative figure is 8.9%
- The number of individuals off with long COVID continues to remain low (currently 11).

Remedial Plans and Actions

- December 2023 noted an increase in short term seasonal illnesses – coughs, colds, chest and respiratory issues and an uptick in Covid absence.
- Figures for January 2023 indicate significantly lower absence than December 2023 at around 8.9% for the Trust.
- Targeted support is continuing in current 'hotspot' areas with review meetings being held with the management team every 3 weeks and drop-in sessions with People Services to support managers.
- 16 training sessions have been delivered with 554 managers attending.
- Long term sickness case management continues. Internal audit report received for MAAW. Meeting in January 2023 approved the implementation of 10 actions with agreed target dates for completion.
- The team continue to analyse data in different ways e.g., average length of short-term absences and absence by role. When complete this will be shared with the organisation.
- Occupational Health continue to engage with Health Board colleagues to fast track appointments and treatment to reduce length of absences

Expected Performance Trajectory

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

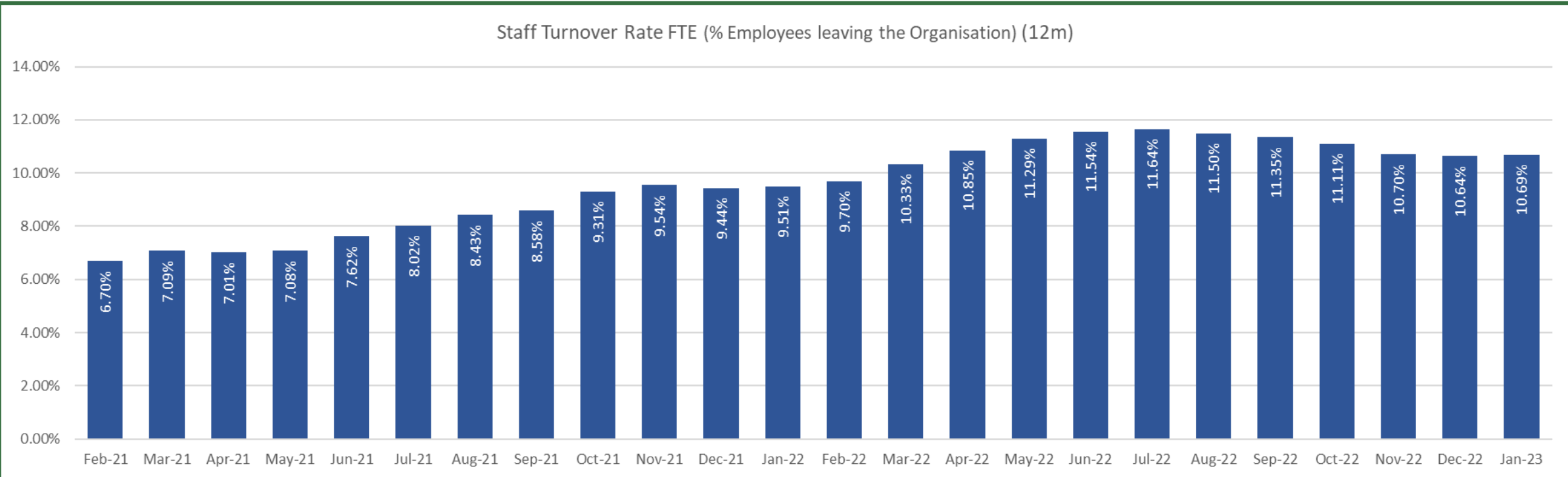


(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust



Our People Health and Wellbeing - Turnover



Analysis
Staff turnover rates in January 2023 were 10.69%. In comparison staff turnover rates were 9.51% in January 2022. As highlighted in the Staff & Wellbeing Deep Dive presented to People and Culture Committee on 06 September 2022 the number of staff leavers has increased over the last 3 years and were lower pre-pandemic; staff leave the Trust for a variety of reasons including promotions, relocations and due to pressures of NHS working.

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.

Wellbeing levels remain low for a range of reasons such as wider system challenges, COVID and population issues (cost of living crisis), the Trust continues to address these circulating communication for wellbeing opportunities and groups, such as women's health, menopause and pensions presentations and through training.

Remedial Plans and Actions
Cost of living champions are being identified across the Trust to act as a support system over the winter months in relation to the cost of living crisis. This network will support colleagues in signposting to local services and events within their local areas.

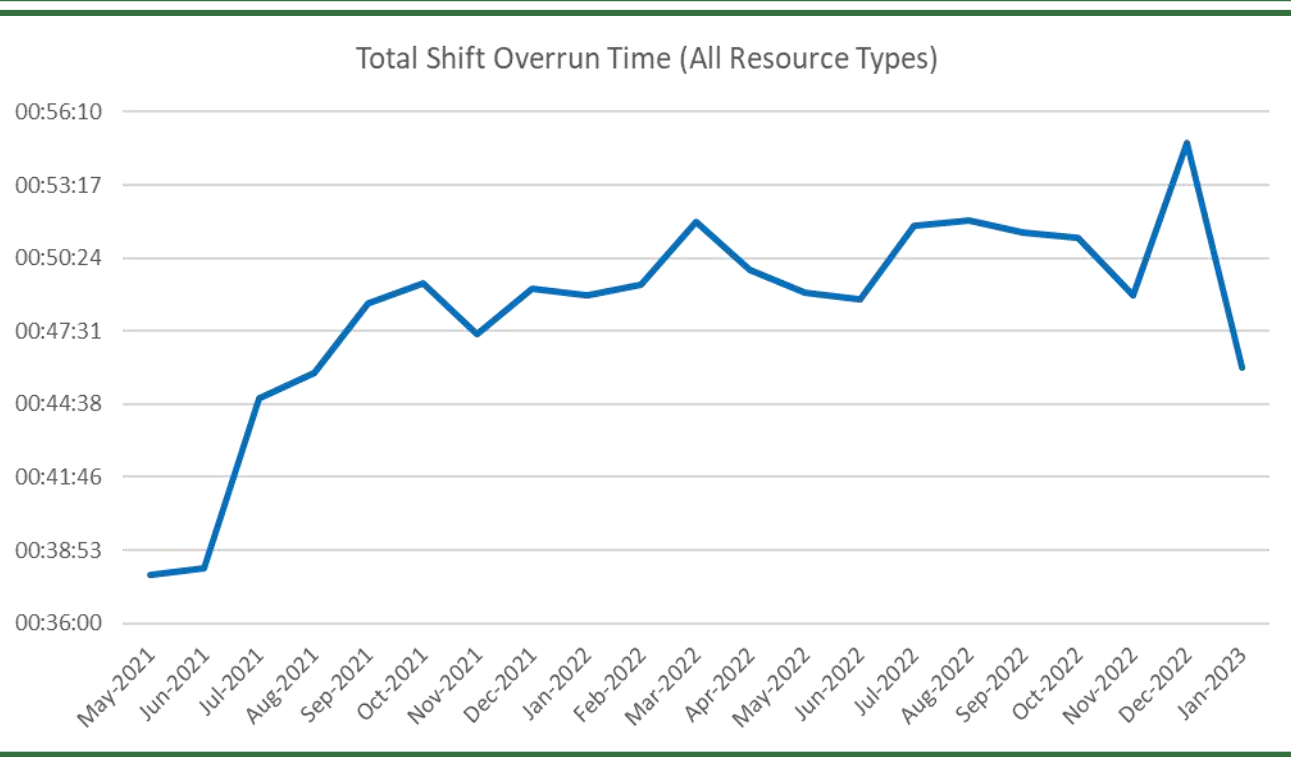
A direct survey was undertaken with colleagues across the Trust in November 2020 which identified that colleagues would like to see improvements in:

- Improved training and development opportunities
- Managers who listen more
- More focus on staff wellbeing
- An end to bullying and harassment
- Increased professionalism and positive behaviours

The Swansea University Report into Staff Wellbeing undertaken at the end of 2021 – beginning of 2022 has been received and its recommendations are being considered which may drive forward further actions regarding Wellbeing of staff. Information is also submitted to the Board regarding Occupational Health & Wellbeing plans and actions which compliment this work

Expected Performance Trajectory
The situation regarding wellbeing of staff remains challenging, many of the difficulties and frustrations are difficult to influence and change. Management development will continue with a focus on people skills and support with robust wellbeing offers so colleagues know where to get support, financial advice and the Trust will work at a local level recruiting champions. The People and Culture Strategy will continue with its wellbeing focus.

Other key metrics will be determined for reporting in future iterations.



January 2023		FTE by Month		
Org L4		2022 / 11	2022 / 12	2023 / 01
020 Ambulance Care L4 (NX10)		842.76	880.91	891.32
020 Emergency Medical Services L4 (DX04)		1,812.91	1,803.69	1,796.17
020 Integrated Care L4 (DX03)		423.74	407.17	418.05
020 National Operations & Support L4 (DX02)		158.32	154.72	153.22
020 Resourcing & EMS Coordination L4 (DX05)		362.99	355.52	359.33
Grand Total		3,600.73	3,602.01	3,618.09
Ambulance Response:				1540.0877

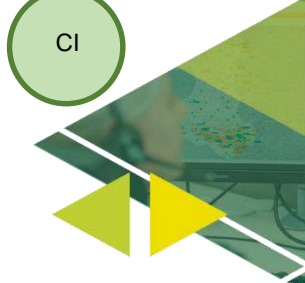


(Responsible Officer: Angela Lewis)

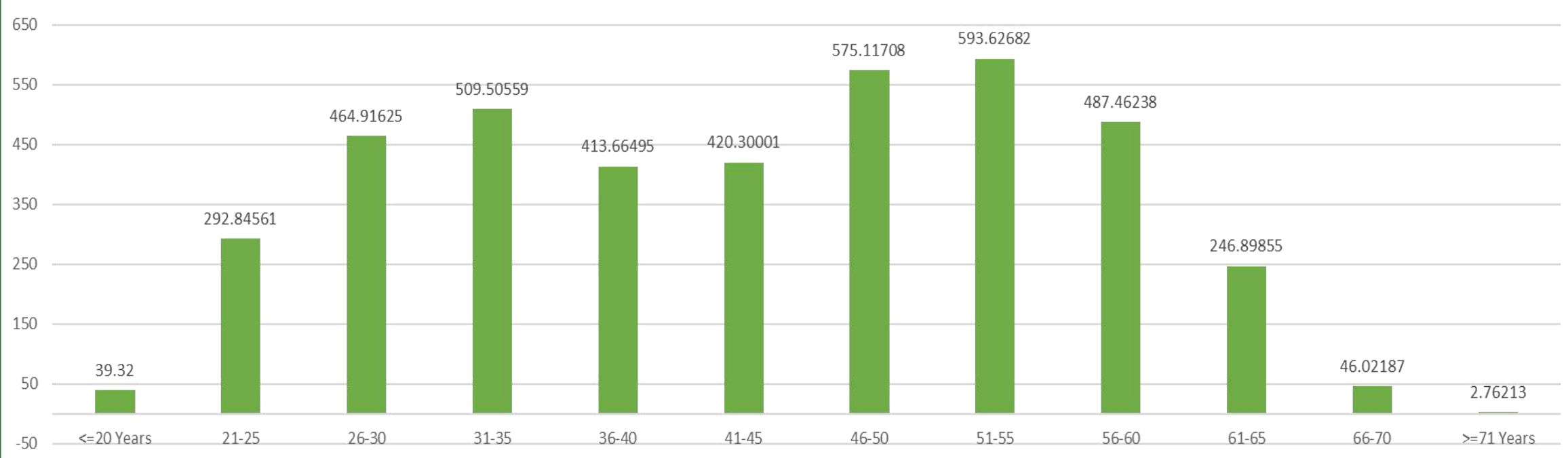
Welsh Ambulance Services NHS Trust



Our People Inclusion and Engagement



WAST Employee FTE Rates by Age Band (January 2023)



Analysis

In January 2023 of the 4,744 employees at the Trust, 0.91% fall in the under 20 category and 0.36% in the over 71 age category. 86.30% of staff employed at the Trust define themselves within the White ethnic grouping; with 71.44% of staff identifying in the White, British category, 0.11% identify within black ethnic groups, 0.34% within Asian ethnic groups and 0.72% are of mixed heritage. 0.11% of staff fall into other ethnic groups. 4.28% fall in the unspecified category and 8.14% have not stated ethnicity.

As of January 2023, 68.61%, of staff have completed mandatory Equality and Diversity Training a slight increase compared to December 2022, however failing to meet the 85% target.

Gender pay as a percentage of the workforce indicates that in January 2023 for those employed within bands 2 - 5 employment is more equally distributed, with 31.89% of females and 30.50% of males fulfilling those roles; however, there are higher levels of men employed within the more senior grades. 14.92% of females are employed in Band 6 and 7 roles compared to 18.21% of males and of those employed within Band 8 roles 1.71% are females and 2.28% are males.

100 colleagues have begun Allyship journeys, including Board members, and the programme continues to be well received; work is underway to ensure the programme is updated and bespoke wherever possible to ensure greater engagement.

Equality and Diversity Statutory & Mandatory Compliance



	Female	Male
Band 2	1.39	1.52
Band 3	17.18	14.38
Band 4	8.33	10.52
Band 5	5.00	4.09
Band 6	11.97	13.13
Band 7	2.95	5.08
Band 8 - Range A	0.89	1.24
Band 8 - Range B	0.53	0.42
Band 8 - Range C	0.17	0.51
Band 8 - Range D	0.13	0.11
Other	0.23	0.25

Remedial Plans and Actions

EMT focused on the fall in E&D compliance. This is currently under review, initially checking there is no issue with the data. Once this is completed mitigations will be developed. The roll out of the Allyship programme has been positive and it is now being reviewed to ensure it is fit for purpose and valuable to staff.

The slide will be developed further with metrics around Welsh language. The accuracy of the various metrics available to the Trust is currently being assured.

Expected Performance Trajectory

Having listened to feedback from communities, stakeholders and colleagues the Trust has developed seven new behaviours to ensure we can always be our best and is more committed than ever to improving the future and embracing new ways of working.

The Trust continues to follow guidance issued for Welsh Language standards (2015) to ensure compliance when advertising vacancies, which are advertised in both the English and Welsh language for any posts where Welsh language skills are essential or desirable.



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust



Our People Staff Vaccination Indicators

Self Assessment:
Strength of Internal
Control: Moderate

Flu
R

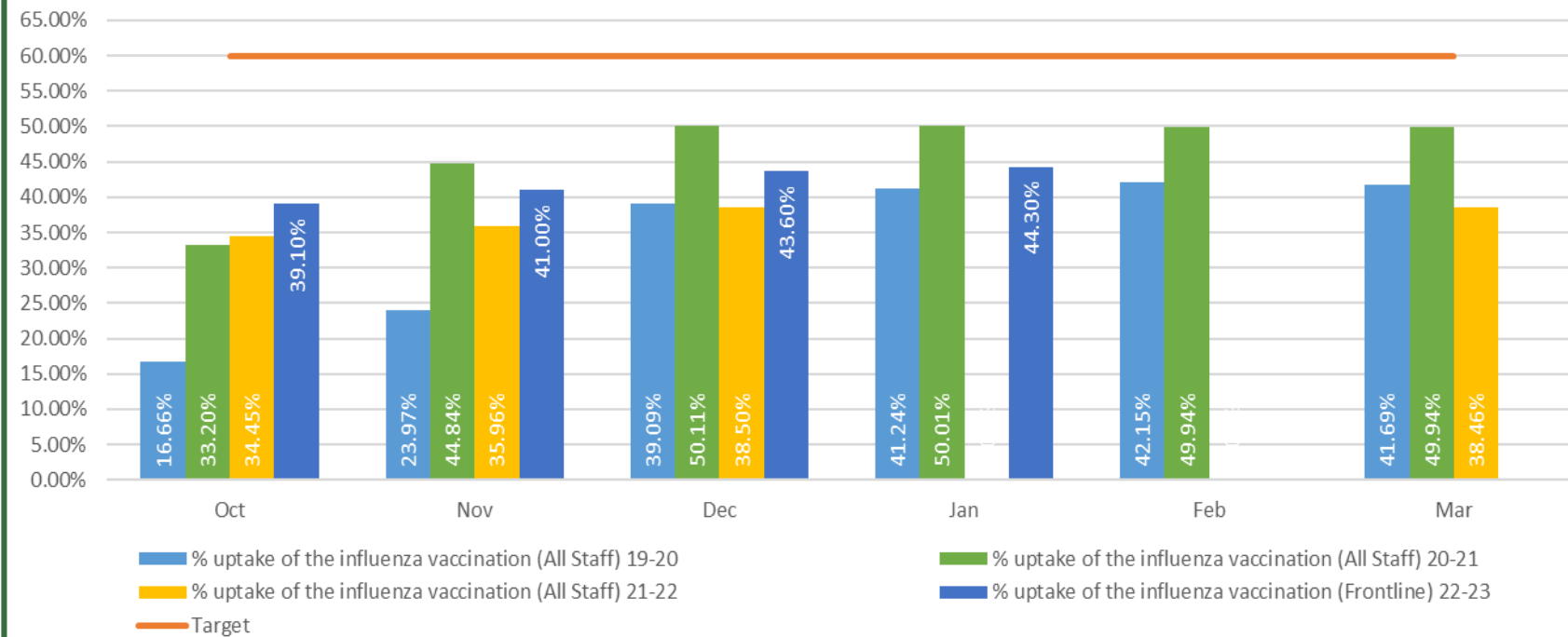
CI

PCC

Health & Care
Standard
- Health (PPI)



% Uptake of the Influenza Vaccination amongst WAST Frontline Healthcare Workers



NB: January COVID Vaccine 2023 data unavailable at time of reporting

Analysis

1,812 flu vaccines have been administered by Occupational Health Vaccinators and Peer Vaccinators (this includes flu vaccines administered to PHW staff / Students / HCS staff etc.) since the launch of the 2022/23 campaign.

1,600 WAST staff received their flu vaccine in a WAST setting with further 284 WAST staff receiving the vaccine elsewhere (i.e. GP Surgery / COVID-19 Booster Setting). A total of 1,884 WAST staff are now protected against the flu, equating to 44.3% of the overall workforce.

Since the launch in September, we have surpassed the overall flu vaccine uptake figure of 38.5% from last year's (2021/22) Flu Campaign and the 2019/20 Flu Campaign of 42.2%.

There has been further engagement from 245 WAST staff who have completed the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine. Bringing the overall engagement rate to 50.1% passing the 40.7% engagement in the last campaign.

As of December 2022, front line (Patient Facing and Non-Patient Facing staff), 94% (4,401) of staff have received a first dose COVID-19 vaccination, 94% (4,374) have received a second dose and 35% (1011 Staff) have received the SPIKEVAX booster vaccination.

Remedial Plans and Actions

- Staff are required to complete mandatory training for flu through Flu One e-learning modules via ESR.
- Planning commenced earlier than ever for the 2022/23 campaign, with 48 Flu Leads (across all EMS localities and all Directorates, unlike previous years) being appointed in July 2022.
- Monthly Flu Update meetings have now come to an end but a closure meeting is set to take place over the coming weeks as a final engagement with the team and Flu Leads.
- Vaccines were delivered in September in a bulk order to 4 delivery points (Matrix One, Ty Elwy, Hensol and Caernarfon), as opposed to being delivered over several months and therefore, preventing vaccine supply issues that have occurred in previous years
- The Flu Siren page launched, with all details of clinics, Flu Leads, Peer Vaccinators.
- The Digital Directorate is currently creating an online booking page for staff to directly book flu vaccinations with the Occupational Health Department (this is a new idea, as previously if staff wish to have their flu vaccine with OH, they have had to phone a booking line)
- The Trust aim to have 146 signed off and competent Peer Vaccinators for the 2022/23 campaign as opposed to (Approx.) 50 in previous years
- The flu consent / opt-out form has been simplified with fewer questions in a bid to encourage the staff who do not wish to have the flu vaccine or have had the vaccine elsewhere to let us know, which will hopefully increase engagement across the Trust.

Expected Performance Trajectory

An evaluation of the 2021-22 flu campaign has concluded. Early indications from the southern hemisphere are that there has been more flu trough the winter of 2022. The Trust is currently developing forecasts for the winter period that build in CoVID-19 and flu.

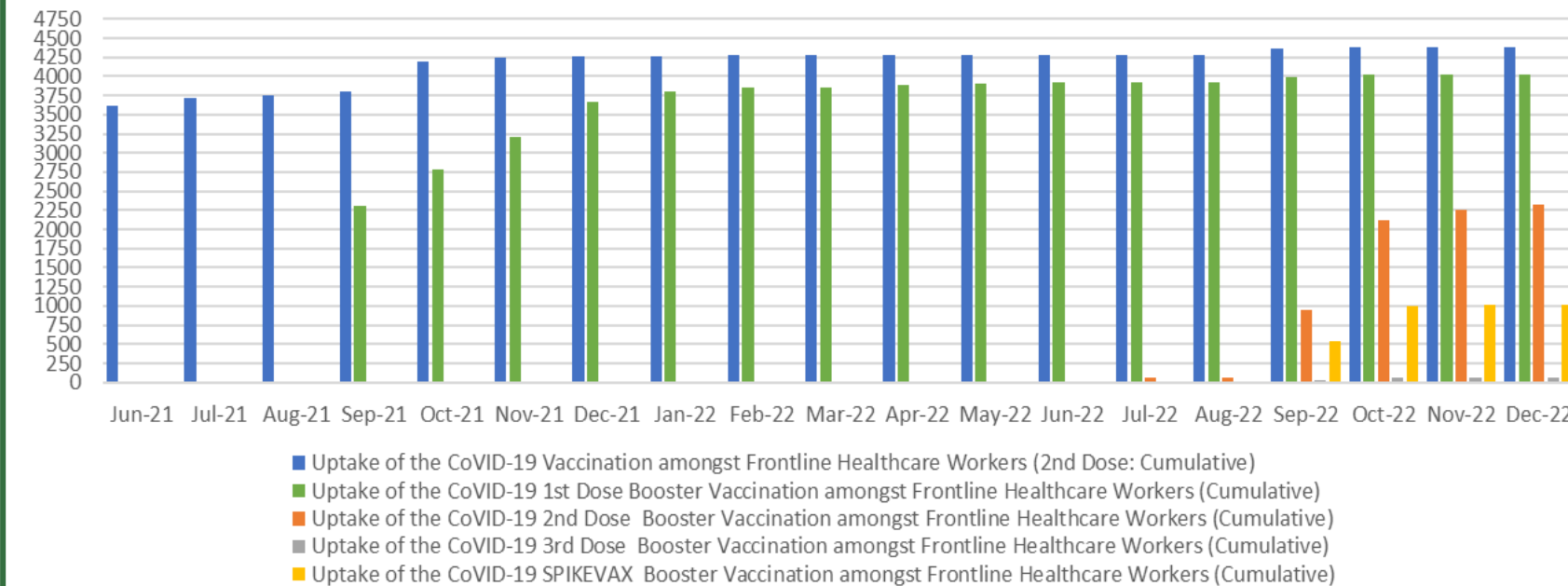
NB: Due to a technical error in the downloading of data for the Trust are unable to report monthly flu data for January & February 2022.

NB: COVID Vaccinations are reported using the WAST definition of Frontline Facing employees and therefore includes those employed within Clinical Contact Centres.

NB: Flu data accurate as of 16th December 2022,

:NB: Spikevax vaccination data correct up to 22/12/22

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



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



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust



Our People

Health and Wellbeing - PADR and Training Rates Indicators

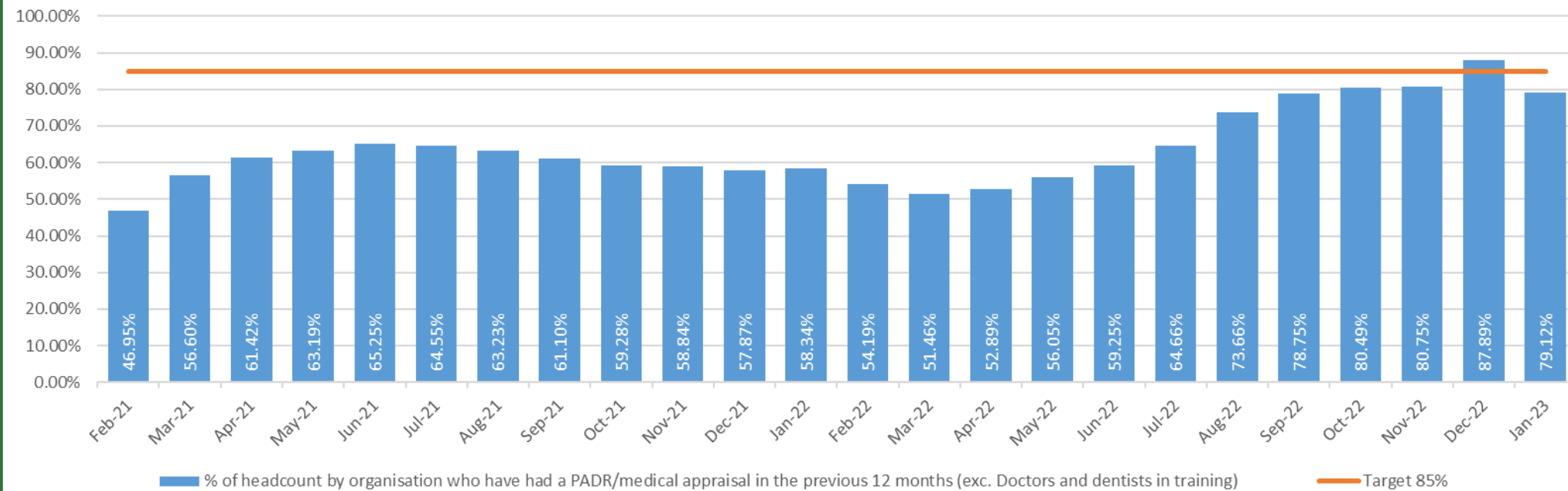
A

Self Assessment: Strength of Internal Control: Strong

CI PCC

Health & Care Standard Health - Staff & Resources

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



Analysis

PADR rates for January 2023 declined compared to the previous month to 79.12%, therefore failing to achieve the 85% target; however overall, they are on an upward trajectory,

In January 2023 Statutory & Mandatory Training rates reported a combined compliance of 76.51%; only Dementia Awareness (88.57%) and Safeguarding Adults (89.86%) modules achieved the 85% compliance target; however, Violence Against Women, Domestic Abuse & Sexual Violence (83.24%), Moving & Handling (80.83%), Information Governance (77.27%), Fire Safety (69.75%) and Equality & Diversity (68.61%) fell below the 85% target.

There are currently 2 (13 for Admin & Clerical Staff) Statutory and Mandatory courses that all NHS employees must complete in their employment. These are listed in the table to the right.

Remedial Plans and Actions

In December 2022, the Trust had scheduled MIST days but due to the Escalation to REAP4, 3 of them were cancelled. Of the 5 that ran, 37 colleagues attended. Unfortunately, several colleagues who had booked on did not turn up, hence the lower-than-expected numbers. As we were not informed in advance, we were unable to offer their places out as we have a set number of places on each session.

As we move into quarter 4 of 2022/ 2023 the Trust scheduled a significant number of MIST days pan Wales commencing W/S 30th January. These dates have been advertised on Siren, Yammer and the Learning Launchpad (these were released just before Christmas). Colleagues within the education and training team are monitoring the bookings and as the delivery date draws closer, those sessions with fewer bookings will be highlighted and the Team will liaise with relevant ops managers in those areas to encourage uptake.

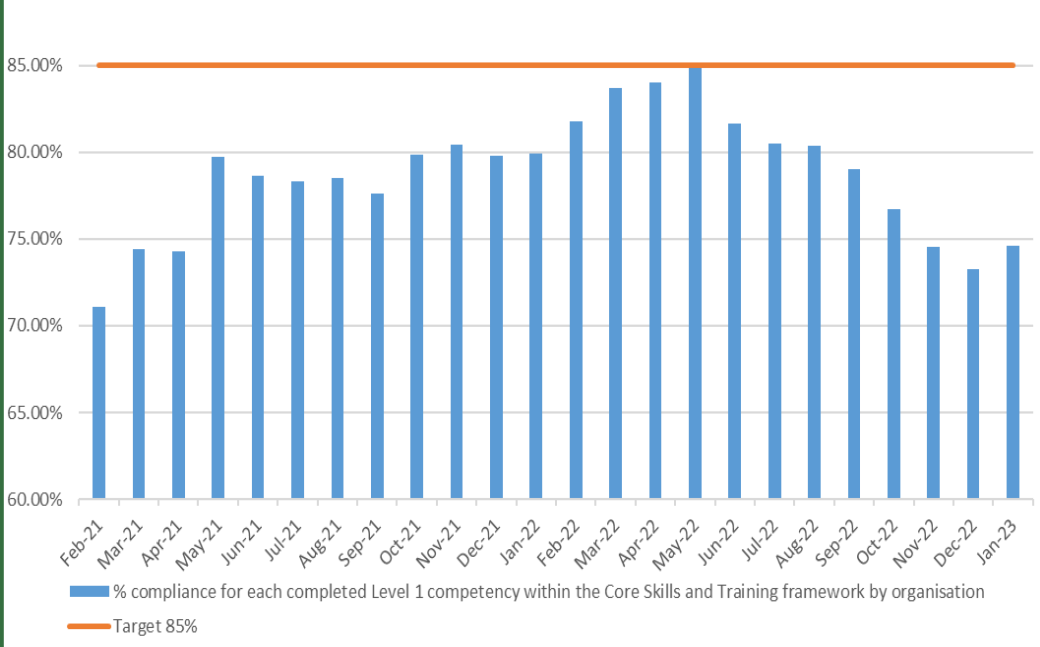
PADR: Phase 2 of the PADR Refresh process is underway with a toolkit and bitesize session developed in order to support colleagues and managers through the revised PADR process. This bitesize session has been piloted with colleagues and is designed to improve the completion rate of PADRs. Work on Phase 3 of the revised process has begun. The form is now on Siren (the new PADR form) however, the digital form (ESR) is still under development by the ESR team. Due to resource issues this has not yet been completed and we are trying to get a timeframe on this.

Expected Performance Trajectory

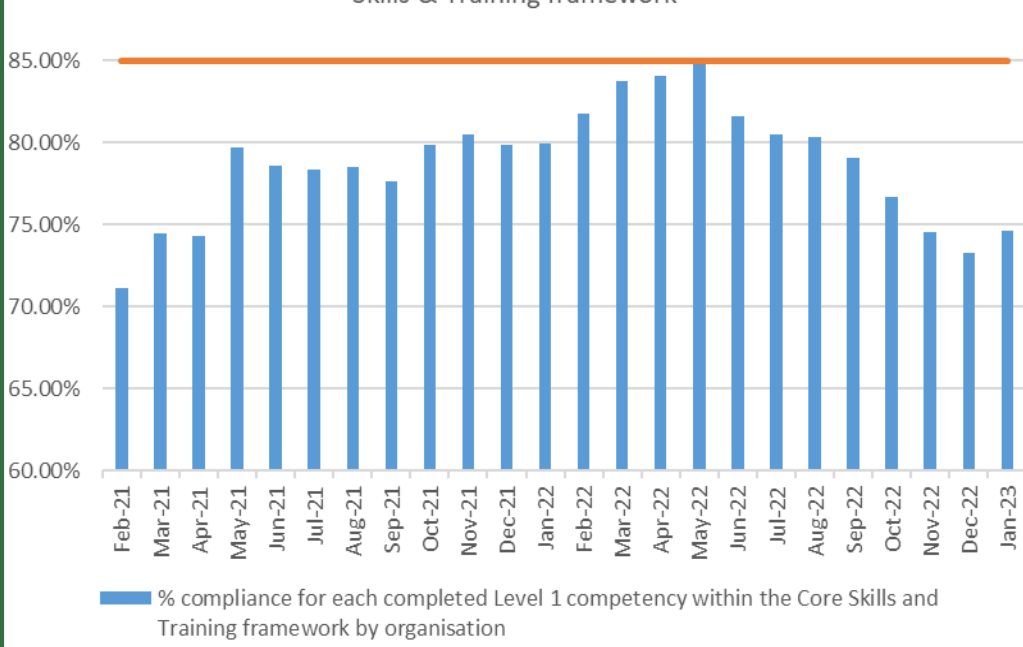
Uptake in the e-learning based topics continues to be very positive and staff of all grades have embraced the concept and are engaged with this new concept. Staff seem to have bought into the "new normal" and the Trust expects to continue to see improving compliance figures across the Trust.

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
Environment, Waste and Energy (Admin & Clerical staff Only)	Yearly

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



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



Data source: ESR



(Responsible Officer: Angela Lewis)

Welsh Ambulance Services NHS Trust



Finance, Resources and Value

Finance Indicators



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



Analysis

The reported outturn performance at Month 10 is a surplus of £5k, with a forecast to the yearend of breakeven.

For Month 10, the Trust is reporting planned savings of £3.587m and actual savings of £3.692m (an achievement rate of 102.9%).

The Trust's cumulative performance against PSPP as at Month 10 is 97.1% against a target of 95%.

There was a decrease seen in agency spend in January 2023 (0.5%) from the December 2022 position (0.8%).

Remedial Plans and Actions

The Trust's financial plan for 2022-25 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 2022-25 financial plan was submitted to WG following Board sign off on 31st March 2022.

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 2022/23 financial plan 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;

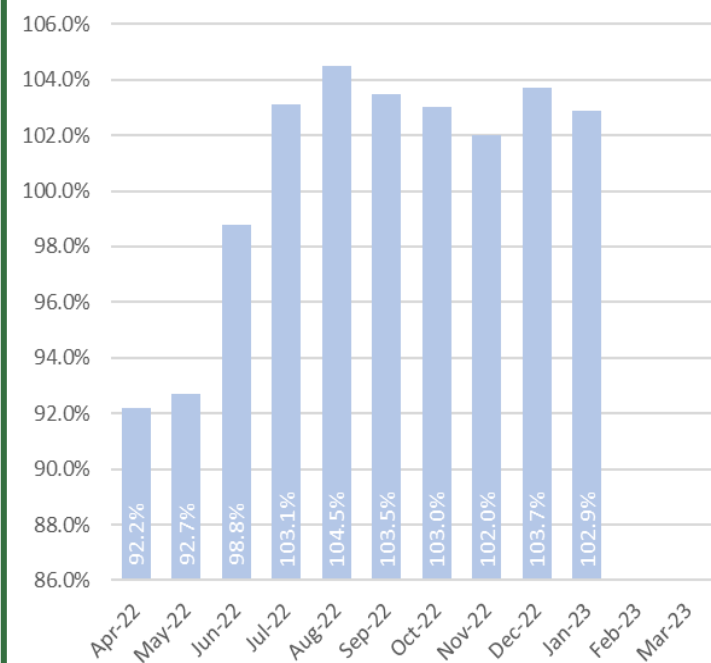
Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2022/23 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 2023/24 financial year.

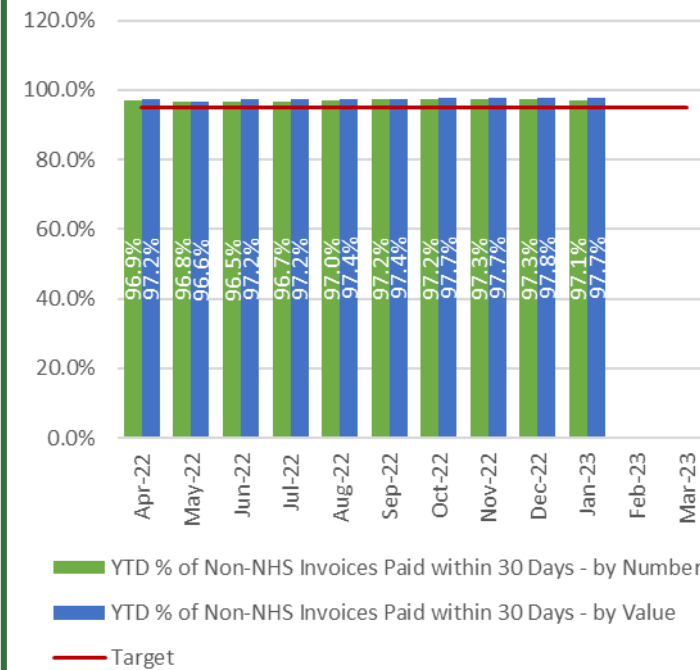
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



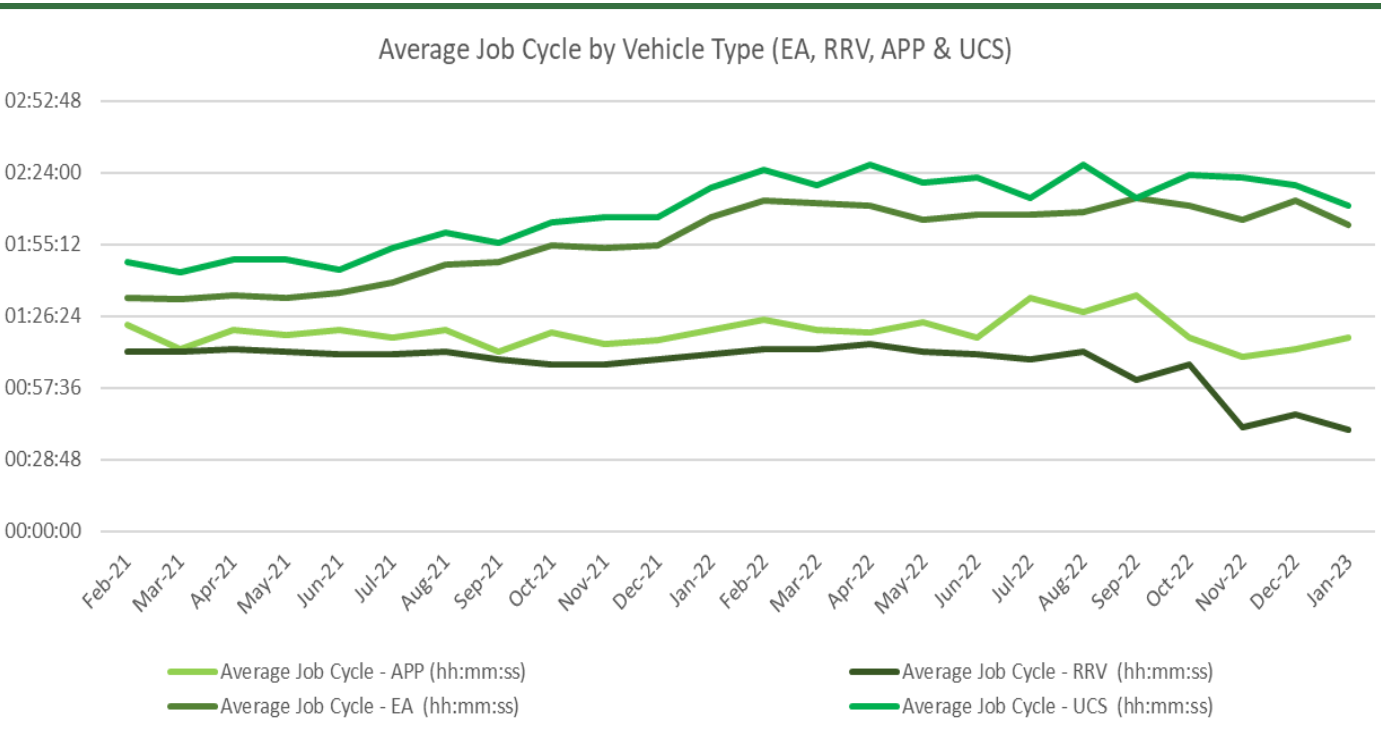
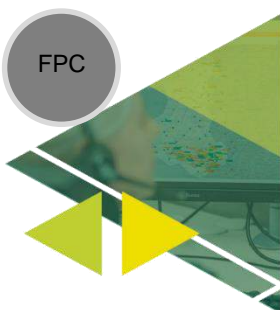
YTD % of Non NHS Invoices Paid Within 30 Days - By Number & Value





Finance, Resources and Value

Resource and Value Indicators



Value – Job Cycle and Volume Analysis

As demonstrated in the top graph, the average job cycle decreased in January 2023 for all vehicle types, except for Advanced Paramedic Practitioners (APP). EA calls averaged 2 hours and 3 minutes in January 2023, in line with the increasing trajectory.

Average shifts attended by all crew types decreased in January 2023; APPs attended 3.46 jobs per shift, EAs on average attended 2.31 jobs per shifts, UCS crews attended 2.18 jobs per shifts and RRV's attended an average of 1.80 jobs per shifts.

Overall average jobs per shift has remained relatively static for EA, RRV and UCS through 2022 following a period of decline through 2021 and has not recovered to pre-pandemic levels. In comparison average jobs per shift for APPs is on an increasing trajectory.

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.

****NB: Average jobs per shift only includes data where the full shift worked is less than 20 hours.
Total shift hours currently includes the meal break for the shift
Total shift hours also includes Postproduction Lost Hours**

NB: CHARU data is not yet available

Resource - Decarbonisation Analysis

In 2021-21 the Welsh Government approved funding for major decarbonisation projects at:

- AAC Flintshire (Dobshell)
- Lampeter Ambulance Station
- Porthcawl Ambulance Station
- Bargoed Ambulance Station

The projects aimed to reduce carbon emissions from operational energy, whilst upgrading the sites building infrastructure.

This was achieved by installing a PP array and battery storage, plus replacing old natural gas heating with an air source heat pump. The AAC Flintshire project also included redevelopment of 2 hectares of surrounding land, planting 2,500 British native trees to enhance the existing woodland.

These 4 projects are projected to reduce the operational carbon emissions at those sites by an average of 60%, and due to their success, the Trust has been successful in securing funding to complete 8 more projects over the next 2 years.

Remedial Plans and Actions

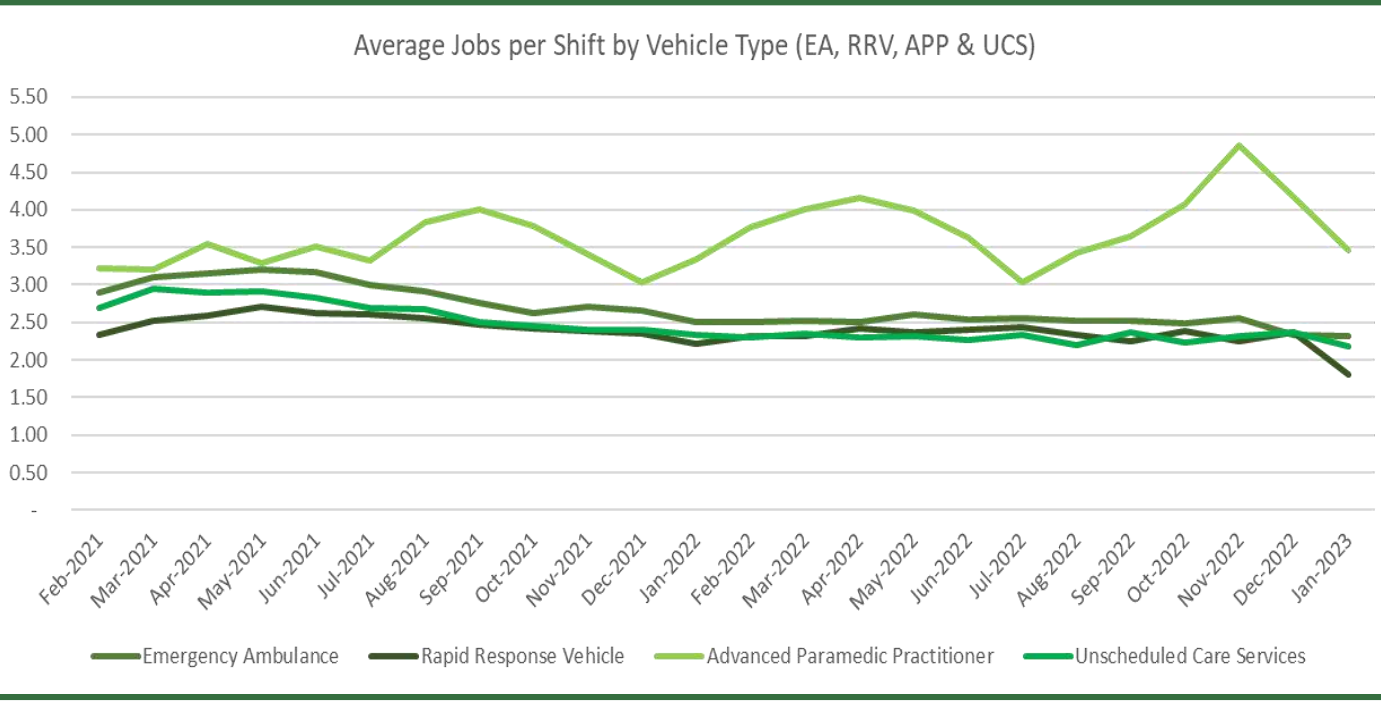
WAST Decarbonisation Action Plan is currently reporting internally as Amber with items of progress with funding from the Welsh Government in the 2022/23 year and 24/25 Estates and Facilities Advisory Board funding. This will allow for investment in Building Management Systems, a design guide for retrofit of estate to continue being developed, however, further funding will be required. The Trust is also scoping WAST estate infrastructure for EV charging and work is ongoing with Welsh Government Energy Services on rapid EV charging. Establishment of programme management arrangements and first Decarbonisation Programme Board meeting to take place at end of January 2023.

Responses to both internal audit report and Audit Wales report

Confirmation of successful bids against 23/24

Expected Performance Trajectory

The Welsh Government targets of a net-zero position by 2030 pose real and complex challenges for WAST. In response to this, a key action over the next year will be to develop our Sustainability and Infrastructure Strategic Outline Programme, which will outline the financial and resource implications for the move to a carbon-neutral ambulance Trust. This will need significant input from our colleagues across the Trust and will require additional investment within the Finance and Corporate Resources Directorate to manage this. The relevant business cases in support of Estates and Fleet developments will continue to reinforce the importance of this agenda, and to push us towards a position of carbon neutrality, maximising our use of new technology and responding in a flexible and agile way to the changing external environment.



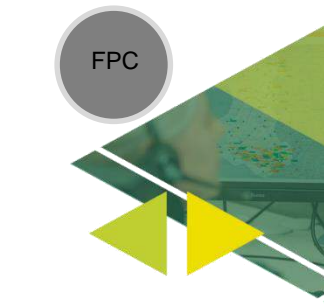
(Responsible Officer: Chris Turley)

Welsh Ambulance Services NHS Trust

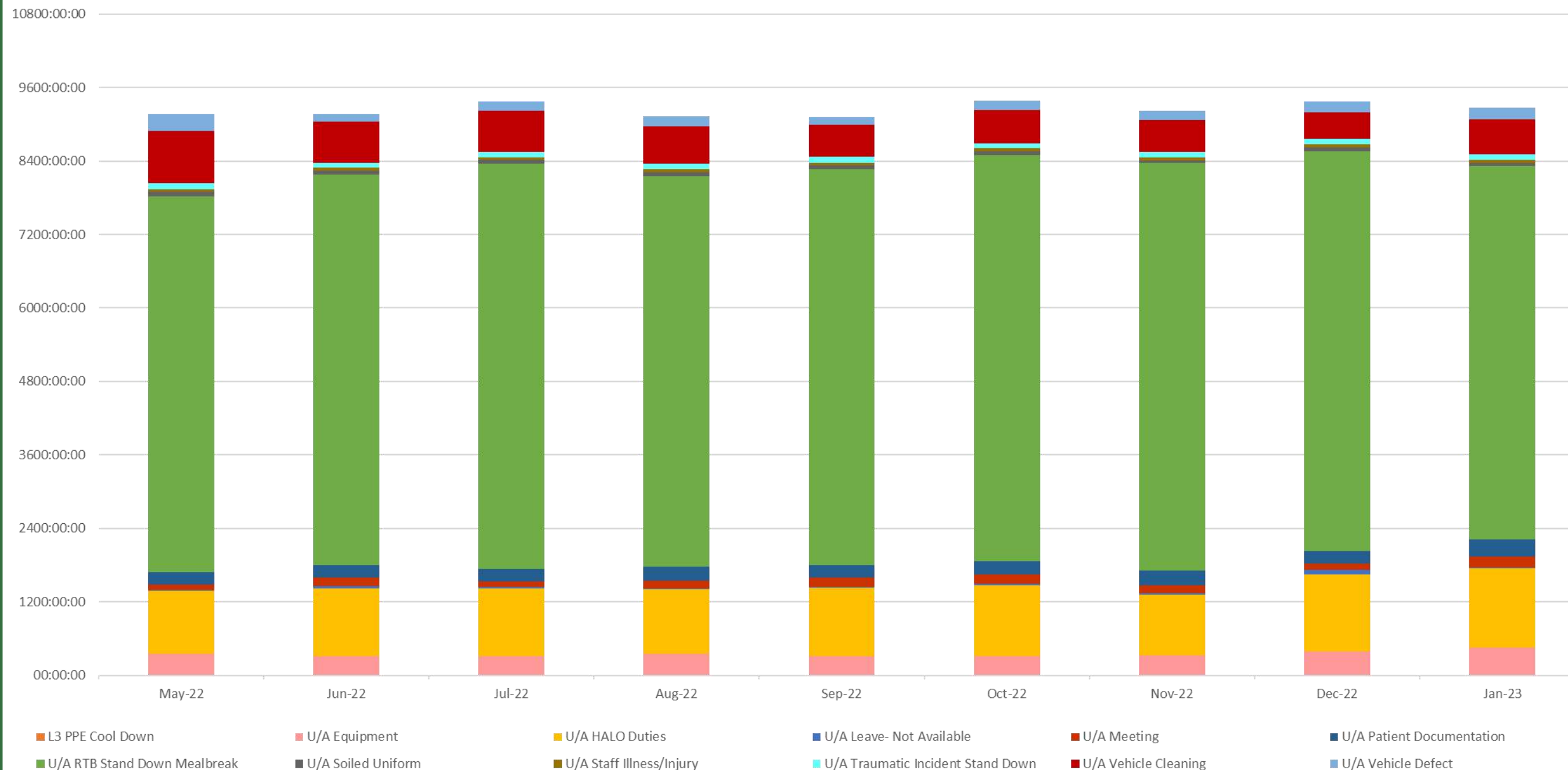


Value / Partnerships & System Contribution

EMS Utilisation & Postproduction Lost Hours Indicators



Post Production Lost Hours - By Unavailability Reason (EA, RRV/CHARU, UCS)



Analysis
 There were 9,275 postproduction lost hours (PPLH) across EA, RRV/CHARU & UCS vehicles in January 2023; a slight decrease when compared to December 2022 (9,379). PPLH are due to numerous factors as outlined in the bar chart. The bar chart demonstrates that PPLH have remained relatively consistent from May 2022 (the month a retrospective fix was undertaken for the under-reporting of U/A RTB Stand Down Mealbreak code).

Remedial Plans and Actions
 The Trust will not be able to eliminate PPLH, however, efficiency options continue to be worked through, and PPLH are monitored and scrutinised closely, forming part of the weekly performance meeting. In relation to the U/A RTB Stand Down Mealbreak reason, the rest break automation initiative has been paused due to industrial relation risks during a period of industrial action. This initiative will be revisited at a later date.

Expected Performance Trajectory
 The current data needs to be treated with a degree of caution. As stated above, the Trust will not be able to eliminate PPLH. Although delayed handover hours outside EDs in January 2023 (over 23,000 hrs) is a marked improvement from December 2022, the lost hours for Jan 2023 were still almost triple that of the same month in 2021 (c.8,000), meaning resources are returning to base for resting predominantly outside of the rest break window, resulting in an unavailable status being assigned.

****NB: PPLH Data correct at time of extract**



(Responsible Officer: Lee Brooks)

Welsh Ambulance Services NHS Trust



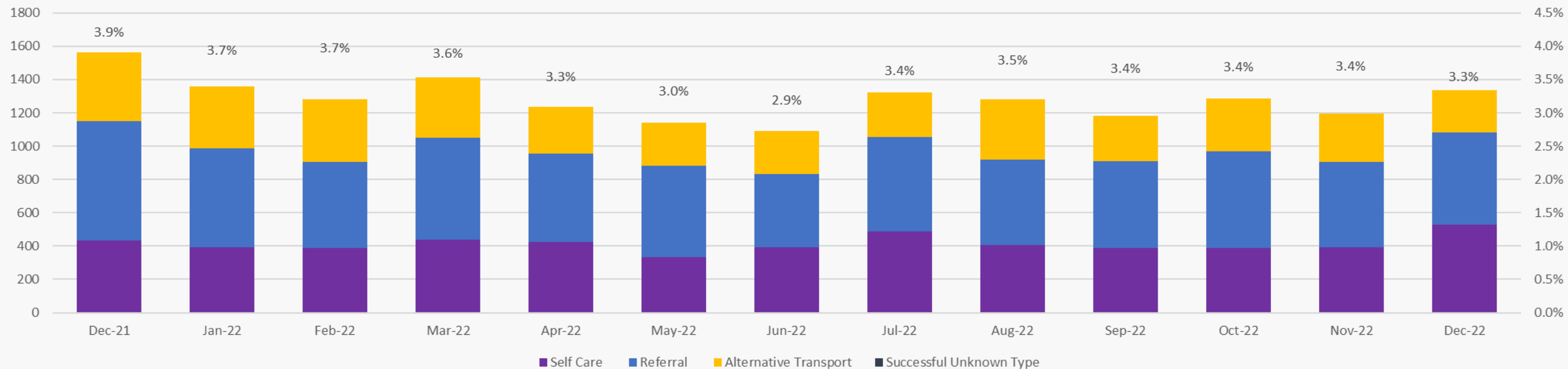
Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

Influencing Factors – Demand and Clinical Hours Produced



NHS111 Successful Consult & Close Outcome Volumes via AS1 (By Type)



Analysis

The top graph depicts the outcomes for calls handled through NHS111 Consult and Close, in January 2023 referral was the top outcome for calls handled by NHS111 followed by alternative transport and self-care.

In January 2023 calls Referred to General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 43% of calls.

In January 2023 61,900 calls were received in the 9 categories displayed in the bottom graph, an increase when compared to 67,221 in December 2022; however, a significant increase when compared to 33,137 in January 2021 and 44,102 in January 2022.

Remedial Plans and Actions

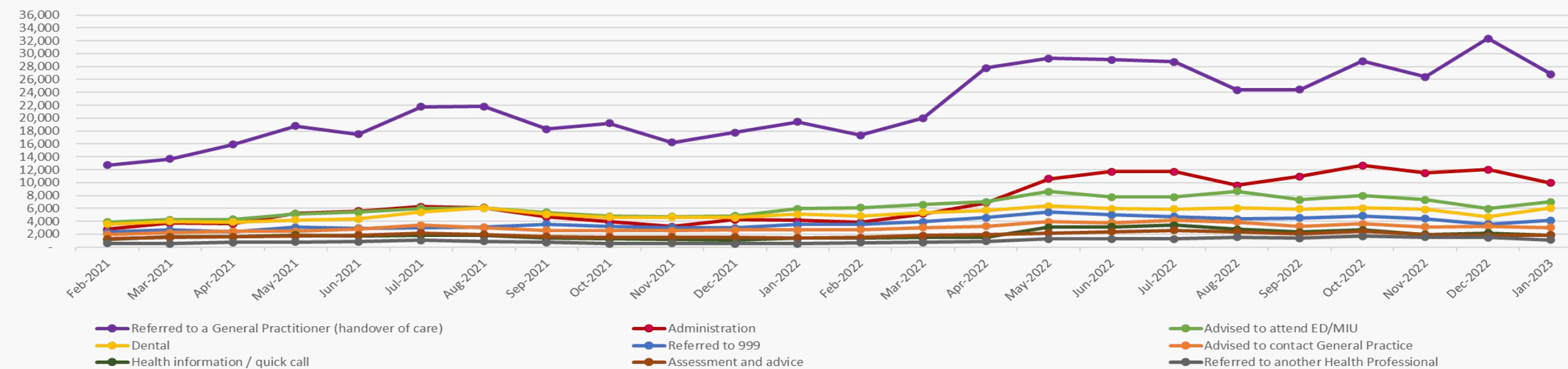
Work is underway to develop live informatics which provide real time information on clinician availability to allow improved understanding and management; this will enable the Trust to report more meaningful metrics and accurately monitor patient outcomes.

A new NHS111 Consult and Close dashboard is in development to report more accurate and specific data in relation to calls ending in alternative transport, referral and self care.

Expected Performance Trajectory

A Contract Analyst is currently undertaking work to improve 111 data metrics available; this will allow us to report more meaningful and relevant data in relation to whether patients are directed to the most appropriate and best outcomes.

111 Calls By Final outcome

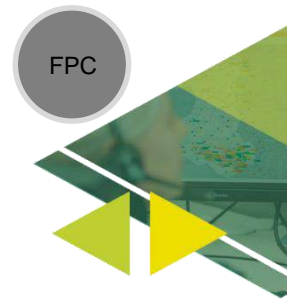
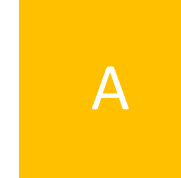


(Responsible Officer: Lee Brooks)

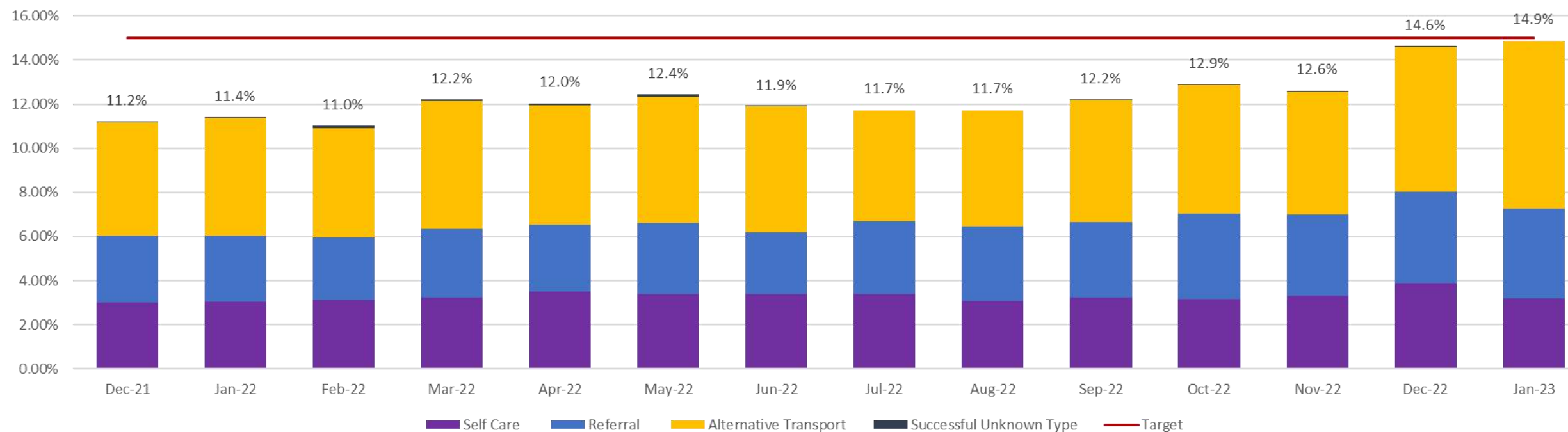
Welsh Ambulance Services NHS Trust



Partnerships / System Contribution Consult & Close Indicators



% NHS111 & CSD Successful Consult and Close Outcomes (By Type)



Analysis

The **Clinical Service Desk (CSD) and NHS111 (Consult & Close)** achieved 14.9% performance in January 2023, therefore continuing to achieve the historical 10.2% benchmark and just short of the new 15% benchmark.

10.6% of consult & close volumes were achieved by the CSD (3,579 calls) in January 2023. In comparison, 3.3% of consult & close was by NHS111 (811 calls) and 0.8% were triaged by PTAS (106 calls) and APP's (141 calls).

Of the calls successfully closed 993 patients received an outcome of self care in January 2023; 1,269 patients were referred to other services (including to Minor Injury Units and SDEC). 2,369 patients were advised to seek alternative transport services to seek treatment and 6 had an outcome of Successfully being closed but the outcome type was unknown.

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

Re-contact rates in January 2023 were 7.3% an increase compared to 5.5 in January 2022, but a decrease compared to 7.5% in January 2021.

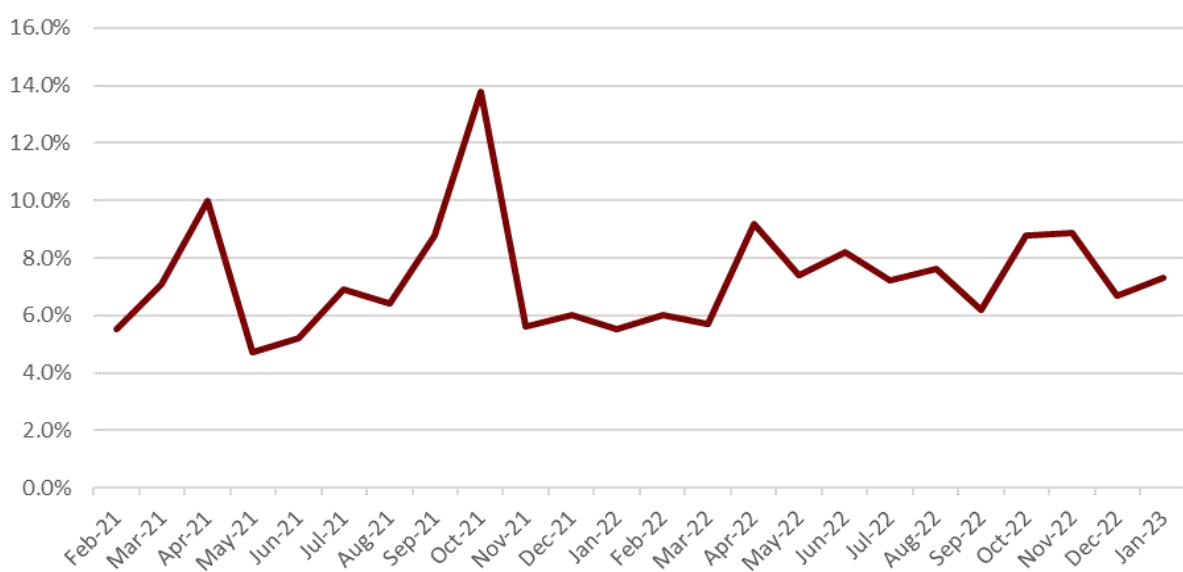
Remedial Plans and Actions

- Funding was agreed to double the size of the CSD, including introduction of 5 mental health practitioners. These staff are now in place.
- The team are also undertaking detailed process maps of the work that they do in order to identify where improvements can be made
- The revised establishment is 96 FTEs with current in post 90 FTEs.

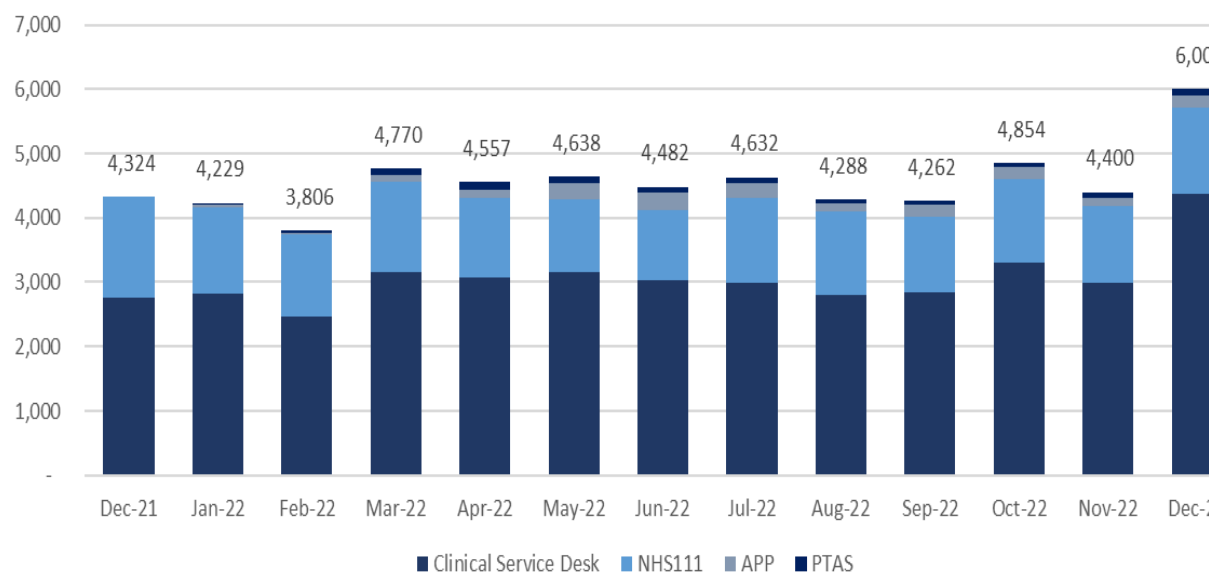
Expected Performance Trajectory

The current target for this year is 15% hear and treat rate for 2022/23 as part of the development of the 2022-25 IMTP and associated forecasting and modelling. We would hope to be achieving this in the second half of the year.

Re-Contact % within 24hrs of Telephone Triage (Consult and Close)



Consult and Close Volumes by Service Type

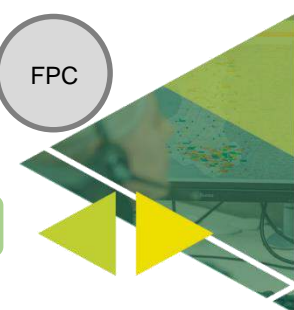




Partnerships / System Contribution Conveyance to ED Indicators



Ministerial Measure



Analysis

In January 2023 10.72% of patients (1,446) were conveyed to a service other than a Type One ED. Although not shown here, the percentage of patients conveyed to EDs increased compared to the same period last year. In January 2023 conveyance to EDs as a proportion of total verified incidents was 38.69% (compared to 36.65% in January 2022).

The combined number of incidents treated at scene and referred to alternate providers decreased marginally in December 2022. 1,559 incidents were referred to alternative providers in December 2022 and 1,812 incidents were treated at scene; however, a review of other outcomes shows that there are several incidents where there was a no send due to escalation of the Clinical Safety Plan (CSP).

Remedial Plans and Actions

The Head of Strategic Development has been appointed to lead on the “inverting the triangle” strategic transformation. Key actions include: formal consultation with stakeholders, a new strategic demand & capacity review, evaluating the results of various pilots e.g. Swansea Bay APP, prescribing etc.

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

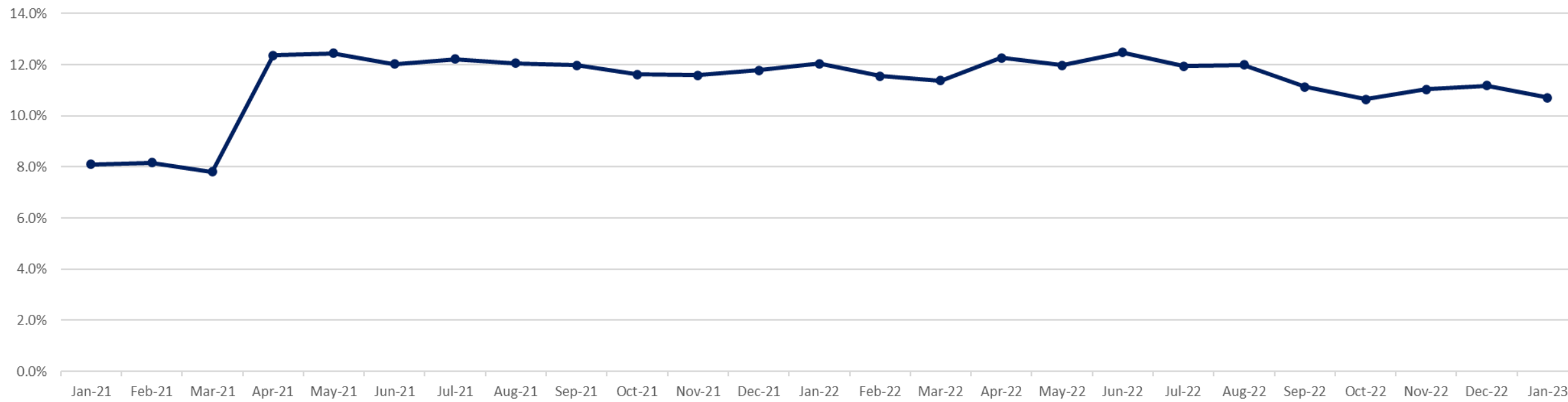
Additional same day emergency care (SDEC) services are due to go live; however, inclusion/exclusion for SDEC may be limiting appropriate patients and opening hours vary amongst the units available. Work is underway to ensure appropriate use of SDEC services by clinicians, missed opportunities and better use of ePCR.

Expected Performance Trajectory

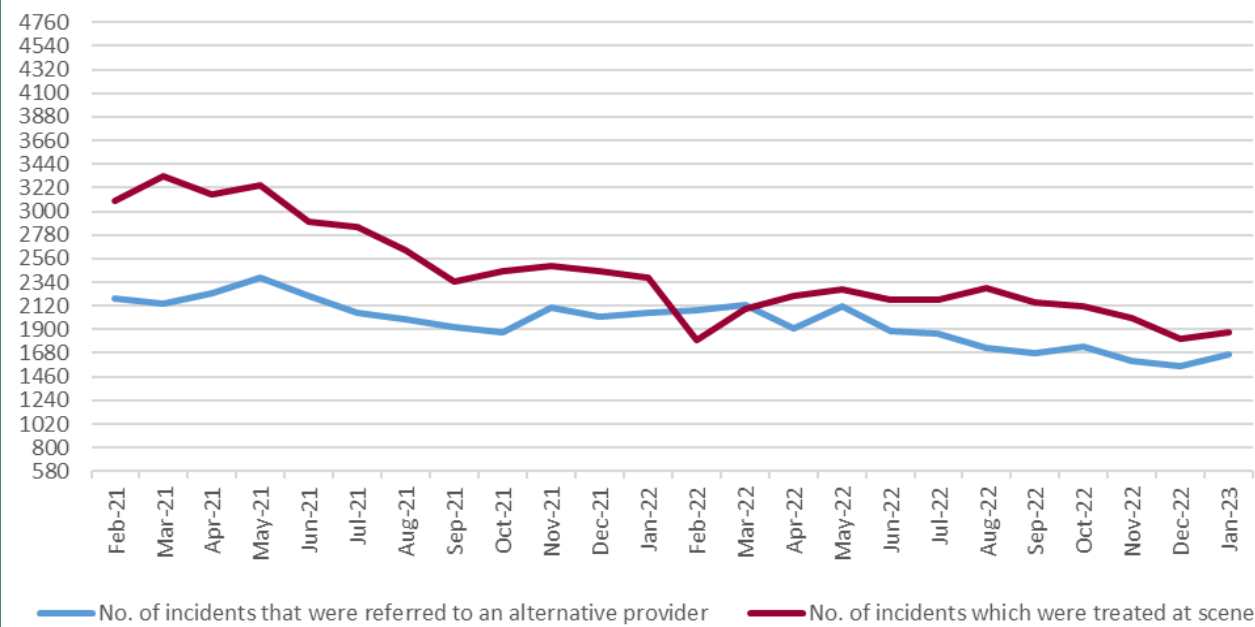
The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes 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 a starting position of 67).

NB: January 2023 data is correct on the date and time it was extracted; therefore, these figures are subject to change.

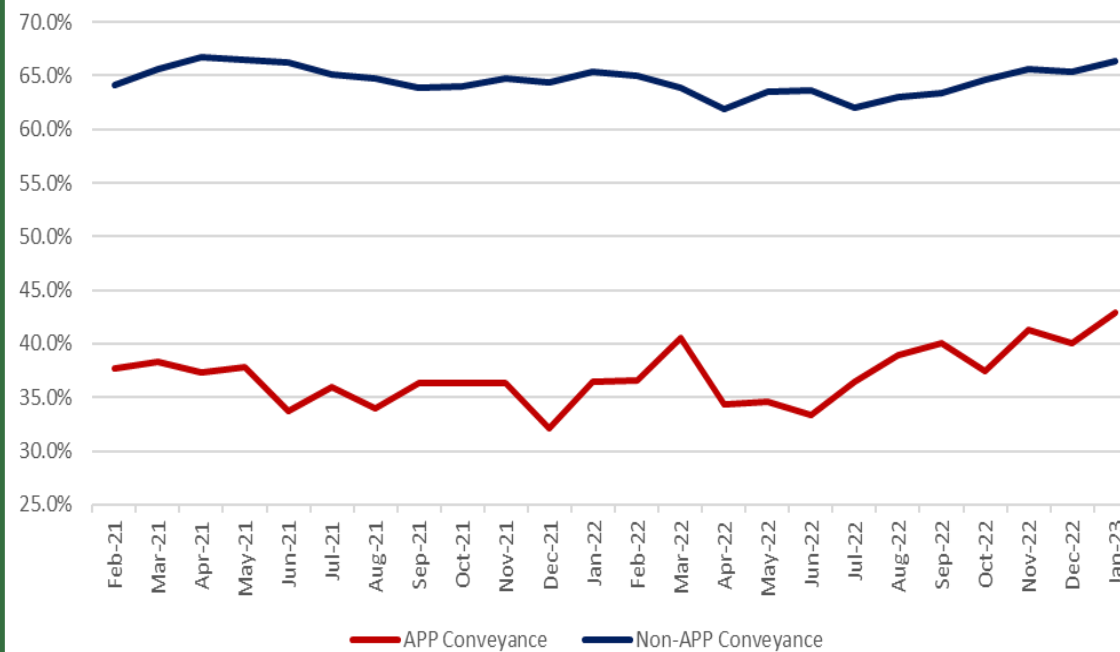
% of Total Conveyances taken to a service other than a Type One Emergency Department



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



APP vs Non-APP Conveyance Rates

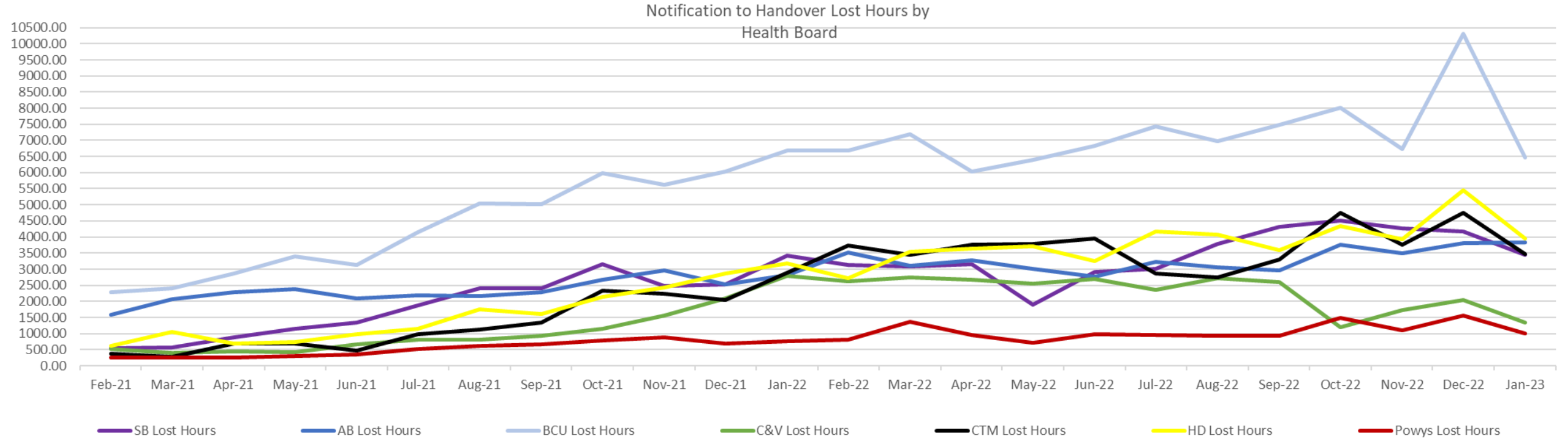


(Responsible Officer: Andy Swinburn)

Welsh Ambulance Services NHS Trust



Partnerships / System Contribution Handover Indicators

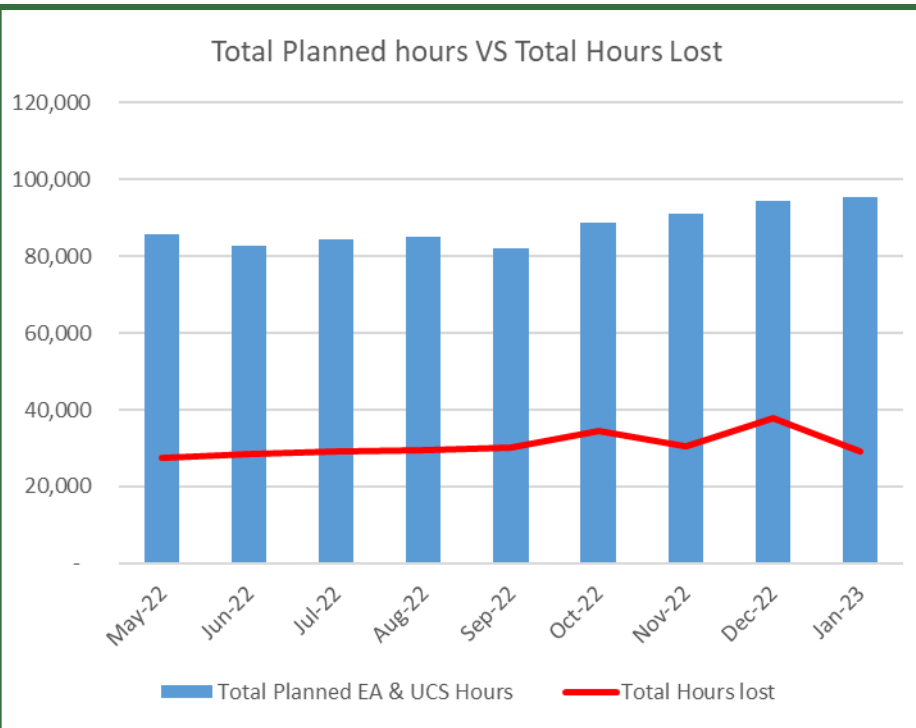
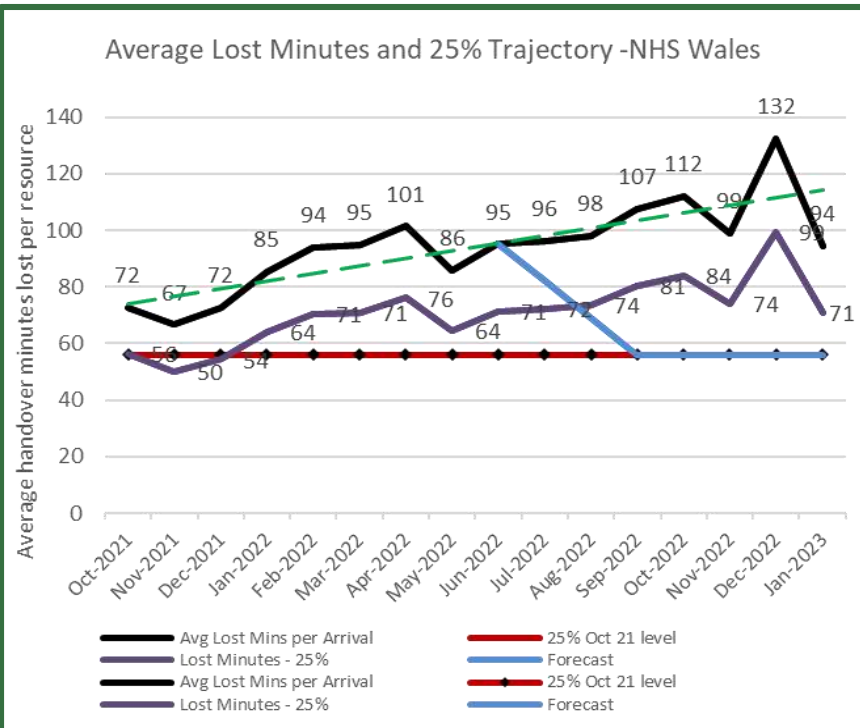
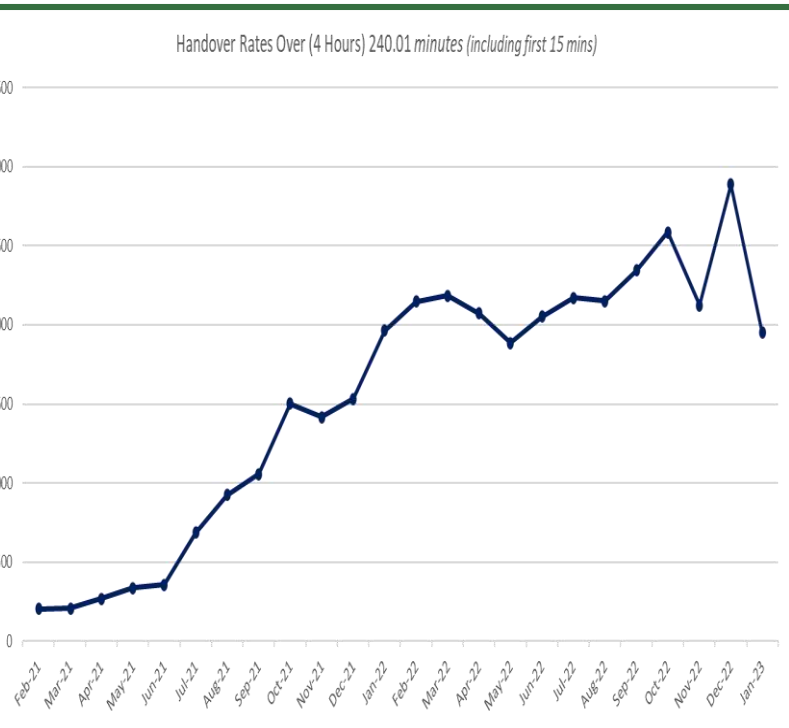


Analysis
299,616 hours were lost to Notification to Handover, i.e. hospital handover delays, over the last 12 months, compared to 156,959 in same period a year ago (February 2020 to January 2021). 23,525 hours were lost in January 2023, an increase compared to 8,416 lost hours in January 2021. The hospitals with highest levels of handover delays during January 2023 were:

- Morryston Hospital (SBUHB) at 3,305 lost hours
- The Grange University Hospital (ABUHB) at 3,532 lost hours
- Glan Clwyd Hospital Bodelwyddan (BCUHB) at 2,516 lost hours
- Maelor General Hospital (BCUHB) 2,316 lost hours

Notification to handover lost hours averaged 759 hours a day in January 2023.

In January 2023 the Trust could have responded to approximately 7,421 more patients if handovers were reduced.



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). 60 ideas have been received through the WIIN platform from staff in August 2022.

Expected Performance Trajectory
 The Ministerial direction is that handover lost hours should return to 25% of their Oct-21 levels, just under 14,000 hours, that there should be no waits over 4 hours and non-release for Immediate Release Requests should become a Never Event.

NB: Data correct at time of abstraction.



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.	Post Production Lost Hours	Number of hours lost due to ambulance vehicles being unavailable due to a variety of reasons (A detailed list of these is show in the graph on slide 22).
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



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	Heath and Safety Executive	OBC	Outline Business Case	STEMI	ST segment Evaluation Myocardial Infarction
CC	Consultant Connect	ED	Emergency Department	IG	Information Governance	OD	Organisational Development	TPT	Tactical Pandemic Team
CCC	Clinical Contact Centre	EMD		IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	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





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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

ANNUAL EQUALITY 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

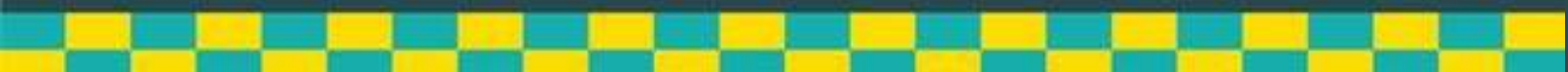


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FORWARD

Welsh Ambulance Service NHS Trust is committed to promoting equal rights and opportunities, supporting diversity, and creating open and inclusive discussions and an environment for our people and our patients to feel supported.

We are proud to be an organisation of people with different backgrounds and experiences. In times of crisis, we pull together no matter those differences, as we did through Covid, we strive to be 'Our Best'.



We maintain our strong links with the wider UK Ambulance Sector and continue our journey to develop our Equality, Diversity and Inclusion Agenda, through continued commitment to the National Ambulance Diversity Forum, National Ambulance BME Forum and the National LGBT Network and the recently developed National Ambulance Disability Network.



In 2023 we are very much looking forward to having the opportunity to once meet in person again at each network's annual conference.



Strategic Equality Objectives

The Trust's Strategic Equality Plan **Treating People Fairly 2020-2024** contains a high-level action plan for our key objectives. The Trust has continued to implement the enabling actions. We are currently starting our third year of the plan. Our Treating People Fairly Equality and Human Rights Strategy and Strategic Equality Plan can be found on our Trust's internet site or by clicking [click here](#).

We continue to work on our four objectives:

OBJECTIVE 1

By 2024, we will continue to celebrate and promote the diversity of all our people, to ensure they feel safe, valued and respected at work.

OBJECTIVE 2

By 2024, we will take action to maximise health opportunities and strengthen the voice of all citizens and staff to ensure the people who use our services have equity of access and improved experience with access to services that are sensitive to the needs of all.

OBJECTIVE 3

By 2024, we will take action to increase awareness and tackle key equality issues that may arise from a person's 'protected characteristics' to ensure our services, our culture and our people understand and are responsive to the needs of all.

OBJECTIVE 4

By 2024, we will take positive action to increase representation and create a positive experience of work for individuals from diverse backgrounds, cultures and identities to ensure the Trust is seen as a great place to work, volunteer, develop, and grow for all.

Community

PRIDE!

The annual Pride Cymru event in Cardiff is Wales' largest celebration of equality & diversity and offered a great opportunity for us to engage with the LGBTQ+ community whilst allowing our staff and volunteers a chance to celebrate their own diversity. This is inline with **Objective one** of our Treating people fairly SEP, to celebrate and promote the diversity of all our people

During the event the Welsh Ambulance Services NHS Trust together with over 400 colleagues from across NHS Wales led the pride parade through the streets of Cardiff. We also hosted a Welsh Ambulance Service information stall in the event's Marketplace area.

We used the opportunity to ask the LGBTQ+ community about their experiences and expectations of using the Welsh Ambulance Service. Most people we spoke to had positive things to say, though some still felt anxious about how they would be treated if they needed to use NHS services.



Team WAST were delighted to return to face to face events in 2022, including Pride Swansea and Pride Cymru in Cardiff, Saturday's Cardiff parade was led by NHS Wales staff as a thank you for their work during the Covid-19 pandemic.

The size of the event meant that roads were shut, so the WAST Cycle Response Unit provided rapid response support for the city centre.

During the parade, uniformed colleagues wore rainbow epaulettes, while corporate staff wore NHS Wales Pride t-shirts to show their support.

Cardiff Ethnic Minority Health Fair & MELA



The Cardiff Minority Ethnic Community Health Fair resumed in Cardiff this year and PECL were supported by colleagues from the Inclusion Team and local Community First Responders (CFRs) to host an information stall, engaging with attendees about their experiences of using Welsh Ambulance Services. Our CFR colleagues also gave demonstrations on CPR, defibrillators and invited people to learn these lifesaving skills by having a go themselves. Information was provided about volunteering opportunities at Welsh Ambulance Service, encouraging people to think about becoming a volunteer and supporting their local community. Objective four is taking positive action to increase representation and create a positive experience of work for individuals from diverse backgrounds

Over the last quarter we have continued our engagement with Black, Asian and Minority Ethnic communities. Cardiff was also host to a Multicultural Mela in September, a colourful and vibrant day celebrating the diversity in our communities. The largest single day multicultural event in Wales, it provided us with an opportunity to engage with people from many backgrounds and explore some of the experiences and healthcare issues this diverse community faces.

“I'm a GP in Cardiff and having access to the information on NHS 111 Wales in different languages would be very useful to patients in our surgery”

Welsh Ambulance Service Dementia Team

At the Reminiscence Interactive Therapy Activities (RITA) User Group Conference and Awards 2022, the Welsh Ambulance Service Dementia Team won the

'Most Innovative use of RITA'.



Alison Johnstone, Programme Manager for Dementia, said: "We are delighted to be piloting reminiscence therapy for people living with dementia who are using our services. We know that people living with dementia can have a stressful time when in our care, which can result in distress, agitation and aggression. Research suggests that reminiscence therapy and distraction can support people to overcome distress and anxiety."

RITA is an interactive touchscreen tablet to blend entertainment with therapy and assists patients in recalling and sharing events from their past through listening to music, watching news reports of significant historical events, playing games, watching old films, TV shows, sporting events, and viewing old photographs. WAST is piloting 20 tablets for up to a year, in all areas of Wales. Feedback from our RITA Champions who use the tablets with patients has been positive. By working in partnership to improve our understanding of the experience of those living with dementia we ensure that people who use our services have equity of access and improved experience with access to services that are sensitive to the needs of all, an action of [Objective two](#).

An ongoing programme of engagement with Dementia groups right across Wales is planned. You can also find out more about what the Trust is doing to improve services for Dementia patients by reading our Dementia Plan.

Children and Young People

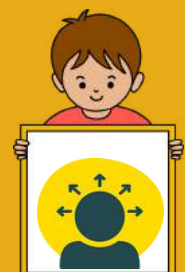


Team WAST are delighted to be back out and about with staff and Community First Responders (CFRs) meeting children and young people across Wales. It is important for children and young people to be able to meet us in a psychologically safe environment, where they are able to ask open questions about distressing incidents they may have been involved in or heard about and to understand some of the different roles in Ambulance Services.

Patient Experience & Community Involvement Team participate in a school-based programme called **'Food Fun Wales'** which provides healthy meals, food and nutrition education, physical activity and enrichment sessions to primary school pupils in areas of social deprivation in Cardiff.

This summer, we visited six schools meeting over 250 pupils to talk about the appropriate use of 999 and how to check if someone is awake and breathing. For Key Stage 2 pupils, we also taught hands-only CPR, using a defibrillator and what to do when someone is choking.

To help children learn about some of the equipment ambulance crews use during their observations, a pictorial information leaflet **'7 Important Checks'** is now available for distribution. This new resource aims to reduce any anxiety children may have and promote a positive experience



Learning Disability Awareness week

'AdFest'

All Wales People First is an Advocacy Service for people with a learning disability. AdFest is their annual event where people with a learning disability come together to socialise and learn about matters which affect them. For the Welsh Ambulance Service, attending AdFest was a great way of reconnecting with members of learning disability groups from across Wales. It is important that we learn and understand more about our communities and the public to identify ways to improve our services as articulated in [Objective 2](#).



At the event, the Patient Experience & Community Involvement Team were invited to host an information stand and facilitate a presentation about the new Easy Read section on the NHS 111 Wales website. Everyone agreed that Easy Read benefits many people. Partner agencies and participants alike were pleased to hear that this new section of the website will also be used to host information about national campaigns such as Annual Health Checks and Health Profiles.





In August we recruited our new Organisational Development Manager for Equality Diversity and Inclusion. And have since launched the second phase of our Allyship Program to continue to ensure increased staff participation. With the launch of the second phase, a SharePoint page dedicated to the Allyship & Me-30-day challenge reflective workbook has been produced and can be found on the Equality Diversity & Inclusion SharePoint on Siren.

Bespoke sessions under Allyship have now also been developed, which have included a talk on Black History Month, a Lived Experience shared by the parent of a Trans young person, and sessions on Neurodiversity. Providing training to and sharing stories with our people so that they are equipped to support and meet the different needs of those they interact with are part of our goals in delivering actions from **Objective three** to increase awareness and tackle key equality issues that may arise from a person's 'protected characteristics'.

Equality Impact Assessment training has also been launched in 2023 which guides colleagues in the undertaking of an effective EqIA, with stage-by-stage support and guidance as part of our **Objective four** action to strengthen the process and develop skills across the service to undertake equality impact assessment effectively and embed this approach further into our future planning and decision-making process to ensure everyone's needs are considered.

The Warm WAST Welcome continues to be developed and has a section dedicated to EDI and the Allyship program where we spend time with new recruits and look at what EDI means to them and being part of the organisation.

At the end of November, the Trust launched the Carer Passport scheme in conjunction with Employers for Carers' Rights who delivered a session for all line managers. The session was very well received with 90 people across the organisation attending the Teams meeting, and a call for another one to take place in the New Year for those who were unable to attend. Alongside this, a page on the Equality, Diversity, and Inclusion SharePoint was created to provide guides and support staff with the Carer Passport, Carers' Rights membership and supporting paperwork advice for managers. Feedback from the session indicated that staff were keen to be part of a carers' network. creating more opportunities for shared learning, increased understanding and best practice in line with **Objective one**. The Carer Passport is a record that moves with employees through their career that sets out support, services or other benefits that can be accessed. A Carer Passport helps to improve and embed identification, recognition and support for carers in the day-to-day life of an organisation.

Welsh Language



As reported in the Trust's Annual Welsh Language Standards Report 2021-2022 we have continued to raise awareness of the requirements of the Standards. This includes discussing Welsh language requirements in staff induction sessions together with promoting the online module 'Croeso Cymraeg Gwaith' which has been key to supporting staff who are at the beginning of their journey to learn Welsh. In addition, Welsh language social media accounts for Facebook and Twitter have been set up to improve our communication with the Welsh speaking public.

A Welsh language recruitment assessment form was introduced to all managers to complete prior to posts being released for advert, together with accompanying guidance and process flow chart to assist managers in preparing adverts prior to any post being advertised.

All new policies implemented by the Trust are subject to an Equality Impact Assessment (EqIA). As part of this assessment, staff formulating new or revised policies are asked to consider the positive and/or negative impacts that could result from that policy for the Welsh language. Support from the Welsh Language Services Manager is available to any colleague completing an EqIA and is a standard procedure for all new and revised policies.





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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

EQUALITY MONITORING REPORT

2021/2022



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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➤ — Snapshot of Data

Introduction



We are pleased to present the Welsh Ambulance NHS Services Trust's Equality Monitoring Report for April 1st 2021- March 31st 2022. This report provides equality monitoring data in line with the Equality Act 2010 and the Public Sector Equality Duty (2011). The Equality Duty was created under the Equality Act 2010. The Equality Duty replaced the race, disability and gender equality duties.

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

The Public Sector Equality Duty (PSED) requires that all public authorities, covered under the specific duties in Wales, should produce an annual equality report by 31st March each year. The essential purpose of the specific duties under the Equality Act, in relation to monitoring, is to help authorities have better due regard to the need to achieve the 3 aims of the general duty, which are to;

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

Therefore, as a specific duty itself, the role of annual reporting is to support the Trust in meeting the general duty. It also has a role in setting out achievements and progress towards meeting the other specific duties.

In particular providing an 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.



EQUALITY DATA REPORTED



The information below provides a breakdown of equality data in several areas, following the format requested by the Welsh Government for Open Government License. These areas are:

- 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
- Recruitment applications by their protected characteristics
- All staff breakdown upon leaving the Trust
 - Leavers by their protected characteristics

The data demonstrates that many staff have either decided that they would prefer not to declare or the data has not been captured at all. Data capture is an area that has been identified for improvement.

The Trust acknowledges that it must increase employee confidence in how the data will be used, which over time, may see the data gaps close.

The percentages are based on the total headcount of 4711, which is based on the headcount on the 31st March 2022.

SNAPSHOT OF DATA

“ Black Asian and Minority Ethnic groups and Mixed Ethnicity groups increased from 1.18% to 1.34% ”

“ Women increased by 2% from 46.2 to 48.2 ”

“ Disability staff groups increased from 4.69% to 5.20% ”

“ Lesbian, Gay and Bisexual groups increased 4.49% to 4.54% ”

The information we have on diversity relies on staff voluntarily reporting it themselves through ESR. The ESR system currently does not have the data fields to allow for the collection of data on gender reassignment or gender identity.

Banding and Contracts by Gender

Further information on gender can be found in our [Gender Pay Gap report 2021/2022](#)

Gender	Female %	Male %
Band 2	1.97	2.14
Band 3	16.79	14.82
Band 4	7.73	10.04
Band 5	5.39	4.33
Band 6	11.72	13.03
Band 7	2.72	5.07
Band 8 - Range A	0.85	1.13
Band 8 - Range B	0.51	0.40
Band 8 - Range C	0.15	0.47
Band 8 - Range D	0.13	0.11
Other	0.23	0.28

Contact Type	Female %	Male %
Unspecified	0.00	0.02
Part Time	15.18	10.36
Full Time	33.01	41.43

Flexible Working Pattern	Headcount	%
Other Flexible Working	2	0.04
Unspecified	4,709	99.96
Grand Total	4,711	100.00

Age

Age Band	Headcount	%	FTE
<=20 Years	42	0.89	37.00
21-25	329	6.98	290.47
26-30	503	10.68	459.82
31-35	552	11.72	481.83
36-40	436	9.25	382.58
41-45	502	10.66	431.45
46-50	659	13.99	601.80
51-55	649	13.78	576.97
56-60	630	13.37	539.64
61-65	320	6.79	234.17
66-70	74	1.57	40.73
>=71 Years	15	0.32	3.75
Grand Total	4,711	100.00	4080.22

Marital Status

Marital Status	Headcount	%	FTE
Civil Partnership	100	2.12	89.62
Divorced	321	6.81	281.38
Legally Separated	67	1.42	58.92
Married	2,197	46.64	1883.64
Single	1,573	33.39	1409.05
Unknown	308	6.54	281.50
Unspecified	117	2.48	54.01
Widowed	28	0.59	22.10
Grand Total	4,711	100.00	4080.22

Religion and Belief

Religious Belief	Headcount	%	FTE
Atheism	988	20.97	880.20
Buddhism	13	0.28	9.48
Christianity	2,067	43.88	1819.65
Hinduism	3	0.06	3.00
Islam	11	0.23	10.44
Not Disclosed	977	20.74	873.05
Other	480	10.19	416.26
Sikhism	2	0.04	2.00
Unspecified	170	3.61	66.13
Grand Total	4,711	100.00	4080.22



Application and Recruitment

Data Snapshot

“

Black Asian and Minority Ethnic groups
and Mixed Ethnicity groups Applications
received 8.2% (201)

Interview Offered 6.4% (13)

Position Offered 4.1% (1)

”

“

Lesbian, Gay
Bisexual and not listed
sexual orientation groups
Applications received 8.4% (208)

Interview Offered 10.1% (21)

Position Offered 7.7% (2)

”

“

Disability staff groups
Applications received 6.8% (167)

Interview Offered 9.9% (16)

Position Offered 11.5% (2)

”



Staff breakdown upon leaving the Trust

From April 1st 2021 till March 31st 2022, 466 staff members left the Trust:

- There is an even split between genders with 50.86% being female.
- 19.1% of people left due to retirement age or retirement/ill health.
- 1.29% were from Black, Asian Minority Ethnic groups and Mixed Ethnicity
- 3.86% are from Lesbian, Gay, Bisexual and 'not listed' sexual orientation
- 5.58% have answered yes to having a disability.



Due to information governance for Application and Recruitment & Leavers complete data for this report can be made available on request.



Gender Pay Gap Report 2022

2022



Take
ownership



Broaden our
understanding



Respect
others



Show belief
in each other



Practice
ethically



Continually
improve
our service



Be inclusive
of the
whole team

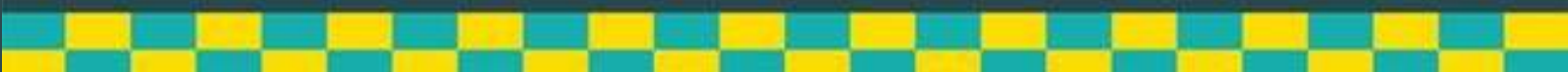


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Introduction

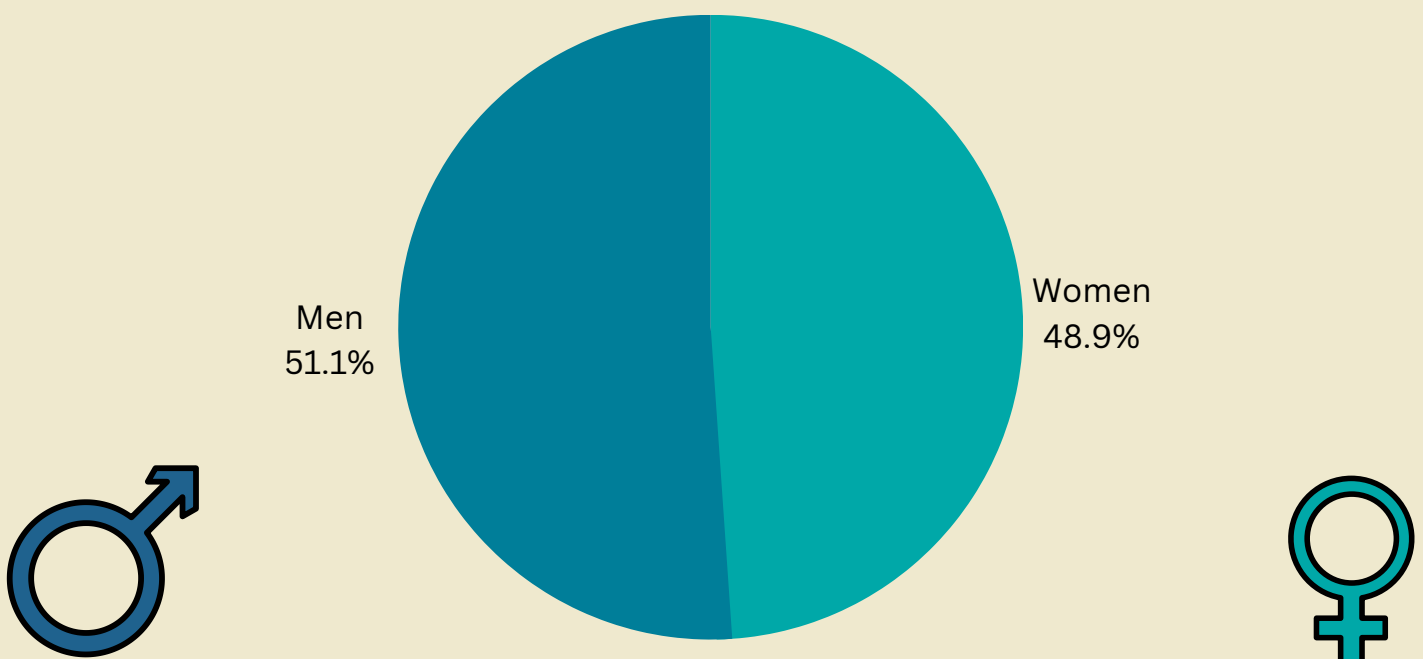
1.1 The gender pay gap reporting obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people the Welsh Ambulance Services NHS Trust must publish and report specific information about our gender pay gap both on our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

1.2 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.

1.3 Gender Pay Gap is the difference between the average earnings of men and women across an organisation, expressed relative to men's earnings.

1.4 This data is provided as an annual snapshot that needs to be published by the following March.

1.5 On the 31st March 2022 the Welsh Ambulance Services Trust (WAST) employed 2136 women and 2228 men therefore 48.9% of the workforce was female.



- 2.1 Women's mean hourly rate is 6.7% lower than men's.
- 2.2 In other words when comparing mean hourly rates, women get paid 93p for every £1 that men get paid.
- 2.3 Women's median hourly rate is 7.29% lower than men's.
- 2.4 In other words when comparing median hourly rates, women get paid 93p for every £1 that men get paid.
- 2.5 No bonus payments were made therefore there is no mean or median bonus gender pay gap to report.



3.0 About mean and median



3.1 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.

3.2 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 (the middle paid woman) and men's median hourly wage (the middle paid man.)

Quartile Data


4.1 Pay quartiles are calculated by splitting all employees in 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.

4.2 Quartile 1: Lower quartile (lowest paid)

50% (538)	
50% (538)	

50% of the lower quartile are women.



4.3 Quartile 2: Lower middle quartile

53.89% (582)	
46.11% (498)	

53% of the lower middle quartile are women.



Quartile Data

4.4 Quartile 3: Upper middle quartile

50.37% (544)	
49.63% (536)	

50% of the upper middle quartile are women.

4.5 Quartile 4: Upper quartile (highest paid)

39.17% (423)	
60.83% (657)	

39% of the top quartile are women.

4.6 No bonuses were paid

4.7 This table shows the ratios of male to female employees split between part time and full time working. 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	13.00%	6.32%
Full Time	35.61%	44.72%

4.8 This table demonstrates the ratio of male to female across the pay bands in the organisation. There are some figures that stand out – particularly at Bands 7 and 8c. It is evident that we do not have balance throughout the organisation. Breaking down and analysing some of this data to look at how splits within bands may reflect roles may reveal important trends as we think about as we look to plan our future work configurations.

Pay Band	Female	Male
Other	40.91%	59.01%
Band 2	48.55%	51.45%
Band 3	54.73%	45.27%
Band 4	44.22%	55.78%
Band 5	55.80%	44.19%
Band 6	48.07%	51.93%
Band 7	35.02%	64.97%
Band 8a	42.86%	57.14%
Band 8b	54.76%	45.24%
Band 8c	25.00%	75.00%
Band 8d	54.55%	45.45%

Trend over time

5.1 When comparing 2022 snapshot data with 2021 snapshot data we can see a small increase in the difference in Women's mean hourly rate from being 5.2% lower than men's to 6.7% and Women's median hourly rate decreasing from 7.94% to 7.29%. When considering the data over the last six years it is very disappointing to the overall increase. The median trend is more encouraging overall. The events of the last two years are causing impacts that we have yet to fully understand but 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	2019	2020	2021	2022
Women's mean hourly rate as % lower than men's.	3.9%	5.3%	4.7%	5.5%	5.2%	6.7%
Women's mean hourly rate for every £1 that men get paid.	96p	95p	95p	94p	95p	93p
Women's median hourly rate as % lower than men's.	10.3%	11.2%	8.9%	9.9%	7.94%	7.29%
Women's median hourly rate for every £1 men get paid.	90p	89p	91p	90p	92p	93p

Action

6.1 WAST has long held the value of being an employer of choice. We recognised that we are in a sector where there is intense competition, and our people can move to different NHS and other organisations quite easily. Therefore, we understand the importance of ensuring all our staff have a keen sense of belonging and engagement with us, where everyone is treated fairly, and everyone has access to learning and development opportunities. Which is why we prioritised making sure we take action on our gender pay gap and gender equality at WAST. The Strategic Equality Plan 2020-2024 has a specific action focusing on our Gender Pay Gap and Pay Differences. Some of our current initiatives are outlined here:

- The organisation supports working carers and is an active member of Carers UK's business forum, Employers for Carers. Our membership includes access to efcdigital.org which offers a range of resources that can help us support our staff who juggle work and caring responsibilities.
- We have an established Flexible Working Policy, whose aim is to help create a more flexible workplace to enable the recruitment and retention of staff and to facilitate a healthy work-life balance that is essential to the health and wellbeing of our workforce.
- As part of our on-going work, we will identify and review any gender pay gap and any other pay gaps, understand the reasons for them and develop action plans to enable us to work in partnership with organisations, such as Chwarae Teg, to address this and other gender equality related issues that impact on the organisation.
- We have established a Women's Health Group to increase awareness around women's challenges such as menopause.
- Our Board have been provided training and awareness on gender issues through the development of our Allyship programme and we are actively seeking to understand the sexual safety climate within the organisation.
- We are working with Health Education and Improvement Wales to develop an inclusive process for recruiting talent, developing talent and deploying talent across WAST.
- We also continue to participate in the sharing of best practice across the UK ambulance sector and Welsh Health Boards.

Conclusion

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

7.1 When developing the initiatives, it has been and will be continually useful to remember we are many things and experience things differently – gender equality covers race, disability, sexual orientation, for example. We wanted to be conscious of the overlaps and intersectionality.

7.2 We are on the journey of improvement. Our actions are beginning to be embedded, with the aim of promoting culture change and better employee experience across the organisation.



Make WAST a truly inclusive organisation



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	17
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	

COMMITTEE EFFECTIVENESS REVIEW 2022/23

MEETING	People and Culture Committee
DATE	14 March 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY
<p>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.</p> <p>2. Changes proposed to the Committee’s terms of reference place more emphasis on cultural change and there will be a focus on finalising the cycle of business and the reports coming to the Committee which demonstrate this.</p> <p>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).</p> <p>4. Changes in operating arrangements are proposed in this report as a result of responses received to questionnaires.</p> <p>RECOMMENDATION: The Committee is requested to:</p> <p>(a) Review and approve changes to name of the Committee and its terms of reference at Annex 3;</p> <p>(b) Confirm the proposed changes to operating arrangements in response to issues raised in questionnaires;</p> <p>(c) Set priorities for the Committee for 2022/23; and</p> <p>(d) Approve the annual report at Annex 2, noting it requires some further adjustment after this meeting.</p>
REPORT APPROVAL ROUTE

Executive Management Team notified of proposed changes by email February 2023.

REPORT APPENDICES

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 2022/23

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 adopt 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. The draft annual report for 2022/23 is attached at Annex 2 for review by the Committee.
3. The 2022/23 effectiveness reviews adopted 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. It was agreed for 2022/23 to adopt the same questionnaires across all Committees (except for Audit Committee which has a separate questionnaire) to provide a baseline for future reviews.
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. • 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 20 April 2023 and then to the Trust Board together with the Committee’s annual report on 25 May 2023.

ASSESSMENT

4. The Committee Chair and Executive Lead met with the Corporate Governance team for stage 2 on 13 January and 9 February 2023. 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. Eighteen questionnaires were sent out with 7 responses being returned (a 39% return rate).
5. Respondents were asked 27 questions and were encouraged to provide free text answers to explain their choices, particularly where they marked answers as 'disagree' or 'strongly disagree'.
6. Changes to the Committee's operating arrangements and work plan as a result of the responses are proposed to be as follows:

Theme	Proposed Changes to Operating Arrangements
Theme 1: Committee Focus	<ul style="list-style-type: none"> • On remit, agenda and meetings being too long, the TORs have been reviewed and it was felt they were appropriate subject to the changes set out in the report. However, the following changes are proposed to address the concerns: <ul style="list-style-type: none"> • Continue with work to address potentially duplicative reporting in the monthly MIQPR and quarterly workforce reports; • Presenters of papers take the papers as read and draw out highlights, lowlights, and red flags only, providing more time for challenge, support, and questions. Perhaps adopting a 1/3:2/3 approach to the time allotted, with the presentation of the paper taking only 1/3rd; • Revised SBAR and guidance is in development to aid report writers in compiling concise papers and encouraging appendices and succinct executive summaries; • The cycle of business will be adjusted to ensure the annual work programme is both clear and monitored to demonstrate equality of focus and assurance; and • Closer attention to allocated time both at agenda setting but also in the time leading up to the meeting and check-in points during the meeting.
Theme 2: Committee Engagement	<ul style="list-style-type: none"> • Board visits aligned to the new standard operating procedure for such visits to enable members to triangulate assurance information and better understand the impact of any improvements being made. • The TOR provides that the Committee must <i>ensure the Trust is discharging its statutory responsibilities, including but not limited to health and safety; equality, diversity and inclusion; relevant Health and Care Standards requirements; and that professional</i>

	<p><i>standards of registration and revalidation are maintained.</i></p> <p>The cycle of business approved by the Committee in 2022 included a report from the Executive Director of Quality and Nursing and the Director of Paramedicine to come to the Committee in Q2 each year.</p>
<p>Theme 3: Committee Team Working</p>	<ul style="list-style-type: none"> • Whilst the Committee discusses the BAF at each meeting and the agenda is built around the highest rated risks, more work is planned for Board Development on the constituent parts of the BAF to enable members to scrutinise controls, assurances, gaps and action plans. • The Corporate Governance team will ensure there is tighter controls in place for action log updates, and an item will be added to the agenda for the Chair to summarise actions and an opportunity to confirm expectations around those actions.
<p>Theme 4: Committee Effectiveness</p>	<ul style="list-style-type: none"> • Consideration of a period of reflection at the end of each meeting to take the shape of a summary of actions and decisions, and an invitation to members to give feedback on the meeting any learning/continuous improvement to take forward. • The AAA reports will be distributed to all Committee members and attendees after the meeting and the Chair will feedback on escalations raised to the Trust Board in matters arising.

7. The Committee met four times during 2022/23 as scheduled and was quorate on each occasion. The Committee's draft annual report at Annex 2 illustrates that attendance was excellent despite the operational pressures placed on members throughout the year.
8. The terms of reference were reviewed to ensure all matters within the remit of the Committee were clear and were articulated with the strategic, oversight and scrutiny role of the Committee in mind. An extensive review of the terms of reference took place in early 2022, however amendments seek to place more emphasis on cultural change and there will be a focus on finalising the cycle of business and the reports coming to the Committee which demonstrate this. A marked up copy of the proposed amendments is at Annex 3.
9. Whilst the attendees set out in the terms of reference are not intended to change, the Trust Board Chair will conduct an annual review of Non-Executive Director membership across all Committees in April 2023 and any changes will be reflected in the annual report.
10. The draft annual report details the work carried out by the Committee during the year and progress it made on the priorities set for 2022/23.
11. It is good practice for Committees to set priorities for the forthcoming year when they review their effectiveness. Such priorities may include a particular focus throughout the year, or in particular quarters. For example, the Committee may wish to prioritise more agenda time to new issues it is adopting in its terms of

reference; focus on areas it may not have addressed recently due to the pandemic; or review of the Committee's risks, both operational and strategic. It is recommended that such priorities are limited to two or three, and that they are tracked quarterly by way of an assurance report by the Board Secretary report to ensure they are on track. The Committee may wish to consider the following priorities based on the responses from the questionnaires:

- (a) Carry over the Committee priority to support the implementation and championing of the strategic equality objectives, including Welsh language, to promote an inclusive organisation.
- (b) Development and implementation of the speaking up safely framework; and
- (c) Development and progress of the People and Culture Plan.

RECOMMENDATION

12. The Committee is requested to:

- (a) Review and approve changes to name of the Committee and its terms of reference at Annex 3;**
- (b) Confirm the proposed changes to operating arrangements in response to issues raised in questionnaires;**
- (c) Set priorities for the Committee for 2022/23; and**
- (d) Approve the annual report at Annex 2, noting it requires some further adjustment after this meeting.**

Next Steps

- 13. Ensure changes to operating arrangements and priorities (subject to agreement) are cycled into work programme for review in 2023/24.



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PCC Effectiveness Review Survey Results 2022/23

Trish Mills
Board Secretary
13 January 2023





PCC Annual Effectiveness Review



Survey Respondents included NEDs, management members, TU partners and Committee Governance Officer; 18 surveys sent, with 7 returned [38.9%]. This presentation sets out the results of the survey 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	4
● TU Partner (s)	0
● Other	0





Theme 1: Committee Focus

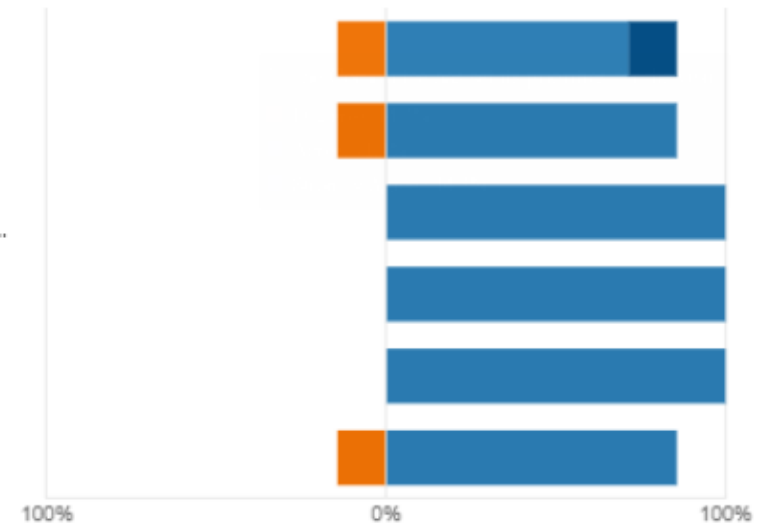
REMIT

Agendas are saturated - more focus needed so that committee is manageable.

6: The remit of the Committee is large and diverse however, **is managed as effectively as possible given its breadth.**

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 challen...
- 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 2: Committee Engagement

VISIBILITY

8: Members **have not consistently visited services** and the impact of COVID has directed this. However, discussions at the meetings, along with the Papers received, ensure Members' understanding of all key issues.

8: Apart from board development sessions where staff have been available to speak to there has been **less visits to services as a result of Covid**. I am aware that the practice of visits and ride outs are to resume but **with more structure and clear outcomes** - this I value.

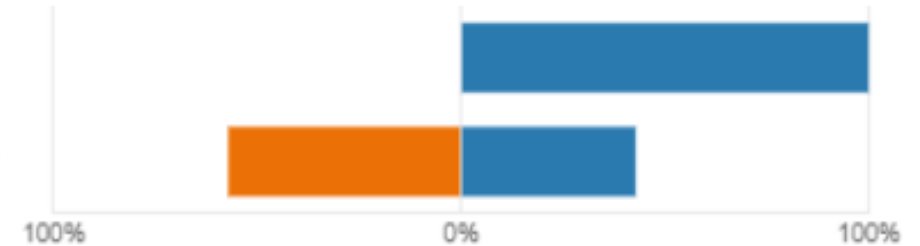
More visibility with our people particularly, and also with patients, should be a priority in 23/24.

8: Board member - non-executive director in particular - **visits will be improved with the introduction of a Board Visit SOP which will be finalised by 31 March.**

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:



ROLE

There **may be a discussion** to be had as to **whether PCC starts to delve into the professional registration element of the organisation**. I still believe there is naivety across all professions as to what being state registered means and whether the Committee should **start to investigate this as an issue and determine whether there is a workstream** to be addressed.





Theme 3: Committee Team Working

STRATEGIC PRIORITIES

Committee **could be more tightly focused on the Trust's strategic priorities** e.g., **holding to account** more strongly for quarterly progress in each core area and challenging delays / underperformance more rigorously.

BEHAVIOURS

12: Committee **has a key focus on the Trust's behaviours etc.**

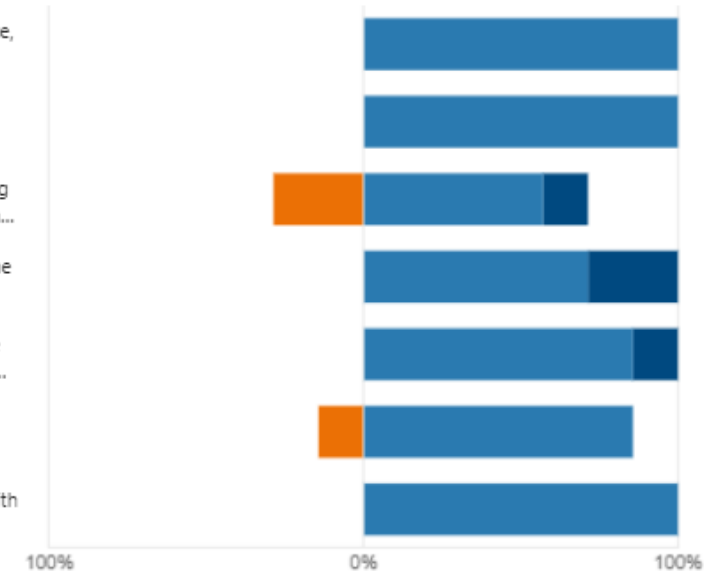
OVERSIGHT OF RISK

Not sure if risks are fully explored at each meeting, although I **don't see this as a criticism** as I don't feel there needs to be a deep dive every time.

I do wonder **whether committee reviews the right risks and is confident in the assurance it receives from Executives,** given that many risks and core issues roll over year on year. **Recognising that some issues are difficult to move the dial on,** it might be that either the action itself is flawed or the right leadership is missing.

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:





Theme 4: Committee Effectiveness

REFLECTION

18: I think committee **runs out of time to effectively reflect** on the meeting and how it went and what worked well.

18: There is **no section on the agenda to reflect however the chair and lead do so when setting the agenda for the next meeting** which happens soon after the meeting.

18: **This is not done overtly although could be assumed** from the discussions at the meeting.

18: **The chair, lead exec and the Board secretary discuss decisions made, what worked well or not so etc., but the committee as a whole does not do this currently.** This is often due to the size of the agenda and time constraints.

TIMELINESS OF INFORMATION

Not always clear how discussions are going to be carried forward into actions.



Strongly Disagree Disagree Agree Strongly Agree

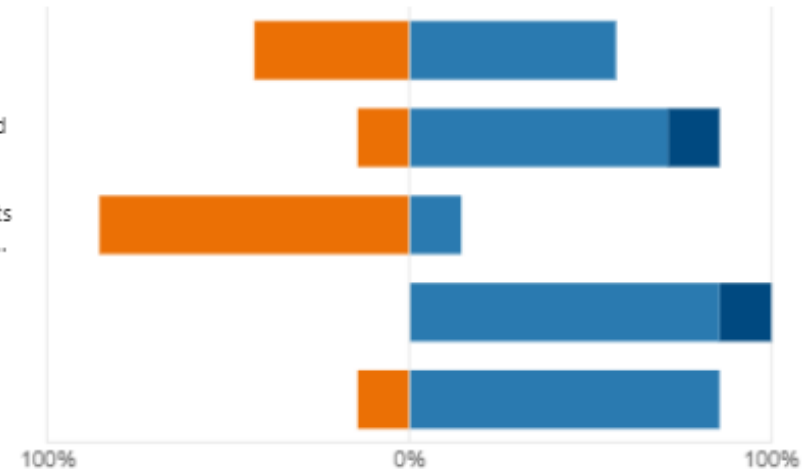
16. The quality of Committee papers received allows members to perform their roles effectively:

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:



QUALITY OF INFORMATION

Q16. There is **duplication in some of the reporting and an opportunity** with the new Director of WOD to **combine some quarterly reported metrics into the MIQPR** and/or mirror this dashboard type reporting elsewhere.

Committee papers and appendices can be too long. This could risk obfuscation of the material issues. There **isn't much review of what went well/not so well so** this is a development area. Similarly, **limited challenge from the Board** on long standing issues e.g., sickness.



Theme 5: Committee Leadership

Strongly Disagree Disagree Agree Strongly Agree

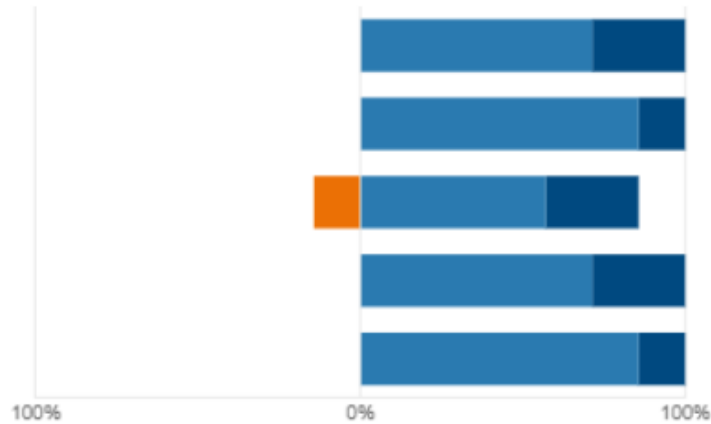
21. The Committee Chair has a positive impact on the performance of the Committee:

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...



The **Chair is competent and approachable**, but perhaps sometimes too close to the Executive to provide enough challenge.

23: **With the introduction of the Board Visits SOP this visibility and opportunities for members to visit (including virtual visits) will improve this.**

24: **The Chair is very supportive of comments from other Members.**





What should the Committee stop, start or continue to do?

START

There are occasions when the **time allocated to the agenda is exceeded which tends to push items further down** the agenda to a more compacted time. **More attention at agenda setting on allocating appropriate time is required** and a clear intention to presenters and the Committee that this allocation will not be exceeded in most cases.

Start: **Focusing in on the key priorities and considering how the committee can add value** in those areas.

The Committee **should start a more formal process of meeting reviews whilst continuing** to encourage members to contribute fully despite the time constraints.

Perhaps **querying why the dial moves so slowly on some issues** e.g. attendance and being more inquisitorial of areas where core issues appear to be intractable.

STOP

Stop: **Very lengthy agendas and papers.**

CONTINUE

Continue to **have a focus on the impact of ongoing system pressures on staff** - and agree **how best to support staff given these challenges.**

Continue **to hear directly from staff about their experiences/concerns/positive stories** etc.

Continue: **To facilitate open and honest conversations** between committee members.

Continue to **seek assurance around the people aspects of the organisations plans**, particularly in the coming years when it is going to be a difficult time for us all.





Are there any learning or development opportunities for members which the Committee should consider?

I wonder whether **Non Executives who are not members of the committee should be invited to attend a meeting at least annually to experience the committee meeting** and gain assurance of its remit.

Some of **the management team could benefit from training in relation to the committee's subject matter.**

None at the moment over and above the usual board development schedule.

Have a more **overt discussion at the end of the meeting to agree what worked well/did not work so well?**

Discuss **potential for Members to more proactively and consistently have visibility within services?**





Summary of Proposed Changes/Areas being Addressed

1. On remit, agenda and meetings being too long, the TORs have been reviewed and it was felt they were appropriate subject to the changes set out in the report. However, the following changes are proposed to address the concerns:
 - (a) Continue with work to address potentially duplicative reporting in the monthly MIQPR and quarterly workforce reports
 - (b) Presenters of papers take the papers as read and draw out highlight, lowlights and red flags only, providing more time for challenge, support and questions. Perhaps adopting a 1/3:2/3 approach to the time allotted, with the presentation of the paper taking only 1/3^d
 - (c) Revised SBAR and guidance is in development to aid report writers in compiling concise papers and encouraging appendices and succinct executive summaries
 - (d) The cycle of business will be adjusted to ensure the annual work programme is both clear and monitored to demonstrate equality of focus and assurance
 - (e) Closer attention to allocated time both at agenda setting but also in the time leading up to the meeting and check-in points during the meeting
2. A Board visits standard operating procedure is being developed with a completion date of 31 March. This will demonstrate visibility of Committee members.
3. The TOR provides that the Committee must *ensure the Trust is discharging its statutory responsibilities, including but not limited to health and safety; equality, diversity and inclusion; relevant Health and Care Standards requirements; and that **professional standards of registration and revalidation are maintained.*** The cycle of business approved by the Committee in 2022 included a report from the Executive Director of Quality and Nursing and the Director of Paramedicine to come to the Committee in Q2 each year.
4. Whilst the Committee discusses the BAF at each meeting and the agenda is build around the highest rated risks, more work is planned for Board Development on the constituent parts of the BAF to enable members to scrutinise controls, assurances, gaps and action plans.
5. The Corporate Governance team will ensure there is tighter controls in place for action log updates, and an item will be added to the agenda for the Chair to summarise actions and an opportunity to confirm expectations around those actions.
6. Consideration for a period of reflection at the end of each meeting to take the shape of a summary of actions and decisions, and an invitation to members to give feedback on the meeting any learning/continuous improvement to take forward.
7. The AAA reports will be distributed to all Committee members and attendees after the meeting and the Chair will feedback on escalations raised to the Trust Board in matters arising.





PEOPLE AND CULTURE COMMITTEE ANNUAL REPORT 2022/23

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 10 March 2023 and reviewed its terms of reference, responses to questionnaires completed by members and attendees, and its operating arrangements. Discussions were also held with the Chair and Executive Lead. Changes are proposed to the terms of reference and this annual report reflects on the effectiveness of the Committee in 2022/23.

ASSESSMENT

Purpose of the Committee

5. The purpose of the Committee set out in its terms of reference is:
 - 5.1. To enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, and organisational culture and behaviour to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of the Trust's leadership arrangements; behaviours and culture; training, education and development; equality, diversity and inclusion; health, safety and welfare; people and culture related partnerships and engagement; and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the Welsh Government, the NHS in Wales and other regulatory bodies.



5.2. To 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.

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

Membership and Attendance

6. The Committee met in public four times in 2022/23 and was quorate on each occasion. Four private session meetings were held, primarily to deal with suspensions over four months.

7. The Committee is supported by a Chair and three Non-Executive Directors as members, and a number of core attendees. The chart below illustrates attendance of members and attendees (as listed in the terms of reference) for 2022/23: [chart to be updated with March attendance]

COMMITTEE ATTENDANCE				
Name	10 MAY 2022	06 SEPT 2022	29 NOV 2022	21 FEB 2023
Paul Hollard				
Bethan Evans	From 10.50am			
Joga Singh				
Hannah Rowan				
Catherine Goodwin			In attendance	
Angela Lewis				
Chris Turley				
Lee Brooks				
Estelle Hitchon				
Andy Swinburn				
Wendy Herbert			In attendance	
Liam Williams				
Alex Crawford	Hugh Bennett	Hugh Bennett		
Trish Mills				
Angela Roberts				
Damon Turner				
Paul Seppman		Hugh Parry		
Craig Brown				
Ian James				

	Attended
	Deputy attended
	Apologies received
	No longer member

8. Attendance is excellent despite the challenges that operational pressures have placed on members throughout the year. The March meeting in particular flexed to enable some reports to be presented on the day and deferred some items to the May meeting given the significant pressures on the Trust as a result of winter and industrial action.

9. Non-Executive Director membership of all Committees will be reviewed in March 2023 by the Trust Board Chair, but it is anticipated that this Committee will retain at least three Non-Executive Directors in its membership, inclusive of the Chair.



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 10 March Committee meeting.
11. The questionnaires provided an opportunity to gauge opinion on areas of good practice and areas that require improvement. Eighteen questionnaires were sent out with 7 responses being returned (a 39% return rate).
12. Respondents were asked 27 questions and were encouraged to provide free text answers to explain their choices. The responses were reviewed by the Committee on 10 March and it was agreed to make the following adjustments to their operating arrangements as a result [TBC at March meeting]:
 - 12.1. On remit, agenda and meetings being too long, the TORs have been reviewed and it was felt they were appropriate subject to the changes set out in the report. However, the following changes are proposed to address the concerns:
 - Continue with work to address potentially duplicative reporting in the monthly MIQPR and quarterly workforce reports.
 - Presenters of papers take the papers as read and draw out highlight, lowlights and red flags only, providing more time for challenge, support and questions. Perhaps adopting a 1/3:2/3 approach to the time allotted, with the presentation of the paper taking only 1/3rd.
 - Revised SBAR and guidance is in development to aid report writers in compiling concise papers and encouraging appendices and succinct executive summaries.
 - The cycle of business will be adjusted to ensure the annual work programme is both clear and monitored to demonstrate equality of focus and assurance.
 - Closer attention to allocated time both at agenda setting but also in the time leading up to the meeting and check-in points during the meeting.
 - 12.2. A Board visits standard operating procedure is being developed with a completion date of 31 March. This will demonstrate visibility of Committee members.
 - 12.3. The TOR provides that the Committee must ensure the Trust is discharging its statutory responsibilities, including but not limited to health and safety; equality, diversity and inclusion; relevant Health and Care Standards requirements; and that professional standards of registration and revalidation are maintained. The cycle of business approved by the Committee in 2022 included a report from the Executive Director of Quality and Nursing and the Director of Paramedicine to come to the Committee in Q2 each year.



- 12.4. Whilst the Committee discusses the BAF at each meeting and the agenda is built around the highest rated risks, more work is planned for Board Development on the constituent parts of the BAF to enable members to scrutinise controls, assurances, gaps and action plans.
 - 12.5. The Corporate Governance team will ensure there is tighter controls in place for action log updates, and an item will be added to the agenda for the Chair to summarise actions and an opportunity to confirm expectations around those actions.
 - 12.6. Consideration for a period of reflection at the end of each meeting to take the shape of a summary of actions and decisions, and an invitation to members to give feedback on the meeting any learning/continuous improvement to take forward.
 - 12.7. The AAA reports will be distributed to all Committee members and attendees after the meeting and the Chair will feedback on escalations raised to the Trust Board in matters arising.
13. Notwithstanding the need to ensure the cycles of business are adjusted as soon as possible to be confident of equitable spread of the agenda, the Committee has been effective in discharging its responsibilities, particularly with respect to the very challenging staff experience and providing timely escalations and assurances to the Board. In 2023/24 the areas of equality, diversity and inclusion will feature more regularly. In 2022/23 the Committee:
- (a) Received regular reports on the challenging staff experience, escalating this to the Trust Board. In May 2022 the Chair of this Committee joined with the Chairs of the Quality, Patient Experience and Safety Committee and the Finance and Performance Committee to escalate to the Trust Board their concerns regarding the significant impact on staff and patients as a result of system pressures. This led to the paper to Trust Board in July on action to mitigate avoidable harm (and subsequent updates), which includes system partner actions as a result of meetings which took place with NHS Wales, Welsh Government and Commissioners as a result of the escalations;
 - (b) Sickness absence was the subject of significant discussion at each meeting. In addition to the regular review of risk 160, deep dives on the Improving Attendance Programme were taken to provide a level of assurance to the Committee on the agreed trajectory for sickness absence;
 - (c) The Welsh language annual report was received by the Committee and increasing costs of translation were also discussed.
 - (d) Heard from staff on their lived experience of the service at each meeting, together with learning and improvements made as a result of the issues raised;
 - (e) The September meeting reviewed the uptake of staff receiving flu vaccination and the details of the campaign to influence an increase in this. These rates are also reviewed via the MIQPR.



- (f) Regular updates on partnership working with Trade Union colleagues was provided to the Committee including the Trade Union Annual Report, review of the risk related to maintaining this relationship, and by way of updates on the re-establishment of the Welsh Ambulance Service Partnership Team (WASPT) and approval of their revised terms of reference in November.
- (g) The Committee reviewed the excellent and proactive wellbeing offer in place and the increased profile of the occupational health team and peer support networks.
- (h) The key areas of focus for the IMTP 2023-26, and direction of travel for the People and Culture Plan 2023-26 were discussed. Both are based around the concept of the '3Cs': Building our Culture, Capacity and Capability within the context of ABC i.e., creating Autonomy, Belonging and Contribution, which are the three psychological needs to improve the employee experience, increase engagement and enhance wellbeing.
- (i) The Committee had an opportunity to discuss the Engagement Framework Delivery Plan, the focus of which is the long term strategy and inverting the triangles.
- (j) Oversight of the disciplinary cases and progress to reduce these was discussed as well as learning which was applied from these cases.
- (k) Oversight of health and safety was transferred to the Committee from the Quality, Patient Experience and Safety Committee from 1 April 2022, and the Committee received an overview of the transformational efforts underway with the Working Safety Programme, and key matters for consideration, scrutiny and support which will inform its work programme for 2022/23. The Health and Safety Annual Report was also received.
- (l) The Committee's cycle of business was approved.
- (m) Received quarterly updates from the Director of Workforce and Organisational Development and Executive Director of Operations at each meeting which helped to set the context of assurance reports for members;
- (n) The WAST actions to address the Wales Anti-Racist Action Plan were discussed and will form part of the people and culture deliverables for 2023/24 and beyond. The Annual Equality Report was presented to the November meeting.
- (o) Received the monthly integrated performance report and quarterly workforce report at each meeting and reviewed the people quadrant of the scorecard in detail, escalating areas of poor performance to the Trust Board, particularly



around PADR which improved in year, retention, recruitment timeline, and statutory and mandatory training;

- (p) Regular updates are provided from the Speaking Up Safely Task and Finish Group on the development of the new framework;
- (q) The results of the sexism and sexual safety at work survey were reviewed at the March meeting [TBC]
- (r) The Pay Progression Policy was approved.
- (s) Received internal audits within the Committee's remit and the audit tracker to monitor progress against recommendations;
- (t) Reviewed its effectiveness and agreed changes to its operating arrangements and terms of reference for 2023/24;
- (u) The corporate risk register/BAF was reviewed at each meeting with the agenda being built around the two highest rated risks for this Committee – those being risks 190 and 201. Risk 199 related to health and safety was transferred to the Committee in August.

14. The Committee's priority for 2022/23 are as set out below with the outturn position. These were reviewed at each meeting.

- (a) Priority 1: Monitor and support the actions to reduce absences due to sickness, gaining an understanding of the reasons for long standing high sickness rates to inform future learning.
 - The May, September, November 2022 and March 2023 meetings received and scrutinised the absence management action plan.
 - Risk 160 'high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service' is reviewed at each meeting. The September and November meetings included further detail on the new form BAF.
 - The September and November 2022 meetings reviewed the wellbeing offer.
- (b) Priority 2: Focus on the health and safety remit which is newly acquired by the Committee.
 - The May 2022 meeting included a detailed paper on the health and safety assurance reporting that will be received by the Committee.
 - Health and safety assurance reporting included in the cycles of business.
 - The Board received IOSH training in July 2022.
 - The Health and Safety Annual Report was received at the September 2022 meeting.
 - Health and Safety updates were received at the September and November meetings.
 - Risk 199 'failure to embed an interdependent and mature health and safety culture which could cause harm and a breach in compliance with Health &



Safety statutory legislation' has been reviewed by the Committee and reduced in risk score from 20 to 15.

(c) Priority 3: Supporting the implementation and championing the strategic equality objectives, including Welsh language, to promote an inclusive organisation.

- The Welsh Language Advisory Group report was received in May 2022 indicating standards compliance.
- The Welsh Language Annual Report was reviewed in September 2022.
- The Equality, Diversity and Inclusion Steering Group are developing a proposal for assurance reporting to the Committee for inclusion in the cycles of business.
- EDI and Welsh Language metrics being developed for the MIQPR.
- The November 2022 meeting reviewed the draft People Plan and actions for the Anti-Racist Wales Action Plan.
- The March 2023 meeting received the Annual Equality Report.

15. The Board received a highlight report from the Committee following each meeting which provided for alerts, advice, and areas of assurance. This was also presented to the next public Board meeting by the Chair of the Committee.

16. The Committee is not serviced by any sub-committees or task and finish groups at present.

Proposed Changes to the terms of reference

17. The terms of reference were reviewed to ensure all matters within the remit of the Committee were clear and were articulated with the strategic, oversight and scrutiny role of the Committee in mind. An extensive review of the terms of reference took place in early 2022, however amendments seek to place more emphasis on cultural change and there will be a focus on finalising the cycle of business and the reports coming to the Committee which demonstrate this. A marked up copy of the proposed amendments is at Annex 3.

18. A marked up copy of the terms of reference are attached at **Annex x** for approval by the Board.

Priorities Identified for the Committee for 2023/24

19. 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 2023/24:

[to be confirmed by the March 2023 PCC meeting]

20. Progress on priorities will be reported to the Committee quarterly and to the Board through its highlight report.



Next Steps

21. The next steps are as follows:

- (a) Adjust the Committee cycle of business to illustrate compliance requirements and assurance mapping.
- (b) Ensure changes to operating arrangements agreed are cycled into work programme for review in 2023/24.

RECOMMENDATION

The Trust Board is requested to

- (a) Receive and note the contents of the Committee annual report for 2022/23 and its analysis of effectiveness;**
- (b) Approve the changes to the terms of reference.**

DRAFT



PEOPLE AND CULTURE COMMITTEE

TERMS OF REFERENCE AND OPERATING ARRANGEMENTS

1. INTRODUCTION

- 1.1. The Trust's Standing Orders provide that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the Trust either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".
- 1.2. In line with Standing Orders and the Trust's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set out below.

2. PURPOSE

- 2.1 The purpose of the People and Culture Committee ('the Committee') is to enable scrutiny and review of the Trust's arrangements for all matters pertaining to its workforce, both paid and volunteer, and organisational culture and behaviour to a level of depth and detail not possible in Board meetings. The Committee will provide assurance to the Board of the Trust's leadership arrangements; behaviours and culture; training, education and development; equality, diversity and inclusion; health, safety and welfare; people and culture related partnerships and engagement; and Welsh Language, in accordance with its stated objectives and the requirements and standards determined by the Welsh Government, the NHS in Wales and other regulatory bodies.
- 2.2 The Committee will provide evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to all matters relating to staff and staffing of the Trust.
- 2.4 The Committee will approve on behalf of the Board, relevant workforce policies, procedures and other written control documents in accordance with the Trust's scheme of delegation.

3. DELEGATED POWERS AND AUTHORITY

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 people and culture strategy plan aligned to the 2030 Delivering Excellence Long Term Plan and



- ~~associated strategies and plans, and monitor their implementation.~~
- 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 Monitor delivery of the Trust's strategic workforce people and culture priorities set out in the Integrated Medium Term Plan 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.
- ~~3.33.4~~ Monitor progress and seek assurance of arrangements in place to embed the Trust's behaviours, ensuring a continued journey of positive culture change.
- ~~3.43.5~~ ~~Champion~~ Ensure there is a robust plan in place for the health and wellbeing of ~~the workforce our~~ people and monitor the effectiveness of arrangements in place to support and protect the mental, physical and financial wellbeing of staff.
- ~~3.53.6~~ Consider the experience of our staff people, including and volunteers, and seek assurance of the effectiveness of mechanisms used for measuring, and for hearing and acting upon their experiencess.
- ~~3.63.7~~ 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.
- ~~3.73.8~~ Oversee and contribute to the development of the Trust's equality, diversity and inclusion ~~strategic~~ plan and monitor its implementation; champion and support the plan and the work of the equality, diversity and inclusion networks.
- 3.9 Oversee the development and implementation of the Trust's ~~workforce plans, and~~ recruitment and retention ~~strategies plans~~.
- ~~3.83.10~~ Ensure Trust management and Staff Side/Trade Union 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.
- ~~3.93.11~~ Ensure the Trust has in place appropriate policies and procedures for its ~~workforce people~~; approve ~~workforce people and culture~~ policies and monitor compliance.
- ~~3.103.12~~ Monitor the effectiveness of the Trust's leadership and management development and succession planning arrangements.
- ~~3.113.13~~ Monitor performance against key ~~workforce people and culture~~ indicators such as sickness absence, performance appraisal reviews,



statutory and mandatory training, incidents of violence and aggression, disciplinaries and suspensions, turnover and recruitment; enabling deep dives to take place into specific areas of concern.

~~3.12 Receive and consider projects of major strategic organisational change where there is a significant impact on the workforce.~~

~~3.133.14~~ 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.

~~3.143.15~~ Ensure the Trust is discharging its statutory responsibilities, including but not limited to health and safety; equality, diversity and inclusion; relevant Health and Care Standards requirements; and that professional standards of registration and revalidation are maintained.

~~3.153.16~~ All matters relating to partnerships and engagement relevant to ~~the remit of the Committee~~ our people and cultural change, including but not limited to ~~trade unions, external organisations and staff communications~~.

~~3.163.17~~ any other matter in relation to the Committee's overall purpose and responsibilities

Corporate Risks and Audit Recommendation Tracker

~~3.173.18~~ The Audit Committee has overall responsibility for ensuring that corporate risks are identified and are being properly managed within the Trust. The Audit Committee also has responsibility for ensuring that there are processes in place to address and take forward audit recommendations. Nevertheless, each risk from the corporate risk register and Board Assurance Framework, and each recommendation from the audit tracker, will be allocated to an appropriate Board Committee who will be responsible for ensuring that the Trust is managing and progressing each item as planned. Regular reports will be provided to individual Committees on those items for which they have responsibility and overall Trust-wide progress reports will be presented to each Audit Committee. The Committee will consider the control and mitigation of high level workforce related risks and provide assurance to the Board that such risks are being effectively controlled and managed.

Authority

~~3.183.19~~ 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.



3.193.20 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.

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

Sub-Committees

3.22 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.

3.213.23 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:

- ~~Executive~~ Director of Workforce and Organisation Development (Committee Lead)
- Executive Director of Finance and Corporate Resources
- Executive Director of Operations (or Deputy/Assistant Director)
- Director of Partnerships and Engagement
- Director of Paramedicine
- Assistant Director of Quality and Nursing
- ~~Executive Director of Finance and Corporate Resources~~
- ~~Director of Operations (or Deputy/Assistant Director)~~
- Assistant Director of Planning and Transformation
- Trade Union Partners (x4)



- Chairs of Sub-Committees (or their nominee)
- Board Secretary

- 4.3 The Chief Executive will have a permanent standing invite to attend the Committee. Where the 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 Workforce & Organisational Development.



5. COMMITTEE MEETINGS

Quorum

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

Frequency of Meetings

- 5.2 Meetings shall be held no less than quarterly or otherwise as the Chair of the Committee deems necessary, consistent with the Trust's annual plan of Board Business. Meeting agendas, papers and minutes shall be circulated no less than seven days prior to each meeting.

Withdrawal of individuals in attendance

- 5.3 The Committee may ask any member or individual who is normally in attendance but who is not a member to withdraw to facilitate open and frank discussion of particular matters.

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

- 6.1 The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.
- 6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees and groups to provide advice and assurance to the Board through the:
- (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.



AGENDA ITEM No	18
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	6

Q3 2022 Health and Safety Performance Report

MEETING	People and Culture Committee
DATE	8 March 2023
EXECUTIVE	Executive Director of Quality and Nursing
AUTHOR	Nicola White Head of Health and Safety
CONTACT	nicola.white3@wales.nhs.uk 07973 829556

EXECUTIVE SUMMARY	
<p>This report will provide an update to the People and Culture Committee (PCC) on the key information in relation to health and safety performance for Quarter 3 2022</p> <p>Data within this report is as of 5th January 2023 as reported onto DATIX Cloud and may be subject to change as investigations are closed.</p> <p>PCC are requested to NOTE the following:</p> <ul style="list-style-type: none"> • There has been focused attention on RIDDOR incidents within the Trust to meet RIDDOR reporting timescales that has resulted in a compliance increase of 47% in Q3 from Q2. • Statutory Health and Fire Safety training compliance are below Trust's and Welsh Government standards. Managers are to encourage staff to bring their training levels up to Trust expectations. • Workplace Risk Assessment compliance is at 71.8% submitted however, further work is ongoing to improve the standard of these assessments to ensure they are suitable and sufficient; • Prosecution recently issued to Powys Teaching Health Board by the Health and Safety Executive for breaches of Sections 2 of the Health and Safety at Work etc Act 1974. Powys were found to be allowing three members of staff to use hand held power tools without assessing the risk to exposure from vibration, ensuring adequate training and not undertaking health surveillance. • Prosecution recently issued to Cwm Taf Morgannwg University Health Board for a breach of Section 3 of the Health and Safety at Work Act, due to the patient falling and sustaining a head injury who subsequently died. Injury was sustained whilst absconding from a ward with inadequate security measures being in place. 	

PCC is to be ASSURED that:

- Sustained increase in the reporting of incidents for diesel fumes exposure is requiring continued significant resource in the overall management of diesel fume incidents. Continued sustained efforts are being undertaken by the function in collaboration with Health Boards and Locality Managers in the mitigation/reduction of fume exposure. Environmental surveys are being undertaken by external provider in Jan-Feb 2022/23.

While this report provides the Health and Safety performance within Quarter 3 2022/23, the periods of high or additional support for operational requirements continue to impact on the teams ability to progress with improvements to the Health and Safety Management System. It is hoped that demand and the exceptional circumstances created by industrial action will subside and that this work will be progressed over the forthcoming period. As part of this work, consideration is being given to the introduction of digital solutions, eg robot process automation and/or the introduction of Power BI reporting. This will automate process and release capacity for improved analyses and more timely development of appropriate interventions to reduce risk.

KEY ISSUES/IMPLICATIONS

RECOMMENDED: That the People & Culture Committee,

(1) RECIEVES and DISCUSSES this report

REPORT APPROVAL ROUTE

Assistant Directors Leadership Team – 23rd January 2023 (for noting).
National Health, Safety and Welfare Committee – 3rd February 2023 (for noting).
People and Culture Committee – 28th February 2023 (for noting).

REPORT APPENDICES

ANNEXE 1 – SBAR which provides the background for this report.
Appendix 1- RIDDOR Awareness Poster.
Appendix 2 -Statutory / Mandatory Training Compliance.
Appendix 3- Fume Behavioural Poster.
Appendix 4- H&S Newsletter (2).
Appendix 5 – Health, Safety and Violence and Aggression Report
Appendix 6- AAA Discussions held at National Health and Safety Committee.

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

SITUATION

1. The Alert Advise Assure Highlight Report provides a concise overview of health and safety performance throughout the organisation for the Q3 2022.

ASSESSMENT

AAA REPORT

ALERT / ESCALATE	<p><u>RIDDOR Compliance</u> Five RIDDORs were submitted outside of HSE requirements due to handler delays. RIDDOR performance is to be presented as a regular agenda item to Operational Business meetings for monitoring and local scrutiny with the relative Heads of Service.</p> <p>RIDDOR compliance increased by 47% in Q3 from Q2 with 70% of RIDDORS submitted within HSE required timescales.</p> <p>The introduction of the four Health and Safety (H&S) Advisors in October 2022 has enabled further initiatives to meet timescales as business-as-usual activities. These involve daily monitoring of all patient safety incidents to inform the H&S Advisors of any potential RIDDOR incidents and contacting of the Handler urgently (via Teams or at station) to receive an updated position on the injured party condition. Additionally, the frequent visible presence of the advisors being out in localities assist with current local knowledge and early notifications of injuries as they arise.</p> <p>A RIDDOR awareness poster has been developed to inform staff of the process and published on the Health and Safety webpage (Appendix 1).</p> <p><u>Workplace Risk Assessment Compliance</u> The requirement for Workplace Risk Assessments (RA) was implemented in July 2022, transitioning from the COVID risk assessments that were undertaken during the pandemic. The process requires the RAs to be completed by the Manager for the area and a Trade Union Health and Safety Representative (where possible). Once completed the risk assessments are then submitted to the Health and Safety Team for assessment, feedback and subsequently shared on Siren. To date 71.8% have been completed and sent for review. However, many do not meet the required standards as many managers have not adapted the generic workplace assessment to suit their individual stations. Additional changes to the template are proposed to confirm the managers accountability for completion and to assist in the improvement of local risks assessments. Managers will be supported by the Health and Safety team to improve the quality of assessments and Risk Assessment</p>
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	<p>training has also been developed that will form part of the Annual Improvement Plan for 2023/24.</p> <p>A paper outlining six recommendations to improve organisational compliance is to be presented to the Senior Operations Team in Q1 2023 (Appendix 2).</p> <p><u>Cwm Taf University Health Board Prosecution</u> HSE prosecution following an incident a falls incident and noncompliance with an Improvement Notice (IN) whereby a patient died from a head injury as a result of a fall. The patient had previously fallen, and the Health Board had been issued with an Improvement Notice. However, no sufficient means of securing the environment had taken place to prevent re-occurrence.</p> <p>On 8 July 2022 the Health Board attended Cardiff Magistrates Court and pleaded guilty to both Section 3 and Section 22 offences. The Health Board was subsequently fined £800k for a Section 3 offence and £50k for Section 22 offence. The Health Board was further ordered to pay the HSE legal expenses of £10k.</p> <p><u>Hand / Arm Vibration (HAV's) Prosecutions</u> Powys Teaching Health Board has recently received fines of £160k for 3 HAVS issues and Betsi Cadwaladr University Health Board is awaiting a HSE visit in relation to 2 RIDDOR reportable HAVs cases.</p> <p>HAVs monitoring is set to commence fully within the Trust in Q4 2022 upon completion of HAVs training scheduled for February 2022 for the four Health and Safety Advisors.</p> <p><u>Statutory /Mandatory Training compliance</u> Health and Safety and Fire Safety training continues to be below Trust expectations. Fire training sits within the remit of the Estates department (Appendix 3).</p>
<p>ADVISE</p>	<p><u>Diesel Fumes</u> Significant resources are being utilised in the management of fume exposure. Work continues to be undertaken at multiple hospital emergency departments pan-Wales, following a significant increase in DATIX reported incidents for potential fume exposure and concerns raised by staff. This increased from seven reports in financial year 2020-21 to 25 in the first seven months of 2022-23 and 83 incidents being reported during October - December 2022.</p> <p>A breakdown of incidents from April 2022 to date trends the highest number of incidents reported in Morriston, Glangwilli and Royal Glamorgan. The highest health board trends are across Swansea Bay, Cwm Taf Broganngw, followed jointly by</p>

	<p>Betsi Cadwallader and Hywel Dda. Three members of staff have raised between five and ten incidents each, however, investigations are found to be lacking in detail and it is therefore difficult to identify any lessons opportunities.</p> <p>The Head of Health and Safety has written formally to their respective peers across Wales requesting their continued support in the mitigation / reduction of fume exposure. Risk assessments have been undertaken on a priority basis at hospitals experiencing the highest level of reported incidents. Six task and finish groups have been set up pan-Wales working in collaboration with Health Boards to identify pragmatic solutions where applicable. Further environmental surveys are to be undertaken during Q4 2022 at the six sites with the highest reported levels of incidents.</p> <p>A behavioural poster raising awareness of good practices to be undertaken by crews in the reduction of being fume exposure was shared with relevant staff in December 2022 (Appendix 4) and it has been agreed to review this with wider Trade Union engagement following feedback at the Health and Safety Committee.</p> <p>A shoreline audit was undertaken by the H&S function in January following DATIX incidents reporting staff not utilising shorelines fully. The audit found evidence of damaged shorelines and shorelines not being used. This was to be fed back to Senior Leadership Team requesting further monitoring by the respective DOM/OTL.</p> <p>Work is underway to source a specialist to offer independent expert advice on our approach to managing diesel and associated fumes.</p> <p>AAAA report was presented to the Executive Management Team on 15 February 2023 outlining discussions held at National Health and Safety Committee in regard to diesel fume (Appendix 7). The Executive Team has requested that a detailed presentation be given at WASPT on the 8 March 2023.</p>
<p>ASSURE</p>	<p><u>Executive Lead for Violence and Aggression</u> The Executive Director of Quality and Nursing has been confirmed as Trust's Executive Lead for Violence & Aggression (V&A) as required by the Obligatory Response to Violence in Healthcare Circular.</p> <p><u>Working Safely Programme</u> The Working Safely 'Pump, Prime' phase ceased in September 2022 and moved into Business as Usual. Monitoring of delivery milestones and metrics will continue to be overseen via Strategic Transformation Board to ensure continued progress and sustainability.</p>

Local Authority visit - Vantage Point House

A follow-up visit undertaken by Torfaen Local Authority (LA) in which they and the Health and Safety Executive had considered formal action due to the volume of number of RIDDORs submitted for loud noise.

The follow-up visit was positive with Local Authority describing a 'very good culture and positive improvement'. The Local Authority team also indicated that it would be nominating WAST for a Health and Safety Executive award. They will also be using this as a case study for their Environmental Health Officer trainees on the value of a positive safety culture.

Workplace Premise Audits

The Trust's two-year audit schedule commenced in September 2022 with 34 audits scheduled. Twenty-six H&S audits were undertaken across WAST premises. The outstanding 12 audits were rearranged due to staff availability.

Of the total 111 premises, 22% have been audited and received detailed action plans indicating areas of improvement. Work is ongoing to develop the best means of monitoring actions progress generated from the workplace audits.

The overall score to date is 88% compliance with the auditing criteria. Work is also ongoing in developing the best means of presenting compliance to each category within the audit assessment criteria.

Findings to be fed back to the Estates team for their information and action where required.

40-60%	60-80%	80-100%
0	4	20

Themes and Trends

- General fire safety non-compliance (lack of alarm testing, very few drills undertaken, obstructed emergency routes). Further work is ongoing in the development of a local managers' audit which will improve local standards.
- General COSHH non-compliance (limited number of sites with COSHH folders, those present typically only have Safety Data Sheets attached). COSHH Procedure is scheduled for ADLT in January 2022 for approval. COSHH online training developed and to go to ADLT in Q4 for approval and roll out.

- General storage (lack of storage room, resulting in poor storage standards i.e. storing above mezzanine decks, shelving units over stacked, lockers cannot fit all equipment, so most locker rooms have poor housekeeping) lack of storage facilities at every site resulting in items being stored incorrectly causing trip hazards, fire risks etc.
- General first aid non-compliance (few HSE accredited first aiders leading to a reliance on paramedics. First aid boxes not maintained).
- Welfare facilities, not enough toilets, showers, lockers, and car parking facilities etc. with increased demand for the new recruits commencing role within the Trust imminently.
- Vehicles parking in the garage and blocking the fire exits. Floor markings are being put in place to clearly identify areas which must be always kept clear.
- Poor storage of clinical waste across sites – not being bagged correctly – Safety alert subsequently developed with training and environmental team on correct disposal method for clinical waste for communication across the Trust in Q4 2022.
- Oxygen cylinders are not stored correctly in WAST facility in Health Board areas. Risk assessment undertaken and process monitoring put in place.
- Tracks on carry chair not secured on rear ambulance door when carry chair in use. Tracks are not secured and have fallen hitting people on the head. Fleet have been requested to identify a solution.

H&S Legislative Compliance Register

The Health and Safety Compliance Register assessment process is 90% complete. Some outstanding assessments to Estates categories are scheduled for January 2023.

The current assessment rating has been assessed at 1.92 as moderate assurance.

The Register is to be presented at Senior Operations Leadership Meeting in February 2023 for agreement on the assessment findings.

Further legislation is to be incorporated into the register in relation to Violence and Aggression and Infection Prevention and Control.

	<p><u>Corporate Risk</u> 199 'Failure to embed a culture of Interdependency resulting in a breach or harm'. Rated at 15 since the reduction during Q1 2022. This risk is reviewed monthly. This risk will be considered for a further reduction following the findings of a health and safety audit by NWSSP in Q4 2022 and other key pieces of work expected to be undertaken in Q1 2022.</p>
<p>INFORM</p>	<p><u>DSE Compliance</u> Following the changeover from external provider Workrite to WAST's internal DSE training and assessment package, 131 staff have completed their DSE assessment. There remain challenges in obtaining data to determine staff compliance on the Workrite system.</p> <p>Early Q4 2022, staff deemed as requiring a DSE assessment will be invited complete the new WAST DSE in readiness to start the new financial year with annual Statutory and Mandatory DSE refresher.</p> <p><u>DSE Advisor</u> A DSE / Manual Handling Advisor commenced within the H&S team in October 2022. Work has commenced on the roll out of a pan-Wales DSE Assessor training programme for all contact centres. This initiative has been embraced by local managers with expectations of having assessors in all contact centres in 2023. The assessor remit involves observing unsafe behaviours and advising on good practice to alleviate minor concerns.</p> <p>There is anecdotal evidence of increased awareness and knowledge sharing as staff who have received a complex DSE assessment from the Trusts DSE Advisor are noticing colleagues set up, and advising them on good practices.</p> <p><u>Manual Handling</u> Work is ongoing in collaboration with the training school to deliver vehicle and equipment familiarisation training for the Health and Safety function for February 2023. This will assist the team in analysing DATIX incidents and spotting unsafe behaviors during Ride-Outs.</p> <p>Further work is underway to develop Manual Handling good practice awareness training to be incorporated into MIST mandatory training.</p> <p><u>Frequency rate</u> All non-patient health and safety incidents contained with performance reports are now being measured in frequency rates per 1000 999 calls to generate an 'Event incident' frequency rate. This is an agreed metric through AACE QIGARD. The number of 999 calls will act as a 'constant' denominator and allow benchmarking with other UK ambulance services. Following the</p>

introduction of Power BI or Robotic Process Automation in the use of data collection to hours worked by all staff, further considerations will be given to generating incident events frequencies per 1million man hours, as advised by the HSE.

A breakdown of DATIX incidents is included (Appendix 6).

H&S Newsletter

The function developed its first bi-monthly newsletter providing staff with an awareness about the team and work is that being undertaken. This was communicated via Siren (Appendix 5).

Collaborative Working

In October, the WAST Head of Health & Safety agreed to increased collaboration with their peer in London Ambulance Service where there is a consistent approach to supporting staff. Further meetings are scheduled for partnership working across both teams and developments from this will be appropriately shared across the organisation.

Violence and Aggression

The introduction of the Violence and Aggression Manager role will support providing transparency with compliance metrics and ensure investigations are suitable and sufficient to allow for lessons to be learned and implemented.

Lessons Learned

- Crews to be aware of CCTV 'activation strips' to be used inside the Truck in the event of a V&A incident.
- Revisit method of CCTV Securing & Download of Data to avoid loss in event of future investigation.
- Out of area crews to complete EPR away from area they are unfamiliar with.
- Flagging of 'identified persons' on CCC systems needs to be agreed (to include personal details and mobile phone). This is being addressed via the High-Risk Policy governance group.
- Working in partnership with police to improve attendance when needed and, reduce demand with frequent/nuisance callers. Local Police and force level contact taking place to address nuisance callers to utilise control orders, 1 current case subject of multidisciplinary approach with WAST, 2 HBs South Wales Police & CPS
- Development of Toolbox Talks on V&A to respond to requests from staff and identified trends from Quarterly

Data. Toolbox talks being developed to underpin current V&A Training in place Meeting scheduled in February 2023.

Court outcomes

- A prosecution took place for an individual on the 22nd December 2022, in which the defendant changed her plea to guilty. The defendant SJ was given a 12-month conditional discharge for assault on a WAST staff member and a 12-month conditional discharge for the assault on a Police Officer. She was also given a fine for breaching a suspended prison sentence.
- SJ relocated to Powys however the exact address is unknown. The V&A Manager is working with the police and WAST staff to make them aware of this person's re-location which may have impact in any future responses to prevent further assaults on emergency workers.
- A separate individual SJ was charged with assault on an emergency worker for assaulting the police and a Public Order Offence for verbally abusing our staff. The Court sentenced him to 14 weeks in prison for each assault.
- He is required to pay compensation to each Police Officer and Crown Prosecution Costs. There was no separate penalty for the Public Order Offence against our staff. The crew affected have been updated.
- A prosecution is underway of PD. PD has pleaded guilty at The Defendant pleaded guilty at Cardiff Magistrates Court on 21st February 2023 to a charge of assault on an emergency worker in Grangetown Cardiff on 30/04/22. Sentencing is scheduled for 13th March 2023.
- Gwent Police have interviewed JG following his admission of guilt to the offence of Indecent Exposure. It has been dealt with via Conditional Caution. The condition being that he does not commit further offences in the next twelve weeks and a letter of apology has been accepted by our staff affected.
- Two prosecutions are underway of LB. LB has pleaded guilty to a charge of assault of an emergency worker at Cardiff Magistrates Court on 28th February 2023. Sentencing is scheduled for 21st March 2023. LB has a further hearing on 17th March 2023 at Cardiff Magistrates Court for a separate assault of an emergency worker.

	National Health and Safety Committee
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	National Health and Safety Committee was held on the 2 nd February 2023. An overview of discussions is contained within the AAA report (ANNEX 1, above).
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Appendices

Appendix 1- RIDDOR Awareness Poster.

Appendix 2- Workplace Risk Assessments

Appendix 3 -Statutory / Mandatory Training Compliance.

Appendix 4- Fume Behavioural Poster.

Appendix 5- H&S Newsletter (2).

Appendix 6 – Health and Safety DATIX Incidentals.



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RIDDOR REPORTING

What needs reporting?



Accidents resulting in staff being incapacitated for more than 7 days



Injury to member of public, resulting in them being taken to hospital for treatment



Dangerous occurrences (incidents involving failure of lifting equipment, explosives, electrical fires/explosions, failure of pressure systems etc.)



Accidents resulting in specified injuries (amputations, serious burns, loss of consciousness, most fractures etc.)



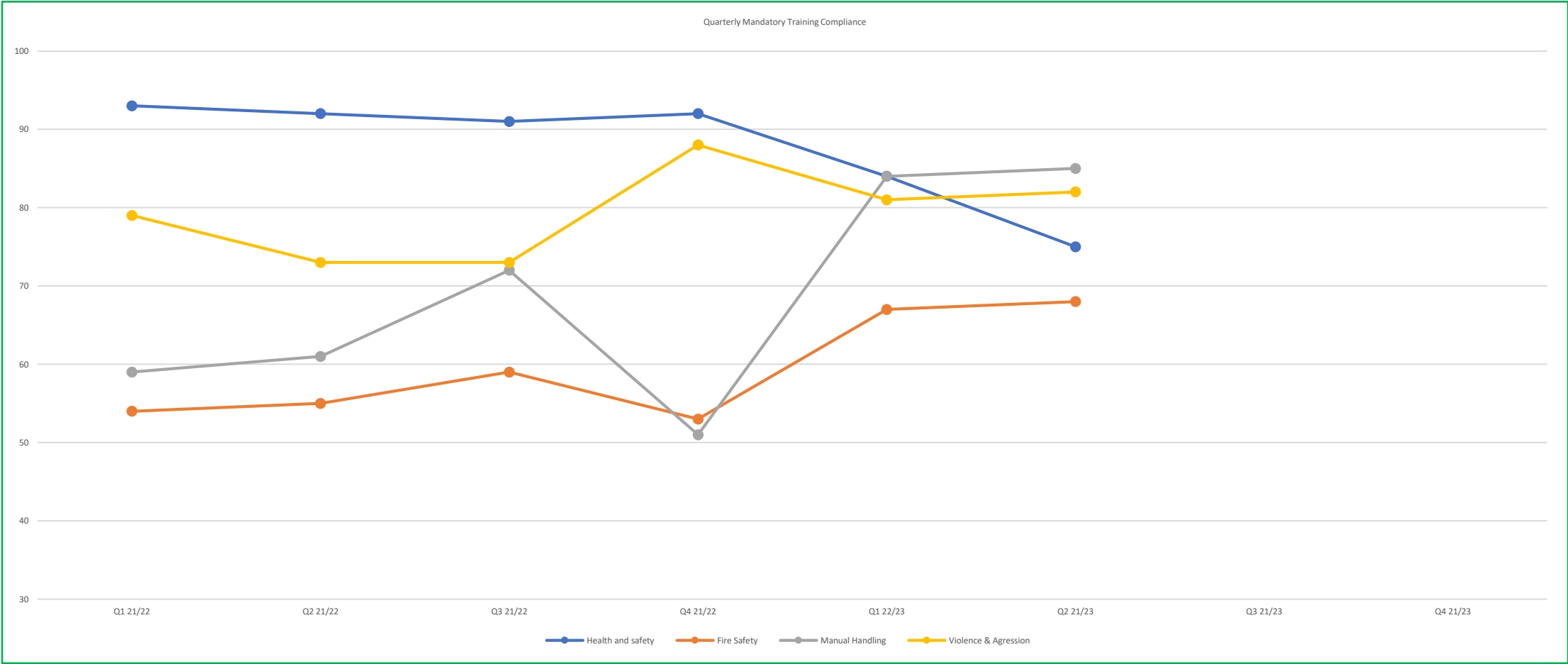
Cases of specific diagnosed occupational diseases



Accident resulting in the death of any person

All work-related injuries must be reported on Datix as soon as possible. A H&S Advisor will review the Datix report to determine if it is RIDDOR reportable. Additional information may be requested - this must be provided ASAP. Failure to report injuries or respond in a timely manner can result in non-compliances with the Health and Safety Executive (HSE). Only the H&S Department is authorised to submit RIDDOR reports. Please contact us at Amb_healthandsafety@wales.nhs.uk for any further information.

Statutory and Mandatory Training Compliance





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DIESEL FUME EXPOSURE

- ➔ Connect to a shoreline throughout off-loading time (eliminate engine fumes) if available.
- ➔ Some older ambulances may require an update for shorelines to work correctly. Contact Fleet if this is the case.
- ➔ Heaters can be run-off the shorelines.. This emits far fewer fumes than when the engine is idling.
- ➔ Keep windows and doors shut (unless for clinical reasons).
- ➔ If there are any issues with shorelines, report immediately to your Line Manager

Did you know?

Under Section 7 of the Health and Safety at Work etc Act 1974 employees have a duty to take reasonable care for the health and safety of themselves and others who may be affected by their acts or omissions whilst at work. This extends to co-operating to enable the employer to fulfill its legal duty.



Shoreline unavailable?

- ➔ Remain in the saloon, keep the windows and doors shut (unless for a clinical reason).
- ➔ Make use of hospital welfare facilities or other areas away from the fumes when you need a break

The H&S Department has been busy working with Operational Managers, Trade Unions, Fleet and local health boards to identify short- and long-term solutions. Fume monitoring was undertaken in early 2022, with additional fume monitoring planned for additional sites across Wales.

Please contact us at Amb_healthandsafety@wales.nhs.uk for any further information.

WAST

Issue #1 Health and Safety

NEWSLETTER



MEET THE TEAM

Newsletter Summary

Welcome to the H&S Departments first newsletter!

Join us every month as we keep you updated with what is going on in the world of H&S at the Welsh Ambulance Service Trust!



Nicola White
Head of Health & Safety



Graham Stockford
Deputy Head of Health & Safety



Beth Jenkins
Directorate Support Officer



Kelvin Jones
DSE & Manual Handling Advisor

Visibility & Engagement

There is a good chance that you may have seen one of the H&S team members over the last few months. We pride ourselves in being as visible and engaging as possible. The team are strategically positioned, so we are never too far away should you need a face to face meeting, help with a risk assessment or need a second opinion for an issue on site.

Since 1st October 2022, the team has carried out over 200 site visits.



Philip Lloyd
Violence & Aggression Manager



Dylan Parry
Violence & Aggression Case Manager



Donna Jones
Health & Safety Manager



Jonathan Cushen
Health & Safety Manager

Training and Development

The H&S Department currently offer the following training opportunities;

*IOSH Managing Safely
IOSH Leading Safely
DSE Module (Launchpad)
DSE Workstation Set Up*

Should you require information on these or would like to book yourself or a member of your team onto any of these, please contact;
amb_healthandsafety@wales.nhs.uk



Paul Aston-Jones
Health & Safety Advisor



Thomas Jones
Health & Safety Advisor



Hannah Davies
Health & Safety Advisor



Spencer Perrin
Health & Safety Advisor

Please contact any of the team if you have any queries.



Manual Handling & DSE

Kelvin Jones is the DSE & Manual Handling Advisor for WAST. With 38 years under his belt, Kelvin offers expert advice with the benefit of having operational experience.

Should you require any assistance with DSE or Manual Handling activities, contact Kelvin who will kindly assist.
(Kelvin.Jones@wales.nhs.uk)



Violence & Aggression

Phil Lloyd has joined WAST as the new V&A Manager, bringing with him healthcare and policing expertise. Phil is supported by Dylan Parry as the V&A Case Manager whom has served time as a paramedic and has extensive WAST knowledge.

Working at both a local and strategic level, the V&A Team are here to help prevent incidents and support staff who have been subjected to harm.

Fumes

Staff have raised concern over exhaust fumes across ED's in Wales. WAST have listened and are fully committed to tackling the issue along with the support from the local health boards.

The H&S Department have been busy working with Operational Managers, Trade Unions, Fleet and local health board teams to identify and implement short and long term solutions.

Infection Prevention and Control

The latest data from the UK Health Security Agency (UKHSA) shows that scarlet fever cases continue to remain higher than we would typically see at this time of year.

Ensure all IPC and PPE/RPE guidelines are followed.

Topic of the Month: Wellbeing

Winter can be a difficult time of year, think about the little things you can do for each other. Be kind and mindful of your colleagues, friends and family.

Call Wellbeing: 0300 321 4700
Email wellbeing.support.services@wales.nhs.uk
Available Mon-Fri (8am-4pm)

Thank you for taking the time to read this newsletter. We hope you found it useful. Any feedback would be appreciated to help us improve. Please let us know at; amb_healthandsafety@wales.nhs.uk.



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Health, Safety and Violence and Aggression Q3 2022 Report





Health Safety and V&A

Health and Safety

Incidents per 1000 999 Journeys

The total number of H&S incidents for 21/22 was 2543 with 1322 for December resulting in 57.15 'Events Incidents' per 1000 x 999 journeys during Q3. The rolling 12-month breakdown of these incidents is shown below

<p>No Harm Month 12.38</p>		<ul style="list-style-type: none"> 1626 incidents 2022/23 for the 'No Harm/Adverse/ Near Miss' category. Equating to 63 % of incidents.
<p>Low Harm Month 6.82</p>		<ul style="list-style-type: none"> 953 incidents 2022/23 for the 'Low Harm' category equating to 37% of incidents.
<p>Moderate Harm Month 2.30</p>		<ul style="list-style-type: none"> 36 incidents 2022/23 for the 'Moderate Harm' category equating to 1.41% of incidents.
<p>Severe Harm Month: 0.22</p>		<ul style="list-style-type: none"> 18 incidents 2022/23 'Severe Harm' equating to 0.70% of incidents.





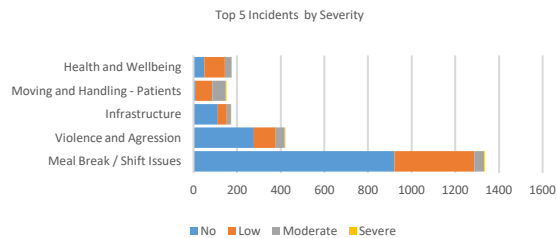
Health Safety and V&A

Health and Safety

Incident Types & RIDDOR

Incident Causes

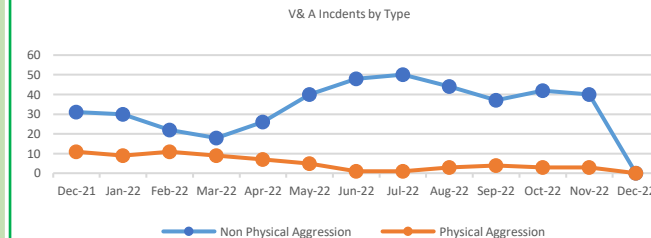
Top 5 Incident Causes



- Meal breaks and shift issues continue to be the highest reported trend with 75% increase in incident rates. BCUHB reporting highest levels within this category.
- BCUHB continue to be the highest reporters of incidents with a 73% increase during Q3 followed by ABUHB with a 69% increase for Q3.

Assaults on Staff

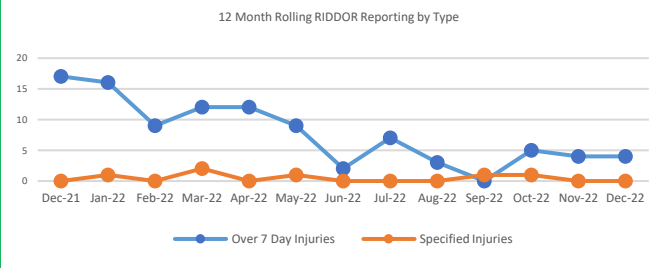
Assaults on Staff



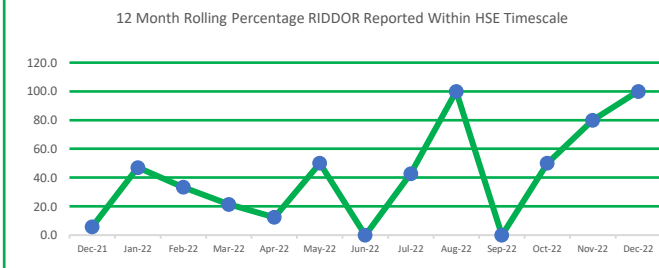
- 365 incidents 2022/23.
- Highest trends:
 - Aggressive / threatening behaviour (166)
 - Inappropriate behaviour (93)
 - Verbal abuse swearing (49)

RIDDOR Incidents

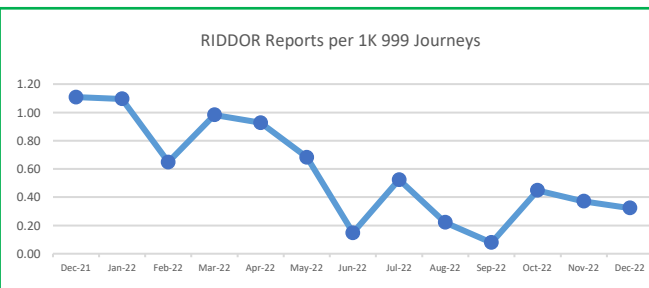
Number of Incidents



RIDDOR HSE Reporting

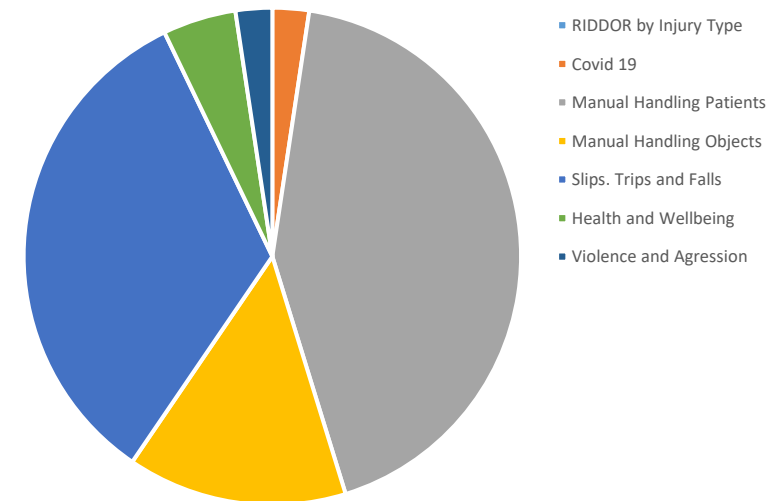


Rate of Incidents



- 15 RIDDORS were reported in Q3 with an 33% improvement since Q2 in handler delays whereby RIDDORS are reported outside of HSE timescales.
- 51 reported to date in 2022/23 with 22 reported in line with HSE timescales.
- Over 7-day injuries continue to be the highest reported for RIDDOR reportable category.
- Slips, trips and falls injuries (14) are the highest reported RIDDOR trend in Q3 with manual handling patients (18) the highest trend for 2022/23.
- Work involved in management of RIDDOR reports is contained in AAA report.

RIDDOR Report by Cause





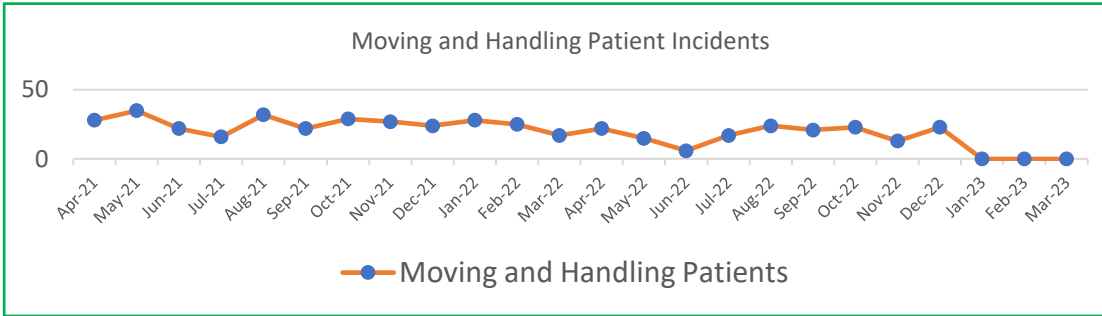
Health Safety and V&A

Health and Safety

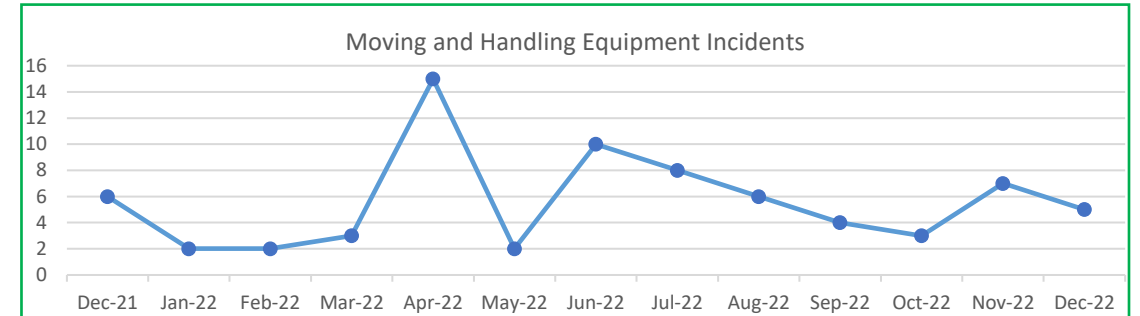
MSK Incidents

Muscular Skeletal Incident Types

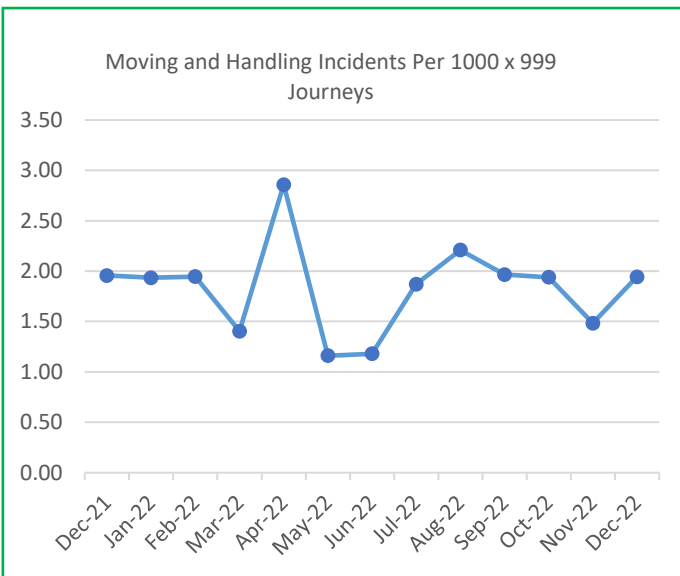
Patient Handling



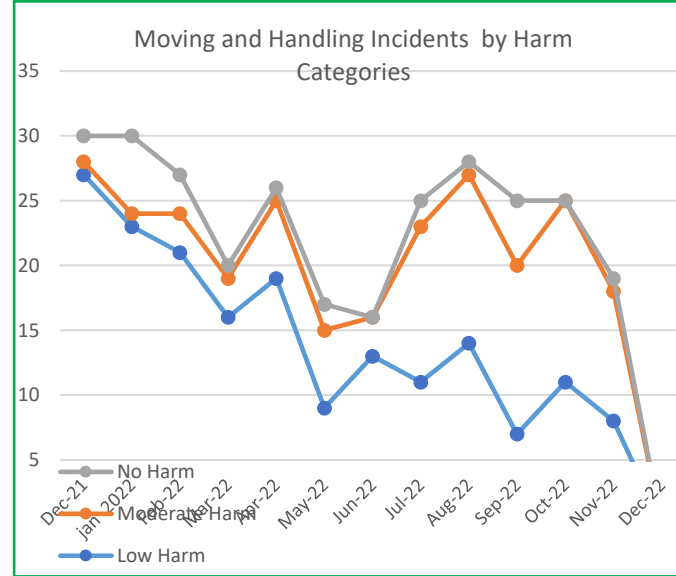
Equipment Handling



Incidents Per 1000 Journeys



Incidents by Harm



Key Updates

- 24 RIDDOR reports were submitted for Manual Handling injuries in 2022/23 with 18 for moving patients and 6 for inanimate loads.
- A common theme for MH incidents is staff are taking shortcuts when transporting patients from upstairs to downstairs and not adhering to their training during non-critical calls.
- A DSE / Manual Handling Advisor has been appointed within the team in October 2022.
- Collaborative working is ongoing with the Training team in relation to reviewing all levels of manual handling training.
- Plans to roll - out an enhanced level of Manual Handling training in localities in the development of local MH champions.
- Work is underway in the development of a Manual Handling Risk Assessments for key activities.





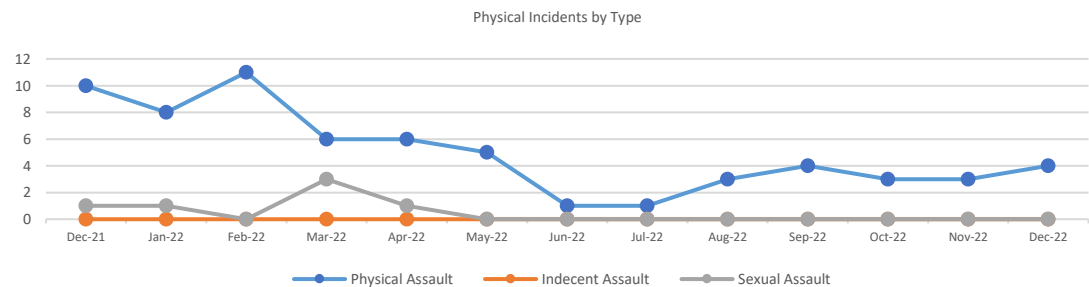
Health Safety and V&A

Violence and Aggression

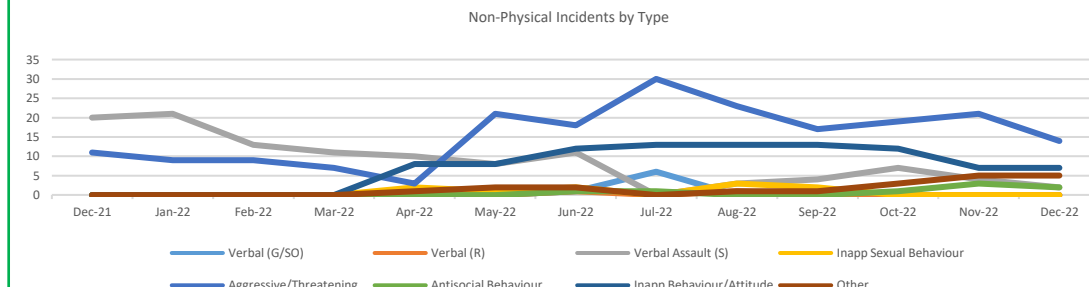
Incidents

V&A Incident Types

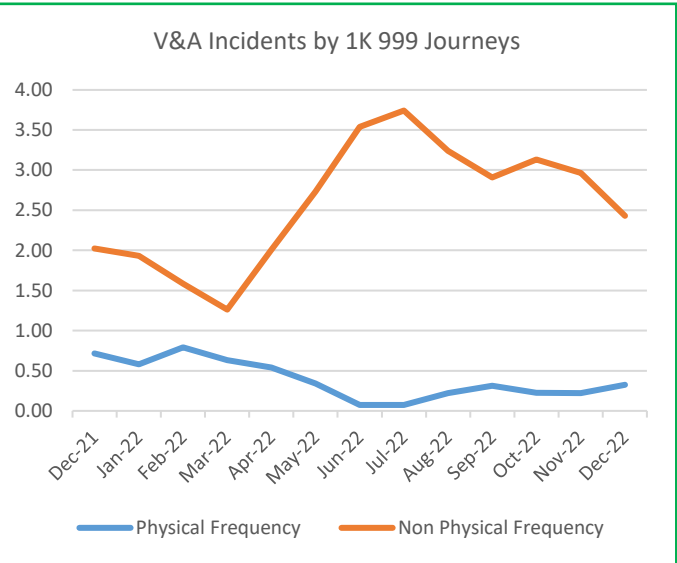
Physical Aggression



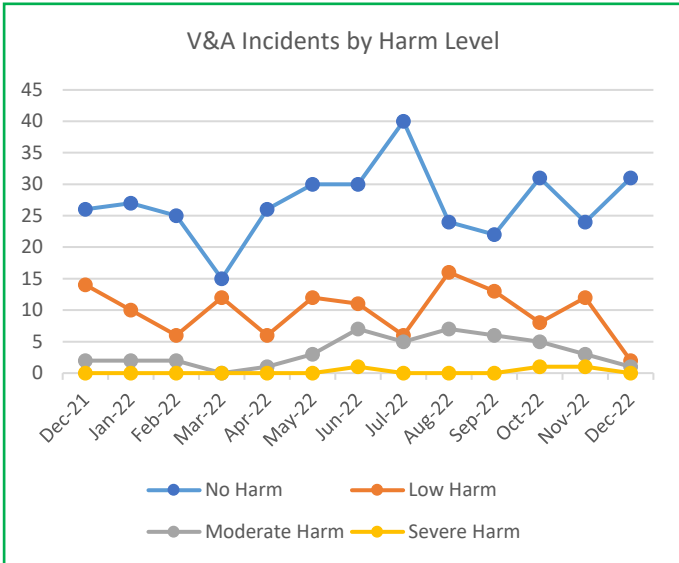
Non-Physical Aggression



Incidents Per 1000 Journeys



Incidents by Harm



Key Updates

- 112 incidents for aggressive non-physical behaviour were reported in Q3.
- 10 incidents for physical behaviour were reported during Q3.
- 2 incidents reported as physical acts of V&A categorised as severe harm at the time of collation of data. This have since been reclassified as moderate and low harm following investigation closure.
- A V&A Manager was appointed into the function in Q3 2022. The postholder is undertaking a strategic lens in relation to V&A processes within the Trust with an evaluation report to be presented during Q4 2022.
- Work is underway in the development of further DATIX dashboard to allow for further scrutiny into V&A incidents at Health Board levels to allow for strategic interventions where required.
- Collaborative working is ongoing with Training team in the review of V&A training.
- Reestablishment of working relationships with all four Welsh police forces have been undertaken.





AGENDA ITEM No	18.6
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	

<p>AAA REPORT DISCUSSIONS HELD AT NATIONAL HEALTH AND SAFETY COMMITTEE 1 FEBRUARY 2023</p>

MEETING	Executive Management Team
DATE	15 February 2023
EXECUTIVE	Executive Director of Quality and Nursing
AUTHOR	Nicola White Head of Health and Safety
CONTACT DETAILS	Nicola.white3@wales.nhs.uk 07973 829556

EXECUTIVE SUMMARY
This AAA Report provides an overview of discussions held at the Trust's National Health, Safety and Welfare Committee on the 1 February 2023.

KEY ISSUES/IMPLICATIONS
<p>RECOMMENDED: That the Executive Management Team,</p> <ol style="list-style-type: none"> (1) DISCUSSES concerns raised by Committee members in relation to potential diesel fume exposure and meal breaks. (2) ACTIONS the development of a process for Operational staff to monitor shoreline use-age. (3) Be ASSURED that previous environmental monitoring has been below the (long term as set by the HSE) Workplace Exposure Limit (WEL), however there was one episode of breaching the Short-Term Exposure Limit (STEL) during a diesel particulate cleaning cycle.

REPORT APPROVAL ROUTE
Executive Management Team - 15.02.2023
Assistant Directors Leadership Team - 23.02.2023
People and Culture Committee - 14.03.2023

REPORT APPENDICES

Annex 1 –Executive Summary which provides supporting information and background.

Appendix 1 – Risk Assessment Action Plan

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. This report has been prepared to provide an overview of discussions held at the Trust's National Health and Safety Committee on the 1 February 2023.

BACKGROUND

2. This report covers the reporting period of 1 October 2022– 1 February 2023.

ASSESSMENTAAA Highlight Report**ALERT /
ESCALATE****RIDDOR Compliance**

RIDDOR compliance increased in Q3 with 70% of RIDDORS submitted within HSE required timescales. Five RIDDOR incidents were submitted outside of HSE requirements due to handler delays. RIDDOR performance is to be presented as a regular agenda item to Operational business meetings for monitoring and local scrutiny with the relative Heads of Service.

The Trust H&S Advisors undertake a weekly review of all DATIX incidents and this offers an opportunity to identify potential RIDDOR incidents for follow up. The H&S Advisors are also taking time to be visible with colleagues in localities and offer opportunities for issues and possible work-related injuries to be raised at an earlier stage.

Diesel Fumes.

Significant discussion and continuous challenge from TU partners over perceived exposure to diesel fumes. DATIX incidents have increased dramatically from October - 30 January 2023.

Concerns from National H&S Committee TU partners members is that more action is required to prevent industrial injury claims from acute and chronic exposure to staff members.

A breakdown of incidents from April 2022 to present trends the highest number of incidents reported against Morriston, Glangwilli and Royal Glamorgan. Highest health board trends are Swansea Bay, Cwm Taf Morgannwg, followed jointly by Betsi Cadwaladr and Hywel Dda. There have been 5 -10 incidents raised by three members of members. Individual

	<p>investigations are found to be lacking in detail and therefore provide limitations on any lessons learned.</p> <p>The Health and Safety function have been working in collaboration with Health Boards to undertake risk assessments at Emergency Departments (ED) reporting the highest levels of incidents.</p> <p>A total of 65 mitigation measures have been identified from the risk assessment process. To date 33 have been completed, with 21 in progress and 11 not yet started. Of the 32 yet to be complete 11 sit with the associated Health Boards and 12 involve the further fume monitoring.</p> <p>Environmental fume monitoring has previously been undertaken during Q4 2021- Q1 2022 with additional monitoring currently underway at 7 Emergency Departments.</p> <p>A risk assessment has been drafted to articulate this as a corporate level risk. This is to be re-presented to EMT for discussion and approval during Q4 2022.</p> <p>Work is underway to resource a Diesel specialist to provide independent advice on diesel and fume.</p> <p><u>Meal Breaks</u> The Occupational Health Highlight report noted high levels of missed meal break incidents being reported on DATIX. Trade Union partners raised concern over the availability of facilities to take meal breaks and the viability of staff being able to return to base for their allocated break.</p> <p>Health Board facilities have been identified and presented within the meeting agenda for reference.</p> <p>A draft risk assessment for carrying food within vehicles has previously been undertaken by IPC, H&S and TU partner in 2021. The risk assessment did not identify any significant risks however, it did not achieve TU approval. Trade Union partners re-iterated that that they would not support this approach going forward.</p>
<p>ADVISE</p>	<p><u>Legal Update</u> Two cases with learning outcomes were presented.</p> <p>A claim relating to two personal injury claims brought against the Trust by two members of staff arises out of an allegation of defective equipment which they stated failed, causing injury whilst loading a patient into the rear of a vehicle.</p>

	<p>The Claimant stated that they had reported an issue with the ambulance ramp the week before but after inspection there was no fault found. The Claimant completed a Datix Adverse Incident Investigation Form that detailed that whilst loading patient onto the vehicle the hydraulic system on ramp failed causing ramp to rapidly go to floor. This was due to a defective wander lead unit.</p> <p>The claimant was in the vehicle at the time on the head end of chair and patient on ramp. He held the chair to stop injury to the patient causing a back injury to himself.</p> <p>Learnings consisted of:</p> <ul style="list-style-type: none"> • The safety inspection checklist is being reviewed to include an inspection of the wander lead; • The Tail lift is to be included with safer handling induction training. <p>A claim is made by an employee within the Trust within the Non- Emergency Transport Service who sustained a musculoskeletal injury while lifting a carry chair back into position in the front of the vehicle.</p> <p>Learning consisted of:</p> <ul style="list-style-type: none"> • Vehicles produced in 2015 onwards are to have carry chairs stored within the saloon of the vehicle; • A program is underway to retro fit vehicles prior to 2015.
<p>ASSURE</p>	<p><u>Violence and Aggression.</u></p> <p>Court outcomes (1 January - 31 December).</p> <ul style="list-style-type: none"> • 6 cases heard in Magistrates Court & 1 at Crown Court; • 4 x custodial sentences ranging from 8 weeks to 6 months; • 1 x conditional discharge; • 1 x fines costs and compensation; • 1 x suspended prison sentence & community order. <p><u>Occupational Health</u></p> <p>Occ Health – COVID-19 Booster vaccination programme has been concluded although staff wishing vaccination can still access through their Health Boards. Data from 14/12/2022 (latest update) was that 46% of all frontline patient facing staff had received vaccinations this Autumn.</p> <p>Flu vaccinations still available if staff require and last update retake up was 16 December 16 2022 when 43.6% of WAST staff had received the vaccine.</p>

INFORM**Safety media**

Several safety alerts / bulletins were itemised on the agenda however, due to length of discussions on items detailed above, were not able to discussed.



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

AGENDA ITEM No	19.1
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	

AUDIT REPORT

MEETING	People and Culture Committee
DATE	14 March 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The audit recommendation tracker is in place for the purpose of tracking progress across the Trust to ensure that recommendations contained in internal and external audit review reports are actioned in a timely manner.
2. There are six overdue actions in the remit of this Committee. Two related to the Attendance Management review are proposed to be closed, and one in relation to that review has been requested to move to March 2023 from December 2022. Three other overdue recommendations related to the Recruitment Practices – EDI, and the Collaboration reviews have revised dates proposed. This will primarily be due to availability of teams to focus on these areas due to winter and industrial action pressures.
3. The Corporate Governance Team has experienced resource challenges that has precluded it from conducting confirm and challenge meetings with action owners and Executives to enable it to assure the Committee on the appropriateness of revised dates and evidence of closed actions. It is for this reason that the actual audit tracker has not been produced for this Committee to enable that to take place, however the tracker in full has been shared with Internal Audit.
4. The audit tracker will be updated for the next regular meeting of the Committee. In addition, Internal Audit will shortly conduct their annual review of the tracker.
5. **The People and Culture Committee is requested to note the update.**

KEY ISSUES/IMPLICATIONS

As set out above.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICIES

Not applicable.

REPORT CHECKLIST

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



PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	26 January 2023
Committee Meeting Date	29 November 2022
Chair	Paul Hollard

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

- The **Welsh Ambulance Service Partnership Team (WASPT)** has been reconstituted and held its first meeting on 15 November 2022. WASPT is an advisory group under the Trust's Standing Orders. The Joint Chairs, Jason Killens and Mark Marsden, rotate the chair of each meeting. The revised Terms of Reference were reviewed by the Committee and are attached for approval by the Board. The Board will note:
 - The Standing Orders refers to WASPT as the 'Local Partnership Forum' however that nomenclature has not been adopted for WASPT. Local partnership forums will be established in the sub-structure to deal with local tactical/operational matters, with WASPT focusing on strategic issues.
 - The Standing Orders provides that the main link with this group and the Board is through its executive members. However, it is felt that reporting formally to the People and Culture Committee is more effective and aligns with that Committee's responsibility to provide advice and assurance to the Board on all matters relating to partnerships and engagement, including but not limited to trade unions. This Committee will onward report to the Board on issues raised to it by WASPT.
 - WASPT meetings will take place in private session bi-monthly for the first four meetings with a review in May 2023.

The Committee sought an amendment to the duties related to improving performance and value for money which will be considered by WASPT ahead of the January Board meeting.

ADVISE

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

- The **staff story** was from Faz Tahir, WAST Organisational Development Manager. Faz shared his experiences as a Muslim colleague who, notwithstanding positive experiences at WAST, told of instances of racism both within and outside of WAST. He urged an approach where those who raise such issues are supported and change is made, rather than a reaction that looks to blame and punish the perpetrator. Faz reminded the Committee that it's often not just words that cause hurt and discomfort, but body language and tone. Not everyone who is the victim of discrimination, even fluent



English speakers, feel able to speak up let alone those whose first language is not English.

Faz also brought to the Committee's attention the difficulty he and others experienced trying to find a quiet and suitable room for prayer at our premises. This issue was recognised and there is a plan in place to ensure there are prayer/quiet rooms, particularly at our premises that have a high footfall. Faz asked that WAST put out regular communication, education, and training to increase knowledge of the diversity we have within WAST, and that we recognise and celebrate all religious festivals and acknowledge our colleagues at this time, particularly those working through such festivals. The Committee thanked Faz for sharing his experience and for his support in helping us improve the way we support and accept all colleagues at WAST.

3. The WAST actions to address the **Wales Anti-Racist Action Plan** were discussed and will form part of the people and culture deliverables for 2023/24 and beyond. The action plan includes regular Board development and participation in the aspiring Board members programme, as well as personal annual objectives for members on diversity and inclusion, including anti-racism.
4. An update was received on the development of the framework for **Speaking Up Safely** which is being developed by a task and finish group currently reporting into the Assistant Directors Leadership Team (ADLT). A revised work plan has been agreed to inject pace into the work to draw the elements together by March 2023 and link this to the wider culture change activities.
5. **Key progress was celebrated** with the update from the Director of Workforce and Organisational Development, Angie Lewis, and with respect to the Being Our Best: Our People and Culture Strategy 2019-2022. The impact of the pandemic on the strategy was clear but despite this there was good progress on a range of ambitions and priorities, including:
 - The wellbeing offer is amongst the best with wide ranging and accessible support mechanisms
 - Our engagement with higher education providers is collaborative and supportive
 - Many colleagues can now work in a more agile way, with this extending to new parts of the business such as the clinical service desk.
 - Growing our workforce at pace and meeting roster requirements
 - Levels of absence have been reduced in line with our targets and will continue with these efforts
 - New apprenticeship pathways have been developed alongside developing career pathways
 - We developed our 'Learning Launchpad', an online learning resource for everyone
 - Our new behaviours have been developed and adopted after a wide consultation exercise to capture who we are and how we work in WAST
 - High quality offering on compassionate leadership to support managers to support their teams
 - Speaking up safely options have grown, and we will soon be launching a new tool for colleagues to use as well as maintaining other channels to raise concerns in a psychologically safe environment.
 - Increased Welsh language initiatives
6. The key areas of focus for the **IMTP 2023-26**, and direction of travel for the **People and Culture Plan 2023-26** were discussed. Both are based around the concept of the '3Cs': Building our Culture, Capacity and Capability within the context of ABC i.e., creating Autonomy, Belonging and Contribution, which are the three psychological needs to improve the employee experience, increase engagement and enhance wellbeing. The Committee supported the approach to the People and Culture Plan 2023-2026 ahead of its socialization throughout the organisation. The final iteration of the plan will be presented to the Committee in the new year and will be linked to the WAST behaviours.
7. The Committee had an opportunity to discuss the **Engagement Framework Delivery Plan**, the focus of which is the long term strategy and inverting the triangles. The Board of Community Health Councils (CHCs) is broadly content with the approach to undertake a 12 week period of engagement from April/May 2023, with CHCs being actively briefed during that time. The delivery plan will be



before the Board in January.

8. The Committee welcomed **Angie Lewis**, Director of Workforce and Organisational Development, to her first meeting of the Committee. The Trust Chair, **Colin Dennis**, also joined the meeting.

ASSURE

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

9. The September MIQPR and quarterly workforce KPIs were reviewed. The Committee noted:
- 9.1. **Sickness absence** levels saw an increase in October to 9.48% due to an increase in Covid-19 absences in that period, however the indicative figures for November show a reduced level of absence for the Trust at 8.54% which is the lowest level since the improving attendance programme started. The improving attendance programme of work was reported as being on schedule, the plan is iterative and learning and new opportunities are added as they are identified. Long term sickness absences have reduced since April from 6.18% to 5.45% in October. Short term sickness has also seen a general reducing trend, with mental health related absence reducing and then holding steady in the last quarter. A recent Internal Audit review on attendance management which the Committee will review at their next meeting received reasonable assurance and recommendations are being built into the programme. The Committee were assured on the focus and direction of this programme and commended the collaborative and partnership approach being taken.
 - 9.2. Whilst **staff turnover** rates reduced in the quarter, they remain higher compared to this time last year i.e., 11.11% in October 2022 compared to 9.31% in October 2021. Shift overruns, wider system challenges, and the cost of living crisis are contributing factors. The Committee commissioned a deep dive into the high turnover rates when they last met and there was a focus at this meeting on exit interviews. The Committee were not assured that there was a fit for purpose policy or process in place for conducting exit interviews. A task and finish group has been established to address this, has made progress on overhauling arrangements and will pilot a new process in the 111 service as this area has higher turnover.
 - 9.3. **PADR** (Personal Annual Development Review) rates continue to improve.
 - 9.4. **Statutory and Mandatory Training** rates decreased slightly to 82.07% in September, which is just below the 85% target. Communications are being issued to remind colleagues of the requirements to undertake this training, with support for line managers to encourage them to raise this with their teams.
 - 9.5. WAST's **recruitment timelines** continue to exceed the All Wales national target of 71 calendar days however there has been an improving picture since July 2022. A number of initiatives are in place to reduce timeframes to hire with a particular focus on this for 2023/24.
 - 9.6. **Job evaluation** timeframes have improved.
10. The Committee reviewed the excellent and proactive **wellbeing offer** in place and the increased profile of the occupational health team and peer support networks. It was clear that many of our colleagues are struggling with mental health issues and whilst WAST has a phenomenal wellbeing offer the Committee was reminded that communication about what support is available is needed more than ever. Flu vaccinations have slightly increased to 39% and 50% of frontline staff have received a Covid-19 vaccination since September.



11. A comprehensive **health and safety update performance report** for Quarter 2 was received. A significant amount of work has been undertaken in the quarter which has led to the reduction of risk 199 (see risk section below). Reporting of incidents under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) continues to be a challenge with timely reporting, and weekly meetings are in place to review reporting. A transition from Covid workplace risk assessments to generic workplace risk assessments began in July 2022 and the Committee raised concerns that there was only a 14% compliance rate thus far. A deep dive is underway into this which will report back to the Committee.
12. The Committee reviewed the **audit tracker** and noted the revised dates for overdue recommendations.
13. In private session the Committee reviewed progress on **suspensions over four months** and were assured on actions in place to manage these.
14. The **2022/23 Committee Priorities** were reviewed, with good progress being made.
15. The Committee circled back in on **Jo Paskell's experience** she shared in the August meeting and received assurance on the lessons learned, support in place, and an update on how Jo was doing now. It was felt that this new process enriches the staff story.

RISKS

Risks Discussed: The following corporate risks were discussed:

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 has reduced in score from 20 (4x5) to 15 (3x5) as a result of the implementation of the working safely programme, improvements in governance arrangements, introduction of the compliance register and health and safety management system, all of which have had a positive impact on health and safety across the organisation.

160 – high absence rates impacting on patient safety, staff wellbeing and the Trust's ability to provide a safe and effective service, which has a risk rating of 20 (5x4). See the assure section about the improving attendance programme which it is intended will go to mitigate this risk.

201 – damage to the Trust's reputation following a loss of stakeholder confidence is rated at 20 (4x5).

New Risks Identified: Two new risks have been added to the register:

557 - potential impact on services as a result of industrial action, which enters the register with a score of 16 (4x4). This is currently being dynamically reviewed outside of the usual review timetable.

558 – deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences, which enters the register with a score of 15 (3x5)

COMMITTEE AGENDA FOR MEETING

Director of Workforce and Organisational Development Update	Operations Quarterly Report	Staff Story
People Plan and IMTP deliverables	Corporate Risk Register/Board Assurance Framework	WASPT Advisory Group Update
Improving attendance project progress update	Health and safety update	Engagement framework delivery plan
MIQPR (including deep dives for	Workforce Performance Scorecard	Internal audit tracker and people related



turnover and wellbeing)		items in Quality Governance Review
Speaking up safely update	Committee priorities update	Staff story update

COMMITTEE ATTENDANCE				
Name	10 MAY 2022	06 SEPT 2022	29 NOV 2022	21 FEB 2023
Paul Hollard				
Bethan Evans	From 10.50am			
Joga Singh				
Hannah Rowan				
Catherine Goodwin				
Chris Turley				
Lee Brooks				
Estelle Hitchon				
Andy Swinburn				
Wendy Herbert			In attendance	
Liam Williams				
Alex Crawford	Hugh Bennett	Hugh Bennett		
Trish Mills				
Angela Roberts				
Damon Turner				
Paul Seppman		Hugh Parry		
Craig Brown				
Ian James				

	Attended
	Deputy attended
	Apologies received
	No longer member