

Bundle People and Culture (Open Session) 17 August 2023

Agenda attachments

ITEM 00 PCC OPEN – Agenda – 17th August 2023

0 OPENING ITEMS

1 Welcome and Apologies

2 Declarations of Interest

Members are reminded that they should declare any personal or business interests which they have in any matter or item to be considered at the meeting which may influence, or may be perceived to influence their judgement, including interests relating to the receipt of any gifts or hospitality received. Declarations should include as a minimum, personal direct and indirect financial interests, and normally also include such interests in the case of close family members. Any declaration must be made before the matter is considered or as soon as the Member becomes aware that a declaration is required.

Board Member Register of Interests–Updated 21.07.2023–Published.xlsx (nhs.wales)

3 Minutes of Last Meeting

9 May 2023

ITEM 03 Unconfirmed OPEN PCCmins 09 May 2023

4 Action Log and Matters Arising

ITEM 04 Action Log OPEN PCC

4.1 People and Culture Committee Highlight Report – 9 May 2023

ITEM 4a People and Culture Committee Highlight Report May 2023

5 Director of People and Culture Update

ITEM 05 Director Update PCC

6 Operations Quarterly Report

ITEM 06 Operations Quarterly Report for Committees 23–24 Q1 FINAL

6.1 ITEMS FOR APPROVAL, ASSURANCE AND DISCUSSION

7 Staff Story – Volunteer Car Service Driver – Ian Cross

8 Visible Valuable Volunteering – The Changing Face of Volunteers

ITEM 08 Visible Valuable Volunteering – P&CC August 2023

ITEM 08ai Yr 1 and 2 ambitions

ITEM 08aii Yr 3 ambitions

ITEM 08aiii Yr 1 and 2 data

ITEM 08aiv Yr 3 data

9 People and Culture Plan Metrics

ITEM 09 People and Culture Plan Metrics

10 Welsh Language Standards Annual Report

ITEM 10 Welsh Language Standards Annual Report 2022–23

ITEM 10a Annex 1 – Welsh Language Standards Annual Report 2022–23

ITEM 10b Annex 2 – More than just words Action Plan 2022–27 Year 1 Progress Report

11 Risk Management and Board Assurance Framework Report

ITEM 11 Risk Management Report PCC 170823

ITEM 11a BAF Guidance April 2023

11.1 COMFORT BREAK

12 Monthly Integrated Quality and Performance Report

ITEM 12 MIQPR SBAR PCC June July 2023

ITEM 12a Annex 1 MIQPR PCC June July 2023

13 Workforce Performance Scorecard Report

ITEM 13 Workforce Performance Scorecard

ITEM 13ai Appendix 1b – People and Culture KPIs June 2023

ITEM 13aii Appendix 1b People and Culture

ITEM 13aiii Appendix 1b People and Culture

ITEM 13aiv Appendix 1b People and Culture

ITEM 13av Appendix 1b People and Culture

ITEM 13avi Appendix 1b People and Culture

14 Absence Management

- ITEM 14 Absence Management Deep Dive into ESR code S10 Anxiety
- 15 Cultural Trends and Themes
 - ITEM 15 Cultural Trends and Themes
 - ITEM 15a Cultural Trends and Themes
- 16 Staff Development Outline Plan
- 16.1 COMFORT BREAK
- 17 WASPT Advisory Group Highlight Report – 14 June 2023
 - ITEM 17 WASPT AAA Report 14 June 2023 FINAL_
- 18 TU Release Time – Internal Audit Report
 - ITEM 18 WAST_2223-009_Trade Union Release Time_Final Internal Audit Report
- 19 Policy Report
 - ITEM 19 Policy Report PCC 170823
 - ITEM 19a Policy Tracker
- 20 Internal Audit Tracker
 - ITEM 20 Audit Tracker
- 21 Health and Safety Update
 - ITEM 21.1 Health Safety Performance Report Quarter 1 2023-24
 - ITEM 21.1a Appendix 1 Health Safety Performance Report Quarter 1 2023-24
- 21.1 Health and Safety – Internal Audit Report
 - ITEM 21a WAST2223_02 Health and Safety Final Internal Audit Report_for Trust issue
- 21.2 CONSENT ITEMS

The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.
- 22 Committee Priorities and Cycle of Business Monitoring Report
 - ITEM 22 PCC Committee Priorities and Cycle Monitoring Report
 - ITEM 22a PCC CYCLE 23-24
 - ITEM 22b PCC MONITORING
- 22.1 CLOSING ITEMS CONSENT ITEMS
- 23 Key Messages for Board, Actions and Decisions
- 24 Reflections of Meeting
- 25 Any Other Business
- 26 Date of next meeting: 16th November 2023



OPEN MEETING OF THE PEOPLE AND CULTURE COMMITTEE

Held on Tuesday 17 August 2023 from 09:30 to 13:25

Meeting held virtually via Microsoft Teams

AGENDA

No.	Agenda Item	Purpose	Lead	Format	Time
OPENING ITEMS					
1.	Chair's Welcome, apologies, and confirmation of quorum	Information	Paul Hollard	Verbal	5 mins
2.	Declarations of Interest	To State Conflicts	Paul Hollard	Verbal	
3.	Minutes of last meeting	Approval	Paul Hollard	Paper	
4.	Action Log and Matters Arising People and Culture Committee Highlight Report – 9 May 2023	Review	Paul Hollard	Paper	
5.	Director of People and Culture 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 – Volunteer Car Service Driver Ian Cross	Discussion	Angie Lewis Gareth Parry Ian Cross	Verbal	20 mins
8.	Visible Valuable Volunteering	Assurance	Lee Brooks	Paper	20 mins
9.	People and Culture Plan Metrics	Discussion	Angie Lewis	Paper	15 mins
10.	Welsh Language Standards Annual Report	Endorsement	Melfyn Hughes	Paper	10 mins
11.	Risk Management and Board Assurance Framework Report	Assurance	Julie Boalch	Paper	10 mins
COMFORT BREAK - 10 MINUTES					
12.	Monthly Integrated Quality and Performance Report	Assurance	Alex Crawford	Paper	10 mins
13.	Workforce Performance Scorecard Report	Assurance	Angie Lewis	Paper	10 mins
14.	Absence Management	Discussion	Angie Lewis	Paper	15 Mins



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15.	Cultural Trends and Themes	Discussion	Angie Lewis	Paper	10 mins
16.	Staff Development Outline Plan	Information	Andy Swinburn	Paper	10 mins
COMFORT BREAK - 10 MINUTES					
17.	WASPT Advisory Group Highlight Report	Assurance	Angie Lewis	Paper	10 Mins
18.	TU Release Time Internal Audit Report	Assurance	Angie Lewis	Paper	10 mins
19.	Policy Report	Assurance	Julie Boalch	Paper	10 mins
20.	Internal Audit Tracker	Assurance	Trish Mills	Paper	10 mins
21.	21.1 Health and Safety Update 21.2 Health and Safety Internal Audit Report	Assurance Assurance	Liam Williams	Paper	10 mins
CONSENT ITEMS					
The items that follow are for information only. Should a member wish to discuss any of these items they are requested to notify the Chair so that time may be allocated to do so.					
22.	Committee Priorities and Cycle of Business Monitoring Report	Information	Trish Mills	Paper	N/A
CLOSING ITEMS					
23.	Key Messages for Board/ Actions/Decisions	Discussion	Paul Hollard	Verbal	5 mins
24.	Reflections of Meeting	Discussion	Paul Hollard	Verbal	5 mins
25.	Any Other Business	Discussion	Paul Hollard	Verbal	
26.	Date of next meeting: 16 th November 2023	Information	Paul Hollard	Verbal	



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Lead Presenters

Name	Position
Julie Boalch	Head of Risk/Deputy Board Secretary
Lee Brooks	Executive Director of Operations
Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Melfyn Hughes	Welsh Language Services Manager
Alex Crawford	Assistant Director of Planning and Transformation
Paul Hollard	Committee Chair and Non-Executive Director
Angie Lewis	Director of People and Culture
Trish Mills	Board Secretary
Andy Swinburn	Director of Paramedicine
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 09 MAY 2023**

Chair: Paul Hollard

PRESENT:

Paul Hollard	Non-Executive Director and Chair
Hugh Bennett	Assistant Director, Planning and Performance
Julie Boalch	Head of Risk/Deputy Board Secretary
Judith Bryce	Assistant Director of Operations
Alex Crawford	Assistant Director of Planning and Transformation
Sarah Davies	Workforce and OD Project Manager
Colin Dennis	Chair of the Trust
Bethan Evans	Non-Executive Director
Dr Catherine Goodwin	Assistant Director Inclusion, Culture and Wellbeing
Wendy Herbert	Assistant Director of Quality & Nursing
Estelle Hitchon	Director of Partnerships and Engagement
Melfyn Hughes	Welsh Language Services Manager
Fflur Jones	Audit Wales
Jo Kelso	National Ambulance Training College
Jason Killens	Chief Executive Officer
Trish Mills	Board Secretary
Donna Morgan	NWSSP Audit and Assurance
Hugh Parry	Trade Union Partner
Alex Payne	Corporate Governance Manager
Jeff Prescott	Corporate Governance Officer
Liz Rogers	Deputy Director of Workforce and OD
Hannah Rowan	Non-Executive Director
Andy Swinburn	Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Nicola White	Head of Health and Safety
Liam Williams	Executive Director of Quality and Nursing

APOLOGIES:

Angie Lewis	Director of People and Culture Services
Paul Seppman	Trade Union Partner
Lee Brooks	Executive Director of Operations
Joga Singh	Non-Executive Director
Mark Marsden	Trade Union Partner

24/23 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 Lee Brooks, Paul Seppman, Joga Singh, Angela Lewis and Mark Marsden.

25/23 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.

26/23 MINUTES OF PREVIOUS MEETING AND ACTION LOG

The Minutes of the Open meeting held on 14 March 2023 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 14 March 2023 were AGREED.

27/23 DIRECTOR OF PEOPLE AND CULTURE DIRECTORATE UPDATE

Liz Rogers gave an update on recent developments within the People and Culture Directorate, drawing out the main highlights for Members attention. These included the procurement of the MS365 Learning Management System, enabling all WAST staff to engage with learning content in a familiar and intuitive environment, in response to repeated feedback from colleagues.

Other positive developments saw the Trust apply for and gain Centre status to deliver ILM qualifications across Leadership & Management (Levels 2-4 initially) and Coaching & Mentoring (Level 5 initially). Gaining Centre Status would enable design/co-design, delivery, assessment and evaluation that met the needs of the Trust as it evolved with a genuine focus on the skills, knowledge and understanding that Trust staff needed to deliver the service, now and into the future.

Members received the update and noted the key developments within the Directorate, recognising the importance and significance of the work being undertaken, particularly in regards to the Trust achieving Centre status and the benefits this would bring to those in leadership and management roles.

RESOLVED: That the update was NOTED.

28/23 OPERATIONS QUARTERLY REPORT

Judith Bryce presented the Operations Quarterly Report as read, focussing only on the main points of the report for discussion with the Committee. Members attention was drawn to the recent disruption as a result of industrial action, the closure of the Covid-19 mobile testing units, and the work which must now be undertaken to review and implement the recommendations arising from the Manchester Arena public enquiry.

Other significant developments included the work which was underway to prepare documentation and submissions for the Covid-19 Public Inquiry. This involved the preparation of submissions that was capacity consuming across the Directorate, requiring the involvement of the Trust's most senior team members.

In January 2023, approval was given for analgesia (pain relief) to be issued to volunteer Community First Responders (CFRs). The plan to increase numbers of volunteers has successfully increased CFR teams by more than 130 new volunteers trained during 2022/23. There will be an additional 30 more volunteers trained in the new financial year due to phasing into April. Recruitment into the volunteer management and support team has also progressed well.

Finally, the Committee was updated on the reinstatement of the Intelligent Routing Platform, which had been suspended in late 2022 due to the significant impact upon Trust resources. The report noted that as a result of system rule changes, no more than 2% of the Trust's weekly call answering activity was for other services, which was much more manageable alongside a reduced call answer wait time for 999 users in Wales.

Members received the report and queried whether any feedback had been provided following the approval for CFRs to administer analgesia. Judith Bryce stated that this was a very recent development and unfortunately, it was too early for any feedback to have been provided. Members also noted the reinstatement of the Intelligent Routing Platform within the Trust and welcomed the changes which had resulted in reduced drains upon existing capacity.

RESOLVED: That the update was NOTED.

29/23 STAFF STORY

Dr Catherine Goodwin provided Members with an update on an earlier staff story from a member of staff who had discussed their experiences of racism, discrimination and issues they had observed around different faiths, particularly in regard to designated prayer space across Trust sites and religious holidays.

Members agreed two actions as a result of the observations and agreed to explore potential prayer space across Trust sites and to also look into time off for non-Christian festivals such as Eid and Ramadan as concerns were raised around non-Christians working holidays such as Easter and Christmas but not getting the same consideration for other faith based holidays.

RESOLVED: That the staff story was NOTED.

30/23 PEOPLE AND CULTURE PLAN

Liz Rogers presented the People and Culture Plan to Committee for endorsement prior to approval at Trust Board. Members were informed that the plan comprised a single overarching narrative, underpinned by an enabling framework which clearly outlined the Trust's ambitions in relation to Equality, Diversity and Inclusion, Culture and Behaviours, Wellbeing, Leadership and Management and Education and Training.

Liz Rogers expanded upon the plan, explaining that it was designed to be agile and dynamic in nature, with actions for years two and three to be formulated during the first year of delivery, in response to the evaluated impact of the preceding year's actions. The Plan centred around the 3Cs (Culture, Capacity and Capability) and was underpinned by The King's Fund's ABCs (Autonomy, Belonging & Contribution) of Core Needs at Work.

Members were informed that a "rich picture" had also been developed, with the aim of bringing to life the Trust's culture change vision for what it would look and feel like to work in the Welsh Ambulance Services NHS Trust in three years' time.

Members received the plan and noted the aims and overall vision for the Trust moving forward. Members queried how these aims would be communicated to staff and how progress against the stated goals would be measured given the scale of the tasks. Liz Rogers stated that a communication strategy would be developed to utilise all existing platforms such as Siren and other Trust publications to promote the plan to colleagues along with assistance from Trade Union partners to help promote the message to their members. In terms of monitoring effectiveness,

a number of metrics would be monitored along side feedback from staff to help determine progress.

RESOLVED: That The Committee RECEIVED and ENDORSED the plan for approval by Trust Board.

31/23 SPEAKING UP SAFELY UPDATE

Dr Catherine Goodwin outlined the current plan to roll out the freedom to speak up process across the Trust along with the closing report for the task and finish group. The report explained how the Trust was working towards becoming an inclusive psychologically safe organisation, providing multiple pathways for everyone to feel they can raise concerns.

These pathways included reverse mentoring to increase understanding, bystander training to increase confidence, and raising awareness of micro-aggressions to enable all staff to reflect on their own behaviours. In addition, the Trust's Voices Network provided people with a safe space and support to talk through options with Trade Union partners able to advocate for members.

The report noted that the All-Wales Speaking Up Safely process was being finalised and once that was published, the Trust would adopt that policy.

There was no date for this as yet but the Trust was part of the working group and had developed some of the toolkits in partnership.

Members received the report and welcomed the very positive approach and progress which had been made. Members commented on the importance of the work and observed that the measures and actions being undertaken would stand the Trust in good stead in terms of being at the forefront of addressing issues around speaking up safely and changing behaviours.

RESOLVED: That the Committee received the report and the contents, including the closure date, were NOTED and SUPPORTED.

32/23 CORPORATE RISK REGISTER AND BOARD ASSURANCE FRAMEWORK

Julie Boalch gave an update on the Corporate Risk Register and Board Assurance Framework (BAF), providing assurance in respect of the management of the Trust's principal risks, specifically the 6 risks that are relevant to Committee's remit. These were:

- Risk 160: High absence rates impacting on patient safety, staff wellbeing and the trust's ability to provide a safe and effective service.
- Risk 163: Maintaining Effective & Strong Trade Union Partnerships.
- 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.
- Risk 201: Damage to Trust reputation following a loss of stakeholder confidence.
- Risk 557: Potential impact on services as a result of Industrial Action.
- Risk 558: Deterioration of staff health and wellbeing in as a consequence of both internal and external system pressures.

Additionally, the report also provided an update on the Trust's two highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight (Risk 223: The Trust's inability to reach patients in the community causing patient harm and death & Risk 224: 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).

Members were informed that each of the principal risks were presented to the Trust Board on 30th March 2023 and were updated as of 30th April 2023. Each risk had been reviewed in full during that period, including controls, assurances, gaps and mitigating actions.

Members received the report and noted the current position in relation to risks that were relevant to the Committees remit along with the Trust's two highest scoring risks which were assigned to Quest.

RESOLVED: That the contents of the report were NOTED.

33/23

WELSH AMBULANCE SERVICES PARTNERSHIP TEAM (WASPT) ADVISORY GROUP HIGHLIGHT REPORT

Trish Mills provided an update on the key areas discussed at the last WASTP meeting held on April 13th 2023. No alerts were identified for the attention of the Committee although advisories were given around WASPT sub-structures, elements of the IMTP 2023-26, the challenging revenue and capital financial plan for 2023/24, diesel engine exhaust emissions, and the issues of Trust staff portering patients at hospitals.

Members noted that the Executive Director of Quality and Nursing had presented an update on the issue of diesel engine exhaust emissions to the WASPT advisory group with a risk being developed in regard to this. The existing risks to delivery of the IMTP and the financial position were also discussed.

RESOLVED: That update was NOTED.

34/23

ENGAGEMENT FRAMEWORK DELIVERY PLAN AND REPUTATION AUDIT

Estelle Hitchon gave a verbal update on the latest position with the engagement framework before giving a presentation on the reputation audit. Members were informed that consultation with an external provider was currently underway and work on the engagement framework was temporarily paused, pending the outcome and recommendations from that provider.

Members heard that the reputation audit was conducted in Q3 of 2022/23, with a wide range of stakeholders targeted. Most participants were identified by sector only and given a mix of open and closed questions as well as some free text options where applicable. Of those approached, 46 had provided responses.

Of those responses, a number of clear views and perceptions were expressed about how the Welsh Ambulance Services NHS Trust was being run and how it was performing, with a wide range of opinions, both positive and critical. It was clear from the responses that those who had responded understood and appreciated the significant pressure that the Trust had been under in recent years and continued to be under.

Members received the update and recognised the concerns which had been raised by some of the stakeholders who had taken part in the reputation audit. Consequently, Members queried what more could be done in order to address these concerns. Estelle Hitchen noted that further discussion and exploration of the feedback would be required in order to gain a better understanding of the reasons and comments which were fed back to the Trust. Members agreed a Board development session would be the best forum for this to happen and that this should take place when timing allows. Once this had been done and Members had been afforded the opportunity to fully digest and take in the feedback, the findings could then be discussed further at Trust Board.

RESOLVED: That the update was NOTED.

35/23

CYCLES OF BUSINESS

Trish Mills provided the Committee with the updated Cycle of Business as the final step in the 2023/24 effectiveness review process. Members were informed that the cycle of business would be used to build the quarterly Committee agenda, with a monitoring report being provided to each meeting and where issues of escalation

were required i.e. where cycle needed to be adjusted or reporting was overdue, these would be drawn out in a short paper by the Board Secretary.

Members reviewed and approved the 2023/24 cycle of business and noted the cycle of business monitoring document which had been provided along with the report.

RESOLVED: That

1. the 2023-24 cycle of business at Annex 1 was REVIEWED and APPROVED.

2. the cycle of business monitoring document at Annex 2 was NOTED.

36/23

MONTHLY INTEGRATED QUALITY AND PERFORMANCE REPORT

Hugh Bennett gave a brief overview of the main points from the Monthly Integrated Quality and Performance report. The report contained information on 26 key indicators which painted a poor picture in terms of the quality and safety of the Emergency Medical Services (EMS). 111 call answering rates remained problematic, although the clinician call back rates were above or close to target. Non Emergency Patient Transport Services (NEPTS) performance was stable with the Urgent Care Services (UCS) being rebased through a modelling exercise.

The Emergency Ambulance Services Committee, Welsh Government and the 111 Programme Board were 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 NEPTS, the Trust could look to take a range of actions to optimise the balance between patient demand and capacity. However, for EMS and UCS, the Trust could not take sufficient actions within its control to mitigate the impact of the extreme handover lost hours. As a result, the People and Culture Committee, the Finance and Performance Committee and the Quality, Patient Experience and Safety Committee had expressed serious concern about the impact of handover lost hours on patient safety and staff well-being. It remained critical to patient safety that handover lost hours were reduced in line with Ministerial expectation and that further actions to shift patient demand were supported.

Members received the report and raised concerns around the current performance of the Trust and the impact that this was having upon staff and patients. Members queried whether anything more could be done to help reduce the number of complaints and concerns being raised by service users and what additional support could be given to the staff who were dealing with those complaints.

Liam Williams confirmed that actions were being taken to try and reduce the backlog of complaints. Additional supervisions had been implemented and discussions had taken place with the Wellbeing team to see what support could be given to staff who were working on those concerns in order to help the deal with the current workload.

RESOLVED: That the March 2023 Integrated Quality and Performance Report and actions being taken, determining whether:

a) the report provided sufficient assurance.

b) whether further information, scrutiny or assurance was required, or

c) further remedial actions were to be undertaken through Executives was CONSIDERED.

37/23 WORKFORCE PERFORMANCE SCORECARD REPORT

Liz Rogers provided an overview of the key People and Culture performance data and trends up to March 2023 and the associated improvement actions. The report drew Members attention to a number of areas, including increased sickness absence for March, albeit with indicative figures denoting a reduction for April 2023, the impact of Industrial Action on delivery of MIST training (affecting Statutory and Mandatory training compliance rates and conclusion of the 2022-23 Flu vaccination programme, with 44.5% uptake.

In addition, the Committee was asked to note the following headlines:

Time to Hire: Currently the pan-Wales target was 44 days and the Trust had been improving consistently, returning a figure of 46.4 days in January, 43.6 days in February and 34.6 days in March 2023. This figure could be improved by ensuring that steps such as shortlisting and giving outcomes were within the targets set. Currently the target for shortlisting is 3 days and the Trust came in at 2.9 days. The target for delivering outcomes was 3 days and currently, the Trust was at 10 days. Members were informed that the Trust had implemented a vacancy control panel to help manage recruitment across the organisation. This would be closely monitored to ascertain the impact on achieving the desired KPIs. Alongside this, there would be a continuous drive to ensure managers were aware of the implications of any delay during recruitment on the KPIs.

Statutory and Mandatory Training Compliance: Completion of Statutory & Mandatory training at level 1 for the ten CSTF (Core Skills Training Framework) topics was at 77.26% for the Trust at the end of March 2023; this was the figure reportable to WG against a target of 85%.

PADRs: Completion rates across the organisation had increased to 73.69% - an increase of 8.51% on the figure reported at the last meeting of the People and Culture Committee and an increase of 14.42% over the last year.

Members received the update and noted the improvement in performance, especially around PADR compliance and recruitment times.

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

38/23 IMPROVING ATTENDANCE PROJECT PROGRESS UPDATE

Liz Rogers gave a presentation setting out the sickness absence data, up to and including February 2023. Members heard how the continual monitoring and focus on sickness absence had enabled support and access to internal and external interventions contributing to the decreasing absence rates. In February 2023, the reported Trust wide sickness absence had decreased to 7.99%, which was the lowest rate since May 2021, seeing a decrease in short term as well as long term absence.

However, indicative data for March 2023 suggested that there would be a slight increase in absence rates to 8.43%. This would predominantly be due to a rise in short term Covid-19 absence. In addition to management of sickness absence training for managers, further bespoke training and support had been undertaken with additional sessions booked across Ambulance Care (NEPTS) and Resource and EMS Response. This intervention had contributed to the reduction in absence across those Directorates.

The average length of days during a period of sickness had seen a reduction to 21.86 days compared with 24.8 days in April 2022 and a deep dive into mental health absence data had been undertaken. The Trust saw an increase in mental health related absence levels from 20.2% in January 2022 to 25.71% January 2023. It was noted that Mental health absence was made up of 94% front line staff and 6% non-front line. Work would continue to review trends and what further information could be established and what actions could be taken to reduce this.

Members received the presentation and noted the increased levels of stress related absence, particularly amongst EMS staff. Members noted that increased handover delays and missed meal breaks were likely to be contributing factors in stress related absence although there were likely to be several other contributing factors to stress amongst the workforce.

RESOLVED: That the update was NOTED.

39/23 FLU INCENTIVE

Andy Swinburn provided information and details of the Seasonal Influenza Campaign 2022-23 and the uptake of the flu vaccination during that period. The Report showed that the Trust's final uptake of staff vaccinated against the flu was 44.5%, a 6% increase from last year's campaign. There was also an increase seen in the uptake of patient-facing staff which was 5.2% higher on the previous year, ending the campaign with 46.3% receiving the vaccine.

Andy Swinburn acknowledged that despite the increase in uptake, the levels were still well below those seen in previous years. The report looked at the various reasons for this and offered a number of suggestions on how this could be improved.

Members received the report and noted the findings and issues documented in the seasonal influenza campaign. Members also commented that uptake of the flu vaccine being offered by the Trust may also have been affected by external factors such as staff receiving the vaccine elsewhere, such as alongside Covid-19 booster jabs or from their GPs.

RESOLVED: That the findings and issues documented in the seasonal influenza campaign 2022-2023 were NOTED.

40/23 WALES ANTI-RACIST ACTION PLAN UPDATE

Dr Catherine Goodwin introduced the Trust's Anti Racist Action Plan 2023. The report noted that although Welsh Government were producing separate plans and recommendations, the Trust felt that it was helpful to promote an anti discrimination approach that highlighted intersectionality by also including an LGBTQ+ Action Plan.

Members heard how the plans were essential for the Trust's continued cultural journey towards a truly inclusive organisation, with the recent staff story and the findings from the sexual safety survey reinforcing the need to be proactive.

Members welcomed the plans and recommendations and fully supported their implementation.

RESOLVED: That the implementation of the action plan recommendations were SUPPORTED.

RETENTION AND EXIT INTERVIEWS & RECRUITMENT BREAKDOWN FOR CANDIDATES FROM MINORITY COMMUNITY BACKGROUNDS

Liz Rogers provided two reports on retention and exit interview and a deep dive into recruitment data regarding candidates from Black, Asian and Minority Ethnic communities and their outcomes through the Trust's recruitment processes. The report on minority community applicants looked at various themes and factors from the previous 12 months in order to ascertain and understand why more applicants from this group were not successfully recruited.

Data showed that the Trust received a positive level of applications from Black, Asian and Minority Ethnic communities at circa 9% compared to census data of 5%. However, a significant number of those applicants were not successful following shortlisting. Despite this, those who did get to interview stage showed good levels of success with 26% receiving offers.

A number of additional factors were identified, including issues with qualifications, failed driving assessments and candidates withdrawing or not attending interviews. The data showed that of the 89 applicants from minority communities undertaking interviews, 23 candidates (26%) were successful. As a percentage, this was a positive outcome and suggested that when candidates from minority ethnic communities got to interview stage, they had good outcomes.

Liz Rogers then moved on to discuss the report on exit interviews which looked at the reasons given by staff for leaving which had increased in the last two years. The report noted the limited amount of feedback available through exit interviews and the work the team had since started on reviewing the exit interview process to relaunch it. Liz Rogers explained that a new 'Moving On Interview' Process had been developed which would supersede the existing Pre-Exit Interview Policy. This would apply to employees who were voluntarily leaving their role, regardless of whether they were leaving the Trust or commencing a new role in another department.

The report stated that the new process was still in the pilot stage and while some data had already been gathered, more time was needed to gain a more accurate picture and understanding of the reasons behind staff choosing to leave their roles. Given this, a further update on exit interviews was proposed for later in the year.

Members received the reports and noted the options and recommendations contained within. It was also noted that work would continue on reviewing recruitment processes to make them as accessible as possible. Members agreed to receive further updates on exit interviews later in the year.

RESOLVED: That:

- 1. the options and recommendations in the report were NOTED;**
- 2. the outcomes of the review of information were NOTED;**
- 3. the team will work on reviewing recruitment processes to make them as accessible as possible whilst ensuring standards was NOTED;**
- 4. this information will be used as the benchmark to measure interventions against was NOTED; and**
- 5. the Committee AGREED to receive further updates on progress;**
- 6. Members NOTED and COMMENTED on the Exit Interview Report and AGREED to receive a further report on progress later in the year.**

42/23 HEALTH AND SAFETY PERFORMANCE REPORT

Nicola White introduced the Health and Safety update and asked Committee Members to note the key aspects of the report. These were summarised as:

There had been further recent improvement regarding timely reporting of RIDDOR incidents (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) within the Trust however, this required focused attention in order to meet RIDDOR reporting timescales. This had resulted in a compliance increase of a further 25% in Q4 from Q3 resulting in 83.3% for Q4. This improvement was because of the implementation of the workforce review. Of the 23 RIDDORs reported in Q4 2023, two were outside of the Health and Safety Executive reporting requirements with the cause being Handler delays.

- A further Annual Plan has been developed for improving the management of health and safety.
- Statutory Health and Safety, Fire Safety and Manual Handling training compliance are below Trust's and Welsh Government standards. Managers are to encourage staff to bring their training levels up to Trust expectations.
- The rolling Workplace Risk Assessment compliance is at 27% with 73% requiring review. Managers are to be encouraged to undertake this review. A workshop with

the Health and Safety and Estates functions is scheduled in May 23 to explore improvements from themes generated from workplace audits.

Members received the report and noted the contents and key aspects summarised above. Members then discussed the results of a recent assessment around diesel fumes which were generated during handover delays as a result of needing the vehicles engine running in order to provide heat in the winter or cooling in the summer months. It was recognised that while test results showed that the fumes were well below the minimum standard and fully complied with requirements, it was still nonetheless a unpleasant environment to work in. Members acknowledged that although there was no immediate solution to this issue, bringing down handover times and reducing the time each vehicle was sat outside of emergency departments would have a very positive effect on reducing the emissions.

RESOLVED: That the contents of the report and the key aspects were NOTED.

43/23

WELSH LANGUAGE STANDARDS COMPLIANCE UPDATE

Melfyn Hughes updated the People and Culture Committee on the progress in developing the Trust's Welsh Language Framework. Members were informed of the 'More Than Just Words' Strategic Framework from Welsh Government which was designed to strengthen Welsh language provision in health and social care. Under this Framework, the Welsh language would be normalised, and the Active Offer embedded across the Health and Social Care Sector with clear lines of accountability to deliver Welsh language plans and services.

In addition, when developing the Welsh Language Framework, the Trust's Welsh Language Deliverables had been included in the Integrated Medium Term Plan 2023/26. This incorporated an action plan to implement the Welsh Government 'More Than Just Words' strategy with a focus on an active offer of Welsh across Trust services.

Members received the update and commented on the assurance they felt in regards to the progress being made in developing the Trust's Welsh Language Framework. Members then queried whether more could be done at all levels of the organisation and particularly at public meetings such as the Trust Board for Members to practice and utilise their Welsh language skills.

Members agreed that wherever possible, regardless of whether someone was a fluent Welsh speaker or not, every effort should be made to encourage, promote and enable them to use the language, even if this was at a basic conversational level for things such as salutations when answering calls, or welcoming people when introducing a meeting.

RESOLVED: That the Committee was ASSURED on progress in developing the Trust's Welsh Language Framework.

44/23 INTERNAL AUDIT TRACKER

Julie Boalch gave an update on the internal audit tracker and informed Members that there were currently 16 Internal Audit recommendations assigned to the Committee for oversight. Of those, only one recommendation relating to the Recruitment Practices review was currently overdue.

There were two outstanding recommendations relating to the Taking Care of the Carers report with one request to extend the deadline from the agreed deadline of November 2022 to the end of September 2024, so that the Health & Wellbeing Strategy can be delivered in full. The other extension was to take account of the staff survey being further delayed until Spring 2023.

In addition, the Audit Tracker was currently undergoing a full review and would be available for the next Audit Committee for scrutiny. Internal Audit were also undertaking their annual review of the tracker.

RESOLVED: That the update was NOTED.

45/23 POLICY UPDATE

Julie Boalch gave a verbal update on the current position with Trust Policies and explained that she was currently undertaking a Policy prioritisation exercise following the pressures of the last couple of years and the work which was still outstanding in regards to new policies coming through as well as current policies which were due for renewal.

The purpose of this was to enable to the Trust to know exactly where it was up to with its key policies and to determine a position statement. A meeting had been scheduled with the Policy Group and this matter was an agreed agenda item for discussion. To support this, contact had been made with all Trust Directorates asking them to review and prioritise all the policies which fell under their remit.

Once this feedback had been received and reviewed by the Policy group, a recommendation would be made to the Executive Management Team setting out the programme of work which would need to be performed over the next couple of years in order to finalise and implement the policies within the Trust.

Members received the update and noted the planned actions and progress being made. There were no further questions or comments.

RESOLVED: That the update was NOTED.

46/23 STAFF STORY UPDATE

The staff story update was given earlier (Minute 29/23) in lieu of the Staff Story item.

47/23 PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT

The People and Culture Committee Highlight report from 14th March 2023 was for information only.

RESOLVED: That the contents of the highlight report were NOTED.

48/23 LOCAL COUNTER FRAUD SERVICE REFERRAL FLOWCHART

The contents of the Local Counter Fraud service referral flowchart and summary were received and noted by the Committee.

RESOLVED: That the Committee RECEIVED and NOTED the summary and flowchart contained within Appendix 1.

49/23 SUMMARY OF ACTIONS AND DECISIONS, AND REFLECTION

Paul Hollard reflected on the day's discussions and invited Members to comment on the meeting before reviewing any actions which had been agreed.

Follow up actions were agreed around the staff story to explore potential prayer space across Trust sites and to also look into time off for non-Christian festivals such as Eid and Ramadan.

RESOLVED: That Members reflected upon the meeting and resulting actions were AGREED.

50/23 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.

51/23 ANY OTHER BUSINESS

There was no other business.

52/23 DATE OF NEXT MEETING

The date of the next meeting is 17 August 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
	9 May 2023		Events SOP	TBC	17 August 2023		Open
29/23	9 May 2023	Staff Story	Look into time off for non-Christian festivals such as Eid and Ramadan as concerns were raised around non-christians working holidays such as Easter and Christmas but not getting the same consideration for other faith based hoidays.	Liz Rogers	17 August 2023		Open
29/23	9 May 2023	Staff Story	To explore potential Prayer space across WAST sites	Chris Turley	17 August 2023		Open



PEOPLE AND CULTURE COMMITTEE HIGHLIGHT REPORT TO BOARD

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

Trust Board Meeting Date	25 May 2023
Committee Meeting Date	9 May 2023
Chair	Paul Hollard

KEY ESCALATION AND DISCUSSION POINTS

ALERT

(Alert the Board to areas of attention)

1. The Workforce and Organisational Development Directorate has changed its name to the **People and Culture Directorate**, with Angela Lewis now known as the Director of People and Culture to reflect the commitment of putting our people first and creating a positive workplace culture.

ADVISE

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

2. In November 2022 the Committee heard **Fatehullah Tahir's experience** of the challenges of working at an organisation lacking in diversity in terms of ethnicity and faith. At the May meeting members heard that Fatehullah, who is our Organisational Development Manager, felt that whilst it was helpful to share his story, fundamentally nothing had changed, although he recognised that culture change can be slow to take effect.

Members noted that there were a number of equality, diversity and inclusion actions in the People and Culture Plan but that these were at a high level and we needed to challenge ourselves to do more at pace. It was noted that multi-faith rooms are available to the Cardiff MRD and Vantage Point House and agreed that similar spaces will be found at other corporate sites such as Matrix House, Ty Elwy and Beacon House. The development of an events standard operating procedures that ensures there is a quite space/prayer space at event facilities, and that presentations are accessible to all was also discussed, as well as incorporating flexibility on rosters to ensure there is a multi-faith approach to time off, particularly as it relates to Christian-centered Bank Holidays. The Committee passed their thanks on to Fatehullah once again for his openness.
3. The **People and Culture Plan** was presented to the Committee and is recommended to the Board for approval. The year 1 priorities and the communications strategy to accompany it was discussed and the People and Culture Team will share the metrics with the Committee at the next meeting that will



demonstrate the desired cultural change.

4. The Committee's **cycle of business for 2023/24** was approved. The cycles will be used to set the agenda and provide predictability to the Trust of the majority of the issues the Committee will see during 2023/24 to discharge its responsibilities under its terms of reference. A monitoring report will be provided to each meeting to track progress against the cycle.
5. Key progress was celebrated with the **Director of People and Culture and the Quarterly Operations Directorate updates** including:
 - Gaining of Center Status to deliver the ILM qualifications demonstrates the importance of our investment in managers at all levels and the teams were commended for this milestone.
 - The Covid-19 Mobile Testing Unit contract completed at the end of March, with more than 75,000 PCR tests across 72 test sites in Wales since August 2020. The Committee recognised and thanked the 161 staff that have worked across the Mobile Testing Units of which 42 have now successfully secured roles within the Trust.
 - Offers were made to 98 student paramedics at the 'Big Bang Event' in Swansea University in April with 80 having accepted at the date of this meeting however that is expected to rise. This was an opportunity for us showcase WAST and it was well received.
 - A further 130 new volunteers were trained in 2022/23 and the team were congratulated on this achievement.
6. The Committee received further detail on the **Welsh Language Framework** which is included in the Integrated Medium Term Plan 2023-26 (IMTP). Members were assured that it included a combination of compliance with Welsh language standards, centralisation of translation, and the Welsh Government mwy na geiriau/More than just words action plan. A simple Welsh phrases list and soundbites will be developed for use by the Board and Committee members to promote the Welsh language and support the framework.
7. Members' **reflections** of the meeting included the volume of papers and consequently the length of the meeting; the desire to better link and align performance reporting and deep dives on the agenda; and positive discussion on additional actions in response to the feedback on Fatehullah's experience.

ASSURE

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

8. The **Welsh Ambulance Service Partnership Team (WASPT)** highlight report was received and the sub-structures that feed into WASPT are still in development. These will provide opportunities for resolution and escalation at a more local level, focusing WASPT on strategic issues. The discussion regarding portering of patients and diesel fumes that took place at that meeting were noted and were then actions to H&S Committee. Both of these issues were also discussed in other agenda items.
9. The Committee was provided with the close out report from the Speaking Up Safely Task and Finish Group and was assured on the next steps as this programme was transferred to the Director of People



and Culture. The Trust will adopt a **speaking up safely** guardian model and a confidential third party platform to provide an alternative avenue to staff. The Committee will continue to follow progress as part of its 2023/24 priorities.

10. The March 2023 **Monthly Integrated Quality and Performance Report** ("MIQPR") and the **Q4 Quarterly Workforce KPIs** were reviewed. In addition, two deep dives had been requested in previous meetings and they were presented around exit interviews and recruitment of Black, Asian and Minority Ethnic colleagues. The Committee noted:
 - 10.1. **Sickness absence** levels were at 7.99% in February, with March figures reflecting an increase to 8.43%, however April's indicative absence figure is 8.01%. Regular sickness absence management meetings have continued with particular focus in hot spot areas. A review is underway of the top 100 cases and colleagues are being supported through the process.
 - 10.2. The members' concerns regarding the **Putting Things Right Team** were expressed given the significant volume, complexity and nature of concerns they deal with. This was also raised in the Quality, Patient Experience and Safety Committee (QUEST) with both Committees being reassured that additional supervision and support is in place for colleagues, and that an organisation change process is planned to further support timeliness of response and the wellbeing of the teams responding to the concerns.
 - 10.3. With respect to **recruitment**, management was congratulated on recruiting the additional 100 front line staff, however recruitment of 111 clinicians remains challenging, with ongoing conversations with Commissioners on the establishment number for the 111 service. A **deep dive was conducted regarding recruitment outcomes for Black, Asian and Minority Ethnic communities** with a review undertaken of applications from April 2022 to March 2023. WAST receives a positive level of applications at circa 9% of all those received, against census data of 5%, but a significant number are not successful at shortlisting. For candidates from minority ethnic backgrounds, those who get to interview stage show good levels of success with 26% being made offers, however a deeper dive will be undertaken on where candidates are falling out of the process and whether there are any specifics for applicants from minority communities (and other candidates with protected characteristics). There is recognition of the need to get upstream with some roles e.g. paramedics, and work with University partners on attracting a more diverse range of students or look at opportunities to link into other providers with a more diverse student population.
 - 10.4. **PADR** (Personal Annual Development Review) rates for March 2023 were 73.69%, an increase of 8.51% from the last meeting, however it did not achieve the 85% target. The Committee noted the positive increase and that this was going in the right direction.
 - 10.5. **Statutory and Mandatory Training** rates decreased in the quarter from 79.51% in January to 77.26% in March, which is below the 85% target. MIST (missed in service training) sessions were delayed due to industrial action but should be completed during May. Additional course added to the library which affect the figures.
 - 10.6. Staff Turnover – A new approach to exit interviews entitled '**moving on interview**' is being



piloted to test and evaluate it before rolling it out across the Trust. There has been encouraging participation in the pilot which was evaluated and the outputs will be used to inform the final version of the moving on interview process which will be rolled out Trust wide. Non-mandatory in nature but seeking to encourage as many colleagues as possible to take part.

11. The Committee noted that the **Engagement Framework Delivery Plan** is paused pending the outcome of the PwC work on inverting the triangles and that the outcome of that work is likely to have an impact on timelines. Notwithstanding this, the Trust continues extensive engagement externally including with Llais (the new Citizens Voice Body). A presentation was provided on the **Reputation Audit** conducted of our stakeholders in Q3 2022/23 and it was agreed that more time will be devoted to the responses and the next steps at a Board development session.
12. The **Seasonal Influenza Campaign 2023/23** report was received following the close of the flu vaccination programme in March 2023. The Trust's final uptake of WAST staff vaccinated against the flu was 44.5%, a 6% increase from last year's campaign. There was also an increase seen in the uptake of patient-facing staff which was 5.2% higher on last year, ending the campaign with 46.3% receiving the vaccine. There has been a number of influencing factors on the Flu Campaign this year including reporting mechanisms of vaccination settings, operational pressures / industrial action, withdrawal of flu vaccination incentive and communication with staff. Following the closure of the campaign, recommendations have been produced that were established from the learning and key areas of improvement noted. Future aims include streamlining current processes, improving engagement with the workforce and inclusion of the flu vaccination incentive.
13. Members were assured on progress against the **Anti-Racist Wales Action Plan** and were presented with the Welsh Government **LGPTQ+ Action Plan** published by Welsh Government in February 2023. The plan sets out an overarching vision to improve the lives of, and outcomes for, LGBTQ+ people. The Equality, Diversity and Inclusion Steering Group and WAST Inclusion Network will be involved in engaging with our colleagues to implement WAST specific actions to make WAST a truly inclusive service. Whilst some elements await further direction from Welsh Government, the Committee was assured on progress.
14. A **health and safety update performance report** was received with further improvements in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) compliance in the quarter. The reporting of incidents for diesel fumes exposure has reduced during Q4. However, continued sustained efforts are being undertaken by the function in collaboration with Health Boards and Locality Managers in the mitigation/reduction of fume exposure. Incidences of violence and aggression have increased with deep dives underway to understand the detail better. Work is underway to re-establish the Anti-violence Collaborative Group of NHS Bodies in Wales.
15. The Committee was presented with the **audit tracker** and noted the revised dates against audits within their remit.
16. A **policy prioritisation exercise** is underway to identify the policies which require immediate attention. A report will be available on those policies within the Committee's remit at the August meeting.
17. In private session the Committee reviewed progress on two **suspensions over four months**. They were assured on actions in place to manage this case and commended the reduction of cases as being



positive for colleagues and the trust generally.

RISKS

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

160 – high absence rates impacting on patient safety, staff wellbeing and the Trust’s ability to provide a safe and effective service remains at a rating of 20 (5x4) as of April 2023. A deep dive into the mitigations for this risk was undertaken at this meeting with the narrative above under the MIQPR discussion. Despite positive movement in sickness rates it was agreed that it was premature to reduce the score at this stage.

201 – damage to the Trust’s reputation following a loss of stakeholder confidence remains at 20 (4x5). This score has not changed. See narrative on the engagement framework delivery plan and reputation audit in the assure section above.

The Committee also reviewed risks 223 and 224 and agreed that the commentary box was useful to provide rationale for these high rated risks where the Trust’s actions were unable to reduce them from 25.

New Risks Identified: No new risks identified at this meeting.

COMMITTEE AGENDA FOR MEETING

Director of Workforce and Organisational Development Update	Operations Quarterly Report	Staff Story
Speaking Up Safely	Corporate Risk Register and BAF	WASPT Advisory Group Highlight Report
Engagement Framework Delivery Plan update and Reputation Audit	Cycles of Business	MIQPR
Improving Attendance Project Progress update	Flu Incentive	Wales Anti-Racist Action Plan update
Retention and Exit Interviews	Health and Safety Update	Welsh Language Standards Compliance update
Internal Audit Tracker	Policy update	

COMMITTEE ATTENDANCE

Name	9 MAY 2023	8 AUGUST 2023	16 NOVEMBER 2023	20 FEBRUARY 2024
Paul Hollard				
Bethan Evans				
Joga Singh				
Hannah Rowan				
Angela Lewis	Liz Roberts			
Chris Turley				
Lee Brooks	Judith Bryce			
Estelle Hitchon				
Andy Swinburn				
Jonathan Turnbull-Ross	Liam Williams			
Alex Crawford	Hugh Bennett			
Trish Mills				
Damon Turner				
Paul Seppman	Hugh Parry			
Ian James				



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwans Cymru
Welsh Ambulance Services
NHS Trust

TBC TU Representative				
Attended				
Deputy attended				
Apologies received				
No longer member				

Director Update: *People & Culture*

PEOPLE AND CULTURE
COMMITTEE

17TH AUGUST 2023



ANGIE LEWIS
DIRECTOR OF PEOPLE &
CULTURE

Culture

Work is now underway to refresh our Strategic Equality Objectives and implementation of the Anti-Racist Wales Action Plan has commenced. As part of our IMTP commitments, this year we are specifically focusing on how we recruit and retain a more diverse workforce and ensure an inclusive experience for all candidates.

A member of Team WAST, Catherine Wynn-Lloyd (**pictured**), won the 2023 Employers for Carers Award for her outstanding work on this agenda, and our working carers portfolio has been recognised as best practice.



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

In line with our commitment to amplify employee voices, implementation of the newly procured "Speaking Up Safely" platform has commenced, with 3 guardians identified and soft launch planned for late July and formal launch scheduled for September.

Building on our commitment to build a safe environment for our people, rollout of our Allyship Programme continues, with 120 colleagues completing to date. Learning sessions regarding "Exploring Themes of Misogyny" are also underway, in collaboration with Safeguarding colleagues to ensure alignment.

Members from the LGBTQ+ Staff Network, along with members of the People & Culture Team attended the AACE National LGBTQ+ Conference in Manchester where they attended a series of workshops to learn more about best practice in supporting people from the LGBTQ+ community and understanding the challenges they face. One of our ACA2 colleagues, Ashley Page (**pictured**) received a special recognition award - The Gold Star of Life - from the national AACE LGBTQ+ Network for his dedication and contribution to the work undertaken by WAST to improve equality and inclusion for LGBTQ+ communities in Wales and beyond.



Capacity

88 Newly Qualified Paramedics have secured positions with the Trust following the recent successful Big Bang recruitment event; the first cohort of these will commence their induction training at the end of July.

Our proactive, whole-organisational approach to management of sickness absence remains a priority for the Trust and we're pleased to report that figures continue to decrease. May figures for the Trust were 7.60% and figures for June are estimated at 7.51%.

In light of our ambition around "getting the basics right", a newly-designed ESR Exception Form has been piloted, with the aim of enabling managers to directly notify Payroll of changes to pay records. The results have been very positive with the process taking less time as a result of removing additional layers of bureaucracy; minor issues have been identified and resolved in preparation for wider rollout during July.

Capability

Members of our team have been instrumental in developing our WAST Pilot Accelerated NQP consolidation programme - go live for this is expected in August 2023 with 10% of our annual intake of Newly Qualified Paramedics having the opportunity to experience an alternative NQP process that sees exposure to our newest services such as CSD, CHARU and APP rotations. The purpose of this programme is to accelerate achievement of competency across the NQP skillset with the added benefit of a marginally shorter consolidation period.

The WAST internal EMT3 development programme has been finalised, meeting the requirements of the agreed Scope of Practice. This programme will enhance skills and capability and enable us to deliver a better service.

Delivery of accredited Change Management Training has continued, with the final face to face programme concluding on 19th July (attendees **pictured**). 34 colleagues have now completed the Foundation level programme, and a further 8 have completed the Practitioner level programme, providing us with a pool of people equipped with the knowledge and skills to effectively drive forward our ambitious change initiatives.



The Workforce Development team has recently undergone several successful External Quality Assurance (EQA) visits from one of our awarding bodies, FutureQuals, enabling the organisation to continue with delivery of accredited, regulated clinical and driver education programmes.

The content of our 2023/ 2024 Mandatory In-Service Training (MIST) programme has been co-designed and agreed with senior Clinical and EPRR colleagues. The programme will contain a range of topics with specific emphasis on Thermal Regulation, Resilience Preparedness and Mental Capacity – thereby balancing WAST related and Ambulance Service wide topics responsively to continue supporting Operations across Ambulance Care and EMS.

The 2023 BSc Paramedic Science (Conversion) selection process is complete and the 30 selected EMTs have had their places confirmed; these colleagues will commence their studies in September 2023.

Challenges & Risks

- Increasingly challenging financial context
- Complex and sensitive partnership work underway in relation to WAST Annex

Coming Up

- Launch of Speaking Up Safely Platform
- Internal Audits:
 - Staff Retention
 - Disciplinary Case Management (Compassionate Practices)
- Commencement of EMT3 development programme
- NHS Staff Survey



OPERATIONS DIRECTORATE QUARTERLY REPORT FOR COMMITTEES 2023-24 Q1 (Apr – Jun 2023)

National Operations & Support

Challenges

EPRR Manchester Arena Inquiry Report (MAI)

The EPRR team has now recruited into the Operations Support Manager (MAI) role. Since this member of staff has been in post the 149 recommendations within Volume 2 of the report have been reviewed. WAST is currently progressing 71 of the recommendations, as these recommendations have been assessed as being relevant to the Trust. WAST is working closely with a number of groups to ensure the recommendations are implemented within the Trust; this includes UK health subgroups who report into Department of Health and Social Care, subgroup of the UK National Director of Operations Group (NDOG), subgroup of the Joint Emergency Services Group (JESG) within Wales, all four Local Resilience Forums (LRFs) within Wales and the UK Heads of EPRR group.

IMTP

EPRR

A programme of work is in place across EPRR to quantify and improve our culture, and make our work environment the best it can possibly be; to date, this has included allyship training, drop in EDI sessions and manager training. In order to raise awareness of the functionality of HART and promote opportunities, two open days for HART have taken place in June, including a women's open day.

General Update

EPRR

Exercise Dollhouse. Exercise Dollhouse is a Tier One national Counter Terrorism exercise that is being undertaken in July. This exercise will allow the Trust to test and exercise our multiagency response to a Manchester Arena style incident. We will have members of staff from our frontline and from our specialist assets taking part in the exercise. The exercise is affording the Trust an opportunity to test the new patient triage system, which is a direct outcome from the Manchester Arena Inquiry recommendations.

Annual Report. The EPRR annual report is being submitted to the Finance and Performance Committee in July. This report provides Committee with a strategic update on the main areas of work that the Trust's EPRR team are undertaking. Content includes the Review of the Civil Contingencies in Wales report where the team has been working with partners, including Welsh Government, to look at the future of Civil Contingencies within Wales. The UK Resilience Framework which describes the vision the UK government has for Civil Contingencies. The report highlights the annual HART/SORT Key Performance Indicators Report and the Welsh Government Annual Emergency Planning Report that have been submitted to Welsh Government and give assurance on the Trust's preparedness for and ability to respond to incidents. The report describes the updates that have

been made to the Trust Incident Response Plan and the areas that will be updated within the plan. Lastly the report introduces the intension to review the Trust's business continuity structures with the aim to strengthen business continuity within the organisation.

Volunteering

A grant of £315,000 across two years has been secured from NHS Charities Together. This funding will be used to develop a Community Welfare Responder role within phase one of the Connected Support Cymru project. An adaptation form will be submitted to NHSCT with slight amendments to proposed spends.

Roll-out of analgesia (paracetamol and Pentrox) to CFR volunteers is on track. All volunteer training has now been completed and volunteers are able to go live within their respective locality.

Community First Responder numbers are currently around 600 volunteers. The number of active CFRs is currently circa 450. The newly appointed Support Officer (Compliance) is working with colleagues to ensure swift re-activation. However, Volunteer Car Service recruitment has remained flat during 2023. The current recruitment for the Operations Manager (VCS) post will develop this service and grow VCS volunteers by 25% across Q2-4.

Resourcing & EMS Coordination

Challenges

EMSC

Recruitment and Retention within EMS Coordination remains a concern with the attrition rate for the rolling 12-month period (July 22 to June 23) at 17.54% peaking at 24.16% in September 22 and remaining above 22% until May 23. This attrition figure only relates to external attrition and does not account for internal moves to other departments, which account for a further 31 staff moves during the same period. Significant recruitment initiatives have been implemented since September 2022 with 100 staff being recruited in the last 12 months (29% of the total workforce for EMSC). Despite this we continue to see withdrawals during the recruitment process, during induction and during training which further impacts our establishment position. Workforce plans are in place for the year based on our attrition rate, however due to the 3-month lead in time for recruitment and 1 month notice period for these staff groups we are often in an under-established position. Intentions to recruit to levels above attrition rates have not been realised due to high levels of attrition, withdrawals from cohorts and new recruits being unable to meet the appropriate standard leading to redeployment and/or resignation. This continues to be an area of focus but remains a risk and challenge.

Concerns

The workload for the Operations Quality Concerns Team remains high at 257 outstanding tasks. This is however a reduction from 283 at end of Q4. The Operations Quality Team continues to work closely with the Putting Things Right (PTR) Team to prioritise work to meet deadlines and requests. There continues to be sustained improvement in the status of outstanding concerns investigations, with 68% of concerns within the agreed timeframe to return to PTR. The outstanding coroner statements remain high at 29, however, 7 of these have been delegated to wider Ops to complete and 17 remain unallocated. It is anticipated that more outstanding statements will be delegated outside of Operations Quality and EMS Coordination in Q2.

Resourcing

The workload for the Resourcing function remains high, although abstraction trajectory (sickness) is reducing across ADO portfolios. Abstractions overall remain above funded relief capacity. Operations establishment (vacancies) and skill mix also a contributing factor to production. This in turn reduces capacity within the resource function to develop and improve aligned with IMTP ambitions.

Resource team are pivotal in the trust financial savings plan for pay and workload for the team is envisaged to increase further whilst overseeing the overtime considerations process aligned to the financial savings plan, with the introduction of daily overtime time considerations meetings.

IMTP

EMSC

On 25th April 2023 WAST implemented a new national Control Room Solution for Integrated Communications Control Systems (ICCS). The Control Room Solution (CRS) project is a UK wide programme, overseen by the UK Ambulance Radio Programme (ARP) which started in 2018 to replace the current DS2000 ICCS with a new solution developed by software designer Frequentis and known as LifeX. The Emergency Services Network (ESN) will replace the current Airwave network and once fully built all Emergency Services in the UK will transition onto ESN. LifeX is compatible with both the current Airwave network and ESN. Transition to the LifeX system now is a step towards full ESN transition.

The new Life X system is now in operation across all EMS Coordination Centres (ECCs), NEPTS Journey Coordination Centres (JCC) as well as Emergency Medical Retrieval and Transfer Service (EMRTS) Critical Care Hub (ECCH). Following extensive development, testing and training collaboratively across multiple directorates and organisations WAST was the first large scale Ambulance Service to implement the new LifeX solution sharing knowledge and strategic approaches with other UK ambulance services to support future transitions successfully.

Resourcing

Resourcing continues to support discussions and data requests in support of “inverting the triangle”, EMT3 expansion, CHARU expansion, APP expansion and subsequent skill mix and rightsizing requirements aligned to funding.

Engagement with trade union partners on 6-week relief planning continues with an options appraisal shared with partners and regular meetings taking place to work through a mutually agreeable way forward.

General Update

MPDS Audits

WAST is required to reaccredit with the International Academy of Emergency Dispatch (IAED) every 3 years, and this is due in September 2023. To do this, the Trust must follow the reaccreditation process set out by the IAED. Work is ongoing to meet deadlines and the required standards to reaccredit as a recognised centre of excellence.

Emergency Medical Service

Challenges

Industrial Action and WAST Non-Pay Annex

Three of our four unions have voted to accept the revised pay offer from Welsh Government in response to the dispute over pay and conditions which has led to the industrial action which started last year. The RCN has rejected the offer, and two industrial action days took place on 6th and 7th June. The industrial action planning team reconvened and planned sufficient mitigation across the Trust. Consequently, there were no adverse impacts on patient safety across these two days. The further two days of industrial action at the time of preparing this report are expected not to take place as discussions continue.

Relevant unions have also accepted the terms of the WAST specific non pay annex as part of the pay dispute and specific action relating to EMS: -

- **Start and End of Shift arrangements to reduce overruns** – this amendment to the Standard Operating Procedure sets out that relieving off going crews is to be a high priority. EMS and UCS crews in the last hour of their shift that are not already deployed to an incident will begin to return to base as a matter of course. The nature of calls they can be despatched to in this last hour is also set out, thus reducing the likelihood of an overrun occurring. Two pilot schemes for handover crews at Morriston Hospital and Ysbyty Glan Clwyd will also commence. We have agreed this position for so long as more than 9,000 hours a month are lost to extended handover delays as these delays inhibit our people from ending work on time.

WAST Facilitation of Extended Transfer of Care

As reported at the WAST Trust Board in March, the Executive Director of Operations raised concerns focussed on two risks being exacerbated by a worsening position on the time taken for transfer of care at emergency departments with Chief Operating Officers. At the face-to-face COO Peer Group meeting in April, the Executive Director of Operations spoke about several issues emanating because of extended transfer of care times (including WAST staff exposure to diesel fumes) and informed COO colleagues that local management teams would be mobilised to discuss with local emergency department teams. Local WAST management teams were mobilised on the issues of ED Swaps (the practice of one patient taken into the ED provided one patient is taken out and returned home – discharge transport), the use of WAST equipment inside the ED and the use of WAST staff for the purpose of portering. The purpose being to achieve an improved transfer of care time so that emergency crews can respond to undifferentiated patients at greatest clinical risk in the community. Following local engagement, the Executive Director of Operations wrote again to health board colleagues in June to share the dates of the cessation of these issues. The response across the system has been mixed. There has been no response from some health boards, where others have lodged reports with external partners without engaging with the author of correspondence.

WAST has never supported its staff being used for portering and neither have health boards engaged WAST on pre-hospital clinicians undertaking extended duties following arrival at the emergency department. WAST has facilitated some patients requiring diagnostics by allowing the pre-hospital ambulance paramedic/EMT to provide clinical escort to a

diagnostic test with a hospital porter, particularly where the diagnostic is time critical to the patient outcome. With regret, this position has been taken advantage of, and it appears that the pathway has systematised use of WAST staff not only to provide clinical escort for a broader range of diagnostic tests, but also to fulfil the portering role. It is of concern that transfer of care improvements at some hospital sites appear to depend on this being done by WAST, without engaging us first or fully assessing the broader consequences. This is said in the context of feedback that WAST not undertaking these in-hospital tasks will extend the transfer of care time.

In coming to this position, the following points have also been considered:

- WAST is not licensed for systematic care delivery inside the hospital and while the Welsh Risk Pool would likely support WAST where there was an exceptional clinical requirement for us to act, the current situation is not exceptional any longer.
- We must also be cognisant of the recent challenging period of industrial action. The use of WAST staff in a way for which they are not trained or commissioned specifically creates bad will and this has come through from our people during picket line visits by members of the WAST Executive. The WAST staff experience has been negatively impacted due to hospital handover delays including prolonged exposure to vehicle diesel fumes outside the emergency department (for which health boards have been asked to consider the health and safety implications and mitigations that can be put in place), late shift finishes, delayed access to periods of rest, and skill degradation as patient contact reduces for which there is additional clinical risk.
- From a safeguarding perspective there are two considerations; first for the patient waiting outside the emergency department and secondly, for the patient seeking WAST care but to whom we are unable to respond. As already stated, the latter patient is at highest risk as no healthcare is being made available to them and so action that promotes an earlier transfer of care for patients from an ambulance would improve the quality, safety, and safeguarding risks for all patients within our care, or to whom we have a duty of care. It is important to note that an inhibited emergency ambulance response to patients with acute medical conditions has led to self-conveyance and patients dying en-route, in hospital car parks, or waiting for ambulance attendance. Not to mention the unknown consequences for patients we do not attend either due to the Clinical Safety Plan or those who cancel the ambulance in favour of making their own arrangements.
- The ratio of two WAST pre-hospital clinicians to one patient demonstrates poor value for money. In staff cost alone, in December 2022 and March 2023, more than £4.5m of staff cost was lost to extended transfer of care times.

IMTP

EMT2/EMT 3

There are currently 55 WTE staff (64 people) who are Band 5 out of a current total EMT funded establishment of around 660 WTEs. At present, the EMT3 role is a closed role which means that as these staff leave their position, they are not replaced on a like for like basis. We have previously given a commitment to change this as part of the agreement on the UCA role (later known as ACA2). We have been in discussion with lead Trade Union Partner reps over the last few months to discuss how this could be taken forward, and a proposal has been shaped through these positive and progressive collective discussions.

In broad terms, the proposal we have been working closely with our Trade Union partners is:

- EMT3s will continue to be recognised as a valued and important part of the workforce
- The EMT3 role will be part of a broader career offer and opportunity for staff, continuing to strengthen and grow the career structure we offer for our people beyond other roles we have added in the last couple of years such as Senior Paramedics
- We will initially grow the number of EMT3s from the current number to a total of around 255 WTEs. This will mean that around 35% (a little more than 1 in 3) of the technician workforce will then be an EMT3 at band 5.

A Task and Finish Group has been established to take forward this piece of work which has focused on developing: -

- Scope of Practice for the EMT3 role
- Recruitment and selection process
- Frequently Asked Questions

The position currently is that Trade Union Partners have declared that they intend to consult with their members on the package and have offered to advise Management on the associated timelines. Unfortunately, that does push back the selection process with the first cohort scheduled to enter training in October 23.

General Update

Mobile Data Vehicle Solution

Emergency Services Mobile Communication Programme (ESMCP) is a Home Office led cross-government programme delivering a new critical communication system for Great Britain's emergency responders; the Emergency Services Network (ESN).

ESN will transmit fast, safe and secure voice, video and data across the 4G network and give first responders immediate access to life-saving data, images and information in live situations and emergencies. It will provide total end to end critical communication system for UK Ambulance Services; the Ambulance Radio Programme (ARP) are working with Trusts to deliver the total solution.

A project Board has been established since February 2022 will oversee the delivery of the Mobile Data Vehicle Solution (MDVS) project in accordance with the agreed project documentation and plans.

On the 29th July 2023 the Project Board sanctioned the commencement the MDVS Pilot is due to begin w/c 3rd July 2023 using 3 EMS vehicles in North Wales.

Ambulance Care

Challenges

Performance Standards Refresh

The service has implemented a refreshed set of performance standards from April 23. These were agreed in conjunction with the commissioner and all Health Boards. The new standards reflect our funded capacity much more accurately, in particular on oncology transport where ORH, in the NEPTS demand and Capacity review, identified a funding gap equivalent to 148 WTE .

To support the roll out of the new standards, an implementation plan has been developed focusing on improving process, data, reporting, performance management and most importantly the culture of the service.

IMTP

NEPTS Eligibility

A review of how the service applies national eligibility criteria has begun and a proposal has been developed for an improved process, which should improve patient experience and reduce late notice cancellations of transport. These improvements will be supported by a review of alternative options available to patients across Wales.

Quality Assurance

The service continues to drive through the quality assurance agenda as per the IMTP. A revised patient survey is now live with QR codes to link to it being rolled out across the NEPTS fleet and hospital based estate. The results of the survey support the service's move to a balanced scorecard of reporting on service delivery. They also inform the NEPTS QA dashboard, elements of which are reported onward to trust committees.

CAD Upgrade

Following the upgrade of the NEPTS CAD in Quarter 4 22/23, work has begun on implementing the additional functionality that the new hosted platform allows. The first step on this journey will be the launch of a 'Patient Zone' which will allow patients to initially check and cancel journeys as well as see online where their transport is. The next phase of this rollout will be online booking functionality. It is anticipated that the patient zone will be active in late 2023.

General Update

Urgent Care Service Strategic Review

The service has been conducting a review of the Urgent Care Service, focusing on identifying the current case mix for the service and developing options for a tighter case mix in the future.

The review has been supported by modelling from ORH and the final meeting of the steering group is planned for July 2023. The outcomes of the review, once agreed, will then be discussed with colleagues within their team prior to being presented for formal approval.

Integrated Care

Challenges

111 SALUS Operations Implementation

The teams have started to prepare to implement SALUS into the 111 operation. Following product specification testing scheduled in July we can begin to train trainers and later staff. There are several groups within WAST and with the 111 Programme team to understand more about the new bespoke system and to prepare for its implementation in November.

IMTP

CSD Community Welfare Responder / Connected Support Cymru

The CSD Operations and Clinical team have been busy working on supporting the pilot scheme for the Community Welfare Responder and have created new processes and working practices to enable the efficient use of the available St John CWR crews. Positive results have been returned where the crews have been able to be on scene and take observations for the CSD Clinicians, enabling consult and close, protection of vulnerable callers, welfare checks and calling on failed contacts. The pilot continues for several more weeks and more positive results are expected.

Red Review in CSD

The existing process of remotely reviewing calls continues and the SOP has been updated to refresh and make the process more robust. This will also include tracking to identify where the red call has been reviewed but was not able to be downgraded allowing for improved reporting.

General Update

Industrial Activity in 111 and CSD

The Royal College of Nursing staged two days of action in June. Collaborative discussions took place with the RCN industrial action management team on derogations and cover for the two days which allowed for measured action in WAST with little or no impact on service delivery across the two days. Both days were managed within the Integrated Care leadership team without need for wider operational structures.



Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	8
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

Volunteer Strategy Update – Visible, Valuable Volunteering

MEETING	People and Culture Committee
DATE	17 August 2023
EXECUTIVE	Lee Brooks, Executive Director of Operations
AUTHOR	Jenny Wilson, National Volunteer Manager
CONTACT	Jennifer.wilson3@wales.nhs.uk

EXECUTIVE SUMMARY	
1.	This paper seeks to provide an update and assurance to Committee on progress against the Trust’s Volunteer Strategy (Visible, Valuable Volunteering) and supporting action plan.

KEY ISSUES/IMPLICATIONS	
2.	This paper provides a recap on Year 1 and 2 headline achievements, reframes the year 3 priorities within the action plan and draws out the welfare support arrangements for our volunteers. This progress update was initially received by the Operations Senior Leadership Team (SLT) on 16 th May 2023 and subsequently reported through to Executive Management Team via the AAA report.

REPORT APPENDICES	
Appendix 1 – Year 3 Revised Ambitions Highlight Report	

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

Health Improvement		Socio Economic Duty	
Health and Safety		TU Partner Consultation	

1. SITUATION

- 1.1 This paper seeks to provide an update on a revision of Year 3 of WAST's Volunteer Strategy Action Plan (Appendix 1).

2. BACKGROUND

- 2.1 WAST's inaugural 5-year Volunteering Strategy was launched in April 2021.
- 2.2 Delivery of strategic objectives for Years 1 & 2 were somewhat impacted by the Covid-19 pandemic as staff within the volunteer team were redeployed and volunteers were stood down for a period of time.

3. ASSESSMENT

- 3.1 The Volunteer Strategy Action Plan and accompanying highlight report have been created to provide an update on progress of the Volunteer Strategy Action Plan and will inform the Operations IMTP Action Plan update. Assistant Director (National Operations & Support) is regularly updated and regular reviews will be provided to SLT.
- 3.2 Headline achievements of Year 1:
 - Being our Best strategy considered the role volunteers play within the organisation. LDPs are now including actions for volunteers.
 - Volunteers included in WAST awards and Long Service awards. Contributions recognised & good news stories shared through Volunteers' Week, Thank you Thursday etc.
 - Trainers meet quarterly to review training materials/courses and teaching strategies.
 - WAST invested and updated training e.g. the introduction of feedback CPR manikins which helps elevate CPR training to a new level of precision and proficiency.
 - Purchase of equipment and uniform for volunteers.
 - Training team continue to use and implement technology into training post COVID. Blended Learning allows volunteers to do part of their learning in an independent digital environment (via teams, training website or monthly webinars) and part of it in a face-to-face practical setting.
 - Two-way communication through social media, WhatsApp, email online forums & Q&A sessions conducted throughout 21/22.
 - Occupational health and TRiM support offered to all volunteers in 21/22.
 - Volunteers active on GoodSAM again post COVID with appropriate levels of PPE.

3.3 Headline achievements of Year 2:

- Volunteer Steering Group recruited and have held 6 weekly meetings since Sept 2022
- Volunteer support at events supported by entire Trust (Royal Welsh Agricultural Show) as well as PECl events re-commenced post-pandemic
- Volunteer team structure increased to now include 2 additional trainers, 2 additional Operational Assistants, 2 new Support Officer Posts (portfolio of compliance & training co-ordination)
- Community resilience and service development role now has complete focus from Band 7 Operations Manager
- Volunteer team engagement with Comms / PECl / Operations is tangible and valuable. Support for projects and programmes is mutual and beneficial for all.
- Social media cover of volunteers / volunteering has increased
- Newly created volunteer roles within CCC environment received positive feedback
- Volunteers support for 111 during BCl proving beneficial
- Development of CFR champion roles within stations proving successful, feedback constructive and positive.
- Significant support from volunteers across CFR & VCS activity during Industrial Action. Volunteer team also supported EMS teams through IA, returning to road duties.
- Procurement of new Volunteer Management System (Assemble) in Year 2 Q4 will transform the functionality and reporting capability of the volunteer management team from Year 3 Q1 and bring capacity to the wider volunteer team to focus on recruitment, retention and compliance in Y3 and beyond.
- Compliance review completed and new processes implemented to provide assurance on volunteer compliance.
- Pain Relief training packages designed and rolled out for Paracetamol and Pentrox, roll out of paracetamol completed for CFR volunteers in Y2 Q4
- Configuration changes on NMA enable volunteers to select RED response only completed in Y2 Q4.

3.4 The Volunteer Team met in March 2023 to review progress in Years 1 & 2 and to realign and consolidate priorities as we move into Year 3 of the Volunteer Strategy.

3.5 7 actions from Years 1&2 have been fully completed.

3.6 8 actions from Year 1 & 2 have been implemented and are ongoing, these have been recorded as "Completed – Ongoing".

- 3.7 9 actions from Years 1&2 have been deferred into Year 3.
- 3.8 2 actions from Year 1&2 have been deferred into Year 4/5 as they are reliant on actions not yet completed.
- 3.9 8 new actions have been added to the Year 3 Action Plan.
- 3.10 A revised action plan to include Years 4 & 5 will be drafted with contributions from Volunteer Steering Group and wider volunteer teams and will be published by end of Year 3 Q3.
- 3.11 Of note to Committee are the welfare and support arrangements in place for our volunteers. These have been reviewed as an important component of our developing offer to volunteers, and whilst there is more work to be done, we are proud of the support and recognition of our volunteers who undertake such a vital component in our everyday operations. These include but are not limited to:
- TRiM referrals and access to THRIVE app
 - CFR champions on EMS stations
 - Out of hours support via our DOMS including inclusion in debrief process
 - Welfare calls through our management team

4. **RECOMMENDATION**

Committee are asked to:

- 4.1 **RECEIVE and DISCUSS** the progress made to date in delivering the Volunteer Strategy Action Plan as outlined in the paper and presentation.

5. **APPENDICES**

Appendix 1



Year 3 Revised
ambitions Highlight R



Review of Year 3 Ambitions and deferred Years 1&2 Ambitions of WAST's Strategy for Volunteering: Monthly Highlight Report



Date	18/04/2023	Period	23/24	Author	Jenny Wilson	SRO	Judith Bryce	Overall RAG	
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Summary of Key Strategy Objectives Headlines - Main Achievements Status Summary

1) Build awareness and embed a culture of volunteering:
 - Ensure that volunteering is embedded within our organisational strategies
 - Celebrate the success and recognise the contributions of all our volunteers
 - Seek to increase partnership opportunities with the voluntary sector and include blue light partners across Wales to maximise their valuable contribution
 - Encourage, support and equip our workforce to pursue volunteering opportunities outside of the Trust that benefit individuals, communities and returns value to the organisation
 - Prepare and equip our employees to work with volunteers to best effect
 - Increase opportunities to volunteer across WAST
 - Ensure that we work towards the highest standards in volunteering
 - Learn from concerns raised promptly and supportively

2) Enhance training, support, communication and involvement of volunteers:
 - Ensure that volunteers are sufficiently equipped to carry out their role and explore opportunities for skill development
 - Ensure volunteers are aware of what is happening across the organisation and are encouraged to contribute their ideas and views
 - Promote good health and wellbeing of our volunteers
 - Ensure suitable governance frameworks are in place

3) Increase volunteer contribution and diversity:
 - Build stronger links and work collaboratively with other community and voluntary organisations
 - Create more publicity about WAST volunteering through marketing and communication plans
 - Provide volunteer opportunities which attract individuals who are representative of local communities
 - Work with the Patient Engagement and Community Involvement team for opportunities to diversify best use of volunteer time
 - Increase numbers and improve access to public access defibrillators (PAD)
 - Increase sign-up for GoodSAM alerts
 - Create a development pathway through our volunteering schemes

[Strategy for Volunteering - Visible Valuable Volunteering](#)



Key Decisions made in this period - Highlight Key decisions which will have impact on delivery timescales, cost or scope
 Industrial Action impacted strategic ambitions in Q4 of year 2 therefore some Year 1 & 2 deliverables deferred to Year 3.

Progress Against Actions

Year 2 Action	Owner	Progress Update Since Last Update	RAG Rating
Review and revise our volunteer financial governance arrangements, exploring synergies with our existing approach to Charitable Funds.	Volunteer Mngt Team / Charitable Funds T&F Group	Review of existing CFR accounts commenced Y2 Q3, delayed by IA.	Started - Ongoing
Consider all opportunities for increasing awareness by paid staff of the role of volunteers.	Volunteer Management Team	Development of CFR Champion role across stations. As of March 23 more than 60 CFR champions exist across stations in Wales.	Started - Ongoing
Develop a volunteer policy that will provide appropriate guidance to support managers and departments to identify opportunities and follow a consistent approach.	Volunteer Management Team	Governance framework commenced Y2 Q4, Volunteer policy and supporting SOPs in draft	Started - Ongoing
Volunteer policy to Include a 'code of conduct' applicable to volunteers.	Volunteer Management Team	Governance framework commenced Y2 Q4, Volunteer policy and supporting SOPs in draft	Started - Ongoing

Develop procedures that step out the approach to management of concerns.	Volunteer Management Team	Governance framework commenced Y2 Q4, Volunteer policy and supporting SOPs in draft	Started - Ongoing
Identify effective ways of communicating to all volunteers using appropriate platforms.	Volunteer Management Team / ICT / Comms	Volunteer management system opportunities being explored Y2 Q3	Started - Ongoing
Develop a Communications Plan that will provide information about volunteering for WAST including addressing areas of low levels of volunteering or high demand.	Comms	Numbers and locations identified, work with comms to engage with media to promote volunteering through good news stories in local press. Shadowing opportunities for Senior Leaders taken up by new EDs & NEDs and feedback will be promoted and shared. New Assemble system will provide data for low areas of volunteering and identifying areas and times of high demand.	Started - Ongoing
Showcase and raise the profile of the important role that volunteers play as part of Team WAST, including quantifying the impact of volunteering on local communities.	Volunteer Management Team / Comms	Good news stories collated for Volunteers Week. Assemble will enable us to introduce regular reporting, capturing value of volunteers via hours and incidents attended, patient journeys completed or miles covered.	Started - Ongoing
Year One Action	Owner	Progress Update Since Last Update	RAG Rating
Create and recruit to a Chief Volunteer role that will lead and chair a newly developed Volunteer Steering Group.	Volunteer Management Team	Refreshed Volunteer Steering Group first meeting held 30/06/22. Next meeting end of Aug22.	Started - On Track
New policies when developed will consider volunteers in addition to our paid workforce (Policy group). Strategies that include workforce and service improvements will consider volunteers.	Policy Group	Delayed as NVM commenced employment Q4 of Year 1. Deferred to Year 2 Q3/Q4. Volunteer Steering Group developing a governance framework.	Started - On Track
Review current workforce establishment and structures within the volunteer teams and identify opportunities to work more effectively.	Volunteer Management Team	Additional commissioner funding secured (£200K). Applications also commenced to access external charitable funds (£300K). Team re-structure planned for Y3 Q4 into Yr4 Q1&2	Started - On Track
Review current arrangements and identify co-ordinated training and supervision across CFR and VCS Drivers.	Volunteer Management Team	Y2 Q3 Current training / induction / supervision opportunities being reviewed	Started - Ongoing
Develop a competence based training approach, including recognition of prior learning, delivered with the support of technology.	Clinical & Medical Directorate	Deferred to Year 3 due to re-aligned priorities & outcome of Volunteer Management System.	Started - Ongoing
Engage with all staff and volunteers to highlight the benefits to the community to be signed up to GoodSAM App.	Volunteer Management Team	Impacted by COVID 19 & resourcing. Deferred to Year 2 Q3/Q4 due to refreshed priorities	Started - Ongoing
Identify ways to increase the size of the GoodSam community across Wales.	Volunteer Management Team	Impacted by COVID 19 & resourcing. Deferred to Year 2 Q3/Q4 due to refreshed priorities	Started - Ongoing
Develop GoodSam responders inclusion as a WAST volunteer.	Volunteer Management Team	Impacted by COVID 19 & resourcing. Deferred to Year 2 Q3/Q4 due to refreshed priorities	Started - Ongoing
Completed Action	Owner	Progress Update Since Last Update	RAG Rating
Where appropriate and possible, include volunteer representative into business meetings	Volunteer Mngt Team	Creation of operations assistant roles and CFR champion role ensures volunteering is represented in EMS. VCS manager sits in NEPTS business meetings	Completed
Local/Annual Delivery Plans or their equivalent to include a narrative that engages discussion on all aspects of volunteering when considering development of the plans.	Volunteer Mngt Team & WOD	Operations Assistants now sit in business meetings and have aprox 60 CFR champions across EMS supporting volunteers. VCS manager sits in NEPTS business meetings. Volunteering is represented across EMS & NEPTS	Completed
Strategies that include workforce and service improvements will consider volunteers.	Volunteer Mngt Team & WOD	People and Culture plan to include volunteers and volunteering is included in WAST IMTP	Completed
Improve shared information and data on all aspects of volunteering activities and opportunities across WAST	Volunteer Mngt Team / Comms	Siren / social media platforms / shadowing opportunities. NVM sits on SOT and partners with ODU Volunteering lead and updates teams and directorates across WAST	Completed
Increase shared stories and successes through social media and reports	Awards Steering Group, Comms Team & Volunteer Management Team	Commenced Year 2 Q1 - ONGOING	Completed - Ongoing
Rebrand WAST 'Staff' Awards to recognise the contribution of volunteers and consider how volunteers can be recognised more widely.	Comms	2021 was first WAST awards to include volunteers. 2022 was first year volunteers were included in Long Service awards.	Completed
Develop feedback mechanisms for the public that mirror paid staff feedback.	Volunteer Mngt Team & PECl	Feedback mechanisms exist for CFR & VCS volunteers	Completed
Ensure appropriate governance and administration arrangements are in place to support this group.	Volunteer Mngt Team	Priority Governance Project for Year 2 Q1&Q2	Completed
We will consult with our volunteers in the development of policy and strategy.	Volunteer Mngt Team	Original Volunteer Steering Group was consulted in developing strategy and refreshed steering group has commenced June 22	Completed - Ongoing
Identify and provide additional skills, training and equipment.	Volunteer Mngt Team	Conducted an audit of CFR kit. Commenced a servicing programme for CFR kit. This will be reviewed annually.	Completed - Ongoing
Ensure key volunteer awareness dates are proactively planned and considered such as World Volunteer Day, National Volunteer Day.	Volunteer Management Team	Commenced Year 2 Q1 - ONGOING. Working with colleagues in Comms, PECl, Diversity & Inclusion	Completed - Ongoing
Volunteers engaged with and demonstrating a visible presence at public events including education and recruitment	Volunteer Management Team / PECl Team	Impacted by Covid 19 therefore events restarted in Year 2. Volunteers are integral at public events such as The Royal Welsh Show and supporting PECl Team at community events.	Completed - Ongoing
Volunteers engaged with and supporting key annual campaigns including 'Defibuary' and 'Restart a Heart'	Volunteer Mngt Team / PECl Team	Defibuary and Shocktober are supported by our volunteers	Completed - Ongoing

Share information at regular volunteer co-ordinator meetings and provide opportunities for volunteers to raise concerns and share ideas.	Volunteer Management Team	Regular meetings with CFRs have taken place, e.g. Live Q&A, Volunteer Steering Group, and team attendance at Coordinator Meetings.	Completed - Ongoing
Ensure all volunteers are aware of what services are available to them. This will be detailed in the developing volunteer policy.	Volunteer Management Team	Volunteers now have access to all of WAST wellbeing services including EAP programme, with a pay as you go counselling provision (at management discretion). Governance framework inc Volunteer Policy is in draft.	Completed - Ongoing
Risk & Issues			
Risks for Escalation: None		Issues for Escalation:	
Risks for Noting:		Issues for Noting: - It has been identified that the CLERIC system which is used to deploy Volunteer Car Service drivers is not accurately reflecting the actual mileage incurred by the volunteers. This is causing a discrepancy between system reporting and volunteer mileage claims. As a result this is impacting on budget forecasting and is creating additional workload due to the need for manual audits to be undertaken. Cleric Pink should resolve the issue but issues remain with VCS drivers accessing and utilising Cleric Pink.	



Review of Year 3 Ambitions and deferred Years 1&2 Ambitions of WAST's Strategy for Volunteering: Monthly Highlight Report

Ymddiriedolaeth GIG
Gwasanaethau Ambwlwans Cymru
Welsh Ambulance Services
NHS Trust



Date	18/04/2023	Period	23/24	Author	Jenny Wilson	SRO	Judith Bryce	Overall RAG	
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Summary of Key Strategy Objectives

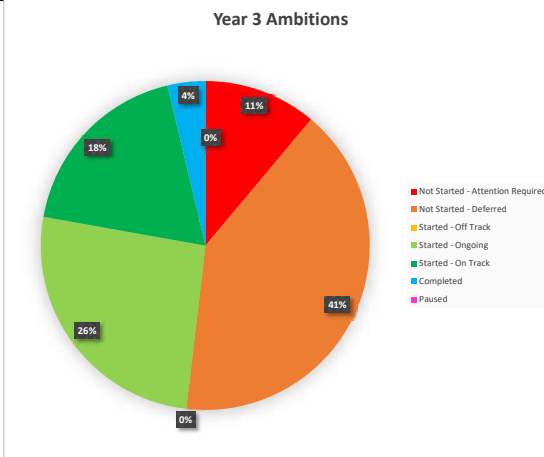
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[Strategy-for-Volunteering - Visible Valuable Volunteering](#)

Headlines - Main Achievements

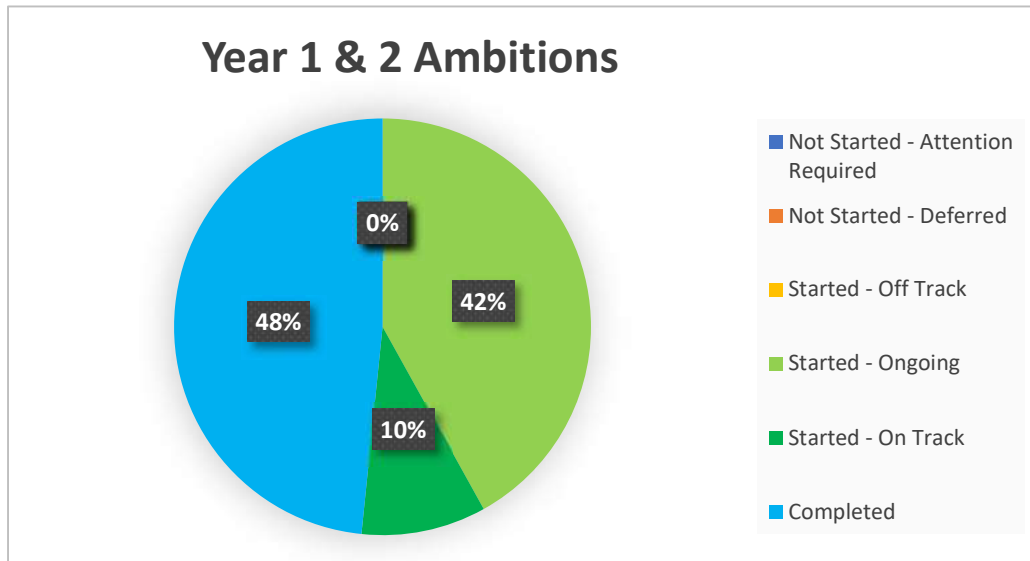


Key Decisions made in this period - Highlight Key decisions which will have impact on delivery timescales, cost or scope

Progress Against Actions			
People	Owner	Progress Update Since Last Update	RAG Rating
Research opportunities for accredited training to be provided to volunteers.	Volunteer Management Team	Deferred from Y2 to Y3 due to re-aligned priorities	Not Started - Deferred
Develop a process that recognises prior learning.	Volunteer Management Team & WOD	Deferred from Y2 to Y3 due to re-aligned priorities	Not Started - Deferred
Explore opportunities for alignment of formal qualifications.	Volunteer Management Team & WOD	Deferred from Y2 to Y3 due to re-aligned priorities	Not Started - Deferred
Achieve externally recognised accreditation; set up a task and finish group that can manage the process and deliver the outcome.	Volunteer Management Team & WOD	Deferred from Y2 to Y3 due to re-aligned priorities	Not Started - Deferred
Build stronger links with and work collaboratively with other community and voluntary organisations; identify further opportunities and support that WAST volunteers can provide across Wales in addition to schemes such as WISH Ambulance, Partnerships Overseas Networking Trust (PONT)	Volunteer Management Team	Developing engagement event for Virtual Ward Responder project to scope potential partnership opportunities for VCS & CFR volunteers. Exploring opportunities for VCS partnerships with Community Transport Wales and Tenovus	Started - Ongoing
Create a development pathway through our volunteering schemes; Develop pathways that are realistic and will meet the requirements of potential candidates and the needs of the service, monitoring volunteer numbers to ensure capacity across the service if progression is achieved (attrition).	Volunteer Management Team & WOD	Deferred for Yr 1 to Y4/ Y5 once governance framework and accreditation is in place	Not Started - Deferred
Create a development pathway through our volunteering schemes; Develop career placements and work experience opportunities across the organisation.	Volunteer Management Team & WOD	Deferred for Yr 1 to Y4/ Y5 once governance framework and accreditation is in place	Not Started - Deferred
Complete roll out of CFR champions across regions, Ambition of a minimum of one CFR champion per station across Wales	Volunteer Management Team & EMS HOS	Achieved in North, further recruitment required in SE / C&W	Started - Ongoing

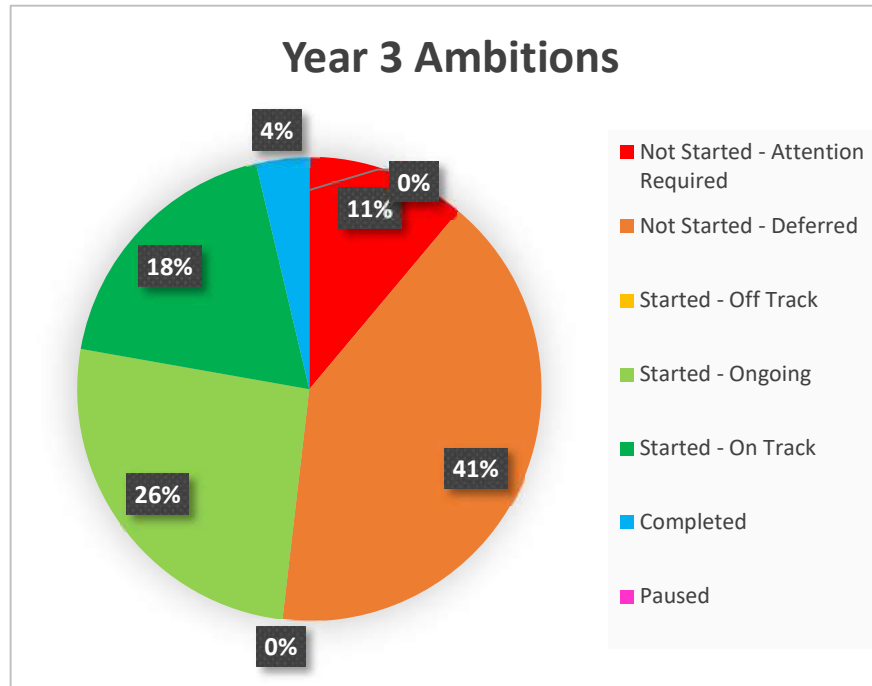
Re-instate Annual Volunteer Conferences, investing in volunteers and ensuring content is led by volunteers and is relevant and appropriate	Volunteer Management Team & Volunteer Steering Group	Conference planning underway with Volunteer Steering Group scheduled for Q2 (Sept 23)	Started - On Track
Evaluate benefits / disadvantages of function-based model and commence OCP process	Volunteer Management Team	Await volunteer management system to assess capacity	Started - On Track
Explore and support more opportunities for our workforce both at home and abroad to volunteer; Develop a protocol that enables our workforce to explore volunteering opportunities.	WOD	Deferred from Y2 to Y3 due to re-aligned priorities	Not Started - Deferred
Explore and support more opportunities for our workforce both at home and abroad to volunteer; Ensure appropriate governance is in place to consider and approve requests including funding applications.	Volunteer Management Team	Deferred from Y2 to Y3 due to re-aligned priorities	Not Started - Deferred
Processes	Owner	Progress Update Since Last Update	RAG Rating
Strengthen our partnership model & models of care; Review current establish further requirements, and consider internal impacts and manage accordingly	Volunteer Management Team	Developing relationships with Blue Light partners, Health Boards and Third Sector partners. Developing engagement event for Virtual Ward Responder project to scope potential partnership opportunities for VCS & CFR volunteers. Exploring opportunities for VCS partnerships with Community Transport Wales and Tenovus	Started - Ongoing
Produce and provide a Volunteer Handbook for all volunteers that clearly describes governance arrangements including policies and procedures.	Volunteer Management Team	Handbooks in draft as part of the whole governance review	Started - Ongoing
Consider and deploy a new information management system for volunteers.	Volunteer Management Team	Procured new Volunteer Management System for all volunteers across WAST - Assemble. The system will centrally store and manage the information held for our volunteers and will be a single point of communication for our volunteers	Started - Ongoing
Conduct a review of volunteer e-learning training packages ensuring they are relevant and appropriate	Volunteer Management Team & WOD	To be undertaken as part of governance framework Q1-Q3	Started - Ongoing
Implementation of Volunteer Management System (Go Assemble)	Volunteer Management Team & ICT	Procurement complete, ICT engaged with Go Assemble and team training scheduled for Y3 Q1, launch in Q2	Started - On Track
Review governance arrangements for Volunteer Fundraising and independent CFR charities, support the WAST Charity team to ensure funds are raised and spent in accordance with charitable purpose.	Volunteer Management Team & Volunteer Steering Group	Audit commenced, lack of engagement from Volunteers and lack of capacity within volunteer team to progress until Y3 Q2	Started - On Track
Ensure technological solutions are inclusive of and appropriate for volunteers, providing access to EPCR, NHS email, Power BI, Assemble, e-learning etc	Volunteer Management Team	Review to be undertaken Y3 Q3	Not Started - Attention Required
Rollout of EPCR to all CFR teams across Wales	Volunteer Management Team	Review to be undertaken Y3 Q3	Not Started - Attention Required
Work with the Medical and Clinical Directorate to explore potential for volunteer involvement.	Volunteer Management Team	Deferred from Y2 to Y3 due to re-aligned priorities	Not Started - Deferred
Complete an exercise to document the existing approach for PAD management.	Volunteer Management Team / Clinical & Medical Directorate	Deferred from Y2 to Y3 due to re-aligned priorities	Not Started - Deferred
Identify and implement volunteer opportunities for the management of PAD sites.	Volunteer Management Team	Deferred from Y2 to Y3 due to re-aligned priorities	Not Started - Deferred
Service Delivery	Owner	Progress Update Since Last Update	RAG Rating
Develop a network of partners delivering an "Alternative Responder" service across Wales	Volunteer Management Team	Alt Responders Manager developing a catalogue of prospective partners for Response & VCS partners	Started - Ongoing
Commence a co-ordinated programme of renewing CFR training kit and establish a suitable means of recycling / disposing of expired kit	Volunteer Management Team	Audit and inspection to commence in Y3 Q2	Not Started - Attention Required
Explore opportunities for income generation through bids and external grant applications to supplement volunteer budget	Volunteer Management Team	NHS Charities Together Grant application for £315k, await decision in Y3 Q1	Started - On Track
Completed Action	Owner	Progress Update Since Last Update	RAG Rating
Roll out of training packages for Pentrox & incorporate pain relief training into CPD sessions	Volunteer Management Team	Pain relief training packages designed and delivered	Completed
Risk & Issues			
Risks for Escalation: None		Issues for Escalation:	
Risks for Noting:		Issues for Noting:	

0	Not Started - Attention Required
0	Not Started - Deferred
0	Started - Off Track
13	Started - Ongoing
3	Started - On Track
15	Completed
0	Paused



47 Separate Deliverables

3	Not Started - Attention Required
11	Not Started - Deferred
0	Started - Off Track
7	Started - Ongoing
5	Started - On Track
1	Completed
0	Paused
27	





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AGENDA ITEM No	9
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

PEOPLE AND CULTURE PLAN METRICS

MEETING	People and Culture Committee
DATE	17 th August 2023
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Sarah Davies – People and Culture Directorate Business Manager
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY	
<p>1. This report provides an overview of the metrics proposed to measure the impact of our People and Culture Plan and the proposed development of a dashboard to monitor and report progress.</p> <p>2. The purpose is to provide an understanding of the key indicators we will use to assess the success of our Plan, including trajectories to indicate anticipated direction of travel and targets (where appropriate).</p>	

KEY ISSUES/IMPLICATIONS	
<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • RECEIVE and COMMENT ON proposed metrics. 	

REPORT APPROVAL ROUTE	
<ul style="list-style-type: none"> • Noted at People and Culture Business Meeting (25.07.2023) 	

REPORT APPENDICES	
Appendix 1: SBAR – People and Culture Plan Metrics	

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	YES	Financial Implications	YES

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

Appendix 1: SBAR: People and Culture Plan Metrics

SITUATION

3. This report provides an overview of the metrics proposed to measure the impact of our People and Culture Plan and the proposed development of a dashboard to monitor and report progress.
4. The purpose is to provide a clear understanding of the key indicators we will use to assess the success of our Plan, including trajectories to indicate anticipated direction of travel and targets (where appropriate).

BACKGROUND

5. Our proposed metrics are grouped under our themes of "Culture, Capacity and Capability", aligned with our strategic objectives. By focussing on these areas, we can holistically evaluate the plan's overall effectiveness in enhancing organisational culture, fostering a sense of belonging and optimising the capabilities of our people.
6. The recently-amended MIQPR now includes some additional, high-level people and culture indicators, specifically relating to:
 - Mental health-related sickness absence rates;
 - Data relating to applicants and shortlisted candidates from under-represented groups;
 - Number of ER cases by theme;
 - 111 / NEPTS calls in Welsh.
7. The metrics described below are designed to complement those included in the MIQPR, and provide deeper insight into the full People and Culture agenda.

ASSESSMENT

8. Under the "Culture" theme, our selected metrics include a focus on the following:

- Membership of our Trust Networks: evaluating participation in and contribution to our internal networks and communities, to foster collaboration, belonging and idea-sharing;
- Diversity and Inclusion: tracking diversity metrics to assess the effectiveness of our inclusion efforts, including a focus on attracting and retaining a diverse workforce (this will include analysing data in relation to every step of the application process, from applicant to appointment);
- Employee Engagement: measuring overall colleague satisfaction and commitment to the organisation, through regular surveys and feedback mechanisms; this will also include cases reported and managed via the Speaking Up Safely platform, attendance at and feedback from CEO Roadshow events;
- Employee Relations: Numbers of Respect and Resolution and Disciplinary cases across the trust, as well as detail around the trends and themes of these.

9. The “Capacity” theme focuses on the resources we need to achieve our purpose and as such, our metrics include a spotlight on:

- Turnover and Moving On Interviews: analysing retention and turnover rates to understand workforce stability and effectiveness of our retention strategies;
- Sickness Absence: monitoring the frequency, duration and nature of employee absence (NB this will include continued reporting on mental health-related instances of sickness absence);
- Onboarding: monitoring attendance at and feedback from our Warm WAST Welcome events and 3 month People and Culture team check ins;
- Wellbeing Services and Initiatives: evaluating the impact and effectiveness of our wellbeing interventions.

10. The “Capability” theme centres around the skills we need to achieve our purpose, with our measures including:

- Education and Development: measuring the uptake and impact of education, training and development initiatives to enhance the skills of our people (including statutory and mandatory training compliance);
- Organisational Accreditations and Awards: tracking the attainment of industry-specific accreditations and recognition, demonstrating our commitment to excellence and professionalism;
 - PADR Compliance: monitoring completion rates in order to gauge the level of engagement and commitment among employees and managers in the performance review process, providing an indication of our progress in developing a culture of conversation and continuous improvement.

11. We firmly believe that the impact of our collective efforts to foster positive behaviours will be directly reflected in the improvement of all of these metrics. Our behaviours and the way we interact with one another are intricately linked to the outcomes we achieve as a team and as an organisation. By actively promoting a culture of respect, collaboration, and continuous improvement, we are nurturing an environment where employees feel empowered and engaged. This, in turn, leads to enhanced productivity, reduced turnover, increased employee satisfaction, and heightened overall performance. As our behaviours align with the Trust's values and strategic goals, we can expect to witness tangible improvements across various key indicators, showcasing the profound influence our collective commitment to positive behaviours has on the success and growth of our organisation. We will also see and hear more explicit reference to our behaviours in everyday interactions and formal meetings.
12. In addition to transparently measuring the impact and effectiveness of our Plan, these metrics will enable effective decision-making in relation to the ongoing development of our dynamic Plan. This data will provide us with valuable insights that will enable us to proactively target areas for improvement and celebrate success.
13. To effectively monitor progress and visualise the impact of our People and Culture Plan, we have committed to developing a dashboard to present complex information in a clear and accessible format. Regular updates will be reported to the People and Culture Committee and shared across the organisation.

RECOMMENDED: That the Committee **RECEIVE** and **COMMENT ON** proposed metrics.



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AGENDA ITEM No	10
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	2

WELSH LANGUAGE STANDARDS ANNUAL REPORT 2022-23

MEETING	People and Culture Committee
DATE	17 August 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Melfyn Hughes, Welsh Language Services Manager
CONTACT	Melfyn Hughes Melfyn.Hughes@wales.nhs.uk

EXECUTIVE SUMMARY

1. On 30 May 2019 the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing new Welsh Language Standards under the Welsh Language Measure (Wales) 2011.
2. The Trust needs to demonstrate how it fulfils its obligations under the Welsh Language Measure (Wales) 2011 through implementing the Welsh Language Standards via its Statutory Compliance Notice. The annual report must be published on the Trust's website during September 2022.
3. The annual report is an opportunity for the organisation to publish its own evaluation of how it has promoted and facilitated opportunities to use the Welsh language and ensure that the Welsh language is not treated less favourably than the English language.
4. Welsh Language Deliverables have been included in the Trust's Integrated Medium Term Plan (IMTP) 2023-26 that incorporates compliance with the Welsh Language Standards and delivering the actions within Welsh Government's More Than Just Words Action Plan 2022-27 with a focus on the "Active Offer" principle, meaning the provision of a Welsh medium service without the service user having to request it. an active offer of Welsh across our services. Attached for reference is the Trust's Year 1 progress report that was

submitted to Welsh Government in July 2023 and will not be submitted as part of the Trust's Welsh Language Standards Annual Report 2022-23.

RECOMMENDATION

That the Committee note and endorse the annual report.

KEY ISSUES/IMPLICATIONS

1. 111 Service Welsh Language call demand and answer rate: 15,735 calls with 2,853 **(18.1%)** Welsh calls answered.
2. In order to ensure that our service users receive services in their language of choice a dedicated Welsh language workstream has been developed as part of the overall WAST Strategic Workforce Plan. Work will progress in 2023-24 in identifying the levels of Welsh language skills of Trust staff and identify those skills gaps in delivering the active offer to our service users.
3. In order to meet the increasing demand and cost for translation and to provide a well-rounded and more strategic outlook a centralised translation service is being developed. As part of this strategy the Trust has recruited a Welsh Language Translator who will start working for the Trust from the 30th August 2023.

REPORT APPROVAL ROUTE

WHERE	WHEN	WHY
Welsh Language Advisory Group	8 June 2023	For comments and feedback
Assistant Directors Leadership Team	31 July 2023	Review and note
Executive Management Team	2 August 2023	Approval for People and Culture Committee meeting 17 th August 2023
People and Culture Committee	17 August 2023	Note and endorse the report

REPORT APPENDICES

Annex 1: Welsh Language Standards Annual Report 2022 - 2023

Annex 2: More than just words Action Plan 2022-27 Year 1 Progress Report

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	Yes	Financial Implications	Not applicable
Environmental/Sustainability	Not applicable	Legal Implications	Yes
Estate	Not applicable	Patient Safety/Safeguarding	Yes
Ethical Matters	Not applicable	Risks (Inc. Reputational)	Yes
Health Improvement	Not applicable	Socio Economic Duty	Not applicable
Health and Safety	Not applicable	TU Partner Consultation	Not applicable

SITUATION

1. On 30 May 2019 the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing new Welsh Language Standards under the Welsh Language Measure (Wales) 2011. As a result, the Trust has started to implement actions for compliance with its [Statutory Compliance Notice](#) from the Welsh Language Commissioner.
2. The Trust needs to demonstrate how it fulfils its obligations under the Welsh Language Measure (Wales) 2011 through implementing the Welsh Language Standards. This is the Trust's first Annual Monitoring Report that focuses on our delivery in relation to the Welsh Language Standards.
3. The annual report is an opportunity for the organisation's to publish its own evaluation of how it has promoted and facilitated opportunities to use the Welsh language and ensure that the Welsh language is not treated less favourably than the English language.

BACKGROUND

4. The Compliance Notice indicates specific timescales for compliance against each standard. The Welsh Language (Wales) Measure 2011 creates a system for setting duties on organisations in the form of Welsh Language Standards. These duties

apply to delivering services in Welsh, considering the impact of policy decisions on the Welsh language and promotion of the Welsh language.

5. The combined effect of the Compliance Notice and standards is that greater compliance will be required by all Trust services and unless addressed it will leave the Trust at considerable risk of incurring civil penalties which may be up to £5,000 per breach.

ASSESSMENT

6. Delivering care through the language of choice is a matter of clinical need for some and a matter of good practice for all who wish to receive services through the medium of Welsh.
7. The standards are categorised as follows:
 - A **service delivery standard** will be a type of duty imposed to promote or facilitate the use of the Welsh language or to ensure that the Welsh language is treated no less favourably than English when persons that are subject to the standard deliver services to others, or when they deal with others in connection with the delivery of those services.
 - A **policy making standard** will be a type of duty which will require persons to consider the effect of their policy decisions upon opportunities for other persons to use the Welsh language, or upon treating the Welsh language no less favourably than English.
 - An **operational standard** will be a type of duty imposed to promote and facilitate the use of the Welsh language in relation to the carrying out by a person of their functions, business or other undertaking.
 - A **record keeping standard** will be a duty imposed in respect of keeping and maintaining details regarding compliance with the other four standards as well as any other complaints concerning the language.
 - **Supplementary Standards** deal with various matters including the production of an annual report, monitoring arrangements and the provision of information to the Commissioner.
4. **111 Service**
Welsh Language call demand and answer rate: 15,735 calls 2,853 (**18.1%**) Welsh calls answered.

NHS Wales 111 Service Welsh Language Call demand and answer rate 2022-2023

Welsh language demand		Total answered calls for 111	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/22 – 31/03/23		766,718	15,735	2,853	18.1%
01/04/21 – 31/03/22		680,161	15,341	6,949	45%

5. NEPTS NET Centre call demand and answer rate:

Welsh language demand	Total answered calls for NEPTS	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/22– 31/03/23	200,864	1,878	1,856	98.8%

NET Centre call data has been included for this year’s report as to align itself with the data set provided by the 111 Service.

6. Recording staff Welsh Language Skills on ESR

Increase in the number of staff recording their Welsh Language Skills on ESR:

2021/22: 87.23%
2022/23: 89.28%

RECOMMENDATION

7. That the Committee note and endorse the annual report.



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**WELSH AMBULANCE SERVICES
NHS TRUST**

**WELSH LANGUAGE
STANDARDS
ANNUAL REPORT
2022-2023**

This document is available in Welsh / Mae'r ddogfen hon ar gael yn Gymraeg

Contents

Foreword.....	3
1. Introduction.....	4
2. About us.....	4
3. Background to the Welsh Language Standards.....	4
4. More Than Just Words Action Plan 2022-27.....	5
5. Accountability and Support.....	5
6. Compliance with the Service Delivery Standards (Standards 1 – 77).....	7
7. Compliance with the Policy Making Standards (Standards 69 – 77).....	14
8. Compliance with the Operational Standards (Standards 79 – 114).....	14
9. Complaints (Standard 115).....	19
10. Priorities for 2023-2024.....	21

Foreword

Croeso! Welcome!

As Chair and Chief Executive of the Welsh Ambulance Services NHS Trust, we are delighted to present our third report on implementing the Welsh Language Standards.

The Welsh Language (Wales) Measure 2011 sets out a legal framework which imposes a duty on the Welsh Ambulance Services NHS Trust, along with other public institutions, to comply with the Standards relating to the Welsh language and provides an opportunity to reinforce the requirements and to improve the quality and availability of services through the medium of Welsh.

There is a clear commitment from the Board in implementing the Standards and during 2022/23 we have continued to raise awareness of the requirements of the Standards by including 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.

Welsh Language Deliverables have been included in the Trust's Integrated Medium Term Plan (IMTP) 2023-26 that incorporates an action plan to implement the Welsh Government More Than Just Words strategy with a focus on an active offer of Welsh across our services. Progress against the IMTP is monitored by the Trust's Finance and Performance Committee, however the People and Culture Committee has specific oversight of Welsh language and has the promotion of the strategic equality objectives as one of its priorities for 2023/24.

This Annual Report sets out our compliance with the Standards and is supported by data for the reporting period 1 April 2022 to 31 March 2023. We recognise that we have made progress, but further improvements are planned to improve the provision of our Welsh language services. To achieve these improvements, we have been working closely with the Welsh Language Commissioner to establish solutions that meets our operational needs and ensures the rights of Welsh language speakers.

This report also reflects the positive impact of Implementation of More than just words and the "Active Offer" principle, meaning the provision of a Welsh medium service without the service user having to request it,



Colin Dennis
Chair



Jason Killens
Chief Executive

1. Introduction

This is the fourth Annual Report of the Welsh Ambulance Services NHS Trust's work showcasing how the Welsh Language Standards have been implemented.

On 30 May 2019, the Trust moved from implementing its Welsh Language Scheme under the Welsh Language Act 1993 to implementing Welsh Language Standards as part of the Welsh Language (Wales) Measure 2011.

The Trust has continued to respond positively to the Welsh Language Standards as it provides an opportunity to reinforce and to improve the quality and availability of its services through the medium of Welsh.

2. About us

We are a team of over 4,000 people serving the 3.1 million people of Wales, along with the invaluable support of Community First Responders (CFRs), and volunteer car drivers who transport patients from their homes to hospital appointments and back again.

The 111 Call Centre provide thousands of patients a year with advice, support and signposting to the right services through our Consult and Close services. This includes the NHS 111 Wales Service, which provides 24/7 healthcare advice online and on the phone.

Our Non-Emergency Patient Transport Service (NEPTS) offers a dedicated call handling service dealing with over 1000 calls a day nationally from eligible patients needing non-emergency ambulance transport. The NEPTS Service takes hundreds of thousands of patients to a place of care, or home, every year.

Our Emergency Call Handlers and Clinical Contact Centre staff deal with more than half a million calls every year, 24/7 and 365 days a year and we are at the frontline of service delivery, making sure that patients get the right advice and help.

3. Background to the Welsh Language Standards

Under the Welsh Language (Wales) Measure 2011, all public service organisations in Wales are required to comply with language duties, which ensure that the Welsh language is not treated less favourably than the English language. The duties encourage promotion of the Welsh language, the use of Welsh within internal administration and require that provision is made for the accessibility of Welsh to the public.

Section 44 of the 2011 measure permits the Welsh Language Commissioner to issue a compliance notice, requiring a body to comply with one or more standards specifically applicable to it. The Welsh Language Standards (No.7) Regulations 2018 were then introduced to the health sector organisations in Wales.

In accordance with section 44 of the 2011 measure, the purpose of the Welsh Language Standards is to provide:

- Clarity for organisations on the Welsh language
- Clarity for Welsh speakers on what services they can expect to receive in Welsh.
- Greater consistency in Welsh language services and improvement of quality for users

4. More than just words 2022-27 Action Plan

Welsh Government's **More than just words 2022-27 Action Plan** which was launched in August 2022 sets out how together Welsh Health and Social care services can drive forward progress under the overarching theme of culture and leadership and the following three themes:

- **Theme 1** – Welsh language planning and policies including data.
- **Theme 2** – Supporting and developing the Welsh language skills of the current and future workforce.
- **Theme 3** - Sharing best practice and an enabling approach.

The Trust is committed in delivering the actions as set out in Action Plan so that the 'Active Offer' is an integral part of service quality and service delivery across the Trust.

5. Accountability and Support

5.1 Welsh Language Leads and Champions

Alongside the Trust's Welsh Language Services Manager, the Trust's Board Secretary, Trish Mills is the executive lead for the Welsh language who has been instrumental in championing the development a new Welsh Language Framework that is included in the Trust IMTP and has been opening conversations in basic Welsh. In addition, the Trust Board has a Non-Executive Director, Bethan Evans who is the Board's Welsh Language Champion and has been involved in promoting the Welsh Language within the Trust to our staff and externally to our service users via the Trust's social media platforms.



Trish Mills
Board Secretary



Bethan Evans
Non-Executive Director

5.2 Welsh Language Advisory Group

The Welsh Ambulance Services NHS Trust has established a Welsh Language Advisory Group. This Group provides a mechanism for reviewing all aspects of the Welsh Language Standards and to ensure that a satisfactory service is maintained for all patients and members of the public who use the services of the Trust.

5.3 Assistant Directors Leadership Team

The Trust's Assistant Directors Leadership Team (ADLT) are responsible for supporting the Trust's Executive Management Team on developing and delivering strategic plans and objectives, financial targets and compliance with legislation requirements, standards, and practices.

5.4 People and Culture Committee

The Trust's People and Culture Committee provides assurance to the Board of its leadership arrangements and monitors progress and seeks assurance that the Trust is discharging its statutory responsibilities in relation to the Welsh Language Standards.

5.5 Trust Board

The final part of the of the governance route of the Trust's Welsh Language Standards Annual Report following its approval route via the Trust's Welsh Language Advisory Group, ADLT, Executive Management Team and the People and Culture Committee will be for the Trust Board to review and discuss the progress made in complying with the Standards.

5.6 Complaints Procedure

Concerns received in relation to compliance with the Welsh Language Standards are received in a number of ways e.g., correspondence to the CEO. All complaint received will be investigated and response provided with any required corrective action. Issues relating to patient safety would be addressed under the Putting Things Right Regulations.

If a member of the public has a concern regarding a recent experience of using Trust services, they can register their concern in a number of ways which is best suited to them: email the concerns team: Amb_PuttingThingsRight@wales.nhs.uk or complete an online form: [Online Concerns Submission Form](#)

6. Compliance with the Service Delivery Standards (Standards 1 – 77)

This set of standards identifies how the Trust is required to use the Welsh language in different situations so that Welsh speakers can have unhindered access to Welsh language services; for example, when sending correspondence, dealing with telephone calls, providing on-line or face-to-face services.

6.1 Correspondence (Standards 1 – 7)

The Trust has applied a consistent approach in relation to use of headed paper and email signatures and requires all staff to use the bilingual headed paper of the Trust. We have also actively encouraged all staff to include a message on email signatures noting that the individual ‘welcomes correspondence in Welsh or English’.

6.2 Telephone Calls (Standards 8 – 20)

The Welsh Language Standards as imposed upon the Trust places no legal requirement to answer 999 calls in Welsh. Under [The Welsh Language Standards \(No. 7\) Regulations 2018](#) Paragraph 35: Standards 8 to 10 and 13 to 16 do not apply to calls made to the 999 telephone number.

Callers to the 111 service and to the NEPTS service receive a bilingual greeting. When the Trust establishes telephone contact with a service user for the first time, the service user will be asked if they would prefer to receive future calls from the Trust in Welsh or English. That language preference will be noted and respected. Calls to 111 and NEPTS offer a language option for callers.

6.2.1 111 Service Review

During the financial year 2022/23 the 111 Service had significant performance challenges in relation to unprecedented winter demand. During these months the demand on the service at times challenged our technical and staffing capacity to answer the calls in a timely manner. This level of activity was beyond what was witnessed during the peak of the covid pandemic.

The Strep A outbreak in December, prolonged industrial action alongside an impacting National cyberattack over a 6 month period resulted in substantial impact on overall performance for the service.

This impact was seen in answer rate performance in both Welsh and English language calls.

NHS Wales 111 Service Welsh Language Call demand and answer rate 2022-2023

Welsh language demand	Total answered calls for 111	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/22 – 31/03/23	766,718	15,735	2,853	18.1%
01/04/21 – 31/03/22	680,161	15,341	6,949	45%

* Orange figures/percentages represent the 2021/22 reporting period.

111 Service Improvements related to the Welsh Language

To address the performance of this standard the following is underway and planned for 2023/24.

1. Significant service and technical developments to improve overall answer rate performance.
2. Continued recruitment of Welsh speaking call handlers to the 111 service.
3. Welsh awareness training at start of employment.
4. Regular Welsh awareness training utilising the focused in-house training videos and materials.
5. Inclusion of a Welsh Language improvement plan within the 111 Service IMTP.

Additionally, Welsh language call answering for 111 and Non-Emergency Transport Patient Service is now a Board level key performance indicator in the Monthly Integrated Quality and Performance Report (MIQPR).

6.2.2 Non-Emergency Patient Transport Service (NEPTS)

All callers to our NEPTS Call Centre are welcomed with a bilingual greeting followed by our Integrated Voice Response (IVR) system allowing callers to select their preferred language being English or Welsh from this point. Depending on their selection all messages will be presented in their selected language.

Welsh callers are directed through the IVR to our Welsh Call takers. If our Welsh Call Takers are busy with other callers, the caller will be re-routed to the next available English or Welsh call taker to avoid unnecessary waiting time. It is important not only to provide a full Welsh call experience but to also ensure that no prolonged delays occurs if all our Welsh Call Takers are dealing with other calls.

Our Patient Needs Assessment is used to check the eligibility of each patient for ambulance transport and has been fully translated for use by our Welsh Call Takers to enhance the caller's experience.

NEPTS Welsh Language Call demand and answer rate 2022-2023

Welsh language demand	Total answered calls for NEPTS	Welsh Calls Offered	Total calls answered in Welsh	% of calls answered in Welsh
01/04/22 – 31/03/23	200,864	1,878	1,856	98.8%

*NET Centre call data has been included for this year's report as to align itself with the data set provided by the 111 Service. Going forward comparable data from previous year will be included.

*Compared to the performance of answering Welsh language calls for the 111 service, NEPTS has achieved 98.8% of answering their Welsh language calls. This can be attributed to the lower numbers of calls received to the NEPTS service.

6.3 Meetings (Standards 21 – 30)

When the Trust arranges a meeting with a member or members of the public, attendees will be asked if they wish to use the Welsh language at the meeting. Where individuals express a desire to use Welsh at a meeting, the Trust will respect and accommodate that preference. Board meetings have Non-Executive Directors who speak Welsh, and all meetings of the Board are livestreamed via Zoom. We are researching into the possibility of utilising Welsh language subtitles for future Board meetings.

6.4 Public Events (Standards 31 – 32)

In relation to face to face services offered at the event, the event's invitation or advertisement will ask persons to inform us if they wish to use the Welsh language. Where this occurs, we provide a translation service at the event.

6.5 Documents and Forms (Standards 36 - 38)

Forms to be completed by members of the public are available in Welsh. Documents produced by the Trust for the public are made available in Welsh if the subject matter of the document suggests that it should be produced in Welsh, or if the anticipated audience, and their expectations, suggests that the document should be produced in Welsh. If separate Welsh language versions are required, the English language version will state that the document or form is also available in Welsh.

6.6 Publicity and Advertising Material (Standards 33 – 34)

A national bilingual communications campaign for NHS 111 Wales has recently finished. The aim of the campaign was to increase awareness, understanding and trust in NHS 111 Wales, including the [website](#), and help patients with urgent care needs to get the right care, in the right place, first time.

The first phase of this multi-channel marketing campaign started on 14 November 2022 with paid and organic social and digital out-of-home advertising. From 28th

February 2023, phase two began with a new TV ad airing on ITV, S4C and Video on Demand – [you can watch the TV advert here](#). The second phase of the campaign also included a digital radio advert, digital advertising, social media (organic and paid), out-of-home advertising and influencer activity. A social media and poster asset package was available for stakeholders to download and share.



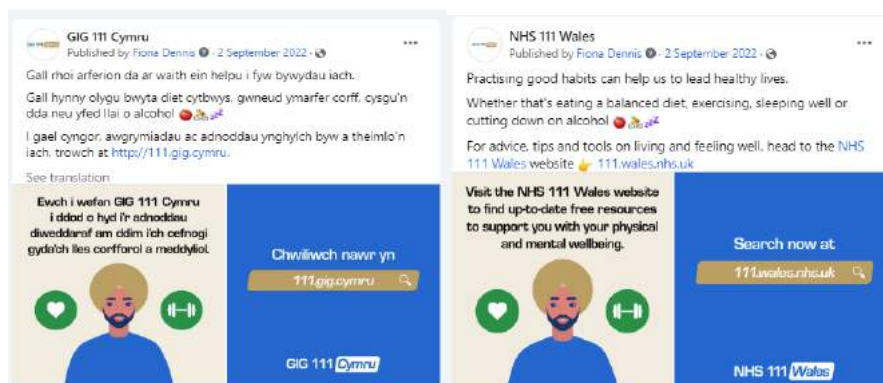
6.7 Websites and Online Services (Standards 39 – 43)

The Trust operates two websites: a [Corporate website](#) that has been redeveloped with a facility to switch between the two languages, and the NHS Direct Wales website which was rebranded in May 2020 to GIG 111 Cymru www.111.wales.nhs.uk.

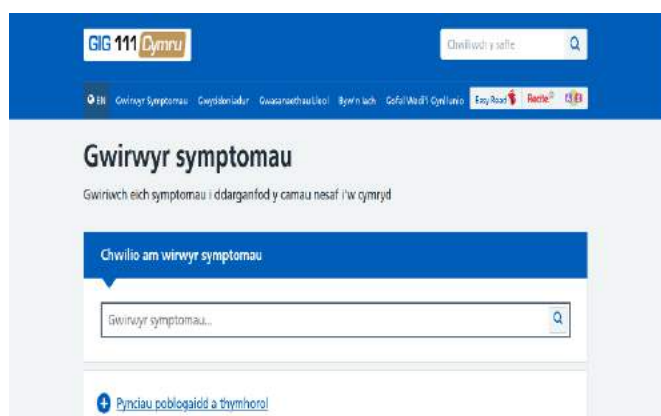
6.7.1 111 Website

During the reporting period the website received **4,550,981 (4,187,031)** visits of which **12,554 (0.27%) (33,664 (0.62%)** visits were to the Welsh language website.

From the launch of the newly branded NHS 111 Wales website, the website has been operating its own Welsh and English social media Twitter accounts @GIG111Cymru with **105 (81)** followers and @NHS111Wales with **7,282 (7,022)** followers.



111 Website Symptom Checkers



Listening to website user feedback, we continue to work closely with colleagues across the Trust to extend the range of symptom checkers available in Welsh through the website, allowing users to check their symptoms and receive online advice about what to do next. During this reporting period, **14** new checkers were developed and made available in Welsh and English:

Leg injury	Facial pain and swelling	Knee pain and swelling	Foot pain and swelling	Ankle injury	Fatigue	Fainting
Belching	Testicular pain	Palpitations	Hallucinations	Burns	Finger injury	Sleep problems

The total number of **bilingual** symptom checkers now available is **65**.

111 Website Developments

A new 'Planned care' section was hosted on the 111 Website homepage on behalf of Welsh Government, providing data on how long people in each Local Health Board were waiting to be referred to or under the care of a specialist.

During December, an increase in the search term 'Scarlet Fever' had already been identified prior to reported cases in the media and calls to 111 telephony service. To support the worried well and other users, information was developed on looking after a sick child, Strep A and Scarlet Fever. This was quickly translated into Welsh.

With a four day bank holiday over the festive period, users were also reminded about planning ahead and advised what they could do out of hours with and without a prescription. An all Wales pharmacy rota was also made available.

Working with the 111 Project team, a number of pages throughout the site have been redesigned with Welsh language in mind, including the Health A-Z, Check Your Symptoms and Services Near You to create design consistency and improve accessibility and optimisation for mobile users, who are our greatest majority of visitors.

6.8 Social Media (Standards 45 – 46)

The Trust operates separate Welsh language and English social media accounts for Facebook and Twitter.



Below is a breakdown of the engagement on Trust’s social media accounts during the reporting period.

Twitter

	@Ambiwlans_Cymru		@WelshAmbulance	
	2022-23	2021-22	2022-23	2021-22
New followers	42	59	1,385	1,906
Total impressions	113,351	191,100	2,440,000	4,806,500
*Retweets (without comments)	625		4,693	
Likes	485	366	12,400	16,188
*Link clicks	38		7,300	

* Orange figures/percentages represent the 2021/22 reporting period.

* New additions therefore no previous comparable data available.

Note: the total amount of Tweets differs between both accounts for the following reasons:

- ‘Tweets’ include quoted Tweets which are published more frequently on our English account due to other agencies, such as other UK ambulance services, not putting out content in Welsh.
- Link clicks include users clicking on links we provide in the captions. For example, during industrial action, on a selection of posts we used a link to go to the FAQ page.

Facebook

	Ymddiriedolaeth GIG Gwasanaethau Ambiwllans Cymru		Welsh Ambulance Services NHS Trust	
	2022-23	2021-22	2022-23	2021-22
New followers	27	59	1,959	4,647
New page likes	10	28	1,029	2,237
*Total page visits	1,259		43,566	
*Total page reach	65,794		939,342	
*Reaction/likes, comments and shares	491		100,084	

* New additions therefore no previous comparable data available.

* Orange figures/percentages represent the 2021/22 reporting period.

6.9 Signs and Notices (Standards 47 - 49)

All new or replacement signage is produced bilingually with the Welsh positioned so that it is likely to be read first. During the reporting period new external and internal signage was produced for the Trust's new offices in Cwmbran.



6.10 Reception Services (Standards 50 - 53)

Where we do have a reception service the online module 'Croeso Cymraeg Gwaith' is available to staff working in reception areas in order to develop their Welsh language skills and be able to greet visitors bilingually. Welsh language support is also available from the Trust's Welsh Language Service Manager.

6.11 Awarding Contracts (Standards 57 - 59)

Invitations to tender will be published bilingually if the subject matter of the invitation to tender suggests that it should be produced in Welsh, or if the anticipated audience, and their expectations, suggests that the text should be produced in Welsh. Tenders may be submitted in Welsh, and a tender submitted in Welsh will be treated no less favourably than a tender submitted in English.

No requests for tenders or contracts were issued in Welsh and none were received in Welsh during this reporting period.

6.12 Education Courses (Standard 63)



Any education course that we offer to the public we invite the audience to let us know their language preference of either Welsh or English for participating in the course. 'Shoctober' is an annual, month-long awareness campaign that runs every October and is designed to engage, educate, and inform primary school age learners about appropriate use of 999 services and vital lifesaving skills. Schools are asked for their audience language preference in order to deliver the sessions in either Welsh or English.

7. Compliance with the Policy Making Standards (Standards 69 – 77)

All new policies implemented by the Trust are subject to an Equality Impact Assessment (EqIA) of which Welsh language is a standard equality strand where 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.

From April 2017, the Trust established a revised Trust wide policy process which ensures there is a robust structure in place within which to review existing or develop new policies.

8. Compliance with the Operational Standards (Standards 79 – 114)

The set of Operational Standards deals with the way the Trust uses the Welsh language internally and gives employees the right to receive Human Resources services in their chosen language.

8.1 Policy on the Internal Use of Welsh (Standard 79)

As part of the Trust's new Welsh Language Framework a new policy to promote the use of the Welsh language within the Trust will be developed for the formal and social use of Welsh amongst our workforce through regular learning and greater participation in a variety of formal and informal language networks and events. Part of this work is the introduction of a Welsh Language Award as one of the categories for the Trust's annual Staff Awards. The award is to recognise staff who have helped to promote the Welsh Language and improve bilingual provision in healthcare.



From the five nominations received the Welsh Language Award 2022, Cerrie Douglas, Clinical Support Desk Clinician was this year's winner for her use of the Welsh language within the complex nature of the clinical support desk.

8.2 Employment Documents (Standards 80 – 81)

We have not been asked by any member of staff for any employment related documents to be supplied in Welsh i.e., documents that outline training needs or requirements; documents that outline performance objectives; documents that outline or record a career plan; forms that record and authorise annual leave; forms that record and authorise absences from work and forms that record and authorise flexible working hours.

We have ensured that the following documents: change of hours letters, secondment extensions and contract of employment have been translated should any member of staff wish to receive them through the medium of Welsh. Where NHS Wales Shared Services Partnership (NWSSP) issues contracts of employment (via the recruitment process within TRAC), these are sent in both Welsh and English.

8.3 Recruiting and Appointing (Standards 106 – 109)

Guidance/process flow charts are used to assist managers prior to any post being advertised. The process provides details of translation services as well as some standard advert and job description wording to assist managers. A translation Service Level Agreement with Betsi Cadwaladr University Health Board has been established to support the Trust's translation needs.

The assessment form we introduced for all managers to complete to help assess Welsh language requirement for posts continues to be utilised. This forms part of a number of other check points, prior to a post being released for advert.

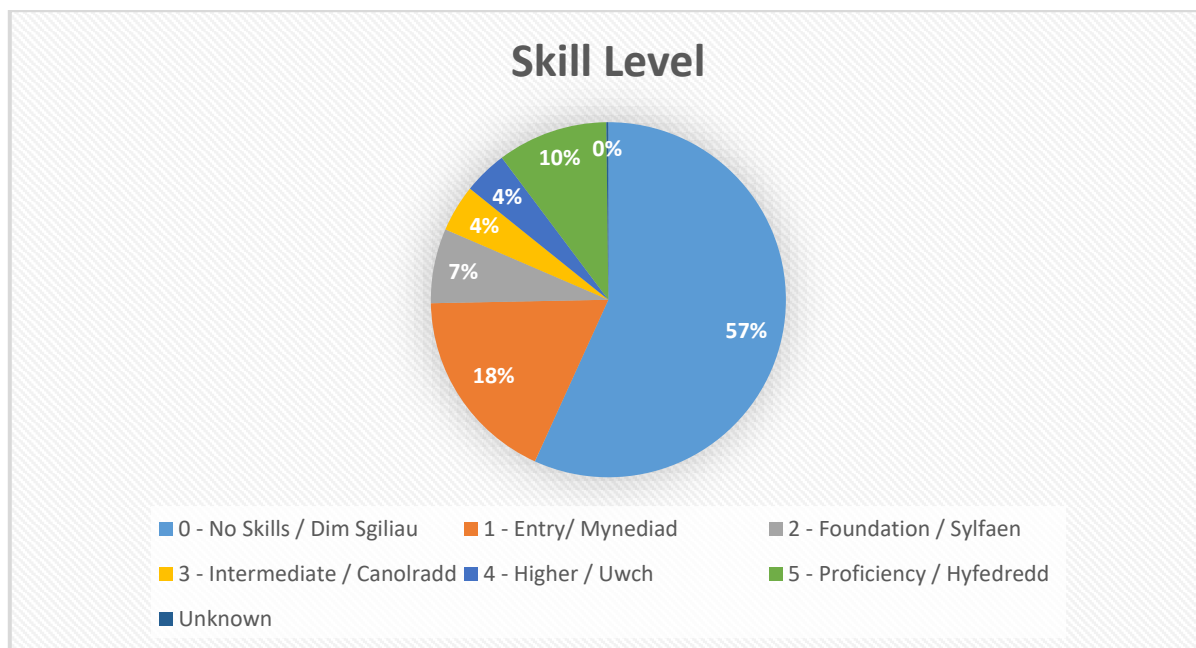
8.4 Assessing and Recording Welsh Language Skills across the Workforce (Standards 96 and 116)

From a total of **4,375** members of staff **3,906 (89.28%)** **4,283 (87.23%)** of the Trust's workforce have self-assessed and recorded their Welsh language skills on ESR. Below, Welsh language listening/speaking skills recoded on ESR per directorate:

Directorate	Required	Achieved	Compliance %
Corporate Governance	7	7	100%
Chief Executive Directorate	19	15	78.95%
Digital Directorate	52	51	98.08%
Finance & Corporate Resources Directorate	107	98	91.59%
Medical & Clinical Directorate	56	55	98.21%
Operations Directorate	3883	3437	88.51%
Partnerships & Engagement Directorate	12	12	100.00%
Quality, Safety & Patient Experience Directorate	130	127	97.69%
Strategy, Planning & Performance Directorate	17	14	82.35%
People & Culture Directorate	92	90	97.83%

8.5 Welsh Language Skills of Staff Profile – Listening/Speaking

0 - No Skills	1 - Entry	2 - Foundation	3 - Intermediate	4 - Higher	5 - Proficiency	Unknown	Grand Total
2450	772	293	185	172	434	8	4314



8.6 New and Vacant Posts (Standard 117)

The table below confirms posts advertised between 1 April 2022 and 31 March 2023:

Total number of posts advertised: **405 (456)**. All job descriptions are translated into Welsh.

Category	Number of posts categorised		Percentage of posts advertised	
	2022-23	2021-22	2022-23	2021-22
Essential	6	8	1.4%	1.7%
Desirable	393	441	97%	97%
Needs to be learned	0	0	0%	0%
Not necessary	6	6	1.4%	1.3%

* Orange figures/percentages represent the 2021/22 reporting period.

Welsh essential posts advertised:

- Non Emergency Patient Transport Service (NEPTS) Call Taker

Job interviews for vacant posts were facilitated in Welsh following requests from the job applicant.

In order to ensure that our service users receive services in their language of choice a dedicated Welsh language workstream has been developed as part of the overall WAST Strategic Workforce Plan. Work will progress in 2023-24 in identifying the levels of Welsh language skills of Trust staff and identify those skills gaps in delivering the active offer to our service users.

8.7 Training (Standard 97)

We offer the following training through the medium of Welsh in accordance with this Standard:

- recruitment and interviewing
- performance management
- complaints and disciplinary procedures
- induction
- dealing with the public
- health and safety

We have not undertaken training for Performance Management or Complaints and Disciplinary Procedures during the period that this report covers. Generally, training for these areas is conducted when a key change in policy and/or procedure is agreed, and where we would have to ensure that managers are aware of the change and its implication on their management of staff through one of these processes.

We can however confirm that should training in these areas be necessary, candidates will be asked if they would like the training in Welsh. A session through the medium of Welsh (number dependent) would be arranged or via the use of a simultaneous translation service.

8.8 Training carried out during the reporting period.

Type of Training	Number who attended the Welsh version	Number who attended the English version	Percentage that attended the Welsh version
Recruitment and Interviewing	None delivered		
*Performance Management	0	26	0
Complaints and Disciplinary Procedures	None delivered		
** Induction	0	424	0
Dealing with the Public	None delivered		
***Health and Safety	0	72	0

*A revised PADR process was introduced in November 2022 to include the wellbeing and newly introduced Trust behaviours element. A presentation was developed to go through all aspects of the PADR process and the pay progression process. This is currently available in English but will be made available in Welsh in 2023/24.

** No one requested for our induction to take place in Welsh, however, every 'WAST Welcome Day' where new members of staff are introduced to the Trust has an element of Welsh within it (greeting delivered bilingually, Welsh WAST behaviours video and reference to the Welsh language standards and learning materials, some of which are delivered in Welsh).

*** This is an internationally delivered IOSH accredited training course, and not available in Welsh.

8.9 Training to Improve Welsh Language Skills (Standards 99 - 101)

The online module 'Croeso Cymraeg Gwaith' has been key to the Trust in supporting staff who are at the beginning of their journey to learn Welsh and **303 (294)** members of staff have registered onto the Welsh language beginners e-learning module facilitated by the National Centre for Learning Welsh with **97** having completed the course.

8.10 Welsh Language Awareness Training (Standards 102 – 103)

The Trust's 'Welcome days' includes Welsh language awareness and a total of **424 (340)** staff undertook this training during the reporting period.

8.11 Promoting the Welsh Language



The 7th of December 2022 marked Welsh Language Rights Day which is the date on which the Welsh Language (Wales) Measure, the legislation that made the rights possible, was passed by the Senedd.

This [video](#) was developed by the Trust to support Welsh Language Rights' Day and promoted on its social media platforms. In addition, advice, and guidance to Trust staff on how they can comply with the Welsh language standards was also promoted.

9. Complaints (Standard 115)

Below, is a list of complaints received during 2022/23 along with a summary of the actions taken. Five complaints were received:

	Complaint	Response and action
1	Welsh Language Commissioner initiated an investigation and determined that the Trust failed to comply with standards 1 and 7 that deal with sending and receiving correspondence.	Staff who deal with external correspondence have subsequently received compliance awareness sessions on sending and receiving correspondence in Welsh.
2	Complaint received from member of the public with regards to the 111 website that the "Services offered" section on each of the primary care provider's page does not contain any information as to what services are available in Welsh.	Local Health Boards have been contacted to provide information on their Welsh language services provision within primary care which can be reflected on the 111 website.
3	Complaint received via Member of the Senedd about the standard of the Welsh language telephone line service for arranging hospital transport (NEPTS).	Improvement work was carried out on the NEPTS telephony system and call routing for Welsh language calls.
4	Complaint received from the Welsh Language Commissioner that on the 111 website it incorrectly states that a number of dentists have a Welsh language service.	<p>After submitting a response to the Welsh Language Commissioner the Commissioner later confirmed that she will not be conducting a statutory investigation as it was the duty of the local health boards in line with standard 65 to publish information on their websites about which primary care providers provide their services in Welsh. The Commissioner asked if it was possible for the Trust to consider integrating this information (already collected and recorded by the local health boards) into the https://111.wales.nhs.uk/ website, or consider stating on the relevant pages of the NHS 111 website that information about which primary care providers provide their services in Welsh should be available on each health board's individual websites.</p> <p>The messaging for each dental practice has been amended where service users</p>

		are advised to contact the service directly to discuss provision / access to the service in the medium of Welsh.
5	Complaint received in relation to the NEPTS webpage that only included an English video and that the Welsh language version of a patient questionnaire was only accessed via the English version of the webpage.	The video on the NEPTS webpage is now available in Welsh and links on the patient questionnaire have been checked and now go to the Welsh language web pages.

10. Priorities for 2023-2024

Welsh Language Framework

We will be implementing our Welsh Language Framework that will ensure there is structure, rigour, governance, and consistency for the development of the Welsh language throughout the Trust that encompasses compliance with the statutory requirements of Welsh Language Standards under the Welsh Language (Wales) Measure 2011 and delivery of the actions within the More than just words 2022-27 Action Plan.

Welsh Language Deliverables from within the framework have been included in the Trust's Integrated Medium Term Plan (IMTP) 2023-26 where progress will be reported via the Trust Board's People and Culture Committee.



Centralising of Welsh Language Translation will enable the Trust to meet the increase in demand in Welsh language translation requirements of the Welsh Language Standards and have a fit for purpose translation service that can respond to WAST service users and staff in a bi-lingual way.

More Than Just Words

Work has progressed on delivering the actions within Year 1 of the action plan which has been submitted to Welsh Government for review. As to ensure that Welsh language is promoted at the highest level of the organisation and there is broad understanding of the active offer the Trust's Board Secretary (Trish Mills) has been named as the Executive Champion at the Board for Welsh Language together with Non-Executive Director (Bethan Evans) as an additional champion.

In line with Action 10 and 18 of 'More than just words', a dedicated Welsh language workstream has been developed as part of the overall WAST Strategic Workforce Plan. Work will progress in 2023-24 in identifying the levels of Welsh language skills of Trust staff and identify those skills gaps in delivering the active offer to our service users.

Further Information

For further information on the Welsh Language Standards please contact:

Melfyn Hughes
Welsh Language Services Manager

Welsh Ambulance Services NHS Trust
Tŷ Elwy
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LL17 0LJ

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Delivering the Welsh language actions as defined in the More than just words Action Plan 2022-27: For the period August 2022- April 2023

Year: 2022-23

NHS Organisation Welsh Ambulance Services NHS Trust

Completed by: Melfyn Hughes, Welsh Language Services Manager

Date: 12/06/23

Ref	Action description	Issues to consider when providing the update	Update	Challenges / barriers to action and any other comments
1.	We'll set personal performance objectives to ensure the delivery of <i>More than just words</i> so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and	These are the personal performance objectives set: <ul style="list-style-type: none"> ➤ Demonstrate how they have provided Board leadership to develop and cascade an organisational culture of belonging that supports bilingualism and mainstreaming of Welsh language in plans and 	The Board Secretary (Trish Mills) is the Executive Champion at the Board for Welsh Language, and we have added a Non-Executive Director (Bethan Evans) as additional champion. This has allowed us to ensure that Welsh language is promoted at the highest level of the organisation and there is broad understanding of the active offer. Welsh Language Deliverables have been included in the Trust's Integrated Medium	If there are any barriers to implementing the action please note them here and outline how you will address them. We are pleased to see that over a third of our workforce have undertaken the Welsh Language Awareness Course in the first couple of months of its introduction. We will continue to promote the course and compliance against training will be monitored by the

	<p>the Directors of Social Services report (Annual Council Reporting Framework).</p>	<p>delivery of services. The Board has assured itself on progress on the short-term actions set out in the More than just words framework for health bodies. This to include:</p> <ul style="list-style-type: none"> - Improved data on workforce language skills (over 90% of staff recorded skills) to support planning of services to enable the active offer. - Over 90% of staff completing Welsh language awareness training - Board champions appointed and best practice evidenced and delivering system improvements. 	<p>Term Plan (IMTP) 2023-26 that incorporates an action plan to implement the Welsh Government More Than Just Words strategy with a focus on an active offer of Welsh across our services. Progress reported via the Trust Board's People and Culture Committee.</p> <p>In line with Action 10 and 18 of 'More than just words', a dedicated Welsh language workstream has been developed as part of the overall WAST Strategic Workforce Plan.</p> <p>From a total of 4,375 members of staff 3,906 (89.28%) of the Trust's workforce have currently self-assessed and recorded their Welsh language skills on ESR.</p> <p>Since the introduction of the mandatory Welsh language awareness courses on 1st April 2023, 34% of Trust staff have completed the course. We will continue to promote the training over the next year to increase the numbers of staff completing the training to 90%.</p>	<p>People and Culture Committee.</p>
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16.	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities	This is something that will benefit from guidance to be developed at a national level. In the meantime, please provide examples of best practice regarding this action point in your organisation.	As part of the JE process Welsh language assessment requirement for all posts is carried out via the use of Welsh Language Skills Assessment Tool for managers. By completing the form, managers determine whether roles need to be advertised with Welsh as an essential or a desirable skill or if no Welsh skills are required. A copy of this Assessment Form must be emailed to the HR Hub once completed. The information provided within this document will be used for reporting purposes and will form part of the recruitment audit process.	<p>Guidance on this on a national level would be welcomed.</p> <p>WAST are supportive of the principle of greater definition of Welsh language skills requirements in job adverts and job descriptions.</p> <p>There is some concern that attempting to implement a revised framework of categorisation without robust guidance from the Welsh Government could see us become non-compliant with standards.</p> <p>Whilst we see this move as a positive step and will explore further ways we could implement this, it is unlikely we will see an introduction of this style of categorisation until such a time as Welsh Government publish a uniform national framework, offering</p>
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				detailed definitions of levels 0-5 as well as guidance on how this method of categorisation could be implemented effectively.
17.	Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh	This is something that will need guidance developed at a national level. In the meantime, please provide information about any developments in your organisation including examples of best practice.	<p>The online module ‘Croeso Cymraeg Gwaith’ has been key to us as a Trust in supporting staff who are at the beginning of their journey to learn Welsh.</p> <p>Work will be developed with support of the Chair in introducing Welsh language courtesy skills to EMT and Trust Board members that can be used at Board and Committee meetings.</p> <p>On Welsh Language Rights Day staff and Board members participated in a video in Welsh that was communicated to the organisation.</p> <p>The Welsh Language Annual Report will be presented to the People and Culture Committee and the Trust Board bilingually this year (not just the report itself, but the presentation of it verbally).</p>	
29.	We’ll collate and share examples of innovative good practice which is accessible across the sector utilising existing	Please provide examples of good practice shared in your organisation and with other organisations.	Our aim over the next year will be to engage with the Research and Innovation teams at WAST and externally to discuss ideas and opportunities to develop Welsh	Further guidance from Welsh Government on the Research and Innovation Hubs would be appreciated.

	portals and hubs including the Research and Innovation Hubs.	To what extent have you engaged with the Research and Innovation hubs to improve Welsh language services?	language services across the organisation.	
30.	We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages.	<p>Please provide examples of using the Bilingual Technology Toolkit when procuring / developing new digital services. To what extent were digital services produced bilingually Are there records of the uptake of Welsh language digital services?</p> <p>Provide examples of co-drafting for information and advice websites. If this did not happen please state why.</p>	<p>The Bilingual Technology Toolkit has not yet been shared across the organisation but over the next year we aim to share the toolkit with our digital directorate.</p> <p>We continue to work closely with colleagues across the Trust to extend the range of symptom checkers available through the website, allowing users to check their symptoms and receive online advice about what to do next. The total number of symptom checkers now available is 65.</p> <p>We have parallel Welsh and English social media channels for Facebook and Twitter together with bilingual email sign off, letterhead, out of office messaging, Teams and Zoom backgrounds and Board agenda.</p>	
32.	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and developing	The Welsh Government will arrange a national meeting for relevant stakeholders. In the meantime please outline any other meetings / groups held to share best practice and ensure a consistent approach.	The Welsh Language Group, which includes Welsh language leads from directorates across the organisation, meet quarterly to discuss compliance, challenges and best practice with the Welsh Language Standards and the More Than Just Words Action Plan.	

	<p>initiatives to celebrate success including promoting <i>More than just words</i> within existing awards and accolade schemes</p>	<p>Also indicate whether <i>More than just words</i> is promoted within existing awards / accolades.</p>	<p>Our Welsh Language Services Manager is part of the NHS Wales wide Welsh Language Officer meetings with Welsh Government, where best practice and common challenges are shared.</p> <p>Our Welsh Language Services Manager is also part of an NHS Wales Welsh Language Managers group. While this group focuses more on compliance with the Welsh Language Standards, the discussions are often relevant to More Than Just Words.</p> <p>The Welsh Language Services Manager joins the More Than Just Words forum meetings at BCUHB. Over the next year aim to contact forums in other areas of Wales to discuss joining their meetings if our capacity and our contribution adds value to the discussions.</p>	
35.	<p>Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of belonging. We'll extend the <i>laith Gwaith</i> project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves</p>	<p>Visual markers are widely used to denote Welsh speaking staff, but there are still some areas where the markers are not used and some staff are reluctant to wear the Working Welsh badge.</p> <p>Can you be confident that the vast majority of workers in your organisations who can offer services in Welsh are identifying that by</p>	<p>We have shared with staff the Welsh Language Commissioner's Working Welsh Teams background for meetings.</p>	<p>The wearing of the working Welsh pin badge on operational staff uniforms will depend on the outcome of a risk assessment.</p>

	<p>by wearing laith Gwaith badges or lanyards. We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding/resources to enable this to be delivered.)</p>	<p>wearing the laith Gwaith badge?</p> <p>Do receptions/waiting areas have clear branding to show that Welsh language services are offered?</p> <p>To what extent are ICT systems used to capture and share information about language choice and how is this information then used?</p>	<p>Working Welsh poster is displayed at reception areas. Staff who are able to provide a Welsh language service wear a working Welsh lanyard.</p> <p>The 111 Service has two IT systems that capture language choice. Firstly, via the telephone routing systems which captures the following data:</p> <ol style="list-style-type: none"> 1. How many calls choose Welsh or English at language choice on IVR (Interactive Voice Response) 2. How many calls are answered in English or Welsh. 3. How many calls abandoned in English and Welsh. 4. How long the above calls wait to be answered. 5. How many calls that deque into the English skillset if no Welsh agent logged in or if there is a delay in Welsh calls queuing to be answered. 6. How many calls abandoned after dequeuing. <p>This data is used for performance reporting purposes and monitored by the Board.</p> <p>Secondly the CAS (Clinical Assessment Software) IT system can capture language selection. However, this relies</p>	
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			on agents completing this field as it's not mandatory. This is often not collected due to this factor.	
37.	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example <i>Gair i Glaf</i> . This to include in the short term Welsh language officers and translators working together on collation of terms and translation capacity and capability.	Please provide details about any initiatives in your organisation regarding terminology / translation.	Organisation plan in place to centralise Welsh Language Translation via recruitment of a Welsh language translator and use of translation memory software.	An all -Wales memory software system is needed to significantly reduce costs and translation time in the long term.
SECTION 4 – Monitoring Progress	All health and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan	Please indicate whether this has been achieved and the name of the relevant person.	Board Secretary appointed as person to be responsible for ensuring delivery on the actions and targets set in the plan.	

Guidance to RAG rating

Red	Majority are not on track and improvement needs to be made.
Amber	Majority are on track, but there is scope for improvement.
Green	On track.

Please provide an overall RAG rating





AGENDA ITEM No	11
OPEN or CLOSED	Open
No of ANNEXES ATTACHED	5

RISK MANAGEMENT & BOARD ASSURANCE FRAMEWORK REPORT

MEETING	People and Culture Committee
DATE	17 th August 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk/Deputy Board Secretary
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EXECUTIVE SUMMARY

1. The purpose of the report is to provide assurance in respect of the management of the Trust's principal risks, specifically the 6 risks that are relevant to Committee's remit and additionally the Trust's 2 highest scoring risks which are assigned to the Quality, Safety & Patient Experience Committee (QuEST) for oversight.
2. A summary of these risks is set out in Annex 1 with a detailed description contained within the Board Assurance Framework (BAF) in Annex 4.
3. The more detailed description contained within the BAF provides the Committee with an opportunity to review the controls in place against each principal risk and the assurance provided against those controls where applicable. This will assist Members in evaluating current risk ratings supported by the frameworks in Annex 2.
4. The principal risks were presented to the Trust Board on 25th May 2023 and are updated as at 6th July 2023. The high rated risks have been reviewed during this reporting period in line with the agreed schedule detailed at Annex 3. Focus has been given to the risk ratings and the mitigating actions identified and taken to ensure risks achieve their target score. This is in addition to the review of controls, assurances, and any gaps.
5. Specifically, The Trust's highest rated Risks 223 and ID 224, scoring 25, remain unchanged despite a series of mitigating actions being in place. These risks continue to be closely monitored by management, Board Committees, and the Trust Board.

6. All current mitigating actions within WAST's control have been completed or superseded in relation to Risk 223. The Trust will continue to challenge itself that all possible mitigations are in place or planned, this includes considering a potential breakdown of risk score by Health Board.
7. A deep dive in relation to Risk 224 was undertaken by the Quality & Nursing Directorate and it was agreed that the score should remain at 25 (5x5) given recent cases of patients deteriorating outside of Emergency Departments.
8. In relation to Risk 160 - Whilst good progress is being made to reduce sickness absence, a decision was made in May 2023 to keep the risk rating under review. Profiling seasonal impacts of illness and historical data during the next 4 months will enable us to make an informed decision as to whether to reduce the risk.
9. Risk 201 - while it is acknowledged that the rating for this risk remains high and has been static for some time given the current status, the Trust is not in a position to de-escalate it. Members should note that this risk is reviewed by the People and Culture Committee at each meeting. Any concerns are escalated through the Alert, Advise and Assure (AAA) report and during discussion at each Board meeting. The risk rating will be kept under regular review and will be de-escalated as soon as is appropriate and practicable.
10. Risk 163 - Whilst the national pay dispute has ended for the majority of Trade Unions (RCN potential action is currently paused) relationships with Trade Union Partners need to be approached sensitively. There are a range of issues that require engagement and partnership working, alongside the full implementation of all aspects of the WAST annex. On this basis, the score has increased from 12 (3x4) to 16 (4x4).
11. Risk 199 – The risk score is to remain the same as not all actions have been implemented and have been delayed during the operational pressures. Once the remainder of the actions have been completed then the score will be reduced. This will be reviewed in the next reporting period.
12. Risk 558 - Whilst there is significant work in this area, there remains a considerable risk to the health and wellbeing of the workplace. Handover delays remain high which leads to regular shift overruns. There are pilots in place to understand whether a different approach can be introduced; however, this need to be evaluated before reducing the risk. Staff will shortly be surveyed using our new staff survey tool which will give the Trust further insight and some data to measure how people are feeling. External pressures such as the cost of living crisis will likely increase the pressure our people are feeling.

Closure and De-Escalation of Risks

13. As a result of reviewing the risk ratings and mitigating actions Risk 557 was recommended by the Executive Risk Owner for closure from the CRR which was approved by the EMT given the risk has been mitigated due to the acceptance of the pay award by the majority of Trade Unions.

14. **Risk 557** - Potential impact on services as a result of Industrial Action

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.

RECOMMENDATION:

15. Members are asked to consider and discuss the contents of the report and:

- (a) Note the review of each high rated principal risk including ratings and mitigating actions.
- (b) Note the increase in score of Risk 163 from 12 to 16.
- (c) Note the closure of Risk 557 from the Corporate Risk Register.

KEY ISSUES/IMPLICATIONS

16. The key issues are set out in the Executive Summary above.

REPORT APPROVAL ROUTE

17. The BAF was considered by:

- EMT – 3rd May 2023
- ADLT – 4th May 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
- Appendix 1 - Guidance on Interpreting the 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	<p>25 (5x5)</p> <p>➔</p>
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	<p>25 (5x5)</p> <p>➔</p>
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	<p>20 (5x4)</p> <p>➔</p>

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
201 PCC	Damage to Trust reputation following a loss of stakeholder confidence	<p>IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations</p> <p>THEN there is a risk of a loss of stakeholder confidence in the Trust</p> <p>RESULTING IN damage to reputation and increased external scrutiny</p>	Director of Partnerships & Engagement	<p style="color: white; font-weight: bold;">20 (4x5)</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 style="color: white; font-weight: bold;">16 (4x4)</p> <p style="color: white; font-weight: bold;">12 (3x4)</p>
557 PCC CLOSED	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</p>	Director of Workforce & Organisational Development	<p style="color: white; font-weight: bold;">16 (4x4)</p>

CORPORATE RISK REGISTER

RISK ID	NEW RISK TITLE	NEW SUMMARY DESCRIPTION	EXECUTIVE OWNER	RISK SCORE
		impact on the Trust's corporate reputation.		
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	15 (3x5)
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	15 (3x5)

Annex 2 - Risk Scoring Matrix

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	Catastrophic
Safety & Well-being - Patients/ Staff/Public	Minimal injury requiring no/minimal intervention or treatment. No time off work. Physical injury to self/others that requires no treatment or first aid. Minimum psychological impact requiring no support. Low vulnerability to abuse or exploitation - needs no intervention. Category 1 pressure ulcer.	Minor injury or illness, requiring minor intervention. Requires time off work for >3 days. Increased hospital stay 1-3 days. Slight physical injury to self/others that may require first aid. Emotional distress requiring minimal intervention. Increased vulnerability to abuse or exploitation, low level intervention. Category 2 pressure ulcer.	Moderate injury/professional intervention. Requires time off work 4-14 days. Increased hospital stay 4-15 days. RIDDOR/Agency reportable incident. Impacts on a small number of patients. Physical injury to self/others requiring medical treatment. Psychological distress requiring formal intervention by MH professionals. Vulnerability to abuse or exploitation requiring increased intervention. Category 3 pressure ulcer.	Major injury leading to long-term disability. Requires time off work >14 days. Increased hospital stay >15 days. RIDDOR Reportable. Regulation 4 Specified Injuries to Workers. Patient mismanagement, long-term effects. Significant physical harm to self or others. Significant psychological distress needing specialist intervention. Vulnerability to abuse or exploitation requiring high levels of intervention. Category 4 pressure ulcer.	Incident leading to death. RIDDOR Reportable. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.
Quality/ Complaints/ Assurance/ Patient Outcomes	Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.	Overall treatment/service suboptimal. Formal complaint (Stage 1). Local resolution. Single failure of internal standards. Minor implications for patient safety. Reduced performance.	Treatment/service has significantly reduced effectiveness. Formal complaint (Stage 2). Escalation. Local resolution (poss. independent review). Repeated failure of internal standards. Major patient safety implications.	Non-compliance with national standards with significant risk to patients. Multiple complaints/independent review. Low achievement of performance/delivery requirements. Critical report.	Totally unacceptable level or quality of treatment/service. Gross failure of patient safety. Inquest/ombudsman/inquiry. Gross failure to meet national standards/requirements.
Workforce/ Organisational Development/ Staffing/ Competence	Short-term low staffing level that temporarily reduces service quality (< 1 day).	Low staffing level that reduces the service quality.	Late delivery of key objective/service due to lack of staff. Unsafe staffing level (>1 day)/competence. Low staff morale. Poor staff attendance for mandatory/key professional training.	Uncertain delivery of key objective/ service due to lack/loss of staff. Unsafe staffing level (>5 days)/competence. Very low staff morale. Significant numbers of staff not attending mandatory/key professional training.	Non-delivery of key objective/service due to loss of several key staff. Ongoing unsafe staffing levels or competence/skill mix. No staff attending mandatory/professional training.
Statutory Duty, Regulation, Mandatory Requirements	No or minimal impact or breach of guidance/statutory duty.	Breach of statutory legislation. Reduced performance levels if unresolved.	Single breach in statutory duty. Challenging external recommendations/improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/ delivery requirements. Critical report.	Multiple breaches in statutory duty. Zero performance rating. Prosecution. Severely critical report. Total system change needed.
Adverse Publicity or Reputation	Rumours. Low level negative social media. Potential for public concern.	Local media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.	Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.	National media coverage <3 days, service well below reasonable public expectation. Prolonged negative social media, reported in national media, long-term reduction in public confidence & trust. Increased scrutiny: inspectorates, regulatory bodies and WG.	National/social media coverage >3 days, service well below reasonable public expectation. Extensive, prolonged social media. MP/MS questions in House/Senedd. Total loss of public confidence/trust. Escalation of scrutiny status by WG.
Business Objectives or Projects	Insignificant cost increase/ schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national targets. 10-25 per cent over project budget. Schedule slippage. Key objectives not met.	>25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Stability & Impact of Litigation	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget. Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5-1.0% of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification. Claim(s) >£1 million. Loss of contract/payment by results.
Service/ Business Interruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas in a location, possible flow to other locations.	Loss/interruption of >1 week. All operational areas of a location compromised, other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.
Environment/Estate/ Infrastructure	Minimal or no impact on environment/service/property.	Minor impact on environment/ service/property.	Moderate impact on environment/ service/property.	Major impact on environment/ service/property.	Catastrophic impact on environment/service/property.
Health Inequalities/ Equity	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	Catastrophic
1 Highly Unlikely: Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely: Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Likely: It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Highly Likely: Will probably happen/recur, but not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain: Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25


Annex 3 - Frequency of Risk Review

Risk Score	Review Frequency	Risk Rating
15 – 25 Red	Review monthly	High
8 – 12 Amber	Review quarterly	Medium
1 – 6 Green	Review every 6 months	Low

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death			Date of Review:	26/06/2023	TREND	25 (5x5)
				Date of Next Review:	25/07/2023		
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		
Risk Commentary Q4 2022/23							
The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm and death as a result of the Trust not being able to reach patients in the community.							
There were over 28,000 hours lost outside EDs in March 2023, a comparable figure to the pre Christmas delays. Whilst there has been improvement in some Health Board areas (Cardiff and Vale where there has been a corresponding improvement in red performance), other Health Board continue to experience protracted delays. The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (AACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, Coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control.							
Improvement actions led by Welsh Government and system partners include: -							
<ul style="list-style-type: none"> a) Audit Wales's investigation of Urgent and Emergency Care System. Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (E) b) Consideration of additional WAST schemes to support risk mitigation through winter (I) c) NHS Wales 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) Alterative capacity equivalent to 1000 beds (E) f) Implement nationwide approach to emergency department 'Fit 2 Sit' (E) g) Implementation of Same Day Emergency Care services in each Health Board (E) h) National Six Goals programme for Urgent and Emergency Car (E) 							
CONTROLS				ASSURANCES			
				Internal Management (1st Line of Assurance)			
1. Regional Escalation Protocol				1. Daily conference calls to agree RE levels in conjunction with Health Boards			
2. Immediate release protocol				2. The Immediate Release Protocol is a Nationally agreed NHS Wales protocol. Refusals by Health Boards are Datixed by WAST and compliance report shared weekly with the Health Board Chief Operating Officers (COOs)			
3. Resource Escalation Action Plan (REAP)				3. Weekly review by Senior Operations team with assessment of action compliance. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation via Strategic Command structure.			
4. 24/7 Operational Delivery Unit (ODU)				4. Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.			
5. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans				5. Same as 5 - Shift reports from ODU & ODU Dashboard received by Exec, SOT and On-Call Team at start/end. Provides operational oversight with dynamic CSP review and system escalation as required.			
6. Limited Alternative Care Pathways in place				6. Limited Assurance - Health Informatics reports, APP dashboard monitors, reports on app use by Consultant Connect, APP development and expansion, and bids for additional prescribing APPs.			
7. Consult and Close (previously Hear and Treat)				7. 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			

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:	26/06/2023	TREND	25 (5x5)
			Date of Next Review:	25/07/2023		
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
		Management Internal Audit report February 2022 (External Assurance). Consult and Close rate has increased from 12% to circa 15% March 2023.				
8. Advanced Paramedic Practitioner (APP) deployment model / APP Navigation		8. 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. EMT have agreed to offer contracts to the 22 APPs who are about to complete their Masters programme. This will take our APP headcount to 88.7FTE. An investment proposal has been submitted to Welsh Government AHP in primary and community care pot. I think that there is low expectation that the bid will be successful. We are currently workforce planning to increase our APP headcount by 40 per year.				
9. Clinical Safety Plan		9. Clinical agreement – agreeing escalation to higher levels, ODU dashboard, AACE paper through National Director of Operations group				
10. Recruitment and deployment of CFRs		10. Volunteers are another resource for response, Volunteer				
11. ETA scripting		11. 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				
12. Clinical Contact Centre (CCC) emergency rule		12. CCC Emergency Rule is policy that has been signed off by Execs.				
13. National Risk Huddle		13. This is a tactic contained in REAP ratified through SPT and EPT. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.				
14.		14.				
15. Summer/Winter initiatives		15. Monitoring through SLT and STB				
16. CHARU implementation		16. Monitored via the EMS project Board				
17. National Transfer & Discharge Model		17.				
18. Conveyance Reduction		18. This is part of the weekly performance review and aligned to Care Closer to Home Programme				
19. Access to Same Day Emergency Care (SDEC) for paramedic referrals		19. This forms part of the handover improvement plans in place with Health Boards, however assurance is limited given that the acceptance of paramedic referrals is low (less than 1%) and inconsistent.				
20. Mental Health Practitioners in cars		20.				
21. Roll out of ECNS		21. Reported through QuEST				
22. Clinical Model and clinical review of code sets		22. Reported through QuEST				
23. Remote Clinical Support Strategy		23. Strategic Transformation Board – IMTP deliverable				
24. 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)		24. Formally documented action plan – actions captured are contained within and monitored via the Performance Improvement Plan (PIP)				
25. Information sharing		25. Information Sharing: Patient Safety Reports, Chief Operating Officer (COO) Data Pack, Immediate Release Declined (IRD) Reports.				
26. Completed EMS Roster Review		26. Helps to ensure that we have the maximum available capacity to respond to dispatch to 999 calls received in a timely manner				
27. Work underway to reduce the number of multiple attendances dispatched to red calls		27. This will increase vehicle availability generally across the Trust				
28. Transfer of Care		28. WAST has clearly articulated to the Health Board COOs the risk associated with delayed handovers. Consequently work has commenced to withdraw WAST staff from portering duties on hospital premises, cease				

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			Date of Next Review:	25/07/2023		
IF significant internal and external system pressures continue	THEN there is a risk of an inability and/or a delay in ambulances reaching patients in the community	RESULTING IN patient harm and death	Likelihood	4	5	20
			Inherent	4	5	20
			Current	5	5	25
			Target	2	5	10
		<p>the practice of ED swaps and cease the use of WAST equipment in EDs across Wales. Please refer to the following documents:</p> <ul style="list-style-type: none"> i) Letter to COO Handover Delays 30.03.2023 ii) Letter to COO Handover Delays iii) WAST – Transfer of Care Brief 				
GAPS IN CONTROLS		GAPS IN ASSURANCE				
1. Acknowledgement and acceptance of risk by Health Boards and balancing the risks across the whole system		1. Improvement in handover delays across Cardiff and Vale and more latterly across AB have led to improved handovers at Eds. This has now been sustained for some months across C&V in a phased programme of improvement with no delays in excess of 2 hours. Programme of improvement underway in AB, commencing at 4hour tolerance with a plan to reduce over time. In other Health Boards, there remains little or no controls, with variation in both handovers and risk levels across Health Boards				
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.						
8. During industrial action days, Health Boards demonstrated compliance with reducing handover delays in order to maximise WAST resources. Despite a reduced volume of conveyance as a result of the industrial action, there is however a demonstration that reduced handover delays are achievable, and this therefore warrants a triangulation of data.						
9. 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.						
10. 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						
11.						
12. Handover Improvement Plans agreed between WAST and Health Boards		12. Handover Improvement Plans have been replaced by Integrated Commissioning Action Plans (ICAPS) and are subject to review with EASC; However, it is noted that previous plans did not demonstrate sufficient improvement in reducing handover delays				
18. National Transfer & Discharge Model		18. National Transfer & Discharge model is yet to be determined. A task and finish has been established to progress this piece of work				
21. Mental Health Practitioners		21. Mental Health Practitioners – not yet implemented but part of the Care Closer to Home workstream				
Please note that the gaps listed are not WAST's and are therefore outside of the control of WAST						
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:		
1. Exploring Rural model options (Paused during Pandemic Response) – subject to funding through IMTP. Now refreshed to wider rural model opportunities to include recruitment of CFRs. Additional funding has been sourced to increase posts within the volunteer function.		Assistant Director of Operations EMS / Assistant Director of Operations – National Operations & Support	Superseded	Rural model superseded by Action 9 below (Recruitment and deployment of CFRs)		
2. Leading Change Together (forum to progress workforce related work streams jointly with TUPs)		ADLT Sub-Group	30.09.22 - Superseded			
3. EMS Demand & Capacity i.e. review and implementation of new EMS rosters		Assistant Director of Operations EMS	Complete	Majority of EMS rosters complete and implemented		

Risk ID 223	The Trust's inability to reach patients in the community causing patient harm and death		Date of Review:		26/06/2023	TREND	25
			Date of Next Review:		25/07/2023		(5x5)
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	
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) [Source: Action Plan presented to Trust Board 28/07/22]		Director of Paramedicine / Director of Workforce & OD	30.07.23 Checkpoint	Offers to 22 in July 2023. 13.33 FTE uplift. Continue to seek opportunities for funding APPs to improve service delivery.			
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	31.03.23 Complete	Work undertaken to map influences and progress towards each. Current % of Consult and Close increased from 12% to 15% at March 2023.			
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	Complete 21.03.23	Additional CFR Trainers and Operations Assistants appointed to support recruitment and training of new CFRs. Volunteer Management Team, supported by the Volunteer Steering Group, now embarking on volunteer recruitment programme and increasing public engagement to raise awareness about volunteering opportunities available within WAST. Volunteer team has recruited and trained 173 additional volunteers between November and March 2023.			
10. Transition Plan (I) [Source: Action Plan presented to Trust Board 28/07/22]			Superseded				
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	Ended March 2023	The temporary extension of the SJAC contract for overnight provision was evaluated, demonstrating on available evidence a positive performance impact over the period of operation (Jan-April 2023). The evaluation report was presented to EMT on 5 April 2023. The contract extension (as a temporary arrangement) ceased on 5 April 2023. Falls service enhanced day and night provision remains in place and utilisation of resources is reviewed at weekly performance meetings by Operations SLT.			

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:	27/06/2023	TREND	25 (5x5)
			Date of Next Review:	27/07/2023		
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	
Risk Commentary Q4 2022/23						
<p>The risk score remains constant at 25 (almost certain & catastrophic). Internal and external assurances remain weak as there remains a daily risk of actual patient harm due to handover of care delays. There were over 2,000 +4 hour patient handovers in April 2023; the target being 0 from September 2022 has now moved to the end of 2023/24. Currently < 0.014% of the Trust's demand is going into Same Day Emergency Care currently is <0.025% (modelling 4%). The impacts on patients waiting for extended periods of time both in the community and then outside emergency departments is well documented (ACE Delayed Hospital Handovers: Impact assessment of patient harm, 2021) and includes pressure damage, acute kidney injury, deconditioning, poorer outcomes and extended recovery times. Delays across the system continue to be the main focus of patient safety incidents, complaints, coronial enquires and redress / claims. The effectiveness of our controls in many areas are dependent on external partners acknowledging and having ownership of the risk across the urgent and emergency care system. Key to moving the position is to continue to work in collaboration influencing system partners, being present and engaging in key conversations, whilst continually seeking opportunities internally to swiftly identify and mitigate the risks within our control and share those with relevant system partners that we cannot control. WAST CEO and Directors have ensured that system safety and avoidable harm remain a live topic of discussion in all relevant forums and continue to seize opportunities as they emerge that can contribute to mitigating avoidable harm. The Joint Investigation Framework in place to review incidents across the system is now approved and included in the recently published National Policy on Patient Safety Incident Reporting & Management (May 2023).</p> <p>Improvement actions led by Welsh Government and system partners include:</p> <ol style="list-style-type: none"> Right care, right place, first time Six Goals for Urgent and Emergency Care - A policy handbook 2021–2026. Goal 4 'Improving ambulance patient handover, ensuring no one arriving by ambulance at an Emergency Department waits more than 60 minutes from arrival to handover to a clinician – (Welsh Government) by the end of April 2025 NHS Wales eradicates all emergency department handover delays in excess of 4 hours (LHB CEOs) by revised to March 2023/24. Alternative capacity equivalent to 1,000 beds project (LHB CEOs) Investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time? (Audit Wales) Implement nationwide approach to emergency department 'Fit 2 Sit' (Welsh Government: Chief Medical Officer and Chief Nursing Officer) 						
CONTROLS			ASSURANCES			
			Internal Management (1st Line of Assurance)			
1. WAST Serious Clinical Incident Forum (SCIF) is in place to discuss patient safety incidents, learning and improvement actions to prevent future harm, working in collaboration with Health Boards / NHS Wales Executive Delivery Unit under the Joint Investigation Framework which is currently in pilot phase and an evaluation is to be undertaken in quarter 1 2023/24 by EASC. Sharing of potential case of serious avoidable harm/death with Health Boards for investigation when response delay associated with system congestion is the primary cause. CNO and CMO plus peer group and COOs regularly updated on patient safety incidents.			1. Patient safety reporting and escalation through the Serious Clinical Incident Panel (SCIF), Patient Safety Highlight Reports, Health Board specific reports in place with escalation through WAST governance framework.			
2. WAST membership of the working group (Executive Director of Quality & Nursing) to reform the Framework for the Investigation of Patient Safety Serious Incidents (SIs) national investigation framework with system partners. Chaired by the Deputy Chief Ambulance Commissioner and commenced in August 2022.			2. Workshop with system partners in place with executive directors of nursing attendance and to date is working well with good engagement from health board colleagues. Following the last meeting on 25.01.2023 it was agreed that sub groups would be formed to meet more frequently to gather themes / evaluation / develop more consistency which would include aligning the outputs / outcomes with the 'Six Goals for Urgent and Emergency Care' work.			
3. WAST and system compliance with National Standards - 15-minute handover (NHS Wales Hospital Handover Guidance v2 (May 2016)			3. Monthly Integrated Quality and Performance Report, Health Informatics reports, APP dashboard 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 via local managers and the Operational Delivery Unit.			

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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		<table border="1"> <thead> <tr> <th></th> <th>Likelihood</th> <th>Consequence</th> <th>Score</th> </tr> </thead> <tbody> <tr> <td>Inherent</td> <td>5</td> <td>5</td> <td>25</td> </tr> <tr> <td>Current</td> <td>5</td> <td>5</td> <td>25</td> </tr> <tr> <td>Target</td> <td>3</td> <td>2</td> <td>6</td> </tr> </tbody> </table>		Likelihood	Consequence	Score	Inherent	5	5	25	Current	5	5	25	Target	3	2	6
	Likelihood	Consequence	Score																			
Inherent	5	5	25																			
Current	5	5	25																			
Target	3	2	6																			
5. Workstreams put in place to meet requirements of <i>Right care, right place, first time Six Goals for Urgent and Emergency Care A policy handbook 2021–2026</i> . Goal 4 incorporates the reduction of handover of care delays through collective system partnership. WAST membership at system workshops supported by Commissioners looking at handover of care delays which includes the implementation of the Fit2Sit programme and handover of care checklist pan NHS Wales. Learning from NWS shared that indicates up to 20% of ambulance arrivals may be suitable for Fit 2 Sit Additionally, the Emergency Ambulance Services Committee (EASC) have stated that no delay should exceed 4 hours.		5. Monthly Integrated Quality and Performance Report																				
6. Hospital Ambulance Liaison Officer (HALO) (Some Health Boards).		6.																				
7. Regional Escalation Protocol and Resource Escalation Action Plan (REAP). Proactive and forward-looking weekly review of predicted capacity and forecast demand. Deployment of predetermined actions dependant on assessed level of pressure. Consideration of any bespoke response/actions plans in the light of what is expected in the coming week. WAST has updated the REAP in advance of winter, including revised triggers (higher) for handover lost hours.		7. The Senior Leadership Team convenes every Tuesday as the Weekly Performance Meeting to review performance and demand data, and review/assign REAP Levels as appropriate. Dynamic escalation is via the Strategic Command structure.																				
8. Staff from WAST, Health Boards and third sector organisations assisting to meet patient's Fundamentals of Care as best they can in the circumstances.		8. Confirmed through Healthcare Inspectorate Wales (HIW) workshops and Health & Care Standards self-assessment process.																				
9. 24/7 operational oversight by ODU with dynamic CSP review and system escalation as required. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays.		9. Shift reports from ODU & ODU Dashboard received by Executive Management Team (EMT), Senior Operations Team (SOT) and On-Call Team at start/end. Realtime management and escalation of risks and harm with system partners. Triggering and escalation levels within CSP to best manage patient safety in the context of prevailing demand and available response capacity. Monitoring, escalation and reporting of extreme response or handover delays																				
10. Gold/Strategic, Silver/Tactical and Bronze/Operational 24 hour/ 7 day per week system to manage escalation plans.		10. Shift reports from ODU & ODU Dashboard received by EMT, SOT and On-Call Team at start/end.																				
11. Escalation forums to discuss reducing and mitigating system pressures.		11. Daily risk huddles are recorded, and documented actions are shared with stakeholders and progress monitored via the ODU.																				
12. WAST Education and training programmes include deteriorating patient (NEWs), tissue viability and pressure damage prevention, dementia awareness, mental health.		12. Monthly Integrated Quality and Performance Report (April 2023 overall 75% - Safeguarding and dementia over 90%).																				
13. Clinical audit programme in place.		13. Clinical audit programme in place (dynamic document) with oversight from the Clinical Quality Governance Group and QuEST.																				
14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. – assurance is that HIW approve and sign off WAST elements and Health Board elements of recommendations.		14. Workshop set up by the Deputy Chief Ambulance Commissioner to respond to the findings in the Health Care Inspectorate Wales (HIW) Report <i>Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover</i> (undertaken 2021). WAST has senior representation at this meeting. A collective response from WAST and Health Boards is being overseen by EASC.																				
15. Escalation of patient safety concerns by Trust Board: featured in provider reports to the Emergency Ambulance Committee (EASC); been the subject of Accountable Officer correspondence to the NHS Wales Chief Executive; numerous escalations to professional peer groups initiated by WAST Directors; and coverage at Joint Executive Meetings with Welsh Government.		15. Monthly Integrated Quality and Performance Report, CEO Reports to Trust Board including 'Actions to Mitigate Avoidable Patient Harm Report' (last presented to Trust Board May 2023 and Board sub-committee oversight and escalation through 'Alert, Advise and Assure' reports.																				
<p>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."</p>																						

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			Inherent	5	5	25
			Current	5	5	25
			Target	3	2	6
16. Implementation of Duty of Quality, Duty of Candour and new Quality Standards requirements in April 2023.		16. Welsh Government Road Map in place (soft launch) with milestones for organisations – baseline assessment and monthly updates (RAG ratings) in place with Trust Board oversight. The current internal assessment overall as of February 2023 is 'Implementing and operationalising'. The Trust has representation on the All Wales Duty of Candour Implementation Group and is actively engaged in developing resources.				
		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 (JET) 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 EASC				
		3. Duty of Quality and Duty of Candour readiness returns assessment by Welsh Government.				
GAPS IN CONTROLS		GAPS IN ASSURANCE				
1. Lack of capacity in the Putting Things Right Team to deliver across the functions due to competing priorities resulting from sustained system pressures.		1.				
2.		2. Implementation of the revised Joint Investigation process remains in pilot stage with good engagement seen by system partners. A number of overdue patient safety investigations remain presenting a risk to patient safety across the system. The Trust has 30 (as of 07.03.2023) overdue nationally reportable incident investigations.				
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. 23,082 hours were lost in April 2023 with 2021 +4 hour patient handovers in April 2023.				
4. Variation in responsiveness at Emergency Departments to the escalating concerns regarding patients' NEWS*.		4. Strengthening of patient safety reports and audit processes as e PCR system embeds.				
5.		5.				
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. New Quality Management System in development which will include monitoring of the new Quality Standards & Enablers and underpinning governance structure.				
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				

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Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:		
1. Handover checklist implementation – Nationally WAST Quality Improvement (QI) Project		WAST QI Team (QSPE)	• TBC - Paused	• Timeframes awaited via Emergency Department Quality & Delivery Framework (EDQDF).		
2. Implement patient safety dashboards (live and look back data) triangulating quality metrics / KPIs and performance data sourcing health informatics resource.		Assistant Director of Quality & Nursing	• Q4 2023/24	<ul style="list-style-type: none"> Incremental improvements to quality and safety data and information to enable triangulation / collective intelligence at Trust and system level. Access to ePCR data (NEWS) now available. Work on-going with Health Informatics regarding patient safety dashboards. 		
3. Continued Health Board interactions – my next patient (boarding), patient safety team dialogue – proactive conversations with Health Board Directors of Quality & Nursing.		Executive Director of Quality & Nursing	• Monthly and as required.	• Monthly meetings continue to be held and networking through EDoNS.		
4. Recruit and train more Advanced Paramedic Practitioners – Value Based Healthcare Fund bid for up to 50 WTE		Director of Paramedicine	• Q4 2023/24	<ul style="list-style-type: none"> Bid not successful. However, Trust decision to proceed with 18 MSC places. 10 started in September (North) with the balance (eight) on target for March 2023 start. 22 trainee APPs expected to complete training in Jun-23. EMT has agreed to offer places to these 22 trainee APPs funded from a reduction in technician posts 1/2s i.e. internal movement. The Trust has recently submitted a bid to increase AHPs in Primary and Community Care (WG fund) for more APPs. 		
5. Overnight falls service extension		Executive Director of Quality & Nursing	• June 2023	<ul style="list-style-type: none"> Night Car Scheme extension agreed to 31 March 2023 (2 regional resources) Aim to achieve 60% utilisation of Falls Assistant resources, by December 2022 and achieve consistent utilisation of 60% + through Jan-Mar 2023. Good progress has been made on this. Falls level 1 and 2 impact evaluation report completed - presenting to Clinical Quality Governance Group (CQGG) 18 Jan-2023. 		
6. Duty of Quality, Duty of Candour and new Quality Standards implementation from April 2023 with development of a Quality Monitoring System supporting monitoring and oversight systems in place and embedded.		Executive Director of Quality & Nursing	• Q3 2023/24	<ul style="list-style-type: none"> Monthly updates to progress against actions following the baseline assessment and readiness returns. Key policies updated and approved. Participation in the All Wales Duty of Candour implementation group by Patient Safety Team – monthly. Quality Management System workshop to be held 12 June 2023. 		
7. Virtual Ward now Connected Support Cymru		Executive Director of Quality & Nursing	• Q2 2023/24	<ul style="list-style-type: none"> Commencing Test of Change deployments with SJAC – two vehicles at present have been utilised, 2 to follow. Arrangements – CSD selecting cases for SJAC to respond and take patient observation. To date, the small number of cases have negated any EA attendance to the scene. Funding – CASC have awarded SJAC a direct commission for circa 20 weeks provision. Small Business Research Initiative – has 'kicked off' phase one, with a virtual warding technology platform in development for the pre-hospital/community used (within WAST). 		
8. Organisational change process of Putting Things Right Team (PTR) to enable increased capacity across all functions to manage increasing complexity and demands.		Executive Director of Quality & Nursing	• Q2 2023/24	• Informal consultation phase commenced May 2023.		
9. Connect with All Wales Tissue Viability Network to explore strengthening the current investigations into harm from pressure damage across the whole patient pathway.		Assistant Director Quality & Nursing	• Q2 2023/24			
10. Audit Wales investigation of Urgent and Emergency Care System: Does NHS Wales and its partners have effective arrangements for unscheduled care to ensure patients have access to the right care at the right time?		CEO	• Q4 2023/24	• Conducted in three phases Audit Wales will independently investigate and report on patient flow out of hospital; access to unscheduled care services and national arrangements (structure, governance, and support)		

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				Inherent	5	5	25
				Current	5	5	25
				Target	3	2	6
			<ul style="list-style-type: none"> WAST will proactively support this work and offer best practice examples from other jurisdictions that can support benchmarking and improvement activities. Expected outcomes in 2023/24. 				
Completed Actions		Action Owner	When /Milestone	Progress Notes:			
1. 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	Completed				
2. Representation at the Right care, right place, first time Six Goals for Urgent and Emergency Care Delivery Boards and Clinical Advisory Board.		Chief Executive Officer	Completed	<ul style="list-style-type: none"> 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 Andy Swinburn with first meeting now held. The Trust recently reported to EASC that it has further updated how it maps into six goals programmes. The programme structure nationally is being embedded and the Trust now has presence on goals 2, 5 & 6 at delivery board level and on the clinical advisory board. 			
3. 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	Completed	<ul style="list-style-type: none"> Revised joint investigation approach agreed and now formalised. 			
4. Recruit additional frontline capacity – additional £3m non recurrent 22/23 allocation		Director of Workforce & Organisational Development	Completed	<ul style="list-style-type: none"> Strong focus from Executives with detailed updates to EMT every two weeks. Year-end position is +85 FTEs, with a vacancy factor of just 1%, rather than the often used 5%, which would produce a figure of -88 FTEs rather than the estimated - 15 FTEs. Further non recurrent funding has been secured for 2023/24 			
5. Transition Plan		Chief Executive Officer	Completed	<ul style="list-style-type: none"> Action complete, but the Trust will continue to undertake strategic and technical workforce planning in support of the Trust's ambition e.g. inverting the triangle etc. 			
6. Consideration of additional WAST schemes to support overall risk mitigation through winter		Director of Operations	Completed	<ul style="list-style-type: none"> Winter ended. Focus now on forecasting and modelling for the summer, but Trust not aiming to produce specific Summer Plan (the Trust did during the pandemic linked to travel restrictions). The Trust needs to determine whether there is value in producing a specific winter plan, particularly, within the context of the financial constraints NHS Wales is not operating in. 			
7. National 111 awareness campaign		Director of Partnerships and Engagement Director of Digital	Completed	<ul style="list-style-type: none"> The national awareness campaign was undertaken as planned and ended in March 2023. An evaluation will be provided to the 111 Board. 			

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:	13/07/2023		TREND	20
			Date of Next Review:	13/08/2023		→	(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 (1 st 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- recognising issues at work may contribute to sick absence	2. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames and contribute to All Wales forum on this policy						
3. Raising Concerns Policy- recognising issues at work may contribute to sick absence	3. Policy reviews to ensure policies and procedures are fit for purpose in line with agreed time frames						
4. Health and Wellbeing Strategy – key document that outlines commitment to wellbeing and supportive culture	4. Regular reference to strategy to ensure themes are addressed and linked to wider people and culture plan						
5. Operational Workforce Recruitment Plans- provide evidence of sufficient resources and identify any gaps or potential areas of increased workload pressure	5. Local plans link to the wider organisational workforce plan and provide intelligence regarding any particular pinch points in terms of resources						
6. Roster Review & Implementation- to support demand and capacity which can have an impact on absence levels	6. Roster Review for EMS completed. Review in 111 underway						
7. Return to Work interviews are undertaken- ensuring accurate reporting of reason for absence and identifying any additional support required	7. Process regularly reviewed and managers provided with relevant training and coaching on process and importance of carrying out return to work interviews promptly						
8. Training on all aspects of Managing Attendance – ensures focus is high and understanding of why this is important is maintained	8. Regular bitesize training provided for managers, adapted to reflect feedback and to ensure all aspects of managing attendance is understood						
9. Directors receives monthly email with setting out ESR sickness data- ensures ownership and awareness	9. Monthly reporting provided with opportunity for discussion with relevant people services lead and Director						
10. Operational managers receive daily sickness absence data via GRS- ensures ownership and awareness	10. Provided daily, with opportunity for discussion with relevant people services lead and operational managers						
11. People Services & Occupational Health & Wellbeing support/Employee Assistance Programme- providing professional support	11. Monthly reporting on services provided, volume of referrals and timeframes for accessing support.						
12. WAST Keep Talking (mental health portal)- additional measures to offer support	12. Quarterly reporting on numbers accessing and regular promotion of service.						
13. Suicide first aiders- additional layer of support	13. Quarterly reporting of numbers of trained suicide first aiders and numbers who have accessed.						
14. TRiM- additional layer of support	14. Quarterly reporting on access to TRiM and promotion of service						
15. Peer Support network- additional level of support	15. Promotion of network and support provided						
16. Coaching and mentoring framework- additional level of support	16. Promotion of network and support provided						
17. Staff surveys- assess levels of engagement and wellbeing	17. New pulse survey tool will provide data on overall engagement and wellbeing						
18. Stress risk assessments- identify measures that can be taken to address issues	18. Reference to the assessments during attendance management line manager training and to the TUS						
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- if needed at times of increased pressure	20. Standard procedures in place to access additional resource capacity						
21. Monthly reviews of colleagues on Alternative duties	21. Action plans arising from meetings with colleagues implemented through monthly diarised meetings						
22. Manager guidance on managing Alternative duties	22. Evidence of managers guidance in place and referenced in attendance management training						
23. Fortnightly report on absence to EMT and report to every meeting of People & Culture Committee	23. Minuted meetings and action logs for EMT & People & Culture Committee						
24. Sickness audits for localities- provides additional level of detail	24. Audits carried out and actions taken forward						
25. Additional support for areas with higher than average absence – emphasis is on understanding reasons and developing action plans	25. Dedicated meetings taking place and support from people services for areas with higher than average absence with local plans in place to address specific issues						

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:	13/07/2023		TREND	20 (5x4)
			Date of Next Review:	13/08/2023		→	
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score
			Inherent		4	4	16
			Current		5	4	20
			Target		3	4	12
26. Review of top 100 cases -carried out on a monthly basis			26. Provides a focus on cases with a clear focus on support and making sure there are plans attached to each case.				
27. Deep dives on specific issues and reasons for absence			27. Enables wider consideration of additional measures that may be adopted and identifies themes and keeps focus on absence management eg – mental health and causes				
			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)				
GAPS IN CONTROLS			GAPS IN ASSURANCE				
1. (a) Consistency and Application in Managing Attendance at Work Policy			1. There are other factors that impact on sickness which can't be controlled				
9 and 10 It is not known what is undertaken with respect to the data covered in assurances 9 and 10 once it is received			9, 10 and 19 Absence data is not updated in a timely manner into ESR by managers				
1 – 22 Education and communication with managers about resources available and how to implement it e.g. stress risk assessments							
			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 Completed 2022/23	Underway and ongoing, 2022/23 actions complete or embedded as BAU. May data 7.6%. Trajectory continues to be positive. 10 point plan for 2023/24 agreed by EMT and being implemented.		
2. Implementation of Behaviours Refresh Plan			Assistant Director – Inclusion, Culture and Wellbeing	31.10.22 Extended to 31.05.23 CLOSED	Underway and ongoing. Captured in the IMTP for the service. Impacted by IA. New approach adopted from April 2023 to focus on a new behaviour every 6 weeks and continue conversations. Directly linked to people and culture plan. Closed		
3. Long term sickness absence deep dive			Deputy Director of Workforce & OD	31.07.23 Extend to 31.01.24 based on new plan for 2023/24	Underway and ongoing. Downward trajectory in levels of long term absence- proposed that this is extended until 31/12/23 to enable more detailed work of reasons, measures being implemented and impact.		
4. 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 Ownership moving to DWOD	Extended from 31.07.22 to 31.03.23. Extended to 31.05.23 Extended to 31.08.23	Exetended date in terms of project plans and impact of Industrial Action. 21.3 The task and finish group has completed its work and the project is now going to be handed to DWOD as SRO for the work. 21.06 soft launch of the platform in August with official launch in September in line with Practice Ethically behaviour.		
6. Strengthen Freedom to Speak Up Arrangements policy and advice			Assistant Director of Inclusion, Culture and Wellbeing	31.05.23 Extended to 31/08/23	Deadline extended to coincide with launch of new platform, although Guardians are in place and weekly review meetings taking place. They are receiving the highly confidential Datix		

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:	13/07/2023		TREND	20 (5x4)	
			Date of Next Review:	13/08/2023		→		
IF there are high levels of absence e.g. sickness and alternative duties		THEN there is a risk that there is reduced resource capacity	RESULTING IN an inability to deliver services which adversely impacts on quality, safety and patient/staff experience		Likelihood	Consequence	Score	
					Inherent	4	4	16
					Current	5	4	20
					Target	3	4	12
					and concerns raised through networks and attendance at ER monthly review from July. SharePoint page constructed and comms plan being finalised following refresher demos to key stakeholders. Behaviours reinforced via culture champions group, rotating through behaviours, currently broaden our understanding. Head of Culture and OD in post from August to further this work.			
7. Create a Manager and Staff training plan for Freedom to Speak Up Arrangements		Assistant Director Inclusion, Culture and Wellbeing	31.05.23 extended to 30/9/23	Ongoing – extended until 30/9/23 to enable soft launch with feedback and policy and advice to be shared. Training plan will be produced with an emphasis on making the platform and use of freedom to speak up as simple and accessible as possible. SharePoint page constructed and comms plan being finalised following refresher demos to key stakeholders. Head of Culture and OD in post from August to further this work.				
8. Accountability meetings with senior ops managers		Deputy Director of Workforce & OD	30.09.22 Complete and ongoing BAU	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. Review of top 100 cases by the team on a monthly basis		Deputy Director of Workforce and OD	Commenced and ongoing – review 30.06.23 BAU	Underway and now BAU				

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:	19/06/2023	TREND	20	
				Date of Next Review:	19/07/2023	→	(4x5)	
IF the stability of the Trust deteriorates to a level where service delivery fails to meet patient safety, national standards and contractual obligations		THEN there is a risk of a loss of stakeholder confidence in the Trust		RESULTING IN damage to reputation and increased external scrutiny		Likelihood	Consequence	Score
				Inherent	4	5	20	
				Current	4	5	20	
				Target	3	5	15	
IMTP Deliverable Numbers: 2,18, 26, 34, 38								
EXECUTIVE OWNER		Director of Partnerships and Engagement		ASSURANCE COMMITTEE		People and Culture Committee		
Risk Commentary Q4 2022/23								
a) The risk score remains constant at 20 (highly likely and catastrophic). The organisation's reputational risk is one which is long-standing and entrenched. After initial improvements in risk rating some years ago, the impact of the pandemic, long standing performance and morale issues (including the impact of extended handover delays at hospitals), the impact of recent industrial action and the levels of patient harm which are being documented all result in limited opportunity to de-escalate the risk. Significant efforts are being made to address all of these factors. However, to date, the issues which contribute to reputation continue to be problematic and, therefore, militate against de-escalation of the risk for the foreseeable future. As part of the mitigation, extensive stakeholder engagement briefing, media relations work, patient experience and internal communication and engagement continue, but are not sufficient to outweigh the impact of the core issues which affect reputation. The lead Director and wider Executive Team discuss matters of reputation on a regular basis and the Trust's approach to stakeholder engagement is regularly reviewed in this context.								
CONTROLS				ASSURANCES				
				Internal Management (1st Line of Assurance)				
1. Regular engagement with senior stakeholders e.g. Ministers, senior Welsh Government officials, commissioners, elected politicians and NHS Wales organisational system leaders				1. Agendas, minutes and documents of engagement events				
2. Challenging of media reports to ensure accuracy				2. Programme of daily media engagement				
3. Media liaison to ensure relationships developed with key media stakeholders				3. Programme of daily media engagement				
4. Engagement Framework approved by the Board July 2022				4. Issues of reputation monitored at EMT via weekly Forward Look item – minuted meetings and action logs.				
5. Engagement Framework Delivery Plan approved by the Board January 2023				5. The Director of Partnerships and the Head of Strategy are working closely with colleagues from PWC to inform further detail regarding future engagement including stakeholder analysis, case for change etc. Routine stakeholder and staff engagement continues, including the recent round of Executive roadshows and WAST Live.				
6. Engagement governance and reporting structures are in place				6. Relevant information which impacts on reputation is reported and scrutinised via all internal committees e.g. EMT, FPC, PCC, QuEST & Audit Committee – minuted meetings and action logs. Outcome of recent reputation audit to be reported through EMT in April and onward, as a minimum, to PCC.				
7. Escalation procedure for issues to the Board				7. Minuted meetings, action logs and Board papers				
GAPS IN CONTROLS				GAPS IN ASSURANCE				
1.				1.				
2.				2.				
3.				3.				
4.				4.				
5. The delivery plan is in abeyance pending outcome of the work underway by PWC in relation to the Trust's strategic ambitions.				5.				
6.				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. Roll out of the Engagement Framework Delivery Plan			Director of Partnerships & Engagement		Paused	Pending outcome of PWC work		
3. Board oversight, scrutiny and challenge of performance, concerns, quality			CEO / Executive Management Team		Ongoing	22		

Risk ID 201	Damage to Trust reputation following a loss of stakeholder confidence			Date of Review:	19/06/2023	TREND	20 (4x5)
				Date of Next Review:	19/07/2023	→	
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
4. Monitoring internal Quality and Performance of Trust and raising system issues	Executive Management Team, Finance and Performance Committee Quality, Safety and Patient Experience Committee, People and Culture Committee, Audit Committee			Ongoing			
5. Engaging with internal and external stakeholders to develop confidence	CEO & Director of Partnerships & Engagement			Ongoing BAU	Regular engagement continued with staff, TU partners and a range of external stakeholders such as AMs, MPs, Local Authorities etc. BAU.		
6. Monitoring external factors that may affect the Trust	CEO & Director of Partnerships & Engagement			Ongoing BAU			
7. Llais (the new Citizens Voice Body attending October 2023 Board Development	Director of Partnerships & Engagement			October 2023			
8. Reputation Audit deep dive on findings to be presented at Board Development	Director of Partnerships & Engagement			October 2023			

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships		Date of Review:	23/06/2023		TREND	16 (4x4)
			Date of Next Review:	23/09/2023		↑	
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	4	16	
			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 (1st Line of Assurance)				
1. Agreed (Refreshed) TU Facilities Agreement developed in partnership			1. Agreed document which states governance arrangements and the criteria for time off for TU activity etc.				
2. Go Together Go Far (GTGF) statement and CEO/TU Partners statement			2. Both parties refer to the documents and are signed up/committed to it				
3. IPA Workshops			3. Meetings completed with participation from TUs and senior managers. Attendance lists are available				
4. Trade Union representation at Trust Board, Committees			4. Committee or Board ask TU representative for feedback or whether they have been consulted. Big issues items progress as planned 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				
10. Structures below WASPT to be signed off at next WASPT meeting in June 2023			10.				
			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 be added on receipt. Report received in October. Action plan developed and shared with TUs. Implementation underway		

Risk ID 163	Maintaining Effective & Strong Trade Union Partnerships			Date of Review:	23/06/2023	TREND	16 (4x4)		
				Date of Next Review:	23/09/2023	↑			
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	4	16
						Target	4	3	12
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					
5. Establish formal meeting structures below WASPT		Deputy Director of Workforce and Organisational Development	30.06.2023 Completed	Structure agreed with TUs. Sign off at next WASPT meeting. Highlight reports to be shared at WASPT. Completed structures for Local Partnership Forums and SOT/ SLT for operations and Partnership Meeting for Corporate Services agreed, ToR for SOT /SLT and LFP agreed.					
6. Refresh of engagement programme post Industrial Action and establish work		Deputy Director, People and Culture	30/08/23						

Risk ID	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:	23/06/2023	TREND	15 (3x5)
199			Date of Next Review:	23/07/2023	→	
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.			
1.	Health & Safety Governance and reporting arrangements – National Health, Safety and Welfare Committee. Reporting into People and Culture Committee. (PCC)		2. Trusts Legislative Compliance Register in place. Assessments to be reviewed in ADLT in April 2023. Monthly, Quarterly and Annual H&S performance reports to ADLT and H&S National Health, Safety and Welfare Committee. 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.			
2.	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'.		H&S Policy approved in 2018. Following landing of business case, Policy reviewed and commences substantial consultation process on 30.06.23 -Q1 2023. Violence and Aggression Policy in place. 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 approved at ADLT in February 2023. Lifting Operations Lifting Equipment / Provision and Use of Workplace Equipment (PUWER) combined Procedure in draft with an expectation of commencing the approval process approval during Q2-Q3 2023. Lone Worker Procedure ongoing - expectation of second draft Q2 2023. Trust wide Hazard register in place. Reviewed by ADLT in Q1 2023 and approved in Q1 2023.			
3.	Health & Safety Policy and Corporate level Procedures.		4. H&S Policy approved in 2018. Following landing of business case, Policy review underway Q4 2022-Q1 2023. 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 approved at ADLT in February 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 commencing the approval process approval during Q1 2023. Lone Worker Procedure ongoing - expectation of second draft Q1 2023. Trust wide Hazard register framework in place. Reviewed by ADLT in Q1 2023 with expectation of approval Q1 2023.			
4.	Mandatory Health and Safety training for all staff on ESR. Induction training in place for all new operational staff.		5. Quarterly statistics provided by ESR support team and incorporated into Health and Safety quarterly and annual Performance reports. Induction training compliance held on ESR			
5.	2 year rolling programme of scheduled H&S premise audits.		6. Inspections are being undertaken in line with schedule. Ongoing. Live action.			
6.	Risk assessments (including local risk assessments, Covid 19, Workplace Risk Assessments, risk assessments covering EMS and NEPTs activities, operations risk assessments).		7. 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.			
7.	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.		8. 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.			

Risk ID	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:	23/06/2023		TREND	15 (3x5)
			Date of Next Review:	23/07/2023		→	
199	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
8.	Rolling programme of IOSH Managing Safely- for Managers- scheduled training programme in place.	9.	Attendance and competency figures provided in a quarterly report to ADLT, National Health, Safety and Welfare Committee and People and Culture Committee.				
9.	IOSH Leading Safely for Directors and Senior Managers training in place.	10.	Attendance and figures provided in monthly report to ADLT. Personal safety commitments are being monitored on a quarterly basis				
10.	Board Development Day covering Health & Safety Management and Culture Awareness training undertaken in April 2022.	11.	Diarised meeting.				
11.	Health and Safety Management System recognised document approval routes for health and safety documentation.	12.	Approved and minuted at ADLT meeting in 2022.				
12.	IOSH Leading Safely training delivered to majority of Board and Executive Team on 26 July 2022.	13.	Compliance metrics held on H&S team database.				
13.	IOSH Leading Safely additional sessions for new Board /EMT members and ADLT to be scheduled for 2023.	14.					
14.	Leading Safely, Safety Positive conversations training to be delivered to Board and EMT to be rescheduled from June 2023.	15.					
15.		16.	Internal Audit to be undertaken in Q1 23/24 (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-Q2 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 Q1-Q2 2023/24 (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 by the end of Q1-2023 has been undertaken. Policy to commence consultation process 30.06.23. (being addressed in Action 4) (b) Workforce Transformational change has influenced some 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 and 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 and Industrial Action 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 Managing Safely. (being addressed in Action 9) . A H&S Training needs analysis has been developed and incorporated into the H&S Policy.				
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)				
11.		11.					
12.		12.					
13.		13.					
14.		14.					

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:	23/06/2023		TREND	15 (3x5)
			Date of Next Review:	23/07/2023		→	
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	
15.			15.				
16.			16.				
17.			17.				
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-Q2 2023 Q2-Q3 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	Q1 2023	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. Following discussions held with OD in April 2023 to provide consideration of integrating subgroups into WASTP, 23.06.23- H&S to be incorporated into WASTP sub-groups LPF.			
3. Assessment to be undertaken in Q1 2023 of political pressure to determine viability of conducting culture survey		Head of Health and Safety	Q1-Q2 2023 Q2-Q3 2023	Political pressures still present. Survey to be rolled out once eased. Watching brief.			
4. H&S Policy Group meeting to be established and draft policy to be created		Head of Health and Safety	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. Challenges with attendance due to IA. Expectation of draft Policy being presented at Policy Group to propose full consultation in May 2023. Policy presented at Policy Group in June 23 and commences substantial consultation process on 30.06.23.			
5. 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. Meeting held with I.T. provider in Q4 2022 provide consideration for the development of utilisation of Power B.I systems. Ongoing.			
6. 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-Q3 2023	Ongoing action. Assessment against the HSMS Principle 3- Compliance Assurance will assist in determining what RA/SOPS are required.			
7. 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	Q2 2023	Priority actions for 2023-24 identified as Culture, Manual Handling, Violence and Aggression, Incident investigation training. 05.04.23 Development of Health and Safety Improvement Plan underway.			
8. Review of number of line managers within the Trust to put in place a suitable schedule to roll out appropriate H&S training as determined within the training needs analysis within the H&S Policy.		Deputy Head of Health and Safety	Q2 2023	Interim schedule in place to address known line managers. Further work required with other Directorates to allow for performance metrics to be generated.			
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. Long term action.	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. IA and operational pressures impacted on availability to attend during Q4 2022. Further sessions to be scheduled for Q1 2023/4- Q2 2023/24 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	Initially scheduled for BDD - February 2023. Rescheduled to June 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			
							28

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:	23/06/2023	TREND	15 (3x5)
				Date of Next Review:	23/07/2023	→	
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	
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 until political pressures ease. Expectation of roll out Q4 2023-Q1 2023/24. Political unease impacted on the roll out of the survey roll out. Expectation that survey will be rolled out during Q1-Q2 2023/4				
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 - 01.06.22 Rolling programme of assessments – 31.12.22	Assessments undertaken. Some outstanding estates assessments scheduled January 2023. Compliance register presented to ADLT members on 04.04.23 for feedback/agreement of assessments undertaken.				
8. Quarterly report on training compliance to be presented to ADLT for actioning within respective Directorates	Head of Health and Safety	Q3 2022 - Complete	Report is a standard section of Quarterly H&S Performance report to ADLT				

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences		Date of Review:	23/06/2023		TREND	15
			Date of Next Review:	23/07/2023			(3x5)
IF significant internal and external system pressures continue	THEN there is a risk of a significant deterioration in staff health and wellbeing within WAST	RESULTING IN increased sickness levels, staff burnout, poor staff and patient experience and patient harm		Likelihood	Consequence	Score	
			Inherent	4	5	20	
			Current	3	5	15	
			Target	2	5	10	
IMTP Deliverable Numbers: TBC							
EXECUTIVE OWNER		Director of People & Culture	ASSURANCE COMMITTEE		People & Culture Committee		
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) and Sway on the Intranet			7. Available on intranet for staff to access easily.				
8. TRiM			8. TRiM Coordinator has regular dialogue with TRiM managers and practitioners. Project plan and training schedule in place.				
9. Coaching and mentoring framework			9. Information on intranet on Learning launch pad available to all staff.				
10. Acting on results of staff surveys relating to staff experience			10. Each Directorate has developed their own action plan to address staff surveys.				
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.				
20. Procure a pulse survey tool to benchmark how colleagues are feeling and get feedback on the employee experience			20.				
			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. Presentation developed and shared with people services. Delivery dates being agreed in conjunction with Health and Safety.			Lack of awareness about staff wellbeing services				
			Effects of REAP 4 affecting the ability of staff to engage with staff health and wellbeing services. Important to recognise the consistent reports of the impact of culture on wellbeing.				
Actions to reduce risk score or address gaps in controls and assurances		Action Owner	By When/Milestone	Progress Notes:			

Risk ID 558	Deterioration of staff health and wellbeing in the face of continued system pressures as a consequence of workplace experiences			Date of Review:	23/06/2023		TREND	15 (3x5)
				Date of Next Review:	23/07/2023		→	
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	
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.					
3. Deliver the employee engagement tool into WAST	Deputy Director of WOD	30.06.23	Software has been procured. Planning for rollout has started is underway. First survey delivery in July 2023.					

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



Welsh Ambulance Services NHS Trust

Guidance on Interpreting the Board Assurance Framework

Version 1.1

April 2023

Board Assurance Framework

The Board Assurance Framework (BAF) provides assurance to the Board on the Trust’s delivery of its strategic aims, outlined in its 3 Year Integrated Medium Term Plan (IMTP) and through its risk management framework.

An element of the Trust’s Risk Transformation Programme was to develop a transitional BAF that focussed the Board on the key risks that might compromise the achievement of those strategic aims.

The BAF currently draws its principal risks from the Corporate Risk Register and maps them to the Integrated Medium-Term Plan deliverables and therefore, by extension, are the Trust’s strategic risks.

As the Trust’s risk maturity advances the current BAF template will be used to capture risks to the strategic objectives and will be cross-referenced to the principal corporate risks.

The BAF aligns principal risks, drawn from the Corporate Risk Register, the key controls, and the assurances on those controls. Gaps are identified where key controls and assurances are insufficient to mitigate the risk and subsequent actions are identified. The Board should monitor these actions as intended to close the gaps and mitigate the risks.

COMPONENTS OF THE BAF

Elements for the Board to consider when scrutinising the BAF:

1. REVIEW DATE

Risks scored high (15-25) are reviewed monthly, medium risks (8-12) are reviewed quarterly, and low risks (1-6) are reviewed every 6 months.

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

The Board should consider whether the risk has been reviewed on time and in accordance with the governance routes agreed by the Audit Committee.

2. RISK ARTICULATION

An *If, Then, Resulting In* approach is used to provide a more detailed description of the risk. The Board should consider whether the cause and effect of the risk clear.

3. SCORING

The risk score uses the likelihood x consequence mechanism. A guide on how likelihood and consequence scores are arrived at to gauge if the score is appropriate is included in the tables in annex 1.

4. CONTROLS

A control is a measure that is already in place to mitigate a risk. Controls may change or be added to through regular updates. The Board will need to assure itself that these controls are effective to manage the principal risks.

5. ASSURANCE

Assurance provides confidence, evidence, and certainty that controls are effective. The Board should look at the control and the assurance related to that specific control to judge its effectiveness in managing the risk. As the BAF matures future iterations could include an assurance rating to support the assessment of effectiveness of controls.

6. GAPS

A gap in control or assurance occurs when either of these elements do not exist or that they do not effectively mitigate the risk. It may be that the control is not operating effectively to mitigate the risk. The Board should consider whether gaps are comprehensive with what is known in the current environment and whether the BAF supports the identification of the gaps or weaknesses in controls.

7. ACTIONS

An action is something which is intended to be done and which will limit the impact of a risk in the future. It may reduce the likelihood of the risk occurring at all. Once complete an action may become a new control. The Board should consider whether there is an associated action for each gap; are those actions on track according to their dates; and will these actions support the reduction of the risk when completed and become controls.

RISK SCORING MATRIX

Annex 1

Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Safety & Well-being - Patients/ Staff/Public	<p>Minimal injury requiring no/minimal intervention or treatment. No time off work.</p> <p>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.</p>	<p>Minor injury or illness, requiring minor intervention. Requires time off work for >3 days Increased hospital stay 1-3 days.</p> <p>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.</p>	<p>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.</p>	<p>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.</p>	<p>Incident leading to death. RIDDOR Reportable. Multiple permanent injuries or irreversible health effects. An event which impacts on a large number of patients.</p>
Quality/ Complaints/ Assurance/ Patient Outcomes	<p>Peripheral element of treatment or service suboptimal. Informal complaint/inquiry.</p>	<p>Overall treatment/service suboptimal. Formal complaint (Stage 1). Local resolution. Single failure of internal standards. Minor implications for patient safety. Reduced performance.</p>	<p>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.</p>	<p>Non-compliance with national standards with significant risk to patients. Multiple complaints/independent review. Low achievement of performance/delivery requirements. Critical report.</p>	<p>Totally unacceptable level or quality of treatment/service. Gross failure of patient safety. Inquest/ombudsman/inquiry. Gross failure to meet national standards/requirements.</p>
Workforce/ Organisational Development/ Staffing/ Competence	<p>Short-term low staffing level that temporarily reduces service quality (< 1 day).</p>	<p>Low staffing level that reduces the service quality.</p>	<p>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.</p>	<p>Uncertain delivery of key objective/service due to lack/loss of staff. Unsafe staffing level (>5 days)/competence. Very low staff morale. Significant numbers of staff not attending mandatory/key professional training.</p>	<p>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.</p>
Statutory Duty, Regulation, Mandatory Requirements	<p>No or minimal impact or breach of guidance/statutory duty.</p>	<p>Breach of statutory legislation. Reduced performance levels if unresolved.</p>	<p>Single breach in statutory duty. Challenging external recommendations/improvement notice.</p>	<p>Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low achievement of performance/delivery requirements. Critical report.</p>	<p>Multiple breaches in statutory duty. Zero performance rating. Prosecution. Severely critical report. Total system change needed.</p>
Adverse Publicity or Reputation	<p>Rumours. Low level negative social media. Potential for public concern.</p>	<p>Local media coverage - short-term reduction in public confidence/trust. Short-term negative social media. Public expectations not met.</p>	<p>Local media coverage - long-term reduction in public confidence & trust. Prolonged negative social media. Reported in local media.</p>	<p>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.</p>	<p>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.</p>



Consequence:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
Business Objectives or Projects	Insignificant cost increase/schedule slippage.	<5 per cent over project budget. Schedule slippage.	5–10 per cent over project budget. Schedule slippage.	Non-compliance with national targets. 10-25 per cent over project budget. Schedule slippage. Key objectives not met.	>25 per cent over project budget. Schedule slippage. Key objectives not met.
Financial Stability & Impact of Litigation	Small loss. Risk of claim remote.	Loss of 0.1–0.25% of budget Claim less than £10,000.	Loss of 0.25–0.5% of budget. Claim(s) between £10,000 and £100,000.	Uncertain delivery of key objective. Loss of 0.5-1.0% of budget. Claim(s) between £100,000 and £1 million. Purchasers failing to pay on time.	Non-delivery of key objective. Loss of >1 per cent of budget. Failure to meet specification. Claim(s) >£1 million. Loss of contract/payment by results.
Service/ Business Interruption	Loss/interruption of >1 hour. Minor disruption.	Loss/interruption of >8 hours. Some disruption manageable by altered operational routine.	Loss/interruption of >1 day. Disruption to a number of operational areas in a location, possible flow to other locations.	Loss/interruption of >1 week. All operational areas of a location compromised; other locations may be affected.	Permanent loss of service or facility. Total shutdown of operations.
Environment/Estate/ Infrastructure	Minimal or no impact on environment/service/property.	Minor impact on environment/service/property.	Moderate impact on environment/service/property.	Major impact on environment/service/property.	Catastrophic impact on environment/service/property.
Health Inequalities/ Equity	Minimal or no impact on attempts to reduce health inequalities/improve health equity.	Minor impact on attempts to reduce health inequalities or lack of clarity on the impact on health equity.	Lack of sufficient information to demonstrate reducing equity gap, no positive impact on health improvement or health equity.	Validated data suggests no improvement in the health of the most disadvantaged, whilst supporting the least disadvantaged, no impact on health improvement and/or equity.	Validated data demonstrates a disproportionate widening of health inequalities, or negative impact on health improvement and/or equity.

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Highly Unlikely: Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely: Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Likely: It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Highly Likely: Will probably happen/recur, but not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain: Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	12
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

MONTHLY INTEGRATED QUALITY & PERFORMANCE DASHBOARD – June/July 2023

MEETING	People & Culture Committee (PCC)
DATE	17 August 2023
EXECUTIVE	Rachel Marsh – Executive Director of Strategy, Planning & Performance
AUTHOR	Hugh Bennett – Assistant Director of Commissioning & Performance Mark Thomas – Commissioning & Performance Manager
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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 **June/July 2023**. The report puts forward a revised set of metrics for 2023/24 for agreement.

The indicators used at this high-level show an easing of system pressure, in particular, handover lost hours and therefore improved quality and performance for the Emergency Medical Service (EMS), but the operating context remains very challenging. 111 is showing continuous improvement throughout 2023 with abandonment rates and call answer times achieving the best performance since February 2022. Ambulance Care, in particular, Non-Emergency Patient Transport Service’s (NEPTS) performance has been stable, but with demand increasing to pre-Covid levels, performance has dipped slightly over the past two months. Overall the picture remains one in which the Trust can demonstrate clear improvement over things it controls, but a more mixed picture where there are system dependencies e.g. handover lost hours.

RECOMMENDATION

Trust Board is asked to: -

- **Consider** the June/July 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.
- **Agree** the new metrics for 2023/24.

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 **June/July 2023**.

BACKGROUND

2. This Integrated Quality & Performance Report contains information on key indicators at a highly summarised level which aims to demonstrate how the Trust is performing across four integrated areas of focus: -
 - Our Patients (Quality, Safety and Patient Experience);
 - Our People;
 - Finance and Value; and
 - Partnerships and System Contribution
3. These four areas of focus broadly correlate with the Quadruple aims set out in ‘A Healthier Wales’.
4. As previously agreed, the metrics which form part of this committee/Board report will be updated on an annual basis, to ensure that they continue to represent the best way of tracking progress against the Trust’s plans (Integrated Medium-Term Plan - IMTP) and strategies.

ASSESSMENT

Our Patients – Quality, Safety and Patient Experience

5. **Call answering** (safety): the speed at which the Trust is able to answer a 999 or 111 call is a key patient safety measure.
6. **999** call answering times, having been challenging across the winter, have now been on target for the last 7 months, although the 95th percentile did worsen in July 2023.
7. **111 call answering is improving**, with the call abandonment target of 5% being achieved in July (4.1%) and 62.2% of calls being answered within 60 seconds, although this remains significantly off target (95%). Negotiations with commissioners have indicated that funding is available for 198 call handlers and recruitment has been underway to secure this number, but there remain a number of vacancies. The number of vacancies will increase as we move through the year with limited opportunity to recruit as a result of the SALUS implementation and urgent consideration is being given internally to how this risk can be mitigated. It has recently been agreed to recruit another cohort in

November, with the aim of delivering the 198 level. Further work is required to reduce capacity lost through sickness absence (particular improvement now being seen in call handlers), aligning capacity with demand and improving the efficient use of resource. A priority is now re-rostering 111, which is dependent on commissioners initiating the procurement process (currently out to tender).

8. **111 Clinical response:** the Trust continues to see achievement of the clinical call back time target for the highest priority 111 calls (P1CT – 99.2%) , while the P2 and P3 call back times also achieved the 90% performance target in July 2023, with the respective figures for being 95% and 92.5%. Numbers of clinicians are now broadly at agreed establishment levels (recently agreed as 100 WTE).
9. **Ambulance Response** (safety / patient experience): the Red 8-minute response performance for July 2023 was 52.60%, a slight drop when compared to June 2023, and still below the 65% target. The Amber 1 median was 1 hour 7 minutes (ideal 18 minutes) and the Amber 1 95th percentile was 4 hours 46 minutes. These long response times have a direct impact on outcomes for many patients. Actions within the Trust's control include:

Capacity:

- Recruitment: Confirmation has been received of further non recurrent funding in 2023/24 to support the 100 WTE staff recruited in 2022/23. Work will continue through the year to ensure that establishment remains at commissioned levels.
- Some additional funding has also been made available to pilot the new Connected Support Cymru service in partnership with St John Cymru.

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

- The Managing Attendance Programme continues, which includes seven work-streams. This has reduced overall sickness levels, with further work to reduce to 6% during 2023/24. There remain risks associated with delivery of this level of improvement.

Demand Management

- The increase in Clinical Support Desk capacity has meant that the Trust has been able to increase its consult and close rate, achieving 13.9% in June 2023, with an increased ambition of 17% in 2023/24 (quarter 4).

Red Improvement Actions

- The full roll out of the Cymru High Acuity Response Units (CHARUs). Recruitment and training is being undertaken at pace with the aim to fully populate the CHARU rosters keys (153 full time equivalents). The Trust is commissioned for 52 FTEs plus the Senior Paramedic contribution currently, so 89.5 FTEs will be required via an internal movement between the emergency ambulance roster and the CHARU rosters.

- Red review. This is being undertaken within additional resource, when possible, but ideally, as previously modelled, would require additional FTEs. A further request to model the balance between consult & close v red review is currently being actioned.
 - A more efficient response logic, which went live on 19 June 2023.
- 10.** One of the key factors in relation to response times is the capacity lost to **handover outside Emergency Departments**. 19,118 hours were lost during July 2023, an increase compared to the 18,548 hours lost in June 2023. These levels remain so extreme that all the actions within the Trust's control cannot mitigate or offset this level of loss. There has been a noticeable improvement in Cardiff & Vale's handover lost hours linked to an organisational focus, with other health boards reporting that they are seeking to learn lessons. Immediate Release figures for July 2023 were: Red 139 accepted and 7 declined; and Amber 1 178 accepted and 338 declined.
- 11.** Modelling has indicated that red performance could improve by 7% to around 58% as a result of the CHARU implementation, red logic changes and a reduction to 15,000 lost hours. Further modelling is currently being undertaken to determine the further potential improvements in line with a reduction to 12,000 hours, an improvement to 6% sickness and the increase in consult and close rates.
- 12. Ambulance Care (formally NEPTS) (Patient Experience):** Oncology performance achieved the 70% target in June 2023 (69.6%). Discharge performance also declined slightly to 78% (target 90%). Overall demand for the service continues to increase, and in June 2023 demand was at levels not seen since 2019. 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 4 NRIs to the NHS Executive in July 2023, a decrease of 4 from the 8 reported in June 2023; and 9 serious patient safety incidents were referred to health boards under the Joint Investigation Framework, which has now been adopted NHS Wales wide. In July 2023 complaint response times increased to 49%, although still failed to meet the 75% target with cases remaining complex. Reviews of lower graded concerns are being undertaken to ensure proportionate investigations are undertaken. The Trust has put more capacity into the Putting Things Right (PTR) team, which has had a positive impact for the Legal Team until periods of long-term sickness absence. The Concerns Administrators responding to patients and families continue to have lengthy and repeated calls due to protracted response times in the community, compounded by an inability

to always respond in a timely manner to their concerns and questions. The Trust is concerned for the welfare of the team, given the nature and volume of the PTR work across all functions and a number of supportive actions are progressing/planned for both the corporate team and EMS Coordination & Resourcing.

- 14. Clinical outcomes:** The percentage of suspected stroke patients who are documented as receiving an appropriate stroke care bundle was 74.6% in June 2023, remaining below the 95% performance target. Work is ongoing to improve reporting and compliance through the ePCR system. The return to spontaneous circulation (ROSC) rate continued to increase to 22.2% in June 2023, the highest figure recorded by the Trust.

Our People (workforce resourcing, experience, and safety)

- 15. Hours Produced:** The Trust produced 117,574 Ambulance Response unit hours in June 2023, a decrease from the 124,692 produced in May 2023. Emergency ambulance unit hours production (UHP) was 92% in June 2023, thus failing to achieve the 95% target. CHARU UHP also increased month on month to 139% in May (note this is of the commissioned level, not full roll out). Key to the number of hours produced are roster abstractions, which remain above benchmark, but are reducing i.e. improving.
- 16. Response Abstractions:** EMS abstraction levels decreased to 34.02% in June 2023, but remaining above the 30% benchmark. An initial deep dive meeting has been held, with further work planned. EMS Response sickness abstractions stood at 8.47% in June 2023 (benchmark 5.99%).
- 17. Trust sickness absence:** the Trust's overall sickness percentage was 7.51% in June 2023, a further improvement from the 7.60% recorded in May 2023. Actions within the IMTP concentrate on staff well-being with an aim to start to reduce this level.
- 18. Staff training and PADRs:** PADR rates did not achieve the 85% target in June 2023 (73.14%), compliance for Statutory and Mandatory training increased slightly to 77.53%.

Finance and Value

- 19. Financial Balance:** The reported outturn performance at Month 3 is a deficit of £33k, with a forecast to the yearend of breakeven.

Partnerships/ System Contribution

- 20. 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% in July 2023, close to the Trust's 2022/23 IMTP ambition of 17%.
- 21.** The Trust **conveyed** 39.7% of patients to emergency departments in June 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 July 2023, 8,533 patients cancelled their ambulance, and the Trust was unable to send an ambulance due to application of CSP levels to approximately 308 callers. A formal programme to take forward "inverting the triangle" has been established. The Trust has proceeded with growing the numbers of APPs in training. The current focus is on developing a "strategic case for change" and a stakeholder engagement process.

Summary

- 22.** The indicators used at this high-level showed an easing of system pressure, in particular, handover lost hours and therefore improved quality and performance for the Emergency Medical Service (EMS) during June 2023. However, July 2023 shows signs of some of those pressures increasing slightly again, meaning the operating context remains very challenging. 111 is continuing to show improvement throughout 2023 with abandonment rates and call answer times achieving the best performance since February 2022. Ambulance Care, in particular, Non-Emergency Patient Transport Service's (NEPTS) performance has been stable, but with demand increasing to pre-Covid levels, performance has dipped slightly over the past two months. Overall the picture remains one in which the Trust can demonstrate clear improvement over things it controls, but a more mixed picture where there are system dependencies e.g. handover lost hours.

Review of metrics

- 23.** Each year a review of Board level metrics is undertaken. A presentation was provided to Finance and Performance Committee in May 2023 setting out some proposed changes. These were discussed further at EMT and at a Board development meeting in June 2023 and again at Finance & Performance Committee this month. As a result of these discussions a number of changes have been made and the final set of metrics is set out in Appendix 2 attached to

this report. A total of 43 metrics are proposed, which is a slight increase on those which have been reported this year.

24. At the Board development session, there was a discussion about further iterations and considerations. In particular, it was felt that it would be helpful to be able to pull out and visualise those metrics which linked specifically to our long-term ambition and the inverting the triangle strategy and some initial ideas were presented which will be developed further. In addition, board members discussed the potential, over time, to develop a more tiered approach, with a smaller set of metrics at Board and a more detailed set for each of the sub committees. It was noted that the one set enabled a reduction in workload and also ensured that each sub-committee continued to review metrics in an integrated way. Further thinking will be undertaken through the year.

RECOMMENDATIONS

Committee is asked to: -

- **Consider** the June/July 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.

- Agree the new metrics for 2023/24.

REPORT APPROVAL ROUTE	
Date	Meeting
16 August-23	Executive Management Team
17 August-23	PCC

REPORT APPENDICES
Appendix 1 – Top Indicator Dashboard Appendix 2 – Review of Board Level Metrics Appendix 2 Metrics Review FPC July 2023

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

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

Welsh Ambulance Services NHS Trust

Monthly Integrated Quality & Performance Report

June/July 2023

Annex 1 – Top Indicator Dashboard



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

Annex 1 – Top Indicator Dashboard
Version 1.0
Released: August 2023

by Commissioning & Performance Department

Section 1: Monthly Indicators / Top Indicator Dashboard



Top Monthly Indicators	Target 2023/24	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	2 Year Trend	RAG
Timeliness Indicators															
NHS111 Call Handling Abandonment Rates	< 5%	13.3%	11.2%	14.8%	13.6%	49.5%	16.0%	14.9%	15.4%	11.8%	7.9%	3.8%	4.1%		G
111 Clinical Triage Call Back Time (P1)	90%	98.5%	97.9%	98.3%	97.2%	94.9%	99.0%	99.3%	98.5%	98.9%	98.9%	99.3%	99.2%		G
999 Call Answer Times 95th Percentile	95% in 00:00:06	00:36	00:52	01:03	01:11	01:34	00:03	00:03	00:06	00:03	00:03	00:15	N/A		A
NEPTS Call Answering	Improvement Trend	08:28	05:36	03:22	03:32	02:38	01:47	02:08	01:08	01:43	01:18	00:46	N/A		G
999 Red Response within 8 minutes	65%	50.7%	50.0%	48.0%	48.0%	39.5%	48.9%	50.9%	47.5%	53.0%	54.4%	54.6%	52.6%		R
999 Amber 1 Median	00:18	01:16	01:30	01:42	01:34	03:30	00:50	00:55	01:35	00:59	00:55	00:55	01:07		R
Oncology Journeys arriving within 45 mins and up to 15 minutes after appointment time	70%	73.1%	70.5%	71.3%	72.4%	71.7%	76.6%	75.5%	73.4%	76.5%	69.9%	69.6%	N/A		G
Discharge & Transfer journeys collected less than 60 minutes after booked time (NEPTS)	90%	86.0%	88.0%	85.0%	90.0%	90.0%	90.0%	78.5%	82.7%	82.2%	83.0%	78.0%	N/A		R
Clinical Outcomes / Quality Indicators															
Return of Spontaneous Circulation (ROSC)	Improvement Trend	-	-	-	15.9%	14.2%	17.8%	15.9%	14.0%	16.0%	20.7%	22.3%	N/A		A
Stroke Patients with Appropriate Care	95%	78.6%	79.1%	78.2%	80.2%	79.4%	76.2%	76.6%	72.2%	80.1%	74.5%	74.6%	N/A		R
Acute Coronary Syndrome Patients with Appropriate Care	95%	43.9%	51.0%	44.0%	51.3%	37.9%	49.4%	42.1%	46.3%	38.3%	47.5%	34.8%	N/A		R
National Reportable Incidents reports (NRI)	Reduction Trend	10	7	8	2	0	5	12	3	8	8	8	4		A
Can't Send & Cancelled by Patient Volumes	Reduction Trend	11,073	10,605	11,482	10,087	13,556	7,086	6,938	10,124	7,694	8,105	8,044	8,533		R
Concerns Response within 30 Days	75%	24%	28%	28%	24%	27.0%	21.0%	24.0%	33.0%	35.0%	29.0%	43.0%	49.0%		R
Our People															
Capacity															
Hours Produced for Emergency Ambulances	95-100%	95%	96%	90%	92%	91%	97%	95%	95%	98%	97%	92%	N/A		A

Top Monthly Indicators	Target 2023/24	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	2 Year Trend	RAG
Health & Well-being															
Sickness Absence (all staff)	6.0%	8.72%	8.68%	9.48%	8.77%	10.65%	8.92%	8.06%	8.33%	8.04%	7.76%	7.51%	N/A		A
Mental Health Absence Rates	Reduction Trend	2.33%	2.30%	2.30%	2.44%	2.41%	2.36%	2.04%	2.12%	2.08%	2.24%	2.08%	N/A		A
Staff Turnover Rate	Reduction Trend	11.50%	11.35%	11.11%	10.70%	10.64%	10.69%	10.86%	10.38%	10.28%	9.89%	9.79%	N/A		G
Statutory & Mandatory Training	>85%	85.44%	85.60%	85.58%	85.40%	84.63%	76.51%	60.10%	65.05%	75.55%	76.32%	77.53%	N/A		A
PADR/Medical Appraisal	>85%	73.66%	78.75%	80.49%	80.75%	87.89%	79.12%	78.71%	72.10%	73.0%	72.0%	73.1%	N/A		A
Number of Shift Overruns	Reduction Trend	3,785	3,786	3,901	3,758	3,799	3,720	3,431	4,064	3,839	4,087	2,053	N/A		A
Inclusion & Engagement / Culture															
NHS111 % of Total Calls Answered in Welsh	TBD	0.28%	0.37%	0.30%	0.35%	0.03%	0.48%	0.28%	0.31%	0.44%	0.59%	0.74%	N/A		TBD
NEPTS % of Total Calls Answered in Welsh	TBD	0.6%	0.7%	1.2%	1.3%	0.8%	0.7%	0.9%	1.1%	1.4%	1.8%	1.7%	N/A		TBD
Value															
Financial balance - annual expenditure YTD as % of budget expenditure YTD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/A		G
EMS Utilisation Metric (All Vehicles)	Improvement Trend	61.6%	61.8%	62.6%	61.2%	64.6%	56.0%	56.6%	61.4%	58.8%	56.3%	55.3%	55.9%		A
Average Jobs per Shift (All Vehicles)	Increasing Trend	2.46	2.43	2.46	2.48	2.38	2.23	2.32	2.28	2.39	2.45	2.43	N/A		A
NEPTS on the Day Cancellations	Reduction Trend	18.9%	19.9%	19.7%	18.3%	23.2%	19.4%	20.4%	21.6%	18.3%	17.8%	18.7%	N/A		A
Partnerships / System Contribution															
Inverting the Traingle															
Successful Consult & Close Outcome	17.0%	11.7%	12.2%	12.8%	12.6%	14.6%	14.9%	14.2%	13.8%	14.7%	14.1%	13.9%	14.0%		R
% Of Total Conveyances taken to a Service Other Than a Type One Emergency Department	Improvement Trend	11.99%	11.14%	10.65%	11.04%	11.18%	10.72%	10.05%	11.1%	10.7%	11.8%	11.7%	N/A		A
Number of Handover Lost Hours	15,000	24,295	25,174	28,038	25,020	32,098	23,525	19,110	28,620	23,082	20,392	18,548	19,118		R
NHS111															
NHS111 Dental Calls	-	6,038	5,913	6,051	5,829	4,657	6,063	5,746	6,668	6,723	6,865	6,515	N/A		TBD
Consult & Close Volumes by NHS111	Increasing Trend	1,283	1,180	1,287	1,196	1,338	811	949	956	985	1,015	1,031	1,058		A

In-Month RAG Indicates =

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

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

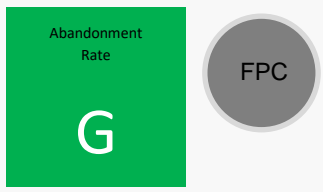
Red: Performance is less than 10% of target (Indicates close monitoring or significant action is required)

TBD: Status cannot be calculated (To Be Determined)

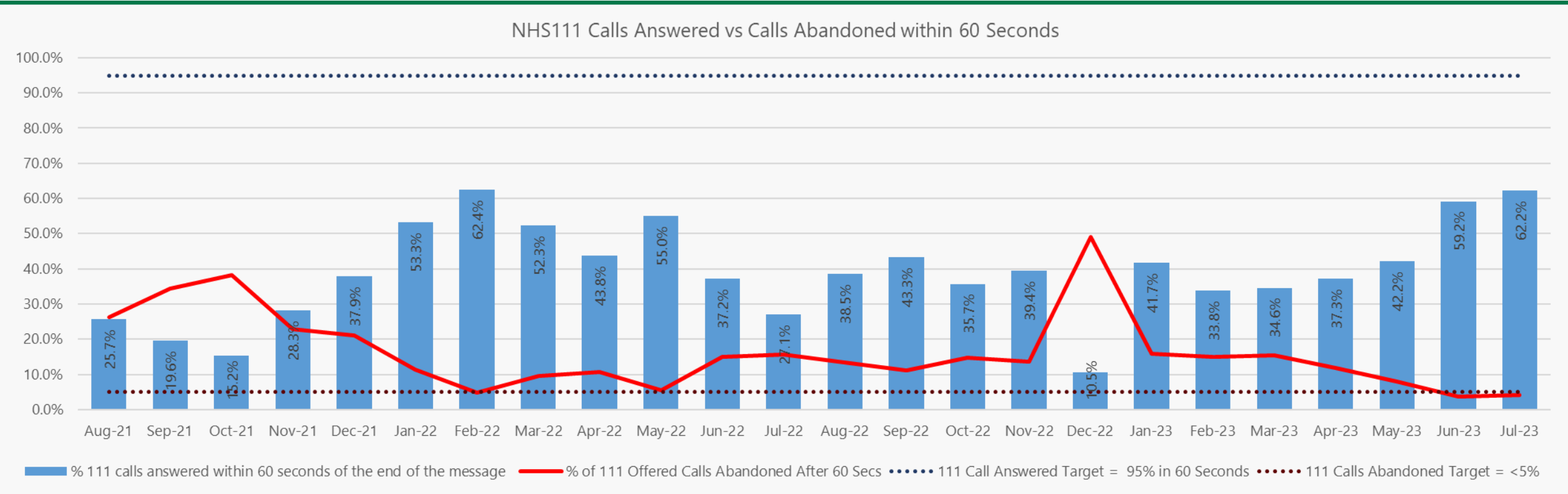
Our Patients: Quality, Patient Safety & Experience

111 Call Answering/Abandoned Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand and Call Handling Hours Produced



Analysis
 111 call abandonment is a key patient safety indicator for the service. July 2023 saw an **abandonment rate of 4.1%**, a slight increase compared to the 3.8% figure seen in June 2023, but remaining below the 5% target. It is also the second lowest monthly figure recorded during the 2-year recording period.

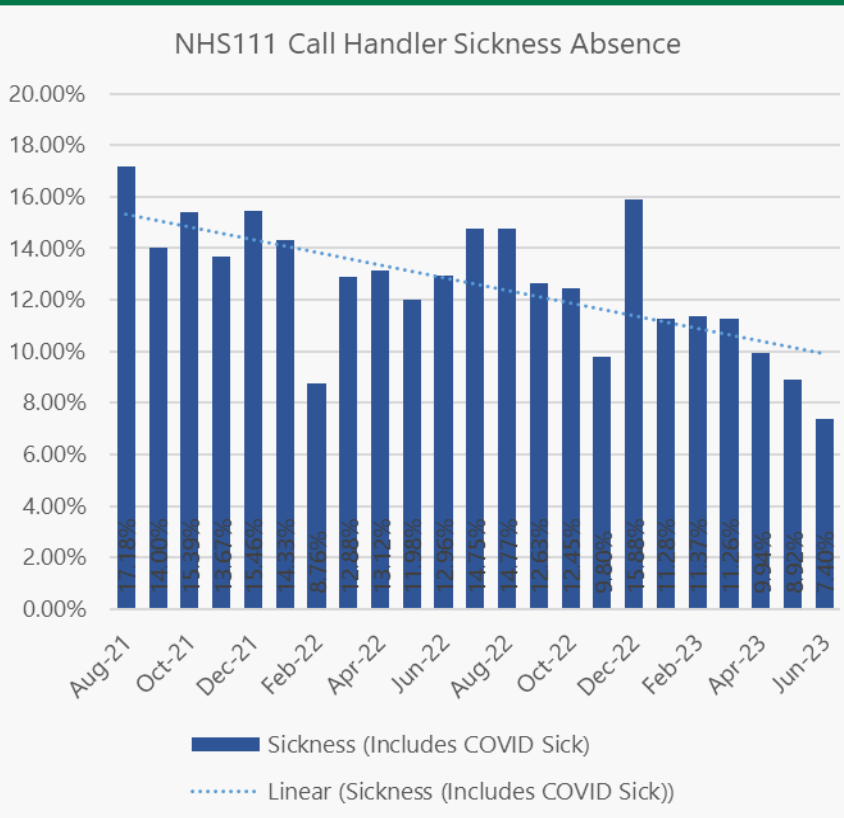
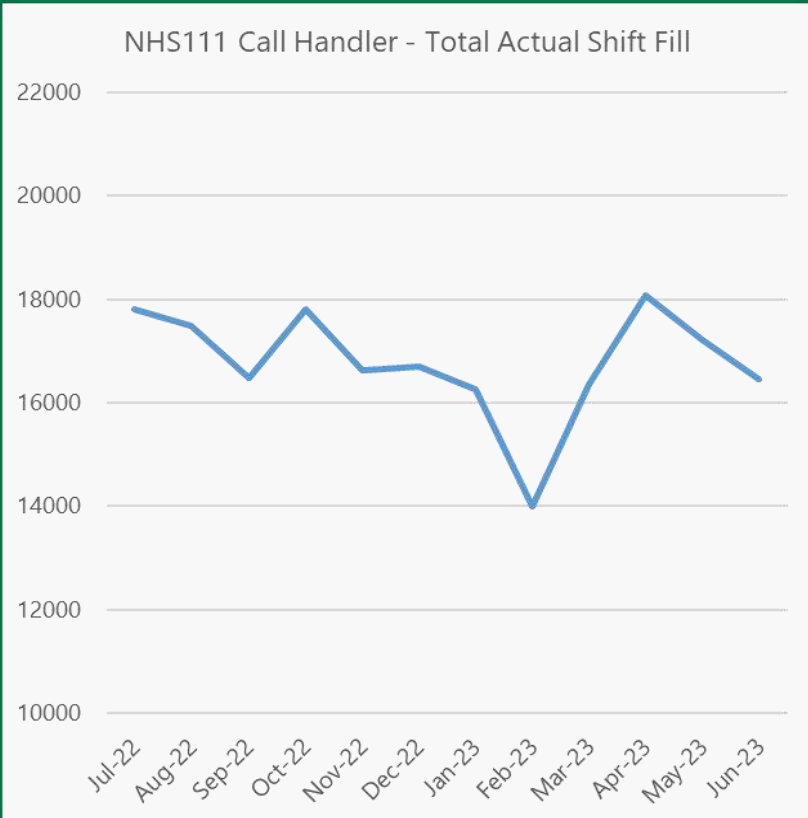
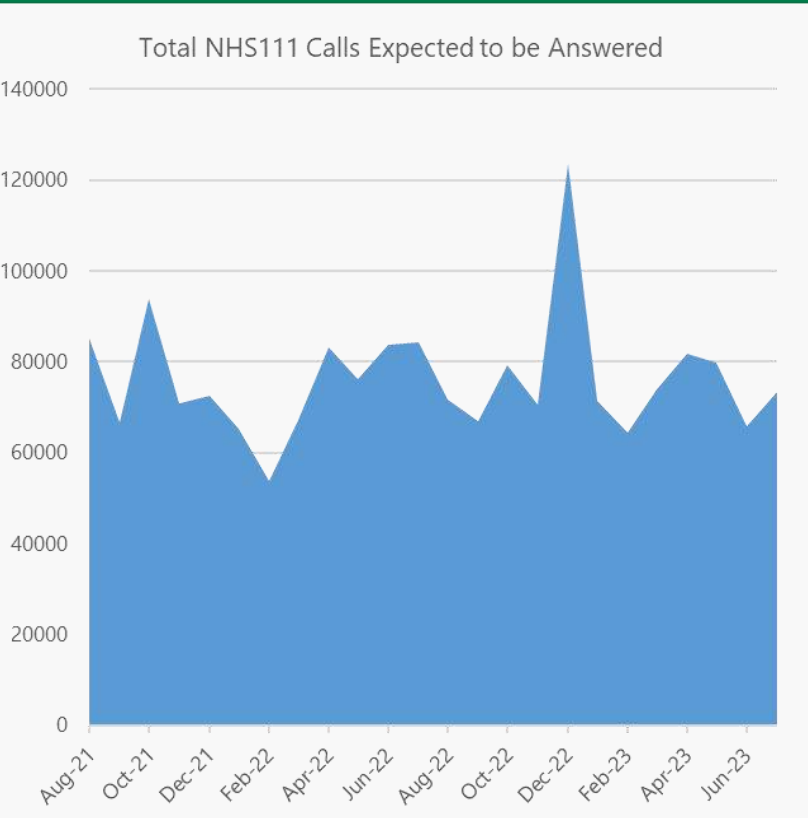
The percentage of 111 calls answered within 60 seconds of the end of the message also increased again in July 2023 to 62.2%, the fifth consecutive month in which an improvement has been seen.

Total capacity measured through shift fill decreased in June to just below the 12-month average.

Remedial Plans and Actions
 The key to improving call answering times is having the right number of call handlers, rostered at the right time to meet demand, and to maximise efficiency.

- Agreement has been reached with commissioners that 198 WTE call handlers will be funded in 2023/24. The Trust is currently 21.25 FTE short of establishment. The Trust is aiming to address this in quarter three.
- Work continues on sickness absence in line with the Trust's managing absence work programme with an IMTP aim to get organisational sickness down to 6%
- A roster review in three parts is due to start, in collaboration with the 111 commissioners to review rosters and ensure that capacity is aligned to demand, and to try and even out performance through the week. Currently out to tender.
- 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 call times are related to clinician availability. In May, the % of calls passed to the CAL was 24%, a reduction from 34% in recent months.

Expected Performance Trajectory
 As call handler numbers reduce through the SALUS implementation phase and additional abstractions for SALUS training are accommodated performance is expected to deteriorate month on month until Q4. Agreed further action to address this.



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111 Clinical Assessment Start Time Performance Indicators

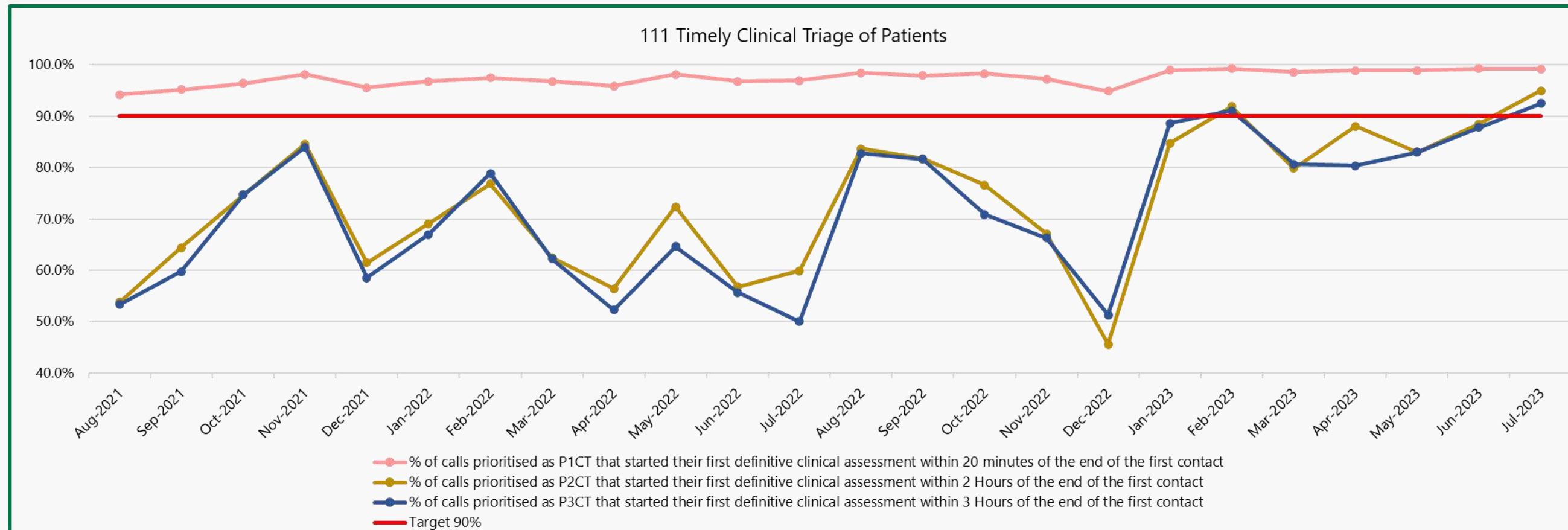
(Responsible Officer: Lee Brooks)

P1CT

G

FPC

Influencing Factors – Demand and Clinical Hours Produced



Analysis

The highest priority calls, P1CT, continues to achieve the 90% target (99.2%).

For lower category calls P2CT increased to 95% in July 2023 when compared to 88.5% in June 2023, while P3CT also rose to 92.5% in July 2023 compared to 87.8% in June 2023.

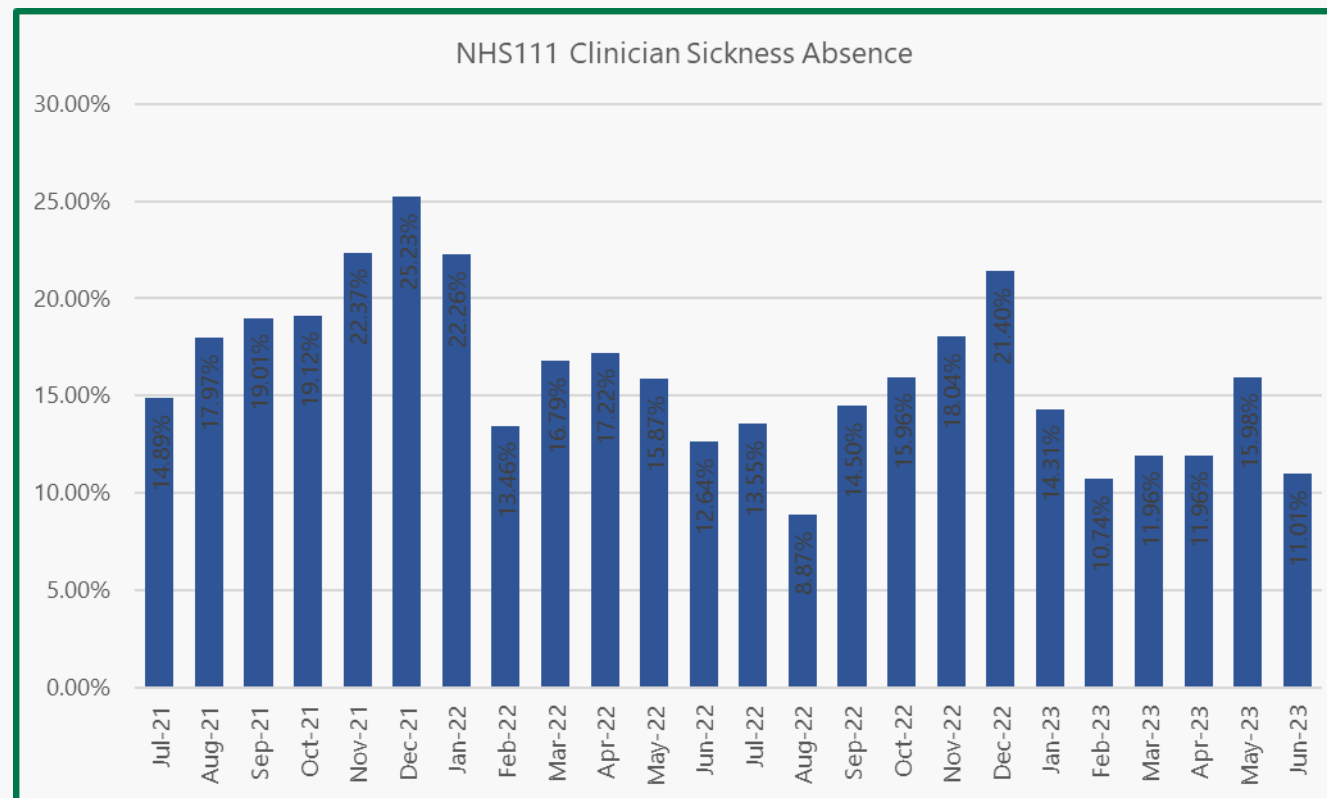
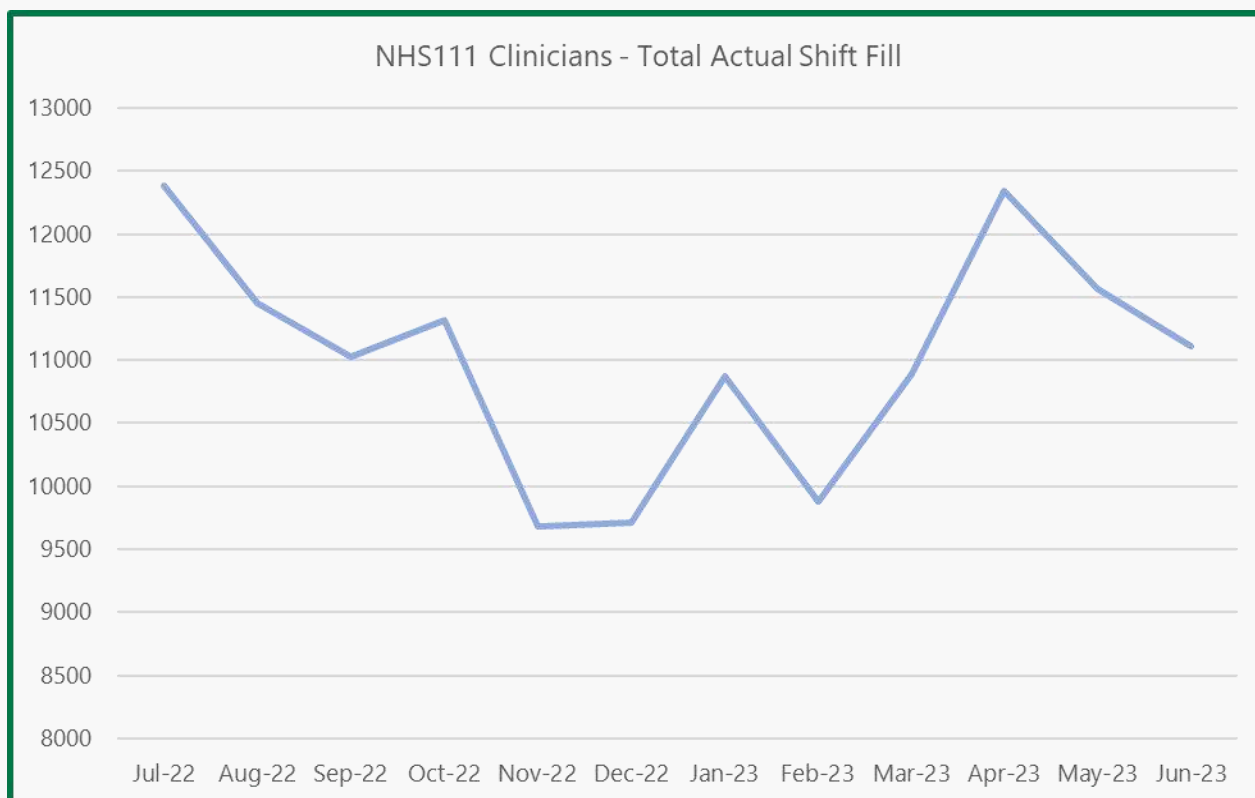
Clinical staff capacity is the key issue. 11,106 hours were filled by clinicians during June 2023, a decrease of 455 when compared to May 2023. Clinician sickness absence decreased to 11.01% in June 2023, from the 15.98% reported in May 2023.

Remedial Plans and Actions

The main driver for improved performance will be the correct number of clinicians in post to manage current and expected demand. At present 103.71 FTE nurses and paramedics are in post, and commissioners have indicated that they have funding available for 100 WTE. Additional staff have been recruited recently which will help the service through the SALUS implementation, with numbers expected to fall to around the 87 WTE mark by the end of the year.

Expected Performance Trajectory

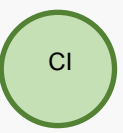
Clinical performance, whilst much improved, is expected to decline due to attrition and abstractions arising as a result of SALUS. Further demand & capacity work to determine the correct number of clinicians with the correct level of abstractions is also an area of future development.



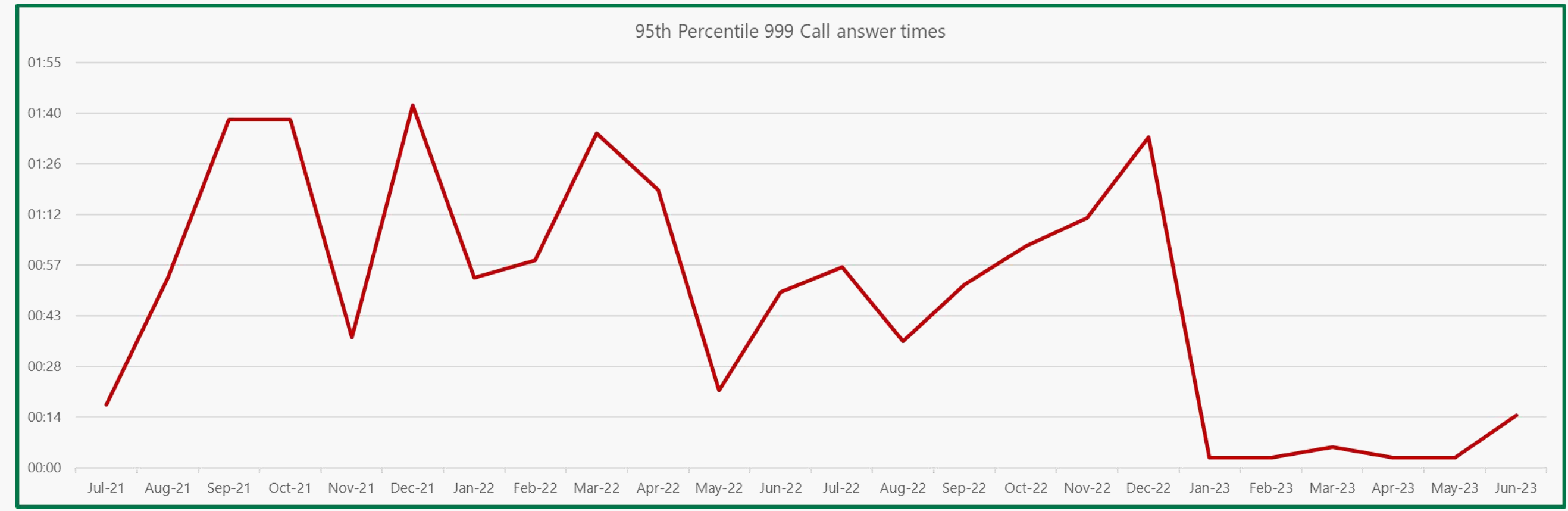
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999 Call Performance Indicators

(Responsible Officer: Lee Brooks)



Influencing Factors – Demand and Hours Produced



Analysis
The 95th percentile 999 call answering performance increased to 15 seconds in June 2023, above the 6 second target for the first time since December 2022.

The median call answer time for the 999 service remains consistent at 2 seconds.

The Trust received 41,973 emergency 999 calls in June 2023, a decrease from the 43,563 calls received during May 2023.

Overall sickness abstractions within the CCC have risen slightly the past two months, after being on a downward trajectory since March 2022 rising to 8.47% in June 2023. This means they have been above the 8% target in the past two months.

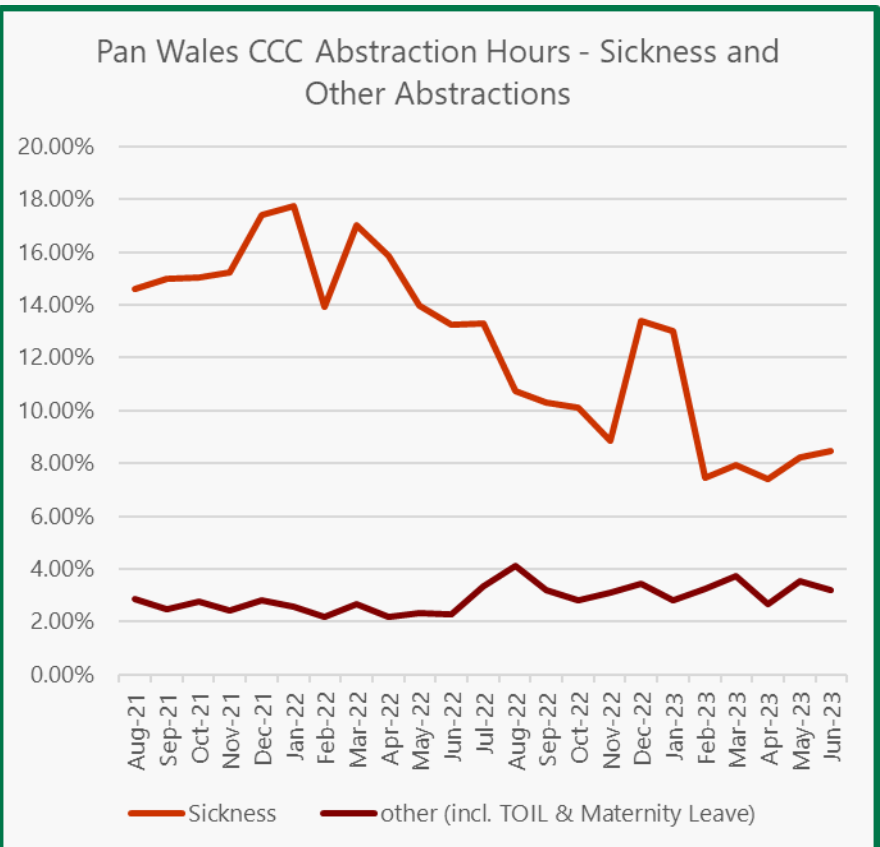
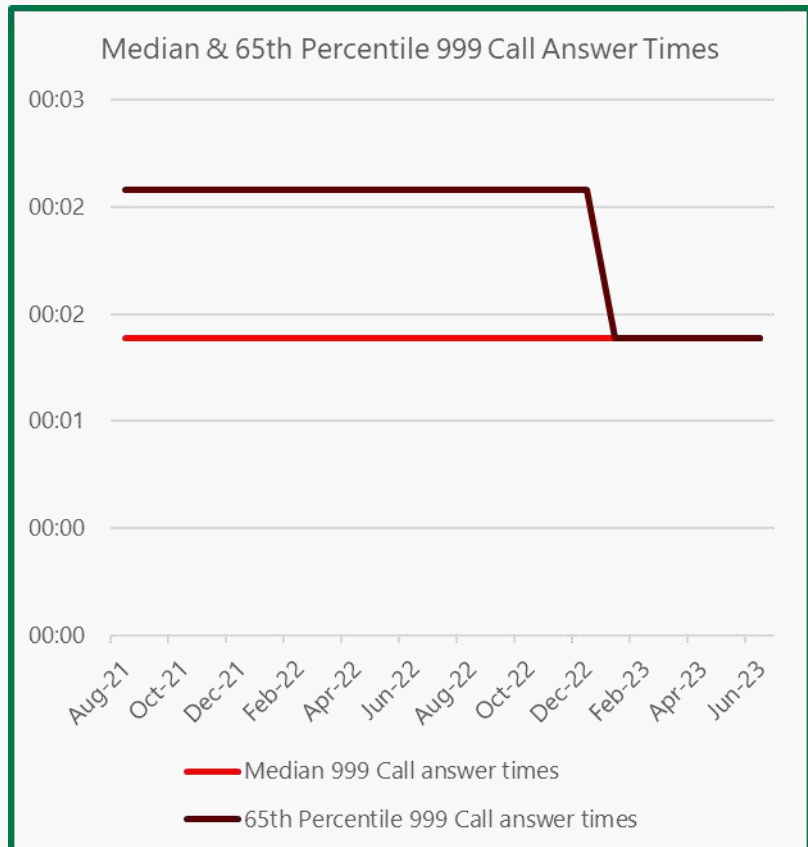
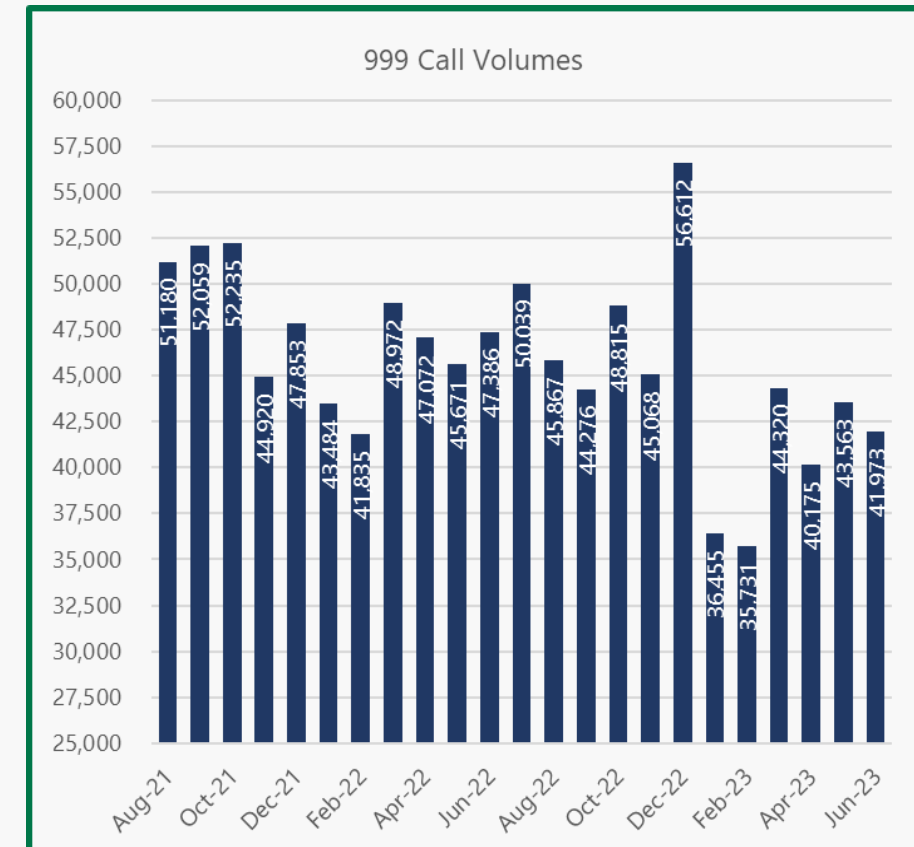
- Remedial Plans and Actions**
- EMS Coordination meet twice weekly to review demand profiles and design tactics for service delivery based on demand, staffing levels and business continuity plans.
 - EMD FTE is currently 119.89 against a funded establishment of 111.76; however, this includes new starters still in the sign off period. Once qualified, experienced staff will be re-aligned to vacant dispatcher posts.
 - Intelligent Routing Platform is now in operation following configuration changes.
 - Five new EMD cohorts were trained during May and June across 3 EMS co-ordination centres. 19 new EMDs are already live call handling from these cohorts with another 11 currently training and due to go live in the next 2 weeks. A further cohort was agreed for North CCC, which will begin training in the next couple of weeks.
 - Three workstreams are currently being progressed through the EMS Reconfiguration project (the complete reconfiguration has not commenced due to cost pressures required to fund the agreed model approved by EMT).

Roster Review. Having successfully implemented an EMD roster review in February 23 the project has now progressed to commencing a dispatch Roster review for Allocators and Dispatchers however this is currently on pause while negotiations continue with TUP

Boundary changes. In line with ORH recommendations in the Demand & Capacity Review of 2019 EMS Coordination intend to realign dispatch boundaries to balance workload and pressures for individual dispatch teams.

Broader Ways of Working. This project is looking to create efficiency, effectiveness and improved productivity through a review of processes and procedures as well as providing consistency and lack of variation across centres.

Expected Performance Trajectory
 Performance is expected to remain on track, subject to continued good work around capacity management.



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Red Performance Indicators

Influencing Factors – Demand, Hours Produced and Hours Lost

(Responsible Officer: Lee Brooks)

65%

R

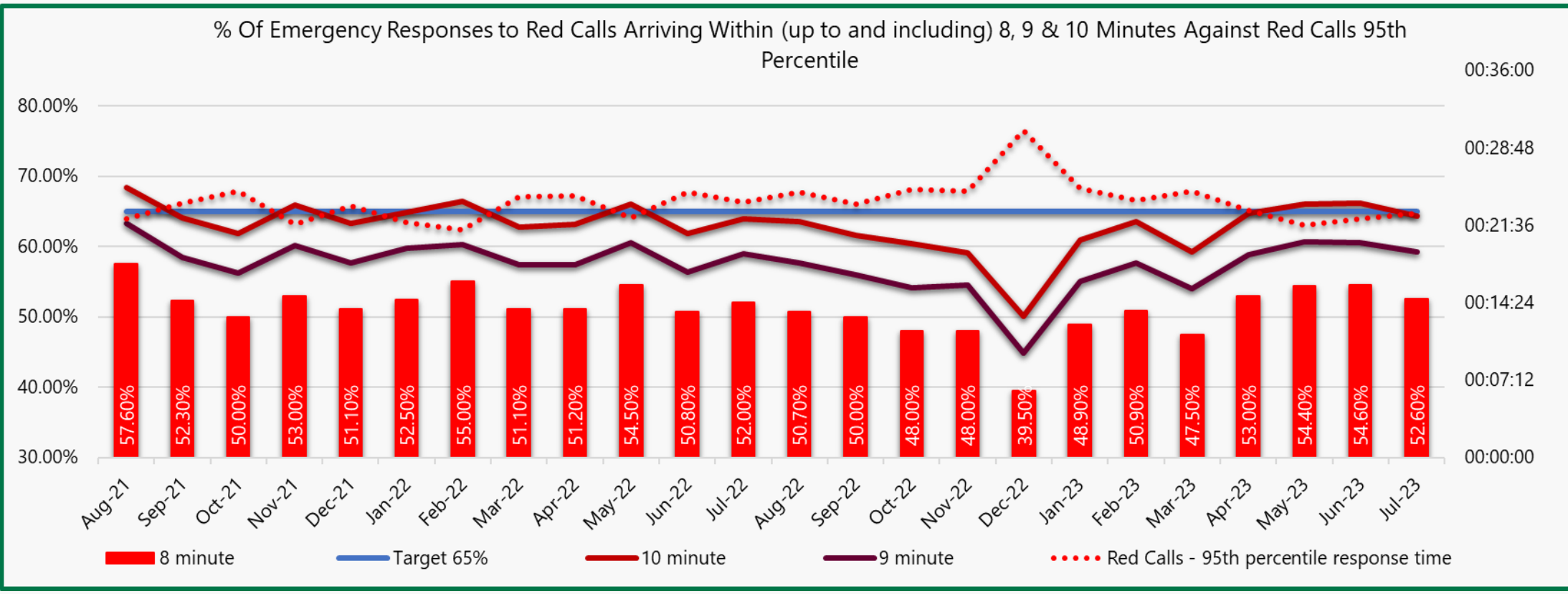
95%

R

QUEST

FPC

CI



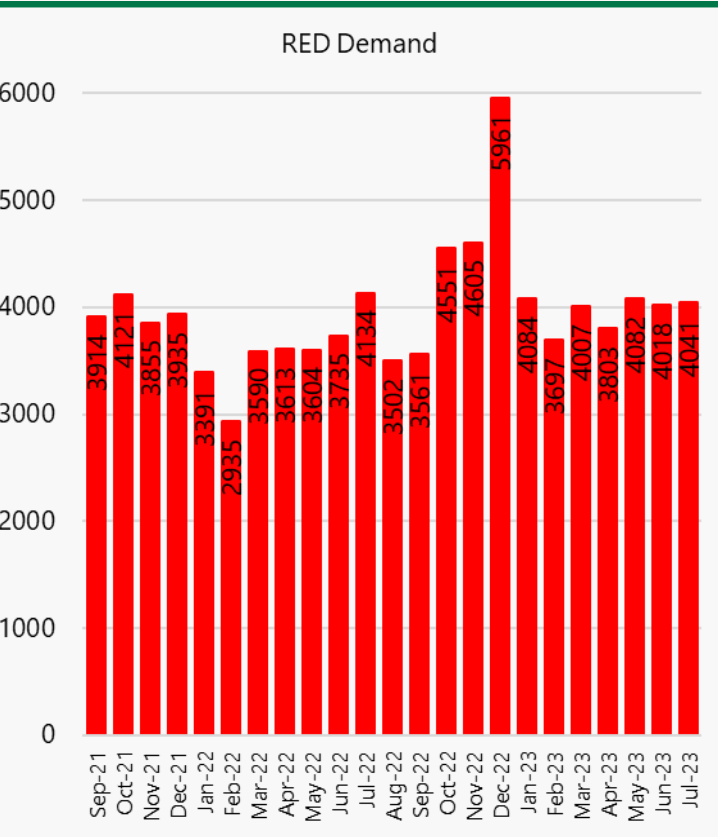
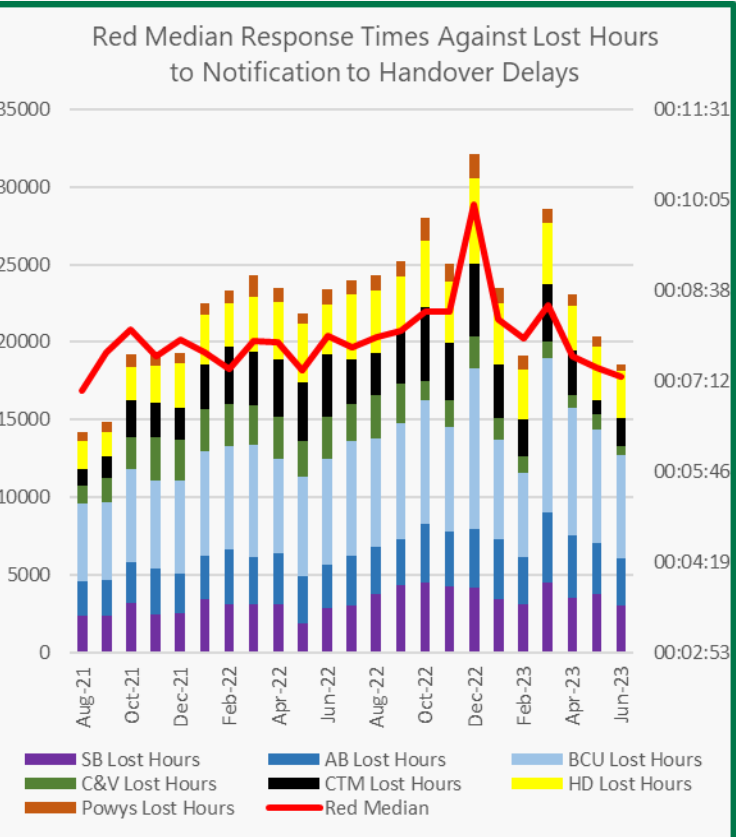
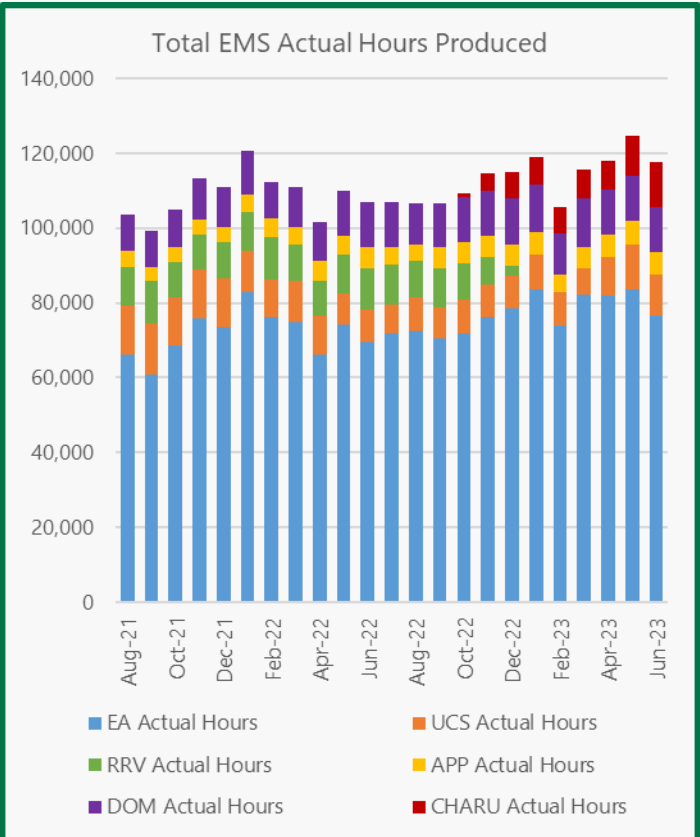
Analysis
Red performance declined slightly in July 2023, with Red 8-minute performance decreasing to 52.60% and continues to remain below the 65% target. Although there was variation, none of the seven health boards achieved this target. Red 10-minute performance was 64.4% for July 2023, down from 66.2% in June 2023.

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

Red demand has generally been increasing over the past two years, reaching a peak in December 2022. Demand has remained fairly consistent since that spike but remains slightly higher than the same period last year.

Hours produced have decreased slightly to 117,574 hours in June, although this remains above the 2-year monthly average.

The lower centre graph demonstrates the correlation between overall Red performance and hospital handover lost hours. Lost hours are now lower than their peak in December, but July 2023 did see an increase to 19,118 lost hours compared to a figure of 18,848 in June 2023. These levels continue to remain significantly above where they need to be.



Remedial Plans and Actions
 The main improvement actions are:

- To maintain commissioned establishment levels overall. WG have confirmed funding for the additional 100 will remain in place for this financial year
- Full roll out of the Cymru High Acuity Response Unit (CHARU), now largely complete with the exception of some hard-to-reach areas. Further actions to address;
- Potential changes to the response logic and clinical screening of red calls, which are now live (19 June 2023);
- Reduce hours lost through sickness absence via managing attendance programme – trajectory for improvement in place as part of Integrated Medium-Term Plan (IMTP) (8% by Mar-23/6% Mar-24);
- Working closely with Health Boards to support reduction in lost hours and a reduction in conveyances to ED. This is undertaken within local Integrated Commissioning Action Plan meetings and will include work on improvements in referrals to Same Day Emergency Care Units (SDECs).

Expected Performance Trajectory
 The Red modelling estimates a 7%-point improvement in Red 8-minute performance if CHARUs are fully rolled out, and associated Red improvement actions are delivered. Including a reduction in lost hours to 15,000.

*NB: Data correct at time of abstraction

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Amber Performance Indicators

(Responsible Officer: Lee Brooks)

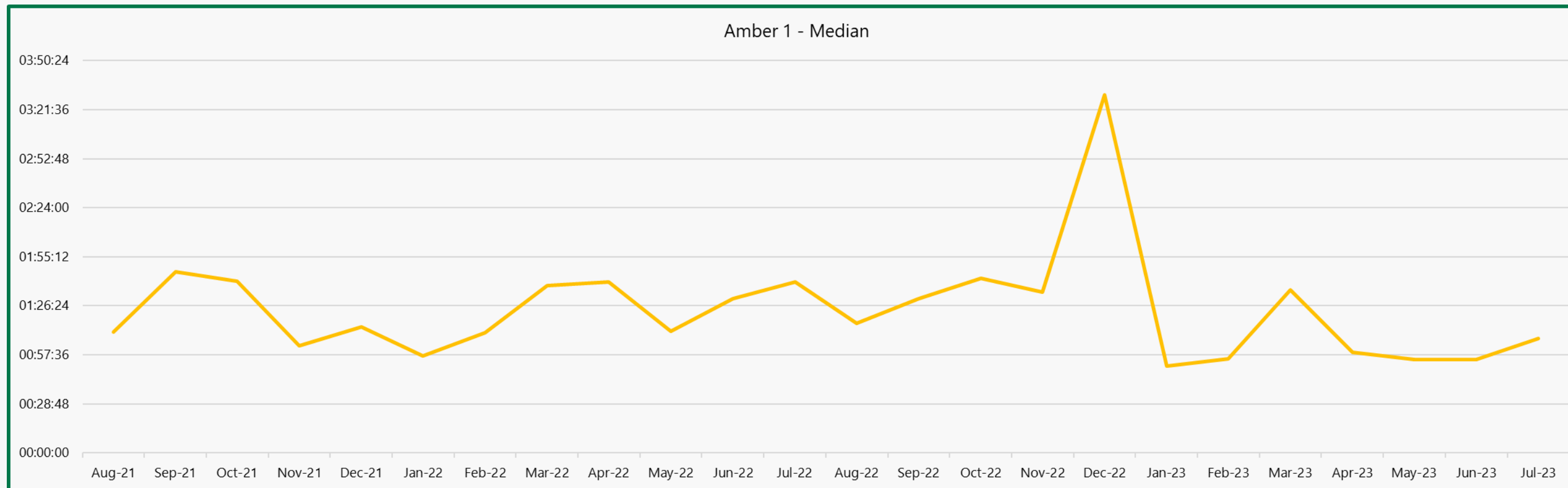
R

CI

FPC

QUEST

Influencing Factors – Demand, Hours Produced and Hours Lost



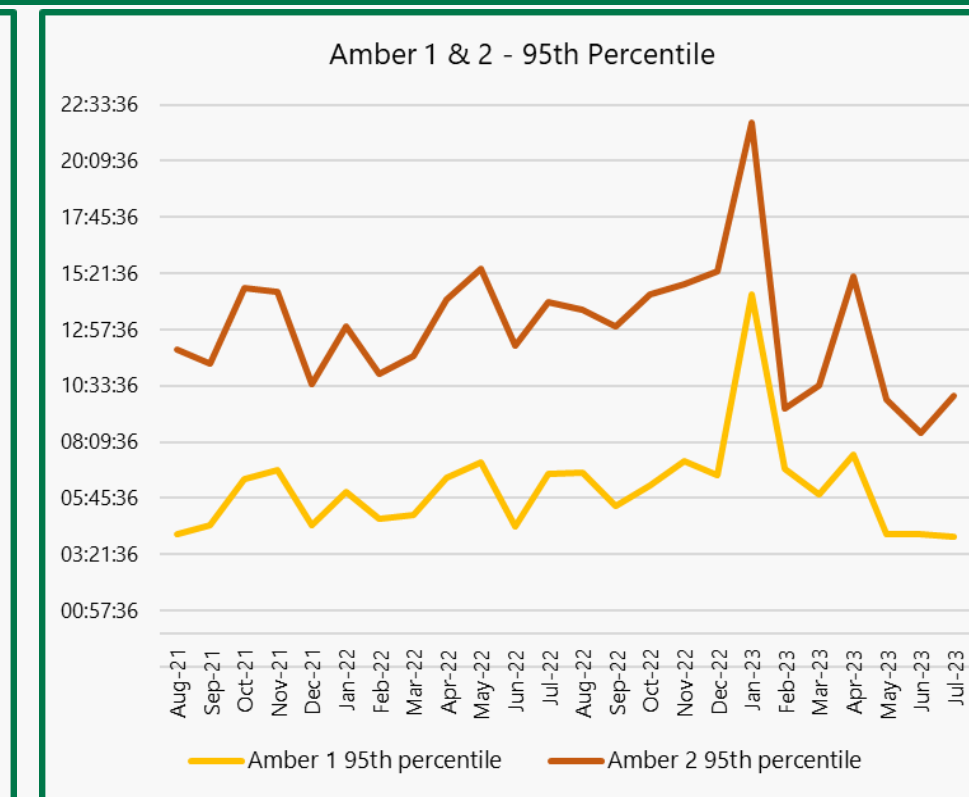
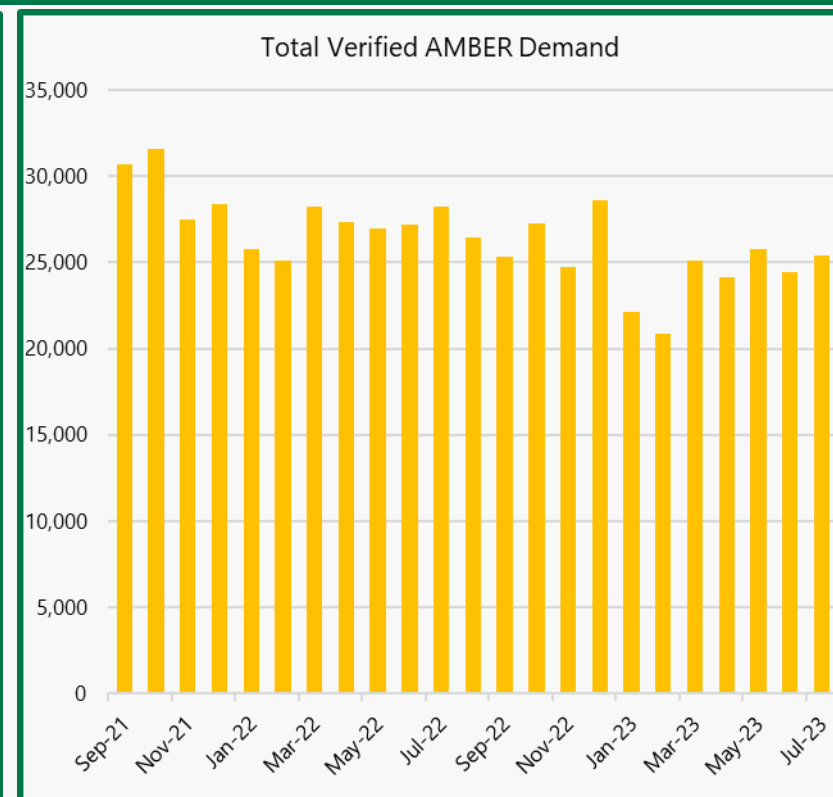
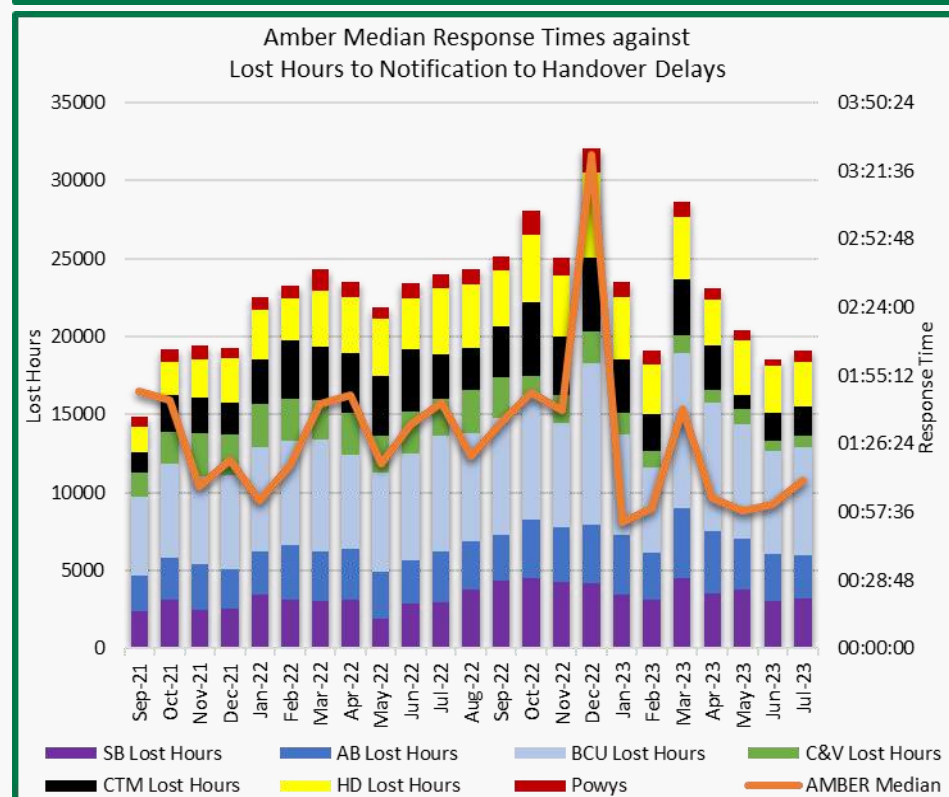
Analysis

Amber 1 median performance declined during July 2023 to 1 hour seven minutes, from the 54 minutes 43 seconds recorded in June 2023. The ideal Amber 1 median response time is 18 minutes. The 95th percentile also rose to 4 hours and 46 minutes.

There were still some long patient waits in June 2023, with 1,440 patients (all categories, not just Amber) waiting over 4 hours. This is however a decrease from the 1,625 recorded in May 2023.

Amber demand increased in July 2023 to 25,384 verified incidents.

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



Remedial Plans and Actions

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

Expected Performance Trajectory

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

Our Patients: Quality, Safety & Patient Experience

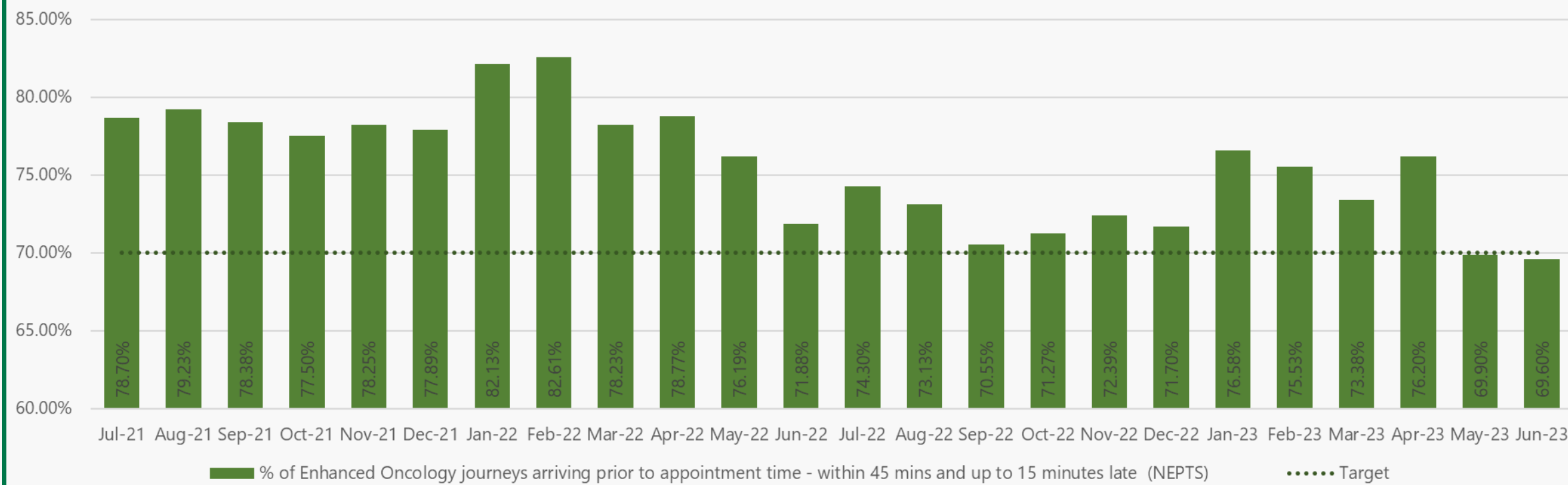
Ambulance Care Indicators

Patient Experience

(Responsible Officer: Lee Brooks)

Oncology **G** D&T **R** FPC CI

% of Enhanced Oncology journeys arriving prior to appointment time - within 45 mins and up to 15 minutes late



Analysis

Ambulance Care (NEPTS element) performance declined slightly during June 2023. 69.6% of enhanced oncology journeys arrived within 45 minutes prior and up to 15 minutes late to their appointment time, down from 69.9% in May 2023, achieving the 70% target.

78% of discharge & transfer journeys were collected within 60 minutes of their booked ready time, a decrease compared to May 2023 (83%), and the fifth consecutive month where the 90% target has not been achieved.

Same day cancellations increased slightly from 17.8% in May 2023 to 18.7% in June 2023.

Overall demand has continued to increase as the planned care system continues to reset. In particular:-

- Completed journeys for Patients requiring Ambulance Transport – Non T1 & C3 mobility (exc. Discharge & Transfer) are at or in excess of levels seen prior to the pandemic.
- Oncology journeys in particular have increased significantly since April 2023 and in June 2023 were at levels not seen since 2019.
- There has been a notable increase in requests for discharges from the ED. This correlates with EMS no longer facilitating these requests.

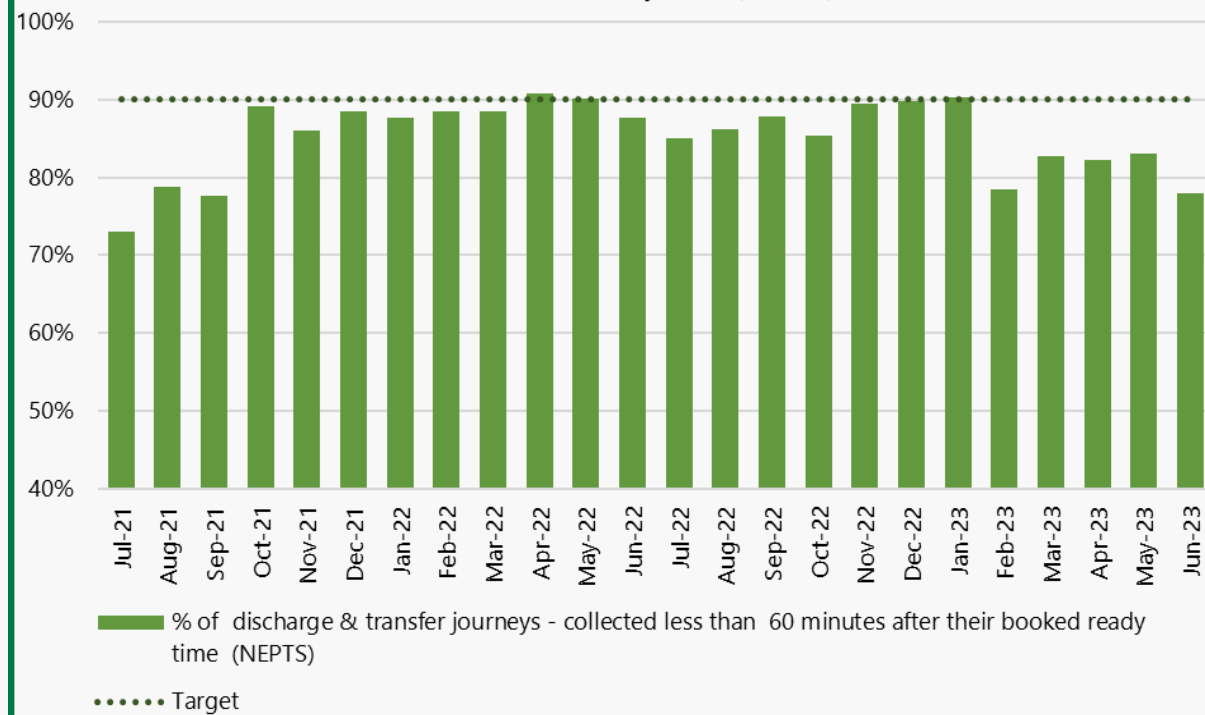
Remedial Plans and Actions

- D&C Project: roster review of NEPTS transport paused as part of IMTP prioritisation exercise.
- Transfer and Discharge Service: work is in progress with regards to the modelling (initial results received, almost complete).
- The service has implemented a performance standard implementation plan to support the roll out of the new parameters. This plan is focused on ensuring the entire team are aware of the standards and their role in delivering them.
- Updated NEPTS performance parameters went live in April 2023, these will separate out on the day and advance booked journeys. At present most bookings are made on the day, which makes it difficult to respond to within the times allowed. A focus on pre-planned discharge should support work being completed by working groups 5&6 of the 6 goals programme board

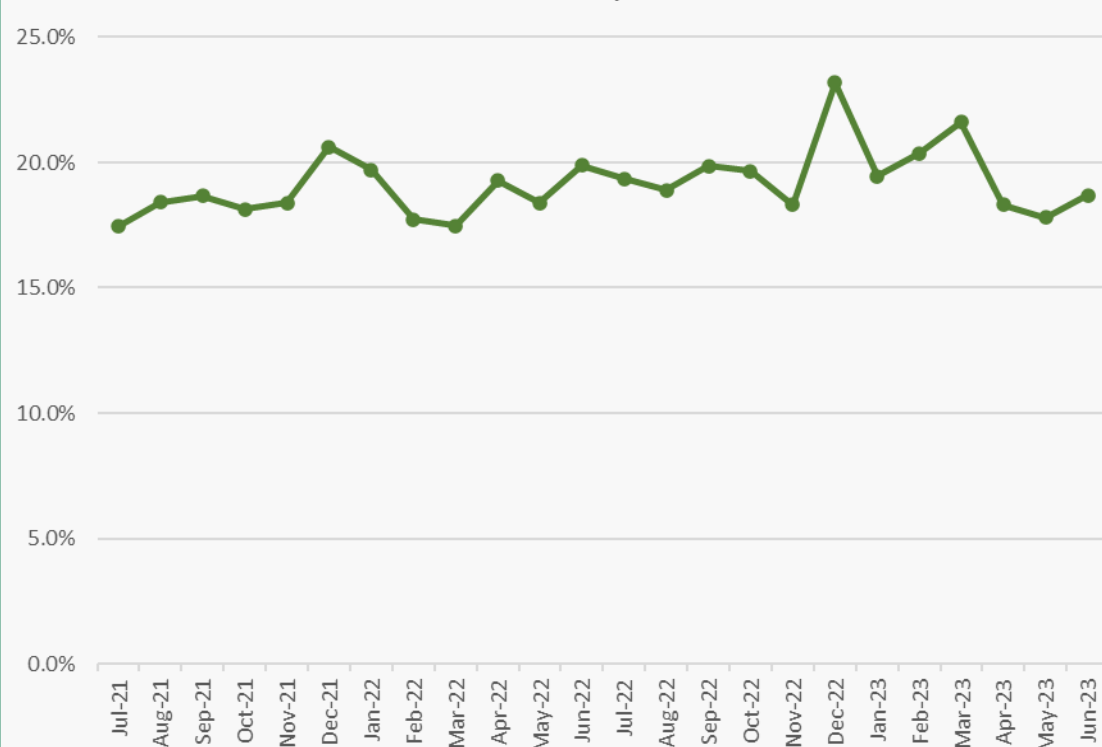
Expected Performance Trajectory

At present, the uncertainty around demand as health boards move through system recovery following the pandemic, with the potential addition of austerity and a move to different performance parameters, means that it is difficult to forecast performance. WAST will continue to work with the HBs through the commissioning DAG (NCCU) to deliver the best performance possible for the patient.

% of Discharge & Transfer Journeys - Collected less than 60 minutes after their booked ready time (NEPTS)



Volume of on the Day Cancellations



Our Patients: Quality, Safety & Patient Experience

Clinical Outcomes Indicators

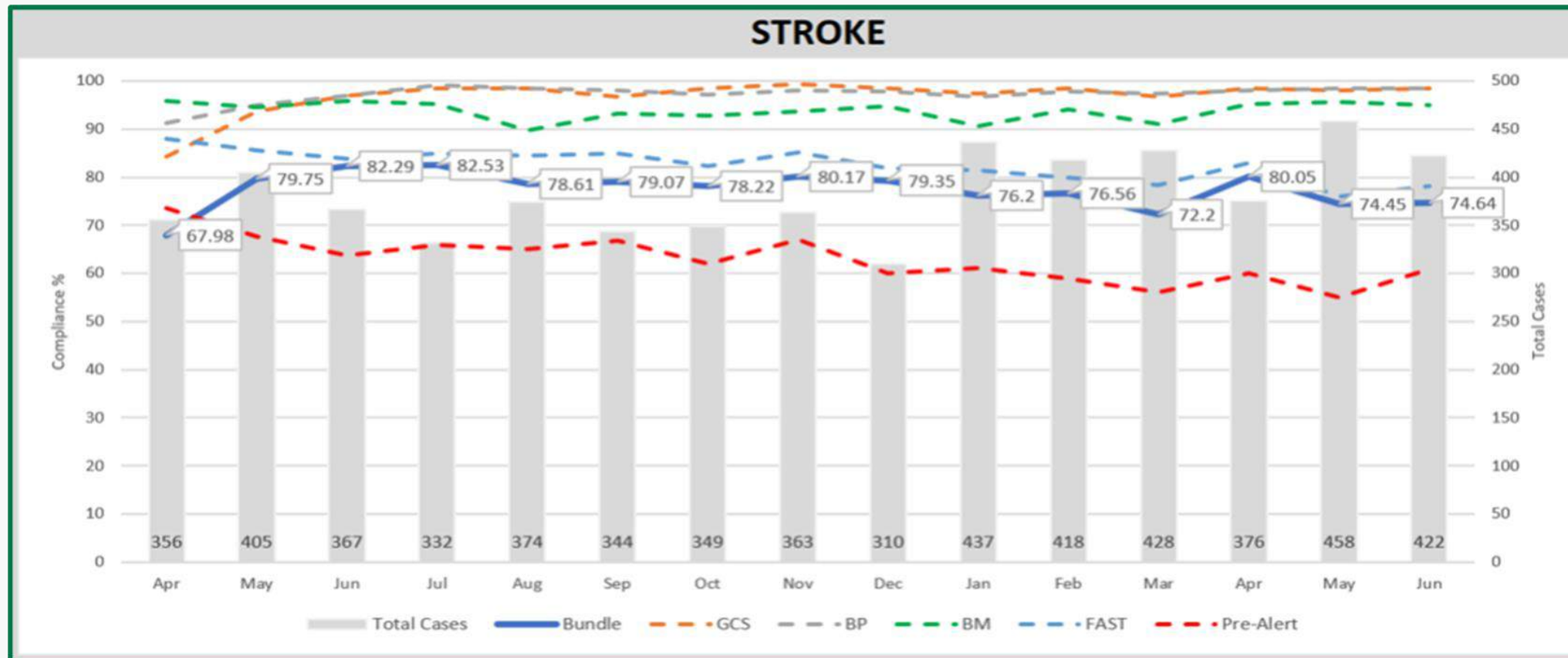
(Responsible Officer: Andy Swinburn)

Stroke/Hip Fracture/Hypoglycaemic
R

Self Assessment:
Strength of Internal Control: Moderate

QUEST

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



Analysis

The Trust currently uses ePCR to report on five clinical indicators (CI) to the Emergency Ambulance Services 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 quality assurance audits conducted for each of the CIs and reported through the Clinical Intelligence Assurance Group (CIAG) prior to approving publishing CI data as Ambulance Service Indicators to EASC. In addition, the deep dive quality assurance 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, change requests have been submitted to Terrafox and are being processed.

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 (commissioning intention) include:

- (1) Call to door time for STEMI and Stroke and;
- (2) Reporting on Outcomes (by response type).

There is a lot of work required to agree and then report on these indicators:

Q3 (Oct – Dec 2022)

- (1) Discussions commenced between the CIAT/Hi/NCCU to define 'call to door' and 'at hospital' for the STEMI & Stroke time-based metrics. The various data points available are not always consistently available for all calls so options on the best approach will be discussed and decided on at the CIAG.
- (2) Establish initial requirements with the NCCU for Reporting on Outcomes (by response type), this may be by staff grade, patients conveyed or not conveyed. Initial consideration is to use Stroke and #NOF data.

Q4 (Jan – Mar 2023)

- (1) Work continued with CIAT/Hi/NCCU to decide on the most appropriate data points, taking into consideration those used by English Ambulance Trusts to look at potentially comparing like-for-like data. HI have produced sample data (December 2022) for discussion at CIAG which has representation from the NCCU. Review potential data points for use as test data/discussed with NCCU. Test reporting with initial data points/discussed with NCCU.

April - June 2023

- (1) The criteria and reporting format for STEMI and Stroke time-based metrics were agreed, and the dashboard was presented to CIAG with data from April 2022. Approve time-based metrics for ASI reporting, this will be via CIAG when presented.
- (2) Submit sample data (December 2022) to CIAG for the Reporting on Outcomes (by response type). Due to various priorities, this work is ongoing.

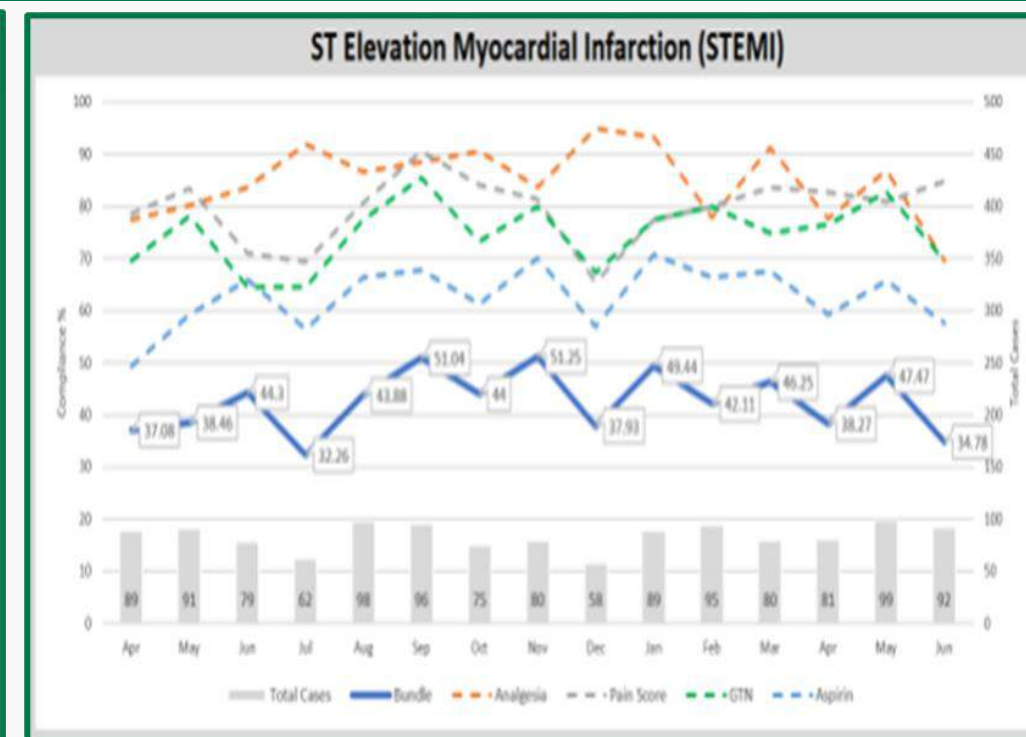
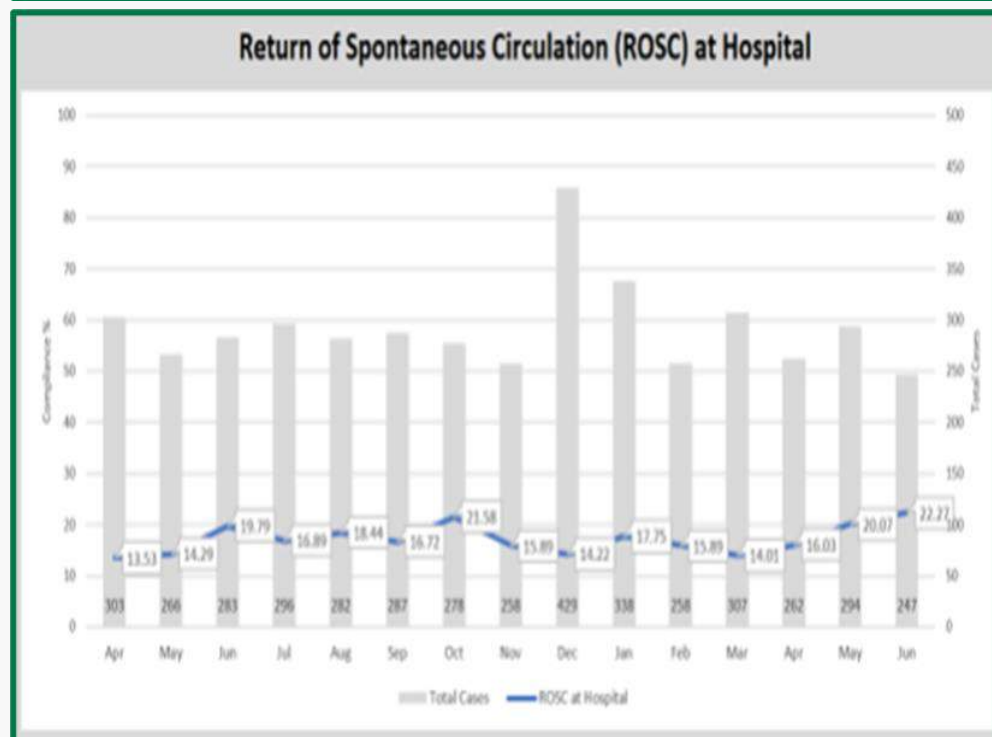
July - September 2023

- (1) The data points are being reviewed for v2 to consider the '1st available time'. This may ensure more incidents are included.
- (2) This work is ongoing due to various priorities and capacity.

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 has been in place since October 2022 in some areas.

Expected Performance Trajectory

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



Our Patients: Quality, Safety & Patient Experience

Patient National Reportable Incidents & Patient Concerns Responses Indicators

(Responsible Officer: Liam Williams)

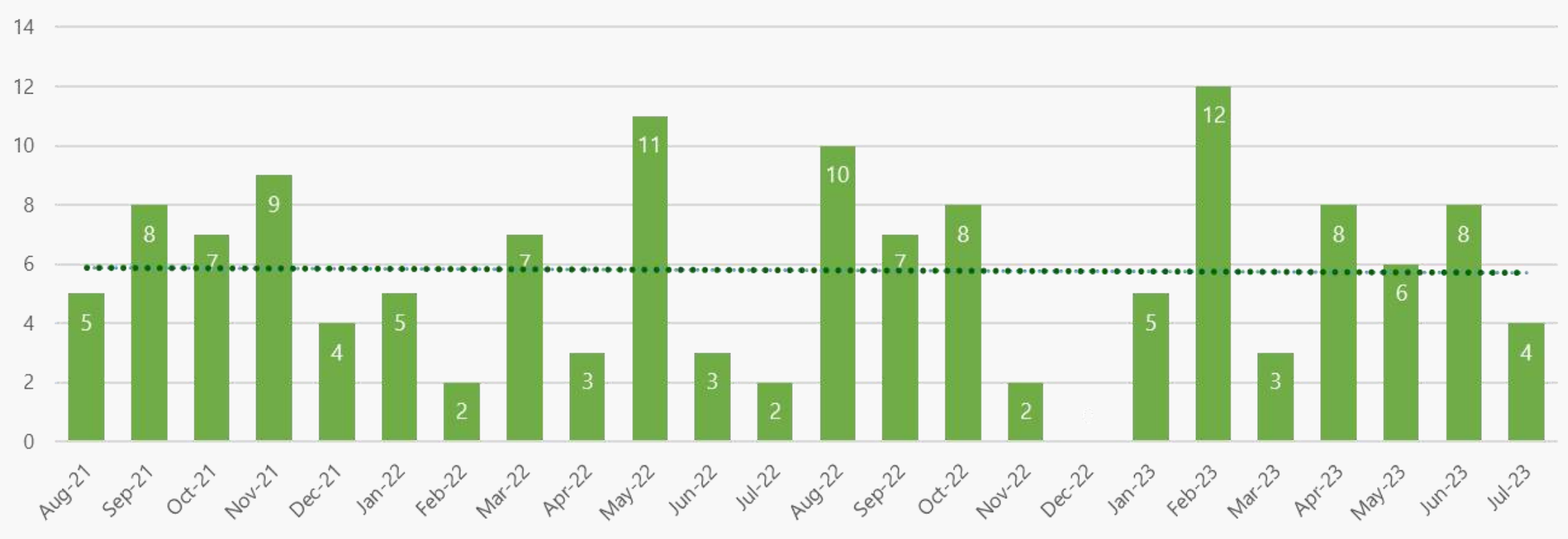
NRI. **A**

Self Assessment: Strength of Internal Control: **Moderate**

QUEST

Health & Care Standard
Health - Safe Care / Timely Care

NRIs by Date Reported to the NHS Executive - All Wales



Analysis

The percentage of responses to concerns in July 2023 is 49% against a 75% target (30-day response) which is a slightly improved position. Several factors continue to affect the Trust's ability to respond to concerns, including, overall increased demand, a rise in the number of inquests, continuing volumes of Nationally Reportable Incident's (NRIs) and timely response to requests for information from key parties. The number of total concerns is now increasing again with 109 complaints being received in July 2023. These complaints are frequently complex with our concerns administrators frequently taking lengthy calls from distressed patients or family members for up to one hour per call. From April 2023 the 2-day acknowledgment (68% compliance July 2023) measure for complaints has been revised to a 5-day acknowledgement measure (99% compliance July 2023). This is to bring the Putting Things Right Regulations in line with Duty of Candour. The 2-day measure will continue to be monitored internally due to the fragile position currently.

Four Serious Case Incident Forums (SCIF) were held during the month and twenty-two cases were discussed. Following discussion four serious patient safety incidents were reported to the NHS Wales Executive (Delivery Unit) and nine cases were referred to Health Boards for investigation under the Joint Investigation Framework. The Trust received no referrals from Health Boards under the Joint Investigation Framework during the period. Learning from the Joint Investigation Framework process remains limited whilst the process embeds.

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families. Themes relating to serious patient safety incidents reported to the NHS Wales Executive (Delivery Unit) as Nationally Reportable Incidents (NRIs) include delayed community response times and call categorisation, predominately ineffective breathing which is being discussed at national ambulance forums as a consistent theme.

In July 2023, 425 patients waited over 12 hours for an ambulance response, which is an increase on the 351 reported in June. 45 Compliments were received from patients and/or their families in July 2023.

Remedial Plans and Actions

A range of actions are in place:- Recruitment, redeployment and assessment of workload and where to best place resources continues corporately and within the Operations Quality Team. An organisational change process is planned across the Putting Things Right functions in quarter three 2023/24. Additionally, we are working closely with the Trust's Wellbeing Team to understand what additional support can be provided to staff across the Putting Things Right functions.

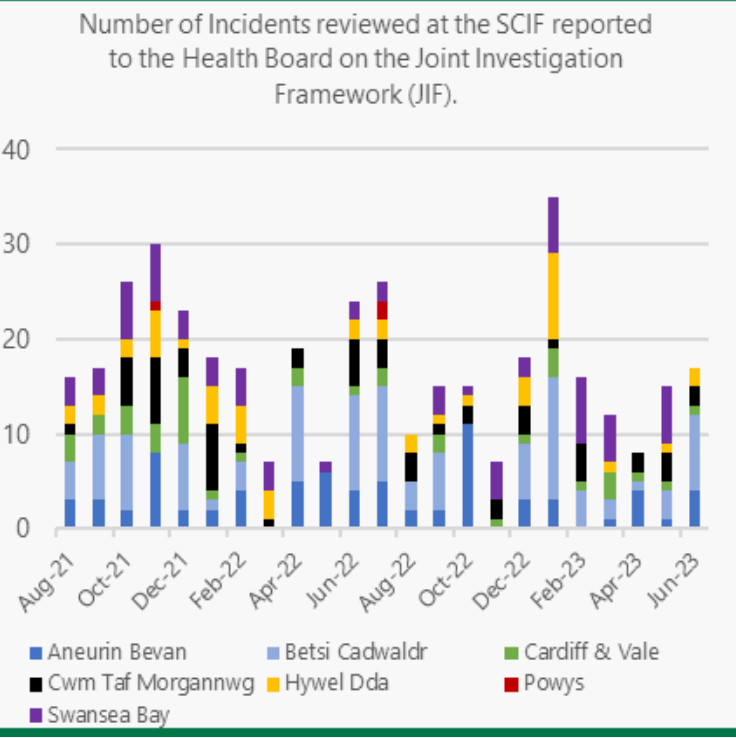
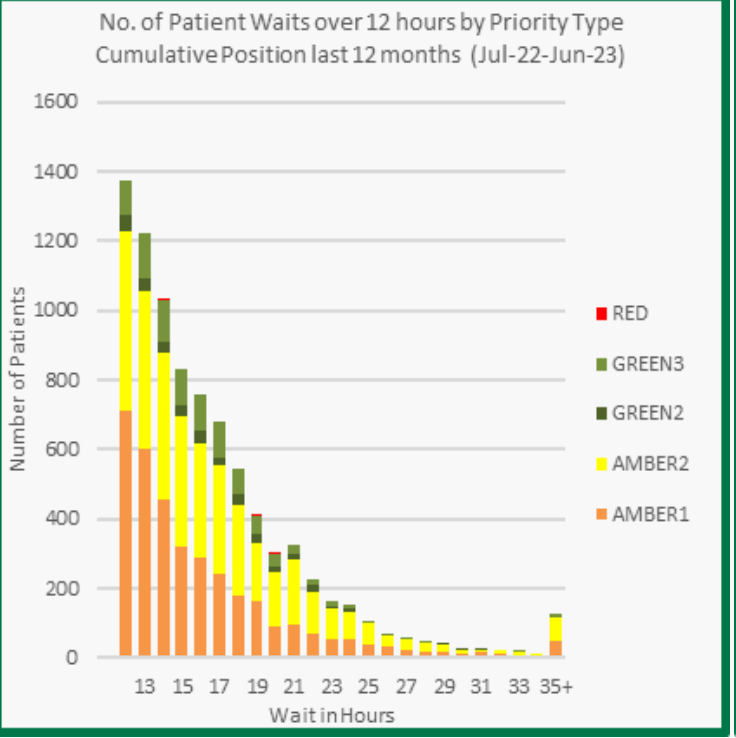
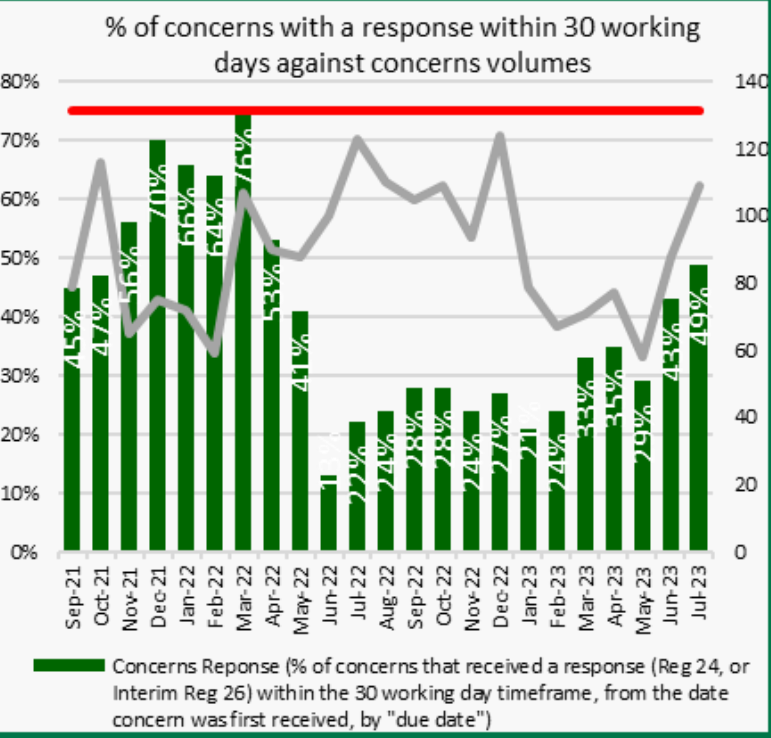
Delayed community response (Risk 223) and handover of care delays at hospitals (Risk 224) are the two highest rated risks on the Trust's Corporate Risk Register (both rated 25) and include detailed mitigations and current actions, both are considered at Board sub-committee level and at Trust Board.

The Joint Investigation Framework is now formally in place across NHS Wales and is referenced in the recently published NHS Wales National Policy on Patient Safety Incident Reporting & Management (May 2023) which was approved by the Clinical Quality Governance Group in June 2023.

Immediate improvement actions following the Serious Case Incident Forum (SCIF) include education and training for individual staff, updates to operating procedures and circulation of bulletins to share learning and provide updates. The key strategic action is the EMS Operational Transformation Programme.

Expected Performance Trajectory

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



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

**NB: 30 Day Compliance reported from Power BI and therefore data is not yet validated

Our Patients: Quality, Safety & Patient Experience

Patient & People Safety Indicators

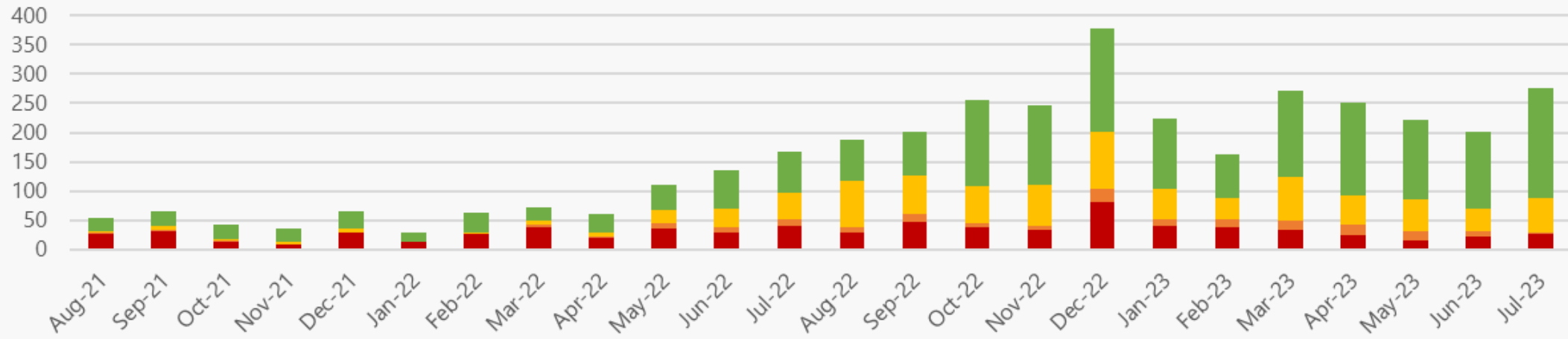
(Responsible Officer: Liam Williams)

Self Assessment:
Strength of
Internal Control:
Moderate

PCC

Health & Care
Standard
Health – Safe Care

Number of incidents Closed on Datix system within the reporting month, by Harm grading (Volumes Received)



	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
Minor	24	24	24	22	30	15	33	23	33	44	66	71	71	75	146	136	175	119	74	147	159	137	132	189
Moderate	3	8	2	5	5	1	3	7	5	22	32	46	79	67	64	70	99	52	38	74	50	53	37	58
Severe	2	1	2	0	0	0	1	6	3	9	9	10	10	12	8	7	21	12	14	17	18	17	10	4
Catastrophic	26	32	14	8	30	12	26	37	20	36	29	41	28	48	37	34	82	40	37	33	25	15	22	26

Analysis

Once cases are investigated and any improvement actions / learning is identified by the Patient Safety or Clinical Team, (or for instances where serious harm has occurred referred to the Serious Case Incident Forum (SCIF) for review) they are closed.

All patient safety incidents graded moderate or above will continue to be reviewed by the Patient Safety Team, who will consider the requirement to enact the Duty of Candour and contact patients and families. The Datix Cymru System has recently been updated nationally to allow Duty of Candour to be captured and reported and further work to develop a dashboard is in progress. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

- No harm or hazard – 109
- Minor harm – 189
- Moderate harm - 58
- Severe Outcomes - 4
- Catastrophic - 26

(*NB: Volumes received).

The bottom graph highlights the 422 Incidents that were closed on the Datix system in July 2023. Monthly volumes should be interpreted with caution as incidents can be duplicated on the system (for example two crews submitting the same incident).

Remedial Plans and Actions

Workload for all members of the team continues to be high due to continued system pressures resulting in a backlog of Putting Things Right concerns which are frequently complex. It is expected that the combination of the implementation of the Duty of Candour, Duty of Quality and the Medical Examiner Service will involve additional activity for the Putting Things Right team.

Early informal engagement on the structure of the Putting Things Right team has begun ahead of the formal organisational change process planned for quarter 3 2023/24 which will consider our local and national priorities and resources to meet the needs of our patients and families.

The Trust is represented at national networks including Duty of Candour, Complaints, Ombudsman, Learning, Mortality, Claims, Redress and Datix Cymru development groups as resources allow. Work is progressing in respect of the development of dashboards to inform reporting and oversight internally with Health Informatics and through the national Wels Risk Pool Once for Wales team (Datix Cymru).

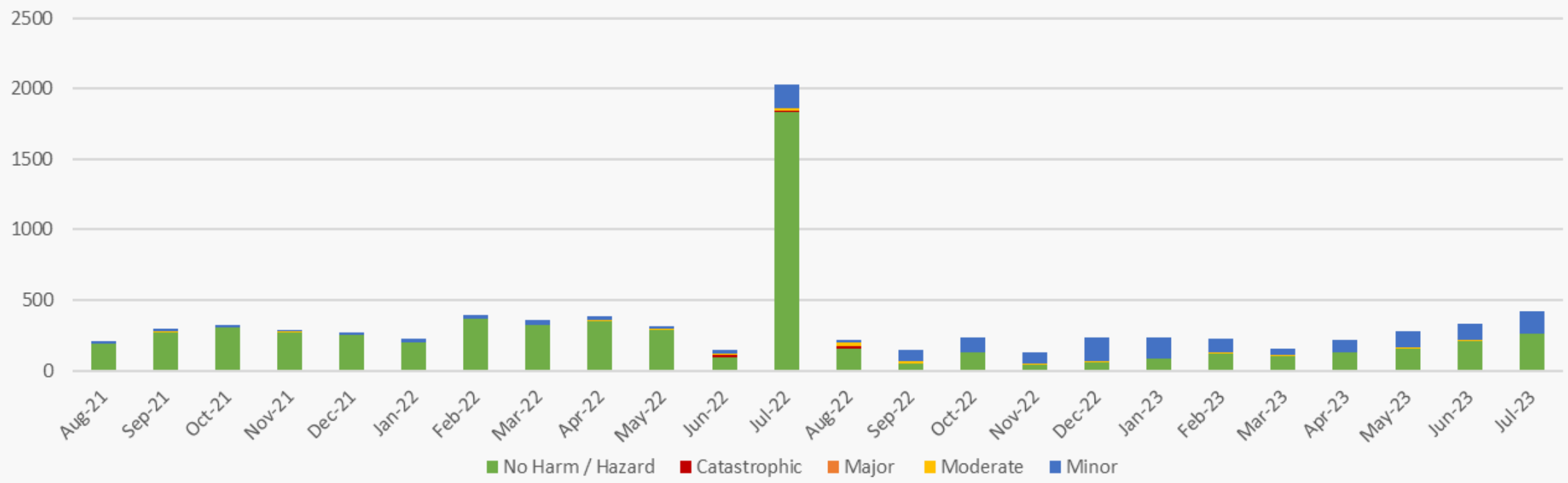
Expected Performance Trajectory

The Trust will continue to identify quality and safety improvements through the PTR processes.

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

Data source: Datix

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



Our Patients: Quality, Safety & Patient Experience

Coroners, Mortality and Ombudsmen Indicators

(Responsible Officer: Liam Williams)

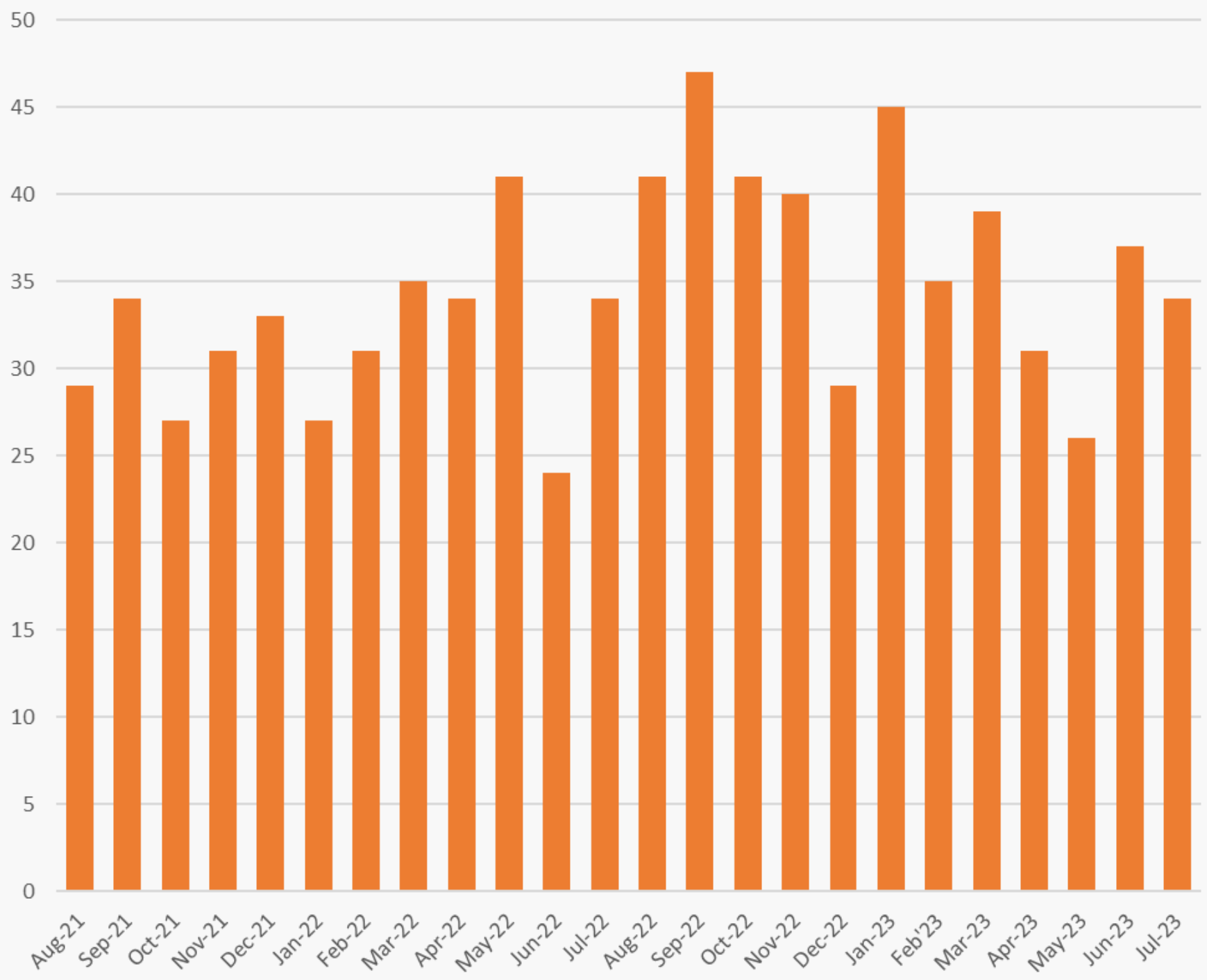
Coroners
Self-Assessment:
Strength of
Internal Control:
Moderate

Mortality
Self-Assessment:
Strength of
Internal Control:
Moderate

QUEST

Health & Care
Standard
Health – Safe Care

Total Number of Coroner Requests - Pan-Wales



Analysis

Coroners: The number of in month request continues to be higher than pre pandemic. This increased number of approaches is now the norm, rather than the exception. The complexity remains high, with multiple statements per approach. The Trust is moving the cases from the Datix web system (legacy) to the new Datix Cymru system. This will affect how we record our data and what we will be able to report on, as we come in line with an all-Wales format. Additionally, 50% of the staff managing coroner and Road Traffic accident cases have not been in work this financial year. At the end of July 2023 there were 529 claims open; these relate to Personal Injury (70 Claims); Personal Injury - Road Traffic Accidents (61 Claims), Clinical negligence (134 claims); Road Traffic Accident (244 claims) and Damage to Property (20 claims).

Ombudsman: There are currently 10 open Ombudsman cases in July 2023. At present cases are not being investigated, which supports the Trust's actions. Intermediate actions are being agreed to close without full investigations by the Ombudsman.

Mortality Review: The Trust continues to participate in Health Board led mortality reviews as appropriate, with attendance from the patient safety team and clinical colleagues as available. Data and information is also provided by the Trust as required to the Medical Examiner Service to inform their reviews of deaths in acute care. To date the Trust have received over 570 requests for information or feedback from the Medical Examiner Service with themes and trends so far including timeliness in response to patients in the community, handover of care delays and patients on the end-of-life care pathway being conveyed to acute care. The All-Wales Mortality Review Group at which WAST has representation has recently commissioned 'A Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) All-Wales Thematic Review' selecting cases covering January 2022 to January 2023. This review encompasses all Health Boards, and the final report will be provided by October 2023.

To date the Trust has not received any requests to undertake any Level 2 mortality reviews of patients in our care under the new processes in place across NHS Wales. Currently the focus of the Medical Examiner Service is undertaking mortality reviews in the acute care setting and the plan is for all non-coronial deaths, including community deaths to be reviewed by the Medical Examiner Service from September 2023 when an increase in activity for requests / reviews for the Trust is expected when this occurs.

Remedial Plans and Actions

Coroners: Cases continue to be registered and distributed and the Team has had to introduce a new process surrounding the notification of summons to inquest. This has affected the timeliness of our case registration and distribution. The number of cases where staff are giving evidence for continuity purposes has reduced and the number where staff are giving evidence as the Trust is an IP has increased significantly, representing a quarter of all open cases. This also has a significant impact on the capacity of the Team, as these cases require considerably more management.

Ombudsmen: The Trust is in the process of transferring all Ombudsmen cases from the Old Datix system to the new system

Mortality Review: The Trust is in the process of developing the internal mechanisms in order to facilitate mortality reviews under the new approach and our internal framework has been approved at the Clinical Quality Governance Group and an internal mortality group (learning from deaths) is being established, closely aligning to the Serious Case Incident Forum.

Representation and contribution by the Trust at the All-Wales Mortality Working Group will continue and a task and finish group has been established to review the process for contacting families following their meetings with the Medical Examiners. Additionally, the Trust are engaged in the meetings lead by the Once for Wales Datix Cymru team who are developing the Datix Cymru Mortality Module currently.

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: Learning has been placed in a Patient Safety Newsletter, for sharing pan-Wales.

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 in September 2023 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 Putting Things Right processes internally through the Serious Case Incident Forum.

Data source: Datix

Mortality Reviews Data source: Internal Web Application

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

Our Patients: Quality, Safety & Patient Experience

Safeguarding, Data Governance & Public Engagement Indicators

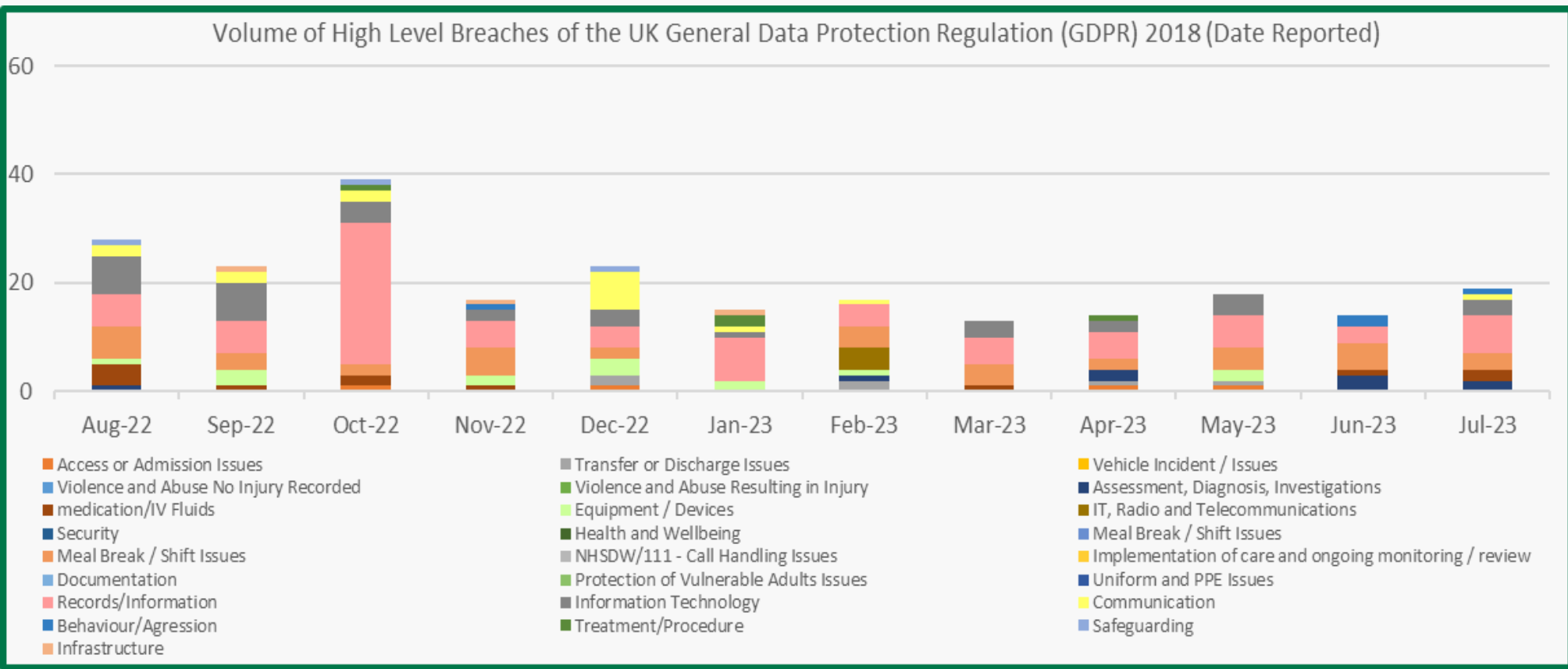
(Responsible Officer: Liam Williams)

Self-Assessment: Strength of Internal Control: Strong

QUEST

Health & Care Standard Health – Safe Care

Safeguarding Data source: Doc Works



Analysis

Safeguarding: In July 2023 staff completed a total of 179 Adult at Risk Reports, 93% of these were processed within 24 hours. Whilst the Trust does not report on Adult Social Need reports, 527 referrals were received and processed to the local authority during this reporting period. There have been 213 Child Safeguarding Reports in July 2023, 95% processed within 24 hours.

Data Governance: In July 2023 there were 19 information governance (IG) related incidents reported on Datix Cymru categorised as an Information Governance (IG) breach. Of these 19 breaches, 3 related to information governance/confidentiality, 7 records/information, 3 Information Technology, 2 assessment/diagnosis, 1 behaviour/aggression, 1 communication and 2 medication/IV/fluids.

Public Engagement: During July, the Patient Experience and Community Involvement Team attended 22 community engagement opportunities, engaging with 475 people. This month our engagement has incorporated several school visits, talking to young people about appropriate use of 999 services, attending a number of general open public engagement days as well as continuing our targeted engagement with specific communities including people with a learning disability. This month we have also engaged with Llais, the new citizen voice body for Wales, attending 3 of their public engagement sessions. Working collaboratively with Llais will become an integral part of our work moving forward, ensuring the citizen's voice is amplified within the organisation. At engagement events throughout the month, we continued to use engagement opportunities to listen to people's experiences of using our services and to recruit people to join our People & Community Network. During July we also continued to promote our Patient Experience Surveys (PREMS), asking people to provide feedback about their interactions with our services. Engagement and survey outcomes remain largely consistent and tell us that people continue to be concerned that help will not be available when they need it and that people have experienced delays after calling 999, but that people are happy with the care they eventually receive. 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 Scribe and regular monitoring of the system by the Safeguarding Team provides a means to identify any problems with delayed reports with appropriate action taken to support 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.

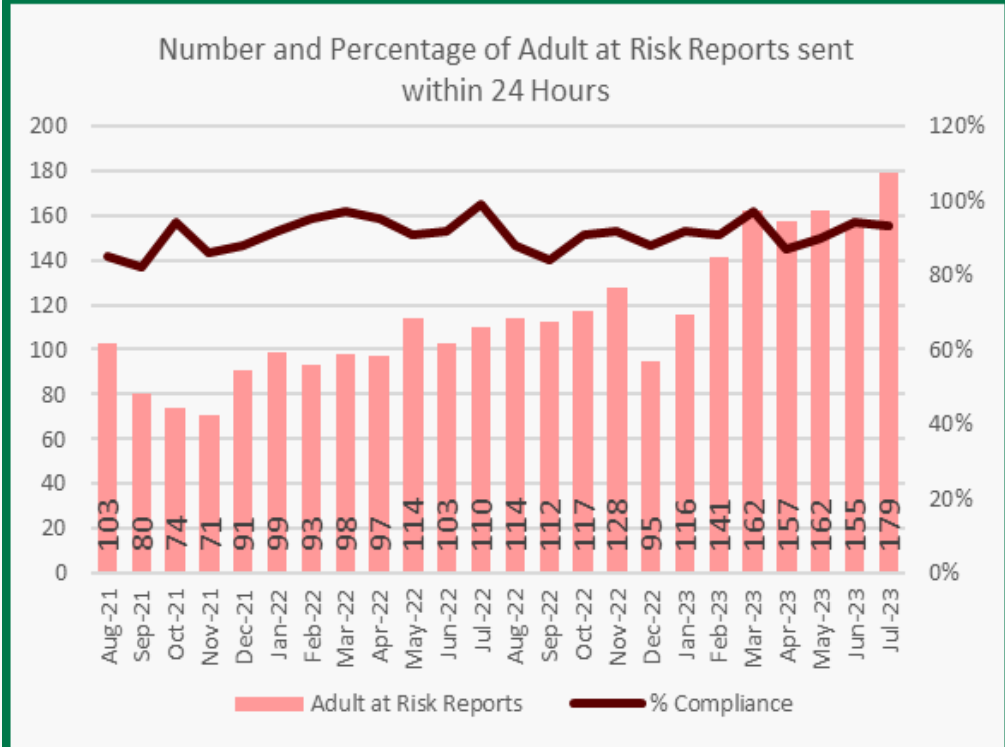
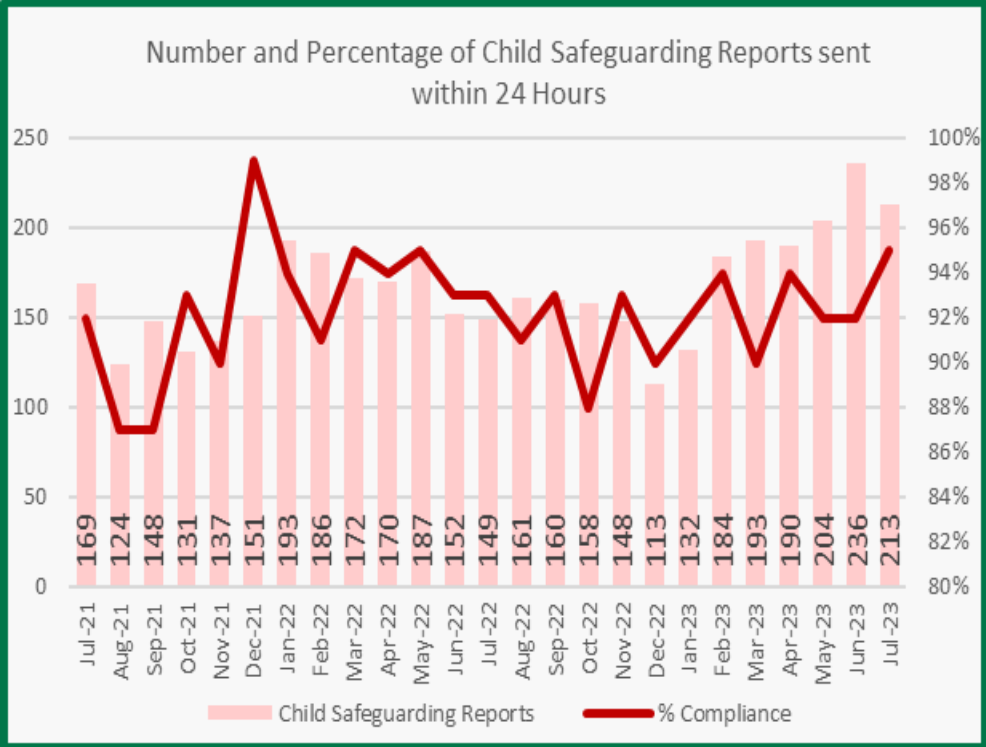
Data Governance: During the reporting period, of the 19-information governance related incidents reported on Datix, 0 incidents were deemed to meet the risk threshold for reporting to the Information Commissioner's Office (ICO). The IG team has provided advice and determined remedial actions for relevant incidents where appropriate.

Public Engagement: Community involvement and engagement with patients/public forms an integral part of the Trust's ambition to 'invert the triangle' and deliver value-based healthcare evaluated against service users' experiences and health outcomes. The work delivered by the PECEI Team is supporting the Trust's principles of providing the highest quality of care and service user experience as a driver for change and delivering services which meet the differing needs of communities we serve without prejudice or discrimination. The PECEI Team will continue to engage in an ongoing dialogue with the public on what they think are important developments the Trust could make to improve services they receive. Our learning disability work has taken a particular focus this month as we progress work to enhance our recording of the number of patients we treat who have a learning disability by developing the ePCR to capture more data. We also submitted a funding bid to HEIW which was successful and will allow us to produce an educational video. A separate funding bid to the RCN has also been successful and we will begin to work on a 4 nations research project in the New Year to look at the experiences of people with a learning disability when accessing 111 services. We have been invited to present this learning disability work to the Welsh Government Ministerial Advisory Group in September.

Expected Performance Trajectory

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

Data Governance: The submission for the FY22-23 IG Toolkit closed on 30th June 2023. The outcome scoring report for this submission is expected to be received during August 2023 which will form the basis of the Trust's IG Toolkit Improvement Plan. The new submission for FY23-24 has already opened to enable population of the evidence throughout the year.



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

Our Patients: Quality, Safety & Patient Experience

Health & Safety (RIDDORS) Indicators

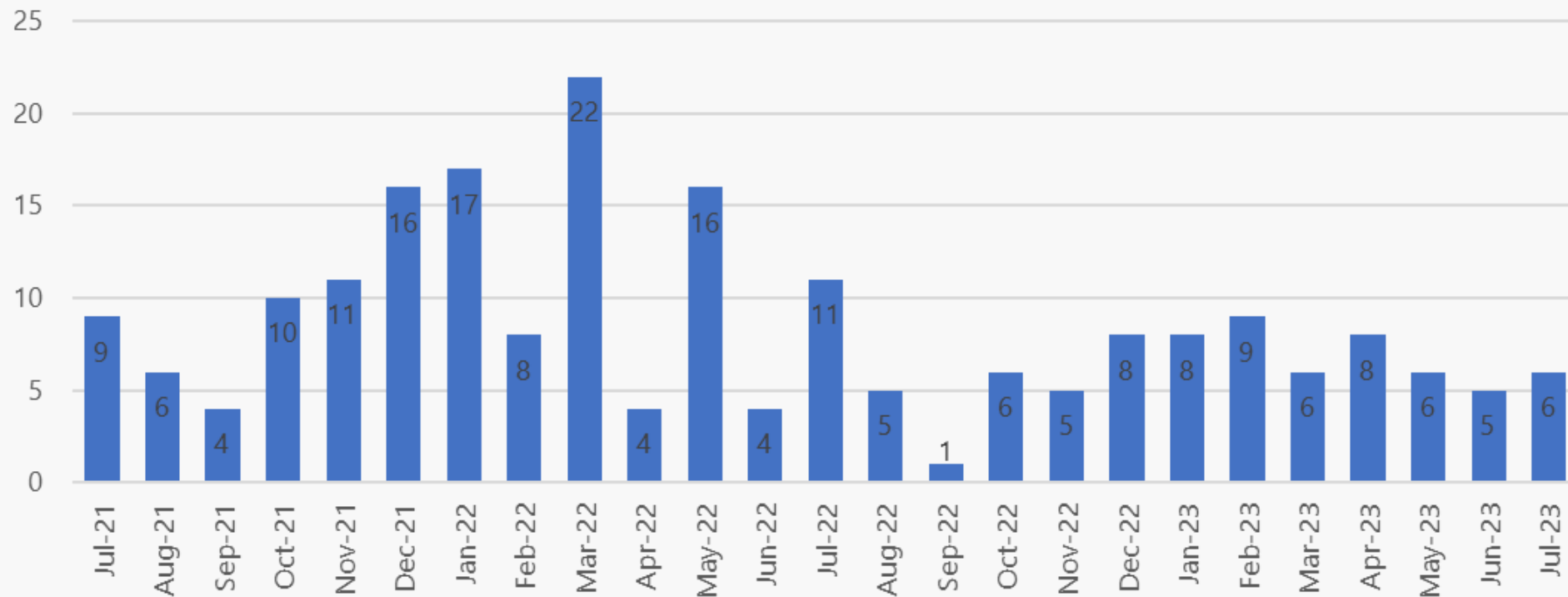
(Responsible Officer: Liam Williams)

Self Assessment:
Strength of
Internal Control:
Moderate

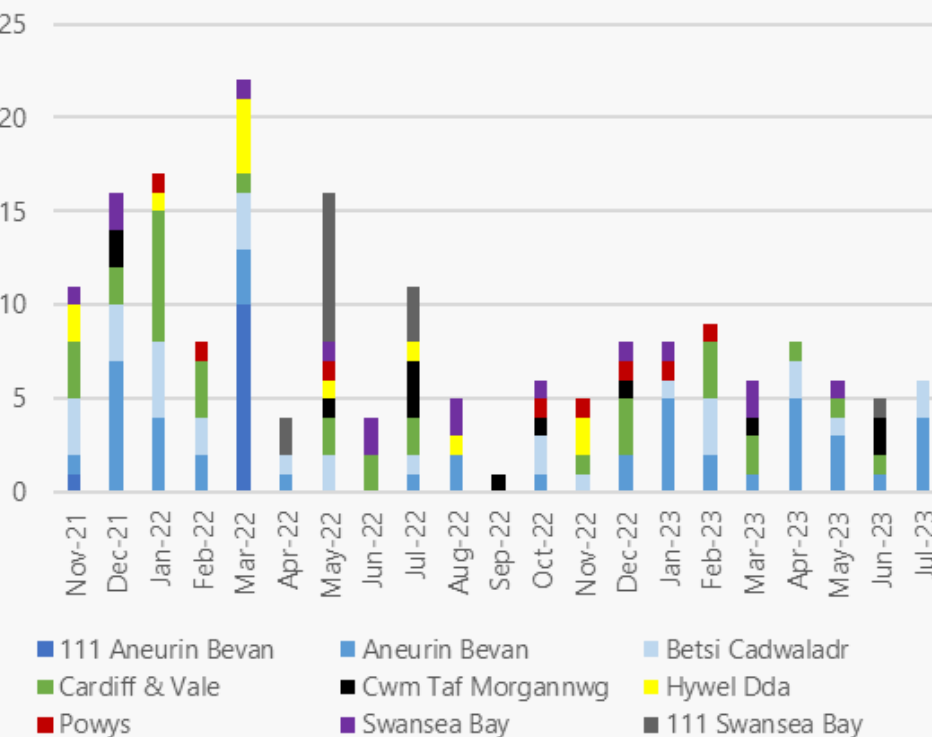
PCC

Health & Care
Standard
Health – Safe Care

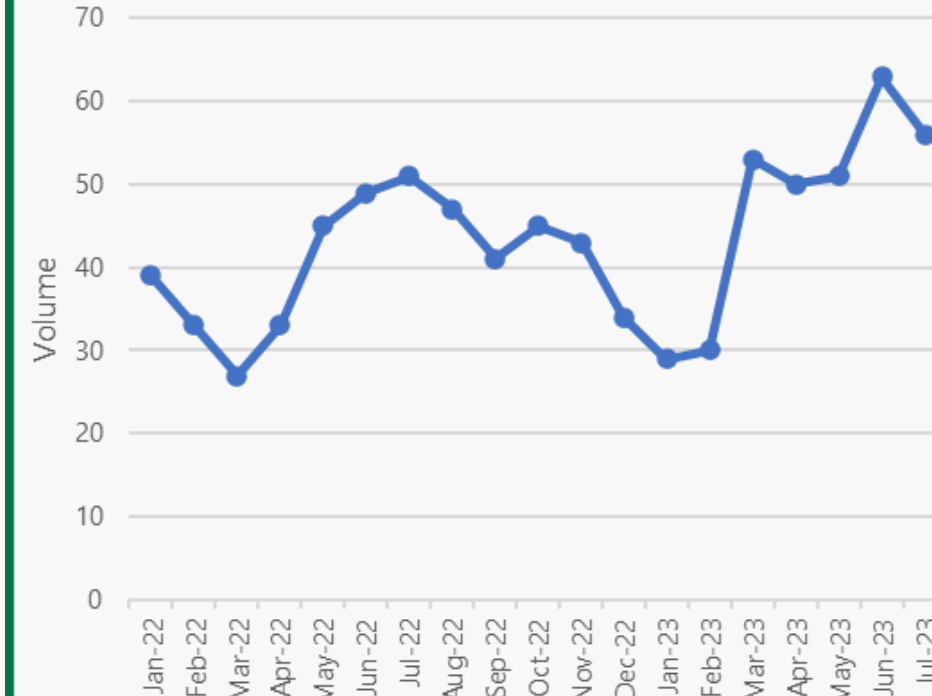
Volume of RIDDOR Reports by Month



Volume of Riddor Reports by Health Board



Total Violence & Agresion Reports by Month



Analysis

RIDDOR: There were 7 incidents requiring reporting und RIDDOR during July. All were due to staff being absent from work for over 7 days as a result of their injury.

5 of the RIDDOR reports were as a result of Manual Handling whilst moving patients. 1 was noted whilst undertaking a 4 person lift with the use of a pat slide and another notable incident involved the use of a carry chair to move a patient downstairs at their property.

100% of the reports were completed within the reporting required timeframes improved communication between the Health and Safety Team and the incident investigators has resulted in consistent high levels of reporting performance.

NWSSP Internal Audit Report completed noting 6 areas of reasonable assurance with regard to Health and Safety Policy, Health and Safety Structure, Working Safely programme, Compliance mechanisms, Training requirements and Needs, monitoring of Risks and issues.

Violence and Aggression: A total of 164 incidents have been reported of V&A in Q1, physical assaults totalled 18 with incidents of verbal abuse amounting to 146 .

Aneurin Bevan & Betsi Cadwaladr shared 82 incidents in Q1 continuing the trend as highest reporting Health Board Areas

6 incidents were reported as Severe in harm , following investigation/assessment these are being reviewed and adjusted.

Remedial Plans and Actions

RIDDOR: The use of multiple individuals to lift patients presents a particular hazard in regard to manual handling injuries and a trust wide process is being investigated.

RIDDOR performance continues to be presented in monthly reports and service units business meetings.

Violence and Aggression: Collaborative working with AACE regarding V&A training continues with the aim of improving the current training to better support staff. Particularly around clinical restrictive physical intervention.

The Case Manager is actively supporting and guiding staff who are involved cases being heard at Court (25 live cases)

The Strategic Anti-Violence Collaborative has met and has committed to a review of its TOR and resign/relaunch aimed at improving working relationships with all four Welsh police forces and Crown Prosecution service and NHS in Wales.

Expected Performance Trajectory

RIDDOR: The reporting of Trust-wide incident statistics has seen an increase in reporting in a number of areas. This will result in a delay in closing out the incidents on Datix. This is being monitored via the H&S Team.

Violence and Aggression: Toolbox talks , raising awareness of case management support are taking place across the Region by the Case Manager & V&A Manager to support staff and raise awareness, it is planned to establish regular interaction with staff directly affected by incidents of V&A. With the aim of improving the help and support available to staff.

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

Data source: Datix

Our Patients: Quality, Safety & Patient Experience

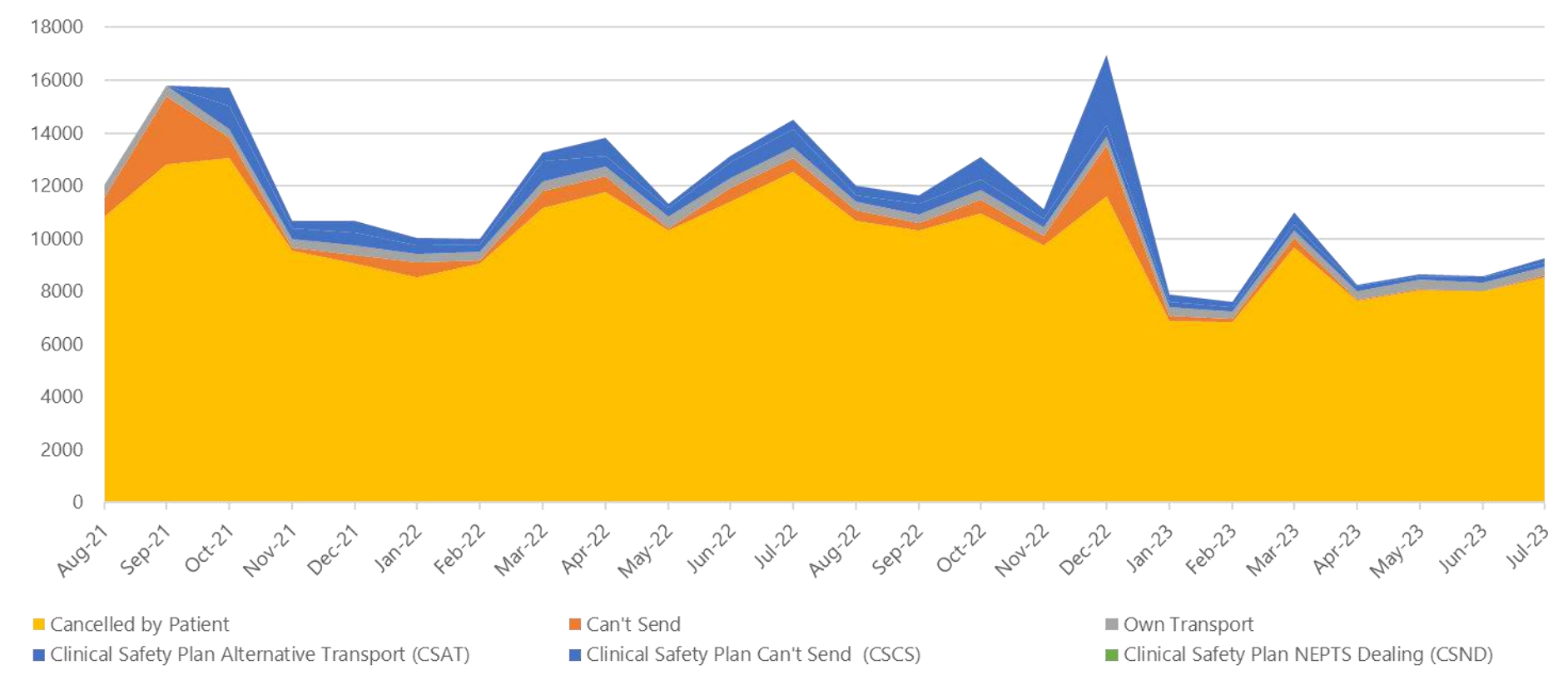
Escalation and Patient Experience

(Responsible Officer: Andy Swinburn)

TBD

FPC

Numbers of Patients with No Send or Cancelling Ambulance



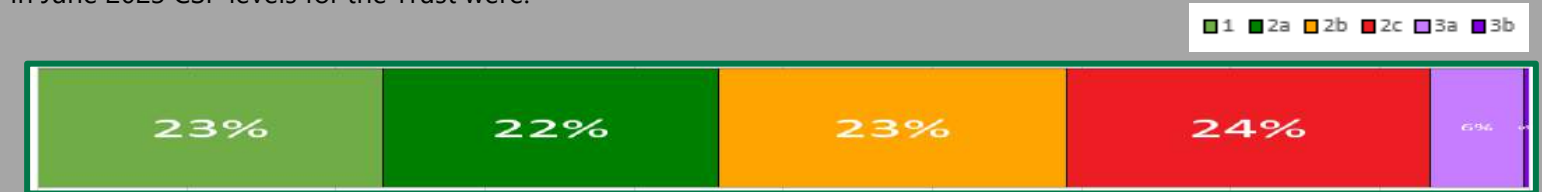
Analysis

In July 2023, 153 ambulances were stopped due to Clinical Safety Plan (CSP) alternative transport and 154 were stopped as a result of CSP 'Can't Send' options. In addition, 8,533 ambulances were cancelled by patients (including patients refusing treatment at scene) and 332 patients made their way to hospital using their own transport.

There were 662 requests made to Health Board EDs for immediate release of Red or Amber 1 calls in July 2023. Of these 139 were accepted and released in the Red category, with 7 not being accepted. Further to this, 178 ambulances were released to respond to Amber 1 calls, but 338 were not.

The graph in the bottom left shows that in June 2023 of the 5,311 patients who waited outside an ED for over an hour to be handed over to the care of the hospital, the Trust could assume that 15% (797 patients) would experience no harm, 53% (2,815 patients) would experience low harm, 23% (1,221 patients) would experience moderate harm and 9% (478 patients) would experience severe harm.

In June 2023 CSP levels for the Trust were:



CSP Level	RED	AMBER 1	AMBER 2	GREEN	HCP
0	Business As Usual				
1	Respond	Respond	ETA - ALT Transport		
			Respond to Exceptions		
2a	Respond	Respond	ETA - ALT Transport		
			Respond to Exceptions		
2b	Respond	65th ETA Script			
		ALT Transport			
		Respond to Exceptions			
2c	Respond	65th ETA Script		Can't Send	
		ALT Transport		Can't Send	Pass to ROU or EMG
		Respond to Exceptions			
3a	Respond	90th ETA Script		Clinical Screening	Can't Send
		ALT Transport			
		Respond to Exceptions			
3b	Respond	Clinical Screening		Can't Send	
4a	Clinical Screening		Can't Send		
4b	Clinical Screening		Can't Send		

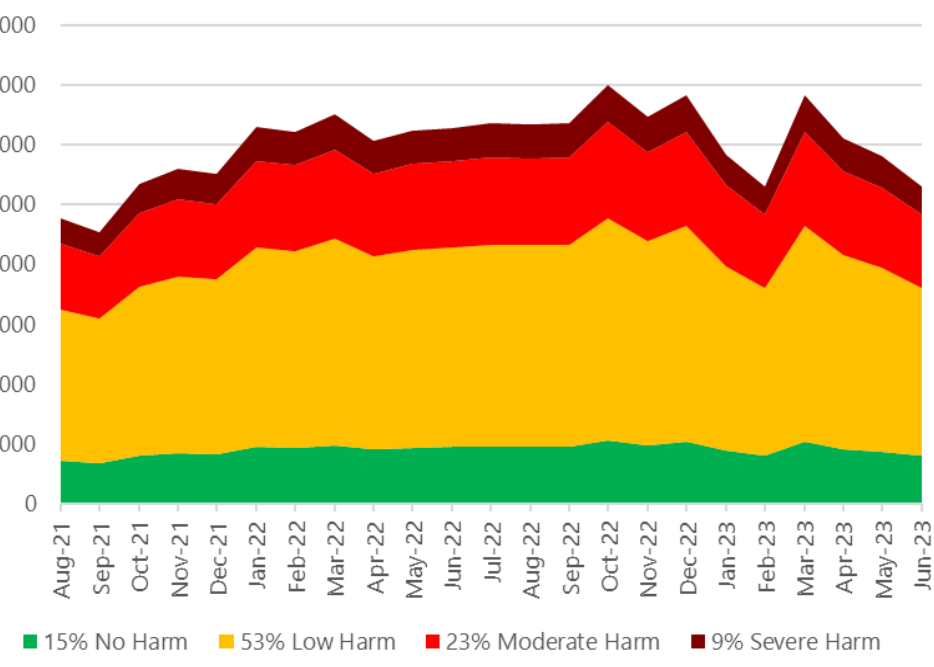
Remedial Plans and Actions

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. Integrated Commissioning Action Plan (ICAP) meetings have commenced with Health Boards, the Commissioner and the Trust and performance is reviewed monthly with questions posed to Health Boards regarding immediate release and handover reduction plans and actions.

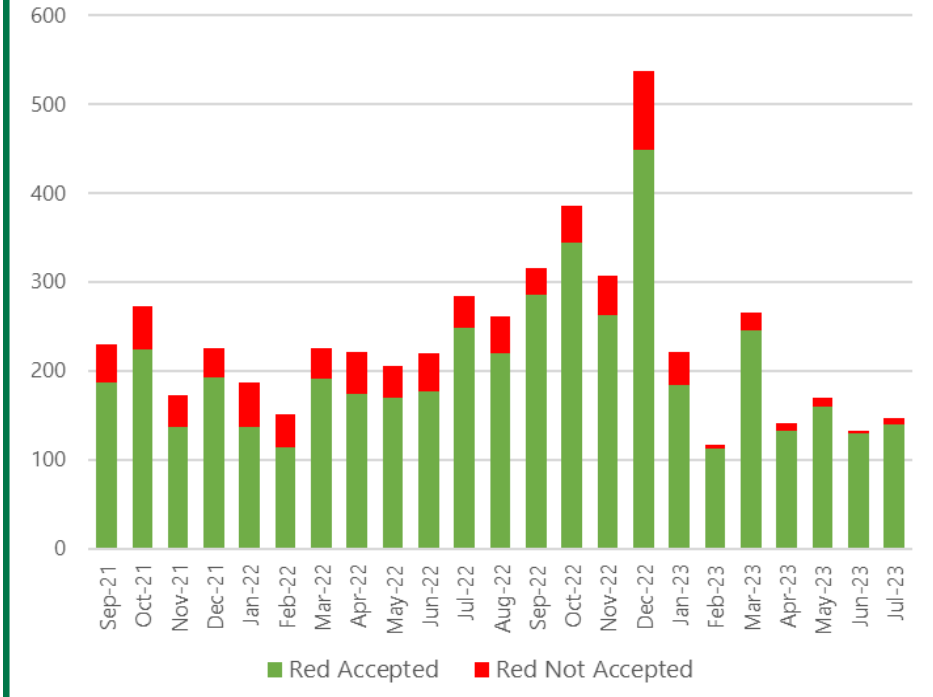
Expected Performance Trajectory

The Trust continues to monitor CSP levels both daily through the ODU and weekly through the Weekly Operations Performance Meeting and mitigations are actioned to reduce the impact on the Trusts ability to respond to demand. Seasonal pressures impact the Trust and planning is being used to prepare for this through a range of measures including the use of forecasting and modelling.

Modelled Harm Coming to Patients Who Wait Over 60 Minutes for a Hospital Handover



Pan-Wales Immediate Red Release



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

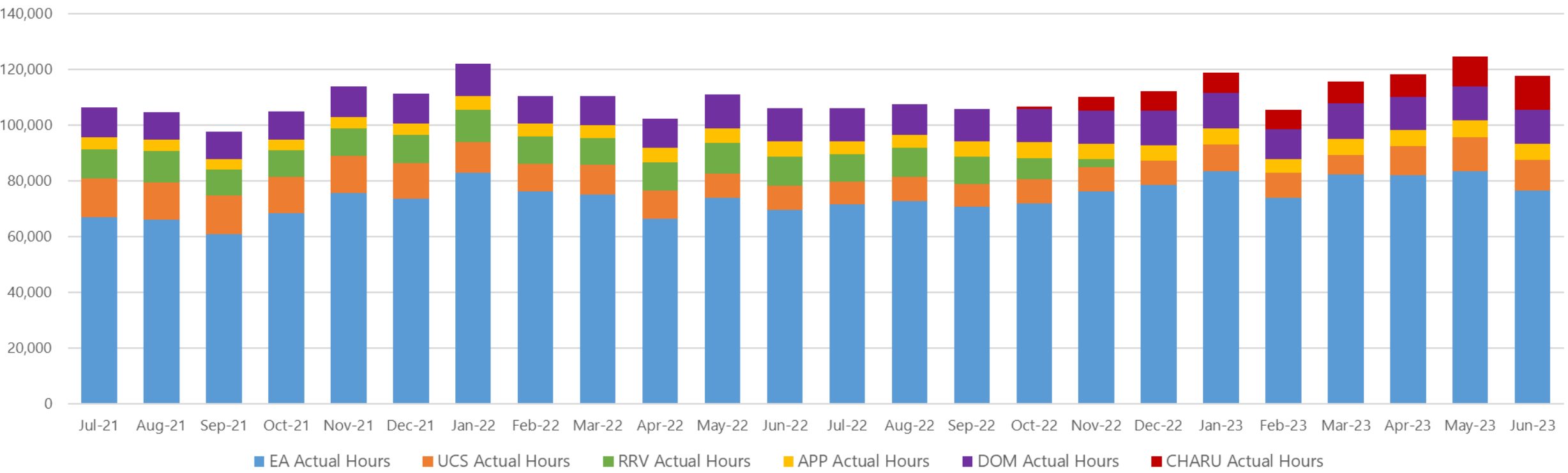
Our People Capacity - Ambulance Abstractions and Production Indicators

(Responsible Officer: Lee Brooks)

EA Production **G** Abstractions **R**

CI PCC FPC

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 June 2023, total EMS abstractions (excluding Induction Training) stood at 34.02%. This was a slight decrease from the 34.28% recorded in May 2023. However, this percentage remains above the 30% benchmark figure set in the Demand & Capacity Review. The highest proportion of abstractions was due to annual leave at 15.69% followed by sickness at 8.47%. This figure for sickness abstractions for June 2023 was lower when compared to the same month last year (10.07%).

Emergency Ambulance Unit Hours Production (UHP) was 92% in June 2023 (76,577 Actual Hours). CHARU UHP achieved 139% (11,996 Actual Hours) compared to 121% in May 2023 (this is the commissioned level not the modelled level). The total hours produced is a key metric for patient safety. The Trust produced 117,574 hours in June 2023, which is higher than the 124,692 hours produced in May 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.

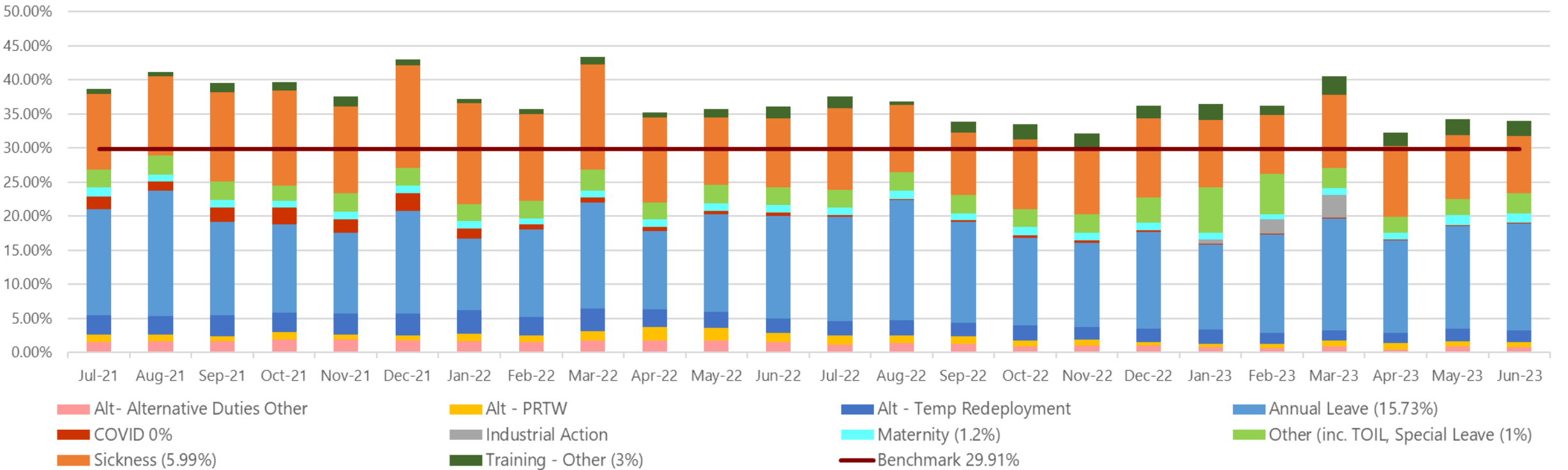
The Trust has a budgeted establishment of 1,761 FTEs for 2022-23. This is changing due to internal movements e.g., new APPs, EMT3s, maximising the inflow of NQPs. The vacancy factor has been very low with a prediction to widen to 5% by August, which will be reviewed.

The Trust is currently widening out its focus on sickness absence to look at all abstractions recognising that abstractions are already regularly reviewed in Operations performance meetings.

Expected Performance Trajectory

UHP estimates, based on recruitment levels, estimated abstractions and overtime have been provided to EMT.

Pan Wales EMS Total Rota Abstraction Hours

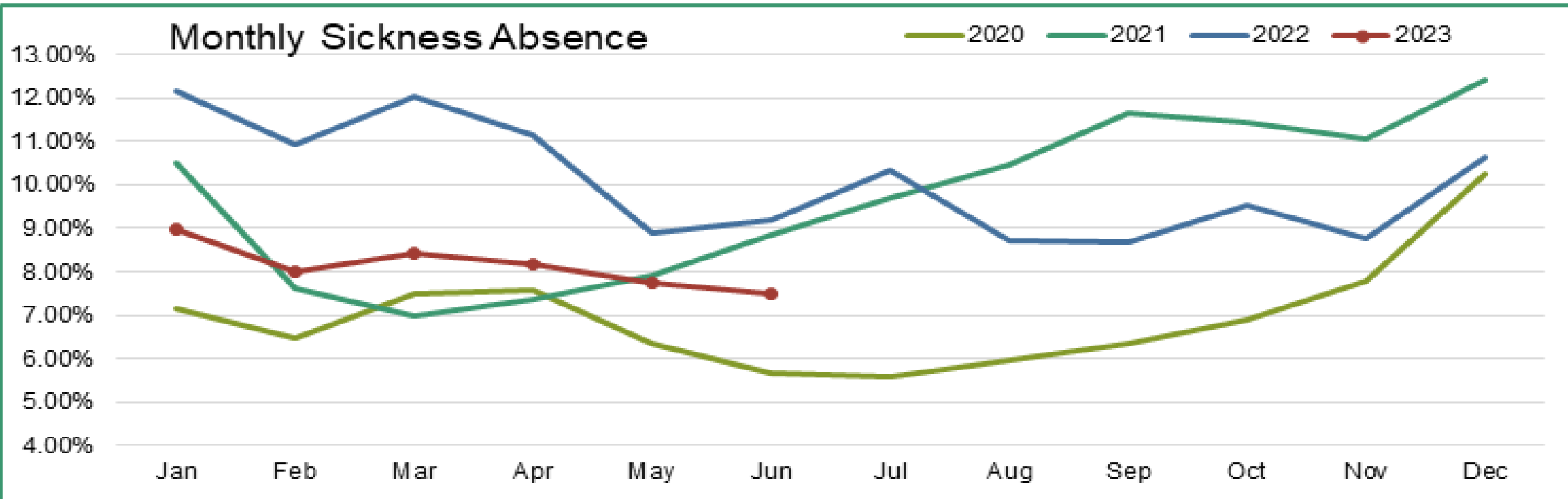


Our People Capacity - Sickness Absence Indicators

(Responsible Officer: Angela Lewis)



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



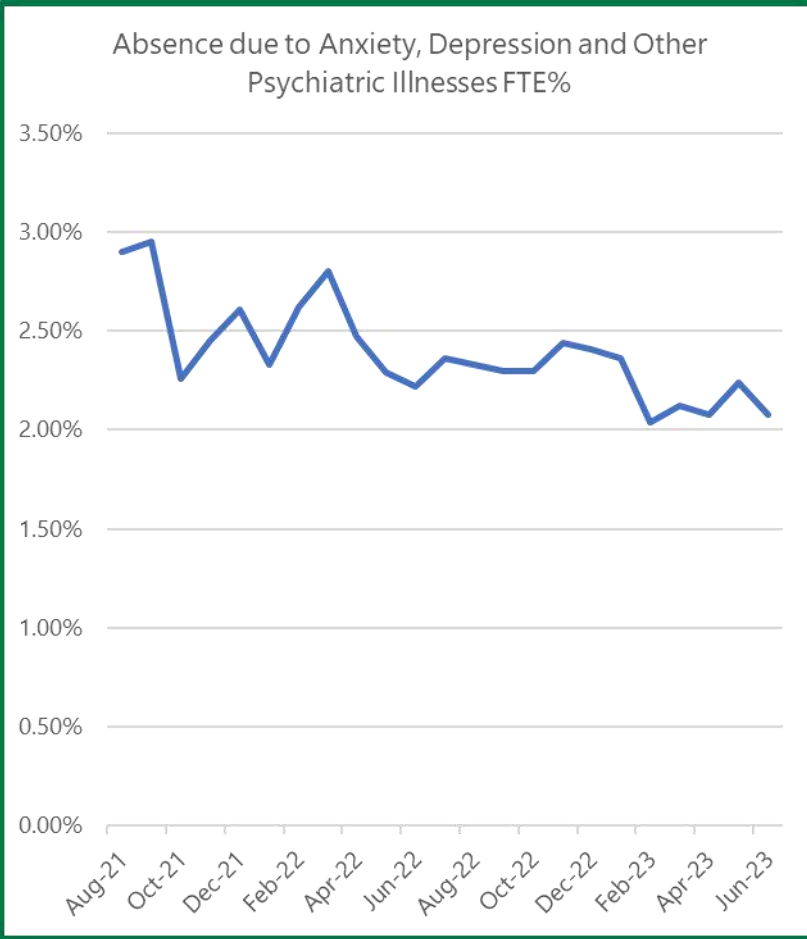
Analysis
 There was a decrease in sickness absence in June 2023, decreasing from 7.76% in May 2023 to 7.51% in June 2023. Short-term absence increased slightly from 2.05% in May to 2.70% in June, while long-term absence, decreased from 5.71% in May to 4.81% in June.

Indicative figures (as of 24.07.2023) show an increase in sickness absence in July 2023 to 8.06%, with long term absence increasing to 5.18% and short-term absence to 2.88%.

Remedial Plans and Actions

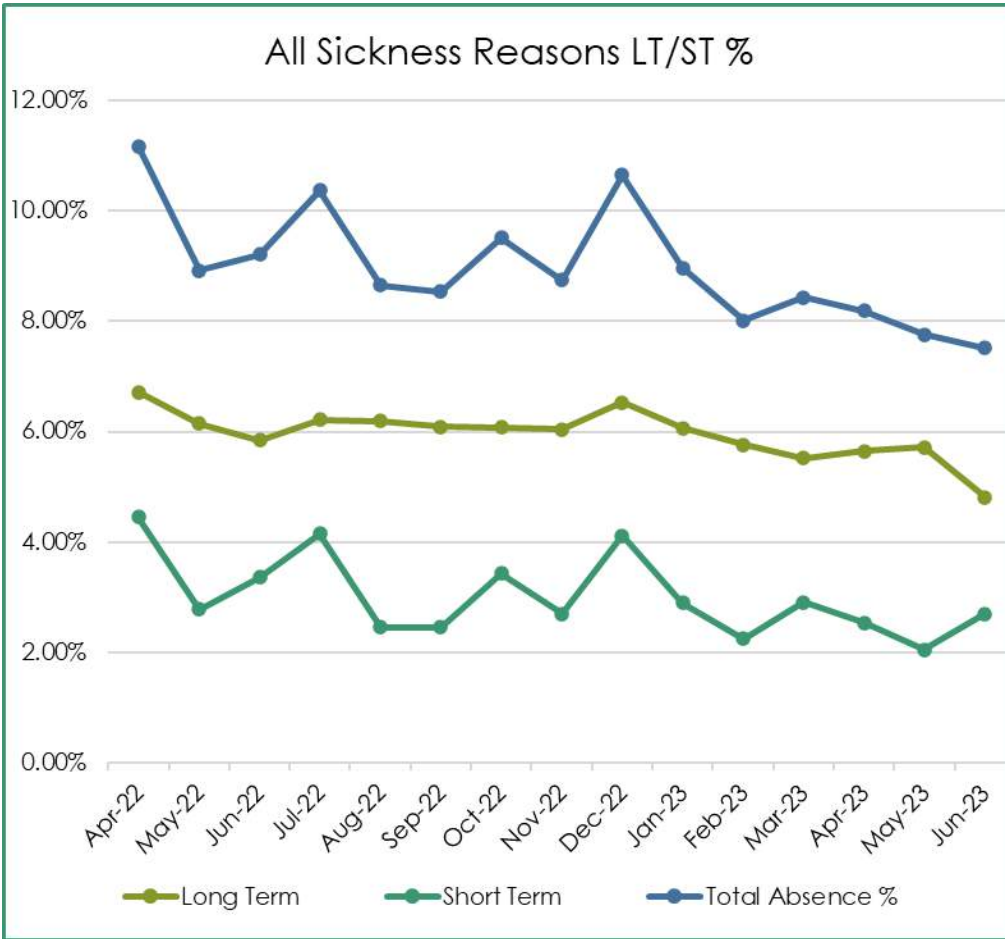
- MAAW training and bitesize training sessions continue to be scheduled on a bi-monthly (MAAW) and monthly basis (Bitesize sessions).
- In line with the Improving Attendance Action Plan, the People Services Advisors have undertaken audits on short term absence occurrences within the Operations Directorate.
 - The findings of the audit displayed common themes across all areas within the Operational Directorate, including missing paperwork, no return-to-work meeting and inappropriate discretion applied.
 - Audits for all Directorates, will be undertaken on a monthly basis over the next 6 months and the People Services Team will provide targeted support to line managers on reasonable adjustments and the appropriate use of discretion in areas identified as hot spots.
- Indicative figures for short term absence in June 2023 shows an increase to 2.85% from 2.67% in May. The highest reasons for short term absence in May & June 2023 are Anxiety/ Stress/ Depression, Musculoskeletal, Cough/ Cold/ Flu, Headache/ Migraine and Gastrointestinal problems.
- Physiotherapy: 38 referrals were received in May 2023; this was 7 less than April 2023.

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



Average working days lost per FTE (Annual)	
20.03 days	
Single month Absence %	
7.51%	
Long Term	Short Term
5.59%	1.91%
Mental Health	Other MSK
(S10 Stress/Anxiety)	(excluding Back)
2.08%	1.13%

June 2023

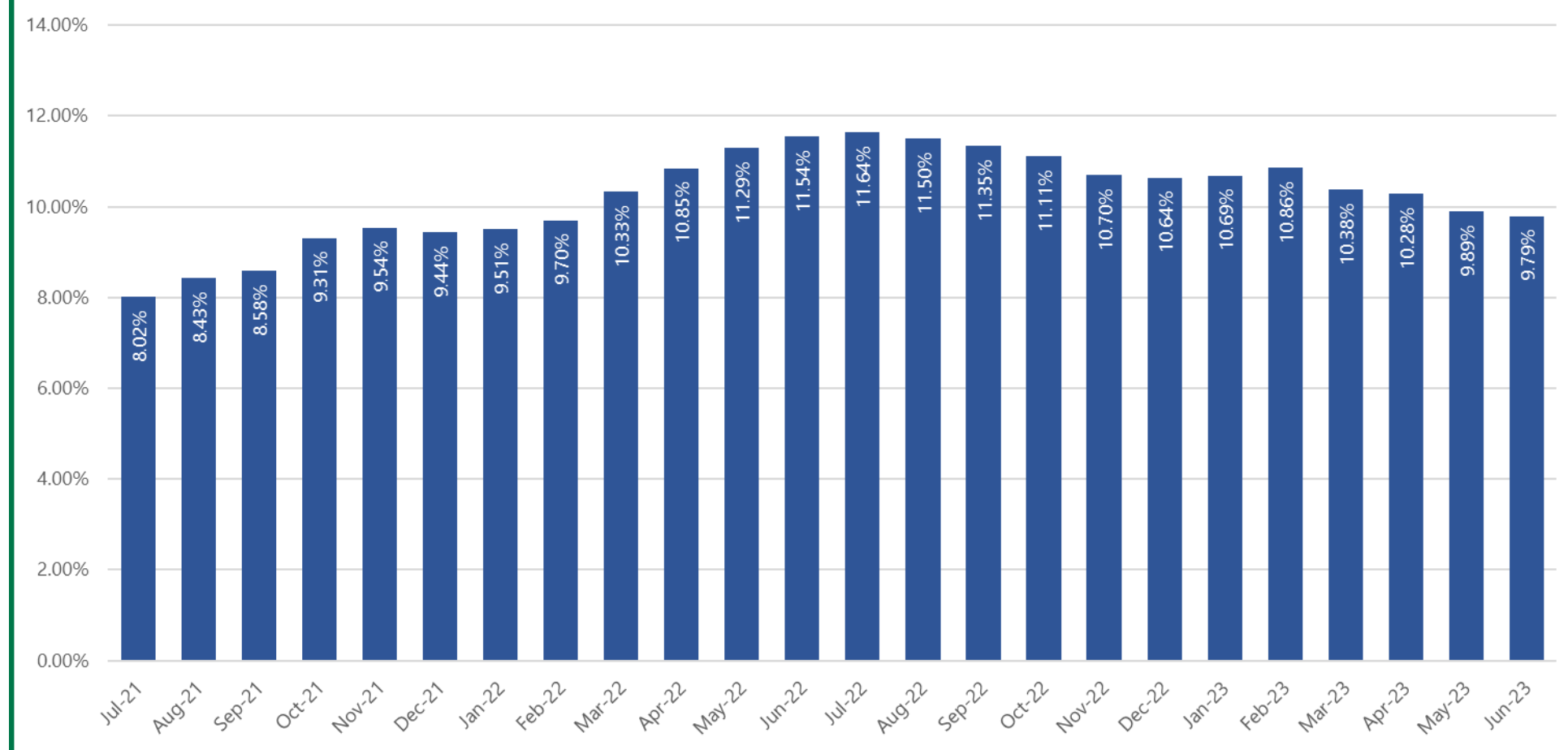


Our People Capacity - Turnover

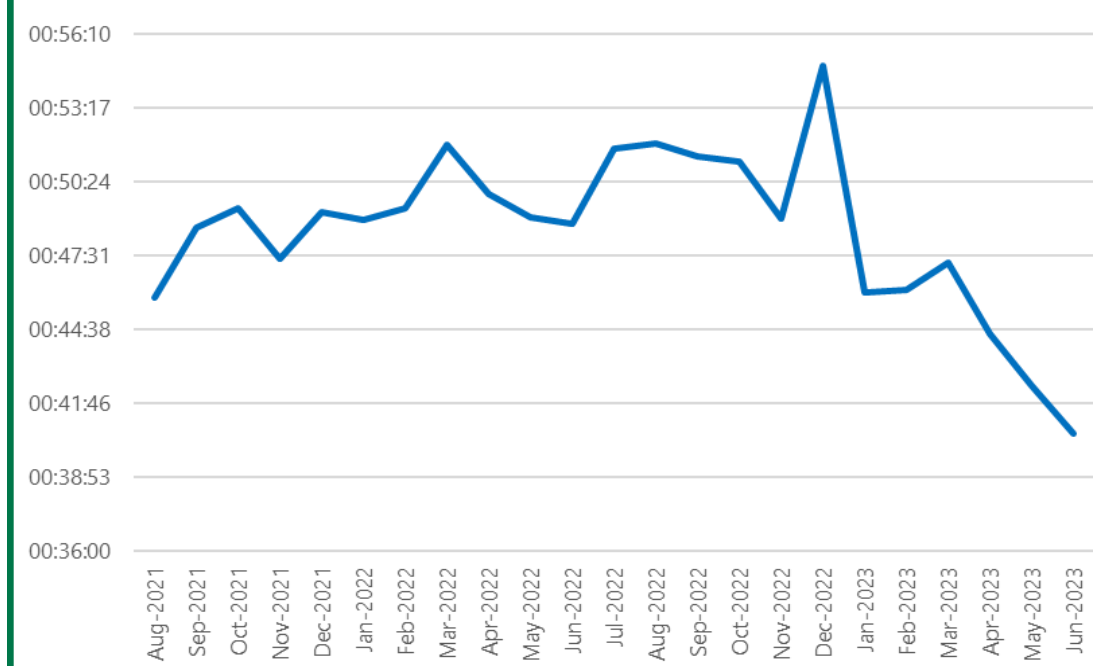
(Responsible Officer: Angela Lewis)

A

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



Average Shift Overrun Time (All Resource Types)



May-23	FTE by Post
Org L4	
020 Ambulance Care L4 (NX10)	908.09
020 Emergency Medical Services L4 (DX04)	1,785.90
020 Integrated Care L4 (DX03)	435.19
020 National Operations & Support L4 (DX02)	134.57
020 Resourcing & EMS Coordination L4 (DX05)	347.03
Grand Total	3,610.78
Ambulance Response	1536.81
020 Ambulance Care L4 (NX10) ACA2/Team Leaders	281.2

Analysis

Staff turnover rates in June 2023 were 9.79%. However, rates have gradually been declining since they peaked in July 2022, with the current monthly rate being the lowest reported since February 2022. Staff leave the Trust for a variety of reasons including promotions, relocations, culture and due to the pressures of NHS working.

WAST remains committed to colleague wellbeing, and ensuring appropriate provisions are in place to support colleagues. We have an EAP which enables our people to access support 24/7, with access to counselling. We continue to deliver workshops for colleagues on stress, and wellbeing and resilience to support them in their roles. We have had guest speakers join our Circle of Support and Women's Health Group this month, delivering talks on cold water swimming and how to deal with chronic pain. We continue to run health promotion, having focused on mental health awareness week and men's health more recently.

Remedial Plans and Actions

Accessible financial wellbeing support is available to colleagues through a dedicated page on Siren. The page links to a short video presentation outlining available support, ideas shared through the digital suggestion box which remains open to all colleagues (including our volunteers) and broader employee benefits information. A podcast has been recorded with the Money & Pensions Service and will be shared through communications platforms in April 2023.

The WAST Voices Network held its first Advocate meeting in March 2023 and activity continues relating to themes of misogyny and sexual safety within the organisation. Reverse mentoring relationships have been established and the impact of these will be measured after 2 sessions of Senior Leaders hearing from lived experience of these issues.

Work around improving the preparedness of new colleagues has begun and we now facilitate group discussions around anti racism and sexual safety at all welcome sessions. We are also capturing organisational culture experiences through the 3 months check in carried out with all new colleagues. The allyship programme continues to be rolled out for current colleagues and where required, team interventions taking place.

A volunteer wellbeing package has been put together and the OD Team are running monthly evening Warm WAST Welcome sessions for new volunteers.

WAST Outdoors initiatives being trialled.

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. The People and Culture Plan will continue to highlight that employee experience and culture contribute to overall wellbeing.

The wellbeing offer is regularly reviewed and fully described on SharePoint.

Our People Culture - Staff Vaccination Indicators

(Responsible Officer: Angela Lewis)

Self Assessment:
Strength of Internal
Control: Moderate

Flu
R

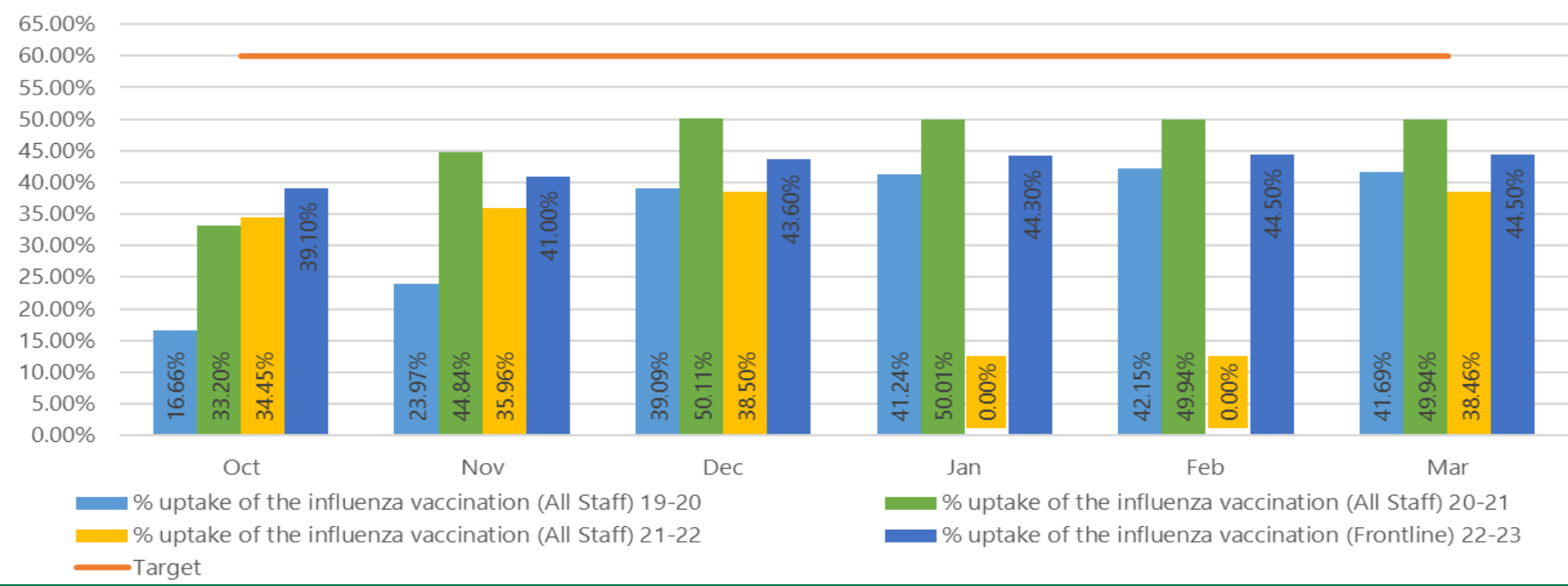
PCC

CI

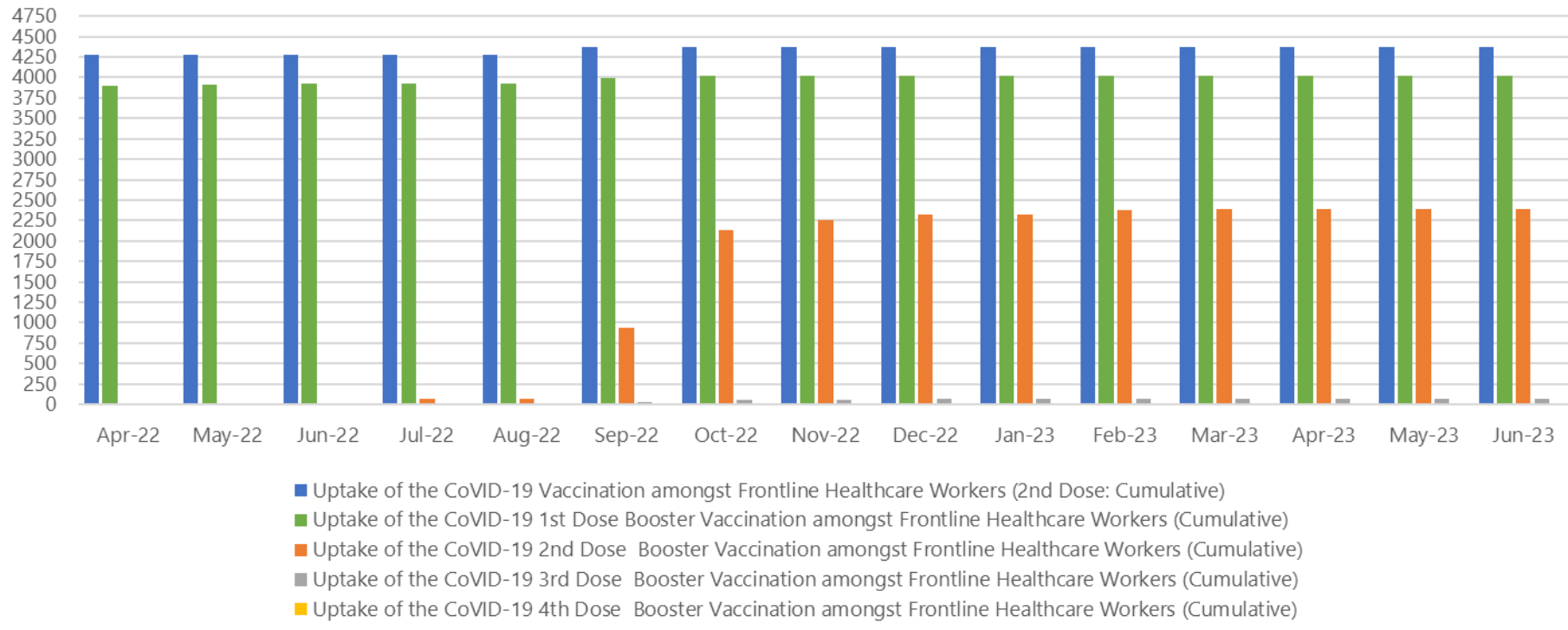
Health & Care
Standard
- Health (PPI)

NB: Flu – Next reporting schedule is October 2023

% Uptake of the Influenza Vaccination amongst WAST Frontline Healthcare Workers



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



Analysis

Flu: The 2022-23 Flu Campaign has officially come to an end, concluding data collection as of 28th February 2023. During the campaign 1,813 flu vaccines administered by Occupational Health Vaccinators and Peer Vaccinators (including flu vaccines administered to PHW staff / Students / HCS staff etc.) Of these vaccines administered within the Trust, 1,601 were received by WAST staff. There was a further 289 given to staff elsewhere (i.e., GP surgery, COVID Booster setting) therefore a total of 1,890 WAST staff received the vaccination against flu, equating to 44.5% of the overall workforce. Additional engagement was received from 247 WAST staff completing the Microsoft Form indicating that they have chosen to opt-out of having the flu vaccine, concluding the campaign with 50.3% engagement rate.

Both the vaccine uptake and Microsoft Form engagement surpassed that experienced in the previous campaign last year, 2021-22. There was a 6% increase on vaccinations and a 9.6% increase in engagement. Patient facing staff specifically saw a 46.3% uptake of the vaccine this year (a 5.2% increase from last year).

COVID-19: As of end of June 2023, front line (Patient Facing and Non-Patient Facing staff), 94% (4,404) of staff have received a first dose COVID-19 vaccination, 94% (4,377) have received a second dose, 86% (4,026 Staff) have received the Booster 1 vaccination and 51.2% (2,389) have received the Booster 2 vaccination.

Remedial Plans and Actions

Flu: Following a full review of this year's campaign, recommendations have been devised based on some of the key areas of learning and development. The aim is to streamline current processes, remove duplication of effort and improve engagement with the workforce. It is evident that positive steps have been made, and a number of the lessons learnt from the previous campaign have been implemented. However, there is a range of areas that require continued development for future campaigns. Planning for the next Flu Campaign is expected to start shortly, earlier than ever before.

COVID-19: Welsh Government have been involved in discussions between the four UK Chief Medical Officers (CMOs) regarding the UK Covid-19 alert level. This alert level system has been in operation since May 2020. Its function is to clearly communicate, to the public and across governments, the current level of direct Covid-19 risk. Since September 2022, we have been at level 2. The four UK CMOs have agreed it is appropriate to pause the alert level system. It was suspended on 30 March.

Routine testing will be paused for all symptomatic health and social care workers, care home residents, prisoners and staff and residents in special schools over the (2023) spring and summer.

Expected Performance Trajectory

The 2022-23 Flu campaign has now concluded. The Trust will continue to monitor influenza and COVID-19 through intelligence gathered by the Forecasting & Modelling Group on a weekly basis. Any learning from southern hemisphere countries will be shared and used for modelling purposes for the 2023-24 winter flu season.

**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 Patient Facing employees and therefore includes those employed within Clinical Contact Centres.*

****NB: Flu data accurate at time of publication and subject to change / Spikevax vaccination data correct at time of publication and subject to change.*

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

Our People Capability - PADR and Training Rates Indicators

(Responsible Officer: Angela Lewis)

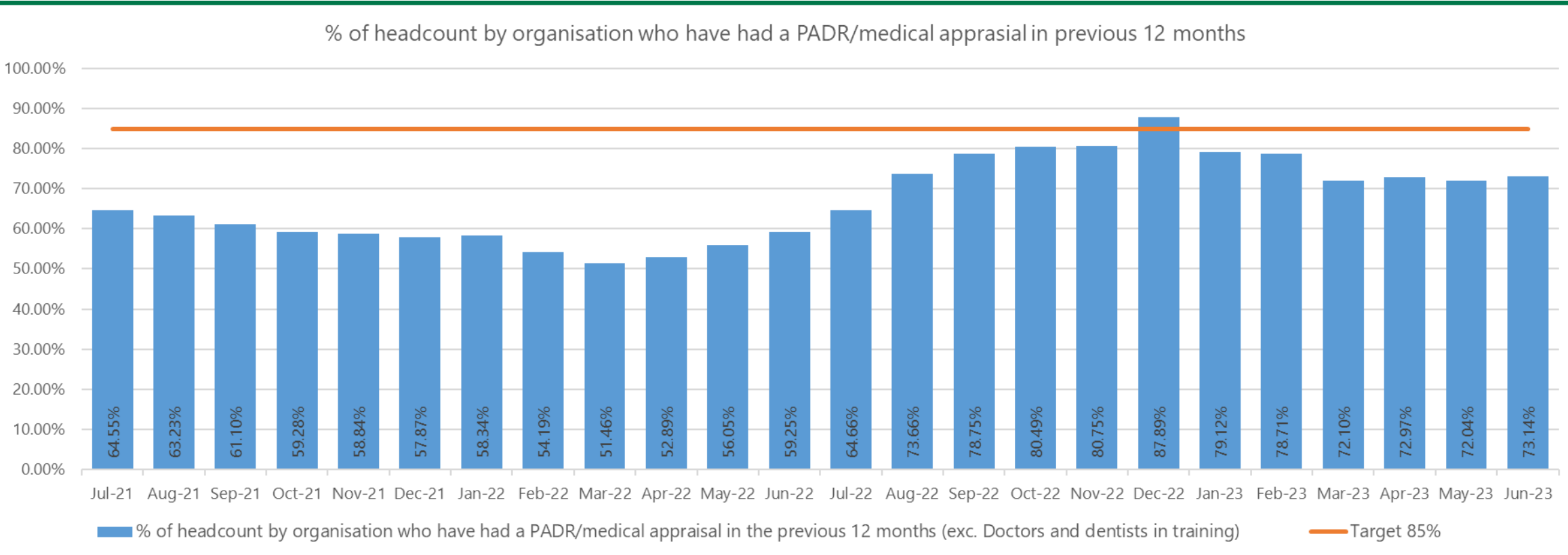
A

Self-Assessment:
Strength of Internal
Control: Strong

CI

PCC

Health & Care
Standard
Health – Staff &
Resources



Analysis

PADR rates for June 2023 increased slightly when compared to the previous month to 73.14% but remains below the 85% target. Over the reporting period this target has only been achieved once, in December 2022, although current rates are significantly higher than during the same period last year.

In June 2023 Statutory & Mandatory Training rates reported a combined compliance of 77.53%; with Safeguarding Adults (92.1%), Dementia Awareness (91.3%) and Violence Against Women, Domestic Abuse & Sexual Violence (85.8%) all achieving the 85% target. Moving & Handling (78.3%), Fire Safety (75.2%), Equality & Diversity (76.2%), Information Governance (69.5%), and Paul Ridd (50%) all remain below this target. The Paul Ridd course is new and is the reason for a reduction in overall compliance.

There are currently 15 Statutory and Mandatory courses that NHS employees must complete in their employment. These are listed in the table below:

Remedial Plans and Actions

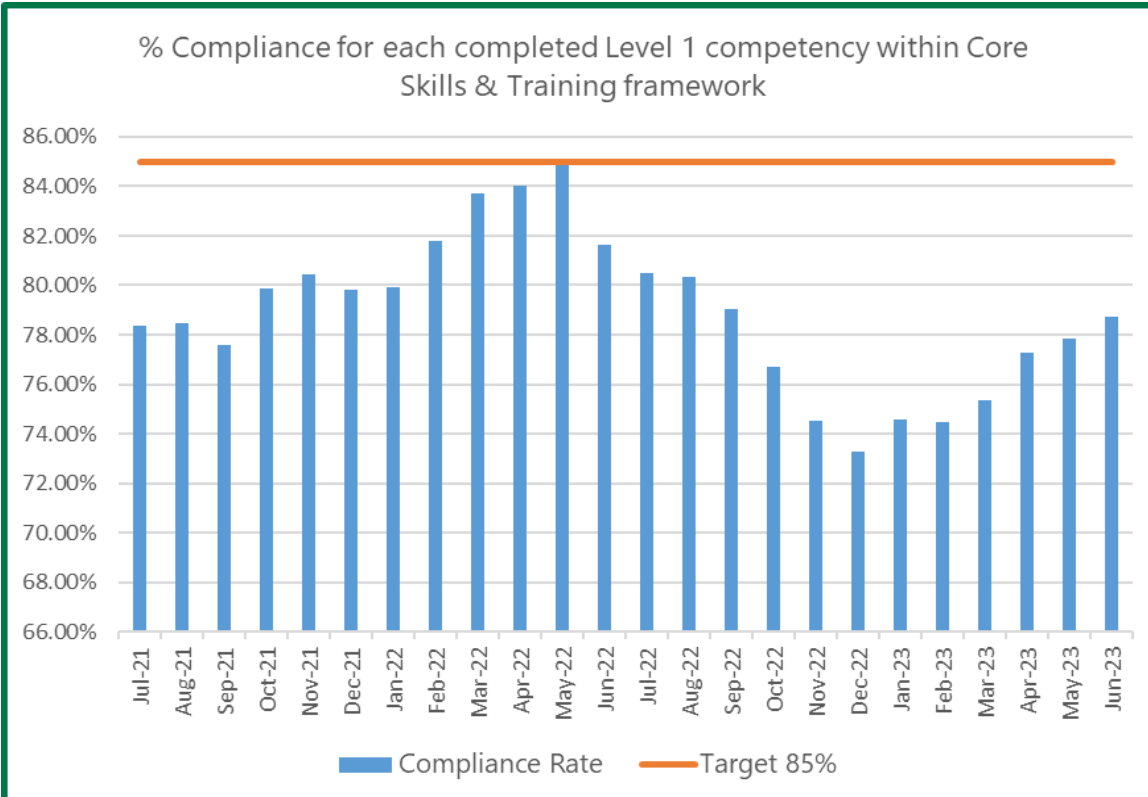
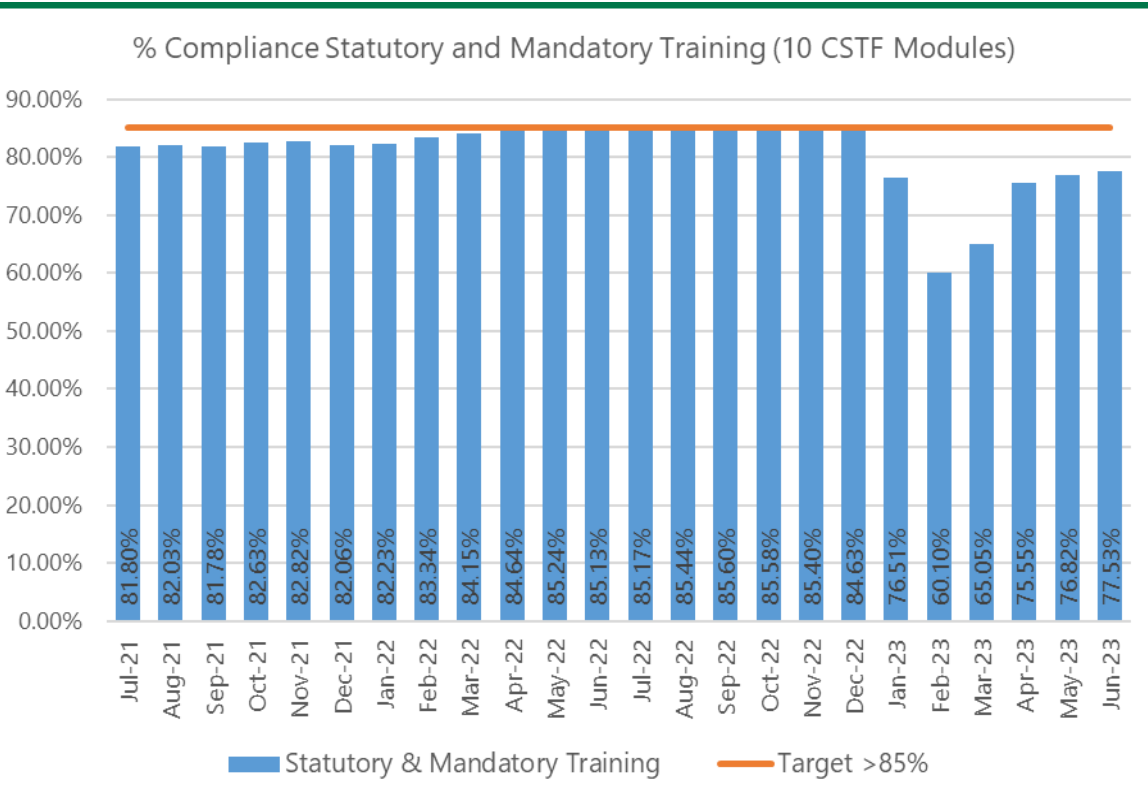
At the time of reporting, 1200 of 1,836 EMS colleagues (65.3%), 94 of 284 ACA2 (33%) and 240 of 540 ACA1 colleagues (44.8%) have completed MIST Training days. Sessions continue to be facilitated Pan-Wales through the Education and Training Team, who Continue to manage and monitor these via the online booking system accordingly. Sessions have now completed for the training year 2022/2023, although we may have a small number of colleagues who complete it as a part of their return to work if they have been absent from patient facing duties for more than 6 months.

From the 01 April 2023 e-learning mandated by Welsh Government in relation to Welsh Language will be added to all colleagues' compulsory competencies via ESR. Communication to ensure colleagues are prepared and aware of this continues to be circulated via Siren and Yammer.

Expected Performance Trajectory

Performance is improving as compliance Has risen in relation to Paul Ridd

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

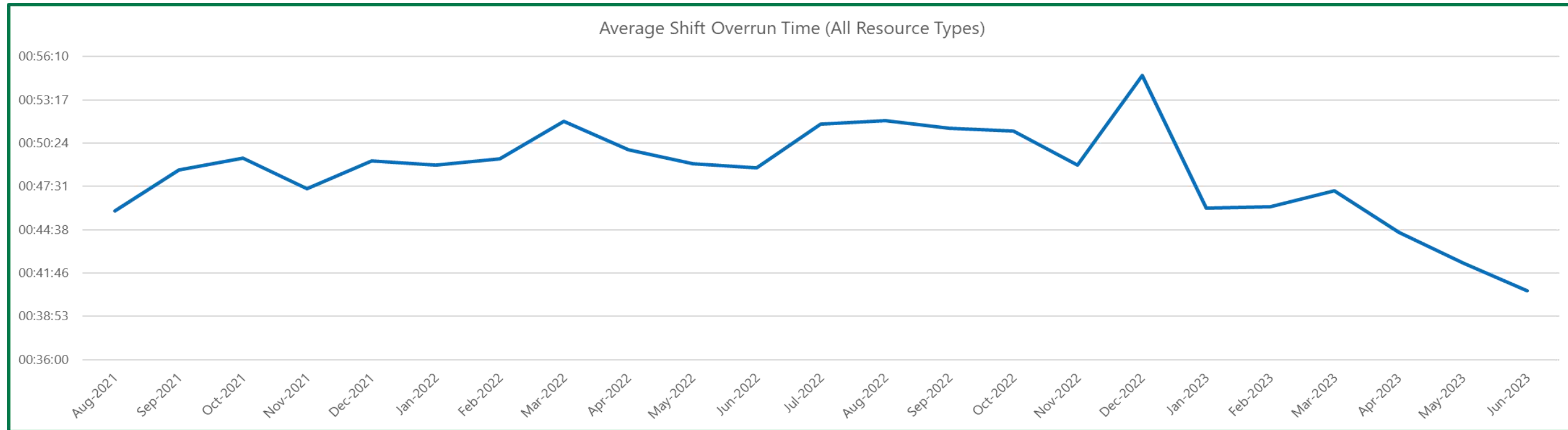
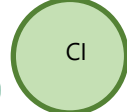


Data source: ESR

Our People

Health and Well-being – Shift Overruns

(Responsible Officer: Angela Lewis)

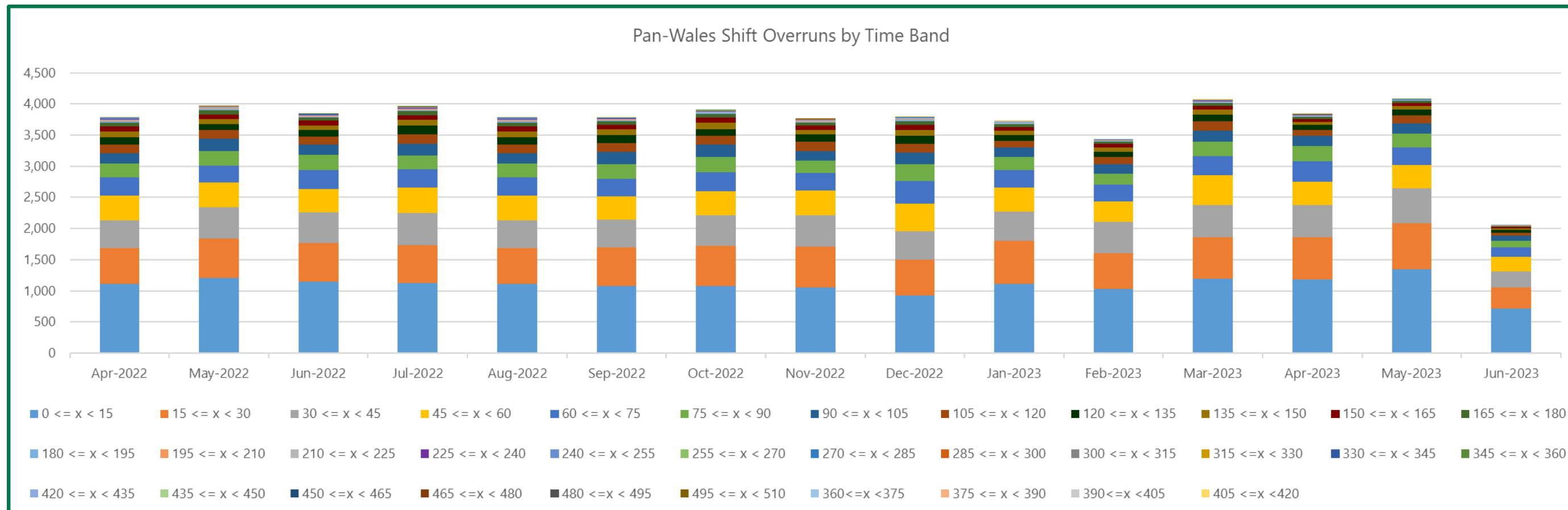


Analysis
 The average shift overrun (for all resource types) in June 2023 was 40 minutes and 36 seconds, a decrease when compared to the previous month (42 minutes and 26 seconds).

The highest volume of shift overruns occur within the 0 to 60-minute category, accounting for 69.1% of the total. 21.6% fall within the 61 to 120-minute category, 7.8% in the 121 to 180-minute category, 1% in the 181 to 240-minute category and 0.5% in the 241 minutes and over category.

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

Expected Performance Trajectory
 A new People and Culture Plan is due to be launched in the coming months along with an accompanying enabling framework that covers People and Culture Directorate Plans that focus on our people.



Finance, Resources and Value

Value - Finance Indicators

(Responsible Officer: Chris Turley)

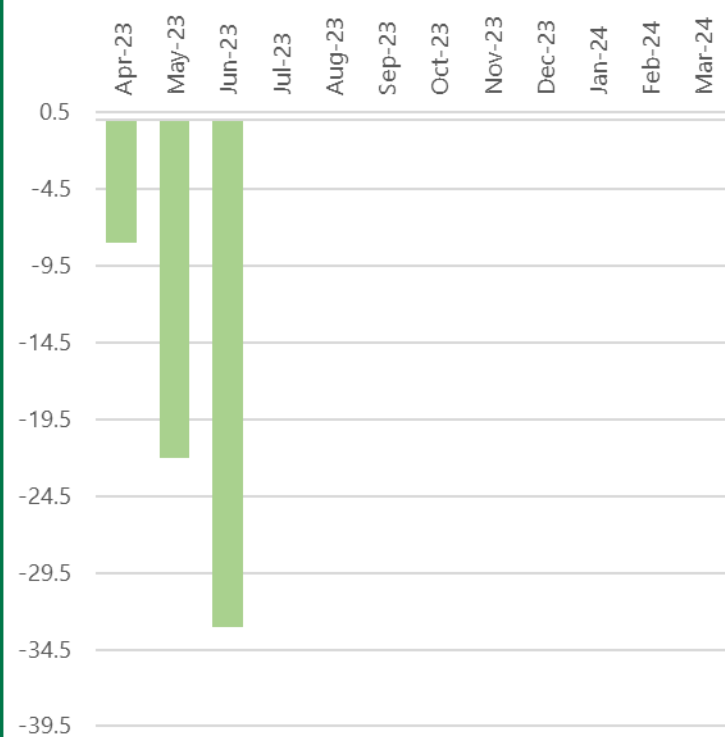
G

FPC

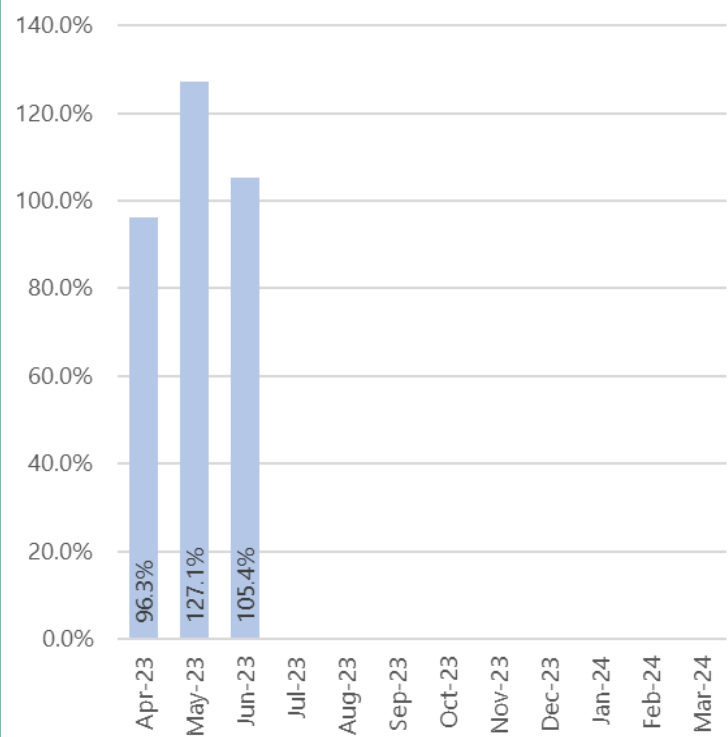
Financial balance - annual expenditure YTD as % of budget expenditure YTD



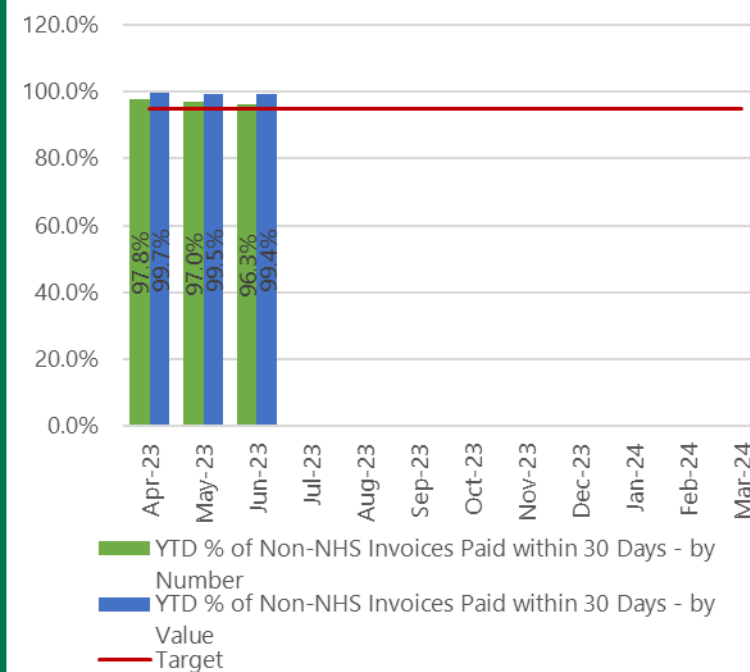
Actual Trust Surplus/(Deficit) YTD - £000



Actual Savings YTD as % of Planned Savings YTD



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



Analysis

The reported outturn performance at Month 3 is a deficit of £33k, with a forecast to the year end of breakeven.

For Month 3 the Trust is reporting planned savings of £1.727m and actual savings of £1.820m.

The Trust's cumulative performance against PSPP as at Month 3 is 96.3% against a target of 95%.

At Month 3 the Trust is forecasting achievement of both its External Financing Limit and its Capital Resource Limit.

Remedial Plans and Actions

The Trust's financial plan for 2023-26 has been built on the plans and financial performance of the last few financial years, in which the Trust has, year on year, achieved financial balance; the 2023-26 financial plan was submitted to WG following Board sign off on 31st March 2023.

No financial plan is risk free. Financial risk management forms a key element of the project plans which underpin both the Trust's ambitions and savings targets. The Trust continues to seek to strengthen where it can its financial capacity and corporate focus on finance, and as an organisation have structures in place to drive through the delivery of our financial plan.

Key specific risks to the delivery of the 2022/23 financial plan and beyond include:

- Availability of capital funding to support the infrastructure investment required to implement service change, and the ability of the Trust to deliver the revenue consequences of capital schemes within stated resource envelope;
- Financial impact of EASC Commissioning Intentions, and confirmation of the EMS financial resource envelope as assumed within our financial plan;
- Ensuring additional avoidable costs that impact on the Trust as a result of service changes elsewhere in the NHS Wales system are fully recognised and funded;
- Ensuring any further developments are only implemented once additional funding to support these is confirmed;
- Delivery of cash releasing savings and efficiencies via the Financial Sustainability Program (FSP);

Expected Performance Trajectory

The expectation is that the Trust will continue to meet its statutory financial duties, as outlined in its IMTP for the 2023/24 financial year; however, it is expected that the Trust will continue to operate in a challenging financial environment and will need to deliver further significant level of savings into the 2024/25 financial year.

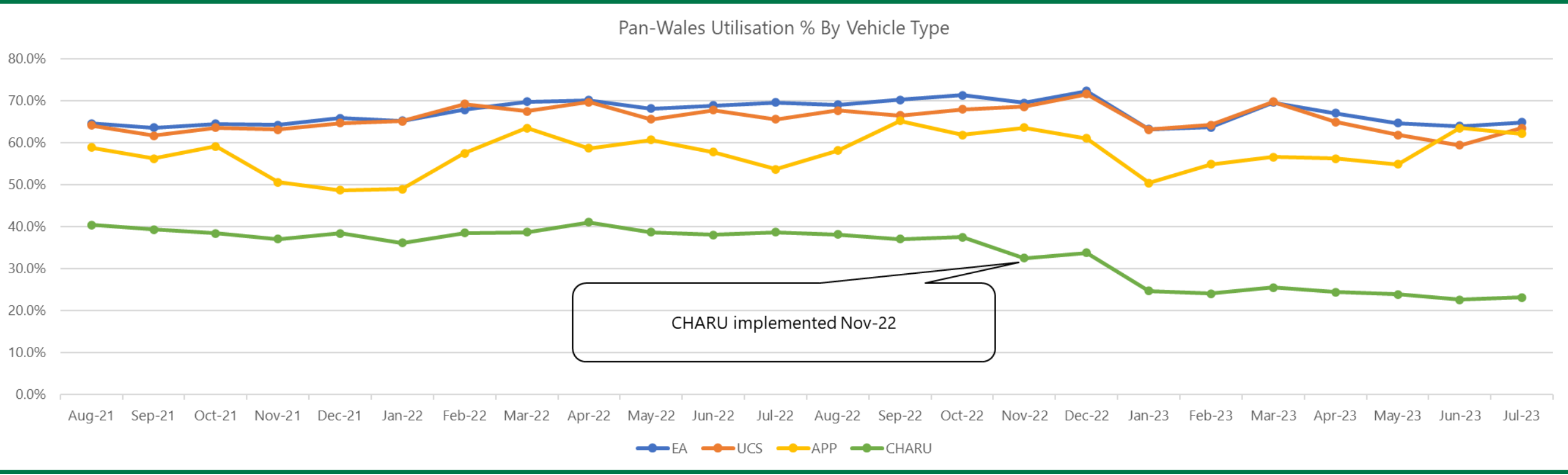
Value / Partnerships & System Contribution

EMS Utilisation & Postproduction Lost Hours Indicators

(Responsible Officer: Lee Brooks)

Utilisation
A

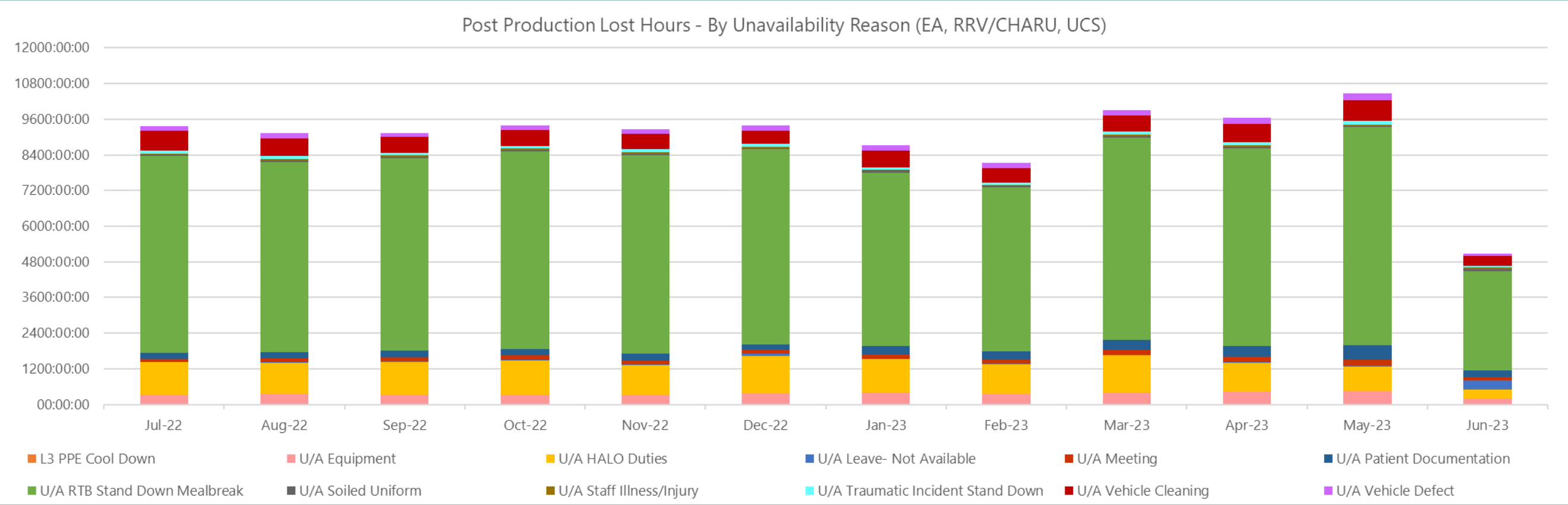
FPC



Analysis
Pan Wales Utilisation metrics in July 2023 was 55.9% for all vehicles types, a slight increase from 55.3% in June 2023. EA achieved the highest rate during the month at 64.9% while UCS was at 63.5%. Both have seen a generally increasing trend over the past two years before dropping off slightly between March and June 2023. The optimal utilisation rate for EAs needs to lower so that they are free to respond to incoming calls.

There were 5,035 post-production lost hours (PPLH) across EA, RRV/CHARU, APP & UCS vehicles in June 2023; which is considerably lower than in May 2023 (10,505) and lower than all months in the past year. However, it has been identified that this low figure is due to no data being available between the 14th and 26th June following the CCM update. Unfortunately, it is unlikely that this data will be recoverable and therefore the June figure will remain low.

PPLH are due to numerous factors, as outlined in the bar chart, which demonstrates they remained relatively consistent since May 2022 (the month a retrospective fix was undertaken for the under-reporting of U/A RTB Stand Down Meal-break 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 Meal-break reason, the rest break automation initiative has been paused due to industrial relations. The Trust plans to revisit this once the industrial dispute with Welsh Government has concluded. Good progress has been made on other areas of PPLH.

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 have improved slightly from December 2022, the lost hours for March 2023 were extreme, meaning resources are returning to base for rest predominantly outside of the rest break window, resulting in an unavailable status being assigned.

Finance, Resources and Value

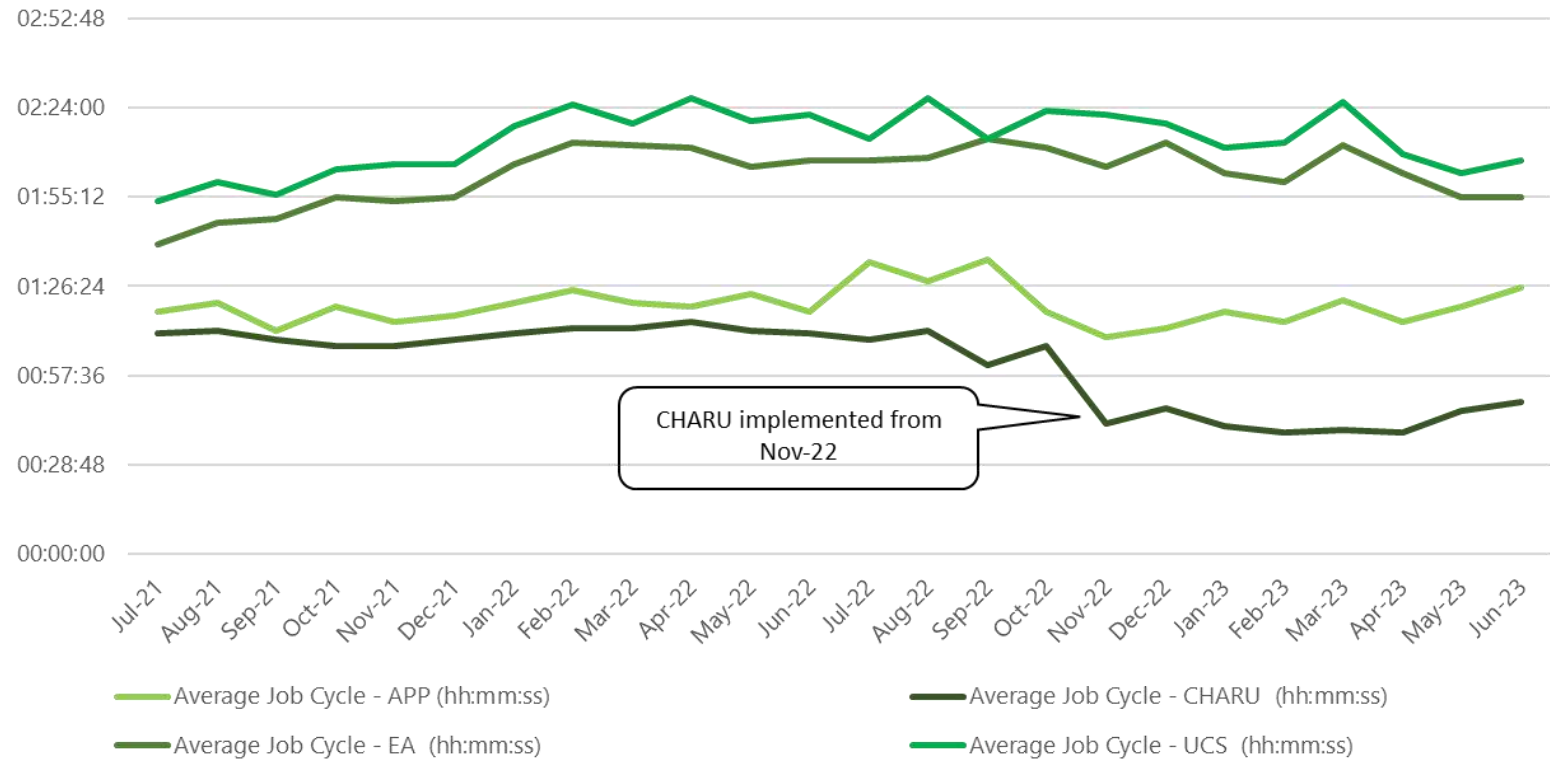
Resource and Value Indicators

(Responsible Officer: Chris Turley)

Decarbonisation
A

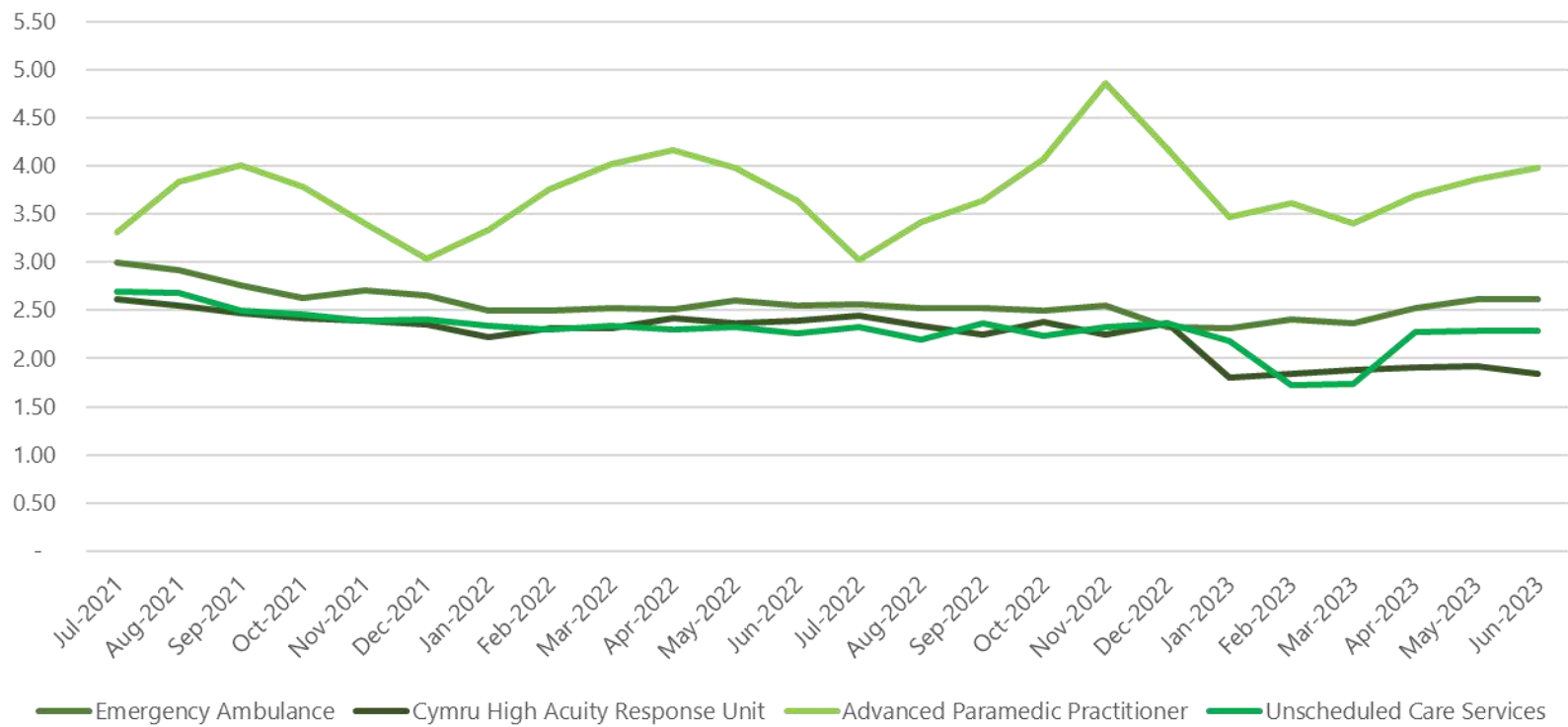
FPC

Average Job Cycle by Vehicle Type (EA, CHARU, APP & UCS)



CHARU implemented from Nov-22

Average Jobs per Shift by Vehicle Type (EA, CHARU, APP & UCS)



Value – Job Cycle and Volume

Analysis
As demonstrated in the top graph, the average job cycle in June 2023 remained static at 1 hour 55 minutes for EA but increased for UCS, APP and CHARU. EA calls UCS crews saw their average increase to 2 hours 7 minutes, APPs rose from 1 hour 20 minutes to 1 hour 26 minutes and CHARUs increased from 46 minutes to 49 minutes.

Overall average jobs per shift was 2.43 in June 2023, a slight decline from the 2.45 recorded in May 2023. APPs attended on average 3.98 jobs per shift, EAs 2.62 jobs per shift, UCS crews 2.28 jobs per shift and CHARU's 1.84 jobs per shift.

Overall average jobs per shift has remained relatively static for EA, CHARU and UCS throughout the past year, while in comparison average jobs per shift for APPs is on a fluctuating, but generally 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

Resource - Decarbonisation

Analysis
Delivery of the capital programme in 2023/24 sought to maximise decarbonisation aspects associated with investment. Examples include PV panels and battery storage at Bridgend Ambulance Hub, PV panels, battery storage and installation of air source heat pump within the development of the SE Fleet Workshop, and other energy saving schemes such as LED lighting, glazing and building management systems where possible during the last quarter of 2023/24. The Trust's EV charging network (initially to support implementation of 23 PHEV car-based response vehicles) developed from minimal provision to 67 chargers over 54 sites.

Remedial Plans and Actions
WAST Decarbonisation Action Plan is currently reporting internally as Amber. Estates and Facilities Advisory Board funding in 2023/24 and 2-24/25 will allow for investment in further infrastructure and decarbonisation schemes across a range of sites. Plans for Building Management Systems, and a design guide for retrofit of estate continue to be developed. However, further funding will be required. The Trust has completed a scoping exercise for electrical capacity requirements across the WAST estate and work is ongoing with Welsh Government Energy Services on rapid EV charging. The first Programme Board meeting held on 30th January 2023 with Executive level chair. The Board will oversee the delivery of the DAP and all associated underpinning programme management elements such as workstreams, management of risks, identification of benefits and supporting ongoing programme lessons. The programme board then met again on 24th April 2023, and continues to develop its work programme and risk management approach with meetings every quarter.

The first meeting of the Transport Group took place on 29th March 2023 chaired by the Head of Capital Development. This group follows on from the small group (comprised of Fleet and Capital and Estates colleagues) which has overseen the EV charging network development in 2022/23 but looks to widen the scope of works to encompass all transport elements of the DAP including EV, other low emission vehicles, charging, staff EV charging, cycle and other transport initiatives and the grey fleet/staff vehicles aspects. The group will also be responsible for delivering associated policies and procedures underpinning the safe use of the network.

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. However, it should be noted that there continues to be global issues with motor vehicle supply chains which is hindering the progress of electric emergency ambulances, alongside limited funding.

Partnerships / System Contribution

NHS111 Hand Off Metrics and NHS111 Consult & Close Indicators

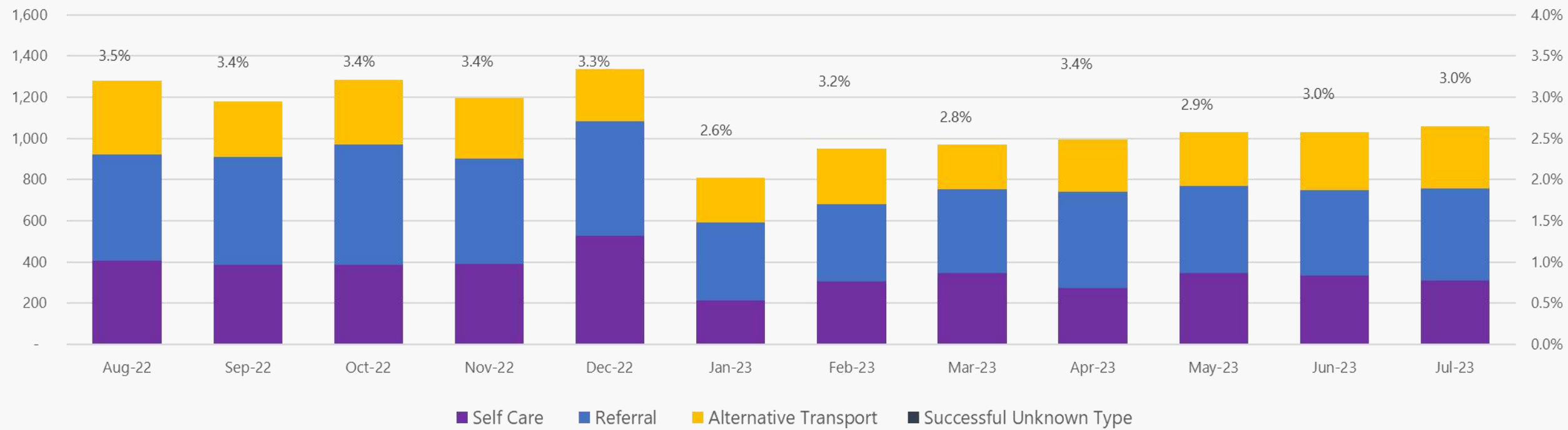
Influencing Factors – Demand and Clinical Hours Produced

(Responsible Officer: Lee Brooks)

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Outcomes against 999 calls where secondary triage is performed by NHS111 Consult and Close.



Analysis

The top graph depicts the outcomes against 999 calls where secondary triage is performed by NHS111 Consult and Close. As demonstrated in the graph, in July 2023, referral was the top outcome for calls handled by NHS111 followed by self-care and alternative transport.

71,646 calls were received into the 9 categories displayed in the bottom graph during July 2023, an increase compared to the 65,611 received during June 2023. This was above the average volume of calls seen over the past 12 months (65,905).

In June 2023, calls Referred to a General Practitioner (handover of care) continued to be the top outcome for NHS111 accounting for 41% of all calls.

Remedial Plans and Actions

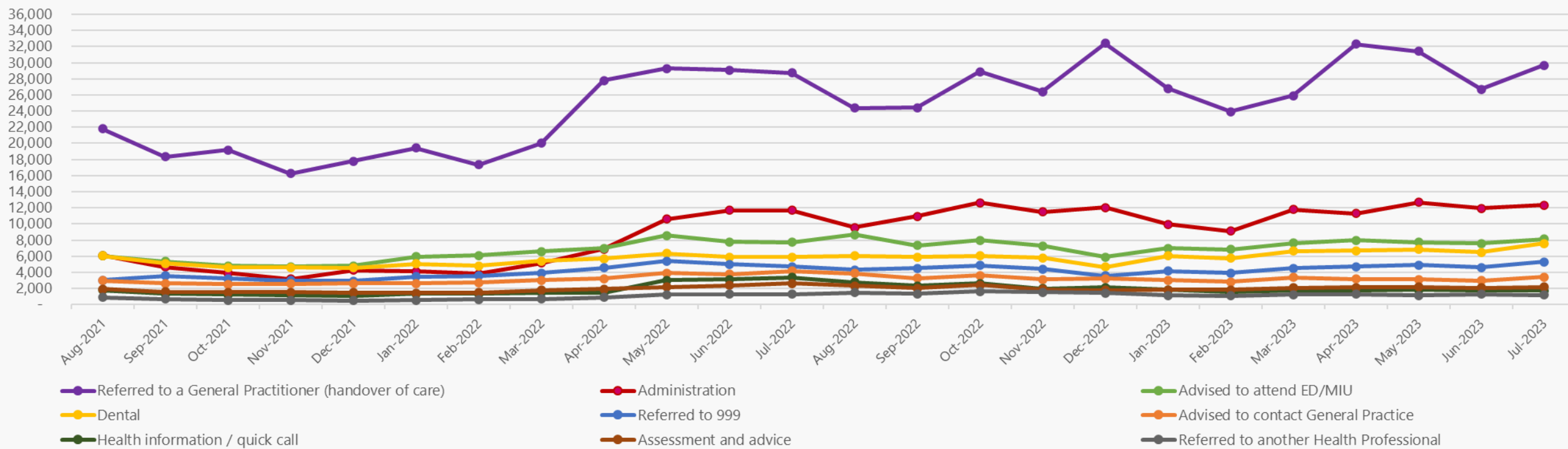
The new Consult and Close dashboard is now complete and live, enabling the Trust to report more meaningful and specific data in relation to calls ending in alternative transport, referral and self-care.

The use of video consultation has been implemented and is now live, early indications show this to be a useful tool.

Expected Performance Trajectory

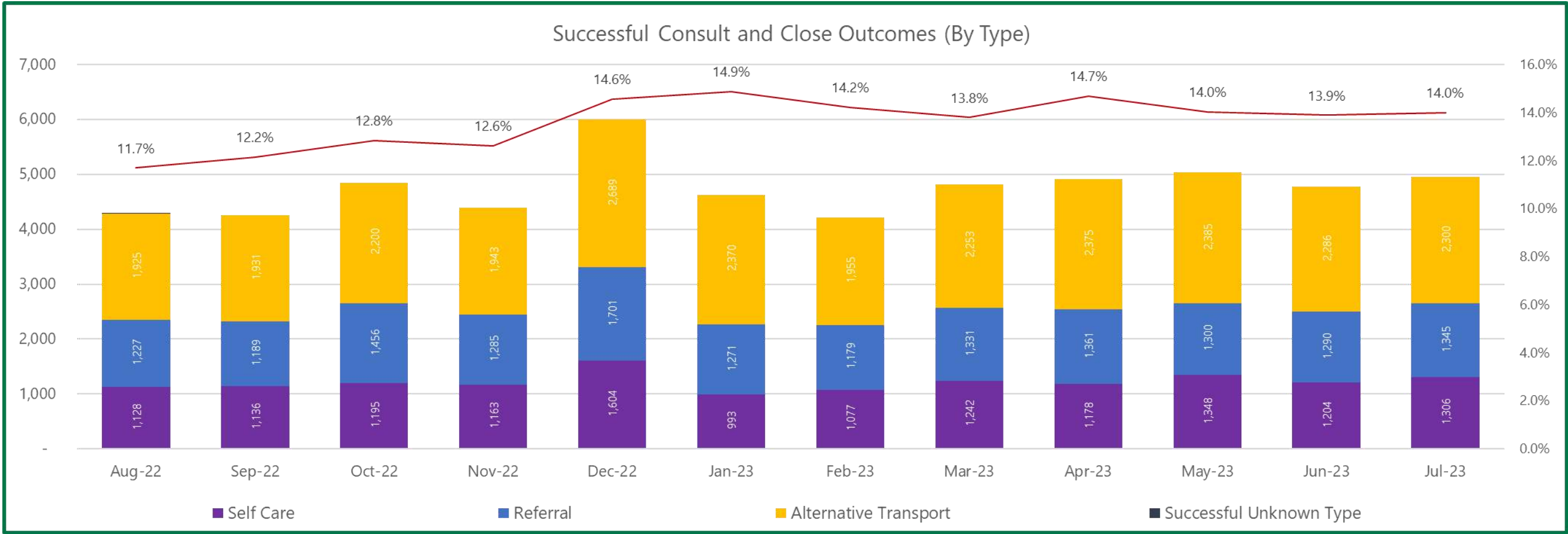
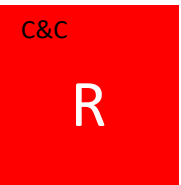
The Trust currently have a target to consult and close 15% of calls and are ambitious in aims to increase the proportion of activity resolved at step 2 by increasing the current target to 17% by the end of Quarter 1 2023/24 through internal efficiencies. The IMTP aspiration is to advance this to 20% but will require further investment of FTEs in the Clinical Support Desk (CSD).

111 Calls By Final Outcome



Partnerships / System Contribution Consult & Close Indicators

(Responsible Officer: Lee Brooks)



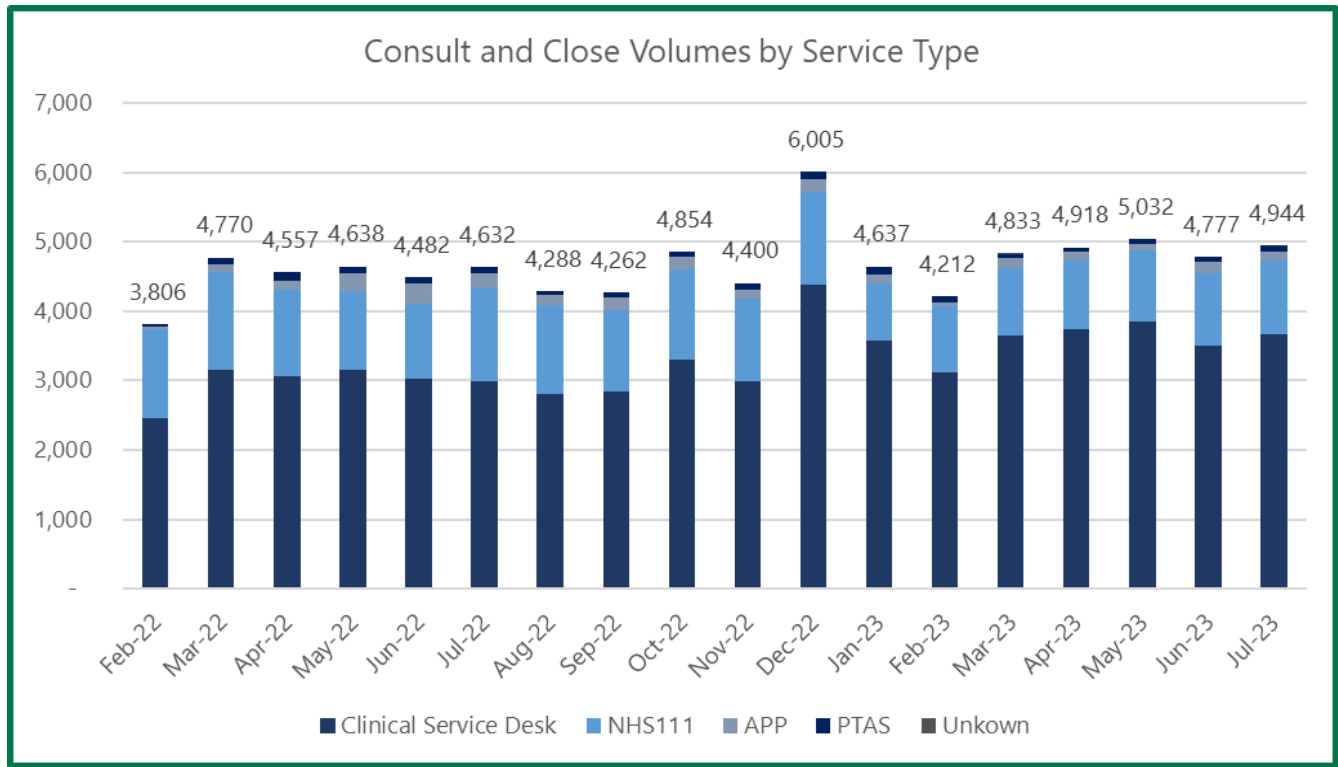
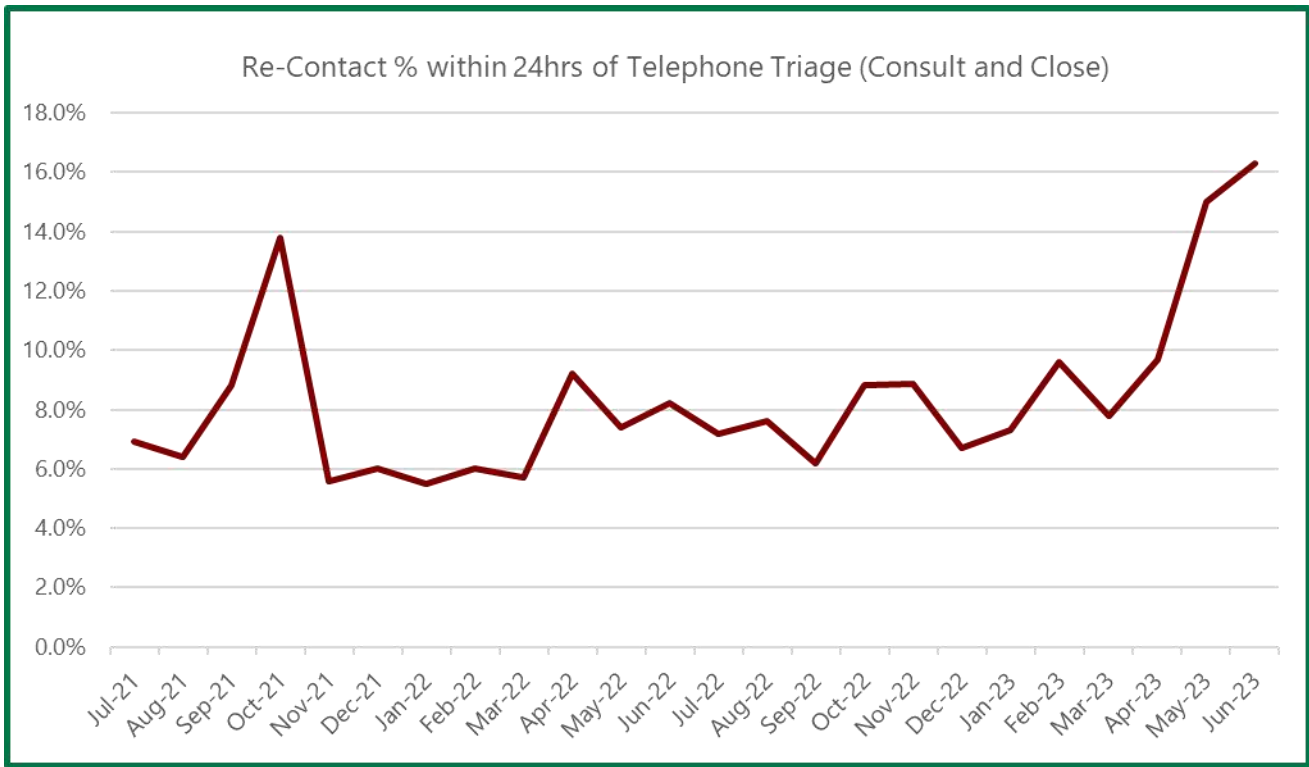
Analysis
Consult and Close, with contributions from Clinical Support Desk (CSD) (10.3%), NHS111 (3.1%), WAST APP (0.4%) and the Health Boards using Physician Triage and Streaming Service (PTAS) (0.2%) achieved 14% in July 2023. This was a slight increase on the 13.9% seen during June 2023 but remained short of the new 17% target figure. In July 2023, the number of 999 calls resulting in a Consult and Close outcome was 4,944, up from 4,780 in June 2023.

Of the calls successfully closed in July, 1,306 patients received an outcome of self-care; 1,345 patients were referred to other services (including to Minor Injury Units and SDEC) and 2,300 were advised to seek alternative transport services in order to acquire treatment.

Re-contact rates in June 2023 were 16.3%, a further increase compared to 15% seen in May 2023, and the 9.7% in April 2023, although this rise in May can in part be attributed to one caller re-contacting the service on 74 occasions over the space of a few hours.

- Remedial Plans and Actions**
- The team are undertaking process maps of the work that they do in order to identify where improvements can be made.
 - Red Review of 999 calls to confirm appropriate category selection continues to be a high priority for CSD in addition to Consult and Close activity.
 - Discussions are ongoing to identify additional resources required on top of Consult & Close priorities.

Expected Performance Trajectory
 The Trust currently have a target to consult and close 15% of calls and are ambitious in aims to increase the proportion of activity resolved at step 2 by increasing the current target to 17% by the end of Quarter 1 2023/24 through internal efficiencies. The IMTP aspiration is to advance this to 20% but will require further investment of FTEs in the Clinical Support Desk (CSD).



Partnerships / System Contribution Conveyance to ED Indicators

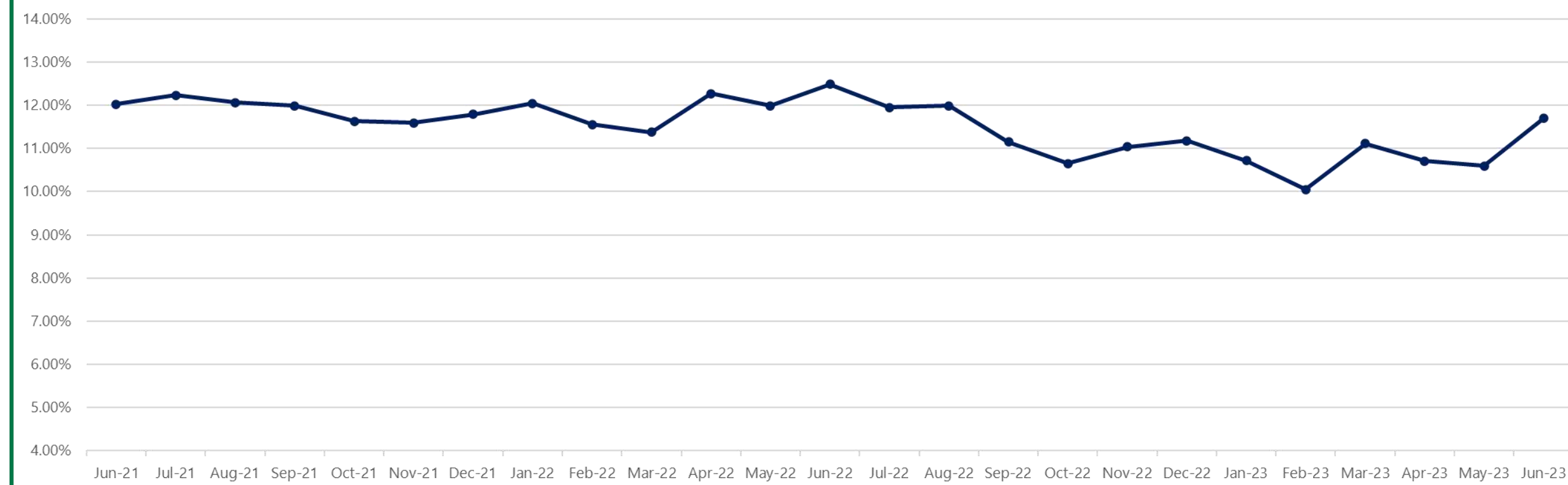
(Responsible Officer: Andy Swinburn)

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Ministerial Measure

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



Analysis

In June 2023 11.7% of patients (1,806) were conveyed to a service other than a Type One ED. Although not shown here, the percentage of patients conveyed to EDs has decreased compared to the same month last year by 1.48 percentage points. In June 2023 conveyance to EDs as a proportion of total verified incidents was 39.65% (compared to 35.99% in June 2022).

The combined number of incidents treated at scene or referred to alternate providers decreased, from 4,080 in May 2023 to 3,748 in June 2023.

There has been a general increase in APP conveyance rates in recent months, due to several factors: -

- CSP means the right jobs are not always there for APPs to alter or influence the disposition.
- The tasking of APPs has changed, moving away from APPs reviewing the stack to mandatory code sets.
- There has been an increase in respiratory patients of all ages over the last quarter who have been poorly and required hospital admission.

The volume of patients conveyed to Same Day Emergency Care (SDEC) Units remains low, at 0.17% during June 2023.

Remedial Plans and Actions

The Trust has modelled the use of same day emergency care (SDEC) services and identified that they could take an estimated 4% of EMS demand; it is currently less than 0.5%. This modelling has been provided to both EASC and WG. The percentage increase in conveyance to services other than EDs is a Ministerial Priority. The Trust's ability to improve this figure is dependent on pathways that are open to the Trust, for example, SDECs.

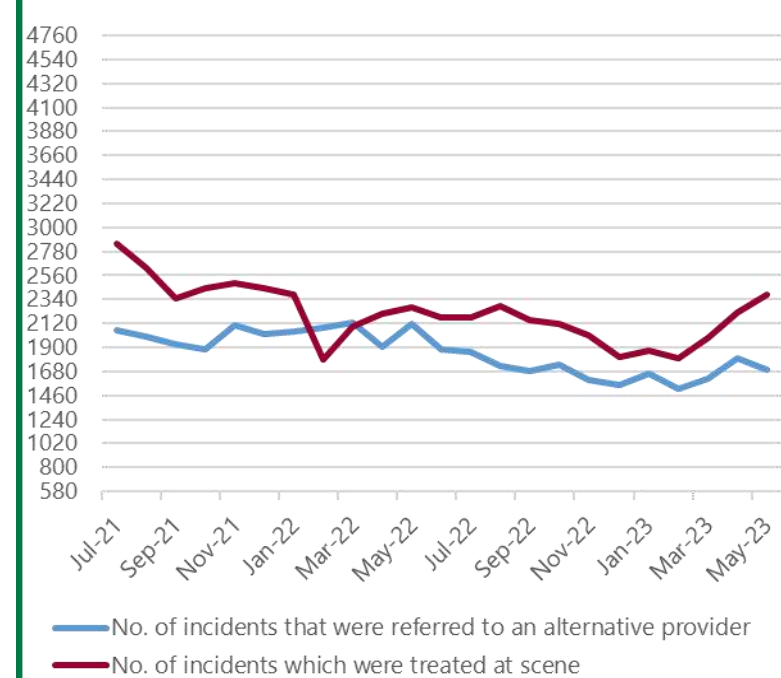
Utilisation of APP resources will continue to be monitored as part of weekly performance reviews and evaluation of the appropriate APP code-set will be undertaken through the Clinical Prioritisation and Assessment Software (CPAS) group.

Expected Performance Trajectory

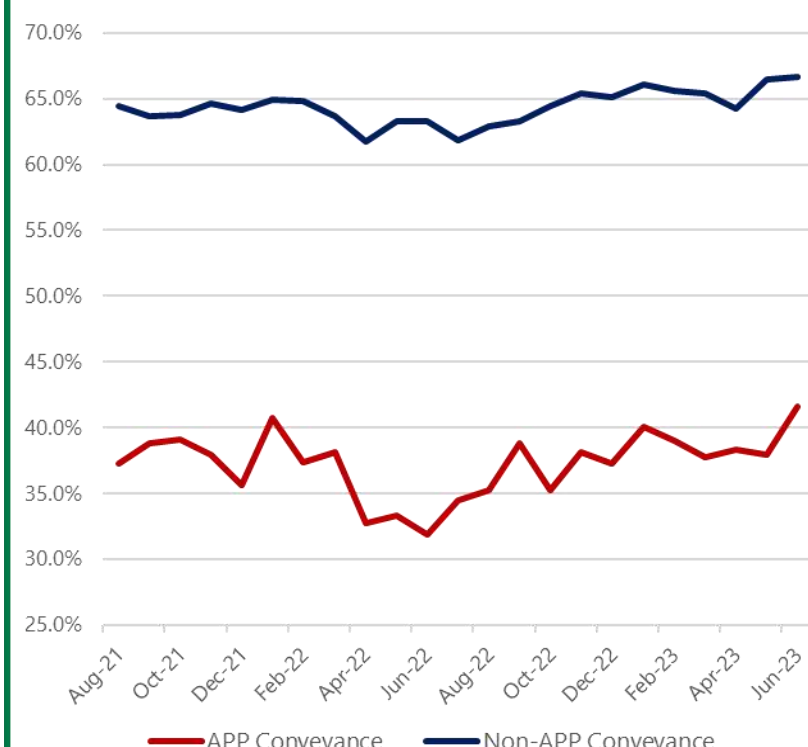
The Trust has completed modelling on a full strategic shift left, which identifies that the Trust could reduce handover levels by c.7,000 hours per month, with investment in APPs and the CSD; however, the modelling indicates that handover would still be at 10,000 hours per month. Health Board changes 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: Data correct on the date and time it was extracted; therefore, figures are subject to change.*

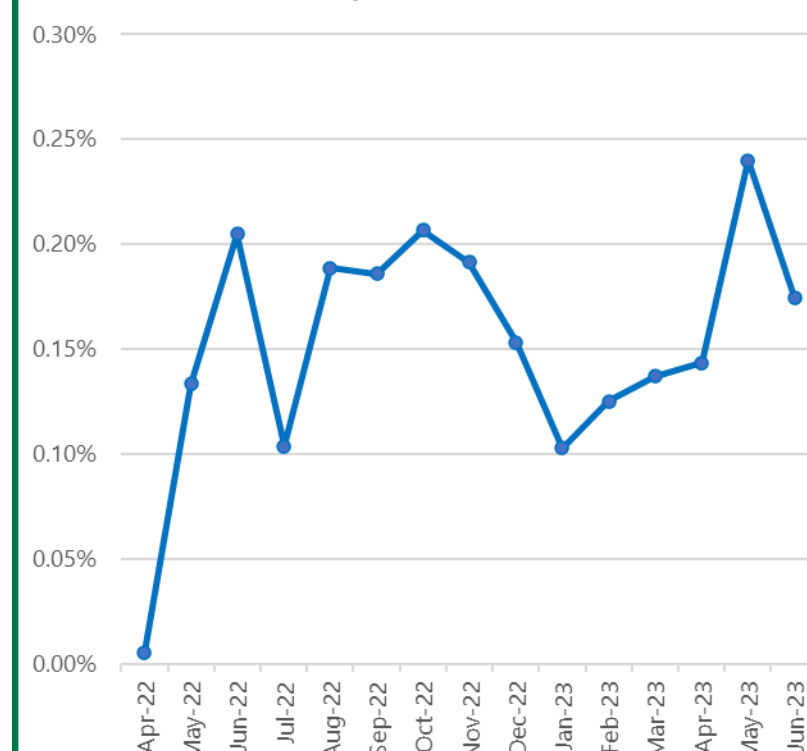
Incidents Treated at Scene VS Incidents Referred to Alternative Providers (Ambulances Stopped)



APP vs Non-APP Conveyance Rates



% Patients Conveyed to SDEC Units Pan-Wales



Partnerships / System Contribution Handover Indicators

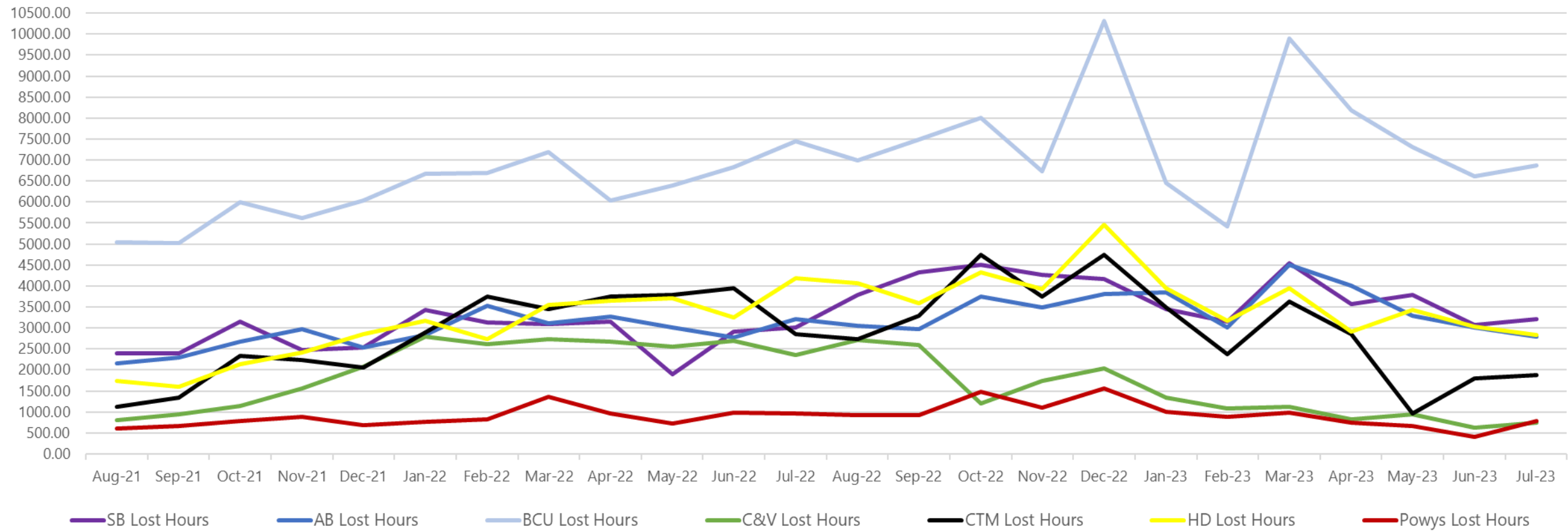
(Responsible Officer: Health Boards)

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Notification to Handover Lost Hours by Health Board



Analysis

287,912 hours were lost to Notification to Handover, i.e., hospital handover delays, over the last 12 months (Aug-22 to Jul-23), compared to 246,393 over the same timeframe the previous year. 19,118 hours were lost in July 2023, an increase from the 18,548 lost in June 2023. This is the first time the figure has increased in four months.

The hospitals with the highest levels of handover delays during July 2023 were:

- Morriston Hospital (SBUHB) at 3,412 lost hours
- Wrexham Maelor Hospital (BCUHB) at 2,429 lost hours
- The Grange University Hospital (ABUHB) at 2,625 lost hours
- Ysbyty Glan Clwyd Hospital (BCUHB) at 2,792 lost hours

Notification to handover lost hours averaged 617 hours per day during July 2023 compared to 618 hours a day in June 2023.

In July 2023, the Trust could have responded to approximately 6,030 more patients if handovers were reduced, which highlights the impact the numbers are still having on service.

Remedial Plans and Actions

Significant time has been spent by all Executives and non-Executives highlighting this patient safety issue to EASC, Health Boards and to Welsh Government / Minister, and this will continue through the year as we seek to influence and put pressure on the system to improve. Healthcare Inspectorate Wales (HIW) has undertaken a local review of WAST to consider the impact of ambulance waits outside Emergency Departments, on patient dignity and overall experience during the COVID-19 pandemic.

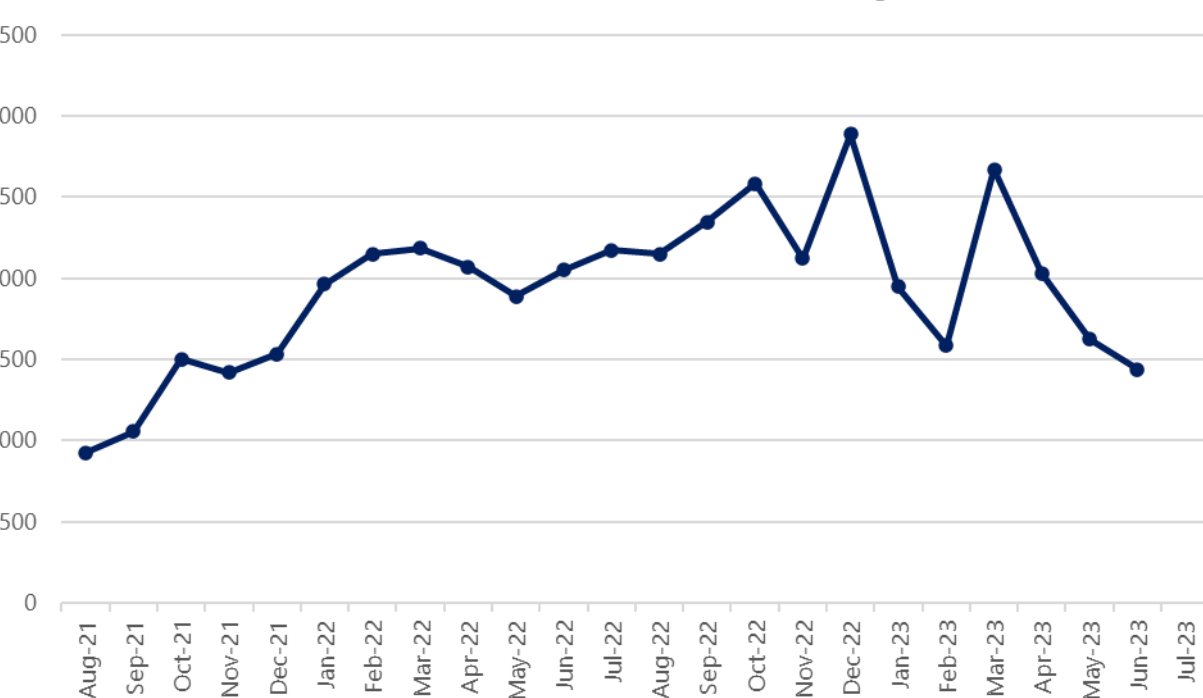
The WIIN platform continues to focus on patient handover delays at hospital and Electronic Patient Care Record (ePCR).

Expected Performance Trajectory

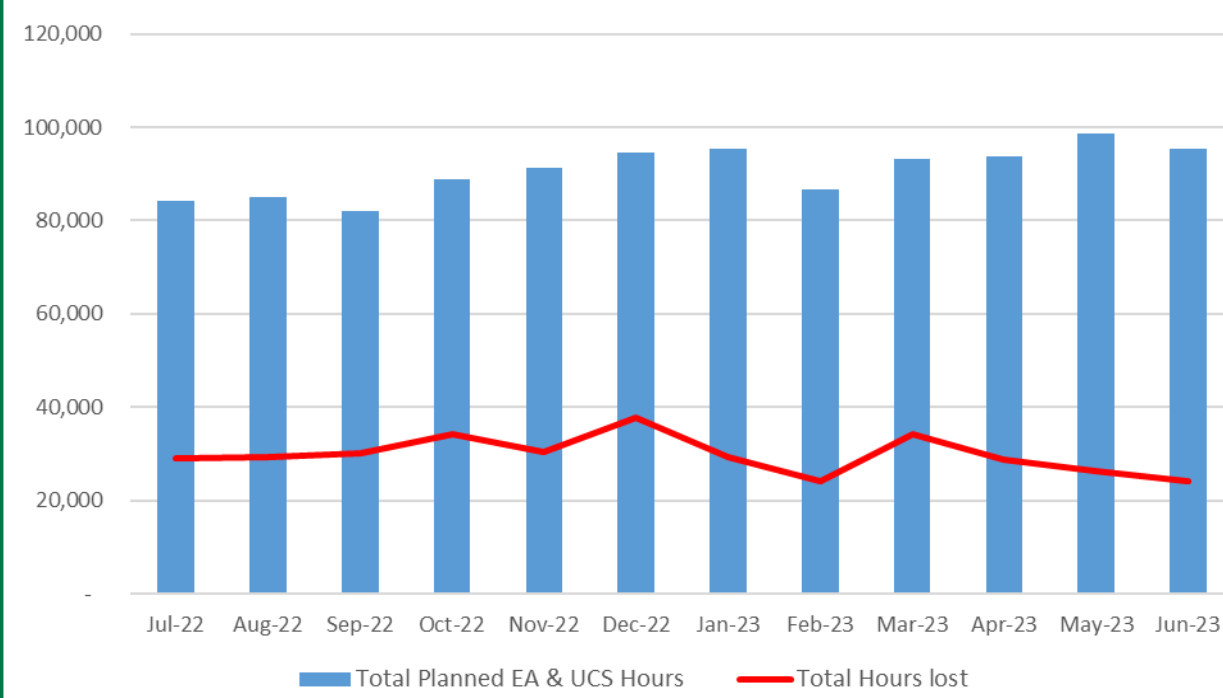
The Commissioning intention for 2023/24 is that handover lost hours should reduce to 15,000 hours per month, the same seen levels seen in the winter of 2019/20, which were considered extremely high, 12,000 hours by the end of Quarter 2 and sustained and incremental improvement in quarters 3 and 4. The ambition that there should be no waits over 4 hours during 2023/24. Non-release for Immediate Release Requests should become a Never Event.

**NB: Data correct at time of abstraction.*

Handover Rates Over (4 Hours) 240.01 minutes (including first 15 mins)



Total Planned hours VS Total Hours Lost



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	Emergency Medical Department	IMTP	Integrated Medium Term Plan	ODU	Operational Delivery Unit	TU	Trade Union
CCP	Complex Case Panel	EMS	Emergency Medical services	IPR	Integrated Performance Report	OH	Occupational Health	UCA	Unscheduled Care Assistant
CEO	Chief Executive Officer	EMT	Executive Management Team	KPI	Key Performance Indicator	P / PHB	Powys / Powys Health Board	UCS	Unscheduled Care System
CFR	Community First Responder	ePCR	Electronic Patient Care Record	LTS	Long Term Strategy	PCR / PCRs	Patient Care Record(s)	UFH	Uniformed First Responder
CI	Clinical Indicator	EPT	Executive Pandemic Team	MACA	Military Aid to the Civil Authority	JRCALC	Joint Royal Colleges Ambulances Liaison Committee	UHP	Unit Hours Production
COOs	Chief Operating Officers	FTE	Full Time Equivalent	MIU	Minor Injury Unit	PECI	Patient Engagement & community Involvement	U/A RTB	Unavailable – return to Base
COPD	Chronic Obstructive Pulmonary Disease	GPOOH	General Practitioner Out of Hours	MPDS	Medical Priority Dispatch System	POD	Patient Offload department	VPH	Vantage Point House (Cwmbran)
COVID-19	Corona Virus Disease (2019)	GTN	Glyceryl Trinitrate	NCCU	National Collaborative Commissioning Unit	PPLH	Post Production Lost Hours	WAST	Welsh Ambulance Services NHS Trust
CSD	Clinical Service Desk	HB	Health Board	NEPTS	Non-Emergency Patient Transport Services	PSPP	Public Sector Purchase Programme	WG	Welsh Government
CSP	Clinical Safety Plan	HCP	Health Care Professional	NEWS	National Early Warning Score	QPSE	Quality, Patient Safety & Experience	WIIN	WAST Improvement & Innovation Network

Definition of Indicators

Indicator	Definition	Indicator	Definition
111 Abandoned Calls	An offered call is one which has been through the Interactive Voice Response messages and has continued to speak to a Call Handler. There are several options for the caller to self serve from the options presented in the IVR and a proportion of callers choose these options. An example is to guide the caller to 119 if they wish to speak to someone about a Coronavirus test. Once the caller is placed in the queue for the Call Handler if they hang up they are counted as “abandoned” as we did not answer the call. The threshold starts at 60 seconds after being placed into the queue as this allows the callers to respond to the messages and options presented as it often takes a short while for the caller to react. Starting the count at 60 seconds provides a picture of abandonment where the caller has chosen not to wait, despite wanting to speak to a Call Handler	Hours Produced for Emergency Ambulances	Proportion of hours produced within the calendar month for Emergency Ambulance Vehicles (Target 95%).
111 Patients Called back within 1 hours (P1)	(Welsh Government performance target) which prescribes that 111 has up to 1 hour (longer for lower priory callers) for a 111 Clinician to call the patient to discuss their medical issue. These callers will already have been screened by Call Handlers and received an outcome which needs a conversation with a 111 Clinician. WAST operates a queue and call back method for all Clinical Calls.	Sickness Absence (all staff)	Staff sickness volumes as a percentage for all staff employed within the Welsh Ambulance Services NHS Trust.
999 Call Answer Times 95th Percentile	Time taken (in Minutes) to answer 999 emergency calls by call handlers. A percentile (or a centile) is a measure used in statistics indicating the value below which a given percentage of observations in a group of observations fall. For example, the 95th percentile is the value below which 95 percent of the observations may be found.	Frontline COVID-19 Vaccination Rates	Volume of frontline (patient facing and non-patient facing) who have received a second COVID-19 vaccination.
999 Red Response within 8 Minutes	Percentage of 999 incidents within the Red (immediately life-threatening) category which received an emergency response at scene within 8 minutes.	Statutory and Mandatory Training	Combined percentage of staff who are compliant with required statutory training undertaken by staff where a statutory body has dictated that an organisation must provide training based on legislation and mandatory training which relates to trade-specific training that the employer considers essential or compulsory for a specific job. (A detailed list of these can be found on slide 20).
Red 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Red (immediately life-threatening) calls (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	PADR/Medical Appraisal	Proportion of staff who have undertaken their annual Performance Appraisal & Development Review (PADR) or Medical Appraisal. This is a process of self-review supported by information gathered from an employees work to reflect on achievements and challenges and identify aspirations and learning needs. It is protected time once a year.
999 Amber 1 95th Percentile	Time taken (in minutes) for emergency response to arrive at scene for Amber 1 calls (other life-threatening emergencies – including cardiac chest pains or stroke). (NB: The 95th percentile is the value below which 95 percent of the observations may be found).	Ambulance Response FTEs in Post	Number of Emergency Medical Services, Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Return of Spontaneous Circulation (ROSC)	Percentage of patients for whom Return Of Spontaneous Circulation occurs. This refers to signs of restored circulation (more than occasional gasp, occasional fleeting pulse or arterial waveform) evidenced by breathing, a palpable pulse or a measurable blood pressure.	Ambulance Care, Integrated Care, Resourcing & EMS Coordination FTEs in Post	Number of Ambulance Care, Integrated Care, Resourcing & EMS Coordination Full Time Equivalent (FTE) staff working for the Welsh Ambulance Services NHS Trust.
Stroke Patients with Appropriate Care	Proportion of suspected stroke patients who are documented as receiving an appropriate stroke care bundle (a bundle is a group of between three and five specific interventions or processes of care that have a greater effect on patient outcomes if done together in a time-limited way, rather than separately).	Financial Balance – Annual Expenditure YTD as % of budget Expenditure	Annual expenditure (Year to Date) as a proportion of budget expenditure.
Acute Coronary Syndrome Patients with Appropriate Care	Proportion of STEMI patients who receive appropriate care. ST segment elevation myocardial infarction - occurs when a coronary artery is totally occluded by a blood clot.	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



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

AGENDA ITEM No	13
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

PEOPLE AND CULTURE PERFORMANCE SCORECARD REPORT

MEETING	People and Culture Committee
DATE	17 th August 2023
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Sarah Davies – People and Culture Directorate Business Manager
CONTACT	Sarah.davies31@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of this report is to provide an overview of the key People and Culture performance data and trends (June 2023) and associated improvement actions.

KEY ISSUES/IMPLICATIONS

The Committee’s attention is drawn to the following areas:

- Impact of Big Bang recruitment event on recruitment KPIs
- Sickness absence reduction

The Committee is asked to **RECEIVE** and **COMMENT ON** reported performance and associated actions.

REPORT APPROVAL ROUTE

- **Noted** at People and Culture Business Meeting (25.07.2023)

REPORT APPENDICES

Appendix 1a: SBAR – People and Culture Performance Report for June 2023
Appendix 1b: People and Culture KPI Summary

REPORT CHECKLIST

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

Appendix 1a: SBAR: People and Culture Performance Report for June 2023

SITUATION

2. This report provides an overview of the June 2023 key trends and improvement actions as identified in the People and Culture KPI Summary enclosed at **Appendix 1b**.

BACKGROUND

3. This paper is intended to be read in conjunction with **Agenda Item 12 – Monthly Integrated Quality and Performance Report**. The MIQPR provides a high level overview of performance in relation to the following People and Culture indicators:
 - PADR completion rate;
 - Statutory and Mandatory training compliance;
 - Sickness absence rate.
4. This report provides a further level of detail (both data and narrative) in relation to a wider range of workforce performance indicators.

ASSESSMENT

5. The Committee is asked to note the following headlines:
6. **Time to Hire:** The Recruitment team continues to monitor metrics including 'Vacancy creation to conditional offer', 'Time to shortlist' and 'Vacancy creation to ready for start date', which greatly impacts on our time to hire. The pan Wales target for 'Vacancy creation to conditional offer' is 44 days and we returned an average of 46.5 days within the last 3 months, with June seeing the greatest hike in figures. The pan Wales target for 'Vacancy creation to ready for start date' is 71 days but the Trust returned an average of 95.4 days with May returning the highest figure. The target for 'Time to shortlist' is 3 days but we are currently on 8.7 days average which is an improvement from the last figure of 8.9 days.

7. As of last report, WAST was improving consistently but due to the recent mass NQP recruitment through the Big Bang, and the ongoing Bank ACA agreements for Swansea University students, the figures being returned for these KPIs have not been at a desired level. Work is ongoing to ensure maximum numbers of students engage with the recruitment processes. This along with data cleansing exercises and a continuous drive to educate our managers on the criticality of delay during recruitment exercises should see our figures improve positively.
8. **Job Evaluation:** There are six Job Descriptions currently in the Job Evaluation process. Of these, one will proceed to the next available Job Matching Panel whilst two will proceed to the next available Consistency Panel. The remaining three Job Descriptions are awaiting an update from the Line Manager. In June, three Job Descriptions were successfully completed, taking an average of nine days to complete. This highlights time improvements in the Job Evaluation process previously seen are indeed continuing. Job Matching training to increase our pool of Job Matchers within the Trust is currently being arranged with two sessions, (one in North and one in South Wales) to take place in September/October 2023.
9. **Sickness Absence:** There has been a reduction in Trust sickness absence to 7.51% in June from 7.76% in May. Long-term sickness has steadily decreased over the last 4 months. However, short-term sickness fluctuated in the same period, and showed an increase in June of 2.70% from 2.05% in May. July 2023 indicative absence (as of 21.07.23) for the Trust is 8.13%, with long term sickness showing an increase to 4.91% and short-term sickness at 3.52%, the fourth highest percentage in the last 12 months (July 2022 – 4.15%, October 2022 – 3.43%, December 2022 – 4.12%). Due to the fluctuations in short-term absences over the last 4 months and indications of an increase in July, a spot check audit was undertaken on short-term absences (data from 01.06.23 to 19.07.23). The highest reason for short-term absence over this period was Gastrointestinal issues, with Cold/Cough/ Flu and Infectious disease as the next highest reasons for short-term absence.
10. COVID-19 protection in relation to pay and escalation through policy was removed on 30th June 2023. COVID related short term absences remained higher in June 2023 (11 absences) reducing in July (3 absences). Musculoskeletal, Injury/fracture, Back problems and Ear/ Nose/ Throat absences account for the next highest levels, with Anxiety/ Stress/ Depression recorded as the 6th highest reason for short term absence.
11. **Statutory and Mandatory Training Compliance:** We continue to promote these training requirements via Yammer and we have informed colleagues of the new mandatory topic of Welsh Language Awareness (also on Yammer and Siren) which will be reported on in the next update. The current compliance levels are due to be discussed at upcoming ADLT meeting to highlight the need for greater engagement by all colleagues. Emails have been sent to all ops managers with statistics for their areas of responsibility and asking them to liaise with their DOMs and OTLs and

encourage their staff to engage with their training requirements. We have also requested to be added to the next SOT meeting to highlight the current position with their members and to ask for their support through encouraging their staff's engagement.

12.**PADRs:** Completion rates across the organisation are at 73.1% which is similar to the previous figure reported at the last meeting of the People and Culture Committee. Managers workshop sessions with guidance on how to effectively conduct PADRs is regularly taking place with managers from across the Trust attending. The next developmental stage of the PADR process is key as it involves introducing an electronic version of the PADR form which will allow data from the PADR to be captured and reported on.

13.**Employee Relations:** There are a total of 42 employee relations cases as of 21st July 2023. Since previous update formal disciplinary cases have increased to 26 in total, with three employees currently suspended, two of which have been suspended for over four months. There is however a reduction in the number of formal respect and resolution submissions, with a current total of 16 cases.

14.A total of 40 managers/supervisors attended an Investigating Officers training course on the 27th of June 2023 which was delivered by colleagues from the Legal and Risk Team at NWSSP. A further training session is planned to take place on the 14th of September 2023, with 42 managers/supervisors already registered to attend.

15. In addition to the above training, a Compassionate Practices for All Action Plan has been developed, which will be implemented over the coming months. The plan will support the creation of Compassionate Leadership within the Organisation, ensuring an inclusive and psychologically safe environment for all staff.

RECOMMENDED: That the Committee **RECEIVE** and **COMMENT ON** reported performance and associated actions.



Ymddiriedolaeth GIG
Gwasanaethau Ambiwians Cymru
Welsh Ambulance Services
NHS Trust

People and Culture KPIs June 2023

Plan

Job Evaluation

JDs currently in process: 8 ↑
JDs completed in month: 3 ↓
Ave. days to complete: 9 ↓

Recruitment

Vacancy creation to unconditional offer: 91.8 ↓

Educate

Stat Mand training compliance: 79.69% ↑

Apprenticeships

Apprenticeships in progress: 198 ↓
Apprenticeships completed: 0 ↓

Resource

Sickness

Rolling 12 month: 8.78% ↓
In month: 7.51% ↓

Wellbeing

OH referral to first offer of appointment: 20 ↑
Sickness absence attributable to MH: 28.50% ↑

Engage

PADR Compliance: 73.50% ↓

Open ER cases: 28 ↑

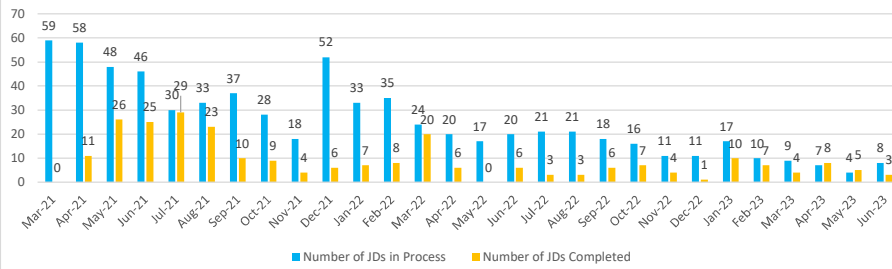
Formal requests for resolution: 15 ↓

Workplace Safety

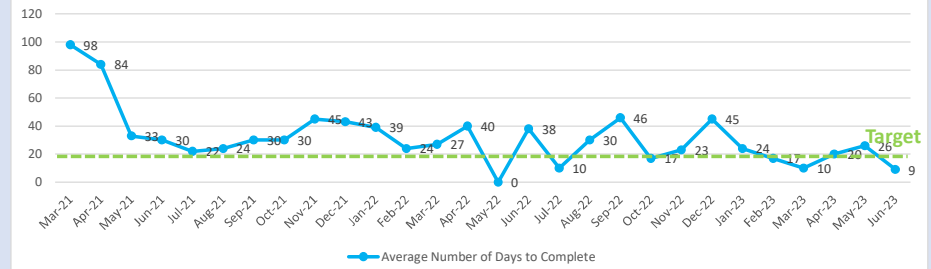
V&A Incidents Recorded via Datix: 71 ↑



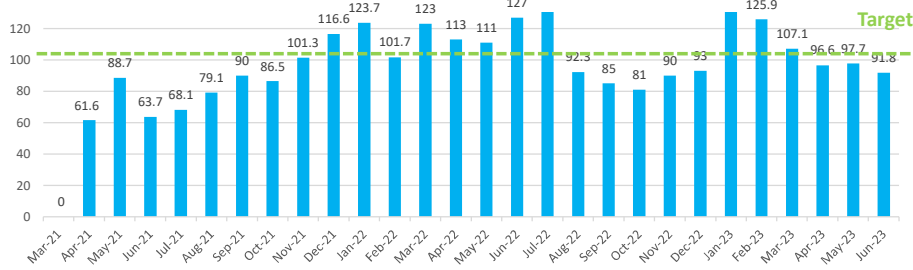
JE: JDs in Process / Completed



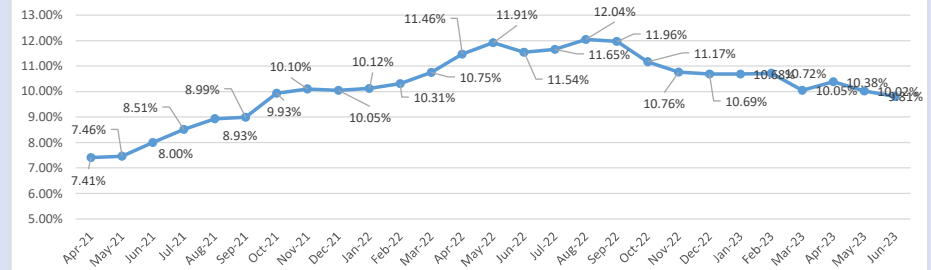
JE: Ave. Days to Complete

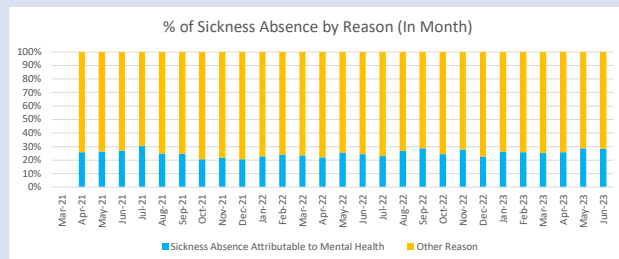
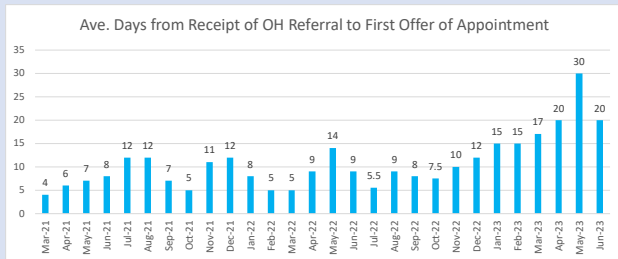
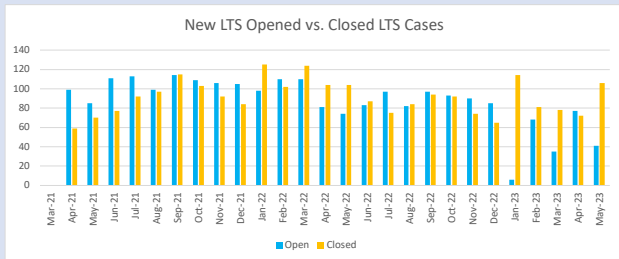
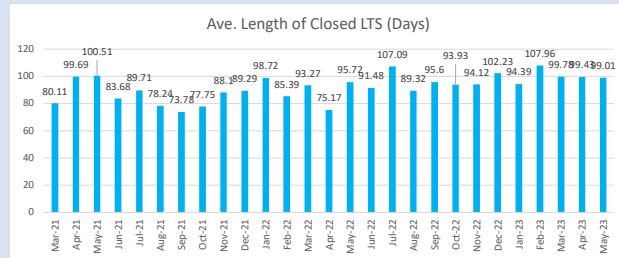
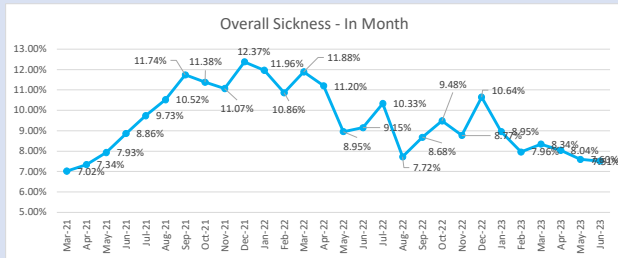
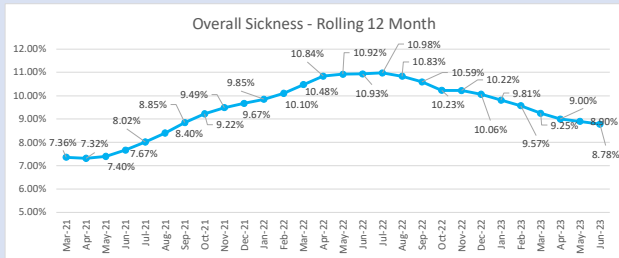


Ave. Days Vacancy Creation to Conditional Offer



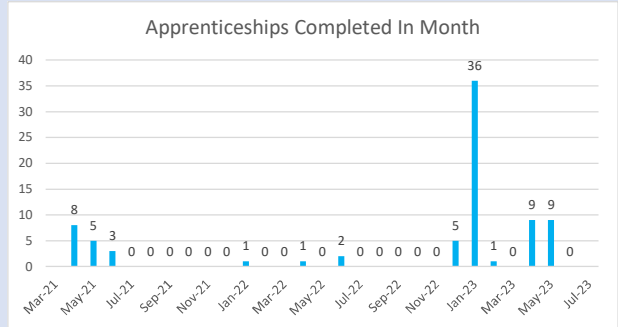
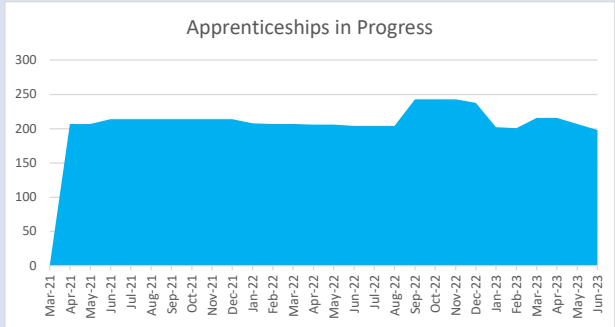
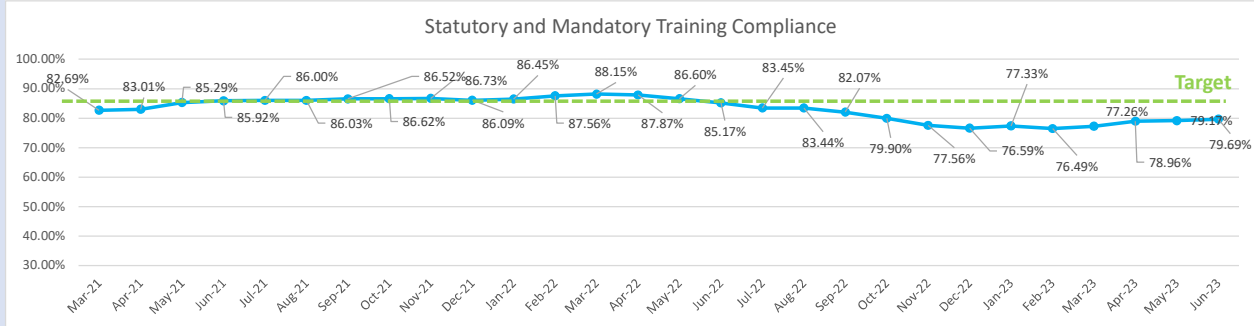
WAST Turnover







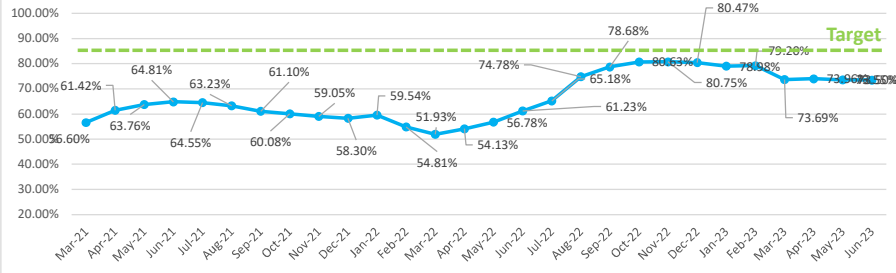
[Return to Summary](#)



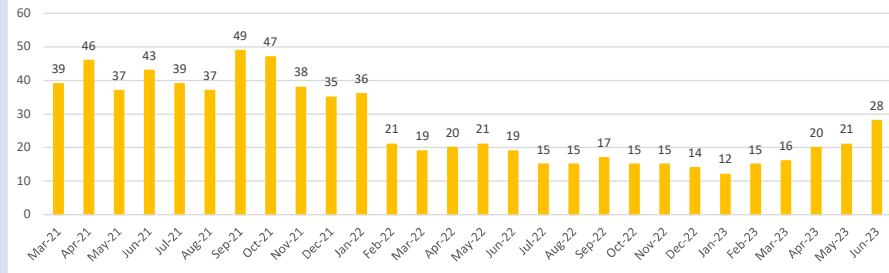


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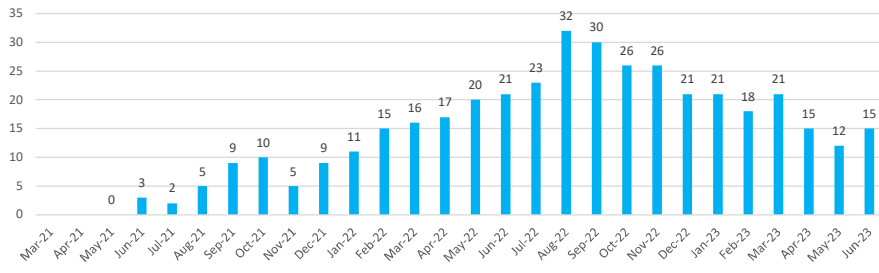
PADR Compliance



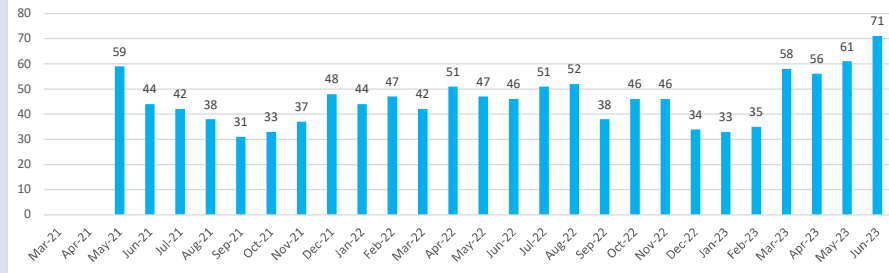
Open ER Cases



Formal Requests for Resolution



V&A Incidents Reported Via Datix



PLAN

Table with columns: Month, Number of Jobs Comp, Average Number of Ds, Ave. Days from Vacancy, Creation, Budget, Target, SIP Mar, v. Budget, v. Target. Rows include months from Mar-21 to Jun-23.

RESOURCE

Table with columns: Overall Sickness - Rolling 12 Month, Overall Sickness - In Month. Rows include months from Mar-21 to Jun-23.

Table with columns: Month, Turnover. Rows include months from Mar-21 to Jun-23.

Table with columns: Month, WAST WTE. Rows include months from Mar-21 to Jun-23.

Table with columns: Month, Headcount. Rows include months from Mar-21 to Jun-23.

Table with columns: Budget, Target, SIP Apr, v. Budget, v. Target. Rows include months from Mar-21 to Jun-23.

Table with columns: Budget, Target, SIP May, v. Budget, v. Target. Rows include months from Mar-21 to Jun-23.

Table with columns: Budget, Target, SIP Jun, v. Budget, v. Target. Rows include months from Mar-21 to Jun-23.

Table with columns: Budget, Target, SIP Aug, v. Budget, v. Target. Rows include months from Mar-21 to Jun-23.

Table with columns: Budget, Target, SIP Sep, v. Budget, v. Target. Rows include months from Mar-21 to Jun-23.

Table with columns: Budget, Target, SIP Oct, v. Budget, v. Target. Rows include months from Mar-21 to Jun-23.

Table with columns: Budget, Target, SIP Nov, v. Budget, v. Target. Rows include months from Mar-21 to Jun-23.

Table with columns: Budget, Target, SIP Dec, v. Budget, v. Target. Rows include months from Mar-21 to Jun-23.

Table with columns: Budget, Target, SIP Jan, v. Budget, v. Target. Rows include months from Mar-21 to Jun-23.

Table with columns: Budget, Target, SIP Feb, v. Budget, v. Target. Rows include months from Mar-21 to Jun-23.

Table with columns: Budget, Target, SIP Mar, v. Budget, v. Target. Rows include months from Mar-21 to Jun-23.

Table with columns: Ave. Length of Closed LTS (Days), Open, Closed, Formal Requests for Resolution, V&A Incidents Reported Via Data. Rows include months from Mar-21 to Jun-23.

Table with columns: Ave. Number of Days from Receipt of OH Referral to Fx Sickness A Other Reason, Complaint, Non-Compliant, Apprenticeships in Progress, Apprenticeships Completed in Month. Rows include months from Mar-21 to Jun-23.

Jun-22	9	Jun-22	24.40%	75.60%
Jul-22	5.5	Jul-22	22.90%	77.10%
Aug-22	9	Aug-22	26.10%	73.90%
Sep-22	8	Sep-22	28.80%	71.20%
Oct-22	7.5	Oct-22	24.30%	75.70%
Nov-22	10	Nov-22	27.80%	72.20%
Dec-22	12	Dec-22	22.60%	77.40%
Jan-23	15	Jan-23	26.37%	73.63%
Feb-23	15	Feb-23	26.00%	74.00%
Mar-23	17	Mar-23	25.80%	74.20%
Apr-23	20	Apr-23	25.80%	74.20%
May-23	30	May-23	28.80%	71.20%
Jun-23	20	Jun-23	28.50%	71.50%
Jul-23		Jul-23		

Apr-22	206	Apr-22	1
May-22	206	May-22	0
Jun-22	204	Jun-22	2
Jul-22	204	Jul-22	0
Aug-22	204	Aug-22	0
Sep-22	243	Sep-22	0
Oct-22	243	Oct-22	0
Nov-22	243	Nov-22	0
Dec-22	238	Dec-22	5
Jan-23	202	Jan-23	36
Feb-23	201	Feb-23	1
Mar-23	216	Mar-23	0
Apr-23	216	Apr-23	9
May-23	207	May-23	9
Jun-23	198	Jun-23	0
Jul-23		Jul-23	

Statutory and Mandatory Training Compliance

Compliant Non-Compliant

Mar-21	82.69%	Mar-21	90.13%	9.87%
Apr-21	83.01%	Apr-21	90.07%	9.93%
May-21	85.29%	May-21	88.56%	11.44%
Jun-21	85.92%	Jun-21	88.56%	11.44%
Jul-21	86.00%	Jul-21	88.36%	11.64%
Aug-21	86.03%	Aug-21	87.94%	12.06%
Sep-21	86.52%	Sep-21	86.64%	13.37%
Oct-21	86.62%	Oct-21	81.20%	8.80%
Nov-21	86.73%	Nov-21	87.00%	3%
Dec-21	86.09%	Dec-21	89.00%	1%
Jan-22	86.45%	Jan-22	100.00%	0.00%
Feb-22	87.56%	Feb-22	100.00%	0.00%
Mar-22	88.15%	Mar-22	100.00%	0.00%
Apr-22	87.87%			

EDUCATE

May-22	86.60%
Jun-22	85.17%
Jul-22	83.46%
Aug-22	83.44%
Sep-22	82.07%
Oct-22	79.90%
Nov-22	77.56%
Dec-22	76.59%
Jan-23	77.29%
Feb-23	76.49%
Mar-23	77.26%
Apr-23	78.96%
May-23	79.17%
Jun-23	79.69%
Jul-23	
Aug-23	
Sep-23	
Oct-23	

ENGAGE

PADR Compliance

Open ER Cases

Mar-21	56.60%	Mar-21	39	Mar-21	
Apr-21	61.63%	Apr-21	46	Apr-21	
May-21	63.76%	May-21	37	May-21	
Jun-21	64.81%	Jun-21	43	Jun-21	
Jul-21	64.56%	Jul-21	39	Jul-21	
Aug-21	63.23%	Aug-21	37	Aug-21	
Sep-21	61.10%	Sep-21	49	Sep-21	
Oct-21	60.08%	Oct-21	47	Oct-21	
Nov-21	59.05%	Nov-21	38	Nov-21	
Dec-21	58.30%	Dec-21	35	Dec-21	
Jan-22	59.54%	Jan-22	36	Jan-22	
Feb-22	54.83%	Feb-22	21	Feb-22	
Mar-22	51.93%	Mar-22	19	Mar-22	
Apr-22	54.13%	Apr-22	20		
May-22	56.78%	May-22	21		
Jun-22	61.23%	Jun-22	19		
Jul-22	65.18%	Jul-22	15		
Aug-22	74.78%	Aug-22	15		
Sep-22	78.68%	Sep-22	17		
Oct-22	80.63%	Oct-22	15		
Nov-22	80.75%	Nov-22	15		
Dec-22	80.47%	Dec-22	14		
Jan-23	78.98%	Jan-23	12		
Feb-23	79.20%	Feb-23	15		
Mar-23	73.69%	Mar-23	16		
Apr-23	73.96%	Apr-23	20		
May-23	73.55%	May-23	21		
Jun-23	73.50%	Jun-23	28		
Jul-23		Jul-23			
Aug-23		Aug-23			
Sep-23		Sep-23			
Oct-23		Oct-23			
Nov-23		Nov-23			
Dec-23		Dec-23			
Jan-24		Jan-24			



GIG Cymru
Ymddiriedolaeth GIG
Gwasanaethau Ambiwlaens Cymru
NHS
Welsh Ambulance Services
NHS Trust

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

Deep dive into ESR Code S10 Anxiety, Stress, Depression/ Other Mental Health Illnesses

MEETING	People and Culture Committee
DATE	17 th August 2023
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Catherine Goodwin
CONTACT	Catherine.goodwin@wales.nhs.uk

EXECUTIVE SUMMARY

1. As S10 absence remains high, People and Culture Committee requested a report to provide more information, particularly focussing on what more we could put in place as an organisation to address this issue.
2. This report provides a broader context for the continued high S10 recording, an overview of current interventions; both at an individual support level and organisationally that WAST provides for its people.
3. The key message is that, whilst individuals can ensure they make healthy choices and access additional support as needed, a healthy workplace culture is also essential to reduce S10 sickness absence.
4. This report can be considered alongside the cultural themes paper, and the people and culture plan metrics.

KEY ISSUES/IMPLICATIONS

The Committee is asked to:

- Discuss and comment on the themes in this report.

REPORT APPROVAL ROUTE

REPORT APPENDICES
Appendix 1: Deep Dive into ESR Code S10 Anxiety/ Stress/ Depression/ Other Mental Health Illnesses

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

Appendix 1: Deep Dive into ESR code S10 Anxiety/ Stress/ Depression / other mental health illnesses

Introduction

5. People and Culture Committee made a request to ascertain where the main sources of stress are located in relation to the S10 absence figures. It is important to highlight that this category of recording includes all stress and mental health related illness; that stress is not a formal mental health classification and there is no recording on ESR of the source of stress.
6. Any formulation of mental ill health or stress is likely to include multiple factors relating to biological, social and psychological factors. A common formulation model looks at presenting factors, predisposing factors, precipitating, perpetuating and protective factors across all aspects of an individual's life and the systems in which they live and work, including their physical health and lifestyle choices.
7. Identifying a source of stress is likely to be highly subjective depending on the perspective of the individual and/ or the manager and the understanding of mental health of both parties. Certainly factors at home, or at work, could both exacerbate a situation that may have originated linearly in either location. For example, someone may experience a bereavement of a loved one, and be coping as one might expect and then experience a traumatic incident or be the target of banter at work resulting in a period of S10 sickness. We could equally place these incidents in a different order and the result could be the same. However in isolation they may not result in any period of S10 absence. Sometimes focusing on individuals without considering the organisational culture can be unhelpful; if your workplace culture and working conditions are not good, then no amount of individual intervention will be effective in the long term.

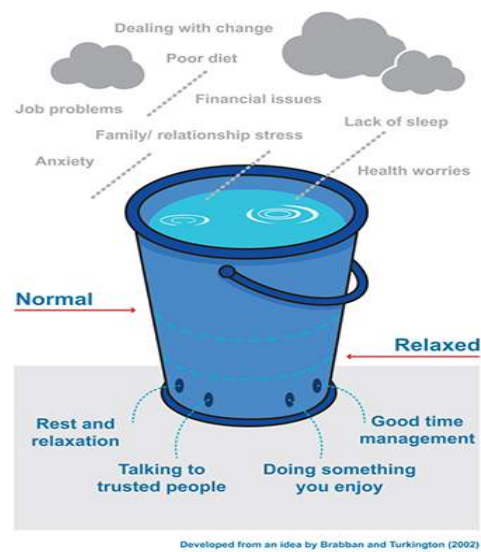
Diagnosis: Fish lacked resilience

Action: Schedule the resilience keynote speaker

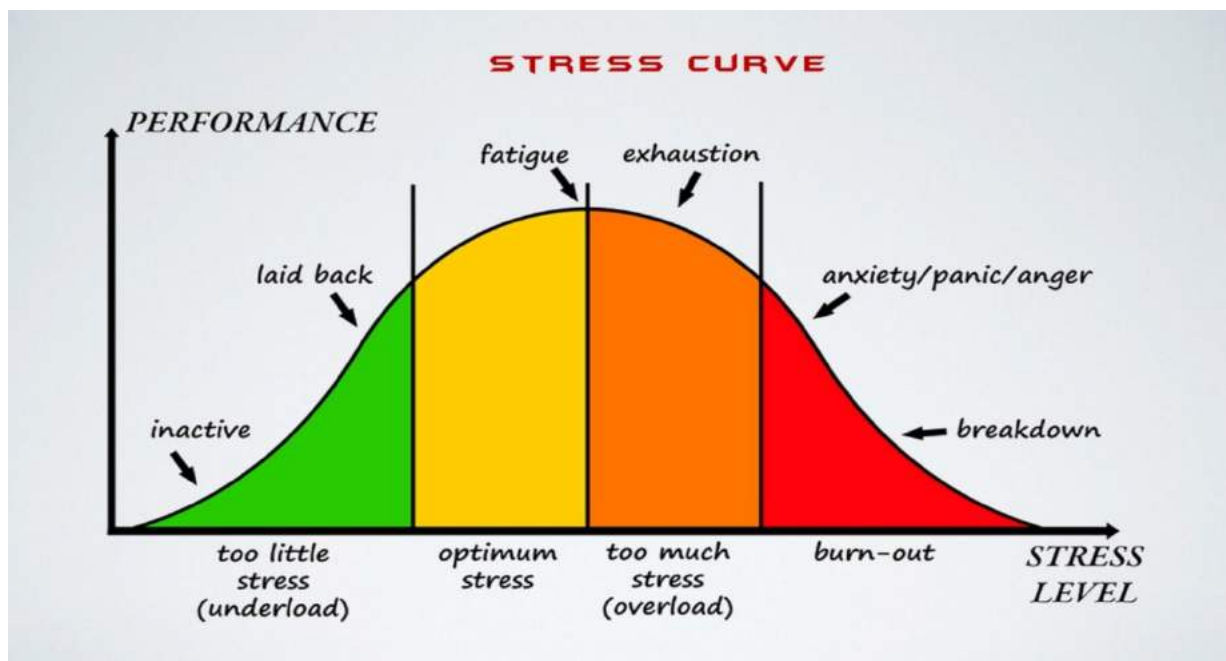


8. There is also a wider context in terms of societal factors including current mental health provision for adults and children, cost of living and climate crisis. Suicide figures in the UK have not dropped in 20 years and mental health referrals are increasing, at the same time as the NHS continues to report extended waiting times for physical health appointments. All of these factors will also impact our colleagues as individuals and the consequences of these pressures on family, colleagues in addition to witnessing how it results in a different service to our patients.

9. If we look at stress alone then simple models like the stress bucket;



and the stress curve;



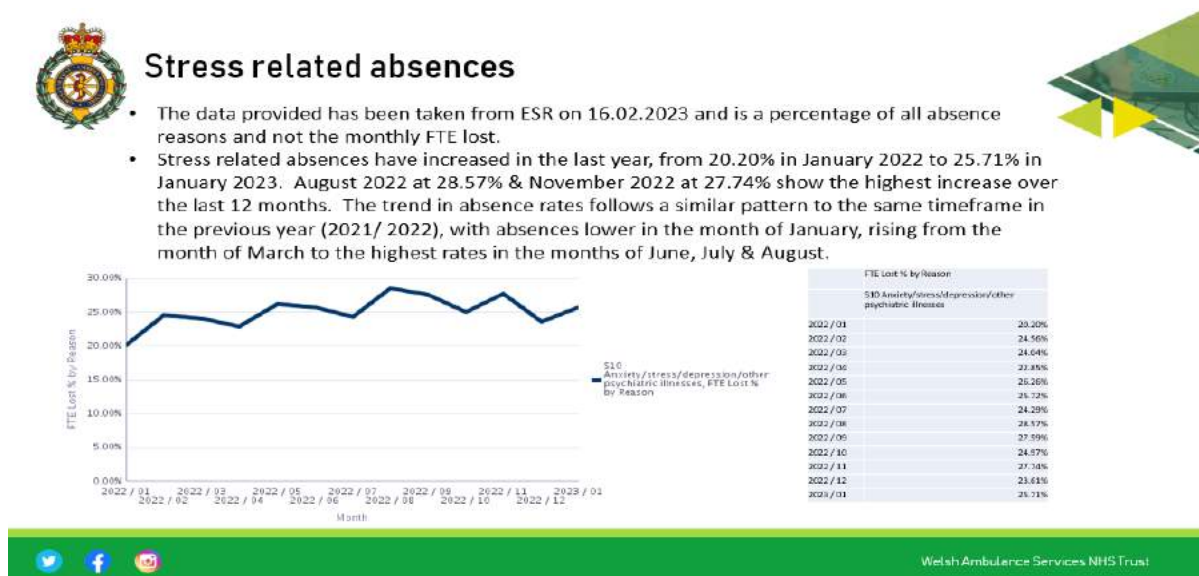
illustrate effectively the complexity of looking for one cause. For each and every one of us, keep piling on the stressors and we will fall over. There is a wealth of personal stories of high profile, traditionally successful people discussing how they could do everything, work all hours and deliver until they had a breakdown or became unwell and they wish they had listened to, or believed the research.

10.If we don't make time for our wellness, we will be forced to take care of our illness. We are not unlike smokers who know the odds are against them but continue to do the thing that harms them for a variety of reasons with no robust scientific evidence base.

S10 Sickness Figures

11.Earlier this year, the People Services team produced a deep dive into S10 absences over the year from February 2022 until February 2023, and the pattern broadly reflected the pattern in the previous year:

Fig. 1: Extract of Deep Dive into S10 Absences February 2022 – February 2023



12.The monthly figures have continued to rise with 28.5% of all absences in June falling under the S10 category.

13.Fig. 2 below demonstrates the distribution by age of overall sickness and S10. Perhaps it is unsurprising the skew for both is towards higher rates in our relatively older workforce. This is at odds with some of the more unhelpful narratives in the organisation in relation to younger colleagues experiencing higher levels of S10 absence.

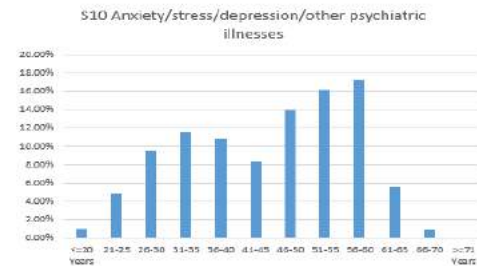
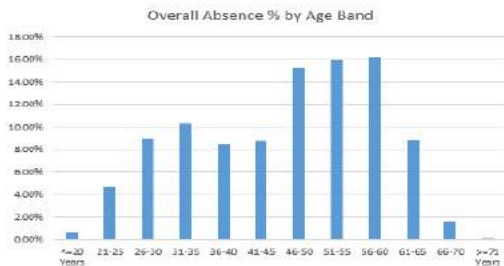
14. Potential drivers for S10 absences included missed meal breaks, overruns and hand over delays and Datix reporting would support this. Not knowing when you are going to finish work also impacts disproportionately on those with caring responsibilities, although not being able to plan outside work commitments is significant and underpins why addressing overruns is an IMTP commitment.

Fig. 2: Breakdown by Age Group



Breakdown by age group (01.02.2022 to 31.01.2023)

- The chart on the left sets out overall absences by age group and shows higher levels of absence for the 46yrs to 60yrs age bands.
- The chart on the right illustrates an increase in stress related absences being reported between the age bracket of 46yrs to 60yrs age group.



Current Interventions available to staff to address S10 sickness

15. Although this paper promotes considering more than individual responsibility and attempts to address some of the unhelpful narratives about resilience, particularly in relation to age, as the key to addressing S10, there is certainly space and provision at WAST to provide individual interventions. Our current offering includes the following:

Support for employees with stress related issues

Face to face/ telephone

- Occupational Health – management and self referral. Telephone consultations/ some face to face appointments. Access to OH specialists
- Wellbeing – management/ self referral for listening and signposting
- Clinical Psychology consultation and interventions
- Health Assured – EAP including 24/7 telephone help line and face to face counselling
- Canopi – CBT therapy available to all NHS staff in Wales
- TASC - online or face to face
- TASC Crisis line for managers and individuals in suicidal crisis
- Work related stress questionnaire – promoted as a tool for managers to utilise with employees to prevent absence and/ or support a return to work
- Trim – Initial engagement via email / telephone, but if further engagement required, can be either face to face or telephone
- Drop in sessions with Wellbeing Team at Clinical Contact Centres, including 111
- Peer support network - Teams channel to share good practice and information on wellbeing initiatives

Online

- Health Assured
- Silver Cloud (online CBT)
- REACT training

Findings from Swansea University Study 2021-2022

16. Our joint study with Swansea University highlighted the importance of considering wellbeing in the context of the organisation. The online survey was completed by 594 WAST colleagues from throughout the organisation and provided an overview of our key areas of challenge, all of which correlate with our existing knowledge based on attendance data, the behaviours listening exercise, our recent sexual safety survey and informal discussions with staff.
17. Trust, including feeling psychologically safe to speak up, and communication, once again were highlighted as areas needing attention particularly between senior leaders and frontline staff; contrasted with a tremendous sense of belonging and commitment to their role from those who responded.
18. Chronic excessive workload, no room for nuance or flexibility, no respite, poor workplace environment and culture, and a high proportion of people looking to leave are also identified.
19. The recently launched People and Culture Plan addresses all these areas using the ABC (Autonomy, Belonging and Contribution) Kind's Fund Framework with broad categories looking at Culture, Capability and Capacity.
20. The report outlines some key recommendations and reflections, summarised here:
 - More cooperation to identify specific workplace issues that impact on staff wellbeing within the workplace environment throughout WAST.
 - WAST's Integrated Medium Term Plan (IMTP) to include a strategic objective and a delivery plan for workforce wellbeing and workplace environment.
 - WAST further develop its ambition to enhance a supportive organisational culture and embed organisational values.
 - WAST agree a governance structure for the monitoring and implementation of agreed strategic wellbeing objectives and their delivery.
 - WAST develop performance measurement strategies to assess, evaluate and promote the organisation's response to and management of staff wellbeing and the workplace environment.
 - The workforce within WAST is resilient, engaged and committed. They have a strong identity with the work they perform.
 - Engagement of WAST staff is increasingly undermined by high levels of workload, bureaucracy and burnout in workplace environments that are perceived as being under resourced with relentless pressure and demand.
 - Higher workload is combined with perceived lower levels of organisational support.
 - Work intensification, staff shortages and resourcing pressures are viewed as eroding positive voice climate and impacting on quality of care, leaving

ambulance services staff approaching a tipping point where a number are being driven to consider leaving the profession.

- Management within WAST are in a position to address these issues before any additional highly skilled employees exit the WAST workforce.

21. Given the current NHS climate, these observations are likely to be even more pertinent to the wellbeing of our workforce and a likely increase in S10 absence. These recommendations have been used to inform the People and Culture Plan.

Towards culture change to address S10 sickness levels

22. In terms of WAST, if we take our current high levels of S10 sickness in the context of cultural research, there seems to be a stronger argument for tackling some of the systemic issues we experience as a way of achieving our People and Culture aims and reducing absence. Ensuring WAST is a place that people want to come to work in and stay, feel supported; is a compassionate supportive workplace with good leadership that can navigate nuance and nurture collaborative, collective and collegiate ways for working. Reports and surveys over the last few years suggest that we continue to fall short of these goals. This evidence base is consistent and tested over the last few years, including our inclusion survey, listening exercise for the behaviours, the sexual safety survey, our exit interviews, the Swansea university well being survey and our three month check in data (an average score reduction from 8.1/10 overall to 7.6/10 in the last 3 months).

23. Social media also provides helpful information from our colleagues. Many social media platforms encourage emotional self-expression, inviting users to regularly update on their thoughts, feelings, and experiences to their larger networks. It is easy to identify this amongst our own workforce, through social media platforms like Twitter and LinkedIn where content (see examples below) relating to workplace culture are shared with large audiences, suggesting what our colleagues are sharing online is what they would like to express at work.



5 Skills Great Leaders Have in Common

- 01 Visionary thinking** They possess the ability to think ahead, anticipate, track, and inspire their teams toward a shared goal.
- 02 Effective communication** Great leaders excel at conveying their ideas, actively listening to their teams, and fostering open and transparent dialogue.
- 03 Empowerment** They trust their team's capabilities, delegate effectively, and provide opportunities for growth and development.
- 04 Decision-making** They gather relevant information, analyze options, and take calculated steps to drive their organizations forward.
- 05 Adaptability** Great leaders embrace change, adjust their strategies, and inspire their teams to navigate challenges with resilience and agility.

Scott Adams

Anxiety Struggles

What You See	What I Feel
Always on Time	Instant funny ache in I think I'm going to be some remote location.
Strong Work Ethic	Fear of being fired over the slightest thing/dissappointing my boss.
Always in Control	Something will go wrong if I don't do everything myself.
Good at Planning	I need to be prepared in case bad things do, or, happen.
Always Organized	I have to be organized so I don't get overwhelmed and meltdown.
Super Helpful	If I say "no," they'll think that I don't care about them.
Zen & Relaxed	If I don't meditate, do yoga, and breathe, I'll lose it.
Self-Assured	"Don't listen to anxiety. You got this. You got this. You got this."
Calm & Composed	"Just finished crying in the bathroom." "I can do this."

@BessingManifesting

Leaders Lead & Managers Manage

Let us meet both - we're Support Both Present

ASPECT	Managers	Leaders
1. Manage	1. Lead	1. Inspire
2. Control	2. Organize	2. Motivate
3. Plan	3. Inspire	3. Empower
4. Organize	4. Inspire	4. Empower
5. Inspire	5. Empower	5. Empower
6. Empower	6. Empower	6. Empower
7. Empower	7. Empower	7. Empower
8. Empower	8. Empower	8. Empower
9. Empower	9. Empower	9. Empower
10. Empower	10. Empower	10. Empower

Can We Stop Baiting Management in our analysis of Good Leadership?



In case I've not said this recently: If you find yourself on a committee discussing the needs of a particular group of people, but you look around the room & don't see anyone from that group, you should be HIGHLY skeptical of any "conclusions" reached.

Surround yourself with people who: empower you, believe in you, support you, uplift you, motivate you, appreciate you.

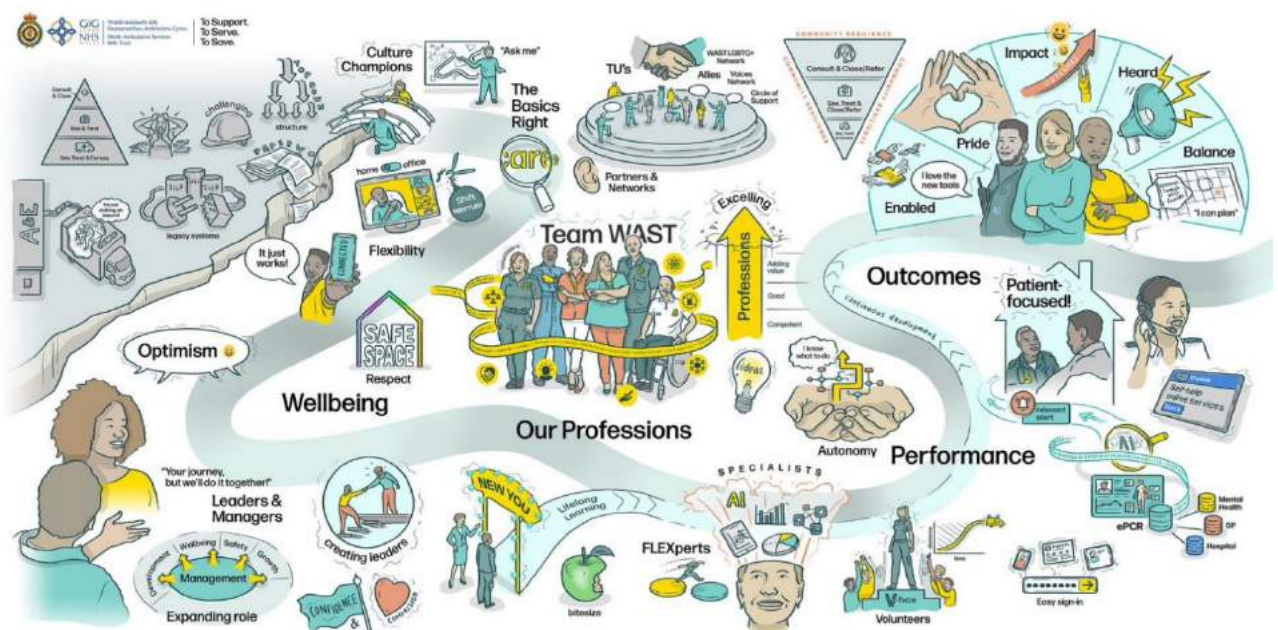
@leadershipfirst

- The NHS staff survey in September will help us to benchmark where we are currently, and our new HIVE pulse survey tool will enable us to regularly check in with everyone, with flexibility to survey discrete areas and ask locally pertinent questions.
- Discussions about high turnover and recruitment have resulted in healthy discussions in the sector and a move away from locating resilience in individuals and encouraging an open discussion prior to application and interview about the realities of some of our entry points such as call handling. Surveys of leavers across the sector have highlighted that some of our leavers in entry level roles, had little understanding of what the role would entail prior to accepting.
- This led to looking at the work of Tom Weir with Australian ambulance services. Tom found that the key traits to target in recruitment, retention and reduced absence are people who display traits of prosocial, collegiate behaviours and interpersonal skills to ensure high performing and cohesive teams. Their research found that even if there were high performing individuals in terms of clinical skills, if they were unempathetic, not interested in others or derogatory, then the team's overall performance was impacted.
- They also found that those with experience of mental health crisis who had displayed help seeking behaviours when necessary were generally more resilient and effective in supporting others. We know high performing teams are more likely to listen, ask each other for help, be constructive in receiving and giving feedback and be flexible in their thinking. Identifying these type of behaviours at recruitment has resulted in positive culture change.

28. Leadership behaviours are also vital, in the most high performing teams, everyone is open to feedback, flexibility, have high levels of psychological safety and encourage people to work towards a shared purpose.

Current plans to promote Culture Change

29. The People and Culture Plan and the rich picture that accompanies it summarises our goals:



30. It is clear, and we understand, that we have a way to go, but there is certainly a sense of hope in the organisation, our work on encouraging more open dialogue about inclusion and equity starts at the welcome sessions, where new colleagues engage in conversations about what inclusion and sexual safety entail. Our allyship and active bystander training is rapidly booking up for the next three months. Following the soft launch of the freedom to speak up process and the BBC news story, many people have approached the people and culture team for support, and many managers have asked for advice about how to take this work forward.

31. Leaders across the organisation are engaging in the Insights programme and the introduction of the LMS platform will continue to enhance our workforce development. We have a lively Culture Champions group who regularly share shining examples of our behaviours in action, our staff networks continue to grow and connect.

Conclusion and Recommendations

32. Addressing sickness absence, especially those incidences relating to mental health issues and stress, requires a comprehensive approach that goes beyond simply

addressing the individual sources or causes of stress. It is therefore vital that our efforts focus on nurturing and developing our target organisational culture.

33.Organisational culture encompasses the values, beliefs, norms, and practices shared by our people. It influences how we perceive our work environment, our roles, and our relationships with colleagues and managers. By focusing on organisational culture, we take an holistic perspective that recognises the interconnectedness of the various factors contributing to sickness absence.

34.Addressing individual sources or causes of stress is generally reactive, as it only deals with issues after they have emerged. Improving organisational culture, on the other hand, is a proactive and preventive approach which aims to create a supportive environment that reduces the likelihood of stressors emerging in the first place. In essence, treating individual sources or causes of stress is likely to provide temporary relief but does not address the root of the problem. By focusing on organisational culture, we are investing in long-term solutions that create lasting, positive change.

35.Workplace stress and mental health issues are often not isolated incidents but are influenced by systemic factors both inside and outside the organisation. We know that, internally, these factors include excessive workload, lack of control over work, poor communication, inadequate support and unrealistic expectations. Changing the culture can tackle these systemic issues and create a healthier, more positive work environment for our people.

36.Focusing on organisational culture helps reduce the stigma associated with mental health. When the culture is one of support, inclusion and understanding, employees are more likely to feel comfortable discussing their mental health concerns without fearing negative consequences. This focus on culture plays a significant role in removing blame from individuals. When an organisation prioritises a supportive and understanding culture, it communicates that mental health challenges are a common part of the human experience and not a sign of weakness or incompetence. This shift in perspective helps employees understand that they are not to blame for their struggles and that seeking help is a proactive and positive step.

37.In conclusion, this paper outlines the range of factors contributing to S10 sickness absence and acknowledges whilst there is no single cause or solution that can resolve it, we are continuing to build connections across our community through interventions designed to increase listening and resilience. We have a responsibility as a community to provide a healthy workplace culture and environment that enables our people to thrive so that WAST can provide the best possible care to the people of Wales.



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AGENDA ITEM No	15
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	1

Cultural Themes and Trends

MEETING	People and Culture Committee
DATE	17 th August 2023
EXECUTIVE	Angela Lewis - Director of People and Culture
AUTHOR	Shared across the Directorate
CONTACT	Catherine.goodwin@wales.nhs.uk

EXECUTIVE SUMMARY	
1.	<p>This report provides an overview of the cultural themes and trends across a range of collected data curated by the people and culture directorate. The purpose of this report is to bring this range of information together to:</p> <ul style="list-style-type: none"> • Review the information we routinely collect • Consider the impact of what we learn from the information • Consider how it informs our activity
2.	<p>Three broad areas are included:</p> <ul style="list-style-type: none"> • Employee relations, including compassionate practices and the R&R Survey findings. • Moving on Interviews received from 56% of leavers in the last five months • Managing Attendance at Work, building on the successful reduction in sickness absence over the last year

KEY ISSUES/IMPLICATIONS	
3.	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Discuss the usefulness of the information collected in enabling the People and Culture Plan and IMTP deliverables. • Consider in conjunction with the proposed people and culture metrics • Agree the proposal to bring this review on an annual basis

REPORT APPROVAL ROUTE

REPORT APPENDICES
Appendix 1: Slide Deck of Findings (Will not be presented during People and Culture 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)	YES	Financial Implications	YES
Environmental/Sustainability	N/A	Legal Implications	YES
Estate	N/A	Patient Safety/Safeguarding	YES
Ethical Matters	N/A	Risks (Inc. Reputational)	YES
Health Improvement	YES	Socio Economic Duty	YES
Health and Safety	YES	TU Partner Consultation	YES

Welsh Ambulance Services NHS Trust

Cultural Themes and Trends



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Cultural Themes and Trends
Version 1.0
Released: July 2023

by People Services
AMB_peopleservices@wales.nhs.uk

Culture

'We will be recognised and renowned as being an exceptional place to work, volunteer, develop and grow'

2030 Strategy

We recognise that our journey to establish this culture is ongoing, and our employee relations data reveals an honest reflection of our present standing. Together, we'll leverage these insights to shape a brighter future, fostering an environment where our shared aspirations align with daily realities

To understand the present employee experience, we will candidly delve into the insights derived from the Moving on Interview Pilot and Managing Attendance at Work data. These indicators shed light on our current workforce's engagement, satisfaction, and overall well-being. Together, we will proactively build upon the employee experience, attracting and retaining the finest talents, and nurturing a workforce ready to embrace the challenges of the future.

Capacity

'Our future workforce will be agile, highly skilled and capable'

2030 Strategy

Capability

'Our leaders will be compassionate, collaborative and courageous'

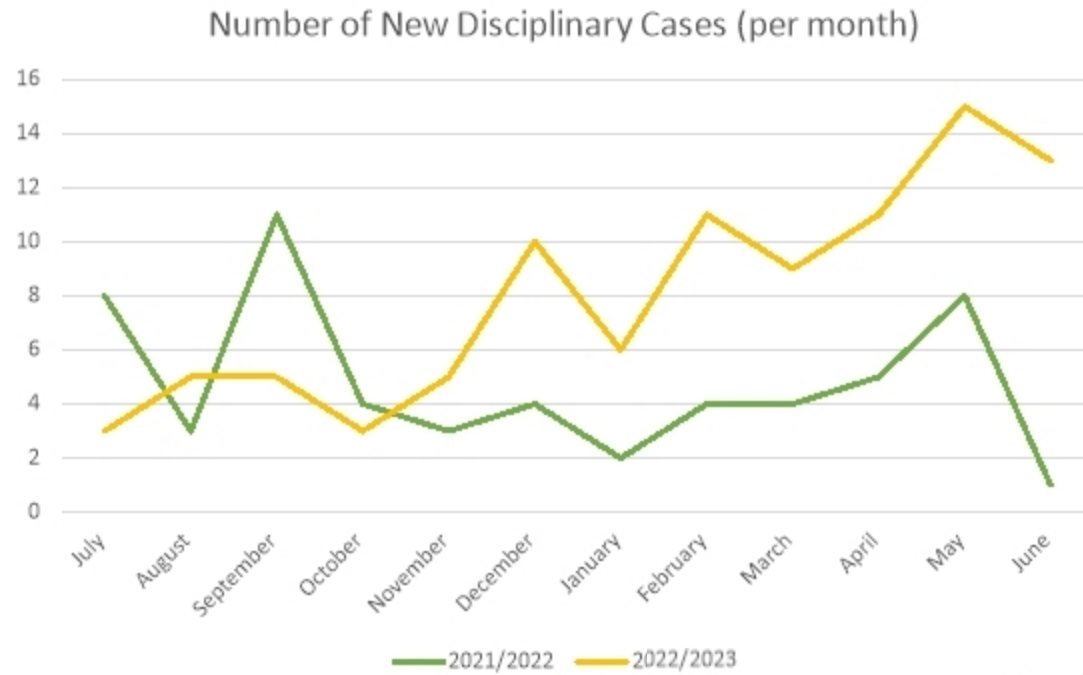
2030 Strategy

Our leaders and managers are a focal point in enhancing capability. We are committed to providing them with the necessary knowledge, skills, and adaptability to navigate complexities and respond effectively to the evolving needs and aspirations of our diverse workforce. We have delivered several Compassionate Practice sessions and MAAW training sessions to enhance organisational capabilities. Together, we shape a successful future.

EMPLOYEE RELATIONS

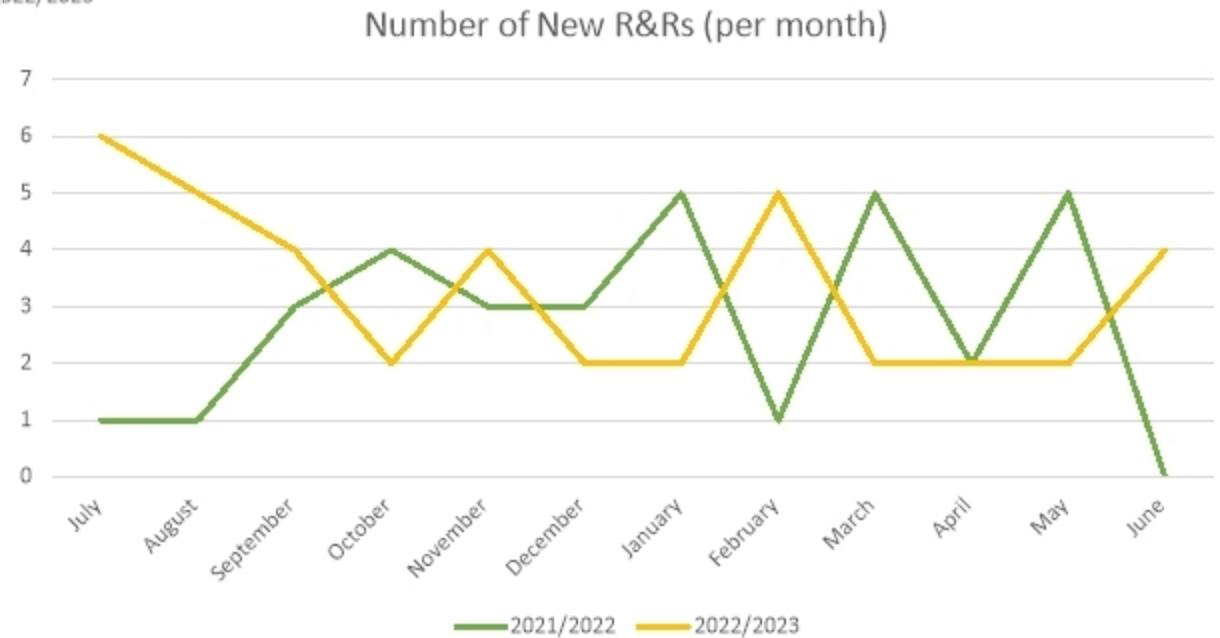


EMPLOYEE RELATIONS



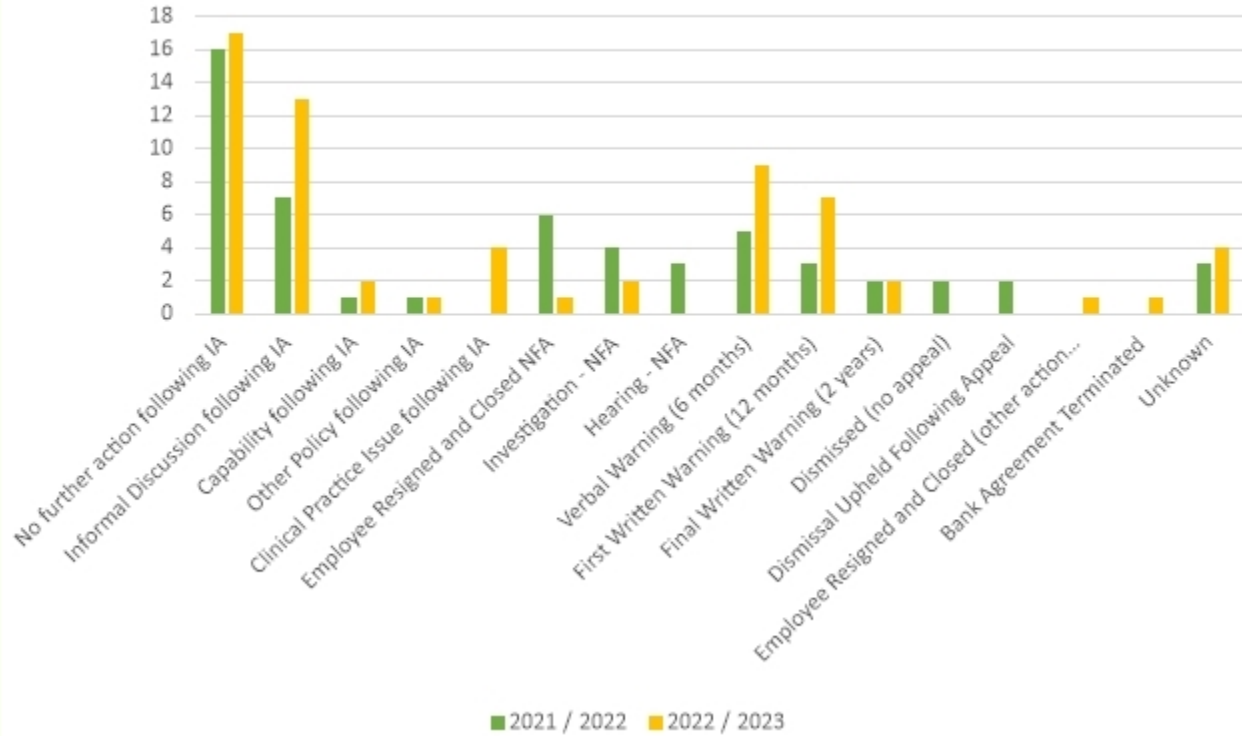
The number of new disciplinary cases has increased through 22/23, with the total number of new cases increasing by **41%** compared to 21/22. Of these, 18 new cases followed a fast-track process in 22/23 which is a **61%** increase from 21/22.

The number of new R&Rs has fluctuated through 22/23, with the total number of new cases increasing by **18%** compared to 21/22.



EMPLOYEE RELATIONS: DISCIPLINARY CASES

OUTCOME

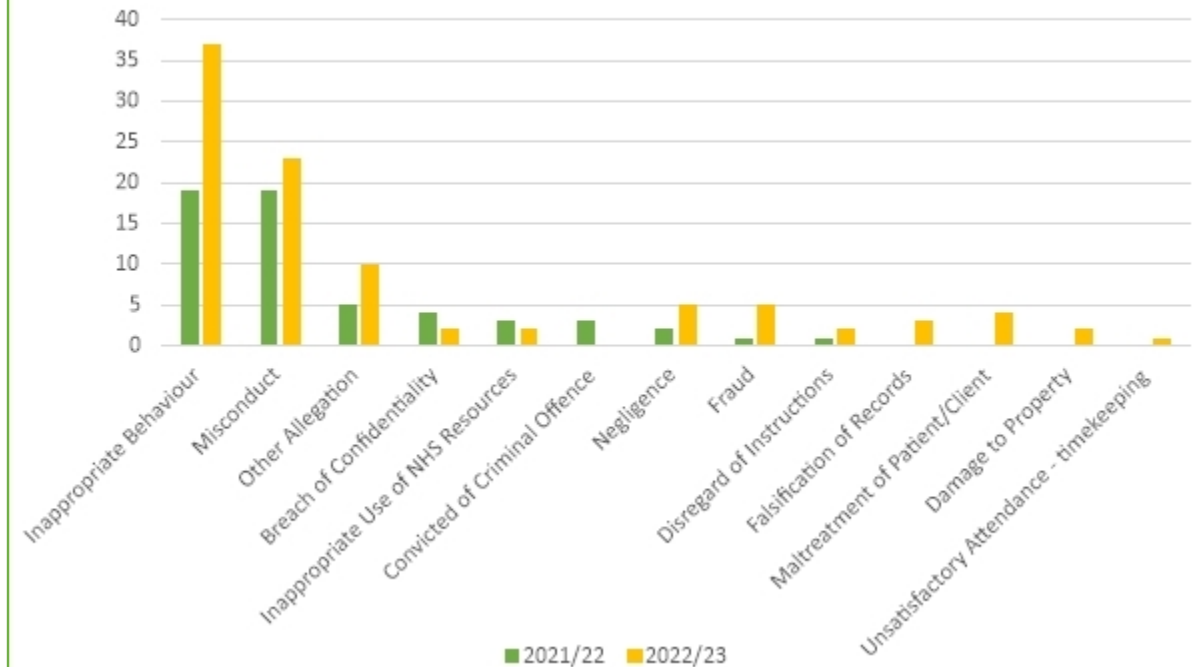


Of the new cases in 22/23 had police or safeguarding involvement, compared to 30% in 21/22.



Of outcomes of the disciplinary process were 'no further action following the IA' in 22/23, compared to 29% in 21/22.

REASON



COMPASSIONATE PRACTICES FOR ALL



We launched our compassionate practices for all in November 2022, with a training session for managers and trade union partners. We have since delivered a further 2 sessions, with **a total of 125 people attending**.



Feedback from these training sessions has been evaluated and has informed our action plan to support the compassionate practices for all work.

Compassionate Practices for All – Training Evaluation

You said...

Increase Support

- Create more clarity around support options available, welfare check-in's, and improved accessibility of people services
- Improve clarity of processes to ensure they are clear and understood by all involved
- Increase training opportunities for all

Improve Timeframes

- Exploration required around length of process, barriers that inhibit completion of investigations, protected time to complete investigations

Prioritisation of Wellbeing

- Greater emphasis on well-being required both during and after investigation, including regular check-in's, creating a peer support network for IO's

We are planning...

Increase Support

- Review formal documentation & enhance guidance in manager's toolkit
- Enhance welfare support / guidance documentation, to reduce reliance on PS
- Create & deliver bitesize training
- CPD for People Services colleagues

Improve Timeframes

- Enhance data collection
- Review support available for IO's, ensuring trained IO's are released to undertake timely investigations and streamlining planning and access to resources

Prioritisation of Wellbeing

- Wellbeing support for those going through investigation, IO's and witnesses
- Communicate our offering better, and continue to check-in
- Continue to support employee at end of investigation / return to work

Compassionate Practices for All – High Level Plan



WORKING TOWARDS IMPACT: Disciplinary and Compassionate Practices



FINDINGS:

- The All-Wales Disciplinary Policy dates from March 2017 and provides a mechanism for dealing with any disciplinary issues that arise in a way that should be fair, consistent, without discrimination and as quickly as possible.
- **The number of new disciplinary cases increased through 22/23, with the total number of new cases increasing by 41% compared to 21/22.**
- Employee investigations can have a major impact on the person at the centre of the process, as well as those involved more widely e.g., managers, witnesses, and colleagues.
- **As an Organisation we need to ensure that people processes protect the wellbeing of all those involved and is committed to ongoing learning, so that we can continually improve our processes – creating an environment where the wellbeing of colleagues is at the heart of what we do.**



ACTIONS:

- Compassionate Practices for all was launched in November 2022, with a total of 125 staff now having attended a training session.
- **Feedback from the training sessions has been evaluated and has informed our High-Level Action Plan.**
- We are working closely with Trade Union Partners and listening to suggestions on how we can improve our people processes.
- **The Action Plan has been designed to increase support, improve timeframes with a prioritisation of Wellbeing.**

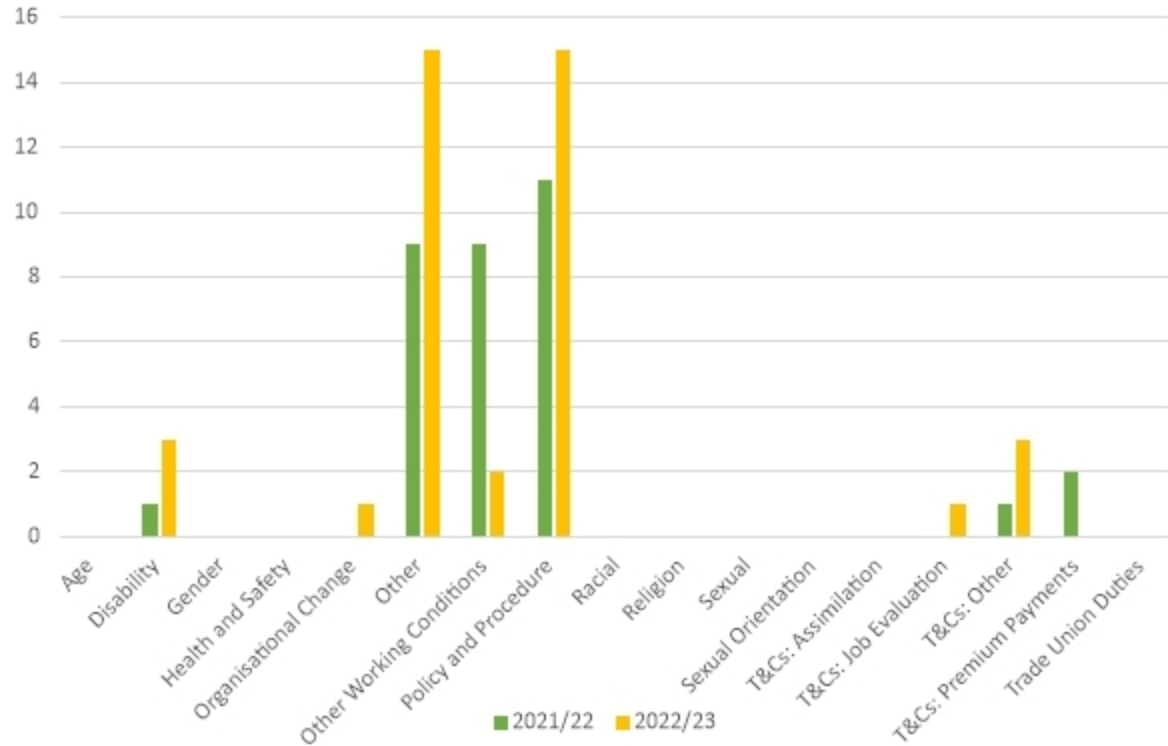


IMPACT:

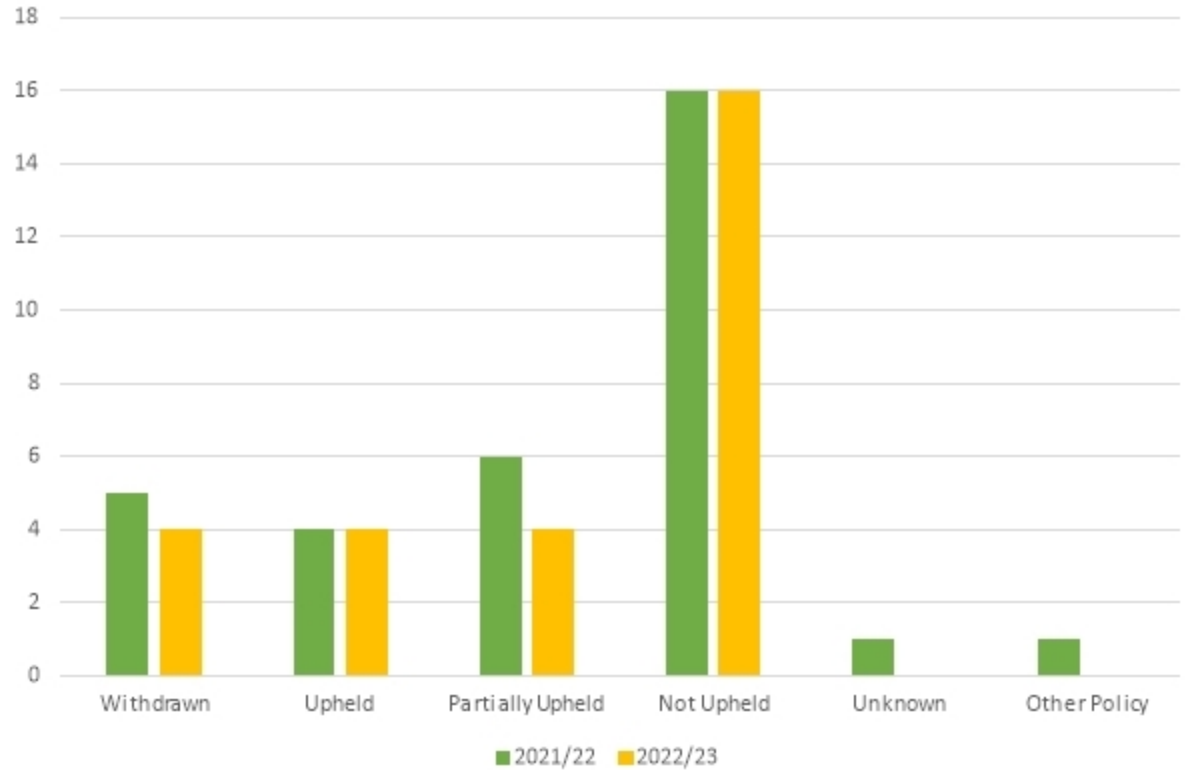
- The change to future practice should see harm to individuals and organisation minimised.
- **We should see a reduction in the number of investigations, with investigations only undertaken as a last resort.**
- We should see a reduction in our average length of investigation.
- **We will provide more wrap around care for individuals and those leading an investigation.**
- We will have a restoration programme in place which helps and supports individuals back into the workplace.
- **We will have built a culture of Trust through listening to individuals and responding to what they are saying.**

EMPLOYEE RELATIONS: REQUEST FOR RESOLUTION

R&R REASONS



R&R OUTCOMES



Key Themes...

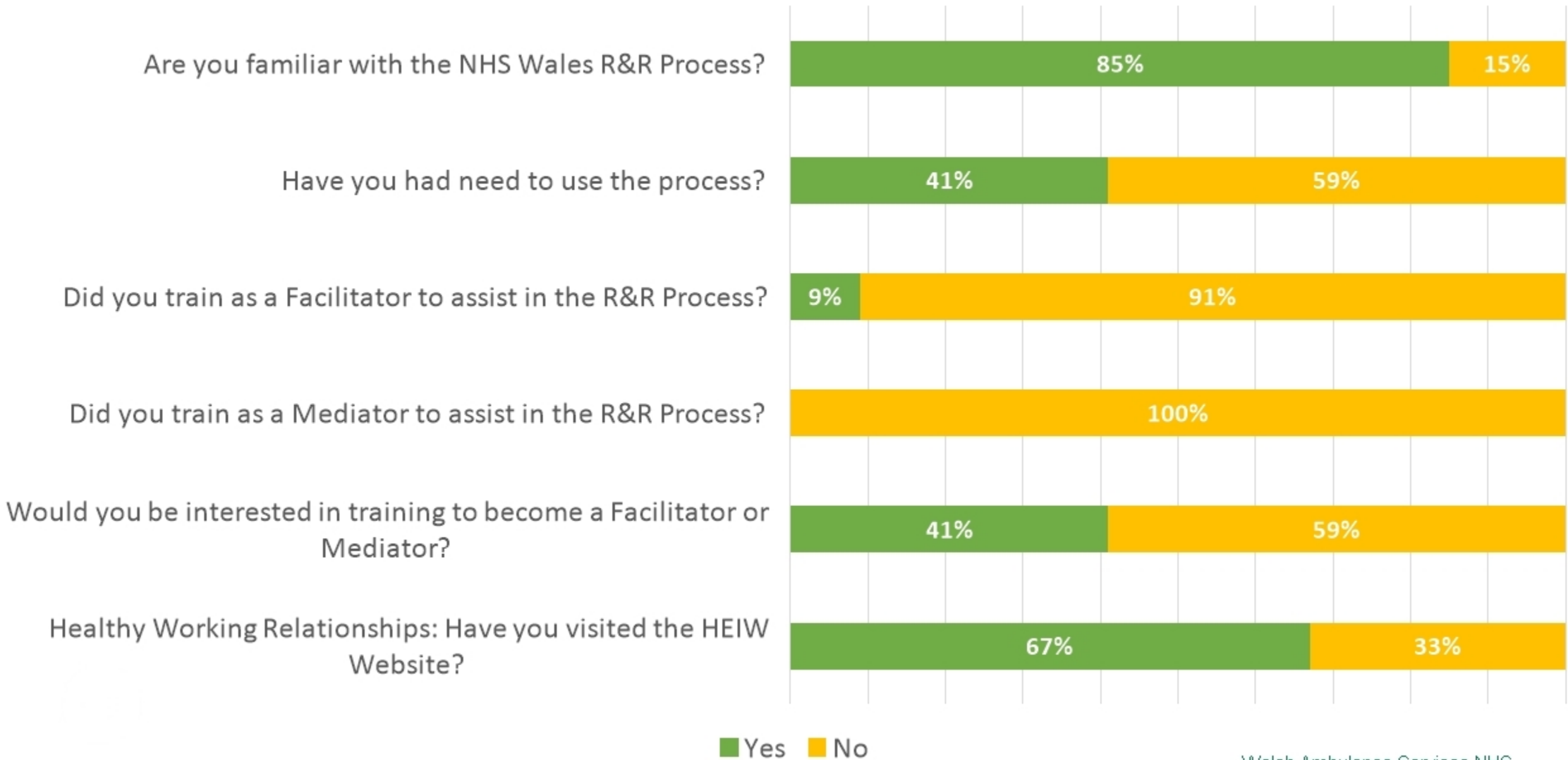
The highest reason for R&R submissions was Policy and Procedure for both years, although an equal number of submissions were received which fell into the “Other” category in 2022/23, many of which are related to working relationship issues. We are currently unable to quantify the number of informal ‘cuppa conversations’ or facilitated discussions.

RESPECT AND RESOLUTION SURVEY

- Individuals were encouraged to have their say on the R&R policy via the survey.
- **The survey was posted across all communication channels: Siren, Yammer and MS Teams channels, to all staff members with an invitation to respond anonymously.**
- The survey was live for just over a week, having been published on the 5 April and closed on the 13 April.
- **There have been 54 responses to the survey.**

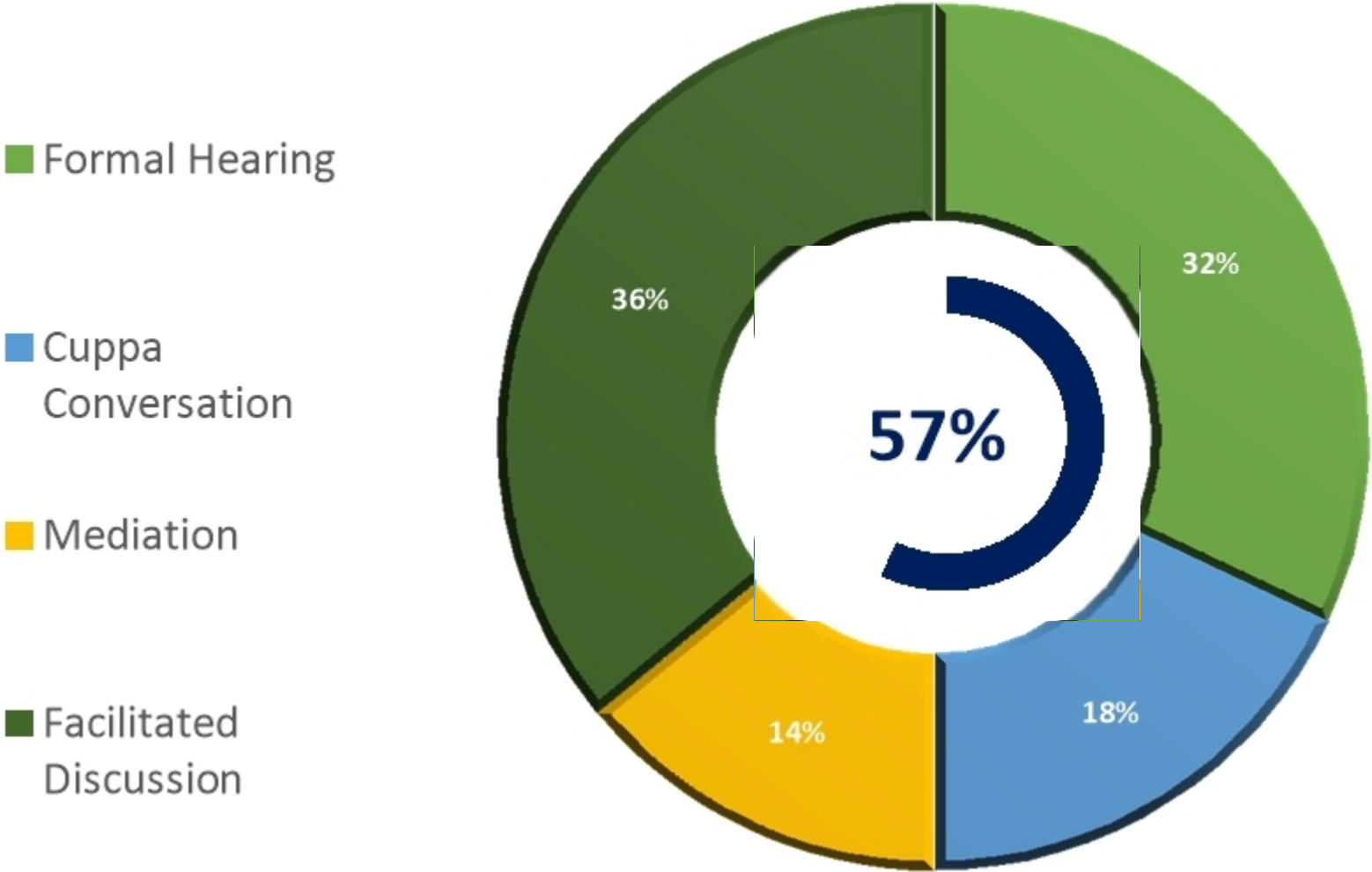


R&R Survey Results



R&R Survey Results

In what form have you had to use the process?



57% of survey responders who indicated a need to use the R&R process, felt that they had a

SURVEY RESPONDER'S COMMENTS

“Informal process is not utilised. Move straight to formal process. Needs more emphasis on the informal process”.

“The whole emphasis and need for this policy is try and resolve things early on by facilitate discussions etc. - managers tend to go straight for request for Formal”

“The wish for everything to go formal is crippling Managers ability to resolve quite simple disputes.”

“Biased towards the managers who abuse staff rights and trivialises staff Grievances especially when the managers have blatantly violated staff human rights”

“Does not work and leaves people with stress and anxiety, the bullies win every time”.

“This could be a really beneficial policy if it were understood by the wider workforce and all implementations were audited in a fair and equitable manner.”

“I have absolutely NO faith in the Process or the Staff Tasked to deal with These Issues”

“This is the first that I've heard of this approach, I feel that the information has not been circulated sufficiently.”

“I think it is fantastic that WAST is looking at this”.

WORKING TOWARDS IMPACT: R&Rs



FINDINGS:

- The All-Wales Respect and Resolution Policy dates from April 2021 and runs beside the Healthy Working Relationships agenda.
- **The total number of R+Rs within the Trust increased by 18% in 22/23 compared to 21/22.**
- To gauge the thoughts of individuals within the Trust, they were encouraged to have their say on the Policy via a survey published in April 2023.
- **One of the key aims of the Policy is for the Cuppa Conversation informal process to become the preferred solution to resolve an issue.**
- Only 18% of those who responded to the in-house survey confirmed that they had been involved in a cuppa conversation to resolve an issue at the informal stage.



ACTIONS:

- The Trust to actively participate in the review of the All-Wales Respect and Resolution Policy.
- **The Trust to roll out a communication plan to all staff, promoting the advantages of the informal Cuppa Conversation process.**
- Bite Size Respect and Resolution Policy training for managers to be rolled out across the Organisation.
- **Facilitation and Mediation Training to be offered to managers to support issues being resolved at the informal stage.**



IMPACT:

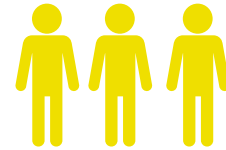
- The Policy is aimed at securing constructive and lasting solutions to workplace disagreements, conflicts, and complaints.
- **Focusing on resolution is good for the organisation, for the individual, for patients and service users.**
- By participating in the review of the All Wales Policy and sharing internal survey findings, the Trust aims to support future Policy development.
- **When conflict is managed well, specifically through Cuppa Conversations it leads to a more healthy, resilient, and positive working relationships.**

MOVING ON INTERVIEWS

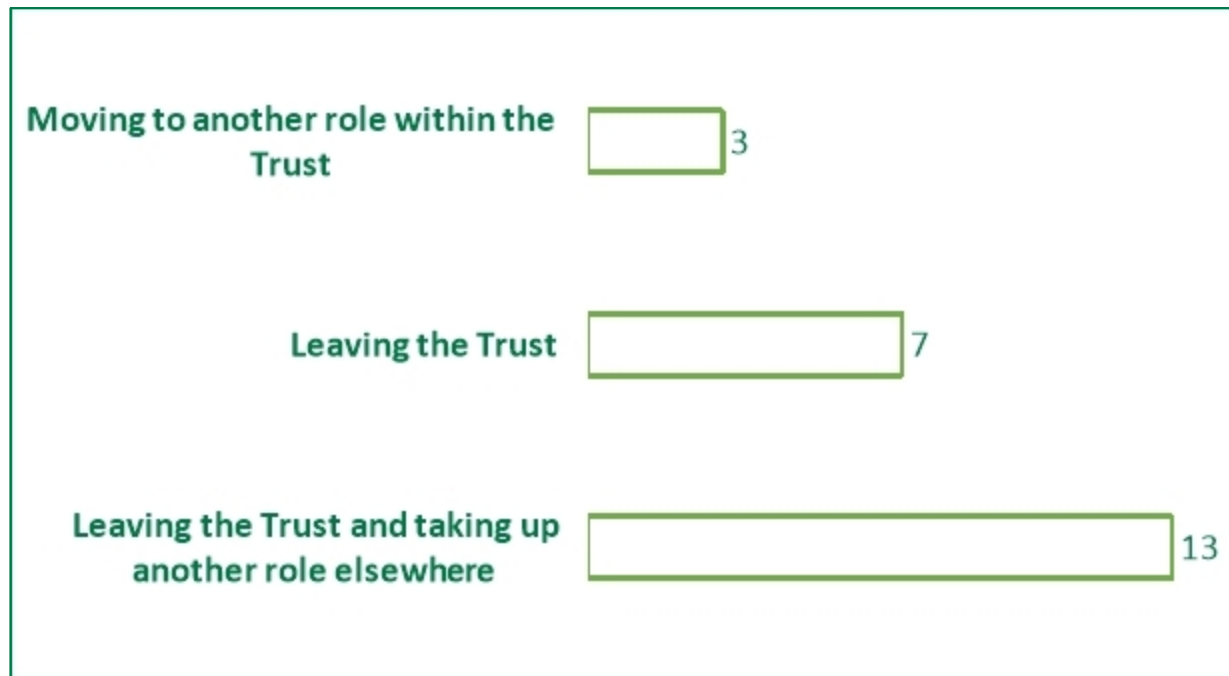


MOVING ON INTERVIEW PILOT DATA

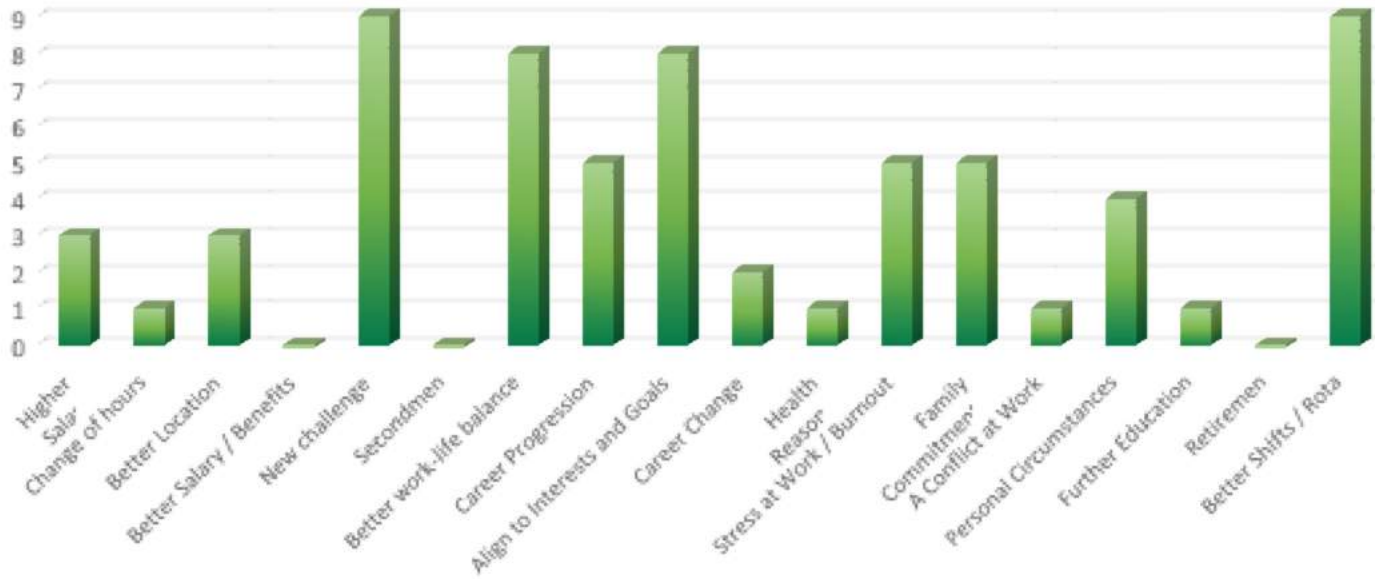
Between 10th February and 14th July, a total of 23 responses have been received...



Of leavers recorded in ESR for the same period



Reasons for Leaving



Key Themes...

Of the total 23 responses, 39% indicated that one of their reasons for leaving was in search of a new challenge

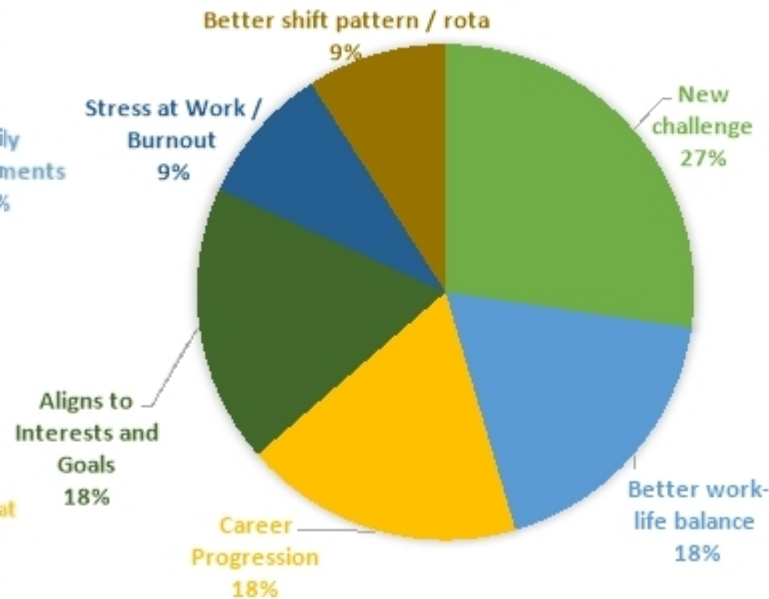
Of the 7 responses from employees leaving the Trust and not taking up employment elsewhere, 66% indicated that one of their reasons for leaving was due to health or other personal circumstances

Of the 13 responses from employees taking up another role outside of the Trust, 17% indicated that one of their reasons for leaving was for a better shift pattern or Rota

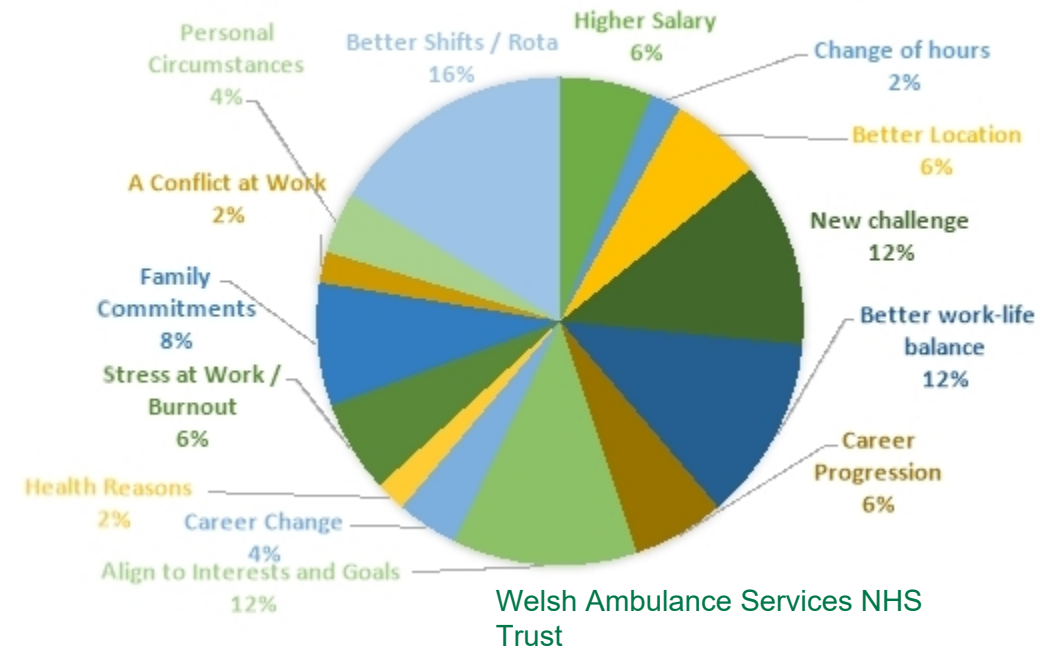
LEAVING THE TRUST



MOVING WITHIN THE TRUST



TAKING UP ANOTHER ROLE ELSEWHERE



We asked, how much do you agree with the statement that the following training and development opportunities were available to you in your role...



Of employees moving to another role within the Trust 'disagreed' that there were opportunities for career progression or to work towards a qualification



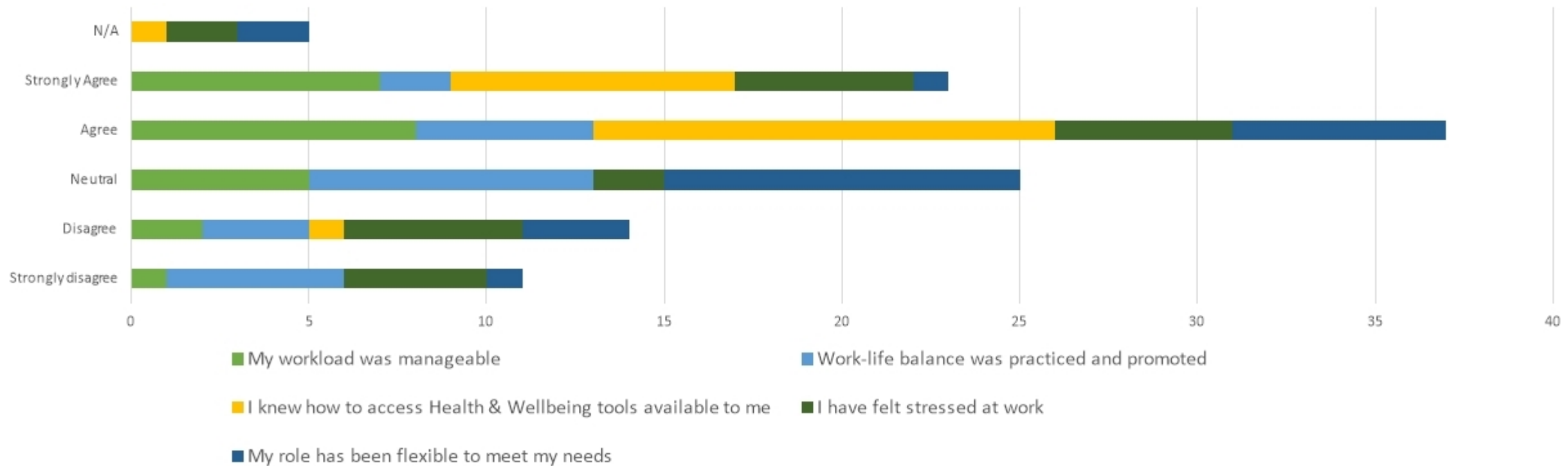
Of employees leaving to take up a role elsewhere 'disagreed' that there were opportunities for management and leadership training

Key Themes...

Of the total 23 responses, 31% on average 'agree' that there were a range of training and development opportunities available to them in their role, with a majority of 65% indicating that they either 'agreed' or 'strongly agreed' that there were coaching and mentoring opportunities available to them

Around 14% of employees indicated that they felt leadership and management training opportunities, and opportunities for formal education were not available to them

We asked, how much do you agree with the following statements around health and wellbeing practices at work...



Of the total 23 responses...

57% on average either 'agreed' or 'strongly agreed' there were positive workplace wellbeing practices.

91% indicated that they understood the health & wellbeing tools available to them, and how to access these

Of employees moving to another role either within the Trust or elsewhere...

53% on average either 'agreed' or 'strongly agreed' there were positive workplace wellbeing practices.

44% indicated they felt that a work-life balance was not promoted or practiced

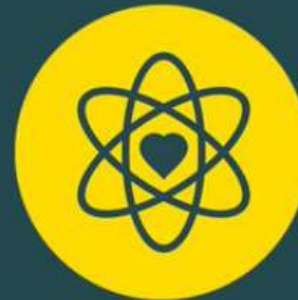
Of employees leaving the trust...

46% on average either 'agreed' or 'strongly agreed' there were positive workplace wellbeing practices.

57% indicated that they did not feel stressed work.

We asked employees to describe the Organisational Culture in three words...

Together Autocratic Fast-moving Blame-culture Hierarchical
Stressful Positive **Supportive** Inclusive Respectful
Fair Friendly Feedback
Hard-working Caring Approachable
Nepotism Collaborative Flexible Quantity-over-Quality



WORKING TOWARDS IMPACT: Moving on Interviews



FINDINGS:

- Current Pre-Exit Interview Policy dates from 2007; review halted in 2019 due to pandemic response.
- **As of November 2022, only 8% of voluntary leavers, from the 12 months prior, had exit interviews on file, under the existing policy which prompted a review of the Pre-Exit Interview Policy.**



ACTIONS:

- Developed 'Moving on Interview' Process to replace Pre-Exit Interview Policy, in partnership:
 - **This process includes the completion of an electronic questionnaire via MS Forms – the questions have been designed to encourage the employee to candidly share their experience on key themes and factors including; role insights, training and development, workplace relationships, well-being, and equality monitoring.**
 - This process encourages meaningful conversations between employee and line manager, but also allows the employee to have this conversation with another manager or People Services representative, or complete the questionnaire independently.
 - **This process ensures responses are centrally held by the People Services Team.**
- This process is currently Piloting in 111, Powys EMS and Hywel Dda EMS to test its effectiveness.



IMPACT:

- Since the commencement of the Pilot, there has been a 56% return of completed Moving on Interviews, and only one response completed independently.
- **This process is intended to generate more engagement with leavers, gathering valuable real-time feedback.**
- This process will enable the Trust to identify themes and trends influencing employee departures, on both an individual directorate level and an organisational level, enabling proactive actions towards making WAST a more attractive workplace, reducing turnover and promoting stability.

MANAGING ATTENDANCE AT WORK



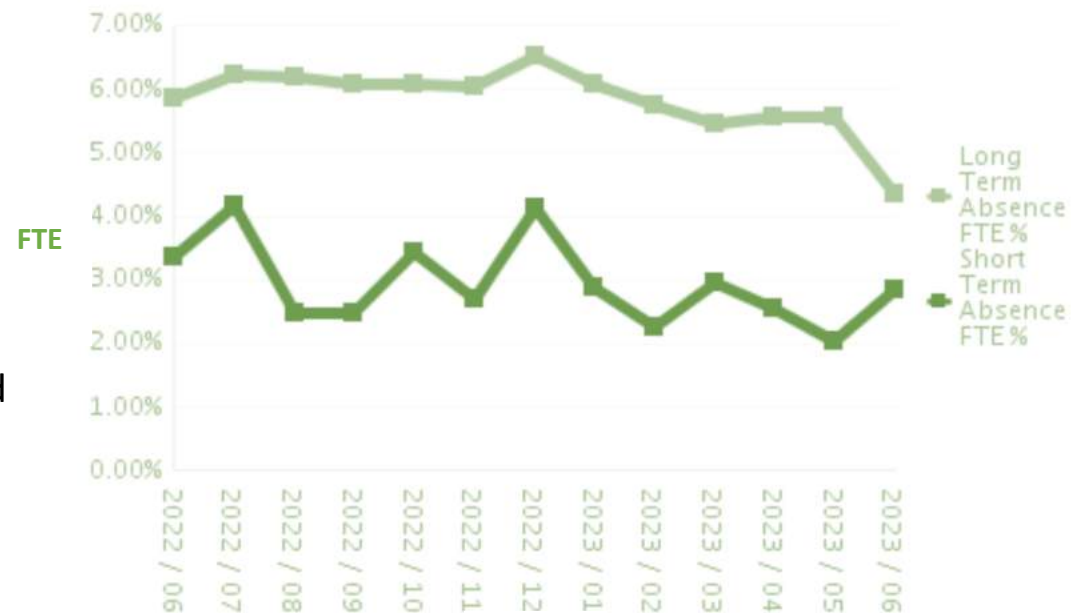
MANAGING ATTENDANCE AT WORK

TRUST WIDE ABSENCE ANALYSIS



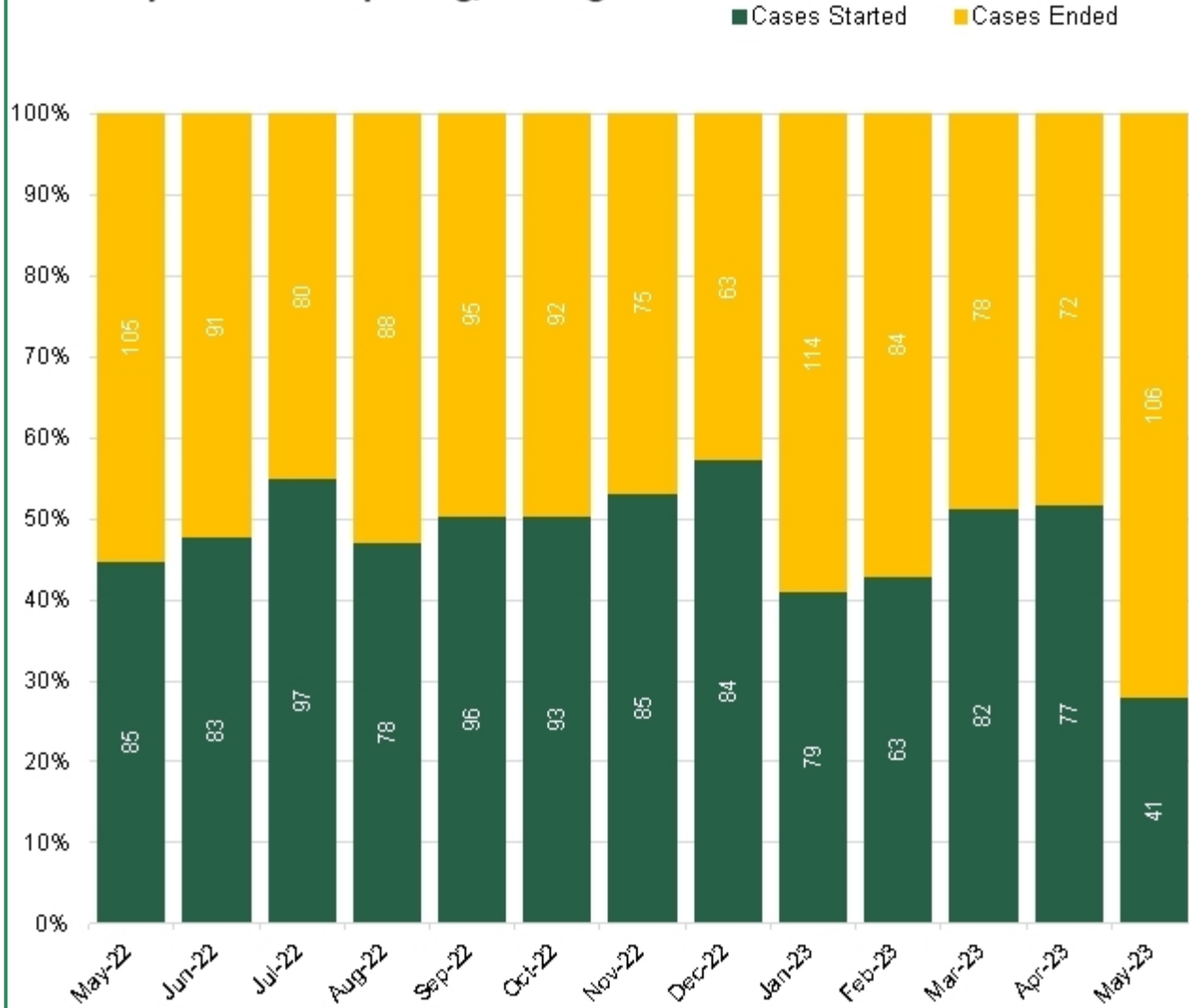
There has been a steady decrease in absence across the Trust, from the highest point in the last 2 years at 12.4% in December 2021 to **7.5% in June 2023**. This decrease has mainly been in line with the trajectory.

Short term absence has increased over the last few months. In line with continual monitoring of absence levels, People Services Advisors have undertaken audits on short term absence occurrences from ESR and are providing targeted support to line managers on reasonable adjustments and the appropriate use of discretion.

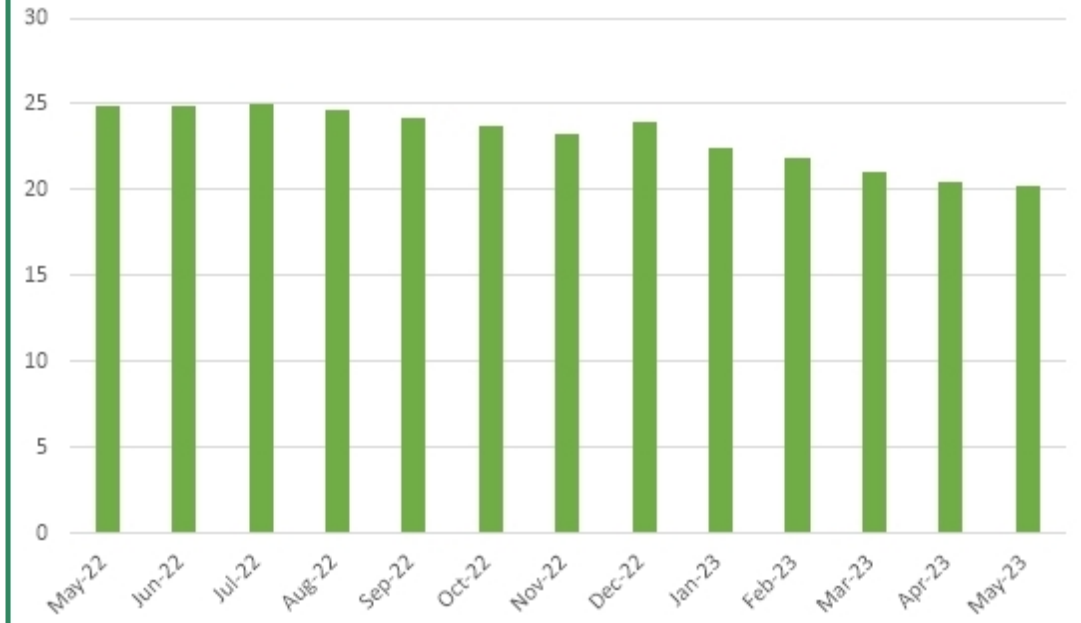


LTS Case Numbers & Average Days Lost per FTE

Monthly LTS Cases Opening/Closing



Average number of days lost per FTE



Key Themes...

May 2023 has seen the smallest increase in long term sickness cases and the second highest number of cases closing over the last 12 months. The average number of days lost per FTE has steadily decreased since January 2023 and is at 20.25 for May 2023

IMPROVING ATTENDANCE PROGRAMME



The People Services Team have delivered **5 MAAW training sessions** and **23 bitesize training sessions** over the last 12 months.



Bespoke training sessions have been delivered over the last four months by People Services Advisors to managers and team leaders in EMS, Ambulance Care, Resource & EMS Response and Integrated Care.



The enhanced provision for COVID absences were withdrawn with effect from 1 July 2023 and the normal management of attendance at work provisions now apply in relation to COVID-19.

WORKING TOWARDS IMPACT: MAAW



FINDINGS:

- The All Wales Managing Attendance at Work Policy dates from October 2018 with its main principle to support the health and wellbeing of employees in the workplace; to support employees to return to work following a period of sickness absence safely and as quickly as possible and to support employees to sustain their attendance at work.
- **The Improving Attendance at Work Action Plan introduced in 2022 supported the steady decrease in absence across the Trust to 7.5% in June 2023 in line with the trajectory.**
- A focus on long term sickness absence will now be superseded by a focus on short term sickness absence, which has fluctuated predominantly due to Covid outbreaks and has increased over the last few months.



ACTIONS:

- A new action plan is in development in line with the Health and Wellbeing Strategy, People and Culture Plan and Directorate Plan.
- **All actions within the plan will align to our People and Culture Plan and IMTP.**
- Whilst the plan will be part of the People and Culture Directorate deliverables, their will be on developing a culture of team ownership and sharing information about how to access and engage the support and tools available with peers. We aim to foster proactive local management of health and wellbeing to effectively manage attendance at work within departments and leadership teams across WAST.



IMPACT:

- The plan will be the most recent iteration of the improving attendance at work plan that has delivered successful reductions in sickness absence over the last 12 months. This iteration will be refined with a shift to proactive interventions whilst holding the context in which our colleagues work in mind.
- **The Trust is undergoing considerable changes and financial challenges. Support for colleagues during these changes is important but well managed organisational change, compassionate leadership and an inclusive culture will also impact health and wellbeing.**



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WELSH AMBULANCE SERVICE PARTNERSHIP TEAM (WASPT) HIGHLIGHT REPORT

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

WASPT Meeting Date	14 June 2023
People and Culture Committee Meeting Date	17 August 2023
Joint Chairs	Mark Marsden (in chair for 14 June 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)

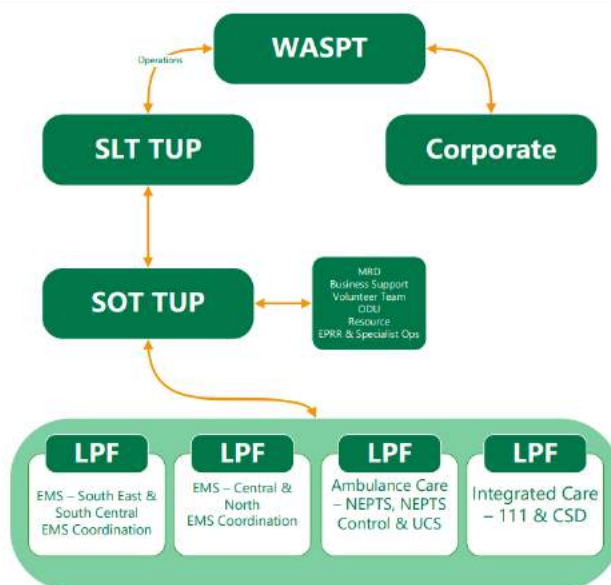
2. Progress on the establishment of **WASPT sub-structures** to ensure local issues are discussed at local levels was discussed. Governance forums include local partnership forums feeding into established operations forums with Trade Union Partners. This structure will provide opportunities for resolution and escalation, focusing WASPT on strategic issues and escalations from the most senior forum, which is the senior operations team with trade union representation. The structures were agreed at the April meeting, and at this meeting the terms of reference and operating arrangements were approved. The structure is as set out below. An implementation and support programme was discussed, with the Ambulance Care and Integrated Care forums already in existence and the EMS Coordination forums being scheduled to begin in July. The corporate structure will be discussed at the next meeting.



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3. There was one escalation from the Senior Leadership Team/Trade Union (SLT/TU) meeting on 5 June related to the **six week relief**. There was an agreement in that meeting to a principle of trying to increase the notice period for relief staff and there was a recommendation from management that it would be useful to carry out an options appraisal to fully explore potential solutions. This would be produced over a three-week period. The aim of this options appraisal would be to set out options, identifying opportunities and risks and to determine if there are steps that could be taken to achieve the agreed principle whilst protecting resource production.

The issue was discussed in some detail at this WASPT meeting with Trade Union partners stressing this is a key priority for their members and they found it difficult to support discussions on re-rostering while there was an inequity in the relief period amongst their members. The management members explained that there was an in principal agreement to work on extending notice for permanent relief staff but there were a number of ways to do this. They also outlined the consequences of rolling out the six-week relief which was initially a pilot in the North, to the rest of the organisation, which included the need for increased capacity in the Resource Centre and a potential reduction in UHP of 3%.

The options appraisal will be developed in the three-week window from 5 June and be discussed in the SLT/TU partnership forum. Trade Union partners expressed their concern regarding the value of this approach and stated that this issue would need to be escalated. They explained that they wished to meet separately to discuss whether this was acceptable and stated that they were considering whether they would take this issue forward at this point under the respect and resolution policy. Management members urged Trade Union partners to allow the process to conclude and to utilise the relevant sub structures framework that had been endorsed by all parties. The Trade Union also asked that any discussions on roster changes should be paused by both sides during this 3-week window, with Trade Union partners expressing the view that it would be difficult to further support roster changes until the issue of the six-week relief is resolved.



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Post meeting note – following the meeting, Trade Union partners stated that they would be willing to wait for the three-week period to conclude but would expect options to be proposed and discussed as soon as possible after that date and that options should not result in a detriment to members. Management members agreed to pause discussions on roster changes during the three-week time period.

4. It was noted that the **revised pay offer and WAST specific annex** had been agreed by all Trade Unions, and there was a recognition that progress was being made on the next steps. Some concerns were raised regarding discussion within the task and finish group dealing with overruns which the Executive Director of Operations committed to address. All parties were encouraged to surface any similar issues that would impede progress. It was explained that trials had to be conducted within overtime budgets, against which we are now also required to make savings. The financial saving group had begun to allocate overtime budgets and whilst Swansea Bay was over-established and therefore did not attract an allocation, some was provided to invest in the pilot. All are keen to see improvements, and there was an acknowledgement that Management and Trade Union partners are aligned.
5. The meeting was updated on early discussions on the changes agreed through the IMTP and Commissioners that impacted on the **EMS establishment** in particular. These included fully staffing CHARU which takes paramedics away from Emergency Ambulance roster lines; increasing the number of Band 5 EMTs (change from EMT2 to EMT3 to support career progression) and financial impacts of that; and Advanced Practice Paramedics that will finish their course shortly which again has a financial consequence as paramedics move from Band 6 to Band 7. It was noted that these changes all support the long term vision of inverting the triangles, however they do have an impact on staff, particularly on EMS roster lines.

Options discussed by Executives in the last couple of weeks on ways to manage this included maintaining vacancies on specific roster lines (and therefore effectively increasing the relief gap), or to drop some EMS roster lines. The former option was not preferred as it was likely that as teams manage the complexity of the rosters, it would lead to an unintended increase in spend as the vacant lines would be filled with overtime. The desire is to have limited or no impact for individuals on rosters but notwithstanding this there were strong concerns expressed by Trade Union partners as to the impact on staff, particularly relief staff, and it was also noted that this may be difficult coming so soon after the roster reviews. A commitment was given to working through the detail in partnership with Trade Union colleagues, with the work overseen by the EMS Transformation Board. Updates will be returned to a future meeting.

6. The Executive Director of Quality and Nursing presented an update on the issue of **diesel engine exhaust emissions**. The Health and Safety Committee has a number of actions as a result of the last WASPT meeting which are being advanced and an update was provided on progress which included:



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- Given the issue of diesel fumes is a result of delayed handovers, the Trust continues to try and reduce these with health boards and is seeing some progress over the last few months, particularly in Cardiff and the Vale.
- Ongoing monitoring is taking place and will be reviewed at the next Health & Safety Committee.
- Occupational Health have been asked to look at what else can be done to support staff.
- Site specific mitigations such as fans and alternative parking arrangements are being pursued.
- Academic study which has been commissioned is progressing.

Trade Union partners noted that members have continued to raise with them that, notwithstanding the fumes are within legal limits, they are still unpleasant and causing discomfort. The Health and Safety Committee will complete their actions over the Summer and will provide a AAA report to this meeting in October.

ASSURE

(Detail here any areas of assurance)

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

RISKS

Risks Discussed: N/A

New Risks Identified: No new risks identified.

COMMITTEE AGENDA FOR MEETING

1. Update on diesel fumes actions	2. WASPT Sub-structures	3. Revised pay offer ballot
4. EMS establishment		

COMMITTEE ATTENDANCE

Name	13 April 2023	14 June 2023
Joint Chairs		
Jason Killens	Chair	Part meeting joined remotely
Mark Marsden (Unison)		Chair
Management Representatives		
Angela Lewis		
Lee Brooks		
Rachel Marsh	Alex Crawford	
Chris Turley		
Andy Swinburn		
Estelle Hitchon		
Trish Mills		
Trade Union Representatives		



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COMMITTEE ATTENDANCE

Name	13 April 2023	14 June 2023	
Unite representative	Paul Seppman	Paul Seppman	
Unite representative	Hugh Parry		
Unite representative	Christian Fox Carl Jones	Christian Fox	
GMB representative	Sharon Thorpe	Sharon Thorpe	
GMB representative	Maldwyn Jones	John Phillips	
GMB representative	Marcus Viggers	Marcus Viggers	
Unison representative	Rob Morgan	Henry Garrard	
Unison representative	Bethan Williams	Bethan Williams	
Unison representative	Damon Turner	Damon Turner	
RCN representative			
RCN representative			
RCN representative			

	Attended
	Deputy attended
	Apologies received
	No longer member/Not member

Trade Union Release Time Final Internal Audit Report July 2023

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Contents

Executive Summary	3
1. Introduction	4
2. Detailed Audit Findings	5
Appendix A: Management Action Plan	12
Appendix B: Assurance opinion and action plan risk rating	19

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Fieldwork completion:	16 January 2023
Draft report issued:	3 February 2023
Debrief meeting:	31 January 2023
Management response received:	20 February 2023 / 5 June 2023 (post meeting with TU partners) / 11 July 2023 (post further internal discussions)
Final report issued:	11 July 2023
Auditors:	Osian Lloyd, Head of Internal Audit Felicity Quance, Deputy Head of Internal Audit Johanna Butt, Principal Auditor
Executive sign-off:	Angela Lewis, Director of Workforce & OD
Distribution:	Liz Rogers, Deputy Director of Workforce & OD
Committee:	Audit Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors

Acknowledgement

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

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Executive Summary

Purpose

To provide assurance on the deployment of the refreshed Trade Union facilities agreement and to include a review of progress made to implement recommendations raised in the 2018/19 report (limited assurance).

Overview

We have issued limited assurance on this area. The significant matters which require management attention include:

- Whilst the Facilities Agreement recommends processes to follow, these are not mandated and owing to the caveats included compliance with the process is further reduced;
- There are inconsistencies in the process of recording and approving facility time;
- The Trust does not have a complete and accurate record of facility time; and
- There is currently no monitoring and reporting of time spent or cost of facility time.

All of the above replicate the recommendations raised in the 2018/19 report. We acknowledge that whilst progress has been made to revise the facilities agreement, the majority of issues and concerns raised previously remain.

Report Classification



Limited

More significant matters require management attention.

Moderate impact on residual risk exposure until resolved.

Trend



Assurance summary¹

Assurance objectives	Assurance
1 Clear Facilities agreement in place.	Reasonable
2 Entitlement to facility time defined.	Reasonable
3 Requesting and approval of facility time.	Limited
4 Arrangements to capture and record facility time.	Limited
5 Management information regularly monitored.	No
6 Appropriate governance and oversight.	Limited

Key matters arising

		Assurance Objectives	Control Design or Operation	Recommendation Priority
1	The requirements of the Facilities Agreement are recommended rather than mandated.	1, 2	Design	High
2	There continues to be no standardised process for the requesting and approval of facility time.	3	Operation	High
3	There is no complete report available of all TU facility time taken by the TU representatives.	3, 4	Design	High
4	There is minimal management information produced on time spent, and cost, of facility time.	5, 6	Operation	Medium

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

1. Introduction

- 1.1 Release time (also known as 'facility time') is time off for an employee from their regular paid job, granted by their employer, to enable them to carry out trade union roles in the workplace.
- 1.2 The Welsh Ambulance Services NHS Trust's ('the Trust') revised '*Facilities Agreement: Time off and Facilities for Trade Union Partners*' (the 'Agreement'), was approved by the People and Culture Committee (PCC) on 30 November 2021 and presented at the Trade Union Partner Cell on the 7 December 2021 for adoption and communication. The Agreement was effective from 17 February 2022.
- 1.3 The Agreement demonstrates that the Trust is committed to the principles of partnership working and staff engagement. It recognises that the systematic and routine involvement of Trade Union Partners in shaping services and the decision-making process can contribute to delivering improved services to patients and users. It sets out the arrangements for the granting of facility time requests for accredited representatives and members of Trade Unions (TUs) / professional organisations, which are recognised under the Trust's Recognition Agreement. The Trust has accredited representatives with four recognised Trade Unions, being Royal College of Nursing (RCN), UNITE, GMB and UNISON.
- 1.4 Our previous audit and follow-up audit of Trade Union Release Time, undertaken in 2018/19 and 2019/20 respectively, both provided 'limited' assurance in this area.
- 1.5 The potential risks considered in this review were:
 - Insufficient arrangements in place for requesting and authorising facility time, leading to inconsistent practices being applied and non-compliance with statutory legislation;
 - The level of engagement expected by Union Officials to carry out their activities could lead to potentially excessive workloads which has implications on staff wellbeing;
 - Insufficient arrangements in place to provide work cover when facility time is taken; and
 - Accurate records of facility time not maintained and monitored, neither at an individual nor at a Trust level.
- 1.6 Our detailed work was coordinated to ensure alignment with, but not duplicate, proactive work undertaken by Counter Fraud.

2. Detailed Audit Findings

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

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	2	-	-	2
Operating Effectiveness	1	1	-	2
Total	3	1	-	4

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

Audit objective 1: The Facilities Agreement is clear on roles and responsibilities in respect of partnership working arrangements, and has been appropriately communicated to the Trust's Trade Union representative and managers.

- 2.3 As per para 1.2, the '*Facilities Agreement: Time off and Facilities for Trade Union Partners*' (the agreement) has been approved within the Trust and was communicated to all staff via the staff intranet 'Siren'.
- 2.4 The agreement outlines the arrangements for the granting of facility time for accredited representatives and members of TUs / professional organisations which are recognised under the Trust's Recognition Agreement. It also sets out a clear expectation that trade union partners are responsible for ensuring their facility time is used and recorded appropriately and transparently.
- 2.5 To support adherence, a '*Standardised Process to Formally Request and Record Trade Union Facility Time*' has been included as an appendix within the agreement. Additionally, spreadsheets have been developed to support the recording of trade union time spent and to capture declined requests.
- 2.6 Section 6.1.6 of the agreement states that '*The standardised process to formally request and record Trade Union facility time is contained within Appendix 1c, and is recommended for all Trade Union Partners to use as a consistent approach, and best practice as part of the organisation's toolkit to assist with partnership working arrangements*'.
- 2.7 Discussions with Workforce and Organisational Development (WOD) staff and TU leads, and review of communication of the agreement on the Trust's intranet, confirmed that: '*the Facilities Agreement recommends, but does not mandate, using a standardised process and template Excel Form to both request and record Trade Union facility time, in order to support Trade Union Partners and line managers to be transparent in the appropriate use of paid facilities time*'. With

such narrative used, the current agreement lacks clarity and formal defined guidelines and is open to interpretation. See **MA1**

- 2.8 Section 6.4.3 of the agreement details reasons why the Trust may refuse release requests, including unreasonable notice periods and activities not sanctioned by the union / service needs.
- 2.9 In addition, section 6.8 of the agreement provides guidance to manage disputes on the application of the agreement, and signposts to the Trust's Respect and Resolution Policy where it is not possible to resolve informally.
- 2.10 Review and monitoring arrangements are referenced in section 10 of the agreement relates, which states that *'An annual report will be presented to the People and Culture Committee and the Trust Partnership Forum, which will include details of activities and training which have taken place, including costs'*. Whilst the annual report was presented to the PCC in May 2022, this report did not include costs (see **audit objectives 5 & 6**).
- 2.11 Section 8 of Appendix 1c to the agreement further details that *'A record of all approved applications for Trade Union time must be submitted to the Resources department and recorded on ESR (where appropriate, e.g. for Trade Union Partners who work within corporate teams) for information, monitoring and reporting purposes; and 'Managers will be required to report on applications which are received and declined on the standardised spreadsheet for declined requests, so that an oversight and understanding of the reasons for refusal can be maintained'*.

Conclusion:

- 2.12 The Trust, in partnership with the Trade Union Partner Cell have developed, agreed and communicated a revised Facilities Agreement and associated appendices. The agreement sets out a clear expectation that trade union partners are responsible for ensuring their facility time is used and recorded appropriately and transparently. A standardised process to request and record facility time has also been developed to support Trade Union Partners and line managers to be transparent, although we note that this has been recommended rather than mandated. Noting this, we have assessed this objective as **reasonable** assurance.

Audit objective 2: The Facilities Agreement clearly identifies who is entitled to facility time and the duties and activities for which it can be used.

- 2.13 The agreement details that accredited representatives from the four nationally recognised unions are entitled to facility time. At the time of the audit, we were informed that the representatives from the RCN were not currently undertaking union duties.
- 2.14 A list of accredited union representatives is published on the Trust's intranet site. As at the end of September 2022, this detailed 92 accredited representatives across the four unions: UNISON (17), UNITE (37), GMB (36) and RCN (2). All 10

individuals selected for our sample (see para 2.21) were included on the list of accredited trade union representatives.

2.15 Sections 6.1.5, 6.2.4 and 6.4 of the agreement details eligible trade union activities, which includes but is not limited to:

- time to prepare for meetings and disseminate information and outcomes to members during working hours;
- negotiation and/or meaningful consultation on matters relating to terms and conditions of employment or agreed partnership processes;
- an expectation that TU Partners will, in addition to their core/basic Trade Union accredited representative course, attend other relevant courses e.g. job evaluation training;
- attend executive committee meetings or annual conference or regional union meetings;
- vote in properly conducted ballots on industrial relations;
- vote in union elections; and
- attend meetings to discuss urgent matters relating to the workplace and recruit, retain and organise members.

2.16 The agreement also makes several references to 'reasonable' time, however, it does not provide further detail to define 'reasonable' for the different types of TU activity. Whilst we acknowledge that it might not be feasible for the length of time for activities to be defined, given the variety of roles and responsibilities of TU representatives, the agreement could provide an expectation of the percentage of time individuals should work their substantive post to ensure skills are maintained, in particular for clinical staff. See **MA1**

Conclusion:

2.17 The agreement details the eligible trade union duties and activities that the assigned representatives can undertake as facility time. However, there is a lack of definition for 'reasonable' time within the agreement, and that of a minimum expectation of time to be spent on the substantive post to help maintain clinical skills. Noting these limitations, we have assessed this objective as **reasonable** assurance.

Audit objective 3: There is a process in place for requesting and approving facility time.

2.18 Section 6.1.6 of the agreement details that "*Individual trade union partners will be responsible for ensuring their Trade Union facility time is used and recorded appropriately and transparently, as this may be subject to future audit*". As per para 2.11, a '*Standardised Process to Formally Request and Record Trade Union Facility Time*' is also included as an appendix within the agreement, and supporting forms have been developed to capture these.

- 2.19 We requested a report of all facility time claimed between 1 April 2022 and 31 October 2022. The only report available was generated from the Global Rostering System (GRS), the detail of which is limited to facility time taken where there has been abstraction from an operational shift. It doesn't record TU duties undertaken on rest days, annual leave or outside rostered hours, and only captures EMS and NEPTS staff and not other staff groups including NHSD/111 and Corporate (see **MA3**).
- 2.20 Review of the report identified 37 individuals that had been abstracted from operational shifts for TU duties or TU partner training (see **audit objective 4** for further detail). Our sample included a spread of TU representatives across the three unions, all regions and included a mixture of EMS and NEPTS staff.
- 2.21 We requested facility time records from the sample of 10 TU representatives selected (see para 2.14) in order to confirm they had been appropriately requested and approved; and to ensure they were accurately recorded within GRS. One individual did not respond to the request for information. Only one individual had records that reconciled to the GRS report; with inconsistencies between the responses provided and the information recorded on GRS for the remainder of the sample. See **MA2**.
- 2.22 In addition, there was a lack of audit trail to demonstrate the appropriate and timely request and approval of facility time (see **MA2**). We acknowledge that where there was evidence of request and approval this was received from line managers, and resource co-ordinators were also included to ensure that the individual was abstracted from their operational shift and the shift offered as overtime (where necessary).
- 2.23 The agreement details that facility time should be requested and approved in advance but recognises that there are occasions where this may not be possible, e.g., where it is a rest day and the representative has been asked to attend a meeting.
- 2.24 As per para 2.7, the use of the spreadsheet for recording declined requests has not been mandated and there is currently no log of declined requests (see **MA2**). However, TU partners interviewed during fieldwork, and the individuals included in the sample, confirmed that requests are rarely refused and there is a valid reason where they are.

Conclusion:

- 2.25 The agreement details the process to follow for requesting and approving facility time, however the supporting spreadsheets to record this time have not been mandated. For the sample selected, noting the limitations on the availability of reporting of facilities time, there were inconsistencies between the responses provided and the information recorded on GRS. Additionally, there was a lack of audit trail to demonstrate the appropriate and timely request and approval of facility time and there is no log of declined requests. Noting this, we have assessed this objective as **limited** assurance.

Audit objective 4: Appropriate arrangements are in place to capture and record facility time.

- 2.26 Discussions with WOD, TU leads and testing undertaken of records from a sample of TU representatives highlighted that the process in place to capture and record facility time varies. This is a symptom of the Trust not mandating a prescribed format and process, allowing flexibility to individuals to determine how they record their facility time. We were also informed that where staff have looked to use the recommended spreadsheet, feedback has been given of difficulties experienced in accessing the document via their iPads. See **MA3**.
- 2.27 As noted in para 2.19, the Trust could only provide reports on facility time from GRS, and these only detail facility time taken by Emergency Medical Services (EMS) staff and Non-Emergency Patient Transport Service (NEPTS) where there has been abstraction from an operational shift. The report also only details the 'general' headings of TU duties or TU partner training, it does not provide a breakdown of the agreed duties and activities as detailed within para 2.15. Additionally, on the report, where TOIL is recorded, it does not detail whether this is for TU facility time. See **MA3**.
- 2.28 Section 6.7 of Appendix 1c within the agreement states: *'All Trade Union Partners within NHSD/111 are required to request the Trade Union time via Shift Track. If the Trade Union Partner does not use the Global Rostering System (GRS) or Shift Track (e.g. Trade Union Partners within corporate teams), the Trade Union Partner is required to record the approved request on ESR as Special Increasing Balance > Trade Union Duties'*. WOD staff confirmed that the functionality to record Trade Union duties within ESR is not active and as such it is not possible to generate a report of facility time from the system. We were not provided with an explanation as to why there was no report available from Shift Track. See **MA3**.

Conclusion:

- 2.29 There are different arrangements in place to capture and record facility time as the process for recording facility time has not been mandated by the Trust. The GRS report only records TU duties and TU training where the representative has had to be extracted from duties. The functionality to record facility time on ESR is not active, and no report was available from Shift Track. Noting this, we have assessed this objective as **limited** assurance.

Audit objective 5: Accurate and timely management information is available, which is reviewed and monitored on a regular basis.

- 2.30 The requirements in respect of monitoring and reporting is detailed within **audit objective 1**.
- 2.31 A paper on 'The Welsh Ambulance Service Trade Union Partner Cell Activity Report 2021-22' was presented at the PCC meeting in May 2022. The report highlighted developments which had been undertaken in partnership and reported through

the Welsh Ambulance Services NHS Trust Trade Union Partner (TUP) Cell during the period.

- 2.32 However, there was no evidence of management information on facility time being produced, which is a requirement of the agreement (see **audit objective 1**). Given that there isn't one system that draws together all trade union release time (see **audit objective 4**), including by staff group, the type of activities or duties, when it was taken, or the associated costs, it is not currently possible to produce complete and accurate management information. See **MA4**.
- 2.33 From our review of the GRS report, (see **audit objective 2**), it was evident that a small number of individuals spend the majority of their time on TU duties. As per para 2.14, the Trust has 92 accredited representatives across the four unions so there is a need to spread this workload to ensure staff wellbeing and professional development i.e., clinical contact hours. A breakdown of TU activity would provide a better understanding of the workload and where the TU duties could be distributed more evenly. We understand that a small number of trade union representatives spend the majority of their time on TU duties which results in TOIL and overtime and minimal operational shifts being worked.

Conclusion:

- 2.34 There is no evidence of complete, accurate and timely management information being produced on facility time activities, or the associated costs, at an individual or Trust level. From review of the limited information that the Trust is able to produce, it is apparent that a small number of individuals are undertaking the majority of TU duties, which could negatively impact wellbeing and their professional development with regards to clinical contact hours. Noting this, we have assessed this objective as **no** assurance.

Audit objective 6: There are appropriate governance and oversight arrangements within the Trust.

- 2.35 The Board has delegated responsibility for the oversight of Trade Union arrangements to the People and Culture Committee (PCC). As per paras 2.10 and 2.31, the agreement states that an annual report will be presented to the PCC and we confirmed this requirement was met at the May 2022 meeting. The report included details of key areas of development undertaken in partnership through the Trade Union Partner (TUP) Cell, along with updates on the development of the agreement. However, the report lacked detail of duties and activities which have taken place, and an analysis of the associated time and costs. See **MA4**.
- 2.36 The Executive Management Team (EMT) reviews updates prior to each PCC meeting. However, this has again been limited to the development of the facilities agreement. See **MA4**.
- 2.37 Counter fraud have done some proactive work in this area and have reported to the Director of Workforce & OD. Some recommendations have been raised for the Trust to take forward and these align with the themes included in this report.

Conclusion:

- 2.38 Governance arrangements were evidenced through reporting and oversight of the facilities agreement at EMT and PCC; and the communication of key areas of the TU Partner Cell activities. However, there is currently no Trust wide reporting and oversight of TU activity. Noting this, we have assessed this objective as **limited** assurance.

Appendix A: Management Action Plan

Matter arising 1: Facilities agreement (Design)

Impact

We made a high priority recommendation in our previous audit that *"In partnership with the trade unions, the Trust should review the Facilities Agreement and ensure it is updated to clearly reflect agreed processes and practices"*.

The Trust and the trade unions have worked in partnership to produce, agree and communicate a new agreement which was implemented in February 2022. A standardised process to formally request and record trade union facility time has also been developed and is included as Appendix 1c of the agreement. However, we note that this has been recommended rather than mandated and, as such, is open to interpretation. This is evident by the findings contained within this report with regards to the process of requesting and approving, recording and monitoring and reporting facility time (see **MA2, 3 & 4**).

The agreement makes several references to 'reasonable time' but does not define 'reasonable'. Whilst we acknowledge that it might not be feasible for the length of time to be defined, given the different roles and responsibilities of each TU representative, the agreement does not provide an expectation of the percentage of time individuals should work their substantive post to ensure skills are maintained, in particular for Paramedic and EMT staff.

Potential risk of:

- Inconsistent process within the Trust; and
- Loss of skills of frontline staff.

Recommendations

Priority

- 1.1 In partnership with the trade unions the Trust should revisit the agreement and associated documentation and ensure that there is a consistent, mandated, approach throughout the Trust.

High

Management response

Target Date

Responsible Officer

- 1.1 We note the comments and the audit recommendation. There were significant and lengthy discussions with TU partners regarding the update of the facilities agreement in 2021 and it took many months to get to sign off. We confirm that it has not been possible to provide an agreed definition of "reasonable time" for our TU representatives. Factors such as the number of members supported, seniority and experience of the rep and the internal organisational factors at the time will all impact the commitment which therefore makes it very difficult to do and flexibility is required by the organisation.

In the context of ongoing industrial action, we will not be in a position to revisit the agreement in the short term but we will revisit in the context of resetting the relationship with TU partners after the industrial action issues are resolved.

We have a handful of senior representatives who have not practiced for some time and therefore are not safe to practice currently and this is affected by the length of time they spend on TU activities. The recommendation to maintain clinical practice and registration for competency depends on the role and clinical grade e.g. paramedics have to maintain registration whilst EMTs don't. We need to ensure we have flexibility on TU duties and this has been played out particularly during the last 6-12 months. Alongside this, we will also engage with senior TU reps on a regular basis to ensure we are aware of volumes of activity with a particular emphasis on periods of increased workload to ensure there is organisational oversight and understanding of impact.

Please note the context of ongoing industrial action and the challenges with TU relationship which impacts on the capacity to engage this issue. This will impact on the timeline for the discussions and the pace of moving forward.

We will be able to review this action at a point in the future, however not at present due to the ongoing relationship challenges with Trade Unions. The actions noted below will be part of the journey to reach this position.

Actions:

Internal conversation on whether full time representative are appointed in WAST	31 March 2024	Liz Rogers, Deputy Director of Workforce & OD
Broader discussion with TU reps regarding maintenance and development of clinical skills whilst undertaking TU duties with the aim of reaching a shared understanding	31 March 2024	Liz Rogers, Deputy Director of Workforce & OD
Regular discussions with senior TU reps in WAST re time for TU duties, trends and peaks in activity <i>(dates on engagement with the TUs are dependent on TU relationships)</i>	Ongoing	Angie Lewis, Director of Workforce & OD; and Liz Rogers, Deputy Director of Workforce & OD

Matter arising 2: Requesting and approving of facility time (Operation)**Impact**

We made a high priority recommendation in our previous audit that *"A standardised process to formally request trade union time should be agreed and appropriate monitoring mechanisms put in place to ensure practices are applied and managed consistently. The process should also incorporate the method of approval and payment/TOIL as well as the management of refusals"*.

Section 6.1.6 of the agreement details that *"Individual trade union partners will be responsible for ensuring their Trade Union facility time is used and recorded appropriately and transparently, as this may be subject to future audit"*.

We selected a sample of 10 TU representatives from the GRS report for the period 1 April 2022 – 31 October 2022 and obtained, and reviewed, the records from nine of the individuals selected (one did not respond to the request).

It is noted that a spreadsheet has been produced for recording requests for facility time and another for recording declines. However, the use of these spreadsheets has not been mandated. As such it was confirmed that there would be different methods for recording trade union requests including diaries, outlook calendar, e-mails etc.

Only one individual from our sample had records that fully matched the GRS report. There was a minimal audit trail for both requests and authorisation of facility time for the others. In the instances where there was evidence of request and approval this was from line managers and Resources were also included to ensure that the individual was abstracted from their operational shift and the shift offered as overtime (where necessary).

Section 4 of Appendix 1c details that *"It is particularly important that requests for paid facility time outside of rostered hours (e.g. whilst on annual leave and rest days) are made to the manager, to ensure that time is properly accounted for and the wellbeing of Trade Union Partners is fully considered"*. From our discussions with TU representatives, it was confirmed that not all facility is requested in advance, for example where it is a rest day and they have been asked to attend a meeting. Another example provided was where the Chief Executive requests a meeting, it would not be necessary to request approval from a line manager as the request has come from the Chief Executive.

There is currently no log of declined requests. However, all individuals included in the sample and interviewed during the audit confirmed that requests are rarely refused.

As such, the original recommendation is still valid.

Potential risk of:

- Insufficient audit trail maintained;
- Adverse impact on TU representatives wellbeing; and
- Insufficient arrangements to provide work cover

Recommendations		Priority
2.1	A standardised process to formally request trade union time should be agreed and appropriate monitoring mechanisms put in place to ensure practices are applied and managed consistently. The process should also incorporate the method of approval and payment / TOIL as well as the management of refusals.	High
Management response	Target Date	Responsible Officer
2.1	The comments of audit colleagues are noted and accepted. Whilst there was a template provided, reps were advised that they needed to maintain a personal record but flexibility was given on how this was to be done. The audit feedback will be shared with TU partners for information and clarification. The current spreadsheet can not be completed on an iPad. Also managers are often not able to respond to a request as soon as it is submitted due to shift patterns and operational pressure.	
Actions:		
Discussion with TU colleagues on feedback from the audit and the need to record time appropriately	Completed	Angela Lewis, Director of Workforce & OD; and Liz Rogers, Deputy Director of Workforce & OD
Revisit manager's responsibilities in signing off TU time with managers across WAST.	31 December 2023	Liz Rogers, Deputy Director of Workforce & OD
Engagement with the senior TU partners will be undertaken with the aim of reaching agreement on implementing a standardised simplified approach (in the context of IA within WAST).	30 September 2024	Angela Lewis, Director of Workforce & OD; and Liz Rogers, Deputy Director of Workforce * OD

Matter arising 3: Recording of facility time (Design)**Impact**

We made a high priority recommendation in our previous audit that *"A standardised process to formally record facility time, and in sufficient detail, should be agreed and implemented"*.

Section 3 of Appendix 1c of the agreement details the Trust's agreed set of eight principles of partnership working. Principle 3 details *"We should proactively seek to ensure we safeguard the wellbeing of Trade Union Partners to ensure a small core of representatives are not overburdened or overcommitted"*.

Section 6.7 of Appendix 1c details that *"All Trade Union Partners within NHSD/111 are required to request the Trade Union time via Shift Track. If the Trade Union Partner does not use the Global Rostering System (GRS) or Shift Track (e.g. Trade Union Partners within corporate teams), the Trade Union Partner is required to record the approved request on ESR as Special Increasing Balance > Trade Union Duties"*.

Management provided a report detailing the number of hours spent on union activity which was generated from the GRS system. As such, it only related to hours which had been abstracted from the roster and did not include union time undertaken on rest days, annual leave days and time outside rostered hours and claimed through overtime or TOIL. The report also only details TU duties or TU partner training. It does not provide a breakdown of the sub categories of agreed activities e.g. disciplinary, branch meeting etc. Additionally, on the report, where TOIL is recorded, it does not detail whether this is for TU facility time.

It was not possible to run a report from ESR to establish how much TU facility time has been provided to corporate staff. From discussions with WOD staff it was confirmed that the functionality to record TU duties is not active. As such, the process described in Section 6.7 of Appendix 1c is not currently possible for Corporate staff.

We were not provided with a report from Shift Track or an explanation as to why there wasn't a report available.

The Trust was unable to provide a complete report of all TU facility time taken by all TU representatives. As such, the original recommendation is still valid.

Potential risk of:

- Complete and accurate records of facility time are not maintained at an individual or Trust level;
- Failure identify where representatives are overburdened or overcommitted; and
- Inability to provide complete, accurate and meaningful management information.

Recommendations**Priority**

3.1 A standardised process to formally record facility time, and in sufficient detail, should be agreed and implemented.

High

Management response	Target Date	Responsible Officer
<p>3.1 WAST do not currently have the systems to record this information centrally and to do this manually will take more administrative support which is not good value for money. Most TU reps are based in Operations and are recorded in GRS. Only a handful are working outside of the GRS system.</p> <p>We will review whether the information could be held in ESR effectively and what the maintenance of this would be and the ease of collecting it. It needs to be in one place for ease of reporting and management. If this is not a realistic option (in terms of cost), we will explore options for alternative methods of recording total time.</p> <p>We will review the recording of time in shift track for 111/ CSD colleagues</p>	<p>30 November 2023</p> <p>30 November 2023</p>	<p>Liz Rogers, Deputy Director of Workforce & OD</p> <p>Liz Rogers, Deputy Director of Workforce & OD</p>

Matter arising 4: Monitoring and reporting of facility time (Operation)**Impact**

We made a medium priority recommendation in our previous audit that *“Accurate and timely management information detailing the time spent and cost of facility time, both on an individual basis and in total for the Trust should be generated. This information should be reviewed on a regular basis and action taken where necessary”*.

Section 3 of Appendix 1c of the agreement details the Trusts agreed set of eight principles of partnership working. Principle 4 details *“Facilities time should be properly accounted for so that the contribution and investment in Trade Union partnership can be demonstrated and recognised within the organisation”*.

Whilst there was evidence of reporting on the key areas of activity which have been undertaken in partnership through the Trade Union Partner (TUP) Cell. There was no evidence of management information being produced on time spent and cost of facility time. However, given that there isn't one system that draws together all trade union release time (as detailed in MA3), it is not currently possible to produce this management information.

As such, the original recommendation is still valid.

Potential risk of:

- Facility time is not adequately monitored at an individual or Trust level.

Recommendations**Priority**

- 4.1 Accurate and timely management information detailing the time spent and cost of facility time, both on an individual basis and in total for the Trust should be generated. This information should be reviewed on a regular basis and action taken where necessary.

Medium

Management response**Target Date****Responsible Officer**

- 4.1 This is acknowledged. Our aim is to be able to provide this level of detail. However it is dependant on agreeing a standardised method of recording the time spent that is adopted by all TU's, and identifying a corporate system that will collate this information and produce accurate reports, alongside costs in a meaningful way.






31 March 2024

Liz Rogers, Deputy Director of Workforce & OD

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Recommendations

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

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

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



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Gwasanaethau Archwilio a Sicrydd
Shared Services
Partnership
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NHS Wales Shared Services Partnership](#)



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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
NHS Trust

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

TRUST POLICY REPORT

MEETING	People & Culture Committee
DATE	17 th August 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Julie Boalch, Head of Risk/Deputy Board Secretary
CONTACT	Julie.Boalch@wales.nhs.uk

EXECUTIVE SUMMARY

1. The purpose of the report is to provide an update to the Committee on the status of the Trust’s Policies.
2. The number of Policies within their review date fell below reasonable levels during the Covid-19 pandemic as the policy work plan was largely paused and efforts directed to support the response. This means that most policies have now past their review date; however, it is important to note that these remain our extant policies, they are in use and have not expired. The majority of policies will only require minor changes during the review process as they have already been through robust governance.
3. Whilst it is not possible to provide assurance that all Trust policies comply with current legislation, or that they discharge the Trust’s statutory duties; Members can be assured that professionals across the organisation are proactive in identifying legislation or practice changes and updating policies as and when necessary to reflect any significant changes.
4. It is, of course, good practice to review, improve and update our policies in a timely manner and a policy prioritisation exercise is underway to fully assess the Trust’s position and outline a priority programme of work to bring the organisation’s key policies up to date during 2023/24 and schedule a further work plan over 2024-2026.
5. By way of additional assurance, the Trust’s internal controls and policies are tested by the Audit Wales Structured Assessment and through the Internal Audit annual audit plan, both of which are aligned to areas of identified risk within the Trust. Additionally, there is a robust programme of risk management in place that will identify any specific areas that need to be addressed outside of the standard process for the review of policies.

6. The Corporate Governance Team hold a policy risk on the Directorate Register which will be reassessed given the that the Trust has several policies that are past their review date. This risk is partially mitigated given that these are the Trust’s extant policies and will be further mitigated as any required amendments are made, and these are brought through the policy governance process.
7. The Trust’s policy governance process is being refreshed in partnership with Trade Union colleagues and includes the review of the Policy on Policies and the process for other documents such as Standard Operating Procedures. It is expected that proposals will be submitted to the Executive Management Team (EMT) for endorsement in late August 2023 and a report submitted to Audit Committee and Trust Board in December 2023 for approval.
8. The EMT agreed proposals to consider extending the current review dates for several non-critical policies that have already been through a robust review process and this will be included in the report for Audit Committee and Trust Board in December 2023 which will also include an overview of the process in selecting these non-critical policies for extension and the 3 year policy work plan for approval.

RECOMMENDATION:

9. **Members are asked to:**
 - a) **Consider the contents of the report and the programme of work in development to mitigate risk and bring policies in line with appropriate review dates.**
 - b) **Provide a view on any of the policies within Committee’s remit that should be included on the priority work plan.**

KEY ISSUES/IMPLICATIONS

10. The key issues are set out in the Executive Summary above.

REPORT APPROVAL ROUTE

11. The report and associated policy tracker were considered by:

- Policy Group – 20th June 2023
- ADLT – 26th June 2023
- EMT – 28th June 2023
- Audit Committee – 25th July 2023

REPORT ANNEXES

SBAR Report
Annex 1 – Trust Policy List

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

SITUATION

1. This paper provides an update to the Committee on the status of Trust Policies as of 20th June 2023 along with proposals to bring them up to date.

BACKGROUND

2. The Policy Group was set up in 2017 to ensure appropriate governance, process and partnership working was applied to the review of existing policies, the development of new policies and to ensure that all policies were dealt with in agreed timelines.
3. Since the Trust's revised policy process was implemented in 2017 there was a significant improvement in the number of policies within their review date. However, the rate of review fell below reasonable levels during the Covid-19 pandemic as policy work was largely paused and efforts directed to support the response. This means that most policies are now past their review date and are overdue for review.
4. Whilst it is not possible to provide assurance that all Trust policies comply with current legislation, or that they discharge the Trust's statutory duties; the Trust can be assured that professionals across the organisation are proactive in identifying legislation or practice changes and updating policies as and when necessary to reflect any significant changes.

ASSESSMENT

5. The Corporate Governance Team has maintained a policy tracker contained at Annex 1. This has been specifically designed to facilitate dynamic reporting dependent on the areas which are of most interest to users, for example reports can be produced by Directorate, type of policy, review date or Policy Lead.
6. The tracker describes the status of all policies and lists those which have been identified as a priority for review to date by working with Directors and their teams as well as reviewing Committee Terms of Reference and cycles of business.
7. In terms of a breakdown of the numbers; the Trust holds 93 policies and, for the reasons set out in this paper, only 13 of those are within their review date – this equates to 14% overall.
8. Additionally, there are 19 all Wales NHS Policies that the Trust has adopted from the NHS Employers Unit and only 1 of these is within its review date - equating to 5%. These figures and policy reviews are out of the Trust's control as the programme of policy review work sits with NHS Wales. The Trust has received a review schedule from the NHS

Employers Unit and whilst 5 policies are under review, all NHS Wales employment policies remain extant.

9. There are 13 new policies which have been identified for development along with 2 new policies expected from the NHS Employers Unit. This brings the total number of policies on the policy tracker to 127.
10. There were 49 policies that became due for review during the pandemic; however, there are a number that fell due just before and just after this which will naturally have been postponed given the response to the pandemic.
11. The policy prioritisation exercise which is underway will fully assess the Trust's position and outline a priority work plan to review the organisation's key policies during 2023/24 and schedule a further work plan over 2024-2026.

Policy Work Plan

12. Colleagues have reviewed their directorate lists within the tracker to support the development of a priority schedule and workplan for 2023/24. The Corporate Governance Team will continue to work across the Trust to develop a 3 year work plan to ensure the necessary work is undertaken to enable the Trust to maintain a suite of up to date policies.
13. There is an additional piece of work to be done to review policies in terms of their status and whether these are better suited as Standard Operating Procedures rather than Policy. This will be drawn out in the revised policy governance process.
14. Key Policies identified for priority review in 2023/24 so far are described below; however, this is not a definitive list and others will be included as the work programme is fully established by the Policy Group in August 2023. The list consists of those policies that sit under the Audit Committee's remit as well as specific policies that sit within Safeguarding and Health & Safety for example. The EMT reviewed this draft list at its meeting on 28th June 2023.
 1. Assessment, Failure Referral and Appeals Policy
 2. CCTV Policy
 3. Children in Special Circumstances Policy
 4. Counter Fraud, Corruption and Bribery Policy
 5. Data Protection Policy
 6. Driving at Work Policy
 7. Education Programme Policy
 8. Environmental, Estates and Facilities Policy
 9. Equality Policy

10. Fire Safety Policy
11. Flexible Working Policy
12. Health and Safety Policy
13. Home Working Policy
14. HR Starting Policy
15. Information Governance Policy
16. NHS Wales Raising Concerns Policy
17. Occupational Health Policy
18. People Development Policy
19. Policy for the Development and Review of Policies
20. Recruitment and Selection Policy
21. Relocation Expenses Policy
22. Risk Management Policy (new)
23. Safeguarding Children and Adults Policy
24. Staff Immunisation Policy
25. Violence and Aggression Policy

15. It is worthy of note that several policies are already at various stages of the review and development process, as described in the list below, and have been included on the Policy Group Agenda in recent months.

1. Information Security Policy
2. Waste Management Policy (New)
3. Management of High Intensity Service Users (Previous Frequent Caller)
4. Medicines Management Policy
5. Infection Prevention and Control Policy
6. Premises and Vehicle Cleaning Policy
7. NHS Pay Progression Policy
8. NHS Wales Lease Car/Pool Car Policy
9. NHS Wales Executive National Policy on Patient Safety Incident Reporting and Management
10. Clinical Supervision Policy (New)
11. Management of Medical Devices Policy
12. Standards of Business Conduct Policy

16. The EMT agreed proposals to consider extending the current review dates for several non-critical policies that have already been through a robust review process. An extension could be between 6-12 months to support a manageable work plan over the next 3 years and could be applied to policies that fell due just before, during and just after the pandemic period. Work is underway to carry out an assessment of which policies this extension could be applied to facilitate a manageable work plan.

17. A workshop is in the early planning stages and due to be held on the 19th September 2023 to launch the revised policy governance process, which is currently under review, along with a series of communications to support colleagues to undertake the review of existing policies or develop new policies.

RECOMMENDED

18. **Members are asked to:**
 - a) **Consider the contents of the report and the programme of work in development to mitigate risk and bring policies in line with appropriate review dates.**
 - b) **Provide a view on any of the policies within Committee's remit that should be included on the priority work plan.**

Policy Title	Priority Number 1 High 10 Low	Directorate	Policy Lead	Policy Type	Issue Date	Review Date	Date Review due to Commence (within 3 months)	Comments
Gifts and Hospitality and Declaration of Interest Policy Standards of Business Conduct Policy	1	CORPORATE GOVERNANCE	Trish Mills	Corporate	04/09/18	04/09/21	04/06/21	In the process now
Policy for the Development, Review and Approval of Policies	1	CORPORATE GOVERNANCE	Julie Boalch	Corporate	28/03/19	28/03/21	28/12/20	Under review
Risk Management Policy	1	CORPORATE GOVERNANCE	Julie Boalch	Corporate	01/02/13	01/01/14	01/10/13	Under review
Data Protection Policy	1	DIGITAL	Aled Williams (DPO)	Corporate	15/12/16	15/12/19	15/09/19	Working with Kelly on a timeline for review
Environmental, Estates and Facilities Policy	1	FINANCE & CORPORATE RESOURCES	Susan Woodham	Corporate	16/07/14	16/02/17	16/11/16	
Management of Medical Devices Policy	1	MEDICAL & CLINICAL	Jon Wilson	Corporate	22/05/18	22/07/18	22/04/18	Out to consultation. Back at PG 29 Aug, QuEST 9 Nov
Professional Regulation Policy	1	MEDICAL & CLINICAL	Greg Lloyd	Employment	10/01/19	10/01/21	10/10/20	
Health and Safety Policy	1	QS&PE	Nicola White	Corporate	28/11/17	28/11/20	28/08/20	In process now
Infection Prevention & Control Policy	1	QS&PE	Louise Coulson	Clinical	08/09/20	22/05/21	08/02/21	In process now
Premises and Vehicle Cleanliness Policy	1	QS&PE	Louise Coulson	Clinical	26/11/19	26/11/21	26/08/21	In process now
CCTV Policy	2	DIGITAL	Kelly Holding	Corporate	25/04/19	25/04/21	25/01/21	
Information Security Policy	2	DIGITAL	James Rowlands	Corporate	25/04/19	25/04/22	25/01/22	Currently in review (Feb 2023)
Non Medical Prescribing Policy	2	MEDICAL & CLINICAL	Kerry Robertshaw	Clinical	25/02/20	25/02/23	25/11/22	
Alternatives to Conveyance Policy	3	MEDICAL & CLINICAL	Bryn Thomas	Clinical	01/11/10	01/11/11	01/08/11	
Consent to Examination and Treatment Policy	3	MEDICAL & CLINICAL	Bryn Thomas	Clinical	25/02/20	25/02/21	25/11/20	
Fire Safety Policy	4	FINANCE & CORPORATE RESOURCES	Susan Woodham	Corporate	17/03/22	17/03/25	17/12/24	A fire safety policy exists and is reviewed, however recent changes to their team does mean elements
Dispatch Cross Reference (DCR) Table Policy	4	MEDICAL & CLINICAL	Grayham McLean	Corporate	23/02/21	23/02/24	23/11/23	
Data Quality Policy	5	DIGITAL	Jon Hopkins / Sue Brown	Corporate	16/07/19	16/07/22	16/04/22	Likely to be a recommendation from the 2023 internal audit for data analysis
Management of Frequent-Callers High Intensity Users Policy	5	MEDICAL & CLINICAL	Sarah Woods	Clinical	04/09/18	04/09/21	04/06/21	T&F group reviewing changes and then back to PG
Medicines Management Policy	5	MEDICAL & CLINICAL	Chris Moore	Clinical	25/02/20	25/02/23	25/11/22	In process now
Information Governance Policy	6	DIGITAL	Kelly Holding	Corporate	25/10/18	25/10/21	25/07/21	
Information Sharing Policy	6	DIGITAL	Kelly Holding	Corporate	New	New	New	
Counter Fraud, Corruption and Bribery Policy	6	FINANCE & CORPORATE RESOURCES	Carl Window	Corporate	24/05/18	24/05/21	24/02/21	scheduled within 2023 work plan
Management of Controlled Drugs Policy	6	MEDICAL & CLINICAL	Chris Moore	Clinical	27/07/21	27/07/24	27/04/24	In process now
Access to Personal Information Policy	7	DIGITAL	Judith Birkett	Corporate	25/04/19	25/04/21	25/01/21	
Forensic / Digital Evidence Policy	7	DIGITAL	Aled Williams / James Rowlands	Corporate	New	New	New	Not yet written - no systems in place yet for forensics
Patient Clinical Record Policy	7	MEDICAL & CLINICAL	Kevin Webb	Clinical	New	New	New	
Access Control Policy	8	DIGITAL	Kelly Holding	Corporate	25/10/18	25/04/20	25/01/20	
Records Management Policy	8	DIGITAL	Judith Birkett	Corporate	25/10/18	25/10/21	25/07/21	Needs updating to latest GDPR references
Vehicle Disposal Policy	8	FINANCE & CORPORATE RESOURCES	Gavin Lane	Corporate	11/03/21	11/03/24	11/12/23	
Information Classification Policy	9	DIGITAL	Aled Williams	Corporate	No dates	No dates		
Mobile Computing Policy	9	DIGITAL	Aled Williams / James Rowlands	Corporate	No dates	No dates		Drafted - but most remote working aspects now covered under Info Security Policy

Trust Mobile Phone Policy	9	DIGITAL	Aled Williams / Tony Raine	Corporate	01/11/09	01/11/12	01/08/12	Possibly obsolete
Fuel Card Policy	9	FINANCE & CORPORATE RESOURCES	Gavin Lane	Corporate	25/04/19	25/04/21	25/01/21	
Confidentiality and Code of Conduct	10	DIGITAL	Kelly Holding	Corporate	23/02/21	23/02/24	23/11/23	
Information Risk Policy	10	DIGITAL	Kelly Holding	Corporate	23/02/21	23/02/24	23/11/23	
Tyres and Wheels	10	FINANCE & CORPORATE RESOURCES	Gavin Lane	Corporate	16/07/19	16/07/20	16/04/20	
NHS Wales Lease Car Policy	10	FINANCE & CORPORATE RESOURCES	Angie Evans	Corporate	30/10/19	30/10/22	30/07/22	New All-Wales policy only recently provided and approved by AC in Nov 22 - would assume no
Charitable Funds Investment Policy	10	FINANCE & CORPORATE RESOURCES	Jill Gill	Corporate	13/02/20	13/02/23	13/11/22	This policy was approved at policy group in June and will go to the July CFC meeting
Purchase Card Policy	10	FINANCE & CORPORATE RESOURCES	Jill Gill	Corporate	New	New	New	Purchase card process in place on a trial basis which will help to inform the final purchase card
Pubic Sector Payment Policy - WG	N/A	FINANCE & CORPORATE RESOURCES	TBC	Corporate	01/01/21	NRS		All Wales Policy - Shared Services Procurement team asked to provide any review dates
Overpayments Policy	N/A	FINANCE & CORPORATE RESOURCES	NWSSP / Jill Gill	Corporate	New	New	New	All Wales Overpayments Policy review group has been set up with a second meeting taking place on
NHS Wales No PO No Pay (No Purchase Order No Payment) Policy	N/A	FINANCE & CORPORATE RESOURCES	NHS Employers Unit	Corporate	No dates	No dates		All Wales Policy - T&F group set up across Wales to review start of Sept 23
NHS Wales Research and Development Policy NHS Wales	See comments	MEDICAL & CLINICAL	Nigel Rees	Corporate	10/05/18	10/05/21	10/02/21	
Intellectual Rights Policy	x	MEDICAL & CLINICAL	Nigel Rees	Clinical	01/01/17	01/11/18	01/08/18	Will be superseded by all Wales Policy
NHS Wales Do Not Attempt CPR for Adults in Wales	x	MEDICAL & CLINICAL	Dr Paul Buss	Clinical	30/10/18	NRS		
Decontamination of Medical Devices Policy (SOP)	x	QS&PE	Louise Coulson	Clinical	New	New	New	IPC owned SOP, not Clinical Directroate policy
Vehicle Telematics Policy		FINANCE & CORPORATE RESOURCES	Gavin Lane	Corporate	10/05/18	10/05/21	10/02/21	
Business Continuity Management Policy		OPERATIONS	TBC	Corporate	24/10/19	24/10/22	24/07/22	
Command Policy		OPERATIONS	Clare Langshaw	Corporate	25/04/23	25/04/26	25/01/26	In process now
Emergency Operations Demand Management Policy superseded by Clinical Safety Plan		OPERATIONS	Kate Blackmore	Corporate	19/11/20	19/05/21	19/02/21	
High Risk Record Policy		OPERATIONS	Katie Blackmore	Corporate	16/07/20	16/07/23	16/04/23	
MPDS QA Policy		OPERATIONS	TBC	Clinical	10/01/19	10/01/21	10/10/20	
Quality Assurance Framework for the Clinical Desk		OPERATIONS	TBC	Clinical	01/06/15	NRS		
Adverse Incident/Hazard Reporting Policy		QS&PE	Jane Palin	Clinical	25/04/23	25/04/26	25/01/26	
Children in Special Circumstances Policy & Procedure		QS&PE	Fiona Davies	Clinical	28/11/17	28/11/20	28/08/20	
Domestic Abuse, Gender Based Violence and Sexual Violence "Ask and Act" Policy		QS&PE	Rhiannon Thomas	Clinical	26/11/19	26/11/21	26/08/21	
Infection Prevention & Control: Sharps Policy		QS&PE	Louise Coulson	Clinical	01/12/20	01/12/23	01/09/23	
Lone Worker Policy		QS&PE	Nicola White	Employment	No dates	No dates		



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Welsh Ambulance Services
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AGENDA ITEM No	
OPEN or CLOSED	OPEN
No of ANNEXES	

AUDIT REPORT

MEETING	People and Culture Committee
DATE	17 August 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. The audit tracker is currently undergoing a full review and, together with audit guidance for the organisation, will be available for the 14 September Audit Committee for scrutiny.
2. This report updates the Committee on progress of the review and sets out the audits which are open and past their initial review date for scrutiny by the Committee.
3. Also before the Committee at this meeting are the following audit reports:
 - (a) Limited assurance report on Trade Union Release Time; and
 - (b) Reasonable assurance report on Health and Safety

Angie Lewis, Director of People and Culture, and Liam William, Executive Director of Quality and Nursing, will be available to discuss any findings, recommendations and planned actions on the two reports.
4. The Committee is requested to:
 - (a) Note the work planned and in train for the audit tracker and guidance document which the Audit Committee will review on 14 September;
 - (b) Receive and review the internal audit reports; and
 - (c) Advise of any further action required with respect to the open actions under the oversight of this Committee.

KEY ISSUES/IMPLICATIONS
As set out above.
REPORT APPROVAL ROUTE
Not applicable.

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

AUDIT TRACKER

SITUATION

1. This paper updates the Committee on the changes to the audit tracker and approach to its reporting.

BACKGROUND

2. The audit recommendation and action 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.
3. The manual nature of the tracker means a significant amount of time is required in its maintenance. This includes the transposing of the information from PDF copies of internal audit reports, and dialogue with the owners of management actions to obtain updates on closures of actions. A new approach is therefore being developed to bring automation and clearer reporting to the tracker and to embed ownership of the actions within already existing directorate processes. We are working with Internal Audit in the development of the new process and tracker.

ASSESSMENT

4. Guidance has been drafted to provide the organisation with information on why we conduct audits, both internal audits and structured assessments in particular, and the roles of individuals involved in those audits. This will be reviewed by the Audit Committee at its 14 September meeting.
5. The audit tracker, which includes both Internal Audit and Audit Wales recommendations and management actions, enables the Executive Management Team and the Board through its Audit and other Committees to see where recommendations have been completed, therefore positioning them to see the impact of changes to systems or processes. Likewise, it provides a mechanism to see where actions have been delayed and to discuss the risks to such delayed actions and gain assurance on any remedial action.
6. However, the tracker is highly manual and, as it currently stands, requires a significant amount of input from the Corporate Governance Team. With limited resources in the team, new and automated solutions for tracking the progress of audits are being investigated, together with improvements to the end to end process and cycle of an audit. This includes embedding a regular review of audit recommendations and actions in directorate meetings and enabling an audit point of contact to update the tracker directly.

7. A new form of manual excel tracker has been developed pending a potential Microsoft 365 solution. The Corporate Governance Team will work with Internal Audit and Audit Wales to ensure they are comfortable with the changes with the intention of transposing any open audit actions to that tracker over the course of the coming weeks and close down the current tracker. Because of this, the audit tracker is not before the Committee for review today.
8. There is one action with a *revised date* for completion from the *original due date* in the audit report (reporting alternative duties), however this Committee has been aware of this from previous reports and the Audit Committee reviewed the full tracker as at 5 July at their 25 July meeting. There are four actions due for completion in August, September and December 2023. The Audit Wales Taking Care of the Carers action to implement the health and wellbeing strategy has a revised date of September 2024 to enable full delivery of the strategy, with delivery for 2023 on track.
9. For completeness, audits planned for 2023/24 relevant to this Committee include the following:
 - (a) Seatbelt action plan (Q2)
 - (b) Retention of staff (Q2/3)
 - (c) Disciplinary case management – compassionate leadership (Q2/3)
 - (d) Volunteers Governance (Q4)

RECOMMENDATION

10. The Committee is requested to:
 - (a) Note the work planned and in train for the audit tracker and guidance document which the Audit Committee will review on 14 September;
 - (b) Receive and review the internal audit reports; and
 - (c) Advise of any further action required with respect to the open actions under the oversight of this Committee.



AGENDA ITEM No	21.1
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

<p>HEALTH AND SAFETY PERFORMANCE REPORT QUARTER 1, 2023/24</p>
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MEETING	People & Culture Committee
DATE	17 August 2023
EXECUTIVE	Liam Williams, Executive Director of Quality and Nursing
AUTHOR	Nicola White, Head of Health and Safety
CONTACT	07973 829556 nicola.white3@wales.nhs.uk

EXECUTIVE SUMMARY

This report will provide an update to the People and Culture Committee (PCC) on the key information in relation to health and safety performance for Quarter 1, 2023/24. Data within this report and within the accompanying slide pack is up to 3 July 2023, as reported onto DATIX Cloud and may be subject to change as investigations are closed.

PCC is requested to note the following:

- The Health and Safety (H&S) function was subject to an Internal Audit by Shared Services Partnership during Quarter 4, 2022/23 - Quarter 1, 2023/24. The Auditors recognised the Trust’s commitment to improving health and safety and the work undertaken to date. Subsequently the Trust received a ‘Reasonable’ level of assurance.
- A road traffic incident during Quarter 1, 2023 that occurred within the Cwm Taf Health Board region whereby staff are believed not to have utilised the 4-point harness.
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) reporting compliance has been sustained at around 80% during Quarter 1, 2023. Of the 28 RIDDORs reported in Quarter 4, 202/23, two were outside of Health & Safety Executive (HSE) reporting requirements, with the cause being handler delays.
- Statutory health and safety, fire safety and manual handling training compliance continue to be below Trust’s and Welsh Government standards. All staff are encouraged to bring their training levels up to Trust expectations.

- A Workshop with the Health and Safety and Estates functions was held in May 2023 to explore improvements from themes generated in workplace Audits. The Workshop explored the crossover between health and safety and estates compliance and a further Workshop is scheduled to commence development of improvement processes.
- The criminal prosecution for the non-emergency ambulance traffic collision in Dolgellau in April 2021 has closed with the driver receiving a custodial sentence and a ban from driving for 18 months. The Coroner Court proceedings will now proceed continue following closure of criminal proceedings.
- As part of the ongoing continuous development of performance metrics, as of Quarter 2, 2023, Health and Safety Performance Reports will include an additional suite of metrics. These include: incident frequency rates for Ambulance Care, Emergency Medical Services (EMS) Operations, EMS Coordination. Also included will be a breakdown of reported incidents via Health Board regions and services.

PCC is to be assured that:

- The Trust is maintaining a focus on responding to staff and Trade Union concerns with regard to diesel fume exposure. An update is being prepared for the Trust Health and Safety Committee which takes place at the end of August. For PCC it may be helpful to note that:
 - The reporting of incidents for diesel fumes exposure has continued to reduce during Quarter 1 with 16 incidents reported. This could be attributed to not requiring heating in the vehicle during the more recent warmer weather. However, continued sustained efforts are being undertaken by the organisation in collaboration with Health Boards and Locality Managers in the mitigation/reduction of fume exposure. Seven Environmental Surveys have been undertaken at sites with the highest incident rates in Quarter 4, 2022/23 and concluded that exposure levels were consistently below legislative requirements.
 - The Trust has received independent confirmation from a respiratory academic in Queen's College London that work undertaken by the Trust is extensive and commendable. They have advised that the Trust gives consideration to implementing Questionnaires for staff that could be followed up by Occupational Health where clinically appropriate. This recommendation will be considered in Quarter 2, 2023, alongside the assurance processes required to demonstrate compliance to mitigating actions by staff, Managers and partner organisations.

RECOMMENDED that the People & Culture Committee notes the content of the report.

KEY ISSUES/IMPLICATIONS

- (1) The rolling workplace Risk Assessment compliance is 8%, with 65.5% complete but require review and 26% not completed. Managers are to be encouraged to undertake this review.
- (2) Internal Audit of the Trust Health & Safety Arrangements has provided reasonable assurance against all aspects assessed.
- (3) Work remains in progress to ensure the health and wellbeing of staff exposed to diesel fumes as a result of delays in handovers of care at hospital.
- (4) The Trust is participating in a UK level Campaign to ensure all staff are aware of the requirements to use seatbelts and associated safety equipment to secure themselves and patients while in transit.

REPORT APPROVAL ROUTE

Assistant Directors Leadership Team	14 August 2023 (for Noting)
Executive Management Team	16 August 2023 (for Noting)
People and Culture Committee	17 August 2023 (for Assurance)
National Health, Safety and Welfare Committee	28 August 2023 (for Noting)

REPORT APPENDICES

ANNEX 1 - SBAR which provides the background for this report.

Appendix 1 - Health and Safety Performance Metric Report Quarter1. Data source 3 July 2023, DATIX CLOUD.

REPORT CHECKLIST

Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	N/A	Financial Implications	NO
Environmental/Sustainability	N/A	Legal Implications	YES
Estate	YES	Patient Safety/Safeguarding	N/A
Ethical Matters	YES	Risks (Inc. Reputational)	YES
Health Improvement	N/A	Socio Economic Duty	N/A
Health and Safety	YES	TU Partner Consultation	YES

SITUATION

1. The Alert Advise Assure Highlight Report provides a concise overview of health and safety performance throughout the organisation for the Quarter 1, 2023/24. Additionally, it provides updated positions on items where applicable as of 26 July 2023.

ASSESSMENT

ALERT / ESCALATE	<p><u>AAA Highlight Report</u></p> <p><u>Emergency Medical Services (EMS) - Road Traffic Collision</u></p> <ol style="list-style-type: none"> 1. A road traffic incident between an EMS vehicle and road furniture occurred in Cwm Taf in Quarter 4, 2022. The vehicle was conveying a cardiac arrest patient. An investigation has commenced as a result of concerns being identified through legal claims; CCTV footage indicates that the patient was not fully restrained with the four-point harness. 2. The Senior Operations Team (SOT) is continuing to re-affirm processes regarding safety restraints to ensure the utilisation of the four-point harness. Adherence to this process/s will be monitored at SOT meetings. Further sector-wide campaign on the importance of safety restraint use has been undertaken through an Association of Ambulance Chiefs (AACE) working group, which will launch over Summer 2023. <p><u>Workplace Risk Assessment Compliance</u></p> <ol style="list-style-type: none"> 3. Currently compliance for Workplace Risk assessment is 8.4% fully complete, 65.5% of assessments in place but requiring review and 26% awaiting completion. This compliance measure has been impacted by recent improvements to the risk assessment template (requiring updates to previous assessments undertaken), the period of industrial action earlier in the year and training needs of staff undertaking the assessments. 4. Routine monitoring of health and safety compliance figures is now undertaken at Senior Operations Team meetings, where the Head of Health and Safety is a member of the group. Matters of strategic operational nature will be escalated to the
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	<p>Senior Leadership Team; corporate oversight of the function and Trust performance remains within the Quality, Safety & Patient Experience (QSPE) Directorate.</p> <p><u>Statutory/Mandatory Training Compliance</u></p> <p>5. Health and safety, manual handling and fire safety training continues to be below Trust expectations. Fire training sits within the remit of the Estates Department. All staff are actively encouraged to improve local compliance levels.</p>
<p>ADVISE</p>	<p><u>Audit findings.</u></p> <p>6. The health and safety function was subject to an internal Audit in Quarter 4, 2022 - Quarter 1, 2023 by Shared Services Partnership. The Auditors recognise the Trust has made a substantial commitment to improving health and safety and the work has been undertaken to date. Subsequently the Trust was awarded with an overall 'Reasonable' level of assurance. Actions requiring improvement have been identified and are broadly acknowledged within the Annual Improvement Plan or Integrated Medium-Term Plan (IMTP) Deliverable Plan 2023/24.</p> <p>7. Areas requiring further improvement include:</p> <ul style="list-style-type: none"> • Improving compliance for workplace Risk Assessment and statutory and mandatory training levels. • Implementing and embedding tools that have been developed to improve compliance. • Continued development of procedures as contained within the IMTP Deliverable Plan. • Improvements to include the monitoring of actions generated of workplace inspections processes. <p><u>RIDDOR Compliance</u></p> <p>8. RIDDOR compliance remains sustained at around 80% compliance since March 2023. During Quarter 1, 83.6% of RIDDORS were submitted within HSE required timescales. This suggests improvement interventions are positively impacting the process, but further improvement is required to attain the legal requirement (100%) consistently.</p> <p>9. Twenty-eight RIDDORs were reported in Quarter 1, 2023/24. Of these, 2 RIDDORs were submitted outside of HSE</p>

requirements, this was due to handler delays. RIDDOR performance is to be presented as a regular agenda item to Operational Business Meetings commencing in July 2023 and Senior Operations Meetings for monitoring and local scrutiny with the relative Heads of Service.

10. A breakdown of DATIX incidents including RIDDOR compliance is included (**Appendix 1**).

Diesel Fumes

11. Health and Safety and Operational resources continue to be utilised in the management of fume exposure at Emergency Departments (EDs).
12. All 7 Environmental Reports for Emergency Departments with the highest number of reported incidents, have been received and concluded that exposure levels were found to be consistently below Workplace Exposure Levels (WEL) for combustion gases and elemental carbons.
13. An updated position was presented by the Executive Director of Quality and Nursing at the Welsh Ambulance Services Partnership Team (WASPT) on 13 April 2023 and on 14 June 2023.
14. An update report providing the Trust position on Fume Survey result is to be presented at National Health and Safety Committee on 26 August 2023.
15. Shorelines have recently been installed at Ysbyty Gwynedd, Prince Charles, Royal Glamorgan and Wrexham Maelor. An awareness video on the use of shorelines is in progress with an expectation of being rolled out in Quarter 3.
16. The Senior Operations Team is developing a process for monitoring adherence to shoreline usage.
17. The Executive Director of Quality and Nursing has been raising the fume issue with Health Board partners Cwm Taf Morgannwg and Hywel Dda. Further meetings are planned for the remaining 5 Health Boards.
18. Fleet, Infection Prevention and Control and the Health and Safety function are scheduled to undertake a Management of

Change Risk Assessment for the potential implementation of a Dyson fan heater/cooler for installation with vehicles to provide a source of thermal comfort for staff and patients and reduce diesel fume exposure.

19. Risk Assessments previously undertaken have been subject to review following the results the environmental testing and subsequent reflected a reduction in the overall rating.
20. Six Task and Finish Groups continue pan-Wales working in collaboration with Health Boards to identify pragmatic solutions where applicable.
21. The Grange Management Team has proposed a fume extraction system as part of the ED further development works.
22. A total of 67 mitigation measures have been identified from the Risk Assessment Process. To date 60% have been completed, with 25% in progress and 14% not yet started. Of the 9 actions yet to be started all sit with the associated Health Boards. Progress against the action plan is monitored within the Health and Safety function within the Working Group Meetings.
23. A tender specification is under development for a medium-term fixed monitoring service to be undertaken at 7 Emergency Departments with the highest levels of reported incidents.
24. In order to ascertain best practice work and seek an independent position, the Trust has sought advice from a respiratory academic at Queens College in London. She has supplied written confirmation that, in her professional capacity, she perceives the Trust is undertaking suitable and sufficient measures and has commended the Trust for undertaking the fume monitoring.

Trusts Hazard Register

25. The Register is available for viewing on the health and safety functions intranet page.

Electric Vehicles

26. Electric vehicles powered by lithium batteries are to be added to the Trust Hazard Register in Quarter 2, 2023. In the event

	<p>of a fire, associated hazards are toxic fume and inability to distinguish the fire. A Management of Change Risk Assessment Meeting is to be held with Fleet, Estates and Health and Safety functions in Quarter 2, 2023 to assess risks and identify suitable and sufficient control measures. It should be noted that wider society awareness and consideration on this issue are being taken, particularly by Fire and Rescue Services in managing fires of this nature.</p>
<p>ASSURE</p>	<p><u>Trust Legislative Compliance Register</u></p> <p>27. The Trust’s Compliance Register sustains a compliance score of moderate leave of assurance. The Register is available for viewing on the health and safety functions intranet page.</p> <p>28. Discussion to be held to establish Task and Finish Groups during Quarter 2 - Quarter 3, 2023 to further improve areas requiring improvement to legislative compliance.</p> <p>29. This is a living document and will be subject to change in line with improvements, changes to action, information and intelligence on the confidence of process in place to attain compliance against a piece of legislation.</p> <p>30. Further legislation is to be incorporated into the Register in relation to Violence and Aggression, Infection, Prevention and Control legislation. Additionally, the Road Traffic Act 2006 and Civil Contingencies Act 2004.</p> <p>31. It is expected that, as the overall Register improves, more specific risks and issues related to individual legislation will be identified and highlighted to Committee and/or managed through the Trust Risk Register.</p> <p><u>Workplace Premise Audits</u></p> <p>32. The Trust’s 2-year Audit Schedule commenced in September 2022 with 87 Audits scheduled from Quarter 3, 2022 - Quarter 1, 2023. Ninety-One health and safety Audits have been undertaken across WAST premises.</p> <p>33. Of the total 111 premises, 81% have been audited. Work is ongoing to develop the best means of monitoring actions progress generated from the workplace audits.</p>

34. Work is also ongoing with the Estates Department in developing a smarter cohesive process for undertaking Audits and monitoring if actions generated.

35. Premise compliance is broken down below:

Compliance Rating	40-60%	60-80%	80-100%
No of premises	1	15	77

36. General themes and trends throughout the Trust’s estate portfolio are as listed below:

- General fire safety non-compliance (lack of documented alarm testing, 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).
- General storage lack of storage facilities at every site resulting in items being stored incorrectly causing trip hazards and fire risks.
- General first aid non-compliance (few documented first aiders - general reliance on operational clinical staff) and first aid boxes not maintained.
- Poor storage of clinical waste across sites.

Corporate Risk

37. 199 ‘Failure to embed a culture of Interdependency resulting in a breach or harm’. This rating continues with a rating of 15 since the reduction during Quarter 1, 2022. This risk is reviewed on a monthly basis. This risk is expected for a further reduction following key deliverables expected to be delivered during Quarter 3 - Quarter 4, 2023/24.

HSE Recommendations for Violence & Aggression and Musculoskeletal Disorders in the NHS.

38. All Health Boards and Trusts have received a letter of recommendations made by the HSE following four years of

	<p>inspections within NHS bodies. The recommendations made relate to:</p> <ul style="list-style-type: none"> • Risk assessment • Training • Roles and Responsibilities • Monitoring and Review Process <p>39. These learnings are being actioned via the Health and Safety IMTP Deliverable Plan and Annual Improvement Plan, also working in collaboration with the Trust's Training School.</p>
<p>INFORM</p>	<p><u>Health and Safety Policy</u></p> <p>40. The Trust's Health, Safety and Welfare Policy finalised its review during Quarter 1, 2022/23 and commenced a 'substantial' consultation process on 7 July until 4 August 2023. As part of the Policy's review, it now incorporates a 'Statement of Intent' which is legally required and should be signed by the Trust Chief Executive Officer. Additionally, the Policy includes arrangements for health and safety related hazards.</p> <p><u>Serious Road Traffic Collision April 2021</u></p> <p>41. The ongoing criminal proceedings for the road traffic collision which occurred at Dollgellau in April 2021 have concluded. The driver of the Ambulance Care vehicle was sentenced for an 8-month custodial sentence and an 18-month driving ban.</p> <p>42. The Trust's internal investigation has been presented at various Stakeholders' Meetings throughout the Trust. The recommendations arising from the investigation are currently being reviewed by the appropriate proposed action owners for feedback. Immediate mitigating actions were undertaken shortly after the incident in 2021.</p> <p>43. Additionally, the Communications Team has re-launched the Seat Belt Awareness Campaign in July 2023 that was initially communicated in August 2021. The Chief Executive Officer and Director of Operations additionally re-emphasised the requirement for utilising the 4-point harness at WAST Live on Friday 21 July 2023.</p>

44. The Association of Ambulance Chiefs (AACE) has developed an Awareness Campaign titled 'Buckle up in the back' to be launched nationally during Quarter 2 - Quarter 3, 2023.

Performance Metrics Improvements

45. Means of presentation of health and safety metrics (within the accompanying slide-pack) are undergoing further improvement with consideration being given to the introduction of robot process automation or the introduction of Power BI systems. This will allow for further scrutiny of metrics to allow for strategic interventions where appropriate. This is being undertaken with the Digital Directorate. Work continues with the development with an expectation of going live during Quarter 3 - Quarter 4, 2023.

Risk Assessment Training

46. Risk Assessment training for Line Managers commenced in Quarter 1, 2023. This is a deliverable against the Annual Improvement Plan. Consideration is being given in incorporating into the IOSH Managing Safely Courses to reduce the need for additional training sessions.

Safer Handling and Display Screen Equipment

47. Quarter 1 experienced a significant increase in reported manual handling associated incidents with 64 injuries with all but 48 incidents due to handling patients. The increase is in relation to the use of carry chairs manoeuvring around obstacles. A breakdown of DATIX incidents is included within the accompanying slide-pack (**Appendix 1**).
48. Twenty incidents report Manual Handling (MH) injuries from handling patients whilst using Carry-Chairs and 2 incidents involving stairs.
49. A review of DSE and Safer Handling was undertaken in Quarter 4 - Quarter 2, 2023 with a paper to be presented at Senior Operations Team and Assistant Directors Leadership team (ADLT) in Quarter 3, 2023, outlining an Action Plan for compliance and improvement.

The All-Wales Anti-Violence Collaborative (AVC)

50. The Anti-Collaborative Meeting consisting of all the Welsh NHS bodies, Police and Crown Prosecution Service was re-established during June 2023 with a new Chairperson from the Welsh Risk Pool.

51. At the meeting, members of the group have committed to reviewing the group's Terms of Reference and resigning and relaunching of the Obligatory Response to Violence (ORV) Healthcare Circular.

Violence and Aggression (V&A)

52. There has been a further increase in the reporting of V&A incidents for the month of June with 63 incidents and 164 reported during the quarter. A breakdown of V&A incident in included within **Appendix 1**.

53. These being categorised as following:

- 35 - no harm
- 83 - low harm
- 40 - moderate
- 6 - severe

54. Consideration is being given to reviewing severity categories as these are frequently mis-categorised at the time of reporting and adjusted before incident closure. Work is underway in the development of an online Incident Investigation Training which will assist in improving the quality of investigations.

55. Four Obligatory Response to Violence (ORV) awareness training sessions have been held for Operational Managers, and Dyfed Powys Police for local managers on the ORV. This level of increased awareness and support is potentially impacting positively on number of Incident Reports. Further training sessions are being scheduled on a Pan Wales basis.

56. The health and safety function continue to support staff and respective Line Managers following an episode of violence and aggression with many cases being progressed through to criminal proceedings.

57. The Trust's Case Manager is currently supporting 25 live police investigation dating from 2018 to current date. An average of two cases are proceeding through the courts each week. Part of the rationale for the increase is support and guidance provided from the Case Manager.

58. A review of violence and aggression was undertaken in Quarter 4, 2022 - Quarter 1, 2023 with a paper to be presented at ADLT in Quarter 2, 2023 outlining an Action Plan for compliance and improvement.

59. During the period of December 2022 to June 2023 there have been 33 reported cases of WAST staff being subjected to incidences from Health Board staff in relation to undertaking portering duties. Several Directives were released in Quarter 1, 2023 informing staff to cease assistance with these duties. The Executive Director of Quality and Nursing is communicating these incidences with the respective Health Boards.

Safety Media

60. Three monthly Health and Safety Newsletters were developed and communicated during Quarter 1.

Health and Safety Executive Prosecutions

61. Of note, is a recent health and safety case whereby Tata Steel was recently fined £120K and court costs of £14K following an incident. The HSE identified breaches of Section 2(1) & 3(1) of the Health and Safety etc. Act 1974 for not having safe systems of work and adequate levels of supervision in place.

62. The case is relevant to the Trust in that it defines the need to ensure that adequate levels of supervision and Safe Operating Procedures are in place, have been communicated to staff, and that staff are adhering to these.

63. The Leading Safely Positive Conversations training for Managers will assist in the challenging of unsafe acts and behaviors. The roll out of training is an action on the IMTP Deliverable Plan for 2023-24. The Health and Safety Management System (HSMS) assessment against Principle 3 - Compliance Assurance will assist in identifying safe

	<p>operating procedures required. The baseline audit is expected to commence in Quarter 3 - Quarter 4, 2023.</p> <p>64. Discussions are be held with Senior Operations Team to inform Line Mangers to ensure procedures are in place and communicated to staff. Also, to seek assurance that Operational Leads are undertaking health and safety associated supervisory duties whilst undertaking their operational duties.</p>
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GIG
CYMRU
NHS
WALES

Ymddiriedolaeth GIG
Gwasanaethau Ambiwylans Cymru

Welsh Ambulance Services
NHS Trust

Health, Safety and Violence and Aggression Quarterly Report (Q1 2023/24)

Source Data- DATIX Cloud as of 3rd July 2023





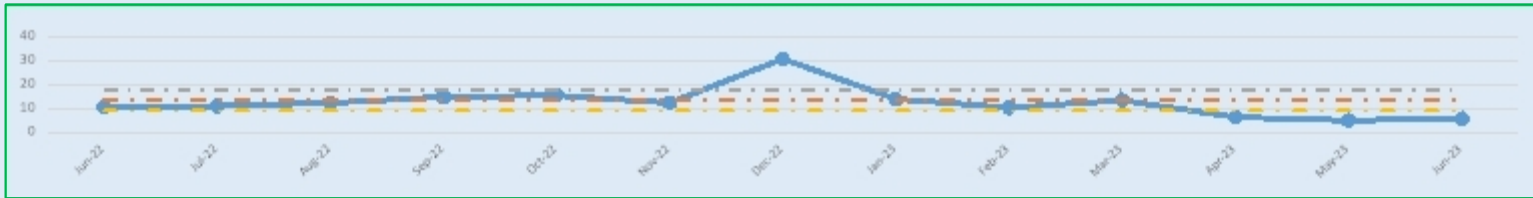
Health Safety and V&A

Health and Safety

Incidents per 1000 999 Journeys

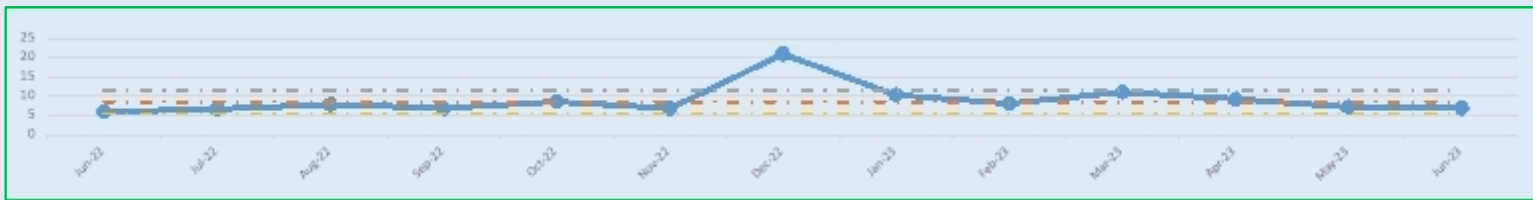
The total number of H&S incidents for the quarter was 787 Resulting in 17.111 Events incidents per 1000, 999 journeys during (Q1). The rolling 12 month breakdown of these incidents is shown below

**No Harm
Quarter 1
Rate: 5.74/1000
Incidents**



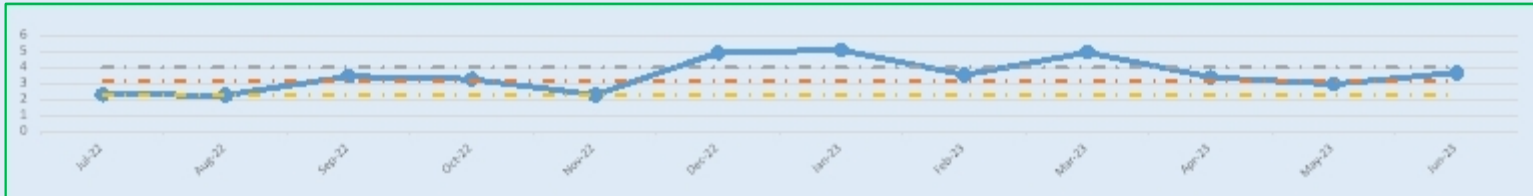
- 264 incidents were recorded in the frequency rate in the 'No Harm' category.
- 171 recorded under protected meal breaks'.

**Low Harm
Quarter 1
7.76/1000 Incidents**



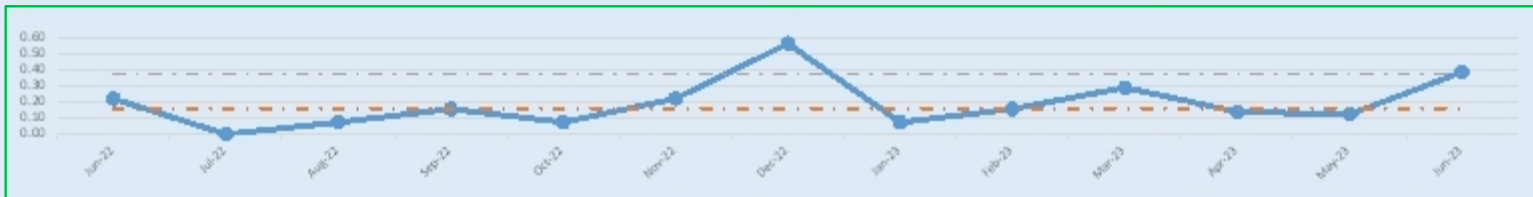
- 357 incidents were recorded the in the 'Low Harm' category.
- 85 for violence and aggression, 9 for handling equipment and 25 for handling patients.

**Moderate Harm
Quarter 1
3.35 per 1000 Incidents**



- 154 incidents were recorded in the 'Moderate Harm' category.
- 41 for violence and aggression, 40 for protected meal breaks, 23 for handling patients.

**Severe Harm
Quarter 1
0.22 per Incidents**



- 10 incidents recorded in the 'Severe Harm' category.
- 7 for violence and aggression and 1 for needle stick injury.





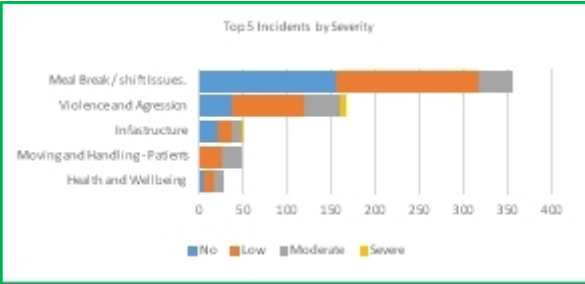
Health Safety and V&A

Health and Safety

Incident Types & RIDDOR

Incident Causes

Top 5 Incident Causes



- Missed meal breaks remains highest reported non-patient incidents at 378 for the quarter.
- 199 missed meal breaks were reported in Betsi Cadwaladr Health board
- 66 injuries from manual handling operations were reported with 48 incidents due to handling patients.

Assaults on Staff

Assaults on Staff



- The number of V&A incidents reported in the quarter remains high at 168 for the quarter.
- Toolbox talks , raising awareness of case management support are taking place across the Region by the V&A Team to support staff and raise awareness

RIDDOR Incidents

Number of Incidents



RIDDOR HSE Reporting

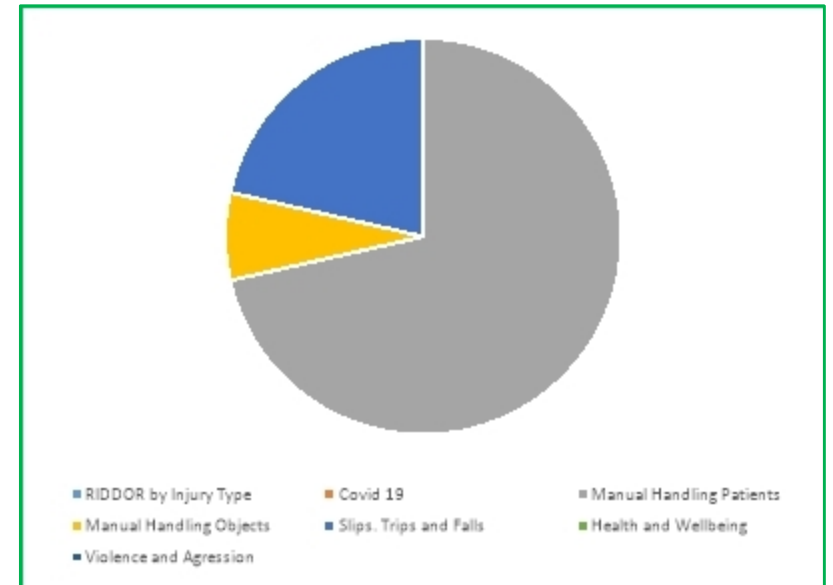


Rate of Incidents



- There were 16 incidents requiring reporting under RIDDOR during Quarter 1 due to staff being absent from work for over 7 days as a result of their injury.
- 84% of the reports were completed within the reporting required time frames due to improved reporting on Datix and coordination with Safety Team and Incident Handlers.

RIDDOR Report by Cause



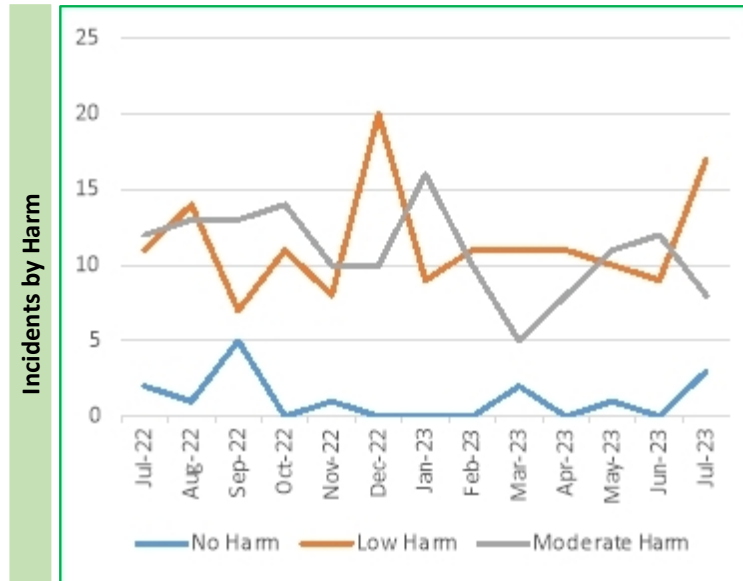
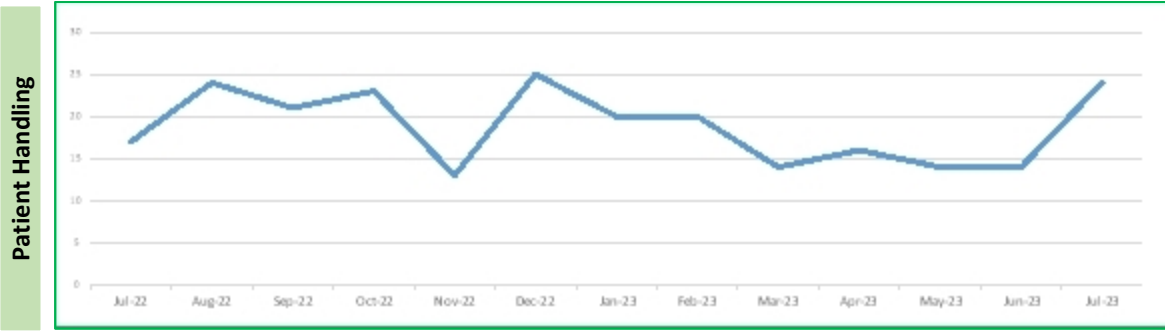


Health Safety and V&A

Health and Safety

MSK Incidents

Manual handling Incident Types



Key Updates

- 62 injuries are a result of manual handling operations were recorded during the month. Of these there were no reports of severe harm occurring and 31 reports of moderate harm.
- 20 of the incidents were noted as occurring during the use of carry chairs to move service users.
- New DSE training platform is undergoing testing before launching via teams to enable all DSE users to be trained and work stations assessed where applicable.
- DSE/Manual Handling Advisor vacancy being processed to replace current team member from August 2023





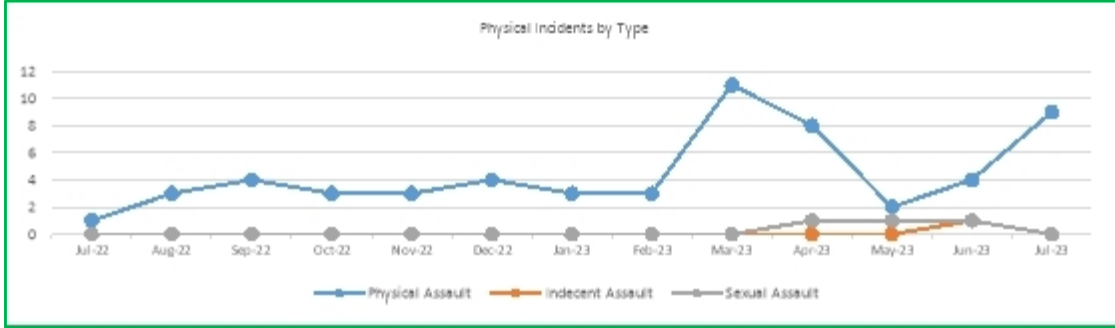
Health Safety and V&A

Violence and Aggression

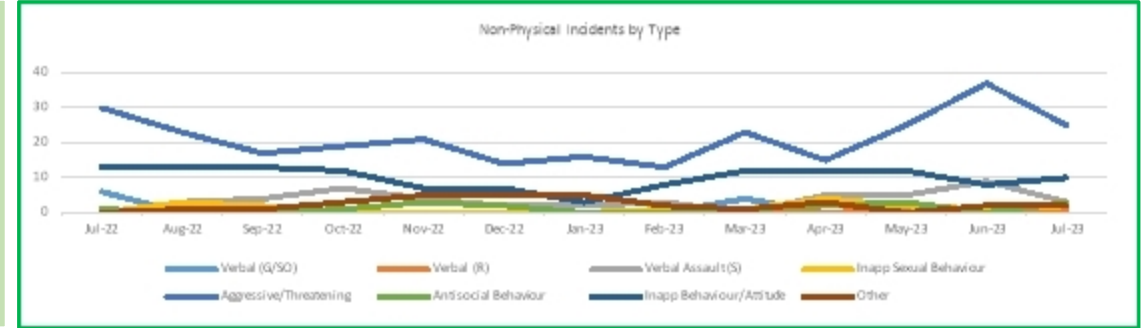
Incidents

V&A Incident Types

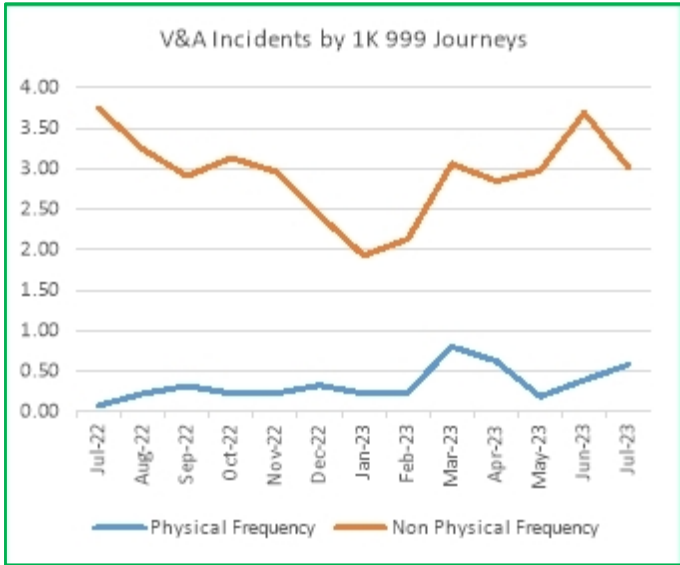
Physical Aggression



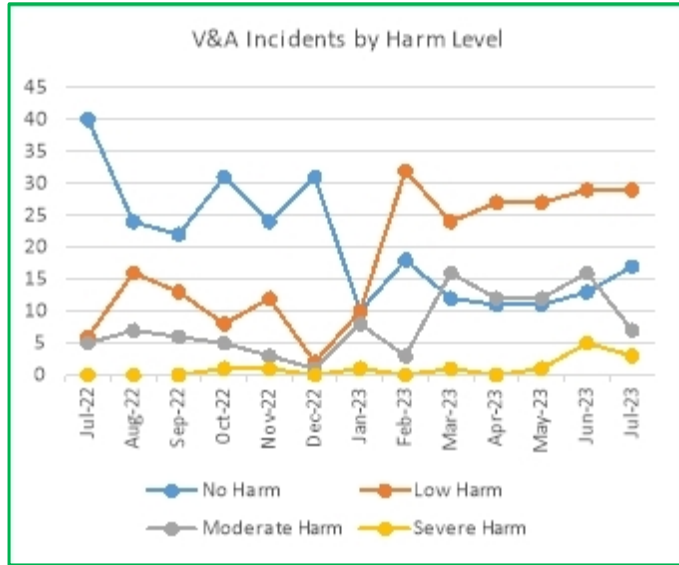
Non-Physical Aggression



Incidents Per 1000 Journeys



Incidents by Harm



Key Updates

- A total of 164 incidents have been reported of V&A in Q1.
- Physical Assaults on staff in this reporting period are 18 with incidents of verbal abuse amounting to 146 .
- Aneurin Bevan & Betsi Cadwaladr share 82 incidents
- 6 reports were reported as Severe in harm , following investigation/assessment these are being reviewed and adjusted.
- Collaborative working with AACE regarding V&A training continues with the aim of improving the current training to better support staff. Particularly around clinical restrictive physical intervention.
- The Case Manager is actively supporting and guiding staff who are involved cases being heard at Court (25 live cases)
- The Strategic Anti-Violence Collaborative has met and has committed to a review of its TOR and relaunch aimed at improving working relationships with all four Welsh police forces the Crown Prosecution service and the NHS in Wales.
- Toolbox talks , raising awareness of case management support are taking place across the Region by the Case Manager & V&A Manager to support staff and raise awareness, it is planned to establish regular interaction with staff directly affected by incidents of V&A.



Health & Safety

Final Internal Audit Report

July 2023

Welsh Ambulance Services NHS Trust



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



Ymddiriedolaeth GIG
Gwasanaethau Ambwlans Cymru
Welsh Ambulance Services
NHS Trust



Contents

Executive Summary.....	3
1. Introduction	4
2 Detailed Audit Findings	5
Appendix A: Management Action Plan.....	12
Appendix B: Assurance opinion and action plan risk rating	21

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Committee:	Audit Committee



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

Acknowledgement:

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Executive Summary

Purpose

A review of the Trust’s structures and arrangements for complying with the Health & Safety legislation.



Overview

We have issued reasonable assurance on this area.

The matters requiring management attention include:

- Policies / Procedures within Health and Safety require updating;
- Strengthening key project management documentation;
- Enhancing the systems for monitoring compliance and clarifying roles and responsibilities;
- Providing a robust mechanism for assessing demand for training; and
- Finalising the governance framework to effectively monitor health and safety arrangements.

Report Opinion

		Trend
	Reasonable Some matters require management attention in control design or compliance.	
Low to moderate impact on residual risk exposure until resolved.		2017/18

Assurance summary¹

Objectives	Assurance
1 Health and safety policy	Reasonable
2 Health and safety structure	Reasonable
3 Working Safely Programme	Reasonable
4 Compliance mechanisms	Reasonable
5 Training requirements and needs	Reasonable
6 Monitoring of risks and issues	Reasonable

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

Key Matters Arising

	Objective	Control Design or Operation	Recommendation Priority
1	Out-of-date policies and procedures	1, 2	Medium
2	Working Safely Programme Learning	3	Medium
3	Managing Compliance	4	High
4	Training Compliance	2, 5	Medium
5	Governance Arrangements	2, 3, 6	Medium

1. Introduction

- 1.1 All organisations have a legal duty to put in place suitable arrangements to manage health and safety as outlined within the Health and Safety at Work Act (1974) and reinforced by the Management of Health & Safety at Work Regulations (1999). It is for the management, employees and stakeholders of the Welsh Ambulance Services NHS Trust ('the Trust') to work together to fulfil current legislation, and essential that the organisation can demonstrate compliance with the Act through robust governance arrangements.
- 1.2 The Trust recognises the importance of ensuring work environments and job designs enable good employee health, ensure safe working practices, and do not have a detrimental impact wellbeing. *'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'* continues to be escalated as an item on the Corporate Risk Register.
- 1.3 Organisational learning from the Covid-19 pandemic required additional intervention to improve health and safety performance and deliver sustainable improvements. The Trust, as part of the Integrated Medium-Term Plan (IMTP), launched a five-year Working Safely Programme which formally commenced on 1 October 2021 with £293,722 funding approved to resource a 'pump-prime' phase of twelve months. The aim of the programme is to embed a mature safety culture based upon safe systems of work, reducing accidents, injury rates, and poor health.
- 1.4 Additionally, whilst undertaking this audit, we have considered the content of Audit Wales, *'Structured Assessment 2022 – Welsh Ambulance Services NHS Trust'* (January 2023), which included reviewing the Trust's governance arrangements (see para 2.4).
- 1.3 The key risks considered in this review were:
- The Trust does not comply with its statutory responsibilities resulting in harm to patients and staff; and
 - Financial and reputational implications associated with the failure to effectively manage health and safety requirements.

2 Detailed Audit Findings

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

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	-	1	-	1
Operating Effectiveness	1	3	-	4
Total	1	4	-	5

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

Objective 1: The Trust has a health and safety policy that sets a clear direction and which outlines statutory requirements and key responsibilities.

- 2.3 The Trust's health and safety policy (the 'Policy') is available to staff via the intranet but details a review date of November 2020 (see **Matter Arising 1**). The policy has been revised following a rigorous review by the membership of the Policy Review Group. There is now a two-week consultation period (effective from 10 July 2023) with the workforce before it can be finalised and presented to the Executive Management Team (EMT) and the People & Culture Committee (PCC) for approval.
- 2.4 We note that Audit Wales (see paragraph 1.4) has highlighted a wider issue across the Trust with policy reviews being impacted by the Covid-19 pandemic and the capacity of the Office of the Board Secretary. They noted that the *"Trust's policy tracker shows that many policies are overdue for review, including the Trust's policy on policies. Given the thorough process utilised by the Trust to review its policies, it will likely take some time to bring all policies up-to-date. The Office of the Board Secretary is aiming to address the backlog of overdue policies, and is also seeking to encourage greater local ownership over policies within directorates which could potentially reduce future delays."*
- 2.5 The draft Policy (version 10) has been updated to ensure it complies with legislation, details health and safety accountabilities for key posts, and reflects the Trust's responsibilities for the Duty of Candour and Duty of Quality in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020.
- 2.6 The executive lead for health and safety is the Executive Director of Quality & Nursing, but the Policy also refers to a Health and Safety Champion. Discussions are ongoing as to the individual who will be appointed.
- 2.7 The Head of Health & Safety explained that when the Policy is finalised, it will be used as a pilot, which will ensure that all Trust employees are alerted of the Policy via email when published as well as it being updated on the intranet. Other health and safety procedures that require updating (see para 2.11) are planned to be circulated in the same way once finalised.

Conclusion:

- 2.8 The version of the health and safety policy available on the Trust's intranet is out-of-date. However, the Trust is taking the necessary steps to revise the policy, which is currently being consulted on. Therefore, we provide **reasonable** assurance for this objective.

Objective 2: The Trust has an established structure to manage health and safety responsibilities.Health and Safety Team

- 2.9 A detailed Workforce Transformation business case was taken to the Executive Management Team (EMT) for approval in March 2022, outlining options to restructure the health and safety team to assist with sustainable improvement and assuring legislative compliance. The current team has been resourced in line with the agreed option.
- 2.10 We note that current postholders have not attained some of the essential qualifications required for each role within the team as documented within the training matrix. The Head of Health & Safety explained that the document requires updating in line with job descriptions, and that the majority of staff have the essential qualifications required for their post or are working towards them (see **Matter Arising 4**).

Health and Safety Management System

- 2.11 The Trust's health and safety management system (HSMS) provides a structured framework for ensuring a safe and healthy workplace and has been designed based on ISO 45001 (an international standard for health and safety at work). This framework includes having policies and procedures to provide practical guidance to comply with health and safety legislation. Our review of both the Trust's intranet content and the Working Safely Programme Plan has highlighted some gaps where policies and procedures were overdue for review (see **Matter Arising 1**).
- 2.12 The Datix system is used, by operational staff across the Trust to record health and safety incidents. There have previously been challenges in terms of data coding and the timeliness of reporting RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) indicators. To address this, data is monitored weekly in consultation with operational staff where required. The feasibility of using Power BI is also being pursued to extract data from Datix and enable 'live' reporting at the Trust's sites. Currently, the timeliness of RIDDOR reporting compliance is at 83%.

Operational Reporting

- 2.13 There is regular operational oversight of health and safety arrangements within the Trust through reporting to the Senior Leadership Team, Senior Operations Team, and Assistant Director Leadership Team (ADLT). Health and Safety managers attend regional meetings (South-East, Central and North). However, we were unable to ascertain the level of engagement with the North region as meeting

minutes have not been taken due to staff capacity (see **Matter Arising 5**). Local partnership forums have recently been agreed, which will replace the regional meetings, and provide an opportunity to further strengthen operational reporting and engagement. Forums will report into the National Health, Safety and Welfare Committee (refer to Objective 6 for reporting of the wider governance arrangements).

Conclusion:

2.14 The Trust has established a clear structure for the management of health and safety arrangements and taking appropriate action where gaps have been identified, e.g. Datix recording and regional reporting. The main area for improvement is ensuring that policies and procedures are reviewed to ensure that the information is still valid and up to date, and to establish and embed the groups recently agreed to provide operational oversight. We provide **reasonable** assurance for this objective.

Objective 3: The Working Safely Programme has been implemented effectively within the local operational settings.

2.15 The Working Safely Strategic Programme Board has a clearly defined role in monitoring the programme through its terms of reference (TOR). The Board is supported by a Working Safely Programme Dynamic Delivery Group. The terms of reference were approved in September 2021, and details that they will be reviewed as required by the Programme Board. Good practice is that terms of reference are reviewed at each juncture of the project to reflect required practices, but we note that terms of reference for both the Programme Board and the Delivery Group have been revised, but not finalised, recognising that governance arrangements are currently being reviewed (see **Matter Arising 5**).

2.16 There is good oversight over the Programme with regular reporting to the Programme Board and to the People and Culture Committee (PCC) but could be enhanced by noting progress against the programme's deliverables (see para 2.37). There is also a STB highlight report that prompts for recording escalations from the Programme Board.

2.17 Beyond the Programme Board, we were unable to evidence the documentation of wider roles and responsibilities and outcomes of the Working Safely Programme. Usually, this is contained in a Programme Definition Document (PDD). A draft PDD was provided at the conclusion of our review, but this was not complete, e.g. arrangements for roles and responsibilities, financial management, progress monitoring, etc. were not detailed (see **Matter Arising 2**).

2.18 The Working Safely Programme Plan identified 82 actions to be implemented during the five-year period. 23 of these actions were prioritised during the 'Pump, Prime' phase to ensure greater compliance with the regulatory framework. 12 of these have been completed, but it is acknowledged that the plan has been implemented during a period of significant challenge with progress also impacted by industrial action. The Programme Plan provides an overview of the delivery of

these actions, action owners, RAG status, progress to date, but could be further enhanced to detail timescales for achievement of actions (see **Matter Arising 2**).

- 2.19 The Working Safely 'Pump, Prime' phase concluded in September 2022 and moved into the 'Business as Usual' phase. We verified that the programme closure report for the former was discussed at the Programme Board meeting in January 2023; and presented to the National Health, Safety and Welfare Committee in April 2023. Aside from the Programme Manager, it is unclear who has also approved the programme closure report and how the recommendations made in the report will be taken forward (see **Matter Arising 2**).
- 2.20 To assess how well the measures introduced as part of the Working Safely Programme are embedding, discussions were held with four operational leads across different regions. Feedback was overall very positive with those that had been in post for some time highlighting the significant improvements that had been made, including being clear who their designated contact was within the health and safety team, who they found to be responsive to queries and supportive. The table below details the key themes for improvement resulting from discussions with them, some of which align to the findings and recommendations identified from our wider audit review:

Conclusion:

- 2.21 Overall, the Working Safely Programme delivery is effectively embedding, and the corporate health and safety team are involved appropriately. However, there remain opportunities to strengthen key project management documentation and governance arrangements. Therefore, we provide **reasonable** assurance for this objective.

Objective 4: Mechanisms are in place to ensure compliance with health and safety legislation, including workplace risk assessments and a programme of routine inspections.

- 2.22 There are several mechanisms that have been recently implemented to monitor the Trust's compliance with health and safety legislation, including inspections, hazard and compliance registers, and the utilisation of a HSMS baseline audit tool is planned.
- 2.23 Compliance is regularly reported to senior management, PCC and the National Health & Safety Committee. However, there is currently no system to monitor and confirm that corrective action has been taken to address where non-compliance has been identified (see **Matter Arising 3**).

Risk Assessments

- 2.24 The health and safety team has undertaken a review of its risk assessment processes in conjunction with trade union partners and operational staff. This has resulted in a revised process with a recently updated risk assessment template, which was rolled out to sites during the latter part of 2022. The rolling programme clarifies who should be involved in the process but has been impacted by industrial action. The Head of Health & Safety explained that the central team are only

responsible for corporate-level risk assessments, and operational staff should manage the local risk assessments. Compliance with the appropriate completion of operational risk assessments is monitored centrally, however recent reporting to ADLT highlighted that whilst risk assessments had been undertaken at c72% of the Trust's estate, the required standard was not being met. Issues cited included that assessments were out-of-date, insufficient, or unsuitable, e.g. not utilising the correct version of the revised template. The current level of compliance is detailed below:

Up-to-date risk assessments	Risk assessments requiring review	No risk assessment in place
8%	66%	26%

- 2.25 Compliance will be monitored by the Senior Operations Team (SOT) going forward. The intranet content will need updating when risk assessments meet the required standard, and clarification of roles and responsibilities for carrying out, documenting and reviewing risk assessments should be reinforced (see **Matter Arising 3**). Documented risk assessment guidance has been provided to staff and risk assessment training is planned as part of the wider health and safety training programme (see para 2.31).

Inspections

- 2.26 A two-year schedule for health and safety inspections commenced in September 2022 covering 119 of the Trust's premises. The inspection schedule has been developed to prioritise those sites with higher risks attached, e.g. size of site, footfall, known health and safety issues, etc. Despite the impact of industrial action, good progress is being made against the inspection schedule with 93 premises being visited (at 21/07/23) with 77 of these rated green in terms of compliance.
- 2.27 A template has been designed to ensure a consistent approach is undertaken when carrying out the audits, but no follow up process has been designed to confirm that corrective action had been undertaken. Discussions with a sample of operational leads also highlighted that the majority did not receive written feedback of the outcome of the inspections (see **Matter Arising 3**).
- 2.28 The Head of Health & Safety advised that there have been discussions with the Estates team to provide a more integrated process as some of the actions arising from inspections relate to building issues. They also plan to develop a RASCI (Responsible, Accountable, Supportive, Consulted, Informed) chart so responsibilities are clearer between Health and Safety, Estates, and operational managers.

Conclusion:

- 2.29 The Trust has recently put in place several measures to monitor compliance against legislation, but these have not yet embedded. The mechanisms have been well-designed but there is a low level of compliance with operational risk assessments in particular not being of the desired standard. There also needs to be an effective

mechanism to monitor corrective action is taken promptly where non-compliance is identified. This should take into consideration the capacity of the team to effectively monitor arrangements. However, there is mitigation through the positive progress in the undertaking of health and safety inspections providing assurance over 78% of the Trust's sites. We provide **reasonable** assurance for this objective.

Objective 5: Training requirements and needs have been identified for those with executive and operational health and safety responsibilities.

- 2.30 The Trust has undertaken a training needs analysis for all levels of staff and non-executive directors related to health and safety requirements. This is contained within the draft Health and Safety Policy. We have considered the training requirements of the health and safety team as part of paragraph 2.10.
- 2.31 A health and safety training programme is currently being designed around this analysis, which includes the delivery of both the Institution of Occupational Safety and Health (IOSH) courses (Managing Safely for Managers and Leading Safely for Directors and Senior Managers).
- 2.32 Attendance at statutory and mandatory training courses is reported to ADLT, the National Health, Safety and Welfare Committee and the People and Culture Committee (PCC). At the date of audit fieldwork, the report to PCC (9 May 2023) detailed that, "*Statutory Health and Safety, Fire Safety and Manual Handling training compliance are below Trust's and Welsh Government standards.*" Noting the national target is 85%, current compliance at Quarter 1 (2023/24) is as follows (see **Matter Arising 4**):

Course/Subject area	Required	Achieved	Compliance
Health and Safety	4,347	3,157	72.62%
Moving and Handling	7,057	5,526	78.31%
Fire Safety	4,347	3,292	75.73%
Violence & Aggression	4,347	4,247	97.70%

- 2.33 While some attendance trackers are maintained showing whether the staff that have booked onto health and safety courses have attended, there is no robust mechanism in place to determine the planned uptake for training. This would clearly identify that all staff have received the training required in line with the analysis (see **Matter Arising 4**).

Conclusion:

- 2.34 The Trust has also analysed its health and safety training requirements and is designing a training programme to encompass both senior and operational levels. Efforts have been made to identify demand for courses and encourage staff to attend, while current training compliance is below target, we note that there has been improvement since Q4 (2022/23) reporting where health and safety training compliance was 66.8%. The majority of staff within the health and safety team

have the essential qualifications required for their post or are working towards them. We provide **reasonable** assurance for this objective.

Objective 6: Health and safety risks are monitored at committee level and key issues escalated and reported to the Board.

- 2.35 From May 2022, the reporting of health and safety arrangements within the Trust changed from the Quality, Patient Experience and Safety Committee (QuEST) to the People and Culture Committee (PCC). Terms of reference have been updated for both committees to reflect the change.
- 2.36 The annual Health and Safety Performance Annual Report 2021/2022, which included an AAA (Alert, Advise, and Assure) highlight report, was presented to the PCC in September 2022. This detailed that there had been no enforcement action from the Health & Safety Executive (HSE) or local authority, but improvements were needed with attending statutory health and safety training, and with the reporting of RIDDOR incidents.
- 2.37 Quarterly AAA performance reports have also been prepared providing updates on the delivery of the ambitious Working Safely Programme (see objective 3), noting compliance with training, risk assessments, RIDDOR, and updates on policies, procedures, and inspections. However, there has been no reporting providing an overview of progress in implementing the Programme, noting that the Programme Closure report detailed that 12 of the 23 actions have been completed as part of the 'Pump, Prime' Phase (see **Matter Arising 5**). Required improvements recognised by the Trust include improving health and safety incident reporting, developing a risk assessment training package, and development of communication and performance management tools.
- 2.38 The Trust's Board also receives regular updates through highlight reporting from the PCC, and as part of reviews of the Corporate Risk Register so they are kept aware of key health and safety issues.
- 2.39 There has also been regular reporting of progress with the Working Safely Programme and legislative compliance to the National Health, Safety and Welfare Committee. While we appreciate that governance arrangements are currently being evaluated as part of a wider Trust review (see para 2.13), we note that the Committee has been reviewing the terms of reference and those of its sub-groups since August 2022 with no timescale set for conclusion (see **Matter Arising 5**).

Conclusion:

- 2.40 There is regular oversight over the health and safety framework to the PCC, which in turn regularly reports its key issues to Trust Board. The review of the governance arrangements for the National Health, Safety and Welfare Committee and its sub-groups have yet to be finalised. We provide **reasonable** assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Out-of-date policies and procedures (Operation)	Impact
<p>The Health & Safety Policy (version 8), which is available to all staff via the intranet, details a review date of November 2020. We note that the policy review will have been impacted by the Covid-19 pandemic and the redesign of health and safety arrangements as part of the Working Safely Programme. The Head of Health & Safety explained that the revised Policy has been discussed at both ADLT (Assistant Director Leadership Team) and Policy Review Group (20th June 2023) and is currently out for consultation. Depending on the outcome of the consultation, the plan is for the Policy to be approved by EMT and PCC during the summer period.</p> <p>The Policy also refers to Health and Safety Champion. We understand that when the Policy is approved, the champion will be appointed from the Trust’s non-executive directors. The draft Policy (version 10) refers to several other policies and procedures in place to ensure the Trust complies with relevant health and safety legislation. Our review of the health and safety’s intranet noted the following issues:</p> <ul style="list-style-type: none"> • Risk Assessment Procedure – did not record the date of approval (which we were advised was July 2022) or a review date; and • Premises and Vehicle Cleanliness Policy – records a policy review date of July 2021 (we were advised that the Estates Department is the Policy owner). <p>The Working Safely Programme Plan refers to new policies and procedures that should be put in place (some of which the Plan details were due for Quarter 4 2022/23) to ensure that they outline the current processes and comply with the relevant legislation including:</p> <ul style="list-style-type: none"> • Provision and Use of Work Equipment Regulations/ Lifting Operations and Lifting Equipment Regulations policy/ procedure; • Personal Protective Equipment policy/procedure; • First Aid procedure; and • Young Persons policy/procedure. 	<p>Potential risk of:</p> <ul style="list-style-type: none"> • Outdated health and safety arrangements which are not compliant with legislation.

Recommendations		Priority	
1.1	Management should ensure that all policies and procedures that relate to health and safety arrangements, are updated as soon as possible.	Medium	
1.2	Once approved, policies and procedures should be circulated to all staff.		
Agreed Management Action		Target Date	Responsible Officer
1.1	The Trust's Health and Safety Policy is currently undergoing the substantial consultation process. Upon ratification the Health & Policy to be sent for approval from Executive Management Team (EMT) and People & Culture Committee (PCC).	December 2023	Head of Health & Safety
	Policies and Procedures will be updated in line with the Health and Safety Management System (HSMS). The HSMS will be reviewed to articulate the timeframe for the review of arrangements.	September 2023	Deputy Head of Health & Safety
1.2	Policies and Procedures will be issued via corporate communication platforms.	March 2024	Deputy Head of Health & Safety

Matter Arising 2: Working Safely Programme Learning (Operation)		Impact
<p>While the delivery of the overall Working Safely Programme is well managed, we identified some areas of learning:</p> <ul style="list-style-type: none"> • Documentation: a draft version of the Programme Definition Document (PDD) was provided at the conclusion of audit fieldwork so we were able to evidence the documentation of wider roles and responsibilities and outcomes of the Working Safely Programme, but other elements of the document were not populated, e.g. financial management, progress monitoring, etc. We were advised that the PDD is saved on a staff member’s local drive who was absent during our audit although the Planning team were trying to locate a final version; • Action Plan: Reporting on the Working Safely Programme Plan detailed that 11 of 23 actions have not been completed during the ‘Pump Prime’ phase – six had a red RAG status and five with amber status. Noting progress of the Plan will have been impacted by industrial action, it would benefit from a review to ensure that actions encapsulate SMART criteria, and have clear targets when actions will be completed; and • Closure Report: a closure report (Pump Prime Phase) has been prepared and discussed at Programme Board; however we were unable to confirm that it had been approved at the appropriate senior level (the only approval recorded was that of the Programme Manager). It is also unclear how recommendations made in the report will be taken forward. 		<p>Potential risk of:</p> <ul style="list-style-type: none"> • programmes being managed inconsistently resulting in outcomes not being clear or achieved; and • failure to deliver key programmes and projects.
Recommendations		Priority
2.1a	All programme documentation should be stored in a centralised location to efficiently measure outcomes and capture ongoing learning.	Medium
2.1b	The Programme plan should be enhanced to provide realistic timescales.	
2.1c	The Programme Closure report should be appropriately approved and circulated to assist with the sharing of best practice and lessons learnt.	

Agreed Management Action		Target Date	Responsible Officer
2.1a	Review of documentation sources and centralise on MS 365 platform.	December 2023	Deputy Head of Health & Safety
2.1b	Review plan and adjust timescales, and present to the Working Safely Programme Board.	September 2023	Deputy Head of Health & Safety
2.1c	Programme Closure to be rediscussed at Strategic Transformation Board and closure noted in meeting minutes	September 2023	Deputy Head of Health & Safety

Matter Arising 3: Managing Compliance (Operation)	Impact
<p>While we appreciate that measures to monitor compliance have only recently been implemented. The following enhancements were identified:</p> <ul style="list-style-type: none"> • Roles and Responsibilities: Our discussions during the audit highlighted, at times, a lack of understanding where responsibilities lie between operational staff, the corporate health and safety team as well as clarifying the role of trade union partners. • Action Plans: There are several mechanisms for monitoring the Trust’s compliance against health and safety legislation. Action plans are produced where improvements are identified, but there is no system in place to effectively manage the action plans to confirm that any non-compliance identified has been addressed promptly; • Risk Assessments: Our review of the health and safety’s intranet noted that of a sample of 21 risk assessments reviewed, three did not record a review date (fumes risk assessments) and four were overdue for review (operational/workplace risk assessments). However, this has previously been identified as an area of non-compliance with workplace risk assessments either not being in place, out-of-date, or not of the required standard. The risk assessment template has only recently been amended, which has led to some sites not utilising the correct template and a Risk Assessment procedure has only been recently introduced. Our discussions with a sample of operational leads across regions highlighted the lack of a mechanism for prompting when risk assessments required reviewing; and • Inspections: Discussions held with Operational Leads identified that the majority did not receive written feedback of the outcome of the inspections. Further, no follow up process has been designed to confirm that corrective action has been taken by all action owners where areas for improvement have been identified. 	<p>Potential risk of:</p> <ul style="list-style-type: none"> • lack of accountability and oversight; and • corrective action not being taken resulting in non-compliance with legislation, patient/staff harm and reputational damage for the Trust.

Recommendations		Priority	
3.1	<p>Monitoring of compliance against health and safety legislation and that corrective action is taken promptly, where applicable, should be undertaken.</p> <p>Areas to consider should include:</p> <ul style="list-style-type: none"> Ensuring that risk assessments of the required standard are in place across all Trust sites, are periodically reviewed, and appropriately stored; Wider circulation of inspection reports and a completed action plan to be shared with all action owners; Determine the follow up process to ensure that corrective action has been taken; Provide a clear audit trail of where non-compliance has been identified, recording the action that is proposed along with action owners and target dates; and confirmation when the corrective action has been taken; and Issue of clear, documented guidance clarifying the roles and responsibilities of those involved. 	High	
Agreed Management Action		Target Date	Responsible Officer
3.1	Develop performance indicators around sharing inspections outcomes within 10 working days.	December 2023	Deputy Head of Health & Safety
	Update the Health and Safety Management System to reflect new design.	December 2023	Deputy Head of Health & Safety
	Explore a digital solution to advise relevant managers of their compliance and actions.	March 2023	Assistant Director for Data & Analytics / Head of Health & Safety

Matter Arising 4: Training Compliance (Design)		Impact
<p>The Trust has undertaken a training needs analysis for all level of staff and non-executive directors, with a training programme currently being designed around it. This could be enhanced to reflect how frequently training is required. However, there is no robust reporting tool in place to determine the planned uptake for this training and confirm that all staff have had the required training.</p> <p>Attendance at statutory and mandatory training courses is monitored and reported to ADLT, the National Health, Safety and Welfare Committee and the PCC. Current compliance is below both the Trust and Welsh Government’s standards with only 72.62% having attended health and safety training.</p> <p>A training matrix has been developed for the Health & Safety team in line with best practice comparing the essential qualifications for each post against that of the postholder. We note that some postholders are working towards the essential qualifications detailed in their job descriptions.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Without a clear assessment, or appropriate detail of requirements, there could be inconsistencies in the training of staff.
Recommendations		Priority
4.1	The Trust should revisit its training needs analysis to consider training frequency, monitoring arrangements and reporting tools to confirm that staff have attended the necessary training.	Medium
4.2	The Trust should ensure that all staff complete the statutory health and safety training.	
4.3	The corporate health and safety team’s training matrix should be updated in line with job descriptions and management should ensure that succession planning arrangements have been appropriately considered.	






Agreed Management Action		Target Date	Responsible Officer
4.1	Trust's training needs analysis to be amended to include frequencies and mechanism for reporting compliance.	September 2023	Head of Health & Safety
4.2	Statutory and mandatory training for Operational Staff to be communicated at Senior Operations Team. For all other directorates will be supported via an identified H&S Business Partner.	September 2023	Head of Health & Safety
4.3	<p>The training matrix for the Health and Safety functions is a best practice model and exceeds the requirements within each respective job description.</p> <p>This allows the team to be able to support other departments (e.g. Estates) by providing advice and undertaking activities that contribute to providing a safe working environment (i.e. lighting assessments). This also contributes to cost savings negating the requirement for external provider in some instances.</p> <p>It also provides a route for succession planning.</p> <p>The function's training matrix will be revised to include; Essential; Desirable and Beneficial to make clear where the minimum standard is being attained.</p>	December 2023	Head of Health & Safety

Matter Arising 5: Governance Arrangements (Operation)		Impact	
<p>While we acknowledge that governance arrangements for health and safety are currently under review, linking with the Trust’s integrated board assurance, the following gaps have been identified:</p> <ul style="list-style-type: none"> • Working Safely Programme: The terms of reference for both the Programme Board and the Dynamic Delivery Group have been reviewed but not been finalised. Good practice is that terms of reference are reviewed at each juncture of the project to reflect required practices, yet the Group’s terms of reference were last approved September 2021. Committee reporting could also be enhanced noting progress against the programme’s deliverables. • National Health, Safety & Welfare Committee and sub-groups: the Committee has been reviewing their terms of reference and of its sub-groups since August 2022. The Executive Management Team last approved the Committee’s terms of reference during quarter 3 (2021/22). Additionally, we were unable to ascertain the level of engagement with the North regional sub-group as the meeting minutes have not been taken due to staff capacity (this was being rectified at the conclusion of our audit). 		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Unclear governance and reporting arrangements leading to a lack of accountability and oversight. 	
Recommendations		Priority	
5.1	<p>Upon finalisation of the review of the governance structure, the terms of reference for the Working Safely Programme Board, Dynamic Delivery Group, the National Health, Safety & Welfare Committee and its sub-groups should be updated accordingly and appropriately approved.</p>	Medium	
Agreed Management Action		Target Date	Responsible Officer
5.1	<p>Terms of reference to be reviewed for Working Safely Programme Board and Dynamic Deliver Groups and reflect changes within HSMS</p>	September 2023	Deputy Head of Health & Safety

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

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

Prioritisation of Recommendations

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

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

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



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AGENDA ITEM No	22
OPEN or CLOSED	Open
No of APPENDICES	0

Committee Priorities and Cycle Monitoring Report

MEETING	People and Culture Committee
DATE	17 August 2023
EXECUTIVE	Trish Mills, Board Secretary
AUTHOR	Trish Mills, Board Secretary
CONTACT	Trish.mills@wales.nhs.uk

EXECUTIVE SUMMARY

1. This report updates the Committee on progress against the priorities it set for 2023/24 and progress against the agreed cycle of business for the Committee.
2. All Committee priorities are on track and updates are provided.
3. There is nothing to escalate on the cycle of business progress.

RECOMMENDATION

4. The Committee is asked to note the update.

KEY ISSUES/IMPLICATIONS

No issues to raise.

REPORT APPROVAL ROUTE

Not applicable.

REPORT APPENDICES

None.

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

COMMITTEE PRIORITIES FOR 2023/24

SITUATION

5. This report updates the Committee on progress against the priorities it set for 2023/24 and progress against the agreed cycles of business.

BACKGROUND

6. During the course of the effectiveness reviews, it was agreed that it is good practice for Committees to set priorities for the forthcoming year. The Committee's priorities, which are set out below, were agreed by the Trust Board in May 2023 and will be tracked quarterly.
7. The Committee's cycle of business was approved by the Committee in May 2023. The agenda is set with reference to that cycle, together with the forward planner, action log and highest rated principal risks.
8. The monitoring report is at Annex 1. Items in green show they are cycled for a particular meeting. Items in beige indicate they are a prompt at agenda setting as they may be ad hoc items such as business cases or external reports. The blue indicates that the item is either on the agenda as scheduled or is an ad hoc item which was discussed in agenda setting.

ASSESSMENT

9. The Committee priorities, and progress against them is as follows:

Priority	Progress
Carry over the Committee priority to support the implementation and championing of the strategic equality objectives, including Welsh Language, to promote an inclusive organisation.	<ul style="list-style-type: none">• Consideration of equality, diversity and inclusion matters are the golden thread throughout all discussions held at the Committee, and diversity metrics have been included within the 'culture' theme of the 'People and Culture Plan Metrics and Success Factors', which the Committee will receive at its meeting in August.• The Strategic Equality Objectives are in development and the draft Strategy Equality Objectives will be brought to the Committee at its meeting in November.

	<ul style="list-style-type: none"> At the August meeting of the Committee, it will receive the Welsh Language Annual Report (before its progression to Trust Board for approval), and the More Than Just Words action plan.
Develop and implementation of the Speaking Up Safety Framework.	<ul style="list-style-type: none"> The Cultural Trends and Themes Learning Report will be received by the Committee at its meeting in August which will include an update on Speaking Up Safely and other cultural indicators identified.
Development and Progress of the People and Culture Plan	<ul style="list-style-type: none"> The People and Culture Plan was approved by the Trust Board at its meeting in May 2023, and the Committee are due to receive an update by way of 'metrics and success factors' at its meeting in August.

10. There remain areas of reporting that are being developed which include:

- (a) The Speaking Up Safely Report;
- (b) The report on Anti-racist Wales Action Plan;
- (c) The reporting on the Welsh Language Standards.

RECOMMENDATION

11. The Committee is asked to note the update.

PAPER	PRE C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE
			May	Aug	Nov	Feb		
PEOPLE AND CULTURE COMMITTEE - CYCLE OF BUSINESS 2023/24								
See full cycle of business for reference to the duties in the terms of reference as they relate to Committee reports below								
MAIN ELEMENTS								
People and Culture C'ee elements of IMTP	STB	Annually					DPC	Endorsement
IMTP exception reporting	STB	Ad Hoc					Relevant Director	Assurance
MIQPR review for people and culture metrics	FPC	Annually					EDSPP	Endorsement
Committee-specific KPIs review of metrics	TBC	Annually					DPC	Approval
MIQPR	EMT	Quarterly					EDSPP	Assurance
Committee-specific KPIS	TBC	Quarterly					DPC	Assurance
Suspensions over 4 months report	TBC	Quarterly					DPC	Assurance
Learning report	TBC	Bi-annually					DPC	Assurance
End of Season Flu Campaign Report	CQGG	Annually					DP	Assurance
Health and Safety Report	NH&S C'ee	Quarterly					EDQN	Assurance
Revalidation and registration report	N/A	Annually					EDQN & DP	Assurance
Gender pay gap report	TBC	Annually					DPC	Assurance
Annual Equality Report	TBC	Annually					DPC	Assurance
Health and care standards	TBC	TBC					DPC	Assurance
Staff Story	N/A	Quarterly					DPC	Discussion
Staff Story updates	None	Quarterly					DPC	Assurance
NHS Staff survey and action plan	EMT	Annually					DPC	Assurance
WAST pulse surveys and action plans	EMT	Ad Hoc					DPC	Assurance
Speaking Up Safely Report	TBC	TBC					DPC	Assurance
Report on Anti-racist Wales Action Plan	TBC	TBC					DPC	Assurance
Reporting on Welsh Language Standards	WLAG	Bi-annually					BS	Assurance
Welsh language annual report	WLAG/EMT	Annually					BS	Endorsement
WASPT AAA report	WASPT	Quarterly					DPC	Assure/Escalate
Partnership Agreements	WASPT	Ad Hoc					DPC	Endorsement
Partnerships & Engagement Report	TBC	Bi-annually					DPE	Assurance
Partnership Agreements	EMT	Ad Hoc					DPE	Review
NHS Workforce Model	Workforce Planning Grp	TBC					DPC	Endorse
Workforce Plan aligned to IMTP	Workforce Planning Grp	Annually					DPC	Endorse
Report from policy group	Policy Group	Annually					BS	Assurance
Policies for review and approval	Policy Group/EMT	Ad Hoc					Various	Approval
Board Assurance Framework	Board	Quarterly					BS	Assurance
Corporate Risk Register - People and culture	Board	Quarterly					BS	Assurance
Audit Recommendation Tracker	ADLT	Quarterly					BS	Assurance
Audits within purview of Committee	Audit Committee	Ad Hoc					Relevant Director	Assurance
Operational Update	N/A	Quarterly					EDO	Information
P&C Update	N/A	Quarterly					DPC	Information
GOVERNANCE								
Committee effectiveness review annual report	Audit/Board	Annually					BS	Approval
Review of Terms of Reference	Audit/Board	Annually					BS	Approval
Committee Cycle of Business annual refresh	N/A	Annually					BS	Approval
Committee Cycle of Business monthly review	N/A	Quarterly					BS	Review
Committee Review of Annual Priorities	N/A	Quarterly					BS	Review
SUB-GROUPS								
Where applicable	N/A	Ad Hoc					N/A	N/A
PROMPTS								
Relevant External Reports	N/A	Ad Hoc					Various	Assurance

DPP = Director of People & Culture
EDO = Executive Director of Operations
EDQN = Executive Director of Quality and Nursing
DPE = Director of Partnerships and Engagement
DP = Director of Paramedicine
BS = Board Secretary

Cycled for each meeting
 Ad hoc item - prompt for agenda setting
 Presented as cycled/ad hoc item considered at agenda setting
 Deferred
 Reporting developing
Denotes this item refers to a Committee Priority



PAPER	PRE C'EE FORUM	FREQUENCY	Q1	Q2	Q3	Q4	LEAD	PURPOSE	COMMENT
PEOPLE AND CULTURE COMMITTEE - CYCLE OF BUSINESS 2023/24									
TERMS OF REFERENCE NOTED IN RED TEXT									
3.1 Oversee and contribute to the development of the Trust's people and culture plan aligned to the 2030 Delivering Excellence Long Term Plan									
3.2 Noting that the Finance and Performance Committee oversees delivery of the Integrated Medium Term Plan (IMTP), this Committee will conduct any required deep dives into aspects of the people and culture elements of the IMTP and monitor delivery of other strategic people and culture priorities which may not be included in the IMTP									
3.3 Receive and consider projects of major strategic organisational change where there is a significant impact on our people's health and wellbeing, and cultural change									
3.12 Monitor the effectiveness of the Trust's leadership and management development and succession planning arrangements									
People and Culture C'ee elements of IMTP	STB	Annually					DPC	Endorsement	Proposed people and culture elements of IMTP to PCC for review ahead of full IMTP review by F&P and Board (inc L&M - 3.12)
IMTP exception reporting	STB	Ad Hoc					Relevant Director	Assurance	F&P monitor delivery of strategy via IMTP. Exception reports to PCC by Director or by F&P request where required
3.13 Monitor performance against key people and culture indicators such as sickness absence, performance appraisal reviews, statutory and mandatory training, incidents of violence and aggression, disciplinarys and suspensions, turnover and recruitment; enabling deep dives to take place into specific areas of concern									
3.4 Monitor progress and seek assurance of arrangements in place to embed the Trust's behaviours, ensuring a continued journey of positive culture change									
MIQPR review for people and culture metrics	FPC	Annually					EDSPP	Endorsement	People and culture, H&S, and Welsh Language KPIs for inclusion in MIQPR
Committee-specific KPIs review of metrics	TBC	Annually					DPC	Approval	To review and agree the Committee level metrics for the coming year (over and above MIQPR metrics - if any)
MIQPR	EMT	Quarterly					EDSPP	Assurance	Includes balanced scorecard of all Board level metrics. See cycle notes on PADR's
Committee-specific KPIs	TBC	Quarterly					DPC	Assurance	TBC in what format(s)/report(s) to be presented. MIQPR and Committee KPIs to include markers of progress for cultural change
Suspensions over 4 months report	TBC	Quarterly					DPC	Assurance	Closed session
Learning report	TBC	Bi-annually					DPC	Assurance	Cultural themes and trends report for learning. See Note 1
3.5 Ensure there is a robust plan in place for the health and wellbeing of our people and monitor the effectiveness of arrangements in place to support and protect the mental, physical and financial wellbeing of staff. See Note 2									
End of Season Flu Campaign Report	COGG	Annually					DP	Assurance	To include flu and general vaccination status in accordance with statutory and regulatory requirements - see Note 3
3.15 Ensure the Trust is discharging its statutory responsibilities, including but not limited to health and safety; equality, diversity and inclusion; relevant Health and Care Standards requirements; and that professional standards of registration and revalidation are maintained									
Health and Safety Report	NH&S C'ee	Quarterly					EDQN	Assurance	Quarterly report on the working safely programme but MIQPR to include KPIs - see Note 4
Revalidation and registration report	N/A	Annually					EDQN & DP	Assurance	Report from EDQN and DP confirming revalidation of registered staff - see Note 5
Gender pay gap report	TBC	Annually					DPC	Assurance	
Annual Equality Report	TBC	Annually					DPC	Assurance	
Health and care standards	TBC	TBC					DPC	Assurance	Assurance on compliance with people related HCS (as amended with new Act)
3.6 Consider the experience of our people, including volunteers, and seek assurance of the effectiveness of mechanisms used for measuring, and for hearing and acting upon their experiences									
Staff Story	N/A	Quarterly					DPC	Discussion	Staff stories to be topical to the main issues where possible
Staff Story updates	None	Quarterly					DPC	Assurance	Closing of the loop from themes/issues raised in staff stories. Letter to staff. See Note 6
NHS Staff survey and action plan	EMT	Annually					DPC	Assurance	TBC if September - See Note 7
WAST pulse surveys and action plans	EMT	Ad Hoc					DPC	Assurance	
3.6 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									
Speaking Up Safely Report	TBC	TBC					DPC	Assurance	Speaking Up Safely reporting being developed in 23/24 - see Note 8
3.7 Oversee and contribute to the development of the Trust's equality, diversity and inclusion plan and monitor its implementation; champion and support the plan and the work of the EDI networks - See Note 11									
Report on Anti-racist Wales Action Plan	TBC	TBC					DPC	Assurance	Reporting to Committee to be confirmed - see Note 9
3.14 Monitor progress and seek assurance that arrangements are in place to meet the Welsh Language Standards and that the culture of Wales and the Welsh language is promoted within the Trust									
Reporting on Welsh Language Standards	WLAG	Bi-annually					BS	Assurance	Note the WL framework is in IMTP from 23/24 and revised Welsh Language Standards reporting in development
Welsh language annual report	WLAG/EMT	Annually					BS	Endorsement	Must be on website in September. Goes to Board thereafter in September.
3.10 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									
WASPT AAA report	WASPT	Quarterly					DPC	Assure/Escalate	
Partnership Agreements	WASPT	Ad Hoc					DPC	Endorsement	Trade union partnership agreements - See also Note 10
3.15 All matters of partnerships and engagement relevant to our people and culture change									
Partnerships & Engagement Report	TBC	Bi-annually					DPE	Assurance	Reporting on engagement framework for people and culture to be developed - linked to major organisational change in TOR 3.3
Partnership Agreements	EMT	Ad Hoc					DPE	Review	Review partnership agreements (e.g. armed services covenant; disability partnerships) - See also Note 10
3.9 Oversee the development and implementation of the Trust's recruitment and retention plans.									
NHS Workforce Model	Workforce Planning Grp	TBC					DPC	Endorse	
Workforce Plan aligned to IMTP	Workforce Planning Grp	Annually					DPC	Endorse	Committee reviews tactical workforce plan, capacity & demand reviews; review strategic workforce plans when developed.
3.11 Ensure the Trust has in place appropriate policies and procedures for its people; approve people and culture policies and monitor compliance									
Report from policy group	Policy Group	Annually					BS	Assurance	Annual report to illustrate the policies within the remit of the committee are in date and there is full policy coverage assurance
Policies for review and approval	Policy Group/EMT	Ad Hoc					Various	Approval	Board to approve Raising Concerns and H&S policy (SoRD para 17)
3.17 Corporate Risks are identified and appropriately managed; CRR and BAF risks for their remit are presented and Committee is assured on progress and ratings; Audit Recommendation Trackers monitored									
Board Assurance Framework	Board	Quarterly					BS	Assurance	
Corporate Risk Register - People and culture	Board	Quarterly					BS	Assurance	
Audit Recommendation Tracker	ADLT	Quarterly					BS	Assurance	
Audits within purview of Committee	Audit Committee	Ad Hoc					Relevant Director	Assurance	
3.16 Any other matter in relation to the Committee's overall purpose and responsibilities									
Operational Update	N/A	Quarterly					EDO	Information	
WOD Update	N/A	Quarterly					DPC	Information	
GOVERNANCE									
Committee effectiveness review annual report	Audit/Board	Annually					BS	Approval	TORs provide that this is the first meeting of the year. Reports go to Audit C'ee in May and Board June
Review of Terms of Reference	Audit/Board	Annually					BS	Approval	TORs provide that this is the first meeting of the year. Reports go to Audit C'ee in May and Board June
Committee Cycle of Business annual refresh	N/A	Annually					BS	Approval	
Committee Cycle of Business monthly review	N/A	Quarterly					BS	Review	Review against cycle progress at each meeting
Committee Review of Annual Priorities	N/A	Quarterly					BS	Review	
SUB-GROUPS									
Where applicable	N/A	Ad Hoc					N/A	N/A	No sub-committees - but may set up task and finish groups from time to time
PROMPTS									
Relevant External Reports	N/A	Ad Hoc					Various	Assurance	

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EDO = Executive Director of Operations
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